

FAMILYCARE ANNUAL CHIP REPORT: 6-30-2015

(a.1.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for working with: (check partners below)

Current organizations participating in the needs assessment include, the Oregon School Based Health Association, Boys & Girls Clubs of Portland Metro, Multnomah County Homeless Youth Continuum, The Youth Institute (formally Oregon Mentors), Clackamas County Mental Health, Washington County Mental Health, The Living Room (Clackamas LGBT youth), Clackamas County - Health, Housing and Human Services, Metro EASA Advisory Council and Adolescent Health Policy from Oregon Health Authority.

During 2014-2015, in addition to implementation of the current CHIP, FamilyCare is designing a comprehensive Transition-Age Youth (TAY) strategy in collaboration with our community partners and transition-age youth. To inform this large strategy and assist in information gathering around community needs and strengths for TAY populations, FamilyCare is implementing a formal grant process strategy, launched in November 2014, to increase collaboration, alignment and involvement of non-profit community-based organizations (CBO's). FamilyCare received 27 proposals from a wide variety of organizations including those representing homeless, LGBTQ, immigrant, Native American and broad underserved TAY populations. Focus areas of the proposals included mental health, health literacy, health access and navigation, tobacco cessation, teen advocacy, sexual health and peer leadership programs.

In May 2015, a full time position, Director of Community Partnerships/TAY, was hired to manage the TAY strategy. Since hiring occurred, the incumbent in this role has been meeting with key community partners and conducting youth listening sessions to ensure an authentic strategy would meet both the general community and specific youth needs. This process is working to determine community need, to identify opportunities for broad alignment between agencies, to identify opportunities for alignment with pre-existing community initiatives and coalitions to leverage momentum and increase capacity. Opportunities to augment efforts around key Coordinated Care Organization metrics including contraception and adolescent-well care visits are a focus throughout this process.

After receiving proposals from the TAY RFP, it became clear that community interest in the TAY focus exceeded initial assumptions and a more informed, formalized, and diligent approach was necessary. In response to identified need, a staff lead was hired and the initial RFP process was put on hold until a thorough assessment of community need, including youth listening sessions and Community Based Organization interviews could be conducted. FamilyCare staff have met individually with RFP candidates inform of the updated process and to engage them in the new process moving forward. The new RFP proposed launch date is currently slated for September, 2015 in order to more closely align with nonprofit fiscal and program calendars.

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New efforts to align funding strategies within the community in general, as well as specifically identified organizations to further common goals and initiatives that align with FamilyCare's Community Health Improvement Plan. Some examples of partnerships and opportunities to align funding strategies that FamilyCare will be exploring include the Pride Foundation with assistance from the Youth Development Council.

Barriers to implementation included staff capacity to implement Community Advisory Council recommendations for the CHP. In response to this barrier FamilyCare hired a full-time director level staff to drive the CHP implementation and larger organizational strategy.

(a.2.)

To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for coordinating the effective and efficient delivery of health care to children and adolescents in the community.

Currently a plan is being built that utilizes a 'best practice' approach to community collaboration in order to assure comprehensive, collaborative and community-based approach. The Director of Community Partnerships/TAY has come to the work with a deep background in youth development and successful collective impact initiatives which leverage cross-sector, place-based community work for effective outcomes. Efforts align with the Forum for Youth Investment/ Ready-by-21 researched based process and structure surrounding collective impact initiatives and community-driven work for youth.

FamilyCare is taking a broad, population health approach to working with TAY populations and their health. A logic model which will drive and focus efforts has been constructed and approved by the FamilyCare Executive Committee as well as the Community Advisory Council. Specific strategies to reach long-term outcomes are being developed based on the the information currently being captured through the youth listening sessions, CBO needs interviews, and information gleaned from our current RFP proposal process. The CHP for FamilyCare specifies a focus on TAY population and so will focus on individuals between the ages of 15-25 years. Strategies included in the plan which address CCO metrics, including adolescent well care visits, will have a particular focus on members aged 12-18 years.

(a.3.)

To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for: (School Nurses; School Mental Health providers; Individuals representing child and adolescent health services).

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Current organizations participating in the needs assessment include: the Oregon School Based Health Association, Boys & Girls Clubs of Portland Metro, the homeless youth continuum, The Youth Institute (formally Oregon Mentors), Clackamas County Mental Health, Washington County Mental Health, The Living Room (Clackamas LGBT youth), Clackamas County –Health, Housing and Human Services, Metro EASA Advisory Council and Adolescent Health Policy from Oregon Health Authority.

FamilyCare is currently developing a plan that will encompass learning collaborative that are inclusive of the above providers of services. This will require the further development of contracts for affiliated partners in the learning collaborative, as well as shared accountability for outcomes of the group as a whole. Timelines for intended outcomes are currently in development and based on the needs and desires of partner organization, including school based providers and those agencies focused on child and adolescent health services.,

(b.3)

Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful baseline data on health disparities. Describe work with OEI:

FamilyCare's Community Advisory Council Coordinator is participating in DELTA, which is a health equity and inclusion leadership program of the OHA Office of Equity and Inclusion. One of the main goals of the program is to build the ability and commitment of Oregon's health leaders to eliminate health disparities.

The focus of the project selected by FamilyCare's Community Advisory Council Coordinator is to develop meaningful baseline data on health disparities as well as organizational cultural agility and sensitivity.

FamilyCare continues to be a proponent of the development of its CAC membership and informs and supports them in attending OEI sponsored events and activities, which broaden the general understanding of health disparities across Oregon and specifically in the areas where CAC members work and live.

Contractor shall include in the CHA identification and prioritization of health disparities among Contractor's diverse communities, including those defined by the following. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization:

Currently efforts to include representatives from diverse populations to inform effective strategies for addressing health disparities in TAY populations includes involvement of CBOs and individuals from communities of color, homeless youth, LGBTQ youth and youth from rural and metro areas. Inclusive representation of both individuals and groups representing underserved communities is paramount to informing the TAY strategy and implementation.

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OPTIONAL Checklist for Community Health Improvement Plan (CHP) Progress Report

Reporting period July 1, 2014 – June 30, 2015

This checklist is an optional supportive document CCOs can use to guide their compliance to the contract agreements. If this checklist is used, it can serve as the foundation for the progress report due June 30, 2015.

The language is taken from the CCO Contract Exhibit B #4 (pages 28-30). This document relates to “Guidance document for Community Health Improvement Plan (CHP) update” available on the Transformation Center’s Resource page. Select Community Advisory Councils from the dropdown menu:

<http://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Transformation.aspx>.

(a.1.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for working with: *Check any partners below that have been included in CHA and CHP work*

- Early Learning Council
- Youth Development Council
- Local Mental Health Authority
- Oral health care providers
- Local public health authority
- Community based organizations
- Hospital systems
- School health providers in the service area

Describe actions taken and/or barriers to work:

See attached narrative.

(a.2.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for coordinating the effective and efficient delivery of health care to children and adolescents in the community: *Check areas of focus for CHP work*

- Base the CHP on research, including research into adverse childhood experiences
- Evaluate the adequacy of the existing school-based health center (SBHC) network to meet the specific pediatric and adolescent health care needs in the community and make recommendations to improve the SBHC system
- Improve the integration of all services provided to meet the needs of children, adolescents, and families
- Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents

Describe actions taken and/or barriers to work:

See attached narrative.

OPTIONAL Checklist for Community Health Improvement Plan (CHP) Progress Report

Reporting period July 1, 2014 – June 30, 2015

(a.3.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for: Contractor shall add to its CHP; *Check any partners below that have been included in CHA and CHP work*

- School Nurses
- School Mental Health providers
- Individuals representing child and adolescent health services

Describe actions taken and/or barriers to work:

See attached narrative.

(b.) Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful baseline data on health disparities. Resources: OEI Contact – Leann Johnson, Interim OEI Director, leann.r.johnson@state.or.us, 971-673-1287

Describe work with OEI:

Contractor shall include in the CHA identification and prioritization of health disparities among Contractor's diverse communities, including those defined by the following. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization: *Check any that apply*

- Race
- Ethnicity
- Language
- Disability
- Age
- Gender
- Sexual orientation
- Other factors in the service area:

Describe engagement and representation of diverse communities:

OPTIONAL Checklist for Community Health Improvement Plan (CHP) Progress Report

Reporting period July 1, 2014 – June 30, 2015

(c.) Contractor shall conduct the CHA and CHP so that they are transparent and public in process and outcomes. Contractor shall assure that the contents and development of the CHP comply with Section ORS 414.627.

Describe actions to meet this objective:

(d.) The CHA and CHP adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities, and results achieved. The CHP may include, as applicable: *Check all that apply*

- Findings from the various community health assessments made available by OHA to Contractor
- Findings on health needs and health disparities from community partners or previous assessments
- Findings on health indicators, including the leading causes of chronic disease, injury and death in the Service Area
- Evaluations of and recommendations for improvement of school based health systems in meeting the needs of specific pediatric and adolescent health care needs in the community
- Focus on primary care, behavioral health and oral health
- Analysis and development of public and private resources, capacities and metrics based on ongoing CHA activities and population health priorities
- Description of how the CHA and CHP support the development, implementation, and evaluation of patient-centered primary care approaches
- Description of how the objectives of Health Systems Transformation and Contractor's Transformation Plan, described in Exhibit K, are addressed in the CHA and CHP
- System design issues and solutions
- Outcome and Quality Improvement plans and results
- Integration of service delivery approaches and outcomes
- Workforce development approaches and outcomes

Describe actions taken and/or barriers to work:

See attached narrative.

OPTIONAL Checklist for Community Health Improvement Plan (CHP) Progress Report

Reporting period July 1, 2014 – June 30, 2015

(e.) The CHP shall identify the findings of the CHA and the method for prioritizing health disparities for remedy. Contractor shall provide a copy of the CHP, and annual progress reports to the CHP, to OHA June 30 of each year.

Deliverable: CHP progress report due to David Fischer at DMAP by June 30, 2015.

(f.) Adopt a comprehensive local plan for the delivery of local mental health services for children, families, adults and other adults that describes the methods by which the LMHA will provide those services.

Describe actions to meet this objective, if applicable, may reference another CCO related report or document.