

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

Reporting period July 1, 2014 – June 30, 2015

**Primary Health of Josephine County**

**See attached “progress report” narrative for additional information**

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:

Jen Johnstun, PHJC’s Director of Quality Improvement, and Karla McCafferty, Options of So. Oregon’s (local mental health authority) CEO and on PHJC’s Board of Directors, both hold seats on the HUB’s Executive Board. PHJC’s Innovator Agent and staff also attend other monthly HUB meetings, including the Agency Advisory Council and the Home Visiting Network..

There is no formal Youth Development council in Josephine County, however, PHJC’s CHP and CAC are focused on supporting at-risk youth through a variety of measures, including participation in Josephine County’s Teen Focus Council and a 3 CCO collaborative working with Project Community Connect that supports homeless youth.

PHJC has engaged with Asante Hospital systems to coordinate future CHA and CHP work, current process timeline did not coincide. Asante Three Rivers Hospital has representation on the PHJC Board of Directors and the Clinical Advisory Panel.

The CEO of Siskiyou Community Health Center (SCHC) sits on PHJC’s CAC. Siskiyou CHC runs the only three School Based Health Centers in Josephine County. PHJC has supported mental health and alcohol and drug representation at local schools throughout the County.

(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

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<p>pediatric and adolescent health care needs in the community and make recommendations to improve the SBHC system</p> <p><input checked="" type="checkbox"/> Improve the integration of all services provided to meet the needs of children, adolescents, and families</p> <p><input checked="" type="checkbox"/> Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents</p>
<p>Describe actions taken and/or barriers to work:</p> <p>PHJC has worked to inform its stakeholders, including the BOD, CAC and CAP about ACE's, trauma and health equity issues like health literacy.</p> <p>SCHC's board has engaged in conversation to expand school based services as possible, including a focus in the rural communities of Merlin and Murphy. Further conversation will continue with the CCO/CAC involved in this conversation.</p> <p>As noted above, the CAC is focused on at-risk youth issues, including access to primary, behavioral and oral health care, and works with the local Early Learning HUB to address early intervention efforts.</p>

<p>(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; <i>Check any partners below that have been included in CHA and CHP work</i></p>
<p><input checked="" type="checkbox"/> School Nurses</p> <p><input checked="" type="checkbox"/> School Mental Health providers</p> <p><input checked="" type="checkbox"/> Individuals representing child and adolescent health services</p>
<p>Describe actions taken and/or barriers to work:</p> <p>As noted previously, PHJC has representation on its BOD, CAC and CAP from the local school health provider agency, mental health provider agency and child and adolescent services. Work related to the School nurse and school mental health needs are under discussion outside of the CHP specific work, but are supported by PHJC.</p>

<p>(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, <a href="mailto:leann.r.johnson@state.or.us">leann.r.johnson@state.or.us</a>, 971-673-1287</p>
<p>Describe work with OEI:</p> <p>PHJC's Innovator Agent has a seat on the Southern Oregon's Regional Health Equity Coalition, So-Health E, and is part of the 2015 DELTA cohort, both of which are funded and supported by OEI. Through this work, Josephine County disparities data is being collected and discussed, and will be shared as part of outreach strategies that PHJC can consider.</p> <p>In addition, PHJC staff work with other CCOs and agencies on avenues to address health disparities, like reviewing issues of poverty and supporting a Health Literacy training.</p> <p>The CAC has viewed and discussed several episodes of Unnatural Causes during the last year.</p>
<p>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: <i>Check any that apply</i></p>
<p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity</p> <p><input checked="" type="checkbox"/> Language</p> <p><input checked="" type="checkbox"/> Disability</p>

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- Age
- Gender
- Sexual orientation
- Other factors in the service area:  
Poverty, Rurality

Describe engagement and representation of diverse communities:

Engagement of a majority of these populations exists on PHJC's CAC and/or Board of Directors. In addition, when PHJC (in collaboration with JCC and AllCare) finalized their CHA, the CHP prioritization process was vetted widely throughout the community via focus groups, online surveys, paper surveys and stakeholder groups who all represented the above population. PHJC's linkage to So-Health E also serves to bring in voices from persons representing communities of color and those experiencing health disparities.

(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:

As noted above, the process was engaged in with 2 other CCOs and throughout engaged all CACs of those CCOs and the larger community, both stakeholders and community members. PHJC's CAC meetings are open to the public and the CHA and CHP documents are posted on PHJC's website and are widely distributed.

(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:

The data and documents used for the community health assessment are noted in the appendix of the CHA.

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PHJC works with a variety of community stakeholders and statewide organizations to address the above noted issues, and identify ways to improve care through data, evaluation and quality improvement. Some of this work is noted in the CHP and some in other documents, like the Transformation Plan, PIPs, and Quality Improvement documents. To note, PHJC has a strong investment in Community Health Workers and Behavioral health workers to meet integration, quality improvement and workforce approaches.

As previously noted, SCHC's Board is looking to expand it's SBHC work in other rural communities, including Merlin and Murphy, however this will be contingent on additional funding from the State. PHJC will be in these discussions as they proceed.

SBIRT screenings have expanded into the adolescent population during the 2015 year, and the discussion related to this implementation is happening at the CAP and BOD levels.

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(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.

Josephine County's Community Mental Health provider is Options of Southern Oregon. Options has adopted a comprehensive plan as required by AMH, and participated in the CHA work as well. This information is available in PHJC's Transformation Plan, PIPs and other Quality related documents, and is also related to ongoing metrics work and Transformation grant work.

PrimaryHealth of Josephine County CHIP Workplan 2014-2017

Healthy Beginnings:

Strategy & Staff	Highlights & Challenges	CAC engagement opportunities
<p><u>Prenatal:</u> Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy</p> <p><u>Staff:</u> Jennifer Johnstun, Geneva Hughes, Belle Shepherd (OHA)</p>	<ul style="list-style-type: none"> <li>PHJC is working with the Health Care Coalition of Southern Oregon (HCCSO), and the Regional Perinatal Task Force (PNTF) to implement the <i>One Key Question</i> program in Jackson and Josephine Counties. Several key players have signed on to implement: Jackson and Josephine County WIC programs, two local FQHC's, Women's Health Center of Grants Pass, with other clinics being closer to readiness to implement. The <i>One Key Question</i> initiative will help reduce unplanned pregnancies through screening and recommendation of healthy behaviors, and will additionally support healthy behaviors in moms seeking pregnancy. Staff noted attends PNTF steering committee and general meetings to engage in this work with multiple agencies throughout the region.</li> </ul>	<ul style="list-style-type: none"> <li>CAC engaged during a learning collaborative of all CACs in October 2014. Updates are given to the CAC as things progress.</li> </ul>
<p><u>Early Childhood Investment:</u> Identify opportunities to collaborate with the regional Early Learning HUB, focusing on parenting skills, support and kindergarten readiness efforts</p> <p><u>Staff:</u> Jennifer Johnstun (HUB Executive Board), Kurt Higuera, CAC chair</p>	<ul style="list-style-type: none"> <li>Early Literacy: In August 2014, CCO staff and CAC members handed out over 1000 books at two separate events in Grants Pass: Kid's Care Fair and Summer Lunch programs. PHJC continues to support early literacy by supplying age appropriate books for our largest pediatric office. Plans to provide support for our smaller practices are currently in the works.</li> <li>PHJC CAC participated in a learning collaborative with the two other CCO CAC's in October 2014. Presentations on ACEs, early childhood education, <i>One Key Question</i> and the work of the Family Nurturing Center (Relief Nursery) which just expanded to Grants Pass, were presented by local community partners. Group discussed ideas to</li> </ul>	<ul style="list-style-type: none"> <li>CAC members participated in events to hand out books to youth and families</li> <li>PHJC CAC members attended day long learning collaborative with other regional CAC members</li> </ul>

<p>(HUB executive Board), Robin Hausen, Belle Shepherd (HUB Agency Advisory Council and Home Visiting Network)</p>	<p>continue work and improve health outcomes.</p> <ul style="list-style-type: none"> <li>• The Southern Oregon Early Learning HUB (SOELS) has contracted with OHA to improve kindergarten readiness and engage in Education reform towards better high school graduation rates. Mary Curtis-Gramley, past Director of the Family Nurturing Center, accepted the Director position in late 2014. Ongoing and Ad Hoc committees have been formed: Maternal Infant &amp; Early Childhood Expansion Team, Directors Network Steering committee, Developmental Screening and Family Resource Management. And professional Learning Communities have begun: Home Visiting Network and Directors Network. PHJC has significant interest in the success of this work and has multiple representatives attending and participating in all levels of the work to assure it's success. Challenges include multiple meeting attendance, programs in two counties, uncertain outcomes and metrics defined by the State Early Learning Program, and competition with other important areas of CCO work.</li> </ul>	
<p><u>Childhood Trauma:</u> Increase awareness of Adverse Childhood Experiences (ACEs) body of research and implications for practice</p> <p><u>Staff:</u> Shannon Cronin, CAC coordinator</p>	<ul style="list-style-type: none"> <li>• PHJC CAC participated in a learning collaborative with the two other CCO CAC's in October 2014. Presentations on ACEs and early childhood education were presented by local community partners. Group discussed ideas to continue work and improve health outcomes.</li> <li>• PHJC staff attended the ACEs conference in Eugene, OR in Fall of 2014, and returned with a renewed sense of purpose in this area to continue working to engage providers and stakeholders in the research.</li> </ul>	<ul style="list-style-type: none"> <li>• PHJC CAC members attended day long learning collaborative with other regional CAC members</li> </ul>
<p><u>Homelessness among youth:</u> Identify</p>	<ul style="list-style-type: none"> <li>• PHJC CAC staff coordinator and CAC Co-Chair participated in a collaborative with two other CCO CAC's in identifying</li> </ul>	<ul style="list-style-type: none"> <li>• PHJC CAC members attended a day long</li> </ul>

<p>opportunities for collaboration on reducing homelessness among youth</p> <p><u>Staff:</u> Shannon Cronin</p>	<p>opportunities to support homeless and at-risk youth of Jackson and Josephine Counties. Work continues in this area and all three CCO CAC's will move forward with community partner collaboration to support these efforts.</p>	<p>community event that supports homeless members of the community. OHP 101 information was provided and information on how to enroll and renew benefits for the Oregon Health Plan.</p>
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Healthy Living:

Strategy & Staff	Past month highlights & Challenges	CAC engagement opportunities
<p><b>Chronic Pain:</b> Support people living with chronic conditions and chronic pain, support efforts to reduce the misuse of prescription medications.</p> <p><u>Staff:</u> Shannon Cronin, Rick Jones (CHOICES A&amp;D director), Larry Gershowitz, CAC co-chair, CHW's, ENCC's</p>	<ul style="list-style-type: none"> <li>• A regional chronic pain symposium was conducted in September 2014 to learn about chronic pain, and explore opportunities to reduce pain outside of traditional medication methods.</li> <li>• PHJC began supporting members to attend local Living Well with chronic pain programs, as well as other Living Well programs. PHJC has sponsored one of the series of sessions at it's classroom, and others are available throughout the community at various times and locations. Two particular challenges are transportation and childcare coverage for members wanting to attend these classes.</li> </ul>	<ul style="list-style-type: none"> <li>• PHJC CAC members attended the forum and brought back information to the CAC to discuss further opportunities of focus in this area.</li> </ul>
<p><b>Physical Activity:</b> Increase member engagement in physical activity, including expanded wellness benefits</p>	<ul style="list-style-type: none"> <li>• PHJC provides memberships to members who qualify to attend the YMCA/Club Northwest fitness clubs. Members must attend 10 times per month to retain their membership and the ENCC's and CHW's help encourage this member attendance level. PHJC currently has over 100 members enrolled in the YMAC and Club Northwest fitness clubs.</li> </ul>	<ul style="list-style-type: none"> <li>• CAC members are encouraged to take advantage of this program and to advocate for other members to engage in this program.</li> </ul>

<p><u>Staff:</u> Jennifer Johnstun, ENCC's, CHWs</p>		
<p><u>Alcohol, tobacco and other drugs prevention:</u> Support Choices Alcohol, Tobacco &amp; Other Drugs (ATOD) Counseling for youth in Hidden Valley and Cave Junction High Schools</p> <p><u>Staff:</u> Rick Jones</p>	<ul style="list-style-type: none"> <li>• Choices, PrimaryHealth's AD treatment facility has been actively supporting alcohol and drug treatment options in the community for over 20 years. Counselors have been available at least one day a week at Hidden Valley and Cave Junction high school and on an as needed basis to all the schools. Education and training is provided to staff and students as well as screening at risk youth for treatment. Counselors provide some urine drug screens for students at Grants Pass High School who are on contracts to stay drug free. Seeing students at the schools may be the only access counselors have to the youth.</li> </ul>	<ul style="list-style-type: none"> <li>• PHJC's CAC hosted a table at the Grants Pass Recovery Fair in 2014 and handed out healthy snacks for adults and books for children.</li> </ul>

Health Equity:

Strategy & Staff	Past month highlights & Challenges	CAC engagement opportunities
<p><u>Recruitment and retention:</u> Identify new ways to announce and celebrate new providers while supporting current provider retention efforts</p> <p><u>Staff:</u> Shannon Cronin, Suzanne Gallucci</p>	<ul style="list-style-type: none"> <li>• PHJC is constantly working with their providers to ensure they have a robust availability of primary care and specialty providers. The list primary care providers are made available to members via the PrimaryHealth website and lists can also be mailed at the request of member at any time.</li> </ul>	<ul style="list-style-type: none"> <li>• At this time, there has not been an opportunity for CAC involvement with provider recruitment or announcements of new providers. PHJC will continue to look for ways to include the CAC on their recruitment and retention efforts.</li> </ul>

<p><u>Health Literacy:</u> Increase member understanding about benefits related to mental health and substance abuse and engage providers in health literacy efforts</p> <p><u>Staff:</u> Shannon Cronin</p>	<ul style="list-style-type: none"> <li>• OHA sponsored a webinar with Dr. Cliff Coleman regarding health literacy. PHJC sponsored a session for CAC members, CHW's and other staff to attend this webinar as a group.</li> <li>• PHJC, AllCare and JCC CCO's co-sponsored a provider training on Health Literacy with Dr. Cliff Coleman. At the Grants Pass training, there was a strong attendance by health providers, including: 6 Physicians, 3 Nurse Practitioners, and 8 Nurses. Total attendance was 31. This training received high evaluation marks, and was the initial kick-off to other regional Health Literacy trainings</li> </ul>	<ul style="list-style-type: none"> <li>• 3 CAC members attended webinar, along with 7 staff members.</li> </ul>
<p><u>Navigators:</u> Explore expansion of community outreach specialists to address health disparity issues</p> <p><u>Staff:</u> Chris Jolley, Robin Hausen</p>	<ul style="list-style-type: none"> <li>• PHJC employees 3 outreach workers who work with a small (15-20) caseload of high-risk/high-cost members. Over the 18 months PHJC has had CHW's, there has been a reduced cost trend associated with the work, and an increase in patient satisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW's shared work with the CAC during a January 2015 CAC meeting</li> </ul>