

# Community Health Improvement Plan (CHIP) Progress Report

July 1, 2014 – June 30, 2015

## **Submitted by: Trillium Community Advisory Council**

The Lane County Community Health Improvement Plan (CHIP) – “Lane County’s Healthy Future” was completed and approved in April 2013. The plan was a result of an extensive community health assessment and community health improvement planning process from May 2012-April 2013.

The priorities identified in the plan are:

1. Advance and Improve Health Equity
2. Prevent and Reduce Tobacco Use
3. Slow the Increase of Obesity
4. Prevent and Reduce Substance Abuse and Mental Illness
5. Improve Access to Health Care

This report reflects the progress and challenges of the time period July 1, 2014 – June 31, 2015.

**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:

The 2013 Community Health Improvement Plan for Lane County was a collaborative effort between Trillium, Lane County, PeaceHealth and United Way of Lane County. Lane County is both the Local Mental Health Authority and the Local Public Health Authority. PeaceHealth represents the largest hospital system in the County, with multiple locations in

Eugene/Springfield, Cottage Grove and Florence. United Way brought broad representation from community organizations in the County.

At the time the 2013 CHIP was being developed, the region did not have a designated Early Learning Council. Since that time, the Lane County Early Learning Alliance was convened. It is housed in United Way of Lane County. The Early Learning Alliance is now fully participating in our current Community Health Assessment, which will lead to our next version of the CHIP. Members of the Early Learning Alliance have participated in CHIP workgroups and we have collaborated to address the metrics which overlap with Trillium's. There is cross membership between the Early Learning Alliance advisory groups and Trillium's advisory groups, which enhances collaboration.

Oral Health providers joined Trillium after the CHA process and creation of the CHIP. Oral health providers have participated in CHIP workgroups and are involved in the current CHA and CHIP process. Oral health providers participated in the Access workgroup and are starting to be involved in Tobacco work.

Trillium has reached out to the school-based health centers, including assisting with an application for a new health center in Cottage Grove. Trillium has funded a School-based Programs Coordinator position, housed at Lane County Public health to manage Trillium funded prevention projects and promote collaboration.

As we proceed with our Community Health Assessment we are being very intentional about including broader representation from the community and have invited members from all the above entities to participate.

<b>a.2.</b>	<p><i>To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for:</i></p> <p>Coordinating the effective and efficient delivery of health care to children and adolescents in the community.</p> <ul style="list-style-type: none"><li>X Base the CHP on research, including research into adverse childhood experiences;</li><li>X 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;</li></ul>
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Describe actions taken and/or barriers to work:

All of the strategies in the CHIP are evidence-based and best practices. Considerable research went into the strategies.

Trillium is engaged with the Lane County Early Learning Alliance on addressing identified health priorities such as increasing developmental screening in children ages 0-6 years of age and increasing the number of children enrolled in Primary Care Patient-Centered Homes (PCPCH).

Many of the CAC members and Trillium staff attended the conference “Making Connections: Promoting Mental Wellness and Reducing Adverse Childhood Experiences”, held on November 4-6, 2014, in Eugene. The conference featured Dr. Robert Anda, ACE-study Co-Founder.

The integration of mental and behavioral health has been a major focus for Trillium. In June 2014 Trillium launched the Trillium Integration Incubator Project which includes eight sites where behavioral health and physical health are being delivered in tandem. Two of the sites specifically target children and adolescents. In addition, a comprehensive prevention strategy was approved in December of 2014 and implementation is proceeding. The evidence-based programs include:

- The Triple P (Positive Parenting Program) parenting and family support system designed to prevent behavioral and emotional problems in children and teenagers to be implemented in physical and mental health provider’s offices.
- The Family Check-Up, a comprehensive family assessment which includes observations of family interactions, interviews with family members, and discussion of strengths-based parenting strategies.
- Behavioral health support for home visiting programs and support for community-based parenting programs.

As previously noted, Trillium has sought to fill gaps in school-based health services, including assistance with an application for a new health center in a rural area (Cottage Grove) and funding a School-based Programs Coordinator position to promote collaboration and manage Trillium funded prevention projects.

<b>a.3.</b>	<p><i>To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for:</i></p> <p>Contractor shall add to its CHP;</p> <ul style="list-style-type: none"><li>X school nurses</li><li>X school mental health providers, and</li><li>X Individuals representing child and adolescent health services.</li></ul>
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Describe actions taken and/or barriers to work:

At the time the 2013 CHIP was created, this was not a requirement. However, Trillium is now working with schools to implement evidence-based curricula specific to preventing substance abuse and improving mental health (see above). School nurses and mental health providers are engaged more fully with our current CHA planning process.

<b>b.</b>	Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful baseline data on health disparities. Contractor shall include in the CHA identification and prioritization of health disparities among Contractor's diverse communities, including those defined by X Race X Ethnicity X Language X Disability X Age X Gender X Sexual orientation X Other factors in its Service Areas. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization.
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Describe work with OEI and inclusion of meaningful data:

The CAC has an ongoing health equity workgroup which is working with the community and the Office of Equity and Inclusion to develop a Regional Health Equity Coalition. In October, over 50 members of the community gathered for a training from staff of the OEI. The participants represented many different populations, including the Latino communities, people with disabilities, the LGBTQ community, seniors and more. This successful meeting led to Trillium providing support for creating a coalition and dedicating staff time to the effort. The goal is to establish the coalition by the end of 2015. The CHA utilized data from the census, Oregon's State Health Profile and Public Health sources to create a baseline for our health equity work. The CHIP prioritized reducing health disparities and has addressed the issue in several ways.

- Trillium has agreed to look at each of the health priorities through an equity lens and analyze data by race, ethnicity, geographic location, income, educational attainment, language spoken, sexual orientation, disability status and other population based characteristics associated with health disparities.
- Trillium surveyed providers regarding their understanding of health equity and the measures they took within their offices to address disparities in service. This created further data for understanding disparities in our community.

We have identified the following barriers to collecting and interpreting health equity data:

- Data is collected inconsistently (or not at all) and often collected in different forms
- Providers are often uncomfortable asking for data around race, ethnicity and sexual orientation
- In our rural communities, we sometimes run into the problem of “small numbers”, which leads to uncertainty when drawing conclusions.

Describe engagement and representation of diverse communities:

The CAC set up a Health Disparity committee, charged with evaluating existing data to identify disparities. One of their first findings was identification of a disparity in the area of childhood obesity. The Health Disparity Committee found that Latino children were more likely to be obese than other populations. As a result, several programs that address the need for more access to physical activity have been implemented, with a focus on reaching the areas of the region with the highest number of low income Latino children and youth. The programs include:

- Implement Nutrition and Physical Activity Self-Assessment for Childcare Providers (NAP-SACC) - which has trained 140 childcare providers and reached approximately 900 children.
- Body Mass Index surveillance in elementary schools with the highest number of students receiving free/reduced hot lunch. This will provide us with baseline data to help measure the success of interventions as well as help identify further disparities.
- VERB Summer Scorecard, an incentive program designed to promote increased physical activity participation of youth ages 9-13 years by using a community-based prevention marketing model. Will be implemented this summer in one of the communities with significant Latino population.
- Project Plunge, a program to allow Trillium youth free passes to use community pools that will be implemented in communities with significant Latino population.

Trillium surveyed providers around health equity issues and identified areas that need improvement. The current CHA will utilize this data.

The current CHA process is intentionally engaging communities from diverse populations and working closely with organizations which represent the Latino communities, People of Color, people with disabilities, seniors, the GLBTQ community and more.

<b>c.</b>	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.
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Describe actions to meet this objective:

The Trillium Community Advisory Council and Rural Advisory Council meetings are open to the public. Both meet monthly, the CAC on the 4<sup>th</sup> Monday and the RAC on the 2<sup>nd</sup> Friday. In addition, the CAC/RAC participates in public meetings that are sponsored by Trillium. The public meetings are open to the community and widely advertised. The CAC has also partnered with Trillium staff to be present in DHS offices. We offer people the opportunity to complete a survey regarding their healthcare concerns and a Trillium staff member is available to answer questions. The CAC/RAC has a section on the Trillium website as well as in the newsletter to promote activities and member involvement.

As Lane County initiates a process for a new, updated Community Health Assessment, the MAPP process will again be utilized. The MAPP process is built on a framework of collaboration and transparency and includes opportunities to engage the community in the development of the CHIP.

The CHIP meets PHAB, LMHA and AAA requirements.

<b>d.</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Findings from the various community health assessments made available by OHA to Contractor;</li> <li>• Findings on health needs and health disparities from community partners or previous assessments;</li> <li>• Findings on health indicators, including the leading causes of chronic disease, injury and death in the Service Area;</li> <li>• 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;</li> <li>• Focus on primary care, behavioral health and oral health;</li> <li>• Analysis and development of public and private resources, capacities and metrics based on ongoing CHA activities and population health priorities;</li> <li>• Description of how the CHA and CHP support the development, implementation, and evaluation of patient-centered primary care approaches;</li> <li>• 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;</li> <li>• Integration of service delivery approaches and outcomes; and</li> <li>• Workforce development approaches and outcomes</li> </ul>
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Describe actions taken and/or barriers to work:

The CHIP obesity work is identifying BMI data on elementary students in schools with high free/reduced lunch enrollment.

Trillium has partnered with Lane County Public Health to provide financial support which resulted in two new clinics opening in the region. A Community Health Center was opened in Eugene and a local clinic opened in Oakridge.

One of the CHIP priorities is to reduce the use of tobacco, as tobacco use is the leading cause of preventable death in Lane County. Trillium has implemented several tobacco related prevention programs.

- Quit Tobacco In Pregnancy, QTIP, is an incentive program which has enrolled more than 80 women. The program is housed in WIC.
- The Good Behavior Game is a classroom management tool that has been demonstrated

to improve multiple behavioral and physical health outcomes for children who 'play' the game in first grade, including up to 50% reduction in tobacco use initiation. 14 out of the 16 school districts in the region have trained teachers implementing the program.

- Tobacco Treatment Trainings offered to over 200 physical and behavioral health providers and staff.

Trillium has aligned the Transformation Plan to include a more specific focus on reducing health disparities.

In June of 2013, Trillium updated their tobacco cessation benefits to include:

- Coverage for screening and assessment
- Coverage for up to 10 counseling sessions per quit attempt and up to 2 quit attempts per year
- Coverage for all forms FDA approved nicotine replacement and prescription tobacco cessation medication
- No co-pays or pre-authorization required
- Coverage for telephone, web and text-based quit line support

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

The Community Health Improvement Plan Progress Report as submitted by the Trillium Community Advisory Council meets this requirement.

f	Adopt a comprehensive local plan for the delivery of local mental health services for children, families, adults and older adults that describes the methods by which the LMHA will provide those services.
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Describe actions to meet this objective, if applicable, may reference another CCO related report or document. The CCO supports the Lane County Biennial Behavioral Health Plan. A representative from the Lane County Mental Health Advisory Council sits on the Trillium CAC.