

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” as found at <http://transformationcenter.org/cco-resources/?keyword=&filter=cac&sort=>.

(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 CHIP committee is actively working to recruit members from all areas outlined in the Oregon Administrative Report requirements. The committee is currently well-represented on the healthcare side, but needs more people from the education and business sectors. A spreadsheet is currently under construction that will show which members fulfill which areas, and where the gaps in membership are.

(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:

Strategies for achieving CHIP objectives are still under development, but subcommittees are using current research as a foundation for their work plans. Maternal and Child Health is one of our priority areas, with increasing the timeliness of prenatal care as one of our main goals. Improving integration of and access to services for children and adolescents will very likely be included in the strategies for this goal.

OPTIONAL Checklist for Community Health Improvement Plan (CHIP) 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:

Individuals from the Early Learning Council, Head Start, child and adolescent mental health, and pediatric practices have contributed to the development of the CHIP. We have not had representation from the schools, which is a gap we are actively working to address, particularly through the recruitment of school nurses.

(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:

No work has been done with OEI on the Coos County CHIP, however data on socioeconomic health disparities has been collected for our CHA.

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:

The CHIP committee has worked with the CAC to develop the document, and the CAC has agreed to take part in implementing some of the strategies. Consumers on the CAC represent diverse populations within the community and have had approval/feedback power throughout the CHIP development process.

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:

The CHA and CHIP are posted publicly on the county health department's website, and there have been newspaper articles written about both the 2013 and 2015 CHIPs to publicize their existence and content. The processes used to develop the CHIP are explained thoroughly in narrative form, and data sources for the CHA are provided throughout the document.

(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 CHIP relies on CHA data to drive its focus areas, and the CHA thoroughly reports data on a wide scope of topics. The CHIP work plans for each goal will describe findings, priorities, actions, responsibilities, and results, as well as our metrics, why the goal is important, and who is responsible for ensuring progress on each item.

(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.

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

Reporting period July 1, 2014 – 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.

One of the CHIP's five goals is to prevent suicides in the county, which will involve collaboration between a number of mental health providers in the community. This is currently the only goal in the CHIP explicitly tied to mental health. The county also has a Biennial Implementation Plan (BIP) that is a comprehensive local plan for mental health service delivery, which took away the necessity for the CHIP to file this role. While the BIP and CHIP share some contributors, the two plans are not otherwise linked at this time.

Coos County Community Health Improvement Plan

2013-2015 Progress Report

April 21, 2015

Contents

Report on Activities	6
Priority 1: Access to Healthcare	6
Priority 2: Chronic Illness Management	9
Priority 3: Chronic Illness Prevention	11
Priority 4: Dental Health	12
Priority 5: Fall Prevention	14
Priority 6: Maternal & Child Health	15
Priority 7: Mental Health	16
Priority 8: Socioeconomic Disparities	17
CHIP revision	18
Priorities for the Coming Year	20
Appendix A: Acronyms	21
Appendix B: CHIP Steering Committee Charter	22

Introduction

In late 2012, community health partners in Coos County formed a workgroup out of the Community Advisory Committee (CAC) to conduct a Community Health Assessment (CHA). The workgroup was facilitated by the local health department, and was comprised of members spanning many organizations, including hospitals, one of the local Indian tribes, health clinics, dental services, and other service agencies. After the CHA was completed, the workgroup identified eight priority health issues based on the assessment findings. The Public Health Administrator took on the development of the initial Community Health Improvement Plan (CHIP) based on the data collected and the eight priority areas identified through the assessment.

This document is intended to report progress on the goals laid out in the 2013 CHIP document. The accomplishments outlined here were contributed by CHIP steering committee partners and compiled by the health department. This is the first annual report on the CHIP, and it reflects activities performed from November 2013 to March 2015.

This report is also intended to report on the work that has been carried out by the Steering Committee to review and update the CHIP to make it more manageable and workable.

The report includes the following:

1. Timeline outlining the development of the Coos County CHA and CHIP
2. Participating organizations (past and current) in the development and implementation of the CHIP
3. Summary of accomplishments: November 2013 – March 2015
 - a. Progress on original CHIP goals
 - b. CHIP revision
4. Priorities for the coming year

Timeline

The following timeline outlines the development of the CHA and CHIP:

October 2012: At the Western Oregon Advanced Health (WOAH) CAC Subcommittee on Assessment meeting, the requirements for a CHA and CHIP were reviewed. The group began drafting a plan for a collaborative community health improvement process.

January 2013: Recruiting for CHA subcommittee members began.

March-May 2013: Data collection for the CHA was conducted, including monthly meetings to collect input from committee members on resources and needs. At the conclusion of data collection, the group discussed the CHA findings and identified eight priority areas for the CHIP to address.

June-August 2013: The CHA document was written and revised by the Coos County Public Health Administrator. In July, the Subcommittee on Assessment began working on the CHIP based on the eight identified priority areas.

September 2013: The CHA was finalized.

October 2013: The CHIP was presented to the WOAHC Community Advisory Council and accepted.

November 2013: The CHIP was submitted to the WOAHC Board and approved.

January 2014: Recruitment for the CHIP Steering Committee began.

February-June 2014: The first CHIP Steering Committee meeting was held in February. Over the next four months, the Steering Committee identified several issues with the original CHIP document. These included the CHIP being too expansive, the objectives being too broad, and partnering agencies lacking adequate accountability measures for their assigned objectives.

July 2014: Eight subcommittees of the CHIP Steering Committee were formed based on the eight priority areas.

August 2014-March 2015: CHIP revision was planned and written by Steering Committee. Implementation of some CHIP activities from the previous edition was undertaken.

Committee Membership

Per Oregon Administrative Rules for Coordinated Care Organizations (CCOs) – rule 410-141-3145, sections 1 and 2 – the committee has made targeted and successful efforts to partner with the Early Learning Council, local mental health authority, Area Agency on Aging, Aging and People with Disabilities (APD) field office, oral health care providers, the local public health authority, community-based organizations, hospital systems, and school health providers in the area (see committee charter in Appendix B). The following organizations have been involved in CHA and CHIP development:

Advantage Dental
Bandon Community Health Center
Bay Area Hospital
Bay Cities Ambulance
Cavity Free Kids
City of Coquille
Community Advisory Council
Coos Bay School District
Coos County Commissioners
Coos County Friends of Public Health
Coos Health & Wellness

Coquille Indian Tribe Community Health Center
Crossroads Café
Department of Human Services
KCBY Television
Maslow Project
North Bend Medical Center
OHSU
Oregon Health Authority
OSU Extension Service
South Coast Hospice

Southern Coos Health District
Southern Coos Health Foundation
Waterfall Community Health Center
WOAH

WOAH Oregon Health Plan survey
participants
Women's Health Coalition
The World

Report on Activities

Priority 1: Access to Healthcare

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 1: Increase the proportion of persons with health insurance</p>	<p>In 2012, 21% of Coos County residents were uninsured. In 2014, only 18% were uninsured.¹ Local clinics and the Oregon Health Plan Coordinator at Coos Health & Wellness (CHW) (formerly Coos County Public Health) refer patients to Western Oregon Advanced Health (WOAH) for insurance enrollment.</p> <p>Waterfall Clinic has increased their number of outreach workers helping patients enroll in insurance, and from 2013-2014, went from 53% of their patients being uninsured to 12%.</p>
<p>Goal 2: Increase the proportion of persons with a usual primary care provider</p>	<p>In 2012, the ratio of patients to primary care providers was 1,050:1. In 2014, the ratio was 1,142:1.² The CHIP steering committee has decided to make access to care providers a priority in the 2015 CHIP to address this issue. The committee plans to examine provider retention data from Bay Area Hospital and design an improved recruitment package based on their findings.</p>
<p>Goal 3: Increase the number of practicing primary care providers in Coos County</p>	<p>Bay Area Hospital convened a group to conduct a provider recruitment and retainment assessment in 2013, and has been assessing the findings in 2014. The steering committee plans to work off of these findings as well to improve the provider-to-patient ratio.</p> <p>In 2015, Coos County will partner with the Oregon Health & Science University Rural Health Campus program to bring medical, physician’s assistant, pharmaceutical, and public health students to Coos County for training. We hope to continue this partnership so that we can recruit new providers to the area on a regular basis.</p> <p>Waterfall Clinic has increased their Health Professional Shortage Area (HPSA) score to 19, which places them above many comparable healthcare facilities and helps them recruit and retain new providers. They have also established several internships for health professionals,</p>

¹ 2012, 2014 Robert Wood Johnson Foundation County Health Rankings

² 2014 Robert Wood Johnson Foundation County Health Rankings

	<p>including nurses, mental health providers, and physician’s assistants.</p>
<p>Goal 5: Increase access to urgent care services</p>	<p>North Bend Medical Center established a new immediate care clinic in March 2014. The clinic does not require appointments and is open 8 AM to 6 PM Monday through Friday. Additionally, Bay Clinic has opened an evening clinic for non-life threatening problems. No appointments required, and it is open Monday through Thursday 5:30-8:00 PM and Saturdays from 8:30 AM – noon.</p> <p>Waterfall Clinic has started to require measurement of their third next available appointment, which has improved access as they have begun holding appointment slot openings. They are also required to be open four hours a week outside of normal business hours, which they have made 5-7 on Tuesday and Thursday.</p>
<p>Goal 6: Explore healthcare system models that improve health in rural communities</p>	<p>North Bend Medical Center and Bay Area Hospital are both working on integrating telehealth into their services.</p> <p>WOAH has commissioned a Telemedicine Asset and Interest survey in Coos and Curry counties. The survey is being completed through the Southern Oregon Telepresence Alliance. The survey is currently in process and a final report is anticipated in late May 2015.</p> <p>Coast Community Health Center, Waterfall Community Health Center and Adapt have telemedicine equipment that they will be using to facilitate care in their respective school based health centers and, in the future, for specialist consults.</p> <p>Waterfall and WOAHA are exploring how to change how the clinic is reimbursed as a patient-centered medical home. They are considering determining reimbursement by the tier of the clinic, which would incentivize clinics to increase their tier rating.</p> <p>WOAH provided a small grant to Southern Oregon Rural Telepresence Alliance (SORTA) to conduct a “Telemedicine Asset and Interest Inventory” in Coos and Curry Counties. SORTA, based in Coos County, has also received a federal Rural Health Network Planning grant and is working to develop a consolidated telemedicine strategic plan.</p>
<p>Goal 7: Increase public</p>	<p>WOAH partners with a taxi service to provide their clients</p>

transportation throughout the county

with transportation to medical appointments. They are currently conducting a survey of their clients regarding the efficacy of this service, so that barriers to medical transportation can be addressed.

Waterfall pays for taxi transportation to appointments, and provides outreach to help people navigate bus and TransLink systems.

Priority 2: Chronic Illness Management

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 1: Improve management of chronic illnesses in Coos County</p>	<p>Bay Area Hospital is looking at ways to improve rates of re-admission, which may include increasing the use of nurses to complete discharge calls on high-risk patients. The hospital is looking at data to potentially expand these calls to all discharged patients within 24-72 hours post-discharge. WOAHA has also been recruiting more case managers to help high-risk populations manage their chronic illnesses.</p> <p>Oregon State University (OSU) Extension Service conducted a Walk With Ease program in Bandon in 2014, which was designed to help people with arthritis manage their pain. They hope to conduct several in 2015.</p> <p>Coos Health & Wellness is assisting with planning an event on Adverse Childhood Experiences (ACEs) for the community, which would emphasize the impact of ACEs on health issues like chronic disease.</p> <p>Waterfall is training all of their nurses to be case managers, and hired a full-time patient care manager to help patients navigate the healthcare system.</p> <p>Bay Area Hospital has a steering committee devoted to working on issues with hospital readmission, which Waterfall is also a part of. They also coordinate patient care, as the hospital faxes information to the clinic on any patient ER visits.</p>
<p>Goal 5: Improve health outcomes among persons with chronic illnesses</p>	<p>OSU Extension Service is on track to put their nutrition classes online, which would count as Continuing Medical Education credits for physicians. They are also exploring ways to increase provider awareness of online trainings, both through OSU, Cornell, Physicians Committee for Responsible Medicine, and other sources. Bay Area Hospital is also working on continuing physician education opportunities.</p> <p>OSU Extension Service spearheads the Complete Health Improvement Program, which helps people reduce disease risk factors by adopting healthy behaviors and lifestyle modifications. CHIP is presented in an educational format, with a combination of video lectures</p>

and in-class discussion. The CHIP program was implemented twice in 2014. OSU Extension Service hopes to continue making the program available twice a year, as well as expanding into holding Learning from Effective Ambulatory Practices classes in Bandon in Spring 2015.

Priority 3: Chronic Illness Prevention

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 1: Decrease tobacco initiation and use</p>	<p>Local health clinics measure the number of patients who smoke and keep up-to-date data on these rates.</p> <p>North Bend Medical Center and Waterfall Clinic recently became smoke-free campuses.</p>
<p>Goal 2: Increase opportunities for physical activity</p>	<p>The Coos County Friends of Public Health held a one-day bike event in June 2014 to increase opportunities for physical activity, and plan to hold another bicycle event in May 2015. They also recruited a student from the local community college to help identify issues affecting bike safety in Coos Bay and North Bend, though no interventions have been designed so far.</p>
<p>Goal 3: Improve nutrition</p>	<p>Supplemental Nutrition Assistance Program (SNAP) benefits are now accepted at the Coos Bay Farmer's Market.</p> <p>OSU Extension Service conducts nutrition classes through the CHIP program, as well as 5-10 other classes per month. They are also considering bringing the Food, Education, Agriculture, Solutions, Together (FEAST) program to Coos County, which ties nutrition education in with access to food, farmer's markets, etc.</p> <p>OSU Extension Service is also considering ways to improve referrals to the Complete Health Improvement Program, including providing coupons, prescription pads, or education about the program to medical professionals in the area.</p>
<p>Goal 4: Increase the number of policies for the built environment that enhance access to and availability of physical activity opportunities</p>	<p>Coos County Friends of Public Health is looking at the findings of their bike safety assessment to determine what policy interventions would be most impactful.</p>

Priority 4: Dental Health

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 1: Prevent caries by reducing the proportion of dental caries experience in primary or permanent teeth</p>	<p>Advantage Dental supplies a dental hygienist to see Women, Infants, Children (WIC) clients so that children receive help with caries prevention early in life. Clients receive screenings, education, fluoride treatments, and dental supplies.</p> <p>Area oral health agencies are discussing the establishment of an oral health coalition. This coalition would work to agree on a clearinghouse or single entity that would manage or collate all dental outreach projects. Members would also work together to prevent redundancy of services and fill current service gaps.</p> <p>Advantage Dental is working with Ready to Smile to standardize use of the ADIN software system. Mutual use of ADIN will create a shared database of client information to increase service efficiency and reduce redundancies.</p> <p>Since Ready to Smile began screening and providing dental sealants to children in schools in the 2010-2011 school year, and has seen a considerable increase in children with sealants since then. Ready to Smile also provides dental education by creating commercials and PSAs, doing outreach at community events like Night Out at the Park, and providing parents with education through flyers in their children’s dental kits.</p> <p>Through its screenings, Ready to Smile is actively collecting data on caries rates in 6th and 7th grade students.</p>
<p>Goal 2: Reduce the proportion of untreated dental decay</p>	<p>Ready to Smile is now providing screenings to K-8 students in schools.</p> <p>Sharing ADIN software will improve referral processes and timely visits for youth with dental decay.</p>
<p>Goal 3: Increase the proportion of adults who receive preventive interventions in dental offices</p>	<p>Advantage Dental opened a new clinic in Coos Bay, and one of their contracted dentists – Dr. Holt – is now accepting an additional group of new OHP clients.</p>
<p>Goal 4: Increase opportunities for Medicare-eligible patients to</p>	<p>All Oregon Health Plan (OHP) clients are now assigned a dentist at sign-up. The new Advantage Dental Clinic</p>

receive dental care	and acceptance of more OHP clients also fulfills this.
Goal 5: Increase the proportion of children, adolescents and adults who used the oral health system in the past year	Advantage Dental and Ready to Smile use targeted case management following school and dental office screenings. Ready to Smile ranks severity of cases from 0-2, and contacts families of 2 cases within 48 hours to discuss treatment options.
Goal 6: Increase the proportion of oral health programs at Coos County Public Health and Waterfall Clinic	<p>Advantage dental has partnered with WIC at CHW through their hygienist, and an Oral Health Coalition is being formed in Coos County to address county-wide services.</p> <p>Ready to Smile and Advantage Dental continually seek funding to sustain and expand their programs.</p> <p>Until the oral health coalition is formed, an interim coalition has formed consisting of: John Sweet – Coos County Commissioner/Ready to Smile Steering Committee, Ginger Swan – Coos Mental Health Director, Sharity Ludwig/Cecilee Shull – Advantage Dental, Dane Smith – local dentist. This group is discussing how to maintain sustainability for the Ready to Smile program. The Coalition once formed will help in this area as well.</p>
Goal 7: Improve oral health education	Ready to Smile provides education and brochures for parents on topics including healthy snacks, xylitol, proper brushing, and reminders for annual dental visits. In-school education and outreach at community events also contribute to oral health education.

Priority 5: Fall Prevention

Goal from 2013 CHIP	Progress: March 2015
Goal 1: Prevent fall-related injuries and deaths among adults aged 65 and older	Bay Cities Ambulance has established a Community Paramedic Program pilot project. The Community Paramedic Program is modeled after the National Mobile Integrated Health Care model, with the goal of preventing readmissions to the hospital and ER for 30 days. The Community Paramedic Program focuses on the patient's acute disease process, such as congestive heart failure (CHF) with an awareness of the patient's other diseases, conditions or medications that may have an effect on CHF. The patient must be referred by their physician; at this time Bay Cities Ambulance has been working with Dr. Haack. The paramedic reviews the home, looking for any hazards, and also goes over any conditions and medications that may be affecting the disease. The patients find comfort knowing that while in the program, the paramedic and physician are following their care. All care visits are documented and forwarded to the physician.

Priority 6: Maternal & Child Health

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 1: Increase the proportion of pregnant women who receive early and adequate prenatal care</p>	<p>The Home Visiting program at Coos Health & Wellness sought funding from March of Dimes to fund special projects, including developing universal preconception, pregnancy, and postnatal resources for the county. These projects unfortunately did not receive funding. Home Visiting is also updating a universal referral form for clients with a comprehensive list of resources and programs for their use.</p> <p>North Bend Medical Center has a community care manager that enrolls and assigns new pregnant moms to a healthcare provider.</p> <p>Waterfall Clinic does not offer pregnancy care, but provides lots of pregnancy tests, contraception, and education to anyone who comes in.</p>
<p>Goal 2: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women</p>	<p>CHW Home Visiting added alcohol and tobacco resources into their universal referral form for clients.</p> <p>Local clinics are required to screen pregnant moms for tobacco use and provide resources for cessation.</p>
<p>Goal 4: Improve family support systems</p>	<p>Care Coordination (CaCoon) has secured a grant for developing shared care plans for clients.</p> <p>CHW Home Visiting is exploring developing individual case plans for kids with schools.</p>
<p>Goal 5: Increase access to nutritious foods</p>	<p>Coos Health & Wellness Home Visiting coordinated with an AmeriCorps VISTA volunteer to create a SNAP cookbook and training for home visitors in the area.</p> <p>A pilot project has been started that recruits local chefs to hold budget cooking classes for families. So far there has been a chili-making class in Airport Heights that was highly successful.</p> <p>SNAP benefits are now accepted at the Coos Bay Farmer's Market.</p>

Priority 7: Mental Health

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 1: Improve early detection of mental health conditions</p>	<p>CHW has been working on implementing mental health first aid programs in schools, though they have not been officially established yet. The trainings are time-intensive and the behavioral health staff is short on time, but this will possibility will continue to be explored.</p> <p>Local health clinics offer Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to clients, which helps screen for depression symptoms.</p>
<p>Goal 2: Increase access to mental health care</p>	<p>CHW has services in schools for increasing access and support for mental health for children. Additionally, the Behavioral Health staff at CHW is working with Portland State University to implement a wrap-around model of care pilot project. They hope to increase capacity for higher levels of care for children, and have developed the policies and procedures necessary to do so. They are providing required updates to the Addictions and Mental Health Divisions.</p> <p>A facility in Grants Pass through Kairos has opened and has opportunities for serving south coast children with mental health needs for residential care. The hospital and local mental health services are also working together to identify access to mental health services and respite care for families with children with behavioral and mental health issues.</p> <p>Waterfall Clinic has increased the number of mental health care providers to 3 at their site, and has also increased the number of depression screenings they perform.</p>

Priority 8: Socioeconomic Disparities

Goal from 2013 CHIP	Progress: March 2015
<p>Goal 3: Reduce food insecurity and improve nutrition</p>	<p>SNAP benefits are now accepted at the Coos Bay Farmer’s Market, and it is also being considered at the Bandon Market. The possibility of adopting the “That’s My Farmer SNAP Incentive Program,” based on Albany’s, is being explored.</p>
<p>Goal 7: Increase the proportion of children with disabilities, birth through 2 years, who receive early intervention services in home or community-based settings</p>	<p>The CHW Home Visiting program has provided all home visitors with First Tooth Training, so that they can offer early dental interventions and preventive resources to their clients. They have also been working with the Cavity Free Kids project to provide early dental intervention services to kids around the county.</p> <p>Home Visiting has explored opportunities with partner agencies to coordinate and streamline services that increase the proportion of children with disabilities, birth through two years, who receive early intervention. They are trying to encourage people to use the CaCoon contract for shared care plans so that services are more streamlined between providers and programs.</p>

CHIP revision

While many of our goals and objectives from the 2013 CHIP have been explored, worked on, or completed, some were unable to be addressed.

With gaps in leadership for the first half of 2014, the CHIP steering committee floundered. In July of 2014, the CHIP steering committee broke down into subcommittees by priority area to evaluate the content of the document, prioritize areas of intervention, and define work plans. Several concerns arose from these subcommittees:

1. Are the existing goals and objectives an appropriate focus for the CHIP?
2. Who is responsible for working on the established objectives? There are multiple players and providers noted in the original plan, but lack of ownership.
3. The original plan is not manageable. There are too many priority areas, goals, and objectives. Most plans have no more than 3 to 4 priority areas.
4. Objectives are not measurable and read more like activities.

Although the committee collectively agreed that the original plan was great and ambitious, they also agreed that it was too large to accomplish and needed to be revamped to be more focused and actionable.

The committee – through an Action Team – proceeded to review the original CHIP.

The objectives were reviewed against a set of criteria. This evaluation of the objectives significantly decreased the number of items that the steering committee aimed to address through the CHIP.

▪ Feasible	Yes/No
▪ Measurable	Yes/No
▪ Baseline exists	Yes/No
▪ Impactful	Yes/No
▪ Person willing to champion goal	Yes/No

The goals and objectives that remained were reworded to ensure that they were Specific, Measurable, Actionable, Realistic, and Time-bound (SMART), and aligned with national benchmarks such as Healthy People 2020.

The larger steering committee regularly reviewed and discussed the CHIP document throughout this process. When the Action Team identified SMART goals and objectives, the steering committee went through a prioritization exercise and selected five overall goals for the 2015 edition of the Coos County CHIP. These goals are grouped under four of the eight original priority areas: Access to Healthcare, Chronic Disease Prevention/Healthy Lifestyles, Mental Health, and Maternal and Child Health. This structure preserves the work done on the CHA and

previous CHIP, including subcommittee work, illustrates how the new CHIP is connected to those documents, and narrows the plan's scope so that future work is realistic and attainable.

The steering committee will submit the restructured CHIP to the local Coordinated Care Organization's (CCO) Community Advisory Council for approval in April. The plan will then go to the CCO leadership board in May. Starting in April, and continuing on an ongoing basis, subcommittees will work on an implementation plan with specific strategies and action steps for each goal. The plan will evolve as new partners and ideas come to the table, but will be anchored to the five main goals selected by the steering committee.

The refining work undertaken in 2014 was made possible thanks to a financial partnership between the health department and the CCO. This partnership allowed the health department to hire an AmeriCorps VISTA volunteer to help the CHIP Steering Committee with the facilitation and coordination of the plan update.

Priorities for the Coming Year

Implementation of the revised CHIP is our most pressing priority this year, as the committee wants to maintain the progress and momentum we have built together. However, the committee has also identified several areas of improvement to address in the coming year that could streamline the functions and efforts of the group, as well as increase the impact of the CHIP in the community.

Some future priorities could include enhancing the structure of the steering committee by dividing membership into subcommittees by goal, while making the steering committee a smaller core group of members who could take an advisory role in guiding the committee's work. Roles within the steering and subcommittees could be more explicitly defined in order to have a high-functioning committee, and various work and tools could be standardized (agendas, minutes, work plans, sign-in sheets, etc.). Subcommittees could operate under the same working rules, which might include regular reporting to the steering committee on progress and making all meetings outcome-oriented. By making these structural changes, people's efforts may be more focused and efficient and the committee would be able to track progress and outcomes in a more organized way.

In addition to restructuring the committee, we could also broaden representation on the committee to include more sectors mentioned in the OAR requirements sections 1 and 2, especially from community members and non-health organizations. We are looking into ways to recruit representatives from businesses, schools, and critical populations, as well as people from more geographically isolated areas of the county. Changing our meeting time, regularly moving our meeting location, and making teleconferencing an option are actively being explored as ways to bring more diversity to our membership. We are also planning to create a welcoming/orientation packet for new members so that our purpose and activities are clear.

The process that was followed to develop this CHIP did not engage the broader community as much as required by OARs. To amend this, as the steering committee begins updating the CHA this fall, it could hold public meetings and focus groups and distribute surveys to the community so that we include the perspective of the populations our future CHIP plans will affect. The committee could also expand CHA data sources to include the Office of Equity and Inclusion at Oregon Health Authority. This collaboration, paired with increasing engagement with community members and recruiting representatives from critical populations, could help our CHA and CHIP address health disparities in a more impactful way.

Appendix A: Acronyms

ACEs – Adverse Childhood Experiences

ADIN – Advanced Dental Information Network

APD – Aging and People with Disabilities

CAC – Community Advisory Council

CaCoon – Care Coordination

CCO – Coordinated Care Organization

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CHW – Coos Health & Wellness (formerly Coos County Health & Human Services)

OAR – Oregon Administrative Rules

OHP – Oregon Health Plan

OSU – Oregon State University

SMART – Specific, Measureable, Actionable, Realistic, Time-bound

SNAP – Supplemental Nutrition Assistance Program

WIC – Women, Infants, Children Program

WOAH – Western Oregon Advanced Health

Appendix B: CHIP Steering Committee Charter

Coos County Community Health Improvement Plan Steering Committee Charter

A Function & Responsibilities

The primary function of the Steering Committee is to provide oversight and support the ongoing implementation of the *Community Health Improvement Plan (CHIP)*. In practice these responsibilities are carried out by performing the following functions:

- Support community awareness of the *CHIP* through engagement in local community activities relevant to the plan goals and objectives;
- Prioritize *CHIP* goals and objectives based on potential impact, community support, resources and evidence-based best practices;
- Establish workgroups;
- Collaborate and assist organizations and individuals working on specific *CHIP* goals;
- Coordinate progress on goals and objectives with attention to overlap and redundancies to maximize community resources and focus for meeting *CHIP* goals and objectives;
- Control the focus as emergent issues force changes to be considered, ensuring that the focus continues to align with the agreed purpose and goals;
- Update the *CHIP* routinely and as deliverables are met, identifying new or revised goals and objectives based on updates to the Community Health Assessment;
- Interact with local city and county agencies to support ongoing attainments of the *CHIP* goals and objectives;
- Liaison with state and other organizations involved with community improvement projects for new information and resources as available.

B Membership

In addition to the project sponsor* as *ex-officio* members, the Steering Committee will consist of stakeholder members representing the six main communities of Coos County (Coos Bay - North Bend, Lakeside, Coquille, Bandon, Myrtle Point, Powers), diversity in the community, and the following community segments:

- | | | |
|------------------------|-------------------------------|-------------------------------|
| • Business Owner | • Faith-Based Professionals | • Non-Profit / Volunteers |
| • City Government | • Legal Professionals | • Mental Health Professionals |
| • Community Advocates | • Liaisons-Community Agencies | • School Professionals |
| • County Government | • Medical Professionals | |
| • Dental Professionals | | |

The committee meets monthly and members must commit to attending 10 meetings each year; sending a delegate in their place if they are unable to attend. If a member misses three meetings they will be asked if they still are committed and plan to attend future meetings or if a new member should be assigned in their place.

* Project sponsors include Bandon Community Health Center, Bay Area Hospital (BAH), Coos County Public Health (CCPH), Coquille Indian Tribe Community Health Center, Coquille Valley Hospital (CVH), Oregon State University (OSU) Extension Service – Coos County, Southern Coos Hospital, Waterfall Community Health Center and Western Oregon Advanced Health (WOAH)

C Meetings

Meeting Schedule and Process

The Team will meet monthly or as required to keep track of issues and the progress of the projects as outlined in the *CHIP*. Committee Members will identify and assign a chair of the Steering Committee to facilitate meetings. The Team will follow modified Roberts Rules of Order in the conduct of meetings, motions, discussion and voting.

Voting Type: Consensus

Quorum: Majority Present

Charter

Review: Yearly

Measures of Success:

- Annual progress report on *CHIP* goals and objectives
- Identification and completion of specific deliverables for each goal and objective quarterly
- Improved health statistic in Coos County

Chairperson

Date