

Senate Bill 436 Report

December 2014

Prepared by
Oregon Health Authority

Prepared for
The Oregon State Legislature
Per Senate Bill 436

This report is available online at:

<http://transformationcenter.org/resource/senate-bill-436-report/>



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Executive Summary

Effective July 1, 2013, Senate Bill 436 highlighted issues related to children's health care and established guidelines for Coordinated Care Organizations (CCOs) to focus on children's health, to the extent possible, in the development and adoption of their required CCO community health improvement plans.

The Oregon Health Authority (OHA) Transformation Center reviewed the plans to assess the degree to which they reflected the information requested in SB 436. OHA's CCO Innovator Agents also provided updates on CCOs' work focused on children's health, which may not have been reflected in their community health improvement plans.

SB 436 required CCOs and their community advisory councils to involve key children's health partners in the development of the CCOs' community health improvement plans. Additionally, the plans must be evidence-based, present a strategy and plan, to the extent practicable, for working with the Early Learning Council, Youth Development Council, and school health providers, and focus on systems-level efforts for improving children's health in their communities.

SB 436 also required that each CCO report to the OHA on the progress of the integration strategies and implementation of the plan for working with the Early Learning Council¹, the Youth Development Council and school health care providers in the region, as part of the development and implementation of the community health improvement plan. Findings of the community health improvement plans analysis include:

- Over 80% of the CCOs included plans for working with the state Early Learning Council or school health providers.
- Over 90% included plans for coordinating effective and efficient delivery of health care to children, with nearly 90% including plans for

¹ While SB 436 identified the state level Early Learning Council (ELC) and Youth Development Council (YDC) as key children's health partners for CCOs in their community health improvement plans, in many instances this report instead refers to the local entity version of the ELC (i.e. the regional Early Learning Hubs) or local organizations that may partner with the YDC (i.e. an organization that received grant funding from the YDC). In some instances, a local entity version of the ELC or YDC may not yet exist in a CCO's service region, in which case the CCO may not have a plan for working with those entities.

coordinating effective and efficient delivery of health care to adolescents.

- All were research-based.
- Over 80% of CCOs focused on 1) improving integration of services 2) primary care, behavioral health, and oral health, and 3) addressing promotion of health and prevention, and early intervention in treatment.
- All involved administrators from county health department programs in the development of their community health improvement plans. Nearly 90% involved community mental health providers, and over 75% involved regional Early Learning Hubs or community health centers.
- There may be opportunities for improving how CCOs consider school-based health center networks within their planning processes around the region's health delivery system for youth. Opportunities also exist around CCOs working with the state Youth Development Council. However, CCOs have already begun to address some of these areas through updates to their plans or targeted collaborations and projects by the CCO outside of the community health improvement plan priorities.

Background

Effective July 1, 2013, Senate Bill 436 highlighted issues related to children's health care. Below is a summary of the information requested in SB 436 that is detailed in this report.

1. The community health improvement plan shall include, to the extent practicable, a strategy and plan for working with the Early Learning Council, the Youth Development Council and school health care providers in the region (*see Appendix A, Section 1.a*);
2. Community health improvement plans shall include, to the extent practicable, a strategy and plan for effective and efficient delivery of health care to children and adolescents in the community (*see Appendix A, Section 1.b*);
3. Content of the plan must be based on research, including adverse childhood experiences, and identify funding sources and additional funding necessary (*see Appendix A, Section 2*);
4. Content of the plan must include evaluation of the existing school-based health center network's adequacy, recommendations to improve the network, and consideration of the value of integrating the network into a larger health system or system of community clinics (*see Appendix A, Section 2.a-c*);
5. Content of the plan must focus on 1) improving integration of services 2) primary care, behavioral health, and oral health, and 3) addressing promotion of health and prevention, and early intervention in treatment (*see Appendix A, Section 2.d-f*); and
6. Children's health partners and stakeholders shall be involved in the development of the plan (*see Appendix A, Section 3.a-k*).

Methodology

With direction from CCO community advisory councils, 14 CCO community health improvement plans were completed and submitted to OHA for approval by June 30, 2014 (in addition, two CCOs received extensions: Health Share of Oregon, which submitted their plan on September 30, 2014, and Cascade Health Alliance, which submitted their plan on December 23, 2014²). Some CCOs had developed community health improvement plans

² This report includes preliminary findings from Cascade Health Alliance's community health improvement plan, and therefore all CCOs' community health improvement plans are reflected.

significantly earlier than the June 30, 2014 due date, leading to a range in the degree to which community health improvement plans were able to incorporate guidance from SB 436. Consequently, OHA's Transformation Center worked with the CCO Innovator Agents to obtain updates on CCOs' work focused on children's health that may not be reflected in CCO community health improvement plans.

The input from the community health improvement plans and supplemental information from the Innovator Agents were compiled into this report. The report was reviewed by OHA leadership, OHA Transformation Center leadership, CCO Innovator Agents, OHA's Child Health Policy Director, and staff at OHA's Office for Oregon Health Policy and Research. In addition, staff at OHA's Office of Health Analytics reviewed the data.

It is important to note that, if a plan did not employ strategies for access to care or behavioral health integration that focused directly on children, this report does not include it. However, the majority of the community health improvement plans did focus on these key foundational strategies for improving children's health for their entire population.

SB 436 Findings Reflected in Community Health Improvement Plans

The community health improvement plan includes a strategy and plan for working with the Early Learning Council, the Youth Development Council and school health care providers in the region

The majority of community health improvement plans included a strategy and plan for working with Early Learning Hubs (81%) and school health providers (81%). However, plans for working with the Youth Development Council (38%) were less represented in community health improvement plans. *See Appendix C, Chart 1.*

According to follow up with the CCO Innovator Agents, the majority of CCOs (88%) reported already engaging with their region's Early Learning Hubs. *See Part 2 for each CCO in Appendix D for more information.*

Community health improvement plan includes a strategy and plan for effective and efficient delivery of health care to children and adolescents in the community

The majority of plans included strategies and plans for coordinating effective and efficient delivery of health care to children (94%) and adolescents (88%) in the community. *See Appendix C, Chart 2.*

Content of the community health improvement plan is based on research, including adverse childhood experiences, and identifies funding sources and additional funding necessary

Due to the fact that all community advisory councils employed a community health assessment as part of the process, all CCOs plans are based on research. Additionally, 75% of the plans were specifically based on research into adverse childhood experiences. Almost 40% identified the necessity of additional funding needed to meet children's health needs and 31% identified sources for additional funding. *See Appendix C, Chart 3.*

Content of the community health improvement plan includes evaluation of the existing school-based health center network's adequacy, recommendations to improve the network, and consideration of the value of integrating the network into a larger health system or system of community clinics

Fifty percent of the plans made recommendations to improve the school based health center system. Less than one-third of the plans reflected evaluation of the adequacy of the existing school based health center network (25%) or took into consideration whether integration of the school based health centers with larger system/community clinics would further advance the community health improvement plan goals (31%). *See Appendix C, Chart 3. See Part 2 for each CCO in Appendix D for a listing of the specific SBHCs within the CCO's service region.*

Content of the community health improvement plan focuses on 1) improving integration of services 2) primary care, behavioral health, and oral health, and 3) addressing promotion of health and prevention, and early intervention in treatment

The majority of the community health improvement plans focused on 1) improving integration of child, adolescent and family services (88%), 2) primary care, behavioral and oral health (94%), and 3) addressing

promotion of health and prevention and early intervention in the treatment of children and adolescents (88%). *See Appendix C, Chart 3.*

Children’s health partners and stakeholders involved in the development of the community health improvement plan

In the development of their community health improvement plans, all of the CCOs’ community advisory councils included county health department administrators, 88% included community mental health providers, 75% included community health centers, and 75% included Early Learning Hubs. Over two-thirds included hospitals (69%), Healthy Start Family Support Services (69%), or other child and adolescent health program administrators (69%). More than half included school based health centers (63%), school mental health providers (56%), or oral health care providers (56%). Less than half included school nurses (38%), relief nurseries (38%), medical assistance programs (38%), or Youth Development Council (31%). *See Appendix C, Chart 4.*

Other Children’s Health Investments

OHA’s CCO Innovator Agents provided updates on CCOs’ children’s health work included within the CCOs’ OHA Transformation Fund Projects and Addictions and Mental Health Investments. This work was not reflected in the CCOs’ community health improvement plans because it fell outside the plans’ scope.

Transformation Fund grant awards were allocated by the Oregon Legislature in 2013 and are intended to help CCOs launch innovative projects to improve integration and coordination of care for Medicaid patients. The Legislature specifically directed the funds towards projects targeting specific populations or disease conditions, enhancements to the CCOs’ primary care home capacity, and investments in information technology and electronic medical records. While all 16 CCOs have active Transformation Fund projects, only projects relevant to children’s health have been included in this report. Thirteen CCOs have at least one Transformation Fund project related to children’s health, with a total of 40 children’s health projects.

Funds for Addictions and Mental Health Investments were also allocated by the Oregon Legislature in 2013 to develop statewide programs that emphasize prevention, early identification and intervention, and training and

technical assistance for health care providers that focus on keeping children healthy. Fifteen CCOs have Addictions and Mental Health Investments specific to children's health, with a total of 18 children's health investments. *See Part 2 for each CCO of Appendix D for details on the specific Transformation Fund Projects and Addictions and Mental Health Investments.*

Appendix A: SB 436

77th OREGON LEGISLATIVE ASSEMBLY--2013 Regular Session

Enrolled
Senate Bill 436

Sponsored by Senator STEINER HAYWARD; Senators KRUSE, MONNES ANDERSON, ROSENBAUM, SHIELDS (Presession filed.)

CHAPTER

AN ACT

Relating to children's health care; and declaring an emergency.

Whereas there is a strong, well-established link between health and learning; and

Whereas a student's health impacts the student's school attendance, test scores and ability to pay attention in class; and

Whereas emotional, oral and physical health problems can become barriers to learning, making it difficult for students to be academically or behaviorally successful in school; and

Whereas higher levels of education are associated with longer life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions; and

Whereas less education predicts higher levels of health risks, such as obesity, substance abuse and violence; and

Whereas appropriate integration of systems and programs of health and education will benefit community health and educational achievement; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) A community health improvement plan adopted by a coordinated care organization and its community advisory council in accordance with section 13, chapter 8, Oregon Laws 2012, shall include, to the extent practicable, a strategy and a plan for:

(a) Working with the Early Learning Council, the Youth Development Council and the school health providers in the region; and

(b) Coordinating the effective and efficient delivery of health care to children and adolescents in the community.

(2) A community health improvement plan must be based on research, including research into adverse childhood experiences, and must identify funding sources and additional funding necessary to address the health needs of children and adolescents in the community and to meet the goals of the plan. The plan must also:

(a) Evaluate the adequacy of the existing school-based health center network to meet the specific pediatric and adolescent health care needs in the community;

(b) Make recommendations to improve the school-based health center system, including the addition or improvement of electronic medical records and billing systems;

(c) Take into consideration whether integration of school-based health centers with the larger health system or system of community clinics would further advance the goals of the plan;

Appendix A: SB 436

(d) Improve the integration of all services provided to meet the needs of children, adolescents and families;

(e) Focus on primary care, behavioral health and oral health; and

(f) Address promotion of health and prevention and early intervention in the treatment of children and adolescents.

(3) A coordinated care organization shall involve in the development of its community health improvement plan, school-based health centers, school nurses, school mental health providers and individuals representing:

(a) The Early Learning Council;

(b) The Youth Development Council in the region;

(c) The Healthy Start Family Support Services program in the region;

(d) The Health Care for All Oregon Children program and other medical assistance programs;

(e) Relief nurseries in the region;

(f) Community health centers;

(g) Oral health care providers;

(h) Community mental health providers;

(i) Administrators of county health department programs that offer preventive health services to children;

(j) Hospitals in the region; and

(k) Other appropriate child and adolescent health program administrators.

(4) The Oregon Health Authority may provide incentive grants to coordinated care organizations for the purpose of contracting with individuals or organizations to help coordinate integration strategies identified in the community health improvement plan adopted by the community advisory council. The authority may also provide funds to coordinated care organizations to improve systems of services that will promote the implementation of the plan.

(5) Each coordinated care organization shall report to the authority, in the form and manner prescribed by the authority, on the progress of the integration strategies and implementation of the plan for working with the Early Learning Council, the Youth Development Council and school health care providers in the region, as part of the development and implementation of the community health improvement plan. The authority shall compile the information and report the information to the Legislative Assembly by December 31, 2014.

SECTION 2. Section 1 of this 2013 Act is repealed on the date of the convening of the 2015 regular session of the Legislative Assembly as specified in ORS 171.010.

SECTION 3. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Appendix B: Coordinated Care Organizations

1. **AllCare Health Plan:** Curry, Josephine and Jackson Counties. Part of Douglas County.
2. **Cascade Health Alliance:** Parts of Klamath County.
3. **Columbia Pacific CCO:** Clatsop, Columbia and Tillamook Counties.
4. **Eastern Oregon CCO:** Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler Counties.
5. **FamilyCare, Inc.:** Clackamas, Multnomah and Washington Counties. Part of Marion County.
6. **Health Share of Oregon:** Clackamas, Multnomah and Washington Counties.
7. **Intercommunity Health Network CCO:** Benton, Lincoln and Linn Counties.
8. **Jackson Care Connect:** Jackson County.
9. **PacificSource CCO, Central Oregon:** Deschutes, Crook and Jefferson Counties. Part of Klamath County
10. **PacificSource CCO, Columbia Gorge:** Hood River and Wasco Counties.
11. **PrimaryHealth of Josephine County, LLC:** Josephine County. Parts Douglas and Jackson Counties.
12. **Trillium Community Health Plan:** Lane County.
13. **Umpqua Health Alliance:** Most of Douglas County.
14. **Western Oregon Advanced Health, LLC:** Coos and Curry Counties.
15. **Willamette Valley Community Health, LLC:** Marion County and most of Polk County.
16. **Yamhill Community Care Organization:** Yamhill County. Parts of Marion, Clackamas and Polk Counties.

Appendix C: Tables and Charts

Table 1: CCO Community Health Improvement Plan and Senate Bill 436 Matrix (Items included in CCOs' community health improvement plans are denoted by the color green)

	AllCare	Cascade	Columbia Pacific	Eastern Oregon	FamilyCare	Health Share	Intercommunity Health Network	Jackson Care Connect	Pacific Source-Central Oregon	Pacific Source-Columbia Gorge	Primary Health Josephine	Trillium	Umpqua	Western Oregon	Willamette Valley	Yamhill
<i>Community Health Improvement Plan Includes Strategy and Plan for Working with:</i>																
Early Learning Council																
Youth Development Council																
School health providers																
<i>Community Health Improvement Plan Includes a Strategy and Plan for:</i>																
Effective and efficient delivery of health care to children																
Effective and efficient delivery of health care to adolescents																
<i>Content of Community Health Improvement Plan:</i>																
Is based on research into adverse childhood experiences																
Identifies funding sources to address health needs of children and adolescents in community																
Identifies additional funding necessary to address health needs of children and adolescents in the community																

	AllCare	Cascade	Columbia Pacific	Eastern Oregon	FamilyCare	Health Share	Intercommunity Health Network	Jackson Care Connect	Pacific Source-Central Oregon	Pacific Source-Columbia Gorge	Primary Health Josephine	Trillium	Umpqua	Western Oregon	Willamette Valley	Yamhill
<i>Content of Community Health Improvement Plan:</i>																
Evaluates the adequacy of the existing school based health center network to meet specific pediatric and adolescent health care needs of community																
Makes recommendations to improve school based health center system																
Takes into consideration whether integration of school based health centers with larger health system / community clinics would further advance plan goals																
Improves the integration of services provided to meet the needs of children, adolescents, and families																
Focuses on primary care, behavioral, and oral health																
Addresses promotion of health and prevention and early intervention in the treatment of children and adolescents.																

	AllCare	Cascade	Columbia Pacific	Eastern Oregon	FamilyCare	Health Share	Intercommunity Health Network	Jackson Care Connect	Pacific Source-Central Oregon	Pacific Source-Columbia Gorge	Primary Health Josephine	Trillium	Umpqua	Western Oregon	Willamette Valley	Yamhill
<i>Children's Health Partners and Stakeholders Involved in the Development of the Community Health Improvement Plan:</i>																
School based health centers																
School nurses																
School mental health providers																
Early Learning Council																
Youth Development Council																
Healthy Start Family Support Services																
Health Care for All Oregon Children program and other medical assistance programs																
Relief nurseries																
Community health centers																
Oral health care providers																
Community mental health providers																
Administrators for county health department programs																
Hospitals																
Other appropriate child and adolescent health program administrators																

Chart 1

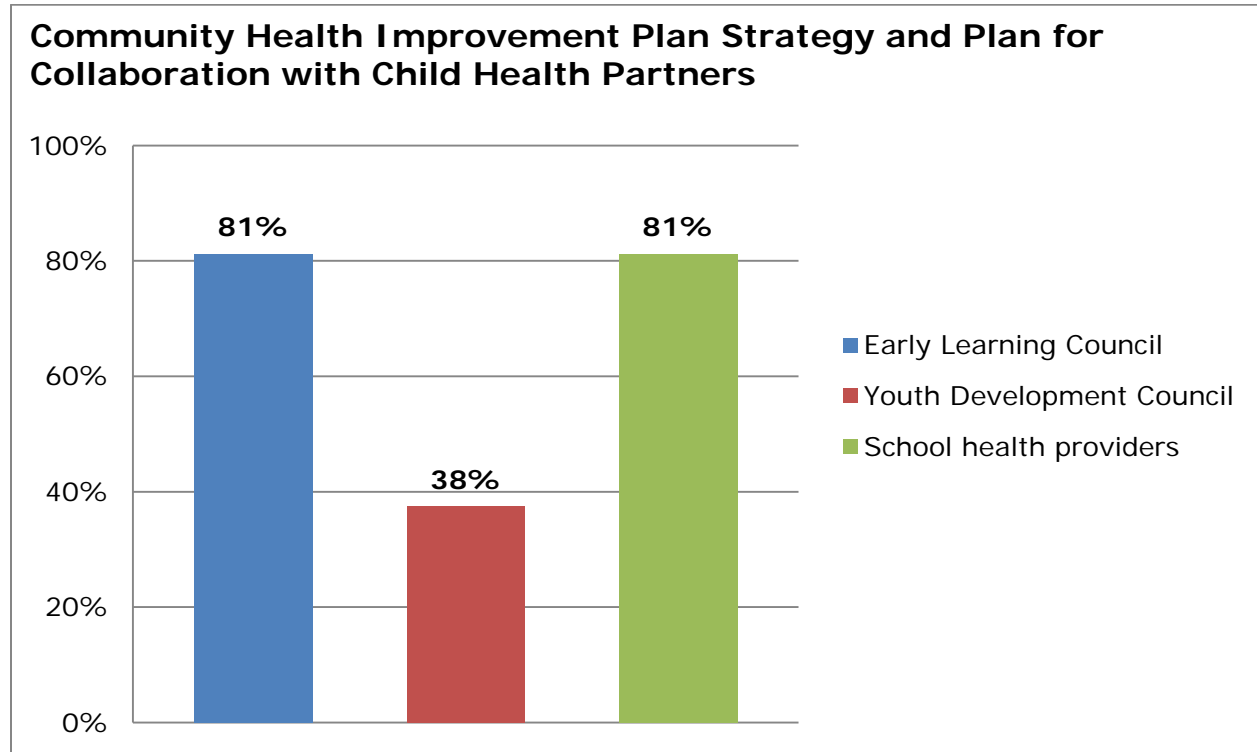


Chart 2

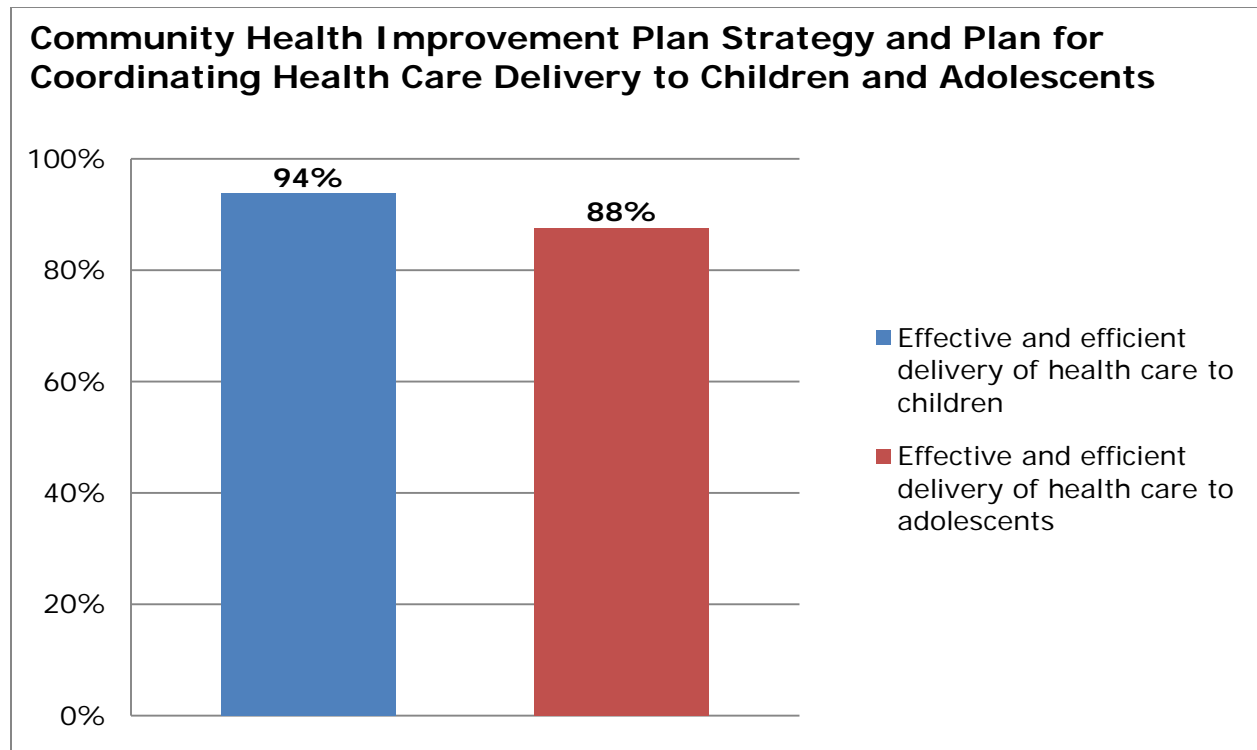


Chart 3

Community Health Improvement Plan Content

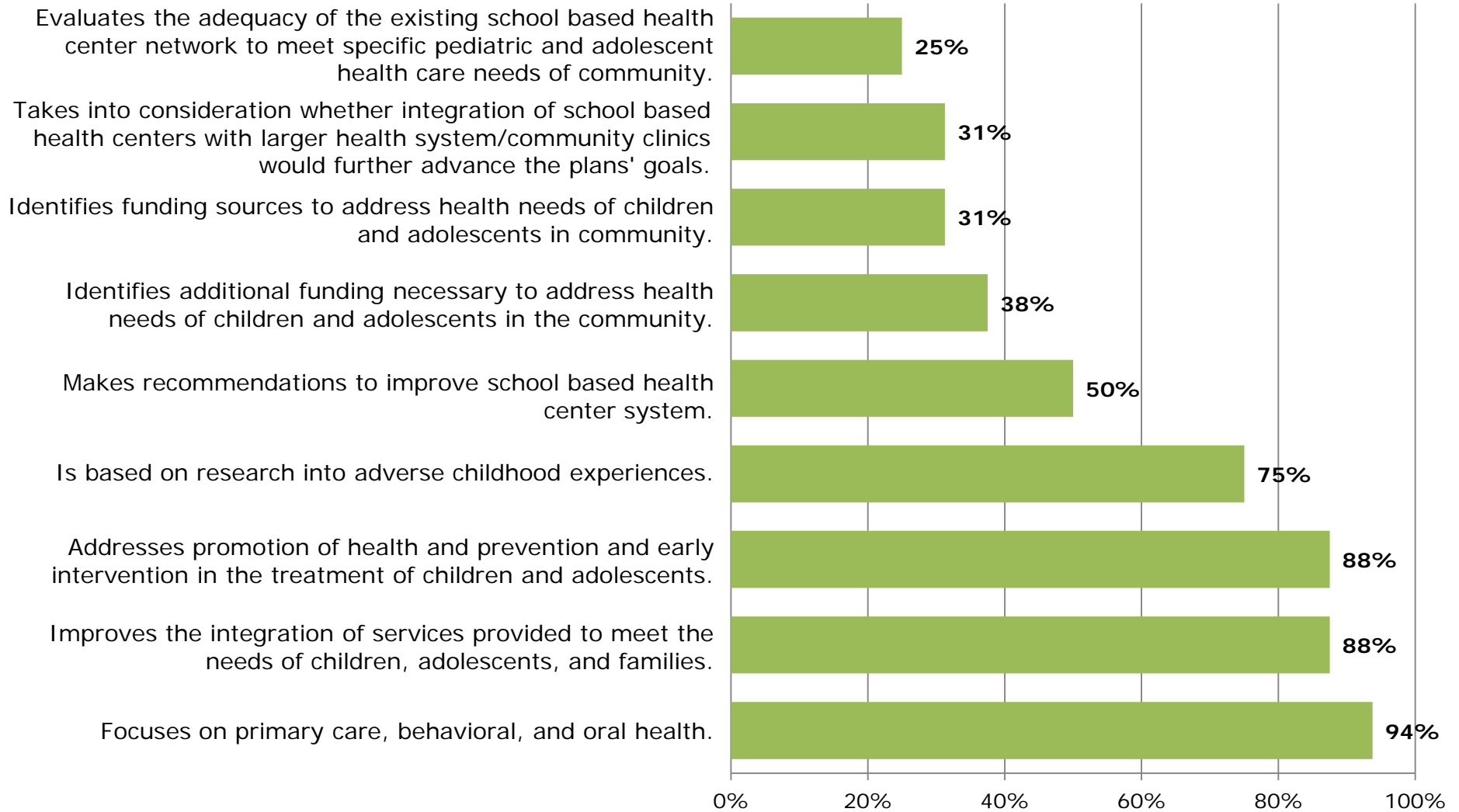
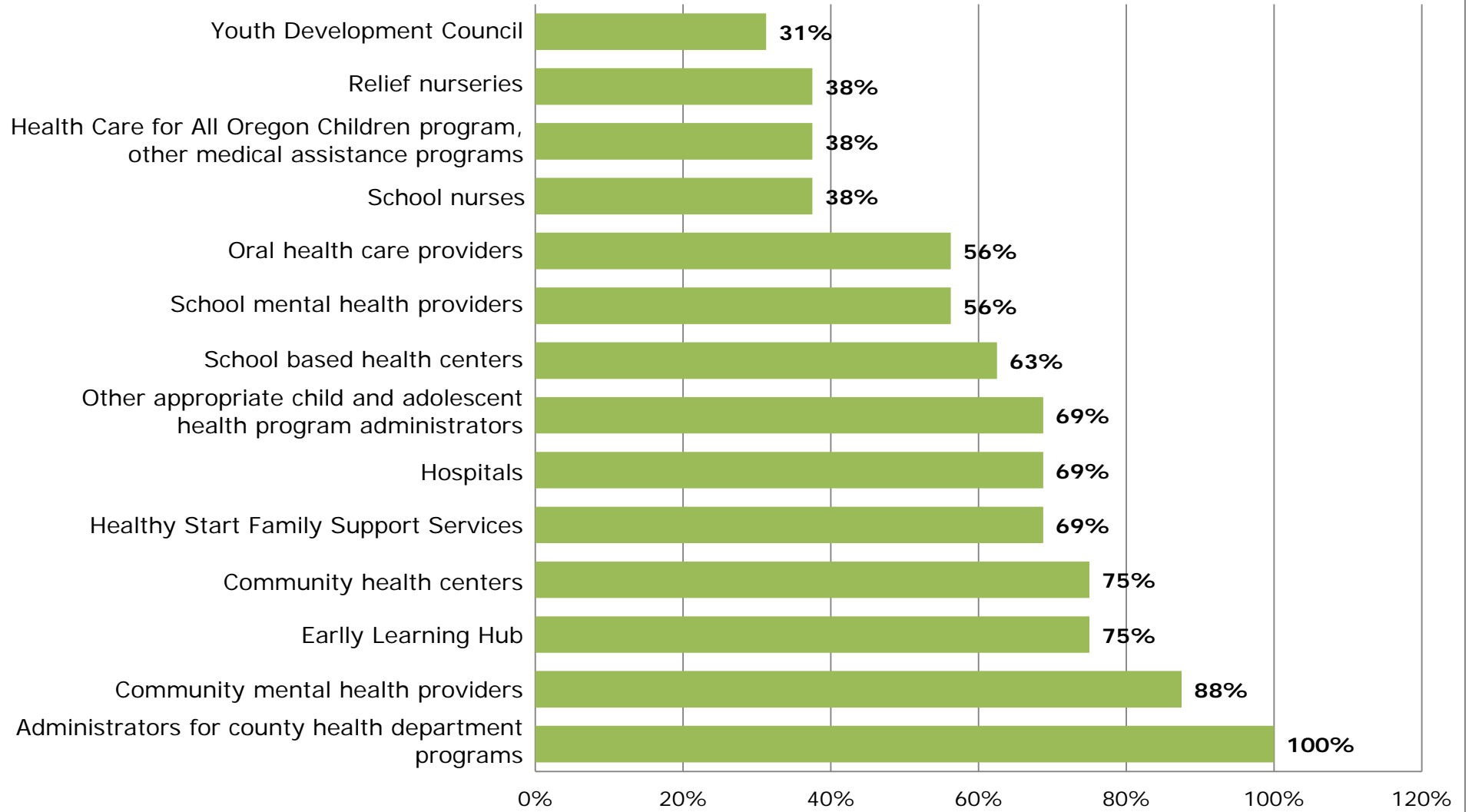


Chart 4

Children's Health Partners and Stakeholders Involved in Development of the Community Health Improvement Plan



Appendix D: CCO Community Health Improvement Plan and other Child/Adolescent Focused Work

This appendix includes reports of each CCO's children's health related plans, strategies, and activities. *Part 1* of each CCO report includes information on all SB 436 related priorities in the CCO's community health improvement plan. *Part 2* of each CCO report includes non-community health improvement plan children's health related activities including Early Learning Hub(s), School Based Health Center(s), Transformation Fund Projects, and Addictions and Mental Health Investments.

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AllCare Health Plan

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

Healthy Beginnings

Goal: Engage in efforts to improve health of children, adolescents, and young adults from 0 to 24.

Strategies:

- **Early investment:** Identify Early Learning Hub tasks and opportunities to collaborate.
- **Early childhood experiences/trauma:** Increase awareness of ACEs body of research and implications for practice.
- **Healthy food and physical activity:** Collaborate to increase physical activity opportunities and healthy food access for youth.
- **School based health centers:** Support SBHC, explore possible expansion to include dental and addictions prevention.

“Accessing health care services for children and youth are highly correlated with long-term health. In remote rural areas, school-based health centers are often the only local medical services available. Supporting expansion of dental and alcohol, tobacco and drug prevention programs to local school-based health centers will help to increase access for children and youth.”

“Collaborating with newly formed Early Learning Hubs and current efforts to increase knowledge about ACEs are core objectives. Supporting the current school-based health centers in Curry County and promoting current programs to engage more youth in community gardens and physical activities are also CAC priorities.”

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

Active Participation in Multiple Facets of Early Learning Hub Work by AllCare Staff and CAC Members:

1. **South Coast Regional Early Learning Hub (SCREL)** will be coming to contract in spring 2015. Assisting with final requirements to reach contract with ELD. Participation on Interim Steering Committee. Assistance with compilation of Declaration of Cooperation.
2. **Southern Oregon Early Learning Services (SOELS)** reached contract in November 2014. Participation on Executive, Agency Advisory, and Parent Advisory Councils. Participation on Ad Hoc committees—developmental screen, family resource manager. Support of aligned regional organizations: OPEC Parent Education Hub application (via Southern Oregon Child & Family Council) and the Perinatal Taskforce (Health Care Coalition of Southern Oregon).

Regional Achievement Collaborative (P24):

Active Participation in Multiple Facets of Work by AllCare Staff:

1. **Southern Oregon Success (SORS)** Participation on the Process Planning Team, Steering Committee, and Committee Workgroups.

School Based Health Centers:

Curry County

1. Brookings Harbor High School

Douglas County

2. Douglas High School
3. Roseburg High School

Jackson County

4. Jackson Ashland High School
5. Butte Falls Charter School
6. Crater High School
7. Eagle Point High School
8. Jackson Elementary School
9. Jewett Elementary School
10. Oak Grove Elementary School
11. Phoenix Elementary School
12. Prospect Charter School
13. Scenic Middle School
14. Washington Elementary School

Josephine County

15. Josephine Evergreen Elementary School
16. Illinois Valley High School
17. Lorna Byrne Middle School

Transformation Fund Projects:

1. **Stewards of Change Initiative Project:** Create transitions of care models for physical health, behavioral health, dental health, and community services.

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

Cascade Health Alliance

Part 1: Community Health Improvement Plan¹

Cascade Health Alliance was the last CCO and was established in September 2013. The Community Advisory Committee is in the final stages of developing the Community Health Improvement Plan and plans to have it completed by the end of December 2014. The CHIP will focus on:

Physical Activity:

- Support members in leading a healthy lifestyle and reducing chronic disease by providing easy access to physical activity and education regarding healthy eating.

Mental Health and Well-Being:

- Educate pregnant mothers about tobacco/substance use and refer to appropriate treatment.
- Increase collaboration and communication between treatment providers to facilitate better outcomes for members.
- Provide navigators to members to assist them in navigating complicated healthcare systems.

Transportation:

- Assist members with non-emergent transportation to members' access to physical, dental and mental health services.

Part 2: Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

South-Central Early Learning Hub (SCEL) includes Douglas and Lake Counties. Klamath County (CHA's service area) is integrating into the existing SCEL Hub effective early spring 2015. Each County in the hub has its own governance board; there has been regular and ongoing involvement by CHA in the Klamath County Early Learning Hub meetings.

School Based Health Center:

Klamath County

1. Gilchrist School
2. Planning is underway to develop one at Klamath Union High School

Transformation Fund Projects:

1. **Youth crisis respite and residential program:** Develop a local eight bed, short-term crisis respite program.

¹Cascade Health Alliance's Community Health Improvement Plan was submitted on December 23, 2014 (per an approved extension). This report only includes preliminary findings from their Community Health Improvement Plan as a full analysis had not yet been completed by the time this report was finalized.

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Columbia Pacific CCO

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

Mental Health

Goal:

1. **Reduce and prevent youth and adult suicide attempts.**
2. **Better educate the community about the resources for mental health services.**

Best Practices:

- Implement school-based programs to reduce violence and promote emotional self-awareness, self-esteem, positive social skills, social problems solving and conflict resolution.
- Develop systems and policies that support ongoing health care providers training to screen for depression as part of a comprehensive well-child exam.
- Response is a comprehensive high school based suicide prevention program designed to increase awareness, heighten sensitivity to depression and suicidal ideation, change attitudes and offer response procedures to refer a student at risk for suicide.

Action Steps for Community Health:

- **Participation in Policy and Planning Processes:** There is a mental health suicide awareness policy at every school to allow front line people to get trained in *Question, Persuade and Refer* and *Mental Health First Aid*.

Substance Abuse

Goals:

1. **Decrease youth and adult substance abuse.**
2. **Increase the public's awareness of the risk of substance abuse and the long term health effects of the abuse of alcohol, drugs, and tobacco**

Best Practices:

- Enhance enforcement of laws prohibiting alcohol sales to minors. Educate the public about the risks of underage drinking binge drinking and opioid use.
- Support policies and ordinances banning flavored tobacco and tobacco sampling. Create age restrictions on emerging tobacco products such as electronic cigarettes.
- Life Skills Training, a middle-school substance abuse prevention program.

Action Steps for Community Health:

- **Outreach and Education:** Support the recruitment and training of more mentors (including peer mentors) for our young people to increase the protective factors amongst our youth and redirect them towards more positive life choices.

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

Northwest Early Learning Hub (NWEHL) anticipates coming to contract by early spring 2015 and includes Columbia, Clatsop, and Tillamook Counties. NWEHL is working with Columbia Pacific CCO.

School Based Health Centers:

Columbia County

1. Rainier Jr/Sr High School
2. Sacagawea Health Center
3. Vernonia K-12

Partnered with Public Health Foundation of Columbia County who received 2014-2015 School Based health Center Innovation Grant.

Focus Area: Achieve PCPCH recognition for Rainier SBHC; Establish hospital privileges with local hospital systems; Examine workflows, care coordination systems, screening and intervention strategies; Complete multiple PDSA cycles to streamline work, develop best practices.

Transformation Fund Projects:

1. **Medical home capacity building, provider training, and infrastructure improvements:** Improve diagnostics and treatment for children exposed to prolonged trauma and toxic stress.
2. **Community development and partnerships:** Conduct community wide Resilience Trumps Adverse Childhood Experiences (ACEs) training.

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

Eastern Oregon CCO

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Early Childhood

Goal: Improve health outcomes for children ages 0–5 through integrated services.

Strategies:

- **Coordinate LCAC activities with Early Learning Hubs:** Establish system of regular communication and strategic planning with each Hub in the EOCCO region.
- **Create links between community-based organizations conducting developmental screens and primary care clinics:** Use OHA Community Prevention Grant to support the EOCCO region's implementation of universal developmental screening.
- **Increase prenatal care:** Strengthen partnership with public health for nurse-based home visiting.

Mental Health

Goal: To improve the skill sets of residents of EOCCO to recognize and seek treatment for mental health issues.

Strategies:

- **Offer Mental Health First Aid program (youth and adult models) to community:** Work with schools, law enforcement, public health, mental health and other groups to increase use of the program.

Oral Health

Goal: Improve oral health for children under 10 years old.

Strategies:

- **Implement First Tooth Project:** Use primary care clinicians to provide preventive oral health services to children ages 0–36 months.
- **Conduct screenings:** Coordinate local dental screenings in schools for grades 1–3 for kids ages 6–9.
- **School-based fluoride supplement program:** Increase the number of schools using the fluoride supplement program.

Public Health Integration

Goal: Better align public health services with primary care for population health management.

Strategies:

- **Coordinate services to prevent and treat chronic health conditions in children:** Strengthen relationships between public health home-visiting programs and primary care physicians for clients jointly served through WIC, CaCoon and Babies First.

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

1. **Eastern Oregon Community Based Services Hub** includes Malheur, Baker, and Wallowa Counties.
2. **Frontier Oregon Services Hub** includes Harney and Grant Counties. EOCCO provided \$50,000 to Frontier for Hub activities.
3. **Blue Mountain Early Learning Hub** includes Morrow, Umatilla, and Union Counties. Blue Mountain has a very good working relationship with EOCCO and multiple cross-sector initiatives.

- Blue Mountain and EOCCO partner to provide professional development to Early Childhood / Pre-Kindergarten providers and schools
4. **Four Rivers Early Learning Hub** anticipates coming to contract by early spring 2015 and will include Hood River, Gilliam, Sherman, Wasco, and Wheeler Counties.
 5. **South-Central Early Learning Hub (SCEL)** includes Douglas and Lake Counties (Klamath County is integrating into the existing SCEL Hub effective early spring 2015).

School Based Health Centers:

Grant County has one planning site.

Morrow County has one planning site.

Baker County

1. Baker High School

Umatilla County

2. Pendleton High School
3. Sunridge Middle School

Union County

4. La Grande High School
5. Union School District

Wheeler County

6. Mitchell School

Transformation Fund Projects:

1. **Union County Center for Human Development Preconception Health Project:** Decrease number of infants with low birth weight in Union County.
2. **Gilliam County:** Improve public opinion about the use of mental health services and to increase the supply of mental health services for school-aged children and seniors.
3. **Community Counseling Solutions:** Provide health promotion activities at an existing day camp for children grades K-3.
4. **Blue Mountain Hospital District:** Add immunizations interface with state agencies to hospital district's electronic health record.
5. **Warner Mountain Medical Clinic:** Enable the clinic to obtain PCPCH status and contract with a dental hygienist to provide dental fluoride varnish to 3-6 year olds.
6. **Lifeways, Inc:** Provide a school-based adolescent health program at Ontario High School to provide health promotion and services in the areas of physical health, prevention and wellness, parenting skills, behavioral health and dental screening.
7. **Morrow County CAC:** Create and inter-disciplinary community care team to provide prenatal care and well-child checks, including behavioral health services and developmental screening, for underserved children and pregnant women.
8. **Good Shepherd Health Care Systems:** Create a workforce of community health workers to conduct community outreach, assist with health promotion and coaching, case management, referrals, follow-up services and basic health screenings in order to reduce health disparities among low-income families, children, the elderly and racial/ethnic minorities.
9. **Wallowa County:** Provide physical education programming and nutrition education for children not engaged in activities outside the home on Fridays due to the four-day school week.

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

FamilyCare, Inc.

The FamilyCare Community Health Improvement Plan aims to improve the Health Literacy and Health Engagement of Transition Age Youth. FamilyCare is engaged with a variety of children's health partners, which will be reflected in the plan's annual progress report due to the Oregon Health Authority on July 1, 2015.

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

Community Assessment of Engagement of Transition Age Youth (TAY) in Their Health and Healthcare

CHIP Outcome: Identify barriers which impact the engagement of Transition Age Youth (TAY) in their health and healthcare, and develop strategies for increasing engagement.

Strategy:

- Identify community organizations that work with TAY, and distribute grant funds through an RFP process, to youth focused initiatives to support their partnership in conducting assessments and the implementation of the CHIP.

Increased Care Coordination and Engagement in Health and Healthcare for the Transition Age Youth (TAY) Population Served by FamilyCare

CHIP Outcome: Identify barriers which impact the engagement of Transition Age Youth (TAY) in their health and healthcare, and develop strategies for increasing engagement.

Strategies:

- Increased engagement among TAY (ages 15-25) in their health and healthcare
- Increased health literacy and knowledge about health and healthcare resources among TAY
- Improved care coordination for TAY
- Strong relationships with community organizations serving the TAY population

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

1. **Early Learning Multnomah** includes Multnomah County.
2. **Clackamas County Early Learning Hub** includes Clackamas County and the hub will come to contract spring 2015.
3. **Washington County Early Learning Hub** includes Washington County and came to contract October 2014.
4. **Early Learning Hub, Inc.** includes Marion County, with Polk County integrating into the hub effective spring 2015.

School Based Health Centers:

Clackamas

1. Brookings Harbor High School
2. Canby High School
3. Estacada High School
4. Milwaukie High School
5. Oregon City High School

6. Sandy High School

Multnomah

7. Centennial High School
8. Cesar Chavez K-8
9. Cleveland High School
10. David Douglas High School
11. Franklin High School
12. George Middle School
13. Grant High School
14. Harrison Park
15. Jefferson High School
16. Lane Middle School
17. Madison High School
18. Parkrose High School
19. Roosevelt High School

Washington

20. Century High School
21. Forest Grove High School
22. Merlo Station High School
23. Tigard High School

Partnered with Virginia Garcia Memorial Foundation and Health Center who received 2014-2015 School Based health Center Innovation Grant.

Focus Area: Increase utilization of SBHC services; Develop and implement new workflows and referral networks to increase access to SBHCs; Increase well-child checks and adolescent well visits; Explore alternate payment methodology (APM) for SBHCs.

Partnered with Multnomah County Health Department who received 2014-2015 School Based health Center Innovation Grant.

Focus Area: Convene collaborative workgroup comprised of CCO and Tri-county SBHC representatives to address the unique needs of SBHC care coordination and effectiveness of the delivery of health services; Explore alternate payment methodology (APM) for SBHCs.

Transformation Fund Projects:

1. **Re-engineering how we integrate care for our members Project:** implement a Member/Provider centric model called the Integrated Patient/Provider Organized Delivery System (IPPODS).
2. **IT Infrastructure Project:** Improve the health of our members through more accurate and better integrated information available to providers, members and internal care management.
3. **Nutritional Emphasis Project:** accelerate our use of creative means to promote enhanced health and wellness to our Members we care for and the broader communities we serve.
4. **Community Education Project:** assure geographic coverage throughout service area and scalable community education initiatives that can be tested intensively and added to best practices

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

Health Share of Oregon

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

Goal: Identify and eliminate disparities in Nutrition and Physical Activity related Chronic Disease outcomes for Health Share Members who identify as People of Color, speak a preferred language other than English, identify as LGBTQ, or have disabilities

Strategy:

Work with Culturally-Specific community based organizations and the Oregon Community Health Worker Association, to support and expand the use and availability of Culturally-Specific Community Health Workers available for referral to Health Share Members.

Part 2:

Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

1. **Early Learning Multnomah** includes Multnomah County.
2. **Clackamas County Early Learning Hub** includes Clackamas County and the hub anticipates coming to contract spring 2015.
3. **Washington County Early Learning Hub** includes Washington County and the hub came to contract in October 2014.

Notes:

- Michael Anderson-Nathe, Director of Community Engagement is the point person for Health Share related to EL Hubs. He will be working in partnership with Helen Bellanca to interface and partner with the EL Hubs.
- Helen Bellanca, MD, Maternal Child Program Manager, holds a unique position focused on young children and maternal health, and child related metrics.

School Based Health Centers:

Clackamas County

1. Brookings Harbor High School
2. Canby High School
3. Estacada High School
4. Milwaukie High School
5. Oregon City High School
6. Sandy High School

Multnomah County

7. Centennial High School
8. Cesar Chavez K-8
9. Cleveland High School
10. David Douglas High School
11. Franklin High School
12. George Middle School
13. Grant High School
14. Harrison Park
15. Jefferson High School
16. Lane Middle School

17. Madison High School
18. Parkrose High School
19. Roosevelt High School

Washington

20. Century High School
21. Forest Grove High School
22. Merlo Station High School
23. Tigard High School

Partnered with Virginia Garcia Memorial Foundation and Health Center who received 2014-2015 School Based health Center Innovation Grant.

Focus Area: Increase utilization of SBHC services; Develop and implement new workflows and referral networks to increase access to SBHCs; Increase well-child checks and adolescent well visits; Explore alternate payment methodology (APM) for SBHCs.

Transformation Fund Projects:

1. **Expansion of Healthy Homes Asthma Program in Washington and Clackamas Counties**
Project: support better health and provide better care to members with asthma.
2. **Future Generations Collaborative Project:** Improve the health of urban Native communities by identifying and addressing the causes of substance-exposed pregnancies among 15-24 year olds.

AMH Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

InterCommunity Health Network CCO

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Behavioral Health

Goal 1: Increase child and youth mental health and wellbeing.

Strategies:

- **Build capacity** of the CCO to engage youth in substance use and mental health issues affecting the community.
- **Increase the understanding** of the relationship between physical and mental health and the eight dimensions of wellness (emotional, physical, intellectual, environment, financial, social, spiritual, and occupational), and while mental health treatment takes place in limited settings, prevention can take place almost anywhere.

Goal 2: Expand service options for behavioral health treatment for children, adults, and families.

Strategies:

- **Collaborate with community partners** to build upon current resources in the region.
- **Assure adequate and easily accessible** community based residential resources with active treatment service supports, particularly with regard to detox and crisis respite care.
- **Achieve functional integration** with primary care through a “health home” model or as fits the needs of specific populations of a “behavioral health home.”
- **Provide qualified Community Health Workers** as part of the care team, ensuring assistance that is culturally and linguistically appropriate.

Maternal and Child Health

Goal: Improve overall Maternal and Child Health and wellbeing.

Strategies:

- **IHN-CCO anticipates collaboration** between the Community Advisory Council, the CCO, and the Early Learning Hub to identify more [priority health issue] goals related to children and families

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

Linn Benton Lincoln (LBL) Early Learning Hub anticipates coming to contract by March 2015. IHN CCO is already well connected with the LBL Hub.

School Based Health Centers:

Benton County

1. Lincoln Elementary School
2. Monroe Elementary/Middle School

Lincoln County

3. Newport High School
4. Taft Middle/High School
5. Toledo High School
6. Waldport High School

2014-2015 School Based health Center Innovation Grant Recipient:

Partners: Benton County Health Services, Lincoln SBHC, Lincoln Elementary School, Corvallis School District

Focus Area: Improve coordination of care; Strengthen school-community-SBHC linkages; Increase well-child checks; Improve clinical referral systems; Increase client enrollment in medical home; Increase Oregon Health Plan (OHP) enrollment; Establish OHP billing system in Corvallis School District.

Transformation Fund Projects:

1. **Regional Health Information Collaborative:** Increase opportunities for collaboration and partnerships with PCPCHs, FQHCs, rural health clinics, school-based entities, local hospitals, and other independent and safety net providers.

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.
2. **Mental Health Promotion and Prevention:** folded mental health promotion and prevention into existing prevention system of services.

Jackson Care Connect

JCC coordinated on their CHP with PrimaryHealth Josephine County and AllCare for better community collaboration on the implementation work.

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

Healthy Beginnings

Goal: To promote healthy lifestyles and improve health outcomes.

Strategies:

- **Early Childhood Investment:** Support development of early learning HUB with a focus on kindergarten readiness.
- **Youth at Risk:** Improve basic needs for vulnerable youth.
- **Participate in Jackson County Perinatal Task force to improve birth outcomes, and healthy pregnancies, including implementation of the One Key Question program,**
- **Partner with community organizations to improve ACEs and Trauma Informed Care work.**

“JCC will collaborate to align Early Learning Services into a regional Early Learning HUB, with a goal of improving health and education outcomes of Jackson County’s youth.”

Healthy Living

Goal: Engage in efforts to improve health of children, adolescents, and young adults from 0 to 24.

Strategies:

- **Oral Health:** Evaluate and improve oral health services for members and community.

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

Southern Oregon Early Learning Services (SOELS) came to contract in November 2014.

Notes: There is a very good working relationship between SOELS and JCC. Representatives from JCC and the hub sit on a committee together to focus on alignment with metrics and other activities, and reducing duplication of services.

School Based Health Centers: Run by both La Clinica and Rogue Community Health FQHCs
Jackson County

1. Ashland High School
2. Butte Falls Charter School
3. Crater High School
4. Eagle Point High School
5. Jackson Elementary School
6. Jewett Elementary School
7. Oak Grove Elementary School
8. Phoenix Elementary School
9. Prospect Charter School

- 10. Scenic Middle School
- 11. Washington Elementary School

2014-2015 School Based health Center Innovation Grant Recipient:

Partners: Community Health Center, La Clinica, Jackson County Mental Health, Crater SBHC, Eagle Point SBHC, Ashland SBHC, Scenic Middle SBHC, Butte Falls SBHC, Prospect SBHC

Focus Area: Achieve PCPCH recognition at Prospect and Scenic Middle SBHCs; Improve care coordination between SBHCs, CCOs, behavioral health providers, and primary care providers; Pilot universal SBIRT services and improved clinical workflows and reporting; Explore and enhance clinic capacity to provide adolescent well visit; Explore alternate payment methodology (APM) for SBHCs.

Transformation Fund Projects:

- 1. **Data Sharing and HIT Project:** Increased capacity for coordination of data and care provision across mental health, addictions, and both inpatient and outpatient physical health providers.

Addictions and Mental Health Investments:

- 1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

PacificSource Community Solutions CCO – Central Oregon

SB 204 (2011) directs the Central Oregon Health Council to complete a four-year comprehensive regional health assessment (RHA) and a regional health improvement plan (RHIP) that replaces any other health and human service plans prescribed by OHA. The RHA was completed prior to the formation of CCOs and the Central Oregon RHIP was published Oct. 15, 2012, shortly after CCOs were formed. As a result, the RHIP may not reflect all elements and partners that were subsequently identified to be included in health assessments and improvement plans.

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Improve Health Equity and Population Health

Education Goal:

- Improve education success for all central Oregon students, with emphasis on those experiencing disparities.

Increase Access to Quality Health Care

Access Strategies:

- Promote access and support School Based Health Centers
- Support maintenance of current funding for access to health care coverage through Oregon Health Plan and School Based Health Centers

Improve Health

Early Childhood Wellness Goals:

- Develop and coordinate early childhood system data collection and services
- Improve coordination and quality in Early Childhood Education settings

Safety, Crime and Violence Prevention Goals:

- Decrease child abuse and neglect
- Improve safety for runaway and homeless youth
- Develop regional strategies to reduce juvenile crime

Preventive Care and Services Goals:

- Improve immunization rates
- Strengthen family planning services and reduce teen pregnancy

Alcohol, Tobacco and other Drugs Goal:

- Reduce alcohol, tobacco and other drug use using youth education and involvement strategies (i.e. drug prevention curriculum in schools, youth leadership, youth coalition efforts)

Oral Health Goal:

- Improve the dental health of children, youth, and adults

Increase Health Integration and System Collaboration

Education Goal:

- Develop supports that aid schools in addressing, with the support of the community and parents, the physical, social, and environmental barriers that create health disparities

Strengthen Health Service Organizations

Integrated Care Goal:

- Develop strategies that integrate care and solutions for families, youth, and children

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

1. **Central Oregon Early Learning Hub**, part of Wellness & Education Board of Central Oregon, came to contract in October 2014 and includes Jefferson, Deschutes, and Crook Counties.
2. **South-Central Early Learning Hub** is incorporating Klamath County, part of the CCO's service area, effective spring 2015. The hub currently includes Douglas and Lake Counties.

School Based Health Centers:

Crook County

1. Crooked River Elementary School

Deschutes County

2. Ensworth Elementary School
3. La Pine K-12
4. Lynch Elementary School
5. Redmond High School
6. Sisters High School

Klamath County

7. Gilchrist School

Transformation Fund Projects:

1. **Pediatric Health Engagement Team:** Deploy the Health Engagement Team model to advance coordinated service delivery and improve health for up to 60 children with multiple inpatient stays and emergency department visits related to poorly managed diabetes.
2. **Reducing the Burden of Oral Disease:** Implement and evaluate a community-wide toothpaste distribution campaign enhanced by education and telephone support for OHP children and families.
3. **Pediatric Hospitalist Program:** Develop a pediatric hospitalist program to provide greater continuity of care, care coordination, increased access to care and new inpatient care options.
4. **Public Health / Primary Care Partnership:** Continue systems work with public health and primary care to enhance integration, increase communication and enable new and more efficient processes to serve high-risk pregnant women, infants and children.

Addictions and Mental Health Investments:

1. **Young Adult Hub:** Being developed for Central Oregon region to provide behavioral health services and supports.

Other Projects:

1. **Program for the Evaluation of Development and Learning (PEDAL):** PEDAL is a monthly interdisciplinary evaluation clinic at St. Charles Health System that provides comprehensive assessments and diagnostic services for children with complex neurodevelopment disorders
2. **Pediatric RN Care Coordinator Project:** Provides care coordination and monitoring for children with high risk of ED visits or hospital admissions.
3. **Early Learning Work Force Development Project:** Successfully recruiting applicants, especially Spanish-speaking applicants for early learning work force development.

PacificSource Community Solutions CCO – Columbia Gorge

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Mental Health Access for Children and Youth

“Behavioral health care for children may be a significant unmet need in the Columbia Gorge area.”

Integrated Response Team: Mid-Columbia Center for Living, Public Schools, Mid-Columbia Children’s Council, Early Intervention, ODCD, PCPs, Health Departments, NPS, Children’s Advocacy Center, Child care providers, community preschools, private schools, private mental health providers, Central Washington Comprehensive Mental Health

Supporting Developmental and Healthy Growth in the Early Years

Integrated Response Team: North Central Public Health District, Hood River County Health Department, ODCD, Head Start, Early Intervention programs, primary care providers, mental health, oral health, DHS – Child Welfare, community preschools programs, child care providers

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

Four Rivers Early Learning Hub anticipates coming to contract by early spring 2015 and includes Hood River, Gilliam, Sherman, Wasco, and Wheeler Counties.

School Based Health Centers:

Hood River County has one planning site.

Transformation Fund Projects:

1. **Text4Baby:** Promote maternal and child health through text messaging.
2. **Standard Release of Information Form:** Implement a common document for releasing information for medical, schools, dental, behavioral, counseling for use across all venues to facilitate developmental screening outcome goal of the Pathways Community Hub.
3. **Community Action Plan for Reducing Childhood Obesity:** Reduce childhood obesity in Wasco County.
4. **Early Learning Hub Integration:** Facilitate formation of the Four Rivers Early Learning Hub. Key Early Learning Hub stakeholders also participate in the Transformation Fund project, Community Pathways Hub, which includes a developmental screening outcome goal.
5. **Pocket Full of Feelings:** Childhood emotional intelligence skill-building program.
6. **Community-wide ACES and Related Community Well-being Assessments:** Continue coordination with the regional Trauma-Informed Sanctuary Model Collaborative (hospitals, clinics, health departments, schools, juvenile justice, behavioral health and other community partners) to have one comprehensive assessment of community healthcare strengths and opportunities.
7. **DHS Custody Kids and Behavioral Health Screenings through Skype:** Develop a comprehensive AS-IS and TO-BE Electronic Health Record and Health Information Exchange roadmap for the community including Medical, Behavioral and Dental Health.

8. **Regional Early Head Start, Head Start and Migrant Head Start** employees participate in the CCO Transformation Fund project that provides Community Health Worker training, and also participate in the Community Pathways Hub.

Addictions and Mental Health Investments:

1. **Parent-child Interaction Therapy:** replicates this younger-child service that has demonstrated positive outcomes for children at risk.
2. **Mental Health Promotion and Prevention:** folded mental health promotion and prevention into existing prevention system of services.

Other Projects:

1. **Ongoing collaboration** with the Healthy Families Program at the Wasco and Hood River County Public Health Departments.

PrimaryHealth of Josephine County

PHJC developed their CHP in collaboration with Jackson Care Connect and AllCare CCOs for better community collaboration on the improvement work.

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

Healthy Beginnings

Goal: Engage in efforts to improve health of children, adolescents, and young adults from 0 to 24.

Strategies:

- **Early Investment:** Identify opportunities with the Early Learning Hub to collaborate, emphasizing parenting skills, and support and kindergarten readiness efforts.
- **Childhood Trauma: partner with other agencies to support ACEs and Trauma Informed Care work in the whole community**
- **Homeless Youth:** Identify opportunities for collaboration or reducing homelessness among youth.
- **Provide Parenting education to members and community**
- **Provide free books at clinics and through community events to promote early childhood reading**
- **Work with Josephine County Perinatal task force on variety of projects to improve birth outcomes and healthy pregnancies, including implementation of the One Key Question program.**

Healthy Living

Goal: To promote healthy lifestyles and improve health outcomes.

Strategies:

- **Alcohol, tobacco and other drugs prevention:** Support prevention counseling for youth

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

Southern Oregon Early Learning Services (SOELS) came to contract in November 2014.

Notes:

- Very good working relationship between SOELS and CCO. Representatives from CCO and the HUB sit on a committee together to focus on alignment with metrics and other activities and reducing duplication of services.

School Based Health Centers:

Josephine County – 3 SBHCs in one district all run by Siskiyou Community Health Center

1. Evergreen Elementary School
2. Illinois Valley High School
3. Lorna Byrne Middle School

Transformation Fund Projects:

1. **Enhanced Care Delivery System Pilot Project:** Make improvements on quality and outcome measures, total cost of care, and patient satisfaction with care through enhancements in the delivery system.
2. **Support for Patient Centered Primary Care Homes Project:** Improve population health outcomes, patient satisfaction, and reduce overall costs.
3. **Network Health Information Technology Project:** A regional platform will allow community providers to coordinate care effectively and may connect to other regional platforms in the future.

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

Trillium Community Health Plan

The Lane County Community Health Improvement Plan (CHIP) was completed in April 2013 and implemented in partnership with Lane County Public Health, Peace Health, and United Way of Lane County. Trillium is actively engaged with a wide variety of children's health partners, which will be reflected in the CHIP annual progress report due to the Oregon Health Authority on July 1, 2015

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Improving Health Equity

Goal: To impact population-specific differences in health outcomes.

Strategies:

- **Examine all CHIP strategies through an equity lens** to assess disproportionate impacts on specific populations. As a result, disparity in childhood obesity has been identified.¹

Prevent and Reduce Tobacco Use

Goal: Reduce the prevalence of asthma, arthritis, cancer, diabetes, heart disease, and stroke among children and adults.

Strategies:

- **Engage in efforts to encourage support to increase the price of cigarettes** by \$1/pack excise tax and dedicate 10% to comprehensive and effective efforts at the state and local levels to reduce tobacco use and exposure in adults and children.
- **Increase the number of environments where tobacco use is prohibited:** Parks and outdoor recreational spaces, early through higher education campuses.
- **Support adoption and implementation of tobacco-free multi-unit housing complex policies.** Many families and children live in these environments and will be impacted by this priority.
- **Support annual compliance inspections of all licensed tobacco retail outlets.** Assure they are not selling to minors.

Prevent and Reduce Obesity

Goal: Reduce the prevalence of asthma, arthritis, cancer, diabetes, heart disease, and stroke among children and adults.

Strategies:

- **Support adoption and implementation of healthy meetings and events policies** for food and beverages at local government agencies, schools, health care facilities, social service organizations, community organizations and worksites at meetings and events including eliminating the provision of sugary drinks.
- **Support adoption and implementation of healthy food and beverage policies** for items sold in vending machines in on site stores at local government agencies, schools, health care facilities, social service organizations, community organizations, and other worksites including eliminating the sale of sugary beverages on site.
- **Build local support for legislative efforts to raise the price of sugary drinks** through a statewide excise tax. Dedicate a portion of proceeds to reach recommended funding for comprehensive efforts to reduce obesity and chronic disease in adults and children, especially in populations experiencing disparities including implementation of best and promising practice interventions by the county, schools, coalitions, and community-based organizations.
- **Build local support for implementation of the 2017 legislative PE mandate.**

¹ Although Trillium has included some preliminary outcomes related to community health improvement plan activities, progress reports from all CCOs on plan outcomes are not required to be submitted to the Oregon Health Authority until June 30, 2015.

- **Promote and support physical activity** throughout the work and school day for employees and students including accessible stairs, breaks for stretching, walking meetings, recess, and after school play time. As a result, summer activity programs for rural youth was funded.
- **Support statewide legislative efforts to fund Farm to School, Farm to Institution, School Gardens Nutrition Programs and similar legislative efforts.**
- **Explore feasibility of healthy food zoning policies near schools.**

Prevent and Reduce Substance Abuse and Mental Illness

Goal: Prevent and reduce morbidity and mortality related to mental illness and alcohol and other drugs.

Strategies:

- **Increase public, educator and healthcare provider awareness and education** of substance abuse and mental health, including Adverse Childhood Experiences.
- **Implement policies** that reduce the retail and social availability of alcohol and other drugs [to minors].
- **Support healthcare and social service providers in adopting evidence-based and trauma informed mental health services.** As a result, significant funding was approved for mental health promotion interventions for children.

Improve Access to Care

Goal: Improved health outcomes for people living with chronic conditions.

Strategies:

- **Increase immunization rates** for children in Lane County.
- **Improve oral health** by reducing percentage of children and adults with tooth decay, untreated decay, and rampant decay.

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

1. **Lane Early Learning Alliance** includes Lane County. Trillium is providing prevention funding to the Hub for mental and behavioral health services and has a strong relationship with the hub.
2. **Linn Benton Lincoln Early Learning Hub** anticipates coming to contract by March 2015.

School Based Health Centers:

Lane County

1. Cascade Middle School
2. Churchill High School
3. North Eugene High School
4. Springfield High School

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.
2. **Mental Health Promotion and Prevention:** folded mental health promotion and prevention into existing prevention system of services.

Umpqua Health Alliance

The UHA Community Health Improvement Plan (CHIP) was launched in January 2014. UHA is actively engaged with school mental health providers, relief nurseries, oral health care providers, community mental health providers, hospitals and other child and adolescent health program administrators, which will be reflected in the CHIP annual progress report due to the Oregon Health Authority on July 1, 2015

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Parents and Children

Goal: Improve outcomes for children by investing early and addressing core risk factors for health.

Strategies:

- **Well child visits:** Improve kindergarten readiness by promoting parent-child reading at well child visits.
- **Early Learning Hub:** Collaborate with Hub to incentivize parents to complete voluntary child assessments and increase the number of at-risk children getting services.
- **Adverse Childhood Events:** Identify opportunities for promotion to members.

Addictions

Goal: Reduce the number of individuals addicted to tobacco, alcohol and other drugs.

Community Advisory Council Training Opportunities:

- **Presentation on current youth alcohol, tobacco and other drugs prevention programs in Douglas County:** Identify opportunities for future collaboration.

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

South-Central Early Learning (SCEL) Hub includes Lake and Douglas Counties (Klamath County is integrating into the existing SCEL Hub effective early spring 2015). The UHA CCO Medical Director sits on the SCEL Hub governance body.

School Based Health Centers:

Douglas County

1. Douglas High School
2. Roseburg High School

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

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Western Oregon Advanced Health, LLC

The Coos County Community Health Improvement Plan (CHIP) was completed in partnership with the Coos County Health Department in 2013. Coos County, along with WOA and many community stakeholders, is currently revising the CHIP to create a more actionable and measurable plan. Revisions will be submitted as part of the annual progress report due to the Oregon Health Authority on July 1, 2015.

Part 1:

SB 436 Related Priority Health Issues in Community Health Improvement Plan

Maternal and Child Health

Goals:

1. **Increase** the proportion of pregnancies that are intended.
2. **Improve** family support systems.
3. **Increase** access to nutritious foods.
4. **Decrease** prevalence of communicable disease.
5. **Ensure** kids are ready to learn by kindergarten.

Strategies:

1. **Increase** the proportion of schools and youth organizations that provide health education to prevent unintended pregnancy among youth.
2. **Increase** proportion of children aged 0-17 years living with at least one parent employed year-round, full-time, and the proportion of households with two parents.
3. **Increase** the number of nutrition policies in child care settings.
4. **Increase** HPV vaccine coverage in adolescents among VFC providers; **increase** chlamydia and gonorrhea screening rates among sexually active youth.
5. **Determine** if WIC can integrate/coordinate services with Early Learning Council/Hub; **increase** coordination between existing programs; increase affordable and quality childcare.

Chronic Illness Prevention

Goal: Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems.

Strategies:

1. **Increase comprehensive school health education** related to prevention of 1) alcohol, tobacco, and other drug use, 2) unhealthy dietary patterns, 3) inadequate physical activity, and promotion of 1) personal health and wellness in personal hygiene.
2. **Increase proportion of schools** that follow a district wide wellness policy and provide 30-minutes of active play, 5-days a week.
3. **Develop a policy agenda** that decreases youth exposure to tobacco products and decreases likelihood for initiation and use.
4. **Advocate for smoke-free ordinances** for city and county parks and provide consultation to city and county officials.
5. **Continue to support breast feeding** programs and workplaces that support breastfeeding moms.
6. **Advocate to parents and day care providers** to decrease screen time among youth.
7. **Explore feasibility of expanding community gardens** in schools, and planting orchards on schools grounds.

Socioeconomic Disparities

1. **Identify and pursue opportunities** to improve access to Farmer's Markets for individuals eligible for SNAP and WIC.

Dental Health

Goals:

1. **Prevent caries** by reducing the proportion of dental caries experience in primary or permanent teeth.
2. **Reduce the proportion** of untreated dental decay.
3. **Increase the proportion** of children, adolescents and adults who used the oral health system in the past year.

Strategies:

1. **Implement** WIC-Dental linkage; **create** standard process and tools to measure youth caries incidence; **maintain** existing youth services; **increase** dental sealants among children and adolescents.
2. **Monitor** incidence of untreated dental decay; **improve** referral process for youth with existing dental decay.
3. **Implement** targeted case management following school and dental offices screenings.

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

South Coast Regional Early Learning Hub anticipates coming to contract spring 2015 and includes Coos and Curry counties.

School Based Health Centers:

Coos County

1. Marshfield High School
2. Powers School District

Curry County

3. Brookings Harbor High School

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.

Willamette Valley Community Health

Part 1:

SB 436 Related Priority Health Issue in Community Health Improvement Plan

WVCH and its Community Advisory Council developed a Community Health Improvement Plan to demonstrate commitment to promoting health equity for all residents of Marion and Polk Counties. In light of this, every strategy outlined in the plan has been crafted with the explicit expectation that individuals and organizations executing the CHP will work to address existing and emerging health disparities within the community. To that end the CHP is written in a manner that is population inclusive and is not written to specifically address a subpopulation, including children. The four health improvement focus areas encompass improvements toward children and adolescents, they are:

- Depression screening, referral and treatment
- Access to early prenatal care
- Obesity prevention and treatment
- Tobacco prevention and cessation

Part 2:

Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hubs:

Early Learning Hub, Inc. includes Marion and Polk Counties, with Polk County being integrated into the hub effective spring 2015

Notes:

- Cross governance (CEO of WVCH is on ELH Board). ELH and WVCH are co-located. Some collaboration occurring with WVCH setting aside money for Ages and States Questionnaires (transformation funds used to support hub position focused on development screenings).
- Early literacy: Reach Out & Read by Primary Care (hub worked with WVCH to maximize impact by focusing intervention on lowest poverty clinics)

School Based Health Centers:

Polk County is planning for one new clinic site.

Young Children Diagnosed with ADHD

- CCO noted higher rates of prescribed ADHD medication for children under 6, and instituted a preauthorization process in conjunction with the change in the OHP benefit package to focus on parent training rather than medication as the initial intervention.
- MVBCN, WVCH's behavioral health contractor, created a rapid referral and assessment service to focus on differential diagnosis and engagement of families with a variety of treatment supports. Mental health providers provide documentation to support a request for pre-authorization of medication when this is clinically indicated.

Trauma-Informed Initiative in Partnership with DHS

- MVBCN has a multi-year process of working with DHS to promote trauma informed care. This has included identifying clinicians with basic and advanced skills in working with traumatized children and providing multiple trainings to support their continued skill development.
- Training on working with attachment disorders have been co-sponsored by MVBCN and DHS.

- Marion County has organized a multi-disciplinary team staffing process to address children with extremely challenging obstacles to attachment and successful placement.
- Polk County is providing extensive training on trauma informed care for CASA and other judicial system players.

Expanding Early Childhood Mental Health Services

- Workforce development initiative has identified evidence-based practices, offered a day-long workshop to clinicians working with children designed to increase their interest in working with young children.
- Additional training is planned on Parent-Child Interaction Therapy, Parent-Child Attunement Therapy, and Circle of Security.

Out-stationed Mental Health Services

- A number of mental health agencies have placed staff in partner agencies to provide easily accessible services. Locations include Dallas and Monmouth-Independence schools, primary care clinics in Silverton, Mt. Angel, Woodburn and Stayton, and DHS offices in Dallas and Salem.

Transformation Fund Projects:

1. **Comprehensive Care Coordination for Children with Complex Medical Conditions Project:** Develop a centralized care coordination system that supports the provision of services across physical, mental and children's health services.
2. **Early Learning HUB (ELH) Developmental Screening Initiative Project:** Enhance the coordination of developmental screens across the healthcare and early learning education system.

Addictions and Mental Health Investments:

1. **System of Care Wraparound Expansion Project:** expanded the provision of Wraparound/System of Care to children with emotional and behavioral disorders.
 - As one of the state's pilot sites, MVBCN has a highly successful wrap around program serving 115 children in DHS custody with disrupted placements.
 - MVBCN funds specialized wrap around staff, and provides extensive training and credentialing oversight to ensure fidelity.
 - WVCH was funded for wrap around services to an additional 45 children, who are identified through partnerships with juvenile justice, special education, and medical providers.

Yamhill County CCO

Part 1:

SB 436 Related Priority Goals in Community Health Improvement Plan

1. Promote well-being by reducing prevalence of chronic conditions
2. Integrate oral health with physical and behavioral health
3. Leverage existing providers and health care teams' capacities in more innovative and creative ways;
4. Value the mind-body connection by interring behavioral and physical health prevention, education and treatment.

Schools, school districts are mentioned in conjunction with the following goals:

- Expand dental sealant program for children to all eligible Title 1 schools
- Outreach with local organizations (including school districts) about what Yamhill CCO does and how a partnership can be mutually beneficial

Yamhill strategies addressing issues affecting youth in school include:

- student nutrition and access to healthy foods
- referral to community services
- health education
- ATOD prevention and education
- physical activity education

Early Learning Hub is an identified lead on the following CHIP strategies:

- "Develop a cooperative relationship with the Early Learning Hub to conduct more outreach to identify behavioral and developmental delays earlier in life through ACEs, parenting education courses, ASQ, and adolescent wellness screening"
- "Expand upon regularly offered ACE trainings for parents and foster parents to develop a better understanding of the relationship between childhood trauma and chronic conditions."
- "Expand on services provided by Lutheran Community Services for family health by further promoting the array of classes offered to support parents and prevent child abuse or neglect and the family relief nursery."

Part 2:

Other Child Health Related Activities Not Reflected in Community Health Improvement Plan

Early Learning Hub:

Yamhill Early Learning Hub includes Yamhill County.

Notes:

- YCCO and the hub have worked collaboratively to provide funding for, recruit, hire and train a cross-system role.
- Hub received state's first early literacy grant for Reach Out & Read, which is an evidence-based early intervention, by providers at well child visits.

School Based Health Centers:

Yamhill

1. Willamina High School

Transformation Fund Projects:

1. **Embedded Behaviorist Program Expansion Project:** Expanded delivery of behavioral health services in physical health settings to allow for better coordination and delivery of patient-centric care in a single setting.
2. **Primary Care Provider Team Expansion and Bilateral Integration Support Project:** Increase access to primary care services as well as streamline and better coordinate the delivery of physical and behavioral health services in a single physical location to provide timely care.
3. **Medical Home Model Development Project:** Help advance all providers to the tier 3 medical home level as well as develop maternal medical homes for all Obstetricians/Gynecologists.

Addictions and Mental Health Investments:

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