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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Harney County Local Community Advisory Council 2016 Community Health Improvement Plan

There were four areas that were prioritized by the group to be included through the Harney Community Health Assessment update process:

- Obesity and Related Chronic Illnesses
- Mental Health
- Early Childhood
- Incentive Measure Performance

OVER ARCHING PRIORITY ISSUE AREA #1

Obesity and Chronic Disease Management

SPECIFIC PROBLEMS IDENTIFIED

Obesity is a primary contributor to chronic disease.

Existing programs around physical activity and nutrition in the community are not utilized as well as they could be.

ACTIVITIES

Surveillance – Create methods to routinely collect and summarizes community level Body Mass Index reports including those BMI's collected in primary care clinics, in school settings and through WIC and early childhood programs. This

establishes the baseline for measurement. The main source of this data can be Harney Family Care

Promote the use of Symmetry Care's Super Tracker (4 week course) which targets people with high BMI and mental health diagnosis.

Promote the use of the people trained during the last year to lead Living Well with Chronic Illness and the Health Coaches as part of the National Diabetes Prevention Program.

Coordination – The LCAC deemed that existing programs in nutrition education, physical activity and other prevention strategies are not well utilized. First, community resources will be listed as part of the hospital's community plan to promote physical activity and nutrition. Share this resource link with staff at Health Integrated.

Provide the Community Health Workers with the Clinic Linkages to Community Resources tool box.

MEASUREMENT

Overall community BMI will be measured. Target will be to maintain current levels of overweight/ obese or a decrease.

Individual Patients – Number of participants in classes. Number of people referred to resources by the Community Health Workers.

OVERARCHING PRIORITY ISSUE AREA #2

Mental Health

SPECIFIC PROBLEMS IDENTIFIED

There is a stigma associated with receiving mental health services in the community.

Early Intervention activities in schools are present but not available enough

Community norms around mental health need a positive approach

Primary Care and Mental Health Services can improve coordination among patients who have high physical and mental health needs. This is known as “hot spotting.”

ACTIVITIES

Establish better coordination between Symmetry Care (Community Mental Program) and primary care clinics

Implement Mental Health First Aid program; Apply for resources to conduct the class through the Eastern Oregon Healthy Living Alliance. Areas of training available include: adults, children, law enforcement and veterans.

Training has occurred in Question, Persuade, Refer (QRP) for reduction in suicides. Continue making training available.

Train law enforcement on interactions for those citizens with a mental illness. This could be either Mental Health First Aid or Crises Intervention Training. Criminal Justice Behavioral Health Program: The purpose of the CJBH is To facilitate relationships between the law enforcement and community mental health programs in order to develop community-based CIT programs. This will build relationships and services in communities that combine law enforcement, criminal justice, and behavioral health in order to help people with mental health receive appropriate responses. Crisis Intervention Team (CIT) Training is a training program developed in a number of US states to help police officers react appropriately to situations involving mental illness."

Continue Symmetry Care staffing at Slater Elementary School and increase availability of school counseling activities in other school buildings throughout the district if possible.

Increase resources available to treat escalating behavior issues identified by Early Childhood specialists. Increase training of personnel associated with the Frontier Early Learning Hub including Head Start.

MEASUREMENT

Meeting held jointly by primary care and mental health

Number of people trained in Mental Health First Aid

Number of people trained in QRP – Reduce suicide rate

Number of Law enforcement personnel trained in CIT

Hours of service provided by Symmetry in school settings

Number of trainings for early childhood personnel

OVERARCHING PRIORITY ISSUE AREA #3

Early Childhood Screening and Health Promotion

SPECIFIC PROBLEMS IDENTIFIED

25% of children do not make themselves part of available comprehensive screenings.

The % of children fully immunized by age three in Harney County is currently at 62%

ACTIVITIES

Increase coordination between Public Health (CaCoon, Maternity Case Management, Babies First)

Raise Community Awareness about services including immunizations

Increase parenting training participation – Program titled “Making Parenting a Pleasure” Target first time parents and those with children under the age of 5

Promote and support the Healthy Beginnings community screening event

LCAC to receive a training on Adverse Childhood Events (ACE) and Trauma Informed Care organizational structure.

Support Frontier Early Learning Hub’s goal of Stable and Attached Family Homes.

MEASUREMENT

Percentage of children age 0 to 5 receiving the comprehensive screenings

Media messages about the importance of the screenings and immunizations

Number of people attending Parenting classes

Training event for ACEs and Trauma Informed Care

OVERARCHING PRIORITY ISSUE AREA #4

Eastern Oregon Coordinated Care Organization Incentive Measure Performance

SPECIFIC PROBLEMS IDENTIFIED

The performance measurement benchmark targets continue to rise.

24.1% of all Harney EOCCO members used NO health services in 2015

ACTIVITIES

Support the data mining and promotion of service use among those EOCCO patients that have not had the health screenings and well visits they need. Continue to support the use of Community Health Workers.

Use Incentive Measure resources from the EOCCO to expand activities around targeted measures that need improvement. These will be reviewed quarterly at the LCAC meetings.

MEASUREMENT

Incentive Measure Performance Reports

% of EOCCO members using a health service