



COHC Community Advisory Council
Deschutes County Building – Barnes Sawyer Room
1300 NW Wall Street
Bend, OR 97703
Agenda 06.02.16
Conference Line: 866.740.1260
Participant Code: 3063523#

Time	Topic	Action
11:00-11:05	Welcome/Public Comment—Linda McCoy	
11:05-11:40	Bridges Out of Poverty Module 3—Rebeckah Berry	Discussion
11:40-12:05	Community Resource Huddle—PacificSource Case Management Team	Discussion
12:05-12:20	Announcements—MaCayla Arsenault <ul style="list-style-type: none">• July meeting• New CAC member candidate	Discussion Accomplishments Presenters
12:20-12:30	QIM Funding Update—Leslie Neugebauer	Discussion
12:30-12:40	OHA Update—Cyndi Kallstrom	Discussion
12:40-1:00	RHIP Workgroup Update—All	Discussion

2013 QIM Performance Fund Investments-as of 5/27/16

Provider/Clinic	Description of Items/Services	Cost	Status
Mosaic Medical	Staff SBIRT training	\$ 6,088.69	Paid
Weeks Family Medicine	Pt. education materials and training and administration of OKQ for ECU QIM	\$ 11,057.97	Paid
Weeks Family Medicine	Staff training and administrative efforts to get AWCV's completed by end of 2015	\$ 1,200.00	Paid
Mosaic Medical	Administrative costs for quality assurance chart audits and coding for potential resubmission of claims to impact SBIRT and ECU QIMs	\$ 4,000.00	NTE \$4,000; awaiting invoice following completion of work
Deschutes County Health Services	Cigarette smoking cessation advertising on CET buses to encourage utilization of the Tobacco Quit Line	\$ 44,000.00	Paid
Crook County Public Health	OKQ community provider training for ECU QIM	\$ 37,200.00	Paid
COPA	SBIRT training for staff and local stakeholders	\$ 7,500.00	Paid
Weeks Family Medicine	Administrative costs for quality assurance chart audits and coding for potential resubmission of claims to impact ECU QIMs	\$ 4,000.00	Paid
La Pine Community Health Clinic	Administrative costs for chart reviews to chase 2015 QIMs	\$ 435.57	Paid
Weeks Family Medicine	Staff SBIRT training	\$ 3,400.00	Paid
Weeks Family Medicine	AWCV enhancement via Televox calls, postcards, social media blasts, flyers, CRAFFT implementation, and employee engagement efforts	\$ 10,000.00	Paid
St. Charles Family Care	FTE to interface between State immunization registry and SCFC EMR to accurately reflect and capture data	\$ 58,000.00	Awaiting signed LOA and invoice
Jefferson County Public Health	OKQ community provider training for ECU QIM	\$ 37,200.00	Awaiting signed LOA and invoice
Total:		\$224,082.23	

Remaining funds: \$89,615.99

2014 QIM Performance Fund Investments-as of 5/27/16

Proposal Name	Brief Description of Proposal	Entity Submitting	Entity to Receive Funds	Amount Requested	Status
Access Study	Comprehensive access study of all service delivery areas; analyzing qualitative and quantitative data from providers and members	PacificSource	Morpace	\$ 375,000.00	Quantitative surveying began in March
Controlling Hypertension	Staff training for standardization in taking blood pressure measurements; standardized equipment that is linked to the clinic's EMR	PacificSource	Mosaic	\$ 160,000.00	Paid
Jefferson HIE	Safe, secure, and electronic exchange of health information among authorized providers in the health care community for more timely, efficient, and patient-centered care	PacificSource	JHIE/COHIE	TBD	Presented at February FC; on hold for further vetting
Immunization Incentives	Incentivizing parents of children under two years old with a package of diapers at each well visit and a \$25 grocery card at the 18 month visit	La Pine Community Health Clinic	La Pine Community Health Clinic	\$ 25,000.00	Paid
Assessment, Feedback, Incentives, and eXchange (AFIX) vaccine program	Evidence based quality improvement program to assess, train, and strategize around childhood immunization status	DCHS/COPA/ La Pine Community Health Clinic	DCHS	\$ 149,000.00	Paid
SBIRT EMR Capabilities and Training	Increases workflow efficiencies for providers to administer SBIRT services	Weeks Family Medicine	Weeks Family Medicine	\$4,000.00	Paid
Controlling Hypertension	Purchase of two portable blood pressure monitors that interface with EMR and formal staff training	Weeks Family Medicine	Weeks Family Medicine	\$ 6,750.00	Paid
Mobile Dental Unit	Purchase of a mobile dental unit with equipment to provide on-site dental sealants and prevention services at K-8 Crook County schools	Advantage Dental	Advantage Dental	\$ 12,670.00	Paid

Developmental Screening Training	Two day formal staff training on Developmental Screening tools	Weeks Family Medicine	Weeks Family Medicine	\$ 14,349.00	Paid
Community Paramedicine	Model to reduce non-emergent ambulance transports and hospital readmissions	St. Charles Hospital	St. Charles Hospital	\$ 160,000.00	Paid
			Total:	\$906,769.00	

Remaining Funds: \$2,364,393.80

Pacific Source CAC Monthly Newsletter
June 2016

Cyndi Kallstrom, Innovator Agent
Cyndi.kallstrom@state.or.us
503 312-4725

Learning Opportunities

Emotional CPR (eCPR)

June 23-24, 8:30 a.m.-5 p.m.

eCPR is a public health educational program designed to train people to assist others through an emotional crisis. Through a combination of presentations, interactive discussions and dynamic role-plays with reflecting teams, participants will learn about and practice the key concepts involved in effectively supporting a person through an emotional crisis and into healing.

eCPR training is appropriate for the general public, peer and other service providers, family members, administrators and others. No previous training is necessary.

Register here: <http://ecpr-in-portland.whindo.com/event/default.aspx?lock=2442062-0-0-0-0-0-0-0-0-0&key=42ad16340d2c0ed>

Save the date for the 33rd Annual Oregon Rural Health Conference:

September 28-30, 2016

DoubleTree Hotel, Portland

This conference continues to be the largest gathering in Oregon dedicated to presenting the most innovative approaches to addressing today's health care issues. Bringing together providers, administrators, patients, activists, policy makers and others who are concerned about health care in rural Oregon, it is an opportunity to exchange ideas, information and expertise among individuals and organizations engaged in or concerned with rural health care issues.

Place Matters Conference October 4-6

Scott Montegna, Public Health Division

Save the date for the 2016 Place Matters Conference October 4-6 organized by the OHA Public Health Division. The save-the-date flier is attached, and registration will be available soon.

Through inspirational speakers and workshops, the biannual Place Matters Conference allows people from diverse fields to gain new skills, tools and connections to help address the leading preventable causes of death: tobacco, obesity, poor nutrition and physical inactivity. Sustained effort on these issues will be critical to reducing Oregon's large human and financial burden of chronic diseases, including heart disease, diabetes and cancer. Together, we can create more

places where the default choices are healthy, where unhealthy choices are rare, and where all Oregonians can take charge of their health.

Mind your mind: Advancing Mental Wellness

November 2-3, Valley River Inn, Eugene, OR.

Call for proposals and sponsors is currently open. More info at: mindyourmindproject.org/mind-your-mind-conference-2016/

CCO Oregon's Fall Conference

September 27, Salem, OR

Save the Date

Oregon Oral Health Coalition's Annual Fall Conference

November 18, 2016 in Portland Keynote Speaker: Marko Vujicic from the American Dental Association. More to come.

Misc. Announcements

TA Bank request for applications

Anona Gund, Transformation Center

The OHA Transformation Center has issued a Request for Applications from qualified firms, non-profits, coalitions or individuals to provide technical assistance to CCOs across Oregon as well as program areas within OHA.

OHA seeks to obtain a pool of subject matter experts to extend OHA's capacity and capability to offer technical assistance to CCOs in 16 defined subject areas. The TA will support CCO achievement of the ultimate goal of better health, better care and lower costs for Oregonians, and help OHA spread the coordinated care model to other payers. TA will be delivered through consultation, training and presentations. Applicants do not need to possess experience and expertise in all of the 16 subject areas to submit an application. **Applicants are encouraged to submit an application for the subject areas for which they are qualified, until the application deadline at 4 p.m. PDT, June 30, 2016.**

This RFA is posted on the [Oregon Procurement Information Network \(ORPIN\)](#).

RFA #3999: Request for Applications for Technical Assistance Providers to CCOs across Oregon and programs within OHA [ORPIN Title: Technical Assistance Providers]

If you are not registered for ORPIN, click the Supplier Registration link. For questions about using or registering on ORPIN, or downloading this opportunity, please call the ORPIN Help Desk at 503-373-1774. All official questions and answers, and addenda revising RFA requirements, will be posted on ORPIN. You will not be provided email updates to the RFA. The

official RFA and attachments for this solicitation are posted on ORPIN Opportunity #OHA-3999-15 in the "Attachments exist" folder.

Please send all questions to the Sole Point of Contact: Tabrina.R.McPherson@state.or.us

The Oregon Office of Rural Health has completed its annual Areas of Unmet Health Care Need (AUHCN) in Rural Oregon Report.

You can find the 2016 version on the Health Care Shortage page below:
<https://www.ohsu.edu/xd/outreach/oregon-rural-health/data/health-care-shortage.cfm>

Areas of Unmet Health Care Need in Rural Oregon is published annually by the Oregon Office of Rural Health to determine how rural communities compare to each other, and the state as a whole, in terms of unmet health care need. We score each of the 104 rural primary care service areas based on primary care capacity, preventable hospitalizations, low birth weight, mortality ratio, and travel time to nearest hospital. Those with a cumulative score below the mean are deemed areas of unmet health care need. The report includes a map showing the service areas below the mean for each of the 5 variables, as well as a final map with the total score for all areas, highlighting the ones that are Areas of Unmet Health Care Need.

The **10 areas with the lowest scores for 2016** are: East Klamath, Powers, Port Orford, Drain/Yoncalla, Yachats, Glendale, Alsea, Shady Cove, Myrtle Creek and Fossil.

The AUHCN results are used to: determine which areas can receive governor's designations of under-serviced, help identify which rural hospitals receive cost-based Medicaid reimbursement, and allocate services and resources from the Oregon Office of Rural Health. If you have any questions, please contact ORH's Data/GIS Analyst, Emerson Ong at ong@ohsu.edu.

RHIP Workgroup Updates: May

Behavioral Health: Identification & Awareness

- This group meets the fourth Tuesday of every month from 9-10am and currently has 20 members.
- In May, the group agreed to provide technical assistance for the Mental Health Prevention & Promotion grant for Central Oregon. This grant will work to normalize the public's perception of accessing resources for depression, anxiety, suicidal ideation, and substance use. The group also reviewed the minimum standards required to be able to bill for behavioral health integration in primary care. In June, the group will develop the elements of workflow necessary to screen and properly code for SBIRT/CRAFFT within clinics.

Behavioral Health: Substance Use and Chronic Pain

- This group meets the third Wednesday of every month from 4-5pm and currently has 19 members.
- During the May meeting, the group discussed the differences between a Behavioral Health Consultant with addictions experience and the Peer Support Specialist or Recovery Mentor roles. The group reviewed the SUD resource list for providers. This document will be finalized and placed on the COHC website for reference, with updates provided every six months. In June, the group plans to develop a treatment algorithm to support primary care toward better addressing substance use. This group will also develop strategies to address the second and third health indicators in their section.

Cardiovascular Disease—Clinical

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- During the May meeting the group decided that their year one focus will be on blood pressure standardization along with patient education around proper blood pressure checks. In June, the group will discuss standardization in greater detail and plans to invite other clinics to the table for the discussion (i.e., High Lakes Health Care, BMC, Weeks Family Medicine, La Pine Community Health Center, Dr. Burkett, among others).

Diabetes—Clinical

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- This group will meet for the first time on June 9 to focus solely on the clinical goal of improving control of type 2 diabetes.

Cardiovascular Disease & Diabetes—Prevention

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 25 members.
- In May both prevention groups met separately to prepare to combine their efforts moving forward. Both CVD & Diabetes believe that their prevention efforts align very well and the strategies and organizations that need to be at the table are the same in order to meet the prevention goals for these two areas. Diabetes is still developing a resource document that will eventually be shared with providers and throughout the community. Cardiovascular Disease discussed ideas of how to increase physical activity throughout Central Oregon.

RHIP Workgroup Updates: May

Oral Health

- This group meets the third Tuesday of every month from 11-12pm and currently has 19 members.
- The Oral Health workgroup has begun to 'assign' potential projects/actions to their work plan. They continue to scrub their Spectrum document to better refine the services, and projects currently in use in the Tri-county area. Advantage Dental presented on a Public Service Announcement that had been previously sunset. The group may be interested in dusting it off and revitalizing. In June, the group will receive training/education relative to the 'One Key Question' initiative. Mosaic will provide an overview of their model for the new Dental Hygienist they have hired.

Reproductive Health/Maternal Child Health

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- In May a presentation was given around AFIX (immunization program). A favorable report was given relative to capturing (coding) the 1st trimester visits outside of the global pregnancy benefit. Discussion continues on the Perinatal Care Continuum project, the group felt a bit more finessing of the proposal was necessary. Next month, the group will review data surrounding Adverse Childhood Experiences (ACEs).

Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 27 members in kindergarten readiness and 26 members in housing.

Education & Health

- The group collectively identified strategic strategies that would increase School Readiness (as identified by the 5 Dimensions of Readiness) discussed in last month's meeting. Current, in use, strategies were shared out with the rest of the team. The June meeting will have an in-depth presentation on our Region's Kindergarten Readiness data. The goal is to collectively prioritize a strategy or strategies the team wants to include in their work plan.

Housing

- In May, the workgroup discussed ways they could add value without duplicating the work of other agencies and groups like the Homeless Leadership Coalition (HCL). The workgroup determined that they could focus their efforts on advocacy, policy, and resource development. The workgroup additionally decided to form a small task force to review the updated 10 Year Plan to End Homelessness (High Desert Home) strategies to identify specific activities they could take on.



COHC Community Advisory Council
Advantage Dental (Training Room)
Redmond, Oregon
05.05.16

Present:

Linda McCoy, Chair, Consumer Representative
Elaine Knobbs-Seasholtz, Vice-Chair, Mosaic Medical
Bruce Abernethy, Bend-LaPine School District
Suzanne Browning, Kemple Memorial Children's Dental Clinic
Sean Ferrell, Consumer Representative
Chuck Keers, Family Resource Center
Malia Ladd, Consumer Representative
Nicole Rodrigues, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Jeffrey White, Consumer Representative
Ken Wilhelm, United Way of Deschutes County

Absent:

Julie Rychard, Full Access High Desert

Present Staff/Guests:

MaCayla Arsenault, Central Oregon Health Council
Chad Chadwick, WEBCO
Donna Mills, Central Oregon Health Council
Molly Taroli, PacificSource

Introductions

Introductions were made and Chair, Linda McCoy, welcomed all attendees.

Linda welcomed public comment. No public comment was had.

Wellness and Education Board of Central Oregon (WEBCO)

Chad Chadwick provided an overview of WEBCO, including their history, purpose, and vision. Please see attached PowerPoint slides for more information.

Bridges out of Poverty Module Two

Rebeckah Berry lead the CAC through module two of the Bridges out of Health training. They focused on causes of poverty and the research continuum. Malia Ladd noted that the book seemed to address things from middle class perspective and assumed individuals in poverty

desired to move into the middle class. Elaine Knobbs-Seasholtz added that Mosaic Medical was now promoting trauma informed care and suggested the CAC go through trauma informed training. Linda McCoy suggested completing the Bridges Out of Poverty training first.

Action: Rebeckah Berry asked the CAC to read chapters 13 and 14 in preparation for their next CAC meeting on June 2, 2016.

Transformation Plan

Molly Taroli presented on each of the areas and benchmarks in the Transformation Plan, as well as, the strategy used to complete each benchmark. Please see the attached PowerPoint slides for more information.

RHIP Workgroup Update

Linda McCoy asked CAC members provide a brief update on the Regional Health Improvement Plan (RHIP) workgroups they participate on. She also referred members to the RHIP workgroup update document located in their packet.

Suzanne Browning noted the Oral Health Workgroup was completing a gap analysis and prioritizing their strategies using a spectrum exercise. Donna Mills noted the Reproductive Health Workgroup was honing in on what they wanted to focus on and members are currently vetting three perinatal care models. Bruce Abernethy added that the Housing workgroup was working on what their work plan might look like. Nicole Rodrigues shared that the Cardiovascular Disease Workgroup was focused on increasing youth physical activity levels in the region. Sean Ferrell added that the Diabetes Workgroup was developing a diabetes resource guide.

Adjournment

The meeting was adjourned at 1:00 pm PST.

Respectfully submitted,

MaCayla Arsenault, Secretary

The next meeting will be held on June 2, 2016 in Bend, Oregon.

Wellness & Education Board of Central Oregon (WEBCO)



Lionel "Chadwick, PhD, FACHE" Director



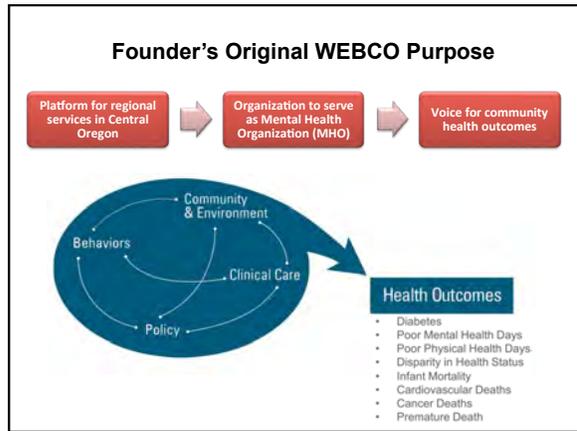
Chapter One: History

2011

ORS Chapter 190 Intergovernmental Entity established as Central Oregon Health Board (COHB) with Commissioners from each county as founding the Board of Directors.

Mission:

1. Behavioral health services capitation management for 3 counties
2. Coordination and collaboration
3. Regional grant funding vehicle



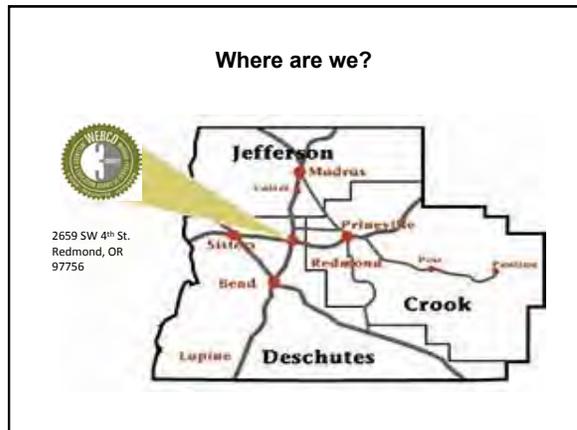
Chapter Two: History

2013

COHB officially changed to the Wellness & Education Board of Central Oregon (WEBCO) to recognize WEBCO's designation as Early Learning Hub of Central Oregon. A fourth board member was added from High Desert ESD

Additional New Mission:

1. Regional grant funding vehicle for Early Learning Hub program to support regional early learning endeavors





Mission, Vision, and Values

Mission:

- To promote the wellness of all Central Oregonians. We strive to improve health through collaboration and identification of financial and educational resources using approaches that increase access and satisfaction for persons of all ages, cultures, and socio economic conditions. We encourage regional data-based approaches for service efficiency and/or coordination improvements; and foster programs which further these objectives.

Vision:

- Our vision is for an integrated, vibrant, healthy, and educated Central Oregon. We believe all citizens can be well and maximize Central Oregon living, while enjoying an economically strong and socially compassionate community.

Values:

- We value diverse, innovative, and collaborative services and relationships that further unique partnerships which enhance efficiency, eliminate barriers, and create solutions to assure a healthy, educated, and inclusive population.



Mission, Vision, and Values (Cliff notes version)

Mission:

- To promote wellness
- To improve health
- Through
 - collaboration
 - Identification of financial and educational resources
- Increase access and satisfaction
- For persons of all ages, cultures, socio-economic conditions
- Regional data-based approaches
- For efficiency and/or coordination improvements
- Foster programs which further these objectives.



Mission, Vision, and Values (Cliff notes version)

Vision:

A community that is:

- Integrated
- Vibrant
- Healthy
- Educated
- Economically strong
- Socially compassionate



Mission, Vision, and Values (Cliff notes version)

Values:

- Diversity
- Innovation
- Collaboration
- Partnerships
- Efficiency
- Barrier Elimination
- Solution Finding
- A healthy, educated, and inclusive population.

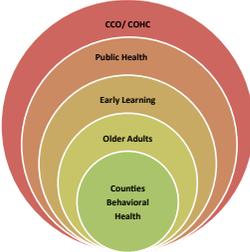


What do we do (at this time):

- Regional Fund Distribution / Reporting
 - Young Adult Transitions Hub
 - Early Learning Hub
- Gap Identification / Training
 - Older Adult Behavioral Health
- Benchmarking / Opportunity Identification
 - Behavioral Health Analytics
- “At the Ready” for New Roles / Programs

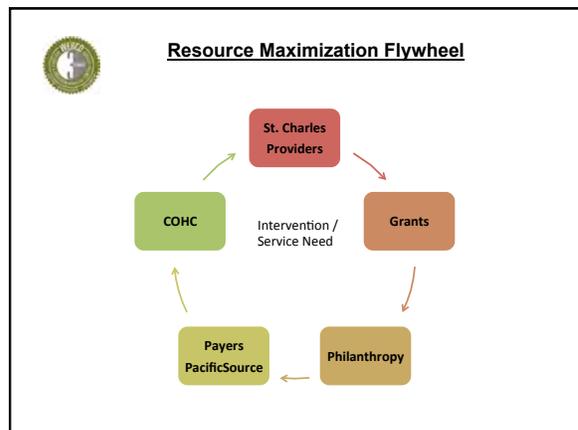
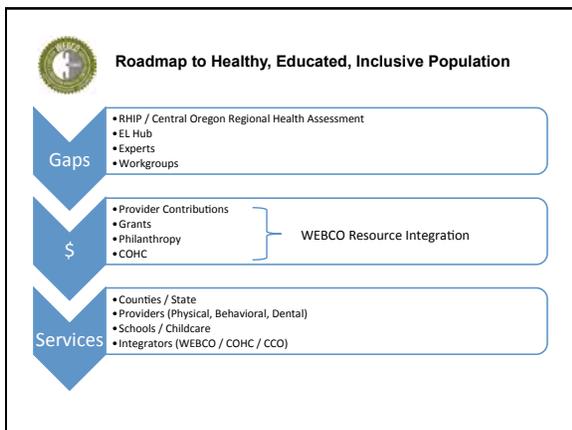
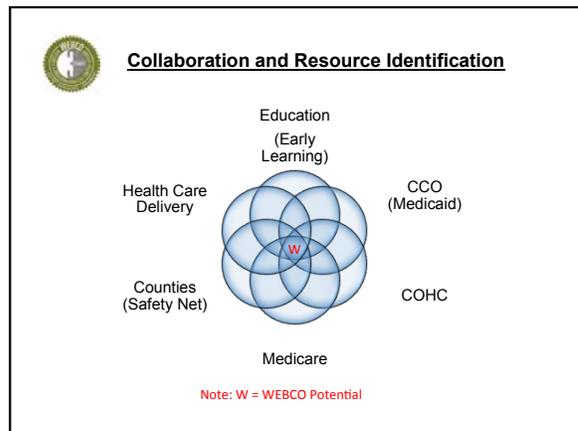
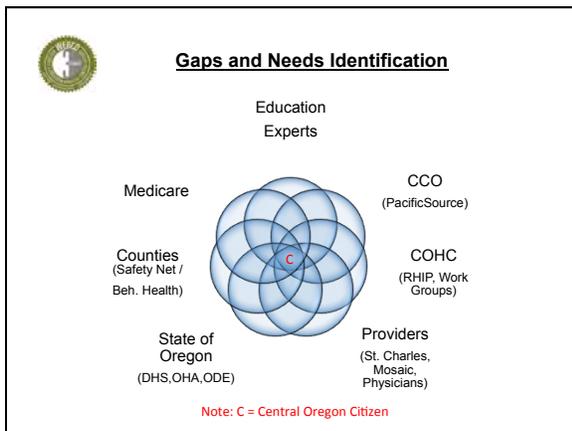
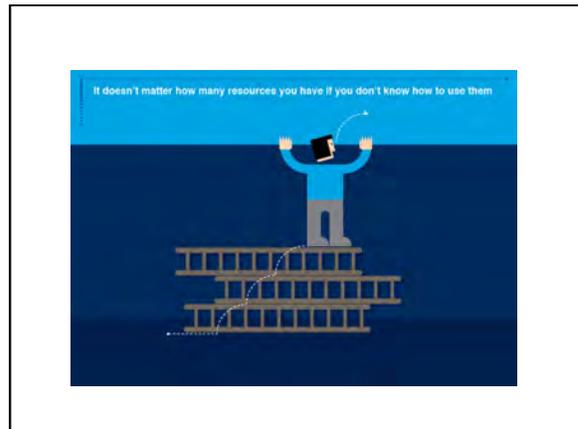


Who do we serve?

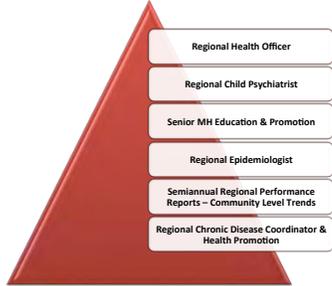


Chapter Three: History
(What's next if we are true to our mission)

- Identify Additional Funding Vehicles , etc.)
- Existing Analytics
- Training
- Collaboration/Partnerships (i.e. COHC)
- Resource Matching
- Gap Filling Strategies
- "Silo" reduction
 - i.e. Education vs Health
 - Counties vs Health Care Delivery
 - Government vs Private Sector
- End User Assistance (Resource Identification)



Other Possible "Futures" of WEBCO



AND IN CASE YOU ARE CONFUSED.....



YOU ARE NOT ALONE!



Wellness & Education Board of Central Oregon

Thank you!

Visit us online
www.webcohub.org
 (541) 923-9698



Transformation Plan PacificSource Community Solutions

Each Community Care Organization (CCO) was required to develop a 2 year Transformation Plans geared specifically to the needs of the community it serves. Transformation Plans demonstrate how the organization will work to improve health outcomes, increase member satisfaction, and reduce overall costs.

Transformation Area 1: Integration of Care

Benchmark 1.1 Care coordination between dental, behavioral health, and physical health providers regarding high-needs clients.
Advantage Dental has implemented over 20 integration efforts throughout the region (e.g. a hygienist visits both Substance Use Disorder (SUD) residential facilities in Central Oregon once/week to provide oral health assessments and prevention services)

Benchmark 1.2 Developing expedited pathway from primary care to substance abuse treatment services for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (or similar screening) for identified patients.
The list of outpatient SUD providers was presented to the Provider Engagement Panel (PEP) and other Central Oregon Health Council subcommittees to increase referral options.

Benchmark 1.3 Integrated and system coordinated tobacco cessation strategy.
A proposal from Deschutes County Public Health was approved and funded by the CCO/COHC (and matched by Oregon Health Authority (OHA)) to advertise on all regional transit busses to encourage the use of the Tobacco Quit Line.

Transformation Area 2: Patient Centered Primary Care Home (PCPCH)

Benchmark 2.1 Building capacity for social and behavioral health integrated services at PCPCHs through enhanced staffing model.
Piloting sustainable funding model for Behavioral Health Consultants (BHCs) in two PCPCHs, effective April 2016.

Benchmark 2.2 Develop and define a perinatal care continuum model that embodies PCPCH principles.
The Regional Health Improvement Plan (RHIP) workgroup, focusing on maternal and child health, took place of the multi-stakeholder community group that was working on the perinatal care continuum, effective February 2016. The RHIP workgroup has broadened input, will discuss how best to implement a perinatal care continuum, and will apply for funding for additional scope and scale of services.

Transformation Area 3: Alternative Payment Methodologies (APM)

Benchmark 3.1 Develop a process for tracking and purposefully evolving CCO contracts to ensure the ongoing evolution of Alternative Payment Methodologies, consistent with Health Council APM contracting principles.
An inventory tracking tool for APM contracts was developed and presented to the COHC Finance Committee to identify and establish the baseline of APM contracts.

Benchmark 3.2 Ensure that newly integrating CCO services and funding streams are integrated in a manner that leverages value-based reimbursement, consistent with COHC reimbursement guiding principles.
NEMT was a newly integrated benefit in the CCO as of October 1, 2015.

Benchmark 3.3 Invest CCO shared income dollars to high impact community health strategies and initiatives.
RHIP Resources committee structure and framework approved at COHC in February 2016

Transformation Area 4: Community Health Assessment and Community Health Improvement Plan

Benchmark 4.1 Formulating strategies to bring services closer to high need/opportunity areas, or "Hot Spots"
The Crook County provider workgroup to address tobacco use was formulated based on the results from the Regional Health Assessment(RHA)

Benchmark 4.2 Bridging Health Care and Housing for Better Outcomes
OHA's LIFT and behavioral health housing grants are being looked into as potential opportunities.

Benchmark 4.3 Education attainment: Alignment with the Early Learning Hub
Kindergarten Readiness was integrated as a key social determinant of health goal in the RHIP.

Transformation Area 5: Electronic Health Records, Health Information Exchange and Meaningful Use

Benchmark 5.1 *Continue development and implementation of Health information Technology/Exchange (HIT/HIE) roadmap for the Central Oregon CCO*
 Opportunities are being explored to implement an HIE in Central Oregon utilizing Jefferson Health Information Exchange (JHIE).

Benchmark 5.2 *Impact quality and patient outcomes through improved health analytics and provider information exchange*
 PacificSource developed a solution that satisfies the goal of calculating administrative measures and Quality Incentive Measures (QIMs) using a Tableau QIM dashboard.



Transformation Area 6: Communications, Outreach and Member Engagement

Benchmark 6.1 *Applying learnings from Transformation Projects for enhanced member engagement*
 24 community outreach events reached just under 4,000 individuals.

Benchmark 6.2 *Cultural and linguistically appropriate Grievance and Appeals (G&A) processes*
 High engagement from the G&A Department on internal review process and cultural training.

Benchmark 6.3 *Supporting culturally and linguistically appropriate services within CCO provider network across disciplines (physical health, dental, public health, etc.)*
 Six months of internal activities centered on Native American minorities began March 2016.



Transformation Area 7: Meeting the culturally diverse needs of Members

Benchmark 7.1 *Developing Workforce Diversity*
 A presentation was made at the Central Oregon Community College (COCC) re: the available jobs within PacificSource.

Benchmark 7.2 *Increasing access to in-person qualified or certified interpreters*
 We are Determining the availability of information on provider clinics and interpreter services



Transformation Area 8: Eliminating racial, ethnic and linguistic disparities

Benchmark 8.1 *Promote engagement in Spanish-language and/or AI/AN diabetes self-management programs (data show clear health disparities in Central Oregon)*
 CHP grant funding secured to expand Diabetes Prevention Programs into Crook and Jefferson Counties.

Benchmark 8.2 *Reporting clinical quality data by race/ethnicity. (hypertension, A1c, and/or depression screening and follow-up)*
 QIM Tableau dashboard 2.0 is scheduled to go live April 2016 and will include claims-based QIMs reported by race/ethnicity.



Questions?

