Central Oregon Health Council	Description:	TRACEs	Value Stream ID:		Site / Location:		Event Number:	Revision:	
	Sponsor:		Process Owner/Team Lead:		Facilitator:		Sensei:		

Current Date: | Event Date:

Team Members:

1: REASONS FOR ACTION (Go / No Go)

Problem: Individuals facing adversity are not being provided the support they require to become resilient.

Aim: Every Central Oregonian thriving in the face of adversity.

Boundaries:

2: INITIAL STATE (Go / No Go)

Metrics

Most common ACEs experienced by 11th graders:
• Parents separated or divorced after child was born (47.7%-51.1%)
• Lived with a problem-drinker/alcoholic (37.1%-44.4%)
• Household member who is/was depressed or mentally ill (38.5%-42%)
Over 35% of Central Oregon Medicaid members report having 4 or more ACEs (compared to 22.5% of the general Oregon population).
- 3,000 out of 5,000 children ages 0-3 in Central Oregon have food and housing concerns.
- 350 children were in foster care for at least 1 day in 2012
- Only 37.3% in Crook, 39.4% in Deschutes, and 25.7% in Jefferson of 3 and 4 year olds were enrolled in early education in 2012.
- Crook County has the lowest rate of available childcare providers (10 per 100 children under age 13 in 2013) and the highest rate of child victims abuse or neglect (19.9%)

3: TARGET STATE: (Go / No Go)

higher Kindergarten Readiness
higher school attendance
increased high school graduation rates
higher work attendance
higher work engagement
higher health engagement
fewer chronic conditions.

4: GAP ANALYSIS (Go / No Go)

Educational experience
Barriers unintentionally created by policy and legislation
Uncoordinated efforts to assist
Uneducated service providers
Low community awareness
Low Individual Awareness

5: SOLUTION APPROACH (Go / No Go)

- If we improve educational experience, then we can expect to see higher Kindergarten Readiness, school attendance, and high school graduation rates.

- If we improve employment, then we expect to see higher attendance and engagement/productivity.

- If we improve well-being, then we expect higher health engagement and a decreased prevalence of chronic conditions.

- If we build awareness and knowledge, then we expect more organizations and individuals will be committed to the movement, the network will strengthen, more organizations will adopt policies and practices, more employees will feel resilient, supported and competent, and more service recipients achieve positive outcomes in the face of adversity.

6: RAPID EXPERIMENTS (Go / No Go)

• Influence policy & legislation to remove barriers and make it easier to build resilience in our communities
• Change organizational practices to remove barriers and make it easier to build resilience in our organizations
• Foster coalitions and networks to better coordinate the services we provide, the data we collect, the policies for which we advocate and perhaps most importantly, how we learn together.
• Educate providers about the effects of adverse childhood experiences and how to build resiliency in themselves and those they serve
• Promote community education about the effects of adverse childhood experiences and the power of resiliency
• Strengthen individual knowledge and skills so people understand how adverse childhood experiences had impacted them and how they can be more resilient

7: COMPLETION PLAN (Go / No Go)

1) Share, listen, engage - Q2 2017
2) Build Networks
3) Change Organizations' practices & Influence policy and legislation
4) Ensure providers receive the training and education they need
5) Measure our efforts & impact

8: CONFIRMED STATE (Go / No Go)

9: INSIGHTS (Go / No Go)

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