Curry County Community Health Improvement Plan (CHIP) 2019

Contents

Acknowledgments

High Level Strategic Map Community Health Improvement Plan (CHIP) 2019

Priority Areas, High Level Strategies

Big Rock/Focus Area

Health Systems & Capacity

Behavioral Health & Addictions

Improve access, integration and delivery of behavioral health and addiction services

Support behavioral health and addiction prevention services

Oral Health

Identify and support increased access to oral health services and integration with behavioral and physical health services

Access to Healthcare

Support efforts to recruit and retain providers and increase needed services

Big Rock/Focus Area

Health Equity

Housing & Homelessness

Increase accessible housing availability, affordability and quality of housing and support projects that address homelessness

Food & Nutrition

Support efforts to decrease food insecurity and increase availability of healthy, nutritious food for all ages

Youth & Seniors

Support efforts to mitigate trauma and increase resilience

Increase support for seniors and youth including programs that address social isolation

Support collaborative efforts focused on youth, such as the early learning hub and school-based health centers

Big Rock/Focus Area

Communities & Families

Workforce & Economic Development

Increase education about poverty and programs related to reducing poverty

Support efforts to increase traditional/community health care workers

Increase programs to train and educate home-grown medical providers

Introduction & Process

The 2019-2022 Curry County Collaborative Community Health Improvement Plan (CHIP) is a community level plan that aims to improve the health of individuals, families and the community at-large. The plan is community informed and focused on making meaningful changes through collective impact across many sectors and organizations. It is intended to address significant issues that influence overall health in Curry County. The CHIP is based on data reviewed, collected and analyzed from the 2018 Community Health Assessment (CHA) and meets the mandates of several participating organizations.

The 2018 CHA was led by a large collaborative of many organizations from multiple sectors, several community members, and consumers. The Curry CHA Steering Committee also led and created the 2019-2022 CHIP. They reviewed the CHA, set planning values and vision, gathered and reviewed community input and prioritized three broad focus areas.

Focus Areas

Health Systems & Capacity	Health Equity	Community & Families

The Steering Committee assessed integration of services across domains such as physical, behavioral, and oral health and identified what programs and services were going well in the community and opportunities for improvement in each of the three broad focus areas.

The resulting document is intentionally broad as it is intended to be a map for the collaborative to continue to support local efforts in the focus areas. The CHIP document also presents opportunities for individual organizations to incorporate their individual CHIPs and CHIP activities into the larger community level CHIP.

Planning Process

The Curry CHA collaborative began the CHIP process in August 2018. Partners of the collaborative included the local hospital, the local federally qualified health centers, public health, early learning and child/youth focused groups, both local Coordinated Care Organizations (CCOs), tribal representation, dental organizations, education, behavioral health and addictions services and many other vital health and human service organizations.

CHIP Process

Complete CHA → Review CHA & set focus areas → Community input → Prioritize strategies

The CHA process followed a modified Mobilizing for Action through Planning and Partnerships (MAPP) model and continued this national best practice for health planning as the collaborative moved into the CHIP process. The CHIP process was rooted in the planning vision and values established in the beginning of the CHA.

2018 CHA Planning Vision and Values

- We believe health is very connected to the social determinants of health such as education, employment, housing and food;

- We believe in building on our strengths, not only looking at barriers and needs in our assessment process;

- We believe it is important to focus on health equity and address inequities data when we are able to while also remembering our rural county has inequities to urban counties in the state;

- We believe there is value in building on previous assessment work while not duplicating effort;

- We recognize that this assessment cannot focus on all things related to health but it does identify areas we can impact;

- We believe that the process we go through engages consumers of health services and incorporates the voices of those we serve;

- We believe addressing poverty as a root cause of poor health is important; and

- We believe reducing child abuse and chronic stress in families improves health.

The work of the CHIP was completed by both the consultant and the CHA/CHIP Steering Committee. The Committee provided leadership to the process, aided with gathering community input and was key in engaging community voice and input.

Curry County CHIP Major Activities Timeline

July 2018	CHIP Kickoff Meeting
August 2018	Review CHA and determine focus areas/big rocks
September 2018	Decide what kind of community engagement/input
October 2018	Care Integration Assessment
November 2018 - January 2019	Community input: meetings and survey
February - March 2019	Review and analysis
April - May 2019	Prioritization of strategies, discuss metrics, discuss governance and work moving forward
June 2019	Finalize document, governance structure recommendation

Focus Areas & Strategies

Focus Area: Health Systems & Capacity

Strategy Priority Area: Behavioral Health & Addictions

Community Health Assessment data supporting this priority

Behavioral health, depression, suicide and substance use were top concerns in the 2018 CHA focus groups and surveys of community members. Notable data points in the CHA related to behavioral health and addictions include:

- *Youth in Curry County have higher levels of suicidal ideation than the state average;*

- *The suicide rate for all ages has been on an upward trend since 2000 and considerably higher than the state rate;*

- *Curry County has higher rates of binge drinking, opioid prescribing rates and increased illicit drug use compared to state rates; and*

- *Tobacco use in Curry County is higher than neighboring counties and the state.*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Health Systems & Capacity	Behavioral Health & Addictions	• Improve access, integration and delivery of behavioral health and addiction services • Support behavioral health and addiction prevention services	• Suicide rate • CCO metrics • Referrals • Adults - one or more days poor mental health • Access to mental health providers

Focus Area: Health Systems & Capacity

Strategy Priority Area: Oral Health

Community Health Assessment data supporting this priority

Oral health continues to be of concern of both providers and patients in Curry County. Notable data points in the CHA related to oral health include:

- *A third of the population of adults in the county indicate poor dental health, which is twice that of the state percentage; and*

- *Youth in Curry County are less likely to have seen a dentist or dental hygienist for a check-up in the last 12 months than youth statewide.*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Health Systems & Capacity	Oral Health	• Identify and support increased access to oral health services and integration with behavioral and physical health services	• CCO metrics • DHS Oral health assessments • SMILE survey • Adults with no dental exam • Youth with no dental exam • Emergency room utilization on dental abscesses • Access to dental providers

Focus Area: Health Systems & Capacity

Strategy Priority Area: Access to Healthcare

Community Health Assessment data supporting this priority

Access to providers and specific health services has improved since 2008 but remains a significant issue related to access to health care in the county. Curry County continues to experience a health care provider shortage. Focus groups and survey data during the CHA indicated that both recruitment and retention were issues for providers. Housing affordability and availability are barriers for both members and potential recruits. Notable data points in the CHA related to access to healthcare include:

- *Access to primary care has been lower in Curry County than the state; and*

- *Close to 50% of the entire county population is enrolled in some type of government-sponsored insurance (Medicaid, VA or Medicare).*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Health Systems & Capacity	Access to Healthcare	• Support efforts to recruit and retain providers and increase needed services	• Access to primary care physicians • Preventable hospitalizations • Population on public insurance coverage

Focus Area: Health Equity

Strategy Priority Area: Housing & Homelessness

Community Health Assessment data supporting this priority

Homelessness was listed as a significant concern in the 2018 CHA focus groups and surveys. Housing availability and quality was also a very common concern listed in the CHA. Notable data points in the CHA related to homelessness and housing include:

- *The number of homeless adults is increasing in the annual point in time count;*

- *The number of homeless students by district is increasing; and*

- *Almost a quarter of residents in the county are experiencing housing problems such as overcrowding, incomplete facilities or cost burdened.*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Health Equity	Housing & Homelessness	• Increase housing availability, affordability and increase quality of housing and support projects that address homelessness	• Homeless students by district • Homeless count • Housing quality: severe household problems • Percentage of population are housing cost burdened

Focus Area: Health Equity

Strategy Priority Area: Food

Community Health Assessment data supporting this priority

Nearly one in four children in the county are food insecure; this is higher than the state average. Overall, residents of Curry County experience more food insecurity than the state as a whole. Notable data points in the CHA related to food include:

- *Less than 6% of adults in the county consume at least 5 servings of fruits and vegetables a day, compared to 20% in the state as a whole;*

- *24.5% of children under 18 are food insecure in the county; and*

- *Sugar-sweetened beverage consumption is higher among youth and adults in the county than in the state.*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Health Equity	Food	• Support efforts to decrease food insecurity and increase availability of healthy, nutritious food for all ages	• Child food insecurity percentage • Access to healthy foods-food environment index • Adults consuming at least five servings of fruits/vegetables a day

Focus Area: Communities & Families

Strategy Priority Area: Youth & Seniors

Community Health Assessment data supporting this priority

The CHA illustrated that many residents feel like religious and spiritual values are a strength of the county. Social isolation and "Opportunity Youth" (16-24 year olds not engaged in education or work programs) remain a concern. Notable data points in the CHA related to youth and seniors include:

- *Curry County has the highest percentage of Opportunity Youth in the state; and*

- *The number of individuals without adequate social or emotional support is higher than the state percentage, nearly 1 in 4 Curry residents list not having adequate social or emotional support.*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Communities & Families	Youth & Seniors	• Support efforts to mitigate trauma and increase resilience • Increase supports for seniors including programs that address social isolation • Support collaborative efforts focused on youth such as the early learning hub and school based health centers	• Disconnected youth • Individuals without adequate social or emotional support • Child abuse and neglect

Focus Area: Communities & Families

Strategy Priority Area: Workforce & economic development

Community Health Assessment data supporting this priority

The average median income (AMI) is lower in Curry County than the state. Poverty levels are higher in the county compared to state levels. Notable data points in the CHA related to workforce and economic development include:

- *60% of children were eligible for free and reduced lunch in 2016; and*

- *The percentage of people living in poverty in the county ranges 17-18%, while those 64 years of age and older are twice as likely to be living in poverty if they live in Curry County compared to the same age group statewide.*

Focus Area	Strategy Priority Area	High Level Strategy	Indicators / Outcomes to Track Progress
Communities & Families	Workforce & economic development	• Increase education about poverty and programs related to reducing poverty and its effects • Support efforts to increase Traditional/ Community Health Workers • Increase programs to train and educate home-grown medical providers	• Students qualifying for free and reduced lunch • Percentage unemployed • Income • Poverty

Appendix

Curry Community Health Improvement Plan (CHIP)
Care Integration Assessment
October 2018

The Curry County Community Health Improvement Plan (CHIP) collaborative began the development of their renewed CHIP in August 2018. The care integration assessment was added as a required component of the Community Health Assessment (CHA) and CHIP processes during the 2017 legislative process with House Bill 2675 and subsequent ORS 414.627. In October 2018, the collaborative and a large group of community members came together to conduct the Care Integration Assessment (CIA).

The **purpose** of the CIA is to identify the service areas with opportunities for integration that will influence the health and quality of life in the community assessed. The CIA is designed to inform the CHIP, which shall include plans and strategies for integrating physical, behavioral, and oral health services.

The brainstorming meeting began with a discussion of the purpose of the CIA, followed by discussion of the definition of integration. Care integration was defined as *the purposeful presence or coordination of services that maximally support a person or family at each opportunity for interaction with social and health systems*.

The group then brainstormed and listed the best examples of integrated care in the county as well as the greatest opportunity. The specific tasks requested were:

- *Write down how and where you've seen the best examples of integrated care in Curry County.*
- *Write down where you see the greatest opportunity for care integration in Curry County.*

The responses are listed on the next page.

Best examples of integration cited:

- *Curry Community Health (CCH)*
- *CCH School Based Health Center*
- *Curry County Resource Center*
- *Coordinated Care Organization Case Management Care Coordination*
- *Wally's House*
- *AllCare's community engagement*
- *Southwestern Oregon Community College (SWOCC)*
- *Oasis Integrated Care*

- *South Coast Regional Early Learning Hub (SCREL)*
- *Transportation bus system*
- *Oregon Coast Community Action's (ORCCA) work within the community*
- *Churches*
- *St. Timothy's medical/counseling clinic, lunch etc.*
- *Public Health*

Greatest opportunity for care integration in Curry County cited:

- *Curry Community Health*
- *Family Resource Center*
- *Human Solutions*
- *Expand to include Social Determinants of Health (SDOH) assessment referral at medical centers*
- *Preschool Promise*
- *Expand oral health services*
- *Food and job skills*
- *Library*
- *Job skills training*
- *Expand substance use disorder treatment*
- *Dental integration into Curry Community Health*

- *Open a community room with peer support services*
- *Increase housing*
- *Behavioral health at Curry Medical Center*
- *Expand mental health*
- *Housing resource navigator*
- *Expand work force housing*
- *College to offer College Plus for those experiencing disabilities*
- *Mental/behavioral health with Primary Care Providers (PCP)*
- *Oral health integration with physical and mental health*

Individuals in the group then completed the Integration Assessment Grid, which was designed to identify community value in integration and the level of integration currently happening across service areas.

Service Area	Integration Today	Value of Integration to Community
Mental Health Services	28***	54 ❤❤❤
Food Availability & Access	27***	52 ❤❤❤
Housing Availability & Access	14**	50 ❤❤❤
Substance Use Treatment	22***	47 ❤❤
Public Health System	29***	46 ❤❤
Physical Health Services	22***	48 ❤❤
Oral Health Services	16**	49 ❤❤
Income/Poverty	15**	48 ❤❤
Education System	29***	52 ❤❤❤
Transportation	24***	39 ❤
Legal Services	8*	31 ❤

None or some integration happening =	*
Moderate integration happening =	**
Extensive integration happening =	***
Less important to community =	❤
Moderate importance to community =	❤❤
Very important to community =	❤❤❤

Community BORC Assessment in Small Teams

After the individual assessment, participants broke into smaller groups and identified best practices, opportunities, resources needed, and challenges in each domain. The groups then prioritized opportunities in each domain. The brainstorming notes have been retained for reference in strategic planning and interventions. The summary of this session is included here:

Behavioral Health/Mental Health Domain

The group recognized best practices specifically around tele-mental health to address access and stigma; supported employment opportunities for those facing behavioral health challenges; mental health first aid and other community stakeholder trainings, and drop in or school-based services to help "meet people where they are."

Opportunities in the community include adding or expanding drop-in services.

The noted observations correlated with the group's observations for needed resources in the community: provider retention strategies, mental health respite care, more on-site/in-facility adult and child psychiatry, and more providers serving in more locations throughout Curry County.

Primary challenges identified include the high cost of housing, availability of and access to behavioral health services, retention of providers, capacity of existing services, available workforce, lack of workforce housing, and stigma associated with mental/behavioral health issues.

Housing Availability and Access Domain

Best practices identified by the group include: Oasis Shelter Home (the domestic violence shelter and prevention/intervention agency); mental health rental assistance; the adoption of housing first and harm reduction strategies; and development of supported housing and a warming shelter.

Opportunities to improve housing access and affordability include the completion of the Curry Housing and Economic Development Assessment; modifying building and land codes to promote housing development and affordability; using an empty house rule or tax plan or receivership program; and general development of housing and affordable housing.

Identified community needs include: public/private/community partnerships; expansion of the Family Assistance Support Team (FAST) model of family stability programming to prevent escalation to foster care; and strong community leadership and engagement on housing.

The group recognized that Curry County faces significant challenges around housing including substandard quality of existing housing; overall lack of availability and affordability; livable housing stock used as vacation rentals instead of residency; and cost inflation related to tourism.

Food Availability & Access Domain

Existing community strengths and best practices were identified as year-round school lunches and a strong local "snack pack" program (providing children with food to take home when they do not have access to school meals); community-based gardening programs; community food bank, pantry, and meal sites to address emergency hunger needs; and the senior meals program.

Listed opportunities for improvement are expanded meal sites and community kitchens and stronger partnership with the Veterans Administration.

Necessary resources include more funding and volunteer support for programs.

Challenges include: funding, transportation to and from food programs, access to healthy food options, and the education and skills related to nutrition that would help people choose and use healthy and affordable foods.

Substance Use/Abuse & Treatment Domain

The group recognizes several best practices in this domain, including several specific programs: ADAPT medically assisted treatment center; the HIV alliance; Oxford House (recovery housing); and the Salvation Army rehab program. Other best practices include: safe injection sites (needle exchange), Suboxone centers, adoption of harm-reduction models; peer support; education in the community and schools; and Alcoholics and Narcotics Anonymous programs and meeting.

Opportunities for improvement include expanding existing services such as: residential treatment and recovery programs like Oxford House; expanding and adding additional treatment and recovery services; additional certified alcohol and drug counselor classes; and increasing voluntary participation in treatment and recovery programs.

Specific resources needed to improve the substance-use disorder (SUD) situation in Curry County are listed as: increasing the number of and access to providers and group support in the area; more residential treatment partnerships and programs; expanded Peer Support and smoking prevention; more Intensive outpatient services; and gaming addiction help.

Challenges are identified, including: homelessness as a barrier to effective interventions; availability and access to funding; lack of consumer choice because of limited services available in the county; community education and knowledge or understanding of the risks of substance use; and an unmet need for services.

Public Health Domain

Public health best practices recognized by the community included: school-based services to meet community members where that are; mental health services; prevention efforts, proactive immunizations and flu clinics; addiction support integration; the Women Infants and Children (WIC) program; a social media campaign to reach the entire community; and advancement of trauma-informed practices throughout the community, including clinical and service providers.

Opportunities listed are: expanded mental health providers and access; grow Trauma-Informed Care (TIC) and Adverse Childhood Experiences (ACEs) training and education; expand home visiting programs; increase Relief Nursery programs; and overall expanded public health services.

The community-identified resources needed to accomplish improved public health in general are: increased funding; more providers; additional locations for services; and increased patient choice. The group also listed early-childhood specific public health needs as increased home visiting programs for new babies and parents such as the CaCoon program (maternal child care coordination) and a tele-support program connecting new parents to support via text messaging or other tele-health services.

Challenges include: existing network capacity and limitations on data and funding.

Physical Health Services Domain

Community-identified best practices related to physical health include: services delivered by Curry Community Health; CCO gym membership subsidies; physical therapy; medically assisted treatment services (ADAPT – see Substance Use/Abuse Domain, above); and Trauma Informed Care practices.

Opportunities are listed as: Southwestern Oregon Community College (SWOCC) as a homegrown workforce development resource; expanding wellness and prevention programs; the potential for the Wally's House (child abuse intervention center) to offer additional medical care services; community public policy based in health and health outcomes; and improved data sharing.

The resources needed to improve the delivery of physical health services should focus on recruitment and retention, specifically primary and specialty care providers. To attract and retain new providers, the group recommended: improving public education, expanding childcare options, and offering loan repayment for providers who relocate to Curry County. Specific strategies include making the area more attractive and livable by providing shopping and entertainment offerings. An additional strategy is to encourage a healthy community culture similar to what Oregon Healthiest State has promoted in other communities through the Blue Zones project.

Specific challenges to accomplish these goals include: the remote geography of Curry County, lack of family support services (especially education, daycare, and transportation); and lack of affordable and available workforce housing.

Oral Health Domain

Best practices in this domain include the "Ready to Smile" program (children's oral health services and education in schools); tobacco education pertaining to oral health; and the Oregon Rural Practice-based Research Network (ORPRN) collaboration with South Coast Oral Health Coalition to complete a formal Oral Health Needs Assessment.

Oral health opportunities focused on access and integration include: dental services in schools and school-based health centers; pediatric/oral health integration (First Tooth program); oral/mental health integration; mobile dental access and tele-dentistry; integrating oral and physical health at Curry Community Health and other primary care providers; and improved data sharing between oral/mental/physical health providers.

18

Key resource needs are identified as: expanding capacity at existing clinics, additional dentists, hygienists, and pediatric dental providers, increased funding for oral health services, and recruitment and retention strategies such as loan forgiveness and repayment for oral health professionals who relocate to Curry County.

Primary challenges include: a lack of dental providers and specialty providers, lack of oral health and benefit education, access to services, and retention of providers.

Income and Poverty Domain

Best practices identified to help fight poverty and income inequality focused on existing local services including: programming at Southwestern Oregon Community College (SWOCC) to promote and grow the local workforce and the Southwestern Oregon Workforce Investment Board (SOWIB); Goodwill Inc.'s employment services program; Oregon Coast Community Action Agency's (ORCCA) services; and WorkSource Oregon. Other best practices include community support that connects members with resources for health care or stability services: Oregon Health Plan (OHP) assistors; peer support specialists; and the Family Assistance Support Team (FAST - see Housing Domain above).

Opportunities include the need for additional support services: career navigators; housing navigators; adopting a teen mentorship program; social determinants of health screening and referral at provider offices; GED and job training; nursery/daycare programs; and additional OHP assistors.

Resources needed to pursue these opportunities are listed as: on-site testing for GEDs in Gold Beach and Brookings; parent support groups; and a location for those seeking day labor while they look for stable employment.

Challenges facing the community include: a general lack of resources; lack of jobs, specifically living-wage jobs and careers; the high area rate of poverty; decline in historic industries such as forestry; lack of economic development; and the high cost of housing and lack of affordable, available housing.

Education Domain

Best practices identified by the group include: application of Trauma-Informed Care (TIC) practices and the Self-Healing Communities model; private preschool at Riley Creek Elementary School; school-based health centers; Youth Council and youth mentoring programs in the schools; Co-locating mental health therapists in all schools; Preschool to K-12 alignment (see "Raise Up Oregon" report, 2019); Head Start early learning services; social-emotional learning as a standard practice; starting a new after school program at the library; and integrating the Ages and Stages Questionnaires (ASQ-III and ASQ-SE).

Opportunities to promote and expand this work in Curry County include: expanding school-based health centers; developing nursery and childcare programs; TIC training; adopting the PAX Good Behavior Game program at local schools; expanding use of the ASQ-III and ASQ-SE at provider and service offices; the "College Plus" program; and adopting a requirement for school districts to follow a Continuous Improvement Plan.

Needed resources include: More preschool providers, additional quality childcare providers, increased funding for community services; and use of Applied Behavioral Analysis.

Community barriers and challenges fell into two major categories. In the community, there is generational poverty, low household incomes, homelessness among both staff and students, and the high cost of childcare. Within the schools, there is low student engagement and attendance, low teacher retention rates, and low parent engagement with the schools based on negative past experiences.

Transportation Domain

The group identified current best practices as CCO Non-Emergency Medical Transportation (NEMT) programs such as ReadyRide; availability of taxis; regional adoption of ride-sharing services Uber and LYFT; and gas card programs that help members get to vital social services such as Wally's House (see Physical Health Domain, above).

Opportunities for improvement of existing services include expanding weekday hours of operation and adding weekend services.

Needed resources include: adding cross-county transportation, expanding capacity and routes, and adding resources to existing transportation programs and services.

Specific challenges identified by the group are: access points for transportation; lack of safe biking lanes; poor utilization of existing public transportation; and underfunded services.

Legal Services Domain

Current best practices include: monthly civil hearings; the Oasis Shelter Home (domestic violence program) offers family services for restraining orders, custody filing, and divorce defense; the family law facilitator in Coquille who serves Curry County; employers offering Employee Assistance Programs (EAP).

Opportunities include: allowing paralegals to take on more responsibility; increased capacity within existing services and systems, including expanding some city-based services county-wide; community legal education; and public promotion of services.

Necessary resources for community legal services include: adding more staff; more funding; and increased office space for services and staff.

Specific challenges include: education regarding rights and services; the low frequency and availability of existing services; lack of funding; low capacity and high cost of existing services.

Alignment of State Health Improvement Plan and Curry County CHIP Priorities

SHIP Priority	Curry CHIP Priority
Economic drivers of health (including issues related to housing, living wage, food security and transportation)	• Housing & Homelessness • Food & Nutrition • Workforce & Economic Development
Behavioral health (including mental health and substance abuse)	• Behavioral Health & Addictions
Adversity, trauma and toxic stress	• Youth & Seniors • Behavioral Health & Addictions
Institutional Bias	• Healthy Equity lens across all focus areas
Access to equitable preventive health care	• Behavioral Health & Addictions • Oral Health • Access to Healthcare