OREGON SOLUTIONS

Oregon Solutions Declaration of Cooperation
Bridges To Health in the Columbia Gorge
May 28, 2014

I. Project Snapshot

The Oregon Solutions (OS) project team, see Attachment B for a list of members, agreed to form the Bridges To Health (BTH) community hub in the Columbia Gorge. This structure connects and coordinates existing community health workers (CHW) with each other, primary care providers, social service entities, and other resources in the Hood River and Wasco County area. In addition, there is a connection to, and alignment with, the Four Rivers Early Learning Hub. This structure is focused on improving outcomes and will use the Pathways model as a mechanism to achieve this. The kickoff meeting was in November 2013 and the project team met monthly and the Declaration of Cooperation was signed in May 2014.

II. Oregon Solutions Process Description

Oregon Solutions is a program of the National Policy Consensus Center at Portland State University. The mission of Oregon Solutions is to develop solutions to community based problems that support sustainable objectives for the economy, the community and the environment and are built through the collaborative efforts of citizens, businesses, government and non-profit organizations. The OS approach integrates and makes efficient use of public and private investments, elevates the visibility of the project and engages communities in creating solutions. The process provides a neutral forum – a place where various interests and stakeholders can come together as parties in a "Project Team," in a manner that is more neutral than a meeting sponsored or hosted by one of the parties at the table.

Through the Oregon Solutions process, collaboration among parties on the Project Team increased and evolved during the process. The intent was to foster and facilitate agreements amongst the parties about which potential actions, or suite of potential actions, may be taken to cumulatively lead to successful project outcomes, including identifying who may be appropriate to take specific actions, how and when. This collaborative work product is documented at the end of the OS process in the Declaration of Cooperation (DoC). The DoC, including the stakeholder commitments, is considered to be a "living" document that may evolve with the opportunities for parties to amend by unanimous consent from time to time, to represent changing situations often found during project development, until project completion or until suspended by mutual agreement.

III. Project Background

Historical Overview

Over the past two years several important collaborative health planning conversations and programs have gotten underway in the Hood River/Wasco County areas. They include:

- Better Health for Busytown, a Hood River County monthly roundtable of healthcare, public health, and community service providers.
- The Gorge Access Project, a new interagency program to facilitate affordable health care for uninsured, low-income community members through discounted services in primary care medical homes other health care facilities.
- The Columbia Gorge Health Council (CGHC), a non-profit corporation established in 2012, serves as a regional body for health improvement in our area. The CGHC is the governing board for Coordinated Care Organization CCO. Its membership includes major health care institutions in Hood River and Wasco counties as well as community members, Medicaid clients, and practicing health care professionals.
- A regional multi-agency Community Health Needs Assessment which was coordinated through the Columbia Gorge Health Council. This assessment involved eleven organizations including four hospitals, and six counties in two states.

The Oregon Solutions project grew out of what the community has learned from those conversations and research initiatives with the hopes that this project will move the conversation toward their goal: the creation of a high-value health care system that serves all members of the community.

The Concept and Structure

The idea is to create a Community HUB Model similar to what some other rural communities have successfully implemented. It is called Bridges To Health and not a "HUB", to distinguish it from the Four Rivers Early Learning HUB. The selected "lead agency" of BTH is a collaborative team composed of the Columbia Gorge Health Council and PacificSource.

This BTH community hub structure connects and coordinates existing community health workers with each other, primary care providers, social service entities, and other resources in the Hood River and Wasco County area. In addition, there is a connection to, and alignment with, organizations participating in the Four Rivers Early Learning Hub.

The Project Team was guided by a document created by the Agency for Healthcare Research and Quality titled, Connecting Those at Risk to Care: A Guide to Building a Community "HUB" To Promote a System of Collaboration, Accountability, and Improved Outcomes. The group also tapped into the practical experience of a rural community HUB in Oregon by working with Lisa Ladendorff, Executive Director of Northeast Oregon

Network (NEON). Dr. Sarah Redding, creator of the Community HUB model, was also consulted with.

The BTH team recognizes that, based on the consistent experience from other Community HUBs, the insights and knowledge most critical to effectively serving at-risk individuals come from the clients themselves and those who serve them on a daily basis.

BTH Key Characteristics

Bridges To Health seeks to improve the health of the Hood River and Wasco County communities by closing the gaps among health care, public health, primary care, social services and early learning community institutions by better coordinating these entities and linking them with the people they serve. In the process, Bridges To Health will create a sustainable and effective structure for supporting the effectiveness of the CHWs and to decrease the communities' health care costs. The key characteristics of Bridges To Health include:

- Its primary goal is to ensure the timely provision of appropriate, high-quality, cost-effective, evidence-based, services
- Acts as a central clearinghouse that "registers" at-risk individuals
- Increases effectiveness of services across multiple programs through coordination, communication, and built-in incentives
- Strengthens and supports *all* health and social service providers in the region
- Eliminates duplication and waste
- Holds providers, practitioners, employers, families, and individuals accountable for the outcomes achieved

Pathways to Outcomes

Bridges To Health will use a Pathways Model to achieve better outcomes. It is a tool that shifts the focus of the activity based health and human service systems to outcomes. Pathways are unique in that the outcomes are tracked at the level of the individual being served. It is the sum of the individual outcomes that will begin to impact the persistent problems of health disparities. Each step of the Pathway addresses a clearly defined action that moves towards completion.

Bridges To Health will focus on four key outcomes in its first year of operation. These include:

- Enrollment Pathway (this means more than just the Oregon Health Plan)
- Medical Home Pathway
- Re-enrollment Pathway
- Developmental Screenings Pathway

See Attachment C for a one page outline of each Pathway.

IV. Commitments

The goals and aspirations represented in the following pages form a public statement of intent to participate in the project, to strive to identify opportunities and solutions whenever possible, to contribute assistance and support within resource limits, and to collaborate with other team members in promoting the success of Bridges To Health. Team members acknowledge that the best solutions depend upon the cooperation by all entities at the table. Accordingly, they recognize that each party has a unique perspective and contribution to make and legitimate interests that need to be taken into account for the project's success.

The Oregon Solutions process and the Declaration of Cooperation represent the goals and aspirations of the stakeholders which participated in the Oregon Solutions process for the Bridges To Health project. These goals and aspirations are necessary to: maintain the involvement of the project stakeholders, provide a mechanism for each stakeholder to continue to actively participate and serve as a roadmap to guide us towards successful implementation of Bridges To Health in the years to come.

Statement of Commitment

This Declaration of Cooperation, while not a binding legal contract, is evidence to, and a statement of, the good faith and commitment of the undersigned parties. The undersigned parties to this Declaration of Cooperation have, through a collaborative process, agreed and pledged their cooperation to the following actions:

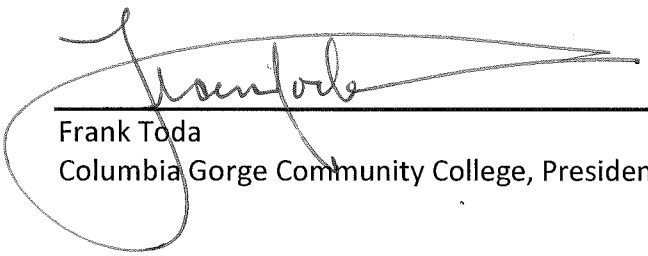
Columbia Gorge Community College

As they pursue academic success, students often confront economic barriers, family commitments and other personal obligations. Through its participation in Bridges to Health, Columbia Gorge Community College will be better able to connect its students with essential resources to resolve those challenges and help students achieve their academic goals.

Columbia Gorge Community College commits to the following:

- Actively and appropriately participate in the Bridges To Health
- Participate in release of information by using a common form for students wishing to connect with Bridges To Health, contingent upon FERPA (consent to release information).
- Allocate all staff meeting time on annual basis to make staff aware of this resource and how to connect to it
- Provide free meeting space on a regular and on-going basis to Bridges To Health
- As part of supporting student success, CGCC staff will help find at-risk people and refer them to Bridges To Health
- Appropriately participate in grant applications

- Participate in Oregon Solutions reconvening meeting in about one year
- Will participate in supporting the CHW training as per the grant.



5-28-2014

Frank Toda
Columbia Gorge Community College, President

Date

Columbia Gorge Health Council

The Columbia Gorge Health Council seeks to improve the quality and efficiency of healthcare delivery for, and the health outcomes of, community members with a focus on coordination, integration, prevention, accountability, elimination of disparities and lower costs. The framework described in the Bridges to Health model incorporates all of these attributes with the added benefit of community-wide support and endorsement. In addition, all parties involved in this collaborative effort have demonstrated a shared goal in serving the needs of the poor and vulnerable in the region regardless of circumstances and background. This shared vision and values for improved outcomes through collaboration and coordination is a natural fit for the Columbia Gorge Health Council and we are honored to be a lead organization in this community initiative.

Columbia Gorge Health Council commits to the following:

- Columbia Gorge Health Council achieves 501c3 legal status
- Columbia Gorge Health Council finalizes Bridges to Health name by June [should not have to be dependent on PM]
- Columbia Gorge Health Council secures Bridges to Health Program Management (PM)
- PM convenes Implementation Team resources
- PM convenes Steering Committee as needed
- PM establishes and gets CGHC approval on governance and quality review processes
- PM establishes program communication process with all interested parties
- MOU agreement with PacificSource in place
- Contract with NDI for training program and ongoing community of practice development
- Contract with necessary consulting resources
- Explore standardized Release of Information opportunity
- Outline cross-agency business process for information sharing
- Evaluate and contract for software solution for tracking and measuring pathways and coordinating participants.
- Establish clear outcomes validation systems for 4 initial pathways

For results, CGHC and PacificSource agree to the following principles:

- CGHC is primary lead on seeking funds and establishing a sustainability model for B2H from a range of potential funders. PacificSource is primary lead on analysis and use of funds for any PacificSource insured lives in the Gorge. [Thinking commercial lives + OHP]
- CGHC is lead on managing grant funds in an appropriate manner
- CGHC works in concert with PacificSource on how pathways are measured, tracked and recorded to ensure a scalable and trusted system.
- PacificSource issues payments to organizations based on results and any financial reporting required
- CGHC leads the overall governance structure and PacificSource is a key member of that decision body. The intention is to have consensus between the two organizations to ensure long term success of the program

Karen Joplin 5/28/2014

Karen Joplin Date
Columbia Gorge Health Council, Chair

Central Oregon Independent Practice Association (COIPA)

COIPA has committed to improve and support the quality of health care in the regions that its providers serve. We seek to do this by facilitating practice transformation, integrating care across clinical settings and practices, and leading coordinated health care initiatives. The Bridges to Health project aligns with our mission and vision, and we promise to work for its success.

COIPA commits to the following:

- Actively and appropriately participate in Bridges To Health
- Help find at-risk people and refer them to Bridges To Health
- Appropriately treat at-risk people referred by Bridges To Health
- Identify a "Pathways Champion" in your agency
- Appropriately participate in grant applications
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational

Kristen Dillon MD 5/28/2014

Kristen Dillon, MD Date
COIPA Board member

Columbia Cascade Housing Corporation / Mid-Columbia Housing Authority

CCHC / MCHA recognizes healthy habits take root more easily in stable, affordable homes and the stability of a home leads to reduced medical costs and decreases in unmet health care needs. As housing providers it is important to engage in initiatives which work to connect and coordinate existing community health workers with each other and with primary care, social service and other resources.

Columbia Cascade Housing Corporation / Mid-Columbia Housing authority commits to the following:

- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Identify a "Pathways Champion" in our organization
- Appropriately participate in grant applications
- Participate in Oregon Solutions reconvening meeting in about one year
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health)

5/28/14

Joel Madsen — Date

CCHC / MCHA, ~~Assistant~~ Director

Department of Human Services

This project is important to our organization as all of the proposed Pathways touch our clientele in one way or another. We serve the most vulnerable people in the state, whether through our Child Welfare or Self Sufficiency programs. The goal of this project is to help us serve the people of Oregon better. We share that goal, and are ready to participate in making the project a success.

Department of Human Services commits to the following:

- Actively and appropriately participate in the Bridges To Health
  - Sign memorandum of understanding, pending review
  - Participate in release of information
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health
  - Within appropriate scope of practice, or facilitate their connection with someone who can
- Identify a "Pathways Champion" in our agency

- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) - if appropriate for your agency
  - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on completing Pathways
- Appropriately participate in grant applications
- Appropriate field staff actively participate in the "Community of Practice"
  - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Provide adequate supervision of field staff
  - May need to meet the bar for the state's requirements of CHW supervision (by RN, MSW, etc.)
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person), pending legal review.

5/28/14

Tyler Flaumitsch — Date
Department of Human Services, District Manager

Gorge Ecumenical Ministries

Gorge Ecumenical Ministries (GEM) supports the Bridges To Health project because of its potential for improving the lives of vulnerable Gorge-area residents. GEM will support the project by identifying and referring community residents for coordinated health care, social services, and early learning services.

Gorge Ecumenical Ministries commits to:

- Actively and appropriately participate in the Bridges To Health
- Sign Declaration of Cooperation
- Participate in release of information
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Identify a "Pathways Champion" in your agency
- If asked, we will appropriately participate in grant applications
- Participate in Oregon Solutions reconvening meeting in about one year
- Use a common referral form

- Serve as a connection to the faith community to enable churches to identify people at-risk and refer them to Bridges To Health.

Bonnie New 5/28/14

Bonnie New Date
Gorge Ecumenical Ministries

Governor Kitzhaber's Regional Solutions Team

Governor John Kitzhaber designated this effort an Oregon Solutions project recognizing the opportunity it has to improve the health of individuals in the Hood River and Wasco county area.

Governor Kitzhaber's Regional Solutions Team commits to the following:

- Provide opportunities to share the work of BTH with the Regional Solutions Advisory Committee and the Governor's Office
- Meet with Bridges To Health to review the Regional Health Needs Assessment to determine if the Regional Solutions Team can provide assistance
- Actively and appropriately participate in the Bridges To Health
- Appropriately participate in grant applications
- Participate in Oregon Solutions reconvening meeting in about one year

Kate Sinner 5/28/14

Kate Sinner Date
Governor Kitzhaber's Office, Regional Solutions Coordinator

Hood River County Health Department

The Health Department has long worked in collaboration with other community service providers for the benefit of county residents. With the advent of the regional CCO model we have expanded our community partners. The opportunities to provide coordinated case management in enhanced manners will continue to benefit residents facing a variety of challenges.

Hood River County Health Department commits to the following:

- Actively and appropriately participate in the Bridges To Health
    - Sign appropriate agreement
    - Participate in release of information
    - Send staff to 80 hour tuition free CHW training

    - Send staff to monthly community of practice
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health
    - Within appropriate scope of practice, or facilitate their connection with someone who can
- Participate in measuring the Pathways completed by entering data in the Clara platform
- Identify a "Pathways Champion" in your agency
- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) - if appropriate for your agency
    - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on contributing to the completion of Pathways
- Appropriately participate in grant applications
- CHW and/or appropriate field staff actively participate in the "Community of Practice"
    - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Provide adequate supervision of CHW and/or field staff
    - May need to meet the bar for the state's requirements of CHW supervision (by RN, MSW, etc.)
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person)

Ellen Larsen 5/28/2014

Ellen Larsen Date
Hood River County Health Department, Director

Hood River County School District

The Hood River County School District Early Intervention/Early Childhood Special Education Program is committed to the provision of a community based, integrated system of care for children and their families. The coordination of these necessary services based on the "community health worker" model, can only be achieved through partnerships with community agencies, particularly health and preventative care.

The Hood River County School District commits to the following:

- Actively and appropriately participate in the Bridges To Health
    - Sign memorandum of understanding, pending review
    - Participate in release of information, pending legal review
    - Send appropriate staff to monthly community of practice
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health, within appropriate scope of practice, or facilitate their connection with someone who can
- Participate in measuring the Pathways completed by entering data in the Clara platform
- Identify a "Pathways Champion" in your agency
- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) - if appropriate for your agency
    - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on completing Pathways
- Appropriately participate in grant applications
- CHW and/or appropriate field staff actively participate in the "Community of Practice"
    - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person), pending review.

5/28/14

Anne Carloss — Date

Hood River County School District, Director of Special Education

Hood River Fire and EMS

The work of the Bridges to Health committee is important to Hood River Fire & EMS because we aim to provide the highest level of care, in the most efficient and effective manner as possible. Having the ability to assist patients that call 911 to get the care they actually need by accessing a network of providers is a progressive step toward effective service delivery. The Bridges to Health project will benefit the patients, the community, the providers, and the overall health system.

Hood River Fire and EMS commits to the following:

- Actively and appropriately participate in the Bridges To Health
- Sign MOU
- Participate in release of information
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately participate in grant applications
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use a common referral and consent form (allowing a person's information to be turned into Bridges To Health)

5-28-2014

Devon Wells — Date
Hood River Fire and EMS, Chief

Mid-Columbia Center for Living

As the community mental health provider for Hood River and Wasco Counties, we are participating in this project because we believe it supports MCCFL's vision to "empower people to make positive changes in their lives."

Mid-Columbia Center for Living commits to the following:

- Actively and appropriately participate in the Bridges To Health
  - Sign appropriate agreement, pending review
  - Participate in release of information, pending legal approval
  - Send appropriate staff to 80 hour tuition free CHW training
  - Send appropriate staff to monthly community of practice
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health
  - Within appropriate scope of practice, or facilitate their connection with someone who can
- Participate in measuring the Pathways completed by entering data in the Clara platform
- Identify a "Pathways Champion" in your agency
- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) - if appropriate for your agency
  - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on contributing to the completion of Pathways

- Appropriately participate in grant applications
- CHW and/or appropriate field staff actively participate in the "Community of Practice"
    - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Provide adequate supervision of CHW and/or field staff
    - May need to meet the bar for the state's requirements of CHW supervision (by RN, MSW, etc.)
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person), pending legal review.

Barbara Seatter 5/28/14

Barb Seatter Date

Mid-Columbia Center for Living, Executive Director

Mid-Columbia Children's Council

Mid-Columbia Children's Council is educating children and families with innovative, high-quality early childhood learning opportunities and family partnerships to build better communities, one person at a time. Mid-Columbia Children's Council's vision for the work with Bridges to Health is nurturing children and families today, strengthening communities for tomorrow.

Mid-Columbia Children's Council commits to the following:

- Actively support and cooperatively work with Bridges to Health
- Consider participating in the release of information
- Consider including staff in orientation and training depending on staff availability and credentials
- Support, education, refer, and empower at-risk people referred by Bridges to Health
- Identify a "Pathway Champion" at Mid-Columbia Children's Council
- Support in grant applications
- Participate in Oregon Solutions reconvening meeting in one year
- Continue to make the Collective Impact Health Specialist available to Bridges to Health to work on grant applications as funding permits.

- Consider the use of common forms like: consent forms, checklist of trigger questions

Matthew Solomon 5/28/2014

Matthew Solomon Date
Mid-Columbia Children's Council, Executive Director

Mid-Columbia Community Action Council

Bridges To Health is important to our organization because it reaches many of our clients who are searching for ways to build a healthier lifestyle for them and their families. Providing easier access for families to build healthier lives is a positive step for everyone in our communities.

Mid-Columbia Community Action Council commits to the following:

- Actively and appropriately participate in the Bridges To Health
- Sign memorandum of understanding
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Participate in Oregon Solutions reconvening meeting in about one year
- Use a common referral and consent form (allowing a person's information to be turned into Bridges To Health)

Jim Slusher 5/30/14

Jim Slusher Date
Mid-Columbia Community Action Council, Executive Director

Mid-Columbia Medical Center and Clinics

Mid-Columbia Medical Center and Clinics' mission is to lead and act as a catalyst in promoting health for all people and to empower people to become partners in their health care. The Bridges To Health project aligns with our mission and we promise to work for its success.

Mid-Columbia Medical Center and Clinics commits to the following:

- Actively and appropriately participate in Bridges To Health and pathways
- Participate in release of information/common referral forms
- Provide re-enrollment opportunities where possible
- Participate in Oregon Solutions reconvening meeting

- Participate on Implementation Steering committee until Bridges to Health is operational
- Share quantitative data as appropriate to collaborative initiatives

Duane Francis 5/28/14

Duane Francis Date

Mid-Columbia Medical Center and Clinics, CEO

North Central Public Health District

North Central Public Health District commits to the following:

- Actively and appropriately participate in the Bridges To Health
  - Sign appropriate agreement
  - Participate in release of information
  - Send appropriate staff to a tuition free 80 hour CHW training, as time and workload allows
  - Send appropriate staff to monthly community of practice
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health
  - Within appropriate scope of practice, or facilitate their connection with someone who can
- Participate in measuring the Pathways completed by entering data in the Clara platform
- Identify a "Pathways Champion" in your agency
- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) – as appropriate
  - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on contributing to the completion of Pathways
- Appropriately participate in grant applications
- CHW and/or appropriate field staff actively participate in the "Community of Practice"
  - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Provide adequate supervision of CHW and/or field staff
  - May need to meet the bar for the state's requirements of CHW supervision (by RN, MSW, etc.)
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational

- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person)

Teri Thalhofer, BSN 6/2/2014

Teri Thalhofer Date
North Central Public Health District, Director

One Community Health

The Bridges To Health program is important to us since One Community Health believes that it is through collaboration of community partners with shared values and commitment that will improve health outcomes in The Gorge.

One Community Health commits to the following:

- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health within appropriate scope of practice, or facilitate their connection with someone who can.
- Identify a "Pathways Champion" in your agency
- Participate in Oregon Solutions reconvening meeting in about one year
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Release of Information Form

5-28-14

Dave Edwards Date
One Community Health, CEO

Oregon Child Development Coalition

Oregon Child Development Coalition commits to the following:

- Actively and appropriately participate in the Bridges To Health
    - Sign memorandum of understand, pending review
    - Participate in release of information
    - Send appropriate staff to an 80 hour tuition free CHW training
    - Send appropriate staff to monthly community of practice

- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health
    - Within appropriate scope of practice, or facilitate their connection with someone who can
- Participate in measuring the Pathways completed by entering data in the Clara platform
- Identify a "Pathways Champion" in your agency
- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) - if appropriate for your agency
    - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on completing Pathways
- Appropriately participate in grant applications
- CHW and/or appropriate field staff actively participate in the "Community of Practice"
    - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use common forms like: consent form (allowing a person's information to be turned into BTH), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person), pending review.

6/5/14

Jennifer Heredia — Date

Oregon Child Development Coalition, Program Director

OSU Extension Service

Oregon State University Extension Service supports the work of the Oregon Solutions Bridges to Health Pathways Project because we support activities that seek to improve and promote the health of our community. Our programs serve and educate youth, adults, seniors, and families throughout the Gorge and we know that when people are healthy they can learn better. Partnering with other Bridges to Health agencies helps us connect to the valuable work of organizations that serve overlapping audiences, ensuring a continuum of care that addresses all the health needs of our community. We hope to participate in the growth of this project as other health pathways are identified so that our programs can achieve even greater depth and breadth in our community.

OSU Extension Service commits to the following:

- Actively and appropriately participate in Bridges To Health
- Sign memorandum of understanding
- Help find at-risk people and refer them to Bridges To Health
- Appropriately participate in grant applications
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Encourage development of additional pathways that align with SNAP-Ed programming and outreach opportunities in the areas of obesity prevention, nutrition education, and physical activity promotion. For example, if a family is referred to DHS for SNAP, the subsequent pathway could be a referral to a cooking or nutrition education course with OSU Extension. We also provide a variety of physical activity programs like StrongWomen, Walk With Ease, Better Bones and Balance, the Balanced Energy Physical Activity Toolkit.

Lauren Kraemer 5/28/2014

Lauren Kraemer Date
OSU Extension Service, Instructor and Manager of SNAP-Ed Programs

PacificSource Community Solutions

PacificSource Community Solutions, Inc. supports this Oregon Solutions community collaborative because of the potential it holds to improve population health and reduce health disparities for those who are at greatest risk. We also see this work as instrumental in furthering our efforts to reduce duplication, improve coordination between the various sectors of health care, social services and education. We are motivated by the remarkable degree of collaboration amongst project team members and the organizations they represent. It will be an honor to help make this vision a reality with our partners in the Columbia Gorge region.

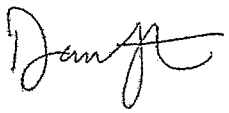
Pacific Source Community Solutions commits to the following:

- Fully participate in the Implementation and Steering Committee meetings
- Contract with the participating organizations for payment and any exchange of information as needed
- Provide financial/accounting information on payments
- Analysis of information available at PacificSource
- Propose and champion pathways based on claims and other relevant data

For results, CGHC and PacificSource agree to the following principles:

- CGHC is primary lead on seeking funds and establishing a sustainability model for B2H from a range of potential funders. PacificSource is primary lead on analysis

and use of funds for any PacificSource insured lives in the Gorge. [Thinking commercial lives + OHP]
- CGHC is lead on managing grant funds in an appropriate manner
- CGHC works in concert with PacificSource on how pathways are measured, tracked and recorded to ensure a scalable and trusted system.
- PacificSource issues payments to organizations based on results and any financial reporting required
- CGHC leads the overall governance structure and PacificSource is a key member of that decision body. The intention is to have consensus between the two organizations to ensure long term success of the program



May 28, 2014

Dan Stevens Date
PacificSource Community Solutions, Senior VP Government Programs

Providence Hood River Memorial Hospital

Providence is committed to partnering with community organizations to improve the overall health of the people we serve and make health care more affordable. We support the work of Bridges To Health to develop a pathways community hub model which will develop and connect community health workers across multiple agencies with the common goal of improving health outcomes.

Providence Hood River Memorial Hospital commits to the following:
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Identify a "Pathways Champion" in our organization
- Participate in grant applications, as needed
- Send two employees from our OASIS Palliative Care program for 80 hours of CHW training
- Provide adequate supervision of CHW and/or field staff per state requirements
- Actively and appropriately participate in the Bridges To Health program, as evidenced by:
    - Signing Memorandum of Understanding (pending review)

- Participate in Oregon Solutions reconvening meeting in approximately one year

5-28-14

Edward Freysinger — Date
Providence Hood River Memorial Hospital, CEO

Region 9, Area Agency on Aging

The importance of this project to the Area Agency on Aging is the effort and development of community resources to become more efficient at providing services and developing relationships that will better serve a greater number of children and families in our communities. In addition, it is hoped that the developmental models, will in the future, include the increasing number of people aging in our communities. Thus leveraging and integrating resources not only for early childhood "Hub" but creating a more integrative model that includes the development of healthy, livable communities all through the developmental cycles of our lives.

Area Agency of Aging commits to the following:

- Staff time
- Meeting attendance
- Projects to be developed and completed outside of meetings
- Helping with resource development as well as utilizing resources that may be available through the Mid-Columbia Council of Governments, which houses the Are Agency on Aging.

Marvin Pohl, MSW 3/26/2014

Marvin Pohl — [Date]
Area Agency on Aging, Director

The Next Door, Inc.

The Next Door, Inc. commits to the following:

- Actively and appropriately participate in the Bridges To Health
  - Sign appropriate agreement
  - Participate in release of information
  - Will conduct 80 hour CHW training of 25 participants on or after August 2014

    - Will conduct another 80 hour CHW training of 25 participants on or after January 2015
    - Send staff to monthly community of practice
- Commit staff time to help find at-risk people and refer them to the Bridges To Health
- Appropriately treat at-risk people referred by the Bridges To Health
    - Within appropriate scope of practice, or facilitate their connection with someone who can
- Participate in measuring the Pathways completed by entering data in the Clara platform
- Identify a "Pathways Champion" in your agency
- Use the agreed upon four Pathways (Enrollment, Medical Home, Reenrollment and Developmental Screening) - as appropriate
    - Additional pathways may be approved in the months/years to come.
- Ensure staff spend time on contributing to the completion of Pathways
- Appropriately participate in grant applications
- CHW and/or appropriate field staff will participate in monthly Community of Practice meetings as appropriate
    - This is how ongoing training will be disseminated, skills improved and overall network strengthened
- Provide adequate supervision of CHW and/or field staff
    - May need to meet the bar for the state's requirements of CHW supervision (by RN, MSW, etc.)
- Participate in Oregon Solutions reconvening meeting in about one year
- Participate on Implementation Steering Committee until Bridges To Health is operational
- Use common forms like: consent form (allowing a person's information to be turned into BTH), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person)

J—t H. H—L 5-28-14

Janet Hamada Date
The Next Door, Inc., Executive Director

Wasco County Youth Services

The Department of Youth Services is committed to improving service access and care coordination for the youth and families we serve. The new structure and emphasis on outcomes creates exciting new venues for networking with other helping professionals. The learning community created through Bridges to Health will allow our department to

expand our training opportunities with a focus on holistic approaches for client well-being.

Wasco County Youth Services commits to the following:

- Actively and appropriately participate in the Bridges To Health
    - Sign memorandum of understanding
    - Participate in release of information
    - Send staff for appropriate level of orientation and training
    - Send appropriate staff to monthly community of practice
- Commit staff time to help identify at-risk youth and families and refer them to the Bridges To Health
- Participate at the request of the lead CHW to assist them working with at-risk youth and families to complete Pathways.
- CHW and/or appropriate field staff actively participate in the "Community of Practice"
    - This is how ongoing training will be disseminated, skills improved and overall network strengthened
    - Send appropriate employees for 80 hours of tuition-free training as CHW's
- Participate in Oregon Solutions reconvening meeting in about one year
- Use common forms like: consent form (allowing a person's information to be turned into Bridges To Health), Notice of Privacy Practices, Release of Information Form, Checklist of Trigger Questions (to determine which pathways may be needed by a person) pending review.

Molly Rogers — 5/28/14

Molly Rogers — Date

Wasco County Youth Services, Director of Youth Services

V. Attachments:

A: Governor Kitzhaber's Designation Letter

B: Project Team Member List

C: Four Pathways Document (This document resulted from the Pathways Construction Workgroup efforts which were adjusted by the Project Team and then approved.)

D: As Is – To Be graphic

E: Two Workgroup Meeting Summaries

September 27, 2013

JOHN A. KITZHABER, MD
Governor

Karen Joplin
Hood River County Commissioner
Chair, Columbia Gorge Health Council
511 Washington Street, Suite 101
The Dalles, OR 97058

Dear Chairwoman Joplin:

I am pleased to receive the request that the Community Health Teams concept be designated as an Oregon Solutions project. After reviewing the assessment conducted by Oregon Solutions staff, I feel this project supports Oregon's Sustainable Community Objectives and regional priorities. Therefore, I am designating it an Oregon Solutions project and appointing you and Frank Toda Ph.D., President of the Columbia Gorge Community College, as co-conveners. The co-conveners will lead a team of community partners to create a structure to connect and coordinate existing community health workers with each other and with primary care, social service and other resources in the Hood River and Wasco County area. As you know, another important Oregon initiative is the redesign of the Early Learning System and it is my expectation that as Early Learning Hubs are established you will connect and align with them as appropriate.

I am enthusiastic about the innovative and collaborative work the Columbia Gorge Health Council is doing. Focusing Community Health Teams on Oregon Health Plan (OHP) patients and then expanding beyond the OHP population will help achieve better health and cost outcomes. This project builds on your community strengths and will demonstrate the effectiveness and value of connecting and coordinating resources.

The Community Health Teams concept has the potential to strengthen the connection among non-profit, private and public sectors on the ground in your community. In addition, it may create a model which can be replicated in other parts of the state. Please keep the governor's office updated on this effort and thank you for your work and enthusiasm thus far.

Sincerely,

John A. Kitzhaber, M.D.
Governor

cc: Frank Toda, Ph.D.
Greg Wolf
Bev Stein

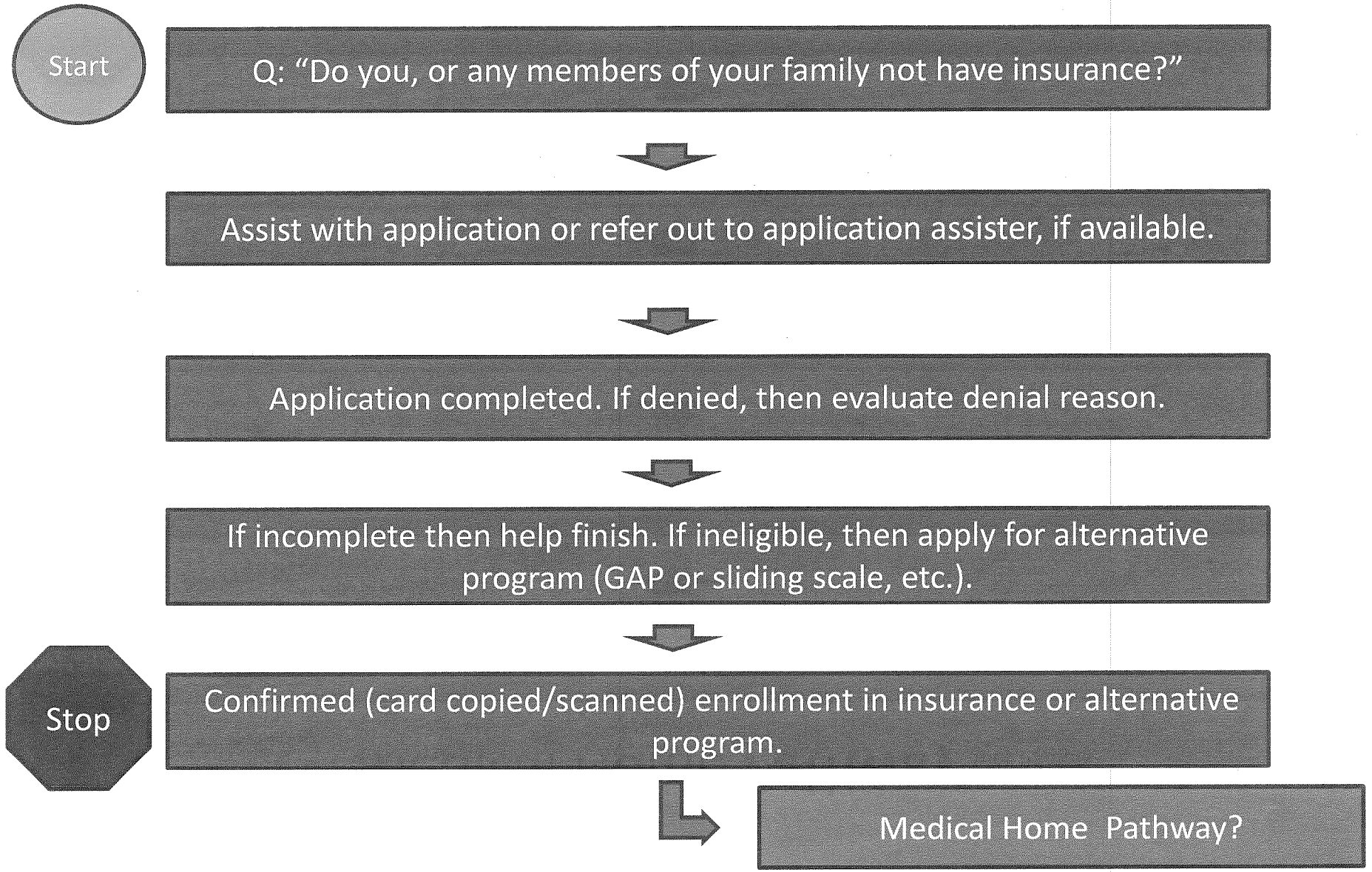
JAK:gw/lh

254 STATE CAPITOL, SALEM OR 97301-4047 (503) 378-3111 FAX (503) 378-6827
WWW.OREGON.GOV

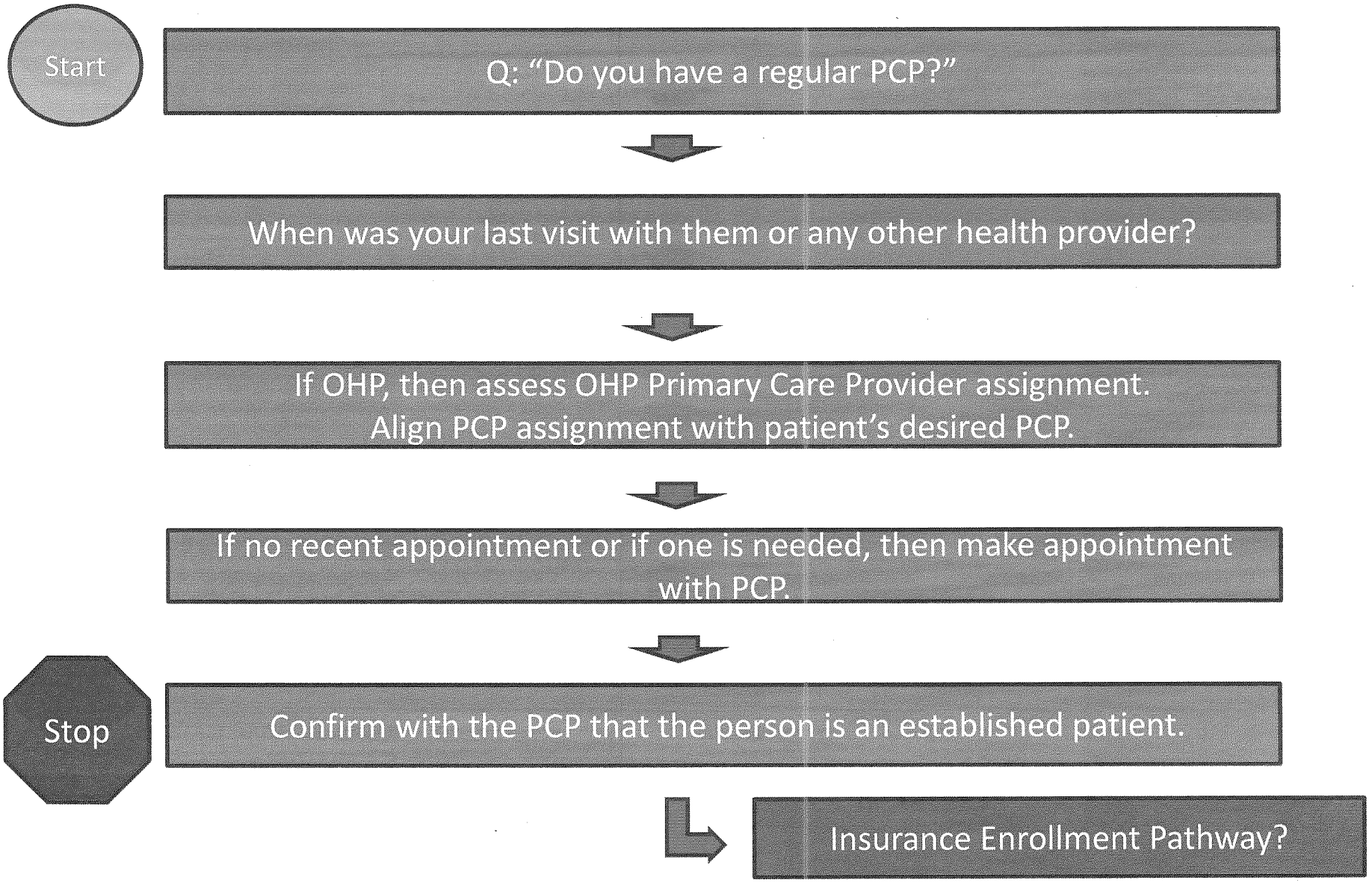
OS-BTH Project Team Members - May 2014

Name	Title	Agency
Anne Carloss	Director of Special Education	Hood River County School District
Barb Seatter	Executive Director	Mid-Columbia Center for Living
Billie Stevens	Executive Director	FISH - Hood River
Bonnie New	MD, retired	Gorge Ecumenical Ministries
Cassie Whitmire	Program Coordinator, EI/ECS	Hood River County School District
Catherine Whalen	Director of Community Health	Mid-Columbia Medical Center and Clinics
Chelsea Wooderson	Health, Nutrition, Safety Manager	Mid-Columbia Children's Council
Coco Yackley	Operations Director	Columbia Gorge Health Council
Dan Spatz	Chief Institutional Advancement Officer	Columbia Gorge Community College
Deirdre Kasberger	Director Community Justice	Hood River County Community Justice
Devon Wells	Chief	Hood River Fire and EMS
Eli Bello	Program Director	The Next Door, Inc.
Elizabeth Aughney	Interim CEO	One Community Health
Ellen Larsen	Director and RN	Hood River County Health Department
Erin Rudolph	Community Outreach Analyst	Providence Hood River Memorial Hospital
Frank Toda	President and Oregon Solutions Co-Convener	Columbia Gorge Community College
Janet Hamada	Executive Director	The Next Door, Inc.
Jennifer Heredia	Program Director	Oregon Child Development Coalition
Jim Slusher	Executive Director	Mid-Columbia Community Action Council
Joel Madsen	Assistant Director	Columbia Cascade Housing Corporations and Mid-Columbia Housing Authority
Joella Dethman	Director	Hood River County Health Promotion and Prevention
Josh Bishop	Director of Health Services	Pacific Source Community Solutions
Judee Flint	Program Manager	Oregon Child Development Coalition
Karen Joplin	Chair and Oregon Solutions Co-Convener	Columbia Gorge Health Council
Kate Sinner	Regional Solutions Coordinator	Governor John Kitzhaber's Office
Katy Chavez	Health Services Coordinator & Family Advocate	Oregon Child Development Coalition
Kristen Dillon	MD and Vice-Chair	Central Oregon Independent Practice Association
Lauren Kraemer	Family Community Health, SNAP-Ed Coordinator	OSU Extension Service
Mark Thomas	Community Health Development Coordinator	Pacific Source Community Solutions
Maria Elena Castro	Policy and Program Coordinator, OEI	Oregon Health Authority
Marvin Pohl	Director	Area Agency on Aging, Region 9
Mary Stoneman	Community Health Senior Project Manager	Providence Health and Services
Matthew Solomon	Executive Director	Mid-Columbia Children's Council
Molly Rogers	Director Youth Services	Wasco County Youth Services
Nancey Patten	Director, Childcare Partners Resource & Referral	Columbia Gorge Community College
Paul Lindberg	CEO	Hat Creek Consulting
Paul Moyer	Certified Physician Assistant	One Community Health
Steve Kramer	County Commissioner	Wasco County
Susan Gabay	Self-Sufficiency and Rehabilitative Services	Department Human Services
Teri Thalhofer	Director	North Central Public Health District
Tyler Flaumitsch	District Manager	Oregon Department of Human Services
Jim Jacks	Project Manager	Oregon Solutions

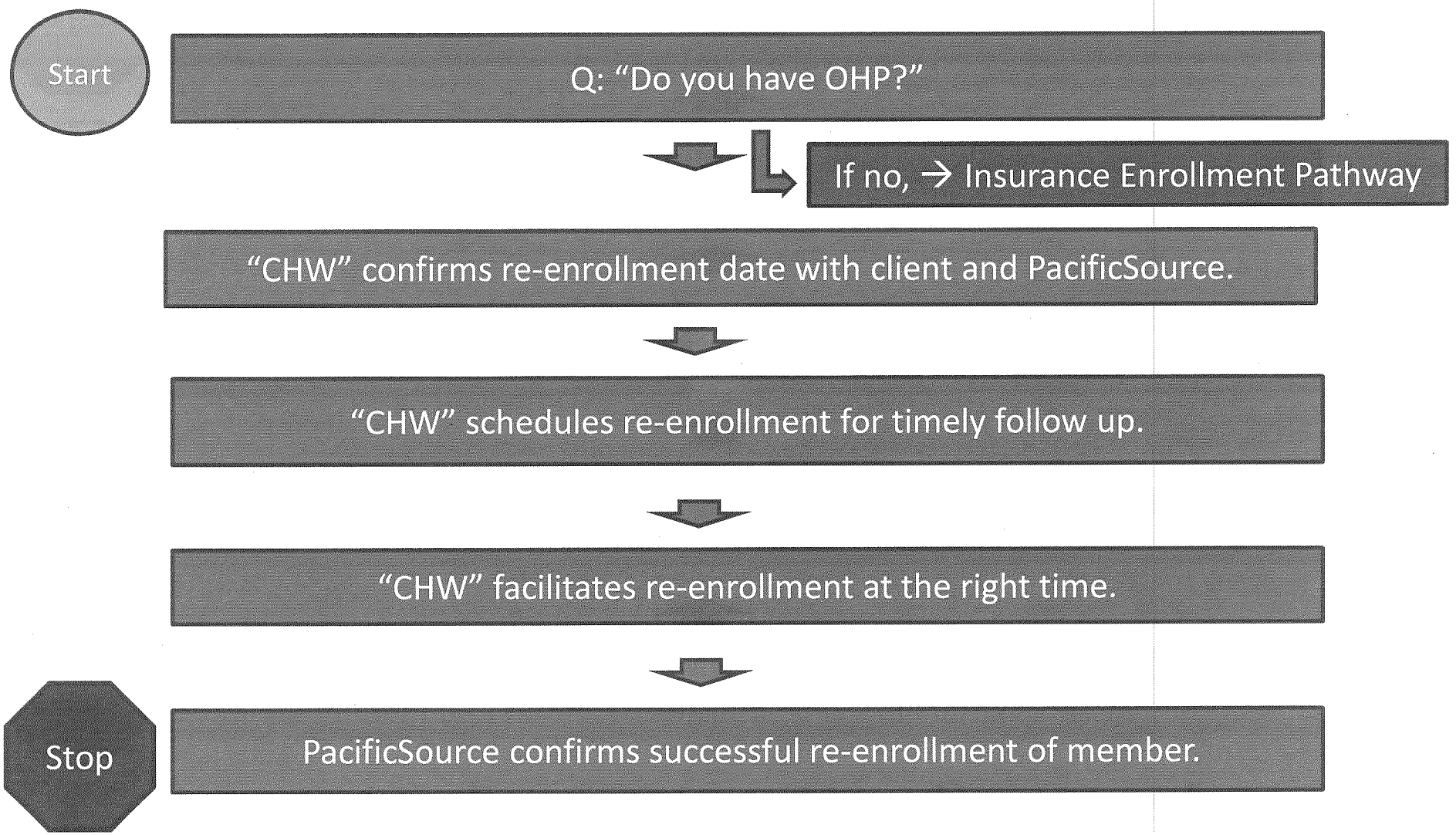
Insurance Enrollment Pathway



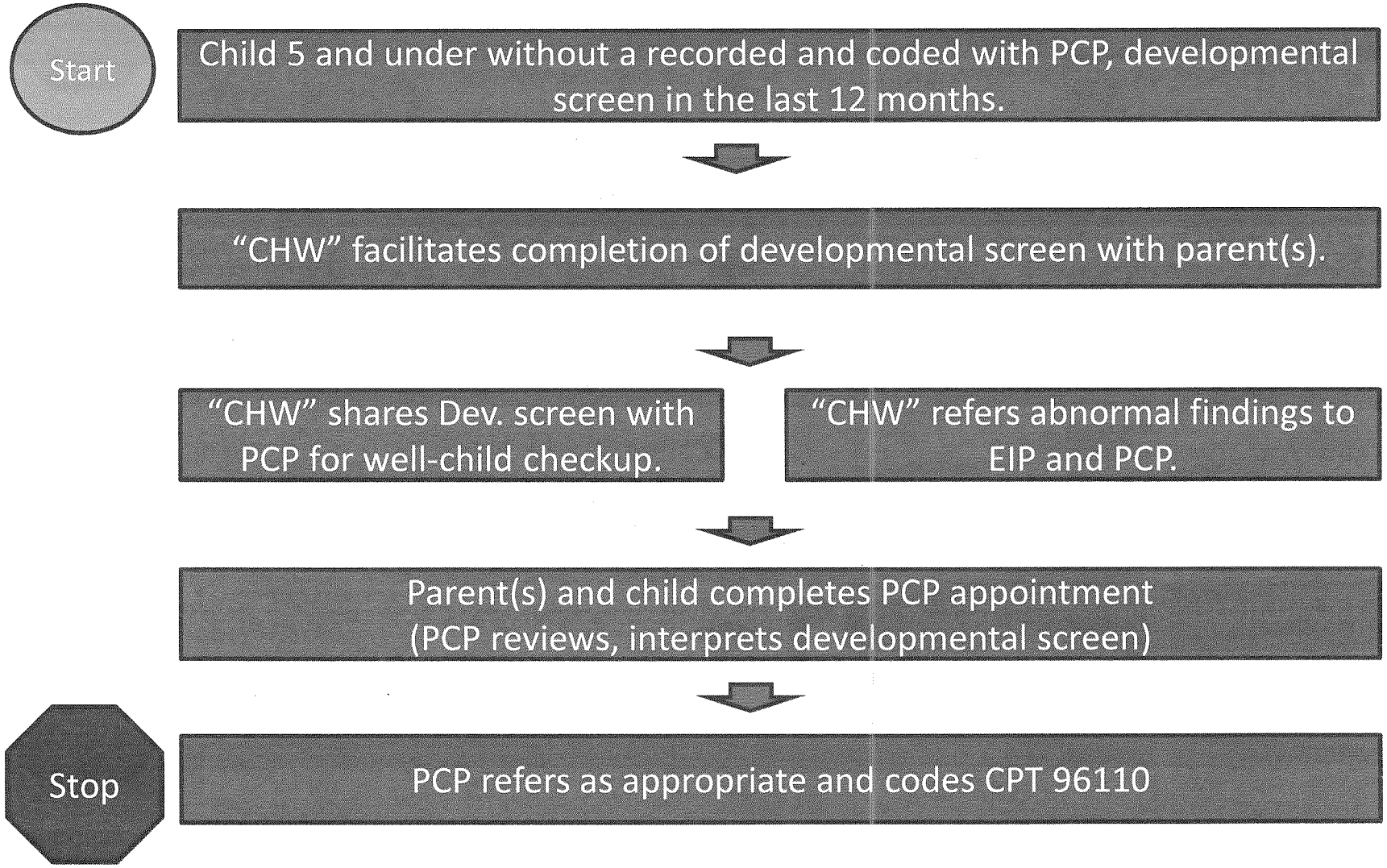
Medical Home Pathway (not dental)



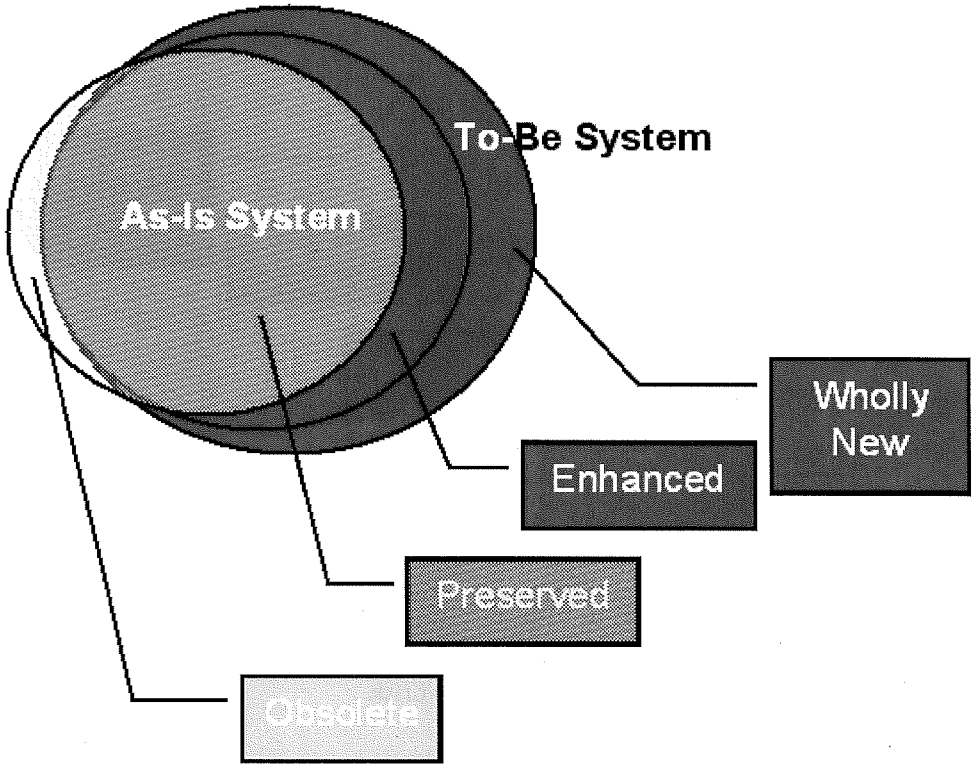
OHP Re-enrollment Pathway



Developmental Screening Pathway



Oregon Solutions-Bridges To Health
March 20, 2014 draft
Community Health Workers (CHW) in the Gorge



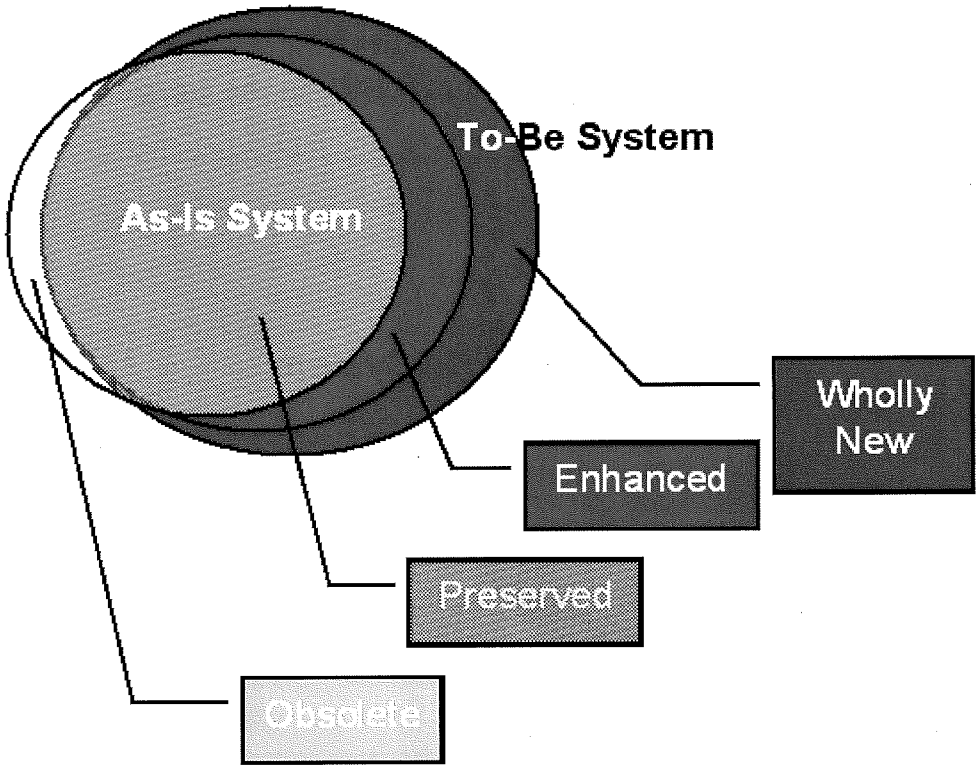
Obsolete

- Uncoordinated multiple CHWs working with the same individual or family.
- Redundant activities with the same client or household by different organizations.
- Families required to fill out forms multiple times
- Lack of collaboration among BTH participants when going for grants.
- Organizations working in silos and not knowing what services other organizations are providing.
- CHWs constrained to a narrow range of health activities based on grants or contracts.

Preserved

- CHW work done by existing organizations that signed the Declaration of Cooperation
- T200 work by The Next Door with funding through September 2015
- Community of Practice among CHWs as funded with Transformation dollars and grants.

(over)



Enhanced

- More partner organizations helping find people at risk.
- Applying for grants collaboratively.
- Cross-organization awareness limits duplication.
- Where possible, clients can choose the CHW(s) that they want to work closely with.
- Simplified payment models for activities.
- Coordinated referral process among health, social service and early learning organizations.
- Elimination of duplication through systems to assign clients (Clara software) to CHW's.

Wholly New

- Agency-specific funds and disease-specific grants can be easily distributed across multiple organizations.
- Using Pathways to track outcomes and payments.
- Performance management and oversight of the Bridges To Health model and participants.
- Shared use of a user friendly "release of information" form improves interagency communication.
- Providing support and resources for collaborative grant writing.
- Transparency of process that allows us to identify barriers to achieving outcomes.
- Ability for health care providers outside of CHW organizations to refer clients for CHW services.

OS-CHT Lead Agency/Umbrella Workgroup

February 10, 2014 conference call
11:00 am – 1:00 pm

Summary

Workgroup Goal
Make recommendations to the Project Team at the February 19th meeting.

Conference Call Participants
Joella Dethman, Maria Elena Castro, Convener Karen Joplin, Paul Lindberg, Paul Moyer, Molly Rogers, Barb Seatter, Matthew Solomon, Dan Spatz, Convener Dr. Frank Toda, Coco Yackley and Jim Jacks

Community HUB Description (pages 4-5):

- HUB's primary goal is to ensure the timely provision of appropriate, high-quality, cost-effective, evidence-based, services
- Central clearinghouse that "registers" at-risk individuals
- Increases effectiveness of services across multiple programs through coordination, communication, and built-in incentives
- Strengthens and supports *all* health and social service providers in the region
- Eliminates duplication and waste
- Holds providers, practitioners, employers, families, and individuals accountable for the outcomes achieved

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Recommendation
The Workgroup met to recommend whether the "Hub" should use an existing organization or create a formal umbrella organization to lead the effort. Based on the Workgroup discussion, they recommend the following:

1. Use an existing organizational structure instead of establishing a new umbrella.

2. Criteria for picking an existing organization(s) to lead the effort include:
   a. Has expertise on OHP billing practices and payment eco-system
   b. Can apply for and manage grants
   c. Has track record of effectively convening and listening to advisory councils
   d. Has operational expertise in contracting; can contract for services
   e. Works regionally today and currently operates in both Hood River & Wasco counties
   f. Has a track record of managing any real or perceived conflicts of interest if agency is also a provider of services

3. The following five existing organization(s) are in the Top Tier for consideration:
   a. Combination of Columbia Gorge Health Council & PacificSource
   b. One Community Health
   c. The Next Door Inc.
   d. Mid-Columbia Center For Living
   e. Combination of Mid-Columbia Center For Living & One Community Health

OS-CHT Outcomes/Pathways Workgroup

February 10, 2014 conference call
1:00 – 2:45 pm

Summary

Workgroup Goal
Make recommendations to the Project Team at the February 19th meeting.

Conference Call Participants
Tyler Flaumitsch, Convener Karen Joplin, Paul Lindberg, Barb Seatter, Teri Thalhofer, Mark Thomas, Convener Dr. Frank Toda, Catherine Whalen, Chelsea Wooderson, Coco Yackley and Jim Jacks.

Top Tier Outcomes
Based on the Workgroup discussion and the information below, there is significant (though not unanimous) agreement that the top tier of outcomes for the "Hub" to pursue beginning in 2014 includes:

- Enrollment
- Developmental screenings
- Reenrollment

Outcome Details (listed alphabetically by last name)
The following outcomes were mentioned during the report back section of the meeting or were emailed after the meeting.

Tyler F.

1. Enrollment - increasing the enrollment/re-enrollments rates and ensuring that people have coverage of some kind.
2. Developmental screening - increasing the amount of developmental screenings that are being carried out and completion by PCP, meaning referrals completed if needed.

Teri T.

1. Developmental screening
2. Enrollment
3. Reenrollment in coverage.

Mark T.

1. Insurance enrollment > establishing a primary care home > health risk assessment > establishing other care as indicated (mental, dental).
    - The point is to make sure people don't just get insurance (OHP or otherwise), but that they know how to use it to access needed services, especially primary care. You could build into this a health risk assessment, but that could also be the PCP's job. There is a goal of risk-stratification for newly insured so that they can be paired with appropriate supportive services asap. I recommend that we study other pathways models in this vein and not reinvent the wheel. Dr. Redding in Ohio comes to mind.
2. OHP re-enrollment

- Several million dollars are at stake here. There will be an especially big seasonal push every January, when 20% of all Gorge OHP needs to re-up, but the work is ongoing, year round.

3. QIMS TBD (strong interest in developmental screening-ASQ)
   - I recommend that we study the 17 Quality Incentive Measures with a lens to consider the following:
     a. Which ones were hardest to realize in 2013?
     b. Which ones could be better realized by a network upstream to primary care?
     c. Which ones have the most overlap with early learning hub measures/incentives?

In future years, I'd like to think about adding the following:

Continuation of re-enrollment
Additional QIMS, as needed
Getting people to and completing prenatal care
Completion of parenting classes
Completion of diet, exercise, stress management classes

Barb S.

1. Enrollment
2. In 2015 Top 200 OHP
3. In 2016 health disparities

Dr. Frank T.

1. Reenrollment

Catherine W.

1. Enrollment in OHP and completed primary care visit in a medical home increased by ___%
2. Completion of early childhood assessments metric by _____%
3. Improvement in CCO metrics

Chelsea W.

1. Primary Family Dental Care: It's important that everyone have a dental home because oral health is an important factor that I feel gets overlooked by people of all age groups. Dental homes need to be established by people in order to receive dental care and follow up dental care to issues that may arise. Oral health contributes to overall health.
2. Primary Family Medical Care: Everyone should have a primary physician that knows the history of the patient from start to finish. It's important to seek care when needed and to also keep up on care to prevent/catch diseases or illnesses early on.
3. Improve School Readiness: This should encompass health, education, and families. A child who is not healthy will not learn or be ready for school.

I believe the first two could be lumped together into one. I also believe the third outcome could encompass different aspects such as the screening tools, developmental screening tools, dental and well child exams, since those are important aspects that help to prepare children for kindergarten.

Coco Y.

1. Developmental screening increase by 10 points
2. Enrollment reduce churn by 2%
3. ADHD exams