



Coos Health & Wellness

Together, Inspiring Healthier Communities



Modernization Plan Guidance

By December 31, 2025, each local public health authority (LPHA) must complete and submit a Modernization Plan to OHA (ORS 431.413). This guidance and template were created by the CLHO Systems and Innovation Committee to support LPHAs in developing their local modernization plans and ensure plans submitted meet the criteria for approval by OHA.

LPHAs **are not** required to use this template to create their modernization plan. LPHAs who choose to use the template are encouraged to edit/customize this template to best meet their organizational needs.

The provided template was designed to help LPHAs monitor progress toward achieving public health system goals for modernization and to help LPHAs share key information with partners and decision makers to increase understanding of current and future plans.

Guidance for Developing Local Modernization Plans

All modernization plans submitted to OHA should at minimum include the following information:

- A description of how the plan was developed, including information about how the plan was adopted
- Assessment data, this could be data from the 2016 and/or 2024 Cost and Capacity Assessment or other assessment data collected by the LPHA
 - Coos Health & Wellness utilized the 2024 Cost and Capacity Assessment for Coos County as the foundation for developing its Modernization Plan. By analyzing the assessment's findings and recommendations, we identified priority areas, allocated resources efficiently, and set measurable goals to improve Public Health services throughout the county.
- Each foundational program and capability should include:
 - Staffing capacity
 - Implementation of the capability or program to date
 - How the LPHA will work towards full implementation
 - Barriers and challenges to full implementation
 - Current funding and estimated full funding amounts
- How the LPHA will use and maintain the plan
- A description of how the statewide accountability metrics have been incorporated into the plan
 - Coos Health & Wellness has integrated all Oregon Health Authority (OHA) deliverables into its Smartsheet database. This database functions as a living document dashboard and will be continually updated to reflect ongoing progress and changes.
- A description of how implementation of the plan will be monitored and how impact will be measured
 - Coos Health & Wellness has incorporated all OHA deliverables into our Smartsheet database, which serves as a living document dashboard and will be continuously updated. Additionally, we will hold quarterly leadership meetings to review and discuss progress.

With a dedicated modernization coordinator on staff, quarterly departmental leadership workshops, and ongoing updates to OHA deliverables throughout the implementation period, we anticipate that the plan will be closely monitored and well managed.

The OHA approval criteria can be found on the Local Public Health Modernization Plan Approval Criteria and Submission form which will need to be filled out and included with each LPHA's Modernization Plan. The Submission form can be found on OHA's [PH Modernization for LPHAs and Tribes webpage](#).

How to Use this Template

This optional template was designed to provide LPHAs with a basic framework for developing their Modernization Plan. The sections within the template align with the Modernization Plan approval criteria. The template was designed to allow LPHAs to provide the level of detail appropriate for their organization and how they intend to use the plan. LPHAs are encouraged to edit and customize the template to best fit their needs.

Each section in the template provides a brief summary of the information that should be included to align with the plan approval criteria. Sections marked "Optional" or "Recommended" are not required to be included in the Modernization Plan but are included in the template because they align with statutory requirements (LPHA coordination with CCOs and Early Learning Hubs) or may be useful for long-term planning for LPHAs (additional programs).

For the Foundational Capabilities and Programs, we worked to align the language in the template with the CCA to ensure that information could be easily pulled from one tool into the other. Wherever possible, we've also referenced specific sheets and tables within the CCA where that information can be found. As the CCA looks at a specific point in time, the information captured within the assessment may feel out of date for some LPHAs. LPHAs who utilize the CCA data are encouraged to use the timeframe captured by the CCA as an anchor for their plans and where needed may choose to provide additional context for specific capabilities and programs where they have seen significant changes since the period reflected in the assessment. While the modernization plan must be developed based on an assessment, it is not required that LPHAs use the 2024 CCA results specifically if the LPHA chooses to use other available assessment data. Each capability and program also includes information on the role categories and deliverables outlined in the [Public Health Modernization Manual](#) (2017). Specific roles for LPHAs were not listed for each category since implementation of those roles may look different in different jurisdictions. LPHAs may choose to include information about specific roles if they choose and that information can be found in the Modernization Manual.

Tips have also been included for some sections to help clarify the intent for that section or provide suggestions on how the information could be presented. Holding your mouse over the green text will bring up the hover text.

Summary

This section should include the following information:

- Plan adoption information including whether the plan has been shared with an LPHA's governing body
 - What opportunities were provided for the governing body to review and provide input (ORS 431.415(d))
 - How LPHAs are structuring their modernization work
 - Process for how the plan was developed including any collaboration with partners
 - Description of how the plan may be used
 - To inform other work
 - Outside of the LPHA
 - Support funding opportunities
- Coos Health & Wellness Public Health has provided clear documentation outlining the structure of modernization funding and its impact across all areas of population health in our community. This includes a strong focus on bridging partnerships, enhancing service connections, and incorporating a continuous evaluation process that is being developed within the organization—an approach not previously established. In addition, we now have an outside contracting organization engaged to provide supplemental data, conduct gap analyses, and offer intervention recommendations to further improve services, connections, and the effective use of the financial support allocated to our community.

Assessment and Baseline Data

This section should include the following:

- Results from the 2016 and 2024 assessments
 - This can be high level but should show where progress was made over the last three biennia.
- Summary of existing gaps from the last assessment that will be addressed with the implementation plan.
- Copies, or summaries, of the CCA can be included as an attachment/appendix to the plan

Foundational Capabilities

For each capability in this section, the LPHA should include:

- Staffing capacity
- Implementation of the capability to date
- How the LPHA will work towards full implementation
- Barriers and challenges to full implementation
- Current funding and estimated full funding amounts

Leadership and Organizational Competencies			
Role Categories (Refer to Modernization Manual for specific LPHA roles)		Deliverables	
Leadership and governance		Evidence of engagement in health policy development, discussion, and adoption with PHD to define a strategic direction for public health initiatives Evidence of engagement with appropriate governing entities about public health's legal authorities and what new legislative concepts, laws, and policies may be needed.	
Performance management, quality improvement, and accountability		Implementation of a performance management system to monitor achievement of and accountability for public health objectives using a nationally recognized framework and quality improvement tools and methods	
Human resources		Assessment of staff competencies; provision of training and professional development opportunities	
Information technology		Operation and maintenance of interoperable information technology that meets current and future public health practice needs Training and technical support plan for users of local public health technology systems and technology resources	
Financial management, contracts and procurement services, facility operations		Policies and procedures in place to protect personally identifiable and/or confidential health information	
1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input checked="" type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 20, Column N) 50%	3. Self-assessed expertise (CCA: 12. Summary, Row 20, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 20, Column H) Minimal

<p>5. Current FTE supporting this capability (CCA: 12. Summary, Row 20, Column P)</p> <p>FTE: 4.95</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 20, Column AD)</p> <p>FTE: 4.95</p>	<p>7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 20, [Column T + Column X])</p> <p style="text-align: right;">\$30,052</p> <p style="text-align: right; color: green;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, [Column AH + Column AL])</p> <p style="text-align: right;">\$36,934</p> <p style="text-align: right; color: green;">Tip</p>
<p>9. Describe any joint agreements or contracted services being used to support implementation of this capability.</p> <p>The Public Health administrator serves on several local boards focused on workforce development, homelessness, and vulnerable populations, and serves as a state commissioner on the Alcohol and Drug Policy Commission. Additionally, many members of the Public Health management team participate in various community and client-focused committees and boards, fostering collaborative partnerships. Public Health also maintains strong partnerships with organizations such as Advanced Health and Douglas County through regional epidemiology initiatives. Furthermore, the team is engaged in activities related to the Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA), demonstrating a commitment to comprehensive community health planning and collaboration.</p>			
<p>10. Revenue sources supporting this capability</p> <p>1. N/A</p> <p>2.</p> <p>3.</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right; color: green;">Tip</p>	<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 20, Column AB)</p> <p style="text-align: right;">\$811,206</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, Column AP)</p> <p style="text-align: right;">\$1,679,193</p>	
<p>13. Describe how this capability has been implemented to date.</p> <p>We continue our collaborative efforts by hosting events focused on education and workforce development, as well as bi-monthly outreach cafes where we engage with houseless and vulnerable populations. These outreach cafes are designed to connect individuals to comprehensive wraparound services. Additionally, we leverage the Unite Us referral program to further enhance access to needed resources and support.</p>			

14. Describe how the LPHA will work towards full implementation of this capability.

Continue collaboration with the Advanced Health CHIP committee by providing additional resources and staff for annual outreach events. Offer education and support to partners to encourage utilization of the Unite Us program. Engage with community leaders, including the Board of Commissioners and city council, to identify areas for improvement and service gaps, aiming to enhance early intervention strategies.

Public Health Leadership remains committed to developing innovative, research-based educational materials for publication. These efforts are designed to strengthen community communication and promote transparency in a rapidly evolving Public Health environment.

15. Describe any barriers or challenges to full implementation of this capability.

Workforce shortage, partnership limitations and lack of community leadership support.

Health Equity and Cultural Responsiveness	
Role Categories (Refer to Modernization Manual for specific LPHA roles)	Deliverables
Foster health equity	Internal assessment, completed within the previous five years of the local authority's overall capacity to apply a health equity lens to programs and services, provide culturally responsive programming and services, and status of the division's structure and culture as a barrier or facilitator for achieving health equity.
	Action plan that addresses key findings from the internal assessment and includes organizational changes that support a health equity lens and cultural responsiveness. Action plan includes metrics and an accountability structure that identifies responsible work units, tasks, timelines, and performance measures.
	Documentation that demographic data are used to evaluate the impact of public health policies, programs, and strategies on health equity and health outcomes, and to inform public health action moving forward.
Communicate and engage inclusively	Training plan to increase staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs. Documentation that training is provided to staff annually.
	Community health improvement plan, developed within the previous five years, that specifically addresses health equity and cultural responsiveness.

<p>1. This capability is/will be implemented (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input checked="" type="checkbox"/> As a health district 	<p>2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 17, Column N)</p> <p>50%</p>	<p>3. Self-assessed expertise (CCA: 12. Summary, Row 17, Column F)</p> <p>Proficient</p>	<p>4. Self-assessed capacity (CCA: 12. Summary, Row 17, Column H)</p> <p>Minimal</p>
<p>5. Current FTE supporting this capability (CCA: 12. Summary, Row 17, Column P)</p> <p>FTE:0.85</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 17, Column AD)</p> <p>FTE:0.85</p>	<p>7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 17, [Column T + Column X])</p> <p>\$5,759</p> <p style="text-align: right; color: green;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, [Column AH + Column AL])</p> <p>\$10,759</p> <p style="text-align: right; color: green;">Tip</p>
<p>9. Describe any joint agreements or contracted services being used to support implementation of this capability.</p> <p>We are proud to partner with United Way Pride and the South Coast Health Equity Coalition to advance our community engagement initiatives. Through hosting educational events and coordinating outreach efforts, we aim to raise awareness and foster inclusion.</p> <p>Recently, we have provided our staff with comprehensive training on health equity fundamentals, equipping them with the tools and knowledge necessary to support all members of our community. We remain committed to collaborating with partners to bring additional training, speakers, and equity-focused services to the forefront of our outreach. By prioritizing equity in our programming, we strive to ensure that everyone in our community feels valued and supported.</p>			

<p>10. Funding sources supporting this capability</p> <p>1. N/A <input type="checkbox"/> Short-term or limited duration funding</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 17, Column AB)</p> <p>\$99,688</p> <p style="text-align: right;">Tip</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, Column AP)</p> <p>\$119,161</p>
<p>13. Describe how this capability has been implemented to date.</p> <p>Our organization established a Health Equity Committee that meets monthly to plan strategic events and partnerships with community leaders. To date, we have organized two collaborative events and co-sponsored one additional partnership event, all with a primary focus on engaging community members from historically underserved and underrepresented populations.</p>		
<p>14. Describe how the LPHA will work towards full implementation of this capability.</p> <p>Continue to foster partnership with outside organizations to assist with training, educational material and co-branded events.</p>		
<p>15. Describe any barriers or challenges to full implementation of this capability.</p> <p>Current political landscape and workforce shortage.</p>		

Community Partnership Development			
Role Categories (Refer to Modernization Manual for specific LPHA roles)		Deliverables	
Identify and develop partnerships		<p>Portfolio of cross-sector partnerships. The portfolio should include a description of partnering organizations, how the partnership supports population health and how the partnership addresses health disparities.</p> <p>List of all community partners involved in local and regional health needs, health impact and health hazard vulnerability assessments. The list should include descriptions of partners involved, their roles and contributions to the effort.</p> <p>List of all key regional health-related organizations with whom the health department has developed relationships. Documentation of collaborations and corresponding benefits to the public's health in grant progress reports and other summaries of activities.</p> <p>List of all local community groups or organizations representing priority populations with whom the local public health authority has developed relationships. Document successes, lessons learned, recognized barriers to collaboration and strategies to overcome these barriers.</p> <p>Documentation of training, technical assistance and other forms of support provided to partners.</p> <p>Evaluation reports on the effectiveness of community partnerships. Reports should address what is working well, and specific areas where improvement is needed related to communication, identification of shared goals and ability to work together to achieve them.</p>	
Engage partners in policy		Documentation of meetings, communications and other efforts to engage communities disproportionately affected by health issues.	
<p>1. This capability is/will be implemented (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Through LPHA staff <input checked="" type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district 	<p>2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 14, Column N)</p> <p>33%</p>	<p>3. Self-assessed expertise (CCA: 12. Summary, Row 14, Column F)</p> <p>Proficient</p>	<p>4. Self-assessed capacity (CCA: 12. Summary, Row 14, Column H)</p> <p>Minimal</p>

<p>5. Current FTE supporting this capability (CCA: 12. Summary, Row 14, Column P)</p> <p>FTE: 0.50</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 14, Column AD)</p> <p>FTE: 0.50</p>	<p>7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 14, [Column T + Column X])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 14, [Column AH + Column AL])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>
<p>9. Describe any joint agreements or contracted services being used to support implementation of this capability.</p> <p>We collaborate with the Southcoast Health Equity Coalition, South Coast Business, Work source Coos Bay, Compass Outreach, faith-based organizations, Advanced Health, HIV Alliance, Southern Oregon Coast Pride, and Bay Area First Step to serve the diverse individuals and families of Oregon's south coast.</p> <p>The rural landscape demands a broad network of service partners and resources, as community needs often surpass the capacity of Public Health services and available funding. Our top priority is building bridges and addressing service gaps as an essential part of the continuum of care.</p>			
<p>10. Funding sources supporting this capability</p> <p>1. N/A <input type="checkbox"/> Short-term or limited duration funding</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 14, Column AB)</p> <p>\$58,326</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 14, Column AP)</p> <p>\$62,688</p>	
<p>13. Describe how this capability has been implemented to date.</p> <p>As part of our Advanced Health Community Health Improvement Plan (CHIP), we have partnered with numerous community organizations to provide educational events, workforce training, and needs assessments. Our efforts focus on building capacity and developing additional connection points to ensure continuity of care for all individuals served through these partnerships.</p>			

14. Describe how the LPHA will work towards full implementation of this capability.

Coos Health & Wellness will continue to support outreach partnerships and provide staff education, while leveraging our Unite Us self-referral program. By establishing early access points through community and county services, we aim to reach community members identified in the CHIP, and CHA plans to increase impact, using our first responder partners as gateways to services and support.

15. Describe any barriers or challenges to full implementation of this capability.

Workforce shortage, partnership limitations, CCO capacity, and OHA administrative burden.

Assessment and Epidemiology	
Role Categories (Refer to Modernization Manual for specific LPHA roles)	Deliverables
Data collection and electronic information systems	<i>No local deliverable</i>
Data access, analysis, and use	Vital records reports.
Respond to data requests and translate data for intended audience	Summaries of: <ul style="list-style-type: none"> i. Disease occurrence, outbreaks, and epidemics; ii. The impact of public health policies, programs, and strategies on health outcomes, including economic analyses, when appropriate; iii. Key indicators of community health, which include information about upstream or root causes of health; iv. Leading causes of disease, injury, disability, and death, which include information about health disparities; and v. Analyses of statewide surveys on health attitudes, beliefs, behaviors and practices.
Conduct and use basic community and statewide health assessments	Community health assessment developed within the past five years
Infectious disease-related assessment	Demonstrated use of data to inform annual updates to community health improvement plan Documentation of capacity to interact with the State Public Health Lab on a 24/7 basis

<p>1. This capability is/will be implemented (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Through LPHA staff <input checked="" type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input checked="" type="checkbox"/> As a health district 		<p>2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 8, Column N)</p> <p>33%</p>	<p>3. Self-assessed expertise (CCA: 12. Summary, Row 8, Column F)</p> <p>Basic</p>	<p>4. Self-assessed capacity (CCA: 12. Summary, Row 8, Column H)</p> <p>Minimal</p>
<p>5. Current FTE supporting this capability (CCA: 12. Summary, Row 8, Column P)</p> <p>FTE: 0.85</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 8, Column AD)</p> <p>FTE: 1.00</p>	<p>7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 8, [Column T + Column X])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, [Column AH + Column AL])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>	
<p>9. Describe any joint agreements or contracted services being used to support implementation of this capability.</p> <p>The Douglas County Regional Epidemiology (EPI) program is shared across Coos, Curry, and Douglas counties. In rural communities, vital records processing is significantly hindered, negatively impacting epidemiological reporting and our ability to respond appropriately to emerging Public Health situations. The lag in receiving information from state and local medical examiners—often months long—prevents population health officials from communicating effectively with the community and from developing timely interventions. This delay poses substantial barriers to community health, service provision, intervention planning, and overall population safety.</p>				
<p>10. Funding sources supporting this capability</p> <p>1. N/A Tip</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>		<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 8, Column AB)</p> <p>\$84,939</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, Column AP)</p> <p>\$107,749</p>	

13. Describe how this capability has been implemented to date.

We have had quarterly meetings with the shared LPHA's, shared educational resources, additional staff training and reviewed regional trends.

14. Describe how the LPHA will work towards full implementation of this capability.

We will hold monthly meetings with the shared Local Public Health Authorities (LPHAs), provide shared educational resources, offer additional staff training, and develop education and response plans for potential situations—provided that appropriate information is available.

15. Describe any barriers or challenges to full implementation of this capability.

In rural communities, vital records processing is significantly hindered, negatively impacting epidemiological reporting and our ability to respond appropriately to emerging Public Health situations. The lag in receiving information from state and local medical examiners—often months long—prevents population health officials from communicating effectively with the community and from developing timely interventions. This delay poses substantial barriers to community health, service provision, intervention planning, and overall population safety.

Policy and Planning				
Role Categories (Refer to Modernization Manual for LPHA specific roles)		Deliverables		
Develop and implement policy		Current community health improvement plan.		
		Documentation of community health improvement plan updates provided to the governing body to whom the local health authority is accountable		
		Local strategic policy plan		
		Documentation of developed and amended rules and regulations.		
Improve policy with evidence-based practice		No local deliverable		
Understand policy results		Documentation of CHIP updates and information made available to the public.		
1. This capability is/will be implemented (check all that apply): <input type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input checked="" type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 26, Column N) %50	3. Self-assessed expertise (CCA: 12. Summary, Row 26, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 26, Column H) Minimal
5. Current FTE supporting this capability (CCA: 12. Summary, Row 26, Column P) FTE: 0.60	6. FTE needed for full implementation (CCA: 12. Summary, Row 26, Column AD) FTE: 0.60	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 26, [Column T + Column X]) \$0 Tip	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, [Column AH + Column AL]) \$0 Tip	
9. Describe any joint agreements or contracted services being used to support implementation of this capability. We are working with Advanced Health (CCO) to develop and assist in community implementation, through community engagement, events, presentations, data collection and organizational surveys.				

<p>10. Funding sources supporting this capability Tip</p> <p>1. N/A <input type="checkbox"/> Short-term or limited duration funding</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 26, Column AB)</p> <p>\$83,508</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, Column AP)</p> <p>\$86,706</p>
<p>13. Describe how this capability has been implemented to date.</p> <p>Staff CHIP workgroup members, strategic plan development and community engagement, supporting the current workplan.</p>		
<p>14. Describe how the LPHA will work towards full implementation of this capability.</p> <p>We organize workgroup events every other month focused on serving unhoused and vulnerable populations. These events are staffed by Public Health professionals and offer computer access to support job applications and enrollment processes.</p> <p>Additionally, the workgroup provides education and resource materials on harm reduction, tailored to the needs of the target population as outlined in the CHIP.</p>		
<p>15. Describe any barriers or challenges to full implementation of this capability.</p> <p>Community engagement may decrease over time, as individuals served often express fear or reluctance to work with government agencies. This presents an ongoing challenge in maintaining trust and active participation among the populations we aim to support.</p>		

Communications	
Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables*
Regular communications	<p>Strategic communications plan that articulates the authority's mission, value, role and responsibilities in its community, and supports department and community leadership to communicate these messages. The strategic communications plan should include high priority issues that require proactive communications with the public.</p>
Emergency communications	<p>Internal communications plan</p> <p>Communication products based on the strategic communications plan and risk communication needs that consider the end user and use appropriate format(s) and language(s)</p> <p>Communication products that are culturally responsive, incorporate health literacy principles and address varying racial and ethnic backgrounds, geographic locations, and language preferences.</p> <p>News releases and public meeting notices</p> <p>Policy briefs and other related communications</p> <p>Public-facing website with regular updates made to content</p> <p>Evidence of two-way communications with the public</p> <p>Documentation of annual communications training for any staff beyond the public information officer who communicate with the public about public health issues</p> <p>Evidence of two-way communications with PHD</p> <p>Evaluation reports on the effectiveness of communications</p> <p>Evidence that communications and strategies are adjusted based on evaluation findings</p> <p>Communications evaluation plan that is structured around health equity and literacy</p>

*Deliverables for this capability are not associated with a specific role category

<p>1. This capability is/will be implemented (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Through LPHA staff <input checked="" type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district 		<p>2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 34, Column N)</p> <p>%50</p>	<p>3. Self-assessed expertise (CCA: 12. Summary, Row 34, Column F)</p> <p>Basic</p>	<p>4. Self-assessed capacity (CCA: 12. Summary, Row 34, Column H)</p> <p>Minimal</p>
<p>5. Current FTE supporting this capability (CCA: 12. Summary, Row 34, Column P)</p> <p>FTE: 0.00</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 34, Column AD)</p> <p>FTE: 1.00</p>	<p>7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 34, [Column T + Column X])</p> <p>\$21,339</p> <p style="text-align: right;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, [Column AH + Column AL])</p> <p>\$28,250</p> <p style="text-align: right;">Tip</p>	
<p>9. Describe any joint agreements or contracted services being used to support implementation of this capability.</p> <p>We collaborate closely with county emergency management to facilitate timely notifications and maximize the use of county communication platforms, including Everbridge and county websites. Our efforts ensure that important information reaches the entire community, including our tribal members, through effective, inclusive communication strategies.</p> <p>We regularly distribute public service announcements (PSAs) on current health issues to community organizations and individuals. Additionally, we publish a monthly Public Health Newsletter that is shared with all community health-serving organizations and local health facilities. This newsletter provides updates on emerging health concerns, critical access issues, community events, and expansions of local services. We also send tailored monthly newsletters to community partners to keep them informed of relevant events and developments, ensuring comprehensive communication throughout the community.</p>				

<p>10. Funding sources supporting this capability Tip</p> <p>1. N/A <input type="checkbox"/> Short-term or limited duration funding</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 34, Column AB)</p> <p>\$21,339</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, Column AP)</p> <p>\$121,001</p>
<p>13. Describe how this capability has been implemented to date.</p> <p>Coos Health & Wellness has worked closely with the organization's appointed Public Information Officer (PIO) to ensure timely communication regarding community health issues and risks. By building strong partnerships with first responders, local tribes, and both forest and health systems, we have established an uninterrupted line of communication across the community. This collaborative approach enhances community awareness, accelerates notification delivery, and enables rapid deployment of assistance when needed.</p>		
<p>14. Describe how the LPHA will work towards full implementation of this capability.</p> <p>We have identified the need to create and train a specialized staff member responsible for social media management and expanding public access to health education. In our rural community, a full-time communications specialist would have a significant positive impact by strengthening connections across all segments of the community. Dedicated funding for this role is critical, as communication challenges in rural areas are often greater than those in urban settings. A communications specialist would play a vital role in ensuring that health information reaches all community members efficiently and effectively.</p>		
<p>15. Describe any barriers or challenges to full implementation of this capability.</p> <p>Lack of funds.</p> <p>Dedicated funding for this role would strengthen connections across all segments of our community. A communications specialist is especially vital for rural areas, where communication challenges are often greater than in urban settings.</p>		

Emergency Preparedness and Response			
Role Categories (Refer to Modernization Manual for LPHA specific roles)		Deliverables	
Prepare for emergencies		Continuity of operations plan for the local public health authority Documentation demonstrating planning for emergency preparedness exercises Documentation that planned emergency preparedness exercises have been executed Public health emergency preparedness plans according to established guidelines Plans for the distribution of pharmaceuticals in an emergency Approved local ambulance service area plans	
Respond to emergencies		Disaster epidemiology reports Documented participation in emergency response efforts Documentation of enforcement of emergency public health orders. Situational assessments and resulting operational plans, including objectives, resources needed and how to resume routine operations	
Coordinate and communicate before and during an emergency		Portfolio of community partnerships to support preparedness and recovery efforts Documented delivery of health alerts and preparedness communications to partners and the general public	
1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 30, Column N) 50%	3. Self-assessed expertise (CCA: 12. Summary, Row 30, Column F) Basic	4. Self-assessed capacity (CCA: 12. Summary, Row 30, Column H) Minimal

<p>5. Current FTE supporting this capability (CCA: 12. Summary, Row 30, Column P)</p> <p>FTE: 0.50</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 30, Column AD)</p> <p>FTE: 1.50</p>	<p>7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 30, [Column T + Column X])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, [Column AH + Column AL])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>
<p>9. Describe any joint agreements or contracted services being used to support implementation of this capability.</p> <p>We collaborate with neighboring counties and share an epidemiologist to provide comprehensive regional data. Our partnerships extend to working closely with our county emergency management and sheriff's office as ambassadors of our county's Public Health services through a Unite Us referral system. Additionally, we maintain a Memorandum of Understanding with Bay Cities Ambulance to ensure coordinated vaccination for home-bound community members.</p>			
<p>10. Funding sources supporting this capability</p> <p>1. N/A</p> <p>2.</p> <p>3.</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 30, Column AB)</p> <p>\$71,568</p>	<p>12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, Column AP)</p> <p>\$168,903</p>	

13. Describe how this capability has been implemented to date.

Continuity of Operations Plan (COOP):

The COOP is updated annually across the organization, in alignment with updates to Public Health strategic plans. Staff consistently complete Incident Command System (ICS) training, and the organization maintains at least 80% compliance with ICS onboarding training. Annual exercises are executed to maintain readiness.

We collaborate with bordering counties and share an epidemiologist to provide comprehensive regional data. Our ICS committee meets bi-monthly to ensure preparedness and effective coordination. All Directors have Completed ICS training through, ICS 400: Advanced Incident Command System for Complex Incidents.

14. Describe how the LPHA will work towards full implementation of this capability.

We continue to prioritize cross-training opportunities and allocate staff time for both internal staff and external partners to support the development of the readiness plan. This ongoing commitment helps ensure robust preparedness and coordinated response efforts across our organization and with our partners.

15. Describe any barriers or challenges to full implementation of this capability.

Lack of funds.

Foundational Programs

For each program in this section, the LPHA should include:

- Staffing capacity
- Implementation of the program to date
- How the LPHA will work towards full implementation
- Barriers and challenges to full implementation
- Current funding and estimated full funding amounts

Communicable Disease Control	
Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Communicable disease surveillance	Local reports of notifiable diseases
	Portfolio of strategic partnerships with hospitals, health systems, providers, schools, and other partners
Communicable disease investigation	Documented implementation of investigative guidelines
	Documented submission of individual communicable disease case and outbreak data, consistent with Oregon statute, rule and program standards
	Policies in place to ensure maintenance of security of personally identifiable data collected through audits, review, update, and verification
	Protocols for proper preparation, packaging and shipment of disease and outbreak samples of public health importance (e.g., animals and animal products)
	Respond to emerging infectious diseases (e.g., SARS, MERS, Ebola)
	Documented reporting of communicable disease cases and outbreaks to the local public health administrator
Communicable disease intervention and control	Communications with the public about outbreak investigations
	Documentation of policies to ensure appropriate screening and treatment for HIV, STD and TB cases, including pre- and post-exposure prophylaxis for HIV
	Health education resources for the general public, health care providers, long-term care facility staff, infection control specialists and others regarding vaccine-preventable diseases, health care-associated infections, antibiotic resistance, and related issues
	Protocols or process maps for information-sharing between providers to reduce disease transmission
	Plans to allocate scarce resources in an emergency or outbreak
	Reports of gaps in surveillance, investigation, and control of communicable diseases in public health agencies
Communicable disease response evaluation	Standards and documentation of technical support for enforcement of public health laws (e.g., isolation and quarantine, school exclusion laws)
	Assessment reports of outbreak investigation and response efforts, conducted by both state and by local public health
	Evaluation presentations and publications

Documented results of quality and process improvement initiatives Work with PHD to evaluate disease control investigations and interventions. Use findings to improve these efforts			
1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 37, Column N) 50%	3. Self-assessed expertise (CCA: 12. Summary, Row 37, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 37, Column H) Minimal
5. Current FTE supporting this program (CCA: 12. Summary, Row 20, Column P) FTE: 0.75	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 37, Column AD) FTE: 1.60	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 37, [Column T + Column X]) \$0 Tip	8. Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, [Column AH + Column AL]) \$0 Tip
9. Describe any joint agreements or contracted services being used to support implementation of this program. We collaborate with a shared epidemiologist to support Public Health analysis and response in our community. Additionally, we work with Bay City Ambulance to provide in-home vaccinations as needed, improving access to essential health services for residents who may face barriers to traditional clinic visits.			
10. Funding sources supporting this program 1. N/A 2. 3. (Add additional rows as needed for additional funding sources)	<input type="checkbox"/> Short-term or limited duration funding <input type="checkbox"/> Short-term or limited duration funding <input type="checkbox"/> Short-term or limited duration funding Tip	11. Current total expenditures supporting this program (CCA: 12. Summary, Row 37, Column AB) \$96,442	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, Column AP) \$212,315

13. Describe how this program has been implemented to date.

- * We actively collaborate with aging population centers, local health providers, and schools to provide up-to-date information on rural community health issues, changing guidelines, and educational resources.
- * We provide resources for service delivery and educate providers on reporting standards and best practices.
- * We support systems that address gaps for underserved populations, ensuring no one is left without essential care.
- * Our team participates in monthly hospital meetings focused on infection prevention, fostering ongoing collaboration and improvement in healthcare practices.

14. Describe how the LPHA will work towards full implementation of this program.

Build a sustainable line of communication with all health care and health services within the county, for fast and effective communication of Public Health issues.

15. Describe any barriers or challenges to full implementation of this program.

Our organization faces significant challenges due to a lack of funding and difficulties establishing an effective line of communication that reaches all health systems within the county. Additionally, administrative and reporting requirements from the Oregon Health Authority (OHA) add to our operational burden.

Prevention and Health Promotion	
Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables*
Collect, standardize, analyze, coordinate, use and disseminate data	<p>Local summaries, reports and information for:</p> <ul style="list-style-type: none"> i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above. <p>Summaries and reports include information about risk factors and burden of disease among diverse populations.</p>
Provide timely, relevant, and accurate information about social, emotional, and physical health and safety	Documented strategies used to share data, summaries and reports with communities, partners, policy makers and others
Convene stakeholders, engage statewide organizations and partners, and cultivate leadership and vision for prevention and health promotion policies, programs, and strategies	Documented strategies used to educate consumers about the impact of marketing strategies on health
Develop a prioritized plan to address health needs using policy, systems, and environmental change strategies. The prioritized plan aligns the CHIP, the local strategic plan, and other public health planning documents	Portfolio of partners and stakeholders, including local organizations that work with priority populations
Implement local policies, programs, and strategies to improve social, emotional, and physical health and safety at the level supported by existing funding	Documentation of shared priorities and strategies with partners and stakeholders
	Documented participation or leadership in local coalitions
	Documentation of work with the community to build capacity and support community organizing efforts.
	Documented trainings and other learning opportunities made available to partners, stakeholders, and community members
	Local prioritized plan
	Current community health improvement plan. Documentation of annual updates for current CHIP
	Evidence of strategies to reduce health disparities in the CHIP
Evidence of implementation and coordination of policies, programs and strategies for:	
	<ul style="list-style-type: none"> i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and

		unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization plans; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above	
		Documented efforts to secure funds for prevention and health promotion programs and interventions	
		Evaluation plans; evidence that plans have been shared	
*Deliverables for this program are not associated with a specific role category			
1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 42, Column N) 50%	3. Self-assessed expertise (CCA: 12. Summary, Row 42, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 42, Column H) Minimal
5. Current FTE supporting this program (CCA: 12. Summary, Row 42, Column P) FTE: 1.25	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 42, Column AD) FTE: 2.25	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 42, [Column T + Column X]) \$30,181 Tip	8. Estimated direct contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, [Column AH + Column AL]) \$30,181 Tip
9. Describe any joint agreements or contracted services being used to support implementation of this program Frontier Health Strategies is an external company contracted to evaluate data from community education initiatives. Their focus includes assessing efforts related to community physical health, early identification and education on postpartum health through our WIC program, home visiting staff, clinic outreach activities, and prevention events. This evaluation helps guide continuous improvement and effective resource allocation.			

<p>10. Funding sources supporting this program Tip</p> <p>1. N/A <input type="checkbox"/> Short-term or limited duration funding</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this program (CCA: 12. Summary, Row 42, Column AB) \$208,891</p>	<p>12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, Column AP) \$331,730</p>
<p>13. Describe how this program has been implemented to date</p> <p>The program is currently in its initial implementation phase. A contract has been established with Frontier Health Strategies, and teams are working collaboratively to identify relevant data points and design surveys. These tools will be utilized during upcoming education and outreach events to gather information on community needs. The focus areas include physical and behavioral health, early identification of postpartum issues, and homelessness-related priorities, aligned with Community Health Improvement Plan (CHIP) initiatives. This groundwork will inform future interventions and ensure the program addresses the most pressing needs identified within the community.</p> <p>Our prevention specialists offer mocktail services through Rethink the Drink Oregon to organizational partners as part of our community outreach and prevention programs. This service provides education on healthy alternatives to alcohol consumption.</p>		
<p>14. Describe how the LPHA will work towards full implementation of this program</p> <p>Coos Health and wellness is currently laying our upcoming 6-month education and a full roll out of CHIP community engagement events along with data collection point for Frontier Health Strategies data contract to analyze and propose not only initial findings but also intervention as we move forward.</p>		
<p>15. Describe any barriers or challenges to full implementation of this program</p> <p>Strong data point collections in cross-sectional subject matter facing our community and its population needs.</p>		

Environmental Health	
Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Identify and prevent environmental hazards	Current community health assessment that includes environmental health
	Written best practices for vector control
	Policy briefs and other communications on environmental health impacts
Conduct mandated inspections	Documented communications on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations
	Documented provision of licensing and certification of recreational facilities, food service facilities and tourist accommodations
	Review and inspection reports of regulated entities and facilities
	Documented investigation of complaints and assessment of fines/penalties, including those related to: <ul style="list-style-type: none"> i. Waterborne disease; ii. Regular drinking water testing and reporting of results; and iii. Failure to meet water quality standards and requirements
	Documented compliance with standards and processes
	Documented enforcement of regulations
	Information systems that provide current and accurate information to support environmental health functions at the state and local level
Promote land use planning	Documented consultations on the assessment and mitigation of environmental health hazards for the food service industry and the general public
	Documentation of health analyses prepared for other organizations with recommended approaches to ensure healthy and sustainable built and natural environments
	Communications on environmental justice concerns and disparities

<p>1. This program is/will be implemented (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Through LPHA staff <input checked="" type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district 	<p>2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 48, Column N)</p> <p>50%</p>	<p>3. Self-assessed expertise (CCA: 12. Summary, Row 48, Column F)</p> <p>Proficient</p>	<p>4. Self-assessed capacity (CCA: 12. Summary, Row 48, Column H)</p> <p>Minimal</p>
<p>5. Current FTE supporting this program (CCA: 12. Summary, Row 48, Column P)</p> <p>FTE: 2.75</p>	<p>6. FTE needed for full implementation (CCA: 12. Summary, Row 48, Column AD)</p> <p>FTE: 3.75</p>	<p>7. Current contract expenditures to support this program (CCA: 12. Summary, Row 48, [Column T + Column X])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>	<p>8. Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, [Column AH + Column AL])</p> <p>\$0</p> <p style="text-align: right;">Tip</p>
<p>9. Describe any joint agreements or contracted services being used to support implementation of this program</p> <p>Coos Health & Wellness collaborates with a shared epidemiologist to enhance public health analysis and response, particularly for food-borne illnesses in our community. In addition, we maintain a shared agreement with the Department of Environmental Quality (DEQ) to address local environmental health issues. Our partnership with DEQ also includes contracting for the licensing of Wastewater Treatment and Disposal Systems, ensuring environmental safety and regulatory compliance within our jurisdiction.</p>			
<p>10. Funding sources supporting this program</p> <p>1. N/A</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p> <p style="text-align: right;">Tip</p>	<p>11. Current total expenditures supporting this program (CCA: 12. Summary, Row 48, Column AB)</p> <p>\$303,795</p>	<p>12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, Column AP)</p> <p>\$460,037</p>	

13. Describe how this program has been implemented to date

Coos Health & Wellness has continued to leverage our shared epidemiologist, who provides training for new clinic and environmental health staff on reporting, tracking, and documentation procedures. Our on-site program has now reached six months of implementation, with all staff involved being fully trained and licensed in these essential services.

We have also developed communication templates for rapidly deploying public service announcements, social media updates, and website resources in response to environmental health issues. These resources are used for incidents such as wildfire smoke, prescribed slash-burn notifications, dangerous algal bloom conditions, and the impacts of illegal recreational vehicle wastewater dumping in our coastal community. This proactive approach ensures timely, consistent, and effective communication with the public during environmental health events.

14. Describe how the LPHA will work towards full implementation of this program

We have developed written agreements with major community agencies to ensure timely notification of any upcoming or scheduled slash burns. These agreements facilitate appropriate community notifications and coordination of resources during such events.

Additionally, we partner with Frontier Health Strategies to develop data points focused on illegal recreational vehicle (RV) wastewater dumping along our coastal community. This collaborative effort supports data-driven decision-making and strengthens our response to environmental health concerns.

15. Describe any barriers or challenges to full implementation of this program

Community engagement in the illegal recreational wastewater dumping.

Access to Clinical Preventive Services			
Role Category (Refer to Modernization Manual for LPHA specific roles)		Deliverables	
Ensure access to cost-effective clinical care		Jurisdictional reports on access to clinical preventive services	
		Documentation of resources provided to clinical and community partners on evidence-based guidelines for the delivery of clinical preventive services	
		Documentation of work with partners to recommend strategies for improving access to clinical preventive services	
		Documentation for the development and implementation of a plan for improved access to clinical preventive services, particularly for priority populations. Document implementation of this plan	
		Evaluation reports of policies implemented to improve access to clinical preventive services	
		Documentation of compliance with state and federal laws	
1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input checked="" type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 52, Column N) 33%	3. Self-assessed expertise (CCA: 12. Summary, Row 52, Column F) Basic	4. Self-assessed capacity (CCA: 12. Summary, Row 52, Column H) Minimal
5. Current FTE supporting this program (CCA: 12. Summary, Row 52, Column P) FTE: 0.50	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 52, Column AD) FTE: 0.50	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 52, [Column T + Column X]) \$0 Tip	8. Estimated direct contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, [Column AH + Column AL]) \$0 Tip

<p>9. Describe any joint agreements or contracted services being used to support implementation of this program</p> <p>We have established a joint agreement with the local Sheriff's Department, Fire Departments, and ambulance services to conduct collaborative outreach days. These events focus on educating the community about the clinic's services and fostering greater awareness and accessibility of health resources. This partnership strengthens community engagement and ensures residents are informed about available health services through direct interaction with trusted local agencies.</p>		
<p>10. Funding sources supporting this program</p> <p>1. N/A <input type="checkbox"/> Short-term or limited duration funding</p> <p>2. <input type="checkbox"/> Short-term or limited duration funding</p> <p>3. <input type="checkbox"/> Short-term or limited duration funding</p> <p>(Add additional rows as needed for additional funding sources)</p>	<p>Tip</p> <p>11. Current expenditures supporting this program (CCA: 12. Summary, Row 52, Column AB)</p> <p>\$63,730</p> <p>Tip</p>	<p>12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, Column AP)</p> <p>\$64,403</p>
<p>13. Describe how this program has been implemented to date</p> <p>Our staff delivers organizational in-services to our community partners, ensuring they are well-informed about the full range of services we offer. We also provide quick reference materials to facilitate easy access to the Unite Us closed referral service. These efforts help streamline referrals and strengthen collaboration among service providers, ultimately enhancing support for individuals and families in our community.</p>		
<p>14. Describe how the LPHA will work towards full implementation of this program</p> <p>We have contracted with Frontier Health Strategies to analyze data from the Unite Us self-referral program. Their expertise supports the design of evidence-based strategies to enhance engagement with our key partners. By applying these insights, we can develop more robust, efficient methods to streamline access to services, ultimately improving outcomes for those we serve.</p>		
<p>15. Describe any barriers or challenges to full implementation of this program</p> <p>Identifying appropriate data points.</p>		

Additional Activities to Protect the Public’s Health and Safety

In this **optional** section, LPHAs can describe any additional local public health programs or activities considered necessary by the LPHA to protect local public health and safety (ORS 431.413 (1)(c)(B))

Additional Program: WIC and Home Visiting			
1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input checked="" type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district	2. What percentage of this program is provided by your LPHA? 100%	3. Current FTE supporting this program (CCA: 11. Additional Programs; Row 9) 9.00	4. FTE needed for full implementation of this program (CCA: 11. Additional Programs; Row 23) 9.00
5. Funding sources supporting this capability 1. N/A 2. 3. (Add additional lines for additional funding sources)		<input type="checkbox"/> Short-term or limited duration funding <input type="checkbox"/> Short-term or limited duration funding <input type="checkbox"/> Short-term or limited duration funding	
6. Current contract expenditures supporting this program (CCA: 11. Additional Programs; [Row 11 + Row 13]) \$118,297 Tip	7. Estimated contract expenditures to support full implementation of this program (CCA: 11. Additional Programs; [Row 25 + Row 27]) \$118,297 Tip	8. Current total expenditures for this program (CCA: 11. Additional Programs; Sum Rows 10-14) \$1,124,211	9. Estimated total expenditures for full implementation of this program (CCA: 11. Additional Programs; Sum Rows 24-28) \$1,151,017 Tip
10. Describe any joint agreements or contracted services being used to support implementation of this program. We contract with a WIC nutritionist and a resource navigator to support families in our community. The WIC nutritionist provides specialized nutritional guidance and support to women, infants, and children, while the resource navigator			

assists individuals and families in connecting with essential community services. This approach ensures comprehensive support for those we serve, addressing both nutritional needs and broader social determinants of health.

11. Describe how the LPHA will work towards full implementation of this program.

We are experiencing continued growth in both our WIC and Home Visiting client services. Currently, demand for these programs has reached capacity, resulting in wait lists for some services. This reflects the essential role these programs play in our community and underscores the need for additional resources to meet increasing demand.

12. Describe any barriers or challenges to full implementation of this program.

Currently, we do not have sufficient funding to expand our staff for the WIC and Home Visiting programs. This limitation prevents us from eliminating the wait list and fully meeting the needs of all families seeking these essential services. Additional resources are needed to increase staff capacity and ensure timely access to support for our community.

With targeted funding for training and onboarding, program expansion and sustainability could meet service needs without incurring the initial financial deficit that often takes years to recover from in underfunded programs. Furthermore, aligning reimbursement rates with the actual services provided and staff salaries would help ensure long-term program stability and equitable access for families in need.

(Copy table to provide information on multiple programs)

Partnering with Coordinated Care Organizations and Early Learning Hubs (ORS 431.413)

In this **optional** section, LPHAs can describe how they are partnering with CCOs and Early Learning Hubs to implement the foundational capabilities and programs. This can include:

- Collaboration with CCO and/or Early Learning Hubs to develop this plan
- Participation and/or collaboration to develop strategies to support implementation of the foundational capabilities and programs
- Collaboration around policy development and advocacy to support implementation of the foundational capabilities and programs

- Coos Health & Wellness continues collaboration with Coordinated Care Organizations (CCOs) to implement the current Community Health Improvement Plan (CHIP), which focuses on serving houseless and vulnerable populations. Our joint efforts emphasize early intervention by identifying community needs and proactively addressing issues across all population groups.

Key strategies include:

- Prevention through Outreach and Education: Organizing educational events and outreach activities to raise awareness, build community resilience, and prevent health challenges before they escalate.
- Clinical Services with Outreach Partnerships: Expanding access to clinical care by partnering with community organizations, delivering essential services to underserved populations.
- Leadership in Prevention and Workforce Readiness: Coos Health & Wellness staff lead prevention workgroups, develop new services, and facilitate workforce readiness workshops to strengthen the public health infrastructure.
- Early Health Education and Service Navigation: Providing early health education and guidance to help individuals and families efficiently access needed resources.

- Additionally, Coos Health & Wellness Public Health collaborates with the Early Learning Hub to:
 - Improve access to training opportunities for providers and families
 - Develop and maintain service referral pathways
 - Deliver shared public education initiatives to increase awareness and use of available services

These integrated efforts ensure that prevention, education, and support services reach those most in need, laying the foundation for a healthier and more equitable community.

Monitoring and Evaluation

This section should include the following information:

- How the LPHA is/will monitor progress and/or describe its performance management system
 - This can include progress on the plan (implementation of the capabilities and programs) and/or how the LPHA is measuring and monitoring impact
- Cadence for plan review and updates
- How the LPHA has incorporated statewide accountability metrics into their plan.

- Coos Health & Wellness has developed a Modernization database using Smartsheet to efficiently track and monitor all OHA deliverables, foundational capabilities, and foundational programs. This system is

based on the successful model implemented by Jackson County. In addition to the individual Smartsheet spreadsheets, a dynamic, continuously updated living document—the Coos Health & Wellness Dashboard—will provide a clear and accessible overview of status, accomplishments, staff leads, OHA deliverables, and associated progress and timelines for each capability and program.

The Dashboard is designed to give a simple, visual summary of how the organization is performing relative to its modernization goals, allowing both staff and leadership to easily identify successes and areas needing attention. Leadership team members are empowered to edit and update their respective Smartsheet spreadsheets directly, ensuring the most accurate and current information is always reflected.

To further support transparency and progress, quarterly leadership meetings will be held with a specific focus on updating and tracking progress within the Smartsheet. Coos Health & Wellness will also share updates on this ongoing modernization plan with OHA at regular intervals, demonstrating a commitment to accountability and continuous improvement while maintaining the level of administrative burden requested by OHA.