

## 2022 CCO Community Health Improvement Plan Progress Report Guidance

This guidance helps CCOs address contractual requirements for the community health improvement plan (CHP) progress report deliverable. This deliverable can be found per **Exhibit K, Part 7.m** and **Oregon Administrative Rule 410-141-3730**.

- A. The CHP progress report is due by June 30, 2022. It should be sent to the Oregon Health Authority’s Health Systems Division by email to [CCO.MCOTDeliverableReports@dhsoha.state.or.us](mailto:CCO.MCOTDeliverableReports@dhsoha.state.or.us).
- B. Two documents are required to complete your annual progress report:
  - 1) The progress information noted in item C below; and
  - 2) The completed CCO CHP Progress Report Questionnaire (starting on page two of this guidance document) as an appendix to the progress report. If your CCO has multiple CHPs, you must complete a separate questionnaire for each CHP.
- C. The annual progress report should document progress made in implementing the CHP, including:
  - 1) Changes in community health priorities, goals, strategies, resources or assets;
  - 2) Strategies used to address the CHP health priorities;
  - 3) The role of the CCO and responsible partners who have been involved creating and implementing strategies to address CHP health priorities;
  - 4) Progress and efforts made (including services provided and activities undertaken) to-date toward reaching the metrics or indicators for CHP health priorities; and
  - 5) Identification of the data used; and the sources and methodology for obtaining that data, to evaluate and validate the progress made toward metrics or indicators identified in the CHP.
    - For CHPs that did not include quantifiable metrics or indicators for each health priority goal, the CCO should include the metric/indicator, data source, baseline data and year, and current year’s data for each health priority goal. The CCO may include additional information to provide insight on data collection or context for why a metric/indicator has or has not made progress.
    - For CHPs that did include quantifiable metrics or indicators for each health priority goal, the CCO should include the metric/indicator, data source, baseline data and year, and current year’s data for each health priority goal. The CCO may include additional information to provide insight on data collection or context for why a metric/indicator has or has not made progress.
- D. The annual progress report evaluation criteria, includes ensuring the progress report:

1	Be published annually by the CCO. It must be reviewed by the CAC and then submitted to OHA. Publishing requires, at a minimum, publicly posting the progress report online to CCO and/or separate CHA/CHP website.
2	Report details changes in community health priorities, goals, strategies, resources or assets.
3	Include information about agencies and organizations, including the CCO, who created and implemented strategies to address CHP health priorities.
4	Detail progress and efforts to date in addressing CHP health priorities.
5	Detail progress to date towards meeting the CHP metrics and indicators for each CHP health priority.
6	Identifies what data, data sources, and data methodology were used to validate progress made towards meeting the CHP metrics and indicators for each CHP health priority.
7	Includes a completed OHA questionnaire.

# CCO Community Health Improvement Plan Progress Report Questionnaire: CCO with Current Plan

## CHP Progress Report Questionnaire

### Key Players, Health Priorities and Activities in Child and Adolescent Health

#### 1. Which of the following key players are involved in implementing the CCO's CHP? (select all that apply)

- Early learning hubs
- Other early learning programs<sup>1</sup>  
Please list the programs: Mid-Willamette Valley Community Action Agency Head Start and Early Head Start
- Youth development programs<sup>2</sup>  
Please list the programs: Willamette Education Service District, Youth Era, Mano a Mano, Catholic Community Services, Latinos Unidos Siempre, Mid-Willamette Valley Homeless Alliance, Trillium Family Services
- School health providers in the region
- Local public health authority
- Hospital(s)

#### 2. For each of the key players involved in implementing the CCO's CHP, indicate the level of engagement of partnership:

	No engagement			Full engagement	
	1	2	3	4	5
Early learning hubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other early learning programs <sup>1</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth development programs <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School health providers in the region	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public health authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Optional comments: Not applicable.

#### 3. Describe how these key players in the CCO's service area are involved in implementing your CHP.

Examples:

- ✓ The early learning hub in our region is included in the prioritization and strategies.
- ✓ CCO is working with local youth development groups on homelessness.

#### Early Learning Hubs

The Marion & Polk Early Learning Hub (MPELH) sits on the Steering Committee\*, helping to guide the practical aspects of CHA/CHP development and implementation. Additionally, a staff member of the (MPELH) serves as a member of the region's Community Advisory Council (CAC)<sup>3</sup>. The CAC plays an instrumental role in directing the majority of Social Determinants of Health and Equity investments on behalf of PacificSource Community Solutions – Marion County and Polk County CCO (Marion-Polk CCO), including funds supporting the implementation of the CHP.

\* For a description of the Marion-Polk CHA/CHP Development and Implementation Structure, see pages 1-3 of the 2022 Marion-Polk CHP Progress Report Narrative.

<sup>1</sup> Per OHA, could include programs developed by Oregon's Early Learning Council.

<sup>2</sup> Per OHA, could include programs developed by Oregon's Youth Development Council.

<sup>3</sup> The Community Advisory Council (CAC) provides recommendations and input to the Willamette Health Council Board (which serves as the Marion-Polk CCO's governing board) to ensure that the CCO remains responsive to consumer and community health needs.

**Other Early Learning Programs**

The Mid-Willamette Valley Community Action Agency (MWVCAA) coordinates the Head Start and Early Head Start programs across Marion County and Polk County. Multiple representatives from Head Start and Early Head Start participated in priority area work groups and key informant sessions during the development of the CHP. A MWVCAA staff member actively participates on the Housing Health and Safety Subcommittee (formerly the Housing Priority Work Group).

**Youth Development Programs**

While the Marion-Polk region does not have formal Youth Development Programs, the following youth-serving organizations participated on the priority area work groups during the CHP development:

- Willamette Education Service District
- Youth Era
- Mano a Mano
- Catholic Community Services
- Latinos Unidos Siempre
- Mid-Willamette Valley Homeless Alliance
- Trillium Family Services

The following youth-serving organizations were awarded grant funding by the Willamette Health Council’s (WHC)\* to support the CHP priority areas (behavioral health supports, substance use, and housing) and implementation:

WHC Grants Supporting CHP Implementation by Youth-Serving Organizations			
Grant Recipient	Amount Awarded	CHP Priority Area	Project Summary
Catholic Community Services of the Mid-Willamette Valley and Central Coast (CCS)	\$202,500.00	<ul style="list-style-type: none"> <li>• Behavioral Health Supports</li> <li>• Housing</li> </ul>	Building Community Resilience in Affordable Housing: The Building Community Resilience in Affordable Housing Initiatives (BCRAHI) addressed the SDOH-E to improve resident health outcomes in Catholic Community Services and partners' affordable housing complexes. The initiative followed the five Strengthening Families Protective Factors which include Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children.
Marion County Health and Human Services (MCHHS)	\$200,000.00	<ul style="list-style-type: none"> <li>• Behavioral Health Supports</li> </ul>	PAX Good Behavior Game: MCHHS fully implemented the PAX Good Behavior Game (GBG), as a complement to its Mental Health Promotion Program activities. The PAX GBG creates change in behavior that increase self-regulation and improves social-emotional well-being. Implementation of the GBG has shown positive long-term outcomes for both mental health and

\* The Willamette Health Council (WHC) serves as the Marion-Polk CCO’s community governance body.

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			substance use.
Capitol Dental Care (CDC)	\$85,000.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> </ul>	<p>Tooth Fairy Deliveries: this project provided free oral health kits (toothbrushes and fluoride toothpaste) to low-income children in Marion County and Polk County. The project expanded its distribution of oral health kits to reach all children ages 0-14 in Marion County and Polk County.</p> <p>Additionally, the project created new video-based oral health education material that will be distributed through CDC's Outreach Program.</p>
Mano a Mano	\$100,000.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> </ul>	<p>The Polk County Family Wellness Project Proyecto Bienestar Familiar de Polk County: funds enabled Mano a Mano to provide a culturally specific response to help reduce toxic stress among Latino/a/x families in Independence and rural Polk County.</p>
CASA of Marion County (CASA)	\$25,000.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> <li>Substance Use</li> </ul>	<p>Foster Family Mentorship Project: CASA, a community based organization, will increase efforts to meet SDOH-E needs in the growing population of children in foster care or at risk of entering foster care. CASA volunteers and Safe Families for Children Mentors will equip families with intervention resources prior to their children being moved into foster care.</p>
Childhood Health Associates of Salem (CHAOS)	\$86,200.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> <li>Housing</li> </ul>	<p>Embedded Community Health Worker (CHW) Services: CHAOS, a pediatric clinic, will hire and train a CHW to serve pediatric patients with health complexity. The CHW will work to improve early identification of SDOH needs and connection to services in a way that is family-centered, and trauma informed. Further, they will provide responsive system navigation support to families facing multiple medical and social complexities.</p>
Oregon Family Support Network (OFSN)	\$78,000.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> </ul>	<p>Support for Mental and Behavioral Health Needs: OFSN, a peer run organization, will increase their capacity to support Marion County and Polk County residents struggling with a child's behavioral health needs. As a result of this project, families will experience greater access to support, more resources in their community, and less stigma or shame in reaching out for support.</p>

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Salem Keizer Coalition for Equality (SKCE)	\$75,450.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> </ul>	Formando Familias Fuertes: this program is designed to increase protective factors and family wellbeing in Spanish speaking immigrant families with children in the Salem Keizer School District. This project supports parents and children through social emotional education, support groups and family case management which includes mentoring/coaching and access to mental health providers. Specifically, this project will pilot the innovative approach of providing a Family Support Specialist to accompany services as described above.
Salvation Army-Salem Kroc Center	\$97,140.50	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> </ul>	Meal, Movement, Mindset Project: this project will engage 54 teenagers and young adults, aged 15 to 21 years, in three 10-week cohorts promoting physical and behavioral health. Participants will engage in nutrition and cooking classes, develop skills related to exercise science, and gain exposure to future education and employment opportunities. Most importantly, the Meal, Movement, Mindset Project aims to increase the protective factors that shield against depression in adolescents.
Willamette Valley Hospice & Palliative Care (now Willamette Vital Health)	\$7,228.39	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> </ul>	Talking to Kids about Tough Stuff-Serious Illness, Death, and Grief Project: WVH's "Talking to Kids about Tough Stuff: Serious Illness, Death, and Grief" project will provide evidence-based tips and communication tools to caregivers of children grieving in the COVID-19 environment. WVH will develop curriculum and provide clinically approved books/workbooks and recorded webinars for English and Spanish speaking parents in collaboration with Northwest Human Services (NWHS), a Federally Qualified Health Center serving the Marion-Polk CCO region. These resources will be distributed to local agencies serving English and Spanish-speaking families in Marion County and Polk County.
Youth Era (YE)	\$182,057.00	<ul style="list-style-type: none"> <li>Behavioral Health Supports</li> <li>Substance Use</li> </ul>	YE, a peer run organization, will integrate a Recovery Peer Support Specialist (RPSS) into their existing Salem Drop program. The RPSS will support youth and young adults (ages 14- 25) experiencing challenges related to substance use, prioritizing services for those also experiencing homelessness. This

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			<p>position will provide individualized addiction peer support, deliver prevention presentations at local high schools, run a weekly recovery support group, and make connections to other local recovery services as requested.</p>
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### School Health Providers

The Willamette Education Service District (WESD) provides support for all 21 school districts across Marion County, Polk County, and Yamhill County. In total, the WESD services 156 schools and approximately 580,000 students. During CHP development, the WESD served on the priority area work groups and participated in Key Informant Sessions. A critical way the WESD participates in CHP implementation is through facilitating the Willamette Social Emotional Learning and Mental Health Network. This network brings together educators, administrators, mental health professionals and community partners to address student mental health. The network meets monthly during the school year, and features breakout sessions each month to support systems and practical application of social emotional and trauma informed practices, spotlight community partners and highlight resources for schools. The WHC and Marion-Polk CCO participate on this network.

### Local Public Health Authorities

Marion County Health and Human Services (MCHHS) has played a leading role the CHA/CHP work across the Marion-Polk region. MCHHS serves as a convener of the Core Executive Committee and Steering Committee and coordinates the development of the CHA and CHP, ensuring regulatory requirements are met for each entity represented on the Core Executive Committee.

Polk County Health Services has representatives from both public health and behavioral health on the Core Executive Committee and Steering Committee.

### Hospitals

All hospital systems within Marion County and Polk County (Legacy Silverton Medical Center, Salem Health, and Santiam Hospital) are represented on the Core Executive Committee, guiding the development and implementation of the CHA/CHP in the region. While Kaiser Permanente (KP) does not have a hospital in the Marion-Polk region, KP shares in the Marion-Polk CHA/CHP work. Each of these hospital systems and Kaiser Permanente provide grant funds supporting the CHP implementation efforts. To make a collective, strategic impact on the CHP priority areas and implement the CHP strategies, the Marion-Polk CCO and WHC re-visited the development on a Memorandum of Understanding (MOU) among organizations represented on the Core Executive Committee (including hospitals). The committee expressed renewed support for the development of an MOU and moved forward in creating a subcommittee charged with drafting an MOU and bringing it to the committee for consideration later this year. Currently, subcommittee members are finalizing the draft MOU, and will present it to the Core Executive Committee for review and feedback in the coming months.

#### 4. If applicable, identify where the gaps are in making connections.

*Examples:*

- ✓ *CCO did not work with school health providers as there is no school-based health center, but the CCO has reached out to the school district.*

Not applicable as the Marion-Polk CCO and WHC have made connections with all the listed key players in the CHA/CHP work.

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5. For CHP priorities related to children or adolescents (prenatal to age 24), describe how and whether the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community.

While none of the CHP priority areas focus on child or adolescent health exclusively, the following CHP strategies directly and indirectly support improved coordination of effective and efficient delivery of health care to children and adolescents in the Marion-Polk region:

	<b>Priority Area: Substance Use</b>
	<b>Goal:</b> Increase the community's ability to prevent and treat substance use by decreasing the gap in treatment service availability between rural and urban areas.
Strategies	Increase the number of substance use treatment service providers.
	Expand use of telehealth services and improve telehealth accessibility.
	<b>Priority Area: Behavioral Health</b>
	<b>Goal:</b> Reduce depression rates across the lifespan.
Strategies	Improve community partnerships between the health and education systems to collaboratively improve mental health supports in schools, such as Social Emotional Learning evidence-based programs, and school-based health centers.
	Connect distance learners in schools with mental health resources.
	Improve outreach and education on community behavioral health services to youth transitioning out of foster care.
	<b>Goal:</b> Improve mental health resilience.
Strategies	Expand Traditional Health Worker network in the community.
	Develop policies and plans that support improving LGBTQ+ behavioral health and increase cultural competency among behavioral health providers serving LGBTQ+ populations.
	Increase trauma-informed care training opportunities.
	<b>Goal:</b> Improve access to behavioral health care.
Strategies	Improve collaboration across systems to coordinate and target efforts related to improving the size, capabilities, and cultural responsiveness of the behavioral health workforce.
	Incentivize behavioral health integration in value-based payment program for providers participating in Patient Centered Primary Care Homes.
	Increase the number of Patient Centered Primary Care Homes.

	Increase accessibility of behavioral health providers for residents of Polk County.
	Improve ability to link providers and improve referral processes.
	Improve timely access to specialty behavioral health services.

**6. What activities is the CCO doing for this age population?**

*Examples:*

- ✓ CCO is collaborating with its local SBHC and WIC program to improve oral health in their populations (0-18).
- ✓ CCO is working with youth, homeless, child welfare and mental health agencies on suicide prevention.
- ✓ CCO is coordinating prenatal services with local providers and public health agencies, including the SBHCs.
- ✓ Several CCO staff, CAC members and partner organization staff have attended ACEs trainings.

The Marion-Polk CCO and WHC are supporting the health of children and youth (prenatal to age 24) in a variety of ways including the following key initiatives, programs and projects:

- The Marion-Polk CCO is working with the MPELH on the rollout of the Family Connects program. This participation includes representation on the Family Connects Community Advisory Board. Additionally, the Marion-Polk CCO convenes a monthly meeting with MPELH staff to collaborate on program messaging and coordination of services.
- The Marion-Polk CCO has been working with the WHC, MPELH, and community groups to successfully implement the new Health Aspects of Kindergarten Readiness Measure: System-Level Social-Emotional Health Metric. Currently, the Marion-Polk CCO is soliciting feedback from community partners on the target population for this new Quality Incentive Measure (QIM).
- The Marion-Polk CCO is actively engaged in conversations surrounding rural health needs and strategies, many of which center around all three CHP priority areas. The Marion-Polk CCO has been convening discussions with rural community partners (e.g., schools) and healthcare related entities to explore ways to address needs surrounding behavioral health, substance use, and housing. While these efforts are not limited to children and youth, most conversations have focused on this population’s health.
- The Marion-Polk CCO and WHC lead the System of Care (SOC) work for Marion County and Polk County. The SOC convenes a broad group of people with professional and personal experience with child-serving systems (e.g., foster care system) to improve outcomes for youth and families in their homes, schools, and communities. Together, this group identifies challenges, resolves barriers, and advocates for systematic change impacting successful outcomes for children and youth.
- The Marion-Polk CCO supports the Mid-Willamette Valley Homeless Alliance (M WVHA) in a variety of ways including representation on the Continuum of Care’s Youth and Young Adults Subcommittee, addressing youth homelessness and houselessness. Recently, Marion-Polk CCO staff supported M WVHA’s development of the Youth Homelessness Demonstration Program’s Coordinated Community Plan, identifying gaps in services for homeless youth, prioritizing areas of need, and providing funding for programs supporting gap areas.
- The Marion-Polk CCO and WHC participate in the Willamette Social Emotional Learning and Mental Health Network facilitated by the WESD (see page 6 for group description).
- The Marion-Polk CCO and WHC participate in the Fostering Hope Initiative (FHI). FHI is a neighborhood based, collective impact initiative designed to promote the positive development of children, strengthen families and build community.

Additionally, the WHC supports the health of the community’s children and youth through its committee structure

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including the following:

- Through the CAC's direction of Community Benefit Initiative (CBI) funds, the WHC has supported multiple child and youth serving organizations as it relates to the CHP priority areas (see pages 3-6 for grant descriptions).
- The Clinical Advisory Panel (CAP) is a committee of the WHC comprised of local healthcare professionals and administrators with a passion for improving healthcare quality in the community. The CAP focus areas (Clinical Quality and Access, Workforce Development, and Prevention, Education, and Outreach) are intended to improve the health of the community at large, including children and adolescents.
- The Community Impact Committee (CIC) addresses healthcare and social care barriers in the community, establishes policy initiatives to improve health and human services and makes financial investments that align with the mission, vision, and values of the WHC. The CIC established three priority areas for their work in 2022, all of which impact the health and wellbeing of children and adolescents: behavioral health crisis system/services, housing, and traditional health workers.

The following organizations were awarded grants through the WHC to support CHP implementation as it relates to children and youth, indirectly improving the coordination of effective and efficient delivery of health care in the Marion-Polk region (see page 5 for program descriptions):

- Salem Keizer Coalition for Equality: The Formando Familias Fuertes program supplies social emotional education for parents and children, parent support groups and family case management, including mentoring and coaching and access to mental health providers.
- Salvation Army-Salem Kroc Center: The Meal, Movement, Mindset project promotes physical and behavioral health.
- Willamette Vital Health (previously known as Willamette Valley Hospice and Palliative Care): The "Talking to Kids about Tough Stuff: Serious Illness, Death, and Grief" project provides evidence-based tips and communication tools to English and Spanish-speaking parents and others working or caring for children to support children who are grieving in the COVID-19 environment.

### 7. Identify ways the CCO and/or CAC(s) have worked with school and adolescent providers on prioritized health focus areas.

*Examples:*

- ✓ *Steering committee formed to identify gaps in school health needs.*
- ✓ *School nurse is an active member of CAC.*
- ✓ *CCO supported grant opportunities to improve mental health access in schools.*
- ✓ *CCO engaged with local early learning hub, and hub has cross membership with CAC.*

The Marion-Polk CCO and WHC (including the CAC) have worked with school and adolescent providers on prioritized health focus areas in the following ways:

- The Marion-Polk CCO has been working with the WHC, MPELH, and community groups to successfully implement the new Health Aspects of Kindergarten Readiness Measure: System-Level Social-Emotional Health Metric. School and adolescent providers sit on the MPELH Board of Directors and have been included in the community groups consulted while rolling out the new QIM.
- While the Marion-Polk CCO has been convening conversations around rural health needs and strategies, school and adolescent providers have been key partners in planning efforts (see page 8 for further description of these efforts).
- The Marion-Polk CCO participated alongside local school staff in the development of the Youth Homelessness Demonstration Program's Coordinated Community Plan (see page 8 for further description of these efforts).
- The Marion-Polk CCO and WHC participate in the Willamette Social Emotional Learning and Mental Health

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Network facilitated by the WESD (see page 6 for further description of these efforts).

- Salem-Keizer School District's Health Services Management Coordinator sits on the CAP.

### Health Disparities

CCO contract: Exhibit K, Part 6 & 7

#### **8. Describe CCO and CHP partner efforts to address health disparities that were prioritized in the CHP. Include updated metrics or indicators to show progress in addressing the health disparity.**

The CHA identified health disparities across communities of color and residents with lower socio-economic status. During CHP development, participants of the priority area work groups responded to these disparities by creating the following cross-cutting strategies spanning across priority areas:

- Collaborate with Black, Indigenous, Latino/a/x, Russian/Slavic, Asian, and Pacific Islander individuals serving community-based organizations to improve health outcomes.
- Improve local data collection on health outcomes and social determinants of health for marginalized community members.
- Implement strategies in a manner that is culturally and linguistically responsive.

Within the past year, the Marion-Polk CCO, WHC, and CHP partners have made the following progress toward implementing the cross-cutting strategies:

- MCHHS conducted a Mini Mobilizing for Action through Partnership and Planning (MAPP) Survey in the spring of 2022 to measure how community members view the health of the Marion-Polk region, particularly on the heels of the COVID-19 pandemic. To improve data collection of sexual orientation and gender identity (SOGI), MCHHS added questions to the survey regarding SOGI.
- Marion-Polk CHP partners have faced challenges regarding data identification, methodology, evaluation, and progress validation toward the CHP's Population Outcome Measures and Goals. The primary challenge has been that the Marion-Polk CHP partners do not currently have a comprehensive manner of gathering, reporting, and analyzing CHP data metrics over time. Marion-Polk CHP partners are currently assessing options to gather and track data and establish long-term infrastructure. The Core Executive Committee's efforts to establish a shared MOU and a data subcommittee will aid creation of a systematic, robust manner of evaluating success toward current and future CHP priority aims.
- The CAC's development and implementation of the annual grant process used to distribute funds utilizes all three cross-cutting strategies in both process and financial support. Each year, the CAC has participated in a CBI workgroup that creates and refines tools to operationalize the grant process. Through participation on this workgroup, the CAC has lent particular expertise to make the process more accessible for organizations unfamiliar with formal grant procurement (e.g., utilizing plain language), many of whom employ and serve people of color or community members with lower socio-economic status. The CBI grant application requires applicants to identify how their project supports specific CHP strategies that have been identified by the WHC as gaps in CHP implementation. Additionally, applicants must describe how their project will support historically marginalized communities in the Marion-Polk community.

#### **9. What successes or challenges has the CCO had in engaging populations experiencing health disparities in the CHP implementation?**

Despite the challenges of responding to COVID-19 and staff capacity issues, representatives from communities experiencing health disparities showed up in a historic manner to develop and implement the CHP. For the first time, the recent Mini MAPP survey was available to the community in four languages (English, Spanish,

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Marshallese, and Russian) and included questions on SOGI. 1,181 community members responded to the survey, a 90.2% increase from the previous survey completed in 2018. While there is opportunity to increase survey responses from underrepresented communities, the success of this effort reflects the movement and determination around the CHA/CHP work.

### Building Toward CCO 2.0 Requirements

Per contract section Exhibit K, Part 6 and 7) OAR 410-141-3730, CCOs are required to develop shared CHAs and shared CHPs with local public health authorities (LPHAs), hospital systems and other CCOs that share a portion of the service area, and federally recognized Tribes in the service area that have or are developing a CHA and CHP. Please reference OHA's *CCO Guidance: Community Health Assessments and Community Health Improvement Plans* available [here](#).

#### 10. Is your CCO's CHA and CHP fully shared with LPHAs, hospitals, other CCOs, and Tribes that share a service area?

**Yes**

Please name the entities that share the CHA and CHP. Enter text here

**Partially**

Please name the entities that share the CHA and CHP.

Marion County Health and Human Services, Polk County Public Health, Willamette Health Council, Salem Health, Legacy Silverton Medical Center, Santiam Hospital and Kaiser Permanente

Please name the entities that do not yet share the CHA and CHP.

Confederated Tribes of Grand Ronde, Confederated Tribes of the Siletz Indians, and Confederated Tribes of Warm Springs

**No**

Please name the entities that do not yet share the CHA and CHP. Enter text here.

#### 11. If your CCO CHA/CHP is not yet fully shared with LPHAs, hospitals, other CCOs and Tribes because it was submitted prior to 2020, does your CHP have health priorities and strategies aligned with other community health improvement plan health priorities and strategies?

Not applicable as the Marion-Polk CHA and CHP were submitted in 2021.

Agency, Organization or Tribe	Aligned Health Priority	Aligned Strategy

Per contract section Exhibit K, Part 7, CCOs are required to address at least two State Health Improvement Plan (SHIP) priorities, based on local need.

#### 12. Please note which of your CCO's CHP strategies align with the 2020-2024 State Health Improvement Plan strategies.

- ✓ The SHIP ([healthiertogetheroregon.org/priorities/](https://healthiertogetheroregon.org/priorities/)) priority areas include 1) Institutional Bias, 2) Adversity, Trauma and Toxic Stress, 3) Economic Drivers of Health, 4) Access to Equitable Preventive Health Care, and 5) Behavioral Health.
- ✓ The SHIP priorities are being implemented with strategies in eight implementation areas, as outlined below.

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Each implementation area includes a link to a list of the associated strategies. Check the box to indicate where a specific CCO CHP strategy is in alignment with a SHIP strategy, and provide a brief narrative describing the alignment.

### *Equity and Justice*

- Declare institutional racism as a public health crisis
- Ensure State Health Indicators (SHIs) are reported by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.
- Require state agencies to commit to racial equity for BIPOC-AI/AN in planning, policy, agency performance metrics and investment
- Reduce legal and system barriers for immigrant and refugee communities, including people without documentation.
- Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives.
- Ensure state agencies engage priority populations to co-create investments, policies, projects and agency initiatives.
- Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.
- Require that all public facing agencies and contractors implement trauma informed policy and procedure.
  - ✓ Priority Area: Substance Use  
Goal: Promote a community environment that supports the relationship between substance use disorder recovery and overall health and wellness.  
Strategy: Promote treatment and recovery across the lifespan including emphasis on trauma informed care, addiction, and life skills after rehabilitation.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.  
Strategy: Increase trauma-informed care training opportunities.

### *Healthy Communities*

- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.
- Expand culturally and linguistically responsive community-based mentoring and peer delivered services.
  - ✓ Priority Area: Substance Use  
Goal: Increase youth perception of harm of alcohol, tobacco, marijuana, and other drugs.  
Strategy: Provide culturally specific education in schools that includes the consequences of alcohol and drug use and corrects misperceptions.
  - ✓ Priority Area: Substance Use  
Goal: Increase the community's ability to prevent and treat substance abuse by decreasing the gap in treatment service availability between rural and urban areas.  
Strategy: Build community partnerships with treatment centers, especially culturally specific ones.
  - ✓ Priority Area: Substance Use  
Goal: Promote a community environment that supports the relationship between substance use disorder recovery and overall health and wellness.  
Strategy: Increase availability of culturally specific recovery resources and resources for youth and families in Marion and Polk Counties.
  - ✓ Priority Area: Behavioral Health  
Goal: Reduce depression rates across the lifespan.  
Strategy: Enable community-based organizations to destigmatize behavioral health by providing

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culturally responsive information to share with communities served.

- Develop community awareness of toxic stress, its impact on health and the importance of protective factors.
- Enhance community resilience through promotion of art and cultural events for priority populations.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.  
Strategy: Implement resilience-informed practices.  
Strategy: Promote free and affordable behavioral health resources during community events.
- Invest in workforce development and higher education opportunities for priority populations.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.  
Strategy: Diversify behavioral health workforce to reflect community demographics with bilingual and bicultural providers.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve access to behavioral health care.  
Strategy: Improve collaboration across systems to coordinate and target efforts related to improving the size, capabilities, and cultural responsiveness of the behavioral health workforce.
- Strengthen economic development, employment and small business growth in underserved communities.
- Enhance financial literacy and access to financial services and supports among priority populations.
- Increase affordable access to high speed internet in rural Oregon.
- Build climate resilience among priority populations.
- Center BIPOC-AI/AN communities in decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods.
- Co-locate support services for low income people and families at or near health clinics.
- Expand programs that address loneliness and increase social connection in older adults.
  - ✓ Priority Area: Behavioral Health  
Goal: Reduce depression rates across the lifespan.  
Strategy: Improve outreach and collaboration between county behavioral health programs and organizations serving mental health needs of older adults.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.  
Strategy: Conduct a community assessment on social isolation and loneliness for at-risk populations.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve access to behavioral health care.  
Strategy: Improve recruitment, training, and retention of LCSWs serving older adults on Medicare in Behavioral Health organizations.

### *Healthy Families*

- Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving.
- Expand evidence based and culturally and linguistically responsive early childhood home visiting programs.
- Build family resiliency through trainings and other interventions.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.  
Strategy: Implement resilience-informed practices.  
Strategy: Promote inter-generational programs to build social connections between community members of all ages.  
Strategy: Promote free and affordable behavioral health resources during community events.

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- Increase patient health literacy
- Expand reach of preventive services through evidence based and promising practices.
  - ✓ Priority Area: Substance Use
    - Goal: Increase youth perception of harm of alcohol, tobacco, marijuana, and other drugs.
    - Strategy: Provide culturally specific education in schools that includes the consequences of alcohol and drug use and corrects misperceptions.
    - Strategy: Develop a communication plan using social media and incorporate youth feedback.
    - Strategy: Expand youth peer support services for prevention and cessation.
- Support Medicare enrollment for older adults through expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program
- Increase access to pre and postnatal care for low-income and undocumented people.
- Improve access to sexual and reproductive health services.
- Use healthcare payment reforms to support the social needs of patients.

### Healthy Youth

- End school related disparities for BIPOC-AI/AN children and youth through teacher training, monitoring of data and follow-up with teachers, administrators and schools.
- Increase use of mediation and restorative justice in schools to address conflict, bullying and racial harassment.
- Ensure all school districts are implementing K-12 comprehensive health education according to law.
- Expand recommended preventive health related screenings and interventions in schools.
- Increase access to dental care that is offered in schools, such as dental sealants and fluoride varnish.
- Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.
  - ✓ Priority Area: Substance Use
    - Goal: Increase youth perception of harm of alcohol, tobacco, marijuana, and other drugs.
    - Strategy: Provide culturally specific education in schools that includes the consequences of alcohol and drug use and corrects misperceptions.
    - Strategy: Develop a communication plan using social media and incorporate youth feedback.
    - Strategy: Expand youth peer support services for prevention and cessation.
  - ✓ Priority Area: Substance Use
    - Goal: Increase the community's ability to prevent and treat substance abuse by decreasing the gap in treatment service availability between rural and urban areas.
    - Strategy: Build community partnerships with treatment centers, especially culturally specific ones.
    - Strategy: Convene advisory groups for improving substance use treatment access for specific populations.
  - ✓ Priority Area: Substance Use
    - Goal: Promote a community environment that supports the relationship between substance use disorder recovery and overall health and wellness.
    - Strategy: Increase availability of culturally specific recovery resources and resources for youth and families in Marion and Polk Counties.
  - ✓ Priority Area: Behavioral Health
    - Goal: Reduce depression rates across the lifespan.
    - Strategy: Enable community-based organizations to destigmatize behavioral health by providing culturally responsive information to share with communities served.
    - Strategy: Collaborate with tribes to address disproportionate depression and suicide rates, and

## CCO Community Health Improvement Plan Progress Report Questionnaire: CCO with Current Plan

contributing factors, in the community's Native American/Alaskan Native population.

- ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.  
Strategy: Implement resilience-informed practices.  
Strategy: Promote free and affordable behavioral health resources during community events.  
Strategy: Diversify behavioral health workforce to reflect community demographics with bilingual and bicultural providers.
- ✓ Priority Area: Behavioral Health  
Goal: Improve access to behavioral health care.  
Strategy: Improve collaboration across systems to coordinate and target efforts related to improving the size, capabilities, and cultural responsiveness of the behavioral health workforce.

### *Housing and Food*

- Increase affordable housing that is co-located with active transportation options.
- Increase homeownership among BIPOC-AI/AN through existing and innovative programs.
- Require Housing First principles be adopted in all housing programs.
- Maximize investments and collaboration for food related interventions.
- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.
- Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities

### *Behavioral Health*

- Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve.
  - ✓ Priority Area: Substance Use  
Goal: Increase youth perception of harm of alcohol, tobacco, marijuana, and other drugs.  
Strategy: Provide culturally specific education in schools that includes the consequences of alcohol and drug use and corrects misperceptions.
  - ✓ Priority Area: Substance Use  
Goal: Promote a community environment that supports the relationship between substance use disorder recovery and overall health and wellness.  
Strategy: Increase availability of culturally specific recovery resources and resources for youth and families in Marion and Polk Counties.
- Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.
  - ✓ Priority Area: Substance Use  
Goal: Increase youth perception of harm of alcohol, tobacco, marijuana, and other drugs.  
Strategy: Develop a communication plan using social media and incorporate youth feedback.
  - ✓ Priority Area: Behavioral Health  
Goal: Reduce depression rates across the lifespan.  
Strategy: Enable community-based organizations to destigmatize behavioral health by providing culturally responsive information to share with communities served.  
Strategy: Improve outreach and education on community behavioral health services to youth transitioning out of foster care.
  - ✓ Priority Area: Behavioral Health  
Goal: Improve mental health resilience.

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Strategy: Promote free and affordable behavioral health resources during community events.

- Conduct behavioral health system assessments at state, local and tribal levels.
- Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN
- Improve integration between behavioral health and other types of care.
  - ✓ Priority Area: Substance Use
    - Goal: Increase the community's ability to prevent and treat substance abuse by decreasing the gap in treatment service availability between rural and urban areas.
    - Strategy: Build community partnerships with treatment centers, especially culturally specific ones.
  - ✓ Priority Area: Behavioral Health
    - Goal: Reduce depression rates across the lifespan.
    - Strategy: Improve community partnerships between the health and education systems to collaboratively improve mental health supports in schools, such as Social Emotional Learning evidence-based programs, and school-based health centers.
    - Strategy: Improve outreach and collaboration between county behavioral health programs and organizations serving mental health needs of older adults.
  - ✓ Priority Area: Behavioral Health
    - Goal: Improve access to behavioral health care.
    - Strategy: Improve collaboration across systems to coordinate and target efforts related to improving the size, capabilities, and cultural responsiveness of the behavioral health workforce.
    - Strategy: Incentivize behavioral health integration in value-based payment program for providers participating in Patient Center Primary Care Homes.
    - Strategy: Increase the number of Patient Centered Primary Care Homes.
    - Strategy: Improve ability to link providers and improve referral processes.
  - ✓ Priority Area: Housing
    - Goal: Align the community health system with efforts to address health and safety issues relating to homelessness.
    - Strategy: Align the local health system to support implementing the Mid-Willamette Valley Homeless Alliance Strategic Plan for Marion and Polk Counties.
    - Strategy: Connect the local health system with the Continuum of Care Collaborative Committee and build relationships through establishing a Health and Safety Subcommittee.
    - Strategy: Strengthen collaboration between the health system and street medical outreach teams providing health assessments, vaccinations, TB testing, mental health assistances, and referrals.
    - Strategy: Improve data sharing to support ongoing health and safety as it relates to housing in future Community Health Assessment activities.
- Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.
- Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.
  - ✓ Priority Area: Substance Use
    - Goal: Increase youth perception of harm of alcohol, tobacco, marijuana, and other drugs.
    - Strategy: Provide culturally specific education in schools that includes the consequences of alcohol and drug use and corrects misperceptions.
  - ✓ Priority Area: Substance Use
    - Goal: Increase the community's ability to prevent and treat substance abuse by decreasing the gap in treatment service availability between rural and urban areas.

## CCO Community Health Improvement Plan Progress Report Questionnaire: CCO with Current Plan

Strategy: Increase the number of substance use treatment service providers.

Strategy: Advocate for new treatment facilities or transportation options in rural areas.

Strategy: Convene advisory groups for improving substance use treatment access for specific populations.

Strategy: Provide training opportunities for rural substance use treatment workforce to increase cultural responsiveness and improve retention.

Strategy: Expand use of telehealth services and improve telehealth accessibility.

✓ Priority Area: Substance Use

Goal: Promote a community environment that supports the relationship between substance use disorder recovery and overall health and wellness.

Strategy: Increase availability of culturally specific recovery resources and resources for youth and families in Marion and Polk Counties.

Strategy: Improve community ability to connect all discharged people in recovery with peer support services.

Strategy: Improve ability to connect people leaving incarceration with peer support services.

Strategy: Integrate clinics with multiple services and utilize traditional health workers and support wellness and individual social determinants of health.

✓ Priority Area: Behavioral Health

Goal: Reduce depression rates across the lifespan.

Strategy: Improve community partnerships between the health and education systems to collaboratively improve mental health supports in schools, such as Social Emotional Learning evidence-based programs, and school-based health centers.

Strategy: Connect distance learners in schools with mental health resources.

Strategy: Enable community-based organizations to destigmatize behavioral health by providing culturally responsive information to share with communities served.

✓ Priority Area: Behavioral Health

Goal: Improve mental health resilience.

Strategy: Promote free and affordable behavioral health resources during community events.

Strategy: Expand Traditional Health Worker network in the community.

✓ Priority Area: Behavioral Health

Goal: Improve access to behavioral health care.

Strategy: Create a community work group to address poor access to behavioral health services for persons who have Medicare health insurance (either traditional Medicare or Medicare Advantage).

Strategy: Increase accessibility of behavioral health providers for residents of Polk County.

Strategy: Improve ability to link providers and improve referral processes.

Strategy: Improve timely access to specialty behavioral health services.

Strategy: Increase number of free or low-cost behavioral health services in community.

Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.

Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.

Increase resources for culturally responsive suicide prevention programs for communities most at risk

### *Workforce Development*

Expand human resource practices that promote equity.

Implement standards for workforce development that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.

Require sexual orientation and gender identity training for all health and social service providers.

## CCO Community Health Improvement Plan Progress Report Questionnaire: CCO with Current Plan

- Require that all public facing agencies and contractors receive training about trauma and toxic stress.
- Support alternative healthcare delivery models in rural areas.
- Create a behavioral health workforce that is culturally and linguistically reflective of the communities they serve.
  - ✓ Priority Area: Substance Use
    - Goal: Increase the community's ability to prevent and treat substance abuse by decreasing the gap in treatment service availability between rural and urban areas.
    - Strategy: Provide training opportunities for rural substance use treatment workforce to increase cultural responsiveness and improve retention.
  - ✓ Priority Area: Mental Health
    - Goal: Improve mental health resilience.
    - Strategy: Diversify behavioral health workforce to reflect community demographics with bilingual and bicultural providers.
    - Strategy: Develop policies and plans that support improving LGBTQ+ behavioral health and increase cultural competency among behavioral health providers serving LGBTQ+ populations.
- Increase the cultural and linguistic responsiveness of health care through use of traditional health workers and trainings.
  - ✓ Priority Area: Substance Use
    - Goal: Promote a community environment that supports the relationship between substance use disorder recovery and overall health and wellness.
    - Strategy: Integrate clinics with multiple services and utilize traditional health workers and support wellness and individual social determinants of health.
  - ✓ Priority Area: Behavioral Health
    - Goal: Improve mental health resilience.
    - Strategy: Expand Traditional Health Worker network in the community.

### *Technology and Health*

- Expand use of telehealth especially in rural areas and for behavioral health.
  - ✓ Priority Area: Substance Use
    - Goal: Increase the community's ability to prevent and treat substance abuse by decreasing the gap in treatment service availability between rural and urban areas.
    - Strategy: Expand use of telehealth services and improve telehealth accessibility.
- Improve exchange of electronic health record information and data sharing among providers.
- Use electronic health records to promote delivery of preventive services.
- Support statewide community information exchange to facilitate referrals between health care and social services.