CCO Collaboration with Providers of Services to Children & Adolescents through Community Health Improvement Plans
2020 Senate Bill 902 Report to the Oregon Legislature

Contents

Executive summary

Senate Bill 902 (SB 902; 2015) requires coordinated care organizations (CCOs) to continue to collaborate with providers of services to children and adolescents through their community health improvement plans (CHPs). The bill also requires the Oregon Health Authority (OHA) to compile this required information and report it biannually to the Oregon Legislative Assembly by December 31 of each even numbered year.

CCOs are required to complete a CHP at least every five years. By the publication date of this report, all CCOs had developed and submitted their second CHP to OHA, with the exception of two new CCOs awarded contracts in 2020.[1]

In fall 2019, OHA Transformation Center staff reviewed the most recent CHP submissions from previously existing CCOs to assess how well they met Oregon Revised Statutes (ORS), Oregon Administrative Rules (OARs) and contract requirements.[2] CCOs were given the opportunity to respond to OHA staff with further evidence of alignment between their submitted CHPs and required elements.[3] OHA Transformation Center staff considered the CCO's supplemental responses in the formation of this report. Through a comprehensive review of the most recently submitted CHPs and supplemental CCO responses, the Transformation Center reports the following notable findings.

CCOs worked with a diverse set of stakeholders and key partners to develop their CHPs.

- Over 80% of CHPs were developed with involvement from early learning hubs (ELHs), and over 50% of CHPs were created with support from programs developed by ELHs or early learning councils (ELCs).

[1] This includes PacificSource Community Solutions – Lane and PacificSource Community Solutions – Marion-Polk.
[2] Both AllCare and Advanced Health are involved in the creation of two separate CHPs. These CHP development processes were analyzed separately, resulting in 16 CHPs being analyzed linked with 14 distinct CCOs.
[3] For CHPs submitted in 2019, annual progress reports were not available in 2020 due to the deliverable being waived during the pandemic. Thus, CHP progress reports were only available and reviewed for the three CCO CHPs that were submitted prior to 2019 (PacificSource – Central Oregon, PacificSource – Columbia Gorge and Trillium Community Health Plan).

- More than 80% of CHPs involved school-based health centers (SBHCs), oral health providers, and community mental health providers in their creation process. In addition, nearly 90% of plans were developed with the support of community health centers and local public health authorities (LPHAs).
- Half of CHPs contained a strategy or plan for working with their region's ELH.
- Just over 30% of CHPs were developed with involvement from Cover All Kids programming and other medical assistance programs.
- Only 19% of CHPs were created with support from Healthy Start Family Support Services staff.
- No CHP development processes involved meaningful engagement from youth development council programs.
- Early learning activities, either planned or underway, included initiatives to reduce adverse childhood experiences (ACEs) in communities, projects aimed at improving social-emotional learning in children and adolescents, and instances of ELHs providing parenting education courses.

Child and adolescent health strategies and activities largely aligned with SB 902 requirements.

- All CHPs included a focus on primary care, oral health, and/or behavioral health, while over 80% of CHPs included a focus on health promotion, prevention and early intervention specific to children and adolescents.
- Most improvement plans (94%) included activities addressing ACEs, including trainings for CCO staff and network providers.[4] Other common child and adolescent activities and strategies presented were oral health improvement projects (56%), initiatives addressing food insecurity and nutrition (50%), and substance abuse prevention projects (50%).
- Common school-based activities identified in improvement plans included oral health improvement services within school (44%), and school mental health promotion and services (38%)
- Just 12% of CHPs (2 CHPs) included recommendations to improve SBHCs or considered further integration of SBHCs into the larger health care system.

While these CHPs address a broad range of child and adolescent health partnerships and priorities around the state, this report is not a comprehensive picture of all such health activities. It is important to note that this report is limited to CHP development and implementation, since most CHPs have not yet submitted progress reports. More robust collaboration and child and adolescent health initiatives are likely underway and not captured in this report, though the findings of this review underscore the importance of including all required SB 902 elements in the CHP itself, to the best of the CCO's abilities.

Overall, CCOs are working to improve children's and adolescents' health through — but not limited to — CHP implementation that includes the integration and implementation of programs specifically designed to serve these populations. Coordination with ELHs and youth development programs can help CCOs improve efficiency and coordination and align with their partners.

Recommendations for future CHP development

OHA offers the following recommendations for CCOs to improve future alignment with SB 902 requirements.

[4] CHP strategies and goals involving ACEs didn't necessarily correspond with plans being based in research around ACEs. CHPs were determined to be rooted in ACEs research only when CCOs provided adequate documentation and background

1. CCOs should report in their CHP how they worked with key partners in developing their plan. OHA staff observed a general theme of CCOs including the name of collaborating partners within their CHP without adequately describing the nature or extent of collaboration.
2. Many child and adolescent priorities and activities aligning with SB 902 requirements were included in supplemental CCO responses but were not a part of developing the CCO CHPs. When appropriate, CCOs should consider how those initiatives tie into future CHP development.
3. CCOs should review ORS 414.578, OAR 410-141-3730 and the findings of this report to improve alignment with SB 902 requirements moving forward.

Background

Effective July 11, 2015, Senate Bill 902 (see Appendix A, Section 3.1.1–3.1.3) highlighted issues related to children's health care. The intent of SB 902 was to extend requirements for community health improvement plans (CHPs) to include coordination with school-based health centers and maximize local resources to connect health care providers and children's programs. These provisions, originally set forth in SB 436 (2013), ended on the convening of the 2015 legislative session. In addition to removing the "sunset" on these requirements to ensure ongoing coordination, SB 902 was intended to place additional emphasis on partnerships with school-based health centers, school nurses and the newly formed system of early learning hubs through the development of CHPs. The information requested in SB 902 is summarized below.

Key partners

1. Children's health partners and stakeholders shall be involved in the development of the plan (Section 3.1.3.a-k).

CHP priorities and planned activities

2. The community health improvement plan shall include, to the extent practicable, a strategy and plan for working with early learning councils, early learning hubs, youth development councils and school health care providers in the region (Section 3.1.1a).
3. Community health improvement plans shall include, to the extent practicable, a strategy and plan for effective and efficient delivery of health care to children and adolescents in the community (Section 3.1.1b).
4. Content of the plan must be based on research, including adverse childhood experiences, and identify funding sources and additional funding necessary (Section 3.1.2).
5. Content of the plan must include evaluation of the existing school-based health center network's adequacy, recommendations to improve the network, and consideration of the value of integrating the network into a larger health system or system of community clinics (Section 3.1.2.a–c).
6. Content of the plan must focus on 1) improving integration of services 2) primary care, behavioral health and/or oral health, and 3) addressing promotion of health and prevention, and early intervention in treatment (Section 3.1.2.d–f).

Methodology

By June 30, 2019, OHA had received a second community health improvement plan (CHP) from all CCOs (see Appendix B for guidance documentation). This included 13 CHPs completed in 2019 and three CHPs completed

prior to 2019.[5] In fall 2019, OHA reviewed all 16 submissions to assess the extent to which they met ORS, OAR and contract requirements:

- For CHP elements *required* by ORS, OAR and contract, OHA requested additional information from CCOs in a response document.
- For CHP elements *encouraged* by ORS, OAR and contract, OHA did not require any follow-up, with the exception of CHP development and collaboration with local public health authorities (LPHAs), local mental health authorities (LMHAs) and hospitals.

The Transformation Center gave CCOs additional time to respond with supplemental information to show alignment with CHP requirements noted as deficient. Transformation Center staff incorporated the additional information provided by CCOs within the analysis of the report. In some cases, supplementary information provided by CCOs was sufficient to overturn the noted deficiency. Whereas past SB 902 reports were based on annual CHP progress reports submitted by CCOs, this report encompasses the recently received full CHPs. Additionally, progress reports were only available for CCOs that had submitted their second CHP prior to 2019 because the 2020 CHP progress report requirement was waived due to the pandemic. For the three CCOs that had previously submitted a second CHP, OHA also considered their 2019 progress reports in this analysis to ensure an up-to-date comparison with the 13 CCOs that submitted a CHP in 2019. These three CCOs were required to complete a 2019 CHP Progress Report Guidance Template (see Appendix B) by June 30, 2019.

In assessing specific child and adolescent initiatives, OHA staff analyzed planned activities and strategies from the CCO's most recent CHPs (per requirements in Appendix A, Section 3.1.1a–b*)* and supplemental CCO responses submitted to OHA in 2019. This approach differs from the prior two reports that had ample progress report data available for analysis of ongoing and completed activities. Children and adolescent strategies and activities that were summarized in CCO response documents, but not in the CHP itself, were still considered in the "Health Priorities and Activities" findings section.

Additionally, CCOs are not required by contract to report on all child and adolescent health coordination activities beyond CHP development and implementation. Information received from CCOs clearly outlines broader efforts and strong relationships with child- and adolescent-focused organizations and providers. Through qualitative analysis of submitted CHPs and supplemental responses, Transformation Center staff created matrices of alignment with SB 902 and CCO contractual requirements. These matrices were reviewed by OHA and are referenced in the results section and Appendix C.

[5] The three CHPs included in this report that were completed prior to 2019 were submitted by PacificSource – Central Oregon, PacificSource – Columbia Gorge and Trillium Community Health Plan.

SB 902 findings reflected in community health improvement plans

Key partners[6]

Key child and adolescent health partners meaningfully engaged and involved in community health improvement plan development (also see Appendix C, Table 1)

Key Partners	Number of CHPs	Percentage of CHPs
Community health centers	14	87.50%
Community mental health providers	13	81.30%
Cover All Kids program and other medical assistance programs	5	31.30%
Early learning hubs	13	81.30%
Healthy start family support services programs	3	18.80%
Hospitals in the region	14	87.50%
Local public health department administrators	14	87.50%
Oral health care providers	13	81.30%
Other child and adolescent health program administrators	12	75.00%
Programs developed by the early learning hubs and early learning councils	9	56.30%
Relief nurseries	5	31.30%
School mental health providers	8	50.00%
School nurses	2	12.50%
School-based health centers (SBHCs)	13	81.30%
Youth development council programs	0	0.00%

Ways that CCOs are planning to collaborate with early learning hubs, early learning councils and youth development councils (also see Appendix C, Table 2)

- Half of CHPs included a strategy or plan for working with their region's early learning hub or early learning council.
- Early learning hubs and CCOs are facilitating cross-sector partnerships in child and adolescent CHP activities (56%), and early learning hub representatives are sitting on CHP subcommittees (44%).
- Some early learning hubs, in partnership with CCOs, are leading initiatives to improve social/emotional learning and connectedness amongst children and adolescents (25%), and some plans cited early learning hub initiatives to address ACEs (19%) and organize parenting education collaboratives (19%).
- Few CHP processes incorporated input from or cited strategies involving youth development councils (19%).

Health priorities and activities

CHP scope and element alignment with SB 902 child and adolescent requirements (also see Appendix C, Table 3)

- All plans included a focus on primary care, oral health or behavioral health within their CHPs, while over 80% of CHPs included a focus on health promotion, prevention and early intervention specific to children and adolescents.

[6] Per SB 902, CCOs shall involve, to the extent practicable, school-based health centers, school nurses, school mental health providers and individuals representing various other child and adolescent health providers in the development of its community health improvement plan. There are various reasons CCOs may not be able to work with these key partners to develop and implement the CHP.

- Seventy-five percent of CHPs considered the improved integration of all services to better meet the needs of children and adolescents in their service network.
- A majority of CHPs were rooted in research on ACEs (69%).
- Just 12% of CHPs included recommendations to improve SBHCs and considered further integration of SBHCs into the larger health care system.

CCOs have implemented their CHPs to improve the coordination of effective and efficient delivery of health care to children and adolescents in the community (also see Appendix C, Table 4)

- All plans involved CCO partnership with cross-sector organizations to implement CHP strategies.
- A majority of CHP processes (81%) involved child and adolescent-specific organizations serving on CHP subcommittees and CCOs community advisory councils (CACs).
- Half of CHPs (50%) contained improved care coordination strategies for children and adolescents.

Activities that CCOs are implementing for children or adolescents (prenatal to age 24) (also see Appendix C, Table 5)

- Most improvement plans (94%) included activities addressing ACEs, including trainings for CCO staff, CAC members and network providers.
- Over half of plans (56%) outlined strategies to conduct oral health improvement projects.
- Half of all plans included projects focused on nutrition and reducing food insecurity for children and adolescents.
- Half of all plans included strategies or activities involving substance use prevention or substance use disorder treatment related to children and adolescents.
- Half of all plans included activities aimed at improving social/emotional learning and connectedness amongst children and adolescents.
- Nearly half of improvement plans (44%) outlined perinatal care projects.

Ways that CCOs plan to work with schools and adolescent health providers on prioritized health focus issues (also see Appendix C, Table 6)

- Oral health improvement projects and services provided within schools and SBHCs were included in 44% of plans.
- School mental health promotion and services were listed in 38% of plans.
- Implementation of strategies aiming to expand SBHC partnerships and integrate school-based services into other areas of the health system were referenced in 31% of plans.
- Twenty-five percent of plans included physical activity promotion and chronic disease prevention initiatives in schools.

Appendix A: Senate Bill 902

Enrolled
Senate Bill 902

Sponsored by COMMITTEE ON HEALTH CARE

CHAPTER .....

AN ACT

Relating to cooperation of coordinated care organizations with providers of services to children in developing plans; creating new provisions; amending section 1, chapter 598, Oregon Laws 2013; repealing section 2, chapter 598, Oregon Laws 2013; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2, chapter 598, Oregon Laws 2013, is repealed.

SECTION 2. The repeal of section 2, chapter 598, Oregon Laws 2013, by section 1 of this 2015 Act revives section 1, chapter 598, Oregon Laws 2013. This 2015 Act shall be operative retroactively to the date of the convening of the 2015 regular session of the Legislative Assembly, and the operation and effect of section 1, chapter 598, Oregon Laws 2013, shall continue unaffected from the date of the convening of the 2015 regular session of the Legislative Assembly, to the effective date of this 2015 Act and thereafter. Any otherwise lawful action taken or otherwise lawful obligation incurred under the authority of section 1, chapter 598, Oregon Laws 2013, after the date of the convening of the 2015 regular session of the Legislative Assembly, and before the effective date of this 2015 Act, is ratified and approved.

SECTION 3. Section 1, chapter 598, Oregon Laws 2013, is amended to read:

Sec. 1. (1) A community health improvement plan adopted by a coordinated care organization and its community advisory council in accordance with [*section 13, chapter 8, Oregon Laws 2012*] **ORS 414.627**, shall include, to the extent practicable, a strategy and a plan for:

(a) Working with **programs developed by** the Early Learning Council, **Early Learning Hubs,** the Youth Development Council and the school health providers in the region; and

(b) Coordinating the effective and efficient delivery of health care to children and adolescents in the community.

(2) A community health improvement plan must be based on research, including research into adverse childhood experiences, and must identify funding sources and additional funding necessary to address the health needs of children and adolescents in the community and to meet the goals of the plan. The plan must also:

(a) Evaluate the adequacy of the existing school-based health [*center network*] **resources including school-based health centers and school nurses** to meet the specific pediatric and adolescent health care needs in the community;

(b) Make recommendations to improve the school-based health center **and school nurse** system, including the addition or improvement of electronic medical records and billing systems;

(c) Take into consideration whether integration of school-based health centers with the larger health system or system of community clinics would further advance the goals of the plan;

(d) Improve the integration of all services provided to meet the needs of children, adolescents and families;

(e) Focus on primary care, behavioral health and oral health; and

(f) Address promotion of health and prevention and early intervention in the treatment of children and adolescents.

(3) A coordinated care organization shall involve in the development of its community health improvement plan, school-based health centers, school nurses, school mental health providers and individuals representing:

(a) **Programs developed by** the Early Learning Council **and Early Learning Hubs**;

(b) **Programs developed by** the Youth Development Council in the region;

(c) The Healthy Start Family Support Services program in the region;

(d) The Health Care for All Oregon Children program and other medical assistance programs;

(e) Relief nurseries in the region;

(f) Community health centers;

(g) Oral health care providers;

(h) Community mental health providers;

(i) Administrators of county health department programs that offer preventive health services to children;

(j) Hospitals in the region; and

(k) Other appropriate child and adolescent health program administrators.

(4) The Oregon Health Authority may provide incentive grants to coordinated care organizations for the purpose of contracting with individuals or organizations to help coordinate integration strategies identified in the community health improvement plan adopted by the community advisory council. The authority may also provide funds to coordinated care organizations to improve systems of services that will promote the implementation of the plan.

(5) Each coordinated care organization shall report to the authority, in the form and manner prescribed by the authority, on the progress of the integration strategies and implementation of the plan for working with **the programs developed by** the Early Learning Council, **Early Learning Hubs,** the Youth Development Council and school health care providers in the region, as part of the development and implementation of the community health improvement plan. The authority shall compile the information **biennially** and report the information to the Legislative Assembly by December 31[*, 2014*] **of each even-numbered year**.

SECTION 4. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Appendix B: 2019 CHP Progress Report Guidance Template, Supplemental Questionnaire and 2019 OHA CHP Review Feedback Template

CCO Community Health Improvement Plan Progress Report Guidance

The purpose of this guide is to help CCOs address contractual requirements for the community health improvement plan (CHP) progress report submission per **Exhibit B, Part 1, #4**, **Oregon Revised Statutes 414.627 and 414.629**, **Oregon Administrative Rule 410-141-3145**.

- The CHP progress report is due to the Oregon Health Authority's Health Systems Division (CCO.MCODeliverableReports@state.or.us) by June 30, 2019.

- Two documents are required to complete your annual progress report:
    1) The progress information noted in item C below; and
    2) The completed template (pages 2–6 of this document) as an appendix to the progress report.

- The annual progress report should document progress made in implementing the CHP. This could include the following:
    1. Changing health priorities, resources or community assets;
    2. Strategies being used to address CHP health priorities;
    3. Responsible partners involved in strategies;
    4. Status of the effort or results of the actions taken; and
    5. Current year's data for any metrics or indicators *already included* in the CHP to measure progress toward CHP goals, if they exist.

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[7]
     Please list the programs: Click or tap here to enter text.
   - ☐ Youth development programs[8]
     Please list the programs: Click or tap here to enter text.
   - ☐ 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 1	2	3	4	Full engagement 5
Early learning hubs	☐	☐	☐	☐	☐
Other early learning programs[1]	☐	☐	☐	☐	☐
Youth development programs[2]	☐	☐	☐	☐	☐
School health providers in the region	☐	☐	☐	☐	☐
Local public health authority	☐	☐	☐	☐	☐
Hospital(s)	☐	☐	☐	☐	☐

Optional comments: Click here to enter text.

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.*

   Click here to enter text.

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.*

   Click here to enter text.

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.**
   Click here to enter text.

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

[7] This could include programs developed by Oregon's Early Learning Council.
[8] This could include programs developed by Oregon's Youth Development Council.

- ✓ *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.*

Click here to enter text.

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.*

Click here to enter text.

Health Disparities

8. **For each chosen CHP priority, describe how the CCO and/or CAC(s) engages with local stakeholders (for example, community-based organizations or local public health) to obtain updated data for different populations within the community, including socio-economic, race/ethnicity, health status and health outcomes data.**

Examples:

- ✓ *CCO engaged with the local public health authority to assess county-level race and ethnicity data related to the reducing prevalence of chronic conditions health priority.*
- ✓ *CAC collaborated with its Regional Health Equity Coalition on a plan to collect community level, quantitative and qualitative data related to the ensuring safe and affordable housing health priority.*

Click here to enter text.

9. **In obtaining updated data for different populations, explain what data sources were used and the process to acquire it.**

Examples:

- ✓ *CCO engaged with local public health authority to access updated county level health data available in the Oregon Public Health Assessment Tracking tool.*
- ✓ *CCO has identified new sources of data to reflect health disparities in the region by working with the community's Regional Health Equity Coalition.*
- ✓ *New data sources include local public health race/ethnicity data, qualitative focus group data, and school-based health data.*

Click here to enter text.

10. **Explain CCO process, if any, to compare local population data to CCO member data or state data. If data was not available, the CCO may have chosen to access qualitative data from special populations via focus groups, interviews, etc. Include whether disparities were discovered that were not otherwise evident.**

Click here to enter text.

11. What successes or challenges has the CCO had in engaging populations experiencing health disparities in the CHP development and implementation?

Examples:

- ✓ *CCO staff sits on local Regional Health Equity Coalition or participates in other collaborations with local/culturally specific community-based organizations.*
- ✓ *CCO worked with the Adults and People with Disabilities office and Disability Rights Oregon to increase transportation access to persons with disabilities.*
- ✓ *CCO engaged in training on poverty in the community and with providers to improve cultural responsiveness to the needs of people living in poverty.*

Click here to enter text.

12. What successes or challenges has the CCO had in recruiting OHP members that represent communities disproportionately affected by health disparities to the CAC?

Examples:

- ✓ *CAC has 20% engagement from communities of color, similar to our local community.*

Click here to enter text.

Alignment, Quality Improvement, Integration

13. Describe how local mental health services are provided in a comprehensive manner. Note: this may not be in the CHP, but may be available via the local mental health authority (LMHA) comprehensive local plan document. The CCO does not need to submit relevant local plan documents.

Examples:

- ✓ *CCO endorses LMHA's comprehensive local plan which is aligned with and informed the CCO's CHP.*
- ✓ *CHP is incorporated into the LMHA local plan.*
- ✓ *CCO and LMHA have updated the memorandum of understanding to strengthen the comprehensive local service delivery plan.*
- ✓ *LMHA representative sits on CAC or informs CAC of local plan.*

Click here to enter text.

14. If applicable, describe how the CHP work aligns with work through the Transformation and Quality Strategy (TQS) and/or Performance Improvement Projects (PIPs)?

Examples:

- ✓ *CCO is aligning TQS work on cultural competency with health equity focus in CHP.*
- ✓ *CHP focus on health equity is aligned with the TQS health equity component.*
- ✓ *CHP focus aligns with PIP on opioids.*

Click here to enter text.

15. OHA recognizes that the unique context of each CCO region means there is a continuum of potential collaboration with local public health authorities (LPHAs) and hospital systems on the CHA and CHP. Please choose the option that best applies to your CCO:

☐ CCO's CHA and CHP are a shared CHA and CHP with LPHAs, other CCOs in region, and/or hospital systems. Note which organizations share the CHA and CHP:

- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Click or tap here to enter text.

- Hospital(s): Click or tap here to enter text.

☐ CCO's CHA is a shared CHA with LPHAs, other CCOs in region, and/or hospital systems, but the CCO has a unique CHP. Note which organizations share the CHA:
- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Click or tap here to enter text.
- Hospital(s): Click or tap here to enter text.

☐ CCO's CHP is a shared CHP with LPHAs, other CCOs in region, and/or hospital systems, but the CCO has a unique CHA. Note which organizations share the CHP:
- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Click or tap here to enter text.
- Hospital(s): Click or tap here to enter text.

☐ CCO's CHA and CHP are a unique CHA and CHP from LPHAs, other CCOs in region, and/or hospital systems, but the CCO collaborated with LPHAs and/or hospital systems in CHA and CHP development. Note which organizations the CCO collaborated with:
- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Click or tap here to enter text.
- Hospital(s): Click or tap here to enter text.

☐ Other (please describe): Click or tap here to enter text.

16. If applicable, check which of the upcoming 2020-2024 State Health Improvement Plan (www.oregon.gov/oha/PH/ABOUT/Pages/ship-process.aspx) priorities listed below are also addressed in the CHP.

☐ *Institutional bias*
☐ *Adversity, trauma and toxic stress*
☐ *Economic drivers of health (including issues related to housing, living wage, food security and transportation)*
☐ *Access to equitable preventive health care*
☐ *Behavioral health (including mental health and substance use)*

17. Describe how the CHP work aligns with Oregon's population health priorities included in the State Health Improvement Plan:

Examples:
- ✓ *CCO CHP shares one or more priorities with the SHIP.*
- ✓ *CCO used the SHIP to identify evidence-based interventions to include in the CCO CHP.*

Click here to enter text.

18. If applicable, describe how the CCO has leveraged resources to improve population health.

Examples:
- ✓ *CCO hosted community forums and collected survey information for targeted data on a specific population.*
- ✓ *CCO has worked with local agencies to apply for population-based health grants to improve perinatal health.*

Click here to enter text.

19. How else has the CHP work addressed integration of services?

Examples:

- ✓ *CCO partnered with local organizations to provide funding for trauma informed care work.*
- ✓ *CCO's CAC and clinical advisory panel formed subcommittee to address integration of oral health services with a focus on the adolescent population.*

Click here to enter text.

CCO Community Health Improvement Plan: 2019 Supplemental Questionnaire

The purpose of this document is to support CCOs in meeting contractual requirements for the community health improvement plan (CHP) progress report submission per **Exhibit B, Part 1, #4**, **Oregon Revised Statutes 414.627 and 414.629**, **Oregon Administrative Rule 410-141-3145**.

- The CHP is due to the Oregon Health Authority's Health Systems Division (CCO.MCODeliverableReports@state.or.us) by June 30, 2019.

- Two documents are required to complete your annual progress report:
    1) The full CHP; and
    2) The completed questionnaire (this document).

General

1. **Who is your CCO's primary contact for the community health improvement plan?**

   CHP Primary Contact Name and Title: Click here to enter text.
   Email address: Click here to enter text.

Requirements

2. **Did the CAC oversee the CHA and adopt a CHP to serve as a strategic population health and health care system service plan for the community served by the CCO?** Oregon Administrative Rule 410-141-3145, Part 5.

   ☐ Yes ☐ No

3. **Did the CCO conduct the CHA and CHP so that they are transparent and public in process and outcomes?** CCO 2019 Contract: Exhibit B, SOW, Part 1, Governance; Section 4.c.

   ☐ Yes ☐ No

   Briefly describe how the CHA and CHP were transparent and public in process and outcomes: Click here to enter text.

4. **Did the CCO provide opportunities for Indian Health Care Providers (IHCPs)[9] to contribute in the process to develop the CHA and CHP?** This includes, but is not limited to, the following actions: including tribes and IHCPs to contribute and gather health disparities data, identification of CHP priorities, and allowing IHCP feedback and review of the CHA and CHP. CCO 2019 Contract: Exhibit B, SOW, Part 1, Governance; Section 4.d.

   ☐ Yes ☐ No

   Briefly describe how and what opportunities the CCO provided: Click here to enter text.

[9] Indian Health Care Provider (IHCP), as defined in Oregon Administrative Rule 410-120-0000, means an Indian health program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization or an urban Indian organization (otherwise known as an I/T/U) as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603.

If no tribes or IHCPs are geographically represented in your service area, describe the outreach or other efforts taken to ensure representation of tribal populations living within your service area: Click here to enter text.

5. **Did the CCO include representatives of populations experiencing health disparities in the CHA and CHP prioritization**? Oregon Administrative Rule 410-141-3145, Part 8; CCO 2019 Contract: Exhibit B, SOW, Part 1, Governance; Section 4.b.

   ☐ Yes ☐ No

Briefly describe which populations were represented and how the CCO included them in the prioritization: Click here to enter text.

CCO Community Health Improvement Plan: 2019 OHA Review Feedback Template

How OHA Assessed Community Health Improvement Plans
OHA reviewed CCO community health improvement plan (CHP) submissions in 2019 to assess how well they met ORS, OAR, and contract requirements. If a CCO did not submit a CHP in 2019 because the CCO had previously submitted its second CHP, then OHA reviewed the second CHP submission from the prior year. During the review, if there was not clear alignment with CHP elements, the following will occur: ✓ For CHP elements that are *encouraged* by ORS, OAR, and contract, OHA is not requiring any follow-up with the exception of CHP development and collaboration with Local Public Health Authorities (LPHAs), Local Mental Health Authorities (LMHAs) and hospitals. ✓ For CHP elements that are *required* by ORS, OAR, and contract, OHA is requesting additional information.
Next Steps
The Review Findings section below outlines what requirements were not met through CHP documentation and what additional information is request. Requested information is due to OHA by three weeks from send date, and should be submitted at CCO.MCODeliverableReports@dhsoha.state.or.us. Please also cc the Transformation Center at Transformation.Center@dhsoha.state.or.us.
Review Findings: Areas not in alignment with ORS, OAR and contract requirements
Your CCO's CHP and supplemental questionnaire did not demonstrate evidence of the requirements outlined below. Please provide brief additional information to OHA that highlights how your CCO's CHP development process addressed each requirement or how your CCO is addressing this through other means.
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Appendix C: Tables[10]

Table 1: Key partners required per SB 902 involved in the development of CHP, by CCO[2]

	Advanced Health - Coos County	Advanced Health - Curry County	AllCare - Jackson & Josephine Counties	AllCare - Curry County	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share	InterCommunity Health Network	Jackson Care Connect	PacificSource - Central Oregon	PacificSource - Columbia Gorge	PrimaryHealth[11]	Trillium Community Health Plan	Umpqua Health Alliance	Yamhill CCO
School-based health centers (SBHCs)	Y[2]	Y	Y	Y	Y	Y	Y		Y	Y	Y			Y	Y	Y
School nurses			Y				Y									
School mental health providers			Y	Y	Y		Y	Y		Y					Y	Y
Early learning hubs (ELHs)	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y			Y
Programs developed by the early learning hub and early learning councils	Y	Y	Y		Y		Y		Y		Y	Y				Y
Youth development council programs																
Healthy start family support services programs													Y	Y		Y
Cover All Kids program and other medical assistance programs			Y				Y			Y			Y			Y
Relief nurseries			Y						Y				Y		Y	Y
Community health centers	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y		Y
Oral health care providers	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y			Y	Y	Y
Community mental health providers	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y		Y
Local public health department administrators	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y		Y
Hospitals in the region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y		Y
Other child and adolescent health program administrators	Y	Y	Y	Y	Y				Y	Y	Y	Y		Y	Y	Y

[10] Yes/shaded cell indicates CCO reported work with this partner to develop the CHP based on review of CHP, CCO responses to the 2019 OHA CHP review, and 2019 progress reports for CCOs that had previously submitted their second CHP. Blank cells indicate gaps in collaboration per OHA staff review; however, the CCO may be working with this partner in other ways that were not reported through these documents.

[11] PrimaryHealth submitted a CHP in 2019 that was considered in all analyses, even though the CCO's contract was not renewed and PrimaryHealth is no longer a CCO.

Table 2: Themes demonstrating how CCOs planned to work with early learning hubs (ELHs), early learning councils (ELCs) and youth development councils (YDCs) in CHP development and implementation[12]

	Advanced Health - Coos County	Advanced Health - Curry County	AllCare - Jackson & Josephine Counties	AllCare - Curry County	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share	InterCommunity Health Network	Jackson Care Connect	PacificSource - Central Oregon	PacificSource - Columbia Gorge	Primary Health	Trillium Community Health Plan	Umpqua Health Alliance	Yamhill CCO
Oral health initiatives							Y									Y
Parenting education collaboratives							Y	Y								Y
ELH leadership in reducing infant mortality					Y											
ELH leadership to address ACEs			Y												Y	Y
ELH leadership to improve social/emotional connections amongst children and adolescents		Y		Y				Y				Y				
Advancing educational achievement with ELH partnership											Y					
ELH leading initiative to increase annual wellness visit rates																Y
Engagement with youth development council							Y				Y	Y				
CCO has seat on the ELH or ELC								Y				Y			Y	
ELH/ELC members on CHP subcommittee		Y	Y	Y	Y				Y	Y	Y					
Cross-sector partnerships facilitated by the ELH	Y	Y	Y	Y							Y	Y		Y	Y	Y
ELH members have a seat on the CAC									Y			Y				
Strategy/plan for working with ELC, ELH, YDC programs and school health providers		Y		Y			Y				Y	Y		Y	Y	Y

[12] Per SB 902, a community health improvement plan should, to the extent practicable, include a strategy and plan for working with early learning councils, early learning hubs and youth development councils.

Table 3: Child and adolescent required elements and CHP scope, per SB 902[13]

	Advanced Health - Coos County	Advanced Health - Curry County	AllCare - Jackson & Josephine Counties	AllCare - Curry County	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share	InterCommunity Health Network	Jackson Care Connect	Pacific Source - Central Oregon	Pacific Source - Columbia Gorge	PrimaryHealth	Trillium	Umpqua Health Alliance	Yamhill CCO
Basis in ACEs research	Y		Y	Y		Y	Y			Y	Y	Y		Y	Y	Y
Identification of funding sources and funding gaps for child and adolescent health needs			Y	Y		Y	Y					Y			Y	Y
Evaluation of the adequacy of current school-based health center (SBHC) services														Y		
Recommendations to improve the SBHC and school RN system		Y		Y										Y		
Consideration of integration of SBHC into the larger health system											Y			Y		
Improved integration of all services provided to meet the needs of children and adolescents	Y	Y	Y	Y		Y			Y	Y	Y		Y	Y	Y	Y
Focus on primary care, behavioral health and oral health	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Promotion of health, prevention, and early intervention in child and adolescent treatment	Y	Y	Y	Y	Y	Y			Y	Y	Y		Y	Y	Y	Y
Strategy/plan for working with ELC, ELH, YDC programs and school health providers; effective health care delivery to C/A		Y		Y			Y				Y	Y		Y	Y	Y

[13] Per SB 902, a community health improvement plan should be based in research on adverse childhood experiences (ACEs) and evaluate and recommended improvements for school-based health centers (SBHCs), while containing a focus on primary care, oral health, behavioral health and health promotion for children and adolescents.

Table 4: Themes demonstrating how and whether CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community[14]

	Advanced Health - Coos County	Advanced Health - Curry County	AllCare - Jackson & Josephine Counties	AllCare - Curry County	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share	InterCommunity Health Network	Jackson Care Connect	Pacific Source - Central Oregon	Pacific Source - Columbia Gorge	PrimaryHealth	Trillium	Umpqua Health Alliance	Yamhill CCO
Child and adolescent-specific organization membership on CAC or CHP subcommittee	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y			Y
Partnership with cross-sector organizations to implement CHP priorities	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
C/A care coordination initiative specifically outlined in CHP					Y	Y	Y		Y		Y	Y			Y	Y

[14] Per SB 902, a community health improvement plan shall include, to the extent practicable, a strategy and plan for effective and efficient delivery of health care to children and adolescents in the community.

Table 5: Themes demonstrating the types of activities CCOs plan to implement for children and adolescents

	Advanced Health - Coos County	Advanced Health - Curry County	AllCare - Jackson & Josephine Counties	AllCare - Curry County	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share	InterCommunity Health Network	Jackson Care Connect	PacificSource - Central Oregon	PacificSource - Columbia Gorge	PrimaryHealth	Trillium Community Health Plan	Umpqua Health Alliance	Yamhill CCO
Oral health improvement projects for children and adolescents		Y		Y		Y	Y		Y		Y	Y		Y		Y
Substance abuse prevention, SUD initiatives			Y			Y		Y		Y	Y		Y	Y	Y	
Activities addressing ACEs, including trainings for network providers/CCO staff	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Perinatal care CHP projects					Y			Y	Y		Y			Y	Y	Y
Early developmental screening programs								Y	Y		Y			Y		Y
Projects improving child and adolescent wellness visit rates											Y	Y				Y
Activities improving kindergarten readiness								Y								
Foster care coordination and assessment						Y						Y			Y	
Nutrition, reduction of food insecurity for children and adolescents	Y	Y	Y	Y		Y				Y			Y	Y		
Parenting education projects and/or classes			Y				Y			Y			Y	Y		
Youth suicide prevention activities			Y		Y					Y			Y			
Initiatives to decrease percentage of children and adolescents experiencing homelessness		Y	Y	Y						Y		Y	Y			
Plans to improve access to childcare			Y							Y			Y			
Increasing social/emotional connectedness		Y	Y	Y				Y		Y		Y	Y			Y
Physical activity promotion for children and adolescents					Y							Y		Y		
Behavioral/mental health trainings and projects							Y	Y	Y							
Childhood immunization programming											Y					

Table 6: Themes demonstrating ways that CCOs plan to work with schools and adolescent health providers on prioritized health focus areas

	Advanced Health - Coos County	Advanced Health - Curry County	AllCare - Jackson & Josephine Counties	AllCare - Curry County	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share	InterCommunity Health Network	Jackson Care Connect	PacificSource - Central Oregon	PacificSource - Columbia Gorge	PrimaryHealth	Trillium Community Health Plan	Umpqua Health Alliance	Yamhill CCO
SBHC integration/partnership expansion		Y	Y	Y					Y					Y		
Physical activity promotion/chronic disease prevention in schools					Y						Y	Y		Y		
School oral health promotion and services			Y			Y	Y	Y			Y			Y		Y
School-based nutrition programming						Y								Y		
Behavioral health and services within schools					Y		Y			Y	Y	Y				Y
After-school programming partnerships											Y					
Care coordination initiatives involving schools					Y											Y