CCO Collaboration with Providers of Services to Children & Adolescents through Community Health Improvement Plans

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).
- 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.

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[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).

- 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.

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.

[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