Senate Bill 902

Report on Coordinated Care Organizations' Community Health Improvement Plans: Services to Children and Adolescents

Table of contents

Executive summary

Effective June 11, 2015, Senate Bill 902 (SB 902) required the following:
"Each coordinated care organization (CCO) 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 [community health improvement] 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 of each even-numbered year."

The intent of SB 902 was to reinstate and enhance requirements for community health improvement plans 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 community health improvement plans.

Overall, CCOs are fulfilling the intent of SB 902 by integrating work to improve children's and adolescents' health into CHP implementation, including programs and initiatives specifically designed to serve children and youth.

CCOs are required to complete a community health improvement plans (CHP) every five years. At the time of this legislation all CCOs had already developed and submitted their CHPs to OHA. CCOs are required to complete the next round of CHPs by June 30, 2019.

Recent CHP progress reports reflect all of the components required by SB 902 reporting. Through review of these reports, the Transformation Center assessed how CCOs have integrated strategies and implemented their CHPs to work with the programs developed by the Early Learning Council, early learning hubs, the Youth Development Council and school health care providers. Findings of the CHP progress report analysis include:

- All CCOs reported working with their region's early learning hubs, school health providers, local public health authorities, and hospitals; 67 percent of CCOs (10) reported working with other early learning programs, and 60 percent of CCOs (nine) reported working with youth development programs.

- CCOs are working with diverse stakeholders — including providers, school health providers, community-based organizations, schools, youth councils and local public health — through direct staff funding, collaboration on program planning and implementation, and community outreach.

While CCOs have reported a broad range of children's and adolescents' health activities, this report is not a comprehensive picture of all such health activities in the state. This is because the report is limited to activities directly related to implementation of CCOs' CHP strategies that have been reported. Information collected in the CHPs per contractual requirements does not allow for a more comprehensive assessment of whether the services adequately meet children's needs.

All CCOs report working with their early learning hubs. Additional coordination often occurs between CCOs and their early learning and education partners. However, CCOs are not required by contract to report on all additional coordination activities.

Overall, CCOs are working to improve children's and adolescents' health through CHP implementation that includes the integration and implementation of programs specifically designed to serve these populations. Coordination with early learning hubs and youth development programs can help CCOs improve efficiency and coordination and align with their partners.

Background

Effective July 11, 2015, Senate Bill 902 (see Appendix A, Section 3.1.5) highlighted issues related to children's health care. The information requested in SB 902 is summarized below:

Key partners

1. The number of coordinated care organizations (CCOs) working with early learning hubs, other early learning programs, youth development programs, school health providers, local public health authorities and hospitals in their region; and
2. The level of engagement with each key partner.

Health priorities and activities

1. A description of how and whether the Community Health Improvement Plan (CHP) activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community (prenatal to age 24);
2. A summary of activities that CCOs are implementing for children or adolescents (prenatal to age 24); and
3. A summary of ways that CCOs and community advisory councils (CACs) have worked with school and adolescent providers on prioritized health focus areas.

Methodology

The 2018 CHP progress reports were due to the Oregon Health Authority's (OHA) Health Systems Division (HSD) on June 30, 2018. These reports included data on progress from their original CHPs, though the progress reports may not include all activities. Most CHPs submitted were developed before passage of SB 902. The progress reports are available at https://www.oregon.gov/oha/HPA/dsi-tc/Pages/chps-chp-progress-reports.aspx. The annual reports document progress made in implementing the CHP, which may 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.

While there was no required progress report format, CCOs were required to complete a 2018 CHP Progress Report Guidance Template (see Appendix B) provided by the Transformation Center and submit it along with the progress report. The 2018 CHP Progress Report Guidance Template was the sole source for compiling this report. OHA Health Policy and Analytics (HPA) leadership, OHA Transformation Center leadership and the OHA External Relations Division's CCO innovator agents reviewed this report.

SB 902 findings reflected in community health improvement plan progress reports

Key partners

1. *Report on the number of CCOs working with programs developed by early learning hubs, other early learning programs, youth development programs, school health providers, local public health authorities and hospitals in their region.*

Key partner	*Number of CCOs*	*Percent of CCOs*
Early learning hubs	15	100%
Other early learning programs	10	66.7%
Youth development programs	9	60.0%
School health providers in the region	15	100%
Local public health authority	15	100%
Hospital	15	100%

CCOs working with key partners, by CCO[1]

	Early Learning Hubs	Other early learning programs	Youth development programs	School health providers in the region	Local public health authority	Hospital
Advanced Health	Yes[2]	Yes	Yes	Yes	Yes	Yes
AllCare Health Plan	Yes	Yes	Yes	Yes	Yes	Yes
Cascade Health Alliance	Yes		Yes	Yes	Yes	Yes
Columbia Pacific CCO	Yes			Yes	Yes	Yes
Eastern Oregon CCO	Yes			Yes	Yes	Yes
Health Share of Oregon	Yes	Yes		Yes	Yes	Yes
InterCommunity Health Network CCO	Yes	Yes		Yes	Yes	Yes

[1] Per SB 902, CCOs shall include, to the extent practicable, a plan for working with programs developed by the Early Learning Council, early learning hubs, the Youth Development Council and the school health providers in the region. There are many reasons CCOs may not be able to work with these key partners to develop and implement the CHP.

[2] Yes/shaded cell indicates CCO reported work with this partner in its CHP progress report. Blank cells indicate work was not reported in CHP progress reports; however the CCO may be working with this partner in other ways that were not reported through this channel.

	Early Learning Hubs	Other early learning programs	Youth development programs	School health providers in the region	Local public health authority	Hospital
Jackson Care Connect	Yes	Yes	Yes	Yes	Yes	Yes
PacificSource Central Oregon CCO	Yes	Yes		Yes	Yes	Yes
PacificSource Columbia Gorge CCO	Yes		Yes	Yes	Yes	Yes
PrimaryHealth	Yes	Yes	Yes	Yes	Yes	Yes
Trillium Community Health Plan	Yes	Yes	Yes	Yes	Yes	Yes
Umpqua Health Alliance	Yes		Yes	Yes	Yes	Yes
Willamette Valley Community Health	Yes	Yes	Yes	Yes	Yes	Yes
Yamhill Community Care Organization	Yes	Yes		Yes	Yes	Yes

Health priorities and activities

1. *How and whether the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community (for CHP priorities related to children or adolescents [prenatal to age 24]).*

As noted in the progress reports, CCOs have implemented their CHPs to improve coordination of care for children and adolescents in the following areas (also see Appendix C, Table 1):

- Partnership with cross-sector organizations to implement CHP strategies (100 percent; 15 CCOs);
- Inclusion of child and adolescent-specific organizations on CHP subcommittees (20 percent; three CCOs);
- CCO funded positions at partner organizations to improve service delivery to children and adolescents (27 percent; four CCOs).

2. *Activities that CCOs are implementing for children or adolescents (prenatal to age 24)*

Progress reports noted CCO activities for children and adolescents including the following (also see (also see Appendix C, Table 2):

- Implementation of CHP projects focused on improvement of oral health (80 percent; 12 CCOs);
- Participation by CCO staff, CAC members and clinicians in adverse childhood experiences (ACEs) trainings (87 percent; 13 CCOs);
- Implementation of CHP projects focused on healthy eating and nutrition for youth and adolescents (67 percent; 10 CCOs);
- Implementation of CHP projects focused on prenatal care (60 percent; nine CCOs);
- Implementation of projects focused on kindergarten readiness (47 percent; seven CCOs);
- Implementation of CHP projects focused on improving adolescent well-visit rates (40 percent; six CCOs).

3. *Ways that CCOs and community advisory councils (CACs) have worked with school and adolescent providers on prioritized health focus areas*

Progress reports noted CCOs and CACs work with schools and adolescent providers in the following areas (also see Appendix C, Table 3):

- Collaboration with dental care organizations (DCOs) and schools to improve student oral health (40 percent; six CCOs);
- Partnerships and projects supporting youth gardening, nutrition, and healthy eating (27 percent; four CCOs);
- Partnerships with schools or providers to improve adolescent well-visit rates (20 percent; three CCOs);
- Work with behavioral health providers to address adolescent suicide (13 percent; two CCOs);
- Work with community mental health providers to provide youth care coordination (13 percent; two CCOs).

Appendix A: SB 902

78th OREGON LEGISLATIVE ASSEMBLY–2015 Regular Session

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: 2018 CHP Progress Report Guidance Template

The purpose of this document is to guide CCOs in addressing contractual requirements for the community health improvement plan (CHP) progress report submission per **Exhibit B, Part 1, #4 (pages 29-31)**, **Oregon Revised Statute 414.627**, **Oregon Administrative Rule 410-141-3145** and **Senate Bill 902** (effective 2015).

- The CHP progress report is due to the Oregon Health Authority's Health Systems Division (CCO.MCODeliverableReports@state.or.us) by June 30, 2018.
- 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:
    5. Changing health priorities, resources or community assets;
    6. Strategies being used to address CHP health priorities;
    7. Responsible partners involved in strategies; and
    8. Status of the effort or results of the actions taken.

Key Players 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[3]
     Please list the programs: Click or tap here to enter text.
   - ☐ Youth development programs[4]
     Please list the programs: Click or tap here to enter text.
   - ☐ School health providers in the region
   - ☐ Local public health authority
   - ☐ Hospital

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	☐	☐	☐	☐	☐
Other early learning programs[1]	☐	☐	☐	☐	☐
Youth development programs[2]	☐	☐	☐	☐	☐
School health providers in the region	☐	☐	☐	☐	☐
Local public health authority	☐	☐	☐	☐	☐
Hospital	☐	☐	☐	☐	☐

   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.*

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

- ✓ *CCO is planning to develop next CHA and CHP in partnership with early learning partners.*

Click here to enter text.

Health Priorities and Activities in Child and Adolescent Health

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:
   - ✓ *CCO has connected 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.*
   - ✓ *CCO is focusing on transition age youth (15-26) for service coordination needs in that population.*

   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 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) have worked with OHA's Office of Equity and Inclusion (OEI) to obtain updated data for different populations within the community, including socio-economic, race/ethnicity, health**

status and health outcomes data.
Examples:

- ✓ *CCO connected with OEI through its Innovator Agent to assess CCO race and ethnicity data.*
- ✓ *CAC worked with OEI on community engagement to look at meaningful community health priorities.*
- ✓ *CCO engaged in one-on-one consultation with Ignatius Bau, OEI and the Transformation Center to identify strategies for achieving measurable progress on equity.*

Click here to enter text.

9. **Explain whether updated data was obtained by working with other state or local agencies/organization(s) and what data sources were utilized.**
Examples:

- ✓ *CCO engaged with local public health authority or state public health department to collect data.*
- ✓ *CCO has identified new sources of data to reflect health disparities in the region.*
- ✓ *New data sources include local public health race/ethnicity data, focus group information, and school-based data.*

Click here to enter text.

10. **Explain CCO attempts to compare local population data to CCO member data or state data. If data is not available, the CCO may choose to access qualitative data from special populations via focus groups, interviews, etc.**
Click here to enter text.

11. **What challenges has the CCO encountered in accessing health disparities data?**
Click here to enter text.

12. **What successes or challenges has the CCO had in engaging populations experiencing health disparities?**
Examples:

- ✓ *CCO staff sits on local Regional Health Equity Coalition.*
- ✓ *CCO worked with the Adults and People with Disabilities office to increase transportation access to persons with disabilities.*
- ✓ *CCO engaged in community's effort to address poverty through training on poverty in the community and with providers.*

Click here to enter text.

13. **What successes or challenges has the CCO had in recruiting CAC members from**

populations experiencing health disparities?
Examples:

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

Click here to enter text.

Alignment, Quality Improvement, Integration

14. 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 another local mental health authority (LMHA) plan document. The CCO does not need to submit relevant local mental health plan documents.
Examples:

- ✓ *CCO endorses LMHA's local plan which is aligned with 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.

15. 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.

16. 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/CHP is a shared CHA/CHP with LPHAs and/or hospital systems. Note which organizations share the CHA/CHP:
- LPHA(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 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.

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

☐ CCO's CHP is a shared CHP with LPHAs 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.
- Hospital(s): Click or tap here to enter text.

☐ CCO's CHA/CHP is a unique CHA/CHP from LPHAs and/or hospital systems, but the CCO collaborated with LPHAs and/or hospital systems in their development. Note which organizations the CCO collaborated with:
- LPHA(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.

17. If applicable, check which of the State Health Improvement Plan (http://Healthoregon.org/ship) priorities listed below are also addressed in the CHP.

☐ *Tobacco*
☐ *Obesity*
☐ *Oral health*
☐ *Alcohol and substance use*
☐ *Suicide*
☐ *Immunizations*
☐ *Communicable diseases*

18. 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.

19. 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.

20. 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.

Appendix C: Tables

Table 1: 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.

	Advanced Health	AllCare Health Plan	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share of Oregon	IHN CCO	Jackson Care Connect	PacificSource Central Oregon	PacificSource Columbia Gorge	PrimaryHealth	Trillium Comm. Health Plan	Umpqua Health Alliance	WVCH	Yamhill CCO
Membership on CHP subcommittees includes child & adolescent-specific organizations.	Y				Y			Y							
CCO partners with cross-sector organizations to implement CHP strategies.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CCO funded positions at partner organizations to improve service delivery to children and/or adolescents.		Y			Y	Y								Y	

Table 2: Themes demonstrating what types of activities CCOs are doing for children and adolescents.

	Advanced Health	AllCare Health Plan	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share of Oregon	IHN CCO	Jackson Care Connect	PacificSource Central Oregon	PacificSource Columbia Gorge	PrimaryHealth	Trillium Comm. Health Plan	Umpqua Health Alliance	WVCH	Yamhill CCO
CCO has implemented CHP projects focused on improving oral health for children and adolescents.	Y	Y	Y		Y	Y	Y	Y	Y	Y		Y	Y	Y	
CCO has implemented a peer family navigator role or CHP project.						Y	Y		Y	Y				Y	Y
CCO has implemented prenatal care CHP projects.	Y			Y		Y	Y	Y			Y		Y	Y	Y
CCO staff, CAC members and/or clinicians have attended ACEs trainings.	Y	Y		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
CCO has implemented CHP projects aimed at improving developmental screening rates.				Y		Y			Y		Y			Y	
CCO has implemented projects aimed at improving foster care coordination.						Y				Y					
CCO has implemented projects focused on Kindergarten readiness.						Y	Y	Y	Y		Y		Y		Y

	Advanced Health	AllCare Health Plan	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share of Oregon	IHN CCO	Jackson Care Connect	PacificSource Central Oregon	PacificSource Columbia Gorge	PrimaryHealth	Trillium Comm. Health Plan	Umpqua Health Alliance	WVCH	Yamhill CCO
CCO has implemented projects focused on healthy eating and nutrition for youth and adolescents.	Y	Y		Y	Y		Y	Y		Y		Y	Y		Y
CCO has implemented projects focused on parent education.	Y			Y	Y	Y			Y			Y	Y	Y	Y
CCO has implemented CHP projects focused on youth suicide prevention.		Y	Y	Y				Y	Y					Y	
CCO has implemented CHP projects focused on youth mentoring.				Y					Y						
CCO has implemented CHP projects aimed at improving adolescent well visit rates.			Y		Y			Y			Y			Y	Y

Table 3: Themes demonstrating the ways the CCO and/or CAC(s) have worked with school and adolescent health providers on prioritized health focus areas.

	Advanced Health	AllCare Health Plan	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share of Oregon	IHN CCO	Jackson Care Connect	PacificSource Central Oregon	PacificSource Columbia Gorge	PrimaryHealth	Trillium Comm. Health Plan	Umpqua Health Alliance	WVCH	Yamhill CCO
CCO worked with DCOs and schools to improve oral health for students.	Y	Y		Y	Y						Y				Y
CCO has partnered with school & adolescent providers to support youth gardening, nutrition and healthy eating programming.		Y		Y	Y							Y			
CCO worked with behavioral health providers to address adolescent suicide.			Y											Y	
CCO has partnered with local schools and/or providers help improve adolescent well visit rates.			Y							Y	Y				
CCO worked with CMHPs to provide care coordination for youth.				Y							Y				