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**](http://www.oregonlaws.org/ors/414.627)**,** [**Oregon Administrative Rule 410-141-3145**](https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=w-nTFT5nFutTH5Ut6CVW1Hy6xLn98OwKgBI3s0CP65FZgBemYvbx!-268141702?ruleVrsnRsn=87090)and [**Senate Bill 902**](https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB902/Enrolled)(effective 2015).

1. The CHP progress report is due to the Oregon Health Authority’s Health Systems Division ([CCO.MCODeliverableReports@state.or.us](mailto:CCO.MCODeliverableReports@state.or.us)) by June 30, 2018.
2. Two documents are required to complete your annual progress report:
3. The progress information noted in item C below; and
4. The completed template (pages 2–6 of this document) as an appendix to the progress report.
5. The annual progress report should document progress made in implementing the CHP. This could include the following:
6. Changing health priorities, resources or community assets;
7. Strategies being used to address CHP health priorities;
8. Responsible partners involved in strategies; and
9. 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[[1]](#footnote-1)

Please list the programs: Click or tap here to enter text.

Youth development programs[[2]](#footnote-2)

Please list the programs: Click or tap here to enter text.

School health providers in the region

Local public health authority

Hospital

1. **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 programs1 |  |  |  | | |  |  |
| Youth development programs2 |  |  |  | | |  |  |
| School health providers in the region |  |  |  | | |  |  |
| Local public health authority |  |  |  | | |  |  |
| Hospital |  |  |  | | |  |  |

**Optional comments:** Click here to enter text.

1. **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.

1. **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.*
* *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**

1. **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.

1. **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.

1. **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**

1. **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.

1. **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.

1. **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.

1. **What challenges has the CCO encountered in accessing health disparities data?**

Click here to enter text.

1. **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.

1. **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**

1. **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.

1. **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.

1. **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.

1. **If applicable, check which of the State Health Improvement Plan (**[**http://Healthoregon.org/ship**](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*

1. **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.

1. **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.

1. **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.

1. This could include programs developed by Oregon’s Early Learning Council. [↑](#footnote-ref-1)
2. This could include programs developed by Oregon’s Youth Development Council. [↑](#footnote-ref-2)