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**](http://www.oregonlaws.org/ors/414.627) **and 414.629,** [**Oregon Administrative Rule 410-141-3145**](https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=w-nTFT5nFutTH5Ut6CVW1Hy6xLn98OwKgBI3s0CP65FZgBemYvbx!-268141702?ruleVrsnRsn=87090).

1. The CHP progress report is due to the Oregon Health Authority’s Health Systems Division (CCO.MCODeliverableReports@state.or.us) by June 30, 2019.
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;
9. Status of the effort or results of the actions taken; and
10. 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[[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(s)

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(s) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**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.*

Click here to enter text.

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 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.

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 Hub 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) 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.

1. **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.

1. **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.

1. **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.

1. **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

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 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.

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 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.

1. **If applicable, check which of the upcoming 2020-2024 State Health Improvement Plan (**[**www.oregon.gov/oha/PH/ABOUT/Pages/ship-process.aspx**](https://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)*

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)