

# 2021 Progress Report

An update to Columbia Pacific CCO's Community Health Improvement Plan

## Overview

Since this Community Health Improvement Plan was originally written, the COVID-19 pandemic has put an unprecedented strain on healthcare, as well as the social safety net and entire continuum of care that supports communities. Health needs, lockdowns, and economic impacts caused large increases in support needs while also making delivery of services incredibly complicated. In the Columbia Pacific CCO region, which is comprised of rural and coastal health shortage areas, there has never been a clearer picture of the need for partnership and consistent funding and work.

In the face of such systemic challenges, our communities have worked tirelessly to shore up challenged systems, to take care of each other, and to continue the push for innovation, including in ways not originally anticipated in this CHP. Together with our Community Advisory Councils, the voices and stories of our members, and partners in healthcare, education, government, public health, food systems, housing, and more, we collectively hold a common determination to address underlying causes and needs while working towards healthier communities together.

## Progress Report

Columbia Pacific CCO's Community Health Improvement Plan (CHP) includes eight priority areas:

- Community Resilience and Trauma Informed CareOregon
- Access to Care: Primary Care
- Access to Care: Behavioral Health
- Access to Care: Oral Health and Dental Care
- Access to Care: Social Safety Net
- Chronic Disease Prevention
- Suicide Prevention
- Housing

For this progress report, each priority area has its own section denoted by a header. Under each priority there are high-level goals that span the five-year period of the CHP denoted by a sub-header. Under a second sub-header "Progress to Date" are multiple objectives as stated in the original CHP, and under each objective there are strategies and metrics as written in the original CHP. The *progress reports* for each strategy and metrics are denoted by the bullets labeled "Update" beneath the item being updated. Any changes to an objective, strategy, or metric are listed at the end of each objective. While most progress updates reflect the work of reporting year 2020-2021, some updates reach back to include work that was not updated since the CHP was originally submitted.

## Community Resilience and Trauma Informed Care

### High-Level Goals:

1. Understand baseline readiness of organizations for trauma informed care in multiple sectors;
2. Improve capacity and reach of trauma informed supports and services in programs, organizations, and across sectors;
3. Implement best practices that create resilience in children and families using the trauma informed lens.

### Progress to Date:

- **Objective 1:** By 2024 increase the number of programs, organizations, and sectors aware of the trauma informed perspective and its relation to engaging individuals in the services that support improvement of health and well-being.
  - **Strategy 1:** Support the increased use of the TRACE (Trauma, Resilience, and Adverse Childhood Experience) questionnaire to health care and community-based organizations' intake forms and collate and analyze data to use for quality improvement initiatives.
    - **Update:** As our work with community partners on trauma informed practices has progressed, Columbia Pacific CCO and our partners have mutually agreed that the TRACE questionnaire specifically may not be the best fit. While we support any partner who adopts it, we have shifted our data foci to social needs data as well as data that is already collected about ACEs and resilience. For that reason, this strategy will be retired and excluded from future CHP updates.
  - **Strategy 2:** Collaborate to access resources and share investment opportunities that support the implementation of trauma informed care across programs, organizations, and sectors in the region.
    - **Update:** Throughout 2019 and 2020, Columbia Pacific CCO has worked with partners in Clatsop and Columbia Counties across multiple sectors such as education, law enforcement, and healthcare to build up to the launch of **two** Community Trauma Informed Networks. In Q2 2021 those networks have officially launched and are currently engaging in strategic and action planning. Both networks will explicitly share resources and share investment opportunities to embed resilience building and trauma informed practices throughout the region.
  - **Metric:** Increased number of organizations committed to trauma awareness for their service recipients and within their workforce.
    - **Update:** As of January 2021, a total of **56 organizations** in our region have formally signed commitments to trauma awareness and trauma informed practice as part of joining community trauma informed networks. These organizations include 24 organizations in Clatsop County and 32 in Columbia County. This data is reported directly by both counties' community trauma informed networks. Tillamook County currently has no network. Columbia Pacific CCO's 2021 TQS (Transformation and Quality Strategy) report on Social Determinants of Health and Equity also reflects this data.

- Changes to Objective, Strategies, or Metric:
  - Strategy 1 is no longer a strategy that Columbia Pacific CCO is pursuing for the reasons cited in its update and will be omitted from future CHP updates.
  - Strategy 2 has been changed as of 2021 to read: Collaborate to access resources, *data*, and *shared investment* opportunities that support the implementation of trauma informed care across programs, organizations, and sectors in the region. This change reflects that our focus regarding data is to appropriately share and act on data that already exists in our communities rather than force a shift to one data collection method or ideology.
- Objective 2: By 2024, increase the number of community-based organizations providing trauma informed services, with an emphasis on organizations serving the greatest numbers of individuals and families experiencing health disparities.
  - Strategy 1: Increase coordination and engagement among the health care, education, child welfare, community, and criminal justice sectors to integrate trauma informed care across systems and organizations.
    - Update: Both Clatsop and Columbia Counties' law enforcement and school districts are partnering with Columbia Pacific CCO to implement [Handle With Care](#) initiatives to support students who are experiencing trauma. These initiatives will help coordinate care for students and families actively experiencing adversity. Additionally, Columbia Pacific has worked across all three counties in its region to launch a regional network on the Connect Oregon network hosted by Unite Us for closed-loop referrals to coordinate care across systems. One of the reasons for this partnership is the trauma informed practices included in the process such as continual informed consent, dignity in navigating systems rather than seeing each roadblock in receiving care, etc.
  - Strategy 2: Increase the utilization of, and support for, Traditional Health Workers across all sectors.
    - Update: Tillamook County Community Health Centers was awarded a SRCH (Sustainable Relationships for Community Health) Grant from the Oregon Health Authority for 2021 to collaborate with Columbia Pacific CCO and partners across healthcare and the community to begin planning to expand access to Traditional Health Workers and particularly community health workers. Additionally, all three counties are hiring peers through community mental health programs as well as some primary care. Columbia Pacific also paid for regional participation in THW continuation and certification trainings in 2018 and 2020 through Oregon State University Extension and are working on a plan to increase training access in the region.
  - Strategy 3: Support the increase of supportive adult advisors, diverse peer leaders, and strategic messaging campaigns to support the increase of social networks.
    - Update: The number of peer support specialists has increased in all three counties through increases in training opportunities and partnership with the state to allocate HB4143 funding to build peer services availability. Across all three Community Mental Health Providers (CMHPs) there are **at least 16 peer support specialists**. Currently REAL-D information on the peer network in region

is unavailable; however, we are building a survey to collect this information from our overall THW network in Q3 of 2021. (Source: Oregon Office of Equity and Inclusion, Traditional Health Worker Registry.)

- **Metric 1:** Reduced entry into foster care.
  - **Update:** Source for Table: DHS’ 2019 Child Welfare Data Book. The 2020 Child Welfare Data Book is not yet available.

Number of children per 1,000 population	2017 (baseline)	2018	2019	Direction from baseline
Clatsop	12.7	10.0	9.7	Improved
Columbia	15.8	12.9	10.2	Improved
Tillamook	7.2	6.8	7.1	Slightly Improved

- **Metric 2:** Increased access via behavioral health and primary care providers to coordinated services that address the social determinants of health.
  - **Update:** It is currently too early in our use of Connect Oregon to determine if access to coordinated services via providers is improved, as we are in a baseline-taking year. We intend to begin to measure changes in referrals once the network is expanded and the use of the referral system is more consistent.
- **Changes to Objective, Strategies, or Metrics:**
  - This objective has been changed to read: By 2024, increase the number of community-based organizations *participating in community trauma informed networks and participating in trauma informed, closed-loop referrals among trauma informed services*. This increase will focus on participation by organizations serving the greatest numbers of individuals and families experiencing health disparities. This change will be reflected in future CHP updates.

### Access to Care: Primary Care

**High-Level Goal:** Eliminate barriers to primary care, including geographic and transportation inconveniences, lack of knowledge, unavailability of internet, and lack of insurance coverage.

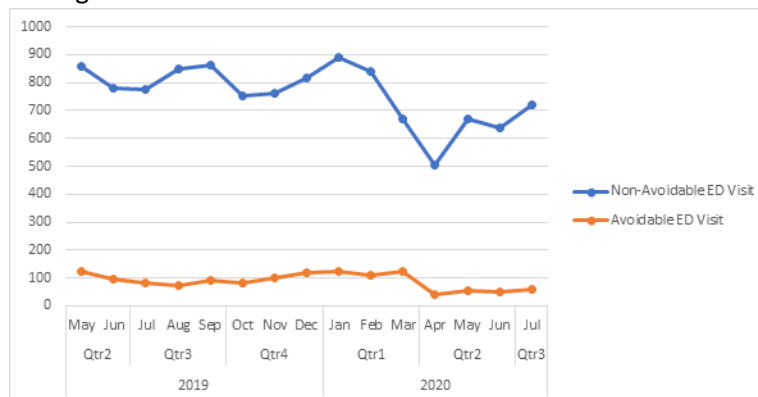
#### Progress to Date:

- **Objective 1:** Increase referrals to primary care providers from community-based organizations and emergency, urgent, and virtual care providers.
  - **Strategy 1:** Increase the number of referrals and stronger partnerships between primary care and community-based organizations that support the growth of transitional and supported housing for those with special needs who are working on recovery from addiction, substance abuse, and mental illness.
    - **Update:** CPCCO and CareOregon are sponsoring the Connect Oregon initiative in our service region. The program was launched in Late February of 2021 in all three counties. As of April 2021, no primary care providers are fully launched on Connect Oregon due to COVID capacity and the process of contracting to integrate with their electronic health record systems. However, to date there

- have been **40 referrals** on the newly launched network between social service agencies on the system (*Source: Connect Oregon*). Multiple clinical partners should be on the network later this year, at which point Columbia Pacific CCO will begin to track bidirectional referrals.
- **Strategy 2:** Increase awareness of and access to quality interpretation and translation services across sectors.
    - **Update:** Since 2018, Columbia Pacific CCO has worked to increase awareness of access to language services to both providers and members in a variety of ways. Columbia Pacific CCO sends “I speak” language cards to new members whose OHP applications note that they prefer communication in a language other than English. Contracted providers are required to participate in trainings by Quality Interactions annually that include language access and cross-cultural communication and requirements are included in the Provider Manual. Columbia Pacific CCO has also contracted with multiple vendors who provide language services and extend access to them for all members through our providers. This has also allowed for the implementation of new quality improvement work using “secret shoppers” as well as network data on access and chart reviews. Work is underway to learn from baseline data and begin improving quality while expanding access to local interpreters via training opportunities.
  - **Strategy 3:** Increase the number of organizations in the region that offer help desks and community-based referral supports that:
    - a. Support discharge from acute and sub-acute health care settings to community-based care settings;
    - b. Increase access to Traditional Health Workers and health care navigators that can support access to primary care;
    - c. Collaborate across sectors to increase the participation in a volunteer driver network
      - **Update:** As of April 2021, Columbia Pacific CCO’s three-county region now has **five community resource desks** across both clinical and community settings and all of which are supported in partnership by Columbia Pacific CCO. These resource desks offer support in connecting people to needed medical and social services and are staffed by people who are or qualify to become Traditional Health Workers (*Source: Columbia Pacific CCO internal, Investment Portfolio*).
  - **Metric 1:** Increased number of referrals to primary care from community-based organizations.
    - **Update:** As of June 2021, no primary care providers are fully launched on Connect Oregon due to COVID capacity and the process of supporting interconnectivity to integrate with their electronic health record systems and the for the social safety net service providers, homeless management information system. However, to date there have been approximately **40 referrals** on the network between social service agencies on the system (*Source: Connect Oregon*). Multiple clinical partners should be on the network later this

year, at which point Columbia Pacific CCO will begin to track bidirectional referrals.

- **Metric 2:** Decrease in emergency room visits for ambulatory sensitive conditions.
  - **Update:** *Source for table: Claims data, applying [NCQS HEDIS technical specifications](#).* In 2019, ED (Emergency Department) visits for ACSCs remained relatively flat and did not increase or decrease significantly. In 2020, we saw an increase in ED visits for ACSCs in January through March, likely driven by the COVID pandemic and limited access to in-person lower levels of care; however, we did see utilization regress to the mean and remain relatively stable throughout the rest of 2020.



- **Changes to Objective, Strategies, or Metrics:**
  - Both the objective and Metric 1 have been updated to read as follows: Increase referrals using Connect Oregon to primary care from community-based organizations as well as referrals from primary care to community-based organizations. This change will be reflected in future CHP updates.
  - Metric 2 is no longer in use by Columbia Pacific CCO, a change that will be reflected in future CHP updates. Columbia Pacific CCO can only readily access data for its own members at this time. Additionally, Connect Oregon will make it easier to judge the effectiveness of primary care access by focusing on closed-loop referrals than indirectly by emergency department use.
- **Objective 2:** Collectively address the primary care and health professional provider shortage
  - **Strategy 1:** Identify incentives to recruit and retain highly qualified health care providers at every level and profession with a focus on integration.
    - **Update:** Despite a variety of challenges, Columbia Pacific CCO has worked in multiple ways to increase the number of qualified providers in the region. For example, Columbia Pacific CCO provided funds to cover first-year costs for one FQHC (Federally Qualified Health Center) in the region to hire the county’s first and only on-site psychiatrist. Columbia Pacific CCO has also financially and technically assisted a community paramedicine program for Columbia County and a mobile clinic for Tillamook County that has expanded mobile access to providers. There is now a new Medicaid dental provider in Tillamook County discussed on page 11 in the Access to Oral Health section.
  - **Strategy 2:** Increase the number of Traditional Health Workers working in the health care setting in the region.

- Update: Currently, our region has several Traditional Health Workers (THWs) in working in various settings, both clinical and community. Currently there are **17 THWs based in clinical health care settings**, including 1 Community Health Worker and 16 Peer Support Specialists. Additionally, there are currently two community-based Community Health Workers who will be included in future totals. (*Source: Oregon Office of Equity and Inclusion, Traditional Health Worker Registry.*)
- Strategy 3: Increase participation in clinician and staff wellness programs regionally.
  - Update: Clinician and staff wellness has never been more important as it has been during the pandemic. That said, at this time our clinical partners have expressed diverse needs of us as the CCO and our focus has shifted to meet their needs. CPCCO has supported programming for our behavioral health provider partners to access TEND, a wellness program to prevent burnout.
- Strategy 4: Increase the utilization of telehealth in the region.
  - Update: During COVID, nearly all primary care and behavioral health care providers in the Columbia Pacific CCO began to offer telehealth including both telephonic care and video or virtual care, though due to the crisis there is currently not data available to cite regarding accessibility. Wherever needed, Columbia Pacific offered technical and financial assistance to both providers (emergency funding for items such as laptops and video cameras or software) and members (using flex funds).
- Strategy 5: Collaborate to increase the workforce opportunities in the region for medical assistants, scribes, and health care extenders.
  - Update: Though Columbia Pacific CCO is working diligently to increase the number of Traditional Health Workers as care extenders, this work is not focused on medical assistants or scribes. As the THW work is described in other strategies of the CHP, this strategy will be on hold until after 2024.
- Metric: Increased number of primary care and health professionals including those who are certified as Traditional Health Workers.
  - Update: There is currently no uncomplicated way to combine data about primary care and health professionals including THWs as one total group. As access to Traditional Health Workers expands, Columbia Pacific CCO will work to create data pathways that reflect an inclusive look at access to care.
- Changes to Objective, Strategies, or Metrics:
  - Strategy 2 has been changed to read: Increase the number of Traditional Health Workers in any setting within the region. This change will be reflected in future CHP updates.
  - Strategy 3 is no longer a focus of Columbia Pacific CCO for the reasons stated. This change will be reflected in future CHP updates.
  - Strategy 5 has been put on hold until after 2024 to focus specifically on increasing access to Traditional Health Workers. This change will be reflected in future CHP updates.



## Access to Care: Behavioral Health

**High-Level Goal:** All people in Clatsop, Columbia, and Tillamook Counties have the services and supports they need to achieve optimal behavioral health and emotional well-being.

### Progress to Date:

- **Objective 1:** By 2024, expand and improve access to the full range of behavioral health services.
  - **Strategy 1:** Develop alternative payment models that support enhancement of behavioral health services, including developing components of the array of services that do not currently exist.
    - **Update:** Columbia Pacific CCO is continuing to develop and refine our integrated payment to support integrated service in primary care. All the community mental health programs (CMHPs) have been transitioned to alternative payment models (APMs) with program specific targets that roll up to a quality payout. The most recent developments that we have supported are to integrate the Primary Care Payment Model with the Integrated Behavioral Health Payment Model. The payment is now integrated in one comprehensive per member per month (PMPM) program that incorporates behavioral health program elements rather than being a standalone program. We have also rolled our expanded access to traditional behavioral health codes into primary care settings that will allow more flexibility for financial sustainability and to offer services anywhere the patient presents at the outpatient level without a payment barrier. Columbia Pacific CCO also supported Tillamook County Community Health Centers (TCCHC) with one-time funding to hire a psychiatrist in a county that did not have this resource.
  - **Strategy 2:** Recruit behavioral health care providers to work in the region.
    - **Update:** The main strategy for recruiting behavioral health care providers this year has been contracting with a recruiting consultant whose sole focus is recruiting staff at each of the three CMHPs in the region. The vast expansion of telehealth in behavioral health has also facilitated access to region-serving providers, including specialists that otherwise would not be available. The contractor is contracting a range of 2-5 people for these programs per month. Columbia Pacific CCO is also working to create grant-based apprenticeships within CMHPs for roles such as peer mentors but spanning the continuum of providers. It is referred to as a “grow your own” collaboration effort.
  - **Strategy 3:** Integrate behavioral health and primary care services to provide coordinated care and a whole person approach.
    - **Update:** The primary focus in this area is around the new OHA Substance Use Disorder metric of IET (Initiation and Engagement in Treatment) services that requires medical neighborhood coordination of SUD services between the hospitals, primary care, and specialty behavioral health system.
  - **Metric:** Increased number of behavioral health care providers and service components and collaboration across sectors to address behavioral health needs.
    - **Update:** Overall, Columbia Pacific CCO has influenced the addition of at least 20 new providers, including a new ABA (Applied Behavioral Analysis) provider to



serve Clatsop and Columbia Counties. Columbia Pacific CCO also executed new contracts that opened access to specialty behavioral health to our members with Providence, OHSU, Adventist Health, and Tillamook Community Health Centers. To increase collaboration Columbia Pacific CCO hosts monthly meetings among SUD clinical leaders comprising of the CMHPs, primary care partners, and the hospitals. Columbia Pacific CCO has initiated an overdose response task force in Clatsop County that is attended by the hospitals, CMHPs, public health, law enforcement leadership, and are working to expand membership. Every county currently has a risk share partnership that focuses on the cost of care, sharing applied risk including across behavioral health. Most years, these partnerships hold costs below their risk target, leading to significant payouts that they invest into the system of care.

- Changes to Objective, Strategies, or Metric:
  - There are no changes to this objective or its strategy or metric.
- **Objective 2:** Increase behavioral health-related prevention activities and awareness and understanding of behavioral health supports and services that are peer driven.
  - **Strategy 1:** Support the increase of services that are peer driven and are distributed throughout the continuum of care.
    - **Update:** There are now at least **16 certified peers** in the region who contract as providers for Columbia Pacific CCO members for initiation and engagement activities. These peers are supported by consultants, technical assistance and support, and other resources. Columbia Pacific CCO also contracts with Dual Diagnosis Anonymous for peer support through **10-15 peer-facilitated group meetings** across the region weekly. Additionally, each region has youth peers and family peer partners supporting the youth behavioral health system of care.
  - **Strategy 2:** Integrate behavioral health and primary care services to provide coordinated care and a whole-person approach.
    - **Update:** The region's three Community Mental Health Programs are using peers as a primary point of outreach for substance use disorder (SUD) services and linking back to any level of care the patient needs which could be primary care, CMHP, or higher levels of SUD services. Columbia Pacific CCO is operating a nurse care management program to ensure that a whole person approach is taken, particularly for members with sub-diagnoses and multiple chronic conditions.
  - **Strategy 3:** Add to the components of the existing system to expand the continuum of care.
    - **Update:** Over time this strategy has become duplicative of the many efforts to increase access to behavioral health, peer supports, substance use disorder treatment, and a payment structure that incentivizes development along the continuum of care. The continuum of care is in existence and does not really need expansion so much as for Columbia Pacific CCO and our partners to make sure the continuum is "filled in" and accessible. As such, this strategy will be retired.

- Strategy 4: Increase the systemic clinical interventions and screenings at all levels of the community.
  - Update: At this time, Columbia Pacific CCO's region has built a high performance in clinical screenings in a variety of settings, evidenced in our historic metric performance for screenings. For that reason, this strategy will be retired.
- Metric: Implemented prevention and outreach activities across sectors that are peer driven.
  - Update: Per the narrative above, there are now **five peer-driven behavioral health programs** that are accessible to OHP members.
- Changes to Objective, Strategies, or Metric:
  - Strategies 3 and 4 are no longer priorities for the reasons stated above. These strategies will be omitted from future CHP updates.
- Objective 3: Increase access to harm reduction and addiction treatment resources in the region.
  - Strategy 1: Support the increase of services that are peer driven and are distributed throughout the continuum of care.
    - Update: CMHPs in the region currently employ **16 certified peers**, all of which work with members across the continuum of care.
  - Strategy 2: Increase the number of needle exchange programs in the region.
    - Update: Since this CHP was submitted in 2019, two additional needle exchanges have been stood up in our region. Both will be fully running up in 2021, which will mean each county has a needle exchange program in operation.
  - Strategy 3: Support the increase of modalities and interventions that help individuals to access services for behavioral health, including medication-assisted treatment (MAT).
    - Update: In February 2020 in the weeks just before statewide shutdown due to COVID, CODA opened its Seaside Recovery Center and began accepting clients as the first full opioid treatment program outside a primary care clinic. This center was borne out of deep partnership between CODA, Columbia Pacific CCO, and CareOregon. They are licensed to dispense any medication needed to treat substance use disorders under high medical supervision; this includes a full counseling team. Over time this center will support those in recovery who otherwise would have needed daily or otherwise regular transportation to the Portland Metro Area for treatment if their PCP cannot provide the medication support they need. Columbia Pacific CCO is also working with Tillamook County on "OUR Tillamook," which is supporting the expansion of MAT access across Tillamook County in a variety of appropriate settings. OHSU Scappoose has expanded their capacity to provide MAT services but remains the only MAT program in Columbia County.
  - Strategy 4: Increase the systemic clinical interventions and screenings at all levels of the community.
    - Update: At this time, Columbia Pacific CCO's region has built a high performance in clinical screenings in a variety of settings, evidenced in our historic metric performance for screenings. For that reason, this strategy will be retired.
  - Metric: Implemented programs and services supporting harm reduction and increasing awareness of services for behavioral health.

- **Update:** There are currently approximately **nine harm reduction programs** serving OHP members, as described above.
  - **Changes to Objective, Strategies, or Metric:**
    - Strategy 4 is no longer a strategy that Columbia Pacific CCO is pursuing for the reasons cited in its update and will be changed to the following: Increase access to recovery-supportive housing. Future CHP updates will reflect this change.

## Access to Care: Oral Health and Dental Care

**High-Level Goal:** Improve capacity and use of affordable, preventive, and integrated oral health services for children, youth, and underserved populations.

### Progress to Date:

- **Objective 1:** Increase the number of oral health care professionals who treat children, youth, and underserved populations.
  - **Strategy 1:** Work with local programs and schools to promote oral health careers.
    - **Update:** This strategy has been put on hold for the time being. Prior to 2020, Tillamook Bay Community College had intended to launch a program for oral health careers. That program is not currently available.
  - **Strategy 2:** Support tele-dentistry programs.
    - **Update:** One of the most promising improvements to the region's delivery system in 2020 is telehealth and its contribution to patient care and system capacity. Primarily due to COVID and the lightening of tele-dentistry requirements, dental plans implemented asynchronous and synchronous tele-dentistry appointments at both the plan and practice level. This allows dental offices to review schedules and offer tele-dentistry appointments where appropriate, thereby freeing up in-office capacity. Dental plans are continuing to further develop telehealth plans and see this as a significant shift to increase dental capacity.
  - **Strategy 3:** Collaborate with dental care organizations to improve efforts to recruit and retain dental health care professionals for low-income and underinsured in each county.
    - **Update:** To address the workforce shortage in Oregon and increase the diversity of the workforce and improving access to care, Columbia Pacific CCO's subcontracted dental plan partner Advantage Dental is developing an innovative Dental Assistant training pilot program that will train individuals with no previous dental experience as both a Dental Assistant and a Traditional Health Worker (THW). This dual role will allow the individual to assist in the provision of care while providing support as a patient navigator, assisting patients by removing barriers to care and identifying and mitigating unmet social needs.
  - **Metric:** By 2024, increase access and utilization by Medicaid members ages 0-20 years by five percentage points each.
    - **Update:** Due to COVID, 2020 dental utilization fell below 2019 performance. (45.8% in 2019, 31.4% in 2020). While utilization of dental services is increasing in 2021, there is still hesitancy among the population to return to the dental

- office. Columbia Pacific CCO will continue to monitor dental access and utilization by Medicaid members. There is a lack of clarity on how COVID recovery will go. This metric may be revisited if COVID resurgences or patient hesitancy continue to suppress utilization. (*Source: All Payers All Claims Data. Is updated quarterly for adults and children in our Regional Health Improvement Plan Dashboard and available [on our website.](#)*)
- Changes to Objective, Strategies, or Metric:
    - Strategy 1 is put on hold till further notice and will be omitted from future CHP updates unless COVID recovery allows.
    - The word “each” at the end of the metric has been removed for clarity, as utilization measures are also used as a measure of access.
  - Objective 2: Expand access to full service and mobile dental care services for underinsured and low-income individuals.
    - Strategy 1: Improve access through shared investment in supports and services that provide community services.
      - Update: Columbia Pacific CCO works closely with Tillamook County Community Health Centers (TCCHC) and has supported the purchase of a mobile clinic to provide both physical and dental mobile services in the community. TCCHC has hired a new Medicaid dental provider as of June 2021. Although TCCHC attempted to deploy the van for community services, there was little uptake of the services due to COVID. After the public health emergency, Columbia Pacific CCO plans to work with TCCHC to further develop its community-based mobile strategy.
    - Strategy 2: Work to expand evidence-based, best practice oral health programs in schools and communities.
      - Update: Columbia Pacific CCO currently works with OHA and Providence “Healthy Smiles” to conduct evidence-based, best practice school-based dental sealant and fluoride programs. Columbia Pacific CCO awarded a grant to the Providence Health Smiles program to continue their work improving permission slip return rates and care coordination efforts. Columbia Pacific CCO is also working with OHA to convert their current program to one operated by Columbia Pacific CCO. Efforts to expand these programs were stalled due to COVID but will resume in 2021. Columbia Pacific CCO and partners are also planning the transition of school based dental sealant programs from OHA Oral Health Unit to local communities in Clatsop and Tillamook Counties beginning in the 2021-22 school year.
    - Strategy 3: Develop ongoing partnerships in medical-dental alignment, dental home development, and other mechanisms to better integrate care across multiple disciplines by leveraging and developing cross-disciplinary systems.
      - Update: In 2020, Columbia Pacific CCO and CareOregon Dental partnered with Tillamook County Community Health Centers (TCCHC) to align and assign members to TCCHC as their dental home. This development of a dental home and member assignment allows TCCHC to better understand their member population. This also allows for cross-disciplinary panel management and

coordination of services. Columbia Pacific CCO also offers oral health training and workflow implementation support to primary care with a focus on preventive services for children, pregnant members, and members with diabetes.

- Strategy 4: Increase care coordination efforts supporting access to the continuum of dental health care across sectors.
  - Update: Columbia Pacific CCO continues to train its staff and network providers about the importance of oral health to overall health, and that all members have a dental benefit and can be connected to their dental plan for care coordination. To make this connection easy and efficient, Columbia Pacific CCO providers have access to a secure online form to submit a request for dental outreach and scheduling. In addition, embedded panel managers are being trained to include dental messaging in their outreach to members and to support dental care coordination efforts for whole person care.
- Metric 1: By 2024, increase individuals accessing oral health services in a primary care or community-based setting by five percentage points each.
  - Update: Due to COVID, individuals accessing oral health services in primary care and/or community settings decreased. This was predominately due to school closures and the overall slowdown of health services. While utilization of oral health services in primary care is increasing in 2021 according to All Payers All Claims (APAC) data, there is still little access to school and community-based programs due to the ongoing health emergency (*No source, anecdotal due to shutdowns and closures*). Columbia Pacific CCO will continue to monitor oral health services in primary care and community-based settings.
- Metric 2: By 2024, increase individuals receiving dental care coordination from other sectors by five percentage points each.
  - Update: The Connect Oregon network is currently being used by only two dental partners, though our sub-contracted dental plan partners plan to extend access to it. As such, this metric will need to change as it will take a considerable amount of time to gather dental-specific referral and care coordination data.
- Changes to Objective, Strategies, or Metric:
  - Metric 2 will be replaced by the following: By 2024, increase the number of Columbia Pacific CCO PCPs that have a referral mechanism to dental care by 50%.

### Access to Care: Social Safety Net

High-Level Goal: Ensure individuals and community stakeholders can easily and accurately identify, access, and locate health and community services including healthy foods.

#### Progress to Date:

- Objective 1: Collaborate to support the establishment of a comprehensive, cohesive system for coordinating and partnering between hospitals, community action programs, and primary care settings.

- Strategy 1: Increase community awareness of resources and supports through screening for social determinants of health in clinical settings and the coordination of referrals across sectors.
  - Update: In 2020-2021, Columbia Pacific CCO partnered with The Rinehart Clinic in a learning collaborative through the Oregon Primary Care Association (OPCA) to explore and pilot the use of a social need screening protocol and Z codes. Though Z codes alone will not fully capture social need expressed in a clinical setting, Columbia Pacific CCO and the Rinehart Clinic intend to co-study how this pilot may be expanded by a fuller implementation of Connect Oregon in the region.
- Strategy 2: Deploy community resource navigators to key locations throughout the region.
  - Update: As of April 2021, Columbia Pacific CCO's three-county region now has **five community resource desks** across both clinical and community settings and all of which are supported in partnership by Columbia Pacific CCO. These resource desks offer support in connecting people to needed medical and social services and are staffed by people who are or qualify to become Traditional Health Workers. In the future, Columbia Pacific CCO will also have a template "business plan" available to partners who may want to deploy community resource navigators and/or community resource desks.
- Strategy 3: Collaborate to increase the options for transportation, including the development of a volunteer driver network.
  - Update: In 2021 Columbia Pacific CCO and CareOregon were planning on hiring **1 FTE** dedicated fully to implementing region-specific transportation programs including developing a volunteer driver network, as well as technical assistance to partners in navigating non-emergency medical transportation. The hiring process has been delayed due to the pandemic. We hope to resume developing this project plan in early 2022.
- Metric: Increase number of organizations that coordinate services and have community resource navigators on staff.
  - Update: There are currently **17 region-specific agencies** coordinating services through our region's Connect Oregon network in addition to the five community resource desks, three of which are also on the Connect Oregon network.
- Changes to Objective, Strategies, or Metric:
  - Objective 1 has been updated to now read as follows: Collaborate to support the establishment and expansion of a comprehensive, cohesive network on Connect Oregon for conducting social needs screening and coordinating care between hospitals, community action programs, and primary care settings.
- Objective 2: Increase availability of nutritious food options for individuals with limited access to fresh food.
  - Strategy 1: Establish broad cross-sector support for and investment in food banks, food recovery, and programs that support the reduction of chronic health conditions.
    - Update: Through emergency COVID funding and our regular community benefit program, Columbia Pacific CCO has supported **12 projects spanning \$170,970 in**

**2020** alone to address food access. These programs and projects included support through clinics, food pantries and banks, school weekend backpack programs and food system nonprofits.

- **Strategy 2:** Develop specific linkages through care coordination and shared mechanisms between primary care, food pantries, and other nutrition resources that support an increase in access to health care as individuals access supports through community resource navigators.
  - **Update:** The Connect Oregon network has been launched and will serve as the facilitator of linkages through care coordination to food and other health-supportive programs. As of April 2021, Columbia Pacific CCO's three-county region has **five community resource desks** across both clinical and community settings and all of which are supported in partnership by Columbia Pacific CCO to provide links to services. Additionally, Columbia Pacific CCO has supported projects that reduce barriers to members in accessing food such as clinic-based food box programs and voucher programs, CSA programs that leverage Double Up Food Bucks, and emergency nutrition programs including food box delivery and medically tailored meals for those impacted by COVID or a chronic condition.
- **Strategy 3:** Establish "Rx for Health" projects in the region to support the reduction and prevention of diabetes.
  - **Update:** During COVID the focus of this strategy has shifted away from formal prescription-type programs, and towards ensuring that members had access to basic social needs including food.
- **Metric:** Established network of organizations that have community resource navigators to decrease service confusion and reduce system duplication.
  - **Update:** The network is now established. In future years, network adequacy (increased network participation) will be reported.
- **Changes to Objective, Strategies, or Metric:**
  - Strategy 3 is repetitive of Strategy 2. To rectify this, Strategy 3 will be retired, and Strategy 2 will be updated to read: Establish broad cross-sector support for and investment in Rx for Health, food banks, food recovery, and other health programs that support the reduction of chronic health conditions.
  - Metric will be updated to read: Increased number that have community resource navigators, community resource desks, and/or participate in the Connect Oregon network.

## Chronic Disease Prevention

**High-Level Goal:** Decrease chronic disease prevalence through focus on reducing chronic disease risk factors.

### Progress to Date:

- **Objective 1:** Increase care coordination across sectors to mitigate the burden on chronically ill individuals to navigate complex systems.



- Strategy: Establish broad cross-sector support for and investment in food banks, food recovery, and programs that support the reduction of chronic health conditions.
  - Update: Through emergency COVID funding and our regular community benefit program, Columbia Pacific CCO has supported **12 projects spanning \$170,970** in 2020 alone to address food access. These programs and projects included support through clinics, food pantries and banks, school nutrition programs, and food system nonprofits.
- Metric: Increased number of supports and services that are community-based and being provided by Community Health Workers and Peer Wellness Specialists.
  - Update: This metric was meant to be tracked once our number of Traditional Health Workers regionally was sufficiently increased, ideally beginning in 2022-2023. Due to changes in the overall objective and delays caused by the COVID pandemic, this metric will be reported once the network of THWs is expanded.
- Changes to Objective, Strategy, or Metric:
  - All of Objective 1 is repetitive of previously updated CHP priority work. While increasing care coordination, support for food access, and traditional health work impact chronic disease prevention and management, Columbia Pacific CCO has retired this objective under this priority to focus more broadly on social drivers of chronic disease not addressed elsewhere in the CHP. This Objective, Strategy, and Metric will be omitted from future CHP updates.
- Objective 2: Prevent tobacco use and drug and alcohol misuse.
  - Strategy 1: Support an increase in the number of community environments that support tobacco-free, with an emphasis on policy changes to retail environments and evidence-based practices to address electronic cigarettes and vaping.
    - Update: Since Q4 2019, Tillamook County has passed a public smoking ban. Clatsop County has also formally passed a retail licensure policy. Prior to COVID, Tillamook County was exploring a retail licensure policy and Astoria (Clatsop County) was exploring a Smoke Free Downtown policy, but all policy work has been paused due to COVID. Columbia Pacific CCO also built a tobacco policy “tracker” that has been put on hold.
  - Strategy 2: Support an increase in the number of health promotion programs for youth that are collectively funded and are evidence-based to prevent tobacco use and drug and alcohol misuse.
    - Update: For the baseline year of 2018, Columbia Pacific CCO funded a total of 20 health promotion programs through its community benefit efforts. In 2019, Columbia Pacific CCO funded a total of 29 health promotion programs, an increase from baseline. In 2020, **18 programs were funded**, a decrease from baseline. Anecdotally we believe this is because most partners had to “pause” general health promotion efforts and were instead focused on responding to the pandemic.
  - Metric 1: Expanded collaboration across sectors and increased number of individuals working with community health workers and peer wellness specialists.
    - Update: This metric was meant to be tracked once our number of Traditional Health Workers regionally was sufficiently increased, ideally beginning in 2022-

2023. Due to changes in the overall objective and delays caused by the COVID pandemic, this metric will be reported elsewhere once the network of THWs is expanded.

- Metric 2: Increased number of health promotion programs that are collectively funded.
  - Update: For the baseline year of 2018, Columbia Pacific CCO funded a total of 20 health promotion programs through its community benefit efforts. In 2019, Columbia Pacific CCO funded a total of 29 health promotion programs, an increase from baseline. In 2020, **18 programs were funded**, a decrease from baseline. Anecdotally we believe this is because most partners had to “pause” general health promotion efforts and were instead focused on responding to the pandemic.
- Metric 3: Increased implementation of community and school nutrition programs.
  - Update: This metric has been paused due to COVID. Columbia Pacific CCO has funded efforts such as delivery of staple food boxes and expansion of Double Up Food Bucks to a match of **triple value** rather than double. However, these efforts are not currently accompanied by community or nutrition education and participation for safety reasons.
- Changes to Objective, Strategies, or Metrics:
  - While preventing and reducing tobacco and alcohol misuse is an aim we hope to achieve, Columbia Pacific CCO's focus has moved to treating the issue as a symptom of deeper social needs and trauma, particularly when focusing on preventing use among youth. As such, this objective has been changed to focus on reducing drivers of misuse among youth and reads as follows: Increase access to youth-focused social health-supportive programs such as youth peer services and trauma-informed school programs. Future CHP updates will reflect this change.
  - As part of the changes to Objective 1, Strategies 1 and 2 will be replaced with the following strategy: Increase the number of evidence-based social health promotion programs available for youth aged 12-19.
  - As part of the changes to Objective 1, Metrics 1-3 will be replaced with the following:
    - Metric: Increased number of evidence-based youth service programs that address social, emotional, and/or physical health.
- Objective 3: Reduce obesity rates.
  - Strategy 1: Community and school-based education, exercise, and access to affordable, healthy food options, such as Rx for health, community-based activities, food bank fresh, or “Fresh Food Farmacy.”
    - Update: The intent behind this strategy has been upheld including during COVID by ensuring that access to food and food information is as secure as possible. This is exemplified in the **12 projects spanning \$170,970** that Columbia Pacific supported in 2020 through COVID funding and its regular community benefit programs. Though direct health educational programs have been paused or adapted to meet the emergency needs, there was no shortage of hard work to make healthy food more accessible.

- Strategy 2: Expand farm-to-school nutrition and educational programs.
  - Update: This strategy has been paused due to COVID. Columbia Pacific CCO has funded efforts such as delivery of staple food boxes or backpack meals, and expansion of Double Up Food Bucks to a match of **triple value** rather than double. However, these efforts are not currently accompanied by community or nutrition education and participation for safety reasons.
- Metric: Increased implementation of community and school nutrition programs.
  - Update: This metric has been paused due to COVID. Columbia Pacific CCO has funded efforts such as delivery of staple food boxes and expansion of Double Up Food Bucks to a match of triple value rather than double. However, these efforts are not currently accompanied by community or nutrition education and participation for safety reasons.
- Changes to Objective, Strategies, or Metric:
  - While reducing the burden of obesity is important to reducing the risk of associated chronic diseases, Columbia Pacific CCO's focus has shifted away from shame-associated framing of the issue and towards treating obesity as a symptom of food insecurity, trauma, and social need. As such, this objective has been changed to read: Increase opportunities for whole-health education and programming. This change will be reflected in future CHP updates.
  - Strategy 2 will be folded into Strategy 1 rather than be a separate strategy, to allow for whole person focus across all ages.

## Suicide Prevention

High-Level Goal: Reduce to zero the number of suicides in Clatsop, Columbia, and Tillamook Counties.

### Progress to Date:

- Objective: Increase community awareness campaigns and education for the public about suicide as a public health problem that is preventable.
  - Strategy 1: Identify, develop, and implement suicide prevention programs in every county, with specific outreach on suicide prevention and awareness for youth.
    - Update: Columbia Pacific CCO has provided financial and staff support and has been actively engaged in Columbia County's suicide prevention program, which is facilitated by Columbia Health Services (CHS). The program is focused on youth, with the implementation of Sources of Strength in several school districts. CHS' Suicide Prevention Coordinator supports each school district in developing comprehensive suicide prevention, intervention, and postvention protocols. Additionally, Columbia Pacific CCO is currently developing a fund for Clatsop and Tillamook Counties that will allow partners to apply for funding to implement and/or enhance suicide prevention work in their counties. A concept paper has been written that identifies our suicide prevention strategy as a CCO, evidence-based and best practices, and lessons learned from current efforts. Staff are currently meeting with community partners to get input on our strategy and to bring partners together to move the work forward.

- Strategy 2: Facilitate community collaborations across sectors to increase the number of community-based education and trainings that are evidence based and address suicide prevention, intervention, and postvention.
  - Update: Columbia Pacific CCO has supported Columbia County’s cross-sector collaboration as a funder and as an active participant in the county’s suicide prevention task force, which advises the implementation of education programs and awareness campaigns happening county-wide. Columbia Pacific CCO funding has allowed Columbia Health Services and other CBOs supporting the work, to train trainers and directly train the community in Evidence-Based Practice (EBP) suicide prevention education. In the past two years, over **15 organizations and 600 people** have been trained in Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and Youth Mental Health First Aid (YMHFA). **Six people** have been trained to conduct QPR trainings, **four** have been trained to conduct ASIST, and **one** has been trained to conduct YMHFA. A trainer has also been trained to implement Sources of Strength, a school-based suicide prevention EBP, and **one school district and two schools** have started the program, with two other school districts in the planning process. Several small awareness campaigns have been implemented in Columbia County, with a larger one currently being implemented. A county-wide postvention plan was also developed in partnership with the community-based mental health program, first responders, and other stakeholders in 2019.
- Metric: By 2024, reduce number of individuals dying by suicide to zero.
  - Update: *Sources: Oregon Health Authority’s Violent Death Dashboard (2007-2018) and Oregon ESSENCE data report (monthly 2021) and Oregon Health Authority Vital Records (2019)*
    - The County Suicide Deaths Rates per 100,000 (age adjusted) for 2017 as a baseline year were: Clatsop- 25.3; Columbia- 18; and Tillamook- 26.8. Actual total deaths from suicide: Clatsop- 9; Columbia- 9; and Tillamook- 6.
    - The County Suicide Death Rates per 100,000 (age adjusted) for 2018 were: Clatsop- 21.1; Columbia- 28.4; and Tillamook- 11.4. Actual total deaths from suicide were: Clatsop- 9; Columbia-17; and Tillamook-5.
    - The actual total deaths from suicide for 2019 for the region were: **Clatsop- 8; Columbia-9; and Tillamook-4.**
    - While OHA’s Public Health Division has reported initial state-wide suicide deaths for 2020-2021, mortality data is still being processed for recent months and is subject to change.
- Changes to Objective, Strategies, or Metric:
  - There are no changes to report to this objective or its corresponding strategies or metric.

## Housing

High-Level Goal: Partner across sectors to reduce the impact that housing insecurity has on health and well-being for all individuals in Clatsop, Columbia, and Tillamook Counties.

Progress to Date:

- Objective 1: By 2021, monitor, local housing conditions affecting health by creating a regional dashboard that centralizes county housing needs assessments, workforce and low-income housing stock, active and developing housing projects, and tenancy supports occurring in the region.
  - Strategy 1: Partner to support community action programs, Northwest Oregon Housing Authority, and community-based organizations that provide shelter/transitional housing supports in the region to create a regional dashboard that centralizes county housing needs assessments, low-income and workforce housing stock, active and developing housing projects, and tenancy supports occurring in the region.
    - Update: Our Regional Health Improvement Plan Dashboard includes two key performance indicators on housing: Housing Stabilization Access (people served by community action programs for housing support who are currently housed) and Houselessness Service Access (people served by community action programs for housing support who are not currently housed). The effort involved in building even these two measures has made it clear that a data dashboard is not as meaningful as originally thought in terms of return on investment. As such, this strategy will be changed.
  - Strategy 2: Explore ways to develop a framework to collect data on housing instability and homelessness with a focus on developing a housing data framework that leverages existing sources and includes a plan for future data collection and utilization opportunities
    - Update: As explained above, Columbia Pacific CCO will shift to focusing the objectives and strategies away from regionalized data to increasing access to housing stock, programs, and services.
  - Metric: Updated local, timely, actionable data on housing conditions.
    - Update: See strategy updates.
  - Changes to Objective, Strategies, or Metric:
    - Objective 1 is no longer a priority for the reasons stated under each strategy. For that reason, the objective has been updated to read: Increase supportive programs that address housing needs, including: housing needs assessments, workforce and low-income housing stock, active and developing housing projects, and tenancy supports.
    - As with the change to the objective, Strategy 1 will be updated to read: Partner to support community action programs, Northwest Oregon Housing Authority, and community-based organizations in the region to generate county housing needs assessments, low-income and workforce housing stock, active and developing housing projects, and tenancy supports.
    - Due to the change in objective, Strategy 2 is no longer a priority and will be omitted from future CHP updates.
    - Due to the change in objective, the metric will be changed to: Increased investment into housing stock, housing projects, transitional housing, and tenancy support.

- **Objective 2:** By 2024, decrease the number of individuals and families whose access to health is compromised by housing challenges.
  - **Strategy 1:** Partner with existing local housing task forces/committees to develop pathways for increased access to shelter housing, transitional support to acquire permanent housing, and options for permanent housing.
    - **Update:** Columbia Pacific CCO staff have joined a homelessness task force in Clatsop County. The CCO is also working with housing providers and support agencies to join the Connect Oregon network to increase close-loop referrals and tracking. Currently **one community action program** is fully engaged in Connect Oregon but has been involved in **five referrals sent**.
  - **Strategy 2:** Encourage local adoption of evidence-based recovery housing, supported housing, supported employment, and supported education programs.
    - **Update:** Columbia Pacific CCO developed a Regional Housing Impact Fund to assist community partners in planning, developing, and implementing deeply affordable housing and housing support services. The fund has awarded over **\$1,400,000 in housing grants** to support local housing development and capacity-building.
  - **Strategy 3:** Increase access to transportation systems such as dial-a ride and volunteer ridesharing.
    - **Update:** In 2021 Columbia Pacific CCO and CareOregon were planning on hiring **1 FTE** dedicated fully to implementing region-specific transportation programs including developing a volunteer driver network, as well as technical assistance to partners in navigating non-emergency medical transportation. The hiring process has been delayed due to the pandemic. We hope to resume developing this project plan in early 2022.
  - **Metric:** Increased collaboration and referral between housing support programs and health care settings.
    - **Update:** With the Connect Oregon network just launching early 2021, we do not have a baseline measure for referrals yet.
  - **Changes to Objective, Strategies, or Metric:**
    - Meeting Objective 1 as written is challenged by the fact that the housing challenges are growing faster than the improvements that we are making. With housing prices on the coast skyrocketing while COVID has made housing more challenging for many of our members, we see through our reports from the community action agencies that the need is growing faster than the improvements. We are making rapid impacts, but it is offset by the growing need. As such, Objective 1 will be reframed as “By 2024, increase the number of individuals and families whose health is supported by stable, safe, and affordable housing.”
- **Objective 3:** Support and collaborate on increasing the number of initiatives and programs that provide stability, affordability, quality, and safety for low-income individuals who have housing needs.
  - **Strategy 1:** Increase the number of tenancy-sustaining services.

- Update: The Healthy Homes program offered in all three counties through the local Community Action organization has been designated to receive **\$100,000** in funding to participate in the CCO’s SHARE initiative. This program supports maintaining tenancy through housing repairs that affect health and wellness of the tenant Columbia, Clatsop and Tillamook Counties and has existed for over 30 years. CPCCO’s partnership will support capacity building, marketing and the increase of bi-directional referrals from health care to social care for Medicaid recipients in all three counties.
- Strategy 2: Create transitional support services between higher and lower levels of care.
  - Update: CCO staff is in conversation with local partners interested in creating more transitional housing in the region. Approximately **\$400,000** has been granted to Iron Tribe Network to assist with transitional housing (**8-13 units**) for families involved in family court and their recovery programs. We anticipate more transitional housing proposals in the coming year.
- Strategy 3: Increase programs that support the remediation of unsafe or inadequate housing conditions.
  - Update: CPCCO is developing its SHARE initiative plan and will award **\$100,000** to the Healthy Homes program to support tenancy through housing repairs that affect health and wellness of tenants.
- Metric: Increased number and coordination of housing support services.
  - Update: Housing support services have increased with our partner agencies. These support services grew more rapidly than ever due to COVID. Coordination levels will need to be assessed once Connect Oregon is being utilized consistently for referrals, so we have a baseline.
- Changes to Objective, Strategies, or Metric:
  - No changes to this objective or its strategies or metric.