

June 2022



Community Health Improvement Plan Progress Report

Benton, Lincoln and Linn Counties

InterCommunity 
Health Network CCO

Be Healthy. Be Happy.

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Introduction

Document Purpose

This document is the 2022 InterCommunity Health Network CCO (IHN-CCO) Community Health Improvement Plan (CHIP) Progress Report from the Community Advisory Council (CAC) to the Oregon Health Authority. It includes all data currently available for the outcomes and indicators identified in the 2019 IHN-CCO CHIP.¹

2019 Community Health Improvement Plan

According to Oregon Revised Statute (ORS) 414.627(2), the primary tasks of the Community Advisory Council are overseeing a community health assessment, adopting a community health improvement plan (CHIP) to serve as a strategic population health and healthcare system service plan for the community served by the CCO; and annually publishing a report on the progress of the CHIP.

In 2019, the CAC published its second CHIP², which includes six areas of focus called Health Impact Areas. These Health Impact Areas are 1) Access to Healthcare, 2) Behavioral Health, 3) Child & Youth Health, 4) Healthy Living, 5) Maternal Health, and 6) Social Determinants of Health and Equity.

OUTCOMES AND INDICATORS

In order to track progress for the CAC's annual CHIP Progress Report, in 2019 the CAC developed a set of 22 *Outcomes* and an associated 32 *Indicator concepts*. For the purposes of the CHIP, outcomes and indicators are defined as follows:

Outcomes are results, changes, or improvements that come about from a program. Outcomes may include changes in knowledge, awareness, skills, attitudes, opinions, aspirations, motivation, behavior, practice, decision-making, policies, social action, condition, or status. Outcomes are a standard of some level of success.

The 22 outcomes, as written and adopted by the CAC, were purposely broadly defined. These broad definitions were intended by the CAC to serve as guidance, while allowing those who use them the flexibility to do their work innovatively and in ways that fit within the context of their particular work, setting, or expertise.

Indicators are measures that provide evidence that a certain condition exists or that certain results or progress toward improvements have or have not been achieved. Indicators measure the level of success or lack of success a program has had in achieving an outcome. Indicators serve to further clarify and define their related outcomes.

The 32 indicator concepts more specifically define their related outcomes. For example, indicators that include “*length of time from enrollment to first appointment*” or “*trauma-informed care*” are indicators that may measure and, therefore define, progress toward a related outcome.

These carefully selected indicators are labeled in the 2019 CHIP *Indicator Concepts* in recognition of the fact that they are, or can be, either more or less broadly defined than as worded. For example, a “rate” may be stated as an indicator, but a “percentage” may be what is available.

AREAS OF OPPORTUNITY

Throughout the CHIP development process, the CAC frequently encountered a lack of available data. For this reason, along with Outcomes and Indicators, the CHIP includes many “Areas of Opportunity.”

Areas of Opportunity, similar to Indicators, further clarify and define their related Outcomes. However, Areas of Opportunity do not currently have readily accessible, good quality data for annually tracking improvement or lack thereof. By including Areas of Opportunity, pilot projects and other initiatives may be prioritized to focus on making improvements and potentially establishing measurements in these areas. Also, the CAC and its Local Advisory Committees may invite presentations related to the Areas of Opportunity.

2022 CHIP Progress Report

DOCUMENT ORGANIZATION

The data in this report is organized by the Outcomes and Indicator Concepts identified for each of the six Health Impact Areas.

- Access to Healthcare
- Behavioral Health
- Child & Youth Health
- Healthy Living
- Maternal Health
- Social Determinants of Health & Equity

DATA COLLECTION

Most data reported in this document was collected in collaboration with community partners including IHN-CCO; Benton, Lincoln, and Linn County Health Services; the Regional Health Assessment Team; and the Benton, Lincoln, and Linn Federally Qualified Health Centers. When the CAC developed the CHIP’s Outcomes and Indicators, it was understood that some data could be available quickly, other data would take planning and time, some data would not be possible to collect or report, and some data sources only refresh their data every two or more years. These community partners continue to work toward making more data available for future reports.

TRANSFORMATION PILOT PROJECTS

The CHIP is used to prioritize pilot project funding. While providing services to its members, IHN-CCO and its community partners are working diligently to test innovative methods of transforming the healthcare system through a variety of pilot projects. These pilot projects allow service providers to try out, evaluate, and refine cutting-edge processes for improving healthcare delivery, member satisfaction, and cost efficiency. If a pilot project can be successfully refined and proves to be a viable concept, its new processes and programs may be adopted throughout the IHN-CCO region.

THE CHIP PRIORITIES AS STRATEGIC PLANNING

As of April 2022, there are 26 active pilot projects being tested (see Appendix III: Pilot Project Brief Summaries). As of April 2022, IHN-CCO had funded nearly 100 pilot projects at a cost of more than 24 million dollars. To be considered for funding, a proposal must fit within one of the CHIP's six Health Impact Areas. Since 2019, the pilot project funding has prioritized projects related to the CHIP's Social Determinants of Health and Equity Health Impact Area.

REGIONAL HEALTH ASSESSMENT (RHA)

Development of the CHIP and reporting on its progress is done in collaboration with the Regional Health Assessment (RHA) team, funded by the Regional Health Collaborative (RHC). The RHC is a partnership between organizations dedicated to improving community health in Oregon's Benton, Lincoln, and Linn Counties through collective data utilization. The RHC is working together to develop an integrated system of local and regional data to facilitate collaborative and coordinated cross-sector planning and decision-making efforts that impact health in our region.

Some of the ways in which the Regional Health Assessment team supports regional health assessment and improvement planning efforts is that it:

- Provides baseline data and continual updates to drive policy decisions and health improvement programs
- Engage communities in their own health to address disparities and equip them with the data they need to identify priorities
- Illustrate the impact of social determinants of health
- Use data to bridge the gap between traditional healthcare and other sectors that affect health
- Expanding capacities and the potential for impact at health-related organizations

With inclusion in the regional health assessment and alignment initiative, the IHN-CCO CHIP's focus on Medicaid membership will ensure that the needs of some of our communities' most vulnerable residents, those living in poverty, are assessed and addressed.

Report Highlights

- **Member access to care satisfaction:** In 2021, for “getting needed care,” IHN-CCO member satisfaction was the top performing CCO in the State. See Indicator A1b.
- **Trauma informed care data:** IHN-CCO provider group Samaritan Health Services has implemented Adverse Childhood Experiences (ACEs) screenings and scores into the Electronic Health Record system. Data from this system will be available for the 2023 CHIP Progress Report.
- **Member satisfaction with doctor communication:** Members generally reported high satisfaction for doctor communication and respect. See Indicator A2a.
- **Dental care:** The percentage of IHN-CCO youth members in Department of Human Services custody who completed a dental assessment has increased steadily since 2018 to a current rate of 97%. See Indicator A3b.
- **Mental Health First Aid (MHFA):** In 2020, the teaching of MHFA courses in the region (and likely worldwide) stopped, due to the need for social distancing. In 2021, those trainings resumed via videoconferencing. See Indicator Bh1a.
- **IHN-CCO behavioral health parity:** For its Behavioral Health Plan, IHN-CCO selected three CHIP outcomes as their improvement goals.
 - Reduce stigma and Increase community awareness that behavioral health issues are normal and widely experienced.
 - Increase the behavioral health expertise of healthcare providers and staff to reduce stigma and improve access to and appropriate utilization of services.
 - Increase mental health and substance use screenings, services, referrals and peer/parent support (SBIRT rates) and examine suicide rates. See Indicator Bh6a.
- **Women, Infants, & Children program (WIC):** Between 2019 and 2021, both the total number of families and percentage of families receiving WIC benefits has decreased. See Indicator Cy3a (a lactation consultation and support measure).
- **Breastfeeding rates:** The percentage of WIC mothers breastfeeding at 6 months remains low. See Indicator Cy3b.
- **Sexually transmitted infections (STI):** STI rates in the region remain lower than state rates, however gonorrhea rates rose slightly in 2020 (the most recent data). See Indicator Hl3a.
- **Pilot projects:** As of April 2022, there are 26 active pilot projects being tested, and IHN-CCO has funded nearly 100 pilot projects at a cost of more than 24 million dollars. To be considered for funding, a proposal must fit within one of the CHIP’s six Health Impact Areas. Since 2019, the pilot project funding has prioritized projects related to the CHIP’s Social Determinants of Health and Equity Health Impact Area.

Data: Outcomes & Indicator Concepts

Access to Healthcare

Outcome A1: Increase the percentage of members who receive appropriate care at the appropriate time and place.

Indicator A1a: Length of time from IHN-CCO enrollment to first appointment

For IHN-CCO members, the average number of days from enrollment to first appointment with a Primary Care Provider (PCP) dropped 40 days between 2014 and 2017. That is, it dropped from an average of 88 days down to 48 days. In 2018, that number increased three-fold to an average of 150 days. However, two years later, by the end of 2020, the average number of days had decreased again by more than 50%, down to 71 days. In 2021, those numbers continued to decrease down to an average of 66 days. See Table 1.

One possible reason for the increase in 2018 is that from 2014-2017, due to changes in eligibility requirements, many new enrollees were first-time members who had been without healthcare for a number of years. By 2018, many newly enrolled members were not actually new members; they were previous members who had briefly lost benefits and been reenrolled. In these cases, they may not have had the same need to see a PCP right away. In 2020, due to job losses during the pandemic, once again there were many new enrollees. IHN-CCO and the CAC will continue to monitor these numbers in future progress reports.

Table 1. Average Number of Days for New IHN-CCO Members to See a Primary Care Provider (PCP) ³

<i>Year:</i>	2014	2015	2016	2017	2018	2019	2020	2021
<i>Number of new members</i>	27,765	15,975	14,304	16,739	14,283	14,223	16,624	15,430
<i>Number with first claim</i>	19,211	10,872	8,172	9,660	11,885	11,549	10,884	10,040
<i>Average number of days until first claim (any provider)</i>	67.5	55.3	41.5	32.9	101.77	76.78	50.39	48.42
<i>Average number of days until first PCP claim</i>	87.8	72.3	53.3	47.8	149.9	107.6	70.8	66.3

Data for behavioral health and dental providers is unavailable at this time.

Indicator A1b: Length of time from appointment request to appointment for behavioral, physical, and oral health services

Because healthcare providers do not track when appointment requests are made, another way to measure access is by asking members how satisfied they are with how quickly they are able to get care and how easy it is to get needed care. Each year, the Oregon Health Authority (OHA) surveys Oregon Medicaid members on their previous six months healthcare experiences. The survey is called the *Consumer Assessment of Healthcare Providers and Systems (CAHPS)*.

2018-2021 Annual CAHPS survey results: In 2021, for getting needed care, IHN-CCO was the top performing CCO in the State (87.1% Adults, 85.9% Child). For the 2021 survey, 80.5% of adults responded that they “Always” or “Usually” were able to get care quickly. This number has gone up and down slightly each year but hovers around the 80% mark. In 2021, of respondents with children, 92.5% answered “Always” or “Usually” to the same question about their child’s experience. This is a 3.5% decrease from 90% in 2018. See Table 2.

Table 2. Annual 2018-2021 IHN-CCO Member CAHPs Survey results⁴

Member experience survey responses of “Always or Usually”

In the last six months, how often...

	Adult				Child			
<i>Year</i>	2018	2019	2020	2021	2018	2019	2020	2021
<i>Getting Care Quickly (Composite*)</i>	78.7%	83.0%	84.1%	80.5%	89.8%	86.5%	89.6%	92.5%
<i>Got urgent care as soon as needed</i>	83.0%	85.3%	81.8%	89.1%	91.7%	90.9%	94.9%	100%
<i>Got routine care as soon as needed</i>	74.4%	80.7%	86.5%	71.8%	87.9%	82.1%	84.2%	84.9%
<i>Getting Needed Care (composite*)</i>	79.5%	85.1%	81.8%	87.1%	77.3%	83.9%	83.4%	85.9%
<i>Easy to get needed care</i>	83.3%	87.6%	85.0%	85.8%	88.0%	87.7%	89.4%	91.8%
<i>Easy to see specialists</i>	74.4%	82.5%	78.5%	78.9%	66.7%	80.0%	77.5%	80.0%

Indicator A1c: Trauma-informed care, such as Adverse Childhood Experiences (ACEs) and resiliency measures

IHN-CCO provider group Samaritan Health Services has implemented Adverse Childhood Experiences (ACEs) screenings and scores into the Electronic Health Record system. Data from this system will be available for the 2023 CHIP Progress Report.

TRAINING

After a considerable push to get hundreds of Benton, Lincoln, and Linn County providers trained in trauma-informed care by 2016, the work continued in 2017 and 2018 when IHN-CCO providers met locally for one of two all-day Abuse Prevention Summits.

The Abuse Prevention Summits were sponsored by Benton, Lincoln, and Linn County Public Health Departments, Portland State University, and the Oregon Health Authority (OHA) in partnership with IHN-CCO. Participants included community partners and stakeholders from education, healthcare, housing, child welfare, early childhood, judicial, community and mental health services, as well as people with lived experience, and youth and family advocates.⁵

Healthcare providers, staff, and community members participated on a variety of other trauma informed care trainings since 2018, including courses sponsored by the counties and by Samaritan Health Services in Trauma Informed Care(See Table 3); Question, Persuade, and Refer (See Table 4), and Mental Health First Aide (See Table 5 and Bh1a Table 12).

Table 3. Number of attendees at Trauma Informed Care trainings (conducted by counties) by year, by county, and total attendees⁶

	Total Attendees	Benton	Lincoln	Linn	Benton, Lincoln, &/or Linn
2018	155	150	5	0	0
2019	675	140	481	41	13
2020	100	-	-	-	100

Table 4. Number of attendees at Question, Persuade, and Refer suicide prevention training (conducted by counties) by year, by county, and total attendees⁷

	Total Attendees	Benton	Lincoln	Linn	Not classified
2017	332	120	54	158	0
2018	1278	1135	32	9	102
2019	642	563	35	18	26
2020	1063	0	504	559	

Table 5. Number of 2019 attendees at Mental Health First Aid (MHFA) trainings & other mental Health presentations⁸

Date	General theme	Area	Attendees
2019	Various mental health topics in 10 classes	Benton	264
	MHFA statewide summit	Statewide	50
	Oregon Health Sciences University (OHSU) Family MHFA	Portland	15

Indicator A1d: Appropriate physical, behavioral, & oral preventive care for all ages

In last year’s progress report, IHN-CCO reported 2019 Quality Incentive Metric data. For 2019, they had improved on all preventative care metrics since their previous CHIP Progress Report. Due to the pandemic, OHA did not require CCOs to meet any metric targets in 2020. It was expected that they could not meet those metrics. We see in Table 6 that the numbers declined in 2020 for all preventative care metrics.

The following quality metrics were discontinued for all CCOs and no longer have improvement targets: Adolescent well care visits, dental sealants, and developmental screenings. The effective contraceptive use metric for 2019 was reported incorrectly in the last report and has been corrected below. See Table 6.

Table 6. Preventative Health Quality Measures Data from OHA⁹

Preventative Health Quality Measures Data from OHA	2014	2015	2016	2018	2019	2020	2020 Improvement Target
<i>Adolescent Well Care Visits</i>	24.1%	30.1%	36.5%	41.9%	46%	N/A	N/A
<i>Child Immunization Status</i>	58.2%	63.6%	65.0%	66.9%	68.9%	65.5%	70.1%
<i>Dental Sealants – All Child Age Groups</i>	9.9%	16.8%	20.2%	23.4%	23.8%	10.7%	N/A
<i>Developmental Screening</i>	26.9%	36.2%	54.6%	70.4%	75.6%	73.6%	N/A
<i>Effective Contraceptive Use – Women ages 18-50</i>	26.9%	35.8%	42.3%	49.5%	59.5%	48.6%	60.2%

Source: OHA Office of Health Analytics

A1d Area of Opportunity – used for prioritization, not annual reporting

- i. Culture of support for healthcare providers

Outcome A2: Increase the percentage of members who receive care communicated in a way that ensures that they can understand and be understood by their care providers, and that they are effectively engaged in their care.

Indicator A2a: Percentage of members who report that they receive care communicated in a way that ensures that they can understand and be understood by their care providers, and that they are effectively engaged in their care

Each year, the Oregon Health Authority (OHA) surveys Oregon Medicaid members on their previous six months healthcare experiences. The survey is called the *Consumer Assessment of Healthcare Providers and Systems (CAHPS)*. Results for questions related to adult and child satisfaction with services for 2018, 2019, 2020, & 2021 remained high in numbers ranging from about 89% to 99%. These percentages refer to the number of people who answered “Always” or “Usually” to various questions. See Table 7.

Table 7: 2018, 2019, 2020, 2021 IHN-CCO Member Experience of Care Survey Data¹⁰

Member experience survey responses of “Always” or “Usually”

In the last six months, how often...

	Adult				Child			
Year	2018	2019	2020	2021	2018	2019	2020	2021
How well doctors communicate (Composite*)	90.5%	93.7%	92.4%	91.5%	95.6%	96.4%	94.9%	95.6%
Doctor explained things in a way that was easy to understand?	94.6%	95.0%	92.6%	92.5%	95.4%	96.2%	94.0%	94.5%
Doctor listened carefully to you?	89.2%	95.0%	92.0%	92.5%	97.3%	97.1%	96.4%	97.8%
Doctor showed respect for what you had to say?	89.6%	95.6%	92.0%	92.0%	99.1%	96.2%	96.4%	98.9%
Doctor spent enough time with you?	88.6%	89.3%	93.0%	89.1%	90.8%	96.1%	92.8%	91.1%

Source: OHA Office of Health Analytics

Outcome A3: Improve integration of oral health services with behavioral health and physical health services

A3a: Percentage of members who have a dental visit during pregnancy compared to total percentage of members who have a dental visit

In 2016, IHN-CCO began a performance improvement project (PIP) to increase dental care benefit use during pregnancy. Tracking this data (called Pregnant Dental Utilization) is complex due to the short duration of pregnancy (9 months), lack of formal pregnancy diagnosis from a health professional (most pregnancy tests take place at home), and the difficulty tracking miscarriage, termination, and delivery dates.

In 2018, IHN-CCO drafted a Value-Based Payment (VBP) agreement with each Dental Care Organization (DCO), which included this Pregnant Dental Utilization measure to increase utilization for the PIP and align resources and efforts within the region. The data for 2016 and 2017 are not included in this progress because the VBP data only began being collected in 2018.

With the help of the DCO partners, activities were implemented that resulted in a 59% utilization rate for 2018. These activities included:

- Personalized mailers
- Care coordination calls to membership
- Educational brochures
- Hygiene services at local and regional fairs and events,
- Dental – Medical integration training with county maternity case management (MCM) Plus programs.

Unfortunately, due to barriers caused by the COVID-19 pandemic, the percentage of members who had a dental visit during pregnancy decreased from 59% in 2018 to 30% in 2020.. Ultimately, the Oregon Health Authority advised IHN-CCO to select a new PIP and retire the Pregnancy and Oral Health PIP. The Oral Health Pregnancy measure related to the VBP agreement was retired after 2020 with the discontinuation of the PIP. See Table 8.

Table 8. Percentage of members who have a dental visit during pregnancy, 2018 – 2020.

	Percent of pregnant members who have had a dental visit	Improvement target (set by IHN-CCO)
2018	59%	48%
2019	36%	46%
2020	30%	46%

Source: Dental Care Organizations contracted with IHN-CCO, April 2021. This is the most recent data.

A3b: Percentage of dental assessments for youths in Department of Human Services (DHS) custody

The percentage of youths in Department of Human Services (DHS) custody who received dental health assessments was put into the Dental Care Organization Value-Based Payment agreement in 2018. This was done to align community resources to have a priority focus on this vulnerable population, youths in DHS custody. Activities done to meet this measure include:

- Care coordination,
- Increased communication with local DHS offices and case workers,
- Increased coordination between health service types,
- Dental-Medical Integration training for pediatric offices,
- Evaluation for hygiene co-location with Corvallis Pediatrics,
- School-based dental sealant programs
- Teledentistry¹¹ was implemented widespread in response to limited clinic access during the COVID-19 pandemic.

The above activities helped the DCOs reach more families who had challenges getting care due to COVID-19 quarantines and lack of childcare. The activities supported foster parents who report a high sense of burn out with the many screening requirements when fostering a new child. Notably, the percentage has increased from 85% in 2018 to 97% in 2021.¹² See Table 9.

Table 9. Percentage of child IHN members in DHS custody who completed a dental assessment, 2018 – 2021.

	Percentage of youth IHN-CCO members in DHS custody who completed a dental assessment	Improvement target (set by OHA)
2018	85%	82.5%
2019	82%	87.5%
2020	90%	75%
2021	95.8%	73.8%

Source: Dental Care Organizations contracted with IHN-CCO, April 2022

A3c: Percentage of adults with diabetes who access dental care

The “adults diagnosed with diabetes who accessed dental care” measure was put into the Dental Care Organization Value-Based Payment agreement in 2019. The purpose of doing this was to align all community resources to have a priority focus on this population. Activities to meet this measure include:

- Care coordination
- Mailers
- Increased coordination between different health service types
- Dental-Medical Integration training for medical offices
- Hygiene co-location services were integrated within the Sweet Home Family Medicine Clinic and the Lebanon Community Hospital

In 2020, dental visits decreased for adult IHN-CCO members with diabetes; they decreased from 27% in 2019 to 17.5% in 2020. See Table 10. This is because dental offices were closed during a portion of the early COVID-19 pandemic. At the same time, the Oregon Health Authority (OHA) shifted CCO focus away from working on meeting incentive metrics and instead toward supporting a focus on financial support to emergency response efforts.

In 2021, OHA decided that CCO Quality Incentive Metrics would resume, but with lowered improvement targets due to barriers caused by the pandemic. For IHN-CCO, OHA decreased the IHN-CCO Improvement Target down to 17.3%. Despite growing concerns that people were not visiting their dentists during the pandemic, as well as a shortage of oral health professional staff, the final performance for 2021 surpassed the improvement target and reached 21%. See Table 10.

Table 10. Percent of adult IHN-CCO members diagnosed with diabetes who utilized their dental benefit, 2019 – 2020.

	Percent of adult IHN members diagnosed with diabetes who utilized their dental benefit (Year End Final Performance)	IHN VBP Improvement target (Set by OHA)
2019	27%	28%
2020	17.5%	26.8%
2021	21%	17.3%

Source: Dental Care Organizations contracted with IHN-CCO, April 2022

A3d: Percentage of Emergency Department visits with a caries-related diagnosis that are followed up on in a dental care setting

Follow-up in a dental care setting after emergency department visits for caries-related diagnoses improved and so consistently met target levels, the metric was retired in 2020.

The Dental Care Organizations (DCOs) suggested a new metric to track: The percent of IHN-CCO members (ages 1-5 and 6-14) who used a preventative dental or oral health service within a given year. See Tables 11a and 11b.

Table 11a. The percentage of IHN-CCO members ages 1-5 who used a preventative dental or oral health service, 2020 - 2021

	The percentage of IHN-CCO members ages 1-5 who used a preventative dental or oral health service within, 2020 - 2021	Improvement target (set by IHN-CCO)
2020	39.3%	44.4%
2021	48.6%	33.7%

Source: Dental Care Organizations contracted with IHN-CCO, April 2022

Table 11b. The percentage of IHN-CCO members ages 6-14 who used a preventative dental or oral health service within a given year, 2020 - 2021

	The percentage of IHN-CCO members ages 6-14 who used a preventative dental or oral health service within, 2020 - 2021	Improvement target (set by IHN-CCO)
2020	44.9%	63.8%
2021	56.04%	43.1%

Source: Dental Care Organizations contracted with IHN-CCO, April 2022

Behavioral Health

Behavioral Health spans a continuum of behavioral disorders including, but not limited to, prevention, diagnosis and treatment of mental health disorders, mental illness, substance use, and addictive disorders. It includes wellness and provides differentiation between lesser behavioral health issues attributed to mental health and more intrusive disorders described as severe and persistent mental illness.¹³

Outcome BH1: Reduce stigma and increase community awareness that behavioral health issues are normal and widely experienced.

Indicator Bh1a: Number of community members, employers, landlords, teachers, elected officials, and first responders (e.g. law officers, firefighters, Emergency Medical Technicians) trained in Mental Health First Aid

Mental Health First Aid (MHFA)¹⁴ is an 8-hour course that teaches lay-people and non-clinical staff how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives participants the skills necessary to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.¹⁵

Between 2014 and 2017, the numbers of MHFA courses taught and the number of community members trained increased steadily, leveling off overall in 2018. In 2019, Samaritan Health Services stopped providing MHFA trainings. In 2020, trainings stopped altogether due to social distancing and public health’s need to focus on the wildfire crisis, vaccination efforts, and other pandemic related complications. However, statewide and across the country, many programs shifted from in-person to video MHFA classrooms. In 2021, 25 trainings were held within the IHN-CCO region, training a total of 350 participants. See Table 12.

Table 12. Mental Health First Aid: Number of Certified Participants 2014 - 2021¹⁶

County	2014	2015	2016	2017	2018	2019	2020	2021
<i>Benton</i>	107	184	319	589	689	543		172
<i>Lincoln</i>	15	32	234	354	160	75		102
<i>Linn</i>	180	240	508	315	446	403	81	76
TOTAL	302	456	1,061	1,258	1,295	1,021	81	350

Source: Association of Oregon Community Mental Health Programs

Indicator Bh1b: Peer-delivered behavioral health education and services

What is reported below is only a partial picture of the traditional health worker services that occurred in the region in 2021. County level data was unavailable.

IHN-CCO contracts with certified Traditional Health Workers (THW) such as doulas, peer support specialists, and community health workers. See Table 13.

Table 13. Contracted Traditional Health Workers, 2021

	Total
<i>Community Health Workers</i>	32
<i>Doulas</i>	14
<i>Peer Support Specialists</i>	29
<i>Recovery Mentors, Certified</i>	13
<i>Other</i>	12
Total	100

Source: IHN-CCO Transformation Department, December 2021

Bh1 Areas of Opportunity – used for prioritization, not annual reporting

- i. Behavioral health stigma within the community
- ii. Community supports to normalize behavioral health issues

Outcome BH2: Increase the behavioral health expertise of healthcare providers and staff to reduce stigma and improve access and appropriate utilization of services.

Indicator Bh2a: Oregon Psychiatric Access Line about Adults (OPAL-A) utilization

OPAL-A provides free, same-day weekday, adult psychiatric phone consultation to primary care providers in Oregon.¹⁷ This service is underutilized in the IHN-CCO region (as well as statewide). Unfortunately, OPAL-A is no longer providing public data. See Table 14.

Table 14. OPAL-A Utilization from October 2018 to December 2020

	Number of registered providers	Number of case consultations
<i>Benton County</i>	28	33
<i>Lincoln County</i>	11	7
<i>Linn County</i>	34	11

Source: Oregon Psychiatric Access Line about Adults¹⁸

Bh2 Areas of Opportunity – used for prioritization, not annual reporting

- i. Members receive behavioral health services, screenings, and referrals in primary care settings
- ii. Co-located primary care and behavioral health providers
- iii. Primary care providers and Emergency Department staff exposed to behavioral health education, information, and Continuing Medical Education

Outcome BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support.

Indicator Bh3a: Screening, Brief Intervention, Referral to Treatment (SBIRT) rates

Between 2019 and 2021, SBIRT numbers have improved. That is, the percentage of members 12 years old and older who received an age-appropriate screening for alcohol and substance use increased from 50.2% to 61.7%, meeting the target set by OHA. The percentage of members who screened positive for alcohol or other substance abuse and received a brief intervention and referral to treatment was 19.6%, which is much lower than the statewide rate of 45.6% (lower is better) and a substantial improvement on the 2019 rate of 85.4%.

Note: SBIRT, as currently measured and reported, was a new Quality Incentive Metric as of 2019. All Oregon CCOs were required to report their SBIRT rates for the first time in 2019.

In June 2022, the final numbers for 2021 will be available to report in the next progress report.

Indicator Bh3b: Rate of suicidal ideation, attempts, suicide, and/or self-harming behavior

Table 15 outlines the percentage of 8th & 11th grade students in the region and statewide who self-reported that they had experienced depression, thought about suicide, or attempted suicide during 2019. These numbers are alarmingly high and have not significantly changed since previously reported in 2015. See Table 15.

Table 15. Percent of 8th and 11th grade students with self-reported depression, thoughts about suicide, or suicide attempts during the last 12 months, Benton, Lincoln, and Linn Counties, and Oregon, 2019

	Grade	Benton	Lincoln	Linn	Oregon
<i>Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities</i>	8th	24%	34%	34%	32%
	11th	39%	43%	36%	36%
<i>Seriously considered attempting suicide</i>	8th	19%	23%	18%	20%
	11th	18%	21%	20%	19%
<i>Attempted suicide at least once</i>	8th	8%	14%	7%	10%
	11th	5%	7%	10%	7%

Source: Oregon Healthy Teens Survey, 2019.¹⁹ This is the most recent data.

Indicator Bh3c: Overdose rates

In Lincoln and Linn Counties, hospitalizations for overdoses decreased between 2015 and 2018. Benton County rates have remained constant over that same time period but are much lower overall. See Table 16.

Table 16. Overdose hospitalizations per 100,000 people, 2015 – 2018

	2015	2016	2017	2018
<i>Benton County</i>	59	67	66	61
<i>Lincoln County</i>	149	98	96	95
<i>Linn County</i>	121	112	116	98
<i>Oregon</i>	113	101	100	97

Source: Oregon Prescription Drug Monitoring Program²⁰ This is the most recent data.

Overdose deaths per 100,000 people in Benton County are much lower than in Lincoln and Linn Counties. See Table 17.

Table 17. Overdose deaths per 100,000 people, 2016-2018 (aggregated)

	Overdose deaths per 100,000 people, 2016 - 2018
<i>Benton County</i>	4.4
<i>Lincoln County</i>	16.4
<i>Linn County</i>	10.1
<i>Oregon</i>	7.9

Source: Oregon Prescription Drug Monitoring Program²¹

Bh3 Areas of Opportunity – used for prioritization, not annual reporting

- i. Mental health and substance use services, screenings, and referrals in venues other than traditional medical facilities, including schools
- ii. Peer delivered education and support
- iii. Mental health service wait-times
- iv. Lack of mental health services for those not in crisis

Outcome BH4: Improve care for members experiencing mental health crisis.

Bh4: Areas of Opportunity – used for prioritization, not annual reporting

- i. Quality of mental health care
- ii. Appropriate care at the appropriate time and place for people experiencing a mental health crisis
- iii. Time from appointment request to appointment with a mental health care provider
- iv. Care Coordination

Outcome BH5: Improve care for members experiencing severe and persistent mental illness.

Bh5: Areas of Opportunity – used for prioritization, not annual reporting

- i. Non-mental health care (i.e., physical & oral)
- ii. Continuity of care
- iii. Ongoing engagement with a behavioral health provider
- iv. Health equity for this marginalized population
- v. Stigma reduction
- vi. Assertive Community Treatment (ACT)

Outcome BH6: Behavioral Health funded and practiced with equal value and priority as physical health.

Indicator Bh6a: Implement and report progress on behavioral health parity plan

According to the National Alliance on Mental Illness (NAMI), “Mental health parity describes the equal treatment of mental health conditions and substance use disorders in insurance plans. When a plan has parity, it means [for example] that if you are provided unlimited doctor visits

for a chronic condition like diabetes then they must offer unlimited visits for a mental health condition such as depression or schizophrenia.”²²

In 2018, the Oregon Health Authority (OHA) began a Mental Health Parity Analysis²³ of the Oregon Health Plan’s (OHP/Medicaid) full delivery system for all of its Coordinated Care Organizations (CCOs), such as IHN-CCO. This included an inventory of all mental health and substance use disorder benefits offered to IHN-CCO members, as well as the limitations applied to those benefits. The purpose of this analysis was to ensure that mental health and substance use disorder benefits were comparable to, and not more strictly limited than, medical and surgical services.²⁴

The key areas of rule parity are for 1) Combined lifetime and annual dollar limits; 2) Financial requirements, such as copays (Medicaid members do not have co-pays); 3) Quantitative treatment limits, such as day and visit limits; and, 4) Non-quantitative treatment limits, such as prior authorization and provider network admission requirements.

In 2020, a follow-up study was conducted across all CCOs and reported in the “InterCommunity Health Network 2020 Mental Health Parity Analysis Report, state of Oregon.”²⁵ The overall summary of that report is that IHN-CCO was found to be in compliance with all aspects of federal mental health and chemical use disorder parity requirements (see page 3-3 of the parity report). The specific areas included in the report that IHN-CCO is in compliance with are for:

- Utilization management limits applied to inpatient services
- Utilization management for prescription drugs
- Enrollment/credentialing decisions

The IHN-CCO Comprehensive Behavioral Health Plan was developed in July 2021 based on surveys, interviews, and data analysis. The goal of the plan is to provide IHN-CCO with a roadmap for strategies that improve access to and quality of behavioral health in Benton, Lincoln, and Linn counties. The executive summary for that 50-page plan is below:

“Intercommunity Health Network Coordinated Care Organization (IHN-CCO) acknowledges the significant behavioral health and substance use challenges our region faces. We understand comprehensive planning across systems is critical for our member and provider success. An area such as ours, which is primarily rural has limited resources. This plan represents a significant step toward planning for our region’s current needs and future growth. The goal is to present health related problems with solutions in a succinct format for the purpose of planning and efficient utilization of resources. Our goals are to utilize behavioral health investments in a coordinated and consistent manner to support our community’s continuum of care for prevention, intervention, recovery, and well-being.

“The 2020-2021 challenges the world faced have also significantly impacted the way we think about our mental health delivery system. To examine the needs of our three-county region, Benton, Lincoln, and Linn counties, IHN-CCO engaged our community, including representatives from private, public, and tribal communities, in a variety of data

collection manners to better understand the community needs and wishes. Data collection occurred through conversations, surveys, group interactions and other 1-1 outreach. Community stakeholders identified the following the behavioral health goals in the 2021 Community Health Improvement Plan (CHIP) Progress Report:

- 1. Reduce stigma and Increase community awareness that behavioral health issues are normal and widely experienced (Mental Health First Aid, Question, Refer and Persuade, and Trauma Informed Care).*
- 2. Increase the behavioral health expertise of healthcare providers and staff to reduce stigma and improve access to and appropriate utilization of services (OPAL-A and OPAL-K).*
- 3. Increase mental health and substance use screenings, services, referrals and peer/parent support (SBIRT rates) and examine suicide rates.*

“IHN-CCO acknowledges the COVID-19 pandemic continues to strongly influence behavioral health and our CCO member’s symptoms and behaviors across the region. The impact has been far reaching and includes medical, economic, social, and political consequences. This report comes with cautions as it is heavily influenced by our lives during a pandemic not seen in our lifetime. Research is being formulated, and much is yet to be learned from what we have lived through as individuals as well as a region, within the bigger spectrum of the World’s pandemic response.

“The negative behavioral health outcomes from COVID-19 for most people are related to experiences of social isolation, safety fears, economic, social and personal, restrictions and economic losses. The stress and pressure related to balancing childcare and work, at a time when both drastically transformed in response to COVID-19, has also impacted our region. Experiences of social isolation are associated with increased behavioral health problems, such as depression, anxiety, mood disorders, psychological distress, post-traumatic stress disorder (PTSD), insomnia, fear, stigmatization, low self-esteem, and for some, a lack of self-control. It is currently unclear as to what long term impact our members may struggle with.

“In addition, during this difficult time, some challenges brought innovative solutions. Our region saw the expansion and increased utilization of telehealth by our members. Creativity within a variety of areas brought comfort and support to members.

“Finally, we cannot forget that our region suffered significant fire losses. IHN-CCO stood by to support our county partners and the members we serve. Linn County was involved in the Lionshead, Holiday Farm and Beachie Creek Fires. They lost more than 193 structures. Lincoln County was involved in the Echo Mountain Complex Fire. Lincoln County lost 339 structures and 15,000 people were evacuated. This fire burned 2,552 acres. The impact of these major disasters is still being felt in the region.

“In the context of these significant events, IHN-CCO worked to support our members, our region, and continue to provide quality data to the Oregon Health Authority. The Comprehensive Behavioral Health Report Project spanned the period from January 2020 through June 2021. The project design included: (1) Secondary data analysis; (2)

Surveys for primary data and analysis; and (3) Group and individual discussions for identifying provider and community needs. After being presented with evidence gathered through data collection and analysis, several group discussions led to the identification of three primary issues that have a significant impact on behavioral health for our region. These include:

- 1. Peer Support Service Development utilizing System of Care leverage,*
- 2. Crisis Response and Respite in our Rural Service Areas, and*
- 3. The stability and growth of the current and future behavioral health workforce.”*

BH6a Areas of Opportunity – used for prioritization, not annual reporting

- i. Number of mental health providers
- ii. Preventative behavioral healthcare and promotion of general wellbeing

Child & Youth Health

Child and Youth Health includes health and wellbeing from birth through 17 years of age.

Outcome CY1: Increase the percentage of children, youth, and families who are empowered in their health.

CY1 Areas of Opportunity – used for prioritization, not annual reporting

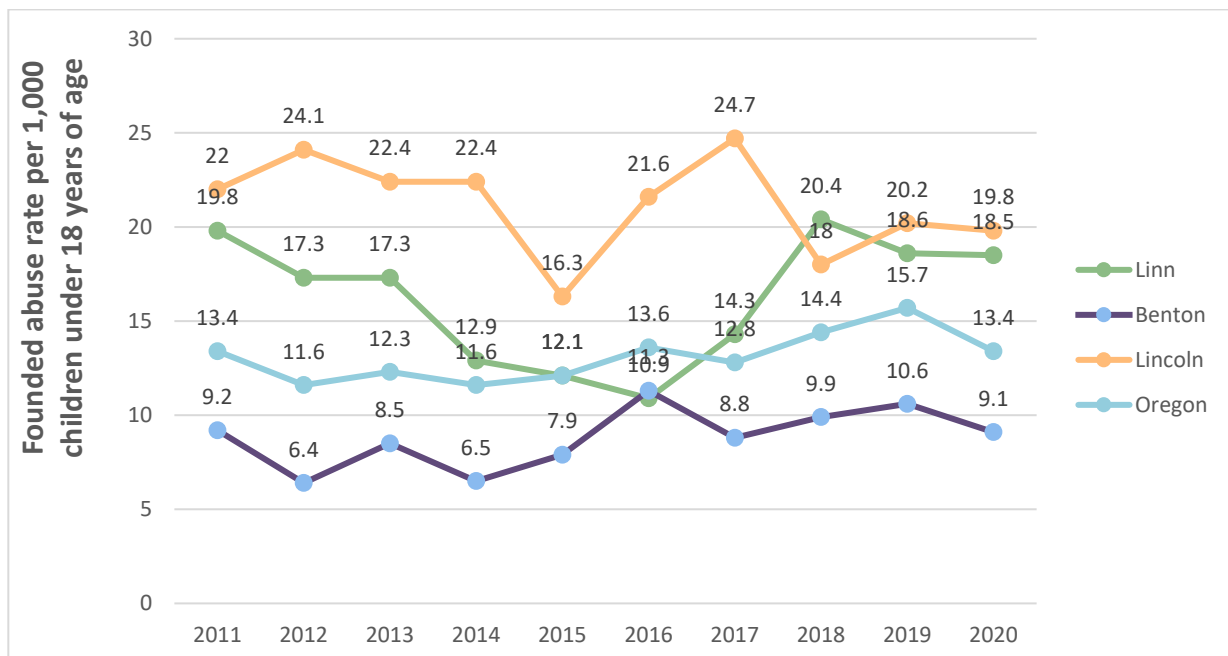
- i. Utilization of advocacy services and supports
- ii. Children, youth, and families partner with their healthcare providers, set their own goals, and follow through on those goals.

Outcome CY2: Decrease child abuse and neglect rates

Indicator CY2a: Neglect; emotional, physical, and sexual abuse rates

The 2020, founded²⁶ abuse rates in Benton (9.1 reports per 1,000 children) were lower than the statewide rate (13.4). While Lincoln (19.8) and Linn (18.5) counties' rates were each higher than the statewide average. See Figure 1.

Figure 1. Founded abuse rate per 1,000 for children less than 18 years of age in Linn, Benton, and Lincoln Counties, and Oregon, 2011-2020



Source: Oregon Department of Human Services, Child Welfare Data Books 2011 through 2020. Rates include neglect, physical abuse, and sexual abuse²⁷

Outcome CY3: Increase breastfeeding initiation and duration rates.

Indicator CY3a: Percentage of women who receive lactation consultation and support during pregnancy and following childbirth

The Women, Infants, and Children (WIC) program provides lactation consultation and support, during pregnancy and following childbirth, to qualifying mothers. Between 2019 and 2021, both the total number of families and percentage of families receiving WIC benefits has decreased. See Table 18.

Table 18: WIC families receiving services, 2019

2019	Number of families	Percent of all pregnant women
<i>Benton County</i>	1,821	28%
<i>Lincoln County</i>	1,052	46%
<i>Linn County</i>	4,365	34%

2021	Number of families	Percent of all pregnant women
<i>Benton County</i>	875	24%
<i>Lincoln County</i>	856	41%
<i>Linn County</i>	2,241	30%

Source: *Source: OHA 2019 & 2021 WIC Fact Sheets.*²⁸

Indicator Cy3b: Breastfeeding rates

Pediatricians recommend that infants are exclusively breastfed from birth until age six months. While WIC mothers in Benton, Lincoln, and Linn counties have high initial success rates in breastfeeding at birth, there is a significant drop off by age 6 months and those rates have been dropping slightly each year until 2021, where they increased slightly for Benton and Linn Counties and decreased 1% for Lincoln County. See Table 19.

The six-month data is for infants who are still breastfeeding, even if they are not exclusively breastfeeding. Many low-income mothers find it difficult to balance work with breastfeeding and turn to formula to supplement and eventually replace breastfeeding.²⁹

Table 19. Percentage of mothers in the Women, Infant, and Children (WIC) program who are breastfeeding at birth and 6 months in Benton, Lincoln, and Linn Counties, 2016, 2017, and 2019, 2021

	Percentage of WIC mothers breastfeeding at birth				Percentage of WIC mothers breastfeeding at 6 months			
	2016	2017	2019	2021	2016	2017	2019	2021
Benton County	94%	93%	97%	97%	45%	47%	42%	43%
Lincoln County	94%	95%	97%	99%	36%	40%	36%	33%
Linn County	92%	91%	91%	93%	34%	36%	35%	39%

Source: OHA 2016, 2017, & 2019, & 2021 WIC Fact Sheets. No data available 2018, 2020.³⁰

CY3 Area of Opportunity – used for prioritization, not annual reporting

- i. The ability to conveniently pump breastmilk at work

Outcome CY4: Increase integration of behavioral health and oral care as part of routine primary pediatric care.

Indicator CY4a: Number of regular behavioral health screenings occurring for pediatric IHN-CCO members

The 2018 Progress report included 2016 and 2017 data on the number of regular behavioral health screens for pediatric IHN-CCO members. More recent data is not available.

Table 20. Number of regular behavioral health screenings for pediatric IHN-CCO members, 2016 & 2017

	Number of Behavioral Health Screenings	Number of Behavioral Health Treatments
2016	13,966	15,649
2017	9,553	11,286

Source: IHN-CCO, April 2018³¹

Indicator CY4b: Oregon Psychiatric Access Line about Kids (OPAL-K) utilization

OPAL-K provides free, same-day weekday, child psychiatric phone consultation to primary care providers in Oregon.³² This service is underutilized in the IHN-CCO region (as well as statewide). Unfortunately, OPAL-K is no longer providing public data. See Table 21.

Table 21. OPAL-K Utilization from June 2014 to December 2020

	Number of registered providers	Number of case consultations
Benton County	36	36
Lincoln County	12	15
Linn County	41	55

Source: Oregon Psychiatric Access Line about Kids³³

Indicator CY4c: Mental, physical, and dental health assessments for children in DHS custody

The 2020 number for this metric increased greatly, reaching more than 10% above the improvement target set by OHA. That is, the percentage of children in Department of Human Services (DHS) custody who received mental, physical, and dental health assessments increased to 84% in 2020 from 72% in 2019. This is 12% increase from 2019. The improvement target set by OHA for this metric was 73.8% for 2020.³⁴

Indicator Cy4d: Percentage of teens who had a dental check-up, exam, teeth cleaning, or other dental work

The percent of 8th and 11th graders who had “dental check-ups, exams, or teeth cleanings in the past year”, for 2019, increased in Benton County, while those same numbers decreased in Lincoln County. For Linn County 8th graders, the percentage increased slightly in 2019 from 2018, but decreased slightly for Linn 11th graders. See Table 22.

Table 22. Percent of 8th graders and 11th graders who had a dental check-up, exam, or teeth cleaning in the past year, 2017 and 2019.

		2017	2019
Benton County	8 th grade	88.0%	93.1%
	11 th grade	83.7%	86.2%
Lincoln County	8 th grade	82.8%	77.9%
	11 th grade	80.0%	76.2%
Linn County	8 th grade	86.9%	87.6%
	11 th grade	81.1%	77.8%

Source: Oregon Healthy Teens Survey, 2017 and 2019.³⁵ This is the most recent data.

Cy4c Area of Opportunity – used for prioritization, not annual reporting

- i. Occurrence of care coordination between primary care and behavioral health providers when working with children, youth, and families, including consultations and referrals.

Healthy Living

Healthy Living includes disease prevention, management, and recovery through nutrition; physical activity; stress prevention, management, and resiliency; good sleep; and responsible behavior. Healthy living greatly reduces a person’s risk for developing chronic illnesses. Healthy Living should not be about “shaming and blaming” but about ensuring that people are empowered to be the healthiest that they can be.

Chronic Diseases are human health conditions of long duration and generally slow progression.³⁶ Chronic diseases, such as heart disease, stroke, cancer, diabetes, depression, certain mental health and addictions conditions are among the most prevalent, costly, and preventable of all health problems. Research shows that access to resources that support healthy lifestyles, such as nutritious food, recreational opportunities, and high quality and affordable prevention measures—including screening and appropriate follow-up—saves lives, reduces disability, and lowers medical costs.³⁷

Outcome HL1: Increase the percentage of members who are living a healthful lifestyle

Areas of Opportunity HL1a: – used for prioritization, not annual reporting

- i. Disease prevention, management, and recovery
- ii. Nutrition
- iii. Physical activity
- iv. Weight shaming and blaming
- v. Stress
- vi. Sleep quality
- vii. Social supports, such as family, friends, and community

Outcome HL2: Reduce the percentage of members who use and/or are exposed to tobacco or nicotine

Indicator HL2a: Tobacco prevalence, including tracking prevalence among members who are under age 18, pregnant, or who are a member of another at-risk group (Quality Incentive Metric)

For IHN-CCO members, cigarette smoking prevalence reported in both 2018 and 2019 was 26%. This increased slightly in 2020 to 26.8%. That includes tracking prevalence among members who are under age 18, pregnant, or who are a member of another at-risk group. This is a new statewide quality incentive metric. The state will use these baseline numbers to determine overall benchmarks and annual targets for each CCO.³⁸

SMOKING DURING PREGNANCY

The percentage of members in the IHN-CCO region who smoked during pregnancy in 2016-2017 was 15%, which is 50% higher than the statewide rate of 10% during that same time period. Those numbers decreased slightly in 2016-2018, down to 13% for the region and 9% statewide. It is notable that the younger one is when pregnant, the more likely the individual is to smoke. Data for vaping for this group was not reported for this data set. See Tables 23a and 23b.

Table 23a. Smoking rates during pregnancy by age in the region 2014-2020

<i>Population (by age)</i>	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
15 to 17	26%	23%	22%	18%	22%
18 to 19	26%	24%	22%	23%	21%
20 to 24	24%	21%	18%	16%	14%
25 to 29	13%	13%	13%	14%	13%
30 to 34	9%	10%	10%	10%	9%
35 to 39	9%	9%	9%	8%	9%
40 to 44	9%	8%	10%	7%	7%
Total	15%	14%	13%	13%	14%

Table 23b. Smoking rates during pregnancy by age in Oregon 2014-2020

<i>Population (by age)</i>	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
15 to 17	13%	12%	11%	9%	9%
18 to 19	17%	16%	15%	14%	13%
20 to 24	17%	15%	14%	12%	11%
25 to 29	11%	11%	10%	10%	9%
30 to 34	7%	7%	6%	6%	6%
35 to 39	5%	5%	5%	5%	5%
40 to 44	5%	5%	5%	5%	5%
Total	10%	10%	9%	8%	8%

Source: OHA, Center for Vital Statistics, 2014-2020.³⁹

The high percentage of those who smoke during pregnancy is particularly striking when compared to the low number of youths who report tobacco use in an anonymous survey. See Tables 24-26. Vaping e-cigarettes has become more common than smoking cigarettes. Most concerning is the large increase in reported vaping by 2019. For example, in 2019, of 11th graders asked to anonymously report use of e-cigarettes in the past 30 days, the percentage of those who said they had were 20%, 16%, and 37% in Benton, Lincoln, and Linn Counties respectively. See Tables 24-26.

Table 24. Percent of youth who reported tobacco use in the past 30 days in Linn, Benton, Lincoln Counties; the region; and Oregon, 2015

	Grade	Benton	Lincoln	Linn	Region	Oregon
<i>Smoked cigarettes</i>	8th	1%	8%	8%	5%	4%
	11th	7%	7%	11%	9%	9%
<i>Used e-cigarettes/vaped</i>	8th	5%	10%	14%	10%	9%
	11th	12%	10%	21%	16%	17%

Source: Oregon Healthy Teens Survey, 2015.⁴⁰

Table 25. Percent of youth who reported tobacco use in the past 30 days in Linn, Benton, Lincoln Counties; the region; and Oregon, 2017

	Grade	Benton	Lincoln	Linn	Region	Oregon
<i>Smoked cigarettes</i>	8th	0.3%	3%	5%	5%	3%
	11th	4%	6%	5%	9%	8%
<i>Used e-cigarettes/vaped</i>	8th	2%	4%	10%	10%	6%
	11th	12%	7%	13%	16%	13%

Source: Oregon Healthy Teens Survey, 2017.⁴¹

Table 26. Percent of youth who reported tobacco use in the past 30 days in Linn, Benton, and Lincoln Counties; the region; and Oregon, 2019

	Grade	Benton	Lincoln	Linn	Region	Oregon
<i>Smoked cigarettes</i>	8th	0.5%	3%	0.4%	5%	3%
	11th	4%	9%	10%	9%	5%
<i>Used e-cigarettes/vaped</i>	8th	8%	7%	10%	10%	11%
	11th	20%	16%	37%	16%	21%

Source: Oregon Healthy Teens Survey, 2019.⁴²

To learn more about vaping health risks, please visit the heart.org website.⁴³

ADULT SMOKING RATES

Smoking rates in Benton, Lincoln, and Linn Counties have decreased slightly over recent years, but remain higher than statewide rates. See Table 27.

Table 27. Age-adjusted percent of adults who currently smoke cigarettes in Linn, Benton, and Lincoln Counties and Oregon, 2010-2013, 2012-2015, and 2014-2017

	Benton	Lincoln	Linn	Oregon
2010-2013	14%	33%	21%	19%
2012-2015	11%	32%	20%	18%
2014-2017	9%	29%	19%	17%

Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)^{44, 45}.

Indicator HL2b: Use of tobacco cessation resources and tools

Compared to 2017, the numbers of IHN-CCO members who received diagnoses of tobacco use increased from 16,149 to 19,017.⁴⁶ The number who utilized the Alere Wellbeing Tobacco Cessation Counseling program in 2016 was 27⁴⁷; 65 used the service in 2017. No new data is available.

HL2 Area of Opportunity – used for prioritization, not annual reporting

- i. Youth introduction to and cessation of tobacco or nicotine products (e.g., vaping, cigarettes, chewing tobacco, etc.)

Outcome HL3: Reduce sexually transmitted infection (STI) rates.

Indicator HL3a: Sexually transmitted infection rates

Between 2014 and 2017, chlamydia infection rates in the IHN-CCO region, as well as statewide, increased. In 2020, the rates were once again similar to, or lower than, the rates four years prior in 2014. See Table 28.

Table 28. Chlamydia infection rates from 2014 to 2020: Number of infections per 100,000 people. Not age adjusted.

	2014	2015	2016	2017	2018	2019	2020
Benton	396	462	470	497	381	587	359
Lincoln	235	285	333	316	185	203	198
Linn	344	363	372	376	219	389	298
Oregon	387	407	426	450	202	457	373

Source: Oregon Public Health Assessment Tool; 2014 – 2020.

The rate of gonorrhea infections within the region increased between the years of 2014 and 2020 but remain significantly lower than statewide rates. See Table 29.

Table 29. Gonorrhea infection rates from 2014 to 2020: Number of infections per 100,000 people. Not age adjusted.

	2014	2015	2016	2017	2018	2019	2020
<i>Benton</i>	23	32	53	57	54	75	76
<i>Lincoln</i>	11	68	50	37	28	46	65
<i>Linn</i>	21	33	91	126	81	118	121
<i>Oregon</i>	58	81	107	121	121	145	151

Source: Oregon Public Health Assessment Tool; 2014 – 2020. This is the most recent data.

Syphilis infection rates within the region have fluctuated slightly between the years of 2014 and 2020 but remain significantly lower than statewide rates. See Table 30.

Table 30. Syphilis infection rates from 2014 to 2020: Number of infections per 100,000 people. Not age adjusted.

	2014	2015	2016	2017	2018	2019	2020
<i>Benton</i>	7	9	3	7	14	6	8
<i>Lincoln</i>	4	21	10	2	0	4	8
<i>Linn</i>	6	10	4	8	10	8	5
<i>Oregon</i>	11	14	15	14	24	19	22

Source: Oregon Public Health Assessment Tool; 2014 – 2020. This is the most recent data.

HL3a Area of Opportunity – used for prioritization, not annual reporting

- i. Expedited Partner Therapy utilization

Maternal Health

Outcome MH1: Reduce unplanned pregnancies rates.

Indicator Mh1a: Effective contraceptive use among partners

See A1d for effective contraceptive use data

Mh1 Area of opportunity – used for prioritization, not annual reporting

- i. Data availability for effective contraceptive use among all members

Outcome MH2: Increase the percentage of members who receive early and adequate care and support before, during, and after pregnancy

Indicator Mh2a: Behavioral health screenings and access to treatment with a behavioral health provider

See Bh3a for Screening, Brief Intervention, and Referral to Treatment data

Mh2 Areas of opportunity – used for prioritization, not annual reporting

- i. Healthy weight gain during pregnancy
- ii. Utilization of postpartum care and support
- iii. Partner education and involvement

Social Determinants of Health & Equity

Outcome SD1: Increase the percentage of members who have safe,⁴⁸ accessible, affordable housing

Indicator SD1a: Number of homeless persons

Each year, local community groups conduct a one-night population count of people experiencing homelessness in their communities. This census is coordinated across the country to avoid double counting. This Point-in-Time count is acknowledged to have significant limitations, primarily stemming from the inability of community groups to canvas every area where a person experiencing homelessness might be. Furthermore, over the course of the year there is fluctuation or change in the number of people experiencing homelessness, so a single night count does not capture the true burden. However, the Point-in-Time count provides consistent and comparable information between geographies and across years.

The number of people experiencing homelessness counted during the Point-in-Time census increased by 18% in the region from 2016 to 2017. See Table 31. As in earlier years, about twice as many men as women experienced homelessness.

Beginning in 2020, data from the Point-in-Time count has been organized and presented by the groups that conduct the count in each county. This has led to changes in the structure of the reported data. The data available for 2020 is less descriptive. See Tables 31-33.

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Table 31. Historical Point-in-Time count homeless population figures, including students

	2011				2015			
	Benton	Lincoln	Linn	Region	Benton	Lincoln	Linn	Region
<i>Total homeless count</i>	107	41	135	283	131	47	246	424
<i>Sheltered count</i>	107	41	125	273	94	25	197	316
<i>Unsheltered count</i>	0	0	10	10	37	22	49	108
<i>Female</i>	36	24 *	51	111 *	43	23	108	174
<i>Male</i>	71	16 *	84	171 *	88	23	123	234
<i>Individuals</i>	81	23	109	213	110	29	186	325
<i>Family members</i>	26	18	26	70	21	18	60	99
<i>Average months spent homeless (female / male)</i>	18 / 43	7 / 20	13 / 22	13 / 30	No data	No data	No data	No data

Source: Oregon Housing and Community Services and Community Services Consortium

Table 32. 2016 and 2017 Point-in-Time homeless population figures, including students

	2016				2017			
	Linn	Benton	Lincoln	Region	Linn	Benton	Lincoln	Region
<i>Total homeless count</i>	253	199	102	554	186	287	180	653
<i>Sheltered count</i>	188	141	21	350	26	139	113	278
<i>Unsheltered count</i>	65	58	81	204	160	148	67	375
<i>Female</i>	101*	89	50	240	63	97	81	241
<i>Male</i>	153*	110	52	315	117	189	105	411
<i>Individuals</i>	215	135	77	427	154	196	139	489
<i>Family members</i>	38	64	25	127	5	52	46	103

Source: Oregon Housing and Community Services and Community Services Consortium.

**Counts do not sum to total. This is generally due to miscounting or data entry errors in the data collection process. Discrepancies of 1 or 2 are small for numbers of data of this size. This is the most up to date data.*

Table 33. 2020 Point-in-Time homeless population figures, including students

2020				
	Linn	Benton	Lincoln	Region
<i>Total homeless count</i>	318	233	400	978
<i>Male</i>	193*	152*	215	315
<i>Female</i>	124*	79*	179	240

Source: Community Services Consortium, 2020. Data on sheltered status and family status is unavailable.
* Counts do not sum to total due to individuals identifying as a gender other than female or male.⁴⁹

Indicator SD1b: Number of homeless students

Table 34 shows the number of school-age children and youths experiencing homelessness in Linn, Benton, and Lincoln Counties. Nearly one in seven Lincoln County K-12 students experienced homelessness at some point in the 2019-2020 school year. While percentage rates have remained similar across time, total numbers are increasing. See Table 34.

Table 34. Student point-in-time homeless population figures, 2013-2020

	County	Benton	Lincoln	Linn	Region	Oregon
<i>2013-2014</i>	Homeless Student Numbers Grades K-12	228	519	859	1,606	---
	Percent of students	3%	10%	4%	3%	3%
<i>2015-2016</i>	Homeless Student Numbers Grades K-12	290	768	976	2,034	--
	Percent of students	3%	15%	4%	6%	4%
<i>2016-2017</i>	Homeless Student Numbers Grades K-12	386	644	920	1,950	--
	Percent of students	4%	12%	4%	5%	4%
<i>2017-2018</i>	Homeless Student Numbers Grades K-12	259	824	1,044	2,127	--
	Percent of students	3%	15%	5%	6%	4%
<i>2018-2019</i>	Homeless Student Numbers Grades K-12	328	943	1,182	2,453	--
	Percent of students	4%	17%	5%	7%	4%
<i>2019-2020</i>	Homeless Student Numbers Grades K-12	270	801	1,081	2152	--
	Percent of students	3%	14%	6%	6%	4%

Source: Oregon Department of Education McKinney-Vento Act Homeless Education Program.⁵⁰

SD1 Areas of Opportunity – used for prioritization, not annual reporting

- i. Stable housing upon discharge from hospital or emergency room visit
- ii. Evictions prevention and reduction
- iii. Housing-related, closed-loop referral between clinical and community services
- iv. Social of Determinants of Health claims data

Outcome SD2: Increase the percentage of members who have access to affordable transportation

SD2 Areas of Opportunity – used for prioritization, not annual reporting

- i. Non-medical transportation access
- ii. Distance between members' homes and public transportation
- iii. Member utilization of available, covered transportation services
- iv. Provider knowledge of, and referral to, available transportation services

Outcome SD3: Increase the percentage of members who have access to healthy food

SD3a: Percentage of members living in a food desert

There was no data available for this report.

SD3 Areas of Opportunity – used for prioritization, not annual reporting

- i. Food security
- ii. Availability of fresh, affordable produce

Outcome SD4: Increase health equity

SD4 Areas of Opportunity – used for prioritization, not annual reporting

- i. Health disparities experienced by members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc.
- ii. Availability of health equity data

Appendix I: Acronyms

ACE – Adverse Childhood Experiences

ACT – Assertive Community Treatment

CAC – Community Advisory Council

CCO – Coordinated Care Organization

CDC – Center for Disease Control

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CCO – Coordinated Care Organization

DHS – Department of Human Services

HIA – Health Impact Area

K-12 – Kindergarten through 12th grade

LGBTQIA – Lesbian, gay, bi-sexual, transgendered, questioning, intersex, or asexual

N/A – Not applicable (does not apply)

IHN-CCO – InterCommunity Health Network Coordinated Care Organization

OHA – Oregon Health Authority, the state agency responsible for OHP/Medicaid

OHP – Oregon Health Plan (Medicaid)

Opal-A – Oregon Psychiatric Access Line about Adults

Opal-K – Oregon Psychiatric Access Line about Kids

O&I – Outcomes and Indicators

SBIRT – Screening, brief Intervention, and referral to treatment

Appendix II: Glossary of Terms

Areas of Opportunity, similar to Indicators, further clarify and define their related Outcomes. However, Areas of Opportunity do not currently have readily accessible, good quality data for annually tracking improvement or lack thereof. By including Areas of Opportunity, pilot projects and other initiatives may be prioritized to focus on making improvements and potentially establishing measurements in these areas. Also, the CAC and its Local Advisory Committees may invite presentations related to the Areas of Opportunity.

Assertive Community Treatment (ACT) – is a form of community-based mental health care for individuals experiencing serious mental illness that interferes with their ability to live in the community, attend appointments with professionals in clinics and hospitals, and manage mental health symptoms.⁵¹

Caries – decay and crumbling of tooth or bone.

E-cigarette or electric cigarette – a cigarette-shaped device containing a nicotine-based liquid that is vaporized and inhaled, used to simulate the experience of smoking tobacco.

Founded Abuse – There is a reason to believe that abuse occurred (founded is the opposite of unfounded).

Health Impact Area (HIA) – A priority health focus area identified in the CHIP.

Healthy Living includes disease prevention, management, and recovery through nutrition; physical activity; stress prevention, management, and resiliency; good sleep; and responsible behavior. Healthy living greatly reduces a person’s risk for developing chronic illnesses. Healthy Living should not be about “shaming and blaming” but about ensuring that people are empowered to be the healthiest that they can be.

Indicator – A measurement or data that provides evidence that a certain condition exists, or certain results have or have not been achieved. Indicators measure the level of success or lack of success a program has had in achieving an outcome.

Member – Any individual enrolled in the Oregon Health Plan whose care is the responsibility of IHN-CCO.

OHA – Oregon Health Authority, the state agency responsible for Oregon Health Plan/Medicaid.

Opal-A – Oregon Psychiatric Access Line about Adults provides free, same-day adult psychiatric phone consultation to primary care providers in Oregon⁵²

Opal-K – Oregon Psychiatric Access Line about Kids provides free, same-day child psychiatric phone consultation to primary care providers in Oregon⁵³

Outcome – Results or changes that come about from a program, such as changes in knowledge, awareness, skills, attitudes, opinions, aspirations, motivation, behavior, practice, decision-making, policies, social action, condition, or status.

Pilot Project – While providing services to its members, IHN-CCO and its community partners are working diligently to test innovative methods of transforming the healthcare system through a variety of pilot projects. These pilot projects allow service providers to try out, evaluate, and refine cutting-edge processes for improving healthcare delivery, member satisfaction, and cost efficiency. If a pilot project can be successfully refined and proves to be a viable concept, its new processes and programs may be adopted throughout the IHN-CCO region.

Resiliency – The ability to recover

Social Determinants of Health are conditions in the environments in which people are born, live, learn, work, play, and age that affect wellbeing.⁵⁴

Teledentistry is the use of electronic information, imaging, and communication technologies, including interactive audio, video, data communications... to provide and support dental care delivery, diagnosis, consultation, treatment, transfer of dental information, and education⁵⁵.

Traditional Health Workers (THWs)⁵⁶ help individuals in their communities, providing physical and behavioral health services. There are five traditional health worker types:

- **Community health workers:** Assist community members in receiving the healthcare they need.
- **Peer support specialists:** Provide support, encouragement and assistance to addictions and mental health consumers.
- **Peer wellness specialists:** Provide support, encouragement and assistance to address physical and mental health needs.
- **Personal health navigators:** Provide care coordination for members from within the health system.
- **Birth doulas:** Provide companionship and personal, nonmedical support to women and families throughout the childbirth and post-partum experience.

Vape – inhale and exhale vapor containing nicotine and flavoring produced by a device designed for this purpose.

Appendix III: Pilot Project Brief Summaries



IHN-CCO Transformation
Summary of Current Pilots
for Benton, Lincoln and Linn Counties

2022 IHN-CCO Transformation Pilots

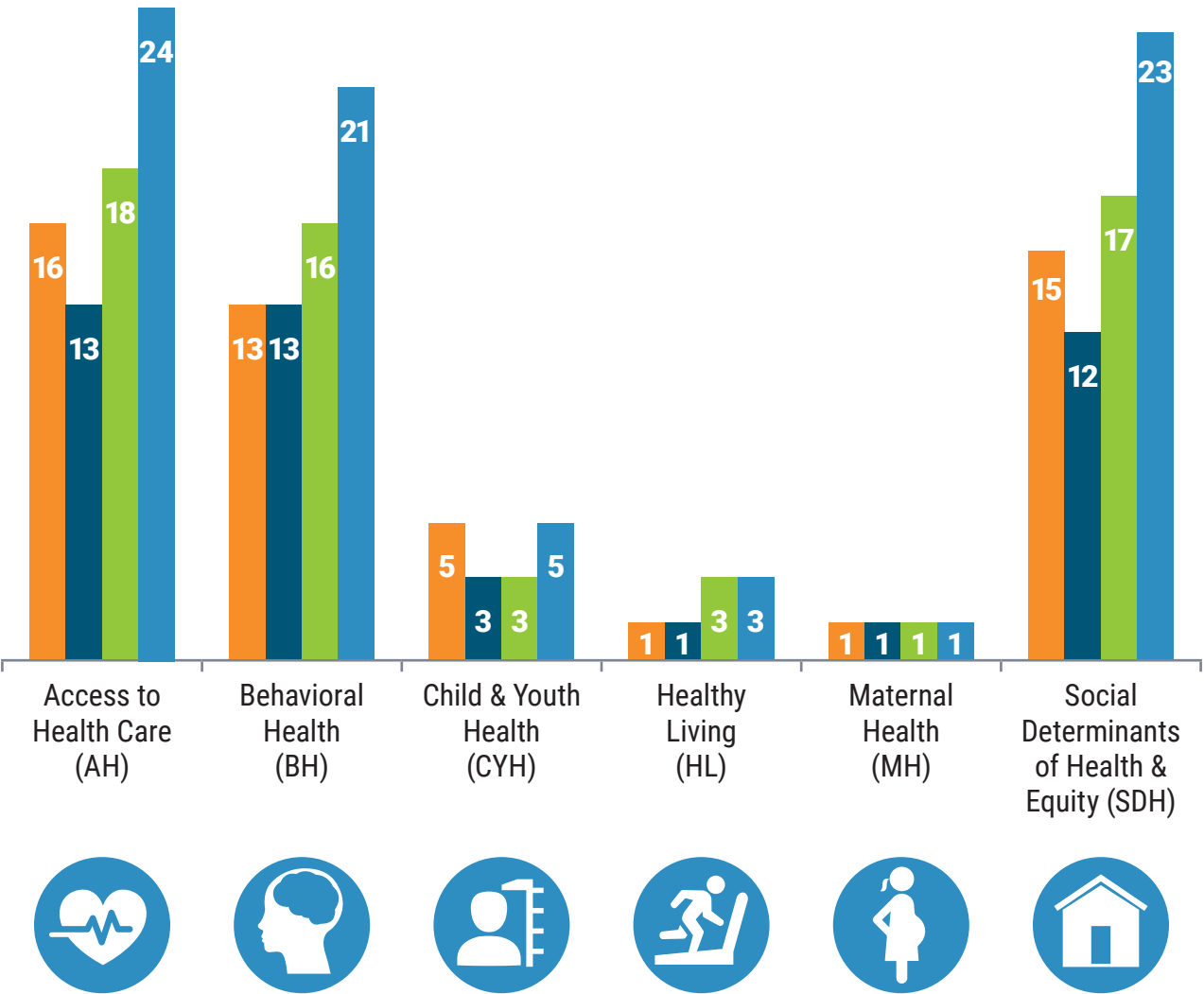
These are the current InterCommunity Health Network Coordinated Care Organization (IHN-CCO) Transformation pilots in Benton, Lincoln and Linn counties. Pilots are selected from a competitive Request for Proposals process. The goal is to achieve better quality health care, lower costs and more access to services through innovative, equity-focused initiatives.

To be considered, pilots must meet at least one Community Health Improvement (CHIP) area. The new pilots in 2021 must address at least one CHIP Outcome and Indicator Concept in the area of Access, Behavioral Health or Social Determinants of Health and Equity. The graph below shows the CHIP areas addressed by each pilot and the icons are carried through the document to represent CHIP areas for each pilot summary.

Transformation Pilots

by CHIP Area and by County

- Benton County
- Lincoln County
- Linn County
- Total



Arcoiris Cultural

Date range: January 2022 to December 2022

Location: Lincoln County

Site: Olalla Center



Arcoiris Cultural focuses on the Latino/a/x and Central American Indigenous communities to create a vibrant, arts-centric, community-driven space in Lincoln County. The center promotes community health and wellness through deep community building, providing culturally specific resource navigation, health education and outreach and creating a place for traditional arts and culture to thrive. Arcoiris Cultural seeks to honor and connect with the resiliency, creativity and diversity of immigrant, migrant and refugee communities while leveraging the resources, partnerships and experience of the Olalla Center to build health through building community.

Health Outcomes:

- Address impacts of trauma.
- Improve access and increase awareness around resources and services.
- Increase health outcomes through increasing feelings of community, safety and well-being.

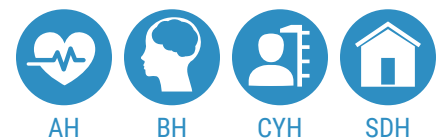
Sustainability: If successful, the Olalla Center will continue support of Arcoiris Cultural and will explore billing of services for resource navigation.

CommCard Program

Date range: January 2021 to December 2022

Location: Benton, Lincoln and Linn counties

Site: The Arc of Benton County



The CommCard Program is a communication and accommodation program for people with developmental disabilities (DD) and the health care professionals who serve this population. The CommCard Program is operating in Benton, Lincoln and Linn County middle and high schools. The goal is to empower students with communication DD to build skills, access tools and develop the confidence to help them speak up. The CommCard Program involves a card that can be adapted to individuals and has important communication accommodation information. Training for both the cardholders and health care professionals who will be viewing the patients' cards is available.

Health Outcomes:

- Address health inequities among people with DD.
- Increase access to health care professionals for young people with disabilities.
- Improve satisfaction for health care professionals.

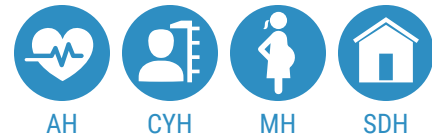
Sustainability: If successful, The Arc of Benton County will continue to support the CommCard Program in all three counties.

Community Doula Program

Date range: January 2021 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Heart of the Valley Birth and Beyond



Birth doulas are Traditional Health Workers that build trusting relationships with pregnant members and provide physical, emotional and informational support during labor and birth. The goals are to increase the number of birth doulas, improve health outcomes and evaluate medical cost savings for pregnant members of IHN-CCO.

Health Outcomes:

- Increase number of Spanish speaking doulas in the community.
- Improve birth outcomes such as prematurity, cesarean-section and pain medication use.
- Cross train active multi-lingual doulas to serve as health care interpreters.

Sustainability: If successful, Heart of the Valley Birth and Beyond will bill for services and seek out funding for the training portions.

Culturally Responsive Peer Services

Date range: January 2022 to December 2022

Location: Benton and Linn Counties

Site: Family Tree Relief Nursery



Culturally Responsive Peer Services focuses on improving access to behavioral health services in non-traditional ways. Culturally Responsive Peer Services develops a bicultural and bilingual workforce to support the Indigenous/Tribal and Latino/a/x IHN-CCO members in communities impacted by Substance Use Disorder (SUD). By being embedded within the communities where members are experiencing disease, this innovative model seeks to achieve more positive health outcomes. The overarching goal is for this innovative model to be embedded in the community where members experience disease leading to more positive health outcomes.

Health Outcomes:

- Increase percentage of IHN-CCO members receiving appropriate, trauma-informed and culturally responsive care.
- Increase substance use screenings, service referrals and access to peer and parent support for IHN-CCO members.
- Improve health equity for IHN-CCO members who receive community responsive peer services.

Sustainability: If successful, Family Tree Relief Nursery will continue support of Culturally Responsive Peer Services and will explore billing of services for resource navigation.

Culture of Supports

Date range: January 2021 to December 2022

Location: Lincoln County

Site: North End Senior Solutions



Culture of Supports creates a process of screening for behavioral and memory health that includes follow-up supports. This results in a better relationship between an IHN-CCO member and health care providers (HCP). Supports provided include education, peer and mentor support, adaptive tools and addressing social determinants of health concerns. The process of healing and well-being shifts from health care providers to the individual members. The desired outcome will be an engaged “partnership in health” resulting from a culture of supports within the community.

Health Outcomes:

- Improve member satisfaction with HCPs.
- Provide community screening and supportive programs for behavioral and memory health.
- Contribute to HCPs awareness, knowledge and skills for communication with behaviors.
- Provide more transportation options for members.
- Eliminate or compensate for disparities that increase health risk.

Sustainability: If successful, North End Senior Solutions will work to contract with IHN-CCO for traditional health worker services and continue education and training.

Decolonizing Behavioral Health Supports

Date range: January 2022 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Corvallis Daytime Drop-in Center (CDDC)



Corvallis Daytime Drop-in Center is a crucial resource hub for information, referral and direct services for individuals experiencing poverty in the community of Linn and Benton counties. CDDC meets people’s basic needs, provides dignified advocacy, offers opportunities for building community and social networks and supports individuals’ welfare across emergency, transitional and ongoing life circumstances. This innovative pilot project, one that provides new and different learning, aims to decrease systemic barriers and promote increased health equity for underhoused and low-income community members through more robust behavioral health direct support.

Health Outcomes:

- Address trauma.
- Improve access to behavioral health services in non-traditional ways.
- Increase and improving access to behavioral health care in light of COVID-19.
- Assist subpopulations of IHN-CCO members that experience health disparities.

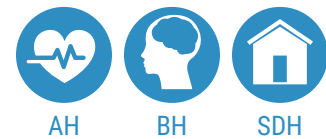
Sustainability: If successful, a formal fundraising strategy will be established to create space for confidential counseling at CDDC and create long-term funding opportunities from a variety of sources, streams and partnerships.

Depression Screenings in Dental Practices

Date range: April 2022 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Advantage Dental Services



Members with behavioral health issues can access the behavioral health system in numerous ways and places, but a key linkage remains missing between mental health and oral health system. To bridge this gap, Advantage will implement depression screenings in dental offices and create a referral pathway to behavioral health for members with behavioral health needs as identified through the screening process. Dental offices will conduct depression screenings, and then provide all screening forms to Advantage's Care Coordinator, who will then help facilitate referrals as appropriate.

Health Outcomes:

- Improve access to behavioral health services in non-traditional ways.
- Increase and improve access to behavioral health care in light of COVID-19.
- Increase the number of IHN-CCO members who complete a depression screening.

Sustainability: If successful, the number of IHN-CCO members who access mental health services based on identified need will increase — resulting in an overall healthier population.

Developing a Diverse Dental Workforce

Date range: January 2022 to December 2022

Location: Benton and Linn Counties

Site: Capitol Dental Care



Developing a Diverse Dental Workforce will fast-track high school graduates into a dental career as certified dental assistants and interpreters after graduation. Capitol Dental Care (CDC) has a dental assistant (DA) program to train dental assistants, but the current employment environment has resulted in underutilization of the training program. The schools' expertise and experience in career counseling programs make them uniquely positioned to advertise and identify applicants for this program. The schools' expertise and experience in career counseling programs to advertise and identify applicants for this program will be relied on heavily. Upon completion, graduates will have radiology and dental assisting certification and will be contracted for full-time placement with full-time benefits as dental assistants in a CDC dental office. In addition, the requirements for the Oregon Health Care Interpreter Program will be fulfilled.

Health Outcomes:

- Developed a bilingual and bicultural workforce.
- Increase pay equity through building and sustaining the workforce.
- Assist subpopulations of IHN-CCO members that experience health disparities.

Sustainability: If successful, Capital Dental Care will continue support of Developing a Diverse Dental Workforce and replicate in other regions if successfully implemented in these two high schools.

Disability Equity Center

Date range: January 2021 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Disability Equity Center



The Disability Equity Center will create an inclusive cultural and resource center. The Disability Equity Center will meet the diverse needs of people living with disabilities, as well as family and friends. The program includes the area across the Willamette Valley.

The program will:

- Address specific needs of health care providers.
- Identify gaps and support partnerships across formal disability support services.
- Educate health care workers and support providers about client-driven disability health care best practices.

2022 IHN-CCO Transformation Pilots

- Teach the local community about ableism.
- Change social misperceptions about people with disabilities.

Health Outcomes:

- Increase opportunities for people with disabilities to be as healthy as possible. Decrease social isolation and increase agential interdependence.
- Increase the number of people with disabilities who receive care in a way that ensures the care is understood by members and providers. Ensure members are effectively engaged in care.
- Reduce stigma and increase community awareness that disabilities are part of everyday life and widely experienced.

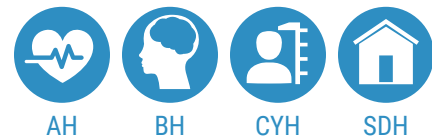
Sustainability: If successful, DEC will work with IHN-CCO to contract for services. More opportunities to collaborate around non-traditional health care delivery models will be researched.

Easy A

Date range: January 2022 to June 2023

Location: Benton County

Site: Old Mill Center for Children and Families, Corvallis School District



Easy A will develop an intervention and implement in high schools to teach high school students about pain, opioid/substance misuse and healthy self-care with the support of the teachers and other school staff, that can be delivered in person and/or remotely. Students and teachers will gain an understanding of the biopsychosocial nature of pain and become aware of how the environment and contextual factors play a role in overall health and health management. Because of the increased knowledge and experiences with the content, students, with the support of teachers, will be empowered to be role models for peers as well as advocates for health care and treatment, becoming ambassadors for positive behavioral management of health.

Health Outcomes:

- Address trauma.
- Improve access to behavioral health services in non-traditional ways.
- Increase and improve access to behavioral health care in light of COVID-19.
- Increase language access including health literacy, interpreter services, and translation of materials.

Sustainability: If successful, Easy A will be replicable in neighboring Linn and Lincoln Counties and the curriculum will be available online for access to teachers all over Oregon and other states.

Healthy Homes Together

Date range: January 2021 to December 2022

Location: Linn County

Site: Albany Partnership for Housing and Community Development, Family Tree Relief Nursery



Healthy Homes Together (HHT) unites community partners to spread traditional health worker services to new housing groups in Linn County. Healthy Homes Together strives to improve health outcomes and improve social determinants of health for both IHN-CCO members and the broader community. HHT will work with other community partners to provide a support network and learning opportunities for THWs within the housing community.

Health Outcomes:

- Maintain stable and safe housing.
- Improve access to health care.
- Impact behavioral health in a positive way.

Sustainability: If successful, Albany Partnership for Housing and Community Development and Family Tree Relief Nursery will work with IHN-CCO to contract for services.

Hub City Village

Date range: January 2020 to December 2022

Location: Linn County

Site: Creating Housing Coalition



Creating Housing Coalition is partnering with several agencies to develop the first tiny home community in Linn County. This is a new and different housing model which meets a need unmet by single family houses and apartments. It also addresses access to resources through onsite health navigation.

Health Outcomes:

- Complete closed loop referral process based on health needs and income.
- Establish circle of providers.

Sustainability: If successful, Creating Housing Coalition will work with IHN-CCO to contract for services and expand to other areas.

Integrated Foster Child Well-being

Date range: January 2019 to December 2022

Location: Benton, Lincoln and Linn Counties

Champion: Dr. Carissa Cousins, Samaritan Health Services



AH



BH



CYH



SDH

Integrated Foster Child Well-being will develop a model of care to find the best way to coordinate care for high-need foster children. Key activities are coordination of services, intensive care coordination, creating partnerships and establishing a sustainable model.

Health Outcomes:

- Provide timely medical, dental and mental health care for all foster children.
- Support foster youth and families during transition periods.

Sustainability: If successful, the partnerships will continue and funding will occur through medical billing and reduced costs.

Mental Health Home Clinic

Date range: January 2021 to December 2022

Location: Linn County

Site: Samaritan Health Services, Linn County Mental Health, C.H.A.N.C.E.



AH



BH

The Mental Health Home Clinic will bring together community partners in a place for patients who need a comprehensive focus not only on mental health, behavioral health, and crisis services, but also access to necessary medical services. Various agencies and interdisciplinary teams will provide a full range of treatment and better care to members at one location. This will occur through a team-based approach.

Health Outcomes:

- Reduce Emergency Department visits for mental health concerns.
- Decrease HgA1c levels.
- Decrease post-traumatic stress disorder, depression and anxiety symptoms scores.
- Improve access through a high number of kept appointments.

Sustainability: If successful, the partnership between Samaritan Health Services, Linn County Mental Health and C.H.A.N.C.E. will continue and support the Mental Health Home Clinic.

Namaste Rx

Date range: February 2022 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Namaste Rx LLC



The overarching aim of Namaste Rx is to increase behavioral health access for Medicaid recipients through the integration of holistic yoga practices within the community’s health care system. This will be achieved through a three-stage approach that includes Trauma Informed Training (of contracted Yogis), Service Integration and Community Outreach & Education.

Health Outcomes:

- Increase and improve access to behavioral health services with an emphasis on the impacts of COVID.
- Increase pay equity through building and sustaining the workforce.

Sustainability: If successful Namaste Rx, LLC will need community support and integrated partners to sustain the Medicaid population’s use of the program. This is achievable by connecting the following services: insurance, yoga and health care providers.

Navigation to Permanent Supportive Housing

Date range: January 2020 to December 2022

Location: Lincoln County

Site: Lincoln County Sheriff’s Office



Lincoln County Sheriff’s Office and many other Lincoln County partners are developing a model of Permanent Supportive Housing targeting gap areas of the underhoused population. This model would add to existing projects in housing with a referral system hub supported by partners involved.

Health Outcomes:

- Identify and develop network of community partners for wrap around services.
- Improve care coordination of housing/social services with the Patient-Centered Primary Care Home (PCPCH).
- Increase permanent housing availability.

Sustainability: If successful, Lincoln County Sheriff’s Office will continue to will work with IHN-CCO and other partners.

Overcoming Barriers, Foster Youth

Date range: October 2021 to December 2022

Location: Benton County

Site: CASA - Voices for Children



AH



CYH



SDH

Overcoming Barriers, Foster Youth will monitor medical, dental, vision, mental health and service referrals for foster children. The program will collaborate with the Juvenile Court Improvement Program and the implementation of the Independent Living Program, the CASA-Voices for Children’s Trauma Informed Tutoring Program and Cultural Advocate Partner Program.

Health Outcomes:

- Monitor foster children’s medical, dental, vision and mental health services.
- Engage teens with the Independent Living Program that meet unique needs.
- Assign a tutor to foster children with the need identified.
- Implement the Cultural Advocate Partner Program with partners in the foster children’s demographic.

Sustainability: If successful, programs will expand the reach and services provided to foster youth. Other CASA programs in Oregon can implement based on community needs.

Pain Science Life Stories

Date range: January 2022 to June 2023

Location: Benton, Lincoln and Linn Counties

Site: Oregon Pain Science Alliance, Inc. (OPSA)



BH

Pain Science Life Stories will develop a system to capture high-quality, edited video of the stories of health care workers whose practices are based on the BioPsychoSocial model and the stories of people whose lives have been changed by understanding Pain Science and the BioPsychoSocial model. The primary goal is “to transform society’s understanding of pain and improve pain care options and outcomes; and to offer individuals, families and communities hope and choices by promoting education relating to pain science, the emergent construction of pain experiences and the potential for deconstruction of pain experiences with a primary focus on the merits of self-management and empowerment strategies in the transformation process.”

Health Outcomes:

- Address trauma.
- Improve access to behavioral health services in non-traditional ways.

Sustainability: If successful, OPSA will continue to collaborate with IHN-CCO entities to provide current access information to the evolving Pain Science Life Stories and will sustain the Story sessions in the future.

Pathfinder Behavioral Health Transformation

Date range: January 2022 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Pathfinder Clubhouse



Pathfinder Behavioral Health Transformation improves access to non-traditional behavioral health services that help adults living with mental illness address trauma and housing insecurity, as well as address overall socio-economic inequities facing this population. Pathfinder Clubhouse supports members by becoming a part of the community discharge plan from inpatient and partial hospitalization. Pathfinder Behavioral Health Transformation brings an innovative approach by utilizing Community Health Workers from diverse backgrounds for the first time in a non-traditional way to deliver culturally responsive services.

Health Outcomes:

- Improve access to nonclinical behavioral health supports and services through the innovative use of discharge planning to better meet the needs of those who are most at risk and in need of behavioral health supports.
- Reduce Hospitalizations by 50% for members actively participating in clubhouse services.
- Reduce Emergency Department utilization by 10% among members actively participating in clubhouse services.
- Increase services to non-traditional behavioral health treatment for 70 IHN-CCO Members.

Sustainability: If successful, Pathfinder Clubhouse will continue support through enhanced partnerships and fundraising capabilities.

Peer Enhanced Emergency Response

Date range: January 2022 to December 2022

Location: Linn County

Site: Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)



C.H.A.N.C.E. partners within the tri county region with a host of agencies to provide after hours and weekend peer support for people facing mental and/or physical health crisis. Through this work, C.H.A.N.C.E. has identified key service area gaps, as well as areas of opportunity around ways to better service and support peers who are experiencing crisis. The program will focus on meeting the unique needs of someone experiencing a mental and/or physical health crisis, reducing emergency department utilization and unnecessary jail visits.

Health Outcomes:

- Address trauma.
- Improve access to behavioral health services in non-traditional ways.
- Increase and improve access to behavioral health care in light of COVID-19.
- Increase pay equity through building and sustaining the workforce.

Sustainability: If successful, C.H.A.N.C.E. will continue to evaluate, build and strengthen relationships with other organizations to create the support necessary to replicate in other counties.

Primary Care Physical Therapy

Date range: January 2022 to December 2022

Location: Linn County

Site: Samaritan Lebanon Community Hospital



Primary Care Physical Therapy is a project which leads the Samaritan Lebanon Community Hospital Rehabilitation department teaming with the George Fox University Physical Therapy school in the development of a Primary Care model of physical therapy. The driving force behind this pilot is for the development of a sustainable training program that allows training for physical therapists in the patient-centered primary care model (PCPMC). This model is to provide those patients with musculoskeletal or neuro pathology with more immediate access to rehab services. This will decrease overall wait times; meet individuals at the front end who may otherwise have difficulty accessing rehab services; aid in discerning the need for physical therapy or other services like mental health for psychosocial issues that may be contributing factors to chronic and persistent pain patients.

Health Outcomes:

- Increase access to primary care and physical therapy services.
- Decreased wait times.
- Improved behavioral health for members with chronic or persistent pain.

Sustainability: If successful, the program will be sustained by Samaritan health Services.

PSH Respite and Housing Case Management

Date range: January 2022 to June 2023

Location: Benton County

Site: Corvallis Housing First (CHF)



Corvallis Housing First provides housing and supportive services, including case management, to people who have experienced underhousing issues in the community, with a special focus on serving those who need Permanent Supportive Housing (PSH). This project will establish a framework and procedures for sustainable funding through IHN-CCO, drawing on the framework established Traditional Health Worker (THW) reimbursement.

Health Outcomes:

- Improved housing options of the underhoused.
- Improve access to resources and navigation supports.

Sustainability: If successful, an important pathway for paying for supportive services for people in housing, which will be used to leverage other resources will be established.

Puentes: Improving Language Access and Culturally Appropriate Messaging

Date range: October 2021 to December 2022

Location: Benton and Linn Counties

Site: Casa Latinos Unidos



Puentes: Improving Language Access and Culturally Appropriate Messaging is designed to improve language access. This includes health literacy, access to information in focused languages, collaboration with health agencies and providing supports and feedback on the needs of the Latinx community to address health inequities.

Health Outcomes:

- Improve the linguistic and cultural appropriateness of the existing written material and messaging.
- Identify areas that are not addressed in existing material and messaging.

Sustainability: If successful, Casa Latinos Unidos will continue with a research methodology that will act as a replicable model focused on messaging and audience and will support other agencies.

Therapeutic Treatment Homes

Date range: January 2022 to December 2022

Location: Benton, Lincoln and Linn Counties

Site: Greater Oregon Behavioral Health Inc. (GOBHI)



Therapeutic Treatment Homes is working to increase the number of certified therapeutic homes that will provide full time Behavior Rehabilitative Services (BRS), or part time mental health respite, to IHN-CCO youth members living in Benton, Lincoln or Linn Counties. GOBHI aims to provide a unique service to the community by reducing the number of out of home placements, reducing higher levels of care for children through, and focusing on an overall approach of providing supports for youth with behavioral needs as well as providing a break for their families.

Health Outcomes:

- Address trauma.
- Develop a bilingual/bicultural workforce.
- Improve access to behavioral health services in a non-traditional way.
- Increase access to behavioral health care in light of COVID-19.

Sustainability: If successful, Therapeutic Treatment Homes will develop foster homes in a community, all daily costs are supported through services provided through the contracts held through Oregon Department of Human Services (ODHS) or the Coordinated Care Organizations (CCO). Once established, GOBHI will meet this community need as well as grow as a program which creates more opportunities for youth, families and community partners.

Wellness in Neighborhood Stores

Date range: January 2020 to December 2022

Location: Linn County

Champions: Linn County Public Health/Oregon State University



Linn County Public Health (LCPH) and OSU Center for Health Innovation (OSU) are partnering with convenience store owners and managers on environmental and health impact assessments. Convenience stores will be assessed and adjusted to improve healthy eating and food security in areas IHN-CCO members live.

Health Outcomes:

- Increase the percentage of IHN-CCO members who have access to healthy food.
- Improve understanding of IHN-CCO members' health needs with regard to shopping in convenience stores.

Sustainability: If successful, Linn County Public Health and Oregon State University will develop a toolkit for dissemination throughout the region.

Women Veterans Cohort

Date range: October 2021 to December 2022

Location: Benton, Lincoln and Linn Counties

Sites: Red Feather Ranch



The Women Veteran Cohort Pilot provides a framework to build a local community peer support network wherein participants are given tools to identify aspects of their own health that they would like to improve and ways to visualize and attain those improved outcomes. Women participants will finally be seen, mirrored, validated and honored for their service and sacrifice. The Cohort strives to resolve the isolation and internalized stigma faced by veteran women who may not feel that they fit in within either the largely male veteran community or civilian women’s communities.

Health Outcomes:

- Increase the percentage of women veterans who receive appropriate care at the appropriate time and place.
- Reduce stigma and increase community awareness about behavioral health issues experienced by women veterans.
- Increase mental health and substance use screenings, services, referrals and peer and parent support for women veterans.
- Improve care for women veterans experiencing severe and persistent mental illness.
- Behavioral health funded and practiced with equal value and priority as physical health.
- Increase health equity for women veterans.

Sustainability: If successful, Red Feather Ranch will encourage past participants to become peer leaders and continue the program.

InterCommunity 
Health Network CCO

2300 NW Walnut Blvd., Corvallis, OR 97330
800-832-4580 (TTY 800-735-2900)

IHNtogether.org

Appendix IV: References

- ¹ <https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/IHN%20CHP%202019.pdf>
- ² <https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/IHN%20CHP%202019.pdf>
- ³ Data provided by IHN-CCO, March 2022
- ⁴ Oregon Health Plan Report of Results for InterCommunity Health Network CCO (Child Population) 2021 CAHPS® 5.1H Medicaid with CCC Measure Member Experience Survey and Oregon Health Plan Report of Results for InterCommunity Health Network CCO (Adult Population) 2021 CAHPS® 5.1H Medicaid Member Experience Survey
- ⁵ LBL Regional Healthy Communities Steering Committee
- ⁶ Data provided by IHN-CCO, March 2022
- ⁷ Data provided by IHN-CCO, March 2022
- ⁸ Data provided by IHN-CCO, March 2022
- ⁹ OHA Quality Measures IHN-CCO report
- ¹⁰ Oregon Health Plan Report of Results for InterCommunity Health Network CCO (Child Population) 2021 CAHPS® 5.1H Medicaid with CCC Measure Member Experience Survey and Oregon Health Plan Report of Results for InterCommunity Health Network CCO (Adult Population) 2021 CAHPS® 5.1H Medicaid Member Experience Survey
- ¹¹ Teledentistry is the use of electronic information, imaging, and communication technologies, including interactive audio, video, data communications... to provide and support dental care delivery, diagnosis, consultation, treatment, transfer of dental information, and education.
<https://www.americanteledentistry.org/facts-about-teledentistry/>, April 2022
- ¹² https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Annual-Report_FINAL.pdf
- ¹³ OHA Website, April 2018
- ¹⁴ Information provided by Linn County Health Department & CASA, Apr 6, 2015; May 10, 2016; IHN-CCO, March 12, 2021
- ¹⁵ <http://www.mentalhealthfirstaid.org/cs/about/>, retrieved March 22, 2022.
- ¹⁶ Association of Community Mental Health Providers data, updated or confirmed by local training providers
- ¹⁷ <http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/index.cfm>, retrieved April 16, 2018.
- ¹⁸ <https://www.ohsu.edu/school-of-medicine/child-and-adolescent-psychiatry/oregon-psychiatric-access-line>
- ¹⁹ <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>
- ²⁰ <https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx>
- ²¹ <https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx>

-
- ²² <https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness/Understanding-Health-Insurance/What-is-Mental-Health-Parity>, retrieved April 20, 2021
- ²³ <https://www.oregon.gov/oha/hsd/ohp/pages/mh-parity.aspx>, retrieved April 20, 2021.
- ²⁴ <https://www.oregon.gov/oha/hsd/ohp/pages/mh-parity.aspx>, retrieved April 20, 2021, see p. 1-1
- ²⁵ <https://www.oregon.gov/oha/hsd/ohp/pages/mh-parity.aspx>, retrieved April 20, 2021.
- ²⁶ Founded child abuse means that there is reasonable cause to believe child abuse occurred, <https://apps.state.or.us/Forms/Served/de1536.pdf>, retrieved April 2, 2018
- ²⁷ <https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2020-Child-Welfare-Data-Book.pdf> retrieved April 11, 2022
- ²⁸ <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/annual.aspx>
- ²⁹ <https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx#factsheets>
- ³⁰ <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/annual.aspx>
- ³¹ IHN-CCO confirmed March 2021
- ³² <http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/index.cfm>, retrieved April 7, 2021.
- ³³ <https://www.ohsu.edu/school-of-medicine/child-and-adolescent-psychiatry/oregon-psychiatric-access-line>, retrieved April 7, 2021.
- ³⁴ https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Annual-Report_FINAL.pdf
- ³⁵ <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2019.aspx>
- ³⁶ World Health Organization website, October 2018
- ³⁷ Centers for Disease Control and Prevention (2008). *Oregon: Burden of Chronic Diseases*: <https://www.cdc.gov/chronicdisease/about/prevent/index.htm> Retrieved Oct 12, 2012.
- ³⁸ https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Annual-Report_FINAL.pdf
- ³⁹ <https://public.health.oregon.gov/PHD/Directory/Pages/Program.aspx?pid=8>
- ⁴⁰ <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>
- ⁴¹ <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>
- ⁴² <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>
- ⁴³ <https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/is-vaping-safer-than-smoking>, retrieved April 10, 2021.
- ⁴⁴ <https://public.health.oregon.gov/DataStatistics/Pages/index.aspx>, retrieved April 25, 2016
- ⁴⁵ <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx>,
Table II: Prevalence of Modifiable Risk Factors among Adults, 2010-2013, 2012-2015, and 2014-2017.
- ⁴⁶ 2016 IHN-CCO Baseline data, Jan 17, 2017
- ⁴⁷ 2016 IHN-CCO Baseline data, Jan 17, 2017

⁴⁸ Safe housing: a structurally sound, secure, sanitary, nontoxic residence with basic utilities, timely repairs, and adequate space for residents.

⁴⁹

[https://www.co.benton.or.us/sites/default/files/fileattachments/health_department/page/6314/2020_pit_count - linn benton lincoln co - comparative - 200612 autosaved.pdf](https://www.co.benton.or.us/sites/default/files/fileattachments/health_department/page/6314/2020_pit_count_-_linn_benton_lincoln_co_-_comparative_-_200612_autosaved.pdf)

⁵⁰ <https://www.oregon.gov/ode/schools-and-districts/grants/esea/mckinney-vento/pages/default.aspx>

⁵¹ <https://www.verywellmind.com/assertive-community-treatment-4587610>

⁵² <http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/index.cfm>,
retrieved December 28, 2015

⁵³ <http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/index.cfm>,
retrieved December 28, 2015

⁵⁴ <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>, retrieved
Jan 7, 2016

⁵⁵ <https://www.americanteledentistry.org/facts-about-teledentistry/>, retrieved April 2022

⁵⁶ <https://www.oregon.gov/oha/oei/Pages/thw-certification.aspx>, retrieved Feb 23, 2017