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AllCare CCO Collaborative Community Health Improvement Plan (CHIP)

Jackson & Josephine/So. Douglas CHIP Progress Report

July 2021 through June 2022

Certified B Corporation

AllCare CCO

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* Equity was added as a CHIP Priority Area in 2022

AllCare health crafted two additional Priority Areas in response to information included in the CHA and input from the AllCare Community Advisory Councils:

- Oral Health: integration and awareness of services; and
- Equity: accessible and appropriate health care.

Introduction to the Jackson & Josephine CHIP Progress Report

Foundations for Progress: In Southern Oregon, we believe that improving community health is not something that any one agency or organization can accomplish on their own. We know that creating meaningful change involves planning and collective action to generate solutions to community-wide issues. To this end, we know that creating meaningful change involves collaboration between all partners. This report is a joint effort between AllCare and Jackson Care Connect, knowing that a collaborative CHIP effort means that we are working together on these initiatives and using collective impact. This information represents the efforts of all partners in the Collaborative CHIP and is based on the reports shared with the CCOs last year and this year.

A regional Community Health Improvement Plan (CHIP) is a community-based blueprint for improving population health and health system performance. It lays out a long-term, strategic effort to address health-related issues in the community. It looks beyond individual organizations' priorities and actions, and instead outlines ways multiple organizations will contribute to addressing the community's priorities to improve overall community health and well-being.

The All In for Health: Jackson and Josephine Counties Community Health Improvement Plan 2019-2022 was developed after conducting a Community Health Assessment (CHA) and is informed by the CHA results. Initially hoping to continue on the 3-year CHA/CHIP cycle to align with hospital requirements, it was determined that the CHIP Collaborative would move back to a 5-year cycle, extending the CHIP to cover 2019-2024. The CHA provided data and information to identify community health issues which are then prioritized by the community. The CHIP is used to describe how community stakeholders will address the health priorities identified through the CHA.

- Collective Impact to achieve improved community health;
- Improved organizational and community coordination and collaboration, stronger partnerships, and strengthened partnership structures;
- Increased visibility of efforts;
- Increased public health system resiliency to adapt to change and tackle a variety of issues;
- Sharing of best practices, successes, and lessons learned; and
- Increased efficiency in use of resources.

The All In for Health: Jackson and Josephine Counties Community Health Improvement Plan 2019-2022 was completed in June 2019, through a six-month process involving multi-sector organizations and agencies as well as individual community members from various community advisory councils. All in for Health is currently maintaining an Action Plan of organizational objectives submitted by community partner organizations across all sectors. These organizational objectives captured strategic work that aligns with the community goals and strategies in the CHIP.

Vision, Values and Priorities: The Vision of All In for Health centers on our communities being healthy, inclusive, engaged, and empowered. Southern Oregon will be a place where everyone lives in an environment that supports health, and has access to the resources they need for well-being. To support this Vision, our common Values include:

- **Equity:** Committing to tackling root causes of inequity to ensure health and well-being are within everyone's reach..
- **Inclusive Community Voice:** Engaging diverse populations and perspectives to keep community voice central throughout our process.
- **Collaboration:** Working together respectfully to seek common ground and build meaningful partnerships for the benefit of the community.
- **Accountability:** Meeting responsibilities to partners and the community by acting with transparency and integrity.
- **Communication:** Communicating openly, honestly, and respectfully with partners and the public.

We have sought Collective Impact on the three community-identified Priority Areas related to health and well-being:

- **Behavioral Health & Well-Being:** mental health and substance use;
- **Housing for All:** safe, affordable, accessible, appropriate;
- **Families Matter:** parenting support and life skills development; and
- ** **New Priority Area**** **Equity:** remove barriers to accessing services and supports in our communities and address systemic racism and institutional bias.

The CHIP was always intended to be a living document that is responsive to our communities as we learn more about the diverse range of needs and barriers faced by our residents and able to adapt as those needs change over time.

While the CHIP was developed with the understanding that all three priority areas would be viewed through an equity lens, the impacts of COVID and the wildfires on our communities have elevated the need for greater intentionality around equity in our work.

Based on community feedback since the CHIP was finalized and the strategic work of our leadership team over the past year, we recognize the immediate need for developing equity and addressing the lack of adequacy in our current systems. We have experienced success but

we have a lot more work to do. We will build on the successes, addressing the immediate need for developing stronger policies and involving those impacted by our current systems.

We developed an addendum to the current CHIP document that identifies Equity as a fourth priority area of need in our community.

While we engage in a community-driven needs assessment and develop formal goals and measurable outcomes for a collective community equity plan, we offer the following high-level goals to guide early investment in equity programs and development of a more fair, welcoming, and equitable Rogue Valley for everyone:

1. Remove barriers to accessing services and supports in our communities* - especially those services intended to help our most vulnerable residents.
2. Address systemic racism and institutional bias within our region, be that current, historical, or developing policy.

Organizing for Success: All in for Health invites individuals and organizations throughout the region to come together to create a healthier community because "A healthy community is everyone's business." The CHIP Steering Committee consisting of a core team, workgroup liaisons and workgroup chairs meet to strategize, update, and make course corrections when needed. CCO staff joined community partners to lead the workgroups and ensure efforts in the community were aligned and pointed in the direction of affecting population health in accordance with the CHIP.

Overview of Progress Report: Much like our foundations of the CHA and CHIP, this Progress Report has been built on the collaborative efforts of countless community partners. This report has been completed through a partnership of team members at AllCare Health and Jackson Care Connect, realizing a Collaborative Community Health Improvement Plan requires a collaborative CHIP Progress Report.

For each Priority Area of the CHIP, we have worked to include information on:

- **Priority Area Overview:** A summary of high-level findings from the CHA and CHIP, connections to Healthier Together Oregon (the State Health Improvement Plan-SHIP), high-level strategies, as well as baseline vs. current data (as available);
- **Changes in Community:** Summary details on shifts in local and regional health priorities, goals, strategies, resources and/or assets;
- **Contributing Community Partners:** A list of community partners that have contributed to progress (included in a graph at the end of the report);
- **Efforts and Progress Made:** Overview descriptions of projects or coordination that have moved forward during the reporting period that highlight examples of community collaboration;
- **Stakeholder Reflections:** Direct reflections from local and regional community partners about their engagement in and work on CHIP Priority Areas or progress made through projects and coordination efforts;

- **CCO Team Reflections:** Direct reflections from the staff and Subject Matter Experts that have supported engagement in and work on CHIP Priority Areas;
- **Challenges and Barriers:** Summary of the major challenges and barriers experienced during the reporting period that affected our community's ability to progress; and
- **On the Horizon:** Overview of opportunities and innovations on the horizon that we believe will positively impact this important work.

This process has reminded us that improving community health is a massive undertaking and that meaningful and measurable systemic change takes time to accomplish. It has also provided us the opportunity to reflect on the remarkable events that took place during the reporting period. Through this, we have been able to celebrate how our history of local and regional collaboration prepared us to work together to support communities as they navigated continued repercussions of the COVID-19 pandemic and the acute 2020 wildfire season.

Pulling together this report has also provided us with an insightful view of where we are thriving in this work and where we might make improvements in the future to ensure that each component needed to ensure effective Collective Impact is addressed well. The beauty of this past year is that it has magnified the urgency of this work. Ideas and innovations that have long been dreamed of found their roots and we moved quickly from strategy to tactics and action. As partners, AllCare and Jackson Care Connect look forward to moving into this future work with renewed intention to hold the community at the center of our work.

RESOURCE DOCUMENTS:

Jackson & Josephine Community Health Assessment

Jackson & Josephine Community Health Improvement Plan 2019

Jackson & Josephine CHP Website: **https://jeffersonregionalhealthalliance.org/allinforhealth/**

PRIORITY AREA 1: Housing

Jackson & Josephine Community Health Assessment - pp. 26-32

Jackson & Josephine Community Health Improvement Plan 2019 - pp. 22-25

Priority Area Overview

Informing Data: Median housing costs are high relative to median income; there are large proportions of households paying more than 30% of their income on housing costs, especially among renters; a substantial proportion of households report severe housing problems (incomplete kitchen facilities, incomplete plumbing facilities, crowded conditions, or cost burden greater than 50%); there is a relatively high percentage of school-age children experiencing homelessness; and a large proportion of households are unable to afford the basic costs of living.

Community Priorities: Housing, including affordability, safety, and homelessness, was the issue of highest concern for community members; cost was of particular concern for renters, low-income community members, and non-White community members; safety and quality were also of particular concern to renters who feel vulnerable in asking for housing repairs and improvements; individuals and families have difficulty with affording other living costs – food, medical care, transportation, child care – due to the high cost of housing; low area wages make it difficult to improve their circumstances; and employers find that the cost of housing negatively affects their ability to recruit employees to the area, which in turn affects their ability to provide needed medical and social services.

Key Concerns and Context: The following issues are key concerns: the importance of ADA accessible housing for people who experience disabilities, including older adults wanting to age in place; a need for safe transitional housing and services for people in addictions recovery, post-hospital discharge, and post-incarceration; recognizing veterans and homeless families as priority populations; there is a connection between housing location and access to transportation; the key role of policy and advocacy in addressing the issue; and the need to cultivate a shared sense of understanding and responsibility within the community on the issue.

SHIP Alignment: This regional Priority Area aligns with the Healthier Together Oregon 2020-2024 SHIP priority area of Economic Drivers of Health and has the potential to positively impact issues related to housing, living wage, food security, and transportation.

Housing Priority Area - Strategic Goals

Goal 1: Increase the percentage of households paying no more than 30% of their income on housing.

Goal 2: Increase the percentage of individuals living in housing that is safe, accessible, and connected to community and services.

Key Data Point	Baseline Data	2021 Progress Report Data	Current Data
Percent of households paying more than 30% of income on housing	**2012-2016** **Jackson County:** Renters: 56.9% Owners: 38.9% **Josephine County:** Renters: 61.7% Owners: 42.9%	**2015-2019** **Jackson County:** Renters: 54.8% Owners: 35.1% **Josephine County:** Renters: 58% Owners: 41.2%	**2016-2020** **Jackson County:** Renters: 51.6% Owners: 27.1% **Josephine County:** Renters: 57.7% Owners: 29.3%

Percentage of K-12 homelessness students	**2015-2017** **Jackson County:** 2015: 7.6% 2017: 8:0% **Josephine County:** 2015: 5.9% 2017: 9.0%	**2018-2019** **Jackson County:** 7.3% **Josephine County:** 8.7%	**2019-2020** **Jackson County:** 6.8% **Josephine County:** 8.2%
Percentage of vacant housing	**2012-2016** **Jackson County:** Owned: 1.8 Rental: 3.7 **Josephine County:** Owned: 1.8 Rental: 3.7	**2015-2019** **Jackson County:** Owned: 2 Rental: 2.1 **Josephine County:** Owned: 1.1 Rental: 3.2	**2016-2020** **Jackson County:** Owned: 1.5 Rental: 1.9 **2016-2020** **Josephine County:** Owned: 0.8 Rental: 2.6
Length of Housing Program Waitlists	**1/1/2016 - 12/31/2016** On waitlist/in housing: **461** Left waitlist/ housing: **none available**	**1/1/2020- 12/31/2020** On waitlist/in housing: **415** Left waitlist/ housing: **350**	**No update available:** significant changes to available services may make limited available data non-comparable.

SOURCE: Jackson County Continuum of Care APR Report; Oregon Department of Education, as reported by Children First for Oregon, Oregon County Data Book; and, U.S. Census Bureau, American Community Survey, 5 Year Estimates.

Changes in Community

Declining Vacancy Rates: Ideally, we would have seen the housing vacancy rates approach an industry-recommended 5%, though any improvement would only have been indirectly related to CHIP activity. Circumstances including the loss of ~2,600 homes due to wildfires in 2020 and a continued housing development rate that is below the projected population growth have contributed to the vacancy rates declining. Area-wide, home owners have sold houses due to spikes in market rates as much as 20-30%, which has increased evictions from rental housing.

Increase in Income Spent on Housing: Further investigation is needed but, while the data indicate a decrease in households paying >30% of their income for housing, more recent quantitative and anecdotal data suggest that this number has increased since the 2020 US Census data range due to COVID-19 and regional wildfires. We expect to see these trends represented in updated US Census data and will include that trend in future CHIP reports. Potential reasons why we see a negative trend in the percent of households paying more than 30% of income on housing from 2016-2020 could be the result of decreased supply and increased demand for housing at all levels in the Rogue Valley. This trend could have been positively impacted because of greater connection between housing and service providers, increased outreach and engagement funding from the CCOs and local foundations, and municipal efforts to support housing that have been at least partially informed by the CHIP or CHIP partners.

Connection to services: Community housing providers and service agencies are working effectively together through many avenues. This could be partially supported through the duration of the CHP process yielding results; the infusion of state and federal funds into our region as a result of the wildfires, and federal policies (American Recovery Plan Act) and state legislation.

Increased Shelter Access: In 2021, several new shelters, transitional housing, and supportive housing projects opened in the Rogue Valley. These include projects in Ashland, Medford, and Grants Pass. These additional programs, coupled with increased connection to service providers, may account for some of the decline in K-12 homelessness rates.

Contributing Community Partners

The Housing for All Workgroup increased communication and networking between housing and service partners in different sectors and geographies. This leveraged an increased regional focus on housing to present "housing-as-health" aspects of the CHA and CHIP to local municipal staff and officials. Contributing partners are listed at the end of this report.

Efforts and Progress Made

Housing for All Workgroup: The collaborative Rogue Valley Community Health Improvement Plan, known as All in for Health, includes a workgroup on housing, known as All in for Housing. This workgroup held regular meetings pre-pandemic to connect housing and service providers with aligned or complimentary missions throughout the Rogue Valley. Many of these organizations were already connected, though some were not. While this group met infrequently in 2021/2022, they did hold a reconnection meeting in September 2021 and then participated in a full-CHP workgroup meeting with the Behavioral Health and Families Matter workgroups in March 2022 to reinvigorate the connections. Projects that evolved from this workgroup include: greater connectivity between housing and service providers; focus on lead remediation as a barrier to housing; increased understanding of the relationship between income and cost-of-living when discussing housing affordability; and the development of

YIMBY (yes in my backyard) networks to help advance housing projects and policies.

Much of the work of All in for Housing was to form new or stronger connections, explore new ways of collaborating, and in some cases, design projects based on these new potential ways of working together. This will be an ongoing process and has already shown results through new project designs, stronger working relationships, and improved inter-agency communication. CHIP presentations have also been received by local municipalities, including city councils, committees and commissions, and city staff.

Challenges and Barriers

Wildfires: Jackson County lost approximately 2600 housing units in the 2020 Almeda and Obenchain wildfires. Many of these were considered affordable housing and many residents remain displaced to this day. The loss of these units exacerbated an existing housing crisis, raised housing prices, and placed additional burden on local services agencies and CBOs.

Stakeholder Feedback

Hearts with a Mission is a non-profit designed to love and support homeless youth and their families during times of transition or crisis.

"I don't want to live outside anymore, it's so cold" Annie told me when she walked into my Hearts With A Mission office that Friday in September. The dirt lodged under her fingernails, evidence of how hard she'd been holding onto a life not meant for her; despite all of her previous attempts. Annie had been living back on the streets since Spring. On a whim and with a prayer, we reached one of our Safe Families, hoping and praying they would take her in for the weekend. Annie fell in love with them and them with her and she stayed with her host family for 3 months. She had gained employment and was doing well with multiple Safe Family supports in place. We were headed into the Holiday season when the lure of the streets and a promise of love had her exiting through a window in the middle of a cold November night. We didn't see Annie again for about a year and a half. I was in a meeting one day when the secretary came and hunted me down; "There's a young lady up front; asking for you." I knew it was Annie before I even got there. I had recently heard she was pregnant, and the baby's dad was in jail. She was living in a trap house and wanted to get out. She wanted something different. The community partners rallied and found her a safe place to stay for a few weeks. We knew the baby's dad was getting out of jail soon, and we were concerned for Annie's safety. I took Annie into my home for a few weeks until we had secured a place for her in our Transitional Living Program (TLP) home. Annie entered TLP in April 2021. The baby's dad got out

of prison. She ended up returning to the streets- and the baby's dad by July. We were devastated and frustrated. Our prayer team prayed for her every week. She delivered the baby via an emergency C-section shortly after the babies' dad was back in jail again. Annie recalls spending a glorious 3 days in the hospital with just her and her baby. She worked alongside hospital staff for safety, and despite all her good efforts there was no housing for her and the baby. This time however, she was different, she was protective, she was concerned, and she was a mom. She had grown up. With help from our community partners, Annie secured safe housing and SFFC helped fulfill some of their needs. She nested, protected and fell in love with her beautiful baby girl. By Christmas, Annie had secured employment, and she spent this past Thanksgiving with her former host family. She has a Safe Family for the baby, and a big circle of support. Today, Annie and her baby are thriving."

— Hearts with a Mission Client Story

While significant effort has been taken to address this issue and rehome displaced persons, many people remain displaced. This has led to a greater understanding of existing barriers in the health/service sector and has led, positively, to the development of new networks focused both on addressing current crises and preparing for future disasters, promoting community resilience.

Temporary funding: Temporary funds became available through a variety of sources to address emergent community housing and shelter needs. This has had a positive short-term impact of creating more beds/campsites for unsheltered homeless persons, however, as many of these funds are expiring or running out, those beds are likely to be lost without additional community infusion of funds. CCOs are working with service providers, funders, state agencies, and our own Health-Related Services funds to help prioritize this issue and bridge this funding gap in 2022.

On the Horizon

Project Turnkey: In 2021, Jackson County CBOs secured two Project Turnkey awards, one each in Ashland and Medford. These converted hotels add dozens of non-congregate shelter housing to the communities. A CBO in Josephine County is working to secure Turnkey funding in 2022 to offer comparable services in Grants Pass.

ARPA Funds: This funding represents an opportunity for property acquisition or infrastructure improvement related to housing and economic development.

Diversification of Housing Supply: New community projects have emerged, such as the urban campground in Medford, which are inspiring other communities, including Ashland and Grants Pass, to explore similar programs. The AllCare Community Foundation (ACCF) opened Grants Pass' first transitional housing tiny home village (Foundry Village) in 2021. ACCF is also working with the Illinois Valley Hope program to open a shelter in or near Cave Junction in 2022, using HB5006 funding.

The cities of Medford and Grants Pass are promoting "missing middle housing" code revisions as a way to encourage the development of safe, denser housing development, especially around the urban core and along transportation routes. A developer in Cave Junction is underway developing approximately 60 properties with a high mix of duplexes and triplexes to support lower-income working families.

Stakeholder Feedback

ColumbiaCare offers friendly, professional and integrated mental health services in Jackson County with a skilled team providing comprehensive services to meet the needs of Jackson Care Connect and AllCare Members as they pursue a healthier and happier future.

> *"Covid impacted availability of materials for the development; i.e. appliances on back order delayed finishing the project by approximately 30 days. This delay obviously delayed the "lease up" of affordable housing for individuals, but not too significantly."*
>
> **— Treven Whitney, Columbia Care**

PRIORITY AREA 2: Behavioral Health

[Jackson & Josephine Community Health Assessment - pp. 17-25]

[Jackson & Josephine Community Health Improvement Plan 2019 - pp. 15-21]

Priority Area Overview

Informing Data: Youth have relatively high rates of alcohol and marijuana use, and adults have relatively high rates of smoking; substance use-related hospitalization rates are high for all substances; suicide rates and alcohol-induced mortality are high; a high percentage of youth have indicators of poor mental health such as signs of depression, consideration of suicide, and frequent mental distress; and there are high numbers of youth who report living with someone who is depressed or mentally ill, someone who is a problem drinker, or someone who uses street drugs.

Community Priorities: Mental health and substance use are among the top health-related concerns for community members; there is a high prevalence of depression and anxiety across the age spectrum, with concerns about ability to access mental health care services, limited availability of mental health providers, and stigma associated with seeking care; older adults, people experiencing homelessness, veterans, low-income families and individuals, and middle- and high-school aged youth are populations for whom mental health is of particular concern; and substance use issues of importance to the community include opioid use, methamphetamine use, and youth drug use, particularly the widespread use of marijuana among youth.

Key Concerns and Context: The key concerns include: the complex nature of the behavioral health care system and the need for system navigation and coordination; access and care continuity issues due to insurance gaps, particularly for Medicare, private insurance, and incarcerated/justice-involved populations; lack of parity with physical health in terms of investments and reimbursement; impact of public stigma and recurring trauma on people with behavioral health conditions; substance use disorder treatment system capacity and behavioral health conditions as a root cause of other regional community health issues such as communicable disease issues, homelessness, and childhood trauma.

SHIP Alignment: This regional Priority Area aligns with the Healthier Together Oregon 2020-2024 SHIP priority area of Behavioral Health and has the potential to positively impact issues related to mental health and substance use.

Behavioral Health Priority Area - Strategic Goals
Goal 1: Mitigate the effects of trauma.
Goal 2: Decrease social isolation and loneliness in youth and older adults.
Goal 3: Equip our community with the knowledge, tools, and resources to empathetically accept and help individuals in need of behavioral health support.
Goal 4: Prevent use and misuse of substances.
Goal 5: Reduce harm associated with mental health and substance use through use of communitywide approaches.
Goal 6: Ensure access and coordination of care for people impacted by mental health and substance use disorders. Increase education about poverty and programs related to reducing poverty and its effects.

Key Data Point	Baseline Data	2021 CHIP Report Data	Current Data
Accidental Overdose Mortality Rate	**2012-2016** **Jackson County:** 7.5% **Josephine County:** 6.0%	**2016-2018** **Jackson County:** 17.22% **Josephine County:** 21.54%	**2020** **Jackson County:** 23.7% **Josephine County:** 16.6%
Drug Overdose Hospitalization rate for All Drugs	**2010-2014** **Jackson County:** 14.5% **Josephine County:** 12.8%	**2018** **Jackson County:** 11.2% **Josephine County:** 13.6%	**No current data**
Percent 8th and 11th Graders contemplating Suicide	**2016** **Jackson County:** 16.9% **Josephine County:** 21.9%	**2019** (worse) **Jackson County:** 22% **Josephine County:** 23%	**No current data**
Percent 8th and 11th Graders attempting Suicide	**2016** **Jackson County:** 9.6% **Josephine County:** 7.5%	**2018** **Jackson County:** 9% **Josephine County:** 11.5%	**No current data***
Suicide Rate per 100,000	**2015-2017** **Jackson County:** 22.4% **Josephine County:** 29.5%	**2018** **Jackson County:** 26.52% **Josephine County:** 40.39%	**2020** **Jackson County:** 31.4% **Josephine County:** 31.2%

SOURCE: Mortality - Oregon Health Authority, Center for Health Statistics, Public Health Division, Death Certificates as cited by Opioid Dashboard, 2002-2006, 2007-2011, and 2012-2016 and 2019; Hospitalization - Oregon Health Authority, Center for Health Statistics, Public Health Division, Oregon Hospital Discharge Data as cited by Opioid Data Dashboard, 2010-2014 and 2018; Considering & Attempting - Oregon Health Authority, Student Wellness Survey, 2012, 2014, and 2016, and Oregon Health Teens Survey 2020; Suicide - Oregon Public Health Assessment Tool, Oregon Health Authority, Center for Health, and Oregon Death Certificates, 2015-2017 and Center for Disease Control.

*The Oregon Healthy Teens Survey has shifted to the Oregon Student Health Survey and does not include 11th graders for oral health data. The 2023 CHA will have a new baseline using available data.

Changes in Community

Our communities are experiencing increased behavioral health challenges as a result of an ongoing pandemic and prolonged wildfire devastation. Unfortunately, the behavioral health needs we identified in our Community Health Assessment have become even greater and we have not yet seen the full effects of these crises. The Improvement Plan priority areas and strategies have remained relevant yet most of our community workforce, manpower, resources, and time are still needing to be dedicated to the pandemic and recovery efforts.

Our regional behavioral health agencies and providers have continued to struggle during these prolonged crises as well. Behavioral Health provider burnout, exhaustion and turnover has continued to worsen since the beginning of the pandemic. Behavioral Health agencies are finding it very difficult to manage workforce shortages, staff stress, scarcity of resources and the continued increases in administrative burden. While agency and provider resources are stretching too thin, there is an increasing demand from individuals, families, and communities on our Behavioral Health agencies to respond to the rising rates of substance abuse, overdose, crisis, youth depression and other behavioral issues sparked by the extended pandemic.

Contributing Community Partners

Collaboration among the CHIP Behavioral Health Workgroup members has led to collective impact in addressing acute needs as a result of the pandemic and wildfires. Contributing partners are listed at the end of this report.

Efforts and Progress Made

Youth System of Care (SOC) and Council of Youth Advisors (CYA): In 2021, the Youth System of Care continued to build a meaningful governance structure that ensures cross system collaboration of children and youth serving agencies. One core tenant of SOC is having those experts with lived experience involved in all aspects of decision making. The SOC is working on growing its youth and family membership, particularly by engaging community members that identify as LGBTQIA2S+, Black, Latinx, Indigenous, Asian, Youth and Families with disabilities/lived experience and people who are eligible for OHP. One important step to sustaining youth and family engagement was AllCare and JCC implementing an MOU that included funding stipends and other strategies to incentivize youth and family participation, paying community members for their time and hard work within the structure. In addition to increasing youth and family participation, the SOC has been focused on the identification of system barriers, cross system information sharing, and culturally and linguistically responsive services. Our communities have made great strides in empowering youth participation and leadership. The Youth Era Medford Drop has led the efforts in the Rogue Valley by creating a Council of Youth Advisors (CYA). The SOC is providing ongoing support, technical assistance, and funding through regional SOC grants. The CYA aims to promote youth voice, leadership, and engagement in their communities.

Behavioral Health Planning Grant and Crisis Response Network: Jackson Care Connect partnered with Jackson County Mental Health and several other key behavioral health providers to engage the community in a project to improve the continuum of crisis response. The missing piece to service/system improvement has always been the lack of consumer voice and engagement in the process. The Crisis Response Network (CRN) was created in order to establish a project table with both professional service providers and at least 51% participation by lived experience representing populations from the following demographics: behavioral health diagnosis and/or experience with behavioral health services, poverty, LGBTQIA2+, people of color. This project table has been running since January 2021 and continues to grow stronger, now with a subcommittee solely dedicated to Community Engagement. This subcommittee holds listening sessions throughout the year dedicated to centering lived experience with using the crisis system. The BH Planning grant came out in fall of 2021 and has offered this group the ability to survey and center voices with experiences specific to housing.

Rogue Valley Mentoring (RVM): RVM's services at Talent Middle School (TMS) began in March 2021, when 6th-grade students were entering their Middle School classroom for the first time, following in-person school being on hiatus due to COVID. TMS requested RVM's services recognizing the need for their youth to have social-emotional support after wildfires devastated their communities, and following the social isolation of distance learning for a year. In Fall of the 2021-2022 school year, RVM continued their collaboration with TMS serving all 6th-grade students, and expanded their services to serve 7th- and 8th-grade students, at the request of TMS as well. RVM increased the number of youth served at Talent Middle School by 160% and their volunteer capacity by 50%.

Community Mental Health Programs (CMHPs): While most of our collective efforts have gone towards the pandemic and wildfire recovery, we are still making gains in many areas of our CHIP. Our CMHPs in the Rogue Valley as well as other BH agencies have provided countless training over the past year that are aimed at Goal 3: Equip our community with the knowledge, tools, and resources to empathetically accept and help individuals in need of behavioral health support. Ongoing trainings like Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), Question Persuade Respond (QPR), Crisis Intervention Training (CIT), Trauma Informed Care, Self-Regulation & Resilience workshops and Narcan trainings have been provided throughout our region both virtually and in person over the past year.

Mental Health Prevention and Promotion Efforts: The "In This Together" suicide awareness and prevention initiative wrapped up at the end of 2021, but ads and content continue to be aired into June 2022. The community partners helping KOBI/NBC5 raise awareness of our local suicide crisis include Banner Bank, United Way of Jackson County, Cow Creek Umpqua Tribe, Regence Blue Cross Blue Shield, Providence Health & Services, Asante, AllCare Health, Harry & David, Jackson County Health & Human Services, Central Point Police Department, Josephine County Prevention Team and First Interstate Bank. In 2021, NBC5 and NBC2 aired nearly 3,500 suicide prevention public service announcements and reached nearly 2.7 million people through social and on-line media. NBC5 News also produced and aired news stories

focusing on suicide prevention. KOBI/NBC5 and the community partners supporting In This Together were recently honored with the 2022 Community Outreach Emmy® Citation from the National Academy of Television Arts and Sciences, Northwest Chapter.

Harm Reduction: Programming focused on increasing education and awareness about overdose and interventions, and educating communities on harm reduction strategies and increasing safe access to supplies and resources. An example of a specific intervention is the ongoing Syringe Exchange Program, led by Jackson County Public Health. Syringe Exchange Services are a best practice to prevent the spread of blood borne pathogens. Jackson County Public Health continues to partner with agencies to provide wraparound services, including providing Narcan and HIV testing. The Jackson County Syringe Exchange Program had 4,903 client encounters between Oct 2020-Sept 2021. There were a total of 679 unique clients served during this time period.

Two other local agencies, **Max's Mission** and **HIV Alliance**, have become leaders in providing an array of harm reduction services throughout the Rogue Valley. Both even expanded into very rural/isolated areas during the past year. Places like Cave Junction, Glendale, Butte Falls and Prospect now have access to free overdose awareness education and overdose/lifesaving supplies. Syringe exchange services and other harm reduction, safe injection, safe sex, and testing continue to reach record numbers served and also have expanded into rural areas as well. Both agencies continue to be supportive and responsive to the incredibly fast-growing rates of overdose in our Valley.

Stakeholder Feedback

The OPAL (Options for People to Address Loneliness) Program is an evidence informed program that was developed by Senior and disability Services in response to the pandemic and wildfires, with the goal to partner with participants to address the problems and concerns they experience around loneliness and isolation.

"Social isolation and loneliness increased dramatically among older adults during the pandemic. Some of our existing programs did not translate to a virtual delivery model. We developed our new behavioral health support program, OPAL, and launched it in the fall of 2020 to address social isolation and loneliness.

Our staff researched ways to deliver this program virtually. Grandpads, computers, and internet access were purchased for clients that would have otherwise been unable to participate in the program without the loan of these devices. Our staff recently was awarded an Oregon Health Authority grant to develop a manual and training curriculum to help staff in other areas of the state to adapt this program to the resources available within their

service area. The first training will be held in early 2022 in Coos and Curry counties."

— Constance Wilkerson, Senior and Disability Services, Rogue Valley Council of Governments

Southern Oregon Success' goal by 2025 is to ensure that all parents and caregivers have the knowledge, skills, connections and support needed for all their children to enter kindergarten ready to thrive.

"Simply put, the shift to online working actually helped to accelerate our work and increase participation due to the almost total elimination of travel time. One example: in June of 2021, our ACEs training team was able to do an online train-the-trainers workshop with presenters in Coos, Curry and Douglas. Those 3 counties now have training teams presenting the same curriculum we've presented over 450 times to over 15,000 participants in Jackson and Josephine since 2016."

— Peter Buckley, Southern Oregon Success

CASA ensures they are meeting the needs of children and their families in the care of Child Welfare through data collection and analysis.

"CASAs meet with their children face to face, which came to an abrupt halt due to COVID. We worked with each individual CASA to emotionally support them and to help them find ways to connect with their children, ie., FB, video chats, drive by visits, meet at parks, reading over the phone and more. Still, we lost many CASAs due to the stress of COVID and in some cases, CASAs and youth lost their homes in the fires. The strain to ensure children didn't slip through the cracks of the child welfare system was onerous. We adjusted staff schedules, worked remotely but stayed together as a team to help our CASAs and their assigned youth not feel alone and to feel we were there for them. A youth recently wrote to her CASA and told him that he had saved her life. She was suicidal, felt unwanted and unloved by her parents and then her foster parents. She told him that when he showed up because he wanted to, not because he was paid, helped her to turn a corner. This CASA has been very consistent, meeting with her weekly and helping her understand everything that is happening, while advocating for her in court and beyond."

— Jennifer Mylenek, CASA of Jackson County

Through mentorship programs, Rogue Valley Mentoring lets young people know that they are not alone. A caring and compassionate ear shows them that they matter, that they are the experts of their own experience.

> *"Talent Middle School asked for RVM's support in addressing the social-emotional needs of their middle schoolers after experiencing the trauma of COVID and the wildfires. The TMS School Circles often include discussions of the effects of those experiences and give them a place to share their stories, support students in similar situations, and feel heard in their experiences. The number of harrowing stories shared about the fires and COVID are in the hundreds. One youth share about evacuating in a car filled with siblings, neighbors dogs and garbage bags filled with possessions. They shared about a mother screaming in panic as they drove past flames so close that the inside of the car burned the youths arm as they looked out of the window. Other students chimed in with support and empathy. This youth shared in the circle how scared they had been and how grateful they were to be in the circle that day, how they had never told the story before, that they felt better and that they felt like they had real friends in the class."*
>
> **— Laura Pinney, Rogue Valley Mentoring**

Challenges and Barriers

We are still facing the same challenges that we were last year. Furthering our CHIP work remains hindered by not having enough staff to be able to focus on these goals and strategies, especially not being able to devote staff time to the hours it takes for funding applications and grants. Our consistent behavioral health workforce shortages persist and have worsened in the prolonged pandemic era. BH staff that have stayed in their jobs are asked to take on more duties to cover for unfilled positions. Staff burnout, sickness, family sickness, change/loss of family income, relocation, inability to work from home/remotely and lack of childcare have remained common reasons for workforce reductions. Some coordinated efforts have begun to address historical BH workforce barriers like low pay, high demand, turnover, administrative burden, lack of access to education/training/higher education, difficulty recruiting clinicians to rural communities and lack of housing. These will need to be long-term and coordinated efforts across OHA, CCOs, higher education institutions, funders and BH providers to see a sustainable impact in these areas.

On the Horizon

Crisis Hotline: Oregon is launching "988" in July 2022 which aims to replace 911 for behavioral health issues and emergencies. There is great potential to be able to respond to community members who are in BH crisis in a quick, coordinated, and efficient manner. This can spur a cultural/societal shift that BH issues are emergencies that require immediate and appropriate response from specially trained BH providers. There are several barriers to rolling out 988 successfully at our local levels that OHA has not fully addressed yet. Much of this work locally, particularly in rural areas, will be more trial by error instead of being proactively and coordinated prior to 988 go live. We will again be faced with the same workforce and resource limitations and challenges as we try to implement 988, hand-offs and follow up care in all our communities.

Behavioral Health Resource Networks (BHRNs)/Measure 110: Oregon is leading the charge to try to get substance use disorder (SUD) treatment services to those who are cited with possession of drugs instead of law enforcement and legal interventions. This implementation has been slow and we have not seen the shift of people accessing treatment. BHRN applications were submitted early in 2022 and we are currently awaiting how much funding our Counties will receive. Because our region is made up of numerous smaller BH and ancillary providers, it made the most sense for us to complete a joint BHRN application where many individual agencies participate together to create a larger coordinated process responsive to those with SUDs. This has been even more challenging in the context of the prolonged pandemic that has wreaked havoc on our BH workforce and resources, as well as increased the need for SUD services and acuity of those accessing/needing to access services. We are hearing that our region will not be getting all the funds that were requested in the applications. While our region is supportive of this coordinated BHRN, because of our lack of resources, it is creating a parallel system to the OHP/CCO SUD treatment array and consists of all the same providers/agencies. It remains to be seen if both systems can be adequately staffed and sustained financially, especially with our local Marijuana funds being cut and the Measure 110 committees potentially not fully funding our region. We are confident that our BHRN agencies, CCOs and larger communities will be able to work together to fill in gaps and add resources where needed to bolster a fully coordinated continuum of SUD services and supports.

Social Emotional Learning (SEL): There is evidence-based work happening in our early learning sectors and the time is prime for BH to join and coordinate in these efforts to incorporate prevention, early intervention and responsive treatment to children and families that are experiencing compounding trauma. CCOs have even greater incentive to participate and shepherd this work because of the new SEL incentive measure that began in 2022. We see the intersection of early childhood and behavioral health as critically important to the health and well-being of children, their families, and our communities. Not only immediate impact but having the potential for monumental shifts in how we view, invest in, and provide social-emotional and behavioral health services.

Connect Oregon: AllCare and JCC have made large investments, both financial and ongoing staff time, in launching Connect Oregon, our Community Information Exchange (CIE) throughout the Rogue Valley. Behavioral Health is a necessary partner in this work and continues to need technical assistance and support from CCOs and Connect Oregon to be able to fully participate. Like all initiatives and goals that need BH resources, staffing and other resource deficits continue to pose challenges for BH agencies. CIE especially requires BH staff to create a more robust referrals process and add staff to track/respond to these referrals when they have spent lots of resources and time in building services that are immediately accessible to community members without referrals. BH privacy, security and exchange of protected information is also an ongoing concern for BH agencies. BH providers are committed to working through these barriers and being accessible to community members and community partners in this way.

PRIORITY AREA 3: Parenting and Life Skills

Jackson & Josephine Community Health Assessment - pp. 49-53

Jackson & Josephine Community Health Improvement Plan 2019 - pp. 24-28

Priority Area Overview

What we saw in the Community Health Assessment (CHA) data: Rates of child abuse and neglect are high; large numbers of youth and low-income adults report trauma and adverse experiences; a substantial proportion of households experience food insecurity; there are relatively high proportions of children living in poverty and school-age children experiencing homelessness; the percentage of three- to four-year olds enrolled in preschool is low; and median center-based child care costs are high relative to median income.

What we heard from the community during the CHA process: Cost of living is among the top issues that impacts community members; families feel a high degree of conflict between the demands of parenting and the demands of supporting their family financially; there is a lack of child care providers generally and affordable child care specifically. Concern about the cost of child care is especially felt among women and non-White members of the community; and parents feel that they have limited knowledge and skill for parenting, stigma around asking for help, and a lack of community connection for support.

Additional concerns and context from CHIP workgroup and stakeholder discussions: Families report living in unstable homes and neighborhoods, have limited access to nutrition and exercise, lack knowledge of available help, struggle to find and afford child care, and may feel unwelcome in their communities; many children lack a caring adult in their lives; and families are overburdened by requirements from each supporting agency and the lack of coordination among those agencies to be client-centered.

It is clear that families are struggling and resources are stretched incredibly thin in our area. One story during the CHIP development process detailed a home visitor noticing a calendar

with multiple names marked on it for the month. When asked what all those names were, the client said those are the home visit appointments she had during the month. She couldn't remember what agencies they all were, but knew she had to be home for them. In an ideal world, every member of our community would be aware of what is happening to our most vulnerable neighbors, what role they can play to lend a hand, whether they are a business owner, student, or retiree, and how they can mobilize to improve the health and well-being of our community because families matter.

This regional Priority Area aligns with the Healthier Together Oregon 2020-2024 SHIP priority area of (1) Adversity, trauma, and toxic stress, and (2) Economic drivers of health and has the potential to positively impact issues related to abuse and neglect, living in poverty, incarceration, family separation, exposure to racism and discrimination, and food security.

High level strategies developed by the community to impact this Priority Area included:

Parenting & Life Skills Priority Area Goals
Goal 1: Families are nurtured and strengthened through the building of family protective factors.
Goal 2: Families have access to safe, affordable, and appropriate child care.
Goal 3: Families have ample healthy and affordable food.
Goal 4: Community-based organizations create a coordinated and collaborative service-delivery system.

Key Data Point	Baseline Data	2021 CHIP Progress Report Data	Current Data
Child abuse/neglect victim rate per 1,000 population (under 18)	**2017** **Jackson County:** 19% **Josephine County:** 15.6%	**2019** **Jackson County:** 15.9% **Josephine County:** 18.6%	**2020** **Jackson County:** 15.7% **Josephine County:** 24.4%
Percent of 8th and 11th graders who report ever feeling they had no one to protect them	**2016** **Jackson County:** 12.4% **Josephine County:** 18.7%	**2018** **Jackson County:** 17.3% **Josephine County:** 18.6%	**2020** **Jackson County:** 27.5% **Josephine County:** 24.5%

Percent students eligible for free and reduced lunch	2017 **Jackson County:** 16.9% **Josephine County:** 21.9%	2018-2019 (better) **Jackson County:** 51.4% **Josephine County:** 61.2%	2021 **Jackson County:** 58% (worse) **Josephine County:** 71% (worse)

SOURCE: Oregon Department of Human Services, Child Abuse and Neglect Data, Child Welfare Data Book, 2017 and 2019; Oregon Health Authority, Student Wellness Survey 2016, 2018, 2020; Kids Count Data Center, Oregon Department of Education.

Changes in Community

The COVID-19 pandemic and wildfires continue to significantly impact community members in the Rogue Valley and the needs outlined in the Parenting Support and Life Skills CHIP priority area. Long term goals, strategies, and resources had to shift in order to respond to immediate crises.

COVID-19: As a direct result of the pandemic, childcare programs continued to face disruption in services in order to minimize the risk of spread of COVID-19. Lack of childcare continues to be a barrier for community members in accessing employment, a contributing factor in the labor shortage that was exacerbated by COVID and the fires. Child care costs for preschool aged children increased and wait lists were long, with centers operating at full capacity. High quality childcare has been inaccessible for low income families, leading to decreased economic stability, and an increase in food insecurity. Emergency childcare remained an area of focus in 2021 for health care and frontline workers, free as well as the provision of free lunches and weekend food programs at selected elementary schools.

Distance learning put many high risk families at greater risk for greater risk for mental health and behavioral health issues. When schools were forced to shut down during the pandemic and switched to distance learning, many were put in the position of juggling jobs and teaching their children. Identifying high risk families and home visitors are now resuming going into the home to address the needs that resulted from these pressures.

Additionally, many child care centers were closed and a significant amount didn't reopen. This continues the burden of accessing child care for all families, but especially those at higher risk.

Almeda Fire: It is estimated that 40% of the families in the Phoenix-Talent School District lost their homes and were displaced by the Almeda fire. 80% of students attending Phoenix Elementary School were left homeless. According to a survey of fire survivors conducted in early 2021 by SO Health-E, our Regional Health Equity Coalition, 35.8% of fire survivors are still in need of affordable housing, 23.9% are in need of financial support for continued recovery from COVID-19, and 17.4% were in need of basic supplies, such as food, water, clothing, hygiene supplies and household goods. In the wake of the fires, The Jackson County Community Long

Term Recovery Group stood up, providing support and resources to fire survivors. Fortify Holdings and Rogue Community Health, in partnership with ODHS, OHCS, and ACCESS, are focused on providing affordable housing units in Jackson County, prioritizing fire survivors. There are a total of four properties that will gradually be converted into apartments, providing residents with affordable housing and support services, critical to getting fire survivors into permanent housing. Stable housing is a foundation for children and families health and wellbeing.

Contributing Community Partners

Given the complexity and comprehensive nature of the Parenting & Life Skills Workgroup, the list of partners ranges broadly from government agencies to parent education hubs to school districts. A list of contributing partners is included at the end of this report.

Efforts and Progress Made

Connect Oregon: The impact of COVID-19 and the wildfires magnified the needs outlined in the CHA and the CHIP, and community partners continue to come together to meet the needs of the community. This highlighted the demand for a more coordinated and collaborative effort among CCOs, community partners, and providers to develop a "no wrong door" approach to improving access to resources for community members. AllCare Health and Jackson Care Connect partnered to fund Connect Oregon, a closed loop referral system designed to create efficiencies in service delivery and move towards closing the gaps on social determinants of health. In partnership with more than 30 organizations, the Unite Us platform went live in April 2021. As of April 15, 2022, 88 organizations are on the platform, with individual and family support identified as one of the top three needs for referral.

Raising Resilience/Aumentando la resiliencia: In 2022, AllCare Health, with the support of multiple partners across Jackson and Josephine County, continued the Raising Resilience/ Aumentando la resiliencia campaign. This year's campaign featured resilience-building organizations that offer free support for our families. These organizations included Boot Camp for New Dads, 211info, LISTO Literacy Project, and The Family Connection parenting classes. Bilingual/bicultural television campaign launch spots were developed and are airing on both KOBI and Telemundo.

Southern Oregon Success Innovation Network: In 2021, the Families Matter Workgroup coordinating and aligning the work of the Parenting Support and Life Skills priority area shifted to the workgroups developed through Southern Oregon Success Innovation Network. The workgroups are focused on the following: Family Capacity for Resilience, Human Centered Equitable Services, Early Childhood Supports, and Preschool and Kindergarten Alignment. Through efforts of the Family Capacity for Resilience workgroup, recruitment of parents and caregivers from Jackson and Josephine counties resulted in the development of a Family Advisory Council, which held its first meeting in May of 2021. The council meets monthly and has been focused on elevating member voice, identifying shared values and

structured processes for identification of issues and making decisions. The council vetted the Southern Oregon Early Learning Service's Family Engagement Tool Kit and the first draft of the "Help That Helps" parenting guide being developed by South Coast Together. Additionally, the council delved into issues surrounding access to services and resources for families in our region. The council discussed and agreed on four specific recommendations to make to our local legislators and the Southern Oregon Success Design Team. Two of the four main recommendations--increasing Peer Support Specialists for behavioral health and establishing Family Centers in Grants Pass and Medford, are currently being worked on by Southern Oregon Success work groups. Additionally, SORS has continued providing Adverse Childhood Experience (ACEs) training, utilizing the NEAR (Neurobiology, Epigenetics, ACEs and Resilience) curriculum.

Parenting Classes: Southern Oregon Early Learning Services (SOELS) has been committed to promoting protective factors as a proven way to offset challenges many families in our community with young children are experiencing, including poverty, homelessness, behavioral health conditions, domestic violence, etc. These challenges continue to be magnified by the impacts of COVID and the wildfires across the region. To support child and family-serving organizations in promoting protective factors, in 2021, SOELS offered Strengthening Families Protective Factors Training and created a Family Engagement Tool Kit based on protective factors, available at no cost.

Resource (foster) family supports: Every Child Josephine County developed My NeighbOR, a project designed to give Resource Families and Kinship Families access to help meeting tangible needs including but not limited to groceries, clothing, household items, and safe sleep items. Additionally, the Family Nurturing Center, along with Every Child Jackson, have partnered in efforts aimed at Resource Family recruitment and retention, and supporting children experiencing the foster care system to help with immediate tangible needs, including brand new clothes and toothbrushes. In 2022, a foster parent appreciation event is planned that will serve between 450-600 foster parents and children in their care.

Jackson County WIC: The wildfires in Jackson County had a significant impact on WIC families. The number of Jackson County WIC participants struggling with homelessness increased from 7 participants in February 2020 to 148 participants in February 2021. In 2021, 6,994 women, infants and children participated in the Jackson County WIC program. Since the pandemic started, WIC has certified 3,602 new participants with 2,491 still active in the WIC program. WIC has seen a decrease in the number of pregnant women accessing WIC services with a 6% drop in pregnant participants in the last year. WIC's focus for this upcoming year will be to better service and outreach pregnant participants, with a goal of a 5% increase in the number of pregnant women services between 2022-2023.

Rogue Valley YMCA Childcare: Rogue Valley YMCA child care has been the leading provider of emergency child care during COVID and after the Almeda fire. In 2021, they operated at full capacity with regular and emergency childcare. The Rogue Valley YMCA is slated to open a new child care center in 2022, which will provide care for up to 60 kids, preschool age (3-6

years old). Priority registration be given to the resident families of the Housing Authority of Jackson County but also is open for all who are interested. The program also accepts DHS Employment Related Day Care vouchers, and has a robust financial assistance scholarship program to assist low income families. RVYMCA estimates over 3,100 children being served over the next 10-15 years through their continued efforts.

Employment supports: Oregon Department of Human Services has been dedicated to reducing barriers experienced by ODHS connected families through the provision of financial support for employment related child care for those who qualify, and through financial support for TANF Families looking for or working towards employment. To reduce hurdles involved for participants accessing programming during COVID, no in person interviews were required, there were no co-pays for daycare, and family's time in the programs were extended without a need to renew.

Rogue Valley Farm to School: Access to fresh, healthy, and particularly organic food, has been something out of reach for many families in the Rogue Valley for years. That has only been exacerbated by the COVID-19 crises. To respond to this crisis, during the spring and summer of 2021, Rogue Valley Farm to School and Fry Family Farm teamed up to distribute 2,000 boxes of fresh, organic fruits and vegetables to families in need via the school lunch programs of Central Point School District, Ashland School District and Kids Unlimited in Medford. The program was part of the USDA Farmers to Families Food Box Program and ran for twelve weeks, from May - August. Together, Rogue Valley Farm to School and Fry Family Farm distributed nearly one million dollars in food to families and 24,000 boxes of produce over the course of 12 weeks.

Stakeholder Feedback

Every Child Josephine County helps resource families feel connected, cared for and strengthened, and increases access to supports.

> *"The My NeighbOR initiative was created as a response to Covid, and utilized as well as a response to the wildfires. The platform gave resource families and kinship families direct access to Every Child, streamlining the process of requesting support, tangible needs, and emergency assistance."*
>
> **— Teresa Matz, Every Child Josephine County**

Rogue Valley YMCA's childcare program is supporting the CHIP through addressing all of the goals of this priority area.

> *"By having childcare available to families, this assists them to feel connected to the community, cared for and strengthened to be able to work and return to a sense of normalcy.*

Furthermore, our YMCA child care has been the leading provider of emergency child care during COVID and after the Almeda fire. We have been trusted by families to provide a secure place for the children, aid the families to return to jobs, and decrease the large labor shortage in our community that was exacerbated by COVID and the fires. We have seen that our services provide the stability children and adults need to feel less lonely and supported, especially after these traumatic experiences."

— Brad Russell, Executive Director, Rogue Valley Family YMCA

Rogue Valley Farm to School's Digging Deeper School Partnership Program supports a culture of health and project based learning in school communities, supporting goals 2 and three of this priority area.

"Years ago, in the 1960s, Black Civil Rights leaders saw that food was a foundation for equity. They started serving free breakfasts to children of color in Oakland. They set up kitchens across the US and at one point they were serving breakfast to tens of thousands of children. Food can be Power, Food can be Justice. The Farm to School movement has its roots in these efforts because we live in a nation of extreme inequities, and as the protests and anger, frustration and violence are showing us, there is a deep injustice towards people of color that has gone on and on and on, and it needs to change.

At Rogue Valley Farm to School, we are working every day to create that change: to increase access to healthy food, to bring forward the voices of those who grow our food, whose backs are breaking under the weight of harvesting food so the rest of us can eat, and oftentimes, not having access to that same food themselves. We are at the very beginning of this journey, and there are many who have come before us whose voices are much more powerful, who have experienced the pain of racism, hatred, inequity and lack of justice. We wish to elevate their voices, and the voices of farmers and farmworkers, school food service staff, and families in our community who are not only working to feed our community but also on the front lines of creating change. Change in how farmworkers are cared for, change in who has access to land, change in how food is distributed, change in how people of color are treated, and that all have stable, reliable access to good, healthy, nourishing food. A healthy breakfast helped to start a movement. It is up to all of us to continue that work. Every day. As an organization, we have much

to learn. As a society, we have much blood on our hands. As a community, we need to work together to create change, and we kneel with all those fighting to create that change. Food can be Justice. Let's make it so."

— Abigail Blinn, Rogue Valley Farm to School

Challenges and Barriers

Competing priorities: The challenges in implementing our CHIP goals have been extraordinarily challenging consistent participation of community-based organizations continues to be a challenge due to competing priorities in serving the immediate needs of community members who were impacted by COVID-19 and the wildfires. While these events disrupted the continued development and implementation of the community-wide action plan, as a community, we have been able to be nimble and respond quickly to the growing needs of our most vulnerable populations.

Technology: The use of technology platforms as commonplace have allowed for greater participation in committees and workgroups. This has removed barriers community partners and families have experienced, including transportation and childcare.

On the Horizon

COVID-19 and Wildfire Recovery: Organizations continue to provide low-barrier funding and support to improve the health and well-being of our community. Partnerships continue to strengthen and we collaborate to find innovative ways to address needs.

UpTogether Initiative: The Early Childhood Supports work group is organizing a pilot project with UpTogether (formally the Family Independence Initiative) with 110 families in Jackson and Josephine. The Human-Centered Equitable Services work group helped to expand School Based Health Centers in Central Point and Rogue River School Districts.

Help That Helps Guide: The Family Capacity for Resilience work group developed the Southern Oregon Family Advisory Council and is now working to distribute a reader-friendly parenting guide, "Help That Helps," developed by South Coast Together, our partner collaboration in Coos and Curry Counties. Southern Oregon Success funded the Spanish translation of "Help That Helps" and worked with the Family Connection and Connect Oregon to place a QR code on the booklets to be distributed in our region that will take families to the Family Connection website with info and a link to Connect Oregon. The So. Oregon Family Advisory Council has vetted "Help That Helps," leading to changes in the text, and did a 3-month study of issues surrounding families accessing resources in our region. The council's findings and recommendations are being communicated to our Southern Oregon legislators, our Network Design Team and the state Early Learning Council.

Early Childhood Workforce: A new work group, a partnership with Southern Oregon Early Learning Services, Child Care Resource Network, and Rogue Workforce Partnership on the Early Childhood Workforce, organized a campaign to increase affordable health care coverage for Early Childhood Education workers.

Behavioral Health Workforce: Another new partnership, our Behavioral Health Workforce group, helped develop the micro-credential program in behavioral health with Southern Oregon University and Southern Oregon Education Service District.

Social/Emotional Metric Work: CCOs, in partnership with CBOs and providers, will collaborate on the state System-Level Social/Emotional Health Metric to develop a cross-sector collective impact approach with the goal of system and policy change and improved front-line services. This work will be done keeping stakeholders and community members at the forefront to ensure no undue burden with participating or sharing information. The work will be broadly shared upon completion recognizing the value of the lived experiences and data shared by the community.

PRIORITY AREA 4: Equity

Jackson & Josephine Community Health Assessment - pp. 2-3

Priority Area Overview

The CHIP was always intended to be a living document that is responsive to the needs of our communities as we learn more about the diverse range of needs and barriers faced by our residents and able to adapt as those needs change over time.

While the CHIP was developed with the understanding that all three priority areas would be viewed through an equity lens, the impacts of COVID and the wildfires on our communities have elevated the need for greater intentionality around equity in our work.

Based on community feedback since the CHIP was finalized and the strategic work of our leadership team over the past year, we recognize the immediate need for developing equity and addressing the lack of adequacy in our current systems. As of March 2022, the community has decided that Health Equity should become a new priority area for the CHIP.

Health Equity Strategic Goals
Goal 1: Remove barriers to accessing services and supports in our communities - especially those services intended to help our most vulnerable residents.
Goal 2: Address systemic racism and institutional bias within our region, be that current, historical, or developing policy.

What we saw in the Community Health Assessment (CHA) data

Based on 2012-2016 American Community Survey 5-year estimates, 60.2% of Hispanics in Josephine County had a high school degree or less compared to Jackson County (62.4%) and Oregon (62.8%). This is in contrast to the population overall of which 43.8% of the population in Josephine County, 39.6% in Jackson County, and 36.4% in Oregon overall had a high school degree or less.

Jackson County saw the largest percent increase in Hispanic or Latino population (18.7%) between 2007-2011 and 2012-2016 compared to Oregon (13.1%) and Josephine County (13.1%).

Access to and navigation of the health care system was identified as a concern among most focus group and interview participants. Participants spoke of the cost of care, in addition to finding culturally and linguistically appropriate care. Additional challenges discussed connecting all the different services needed by pregnant women, seniors, and those with multiple chronic conditions. Access issues were especially noted among rural communities.

Related to disabilities, 23.6% of respondents reported "availability of services for developmental disabilities" to be of high concern and 20.5% of respondents reported "accessibility of public transportation for residents with disabilities" to be of high concern.

This regional Priority Area aligns with the Healthier Together Oregon 2020-2024 SHIP's health equity framework by addressing (1) systematic racism and institutional bias within our community and (2) removing barriers to accessing services and supports in our community for our vulnerable residents, including BIPOC, Latino/a/x, LGTBQIA2S+, and those who live in the rural community.

High level strategies developed by the community to impact this Priority Area included:

Health Equity Priority Area Strategies

Goal 1: Remove barriers to accessing services and supports in our communities - especially those services intended to help our most vulnerable residents.

Strategies

1. Collect current data from affected populations and key leaders to assess needs and opportunities.
2. Identify organizations and groups currently addressing these issues and invite them to be part of the next CHA and CHIP planning processes, to develop goals and strategies that will be most effective in meeting these needs.

3 Implement policies and projects that positively impact these issues for marginalized populations. Projects may be related to the following or other issues:

   a. Built environment
   b. Educational outcomes and services
   c. Employment
   d. Legal needs and services
   e. Health, oral health, and behavioral health access
   f. Housing and homelessness

Goal 2: Address systemic racism and institutional bias within our region, be that current, historical, or developing policy.

Strategies

1. Collect current data from affected populations and key leaders to assess needs and opportunities.
2. Identify organizations and groups currently addressing these issues and invite them to be part of the next CHA and CHIP planning processes, to develop goals and strategies that will be most effective in meeting these needs.

3 Implement policies and projects that positively impact these issues for marginalized populations. Projects may be related to the following or other issues:

   a. Address current bias
   b. Address historical bias
   c. Support developing policy that creates equitable opportunities for all Rogue Valley residents to thrive

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Key Data Point	Baseline Data
Number of certified qualified internal staff interpreters in Southern Oregon on the OHA Health Care Interpreter Registry	5/31/2022 124
Percentage of LGTBQ+ individuals who feel unwelcome or provided misinformation in healthcare settings	10/20/21 57%

SOURCE: Rogue Action Center, LGTBQ+ Listening Project 2021; OHA Health Care Interpreter Registry.

Wildfires: So Health-E released a Jackson County report in 2021 that highlights the impact the Alameda Fire had on vulnerable populations around securing sustainable and affordable housing. According to the report, the majority of respondents of the survey self-identified as Hispanic or Latino/a/x; and at least 62.1% of Spanish speaking respondents said that financial barriers were one of their top concerns for finding affordable housing, compared to 44.2% English speaking respondents. 33% of the total impacted population said that they did not apply for FEMA assistance and 42% said that one of the reasons was because of the difficulty of navigating the FEMA paperwork.

LGTBQ+ Listening Project: In 2021, Rogue Action center released one of the first LGTBQ+ community surveys for both Jackson and Josephine County. This data highlights the disparities within this population, including information around their experiences in healthcare settings. According to the Listening Project, at least 67% of transgender people reported being made to feel ashamed or provided information in healthcare settings, compared to 57% of all LGTBQ+ who experienced the same thing. 91% of transgender folks reported feeling they need to hide/change their sexuality/gender/appearance to avoid harassment or discrimination. For youth, at least 86% of LGTBQ+ youth feel that they need to relocate to have a good life or have their needs met.

Covid-19: Covid-19 disproportionately impacted people of color in Jackson County. According to the Jackson County Health & Human Services in 2021, Hispanic or Latino had some of the highest percentages of cases. Of the total Covid-19 cases, Hispanic or Latino represented 26% compared to 13% of the total population. American Indian/Alaska Native, Black, and Pacific Islander, also saw higher than average numbers for covid-19 cases.

Vaccine Events: AllCare provided nine grants for community organizations to host culturally-appropriate vaccine events to reach underserved populations. These events were designed and hosted by the organizations using the funds provided by AllCare.

Contributing Community Partners

We are still in the process of creating a list of contributing community partners. In March 2022, a survey was released to the community to document all CHIP projects, and there were no agencies who identified any projects as fulfilling a health equity goal. We are aware of organizations in the community who do health equity work, and the goal is to include those organizations in the next CHIP/CHA cycle to capture their input.

Progress and Efforts Made

Gender Affirming Care Training for Behavioral Health Clinicians: Jackson Care Connect and AllCare provided trainings for behavioral and physical health clinicians around the best practices for providing gender affirming care. The goals of the training was to: broadly define gender affirming care, discussed the societal context and considerations when working with transgender and non-binary clients, overview of OHP coverage and requirements for prior authorization, and how to write and address the requirements for surgery endorsement letters including diagnosing gender dysphoria and assessing readiness for surgical intervention. More training will be held in the future to support health clinicians.

Medford and Grants Pass Pride Parade: Ashland was the only city to hold an LGTBQ+ Pride Parade in October, although it has been closed during Covid-19. However this year, Medford and Grants Pass will host their first Pride Parade to support the LGTBQ+ population. This event will have activities and booths for community members to engage with and get information from. Some booths will include information around gender-affirming community resources from local organizations.

71 Five Ministries: They have been serving marginalized youth in Jackson County for 57 years. As part of their work, 71 Five Ministries opened a one-stop approach known as Station 71Five. This evidence based one-stop approach addresses the health disparities amongst marginalized youth. One of the goals is to provide kids with culturally relevant, diverse, and accessible services that are available six days a week. Station 71Five offers vocational training, mentoring, parenting support and life skills, and a one-stop community center in collaboration with other community based organizations. 71Five also strategically located their services within marginalized communities and neighborhoods to reduce the barriers around transportation. Lastly, whenever possible, 71Five includes staff who have lived experience.

Rebuilding Together Rogue Valley: This organization transitioned from a volunteer organization to a more robust nonprofit with paid staff and a planned office. They serve older adults and people with disabilities living on low income in rural Jackson County. Their efforts are to install safety equipment, such as ramps and safety rails, in the homes of older adults and people with disabilities, to help keep their residence sustainable and safe. In 2021, Rebuilding Together Rogue Valley extended their services to include the urban areas surrounding Medford, including Talent and Phoenix. By focusing on this vulnerable population, Rebuilding Together Rogue Valley is able to help older adults feel less alone and less vulnerable.

Stakeholder Feedback

SO Health-E helps highlight how social determinants of health intersect with an individuals' quality of healthcare.

> *"There are many barriers to health equity, we need to consider the social determinants of health. It's not just about access. It's about education, employment, etc. Ultimately, we want them to have a more fulfilling life (health is just part of that)."*
>
> **— Annie Valtierra-Sanchez, SO Health-E**

Jackson County Fire District 5 supports our rural community and describes the barrier this population faces in accessing community resources.

> *"People don't own cell phones. Cost prohibitive to have internet service. $200/mo. There are 110 sq. miles where cell service is not available. The presumption is everybody has a computer, internet access, cell phone, and internet literacy but they don't."*
>
> **— Vicki Purslow, Jackson County Fire District 5**

Challenges and Barriers

Health Equity Definition: There is no standard community-wide health equity definition that provides a foundation on how we address health inequities. Without a definition, it can be difficult to bridge divides between organizations and foster collaboration ideas on how to best support our most vulnerable communities, as each agency may have a different understanding around what health equity means. In March 2022, the community did take the first step in creating health equity as a priority area with preliminary goals and strategies. As we move into the 2023 CHA, we will have greater opportunities in creating common language and definitions that will enable us to partner together to address systematic racism, institutional bias, and the barriers that our most vulnerable population faces.

Health Equity Data: Health Equity data helps us identify where health disparities exist and what strategies should be used to support those populations. Having access to accurate, complete, and high-quality health equity data continues to be a challenge for many organizations, as they often rely on self-reporting from their members, or data being shared from other community partners. Many individuals in vulnerable populations may feel unsafe or uncomfortable because of historical trauma, experience with system racism and institutional bias. Many participants in previous attempts at health equity data identified as primarily white, which creates a significant gap of data from vulnerable populations and can skew and

hide health disparities in these populations. As such, the community is addressing ways of increasing the availability of high-quality, accurate, and complete, in order to better support the community.

On the Horizon

Sexual Orientation and Gender Identity Data: We are looking forward to the release of sexual orientation and gender identity (SOGI) data from the Oregon Health Authority. Currently there is limited available data for this given population and that has resulted in challenges on how we can be responsive to their needs. Right now, the community relies on internal data or data from community organizations such as Rogue Action Center's listening project.

Creating Gender Affirming Settings for Healthcare Visits: AllCare offered two training sessions in "Creating Gender Affirming Settings for Healthcare Visits" during the 2021/2022 reporting year for AllCare's Interpreter Training Classes that are offered twice a year.

Hearing Loops: The Disability Services Advisory Council (DSAC) is an inclusive group that focuses on improving access for the aging and people with disabilities population. The DSAC have been collaborating with the community to build an awareness around the benefits of hearing loops. Some of the initial steps are to connect with providers and other community stakeholders to begin establishing a network where hearing loops are in use.

2023 CHA: We know there is work happening in the community around health equity and our goal will be to capture those efforts in the 2023 CHA. We recognize that there are additional agencies and stakeholders who support marginalized communities and address systemic racism and institutional bias that could be invited to share input around community needs. With additional input and guidance, we will be able to solidify the health equity strategies in our 2024 CHIP.

AllCare Community Health Improvement Plan Addendum

The AllCare Jackson and Josephine/So. Douglas Community Advisory Councils requested that two additional priority areas be included as an addendum to the Jackson & Josephine Community Health Improvement Plan 2019: Oral Health and Health Equity. The Progress Report on those two priority areas are included below.

PRIORITY AREA 5: Oral Health

Jackson & Josephine Community Health Assessment - pp. 97-98

Jackson & Josephine Community Health Improvement Plan 2019 Addendum - pp. 4-5

Priority Area Overview

What we saw in the Community Health Assessment (CHA) data: While Oregon only has a 20.7% coverage rate of fluoridated drinking water, Jackson and Josephine/So. Douglas Counties each have a 0% coverage rate; Jackson and Josephine/So. Douglas Counties had

significantly lower rates (62.8% and 62.3%, respectively) of dental visits in the past year, compared to Oregon at 66.8%; and while both counties reported higher rates of adults with one or more permanent teeth removed due to disease or decay, this was especially prevalent in Josephine/So. Douglas County (14.7% higher than Oregon).

Additional key concerns and context from stakeholder discussions: Oral health is an important piece of the CHIP work going forward. While not specifically called out in the collaborative CHIP, the AllCare Community Advisory Councils felt it needed to be included for our organizational CHIP.

This regional Priority Area aligns with the Healthier Together Oregon 2020-2024 SHIP priority area of Access to Equitable Preventive Healthcare and has the potential to positively impact issues related to provider shortages, transportation barriers, or health care costs.

High level strategies developed by the community to impact this Priority Area included:

Oral Health Priority Area Goals
Goal 1: Integrate Oral Health services into the medical, behavioral health, and residential treatment facilities.
Goal 2: Increase community awareness of the importance of oral health as a factor in overall health and wellness.

Key Data Point	Baseline Data	2021 Progress Report Data	Current Data
11th Grade students visiting a dentist in the past year	2017 **Jackson County:** 73.4% **Josephine County:** 68.5%	2019 **Jackson County:** 80% **Josephine County:** 76%	2020 **Jackson County:** 76% **Josephine County:** 84%

SOURCE: Oregon Health Authority, Oregon Healthy Teens Survey, 2017, 2019, and 2020.

Changes in Community

Many partners contributed to the focus on increasing access to Oral Health care in Jackson and Josephine Counties during the reporting period. The COVID-19 pandemic continued to stifle the efforts of the dental partners attempting to identify kids that needed dental services since many of them only receive them in the school setting. We are just now re-entering the school systems to do oral health screenings, fluoride varnishes and referrals to treatment. As in the previous report, the COVID-19 pandemic increased the amount of Oregonians on the Oregon Health Plan due to people losing employment status and experiencing drastic income

changes. This resulted in more people needing access to dental services which put a heavy task on offices to see these members in a timely manner and in a setting where they felt comfortable.

Contributing Community Partners

Our community remains very committed to the importance of oral health as a part of overall health and now that the Pandemic seems to be letting people and offices return to some sort of normalcy. Coordinating and collaborating with the partners to see patients at the physical and behavioral health facilities was very important so we could "meet people where they are." Contributing partners are listed at the end of this report.

Progress and Efforts Made

Integration of Oral Health Services: One of our goals was to "Integrate oral health services into the medical, behavioral health, and residential treatment facilities." We have integrated an Expanded Practice Dental Hygienist (EPDH) into Options for Southern Oregon in Jackson County where physical health and behavioral health are both present. Accomplishing this amid the COVID-19 pandemic was stifled during the pandemic due to the increased use of Telehealth services which inhibited the hygienist from seeing patients in person. Now the hygienist has a schedule of patients and also is able to take warm handoffs from the Family Nurse Practitioner as well as the Mental Health Therapists. She has truly been integrated as one of "the team" at Options. She has many success stories of how she has helped people with their oral health needs and we try to ensure a closed loop referral system is in place. Many times the patients don't follow up so we do phone calls to engage the members to come to their appointments.

Increasing Community Awareness: The second goal was to "Increase community awareness of the importance of oral health as a factor in overall health and wellness." This goal has been a little bit more challenging due to the pandemic, however, the hygienist at Options for Southern Oregon and Grants Pass clinic continues to educate her patients on every aspect of oral health and especially the importance of follow up visits to the dental home. The dental offices, community partners and CCO's have been instrumental in supporting the communities through HB 4127 which will implement an oral health curriculum in every school and ensure that instruction of the importance of oral health will be just as important as physical education. There are sub committees that are working to start developing the curriculum and hope to have this in place by 2025. There is also the continued work in the schools and Head Start programs to ensure everyone recognizes the importance of oral health to overall health.

Stakeholder Feedback

Oral/Behavioral Health Integration works to bring oral health services into medical, behavioral health, and residential treatment facilities.

" I am thankful I can help this underserved population in mental and behavioral health. There are so many stories to share as each person comes through the door. We just never know when one of our family members or people we know could be in this situation with needs for Dental and Mental Health! I communicate to all my patients I am here to help them, not judge them. They are usually embarrassed of the condition of their mouth, but we move past the mouth and to the person as a whole!"

— Kelli Beaumont, RDH, EPDH, Capitol Dental Care

"Being able to serve members in a behavioral health setting, where folks are used to coming for counseling, makes them feel more at ease and comfortable seeing the Expanded Practice Dental Hygienist (EPDH). It is in these settings that they are able to be heard and get their dental concerns taken care of. Folks suffering from mental health issues tend to have more oral health issues. Providing integrated care can help these members restore their oral health as well as their confidence and overall health."

— Linda Mann, RDH, EPDH, Director of Community Outreach, Capitol Dental Care

Challenges and Barriers

COVID-19 Closures: The challenges in implementing our CHIP goals have been nothing short of extremely difficult. COVID restrictions continue to challenge the ability of the hygienists and the outreach teams to get into the schools to educate and perform oral health services. There is a serious shortage of dental hygienists and dental assistants statewide. The hygienists in place at Options and Grants Pass Clinic have been tasked with working in the schools to provide services there.

Hygienist Integration: In early 2022 we have been able to integrate a hygienist into Options for Southern Oregon in Jackson County, but have had to scale back on her days at the clinic due to workforce shortages. We continue to work on ways to collaborate with the schools, Head Start programs, physical health, and behavioral health residential programs as we know the need for oral health services is high. For some people, this is the only setting where they receive dental services.

On the Horizon

We continue to be hopeful that operations will return to normal in the oral health world and we can once again begin to look at furthering our integration efforts. We have already completed a bit of that work by placing the hygienist into Options for Southern Oregon in Jackson and Josephine Counties, and she is beginning to try and see more patients every week. We want to continue to further this important work as we stress the importance of oral health being a part of overall health. We are beginning discussions with the Residential Treatment Centers to place a hygienist there at least 2 days a month for education and preventive services.

PRIORITY AREA 6: Health Equity

Jackson & Josephine Community Health Assessment - pp. 2-3

Jackson & Josephine Community Health Improvement Plan 2019 Addendum - pp. 6-9

Priority Area Overview

What we saw in the Community Health Assessment (CHA) data: Lower median income among racial and ethnic minority groups in Jackson and Josephine/So. Douglas Counties when compared to the white population and the state of Oregon as a whole; income disparities are most pronounced in Jackson County and especially pronounced among American Indian/ Alaska Native and households with two or more races; a large proportion of households are unable to afford the basic costs of living.

What we heard during the 2018 AllCare community Latino listening sessions: Overwhelming response was that the community needed more Certified Medical Interpreters and through AllCare's community engagement projects (i.e. Deaf and Hard of Hearing Committee, Regional Health Equity Coalition Workgroups) Qualified Interpreters are consistently mentioned as a priority for Limited English Proficiency individuals.

What we heard during the 2018 AllCare Health Native American and SPMI listening sessions regarding access and communication: AllCare CCO has identified that a disparity exists for two populations in regard to Emergency Department utilization for physical health reasons; data shows that in Jackson and Josephine/So. Douglas counties, members who identify as Native American and members diagnosed with a Severe and Persistent Mental Illness (SPMI) have a significantly higher rate of ED utilization in comparison to the rest of the AllCare CCO population; provider offices in the region need to offer accessibility outside the hours of 9:00 a.m. to 5:00 p.m.; referrals and prior authorizations cause barriers; additional interpreters are needed for Limited English Proficiency (LEP) individuals; some barriers to alternative care exist and providers are not referring to these services; scheduled appointments are too far out; and members want to go to their Primary Care Provider (PCP), if possible.

Additionally, we heard members need the following: dental access is a priority to members; increased awareness on how to communicate with members is needed from providers; improved health literacy awareness is needed; members want to partner with their providers in

their healthcare; CCOs can improve communication around member benefits; everyone in the health system needs to LISTEN to the members about THEIR healthcare; if prior authorizations are denied, members will go to the Emergency Department to be seen; if a member feels they need a service their provider refuses to submit an authorization or referral for, they visit the Emergency Department to access the service; and members desire "On-Demand" ride availability from ReadyRide.

What we heard during the 2018 AllCare LGBTQIA+ listening sessions about access and culturally competent care: Members of the LGBTQIA+ community feel that they are treated differently in medical settings; stigmas increase at the intersectionality of other factors, such as hearing loss, ageism, and weight; transportation is a big barrier in rural areas; more culturally competent care is needed, especially for gender identity and transgender issues; gender identity questions are included on some forms at some hospitals, but no training is given to staff on how to address questions related to these forms; sexual orientation questions are not asked; significant dismissal that sexual orientation and gender identity is a factor in one's healthcare; LGBTQIA+ population has to educate the provider on needed care; STI discussions need to occur in a more culturally appropriate way; there is a failure to test partners when one is facing an STI scare; and LGBTQIA+ individuals are very vulnerable in the medical setting.

This regional Priority Area aligns with the Healthier Together Oregon 2020-2024 SHIP priority area of Access to Equitable Preventive Health Care and has the potential to positively impact issues related to provider shortages, transportation barriers, or health care costs and provider language or other cultural differences.

High level strategies developed by the community to impact this Priority Area included:

Health Equity Priority Area Goals
Goal 1: Members engage with their Primary Care Provider more and Emergency Departments less. (Rogue Retreat, Mercy Flights).
Goal 2: Providers promote a welcoming environment to LGBTQIA+ individuals.
Goal 3: Increase interpreters available in Jackson and Josephine Counties listed on the state registry.

Key Data Point	Baseline Data	2021 CHIP Progress Report Data	Current Data
Average Emergency Department utilization rates of Native American and SPMI populations in Jackson, Josephine and Southern Douglas Counties ***Data calculations have been changed to rate per/thousand**	2017 **Native American Population:** 4 points above target **SPMI Population:** 39 points above target	2019 **Native American Population:** 1.5 points above target **SPMI Population:** 2 points below the total population of 80.7	2021 **American Indian / Alaskan Native Population:** 54.05 **SPMI Population:** 81.34
Number of Certified Medical Interpreters in the area	12/31/2019 104 interpreters available in Jackson, Josephine/So. Douglas, and Curry Counties	4/19/2021 161 interpreters available in Jackson, Josephine/So. Douglas, and Curry Counties	2022 **Josephine:** 176 **Jackson:** 231 **Curry:** 124 **Douglas:** 137

SOURCE: Quality Metrics Dashboard produced by OHA; Oregon Healthcare Interpreter Registry.

Changes in Community

Changes in Telehealth adoption during the Covid-19 pandemic has significantly improved access for Mental Health services. AllCare has also changed the Medical Loss Ratio requirements of downstream Mental Health contracts. This has incentivized utilization. AllCare also provides a risk stratified Medical Loss Ratio report to Subcontractors to understand populations that may not be accessing services.

Contributing Community Partners

AllCare Health was grateful to work with many community organizations and providers to move forward on the CHIP goals. Contributing partners are listed at the end of this report.

Progress and Efforts Made

Anti-Racist Trainings: AllCare hosted two anti-racist training sessions called Crafting Your Equity Lens in January and April of 2022 with a total attendance of 44 staff and community partners.

Creating Gender Affirming Settings for Healthcare Visits: AllCare offered two training sessions in "Creating Gender Affirming Settings for Healthcare Visits" during the 2021/2022 reporting year for AllCare's Interpreter Training Classes that are offered twice a year.

DELTA Training: Two of AllCare Community Advisory Council members (one an Oregon Health Plan consumer and one a community partner) completed the Developing Equity Leadership through Training and Action (DELTA) program in July 2021 with capstone projects taking place in the fall, including a Community Panel of Josephine County residents who discussed their personal experiences with racism and their work to address this continuing issue.

LGBTQ+ Information Sheet for Providers: The Health Equity Workgroup completed an information sheet for providers to aid in their work with the LGBTQ+ community and understand complexities. A member of the Culturally Specific Materials Workgroup gathered information from OHA, LGBTQ+ websites, and OSU professor, Dr. Carey Jean Sojka, who specializes in LGBTQ+ Health to assist with developing LGBTQ+ provider questions and information to better inform providers working with the LGBTQ+ community. This information sheet has been approved by AllCare leadership and is being incorporated into AllCare's credentialing process.

African American Fact Sheet for Providers: The AllCare Health Equity Manager created a fact sheet for providers to help them understand why African Americans are often reluctant to go to providers. The sheet covers historical and ongoing contemporary injustices as it relates to African Americans being exploited by the medical system.

Increasing the number of Interpreters: AllCare knows the importance of increasing the availability of language resources. This includes increasing the interpreters within the region. AllCare teaches an Interpreter Training Class through Bridging the Gap. This is a 64 hour course that trains local bilingual individuals on how to become an interpreter. Once the course is completed, AllCare sends in the individuals' applications to the Oregon Health Authority in order for them to become a State Qualified Health Interpreter.

Stakeholder Feedback

AllCare teaches an Interpreter Training Class through Bridging the Gap. This is a 64 hour course that trains local bilingual individuals on how to become an interpreter.

"As someone completing the "Bridging the Gap" qualified medical interpreter class I'm happy that AllCare Health is prioritizing language access in my community. Accurate, culturally responsive and ethical interpretation services provided to our Limited English Speaking community members is key to improving the health outcomes in my community. I feel proud learning the necessary skills to ensure this essential need is met."

— David Hansen, AllCare Compliance Specialist and CAC Coordinator

Challenges and Barriers

Provider Offices: Efforts are continuing to address the major challenge that AllCare's Language Access Manager has seen is that some of the provider offices do not see the importance of having and using appropriate language access resources. Many still decline to use Qualified or Certified Interpreters for their medical encounters and will use untrained and untested staff members or, even worse, they will use the patient's family members, including the patient's children. Even though some clinics and facilities have worked hard to improve language access within their organization, many others do not see the importance of it. These other facilities will chalk it up to "too much effort" or don't see why they should change "what they have always done." Others do provide some language resources such as phone interpretation or VRI (video remote interpretation). However, this is not always the most appropriate resource to use for all the patients, especially for an in-person visit. AllCare always recommends using an in person interpreter when possible over any other interpretation method. AllCare has an interpreter directory that is provided to the provider offices as a resource. We will continue to work with and assist provider offices and medical facilities within Josephine and Jackson County.

On the Horizon

Health Equity Steering Committee: AllCare is convening a newly revamped Health Equity Steering Committee to address issues and initiatives identified by staff and community members. Community Advisory Council members will be invited to participate and will be offered compensation for their time and sharing of lived experience.

Tribal Summit: A tribal summit will be held on July 13, 2022, in Coquille Nation headquarters to provide relationship-building opportunities between tribal communities and CCOs. Discussions will include the history of CCOs and representatives who came to work in their positions.

Community Partners working on initiatives for the Jackson & Josephine Collaborative Community Health Improvement Plan 2019

Pink boxes means that organization participated in activities for that Priority Area.

All in For health Priority Areas: Housing, Behavioral Health, Parenting & Life Skills

AllCare Only: Oral Health, Health Equity

Organization	Housing	Behavioral Health	Parenting & Life Skills	Oral Health	Equity
ACCESS					
Addictions Recovery Center					
Aging and People with Disabilities					
AllCare Community Advisory Council					
AllCare Community Foundation					
AllCare Health					
Asante					
Bridging Communities					
Capitol Dental Care					
Care Oregon/JCC					
Cave Junction City Council					
CCO CACs					
Center for Nonprofit Legal Services					
Children's Advocacy Center					

Organization	Housing	Behavioral Health	Parenting & Life Skills	Oral Health	Equity
Choices Counseling Center		■	■		
City of Ashland	■				
City of Grants Pass	■				
City of Medford	■				
College Dreams/Project Youth Plus			■		■
Columbia Care	■	■			
Common Connections	■	■			
Community members including medicaid members and impacted persons with lived experience	■				■
Community Mental Health Programs		■			
Community Works		■	■		■
DHS	■		■		
Every Child Josephine Co.			■		
Family Nurturing Center			■		■
Foster Grandparent Program			■		
Four Way Community Foundation			■		
Federally Qualified Health Centers		■		■	■
Grants Pass Chamber of Commerce	■				

Organization	Housing	Behavioral Health	Parenting & Life Skills	Oral Health	Equity
Grants Pass Housing Advisory Committee	■				
Gordon Elwood Foundation	■				
Governor's Regional Solutions Team	■				
Health Care Coalition of Southern Oregon			■		■
Hearts with a Mission	■		■		
HIV Alliance		■			■
Housing Authority of Jackson County	■				
Jackson Care Connect	■	■	■		■
Jackson County CASA			■		
Jackson County Continuum of Care	■				
Jackson County Mental Health	■	■			
Jackson County Public Health	■		■		■
Jackson County Public Health Syringe Exchange Program		■			
Jackson County SART		■	■		
Jackson County Sheriff's Department	■				
Jackson County Suicide Prevention Coalition		■			
Jackson County WIC			■		
Jefferson Funders Forum	■				

Organization	Housing	Behavioral Health	Parenting & Life Skills	Oral Health	Equity
Jefferson Regional Health Alliance	■	■	■		■
Josephine Community Libraries	■	■	■	■	■
Josephine County	■				
Josephine County and Collaborative Josephine County Suicide Prevention Task Force		■			■
Josephine County Continuum of Care	■				
Josephine County Healthy Start			■		
Josephine County Housing Development Committee	■				
Josephine County Public Health	■	■	■		■
Josephine county WIC			■	■	
K-12 systems		■			
Kairos		■			
La Clinica Health Center	■	■	■		■
LCDC	■				
Local Mental Health Authorities		■			
Maslow Project	■	■	■		■
Max's Mission		■			
Medford Police Department	■				
Mercy Flights	■				

Organization	Housing	Behavioral Health	Parenting & Life Skills	Oral Health	Equity
NeighborWorks Umpqua	■				
Oregon Health Authority	■	■	■	■	■
OnTrack	■		■		
Options for Southern Oregon	■	■	■	■	
Oregon Child Development Center			■		
Oregon Health Insurance Marketplace		■		■	■
Oregon State University and Extension	■		■		
Phoenix Counseling		■			■
Providence	■	■	■		■
Public Health Departments	■	■	■		■
Public Safety	■	■			
Regional Solutions					
Rogue Action Center	■		■		■
Rogue Community College		■			
Rogue Community Health	■	■	■		■
Rogue Retreat	■	■			■
Rogue Valley Council of Governments	■	■			
Rogue Valley Fellowship			■		
Rogue Valley Food Systems Network			■		■

Organization	Housing	Behavioral Health	Parenting & Life Skills	Oral Health	Equity
Rogue Valley Mentoring		■	■		■
Rogue Valley YMCA		■	■		■
School-Based Health Centers		■	■	■	■
Siskiyou Community Health	■		■		■
SO Health-E (Health Equity Coalition)	■	■	■		■
Southern Oregon Early Learning Hub			■		■
Southern Oregon Education Service District	■	■	■		■
Southern Oregon Head Start			■		■
Southern Oregon Pediatrics			■		
Southern Oregon Success, Regional Collective Impact Agency		■	■		■
Southern Oregon University		■			■
Substance Use Disorder providers		■			
The Arc			■		
The Family Connection			■		■
UCAN	■		■		
Veterans Administration	■				
Worksource Rogue Valley			■		

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