

JACKSON COUNTY CHP PROGRESS REPORT - JULY 2020 THROUGH JUNE 2021

Table of contents

Community update

Priority Area 1: Housing

Priority Area 2: Behavioral Health

Priority Area 3: Parenting and Life Skills

[Introduction to the Jackson County CHP 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 its own. We know that creating meaningful change involves planning and collective action to generate solutions to community-wide issues.

A regional Community Health Improvement Plan (CHP) 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. The CHA provided data and information to identify community health issues which are then prioritized by the community. The CHP is used to describe how community stakeholders will address the health priorities identified through the CHA, including:

- 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
- 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 CHP.

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

Organizing for success: Jefferson Regional Health Alliance led a community-wide initiative involving the collaborative engagement and expertise of organizations and individuals from multiple sectors across our two-county region. *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 CHP 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 CHP.

Overview of progress report: Much like our foundations of the CHA and CHP, 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 CHP Progress Report.

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

- **Priority area overview:** A summary of high-level findings from the CHA and CHP, connections to *Healthier Together Oregon*, 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
- **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 CHP 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 CHP 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

- **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 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/>

JCC COMMUNITY UPDATE

Since 2012, when coordinated care organizations (CCOs) were first formed, we have been dedicated to our mission of empowering people and systems to improve the health of our community. Over the years we have formed strong partnerships with providers and community partners to help us serve that mission. While there is a mix of successes and trials in any year, 2020 brought an extraordinary combination of challenges. Responding to the COVID-19 pandemic and to the Almeda and Obenchain fires required quick-thinking, endurance, innovation and patience. As we worked with the network to serve our members throughout these difficulties, we found creative solutions that will benefit our community for years to come.

Pivoting in a pandemic

The COVID-19 pandemic brought incredible loss, grief and hardship to communities everywhere, and Jackson County was no exception. While we were tested every day, together we also created new ways to not only endure, but to rise to the challenge of serving our community's shifting needs. How we addressed each of the CHIP priority areas in the context of these challenges may be found below in each priority area section.

Supporting community partners: Responding to the pandemic demanded not only a strong clinical response, but comprehensive community support. Many organizations played a critical role in helping Jackson Care Connect members and the entire community navigate the fallout from the pandemic, providing support for housing, food, childcare, case management and more.

While many of these organizations have vast experience in serving our most vulnerable members, meeting the health and safety guidelines around COVID-19 added new expenses and protocols. Jackson Care Connect went to work, reaching out to organizations to see what the greatest needs were. We then supported organizations with more than \$378,000 in one-time grant funding, as they implemented new programs and found ways to safely serve our community in the midst of these enormous challenges. Grant requests were also reviewed by our Community Advisory Council, which includes Jackson Care Connect members and community representatives. This first-hand input from our members is key, as it helps ensure we are addressing their needs in meaningful ways, and that we are delivering critical services to our neighbors who need it most

After the fires: helping survivors recover and rebuild

The pandemic had already made for a very difficult year, but in early fall, we learned our community's toughest days were still ahead. On September 8, unimaginable tragedy hit when the fast-moving Almeda fire, fueled by extreme winds and bone-dry conditions, rapidly moved through the valley. That fire destroyed more than 2400 homes in Talent and Phoenix, and the Obenchain fire destroyed another 33 in the Butte Falls area. Some people escaped with no more than their lives and the clothes on their back. About three-quarters of the homes lost were affordable housing units like mobile home parks, manufactured homes and apartment buildings. This meant the disaster hit three groups particularly hard. These were groups that had already been disproportionately affected by the pandemic: the Latinx community, senior citizens and low-income individuals and families. Even before the flames died out, the strength of our community was on full display. Individuals and organizations leapt into action to help survivors meet their immediate needs of food, shelter,

medicine and clothing. Jackson Care Connect helped staff The Connection Station at the Jackson County Expo Park, which was set up as a one-stop shop where people could get connected to relief and recovery services. Our team assisted in meeting individual's immediate medical needs and connecting them to other resources.

Because the Latinx community was hit so hard, we also provided staff support to Jackson County Public Health to help community members navigate the fallout of the fire. Our Community Engagement team helped organize and staff a Latinx workgroup, ensuring services at The Connection Station were linguistically and culturally responsive. It was important that anyone who arrived at the Expo Park could connect to the help they needed. The Connection Station served the immediate relief needs in the aftermath of the fires, and soon the emphasis changed to longer-term recovery efforts. Jackson Care Connect continued to be involved in this wave of assistance at the Multi-Agency Resource Center in Medford.

The destruction caused by the fires amplified the disparities outlined in the CHP priority areas and community members continued to experience urgent needs. Jackson Care Connect committed \$500,000 in fire relief and affordable housing support, which is detailed in the priority area report below. As funding for community organizations is provided, we will prioritize funding to organizations that serve populations that were hit especially hard by the fires.

Health-related services: in 2020, JCC dedicated more than \$2.7 million in health-related services funding to support community health services and supports, including food, education, housing, transportation, care coordination and more. This funding was a mixture of flexible services to help supplement JCC members covered benefits, community benefit initiatives focused on improving population health and health care quality through COVID-19 and Emergency Wildfire funding, and general sponsorships. More about how this funding supported may be found in the priority areas below.

Looking ahead: Recovering from the fallout of the COVID-19 pandemic and these devastating fires will take work and commitment from the whole community, and many organizations are finding creative ways to meet the needs of our most vulnerable community members. Our CHP priorities align closely with the needs created by these challenges, and in our work to carry out the CHP, we will continue to actively engage community-based organizations and projects to stay connected.

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 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 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; 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 (Jackson County)	Baseline data	Current data
Percent of households paying more than 30% of income on housing	2012-2016 Renters: 56.9% Owners: 38.9%	2015-2019 Renters: 54.8% Owners: 35.1%
Homelessness rates for K-12 students	2015-2017 2015: 7.6% 2017: 8.0%	2018-2019 7.3% (better)
Housing vacancy rates (rental)	2011-2015 4.3%	2019 (worse) 3.8% 2020 vacancy rate is estimated at 1.5% and will be released in September, 2021. April 2021 estimates vacancy rate below 1%
Point-in-time Homelessness Count	2019 Total: 633 Sheltered: 63% Unsheltered: 37% 27.5% of homeless residents in Jackson County were chronically homeless	2020 (worse) Total: 727 Sheltered: 50% Unsheltered: 50% 40.8% of homeless residents in Jackson County were chronically homeless (worse)
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 (better)
<p>Source: Jackson County Continuum of Care APR Report; Jackson County Continuum of Care Point in Time Count; 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.</p>		

Changes in community

Economic stability: In 2020, as a direct result of COVID-19, unemployment rates in Jackson County rose from 4.5% to 5.9% in December, reaching an all-time high of 16% in May of 2020. This led to an increase in food insecurity and housing instability, with housing instability further impacted by the Almeda and Obenchain fires. Additionally, there have been increased Section 8 housing vouchers in our communities, along with stimulus and unemployment payments, which may have improved household economic stability.

Wildfires, making affordable housing a priority: The longer road to fire recovery and home rebuilding will take years. Even before the fires hit, the housing market in Jackson County was tight, with a slim 1.5% vacancy rate. We have long been involved with many community organizations in efforts to address this need and look for creative housing solutions. The destruction caused by the fires made housing an even more urgent need, when thousands of families were suddenly without homes.

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 CHP activity. Circumstances including the loss of ~2,600 homes due to wildfires and a continued housing development rate that is below the projected population growth have contributed to the vacancy rates declining.

Decrease in income spent on housing: Further investigation is needed, but a decrease in the percentage of households paying more than 30% of income on housing could be the result of the following: 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 CHP or CHP partners.

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 CHP to local municipal staff and officials. Contributing partners are listed at the end of this report.

Efforts and progress made

Investments in housing: In 2020, JCC invested more than \$1.54 million in housing supports, including mental health housing and infrastructure, community-based programs, and emergency grant funding for both COVID-19 and the wildfires. We have an estimated \$1.77 million earmarked for spending in 2021, and remain committed to aligning our work with the CHP priority, housing for all.

Greenway Project and Urban Campground: The governor’s early emergency orders required people to shelter in place, which was a huge barrier for those in our community who are homeless. To help serve these individuals, Jackson County enlisted the support of several partners, including Jackson Care Connect, in the Greenway Project, named after the Bear Creek Greenway. While camping or living on the Greenway is not legal, the County temporarily allowed people to shelter in place in their campsites there. The Greenway Project brought food, medical support, sanitation stations and bathrooms to the people sheltering there. Mercy Flights community paramedics and service

organizations had a regular presence as well, to help connect people to other resources including more permanent shelter and medical care. Jackson Care Connect was there to assist members in accessing health care and to provide phones and phone cards so members could access telehealth services. The same creative spirit that spurred the Greenway Project led to discussions about longer-term solutions to serve those camping on the Greenway. Jackson Care Connect took part in those conversations, along with our partners in public health and law enforcement. A new, legal urban campground was established in Medford, and many who were camping on the Greenway were able to move there. At this new urban campground, community members can take advantage of safe shelter and access to community services, including alcohol and drug counseling, mental health services, housing services, legal aid and more. Rogue Retreat is now leading this effort, and we are committed to ongoing support of their work.

Wildfire response: Knowing the important role stable housing has on a person’s health, and the role affordable housing plays in helping our community recover, Jackson Care Connect committed \$500,000 in fire relief and affordable housing support. That support included a \$50,000 allocation to the Housing Authority of Jackson County, to help fund a new position dedicated to the development of mobile and manufactured homes. In addition, the funding included:

- \$50,000 allocation from our Community Advisory Council to seed a new fund dedicated to community housing solutions.
- \$400,000 to support community organizations providing direct fire relief and recovery support, with \$200,000 earmarked specifically for housing assistance.

Housing for All Workgroup: The collaborative Rogue Valley Community Health Improvement Plan, known as *All in for Health*, includes a workgroup on housing, called 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 who were already connected through housing initiatives.

Much of the work of All in for Housing was focused on forming new and/or stronger connections and exploring new ways of collaborating. This is an ongoing process and we have already seen results through the design of new projects, stronger working relationships, and improved inter-agency communication. We have also engaged local municipalities, including city councils, committees and commissions, and city staff, through CHP presentations.

Stakeholder feedback

Jackson County Continuum of Care is working with the All in for Housing Workgroup to provide training and address barriers to community partners accessing the Homeless Management Information System (HMIS).

Due to COVID-19, many funding streams are requiring that grantees track data in HMIS. Several agencies, who currently do not participate in HMIS, are applying to these funding sources and must be trained on the system in order to meet this data reporting requirement. While the CoC is grateful for increased agency participation, the staff has experienced greater demand for new agency and new user training sessions. Since the

CoC has 1.0 FTE HMIS staff, this demand is straining staff capacity.

Connie Wilkerson, Manager for Jackson County Continuum of Care

Jackson Care Connect's board of director's approved allocating \$50,000 to help fund a new position with the Housing Authority that is dedicated to the development of mobile and manufactured homes. The position will explore new options for funding resources and find creative ways to rebuild the communities.

We know housing stabilizes lives. We want to get out of the gate as quickly as possible. Partnerships like this one between Jackson Care Connect and the Housing Authority of Jackson County are going to be so important as we look at the long-term rebuilding of our community.

Jason Elzy, Executive Director, Housing Authority of Jackson County

The All in for Housing Workgroup works with agencies such as Rogue Action Center to bring an equity lens to their work.

Through the relationships developed at the mutual aid site, we met families who were living in vehicles or camping on property without shelter. With funds raised through the Rogue Valley Relief Fund, we were able to purchase heavyweight insulated pods, air mattresses and bedding, heaters and LED lights, and set up 11 families with a more comfortable temporary shelter so that they can stay in the valley. Those families are now starting to find apartments to rent and are returning the temporary shelter units to us for use with other families who need them.

Michelle Glass, Director of Rogue Action Center

Foundry Village and Rogue Retreat are critical partners in the All in for Housing Workgroup. The vision of Foundry Village is to provide short term housing and case management for individuals and families to move up from homelessness and ultimately to long term housing.

With the start of construction on the site, volunteers from local community organizations and individuals have expressed their optimism for being able to help our homeless population. We have volunteers showing up to help on work days at the site and others joining together to fund a tiny house.

Jan Jones, Treasurer for Foundry Village

Parker House Project provides transitional housing, support, education and a community for women, children and families struggling with homelessness.

Once our participants are on their feet, they move forward with their lives. We take great joy in their 'graduation' from our program, knowing that they now have the opportunity to be better parents and more productive members of the community.

Wendy Sue Fullerton, Board Treasurer of Parker House

Community Works project for Housing & Supportive Services for Homeless Youth & Their Children.

This project intends to remove barriers for homeless youth and young adults 16 years thru 25 years and their children, by providing safe and stable housing professional staff offering case management daily/weekly, mental & physical health resources, and weekly life skills training and resources with supportive services

Sherry's () mother went to prison when she was 10 and the only relative who would take her was an uncle. He forced Sherry to perform sexual acts in order to get food and stay with him. By age 14 she could not stand it anymore and ran away. For the next three years she lived on the street. When Angela, our case worker, met Sherry, she was thin, hungry, and cold. It was winter and she had not eaten in days. Angela gave her food and clothing, and pieced together options where Sherry could stay until one of our apartments opened up. It took another several months, but finally she moved into one of our units.*

That was two years ago, yet it is a lifetime for Sherry. Once housed she completed her high school education, engaged in therapy helping her with past traumas, and got a job. When the pandemic hit Sherry lost her job, but that did not get her down. Instead she saved a portion of her unemployment and stimulus check so that she could plan for her future. Drawing and painting has been her passion for many years, and now she started dreaming of being a graphic artist one day. With the help of Angela, she applied to a college in Northern Oregon. She was accepted and received a scholarship too. With \$7,000 in savings, she left last fall excited to start her next chapter. Angela spoke with Sherry just a few weeks ago, and she is loving college and doing well. She told Angela, "I don't know where I would be today if I hadn't met you. You saved my life". (- not real name)*

Barbara Johnson, Executive Director of Community Works

Challenges and barriers

Continuum of Care transitions: The Jackson County Continuum of Care (CoC) underwent significant organizational changes in 2018, which accounted for the unavailability of the “Left waitlist/housing” data in the baseline. “Left Waitlist/Housing” refers to individuals who left either a CoC involved housing program or who left the waitlist for these programs. This could be for a variety of reasons including moving away from the area, finding more stable housing, no longer meeting eligibility, or otherwise exited or removed from a program or waitlist (a mix of successful and unsuccessful outcomes). While this baseline data is available in current data sets, it was not available when the CHA was written.

Wildfires: Jackson County lost approximately 2400 housing units in the 2020 Almeda and Obenchain wildfires. Many of these were considered affordable housing and many residents remain displaced. The loss of these units exacerbated an existing housing crisis, raised housing prices, and placed additional burden on local services agencies and CBOs.

On the horizon

Housing as an organizational priority: JCC’s Board of Directors has designated housing as an organizational priority, and we are working on developing a housing strategy that will align with the goals of the CHP.

Project Turnkey: Jackson County CBOs secured two Project Turnkey awards in Ashland and Medford. These converted hotels add dozens of non-congregate shelter housing to community members experiencing housing insecurity.

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 Rogue Retreat’s urban campground in Medford, which are inspiring other communities, including Ashland, to explore similar programs. JCC has supported Rogue Retreat and guests at the campground through grant funding, and we have expanded our Letter of Agreement to include payment for members housed at on site at the campground.

The City of Medford is 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 poised to develop approximately 60 properties with a high mix of duplexes and triplexes to support lower income working families.

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. 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. Of JCC's total membership, 22% accessed mental health services in 2020. Approximately 6.5% of those individuals were children ages 0-5, and approximately 17.5% were children ages 6-18. While this demonstrates a great need, an additional concern is that these numbers are down from 2019, when 9.5% of the visits were children 0-5, and 22% were ages 6-18. Our analysis of the data suggests this is not an access issue, but a troubling result of fewer referrals due to schools being closed and youth being isolated from settings where caring professionals identify and refer those who can benefit from mental health services.

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 the 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. 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 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 of 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 community wide 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 (Jackson County)	Baseline data	Current data
Accidental overdose mortality rate	2012-2016: 7.5%	2016-2018: 17.22%
Drug overdose hospitalization rate for all drugs	2010-2014: 14.5%	2018: Jackson: 11.2%
Percent 8th and 11th graders contemplating suicide	2016: 16.9%	2019: (worse) 22%
Percent 8th and 11th graders attempting suicide	2016: 9.6%	2018: (better) 9%
Suicide rate	2015-2017: 22.4%	2018: (worse) 26.52%

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 201; Considering & Attempting - Oregon Health Authority, Student Wellness Survey, 2012, 2014, and 2016, and Oregon Health Teens Survey 2019; Suicide - Oregon Public Health Assessment Tool, Oregon Health Authority, Center for Health, and Oregon Death Certificates, 2015-2017 and Center for Disease Control.

Changes in community

There have been many changes in the Rogue Valley over the past year, due to the COVID-19 pandemic and devastating wildfires. Our community's health priorities rapidly shifted to safety and accessing needed care in new ways. Behavioral health services in particular made a quick and monumental shift to providing services virtually through telehealth. This added service delivery modality throughout our behavioral health continuum gave continued access for those needing ongoing treatment as well as new access for some that experienced barriers accessing traditional in-person services. Virtual services posed challenges for younger children, families, and those in the most remote areas of our county.

Throughout these challenges, our communities have recognized that the behavioral health needs we identified in the CHA have been validated and compounded. The CHP priority areas and strategies have remained relevant yet most of our community workforce, manpower, resources, and time have been dedicated to the pandemic and recovery efforts.

Contributing community partners

Collaboration among the CHP 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

Supportive housing: Helping a person address their complex mental health needs is difficult if they don't first have safe and stable housing. Adopting the model of "housing first," we have worked closely with community partners to increase members' access to supportive housing and quality care. Through our longstanding partnership with ColumbiaCare Services, JCC has supported a continuum of supportive housing services, ranging from crisis residential care to supportive housing and rental assistance. By the end of 2020, there were more places for our members to be safe and secure as they received appropriate treatment:

- 6 subacute spaces
- 8 transitional spaces
- 4 supportive housing space
- 7 board and care spaces

In 2020, those residential facilities served 297 JCC members.

Comprehensive Medication-Assisted Treatment (MAT) programs: Providing a broad spectrum of substance use treatment is also key to the strength of our network and the stability of our community. As we have expanded that network, a crucial element has been the increased access in medication-assisted treatment (MAT). Comprehensive MAT programs have been shown to greatly reduce relapse rates, compared to programs that do not offer medication. Because we know how important quality MAT services are to our community, we wanted to help ensure our providers have the tools they need to successfully implement them. In 2019, JCC started a MAT Learning Collaborative, which brings together providers from hospitals and clinics, Jackson County Public Health, and other entities. In 2020, we moved the collaborative online and joined forces with our colleagues at Columbia Pacific

CCO to host an online, cross-regional learning system. The sessions tap into expertise from both CCOs' service regions to support providers in understanding and implementing MAT for those with opioid and other substance use disorders. We also provided \$100,000 in capacity grant funding in 2020 to La Clinica, Addictions Recovery Center and Providence Medical Group. This funding supported infrastructure and the creation of processes necessary to deliver MAT. The goals of these grants were to increase members' health, lower barriers to care, increase the likelihood of better health outcomes through evidence based services, reduce costs and use trauma-informed methods in early intervention or prevention encounters.

Community mental health programs: While most of our collective efforts have gone towards the pandemic and wildfire recovery, we are still committed to and have made gains in many areas of our CHP. One example is for Goal 3: *Equip our community with the knowledge, tools and resources to empathetically accept and help individuals in need of behavioral health support.* We were able to work on two out of the three strategies outlined in that goal. JCC sponsored training for behavioral health providers across the county early in the pandemic, to capitalize on the increased availability that our community providers had due to members not being able to access services. This allowed an opportunity for providers to skill up for the behavioral health challenges we were already seeing, and which we knew were only going to get worse after the pandemic.

Youth System of Care: System of Care (SOC) is a spectrum of services and supports for youth (0-25) that are multi-system involved. It organizes resources into a coordinated network that builds meaningful partnerships with youth and families to help them function better in all aspects of life. By following SOC values & principles and eliminating the siloes that often exist in systems, SOC aims to support youth more effectively and efficiently.

The Jackson Youth System of Care (JYSOC) has three distinct levels (Practice Level Work Group, Advisory Committee, and Executive Council). We continue to recruit and build our membership and infrastructure. At this time, our committees have representation from JCC, AllCare Health, Options for Southern Oregon, Kairos Jackson Services, Jackson County Mental Health, Developmentally Disabled Services, Juvenile Justice, DHS Child Welfare and Self-Sufficiency, Jackson County School Districts, School-Based Health Centers, Medford Drop/Youth Era, Oregon Family Support Network, among other community agencies. In addition, we are currently are partnering with Medford Drop/Youth Era to form a Youth Advisory Council.

We have discussed the importance of data sharing between system partners within the Advisory Committee and Executive Council. We are brainstorming pathways to obtaining data and developing a JYSOC Data Dashboard. We are also in the final stages of having a Memorandum of Understanding signed between the CCOs.

One of the essential functions of the JYSOC governance structure is to identify barriers and successes to improve the spectrum of services and supports for young people and ensure SOC values guide them. Therefore, we have created an online barrier submission form. Anyone can submit a barrier using the online form, which are then sent through the JYSOC committees for resolution. If a barrier cannot be resolved through the JYSOC governance structure, it will be forwarded to the System of Care State Agency Standing Committee.

Harm reduction: Many of the pre-pandemic programs and services that support our community members to *reduce harm associated with mental health and substance use through use of community-wide approaches* (Goal 5) continued and even ramped up during the pandemic. These partners and programs are very involved in the behavioral health CHP workgroups and are increasing education and awareness about overdose, interventions, and Good Samaritan laws. Additionally, they are educating communities on harm reduction strategies and increasing safe access to supplies and resources. Lastly, suicide postvention efforts have been implemented throughout our region.

A great example of a specific intervention that was sparked from the CHA and CHP work is the Outreach Peer position that Addictions Recovery Center (ARC) filled to address Goal 6 and all the identified strategies. OHP has a gap in care by only covering peer services after an assessment and service plan have been completed. Some community members struggling with substance use are not able to access care in a traditional way and need more support before starting services. ARC's peer outreach staff has been able to meet that need. The peer is able to be deployed to hospitals, social service agencies, homes and other places in the community where individuals may be needing individualized interventions to get into behavioral health services. ARC has a full continuum of services including sobering, detox, residential and co-occurring outpatient services. The peer can also assist individuals with getting connected to other treatment providers and resources in the community.

Additionally, JCC has supported the Jackson County Syringe Exchange program, an evidence-based comprehensive public health approach, focused on preventing the spread of HIV/AIDS, Hepatitis C, and other blood-borne pathogens among people who use injection drugs, their families, and the larger community. Services of the Syringe Exchange include:

- Exchange used points for new points, 1 for 1 exchange
- Safe injection supplies
- Wound care supplies
- Safer sex supplies
- Risk reduction counseling
- Referrals to medical care, HIV and STD testing and treatment, naloxone, mental health, alcohol and drug treatment, and medication assisted treatment
- Naloxone kits are provided twice a month through HIV Alliance
- Fentanyl test strips

Stakeholder feedback

Jackson Care Connect provided more than \$1.2 million to behavioral health providers in Jackson County to help strengthen the network and to help ensure our providers have the support and resources they need to keep serving the community.

"Our community is experiencing an ever-greater need for our services, but until we can become fully staffed, we are limited in how many clients we can serve. With the help of Jackson Care Connect's workforce support funding, we will attract more applicants to our open positions and also reward our hard-working staff who have helped us keep our doors open throughout the pandemic."

Sommer Wolcott, Executive Director, OnTrack Rogue Valley

Addiction Recovery Center's work to address Medication-Assisted Treatment were funded through a capacity building grant from JCC.

We deeply appreciate JCC's support in developing the superhighways and we will continue to navigate this process by engaging clients anywhere we find them. Our partners are now better-informed about ARC services and how to access them. Our Probation and Drug Court community partners are now also engaged and supportive of MAT services for their clients and are even recommending it, something unheard of just a few years ago. Clients are also now more open to the idea of MAT. For example, after many years of suffering with heroin addiction, a young man entered our detox program about a year ago for the third time. He had also tried residential and outpatient treatment in the past, but this time seemed different, as he agreed to try MAT for the first time to support his effort. Our OBOT team started him on a medication regimen immediately. Fast forward to today, and he's remained engaged in recovery for the past year. He is now a licensed contractor building homes for people in need - giving back to the community that he says supported him.

Kim Oveson, Chief Clinical Officer, Addictions Recovery Center

Recovery Cafe's work to address Behavioral Health issues identified in the CHP were funded by Community Benefit Initiative dollars.

Doug is a Recovery Circle leader at Recovery Cafe. He came to us as a Reaching Our Community court graduate and a leader for Oxford House. He joined a circle and participated for several months before we asked if he'd be interested in leading a circle of his own. Doug attended the 40-hour peer support training at Rogue Retreat and is now a state certified recovery mentor. It has been exciting to see him progress from Cafe member to Cafe leader. He is always willing to help out and leads by example. His generosity and grateful heart lead to his success. He is truly an inspiration to many.

Stephanie Mendenhall, Recovery Cafe

Challenges and barriers

The biggest challenge in furthering our CHP work is having enough staff to be able to focus on these goals and strategies. We have consistently struggled with behavioral health workforce shortages, even pre-pandemic. Our workforce is used to wearing many hats, and throughout the pandemic, we saw our workforce stretched even more thinly. Additionally, we lost a significant number of behavioral health staff due to the pandemic. Burnout, sickness, family sickness, change/loss of family income, relocation, inability to work from home/remotely and lack of childcare have been common reasons for workforce reductions. Furthermore, there is a shortage of bilingual/bicultural mental health providers to meet the growing needs of our Spanish-speaking members. Our hope is that as we

continue having conversations about equitable access to care, we have dialogue about creating pathways to support job growth and opportunities in the behavioral health field that are responsive to the needs of all our community members.

Many of these circumstances will continue to be barriers for months to come. Simultaneously, we still continue to face the ongoing workforce shortages due to 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.

On the horizon

As the behavioral health landscape continues to change, we will keep finding creative ways to serve our members' needs, improve care and support our provider network.

Upstream solutions: JCC is working on upstream solutions to strengthen the behavioral health ecosystem over the long run, including:

- Working with provider agencies to find opportunities to reduce administrative burdens, so they can focus on patient care.
- Helping convene regional conversations about how to support our neighbors experiencing behavioral health emergencies.
- Working to ensure provider and member voice is part of conversations about behavioral health systems improvement in the regions we serve.
- Advocating on behalf of providers in conversations with State and elected bodies.
- Supporting our providers' efforts to increase capacity and exploring models that could improve payment parity across diverse providers.

Network stabilization support: In June of 2021, JCC announced a \$1.2 million investment in behavioral health service providers, aiming for funds to be used as direct cash incentives to recruit and retain mental health providers serving some of our region's most vulnerable patients. This funding is the first step of a multi-year plan to stabilize and strengthen Oregon's behavioral health system. The goal of this funding is to help address the current symptoms of provider burnout, which leads to highly trained professionals leaving the field, resulting in higher caseloads for those who remain, and ultimately in less access to community mental and substance use treatment for patients. Funding will be distributed to behavioral health provider agencies to support efforts such as retention bonuses, housing support, costs associated with supervising new providers working toward licensure, and or other financial incentives. The goal of the funding is to support these essential workers, many of whom make less working in community mental health settings than they could in other positions that require less training. Additionally, we are currently conducting a needs assessment survey among behavioral health providers and engaging in conversation with both the provider network and the Rogue Valley YMCA about how we can support childcare for behavioral health providers.

Crisis Expansion Project: JCC has partnered with organizations across Jackson County to form the Jackson County Crisis Response Workgroup, which will develop recommendations aimed at addressing gaps in the continuum of behavioral health services that exist in the county, with a specific focus on mobile crisis response and a stabilization center. In order to have a crisis response and stabilization system that meets community needs, the Workgroup will focus on program design that accomplishes the following:

- Provides appropriate responses to individuals in behavioral health crisis.
- Serves community members regardless of income or insurance status so that services are accessible to all.
- Ensures partnership with law enforcement with protocols to match the response to the need.
- Ensures program is client-centered, evidence-based and trauma-informed.

Recommendations for program design and implementation will be documented in an action plan that the Workgroup will complete by September 30, 2021.

Intensive In Home Behavioral Health Treatment (IIBHT): In 2021, JCC is rolling out the IIBHT benefit, OHA's newest level of care for youth and their families. IIBHT provides increased in-home services, additional child psychiatry consultation, peer/coaching support for families, and 24/7 crisis response as a diversion from higher levels of care out of the home.

Outcomes-Based Care (OBC): JCC has formed a steering committee on OBC. An example of OBC is the Feedback-Informed Treatment (FIT) model, which drives strong therapeutic alliance and ensures person-centered, client-driven care. In addition to funding the FIT trainings, we provide technical assistance and organizational support for providers interested in adopting FIT within their practice.

School-based health: JCC's school-based workgroup created and sent a survey to schools to gather baseline information on what their student health needs are, how resources are being utilized and what gaps remain, etc. We gathered input from more than 100 individuals from schools across Jackson County, and we will be utilizing the results of this survey as an annual strategy for quality improvement efforts. We are also applying a cross-departmental approach to this work with representatives from the following departments: Behavioral Health, Community Engagement and Network and Clinical Services.

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 childcare is especially felt among women and Black, Indigenous and People of Color in 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 CHP 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.

In a recent review of pediatric health complexity data provided by OHA and Oregon Pediatric Improvement Partnership (OPIP), we learned that in recent years 39% (8,610) of the pediatric population we serve had three or more indicators of social complexity, 189 individuals had nine indicators, and over one in ten youth were identified as having complex chronic disease. This is sobering data, especially when considering the impact of parental factors on pediatric health.

It is clear that families are struggling, and resources are stretched incredibly thin in our area. One story during the CHP 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
<p>Goal 1: Families are nurtured and strengthened through the building of family protective factors.</p> <p>Goal 2: Families have access to safe, affordable, and appropriate childcare.</p> <p>Goal 3: Families have ample healthy and affordable food.</p> <p>Goal 4: Community-based organizations create a coordinated and collaborative service-delivery system.</p>

Key data point (Jackson County)	Baseline data	Current data
Child abuse/neglect victim rate per 1,000 population (under 18)	2017 19%	2019 15.9%
Percent of 8th and 11th graders who report ever feeling they had no one to protect them	2016 12.4%	2018 17.3% 18.6%
Percent students eligible for free and reduced lunch	2017 54.1%	2018-19 (better) 51.4%
<p>SOURCE: Oregon Department of Human Services, Child Abuse and Neglect Data, Child Welfare Data Book, 2017; Oregon Health Authority, Student Wellness Survey 2016 and 2018; Kids Count Data Center</p>		

Changes in community

The COVID-19 pandemic and wildfires significantly impacted community members in the Rogue Valley and the needs outlined in the Parenting Support and Life Skills CHIP priority area were magnified. 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, many childcare programs were forced to close for a period of time, and upon reopening, were operating at decreased enrollment levels with additional costs for sanitation. This created gaps in childcare for many of our local families, including essential workers. Additionally, as schools moved to distance learning, parents were faced with having to facilitate at-home learning for their children while also balancing their own work schedules. Many parents and caregivers lost their jobs due to business closures, and the economic impact was great on families who were already struggling. Decreased economic stability also resulted in a lack of access to food, including healthy food. Priorities shifted to provide emergency childcare to essential workers and low-income families, as well as free daily meals to school aged children and youth along with additional food supports to ensure the nutritional needs of children and families were met outside of the school setting.

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. In addition, 80% of students attending Phoenix Elementary School were left homeless. Families were relocated to other areas of the county for temporary shelter including hotels, campgrounds, RV parks, and public parks. Families were left without adequate facilities to store and prepare food, were lacking in resources needed for effective online learning, and were isolated from the communities that once helped them feel connected and cared for. Resources shifted to supporting families with access to housing, food, clothing, school supplies, and other necessary items. As of June 2021, there are still hundreds of individuals displaced.

Strengthened community partnerships: In 2020, the Rogue Valley saw an increase in demand for support and services from families, including the need for childcare, parenting support, items to meet basic needs, along with additional coordinated services. CCOs and community partners increased outreach and engagement efforts and we saw partnerships strengthened with a willingness to work together and provide low-barrier funding and support to community members in need. The increased demands highlighted the need for a more trauma-informed approach to meeting the needs of our community through a “no wrong door” approach. These partnerships addressed goal 4.

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

COVID-19 and wildfire emergency funding: JCC allocated \$578,000 in emergency COVID-19 and wildfire relief funding to immediately benefit our community. A limited number of one-time grants provided resources to organizations in Jackson County working with communities disproportionately impacted by coronavirus and the economic consequences of the outbreak— along with community members impacted by the fires, including people experiencing homelessness, food insecurity, and other vulnerable, at-risk populations. By providing funding to our community partners, we helped deliver critical services to help our neighbors who needed it most. JCC’s Community Advisory Council (CAC) played a critical role in reviewing funding applications and directing social determinants of health (SDOH) and health equity investments. Member voice ensured SDOH spending aligned with

JCC's mission and vision and the priorities of our CHP. The funding process was inclusive and consumer informed.

Connect Oregon: The impact of COVID-19 and the wildfires magnified the needs outlined in the CHA and the CHIP, which 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. Jackson Care Connect partnered with AllCare Health to fund Unite Us, a new community information exchange. This is an extension of a statewide coalition called Connect Oregon, which is a coordinated care network of health and social care providers serving Oregon. With more than 30 organizations onboarded, the Unite Us platform went live in April 2021. Partners in the network are connected through this platform, which enables clinical and community partners to send, receive and track the status of electronic referrals, address people’s social needs and improve health across the community. Because information about the patient can be tracked in the platform, it also reduces the need for patients to repeatedly share personal and sometimes traumatic stories with multiple, siloed providers. We look forward to realizing the potential of this exciting new tool, as together we work to improve the health of our community.

Emergency childcare: In 2020, JCC provided grant funding to the Rogue Valley YMCA in the amount of \$105,000 to support emergency childcare efforts, directly impacting goal 2. This provided safe and affordable care to medical and healthcare workers, first responders, and vulnerable populations who were impacted by school and childcare closures. This allowed individuals and families to continue to work throughout the pandemic while receiving quality care for their children.

Starting Strong: JCC serves pregnant members and children aged 0-4 in its Starting Strong store by offering vouchers for participation in healthy activities including prenatal and postpartum visits, well-child visits, behavioral health visits, dental visits, immunizations, home visiting and family support, and engaging with services including Head Start, Women, Infants, and Children (WIC) and the YMCA. The Starting Strong store provides an avenue to engage members in their health care, provides resource navigation, and provides support in the areas of breastfeeding, tobacco cessation, safe sleep and car seat safety. Because lifelong health and well-being are tremendously influenced by health during early childhood, and social determinants of health greatly influence child health as well as development, we formed a team of JCC staff members specifically responsible for developing and implementing preventative strategies to improve opportunities and increase resources available for this population. Included in this team is a bilingual/bicultural Community Engagement Specialist, who was hired in 2020 to increase engagement with our Spanish-speaking members, especially those who are eligible for the Starting Strong program.

COVID-19 resulted in a closure of our Starting Strong storefront, and we transitioned to operate virtually. We had to adapt and leverage our partnerships with both community-based organizations and clinical providers to continue providing critical items to members and young children. We provided approximately \$20,000 in grant funding for the purchase of diapers and wipes for distribution to members in need. Additionally, we donated all remaining Starting Strong inventory to the Family Nurturing Center, a community partner working to meet the needs of families impacted by the economic fallout of the pandemic. In the fall of 2020, Starting Strong implemented a virtual ordering process by which members could redeem vouchers and have items shipped directly to their

homes. The Starting Strong storefront remains closed, and we continue to process virtual orders and outreach members directly and through our partnerships, and work on innovative solutions to address the needs of our pregnant members and those with young children.

Education classes - member benefit expansion: JCC and CareOregon recognized the importance of perinatal and newborn-related classes, and their result on positive health outcomes. Our reimbursement rate for maternity related education classes was limited to birth classes and reimbursement rates did not cover the entire cost. We expanded the member benefit to include other beneficial classes such as breastfeeding, newborn essentials, etc., supporting goal 1: Families are nurtured and strengthened through the building of family protective factors.

Families Matter Workgroup: In 2019, the Families Matter CHP workgroup was formed to help coordinate and align the work of the Parenting and Life Skills priority area of the CHP. From September 2019 to March 2020, partners, new and existing, convened in person to support the development of a community-wide action plan. The Families Matter CHP workgroup continued to meet virtually throughout the pandemic, and the focus of the workgroup was redirected to respond to the immediate needs of community members impacted by COVID-19 and the wildfires. Efforts were made to align work already taking place across sectors. The work of the Families Matter workgroup shifted to the workgroups developed through the Southern Oregon Success Innovation Network to focus on the following areas: Family Capacity for Resilience, Human-Centered Equitable Services, Early Childhood Supports, and Preschool and Kindergarten Alignment.

Raising Resilience/Aumentando la resiliencia: In 2020, AllCare Health, with the support of multiple partners across Jackson and Josephine County, launched the Raising Resilience/Aumentando la resiliencia campaign. A cross-sector steering committee was formed and has met regularly to achieve the following campaign goals: Lift up stories of resilience directly from parents and caregivers in our community; normalize that these are extraordinary times and decrease the sense of isolation that so many parents/caregivers are facing; and highlight ways parents/caregivers can create habits and connections that help them stay resilient. This campaign is based on NEAR science, which includes neuroscience, epigenetics, adverse experiences, and resilience. Bilingual/bicultural television campaign launch spots were developed and are airing on both KOB1 and Telemundo.

Stakeholder Feedback

The Rogue Valley YMCA Emergency Childcare program addresses goal 2, families have access to safe, affordable, and appropriate childcare.

Strong, trusted relationships like we have with Jackson Care Connect is why we can pivot, find creative ways to serve, and continue to meet emerging community needs...Although our current reality is unfamiliar and concerning, we have been through adversity before. It is our relationships that brings us through and that is why we so value our relationship with you. We are truly stronger together.

—Brad Russell, Executive Director, Rogue Valley Family YMCA

“If this program was not available, I would not be able to go to work and be available for my caregivers or my clients. As a single mother and a health care worker this program is essential to me and my family. Thank you for all you do.”

—YMCA client

Butte Falls Community School Partnerships was the recipient of a JCC COVID-19 emergency grant to support community members living in the rural area of Butte Falls.

Suffice it to say year 2020 provided unique challenges due to the pandemic and local wildfires. Both events required quick adaptation of workflow and scheduled activities, changes the BFCSP would have been unable to undertake without the support of JCC’s grant and similar grants from various foundations. In specific, utilizing JCC grant funds, BFCSP completely changed the delivery system for the Food Pantry/Nutrition Program to permit social distancing, opened M-F for emergency food supplies, purchased additional foods for the preschool program and provided additional foods for children returning to live at home due to job loss and/or school closures.

Peg Crowley, BFCSP Advisory Council

The SNAP Match program addresses Goal 3 of ample healthy and affordable food. Farmers Markets are essential partners in the CHP efforts.

This program (SNAP Match) definitely doubles the impact of food security in our community. Not only are low income customers getting extra \$15 food vouchers for spending \$10 of their SNAP dollars at market, they are spending this money to support people in our community who are the farmers growing their food. So it helps the local farmers and the low income families at the same time.

Alsia Ocean, Director of Cave Junction Farmers’ Market

College Dreams provides paid internship opportunities for youth and are part of our coordinated and collaborative service delivery efforts.

At College Dreams, we are fortunate to work with some truly incredible young people in our communities. We get to see students overcome barriers and thrive within their school, community, and work. E had attempted to acquire employment around Grants Pass for quite a while, with no success. She was shy and had no work experience. She had some barriers regarding transportation and had not had much of a chance to work on her communication skills in a

professional environment. When we began working with her in the Career Build program at College Dreams, she was incredibly grateful for an opportunity to gain any type of work experience. She expressed that she loved working with kids and would love to be an elementary school teacher one day. We were able to place her at the Boys and Girls Club of Grants Pass. She started off slowly, working very limited hours. The folks at the Boys and Girls Club said that they watched her bloom and she became a huge help almost daily. She could take the bus down from the high school and work a few hours each day. When COVID-19 hit, the Boys and Girls Club was forced to close temporarily. During this time, E focused on school at home and staying safe. When the club was ready to re-open, she jumped on the opportunity and returned to work. She has now completed her hours through College Dreams and was offered a part time position by the Boys and Girls Club. E was able to show her skill set and dedication so strongly that the organization wanted her as a paid employee. That outcome is powerful for her confidence at work and also shows that giving opportunities to youth who would not have otherwise had a chance can be so rewarding.

Another participant success was a student at Phoenix High School named J. J is a one-of-a-kind youth who has a contagious joy for life. She applied for our program because she wanted to do more than just work at a fast food place or in retail (big sectors for young employees). She was very interested in activism and needed job experience as well as money to help pay for personal bills. We were able to get J set up working with an organization in Medford called Rogue Climate. Rogue Climate works on educating folks on the effect of climate change and how we can work to treat our planet with more care. They also focus on equity for minorities and partner with other community organizations to help educate the community on a variety of issues. This was exactly what J was looking for and she jumped right in. J worked as an assistant to a group leader who was working with a high school group. After a few weeks, J was able to take on leading the group at some of the meetings. Eventually, J became the leader of the high school aged group at Rogue Climate. She helped organize events, outreach to youth around ways they can contribute, and worked with the director to help develop strategies around youth involvement. During the pandemic, J took charge while working from home, checking in and helping with online initiatives. Following the end of Jackie's internship, Rogue Climate made sure that they could create a position to keep J on as an employee.

Jen Perry, Program Manager at College Dreams, Project Youth Plus

Challenges and barriers

Competing priorities: Consistent participation of community-based organizations has been 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.

Transition from the Families Matter Workgroup to SORS Workgroups: As outlined above, the work of the Families Matter Workgroup has shifted to the SORS Innovation Network workgroups. While the SORS workgroups are well established, the migration of participants from the Families Matter Workgroup to the SORS workgroups has been slow due to competing priorities.

On the horizon

CHP structural changes:

- **Steering committee:** The CHP Steering Committee will be replaced with a network of 30-50 representatives from the systems required to achieve the CHP goals.
- **CHP Timeframe:** In order to better align among the hospitals, Public Health and the CCOs, the CHP has changed from a three-year plan to a five-year plan.
- **Equity Addendum:** An equity addendum is being proposed as an addition to the CHP to address the inadequacy in our current systems. The proposed goals are as follows:
 - Remove barriers to accessing services and supports in our communities, especially those services intended to help our most vulnerable residents
 - Address systemic racism and institutional bias within our region, be that current, historical, or developing policy.

Quality language access services: JCC recognizes the importance of increasing the availability of language resources, and this includes increasing the interpreters within the region. JCC is partnering with organizations currently providing qualified interpreter training and providing sponsorship funding to support the following costs: proof of language proficiency testing, training, books, certification exam, Oregon Health Authority application fee. Additionally, JCC is providing sponsorships for provider proficiency testing.

COVID-19 funding: Organizations continue to provide low-barrier funding and support to improve the health and well-being of our community members. Partnerships continue to strengthen as we collaborate to find innovative ways to address needs through continued grant funding opportunities.

Workgroup efficiencies: We will continue leveraging existing groups, such as the SORS Innovation Network workgroups, to ensure alignment across sectors and create efficiencies in the development and implementation of action plans to address the Parenting Support and Life Skills priority area.

Leveraging Technology: The CCOs, in partnership with CBOs and providers, will continue to leverage Unite Us, the Community Information Exchange, to address social determinants of health among families. Utilizing the platform will give us the ability to track outcomes together and identify service gaps and at-risk populations.

Community partners working on initiatives for the Jackson and Josephine Collaborative Community Health Improvement Plan, 2019

Organization	Housing	Behavioral Health	Parenting & Life Skills
ACCESS			
Aging and People with Disabilities			
AllCare Community Advisory Council			
AllCare Community Foundation			
AllCare Health			
Asante			
Bridging Communities			
Capitol Dental Care			
Care Oregon/JCC			
Children's Advocacy 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			
DHS			
Every Child Josephine Co.			
Family Nurturing Center			
Foster Grandparent Program			
Four Way Community Foundation			
Federally Qualified Health Centers			

Grants Pass Chamber of Commerce			
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 Care Connect Community Advisory Council			
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 Sheriff's Department			
Jackson County Suicide Prevention Coalition			
Jackson County WIC			
Jefferson Funders Forum			
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 WIC			
K-12 systems			
La Clinica Health Center			
LCDC			
Local Mental Health Authorities			
Maslow Project			
Max's Mission			
Medford Police Department			
NeighborWorks Umpqua			
Oregon Health Authority			
OnTrack			
Options for Southern Oregon			
Oregon Child Development Center			
Oregon State University and Extension			
Providence			
Public Health Departments			
Public Safety			
Rogue Action Center			
Rogue Community College			
Rogue Community Health			
Rogue Valley Council of Governments			
Rogue Valley Fellowship			
Rogue Valley Food Systems Network			
Rogue Valley Mentoring			
Rogue Valley YMCA			
School-Based Health Centers			
Sexual Assault Resource Team (SART)			
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			