2022

HEALTH EQUITY PLAN UPDATE

Yamhill
COMMUNITY CARE

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Section 1: Health Equity Plan Update

As stated in the executive summary of the 2021 Health Equity Plan (HEP):

> "Yamhill Community Care is, and has always been, a grassroots agency dependent on local leadership and feedback. YCCO recognizes that diversity of staff, community, and members is a strength, and strives to elevate marginalized voices to better inform the work. We are committed to not only upholding anti-discrimination laws, but truly understanding need and meeting individuals where they are. This includes being actively anti-racist because racism is a public health issue and proactively addressing the health disparities present in our community. It is not enough to express our values; we must make plans and act on them.

> No matter what role someone has at YCCO, their work has an impact on YCCO members. Our job is to reduce health disparities and improve quality of care for everyone. This involves listening first and considering how parts of someone's identity may impact their health, including where they live, what abilities they have, and what race, ethnicity, class, gender identity, sexual identity, age, health status, beliefs, marital status, pregnancy status, what language they speak, historical or childhood trauma, or anything else about them.

> YCCO will integrate this Equity Plan into its business practices across the organization. As an agency that values transparency, YCCO will make the Equity Plan publicly available, inviting feedback and continuous improvement. This work is never complete."

YCCO offers these updates to its existing plan to enhance and continue this important work for our staff, for YCCO members, and our whole community.

HEALTH EQUITY ADMINISTRATOR

For questions related to these updates contact:

Jenna Harms, MPH - Health Plan Operations Director
Health Equity Administrator
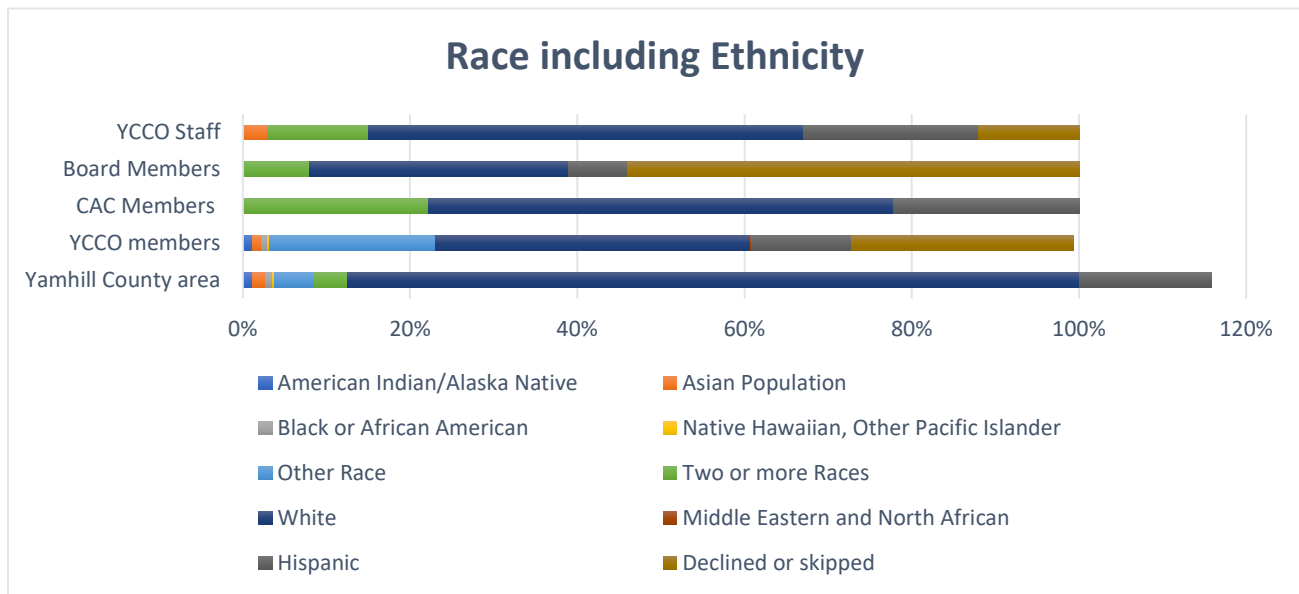Phone: 503-376-7432
Email: jharms@yamhillcco.org

Note: Documents attached to this plan are marked in orange for ease of reference.
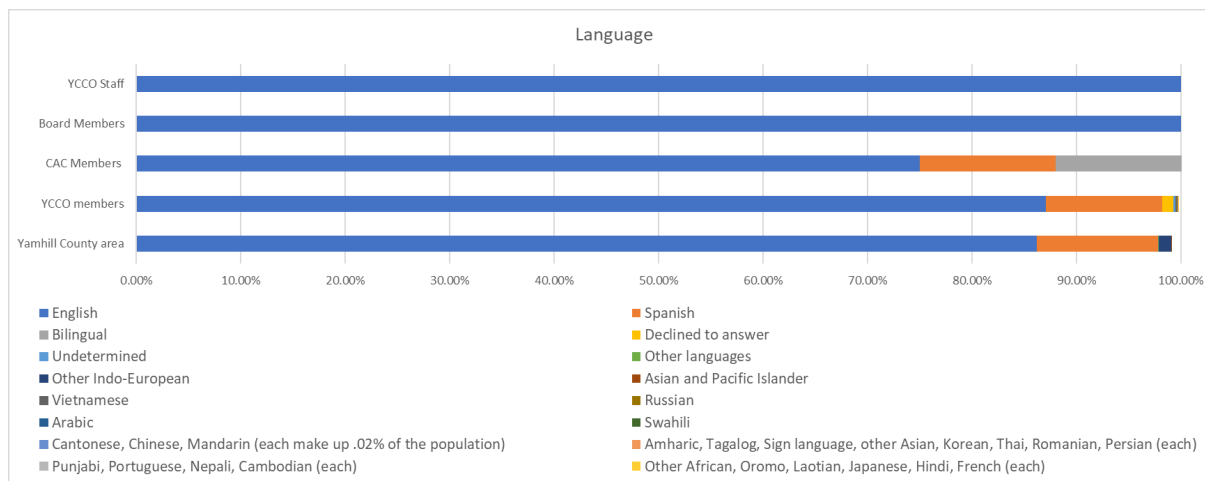
DEMOGRAPHIC INFORMATION

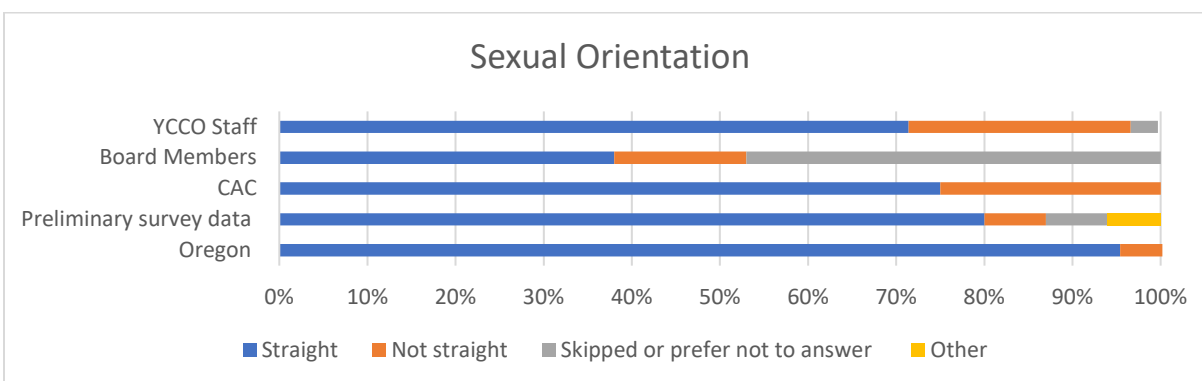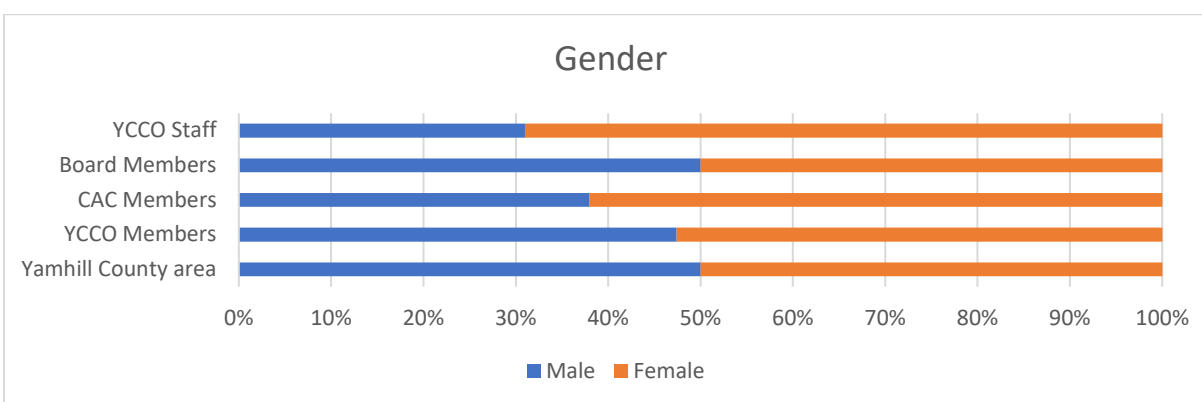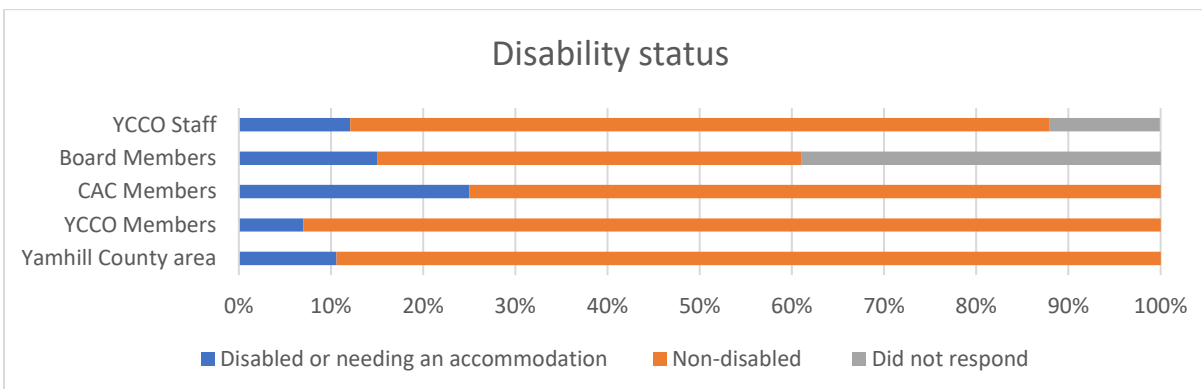## CCO Service Area, Staff, and Committee Demographics Compared

The Yamhill Community Care service area includes all of Yamhill County and parts of Polk and Washington County. YCCO has constructed a comparison of the service area/county demographics, YCCO member demographics, and CAC demographics. In the next few months, YCCO will also add demographics from its community survey (preliminary N=947, or ~.9% of the service area) to understand where findings may be extrapolated to the population as a whole or where they may not be representative.

Race including Ethnicity

Legend:
- American Indian/Alaska Native
- Asian Population
- Black or African American
- Native Hawaiian, Other Pacific Islander
- Other Race
- Two or more Races
- White
- Middle Eastern and North African
- Hispanic
- Declined or skipped

Note: Census data separates ethnicity from race (Hispanic and non-Hispanic); Yamhill County data reflects response to ethnicity question, and therefore total equals more than 100%)

Language

Legend:
- English
- Spanish
- Bilingual
- Declined to answer
- Undetermined
- Other languages
- Other Indo-European
- Asian and Pacific Islander
- Vietnamese
- Russian
- Arabic
- Swahili
- Cantonese, Chinese, Mandarin (each make up .02% of the population)
- Amharic, Tagalog, Sign language, other Asian, Korean, Thai, Romanian, Persian (each)
- Punjabi, Portuguese, Nepali, Cambodian (each)
- Other African, Oromo, Laotian, Japanese, Hindi, French (each)

While many of the language spoken by YCCO members are spoken by very few people (a single person in the case of "other African", Oromo, Laotian, Japanese, Hindi, and French), YCCO feels it important to name and recognize each language spoken. Census data groups these categories more broadly.

Disability status

	Disabled or needing an accommodation	Non-disabled	Did not respond
YCCO Staff	~12%	~76%	~12%
Board Members	~15%	~46%	~39%
CAC Members	~25%	~75%	
YCCO Members	~7%	~93%	
Yamhill County area	~11%	~89%	

Gender

	Male	Female
YCCO Staff	~31%	~69%
Board Members	~50%	~50%
CAC Members	~38%	~62%
YCCO Members	~47%	~53%
Yamhill County area	~50%	~50%

Sexual Orientation

	Straight	Not straight	Skipped or prefer not to answer	Other
YCCO Staff	~71%	~25%	~4%	
Board Members	~38%	~15%	~47%	
CAC	~75%	~25%		
Preliminary survey data	~80%	~7%	~8%	~5%
Oregon	~95%	~5%		

Note that CAC, Board, and Staff Surveys include multiple options for gender identity and sexual orientation; OHP member data and census data does not.

All County area data comes from the 2019 5-Year ACS Estimates

https://data.census.gov/cedsci/table?tid=ACSST5Y2019.S1601&g=0500000US41071

Please note that responses for the staff and Board do not reflect 100% of the members of those groups, much in the same way OHP and census data are limited. YCCO considers

concerns with anonymity, especially for those with targeted identities or those who may be identifiable (70% of staff survey respondents skipped the question asking if they were staff or leadership, because this information is most likely to make them identifiable). There was also some confusion or resistance to the invasiveness of demographic surveys. These concerns appeared in the community CHA survey as well. To address them, YCCO will prioritize exploring third-party options for survey aggregation or systems to preserve anonymity, as well as clear, consistent, and reassuring education about the importance of REALD-SOGI data collection and representation. For detailed demographic information, please see the Demographic Comparison Tables.

Provider Workforce

The YCCO service area is heavily rural, and there is a clear disparity between where people live and where providers are centered:
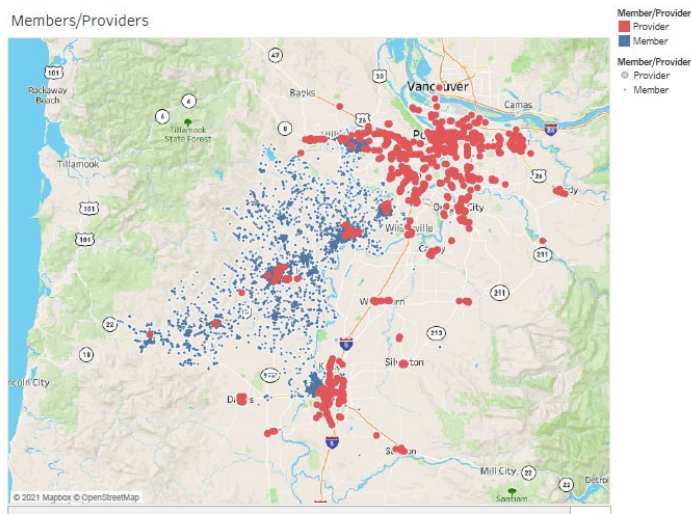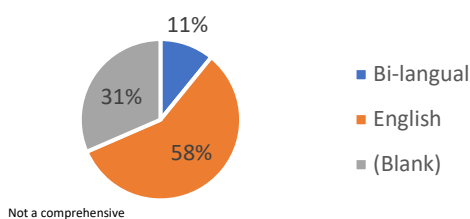

Of 1553 primary care providers in the YCCO provider directory, 92 speak Spanish. The next three most commonly spoken languages by members, Vietnamese, Russian, and Arabic, are spoken by 4, 3, and 1 provider(s), respectively. While there are efforts to start collecting racial demographic information for providers, this information is still limited, and not available to members in the Provider Directory. IT is, however, being collected consistently for the THW provider network.
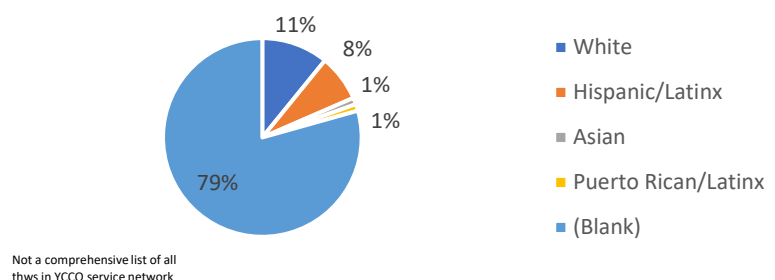
Current THW demographic reports show 11% of THWs in the YCCO network are bilingual English/Spanish, and 9% are Hispanic, Puerto Rican, or Latinx. This nearly mirrors the 12-15% of Latinx YCCO members and 11% of Spanish speaking members. THW populations being representative of the community served is especially important, as these providers are often supporting members in culturally and linguistically specific ways.

Language Spoken by THW Providers (2021)

- Bi-langual 11%
- English 58%
- (Blank) 31%

Not a comprehensive

Race of THW Providers (2021)

- White 11%
- Hispanic/Latinx 8%
- Asian 1%
- Puerto Rican/Latinx 1%
- (Blank) 79%

Not a comprehensive list of all thws in YCCO service network

COMMUNITY ENGAGEMENT ACTIVITIES

Building Community Trust

A key 2022 priority was meaningful community engagement beyond the Community Advisory Council. YCCO is completing its formal Community Health Assessment in 2022 in partnership with Yamhill County Public Health and Providence Hospital. The team used this opportunity to engage in a modified and expanded MAPP process with the intent of not only gathering one-time CHA-related feedback but beginning ongoing engagement and feedback activities with the community, including community partner agencies, the Tribes overlapping YCCO's service area, and with community and YCCO members themselves.

This engagement process utilized listening sessions and survey outreach to garner feedback from as many populations as possible, including different racial, ethnic, and linguistic groups; non-English speakers; people of different ages, abilities, sexual orientations and gender identities; and various locations, housing and socioeconomic statuses, and backgrounds.

YCCO formed a compensated Steering Committee to perform three functions: vet the current Community Health Improvement Plan and Health Equity Plan goals, guide the CHA process to be accessible and appropriate for the community, and give ongoing and balanced feedback about YCCO's community and equity work. The steering committee consists of representatives from the following populations and organizations:

CHIP/CHA Steering Committee	
Furniture bank	Latinx DACA recipient
Housing and food security nonprofit – youth outreach	Support for families with children experiencing disabilities
LGBTQ+ student	Post-prison re-entry and housing
Higher and continuing education	Traditional health work

Per CAC guidance, YCCO staff prioritized finding representation from youth, caregivers of or people with disabilities, and non-English speakers. The former two are represented, the latter has still not been identified, but the committee does have one bilingual Spanish speaker.

YCCO took regular guidance from this steering committee on ways to perform outreach to diverse parts of the community, as well as the CAC and Equity Committee. Before the Steering Committee finalized the listening session protocol and survey tool, the Committee used the Multnomah County 5Ps tool to review the listening session activities and will continue to use this when asking the community for feedback. See March 2022 Equity Committee Minutes.

YCCO, YCPH, and Providence together conducted 14 listening sessions through 14 agencies, with 188 participants' total. One of the Focus Area 8 Engagement goals was to connect with 5 agencies, and this process has kickstarted key connections in the community. YCCO will provide a feedback loop to share back the synthesized data and initial priorities and continue to engage these partners in the development of the CHIP and in further equity- and community-based decisions and projects.

Finally, YCCO has specifically engaged culturally specific organizations Unidos Bridging Community in Yamhill County, which is a Latinx advocacy agency, and Centro de Servicios para Campesinos, which serves migrant farmworkers in Polk and Marion Counties in listening sessions and survey distribution. Unidos shared concerns about ensuring questions were not too invasive and were clear in Spanish, and both agencies have expressed willingness to partner to continue gathering feedback in a meaningful, culturally appropriate way. Lastly, YCCO continues to sit on the statewide Tribal Advisory Council and listen and learn about Tribal priorities.

YCCO has also formed a partnership with Yamhill County Public Health to coordinate engagement and a continuous feedback loop with its Equity Advisory Workgroup. Originally formed to inform Covid response, screening, and vaccination strategies, this workgroup is made up of a range of culturally specific organizations and CBOs serving diverse populations throughout the service area. With this series of relationships forming and strengthening, YCCO is working to earn trust in the community by gathering input then creating a continuous feedback loop of sharing how the input has been utilized and seeking guidance for continuing.

Sharing Health Equity Initiatives

YCCO regularly shares its Health Equity Plan initiatives and progress with its stakeholders. In 2021-2, staff and the wide range of community representation on committees received updates on the HEP topics. Communication of HEP progress happened with the following groups, all of them in a virtual setting:

Topic	Audience	Dates	Document
Language Access	Staff	June 2021	Meaningful Language Access Training_Meeting
REALD Introduction	Board, QCAP, CAC, ELC	July and September 2022	REALD Presentation Committees
General YCCO introduction	CHA Steering Committee	March-May 2022	CHA Steering Committee minutes 0.2.2021
HEP Update	Board, CAC	June 2022	YCCO Progress Report Presentations
Member engagement	Communications Committee	Monthly	Advancing Health Equity Committee Meeting Documentation Tracker
Community Information Exchange efforts	Board, ELC, QCAP, CAC	March 2022	Advancing Health Equity Committee Meeting Documentation Tracker
Enrollee Rights	Board, QCAP, CAC, Staff	March 2022	Enrollee Right Training 2022-02 QCAP, BOD, Staff, CAC
Grievances and Appeals	Staff, QCAP	June 2022	06. Member Grievance System Training 2022

FOCUS AREA STRATEGY UPDATES

Focus area 1: Grievance and appeals

Year 2 Progress Report

Goal: Policies and processes comply with state and federal requirements regarding the appeals and grievance systems.

Goal: Ensure ease in access to the grievance and appeals system regardless of a person's race, ethnicity, age, language, or disability.

Year 3 Strategy

☒ Strategy is the same as year 2
☐ Strategy has been modified for year 3
☐ A new strategy has been developed

The development, implementation, and evaluation of policies and practices related to the grievance and appeals system is accomplished with on-going effort for continuous improvement and learning. Data collected from root cause analysis, community feedback, and service satisfaction survey data indicate opportunities still exist to close the gap between the comfort/accessibility of the grievance system. Strategies remain the same to strengthen the connections between policy structures, processes, and an individual's overall self-efficacy and experience with the grievance system.

Strategy 1.1:
Review and update language in policies and procedures to ensure compliance with state and federal requirements.

Baseline (if any):	Metric/Measure of success:
Policies exist and need review	% of policies reviewed and updated

Progress to date:
Based on OHA feedback from 2021, YCCO reviewed and refined policies and procedures related to the grievance system and submitted to OHA for approval in May 2022. Recent evaluation results identified opportunities to further clarify policy language. This feedback included recommendations to include:
- The inclusion of gender identity as a protected identity under state and federal civil rights laws
- More detail regarding how and where to report discrimination or if someone feels they have been treated unfairly
- Reference to the OAR and CFR formatting and readability standards
- Grammatic recommendations to simplify the policy language

Policies have been resubmitted with edits and are awaiting a second review.

Supporting Documentation:
- In OHA Review GA-001 Grievance System
- In OHA Review GA-002 Member Complaints and Grievances
- In OHA Review GA-003 Denials, Appeals, and Contested Case Hearings
- YCCO NOABD Claim Template, multiple formats
  YCCO NOABD PA Template, multiple formats

Strategy 1.2:

Develop and maintain oversight of system compliance with policies and procedures related to accessing the grievance and appeals systems i.e., letters, accessibility information, education, and support materials.

Baseline (if any):	Metric/Measure of success:
Policy review Quarterly Audit practices	Completed system audits with findings and improvement areas identified

Progress to date:

Multiple system audits took place in the past 12 months and looked at different parts of the grievance system. A summary of the results and necessary actions steps from the various monitoring activities include:

Monitoring Activity	Intent/Outcome
NOABD Notice Improvement project	Project to review and update Member Notice Templates to ensure accessibility, appropriate health literacy and readability levels. Outputs included updated member notice templates, simple language descriptions for diagnosis and service descriptions. YCCO Medicaid NOABD 2.0 Discovery Guide
Pre-delegation audit	In 2022, a new subcontractor assumed administrative services for behavioral health grievance and appeals systems. A pre-delegation audit was performed to ensure system compliance. YCCO_PPP 2022 Predelegation Audit A&G
Quarterly audits and Corrective Action	As part of ongoing compliance oversight and monitoring, YCCO performs quarterly audits of the grievance system using a standard evaluation tool. These audits have identified systemic issues related to readability levels and timely processing of member notification letters. To address this, YCCO has issued corrective action and has engaged with its partners in collaborative process improvement. 2021 Q1 Physical Health Audit Findings Updated 20220106 cap_Redacted YCCO PPP Corrective Action Plan Q2 2022 - NOABD Delay
Staff Training and Awareness	Continuous awareness and training of the grievance system is key to ensuring member rights are respected and upheld when a grievance is expressed in either a complaint or action form. Trainings and review of system data were presented to support overall compliance with contract and regulatory compliance. Grievance System Q1-Q2 2021Report

	Grievance System 2021 Annual Report Member Grievance System Training 2022
On-going Service Monitoring	The grievance system is monitored by operational and compliance staff as well as key governance bodies on an on-going basis. These existing monitoring structures are continually being refined to stakeholder and community feedback. YCCO Quality Performance Metrics_01242022 YCCO Quality Performance Metrics_05252022 Compliance Committee_Appeals and Grievances 2021-06-24 Compliance Committee Minutes 06-24-2021

Supporting Documentation:
- YCCO Medicaid NOABD 2.0 Discovery Guide
- YCCO_PPP 2022 Predelegation Audit A&G
- 2021 Q1 Physical Health Audit Findings Updated 20220106 cap_Redacted
- YCCO PPP Corrective Action Plan Q2 2022 - NOABD Delay
- Compliance Committee_Appeals and Grievances 2021-06-24
- Compliance Committee Minutes 06-24-2021
- Grievance System Q1-Q2 2021Report
- Grievance System 2021 Annual Report
- Member Grievance System Training 2022
- YCCO Quality Performance Metrics_01242022
- YCCO Quality Performance Metrics_05252022

Strategy 1.3:
Collection and analyze grievance and appeal data to evaluate members' reported ease in accessing and understanding processes to file a grievance or an appeal.

Baseline (if any):	**Metric/Measure of success:**
Data collection	Members report an increase in the ease/comfort of accessing and understanding system processes

Progress to date:
Data and analytic systems that were developed in year one and two of the health equity plan are continuing to be refined. Automated dashboards allow for visual representation of trends and help to surface disparities when examined across different equity data elements such as race, ethnicity, language, disability status, age, geographic location, special healthcare need complexity, and service/utilization patterns. Data analyses are reviewed and discussed with external partners and internal workgroups and committees. These discussions center around identifying system barriers and developing system improvement strategies.

One significant challenge has been the ability to engage the community in the review of grievance data and willingness to participate in improvement activities. Feedback had remained constant that the grievance system is a Medicaid requirement that is an intimidating structure and evokes fear. Many still do not feel comfortable engaging in the formal complaint process and/or do not have a clear understanding of the benefits of filing a grievance or how to request assistance. The Community Advisory Council has stayed active in evaluating and provided valuable insight to how to address barriers in accessing and comfort in interacting with the grievance system and has created a Member Quick Guide and other resource tools.

A body of work that supports this strategy is Project 407: Supporting Members Who Experience System Barriers of the Transformation Quality Strategy (page 22-26). Grievance data is also used on other TQS projects related to language access and timely access to clinical services related to geography.

Supporting Documentation:
- Appeals Data - 2021 Annual Reporting
- Appeals Data - Q1 2022
- Grievance Data - 2021 Annual Reporting
- Grievance Data - Q1 2022
- NOABD Data - 2021 Annual Reporting
- NOABD Data - Q1 2022
- Compliance Committee_Appeals and Grievances 2021-06-24
- Yamhill CCO 2022 Transformation and Quality Strategy, page 22-26
- Grievances & CAC Mailing feedback
- YCCO Member FAQ 2022
- YCCO Member FAQ 2022_Spanish

Strategy 1.4:
Conduct root cause analysis and develop plan to address disparities identified, specifically outreaching to communities who speak Spanish and who are of Hispanic/Latinx ethnicity.

Baseline (if any):	Metric/Measure of success:
Documented disparity	Root cause is defined and documented. Data represents less disparity when reviewed one year later

Progress to date:
Challenges in this area have been experienced with lower than average health care service utilization and engagement due to the COVID-19 public health emergency. As stated in the Focus Area 5: Workforce updates, YCCO is participating in community coalitions that center around the Latinx community and amplify the prospective and barriers this community faces.

Along with participating in community-lead conversations, YCCO is also looking at ways to invest and grow a culturally specific workforce to support members to navigate the health and social supports system and also ways to give feedback and express barriers and challenges they experience along the way. Funding for Community-Based Organization (CBO) outreach and traditional health worker support was given to 4 different agencies

including Lutheran Community Services, Unidos Bridging Community, Provoking Hope, and Yamhill Valley Community Doulas. All of the contracts held the intent to offer culturally specific, lived experience support to members in navigating these complex systems.

Supporting Documentation:
YVCD_YCCO_LOA_Doula
LSCNW Peer Navigator (2021-2022)_Fully Executed

Focus area 2: Demographic data

Year 2 Progress Report

Goal:
Maintain and use data systems and resources to collect and analyze demographic data to be used to improve systems of care and the advancement of health equity.

Year 3 Strategy

☒ Strategy is the same as year 2
☐ Strategy has been modified for year 3
☐ A new strategy has been developed

The scope of developing the HIT and data analytic structures is multi-year and ever evolving. Achievement of success measures are reflected in incremental change and advancement of information systems and data collection and aggregation over time thus, strategies for this focus area remain the same.

Strategy 2.1:
Develop data collection and HIT infrastructure for identified gaps – based on needs assessment

| Baseline (if any):	Metric/Measure of success:
Needs assessment development	HIT plan is in place for the necessary systems, processes, and IS infrastructure needed; Third-party administrator member demographic reports include "other" and "unknown" categories

Progress to date:
Previously reported barriers have been overcome with the hiring and onboarding of IS staff. IS infrastructure and HIT plan progress metrics evolve as the current obstacles, barriers, and successes are recognized.

The YCCO HIT Roadmap was updated in April 2022 to reflect changes in the data infrastructure and reporting capabilities. Core monthly reports established and maintained for equity analysis include Member Engagement and Capacity Reports foundational analytic dashboard. Additionally, CIM Analytics – Membership and CIM Analytics – Appeals Grievance reports are available on YCCO's platform and shows the additional detail of separating "other" and "unknown" categories to offer more granularity in understanding member populations. This satisfies one measure of success in this strategy and offers ongoing updates of REALD member demographics.
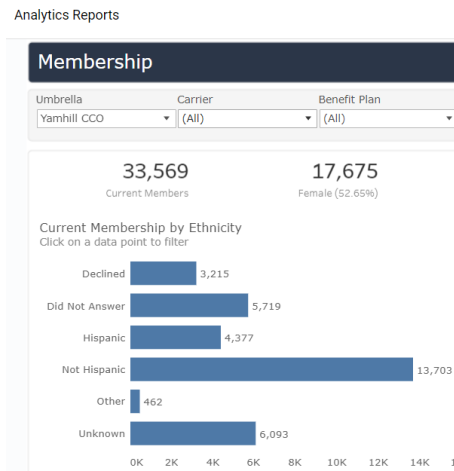
YCCO has been exploring data governance structure and roles to understand what is available, what is needed, and how the data will be applied to decision-making. This information will inform the refinement of the HIT Roadmap and ensure equity-informed IS infrastructure.

Supporting Documentation:
- 2022 Yamhill Community Care Updated HIT Roadmap April 28, 2022, page 18-21
- Data Governance Program Charter 2022-03-11
- CIM Analytics - Appeals Grievance
- CIM Analytics – Membership
- Member Engagement and Capacity as of 2022-06-28

Strategy 2.2:
Implement HIT infrastructure and data collection plan

Baseline (if any):	Metric/Measure of success:
Plan is developed	The five-year plan is implemented with key milestones tracked

Progress to date:
The five-year plan is in the process of being implemented. Of the two key goals identified, progress is slow, but steady in developing the infrastructure to support these activities.
1) Develop YCCO Internal data repository and database
   - Current core systems have been developed and deployed: CIM Analytics, Ayin Insights, and DaaS
   - CIM and other medical data, including REALD analysis in many reports, has been incorporated into the data repository
   - Social needs data from programs like FamilyCore home visiting referral and Community Benefit Initiative and Flex Fund programs, have yet to be incorporated in a meaningful way
2) Identify and implement a data analysis tools and structures
   - Tableau licenses and server setup has been established

- Refined a series of regular reports to include demographic detail stratification capabilities
- Formed an internal data governance committee structure.
- Convened various community stakeholders to review data and inform future HIT activities.
- Performing Social Emotional Health data review in response to a new social emotional health metric in conjunction with the Behavioral Health Team and other program analysis.

Supporting Documentation
- 2022-06 Data Ecosystem, Data Challenges, High Level Redshift, and Point of Care Table Diagram
- 2020 Incentive Metrics Final Report
- 2022-05-05 Flex Trips Exploration
- YCCO_providerdemographics_20211112 User Friendly Version
- 2019 -2020 Flex Services REALD Analysis
- Hypertension and Diabetes - Dual Eligible Members 22.02.28
- TQS Timely Access - Proposed Member Reassignment List
- COVID Data 21.10.25
- 2022-06-30 Demographics Dashboard

Strategy 2.3:
Develop data collection policy and procedures

Baseline (if any):	Metric/Measure of success:
Limited data collection and policy and procedure references	Established set of policies and procedure documents used consistently across organization

Progress to date:
YCCO has established an internal Data Governance Committee to determine data process, policies and procedures. The DGC oversees the people, processes, and information technology to create consistent and reliable data management organization wide. This body provides needed oversight and is tasked with creating policy and procedure recommendations to ensure documentation, strategic alignment, and implementation of a data governance plan.

YCCO went live with Unite Us Community Information Exchange platform in May 2022. This program offers an opportunity to fill some of the data and monitoring gaps for social needs and CBI-funded programs. Staff are working internally to develop CIE workflows for Community Health Worker Hub programs and Early Learning Hub FamilyCore and Service Integration Team referrals. Efforts are also in place to increase the number of community partners onboarded with the platform. There are 17 current partners onboarded and 48 engaged in the service area. YCCO continues to experience challenges with gathering social needs data from partners and tracking it internally, but continues to develop standard, simplified processes to collect this data. Community Information Exchange platforms are a

promising solution for some of the tracking needs, but ongoing technical support in collecting and reporting data is still needed.

Supporting Documentation:
- Data Governance Program Charter 2022-03-11
- 2020 Incentive Metrics Final Report
- CM-003 Health-Related Services
- Evaluation of HRS-SDoH Programs
- YCCO Engagement Report (1)

Focus area 3: Culturally and linguistically appropriate services
Year 2 Progress Report
Goal: YCCO and the provider delivery systems offers services that are culturally and linguistically appropriate and accessible, including oral and sign language interpretation for each individual member.
Year 3 Strategy
☒ Strategy is the same as year 2 ☐ Strategy has been modified for year 3 ☐ A new strategy has been developed
Steady and consistent progress is being made in efforts to accomplish the current strategies.

Strategy 3.1:
Develop and implement a language access plan including data collection plan and policies, provider incentives for reporting, quality language access provider services, member materials review.

Baseline (if any):	Metric/Measure of success:
Data collection process in place; provider needs assessment in process; Comprehensive language access plan in development	Comprehensive language access plan activities are implemented and monitored to ensure meaningful access

Progress to date:
The language access plan was updated to reflect 2022 strategies and interventions. Key data collection functions are in place and being refined/iterated based on stakeholder feedback. Progress highlights:
- Provider Accessibility survey tool fielded in 2021 and is in revision to streamline questions and the data collected to allow for more year over year comparison. Once updated, this survey will be fielded annually to collect the provider network progression over time in supporting meaningful language access.
- Language Access Self-Assessment submitted reflecting provider data collected and the current policy and system structures that exist within YCCO and its provider network. Evaluation results were positive with recommendations for areas of improvement.

- Health Care Interpreter vendor services explored, and new contract terms updated in a restated agreement. This expanded scope will support workforce enhancement and certification of qualified/certified health care interpreters available in the region.
- Educational opportunities were offered in a variety of settings throughout the year that focused on culturally responsive care and access to language services. Offerings included provider CME, local staff and committee training, and provider site visits to promote engagement in quality improvement activities.
- Committee and workgroup feedback loops to facilitate discussion and data review of cultural and linguistic activities that will advance the systems and supports to offer access to quality services.

Supporting Documentation:
- Language Access Plan_2022
- Accessibility Survey tool
- Member Language Access Survey draft_CAC feedback
- Advancing Health Equity Committee Meeting Documentation Tracker

Strategy 3.2:
Adapt current policies and procedures to include mechanisms for ensuring accessibility to culturally and linguistically appropriate services.

Baseline (if any):	Metric/Measure of success:
Policies in place	Polices are updated with standard definition and procedure steps defined

Progress to date:
YCCO updated some of its equity focused policies including, HE-001 CLAS, HE-002 Equity, QPI-001 Quality Program and Performance Monitoring, ENR-002 Member Non-Discrimination-ADA, SVC-010 Traditional Health Worker Program, and CM-003 Health-Related Services.
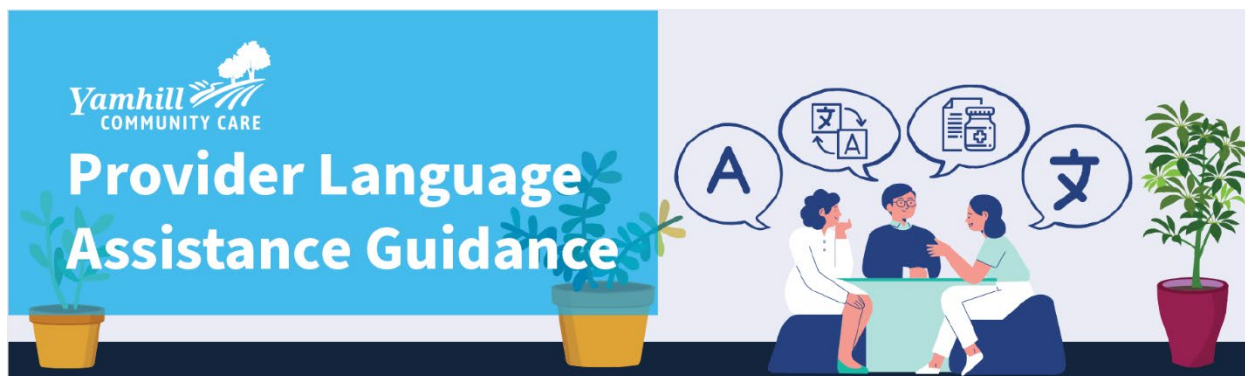
Along with policy updates, additional procedural resources were developed to aid staff, providers, and members in accessing culturally sensitive, language specific services. Procedural documents that were updated include the Language Access Guidance and toolkit, the updated Provider Handbook, and website resources to share additional information.

Supporting Documentation:
- HE-001 Culturally & Linguistically Appropriate Services
- HE-002 Equity
- QPI-001 Quality Program and Performance Monitoring
- ENR-002 Member Non-Discrimination- ADA
- SVC-010 Traditional Health Worker Program
- CM-003 Health-Related Services
- COM-001 Social Media
- YCCO Provider Handbook 2022, page 20-21
- Language-Access-Guidance
- Language-Access-Toolkit
- LA Video_Member Landing Page_YCCO Website

Strategy 3.3:
Adopt organizational monitoring policies and procedures to ensure culturally appropriate and linguistically appropriate services are available.

Baseline (if any):	Metric/Measure of success:
General audit and oversight policies in place	CLAS specific policies and procedures created and adopted

Progress to date:
CLAS policy was developed and adopted as well as integrated into a Language Access provider toolkit and guidance document.

Supporting Documentation:
- Language-Access-Guidance
- Language-Access-Toolkit
- HE-001 Culturally & Linguistically Appropriate Services

Strategy 3.4:
Develop plan for evaluating the quality and accessibility of language services and standard workflows on a regular basis to assure adherence internally and across the provider network.

Baseline (if any):	Metric/Measure of success:
Evaluate monthly data submitted	Services found to be high quality and accessible based on audit standards

Progress to date:
YCCO has developed language access dashboards to determine how often providers are documenting language services provided to members with language needs flags, and regularly reviewing monthly data around language services. To better understand the community need, however, YCCO has developed a member feedback outreach plan to gather member feedback around language services. A Member Language Access Survey and Member Postcard are being drafted to understand member experience with language services in the clinic setting. While currently under review by the Community Advisory Council, once finalized they will be translated into languages YCCO members speak and disseminated according to YCCO's Member Engagement Strategy. This feedback will allow

YCCO to evaluate language services not only from a clinic and reporting perspective, but from the member perspective.

Supporting Documentation:
- Member Language Access Survey draft_CAC comments
- Member Postcard Draft
- Member Outreach Strategy

Strategy 3.5:
Increase awareness and participation in system improvement to ensure accessibility to culturally and linguistically appropriate services in the provider networks.

Baseline (if any):	Metric/Measure of success:
Survey developed and fielded with Primary Care	Data collected from at least 60% of the provider network; Increase in improved systems & accessibility when reported year over year.

Progress to date:
This particular strategy has been challenged over the past year with the COVID-19 public health emergency. Competing safety and care priorities, depleted healthcare resources, and workforce shortages have significantly impacted the network providers ability to engage in quality and system improvement activities. Attendance to and participation in learning collaborative, offered trainings, and governance committee meeting have all have downward trends related to engagement.

In mitigation to the current challenges, YCCO will be convening a whiteboarding session with internal staff initial to brainstorm solutions and strategies to get provider engagement in system improvements back to the pre-pandemic experience. These additional strategies and interventions will be reflected in an updated Language Access Plan once refined.

Supporting Documentation: N/A

Focus area 4: CLAS as an organizational framework
Year 2 Progress Report
Goals: Implement all CLAS standards in a way that improves the system of care to meet the individual needs of YCCO members by reducing barriers that lead to health disparity.
Year 3 Strategy
☒ Strategy is the same as year 2 ☐ Strategy has been modified for year 3 ☐ A new strategy has been developed
Strategies are still relevant to current need. The complexity of evolving organizational culture and the framework to support CLAS standards work is significant and on-going.

Strategy 4.1:
Evaluate organizational policies, practices, and resources in each area of the CLAS standards to build internal knowledge and capacity within YCCO leadership and governance structures.

Baseline (if any):	Metric/Measure of success:
YCCO CLAS Standards strategic framework has been developed	YCCO policies and systems support the strategic goals of the organization

Progress to date:

YCCO updated its equity focused policies including HE-001 CLAS, HE-002 Equity, QPI-001 Quality Program and Performance Monitoring, ENR-002 Member Non-Discrimination-ADA, SVC-010 Traditional Health Worker Program, and CM-003 Health-Related Services. Along with updating and refining policy and procedures, a Trauma Informed Policy Audit Tool was adopted and used to evaluate member-facing policy activities an example of this is with the SVC-011 Wraparound Services Review.

To implement strategies related to the CLAS framework, efforts to seek outside resources, tools and training to further the organization's knowledge and application base. Some resources that were utilized in policy and process planning include Do No Harm - Applying Equity Awareness in Data Visualization; Plain Language Communication; Trauma Informed Policy Audit Tool; and tools generated from the Consultation work with The Uprise Collective. By integrating learning practices and strategies, additional network resources were formed. The development of Language Access strategies and provider resources (CLAS standards 5-8) has been a priority in 2021, supported by a full-time AmeriCorps VISTA whose focus has been on language access, accessibility, and community engagement.

Accountability to progress and on-going awareness of these organizational strategies were reinforced through staff and committee trainings on CLAS, Member Rights, and the Health Equity Plan progress updates. As part of internal work planning, Operations staff were encouraged to set 2022 annual goals related to furthering the strategies and work in the Health Equity Plan.

Supporting Documentation:
- HE-001 Culturally & Linguistically Appropriate Services
- HE-002 Equity
- QPI-001 Quality Program and Performance Monitoring
- ENR-002 Member Non-Discrimination- ADA
- SVC-010 Traditional Health Worker Program
- CM-003 Health-Related Services
- COM-001 Social Media
- SVC-011 Wraparound Services Review
- Do No Harm - Applying Equity Awareness in Data Visualization
- TNDI & Extension Communications Plain Language PSA
- Trauma-Informed-Policy-Audit-Tool-YCCO edits
- YCCO_UC.Final Report.August2021
- Language-Access-Toolkit

- Language-Access-Guidance
- Enrollee Right Training 2022-03 Staff_BOD_Committees
- CLAS Standards_CAC 2021-11-16
- CLAS Powerpoint_QCAP 2021-10-26
- Health Equity Plan 2022_Staff_BOD_Committees

Strategy 4.2:
Refine and update CLAS standards strategic framework

Baseline (if any):	Metric/Measure of success:
CLAS Standards 1, 5, 6, 8, 9, 10, 11, 12,13,14 have strategic goals and objective developed and in process of implementation	CLAS Standards 2, 3, 4, 7, 15 have strong strategic goals and objectives and activities are implemented; Staff demonstrates increased awareness of CLAS fundamentals

Progress to date:

EQUITY PLAN

Culturally and Linguistically Appropriate Services
Principle Standard:
Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs

OFFICE OF EQUITY AND INCLUSION PROGRAM STRATEGIES	GOVERNANCE, LEADERSHIP, WORKFORCE	COMMUNICATION AND LANGUAGE ASSISTANCE	ENGAGEMENT, IMPROVEMENT, AND ACCOUNTABILITY
Community Engagement and Partnership	Health Equity Commitee CAC & PLC	Material distribution policies Accessibility and readability Translation and interpretation	CAC development Provider and community education
REALD Data Collection and Analysis	REALD+SOGI staff survey REALD+SOGI Board survey Comparison to member demographics	Member data analysis CHA development	Demographic overlay to data analysis Disparities analysis Program application and adjustment
Research and Evaluation	Organizational self-assessment Assess needs and gaps in workforce	Health equity framework alignment	Organizational external assessment Goal identification
Funding and Capacity Building	Dedicated Health Equity Administrator Recruiting and supporting a diverse workforce	Transparent funding process Robust communications plan	Strategic investment in SDoH programs with equity lens
Health Programs and Service Provision Improvements	Community Health Worker Hub & THW Network Service Integration Teams Early Learning Hub	Language access and appropriateness	Contract monitoring Policy review Equity and trauma education
Diversity, Affirmative Action, Discrimination Protection	Policy development and oversight Non-discrimination	Information-sharing on member rights Operationalizing accessibility	Internal training and consultation Monitoring and evaluating for quality

YCCO underwent different SWOT analysis and strategic planning processes through the past year. All of these discussions were influenced with an equity lens and with the health equity goals in mind.

Strategic planning for the next 5-year cycle of the organization Action Plan for Better Health took place over the course of nine months and included a SWOT analysis, evaluation of the previous strategic plan, multiple levels of stakeholder engagement and reflection, and the development of additional strategic plans. Once key sub strategy is around sustainability planning for SDOH strategies and Language Access.

These strategic planning elements are now embedded in the organizational 90-day action plan template that tracks the work of the organization and individuals' progress towards stated goals.

Supporting Documentation:
- Strategic Plan 2022
- Social Determinants of Health Strategy
- Health Equity Plan-Executive Summary
- Strategic Planning Brainstorming_Objectives
- CLAS Standards_CAC 2021-11-16
- 2022 YCCO 90-Day Action Plan

Focus area 5: Workforce

Year 2 Progress Report

Goal:
YCCO recruits, supports, and collects ongoing feedback from a diverse staff and provider network workforce.

Year 3 Strategy

☐ Strategy is the same as year 2
☒ Strategy has been modified for year 3
☐ A new strategy has been developed

Modification to Strategy 5.1: Discontinue as written and shift resources to proposed modification.

Strategy 5.1:
Implement enhance Human Resources and network policies, practices, and investments to support a diverse and inclusive workforce. ~~ongoing data collection strategy utilizing recruitment and retention data and staff and community feedback~~

Baseline (if any):	Metric/Measure of success:
Current staff and provider network demographics identified, and baselines established	Ongoing data collection process refined to capture policy and procedure enhancement and investments that support the recruitment and retention of a diverse workforce.

Progress to date:
This strategy will continue to evolve as YCCO seeks to strengthen the workforce through data collection. The way this strategy is written isn't specific enough to describe and measure the impacts of the overall recruitment and retention strategy. Thus, this strategy is being discontinued with new strategies defined.

Applicant Sources

A breakdown of where applicants indicated they heard about the position.

Source	Count	
Indeed Organic	43	48.86%
YCCO Employee	15	17.05%
YCCO Website	9	10.23%
Other	7	7.95%
Indeed	6	6.82%
Friend/Colleague	3	3.41%
Recruiter	1	1.14%
LinkedIn	1	1.14%
Employment Department	1	1.14%
Monster	1	1.14%
Work Source Oregon (iMatch).	1	1.14%

Despite this shift, progress has been made in local staff workforce efforts with the ability to track recruitment efforts through analytics found in the HR hiring system. Additionally, a commitment statement was updated on the careers page to reflect YCCO values and 100% of current position descriptions were updated with similar language and that minimum requirements could be fulfilled with:

"Any combination of education and experience that would qualify candidate for the position."

Careers at YCCO

YCCO selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, gender identity, age, veteran status, ancestry, marital status, or disability.

YCCO will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our organization.

Please click to learn more:

- **Equal Employment Opportunity**
- **Federal Polygraph Protection Act Notice**

CLICK HERE TO VIEW OPEN POSITIONS

In the provider network space, the workforce challenges are widespread as the community recovers from the impact of the COVID-19 public health emergency. Efforts to collect current timely access or service gaps, workforce vacancy, and network provider diversity had some success in setting up and refining based on feedback the data collection systems.

Supporting Documentation:
- Prism Hire screen shot
- Provider Relations Meeting Documentation 2021 – 2022, page 95-96
- QCAP Meeting Documentation 2021 – 2022, page 26-27, 46-47, 294-296, 357, 365, 367, 566, 798

Strategy 5.2:
Utilize local feedback and HR tools to expand reach of recruitment materials and efforts, across internal positions and provider workforce

Baseline (if any):	Metric/Measure of success:
Baseline community engagement strategy established, member and community engagement measures developed	5 new organizations identified to partner or outreach for recruitment; 25% of clinics surveyed provide recruitment strategy data; 5 trainings completed to prepare staff and leadership for a diverse workforce.

Progress to date:

Progress in this area is best described by summarizing the multitude of interventions that took place in the past year to promote workforce recruitment efforts for both staff and the provider network.

Expanded HR Recruitment – Project that identified additional job boards and local recruitment efforts to reach different audiences. Added five additional locations including Cinder, McMinnville Chamber of Commerce, Workforce Oregon iMatch, Lund Report, and Non-Profit Professional Now.

YCCO Branding Campaigned – In response to an Equitable Recruitment Practice training that HR staff attended, a branding campaign is underway to promote the value of being part of the YCCO team, and delivery system. Photos, messages and staff highlight articles are a few examples of the YCCO diversity and commitment to inclusive and equitable business practices. 06 June Staff_Meeting_June_8 2022_06_03-final

Staff Participation in Local Coalitions – Staff attended different community groups as a collaborative community partner. These committees and community groups represent the interests and prospective of different populations in the community. Newer groups include the Stewardship Committee of the Early Learning council, Yamhill County Oral Health Coalition, Latinx Advisory Council, Peer Coalition, and the Doula Collaborative.

Integrated Interprofessional Training and Care Delivery – Early discussions of partnering with George Fox University to expand an inter professional health center. This health clinic would provide patient care and space for integrated interprofessional workforce training. Discussion and further exploration of this model will continue.

A key to success with these interventions in the continuous process of collecting community feedback.

Supporting Documentation:
- 06 June Staff_Meeting_June_8 2022_06_03-final, page 6-7, 10

Focus area 6: Organizational training and education
Year 2 Progress Report
Goal:
Demonstrate staff and committee knowledge and confidence from contractually required and recommended trainings.
Year 3 Strategy
☒ Strategy is the same as year 2

☐ Strategy has been modified for year 3
☐ A new strategy has been developed

YCCO has completed an internal equity assessment and based on the recommendations of Uprise Collective and staff feedback will offer trainings to staff and providers around foundational elements of equity and specific target areas. This plan, while fluctuating in format and frequency of training, remains aligned with the recommended topics, but grounds itself first in common definitions for the year 2022, with plans to dig deeper into the concept and specific topic areas in 2023.

Strategy 6.1:
Meet contract requirements for offering training and education opportunities for staff, governing board and committees, leadership, and community partners.

Baseline (if any):	**Metric/Measure of success:**
Current training plan established; requirements review completed; has not historically had 2.0 contract training requirements included	Training activities meet contract requirements; Minimum 5 in-person or virtual training events delivered to staff and committees in 2021

Progress to date:
YCCO held 8 virtual training opportunities for staff, with a few more for individuals' professional development, exceeding this goal. Current training plan has been established, and YCCO has formed a Committee Leads workgroup to ensure all departments' contractual training obligations are aligned and fulfilled. The team has a shared tracking document (Training Topics 2022) to ensure all requirements are aligned and met across staff, committees, providers, and partners.
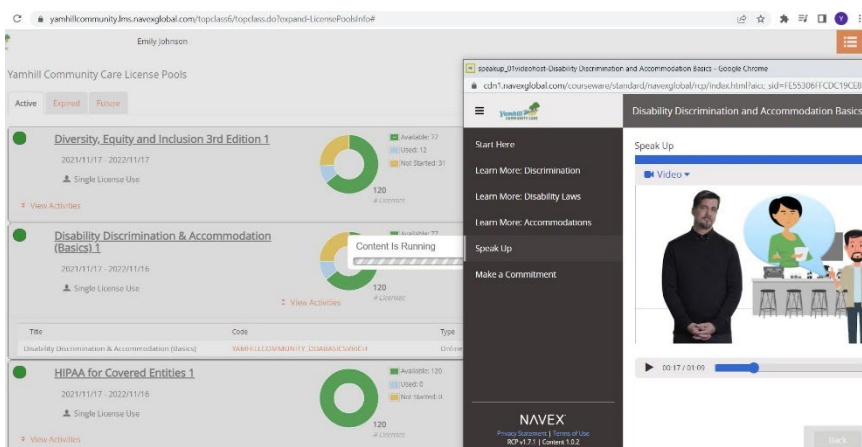
Supporting Documentation:
- Training Topics 2022

Strategy 6.2:
Develop a mechanism for incorporating participant feedback into the training plan.

Baseline (if any):	Metric/Measure of success:
Provider and staff surveys delivered regularly; no regular report or analysis system	QI process, including annual report and analysis, implemented annually; 100% of training events include surveys to gauge self-assessment, skills acquisition, and knowledge, per OEI criteria

Progress to date: Of the three staff trainings conducted in 2020, 0 were evaluated with a survey. In 2021, 4 of 8 total trainings provided an evaluation, and in 2022 so far, 100% of the two trainings offered have been evaluated with a survey. Feedback from previous surveys and from the Health Equity Committee has been incorporated into previous plans.

For provider network trainings offered, 4/7 were evaluated in 2021 and there have been 3/6 provided surveys in 2022. Early Learning Hub professional development events also use a consistent survey tool, and makes efforts to evaluate community education programs consistently.

This feedback has been and will continue to be evaluated and inform both the content and the format of trainings. For more detail, see Training Report below.

Supporting Documentation:
- Training Survey Template
- P&I PD Outcomes & Demo Survey --K12 Teachers - English
- KPI PD Outcomes K12 Teachers 2018_Spanish -

Strategy 6.3:
Complete system review to ensure network providers receive contract- and state-required training and certification related to cultural competency and language access measures.

Baseline (if any):	Metric/Measure of success:
Assessment of Board-required CE completed; initial survey data indicates gaps in language access training	Needs assessment completed to determine noncompliance with training requirements; 100% of provider network contracts include requirements related to Board-required culturally competency CME

Progress to date:

Provider network contracts generally include requirements to keep current licensure and up to date on continuing education, but do not specifically call out cultural competency training at this point. YCCO intends to complete an audit of provider network contracts to determine if any do not include this language and rectify that issue. The YCCO Provider Handbook (pages 11-12, 21) details the requirements more closely, noting that contracted providers have the responsibility to "annually attend Cultural Responsiveness and implicit bias training and retain records the training was completed. The training should also be provided to the Provider staff."

YCCO partners with the Interprofessional Primary Care Institute to offer cultural competency training to providers in March of 2022, and offered a language access training to behavioral health providers in January 2022. YCCO shared the Language Access toolkit with its Dental

Operations team, and Capitol Dental requested a co-branded version to share with staff to educate them more widely on language access guidance.

Finally, Capitol Dental worked with two consultants to offer network-wide trainings on implicit bias, cultural competency, and trauma-informed care. YCCO connected with the trainers and is exploring utilizing one to deliver training to the larger provider network.

Supporting Documentation
- YCCO Provider Handbook 2021
- CME Event March 2022 – Get Cultured
- CME Event June 2022 – Wellness Summit
- Access Presentation 1.24.22
- Language Access Guidance
- Language Access Toolkit
- Language Access Toolkit – Capitol Dental

Focus area 7: Language access reporting mechanisms
Year 2 Progress Report
Goal: Ensure access to language services through reporting complete and accurate data that is representative of members' language assistance needs.
Year 3 Strategy
☒ Strategy is the same as year 2 ☐ Strategy has been modified for year 3 ☐ A new strategy has been developed
Baseline data on reporting capabilities was established in Year 1. Interventions and data infrastructure developed through the implementation of the Language Access plan is still being collected and will be evaluated in comparison to baseline, thus these strategies will remain the same.

Strategy 7.1: Develop and implement a language access plan including data collection plan and policies, provider incentives for reporting, quality language access provider services, member materials review, individual member assessments.	
Baseline (if any): Data collection process in place; provider needs assessment in process. Comprehensive language access plan in development	**Metric/Measure of success:** Comprehensive language access plan activities are implemented and monitored to ensure meaningful access
Progress to date: The Language Access Plan has had incremental success in implementing the various interventions and data structures. In the past 12 months, the CCO has collected, submitted and received feedback on the quality and accuracy of data reported as part of the plan.	

Collected:
- Vendor service data for Health Care Interpretation
  Language_Access_Combined_Data
- Provider Accessibility survey data
  Accessibility Survey Data_All_220311
- Provider Spoken Language Capacity
  Spanish Speaking Providers - Q3 2021 DSN

Reported:
- Quarterly Language Access Reports
- 2021 Annual Language Access Report
  YamhillCommunityCare_LanguageAccessReport_2021
- 2021 Annual Language Access Self Assessment YCCO
  Language Self Assessment 2021

Feedback from OHA in response to these submissions have been positive for the Annual Self-Assessment achieving 92 points compared to the average CCO score of 81.6 points. Feedback of the Interpreter Service Utilization Report was also positive in that YCCO learned it was not submitted the full sample of data for visits that need interpreter services rather than visits which interpreter services were provide. This change was made in subsequent reports submitted after the receipt of the feedback.

Supporting Documentation:
- Language Access Plan_2022
- Language_Access_Combined_Data
- Accessibility Survey Data_All_220311
- YamhillCommunityCare_LanguageAccessReport_2021
- YCCO Language Self Assessment 2021
- OHA feedback to Yamhill_10-1-2021_updated
- OHA feedback to Yamhill Community Care _L Self Assessment_2020
- 2022.02.28 OHA feedback to HEM Self Assessment Survey_2021_Yamhill

Strategy 7.2:
Increase awareness and participation in system improvement to ensure accessibility to culturally and linguistically appropriate services in the provider networks.

| Baseline (if any):	Metric/Measure of success:
Survey developed and fielded with Primary Care	Data collected from at least 60% of the provider network; Increase in improved systems & accessibility systems when reported year over year.

Progress to date:
The Accessibility Survey has been fielded with physical, behavioral, and oral health providers, and has undergone analysis to understand trends, like which clinics have training

for working with LEP patients. As a next step, after sharing the Language Access Toolkit and offering generalized training through site visits, YCCO is supporting clinics with specific technical assistance, targeting clinics that have the highest rate of non-English speaking members. YCCO also identified clinics whose answers to the survey showed a need for additional support, like responses to the question "Which language assistance services does your clinic utilize?" with "none." YCCO will also field a shortened version of the Accessibility Survey annually, to gauge change over time in clinics' responses.

limited-English proficiency clients?

Answered: 50   Skipped: 1
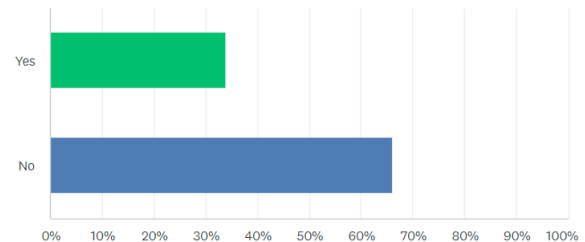
YCCO is also working closely with Passport to Languages, the language service vendor, to understand ways to upskill and certify current bilingual clinic staff or other bilingual community members, in order to increase the certified or qualified workforce.

Supporting Documentation:
- Spring 2022 Site Visit Standard Slides - v 22.05.02
- Accessibility Survey Data Results
- Accessibility Survey

Focus area 8: Member education and accessibility
Year 2 Progress Report
Goal:
Improve member health outcomes and eliminate health disparity by ensuring member materials and communications are available and meet quality standards that comply with federal and state accessibility and alternative formatting requirements.
Year 3 Strategy
☐ Strategy is the same as year 2   ☒ Strategy has been modified for year 3   ☐ A new strategy has been developed
In the interest of continuous quality improvement, YCCO has modified Strategy 8.1 to include expanded focus on monitoring and evaluation of communications to ensure YCCO understands which communications should be prioritized and why, as well as how effective each type and topic of communication is.
Background/Context: YCCO has developed structures for standardizing communications to members and the community undergoing a consistent review process. This process is tracked and measured. However, a gap identified in this strategy was identifying and refining the process to understand how successful and impactful these member and community communications are. The modified strategy is to continue improvement on the review

workflow while expanding scope to include improved monitoring and evaluation of communication relevancy, reach, and impact.

Issues and barriers: While following the protocols for equitable member material review has been consistent, YCCO seeks to expand its monitoring capacity by using the established communications tracker to both assess the capability of current staff support but also identify additional subject matter experts and document other member communications. The barrier identified was that there was no formal documentation process for communications after the fact, and a revision to the communications tracking process allows for follow up evaluation of success.

Baseline: Tracking and evaluation mechanisms for member communications identified, implemented consistently in one form of communication (social media)	**Metric/Measure of success:** Outreach goals and evaluation measures are identified for each form of communication (social media, mailings, direct outreach, and other)
Monitoring: YCCO will use "Outgoing Communications Tracker" and other trackers to monitor outreach, including number of people reached, number of people who engaged with content, and increased engagement with resource.	**Person responsible:** Community Health Supervisor, Communications Specialist

Resources Needed: Staff FTE, staff buy-in to document and track their mass member, partner, and provider populations.

Strategy 8.1:
~~Refine the standard processes for how member communications/materials are developed and delivered~~ Refine the standard processes for how member communications/materials are developed, delivered, tracked, monitored, and evaluated

Baseline (if any):	**Metric/Measure of success:**
Workflow in place	100% of member communications and materials are developed following applicable, contract-adherent workflows

Progress to date:
100% of member communications that were released from July 2021-June 2022 have gone through the identified contract-adherent and member-focused workflow, which includes CAC and OHA review. Ongoing quality improvement is part of YCCO's culture, and this strategy will continue to be refined and monitored, but this process met the intent of the strategy. To continue its improvement, YCCO has identified ways in which it can enhance this workflow to include better data collection around material reception and impact, and better process for promoting content. YCCO has identified topics of communication to prioritize based on community need, and incorporated these processes into strategic timeline developed by the Member Engagement Workgroup.

The Communications Team has identified three main ways to monitor communications:
 - Biannual review of social media engagement, especially based on boosted posts in order to determine reach based on demographics (Facebook offers age and location demographics).
- Biannual review of website hits, specifically on pages related to communications topics (e.g., links to website-based education videos or feedback page)
- Communications-specific links (e.g., separate survey links for social media posts, mailings, and website links to determine which outreach has been most effective)

These processes will help to further the original strategy and inform future communications development by ensuring the communications are both relevant and effective.

Supporting Documentation:
- 2022 Engagement Planning

Strategy 8.2:
Enhance the evaluation plan for reviewing the quality, accessibility, **and impact** of member materials and standard workflows on a regular basis to ensure adherence.

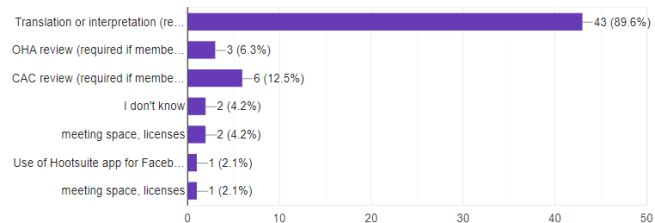| Baseline (if any):	Metric/Measure of success:
Current evaluation plan established	Material review process is inclusive of community and member voice, demonstrated by CAC feedback workflow and community feedback sessions; 100% of member materials with a potential reach of 50%+ members will be reviewed by the CAC

Progress to date:
The Communications Team had a Communications Tracker developed for the front end of the process (development and review) but identified gaps in tracking and monitoring communications, especially those that didn't require Comms Team support and therefore weren't included in the tracker. The Team worked with staff who manage communications and events and reworked the existing tool to incorporate past communications.

What additional services or reviews are needed?
48 responses
- Translation or interpretation (re... 43 (89.6%)
- OHA review (required if membe... 3 (6.3%)
- CAC review (required if membe... 6 (12.5%)
- I don't know 2 (4.2%)
- meeting space, licenses 2 (4.2%)
- Use of Hootsuite app for Faceb... 1 (2.1%)
- meeting space, licenses 1 (2.1%)

The tracker includes elements to ensure the proper workflow has been followed. Data elements collected include the following:
- Identifying if the document is member-facing and if it went through required review processes with the Comms Committee, CAC, and OHA
- Identifying the target audience and intended reach
- Modes of communication needed (website, mailing, survey, etc.)

YCCO can evaluate this form for compliance with the member material review policy,

including whether document has been reviewed appropriately; identify support needs; and determine where to track success.

Supporting Documentation:
- Communications Tracker
- COM-001 Social Media
- COM-002 Communication Services
- COM-003 Communication Materials
- YCCO Member Communications Materials Workflow

Strategy 8.3:
Continuous outreach with the community to ensure the spaces where and how information is shared are leveraged to improve engagement.

Baseline (if any):	Metric/Measure of success:
Current outreach strategy in development; member engagement committee established	Baseline response and engagement rates determined for in-person/virtual and online engagement; 5 new organizations identified for strategic population-based outreach; 5 organizational relationships strengthened, as demonstrated by participation on committee or regular communication, including outreach to the 3 Tribes represented within YCCO's service area

Progress to date:
YCCO has dedicated considerable staff time to developing engaging member-facing materials in 2021-2, with a focus on topics that the CAC and OHA contract have prioritized. A few examples of member communications are as follows:

1) Per CAC feedback, a Member FAQ was designed by a subcommittee of the CAC to share the most important topics to members, according to Customer Service call data and YCCO website hits. The FAQ covers key topics like connecting to or changing providers, filing a complaint, and accessing crisis services. This FAQ was mailed to all member households.
2) YCCO designed a Member Magazine mailing to send to all YCCO households. The Magazine focused on behavioral health and care coordination resources, as well as shared a community survey link. It's estimated that around 410 members responded to the survey because of the mailing.
3) In its outreach, feedback, and assessment work in 2022, YCCO exceeded its goal of connecting with 5 new organizations, holding listening sessions and strengthening relationships with 7 agencies that YCCO either hadn't partnered with or hadn't formally connected with before.

Next steps for member outreach include disseminating and translating a Member Language Access Toolkit a simple, brief guide to understanding language rights. YCCO intends to translate this toolkit into many of the languages YCCO members speak and partner with community organizations and clinics to disseminate. YCCO

also regularly shares information about language rights and access on its website (LA Video_Member Landing Page_YCCO Website) and social media (LA Post_YCCO Social Media_May 4th 2022) where engagement can be monitored.

Supporting Documentation:
- LA Post_YCCO Social Media_May 4th 2022
- LA Video_Member Landing Page_YCCO Website
- Customer Service data
- Member Language Access Toolkit
- Member Magazine Draft
- YCCO Member FAQ 2022_Spanish
- YCCO Member FAQ 2022

Section 2: Annual Training & Education Report

STAFF TRAINING

YCCO has adopted a Learning Management System to provide accessible, convenient training opportunities for new hires and existing staff. NavEx topics indicated for 2021-22 include a foundational training on Equity, Diversity, and Inclusion with separate modules for supervisors and staff, based on some feedback that there was a perceived disparity or divide between leadership and staff. The goal of this training is to back up and ensure everyone has the same vernacular for the work. Additional trainings from NavEx include microaggressions, unconscious bias, and ADA/disability accommodations. Training for both staff and providers on LGBTQ+ healthcare access and rights is planned for 2022, along with an informational session about Tribal history and healthcare rights under Medicaid.

One of the weaknesses that appeared in the last cycle of training for both staff and providers was post-training documentation and survey. To address this, YCCO developed a consistent Google Form for training with questions aligned with the OEI Criteria. Participants attest to attending the training and report on their experience. The questions can be tailored to individual trainings but gather information around the four pillars of culturally responsive training. Survey responses to the first NavEx LMS training have been very positive, including comments like "Good information presented in a concise manner in a short amount of time; it was very user friendly" and "The training was engaging, and I appreciated the representation of diversity and inclusion." YCCO also shared a short microaggression training with the CAC for their review, and response was generally positive, liking the platform and the design. They emphasized the importance of debriefing after virtual trainings, and YCCO has implemented a workflow for departments to discuss trainings after they have been completed.

OEI Criteria for Cultural Responsiveness Training:
1) Self-Awareness and Self-Assessment
2) Acquisition of Knowledge
3) Acquisition of Skills
4) Utilizes Specific Educational Approaches

5. I will apply the skills, information, or knowledge gained in my work.

More Details   Insights

- Strongly agree — 7
- Agree — 6
- Neither agree nor disagree — 0
- Disagree — 0
- Strongly disagree — 0

PROVIDER NETWORK TRAINING

YCCO has a strong partnership with the Interprofessional Primary Care Institute to offer a Continuing Medical Education series to local providers. The series is currently virtual, and IPCI aligns topics with YCCO training interests. IPCI uses a standard post-session survey that has been aligned with the OEI criteria, and in 2022 YCCO and IPCI partnered to set up data sharing of these surveys and events to ensure evaluation. YCCO also offered a series of Behavioral Health Forums. In its transition from subcontracting with Yamhill County HHS to Providence for delivery of behavioral health network services, YCCO supported its provider network with a series of informational sessions to ask questions and learn about topics from proper authorization processes to language services. YCCO has also partnered with an Oregon trainer, Amanda Wheeler-Kay, an interpreter and trainer, to offer LEP-focused Cultural Competency trainings to a local clinic specifically and the provider network at large in a bigger training. This is part of YCCO's efforts to not only ensure providers are complying with their required cultural competency training for their licensure, but that YCCO is offering quality opportunities to meet this requirement locally.

UPDATES TO ORGANIZATIONAL AND PROVIDER NETWORK CULTURAL RESPONSIVENESS, IMPLICIT BIAS, AND EDUCATION PLAN
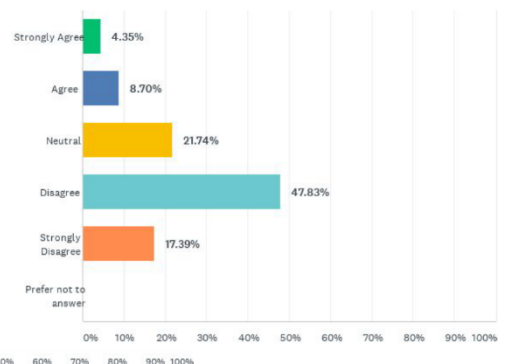
Learnings from the comprehensive Equity Assessment for staff guided YCCO's strategy for staff training in 2021-2. One key finding was that there was not a consistent foundation of shared equity terminology or training, and these inconsistencies seemed to drive a level of discord within the staff and leadership. Nearly two thirds of people reported uncertainty about the connection between their day-to-day work and the impacts of systemic oppression. Additionally, a 12/16/21 Equity Committee meeting included frank discussion of the structure and value of formal training in impacting a culture of equity and anti-racism in a whole staff (Equity Committee_Minutes_12.16.21).

There were also concerns revealed about much more specific areas of equity training. While most staff agreed that they knew where to go if they witnessed a microaggression, a third of people with targeted identities disagreed (for this report, "targeted is a term for all those who identify as sick/disabled, BIPOC, or queer/trans/GNC for this data set. For the purposes of this report,

Q15: I feel like Yamhill CCO's training and onboarding process prepared me well to understand and address how systemic oppression impacts my work.

Answered: 23 Skipped: 0

Strongly Agree — 4.35%
Agree — 8.70%
Neutral — 21.74%
Disagree — 47.83%
Strongly Disagree — 17.39%
Prefer not to answer

A note from UPRISE
60% of Leadership and 62.5% of Staff marked "strongly disagree" or "disagree."

cisgender women are not included in this category." (YCCO_StaffSurvey_2020.pdf)). Finally, one of the key narrative responses to surveys regarding the Equity Assessment were that training was based on requirements or what was "assumed" instead of asking staff (YCCO_StaffSurvey_2020.pdf). Therefore, training for 2021-2, while remaining the same topic-wise from the original, prioritizes topics that came up in the feedback from staff and also prioritizes staff time-commitment. 2021-2 Staff training includes general cultural competency, ADA, LGBTQ+, tribal history and rights, microaggressions, and implicit bias trainings. This is in line with the adjustments made in the 2021 report to space out training topics more realistically.

ATTESTATION

Has the CCO adopted the definition of Cultural Competence set forth in OAR 943-090-0010 and is utilizing it to guide its development of cultural responsiveness materials and topics in its Cultural Competence Continuing Education training activities into its training plans for Health Care Professionals?

☒　　Yes　　　　☐　　No

Supporting Documents

06 June Staff_Meeting_June_8 2022_06_03-final

06. Member Grievance System Training 2022

2019 -2020 Flex Services REALD Analysis

2020 Incentive Metrics Final Report

2021 Q1 Physical Health Audit Findings Updated 20220106 cap_Redacted

2022 Engagement planning

2022 Yamhill Community Care Updated HIT Roadmap April 28, 2022

2022 YCCO 90-Day Action Plan

2022.02.28 OHA feedback to HEM Self Assessment Survey_2021_Yamhill

2022-05-05 Flex Trips Exploration

2022-06 Data Ecosystem, Data Challenges, High Level Redshift, and Point of Care Table Diagram

2022-06-30 Demographics Dashboard

Access Presentation 1.24.22

Accessibility Survey

Accessibility Survey Data Results

Accessibility Survey Data_All_220311

Accessibility Survey tool

Advancing Health Equity Committee Meeting Documentation Tracker

Appeals Data - 2021 Annual Reporting

Appeals Data - Q1 2022

Ayin Insights - Appeals Grievance

CHA Steering Committee Minutes 9.2.2021

CIM Analytics - Appeals Grievance

CIM Analytics - Membership

CLAS Standards

CLAS Standards_CAC 2021-11-16

CLAS Standards_QCAP_2021

CM-003 Health-Related Services

CME Event June - Wellness Summit

CME Event March 2022 - Get Cultured

COM-001 Social Media

Compliance Committee Minutes 06-24-2021

Compliance Committee_Appeals and Grievances 2021-06-24

COVID Data 21.10.25

Customer Service data

Customer Service data sample

Data Governance Program Charter 2022-03-11

Demographic Comparison Tables

Diversity Recruitment Training

Do No Harm - Applying Equity Awareness in Data Visualization

ENR-002 Member Non-Discrimination- ADA

Enrollee Right Training 2022-02 QCAP

Enrollee Right Training 2022-03 BOD

Enrollee Right Training 2022-03 Staff

Enrollee Right Training 2022-03 Staff_BOD_Committees

Equity Committee Meeting Documentation 2021 - 2022

Evaluation of HRSSDOH Programs

Grievance Data - 2021 Annual Reporting

Grievance Data - Q1 2022

Grievance System 2021 Annual Report

Grievance System Q1-Q2 2021Report

Grievances & CAC Mailing

Grievances & CAC Mailing feedback

HE-001 Culturally & Linguistically Appropriate Services

HE-002 Equity

Health Equity Plan 2022_BOD

Health Equity Plan 2022_CAC

Health Equity Plan 2022_Staff_BOD_Committees

Health Equity Plan-Executive Summary

Hypertension and Diabetes - Dual Eligible Members 22.02.28

In OHA Review GA-001 Grievance System

In OHA Review GA-002 Member Complaints and Grievances

In OHA Review GA-003 Denials, Appeals, and Contested Case Hearings

KPI PD Outcomes K12 Teachers 2018_Spanish -

LA Post_YCCO Social Media_May 4th 2022

LA Video_Member Landing Page_YCCO Website

Language Access Plan_2022

Language Access Toolkit - Capitol Dental

Language_Access_Combined_Data

Language-Access-Guidance

Language-Access-Toolkit

LSCNW Peer Navigator (2021-2022)_Fully Executed

Meaningful Language Access Training_Staff Meeting 2021-06-09

Member Engagement and Capacity as of 2022-06-28

Member Engagement Strategy

Member Grievance System Training 2022

Member LA Toolkit - draft

Member Language Access Survey draft_CAC feedback

Member Magazine Draft

Member Postcard Draft

NOABD Data - 2021 Annual Reporting

NOABD Data - Q1 2022

OHA feedback to Yamhill Community Care _L Self Assessment_2020

OHA feedback to Yamhill_10-1-2021_updated

Outgoing Communications Tracker

P&I PD Outcomes & Demo Survey --K12 Teachers - English

Prism Hire screen shot

QPI-001 Quality Program and Performance Monitoring

REALD presentation committees

Social Determinants of Health Strategy

Spanish Speaking Providers - Q3 2021 DSN

Spring 2022 Site Visit Standard Slides - v 22.05.02

Strategic Plan 2022

Strategic Planning Brainstorming_Objectives

SVC-010 Traditional Health Worker Program

SVC-011 Wraparound Services Review

TNDI & Extension Communications Plain Language PSA

TQS Timely Access - Proposed Member Reassignment List

Training Survey Template

Training Topics 2022

Trauma-Informed-Policy-Audit-Tool-YCCO edits

Yamhill CCO 2022 Transformation and Quality Strategy

YamhillCommunityCare_LanguageAccessReport_2021

YCCO Engagement Report (1)

YCCO Language Self Assessment 2021

YCCO Medicaid NOABD 2.0 Discovery Guide

YCCO Member Communication Materials Workflow

YCCO Member FAQ 2022

YCCO Member FAQ 2022_Spanish

YCCO NOABD Claim Template 3.11.2022

YCCO NOABD Claim Template 3.11.2022_Large Print

YCCO NOABD Claim Template 3.11.2022_spanish_final

YCCO NOABD Claim Template 3.11.2022_spanish_final _Large Print

YCCO NOABD PA Template 3.11.2022

YCCO NOABD PA Template 3.11.2022_Large Print

YCCO NOABD PA Template 3.11.2022_spanish_final

YCCO NOABD PA Template 3.11.2022_spanish_final _large print

YCCO NOABD PA Template 3.11.2022_spanish_final_

YCCO PPP Corrective Action Plan Q2 2022 - NOABD Delay

YCCO Provider Directory May 2022

YCCO Provider Handbook 2022

YCCO Quality Performance Metrics_01242022

YCCO Quality Performance Metrics_05252022

YCCO_PPP 2022 Predelegation Audit A&G

YCCO_providerdemographics_20211112 User Friendly Version

YCCO_UC.Final Report.August2021

YCCO-Provider-Handbook-2021

YVCD_YCCO_LOA_Doula