Community Needs Assessment 2023-2024

Cascadia Health

Cascadia Health invited the Portland Metro community to participate in a community needs assessment in 2023. The following report outlines what the community shared about health and healthcare priorities. Cascadia is integrating this feedback into organizational strategic planning and quality improvement. For questions, feedback, or to request a copy of the data or full analysis, please contact Cascadia's Quality & Population Health Department at pophealth@cascadiahealth.org.

Quality & Population Health Department
pophealth@cascadiahealth.org

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About Cascadia Health

Rooted in community behavioral health, today Cascadia Health provides integrated Whole Health to over 18,000 individuals and families across the Portland-metro region each year, including mental health, addiction treatment, primary care, housing, crisis intervention, peer services, wellness supports, and more. As both a Certified Community Behavioral Health Clinic (CCBHC) and a Federally Qualified Health Center Look-Alike (FQHC-LA), Cascadia meets people where they are, providing compassion, respect, and hope.

Who We Serve

Between July 2023 and June 2024, Cascadia Health served over 18,000 unique individuals and families across Multnomah, Clackamas, and Washington counties, including nearly 12,000 ongoing clients.

18,000+ clients 900+ Dedicated staff 65 Tri-County Locations

Cascadia Health operates 65 locations, including:

- Four Health Centers
    - Plaza Health Center in the Richmond Neighborhood of Portland, OR
    - Garlington Health Center in the Eliot Neighborhood of Portland, OR
    - Woodland Park in the Parkrose Heights Neighborhood of Portland, OR
    - Talbert Health Center in the Sunnyside – West Mt. Scott Neighborhood of Clackamas, OR
- 1 Urgent Walk-In Clinic focused on urgent behavioral healthcare needs, located beside the Plaza Health Center
- Residential and Housing sites across Multnomah, Clackamas, and Washington counties: 33 Staffed Housing & Program Sites, 2 Enhanced Care Facilities, and 19 Independent & Affordable Housing Sites
- 6 Program & Administrative Sites

For more information about Cascadia Health's services and community reach, see Cascadia's 2023-2024 Annual Report.

Community Needs Assessment Goals

Cascadia Health is a Federally Qualified Health Center (FQHC) Look-Alike and a Certified Community Behavioral Health Center (CCBHC). As an FQHC Look-Alike and CCBHC, Cascadia strives to provide services that help to meet the community's health needs. Cascadia's Quality & Population Health Department conducted a community needs assessment (CNA) in 2023 to help Cascadia respond to the needs of the community.

Cascadia's goals for this CNA included:

- Learning about health and healthcare needs — directly from the communities where Cascadia provides services.
- Identifying barriers people face most often when accessing care.
- Learning from the community about inequalities in healthcare services.
- Hearing community members' ideas, solutions, and strengths that could help organizations like Cascadia better reach people, improve quality of care, and contribute positively to the community's overall health.

Cascadia is using feedback from this needs assessment to help identify service areas to improve, set priorities, and use resources and funding effectively.

Getting Started

Background Research

Recent local community needs assessments helped guide Cascadia's CNA process and methods. Key points that helped inform this CNA include:

- High cost of healthcare is a barrier to getting care.
- People have been experiencing long wait times for care.
- Healthcare staffing shortages have been contributing to problems in getting timely appointments for care, as well as system-level overwhelm.[1]
- There is an overall need for more behavioral health (mental health and addiction) services across the state.[1] For example, a 2022 OHSU study found that there is a 49% gap in substance use services needed for Oregonians.[2]
- Access to basic needs like affordable food and housing affect people's health.[3]
- Health disparities are driven by systemic inequality. Communities of color, LGBTQIA+, individuals living with disabilities, and other marginalized communities often face additional barriers to healthcare and experience worse health outcomes. More culturally-specific services available in more languages help improve access, quality, and health outcomes.[4]

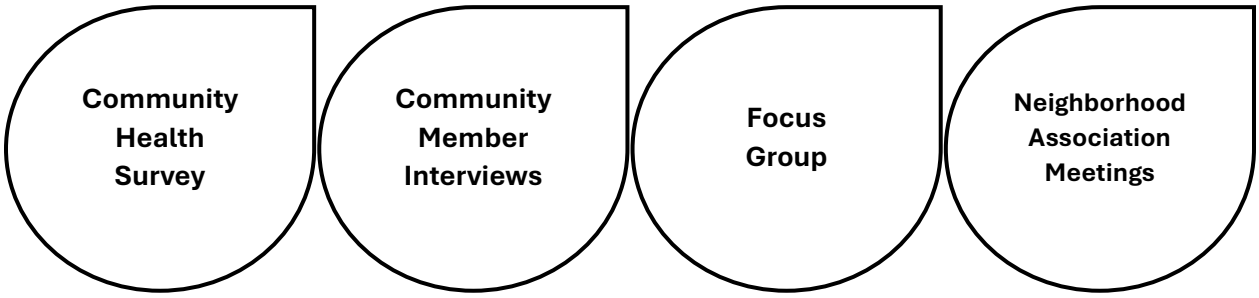
Cascadia Staff Listening Sessions

The Quality and Population Health Department sought input from staff to help determine the most useful data collection methods, core questions to investigate, and neighborhoods, communities, and/or organizations with whom to partner. Listening sessions included:

1. Peer Providers — staff with lived experience with recovery from mental/behavioral health and who work across a wide variety of teams, providing direct services to individuals and families
2. Organizational leadership — help guide organization-wide decision making

Approach & Reach

Data Collection Methods



Community Health Survey

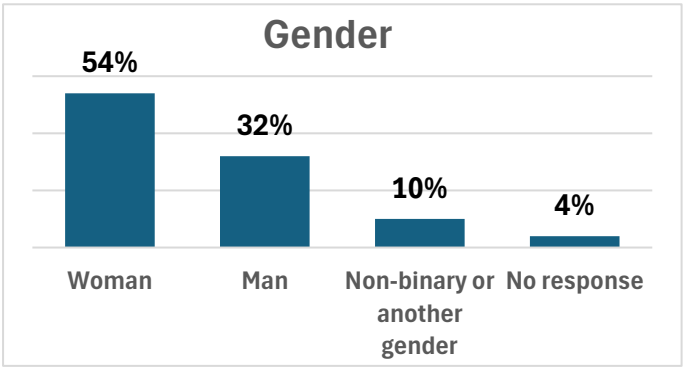
With consultation from interdisciplinary staff across the organization, Cascadia's Quality and Population Health Department built a survey with multiple choice and open-response questions. The survey was available in five languages (English, Spanish, Russian, Chinese, and Vietnamese) and was available in-print and online. Participants had an opportunity to enter a drawing to win one of five $20 gift cards. Cascadia shared the survey through social media, tabling events (job fairs, Portland Pride), ads in local newspapers (Street Roots, Portland Mercury, Mountain Times), Cascadia Health's Annual Gala, staff outreach, posting in public spaces, and email outreach to community partners. We are grateful to our partnerships with Planned Parenthood Columbia Willamette and Multnomah County libraries, who posted flyers in their physical spaces; and to Richmond Neighborhood Association for sharing the survey in their Summer 2023 newsletter.

Who We Heard From (Survey)

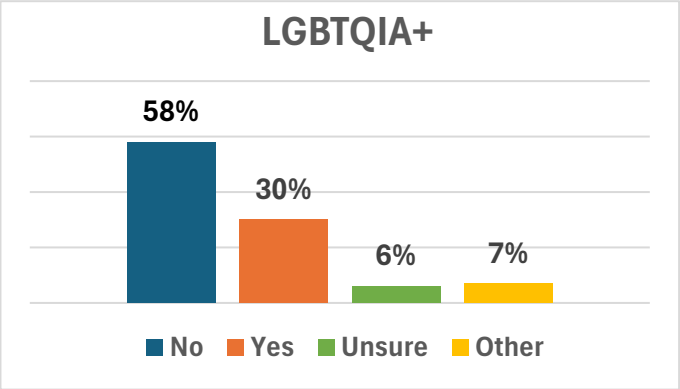
The Community Health Survey goals, methods, and outreach aimed to reach as many community members as possible, with an intentional focus on reaching communities of color, the LGBTQ2IA+ community, and communities whose voices are often underrepresented in data and research.

Out of 107 survey participants in the Portland Metro area:

- **Clients** – 29 were clients (27%)
- **Age** – Participant ages ranged from 22 – 76 years old (47 years old was the average)
- **Housing** – 79 people selected "I have stable housing" (73%)
- **Veterans** – 5 Veterans participated (5%)



- **Transgender** – 11 people (10%)
- **Language** – 94 people speak English at home (87%)
- **Ethnicity** – 12 people selected Latino/a/x (11%)
- **Race** – 75 people selected white (70%). Asian, Black or African American, American Indian or Alaskan Native, and Multiracial groups each had 10 or fewer participants.*



Cascadia's goals, values, and outreach strategies included reaching historically underrepresented communities. To help understand how well survey participation represented the 2022 Portland-Metro community, survey participation data was compared to the 2022 American Community Survey's demographic data for Portland.

Compared to the 2022 American Community Survey, LGBTQ+, non-binary/gender diverse, and transgender communities were well represented in the survey.[5;6] White, Asian, and people who identified as Latino/a/é/x proportionally matched the wider community's population. American Indian / Alaskan Native participation also matched the wider community, but this group consisted of only two participants. Black/African American and multiracial voices were underrepresented in the survey comparative to the wider population, and the survey did not reach any Native Hawaiian/Pacific Islander community members. Overall, although some groups were well represented, some groups had small participation numbers and results should be interpreted with caution.

Community Member Interviews

Community members were invited to participate in interviews through outreach to Cascadia's partner organizations and communities, including neighborhood associations. Cascadia planned to interview five community members and completed two. Participants shared about their individual, family, and communities' values, strengths, and approaches to health. Participants also responded to questions about healthcare access, experiences, and needs/improvement areas. All interview participants received $25 gift cards in appreciation of their time and contribution.

* A bar chart shows that among survey participants, 54% were women, 32% men, 10% non-binary or another gender, and 4% did not provide a response. A second bar chart shows that 30% of participants self-identified as LGBTQIA+.

Focus Group

Cascadia held a focus group with NAMI Multnomah County's Peer Division. Peer Providers are professional healthcare staff who have personal, lived experience of recovery from mental health challenges and/or addiction. Peers have received specialized training and certification to provide unique, whole-health and person-centered healthcare services for the community. This focus group included individuals working in a variety of settings, such as in hospital emergency rooms, outpatient mental health clinics, in and around the community. These peer providers also had experience working with diverse populations, including children and families, LGBTQ+ individuals, veterans, people whose primary language is not English, community members without housing, and more. All focus group participants received $25 gift cards in appreciation of their time and contribution. Discussion focused on community needs in the healthcare system.

Neighborhood Associations

Cascadia staff attended the Richmond and Eliot neighborhood association meetings where Cascadia's Plaza and Garlington Health Centers are located, to learn directly from Cascadia's neighbors about local needs connected to healthcare. The Eliot Neighborhood Association shared that their community had experienced frequent surveys in recent years and expressed fatigue. Out of respect for this feedback, CNA evaluators focused on attending meetings to learn further about neighborhood needs and did not pursue survey distribution through the Eliot Neighborhood Association. CNA evaluators attended two Richmond Neighborhood Association meetings, and the Richmond Neighborhood Association promoted the survey through its quarterly print and online newsletter.

Key Findings

An Overview

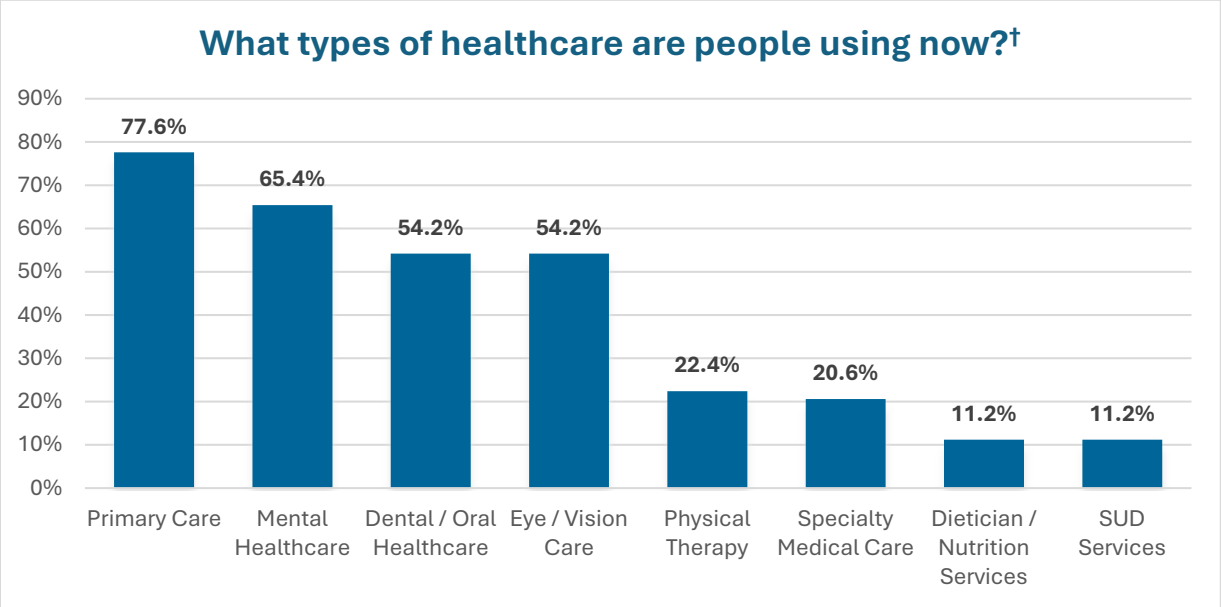
Cascadia's Community Needs Assessment asked community members about a broad array of health topics, including their experiences with health, accessing and using healthcare, and life factors that can affect health and wellness.

The community's responses showed three primary themes:

1. **Behavioral Health needs:** In this report, behavioral health refers to mental healthcare, substance use/addiction services, and related crisis services. The community identified the need to improve access to mental healthcare, offer more substance use and addiction services, and improve the quality of care in the crisis systems.
2. **Access:** The community shared about the challenges and barriers that make it difficult to access healthcare.

3. **Health-related social needs (HRSN):** Health-related social needs are social and economic factors that affect a person's health and well-being. Examples of HRSN include stable housing, food, personal safety, employment, and more. The community described that HRSN areas continue to impact individual, family, and local community health.

The Community Health Survey asked broadly about what types of healthcare participants are currently using and what care they would like to be using more. Over 75% of participants reported they are currently using Primary Care, making it the most frequently used form of healthcare.[†] Mental healthcare was the second most-used service (65%). Although participants reported high use of primary care and mental healthcare, nearly 40% also reported that they struggled in the past year to get primary care and mental healthcare when they needed it. Furthermore, behavioral health was a leading area of unmet healthcare needs reported in the community health survey, focus group, and interviews.



What types of healthcare do people want? Where is there unmet need?‡
1. Behavioral Healthcare
2. Specialty Care
3. Dental
4. Alternative Medicine

[†] The graph "What types of healthcare are people using now?" shows data from Cascadia's Community Health Survey, where participants could select multiple responses from a list.
[‡] The table "What types of healthcare do people what?" is from the analysis of open-answer and narrative data across the Community Heath Survey, community member interviews, focus group, and neighborhood association meetings.

5.	Gender Affirming Care
6.	Resources / Case Management
7.	Eye / Vision Healthcare
8.	Primary Care

Theme 1: Behavioral Healthcare Needs

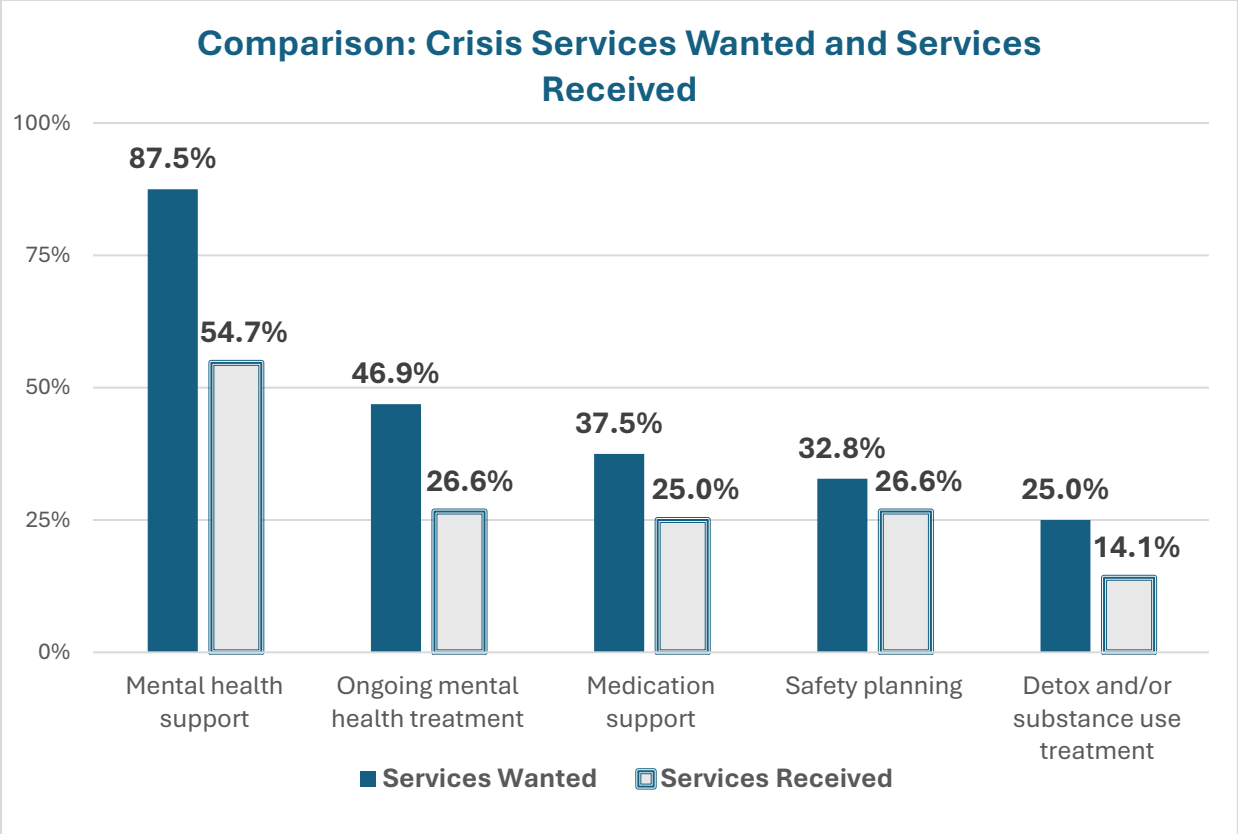
Behavioral healthcare refers to services and treatment for mental health, and substance use/addiction, including crisis services. Although 65% of survey participants reported actively using mental healthcare, feedback consistently pointed toward unmet behavioral healthcare needs.

Crisis Services - Quality and Prevention

- **Long wait times and difficulty accessing mental health treatment contribute to crisis episodes and crisis system overwhelm.** The 2022 OHSU Behavioral Health Workforce analysis reported that the behavioral healthcare system is over capacity, and not currently meeting the level of community need.[1] CNA participants described this experience at an individual level in the form of long waitlists and difficulty finding care. Participants also shared that people who are unable to get mental health treatment when they need it are more likely to experience a mental health crisis. After a crisis, if a person is unable to get mental healthcare for ongoing support, it becomes more likely that they will experience another mental health crisis. Healthcare workers in the focus group described providing care for people who experience repeated crisis episodes, and that often these crises could be prevented with more timely, ongoing access to mental health care. Focus group participants also described that the crisis system becomes overwhelmed when it provides additional services for routine behavioral health needs better met by the larger system.

> **"When you get out of the hospital, facility, whatever… there's no resolution. Now there's a huge drop off [in services], and you have to start all over again."**
> *– Interviewee*

- **Unmet expectations in crisis-response** – Nearly 60% of survey participants stated that they, or someone they know, has called for crisis support related to mental health. These participants were asked about what kinds of support they hoped to receive when they called, versus what they received. The graph below shows a comparison of two separate questions, which asked what services participants wanted and what they received. Callers' goals and expectations were consistently higher than the services they reported receiving.



Substance Use Treatment

- **More inpatient and detox services needed** – About 1/3 of survey participants agreed that there are places to go in their area to get help for inpatient substance use treatment and detox. However, most people (65.4%) either disagreed or were unsure if there are enough addiction/substance use services.
- **Urgent detox services needed** – Community member interviews, neighborhood association meetings, and survey responses described a lack of services for people in need of a safe place for short-term detox from alcohol or other addictive substances. In neighborhood association meetings, community members echoed this need for detox centers, particularly for people who use drugs like methamphetamine and other stimulants.

Theme 2: Healthcare Access Considerations

The CNA asked participants about their experiences accessing healthcare from both a "what's missing" and "what helps" perspective. The table below presents these two perspectives, incorporating information from all data collection formats.

Access to Quality Healthcare – Facilitators & Barriers

Theme	Gets In The Way	Helps
Administrative, Operational	– Cost / lack of health insurance coverage – Confusion about where to get care or if services exist – Difficulty getting referrals – Administrative burdens for patients: paperwork, communication between providers, insurance confusion and cost concerns, and difficulty with referral management – Scheduling challenges – Long wait times; lack of available providers	+ Healthcare professionals who recognize how mental and physical health affect each other + Service-oriented partnerships between community organizations to facilitate referrals and coordination + Assigned staff to follow/provide support through care and care transitions + Flexible appointments: weekend, weekday evening, and drop-in options + Appointment reminder systems
Quality Care	– Stigma and prejudice from healthcare staff, healthcare systems, and the wider community – Lack of culturally specific or responsive healthcare professionals or services – Lack of healthcare professionals who have shared identities and/or communities with those they serve – Lack of healthcare professionals who speak patients' primary language. Need for services in Spanish and American Sign Language	+ Healthcare professionals who recognize how mental and physical health affect each other + Integrated healthcare, including dental and specialty care[§] + Healthcare professionals that talk to each other to help close communication loops + Healthcare professionals that listen to patients and believe them about their experiences + More healthcare professionals who are Black, Indigenous, and People of Color + Healthcare professionals who speak patients' primary language
Health Literacy & Healthcare Navigation	– Misinformation online – Confusion about where to get care or if care exists	+ Friends, community members, and resources that can make recommendations or help answer medical questions + Building trusting relationships with healthcare professionals through person-centered care makes it more likely that patients will go regularly go back for routine care + Multiple types of care in one place (pharmacy, doctor, counselor).

[§] Integrated Healthcare describes a patient care model that involves a healthcare team working together to address a patient's needs. It is an approach that is patient-centered, collaborative, and takes a person's full health into perspective (physical, mental, behavioral, emotional, and social).

Theme 3: The Impact of Health-Related Social Needs

Health-Related Social Needs (HRSN) are social and economic factors that can affect individual and community health and wellness. The following table shows how participants responded to questions around HRSN. Affordable housing, healthy food, and employment were the three leading concerns for participants.

Basic Needs

HOUSING	• Housing accessibility, affordability, and stability were themes across all data sources. • 71% of survey participants reported that housing is not affordable in their community.
FOOD	• 58% of survey participants reported concern that healthy food is not available/affordable in their community. • Survey participants reported that food banks, community gardens, and other resources that provide access to healthy food help people and wider communities stay healthy.
AIR QUALITY	• 43% of survey participants felt that air quality is good in their community; 31% expressed concern about air quality; and 25% were unsure.

Work

WORK STRESS	• Survey responses and interview participants described that job-related stress negatively affects health and wellness.
A "LIVING WAGE"	• Employment with quality wages was a major concern for participants. • Over half of survey participants (56.1%) reported that there are not enough jobs that pay a living wage in their community. • A neighborhood association discussed their belief that all neighbors should have opportunities to pursue an income that can do more than meet the most basic of survival needs and enable a comfortable quality of life. The association further discussed problem-solving barriers to higher-paying jobs, which included the promotion of job training, support in translating existing skills to employment opportunities, and less restrictive criminal background checks.

Social

Support & Connection	• Survey and interview participants reported that social supports (e.g., friends, family, neighbors) help people meet their basic needs and navigate healthcare systems successfully.

Limitations

Lessons for Cascadia's future CNAs

The primary limiting factor for this CNA was capacity. Cascadia, partner community organizations, and community member participants experienced capacity limitations that affected both the amount of information Cascadia was able to collect, and how deeply we were able to reach diverse voices in the community.

On the individual level, inviting participation from the community demands individuals' time, energy, and insights. Cascadia offered compensation to all interviewees and raffled off gift cards for people who completed the survey to acknowledge the demand on participants. However, the lack of time or ability to participate reduced the overall pool of responses. For example, Cascadia fell short of its interview participation goals. Many people who initially expressed interest in interviews were unable to complete an interview due to a lack of time and capacity. Cascadia will continue to explore ways to reach and engage more participants in future needs assessments, including a stronger focus on partnering with community organizations.

Despite the goal of project collaboration, Cascadia experienced capacity challenges in partnering with community organizations. At the onset of this project, Cascadia reached out to organizations with shared work in the community to explore the opportunity to collaborate on the project. Unfortunately, partner organizations were experiencing competing priorities and resources, which affected their ability to participate. In the future, Cascadia will begin collaboration efforts farther in advance to increase the likelihood of partnership. Combining resources with other organizations could increase the number of people we reach, broaden the depth and scope, and strengthen the analysis and reporting. Cascadia found that connecting with neighborhood associations within our service area provided valuable insight into the needs of those communities. We were unable to reach or participate in two neighborhood associations and hope to be more successful in the future to strengthen our work.

Cascadia Health also experienced internal capacity limitations. This was Cascadia's first needs assessment where we gathered information from the community and thus it was a learning process that consumed considerable time and energy. This learning process, in combination with competing departmental priorities, resulted in delays in completing this project. Adding a dedicated project manager may help keep the next CNA project on track and create more capacity for building relationships with community members and organizations. Time and resource challenges also contributed to a more passive approach to collecting survey responses, where staff were rarely physically present to outreach or directly support people in taking the survey. In the future we hope to attend more community events including job fairs, to provide in-person outreach and support to

community members. These approaches may also more effectively reach communities that were underrepresented in this survey, including communities of color and people experiencing housing challenges. Continuing to explore strategies to support participation of diverse communities will be a focus of our next needs assessment.

Lack of capacity is not a unique challenge to Cascadia Health or this CNA. Time constraints and limited resources have been a barrier to achieving goals around sample size, reach, and representation in previous local needs assessments.[4] Based on these challenges, future CNAs can plan around capacity issues in the initial stages of the project. Allocating more bandwidth for Cascadia's next CNA in 2026, and prioritizing stakeholder relationships before the assessment begins, could minimize barriers. Limitations withstanding, Cascadia achieved the goal of reaching the community to identify barriers to healthcare, and healthcare needs so that we can begin to learn and grow to support the health of our community.

Finding Meaning & Taking Action

Cascadia's 2023 CNA revealed themes that were similar to other recent needs assessments from the Portland Metro area. Participants reported unmet healthcare needs related to affordability of care, accessing care, culturally specific services, and trauma informed services. Participants also described health-related social needs that negatively impact health and quality of life. Most of the results discussed in this needs assessment are not surprising given that these are well-known challenges which have been exacerbated by the pandemic and other recent social issues. However, as part of this CNA we were able to directly explore these health issues and provide recent feedback from Cascadia service users and the wider community.

Behavioral Healthcare Access and Expansion

Oregon's behavioral healthcare system is overburdened and under-resourced. In the Portland Metro region, the need for mental health and substance use services is too large for the system to manage effectively. This mismatch between need and capacity has resulted in a bottleneck for people entering behavioral health services.[1] Limited access to behavioral healthcare leads to many negative consequences across the entire healthcare system, as well as other social systems. For example:

- Emergency department, mobile mental health crisis services, and emergency medical response are providing crisis services for individuals with unmet, longer term behavioral health needs who will benefit from ongoing care.[1]
- Poor access to SUD services can result in more unnecessary ED visits and police/criminal justice system involvement[2]

- Drug overdose deaths[7]
- Growing number of unhoused individuals with behavioral health needs[4]

Although crisis services are an essential part of Oregon's behavioral health system, they are not meant to be a substitute for ongoing, preventative behavioral healthcare. The crisis system is also not able to hold the overflow from the overwhelmed treatment-side of the system. CNA participants described dissatisfaction with the crisis system, some of which may be due to this overwhelm the crisis system is facing. One survey participant described that there are "inadequate resources besides Project Respond, police, or hospitalization in a crisis." A survey participant noted "You have to be a danger pretty immediately to yourself or others to get care quickly; otherwise, you have to wait."

Increasing need for substance use-related services also contribute to system-level overload and healthcare costs, as well as unnecessary deaths in our community.[2] The Oregon Health Authority reports that three Oregonians die every day from accidental drug overdoses, and that fentanyl has become the most common drug involved in overdose deaths.[7] A recent data analysis of Health Share of Oregon's 2023 Medicaid claims indicates that the following diagnoses were highly predictive of crisis hospitalization: opiate use disorder, stimulant use disorder, substance use-related psychosis, substance-use related accidental overdose.[7] Appropriate, available, affordable care could support individuals in their recovery goals, help reduce unnecessary hospital visits and help prevent drug-overdose deaths.

In addition to the under-resourced, overburdened behavioral health system, stigma persists as a barrier that can make it difficult for people to access overdose prevention supplies, treatment, and healthcare.[**; 2] CNA participants named stigma as something that can get in the way of treatment for mental health and addiction. For example, participants described "distrust of local agencies and authorities. Stigma around drug use, poverty, and mental health" and "increasing stigma against substance use" as barriers to care and to community health.

Results from this needs assessment suggest that we need to look beyond the usual substance use treatment and include more flexible support such as harm reduction in the

[**] Stigma is defined by the Britannica Dictionary as "a set of negative and often unfair beliefs that a society or group of people have about something."

solutions.[††] Participants identified a need for a wider variety of substance use-related services, including needle exchange/needle disposal resources, services that include the individual and their families/support systems, and urgent detox services. Additionally, most survey participants identified that they either did not believe there were enough substance use services available in the community, or they were unsure of where to find those services. This could indicate a need for more services, better communication about existing services, improved connection to treatment and detox, or a combination of these factors. As one participant described, navigating healthcare for substance abuse is very challenging for the individual and those that support them."

A regional, system-wide approach is needed to fully address the current challenges around access to behavioral healthcare. At the organization level, Cascadia is actively working to improve access and quality of Cascadia behavioral healthcare services. These strategies include testing out a new "rapid engagement" program to help people who need mental healthcare services get that care more quickly. In this program, individuals are connected to peer providers, engagement specialists, and other supportive resources while they wait for their first appointment with a mental health clinician. This program lets incoming individuals with more acute needs learn about Cascadia's available services, fill out important paperwork, and talk with someone about options for immediate help.

The results of this CNA suggest that Cascadia would benefit from identifying new ways to help people get access to behavioral healthcare more quickly. The Rapid Engagement program has resulted in a reduction of paperwork overwhelm for new clients, and faster access to care for urgent needs. However, it has not solved the overall problem of long wait times to see a mental health clinician. Cascadia continues to address access and is building more robust internal structures that can help existing clients and patients connect with other internal services more easily. For example, if a patient sees their Primary Care doctor at Cascadia and needs specialized mental health or psychiatric services, Cascadia's Primary Care should be able to help get that person help that same day. Cascadia has made a significant structural change in the last year, shifting all its services and care coordination into a team-based care model to help support this goal. In this model, clients have a care team composed of staff from multiple disciplines, allowing clients to flow more easily between services as needs change. Cascadia expects this integrated, team-based approach will help make it easier for clients to access a wide array of services that can better meet their whole health needs.

Cascadia is also expanding and improving its substance use and addiction services. These changes will help address the community's expressed need for more services overall, as

[††] The National Harm Reduction Coalition defines Harm reduction as "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs… Harm reduction incorporates a spectrum of strategies that include safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself."

well as for more diverse types of services. Specifically, Cascadia is improving services in the following areas:

1. *Medication Supported Recovery (MSR)* – Medication Supported Recovery provides medication for opioid and methamphetamine use disorders as a part of treatment. Cascadia is expanding and improving MSR services through increased training of psychiatric providers throughout the organization, including in Primary Care, to enable for a larger and more diverse set of providers to help people seeking MSR at the moment this need is identified. Expanison of MSR also includes offering contingency management, which is described below.
2. *Contingency Management* – Contingency management is an evidence-based practice that provides small monetary incentives for patients for meeting their treatment and recovery goals. Cascadia is currently piloting contingency management in its addiction services.
3. *Harm-Reduction* – Cascadia is prioritizing the integration of harm-reduction practices throughout the organization. Over the past year Cascadia increased the distribution of Naloxone (Narcan) in the community and is working towards making fentanyl test strips widely available. Staff have received opiate overdose response training, and our Harm Reduction Supply and Distribution team has created and distributed printed materials on using Narcan, test strips, and general first aid and wound care. Cascadia is also promoting harm reduction and increasing knowledge and engagement through a lecture series, staff training, and staff certification in SUD.
4. *Strengthen Integrated Healthcare* – Cascadia is actively integrated more addiction medicine services into primary care and mental health treatment to improve access to substance use treatment by making it easier for all Cascadia clients to get medication and other services.

Support for Health-Related Social Needs (HRSN)

Oregon's Medicaid system, Oregon Health Plan (OHP) recognizes HRSN as a critical need and is working to help healthcare organizations support people around HRSN, including housing, nutrition and food, environmental safety, and economic well-being. Healthcare organizations have not always directly addressed HRSN, but organizations like Cascadia cannot ignore the social context of community members' lives and the ways in which it impacts health.

Support for basic needs, including a "housing as healthcare" philosophy, has long been a cornerstone of care at Cascadia Health. Most CNA participants felt there is insufficient

"Housing is getting more and more expensive, the cost of living just keeps going up and up and up, but it's still just as hard to make money."
– interviewee

access to food, housing, and a comfortable income in the Portland Metro area. It is critical that healthcare organizations repeatedly ask about their patients' HRSN and either help provide support for those needs or connect people to resources in the community. As one participant put it, communities are healthier when people have access to resources with limited red tape. Food, clothing, shelter, and health support without needing appointments, referrals, or numerous logistics to juggle and remember."

Cascadia is working towards more frequent screening for HRSN. Cascadia is building this screening process as well as processes to help staff provide care or connect people with community resources. HRSN screenings will also provide helpful information about the individuals and families we serve at a larger population level, which can help Cascadia address these needs. Peer delivered services provide an opportunity to address HRSN in a trauma-informed and client-centered way. Cascadia is integrating Peer Providers more deeply across Cascadia services by building out Peer Services in Cascadia housing to support community members who may not be receiving formal healthcare services. Cascadia is also adding Peer Navigators to walk with people through care and service transitions, including prior to starting services and after discharge.

Further HRSN improvement areas that Cascadia may consider in the future include using electronic health record systems to coordinate care more easily between different healthcare organizations and strengthening relationships with organizations and services that directly help people with specific HRSN.

Honoring Community Voice

Cascadia is using this CNA to build and strengthen internal processes, so that Cascadia can effectively use patient/client feedback and community voice to improve services. We are creating a standard operating procedure to guide the way we consider and use this valuable information to best understand the needs of our clients, patients, and community. Cascadia is also developing a Consumer Advisory Board where current clients and families can provide input on projects and ongoing improvements on a regular basis. Although this work is in progress, this CNA and future CNAs will become an embedded part of our community input model.

"You have to be conscious of your own implicit bias and how that's translating into your work as a healthcare provider."
– interviewee

This CNA shows that participants – and the community at large – have a keen sense of what helps them stay healthy. Participants called out needs to

decrease barriers to care and improve access to community-based services, including harm reduction, recovery meetings, and access to mental health services. These were identified as critical to maintaining health and well-being, along with many other supports that are not specific to healthcare. These include access to green space for recreation, libraries, and safe spaces for learning and connecting. These resources underscore health and healthcare as a community responsibility. Cascadia is a critical component of supporting these goals and the community it serves.

Acknowledgements

We want to thank the Eliot and Richmond Neighborhood Associations for welcoming us. Thank you to Planned Parenthood Columbia-Willamette, Multnomah County Libraries, Street Roots, Portland Mercury, and The Mountain Times for promoting the survey. We extend gratitude to all the individuals who shared their time, experiences, and ideas through interviews, focus groups, and the survey. Thank you to Cascadia's Senior Leadership and Peer Providers for guiding this needs assessment in its early stages. This project would not have been possible without the support of our community partners.

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