

From Paperwork to Purpose

Sustaining CBOs, braiding funds, and advancing health equity in Oregon's healthcare landscape

A learning collaborative with Community Health 360 and Young Roots Oregon

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Community health depends on CBO capacity

Policy shifts and financial pressures are increasing the importance of strong community-support integration, while CBOs continue to operate across fragmented funding, documentation, and reporting requirements.

RISING COST & UTILIZATION

9% higher member-service spending in 2025; hospitals represented 31.8% of CCO member-service spending.

H.R. 1 DISRUPTION

Work/activity rules, six-month renewals, and lower federal payment flexibility increase churn and administrative workload.

THW & CHW ALIGNMENT

Oregon CCO THW integration and Medicare CHI/PIN create stronger need for coordinated community roles.

FOOD SUPPORT PRESSURE

313,000 Oregon SNAP participants may be affected, increasing pressure on community resources and downstream health.

Trusted CBOs can help address unmet needs — but complexity limits their capacity.

\$200M+

NET SAVINGS

Across Medicare and Medicaid in the CMS AHC model

CMS AHC final evaluation

3–4%

LOWER SPENDING

For beneficiaries receiving navigation assistance

CMS AHC Assistance Track

4–6%

FEWER INPATIENT STAYS

For Medicaid beneficiaries across evaluated AHC tracks

CMS AHC evaluation

4–5%

FEWER ED VISITS

For Medicare and Medicaid beneficiaries across evaluated tracks

CMS AHC evaluation

+ 17.6 pts

AT BP GOAL

Median improvement from CHW interventions

CPSTF systematic review

66,000+

TRANSITIONS HOME

Through No Wrong Door partners in all states + D.C.

ACL

Result for CCOs: Coverage churn and unmet needs can make quality, equity, and cost goals harder to achieve; the response is to build capacity around CBOs so they can reach members, coordinate services, document outcomes, and sustain payment.

From fragmented administration to community operating infrastructure

Young Roots Oregon and CH360 are testing how shared infrastructure can improve documentation, reporting, invoicing, and capacity for trusted community care.

YOUNG ROOTS REALITY

A single client journey must be tracked across:

- 1 Funding sources: government contracts, CCOs, grants
- 2 Reporting/billing: invoicing, grant reports, program outcomes
- 3 Systems: client tracking, financial tracking, Excel

Opportunity: one place for journey + outcomes

COMMUNITY HEALTH 360

The operating layer between health care systems, community providers, and people

Client / member management

Billing and payment support

Referral intake & coordination

Grant and contract tracking

Case management & service delivery

Reporting, outcomes, and data exchange

THW workforce documentation

Outreach and engagement

One infrastructure layer supports Medicaid benefits, grants, contracts, and community programs.

CCO CAPACITY RESPONSE

- Eligibility and outreach workflows
- Referrals and coordination
- Secure outcome data and reporting
- Sustainable THW and CBO funding
- Case management and care coordination

CCO role: Support infrastructure that lets trusted partners reach members, coordinate care, document outcomes, and sustain payment.

Less administrative complexity → more consistent documentation → clearer outcomes → more community support for people in need