

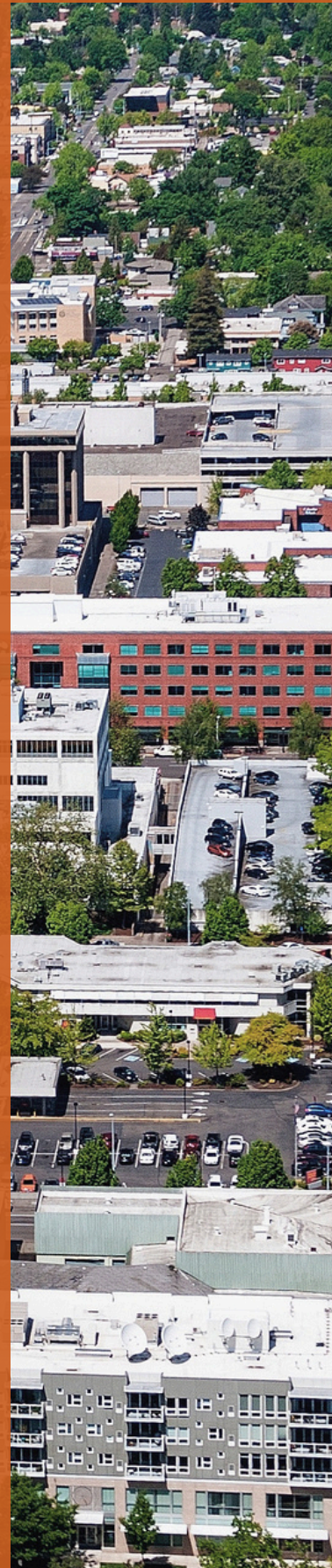
**2021-2025**



**Marion-Polk  
COMMUNITY  
HEALTH  
IMPROVEMENT  
PLAN**

**Implementation  
Summary**

**May 13, 2026**



## Introduction

This report provides a high-level overview of the progress made by the Marion-Polk Community Health Collaborative (MP-CHC) on the [2021-2025 Marion-Polk Community Health Improvement Plan](#) (CHIP). Developed in collaboration with community partners across Marion and Polk Counties, the CHIP identified Substance Use, Behavioral Health Supports, and Housing as priority areas. Within these areas, the plan established 9 aims, 11 long-term measures, and 59 strategies.

The priority areas were identified in 2019 through the Community Health Assessment (CHA). However, the emergence of the COVID-19 pandemic in 2020 delayed starting the development and implementation of actionable goals and strategies. Despite these challenges, MP-CHC and its partners remained committed to improving community health and continued to make meaningful progress throughout the pandemic.

Contributing partners include Legacy Health, Marion County Health & Human Services, PacificSource, Marion-Polk Coordinated Care Organization (CCO), Polk County Health Services, Salem Health Hospitals & Clinics, Santiam Hospital & Clinics, and the Willamette Health Council. These organizations have provided summaries of their respective efforts and contributions towards CHIP implementation.

While this report highlights key accomplishments, it does not capture the full scope of the work related to the priority areas. Many programs and services extend beyond the CHIP framework, and efforts are often interconnected. This report is intended to provide an overview of major activities that reflect MP-CHC's commitment to improving community health.

## 2021-2025 CHIP Priority Areas



**Substance Use**



**Behavioral Health**



**Housing**

# Population outcome measures

Note: Reporting cycles do not always align within the CHIP timeframe. Baseline measures originally recorded in the CHIP have been updated to reflect 2020 data to more accurately indicate conditions during the 2021-2025 CHIP cycle.

Due to changes in possible survey responses from 2020 to 2022 data from these periods may not be comparable and should be interpreted with caution.

Indicator	Geography	Population	Baseline	Baseline collection period	2025 Status	2025 Collection period	Percent change	Target	CHIP target met	Source
Alcohol use (teens)	Marion	11 <sup>th</sup> graders	17.1%	2020	6.2%	2024	-63.7%	14.1%	Yes	SHS
	Polk	11 <sup>th</sup> graders	16.5%		11.0%		-33.3%	16.5%	Yes	SHS
	Oregon	11 <sup>th</sup> graders	23.0%		13.2%		-42.6%	NA	NA	SHS
E-cigarette use (teens)	Marion	11 <sup>th</sup> graders	8.9%	2020	3.5%	2024	-60.7%	6.9%	Yes	SHS
	Polk	11 <sup>th</sup> graders	9.1%		6.0%		-34.1%	7.1%	Yes	SHS
	Oregon	11 <sup>th</sup> graders	11.9%		8.9%		-25.2%	NA	NA	SHS
Marijuana use (teens)	Marion	11 <sup>th</sup> graders	12.5%	2020	5.3%	2024	-57.6%	10.5%	Yes	SHS
	Polk	11 <sup>th</sup> graders	11.6%		4.0%		-65.5%	4.0%	Yes	SHS
	Oregon	11 <sup>th</sup> graders	13.5%		9.6%		-28.9%	NA	NA	SHS
Cigarette use (adults, age adjusted)	Marion	18 and over	16.0%	2014-2017	14.9%	2018-2021	-6.9%	13.0%	No	BRFSS
	Polk	18 and over	14.6%		13.6%		-6.8%	11.6%	No	BRFSS
	Oregon	18 and over	17.6%		12.6%		-28.4%	NA	NA	BRFSS
Opioid overdose deaths (per 100,000)	Marion	All	8.4	2018-2021	29.4	2023	250.0%	7.8	No	IVPP
	Polk	All	6.0		17.8		196.7%	7.2	No	IVPP
	Oregon	All	11.1		32.9		196.4%	NA	NA	IVPP

NA=not applicable

SHS=Student Health Survey

BRFSS=Behavioral Risk Factors Surveillance System

IVPP=Injury and Violence Prevention Program

**Table 2. Behavioral health support CHIP (2021-2025) population measures and goals, SHS, BRFSS, OVS, CHR**

<i>Indicator</i>	<i>Geography</i>	<i>Population</i>	<i>Baseline</i>	<i>Baseline collection period</i>	<i>2025 Status</i>	<i>2025 Collection period</i>	<i>Percent change</i>	<i>Target</i>	<i>CHIP target met</i>	<i>Source</i>
Depression (adults, age adjusted)	Marion	18 and over	26.1%	2014-2017	25.8%	2018-2021	-1.1%	23.1%	No	BRFSS
	Polk	18 and over	27.8%		27.2%		-2.2%	24.8%	No	BRFSS
	Oregon	18 and over	25.6%		24.7%		-3.5%	NA	NA	BRFSS
Depression symptoms (teens)	Marion	11 <sup>th</sup> graders	47.0%	2020	29.6%	2024	-37.0%	43.0%	Yes	SHS
	Polk	11 <sup>th</sup> graders	38.6%		27.4%		-29.0%	34.6%	No	SHS
	Oregon	11 <sup>th</sup> graders	42.9%		NA		NA	NA	NA	SHS
Suicide deaths (per 100,000, age-adjusted)	Marion	All	18.3	2018	16.7	2023	-8.7%	17.3	Yes	OVS
	Polk	All	14.7		13.5		-8.2%	14.0	Yes	OVS
	Oregon	All	19.1		19.5		2.1%	NA	NA	OVS
Mental health providers (per 100,000)	Marion	All	343.0	2019	210	2024	-38.8%	377.3	No	CHR
	Polk	All	276.5		320		15.7%	304.2	No	CHR
	Oregon	All	526.3		140 to 1		NA	NA	NA	CHR

*Mental healthcare providers include psychiatrists, psychologists, licensed social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental healthcare.*

*NA=not applicable*

*SHS=Student Health Survey*

*BRFFS=Behavioral Risk Factors Surveillance System*

*OVS=Oregon Vital Statistics*

*CHR=County Health Rankings*

<i>Indicator</i>	<i>Geography</i>	<i>Population</i>	<i>Baseline</i>	<i>Baseline collection period</i>	<i>2025 Status</i>	<i>2025 Collection period</i>	<i>Percent change</i>	<i>Target</i>	<i>CHIP target met</i>	<i>Source</i>
Homelessness (per 100,000)	Marion	All	291.5	2018	411.9	2023	41.3%	262.4	No	OHCS
	Polk	All	266.4		285.7		7.2%	239.8	No	OHCS
	Oregon	All	345.4		474.3		37.3%	NA	NA	OHCS
Renter burden (30% or more of income on rent)	Marion	All	53.7%	2018	53.0%	2024	-1.3%	46.7%	No	ACS
	Polk	All	53.3%		54.3%		-0.6%	46.3%	No	ACS
	Oregon	All	49.5%		52.3%		5.7%	NA	NA	ACS

NA=not applicable

OHCS=Oregon Housing and Community Services

ACS=American Community Survey (US Census)

## Contributions to the 2021-2025 CHIP

### Legacy Health

Over the course of the 2021-2025 CHIP cycle, Legacy Health invested more than **\$1.4 million** in Marion County to advance priority areas including Access to Health Care, Behavioral Health Supports, Social Determinants of Health (such as food security, education, and housing) and Substance Use.

Legacy Health partnered with community organizations to improve access to essential health and social services. These investments helped sustain clinical care for uninsured and underserved individuals; expand family support, benefit navigation, and wraparound services; increase access to child abuse assessment, treatment and prevention; and strengthen food access and financial stability in the Marion County area.

#### Key Investments:

- Through a partnership with the [Health Systems Access to Care Fund \(HSACF\)](#), **Legacy Health supported the Salem Free Clinic**, helping sustain clinic operations that serve individuals who cannot access traditional health care due to immigration status, lack of insurance, or safety concerns.
- **Catholic Community Services expanded individual and family support services and resource navigation** through a Community Health Worker, offering Oregon Health Plan

enrollment assistance, benefit navigation, and wraparound services such as housing, transportation, and employment support.

- **Liberty House expanded child abuse assessment services with a new clinic in Woodburn, Oregon**, improving access for families in rural North Marion County. The clinic enhances availability of assessment, treatment, and prevention services related to child abuse, neglect, trauma, and grief – promoting health and hope for children, youth, families, and the broader community.
- With support from Legacy Health, **Silverton Area Community Aid expanded its mobile food pantry** initiative throughout the Silver Falls School District, increasing access to fresh, nutritious, and culturally appropriate foods for individuals facing transportation, health or work-related barriers to in-person pantry visits. Legacy’s investment also supported payment assistance for past due rent, mortgage and utility bills, along with case management and referrals for financial planning, housing needs, and food access.

## Marion County Health & Human Services

Marion County Health & Human Services (MCHHS) made measurable progress implementing the 2021–2025 CHIP strategies across substance use, behavioral health supports, and housing.

In the area of substance use, **prevention efforts reached approximately 4,000 youth through school-based education**. Community engagement was strengthened through multilingual outreach, partnerships with culturally specific organizations, and targeted campaigns such as youth-led media initiatives and retailer education. Regulatory and outreach efforts also produced measurable results, **including 118 tobacco-related compliance inspections and the distribution of 1,000 cannabis lockboxes to reduce youth access and promote safety**.

MCHHS expanded access to substance use treatment and recovery services, particularly for underserved and rural populations. The opening of **His Place, a family-centered treatment program for fathers, resulted in 47 fathers and 22 children receiving services**, with several participants achieving employment and family reunification outcomes. Additional efforts **supported over 300 justice-involved community members through reentry programming**, while mobile services, including a wellness van and peer-supported transportation, helped reduce barriers to accessing care.

For behavioral health supports, MCHHS focused on increasing access, strengthening systems, and addressing social determinants of health. Key activities included **48 suicide prevention trainings reaching more than 600 participants, distribution of over 2,000 sensory support kits across 35 schools, and implemented a school-based self-regulation program reaching approximately 7,800 youth annually**. Community outreach reached tens of thousands of residents, including **93,000 community members through 988 awareness campaigns**. In addition, more than **800 community members were supported with Oregon Health Plan enrollment**, and family therapy sessions expanded to over 1,100 sessions in 2025.

Housing initiatives contributed to **preventing homelessness for at least 45 households**, supporting tenant education and housing placement outcomes. These efforts were strengthened through partnerships with organizations serving individuals experiencing homelessness and through leadership roles in the Mid-Willamette Valley Homeless Alliance.

## PacificSource, Marion-Polk Coordinated Care Organization (CCO)

PacificSource Community Solutions (PacificSource) has played a significant system stewardship and investment role in advancing the Marion–Polk CHIP from 2021–2025. Working in close partnership with the Willamette Health Council (WHC), local governments, health systems, tribes, providers, and community-based organizations, PacificSource has aligned funding, payment reform, workforce development, and system infrastructure to support community-identified priorities

### Substance Use

#### Key Contributions:

- **Treatment & recovery infrastructure funding** for substance use disorder (SUD) treatment expansion into the Santiam Canyon service area as well as peer-delivered services, and recovery-oriented housing throughout the Marion-Polk region.
- **Investment in peer-delivered and recovery-oriented services**, including programs serving youth, adults, and justice-involved populations.
- **System Integration using Connect Oregon / Unite Us** to improve referrals to SUD treatment, recovery support, and social services and well as initiatives to integrate SUD supports into primary care and behavioral health settings.

### Behavioral Health Supports

#### Key Contributions:

- **Direct PacificSource investment in workforce capacity**, including **\$575,000** invested in **2023** through the Behavioral Health Workforce Diversity initiative to recruit and retain culturally and linguistically responsive behavioral health providers, with a focus on reducing access gaps for **BIPOC** and non-English-speaking members and improving both member and provider experience.
- **Expansion and integration of Traditional Health Workers (THWs)** (including peers, CHWs, and doulas) through alternative payment models, scholarships for certifications and continuing education, and technical assistance.
- **Value-based payment incentives** supporting integration of behavioral health services within Patient-Centered Primary Care Homes (PCPCHs).
- **Community-based initiatives** supporting school-linked mental health, older adult behavioral health, trauma-informed care, and culturally specific programming.

## Housing Stability

### Key Contributions:

- **SHARE Initiative funding** supporting affordable housing development and homeownership (e.g., Habitat for Humanity projects), transitional and recovery housing, including women centered and family centered housing, and housing stabilization supports for people with behavioral health and substance use needs.
- **Community Benefit Investments Tribal investments** to expand temporary and permanent supportive housing connected to substance use treatment.
- **Community Information Exchange (Connect Oregon / Unite Us)** to strengthen closed loop referrals between health care and housing providers.
- **Participation in and support of the Mid-Willamette Valley Homeless Alliance**, strengthening coordination between health systems and the Continuum of Care.

### Looking Ahead:

PacificSource remains committed to advancing community-identified priorities as the region transitions to the **2026–2030 CHIP**, with continued emphasis on **community informed best-practices, equity-centered investment, and measurable outcomes**.

## Polk County Health Services

Polk County's three main objectives for substance use were: reducing youth substance use through risk awareness (alcohol, tobacco, marijuana); improving treatment capacity by closing the rural-urban service gap; and supporting recovery and wellness by linking it to overall health.

Activities by Polk County during the 2021-2025 CHIP that addressed those objectives include:

- Partnered with Youth Era for **recovery peer support** to local high schools.
- Prevention initiatives through Polk County Family & Community Outreach that included: **High School Youth Conference** for all rural high school juniors to expand their perspective on career opportunities after graduating.
- **Availability of mini grants for youth-serving organizations** to implement youth-led activities such as:
  - Cooking program
  - Gardening program
  - Weightlifting program

- Woodworking program
- Guitar Program- 6 Strings Club
- Prevention presentations at local middle and high schools and community presentations offered to parents about resources for youth, in both English and Spanish.
- **High School Video Contest** that promoted resources for youth, adults, and older adults in Polk County.
- **Supporting students to become job ready** and experienced in a career path of their interest. The programs implemented include: the Dallas Youth Garden, various summer internships, and a High School Job Readiness program that provides high school students with the opportunity to learn and become confident in getting a job. In addition, the “Adulting 101” program supports students in learning important skills that we often learn as an adult.
- **School Wellness Campaign** support at local high school for their health week that includes substance use prevention and presentations from individuals with lived experience.
- Implementing the **Tobacco Alcohol Retail Assessment** to recognize the substances available and the landscape that our youth, community and professionals encounter every day.
- Implementation of **Narcan trainings** for the community to increase awareness on how to effectively administer Narcan and know where to access Narcan.

Polk County Local Alcohol and Drug Policy Committee (LADPC) identified partners to bring **Tall Cop Says Stop professional training** and community education to Polk County. The mission: to save lives from substance abuse and misuse through education. **These events reached 173 professionals** from law enforcement, health and human services and education sectors and **49 community members**.

Polk County Behavioral Health provided **telehealth services** for community members with behavioral health needs including aiding community members' ability to access these services.

Polk County Behavioral Health successfully implemented the **Behavioral Health Resource Network (BHRN) program** dedicated to establishing a central access point for harm reduction, treatment, and recovery services for individuals struggling with alcohol or drug use,

## Salem Health Hospitals & Clinics

Guided by our mission to improve the health and well-being of the people and communities we serve, Salem Health Hospitals and Clinics has provided compassionate, accessible care for 130 years.

Expanding access to care and improving health outcomes remain central to our role as a trusted healthcare partner in Marion and Polk Counties.

From 2021 through 2025, Salem Health invested more than **\$791 million** in community benefit initiatives. These investments strengthened access to care and addressed community-identified health needs through financial assistance, community health improvement efforts, subsidized services, professional education, research, and both grant-funded and in-kind contributions.

Health education and prevention are foundational to long-term well-being. Through the work of our health educators, Salem Health **delivered hundreds of classes and free health screenings** across the region in both English and Spanish. Thousands of individuals and families were supported through education focused on topics such as chronic disease management, injury prevention, maternal and infant health, mental health awareness, and nutrition. In 2025 alone, **more than 300 life jackets and 500 bike helmets were distributed** to promote community safety.

Strategic partnerships further advanced our mission by expanding access to care—particularly in rural Polk County. Collaborations with organizations such as Salem Free **Clinics increased service availability and improved chronic disease outcomes**, including measurable reductions in A1C levels among patients with diabetes. **Investments in mobile dental services and biometric screenings** brought care directly to underserved communities, reducing geographic and financial barriers.

Additionally, through direct program investments with local partners, Salem Health continues to address urgent needs while building long-term community resilience. These collective efforts reflect our vision of healthier communities supported through collaboration, prevention, and access to care.

## **Santiam Hospital & Clinics**

During the 2021–2025 CHIP cycle, Santiam Hospital & Clinics experienced major growth in patient volume and service demand, especially in the Emergency Department, Birth Center, and Orthopedics. In response, **Santiam advanced several large-scale capability upgrades:** Emergency Department expansion, Orthopedic Clinic remodel, new surgical services including the da Vinci robot, a new sleep and neurodiagnostic lab, generator power system improvements, and stronger clinical coordination through the EPIC medical record platform and a virtual ICU partnership with OHSU. These investments strengthened the hospital's ability to deliver timely, coordinated care and supported the broader CHIP priorities by improving access points, quality, and system reliability.

### **Substance Use**

Santiam advanced substance use prevention and response through a combination of clinical workflow improvements and community partnerships. These efforts included **a smoke-free campus, SBIRT screening** to identify substance use risks, **education and referral supports**

through CHWs, and offering of the American Lung Association’s **Freedom From Smoking curriculum at no cost** in partnership with Marion County Health and Human Services. Santiam also partnered to increase access to Narcan, including availability by request in the Emergency Department, supporting overdose prevention and safer access to intervention tools.

### **Behavioral Health Supports**

Santiam strengthened behavioral health support by expanding integrated capacity and reinforcing prevention and referral pathways for behavioral health clinicians. Key actions included new **Community Health Worker (CHW) support**, including in the ED, strengthened screening and identification processes (including PHQ-9 and SBIRT), and improved discharge planning to include coordinated wraparound supports. Santiam also partnered with Marion County Health Services to **bring the Mental Health Wellness Van to the Canyon**, helping address barriers such as transportation, limited telehealth access, and rural geography. In addition, Santiam supported **suicide prevention by hosting QPR trainings** in collaboration with Marion County, offered monthly **educational series, Wheels of Change**, and participated in broader community outreach and education efforts, including **Seasons for Safety**, targeted at youth and families.

### **Housing**

Santiam advanced housing stability primarily through two pathways: (1) disaster recovery support and (2) coordinated community navigation. Santiam Disaster Services continued **post-wildfire recovery efforts, serving 1,221 families/households** since 2020 with support tied to rebuilding, relocation, and stabilization. Santiam’s Service Integration model also strengthened “**no wrong door**” **coordination** by convening cross-sector partners to match resources to needs and reduce duplication. **Service Integration expanded its reach and capacity** over the CHIP cycle, including growth in partner participation (**over 200 service partners**) and the addition of a Jefferson team in 2025. Together, these efforts improved access to housing navigation and partner resources while reducing downstream impacts of housing instability.

## **The Willamette Health Council**

In support of the 2021–2025 CHIP, the Willamette Health Council invested **over \$21 million across 183 local initiatives** to advance the priority areas of Housing, Substance Use, and Behavioral Health Supports.

Notable investments included funding for expanded **emergency housing stabilization** for vulnerable communities such as survivors of domestic violence and sexual assault, **recovery-based housing** programs for adults and families, **medical street outreach, youth psychiatric day treatment, a regional fentanyl prevention campaign, and grief services**. There was also significant investment in **culturally specific services** and in the local **Traditional Health Worker (THW) workforce** given the unique role THWs play in helping people navigate health and social care services.

## Investment highlights:

- **Soaring Heights Recovery Homes** increased transitional recovery housing capacity by 15 beds, providing stable, peer-supported environments that reduced homelessness risk and supported long-term sobriety.
- A **\$1 million investment** in the **Mid-Willamette Valley Homeless Alliance**—our region’s Housing & Urban Development designated Continuum of Care—led to more coordinated efforts across the region to better connect health, housing, and homeless services providers and services.
- **Grand Ronde’s Opioid Prevention & Response** initiative expanded temporary and permanent supportive housing for Tribal members receiving substance use treatment.
- **Glava’s House** made progress towards developing a new culturally and linguistically specific adult day services program for the Russian Old Believer community, aiming to reduce isolation and improve mental health outcomes through trauma-informed programming and caregiver support.

Combined, these investments represent a strategic progression over five years—scaling housing stability efforts, strengthening substance use recovery infrastructure, and expanding equitable behavioral health access across Marion and Polk Counties.

In addition, the WHC developed the **Community Health Manager** position in 2023. This position was instrumental to the WHC taking a more active role in the Marion-Polk Community Health Collaborative and helping to resource and lead the region’s on-going community health improvement efforts. Through a new “CHA/CHIP Oversight Strategy,” the **Community Advisory Council** also played a pivotal role in helping to inform implementation of the CHIP, and guide WHC’s investment strategy

## Revised or Removed Strategies

In total, two strategies were revised and two were removed. Revisions were made to improve clarity and reflect evolving community needs. Strategies were removed when they were no longer feasible, due to the discontinuation of supporting organizations or initiatives.

### Revised or removed strategies

Strategy	Removed or revised	Original statement	Revision	Date of revision/removal
<b>Aim (F) Strategy 2</b>	Revised	Create a community work group to address poor access to behavioral health services for community members who have Medicare health insurance (either traditional Medicare or Medicare Advantage).	Create a community work group or initiative to address poor access to behavioral health services for older adults.	April 2024
<b>Aim (E) Strategy 7</b>	Revised	Create a communications plan to promote mental health resilience in the community.	Create a plan to promote mental health resilience in the community.	April 2024
<b>Aim (F) Strategy 4:</b>	Removed	Support the Marion-Polk County Integration Collaborative.	NA	November 2023
<b>Aim (F) Strategy 11:</b>	Removed	Support health system alignment with the Integrated Care for Kids (InCK) initiative.	NA	November 2023

## Closing Statement

The 2021–2025 Marion-Polk Community Health Improvement Plan reflects the collective commitment of partners to address complex and interconnected health challenges. Despite barriers caused by the COVID-19 pandemic, partners demonstrated resilience, adaptability, and a sustained focus on advancing the priority areas of Substance Use, Behavioral Health Supports, and Housing.

These priorities are multifaceted and intricate. As this region looks ahead to the next CHIP cycle, a continued need for coordinated response will be essential. The lessons learned, partnerships strengthened, and systems developed during this period provide a strong foundation for future work. Continued collaboration, data-informed decision-making, and a focus on equity will be essential to building on current progress and addressing ongoing gaps. MP-CHC and its partners remain committed to improving community health outcomes across Marion and Polk Counties.