

Program Name:

Program Contact Person:

Program Contact Person Email Address:

Part One. Identify a Social Determinant of Health (SDOH) that impacts your community and your clients that you want to use as a focal point for your in-reach and outreach plan. *Which of the Social Determinants of Health most impacts your community and your clients?* MORE INFORMATION ON SOCIAL DETERMINANTS OF HEALTH: [HERE](#).

_____ Education: Access & Quality.

_____ Health Care: Access & Quality

_____ Neighborhood & Built Community

_____ Social & Community Context

_____ Economic Stability

Part Two. In-reach: Develop plan that addresses your identified focus SDOH and;

Agency will engage participants with information that describes the impact of Co-Occurring Disorders, and the relevant resources available.

How will your program share information about Co-Occurring Disorders and their prevalence?

How will your program share information about the availability of Co-Occurring Disorders services?

How often will your program intentionally share information about Co-Occurring Disorders and service availability?

How will your program focus on the chosen Social Determinant of Health?

Inform every ICD program participant of the opportunity to participate in quarterly OHA ICD Community Listening and Feedback Sessions beginning in January, 2024. Sessions will elicit feedback from participants on how to optimally support and develop Integrated Services for Co-Occurring Disorders.

Part Three. Outreach.

Within the context of your focus SDOH, develop a plan that builds relationship with the community. This plan should include ways to cultivate relationships with at least 2 community organizations that address your focus SDOH, and will allow for ongoing sharing of knowledge and resources. Plan will describe specifics of how and when (recommended regular contact) relationship building activities will take place. *For example, if an agency has chosen the SDOH "Neighborhood and Built Environment", they could reach out to 2 community organizations on a monthly basis that provide housing resources and support.*

Community Partner Organization #1:

How will your program connect with this organization?:

What will your program offer in support of the population the organization serves?:

What will your program ask of the organization in return?:

How often will your program make efforts to connect with this organization or participate in shared events or activities?:

Community Partner Organization #2:

How will your program connect with this organization?:

What will your program offer in support of the population the organization serves?:

What will your program ask of the organization in return?:

How often will your program make efforts to connect with this organization or participate in shared events or activities?:

Please send completed plans to both of the following email addresses:

icod.support@oha.oregon.gov

hsd.contracts@odhsoha.oregon.gov