



2019-2024  
Eastern Oregon Coordinated Care Organization  
Community Health Plan

June 30, 2019

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We are extremely grateful to the volunteer members of the EOCCO Regional Community Advisory Council. They dedicate countless hours working within their counties and regionally promoting the health of the EOCCO Plan Members as well as their entire community. Without their help, this work would lack local meaning, acceptance and context. RCAC Members are recognized here:

Catie Brenaman, Chair  
 Jennifer Goodman, Vice Chair  
 Karina Carbajal, Secretary

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## **Introduction**

This is the third iteration of the Eastern Oregon Coordinated Care Organization's (EOCCO) Regional Community Health Plan. The first plan was created in 2014 just one year after the formation of the EOCCO. It was updated two years later after staff and community partners had a better understanding of the CCO's role as the system morphed from theory to practice. This plan represents another transition as the guidance release for CCO 2.0 allows us to anticipate expected changes especially in Social Determinants of Health and Health Equity. The actual rules and administrative guidance offered by the Oregon Health Authority over the next year will likely impact this Community Health Plan.

There exists considerable research on the concept of organizational change fatigue. The transformation of the EOCCO system has been constant and relentless over the past six years and will continue with changes required under CCO 2.0. This Community Health Plan focuses on the community activities through the Local Community Advisory Committees (LCACs). They are "advisory", but also "action oriented" with projects and tasks they are completing at the local level. The EOCCO supports these activities through staffing and funding, but much of the system transformation takes place outside of the community setting and in health care settings such as primary care, hospitals, mental health, public health and dental services. To the extent possible, we seek the local community input on those changes. While it takes considerable energy for EOCCO staff to keep up with all the changes, we cannot expect volunteers meeting on a monthly basis to track the details and nuisances of the changes required. This is the reason that initial introduction of several new priority areas to the LCACs will cover foundational learning needs so that communities can then provide valuable "advice" moving forward. Research also suggests that change fatigue symptoms include unresolved tension and conflict, burnout and turnover as well as both passive and active resistance to more change. The solution to change fatigue involves building Adaptive Reserve. Adaptive Reserve includes healthy relationship infrastructure, aligned management model and facilitative leadership. The relationships between EOCCO staff and community partners is strong. Alignment with changes required by the EOCCO through CCO 2.0 is not exactly clear. The EOCCO model of facilitative leadership supports the development of knowledge and elevation of quality input from the community partners represented by the LCACs. Because of all this, we seek simple and meaningful ways to bring the community into a collaborative partnership for future anticipated changes.

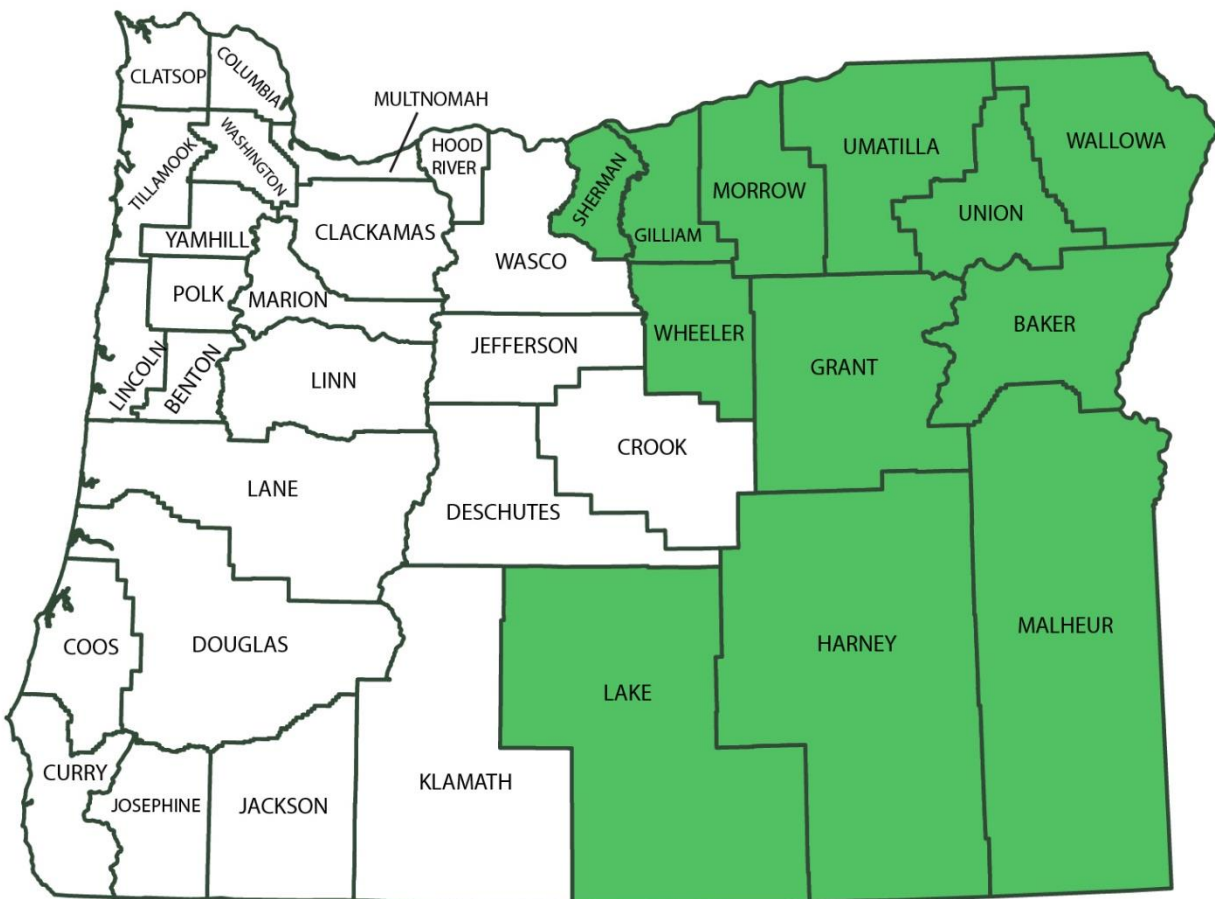
## **The EOCCO and Service Area**

The Eastern Oregon Coordinated Care Organization (EOCCO) is one of fifteen CCOs in Oregon and covers all Oregon Health Plan Members (OHP) in twelve Eastern Oregon Counties (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler). EOCCO is a Limited Liability Corporation sponsored by Greater Oregon Behavioral Health, Inc. (GOBHI), Moda Health, Good Shepherd Hospital, St. Anthony Hospital, Grand Ronde Hospital, St. Alphonsus Hospital System, Eastern Oregon Independent Physicians Association, and Yakima Valley Farm Workers Clinic.

The EOCCO service includes 12 counties varying in population from 1,480 (Wheeler) to 80,500 (Umatilla). This vast territory covers almost 50,000 square miles (roughly the size of the state of New York) with a total 2018 population of 203,250 people. Average EOCCO plan membership in 2018 was 47,660, representing 23.4% of the entire population. Ten of the 12 counties are considered “frontier,” fewer than six people per square mile inhabit the county. The EOCCO service area is older with 19.5% of the population age 65 and older compared to Oregon at 17.2%. Several of the EOCCO counties have large populations identifying as Hispanic. Across the EOCCO service, 19% identify as Hispanic while in Oregon 12.4% do the same.

Each county is unique. Each county formed a LCAC and conducted a Community Health Assessment specific to the priorities and needs of that particular county. This Regional Community Health Plan reflects the needs across all 12 counties. Each LCAC has a Community Health Plan for its county. The Community Health Assessment and Community Health Plan for individual counties can be found at <https://www.eocco.com/members/cac>

**Figure 1: Map of EOCCO Service Area**

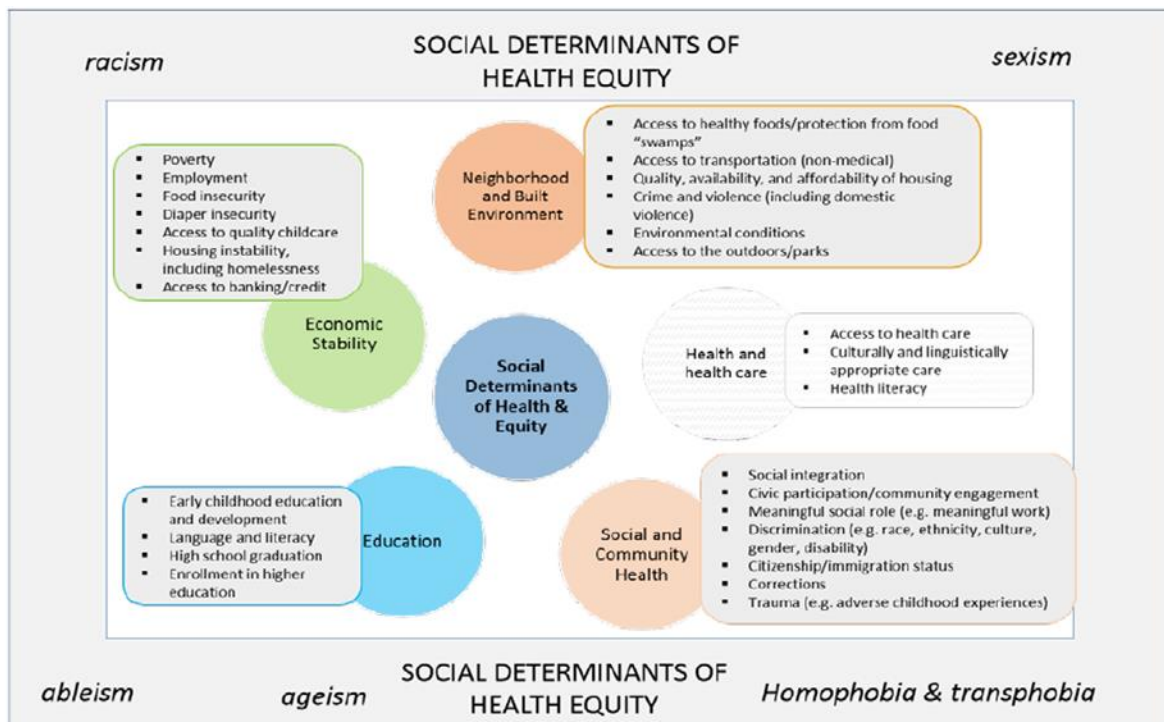


## Qualitative Emphasis

During the Fall of 2018, the EOCCO conducted 21 Focus Groups across the region. Each county had at least one focus group with the more populated counties having multiple groups. Four of the Focus Groups were conducted in Spanish. The Focus Group interview questions attempted to anticipate CCO 2.0 requirements. Each county was provided an individual Focus Group report and an EOCCO-wide summary report was also published. The results below were garnered from the combined EOCCO-wide report. Using qualitative software for analysis, comments from participants were categorized using the terminology from Figure 2. High Priority Topics were determined by counts of the number of participants mentioning the subject area or the length of the discussion during the Focus Group. The major points of concern or pride are listed here.

Under the heading *Economic Stability*, housing instability, transportation and poverty were prioritized. In *Social and Community Health*, community cohesion, community programs, rural parity and community norming were emphasized. *Health and Healthcare* received a great deal of attention. Availability, accessibility. Health behaviors, specialty care, health workforce, healthcare for vulnerable populations and affordability were highlighted. Environmental conditions and access to foods that support healthy eating were most discussed in the *Neighborhood and Built Environment* category. Lastly, in *Education*, early childhood education and development dominate the discussion. A copy of this report can be found at <https://www.eocco.com/members/cac>

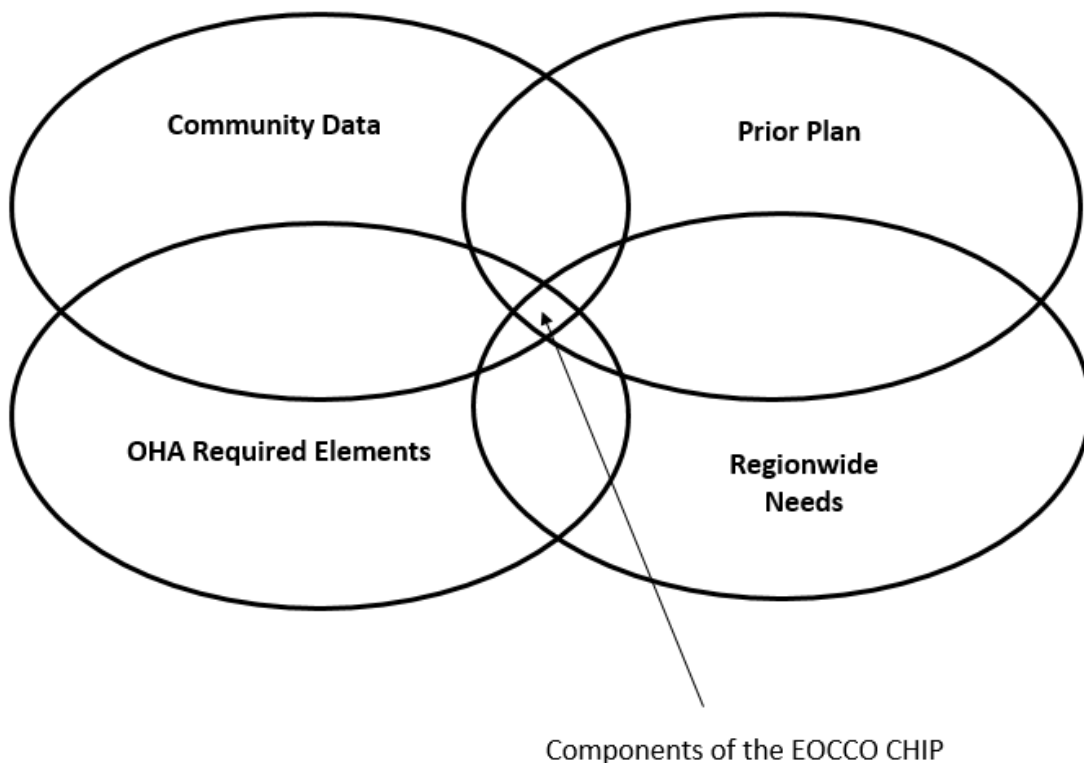
**Figure 2: Addressing Social Determinants of Health in the Second Phase of Transformation (2017-2020), Oregon Medicaid Advisory Committee Recommendations for CC) Model**



## How Priorities Were Selected

Each LCAC updated their Community Health Assessment combining both qualitative and quantitative data. The qualitative data was established using focus groups. All counties had at least one focus group and several had multiple focus groups. There is a region-wide focus group report and 22 individual focus group reports, which were delivered to the Regional CAC and LCACs respectively. Four focus groups were conducted in Spanish. The quantitative data included, demographics, socio-economics, vulnerable populations, housing, early education, behavioral health, vital statistics and historical progress on the Incentive Measures. This mixed method methodology allowed the LCACs to reference past assessments and plans and outline priorities in each county's Community Health Plan.

**Figure 3 Venn Diagram of EOCCO Community Health Plan Contents**



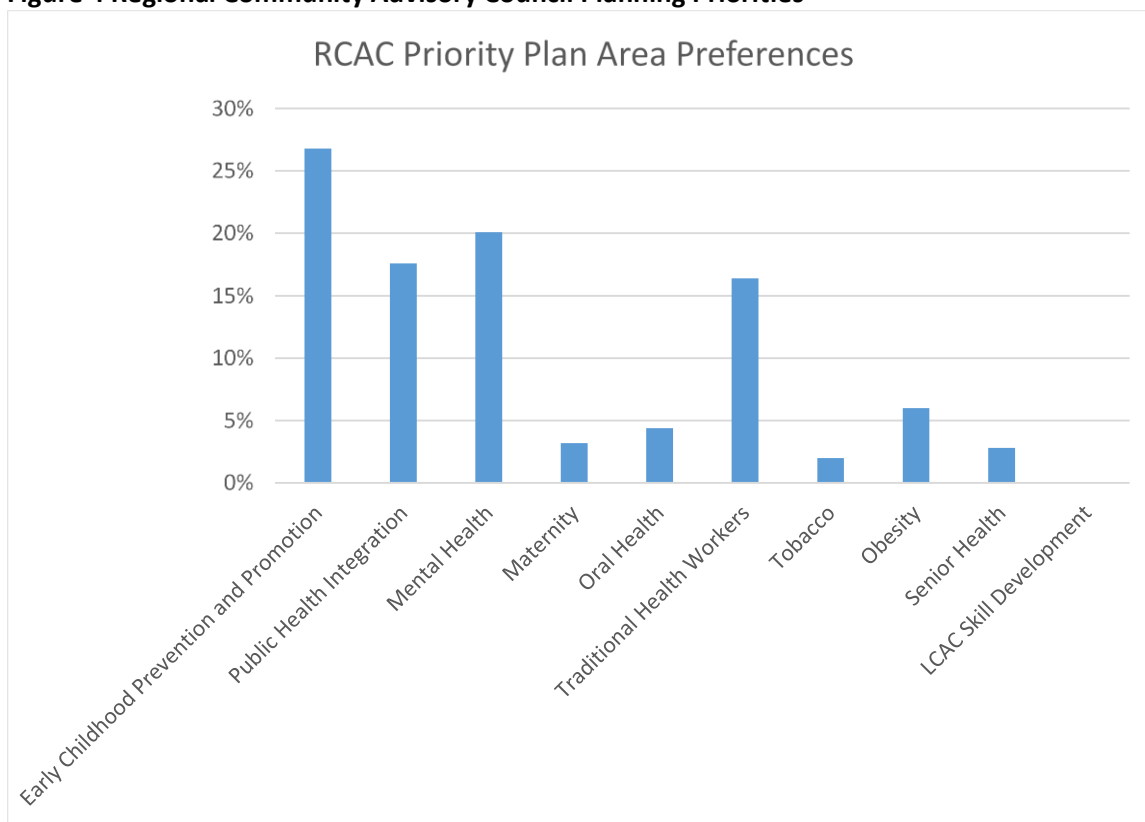
## Regional Prioritization Process

The challenge in creating the EOCCO CHIP is to find common areas of interest and priority among the 12 diverse counties. The RCAC determined the priorities using audience participation software to rank and select issues. Figure 2 illustrates four major components influential to the development of a comprehensive EOCCO CHIP. A description of each area follows:

- Community Data: Demographics, socioeconomic and health status information, among others.
- LCAC CHPs: Prior Plans were consulted to determine progress and gauge continued interest
- OHA Required Elements: Priority areas matching the State Health Plan and CCO 2.0 requirements
- Region-wide Needs: RCAC member perceptions and priorities of need.

The RCAC selected issues to include in the 2019-24 EOCCO CHP. Issues from the 2016 CHP as well as new issues defined by the LCACs were added to the list and prioritized using Turning Point Technology. Ten issues were ranked using a weighted ranking system. The priority order can be found in Figure 4.

**Figure 4 Regional Community Advisory Council Planning Priorities**



## EARLY CHILDHOOD, ADVERSE EVENTS, TRAUMA AND TOXIC STRESS

<b>PRIORITY AREA: Early Childhood Toxic Stress and Trauma</b>
GOAL: Promote nurturing environments free from adversity, trauma and toxic stress, fostering healthy social and emotional development during the first five years so children enter Kindergarten with social/emotional mastery and ready to learn.

<b>OBJECTIVE # 1: Increase community awareness.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Build community awareness about environmental conditions that promote healthy brain development in the early years of life (0 – 5).</li> <li>• JUSTIFICATION: Adversity, trauma and toxic stress include abuse and neglect, living in poverty, incarceration, family separation, and exposure to racism and discrimination. These events have a lifelong effect on health and are correlated with things like substance use, suicide and even some cancers.</li> <li>• EVIDENCE BASE: Biglan, A., (2015). <i>The Nurture Effect: How the Science of Human Behavior Can Improve Our Lives &amp; Our World</i>. Oakland, CA: New Harbinger.</li> <li>• Publications. <a href="http://www.nurtureeffect.com/the-book/">http://www.nurtureeffect.com/the-book/</a>  <a href="#">Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine,14(4), 245-258. doi:10.1016/s0749-3797(98)00017-8.</a>            Jimenez ME, Wade R., Lin Y., et al. Adverse Experience in Early Childhood and Kindergarten Outcomes. <i>Pediatrics</i>. 2016; 137(2):e20151839.</li> </ul>

<b>ACTION PLAN</b>			
Activity	Lead	Measurement	Completion date
Introduce CACs to concepts related to region-wide infant mental health public awareness campaign with Oregon Infant Mental Health Association (OIMHA) to RCAC.	EOCCO Staff	Completed presentation.	Annually beginning September 2020
Review messaging regarding healthy brain development in campaign referenced below.	EOCCO Staff	Healthy brain development messages / content.	Test Messages: January 2021 Campaign Plan: August 2021 Launch Campaign: March 2022



**OBJECTIVE #2: Normalize the need to seek parenting support.**

- STRATEGY: Increase parenting help seeking behaviors among parents with children 0 – 5 in the region.
- JUSTIFICATION: Parenting is not an easy job and parenting education programs can benefit all parents, not only those with a mandate to participate. Positive parenting is associated with stronger parent-child relationships, more effective communication, greater self-esteem and happiness, reduced instances of child depression and reduced risk for early problem behaviors.
- EVIDENCE BASE: Relation of Positive and Negative Parenting to Children’s Depressive Symptoms, Danielle H. Dallaire, Ashley Q. Pineda, David A. Cole, Jeffrey A. Ciesla, Farrah Jacquez, Beth LaGrange, Alanna E. Bruce, J Clin Child Adolesc Psychol. 2006 Jun; 35(2): 313–322. doi: 10.1207/s15374424jccp3502\_15  
Triple P – Positive Parenting Program information retrieved from <https://www.triplep.net/glo-en/the-triple-p-system-at-work/evidence-based/>  
Centers for Disease Control and Prevention; Essentials for Parenting Toddlers and Preschoolers retrieved from <https://www.cdc.gov/parents/essentials/overview.html>  
Zero to Three Positive Parenting Resources retrieved from <https://www.zerotothree.org/resources/2240-positive-parenting-infographic>

**ACTION PLAN**

Activity	Lead	Measurement	Completion date
Organize agenda and topics for combined RCAC and Early Learning Community annual meetings. Focus on parenting education system and resources during at least one meeting. Invite parenting education hubs and OSU, Hallie Ford Center on Early Childhood representative.	RCAC and EOCCO Field Team Staff	Established, relevant agenda for coordinated, combined gatherings on parenting and early learning.  Integrate coordination with parenting education hubs and early learning hubs.	Annually in September; to begin September 2020
Through continued partnership with Early Learning Hubs, early learning preschool providers and K-12 School Districts, EOCCO staff serve on governance boards, attend community early learning meetings, and partner with early learning parenting education efforts	EOCCO Early Childhood Team Staff	Shared data, shared resources, strengthened relationships, targeted funding through EOCCO LCAC CBIR Programs, metrics improvement	On-Going

## BEHAVIORAL HEALTH INTEGRATION / MENTAL HEALTH

<b>PRIORITY AREA: Behavioral Health Integration</b>
GOAL: Support EOCCO providers in adopting evidence-based behavioral health integration strategies that leverage local provider efforts and improve outcomes for individuals with complex physical and behavioral health needs, impacting both the complex population and population as a whole.

<b>OBJECTIVE # 1: Determine level of integration of current in network providers.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Objectively assess level of integration in local Community Mental Health Programs (CMHP), Certified Community Behavioral Health Clinics (CCBHC) and Patient Centered Primary Care Homes (PCPCH), with stratification by local area (county) and providing objective assessment of individual provider integration with the Practice Integration Profile.</li> <li>• JUSTIFICATION: Understanding existing individual provider and local area collaboration toward integration will allow for targeted and effective investments to support integrated care by the CCO.</li> <li>• EVIDENCE BASE: The Practice Integration Profile (PIP) has been utilized nationally in multi-site evaluations to assess level of integration across core domains of workflow, clinical services, workspace, shared care/integration, case identification, and patient engagement. <a href="https://psycnet.apa.org/record/2016-49304-001">https://psycnet.apa.org/record/2016-49304-001</a></li> </ul>

<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Review of results of the assessment across EOCCO for common strengths and weaknesses.	Research Team, EOCCO BHI Subcommittee, RCAC	Results communicated in report completed by Research Team and approved by EOCCO BHI Subcommittee	September 2020
Collaboratively identify priority strategies EOCCO wide and community strategies.	EOCCO Field Team, RCAC, & LCAC	Ranked set of priorities to be pursued regionally and locally.	January 2021

**OBJECTIVE #2: Develop Behavioral Health Plan to include roles of CMHPs, CCBHCs, and PCPCHs to further integration of physical and behavioral health.**

- STRATEGY: Regional, local, and CCO alignment of resources to promote evidence-based integration strategies that meet the needs of rural, underserved, and/or populations experiencing health inequities.
- JUSTIFICATION: Various levels of integration (forward and reverse) are needed to meet members' physical and behavioral health needs in the most comprehensive and coordinated fashion possible.
- EVIDENCE BASE: Integrated care is proven to better meet needs of patients of all risk levels, improving preventative care utilization and increasing population health.

**ACTION PLAN**

<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Regional CAC review and recommendation of Behavioral Health Plan, as provided.	EOCCO Integrations Team	Report reviewed, forwarded to EOCCO Board with recommendation	March 2021
Communication of formal local and regional improvement plans to providers and stakeholders.	EOCCO Integrations Team and EOCCO Field Team	Presentations to regional and local CAC completed	September 2021
Monitoring of local and regional improvement plans.	Regional CAC, Local CACs	Reflected in CAC minutes	Ongoing

**OBJECTIVE #3: Encourage integration of behavioral health and physical health.**

- STRATEGY: Increase knowledge-base and receptivity to EOCCO incentive structure for primary care practices who are recognized Patient-Centered Primary Care Homes (PCPCH), specifically with a strong focus on mental and behavioral health integration/co-management.
- JUSTIFICATION: PCPCH Program aligns with the focus of the Triple Aim towards better care, better population health and lowering healthcare costs. State and federal incentive programs focused on coordination and integration also serve as external drivers for practice transformation.
- EVIDENCE BASE: [Oregon PCPCH Program Policy Background and Program Development](#); evidence from the [Safety Net Medical Home Initiative](#) demonstration project

**ACTION PLAN**

Activity	Lead	Measurement	Completion date
Conduct an inventory of EOCCO resources available to provide technical assistance to communities to promote integration.	EOCCO Integrations Team	Report Generated	August 2019
Support a Learning Collaborative to share learnings on Behavioral Health Integration.	EOCCO Integrations Team	Collaborative Started	August 2021
Provide data analytics combining individual patient physical, mental health, and oral health utilization to identify those patients consuming high levels of health expenditures who have high mental and physical health needs.	EOCCO Integrations Team	Number of data sets analyzed through use of statistical software and the number of meetings held jointly between primary care providers and mental health professionals	Ongoing
Facilitate planning between primary care and mental health around intervening based on patient risk score data.	EOCCO Integrations Team	Establishment of care plans	Ongoing
Continue to offer enhanced payments to PCPCHs that use the local community mental health program and internal behavioral health resources to provide services in primary care settings.	EOCCO Integrations Team EOCCO Legal Team	Number of new contracts	Ongoing

<b>OBJECTIVE #4: Behavioral Health Integration/ Mental Health in Maternity Care.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Strengthen partnership with public health for nurse-based home visiting using OHA Community Prevention Grant (Healthy Eastern Oregon Project).</li> <li>• JUSTIFICATION: Nurse-based home visiting increases parental engagement and follow-through on doctors' recommendations for high-risk groups related to prenatal care, case management and care coordination.</li> <li>• EVIDENCE BASE: Nurse Family Partnership evaluation results.</li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Partner with EOHLA and county partners to conduct depression screens through in-home visiting	EOCCO Field Staff and EOHLA	County interest and capacity	On-Going
Identify number of nurse home visitors by county and program	Field Staff assigned to each county	Number of nurse home visitors by county and program	December 2019
Identify number of home visits conducted by public health departments in each county	Field Staff assigned to each county	Number of home visits conducted by each county's public health department and by program	December 2019
Coordinate collaboration meeting(s) between public health and mental health	Field Staff assigned to each county	Hold the meeting(s)	June 2020

**OBJECTIVE #5: Behavioral Health Integration/ Mental Health in the Community.**

- STRATEGY: Create, develop and implement collaborative partnerships with education systems, public safety, public health, mental health, faith-based organizations/groups and other community entities in providing awareness of Mental Health First Aid.
- JUSTIFICATION: Mental Health First Aid is a public education program that helps the public identify, understand and respond to signs of mental illness and substance abuse disorders.
- EVIDENCE BASE: Substance Abuse and Mental Health Service Administration’s (SAMHSA) National Registry of Evidence-based Programs and Practices.  
For more information about the Mental Health First Aid program, please visit:  
<http://www.aocmhp.org> or <http://www.mentalhealthfirstaid.org>

**ACTION PLAN**

Activity	Lead	Measurement	Completion date
Promote Mental Health First Aid/Youth Mental Health First Aid and partner with National Mental Health Certified Instructors to conduct trainings with school districts, law enforcement and community partners throughout EOCCO	EOCCO Field Staff	Track number of individuals who become certified in Adult/Youth Mental Health First Aid	Ongoing
EOHLA grant support to provide funds to paying teachers and law enforcement substitute time to attend Youth Mental Health First Aid trainings	EOCCO Field Staff and EOHLA	Track number of individuals who become certified Youth Mental Health First Aiders	October 2020

**PUBLIC HEALTH INTEGRATION**

<b>PRIORITY AREA: Public Health Integration</b>
GOAL: Work with public health to help frame a proposal to EOCCO for a regional public health project.

<b>OBJECTIVE # 1:</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Using the modernization work group as a platform to engage with all public health departments in the EOCCO region.</li> <li>• JUSTIFICATION: Public health work is a critical component of community health and needs to be added as a value to our health system.</li> <li>• EVIDENCE BASE: Population health models show the value of including a variety of health activities. Ten percent of an individual’s health is impacted by health care. The other significant components include genetics, individual behavior, and our environment that impact the health of an individual. Partnering with public health provides an opportunity to work on connecting with an individual’s personal health activities.</li> </ul>

<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Engage 12 health departments with regular communication regarding regional opportunity	EOCCO Field Team Staff	Number of Meetings and public health departments attending	Annually
Share resources and ideas with public health group	EOCCO Field Team Staff	Prioritize list of options	Annually
Assist in writing public health proposal to EOCCO for public health fund.	EOCCO Field Team Staff	Complete proposal	11/1/2019

<b>OBJECTIVE #2: Utilize technology that can help public health demonstrate value and measure types of health related activities that public health performs on a regular basis.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Share resources and ideas with public health group that can help articulate and capture public health activities on a regional level.</li> <li>• JUSTIFICATION: Helping capture activities will help with better data reporting in the future</li> <li>• EVIDENCE BASE: Using more comprehensive data will help fine tune projects and activities serving communities.</li> </ul>

<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Review technology tools-Premanage, Arcadia, and MEND.	EOCCO Field Team Staff	Document tools shared	Annually
Promote myStrength to increase engagement	EOCCO Field Team Staff	Document information shared	Annually

**TRADITIONAL / COMMUNITY HEALTH WORKERS**

<b>PRIORITY AREA: COMMUNITY HEALTH WORKERS</b>			
GOAL: To continue to promote and further expand the utilization and capacity of state-certified Community Health Workers throughout the region.			
<b>OBJECTIVE #1: To expand the resources available to local communities for training, communication and oversight of Community Health Workers.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: To support connections for local communities to the EOCCO’s prospective CHW liaison, continuing education opportunities, and continued encouragement of the use of existing CHW training resources through Oregon State University and Northeast Oregon Network (NEON), or other contracted providers, as needed.</li> <li>• JUSTIFICATION: A growing Community Health Worker workforce throughout Eastern Oregon requires additional support to ensure access to appropriate training, continuing education, and technical assistance in meeting the growing demand for services.</li> <li>• EVIDENCE BASE: An increase in Community Health Worker utilization throughout the EOCCO from 18 claims submitted in the 2014 calendar year, to 1693 claims submitted in the 2018 calendar year.</li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Introduction of the CHW Liaison when hired by the EOCCO to the 12 LCACs throughout the region	EOCCO Field Team staff assigned for each LCAC	Number of LCACs attended by the EOCCO CHW Liaison	Ongoing, pending new hire
Work with LCACs to support the development and distribution of information about the EOCCO CHW directory through the online provider directory.	EOCCO CHW Liaison, EOCCO Field Team staff assigned for each LCAC	Number of CHW’s listed in the online directory  Number of times the CHW online directory is shared	Ongoing
Work with LCACs to promote training opportunities provided by the EOCCO, Oregon State University, and NEON throughout the 12 county region	EOCCO CHW Liaison, EOCCO Field Team staff assigned for each LCAC, Oregon State University, and NEON	Number of trainings and individual participants  Number of organizations able to bill for services	Ongoing
Work with LCACs to promote continuing education opportunities and requirements for community health workers	EOCCO CHW Liaison, EOCCO Field Team staff assigned for each LCAC, Oregon State University, and NEON	Number of trainings and individual participants  Number of organizations able to bill for services	Ongoing



<b>OBJECTIVE #2: To continue to assist in expanding financially viable and sustainable Community Health Worker positions.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Promote the existing EOCCO payment reimbursement opportunities, as well as any future per-member per-month opportunities that may become available to local providers.</li> <li>• JUSTIFICATION: Payment for services provided by EOCCO is vital to enhance the sustainability of the Community Health Worker workforce in rural/frontier communities.</li> <li>• EVIDENCE BASE: Self-sufficient and sustainable payment modalities.</li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Monitor claims submitted by community health workers to EOCCO for services provided.	EOCCO Data Analytics, EOCCO CHW Liaison, EOCCO Field Team Staff assigned to each LCAC	A report of claims processed by county every four months	Ongoing
Serve as a liaison between Community Health Workers and EOCCO for identification of issues regarding billing	EOCCO CHW Liaison, EOCCO Field Team Staff assigned to each LCAC	Written communications to EOCCO CHW Liaison and EOCCO staff	Ongoing
Development and advertising of opportunities for technical assistance and training specific to CHW billing strategies	EOCCO CHW Liaison, EOCCO Staff assigned to each LCAC	Number of trainings and individual participants  Number of organizations able to bill for services	Ongoing
Work with LCACs to promote additional CHW billing opportunities throughout the 12 county region	EOCCO CHW Liaison, EOCCO Staff assigned to each LCAC	Number of providers enrolled in CHW PMPM contracts, when available	Ongoing

## ORAL HEALTH

<b>PRIORITY AREA: Oral Health</b>
GOAL: Improve oral health for pregnant women, infants, toddlers, children and adolescents under the age of 21.

<b>OBJECTIVE # 1: School-based Oral Health Screenings and Education in school grades K-12.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: To conduct oral health screenings in K-12 schools.</li> <li>• JUSTIFICATION: Most children and adolescents are enrolled in schools; legislation requires oral health screening in schools; early treatment and services prevents tooth decay; dental sealants are an Incentive Measure.</li> <li>• EVIDENCE BASE: <a href="https://www.orohe.org/oralhealthk12">https://www.orohe.org/oralhealthk12</a></li> </ul>

<b>ACTION PLAN</b>			
Activity	Lead	Measurement	Completion date
Report on Memorandums of Understanding between schools and Dental Care Organizations (Advantage Dental from DentaQuest and ODS)	Advantage Dental from DentaQuest, ODS	Number of schools under agreement and percentage of children assigned to those schools by county	Annually – On-going
Education to LCACs and schools on strategies to increase the number of signed “consent to treat” forms	Eastern Oregon Healthy Living Alliance – healthy Happy Smiles program	Number of presentations to LCACs	Annually- On-going
Report on screenings and assessments; no visible concerns, needs referral, needs immediate referral	Advantage Dental from DentaQuest, ODS	Number of children screened and data collection describing oral health status by county	Annually – On-going
Promote participation in service delivery after screenings requires and “active consent” from parents.	LCACs, Advantage Dental from DentaQuest, ODS	Percentage of active consent forms returned	Every Fall
Report on fluoride treatments	Advantage Dental from DentaQuest, ODS	Number of children receiving fluoride treatment	Annually
Report on dental sealants	Advantage Dental from DentaQuest, ODS	Number of children/adolescents receiving sealants - Subset- Percentage of children/adolescents EOCCO plan members	Annually OHA Incentive Measure Report – Annually for prior calendar year in June)
Report on oral health education and supplies provided	EOHLA Oral Health Learning Lab, Advantage Dental from DentaQuest, ODS	Number of children given education and supplies	Annually

**OBJECTIVE #2: First Tooth and Maternity Teeth for Two Educational Trainings.**

- STRATEGY: Use primary care clinicians, to provide oral health services to children ages 0-36 in settings such as primary care office, public health WIC, and Head Start.
- JUSTIFICATION: In 2018 only 17.6% of all EOCCO children ages 0-23 received preventive services from Advantage Dental from DentaQuest.
- EVIDENCE BASE: Children are seen in these settings well before they seek care from a dentist.  
 First Tooth - <https://www.orohe.org/first-tooth>  
 Maternity Teeth for Two - <https://www.orohe.org/maternity>

**ACTION PLAN**

Activity	Lead	Measurement	Completion date
Create awareness of First Tooth project training opportunities in primary care	EOCCO Staff in contact with clinics, Advantage Dental from DentaQuest and ODS	Number of trainings administered	On-Going
Create awareness of First Tooth training opportunities in Public Health WIC and Head Start	EOCCO Staff in contact with public health, EOCCO Staff in contact with Early Learning HUBs, Advantage Dental from DentaQuest and ODS	Number of trainings administered	On-Going
Create awareness among primary care clinics of Maternity Teeth for Two trainings	EOCCO Staff in contact with clinics, Advantage Dental from DentaQuest and ODS	Number of trainings administered	On-Going
Create Awareness at WIC and Head Start of Maternity Teeth for Two trainings	EOCCO Staff in contact with public health, EOCCO Staff in contact with Early Learning HUBs, Advantage Dental from DentaQuest and ODS	Number of trainings administered	On-Going

<b>OBJECTIVE #3: Tele-Dentistry.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Share results of pilot remote tele-density project in Gilliam and Sherman Counties provided by Expanded Practice Dental Hygienists; expand to other remote communities</li> <li>• JUSTIFICATION: Many EOCCO plan members must travel from smaller communities to other places to receive oral health services because no dentists practice in their community.</li> <li>• EVIDENCE BASE:</li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Report on implementation pilot tele-dentistry program in Gilliam and Sherman	Advantage Dental from DentaQuest, OHSU School of Community Dentistry	Tel-dentistry equipment functions properly; community use of services	September 2020
Evaluate opportunities to expand the model to other areas in EOCCO	Advantage Dental from DentaQuest, OHSU School of Community Dentistry	Budget feasibility studies and minimal population demand required	December 2020
Report on expansion of tele-dentistry services	Advantage Dental from DentaQuest, OHSU School of Community Dentistry	Number of new sites	December 2021

**LOCAL COMMUNITY ADVISORY COUNCIL SKILL DEVELOPMENT**

<b>PRIORITY AREA: RCAC and LCAC Education and Community Engagement</b>
GOAL: Continue to provide organization and structure of information for sharing with RCAC and LCAC. The RCAC can be the vehicle for helping LCAC's with information sharing and community engagement.

<b>OBJECTIVE # 1: Improve communication strategies for EOCCO.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Promote and enhance EOCCO website(s), which host RCAC and LCAC information.</li> <li>• JUSTIFICATION: The EOCCO website(s) a common place consumers and partners look for information regarding LCAC business. The EOCCO website(s) are tools that help engage and educate consumers in the 12 EOCCO counties.</li> </ul>

<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Attend bi-monthly communication meetings with EOCCO communications staff to share information regarding RCAC and LCAC business.	EOCCO Field Team Staff	Number of meetings attended	Annually
Brief presentation at RCAC meetings to share and demonstrate information available	EOCCO Field Team Staff	Presentation completed	December 2019
Annual review of EOCCO website(s)	EOCCO Field Team Staff	Review materials on annual basis for accuracy and updated information	Annually

<b>OBJECTIVE #2: Review CCO 2.0 attachments and materials with RCAC and LCACs.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Review materials in CCO 2.0 attachment so a plan of action can be developed.</li> <li>• JUSTIFICATION: CCO 2.0 materials will be the work plan of the CCO for the next 5 years. Use this plan to develop action plans for the RCAC and LCAC. The RCAC will help ensure all LCACs get the same information.</li> </ul>

<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Review CCO 2.0 materials with RCAC	EOCCO Field Team Staff	Presentation complete	December 2019
Prioritize areas that RCAC and LCACs will have impact on	EOCCO Field Team Staff	Prioritization list complete	December 2019
Develop action plan for RCAC which will be shared with each LCAC	EOCCO Field Team Staff	Action plan complete	March 2020

**OBJECTIVE #3: Update RCAC and LCAC Charter to include CCO 2.0 and member responsibilities.**

- STRATEGY: Work with EOCCO leadership to approve RCAC and LCAC Charter and shift future approval updates of the Charter to the RCAC.
- JUSTIFICATION: The RCAC and LCACs need an updated Charter, which will help direct member roles and responsibilities.

**ACTION PLAN**

<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Meet with EOCCO leadership to discuss next steps to move RCAC AND LCAC Charter forward	EOCCO Field Team Staff	New Charter approved	December 2019
Annual review of RCAC and LCAC Charter	EOCCO Field Team Staff	Document annual review date	Annually in January

## SOCIAL DETERMINANTS OF HEALTH

### FOOD INSECURITY

<b>PRIORITY AREA: Food Insecurity</b>
GOAL: Reduce the prevalence of Food Insecurity and Hunger.

<b>OBJECTIVE # 1: Support and expand Frontier Veggie RX program.</b>
<ul style="list-style-type: none"> <li>• STRATEGY: Increase access to fruits and vegetables for program participants.</li> <li>• JUSTIFICATION: Frontier Veggie RX operated in partnership between Greater Oregon Behavioral Health, Inc. and LCACs in Gilliam, Harney, Sherman and Wheeler has proven highly accepted.</li> <li>• EVIDENCE BASE: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5743436/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5743436/</a> and <a href="https://www.ruralhealthinfo.org/project-examples/897">https://www.ruralhealthinfo.org/project-examples/897</a></li> </ul>

<b>ACTION PLAN</b>			
Activity	Lead	Measurement	Completion date
Continue to fund Frontier Veggie RX program in Gilliam, Harney, Sherman and Wheeler through Community Benefit Reinvestment resources	LCACs	Budgeted allocation by each LCAC	January 31 of each year
As requested, speak to other LCACs about the Frontier Veggie RX program	EOCCO Staff	Number of presentations	On-Going
As available, apply for funding to expand the program from philanthropic organizations and government sources	EOCCO Staff	Number of grants explored and application submitted	On-Going

<b>OBJECTIVE #2: Promote Double Up Food Bucks program.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Work with existing Double Up Food Bucks programs and expand opportunities in other places.</li> <li>• JUSTIFICATION: Encourages Supplemental Nutrition Assistance Program (SNAP) recipients to use their benefits at Farmer’s Markets.</li> <li>• EVIDENCE BASE: <a href="https://farmersmarketfund.org/programs/dufb/">https://farmersmarketfund.org/programs/dufb/</a></li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Continue to commit resources for the Double Up Food Bucks program in Union County, as available and needed	Union LCAC	Budget allocation by LCAC	January 31 of each year
Present the Double Up Food Bucks concept to each LCAC	EOCCO Staff assigned to each LCAC	Number of Presentations	On-Going
<b>OBJECTIVE #3: Increase knowledge of community members of local Food Banks/Pantries.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Make certain that all participants in the Frontier Veggie RX are aware of Food Bank/ Pantry operations in their area.</li> <li>• JUSTIFICATION: Food insecurity/hunger is not just about access to fruits and vegetables.</li> <li>• EVIDENCE BASE: <a href="https://www.perrymangroup.com/publications/column/2014/12/29/economic-benefits-of-the-food-bank-and-charitable-food-distribution-network/">https://www.perrymangroup.com/publications/column/2014/12/29/economic-benefits-of-the-food-bank-and-charitable-food-distribution-network/</a></li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Find or create a hand-out that describes the location of and hours of operation for Food Banks and Food Pantries throughout the EOCCO region	LCAC Coordinators	Resource Inventory completed	December 2019
Produce a common food directory and distribute to 12 LCACs for EOCCO region	EOCCO Staff	Directory produced Number distributed	March 2020, Update as needed
Create a one-page handout that can be given to Frontier Veggie RX voucher recipients promoting healthy eating and food resources in the area	EOCCO Staff assigned to Gilliam, Harney, Sherman and Wheeler	Hand-Outs distributed to voucher prescribers	March 2020, Update as needed



<b>OBJECTIVE #4: Support Community and School-based Garden Programs.</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Increase knowledge of and utilization of community and/or school based gardens.</li> <li>• JUSTIFICATION: Increases access for the community to fruits and vegetables.</li> <li>• EVIDENCE BASE: <a href="https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community.htm">https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community.htm</a></li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Create an inventory of school-based or community gardens in each EOCCO County, distribute through 12 LCACs	EOCCO Staff in coordination with LCAC Coordinators	Directory produced Number distributed	January 31, 2020
Promote community participation through social media (Facebook) and presentations	LCACs and EOCCO Staff	Facebook Posts regarding gardens Number of presentations	On-Going

<b>OBJECTIVE #5: Partner with Food Corps programs and Oregon State University Extension within the service area</b>			
<ul style="list-style-type: none"> <li>• STRATEGY: Effectively and efficiently describe existing food and nutrition programs in the community.</li> <li>• JUSTIFICATION: Existing food and nutrition programs delivered at schools and in community settings would be better coordinated.</li> <li>• EVIDENCE BASE: Food Corps - <a href="https://foodcorps.org/about/impact/">https://foodcorps.org/about/impact/</a> OSU Extension - <a href="https://extension.oregonstate.edu/families-health/nutrition">https://extension.oregonstate.edu/families-health/nutrition</a></li> </ul>			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Invite Food Corps staff and OSU Extension staff to join the LCAC	LCAC Coordinators	Number of Invitations extended	Annually
Presentation to LCAC about Food Corps	Food Corp Personal in Lake and Union County	Number of presentations	Annually
Presentation to LCAC about OSU Extension Food and Nutrition Programs such as WAVE Sport Nutrition and Food Hero	OSU Extension staff in each county	Number of presentations	Annually

## HOUSING

<b>PRIORITY AREA: HOUSING</b>			
<p>GOAL: Expand upon the knowledge of Community Advisory Councils and community residents to support their actively engaging in community housing planning and development for the purpose of providing safe, healthy and affordable housing for all residents.</p>			
<p><b>OBJECTIVE # 1: Increase the housing knowledge base of the local CACs and provide opportunities to invite cross sector partners to jointly define community-housing needs.</b></p>			
<ul style="list-style-type: none"> <li>• STRATEGY: Provide specific opportunities for self-assessment, engagement of cross-sector stakeholders and identification of local opportunities and gaps.</li> <li>• JUSTIFICATION: Local community members are motivated by going beyond “numbers” and providing them with opportunities to voice their knowledge and questions. The evidence shows local communities can understand Social Determinant of Health issues, particularly housing and create a positive impact for their citizens.</li> <li>• EVIDENCE BASE:               <ul style="list-style-type: none"> <li><a href="https://www.community.solutions/what-we-do/built-for-zero">https://www.community.solutions/what-we-do/built-for-zero</a></li> <li><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128346/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128346/</a></li> <li><a href="https://www.usich.gov/tools-for-action/#chronic&amp;housing&amp;tool">https://www.usich.gov/tools-for-action/#chronic&amp;housing&amp;tool</a></li> <li><a href="https://www.deforamerica.org/how-tos/engage-community-to-shape-new-housing-strategy">https://www.deforamerica.org/how-tos/engage-community-to-shape-new-housing-strategy</a></li> </ul> </li> </ul>			
<b>ACTION PLAN</b>			
Activity	Lead	Measurement	Completion date
Provide LCACs with information on the opportunity to participate in a “Built for Zero” collaboration by providing a program description, EOCCO’s scholarship for community teams, and request CAC members share with community partners. Deadline to contact EOCCO by August 1, 2019	EOCCO Field Team, RCAC, and LCACs	Built for Zero flyer provided	All LCACs July 2019
Establish relationship with supportive housing providers and identify funding opportunities.		Invitations issued and accepted	RCAC and all LCACs by September 2019
Share community-housing data from a variety of sources.		Data shared. Generate list of other stakeholders to invite, learn about their work.	RCAC and all LCACs November 2019
Provide information on Oregon’s Point-in-time Homeless count and solicit interested participants to help with count in coordination with local community action programs.		Number of counties with LCAC participants in the count	Explain and express interest by: December 2019
As determined by each CAC, focused activity on identified community housing teams and county housing providers to inform CAC about existing services and how they collaborate.		Number of activities hosted	All LCACs March 2020
Advocate for and support housing needs within individual communities.		Number of LCAC CHPs identifying housing as a need	Ongoing

## HEALTH EQUITY

<b>PRIORITY AREA: Health Equity</b>
GOAL: Plan, implement and sustain health care activities, health literacy, and health promotion activities that support and enhance equity, diversity and inclusion and reduce disparate impact in programs and services.

**OBJECTIVE # 1: Strengthen and align county’s collective understanding, communication, and articulation of Health Equity as well as Health Disparities through activities that promote meaningful engagement participation among Local Community Advisory Councils (LCACs) and the Regional Advisory Council (RCAC) members.**

- STRATEGY: Promote balance in the exposure to - and understanding of - health equity and health disparity concepts across EOCCO regions and locations such as LCACs.
- JUSTIFICATION: The dedication of time for foundational training in Health Equity and Health Disparity concepts across EOCCO counties will promote collective understanding among RCAC members in the objectives and action plans related to the dissemination of Culturally and Linguistically Appropriate Services (Objective 2 below) and on-going monitoring of Health Disparities (Objective 3 below).
- EVIDENCE BASE: Based on the experience of EOCCO field staff working with LCAC and RCAC in CCO 1.0, both the (a) level of prior LCAC discussions regarding health equity, and (b) the nature of the challenges of health equity vary substantially across EOCCO regions and counties.

<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Lead</b>	<b>Measurement</b>	<b>Completion date</b>
Provide on-going training on Health Equity and Health Disparity concepts to CAC and RCAC members	EOCCO Health Equity Committee	Number of trainings provided	Ongoing, Annually-Beginning July 2019
Provide illustrative examples of community health planning to promote Health Equity and reduce Health Disparities	EOCCO Health Equity Committee	Number of examples provided	Ongoing, Annually-Beginning July 2019
Facilitate LCAC’s articulation of local and regional Health Equity/Disparity action plans that are inclusive of Health Equity/Health Disparity specific goals	EOCCO Health Equity Committee	Number of action plans including Health Equity Identified	Ongoing, Annually-Beginning July 2019

**OBJECTIVE #2: Promote Culturally and Linguistically Appropriate Services (CLAS) in local health agendas through meaningful engagement and participatory processes involving LCACs and RCAC.**

- STRATEGY: Utilize national and State of Oregon resources available to promote culturally and linguistically appropriate services across EOCCO regions and locations.
- JUSTIFICATION: Oregon Health Authority has placed Health Equity as a guiding principle and foundational strategy in Health agendas for the State.
- EVIDENCE BASE: *Oregon Health Authority – Health Equity agendas and resources*  
Action Plan for Health, 2017-2019 refresh. Oregon Health Authority, Director’s Office, Health Policy and Analytics Division.

**ACTION PLAN**

Activity	Lead	Measurement	Completion date
Provide training on the definition and standards of CLAS in health and health care to LCAC and RCAC members	EOCCO Health Equity Committee	Number of trainings provided	Ongoing, Annually-Beginning July 2019
Facilitate the uptake of training and resources to promote CLAS in health and health care that are consistent with the Oregon Health Authority’s standards (e.g., Cultural Competence Continuing Education and the Health Care Interpreter training programs) by local health care providers and health care provider organizations	Ongoing, Annually-Beginning July 2019	Number of trainings provided	Ongoing, Annually-Beginning July 2019
Facilitate LCAC’s articulation of local and regional Health Equity/Disparity action plans with specific goals that Promote culturally and linguistically appropriate best practices in health and health care services	EOCCO Health Equity Committee	Number of action plans that promote culturally and linguistically appropriate best practices	Ongoing, Annually-Beginning July 2019

**OBJECTIVE #3: Reduce Health Disparities and Improvement Health Equity through goals based on the on-going monitoring of Health Disparities in health status and health care service utilization among EOCCO member populations through meaningful engagement and participatory processes involving LCACs and RCAC.**

- STRATEGY: Promote Health Equity through the reduction of health disparities as guided by regional and local health plans that are informed by health disparity monitoring and / or that are aligned with performance metric activities.
- JUSTIFICATION: Health promotion and health equity objectives that impact local and regional populations are most likely to succeed through community participatory and multiple stakeholder planning and investment.
- EVIDENCE BASE:  
Need for defining Health Equity consistently across CCOs, and to integrate health equity in performance metric monitoring activities:  
 Action Plan for Health, 2017-2019 refresh. Oregon Health Authority, Director’s Office, Health Policy and Analytics Division.  
 Addressing Social Determinants of Health & Health Equity CCO 2.0 Recommendations to the Oregon Health Authority. Health Equity Committee, Office of Equity and Inclusion.  
Need for local community investment in health and health equity (evidence and resources):  
 Building a Culture of Health. Robert Wood Johnson Foundation.  
<https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>

**ACTION PLAN**

Activity	Lead	Measurement	Completion date
Facilitate the on-going monitoring by LCACs and RCAC of health equity/health data which details the disparities among EOCCO member populations	EOCCO Health Equity Committee	Number of agenda items identified  Number of discussions identified through meeting minutes	Ongoing, Annually-Beginning July 2019
Facilitate LCACs’ and RCACs’ alignment of health disparity / health equity monitoring of EOCCO members’ with high priority health agendas such as those that incentivize achievement of goals (e.g., CCO performance metrics, Value-Based Payment initiatives)	EOCCO Health Equity Committee	Number of agenda items identified  Number of discussions identified through meeting minutes	Ongoing, Annually-Beginning July 2019
Facilitate LCAC’s articulation of local and regional Health Equity/Disparity action plans that are inclusive of specific goals that are set through the monitoring of health disparities by LCACs and RCACs	EOCCO Health Equity Committee	Number of agenda items identified  Number of discussions identified through meeting minutes	Ongoing, Annually-Beginning July 2019