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COORDINATED CARE
ORGANIZATION

Eastern Oregon Coordinated Care Organization

Community Health Plan (CHP) Progress Report

July 2021 through June 2022

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Special Thanks: We are extremely grateful to the volunteer members of the 12 EOCCO Community Health Partnerships. Our members have dedicated countless hours working within their counties and regionally promoting the health of EOCCO Plan Members, as well as their entire community. Without their help, this work would lack local meaning, acceptance and content.

Mission, Vision and Values

Mission

EOCCO envisions an undivided attention to striving for a healthy community that praises the success and well-being of the individual and as a whole.

Vision

EOCCO works with providers to give you the best care we can. We will help by:

- Setting up your care
- Helping you understand your care plan after an appointment
- Reminding you about appointments
- Asking how we can help you get healthier
- Setting up care when you see more than one provider
- Suggesting you see your provider for routine care

Values

- **Community:** The EOCCO is deeply committed to building healthier communities within Eastern Oregon's Medicaid populations. We coordinate fully with local hospitals and providers to get our members care where and when they need it.
- **Outcomes:** In embracing the goal of advancing the health of all members, EOCCO continues to work with members on their personal healthcare needs. In addition to working with providers to set up care, EOCCO sends reminders for appointments and routine care, coordinates care when members require multiple providers, and provides outreach that focuses on how we can help individual members get healthier.
- **Health Equity:** EOCCO is here to ensure that all OHP members in Eastern Oregon have access to high quality, affordable care by reducing health disparities, as well as social and financial obstacles to care. While our aim is to facilitate the delivery of high-quality care to the communities we serve, we also want to equip OHP members with knowledge that will help them better understand their benefits and health needs for a more stable path to complete wellness.

Introduction

Beginning in January 2022, the Eastern Oregon Coordinated Care Organization (EOCCO) revised the overall construct of the Community Advisory Councils (CACs), while still maintaining a two-tiered, locally driven model. The restructure includes 12 county Local Community Health Partnerships (LCHPs) and one EOCCO CAC. Specific duties within the EOCCO CAC model include review/approval of CBIR funds, yearly oversight of the Community Health Plan (CHP) and development/review of the

Community Health Assessment (CHA) every five years. Since 2014, the EOCCO has conducted one Regional Community Health Plan, along with 12 local Community Health Plans (LCHP). Under the recent changes to the new CAC model, with an intentional focus on local efforts, the Regional CHP has evolved into a compilation of all 12 LCHP Community Health Plans (CHP) with evaluation and oversight directed by the EOCCO CAC. The Local Community Health Partnerships (LCHP) serve both in an "advisory" capacity and as "action-oriented" groups, overseeing the implementation of Community Benefit Initiative Reinvestment (CBIR) funds (*see Community Health Plan Oversight section of this document*). While the EOCCO supports the LCHPs with the CBIR projects and programs through staff and financial support, much of the system transformation takes place with partnerships between the LCHP and healthcare setting (primary care, hospitals, behavioral health, public health, and dental services) outside the traditional monthly/quarterly LCHP meetings. The Community Health Plan priority areas can be found at https://www.eocco.com/members/cac.

EOCCO Service Area

EOCCO covers a vast geographic area of rural and frontier communities in the following counties:

- Baker
- Gilliam
- Grant
- Harney
- Lake
- Malheur
- Morrow
- Sherman
- Umatilla
- Union
- Wallowa
- Wheeler

This expansive territory covers almost 50,000 square miles (roughly the size of the state of New York) with a total 2021 population of 204,024 people (Portland State University, Population Research Center, July 2021). We serve approximately 64,677 members across our 12 counties, with approximately 37.5% in Umatilla County and 20.7% in Malheur County. The region includes two federally recognized Indian Tribes, the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and the Burns Paiute Tribe.

> ***"An echo can only be created when an unspoken voice begins to empower the community it wants to change for those who cannot."***
>
> — Oceana Gonzales (when asked how important the CAC work is to her)

Each county region is unique. Our service area has specific and diverse needs in terms of health and healthcare services provided and approaches to community engagement. To ensure continuous, community-grounded input into our operations across the service area, EOCCO leadership decided to uphold the unique culture and diversity of healthcare services and needs of each county by instilling 12 *local* Community Health Partnerships and one EOCCO Community Advisory Council (CAC) within the EOCCO region. CAC representation consists of OHP consumer members (62.5%), county employees (37.5%) and tribal representation (3%) and together with the 12 local LCHPs, monthly and quarterly meetings are held to discuss region-wide issues, concerns and/or share success stories and provide a cohesive voice to the EOCCO leadership and Oregon Health Authority (as needed).

I. Progress Report Updates: Changes in Community Health Priorities, Goals, Strategies, Resources or Assets

Working in partnership with the previous 12 local community advisory councils, EOCCO led significant infrastructural changes to the single EOCCO CAC and, respectively, created the twelve LCHPs. That transition created a single CAC with majority consumer participation and diversified membership, which is more representative of the 12-county region's demographics. This effort included working with each county to assess alternate CAC models, selecting the single-CAC model, recruiting consumer and county representatives, creating a new charter, developing orientation materials, and initiating the first two meetings. OHA provided meaningful assistance and guidance at each juncture of this work.

It was not prudent to undergo that transformation and simultaneously change the community health priorities, goals and strategies. Instead, the EOCCO strategically decided to facilitate and lead the CAC structural change and then outline a plan for the next evolution of the Community Health Plan within the new LCHP and CAC structure for this next fiscal year. That plan includes:

- Enhanced and ongoing community input to the LCHPs from various community groups representing the diversity in communities throughout the region
- Stronger alignment of the priority areas and goals with analytics resources guiding the development of measurable objectives, and dash boarding methodologies to track outcomes on an interim and long-term basis
- Developing a data resource library for each LCHP and the EOCCO CAC
- And other enhanced features to support refinement and tracking of the local health priorities

EOCCO looks forward to reporting on the impact of these refinements in next year's report.
Even with the notable focus on the CAC structural design this last year, the LCHPs made noteworthy progress towards their five key priorities via 45 activities in 12 counties. Further, additional resources and assets supporting the priority areas were provided on a region-wide basis. Those are described under the section, "other LCAC / LCHP-related efforts," later in this document. The table in the following section outlines:

1) Strategies used to address the CHP health priorities;
2) Partners involved in creating and implementing strategies to address CHP health priorities;
3) Progress and efforts made (including services provided and activities undertaken) to date toward reaching the metrics or indicators for CHP health priorities

It also briefly describes the additional resources provided in EOCCO to support these priority areas:

A. Wellness Promotion and Prevention
B. Maternal and Child Health
C. Behavioral and Mental Health
D. Social Determinants of Health
E. Workforce and Development

II. Strategies, Partners, Progress on Health Priorities

1. Priority Area #1 Community Benefit Initiative Reinvestments: Wellness Promotion and Prevention

(for a full description of projects, please visit: www.eocco.com/members/cac)

Wellness promotion and prevention have been a priority and focus since 2012, when CCOs first formed. Communities have invested in wellness and promotion because prevention is the cornerstone of achieving the Triple Aim (better care, better health, and lower cost). It helps bend the cost-curve by breaking the trajectory of high-risk individuals into needing high-end care. In the EOCCO region, morbidity rates for heart disease, diabetes, and cancer are above state averages in several counties. Members living with chronic disease such as heart disease, cancer, and diabetes also report higher than state rates in several counties. Prevention activities have focused on reducing obesity, asthma, cancer, and diabetes. Promotion activities have included early childhood exams and information on healthy eating and exercise habits, promotion of oral health, motivational interviewing training, health and wellness projects for students, to name a few.

Goal: Using evidence-based strategies to support an increase in access and availability of healthcare services (including integration of services and recruitment/retention of workforce) to EOCCO members in an equitable and unbiased manner. Other focus areas include promotion of preventive services and health education, promotion of oral health, addressing institutional bias and trauma, and the management of chronic diseases (obesity, asthma, obesity, cancer and diabetes).

Counties included: Baker, Grant, Lake, Malheur, Union, Umatilla

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Contingency Management Fund: Reverse integration of healthcare services in a mental health setting using an evidence-based approach.	New Directions Northwest (NDNW)	• 9170 completed MH services by OHP consumers (12.7% no show rate) • 5538 completed SUD services (7% no show rate-a decrease of 38% since the beginning of this project)	Baker	• Service Access & Availability • Preventative Health Care and Health Education • Oral Health
Medication Lock Boxes	New Direction Northwest (NDNW)	• 21 lock boxes ordered • 5 community members served (60% OHP)	Baker	• Wellness Promotion and Prevention

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
LCAC Membership and Engagement	Baker LCAC & Engage to Empower (E2E) Consumer Subcommittee	• Three OHP consumers have been recruited to the LCHP	Baker	• Preventative Care and Health Education • Addressing Institutional Bias
Wraparound Engagement and Celebratory Fund	Northeastern Oregon Compassion Center; NDNW	• 73 OHP families served	Baker	• Behavioral Health
Senior Oral Health	Community Connections of Northeast Oregon	• 9 community members (5 OHP; 1 Medicare) members scheduled for dental care; 16 referrals made (Baker) • 10 Medicare/1 OHP scheduled (Union)	Baker, Union	• Oral Health
Youth Kits: Part of Health and Wellness Project for students	Families First Parent Resource Center	• 420 bags distributed (100% EOCCO/OHP members)	Grant	• Wellness Promotion & Prevention
Family Health Fair-combine Family Fun Day and Grant County Health Fair	Families First Parent Resource Center	• 133 in attendance; 64 EOCCO/OHP members • Event held 6/26/21 • 24 booths promoting health wellness and prevention	Grant	• Wellness Promotion & Prevention
Motivational Interviewing (MI) training	Lake District Wellness Center	• MI training scheduled (mid-Sept)	Lake	• Chronic Disease Management
Eye Movement Desensitization and Reprocessing (EMDR)	Lake District Wellness Center (Christmas Valley)	• First portion of EMDR training held 6/4-6/6/21; Second round scheduled for Oct • 9 clients identified	Lake	• Service Access and Availability
COVID-19 Vaccination Outreach	Malheur County Public Health	• Materials/supplies for vaccine clinics purchased • Support staff assigned for booster clinics • Current OHP vaccination rates for 16+: 2,989 (39.9%)	Malheur	• Service Access and Availability

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Medical Equipment on Loan	Clearview Mediation and Disability Center	• 110 pieces of DME have been on loan; 22 OHP, 52 Medicare, 5 no insurance	Umatilla	• Access to Services

Spotlight: Engagement 2 Empower (Baker County): The Engagement 2 Empower (E2E) is a committee made up of OHP members from the Baker community. This group gives important feedback to healthcare professionals and serves as a conduit and voice to many consumers. A newsletter written by OHP consumers to OHP consumers is sent to healthcare offices quarterly describing service options available and how to access them.

2. Priority Area #2 Community Benefit Initiative Reinvestments: Maternal and Child Health

(for a full description of projects, please visit: www.eocco.com/members/cac)

Maternal and Child Health have been a CHP priority since 2013. The EOCCO CAC has strong partnerships and engagement with the five Early Learning Hubs (ELH), Head Start programs, childcare and early learning providers, schools, and public health, all of whom serve families throughout the region. Many of the LCHP CBIR projects have focused on improving child health.

Goal: Promotion of the "well family" that includes: access to education and childcare resources, embedding ACEs and trauma-informed practices into communities, promote physical activity, recreational opportunities and safety to reduce childhood obesity, enhance childhood developments (ASQ, ASQ-SE) and support parental empowerment (i.e. Positive Parenting Program, Triple P).

Counties included: Grant, Lake, Morrow, Malheur, Union, Wallowa

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Baby Bags-wellness resources, diapers, etc… delivered to new moms at time of birth	EOCCO; Families First Parent Resource Center	• 39 new OHP moms/babies served (Grant) • 34 new OHP moms/babies served (Malheur) • 22 new OHP moms/babies served (Wallowa)	Grant Malheur Wallowa	• Maternal and Child Health • Wellness Promotion & Prevention

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Frontier Early Learning Hub online resources for childcare partners	Child Care Resource & Referral; Frontier ELH	• Purchased online subscription to Child Care Education Institute • 16 partners reached through online classes • 2 new registered family providers • Materials purchased to support licensed childcare businesses	Grant	• Maternal and Child Health
Sources of Strength (sourcesofstrength.org)	Lake County Prevention; Paisley School District	• The School district identified and confirmed	Lake	• Early Childhood Health • Mental Health-Trauma
Dolly Parton Imagination Library	Four Rivers Healthy Community	• 563 children served	Malheur	• Service Access and Availability (Children and Families)
Community Access for Resource Effectiveness (CARE) & Students Providing Understanding and Respectful Support (SPURS)	Morrow County Health Department, Community Counseling Solutions, Morrow County School District, Ione School District, Morrow County Health District, Columbia River Health, Advantage Dental, Blue Mountain ELH	• 61 immunizations given (5th and 6th grade) at Morrow County SD • 12 immunizations to 8 kids (Ione SBHC) • 62 PHQ-9 distributed to children age 12-17	Morrow	• Maternal and Child Health
Children and Recovering Mothers (CHARM)	Grande Ronde Hospital	• 11 mothers currently enrolled in the program	Union	• Maternal and Child Health
Union County Parenting Collaborative	Union County Juvenile Department	• 4 sessions held • 5/12 families attending in person (42%); all OHP families	Union	• Behavioral Health (ACEs)
Doula Certification	With Love, Joy and Light Doula Services	• Licensed Doula with DONA International	Wallowa	• Maternal and Child Health
Daycare Scholarships and	Wallowa County ESD	• 14 licensed daycare facilities	Wallowa	• Service Access and Availability

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Playground Equipment		• 13 families eligible for scholarships • Playground equipment for 60% OHP preschool students		(Children and Families)

Spotlight: Children and Recovering Mothers (CHARM - Union County): CHARM was "born" at Grand Ronde Hospital Family Birthing Center and is supported by many local partners, including the Union LCHP. CHARM is a health care program for pregnant women struggling with alcohol or drug addiction. It offers early intervention and resources throughout pregnancy to reduce the risk of postpartum complications and helps ensure a healthy newborn. CHARM is about helping women find a way out of addiction and keeping families together.

Spotlight: Baby Bag Project (Grant, Wallowa, Malheur Counties) - Durable reusable diaper bags are filled with EOCCO branded parent health information such as; magnetic immunization schedules, newborn baby supplies, diapers, toothbrush kits and parent tools, including a Baby Journal. Early childhood partners have included additional items such as children's books, local gift cards, and numerous items to help new moms with newborn babies. Baby Bags are provided to all EOCCO mothers delivering babies in these counties. Major successes include ongoing collaboration between local hospitals, local OHP family support organizations and public health.

3. Priority Area #3 Community Benefit Initiative Reinvestments: Behavioral Health

(for a full description of projects, please visit: www.eocco.com/members/cac)

The EOCCO believes the experts on behavioral health in our region are those living in the EOCCO communities. The EOCCO continually engages with the communities not only through the 12 LCHPs and the EOCCO CAC but also through a collaborative governance structure, behavioral health Provider Engagement program, and ongoing relationships with community-based organizations. Data and information from the EOCCO Comprehensive Behavioral Health Plan (CBHP) is directly related to work done at the local level. As with any strategic planning effort, it is imperative to understand the issues we must address before we can develop a plan to address them. A behavioral health environmental scan results from a meta-analysis of multiple sources of information to understand EOCCO members' needs surrounding mental health, substance use disorders, and social wellbeing; the systems that exist to serve those needs; and the areas where those services could work better.

Goal: To understand service gaps, including the availability of, integration, and capacity of behavioral and mental health services in the community. Other aspects of behavioral health to consider and provide program support include an emphasis on stigma, substance abuse, adverse childhood experiences, anxiety and depression.

Counties included: Baker, Grant, Malheur, Umatilla, Union, Wallowa

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
LGBTQIA+ Awareness Campaign	New Directions Northwest-Prevention Team	• Timeline in place for launch • Resource guides for Teen Wellness event prepared	Baker	• BH Service Access and Availability • Preventative Care • Health Education
Trauma & SDoH Awareness	Grant-Harney CASA	• DEI Committee established; launched and completed a self-assessment in community with organizational equity tool • 139 hrs. of continuing education recorded by staff and volunteers • CASAs from neighboring counties participated in "Be the Difference" poverty and trauma workshops	Grant	• Social Determinants of Health • Wellness Promotion & Prevention
Prevention Projects: Tall Cop Event; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); Question Persuade Refer (QPR) classes	Lifeways of Malheur County	• Suicide Postvention Training scheduled 7/8/21 • Tall Cop Event held 1/2022 • Youth MHFA classes underway • ASIST classes underway • QPR classes underway	Malheur	• Behavioral Health (depression, suicidality, SUD, ACEs)
Mental Health Services-Athena/Weston	Athena-Weston School District	• Contract signed	Umatilla	• Behavioral Health • Children's Health (trauma)
Peer Mentors	Oregon Washington Health Network	• 60 EOCCO/OHP members served by peer mentor (identified through ED, law enforcement, CMHP, EOCCO referrals) • Services received include SUD assessments, case management and referrals to treatment	Umatilla	• Behavioral Health (SUD, Trauma)
Resilience Camp for Challenged Youth	Growing Community Roots; Northeast	• 25 OHP program graduates/27 total participants=93%	Union	• Behavioral Health (ACEs)

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
	Oregon Network (NEON)			
Trauma-Informed Coalition	Union County Trauma-Informed Coalition; Union County Juvenile Department	• 9 virtual events held • 20 attendees (15 OHP families)=75%	Union	• Behavioral Health (ACES)
Social Engagement (Reducing Isolation, Depression and Grief)	Winding Waters Medical Clinic	• 17 voucher support for community engagement; opportunities include: swimming, gym, art classes, yoga	Wallowa	• Behavioral Health

4. Priority Area #4 Community Benefit Initiative Reinvestments: Social Determinants of Health

Social Determinants of Health has been a priority area in most of the LCHP Community Health Plans for several years. Programs spearheaded and supported by the LCHPs are implemented and funded by CBIR funds in partnership with community-based organizations, local hospitals and clinics, public health and housing/transportation authorities. Most LCHP sponsored programs address issues of food security, housing stabilization, and social isolation, root causes of poverty and member outreach and empowerment.

Goal: Health and overall well-being are influenced by the places where people live, work, play, learn and how they access services in the community. Issues with access and availability to basic needs of an individual or family unit will have a negative impact on health outcomes. By identifying these issues, such as food insecurity, housing (access and availability), transportation, health disparities, poverty and social isolation, violence (child abuse, intimate partner violence, sexual abuse) and safety (personal, home and community) LCHPs can prioritize projects/programs in the community that help narrow the SDoH inequities.

Counties included: Baker, Gilliam, Grant, Harney, Sherman, Lake, Malheur, Wallowa, Wheeler

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
The Sharing Pantry Project	New Directions	• One pantry near high school has been built	Baker	Food Security

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Stone Soup Garden Project	Baker LCHP & Engage to Empower Consumer Subcommittee	• Garden has been planted; • Produce shared with 22 households (67 individuals, 29 children, 44 OHP) • Outreach through social media reaching 89 members	Baker	Food Security Behavioral Health
Meals Program Senior Nutrition Program	Community Connections of Northeast Oregon	• 44 identified OHP members to receive meals	Baker	Food Security
Frontier Veggie Rx Program	Greater Oregon Behavioral Health, Inc. (GOBHI)	• Gilliam: 69 (children and adults)/145 Rx given per household per month; 36 unduplicated households • Harney: 279/838; 81 unduplicated • Sherman: 77/145; 37 unduplicated • Wheeler: 78/133; 37 unduplicated	Gilliam, Harney, Sherman, Wheeler	Food Security
Share Our Strength Frontier Veggie Rx Innovations Program	Eastern Oregon Healthy Living Alliance (EOHLA); GOBHI	• Tracking tools and educational materials for clinicians developed	Lake	Food Security
Veggie Rx Program	Valley Family Health Care; EOHLA	• Enrolled 81 households (165 adults, 31 children) • 87/165 are OHP adults • 25/31 are OHP children • 29/55 OHP households referred to CHW for additional services (housing, transportation, medical equipment) • 14 individuals completed online health education	Malheur	Food Security

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Arts Program to prevent social isolation	Painted Sky Center for the Arts	• Youth programs staff has been hired • 138 OHP Members registered for classes and received free vouchers	Grant	Social Isolation; Wellness Promotion & Prevention
Summer Lunch Program	Lake Health District	• Program launched 6/14/21 • 860 lunches served	Lake	Food Security
Meals on Wheels	Malheur Council on Aging and Community Services	• Commercial freezer and refrigerator have been installed • Average of 124 seniors/dual eligible served (34,240 meals)	Malheur	Food Security
Telemedicine Portal for Ontario Affordable Housing development	Northwest Housing Alternatives	• Construction has been initiated • Consulting with firm to purchase telemedicine consoles and other equipment	Malheur	Housing; Behavioral Health
Poverty Awareness	ConneXions at Good Shepherd Health Care System	• Working to purchase kit	Umatilla	Poverty
Safe Housing for Homeless	Neighbor 2 Neighbor	• MOU executed • Currently searching for temporary housing (hotels) for the beginning of winter season	Umatilla	Housing
Double-up Food Bucks	La Grande Farmers Market	• 104 new customers during Farmers Market season (May-Oct) • 683 transactions	Union	Food Security
Union County Warming Station	Union County Warming Station	• 76 guests served (71 adults; 5 kids) • 453 shifts filled with 150 volunteers • 113 meals served • 67% of guests placed in transitional or long-term housing	Union	Housing

Social Determinants of Health Project	Winding Waters CHC	• 361 patients screened
		  ○ 26 screened positive for food insecurity
		  ○ 30 for transportation needs
			Wallowa	Housing
				Transportation
				Social Isolation

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
		• 20 EOCCO patients received assistance with housing and transportation • 17 EOCCO patients received assistance with social isolation (gym memberships, cell phone access, shower vouchers)		

Spotlight: Frontier Veggie Rx (Sherman, Gilliam, Harney, Lake, Malheur) - The Veggie Rx program launched in 2017 by Sherman County with Gorge Grown to increase healthy produce consumption by EOCCO members and non-members. By 2020, there were five counties participating in this program. Frontier Veggie Rx has "raised the boats" of everyone living in these frontier food deserts as it has helped to drive down the cost of the produce. Vendors have less waste, and it has increased the variety of produce available to the community as vendors have more incentive to provide it for their customers. The program has also strengthened relationships with local businesses, healthcare entities and the community at large.

Spotlight: Warming Station (Union & Umatilla Counties) - Union County has supported this project since 2018. In 2021, Umatilla County began working with Neighbor 2 Neighbor, a group that currently operates the Pendleton Warming Station. Both the Union and Umatilla County warming stations predominately serve EOCCO members or guests who are OHP-eligible. Both warming stations pull together community volunteers to assist with intake, outreach, and create opportunities for guests to connect with community organizations that can help them achieve housing stabilization.

5. Priority Area #5 Community Benefit Initiative Reinvestments: Workforce and Community Development

This priority area was added after being highlighted in the 2019's EOCCO Community Health Assessments. Much of the health and overall wellbeing of individuals and populations correlates indirectly to the types of services available and economic growth and development of a community. Workforce shortages, not just in the healthcare sector, limited educational opportunities, unskilled workforce and unsafe neighborhoods are all contributing factors that impact health outcomes. Several local LCHPs have proposed Community Benefit Initiative Reinvestment (CBIR) projects that address this issue of workforce and community development, with an emphasis on inequities based on race, ethnicity, and naturalization status.

Goal: To identify strategies to create a pipeline system for identifying local future workforce prospects and initiate a system of local workforce development.

Activity	Partner Organizations	Measurement/ Progress to Date	County	CHP Priority Area Focus
Community Vitality Video Project	Malheur Equity Stewards	• Video has been completed; under LCHP review	Malheur	• Service Access & Availability • Social Determinants of Health
Community Health Worker Training	EOCCO	• 5th year of offering CHW training through OSU • Billing and fee schedule training are also available	All 12 EOCCO counties	• Service Access & Availability • Social Determinants of Health • Health Equity

III. Other CAC / LCHP-related Efforts

There have been substantial efforts made to coordinate and align EOCCO requirements from the Oregon Health Authority (OHA) with local LCHP projects/programs, training opportunities; community needs assessments, and stakeholder opportunities. The EOCCO continually strives for transparency and empathy throughout the array of programs listed above. Our Members are our neighbors, family and friends. The efforts below reflect activities of the LCHPs (and most recently, the EOCCO CAC) and our valued partners, contributing time, talent and influence in the creation and implementation of this work for OHP consumers and the entire EOCCO community. This includes additional assets and resources provided to the LCHPs and the EOCCO CAC.

1. Health Equity and Inclusion

The EOCCO strives to ensure all OHP members in Eastern Oregon have access to high quality, affordable health care. This entails allocating resources, establishing high-quality health care standards and oversight processes, as well as working with community partners to reduce social and financial obstacles to health care, in addition to barriers experienced by marginalized populations.

While the goal is to facilitate the delivery of high-quality care to the communities we serve, the EOCCO also aims to empower OHP members with knowledge and resources that will help them better understand their benefits and health needs. The EOCCO team strives to provide this type of healthcare and health promotion resources at different levels, initiatives, and ways that correspond to each community and group needs. This approach is in alignment with Health Equity principles defined by the State of Oregon.

The EOCCO also has a strong presence as Steering Committee representatives on the Eastern Oregon Health Equity Alliance (EOHEA) and the emerging Regional Health Equity Alliance. The focus of this

statewide committee is to discuss and support initiatives focused on Diversity, Equity and Inclusion (DEI) and health equity in alignment with current EOCCO-community efforts and quality incentive measures.

EUVALCREE

The EOCCO is developing an intentional partnership with EUVALCREE, a Community-Based Organization whose mission is to build leadership capacity within the LatinX and Hispanic community. GOBHI and Euvalcree have formed a strong collaboration to help address the behavioral health needs and social determinants of health for the Hispanic / LatinX populations. The organizations are co-working on a housing planning grant, which Euvalcree has secured for Malheur County. This partnership is expanding the EOCCO CAC's understanding of these communities' behavioral health needs, housing issues and other social determinants of health, impacting health outcomes for the Hispanic / LatinX communities.

Health Equity Plan

The EOCCO submitted a Health Equity Plan (HEP) in December 2020 and August 2021, that prioritized eight focus areas with performance improvement targets that collectively aim to improve health equity among EOCCO members. The August 2021 Plan, after the National Culturally and Linguistically Appropriate Service Standards (CLASS), received a score of 62/62 early this year from the Oregon Health Authority. During the first two baseline years of the development of the HEP, a major initial focus for community and stakeholder engagement has been to work with the Regional Community Health Partnership. The internal EOCCO Diversity, Equity and Inclusion (DEI) Committee conducted quarterly presentations of the ongoing process and overall structure of the Health Equity Plan (HEP) in its early phases, and will continue to provide progress updates throughout the year.

As reflected in many of the LCHP Community Health Plans, there have been additions to the language of the priority areas that emphasize equity and inclusion. The EOCCO DEI Committee will continue to work with the LCHPs, the EOCCO CAC, and other community partners to strengthen the health equity mission within CHP priority areas as we continue to strengthen partnerships with Community-Based Organizations that serve the most vulnerable and health disparate populations within the EOCCO.

As with all the above efforts, COVID-19 has also affected the HEP-related engagement. While the EOCCO DEI Committee will engage with the EOCCO CAC and cross-sector stakeholders, virtual and digital communication on such an important yet often triggering topic can have varied results. However, as guidance on physical distancing measures evolves, we anticipate an increased level of in-person conversations and continue to strengthen outreach efforts to new and potential community partners.

2. Tribal Engagement

There are two federally recognized tribes in the EOCCO service area: the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and the Burns Paiute Tribe. EOCCO's Tribal Liaison engages with other CCO tribal liaisons, attends the OHA Tribal Advisory Council, and works closely with EOCCO CAC to make strides in the engagement of tribal communities with the Local Community Health Partnerships and EOCCO CAC. A subcommittee was formed to focus on the recruitment, engagement, and retention of tribal members from the Confederated Tribes of Umatilla Indian Reservation (CTUIR) at the Umatilla County LCHP. Recent LCHP outreach efforts also include invitations by Harney County LCHP members, as well as an invitation to tribal members from the Burns Paiute Tribe in attending the EOCCO CAC. Moreover, our EOCCO Tribal Liaison has reached out directly to the OHA Tribal Affairs Director to develop strategies for engagement of Native Americans with the EOCCO CAC.

The EOCCO reviewed the Tribal Behavioral Health Strategic Plan (2019-2024) completed by OHA and conducted two listening sessions with representatives from the CTUIR to gather insights included in the EOCCO's Community Behavioral Health Plan (CBHP). Efforts were made to include the Burns Paiute Indian Tribe, but we were unsuccessful in our attempts to connect with representatives from this Tribe. Efforts to engage with the Burns Paiute Indian Tribe will continue. EOCCO recognizes tribal sovereignty and honors indigenous wisdom in the delivery of healthcare services, including behavioral health.

EOCCO is currently pursuing a Behavioral Health services agreement with Yellowhawk Tribal Health Center. Yellowhawk has implemented an impressive integrated, tribal/culturally specific healthcare center offering physical, behavioral, and oral healthcare to tribal members.

Collaboration with the Confederated Tribes of the Umatilla Indian Reservation and the Burns Paiute Indian Tribe has been, and continues to be, ongoing in the area of systems and services for tribal members with SPMI who need effective transitions from institutions, including jail, or transitions back to community from hospital levels of care. Representatives from both tribes participate in helping determine and develop strategies regarding needs and gaps related to member transitions of care.

Tribal Efforts and Behavioral Health

EOCCO's behavioral health partner, GOBHI, met with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) to present information about EOCCO's service array, CHP, and CBHP. The CTUIR provided feedback on the presentations and input into GOBHI's plans for behavioral health, including highlighting the following needs:

- Gaps in chemical dependency treatment
- Lack of treatment providers
- Gaps in respite and diversion beds
- Telehealth
- Needs for people on the Autism Spectrum
- Transportation challenges
- Need for whole person care and addressing the root causes of health issues
- Desire to consider additional approaches to treatment, such as equine therapy and

acupuncture
- Gratefulness for the meeting and a desire for continued involvement with EOCCO

3. Comprehensive Behavioral Health Plan

As mentioned earlier in this report, GOBHI conducted the EOCCO Comprehensive Behavioral Health Plan (CBHP). The plan complies with CCO contract requirements under Exhibit M, section 12(a). Actions leading to the development of the CBHP included a) questionnaire distribution to community partners / stakeholders within the EOCCO, b) community listening sessions in English and Spanish were held, c) specific meetings with the Tribes were conducted, d) sessions with each LCHP occurred, e) listening sessions with the behavioral health consumer caucus were conducted, and f) several sessions with behavioral health providers were also conducted. The plan included a SWOT analysis of the current system and a review of past plans, assessments and Community Health Improvement Plans. A meta-analysis was conducted which synthesized findings from all these sources. From that, three priority areas were developed, along with a corresponding work plan for each area. Those CBHP priority areas include:

- Housing - which directly supports the LCHP social determinants of health priority area.
- Network Adequacy - which supports the LCHP behavioral health priority area. This includes a robust assessment of the behavioral health care network and its service provision in each of EOCCO's twelve counties. Interwoven in this work is the assessment of adequacy for marginalized and underserved populations. That workgroup has conducted the first regional assessment of behavioral health needs for the LGBTQ+ population and services, which responds to those needs.
- Workforce Development - which directly aligns with the LCHP priority area. Instead of twelve different counties working on a common problem, they have developed an HR-task force to work together to outline objectives for change for the entire EOCCO region.

The CBHP also identified "stigma" as a major barrier to accessing behavioral health care. The GOBHI Board of Directors allocated funds to contract for a behavioral health education and workforce development initiative. A vendor has been selected and is working with a steering committee to create messaging about the efficacy of the behavioral health care system and benefits of working in this occupation. The initiative's goals are two-fold; reduce stigma and encourage entrance into the behavioral health care workforce. There is a specific focus on messaging for diverse populations. Hence, this resource also supports the LCHP's workforce development priority, stigma education, and community education about behavioral health.

The completed CBHP can be found here: www.eocco.com/-/media/EOCCO/PDFs/providers/EOCCO_CBHP_2021.pdf.

4. CCO Annual CAC Demographic Report

The EOCCO is also in progress of updating the CAC Demographic Report (due June 30, 2022) in compliance with CCO contract Exhibit K, Section 5. The purpose of the CAC Demographic Report was to ensure Community Advisory Council (CAC) membership appropriately represents the communities

in each Coordinated Care Organization's (CCO) Service Area(s). Between January and June 2022, the EOCCO CAC Selection Committee reviewed, approved and updated the membership roster to include at least 51% OHP consumer representation, demographic composition (race, ethnicity, gender identity, language, and disability), voting "organizational" sector-specific members, and recruitment strategies/barriers/challenges to recruitment. Currently, the EOCCO CAC membership, by the numbers, includes the following *(once completed, the CAC Demographic Report can be found at: www.eocco.com/members/cac)*

- 65% OHP Consumer Members
- 12.5% Hispanic/ Latinx
- 3.1% American Indian or Alaskan Native
- 18.8% with Disabilities
- 100% Frontier/Rural
- 78.1% Female

5. Research and Evaluation

Our administrative partner, GOBHI, has invested resources into creating a robust Analytics Unit. They spent the last year migrating from a physical server and multiple data platforms to a single cloud-based environment where data are stored in a single "data lake." The latter has been referred to as "data warehouse" in previous years. This migration has taken research and evaluation to extraordinary new levels and opportunities, which far exceed our current thinking. In addition, GOBHI has hired a data scientist as the principal investigator on research designs and methodologies.

There are several key evaluative and research studies, which support the LCHPs' focus on behavioral health and social determinants of health. Three specific studies are highlighted here. The first is an evaluative project launched within the CBHP assessment process. It involves mapping out each mental health and substance use disorder service within an array of treatment options for children, youth, and families. The goal is to assess the extent to which EOCCO Members are receiving services by type of services and, specifically, evaluate the extent to which they are utilizing community-based services vs. acute care. Findings of that research includes:

For youth (under 18):

- 98.7% of all services were community-based
- 1.3% of all services were inpatient settings

For adults:

- 98.2% of all services were community-based
- 6.6% of all services were adult inpatient settings

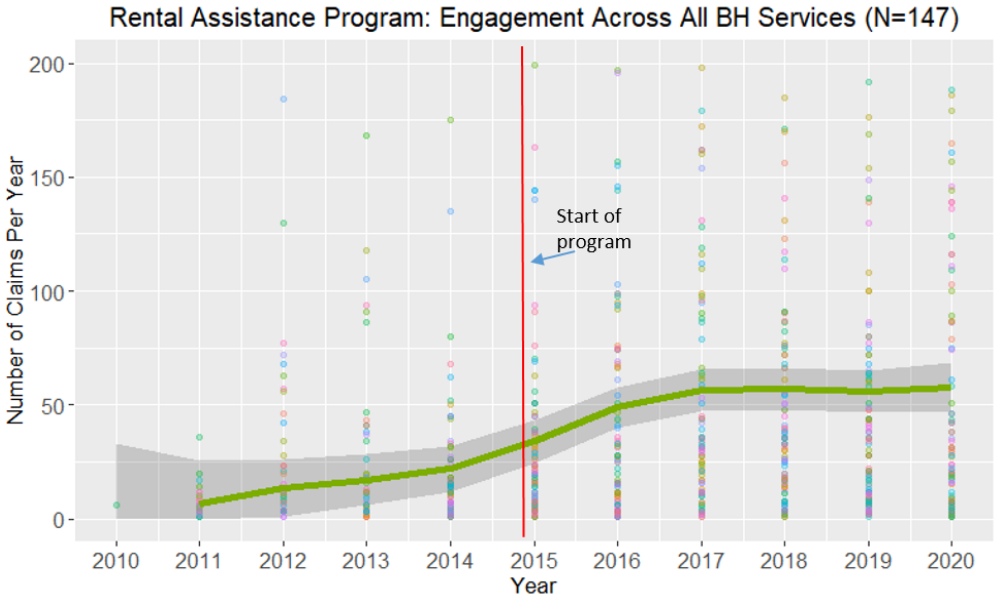
This analysis is available by county and by age group. LCHPs will receive a detailed analysis as part of this next year's CHA update work.

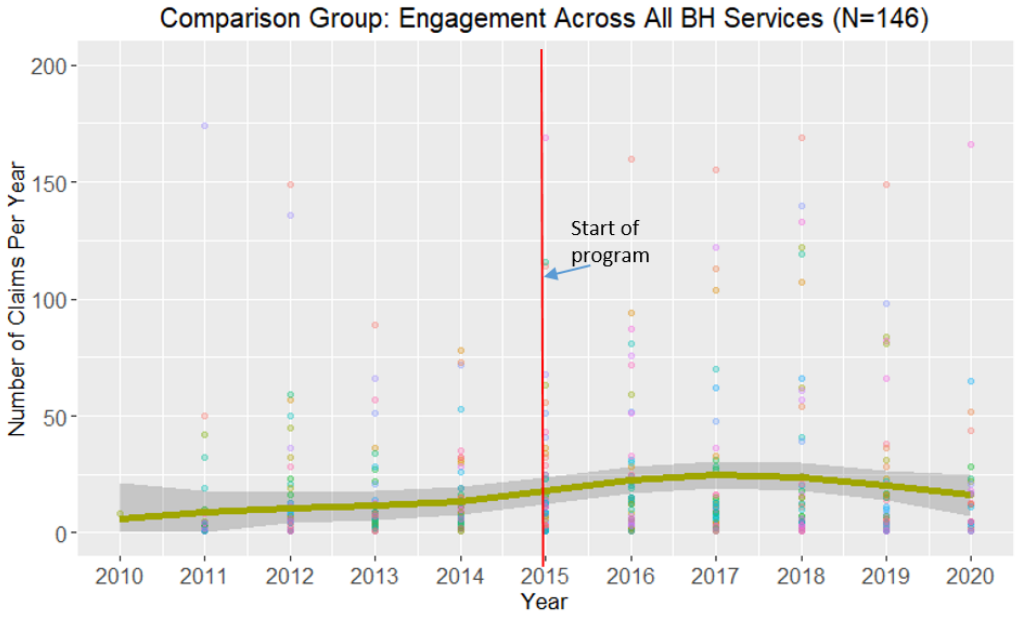
The second highlight is an original research study by GOBHI's research scientist on the Rental Assistance program (a social determinants of health resource). As an empirical test of program effects, our analytics team compiled service engagement data on all rental assistance participants as well as a

comparison group of EOCCO members with SPMI and comparable demographic characteristics, but did not receive rental assistance services. Growth modeling, a statistical test of longitudinal trends in data, was employed and showed significant pre-post increases in outpatient service engagement as compared to the control group. A second control group was identified to test the confidence in findings. These control groups were not randomized, but rather selected to match the characteristics of members in the rental assistance program.

National data indicates that rental assistance and stabilized housing increases engagement in community-based behavioral health treatment and services. The major research question in this study was, "Does participation in the rental assistance program (RAP) impact the number of behavioral health services members receive?"

Members in RAP experienced a significant ($p<.05$) increase in engagement with all behavioral health services from before and after 2015 (start of program) as compared to the comparison group.





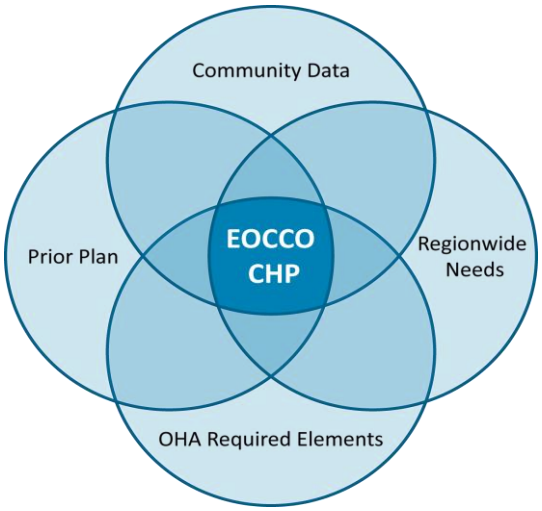
This research and other studies of its kind will assist LCHP and CAC members assess and plan for behavioral health priority areas in their communities.

The third data resource that EOCCO has invested in is a community information exchange (CIE) platform called Unite Us. EOCCO and Unite Us have been working closely together to expand the coordinated care network, Connect Oregon, into Eastern Oregon to connect health and social care providers to deliver integrated whole-person care. Partners in the network are connected through a shared technology platform, Unite Us, which enables them to send and receive electronic referrals, address people's social care needs, and improve health across communities. EOCCO also has access to a variety of Tableau dashboards to evaluate network activity and identified SDoH needs, as well as health equity. Additionally, healthcare partners and community-based organizations are able to view demographic and SDoH data on their population as well as services provided within the platform.

Lastly, EOCCO's administrative partner, Moda, has also invested resources into creating a robust reporting package that includes quality measure, cost and utilization, and population level demographic data that we share with healthcare partners, local community health partnerships, and the EOCCO CAC. This data supports community health plan activities and measurement.

1. Community Health Plan Process

The EOCCO Community Development and Health Services team (CDHS) facilitates the development and implementation of the Community Health Assessment every five years. The team strives to align the EOCCO CHA with other community and healthcare CHAs, including county public health and local hospitals, when applicable. Each county CHA is the starting point and driver for LCHPs to establish and provide yearly updates to the Community Health Plan (CHP). The Community Development and Health Services team uses both qualitative and quantitative data in order to present a comprehensive, mixed-method approach for each LCHP when reviewing and updating their CHP. The quantitative data included state and regional statistics (*see Quantitative Emphasis section below*) and qualitative data from recent region-wide focus groups emphasizing CCO 2.0 components (*see Qualitative Emphasis section below*). The EOCCO CDHS team facilitated the review of past CHAs and CHPs at each LCHP to highlight and outline solutions within each county's priority areas of the CHP. OHA "required elements" were also included in CHP priority area considerations to be discussed and reviewed by the EOCCO CAC, including alignment of the State Health Plan and CCO 2.0 requirements. The Venn diagram in Figure 2 highlights the components used to develop each county's CHP.



Quantitative Emphasis

The Community Development and Health Services team of the EOCCO utilizes data from the following sources to present to each LCHP; most of the data highlighted is county-specific, where possible trends across time are presented at annual intervals for the past five years. These data include, but are not limited to the following:

- Population demographic statistics (county by county); *Portland State University, Center for Population Research and Census*
- Race/ethnicity breakdown (county by county); *PSU, Center for Population Research and Census*
- Gender (county by county); *PSU, Center for Population Research and Census*

- Sexual Orientation (statewide); *Gallup Poll*
- Language-LEP Speaking Households (county by county); *American Community Survey*
- Socio-economic Status (county by county); *Oregon Department of Education, American Community Survey*
- Housing (county by county); *Oregon Department of Housing & Community Point in Time Count, United Way of the Pacific Northwest, American Community Survey*
- Transportation (county by county); *American Communities Survey, Non-Emergent Medical Transport Data from EOCCO*
- Food Security (county by county); *Medicaid BRFSS, Oregon Department of Education, Oregon State University Communities Reporter, Oregon Department of Human Services*
- Health Behaviors (county by county); *BRFSS*
- Mortality and Morbidity (county by county); *BRFSS, OHA Center for Health Statistics*
- Maternal and Infant Health (county by county); *Oregon Public Health Vital Statistics*
- Maternal Depression (EOCCO region); *PRAMS data by state*
- Childhood Health (county by county); *Department of Human Services, OSU Extension, Oregon Department of Education, Oregon Public Health Division, Oregon Child Desert Report*
- Teen Health (county by county); *Oregon Healthy Teens Survey*
- Disabilities (county by county); *American Communities Survey*

Qualitative Emphasis

In the fall of 2018, the Community Development and Health Services team conducted 21 qualitative focus groups (English and Spanish) as part of the 5-year CHA requirement. Notably, focus group participants were asked about, and provided perspectives on, health disparities in their local communities and region. They compiled the results from these focus groups into an EOCCO-wide summary report (*found here: www.eocco.com/-/media/EOCCO/PDFs/CAC-meetings/reports/2019-Wide-Focus-Group-Report.pdf*) and used it to provide county-specific priority areas, with an emphasis on social determinants of health (see Figure 3). The report was also included in the local data used to highlight county issues as a resource for the Community Health Plan updates.

2. Priority Areas

After reviewing all of the data, the following data points are the rationale for selecting the five priority areas. The data identifies areas where the counties are underperforming compared with the statewide data.

A. Wellness Promotion and Prevention

- **7 of 12 EOCCO counties report higher diabetes death rate compared to the state rate** (*OHA Center for Health Statistics per 100,000 2012-2016*)

Baker	Grant	Harney	Lake	Malheur	Umatilla	Wheeler	OR
29.4	27.8	43.6	52.8	29.7	32.7	56.9	27.3

- **10 of 12 EOCCO counties report higher heart disease death rate compared to state rate** (*OHA Center for Health Statistics per 100,000 2012-2016*)

Baker	Gilliam	Grant	Harney	Lake	Malheur	Sherman	Union	Wallowa	Wheeler	OR
279.4	248.4	239.3	166.3	188.7	232	331.2	202.8	332.9	284.7	157.9

- **6 of 12 counties have a higher percentage of cancer compared to state rate** (*Behavioral Risk Factor Surveillance System 2014-2017*)

Baker	Lake	Malheur	Umatilla	Union	Wallowa	OR
14.2%	9.4%	10.7%	9%	9%	16.5%	8.2%

- **7 of 12 counties have a higher percentage of cardiovascular disease compared to state rate** (*Behavioral Risk Factor Surveillance System 2014-2017)*

Baker	Gilliam	Grant	Lake	Malheur	Morrow	Sherman	Umatilla	Wallowa	OR
18.1%	12.2%	9.6%	14.8%	10.3%	9.7%	12.2%	8.5%	8.5%	8.3%

B. Maternal and Child Health:

- **6 of 12 EOCCO counties report a higher infant mortality rate compared to state rate and 6 of 12 frontier counties have suppressed data** (*Oregon Public Health, Vital Statistics, 2017-2019*)

Baker	Grant	Malheur	Morrow	Umatilla	Union	OR
6.3	16.7	10.2	12	9.1	11.4	4.8

- **6 of 12 EOCCO counties report a higher rate for low birth weight compared to state rate and 2 of 12 frontier counties have suppressed data** (*Oregon Public Health, Vital Statistics, 2017-2019*)

Baker	Grant	Lake	Malheur	Union	OR
83.3	95.2	161.4	99.8	111.1	68.3

- **5 of 12 EOCCO counties report a higher percentage of births to mothers receiving inadequate prenatal care compared to the state rate** (*Oregon Public Health, Vital Statistics, 2017-2019*)

Baker	Grant	Lake	Malheur	Morrow	Umatilla	OR
6.9%	10%	8.6%	17.9%	12.9%	11.1%	6.2%

- **7 of 12 EOCCO counties report a higher rate of child abuse compared to state rate and 2 of 12 frontier counties have suppressed data** (*Oregon Department of Health and Human Services, 2019*)

Baker	Gilliam	Grant	Harney	Malheur	Umatilla	Wallowa	OR
29.3	103.3	19.7	35.3	41	17.2	21.2	15.7

- **6 of 12 EOCCO counties report a higher rate of children in foster care compared to state rate. 4 of 12 frontier counties have a population too low to report**
  (*Oregon Department of Health and Human Services, 2019*)

Baker	Grant	Harney	Lake	Malheur	Umatilla	OR
15	10.2	21.3	11.9	23.7	11.5	8.2

- **9 of 12 EOCCO counties report a lower percentage of children 0-5 with access to a regulated child care slot** (*Oregon Child Desert Report, 2019*)

Baker	Grant	Harney	Lake	Malheur	Morrow	Umatilla	Union	Wallowa	OR
11%	15%	7%	5%	15%	14%	16%	19%	14%	21%

- **8 of 12 EOCCO counties report a higher percentage of children age 3 to 4 not enrolled in preschool compared to state rate** (*Oregon Department of Education, 2018*)

Gilliam	Grant	Harney	Malheur	Umatilla	Union	Wallowa	Wheeler	OR
78%	89%	62%	64%	70%	57%	58%	71%	55%

C. Behavioral Health

- **2 out of 12 counties had a higher percentage of depression than the state average** (*Behavioral Risk Factor Surveillance System 2014-2017*)

Baker	Malheur	Oregon
27.3%	27.6%	25.1%

- **2 out of 12 counties had worse overall mental health status than the state average** (*Behavioral Risk Factor Surveillance System 2014-2017*)

Baker	Malheur	Oregon
57.7%	58.1%	59%

- **8 out of 12 counties have higher than state average of suicide** *(Oregon Center for Health Statistics rate per 100,000)*

Baker	Grant	Harney	Lake	Malheur	Sherman	Union	Wallowa	Oregon
27.0	33.4	35.4	30.2	20.0	22.8	18.0	31.0	17.9

Maternal Depression (*Pregnancy Risk Assessment Monitoring System, 2020*)		
	EOCCO Rate	**Oregon**
% During Pregnancy	28.90%	20.10%
% Postpartum	47.60%	21.30%
% Depression during pregnancy or postpartum or both	48.10%	29.30%

D. Social Determinants of Health

- The average monthly number of EOCCO children enrolled in SNAP is 14,550 *(Oregon Department of Health and Human Services, 2020)*
- 48.6% of EOCCO adults are recorded as being food insecure *(Medicaid BRFSS 2014)*
- 22.3% of EOCCO adults are recorded as experiencing hunger *(Medicaid BRFSS 2014)*

- **7 out of 12 counties have a higher percentage of students eligible for free/reduced lunch compared to the state** *(Oregon Department of Education, 2017)*

Gilliam	Grant	Malheur	Morrow	Sherman	Umatilla	Union	OR
58.6%	56.1%	72.1%	70.3%	56.3%	65.3%	52%	49.3%

- **10 out of 12 counties have a higher estimated percentage of food insecure children compared to the state** *(Oregon State University, Communities Reporter, 2017)*

Baker	Grant	Harney	Lake	Malheur	Sherman	Umatilla	Union	Wallowa	Wheeler	OR
22.3%	23.1%	23%	23.3%	23.1%	19.2%	20.5%	22%	22%	24.1%	18.9%

- **9 out of 12 counties have a higher estimated percentage of food insecure individuals compared to the state** *(Oregon State University, Communities Reporter, 2017)*

Baker	Grant	Harney	Lake	Malheur	Sherman	Union	Wallowa	Wheeler	OR
14.8%	14%	14.9%	15.8%	13%	13.7%	14.8%	14%	14%	12.3%

E. Workforce and Community Development

- **5 out of 12 EOCCO counties have a higher than state percentage of single parents** (*American Community Survey 2012; 5 year estimate*)

Lake	Malheur	Umatilla	Union	Wallowa	OR
5.7%	8.1%	8.1%	7.4%	5.4%	5.4%

- **1 out of 12 EOCCO counties have a higher than state rate of unemployment** (*Department of Employment; January 202*1)

Grant	OR
6.9%	6.2%

- **7 out of 12 EOCCO counties have a lower than state average population without a high school diploma** (*American Community Survey 2020; 5 year estimate)*

Gilliam	Grant	Lake	Malheur	Morrow	Sherman	Umatilla	OR
10.1%	11.2%	13.5%	18.9%	24.2%	10.7%	17.6%	9.2%

- **2 out of 12 EOCCO counties have a lower than state average graduation rate/100** (*Oregon Department of Education 2019-2020 cohort graduation rate*)

Baker	Wheeler	OR
81.3%	49.4%	87.2%

- **9 out of 12 EOCCO counties have a higher rate of households below the Federal Poverty Level (18% FPL)** (*American Community Survey 2020; 5 year estimate)*

Grant	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler	OR
18.1%	18.4%	21.8%	14.5%	13.4%	17.9%	13.9%	13.6%	14%	13.2%

- **8 out of 12 EOCCO counties have a higher rate than state average of households that are uninsured** (*American Community Survey 2020; 5 year estimate)*

Baker	Gilliam	Lake	Malheur	Morrow	Sherman	Umatilla	Union	OR
8.4%	7%	7.6%	9.7%	9.5%	9%	7.3%	6.9%	6.7%