

CHP Progress Report Questionnaire

Key Players, Health Priorities and Activities in Child and Adolescent Health

1. Which of the following key players are involved in implementing the CCO’s CHP? (select all that apply)

- Early learning hubs
- Other early learning programs¹
Please list the programs: *Pioneer Relief Nursery, Head Start*
- Youth development programs²
Please list the programs: *Growing Community Roots (Union), Parenting Collaboratives in conjunction with Union County Juvenile Department (Union)*
- School health providers in the region
- Local public health authority
- Hospital(s)

2. For each of the key players involved in implementing the CCO’s CHP, indicate the level of engagement of partnership:

	No engagement			Full engagement	
	1	2	3	4	5
Early learning hubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Other early learning programs ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Youth development programs ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
School health providers in the region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Local public health authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>

Optional comments: Several of our hospital systems are owners of the EOCCO and are highly involved in leadership efforts within the CCO, including representation on the CAC Selection Committee and involvement in the EOCCO CAC.

3. Describe how these key players in the CCO's service area are involved in implementing your CHP.

Each county has a Local Community Health Partnership (LCHP) that conducts yearly reviews of the CHP and provides high-level priority areas to the EOCCO CAC. The LCHP membership is comprised of a variety of key players at the local level, including ELH, hospitals, clinics, schools (including SBHC), dental agencies, mental health, public health, criminal justice, Head Start, OHP consumers, transportation services, senior and Veterans services, application assistors and other non-profit community based organizations. LCHP members identify areas of need or gaps in service through community review of their CHA (every 3 years for local hospitals/public health; every 5 years for CCOs) and determines how Community Benefit Initiative Reinvestment (CBIR) funds should be spent, in collaboration with the EOCCO CAC. LCHP and EOCCO CAC members continue to review and revise their local CHP on a yearly basis based on best evidence available.

4. If applicable, identify where the gaps are in making connections.

We continue to enhance our OHP consumer member understanding of the CHP/CHA process at the local level. Due to the rigorous nature of evidence and data review, providing recommendations can be a challenge, but consumer members bring a personal touch on this work in a way that continually re-engages community partnerships

5. For CHP priorities related to children or adolescents (prenatal to age 24), describe how and whether the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents

¹ This could include programs developed by Oregon’s Early Learning Council.

² This could include programs developed by Oregon’s Youth Development Council.

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in the community.

EOCCO provides coordination of effective and efficient delivery of health care to children and adolescents through detailed tracking and monitoring of CCO metrics that are related to children and adolescents, through many locally funded prevention projects (CHP priorities) that are supported with CBIR funding, and through ongoing partnerships with Early Learning Hub and K-12 leadership throughout the service area.

6. What activities is the CCO doing for this age population?

- *Children and Recovering Mothers (CHARM) substance abuse for pregnant women (Union)*
- *Supporting certification of doula services (Wallowa)*
- *Dolly Parton Imagination Library (Malheur)*
- *Baby Bag Project (Union, Malheur, Grant, Wallowa)*
- *Growing Community Roots Resiliency Program for at risk youth (Union)*
- *Parenting Collaborative in affiliation with Union County Juvenile Department for at risk youth and families (Union)*
- *CCR&R child care provider support for state licensing (Grant)*
- *CASA support for volunteer trainings in DEI and poverty awareness (Grant)*

7. Identify ways the CCO and/or CAC(s) have worked with school and adolescent providers on prioritized health focus areas.

- *CHWs from local clinics, pediatric practices regularly attend LCHP meetings*
- *Care Coordinators are located within the schools (Morrow)*
- *Early Learning Hub interactions with a focus on kindergarten readiness in strategic planning*

Health Disparities

CCO contract: Exhibit K, Part 6 & 7

8. Describe CCO and CHP partner efforts to address health disparities that were prioritized in the CHP. Include updated metrics or indicators to show progress in addressing the health disparity.

The EOCCO continues to address health equity and health disparities by encouraging a participatory process in which National Culturally and Linguistically Appropriate Service (CLAS) standards are valued and understood by the EOCCO CAC and Local Community Health Partnerships (LCHPs). Beginning with the EOCCO 2019 and continuing through the 2022 Community Health Plan, the EOCCO has prioritized the Health Equity agenda to follow the structure of the Social Determinants of Health and Health Equity of the CCO 2.0 contract (Section K) and the Health Equity Plan (HEP). The HEP is largely structured to follow the National CLAS standards of the Office of Minority Health. The focus of this work is highlighted in eight focus areas that mirror the three major domains of CLAS: (a) governance, leadership, and workforce, (b) communication and language assistance, and (c) engagement, continuous improvement, and accountability.

As a foundation to address health disparities/inequities, we are promoting Health Equity in our EOCCO CAC through the HEP's dissemination at the newly formed EOCCO Community Advisory Council (EOCCO CAC). Throughout 2021 and 2022 the HEP, and its CLAS-based focus areas, were presented at the Local Community Health Partnerships and will be presented to the newly formed EOCCO CAC at future CAC meetings in 2022. Additionally, future EOCCO CAC meeting sessions will be devoted to Health Equity and HEP. Additional mechanisms and examples of Health Equity focused initiatives related to the EOCCO CAC are included below:

- *Development of a single EOCCO CAC with approval of members by a single CAC Selection Committee (with an emphasis on CLAS standards); membership roster submitted to OHA on: 2/28/22*
- *CAC Membership review by the CAC Selection Committee with the focus on engaging diverse members of the community that accurately reflect the population of the county (membership review slated for June 2022)*
- *EOCCO-wide training opportunities for all community members (disseminated by EOCCO CAC members and*

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LCHP partners) including the following: A Bias Towards Action: Exploring the Path between Intention and Impact, Presentation at EOCCO Provider Summit (September 17, 2020), A Bias Towards Action (follow-up), presented by Bahia Overton (February 4, 2021) and Cultural Competency and Ethics for Healthcare Professionals (August 20-21, 2020 and May 12-12, 2021).

9. What successes or challenges has the CCO had in engaging populations experiencing health disparities in the CHP implementation?

The EOCCO holds seats (serves) in the Eastern Oregon Health Equity Alliance (EOHEA), an emerging Regional Health Equity Coalition in Eastern Oregon that utilizes a multi-sectoral approach to health equity promotion. EOHEA steering committee includes, in addition to the physical and behavioral arms of EOCCO, individuals with expertise in Public Health, Education, Housing, and Community-Based Organizations with a major footprint in Eastern Oregon such as EUVALCREE (the RHEC host organization).

Building Toward CCO 2.0 Requirements

Per contract section Exhibit K, Part 6 and 7) OAR 410-141-3730, CCOs are required to develop shared CHAs and shared CHPs with local public health authorities (LPHAs), hospital systems and other CCOs that share a portion of the service area, and federally recognized Tribes in the service area that have or are developing a CHA and CHP. Please reference OHA's CCO Guidance: *Community Health Assessments and Community Health Improvement Plans* available [here](#).

10. Is your CCO's CHA and CHP fully shared with LPHAs, hospitals, other CCOs, and Tribes that share a service area?

Yes

Please name the entities that share the CHA and CHP: *Confederated Tribes of the Umatilla Indian Reservation; St. Anthony Hospital; Good Shepherd Community Hospital; Grande Ronde Hospital, Center for Human Development, Northeast Oregon Network (NEON), Wallowa Memorial Hospital, Umatilla County Public Health Department; Harney County Public Health Department; Mid-Columbia Community Health Department; Morrow County Health Department; Lake County Health District; Pioneer Memorial Clinic, Morrow County Health District, Winding Waters Clinic, St. Luke's Health Systems, St. Alphonsus (Malheur and Baker), Yakima Valley Farm Workers, Valley Family Health Center, Blue Mountain Hospital. Additionally, all CHPs are published documents on the EOCCO website and readily available to the public: <https://eooco.com/members/cac>*

Partially

Please name the entities that share the CHA and CHP. Enter text here

Please name the entities that do not yet share the CHA and CHP. Enter text here.

No

Please name the entities that do not yet share the CHA and CHP. Enter text here.

11. If your CCO CHA/CHP is not yet fully shared with LPHAs, hospitals, other CCOs and Tribes because it was submitted prior to 2020, does your CHP have health priorities and strategies aligned with other community health improvement plan health priorities and strategies?

Agency, Organization or Tribe	Aligned Health Priority	Aligned Strategy

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Per contract section Exhibit K, Part 7, CCOs are required to address at least two State Health Improvement Plan (SHIP) priorities, based on local need.

12. Please note which of your CCO's CHP strategies align with the 2020-2024 State Health Improvement Plan strategies.

- ✓ The SHIP (healthiertogetheroregon.org/priorities/) priority areas include 1) Institutional Bias, 2) Adversity, Trauma and Toxic Stress, 3) Economic Drivers of Health, 4) Access to Equitable Preventive Health Care, and 5) Behavioral Health.
- ✓ The SHIP priorities are being implemented with strategies in eight implementation areas, as outlined below. Each implementation area includes a link to a list of the associated strategies. Check the box to indicate where a specific CCO CHP strategy is in alignment with a SHIP strategy, and provide a brief narrative describing the alignment.

Equity and Justice

- Declare institutional racism as a public health crisis
- Ensure State Health Indicators (SHIs) are reported by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.
- Require state agencies to commit to racial equity for BIPOC-AI/AN in planning, policy, agency performance metrics and investment. *The EOCCO adopted in its charter OHA Health Equity Committee's Health Equity definition that explicitly identifies the need to rectify historical racism and injustices based on race and ethnicity among other social identities.*
- Reduce legal and system barriers for immigrant and refugee communities, including people without documentation.
- Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives.
- Ensure state agencies engage priority populations to co-create investments, policies, projects and agency initiatives.
- Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.
- Require that all public facing agencies and contractors implement trauma informed policy and procedure. *Many trainings, events and outreach opportunities are facilitated and/or supported by the EOCCO CAC, including: Trauma Informed Care training (Baker, Union), Motivational Interview training (embedded in 12 county EOCCO Community Health Worker training), Culture of Poverty and Trauma training (all 12 counties) and Community Health Improvement Coalition (Grant) and Healthy Teen Events (Baker, Grant)*

Healthy Communities

- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings. *EOCCO CAC examples include: Stone Soup Garden Club (Baker); Baker County Safe Communities Coalition (<http://www.bcsc.org/>) which provides community activities and opportunities (Baker City); Community Place/Community Garden (Harney); Community trails, Clearview wheelchair charging stations & sidewalk ramps, handicap accessible park and recreation equipment; and Annual Grant County Family Health Fair/Family Fun Day (Grant)*
- Expand culturally and linguistically responsive community-based mentoring and peer delivered services. *Peer Support Specialist for Non-Opioid based Pain Clinic (Wallowa); Rental Assistance Program and Peer Support (all 12 counties) and Mental Health Peer Support Specialists (Baker, Harney, Morrow, Umatilla, Union, Wallowa); public health outreach with community-based outreach (Grant); expansion of outreach to Latinx community (Baker); EOCCO application for expansion of funds for peer support mentors within Latinx and diverse communities under Measure 110 (all 12 counties)*
- Develop community awareness of toxic stress, its impact on health and the importance of protective factors. *Information is included in Community Health Plan; LCHP supported Trauma Informed*

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Coalition/Resiliency (Union); Community Health Improvement Coalition outreach events and education opportunities (Baker); MyStrength supported by EOCCO and shared widely at no cost to CAC partners: <https://mystrength.com/> (all 12 counties); Family First Parent Resource Center (Grant); CBIR supported efforts to CASA of Eastern Oregon (Baker, Lake, Malheur, Union); Be the Difference Poverty trainings (Grant); Mental Health First Aid trainings (all 12 counties)

- Enhance community resilience through promotion of art and cultural events for priority populations. *Painted Sky Center for the Arts, free and reduced cost for classes, OSU Extension activities for children (Grant); LCHP support with Baker County Safe Communities Coalition (Baker); Union County Trauma Informed Coalition promoting resiliency with local libraries (Union); LCHP support of Farmers Market Food-Education-Agriculture-Solutions Together (FEAST) celebration (Union, Wallowa)*
- Invest in workforce development and higher education opportunities for priority populations. *Many LCHP Coordinators are OHP consumers learning a new skill set of meeting management (Malheur, Union); Partnership on workforce development with Blue Mountain Community College (Morrow); LCHP partnership with Campus for Rural Health/OHSU/NEOAHEC: www.ohsu.edu/education/northeast-oregon (Union, Wallowa)*
- Strengthen economic development, employment and small business growth in underserved communities. *LCHP driven and supported Frontier Veggie Prescription Programs (Gilliam, Harney, Lake, Sherman, and Wheeler) and Veggie Prescription Program (Malheur); LCHP partnerships by Economic Development office, OSU Extension, Local County and City government (all 12 counties); LCHP supported Double-Up Food Bucks (Umatilla, Union); Equity Stewards to promote and celebrate Western Treasure Valley culture (Malheur), Union County Warming Station (Union)*
- Enhance financial literacy and access to financial services and supports among priority populations. *EOCCO CAC CBIR funds scored for priority populations (Umatilla); Union County Warming Station CHW and resource management for homeless populations (Union); countywide support for priority populations with partnership from EOCCO CAC (all 12 counties)*
- Increase affordable access to high-speed internet in rural Oregon. *Oregon Telephone Connections (OTC) and CenturyLink broadband internet service support (Grant)*
- Build climate resilience among priority populations. *Emergency preparedness plans (flood, wildfire, public health emergencies) are actively being created and implemented along with COVID clinics to build climate resilience (multiple counties within EOCCO)*
- Center BIPOC-AI/AN communities in decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods. *Land Management partnerships with Warm Springs Tribe (Grant); LCHP partnership with Housing Matters Coalition (Union); EOCCO Housing Stability Collaborative (all 12 counties)*
- Co-locate support services for low-income people and families at or near health clinics. *Many clinics within the EOCCO have integrated mental and oral health services for enhanced accessibility of comprehensive services for OHP patients-and have established LCHP representatives in their respective communities (contracted with nine clinics within EOCCO); LCHP supported Senior Dental Program (Baker, Union); Telehealth integration (Grant, Harney, Morrow, Union, Wallowa); Co-location of mental health services with Parole and Probation (Baker); integrated dental care in local school district and clinics, supported by LCHP (all 12 counties)*
- Expand programs that address loneliness and increase social connection in older adults. *LCHP supported social isolation project (Wallowa); EOCCO supported David Romprey Oregon Warmline, peer operated support line for seniors: www.communitycounselingsolutions.org/warmline (Baker, Grant, Morrow); Supported technology for senior citizens, including robotic pets and iPad to reduce social isolation (Umatilla)*

Healthy Families

- Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving. *Daycare Scholarship/Daycare Certification program (Wallowa); support to*

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promote and incentivize licensed childcare providers (Grant); annual EOCCO CAC meeting focused on early childhood and the childcare crisis in America and regional efforts (all 12 counties); EOCCO supported Positive Parenting Program (Triple P); LCHP partnerships with Early Learning Hub (ELH) to enhance the quality of programs (all 12 counties)

- Expand evidence based and culturally and linguistically responsive early childhood home visiting programs. *EOCCO and LCHP supported CaCoon programs (all 12 counties); EOCCO and LCHP support of ELH to address safe and healthy families through various initiatives, including home visiting programs, ASQ/ASQ-SE screening and regional Head Start affiliations (all 12 counties)*
- Build family resiliency through trainings and other interventions. *Supportive Parenting Collaborative Program (Union); Triple P (Gilliam, Grant, Harney, Morrow, Sherman, Umatilla)*
- Increase patient health literacy. *Childhood Immunization literature/education through Boost Oregon (Grant, Malheur, Union) and EOCCO-wide immunization trainings for community partners and providers for vaccine hesitancy and COVID-19 specific hesitancy (provided by Boost Oregon); health literacy focused on COVID-19 efforts (Malheur, Morrow, Umatilla, Union); health literacy incorporated in Triple P (Gilliam, Grant, Harney, Morrow, Sherman, Umatilla); Families First Parent Resource Center (Grant)*
- Expand reach of preventive services through evidence based and promising practices. *Community Paramedic Program (Hermiston); Technical Assistance by EOCCO of PCPCH Program with primary goal to enhance preventive services in primary care; regular progress reports shared with LCHPs on county specific Incentive Measure updates (many for preventive services) and discussion on improvement over time; Umatilla County Provider Meetings (Umatilla); Healthy Families Oregon (EOCCO region wide)*
- Support Medicare enrollment for older adults through expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program; *Participate in OHA ROC & CPOP monthly collaboratives (Grant, Harney, Morrow, Union, Wallowa, Umatilla).*
- Increase access to pre and postnatal care for low-income and undocumented people. *Doula certification program (Wallowa); Lactation Support Program (Union); Children and Recovering Mothers (CHARM) Program (Union); Doulas Latinas (Malheur, Morrow, Umatilla); Integrated Nurse Home Visiting Program in partnership with Northeast Oregon Network (Union).*
- Improve access to sexual and reproductive health services. *EOCCO and LCHP partnerships with school-based health centers (SBHC); My Future, My Choice curriculum offerings within the EOCCO region: <https://www.oregon.gov/dhs/CHILDREN/MFMC/Pages/index.aspx>*
- Use healthcare payment reforms to support the social needs of patients. *All LCHPs receive Community Benefit Initiative Reinvestment (CBIR) funds to support programs designated specifically to EOCCO/OHP members within their communities; CAC reviews and approves applications; CAC will provide outreach of the SHARE Initiative in 12 county region (EOCCO SHARE Initiative first round funded, second round application to begin in June 2022); LCHP supported Paramedic Program (Umatilla); support for homeless populations with medical needs (Umatilla)*

Healthy Youth

- End school related disparities for BIPOC-AI/AN children and youth through teacher training, monitoring of data and follow-up with teachers, administrators and schools. *Challenge Day www.challengeday.org/ (Baker); DEI and Cultural Competency trainings (all 12 counties); LCHP supported Student Health Fairs and Wellness Events (Baker, Grant); LGBTQIA+ project (Baker); CHP presentation of demographic information, specifically LGBTQIA+ and BIPOC populations (all 12 counties)*
- Increase use of mediation and restorative justice in schools to address conflict, bullying and racial harassment. *Challenge Day-www.challengeday.org/ (Baker); Teen Truth Social Emotional Assembly and workshop for educators (Grant)*
- Ensure all school districts are implementing K-12 comprehensive health education according to law.
- Expand recommended preventive health related screenings and interventions in schools. *EOCCO and LCHPs supports and partners with School-based Health Centers (SBHC) and Early Learning Hubs (ELH) on programs and projects to enhance preventive health, including enhanced sports physicals or*

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comprehensive adolescent well-child visits and the Healthy Smiles program/fluoride treatment, as examples (all 12 counties)

- Increase access to dental care offered in schools, such as dental sealants and fluoride varnish. *Healthy Smiles (Baker, Gilliam, Grant, Harney, Morrow, Sherman, Umatilla, Union)*
- Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families. *Trauma Informed Coalitions across the EOCCO region, supported by EOCCO CAC CBIR funds (Union, Baker) with the focus on resilience education and building trauma informed practices within the community; Wraparound System of Care (all 12 counties); LCHP supported mental health serviced in SBHC (Grant, Morrow, Umatilla).*

Housing and Food

- Increase affordable housing that is co-located with active transportation options. *CAC works with community partners to support these efforts, including Housing Matters of Union County, Homeless Shelter/Warming Station (Union & Umatilla). EOCCO will release the SHARE application in July 2022 and will utilize the CAC to review and approve funds.*
- Increase homeownership among BIPOC-AI/AN through existing and innovative programs.
- Require Housing First principles be adopted in all housing programs. *EOCCO supported through Rental Assistance Program (RAP) and Substance Use Disorder (SUD) rental programs*
- Maximize investments and collaboration for food related interventions. *Frontier Veggie Prescription Program (Gilliam, Harney, Lake, Sherman, Wheeler) and Veggie Prescription Program (Malheur), Double-up Food Bucks Program at local farmers market (Umatilla, Union)*
- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities. *Frontier Veggie Prescription Program (Gilliam, Harney, Lake, Sherman, Wheeler) Veggie Prescription Program (Malheur), Double-up Food Bucks Program at local farmers market (Umatilla, Union); Grow This! Campaign in partnership with OSU Extension (Umatilla); LCHP supported partnership with local food banks Harvest Share/Fresh Alliance programs (Baker, Malheur, Umatilla, Union, Wallowa), LCHP supported Meals on Wheels (Baker, Malheur), LCAC supported "food pantries" built in low income neighborhoods (Baker)*
- Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities. *Frontier Veggie Prescription Program (Gilliam, Harney, Lake, Sherman, Wheeler) Veggie Prescription Program (Malheur), Double-up Food Bucks Program at local farmers market (Umatilla, Union); Grow This! Campaign in partnership with OSU Extension (Umatilla); LCHP supported partnership with local food banks Harvest Share/Fresh Alliance programs (Baker, Malheur, Umatilla, Union, Wallowa), LCHP supported Meals on Wheels (Baker, Malheur), LCHP supported "food pantries" built in low income neighborhoods (Baker)*

Behavioral Health

- Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve. *Pursuing contract agreements with culturally specific providers to provide behavioral health services after hours (Umatilla); EOCCO-wide training opportunities for all community members (disseminated by LCHP partners) including the following: A Bias Toward Action: Exploring the Path between Intention and Impact, Presentation at EOCCO Provider Summit (September 17, 2020), A Bias Towards Action (follow-up), presented by Bahia Overton (February 4, 2021) and Cultural Competency and Implicit Bias Training (August 20-21, 2020 and May 12-13, 2021); Behavioral Health Plan Assessment survey sent to organizations specifically serving BIPOC-AI/AN communities with a report-out component.*
- Implement public awareness campaigns to reduce the stigma of seeking behavioral health services. *EOCCO efforts to enhance integration of behavioral health services into primary care (and reverse); documentation in county specific CHP around understanding mental health stigma (multiple LCHP counties);EOHLA and LCHP supported Mental Health First Aid trainings (Baker, Malheur, Union, Wallowa); EOCCO supported*

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- efforts addressing stigma within SUD populations, focusing on Hispanic populations (EOCCO-wide)*
- Conduct behavioral health system assessments at state, local and tribal levels. *Comprehensive Behavioral Health Plan. CBHP completed and submitted on time. Work moving forward on priority areas.*
 - Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN. *EOCCO supported Oregon Center on Behavioral Health and Criminal Justice: www.ocbhji.org; LCHP representation from various areas in this category (all 12 counties); LCHP supported efforts for CASA of Eastern Oregon*
 - Improve integration between behavioral health and other types of care. *EOCCO efforts to enhance integration of behavioral health services into primary care and reverse integration.*
 - Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices. *Support peer support efforts for non-opioid based pain clinic (Wallowa); EOCCO supported Child Parent Psychotherapy (CPP) Learning Collaborative (EOCCO-wide)*
 - Reduce systemic barriers to receiving behavioral health services, such as transportation, language, and assessment. *EOCCO CAC CHP presentation of current transportation data as part of Community Health Plan updates; LCHP-focused problem solving as a component of LCHP meetings/addressing OHP consumer issues (all 12 LCACs)*
 - Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed. *EOCCO is currently conducting efforts for Value-based Payment models for integration of behavioral health services.*
 - Continue to strengthen enforcement of the Mental Health Parity and Addictions Law. Performance Improvement Plan with OHA- amended policies and monitoring authorization/denial of services to be consistent with the Parity Law.
 - Increase resources for culturally responsive suicide prevention programs for communities most at risk. *Suicide prevention/post-vention work (Grant, Malheur, Morrow), LCHP supported Mental Health First Aid (EOCCO-wide); Suicide prevention efforts within 5J Baker School District (Baker)*

Workforce Development

- Expand human resource practices that promote equity. *The Greater Oregon Behavioral Health, Inc. (GOBHI) arm of the EOCCO tracks the racial/ethnic background of GOBHI employees and uses this data as part of its efforts in promoting a diverse workforce by promoting ethnic/racial parity between GOBHI's workforce and the population it serves; Workforce development through HRSA grant training 20 peers on Motivational Interviewing; Applied for 110 funding to be used for workforce development for certification of Certified Recovery mentors (peer mentors)*
- Implement standards for workforce development that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services. *Partnerships with local community colleges for workforce development (Grant, Morrow, Umatilla); Campus for Rural Health (Union, Wallowa)*
- Require sexual orientation and gender identity training for all health and social service providers. *Included as part of EOCCO Health Equity Plan (HEP)*
- Require that all public facing agencies and contractors receive training about trauma and toxic stress. *Trauma Informed Care training (Baker, Union), Motivational Interview training (embedded in 12 county EOCCO Community Health Worker training), Culture of Poverty and Trauma training (all 12 counties)*
- Support alternative healthcare delivery models in rural areas. *Doula certification (Wallowa); supported conversations/reimbursement for telehealth delivery systems (all 12 counties)*
- Create a behavioral health workforce that is culturally and linguistically reflective of the communities they serve. *EOCCO supports a HOW TO grant with the intention of encourage/fund additional training efforts in mental health track for OHSU nursing students (initiated 2019, ongoing); submitted grant proposal for Measure 110 funding support for behavioral health support services*
- Increase the cultural and linguistic responsiveness of health care through use of traditional health workers and trainings. *Ongoing Traditional Healthcare Worker (THW)/Community Healthcare Worker (CHW) training through OSU Extension and Northeast Oregon Network (NEON); designated THW and CHW liaison*

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hired for EOCCO to assist with claim code modifications and data tracking through EOCCO-wide health information exchange platform (Unite Us)

Technology and Health

- Expand use of telehealth especially in rural areas and for behavioral health. *Enhanced use of telehealth services at initial onset of COVID-19 pandemic (in compliance with OHA reimbursement guidelines for behavioral health services); additional efforts and EOCCO support to fund ongoing telehealth efforts (Morrow, Umatilla, Union, Baker, Lake, Wallowa)*
- Improve exchange of electronic health record information and data sharing among providers. *Unite Us/Connect Oregon HIE virtual learning sessions (April 2021); EO Community Resource Network Baker, (Union, Wallowa); ongoing technical assistance/onboarding of Arcadia with Community Mental Health Programs within EOCCO region*
- Use electronic health records to promote delivery of preventive services. *EOCCO supports the PCPCH Program Standards, including standards 1.E (Electronic Access of patient health information), 3.A (Preventive Service-tracking through EMR for population management) and 3.E (Preventive Service Reminders)*
- Support statewide community information exchange to facilitate referrals between health care and social services. *Unite Us HIE virtual learning sessions launched April 12, 2022*