eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Eastern Oregon Coordinated Care Organization

Community Health Plan (CHP) Progress Report

July 2020 through June 2021

Table of Contents

Special Thanks: We are extremely grateful to the volunteer members of the 12 EOCCO Local Community Advisory Councils. Our members have dedicated 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.

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 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

Since the establishment of the Coordinated Care Organizations directive to convene Community Advisory Councils (CACs), the 12-county Eastern Oregon Coordinated Care Organization (EOCCO) developed a two-tiered CAC structure that included: (a) local CACs (LCAC) for each county, and (b) one regional CAC (RCAC) with representation of each of the 12 LCACs, given the EOCCOs expansive service area. Since 2014, the EOCCO has conducted one Regional Community Health Plan along with 12 local Community Health Plans (CHPs), but due to current committee restructuring and re-focus on efforts at the local level, the Regional CHP has evolved into a compilation of all 12 LCACs CHPs. Each Local Community Advisory Council serves in an "advisory" capacity as well as serving as an "action-oriented" group, specifically with overseeing the implementation of Community Benefit Initiative Reinvestment (CBIR) funds (*see Community Health Plan Oversight section of this document*). While the EOCCO supports the LCACs with the CBIR projects and programs through staff and financial support, much of

the system transformation takes place with partnerships between the LCAC and healthcare setting (primary care, hospitals, mental health, public health, and dental services) outside the traditional monthly/quarterly LCAC meetings. Therefore, there is a significant amount of community-wide, adaptive reserve needed to conduct Community Health Plans and execute program efforts addressing community needs.

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 vast territory covers almost 50,000 square miles (roughly the size of the state of New York) with a total 2018 population of 205,230 people (Portland State University, Population Research Center, Dec. 2020). We serve approximately 66,000 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 Indian Reservation.

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

Each county is unique. Our service area has specific needs, both in the health and healthcare services provided and in the way we engage our communities. To ensure continuous, community input into our operations from across the service area, it was the determination of the EOCCO leadership to uphold the unique culture and diversity of healthcare services and needs of each county by instilling 12 *local* Community Advisory Councils (LCACs) within the EOCCO region. The general make-up of each LCAC consists of a chair/co-chair, commissioner representative (county rep) and in many counties, a coordinator (see Figure 1). Additionally, representatives from each of the twelve LCACs convene quarterly in the form of a Regional Community Health Partnership (RCHP-formerly RCAC) 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).

Our 12 CHP's reflect the complexities of our diverse geography and its community engagement processes. Every five years, each county LCAC conducts a Community Health Assessment and has a complimentary Community Health Plan, with updates provided yearly. The Community Health Assessment and Community Health Plan for each of the 12 EOCCO counties can be found at https://www.eocco.com/members/cac.

Figure 1: EOCCO LCAC Leadership

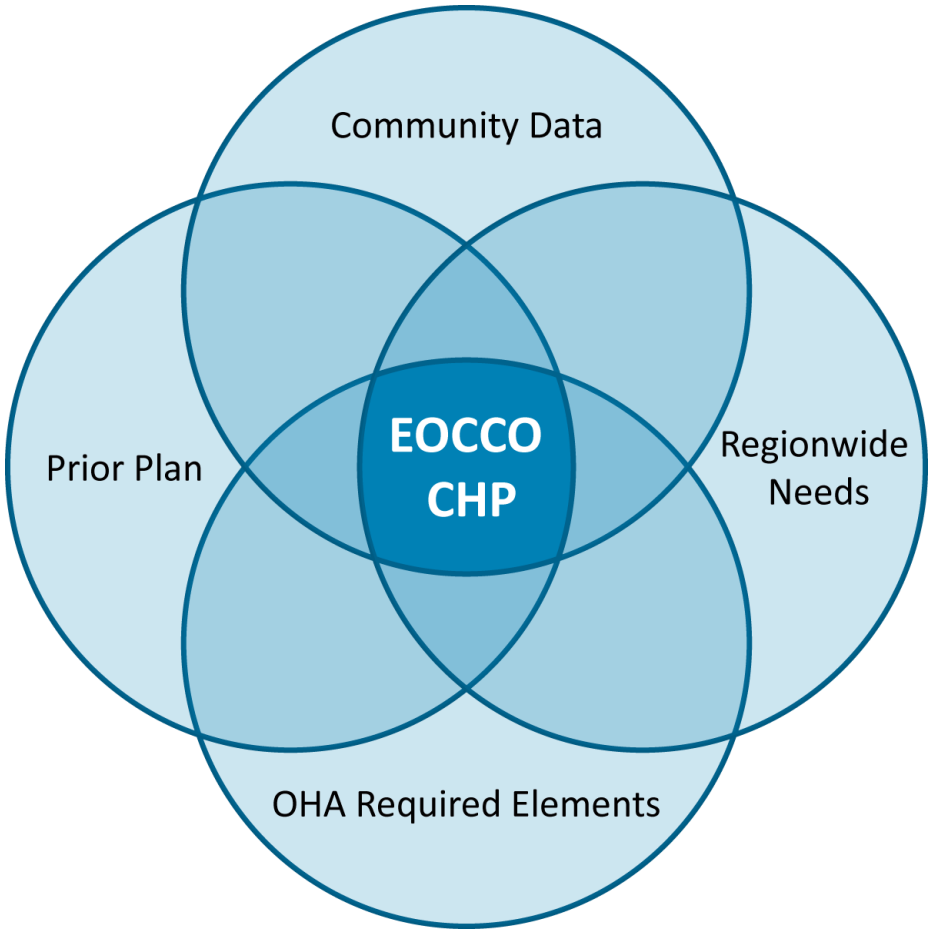
Baker Haley Hueckman, Co-Chair Albert Rowley, Co-Chair Mark Bennett, Commissioner Andi Walsh, Coordinator	**Lake** Susan Pointere, Chair Arvinder Singh, Co-Chair/Coordinator James Williams, Commissioner	**Umatilla** Amy Ashton-Williams, Chair Janet McFarlane, Vice Chair George Murdock, Commissioner Tiffany Thomas, Coordinator
Gilliam Ashley Danielson, Chair Lisa Helms, Vice-Chair Liz Farrar, County Judge Teddy Fennern, Coordinator	**Malheur** Sarah Poe, Chair Jane Padget, Vice-Chair Don Hodge, Commissioner Oceana Gonzales, EOCCO Board Member	**Union** Jen Goodman, Co-Chair and EOCCO Board Member Rochelle Hamilton, Co-Chair Matt Scarfo, Commissioner Stephanie Anthony, Coordinator
Grant Lisa Weigum, Co-Chair Rhiannon Bauman, Co-Chair Sam Palmer, Commissioner Linda Watson, Interim Coordinator	**Morrow** Andrea Fletcher, Chair/Coordinator Don Russell, Commissioner	**Wallowa** Amy Busch, Chair Susan Roberts, Commissioner Autumn Wilburn, Coordinator
Harney Nic Calvin, Chair Val Hebener, Vice-Chair Patty Dorroh, Commissioner Kelly Novak, Coordinator	**Sherman** Kristin Slatt, Chair Justin Miller, Commissioner Chloe Godwin, Coordinator	**Wheeler** Colleen Davis, Co-Chair Susan Moore, Co-Chair Rick Shaffer, Commissioner Tracey Blood, Interim Coordinator

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's CHA is the starting point and driver for LCACs to establish and provide yearly updates to the Community Health Plan (CHP). The Community Development and Health Services team utilizes both qualitative and quantitative data in order to present a comprehensive, mixed-method approach for each LCAC 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). Additionally, the EOCCO CDHS team facilitated the review of past

CHAs and CHPs at each LCAC 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 discussed at each LCAC, 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.

Figure 2: Venn diagram of EOCCO Community Health Plan Components



Quantitative Emphasis

The Community Development and Health Services team of the EOCCO has been utilizing data from the following sources to present to each LCAC since 2013, monitoring trends since the initiation of the CCO model; 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:

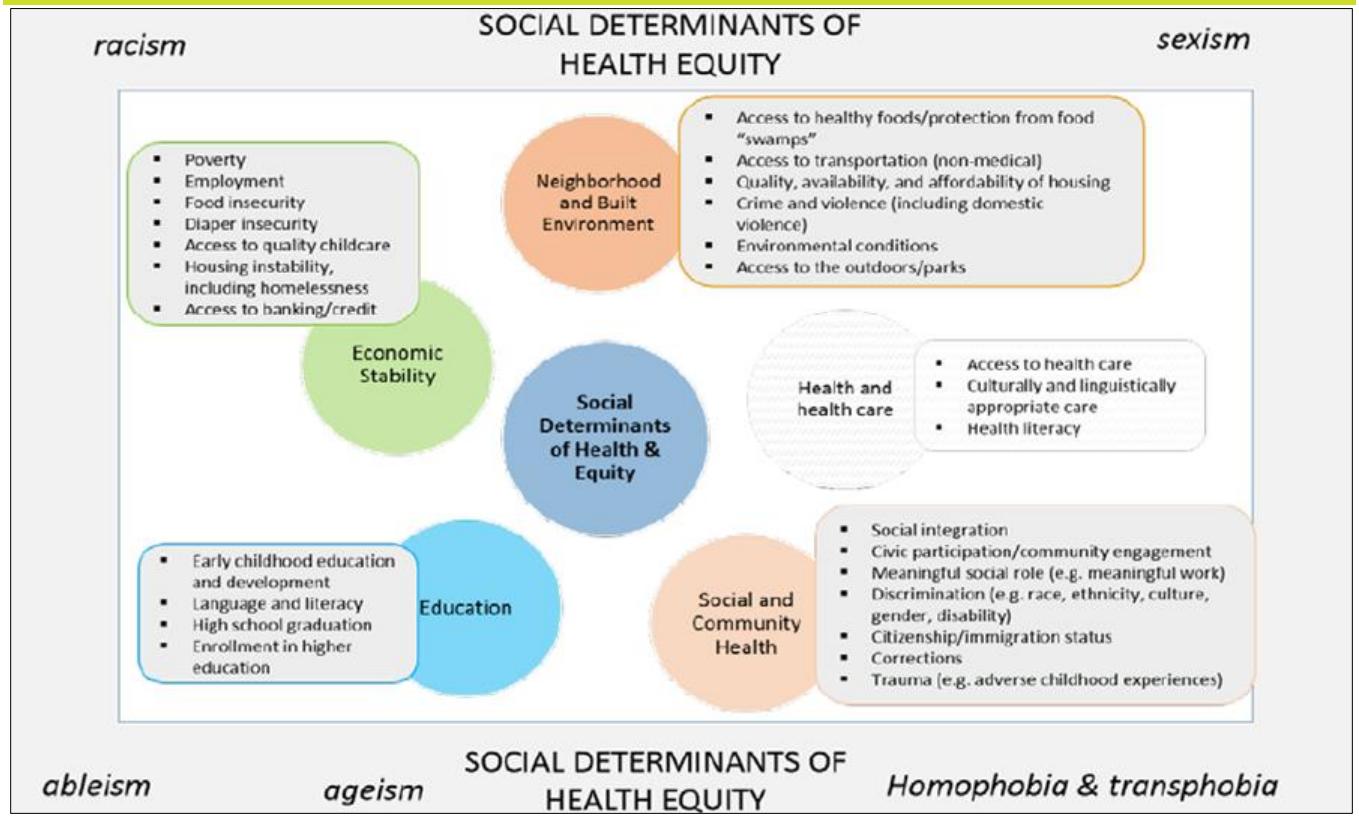
- Population demographic statistics (county by county); *Portland State University, Center for Population Research and Census*
- Race/ethnicity breakdown (county by county); *PSU, Center for Population Research and Census*
- Gender (county by county); *PSU, Center for Population Research and Census*
- 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. The results from these focus groups were compiled 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 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.

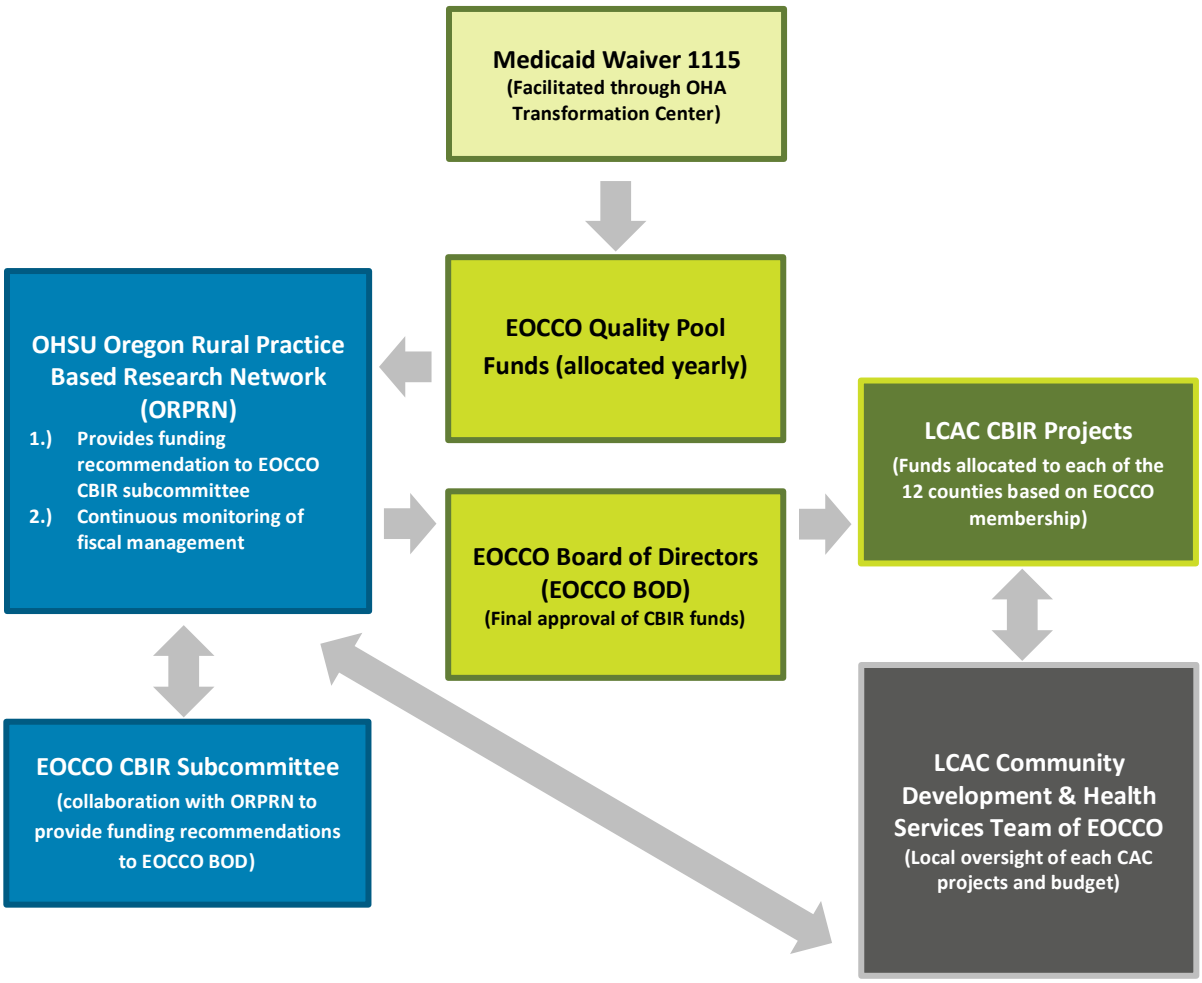
Figure 3: Addressing Social Determinants of Health and Health Equity



Community Health Plan Oversight

Once the Community Health Plans per county have been updated and reviewed, the EOCCO utilizes a percentage of its Quality Pool funds to financially support projects or community-driven initiatives that would directly impact the CHP priority areas. These Community Benefit Initiative Reinvestment (CBIR) funds are distributed to each county LCAC based on current OHP membership and projects that must align with a CHP priority area and are consistent with OHA's Social Determinants of Health and Health Equity guidelines (see Figure 3 above). Oversight for the CBIR funds, including monitoring progress, budget, and alignment with CHP and statewide guidelines, is conducted by The Oregon Health and Science University (OHSU) Oregon Practice-based Research Network (ORPRN) as a contracted partner with the EOCCO. The Community Development and Health Service team works closely with OHSU/ORPRN in the determination of projects and implementation of projects on a yearly basis. All Community Health Plans for the EOCCO region (one per county) can be found on the EOCCO website: www.eocco.com/providers/cac. The next section highlights community health plan priorities in the form of projects supported by the EOCCO in response to each county LCAC CHP.

Figure 4: CBIR Funding Flow and Oversight



Community Health Plan Priorities Overview

Every five years, EOCCO develops a regional community health assessment (CHA) and corresponding community health plan (CHP). These documents, along with hospital and local public health authority (LPHA) and tribal health plans, create a holistic view of the community health needs across our service area. We complete one regional CHA and twelve CHPs, one for each county in our service area. For this CHP update, we incorporated information from all of the 2019 CHA/CHPs to identify related themes.

As part of the development and updating of our Community Health Plan, we conduct a broad assessment of the socio-economic and social determinant data in the communities we serve. When available, we compare CCO data to statewide measurements. Otherwise, we compare the 12-county Eastern Oregon region to the state as a whole. Additionally, we have inserted tables with Community Benefit Initiative Reinvestment (CBIR) projects that fall within the CHP priority areas. Data within these tables was updated at the last progress report (7/16/21); the next progress report-out will be after the submission of this document (11/22/21).

After reviewing the 12 individual CHPs the following priority areas include:

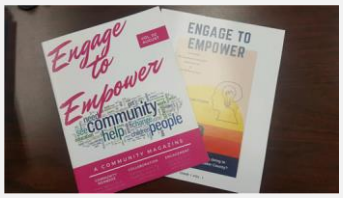
- Wellness Promotion and Prevention
- Maternal and Child Health
- Behavioral and Mental Health
- Social Determinants of Health
- Workforce and Development

Wellness Promotion and Prevention

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). In the EOCCO region morbidity rates for heart disease, diabetes, and cancer are above state averages for 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.

LCAC Spotlight: Engage 2 Empower (Baker County)

The Engage 2 Empower (E2E) is a committee made up of OHP members from the Baker LCAC This group gives important feedback to healthcare professionals and serves as a conduit and voice to so 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.



Data Points (baseline for 2020-2021)

- 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	Oregon
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	Oregon
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 higher percentage for cancer compared to state rate (*Behavioral Risk Factor Surveillance System 2014-2017*)

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

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

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

Challenges and Barriers

Many of the EOCCO challenges and barriers remain the same from past submissions. These barriers include workforce capacity for all health care professionals and at the community level for implementing programs and activities. Additionally, with the complexities of operating in an international pandemic, many wellness promotion and prevention activities at the clinical level have been stifled due to community safety concerns with a risk of exposure. Compounding strained workforce from competing COVID-19 priorities, and many of this work has taken "a back seat" since 2020.

Table 1: Priority Area #1 Community Benefit Initiative Reinvestments (CBIR)

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

Priority Area #1: Wellness Promotion and Prevention

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, 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 evidence-based approach.	New Directions Northwest (NDNW)	• Staff trained	Baker	• Service Access & Availability • Preventative Health Care and Health Education • Oral Health
Medication Lock Boxes	New Direction Northwest (NDNW)	• Coordination and referral system in place for lock box recipients	Baker	• Wellness Promotion and Prevention
LCAC Membership and Engagement	Baker LCAC & Engage to Empower (E2E) Consumer Subcommittee	• Three OHP consumers have been recruited to LCAC to meet the target 51% guidelines	Baker	• Preventative Care and Health Education • Addressing Institutional Bias
Wraparound Engagement and Celebratory Fund	Northeastern Oregon Compassion Center; NDNW	• Awaiting funding to initiate project	Baker	• Behavioral Health
Senior Oral Health	Community Connections of	• Promotional flyers being sent to OHP members	Baker Union	• Oral Health

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
	Northeast Oregon	• 8 OHP members scheduled for dental care (Baker) • 10 Medicare/1 OHP scheduled (Union)		
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 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	• MOU signed	Malheur	• Service Access and Availability
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

Maternal and Child Health

Maternal and Child Health have been LCAC CHP priorities since 2013. The 12 LCACs have developed strong partnerships and engagement with the five Early Learning Hubs (ELH), Head Starts, childcare and early learning providers, schools, and public health all of whom serve families throughout the region. Many of the LCAC CBIR projects have focused on improving child health.

LCAC Spotlight: Children and Recovering Mothers (Union County)

Children and Recovering Mothers (CHARM) was 'born' at Grand Ronde hospital's Family Birthing Center and is supported by many local partners, including LCAC. CHARM is a health care program for pregnant women struggling with alcohol or drug addiction. CHARM 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.

Data Points (baseline for 2020-2021)

- 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	Oregon
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	Oregon
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	Oregon
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	Oregon
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 population too low to report (*Oregon Department of Health and Human Services, 2019*)

Baker	Grant	Harney	Lake	Malheur	Umatilla	Oregon
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	Oregon
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	Oregon
78%	89%	62%	64%	70%	57%	58%	71%	55%

Challenges and Barriers

The COVID-19 pandemic has greatly affected child health programs since 2020, including EOCCO/LCAC supported in-home visiting programs, availability of in-home and institutional childcare and preschools, and a reduction in child abuse reporting. Eastern Oregon counties have always been considered a "childcare desert," with inadequate childcare for infants and toddlers, and have only been exacerbated by the safety protocols and precautions needed during this pandemic. As a solution, the EOCCO region has relied heavily on telehealth appointments and online resources for parents, families and caregivers. However, with enhanced technology becoming more of a necessity than luxury, this puts a larger spotlight on families with limited internet access, equipment and/or skills required to engage online.

LCAC 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. LCAC 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 LCACs and hospitals, local OHP family support organizations and public health.

Table 2: Priority Area #2 Community Benefit Initiative Reinvestments (CBIR)

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

Priority Area #2: Maternal and Child Health

Goal: Promotion of the "well family" that includes the following: 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

Community Benefit Initiative Reinvestment Funded Project

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	• Items currently being purchased	Grant Malheur Wallowa	• Maternal and Child Health • Wellness Promotion & Prevention
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	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	• 551 children served; 180 "graduates"	Malheur	• Service Access and Availability (Children and Families)
Community Access for Resource Effectiveness (CARE) & Students Providing Understanding	Morrow County Health District; Columbia River Community Health Clinic; Blue Mountain ELH	• 61 immunizations given (5th and 6th grade) at Morrow County SD • 12 immunizations	Morrow	• Maternal and Child Health

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
and Respectful Support (SPURS)		to 8 kids (Ione SBHC) ● 62 PHQ-9 distributed to children age 12-17		
Children and Recovering Mothers (CHARM)	Grande Ronde Hospital	● 8 mothers currently enrolled in the program	Union	● Maternal and Child Health
School Mentorship Program-Reach Out La Grande	La Grande School District	● MOU signed ● Piloted at Greenwood Elementary Lunch Buddy Program	Union	● Behavioral Health (ACEs)
Union County Parenting Collaborative	Union County Juvenile Department	● MOU signed	Union	● Behavioral Health (ACEs)

Behavioral and Mental Health

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 LCACs, but also through a collaborative governance structure, behavioral health provider engagement program, and ongoing relationships with community-based organizations. Data and information from the Greater Oregon Behavioral Health Inc. (GOBHI) Comprehensive Behavioral Health Plan (CBHP) is directly related to work done at the LCAC 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 is the result of 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. These sources are categorized into document review, data analysis, and community partner engagement. Our environmental scan sources include, but are not limited:

- Rigorous archival and updated data analysis
- EOCCO's 2020 CHP priority-setting process
- Regular and CBHP-specific community engagement meetings
- CBHP-specific stakeholder survey

Data Points (baseline for 2020-2021)

- 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 has 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%

Challenges and Barriers

The meta-analysis conducted for the Comprehensive Behavioral Health Plan (CBHP) synthesized common themes from these varied data sources and highlights important strengths and gaps in our behavioral health system of care. In our analysis, a concept qualified as a theme if it arose in at least two different LCAC focus group sessions. The twelve LCAC county-based CHA focus groups raised the following themes related to behavioral health needs across our service area:

- **Lack of access to mental health services**, specifically including inpatient psychiatric capacity, access to independent providers practicing outside of CMHPs, lack of crisis services, and wait time to appointments.
- **Stigma** concern with people choosing not to access needed services due to stigma.
- **Substance use disorders** and concerns of prevalence of drugs over concerns about the availability of services.
- **Adverse childhood experiences (ACES)/Trauma** was discussed as a concern in the community around implementation of trauma informed practices.

Much of the COVID-19 pandemic also highlighted many ongoing issues within the LCACs and behavioral/mental health services in their community, including the need for telehealth services but members lacking in internet assistance, lack of resources to frontier counties (10 out of 12 in the EOCCO region) which only makes up 2% of the total Oregon population.

Table 3: Priority Area #3 Community Benefit Initiative Reinvestments (CBIR)

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

Priority Area #3: Behavioral and Mental Health

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

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; preparing to launch a self-assessment in community with organizational equity tool • 44 hrs. of continuing education has been recorded	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	• MOU signed • Suicide Postvention Training scheduled 7/8/21	Malheur	• Behavioral Health (depression, suicidality, SUD, ACES)
Mental Health Services-	Athena-Weston School District	• Contract signed	Umatilla	• Behavioral Health

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
Athena/Weston				• 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 Oregon Network (NEON)	• 2/3 of the nine-week summer program has been launched	Union	• Behavioral Health (ACEs)
Trauma-Informed Coalition	Union County Trauma-Informed Coalition; Union County Juvenile Department	• MOU has been signed	Union	• Behavioral Health (ACES)

Social Determinants of Health

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

Data Points (baseline for 2020-2021)

- 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)*

LCAC Spotlight: Frontier Veggie Rx (Sherman, Gilliam, Harney, Lake, Malheur)
The Veggie Rx program launched in 2017 by Sherman County with Gorge Grown as a way to increase produce consumption by EOCCO members and non-members. By 2020, there were five counties participating in this LCAC driven program. 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 as vendors have less waste and it has increased the varieties of produce available to the community as vendors have more incentive to provide for their customers. The program has also strengthened relationships with local businesses, healthcare entities and the communities at large.

- 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	Oregon
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	Oregon
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	Oregon
14.8%	14%	14.9%	15.8%	13%	13.7%	14.8%	14%	14%	12.3%

Challenges and Barriers

The challenges in this priority area are primarily due to the effects of the COVID-19 pandemic. Much of the efforts outlined in Table 4 below have felt the wave of COVID in many aspects of the project efforts. Inflation of products (lumber), increased food prices and supply shortages have prevented many programs from being successfully implemented. Several efforts to reduce social isolation have also met with cancelled classes for safety (safe social distancing) or the need for virtual attendance only enhanced the need for extensive technology assistance in our rural and frontier areas. Other natural barriers, such as a short growing season and produce delays due to intense heat, wildfires and other elements out of anyone's control.

LCAC Spotlight: Warming Station (Union & Umatilla County)

Union County LCAC has supported this project since 2018. In 2021, the Umatilla County LCAC began working with Neighbor 2 Neighbor, a group that currently operates the Pendleton Warming Station. Both the Union County and Umatilla County warming stations predominantly 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 to achieve housing stabilization.

Table 4: Priority Area #4-Community Benefit Initiative Reinvestments (CBIR)

Priority Area #4: Social Determinants of Health
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) LCACs can prioritize projects/programs in the community that help narrow the SDoH inequities.

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

Activity	Partner Organizations	Measurement/Progress to Date	County	CHP Priority Area Focus
The Sharing Pantry Project	New Directions	• Identification of neighborhoods for pantry locations	Baker	Food Security
Stone Soup Garden Project	Baker LCAC & 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 55 households (115 adults, 24 children) • 36/55 are EOCCO • 18/55 referred to CHW for additional services (housing, transportation, medical equipment)	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	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	• Purchase of commercial freezer and refrigerator	Malheur	Food Security
Telemedicine Portal for Ontario Affordable Housing development	Northwest Housing Alternatives	• Construction has been initiated	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 the winter season	Umatilla	Housing
Double-up Food Bucks	La Grande Farmers Market	• 38 new customers at beginning of Farmers Market season (May-Oct)	Union	Food Security
Union County Warming Station	Union County Warming Station	• MOU signed; funds won't be distributed until Fall	Union	Housing
Social Determinants of Health Project	Winding Waters CHC	263 patients screened: • 11 EOCCO patients received assistance with housing and transportation • 5 EOCCO patients received assistance with social isolation (gym memberships, cell phone access, shower vouchers)	Wallowa	Housing Transportation Social Isolation

Workforce and Community Development

This priority area has been recently added to several of our LCAC priority areas and was highlighted in 2019 during the EOCCO Community Health Assessments. Much of the health and overall wellbeing of individuals and populations correlates indirectly to the types of services and economic growth and development of a community. Workforce shortages, not just in the healthcare sector, limited educational opportunities, unskilled workforce and unsafe/unkempt

neighborhoods are all contributing factors that impact health outcomes. Several local CACs 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.

Data Points (baseline for 2020-2021)

- 5 out of 12 EOCCO counties have a higher than state percentage of single parents (*American Community Survey 2019; 5 year estimate*)

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

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

Grant	Oregon
6.9%	6.2%

- 7 out of 12 EOCCO counties has a lower than state average population without a high school diploma (*American Community Survey 2019; 5 year estimate)*

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

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

Baker	Wheeler	Oregon
81.3%	49.4%	87.2%

- 9 out of 12 EOCCO counties have a higher rate of households below the federal poverty line (18% FPL) according to the *American Community Survey 5 year estimate*

Grant	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler	Oregon
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 has a higher than state average of households that are uninsured (*American Community Survey 2019; 5 year estimate)*

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

Challenges and Barriers

The issues around workforce and community development and economic stability is a "heavy lift" at the local level. Even with support from CBIR fund supports, advancement of workforce efforts involve multiple partners, can be costly and often take time to develop, implement and sustain. With the addition of COVID-19, much of these discussions and outreach efforts have become less of a priority as communities have needed to focus on health and safety measures related to this pandemic. However,

with the pandemic reaching devastating numbers of death and illness, the need for a healthcare workforce is greater than ever.

Table 5: Priority Area #5-Community Benefit Initiative Reinvestment (CBIR)

Priority Area #5: Workforce and Community Development
Goal: To identify strategies to create a pipeline system for identifying local future workforce prospects and initiate a system of local workforce development.
Counties included: Malheur

Activity	Partner Organizations	Measurement/ Progress to Date	County	CHP Priority Area Focus
Community Vitality Video Project	Malheur Equity Stewards	• A videographer has been established	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

Other LCAC-related Efforts

There have been substantial efforts made to coordinate and align EOCCO requirements from the Oregon Health Authority (OHA) with local CAC projects/programs, training opportunities; community needs assessments and stakeholder opportunities. The EOCCO continually strives for transparency and empathy throughout the multitude of programs listed above. These are not just members on the OHP; these are our neighbors, family and friends. Below are additional efforts that the LCACs have been valued partners in contributing time, talent and influence in the creation and implementation of this work for OHP consumers and the entire EOCCO community.

Health Equity and Inclusion

The EOCCO strives to ensure that 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, for our entire service population inclusive of health disparity groups

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 health care and health promotion resources in 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. One area that has been identified for immediate partnership is housing, as EUVALCREE is pursuing funding from the Oregon Community Foundation Turnkey Project to rehab an existing 63-unit hotel in Ontario, Oregon. The Greater Oregon Behavioral Health Inc. (GOBHI) arm of the EOCCO has supported this project by providing a letter of support.

Health Equity Plan

The EOCCO submitted a Health Equity Plan (HEP) in December 2020 that prioritized eight focus areas with performance improvement targets that collectively aim to improve health equity among EOCCO members. The Plan was modeled after the national Culturally and Linguistically Appropriate Service Standards (CLASS) and received high marks early this year from the Oregon Health Authority. During the baseline year 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 LCAC 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 LCACs and other community partners to strengthen the health equity “agenda” 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 of the above-mentioned efforts, COVID-19 has also affected the HEP-related engagement. While the EOCCO DEI Committee continues to engage with the Regional Community Health Partnership (RCHP) and cross-sector stakeholders, virtual and digital communication on such an important yet oftentimes 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.

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 is an active member of OHA's Tribal Advisory Council and works closely with EOCCO's team of CAC coordinators to make strides in the engagement of Native Americans with the Local Community Advisory Councils in Umatilla and Harney Counties. A subcommittee was formed to focus on the recruitment, engagement, and retention of members who belong to the Confederated Tribes of Umatilla Indian Reservation (CTUIR) at the Umatilla County LCAC. Recent CAC outreach efforts also include invitations by Harney County LCAC members, as well as by EOCCO CAC coordinator leads to Indigenous People of the Burns Paiute Tribe. Moreover, our EOCCO Tribal Liaison has reached out directly to the OHA Tribal Affairs Director in order to develop strategies for engagement of Native Americans with the EOCCO's LCACs.

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 have 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

Our behavioral health partner, GOBHI, met with the Confederated Tribes of the Umatilla Indian Reservation 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

Comprehensive Behavioral Health Plan

As referenced several times in the sections above, the Greater Oregon Behavioral Health Inc. (GOBHI) arm of the EOCCO published a Comprehensive Behavioral Health Plan (CBHP) in July of 2021, in compliance with CCO contract requirements under Exhibit M, section 12(a). Actions leading to the development of the CBHP included questionnaire distribution to community partners within the EOCCO, including (but not limited to) the local CACs. Community Listening Sessions (virtual) were held in December 2020 in collaboration with the local CACs, and included regional partners, commissioners, ESD superintendents and other stakeholders. The completed CBHP can be found here: www.eocco.com/-/media/EOCCO/PDFs/providers/EOCCO_CBHP_2021.pdf.

CCO Annual CAC Demographic Report

In July of 2021, the EOCCO also completed a CAC Demographic Report 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 represent the communities in each Coordinated Care Organization's (CCO) Service Area (s). Between January to June 2021, each of the 12 LCACs reviewed and updated their membership roster to include percentage of OHP consumer representation, demographic composition (race, ethnicity, gender identity, language, and disability), voting "organizational" sector-specific members, and recruitment strategies/barriers/challenges to recruitment. Additionally, the EOCCO also explained outreach and engagement between the LCACs and the two federally recognized tribes in the service area. The completed CAC Demographic Report can be found here: www.eocco.com/-/media/EOCCO/PDFs/providers/health_equity_strategic_plan.pdf.