



SDoH Capacity Building Plan:

Increasing the Capacity of CBOs and other organizations across Eastern Oregon to Address Social Determinant of Health Needs

Background/Overview

The [Social Needs Screening and Referral \(SDoH\) Incentive Measure](#) is designed to address social determinant of health factors that drive health disparities and inequities through a system-oriented approach. As part of the SDOH Incentive Measure work, Coordinated Care Organizations (CCOs) are tasked with supporting, and helping to bolster the capacity of, local agencies or community-based organizations (CBOs) that provide culturally specific services and resources to help meet OHP members' social needs.

This Capacity Building Plan outlines Eastern Oregon CCO's (EOCCO) approach to increasing the capacity of Eastern Oregon region CBOs and agencies to provide housing, food, transportation and other SDOH services and resources. The Capacity Building Plan is informed by, and grounded in, evidence of prevalent SDOH needs and assessment of organizational capacity and needs across our region. Additionally, the Capacity Building Plan builds on the foundation of ongoing CCO-level SDOH work and initiatives including **Supporting Health for All through Reinvestment (SHARE)** and the **Health-Related Social Needs (HRSN)** benefit. This Plan outlines priorities and actionable strategies for EOCCO to revise from 2025, and implement in 2026, to support CBOs and other agencies in building the capacity to screen for and address the prevalent SDOH needs within their communities.



Social Need Prevalence Data

EOCCO tracks social need prevalence trends among members, and across the EOCCO region, through **AHC Social Needs Screening Project** and **Unite Us CIE** data.

From August 2022-June 2025, 345 EOCCO members were screened for social needs through the AHC Social Needs Screening Project¹. Of the members screened, 312 (90.4%) screened positive for social needs with 75% of members identified as experiencing two or more social needs. The most prevalent social needs among members screened through the AHC Social Needs Screening Project include:

- Food-related needs (82.05%)
- Housing/shelter related needs (53.53%%)
- Transportation related needs (39.42%)
- Utility-related needs (40.38%)
- Safety related needs (6.73%)

¹ EOCCO Accountable Health Communities (AHC) Phone-Based Screening Project conducted in partnership with the Oregon Rural Practice-Based Research Network (ORPRN). Screening data includes screenings that occurred between 8.22.22-6.30.25.

EOCCO conducted a REALD analysis on AHC Social Needs Screening Project data. 56.85% of members screened through the AHC Social Needs Screening project identified Hispanic and Latino/a/x as their primary racial/ethnic identity (n=137). 94.9% of Hispanic and Latino/a/x identifying members screened positive for social needs.

A Breakdown of primary Race/Ethnicity of members screened through the AHC Social Needs Screening project, and percent of members who screened positive for social needs by Race/Ethnicity, is included below:

Race/Ethnicity	Count	Percent	Screened Positive for Social Needs	Percent
American Indian/Alaskan Native	5	2.07%	5	100.0%
American Indian and Alaska Native: Alaska Native	1	0.41%	1	100.0%
American Indian and Alaska Native: American Indian	4	1.66%	4	100.0%
Asian: Cambodian	1	0.41%	1	100.0%
Black and African American: African American	2	0.83%	1	50.0%
Hispanic and Latino/a/x	137	56.85%	130	94.9%
Hispanic and Latino: Central American	8	3.32%	8	100.0%
Hispanic and Latino: Mexican	95	39.42%	88	92.6%
Hispanic and Latino: Other Hispanic or Latino/a/x	30	12.45%	30	100.0%
Hispanic and Latino: South American	4	1.66%	4	100.0%
Native Hawaiian and Pacific Islander: Marshallese	1	0.41%	1	100.0%
Other categories: Don't know	42	17.43%	27	64.3%
Other categories: Don't want to answer	2	0.83%	2	100.0%
White	48	19.92%	45	93.8%
White and African American	1	0.41%	1	100.0%
White: Eastern European	4	1.66%	4	100.0%
White: Other White	24	9.96%	23	95.8%
White: Slavic	2	0.83%	2	100.0%
White: Western European	11	4.56%	9	81.8%
White: Western European, American Indian and Alaska Native: American Indian	1	0.41%	1	100.0%
Total	241		212	

Additionally, AHC Screening Project social need prevalence data was analyzed by county. Though there is limited representation of some EOCCO counties [Wheeler, Gilliam, Grant, Harney, Lake & Wallowa] within the available AHC Screening project data, trends in social need prevalence across EOCCO's service area indicate that food-related needs have the highest prevalence by county, followed by housing and then transportation. Of note, both Union and Malheur counties have a

higher prevalence of utility related needs compared to transportation needs among members screened through the AHC Screening Project.

County	Total screenings	Food	Housing	Transportation	Safety	Utilities
Baker	16	13 (81.3%)	11 (68.8%)	5 (31.3%)	1 (6.25%)	6 (37.5%)
Gilliam	3	3 (100%)	1 (33.3%)	0	0	2 (66.7%)
Grant	4	3 (75%)	2 (50%)	0	1 (25%)	0
Harney	5	4 (80%)	2 (40%)	1 (20%)	0	1 (20%)
Lake	3	2 (66.7%)	2 (66.7%)	1	0	1 (33.3%)
Malheur	47	38 (80.8%)	22 (46.8%)	17 (36.1%)	1 (2.1%)	21 (44.6%)
Morrow	24	20 (83.3%)	12 (50%)	9 (37.5%)	3 (12.5%)	8 (33.3%)
Umatilla	126	94 (74.6%)	57 (45.2%)	53 (42.1%)	5 (3.9%)	49 (38.8%)
Union	33	22 (66.7%)	19 (57.5%)	7 (21.2%)	3 (9.0%)	12 (36.3%)
Wallowa	3	2 (66.7%)	2 (66.7%)	1 (33.3%)	1 (33.3%)	0
Wheeler	0	0	0	0	0	0

Unite Us Community Information Exchange (CIE) also provides aggregate data on social need prevalence among clients served across the Eastern Oregon region. From 1/1/25-9/30/25 there were 406 clients served in Eastern Oregon through the Unite Us platform with a total of 859 referrals made [with an average of 2.1 referred cases per client].

A break-down of Unite Us referrals by service type prevalence is listed below:

Service Type	Percent of Total Referred Cases (n= 406)
Food Assistance	21.8%
Housing and Shelter	25%
Physical Health	14.8%
Transportation	8.8%
Utilities	9.0%
Individual and Family Supports	6.5%

Though the AHC Screening Project and Unite Us data provide only a partial snapshot of social need prevalence among the Eastern Oregon Medicaid population, the social need trends across both data sources are aligned in the most prevalent social need types identified among members screened or clients served: food, housing, utilities and transportation. These trends mirror social need prevalence across Oregon's Medicaid population and are in alignment with the Social Needs Screening & Referral Incentive measure's prioritization of housing, food, and transportation social need domains.

Organizational Capacity Data

EOCCO recognizes the critical role that community-based organizations (CBOs) and agencies have in providing culturally specific services and supports to priority populations in our region, especially populations who experience historic and contemporary injustices.

Eastern Oregon located CBOs and agencies are integral to the communities they serve, and often strive to address and fill system/service gaps that particularly impact rural and frontier areas.

In assessing the current capacity of CBOs and agencies across our region to address social determinant of health needs, EOCCO has compiled data from several sources:

- Unite Us Network Coverage and Efficiency data
- EOCCO's Community Resource Guide [Food, Housing, Transportation]
- HRSN Contracting and Capacity data

As of September 2025, there are 280 organizations onboarded to **Unite Us** located in the Eastern Oregon region. These organizations offer a total of 518 programs, 66% (n=341) of which are actively accepting referrals for health or SDoH related needs. There has been a steady growth of the Unite Us network across the Eastern Oregon region over time. Since September 2024, there has been a 27% increase in the number of programs that onboarded to Unite Us in Eastern Oregon, and a 35% increase in the number of organizations on the platform.

The most prevalent Eastern Oregon region organizations on the Unite Us platform by service type* include:

Organization Service Type	Number of Organizations	Percent of Total Organizations (n=280)
Individual and Family Supports	121	43.21%
Physical Health	93	33.21%
Benefits Navigation	63	22.50%
Housing and Shelter	60	21.43%
Education	58	20.71%
Mental/Behavioral Health	58	20.71%
Social Enrichment	56	20.00%
Food assistance	53	18.93%
Wellness	52	18.57%
Transportation	30	10.71%

**Note: Organizations may be categorized as being one or more service type depending on the programs they offer*

As can be seen in the organization breakdown by service type, services available through Unite Us skew towards physical health, benefits navigation, and individual and family supports. Only 18.93% of organizations onboarded to Unite Us provide Food Assistance services, with 21.8% of clients served through Unite Us identified as having a food-related need.

This disparity between organization service type and social need prevalence among clients served on the Unite Us data is further illuminated in Unite Us network efficiency data. Of the 859 total

referrals sent in the Unite Us platform between 1/1/25-9/30/25, 23.1% of all referrals were rejected by the referral receiving organization. The type of referrals most commonly rejected by service type include: Food assistance (20.1% of all rejected referrals), Housing and shelter (16.8% of all rejected referrals), Transportation (11% of all rejected referrals), and Utilities (10.4% of all rejected referrals). The most commonly indicated reason for referral rejection by receiving organizations includes the organization being unable to contact the client. This data indicates that organizations sending referrals in Unite Us may not be providing complete contact information for clients or that clients may not be expecting (or may not be ready for) outreach from referral receiving organizations.

To help address information gaps in existing services across the Eastern Oregon region, EOCCO has developed [Community Resource Guide](#) that outlines the food, housing, and transportation resources within each of Eastern Oregon's 12 counties. EOCCO referenced and compiled information from 211info, Unite Us, and locally developed community resource guides, lists, and databases to create the Community Resource Guide. Within the Community Resource Guide (last updated July 2025), 113 organizations that provide food, housing, and transportation services/resources were identified in Eastern Oregon. The number of organizations that provide food, housing, and transportation services/resources by County is included below:

County	Total # of organizations	Food	Housing	Transportation
Baker	16	10	5	4
Gilliam	8	7	2	3
Grant	15	10	5	4
Harney	13	10	5	3
Lake	12	6	4	2
Malheur	18	13	4	3
Morrow	11	8	4	4
Sherman	9	8	3	2
Umatilla	26	20	10	4
Union	19	16	4	3
Wallowa	15	9	5	4
Wheeler	9	7	2	4

Across the board, organizations that provide housing and transportation-related services are less prevalent in Eastern Oregon counties.

Health-Related Social Needs (HRSN) Organization Capacity and Contracting

With the implementation of the Health-Related Social Need (HRSN) benefit, EOCCO has made strides toward contracting directly with local CBOs to administer HRSN benefits/services [including housing, climate and nutrition benefits and member outreach and engagement]. EOCCO has contracted with 21 organizations for HRSN benefit/service delivery. A break-down of the total number of HRSN contracted organizations by service/benefit provided within each EOCCO county is included below:

County	HRSN Benefit/Service Provided			
	Climate	Housing	Nutrition	Outreach & Engagement
Baker	4	6	8	8
Gilliam	1	1	4	3
Grant	2	2	4	4
Harney	2	2	6	4
Lake	2	1	4	3
Malheur	3	5	8	7
Morrow	3	3	5	6
Sherman	2	2	4	4
Umatilla	3	5	7	8
Union	5	7	8	9
Wallowa	3	3	5	5
Wheeler	1	1	4	3

From March 2024-July 2025, EOCCO processed 1,162 billed HRSN benefit/service encounters for members, covering climate, housing, and nutrition related services and admin activities.

Community Capacity Building Funds (CCBF) are a grant funding mechanism available to support CBOs in building the capacity to deliver HRSN benefits. The funding is also intended to create a robust, equitable, network of contracted HRSN service providers across the state to support priority populations in receiving HRSN benefits.

In 2025, EOCCO awarded \$2.3million in CCBF grant funding to 14 local organizations. These organizations overwhelmingly provide culturally and linguistically specific services to priority populations across EOCCO's service area [see below].



Priority Populations Served by CCBF Applicant Organizations	
American Indian/Alaska Native/Indigenous Communities	4
Asian Communities	3
Black/African American Communities	3
Eastern European Communities	3
Faith Communities	3
Latino/a/x Communities	10
LGBTQIA2S+ Communities	1
Immigrant and Refugee Communities	6
Houseless Communities	9
Pacific Islander Communities	5
People with Disabilities	5
People with Behavioral Health Conditions	6
Rural Communities	13

Primary Languages Services or Outreach Provided in by CCBF Applicant Organizations	
Spanish	13
Marshallese	2
Mam	1
Chuukese	2
Kapinga Marangi	1
Japanese	1
Somali	1
All other languages [vendor]	10

CCBF awarded organizations applied for funding to support a range of capacity-related projects and supports, including: technology, development of business or operational practices, workforce development, and outreach, education & convening. A description of the CCBF project/supports categories is included in *Appendix I*.

Capacity Need Indicated by CCBF Fund Awarded Organizations	
Technology	6
Development of Business or Operational Practices	7
Workforce Development	7
Outreach, education, and convening	5

Supporting Health for All Through Reinvestment (SHARE)

Another funding pathway that supports organizations in implementing programs, projects, or services to address social determinant of health and equity-related (SDOH-E) needs in communities is **Supporting Health for All Through Reinvestment (SHARE)**. SHARE provides grant funding between \$15,000-\$250,000 to support projects/programs for 1-3 years depending on size and scope.

In 2025, EOCCO awarded just over \$1.3 million dollars (\$1,320,000) to Eastern Oregon SDoH-E partners through SHARE. In alignment with the SDoH Incentive Measure domains, EOCCO funded several projects/programs addressing housing, food, and transportation related services/supports [see table on page 8].

2025 SHARE Funded Projects by SDoH-E Domain

Housing	
Safe Building remediation	1
Emergency Shelter	1
Transitional Housing	2
Housing Navigation/Supports	1
Total:	5
Food	
Food bank	1
Community garden	3
Cooking classes and nutrition education	1
Summer lunch program	1
Frontier Veggie Rx program	10
Bi-weekly produce bags	1
Double-up Food Bucks (SNAP)	1
Total:	18
Transportation	
Transportation to community events	1
Public transit expansion	1
Total:	2

There were ten EOCCO LCHPs that decided to allocate some or all of their SHARE funding received to support the implementation, or continuation, of the **Frontier Veggie Rx** program. This is an increase from 7 LCHPs that funded the Veggie Rx program in the 2024 SHARE grant cycle.

The Frontier Veggie Rx program is now operating in Baker, Grant, Gilliam, Harney, Lake, Malheur, Sherman, Umatilla, Wallowa, and Wheeler counties, providing supplemental vouchers to support the purchase of fruits, vegetables, and other nutritious foods at local stores. This program addresses food insecurity and food




access challenges in communities by working with, and supporting, local vendors to provide a greater quantity of fresh produce.




Capacity Building Plan

The evaluation of prevalent social needs among EOCCO members and across the Eastern Oregon region, the capacity of local organizations to deliver services to address prevalent social needs in communities, and the current funding opportunities and programs available within EOCCO to support SDoH-E related work in communities has illuminated some suggested focus areas and action items for EOCCO to help bolster the capacity of CBOs/agencies to provide housing, food, and transportation related services/supports.

In the 2024 Capacity Building Plan, EOCCO developed the strategies listed in the table below. Progress made within each individual strategy during the 2025 calendar year was variable and dependent on the capacity, readiness, and availability of internal teams and key external partners. An evaluation of progress toward each strategy is noted, with a determination of whether the strategy will be removed or continued (with adaptations) in the 2025 Capacity Building Plan.

2024 Capacity Building Plan Strategies	
Strategy #1: Explore potential funding pathways to reimburse organizations for Social Needs Screenings to support standardized SDoH screenings and sustainability of screening practices within CBOs/agencies.	
Progress:	Continue in 2025 CBP?

<ul style="list-style-type: none"> → Offered an SDOH screening and referral webinar on June 12th, 2025, that focused on THW/CHW role in SDOH referral workflows. Webinar featured peer-sharing from Good Shepherd Medical Center’s CHW Connexions program. → Added Community-based organizations across EOCCO region to the EOCCO Grants distribution list to ensure organizations are informed of upcoming grant funding opportunities [SHARE, CBIR, CCBF]. → Provided funding for one organization to implement an SDOH screening and referral workflow through SDOH Opt-in Grant 2026 funding cycle. <p>Barriers:</p> <ul style="list-style-type: none"> → No progress made toward reimbursing SDOH Screening activities through HRSN O&E. Lack of clear guidance from the state on whether or not SDOH screening is an allowable activity under the O&E umbrella. 	
Strategy #2: Continue to leverage CCBF grants as a mechanism to support organizations in becoming contracted HRSN service providers, with a prioritization of organizations that provide culturally and linguistically specific services to HRSN priority populations.	
<p>Progress:</p> <ul style="list-style-type: none"> → Local priority CBOs were added to EOCCO Grants distribution list to ensure they were informed of 2025 CCBF grant opportunity. → Interested organizations continued to complete the “CCBF Readiness Assessment” Survey to assess readiness to apply for CCBF funding and deliver HRSN benefits/services. → EOCCO provided \$2.3 million in CCBF funding to 14 local organizations during the 2025 grant cycle. <p>Barriers:</p> <ul style="list-style-type: none"> → CCBF RFA template was provided by the state and could not be modified, preventing the addition of language surrounding SDOH screening/assessment implementation as part of HRSN O&E workflows within the RFA. → CCBF funding will not be available from the state in 2026, this limited the capability for innovation and further progress within this strategy during 2025. 	<p>Continue in 2025 CBP?</p> 
Strategy #3: Expand SHARE Funding priorities to include SDoH-E projects/programs that address one or more of the three SDoH Incentive measure domains: Housing, Food, and Transportation.	
<p>Progress:</p> <ul style="list-style-type: none"> → 2025 SHARE RFA revised to add a question about applicant organization screening clients for SDOH needs. Also added question about whether the applicant organizations provides food, housing, or transportation services. → Local priority CBOs were added to EOCCO Grants distribution list to ensure they were informed of 2025 SHARE grant opportunity. → 2025 SHARE grant recipient organizations provided services in all priority SDOH domains [housing, food, and transportation], see <i>Table on page 8 above</i>. → 3 organizations provided 2025 SHARE funding also executed an HRSN contract with EOCCO in 2025. <p>Barriers:</p>	<p>Continue in 2025 CBP?</p>  <p>[Now Strategy #2]</p>

<p>→ Funding available for SHARE in 2026 may be limited due to EOCCO global budget.</p>	
Strategy #4: Expand reach of Frontier Veggie Rx program through the development of new referral pathways and partnership with local vendors.	
<p>Progress:</p> <ul style="list-style-type: none"> → Frontier Veggie Rx program submitted Unite Us partner Registration form in May 2025. → Frontier Veggie Rx program enrollment form revised to include a complete SDOH screening in September 2025. Members enrolling in program are now screened for housing, food, and transportation related needs. <p>Barriers:</p> <ul style="list-style-type: none"> → No Frontier Veggie Rx program prescribers were onboarded to Unite Us as referral users during 2025, work paused due to capacity challenges with program expansion into additional counties and aligning program with HRSN nutrition benefit requirements, → No Frontier Veggie Rx program referral workflows were built into Unite Us due to lack of prescriber onboarding. 	<p>Continue in 2025 CBP?</p>  <p>[Now Strategy #3]</p>
Strategy #5: Increase member and community partner awareness surrounding, and utilization of, EOCCO NEMT services for non-medical SDOH-E related rides.	
<p>Progress:</p> <ul style="list-style-type: none"> → Held collaborative meeting with the EOCCO/GOBHI NEMT team in May 2025 to discuss Strategy #5 goals and activities. <p>Barriers:</p> <ul style="list-style-type: none"> → NEMT team communicated that there is no driver capacity to meet SDOH-E ride expansion goals outlined in Strategy #5. SDOH-E related rides are currently available on a case-by-case basis for members, but are not widely advertised at this time due to capacity constraints across the region and a need to prioritize NEMT rides to medical appointments 	<p>Continue in 2025 CBP?</p> 
Strategy #6: Support the network of Unite Us onboarded organizations in providing services that address prevalent regional social needs.	
<p>Progress:</p> <ul style="list-style-type: none"> → Conducted outreach to organizations providing food, housing, or transportation related services across Eastern Oregon region and shared information about the Unite Us platform. → Unite Us provided presentations in all 12 county LCHPs during 2025 to socialize the platform in the Eastern Oregon region. → Since September 2024, there has been a 35% increase in the number of organizations on the Unite Us platform serving Eastern Oregon. <p>Barriers:</p> <ul style="list-style-type: none"> → Did not conduct targeted outreach to organizations on Unite Us providing priority SDOH services that commonly reject referrals in the platform. Staff turnover in EOCCO THW Liaison role during 2025 contributed to the pausing of this activity. 	<p>Continue in 2025 CBP?</p>  <p>[Now Strategy #4]</p>

Outlined below are the capacity-building strategies that EOCCO will continue or adopt in 2026:



Strategy #1: Explore potential funding pathways to reimburse organizations for Social Needs Screenings to support standardized SDoH screenings and sustainability of screening practices within CBOs/agencies.

Part of the system-level SDoH Incentive measure work involves supporting the ability and capacity of organizations to provide SDoH screenings to members through a trauma-informed approach. CBOs are priority spaces for engaging and serving OHP members who may experience barriers to accessing health care services, especially populations who experience historic and current injustices. EOCCO will prioritize partnership with local CBOs to implement and conduct SDoH screenings, with exploration of potential reimbursement pathways to help support the expansion and sustainability of SDoH screening and referral practices.

Action Items within this strategy include:

- EOCCO offering tailored SDoH screening and referral trainings and TA to our CBO and THW/CHW network
- Navigating CBOs to EOCCO funding opportunities available [CBIR or SHARE] to support implementation of technology or staffing supports needed to ensure:
 - 1) Appropriate documentation and tracking of SDoH screenings and referrals placed for EOCCO members
 - 2) Capability for secure sharing/reporting of member-level SDoH screening and referral data to EOCCO
 - 3) Capacity for direct provision of SDoH resources/services
 - 4) Appropriate braiding of various funding sources
- Exploration of potential reimbursement pathways for activities related to conducting SDOH screenings for EOCCO members:
 - For instance, development of an EOCCO specific SDOH payment grid or structure with billable code sets to reimburse health care or HRSN providers for SDOH screening activities
 - Continue advocacy and work with the state of Oregon to expand the definition of Outreach and Engagement (O&E) definition/scope within HRSN benefit to include reimbursement for organizational activities related to conducting SDOH screenings for EOCCO members
- Partnering with one (or more) local CBO or agency that is highly engaged with EOCCO members to fund the implementation of SDoH screening & referral workflows within their organization

EOCCO Staff/Departments Involved in this strategy:

- EOCCO Operations Team
- EOCCO Grants Program Manager
- EOCCO Quality Improvement Team
- EOCCO Traditional Health Worker Liaison



Strategy #2: Expand SHARE Funding priorities to include SDOH-E projects/programs that address one or more of the three SDOH Incentive measure domains: Housing, Food, and Transportation.

SHARE is a funding pathway that supports SDOH-E partners in developing and implementing programs and initiatives to support the health and wellbeing of Eastern Oregon communities. With available SHARE funding being more limited in 2026, EOCCO plans to ensure equitable distribution of funds by sharing funding opportunities with all LCHP partners and CBOs across EOCCO's network. The SHARE RFA was updated in 2025 to intentionally align SHARE with HRSN and the SDOH Incentive Measure by adding screening questions related to the provision of housing, food, transportation or climate services by applicant organizations. Explicitly writing these SDOH domains into the RFA should help encourage organizations that provide those services/resources to apply for SHARE funding and help identify organizations for partnership in HRSN or SDOH Incentive Measure related work. In 2025, EOCCO executed 3 HRSN contracts with organizations that also received SHARE funding.

Action Items within this Strategy Include:

- Advertising 2026 SHARE RFA through a range of local community channels and groups [including LCHPs, housing coalition, county collaboratives], with particular focus on communicating this funding opportunity to organizations that provide housing, food, climate and/or transportation services/supports [as identified in EOCCO's Community Resource Guide]
- Tracking the SHARE applicant organizations that provide housing, food, climate, and transportation services
- Exploring HRSN contracting or SDOH screening & referral partnership with applicant organizations that provide priority HRSN/SDOH services/supports

EOCCO Staff/Departments Involved in this strategy include:

- EOCCO Health Equity Administrator
- EOCCO Grants Program Manager
- EOCCO Operations [HRSN Program Manager and Operations Specialist]
- EOCCO Quality Improvement Team



Strategy #3: Expand reach of Frontier Veggie Rx program through the development of new referral pathways and partnership with local vendors.

The Frontier Veggie Rx program provides supplemental nutrition benefits to help address food insecurity and nutritious food access challenges in Eastern Oregon. In 2025, EOCCO was able to integrate a complete SDOH screening into the Frontier Veggie Rx program enrollment form. To support increased access to the Frontier Veggie Rx program for EOCCO members, and to ensure that members enrolled in the program have their identified SDOH needs addressed, EOCCO will

maintain focus on integrating the Frontier Veggie Rx program into Unite Us and developing program workflows within the platform.

Action Items within this strategy include:

- Build out the Frontier Veggie Rx program in Unite Us to create individual programs for each county that provides Frontier Veggie Rx program benefits
 - Pilot Unite Us use with 1 or 2 Frontier Veggie Rx program counties by onboarding prescribers as licensed *Referral Users*
- Host a Unite Us overview training for participating pilot Frontier Veggie Rx program prescribers to gain comfortability with utilizing the platform to both accept program referrals and send SDOH referrals for members
- Require all EOCCO member referrals sent by Frontier Veggie Rx program prescribers to include the attached SDOH screening completed in the member enrollment form to ensure SDOH data integration and support reporting for the SDOH Screening and Referral measure

EOCCO Staff/Departments Involved in this strategy include:

- Frontier Veggie Rx Program Manager
- EOCCO Quality Improvement Team
- EOCCO Traditional Health Worker Liaison



Strategy #4: Support the network of Unite Us onboarded organizations in providing services that address prevalent regional social needs.

Unite Us referral and network capacity data has illuminated gaps in the ability of the prevalent social needs (housing, food, and transportation) among Eastern Oregon region clients served to be adequately addressed through the platform. EOCCO aims to continue building the capacity of Unite Us to serve clients through strategic efforts to 1) grow the network of onboarded CBOs and agencies and 2) address any platform utilization or service provision barriers among current onboarded organizations.

Action Items within this strategy include:

- Direct outreach to organizations providing housing, food, or transportation related services/supports on the Unite Us platform commonly rejecting client referrals to help identify potential barriers faced by those organizations
 - Support with navigating those organizations to EOCCO funding opportunities available [CCBF, CBIR, or SHARE] to support implementation of technology or staffing supports needed to address any SDOH service provision barriers
 - Support with providing additional Unite Us training or TA to those organizations as needed
 - Provide information about SDOH screening functionality of the Unite Us platform to encourage integration of SDOH screening workflows

- Direct outreach to organizations providing food, housing, and transportation related services in the Eastern Oregon region [as identified through EOCCO's Community Resources Guide] with Unite Us educational resources/materials and an invitation for an organization specific Unite Us training
- Host Unite Us presentations in Local Community Health Partnership (LCHP) meetings, and other community groups/spaces, to help socialize the platform and increase organizational onboarding

EOCCO Staff/Departments Involved in this strategy include:

- Unite Us Customer Success Manager
- EOCCO Traditional Health Worker Liaison
- EOCCO Quality Improvement Team
- EOCCO Community Engagement Team



***NEW* Strategy #5:** Outreach to organizations that provide transportation related services/supports in EOCCO's service area to understand current capacity and develop EOCCO specific transportation resource guide for members.

Across the EOCCO service area, there are few organizations that provide transportation related services and supports for non-medical related rides/transport, and transportation remains a prevalent SDOH need among EOCCO members. EOCCO has worked identify local organizations that provide transportation related services/supports in the [Community Resource Guide](#). However, to better understand the capacity of these organizations and the transportation services/supports they provide EOCCO will facilitate organizational learning sessions. It's intended that these learning sessions will illuminate any current challenges faced by organizations and allow EOCCO to better understand the services/supports they provide. EOCCO also aims to identify what options/funding pathways might be available to bolster the capacity of those organizations to provide transportation services for SDOH-E related rides.

Action Items within this strategy include:

- Outreaching to organizations that provide transportation related services/supports in the Eastern Oregon service area as identified in EOCCO's Community Resource Guide
 - Host at least 3 learning sessions with organizations to better understand organizational capacity and current challenges faced
- Explore partnering with at least one local organization that provides SDOH-E related transportation services/supports in the Eastern Oregon service area
 - Identify grant opportunities or available funding pathways to bolster and sustain transportation service offerings for the organization
- Develop an EOCCO specific SDOH-E related ride guide for members that lists all available transportation services in EOCCO's service area to supplement the NEMT Rider Guide

EOCCO Staff/Departments Involved in this strategy include:

- EOCCO NEMT Program Manager
- EOCCO Health Equity Administrator
- EOCCO Quality Improvement Team

Capacity Building Plan Implementation Oversight

EOCCO's Capacity Building Plan to support CBOs and other organizations across Eastern Oregon in addressing SDOH Needs has been reviewed by all Staff/Departments involved in the outlined strategies.

Implementation of EOCCO's Capacity Building Plan will be led and overseen by EOCCO's Social Determinant of Health (SDOH) Workgroup, which includes representation of staff from across EOCCO's departments/teams [EOCCO Quality Improvement Team, ODS Dental, GOBHI Community Development Team, EOCCO Health Equity Administrator, EOCCO THW Liaison, EOCCO Operations]. Capacity Building Plan progress updates will be provided in the SDOH Workgroup meetings throughout 2026, with the opportunity for plan revision to occur throughout the year as challenges or newly developed SDOH/HRSN strategies arise.

The **2025 SDOH CBP Strategy Tracker** will be utilized to monitor and track completion of strategy action items during the year:

<https://app.smartsheet.com/sheets/W8jjCVQXHxv7r2MjmJjhhQxvgp57R3jcWgfv5R71>

Appendix I. Community Capacity Building Fund (CCBF) Project Domains

CCBF domain	Project Ideas
Technology	<ul style="list-style-type: none"> • Procuring IT infrastructure/data platforms needed to enable • Modifying existing systems to support HRSN • Development of an HRSN eligibility and services screening tool • Integration of data platforms/systems/tools • Onboarding to new, modified or existing systems (e.g., community information exchange) • Training for use of new, modified or existing systems (e.g., community information exchange)
Development of business or operational practices	<ul style="list-style-type: none"> • Development of policies/procedures related to: <ul style="list-style-type: none"> ○ HRSN referral and service delivery workflows ○ Billing/invoicing ○ Data sharing/reporting ○ Program oversight/monitoring ○ Evaluation ○ Privacy and confidentiality • Training/technical assistance on HRSN program and roles/responsibilities • Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members) • Planning needs for the implementation of HRSN program • Procurement of administrative supports to assist implementation of HRSN program
Workforce development	<ul style="list-style-type: none"> • Cost of recruiting, hiring and training new staff • Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Applicants may not access this funding for the same individual more than once. • Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care) • Privacy/confidentiality training/technical assistance related to HRSN service delivery • Production costs for training materials and/or experts as it pertains to the HRSN program
Outreach, education, and convening	<ul style="list-style-type: none"> • Production of materials necessary for promoting, outreach, training and/or education • Translation of materials • Planning for and facilitation of community-based outreach events to support awareness of HRSN services • Planning for and facilitation of learning collaboratives or stakeholder convenings • Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents) • Administrative or overhead costs associated with outreach, education or convening