CCO Community Health Improvement Plan Progress Report Guidance

The purpose of this guide is to help CCOs address contractual requirements for the community health improvement plan (CHP) progress report submission per **Exhibit B, Part 1, #4**, **Oregon Revised Statutes 414.627 and 414.629**, **Oregon Administrative Rule 410-141-3145**.

A. The CHP progress report is due to the Oregon Health Authority's Health Systems Division (CCO.MCODeliverableReports@state.or.us) by June 30, 2019.

B. Two documents are required to complete your annual progress report:

    1) The progress information noted in item C below; and

    2) The completed template (pages 2–6 of this document) as an appendix to the progress report.

C. The annual progress report should document progress made in implementing the CHP. This could include the following:

    1. Changing health priorities, resources or community assets;

    2. Strategies being used to address CHP health priorities;

    3. Responsible partners involved in strategies;

    4. Status of the effort or results of the actions taken; and

    5. Current year's data for any metrics or indicators *already included* in the CHP to measure progress toward CHP goals, if they exist.

2018-2019 EOCCO Community Health Plan
Annual Progress Report

The EOCCO CHP was last updated on June 30, 2016. Each of the activities within the priority areas is described. Funding priorities, staffing and interests of communities have changed over this time period and are reflected here.

Priority Area: Early Childhood Prevention/Promotion

As called for in the plan LCACs and the five Early Learning Hubs across the region have been working together. Early Learning Hubs are represented at many LCAC meetings. The September Regional CAC meeting is dedicated to children's health. Physical health data showing cost and utilization for 0-6 year olds of each county along with the Early Learning Hub service area was presented. Utilization of Mental Health services for 0-6 years was also shared. Oral health services for this population was also described. This dedicated meeting will continue to occur. Representatives from Oregon's Early Childhood programs are invited and attend. Oregon's lead Immunization Program coordinated, presented and led the group around discussions of reducing barriers to immunization uptake. These special Early Learning Hub and Regional CAC meetings will continue.

The plan sought to improve developmental screening rates. The situation continues that children are receiving these developmental screens, but are not being seen by primary care in the proper timeframe to submit a claim. However, the EOCCO has met this Incentive Measure in 2018. Eight of twelve individual counties met the measure.

Childhood Immunization rates were targeted by the plan. The activities included constant monitoring and reporting of progress toward meeting the measure. An Opt-in project category, funded through the EOCCO Community Benefit Reinvestment funds, were targeted at this measure. EOCCO did not meet this Incentive Measure in 2018.

Priority Area: Public Health Integration

The first objective centered on chronic health conditions in children especially those with special healthcare needs. The Oregon pediatric Improvement Partnership shared diagnosis codes and conditions that met the "special healthcare needs" definition.

The plan sought creating a formal interaction between Public Health and the EOCCO. This has been accomplished through coordination with the Public Health Modernization grant which is being implemented regionally among all Public Health Departments in the EOCCO. Further, a white paper was developed which described the ways Public Health help with attaining many of the Incentive Measures. The white paper and the Regional CAC suggested that the EOCCO should give Public Health a Per Member Per Month (PMPM) payment to recognize this contribution. It was not approved. However, a separate pot of funds (roughly $500,000) from the Community Benefit Reinvestment dollars is currently dedicated solely to Public Health.

The third and fourth area showed progress in the early years of the plan but have not been able to be fully sustained. Grant funding for the Living Well with Chronic Illness and the National Diabetes Prevention Program dwindled after people had been trained as instructors and Health Coaches in the programs respectively. LCAC funds that support these programs locally if the LCAC chooses to do so. It should be noted that we understand recently that the National Diabetes Prevention Program is now a covered service under the Oregon Health Plan. This may help stimulate interest.

Priority Area: Mental Health

The most activity in this area focuses on implementing Mental Health First Aid trainings. The training curriculum targets Youth and Law Enforcement. The Eastern Oregon Health Living Alliance (EOHLA), a 501c3 nonprofit created by the Regional CAC, has secured funds and implemented the program in every EOCCO county. Funds were made available to provide for substitute teachers and replacement law enforcement officers so that they could be trained. Mental Health First Aid trainings continue.

We have slowly begun integration of mental/behavioral health in the physical health settings. OHA Transformation Center Technical Assistance funds were used to describe the relationship between primary care and the local Community Mental Health Program. The report highlighted many barriers to integration including lack of trust and funding silos. The plan also called offering enhanced PMPM payments to Tier 3 or higher Patient Centered Primary Care Homes (PCPCH) for behavioral health integration. The model selected is the Collaborative Care Model and contracts are in place with six practices. The Collaborative Care Model is not evidence-based for pediatric practices and work is currently under way to create a similar funding mechanism.

Reducing stigma regarding use of mental health services is an area where our plan veered from intent. We had targeted elderly people in the plan and had hoped to use faith-based organizations based on research that suggested rural older adults listen to and prefer getting these messages from their cohorts and clergy. We were not able to organize ecumenical groups in each county. However, EOHLA has been targeting churches as places to deliver the Mental Health First Aid and has had some modest success.

Priority Area: Community Health Workers

We recognize that Community Health Workers (CHWs) are one of several under the umbrella term “Traditional Health Workers.” The plan called for supporting the training of CHWs, helping to create financially viable CHW positions and measuring the impact of CHWs on overall health expenditures on patients they serve. The first two areas have been met. EOCCO maintains a contract with the Oregon State University School of Public Health to train our CHW workforce and provider continuing education credits. The EOCCO established a payment policy for CHW services. The payment was recognized by OHP as a covered service therefore eligible for a wrap-around payment in Federally Qualified Health Centers and federally certified Rural Health Clinics. While there is a flow of money to Public Health, Mental Health, Hospitals, and Primary Care for CHW services, the EOCCO will be reviewing its billing policy in hopes of adding more covered services. With lower claims than expected from CHWs analysis the impact of CHWs on health expenditures has not been conducted.

Priority Area: Oral Health

Oral Health objectives have been met and will continue. EOCCO has met the Dental Sealant Incentive Measure each year since its inception. We continue to promote the First Tooth Program in primary care and public health settings. The largest effort has focused on oral health screenings in school-based settings. A partnership was create between the EOHLA and Advantage Dental(Quest?) (EOCCO’s main Dental Care Organization to create systems to gather consent forms for treatment after the screenings take place. While referrals to dentists are made when needed, the treatment delivered in the school setting is limited to applying sealants and fluoride varnish. The EOHLA has operated the Healthy, Happy Smiles program funded through the Oregon Oral Health Coalition for the past three years. The Oregon Legislature helped in this effort by passing laws requiring oral health screens in school settings without consent, but the actual TREATMENT still requires active consent of the parent or guardian. Activities are routinely conducted in the Fall of each year to increase the number of active consent forms returned.

Priority Area: Social Determinants of Health

Back in 2016 when this part of the plan was created there was a general knowledge of the impact of social determinants on overall health, but how to accomplish anything was limited. In the area of housing we were able to have presentations to each LCAC on EOCCO’s rental assistance program for people with severe and persistent mental illness.

Kenny LaPointe from Oregon Housing and Community Services spoke with the Regional CAC and began a broad level discussion of housing needs, its impact on health and supportive housing.
Working through the LCACs we also sought to increase utilization of Non-Emergency Medical Transportation (NEMT). Presentations were made with each LCAC. The change in utilization of NEMT rides per 100 EOCCO members increased from103.3 in 2015 to 135.9 in 2017.

Priority Area: LCAC Member Skill Development

There has been little uptake around Cultural Competency trainings and understanding poverty with empathy. It has mostly occurred at the individual LCAC level. The main focus of this priority area is engagement of OHP plan members with the goal of meeting the expectation of at least half of LCAC members being EOCCO plan members or parent/guardian of an EOCCO plan member. People who meet these conditions are referred to as "consumers." Recruitment and Engagement strategies are routinely shared among the LCACs at the Regional CAC meeting and special attention is often paid at the LCAC level. Despite continued efforts, long term participation has not proven successful. However, all three officer positions of the Regional CAC are currently filled by consumers.

Priority Area: Community-based Participatory Research

We remain available as called for in the CHP to work with academic researchers who are interested in community-based participatory research. There are two current projects that are under Institutional Review Board (IRB) protocol. The first is a piolet tele-dentistry program between Advantage Dental and the OHSU – School of Community Dentistry in Gilliam and Sherman counties. An Expanded Practice Dental Hygienist is linked with a dentist at OHSU while performing oral health services. There is no "drilling," but a scooping method of removing tooth decay is employed. The other is between EOHLA and Oregon State University around encouraging healthy eating among the Hispanic families in Umatilla County.

Priority Area: Eastern Oregon Healthy Living Alliance

As the creator of the EOHLA, the Regional CAC gets quarterly updates on EOHLA implementation projects and is also made aware of other funding opportunities EOHLA seeks. To date, over $630,000 has been raised by EOHLA to support implementation of the Regional Community Health Plan and local Community Health Plans.

Priority Area: Incentive Measures

This area was added to the CHP in 2016 in recognition that funding for Local CACs was based on meeting the Incentive Measures and regaining the risk withhold from the OHA. 6% of any return of the withhold is dedicated to Local CACs to implement projects in their CHP and improve Incentive Measure performance. Each month after June of each year, the Local CAC gets a report detailing the progress towards meeting the claims-based Incentive Measures. The report details how many plan members are eligible for that particular service, how many received the service and how many more are needed to meet the Incentive Measure. Each year the Local CACs are presented an Incentive Measure Dictionary which details the measurement process around each Incentive Measure, the proper codes needed when submitting a claim and best practices to meet the measure. EOCCO has gained 100% of the withhold in 2017 and 2018.

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 programs[1]

Please list the programs: ASQ's-with primary care and early learning providers, Well Child-tracking and outreach in partnership with early learning providers; including immunizations, and AWC events.

EOCCO hold positions on three Early Learning Hubs Governance Boards (Eastern Oregon, Blue Mountain and Frontier). EOCCO has partnered with public health and Four Rivers Early Learning Hub and co-fund a shared position.

School based health clinic in Ione and John Day

ASQ's-with primary care and early learning providers

Well Child-tracking and outreach in partnership with early learning providers; including immunizations

AWC events

☐ Youth development programs[2]

Please list the programs: Click or tap here to enter text.

☒ School health providers in the region

School based health clinic in Ione

☒ 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 1	2	3	4	Full engagement 5
Early Learning Hubs	☐	☐	☐	☐	☒
Other early learning programs[1]	☐	☐	☐	☒	☐
Youth development programs[2]	☐	☐	☐	☐	☐
School health providers in the region	☐	☐	☐	☒	☐
Local public health authority	☐	☐	☐	☒	☐
Hospital(s)	☐	☐	☐	☒	☐

Optional comments: Click here to enter text.

Other organizations currently engaged in implementing the CHP, to varying degrees for each of the 12 counties include: Dental Care Organizations (DCO), Umatilla Morrow County Head Start (UMCHS), early childhood/parent education, mental health (CMHP), school district, local businesses and primary care. Youth development councils are not currently engaged with EOCCO LCACs. However the Morrow LCAC is looking at partnering with the Youth Advisory Group in Ione which has a school based health clinic.

[1] This could include programs developed by Oregon's Early Learning Council.

[2] This could include programs developed by Oregon's Youth Development Council.

3. **Describe how these key players in the CCO's service area are involved in implementing your CHP.**
The organization structure of the Eastern Oregon Coordinated Care Organization includes 12 Local Community Advisory Councils (LCACs) and one Regional Community Advisory Council (RCAC). Each LCAC has developed a Community Health Improvement Plan (CHP), which is aggregated per county as part of the Regional CHP. The diversity of the large service area requires this as needs vary throughout the region. This report blends both LCAC and RCAC CHP activities. Most of the key partners are involved in implementing the CHP as a member of the LCAC and RCAC. Each partner contributes input and information as a representative of the sector which they represent. In some cases resources are shared where the CHP crosses over with the organization the LCAC or RCAC person represents.

All 12 LCACs have representation from Early Learning Hubs (ELHs)

- The Regional Community Advisory Council (RCAC) maintains a strong relationship with the five ELHs covering eastern Oregon, with representation at each quarterly RCAC meeting. RCAC hosts an annual joint meeting with ELHs to provide opportunity for key players to share information, and network. The collaboration with the LCACs, RCAC and ELHs is highlighted in a "crosswalk" that cross references alignment in strategic planning between the local LCAC CHPs and ELHs. Each of the Local LCACs and ELHs are encouraged to maintain open lines of communication to prevent duplication of services and expand opportunities for information sharing. All LCAC and ELH partners are welcome to attend each other's meetings, and several LCACs have quarterly "joint meetings" for continuity of knowledge gathering and information sharing.
- EOCCO staff attends Early Learning HUB meetings
- EOCCO staff serve on three EL HUB Governance Boards
- LCAC representation by preschool programs (Head Start) and child care agencies
- LCAC representation by Public Health, and in several counties, serve as the fiscal agent and the lead agency in implementing CHP activities
- LCAC representation by School-based Health Centers (SBHC) that are involved promoting good adolescent health through the expansion of the "Sports Physical Days" to a more comprehensive "Adolescent Well Care" Event
- Limited access for oral health services among OHP members. While partnerships exit between ELHs, LCACs, primary care with integrated oral health and the DCOs, more robust strategies are needed to increase the access and quality of oral health services, specifically for adults.

LCAC representation by local hospital and primary care clinics, with alignment in CHP strategies with hospital Community Health Assessments (CHAs)

4. **If applicable, identify where the gaps are in making connections.**
    - Data tracking mechanism alignment between CCOs, ELHs, and other agencies for capturing accurate ASQ screening data
    - Better workflow/collaboration between pre-school providers, public health staff and others who are conducting the ASQ but not "connecting" with primary care Population data misalignment between ELHs (data focus on all children 0-6) and EOCCO (Oregon Health Plan enrolled children only)
    - Continued community perception about annual exams for preventative care, specifically among adolescents
    - Difficulty of faith based health systems in promoting effective contraception conversations/healthy relationships and alcohol & drug use as components of the comprehensive adolescent well Check

events.

- Limited access for oral health services among OHP members. While partnerships exit between ELHs, LCACs, primary care with integrated oral health and the DCOs, more robust strategies are needed to increase the access and quality of oral health services, specifically for adults.
- Contraceptive rate for 15-17 year olds included in data
- Schools are hesitant to give up classroom instruction time for health screenings and adolescent wellness events.
- There are some gaps with connecting with Lake Early Learning Hub however there is work in progress to enhance this relationship.

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 in the community.**

Coordination between various entities is described in question #6 (below). Each county, within our 12 county EOCCO region, has unique relationships with community partners, including public health, school districts, Educational Service Districts (ESD), Community Mental Health Programs (CMHP), primary care, Dental Care Organizations (DCO) and others. These coordinated efforts often lead to innovative outcomes that benefit the entire community, region and CCO. Some specific examples include:

- The Healthy Eastern Oregon Project (funded initially by the OHA's State Innovation Models (SIM) grant) continues to provide technical assistance and resources to connect primary care practices and local organizations that perform the developmental screens for 0-36 month children.
- Baker LCAC has increasing yearly success of implementing comprehensive AWC visits, following joint planning and implementation of Adolescent Health Well Day activities. Increased access to joint meetings for preventative services by supporting and collaborating with Advantage Dental from Denta Quest, Public Health, Head Start, SBHC, and 5-J School District.
- Grant LCAC is partnered with Community Counseling Solutions (CMHP), Strawberry Wilderness Community Clinic (SWCC), and Grant County Health Department to invest EOCCO Community Benefit Initiative Reinvestment Program grant funds. 2019 Pilot projects include supporting part-time school counselors in small. Rural school districts, Community Health Worker program in SWCC.
- Harney County activities include coordination between Early Learning and Primary Care to enhance the ASQ-3 developmental screening for children 0-3 years of age. Additional LCAC focus includes promotion of physical activity to prevent chronic disease.
- Lake Health District operates the hospital, primary care clinics, and Community Mental Health /Public Health programs, allowing for heightened opportunities to integrate services for better healthcare outcomes and continuous care.
- Morrow LCAC continues success in promoting AWC visits in schools to replace the sports physical.
- Malheur LCAC coordinates with many community partners to improve the Developmental Screening rates and the Adolescent Well Care visit rates. Malheur County LCAC partners with local FQHC to bring AWCs directly to schools including high school and community college through the use of a mobile clinic.
- Union LCAC supported development of a Trauma Informed Coalition with LCAC sub-committee members and EOCCO supported funds to integrate trauma informed practices into all aspects of learning institutions and healthcare practice.

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

- LCAC partnership with various school districts/SBHCs to expand the traditional "sports physical" to a more comprehensive visit to meet the adolescent well visit Incentive Metric, along with SBIRT/S2B1/CRAFFT (alcohol and drug screening) and PHQ-2/9 (depression).
  - Several school districts in the EOCCO (Umatilla, Malheur, Harney, and Gilliam) have accepted resources from the EOCCO to provide mental health counseling in the schools.
  - EOCCO coordinates LCAC activities with Early Learning Hubs (ELH)
  - EOCCO facilitates the Positive Parenting Program Parent Education/Training in multiple counties within the EOCCO region [www.triplep.net]
  - EOCCO supported project, Cribs for Kids, encourages primary care to refer high risk pregnant women to education about safe sleeping, and includes a free Pack N' Play crib and other materials. Approximately 223 cribs have been disseminated EOCCO-wide in 2018.
  - EOCCO is working on strategies, in collaboration with primary care and public health, to meet the immunization Incentive Measure for children 0-EOCCO will continue to partner with DCOs (Advantage Dental from Denta Quest, Capital Dental and Oregon Dental Service) to improve oral health for toddlers, children and adolescents under the age of 21 by providing oral health screenings and education in schools for grades K-12.
  - Continue collaborative efforts with HUB leaders through joint meetings (i.e. RCAC) to share goals, strategies, and information.
  - Provide updated incentive Metric data to LCACs, community partners and clinics. EOCCO provides monthly reports of data by county.
  - Public health has active LCAC members in all 12 EOCCO counties. EOCCO has created a public health fund for local public health departments. EOCCO and public health are working on developing project framework.
  - Baker County LCAC has provided support to the local Community Mental Health Program and school district for facilitation of Challenge Day social-emotional experience to the middle and high school populations, updated hearing screening equipment to the local Head Start Program.
  - Gilliam LCAC works with Head Start (Condon Childcare) to share CDC growth chart information regarding surveillance of childhood obesity. Also working with Public Health to implement Vaccines for Children (VFC) in Arlington. Frontier Veggie Rx supports healthy nutrition for children.
  - Sherman LCAC has Frontier Veggie Rx program supporting nutrition for children.
  - Harney LCAC supports school garden, coordination of AWC visits in the schools, and supports Frontier Veggie Rx providing healthy nutrition for children.
  - Lake LCAC supports Summer Lunch Program in conjunction with Food Corps. The LCAC also supports incentives for woman completing prenatal care.
  - Union LCAC has continued their support of the Union County Warming Station to provide shelter for homeless individuals and families during winter months (Nov-March) as well as strengthening the ability to connect this population to community resources/services. Volunteers worked over 4,600 hours in 2018-2019 serving 112 guests, 10 of which were under the age of 17.
  - Malheur LCAC continues to support community health worker services through local primary care offices, access to online resources for Conscious Discipline curriculum for parents and Ages and Stages Social Emotional Screenings, and First Aid/CPR classes for teen parents, and Safe Sitting classes for young adults.
  - Wallowa LCAC provides daycare scholarships for low income families, and supplies for non-licensed

daycare providers who may experience barriers in becoming licensed.

- Umatilla County LCAC is partnering with Head Start and OSU Extension Services to coordinate fresh fruit and vegetables for families with young children. The program also offers cooking classes to families with emphasis reducing childhood obesity.
- Morrow LCAC continues to support AWC visits in place of the sports physical and supports having additional Counselors in schools.
- Wheeler LCAC supports the Veggie Rx program which offers healthy nutrition for school aged children.
- Grant LCAC working in partnership with school administrators staff to provide prevention trainings such as YMHFA (EOHLA grant funded), Trauma informed awareness, ACES, Sexual child abuse awareness, and motivational interviewing.

7. **Identify ways the CCO and/or CAC(s) have worked with school and adolescent providers on prioritized health focus areas.**
    - EOCCO Primary Care Practice Transformation Specialist assists primary care practices with PCPCH certification, which includes elements of quality improvement; mental health/developmental health screening and comprehensive care for children and adolescents (AWC). EOCCO will continue to conduct outreach plan to physicians about the availability, services and effectiveness of partnering with public health programs.
    - Regional CHP objectives specifically addresses coordination of services between public health home visiting programs and primary care clinicians for clients jointly served through WIC, CaCoon and Babies First.
    - The EOCCO works with Wrap (Around) Coordinators from GOBHI and Community Mental Health Programs to identify and provide care coordination for youth. These activities are associated with the Early Assessment and Support Alliance.
    - Baker LCAC partners with Baker Safe Communities Coalition and 5-J School District to fund a Teens for Change Drug and Alcohol Free New Year Eve Party for high school students to socialize in a safe and substance-free environment.
    - Gilliam LCAC supports Health Screening at the schools.
    - Sherman LCAC supports Health Screenings at the schools.
    - Harney LCAC through Public Health and Symmetry Care conducts AWC visits at the schools. In addition the LCAC supports Screenings at the schools.
    - Lake LCAC supports AWC events in schools and oral health Screenings in schools.
    - Union LCAC partners with Grande Rhonde Hospital to support the Children and Recovering Mothers program (CHARM), providing care coordination and needed baby items to mothers in recovery. 20 woman have been enrolled in this program, 15 have successfully delivered drug free babies, while 5 left the area prior to delivery.
    - Malheur LCAC partners with multiple schools throughout the county to host their annual Spring into Wellness health fair, providing access to health services and local resources to youth living in outlying areas of the county.
    - The Wallowa LCAC partners with local youth organizations to sponsor supplies for a youth outreach program and Friday night “drop-ins”. This includes a safe space for kids to feel welcome and equal. Goals of this program are to work with youth (middle-high school aged kids) to develop relationships with new students in the community /county and to teach positive values, encourage partnership

with local law enforcement and give back to the community (through community service projects).
- Morrow county public health Care Team works collaboratively with schools to improve vaccine rates.

- Umatilla LCAC funds fruit and veggie program thru Head Start. The program also incorporates cooking classes for the parents of the children receiving the fruit and veggies.
- Grant LCAC working in partnership with school administrators staff to provide prevention trainings such as YMHFA (EOHLA grant funded), Trauma informed awareness, ACES, Sexual child abuse awareness, and motivational interviewing.
- EOCCO is partnered with Eastern Oregon Healthy Living Alliance to provide instructor support for Youth Mental Health First Aid (YMHFA) training's, with focus towards eastern Oregon school districts. YMHFA provides administrators, teachers and school staff with education of how to better identify and relate to youth that may be struggling with mental health issues.
- Grant LCAC is partnered with Frontier Early Learning Hub Developmental Screening week, which provides ASQs in all local preschools, with incentives for parents to schedule well child cheeks, including ASQ review with primary care providers.
- EOCCO community partners are encouraged to submit applications for proposal to receive Youth and Family Funding Grants, which focus on supporting programs/projects that impact the physical, social, and emotional health of children 0-5 and their caregivers, Kindergarten readiness, 3rd grade reading, increase graduation rates, decrease higher levels of mental health care by maintaining youth in community.

Health Disparities

8. **For each chosen CHP priority, describe how the CCO and/or CAC(s) engages with local stakeholders (for example, community-based organizations or local public health) to obtain updated data for different populations within the community, including socio-economic, race/ethnicity, health status and health outcomes data.**
    - EOCCO coordinates with our Innovator Agent to share opportunities for improvement webinars sponsored by OHA and OEI; additionally, she attends several LCACs to provide updates and information on Equity and Inclusion.
    - Malheur County Equity for Common Good Workshop with presenter Dr. Bill Grace of Common Good Works , and subsequent bilingual training to home workers on equity by Malheur Equity Team.
    - CCO conducted focus groups in all 12 counties. Some focus groups were conducted in Spanish.
    - The Union LCAC has developed and hosted multiple health equity trainings.

9. **In obtaining updated data for different populations, explain what data sources were used and the process to acquire it.**
    - EOCCO Incentive Measure progress reports are provided to each county in 2018
    - Utilize ADIN (Advantage Dental from Denta Quest) to capture the number of oral assessments completed, decay rate and number of patients utilizing dental services
    - CCO conducted focus groups in all 12 counties. Some focus groups were done in Spanish.
    - Data sources also included Premange, Arcadia, EDIE, and Alert.

- Each LCAC received a Cost and Utilization report for the entire CCO population. This covered the calendar year 2018 and focused on the 30.8% of members who consumed No primary care services. That population was described by age, gender, and race.

10. Explain CCO process, if any, to compare local population data to CCO member data or state data. If data was not available, the CCO may have chosen to access qualitative data from special populations via focus groups, interviews, etc. Include whether disparities were discovered that were not otherwise evident.

- Several LCAC's have engaged their local populations using a variety of qualitative assessments

I.e. surveys, focus groups, and one-on-one interviews.

- The EOCCO has provided comparison data at the county level to the State in all assessments.
- EOCCO conducted focus groups in all 12 counties for 2018.
- The EOCCO Member specific to data for Cost and Utilization and incentive measure reports compares each county to the whole of the EOCCO plan members.
- The EOCCO completed Community Health Assessment Focus Groups in each of our 12 EOCCO counties (also in Spanish) to align efforts with local hospital/public health/ELH Community Health Assessments for a more in-depth understanding of the service gaps and issues identified in each county.
- Each county received quantitative data compared to state for early education, childcare, and food security which did not exist for 2017.
- Each LCAC that receives EOCCO CBIR Program grant funding, collect data and measure outcomes for each supported project/program.

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

- Many data sets that can be broken down at the county level risk the loss of anonymity due to the small populations in certain EOCCO counties and are therefore not reported to broader audience.
- Data on race, ethnicity, and language needs to be shared at the county level to have value. A challenge with 12 geographically and demographically diverse LCACs is to understand that several years' worth of data is needed in order to annualize the numbers to protect privacy in communities with small populations.
- Data on incentive measure is provided by the CCO on a whole county basis and does not breakdown the entire EOCCO.
- There are two population centers for Lake County (North and South). The North Lake Clinic in Christmas Valley Is operated by a FQHC based in La Pine which is outside of EOCCO service area.
- Health disparities for Harney are focused on the entire population as living in a Frontier county. The overall population is predominately white.
- LCACs frequently focus on rural versus urban disparity.
- Several LCACs would have preferred greater participation from the Hispanic population during the development of the CHPs. In 2018 EOCCO conducted focus groups in Spanish.
- As populations continue to get smaller in some counties the service area data contains more suppressed data.

12. What successes or challenges has the CCO had in recruiting OHP members that represent communities disproportionately affected by health disparities to the CAC?

- Several LCACs use Community Benefit Reinvestment funds to help engage populations experiencing health disparities.
- Umatilla LCAC has a housing committee.
- The LCAC serves as the Community Advisory Board for the Development Disabilities Program and Community Advisory Board to the Community Mental health Program. These organizations routinely provide updates at LCAC meetings and seek input.
- Gilliam, Sherman, Wheeler, and Harney have Veggie Rx program.
- Lake has Summer Food Program.
- Umatilla has Healthy Fruits and Veggie Program for Families.
- Malheur is seeking to be a pilot for Veggie Rx.
- Baker LCAC provides housing vouchers to OHP members who are homeless or at risk of becoming homeless.
- Union LCAC has the Warming Station and Double Up Food Bucks Program.
- Wallowa provides Food Boxes.
- Harney offers a Landry Voucher Program.
- Development and dissemination of "Frequently Asked Questions" for new OHP members to the LCACs
- Baker LCAC has an OHP consumer subcommittee called Engage 2 Empower (E2E) that meets a week before the LCAC meetings; E2E has produced a resource catalog, by OHP consumers for OHP consumers that is widely distributed within the community and produced quarterly.
- Harney LCAC placed an Ad in local Newspaper to all EOCCO members inviting them to local LCAC.
- Malheur LCAC holds Member engagement meetings each month outside of the regular LCAC meetings to facilitate new member application and attendance, as in each discrete community in their large frontier county.
- Grant LCAC supports local leadership, both the CAC and Chair and Vice chair are OHP members.
- EOCCO has conducted focus groups in all 12 counties and some meetings were conducted in Spanish.
- Attendance at OHA All Day CAC Event training was well attended by EOCCO members.

Alignment, Quality Improvement, Integration

13. Describe how local mental health services are provided in a comprehensive manner. Note: this may not be in the CHP, but may be available via the local mental health authority (LMHA) comprehensive local plan document. The CCO does not need to submit relevant local plan documents.

Between 2018-2020, the EOCCO, through its stakeholders, Greater Oregon Behavioral Health, has increased tele-behavioral health capacity of its' CMHPs. By the conclusion of 2019, at a minimum, each CMHPs will have to be active on a HIPPA compliant tele-behavioral health platform; enabling services as broad as psychiatric assessment through wraparound services to be delivered directly to members' homes.

Additionally, the EOCCO has purchased online evidence-based self-support application "My Strength" to compliment traditional treatment of a variety of behavioral health conditions and promote overall physical wellness as well; this is available to any resident, regardless of insurance status, in the counties EOCCO serves.

The EOCCO utilizes a network of mental health providers that include the Community Mental Health Programs (CMHP's) as well as contracted entities to meet the mental health needs of its members. The EOCCO has LMHA representatives that sit on both the RCAC and the LCACs. Many of these members are also serving on the local mental health authority boards and committees. Through this cross-representation, mental health needs are identified within the communities and this information contributes to the continuous improvement of the service delivery network.

- Eastern Oregon Healthy Living Alliance has Integrated Home Nursing Program.

Progress on Implementation of 2014 CHP Mental Health First Aid training has been identified as an important training priority for community members. Funding has been secured through the OHA CHIP Implementation Grant on behalf of the Eastern Oregon Healthy Living Alliance (EOHLA) to provide Youth, Adult and Law Enforcement Mental Health First Aid training to teachers and law enforcement in targeted areas of Eastern Oregon. GOBHI has certified trainers and is willing to partner with EOHLA to serve these requests. The EOCCO, with managed contracts through GOBHI, has offered Tier 3 (or higher) Patient Centered Primary Care Homes (PCPCH) an additional $4 per member per month contract to increase integration of mental/behavioral services delivered in the primary care setting with establishment of the Collaborative Care Model.

14. If applicable, describe how the CHP work aligns with work through the Transformation and Quality Strategy (TQS) and/or Performance Improvement Projects (PIPs)?

- Transformation Plan Area #1: Integration is described in question 14 of this document.
- Transformation Plan Area #2 & #4: PCPCH are identified and prime conduits for efforts around chronic disease management. Alternate Payment Methodology (APM) is in process as we continue to incentivize on a PMPM basis for integrated mental health services.
- Transformation Plan Area #4: Through Community Health Assessment and Community Health Improvement Plan
- Transformation Plan Area #6: Member engagement, recruitment and new member trainings are addressed in questions 12-13 of this document.
- Transformation Plan Area #6,7,8: Alignment with CHP focus on health equity and cultural competency is mentioned in detail in question 11-13 of this document

15. OHA recognizes that the unique context of each CCO region means there is a continuum of potential collaboration with local public health authorities (LPHAs) and hospital systems on the CHA and CHP. Please choose the option that best applies to your CCO:

☒ CCO's CHA and CHP are a shared CHA and CHP with LPHAs, other CCOs in region, and/or hospital systems. Note which organizations share the CHA and CHP:

- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Not applicable
- Hospital(s): LCAC and CHP are aligned with Baker, Wallowa, Harney and Lake District Hospitals. In Harney County, the Harney LCAC is the implementation Advisory Group for Harney District Hospital's health plan. CHA/CHP is shared with Grande Ronde, Pioneer Memorial Hospital, Good Shepherd Hospital, St. Anthony, and Harney District Hospital.

☐ CCO's CHA is a shared CHA with LPHAs, other CCOs in region, and/or hospital systems, but the CCO has a unique CHP. Note which organizations share the CHA:
- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Not applicable
- Hospital(s): Click or tap here to enter text.

☐ CCO's CHP is a shared CHP with LPHAs, other CCOs in region, and/or hospital systems, but the CCO has a unique CHA. Note which organizations share the CHP:
- LPHA(s): Click or tap here to enter text.
- Other CCO(s): Not applicable
- Hospital(s): Click or tap here to enter text.

☒ CCO's CHA and CHP are a unique CHA and CHP from LPHAs, other CCOs in region, and/or hospital systems, but the CCO collaborated with LPHAs and/or hospital systems in CHA and CHP development. Note which organizations the CCO collaborated with:
- LPHA(s): All 12 LCACs work with LPHAs
- Other CCO(s): Not applicable
- Hospital(s): All 12 LCACs work with hospitals on CHA/CHP work.

☐ Other (please describe): Click or tap here to enter text.

16. If applicable, check which of the upcoming 2020-2024 State Health Improvement Plan (www.oregon.gov/oha/PH/ABOUT/Pages/ship-process.aspx) priorities listed below are also addressed in the CHP.

☐ *Institutional bias*
☒ *Adversity, trauma and toxic stress*
☒ *Economic drivers of health (including issues related to housing, living wage, food security and transportation)*
☒ *Access to equitable preventive health care*
☒ *Behavioral health (including mental health and substance use)*

17. Describe how the CHP work aligns with Oregon's population health priorities included in the State Health Improvement Plan:

In 2014, a 501c3 non-profit to raise funds in support of the EOCCO Regional CHP was created. The Eastern Oregon Healthy Living Alliance (EOHLA) was formed and staffed by an Executive Director, with a

guarantee of three years of support from GOBHI. The Board of Directors consists of recommended partners from each of the 12 LCACs, which provides monthly updates to EOHLA activities at each LCAC meeting. EOHLA's Executive Director has designated time at each RCAC meeting to report EOHLA updates as they align with the RCHP EOCCO has partnership with the primary DCO in eastern Oregon, Advantage Dental, in support for additional funding towards community-based oral health research grants The EOCCO has continued to support community innovation through the LCAC Community Benefit Initiative Reinvestment (originally supported by the OHA), with the intent to provide community-based innovations/solutions to healthcare issues that can have an sustainable impact specific populations within the community .

The RCAC has adopted early learning issues (adversity, trauma, and toxic stress), housing, and food insecurity as part of its regional plan.

18. If applicable, describe how the CCO has leveraged resources to improve population health.

- EOCCO-wide public health service inventory, including an EOCCO Incentive Metric crosswalk, as a resource tool for collaboration and movement with both agencies in meeting the IM targets for 2019
- EOCCO supports and funds population health opt-in grant projects focusing on innovations to population health specific to hypertension and diabetes (Clinical Quality CCO Incentive Measures)
- Eastern Oregon Healthy Living Alliance work includes:
    - A Knight Colon Cancer grant, funds for the Integrated home visiting program, completing Health, Happy, Smiles, and Mental Health First Aide

Social Determinants of Health:

- Information disseminated to 11 LCACs about Non-Emergency Medical Transportation services for OHP members
    - Union and Baker Counties are supported by GOBHI to continue implementing (Union) and pilot (Baker) the Rides to Wellness Program to fund OHP transportation services not eligible for NEMT/Brokerage services, such as: transportation to/from AA/NA meetings, health education programs (Living Well Classes), prescription medication pick up (if not affiliated with medical appointment) and other social activities as recommended by their provider.
- Umatilla, Harney, Gilliam, Sherman, Wheeler, Lake, and Malheur all have leveraged resources around food insecurity programs.
- GOBHI has formed Housing Committee and is investing in resources both internally and externally into improving housing issues.

19. How else has the CHP work addressed integration of services?

- Oral health services for children are integrated in public health (or affiliated) settings, including WIC and Head Start.
- Integrated Home Nursing Program offered by EOHLA
- EOCCO and Early Learning Hubs.
- EOCCO Transportation program.