



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. It is intended that this Plan will outline priorities and actionable strategies for EOCCO to implement in 2025 (and beyond) 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.

Since August of 2022, 262 EOCCO members have been screened for social needs through the AHC Social Needs Screening Project¹. Of the members screened, 231 (88%) screened positive for social needs with 72% 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%)
- Transportation related needs (56%)
- Housing/shelter related needs (52%)
- Utility related needs (35%)
- Safety related needs (8%)

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 8.22.22-8.26.24.

EOCCO conducted a REALD analysis on AHC Social Needs Screening Project data. 50.6% of members screened through the AHC Social Needs Screening project identified Hispanic and Latino/a/x as their primary racial/ethnic identity (n=102). 90.2% 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	6	2.99%	6	100%
American Indian and Alaska Native: Alaska Native	1	0.50%	1	100%
American Indian and Alaska Native: American Indian	5	2.49%	5	100%
Asian: Cambodian	1	0.50%	1	100%
Black and African American: African American	2	1.00%	1	50%
Did not want to answer	1	0.50%	1	100%
Hispanic and Latino/a/x	102	50.76%	92	90.2%
Hispanic and Latino: Central American	5	2.49%	5	100%
Hispanic and Latino: Mexican	73	36.32%	66	90%
Hispanic and Latino: Other Hispanic or Latino/a/x	22	10.95%	19	86%
Hispanic and Latino: South American	2	1.00%	2	100%
N/A	1	0.50%	1	100%
Native Hawaiian and Pacific Islander: Marshallese	1	0.50%	1	100%
Other categories: Don't know	42	20.90%	27	64%
Other categories: Don't want to answer	1	0.50%	1	100%
White	44	21.89%	41	93.1%
White and African American	1	0.50%	1	100%
White: Eastern European	3	1.49%	3	100%
White: Other White	23	11.44%	22	96%
White: Slavic	2	1.00%	2	100%
White: Western European	11	5.47%	9	82%
Total	201		172	

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. Of

note, both Umatilla and Malheur counties have a higher prevalence of transportation related needs compared to housing among members screened through the AHC Screening Project.

County	Total screenings	Food	Housing	Transportation	Safety	Utilities
Baker	20	16 (80%)	14 (70%)	12 (60%)	1 (5%)	9 (45%)
Gilliam	2	2 (100%)	0	0	0	1 (50%)
Grant	5	4 (80%)	3 (60%)	2 (40%)	1 (20%)	1 (20%)
Harney	8	4 (50%)	3 (37.5%)	4 (50%)	0	2 (25%)
Lake	3	2 (66.7%)	3 (100%)	2 (66.7%)	0	1 (33/3%)
Malheur	43	32 (74.4%)	18 (41.68%)	22 (51.16%)	1 (2.33%)	14 (32.6%)
Morrow	20	13 (65%)	6 (30%)	8 (40%)	2 (10%)	3 (15%)
Umatilla	121	92 (76%)	51 (42.2%)	62 (51.2%)	9 (7.4%)	39 (32.2%)
Union	36	21 (58.3%)	20 (55.6%)	16 (44.4%)	3 (8.3%)	12 (33.3%)
Wallowa	3	2 (66.7%)	2 (66.7%)	1 (33.3%)	1 (33.3%)	0
Wheeler	1	1 (100%)	1 (100%)	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. Since the launch of Unite Us in Eastern Oregon in April of 2022, there have been 488 clients served through the Unite Us platform with a total of 2,223 referrals made [with an average of 4.6 referred cases per client].

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

Service Type	Number of Referred Cases	Percent of Total Referred Cases (n= 2,223)
Food Assistance	766	34.46%
SNAP/WIC/Other nutrition benefits		15%
Emergency Food		10%
Housing and Shelter	500	22.49%
Rent/Mortgage Payment		12%
Emergency Housing		2%
Transportation	327	14.71%
Ride Coordination		9%
Transportation Expense assistance		4%
Utilities	312	14.04%
Clothing and Household Goods	85	3.82%

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, 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 October 2024, there are 182 organizations onboarded to **Unite Us** located in the Eastern Oregon region. These organizations offer a total of 377 programs, 81.2% (n=306) 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 2023, there has been a 46% increase in the number of programs that onboarded to Unite Us in Eastern Oregon, and a 20% 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=182)
Individual and Family support	93	51.01%
Physical Health	76	41.76%
Wellness	46	25.27%
Mental/Behavioral Health	46	25.27%
Education	46	25.27%
Food Assistance	43	23.63%
Benefits Navigation	43	23.63%
Social Enrichment	40	21.98%
Housing & Shelter	40	21.98%
Substance Use	26	14.29%

**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, wellness, and individual and family supports. Only 23.63% of organizations onboarded to Unite Us provide Food assistance services, with 34.46% of clients served through Unite Us identified as having a food-related need. Additionally, there is a lack of organizations on the Unite Us platform that provide transportation services or supports, with 14.71% of clients served through Unite Us identified as having a transportation-related needs.

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. As of October 2024, 1,072 total referrals (representing 43.7% of all referrals made in the Unite Us platform) were rejected by the referral receiving organization. The type of referrals most commonly rejected by service type include: Food assistance (40% of all food assistance referrals rejected), Housing and shelter (60% of all housing referrals rejected), Transportation (47% of all transportation referrals rejected), and Utilities (60% of all utility referrals rejected). The most commonly indicated reason for referral rejection by receiving organizations includes the client not being eligible for the organization’s services (43.6%) primarily due to the client living outside the organization’s service area. This data indicates that organizations providing food, housing/shelter, and/or transportation related services may not have the current capacity to meet the prevalent needs of clients through Unite Us and could be limiting their eligibility criteria to only serve clients located within their county.

To help address information gaps in existing services across the Eastern Oregon region, EOCCO developed a [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, 111 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	17	11	4	1
Morrow	11	8	4	4
Sherman	9	8	3	2
Umatilla	25	18	10	4
Union	19	16	4	3
Wallowa	15	8	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]. As of November 2024, 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

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 2024, EOCCO awarded \$1.86 million in CCBF grant funding to 13 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	7
Asian Communities	4
Black/African American Communities	4
Latino/a/x Communities	11
LGBTQIA2S+ Communities	8
Immigrant and Refugee Communities	7
Houseless Communities	13
Pacific Islander Communities	7
People with Disabilities	7
People with Behavioral Health Conditions	7
Rural Communities	13
Farmworkers	1
People living with HIV	1

Primary Languages Services or Outreach Provided in by CCBF Applicant Organizations	
English	5
Spanish	12
Marshallese	3
Mam	2
Q'Anjobal	1
Quiche	1
Chuukese	2
Arabic	1
Somali	1
Vietnamese	1
Russian	1
Palauan	1
Pohnpeian	1
Sign Language	1

CCBF applicant organization 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 Applicant Organizations	
Technology	10
Development of Business or Operational Practices	9
Workforce Development	11
Outreach, education, and convening	14

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 2024, EOCCO awarded just over \$2 million dollars (\$2,051,028) 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 below].

2024 SHARE Funded Projects by SDoH-E Domain

Housing	
Permanent supportive housing	1
Emergency Shelter	2
Transitional Housing	2
Rental assistance	1
Total:	6
Food	
Food insecurity	6
Food pantry	1
Cooking classes and nutrition education	2
Home delivered meals	3
Frontier Veggie Rx program	7
Community garden	1
Total:	20
Transportation	
Transportation to community events	1
Transportation assistance for non-medical transportation costs	1
Car seat program	1
Total:	3

There were seven 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.

The Frontier Veggie Rx program currently operates in Baker, Gilliam, Harney, Lake, Malheur, Sherman, and Wheeler counties, and provides 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.

Outlined below are the capacity-building strategies that EOCCO will prioritize starting in 2025:



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 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 supports to our THW/CHW network
- Navigating CBOs to EOCCO funding opportunities available [CCBF, 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
- Expansion of Outreach & Engagement (O&E) definition/scope within HRSN to include reimbursement for activities related to conducting SDoH screenings for EOCCO members
 - Reimbursement opportunities for enrolled and contracted HRSN service providers
- 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 Quality Improvement Team
- EOCCO Traditional Health Worker Liaison



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.

EOCCO's next CCBF grant cycle will open in Spring of 2025. In early 2025, EOCCO will focus on outreaching to, and engaging with, local CBOs and agencies to identify potential HRSN service provider partners. EOCCO will leverage CCBF funding as a pathway to support organizations in building the capacity to deliver the HRSN benefit as well as other critical SDoH services/supports within communities.

Action Items within this strategy include:

- Modifying the the CCBF application to include implementation of SDoH screening and referral workflows within the scope of HRSN projects
 - Encouragement of CCBF awardees to implement SDoH screenings/assessments as part of their HRSN outreach & engagement workflows

- Conducting outreach to local CBOs who could provide climate, housing, nutrition, or outreach and engagement as an HRSN service provider with a focus on engaging CBOs that provide culturally and linguistically specific services to priority populations
- Assessing current capacity of engaged CBOs to provide HRSN benefits through the “CCBF Readiness Assessment” survey
- Identifying organizations who would be a good fit for CCBF funding and providing tailored/individualized CCBF application support to those organizations
- Tracking the capacity needs identified by applicant organizations [technology, development of business or operational practices, workforce development, and outreach, education & partner convening] and using that data to inform the future development of other CCO-level funding pathways or initiatives to support prevalent capacity needs

EOCCO Staff/Departments Involved in this strategy include:

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



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.

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. To intentionally align SHARE with HRSN and the SDoH Incentive measure, EOCCO plans to revise the 2025 SHARE RFA to include questions related to provision of housing, food, transportation or climate services by applicant organizations. It’s intended that explicitly writing these SDoH domains into the RFA will help encourage organizations that provide those services/resources to apply for SHARE and help identify organizations for partnership in HRSN or SDoH Incentive Measure related work.

Action Items within this Strategy Include:

- Revising the 2025 SHARE RFA to include question(s) related to applicant organization’s provision of housing, food, transportation or climate resources
- Advertising 2025 SHARE RFA through a range of local community channels and groups, 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 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 Team
- EOCCO Operations [HRSN Program Manager and Operations Specialist]
- EOCCO Quality Improvement Team



Strategy #4: 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. To support increased access to the Frontier Veggie Rx program for EOCCO members, EOCCO will focus on developing standardized referral pathways to the program within Unite Us. Additionally, it's intended that onboarding the Frontier Veggie Rx program to Unite Us will help address the current gaps in the number of organizations that provide food services/resources on the platform and bolster the capacity to address the food related needs of clients served through Unite Us.

Action Items within this strategy include:

- Create a Frontier Veggie Rx program under EOCCO's organization within Unite Us with the configuration to accept internal (EOCCO originating) and external referrals (CBO or other Unite Us user originating)
 - Create an internal referral pathway with the AHC Screening Program in Unite Us to allow direct referral of EOCCO members who screens positive for a food related need
- Onboard the Frontier Veggie Rx program prescribers as licensed *Referral Users* under the Veggie Rx program in Unite Us
- Host a Unite Us overview training for 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 to the Frontier Veggie Rx program to include an attached SDoH screening indicating a food related need to assist with program eligibility screening and to help impact the SDoH Incentive Measure

EOCCO Staff/Departments Involved in this strategy include:

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



Strategy #5: Increase member and community partner awareness surrounding, and utilization of, EOCCO NEMT services for non-medical SDOH-E related rides.

Across the EOCCO service area, there are few organizations that provide transportation related services and supports for non-medical related rides/transport. As AHC Screening Project and Unite Us referral data illuminates, transportation related needs are prevalent among EOCCO members [56% of EOCCO members screened through the AHC project identified a transportation related need] and across the EOCCO region. EOCCO's Non-Emergent Medical Transportation (NEMT) program has developed a policy related to utilizing HRS/Flex Funds to provide transportation to members for SDOH-E related non-covered services [See Appendix II]. EOCCO intends to leverage NEMT rides through HRS/Flex Funds to help address current transportation service gaps in Eastern Oregon while efforts to bolster the capacity of local organizations that provide transportation services are ongoing.

Action Items within this strategy include:

- Updating EOCCO's *NEMT Free Ride Guide* and *Free Ride Program Flyer* to include information on the availability of NEMT services for SDOH-E related rides for EOCCO members
- Developing internal protocols/procedures for the AHC Screening Team to help reserve SDOH-E related rides for EOCCO members through NEMT
- Creating a messaging and communications plan to educate local CBOs, service agencies, and health care clinics/providers on the availability of EOCCO's NEMT services for SDOH-E related rides
- Continued efforts to bolster the NEMT driver workforce in Eastern Oregon through recruitment strategies
 - Including exploration of partnerships with local CBOs or agencies that provide transportation related services in the Eastern Oregon services area [as identified in EOCCO's Community Resource Guide]

EOCCO Staff/Departments Involved in this strategy include:

- EOCCO NEMT Program Manager
- EOCCO Physical Health Case Management [HRS/Flex Services]
- EOCCO Health Equity Administrator
- EOCCO Quality Improvement Team



Strategy #6: 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 help build 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
- 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 to help socialize the platform

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

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 2025, with the opportunity for plan revision to occur throughout the year as challenges or newly developed SDoH/HRSN strategies arise.

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

Appendix II. EOCCO NEMT Flex Funds Policy



Origination 04/2022
Last Approved 06/2024
Effective 06/2024
Last Revised 06/2024
Next Review 06/2025

Owner Kris Boler: GOBHI
NEMT Manager
Area EOCCO NEMT
Applicability EOCCO Medical/
Dental/
Behavioral Health
References Finances,
NEMT

EOCCO NEMT Flex Funds

I. Policy Statement and Purpose

EOCCO NEMT will use Flex Funds to provide transportation to members for certain non covered services. These services are for Social Determinants of Health and Equity (SDOH-E).

II. Definitions

- A. **APD:** Aging and People with Disabilities
- B. **DHS:** Department of Human Services
- C. **NEMT:** Non Emergency Medical Transportation
- D. **SNAP:** Supplemental Nutrition Assistance Program
- E. **Social Determinants of Health and Equity (SDOH-E):** Refer to the social, economic, and environmental conditions in which people are born, grow, work, live, and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities; the social determinants of equity refer to systemic or structural factors that shape the distribution of the social determinants of health in communities; health-related social needs refer to an individual's social and economic barriers to health, such as housing instability or food insecurity.
- F. **TANF:** Temporary Assistance for Needy Families

III. Procedure

- A. Rides will be approved by the Senior Brokerage Intake Specialist, the NEMT Senior Supervisor or the CFO (Chief Financial Officer).

B. The four key domains of SDOH-E are:

1. Neighborhood and Built Environment:

- a. Rides to fill out rental applications
- b. Rides for rental assistance
- c. Rides to apply for heating/cooling assistance
- d. Rides for domestic violence survivors to seek assistance such as applying for a restraining order, attending court for domestic violence related issues.

2. Economic Stability:

- a. Rides to apply for unemployment
- b. Rides to job interviews
- c. Rides to APD/DHS for TANF, SNAP and other benefits

3. Education:

- a. Rides to parenting classes
- b. Rides to health promotion classes
- c. Rides to living well with chronic disease classes
- d. Rides to diabetes prevention classes

4. Social and Community Health:

- a. Rides to pick up glasses
- b. Rides to congregate meal sites
- c. Rides to pick up groceries
- d. Rides to screenings for Social Security
- e. Rides to drop off and pickup members who are children at daycare
- f. Rides to Narcotics Anonymous/Alcoholics Anonymous
- g. Rides to take members who are children to camps
- h. Rides to Shelters

5. Other situations, not explicitly listed above that also address SDOH-E factors, may also be approved by Sr. Brokerage Intake Specialist, NEMT Supervisor or NEMT manager.

C. Rides will be booked into Ecolane using the pay code EOCCO Flex and the appropriate purpose code.

1. Purpose codes will correspond with the key domains of SDOH-E.

D. The same driver requirements, vehicle/equipment standards, safety measures, as well as, member reimbursements, rights and responsibilities are required for non-covered services as required for covered services.

- E. NEMT Manager will provide finance with a monthly report of rides booked. Finance will invoice EOCCO in the appropriate way to ensure allocation of funds is charged to EOCCO Flex Funds.
- F. NEMT brokerage staff consult with Sr. Brokerage Intake Specialist, NEMT Supervisor or NEMT manager for technical assistance to determine EPSDT coverage versus Flex Fund options. Staff may also refer to EOCCO EPSDT Policy for additional EPSDT coverage details. NEMT provides and arranges rides for members under age 21 for EPSDT services upon request.

IV. Related Policies & Procedures, Forms and References

- A. EOCCO Early and Periodic Screening, Diagnostic and Treatment Policy (EPSDT)
- B. EOCCO NEMT Policy
- C. EOCCO OHA Contested Case Hearings Policy

V. Affected Departments

- A. EOCCO NEMT

Approval Signatures

Step Description	Approver	Date
EOCCO QIC Policy Subcommittee	Becky Miller: GOBHI Policy Analyst	06/2024
	Kris Boler: GOBHI NEMT Manager	06/2024

Applicability

EOCCO, GOBHI