2020 EOCCO Exhibit M Metrics Report

Greater Oregon Behavioral Health Inc.

GOBHI Analytics

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EXECUTIVE SUMMARY

Introduction

Eastern Oregon Coordinated Care Organization (EOCCO) is one of 15 coordinated care organizations (CCOs) across the state of Oregon contracted to manage benefits for individuals enrolled in the Oregon Health Plan (OHP). As a partner and majority owner of EOCCO, Greater Oregon Behavioral Health, Inc. (GOBHI) is tasked with delivering the mental health and substance use disorder benefits for individuals enrolled in the CCO, as described in Exhibit M of the CCO contract. Based on recommendations from the Oregon Health Policy Board, an increased emphasis on the areas of behavioral health service delivery and quality metric tracking were integrated in the 2020 iteration of the Oregon Health Authority's (OHA) CCO contracts. GOBHI and its partners have worked diligently over the past two years to develop reporting and tracking mechanisms to support this especially important work and establish compliance with the new deliverables defined in Exhibit M.

In 2020, 12,660 unique members received behavioral health services through care managed by GOBHI.

GOBHI is committed to using data and analytics to track and improve outcomes for the 12.9% of our members who were engaged in behavioral health services this last year and to aid in expanding access to quality services for all of our enrollees.

Report Overview

This report describes current progress of EOCCO in key behavioral health service delivery metrics identified in OHA's 2020 CCO Behavioral Health Report as well as other areas of Exhibit M of the CCO 2.0 contract effective 1/1/20. The purpose of the document is to better understand the current landscape of behavioral health services being delivered in the Eastern Oregon region and be able to identify areas for quality and access improvement. This report begins by highlighting high-level CCO metrics surrounding cost and utilization in the behavioral health sphere and later analyzes the delivery of specific behavioral health services emphasized in the CCO contract. In particular, peer delivered services, wraparound service delivery, and care for adults with Serious and Persistent Mental Illness (SPMI) are featured. The majority of data covered in this report centers on the calendar year of 2020, and thus much of the analysis includes mention of the unique challenges brought on by the COVID-19 pandemic and its effects on delivery of care.

BACKGROUND AND METHODOLOGY

The first version of OHA's CCO Behavioral Health Report was developed in 2020 by OHA's Health Policy and Analytics division in partnership with CCO Behavioral Health Directors across the state and published in March 2021. The contents of that report served as an initial model for the focus areas in this document, however the methods and contents of this document differ based on data sourcing and alignment with other identified contract deliverable by GOBHI. Data included in this document come from the following sources:

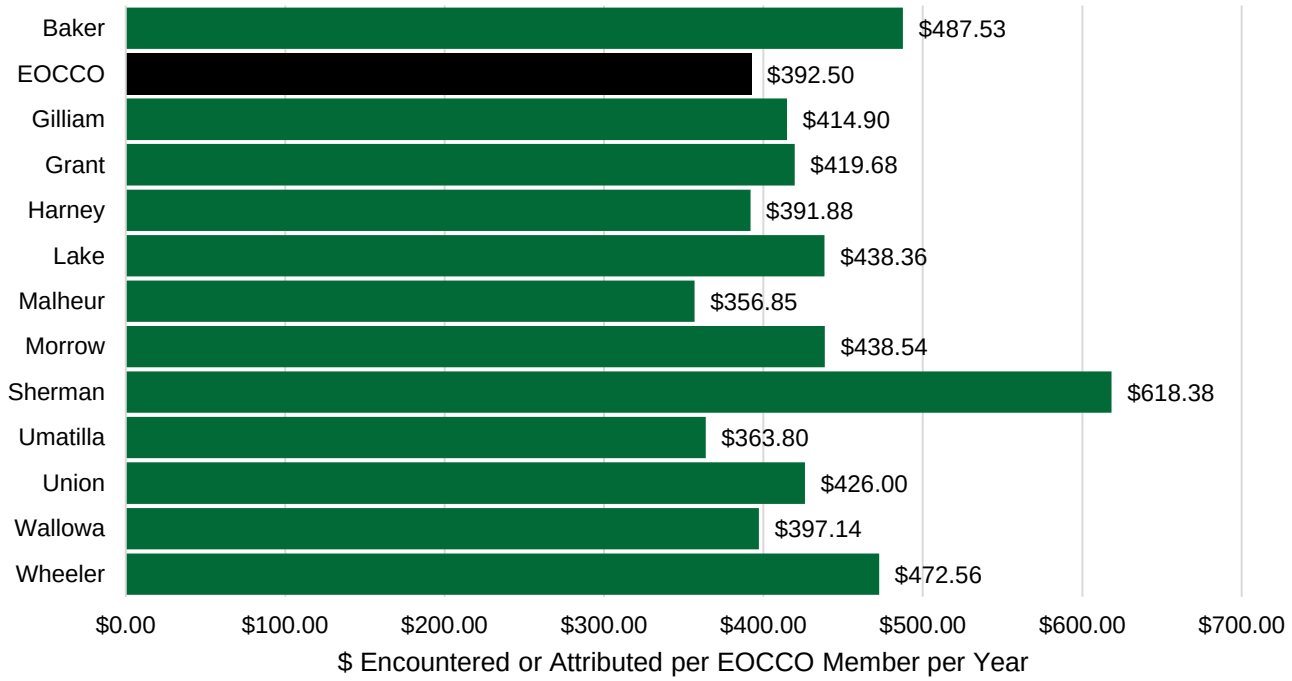
- EOCCO behavioral health encounter data from 837 claims stored on GOBHI's data warehouse.
- Behavioral health authorization, denial, and care management data sourced from EOCCO's utilization management software, HMS Essette.
- EOCCO member enrollment data sourced from 834 eligibility files stored on GOBHI's data warehouse.
- Emergency department utilization data sourced from the Emergency Department Information Exchange (EDIE) and Collective Medical system.
- Internal wraparound care management data tracking tools.
- Adult criminal case data sourced from the State of Oregon Office of the State Court Administrator in collaboration with the Oregon Center on Behavioral Health and Justice Integration.

This report focuses on metrics from the 2020 calendar year and includes data defined by the services rendered, members with active enrollment, and authorizations reviewed during the time period of January 1st of 2020 to December 31st of 2020.

COST AND UTILIZATION

Behavioral health services in the EOCCO region are funded through a variety of reimbursement methodologies aimed at providing funding sustainability while incentivizing quality of care in our communities. The majority of funds are distributed through Per Member Per Month (PMPM) sub-capitation payments within our network of contracted Community Mental Health Programs (CMHP) and Patient Centered Primary Care Homes (PCPCH) based on the member populations in the regions they serve. Remaining contracts operate on Fee-For-Service (FFS) agreements with providers, most of which are for providing higher levels of care and receive additional support from EOCCO's Utilization Management team. This mix of agreements, along with Value Based Payment initiatives, aims to provide cost controls and encourage quality improvement efforts.

Figure 1: 2020 Estimated Average Annual Behavioral Health Service Cost per Member



Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20

Figure 1 details the estimated average annual behavioral health service cost per EOCCO member, separated by county. The estimated cost of behavioral health services is calculated based on encountered dollar amounts, sub-capitated payments, and EOCCO membership during the year. This data highlights the complexities and variability of administering services in rural and frontier communities with costs ranging from $618.38 in Sherman County to $356.85 in Malheur County. The 2020 CCO Behavioral Health report provides a statewide estimated OHP cost at $292.80 per member per year (based on a $24.40 PMPM), which is far below EOCCO's estimate cost. These calculations likely vary and GOBHI aims to align cost estimate methodology with OHA in subsequent reports as soon as technical specifications and additional guidance is shared with CCOs.

189,054 Behavioral Health services delivered to our members

89% of BH services were delivered in a community-based setting

Providers delivered $28,751,979 in encountered BH services in 2020

Despite the unique challenges presented by the COVID-19 pandemic, 12.9% of all EOCCO members received a behavioral health service in 2020 and 89% of those services were delivered in a community-based setting. Table 1 below describes EOCCO member engagement in outpatient mental health and substance use disorder treatment, grouped by county and age. According to the 2021 State of Mental Health in America Report compiled by Mental Health America, an estimated 22.45% of adult Oregonians experienced mental illness in the last year and 9.94% of adult Oregonians reported having substance use disorder. Both estimates of need far eclipse the 13.2% and 6.0% of EOCCO adults engaged in each respective outpatient treatment.

Table 1: Percentage of EOCCO Members Receiving Outpatient Treatment in 2020

County	Percentage of Adults Receiving Outpatient Mental Health Treatment	Percentage of Adults Receiving Outpatient Substance Use Disorder Treatment	Percentage of Members Under 18 Receiving Outpatient Mental Health Treatment	Percentage of Members Under 18 Receiving Substance Use Disorder Treatment
Baker	20.1%	8.4%	14.6%	0.8%
Gilliam	19.5%	4.5%	13.2%	0.0%
Grant	15.1%	7.2%	10.3%	0.7%
Harney	11.6%	5.2%	5.9%	0.6%
Lake	14.0%	5.9%	9.5%	0.2%
Malheur	11.0%	3.5%	5.1%	0.6%
Morrow	13.3%	5.4%	8.6%	0.2%
Sherman	15.9%	4.3%	16.6%	0.6%
Umatilla	12.2%	6.3%	7.4%	0.3%
Union	14.1%	7.9%	10.7%	0.6%
Wallowa	15.1%	5.8%	10.4%	0.2%
Wheeler	8.2%	1.6%	6.0%	0.0%
EOCCO	**13.2%**	**6.0%**	**8.1%**	**0.4%**

Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20 (N= 66,287 members)

BEHAVIORAL HEALTH SERVICE DELIVERY

This section outlines progress in specific behavioral health service categories identified as areas of critical need across the state of Oregon and which EOCCO is engaged in quality improvement and expansion efforts as part of our work under Exhibit M of the CCO contract.

Assertive Community Treatment

Assertive Community Treatment (ACT) is a specialized model of treatment and service delivery designed to provide comprehensive community-based mental health services to persons with serious and persistent mental illness (SPMI) who are at least 18 years of age, have severe functional impairments, and who have not responded to traditional psychiatric outpatient treatment or less intensive non-standard levels of outpatient mental health treatment. GOBHI continues to expand the availability of ACT services and assist our members in maintaining community tenure, reducing their utilization of higher levels of care, and limiting potential involvement in the criminal justice system.

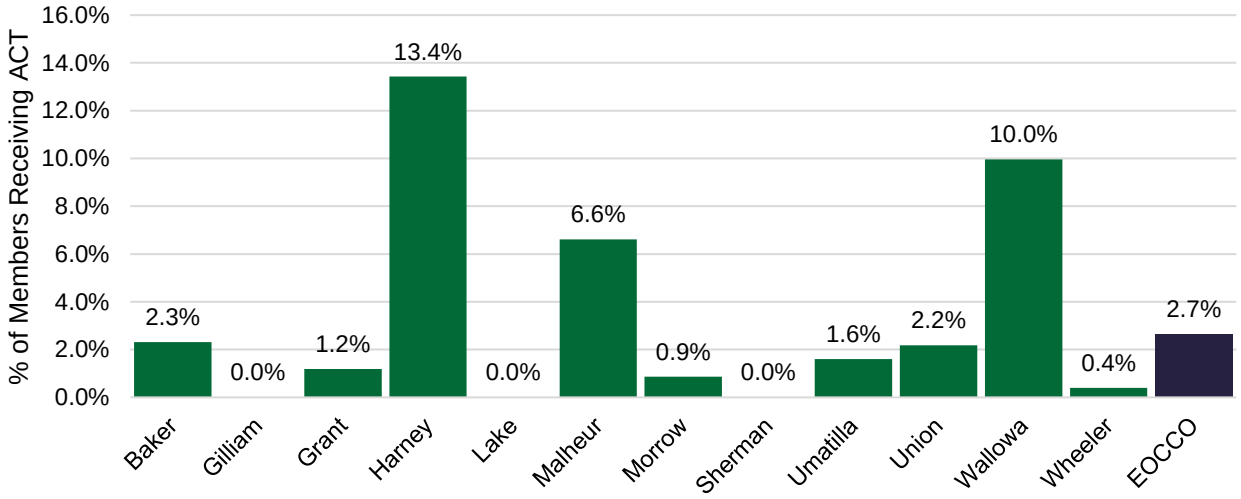
Table 2: ACT Services Delivered in 2020

County	EOCCO Members Served by ACT	# of ACT Services Delivered
Baker	16	659
Gilliam	0	0
Grant	2	116
Harney	29	1,237
Lake	0	0
Malheur	15	1043
Morrow	7	200
Sherman	0	0
Umatilla	26	1,461
Union	14	824
Wallowa	22	2,361
Wheeler	1	8
EOCCO	**132**	**7,909**

Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20

Data in Table 2, as well as in Figure 3 below, detail the utilization of ACT services by EOCCO members with an identified SPMI diagnosis. Low utilization of, and enrollment in, ACT services are especially pronounced in some of the smallest, frontier communities including Gilliam, Lake, and Sherman counties which all did not serve ACT clients in 2020. Conversely, members in Harney, Wallowa, and Malheur counties accessed ACT services at rates far higher than the EOCCO average in 2020 with 13.4%, 10.0%, and 6.6% of members with an identified SPMI diagnosis in those counties receiving treatment. In this regard, EOCCO as a whole outperforms the state average of 1.3%, based data contained OHA's 2020 CCO Behavioral Health Report. During that reporting period in the first two quarters of 2020, EOCCO had the third highest rate of members with SPMI engaged in ACT services of the 15 CCOs.

Figure 2: Percentage of Members with a SPMI Diagnosis Receiving ACT Services in 2020

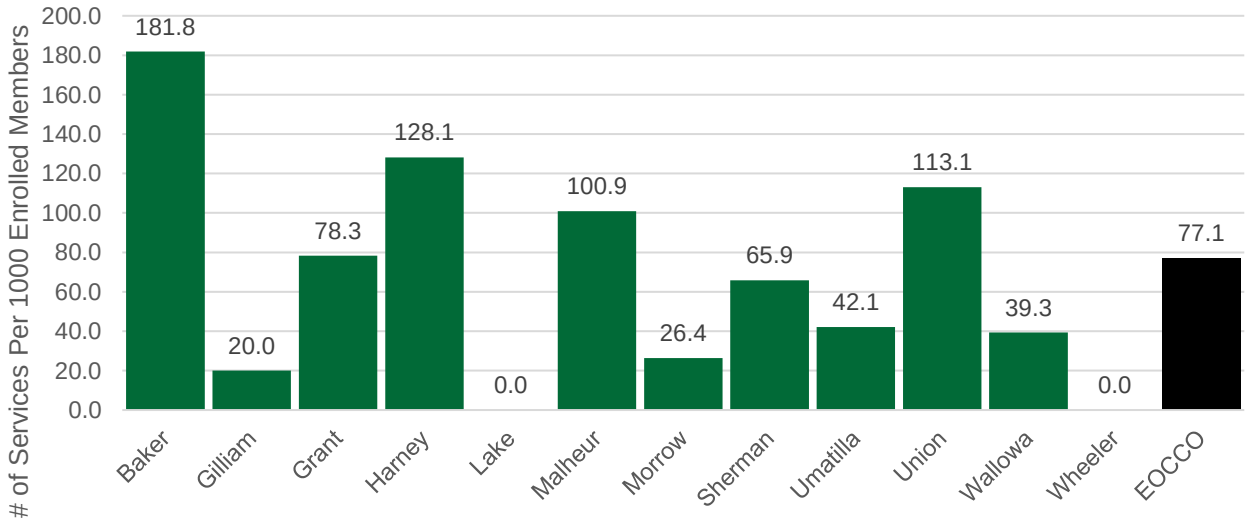


Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20 (N=132 members served)

Supported Employment

GOBHI seeks to continue to strengthen and expand access to supported employment (SE) services which provide vital individualized care assisting individuals to obtain and maintain integrated, paid, competitive employment. Similar to ACT, access to SE services in our less populated and more rural communities lag behind others. Figure 3 compares the number of SE services delivered in 2020 per 1000 member population with Baker County having the highest rate with 181.8 services per 1000 enrolled members and Lake and Wheeler Counties both not providing any SE services in 2020. 288 EOCCO members received supported employment services in 2020 and the CCO outperformed the state average in engagement of SPMI clients in SE services with the third highest rate of the 15 CCOs.

Figure 3: Number of SE Services Delivered in 2020 (per 1000 enrolled member rate)



Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20 (N=288 members served)

Peer Delivered Services

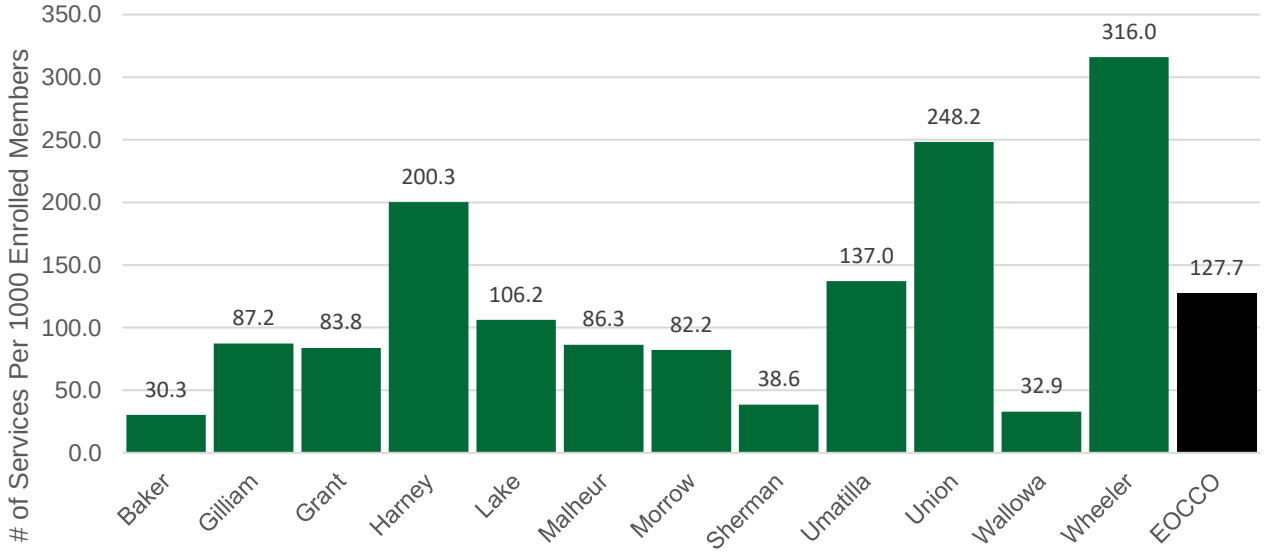
Through our Peer Services program, GOBHI supports our providers and healthcare partners within the EOCCO service area in the recruitment and training of Traditional Health Workers (THWs). Our staff serve in leadership roles to promote and expand the utilization and capacity of state-certified THWs throughout the region. Peer delivered care plays an important role in our behavioral health network delivery and in expanding member access to outpatient services. Table 3, as well as Figure 4, analyze the utilization of peer delivered MH and SUD services by EOCCO members in 2020. Despite the many barriers to care created by the COVID-19 pandemic, EOCCO saw an increase in the number of peer delivered services provided in our 12 county region compared to the previous year with 8,468 services being encountered in 2020. 6.0% of EOCCO members received a peer delivered service between 1/1/20 and 6/30/20, slightly above the state rate of 5.6%.

Table 3: Members Receiving Peer Delivered MH and SUD Services in 2020

County	EOCCO Members Receiving MH Services from a Peer	EOCCO Members Receiving SUD Services from a Peer
Baker	11	20
Gilliam	7	0
Grant	14	24
Harney	31	0
Lake	17	1
Malheur	62	6
Morrow	22	4
Sherman	2	0
Umatilla	112	231
Union	137	174
Wallowa	5	23
Wheeler	10	0
EOCCO	**430**	**483**

Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20

Figure 4: Number of Peer-Delivered Services Delivered in 2020 (per 1000 enrolled member rate)



Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20 (N=913 members served)

Wraparound Services

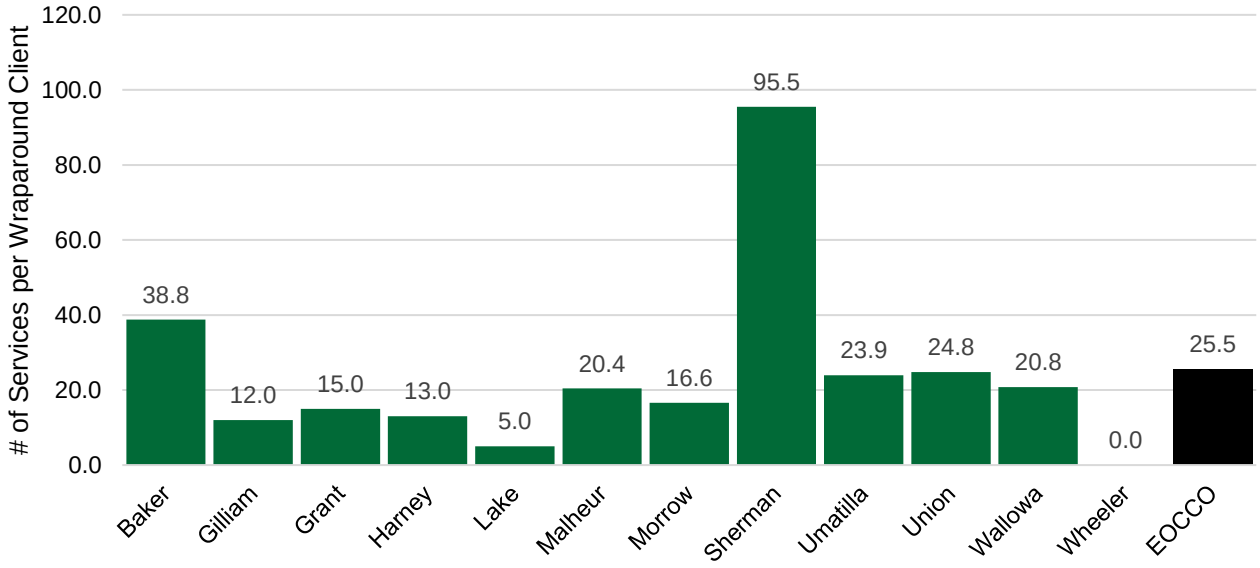
CCO contract deliverables and CCO behavioral health reporting requirements both place particular weight on tracking metrics focused on youth and families enrolled in wraparound services. Wraparound is team-based planning process involving members 0-17 years of age and their families that results in a unique set of community services, and services and supports individualized for that member and family to achieve a set of positive outcomes. 155 EOCCO youth and their families were engaged in wraparound services during the year, and 95% of EOCCO members who were determined to meet criteria for wraparound eligibility were able to be enrolled in services. Table 4, as well as Figure 5 below, outline utilization of wraparound services across our 12 county service region and include the number of members enrolled, % of members in that age category served, and the number of services provided per youth.

Table 4: EOCCO Members Enrolled and Receiving Wraparound Services in 2020

County	Members Aged 4-17	Enrolled in Wraparound Services	% Served
Baker	1,288	27	2.10%
Gilliam	107	1	0.90%
Grant	497	3	0.60%
Harney	735	4	0.50%
Lake	765	4	0.50%
Malheur	4,597	25	0.50%
Morrow	1,162	7	0.60%
Sherman	112	2	1.80%
Umatilla	8,853	42	0.50%
Union	2,766	32	1.20%
Wallowa	770	8	1.00%
Wheeler	120	0	0
EOCCO	**21,780**	**155**	**0.70%**

Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20

Figure 5: Wraparound Services Delivered per Member Enrolled in Wraparound Services in 2020



Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20 (N=155 members served)

Criminal Justice Interaction

GOBHI and our partners recognize that in order to keep members engaged and successful in community-based treatment, it is vital to understand the frequency and types of interactions individuals have with law enforcement and the criminal justice system. Through data collected in partnership with the Oregon Center on Behavioral Health and Justice Integration (a specialized division within GOBHI), EOCCO has piloted in several counties, integrating jail and court information into our behavioral health reporting to help identify areas of potential collaboration and intervention. Some initial analysis from those efforts related to EOCCO members are highlighted below:

Jail Intercept:

A one day point-in-time census of all jail rosters in the Eastern Oregon 12 county region performed during the spring of 2021 found that 47% (135) of those jailed were EOCCO members and of those jailed members, 70% (94) had received a BH service in 2020.

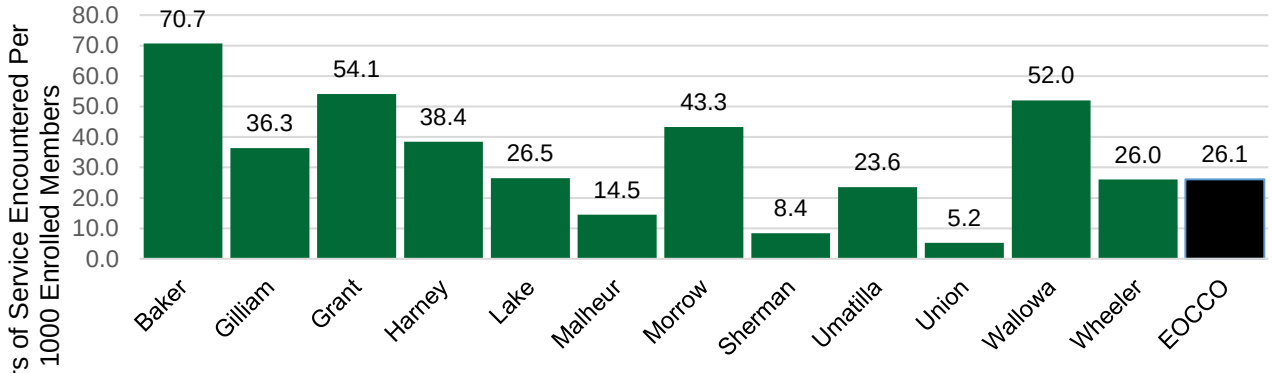
Court Intercept:

Utilizing 2020 adult criminal case data supplied by State of Oregon Office of the State Court Administrator, analysis found that 4.1% (1,530) of all adult EOCCO Members had a criminal case filed in 2020, and that 43.1% of those members received services through the emergency department (ED) in 2020.

Crisis Services

GOBHI supports our CMHP partners in coordinating responses to behavioral health crises at the location in the community where the crisis arises within either 1, 2, or 3 hours based on the location's designation as either urban, rural, or frontier. Additionally, CMHPs provide mobile crisis services in our communities 24/7- designed to respond to members in crisis out in the community and avoiding a trip to the local emergency department (ED).

Figure 6: Hours of BH Crisis Services Encountered in 2020 (per 1000 enrolled member rate)



Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20 (N=636 members served)

GOBHI supported CMHPs in coordinating 1,455 crisis services for 636 members in 2020. From Figure 6, we can see the rate of crisis service delivery varies widely across our region and GOBHI is working to address barriers to accessing crisis services for members, regardless of where they live.

Acute/Sub-Acute/Inpatient Care

Table 5: EOCCO Members Receiving BH Services in an Acute/Sub-Acute/Inpatient Setting in 2020

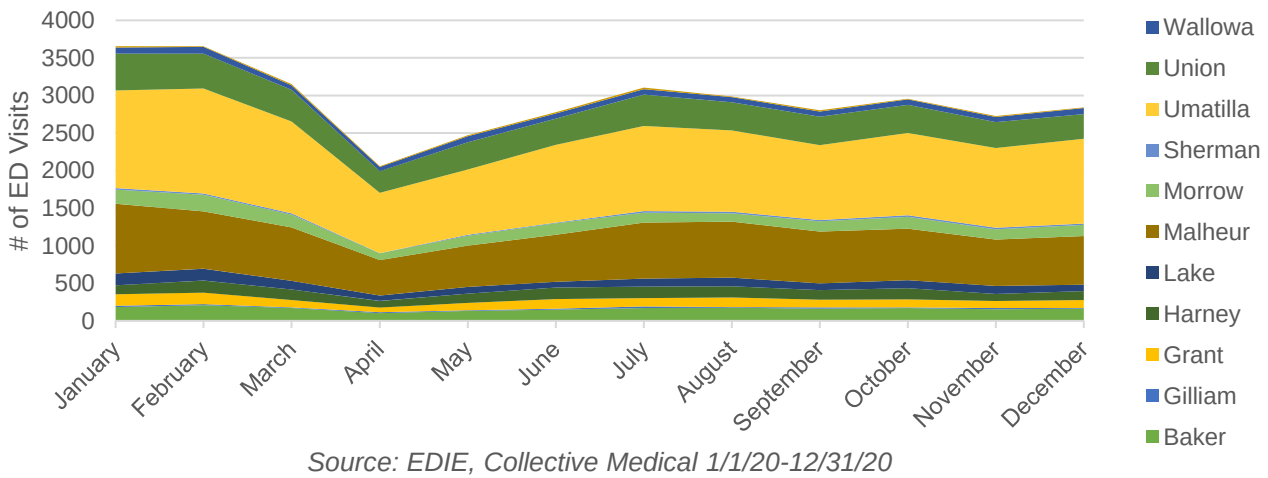
County	Members Receiving Services	Days of Service
Baker	17	81
Gilliam	0	0
Grant	3	17
Harney	1	1
Lake	5	163
Malheur	38	354
Morrow	2	101
Sherman	1	2
Umatilla	29	334
Union	19	282
Wallowa	6	97
Wheeler	1	6
EOCCO	**122**	**1,438**

Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20

GOBHI oversees care coordination activities for EOCCO members throughout the system, at all levels of care, and over multiple episodes of care, including outside the service area. Our aim is to avoid and limit a member's need for interacting with higher levels of care, including behavioral health services delivered in acute, sub-acute, and inpatient settings and keep them stable in the community. Table 5 details the number of members needing to receive this level of care in 2020 as well as the number of days individuals spent in these settings. Of EOCCO members who received a BH service in 2020, the top 1% in incurred BH cost accounted for 17% of all BH health service costs for EOCCO with much of that cost coming from higher levels of care. Providing effective support and care coordination for our most vulnerable members helps to avoid lengthy stays in acute/sub-acute/inpatient care which not only means a cost savings in care but also better health for our communities.

Emergency Department Utilization

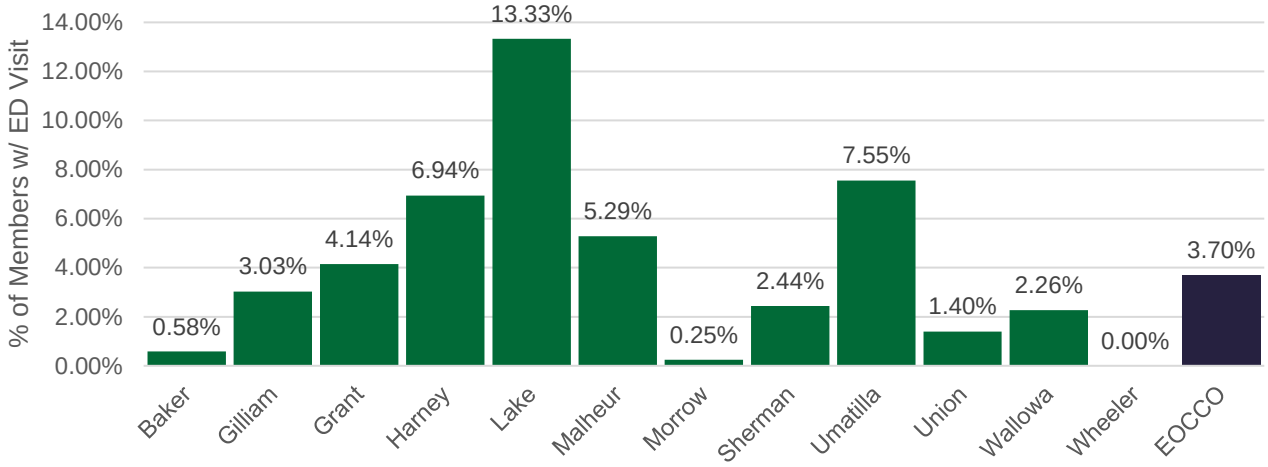
Figure 7: Monthly All-Cause ED Visits by EOCCO Members in 2020



Source: EDIE, Collective Medical 1/1/20-12/31/20

In coordination with the CMHPs in our region, GOBHI's care management team utilizes ED data sourced from the Collective Medical system to track CCO contract deliverables including: reducing overall ED visits, reducing repeat visits to EDs, reducing the length of time members spend in the ED, ensuring members are contacted and offered services to prevent utilization of the ED, and in ensuring members with SPMI have appropriate connection to community-based services after leaving the ED. As emphasized in the monthly trend data included in Figure 7, 2020 proved to be a unique year as the COVID-19 pandemic had a dramatic influence on member behavior surrounding ED use. Initial lockdown restrictions in March and April caused a steep decline in the number of members visiting the ED which have since returned to historical monthly figures.

Figure 8: Percentage of SPMI Members with an ED Visit for a BH Reason



Source: EOCCO Encounter and Enrollment Data, GOBHI Analytics 1/1/20-12/31/20

EOCCO members accessed the ED 35,017 times over the course of 2020, with only 1,425 of those visits being for a behavioral health reason. The 2020 CCO Behavioral Health Report identified EOCCO as having the third lowest rate of emergency department utilization for a psychiatric reasons by members with an SPMI diagnosis between the 15 CCOs. In Figure 8 above we can see that the rates of ED utilization by SPMI members is unevenly distributed across the 12 county region with communities such Wheeler and Morrow counties outperforming others on this particular metric.

SUMMARY

The rural and frontier communities of the EOCCO region experienced severe strains on their behavioral health service network as a result of the effects of the COVID-19 pandemic. Despite the many challenges experienced by our providers and partners during 2020, much of the data contained in this report highlights both the incredible resiliency of our region as well as the commitment to ensuring our most vulnerable members are cared for. In reviewing many of the CCO contract focus areas and metrics described and analyzed in this report, several common themes emerge surrounding potential areas of focus for quality improvement in EOCCO's behavioral health system, including:

- Geographic inequities in member engagement in community-based treatments such as assertive community treatment, supported employment, and wraparound services.
- Need for expanded collaboration between agencies to coordinate care for our most vulnerable members and address barriers to community stability for individuals with SPMI.
- The comparatively high cost of behavioral health services per member when contrasted with other CCOs across the state.

Each of these identified areas of improvement are directly related to, and align with, the priority areas outlined in EOCCO's Comprehensive Behavioral Health Plan including initiatives focused on rural workforce development, network improvement, and housing instability. This report, as well as its subsequent iterations, aims to support the monitoring of performance in those priority areas and provide direction for future efforts.