



2021



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## Mission

Greater Oregon Behavioral Health, Inc. is a rural/frontier behavioral health and social services network, empowering individuals and communities to achieve better health.

## Values

**Diversity, Equity and Inclusion** – We support the delivery of community-based healthcare which cultivates diversity, equity and inclusion by respecting and valuing each individual’s cultural beliefs and practices, health literacy, preferred languages, and communication needs. We recognize tribal sovereignty and value indigenous wisdom.

**Customer Centered** – We listen to needs, express empathy and compassion, and approach our work and all interactions with others with a supportive attitude.

**Quality and Outcome Focused** – We monitor and provide continuous improvement to identify gaps in service, decrease inefficiencies, and provide a better experience for the people we serve.

## Vision

We envision strong, healthy communities where all individuals are supported in achieving health, wellness, and their full potential.

**Accountability** – We hold ourselves accountable to the people we serve and meet regulatory obligations through robust program evaluation, measuring program and cost effectiveness. We share information and data on our performance with a commitment to transparency, integrity, and respect for the people we serve and our partners.

**Collaboration** – We value collaboration with members, stakeholders, and partners at the local, state, and federal levels. These relationships are the cornerstone for achieving our common goal of engaging diverse perspectives and knowledge to help people live healthier lives in thriving communities.

**Innovation** – We foster innovation through collaborations, from lessons learned from our members and emerging healthcare research.

# *Introduction*

## **Our History**

Established in 1994, GOBHI's story is grounded in rural Oregon's history of community partnerships and creative, locally determined solutions.

In discussing our state's history, we also acknowledge the federally recognized tribes in our service area, including the Confederated Tribes of the Umatilla Indian Reservation and Burns Paiute Tribe. GOBHI honors tribal sovereignty and recognizes the inherent right of tribal nations to self-determination and self-governance.

When Oregon's Medicaid program—the Oregon Health Plan (OHP)—launched, more than a dozen rural Community Mental Health Program (CMHP) directors joined together to form GOBHI. These rural and frontier county leaders recognized that by making collaborative decisions and sharing costs, they would build a stronger behavioral health system.

GOBHI's portfolio of programs and services has expanded over the years and through the development of Oregon's Coordinated Care Organizations. At the same time, we have grown through a variety of innovative prevention and intervention initiatives supporting health and wellness across Oregon's rural and frontier communities, and beyond.

## **Our Role**

GOBHI is a co-owner of the Eastern Oregon Coordinated Care Organization (EOCCO) along with Moda Health and other healthcare providers in Eastern Oregon, which provided healthcare benefits for 64,677 OHP members in 12 rural and frontier counties in 2021.

GOBHI's impact extends far beyond its fundamental role as a Medicaid administrator. Its programs serve both Medicaid and non-Medicaid populations across the state, including children, families, and older adults. GOBHI forges dynamic partnerships with community stakeholders, including education, child welfare, criminal justice, and senior services.

## **Our Structure**

GOBHI operates under the oversight of a board of directors, composed of county commissioners, community partners, public health directors, and executive directors from partnering community behavioral health providers. GOBHI's CEO reports directly to the board of directors.

GOBHI partners with these community mental health providers to provide behavioral health services to our members:

- ▶ Center for Human Development, Inc.
- ▶ Community Counseling Solutions
- ▶ Lake Health District
- ▶ Lifeways, Inc.
- ▶ Mid-Columbia Center for Living
- ▶ New Directions Northwest
- ▶ Symmetry Care
- ▶ Wallowa Valley Center for Wellness

# Letter From the CEO



Community members,

Greater Oregon Behavioral Health, Inc. (GOBHI) is proud to serve rural and frontier Oregon communities, as we have for more than two decades. As a leader throughout several eras of transformation in the healthcare system, GOBHI has never lost sight of its founding ideals of better health and wellness through high quality care and local solutions.

This annual report shares an overview of GOBHI and details our impact on the communities we serve. Despite the pandemic's continued burden upon rural communities, the year 2021 represented – in many ways – a time of hope. Healthcare partners joined together in new and innovative ways to meet the needs of communities we serve.

In 2021, we delved into the work detailed in the Comprehensive Behavioral Health Plan, completed on behalf of the Eastern Oregon Coordinated Care Organization (EOCCO). The plan positioned us to make strides in three target areas: Workforce development, behavioral health network development, and housing instability. These are issues we cannot face alone — partners in healthcare and beyond have joined our efforts to tackle these root issues and enact home-grown solutions.

Diversity, Equity, and Inclusion represented another key focus of this year. We know the pandemic heightened many disparities impacting rural Eastern Oregon's diverse communities, so this work has never been more important. We have built upon partnerships with community organizations, including EUVALCREE, and worked closely with local tribal representatives in our service area. Among our community education efforts, we hosted a spring DEI training available for healthcare professionals, which drew participants from around the state.

We also stand at a key juncture in behavioral health policy and funding at the state level. In 2021, Measure 110 introduced new mechanisms to address disparities in substance use disorder services and law enforcement. We look forward to collaborating with the agencies in our provider network who were awarded funds to establish Behavioral Health Resource Networks as part of this effort. The legislature is also poised to decide on targeted funding for numerous areas that will be important to the financial standing of the system as a whole, including residential treatment, housing, and the behavioral health workforce.

In closing, we are honored to serve the remarkable communities of Eastern Oregon. In light of this ongoing commitment, we look forward to collaborating with our local partners to better serve members, providers, and stakeholders at large. GOBHI is well positioned as a leader and innovator in this charge.

I look forward to serving you in the future.

Warm regards,

A handwritten signature in black ink that reads "Karen Wheeler". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Karen Wheeler



# Members and Communities



## Commitment to Health Equity

Our goal is to establish a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, age, social class, intersections among these communities or identities, or other socially determined circumstances.

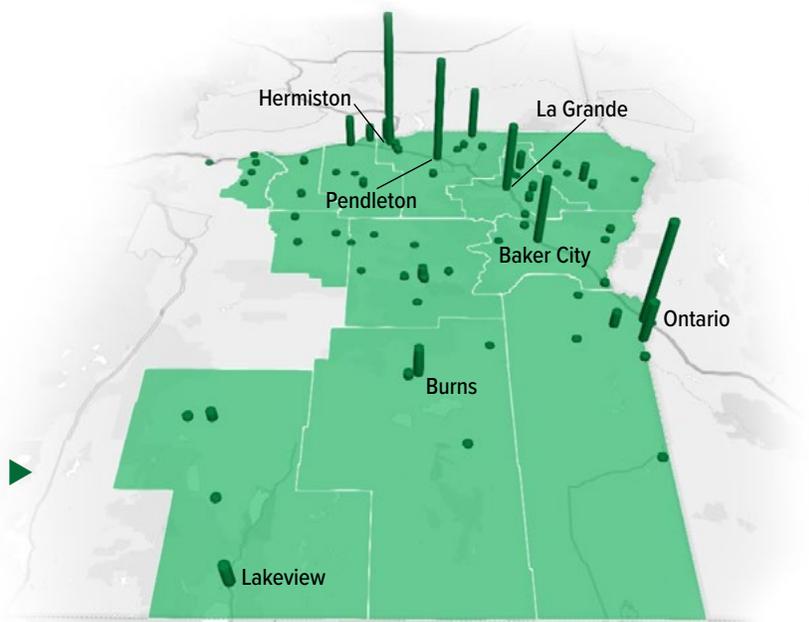
GOBHI understands the unique challenges that people living in Eastern Oregon face when it comes to health equity. That's why we are committed to having diversity, equity, and inclusion be at the forefront of our work so that we can better understand the unique needs of everyone we serve.

## Where Do Members Live?

In 2021, GOBHI managed the care of 64,677 members across 12 rural and frontier counties in Eastern Oregon. Ten of the 12 counties in the Eastern Oregon region are designated as “frontier” meaning there are six or fewer people per square mile.

A majority (57%) of GOBHI members live in either Umatilla (37%) or Malheur County (20%).

**According to zip code data, eight of the most populous member zip codes among GOBHI members show that they live closer to the I-84 corridor compared with other parts of Eastern Oregon, with the exception of the city of Burns in Harney County.**

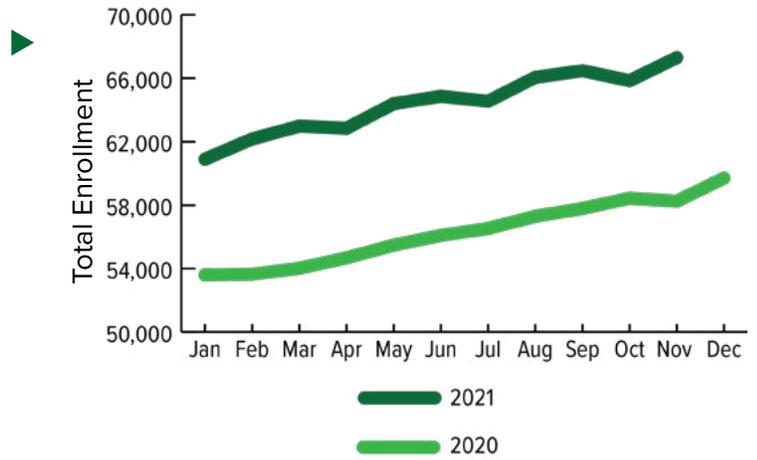


# Member Demographics

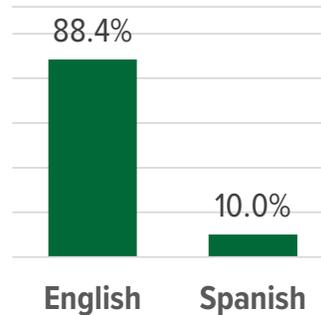
Overall, EOCCO enrollment increased 16% between 2020 and 2021.

The economic struggles felt by many families during the ongoing pandemic, as well as policy changes expanding Medicaid eligibility to more Oregonians, have meant even more individuals in Eastern Oregon have their care managed by GOBHI than ever before.

GOBHI members represent a diverse array of cultural identities and backgrounds, and speak nearly thirty different languages. **While English is the most common primary language spoken, 10% of members speak Spanish as their primary language**, with 26%, 15%, and 13% speaking Spanish in Morrow, Umatilla, and Malheur counties, respectively. These counties are also GOBHI's most diverse demographically.



## Primary Language



The next most common primary languages were Arabic, Chinese, Marshall, Somali, and Swahili, with a further 17 languages reported spoken by members.

## Membership Demographics at a Glance

- 34%** BIPOC<sup>1</sup>

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- 8%** Have a disability

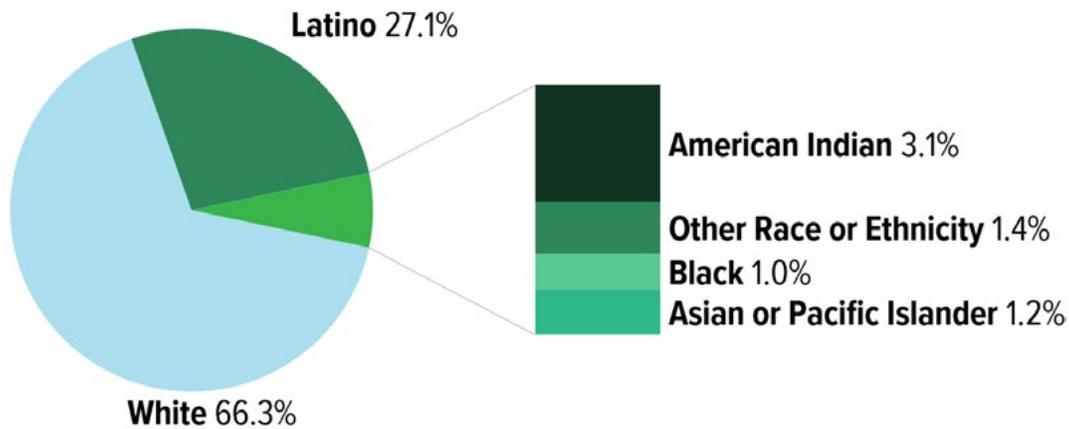
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- 53%** Female

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- 27** Average Age

## Member Race and Ethnicity

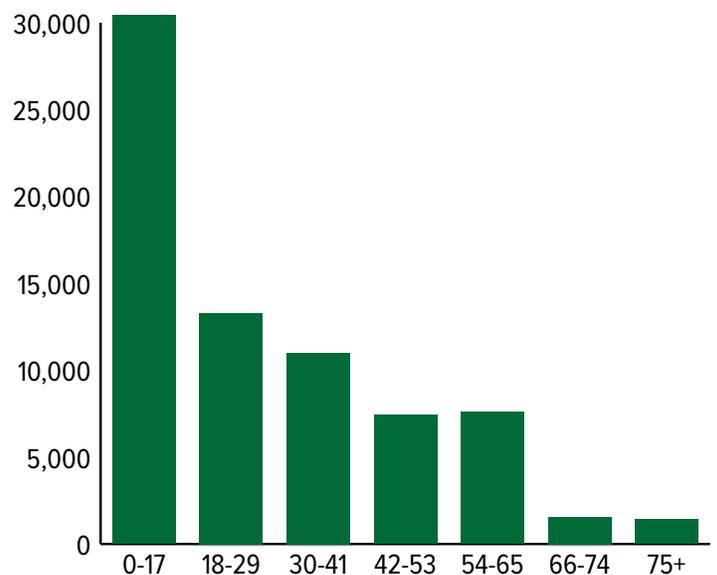


Overall, 34% of GOBHI members are BIPOC<sup>1</sup> while the counties of Morrow, Umatilla, and Malheur are 54%, 44% and 48% BIPOC, respectively. Much of the language diversity in our membership is concentrated in Malheur County, whose proximity to Boise, Idaho’s longstanding international refugee resettlement programs has made it home to a growing number of recent refugee communities.

Eight percent of GOBHI members identify as having a disability.

As in previous years, members tend to be younger and identify as female: 53% of GOBHI’s members identified as female<sup>2</sup> and the average age of members in 2021 was 27 years old.

## Member Age Distribution



1. BIPOC in this context means Black, Indigenous, and other people of color.

2. Currently, OHA captures sex and gender demographics for individuals identifying as male or female. GOBHI recognizes that this represents a gap in understanding the specific needs of those we serve, specifically members of the 2SLGBTQIA+ community, and is working to improve ongoing efforts capturing data in this area.



## Nuestras Comunidades

Making culturally specific services available across our region, creating more inclusive environments for care, and working to address the unique needs of the Latino\* families we serve are paramount to our work.

GOBHI serves three of the four counties with the highest percentage of Latino residents in the state of Oregon and 27.1% of our members identify as Latino. Morrow, Malheur, and Umatilla counties are home to the largest Latino communities in Eastern Oregon, with Latino members making up 49.9%, 42.7%, and 35.9% of our CCO population



in each of those counties. 10% of our members speak Spanish as their primary language and GOBHI works with our network of providers across Eastern Oregon to ensure members are connected to Spanish-speaking providers as well as language services.

GOBHI continues to work on how we can better support the wellbeing of our Latino members through EOCCO's Health Equity Plan. The goals of the plans are:

- Increase the completion of cultural responsiveness training and education by providers, clinic staff, and EOCCO workforce
- Recruit and support a diverse workforce that reflects EOCCO membership
- Improve access to language services for EOCCO members
- Enhance member engagement efforts to address health and accessibility needs
- Better understand population gaps and trends for accessing care

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\*The term "Latino/a/x" is used in this report because it both conveys respect for the ongoing transformation of community identity, and also includes the whole spectrum of community, including country of origin or ancestry, generation, gender, and gender fluidity. Currently, neither of the alternate terms "Latinx" nor "Hispanic" meets this work's commitment to inclusivity. ("Hispanic" is a generic term for the Latino/a/x community, used by the U.S. Census Bureau to count only Latinos/as/x with Latin American origin or ancestry, and who are Spanish speakers; it thus does not capture the diversity of the Latino/a/x community).

## Partnering with Tribal Nations

Collaboration with the Confederated Tribes of the Umatilla Indian Reservation and the Burns Paiute Indian Tribe have been, and continues to be, ongoing in the area of systems and services for tribal members with serious behavioral health conditions including serious and persistent mental illness (SPMI) who need effective transitions from institutions, including jail, or transitions back to the community from acute residential levels of care. Representatives from both tribes participate in helping determine and develop strategies regarding needs and gaps related to member transitions of care.

## Partnering with Tribal Nations (continued)

In 2021, GOBHI, met with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) to present and discuss information about the service array, the Community Health Improvement Plan (CHP) and the Comprehensive Behavioral Health Plan (CBHP). The CTUIR provided feedback on the presentations and input into GOBHI's plans for behavioral health, including highlighting the following needs:

- Gaps in chemical dependency treatment
- Lack of treatment providers
- Gaps in respite and diversion beds
- Telehealth
- Needs for people on the Autism Spectrum
- Transportation challenges
- Need for whole person care and addressing the root causes of health issues
- Desire to consider additional approaches to treatment, such as equine therapy and acupuncture
- Gratefulness for the meeting and a desire for continued involvement

## Social Determinants of Health

Healthy People, a U.S. Department of Health and Human Services initiative, defines Social Determinants of Health (SDOH) as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. By supporting patient and population well-being, investments addressing SDOH can improve patient outcomes, help manage healthcare costs, and support health equity. Data shown below represent county-level contexts rather than the county sub-population who are OHP members.

<b>Economic Stability</b>	<b>EOCO Counties</b>	<b>Oregon</b>
Median household income <sup>1</sup>	\$48,918	\$65,667
Work hours per week at minimum wage to afford 2 bedroom rental <sup>2</sup>	53	79
% Households spending at least 30% of income on housing <sup>1</sup>	31%	49%
% Unemployed <sup>3</sup>	4.3%	4.1%

<b>Neighborhood and Physical Environment</b>	<b>EOCO Counties</b>	<b>Oregon</b>
Average commute time <sup>1</sup>	14.4 minutes	19.5 minutes
% Adults with no physical activity <sup>4</sup>	23.7%	17.0%
% Vacant housing units <sup>1</sup>	15.5%	7.8%
% Housing problems (overcrowding, cost, or lack of kitchen or plumbing) <sup>1</sup>	30%	38%
# Violent crimes per 100,000 people <sup>5</sup>	210	289
Average daily particle pollution (PM2.5) <sup>6</sup>	8.3	9
% Households with broadband internet subscription <sup>1</sup>	78.5%	93.0%

## Social Determinants of Health (continued)

Education	EOCCO Counties	Oregon
% Children ages 3 to 4 not in school <sup>1</sup>	64.2%	55.6%
% 8 <sup>th</sup> grade math proficiency <sup>7</sup>	32.4%	38.0%
% 8 <sup>th</sup> grade reading proficiency <sup>7</sup>	49.8%	53.0%
% High school graduate or higher <sup>1</sup>	87.8%	90.7%

Community	EOCCO Counties	Oregon
% Children in single parent households <sup>1</sup>	33.7%	30.0%
% In labor force <sup>1</sup>	53.7%	62.6%
# Social associations per 10,000 people <sup>8</sup>	12	10

Health Care System	EOCCO Counties	Oregon
% Uninsured (< age 65) <sup>1</sup>	7.9	6.7
Ratio of population to mental health providers <sup>9</sup>	301:1	208:1
Ratio of population to primary care physicians <sup>9</sup>	2326:1	1091:1
Ratio of population to dentists <sup>9</sup>	1821:1	1256:1
% Adults reporting fair or poor health <sup>12</sup>	17.5%	17.0%
# Poor mental health days in past 30 days <sup>12</sup>	4.6 days	4.8 days

Food	EOCCO Counties	Oregon
% Food stamps / SNAP benefits <sup>1</sup>	22.6%	17.0%
% Food insecure <sup>10</sup>	12.9%	12.9%
% Low access to healthy foods <sup>11</sup>	12.5%	5.0%

### Data Sources:

- American Community Survey
- National Low Income Housing Coalition
- Bureau of Labor Statistics
- CDC Diabetes Interactive Atlas
- Uniform Crime Reporting
- Environmental Public Health Tracking Network
- Oregon Department of Education
- County Business Patterns
- Area Health Resource File/American Medical Association
- Map the Meal Gap
- USDA Food Environment Atlas
- Behavioral Risk Factor Surveillance System

# *Impact and Investments*



## **Investing in Our Communities**

**GOBHI is a 501(c)(3) nonprofit organization, receiving funding from a diverse group of sources directed towards providing quality care to individuals in our region.**

GOBHI is an equal majority owner of EOCCO, managing a variety of funds aimed at improving the system of care, promoting better health outcomes, and facilitating the integration of physical, behavioral, and oral health. In addition to funds that we receive to help administer benefits for EOCCO members, GOBHI manages a portfolio of statewide and regional contracts as well as federal and local grants, to provide services and assistance to strengthen families and systems of care across Oregon.

We are strong advocates for increasing outside investment in our rural and frontier communities and greatly value our partnerships in that mission. In 2021, GOBHI was able to support initiatives across the state of Oregon thanks to generous funding and donations received from the following partners: US Health Resources and Services Administration (HRSA), Oregon Community Foundation, Cambia Health Foundation, Eastern Oregon Healthy Living Alliance, Gilliam County, Four Rivers Early Learning Hub, St. Anthony Hospital, as well as individual private donors.

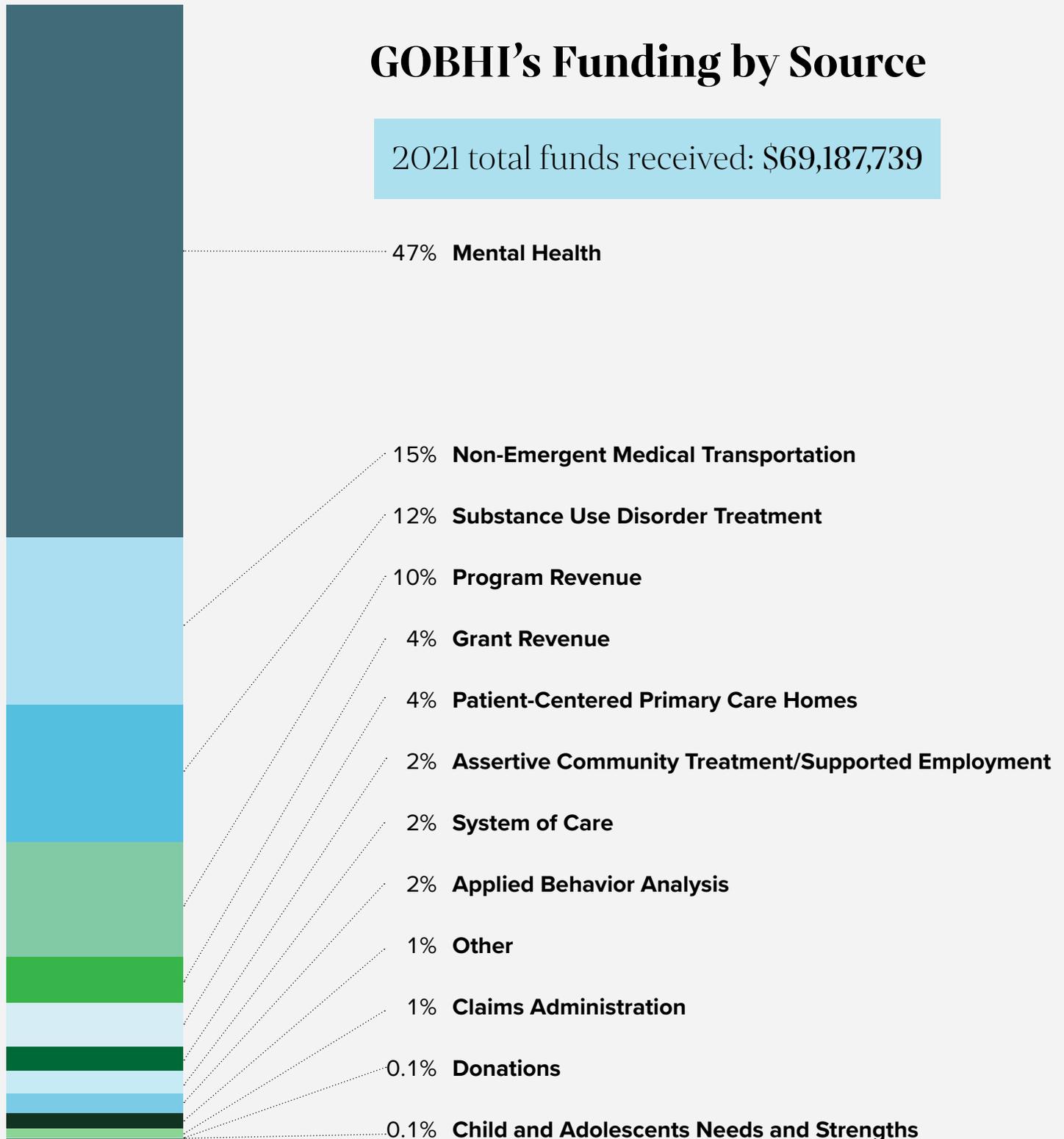
GOBHI is dedicated to empowering our communities to provide the best possible care to our members through a number of innovative funding approaches. The majority of the \$47,630,535 in behavioral health funds we received in 2021 was distributed through monthly Per-Member-Per-Month payments — or “capitation payments” — to our contracted Community Mental Health

Programs (CMHP) and Patient-Centered Primary Care Homes (PCPCH) based on the member populations in the regions they serve.

This model allows our providers to spend more time focused on patient care while also ensuring that there is sustainable funding for critical behavioral health infrastructure throughout the year.

## GOBHI’s Funding by Source

2021 total funds received: \$69,187,739



# Comprehensive Behavioral Health Plan

On behalf of EOCCO, GOBHI conducted an overarching Comprehensive Behavioral Health Plan in 2021. As we reach the second year of implementation, this update illustrates key areas of the plan and our progress serving Eastern Oregon professionals and their communities.



## Workforce Development

► **GOAL: EOCCO will develop an adequate and diverse workforce by:**

- Decreasing provider vacancies;
- Reducing turnover and stabilizing the workforce;
- Ensuring that the workforce in each county reflects the respective member population

The Workforce Development committee has been making progress on multiple levels. The Eastern Oregon Human Resources (EO HR) Network, created and implemented for this project, meets bi-monthly with active participants from HR staff representing various EOCCO counties; this network addresses issues such as retention, recruitment, diversity, and other major HR topics that specifically affect Eastern Oregon counties. Job postings and partnerships have been expanded to reach more people. Finally, GOBHI has embarked on a public education campaign targeting the importance of behavioral health services and workforce in Eastern Oregon, beginning in Spring 2022.

# Comprehensive Behavioral Health Plan (continued)



## Behavioral Health Network Development

► **GOAL: EOCCO will ensure the provider network meets member needs by:**

- (1) Conducting a comprehensive assessment with an accompanying strategic plan for the behavioral health network; and (2) conducting member satisfaction survey and/or other methods for member feedback;
- Expanding outpatient SUD services for adolescents;
- Expanding parent education and dyadic therapy services for children, ages 0-5, and their caregivers

Within the Behavioral Health Network Development committee, there are multifaceted objectives which committee members focus on. A subcommittee was formed to address gaps in capacity, with a specific focus on special populations; this subcommittee meets regularly in addition to the standing Behavioral Health Network Development meetings. In the short time that the committee has been in action, a specialized population focus had been identified (the LGBTQIA2S+ population) and a robust training for the EOCCO region was created and completed. Additionally, a plan to address SUD services for adolescents is in progress, part of which is a collaborative of providers representing various EOCCO counties that meet weekly. Triple P (Positive Parenting Program) has also expanded, with new contracts being solidified and more in the works. Lastly, a socio-emotional survey was completed which will provide important data for the 0-5 year olds metric.



## Housing Stability

► **GOAL: By expanding the existing community collaboration model, coordinating efforts and resources, and maximizing opportunities for supported housing for members, EOCCO will assist the Eastern Oregon communities to:**

- Improve access to supported housing;
- Improve housing conditions and reduce disparities for EOCCO members and their families experiencing homelessness and/or housing instability

The Housing Stability committee involves robust partnerships with EOCCO county service experts and community members. With the successful implementation of an Affordable Housing Summit, local housing issues, solutions, and expertise were gathered and discussed; 66 participants attended, representing all EOCCO counties. With the information and contacts gathered during the Summit, a Housing Collaborative was created to tackle the goals and issues that specifically affect the EOCCO region with meetings occurring every six weeks. Members of the collaborative include EOCCO providers, regional housing experts/organizations, and other stakeholders. Another focus of the Housing Stability committee is the SHARE Fund (Supporting Health for All Through REinvestment); the 2021 SHARE Funding grant was awarded to five applicants, totaling \$342,229. For the 2022 year, the SHARE application process will start mid-year, with an increased fund of approximately \$1.5 million.

# Behavioral Health Service Array

In 2021, EOCCO delivered over \$24 million worth of behavioral health services.

Mental health (MH) services accounted for 81% of services provided, while substance use disorder (SUD) services totaled 19%. Of the 129,234 services encountered, services provided to youth accounted for 30% of the total dollars spent.

## Encountered services: \$24,830,871

**MH:** \$20,173,417

**SUD:** \$4,657,454

**Youth:** \$7,443,737 (30%)

**Adults:** \$17,387,134 (70%)

## Highlights

**Services provided:** 129,234

**Members who received services:** 12.4%

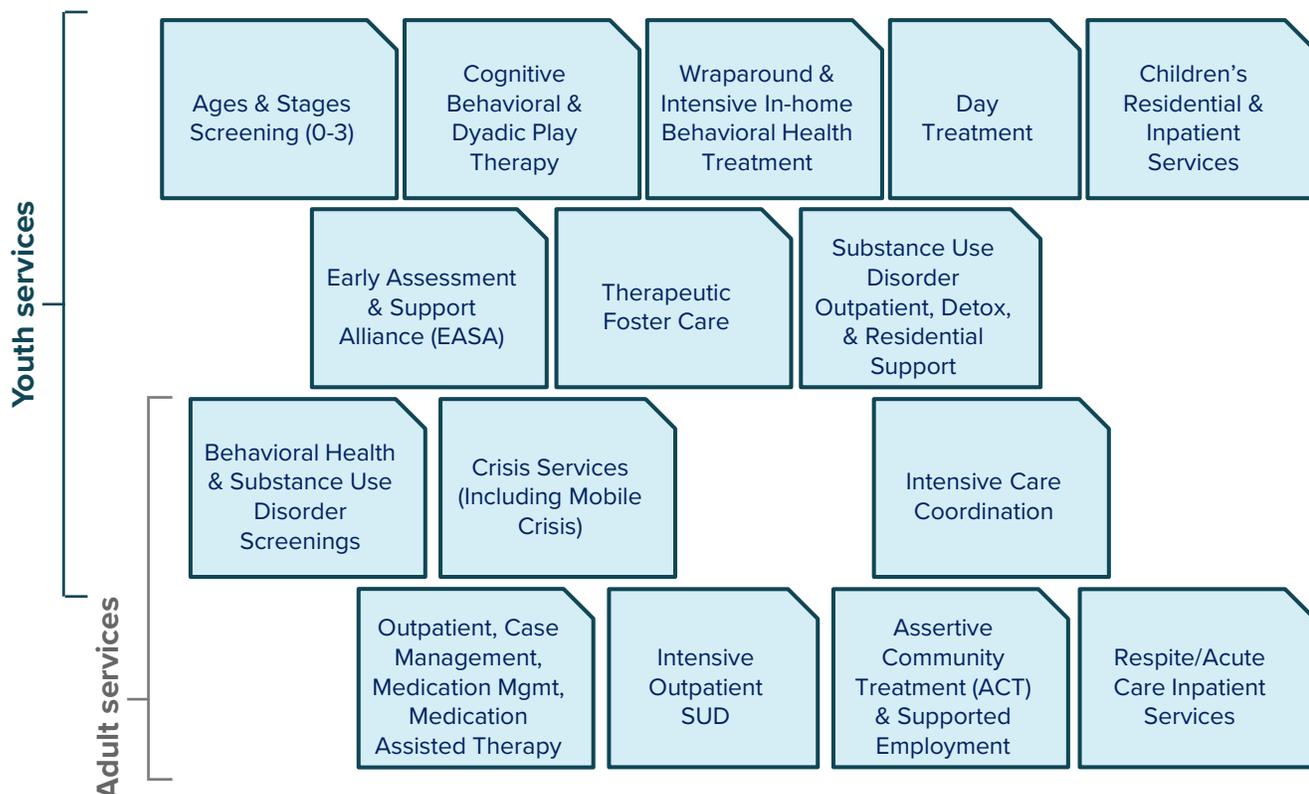
**SUD:** 2,191 individuals served

**MH:** 7,775 individuals served

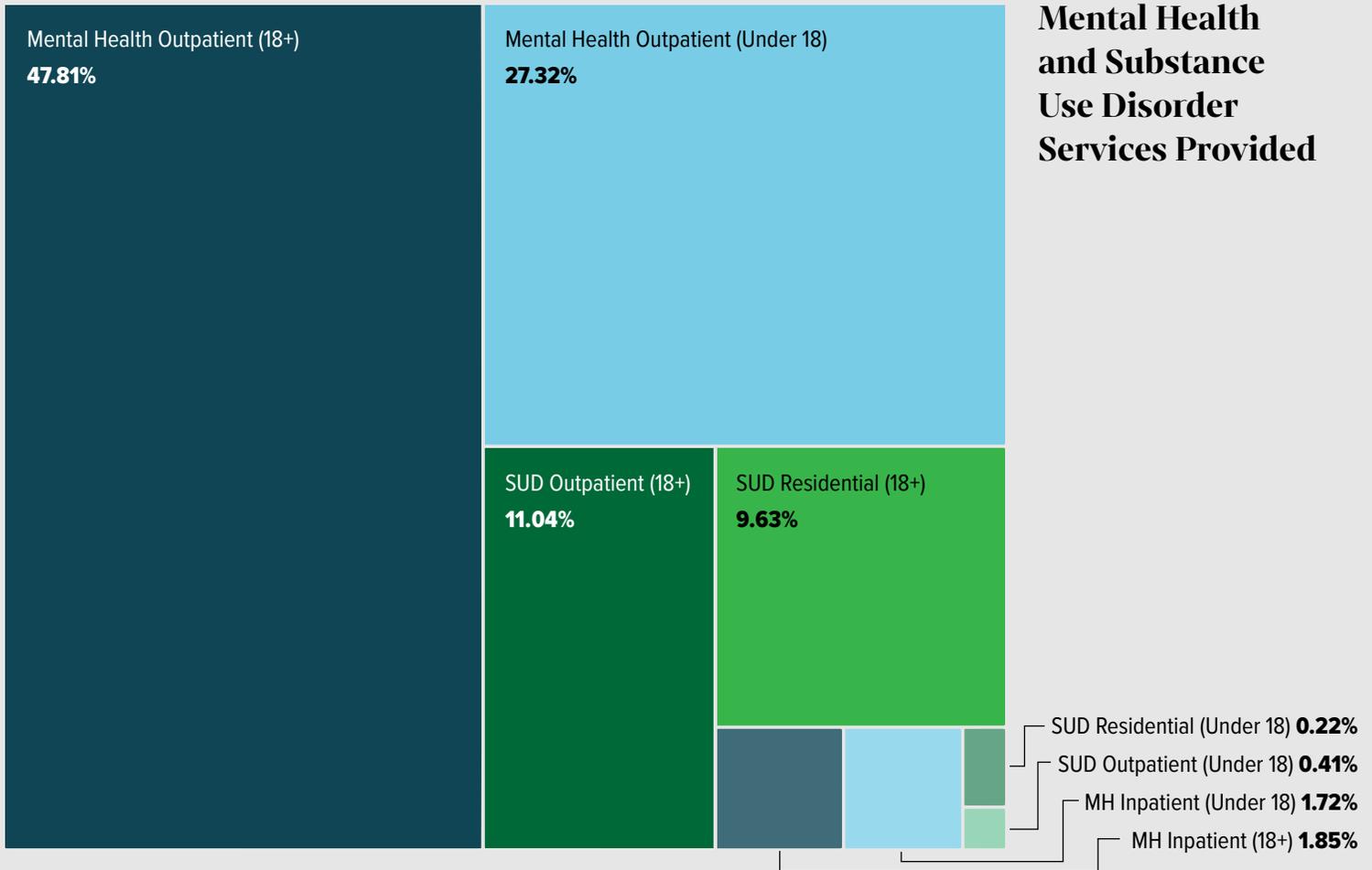


### Preventive services

### Intensive services



## Mental Health and Substance Use Disorder Services Provided



## Mental Health Services

### Outpatient

**EOCCO saw a 10.8% increase in mental health outpatient services from 2020 to 2021 for adults and youth.** Over 7,000 members received mental health services in 2021, with the most common being psychotherapy. The average age of members to receive a mental health service was 33.

#### MH Outpatient Youth:

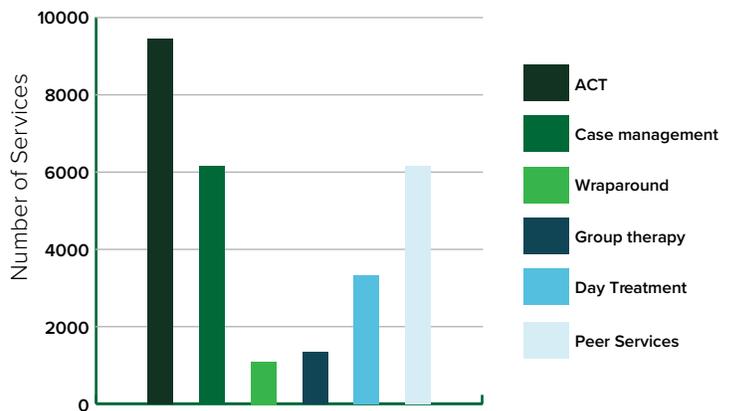
26,035 services · 2,149 individuals

#### MH Outpatient Adult:

71,316 services · 5,147 individuals

### Peers

586 individuals received mental health peer support services throughout the year, which was about 6,000 services provided.



### Day Treatment

Over 3,300 day treatment services were provided to 40 youth in 2021.

### Assertive Community Treatment (ACT)

145 members received ACT services throughout the year and over 9,000 services were provided, which is an 18% increase from ACT services provided in 2020.

## Substance Use Disorder Services

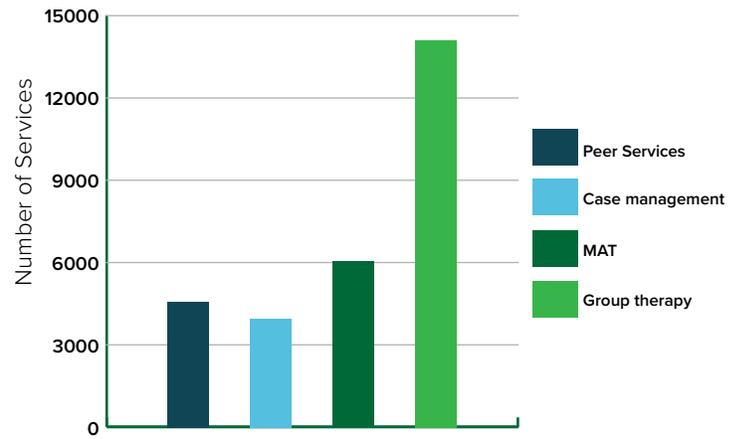
Roughly 2,100 EOCCO members received SUD services in 2021, which accounted for over \$4 million of the total encountered services throughout the year. SUD services accounted for 19% of the total dollars spent on behavioral health services. The average age of members to receive SUD services was 36.

### Outpatient

Similar to mental health, the most frequent utilized service within substance use disorder programs is outpatient therapy. Over 1,900 members received outpatient care throughout the year.

### Peer Delivered Services

Over 4,500 SUD peer delivered services were provided, which was a 31% increase from last year.



### Medication Assisted Therapy (MAT)

The number of individuals to receive MAT services in 2021 doubled from 2020.

### SUD Residential and Detox

Just over 500 individuals received SUD residential and detox services over the course of the year. These services accounted for roughly 10% of the dollars spent in 2021.

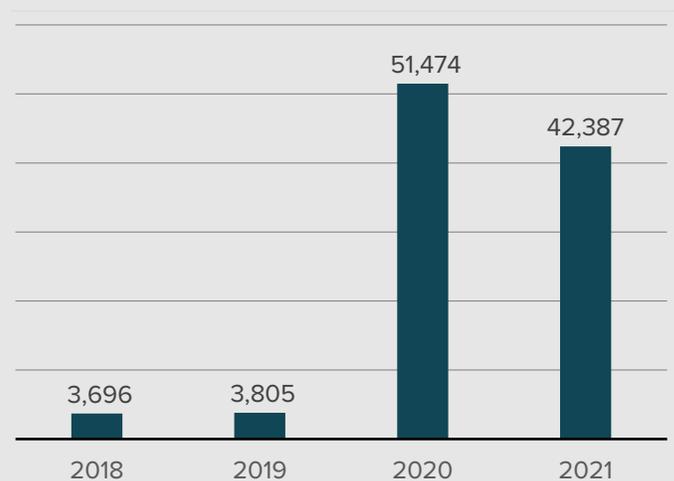
## Telebehavioral Health

EOCCO continued to see high utilization of behavioral health services provided via telehealth among providers in 2021 similarly to how we did during the pandemic in 2020.

**Over 230,000 travel miles were saved due to the utilization of telebehavioral health services last year.**

A variety of over 42,000 services were provided telephonically throughout the year, which included services like individual and family therapy, peer delivered services, and wraparound.

Telehealth services year-over-year comparison

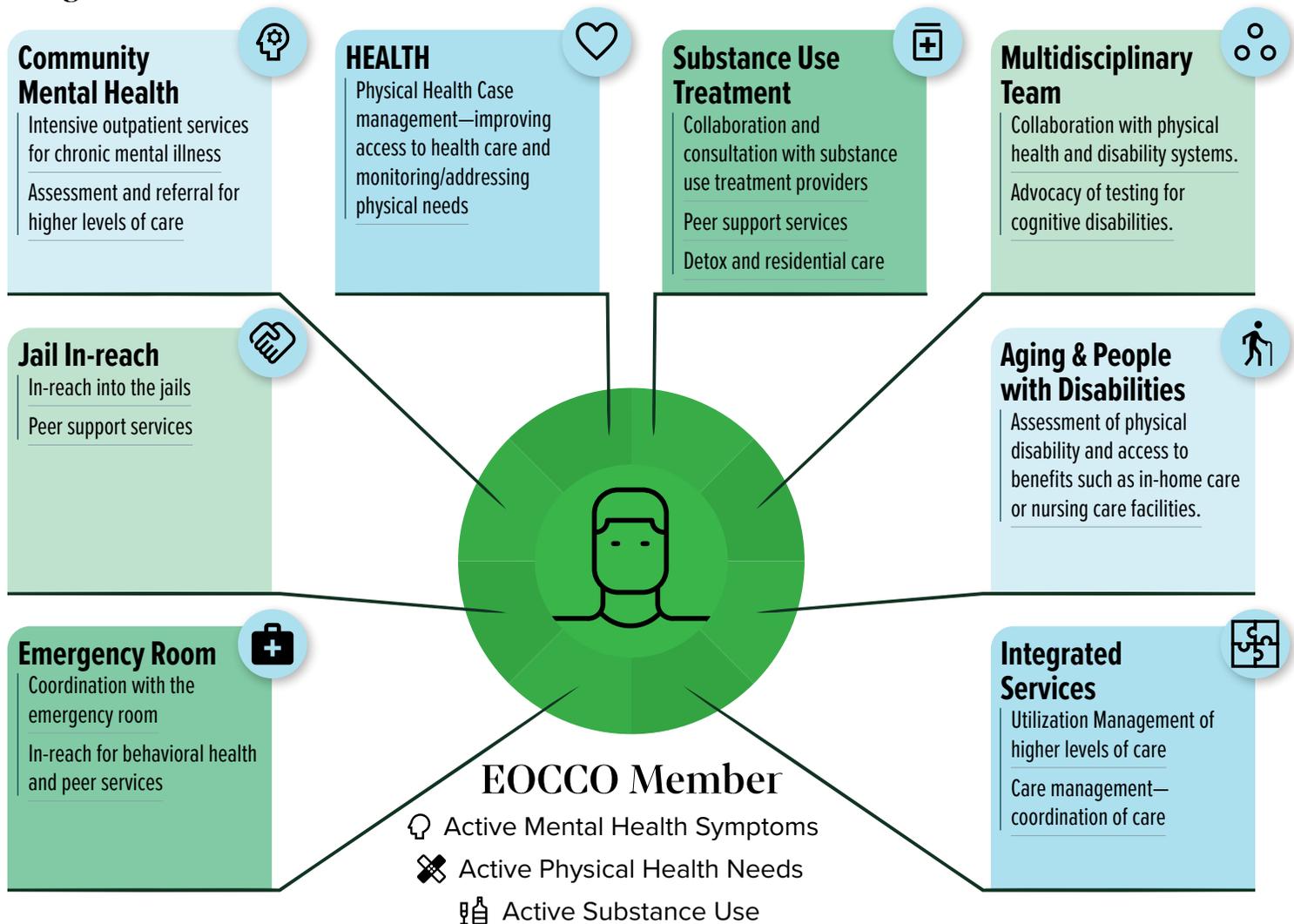


# Integrated Services

To help a person as they face some of life's most difficult challenges, it takes a team. It takes connection throughout the fabric of human services. That's where the Integrated Services team at GOBHI steps in. The team assists members with addressing a variety of barriers and difficulties in their lives. This case example shows their work in action:

*A member in their 40's living with Bipolar Disorder, Alcohol Dependence, Other Psychoactive Use Disorder, and a traumatic brain injury faces multiple challenges which include; homelessness, navigating Substance Use Disorder Services, Behavioral Health, Physical Health Services, and involvement with the criminal justice system.*

## Integrated Services Connections



*The Integrated Services Department team successfully helped this member in accessing the care and services they needed. Without these interventions and services, this person would have had increased Emergency Department (ED) visits, hospitalizations, encounters with the criminal justice system, and higher risk of injury and death. This person struggles with being able to advocate for themselves and has limited social/emotional support. ED visits for this member dropped from 22 in a year to 7 in the last 6 months. This was made possible through the support of the integrated services team and all of the community partners who were involved in their care.*

*This person was referred for care coordination services when they were in detox and needed more support safely returning to the community. They were assigned a behavioral health care manager who made contact with the person and their team. The care manager helped connect this person with many resources and services over a year, including in-reach to the jail, in-reach to hospital emergency rooms, intensive outpatient mental health supports for chronic mental illness, substance use disorder treatment including residential and detox levels of care, coordination with internal utilization management team for services, testing for cognitive disabilities, coordination with physical health case management, and disability support systems, and payee and guardianship services.*

This positive change in the member's life was possible due to the work of the Integrated Services team and partners.

## Non-Emergent Medical Transportation

The NEMT program connects our members to physical, behavioral, and oral health care services. We partner with local transportation providers and volunteer drivers to coordinate free rides for Oregon Health Plan members to and from scheduled medical appointments.

GOBHI administers this program on behalf of EOCCO and serves members in the 12-county EOCCO region, as well as fee-for-service members in Hood River and Wasco counties.

## The NEMT Call Center

*Answered 90,387 calls*

*Made 20,592 calls*

*Grand Total: 110,979 calls*

*304 calls per day*

*8,673,687 total miles in transporting members*

That is to the moon and back 18 times!

### Top service categories for provided rides

- |                                     |  |                                    |
|-------------------------------------|--|------------------------------------|
| 1. Substance Use Disorder treatment | 5. Physical therapy                    | 9. Wound care                      |
| 2. Dialysis                         | 6. Mental health individual counseling | 10. Mental health group counseling |
| 3. Routine medical checkup          | 7. Med review                          |                                    |
| 4. Follow up                        | 8. Dental                              |                                    |

# Our Programs

GOBHI provides a wide array of programs and initiatives in service of behavioral health and wellness throughout Oregon.

The following section provides key information and highlights from each program.



## In this section

- Applied Behavior Analysis
- Child-Parent Psychotherapy
- Choice Model
- Community Engagement and Health Systems
- Early Assessment and Support Alliance
- Early Childhood / Positive Parenting Program
- Evidence Based Tele-Behavioral Health Network Program
- Frontier Veggie Rx
- Intensive In-Home Behavioral Health Treatment
- Older Adult Behavioral Health
- Oregon Center on Behavioral Health and Justice Integration
- Oregon Kinship Navigator
- Peer Services
- Rental Assistance
- Substance Use Disorder Programs
- Systems of Care / Wraparound
- Therapeutic Foster Care / Foster Plus



**Applied Behavior Analysis (ABA)** is an evidence-based intervention for individuals with Autism Spectrum Disorders (ASD). ABA therapy applies our understanding of how behavior works to real situations.

The focus is on assessing the why behind distressed responses and on skill development that supports the learner in improving self-advocacy and interactions with their environment. ABA uses principles from learning theory to optimize a child’s growth in communication skills, social skills, and independent living skills. ABA is covered by the Oregon Health Plan and is often part of comprehensive autism support services. GOBHI is committed to the treatment of children experiencing autism spectrum disorder.

**2021 Highlights**

- Moved from in-home services to clinic services in 2021
- Hired, trained, and retained 4 new Registered Behavior Interventionists.
- Increased treatment hours served to members by 294%.
- 20 families received extended parent training services and 23 children received in-person treatment services.
- Supported two children with communication devices.
- Developed a new ABA referral process accessible on the GOBHI website.

**Child-Parent Psychotherapy (CPP)** is an evidence-based practice that is a relationship-based treatment model for young children, birth to 5 years old that helps young children and their caregivers recover and heal after stressful and traumatic events.

The CPP training program is offered to mental health providers throughout the state and provides a “Learning Community” where participants form supportive and therapeutic relationships through a commitment to completing an 18-month learning collaborative. In collaboration with the Oregon Health Authority, CPP consultants and early childhood staff provide clinician training and administrative support that is necessary for them to become endorsed in the therapeutic practice of CPP.



**2021 Highlights**

- In January 2021, the first virtual learning collaborative launched with 20 participants.
- A new trainer brought a diversity-centered lens to working with children and families.
- CPP will offer a new learning collaborative in September 2022.

**Choice Model** is a statewide non-Medicaid program designed to meet the needs of individuals with serious and persistent mental illness (SPMI) who are at risk of, or have already accessed, residential and inpatient hospitalization, including the Oregon State Hospital (OSH). Services outlined in the Choice Model are designed to improve local behavioral health service providers' flexibility and ability to promote community-based recovery, and reduce the need for less effective, coercive/restrictive services, most notably in hospitals and institutions.

**The Community Engagement and Health Systems Team**, also known as the "Field Team", works within the EOCCO region to ensure community engagement in health assessments, setting priority areas of work, and funding recommendations. The Field Team oversees the EOCCO Community Advisory Council (CAC), which provides recommendations to the EOCCO Board of Directors. The CAC receives input from each of the twelve counties through their respective Local Community Health Partners (LCHPs). Through strong collaborations with stakeholders, they implement the annual Community Health Plan updates and the EOCCO Community Health Assessments (every five years). The Field Team encompasses a variety of skills and has built social capital in Eastern Oregon that enhances our ability to support efforts around primary care practice transformation, engaging OHP members and families, partnering in community-based practices with Early Learning Hubs, schools, public health, local government, Tribal communities, and oral and behavioral health services—all with a specific emphasis on Health Equity and Social Determinants of Health.

## 2021 Highlights

Distributed \$85,000 in funds to help bridge housing, transportation, guardianship, and a variety of other temporary needs during periods when people are transitioning between various levels of care and eligibility.

In coordination with our community partners, GOBHI staff assisted in serving 76 individuals

## 2021 Highlights

Successful "pivot" from 12 CACs to a single CAC model

Improved diversity of member voice in CAC membership – over the 51% requirement of OHP consumer members; vast majority with lived experiences

Published EOCCO Community Health Plan (CHP) Progress Report

Provided direct oversight to 30+ programs funded by EOCCO Community Benefit Initiative Reinvestments. Provided one-on-one technical assistance for 35 clinics in the EOCCO region, including:

- ▶ Technical assistance support for two newly opened clinics
- ▶ First time clinics for Patient-Centered Primary Care Homes (PCPCH), and 10 clinics increasing their PCPCH tier status under the new 2021 PCPCH guidelines (revised Jan 2022)
- ▶ Site visit preparation for Five Star PCPCH practices, as needed

**The Early Assessment and Support Alliance (EASA)** is a statewide network of programs which identify youth age 15-25 with symptoms of psychosis as early as possible. The EASA program provides support and treatment based on current research. The goal of EASA is to wrap services around the youth and their support system. These wrap services include psychoeducation and support in order to reduce stigma while maintaining life goals. GOBHI is responsible for allocating funding, providing oversight, and coordinating care for the EASA programs that are covered under GOBHI's service area.



### 2021 Highlights

41 enrolled members served across Eastern Oregon

43 referrals received to the EASA program

16 new youth were enrolled in EASA

**The Early Childhood Team** supports and collaborates with key partners in early childhood education, social services, and public health. The team participates as members of the Early Learning Hub Governance Boards, Parenting Hubs, Oregon Infant Mental Health Association (ORIMHA) Board, and Relief Nursery Boards.

Members of the team actively engage in building community partnerships to support children and families in the Eastern Oregon region. This initiative aligns with priorities of the Regional Community Health Plan (RCHP), which outlines objectives and strategies related to the population aged 0-5 and efforts to serve youth and family health and wellness.

**The Triple P – Positive Parenting Program®** is an evidence-based parenting and family support system designed to prevent and treat behavioral/emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. As the lead partner, GOBHI is collaborating with community partners to implement

Triple P as the primary evidence-based parenting program.\*

GOBHI's Triple P program originated in Umatilla County, and has since expanded to Baker, Gilliam, Wallowa, Grant, Harney, Malheur, Morrow, Sherman, Union, and Wheeler counties, as well as children and families from the Confederated Tribes of the Umatilla Indian Reservation. Triple P services are offered to all caregivers and include group workshops through online parent education. GOBHI's Triple P program contracts with local partners to provide individual support to children and their families. Our program was the first site in the United States to implement the Positive Early Childhood Education (PECE) program.

### 2021 Highlights

Expanded Triple P to serve the Confederated Tribes of the Umatilla Indian Reservation

Hired a new Triple P Specialist position to meet the needs of local parents

Secured grants and funding support in partnership with Pendleton DHS Child Welfare, Four Rivers Early Learning Hub, and Oregon Parenting Education Collaborative

\* Ministry and Mission Funds (MMF) of St. Anthony Hospital in Pendleton partners with GOBHI for a Positive Parenting Program Grant.

The Judith K Hofer Fund of the Oregon Community Foundation awarded GOBHI a Parent Ed Health Partnership Grant (specific to Gilliam, Sherman, and Wheeler Counties)

## The Evidence Based Tele-Behavioral Health Network Program

is a GOBHI initiative to build technological infrastructure within our provider network, expanding the provision of telehealth and broadening access to health care. This enables us to reach individuals in even the most isolated communities. The COVID-19 pandemic created an immediate need for our communities to quickly transition care from traditional office environments to virtual settings and Eastern Oregon was uniquely prepared for this challenge. Through a partnership with the Health Resources and Services Administration, GOBHI has implemented Mend, a patient engagement software, through our CMHPs, and directly to patients' homes. Mend enables us to hold virtual visits. Its secure video connection can share files, send messages, and collect any forms, photos, or data from a patient from a smartphone, tablet, or computer.

**The Frontier Veggie Rx (FVRx)** program is a healthy eating initiative that supports individuals and their families in Gilliam, Harney, Lake, Sherman, and Wheeler counties. GOBHI administers this program with Community Benefit Initiative Reinvestment Funds from EOCCO. Through this voucher program, local prescribers assess individuals to determine if they are food insecure. Eligible households may receive a monthly prescription to purchase fresh or frozen healthy fruits and vegetables from local stores or farmer's markets. The FVRx program improves the overall health of an individual and community by addressing food insecurity, working with local vendors to provide a greater variety and lower cost of fresh and frozen fruits and vegetables.

## 2021 Highlights

GOBHI distributed \$9,703 in 2021 to help purchase equipment and data plans and support telebehavioral health expansion in our communities.

In 2021, GOBHI and its CMHPs used the Mend platform to serve 1,579 members.

42,283 services were provided in our communities via telehealth 2021.

95 behavioral health providers delivered telehealth services through Mend in 2021.

Services provided on Mend represented 33% of all telehealth services provided to EOCCO members.

## 2021 Highlights

Served in the filling of 4,661 new and refill prescriptions across four counties - equal to \$139,830 in EOCCO Community Benefit Initiative Reinvestments to support healthy eating in these rural counties.

Partnerships with Eastern Oregon Healthy Living Alliance and the Share Our Strength campaign allowed for an additional 37 households to be served, equal to \$29,302.

Gilliam County investment into the program added \$25,010 in funding, which directly supports 55 households.

Wheeler County investment into the program added \$5,000 in funding, which directly supports 13 households.



**Intensive In-Home Behavioral Health Treatment (IIBHT)** is an Oregon Health Plan (OHP) level of care for youth and families. IIBHT is an intensive community-based service intended to help children, youth, and young adults through age 20, and their families, who require more frequent and intensive mental health treatment. It is provided outside of the traditional, once a week, clinic-based, outpatient model of care.

Services are offered at times and locations that best meet the needs of the youth and family. Whenever possible services are offered in-person in the community and/or at the family's home. Services are tailored to meet the individual needs of the young person and their family, for as long as individual support is needed. The youth and family will have a multidisciplinary team of professionals who meet with them for a minimum of 4 hours per week.



**2021 Highlights**

- All CMHPs are certified by OHA to provide IIBHT
- Monthly IIBHT workgroups with providers
- Collaboration on shared documentation and IIBHT materials across all CMHPs
- Complete first Audit with 3 CMHPs showed positive results
- 11 youth were enrolled in IIBHT in EOCCO

**The Older Adult Program** at GOBHI is part of the Older Adult Behavioral Health Initiative of OHA. 3 main tasks:

- Complex Case Consultation
- Community Collaboration
- Workforce Development and Community Education

Goal of the initiative: “To better meet the needs of older adults and people living with physical disabilities by improving timely access to care from qualified providers who work together to provide coordinated, quality, and culturally responsive behavioral health and wellness services.”

**2021 Highlights**

- Increased virtual training capacity with community partners; delivered 100% of trainings virtually
- Provided 49 virtual trainings, reaching 1,007 community partners
- Care Partner Support Series for caregivers of people living with dementia
- Grief support series
- Partnered with other rural specialists to provide 2 training series
- Piloted virtual Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) program with Oregon Senior Peer Outreach

## **The Oregon Center on Behavioral Health and Justice Integration**

(The Center) is a statewide program in partnership with the Oregon Health Authority to provide specialized training and technical assistance (TA) for behavioral health and justice partners to enhance knowledge and improve practices aimed at treating people who, primarily due to symptoms of serious behavioral health conditions, neurocognitive conditions, and/or intellectual/developmental disabilities, are at risk of becoming incarcerated or are already within the system.

The Center provides information, facilitation, training, and TA for Oregon's behavioral health and justice systems including interdisciplinary groups, teams, and individuals. Visit the Center's website at [ocbhji.org](http://ocbhji.org)

OCBHJI partners with The Center for Policing Excellence (CPE) at the Dept. of Public Safety Standards and Training (DPSST) in promoting, sustaining and enhancing Crisis Intervention Teams (CIT) across Oregon. The aim of this partnership is to assist criminal justice and behavioral health agencies in providing a more effective and compassionate response to people experiencing a behavioral health crisis.

**The Oregon Kinship Navigator**, created in partnership with ODHS Child Welfare, provides support, guidance, and resources to non-parent kinship caretakers throughout their parenting journeys. Nearly half of Oregon's 5,820 children in family foster care are placed with non-parent kinship caregivers and they face unique challenges in navigating the care of these children. Additionally, approximately 40,000 youth are being raised in kinship care statewide. OKN is housed within the Children's Team at GOBHI. Our staff members are located throughout the state of Oregon, bringing unique knowledge of both urban and rural communities of Oregon. Oregon Kinship Navigator offers online support groups and parenting support, resource referral, and a legal resource guide.

Visit the Oregon Kinship Navigator website at [oregonkinshipnavigator.org](http://oregonkinshipnavigator.org)

## **2021 Highlights**

Release of "The Center Collaborative: Creative Solutions in Behavioral Health and Criminal Justice" podcast ([ocbhji.org/podcast](http://ocbhji.org/podcast)).

Membership in statewide and national boards. Chris Thomas was appointed to the Public Defense Services Commission for a 4-year term. Ridg Medford was elected to the Crisis Intervention Team International Board and the National Advisory Board for the Virginia Center for Policing Innovation's CIT ASSIST (Adaptive System of Supports for Implementation and Specialized Training) program.

Implementation of a virtual Sequential Intercept Model (SIM) workshop that allowed for work to continue with SIM while in-person meetings were still not possible.

Provided consultation to multiple states about the work of The Center and presented at the Crisis Intervention Team International conference on the role of The Center and their partnership with the DPSST.

## **2021 Highlights**

Created an ongoing partnership with Every Child Oregon to provide tangible needs to Kinship Families including help with: Groceries, diapers / baby items, furniture, educational and extracurricular activity needs, and many others.

Launched a weekly newsletter for Kinship Caregivers and Professionals to share information and resources.

**The Peer Services** program at GOBHI supports our providers and healthcare partners within the EOCCO service area in recruiting and training Traditional Health Workers (THWs). Our staff serve in leadership roles to promote and expand utilization and capacity of state-certified THWs throughout the region. THWs are integrated into all aspects of physical health and behavioral health. THW is an umbrella term for frontline public health workers who work in a community or clinic under the direction of a licensed health provider.

Our team supports Youth and Family Support Specialists:

- Offer monthly individual and group coaching to specialists
- Youth and Family Support Specialists engage youth and family to serve on Systems of Care Boards
- Youth and Family Support Specialists receive training in CALM (Counseling on Access to Lethal Means), Systems of Care/Wraparound and Trauma Informed Care
- Ongoing collaboration with Youth Era and Oregon Family Support Network
- Provided funding for two youth that are not currently employed by a CMHP to attend the Peer Plus Foundations training

**The Rental Assistance Program (RAP)** is a monthly rent subsidy program that provides housing assistance to individuals with serious and persistent mental illness who are homeless, at-risk of becoming homeless, or at-risk of being placed in restrictive environments like residential or hospital levels of care. GOBHI and Community Counseling Solutions work together to provide direct client services, administration, and oversight. The Oregon Health Authority is the program sponsor and funder. Residential Specialists and Peer Supports work with property owners, community mental health providers, and other support services to provide the individual with the services they need to remain independent, healthy, and safe. Rental Specialists work on relationships within a community that will help increase rental housing availability and work with individuals and providers to break down barriers to long-term housing financial support.

### 2021 Highlights

Conducted support groups with peer workers

Continued to provide financial assistance for hiring and training of Certified Recovery Mentors (CRMs) via funding from a State Opioid Response (SOR) grant (until March 2022)

Coordinated a Spanish speaking CRM training series, beginning in Sept. 2021. Facilitated by: Instituto Latino Northwest collaboration with the Mental Health & Addiction Certification Board of Oregon

### 2021 Highlights

Served 62 individual households with \$232,668 in rental assistance

61 households remained stable; 1 household achieved permanent HUD assistance

Served 16 households with \$18,863 in barrier removal assistance

Conducted a program evaluation which revealed that people who access rental assistance are much more likely to engage in community-based behavioral health services than comparison groups



**The Substance Use Disorders (SUD)** team supports GOBHI's commitment to ensuring our members have access to all levels of substance use disorder services. This team supports Community Mental Health Providers (CMHPs) and other providers of SUD services throughout the region.

The SUD team worked on two State Opioid Response (SOR) Grants in 2021. The SOR 1 Grant ended in September 2021 and the SOR 2 Grant was started in October of 2021. Both of these grants have provided Naloxone and Nalox-boxes to the CMHPs, SUD providers, Corrections, and other community members. The grants have also funded housing and housing support services for over 300 members in the EOCCO region. In order to help diminish the housing crisis in Eastern Oregon, the SUD team has also been in collaboration with EUVALCREE on a planning grant focusing on how to develop more housing opportunities in Malheur County. GOBHI has worked collaboratively with Lifeways in Malheur County to help in the development of Medication Assisted Therapy (MAT) services.

## 2021 Highlights

Provided housing assistance to 240 EOCCO members between Oct. 2021 and March 2022

Purchased \$166,500 worth of Naloxone in March 2021, and distributed it by August 2021, with 500 cases going to law enforcement.

Collaboration with EOCCO on initiation and engagement of treatment to address the SUD CCO incentive measure and lessen ED utilization.

Provided assistance to our providers in the development of their Behavioral Health Resource Network (BHRN) grant proposals.

**Systems of Care** is a spectrum of effective services and supports for children, youth, and families with or at risk of health or other challenges. This is a necessary organizational infrastructure to collaboratively overcome cross-sector barriers in child-serving systems, covering 12 counties with Practice Level Workgroup and Advisory/Executive Committees.

**Wraparound** is an intensive team-based planning process to help children, young adults, and their families accomplish their family vision. This individualized care planning process is a shared commitment amongst professionals, youth, families, and their Natural Supports centered on the 10 principles of Wraparound; with Youth and Family driving the process. Wraparound and Intensive Care Coordination cover 12 counties with Individual Review Committees in each county.

## 2021 Highlights

12 counties served

261 youth in Wraparound or Intensive Care Coordination (ICC) services

Among these youth, there were 47 who met goals and successfully transitioned out of Wraparound/ICC.



**The Therapeutic Foster Care** program provides homes for youth in local communities involved in the Child Welfare system or who are being supported by their local community mental health program. The Oregon Department of Human Services licenses GOBHI to recruit, train, and certify our own therapeutic foster parents. The enhanced level of support provided by our knowledgeable team empowers our providers to ensure a safe, trauma-informed environment that supports the healing process for each youth served.

In 2021, our program operated in 19 of Oregon's 36 counties — through active recruitment and increasing public awareness, we continue to expand our reach across the state.

### 2021 Highlights

60 homes in 19 counties.

Provided care for 93 youth in total, 46 served through full-time care and an additional 47 through relief care.

13 new homes certified

**Foster Plus** is an effort of 10 social service agencies collaborating to connect kids in need with the support and stability of committed, caring foster families. GOBHI leads this collaborative group dedicated to increasing the number of safe foster homes and supports other agencies to improve services to children.

*“I love being a foster parent with the GOBHI team because their commitment to supporting kids in care — and the foster parents who care for them — is consistent, genuine, and impactful. Straight truth. You guys rock!”*

*— A GOBHI Foster Parent*



## GOBHI Workforce Culture

At GOBHI, we have spent decades creating a culture where people with a variety of backgrounds, experience, and skills unite to make communities across Oregon stronger and healthier. With employees across the state working at home or office settings, we make connections that lead to quality friendships among staff and our local partnerships.

As a community-grounded organization, we understand and support diversity by creating a

culture of dignity and respect for our employees. We are honored to be an Equal Opportunity Employer.

### Work culture:

- Great benefits
- Flexibility in onsite or remote work
- Deeply rewarding work that changes lives

Interested in joining the GOBHI team?

Email [hr@gobhi.org](mailto:hr@gobhi.org)

## What our employees say about working for GOBHI

“ Working for GOBHI has given me the confidence to apply my skills to a new field while also encouraging me to have a work life balance. Many places say this is a value but GOBHI truly lives it.”

— Christy Leader, Data Analyst

“ I have worked at GOBHI for 11 years and I truly wish everyone had the kind of work environment I get to experience every day. From having amazing co-workers willing to jump in, help out, and provide expertise on various projects, to a supportive supervisor that offers flexibility in my schedule to attend my teenager’s sporting events, and be part of an entire organization that celebrates collaboration, inclusion, and professional growth. That is GOBHI!”

— Becky Miller, Policy Analyst

“ I feel very supported by our management team and the care management team that I work with. We have a positive work culture and GOBHI is always striving to improve employee and member satisfaction. GOBHI frequently offers educational opportunities, which allows me to expand my clinical knowledge and skills. Overall, my experience has been great and I look forward to many more years.”

— Crystal Harrel, Clinical Care Coordinator

“ While working at GOBHI I have enjoyed the excellent teamwork, the opportunity to help others, and the ability to work remotely. The work can be challenging at times but the teamwork and support makes all the difference!”

— Ashley Reeser, Complex Clinical Care Manager

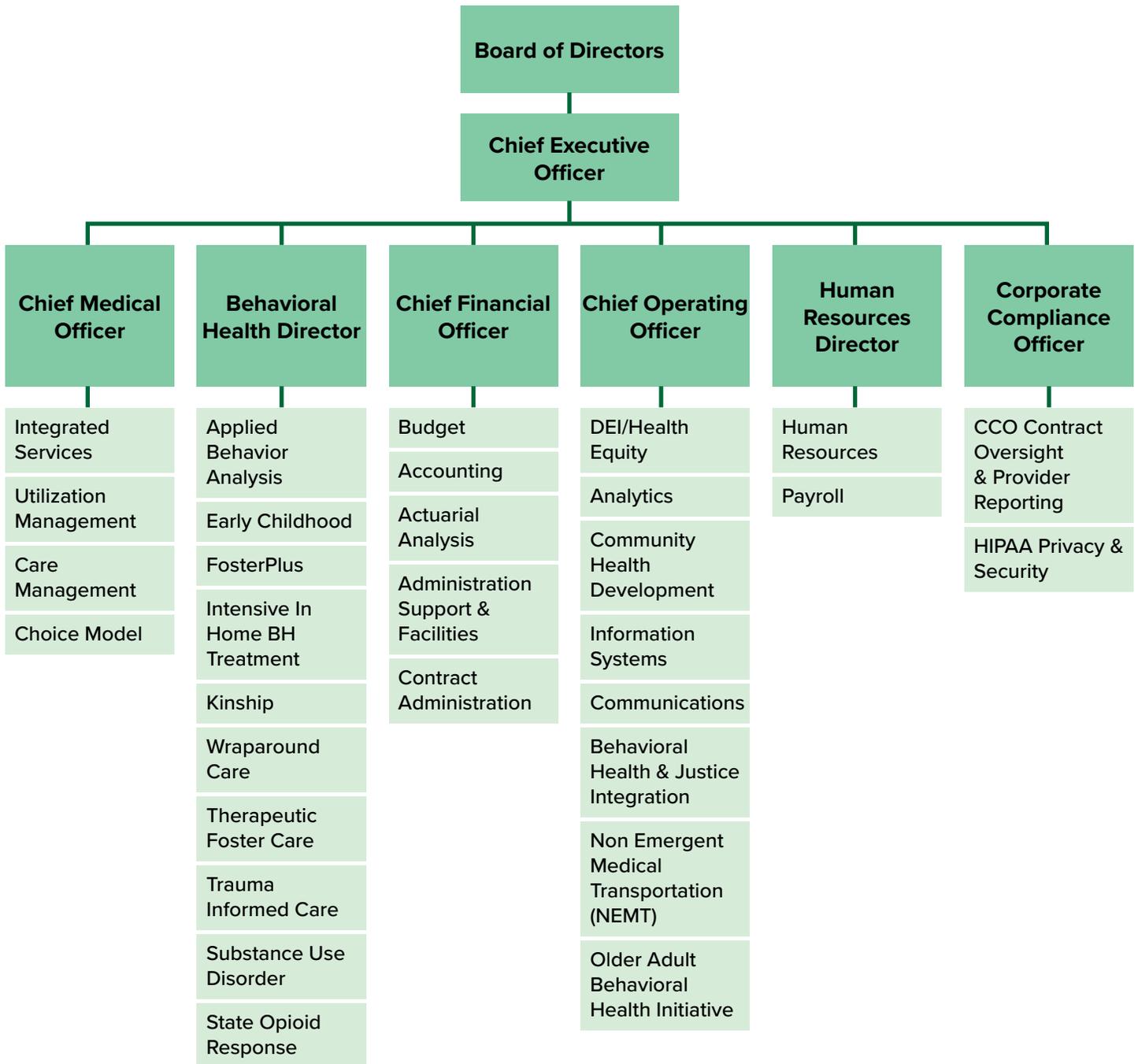
“ GOBHI has supported my career development. I have received incredible support from managers and leaders who have invested significant time developing me.”

— Jacque Serrano, Behavioral Health Manager

# Administrative Services

In addition to program functions, GOBHI provides an array of services supporting not only its staff, but the broader social services continuum in Oregon. These functions include IT, Data Analytics, Human Resources, Communications, Finance, Facilities, and other high-quality services that strengthen the daily efficiency and impact of GOBHI staff and partners. These teams have been instrumental in the continuous growth and development of GOBHI as an organization committed to its role as a leader in rural healthcare.

## GOBHI Organizational Chart



# Closing Remarks

Thank you to the GOBHI Board of Directors, staff, providers, and our wide network of community partners for your role assisting in GOBHI's success this year.

Each day, we honor our commitment to improving health outcomes throughout the diverse communities we serve. As always, our highest priority is the members, families, and communities we serve. We look forward to joining in partnership with you to continue building thriving, healthy communities in rural and frontier Oregon.

I look forward to serving you.

Sincerely,  
Karen Wheeler, CEO

## Contact

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