

# GOBHI Annual Report 2025

Greater Oregon Behavioral Health, Inc.





*Rooted in Community, Dedicated to Care*

## **Our Mission**

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

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

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# Letter from the CEO



**Ann Ford**  
GOBHI CEO

**As I reflect on 2025**, one thing is clear: the behavioral health and broader healthcare systems are operating in a period of sustained pressure and transformation. Shifting federal and state priorities, looming Medicaid reductions, workforce shortages, and rising demand are no longer emerging challenges, they define the environment.

At Greater Oregon Behavioral Health, Inc. (GOBHI), we met this year with discipline and focus. We aligned resources, strengthened partnerships, and made targeted decisions to position Eastern Oregon for long-term stability. Central to that work and the strength and foundation of the organization are our employees.

I have the privilege of working alongside individuals who bring expertise, integrity, and a deep commitment to the communities we serve. In a year that required clarity and difficult choices, our team remained focused, transparent, steady, and mission-driven. That consistency and deep system expertise is what enables us to lead with confidence.

I believe leadership is grounded in service and working

alongside our teams, not above them. Our progress reflects a shared commitment to accountability, collaboration, and delivering meaningful results for the people who depend on us.

We are also clear in our values. Access and equity are operational priorities. In a region shaped by geography and workforce constraints, we are responsible for ensuring that care is not determined by circumstance, presentation or location. That commitment continues to guide our decisions and investments.

The challenges ahead are real. In 2026 and beyond, healthcare organizations will face tighter margins, increased expectations for outcomes and cost management, and ongoing workforce constraints, and will be more pronounced in rural and frontier communities. At the same time, system complexity continues to place strain on providers and limit efficiency.

We are not immune to these pressures. But we are prepared to lead through them.

Our path forward is disciplined and deliberate. We

will maintain strong financial stewardship to ensure sustainability. We will prioritize the behavioral health workforce through targeted, high-impact strategies. We will continue to align and simplify the system to improve access and effectiveness. We will lead in policy and advocacy to ensure rural communities remain central in decision making. And we will keep equity and access at the core of every action we take.

This report reflects an organization that understands the challenges ahead and is prepared to act with clarity and purpose. We do not underestimate what lies ahead but we are confident in our people, our partnerships, and our direction.

GOBHI will continue to lead through uncertainty, grounded in our mission and strengthened by the team behind this work.

Thank you for your continued commitment and partnership. It is a privilege to serve alongside you.

Sincerely,  
Ann Ford  
Chief Executive Officer

# About GOBHI

Founded in 1994, GOBHI is a 501(c)(3) nonprofit corporation that is charged with administering the behavioral health Medicaid benefit, non-emergent medical transportation, and community engagement in 12 rural and frontier counties in Oregon. GOBHI is a co-owner of the Eastern Oregon Coordinated Care Organization (EOCCO) which provides healthcare coverage to Oregon Health Plan (OHP) members across 12 rural and frontier counties. Encompassing 50% of the state's landmass but only 5% of its population.

Beyond Medicaid administration, GOBHI serves diverse populations—including children, families, and older adults—through collaborative partnerships in education, child welfare, criminal justice, and senior services. We acknowledge the federally recognized tribes within our service area, including the Confederated Tribes of the Umatilla Indian Reservation and the Burns Paiute Tribe, and respect tribal sovereignty and self determination.

GOBHI is governed by a board of directors consisting of county commissioners, public health directors, medical providers, individuals with experience and community behavioral health leaders. The CEO reports directly to

the board, ensuring strong leadership and alignment with our mission.

GOBHI partners with these Community Mental Health Programs (CMHPs) to provide behavioral health services to members:

- » Center for Human Development, Inc.
- » Community Counseling Solutions
- » Outback Strong
- » Lifeways, Inc.
- » Mid-Columbia Center for Living
- » New Directions Northwest
- » Symmetry Care
- » Wallowa Valley Center for Wellness

\*EOCCO's ownership group includes ODS Community Health (Moda Health), GOBHI, Good Shepherd Hospital, Grande Ronde Hospital, Saint Alphonsus Hospital, Saint Anthony Hospital, Eastern Oregon Independent Physicians Association, and Yakima Valley Farm Workers



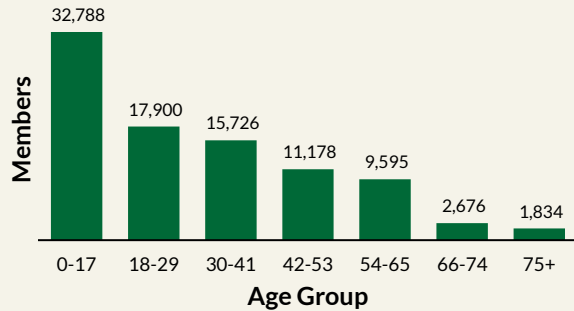


# Members and Communities

# Member Demographics

In 2025, GOBHI managed the care of 91,713 Oregon Health Plan members.

## Age



## Race and Ethnicity

Caucasian	60.3%
Hispanic	32.5%
American Indian	3.4%
Asian or Pacific Islander	2.1%
Black	1.0%
Other	0.5%
Native Hawaiian	0.1%

## Sex

Female	52.2%
Male	47.8%

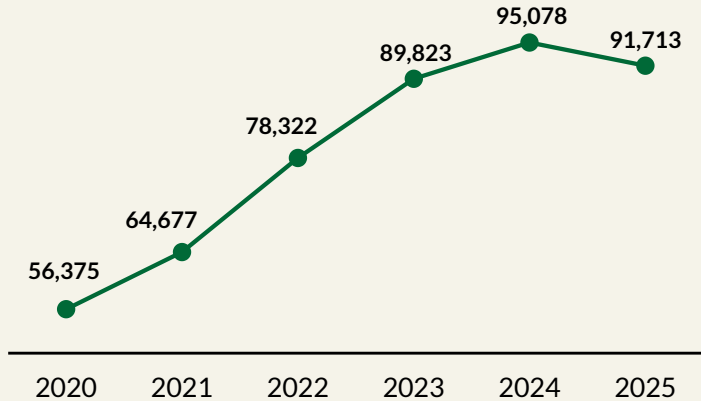
## Primary Language

English	82.1%
Spanish	16.6%
Other Languages	1.3%

## Disability Status

Members with a disability	6.5%
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## EOCCO Membership Over Time



The 3.5% decrease in membership between 2024 and 2025 stems primarily from the “unwinding” of the federal Public Health Emergency (PHE).

During the pandemic, a “continuous enrollment” rule prevented states from disenrolling members, regardless of changes in income or eligibility. To address this, the Oregon Health Authority (OHA) launched a redetermination process to review all 1.5 million members for the first time since 2020. Though reviews began in April 2023, Oregon received federal approval to extend its timeline over 14 months to ensure a smoother

## Members by City (Top 10)

Hermiston	14,203
Ontario	11,633
Pendleton	7,836
La Grande	6,839
Baker City	4,913
Milton Freewater	4,097
Umatilla	3,955
Nyssa	3,559
Boardman	2,999
Vale	2,150

transition for residents.

To minimize coverage gaps, the state initially offered a 90-day response window for renewal requests. However, by late 2024 and early 2025, these windows returned to the standard 30-to-60-day timelines. This shift, combined with the final wave of benefit closures in February 2025, accelerated disenrollment for both ineligible members and those who did not respond to renewal notices. The state of Oregon was among the largest in the nation in retaining high enrollment numbers through this process.

# Commitment to Health Equity

Our mission is to build a health system that ensures every individual has the opportunity to achieve their full health potential and well-being. We are committed to removing barriers to care that hinder access and outcomes, with a focus on providing high-quality services that meet the diverse needs of all communities.

GOBHI recognizes the unique challenges faced by residents of Eastern Oregon in accessing care and achieving positive health outcomes. By listening to and understanding the experiences of those we serve, we are able to deliver care that is responsive to the specific needs of each community.



## Programs Serving Tribal Nations

GOBHI actively collaborates with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and the Burns Paiute Tribe. Building and maintaining strong relationships with tribal nations is vital to enhancing behavioral health services in Eastern Oregon and is a core component of GOBHI's mission, vision, and values.

- » GOBHI's Behavioral Health Workforce Campaign invites tribal representation on its steering committee, video materials, and job listings.
- » GOBHI works with CTUIR as a contracted provider for NEMT and provides technical support.
- » GOBHI seeks representation at our Local Community Health Partnerships (LCHPs) and Community Advisory Council (CAC).
- » Currently, we have a Tribal Member as a part of the EOCCO CAC leadership.
- » GOBHI collaborates in a Tribal Subcommittee where we listen to needs, discuss how we can support, and provide any requested educational information.

## Programs Serving Latino/a Members

Providing culturally specific services, fostering inclusive care environments, and addressing the unique needs of the Latino/a families we serve are central to our mission.

GOBHI works closely with our network of providers across Eastern Oregon to ensure that Spanish-speaking members have access to both Spanish-speaking providers and language services.

Through EOCCO's Health Equity Plan, GOBHI is committed to better supporting the well-being of our Latino/a members. The plan's goals include:

- » Increasing cultural responsiveness training and education for providers, clinic staff, and the EOCCO workforce.
- » Recruiting and supporting a diverse workforce that reflects the makeup of EOCCO membership.
- » Improving access to language services for EOCCO members.
- » Enhancing member engagement to address health and accessibility needs.
- » Gaining a deeper understanding of population gaps and trends in care access.



# Social Determinants of Health

Social Determinants of Health (SDOH) are 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.

Below, we compare data for the general population of EOCCO counties to Oregon as a whole.

Economic Stability	EOCCO Counties	Oregon
Median household income* (ACS5Y_S2503_2024) <sup>1</sup>	\$62,142	\$83,011
% Population below federal poverty level (ACS5Y_S1701_2024) <sup>1</sup>	13.8%	11.9%
% Households spending at least 30% of income on housing (ACS5Y_S2503_2024) <sup>1</sup>	26.4%	34.1%
Total labor force population (Department of Employment - 2025) <sup>4</sup>	92,258	2,214,726
% Unemployed (Department of Employment - 2025) <sup>4</sup>	5.5%	5.2%

\*A value for median income of the combined EOCCO counties was not available. The average median income of the 12 EOCCO counties is utilized for approximation of median income of these counties.

## Social Determinants of Health

Neighborhood and Physical Environment	EOCCO Counties	Oregon
Average commute time (minutes) (ACS5Y_S0801_2024) <sup>1</sup>	18.2	23.0
Renter occupied housing units (ACS5Y_S2503_2024) <sup>1</sup>	31.9%	36.7%
Owner occupied housing units (ACS5Y_S2503_2024) <sup>1</sup>	68.1%	63.3%
Point in time homeless rates per 1,000 (year: 2024) <sup>5</sup>	3.8	6.4
# Reported crimes per 100,000 people based on distinct cases** (year: 2025) <sup>6</sup>	5,657	6,545
% Households with broadband internet subscription (ACS5Y_S2801_2024) <sup>1</sup>	73.5%	92.4%

\*\*A distinct case (incident) is a single event or report, while a distinct offense is each individual criminal act within that event. Under NIBRS, one case can contain multiple offenses (e.g., a robbery leading to assault), providing a more granular, accurate picture than old summary systems that only recorded the most serious offense.

## Social Determinants of Health

Education	EOCCO Counties	Oregon
% 8th grade science proficiency (2024-2025) <sup>7</sup>	23.0%	27.1%
% 8th grade math proficiency (2024-2025) <sup>7</sup>	25.4%	28.8%
% 8th grade English proficiency (2024-2025) <sup>7</sup>	39.6%	41.1%
Oregon student dropout/pushout rate per 1,000 students enrolled (Dept of Education (2024-2025)) <sup>8</sup>	28.3	28.6
% High school graduate (Dept of Education (2024-2025)) <sup>9</sup>	84.4%	84.1%

Health Care System	EOCCO Counties	Oregon
% Uninsured (ACS5Y_2024 S2701) <sup>1</sup>	6.9%	5.9%
Ratio of population to MDs <sup>3,10</sup>	355:1	331:1
Ratio of population to physicians assistants <sup>3,10</sup>	1,696:1	1,363:1
Ratio of population to dentists <sup>2,10</sup>	2,434:1	1,582:1
% Population with a disability (ACS5Y_S1810_2024) <sup>1</sup>	18.9%	15.5%

## Social Determinants of Health

Community	EOCCO Counties	Oregon
% Children in single parent households (ACS5Y_DP02_2024) 1	6.4%	5.3%
% of Total working age population in labor force (Year: 2025) <sup>4</sup>	54.3%	60.4%

Food	EOCCO Counties	Oregon
% Households receiving food stamps(ACS5Y_S2201_2024) <sup>1</sup>	20.2%	16.0%

### # Data sources

- 1 [American Community Survey 5 Year Estimate \(2024\)](#)
- 2 [Oregon Board of Dentistry \(2025\)](#)
- 3 [Oregon Medical Board License Totals Report \(2026\)](#)
- 4 [State of Oregon Employment Department \(2025\)](#)
- 5 [PSU - Point in Time Homeless Rates by Oregon County \(2025\)](#)
- 6 [Oregon Uniform Crime Reporting Data \(2025\)](#)
- 7 [Oregon Department of Education: Assessment Group Reports \(2024-2025\)](#)
- 8 [Oregon Department of Education: Dropout-Rates \(2024-2025\)](#)
- 9 [Oregon Department of Education: Graduation-Rates \(2024-2025\)](#)
- 10 [PSU Population Estimate \(2025\)](#)

A scenic view of a lake with a wooden dock and a bench in the foreground, and a dense forest in the background. The image is overlaid with a semi-transparent white rectangle containing the text.


# **Impact and Investments**

## Funding and Finances

GOBHI received a total of \$103.3 million in funds in 2025. We are committed to empowering our communities to deliver the best possible care to our members through innovative funding approaches.

GOBHI utilizes multiple payment methods for providers; capitation, fee for service, value based payments, and incentive metrics to name a few.

GOBHI is a 501(c)(3) nonprofit that manages diverse funding streams to strengthen care systems, improve health outcomes, and integrate physical, behavioral, and oral health services.



In 2025, GOBHI distributed \$2,933,816 to providers through value-based payment arrangements for meeting or exceeding key quality metrics.

## **GOBHI Incentive Measure Program**

In alignment with the CCO Contract and Value Based Payments (VBP), GOBHI offered incentive measures in 2025 for our contracted Community Mental Health Programs (CMHPs), totaling \$3 million. These funds were distributed to CMHPs in proportion to their county's average EOCCO monthly enrollment and their individual performance.

## The incentive measures for 2025 included:

### » **SUD Initiation, Engagement, and Treatment (IET):**

The IET metric encourages coordination across the network of care providers for substance use treatment and helps ensure people have timely access to appropriate care. Percentage of new substance use disorder (SUD) diagnosis episodes that resulted in initiation of treatment within 14 days and continued engagement within 34 days of the initial treatment.

### » **Assessments for Children in Oregon Department of Human Services (ODHS) Custody:** Children (3-17) in ODHS Custody for 60 Days receive a mental health assessment within 60 days of notification to CCO.

### » **Social Emotional Health:** Members ages 1-5 years old (Kindergarten Readiness) who meet continuous enrollment criteria and receive issue focused intervention / treatment services.

### » **Language Access:** Members with a language access enrollment designation, who received a service from a CMHP that included an OHA Registered Certified or Qualified Interpreter, or an in language visit with an OHA Proficient provider.

### » **Behavioral Health Access:** Three distinct access measures that reflect offering timely intakes, timely follow-up services following intake, and access to peer supports following discharge from acute care settings.

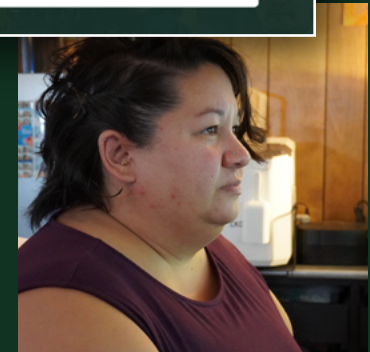
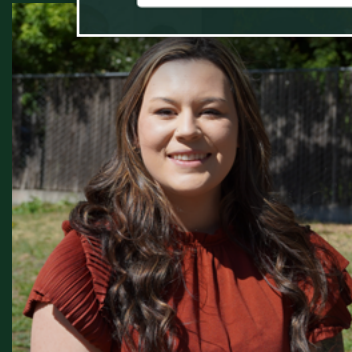
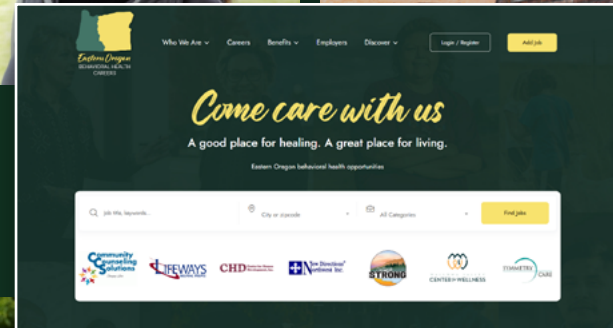
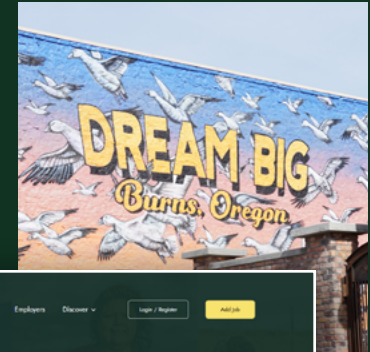
### » **Increased Capacity of Certified or Qualified Interpreters:** CMHPs based on enrollment size increase the number of staff who meet OHA Language Proficient, Certified, or Qualified in order to provide translation services for members.

# Workforce Development

GOBHI has made significant investments to strengthen the behavioral health workforce across Eastern Oregon. In 2022, GOBHI launched the “Come Care with Us” campaign and a dedicated job posting website at **bhcareers.org** to support local employers, featuring powerful video testimonials from Community Mental Health Programs highlighting the experience of living and working in behavioral health in Eastern Oregon.

In 2025, the campaign achieved an impressive reach and impressions, generating approximately 42,000 clicks.

It has introduced many to GOBHI and the CMHPs, sparking collaboration inquiries from institutions like Eastern Oregon University. Using platforms like LinkedIn, Meta, Google, and YouTube.





*Eastern Oregon*  
BEHAVIORAL HEALTH  
CAREERS

GOBHI also funded eight college scholarships in behavioral health, social services, and addiction services through Blue Mountain Community College and Treasure Valley Community College. To further support recruitment, GOBHI hired a dedicated sourcing specialist to assist CMHPs with filling vacancies through job postings, targeted social media campaigns, and strategic advertising. Additionally, GOBHI continued to elevate the peer workforce by hosting its second annual Peer Workforce Conference, celebrating and supporting peer professionals across the region.

Looking ahead to 2026, GOBHI is excited to host the first-ever behavioral health track for the MedQuest Camps, giving high school seniors a unique opportunity to explore careers in behavioral health.

For questions about GOBHI's Workforce Development Campaign, please contact GOBHI's Chief Human Resources Officer, Julie Leutschaft, MPA, MHA, at [jleutschaft@gobhi.org](mailto:jleutschaft@gobhi.org)

# Behavioral Health Service Array

GOBHI, on behalf of EOCCO, administers the behavioral health benefit for its Oregon Health Plan (OHP) members. The behavioral health benefit encompasses a wide array of mental health, substance use disorder (SUD), and social services aimed at improving the well-being of our members.

## 2025 Service Array Highlights:

Services increased slightly (6%) while the number of members served decreased by 3%.

Proportionally, mental health outpatient services for adults increased while the proportion of adult SUD outpatient services decreased.

A 46% Increase in youth served in Intensive in-home behavioral health treatment (IIBHT).

Doubled the number of adults screened for entry and engagement into behavioral health services.

Crisis services for adults increased 27% in terms of members served and services provided.

Supported employment services increased 45% in terms of members served, and 93% in services provided.

The number of members receiving medication assisted treatment (MAT) services increased 91% while services provided tripled.

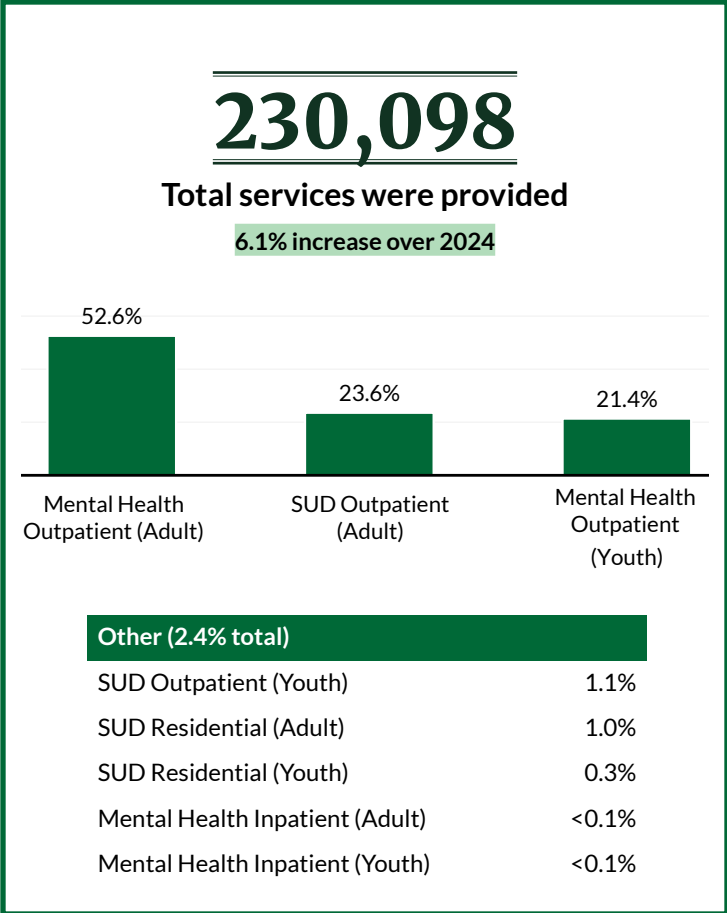
# Overview

Mental Health Services	
Services Provided	146,588
Members Served	11,455

Substance Use Disorder Services	
Services Provided	83,696
Members Served	3,146

Adult Members Served	9,676
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Youth Members Served	3,424
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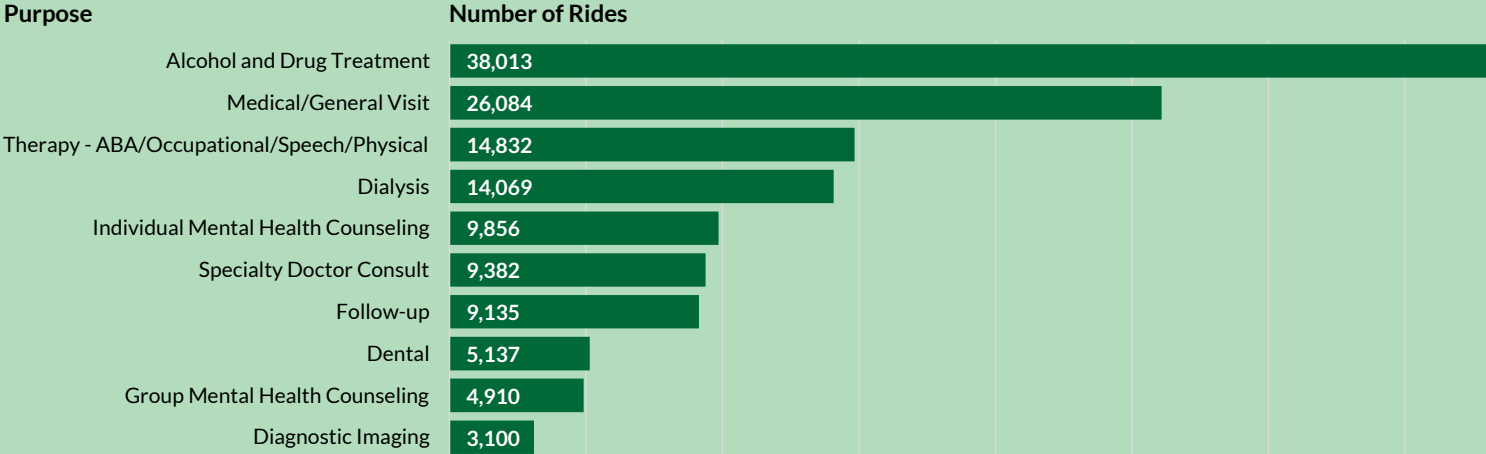


# Non-Emergent Medical Transportation (NEMT)

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.

## Top 10 Most Common Ride Types



## 2025 NEMT Highlights

**158,576**

Total rides provided

14.5% increase over 2024

**6,664,055**

Total miles driven

**42 miles**

Average ride distance

GOBHI's NEMT team  
made or received

**145,386**

calls scheduling rides

# Clinical Services

In 2025, GOBHI's Care Management and Utilization Management scaled operations, handling thousands of requests and implementing OHA-mandated data-driven processes for enhanced member support.

## 2025 Performance by the Numbers

**4,914**

Total authorization requests processed

Reviewed nearly 5,000 requests, including 2,805 standard and 1,249 urgent pre-service authorizations.

**936**

Emergency department outreach attempts

Proactive outreach for ED visits to address barriers and coordinate follow-up care.

**857**

New care coordination cases opened

Expanded reach to assist members with complex human services needs.

## 2025 Highlights

Monitored and provided care management services for:

3 members at the Oregon State Hospital.

40 members who were enrolled in a forensic program.

169 members who were part of the civil commitment process.

197 members who were voluntarily placed at an acute psychiatric hospital level of care.

936 members who visited the emergency department received outreach or had outreach attempts made.

## New Processes and Specialized Roles

### Risk Stratification

A system for categorizing members into low, moderate, or high-risk groups using multiple data sources such as claims, assessments, referrals, and event notifications to identify risk levels, care gaps, and physical, behavioral, developmental, dental, and social health needs.

### Standardized Outreach and Extensions

CCOs to make use of the available 14 day extension prior to issuing a denial based on lack of information.

This includes member notification and outreach as well as three provider outreach attempts.

### Specialized Support: Coaches and Navigators



#### Coach:

Skill-based  
advocacy



#### Navigator:

Coordinates earliest  
appointments and  
supports members with  
transportation



# Our Programs

# Applied Behavior Analysis (ABA)

## 2025 Highlights

Expanded ABA program staff to serve more clients.

Promoted a Board Certified Behavior Analyst to a Clinical Manager position.

Hired 2 interns to support the Registered Behavior Interventionist (RBI) in Pendleton.

One intern completed training to become Registered Behavior Interventionist (RBI).

Moved to a larger clinic site in La Grande.

Secured a new, larger clinic location in Baker City .

Increased services provided to members by 10% over 2024.

Applied Behavior Analysis (ABA) therapy is an evidence-based intervention using the science of learning and behavior. ABA therapy applies our understanding of how behavior works in real situations and uses principles from learning theory to increase behaviors that are helpful to the child and decrease behaviors that are harmful or affect learning.

ABA therapy programs can improve language and communication skills, attention, social skills, and decrease interfering behaviors.

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.

# Child-Parent Psychotherapy (CPP)

## 2025 Highlights

The 2025 training cohort successfully launched in September 2025, enrolling 30 clinicians and sustaining a robust, active engagement of 23 participants.

Four clinicians in the 2025 training cohort represent rural Eastern Oregon, strengthening local behavioral health services. This initiative, a part of broader efforts to boost rural care, helps address the critical need for qualified professionals in the region.

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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 them 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.

# Community Health Development Team

## 2025 Highlights

Participated in 46 community outreach events, providing culturally responsive educational materials and strengthening relationships with community members.

Provided oversight and strategic guidance to LCHPs in all 12 counties, stewarding \$800,000 in Supporting Health for All through REinvestment (SHARE) funding to advance locally driven Social Determinants of Health and Health Equity initiatives.

Developed, facilitated, and sustained 110 collaborative cross-sector meetings across 12 counties.

59% of EOCCO's CAC is comprised of EOCCO members representing all 12 counties, directly informing organizational decisions-making and advocating on behalf of members and their communities.

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The Community Health Development Team (“Field Team”) builds and sustains strong community partnerships across the EOCCO region to advance health equity and improve community health outcomes. The team engages community members to elevate local voices, gathers and analyzes feedback to identify priorities, and implements strategies that address the Social Determinants of Health in alignment with regional needs.

The team leads various funding efforts, oversees the EOCCO Community Advisory Council (CAC) and Local Community Health Partners (LCHPs), and helps prioritize key areas of work to improve community health outcomes through the EOCCO Community Health Improvement Plans and Community Health Assessments.

# Early Assessment and Support Alliance (EASA)

## 2025 Highlights

10 counties served.

67 enrolled members served across Eastern Oregon.

54 referrals received to the EASA program.

115 community outreach and education events.

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The Early Assessment and Support Alliance (EASA) is a statewide network of programs which identify youth with symptoms of psychosis as early as possible, and provide support and treatment based on current research. EASA is a transitional program, serving people for approximately two years. The program continues to evolve based on feedback, experience and availability of new methods. For example, EASA is now integrated in methodology from evidence-based “toolkits” developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Toolkits being implemented by EASA included multi-family groups, illness management and recovery dual diagnosis treatment (chemical dependency and psychosis), and supported employment.

EASA works closely with family members and others who are supportive of the individual to help them succeed. This program is for young adults who are at risk for developing symptoms of psychosis and those who meet criteria for schizophrenia or bipolar I disorder with psychosis. Acute symptoms of psychosis include hallucinations, delusions, and disturbances to speech, emotional expression, and movement.

# Early Childhood and Triple P®

## 2025 Highlights

Trained practitioners and implemented Triple P for Baby which aims to prepare parents for a positive transition to parenthood and the first year with baby, promoting sensitive and responsive care in the perinatal period.

Renewed a two-year contract to continue delivering essential parent education services for Pendleton and Hermiston ODHS Child Welfare.

Expanded virtual Triple P parent education workshops to Oregon Kinship families throughout Oregon.

Five new facilitators trained and accredited to deliver direct Triple P parent education services.

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.

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. As the lead partner, GOBHI is collaborating with community partners to implement Triple P as the primary evidence-based parenting program.

# Family Search and Engagement Services

## 2025 Highlights

GOBHI was awarded the contract for Family Engagement services in late 2025, and the program launched in 2026.

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GOBHI partners with the Oregon Department of Human Services (ODHS) Child Welfare to help children and youth build and maintain meaningful family connections. Through Family Search and Engagement services, we identify and engage relatives and supportive adults, develop family trees and contact lists, and facilitate family meetings and connections that support long-term stability and permanency.

Services are available to children and youth of any age with permanency plans of reunification, adoption, guardianship, or permanent foster care (APPLA). By helping youth reconnect with family and supportive adults, this program strengthens relationships, fosters a sense of belonging, and supports lasting relational permanency.

# Frontier Veggie Rx (FVRx)

## 2025 Highlights

Added three new counties in 2025: Grant, Umatilla, and Wallowa.

Served 465 households, serving 1,016 individuals, of which 729 are EOCCO members.

The filling of new and refill prescriptions that support healthy eating across ten counties equates to \$309,817 in EOCCO, GOBHI, and other financial investments.

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The Frontier Veggie Rx (FVRx) program is a regional nutrition initiative serving residents of Baker, Gilliam, Grant, Harney, Lake, Malheur, Sherman, Umatilla, Wallowa, and Wheeler counties in rural and frontier Oregon. Administered by GOBHI and funded through Local Community Health Partnership (SHARE) resources via the Eastern Oregon Coordinated Care Organization, the program strengthens community-based strategies to address food insecurity.

FVRx equips local partners with tools to identify food access gaps and distribute monthly produce prescriptions to eligible households. These prescriptions are redeemable for fresh or frozen fruits and vegetables at participating local retailers and agricultural producers, supporting both improved nutrition and the regional food economy.

As a Social Determinants of Health initiative, FVRx advances population health by increasing equitable access to nutrient-dense foods, enhancing affordability, and reducing structural barriers to healthy eating across geographically isolated communities.

# Intensive In-Home Behavioral Health Treatment (IIBHT)

## 2025 Highlights

Average age of youth enrolled in IIBHT is 11 years.

78 youth enrolled in IIBHT across 12 counties.

4 quarterly in-person trainings to all IIBHT clinical teams in the Eastern Oregon Region.

Services received during IIBHT included (youth peer support, family peer support, crisis support, skills training, case management, family therapy, individual therapy, and psychiatry).

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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 21, 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 2 hours per week.

# Older Adult Program

## 2025 Highlights

Provided 135 trainings to over 800 professionals and community members in 2025.

Conferences and Events: Presented at: Caregiver Conference in Ontario, No Place to Grow Old showing in The Dalles.

Provided Older Adult Behavioral Health training at Crisis Intervention Team trainings in Malheur, Wasco, and Baker Counties.

Provided Mental Health First Aid training to Outback Strong CMHP in Lakeview and Community Corrections in Umatilla County.

Team provided numerous classes on variety of topics such as: PEARLS classes, Cross county Powerful Tools for Caregivers classes, Suicide prevention trainings, Advance Care Planning trainings in collaboration with EOCCO.

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

- » Complex Care Consultation
- » Community Collaboration and Coordination
- » Behavioral Health Workforce Development and Behavioral Health Community Education

Goal of the initiative: “To better meet the behavioral health 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.”

# Oregon Center on Behavioral Health and Justice Integration

## 2025 Highlights

Completed five Adult Sequential Intercept Mappings (SIM) in Curry, Douglas, Lane, Jackson, and Washington Counties.

Conducted three Civil Commitment Mappings in Union, Jackson, and Klamath Counties.

Conducted Oregon's first-ever Civil Commitment Summit, attended by over 50 professionals.

Partnered with Oregon's Department of Public Safety Standards and Training (DPSST) to support the Crisis Intervention Team Center of Excellence (CITCOE) Summit and co-facilitated Advanced De-Escalation and Escalation Prevention Training (ADEPT) sessions.

Assisted in 18 Crisis Intervention Team (CIT) trainings.

Presented at multiple conferences and community events throughout Oregon, sharing expertise and best practices in behavioral health and crisis intervention.

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The Oregon Center on Behavioral Health and Justice Integration (OCBHJI) is a statewide program, in partnership with the Oregon Health Authority (OHA), that provides specialized training and technical assistance to behavioral health and justice partners. Our mission is to enhance knowledge, improve practices, and support systems in responding to individuals who, primarily due to symptoms of serious behavioral health conditions, neurocognitive disorders, and/or intellectual and developmental disabilities (IDD), who are at risk of entering, or are already involved in the criminal justice system.

# Oregon Kinship Navigator

## 2025 Highlights

Online private Facebook support group for kinship providers grew to more than 770 members.

In 2025, increased participation in bi-monthly, live-facilitated virtual support groups by about 75% over 2024.

Launched an in-house tangible needs gift card program to provide faster, more direct support to kinship families (formerly managed by a third party).

Implemented Jotform, a secure enterprise data collection system, complete with encrypted data storage, to securely capture kinship family information.

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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 more than 5,000 children in family foster care are placed with non-parent kinship caregivers and they face unique challenges in navigating the care of these children. Approximately 40,000 youth are being raised in kinship care statewide. Our staff members are located throughout the state of Oregon, bringing unique knowledge of both urban and rural communities of Oregon. Oregon Kinship Navigator meets the tangible needs of kinship families, provides online support groups and parenting support, facilitates resource referral, and provides access to a legal resource guide.

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

# Peer Support Services

## 2025 Highlights

Hosted the 2025 Oregon Peer Workforce Conference, bringing together 200 peer workers from across Oregon for two days of networking, professional growth, and resource sharing.

Increased peer support workers serving EOCCO members to 160, while maintaining a stable workforce to support better integration, outreach, and collaboration.

Facilitated twice-monthly virtual support groups for peer workers across Eastern Oregon, providing a voluntary space for connection and peer support.

Hosted monthly virtual support groups for supervisors of peer workers, bringing together clinical and peer supervisors to share resources and support.

Supported 72 youth and family peer supporters across 12 Eastern Oregon counties through the Youth and Family Leadership Committee, helping guide System of Care efforts and provide Wraparound peer support.

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The Peer Support Services program at GOBHI provides technical assistance to our providers and healthcare partners within the EOCCO service area by supporting Traditional Health Workers (THWs), specifically peer workers employed in behavioral health agencies/organizations. Our staff serve in leadership roles to promote, educate, and expand utilization and capacity of state-certified THWs throughout the Eastern Oregon region. THWs are integrated into all aspects of behavioral health and physical health. THW is an umbrella term for frontline public health workers who work in a community or clinic setting under the direction of a licensed health provider/clinical supervisor.

Our team supports the Peer Workforce which includes adult addictions, adult mental health, youth, family, peer wellness, veterans, gambling, and forensic.

# Rental Assistance Program

## 2025 Highlights

Served 55 unduplicated households with \$344,691 in rent subsidies.

4 households achieved permanent housing.

Assisted 1 household with \$1,512 in barrier removal assistance (other funding was available to cover housing barrier removal costs).

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The Rental Assistance Program (RAP) offers permanent supportive rental subsidies to individuals with serious and persistent mental illness who are homeless, at risk of homelessness, or at risk of being placed in restrictive environments such as residential or hospital care. The program is a collaborative effort between GOBHI and Community Counseling Solutions, who jointly provide direct client services, administration, and oversight. Funded and sponsored by the Oregon Health Authority, the program includes Residential Specialists and Peer Supports, who partner with property owners, community mental health providers, and other service organizations to ensure individuals receive the necessary services to maintain independence, health, and safety. Rental Specialists focus on fostering relationships within communities to increase rental housing availability and work with individuals and providers to overcome barriers to long-term housing and financial support.

# Systems of Care and Wraparound

## 2025 Highlights

76 members in our Youth and Family Leadership Committee.

We served 226 youth in Wraparound and Intensive Care Coordination (ICC).

System of Care Grant 23-25 funded the following:

- » \$8,920 in youth and family engagement opportunities
- » \$20,744 in diversity, equity, and inclusion opportunities
- » \$34,500 in resolving locally identified barriers
- » \$110,508 in agile funding
- » \$9,329 in youth and family led Communications

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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 workgroups 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 convened by the CCO in each county.

# Substance Use Disorders (SUD)

## 2025 Highlights

Expanded EMS-initiated MOUD in frontier communities.

Secured school-based behavioral health and prevention grants.

Expanded the school-based internship and workforce development program.

Increased regional engagement in recovery-oriented community events.

Strengthened emergency department treatment bridge partnerships.

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The Substance Use Disorders (SUD) team supports GOBHI's commitment to ensuring members have timely access to the full continuum of substance use disorder treatment services, including prevention, harm reduction, outpatient, residential, withdrawal management, medication for opioid use disorder (MOUD), and recovery supports. The team partners with Community Mental Health Programs (CMHPs), physical health providers, Tribal partners, peer organizations, correctional facilities, emergency departments, and other community stakeholders to strengthen coordinated, region-wide SUD service delivery across Eastern Oregon.

# Therapeutic Foster Care and Foster Plus

## 2025 Highlights

Generated 2,708 inquiries from potential foster families through Foster Plus.

Supported an average of 47 youth in full time foster care each month.

An 11% increase in the number of certified foster homes through targeted recruitment efforts.

Implemented a Spanish Language Training and Certification program to support monolingual Spanish speaking families.

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The Treatment 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. In 2025, our program operated in 20 of Oregon's 36 counties.

Foster Plus is an effort of 10 social service agencies collaborating to connect foster youth 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.

# Workplace Culture at GOBHI

*Exceptional care starts with an exceptional workplace.*

At GOBHI, we don't just talk about impact — we create it. We believe lasting change in our communities begins with empowered, passionate people, and we are relentless in our commitment to building a workplace where every team member feels valued, energized, and inspired to do their best work.

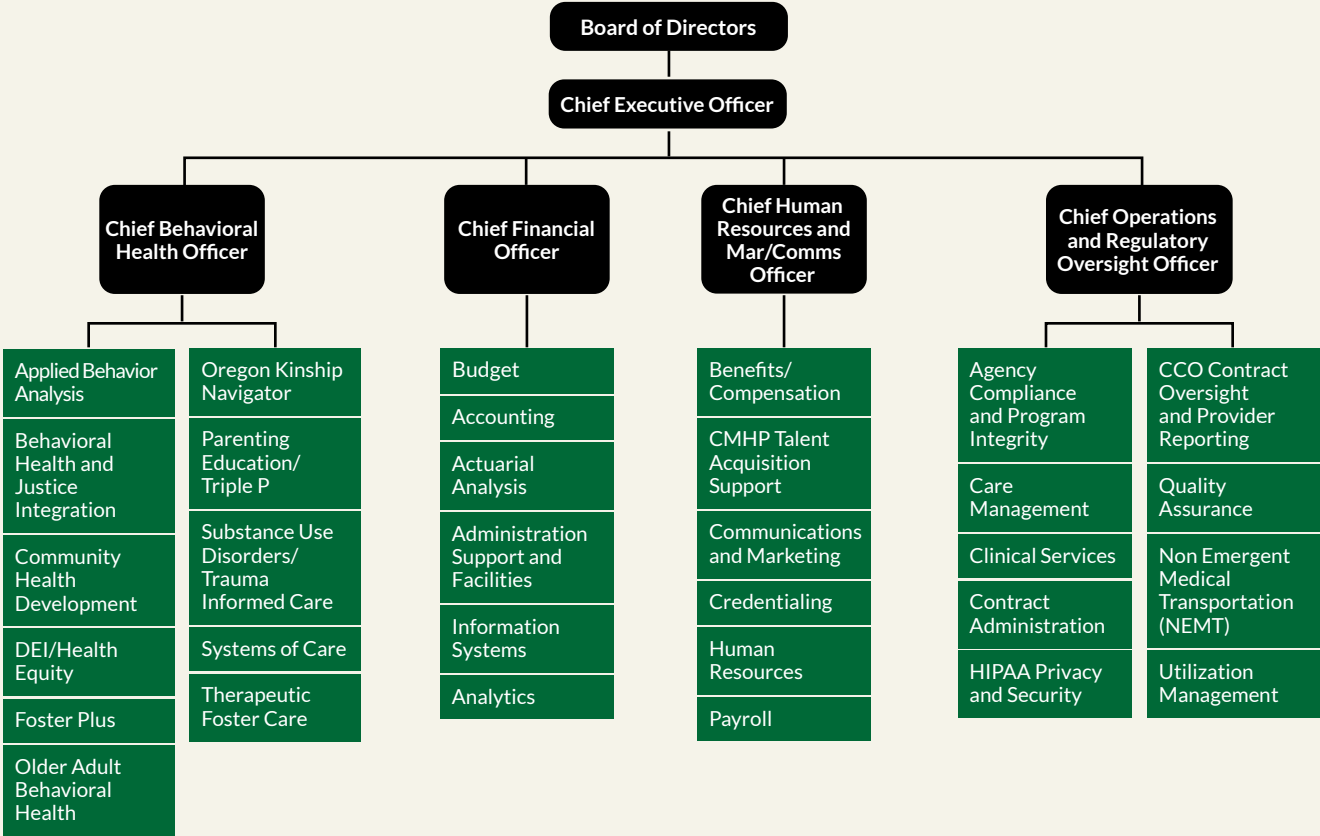
Our team is at the heart of everything we do. Whether advancing behavioral health services, strengthening child welfare, or supporting rural communities, GOBHI employees lead with purpose, compassion, and unwavering dedication. In return, we invest deeply in our people — because when you thrive, so do the communities we serve.

We've built a culture that champions collaboration, celebrates achievements, and prioritizes well-being alongside performance. Here, you'll find a team that lifts each other up, steps in when it matters most, and recognizes both the everyday efforts and the extraordinary wins.

We back that commitment with a powerful total rewards package, including competitive wages, flexible remote work opportunities, best-in-class benefits, generous paid time off, paid sabbaticals, a community day of service, tuition reimbursement, and ongoing professional development. We are committed to helping you grow, both personally and professionally.

Explore opportunities at GOBHI Careers or visit [gobhi.org](https://gobhi.org)

# GOBHI Organizational Chart



# Closing Remarks

## With Gratitude and Looking Ahead

We extend our sincere thanks to the GOBHI Board of Directors, our dedicated staff, and our valued community partners. Your commitment, collaboration, and shared vision make this work possible, and we are grateful for the role each of you plays in strengthening behavioral health across our region.

As we reflect on 2025, we are proud of the progress we've made together in expanding access, supporting communities, and building a stronger, more responsive system of care for rural and frontier Oregon. These accomplishments are a direct result of your passion, innovation, and dedication.

Looking ahead, we remain committed to continuing this important work—deepening partnerships, investing in our workforce, and ensuring individuals and families have access to the support they need to thrive. We are honored to move forward together in service of healthier, more connected communities.

With gratitude,  
Ann Ford, CEO