



eooco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION



Welcome

Purpose of today's meeting:

- Share information on behavioral health planning in EOCCO
- Current reporting requirements
- Your Voice: Community input / feedback to steer planning.



Making Good Use of Time and Meeting Etiquette

- Virtual meetings have changed the way we interact and connect
- **we appreciate seeing you all today**
- We will present information, make time for questions, and time to hear your feedback
- Please:
 - Participate when we open the floor, we want to hear from you!
 - Only one person talking at a time – mute when not speaking
 - Help ensure everyone has time to comment – use time wisely
 - Create a respectful learning environment

Who We Are

- The EOCCO received its first contract from the Oregon Health Authority in 2012 to administer Medicaid services in Eastern Oregon.
- We currently provide Oregon Health Plan services in 12 Eastern Oregon counties:
 - Baker
 - Gilliam
 - Grant
 - Harney
 - Lake
 - Malheur
 - Morrow
 - Sherman
 - Umatilla
 - Union
 - Wallowa
 - Wheeler



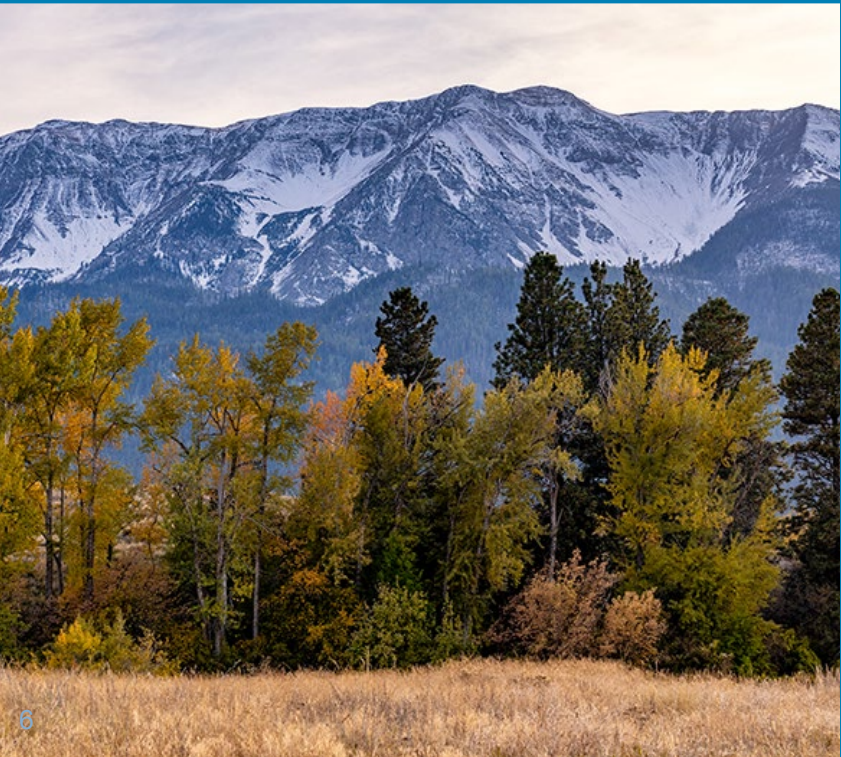
Who We Are

EOCCO Ownership:

- ODS Community Health (Moda Health) (29%)
- Greater Oregon Behavioral Health, Inc. (GOBHI) (29%)
- Good Shepherd Hospital (10%)
- Grande Ronde Hospital (10%)
- Saint Alphonsus Hospital (10%)
- Saint Anthony's Hospital (10%)
- Eastern Oregon Independent Physicians Association (1%)
- Yakima Valley Farm Workers (1%)

EOCCO Governing Board:

- Includes representation from local hospitals, public health, mental health providers, OHP Members and the Regional Community Advisory Council (RCAC) Chair.
- The RCAC is representative of the 12 county Local Community Advisory Councils (LCACs).



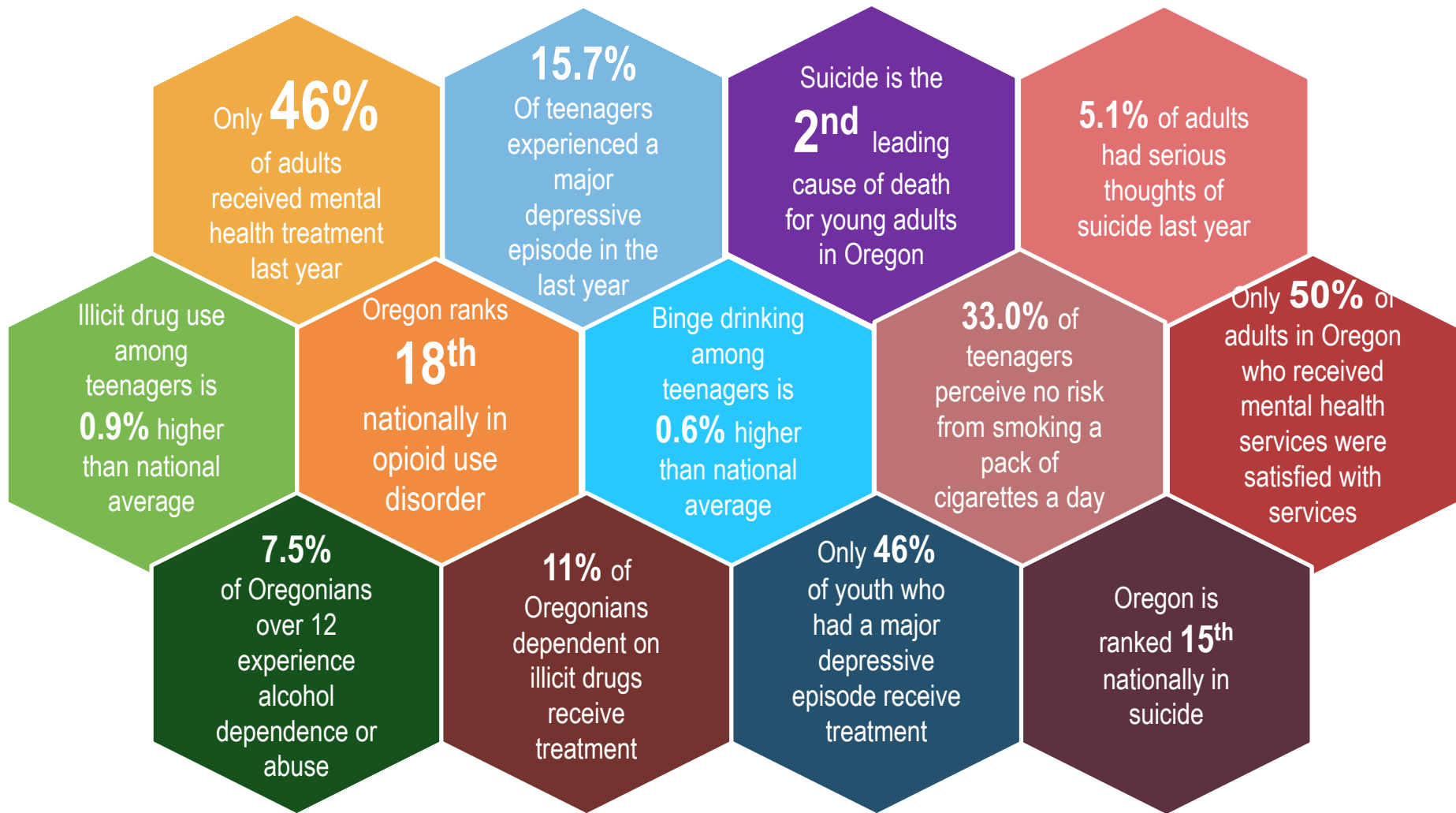
● **Background**

○ **Progress Report**

○ **Data**

○ **Feedback**

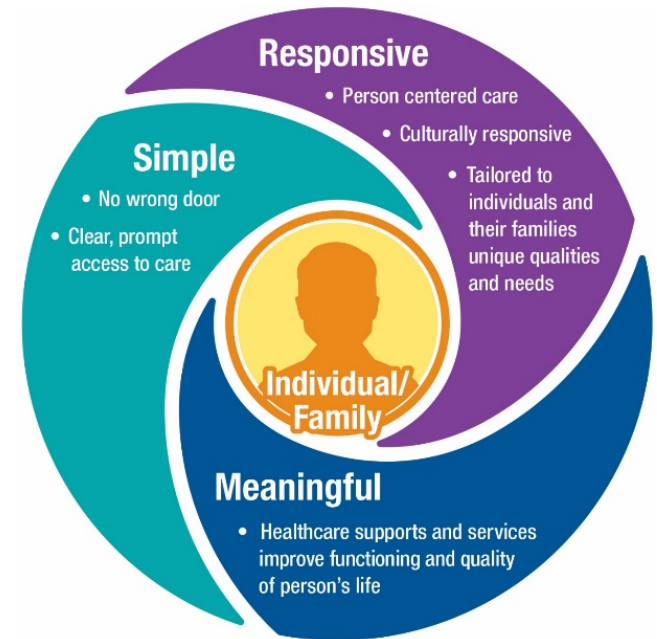
Why are we here?



Source: OHA Setting The Stage Presentation

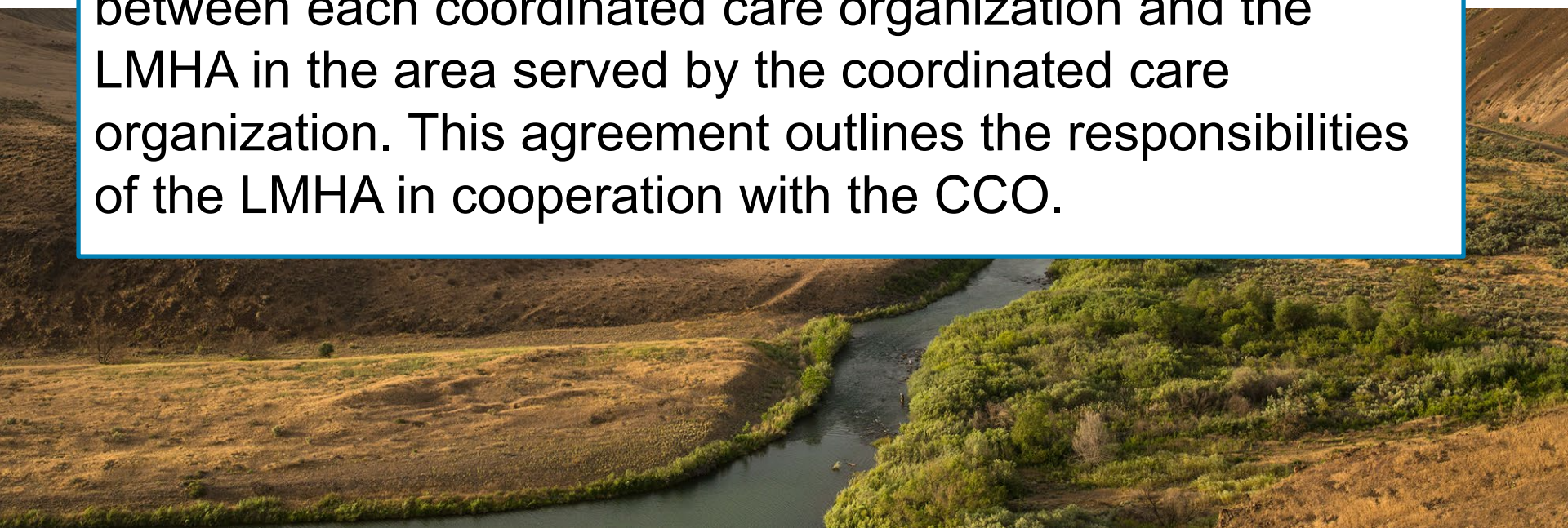
Vision

- Direction: Community-Driven Healthcare
- Triple Aim:
 - ✓ Better Health Care System
 - ✓ Better Health Outcomes
 - ✓ Cost Savings



Local Mental Health Authorities (LMHA) & CCOs: Building a Collaborative Network of Services and Supports

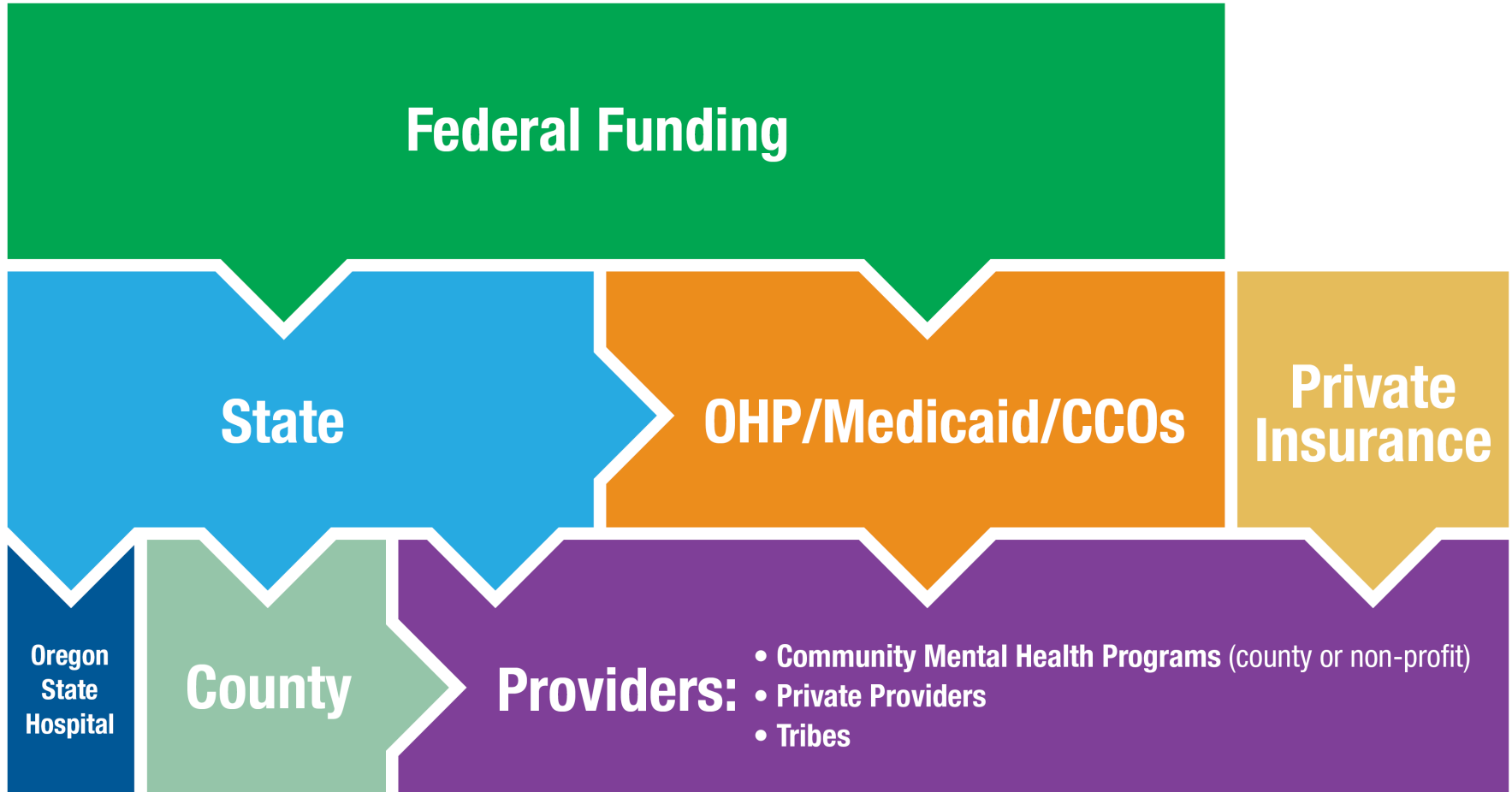
ORS 414.153 directs that there be a written agreement between each coordinated care organization and the LMHA in the area served by the coordinated care organization. This agreement outlines the responsibilities of the LMHA in cooperation with the CCO.



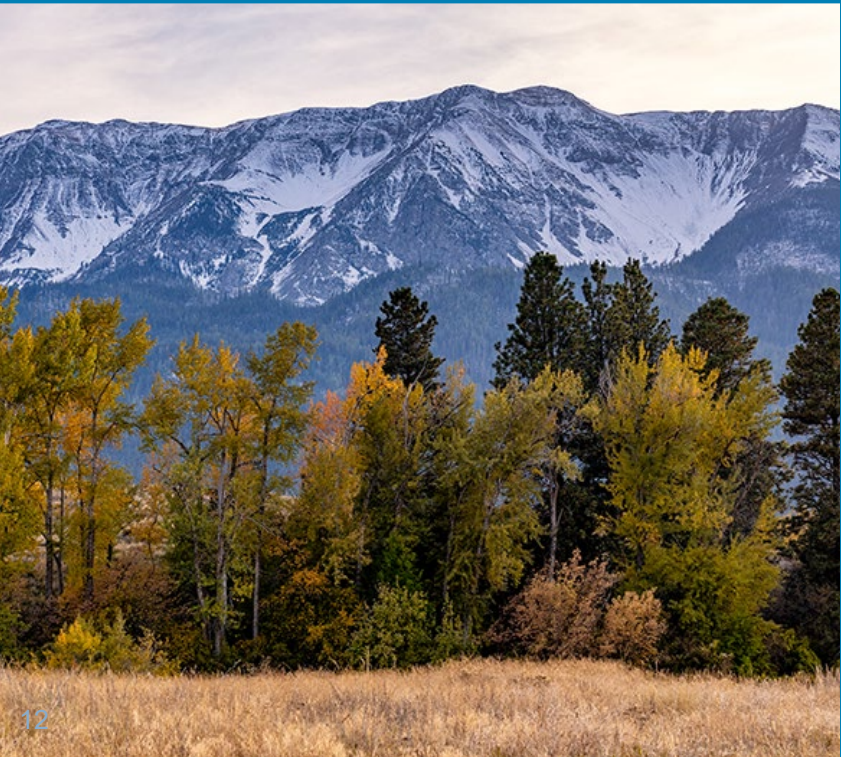
LMHA Responsibilities



Behavioral Health Funding Streams



Source: OHA Setting The Stage Presentation



○ Background

● Progress Report

○ Data

○ Feedback

Behavioral Health Progress Report

- Due – Jan. 4th
- 100 questions
- Responses will guide OHA on Comprehensive Plan Guidance

Key Areas:

- Build on previous assessment and focus areas
- Describe funding streams
- Collaborations with key stakeholders:
 - Local Mental Health Authority
 - Tribes and / or other Indian Health Care Providers
 - Advisory Groups
 - The array of providers – prevention, residential, state hospital
 - Others
- In partnership with stakeholders:
 - Implement full continuum of service array
 - Provide care coordination for SPMI population
- Workforce capacity
- Enhance outcomes through:
 - Trauma Informed Services
 - Focus on diversity, equity, and inclusion
 - Ensuring cost efficiencies
 - Impact SDOH

2012

- CCO's 1.0 Formed

2014

- LCAC Community Health Assessments
- LCAC and RCAC Community Health Improvement Plans
- Transformation Grants

2015

- Annual Report
- Program implementation

2016

- Update Community Health Improvement Plans
- 2 SIMs

2017

- Community Health Assessment – Factors Influencing Health

2018

- 24 Community focus groups
- LCAC Community Health Assessments
- Community Priorities
- Health Improvement Plans
- 3 SIMs

2019

- 14 Community Presentations
- Successful CCO 2.0 application
- RCAC Annual Report
- 3 SIMs

2020

- CHA
- CHIP
- RCAC Annual Report

2021

- Behavioral Health Plan
- BH Dashboards
- Community Engagement
- System Improvements



Results: Behavioral Health a Key Focus Point

- Community-wide planning efforts: CHA / CHIP
 - Each community prioritized BH as important area in health plan.
- Fall 2019 - Community meeting feedback:
 - BH partnerships integral to CCO 2.0.

EOCCO Behavioral Health Service Array

Preventive

Intensive

Youth

Adult

Ages and Stages screening (0-3)

Cognitive Behavioral and Dyadic Play Therapy

Wraparound & Intensive In-home Behavioral Health Treatment

Day treatment

Children's Residential & Inpatient Services

Early Assessment and Support Alliance (EASA)

Therapeutic Foster Care

Substance use disorder outpatient, detox, & residential support

Behavioral health and substance use disorder screenings

Crisis services (including mobile crisis)

Intensive Care Coordination

Residential mental health services

Outpatient, case management, medication mgmt, med. assisted therapy

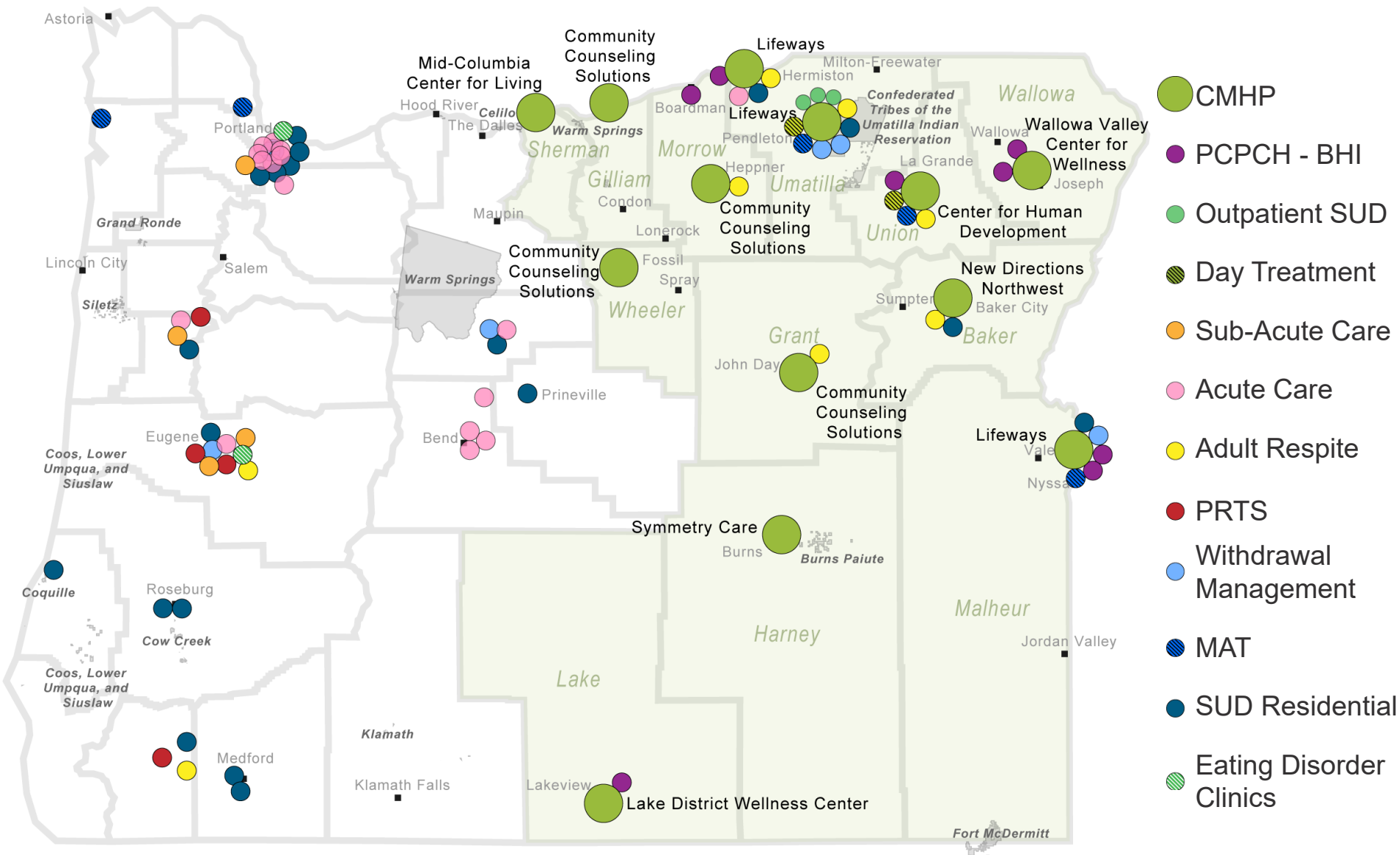
Intensive outpatient SUD

Assertive community treatment & supported employment

Respite/acute care inpatient services

All members have access to non-emergent medical transportation for medical, physical and dental appointments. TIC and DEI integration into service delivery system

Map of Behavioral Health Services



Care Coordination

- Work with providers to ensure that vulnerable clients get the most efficient and effective treatments possible
- Partner to authorize and advocate for the care our clients need
- Coordinate care for mental health, substance use disorders, physical health, and dental health



EOCCO Workforce Development and Training

2019 – 2020 Trainings

Substance Use Disorder: Medication Assisted Treatment, Naloxone distribution and training

Cultural Competency and Ethics for Healthcare Professionals webinar - GOBHI/EOCCO

- 216 attendees

Trauma-Informed Care for Healthcare Professionals

Criminal Justice: Sequential Intercept Mapping, Crisis Intervention Teams, Law Enforcement 101

Foster Care: Training opportunities available - 54 homes in 18 counties, 78 youth (2019)

Child-Parent Psychotherapy training:

EOCCO holds contract with OHA to provide clinicians across the state with training and certification

- Dyadic Treatment for children 0-5 and their caregivers

Older Adult Behavioral Health:

- More than 30 trainings in 2020
- Reached over 670 people through program
- Topics included Anxiety, Depression, Civil Commitment, Dementia.

Healthy Oregon Workforce Training Opportunity Grant (HOW TO)

- Assist in identifying learners for the Psychiatric Mental Health Nurse Practitioner (PMHNP) program
- Provide Primary Mental Health Provider (PMHP) clinical training sites and preceptors
- Assist in facilitating employment opportunities and incentives for qualified graduates within PMHP clinics

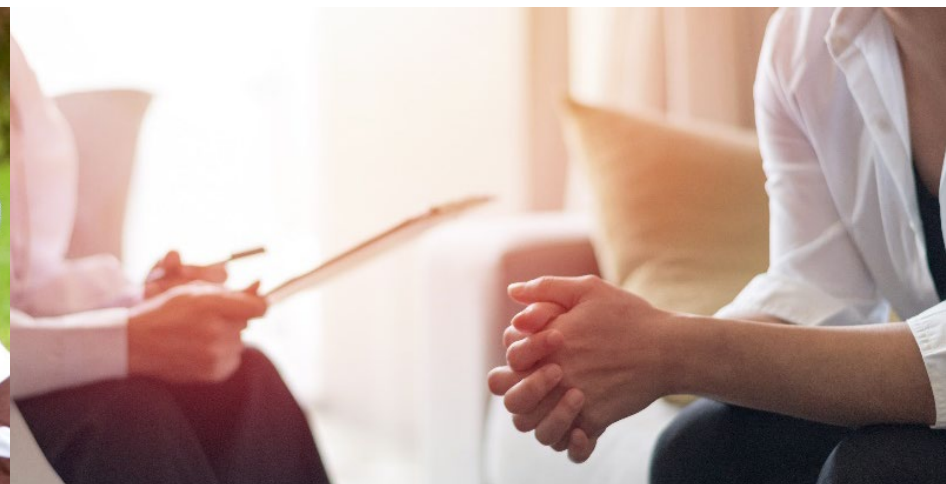
Campus for Rural Health (OHSU)

- Support Community Liaison position for community engagement project
- Campus locations are in Union and Wallowa Counties

CCO 2.0 Application Goals

- Engaging people sooner – preventing crises and other bad outcomes (justice involvement, etc.)
- Enhanced care coordination among behavioral health, primary care and oral healthcare; effective transition between levels of care
- Use of peers/people with lived experience/traditional health workers
- Trauma-informed care
- Social determinants of health and health equity
- Crisis system oversight and management

[EOCCO CCO 2.0 application link](#)





☐ Background

☐ Progress Report

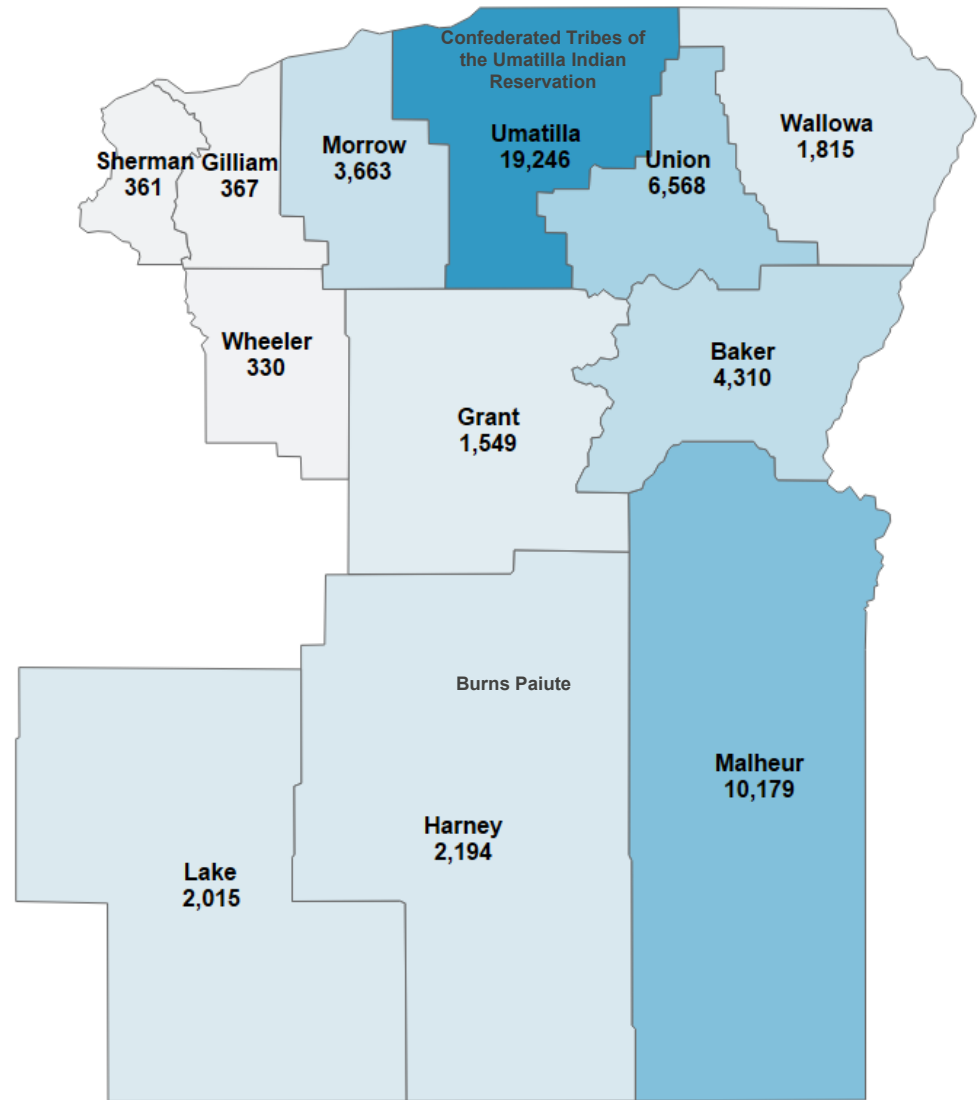
☒ Data

☐ Feedback

Monthly EOCCO Membership by County

Average monthly EOCCO membership by county from 7/1/19 to 6/30/20

County	Average Monthly Membership	Percentage of EOCCO	Total Population	EOCCO as Percentage of Total
Baker	4,310	8%	16,910	25%
Gilliam	367	>1%	1,990	18%
Grant	1,549	3%	7,315	21%
Harney	2,194	4%	7,280	30%
Lake	2,015	4%	8,075	25%
Malheur	10,179	19%	32,105	32%
Morrow	3,663	7%	12,825	29%
Sherman	361	>1%	1,795	20%
Umatilla	19,246	37%	81,495	24%
Union	6,568	12%	26,840	24%
Wallowa	1,815	3%	7,160	25%
Wheeler	330	>1%	1,440	23%



EOCCO Membership Behavioral Health Diagnoses

Number and percentage of EOCCO members receiving treatment for 7/1/19 to 6/30/20

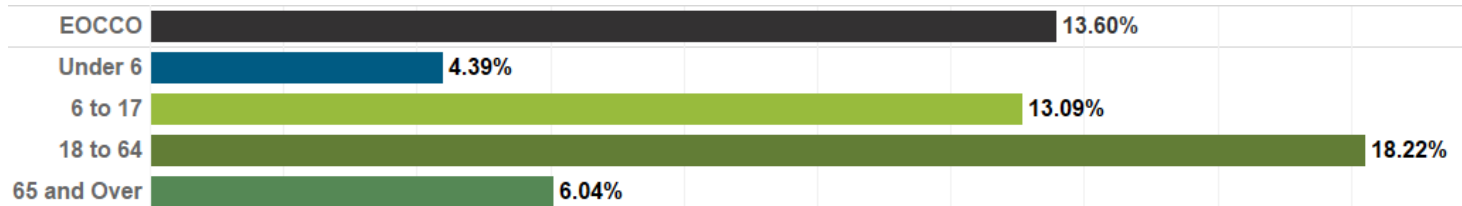
11.4% of EOCCO members received treatment for a mental health diagnosis and 3.6% received treatment for a substance use disorder diagnosis in the year. These figures differ based on member demographics.

	Mental Health Diagnosis	Anxiety	Depression	Severe and Persistent Mental Illness	Substance Use Disorder Diagnosis
EOCCO Members	7,304	1,535	1,653	3,917	2,295
EOCCO Members (%)	11.46%	2.41%	2.59%	6.14%	3.60%
Black, Indigenous, People of Color	1,032	189	192	460	318
Black, Indigenous, People of Color (%)	8.63%	1.58%	1.61%	3.85%	2.66%
Caucasian	4,208	830	971	2,424	1,287
Caucasian (%)	14.93%	2.94%	3.44%	8.60%	4.56%
Female	4,083	961	1,074	2,464	1,014
Female (%)	12.12%	2.85%	3.19%	7.31%	3.01%
Male	3,228	575	582	1,457	1,281
Male (%)	10.72%	1.91%	1.93%	4.84%	4.26%

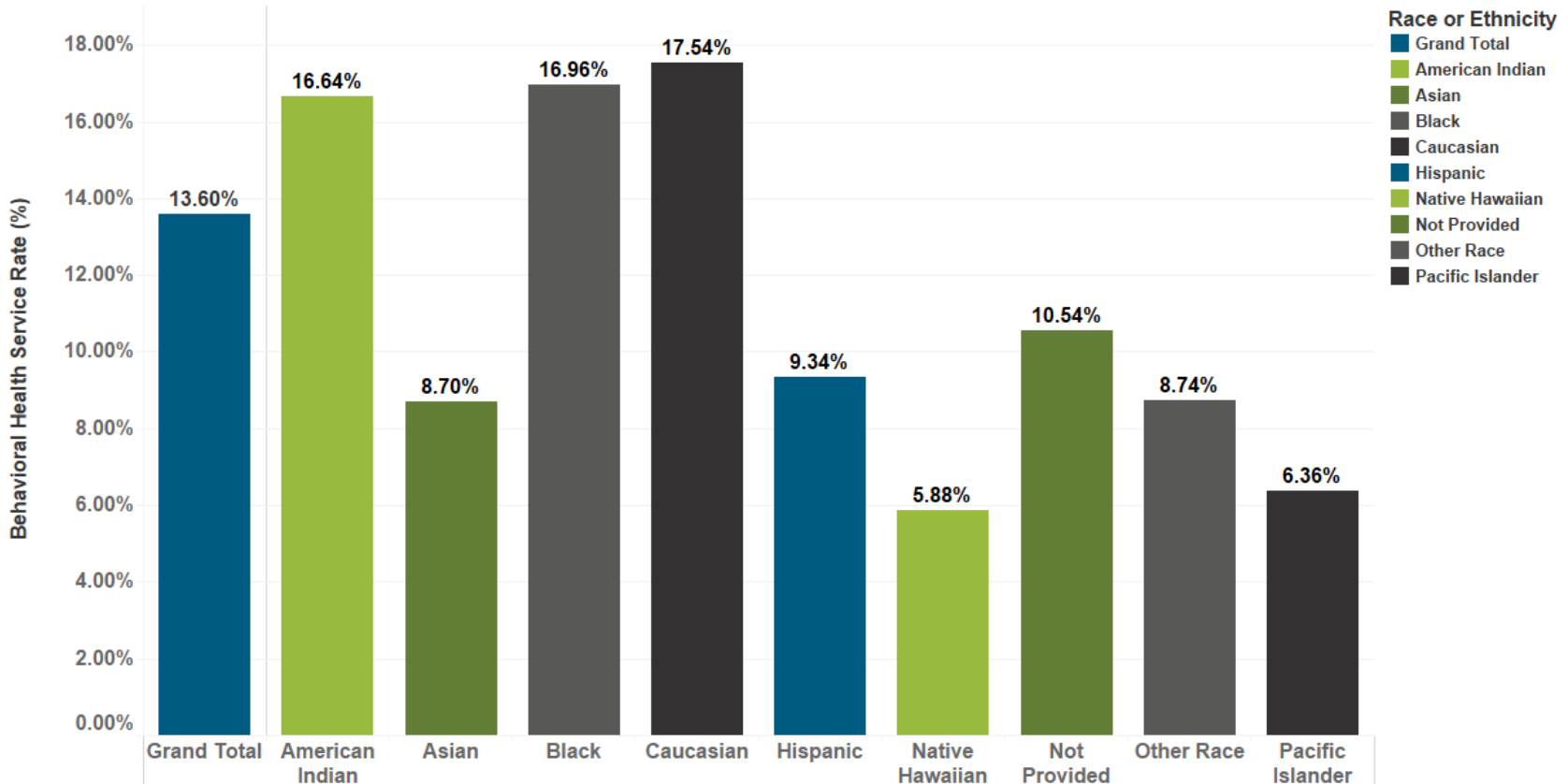
EOCCO Members Receiving Behavioral Health Services

Percentage of members accessing one or more BH service between 7/1/19 and 6/30/20 by age, race, and ethnicity

Members Receiving BH Services by Age Range as a Percentage of Members in Each Category



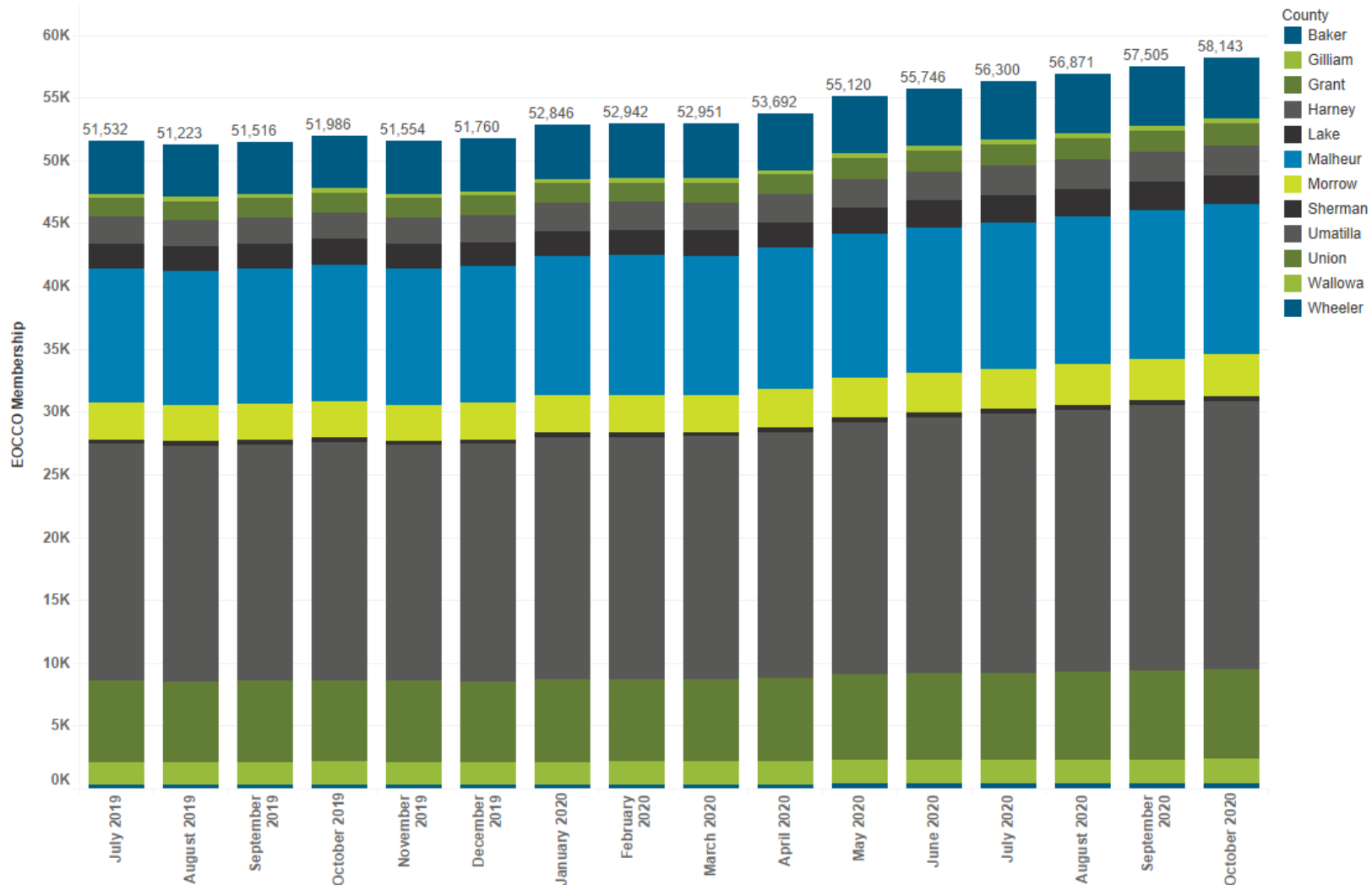
Members Receiving BH Services by Race and Ethnicity as a Percentage of Members in each Category

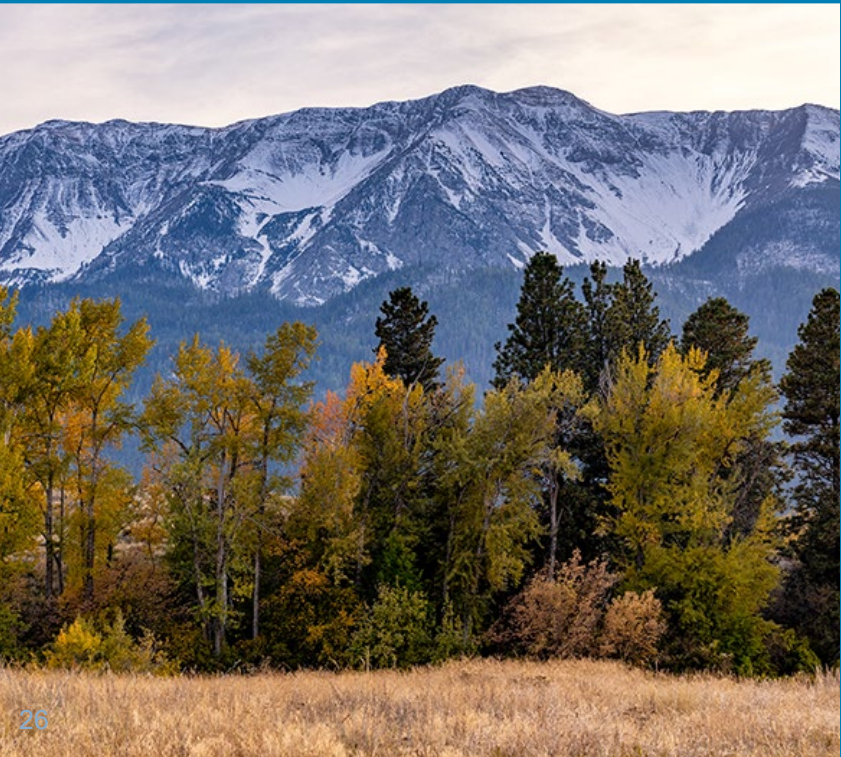


Growth in EOCCO Membership

Monthly EOCCO membership by county from 7/1/19 to 10/30/20

EOCCO membership has grown 7.7% and added 4,192 members between March 2020 and October 2020. OHP enrollment has grown 9.4% over the same period.






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Your Partnership

- 
- Interest in being part of the planning process?
 - Who else should we include?
 - What other past assessments should we review?
 - What data would you like included in future meetings?
 - How to best engage with communities in COVID environment?

Questions?

Contact: EOCCO/GOBHI

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Key Contacts

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Behavioral Health Definitions

Behavioral Health means the spectrum of behavioral and conditions that comprise mental health and addictive disorders.

Severe and Persistent Mental Illness (SPMI) means the current DSM diagnostic criteria for at least one of the following conditions, as a primary diagnosis for an adult 18 years of age or older:

- Schizophrenia and other psychotic disorders;
- Major depressive disorder;
- Bipolar disorder;
- Anxiety disorders limited to Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD); Schizotypal personality disorder; or
- Borderline personality disorder.

Source: OHA Setting The Stage Presentation

Behavioral Health Definitions

Addictive Disorders occur when the recurrent use of alcohol or other drugs or compulsive behaviors (e.g., gambling, internet use) causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school or home.

Co-occurring Disorders means individuals who have addictive disorders as well as mental health disorders

Source: OHA Setting The Stage Presentation

Links

- [EOCCO Community Health Assessments \(CHA\) and Community Health Plans \(CHP\)](#)
- [COVID-19: A message from your friends at EOCCO](#)
- [EOCCO CCO 2.0 application](#)
- [GOBHI Annual Report](#)
- [GOBHI's COVID-19 Response](#)