

UHA COMPREHENSIVE BEHAVIORAL HEALTH PLAN; *PROGRESS REPORT YEAR ONE*

Executive Summary:

Since the submission of our Comprehensive Behavioral Health Plan in 2021, Umpqua Health Alliance (UHA) has made considerable gains to ensure each of our 35,000 plus members have equitable access to a comprehensive array of behavioral health services. A review of data from 2021 indicated good utilization of mental health services and a higher rate of children accessing mental health services in our community as compared statewide (CAK Utilization, Attachment 1, slide 5). While access to specialty behavioral health providers has been impacted by the compounding challenges related to Covid-19 and an unprecedented behavioral health workforce crisis, UHA has continued to invest in and focus on behavioral health services and supports. We take a community health approach, utilizing population health data systems, behavioral health care coordination including community health workers, and leverage community benefit investments to meet the needs of our community. UHA remains committed to further integrating behavioral health services and embraces a whole system approach to care. By working together with our community partners to build systems and increase access to the full continuum of care, UHA has maintained an adequate behavioral health system within our service area, despite the challenges presented by Covid-19 and the recent wildfires.

UHA recognizes that to provide the best care to our community in southern Oregon, we must collaborate with local community partners to build programs that meet the needs of our service area. Through robust community engagement and SDOH-HE plans, informed by REAL+D data collection, UHA is having a stronger impact on members' overall health than ever before. An additional \$2,700,000 was awarded in January 2022 to specific programs that address social determinants of health in our county. In our comprehensive behavioral health plan, UHA prioritized three areas so that we may better meet these needs, improve health outcomes, and lower costs of healthcare of those most in need. These areas, **Housing, Behavioral Health Higher Levels of Care, and Workforce Development** will be included in this report. UHA will not be replacing any of the improvement projects as all three priority areas are showing progress towards improving services across the continuum of care. Accomplishments towards our three goals, as well as innovative strategies employed to fill the gaps in each area, will be examined as UHA moves forward with our five-year plan. Although much progress has been made, there is still much work to be done. We recognize it is only through the strengthening of our collaborative local partnerships that we will be able to advance health equity initiatives that deliver person-centered behavioral health care to all our members.

Improvement Project Goal 1: Housing

Together with community partners, UHA identified housing as the first improvement project to address behavioral health needs and social determinants of health. Since submission of UHA's comprehensive behavioral health plan, UHA has continued to progress towards building capacity in housing for populations represented in the environmental scan. While much progress has been made in our service area, particularly for adults with a behavioral health diagnosis, workforce development is an expanding challenge. Despite these workforce challenges, increasing housing capacity and improving quality over the last year has been possible due to UHA's expanded engagement in community housing initiatives with the aim of improving accessibility and affordability to housing for members with behavioral health needs. This

involvement has led to UHA's continuous monitoring of housing inventory to better link members to housing programs and services to meet this social determinant of health. Additionally, UHA provided \$32,000 for outreach, services, and support for people experiencing homelessness, so that members can better address their medical and behavioral health needs. Successful strategies identified by UHA include building out our community network to include more partners in our improvement projects. While prior projects continue to progress, UHA has expanded partnerships to include Adapt Integrated Health Care (Adapt), Housing Authority of Douglas County (HADCO), United Community Action Network (UCAN), Oxford Homes, and Cow Creek Band of Umpqua Tribe of Indians, as well as strong partnerships with the City of Roseburg and increased involvement with the Homeless Transitions Action Group, (HTAG). Since submission of our CBHP, UHA has provided support to numerous special housing projects and conducts weekly performance monitoring related to housing capacity development. While collaboration on transitional housing projects and support to link members to services is strong, gaps remain in the development of permanent housing, especially for those involved in the criminal justice system. The progress made, as well as the challenges faced since last year's plan was submitted are described in further detail below. Each project was developed to ensure the consumer voice was heard and significant improvement in health outcomes could be measured.

Progress in Housing:

SUD Transitional Housing- To improve services across the continuum of care, UHA focused on a housing project for members with SUD and who are experiencing homelessness or are in danger of being unhoused. UHA worked with Adapt, the local provider for addiction services, to partner on this project and obtain grant funding through the state. This support allowed Adapt to purchase and remodel a motel to be used as transitional housing. This project was developed with the aim to reduce health disparities, as safe and sober housing is key to long term recovery. The hotel, located in Roseburg, was purchased at the end of 2021. Once remodeled, 12 units will not only provide stable housing to men, women, and families in recovery who were previously homeless, but improve member engagement through intensive outpatient treatment. Additionally, on-site peer delivered services will be available to further enhance care. It is expected that 4 of the 12 units will be complete by the Fall of 2022 as well as remodel of office space for peers to work on site. The remaining 8 units will be complete over the next 12 months.

Oxford Homes- Engagement with community partner Oxford Homes has been enhanced by increased involvement through HTAG as well as through our Local Public Safety Coordinating Council (LPSCC). From 2021 to May of 2022, UHA has provided \$84,460.32 in funding to ensure those in need of sober living can access the service. The funding UHA has used to support members to access Oxford housing has coincided with an increase in bed capacity. In 2019, there were just 6 Oxford houses in Douglas County with 48 beds. Even during 2020 and 2021, the years of the pandemic, three (3) more Oxford Homes became available. As of June 2022, Oxford Homes reports a total of 10 homes in our service area for a combined 92 beds, with each home having extra capacity of up to three (3) roll-out beds, available to adult men and women. Members are referred by UHA Care Coordinators and services are paid for through health-related service funding.

Navigation Center- The City of Roseburg just opened a low-barrier homeless shelter. In 2021, UHA provided \$300,000 to the City of Roseburg to purchase a downtown building that is close to services and the transit system. Opening in July of 2022 after the first phase of the remodel is complete, UCAN will run the program with continued support from UHA. When fully operational, the center will offer 30 beds and 10 additional pallet shelters. UHA is staffing the Navigation Center with Care Coordinators and Community Health Workers who will engage individuals face to face, provide connection to services and support and ultimately work towards transitioning into permanent housing.

Strategic Involvement with Community Partners- Strategic involvement with LPSCC has resulted in new engagement by UHA as a member of the HTAG sub-committee devoted to addressing our local housing needs. This commission has been particularly valuable in connecting partners to combine efforts for new project plans. Additionally, this committee allows community members to use their voice to advance the needs of the community and for UHA to receive feedback on key projects in our area. UHA serves on this committee as an advisor to our community partners including Adapt, HADCO, Oxford Homes, Cow Creek Band of Umpqua Tribe of Indians, and UCAN.

Meeting monthly over the last year, this commission strategizes on behavioral health-specific housing development in our county. UHA routinely provides information on new available funding such as the Request for Grant Proposals (RFGP) recently announced by OHA for providing supportive housing to individuals with Serious and Persistent Mental Illness (SPMI). UHA encouraged our local partners to apply resulting in increased interest in the development of low-barrier housing by the CMHP, Adapt. In July 2022, Adapt plans to submit an application for a housing project with UHA's support that will have 52 units, and serve the SPMI population and those experiencing homelessness and have an SUD and/or mental health disorder. UHA looks forward to supporting additional projects in years 3-5.

Challenges in Housing:

The lack of housing developments with few open units and even fewer opportunities for specific populations is common in rural areas and has a serious impact on access to care. Here in Douglas County, UHA simply cannot address the gap by itself but must rely on a multi-system collaboration. Although engagement with our community partners continued during the pandemic, resources were focused on immediate agency needs and only recently returned to future development and housing projects.

Shortages in workforce capacity to focus on development of new projects plus supply chain disruptions and availability of local contractors to take on new construction work resulted in delays in new housing initiatives. Additionally, the primary and secondary impacts of Covid-19 and the destruction of massive wildfires in our region forced many of our partners to shift resources in 2021, to prevent service disruption.

Approach to resolve challenges in Housing:

To fill the gaps related to delays in development of housing projects, UHA has taken advantage of flex spending programs to provide temporary solutions to members waiting for housing to

open. In 2021 UHA spent \$317,965 in flex funds to pay for temporary housing and issues around housing for our members (Flex Spending-attachment 2). By using these flex funds, UHA was able to engage members and provide housing that is essential in their stabilization, so that care could be provided during that time. While UHA recognizes long term housing should be the goal, this temporary solution has provided options to those in need of shelter. Additionally, we see an increase in willing to engage in behavioral health services which helps to create a sense of stability. Looking forward, UHA expects to continue to increase the amount funding in 2022 to house members until the housing projects mentioned above can be completed to provide long term solutions.

Improvement Project Goal 2: Behavioral Health Continuum of Care and Community Capacity to Provide Treatment at Higher Levels of Care

The environmental scan identified higher levels of care as a priority area of improvement in Douglas County. UHA agrees that operating a strong system of community based integrated supports are key to reducing admits and readmission to emergency rooms, acute care facilities, residential care, and incarcerations. Even in ordinary times, building such a system in rural areas poses many challenges including infrastructure, workforce, housing stock, etc. Despite those challenges, we continue to make progress. Adapt, the local CMHP and SUD service provider, was chosen as Adapt is proving successful in expanding programs rapidly in both mental health and SUD services with increased funding from UHA and other sources, (Attachment 6, Adapt Summary of Projects). Mercy Medical Center, which is the only local ED, is in the process of reopening an adult inpatient psychiatric unit for Douglas County. In 2019 The Ford Family Foundation launched an initiative called Galvanizing Action for Children with Health Complexity. Through this data-centered approach UHA partnered with Oregon Pediatric Improvement Partnership (OPIP) to focus on improving access to services for children with social complexity. Research suggests early identification and intervention can reduce the need for higher levels of care, especially for children with increased risk based on social factors. These projects (new facilities and new or expanded programs) offer person-centered opportunities for not just UHA members, but for anyone living in Douglas County. Monitoring of access and quality of services provided at each of these programs is ongoing so that UHA continues to anticipate the future needs of the community. Each accomplishment is listed below in further detail.

Progress in Behavioral Health Higher Levels of Care:

Addressing Child Health Complexity in Douglas County- Through collaboration with OPIP and our local steering committee, UHA has engaged with our community to hear experiences around access to children's behavioral health services for health complex children. Leveraging the work of OPIP, supported by The Ford Family Foundation, UHA has reviewed the health complexity data of our area and refined the asset map showing capacity for child and family systems in our network. These two priority-based improvement efforts identified by our community, are the center of discussions as we operationalize actions to address the gaps and improve services across the continuum of care. By maximizing the use of the child level data for our members provided by OPIP, UHA will attest to a plan of action by the end of 2022 and implement this action plan in 2023 to prioritize services and improve care of members 0-5. Project meetings are scheduled twice a month and by fall of 2022, OPIP and UHA will hold a large community meeting to present data and seek input from the community on prioritizing historically marginalized populations as well as opportunities to make improvements. In

anticipation of this initiative, UHA has already awarded Head Start an additional \$20,000 for program development of measuring social and emotional readiness for school and as the need for food is ever present, UHA provided \$140,000 in community-based care for our FoodSmart program.

In-Home Intensive Behavioral Health Treatment (IIBHT)- Gaps in treatment for youth in need of mental health services continue to be problematic in our county. In effort to decrease utilization of higher levels of care, this program offers more support and accessibility than outpatient services can provide while still allowing the youth to remain in their home and community. Over the last 12 months IIBHT allowed 17 youth to receive services and avoid out-of-home placement.

Sobering Center- In the summer of 2021, Adapt opened the Sobering Center in Roseburg. UHA provided \$200,000 in startup funds and the City of Roseburg and other community partners provided additional financial support. Last year, all referrals were made through law enforcement as part of an effort in jail diversion. In 2022, the Sobering Center and UHA together with their community partners, are looking at ways to refine the program and increase utilization. To date, 94 individuals, (129 visits) have been served at the Sobering Center. More importantly, 13 individuals have been referred to Detox, 9 to residential treatment, 45 to outpatient programs and are on their way to recovery, rather than emergency departments or jails.

Crisis Resolution- A principal challenge in dealing with a behavioral health crisis is suitable shelter. Crisis resolution, lodging for up to 23 hours, was identified as a need by our community partners and UHA reached out to the CMHP in Douglas County to fill this need. In 2020, Adapt purchased the neighboring facility for the purpose of expanding crisis services. The Sobering Center was phase 1 and a double unit Crisis Resolution structure is underway as part of phase 2. This facility provides lodging to adults experiencing a behavioral health crisis and in need of housing. Mobile crisis headquarters and the Assertive Community Treatment (ACT) team are also available on campus for increased supportive services. Already underway, this Crisis Resolution Center is set to open in fall of 2022 with the support of the Impacts funding from the Criminal Justice Commission (CJC).

New Day- UHA has continued to expand our intensive care coordination programs for pregnant women struggling with substance misuse and other Social Determinants of Health (SDOH). The goals to reduce NICU costs and Neonatal Opioid Withdrawal Syndrome (NOWS) births have resulted in not only improved health outcomes but in significant cost savings as well. In 2021, 95% of identified members received outreach for New Day. Ongoing internal communication with our partners is proving effective, with one local partner even starting their own care coordination. From January 1, 2021, to June 30, 2022, 63 members either engaged or have been referred to New Day. Of those 63 members, 36 babies have been born healthy. These 36 healthy births represent a total cost savings of \$2,160,000 based on the average NICU stay cost of \$60,000 per child. Members of this program continue to receive care coordination even after birth to address their complex health needs by connecting them to services and support. Postpartum care exceeded the benchmark with 75% of members having engaged in postpartum outreach.

Adult In-Patient at Mercy- Currently in Douglas County there are no services for those needing in-patient psychiatric care and referrals to the state hospital are severely restricted causing significant gaps in the service area. 12% of UHA members are diagnosed with SPMI. This population often requires alternative strategies to engage and coordinate care including mobile crisis, intensive outpatient services such as ACT. The environmental scan suggested a short-term care facility would have a significant impact on health outcomes. To improve care quality, UHA provided Mercy \$1,000,000 in funding to support the remodel of a 12-unit facility to provide immediate stabilization for those who need psychiatric care. In 2021, remodel began on Annex B, located across from Mercy's Emergency Department, with the expectation that the ED will see less readmissions of patients experiencing a behavioral health crisis. It is expected that this Adult in-patient behavioral health facility will open by 2023.

New Campus for expansion of Detox and Residential Services- For those who require medical assistance to safely stop drinking or drug use, Adapt's detoxification program provides a vital step towards a successful recovery. In effort to expand capacity, Adapt purchased 50 acres in the winter of 2022 using funding from the IMPACTS grant. Their aim is to expand services and develop a larger recovery campus in a convenient location. Close to their existing facility, Crossroads, this new project is part of a multi-year plan to develop additional residential services for men, women, and families in need of SUD services. Construction for a new 16 bed detox unit, 16 bed adult residential unit, and an administration building for supportive services including counseling, are planned for the first phase of development starting in early 2023. Future phases include indoor and outdoor recreational space for patients, residential facilities for families and supportive housing for those in early stages of recovery.

Challenges in BH Continuum of care and providing Higher Levels of Care:

Capacity of in-patient residential units for mental health crisis, residential treatment programs for SUD, and residential programs for youth remain a concern for our community. Though projects have begun, and timelines are set, the need is still great in our area. Furthermore, as our county is over 5,000 square miles and many members live outside Roseburg, access to higher levels of care is difficult, complicating the effort to reduce health disparities. When care can be provided in the members' home, staff are often required to drive long distances and for those that must seek services outside of their home, options often require a commute to Roseburg or other neighboring cities.

Approach to resolve challenges in continuum of care:

UHA is actively collaborating with our local CMHP, Adapt to reduce barriers to care and create a "no wrong door policy" so that quality care is available to everyone. This collaboration has resulted in the development of an open access model where any person can walk-in to Adapt Monday- Friday, from 8-5 and receive an assessment. For those experiencing crisis in the community, the Mobile Crisis team has expanded from 2 FTE to 8 FTE, including 4 therapists and 4 case managers, and is meeting members where they are at, not just the emergency department. We recognize there are many settings where mental health and behavioral health support can be provided and are building an action plan that includes strategizing with multiple agencies to provide support. This collaborative approach is needed in our rural community where broad engagement is key to meeting health complex needs of children and their families.

Finally, UHA increased the capacity of our behavioral health team, expanding from 2 staff in 2019 to 13 staff including 5 Behavioral Health Care Coordinators, 3 Community Health Workers,

1 Behavioral Health Program Manager, 1 Behavioral Health Policy and Operations Coordinator, 1 System of Care Program Coordinator, 1 Behavioral Health Utilization Coordinator, and 1 Behavioral Health Director. This has allowed UHA to provide care coordination to thousands of members, with special focus on prioritized populations to connect them to services and support. While addressing our members' needs through UHA's behavioral health care coordination is indeed having an impact, continued progress in building behavioral health workforce capacity is necessary. In the fall of 2022, UHA will distribute a resource guide that members and providers can circulate for increased access to care. Information such as services provided and population served will of course be included, but additional details, such as provider race, languages spoken, certifications in CLAS, will also be listed, allowing members the confidence their provider meets their needs. Currently under development, it is believed this guide will prove valuable in improving health equity in our service area.

Improvement Project Goal 3: Workforce Development

Recognized as a medically underserved area, it is especially difficult to recruit mental health professionals to Douglas County. Shortages in behavioral health workforce are shared throughout the state but particularly in rural areas like Douglas County where the ratio of mental health providers to clients is 360:1. Complicated by the increase in demand for behavioral health services, Coordinated Care Organizations (CCO) are faced with a crisis to provide services their members desperately need. For this reason, workforce development was prioritized as improvement project goal 3. Though UHA is using innovative strategies to address the lack of service providers in our area, real change is a community effort and a statewide emergency. In effort to better monitor access and quality of services and supports, UHA invites anyone in the community to address challenges faced by children and families by submitting a barrier form through our System of Care, of which the Cow Creek Band of Umpqua Tribe of Indians is an Executive Council member. This network is already providing a mechanism for change and has resulted in continued progress in each of our priority areas as barriers are submitted, reviewed, and fresh solutions are presented to improve quality of care.

Progress in Workforce Development in Douglas County through our Community Network:

A Collaboration- Together with Oregon Pediatric Improvement Partnership and The Ford Family Foundation, UHA gathered key stakeholders in Douglas County to address health complexity of children in our community. This effort resulted in a foundation for collaboration that continues to grow in strength and focuses on children's health complexity and health disparities. Just under half of all children insured by UHA experience high levels of social complexity. These social determinants of health impact children in Douglas County at disproportionate rates. Through a series of community engagement sessions, we identified the need to increase capacity for children and their families to access care. As a result, UHA has developed an asset map to identify points of access and gaps in service (Asset Map-attachment 3). Through meaningful engagement with our community partners, UHA is working to develop local behavioral health workforce and promote distance learning. The expectation is that these initiatives will result in increased behavioral health workforce ensuring access to care to the identified prioritized populations.

Identifying Priority Population: Population Health Management- The population health management system within UHA's Arcadia platform is designed to identify priority populations for

coordinated care activities as well as clinical gap identification and several other population health functions. Once these stratified populations are identified, UHA can provide targeted outreach and case management for members at higher risk of health inequities. In this system, health risk assessments activities are automated and trigger care coordination activities that are specific to member needs. Through our engagement with the community, UHA has focused on children, aged 0-5 as priority population. This population was determined as critical to the community. Though workforce challenges remain an issue, UHA leverages this health management platform to ensure this population can access services and receive the care they need.

New Approach to meeting Workforce Shortages: Traditional Health Workers- Community Health Workers, Peer Support, & Navigators

The expansion of traditional health workers in Douglas County is trending in a positive direction. This not so traditional approach has resulted in a robust behavioral health network that has broad benefits, especially for health complex children prioritized by our community. Meeting members where they are at, these staff are already part of our rural community and are able to help members navigate benefits offered by OHP and connect them to the health and social services they need. Coordination efforts have resulted in a significantly higher level of mental health utilization as compared to other CCO's (CAK Utilization Attachment 1, slide 5). Additional outreach is provided by UHA Community Health Workers who are active in the community and meet members experiencing homelessness at various locations throughout the community (i.e., parks, connecting points, shelter and camp sites, etc.), building trust and encouraging them to access services. By focusing heavily on outreach and leveraging our community-based organizations through collaborative partnership, UHA has dramatically improved care coordination, even during the shortage of behavioral health workers.

Peer Services at Chadwick Clubhouse- A community clubhouse in Roseburg, Chadwick supplements existing mental health and addictions therapy in Douglas County. UHA awarded \$105,000 in program funding to support their evidence based, non-clinical behavioral health recovery efforts and develop their own Traditional Health Workers (THW) program. Currently in the planning stages, it is expected that four (4) staff will complete THW training and the program will be fully operational in 2023. The project is expected to increase the daily average attendance to 35 unique individuals. The hope is that newly trained staff will be in a better position to connect individuals to transitional employment, permanent housing, achieve educational goals, build new relationships, and end isolation that many adults with behavioral health needs experience.

Training UHA provides free training to any provider in our network interested in learning more about how to meet member's behavioral health needs. The Douglas County Systems of Care identified a need for increased training around eating disorders. UHA has partnered with Willamette Nutrition to bring three (3) eating disorder trainings to any behavioral health professional interested in gaining this knowledge. In 2022, four (4) providers are seeking credentialing as Eating Disorder Professionals and recruitment of additional candidates to a newly developed eating disorder consultation collaborative is underway. In effort to reduce gaps in health equity, a renewed focus for work on underserved populations as informed by our

consumers is driving our behavioral health team and community partners to participate in numerous diversity and inclusion trainings in addition to CLAS. These trainings are mandatory and include CLAS Standards, Cultural Responsiveness and Implicit Bias, Foundations of Trauma Informed Care, and Health Equity REAL +D courses.

Overcoming Barriers:

In 2021, UHA provided \$800,000 specifically for care coordination workforce development to overcome barriers in health and health equity. This funding is available to any Community Based Organization (CBO) and staff may be placed in their own office settings, clinical space, or provider offices. Administered by Adapt, this funding will help bridge the gaps between medical and social services and improve services across the continuum of care. Lastly, UHA continues to leverage community partnerships to connect members to services they need. This approach allows our community to mitigate workforce challenges by combining our efforts and building community wide health networks to improve care coordination. Monitoring access and quality of services is a continuous process that we track weekly. Recent state-level funding including compensation reform and incentive measures to stimulate professionals' interest in providing services is key to stabilizing the behavioral health workforce shortage.

Summary

While the Comprehensive Behavioral Health Plan is a CCO deliverable, each of the improvement areas were developed through the collaborative effort of our local community. Ensuring consumer voice was central throughout development of specific projects with a focus on improved health outcomes in the identified needs. In the appendices below, a detailed work plan highlighting SMART objectives can be found for further reference (Work Plan Attachment 4). Evaluation of the effectiveness of the interventions based on performance measures is also included in the appendices, as well as evidence of satisfaction from enrollees and our community partners (Statements of Satisfaction, Attachment 5). UHA is well poised to sustain future effectiveness on each of the three priority areas for improvement. Working closely with our community partners, we remain committed to addressing the social determinants of health in Douglas County so that everyone can access quality care. Though the strains related to the pandemic and the destructive fires in our region continue to be felt, UHA is in a good position to facilitate resources for our community so that we can better address the behavioral health needs of our members. Looking forward to next year, UHA expects to build on already strong partnerships and improve in key metrics as more programs expand and new resources become accessible. UHA will continue to collaborate with OHA so that together we may improve the quality of behavioral health services for our members in southern Oregon.

Appendices

UHA CBHP Progress Report 1 Attachment 1 CAK Utilization
UHA CBHP Progress Report 1 Attachment 2 Flex Spending
UHA CBHP Progress Report 1 Attachment 3 Asset Map
UHA CBHP Progress Report 1 Attachment 4 Work Plan
UHA CBHP Progress Report 1 Attachment 5 Statements of Satisfaction
UHA CBHP Progress Report 1 Attachment 6 Adapt Summary of Projects