UMPQUA HEALTH

2021 Comprehensive Behavioral Health Plan

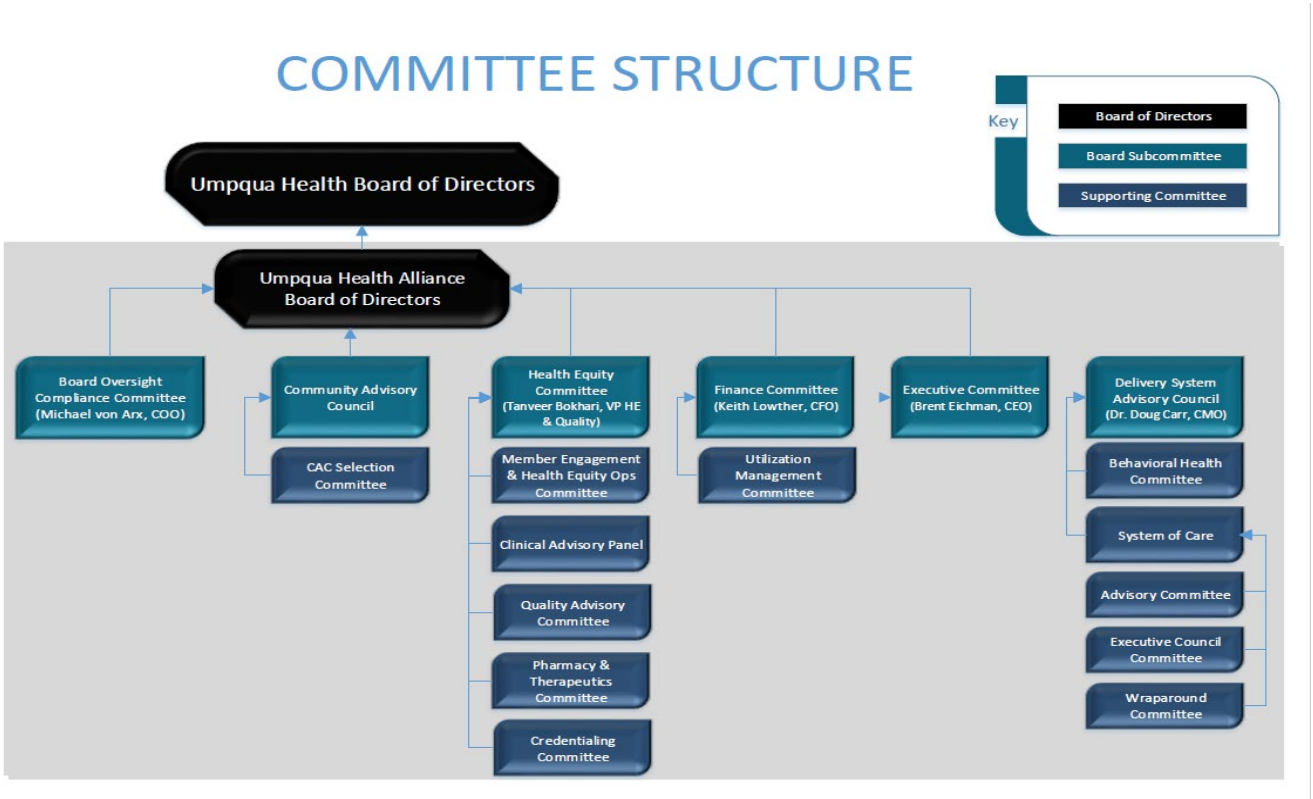
As one of sixteen Coordinated Care Organizations in Oregon, Umpqua Health Alliance (UHA) is proud of its stewardship of the Oregon Health Plan and the social contract it must coordinate and deliver the best care to over 30,000 individuals who live, work, and play in Douglas County. The Triple Aim of healthcare delivery; Improve Quality, Enhance Experience, and Lowering Costs drives the goals, work, and strategies of UHA.

UHA recognizes that the care members receive is linked to the engagement of local provider organizations and community partners. UHA, through its local provider network, has consistently scored in the highest tiers for Quality and Access to care as measured by the Oregon Health Authority.

In addition, we understand that health in our community extends far beyond the provider office and people are highly affected by social determinates of health. UHA embraces the transformative concept that the entire local community is part of the healthcare system, and we therefore work with local social service and safety net programs, non-profits, government agencies, community benefit organizations, and local tribes to ensure individual and community social needs are met.

Umpqua Health Alliance's Structure

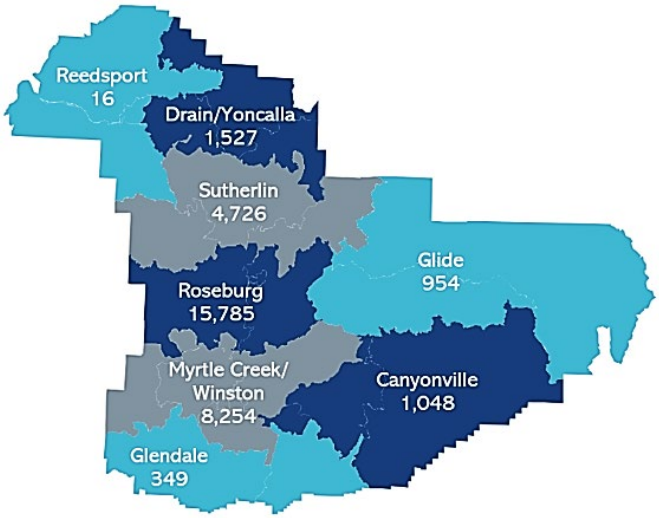
Managed through a locally based board of directors and Community Advisory Council, UHA ensures local healthcare needs are met. Local governance and oversight are at the center of the Coordinated Care model and the heart of the original vision of our legislators that created the transformative model. This is because people who live locally know how to best care for our communities. See the organizational structure of UHA below.



UHA Governance Structure

UHA'S Service Area and Enrollment

Our service area covers 5,071 square miles in Southern Oregon reaching from the Cascades to the Pacific Ocean. The Oregon Office of Rural Health designates Douglas County as a Medically Under-served Area, a Health Professional Shortage area and a Health Professionals Shortage for Dental and Mental Health Providers. Most of Douglas County is also listed in the Governors Certified Shortage Area. Since January 2020, UHA's enrollment has grown more than 17%.



UHA's Service Area and Enrollment

UHA's Behavioral Health Performance

Despite the recent COVID-19 Pandemic Public Health Emergency swelling the membership rolls, UHA was able to continue delivering behavioral health services in integrated settings with our community providers. Over half of UHA mental health and SUD services are provided in integrated settings: PCPCH Tier 4/5, FQHC (also PCPCH Tier 4/5), and CCBHC. It is also noteworthy that between 2019 and 2020, UHA was able to provide access to increase the total number members who have substance use disorders (SUD) served by 14%. Despite the quarantine, UHA was able to maintain mental health services during that period with a minimal decline, utilizing all the telehealth options that were made available by the relaxed OHA guidance. Even as the emergency rules are relaxed, the value of telehealth for the provision of behavioral health services continues in our service area.

MH Services Rendered (Integrated vs Non-Integrated)	2019	2020
Total MH Services Provided	58,418	55,848
MH in Integrated Setting (PCPCH 4/5)	14,788	14,362
MH in Non-Integrated Setting	43,630	41,486
Members Accessing MH Services in Integrated Setting	3,302	3,367
Total Distinct Members Served	6,177	6,001
Percent of Members Served in Integrated Setting	53.5%	56.1%

SUD Services Rendered (Integrated vs Non-Integrated)	2019	2020
Total SUD Services Provided	59,630	52,246
SUD in Integrated Setting (PCPCH 4/5)	80	603
SUD in Non-Integrated Setting	59,550	51,643
Members Accessing SUD Services in Integrated Setting	54	310
Total Distinct Members Served	1,464	1,699
Percent of Members Served in Integrated Setting	3.7%	18.2%

UHA continues to make progress into 2021 with 4,163 distinct members accessing mental health services in the first six months, at a pace for significant growth over prior years.

Historical and Programmatic Perspective:

In February 2014, the county-run community mental health program (CMHP) and Local Mental Health Authority (LMHA) gave OHA notice of its intent to close on June 30, 2014. OHA reached out to UHA to facilitate the continuation of mental health services in Douglas County under a tight deadline.

UHA recognized the need for mental health access for its members and aided in the new non-profit mental health agency that opened its doors on July 1, 2014. UHA also recognized the need to expand its mental health network with local community-based providers. All these efforts would prove to be crucial for the response to the unthinkable shooting in 2015 at the local community college where 10 individuals lost their lives. UHA worked with federal, state, and local officials to provide comprehensive lists of mental health providers to meet the needs of the grieving community. OHA's state emergency registry of volunteers (SERV-OR) was deployed for the first time in their history to Douglas County and collaborated with UHA to open a mental health clinic to begin the healing of the entire community at no cost.

Timely Access to BH Services

We prioritize our member's timely access to treatment and pride ourselves on designing an authorization process that works for the member and the provider.

According to the OHA's CCO Behavioral Health Report (2020):

- Approval of Prior Authorizations in Two Working Days = 100% Adult Detox, Adult Residential and Youth Residential (tied for first place among CCOs)
- Prior Authorizations Approved in Three Days for Youth Mental Health Residential = 98% (ranked second among CCOs)

UHA ensures that members receive the right care at the right time and in the right place. To that end, we prioritize community-based care over psychiatric hospitalizations where it is appropriate. Our success is demonstrated by:

- UHA having less than half the state average of acute care psychiatric hospitalizations at 1.6% compared to the state average of 3.3%.
- Individuals receiving seven-day follow-up after hospitalization for mental illness was 82.9% putting UHA in the top one-third of high performing CCOs
- UHA is ranked second lowest in the percent of readmissions to an ACPH at 30 days (about 4 and a half weeks), again demonstrating a robust system of care in our communities.

Because of our quality program, UHA was among the top performing CCOs in the state for 2019. UHA did exceptionally well in metrics related to children's health, including access to care, adolescent well-care visits, assessments for children in DHS custody, development screening, postpartum care, and health counseling. We know that prioritizing services for children can help with early identification and treatment for behavioral health concerns and support the development of a healthy child who is ready to learn and grow into healthy adults.

Innovative Programs

UHA developed and is implementing a five-year Strategic Plan with investments in Cost Containment, Health Information Technology, Social Determinants of Health, and Behavioral Health. Many of the goals in each of the four priority investment areas support the goals in the other priority investment areas. For example, our Cost Containment investment goals include enhancing health-related services programs focusing on cost-effective interventions. That helps to catalyze the efforts in our Behavioral Health priority area including multi-faceted care coordination and robust services for high needs populations.

Our collaborative relationships in the Douglas County community help us to successfully develop and implement cross-sector programs that improve the health of our community. The following innovative programs evidence our success in collaboration with community partners:

IMPACTS Grant

Douglas County's IMPACTS grant through the Oregon Criminal Justice Commission is ranked the top in the state. The grant is a collaboration with the Local Public Safety Coordinating Council (LPSCC). The target population includes individuals who have one or more behavioral health disorders and were booked into jail four or more times in calendar year 2019. The grant funding has enabled:

- The formation of an Intensive Care Coordination (ICC) team housed under ADAPT/Compass to assist high utilizers of the jail and frequent patients in Mercy Medical Center's emergency room who have behavioral health issues.
- Expansion of detox services from 11 to 16 beds and expansion of an additional 11 residential beds.
- A pilot program allowing the Jail to upload, real-time, jail bookings and release dates of cohort members into Collective Medical.
- Creation of Crisis Resolution Rooms for stabilization following a mental health crisis.
- Contribution to initial startup costs for a local Sobering Center.
- Support for Chadwick Clubhouse, which provides support to individuals with mental illness.

Behavioral Health Access and Health Equity Awareness

The Behavioral Health Access and Health Equity Awareness program is aimed at providing financial support to network providers who are actively developing and improving behavioral health access in primary care settings. This initiative includes an enhanced payment methodology added to each Provider Agreement that opted in to reduce financial barriers and enhance effective integration. Furthermore, the program will expand Traditional Health Workers (THW) usage, including culturally specific THWs, and development while promoting a behavioral health workforce with lived experience in Douglas County.

UHA New Day & New Beginnings

UHA New Day and New Beginnings programs provide intensive care coordination to pregnant woman and families with children birth to five, respectively. In 2020, 15% of 321 pregnant members engaged

in New Day. Of these 92% met the prenatal care standards and 70% of members referred for substance abuse services received treatment. In 2020, 53% of 79 identified children engaged in New Beginnings, a program for children before birth to age five whose mothers have SUD or other significant SDOH risk factor. New Beginnings works with the child and their family, along with their care providers and community partners to offer support and resources. Through coordinated care, each child's unique needs will be identified and addressed, and the parents will learn foundational skills.

Diversity Equity & Inclusion Training Capacity

UHA partnered with Blue Zones Project in 2021 to establish a progressive training package for local organizations to help leaders, employees and community members develop skills and strategies to build more inclusive and culturally competent work and community environments. These training courses will be customized to each worksite's demographic and culture, while offering educational opportunities and policy recommendations related to health equity, diversity, and inclusion.

UHA's BH Expertise

UHA has made significant investments in Behavioral Health workforce capacity starting with hiring a Behavioral Health Director in November of 2019. After a deep dive and in consideration of multiple indicators, UHA hired two additional behavioral health coordinators, restructured two additional care coordinator positions, added a Traditional Health Worker (THW), specifically a Community Health Worker (CHW), to the Behavioral Health Team.

Additionally, UHA restructured the Utilization Management, Clinical Engagement, Customer Care, Pharmacy, and Decision Support Departments under the leadership of a new role, VP of Operations. This restructure breaks down earlier silos, leveraging key workforce capacity to coordinate behavioral health care.

COVID and the Archie Creek Wildfire have stretched the workforce capacity not only of UHA, but of our entire community. The needs have continued to grow over time. UHA has developed ongoing strategic initiatives to assess the behavioral health and social needs of our members, which include partnerships with community organizations and stakeholders.

UHA's extensive and ongoing community engagement efforts to develop and implement community health assessments (CHA) and community health improvement plans (CHP) prepared us to conduct the environmental scan required to create this comprehensive behavioral health plan (CBHP). Our CHA/CHP process led by our Community Advisory Council in collaboration with our local hospital, Community Action Network, and public health have continued to be an example of a great community working together.

UHA collected and analyzed data on demographics, socio-economic indicators, vulnerable populations, housing status, access to early education, behavioral health, vital statistics, and historical progress on CCO Incentive Measures as part of our CHA. We also conducted a stakeholder survey that further informed our plan and strengthened community connections.

With all these efforts, UHA has developed this CBHP in accordance with the Oregon Health Authority's guidance, and it is organized into three parts: Environmental Scan, Identification & Prioritization of Gaps, and Plan to Address Gaps.

1.0 Environmental Scan

Our behavioral health environmental scan is the result of a meta-analysis of multiple sources of information to understand UHA's members' needs surrounding mental health, substance use disorders, and social wellbeing; the systems that exist to serve those needs; and the areas where those services could work better. These sources can be categorized into document review, data analysis, and community partner engagement. Our environmental scan sources include, but are not limited to:

- UHA's 2020 CHP priority-setting process
- Routine and CBHP-specific community engagement efforts
- CBHP- Environmental Scan stakeholder survey
- Historical and updated data analysis

This process synthesized common themes from these varied data sources and highlighted important strengths and gaps in our behavioral health system of care.

1.1 Data Used to Identify Behavioral Health and SDOH Needs of the Community

The community health assessment and environmental scan for the CBHP was supported by existing assessments and data collected by community partners in Douglas County. Our process involved a systematic review of the following documents to highlight the focus of existing initiatives. Additionally, this review ensures the data incorporated in our report draws from the highest quality data pooled and shared among diverse public and private sources. The following is a summary and brief overview of the sources we accessed and key themes identified through this analysis.

Priority Areas	UHA CHIP (2019)	UHA CHA (2018)	Douglas Network of Care CHA + CHIP (2020)	Mercy Chip (2019 - 2022)	SHIP (2020 - 2024)	UHA CBHP (2021-2024)
Housing	✓	✓				✓
Substance Abuse	✓	✓	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓	✓	✓
Children's Health	✓	✓		✓	✓	
Access to Health Services		✓	✓		✓	
Healthy Lifestyles	✓	✓				
Education		✓	✓	✓		
Economy and Poverty	✓	✓	✓		✓	
Workforce Development						✓

Housing

Housing availability, affordability and quality is a well-established social determinant of health. 18% of households in Douglas County have one or more severe housing quality issues. These issues include homes that are severely overcrowded, severely cost burdened, lacking complete kitchen facilities, or lacking complete plumbing facilities. Availability of housing was second only to poverty in the biggest concern for focus group and survey participants of the 2017-2018 CHA process.

Substance Abuse

Alcohol use is a modifiable health behavior. Excessive drinking is defined as having consumed more than four for women and five for men, alcoholic beverages on a single occasion in the past 30 days (about 4 and a half weeks) or heavy drinking is defined as drinking more than one for women or two for men, drinks per day on average. 17% of adults in the county report heavy or binge drinking in the past month in 2016. Excessive and heavy alcohol consumption contributes to chronic health issues, including heart disease, cirrhosis of the liver, high blood pressure, stroke and even death.

Consumption of alcohol among Douglas County youth is higher than state percentages. Just over 68% of 8th graders in Douglas County stated they had never had a drink of alcohol. (Oregon Healthy Teens Survey 2017). The percentage that has consumed alcohol increases significantly for 11th graders. According to results from the Oregon Healthy Teens Survey (2017), the majority (64%) of 11th graders in Douglas County have consumed alcohol.
The death rate due to drug poisoning in Douglas County (13.9 dates/100,000 population) is higher than in Oregon. Regional data on illicit drug use show that 12.5% of people in the region (Coos, Curry, Douglas, Jackson, Josephine, and Klamath) had used an illicit drug in the past month, higher than national percentages (National Survey on Drug Use and Health: Annual Averages Based on 2012, 2013, and 2014). The prescribing patterns of opioids remain higher in Douglas at 293 prescription fills per 1000 residents. State prescribing patterns for the same period were 244.0 per 1000 residents (Oregon Opioid Data Dashboard).

25.6% of adults report smoking in Douglas County compared to 19% in the overall population of Oregon. There is a high percentage of Douglas County women who report smoking during pregnancy (20.5%), which is much higher than in Oregon (9.6%) and the United States overall (7.2%). Youth cigarette smoking is also considerably higher than the state. 9% of 8th graders and 10.3% of 11th graders report having smoked cigarettes in 2017, compared to 3% of 8th graders statewide and 7.7% of 11th graders statewide (Oregon Vital Statistics Report).

Mental Health

Mental health and depression were listed as top concerns by both the 2013 and 2017 CHA focus groups and survey participants. One in four adults (26.80%) of adults in Douglas County report being depressed (BRFSS 2012-2015). Recent County Health Rankings report that 16.30% of adults do not have adequate social support and social associations. Additional indicators of mental and behavioral health include suicide rates and percentages of the population experiencing depression. Suicide in the county shows an alarming upward trend in number and rate. Rates in the county also continues to be higher than in the state as whole (Oregon Vital Statistics, Leading Cause of Death and Portland State University, Population Research Center).

Children's Health

Douglas County has one of the highest childhood poverty rates in Oregon at 23.2% compared to the state average of 17.2% and 60.6% of children qualify for free and reduced lunch (U.S. Census Bureau). Three percent of our children are in foster care and an additional ten percent are aging out – ranking Douglas County 31 out of 36. In our Community Survey, 10.7% of respondents selected Children as the group in the community that is most affected by poor health outcomes. The following metrics show additional disparities in UHA's population:

Children's Health	Douglas County	Oregon	United States
Food Insecurity	25.3%	20%	17.9%
Substantiated Child Abuse Rate Per 1,000	28.1	12.8	9.1%
Insured Status	94.7%	97.2%	95.9%

Source: 2017 Child Welfare Data Book

The Families and Children focus area aligns with the state SHIP and includes adversity, trauma, and toxic stress, including abuse and neglect, living in poverty, incarceration, family separation and exposure to racism and discrimination. Events such as these have a lifelong effect on the health of individuals.

The CAC prioritized supporting programs and services related to health and wellness of maternal and child health, including the promotion of breastfeeding. Focusing on children's health, especially through prevention, is the best opportunity for the community to address long-term change for health issues such as reducing obesity, improving oral health, and fostering healthy life choices.

Access to Health Services

Access to health care providers is a common indicator of the vitality of the health care system. The Oregon Office of Rural Health designates Douglas County as a Medically Under-served Area (MUA), a Health Professional Shortage area (HPSA) and a Health Professionals Shortage for Dental and Mental Health Providers. Most of Douglas County is also listed in the Governors Certified Shortage Area (2018). In 2016, over half of the county (51.4%) was insured by one or more of publicly funded insurance, while 9.7% of the residents in Douglas County did not have health insurance of any kind in 2016. Overall unmet health care needs are highest, in the county, in Drain/Yoncalla and Glendale.

Education

As educational attainment increases, a person is less likely to live in poverty and more likely to have better health overall. Only 10.8% of Douglas County adults have a bachelor's degree compared to Oregon's 20.8%, which results in many local workers relying upon manual labor jobs. More education has been shown to be linked to longer life and increased income, while lower educational attainment has been linked with poor health, higher levels of crime, unemployment, and increased stress.

Residents in Douglas County are more likely to have lower educational attainment than statewide averages. One in three residents in the county stopped their education attainment at a high school diploma or equivalent. The poverty rate for those with a high school diploma or less in the county is considerably higher than those with a bachelors or higher.

Oregon ranked 12th in the nation of disadvantaged youth and 10th in the percentage of foster care placements, an indicator that our youth are either not in school or not thriving in school because of the stressors in their life. Community leaders perceive improving education as a preventive intervention opportunity to improve health and quality of life.

Healthy Lifestyles

Individual health behaviors such as tobacco use, inadequate physical activity and substance abuse all have major influence on the health of individuals and communities.

Premature death, various cancers, lung and respiratory issues, low birthweight and cardiovascular disease are all linked to tobacco use. Tobacco use is a modifiable health behavior. The tobacco related death rates in Douglas County were 199.4 per 100,000, compared to the state rate of 152.0 per 100,000, illustrating a higher mortality rate (2013-2016). The estimated costs of tobacco-related medical treatment and lost productivity in Douglas County was $123.9 million in 2013.

Workforce Development

Although all the existing community health improvement plans referenced some combination of education, economy, and/or poverty, none specifically referred to these priority areas as workforce development. While there is no consensus on the number of health care providers necessary in a region to serve the population's needs, the 2021 Oregon Health Care Workforce Needs Assessment highlighted an asymmetrical distribution of licensed behavioral health providers throughout the state. This is particularly pertinent in rural/frontier areas, where there are fewer providers reported per capita than other parts of the state. Douglas County overall is recognized as a medically underserved area, and this is especially true of mental health providers. Drain, Yoncalla, Glendale, and Sutherlin were listed in the 2020 Areas of Unmet Needs Report as Primary Care Service Areas with no mental health providers. Furthermore, people of color are underrepresented among nearly all segments of the behavioral health workforce.

Data Analysis

Community Health Assessment – Demographic & Data Elements

As part of the development of our Comprehensive Behavioral Health Improvement Plan, we conducted a broad assessment of the socio-economic and social determinant data in the communities we serve.

The region served by UHA has 112,530 residents, 2.7% of Oregon's total population. In some ways the region's demographics reflect the state's demographics. In other ways, the region's demographics differ significantly from the state as seen in the tables below. While there are many data points that raise concerns for our community, most notably, from 2015-2019 the poverty rate for children under 18 in Douglas County was 22.1% compared to the state at 16.6%. We know that growing up in poverty exposes children to greater levels of stress, which can lead to psychological problems later in life. The following table shows important demographic differences between our region and the state. Many of these metrics have a direct impact on the burden of mental health problems and substance use disorder.

Description:	Douglas County	Oregon
Median Household Income	$47,267	$62, 818
Overall Poverty Rate	14.7%	13.2%
Without Health Insurance	6.3%	6.7%
Bachelor's Degree or Higher	10.8%	20.8%
Median Age	47.1%	39.3%
Veteran Population	14.5%	7.9%
Disabled Population	20.8%	14.4%
Employment Rate	47.%	58.9%

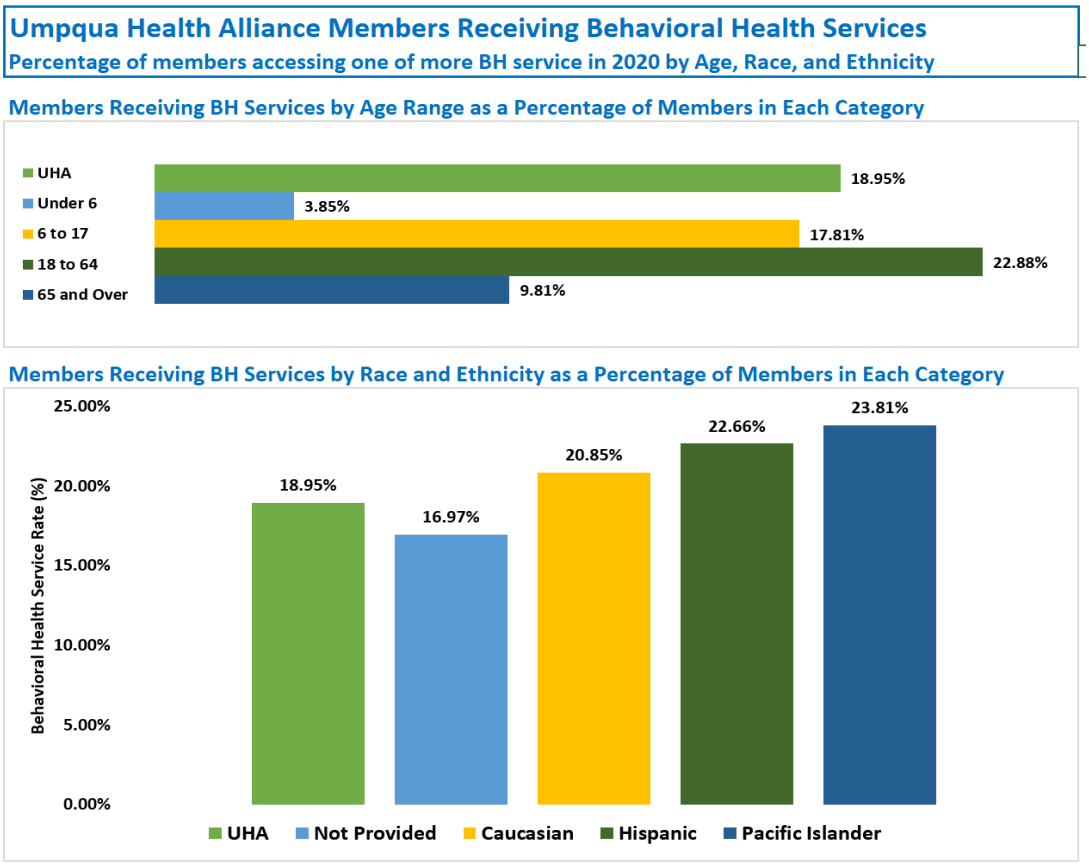
Source: 2015-2019 American Community Survey 5-Year Profile

When considering race, ethnicity, and language of our communities, we see significant differences when comparing Douglas County and UHA to the state. Of note, the Race, Ethnicity and Language is pulled from eligibility data received from the Oregon Health Authority which is captured during eligibility application. The graph below includes information that is received by the state but is not reported in county or State data. The data that states unknown, other and declined to answer are answers directly from member applications for OHP.

Race	UHA	County	State
American Indian/Alaska Native	.8%	2.1%	1.8%
Asian	0%	1.1%	4.9%
African American/Black	0%	0.5%	2.2%
Hispanic	1.8%	6.1%	13.4%
Native Hawaiian/Pacific Islander	0.1%	0.2%	0.5%
White	42.9%	92.6%	86.7%
Other	2.6%	3.5%	4.0%
Unknown	15.5%		
Declined to Answer	12.3%		
Did not answer	22.6%		
Ethnicity			
Hispanic	2.2%	5.7%	13.0%
Unknown	15.6%	0.0%	0.0%
Other	0.5%		
Not Hispanic	46.8%		
Declined to answer	12.3%		
Did not answer	22.6%		
Language			
Other than English spoken at home	2.2%	4.0%	15.4

Source: U.S. Census Bureau, Population Estimates Program (PEP), July 1, 2019, (V2019)

The following graphic illustrates UHA's behavioral health utilization by race, ethnicity, and age as a percent of total members in each category. UHA's eligible population in 2020 was 36,184. This includes people who were not eligible for the full year. Overall, 6,857 or 19% of UHA's total members eligible received behavioral health care. For children under six, there were 156 or 4% of the population receiving treatment, children 6-17 years old had 1,462 or 18% receiving treatment, adults 18-64 had 5,061 or 23% that received treatment, and 178 or 10% of everyone over 65 received behavioral health services.



Identified Community Behavioral Health and Health-Related Social Needs

The environmental scan identified several behavioral health and health-related social needs among our membership and in the communities we serve. In general, the needs that rose to prominence in the above analysis include:

Mental Health

According to Mercy Medical Center's CHP for 2019-2022, Douglas County residents show a disproportionate burden of mental health conditions when compared to national statistics. For example, poor mental health days are reported 4.5 days per months compared to the U.S. rate at 3.8 days per month. Our age adjusted death rate due to suicide is higher in Douglas County at 24.7 compared to Oregon at 18.1 and the U.S. at 13.2. In fact, 12.2% of community leaders in Douglas County identified suicide as a top health issue. One in four adults (26.80%) in Douglas County report being depressed (BRFSS 2012-2015). Recent County Health Rankings report that 16.30% of adults do not have adequate social support and social associations, that indicate engagement in community are also low at 10.7 per 10,000 people.

Substance Use

Substance abuse often overlaps with other issues such as mental health, education, homelessness,

and health overall. Women who report smoking during pregnancy in Douglas County are over twice that of the Oregon statewide rate: 20.5% in Douglas County compared to 9.6% in Oregon and 7.2% in the U.S. The Douglas County age-adjusted death rate due to alcohol consumption is also higher compared to Oregon's statewide rates. Douglas County also has higher rates of binge drinking and opioid prescribing than state averages. The death rate due to drug poisoning in Douglas County (13.9 dates/100,000 population) is higher than in Oregon but lower than in the U.S. overall.

Access to Health Services

The need for primary care providers in Douglas County far exceeds the state or the U.S. There are 64.1 primary care providers in Douglas County per 100,000 people compared to Oregon at 93.5 provider/100,000 population and the U.S. at 75.5 providers/100,000 population. Just 72% of adults in Douglas County have a usual source of health care compared to 75.5% of adults in Oregon. Douglas County also has both a high turnover rate for primary care providers with many current physicians at or nearing retirement. Both factors affect a patients' ability to find and re-establish care with a new provider. The need for primary care providers is further worsened by the fact that cancer is the leading cause of death in Douglas County, followed by heart disease, and nearly 60% of the adults in Douglas County have one or more chronic condition, higher than the state as a whole.

Children's Health

Our children experience food insecurity at a rate of 25.3% compared to 20% statewide and 17.9% nationally. Almost sixty-one percent of children in Douglas County also qualify for free and/or reduced lunch. We also face a situation where the substantiated child abuse rate in Douglas County, 28.1 cases/1,000 children, is more than twice the statewide rate of 12.8 cases/1,000 children. Three percent of children are in foster care, and the other ten percent are aging out – ranking Douglas County 31 out of 36. Our Community Survey respondents selected Children as the group in the community that is most affected by poor health outcomes. Depression in youth has been steadily increasing for both 8th and 11th graders in the county, youth are significantly more likely to be disconnected. 22.5% of youth in the county, between 16-24 years old are either not in school or working, nearly twice what it is in the state (11.9%).

Education

Douglas County also lags the state in educational realization with just 16.3% of our residents obtaining a bachelor's degree compared to the statewide 31.4% and national statistic of 30.3%. High school dropouts in Douglas County are twice the rate of other Oregon students and reading and math proficiency in 3rd and 8th grade are lower in Douglas County than the state overall. Community leaders perceive improving education as an important opportunity for preventive intervention which could impact lifetime health status and quality of life.

Diversity Equity & Inclusion Demographics

Both our service area and the CCO have a relatively homogenous population compared to the state and that makes REAL-D analysis challenging due to the small numbers. It is also challenging to fully understand and analyze the enrolled population at UHA due to the considerable number of members (48%), according to OHA data, who decline to answer for their race and ethnicity. These factors combined make analysis and needs assessment for the black, Indigenous, and people of color (BIPOC) community and tribes more challenging.

As we consider the other priority populations identified in the OHA's guidance document, there are some populations that do not have access to the data needed to assess the population's needs. For

example, we do not have a way to identify CCO enrollees who are migrant farm workers, and that population is often not well represented in available census data. The justice involved population is also more difficult to analyze because they are disenrolled when incarcerated and may or may not re-enroll and engage with the system of care when released. UHA has worked with our local justice system to connect the incarceration data into our Collective Medical tool. While this is a pilot, it is gathering a lot of momentum throughout the state and should be able to assist not only Case Managers, but also PCPs and Hospitals to understand better some of the social determinants of health our members are facing.

UHA's Behavioral Health Service Utilization

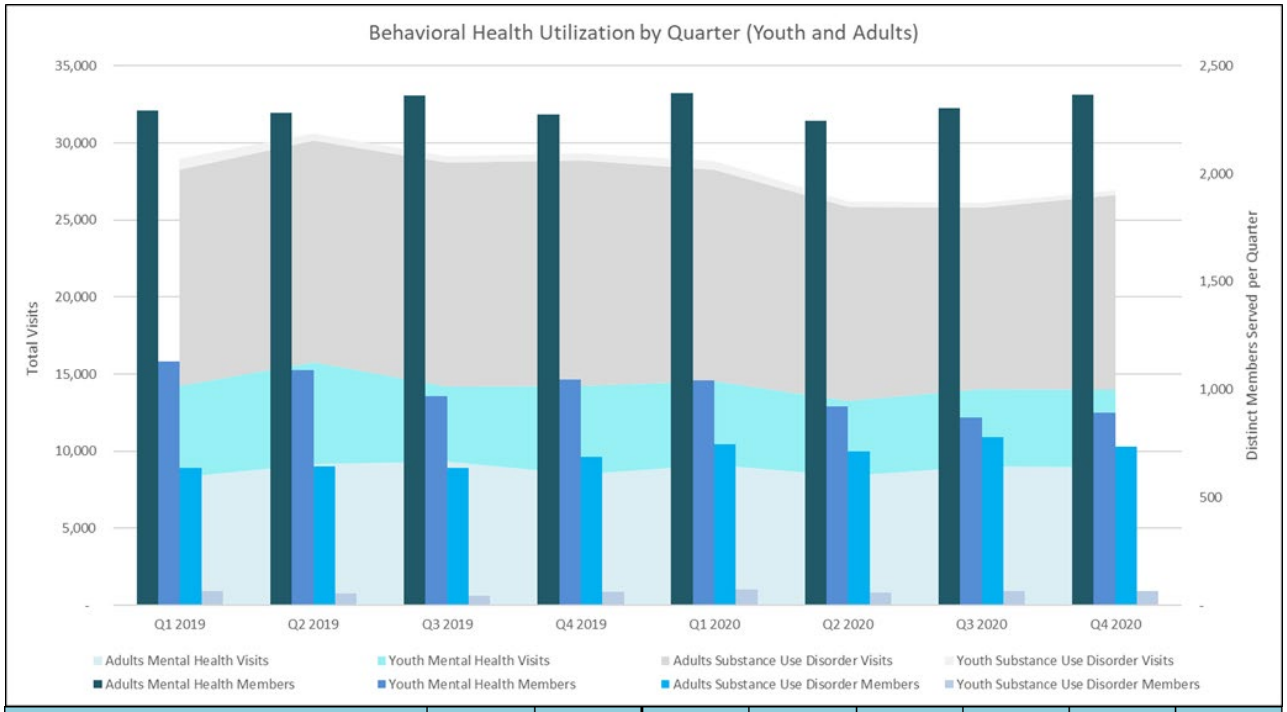
In reviewing UHA member utilization of behavioral health services in 2020, the prevalence of mental health diagnoses overall was 22.21%. The percentage of members with a mental health diagnosis was highest among those who identify as BIPOC, Caucasian, or Female. Prevalence of behavioral health diagnosis was highest for members who identified as Caucasian, which aligns with the demographics of our service area. The percentage of UHA members identified with a substance use disorder (6.12% overall) is consistently aligned across stratified demographic.

For Calendar Year 2020 Dates of Service	Mental Health Diagnosis	Anxiety	Depression	Severe and Persistent Mental Illness	Substance Use Disorder Diagnosis
UHA Members	8,038	2,778	2,161	6,290	2,214
% of Total UHA Members	22.21%	7.68%	5.97%	17.38%	6.12%
Black, Indigenous, and People of Color (BIPOC)	225	71	51	93	47
% of Total BIPOC Members	24.59%	7.76%	5.57%	10.16%	5.14%
Caucasian	4,235	1,405	1,140	3,476	1,101
% of Total Caucasian Members	24.85%	8.25%	6.69%	20.40%	6.46%
Identify Female	4,891	1,955	1,459	4,110	1,087
% of Total Identified Female	25.78%	10.30%	7.69%	21.66%	5.73%
Identify Male	3,147	823	702	2,180	1,127
% of Total Identified Male	18.28%	4.78%	4.08%	12.67%	6.55%

UMPQUA HEALTH

Annual Behavioral Health Service Utilization

The two-year Behavioral Health utilization trend demonstrates UHA's ability to maintain a relatively consistent quarterly service utilization despite Covid challenges. When comparing behavioral health utilization between 2019 and 2020, Adult and youth mental health showed stable utilization of services, whereas the substance use service utilization trended down in number of visits. This trend is primarily due to the limited access in residential/congregate care setting related to Covid precautions as evidenced in the Behavioral Health Utilization for CY 2019 and 2020 table, specifically SUD Detox and Residential Days. Although the pandemic may have impacted behavioral health service utilization for some populations and/or service types, it ultimately increased access to services for all UHA members through the expansion of telehealth services.



	Total Visits and Members by Age Group	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Adults	Mental Health Visits	8,290	9,183	9,311	8,515	9,105	8,410	9,014	8,982
	Mental Health Members	2,291	2,282	2,362	2,274	2,372	2,247	2,304	2,367
	Substance Use Disorder Visits	14,007	14,401	14,534	14,669	13,722	12,601	11,785	12,605
	Substance Use Disorder Members	636	645	635	687	747	712	779	735
Youth	Mental Health Visits	5,962	6,572	4,882	5,703	5,454	4,860	5,002	5,021
	Mental Health Members	1,130	1,091	971	1,045	1,042	922	871	893
	Substance Use Disorder Visits	704	453	406	456	537	366	293	337
	Substance Use Disorder Members	67	57	44	63	72	60	66	65

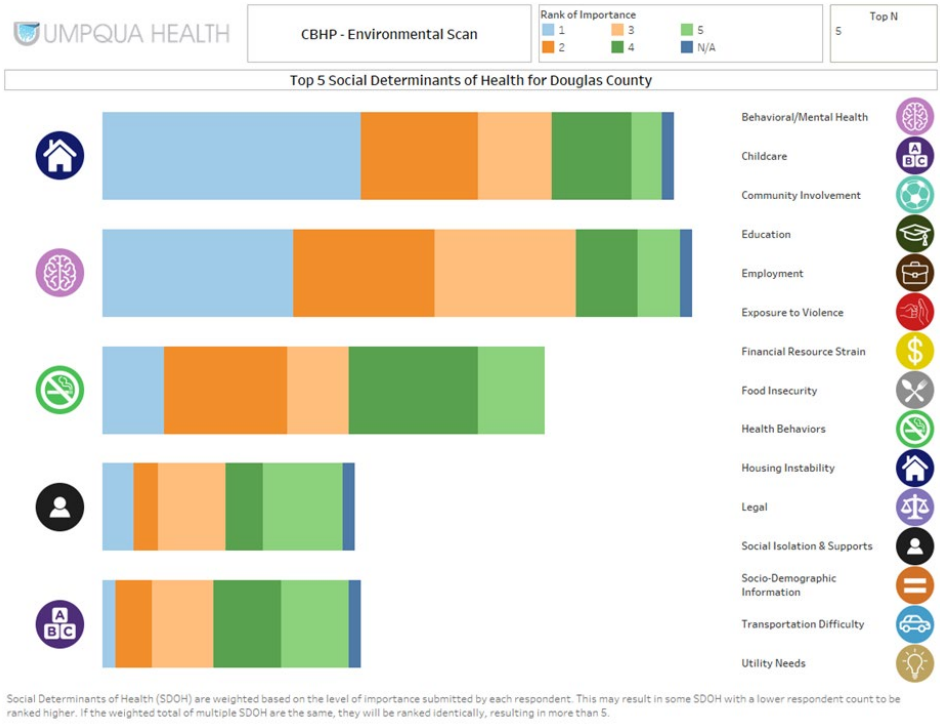
Behavioral Health Utilization for CY 2019 and 2020	Total Youth		Total Adults		SPMI Adults	
	2019	2020	2019	2020	2019	2020
MH Crisis Services	82	101	206	208	197	181
MH Crisis Members	67	77	143	164	134	140
MH Residential Days	145	90	54	19	72	19
MH Residential Members	16	8	25	17	27	17
MH Inpatient Days	331	254	533	692	505	664
MH Inpatient Members	11	11	53	89	45	77
SUD MAT Services	-	-	32,822	32,412	18,915	18,383
SUD MAT Members	-	-	220	257	122	135
SUD Detox Days	-	-	1,250	1,111	836	641
SUD Detox Members	-	-	250	276	162	145
SUD Residential Days	556	181	4,025	3,082	3,093	2,364
SUD Residential Members	11	6	206	215	151	141
Supported Employment Services	5	16	657	748	575	684
Supported Employment Members	3	4	44	63	40	59
Peer Delivered Services	3	95	1,479	1,020	1,289	931
Peer Delivered Services Members	3	10	164	146	123	112
ACT Program Services	-	-	2,163	1,891	2,163	1,891
ACT Program Members	-	-	31	35	31	35
ED Visits with MH Diagnosis	400	309	6,379	6,005	3,605	3,476
ED Members with MH Diagnosis	285	223	3,583	3,286	1,763	1,660
Total Members	12,369	12,254	22,949	23,930	6,065	6,290

Environmental Scan Stakeholder Survey

To supplement the extensive community engagement process relied upon in development of the CHA/CHP as well as the review of existing data and improvement plans from other organizations, we also fielded a 41-question survey with community partners to assess behavioral health and social determinant of health needs across our service area (see results and graphs below). The survey was open for 13 days (about 2 weeks), and 114 individuals completed the survey. Themes from the survey are described below. The results of this survey were shared in multiple community-wide meetings to generate interest and promote engagement in an ongoing workgroup dedicated to improvement plan development around the identified needs and gaps.

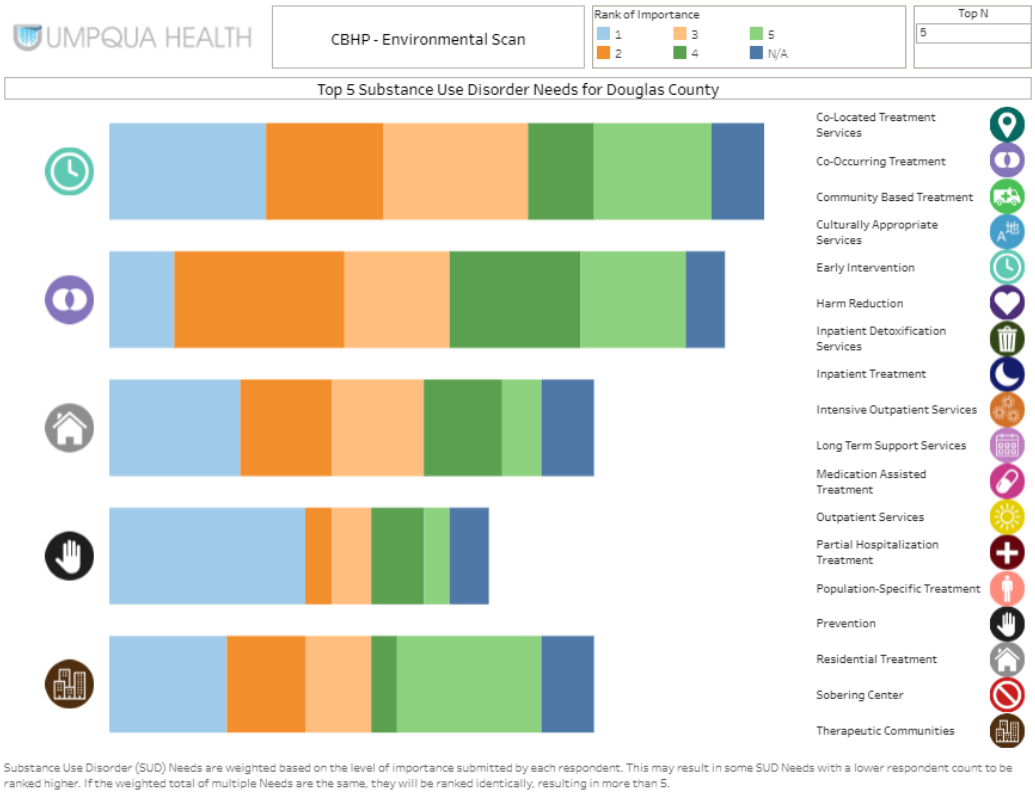
Many of the survey respondents, nearly 40%, represented the behavioral health system of care including community mental health providers, the local mental health authority and community substance use providers. The remaining 60% of respondents were almost equally divided between the physical health system of care, education/schools, and public safety/other.

Respondents were asked to rank the top five social determinants of health from a list of 15 options. Housing, behavioral health, health behaviors, social isolation/supports, and childcare are identified as the most critical social needs in Douglas.



When asked to identify the top five mental health program needs for our community, the respondents identified mental health inpatient, early intervention, treatment for co-occurring disorders, outpatient mental health treatment, mental health residential services, residential, trauma informed care, long-term supports, prevention, and community-based treatment.

Survey respondents were asked to select the top five needs for the system of care serving people with substance use disorder, which were identified as early intervention, co-occurring treatment, residential treatment, prevention, and therapeutic communities. According to the Surgeon General, prevention programs designed to address risk factors and increase protective factors are proven to be the most effective in influencing related health threats. Furthermore, research shows that integrating substance use disorder treatment into mainstream health care can improve the quality of treatment services. Results from this survey highlighted the opportunity to improve quality of care by targeting treatment programs and practices in service delivery to produce the greatest impact in our community.



The survey also elicited respondents' feedback on provider needs and workforce challenges for Douglas County. The following table summarizes those findings:

Provider Needs	Workforce Challenges
Child Psychiatrist	Rural community/culture
Child Psychologist	Lack of available housing
Peer Support Specialist	Salary or compensation
Psychiatric Mental Health NP	Lack of cultural diversity
Psychiatrist	Access to shopping and other services

One of the focus areas for our Community Survey was to elicit guidance on how to improve care transitions and coordination between levels of care. In addition to prioritizing improved communication between healthcare providers, dedicated staff to support transitions between levels of care, and a system for warm handoffs, the respondents also identified a need for increased access to community resources focused on social determinants of health. Respondents also identified a need to improve

access to specialty providers as identified in the table above. Additional findings from the Community Survey are included in the discussion of Identified Community Behavioral Health and Health-Related Social Needs under the section: OHA's Prioritized Populations.

1.2 Community Partner Engagement in Behavioral Health Environmental Scan

We believe the experts on behavioral health in our region are those living in the UHA communities to whom we have the great honor of serving. Our community engagement activities provided us with perspectives and input from a wide range of community partners. While we sought continued engagement beyond the survey from all listed partners, only those that collaborated in the shared process of developing the CBHP improvement plan are marked as such. That should not diminish the ongoing partnership collaboration occurring through other existing forums, for example LPSCC with law enforcement, corrections, housing, and the tribe.

CBHP Community Partner Engagement Table

Community Partner	Inform	Consult	Involve	Collabo-rate	Shared Decision Making
Community Mental Health Provider	✓	✓	✓	✓	✓
Community Mental Health Providers	✓	✓	✓	✓	✓
Public Health	✓	✓	✓	✓	✓
Education/Schools	✓	✓	✓	✓	✓
Law Enforcement	✓	✓	✓		
Hospitals	✓	✓	✓	✓	✓
Corrections	✓	✓	✓	✓	✓
First Responders	✓	✓	✓		
Child Welfare	✓	✓	✓	✓	✓
Department of Human Services (DHS)	✓	✓	✓	✓	✓
Housing Authority	✓	✓	✓		
Housing Providers	✓	✓	✓		
Courts	✓	✓	✓		
Local Tribal Health Providers	✓	✓	✓		
United Community Action Network	✓	✓	✓	✓	✓
Primary Care Providers	✓	✓	✓		
Intellectual & Developmental Disability Providers	✓	✓	✓	✓	✓

Community Engagement Infrastructure

UHA's representational and collaborative governance structure includes voices from across the health and social services spectrum, and we have a robust community advisory council to reflect the specific needs of those who live in Douglas County. These bodies contribute to the transparent community-informed governance of our CCO, including oversight of this comprehensive behavioral health plan.

CHA/CHP Process

For this CBHP, our primary mode of additional community engagement was our community health needs assessment (CHA) and community health improvement plan (CHP) process. This extensive community engagement process, which began in 2017, involved monthly CAC meetings in our service area, as well as 10 focus groups with target populations to inform and gather feedback from the people who live in the communities we serve.

The CHA process followed a modified Mobilizing for Action through Planning and Partnerships (MAPP) model and continued this national best practice for health planning as the collaborative moved into the CHIP process. The CHIP process was rooted in the planning vision and values established in the beginning of the CHA.

An additional assessment of the MAPP process was the Integration Assessment. UHA invited dozens of community partners to the table to assess where integration was happening currently in the community and identified opportunities for improved integration. Specific partners included dental organizations, tribal government, K-12, relief nursery, addictions and mental health, food bank, domestic violence and child abuse agencies, early learning organizations and health care providers. CAC membership also participated in that meeting and later reviewed notes and data when setting the CHIP priorities.

Substance use and addiction services in primary care setting(s) and behavioral health and substance abuse services were cited as one of the greatest opportunities for increased care integration in Douglas County (to provide the highest value to the community). Mental Health Services were ranked the most important in providing the highest value of integration to the community. Harm reduction models, residential treatment centers, and service expansion were identified as providing the greatest opportunity to enact change. Simultaneously, the largest challenges and needs for this population were identified as availability, access, links between education and mental health, funding, homeless population, need for greater peer support, more providers, stronger organizational partnerships, education, and knowledge of risk.

The greatest opportunity to enact change in Mental Health Services were identified as: screenings, parity, increasing percentage of funding to prevention, skill building for self/emotional regulation, suicide prevention education, more community-based treatment, more clinicians, PSA on where to go for needs you may have, crisis and respite services. The greatest challenges to overcome for mental health services were identified as trust and collaboration across systems needs improvement, state mandates create barriers, silos, funding for non-traditional alternative programs, health of community impacts recruitment, core community structures feel diminished, number of children in foster care, and lacking foster parents.

Targeted Populations Involved in Focus Group Meetings:

- OHP Enrollees
- Behavioral Health & Addictions
- Parents and Children
- People Experiencing Homelessness
- People with Disabilities (held at Tribal Government offices)
- Seniors
- CAC Members
- Latinx/Spanish Speaking
- Geographically Underserved (individuals living in rural areas)
- People Working in the Service Industry

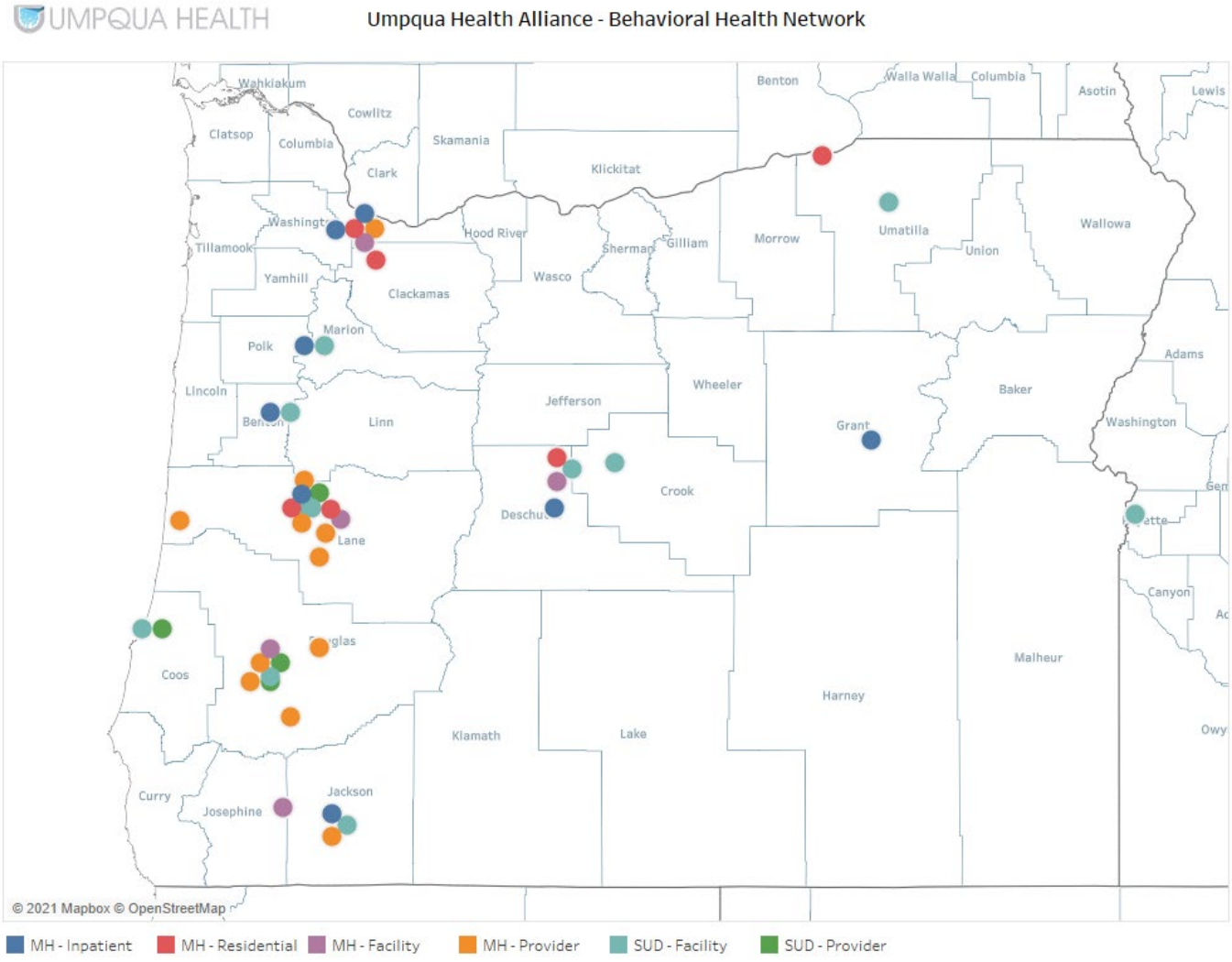
1.3 Douglas County Behavioral Health System Description

The nature of our rural service area means that we have limited access to specialized mental health and SUD services. Our primary partner for specialty behavioral health service, Adapt Integrated Health Care (AIHC), has recently completed a reorganization that expands their services and streamlines access to the continuum of behavioral health services.

While Adapt Integrated Health Care continues to serve as our county's CMHP/LMHA, they recently reconstituted as a Certified Community Behavioral Health Clinic (CCBHC), further integrating their continuum of service delivery under a single program name. Our members can receive mental health outpatient and Substance Use Disorder treatment services including outpatient, detox, and residential. AIHC will soon be opening a Sobering Center and expanding the Mobile Crisis program to 24/7 coverage.

1.3.2 Accessibility

UHA ensures access to the full continuum of behavioral health services for children, youth, and adults. UHA partners with Adapt to provide same-day access to behavioral health service through Adapts' Open Access walk-in model. Open Access is available 9-4 Monday-Friday with an average wait time of approximately 30 minutes. Through this program, UHA can ensure all members have access to services within the required timeframe. UHA also contracts with other BH providers and integrated medical clinics to provide timely access to behavioral health services.



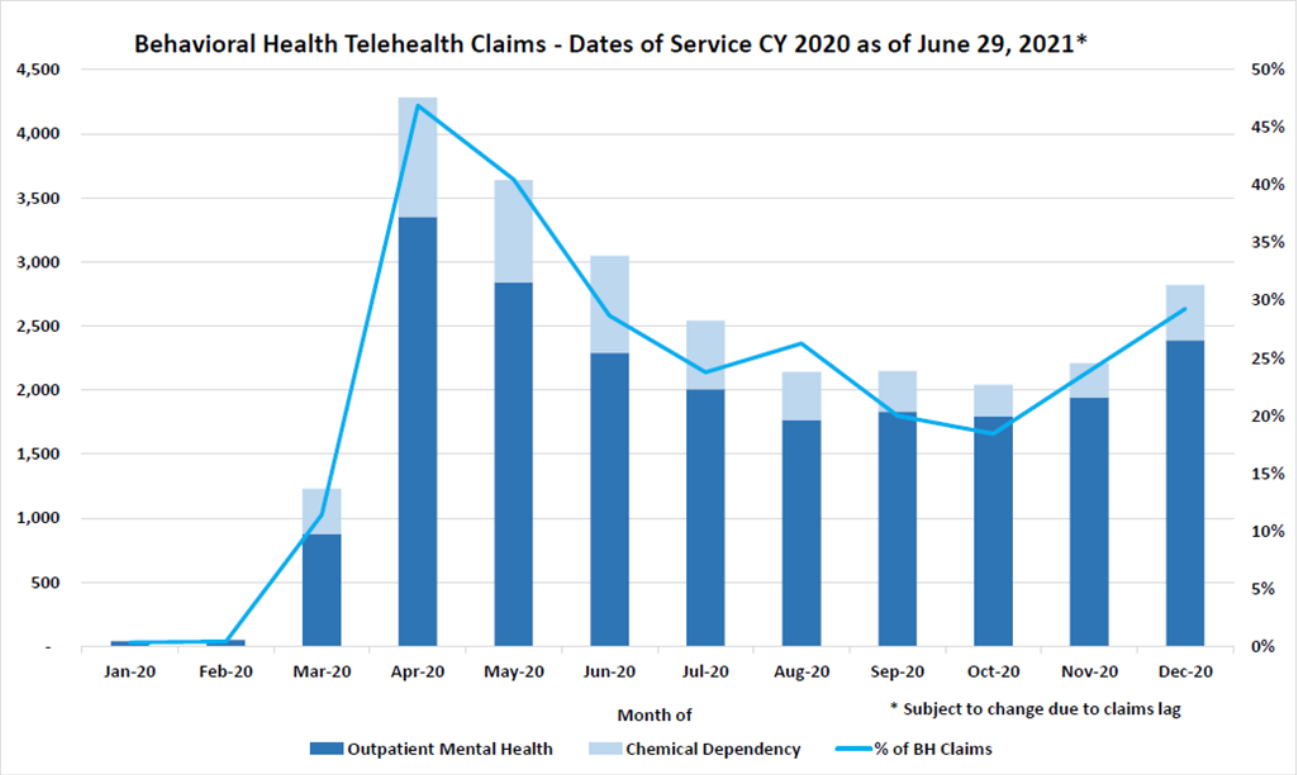
In 2020, UHA engaged contracted Behavioral Health providers to collect specific information to create a tool that integrates weekly access reporting. The goal was to furnish key information necessary to facilitate behavioral health referrals to providers that best match member's needs. The tool includes the following information: ages accepted, diagnoses treated, services provided, languages spoken, cultural and linguistic considerations, practice location/hours, and ADA accessibility. The Behavioral Health Referral Matrix tool is updated weekly and made available on UHA's website for members and providers and is disseminated directly to providers and UHA staff.

This tool helps providers and members identify providers that have access to provide an assessment within the next seven days as well as those who may be scheduling outside the seven days or who have a waitlist. This structure allows members freedom of choice; they can wait for an appointment with a preferred provider, identify an alternative provider or utilize Adapt's open access schedule. (See Attachment A. UHA Behavioral Health Referral Matrix)

While the Behavioral Health Referral Matrix and the open-access clinic together provided many opportunities for members to receive routine care within seven days, COVID-19 fundamentally disrupted the office-based in-person model of delivering services. Fortunately, UHA behavioral health

providers were able to scale up telehealth services quickly and deliver much needed services to our members. In 2020, telehealth services expanded rapidly within our provider network in response to the COVID-19 pandemic constraints. More than 25,000 telehealth visits serving more than 4,300 distinct members were provided, requiring clinics to upgrade equipment and train staff. Telehealth can have both benefits and drawbacks:

- Telehealth expansion can increase inequities in health care because not everyone has the necessary technology and high-speed Internet access.
- In certain situations, telehealth can be more effective than in-person care, may reduce health care costs, and can increase satisfaction among both providers and patients.
- However, in other situations telehealth may not be the most effective or appropriate method of delivering services.
- Telehealth can particularly benefit patients who have difficulty finding a provider close to home, such as patients in some rural and frontier areas of Douglas County.



#	Service Group	Claims Count
1	Outpatient Mental Health	21,175
2	Chemical Dependency	5,005
	Grand Total	26,180

#	Dx 1	Dx Name	Claims Count
1	F43.10	Post-traumatic stress disorder, unspecified	3,500
2	F41.1	Generalized anxiety disorder	1,500
3	F10.20	Alcohol dependence, uncomplicated	1,440
4	F43.23	Adjustment disorder with mixed anxiety and depressed mood	1,369
5	F43.12	Post-traumatic stress disorder, chronic	1,351

1.3.3 Capacity to Serve in Different Levels of Behavioral Health Care

We provide access to all covered behavioral health services from preventive to intensive care for all ages, regardless of diagnosis, severity of condition, or level of care required. We also strive to offer a broad array of community-based treatment options designed to wrap services around members where they live, so they may remain in their community, connected to their support system while receiving the care they need.

In this section, we have outlined many of the most important services, programs, and projects available in our community to UHA members as well as the public. They are segmented into three domains: Mental Health, Substance Abuse, and Community Based Services. Within each domain we further delineate the services available at various levels of care (Prevention and Early Intervention, Adult Outpatient & Intensive Outpatient, Youth Outpatient & Intensive Outpatient, Crisis, Residential, and Inpatient) as well as by demographic population (youth, adult, women, etc.). UHA regularly monitors access and availability of behavioral health services using our Behavioral Health Referral Matrix tool to ensure members are connected to the services and supports that most closely align with their needs. While this is not an exhaustive list of every provider and service, the intention is to demonstrate the extensive array of programs and services available within the continuum of care in Douglas County.

Mental Health

UHA offers all covered mental health disorder treatment and to our members from outpatient to residential treatment and inpatient care. Services are available to children and adults. Highlighted programs include:

Prevention and Early Intervention:

There are many preventions and early intervention programs and services offered through contracted behavioral health providers as well as a large array of cross-sector community-based organizations who collaborate to meet the community's needs. The following are just a few of the many programs and services available:

Babies First! Program helping families make sure babies 0-5 are healthy as they grow and learn.

CaCoon focuses on community-based care coordination for children 0-21 with special health care needs.

Douglas County Protect Our Children is an effort that aims to reduce and prevent the prevalence of child sex abuse in Douglas County, with a focus on mitigating trauma to increase resilience. This partnership will allow for up to 8 individuals to be trained to become Stewards of Children facilitators, resulting in multiple community training.

Darkness to Light Stewards of Children ® project to provide training to the community in an evidence-informed training that teaches adults to prevent, recognize, and react responsibly to sexual abuse in their organizations, families, and communities. The project's 3-year goal is to empower 5% of Douglas County's adult population to take action to prevent child sexual abuse and to reach even more people as community members are trained as Stewards of children facilitators. The project is part of "Protect Our Children 2.0," a program of The Ford Family Foundation to prevent child sexual abuse.

Rise Up Resilience is a partnership between UHA and Phoenix Charter School that has spanned several years. The initial goal for this project was to increase social emotional competency training for students through a myriad of interventions. In 2020, this partnership touched 287 unique students, with over 20,000 hours (about 2 and a half years) of social emotional training offered. One of the biggest impacts of the project was an increase in graduation rates from 25% in 2019 to 42% in 2020, a jump which school officials believe can be attributed to increased personal resilience skills. Phoenix School is a learning environment where many of the students have higher ACE scores with histories

of trauma, and school officials believe this kind of work improves students' ability to manage their emotions and build resilience.

Family Development Center is dedicated to children, families, and the prevention of child abuse and neglect. The Family Development Center uses the Relief Nursery Therapeutic Model, providing a unique combination of individualized classroom and home-based developmental experiences for children 0-5 years of age. Each teacher assumes the role of both classroom teacher and family support home visitor.

Outpatient:

UHA contracts with our CMHP, Adapt Integrated Healthcare, for a comprehensive array of outpatient behavioral health services including screenings, assessments, treatment planning, case management, care coordination, skills training, peer support, medication management, and group therapy. UHA ensures adequate funding for these services by a combination of encounter based as well as programmatic reimbursement. In addition to the multitude of services offered, Adapt has a host of specialty outpatient programs aimed at supporting the unique needs of our community including:

Adult Outpatient & Intensive Outpatient:

Intensive Outpatient 370 Project (also known as Aid and Assist): Aid and Assist is designed to aid individuals with a mental illness who are involved with the criminal justice system to achieve stabilization and a level of understanding of the charges against them so that they can participate in their own defense.

Choice Model Services: Choice is designed to promote more effective utilization of current capacity in facility-based treatment setting through increased care coordination and to promote the availability and quality of individualized community-based services and supports for adults with mental illness in the most independent environment possible and minimize the use of long-term institutional care. Exceptional Needs Care Coordinators participate in hospital level IDTs, promote PCA 20's, assess level of care for AFH placement.

Clinical Case Management: Clinical Case Manage is designed to help clients develop the skills and community support they need to achieve recovery, self-sufficiency, stability, and an overall improved quality of life. Staff work with clients to identify the services and resources needed to support successful transition to independent living—including, assistance with health insurance, SNAP, Social Security benefits, housing, and utility assistance.

Jail Diversion Program (JDP): JDP is designed to provide appropriate treatment for individuals with a serious mental illness that is thought to be contributing to low level criminal behavior. The goal of JDP is to provide treatment to help avoid or reduce incarceration through appropriate community-based services, such as mental health and/or substance abuse treatment.

Independent Placement Support/Supported Employment (IPS): Research has shown that employment can have a positive effect on our overall health and well-being. Individual Placement & Support (IPS) Supported Employment is an evidence-based approach that promotes wellness and recovery through meaningful employment for individuals with emotional and behavioral health disorders. Supported Employment promotes self-sufficiency and independence in the community. Our IPS Supported Employment team helps our clients to identify and pursue their employment goals.

Supported Employment services are available for behavioral health clients.

Mental Health Court: Douglas County Mental Health Court operates under the jurisdiction of the Douglas County Circuit Court. Compass Behavioral Health works in close coordination with the court officials, law enforcement, mental health advocates, social service agencies and others to provide structured and judicially supervised community-based treatment for individuals with serious mental illness who are involved with the justice system.

Peer Support Services: Compass (Adapt) Behavioral Health Peer Support Services are designed to help clients to be successful in their treatment, at home and in the community. Peer Support Specialists receive specialized training and are certified through the Oregon Health Authority. Because they often share common life experiences with the individuals they serve, Peer Support Specialists bring valuable experience, knowledge, and encouragement to help clients and their families achieve their goals for a healthy and productive life.

Preadmission Screening and Residential Review (PASRR): Federally required evaluation for individuals who will be admitted to a Medicare/Medicaid certified nursing facility, regardless of payment source, for indicators of serious mental illness (SMI) or intellectual disability. PASRR is in place to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

Psychiatric Security Review Board (PSRB): program uses recognized principles of risk assessment, victims' interest, and person-centered care to ensure individuals diagnosed with a mental illness who have committed serious crimes receive the necessary services and support to reduce the risk of future criminal behavior.

Assertive Community Treatment (ACT):
The ACT clinical team consists of psychiatric medication prescribers, mental health treatment providers, nurses, substance use treatment providers, peer specialists and employment specialists who work together to provide comprehensive care with the goal of improving individual health, wellness, and quality of life. ACT is a voluntary program and based upon individual choice. Services are delivered in a variety of settings and for as long as they are needed.

Youth Outpatient & Intensive Outpatient:
Adolescent Sex Offender Program (ASOP): In partnership with the Douglas County Juvenile Justice Department, Adapt offers treatment for Adolescent Sexual offenders in Douglas County. This treatment consists of assessment, individual therapy, as well as group therapy. These youths will see a certified clinical sexual offense therapist until completion/graduation of the program.

Healthy Transitions Grant: The purpose of this program is to improve access to treatment and support services for youth and young adults who experience mental health stressors. It is a 5-year grant to explore diverse ways to meet the needs of 16–25-year-old, particularly those who are less likely to engage in traditional services (houseless, LGBTQ, rural communities, people of color, foster care, juvenile justice involved).

Parent-Child Interactive Therapy (PCIT): A therapeutic intervention intended for children ages 2 through 6 years, and their parents. It is nationally recognized as one of the most effective treatments for young children experiencing significant social, emotional, or behavioral problems. 85% of Oregon

families who participate in 4 or more PCIT therapy sessions demonstrate improvement in child behavior, positive communication and positive parenting skills.

School-based Treatment: Early Intervention/Early Childhood Special Education, administered by the Douglas ESD in Douglas and Jackson counties and the coordinated throughout the five-county region of Southern Oregon, South-Central Early Learning Hub in Douglas, Klamath and Lake counties, Oregon Technology Access Program, statewide, Regional and Statewide Services for Students with Orthopedic Impairments, statewide and the Take Root Parenting Hub.

Wraparound: Wrap is a community-based service targeting members in the Child Welfare System or at risk for CWS placement that receives referrals from cross sector community partners. It is a referral-based planning process that follows a series of steps to help children, young adults, and their families accomplish their family vision

Family Development Center: This CBO builds strong, lasting relationships with families by supporting them in many ways, helping parents to create a safe and healthy environment for their children. Families enrolled in our programs can receive: Basic needs support (food boxes, diapers, and clothing), Crisis intervention, Parent education classes and support groups, Mental health therapy (for adults and families), Play therapy for children, home visits (weekly, bi-weekly, or monthly), Community resource and referral, Transportation to classes.

Juniper Tree Counseling: This network provider offers services that focus on infant and toddler mental health. All the counseling staff at Juniper Tree are endorsed by the Oregon Infant Mental Health Association (ORIMHA) and/or have specialty training beyond their master's degrees in the areas of maternal mental health, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Promoting First Relationships, and many other evidence-based early childhood practices. Clinicians are qualified to offer pregnancy-related mental health care and behavioral health support for young children.

Early Assessment and Support Alliance (EASA): The Early Assessment & Support Alliance (EASA) team is committed to providing rapid identification, support, assessment and treatment for teenagers and young adults who are experiencing the early signs of psychosis.
EASA provides up to two years of treatment and support for Douglas County young people ages 15 to 25 who have experienced a first episode of psychosis or who have experienced risk symptoms within the last year that are not caused by a medical condition or substance abuse.

In-Home Intensive Behavioral Health Treatment (IIBHT): UHA was the first CCO in the state of Oregon to successfully implement Intensive In-Home Behavioral Health Treatment (IIBHT), a new level of care for youth ages 0-20 designed to address gaps in the children's mental health service array. This level of care is community-based and available to youth in a variety of settings, offering more support and accessibility than traditional outpatient to reduce out-of-home placements, decrease utilization of higher levels of care, and preserve placement in the community. IIBHT has not only kept high-risk youth in the community longer, but also established relationships with community providers state-wide who are more willing to accept our youth with the knowledge of our demonstratively strong step-down protocols.

Crisis Services:
All contracted behavioral health providers have at least a phone-based crisis hotline to support

members. More broadly, the CCO partners with the CMHP to provide crisis intervention and evaluation services 7 days a week, 24 hours a day for Douglas County residents. The Crisis Services team is available by phone or walk-in during regular working hours, or by phone at weekends and after hours. Additionally, Mobile Crisis services are available which pairs local police with mental health providers to support people experiencing a mental health emergency in which a person's behavior puts them at risk of hurting themselves or others.

Residential Services:
Most placements into these programs come from state hospitals and acute care facilities. Residential Treatment Homes (RTH), Residential Treatment Facilities (RTF), and Secure Residential Treatment Facilities (SRTF) provide housing and treatment services to adults diagnosed with a qualifying mental illness and are staffed 24 hours a day. On The children's side, residential services fall under Intensive Treatment Service (ITS) programs. ITS programs are intensive psychiatric services to children and adolescents diagnosed with a mental health condition. ITS programs include 24-hour residential psychiatric care, psychiatric day treatment services, Secure Children's Inpatient Treatment Programs (SCIP), Secure Adolescent Inpatient Treatment Programs (SAIP), and sub-acute psychiatric treatment programs. These programs and services a state-wide resource and available through coordination with the CMHP, Acute Care Setting and the CCO (if the payer) for members who have been assessed to have needs that cannot be adequately treated at lower intensity service levels.

Inpatient:
UHA coordinates closely with the existing inpatient facilities in Portland; when youth enter the ED with a referral for inpatient, we hold staffing; gather clinical documentation from existing providers to send to facilities and coordinate extensively around discharge. We put great in effort to avoid the need for inpatient with the use of IIBHT, and other community supports including transition of care team, WRAP, IOP and specialized treatment modalities when recommended. If residential is clinically indicated the CMHP completes a Certificate of Need and works to support the youth and family while referrals are made.

Substance Use Disorders
UHA offers all covered substance use disorder treatment and recovery services to our members from outpatient to detoxification/withdrawal management and residential treatment. Services are available to youth, and adults. Highlighted programs include:

Prevention and Early Intervention:
Adapt Prevention Department: Prevention—stopping substance abuse and other risk behaviors before they start—is the cornerstone of Adapt's Prevention & Education Program. Their work is grounded in the science of prevention and focuses on reducing the risk factors that lead to problem behaviors and increasing the protective factors that support the health and well-being of youth, adults, families, and entire communities.

HIV and HCV Prevention and Opioid Response Program: In 2020 and 2021, UHA partnered with the local chapter of the HIV Alliance to establish the HIV and HCV Prevention and Opioid Response Program. The program aims to provide services in a comprehensive, evidence-based harm reduction approach to reducing transmission of HIV and HCV, as well as overdoses. In 2020, these efforts resulted in: disposing of more than 400,000 used syringes and distributing nearly 400,000 clean syringes; interacting with more than 1,800 people who inject drugs (PWID) at needle exchanges; distributing over 2,700 naloxone kits; providing community trainings and administering more than 235 HIV/HCV test kits. This partnership is continuing in 2021 as an effort to keep individuals safe while they struggle with their addiction, while also working to help them find a long-term path to recovery.

Outpatient:

Adult Outpatient & Intensive Outpatient:

Rapid Access: Rapid Access is often the first point of contact for people who need assistance in navigating their path to health and recovery. The experienced Rapid Access team works with clients and prospective clients, medical providers, and social service agencies to identify treatment needs, explore treatment options and assist with referrals and authorizations to help people get the care they need when they need it.

Adult Corrections Treatment Services (ACTS): Adapt's Corrections Treatment Services (ACTS) offers innovative jail-based residential care and outpatient treatment services designed to help break the cycle of addiction and incarceration, and to help people take control of their lives and their futures.

Medication-Assisted Treatment (MAT) including rapid induction in emergency room and Opioid Treatment Program (OTP): *Adapt offers science-based medication-assisted treatment, utilizing methadone and buprenorphine, two of the most effective medications for the treatment of opioid use disorder. A team of skilled physicians, nurses and counselors provides rehabilitative services and stabilizing medications to restore hope and health to those who struggle with addiction.*

Problem Gambling: Adapt's Problem Gambling services are designed to help individuals and families take control of their gambling and their lives. Treatment services are available free to any Oregon resident who has problems related to gambling, either as a problem gambler or as a family member or friend of a problem gambler.

DUII Treatment: Adapt is approved and certified by the Oregon Health Authority to offer specialized DUII (Driving Under the Influence of Intoxicants) treatment for individuals who are referred for treatment by an official Alcohol and Drug Evaluation Specialist.

Tabaco & Nicotine Dependence Treatment: Adapt provides treatment for tobacco use as standalone service as well as part of an integrated treatment plan, which has been proven to reduce use of alcohol and other drugs. While quitting tobacco is not a requirement of treatment, quitting can help achieve better treatment outcomes and improve quality of life.

Women's Specific Services: Adapt built the following seven (7) programs with the understanding that women face unique challenges when it comes to substance use and co-occurring disorders, including economic and relationship issues that can make treatment and recovery more difficult. Their outpatient and residential treatment services for women are designed to reduce barriers to treatment and to help women restore their health, confidence, and lives.

Women's Outpatient Treatment: Adapt's Adult Outpatient Program offers comprehensive individual and group counseling for women who can continue with their daily activities while receiving treatment. Skilled counselors, individual treatment plans and flexible schedules help eliminate common barriers to care. We work with the Oregon Department of Human Services Child Welfare Program and other community organizations who share our commitment to helping women achieve recovery and successfully reunify with their children and families.

Life After Trauma

Trauma-informed care is an approach that is based on an understanding of and sensitivity to the impact that adverse life experiences—such as early childhood trauma or domestic violence—can have on the health and well-being of individuals and families. While all Adapt treatment services are trauma-informed, we offer specialized groups tailored specifically for women who have faced trauma in their lives. Adapt's Life After Trauma group is designed to help women identify and heal the wounds that contribute to substance use and co-occurring disorders—such as stress, anxiety, and depression.

Moms in Recovery

Adapts Moms in Recovery services are designed to give pregnant and parenting women and their children the best chance for health and recovery. Skilled counselors work with women to address the physical, emotional, and social barriers to treatment and recovery, and provide evidence-based treatment that focuses on personal growth, family relationships, social support networks, parenting skills and how to maintain a safe and sober living environment.

ACTS Women's Outpatient Treatment

Adapt offers outpatient treatment services specifically for women involved with the justice system. Our certified and highly skilled treatment team provides treatment for substance use and co-occurring disorders that is specific to the unique needs of women, focusing on the root causes of substance abuse and addressing the connection between substance abuse and criminal involvement. As with all Adapt's programs, ACTS provides trauma-informed treatment that seeks to help women restore hope, health, and stability to their lives.

Parents & Children at The Crossroads

The Crossroads provides personalized residential care for both women and men affected by substance use and co-occurring disorders. For residents with children, The Crossroads offers programs and opportunities to strengthen and sustain child and family bonds. They work closely with Oregon Department of Human Services Child Welfare Program to arrange parent-child visitations and to accommodate women who wish to have their young children (under age 5) with them in treatment.

Seeking Safety

Seeking Safety is an evidence-based counseling model to help people attain safety from trauma and/or substance abuse. Seeking Safety group for women focuses on a variety of topics including Taking Back Your Power, When Substances Control You, Asking for Help, and Healthy Relationships.

Partners in Parenting

The Partners in Parenting is designed to address the needs of parents in substance abuse treatment programs. Groups focus on concepts important for parenting effectiveness. The emphasis is on

building skills, providing support, and helping parents understand the needs and abilities of children during various stages of development.

Youth Outpatient & Intensive Outpatient:
Adapt's Youth Outpatient Program offers comprehensive care for young people who are experimenting with alcohol or drug use or struggling with addiction and co-occurring disorders, such as stress, depression, or trauma.

Residential-Based Services:
Youth Residential (Y-RES) Deer Creek Youth Residential Center: Deer Creek offers a structured therapeutic environment designed to help young people aged 13 to 17 overcome substance use and co-occurring disorders.

Crossroads Residential Treatment: The Crossroads offers compassionate and personalized care for adult men, women, and women with children in a safe, secure, and therapeutic treatment environment. The skilled medical and behavioral health team offer an array of evidence-based programs, including detoxification treatment, treatment for substance use and co-occurring disorders, chronic pain management and tobacco dependence treatment.

Serenity Lane Residential Treatment Center: All patients are initially admitted to their specialty hospital within the treatment center. Medical staff carefully monitor patients to ensure a safe withdrawal (detox) from alcohol and/or drugs. Following detox, the nursing staff, physicians, psychiatrists, mental health professionals, and counselors work together to develop an individualized treatment plan for each client. The client then enters the residential program.
In addition to medically supported withdrawal (detox), patients receive clinical assessments, mental health evaluation, and support for co-occurring disorders.

North Bend Fresh Start Day Treatment: Adapt's Fresh Start Day Treatment program was established in Coos Bay in 2017 with the understanding that a person's basic needs must be met to fully engage in treatment. The goal of Fresh Start is to help clients become stable in their treatment and recovery as a necessary first step to a healthy, drug-free, and productive life.
Individuals enrolled in Fresh Start may live in their own homes or participate in Fresh Start housing services while receiving treatment. Eight housing units are available for those enrolled in Fresh Start Day treatment.

Medically Monitored Detox: The symptoms of withdrawal from alcohol, opioids and other drugs can be painfully severe and potentially life threatening. Adapt's state-licensed, nine-bed sub-acute residential detoxification program offers medical monitoring or monitored acute treatment for adults experiencing withdrawal from alcohol, opioids or other drugs. Through medically managed detox, patients are safely detoxed and physically stabilized under the care of physicians, nurses, and other certified addiction professionals to ensure their safety and comfort during this acute phase of recovery.

NIDA Clinical Trials
Adapt Integrated Healthcare was selected as one of 20 nationwide sites to implement two NIDA clinical trials. The first will compare Vivitrol to the recent FDA approved Buvidol which is a new formulation of long-acting injectable buprenorphine in addition to investigating retention in treatment and strategies for successful discontinuation of treatment.

Community-Based Services

Many of our members rely on community-based services, such as supported employment services, supportive housing services, peer delivered services, in-home behavioral health treatments, and applied behavioral analysis (ABA) therapy for children on the autism spectrum. These are often wraparound services provided to help members with behavioral health conditions thrive in the communities where they live. Some of our innovative community-based services programs include Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

1.3.4 Co-Occurring Treatment Services

Physical Health/Behavioral Health, Mental Health/SUD

UHA provides integrated health care services through primary care practices that are certified as a Patient Centered Primary Care Home (PCPCH) Tier 3 or higher. PCPCH practices combine the expertise of behavioral health providers within the physical health setting through models such as the Collaborative Care Model (CCM), a systematic approach to the treatment of depression and anxiety in primary care settings that involves the integration of care managers and consultant psychiatrists, with primary care physician oversight, to manage mental disorders as chronic diseases more proactively, rather than treating acute symptoms. UHA also provides care utilizing the Certified Community Behavioral Health Clinic (CCBHC) model which integrates physical health in behavioral health care clinics. Here in Roseburg the CMHP is also the CCBHC, which leverages multiple initiatives and existing infrastructure such as mobile crisis and unrestricted access to provide a broader more integrated array of services.

Additional Co-Occurring Resources:

Cow Creek Health and Wellness Clinics: Health, whether it be physical, mental, behavioral, or otherwise, is one of the core elements of well-being. To safeguard the health of our Tribal members, the Cow Creek Band of Umpqua Tribe of Indians maintains two health clinics that Tribal members can go to for medical and therapeutic services. The Cow Creek human services department offers a variety of services to Tribal members to ensure that they have the necessities of life. These services include counseling, legal services, financial consulting, housing, burial assistance, a food pantry, emergency assistance, and more.

Families Actively Improving Relationships (FAIR) and Pre-Fair: The FAIR program was developed to address the complex and interrelated needs of parents referred to the child welfare system for parental substance abuse and child neglect. Using a well-specified behavioral approach, treatment is individualized to fit the unique circumstances and needs of families presenting with methamphetamine and opioid abuse. FAIR coordinates with child welfare staff to ensure that parents are meeting their child welfare treatment plan goals. Parents are incentivized for working toward their treatment goals that increase child safety and permanency. The model allows for delivery of evidence-based practice within a flexible environment including meeting times and places. Sessions occur in the community where clients can practice success, and other places for parenting to occur (e.g., home, school, playground). The FAIR team is available 24/7 for on-call support and ongoing engagement strategies. Pre-FAIR is an intensive home and community-based program designed for parents at risk for challenges related to parenting, substance use, and mental health problems. FAIR is strengths -based and trauma-informed**.** Pre-FAIR differs from FAIR in that it is preventative,

focusing on parents who have no active diagnosis for an opioid or methamphetamine use disorder.

1.3.5 Social Determinants of Health Services and Supports

Our CHA has four broad focus areas with the concept of health equity woven into all four of the broad categories. The CHP/CHA process resulted in the identification of two main social health needs and priority areas, housing and homelessness, and economic drivers. We developed several initiatives to address each of our most recent CHIP.

Available Community Resources

Roseburg Rescue Mission provides emergency shelter for men downtown and for women at the Samaritan Inn and has a 40 transitional Single Room Occupancy (SROs) for men. UCAN, Oxford House, TrueNorth Star Ministries and the Housing Authority operate transitional housing facilities. Safe Haven Maternity Home houses pregnant women and women with babies. Battered Persons' Advocacy operates an emergency shelter for victims/survivors. Some in re-entry stay in motels.

Parole/probation offers housing funding for some clients in re-entry. Housing assistance is also available through the Housing Authority and UCAN. Local Public Safety Coordinating Council (LPSCC) created a small transitional housing fund for RSAT graduates to help pay for initial months of re-entry.

The Cow Creek Tribal Housing Program (Tribal Rental Assistance (TRA) Program and Extended Tribal Rental Assistance (ETRA) Program) provides rental assistance to eligible low-income Tribal members living in Douglas County. This federally funded program is through the Housing and Urban Development (HUD) Indian Housing Block Grant (IHBG) and is administered by the Tribe. Rent for Tribal housing is no more than 30% of the total gross household income.

Housing Authority of Douglas County (HADCO)- The Housing Authority of Douglas County, Oregon was established in 1944 to provide affordable housing in Douglas County, Oregon. The Low Rent Public Housing Program was the first federal HUD program implemented with duplexes developed in Reedsport, Yoncalla, Oakland, Roseburg, Winston, and Riddle. The Section 8 Voucher program was implemented shortly thereafter and allowed for federal assistance to be provided to renters in conjunction with their own property owners. Currently HADCO has 423 affordable housing units in their portfolio along with 746 Section 8 vouchers. Additionally, HADCO has partnered with the U.S Department of Veterans Affairs to provide 105 vouchers specifically for Veterans. Specialized VASH case managers provided supportive services to Veterans while HADCO supplies housing support through the voucher.

NeighborWorks Umpqua - NeighborWorks Umpqua is a rural-focused housing and community development corporation committed to promoting opportunity for all. This is accomplished by providing quality housing, community development, property management, financial services, education, and advocacy to reach economic, social, and environmental sustainability, and equity. NeighborWorks Umpqua recently had the first residents move into their new 68-unit affordable apartment complex, which prioritizes veteran housing applicants.

United Community Action Network (UCAN) - UCAN is a Community Action Agency (CAA), serving Douglas and Josephine Counties, which is a non-profit public organization established under the Economic Opportunity Act of 1964 to fight America's War on Poverty. UCAN's services include community coordination; education; food and nutrition; family development; income

management/budget training; transportation; and housing. UCAN offers a wide array of housing and homeless services to help residents obtain housing and remain stably housed. The services provided include help with selection of housing; help with move-in arrangements; rental assistance: move-in cost assistance; deposit assistance; and education on how to be a good tenant. Trained Case Managers further help residents, helping them to identify personal goals and develop plans to reach their goals. UCAN owns and runs 91 units of affordable housing located throughout the county, including in Drain, Sutherlin, Roseburg, Green, Winston and Canyonville.

1.3.6 Coordination of Care and Transitions Between Levels of Care

UHA oversees care coordination of members throughout the system at all levels of care and over multiple episodes of care, including outside the service area. Each member involved in various levels of care is assigned to a care coordinator. The care coordinator works with the member's providers across the health spectrum to ensure the member receives needed services including medical, behavioral, and dental care. We strive to ensure each member has one care coordinator throughout episodes of care and throughout various levels of care. The team uses health technology extensively for everything from event notification to authorization review and approval including the following technology: Collective Medical, PHTech CIM, Umpqua Health Business Intelligence (UHBI), Arcadia, InterQual, EClinicalWorks, MediTech, Community UpLift, Secure File Transfer Protocol sites, and SharePoint

Care Transitions

Our strategy and methods for caring for members with an established residential treatment history focus on transition issues and building long-term connections to natural systems of support. Coordination between Care Management (CM), Utilization Management (UM), clinical staff and community partners is critical as members move through various levels of care.

Our providers must start discharge planning at the beginning of an episode of care and the UHA staff collaborates with CMHP's in discharge planning involving all members moving between levels of care and episodes of care. Our use management team checks the Collective Medical Technology's platform daily and notifies the CMHP the same day of admission. The Intensive Care Coordinator (ICC) at once begins the discharge planning process and communicates the plan within one to two days. The patient or patient's representative are included in the discharge process. Throughout the discharge planning process, open communication and close collaboration occurs among the CMHP and UHA staff to ensure a prompt and successful discharge.

Like all CCOs, UHA works within a continuum of statewide residential treatment capacity, allowing for transitions from higher level to lower levels of care in a thoughtful and carefully coordinated manner. We also identify members with SUD diagnoses and reach out to engage these individuals who were in higher levels of care but have no documented follow-up.

Co-Located Patient Care Navigators: A Patient Care Navigator (PCN) is a non-clinical staff member stationed in the Emergency Department to assist patients with navigating the healthcare system post-discharge. PCNs can assist providers in identifying patients who would benefit from appointment scheduling, arranging timely outpatient follow-up, specialist referrals, transportation needs, and other community resources to reduce barriers to appropriate care. UHA funds PCNs through a Value Based Purchasing contract with Vituity, the physician group who provides staffing for the local hospital. PCNs have been key to the reduction in OHA measured ER Utilization for the last 2 years.

CHOICE Model: Choice Model Services, previously known as the Adult Mental Health Initiative (AMHI), is designed to promote more effective use of current capacity in facility-based treatment settings, increase care coordination and increase accountability at a local and state level. Choice Model promotes the availability and quality of individualized community-based services and supports so that adults with mental illness are served in the most independent environment possible and use of long-term institutional care is minimized. Exceptional Needs Care Coordinators participate in hospital level IDTs, promote PCA 20's, assess level of care for AFH placement and gate keep in transitions between levels of care.

Psychiatric Security Review Board (PSRB): Adapt provides coordination of care for members transitioning from Oregon State Hospital to one of the three Adult Foster Home placements available in Douglas County. The coordinator works closely with PSRB coordinators and placement staff to ensure the members receive the services and support necessary and appropriate for the members' health needs.

Peer Delivered Services: Peer Support Specialists receive specialized training and certification through the Oregon Health Authority. Because they often share common life experiences with the individuals they serve, our Peer Support Specialists bring valuable experience, knowledge, and encouragement to help our clients and their families achieve their goals for a healthy and productive life. They assist in making connections in the community, help to develop community navigation and integration skills, help with transition to independent living and self-sufficiency, assist in identifying barriers and solutions, assistance with group and class attendance, provide individual and group activities in the community to help develop and maintain social networks and natural supports, education and support to help individuals move forward with their goals.

Referrals to Community-Based Services

Everyone who needs community-based services has a person-centered plan. The plan includes care coordination and an appropriate level of community-based services and support. In addition to the outpatient services noted above, we require that providers offer members a range of community-based services including Individual Placement and Support, a model of Supported Employment for people with serious mental illness, peer delivered services and supportive housing.

1.3.7 Provider Needs Assessment

Workforce

According to our Environmental Scan- Community Partner Survey, the top 5 providers needed in Douglas County are: Child Psychiatrist, Child Psychologist, Skills Trainers, Qualified Mental Health Provider (QMHP), and Peer Support Specialist. The top 5 challenges in recruiting and hiring professionals in Douglas County are: Salary, Lack of available housing, Rural community culture, Lack of diversity, and Access to shopping and other services.

Resources

The behavioral health system of care in Douglas County lacks some resources that providers need to fulfil their duties and to maintain their workforce. We struggle with many of the same challenges other regions face such as an adequate health information exchange (HIE) connecting the behavioral health workforce to other health care providers and Community Information Exchange (CIE) to connect the health care and social services sectors. Our region is also lacking an acute inpatient psychiatric facility creating some challenges in providing the full range of treatments that providers want to be able to offer their patients. The historical lack of investment in community mental health

takes a toll on the desirability of employment in these settings.

Reimbursement

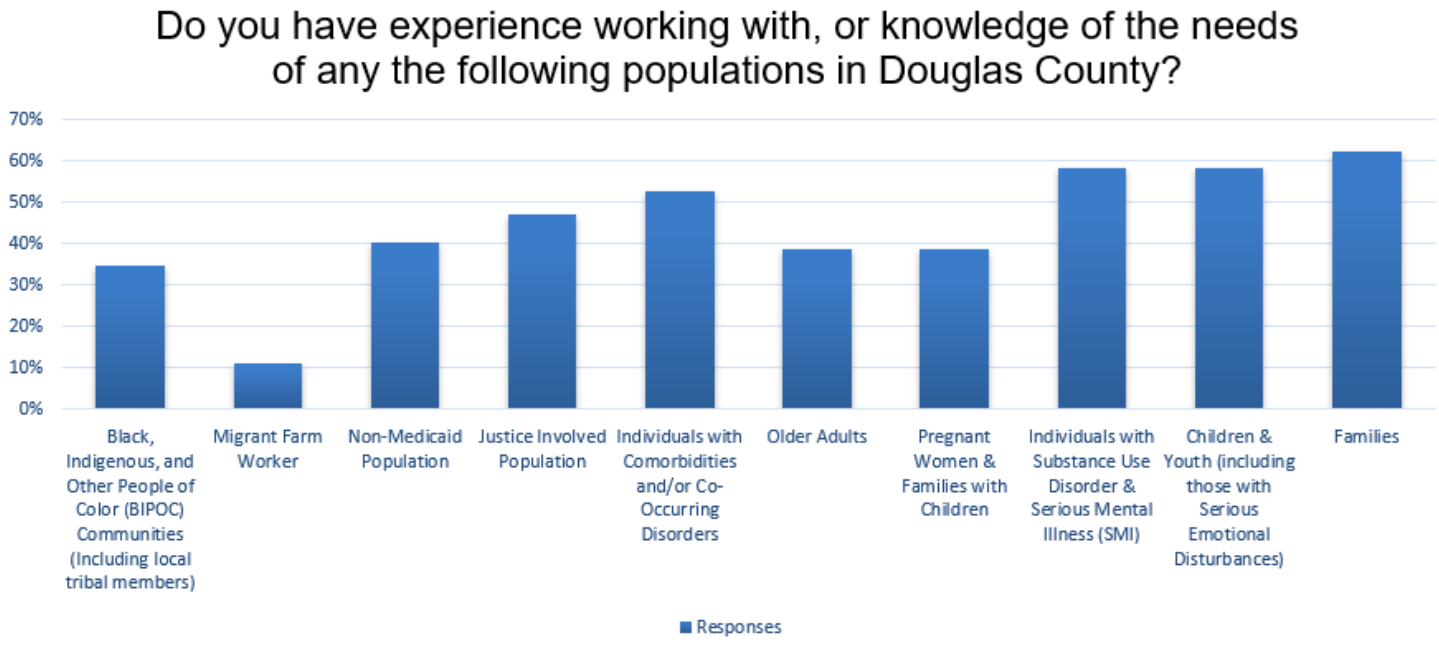
UHA supports community efforts to enhance the local behavioral health system. Through these collaborations, we have taken part in funding or supplying support for:

- Douglas County's first Opioid Treatment Program (OTP)
- Funding for Douglas County's Mental Health Court
- Mobile Crisis Program
- IMPACTS program Grant from criminal justice commission to improve the health of criminally involved members.
- Creation of a local Sobering Center – opening July 2021.
- In January 2021 we implemented an incentivized Behavioral Health Access and Health Equity Awareness program within integrated primary care settings.

UHAs expansive value-based care programs (VBPs) include incentivized quality metrics for both Mental Health and SUD providers that focus on access to care, engagement and retention.

OHA Prioritized Populations

The CBHP guidance document identifies ten priority populations. Our extensive environmental scan process, including our community partner survey, focused on evaluating the behavioral health and social health needs of those populations. Respondents to our community partner survey were asked to identify which populations they have experience with, or knowledge of the needs of, the OHA's prioritized populations. Subsequent questions asked respondents to rank the top three social determinant of health needs for each population.



Black, Indigenous, and Other People of Color (BIPOC) Communities and Tribes

As noted above, race and ethnicity data are labeled as "Other" for over 48% of our population. This data is collected during the application for Medicaid through the OHA and transmitted to the CCO's in their enrollment files. The Other is due to the member not disclosing the information since it is not required in the application process. This creates challenges in disaggregating data to identify

population-specific needs. UHA is working to gather race and ethnicity from other sources to include in our population health tool thereby giving UHA better information to inform our work.

Findings from our community survey identified the following SDOH needs for this population: food insecurity, financial resource strain, exposure to violence, childcare, health behaviors, social isolation and supports, and behavioral health needs. The top three behavioral health needs identified for this population including access to inpatient mental health services, population specific services including youth, sex offender, and court-mandated services, and community-based treatment services such as mobile treatment teams.

Migrant farm workers

This category is not identified in the enrollment file issued by the Oregon Health Authority and this population is often reticent to self-identify in other data sources. Our community partner survey identified financial resource strain, childcare, and social isolation and support as the top three social determinant of health needs for this population. The respondents also identified the behavioral health needs for early intervention, equitable health services, meaning equal health for equal needs, and community-based treatment services.

Non-Medicaid population

While we do not have the same level of insight into the needs of Douglas County residents who are not enrolled in the CCO, our extensive collaboration with community partners helps to ensure this population's needs are reflected in our CHA/CHP. The respondents in our community partner survey identified the SDOH for this population as health behaviors, behavioral/mental health services, and childcare. The top three behavioral health needs for this population included intensive outpatient services for mental health, long-term support services for mental health, and community-based treatment.

Justice involved population

UHA's close partnerships with public safety providers in Douglas County has helped us to collaborate on programs specifically designed to aid this population and address their needs. Our community partner survey respondents prioritized transportation, education, social isolation/supports, and behavioral/mental health services as the key SDOH affecting this population. Services prioritized by the respondents include the need for therapeutic communities, population specific treatment programs such as sex offender or youth programs, community-based treatment, and long-term support services.

Individuals with comorbidities and /or co-occurring disorders

Our CCO members with comorbidities and/or co-occurring disorders experience a level of complexity that is worsened by fundamental social needs such as financial resource strain, employment, and health behaviors. The community partner survey identified the behavioral and mental health needs of this population as requiring more specialized services such as partial hospitalization or day treatment, residential programs, long-term services and supports, trauma informed care, and community-based treatment.

Older adults

As described above, UHA's behavioral health system of care has a wide array of services for this population. The community partner survey identified utility needs, health behaviors, social isolation and support, and community involvement in recreation and leisure as the top social determinants of

health. The survey also prioritized population-specific and co-located services for this population along with developmental disability services, mental health respite services, and equitable services providing equal health for equal needs.

Pregnant women and families with children
Our CCO has prioritized behavioral health and support services for pregnant women and families with children as demonstrated in the many programs described above. Our community partners identified transportation, exposure to violence, childcare, and social isolation/supports as the top social determinants of health for this population. Identified behavioral health service needs for this population included school-based mental health treatment, mental health respite, trauma-informed care, and evidence-based intensive outpatient services.

Individuals with Substance Use Disorder (SUD) and Serious Mental Illness (SMI)
This population is a community-wide priority that crosses all sectors with behavioral health service delivery coordinated by the CCO. The top social determinants of health for this population included food insecurity, social isolation and support, community involvement and engagement, and criminal justice issues. Our community partners also identified intensive MH/SUD outpatient services, residential MH/SUD services, mental health crisis services, detoxification services, and trauma informed care.

Children and Youth including those with Serious Emotional Disturbances
This is a small but vulnerable population and specialized programs in our rural service area are challenging due to small numbers. Our approach has been to leverage community assets combined with specialty programs in the behavioral health system of care. Community partners identified food insecurity, exposure to violence, childcare, education, and community involvement as the top social determinants of health needs for this population. An array of behavioral health service needs was identified such as partial hospitalization or day treatment, residential and inpatient mental health services, mental health respite, community-based treatment services, and developmental disability services.

Families
Regardless of the definition of family or the composition of an individual family, UHA understands that the health status of a person's family is a significant determinant of the health of the individuals in the family. Transportation, childcare, and health behaviors, such as tobacco use, were identified by the community partners as the key social determinants of health for families. The partners also identified overall community involvement, behavioral health concerns such as stress, anxiety, and depression as additional determinants of a family's health. Behavioral health needs included school-based treatment, mental health residential, respite, and crisis services, long-term support services, and geographic proximity of service locations.

2.0 Gap Analysis
The Gap Analysis is primarily based on the findings in the environmental scan and community engagement conducted by UHA, however we leveraged multiple sources to support and confirm our findings. Based on the findings, we identified community behavioral health needs and evaluated our behavioral health system of care to identify how it could be improved to better meet those needs. This is our gap analysis.

2.1 Gaps and Critical Areas of Concern in UHA's Service Area

We identified several clear themes of gaps through the various components of the environmental scan. These include:

- behavioral health workforce
- network and services for people with behavioral health needs
- inpatient and crisis (or residential) capacity
- resources to serve children/youth
- housing insecurity

According to the 2018 Douglas County Sequential Intercept Model Mapping Report the following gaps were identified which are also reflected in the environmental scan:

- **Housing –** Severe housing shortage creates barriers
- **Transportation** – Limited bus service; travel from one end of the county to the other can take hours.
- **Sex offender housing** – There are few re-entries housing options for sex offenders.
- **Peer mentoring** – Availability of more peer mentors could help people navigate re-entry challenges.
- **Jail-release connections** – Often inmates are released from jail without connections to services; the LPSCC Behavioral Health Subcommittee weekly resource room is an attempt to address that gap. Some inmates are released without sufficient medication to keep them from decompensating.
- **Communication/Releases** – Increased communication could strengthen some connections; for example, Parole/Probation does not meet regularly with law enforcement. Increase efforts to have individuals sign release forms to enable information sharing.
- **Severe/reluctant cases –** Some severe crisis clients will not engage with services or sign releases.

Causes of Gaps

- **Workforce: Lack** of available housing, salary or pay, rural community culture, and lack of cultural diversity
- **Network- Inpatient psychiatric and crisis (or residential) service capacity:** Increasing need for higher levels of behavioral health care and limited beds in Douglas County,
- **Housing instability:** Lack of housing developments with open units, few opportunities for specific populations (justice involved, SPMI, and low to no income individuals).

Impact of Gaps

These service and workforce gaps impact access to care, and in turn promote the use of services that are more traumatizing, more expensive, and less effective. This impact further exposes the vulnerabilities in the behavioral health system of care, including lack of preventive and integrated models of care.

Relation to Larger Systemic Issues

Several of the gaps identified above reflect challenges in the system of care across our region as well as the state and nation. For example, developing adequate crisis response systems affects all citizens, not just OHP enrollees, and requires complex multi-system collaboration. The CCO is an important stakeholder in the crisis response system but cannot address system gaps by itself.

The same is true for workforce challenges and while UHA has worked closely with our partners in the education system to help address these workforce challenges, the impact is felt today by our members and the providers serving them. This means that we try to implement temporary measures to serve our members today while working toward longer-term system-wide solutions.

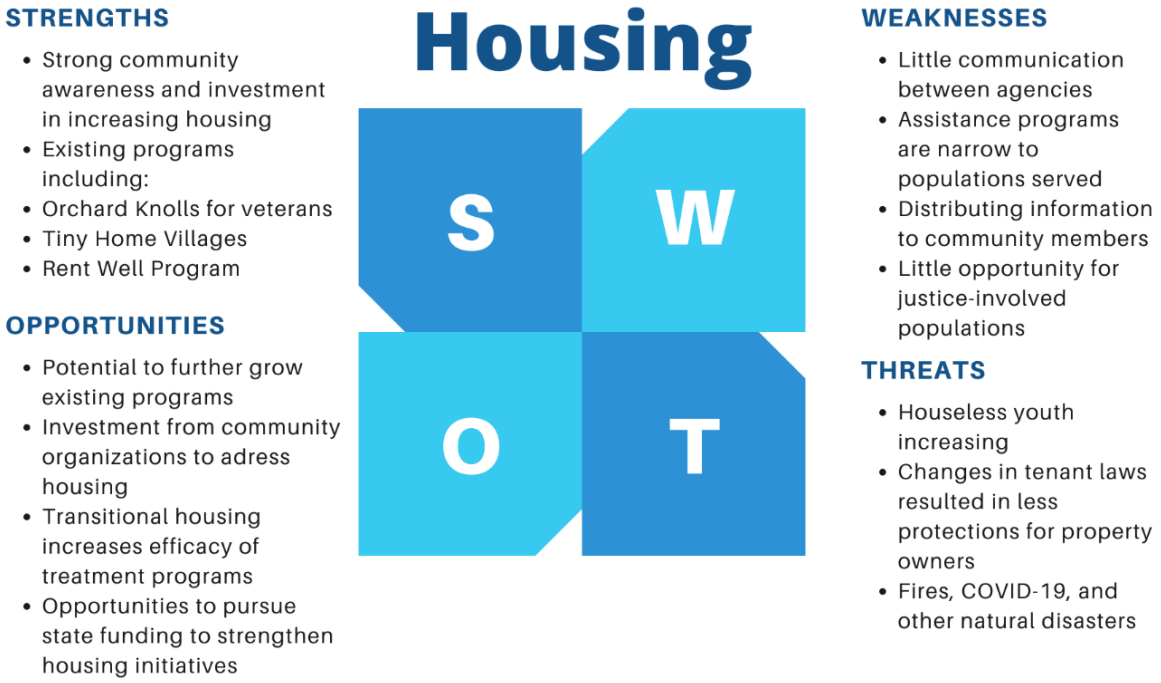
Finally, the pandemic has brought an increased consumption of alcohol and cannabis and increases in suicide and self-harming behaviors. Unfortunately, the funding has not increased proportionately.

2.2 Critical Community Behavioral Health Priority Areas

Based on data analysis, environmental scan, community engagement, and provider input, we have identified three priority areas to address from among the gaps we identified above:

- Housing
- Behavioral Health Continuum of Care (Specialty Care & Higher Levels of Care)
- Workforce Development

In our Comprehensive Behavioral Health Plan Workgroup, the following SWOT analyses were completed with community partners to further analyze the priority areas in developing our improvement plan.



UMPQUA HEALTH

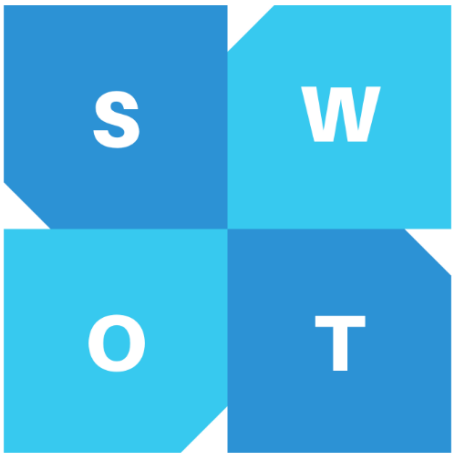
Behavioral Health

STRENGTHS

- Expansion of crisis team
- Expansion of detox
- Mental Health Court
- Drug Court
- Greater access to telehealth
- Behavioral Health Inpatient Unit at Mercy Medical Center

OPPORTUNITIES

- Increase communication between level of care and local providers
- Education on existing programs and referral pathways
- Training local providers to increase capacity to treat
- Expanding work within Collective Medical



WEAKNESSES

- Lack of partial hospitalization or day treatment programs
- Lack of specialty providers
- Long wait for out of county inpatient bed placements

THREATS

- Lack of resources to meet basic needs challenges individuals ability to address behavioral health concerns
- Specialty provider needs and difficulties in recruiting
- Training local providers who may relocate

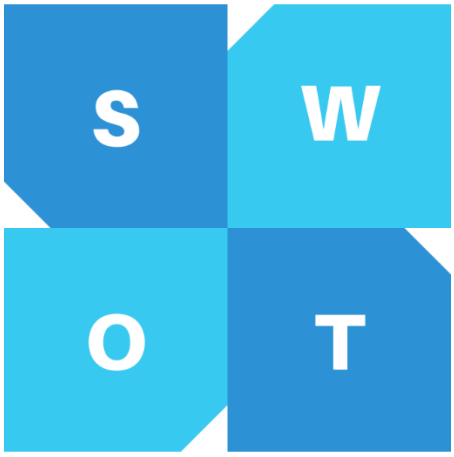
Workforce Development

STRENGTHS

- Loan repayment through FQHC
- Local agencies are using sign-on bonuses
- Worksource & Step Programs are increasing training opportunities for individuals receiving TANF/SNAP

OPPORTUNITIES

- Training for agencies on how to recruit and hire more diverse/qualified staff
- Creation of incentives for relocation
- Collaboration with academic institutions to promote recruitment
- Developing on-the-job training



WEAKNESSES

- When staff are lost, caseloads increase and burnout threatens existing providers
- When providers are short staffed there may be less focus on client needs
- High agency turnover

THREATS

- Staffing shortages in many programs working to provide essential services
- Recent agencies have left town citing inability to find qualified staff
- Acuity of needs increases with loss of workforce

Understanding the Priority Areas

We identified three priority areas through our environmental scan, community engagement, and gap analysis, which are outlined in the table below

Housing

Goal: Improve involvement for community housing to improve accessibility, affordability, and availability for members with Behavioral Health concerns.

- Lack of available housing for providers and vulnerable populations
- Assistanc programs are limited to narrow populations served
- Limited transitional housing opportunities reduces efficacy of behavioral health treatment

Behavioral Health Services

Goal: Increase continuum of care and community capacity to provide treatment at higher levels of care.

- Lack of local facilities capable of treating higher levels of care in the community
- Environmental scan identified that providers lack knowledge of existing resources to address needs
- Opportunity to incentivize providers to reduce utilization of emergency services

Workforce Development

Goal: Increase service availability through the development of local workforce by engaging community stakeholders to create, promote, and support educational & training initiatives.

- Lack of career pathway programs to increase community workforce
- Limited understanding of available training and certification programs locally
- Lack of insight into ethnicity and race demographics of local behavioral health providers

2.3 Community Engagement Process for Gap Prioritization

Many of the strategies to address the priority areas are included in our existing regional CCO for community health improvement plan. As described in the environmental scan, we conducted a robust community engagement process to identify those priorities and develop plans to address them with our CAC and other community partners. We then confirmed the behavioral health priorities through added CBHP community engagement and confirmed the existing CHA strategies with the CACs. Finally, we submitted the proposed priorities and plans to the Executive Leadership Team for review and further input.

Roles and Responsibilities of Community Partners

Through our formal governance and community engagement processes, community partners have the responsibility to inform our assessment of community behavioral health needs, choose priorities to address, and continue to monitor our progress and hold us accountable.

Monitoring Accountability and Deliverables from Partners

While we collaborate effectively with our partners, we do not have a way to require or mandate deliverables. That makes it challenging to hold partners accountable for delivering on commitments made.

Challenges to Community Engagement

In this process, the main challenge has been the abbreviated timeframe between the CBHP due date and the issuing of the OHA guidance.

Approach to Resolve Challenges

We have already conducted extensive community engagement on behavioral health issues—

including selection of priorities—and have a community engagement infrastructure that allows for ongoing collaboration and timely shared decision-making.

3.0 Behavioral Health Plan for Improvement

The Comprehensive Behavioral Health Plan comes on the heels of previously established planned, active, and completed projects aimed at delivering quality behavioral health service to UHA members and the broader community. We have integrated some of the projects within the CBHP Improvement Plan, while others are listed to demonstrate our commitment to addressing gaps beyond the CBHP priority areas and Behavioral Health.

UHA's CCO 2.0 Application – Behavioral Health Section

OHA's CCO 2.0 RFP described the state's goals for behavioral health service delivery improvement and integration. OHA's concerns about the BH Section in UHA's response to the RFP included: not carving out the BH benefit, not putting a "cap" on BH (or any area) of services and ensuring the operation of a Global Budget.

In response to the OHA's concerns, we have undertaken a transformation to an integrated system of care that will shift where, how, and by whom behavioral health services are provided. We are shifting from a 'carved-out' system of delivering behavioral health services to a 'no wrong door' strategy for engaging in behavioral health treatment.
To succeed in this bold transformation, we are taking actions outlined in our strategic plan that:

- Spreads measurement-based care throughout the entire delivery system to drive performance improvement
- Enhances the capacity of primary care settings to identify and treat mild to moderate behavioral health challenges resulting in increased flow between levels of care
- Refocuses specialized behavioral health programs on the dual-eligible population with SPMI and/or chemical dependency
- Enhances the roles and effectiveness of our care coordinators to support members navigating our system
- Building workforce pipelines to address anticipated workforce shortages; and
- Preparing our workforce to apply outcomes data and a core set of evidence-based practices that will lead to better health outcomes for our members.

We are consistent in reviewing and reporting on our progress to realize the goals of our strategic plan. While we stay on track, because we are in year two of a five-year plan, we have not yet completed all the planned initiatives.

UMPQUA HEALTH

IMPROVEMENT PLAN

GOAL 1: HOUSING

Improve involvement in community housing initiatives to improve accessibility, affordability, and availability for members with Behavioral Health concerns

INTERVENTIONS:

Increase communication & collaboration with organizations working on housing

- UHA will convene a recurring meeting with key organizations focused on housing capacity development for the behavioral health population, not less than quarterly
- Open a local Navigation Center within 2 years
- Establish a local Homeless Commission to address unhoused population in City of Roseburg

GAPS:

- Lack of housing opportunities for workforce and individuals with behavioral health needs
- Lack of knowledge about resources available to assist with housing
- Limited low-barrier housing available to address houseless population
- Only (3) local Mental Health Adult Foster Homes

> **UNLESS BASIC NEEDS ARE MET, NO CHANGES WILL HAPPEN**
> –Environmental Scan Respondent

CONSUMER VOICE:

- Our Community Advisory Council will be engaged throughout this process to inform and collaborate with the CCO on expanding BH housing options.
- Additional consumer voice will be incorporated through the use of focus groups and/or listening sessions

61%

Percentage of chronically houseless Point in Time Survey respondents who self-identified as having a mental health condition

BARRIERS:

- **Lack of Resources:** Local service providers lack sufficient resources to meet the needs without additional financial resources
- **Lack of Coordination:** The City of Roseburg needs a collective impact framework to address homelessness
- **Criminal Justice Response:** Frequent interactions with the criminal justice system can create additional barriers to stabilization required for individuals to secure housing opportunities

ROLES & RESPONSIBILITIES:

- **UHA:** Convene and facilitate recurring meetings to increase housing capacity for behavioral health population, participate in Homeless Commission meetings, support efforts to secure funding for housing development
- **City of Roseburg:** Charter and convene Homeless Commission
- **Adapt:** Provide therapeutic supports for housing developments
- **Neighborworks**: Own and operate supported housing development
- **UHA, CMHP, CLCM, DHS**: Convening and outlining Douglas County gaps and needs. Pursue increase in local capacity.

For every 10 families with extremely low-income in Douglas County, there are only 2.9 affordable units available

ANTICIPATED TECHNICAL ASSISTANCE NEEDED

Information on available funding opportunities, ongoing payment models and reform around mental health adult foster home rates, innovative programming strategies for behavioral health-specific housing development

OVERSIGHT AND PERFORMANCE MONITORING

UHA will engage partners in collecting relevant projects plans as it relates to housing capacity development.
UHA will annually report the progress made toward initiatives, such as proposals submitted for funding, amount of funding secured, number of new units generated.

GOAL 2: BEHAVIORAL HEALTH TREATMENT

Increase continuum of care and community capacity to provide treatment at higher levels of care.

ONE IN FOUR ADULTS (26.80%) IN DOUGLAS COUNTY REPORT BEING DEPRESSED

INTERVENTIONS:

Increase availability and quality of behavioral health treatment services

- Open adult inpatient psychiatric unit at Mercy Medical Center within one year
- Open Sobering Center within one year
- Develop and implement VBP plan to incentivize providers in reducing inappropriate utilization of emergency services and higher levels of care by Q2 2024
- Double IIBHT capacity for youth/adolescents from 10 to 20 within one year
- Develop and distribute infographics and resource guides on pathways to treatment and available services/programs by Q4 2022

ROLES & RESPONSIBILITIES:

- **UHA:** Provide funding for development and distribution of resource guide, lead effort to quantify capacity needs for enhanced community-based treatment services.
- **Ford Family Foundation**: Community mapping of behavioral health system
- **Mercy Medical Center**: Responsible for community education, regular progress updates, access systems (charting pathway into unit), pursuing stakeholder integration
- **Adapt:** opening and delivering services through Sobering Center, referral processing, coordination of care, recruitment and hiring of staff to increase IIBHT and crisis team capacity, as well as provision of community-based treatment services (crisis, ACT, EASA, IIBHT).
- **Roseburg Police Department:** responsible for transfer and transport of individuals to the Sobering Center

CONSUMER VOICE:

- Our Community Advisory Council will be engaged throughout this process to inform and collaborate with the CCO
- Additional consumer voice will be incorporated through the use of focus groups and/or listening sessions

> **"Inpatient crisis care for stabilization should be the number #1 priority – hospitalized individuals are held in rooms at Mercy for days or transferred out of county."**

BARRIERS:

- **Provider Availability:** Ratio of mental health providers to clients is 360:1, building community capacity requires recruiting or training providers.
- **State-Level Intervention is needed to affect change:** Lack of acute care psychiatric hospital beds results in emergency departments treating or releasing individuals whose needs would be better served in a specialized behavioral health unit
- **Limited Financial Resources:** Facility development is costly and requires ongoing financial resources to be sustainable

GAPS:

- Providers are not incentivized to reduce over-utilization or inappropriate use of emergency services
- Lack of local facilities capable of providing higher levels of care in the community
- Environmental scan highlighted that providers and other community-based professionals lack knowledge of existent resources to address client needs

ANTICIPATED TECHNICAL ASSISTANCE NEEDED

Information on available funding opportunities to create facilities in communities where higher levels of care do not exist, or exist in limited capacity, policy and procedure development for adult inpatient psychiatric unit, expansion of community-based services

OVERSIGHT AND PERFORMANCE MONITORING

UHA will collect quarterly reports from Adapt and Mercy Medical Center on strategic project plans related to the opening of sobering center and adult inpatient psychiatric unit, including services delivered in these locations.

UHA will monitor utilization of emergency services, higher levels of care, and community-based treatment services for all contracted providers. Pathways to treatment infographic will be completed by Q2 2022 and local resource guide will be completed by Q4 of 2022.UHA will annually report the progress made toward all initiatives to OHA.

GOAL 3: WORKFORCE DEVELOPMENT

Increase service availability through the development of local workforce by engaging community stakeholders to create, promote, and support educational & training initiatives.

One in 3 Douglas County Residents stopped education at high school diploma or equivalent

INTERVENTIONS:

Collaborate and forge partnerships with organizations to develop local behavioral health workforce

- Create training local training pathways for traditional health workers in partnership with community organizations to increase THW workforce by 15% by 2024
- Develop and offer (3) Eating Disorder trainings for Douglas County community by Q2 2022
- Fund credentialing of at least (5) local behavioral health providers through The International Association Of Eating Disorders Professionals (IADEP) by Q4 2023
- Require REALD data to be collected on all UHA credentialed/contracted providers by Q4 2023 to accurately assess provider to resident demographics
- Form Southwest Oregon Collaborative impact team by Q4 2022
- Forge partnership with at least one higher education academic institution to develop and promote distance learning program to increase local behavioral health workforce by Q4 2024

Percentage of Douglas County Residents with a Graduate or Professional Degree from 2015-2019

GAPS:

- Lack of career pathway programs to increase community workforce and capacity
- Limited understanding of available training and certification programs at local educational institutions
- Light of insight into ethnicity and race demographics for local behavioral health providers, preventing accuracy in measurement of provider workforce
- Lack of specialized providers and treatment modalities

ROLES & RESPONSIBILITIES:

- **UHA:** Develop, offer, and fund IADEP certification for at least (5) behavioral health providers, develop and implement (3) trainings on eating disorders to Douglas County Community, participate in monthly Collaborative of Southwest Oregon meetings designed to dismantle health inequities, outreach to Oregon academic institutions to force partnership
- **Douglas Public Health Network:** Use grant funding from CLHO to host Douglas County community listening sessions to gain a more thorough understanding of local health issues and inequities, form SWOC collective impact team
- **Adapt:** Develop and provide training for mental health and substance use disorder peer delivered service specialists
- **Roseburg Police Department:** responsible for transfer and transport of individuals to the Sobering Center
- **Mercy Medical Center:** Provide residency or rotation opportunities to psychiatrists and/or psychologists

BARRIERS:

- **Provider Availability:** Ratio of mental health providers to clients is 360:1, building community capacity requires recruiting or training providers.
- **State-Level Intervention is needed to affect change:** Significant delays in credentialing negatively impact peer delivered service specialist hiring and service delivery, criminal backgrounds of peers prevents credentialing
- **Limited Local Educational Opportunity:** The local academic institution can only provide Associate degrees

CONSUMER VOICE:

Our Community Advisory Council will be engaged throughout this process to develop and deploy behavioral health training programs

OVERSIGHT AND PERFORMANCE MONITORING

- UHA will engage partners quarterly to collect relevant projects plans related to workforce
- UHA will annually report the progress made toward initiatives, such as proposals submitted for funding, amount of funding secured, number of providers recruited or trained

ANTICIPATED TECHNICAL ASSISTANCE NEEDED

How waivers can be used to increase delivery of peer delivered services, assistance developing innovative PDS programs to provide housing support and care coordination, opportunities for funding to offer PDS outside of COA agencies,

ATTACHMENT A - BEHAVIORAL HEALTH REFERRAL MATRIX

Assessment ≤ 7 Days
Assessment > 7 Days
Waitlist
Closed to Referrals

7/12/2021

Descriptors / Providers	Referral Capacity	Telehealth Services offered	City	Phone	Address	Office Hours	Website	AGES ACCEPTED						SERVICES PROVIDED																				LANGUAGES SPOKEN				
								0-5	6 to 12	13-17	18-24	25-64	65+	Tele-Medicine	CAMS	Case Management	Chronic Pain Management	Child/Youth Therapy/Coun.	DBT	EMDR	Family Therapy/Counseling	Group Therapy/Counseling	Individual Therapy/Counseling	In-Home Services	Intensive Outpatient	MAT	Med Mgmt/Prescribing	Parenting classes	PCIT	Peer Services	Psychological Testing	Recovery Mentors	Skills Training	Trauma-Informed Services	Basic/Complex Trauma?	Other (please specify)	Bi-Lingual	Spanish	Other (please specify)	ADA accessible	Cultural competency training
Adapt Integrated Health Care: substance use treatment	Assessment ≤ 7 Days	yes	Roseburg	541-672-2691	621 W Madrone St, Roseburg	Monday-Friday 8:00a-5:00p	Yes			x	x	x	x	x		x		x		x	x	x	x		x	x	Assessment and Referral to Adapt Integrated Health Care: Primary Care			x		x	x	x	x	Services focus on SUD diagnosis but can include treatment of co-occurring disorders as appropriate. Adapt provides SUD treatment for Dougals County treatment courts.	No	No		Yes	Yes
Adapt Integrated Health Care: outpatient mental health	Assessment ≤ 7 Days	yes	Roseburg	541-440-3532 / 800-866-9780 (Crisis)	621 W Madrone St, Roseburg	Monday-Friday 8:00a-5:00p	Yes	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x			Assessment and Referral to Adapt Integrated Health Care: Primary Care		x	x			x	x	x	CRISIS, ACT, EASA, Wraparound, Forensics (.370, PSRB, Jail Diversion, MHC), IPS Supported Employment, School Based	No	No			
Ann Sedlacek, PMHNP	Closed to Referrals	no	Roseburg	541-430-2594	428 SW Chadwick St, Roseburg	By appt only	Yes				x	x	x										x				x								No	No			
Aviva Health	Assessment > 7 Days	yes	Roseburg Sutherlin	541-672-9596 (Roseburg) 541-459-3788 (Sutherlin)	150 Kenneth Ford Dr, Roseburg / 123 Ponderosa Dr, Sutherlin	By appt only	Yes		x	x	x	x	x			x	x		x	x	x		x									x	x	X Both		No	No			
Barbara Brigham, LCSW	Closed to Referrals	yes	Roseburg	541-315-6857	1490 NW Valley View Dr, Roseburg		No				x	x	x								x		x																
Bari Isaacson, LPC	Assessment > 7 Days	no	Roseburg	541-492-7222	845 SE Mosher St, Roseburg / Mailing: PO Box 594, Rsbg	M-Th, hours vary	www.bari-isaacson.com			x	x	x	x										x										x	Basic	CBT, Adjustment Disorders, Couples, Anxiety	No	No			
Bridges Community (Karla Marvich, PMHNP)	Waitlist	yes	Cottage Grove	503-860-4216 / 541-255-1411	210 S 5th St, Cottage Grove	M-F 10a-5p	https://www.bridgescommunityhealth.com/	x	x	x	x	x	x														x							x				Yes	Yes
Cow Creek Health & Wellness	Waitlist	yes	Roseburg Canyonville	541-672-8533	2371 NE Stephens St, Roseburg / 480 Wartahoo,	M-F 730a-530p	https://www.cowcreek-nsn.gov/	x	x	x	x	x	x	x		x		x		x			x				x							x				Yes	Yes
Diane Rose, LCSW	Waitlist	yes	Winston	541-679-0366	11 SW Brantley Dr, Winston		No		x	x	x	x	x					x					x														Yes	Yes
Douglas CARES	Waitlist	yes	Roseburg	541-957-5646	545 W Umpqua St., Ste 1, Roseburg	M-F 830a-5p	www.douglascares.org	x	x	x								x					x									x	x			No	No		Yes	Yes
Evergreen Family Medicine	Assessment ≤ 7 Days	yes	Roseburg	541-677-7200	2570 NW Edenbower Blvd. Ste 100, Roseburg & new Havard	M-F 7a-6p	https://www.evergreenfamilymedicine.com/	x	x	x	x	x	x					x					x			x	x							x	X-Both	Relapse Prevention with a CADC III, chronic disease management, offers medication including				Yes	Yes
Family Development Center	Assessment > 7 Days	yes	Roseburg	541-643-4354- Missy 541-643-5043	300 Jerry's Dr, Roseburg	M-F 8a-4p	https://www.fdcroseburg.org/	x	x	x	x	x						x		x	x		x					x					x	X Both		No	No		Yes	Yes
HIV Alliance	Assessment ≤ 7 Days	yes	Eugene	541-342-5088	647 W Luellen, Ste 3, Roseburg / 1195A City View St, Eugene	M-F 9-5 Counseling Appt. M 1-6	hivalliance.org				x	x	x							x			x											X Both	LGTBQ, Trans, Coping with Chronic Illness	No	No		Yes	Yes
Hope Springs Health (Toni Hurlocker, PMHNP)	Closed to Referrals	yes	Glide	541-496-0298	20172 N Umpqua Hwy, Glide	Appointment Only	Yes				x	x	x										x				x								No	No		Yes	Yes
Jeff Cole, PhD	Closed to Referrals	yes	Roseburg	541-643-1375/ 800-543-9905 (Coburg)	2460 NW Troost St, Ste 202, Roseburg	M-F 8a-6p	No		x	x	x	x	x					x			x		x												No	No		Yes	Yes
Jessica Brake, LPC	Closed to Referrals	yes	Roseburg	541-670-2264	2233 W Harvard Ave, Roseburg	M-F 9a-5p	No			x	x	x	x						x				x									x	X Both		No	No		Yes	Yes
Jessica Hansen, LPC	Assessment ≤ 7 Days	yes	Roseburg	541-375-0314	1490 NW Valley View Dr, Roseburg	M-F 10a-5p	www.jessicahansenlpc.com			x	x	x	x							x			x									x	X Both		No	No		Yes	Yes
Juniper Tree Counseling LLC	Assessment ≤ 7 Days	yes	Roseburg	541-900-1506	850 SE Rose St	M-F 8a-5p	No	x	x	x	x	x	x	x																					No			Yes	Yes
Lauralen Pahls Perham, LMFT	Waitlist	yes	Roseburg	541-673-3985	1652 NW Hughwood Ct, Roseburg		https://www.valleyviewcounseling.com/	x	x	x	x	x	x					x			x		x										x	x			No	No		Yes	Yes
Laurel "Lee" Van Beuzekom, LMFT	Waitlist	no	Roseburg	541-957-1290	1299 NW Ellan St, Roseburg	M-Th 10a-5p, F 11-4	No		x	x	x	x	x			x		x			x		x								x				No	No		Yes	Yes
Meredith Krugel, LCSW, LLC	Assessment ≤ 7 Days	yes	Roseburg	541-673-3985	672 Medical Loop, Roseburg	3031 NE Stephens St, Roseburg								x							x	x	x										x	Basic	CBT, Solution Focused, EMDR, Couples counseling				Yes	Yes

Stillpointe Counseling (Mick Williams, LMFT)	Assessment > 7 Days	yes	Roseburg	541-236-4647	1490 NW Valley View Dr, Roseburg	T-Th 9a-6p, F 9a-3p	https://www.stillpointecounseling.com/				X	X	X								X		X										X	X	X Basic		No	No		Yes	Yes
Nancy Armand, LMFT	Assessment > 7 Days	yes	Roseburg	541-671-8137	2233 W Harvard Ave, Roseburg	Monday through Thursday 1:30pm to	http://umpquacounseling.com/		X	X	X	X	X					X	X		X		X											X	X Both	specialize in Trauma, Depression, Anxiety, PTSD	No	No		Yes	Yes
Patricia Wafer, LCSW	Closed to Referrals	yes	Roseburg	541-784-6935	753 SE Main St, Ste 104, Roseburg	Monday - Thursday 8:00 am-6:00 pm	No	X	X	X	X	X	X					X	X	X	X	X	X					X						X	X Both		No	No		Yes	Yes
Piper Sullivan, LPC	Waitlist	yes	Roseburg	541-580-0525	517 W Shenandoah St, Roseburg		No	X	X	X	X	X	X					X			X		X																	Yes	Yes
Second Wind Mental Health	Closed to Referrals	yes	Winston	541-679-0366	11 SW Brantley Dr, Winston	M-Th 8a-6, F by appt	https://secondwindmentalhealth.com/			X	X	X	X						X		X	X	X		X		X										Yes	Yes		Yes	Yes
Serenity Lane (SUD)	Assessment ≤ 7 Days	yes	Roseburg / Coburg	541-673-3504 (Rsbg) / 800-543-9905 (Coburg)	2575 NW Kline St, Roseburg / 1 Serenity Lane,	M-F 8a-9pm	Yes				X	X	X	X		X	X				X	X	X		X	X							X	X	X		No	No		Yes	Yes
Adapt Primary Care (formerly SouthRiver)	Assessment ≤ 7 Days	yes	Winston	541-492-4550	671 SW Main St, Winston	M-Th 7a-6p, F 7a-5p	https://south-river.org/				X	X	X			X	X			X		X	X			X	X							X	X Both	Chronic disease mgmt	No	Yes		Yes	Yes
Valley View Counseling	Waitlist	yes	Roseburg	541-673-3985	1652 NW Highwood Ct, Roseburg	M-F 9a-5p	https://www.valleyviewcounseling.com/	X	X	X	X	X	X	X				X	X	X	X	X	X											X	X Both		No	No		Yes	Yes
Umpqua Health Newton Creek	Assessment > 7 Days	Yes	Roseburg	541-229-7038	3031 NE Stephens St, Roseburg	Yes	https://www.umpquahealthclinic.com/			X 14-17	X	X	X				X	X					X				X							X	X Complex		Yes	Yes	Yes	Yes	Yes