



# 2020 Annual Report



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# Our History

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

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

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

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

## Our Role

GOBHI is a co-owner of the Eastern Oregon Coordinated Care Organization (EO-CCO) along with Moda Health and other healthcare providers in Eastern Oregon, which provided healthcare benefits for approximately 56,000 OHP members in 12 rural and frontier counties in 2020.

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

## Our Structure

GOBHI operates under the oversight of a board of directors, composed of county commissioners, community partners, public health directors, and executive directors from partnering community behavioral health providers. GOBHI's CEO reports directly to the board of directors. GOBHI partners with these community mental health providers to provide behavioral health services to our members:

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

# A Letter from Karen Wheeler, MA, GOBHI CEO

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Friends,

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



This annual report shares an overview of GOBHI and details our impact in the communities we serve. The year 2020 brought unprecedented change with the COVID-19 pandemic and its severe global impacts.

Oregon's rural communities have been disproportionately impacted by COVID-19, particularly tribal communities and communities of color. The disease burden has been pronounced in our service area. However, this region's communities have shown resilience and flexibility in coordinated efforts addressing local healthcare needs.

GOBHI rose to the task of serving our service area through a collaborative, ongoing COVID-19 response. Highlights related to this response include: dramatically expanding telehealth capabilities, strengthening provider network resources and supporting financial stability, facilitating community and regional needs through local advisory councils on behalf of Eastern Oregon Coordinated Care Organization (EOCCO), and launching online trainings for foster parents, older adults, and kinship caregivers.

This year also marked the beginning of "CCO 2.0," the next phase of coordinated care statewide. EOCCO entered its renewed contract to serve as the CCO in 12 rural and frontier counties. GOBHI is a co-owner of EOCCO along with Moda Health and hospitals and clinics in the region.

In 2020, we also began developing a comprehensive behavioral health plan on behalf of EOCCO. This plan, which builds upon our years of research and engagement of key partners, will help guide future efforts for the whole behavioral health system.

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

I look forward to serving you in the future.

Warm regards,

A handwritten signature in black ink that reads "Karen Wheeler". The signature is written in a cursive, flowing style.

**Karen Wheeler**

# Mission

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

# Vision

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



# Values

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

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

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

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

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

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

# Priorities

**Performance** – We closely track progress on contract deliverables in real time and provide excellent service to members in our catchment areas. GOBHI consistently exceeds expectations for CCO 2.0 and beyond.

**Business Model** – We have a proven, strong, competitive, transparent, and effective business model, gaining continuous process improvement through data and stakeholder feedback, ensuring people get the behavioral health care that they need, where possible, in their home communities.

**Financial Stability** – We utilize sound financial practices in order to sustainably maintain a reliable and recurring revenue stream in order to meet its current and future budgetary and operational needs.

**Branding** – We are a trusted, community-based, leader, committed to working with internal and external stakeholders to achieve superior behavioral health administration and outcomes.

# Members & Communities



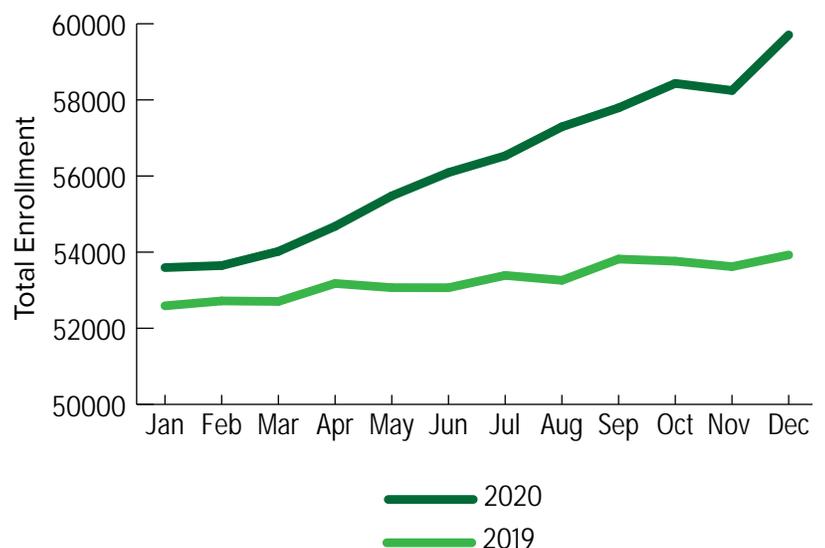
*In this section*

**Member Demographics**

**Social Determinants of Health**

## Enrollment: 2020 vs. 2019

2020 was an incredibly challenging year for so many in the communities we serve, with even more families across the state needing to turn to the Oregon Health Plan for support during the pandemic. In Eastern Oregon, that meant a substantial increase in OHP enrollment in EOCCO as compared to 2019. There was a significant increase in enrollment beginning at the onset of the COVID-19 pandemic, starting in March, which continued through the end of the year. GOBHI has worked in collaboration with community partners and providers to connect members to critically needed services.

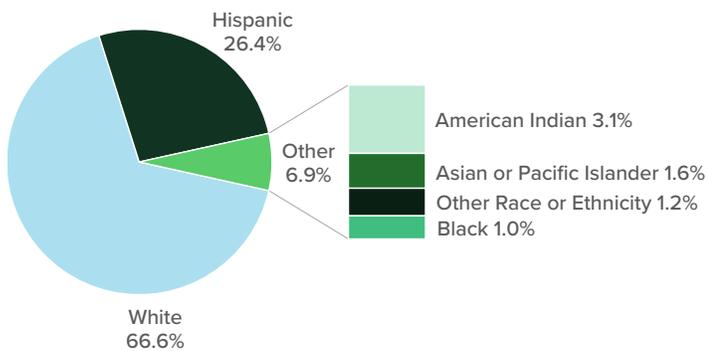


# Member Demographics

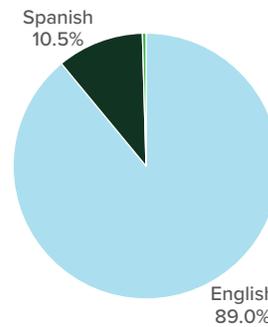
-  53% are female.
-  The average age is 26.
-  Umatilla County has the most members.
-  10% speak a language other than English.
-  10% identify as having a disability.

GOBHI manages the care for a widely diverse membership in EOCCO, with members representing a multitude of different racial and ethnic communities, speaking nearly thirty different languages. While English is the most common language spoken, 11% of our members speak Spanish, with 31%, 16%, and 13% of members speaking Spanish in Morrow, Umatilla, and Malheur counties, respectively. These counties are also some of the most racially and ethnically diverse in our region; overall, EOCCO members are 33% non-white while Morrow, Umatilla, and Malheur counties are 57%, 44% and 47% non-white, respectively. Ten percent of EOCCO members are classified as having some sort of disability.

## Race or Ethnicity



## Language



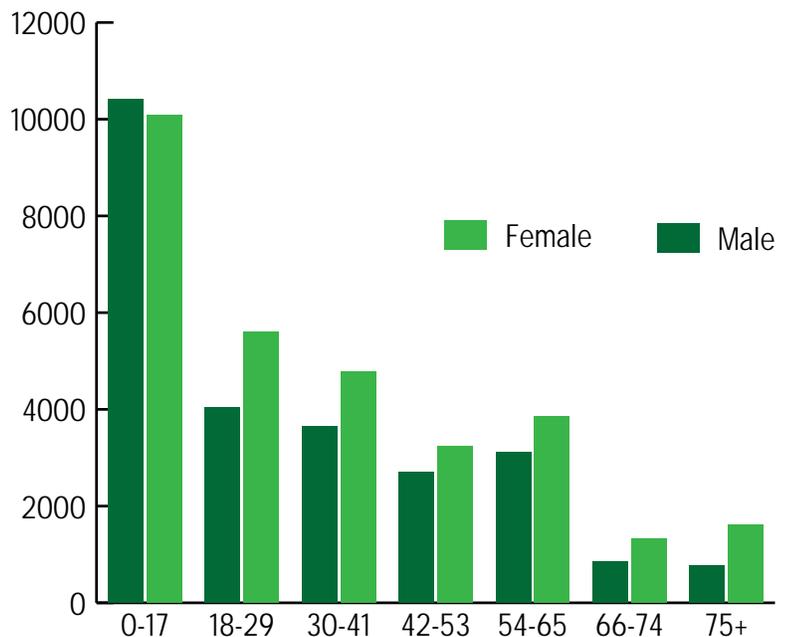
Other languages:	Number of members:
Arabic	121
Chinese	31
Somali	29
Swahili	21
Indigenous Central American Languages	14
Marshallese	12
Sign language	11

\*20 languages are spoken by 6 or fewer members

## Membership by Age & Sex

EOCCO members tend to be younger and female: 53% of our members are female and the average age of members in 2020 was 26 years old. Many of our younger members are made eligible for OHP through the Children's Health Insurance Program (CHIP), which is why EOCCO manages the care for 45% of all the children who live in the 12 counties we serve compared to just 24% of all adults.

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



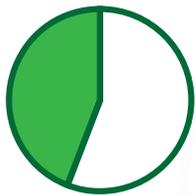
# Where Do Members Live?

In 2020, GOBHI managed the care for a monthly average of 56,375 EOCCO members across 12 counties in Eastern Oregon.

A majority (57%) of our members live in just two counties: Umatilla (36%) or Malheur County (21%).

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

**EOCCO Members by ZIP Code**  
(taller bars = more people)



**44% of members live in a ZIP code with a population less than 10,000.**

## Average Monthly Members by County

Baker	4,764
Gilliam	405
Grant	1,707
Harney	2,350
Lake	2,196
Malheur	11,717
Morrow	3,296
Sherman	398
Umatilla	20,753
Union	7,058
Wallowa	1,955
Wheeler	357



John Day



Sherman County



Wheeler County



Hermiston

# Social Determinants of Health

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



Economic Stability	EOCCO Counties	Oregon
Median household income <sup>1</sup>	\$49,964.16	\$62,818.00
Work hours per week at minimum wage to afford 2 bdrm rental <sup>2</sup>	55	81
% Households spending at least 50% of income on housing <sup>1</sup>	12.5%	16.0%
% Unemployed <sup>3</sup>	5.1%	4.2%



Neighborhood & Physical Environment	EOCCO Counties	Oregon
Average commute time <sup>1</sup>	17.8 minutes	23.9 minutes
% Adults with no physical activity <sup>4</sup>	23.7%	17.0%
% Vacant housing units <sup>1</sup>	14.7%	8.9%
% Housing problems (overcrowding, cost, or lack of kitchen or plumbing) <sup>1</sup>	17.6%	20.0%
# Violent crimes per 100,000 people <sup>5</sup>	195	249
Average daily particle pollution (PM2.5) <sup>6</sup>	7.9	7.9
% Households with broadband internet subscription <sup>1</sup>	87.7%	93.0%



Education	EOCCO Counties	Oregon
% Children ages 3 to 4 not in school <sup>1</sup>	63.0%	55.0%
% 8th grade math proficiency <sup>7</sup>	32.4%	38.0%
% 8th grade reading proficiency <sup>7</sup>	49.8%	53.0%
% HS graduate or higher <sup>1</sup>	85.2%	90.7%

The counties of Eastern Oregon closely resemble rural Oregon as a whole in most measures of social determinants of health.

When compared with the general Oregon population, Eastern Oregon has higher unemployment, safer neighborhoods, and lags in areas of student success.

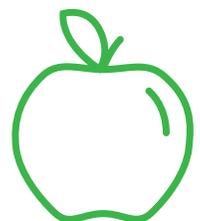
When compared with the general Oregon population, Eastern Oregon has more community associations per capita, a lower percentage of people with health insurance, and lower access to healthy foods.



Community	EOCCO Counties	Oregon
% Children in single parent households <sup>1</sup>	33.7%	30.0%
% In labor force <sup>1</sup>	55.7%	62.4%
# Social associations per 10,000 people <sup>8</sup>	12	10



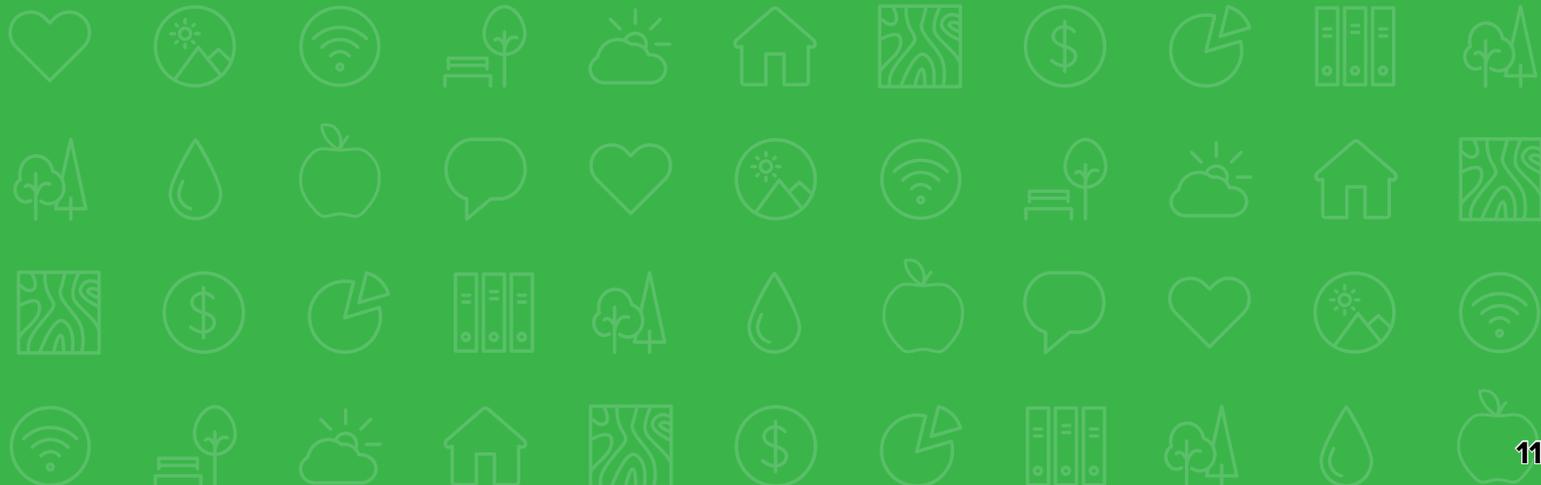
Health Care System	EOCCO Counties	Oregon
% Uninsured (< age 65) <sup>1</sup>	7.6%	6.7%
Ratio of population to mental health providers <sup>9</sup>	299:1	210:1
Ratio of population to primary care physicians <sup>9</sup>	2262:1	1080:1
Ratio of population to dentists <sup>9</sup>	1775:1	1260:1
% Adults reporting fair or poor health <sup>12</sup>	17.5%	17.0%
# Poor mental health days in past 30 days <sup>12</sup>	4.6 days	4.8 days



Food	EOCCO Counties	Oregon
% Food stamps / SNAP benefits <sup>1</sup>	22.1%	16.8%
% Food insecure <sup>10</sup>	12.9%	12.0%
% Low access to healthy foods <sup>11</sup>	12.5%	5.0%

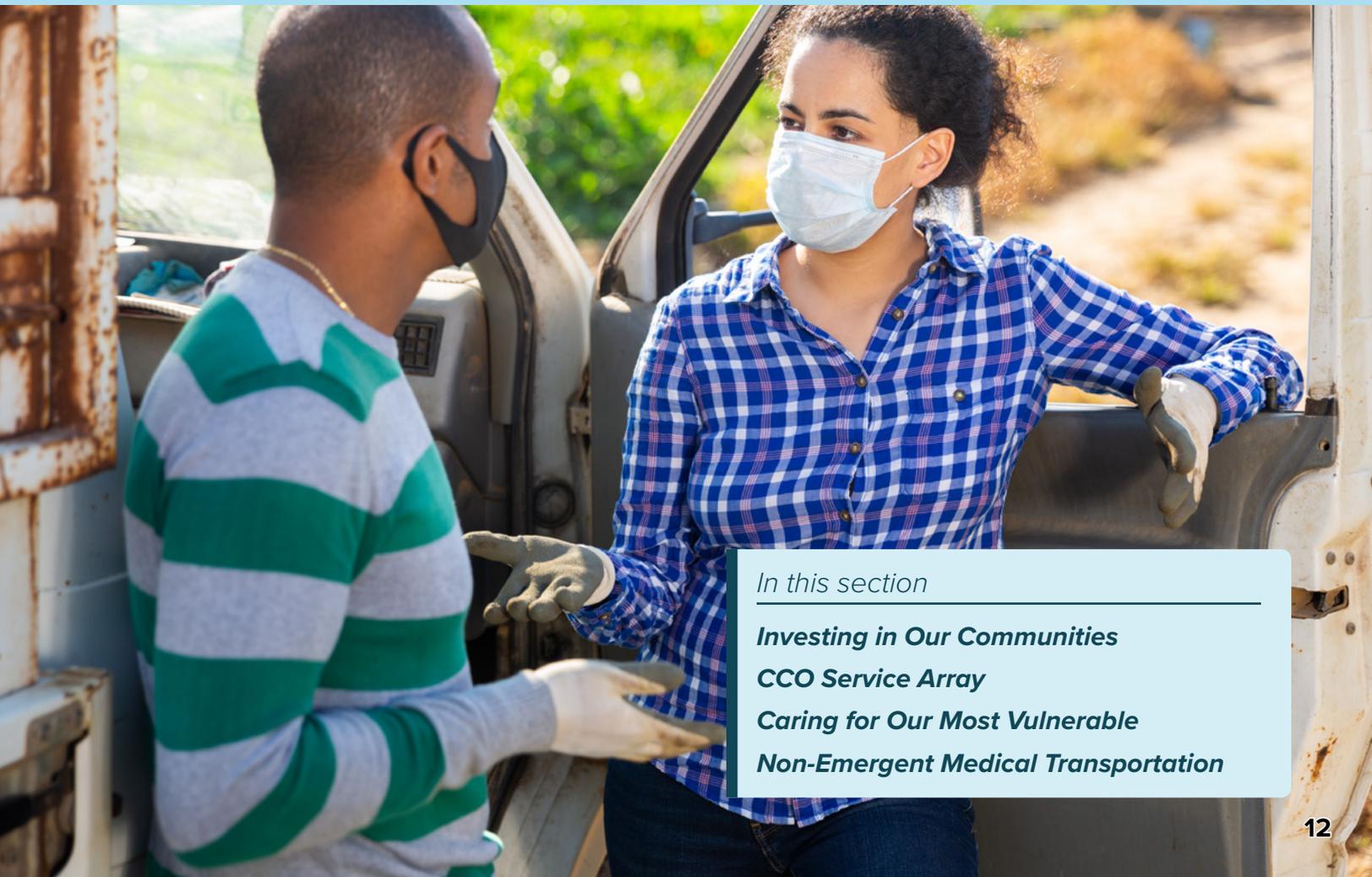
#### Data Sources:

1. American Community Survey
2. National Low Income Housing Coalition
3. Bureau of Labor Statistics
4. CDC Diabetes Interactive Atlas
5. Uniform Crime Reporting
6. Environmental Public Health Tracking Network
7. Oregon Department of Education
8. County Business Patterns
9. Area Health Resource File/American Medical Association
10. Map the Meal Gap
11. USDA Food Environment Atlas



# Impact & Investments

As a leader in rural and frontier healthcare, we develop collaborative solutions, administer strategic investments, and forge dynamic community partnerships.



*In this section*

***Investing in Our Communities***

***CCO Service Array***

***Caring for Our Most Vulnerable***

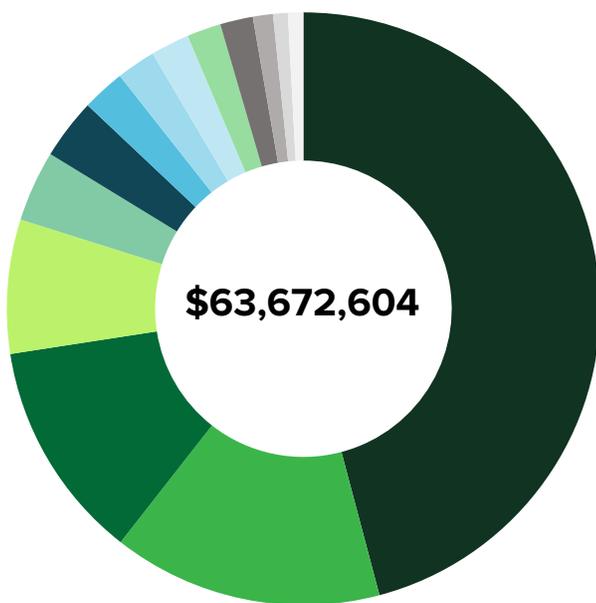
***Non-Emergent Medical Transportation***

# Investing in Our Communities

GOBHI is a 501(c)(3) nonprofit organization, receiving funding from a diverse group of sources directed towards providing quality care to individuals in our region. GOBHI is an equal majority owner of EOCCO, managing a variety of funds aimed at improving the system of care, promoting better health outcomes, and facilitating the integration of physical, behavioral, and oral health. In addition to funds that we receive to help administer benefits for EOCCO members, GOBHI manages a portfolio of statewide and regional contracts as well as federal and local grants, to provide services and assistance to strengthen families and systems of care across Oregon.

In 2020, GOBHI focused on financial accountability and responsibility while maintaining its leadership role throughout the global pandemic health crisis and a period of statewide healthcare transformation under the new CCO 2.0 contract. Under the leadership of its new CEO, the GOBHI Board of Directors, along with the entire staff navigated this shifting landscape by implementing solutions in sustainability and cash flow, accountability structure, and key reporting mechanisms, securing the organization’s ongoing forefront position in the provision of quality care for rural communities.

## GOBHI Revenue by Source



- 46% Mental Health Allocation
- 15% Non-Emergent Medical Transportation Capitation
- 12% Substance Use Disorder Treatment
- 7% DHS Contracts
- 4% Patient Centered Primary Care Home Payments
- 3% State Contracts
- 2% Grants
- 2% Assertive Community Treatment/Supported Employment
- 2% Wraparound Services Capitation
- 2% Other
- 2% Applied Behavior Analysis
- 1% Non-Emergent Medical Transportation Fee-for-Service
- 1% Per-Member Per-Month Claims
- 1% Professional Services
- 0% Child and Adolescents Needs and Strengths

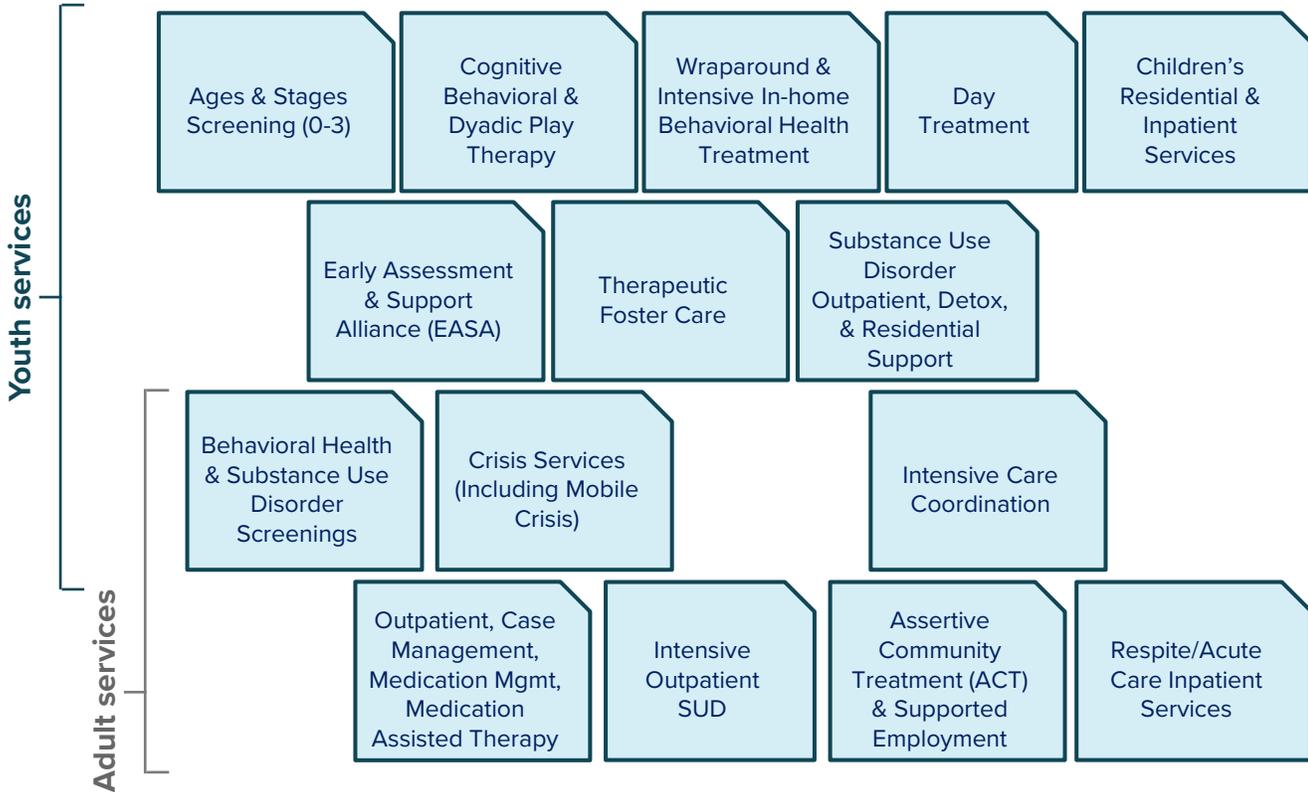
GOBHI is dedicated to empowering our communities to provide the best possible care to our members through a number of innovative funding approaches. The majority of the \$43,197,170 in behavioral health dollars we received in 2020 were distributed through monthly Per-Member-Per-Month (PMPM) payments — a.k.a. “capitation payments” — to our contracted Community Mental Health Programs (CMHP) and Patient Centered Primary Care Homes (PCPCH) based on the member populations in the regions they serve. This model allows our providers to spend more time focused on patient care while also ensuring that there is sustainable funding for critical behavioral health infrastructure throughout the year—even during a global pandemic.



# CCO Service Array

Preventive services

Intensive services



## Behavioral Health Services in 2020

**189,054**  
Services provided

**12.9%**  
Percentage of  
members who  
received  
services

**15**  
Average number of  
services a member  
received

Of the 189,000 services provided in 2020, over 88% of them were provided in a community-based setting.

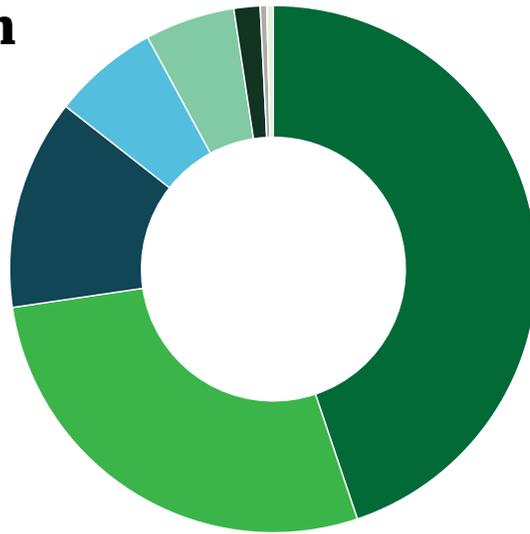
Despite pressures of the pandemic, community-based services that saw growth throughout 2020 included peer delivered services, with more than 900 unique members receiving services. Assertive Community Treatment (ACT) also increased the number of services provided, with over 7,900 services being delivered.

Over the year, 6,254 members received therapy services which accounted for 54,147 services.

# Behavioral Health Billed Services

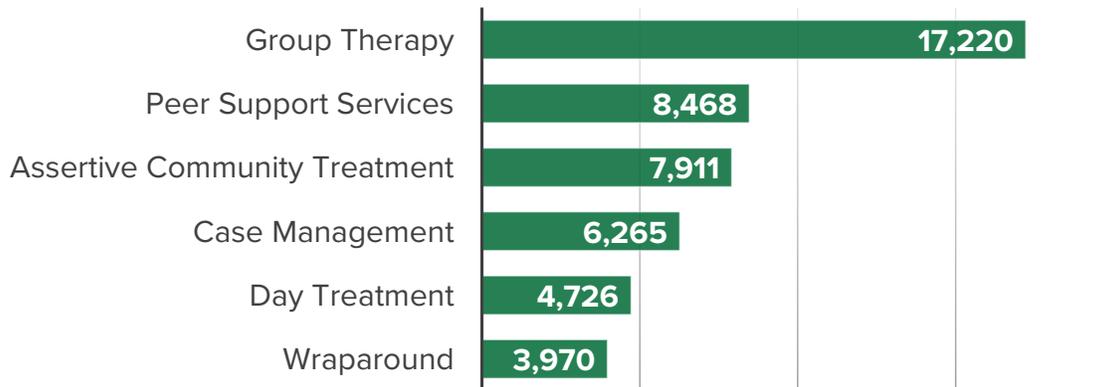
In 2020, outpatient services accounted for 86% of overall dollars spent on mental health and substance use disorders by EOCCO.

Youth (under 18) services accounted for 25% of services and 30% of overall dollars spent.



- 44.8% MH Outpatient (18+)
- 27.8% MH Outpatient (Under18)
- 12.9% SUD Outpatient (18+)
- 6.5% SUD Residential (18+)
- 5.5% MH Inpatient (18+)
- 1.6% MH Inpatient (Under18)
- 0.4% SUD Outpatient (Under18)
- 0.4% SUD Residential (Under18)

## 2020 Number of Services

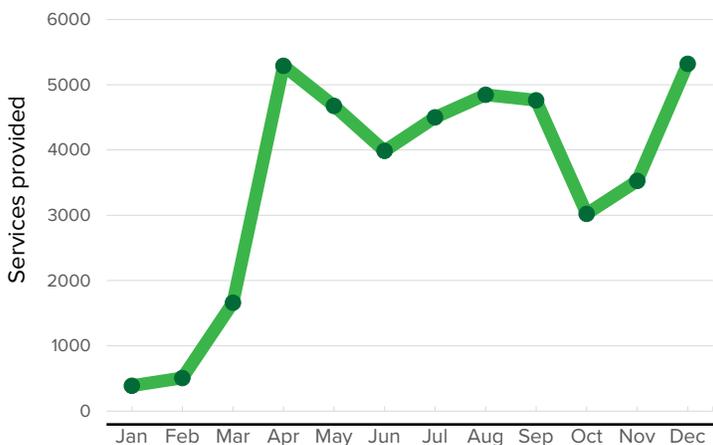


## Tele-Behavioral Health Services

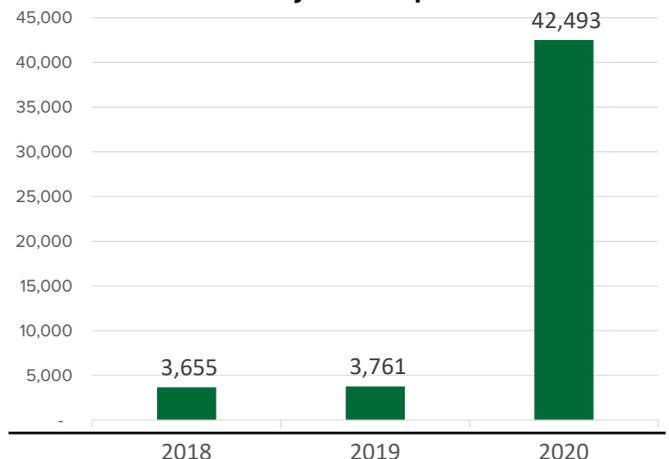
Overall, behavioral health services provided via telehealth were amplified due to COVID-19, with 5,607 members utilizing telehealth and 42,493 services provided.

### Growth in Telehealth Services

2020 Trend



Year-over-year comparison



# Caring for Our Most Vulnerable

## The Mission of Our Integrated Services Team: A Success Story

A member in their 20s living with schizophrenia faced multiple challenges that threatened their safety, and led to continuous involvement in the criminal justice system. Community restoration attempts were unsuccessful. However, the integrated services team successfully supported the member in the following ways:

- Collaboration with the district attorney, jail commander, the CMHP, The Oregon Center on Behavioral Health & Justice Integration, and OHA to make a plan for this member on at least a weekly basis
- Securing guardianship for the transfer to an acute care hospital
- Referrals to a secure residential treatment facility for long-term placement with assistance from choice model funding

Without these interventions this member would likely have been moved to the state hospital on an aid and assist order, and may have been there for up to three years, with eventual release back to the community where a similar cycle of arrest, jail, commitment, and hospitalization would continue.

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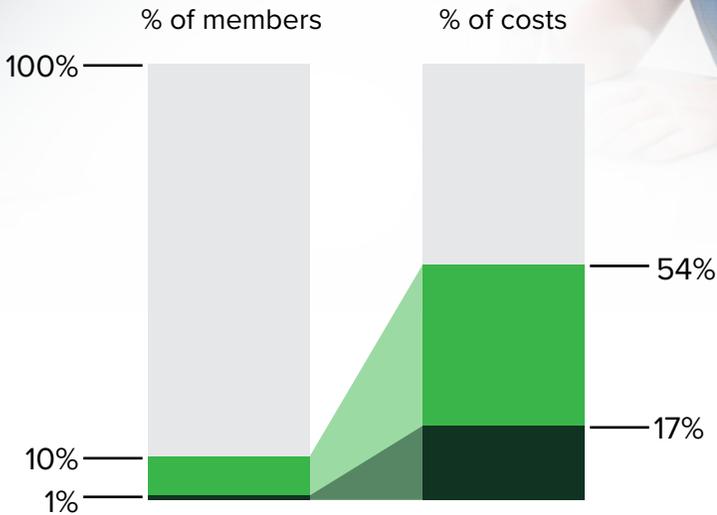
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In 2020, GOBHI and our partners provided behavioral health treatment to more than 9,000 individuals through partnerships across a wide range of services and providers.

The highest utilizers of behavioral health services account for a disproportionate percentage of costs. GOBHI plays an important role in coordinating care for our most vulnerable members, ensuring they get the support they need and deserve.



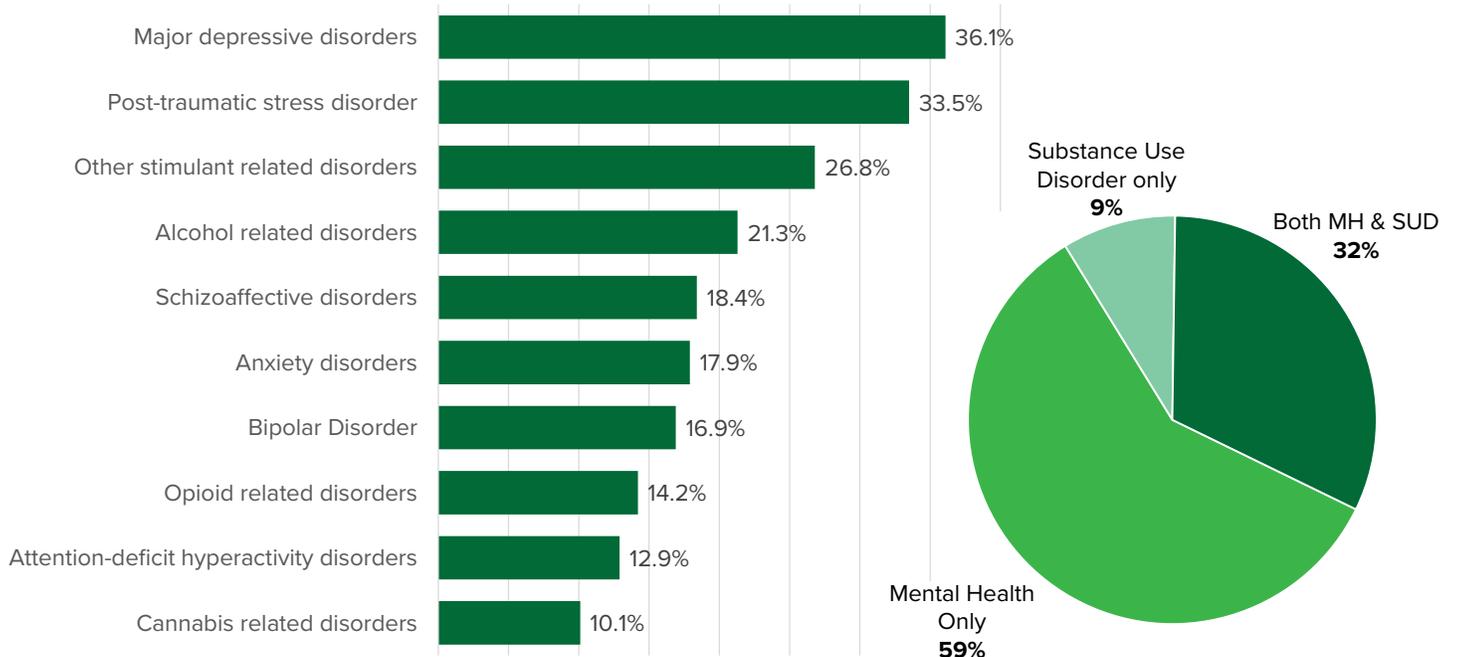
## Caring for Our Most Vulnerable



The top 1% of members accounted for 17% of total costs, while the top 10% of members accounted for more than half of total costs.

## Most Common Diagnoses of Top 10% Highest Utilizers

For the top 10% highest utilizers of behavioral health services, major depressive disorder is the most common diagnosis type, followed by post-traumatic stress disorder, stimulant and alcohol dependence, and schizoaffective disorders. Forty-one percent of this cohort has a substance use disorder diagnosis.



# Non-Emergent Medical Transportation (NEMT)

The NEMT program connects our members to physical, behavioral, and oral health care services.

We partner with local transportation providers and volunteer drivers to coordinate free rides for Oregon Health Plan members to and from scheduled medical appointments. GOBHI administers this program on behalf of EOCCO and also operates the ride service in the Columbia Gorge. We serve members in 14 counties, including all of the EOCCO region as well as Wasco and Hood River counties. In 2020, GOBHI NEMT transported 4,173 unique members.

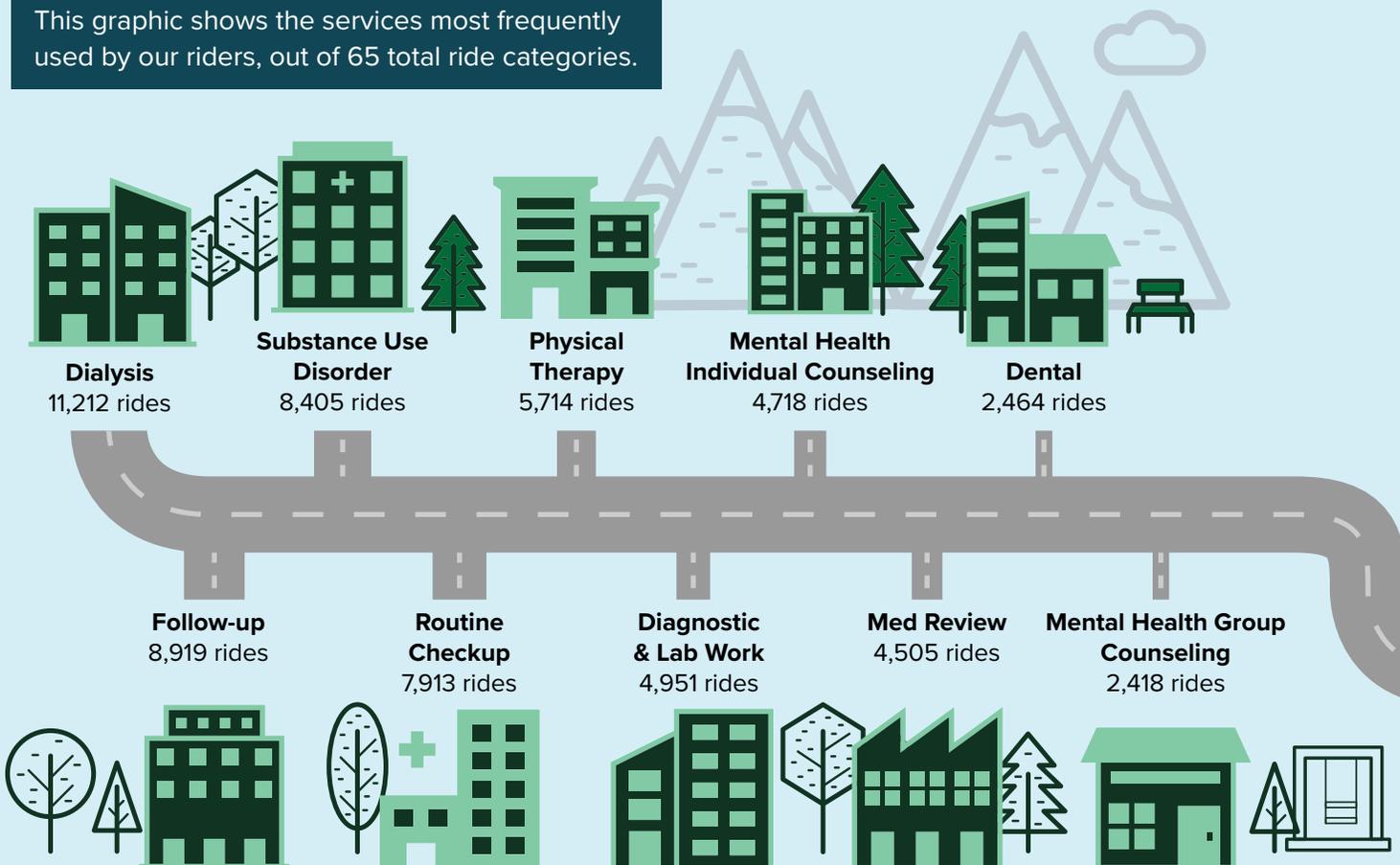


In 2020, GOBHI provided **82,930 rides** for a total of **3,352,676 miles**, enough to circle the globe more than **134 times**.



## What Kind of Services?

This graphic shows the services most frequently used by our riders, out of 65 total ride categories.



# Programs

GOBHI provides a wide array of programs and initiatives in service of behavioral health and wellness throughout Oregon. The following section provides key information and highlights from each program.

*In this section*

*Applied Behavior Analysis*

*Child-Parent Psychotherapy*

*Choice Model*

*Community Engagement & Health Systems*

*Early Assessment and Support Alliance*

*Early Childhood/Positive Parenting Program*

*Eastern Oregon Opioid Solutions*

*Evidence Based Tele-Behavioral Health  
Network Program*

*Frontier Veggie Rx*

*Older Adult Behavioral Health*

*Oregon Center on Behavioral Health &  
Justice Integration*

*Oregon Kinship Navigator*

*Peer Services*

*Rental Assistance*

*Systems of Care/Wraparound*

*Therapeutic Foster Care*

*Governance and Workforce Initiatives*



**Applied Behavior Analysis (ABA)** is an evidence-based intervention for individuals with Autism Spectrum Disorders (ASD). ABA therapy applies our understanding of how behavior works to real situations. The goal is to increase positive behaviors and coping strategies that are helpful and decrease maladaptive behaviors that are harmful or affect learning. ABA uses principles from learning theory to optimize a child's growth in language and communication skills, improve attention, focus, social skills, academic and independent living skills. ABA is covered by Oregon Health Plan and is often part of comprehensive autism support services. GOBHI is committed to the treatment of children experiencing autism spectrum disorder.

**Child-Parent Psychotherapy (CPP)** is an evidence-based practice that is a relationship-based treatment model for young children, birth to 5 years old that helps young children and their caregivers recover and heal after stressful and traumatic events. The CPP training program is offered to mental health providers throughout the state and provides a "Learning Community" where participants form supportive and therapeutic relationships through a commitment to completing an 18-month learning collaborative. In collaboration with the Oregon Health Authority, CPP consultants and early childhood staff provide clinician training and administrative support that is necessary for them to become endorsed in the therapeutic practice of CPP.

## ABA

### 2020 Accomplishments

- ▶ Migrated ABA services to be delivered via telehealth to continue care and ensure safety for our families in response to the COVID-19 pandemic.
- ▶ Served **33 children** across rural Oregon. (Ages 3-13 from Umatilla County to Columbia County.)
- ▶ Every child moved forward with communication: Picture Exchange Communication System, American Sign Language, or speech production. A number of children progressed from saying a few words, to learning to speak in sentences, to reading above grade level, to spending the majority of their day in general education classrooms.



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

### Choice Model

2020 Accomplishments

- ▶ Distributed **\$336,063 in funds** to help bridge housing, transportation, guardianship, and a variety of other temporary needs during periods when people are transitioning between various levels of care and eligibility
- ▶ In coordination with our community partners, GOBHI staff assisted in serving **256 individuals** across 12 rural and frontier counties.

***“For several years GOBHI has had no one in the state hospital under civil commitment and no one in related diversion programs or wait lists ... this achievement would never have happened without Choice funds.”***

**— Dr. Peter Davidson, Chief Medical Officer**

The **Community Engagement and Health Systems Team** helps develop the strategic plan for a population health and health care system assessment that will serve the communities within the EOCCO region. Our team has a variety of unique skills sets which allows us to assist CCO activities related to Community Health Development, Primary Care Practice Transformation, Behavioral Health-Public Health Integration, and community-driven initiatives focused on Social Determinants of Health, and Health Equity. The team partners with 12 Local Community Advisory Councils (LCACs) and one Regional Community Advisory Council (RCAC) intended to represent the diversity of the communities and provide a voice to OHP members throughout our service area. Community partners include but are not limited to EOCCO consumer members, schools, public health departments, tribes, local government agencies, community-based organizations, and dental, mental, physical health clinics. Our team participates in several local and regional committees as representatives of the EOCCO and maintains supportive and positive relationships.

### Community Engagement and Health Systems

2020 Accomplishments

- ▶ Facilitated virtual LCAC meetings and four RCAC meetings
- ▶ Updated the RCAC Charter and implemented new leadership structure
- ▶ Established **12 CAC Selection committees**
- ▶ Provided one-on-one technical assistance (TA) for **35 clinics** in the EOCCO region, including:
  - TA for **15 first time clinics** for Patient Centered Primary Care Homes (PCPCH), and **14 clinics** increasing their PCPCH tier status under the new 2021 PCPCH guidelines
  - Site visit preparation for Five Star PCPCH status for **six clinics**; follow-up for clinics requiring additional planning
- ▶ With EOCCO partners, developed a Health Equity Plan that will serve to promote community initiatives that address health equity

The **Early Assessment and Support Alliance (EASA)** is a statewide network of programs which identify youth with symptoms of psychosis as early as possible, and provide support and treatment based on current research. GOBHI is responsible for allocating funding and helping to oversee and coordinate care for the EASA programs that are covered under GOBHI's service area.



### EASA

#### 2020 Accomplishments

- ▶ **51 enrolled members** served across Eastern Oregon
- ▶ Our coordinator performed **19 new intakes** to EASA, broadening the reach of our program in order to better serve young adults in our community.

The **Early Childhood Team** supports and collaborates with key partners in early childhood education, social services and public health. The team participates as members of the Early Learning Hub Governance Boards, Parenting Hubs, Head Start, and Relief Nursery Boards. Members of the team actively engage in LCAC activities, and build community partnerships to support children and their families in the Eastern Oregon region. This initiative aligns with priorities of the Regional Community Health Plan (RCHP), which outlines objectives and strategies related to the population aged 0-5 and efforts to serve youth and family health and wellness.



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

### Triple P

#### 2020 Accomplishments

- ▶ Expanded Triple P to serve **10 counties**
- ▶ Created a new Triple P Specialist position to meet the needs of local parents
- ▶ Secured grants and funding support in partnership with Pendleton DHS Child Welfare, Four Rivers Early Learning Hub, and Oregon Parenting Education Collaborative

GOBHI's Triple P program originated in Umatilla County, and has since expanded to Baker, Gilliam, Grant, Harney, Malheur, Morrow, Sherman, Union, and Wheeler counties. Triple P services are offered to all caregivers and include individual, group, and online parent education. Our program was the first site in the United States to implement the Positive Early Childhood Education (PECE) program.

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

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

GOBHI's **Eastern Oregon Opioid Solutions (EOOS)** initiative leverages state and federal funding to support the distribution of naloxone, a life-saving opioid overdose reversal drug, to members of the general public, and community partners. EOOS is an interdisciplinary team representing social work, human services, clinical services, and law enforcement. This team seeks to form meaningful relationships with various stakeholders across the region in an effort to implement several evidence-based strategies for addressing addiction and preventing overdose.

The **Frontier Veggie Rx (FVRx)** program is a healthy eating initiative that supports individuals and their families in Gilliam, Harney, Sherman, and Wheeler counties. Through this voucher program, local prescribers assess individuals to determine if they are food insecure. If eligible, people may receive a monthly prescription to buy healthy fruits and vegetables from local stores or farmer's markets. The FVRx program improves the overall health of an individual and community by addressing food insecurity issues, working with local vendors to provide a greater variety and lower cost of fresh fruit and vegetables.

Through the **Evidence Based Tele-Behavioral Health Network Program** GOBHI and its providers have spent the last several years building technological infrastructure to expand the provision of telehealth and broaden access to health care, enabling us to reach individuals in even the most isolated communities. The COVID-19 pandemic created an immediate need for our communities to quickly transition care from traditional office environments to virtual settings and Eastern Oregon was uniquely prepared for this challenge.

Through a partnership with the Health Resources and Services Administration, GOBHI has implemented the patient engagement software "Mend" through our CMHPs, and directly to patients' homes. Mend enables us to hold virtual visits. Its secure video connection can share files, send messages, and collect any forms, photos, or data from a patient from a smartphone, tablet, or computer.

**EOOS**

2020 Accomplishments

- ▶ Facilitated over **70 trainings** and distributed **1,800 two-dose kits of Nasal Narcan** from fall 2019-spring 2020

\*This grant program is administered in partnership with the Oregon Health Authority. The Substance Abuse and Mental Health Services Administration oversees two federal grant initiatives: the State Opioid Response Grant Program and the Statewide Targeted Response to the Opioid Crisis Grant Program.

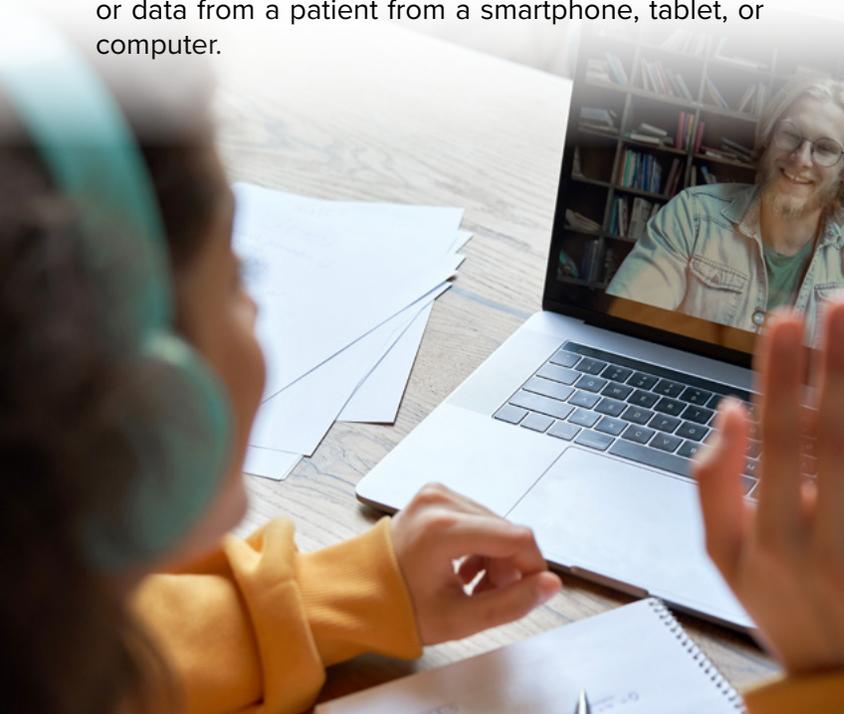
**FVRx**

2020 Accomplishments

- ▶ Served in the filling of **4,210** new and refill prescriptions across four counties
- ▶ Provided **63,154 vouchers** — equal to \$126,309 in EOCCO Community Benefit Initiative Reinvestments to support healthy eating in these rural counties.
- ▶ A partnership with Eastern Oregon Healthy Living Alliance allowed for an additional **42 households** to be served from July 2020 to October 2020 equal to \$10,000.

**Program Highlights:**

- ▶ GOBHI **distributed \$42,123.75** in 2020 to help purchase equipment and data plans and support telebehavioral health expansion in our communities.
- ▶ In 2020 GOBHI and its CMHPs used the Mend platform to serve **1,265 members**.
- ▶ **15,892 services** were provided in our communities via the Mend platform in 2020.
- ▶ **88 behavioral health providers** delivered telehealth services through the Mend platform in 2020.
- ▶ Services provided on the Mend platform represented **24% of all telehealth services** provided to EOCCO members.



## Older Adult Behavioral Health Initiative

The Older Adult program at GOBHI is part of the Older Adult Behavioral Health Initiative of OHA.

### 3 main tasks:

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

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

### Facts on Aging:

- Adults 65+ make up 18.2 percent of Oregon’s population.
- By 2030, there will be 1 million adults 65 or older in Oregon.
- 14% of older adults experienced mental issues in the past year. More than half didn’t receive any mental health services.
- 25% of older adults with recent serious mental illness got no treatment.

Source: Portland State University Institute on Aging

“Kris Boler is a key community partner. Her program has been especially invaluable during the pandemic, offering a variety of helpful services including virtual visits to residents feeling isolated because of the COVID-19 response, trainings for assisted living staff working with residents with behavioral health disorders, and complex case consultation.

**“Our community has come to know GOBHI OABHI as our most valuable resource for older adult loneliness and mental health.”**

— Brittany Willson, Providence

### Program Data Points

- ▶ Increased virtual training capacity with community partners; delivered 80% of trainings virtually
- ▶ Complex case consultations increased 28% from 83 cases in 2019 to 106 in 2020
- ▶ Calls made to seniors by Oregon Senior Peer Support Outreach specialists increased 47% between 2019 and 2020 (2,845 calls in 2019, 4,190 calls in 2020)

### 2020 Accomplishments

- ▶ Partnership with Oregon Office of Rural Health
- ▶ Virtual Alzheimer’s Support Group, WISE
- ▶ Successfully pivoted to provide services during COVID-19
- ▶ Forum for Aging in Rural Health Planning Committee

Started in 2017, the **Oregon Center on Behavioral Health and Justice Integration** (The Center) is a statewide program in partnership with the Oregon Health Authority to provide specialized training and technical assistance (TA) for behavioral health and justice partners to enhance knowledge and improve practices aimed at treating people who, primarily due to symptoms of serious behavioral health conditions, neurocognitive conditions, and/or intellectual/developmental disabilities, are at risk of becoming incarcerated or are already within the system.

The Center provides information, facilitation, training and TA for Oregon's behavioral health and justice systems including interdisciplinary groups, teams, and individuals.

Visit the Center's website at [ocbhji.org](http://ocbhji.org)

## 2020 Highlights

The Center has embarked on several new and exciting data initiatives and collaborative analytical partnerships in 2020, including:

- ▶ Forensic data project - This is an effort to engage with local law enforcement, jail staff, and courts to improve outcomes and mitigate additional health and safety impacts for members who have criminal justice involvement related to their behavioral health conditions.
- ▶ Partnering with a county Behavioral Health Division for purposes of understanding the impacts of State of Oregon policy changes on outcomes within the population served by the Aid and Assist program in either a criminal justice or behavioral health capacity. (Senate Bill 24)
- ▶ Integrating CCO member data with a number of criminal justice data sources, in an effort to provide improved member service and outcomes. These include forthcoming data sharing agreements and ongoing partnerships with the State of Oregon Justice Information Network.
- ▶ Ongoing assistance with an interagency workgroup dedicated to discovering statewide trends within misdemeanor courts, an untapped area of criminal justice data research, and data support for the Measure 110 Oversight and Accountability Oversight Council.

Created in partnership with DHS Child Welfare, the **Oregon Kinship Navigator** provides support, guidance, and resources to non-parent relative caretakers throughout their parenting journeys. Nearly half of Oregon's 5,820 children in family foster care are placed with non-parent relatives and they face unique challenges in navigating the care of these children. Additionally, more than 30,000 youth are being raised in relative care statewide. OKN is housed within the Children's Team at GOBHI, and our staff members are located throughout the state of Oregon; bringing unique knowledge of both the urban and rural communities of Oregon. Oregon Kinship Navigator offers online support groups and parenting support, resource referral, and a legal resource guide.

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



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

- ▶ Community Health Worker (CHW)
- ▶ Peer Wellness Specialist (PWS)
- ▶ Personal Health Navigator
- ▶ Birth Doula
- ▶ Peer Support Specialist (PSS) 4 categories:
  - Family Support Specialist
  - Youth Support Specialist
  - Recovery Peer (Adult Addictions)
  - Mental Health Peer

Visit [gobhi.org/peer-services](http://gobhi.org/peer-services) for more information.

### Peer Services

#### 2020 Accomplishments

- ▶ **119 working THWs**, including representatives from eight types of peer workers
- ▶ Provided financial assistance for hiring and training of Certified Recovery Mentors (CRMs) via funding from a State Opioid Response (SOR) grant
- ▶ Provided training opportunities in partnership with the Mental Health and Addictions Certification Board of Oregon (MHACBO) to support opportunities for CRMs and THWs
- ▶ Built an ongoing partnership with Northeast Oregon Network (NEON) and Oregon State University to provide Community Health Worker training in rural communities
- ▶ Opioid Addiction & Treatment trainings for peers in rural communities



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

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

**Wraparound** is an intensive team-based planning process to help children, young adults, and their families accomplish their family vision. This individualized care planning process is a shared commitment amongst professionals, youth, families, and natural supports to the 10 principles of Wraparound to drive the process. Systems of Care is a spectrum of effective services and supports for children, youth, and families with or at risk of health or other challenges. This is a necessary organizational infrastructure to collaboratively overcome cross-sector barriers in child-serving systems, covering 12 counties with Review, Practice Level Workgroup, and Executive Committees. Wraparound is an intensive team-based planning process to help children, young adults, and their families accomplish their family vision. This individualized care planning process is a shared commitment amongst professionals, youth, families, and natural supports to the 10 principles of Wraparound to drive the process.

## RAP

### 2020 Accomplishments

- ▶ Distributed barrier removal funds for **22 individuals** throughout Eastern Oregon for a total of **\$28,265**
- ▶ Provided rent subsidies to reduce homelessness and provide stability for **42 individuals** for a total of **\$225,289**



## Systems of Care/ Wraparound

### 2020 Accomplishments

- ▶ **12 counties** served
- ▶ **249 youth** in Wraparound or Intensive Care Coordination (ICC) services
- ▶ Among these youth, there were **60 successful transitions** out of Wraparound/ICC.

Our **Therapeutic Foster Care** program provides homes for youth in local communities involved in the Child Welfare system or who are being supported by their local community mental health program. We are licensed by the Oregon Department of Human Services to recruit, train, and certify our own therapeutic foster parents. The enhanced level of support provided by our knowledgeable team empowers our providers to ensure a safe, trauma-informed environment that supports the healing process for each youth served. Our program operates in approximately half of Oregon’s 36 counties — through active recruitment and increasing public awareness, we continue to expand our reach across the state.

### Foster Plus

Foster Plus is an effort of 11 social service agencies collaborating to connect kids in need with the support and stability of committed, caring foster families. GOBHI leads this collaborative group dedicated to increasing the number of safe foster homes and supports other agencies to improve services to children.



### Foster Care

#### 2020 Accomplishments

- ▶ **59 homes in 19 counties.** Provided care for **71 youth** in total, **54** served through full-time care and an additional **17** through relief care.
- ▶ **16 new homes** certified

*“Deciding to be a foster parent was rather scary for us. Now I can say, I wouldn’t trade it for anything else. I’ve seen such a difference in their life, and also in ours. The GOBHI team was right there along the way and that’s exactly the type of support we needed.”*

— A GOBHI Foster Parent

## Governance & Workforce Initiatives

### Commitment to person-centered care and services

At GOBHI, we understand that the values of Diversity Equity and Inclusion (DEI), as well as member-centered services, will not occur by chance. Rather, GOBHI invests in human capital, structures its organization, and promotes services that can embody these values. In 2020, GOBHI made significant strides in DEI.

GOBHI provided leadership roles in DEI-focused health policy at the state level through participation in the Oregon Health Policy Board, Health Equity Committee, as well as in OHA’s Cultural Competence and Continuing Education Committee (CCCE). These committees review policy that impact health equity (e.g., COVID-19 mitigation responses), review the quality of, and provide technical guidance for, cultural competence trainings for all health care professions and their accrediting bodies.

GOBHI was key in development of EOCCO’s Health Equity Plan, which was scored as one of the top CCO plans in the state. The work plan includes organizational development projects as well as member-facing workforce capacity initiatives.

**EOCCO DEI Plan value statement:**

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances*

*Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*

*The equitable distribution or redistribution of resources and power; and  
Recognizing, reconciling and rectifying historical and contemporary injustices (OHA, 2020).*

**DEI and Workforce Capacity initiatives:**

- In 2020, GOBHI designed and hosted a Cultural Responsiveness training that not only met the challenge of pandemic-era virtual trainings but also met quality standards set by OHA for cultural competence continuing education, and drew more than 200 participants.
- GOBHI's CEO serves as the EOCCO Tribal Liaison. This year, we conducted significant outreach and engagement efforts to meaningfully connect with tribal nations and the Native American Rehabilitation Association, serving Native American and Alaska Native populations throughout Oregon. GOBHI is working on building on the success of these DEI advances in 2021 to continue to be a leader in the promotion of an inclusive Eastern Oregon that promotes the best health for all populations while advancing health equity.

**Trauma Informed Care:**

- GOBHI has implemented a trauma-informed approach that involves ongoing staff training and development, and providing support to our service providers through a trauma-informed lens.
- Example: Between spring of 2020-2021, GOBHI conducted three week-long webinars on TIC for healthcare professionals. This series has continued into the summer of 2021.

**Administrative Services:**

In addition to program functions, GOBHI provides an array of services supporting not only its staff, but the broader social services continuum in Oregon. These functions include IT, Data Analytics, Human Resources, Communications, Finance, Facilities, and other high-quality services that strengthen the daily efficiency and impact of GOBHI staff and partners.

These teams have been instrumental in the continuous growth and development of GOBHI as an organization committed to its role as a leader in rural healthcare.



# Closing Remarks

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

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

I look forward to serving you.

Sincerely,  
**Karen Wheeler, CEO**

## Contact

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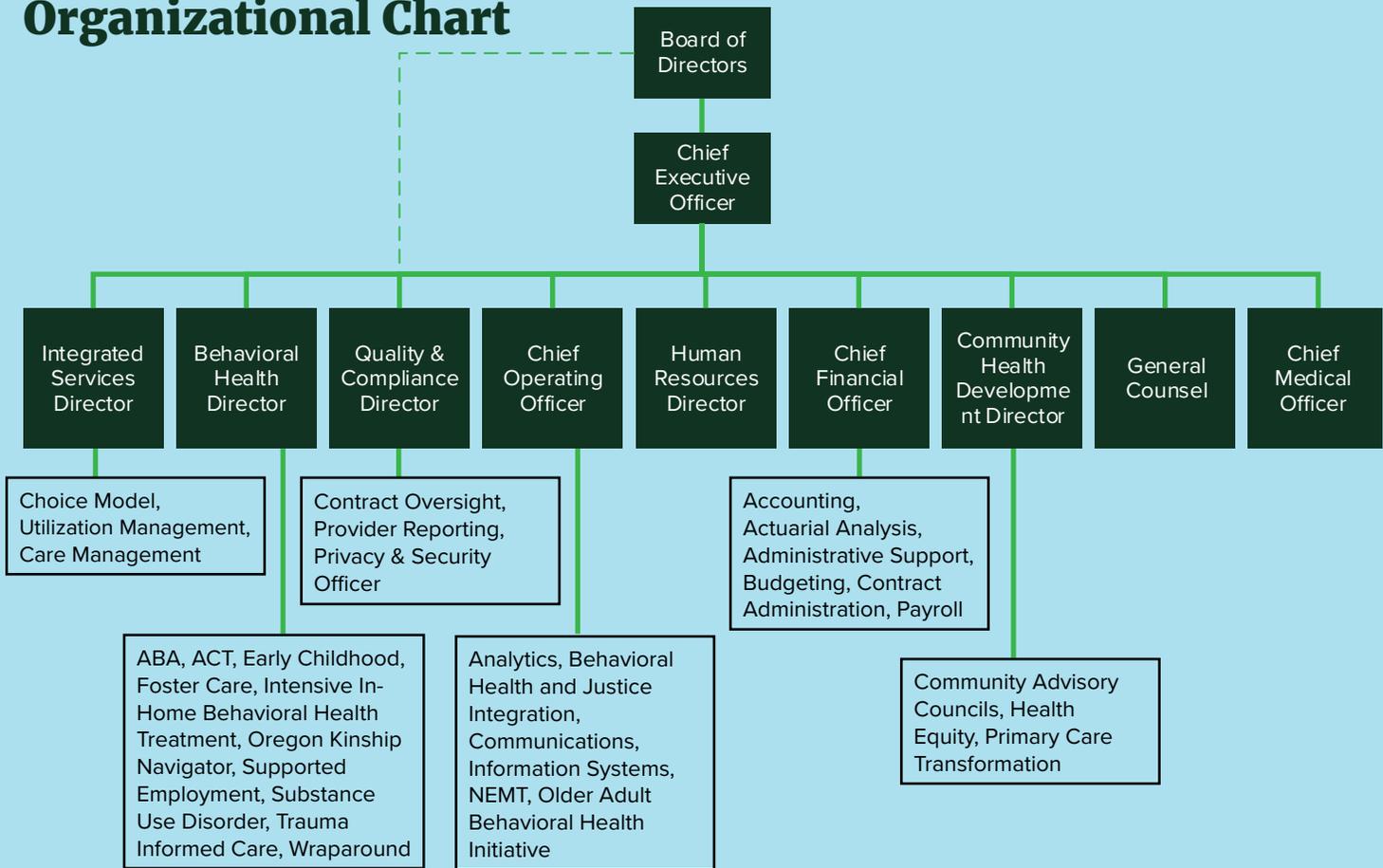


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Media Inquiries: [pmulvihill@gobhi.org](mailto:pmulvihill@gobhi.org)

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# Organizational Chart



## Additional Resources

### Association of Community Mental Health Programs (AOCMHP)

[aocmhp.org](http://aocmhp.org)

503-399-7201

### Crisis lines

[gobhi.org/crisis](http://gobhi.org/crisis)

### Eastern Oregon Coordinated Care Organization member benefits and services

[eocco.com](http://eocco.com)

888-788-9821 (toll-free)

### GOBHI data resources

[gobhi.org/data](http://gobhi.org/data)

### GOBHI foster care

[gobhi.org/fostercare](http://gobhi.org/fostercare)

### Oregon Health Authority

[oregon.gov/oha](http://oregon.gov/oha)

### Oregon Department of Human Services

[oregon.gov/dhs](http://oregon.gov/dhs)

### Oregon Center on Behavioral Health & Justice Integration

[ocbhji.org](http://ocbhji.org)

### Oregon Older Adult Behavioral Health Initiative

[oregonbhi.org](http://oregonbhi.org)

### Oregon Department of Education Early Learning Division

[oregonearlylearning.com](http://oregonearlylearning.com)