Union County Community Presentation November 15, 2019 12:00-2:00pm The Riveria Activity Center, La Grande	
Number of Attendees	33
List of Invitees	• The Union County Local Community Advisory Council distribution list, the Early Childhood Planning Team (ECPT) distribution list and identified community partners were invited. • Several of the entities in the list included: Union County Board of Commissioners, La Grande School District, Grande Ronde Hospital, Center for Human Development, Building Healthy Families, DHS, NEON, Baker County Health Department, Advantage Dental, Eastern Oregon Head Start, Community Connections, Oregon Health Authority, Ford Family Foundation, Union County Cares, Northeast Oregon Transit • Additional invites were distributed by LCAC members and community partners upon request by EOCCO.
Summary of Outreach Efforts	• EOCCO staff and LCAC partners implemented strategic communications efforts specifically developed to share information and drive community engagement regarding the CCO 2.0 community presentation series. **Regional Meeting:** • EOCCO held a preview presentation and discussion regarding the community meeting series at the Region Community Advisory Council meeting in Baker City on September 25, 2019. Attendance at the RCAC was approximately 50 and included not only LCAC representation but also education partners including Early Learning Hubs and Head Start. Informational handouts in English and Spanish were distributed to attendees. **Invites/Flyers:** • Invites and informational materials were sent to LCAC and community partner contacts. EOCCO sent digital copies of informational materials, including an invite flyer, a frequently asked questions document, and a poster. • Flyers distributed to downtown businesses and other public locations in La Grande. **Website/Social Media:**

	• A news article about the meeting — including an event registration link — was posted on www.eocco.com on September 26, 2019. • EOCCO website specialists developed meeting registration webpages for each meeting in the 12-county CCO service area. The link to this registration tool was included in outreach materials and was shared with invitees. • An article and registration link were shared in the social media community, including an LCAC Facebook page post. **News media:** • EOCCO submitted news releases to outlets throughout the region. Locally, EOCCO submitted press releases to the La Grande Observer and Elkhorn Media Group. • Elkhorn Media Group Radio Ad

Summary of Public Input	Questions following the meeting presentation included:
	• An audience member asked about services covering senior citizens and people with disabilities.
	  ○ Kevin fielded this question by mentioning that we, as a nation, spend a disproportionate amount of money on senior citizens than we do on individuals throughout the course of their lifetime and the EOCCO and GOBHI strive to re-focus the attention and prevention efforts on early childhood.
	  ○ Additionally, GOBHI has invested in the Medicare Advantage Plan with the intention to model this after the philosophy and payment structure of the EOCCO: using the same owners, same delivery system and benefits and overall design as the EOCCO. Improving health, providing better patient care and driving down costs is imperative, its "all about simplifying the system."
	• Recent data from the Mental Health America Study[1] highlighted that Oregon is ranked #50 for *Youth with Substance Use Disorder in the Past Year** and #47 for *Youth with Major Depressive Episode (MDE) who Did Not Receive Mental Health Services*[+]. Where do you see access to treatment going in the next five years?
	  ○ Kevin also fielded this question by first stating that there may be some discrepancy in the data depending on where the information came from (possibly Oregon Health Authority), but wanted to highlight that while Oregon has been through some trauma, it is time to focus our efforts on opening up treatment options to more

people than we ever have before (OR is a Medicaid Expansion state). There is a need for Medication Assisted Treatment (MAT) in our eastern Oregon area, with the need to lower barriers to care, meeting people where they are and focusing on collaboration with partners in the community to change the paradigm. He used an example of child welfare and how the EOCCO and GOBHI are piloting efforts to partner with community resources to support families instead of breaking them up, providing continuous care instead of segmented and bring services to the families to examine root causes of these issues instead of temporary solutions.
    - Our focus in CCO 2.0 is to continue our work in supporting a system of trust and continue to invest and create resiliency for our most vulnerable population in Oregon, children.
- What is the mechanism of sharing programs in Union County, such as CHildren And Recovering Mothers (CHARM), that focus on the health and wellbeing of children, to EOCCO leadership? These are EOCCO grant funded projects which our community believes is a Triple Aim "jackpot", but once the funding runs out, how can we continue to invest in this work?
    - Kevin emphasized the need to reinvest in long term programs that provide a cost saving by creating strategic alliances with other systems and articulate the cost benefits of doing things differently. The EOCCO commitment should be as an "underwriter" with support from other systems that will benefit from this original investment (i.e. other health plans, hospitals, taxpayers). In other words, there should be the concept of adopting programs in the community that work, with a shared or match funding process for long term continuation of these programs that would benefit the entire community, county and region.
- There was a request to provide a breakdown of Slide 15 (Behavioral Health Providers) to a participant in the audience (her name and contact information has been given to the facilitator for follow-up)
- There is a shortage of mental health providers in eastern Oregon, including counselors and providers. What is the EOCCO's plan to alleviate this shortage and to address the need for additional workforce?
    - Kevin explained that not only are we working to address this challenge, this is ALSO a requirement as part of our CCO 2.0 work beginning in 2020. Access to behavioral health services in a primary care setting (and vice versa) is a requirement under CCO 2.0 without prior-authorization in either setting and there is an

emphasis on utilizing a Value Based Payment model for supporting the healthcare workforce in these settings.
    - He highlighted the EOCCO and GOBHI's involvement in the Health Oregon Workforce Training Opportunity (HOW TO) grant through OHSU as a way to support local efforts. In affiliation with Northeast Oregon AHEC (NEOAHEC), the intention of the HOW TO grant is to build capacity for a Mental Health Nurse Practitioner Program through the OHSU School of Nursing campus in La Grande.
    - Additionally, Kevin focused his response on the need for traditional healthcare workers or Community Health Workers (CHWs) in mental health specifically, as there are not enough "care extenders" in mental health. There is value in utilizing individuals with "lived experiences" to help support the emotional well-being of our community. The EOCCO has contracted with OSU to support CHW training opportunities, NEON also has training available, and while reimbursement is available for CHWs through the EOCCO, there is a need to enhance the CHW integration efforts in primary and mental health systems, especially for those with challenging needs that require navigation assistance throughout the many systems.
    - There is also a concern with competitive compensation, specifically for mental health providers (LCSWs) to outside agencies and there is no simple solution.
- Does GOBHI compensate for Certified Social Worker Associates (CSWA) under LCSW supervision?
    - Kevin responded to this question by stating that it depends; there are OARs around Mental Health Programs for Substance Use Disorder (SUD) and integration of a Behavioral Health Clinicians (BHC) in primary care. Additionally, with EOCCO supporting Patient Centered Primary Care Home (PCPCH) and Certified Community Behavioral Health Clinics (CCBHC), where integrated efforts are emphasized for additional funds, it is the commitment of the EOCCO to build behavioral health integration in primary care and support services within the Community Mental Health Programs.
- What are we doing to "grow our own" to address the healthcare provider shortage in eastern Oregon?
    - Kevin highlighted a few programs that support the rural healthcare workforce, such as loan forgiveness programs, Eastern Promise (head start on college) and the current EOCCO supported efforts

	through the Campus for Rural Health (https://www.ohsu.edu/education/campus-rural-health). ○ Kevin also mentioned that there needs to be more opportunities within eastern Oregon counties to work remotely, as an enticing option for families to relocate in eastern Oregon, especially if there is are limited workforce for the provider's spouse or partner.

Please submit the final meeting agenda with this document.

1. https://www.mhanational.org/issues/state-mental-health-america

[*]An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

[+] States with rankings 1-13 have lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care.