

IMPROVING ACCESS TO BEHAVIORAL HEALTH

"Oregon needs to reconfigure the statewide behavioral health system and center it on consumers."



"...we can get closer to
Oregon's vision through a
statewide, integrated behavioral
health system that is simple to
access, responsive to
individuals' and families' unique
journeys and helps
support meaningful changes in
people's lives.

Simple. Responsive. Meaningful.

VISION FOR OREGON BEHAVIORAL HEALTH

Quote from Oregon Health Authority Behavioral Health Director, Steve Allen https://content.govdelivery.com/accounts/ORDHS/bulletins/2656c0a



Getting Started with Services is Not User-Friendly.



NOT SIMPLE

For members of the community or the workforce



NOT RESPONSIVE

Rules get in the way of timely and trauma-informed care



NOT MEANINGFUL

Lengthy assessments and administrative requirements interfere with providing support



This is an Equity Issue.



CARE

The current requirements disproportionately impact people who are most marginalized by systemic trauma, demographic and social circumstances.

CAREGIVERS

Behavioral health organizations are not reimbursed for the high-value outreach and engagement services they provide for hard-to-reach community members – the ones who likely need help the most.



Consumers Support Rapid Engagement

"It would be good if we can give people a sandwich and a glass of milk and some nourishment. Get their needs met right away, rather than giving people a table and wooden chair and a pen. My need is not in a stack of papers."

"There's a really small window sometimes to get people engaged. Until, like, when a drug addict is ready, at least for that 20 minutes, or whatever it is, that they are broken and like getting them in at that time and getting them...established or whatever is really important. And that's where we tend to lose people, like, you know, we do that hurry up hustle thing to then wait for an appointment or whatever. And then by that time, they're like, never mind."

"I think that it's absolutely necessary. The amount of assessments and things you have to go through is a huge, just annoyance and barrier for people."

"When I had my alcoholism problem, when I had to fill out paperwork, it was not something I wanted to do. I would feel uncomfortable, I would think like, I just want to fix my problem. I don't want to fill out paperwork, and I was trying to find a way to just get out. And when they would say there's paperwork, I just wanted to leave, I would just say like, I'll just come back another time."



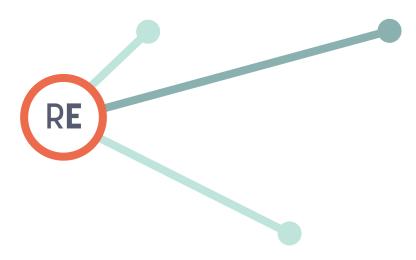
Our Future:

RAPID ENGAGEMENT'S VISION

Community members quickly and easily access behavioral health services when and where they need them.

SIMPLE

Reduce paperwork so it's simple to get started.



MEANINGFUL

The first interactions are shaped around understanding client priorities and responding to their needs.

RESPONSIVE

Meet people where they are and offer flexible, trauma-informed, culturally-responsive, and team-based care.



The Solution:

RAPID ENGAGEMENT'S PLAN

Rapid Engagement front-loads services instead of administrative processes

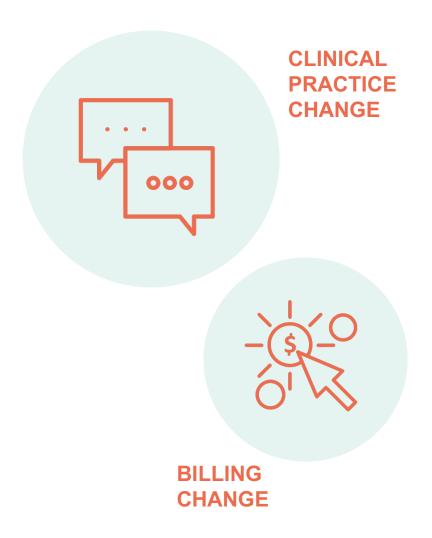
DAY 1: HEALTH CARE

Clients receive therapeutic services from behavioral health teams starting on Day 1 Up to 6 visits to complete the intake, assessment and service planning requirements stipulated in the OARs

DAY X:

PAPERWORK





What is Rapid Engagement?

THE MECHANICS

Rapid Engagement is a clinical practice and billing change that prioritizes trauma-informed and client-centered services, while making use of existing, allowable Medicaid billing codes.







Who is Rapid Engagement For?

THE MECHANICS

Rapid Engagement is intended for people who are served at agencies that hold an OHA Certificate of Approval to provide behavioral health services.



Brief intake and assessment, provide an initial diagnosis, and start offering and billing for all appropriate and allowable services



How Does it Work?

THE MECHANICS

Rapid Engagement puts the healthcare services before the paperwork.

Connections with the behavioral health care team, including peers, case managers and Licensed Medical providers, are made right away.



Agencies are able to take up to 6 visits or 6 months to complete all of the intake, assessment and service planning requirements stipulated in the Oregon Administrative Rules





How We're Getting There:

REQUIREMENTS PLANNING RULES Multi-stakeholder Currently developing pilot Working with OHA to resolve participation plans and requirements regulatory barriers for the pilot planning process RE **PILOT PARTNERS**

Partnering with University of Oregon on program evaluation

9 month Rapid Engagement pilot with 6 agencies and their CCO partners





Effectiveness

Does RE improve access and engagement?



Process

Is RE acceptable to clients and providers?

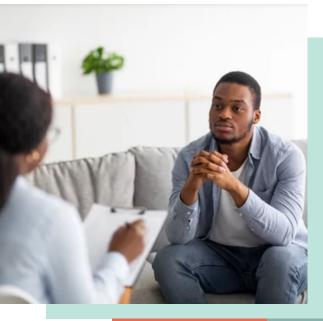


Equity

Does RE equally benefit priority groups?











What's in it for you?

BENEFITS MORE THAN ONE AUDIENCE

PAYERS

Rapid Engagement will help you improve access to services for your members.

CONSUMERS

Get immediate and low-barrier access to care "what you need, when you need it!"

WORKFORCE

Reduce administrative burden and focus on people instead of paperwork; start with rapport, trust and relationship instead of requirements and rules.



What Success Looks Like:



ALL OF OREGON



NEW LEARNING OPPORTUNITIES



ALL PAYERS



- Oregon Health Authority (OHA) has contracted with AOCMHP to conduct a multi-stakeholder planning and pilot development process for Rapid Engagement.
- Rapid Engagement is based on the Treat First model used in New Mexico.
- Association of Oregon Community Mental Health Programs (AOCMHP) is the trade association for the state's Community Mental Health Programs
- The effort to implement Rapid Engagement is being led by AOCMHP, but is not for AOCMHP members alone. The whole public behavioral health system will benefit from the successful implementation of Rapid Engagement.

The Background Details

ABOUT RAPID ENGAGEMENT



Questions?



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