

# Removing Barriers to Care

**Rapid Engagement is a system transformation project with the goal of making it easier, faster and more user-friendly for people to get started with outpatient behavioral health services.**



Rapid Engagement in Oregon was inspired by the Treat First model in New Mexico and is a trauma-informed and person-centered approach to behavioral health access. Throughout 2021, the Association of Oregon Community Mental Health Programs has been leading a multi-stakeholder planning process to design and launch a Rapid Engagement pilot in Oregon, with the support of a Robert Wood Johnson Foundation Delta Center grant and the Oregon Health Authority.

The focus of Rapid Engagement is improving the experience of getting started with outpatient behavioral health services for members of the Oregon Health Plan. This pathway to access includes the critical outreach and engagement services that are provided prior to formal intake and diagnosis, as well as the process for enrollment once a consumer has decided to engage with clinical care.

In the current system, prior to billing for any other services, organizations must start with a comprehensive intake, assessment, and service planning visit, which can take two hours to complete. It is not until after this lengthy intake visit that a consumer is offered therapeutic services. The goal of Rapid Engagement is to increase flexibility for provider organizations to start services with a brief intake and assessment visit, wherein they provide an initial diagnosis, co-create an initial service plan, and start offering therapeutic services right away.

Using this initial diagnosis and service plan, the provider organization can then start delivering and billing for a range of services offered to the consumer, including peer support, case management, and medication management, as needed. The primary behavioral health clinician can then take up to 6 visits to build a relationship with the consumer, learn more about the consumer's experience and goals, complete a comprehensive assessment and treatment plan, and meet all the requirements stipulated by the Oregon Administrative Rules. Rapid Engagement prioritizes offering help over completing paperwork.

We have been committed to engaging people with lived experience to co-design Rapid Engagement since the beginning of the initiative and have gotten the input of geographically and culturally diverse people to develop this model. In a series of focus groups and interviews in the fall of 2021, we asked consumers, peer support specialists and peer leaders for their perspectives on the changes proposed by Rapid Engagement and what they would value as meaningful improvement to behavioral health access.

# Executive Summary



### Protect + Prioritize Relationships

Consumers said a good experience seeking treatment is defined by an authentic connection between the client and the behavioral health team. Consistent and caring communication from providers and staff contributes to building a genuine relationship that makes people feel safe and engaged.



### Enhance Flexibility

Current paperwork is repetitive and overwhelming, while appointments are inflexible and limited. Extending the time and flexibility for conducting assessments and intake paperwork was popular as a way of reducing the initial administrative burden.



### Measure Impact

Accurately measuring how consumers use services under Rapid Engagement, as well as the timeline and engagement rate for completing follow-up appointments will be crucial to understanding how well Rapid Engagement works. Access delays are a significant source of consumer dissatisfaction and Rapid Engagement will be considered a much greater success by some consumers if it reduces service delays. Consumers also endorse measuring both client and staff satisfaction with Rapid Engagement to fully understand how the new access model affects the people who are most impacted by this change.

## Health Equity Challenges

In this series of peer and consumer conversations, we heard some distinct concerns from culturally-specific peer mentors and the Latina consumer we interviewed, which are likely experienced by other bicultural and immigrant communities as well. Many of the issues they mentioned are integrated into the detailed findings, but there are some important additional challenges that they named:

While community members across all focus groups discussed stigma, there may be some additional cultural attitudes that add to this challenge for some groups. For example, the Spanish-speaking consumer that we interviewed described people needing support for depression as weak, in contrast to those who can just pull themselves up with positive self-encouragement.

The peer recovery mentors from Puentes, the culturally-specific program for Latinx people in the Portland Metro Area, described additional barriers that they face to staffing. While they have many people in their community who have achieved stable recovery, received training as recovery mentors, and are very motivated to give back to their community, their immigration status does not allow them to join the paid peer recovery workforce. They face both a disproportionate shortage of workforce members and service availability, as well as this additional obstruction to the bilingual and bicultural workforce pipeline.

The Puentes staff also discussed the challenges of operating within an individualistic service system while serving people living within a collectivistic community. The people calling in to the program are often family members of those needing support, and while that may be culturally normative for them, the system is not set up to respond. The staff explains to family members that individuals must reach out themselves and hopes to hear from them, but would prefer that they are able to operate in a way that is more consistent with their cultural norms of collectivity.

They elaborated on this theme by describing the particular challenges for Latina women seeking support, due to cultural norms around responsibility for childcare. They describe the importance of being able to offer services that are responsive to the typical circumstances of community members, for example, offering childcare alongside recovery support services.

# Detailed Findings

## Offer Holistic Care

**Responding holistically to consumers and their needs is critical for creating a good experience seeking services.** Consumers nearly unanimously described good experiences with seeking services as being focused on making them feel validated and understood as a whole. Wanting to "feel safe" and "be heard" were the most common themes and were tied to wanting services to prioritize human connection. Being able to communicate in their native or preferred language is critical for non-native English speakers.

*"I think that just needs to be a holistic look at like, my entire life in order to make it feel like it's working well."*

*"They genuinely cared about what I was doing, what I wanted, and then...they weren't rushing me...they were just there to comfort and let me know, things were gonna be okay."*

*"It's important to be able to build the relationship between those seeking mental health or any kind of support and the providers."*



*"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."*

## Improve Access + Continuity

**Deficiencies in both access and continuity are a significant driver of dissatisfaction.** Lengthy delays and disruptions to established relationships were the most consistently reported source of frustration for consumers. Delays were also described as a major obstacle to supporting people with substance use disorders, where there may be only brief windows of readiness to engage in treatment. For Spanish speaking consumers, the access delays and relationship challenges are even more substantial.

*"I think it was like eight or nine months ago, I asked for an appointment for mental health and they did not have an appointment until six months later. Due to the lack of interpreters. There was no appointment available no interpreter available in Spanish, so I had to wait six months."*

*"The thing that we struggle with, like when I get services or for my children, is time. Like we have to typically wait a large amount of time and if we're having a mental health crisis going on, or any of that, and having to wait weeks to be seen."*

*"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."*

*"When the addict needs help, I mean, when they want it...the window of help...it's short. After a day or two, they're just gonna disappear."*

## RAPID ENGAGEMENT

### Acknowledge + Reduce Stigma

**People seeking behavioral services commonly face ill-treatment and the harmful effects of stigma.** Across settings, people described being treated poorly when seeking support. This ranged from being treated unkindly by staff to feeling like the system is “angry at them” for working proactively to get their needs met.

*“I’ve noticed when I’ve gone to... the hospital, that they’re not very friendly... they don’t make me feel validated as a person. They see the stigma of the mental health problem rather than the person.”*

*“Nobody should have to struggle to get the help they need...I mean, even the front desk people didn’t seem like they liked their jobs. They all seem so irritated every time anybody ever came in. That makes for a really crappy experience.”*

*“One thing that I think happens a lot is that people feel like the system is angry at them because they’re seeking an outcome instead of like going into it and trying to figure out what’s wrong...But when you have, when you think that*

*this is probably the only time you’re gonna be able to talk to somebody for like three months, or, or like, there’s just so many hurdles in order to get to like the next step. Like you need to use that time to make sure you get the thing that you think you need, because you already know what your answer is right then. And you’re not willing to put the trust into the system.”*

*“How can we work...to get rid of the stigma for those people that are asking for help? So that they’re not labeled as attention seeking or, you know, just because I don’t check five boxes on your list. You know, you send somebody away, you know, when they’ve come seeking services. How do we get rid of that?”*

### Improve Communication

**Poor communication and complexity of accessing behavioral health services cause undue stress.**

Consumers brought forth issues related to “isolation” in seeking services and abrupt changes with their providers that left them feeling pressured or unsupported.

*“From a tribal perspective. When I was looking to seek mental health outside of what services were available within our reservation, the overwhelming navigation, and understanding the outside system was pretty taxing, and there wasn’t any guide. And so often, it left us feeling more isolated, more pressure, to try to get help.”*

*“The idea that someone might age out of a program or, you know, providers switching or changing jobs without a warm handoff?”*



*“Another aspect of that relationship is that sometimes changes need to happen. And, you know, if it’s even an unavoidable change, that we could still handle it better by good communication better than catching somebody off guard?”*

## RAPID ENGAGEMENT

### Enhance Engagement

**Completing intake in up to six visits over as much as a six-month timeframe improves current procedures and may substantially reduce barriers to care.** Allowing systems to spread out the initial paperwork was a welcome change to consumers, so long as they do not lose progress with paperwork and established relationships (e.g., "What if your therapist or whoever is leaving in six months, then you're stuck telling your same story?"). Otherwise, consumers felt that this approach offered space for prioritizing client-provider relationships and addressing the immediate burdens that clients are experiencing, thereby making the service initiation process less stressful and more engaging.

*"I think it's a good idea. Because many years ago when I was a client, when I wanted to come clean, the last thing I wanted to do was fill out paperwork."*

*"I think it's easier for you to get the help and then do those assessments slowly"*

*"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 was in my active addiction, I couldn't concentrate enough to fill out any paperwork. Getting to go from the front office, to see*

*someone right away...might have changed my outcome. All those times I tried and failed. A lot...of active addiction people...they can't concentrate, let alone they don't want to sit there and write on a piece of paper for hours at a time just to get seen."*

*"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."*

### Increase Flexibility

**Flexible paperwork procedures and appointment scheduling is highly appealing to consumers.**

Consumers agreed that allowing up to six visits, within a time span of 6 months, for completing the service entry process would help improve access by allowing providers to pick up where they've left off, if a client starts and stops with engagement. They prefer service engagement to be more flexible and to allow clients and guardians to engage when they can, which will keep people from getting discouraged or frustrated by having to start the whole intake process over again.

*"We want more flexibility and I think rapid engagement is offering that flexibility that the programs need to really do treatment for the people versus just paperwork or certain roles."*

*"It kind of reminds me when we're kids, and we have homework, and we take our homework in, and the teacher gives us a little star... you're going to fill out a document every time you come in... just one form at a time. And it would be kind of like receiving a start and then once you realize you have all your documents on file, and you*

*would be just advancing more until you're done and that way you can get more engagement and responsibility from patients."*

*"I think it's a good idea. Because once you start engaging and during that time, then you start creating awareness for yourself and you start wanting to engage and then you're being responsible of like, oh, yeah, that's right. I have to fill out paperwork."*

## RAPID ENGAGEMENT

### Provide Teams with Education on Peer Services

**Peers can help improve consumer engagement, but more training for behavioral health teams is needed to enhance their role in facilitating services.** Peer support staff fill a unique position, using insights from their lived experiences to engage and guide clients. Because they are outside of the system's formal "hierarchy," they are more relatable, enhancing motivation in seeking services. However, peers may feel that their fellow behavioral health professionals do not clearly understand and respect the contributions and expertise that peers offer.

*“The perspective of a consumer is far different than anyone else’s position. And so [peers] have the ability to make a connection that others might not be able to make, just because of... the hierarchy... I definitely saw therapists and case managers... as authority figures, and so when you take that out of the equation, you’re able to make a connection, that’s far different.”*



*“When those authority figures do not value what [peer support is] doing, it feels a lot different than how it would feel for someone who was also a therapist...And so I think that that education is so important, and I feel like there’s...trainings on it, but people don’t go and it’s just, there’s just a real lack of education, pertaining to peers...”*

*“Whenever the issue of education comes up around peers, there’s such a huge focus on educating the peers, right? We need to educate everybody else on here, because actually, that’s going to help out, probably even more than education that [the peers] get. They get great education, and then they come back and they’re like, Okay, ready to go. And then [the peers] kind of get pushed into these other areas that don’t even have to do with their role, and it gets really uncomfortable.”*

### Improve Stakeholder Experience

**Client and staff satisfaction should be measured to provide complementary insights into how Rapid Engagement works.** Consumers indicated that tracking client satisfaction would be linked to them feeling "on-board" with the new process, and that ongoing consumer co-design would be useful, in addition to a satisfaction survey. Regarding staff satisfaction, consumers felt that staff satisfaction influences the quality of their work, how they interact with clients, how well they complete their duties and could be tied to turn-over among staff.

*“It’s important, you know, burnout is a real thing...and not having, you know, more professionals in the field means that more people are going to go to the services than we have available. And also, you know, seeing things from the clients point of view, you know, I think it’s important too... that’s how we learn. That’s how we grow.”*

*“We’ve lost a lot of people... staff morale is very important.”*

*“If each facility has a consumer group, that can review on a monthly basis, how everything’s going with the staff. And then because they, I mean, we’re all connected out here, as consumers, we talk to other people, and even if they’re not a part of that group, somebody from that group can bring that concern or, you know, appreciation or whatever, to the group, and that can be assessed on a monthly basis.”*



# Thank You

With many thanks to the consumers, peers, and leaders with lived experience who shared their insights, we want to call out the following organizations for their partnership:

- **Willamette Health Council** – Marion and Polk Counties
- **Central Oregon Health Council** – Deschutes, Jefferson, and Crook Counties
- **Eastern Oregon Coordinated Care Organization** – Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler Counties
- **Deschutes County Behavioral Health** – Deschutes County
- **Center for Human Development** – Union County
- **Puentes** (culturally-specific program at Central City Concern providing mental health and substance use disorder services to the Latinx community) – Portland Metro Area
- **Flip the Script** (culturally-specific program at Central City Concern, which supports formerly incarcerated African Americans as they exit Oregon prisons) – Portland Metro Area