CCO Name: AllCare CCO

Contact Email: lana.mcgregor@allcarehealth.com

Number of providers who currently serve birth to five: 24

Capacity Numerator: 337

Capacity Denominator: 1677

Capacity Average: 20%

Organizations: Options for Southern Oregon (10 Providers), Adapt (1 Provider), Kairos (3 Providers), Jackson Co Mental Health (4 Providers), Family Nurturing Center (3 Providers), Costa Clinical Psychology (1 Provider), Coast Community Health (1 Provider)

Clinic Locations: Grants Pass, Cave Junction, Medford, Brookings, Gold Beach, Port Orford

Counties Served: Josephine, Douglas, Jackson, Curry

Race/Ethnicities: White, Non-Hispanic (9 Providers), Hispanic (1 Provider), Hispanic and Latina/a/x - South American (1 Provider), Hispanic and Latina/a/x – Mexican (1 Provider), Multiracial, Don't know/Unknown (6 Providers), White – Other (5 Providers)

Languages: English (24 Providers), Spanish (2 Providers)

Therapy Modalities: PCIT (11 Providers), EMDR (7 Providers), Trauma Focused CBT (5 Providers), Child Parent Psychotherapy (10 Providers), Collaborative Problem Solving (3 Providers) Attachment and Biobehavioral Catch-up (2 Providers)

Optional Response: Key Considerations and Reflections From the Asset Mapping Process

Instructions

Use the Social-Emotional Reach Metric findings and the specific findings around children birth to five to consider how many children would potentially benefit from these services, and are not getting them, compared with the number of available new referrals.

Each "row" of the map reflects an area for where there may be a gap in access as compared to the need. Please address the following in your response:

- For each characteristic (geography, provider availability for new referrals, provider race or ethnicity, languages spoken by the provider, modalities offered) consider where there are opportunities for discussion and reflection in Attestation Component #3 when engaging community based providers.
- Consider community based organizations and advocacy groups that represent children and families in your community and consider community-based educational opportunities for enhanced understanding of what services do exist and how they can address the factors in the data. Engage these communities potentially impacted by gaps and consider how they can be engaged on solutions.

Please use the space below for your reflections.

1. Geography - larger clinics/concentration of providers are in the most populated areas/cities and it may be difficult for more rural families to access. Participant discussions in the community engagement sessions did not highlight rural/remote issues and reported they were able to get to appts when needed. Parents reported using NEMT and being able to access appointments.
Additionally, there are a handful of independent licensed MH professionals or those working on licensure that see OHP/CCO members and provide additional capacity, even some outside of the city hubs for easier geographic access. Those providers were not included in the asset map as they did not respond to the BH Asset Map survey and outreach attempts. There were no claims from these independent providers for AllCare members age 0-5 within the asset map time frame, otherwise those providers would have been included. We are unsure what that capacity is or may be in the future. Currently it looks to be very small but could potentially grow with OHP payment increases to BH providers. AllCare will continue to explore and follow-up on this even though it did not make it on our Action Plan.
2. Capacity – AllCare presented our capacity along with the other CCOs in our region in our community engagement sessions. Participants did not express any specific concerns over capacity other than "we need more of everything". It was unclear what ours/anyone's capacity benchmark is. Especially since we were only looking at OHP/CCO capacity alone, without knowing the whole picture of SEH services in our community through early learning/early education services. Participants shared that they really aren't sure what does/doesn't happen in primary care/pediatric offices. AllCare agreed that assessing the different types of SEH screenings, assessments and interventions happening in primary care/peds, if any would have been a potential better first step in the asset mapping process that would have better informed capacity and action items in regard to BH Provider capacity.
3. Provider race/ethnicity and language – similar discussion happened in community engagement sessions and within internal discussions as happened with capacity. Community identified that we need more but are unsure about how many providers, especially how many culturally specific providers are needed? The other thing that community participants noted was that there were providers that didn't know their race/ethnicity or didn't want to share. Maybe providers don't feel comfortable sharing or maybe they don't see the importance?
4. Therapy Modalities – AllCare chose to include "other modalities" that informed our community of the more general therapeutic modalities like psychotherapy, CBT, play therapy, etc. We also highlighted IIBHT and Wraparound as those have been successful BH interventions in our region. We presented these other modalities because it was confusing to only share the evidence-based modalities that the asset map process included, when that only represents a small percentage of the treatment that is provided in our region. Not everyone wants or is appropriate for PCIT or EMDR, we did not want the message to our community to be that they have to have one of these few therapeutic interventions or they don't get any therapeutic help at all, especially since our region can't support all of the modalities at once. The evidence-based models can be very expensive, time consuming and take up a lot of staff resources. It will continue to be even more challenging to launch new EBPs during the pandemic/post-pandemic and unprecedented BH staff shortages.