

# Transforming Behavioral Health Care in Oregon

CareOregon's SHIFT Initiative



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

October 2025

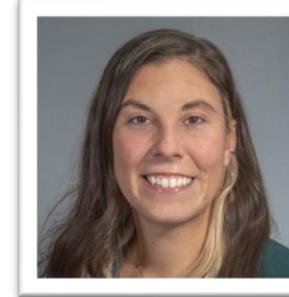
# Presenters



**Brad Raburn**  
(he/him)  
CareOregon



**April Sweeney**  
(she/her)  
Cascadia Health



**Daina Tague**  
(she/her)  
New Narrative



**Bonnie Holdahl**  
(she/her)  
CareOregon



**Julie Grantz**  
(she/her)  
Clackamas County



**Kathy B. Sevos**  
(she/her)  
Volunteers of  
America, Oregon

# Agenda:

- SHIFT Journey To Date
- SHIFT Panelist Discussion
- Q&A Time





CareOregon®

# SHIFT

Strategic Healthcare Investment  
For Transformation

CareOregon's **Strategic Healthcare Investment for Transformation (SHIFT)** initiative will build care models that reduce health inequities, assure timely access to care, and prepare providers for advanced value-based payment models so that clients are truly at the center of care delivery and care teams can thrive.

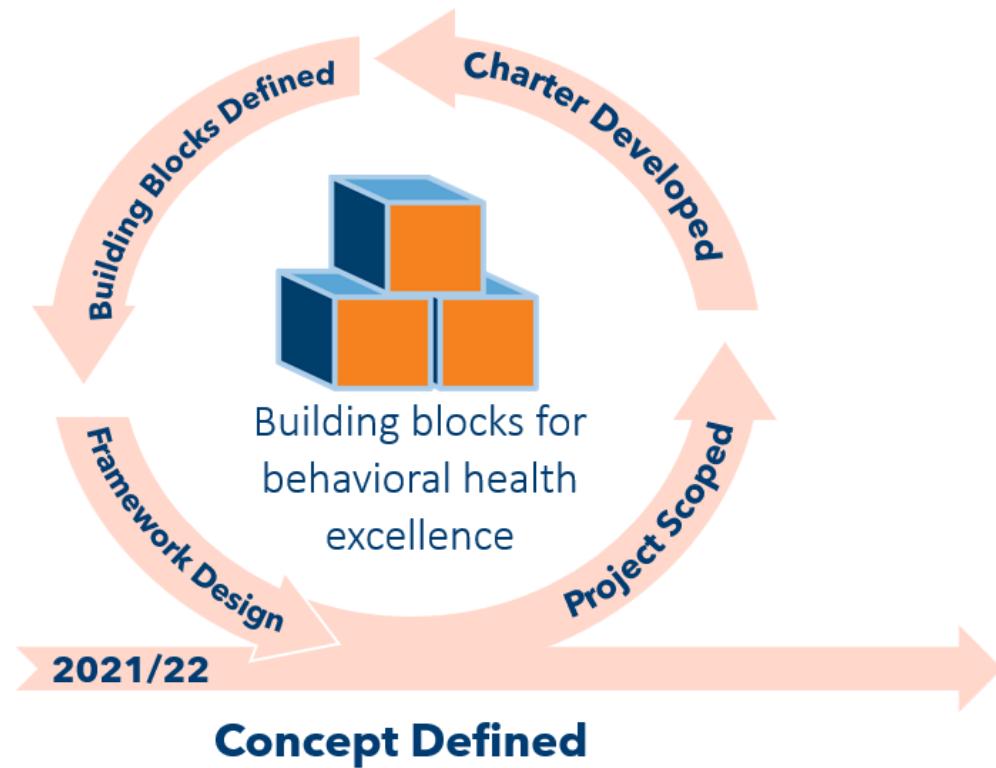
# SHIFT is:

A CareOregon initiative designed to transform outpatient behavioral health care so that individuals with behavioral health needs are truly at the center of care—and care teams are empowered to thrive.

Through a collaborative process with providers, SHIFT supports the development of member-driven, outcomes-focused, team-based care models that: Reduce health disparities, ensure timely access to care, & prepare providers for advanced value-based payment models.



# SHIFT Journey

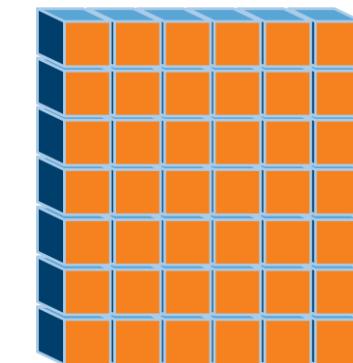
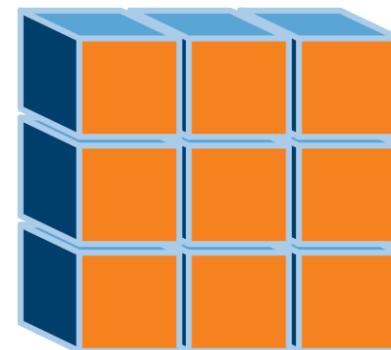


**Concept Defined**

2021/22

Engage 6-8 network behavioral health agencies in the program

Define building blocks for behavioral health excellence



Learn, Refine, Share, & Spread Knowledge  
(Targeted Future State)

Clients have a right to self-determination



Recovery is possible and personal



Staff wellbeing is prioritized



Client voice drives transformation



Whole-person care is better care



## Guiding principles

What SHIFT believes and uses to guide actions.

Trauma and disparities are reduced; health inequities are eliminated



Financial stewardship ensures sustainability



## Feedback informed treatment

FIT ensures client-centered transformation through a culture of feedback

Integrated team-based care



Client-focused timely access



Whole-person care services array



Population-focused care



## Building blocks

How SHIFT aims to transform behavioral health services.

Training and development



Leadership

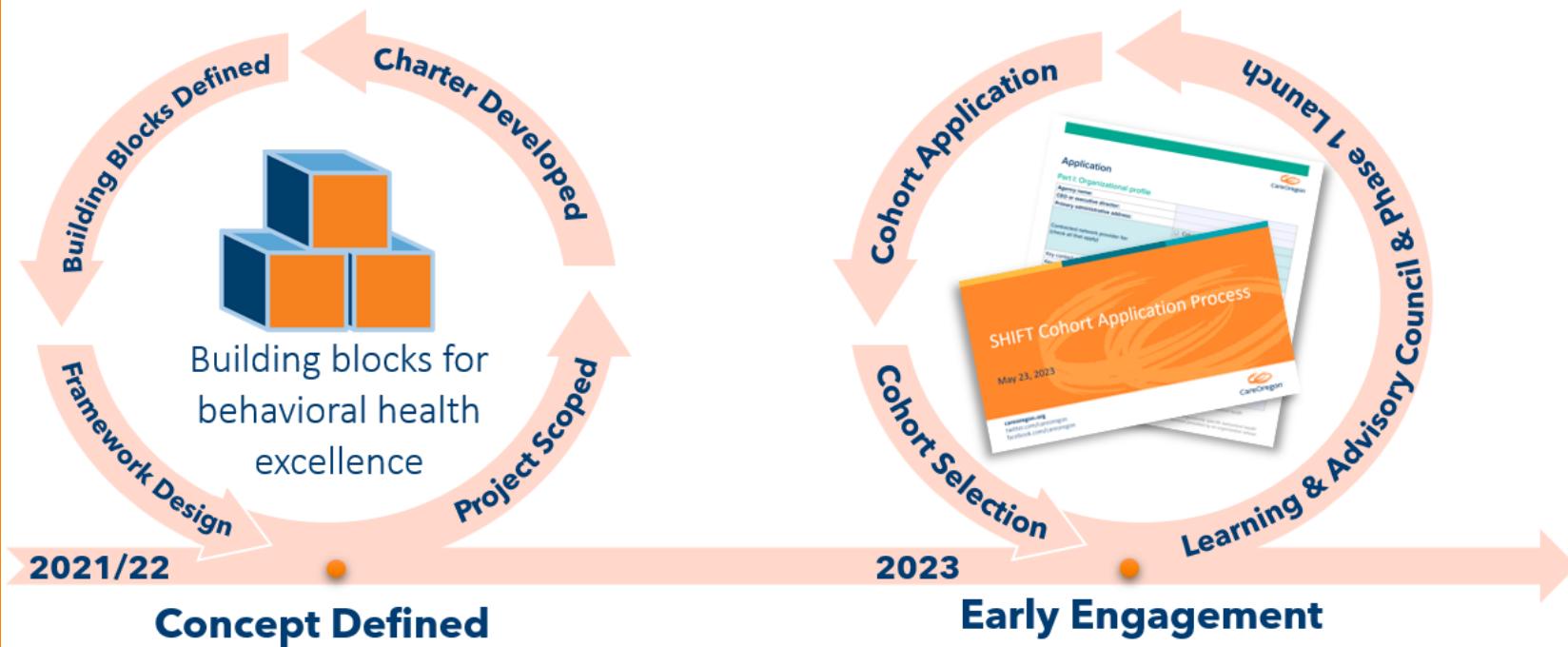


Change management infrastructure for transformation



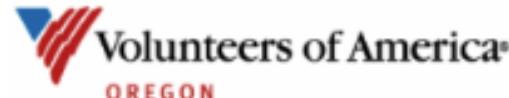
Business intelligence and applied use of data

# SHIFT Journey



# First SHIFT Cohort Selected & Accepted

## PORTLAND METRO REGION



## JACKSON CARE CONNECT REGION



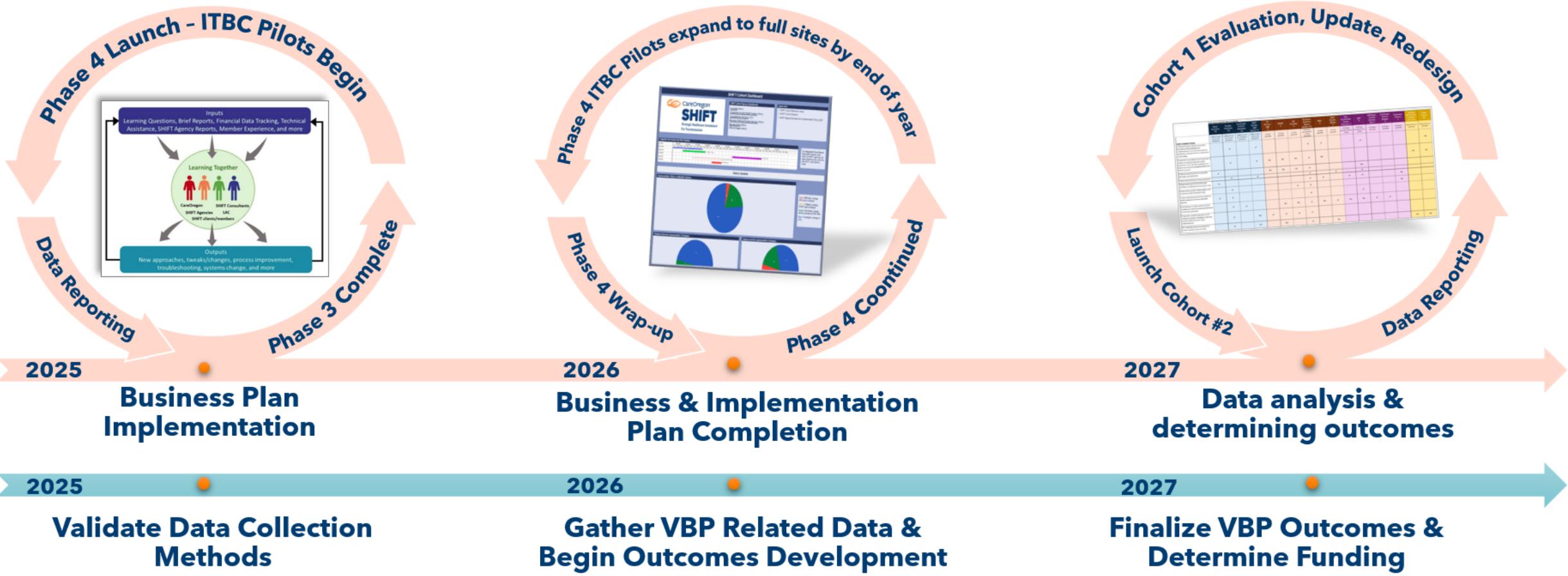
### Selection Criteria Included (but was not limited to):

- Cross-regional/network representation, inclusion of one or more culturally specific agencies, and member reach across our networks
- Participation in the Feedback Informed Treatment (FIT) incentive program (did not apply to SUD agencies or agencies in CPCCO)
- Alignment with existing strategic priorities around client-centered care, team-based care, whole health care, and equity, diversity and inclusion

# SHIFT Journey



# SHIFT Journey



# First SHIFT Cohort Goals

1. Equity-based planning incorporated throughout the building blocks implementation to ensure **improved care, experience, and outcomes for underserved communities**
2. Agencies are **providing team-based care** in at least one program site, and, where applicable, have a plan for spreading team-based care across all outpatient behavioral health programs
3. Clients served by teams are **reporting favorable care experiences**
4. Improved **satisfaction among care teams**
5. Improved **access for all community members** including those returning to care
6. Improved capacity for **data analysis and population health-based planning**
7. Improved **pathways between behavioral health, primary care and social health agencies**
8. CareOregon and agency bidirectional confidence in the **financial sustainability of models being deployed**
9. Agencies complete **exploration and installation phases of feedback informed treatment (FIT)** and are in initial implementation
10. **Leadership teams** are prepared to sustain transformation activities

# Early Outcomes: ColumbiaCare Services

## Team-based Care Pilot

- Launching 3 Care Teams in 2 phases
  - Phase 1: 9/1/25
  - Phase 2: 3/1/26
- About 1,000 clients to be served (total for both phases) of Adult SPMI population
- Team Composition:
  - Care Team Coordinator
  - Behavioral Health Assistant (OPSS)
  - Case Manager
  - Behavioral Health Specialist
  - Employment Specialist
  - Psychiatric Provider (LMP)  
Medical Assistant
  - Peer Support Specialist
  - (Also have a 4<sup>th</sup> ICM Care Team with Therapist, Case Manager, Peer)

## Key Activities

- Mapping out **Care Pathways**
- Role Clarity meetings with representatives of each position
- Developing **Team Constellations** and other coordination structures
- Modifying our attendance policy & procedure to align with model
- Client surveys and feedback solicitation – listening sessions
- Continued work to expand **FIT implementation**
- Collaboration with **Whole Health Workgroup** to incorporate tool into OP processes

## Learnings & Impact

- This work is complex and requires significant planning and logistical supports
- Collaboration and learning from other SHIFT cohort agencies has been crucial (e.g. client attendance policy)
- Impact of SHIFT:
  - **Centering staff and client voices** in this process via surveys and workgroups
  - **Significant changes to leadership**
  - **EHR updates**
  - Learning around **ITBC** and enhancing collaboration

# Early Outcomes: Morrison Child & Family

## Team-based Care Pilot

- Launched 2 Care Teams 7/1/2025 (one Spanish)
- About 350 clients to be served of youth (0-18) & family population
- **Core Team Composition:**
  - 4-5 Mental Health Therapists, 1 Community-Based Mental Health Therapist,
  - 1 Case Manager & 1 Skills Trainer
  - 1 Administrative Specialist
- Support Teams: Access, Medical, & Leadership

## Key Activities

- Launched key workgroups including Leadership, ITBC, & Feedback
- Hired QMHA Staff- case managers & skills trainers
- Hired Support Roles- Clinical Trainer & QMHA Supervisor
- Redesigned Intake Process- Updated intake paperwork & workflow to include CM support
- Provided ITBC Training-Day long ITBC training to Core Teams provided by new Clinical Trainer role
- Partnered w/ Mission Driven Data- Worked w/ MDD to develop Power BI reports using EHR data

## Learnings & Impact

- Underestimated leadership/support role time and capacity needed
- Learned importance of change management infrastructure
- Partnering with MDD and hiring a QMHA Supervisor & Clinical Trainer has been extremely helpful
- Sustainability continues to be our biggest concern
- Impact of SHIFT:
  - Developed Clinical Dashboards & Reports
  - Developed & redesigned care pathways and administrative workflows
  - Designed huddle agendas with dashboards & team roles
  - Retrained all staff in FIT and working to integrate OpenFIT with EHR for ease & reporting needs

# Panel Discussion

## Presenters:

- Cascadia Health – Dr. April Sweeney
- Clackamas County – Julie Grantz
- New Narrative – Daina Tague
- Volunteers of America – Kathy B. Sevos



# Q&A



# Thank you!

Copyright © 2024 CareOregon, Inc. Do not copy, replicate, or distribute,  
in whole or in part, without written permission from CareOregon, Inc.

