

BLUE MOUNTAIN HEALTH COOPERATIVE

Blue Mountain Health Cooperative (BMHC) is working to solve three main problems with the development of our clinic.

We are a workforce development site.

Behavioral health clinical practicum sites for both bachelor and master's level behavioral health students have always been in short supply in our community. This issue was magnified by the COVID-19 pandemic, causing clinical placements to drop by 20%. Practicum is a vital experience in producing well prepared professionals for the workforce. Clinical practicum is a requirement for students to be able to graduate. BMHC saw this need within our community and has devoted itself to developing a rigorous training and clinical program to compliment the student's academic studies. In our mission statement, one of our objective's points directly to this sentiment; "Developing tomorrow's providers today through training, coaching, and mentoring".

Our assessment of need: We need to be able to pay the interns a stipend for holidays and breaks to ensure continuity of service, which currently we do not have the budget for. (needing \$33,000- none of which is billable)

We provide direct behavioral healthcare.

BMHC's walk in clinic is the only one of its kind in our area and is piloted after behavioral health clinics serving in areas like Everett, Hillsboro, Houston, and Billings. Currently we have trained two clinical interns to provide walk in services to those in our community free of charge. In our area there has historically been a lack of access to mental health care, especially for those who are uninsured or underinsured. Waitlists for access to care can range from weeks to months in Walla Walla, and for special populations like teens, monolingual speaking clients, etc, the wait can be even longer. Providence St Mary's Emergency Department reports around 16 clients per day entering their ER with a primary diagnosis of a mental health concern. Our program is designed to be an alternative option for those who are needing urgent/same day interventions but who do not require the services of the ER. We hope that having this additional layer of care in our community will help ease the burden on the ER and will provide a more appropriate line of treatment for those who are in need of behavioral health intervention.

Our assessment of need: We hope to be able to hire licensed clinician(s) and a psychiatric medication prescriber. We see these hires as the next steps in becoming fiscally sustainable (able to bill our Medicaid contracts for services rendered). We also see the need for being able to have a medication manager on site as a necessity in providing sound behavioral healthcare. (needing \$67,000 per clinician and \$100,000 for a part-time psych ARNP- cost would be offset, as it is a billable service)

We provide education, support and referral resources to providers and to clients.

Our Behavioral Health Navigators (BHNs) are an integral part of our programming that provides a bridge to BMHC and the other community providers. We believe strongly in forming effective working relationships in order to build toward the development of an integrative and collaborative

care model here in Walla Walla. Our BHN's assess client need, provide client support, provide client education, and are a general hub for client's coming into our clinic. They also serve as the community provider supports; assessing provider needs, enhancing communication between agencies/entities, and providing general networking support to providers.

Our assessment of need: Financial assistance with operations, as the platforms and administrative costs associated with supporting this program are 21% (\$100,802- none of which is billable) of our total budget and is a critical need in our program currently to ensure delivery of service.

Our target population is anyone in need of behavioral health intervention. Specifically, we would like to be able to reach the underserved. BMHC will not deny services to individuals based on race, color, religion, sex (pregnancy, sexual orientation, or gender identity), national origin, age, disability, and genetic information (including family medical history). Our service model includes unique plans to serve the following populations: Black, Indigenous, People of Color (BIPOC) including low-income individuals, Immigrants, First Nations/Native Americans, Latinx/Hispanic, persons with disabilities, LGBTQ+, veterans, students, seniors, parents, families, teens, young adults, adults and individuals with low-reimbursement insurance. All BMHC staff will train in cultural humility, diversity, privilege, and oppression to ensure clients do not experience any form of discrimination and racism. BMHC also will provide translation services for mono-lingual or bilingual clients

Providence Population Health, Walla Walla Community College, Walla Walla University, Anchor Point Counseling PLLC, and ArtWalla have partnered with BMHC to establish the first phase of our behavioral health programming. We are working hard to continue to form more formal and informal partnerships as we develop our ongoing vision.

BMHC has already established a dynamic, solutions- focused, creative implementation of our program in alignment with a high standard to our vision and mission. The three program developers, Melissa Adams, LSWAIC, Deisy Haid, LMHC, and Alayna Brinton, LICSW all have a firm foundation and knowledge in building sustainable, evidence-based programming that produces results. This program is visionary for our area, yet rooted in over a year of planning and research. Our team, from the board to the interns, have developed a high level of adaptability, willingness to learn and grow, and hearts ready to serve this community.

STRATEGIC GOALS

These are my goals as Executive Director, if we are able to get financial assistance in 2021:

1. Developing interns who meet their clinical competencies with passing or above passing grades for all quarters in 2021.
2. Increasing the available clinical practicum location for students at BMHC by 12 placements total in 2021.
3. Hiring a Licensed Social Worker to assist with clinical supervision and to help our program to become more financially sustainable through billing for service by 6/1/2021.
4. Hiring a Psych Med Manager to treat our patients and to help our program to become more financially sustainable through billing for service by 12/31/2021.
5. Finalize provider survey to assess their support needs, interpret results, and begin responding to their needs by 6/1/2021.

