



## Behavioral Health Network Adequacy Report Jackson Care Connect: Q3 2025

This report is intended to highlight key areas of member access for outpatient behavioral health services in Jackson Care Connect. It offers a snapshot of current conditions and may not reflect the individual experiences of specific providers, which may vary by provider type. This data will illuminate areas of member and provider need, trends reflective of network adequacy, and potential opportunities for network development and support.

Data is pulled from existing reports stemming from access initiatives and include metrics that show a general health of access. Data sets are presented in four categories:

1. **Provider network:** Focus of this data is to understand the volume of providers in the network.
  - a. Total outpatient providers.
  - b. Outpatient provider average time serving the network.
2. **Provider reach:** Focus on the number of members served by providers and frequency of service.
  - a. Average members served per provider.
  - b. Average services per provider.
3. **Member experience:** Focus on penetration rate of members with a breakdown by various demographics.
  - a. Penetration rate reflects the number of active members engaged with BH services.

There is also a section for outpatient behavioral health providers of interest (POI) that highlights trends at larger community partner practices.

This data was gathered primarily from claims, notifications of treatment, member demographics, and provider self-reported data fields. Charts with *grey dots* indicate averages or totals.

*Note: The data sources feeding this information have changed. As we work through data validation efforts internally, you may see a difference in the formatting from previous versions of this report*

### September 2023 Update:

Provider metrics are now split into three categories: COA providers, non-COA providers, and all providers. COA is defined as a rendering provider on a claim at a pay to provider with a COA on record with Care Oregon. Penetration rates now reflect only specialty behavioral health services, primary care is not included.

### January 2024 Update:

The graph titled “Average Years Serving the Network” has been updated to reflect the differences between COA and non-COA provider groups.

### Q3 (October) 2024 Update:

All graphs in provider network and provider reach sections have been updated to reflect the current access in COA, non-COA practices and all practices.

An additional section with providers of interest (POI) for the region has been created for the provider network and provider reach metrics. Please see appendix A for a list of the current POI for this region.

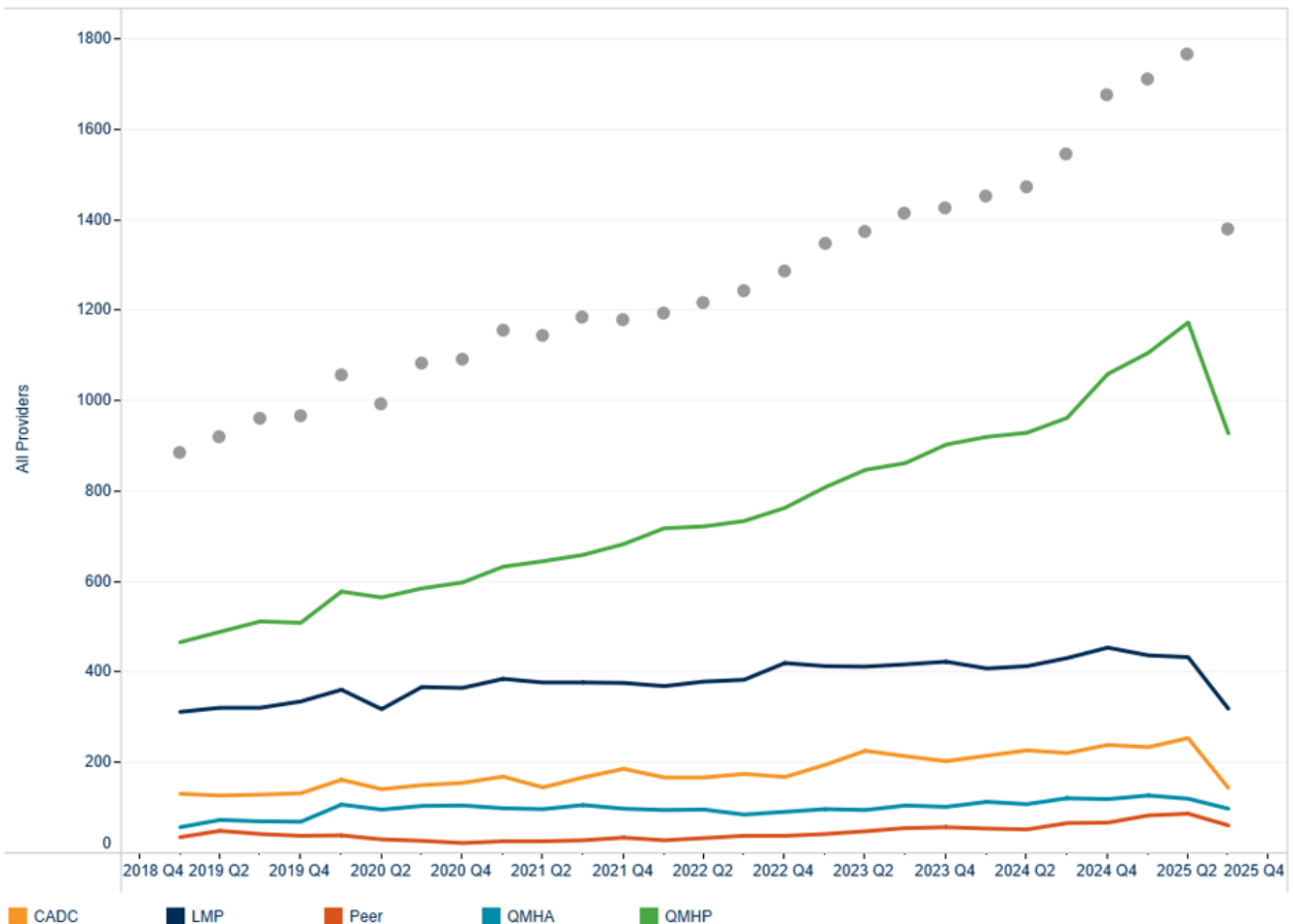
The provider retention graphic, “Outpatient Provider Average Years Serving Members,” has been updated to include provider type breakouts (e.g. QMHP, LMP, CADC, etc.) to remain cohesive with other metrics in the provider network and reach sections.

### November 2025 Update:

The data sources feeding this information have changed. As we work through data validation efforts internally, you may see a difference in the formatting from previous versions of this report

## Provider's serving Jackson Care Connect

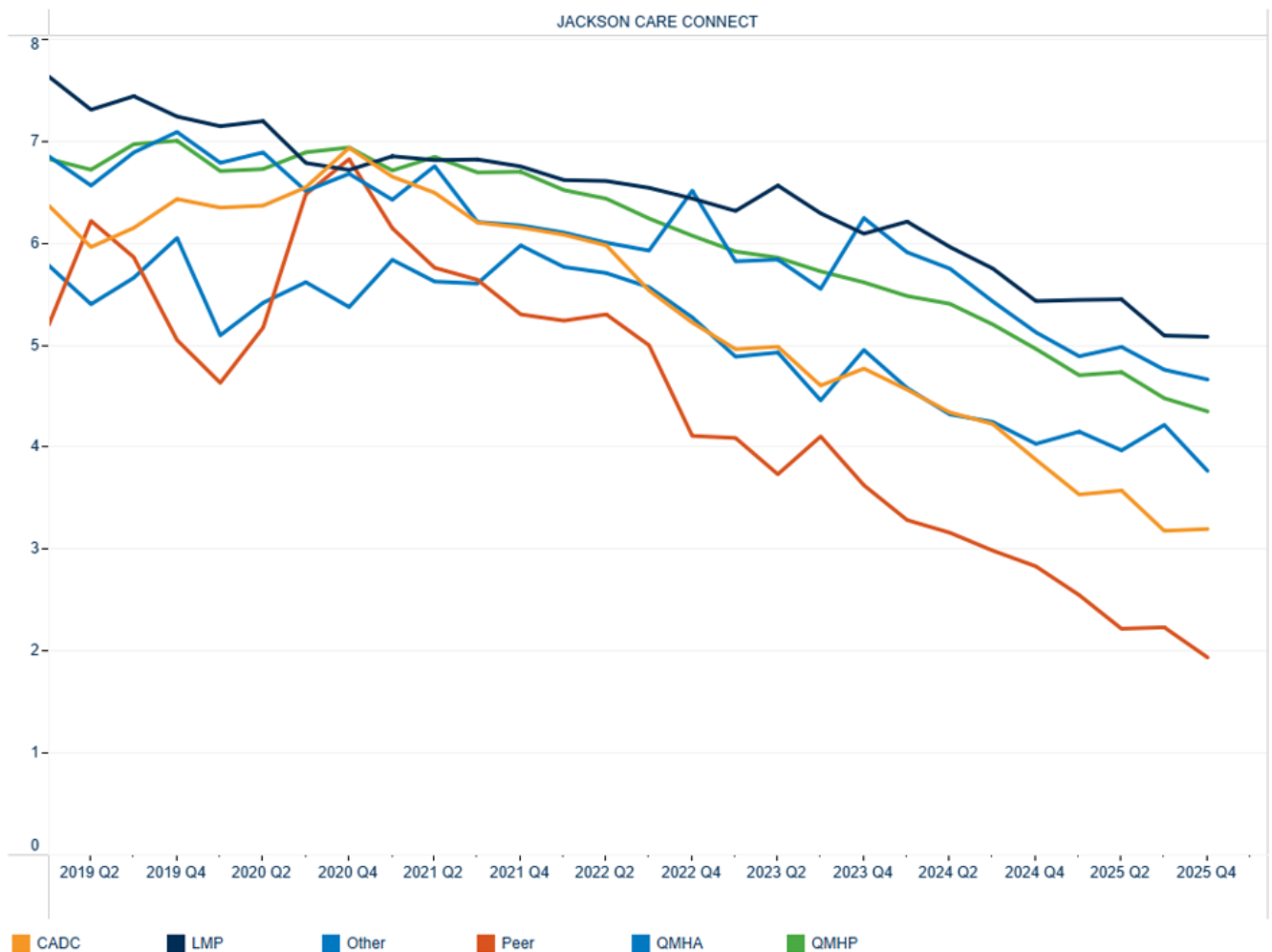
Total Providers Serving the Network - JACKSON CARE CONNECT



- Gray dotted line indicates total number of unique rendering providers, both contracted and non-contracted.
- QMHP includes board registered associates, LPCs, LMFTs, LCSWs, and those neither registered nor licensed.
- Includes only providers with paid BH claim(s) within the quarter.

The data indicates an acute decrease in QMHP, LMP, and CADC provider types, Peers showing a slight decline, and QMHAs remaining relatively stable. This may be indicative of recent changes to policies that prohibit access to non-contracted behavioral health providers.

Outpatient Provider Average Years Serving Members

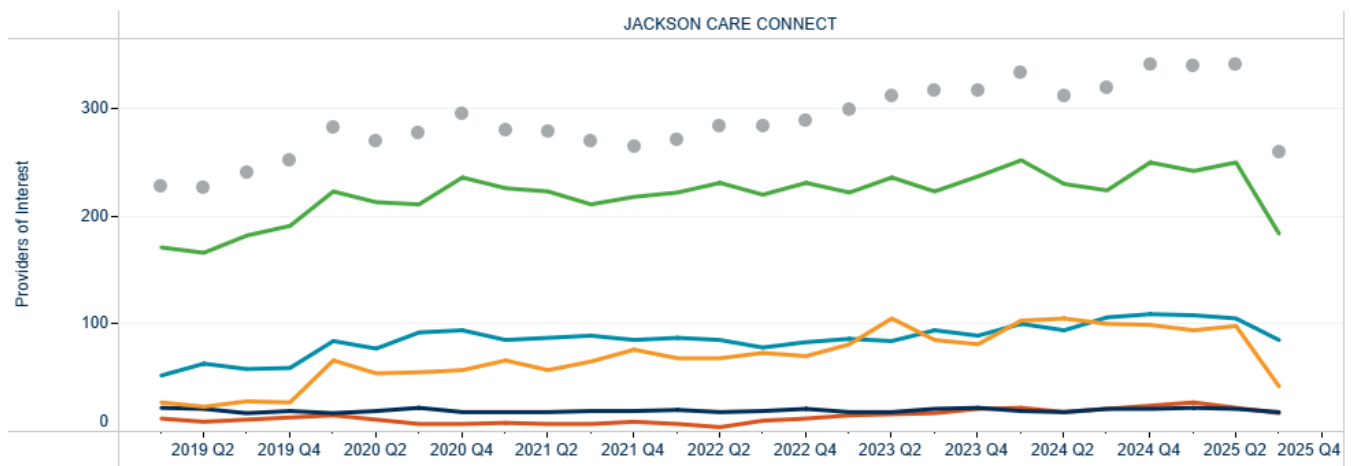


- Average time for individual providers serving CareOregon members. Range is individual providers' first claim to most recent claim.
- Provider identified by national provider identifier (NPI).
- Same provider criteria for total outpatient providers data set.

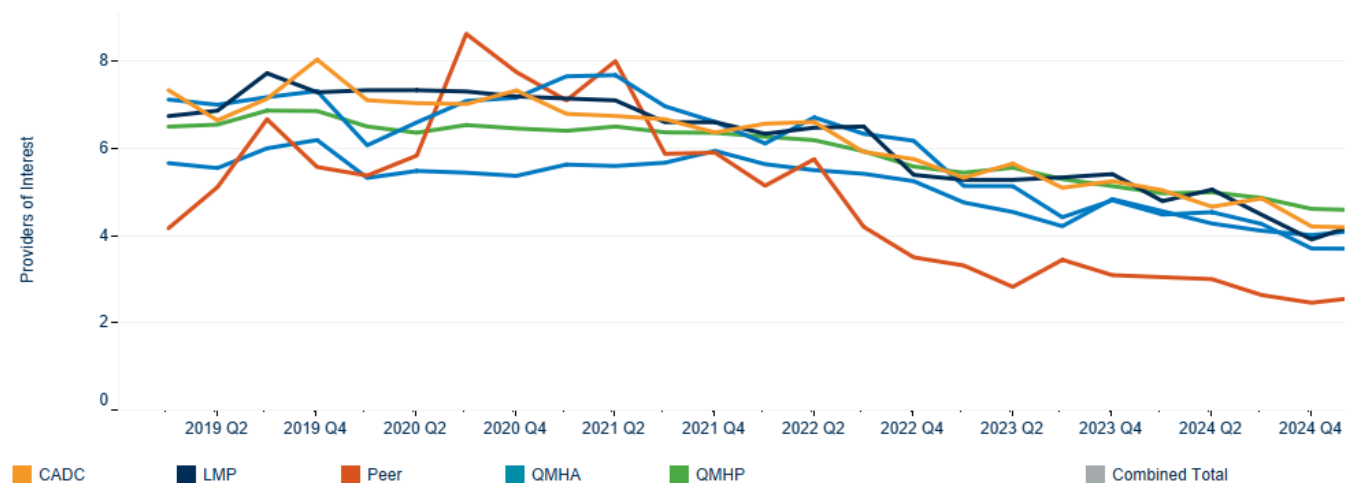
Since 2019, we've seen a steady decrease in the number of years, on average, that providers within our network have been serving Health Share CareOregon BH members. More research on this metric would aid in understanding the cause of the decline, it may be that expansion of telehealth brought an increase in new providers to regions. Anecdotally, systemic issues of burnout, cost of living, etc., may also be factors. Organizations with high instances of turnover could also lead to relying on new providers with less time in the field.

## Providers of Interest Serving Jackson Care Connect

Total Providers Serving Members



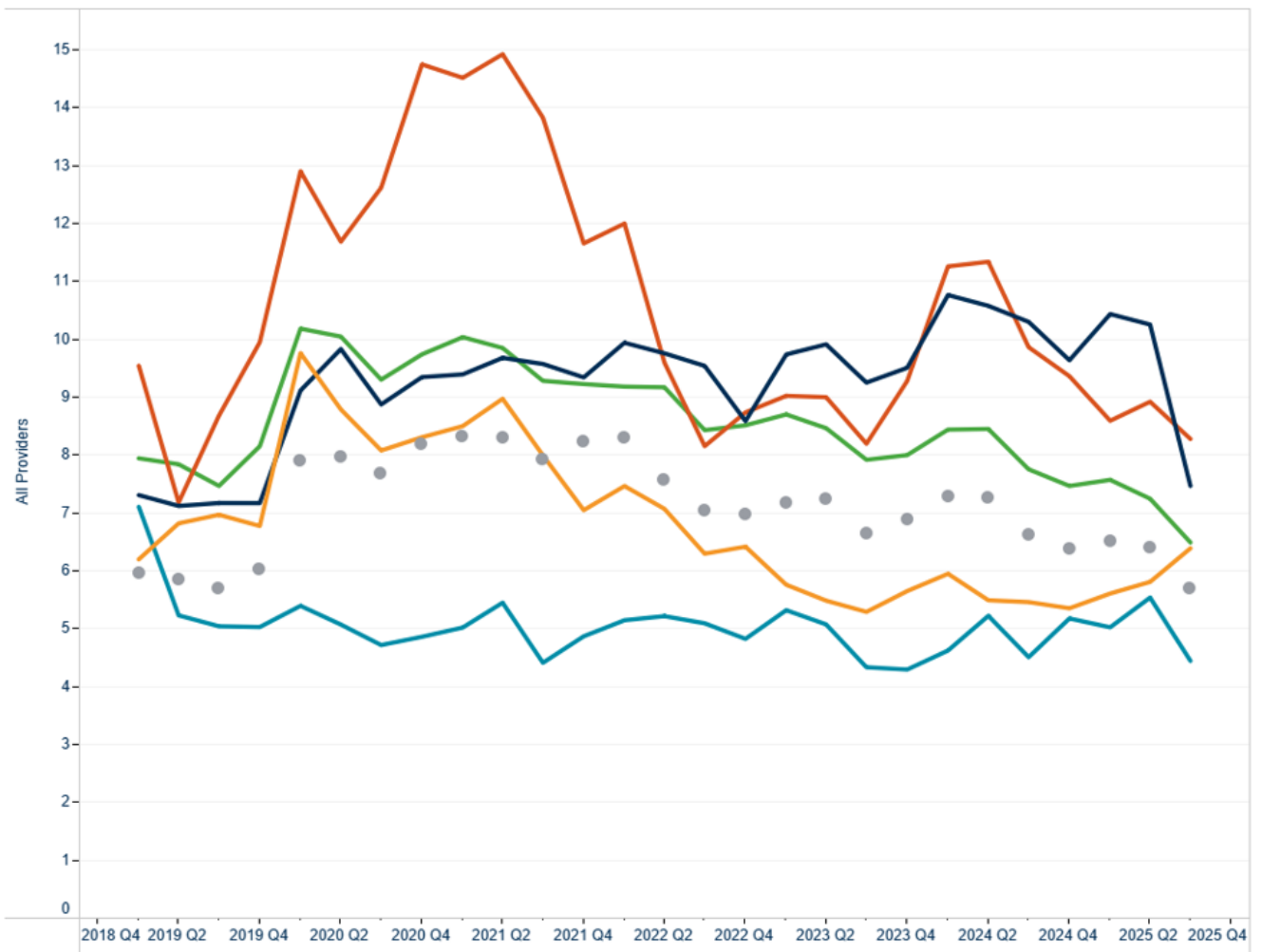
Outpatient Provider Average Years Serving Members



- Gray dotted line indicates total number of unique outpatient rendering providers, both contracted and non-contracted.
- QMHP includes board registered associates, LPCs, LMFTs, LCSWs, and those neither registered nor licensed.
- See appendix A for list of providers of interest
- Includes only providers with paid BH claim(s) within the quarter.

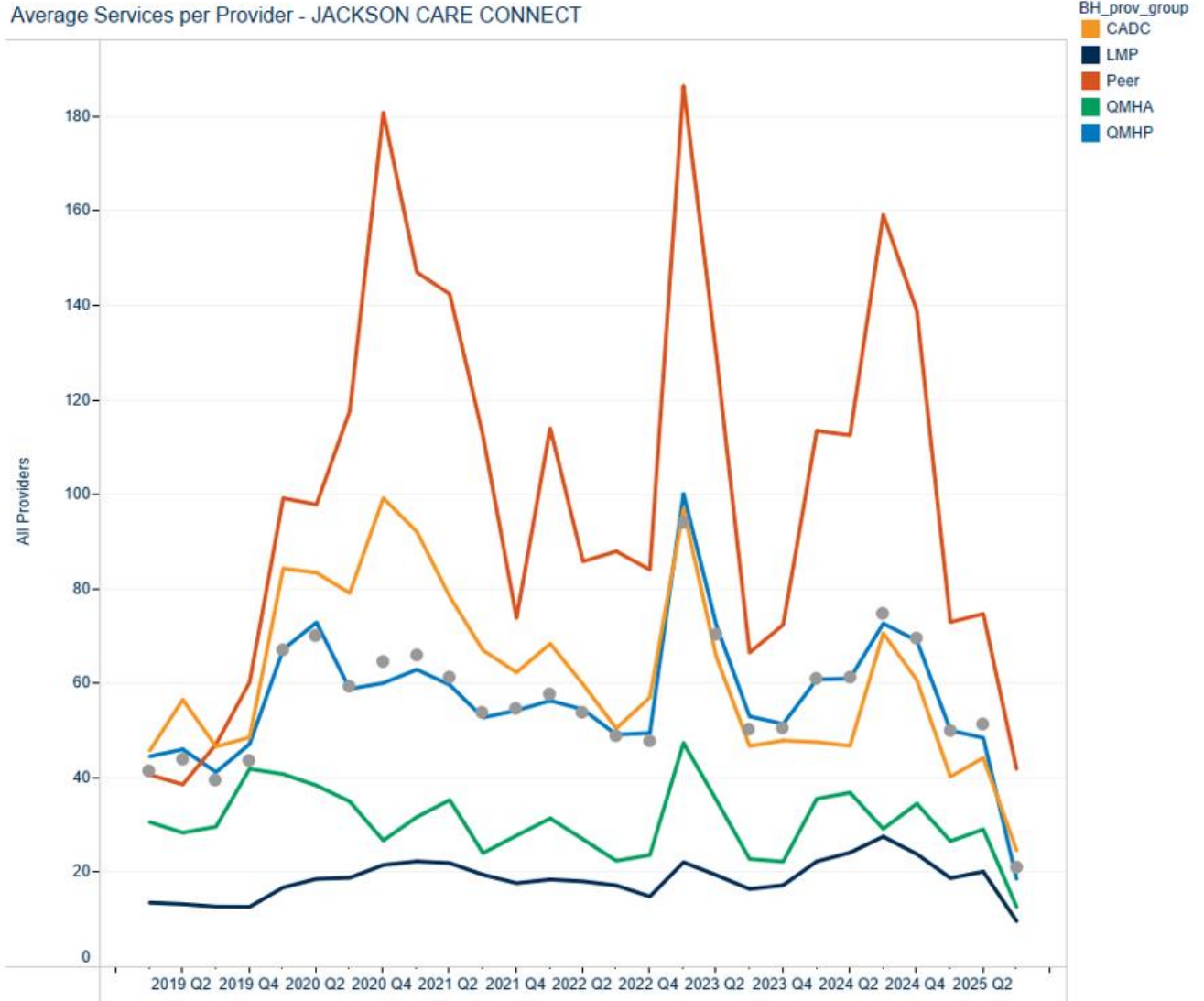
## Provider reach

Average Members Served per Provider - JACKSON CARE CONNECT



- Average unique members served by outpatient behavioral health, providers per quarter.
- Calculated by national provider identifier (NPI).
- Same provider criteria for total outpatient providers data set.

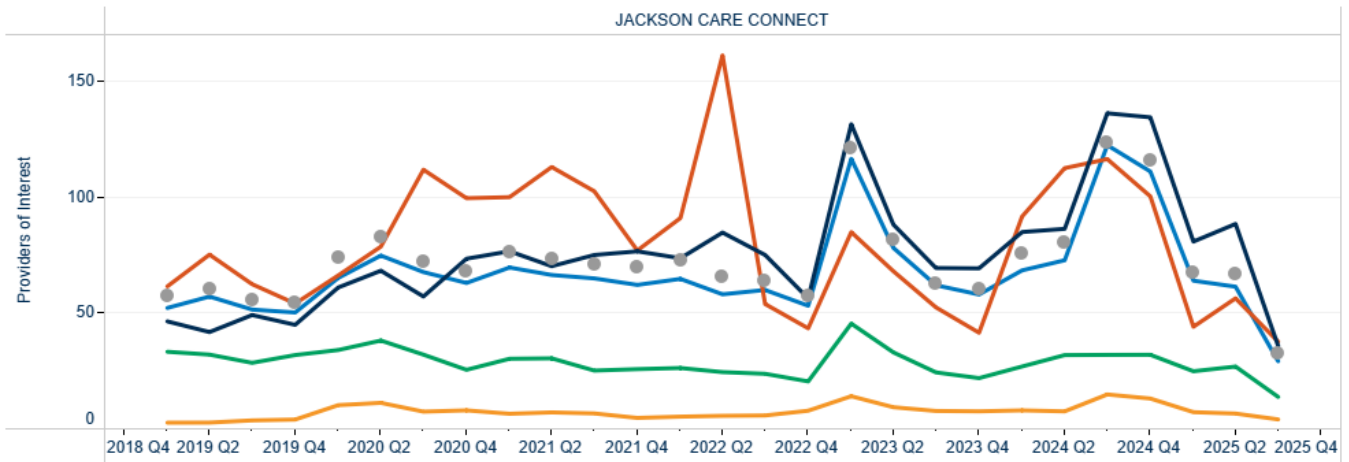
Average Services per Provider - JACKSON CARE CONNECT



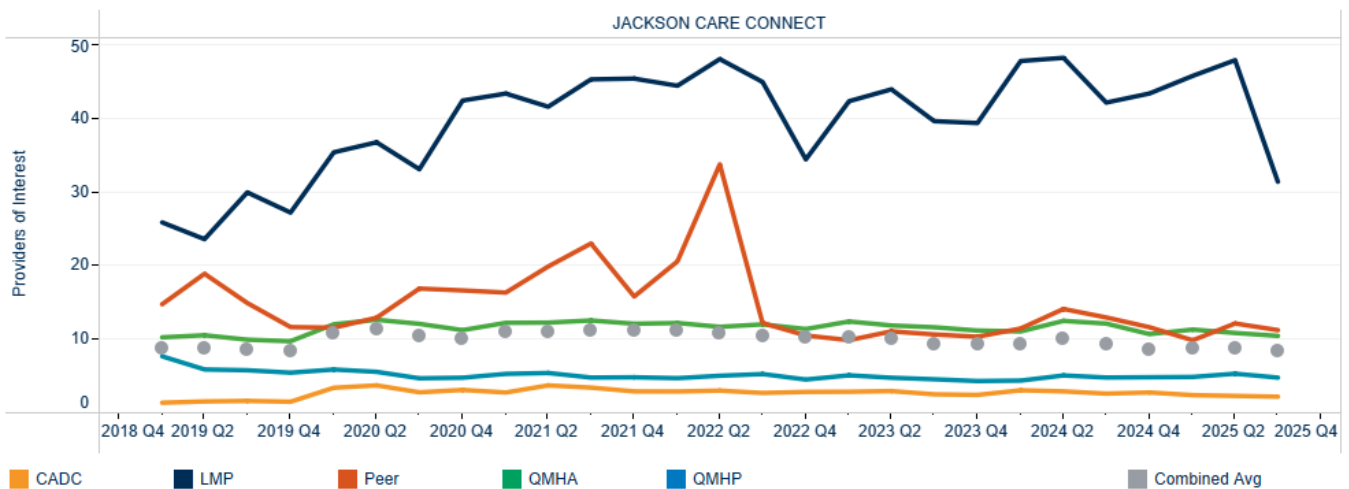
- Average services per provider per quarter.
- Service defined by a single claim line.
- The drop going into Q3 2025 is due to claims lag. Typically, a 3 month claim lag can be expected.

## Provider reach – Providers of interest

Average Services per Provider



Average Members Served per Provider



- See appendix A for list of providers of interest

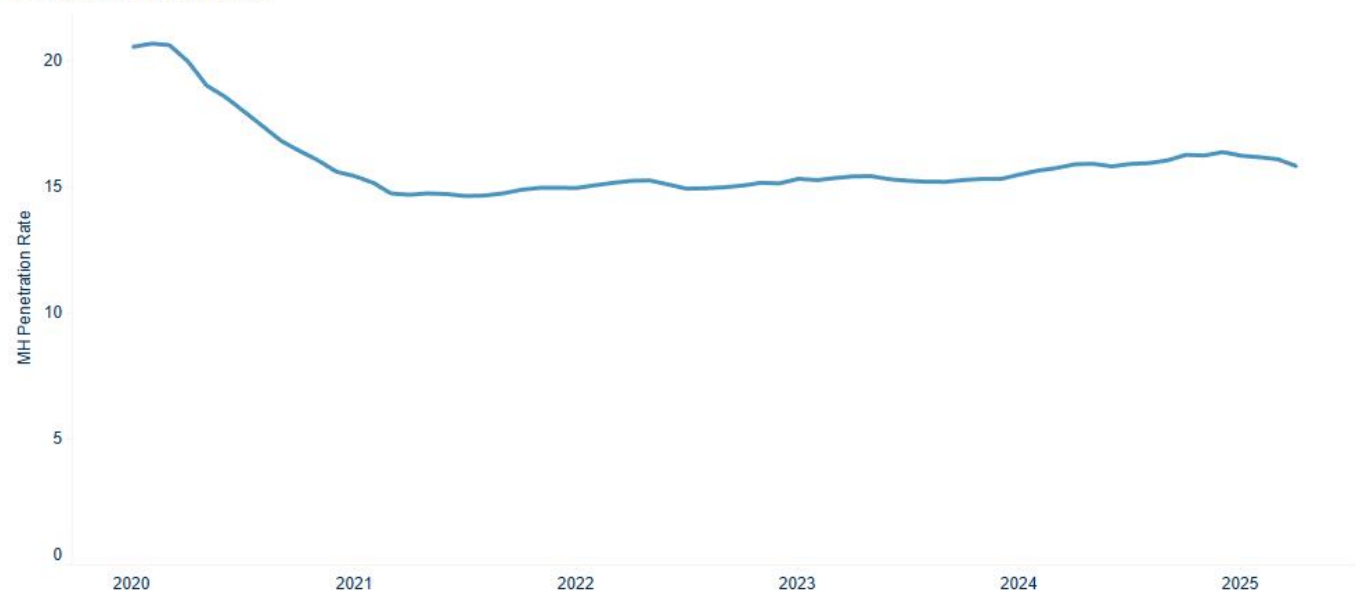


## Member Experience

- JCC members maintained utilization levels in mental health services but increased utilization of substance use treatment services. This trend is likely due to the robust services and supports JCC has invested in locally for SUD outreach and engagement through peer support and no-to-low barrier community centers.

## Penetration Rates

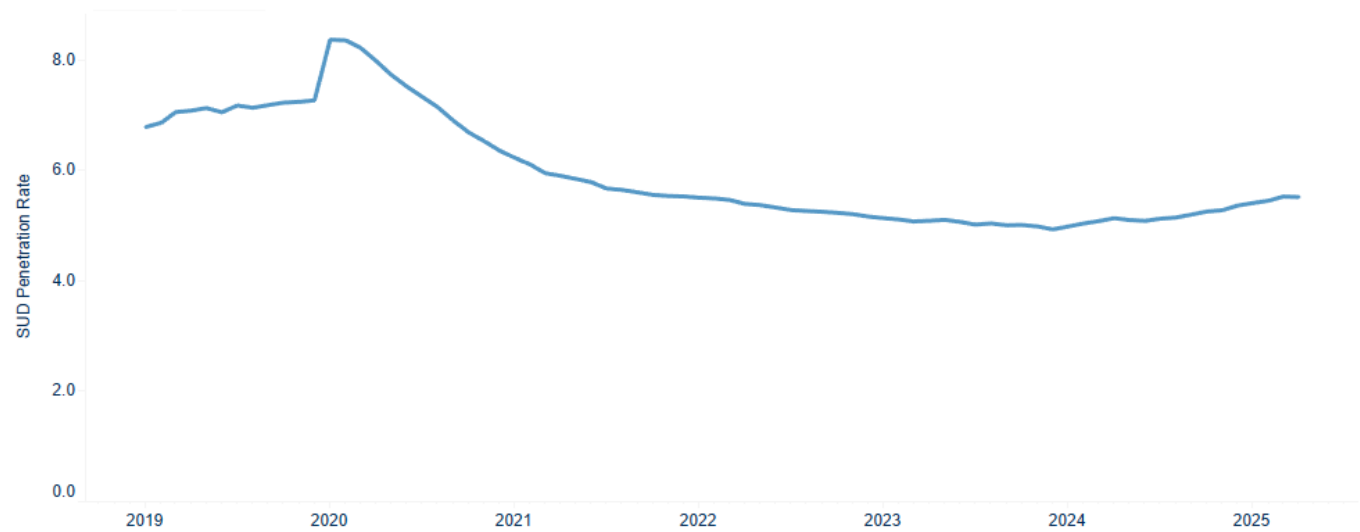
JCC MH Penetration Rate



	2020	2021	2022	2023	2024	2025		2020	2021	2022	2023	2024	2025
Child 0-5	5.0	5.1	6.8	6.1	6.1	2.5	Female	17.9	16.8	17.6	16.8	17.3	10.2
Child 6-18	18.1	17.2	18.2	18.0	19.0	11.6	Male	13.6	12.7	13.3	13.4	14.2	8.0
Adult 19+	23.1	22.2	21.5	20.5	22.4	12.6							

	2020	2021	2022	2023	2024	2025
American Indian or Alaska Native	19.9	18.0	19.6	19.0	19.5	11.2
Asian, Native Hawaiian, Pacific Islander	8.4	9.5	9.9	7.8	10.0	5.7
Black or African American	18.0	18.8	21.7	19.1	20.2	10.9
Hispanic or Latina/o/e/x	11.9	11.7	11.2	11.0	11.4	5.9
Not Provided	14.3	13.5	13.9	13.9	14.4	8.5
Other Race or Ethnicity	16.2	14.0	14.0	15.3	15.6	8.9
White	19.2	18.3	18.1	17.9	19.5	11.2

## JCC SUD Penetration Rate



	2020	2021	2022	2023	2024	2025
Child 0-5	1.5	1.6	1.8	1.5	0.1	0.1
Child 6-18	1.5	1.5	1.2	1.4	0.9	0.5
Adult 19+	11.6	9.8	8.9	8.3	9.3	5.9

	2020	2021	2022	2023	2024	2025
Female	4.9	4.4	3.8	3.3	3.7	2.8
Male	6.5	4.9	5.1	4.9	6.1	3.8

	2020	2021	2022	2023	2024	2025
American Indian or Alaska Native	5.8	5.2	5.6	4.6	6.8	4.4
Asian, Native Hawaiian, Pacific Islander	4.4	2.5	3.3	2.2	2.9	1.7
Black or African American	8.6	5.6	4.3	6.4	6.5	8.6
Hispanic or Latina/o/e/x	3.7	3.1	2.8	2.5	1.9	1.1
Not Provided	3.8	3.8	3.5	3.1	2.7	2.6
Other Race or Ethnicity	5.5	4.6	4.1	3.9	5.9	3.5
White	5.8	5.3	4.9	4.9	4.4	2.8

- Rate in current graphs do not include behavioral health in primary care settings. The previous version of this report did include primary care in penetration rate calculations.
- Penetration Rate = percent of active members of total enrollment.

## **Appendix A**

### **Providers of Interest – Jackson Care Connect**

- **ColumbiaCare Services**
- **Jackson County Mental Health**
- **Kairos**
- **Options for Southern Oregon**