



RHIP Substance Use & Chronic Pain Workgroup  
PacificSource – Suite 210 (2<sup>nd</sup> Floor)  
2965 NE Conners Ave, Bend

Agenda: March 16, 2016 from 4:00pm-5:00pm

Call-In Number: 866-740-1260  
7-Digit Access Code: 3063523

1. **9:00-9:05**      **Introductions—All**
  
2. **9:05-9:40**      **Review of Substance Use & Chronic Pain Baseline Document—All**
  - Have we captured what is currently going on in our region?
  - What are the obvious gaps when we look at the RHIP SU & CP indicators?
  
3. **9:40-9:55**      **What Can Be Done Regionally About The Gaps—All**
  - What can we integrate into our already existing efforts?
  - What new projects do we want to try?
  - What can we do for free?
  - What needs money?
  
4. **9:55-10:00**      **Action Items—All**
  - Next steps
  - Who agrees to do what before April 20

Next Meeting: April 20 from 9-10am



BH Substance Use & Chronic Pain	Organization
Erica Fuller	Rimrock Trails Adolescent Treatment Services
Nicole Lemmon	Wellness & Education Board of Central Oregon (WEBCO)
Alison Litte	PacificSource
Leslie Neugebauer	PacificSource
Matt Owen	Bend Treatment Center
Laura Pennavaria	La Pine Community Healthy Center
Christine Pierson	Mosaic Medical
Kristin Powers	St. Charles Health System
Beth Quinn	Cascade Peer & Self-Help Center & Intentional Peer Support
Elizabeth Schmitt	CAC Consumer Representative
Ralph Summers	PacificSource
Kim Swanson	St. Charles Medical Group
Karen Tamminga	Deschutes County Behavioral Health
Rick Treleaven	BestCare Treatment Services
Scott Willard	Lutheran Community Services Northwest

# Behavioral Health: Substance Use and Chronic Pain

## Goals

**Clinical Goal(s):** Create a bi-directional integration approach for people with severe substance use disorders.

**Prevention Goal(s):** Implement a community standard for appropriate and responsible prescribing of Opioids and Benzodiazepines.

**Increase the rate of successful referrals from medical settings to specialty SUD services of people with moderate-to-severe SUDs.**

1. **What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?**

Leslie Neugebauer: SUD counselor in acute hospital setting (in Bend/Redmond only?) to meet with the medical team and round on patients that may have SUD issues.

Leslie Neugebauer: Kim Swanson was, at one point, referring to BestCare for folks that had positive

Leslie Neugebauer: PCPs refer and/or provider a warm hand off to SUD practices directly as well as to Bend Treatment Center.

Erica Fuller: A: I believe Bestcare has, was or is placing a behavioral health specialist in primary care

Erica Fuller: B: I have met with Youth Villages who has the ER diversion contract with St. Charles to educate them on our youth SUD services and stress the importance of screening and referral for youth admitted to the ER who are under the influence or report a history of use.

Erica Fuller: C: Our medical director has had conversations and provided educational material to Pediatrics (COPA) about Heroin, other substances and info on screening. They were also provided a direct line for referral to Rimrock Trails for youth SUD. We have also done this with middle and high

Matt Owen: We communicate with BestCare, the ER, Deschutes Drug Court all work with us on a

Christine Pierson: Hub and Spoke model discussions for MAT - regional effort

Christine Pierson: Mosaic is hiring one Substance Abuse Counselor for Bridges and has applied for HRSA grant to expand this effort across all Mosaic clinics. Mosaic is also prioritizing access to SUD services on

Rick Treleaven: (a) BestCare Detox contract with PSCS focus on engaging clients from ER to detox.

Rick Treleaven: (b) BestCare has a full time SUD clinician on hospital med/surgery floor for engaging patients from hosp to treatment services.

Kim Swanson: Pain Standards Taskforce: regional      Drug take backs: Bend and Redmond right now  
Naloxone and PDMP legislation: statewide      NEX: regional, in process      Living Well with Chronic Pain: Regional      Expansion of MAT treatment

Karen Tamminga: **Living Well with Chronic Conditions/ Chronic Pain** - Deschutes County Health Dept; Deschutes County Behavioral Health; Community groups in Deschutes County - multiple times per year.

Karen Tamminga: **E.D. Information Sheets** - Designed by the Alcohol/Drug treatment providers (3 years ago) to provide information in the E.D. of treatment providers in the community - designed and distributed by Sally Pfeifer or Pfeifer & Associates - could be expanded to /provided to all PCPs or

Karen Tamminga: **Small wallet sized info card** with all Deschutes County AOD providers - designed and distributed by Sally Pfeifer of Pfeifer & Associates.

Karen Tamminga: **Acupuncture available** as part of treatment at some AOD programs - not sure who is still using it Pfeifer/BestCare?

Karen Tamminga: **Bend Treatment Center** - Open as of September 2015 - very expensive alternative, especially if individual has not tried other outpatient/intensive outpatient options.

## Behavioral Health: Substance Use and Chronic Pain

Karen Tamminga: **DCBH Provider Visits** - This is a 2016 department project. DCBH has identified that PCPs are our greatest referral source, we are visiting offices to provide information about our specialty care services, our AOD tx program, our current staff specialties and groups, classes and workshops

### 2. How are initiatives/projects mentioned above currently being measured?

Leslie Neugebauer: I'm sure Rick is gathering some sort of data, not sure how.

Erica Fuller: A. I have no idea

Erica Fuller: B and C: Unfortunately, other than conversations there has been no measurement or follow up. In regards to youth SUD this is an area that could and should be improved and expanded on.

Matt Owen: Not measured

Christine Pierson: For MM initiative - measuring number of patients who receive SA services (both in house and externally) and % patients who need them and actually receive them. Other measure determination is pending HRSA grant status.

Rick Treleaven: (a) # of pts who engage in services/# of pts referred

Rick Treleaven: (b) # of pts who readmit to medical services in 90 days post engagement

Kim Swanson: PSTF members and organizations

Karen Tamminga: Not really being measured.

### 3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned above.

Leslie Neugebauer: (1) BestCare and St. Charles. (2) St. Charles Redmond & BestCare. (3) Varies throughout the region.

Erica Fuller: A. Bestcare, Dr. Price and St. Charles ( I believe).

Erica Fuller: B and C. Rimrock Trails, Dr. Price, COPA, Redmond, Bend and Prineville school districts.

Matt Owen: Bestcare, St. Charles ER, Drug Court

Christine Pierson: BTC, Bestcare, DCMH, Mosaic, LaPine CHC, PS

Rick Treleaven: BestCare, St. Charles, PacificSource

Kim Swanson: PSTF members and organizations; MAT is Rick T & Mike F; Legislation: unsure once it becomes a bill; the rest is Rebeckah & I.

Karen Tamminga: See above

### 4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP for ideas)?

Leslie Neugebauer: I'm not sure what "specialty SUD services" really means...is that residential? Intensive outpatient? Outpatient? May be helpful to define as a group.

Leslie Neugebauer: May also be helpful to define "successful referrals..."

Leslie Neugebauer: Do we have a baseline rate of referrals to know when they've increased? I mainly think this is a workflow issue. PCPs have said previously that they don't know where/how to refer to SUD services. I think there's an easy opportunity there to educate provider offices and or do some dog and pony shows around town. Maybe in the future there could even be some case conferences between the SUD provider and the PCP that is referring?

## Behavioral Health: Substance Use and Chronic Pain

Erica Fuller: A. C. Ongoing regional training, Collaboration and focused reach out with a plan for measurement, clear pathway/mapping and communication protocols for referral to treatment. Standard and effective screening tool. Targeted to the following: (1) For young adults ages 18-25 local colleges, youth up to age 18 school nurses, counselors, coaches and school-based health centers. (2) Athletic Coaches and Orthopedics who encourage and heavily prescribe pain medications (referred to Matt Owen: We should create a list of services that can be distributed to people/organizations that will come in contact with SUD patients and follow up with educating those people/organizations on the Christine Pierson: comprehensive plan - little missing  
Rick Treleaven: Focus on primary care.  
Kim Swanson: Substance use interventions for pregnant women and Substance use interventions for pregnant women.  
Karen Tamminga: What is missing is the need for increased awareness of providers in our community, the staff at the various programs and the level of training and expertise available and the types of

### 5. Which person(s) in your organization or other organizations do you feel need to be approached if we were to undertake this new RHIP strategy?

Leslie Neugebauer: Ralph Summers , Mike Franz, Alison Little, Tricia Gardner  
Erica Fuller: A: Megan Sergi, Outpatient Program Director and Erica Fuller, Executive Director (Rimrock  
Erica Fuller: B: Dr. Price, School based health centers (including College), Teen parent programs, Youth Villages, Mosaic, St. Charles, COPA and Orthopedics.  
Matt Owen: DeeLynn Lopez  
Christine Pierson: Our BHC lead in addition to myself. Will need to pull in ED/SCMC, school counselors (where appropriate) and OBGYN groups as well as those listed above.  
Rick Treleaven: myself  
Kim Swanson: Unsure, perhaps myself and Dr. Ross

**First year develop a baseline on the pharmacy, hospital, acute psychiatric, and emergency department expense related to people with moderate-to-severe SUDs. Second year set performance improvement benchmarks.**

### 1. What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?

Leslie Neugebauer: PacificSource did some initial data analysis on members that were in BestCare's SUD Residential and looked at their expense, ED use, pharmacy costs, etc. 6-12 months before and after the residential stay. This could probably be scaled.  
Leslie Neugebauer: Is Rick is collecting some of this data at BestCare?  
Erica Fuller: St. Charles and Youth Villages ER Diversion contract.  
Matt Owen: Do not know of any other than PCS tracking billing based upon diagnosis code  
Christine Pierson: Outside of PSTF work, no other focused efforts of which I am aware looking at SUD related utilization.  
Rick Treleaven: Will have to talk with the data folks, like Sarah Kingston, to work this out in detail.  
Karen Tamminga: DCHS and Mosaic Bridges Project - to improve engagement in High ED Utilizers in MH/SUD treatment. (not AOD specific, but many are dually diagnosed).  
Karen Tamminga: Pacific Source has Intensive Case Management Staffings - Multidisciplinary members staff and plan for high cost/ high ED utilizers.

## Behavioral Health: Substance Use and Chronic Pain

### 2. How are initiatives/projects mentioned above currently being measured?

Leslie Neugebauer: Claims data through PSCS

Erica Fuller: I believe there are performance metrics in their contract but I'm not sure if it includes deliberate, intentional and effective screening and identification of youth substance use.

Matt Owen: Do not know

Christine Pierson: PDMP data, PS utilization data

Karen Tamminga: the DCHS bridges project is measured by tracking engagement, and retention rates (currently at 80% engagement and 63% retention).

Karen Tamminga: Unknown

### 3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned above.

Leslie Neugebauer: (1) Sarah Kingston/PS/BestCare. (2) Rick Treleaven

Erica Fuller: Kristen Powers, St. Charles and Kit Kryger, Managed Care and Regional Representative, Youth Villages Oregon and Stephanie Mccollough, regional supervisor Youth Villages

Matt Owen: Pacific Source Community Solutions

Christine Pierson: refer to PSTF roster

### 4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?

Leslie Neugebauer: We need to make sure we know what exactly we are measuring and why. I highly recommend the PS Analytics team be involved in discussions like this.

Erica Fuller: Common response matrix for youth, effective screening, clear pathway/mapping for referral to specialty care.

Matt Owen: Unsure

Christine Pierson: Assessment of SUD treatment service utilization at baseline, consider assessing SUD related expenses in primary care as well.

### 5. Which person(s) in your organization or other organizations do you feel need to be approached if we were to undertake this new RHIP strategy?

Leslie Neugebauer: Sarah Kingston and team, BestCare team, Other SUD Provider teams?

Erica Fuller: Megan Sergi, Outpatient Program Director and Erica Fuller, Executive Director Rimrock Trails, Kristen Powers and Kit Kryger from Youth Villages.

Matt Owen: myself

**First year develop a baseline for number of people receiving greater than 120 mg morphine equivalent for more than three months.**

### 1. What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?

Leslie Neugebauer: I assume there are some reports being pulled by PS Pharmacy team to get this

Matt Owen: PDMP, We internally track the doses of our patients

Christine Pierson: PSTF in collaboration with PDMP

## Behavioral Health: Substance Use and Chronic Pain

Kim Swanson: PSTF is working with PSCS. PSCS is monitoring the 120 mg MED and will send letters to providers who are prescribing above 120 mg MED to request tapering plan and evidence enrolled with

### 2. How are initiatives/projects mentioned above currently being measured?

Matt Owen: We are tracked by the state and joint commission in patient records

Christine Pierson: PDMP data, PS pharmacy data

### 3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned above.

Matt Owen: State of Oregon, BTC

Kim Swanson: PSTF and PSCS

### 4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?

Leslie Neugebauer: Provider education/training, leveraging the work from the PSTF.

Matt Owen: Unsure

Christine Pierson: Establish number of these people who are on multiple different opioids and obtaining from multiple prescribers

### 5. Which person(s) in your organization or other organizations do you feel need to be approached if we were to undertake this new RHIP strategy?

Leslie Neugebauer: PS Analyst team, PS Pharmacy team

Matt Owen: myself

Kim Swanson: Myself and Dr. Ross have a plan for 2016 to work with primary care on safe prescribing

# COHC Regional Health Improvement Resource Application Narrative

## 1 Requestor/Agency Background

- Provide project organization or individual leading information.
- Provide requestor/agency(s) location(s).
- List the team members/project participants, including their roles in the project.
- Will your project include all counties in the region; Crook, Deschutes, Jefferson, and northern Klamath County? If not, why?

## 2 Project Description/Overview

- What is the project trying to accomplish?
- Please provide SMART objectives for your project. (SMART: Specific Measureable, Attainable, Relevant, Time-Bound)
- Who is the target population?
- How will the project benefit the lives of this population?
- What, if any, are the emerging best practices and/or evidence-based guidelines upon which the project is based?
- Are there any existing initiatives or collaborations that are similar to this project?
- What are the unique traits and capabilities of the requesting agency that will be employed to make this project successful?
- What are the ways other clinicians, groups, or members of the community will learn **from** your project?
- What are the ways other clinicians, groups, or members of the community learn **about** your project?

## 3 Measurement

- How will your project be measured? How will you know the project objectives have been met?
- Did you meet with OHSU's Central Oregon Research Coalition? What was the outcome of your project review?

Contact:

Erin Solomon

Community Liaison Central Oregon

OHSU Community Research Hub – Central Oregon Office (CORC)

963 SW Simpson Avenue #100, Bend, OR 97702

Office: 541-728-0665 solomone@ohsu.edu





# COHC Regional Health Improvement Resource Application Narrative

- Are the measures relatable to any best-practice or evidence-based care guidelines?
- What method and tools will be used to collect data?
- Who will collect the data?
- How will you ensure the data is reliable? (i.e. consultants, outside staff, systems, planned system upgrades, OHSU-CORC, etc.)

## 4 Timeline

- Provide a detailed one-year timeline for the project (include subsequent years if applicable), including key steps, phases, and objectives.
- Provide detail on how information and data will be compiled for mid-year and end-of-year progress reports.

## 5 Project Budget

- Please complete the RHIR Proposal Budget worksheet.
- Note: For multi-year grant proposals, you may either complete one budget template to include the entire grant timeframe, or complete one for each year, depending on which method makes the most sense for your organization and your project. In addition, feel free to add line items within categories as necessary.



# COHC Regional Health Improvement Resource Proposal Budget

<b>Part I: Projected Project Revenue from COHC</b>	
	\$ -

Please check one

Other Project Revenue (e.g., funds from the Global Budget; outside sources of revenue such as grants or support from other community partners; etc).*	Planned	Requested / Pending	Committed	\$ -
<b>Total Project Revenue</b>				<b>\$ -</b>

## Personnel Costs

Name	Position (FTE dedicated to this project)	Salary	Benefits	Total Cost	Amount Requested
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
<b>Sub-Total: Personnel</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Materials & Supplies	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Materials &amp; Supplies</b>	<b>\$ -</b>	<b>\$ -</b>

Travel Expenses	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Travel Expenses</b>	<b>\$ -</b>	<b>\$ -</b>

Consultants & Contracted Services	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Contracted Services</b>	<b>\$ -</b>	<b>\$ -</b>

Meeting Expenses	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Meeting Expenses</b>	<b>\$ -</b>	<b>\$ -</b>

Professional Training and Development	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Training and Development</b>	<b>\$ -</b>	<b>\$ -</b>

Other Budget Items	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Other</b>	<b>\$ -</b>	<b>\$ -</b>

<b>Total Project Budget</b>	<b>\$ -</b>	<b>\$ -</b>
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# COHC Regional Health Improvement Resource Application Checklist

## Application Checklist

- |  |     |    |
|--|-----|----|
| • Did you complete all portions of the application?  | Yes | No |
| • Did you include a proposed budget?   | Yes | No |
| • Are the proposed use of funds aligned with the RHIP and Triple Aim?  | Yes | No |
| • Does the project have reach to all counties in the Region (Crook, Deschutes, Jefferson and Northern Klamath) Yes No If not, why? |     |    |
| • Did you have your project reviewed by OHSU?  | Yes | No |

## Application Submission

- Completed applications and attached budget proposals must be submitted via email to [Donna.Mills@cohealthcouncil.org](mailto:Donna.Mills@cohealthcouncil.org).
- If you have questions or need any assistance, please contact any member of the COHC staff at 541-306-3523.

## Process Following Submission

- Projects will be assigned a RHIR Project identifier.
- Projects will be reviewed for minimum requirements as indicated in the application checklist.
- Projects will be emailed to the RHIR committee members prior to the monthly RHIR meeting for review.
- RHIR committee members may reach out to ask for more information.
- Projects will be reviewed during the RHIR monthly meeting – determinations for award decisions will be:
  - Approved (follow scope of fund request)
  - Not-approved (more information requested)
  - Not-approved (amendment requested)
  - Not-approved
- Award decisions for projects that request \$150,000 or more:
  - The COHC Board will determine FINAL approval to fund the project.
- Award decisions that request less than \$150,000:
  - RHIR will determine whether to fund the project.

