



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

Agenda: May 18, 2016 from 4:00pm-5:00pm

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

1. **4:00-4:05**      **Introductions—All**
  
2. **4:05-4:20**      **PSS, Recovery Mentor, & BHC's w/ SUD Experience Discussion—All**
  - Combined Questions
  - Next Steps for the Referral Model
  
3. **4:20-4:25**      **Percent of Billable Income for a PSS—Karen Tamminga**
  
4. **4:25-4:30**      **Next Steps SUD Referral Document & Wallet Card—All**
  - Final Review
  - Dissemination Plan?
  
5. **4:30-4:45**      **Discussion of Substance Use & Chronic Pain Indicators 2 & 3—All**
  - 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.
  - First year develop a baseline for number of people receiving greater than 120mg MED for more than three months.
  
6. **4:45-4:55**      **Next Steps for Proposed Model of SUD Integration into PC—All**
  
7. **4:55-5:00**      **Action Items—All**
  - Next steps

Next Meeting: June 15 from 4-5pm

## Questions Re: Recovery Mentor & BHC's w/ SUD Experience

1. Differences between the two certifications, scopes/roles, reimbursement options.
2. Where can both types of professions practice?
3. Evidence/research around why these professions “work” and how they improve health outcomes.
4. How are other CCO's using these types of professions?
5. What are best practices for integrating these professions in various settings (i.e. primary care, SUD services)

## Central Oregon Outpatient Substance Use Disorder (SUD) Resources

Note: Members are able to choose their preferred facility for these services, within their assigned county, which do not require prior approval or an initial assessment from their assigned Community Mental Health Program.

<b>Bend</b>		
<b>Bend Treatment Center</b> 155 NE Revere Ave. Suite 150  Phone: (541) 617-4544	Hours	Walk-ins: Monday through Friday 8:00 a.m. – 6:30 p.m.; Appointments: Monday through Friday 2:00 p.m. – 6:00 p.m.; evening hours coming soon
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Currently providing individual IOP
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay
	Youth/Adults	Adults
<b>BestCare</b> 461 NE Greenwood Ave. Suite A  Phone: (541) 617-7365	Hours	Monday through Thursday 8:30 a.m. – 5:00 p.m.; Friday 8:30 a.m. – 12:00 p.m.; Walk-ins welcome
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): IOP is based off of individual need, up to 4.5 hours/ week
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay, grant program (via food stamps, HIV, pregnant, homeless, probation, or dependent child - four spots a month)
	Youth/Adults	Adults
<b>Deschutes County Behavioral Health (Main Office)</b> 2577 NE Courtney Dr.  Phone: (541) 330-4646  <b>(Downtown Office)</b> 1128 NW Harriman  Phone: (541) 330-4637	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; some evening groups and individual sessions available. Appointments preferred.
	Services Offered	SUD and Mental Health Outpatient: 12 weeks, two-four hours/week – two groups and one individual session
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance referred out to other providers
	Youth/Adults	Adults
<b>Pfeifer &amp; Associates</b> 23 NW Greenwood Ave.  Phone: (541) 383-4293	Hours	Monday through Friday 9:00 a.m. - 7:00 p.m. Walk-ins or appointments
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individual and group treatment, DUII services, Drug Court programming, meditation, and stress reduction
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, self-pay, sliding fee scale, contract funds from probation for high level offenders, DHS clients, services for Deschutes County jail inmates and community corrections clients, adult and juvenile indigent
	Youth/Adults	Both

<b>Rimrock Trails</b> 63360 Britta St., Bldg 1  Phone: (541) 388-8459	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m. By appointment and walk-ins welcome daily
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individualized based on need. Approx. 10-16 weeks; groups, individual sessions, family sessions, Self-Management and Recovery Training, and Recovery Mentor services
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, grant programs, youth indigent, sliding fee scale, self-pay
	Youth/Adults	Both
<b>Serenity Lane</b> 601 NW Harmon Blvd.  Phone: (541) 383-0844	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m. by appointment
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP); nine hours/week for 10 weeks
	Payment Options	PacificSource Community Solutions, private pay, private insurance
	Youth/Adults	Adults

<b>La Pine</b>		
<b>Deschutes County Behavioral Health</b> 51340 Highway 97  Phone: (541) 322-7146	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; appointments preferred
	Services Offered	SUD and Mental Health Outpatient
	Payment Options	PacificSource Community Solutions, Open card, Private insurance referred out to other providers
	Youth/Adults	Adults
<b>Pfeifer &amp; Associates</b> 16440 Finley Butte Rd.  Phone: (541) 536-8879	Hours	Monday through Thursday, 9:00 a.m. – 7:00 p.m.; Walk-ins or appointments
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): individual and group treatment, DUII services, Drug Court programming, meditation, and stress reduction.
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, self-pay, sliding fee scale, contract funds from probation for high level offenders, DHS clients, services for Deschutes County jail inmates and community corrections clients, adult and juvenile indigent.
	Youth/Adults	Both

<b>Madras</b>		
<b>BestCare</b> 125 SW C St. Madras, OR 97741  Phone: (541) 475-6575	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; appointments only
	Services Offered	Mental Health Outpatient, SUD Outpatient and Intensive Outpatient (IOP): IOP meets Monday through Friday 9:00 a.m. – 12:00 p.m. (2-3 groups/day and individual sessions)
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay
	Youth/Adults	Both

<b>Prineville</b>		
<b>Lutheran Community Services</b> 365 NE Court St.  Phone: (541) 447-7441	Hours	Monday through Friday 8:30 a.m. - 11:30 a.m. and 1:00 p.m. - 3:00 p.m.; Walk-ins welcome
	Services Offered	Mental Health Outpatient, SUD Outpatient and Intensive Outpatient (IOP): 11 groups/week including after hours
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay, indigent
	Youth/Adults	Adults
<b>Rimrock Trails</b> 1333 NW 9 <sup>th</sup> St.  Phone: (541) 447-2631	Hours	Monday through Friday 8:00 a.m. - 5:00 p.m. By appointment and walk-ins welcome daily
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individualized based on need. Approx. 10-16 weeks; groups, individual sessions, family sessions, Self-Management and Recovery Training, and Recovery Mentor services
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, grant programs, youth indigent, sliding fee scale, self-pay
	Youth/Adults	Both

<b>Redmond</b>		
<b>BestCare</b> 340 NW 5 <sup>th</sup> St. Suite 202  Phone: (541) 504-2218	Hours	Monday through Thursday 9:00 a.m. - 12:00 p.m.; Friday 8:00 a.m. - 12:00 p.m.; Walk-ins welcome
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Intensive Outpatient includes 2-3 groups/1:1's per week
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay, grant program (via food stamps, HIV, pregnant, homeless, probation, or dependent child - 4 spots a month)
	Youth/Adults	Adults
<b>Deschutes County Behavioral Health</b> 406 West Antler Ave.  Phone: (541) 322-7414	Hours	Monday through Friday 8:00 a.m. - 5:00 p.m.; appointments preferred
	Services Offered	SUD Mental Health Outpatient
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance but referred out to other providers
	Youth/Adults	Adults
<b>New Priorities</b> 1655 SW Highland Ave. #3  Phone: (541) 923-2654	Hours	Monday through Friday 8:00 a.m. - 7:00 p.m.; Appointments only (unless urgent)
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Intensive Outpatient averages 4 sessions/week of family, group and individual sessions
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, Juvenile and Adult Correction Funding, sliding fee scale
	Youth/Adults	Both

<b>Pfeifer &amp; Associates</b> 3835 SW 21 <sup>st</sup> St. Suite 103  Phone: (541) 504-9326	Hours	Monday through Thursday 9:00 a.m. - 7:00 p.m.; Walk-ins or appointments
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): individual and group treatment, DUII services, Drug Court programming, meditation, and stress reduction.
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, self-pay, sliding fee scale, contract funds from probation for high level offenders, DHS clients, services for Deschutes County jail inmates and community corrections clients, adult and juvenile indigent
	Youth/ Adults	Both
<b>Rimrock Trails</b> 850 SW Antler Ave.  Phone: (541) 316-2041	Hours	Monday through Friday 8:00 a.m. - 5:00 p.m.; By appointment and walk-ins welcome daily
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individualized based on need. Approx. 10-16 weeks; groups, individual sessions, family sessions, Self- Management and Recovery Training, and Recovery Mentor services
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, grant programs, youth indigent, sliding fee scale, self-pay
	Youth/ Adults	Both

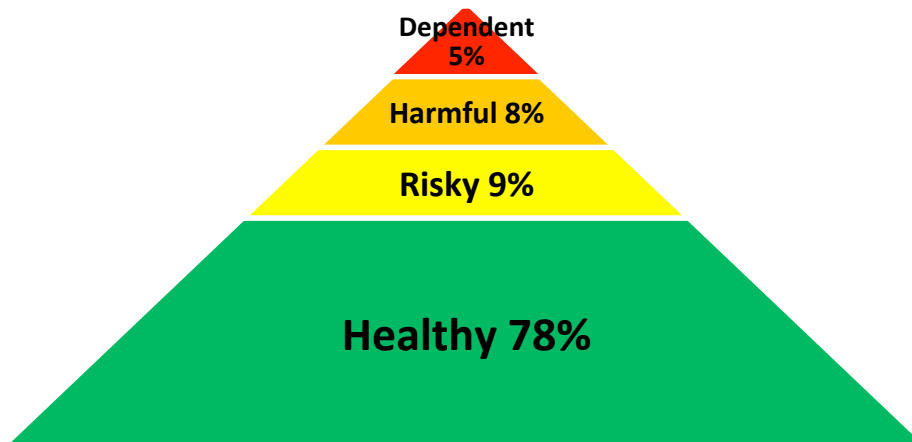
If you have any questions, please contact the Central Oregon Health Council at:  
(541) 306- 3523 or [info@cohealthcouncil.org](mailto:info@cohealthcouncil.org) Updated: 05/2016

## **A Guide for Primary Care and Substance Use Disorder Integration for Central Oregon**

### **Introduction**

An integrated primary care clinic should be a clinical home for Substance Use Disorder (SUD) services. SUD is a chronic condition that exists along a continuum, from healthy, to risky, to harmful, to dependent. People with risky or harmful substance use patterns can, in most cases, be best served in an integrated primary care setting. People with an SUD at a dependent level are at high risk of developing a complex condition that includes high medical burden, high mental health needs and high SUD severity. Recovery is a long-term process that needs a range of supports, including addiction recovery supports, medical, mental health, and social needs. An integrated primary care clinic have staff that may be involved with the patient over a number of years and should be knowledgeable in the SUD specialty services available in the community and should be skilled at developing and maintaining motivation for change in these challenging patients.

### **Drinking Patterns in the General Population**



SUD services that would ideally be available in the integrated primary care clinic include:

- a. early intervention/prevention
- b. outreach and engagement
- c. patient education
- d. brief intervention and skills training by a Behavioral Health Consultant
- e. medically assisted treatment (MAT)
- f. co-located short-term behavioral health counseling
- g. referral to specialty SUD treatment.

Community-based specialty SUD services should include outpatient treatment, MAT, recovery support services, detoxification, residential treatment, and sober housing supports.

The people with the most severe substance use disorders may benefit from the development of a specialized Behavioral Health Home (BHH) for SUD. A BHH is a behavioral health program with integrated primary care. A BHH provides screening, evaluation, crisis intervention, medication management, psychosocial treatment and rehabilitation, care management, and community integration. A BHH should:

- a. Embody a recovery-focused model of care that respects independence and responsibility.
- b. Promotes healthy lifestyles and provides prevention and education services that focus on wellness and self-care.
- c. Ensures access to and coordinates care across prevention, primary care, and specialty care.
- d. Monitors critical health indicators.
- e. Supports individuals in the self-management of chronic health conditions.
- f. Coordinates/monitors emergency room visits and hospitalizations, including participating in transition/discharge planning and follow up.

Experience from clinics across the country suggests that simply adding a SUD clinician to an existing medical clinic will have little effect on the health outcomes in the clinic. Primary care clinics, to gain success with an integrated approach, need to adapt their whole clinic to this whole person approach. This includes the mission of the clinic, the financial supports for this approach, the administrative supports, the hiring and training of staff, the functionality of the EMR for behavioral health, and the clinical offerings available at the clinic. Different medical clinics will integrate at different levels, from coordinated services, to co-located services, to fully integrated services (see attachment 1).

This guide is to help medical and behavioral health clinics in Central Oregon understand the steps they can take to optimize their success in integrating SUD services into primary care in a way that will improve patient outcomes, improve provider satisfaction, and be financially sustainable. The basic clinical components that we are recommending in the ideal primary care setting include:

1. Routine screening for SUD and depression.
2. Standardized clinical algorithms and protocols for different levels of need.
3. Improved training for medical providers and BHC on assessment, engagement, and long-term care management in substance use disorders.
4. Seek opportunities to co-locate behavioral health services next to or within a primary care setting.
5. Co-located behavioral health clinician should be a licensed clinician with strong SUD training and experience who provides short-term (6-12 sessions) treatment for a range of behavioral health issues, including SUD.
6. The co-located BH clinician should work closely with a Certified Recovery Mentor to help with outreach and engagement of people with more severe SUDs.

Many clinics in Central Oregon have already implemented many parts of this model. This is an ideal arrangement and each clinic seeking greater integration will need to adapt this model to their circumstances.



## **Administration**

- Mission
- Business Plan for Sustainability
- Integrate behavioral health into the organizational infrastructure: human resources, compliance, credentialing, quality management, policies and procedures
- Integrated Electronic Health Record

## **Personnel**

- Training for Medical Providers and Nursing Staff
- SUD specific training for Behavioral Health Consultants
- Consulting Psychiatrist
- Co-located Behavioral Health Clinician
- Co-located SUD Recovery Mentor

## **Clinical**

- Universal/routine screening for SUD and depression
- Clinical Measures for Behavioral Health
- Clinical pathways for SUD
  - (a) Patient education by provider
  - (b) Patient Consultation with BHC
  - (c) Brief therapy with co-located SUD trained behavioral health clinician
  - (d) Access to certified Recovery Mentor services for outreach and engagement of people with severe SUDs
  - (e) Referral to specialty SUD clinic (outpatient, intensive outpatient, residential, detox, MAT)
  - (f) Chronic disease management (harm reduction, long term recovery support)
- Availability of MAT within clinic or as referral
- Tracking individual and clinic level patient outcomes for SUD by severity level
- Behavioral Health embedded into Continuous Quality Improvement
- Robust care coordination plan, specifically with specialty SUD treatment providers
- Shared planning across disciplines

# 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 provide 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

Julie Spackman: The Shared Future Coalition (a project of DCHS) created a treatment and recovery referral card for use in Deschutes County. The card is available for the cost of printing only (\$15.00/100 cards). Updates will be maintained by DCHS.

### 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.

Julie Spackman: Number of organizations/business requesting cards for distribution. Frequency of re-stocking per community partner. Total number of cards distributed to community partners per year.

### 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

Julie Spackman: Julie Spackman, Shared Future Coalition project coordinator, Desch. Co. Health Services; Shared Future Coalition members; current distribution list available upon request. 7,800 cards

### 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..."

## Behavioral Health: Substance Use and Chronic Pain

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?

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

Julie Spackman: De-stigmatization of treatment seeking among youth, young adults, parents, adults and seniors.

Positive Community Norming campaigns among providers to encourage referrals (e.g. a message indicating "most providers take time for the SBIRT with their patients and follow-through to ensure that patients are connected with appropriate treatment services" or some other relevant truth...etc.).

### 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

Julie Spackman: Increased outreach and requests to purchase the referral cards: medical providers, individual by individual; Dentists; Orthodontists. Pain specialists. Alternative medicine providers. Massage and physical therapists.

**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.**

## Behavioral Health: Substance Use and Chronic Pain

### 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.

Julie Spackman: DCHS Prevention and the Shared Future Coalition are conducting a baseline assessment of conditions in Deschutes County which may be contributing to Rx misuse/abuse among 12-25 year olds. This team is also updating a 2012 assessment of conditions related to high risk drinking among 18-25 year olds. Both efforts will seek to determine if there are health disparities for sub-populations who may be experiencing increased negative health and other consequences.

### 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

Julie Spackman: Assessment completion

### 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

Julie Spackman: DCHS Prevention, Shared Future Coalition advisory board members, Coalition Rx drug abuse assessment committee

### 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)?

## Behavioral Health: Substance Use and Chronic Pain

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.

Julie Spackman: Data for 18-25 year olds in the general population is very scarce and sample sizes for national surveys are small, and yet young adults in this age range are starting families and potentially impacting the ACEs scores of their children through undetected and untreated substance abuse disorders.

Matrix which informs where cost-cutting measures make sense, and which strategies or services are justifiably expensive and yet still valuable to reducing the overall problem of SUD. Cutting costs just for the sake of cutting costs may not be the best solution to the systemic problems we are facing. For example, a provider who is limited to a 10 minute appointment with a patient may not be taking time to conduct the SBIRT out of pressure to reduce the cost of the visit by the # of minutes allocated to the patient. However, the additional completion of the SBIRT and investment of time to follow-up on the

### 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

Julie Spackman: Epidemiologist, Health Services Director, Management team

### 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

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

Julie Spackman: See assessment details above

#### 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

Julie Spackman: See assessment details above

## Behavioral Health: Substance Use and Chronic Pain

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

Julie Spackman: See assessment details 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)?

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

Julie Spackman: Details for youth and young adults, such as specific substances being abused, and source identification - where did the youth/young adult obtain the medication if not from a medical

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

Julie Spackman: See assessment details above.