

**RHIP Priority: Behavioral Health Substance Use & Chronic Pain**

**I. RHIP Goal: Create a bi-directional integration approach for people with severe substance use disorders**

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
<p>Increase the rate of successful referrals from medical settings to specialty SUD services for people with moderate-to-severe SUDs.</p>	<p>Develop high functioning patient pathways from primary care settings into SUD specialty care.</p>	<ol style="list-style-type: none"> <li>1. Implement widespread adoption of the SBIRT</li> <li>2. Develop and/or disseminate referral tools such as SUD provider listing and pocket referral cards.</li> <li>3. Support campaigns which de-stigmatize help-seeking for SUDs and alternative treatments for chronic pain.</li> <li>4. Develop a standard clinical algorithm based on the AUDIT.</li> <li>5. Develop and implement training for BHCs in region on: (a) the AUDIT clinical algorithm, (b) brief interventions for risky and harmful drinking, (c) strategies for people with severe SUD including motivational enhancement, recovery maintenance and support, and harm reduction.</li> <li>6. Development of embedded SUD and/or BH engagement specialists in key PCP clinics, part-time to full-time as needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed</li> <li>2. Began July 2016.</li> <li>3. Begin January 1, 2017</li> <li>4. Begin now and gradually implement through July 1, 2018.</li> <li>5. Begin now and gradually implement through July 1, 2018.</li> <li>6. Begin now and gradually implement through July 1, 2018.</li> </ol>
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
<p>All PCP clinics in the region, this workgroup, medical directors, clinical managers, and Shared Future Coalition.</p>	<ol style="list-style-type: none"> <li>1. Number of clinics doing SBIRT.</li> <li>2. 90% of clinics doing SBIRT reach their target from PSCS.</li> <li>3. Number of providers</li> </ol>	<ol style="list-style-type: none"> <li>1. Provider list created and disseminated to RHIP SUD/CP workgroup.</li> <li>2. Pocket referral card distributed and updated. Distribution to commence by December 2016. Baseline data for 2015 captured.</li> <li>3. Developing and implementing a method of tracking primary care</li> </ol>	

	<p>disseminating referral cards</p> <ol style="list-style-type: none"> <li>4. Total number of referral cards disseminated to community partners (providers and others). Standardized process that is shared community-wide.</li> <li>5. Number of clinics/providers participating in SBIRT trainings.</li> <li>6. Number of clinics with SUD and/or BH engagement specialists.</li> <li>7. Number of SUD referrals compared to number of referred patients who engage in SUD treatment (even if they don't complete).</li> <li>8. Number of SUD referrals who complete SUD treatment services.</li> </ol>	referrals to SUD treatment and subsequent engagement and retention.	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above	Create a "Hub and Spoke" model for Medication Assisted Treatment (MAT) that links the MAT specialty provider with (a) other SUD and mental health providers, and (b) primary care providers.	<ol style="list-style-type: none"> <li>1. Integration of MAT into traditional drug-free SUD programs as is clinically beneficial to the client.</li> <li>2. Training for SUD staff on MAT integration</li> <li>3. Implementation of a MAT learning collaborative for MAT physician providers</li> </ol>	<ol style="list-style-type: none"> <li>1. In process</li> <li>2. November 1, 2016</li> <li>3. March 2017</li> </ol>
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
PacificSource, BestCare, Jessica LeBlanc, Laura Pennavaria, Kristin Powers, Mike Franz, Kim Swanson, Christine Pierson, Ralph Summers, Matt Owen, Bend Treatment Center, Rebeckah Berry, other SUD providers throughout the region, and Primary Care Providers (MDs & DOs) who can	<ol style="list-style-type: none"> <li>1. Number of SUD programs that have integrated or refer to MAT.</li> <li>2. Number of programs and participants at trainings.</li> <li>3. Launch of learning collaborative and number of participants.</li> <li>4. Number of patients referred to MAT compared with numbers</li> </ol>	1.	

get their DATA 2000 waiver.	who engage in MAT.		
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Provision of cost-effective medical/nursing support and alternative chronic pain management/chronic disease management skills in selected SUD specialty care programs.	<ol style="list-style-type: none"> <li>1. PacificSource's implementation of the back pain guidelines, which include cognitive behavioral therapy, physical and occupational therapy, osteopathic manual therapy, acupuncture, and chiropractic.</li> <li>2. Implement pain management program in Central Oregon.</li> <li>3. Access to co-occurring SUD treatment and drug-free pain management program that includes alternative therapies, including acupuncture, yoga, and mindfulness.</li> </ol>	<ol style="list-style-type: none"> <li>1. Began 7.1.16 for Medicaid members.</li> <li>2. Began April 2016 and is currently in process.</li> <li>3. July 2017.</li> </ol>
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
BestCare, PacificSource	<ol style="list-style-type: none"> <li>1. Number of referrals to alternative care opportunities in the next 12 months.</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> </ol>	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Identification of clients in SUD services who have high medical burden and develop, with the PCP, a whole healthcare and support plan.	<ol style="list-style-type: none"> <li>1. Increase collaboration and coordination of care between Bridges and BestCare Residential.</li> <li>2. Rapid access for high need SUD clients to primary care services, especially: <ul style="list-style-type: none"> <li>• coordinated medication management</li> <li>• close monitoring and education of diabetic patients</li> <li>• close monitoring of hypertension patients</li> <li>• rapid access to daily wound care</li> <li>• smoking cessation encouraged and facilitated</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. By January 2017.</li> <li>2. By January 2018.</li> </ol>

Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status
Mosaic Medical, St. Charles, BestCare	1. Number of ER visits by severe SUD clients currently in treatment.	1.

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
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 a performance target.	<p>Create an efficient, effective, and coordinated system of outreach, engagement, and care coordination services to medically significant populations, including:</p> <ol style="list-style-type: none"> <li>1. Pregnant women who use drugs and alcohol</li> <li>2. People who use illicit IV drugs</li> <li>3. Identified high utilizers of medical or pharmacy services</li> <li>4. Identified utilizers of mental health acute care services and identified hospital patients.</li> </ol>	<ol style="list-style-type: none"> <li>1. Implementation of an outreach and engagement program for pregnant women who are still using drugs.</li> <li>2. Connect coordinated system of outreach and pathway to care beyond medical and behavioral health providers.</li> <li>3. With the expansion of needle exchange programs, utilize peer engagement specialists.</li> <li>4. Define a high utilizer and, in collaboration with PSCS, ERs, and medical clinics, implement teams of outreach and engagement specialists to engage and support high utilizers.</li> <li>5. Embed a SUD clinician at the hospital to provide screening, engagement, and referral services for Sageview and the medical floors.</li> </ol>	<ol style="list-style-type: none"> <li>1. Currently have two small pilot projects, will take to scale before July 1, 2017.</li> <li>2. July 1, 2018</li> <li>3. July 1, 2019</li> <li>4. Implemented and gathering data.</li> </ol>

Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status
BestCare, St. Charles, PacificSource, Deschutes, Crook, and Jefferson County Public Health, Sageview/PES, Primary Care clinics, Bend Treatment Center, School-based health clinics, RHIP workgroup (help with developing coordinated outreach	<ol style="list-style-type: none"> <li>1. Number of pregnant women referred. Decreased drug/alcohol use in pregnant women receiving treatment. Decreased NICU stays.</li> <li>2. Expanding needle exchange across the region.</li> </ol>	

system map and flowchart)	<ol style="list-style-type: none"> <li>3. Engagement specialists brought on board and education of clinics of how to utilize specialists.</li> <li>4. Number of referrals from St. Charles, Sageview School-based health centers</li> <li>5. Number of community partners engaged in coordinated outreach and referrals to care pathways.</li> <li>6. Calculation of health system, emergency response and law enforcement costs related to this population based on 1<sup>st</sup> year data.</li> <li>7. Calculation of the number of children and adolescents immediately impacted by the baseline population.</li> </ol>	
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**II. RHIP Goal: Implement a community standard for appropriate and responsible prescribing of opioids and benzodiazepines.**

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
<p><b>First year develop a baseline for number of people receiving greater than 120mg MED for more than three months.</b></p>	<p><b>Expand Prescription Drug Monitoring Program (PDMP) use by primary care providers.</b></p>	<ol style="list-style-type: none"> <li>1. One-on-one clinic meetings to register prescribers and their delegates for PDMP</li> <li>2. PDMP registration booths at PSTF related Grand Rounds, workshops, or presentations.</li> <li>3. Continue to offer PDMP registration opportunities at PSTF-related events and work with PDMP to engage prescribers who are not registered or actively using PDMP.</li> <li>4. Provider education regarding harms of prescription drug</li> </ol>	<ol style="list-style-type: none"> <li>1. Began June 2016 and on going based on need.</li> <li>2. Began June 2016 and on going based on need.</li> <li>3. Began June 2016 and on going based on need.</li> <li>4. By June 2017, Rx disposal guide created.</li> </ol>

		misuse and abuse of all kinds (not just opioid abuse) and proper disposal of excess medications. 5. Develop Rx disposal guide to be distributed by prescribers and pharmacists.	
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Pain Standards Task Force (Dr. Kim Swanson, Rebeckah Berry), Deschutes County Health Services (Harriett Godoski), prescribers in Crook, Deschutes, and Jefferson Counties. Shared Future Coalition (Rx disposal guide).	<ol style="list-style-type: none"> <li>By March 30, 2017, register 95% of prescribers currently prescribing opioids but do not have a PDMP account.</li> <li>Rx disposal guide created.</li> </ol>	<ol style="list-style-type: none"> <li>One-on-one clinic meetings began June 21, 2016.</li> <li>To date, a registration booth is currently scheduled for the statewide Dental Conference on 7.29-7.30.16, the Chronic Pain 101 Provider Workshop on 9.23.16, and a Grand Rounds presentation on 10.7.16.</li> </ol>	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Develop plan for implementing alternative and complementary pain treatment therapy.	<ol style="list-style-type: none"> <li>PacificSource's implementation of the back pain guidelines, which include cognitive behavioral therapy, physical and occupational therapy, osteopathic manual therapy, acupuncture, and chiropractic.</li> </ol>	<ol style="list-style-type: none"> <li>Began 7.1.16 for Medicaid members.</li> </ol>
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Alison Little, PacificSource, Kim Swanson, Rebeckah Berry, Pain Standards Task Force, Primary Care clinics throughout the region.	<ol style="list-style-type: none"> <li>Number of referrals for alternative treatments.</li> <li>Number of patients engaged in alternative treatments.</li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Compassionate care education	<ol style="list-style-type: none"> <li>Compassionate care discussions and safer prescribing presentations with clinics.</li> <li>Informally assess need and content for safe disposal of Rx medications guide.</li> </ol>	<ol style="list-style-type: none"> <li>By June 2016 begin to offer educational opportunities for clinics and providers throughout the region.</li> <li>By November 2016, share content recommendations for the safe disposal guide with the</li> </ol>

			Shared Future Coalition.
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Kim Swanson, Rebeckah Berry, clinic Medical Directors, providers, and staff.	1. By 7.1.2017 a minimum of 12 clinics will have received a presentation throughout the region.	1. Began on 6.21.16 and on going throughout the region.	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Expand needle exchange programs	1. Needs assessment of need of needle exchange within Jefferson County. 2. Locate funding, receive community buy-in, and implement needle exchange in Crook and Jefferson Counties. 3. Plan Deschutes County needle exchange program sustainability and opportunities for expansion beyond current profile.	1. Completed May 2016. 2. By July 1, 2017. 3. By December 2016.
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Crook, Deschutes, and Jefferson County Health Departments, Rick Treleaven and, Muriel DeLaVergne-Brown. Deschutes Co. Public Health.	1. Review assessment, define needs, and share with key stakeholders in Jefferson County. 2. Needle exchanges implemented in Crook and Jefferson. 3. Plan created for sustaining and/or expanding existing Deschutes County needle exchange services.	1.	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Expand the availability of Naloxone	1. Participating in statewide Naloxone Access Meeting to remain up-to-date on statewide education efforts that may support Naloxone efforts within Central Oregon. 2. Rollout education on availability of Naloxone without a prescription to pharmacies	1. Ongoing. 2. January 2017.

		throughout the region.	
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
Rebeckah Berry, Kyle Mills, Sheila Albeke, PacificSource, local pharmacies, PacificSource, Kim Swanson, Pain Standards Task Force.	<ol style="list-style-type: none"> <li>1. Number of pharmacies reached with education on how to offer Naloxone without a prescription.</li> <li>2. Number of pharmacies information was provided to.</li> </ol>	<ol style="list-style-type: none"> <li>1. Participation in statewide Naloxone rollout/education workgroup.</li> </ol>	
Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Same as above.	Support the efforts of the Pain Standards Task Force to educate physicians to best practice standards and to support alternative pain management strategies.	<ol style="list-style-type: none"> <li>1. Monthly meetings of PSTF members continue to occur with consistent and robust participation, and broad information dissemination</li> <li>2. Provider education regarding safer prescribing and Naloxone.</li> <li>3. Obtain prescriber/provider endorsements for safer prescribing guidelines.</li> <li>4. Create a system of care in absence of payer reform.</li> <li>5. Advocate for federal and state legislative changes and provider policy changes designed to reform the prescribing of opioids and benzodiazepines.</li> <li>6. Clinic trainings, educational events for the region, and Grand Rounds.</li> <li>7. Educate PSTF regarding current misuse/abuse of Rx drugs among 12-25 year olds in Deschutes and Crook County.</li> </ol>	<ol style="list-style-type: none"> <li>1. Once a month. Ongoing.</li> <li>2. Ongoing.</li> <li>3. Ongoing.</li> <li>4. By June 2017</li> </ol>
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
Members of the Pain Standards Task Force, Kim Swanson, Rebeckah Berry, Shared Future Coalition, Crook County Public Health	<ol style="list-style-type: none"> <li>1. Number of training events offered within the region.</li> <li>2. Number of prescribers signing safe prescriber guideline</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> </ol>	



	<p>commitment form.</p> <p>3. Number of policy changes resulting from PSTF advocacy and engagement (State/Federal legislation, health system and/or specific healthcare provider policies)</p> <p>4. Creation of System of Care in absence of Payer Reform.</p>		
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Advocate with the OHA to make alternative and complementary pain treatment therapy a reimbursable service.	1. OHA's back pain guidelines are being implemented in Central Oregon for the Medicaid population.	1. Began July 1, 2016
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Alison Little, PacificSource, Pain Standards Task Force, COIPA, St. Charles.	1. Number of referrals to alternative care opportunities in the next 12 months.	1.	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Support legislation to make Naloxone available through the pharmacy without a physician's prescription.	1. Letters of support sent to Representative Buehler, Representative Buckley, Senator Devlin, and Senator Bates to pass HB 4124.	1. February 2016.
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Pain Standards Task Force, COHC Board of Directors, Provider Engagement Panel, Kim Swanson, Rebeckah Berry.	1. Numbers of organizations in the region endorsing the LOS. 2. Adoption of proposed legislation.	1. Complete.	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Expand prescription drug return programs.	1. Meet with pharmacies to consider offering prescription disposal units for their communities. 2. Press release and locations posted on the CO Pain Guide website, along with tips about safe storage and disposal.	1. By August 2016  2. By November 2016

		3. Partner with other community stakeholders to promote the community's use of the disposal sites and safe disposal practices.	
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Kim Swanson, Rebeckah Berry, pharmacy managers, Sheriff's Office in Crook, Deschutes, and Jefferson, and police departments, Shared Future Coalition. Jefferson County Prevention Coalition, Crook County Prevention Coalition.	<ol style="list-style-type: none"> <li>1. Prescription drug take-back units available to the public in Bend, La Pine, Madras, Culver, Prineville, and Redmond for safe disposal and decreased risk of diversion.</li> <li>2. Number of community partners assisting with the promotion of the disposal sites and safe disposal practices.</li> <li>3. Estimated reach of awareness campaign – specific targets set once the number of community partners and resources are identified.</li> </ol>	<ol style="list-style-type: none"> <li>1. New prescription disposal units are being placed in Redmond and La Pine with funds to support the first 12 months provided by the Pain Standards Task Force.</li> <li>2. Locations of current units are being collected for the press release.</li> <li>3. Crook and Deschutes County Prevention project prioritized prescription drug prevention under the SPF-PFS grant. Community assessments and strategic planning are taking place in 2016 in both Counties.</li> </ol>	
<b>Health Indicator(s) addressed</b>	<b>RHIP Strategy</b>	<b>Activity addressing strategy</b>	<b>Timeline</b>
Same as above.	Development of alternative and complementary pain programs widely available in the community.	<ol style="list-style-type: none"> <li>1. Key experts have met with Mark Altenhofen to discuss the possibility of a Pain Program for the region.</li> </ol>	<ol style="list-style-type: none"> <li>1. Began April 2016.</li> </ol>
<b>Parties Responsible/Responsibility</b>	<b>Target Metric</b>	<b>Implementation Progress and Status</b>	
Alison Little, Kim Swanson, Rick Treleaven, Christine Pierson, Mike Franz, Rebeckah Berry, Mark Altenhofen.	<ol style="list-style-type: none"> <li>1. Key experts review pain program model throughout the state, assess need, and cost.</li> </ol>	<ol style="list-style-type: none"> <li>1. From April 2016-July 2016 four meetings have occurred.</li> <li>2. Mark Altenhofen is exploring funding opportunities through RHIR funds to support the upstart costs of a regional Pain Resiliency Program.</li> </ol>	