



<b>Description:</b> BH ID - Coordinated Care	<b>Value Stream ID:</b>	<b>Site / Location:</b>	<b>Event Number:</b>	<b>Revision:</b>
<b>Sponsor:</b> COHC	<b>Process Owner/Team Lead:</b> BHID RHIP Wkgrp	<b>Facilitator:</b> Rebeckah Berry	<b>Sensei:</b>	

Current Date: Event Date: Team Members:	<b>1: REASONS FOR ACTION</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	<b>4: GAP ANALYSIS</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	<b>7: COMPLETION PLAN</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	
	<p><b>Problem:</b> Individuals in our communities are suffering and dying from a lack of a seamless and coordinated continuum of care that identifies and effectively responds to behavioral health needs.</p> <p><b>Aim:</b> Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.</p> <p><b>Boundaries:</b> Primary Care, Women's Health, Emergency Department, In-patient Hospital, SBHCs, Public Health, Indian Health Services</p>	<p><b>What can be done to reach our aim:</b></p> <ul style="list-style-type: none"> <li>• Implement universal screening</li> <li>• Train providers</li> <li>• Educate community</li> <li>• Technical assistance to clinics</li> <li>• Make integrated BH financially feasible</li> <li>• Increase MH providers/workforce</li> <li>• Increase psychiatric access including consultation</li> <li>• Better care coordination b/w PC and BH (shared accountability)</li> </ul> <ul style="list-style-type: none"> <li>• Make coordination of care financially feasible</li> <li>• Co-locate engagement services (specialty BH &amp; PC)</li> <li>• Embed BHC</li> <li>• Telemedicine</li> <li>• Increase PSS/RM workforce/demand</li> </ul>		
	<b>2: INITIAL STATE</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	<b>5: SOLUTION APPROACH</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	<b>8: CONFIRMED STATE</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	
	1. Gather baseline behavioral health screenings and populations screened within all primary care, women's health, emergency department, in-patient hospital, school-based health centers, public health, and Indian Health Services in Central Oregon.  2. Gather baseline data around internal interventions based on screening.  3. Gather baseline data around external/outside referrals to specialty BH based on risk.  4. Gather baseline data around Peer Support Specialist (PSS)/ Recovery Mentors (RM) used to engage patient.			
<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <b>9</b>	<b>3: TARGET STATE:</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	<b>6: RAPID EXPERIMENTS</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	<b>9: INSIGHTS</b> <input type="checkbox"/> Go <input type="checkbox"/> No Go	
	1. Increase appropriate behavioral health screenings and populations screened within all primary care, women's health, emergency department, in-patient hospital, school-based health centers, public health, and Indian Health Services to 95% universal screening in Central Oregon.  2. Increase internal interventions based on positive screening to 100%.  3. Increase completed external/outside referrals to specialty BH based on risk by 100% from baseline.  4. Increase Peer Support Specialist (PSS)/ Recovery Mentors (RM) used to engage patient by 100% from baseline.			

DRAFT