



RHIP Behavioral Health Identification & Awareness Workgroup

Deschutes County Building (DeArmond Room)

1300 NW Wall St, Bend

Agenda: August 29, 2017 from 8:15am-9:15am

Goals

Clinical Goal(s): (1) Increase screenings for depression, anxiety, suicidal ideation, and substance use disorders.

(2) When screenings are positive, increase and improve primary care-based interventions, and, when appropriate, referrals and successful engagement in specialty services.

Prevention Goal(s): Normalize the public’s perception of accessing resources for depression, anxiety, suicidal ideation, and substance use.

| Health Indicators by 2019 | QIM Measure | State Measure | Healthy People 2020 |
|---|-------------|---------------|---------------------|
| 1. Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015). | √ | | |
| 2. Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015). | √ | | |
| 3. First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop performance improvement benchmarks. | | | |

1. **8:15-8:20** **Introductions—All**

2. **8:20-8:35** **Discuss/Refine A3 Initial/Target States—Nikki Lemmon & Rebeckah Berry**

3. **8:35-9:15** **Continue A3—All**
 - **Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.**

3. **9:15** **Action Items—All**
 - **Next steps**

Next Meeting: September 26, 2017 from 8:15-9:15am
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)



| BH Screening and Awareness (21) | Organization |
|------------------------------------|--|
| DeAnn Carr, LCSW | Deschutes County Health Services |
| McKenzie Dean, MD | St. Charles Health System |
| Janet Foliano-Kemp | St. Charles Health System |
| Mike Franz, MD | PacificSource |
| Erica Fuller, MA, LPC, CADCI | Rimrock Trails Adolescent Treatment Services |
| Jessica Jacks, MPH, CPS | Deschutes County Health Services |
| Susan Keys, PhD | OSU Cascades |
| Malia Ladd, EdD | CAC Consumer Representative/NeighborImpact |
| Nicole Lemmon, MA | COHC |
| Christy Maciel, PSS | National Alliance on Mental Illness (NAMI) |
| Sondra Marshall, PhD | COPA & St. Charles Health System |
| Wade Miller, MBA | Central Oregon Pediatrics Associates (COPA) |
| Leslie Neugebauer, OTR/L, MPH | PacificSource |
| Kristi Nix, MD | High Lakes Healthcare |
| Laura Pennavaria, MD | St. Charles Health System |
| John Peoples, MD, FAAP | Central Oregon Pediatrics Associates (COPA) |
| Megan Sergi, MSW | Rimrock Trails Adolescent Treatment Services |
| Kim Swanson, PhD | Mosaic Medical |
| Rick Treleaven, LCSW | BestCare Treatment Services |
| Molly Wells Darling, LCSW | St. Charles Health System |
| Scott Willard, MA, CADCI, SRC, CPC | Lutheran Community Services Northwest |

BH ID & Awareness Current & Proposed A3 “Current States” & “Target States”

| CURRENT DRAFT | SUGGESTED DRAFT |
|--|---|
| INITIAL STATE | |
| 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. | 1. Get baseline data from clinics re: prevalence of behavioral health screenings, and what populations are being screening. |
| 2. Gather baseline data around internal interventions based on screening. | 2. Get baseline data re: prevalence of internal mental health interventions based on risk. |
| 3. Gather baseline data around external/outside referrals to specialty BH based on risk. | 3. Get baseline data re: prevalence of external/outside referrals to specialty behavioral care based on risk. |
| 4. Gather baseline data around Peer Support Specialist (PSS)/ Recovery Mentors (RM) used to engage patient. | 4. Get baseline data re: prevalence of Peer Support Specialists (PSS)/Recovery Mentors (RM) used to engage patients. |
| TARGET STATE | |
| 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. | 1. 95% of the clinics surveyed will use an evidence based behavioral health screening tool in their practice. |
| 2. Increase internal interventions based on positive screening to 100%. | 2. Increase internal interventions based on positive screen to 100%. |
| 3. Increase completed external/outside referrals to specialty BH based on risk by 100% from baseline. | 3. Increase completed external/outside referrals by 100% from baseline. |
| 4. Increase Peer Support Specialist (PSS)/ Recovery Mentors (RM) used to engage patient by 100% from baseline | 4. Increase use of PSS or RM by 100% from baseline. |

NOTE: The flowchart presented below shows the logic in how we intend to collect the data for our initial and target states. This logic will guide the survey yet to be developed. The specific survey questions will be refined and vetted by this group as a future step in the A-3 process.

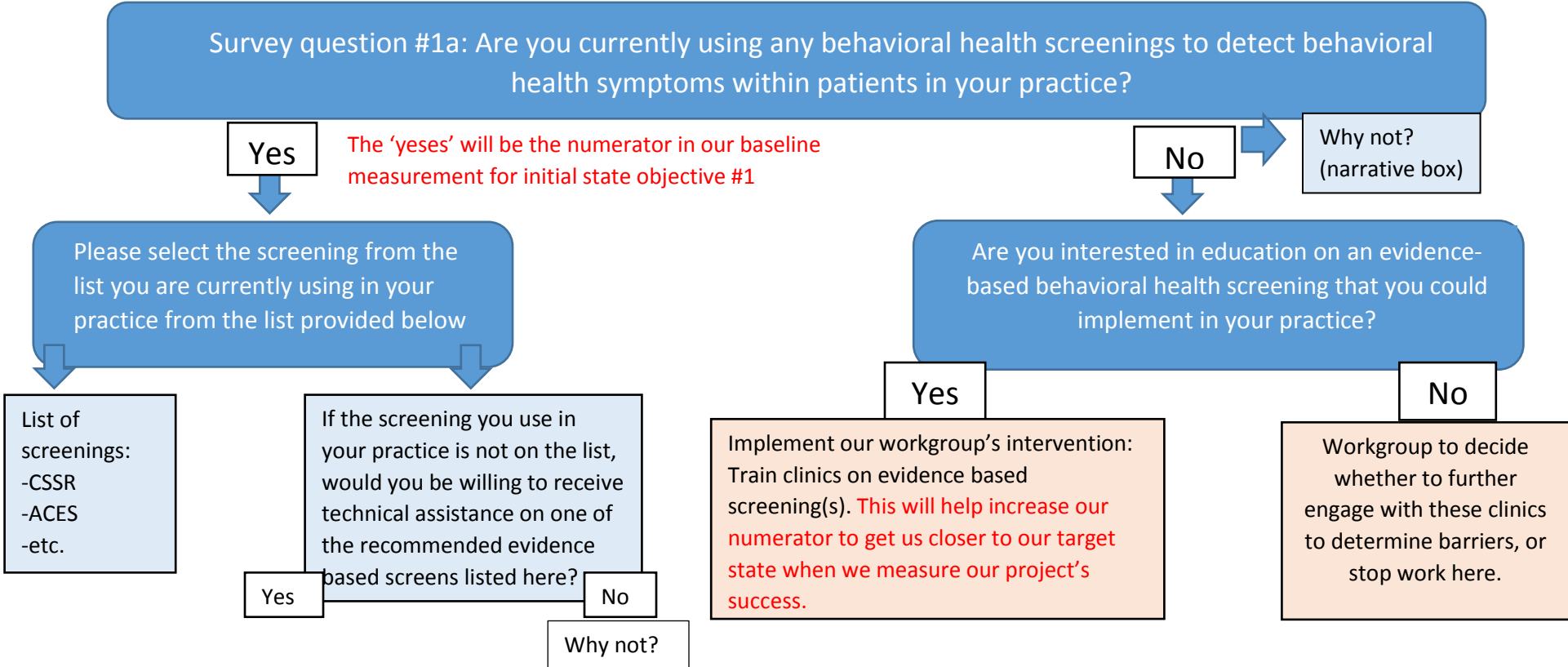
SMART Objectives: Specific Measurable Attainable Realistic Time-bound

Goal/AIM: Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.

Process step: Survey clinics. **The number of clinics surveyed will be the denominator in our measurements for initial state and target state objectives #1 - 4.**

Initial State #1: Get baseline data from clinics re: prevalence of behavioral health screenings, and what populations are being screening.

Target state: #1: 95% of the clinics surveyed will use at least one evidence based behavioral health screening tool in their practice.

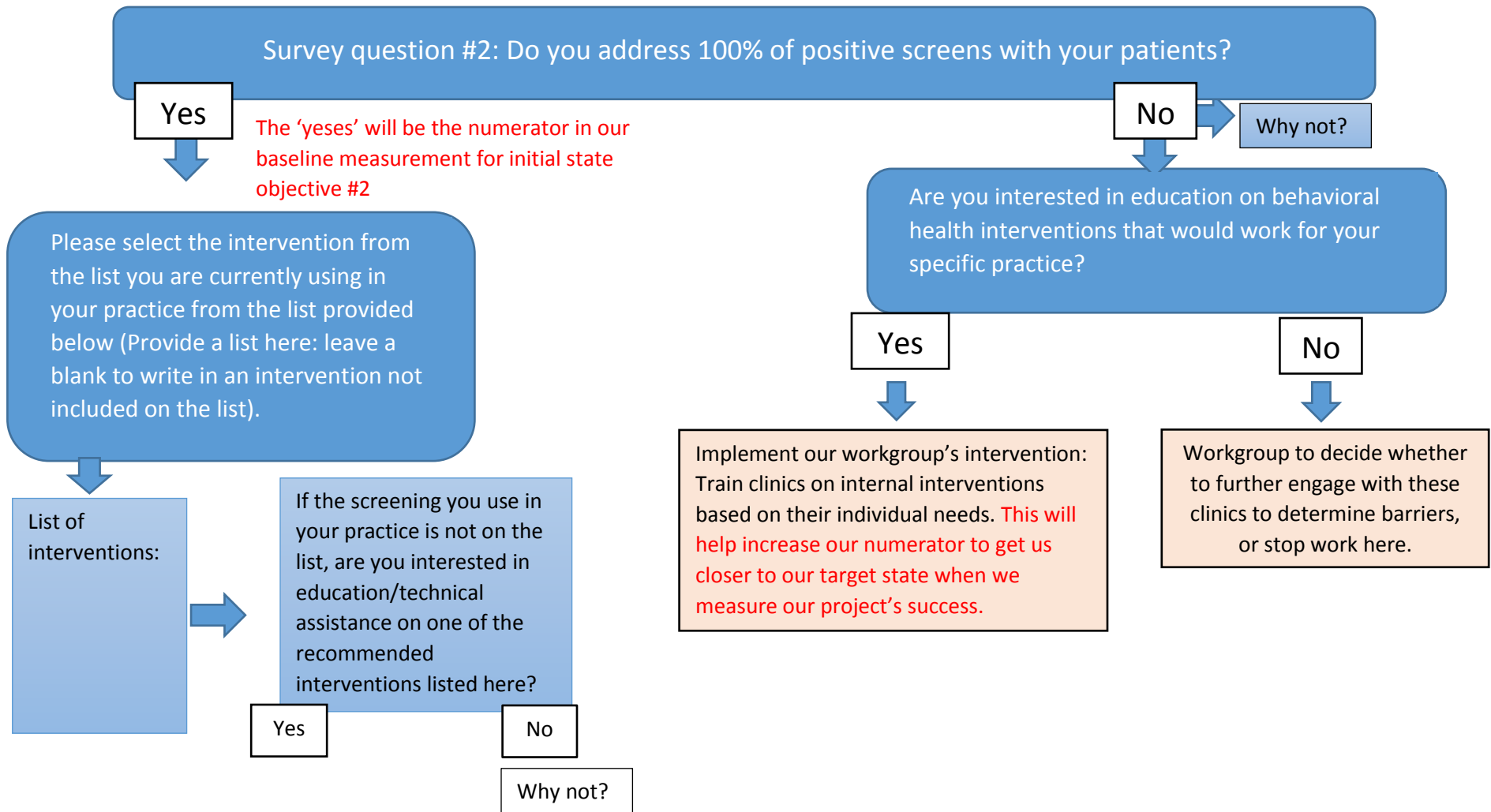


Survey question 1b: Of the screens you are providing, to which of the following populations do you administer the screen? (This question will help inform us on the TA that the clinic needs)

| Name of screening | Population | | | |
|-------------------|------------|-----------------------------|-----|------|
| | Adults 18+ | Children under 17 and under | ... | |
| ACEs | | | | |
| CSSR | | | | |
| ... | | | | |
| ... | | | | |

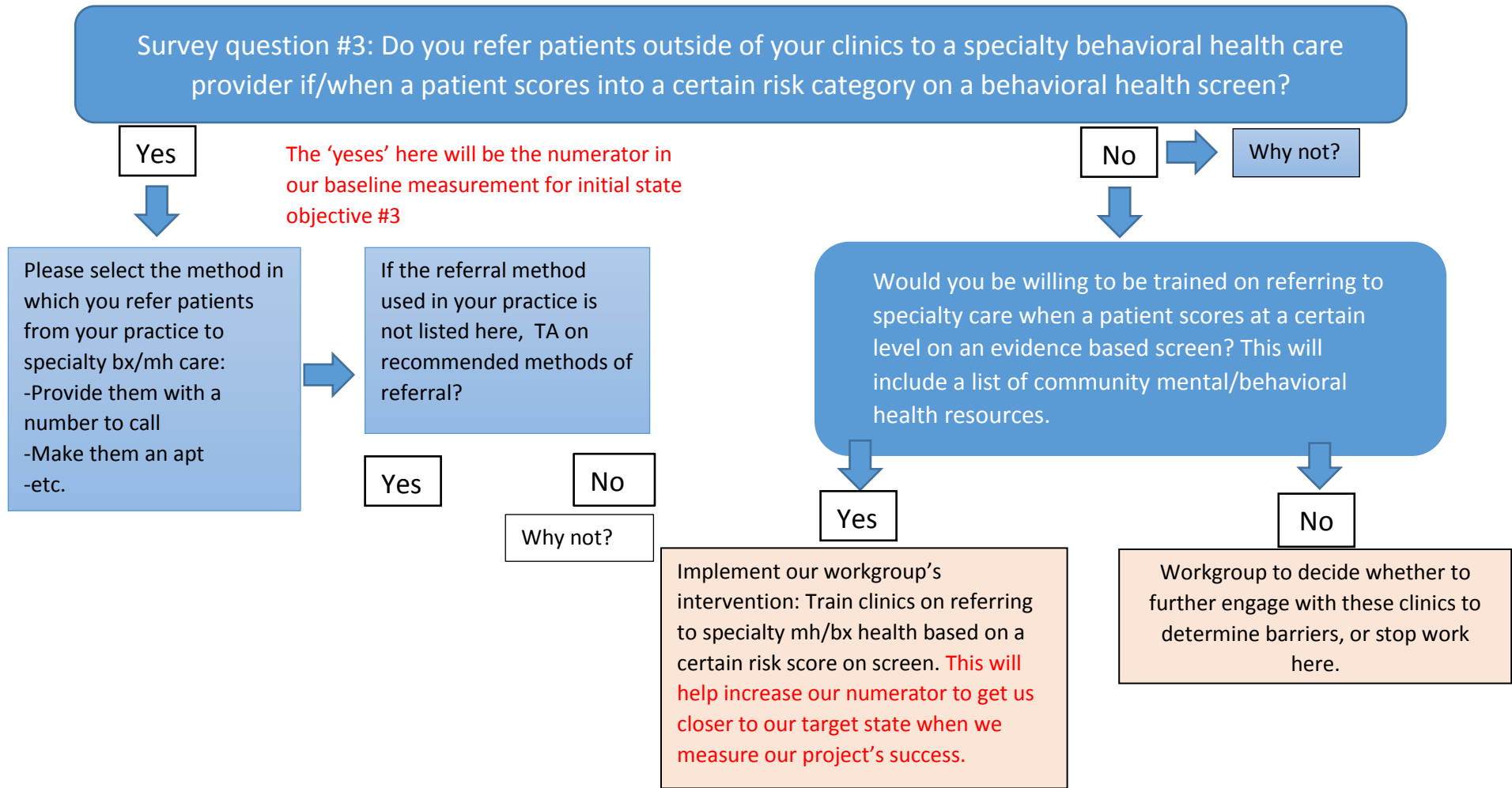
Initial state #2: Get baseline data re: prevalence of internal behavioral health interventions based on risk.

Target #2: Increase internal interventions based on positive screen to 100%.



Initial state #3: Get baseline data re: prevalence of external/outside referrals to specialty behavioral health care based on risk.

Target #3: Increase completed(?) external/outside referrals by 100% from baseline.



Initial state #4: Get baseline data re: prevalence of Peer Support Specialists (PSS)/Recovery Mentors (RM) used to engage patients.

Target #4: Increase use of PSS or RM by 100% from baseline.

Survey question #4: Are you currently using Peer Support Specialists or Recovery Mentors in your practice to engage patients?

Yes

The 'yesses' here will be the numerator in our baseline measurement for initial state objective #4.

No

Why not?

Please select the method in which you connect patients with the PSS/RMs in your practice:
List of methods:

If the connection method used in your practice is not listed here, are you interested in receiving TA on recommended methods of connecting patients with PSS/RMs?

Yes

No

Why not?

Are you interested in education around how to recruit, train, and utilize Peer Support Specialist/Recovery Mentors?

Yes

No

Implement our workgroup's intervention: Train clinics on how to recruit, train, and utilize Peer Support Specialist/Recovery Mentors. This will help increase our numerator to get us closer to our target state when we measure our project's success.

Workgroup to decide whether to further engage with these clinics to determine barriers, or stop work here.

RHIP Workgroup Updates: July

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Nikki Lemmon)

- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In July, the group continued their A3 process with the aim of identifying and engaging 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response. The group is finalizing their current state and target state measurements and will finalize these in August. Dr. Franz and invited guests also shared an update on the collaborative care psychiatric pilots occurring with children at COPA and Mosaic.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleaven)

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 27 members.
- In July, the group continued the work of evaluating how to measure their metrics for the Substance Use & Chronic Pain area of focus. The group also began their first A3 which will focus on making SUD engagement services available at hospitals (including E.D.) and primary care clinics.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In July, this workgroup reviewed the current successes and challenges around the smoking prevalence incentive measure. The group also discussed the future evolution of this incentive measure with the state Metrics and Scoring Committee Chair.

Diabetes—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In July, this workgroup continued their A3 process with the aim of 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%. In August this group will select their first experiment to “test” in hopes of working toward their aim.

CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 26 members.
- Leaders of the workgroup decided reschedule this meeting during August due to scheduling conflicts.

RHIP Workgroup Updates: July

Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The Oral Health Workgroup did not meet in July.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- The Reproductive Maternal/Child Health Workgroup did not meet in July.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 26 members in Kindergarten Readiness and 37 members in Housing.

Education & Health (Support: Donna Mills & Desiree Margo)

- The Kindergarten Readiness workgroup did not meet in July.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In July, this workgroup met to discuss whether or not to proceed with a Housing First pilot project and prepared to present their A3 at Operations Council on August 4, 2017.