RHIP Behavioral Health Identification & Awareness Workgroup
PacificSource – Suite 210 (2nd Floor)
2965 NE Conners Ave, Bend

Agenda: March 22, 2016 from 9:00am-10:00am

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 BH Identification & Awareness 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 BH ID & Awareness 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 26**

Next Meeting: **April 26 from 9-10am (1300 NW Wall St – DeArmond Room)**

BH Screening and Awareness	Organization
DeAnn Carr	Deschutes County Health Services
Chad Chadwick	Wellness Education Board of Central Oregon (WEBCO)
Mike Franz	PacificSource
Jessica Jacks	Deschutes County Health Services
Susan Keys	OSU Cascades
Malia Ladd	CAC Consumer Representative/NeighborImpact
Nicole Lemmon	Wellness & Education Board of Central Oregon (WEBCO)
Sondra Marshall	St. Charles Health System
Wade Miller	Central Oregon Pediatrics Association (COPA)
Leslie Neugebauer	PacificSource
Kristi Nix	High Lakes Healthcare
Laura Pennavaria	La Pine Community Healthy Center
Kristin Powers	St. Charles Health System
Sean Reinhart	Bend La Pine School District
Megan Sergi	Rimrock Trails Adolescent Treatment Services
Steve Strang	Mosaic Medical
Rick Treleaven	BestCare Treatment Services
Jeffrey White	CAC Consumer Representative
Scott Willard	Lutheran Community Services Northwest

Behavioral Health: Identification and Awareness

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.

Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015).

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?

Susan Keys: OSU-Cascades is part of a training grant with OHSU and PSU. OSU-C is training students in the Master's in Counseling program to implement SBIRT. OHSU is training medical students and PSU is training social work students. Both PSU and OSU-C are training here in Central Oregon. Both are also training field placement supervisors.
Sean Reinhart: Bend- La Pine Schools has suicide screening process at the district level. Some schools have run pilots for screening for depression/anxiety.
Sean Reinhart: Also, all secondary school staff have receive QPR training over the past two years. Additionally, each school has two staff trained in the ASIST suicide prevention model.
Malia Ladd: Healthy Beginnings is the only early childhood screening I'm aware of and does not necessarily screen for these issues in young children. The wording seems exclusive of young children to
Leslie Neugebauer: Some PCPs throughout the region are providing SBIRT/CRAFFT screenings regularly, some have recently received trainings.
Kristi Nix: High Lakes Health Care is administering the SBIRT/CRAFFT to all adolescent well child checks at the Shevlin site with the plan to expand this process to all sites when the workflow has been fine
Kristi Nix: I believe Mosaic is also routinely doing these screenings.
Jessica Jacks: Assessment and development of a regional mental health promotion campaign. The goal is to elevate mental health and wellness as an important everyday routine, reduce the stigma to help seeking, increase awareness of where to get extra help if needed. All of these things will help to make the conversation and screening within primary care a more natural, fluid and routine occurrence.
Jessica Jacks: suicide prevention primary care outreach seeks to increase screenings for identification of depression and suicide risk and help with clinic work flows to ensure consistency
Jessica Jacks: Aces work by United Way could support training and understanding of staff in primary care settings to improve engagement with clients in a trauma informed way
Jessica Jacks: low risk drinking guide video (0123
Tamarra Harris: SBIRT/CRAFFT given to each patient at a minimum of annually - Region
Tamarra Harris: CRAFFT is an optional KPI measure for SBHCs within Oregon - Mosaic is offering to every child at every WCC for age group 12-19.
Kristin Powers: All SCFC primary care new and annual visits are screened for substance abuse, depression and anxiety ages 12 and up. If positive screening, then full assessments are completed.

Behavioral Health: Identification and Awareness

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

Sean Reinhart: These projects are about being responsive to student needs and are not being measured. We do it because it is necessary.
Malia Ladd: Number of children birth-five screened in Central Oregon
Leslie Neugebauer: Claims data.
Kristi Nix: They will be measured as part of the QM process by pulling billing and lab data from the Electronic Health Record
Jessica Jacks: always measured in some capacity but not in a clinical way
Tamarra Harris: Depends on EMR system - tracked via smart phrase or billing code
Kristin Powers: PQRS, Meaningful use via Allscripts EEHR

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

Susan Keys: OSU-Cascades, Portland State and Oregon Health Services University
Sean Reinhart: Suicide screening process involves Bend - La Pine School Psychologists, School Counselors, and district administration. The QPR and ASIST training involved DCHS, teachers, school
Malia Ladd: Community based health screening delivered in every community in Central Oregon each
Leslie Neugebauer: Varies
Kristi Nix: High Lakes Healthcare, Administration is Becca Mataya, MD support, Kristi Nix and all other
Jessica Jacks: Jessica Jacks (DCHS), Brenda Comini (Crook County), Cindy Brockett (Jefferson County)
Jessica Jacks: David Visiko (DCHS), Susan Keys (OSU-Cascades), Laura Pennavaria (La Pine Community Health Clinic), Sierra Groenewold (Mosaic) is the core team with several others who make up the primary care workgroup on behalf of DCHS Suicide Prevention
Jessica Jacks: Ken Wilhelm
Jessica Jacks: Julie Spackman (DCHS) and the Shared Future Coalition developed a low risk drinking public service announcement focused on 18-25 year olds that could be expanded to other ages and
Tamarra Harris: Mosaic Medical - all FP clinics and SBHCs
Kristin Powers: SCFC clinics are in Madras, Redmond, Prineville, Bend and Sisters

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)?

Susan Keys: unsure
Jeff White: From the perspective of ACEs, these conditions are not "the problem" and are not maladaptive behaviors. The problem is ACEs, and these are adaptive behaviors to the problem. These conditions are only symptoms; but as long as we continue to ignore ACEs as the problem we should not expect any significant results.
Jeff White: Why are we not screening for ACEs?

Behavioral Health: Identification and Awareness

Sean Reinhart: The Bend - La Pine schools as well as other regional' school districts have a captive audience of students each day for 6.5 hours. During this time, many underlying mental health issues manifest themselves in a variety of ways and degrees. The Bend - La Pine school's mission is to educate students to be thriving citizens, and these underlying mental health issues are a significant barrier for many students. As mental health is not our primary mission, not are we funded to address mental health in depth, we often lack the appropriate response to helping these students. It is very important that we build capacity at the district and school level to address these issue in a preventative and responsive manner. Our highest leverage strategy would be to look for community partnership opportunities to bring these services directly to where student spend the majority of their day. Moreover, for many families, schools are the community hub. Schools have the potential to increase
Malia Ladd: Inclusive language for the mental health issues most likely to be apparent in young children that typically manifest as behavior issues.
Leslie Neugebauer: Workflow changes to consistently implement screenings; referral to treatment warm hand offs.
Kristi Nix: Inclusion of all Central Oregon clinics serving pediatric/adolescent patients
Jessica Jacks: consistent buy-in and coordination across multiple agencies so that screening is always done and not treated as something different (this differentness encourages continued stigma about
Jessica Jacks: incorporation of a mental health promotion campaign to decrease stigma of talking about mental health and substance use
Jessica Jacks: training across a health care setting so that everyone is consistent across the agency in the screening practice and language when introducing it
Jessica Jacks: consistent communication low risk alcohol consumption
Tamarra Harris: Staff training on how to handle positive screen - when BH/MH professional is not
Tamarra Harris: More MH/BH personnel
Kristin Powers: Screening and assessment does not equal better care or health outcomes and the metric does not extend to include "brief intervention tools."

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?

Susan Keys: unsure
Sean Reinhart: Sean Reinhart, Director of Special Program, 541-355-1060
Malia Ladd: Health Beginnings would be a natural starting place as they have very good support in the
Leslie Neugebauer: Ralph, Mike, Jeremy
Jessica Jacks: depending on focus several staff might be engaged from DCHS
Tamarra Harris: CMO & COO - the would be able to bring in others or hand off as appropriate.
Kristin Powers: Kristin Powers, Emily Salmon

Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015).

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?

Susan Keys: Suicide Prevention Workgroup that functions under the Central Oregon Suicide Prevention Alliance has developed training for primary care practices on suicide screening and related action steps

Behavioral Health: Identification and Awareness

Kristi Nix: High lakes Shevlin is working on using the PHQ-2 at every visit (Lisa Uri) but also participating in suicide prevention training given by the primary care workgroup of the Central Oregon Suicide Prevention Alliance
Jessica Jacks: Assessment and development of a regional mental health promotion campaign. The goal is to elevate mental health and wellness as an important everyday routine, reduce the stigma to help seeking, increase awareness of where to get extra help if needed. All of these things will help to make the conversation and screening within primary care a more natural, fluid and routine occurrence.
Jessica Jacks: suicide prevention primary care outreach seeks to increase screenings for identification of depression and suicide risk and help with clinic work flows to ensure consistency
Jessica Jacks: ACEs work by United Way could support training and understanding of staff in primary care settings to improve engagement with clients in a trauma informed way
Tamarra Harris: same as above
Kristin Powers: All SCFC primary care new and annual visits are screened for substance abuse, depression and anxiety ages 12 and up. If positive screening, then full assessments are completed.

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

Susan Keys: this initiative is still too early in the formative stage for evaluation.
Kristi Nix: They are not yet being measured
Tamarra Harris: same as above
Kristin Powers: PQRS, Meaningful use

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

Susan Keys: Laura Pennavaria leads the initiative. She would know all of the organizations represented.
Kristi Nix: High Lakes, Shevlin site. Upper Mill is also screening adults and adolescents, and hiring an in-house LCSW.
Jessica Jacks: Jessica Jacks (DCHS), Brenda Comini (Crook County), Cindy Brockett (Jefferson County)
Jessica Jacks: David Visiko (DCHS), Susan Keys (OSU-Cascades), Laura Pennavaria (La Pine Community Health Clinic), Sierra Groenewold (Mosaic) is the core team with several others who make up the primary care workgroup on behalf of DCHS Suicide Prevention
Jessica Jacks: Ken Wilhelm
Tamarra Harris: same as above
Kristin Powers: SCMG administration, clinic managers

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)?

Susan Keys: If someone screens for depression, primary care must follow up with a screen for suicidal ideation and suicidal behavior - and know how to assess for degree of risk and lethality. Practices also need to know the basics of what to do next and how to access support services for their patients at risk
Jeff White: Is the depression screening going to include screening for ACEs? Is the follow-up care going to include treatment for ACEs? For both questions, if not, why not?

Kristi Nix: More universal implementation of depression screening and training of providers on how to respond, clear referral process for positive screens

Jessica Jacks: consistent buy-in and coordination across multiple agencies so that screening is always done and not treated as something different (this differentness encourages continued stigma about

Jessica Jacks: incorporation of a mental health promotion campaign to decrease stigma of talking about mental health and substance use
Jessica Jacks: training across a health care setting so that everyone is consistent across the agency in the screening practice and language when introducing it
Jessica Jacks: ease of finding a behavioral health care provider. It is a difficult and cumbersome process, people don't know where to go and stop trying when it's hard
Tamarra Harris: same as above
Kristin Powers: Brief intervention/outcomes

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?

Susan Keys: not sure
Kristi Nix: Rebecca Mataya, Steve Mann (both are already involved in implementation of screening).
Tamarra Harris: same as above
Kristin Powers: Kristin Powers, Emily Salmon

First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop 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?

Susan Keys: Again - the primary care suicide prevention workgroup is beginning to work on this.
Kristin Powers: No specific projects known. SCHS has partnered with BestCare to establish a SUD presence in the Bend Hospital and there are metrics for f/u associated with that.

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

Susan Keys: too early in the process
Kristin Powers: Hand

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

Kristin Powers: BestCare

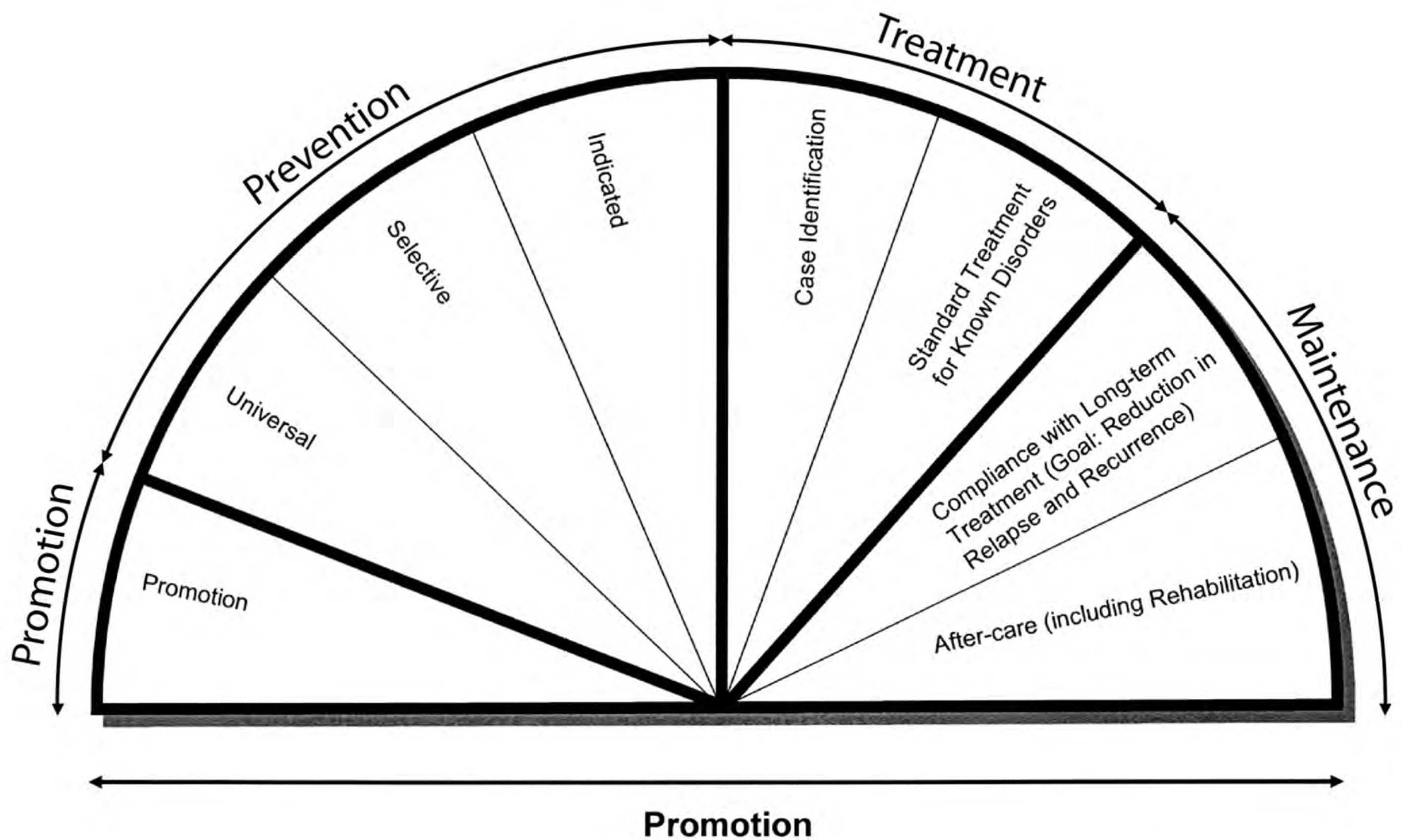
4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?

Susan Keys: great linkages with St. Charles, MCAT, CIT and primary care + community-based behavioral
Jeff White: If we continue the "traditional" approach to treating these conditions, that is, ignoring ACEs, we should not expect any more significant success than we have had in the past. Since we know about ACEs, what do we benefit, what do we gain, by ignoring them?
Kristi Nix: Better communication between specialty mental health referral and primary care such as clinic notes and updates
Kristin Powers: Closing the referral loop, communication between primary and specialty that is timely, reimbursable (not necessarily FFS but rather included in PMPM perhaps) and includes members of the clinics enhanced care team

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?

Susan Keys: unsure
Kristin Powers: Kristin Powers, Emily Salmon

Prevention AND Promotion



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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

- 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

Part I: Projected Project Revenue from COHC				
				$ -

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	$ -
Total Project Revenue				$ -

Personnel Costs

Name	Position (FTE dedicated to this project)	Salary	Benefits	Total Cost	Amount Requested
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
	Sub-Total: Personnel	**$ -**	**$ -**	**$ -**	**$ -**

Materials & Supplies	Total Cost	Amount Requested
	$ -	$ -
	$ -	$ -
	$ -	$ -
Sub-Total: Materials & Supplies	**$ -**	**$ -**

Travel Expenses	Total Cost	Amount Requested
	$ -	$ -
	$ -	$ -
	$ -	$ -
Sub-Total: Travel Expenses	**$ -**	**$ -**

Consultants & Contracted Services	Total Cost	Amount Requested
	$ -	$ -
	$ -	$ -
Sub-Total: Contracted Services	**$ -**	**$ -**

Meeting Expenses	Total Cost	Amount Requested
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
Sub-Total: Meeting Expenses	**$ -**	**$ -**

Professional Training and Development	Total Cost	Amount Requested
	$ -	$ -
	$ -	$ -
Sub-Total: Training and Development	**$ -**	**$ -**

Other Budget Items	Total Cost	Amount Requested
	$ -	$ -
	$ -	$ -
Sub-Total: Other	**$ -**	**$ -**

Total Project Budget	**$ -**	**$ -**

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.
- 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.