



RHIP Behavioral Health Identification & Awareness Workgroup

Deschutes County Building (DeArmond Room)

1300 NW Wall St, Bend

Agenda: February 27, 2018 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. **8:20-8:40** **Updated Primary Care Survey Results to Attain Baseline Data—All**
3. **8:40-9:10** **Complete Box 5 & 6 of Workgroup’s A3: Solution Approach & Experiment—All**
Aim: Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.
4. **9:10-9:15** **Action Items—All**
 - **MindYourMind Project Next Steps/Support—Jessica Jacks**
 - **Next steps**

Next Meeting: March 27, 2018
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)



BH Screening and Awareness (15)

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
Sierra Groenewold, LPC	Mosaic Medical
Jessica Jacks, MPH, CPS	Deschutes County Health Services
Larry Kogovsek	CAC Consumer Representative
Christy Maciel, PSS	National Alliance on Mental Illness (NAMI)
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
Rick Treleaven, LCSW	BestCare Treatment Services
Molly Wells Darling, LCSW	St. Charles Health System

BH ID & Awareness Box 5 Survey Results

AIM: IDENTIFY AND ENGAGE 100% OF INDIVIDUALS IN CENTRAL OREGON THAT HAVE A BEHAVIORAL HEALTH NEED, AND ENSURE AN EFFECTIVE AND TIMELY RESPONSE

This survey revealed clear alignment of priorities among the BH ID & Awareness RHIP workgroup (8 out of 16 members responded to the survey). The following four “hows” & their corresponding “whats” were identified as the highest priority tactics for achieving the AIM:

HOWS	WHATS
Training & support to include/ensure continuity of approach	Embed BHC
Provider Education	Increase PSS/RM Workforce/Demand
Champion Educator/Trainer	Train Providers
TA for providers	Implement Universal Screening

See following pages for detailed results and comments.

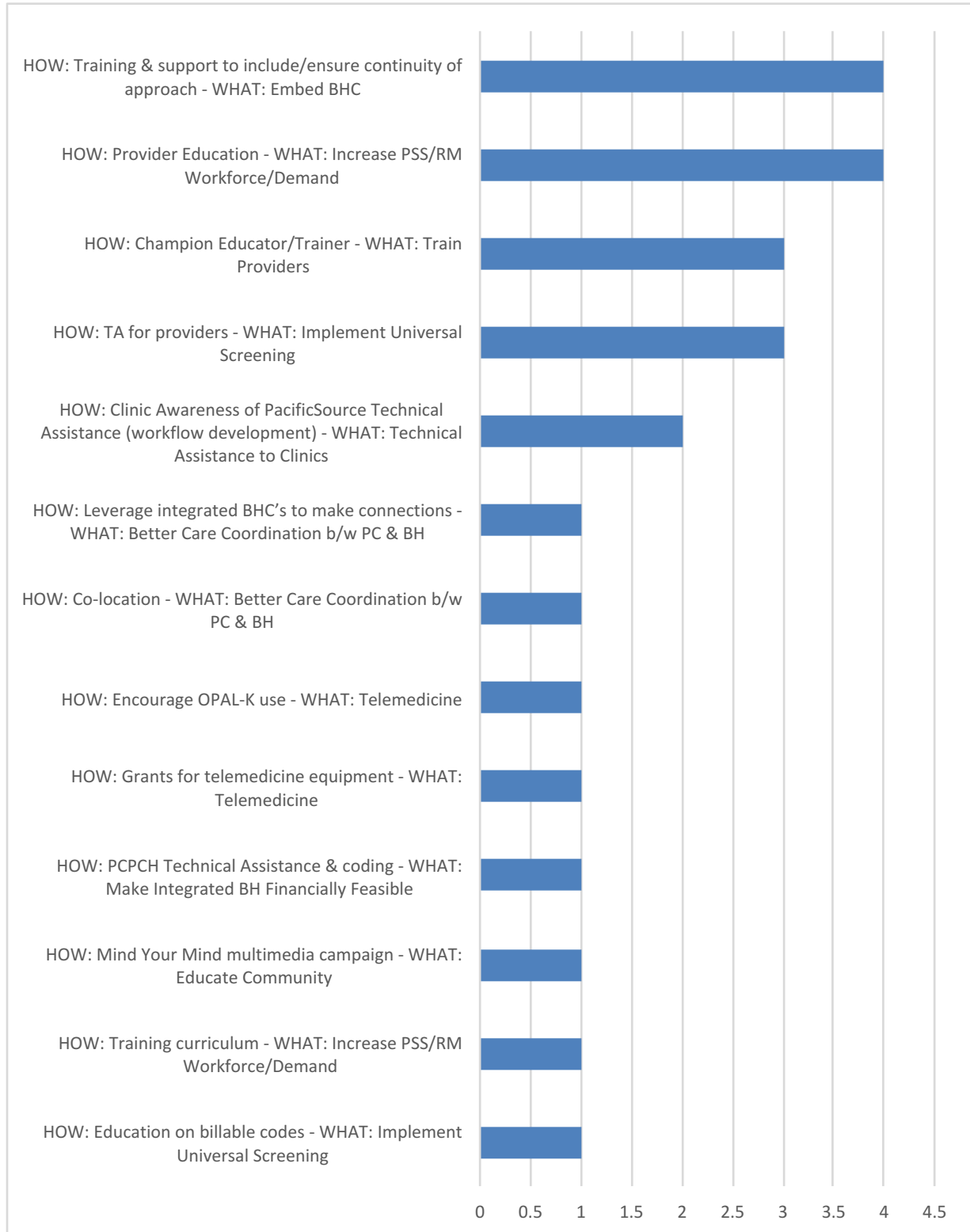
Question 1: Please rank the priority of each "how" as it relates to the AIM

Scores are aggregated to reflect group consensus.

HOW: TA for providers - WHAT: Implement Universal Screening <i>Pacific Source has a consultant available now who is helping some but not everyone knows about this resource - especially smaller practices TA is being funded by QIM \$\$ for integration of BH into primary care settings.</i>	2.13
HOW: Education on billable codes - WHAT: Implement Universal Screening <i>PacificSource's BH technical assistance consultant grant PS is planning to do it for their health plans.</i>	2.25
HOW: Champion Educator/Trainer - WHAT: Train Providers <i>Through TA above this is being planned.</i>	2.00
HOW: Training curriculum - WHAT: Increase PSS/RM Workforce/Demand	1.63
HOW: Provider Education - WHAT: Increase PSS/RM Workforce/Demand	1.88
HOW: Mind Your Mind multimedia campaign - WHAT: Educate Community <i>I thought this was already happening?</i>	1.13
HOW: Mental Health First Aid in community - WHAT: Educate Community <i>Trainings are already occurring in the community but I don't know by whom nor how well attended they are.</i>	1.13
HOW: Education through TRACES - WHAT: Educate Community <i>Is this already happening? Maybe it's not widespread enough. TRACES is planning to do this though United Way leadership.</i>	1.63
HOW: NAMI Classes - WHAT: Educate Community <i>Already happening but maybe it's not widespread enough.</i>	1.57
HOW: Coding reference sheet - WHAT: Technical Assistance to Clinics <i>This could go along with the BH Intergration technical assistance grant; easy to implement.</i>	2.25
HOW: Clinic Awareness of PacificSource Technical Assistance (workflow development) - WHAT: <i>Already happening in a handful of clinics but should be expanded and has limited funding. I think most clinics know this is happening.</i>	2.13
HOW: PCPCH Technical Assistance & coding - WHAT: Make Integrated BH Financially Feasible <i>Already happening in a handful of clinics but should be expanded and has limited funding. Included in TA</i>	2.13
HOW: Integration QIM Grant Awareness - WHAT: Make Integrated BH Financially Feasible <i>Included in TA</i>	1.50
HOW: Expand internship/ clerkship program for MSWs - WHAT: Increase MH Providers/Workforce <i>PacificSource is starting an MSW internship program.</i>	1.63
HOW: Grants for telemedicine equipment - WHAT: Telemedicine <i>(OPAL-K isn't telemedicine - probably just semantics but I didn't know if we wanted it classified correctly in the A3 or if it really doesn't matter. Already happening but maybe it's not widespread enough? I think most clinics already know this.</i>	1.38
HOW: Encourage OPAL-K use - WHAT: Telemedicine	1.63
HOW: Explore video encrypted options - WHAT: Telemedicine	1.38
HOW: Training & support to include/ensure continuity of approach - WHAT: Embed BHC <i>PS BH integration TA grant helps with some continuity of approach but all clinics operate a little differently.</i>	2.50
HOW: HIPAA clarification campaign - WHAT: Better Care Coordination b/w PC & BH	2.00
HOW: Co-location - WHAT: Better Care Coordination b/w PC & BH	2.13
HOW: Leverage integrated BHC's to make connections - WHAT: Better Care Coordination b/w PC & BH	2.38

Question 2: Please select the top 3 items you believe are of the highest priority to achieve the AIM

This graph represents all votes cast.



RHIP Workgroup Updates: January 2018

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Mike Franz)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 16 members.
- In January, 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 ensuring an effective and timely response. The workgroup is hoping to gather baseline data from seven more clinics in the region before they vote on their first A3 experiment. This data will be collected and reviewed at February's meeting.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Laura Pennavaria)

- This group meets the third Wednesday of every month from 4-5pm and currently has 22 members.
- In January, the group continued their A3 process with the aim that all Central Oregonians with a substance use disorder who enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services. The group is redefining their initial and target state objectives for their A3 and are currently narrowing down their potential experiments through a prioritization survey. The workgroup will vote on their first experiment at their February meeting.

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

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In January the group began developing the details of their first A3 experiment which focuses on clinical outreach and engagement to promote youth/family tobacco cessation. The group's A3 was presented to Ops and their A3 received enough support for them to access their funding. The group is currently working through steps to have regional youth action councils review tobacco education materials that the workgroup will disseminate to clinics throughout the region.

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 January, the group continued the development of their second algorithm that focuses on supporting primary care in the management of patients with A1cs >9. They hope to finalize this algorithm in February. The group also notified participating A1c Point of Care (POC) clinics to begin ordering their POC equipment and schedule a time for training before the 3.31.18 deadline.

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 13 members.
- In January, the workgroup discussed next steps for the Rx to Move pilot at Mosaic Medical and began their second A3 around nutrition.

RHIP Workgroup Updates: January 2018

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

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- In January, the Oral Health Workgroup heard a presentation from Kat Mastrangelo, Executive Director, Volunteers in Medicine, relative to a pilot they ran with older adults. The outcomes were striking and the group is very interested in authoring an A3 specifically around this population. There was also a review of a proposed MOU with Oregon Oral Health Coalition, which requests that the workgroup take the lead on a 'chapter' in Central Oregon. A meeting will be brokered with Donna Mills, Mary Ann Wren and Heather Simmons to discuss intent and objectives. The meeting held further discussion relative to the current A3 and Heather Simmons presented a couple of pilot ideas. An agreement was reached to create a couple of subgroups to further determine the details of possible RFPs.

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.
- In January, the Reproductive Maternal Child Health continues to move through their unintended pregnancies A3. The meeting held feedback on some researched campaigns. Next steps include two specific subgroups around data and focus groups.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 27 members in Milestones to Health and Education and 24 members in Housing.

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

- In January, the workgroup reviewed the operational structure of the workgroup, and the subgroups provided updates on their progress (Literacy, Social & Emotional Supports, Access to Integrated Services, and TRACES).

Housing (Support: Bruce Abernethy, Elaine Knobbs-Seasholtz & MaCayla Arsenault)

- In January, the workgroup discussed proposals aimed to stabilize and transition the chronically homeless in both Sisters and Prineville.