Central Oregon Health Council

RHIP Behavioral Health Identification & Awareness Workgroup
Deschutes County Building (DeArmond Room)
1300 NW Wall St, Bend

Agenda: July 24, 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. 8:20-8:50 **Project Outline: Regional BH Integration & Primary Care—Dawn Creach**

3. 8:50-9:00 **Mind Your Mind Project Update/Guidance—Jessica Jacks**

4. 9:00-9:10 **Cross-Pollination/Ideas with other RHIP Workgroups—All**
   - **Reproductive Health/Maternal Child Health**
   - **Oral Health**
   - **Milestones to Health (Kindergarten Readiness)**

5. 9:10-9:15 **Action Items—All**
   - **COHC Grant Software**
   - **Next steps**

Next Meeting: **August 28, 2018**
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)

BH Screening and Awareness (14)	Organization
DeAnn Carr, LCSW	Deschutes County Health Services
McKenzie Dean, MD	St. Charles Health System
Janet Foliano	St. Charles Health System
Mike Franz, MD	PacificSource
Sierra Groenewold, LPC	Mosaic Medical
Jessica Jacks, MPH, CPS	Deschutes County Health Services
Katie Keck, LMFT	Rimrock Trails Adolescent Treatment 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
Rick Treleaven, LCSW	BestCare Treatment Services
Molly Wells Darling, LCSW	St. Charles Health System

Central Oregon Health Council Regional Health Improvement Project: Behavioral Health Integration Across the Community

E. Dawn Creach, MS

Principal Consultant

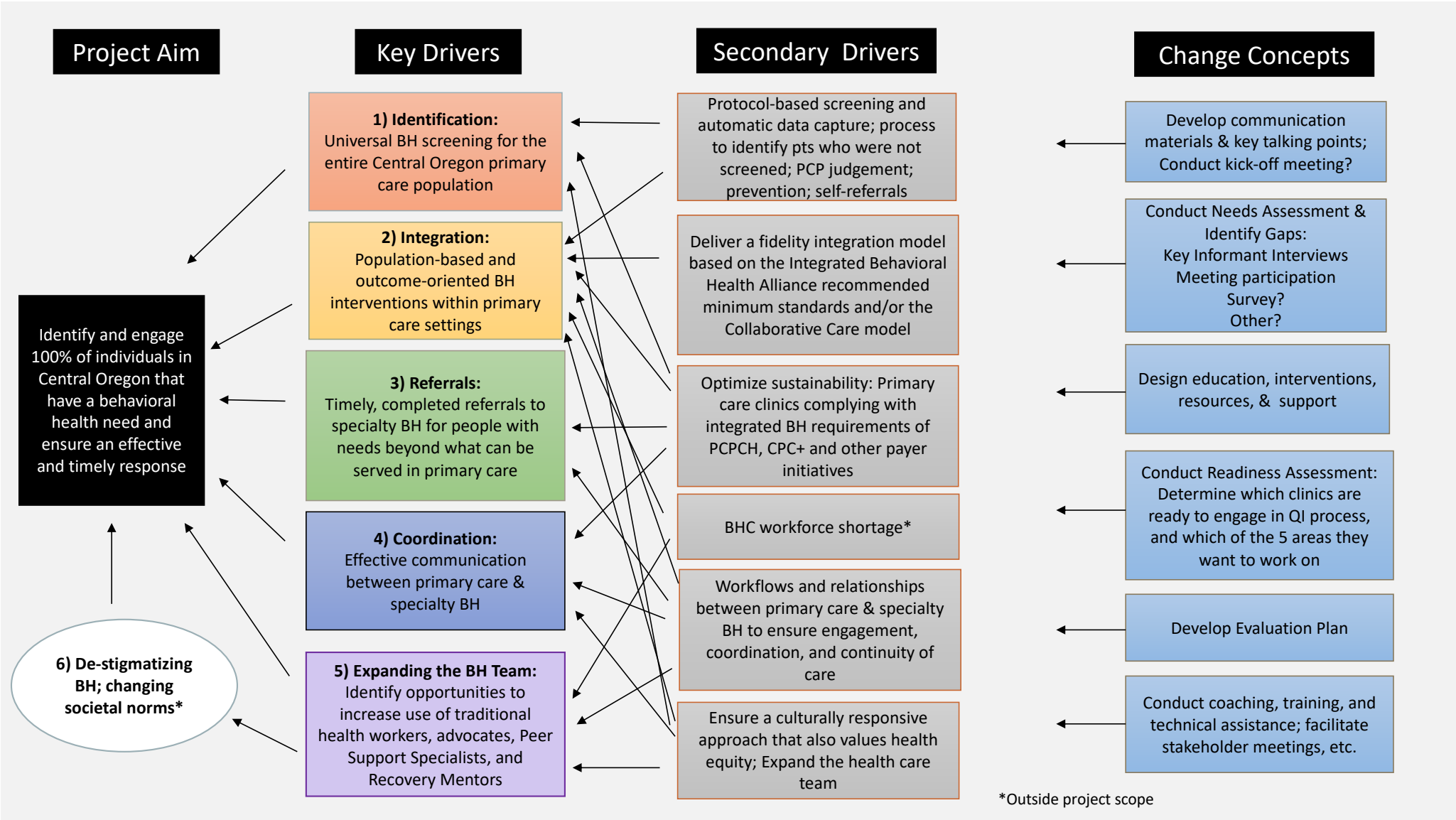
Creach Consulting, LLC

About Me

- Independent consultant, passionate about improving health care
- >14 years experience working at various organizations in Oregon
- Current and former clients include:
  - PacificSource Health Plan
  - Legacy Health
  - Children's Health Alliance
  - Oregon Health Authority Transformation Center
- Diverse experience in medical home/PCPCH implementation, behavioral health integration, health policy, payment reform, and research & evaluation
- Founding member, Oregon Primary Care Payment Reform Collaborative
- Executive Committee member, Integrated Behavioral Health Alliance
- Crazy college softball mom, yoga, spending time with my dogs, hiking & outdoors stuff, Blazer fan, sports, cooking, traveling, movies, and reading

Project Partners

- Central Oregon Health Council
- PacificSource (BH trainer position housed at PS)
- Deschutes County Health Services
- St. Charles Health Systems
- Mosaic Medical
- Rimrock Trails Adolescent Treatment Services
- Central Oregon Health Council's Consumer Advisory Council
- National Alliance on Mental Illness
- High Lakes Healthcare
- BestCare Treatment Services
- Others?



*Outside project scope

RECIPE

NEEDS ASSESSMENT

Cooking time: Depends

Main ingredients:

1 tablespoon zest of enthusiasm

1 cup of clear communication

½ cup of understanding the situation, sifted

1 heaping cup of identifying needs

4 tablespoons of determining the gap

2 cups of developing interventions, education, support, & resources

Getting Started…

✓Move to Bend, wrap-up other client projects ☺

✓Come up with cool project name and acronym (any ideas??)

✓Develop communication materials/talking points (by 8/31/18)

✓Design and begin environmental scan/needs assessment – schedule key informant interviews (completed by 12/31/18)

✓Conduct integrated behavioral health assessments at 16 primary care clinics; identify strengths & opportunities for improvement (by 12/31/18)

✓Begin developing evaluation & data collection plan; gather feedback about which data elements are feasible

✓Schedule kick-off meeting and/or establish a work group?

Estimated Project Timeline

Q3 2018	Develop project plan & communication materials; design needs assessment; begin identifying & scheduling key informant interviews
Q4 2018	Conduct BHI assessments @ 16 primary care clinics; conduct needs assessment
Q1 2019	Determine gaps/barriers & develop trainings, resources, support, etc.; conduct readiness assessment; Kick off meeting?
Q2 2019	Begin trainings & working with clinics; complete gap analysis for use of peer supports, traditional health workers, advocates, etc.
Q3 2019	First annual report due to COHC
Q4 2019	
Q1 2020	
Q2 2020	Evaluate project data; Write project report
Q3 2020	Project concludes

Measuring Success

✓	Increase appropriate behavioral (bx) health screenings and populations screened within all primary care, to 100% universal screening in Central Oregon.
✓	Increase internal behavioral health interventions based on positive screening to 100%.
✓	Increase completed external/outside referrals from inside primary care to specialty bx health care based on risk by 100% from baseline.
✓	Complete a gap analysis regarding the use of Peer Support Specialists (PSS) and/or Recovery Mentors(RM) in primary care.
✓	Increase the number of completed and timely referrals from primary care to specialty behavioral health care when behavioral health needs of patient are greater than clinic can manage.
✓	Increase engagement with behavioral health patients following their intake to specialty bx care.
✓	Increase care coordination & communication.

Anticipated Challenges

- Healthcare reform & change fatigue
- Competing priorities for busy & already overloaded primary care clinics
- Engagement: Lack of financial or other type of incentives for clinics
- Collecting data – many of the metrics will rely on clinics and this is a big ask
- Historical siloes between physical & behavioral health, different cultures, etc.
- Changing the paradigm – recognizing that most BH is delivered in primary care settings; thinking about and using language that supports whole-person care
- Ambitious project scope and timeline (also, scope creep)
- Factors outside the scope of the project
- Other?

What I Could Sure Use Your Help With…

- ✓Feedback on what I've discussed today
- ✓Feedback on communication materials/talking points
- ✓Relay project information back to your respective organizations emphasize importance, garner support, commit to prioritize at least one of the five key driver areas
- ✓Recommend people for key informant interviews
- ✓Let me know about local dynamics in the health care community
- ✓Reach out to me anytime!

Thank You!!

E. Dawn Creach, MS

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COHC Spring 2018 RHIP Updates

Behavioral Health Identification & Awareness

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

Recent Activities

- Voted to request PacificSource house a regional behavioral health support person.

Behavioral Health Substance Use & Chronic Pain

AIM: All Central Oregonians with a SUD that enter the hospital system including the ED will receive engagement, treatment, or harm reduction services.

Recent Activities

- Collected LOIs from organizations to employ two individuals embedded in St. Charles Bend who will support and make referrals for SUD patients.

Cardiovascular Disease & Diabetes Prevention

AIM: Cost will never be a barrier to participate in a variety of physical activities for students.

Recent Activities

- Released RFP and awarded funds for region-wide project to increase Active Modes of Transportation for youth
- Drafting RFP for region-wide project for provider-based referrals to physical activity for youth

- Began A3 to increase healthy diets in Central Oregon

Cardiovascular Disease Clinical

AIM: Reduce the rate of youth tobacco use in Central Oregon from 17.3% to 15% in 8th graders, and 23.2% to 20% in 11th graders.

Recent Activities

- Discovered few resources exist for helping teens quit tobacco. Held focus groups and determined those resources were not well-received.
- Pursuing more information regarding the work of school-based health centers in reference to tobacco.

Diabetes Clinical

AIM: 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%

Recent Activities

- All A1c algorithms completed
- Preparing comprehensive diabetes materials roll-out events in three locations (Bend, Madras, Prineville) in September for all healthcare providers.
- QIM grant clinics are being trained and processes are being put in place for Point of Care A1c testing.
- **Funded Initiative:** High Desert Food & Farm Alliance Veggie Rx Pilot

Oral Health

AIM: Improve Oral Health and keep children cavity free.

Recent Activities

- Cross proposal with Diabetes Workgroup
- Launch New A3 – Oral Health for the older adult
- Launch New A3 – Integration with Primary Care initiative

Reproductive Maternal Child Health

AIM: Prevent Unintended Pregnancies

Recent Activities

- Released RFP for Unintended Pregnancies media campaign
- Partnered with Power to Decide to bring a One Key Question training to Central Oregon
- Partnering with Milestones workgroup on Early Learning pathways

SDOH: Housing

AIM 1: Central Oregon communities have sufficient, actionable data to guide direction, establish priorities, support regional solutions and bring a call to action to mobilize citizens to create a healthier Central Oregon.

AIM 2: The approximately 200 chronically homeless and/or high utilizers in Central Oregon will be stabilized and supported to achieve well-being.

Recent Activities

- Began work on homelessness prevention A3.
- **Funded Initiatives:** Sisters Habitat for Humanity, Sisters Cold Weather Shelter, Redemption House, Jericho Road, Thrive

SDOH: Milestones to Health & Education

AIM 1: Central Oregon children become more resilient

AIM 2: Every Central Oregonian thriving in the face of diversity

AIM 3: Children in Central Oregon have lifelong health and learning challenges due to lack of early identification and access to services

AIM 4: Every child in kindergarten has the early literacy skills to be ready to learn

Recent Activities

- Nurturing 3 subgroups; Literacy, Social and Emotional, Access to Integrated Services (TRACEs part of Social and Emotional subgroup)
- Literacy team partnering with Equity Team around reading program proposal
- TRACEs awarded $2m by COHC Board of Directors
- Partnering with Reproductive Maternal Child Health on Early Learning Pathways