RHIP Behavioral Health Identification & Awareness Workgroup

St. Charles Hospital: Conference Room A (Main Entrance, 1st Floor)
2500 NE Neff Road, Bend

Agenda: November 27, 2018 from 8:10am-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. 8:10-8:15 **Introductions—All**
2. 8:15-9:00 **Reliance eHealth Referral Platform: PC to Specialty BH—Dan O'Donoghue**
3. 9:00-9:10 **Culturally & Linguistically Appropriate (CLAS) Standards—Miguel Herrada**
4. 9:10-9:15 **Brief Project Update: Advancing Integrated Care—Dawn Creach**
5. 9:15 **Action Items—All**

Next Meeting: **12.18.18 (Deschutes County Bldg., 1300 NW Wall St, Bend: Barnes/Sawyer Room)**

BH Screening and Awareness (13)	Organization
Dawn Creach, MS	Consultant
Janet Foliano, PsyD	St. Charles Health System
Mike Franz, MD	PacificSource
Janice Garceau	Deschutes County Health Services
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	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

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography:

Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf

Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf

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World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

BH ID & Awareness Workgroup: AIC Project Status Update November 2018

Communications

- "Road show" continues – COHC PEP, CAC, Diabetes Clinical
- Site visits & key informant interviews have been great opportunity to talk about AIC & opportunities for alignment

Needs Assessment/Environmental Scan

- Trying to wrap-up needs assessment by end of December
    - Please review list of completed interviews and let me know ASAP if you see any huge gaps!
    - Preliminary results will be discussed at December's BH ID & Awareness Workgroup meeting
    - Final findings to be completed by end of January
- >30 key informant interviews completed so far; snowball effect continues; trying to wrap up by end of December
- >12 primary care site visits completed so far (>20 total)
- Trying to connect with Warm Springs – one person has responded and hoping to schedule a meeting with him in early December
- Learning about and coordinating with other TA activities & programs
    - Developmental Screening Pathways – OPIP project (Jan. 2019 stakeholder mtg)
    - Delta Center Grant – Central Oregon Stakeholders meeting 10/24
    - Collaborative Care implementation - Samepage Consulting
    - Coordinating w/Keshia Bigler re: ED utilization
- Practice Survey – will conduct survey to start identifying what areas clinics want to work on – will be based on key informant interviews and site visits (launch Q1 2019)

Technical Assistance/Practice Facilitation/Consultation

- Solo pediatrician running a micro-practice, interested in establishing integrated BH; Providing extensive consultation & education around options
- Fall Creek FM and Cascade Internal Medicine Specialists – consults scheduled with both clinics, interested in starting BHI program
- Working closely to support Summit/BMC as they recruit a BHC and re-establish an integrated care program – Have candidate and extending an offer!

Committee/Group Participation

- Regional step up/step down meetings facilitated by Kim Swanson
  - Opportunity to contribute to this work as it pertains to primary care-specialty BH coordination
- Integrated Behavioral Health Alliance, Executive Committee
  - Metrics framework presented at the Health Plan Quality Metric Committee on November 8th ; was well-received and assigned to OHA staff for feasibility work; opportunity to influence health policy across all payers
- Primary Care Payment Reform Collaborative, founding member and BHI subcommittee member
  - Final policy recommendations being debated; will be presented to Oregon Health Policy Board & available to state legislators
  - Opportunity to influence health policy across all payers, remove barriers to integrated care, and increase financial sustainability

PacificSource PCPCH-Behavioral Health Integration QIM Payment Program

- Q3 data from practices is ready! All but one organization able to report all patients and then separately for Medicaid only; important source of data for the AIC project
  - All clinics participating in the QIM grant met the 5% population penetration benchmark!

	Metric #1: Population Penetration of Integrated Behavioral Health Services (% of unique patients seen by a BHC during the reporting period)		Metric #2: Access to Same-Day Behavioral Health Services (% of all BHC encounters that are same-day)	Metric #3: Identification & Intervention With Target Sub-Population: Depression (% of unique patients with PHQ-9 >=10 and had a BHC encounter)	
	Q3		Q3	Q3	
	ALL Patients	PacificSource Medicaid Patients Only	ALL Patients	ALL Patients	PacificSource Medicaid Patients Only
Total numerators	2,582	1,464	1,174	613	361
Total denominators	35,482	14,796	4,288	1,666	988
Overall	**7.3%**	**9.9%**	**27.4%**	**36.8%**	**36.5%**
Range	2.2 -24.7%	2.2 - 31.2%	11.1 - 46.3%	10.1 - 64%	8.2 - 72.2%

Learning Collaboratives

- Request for a BHC Community of Practice to be established in early 2019
- Collaborative Care/TeamCare - 2019 opportunity via Kim Swanson's CDC grant for group and individual learning for clinics interested clinics; coordinating with this effort (SamePage Consulting)
    - Working to recruit psychiatrists & PMHNPs for the Dec. 4th training
- COCH Pain Standards Task Force will not be funding the quarterly collaboratives starting in 2019; Will transition responsibility to the AIC project and ongoing need will be determined by needs assessment/environmental scan

Project Evaluation

- Clinics participating in the PacificSource BHI QIM program will begin reporting metrics for all patients starting Q3 – these will inform AIC
- Other evaluation planning in progress

Questions/Asks of the BH ID & Awareness Workgroup:

- Please review list of key informants below and identify any gaps! Trying to finish up interviews by end of December!

Key Informant Interviews as of November 2018:

9/18/2018	Janice Garceau	Deschutes County BH
9/19/2018	Janet Foliano	St. Charles Health System
9/20/2018	Kat Mastrangelo	Volunteers in Medicine
9/21/2018	Jessica Jacks	Deschutes County Health Services
9/21/2018	Larry Kogovsek	CAC/BH ID & Awareness Groups
9/25/2018	Whitney Schumacher	Deschutes County PH
9/26/2018	Laura Pennavaria	St. Charles Medical Group
10/1/2018	Kate Wells	PacificSource
10/3/2018	Wil Berry	Deschutes County BH
10/8/2018	Molly Wells	St. Charles Health System
10/8/2018	Michael Heidenreic	PacificSource
10/9/2018	Ricardo Oliveria	High Lakes HealthCare
10/9/2018	Jason Prinster	High Lakes HealthCare
10/16/2018	Keshia Bigler	PacificSource
10/17/2018	Allison Little	PacificSource
10/17/2018	Nancy Tyler	Deschutes County / Harriman Health Center
10/19/2018	Kristi Nix	High Lakes HealthCare
10/22/2018	Shiela Stewart	COIPA

10/23/2018	Mary Meador	Mary Meador, MD
10/30/2018	Sarah Huber	Deschutes County BH
10/30/2018	Nathan Osborn	Cascade Child and Family Center
10/31/2018	Melissa Thompson	Deschutes County BH
11/5/2018	Susan Rotell	Council on Aging of Central Oregon
11/7/2018	Andrea Ketelhut	PacificSource
11/7/2018	Katie McClure	TRACEs
11/8/2018	Kevin Shaw	Brightways
11/12/2018	Heather Simmons	PacificSource
11/14/2018	Cheryl Emerson	Private Practice LPC
11/15/2018	James Mockaitis	Juniper Mountain Counseling
11/20/2018	Fall Creek Internal Medicine	Fall Creek Internal Medicine
11/20/18	Rick Trelaven	BestCare
11/26/2018	Ray Gertler	Private Practice Psychologist
11/26/2018	Erin Salmon	St. Charles
11/28/2018	Cascade Peer Center	Cascade Peer Center
12/3/2018	Divya Sharma	COIPA

COHC Fall 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

- Preparing to launch "Mind Your Mind" campaign in Primary Care Clinics
- Supporting Advancing Integrated Care

Behavioral Health Substance Use & Chronic Pain

AIM 1: All Central Oregonians with an SUD that enter the hospital system including the ED will receive engagement, treatment, or harm reduction services.
AIM 2: Every Central Oregonian with chronic pain will have access to comprehensive, evidence-informed pain management.

Recent Activities

- Anticipating data from SUD Coordinator and Recovery Mentor on the hospital floor in March 2019
- Building new A3 (Aim 2)

Cardiovascular Disease & Diabetes Prevention

AIM 1: Cost will never be a barrier to participate in a variety of physical activities for students.
AIM 2: By 2019 0% of adults in Central Oregon will have a diet modifiable disease, specifically CVD and/or type 2 diabetes.

Recent Activities

- **FUNDING** Rx to Move
- **FUNDING** Kids in Parks
- Exploring options for healthy food distribution to individuals experiencing medical and socioeconomic risk

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Cardiovascular Disease Clinical

AIM 1: 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.
AIM 2: Every Central Oregonian with chronic pain will have access to comprehensive, evidence-informed pain management.

Recent Activities

- **FUNDING** Dr. Backus presentations (expanded to public audiences), COIPA
- Developing an RFP for public media campaign on hypertension
- Launched youth-led Photo-voice tobacco cessation project

Diabetes Clinical

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

Recent Activities

- **FUNDING** Veggie Rx, HDFFA
- **FUNDING** Eat for Life, Mosaic Medical
- **FUNDING** Mobile Diabetes Unit in Prineville, St. Charles
- Disseminated algorithms of care & local diabetes resources regionally
- Assessing patient comprehension of diabetes diagnoses and benefit coverage

Oral Health

AIM 1: Improve Oral Health and keep children cavity free.
AIM 2: Improve oral health during the perinatal period and keep children cavity free
AIM 3: Decrease the number of seniors at-risk of dental disease by __% (data pending) in Central Oregon

Recent Activities

- **FUNDING** MoreCare pilot sites for oral health integration in primary care, Mosaic Medical, St. Charles Women's Health & Weeks Family Medicine

Reproductive Maternal Child Health

AIM: Prevent Unintended Pregnancies

Recent Activities

- **FUNDING** A Smile for Kids, in combination with Milestones workgroup
- Vetting media RFPs for unintended pregnancies campaign
- Building new A3 on vaccinations

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

- **FUNDING** Dawn's House
- Working to more closely link health to housing in meeting format

- Researching ways to support and encourage the use of HMIS licenses

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

- **FUNDING** A Smile for Kids, in combination with Oral Health workgroup
- **FUNDING** Juntos Aprendemos (translated: Together We Learn)