



Behavioral Health: Increase Access and Coordination

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://zoom.us/j/200458328>

Join by phone:

+1 669 900 6833

Meeting ID: 200 458 328

March 18, 2020

1:00-2:30pm

Aim/Goal
<p>Increase equitable access to skilled and coordinated care between specialty behavioral health* and the larger health system, including primary care, while decreasing barriers to ensure an effective and timely response.</p> <p>*Specialty behavioral health: behavioral health, substance abuse, and developmental services that are delivered outside of primary care.</p>
Future State Metrics
<ol style="list-style-type: none">1. Increase availability of behavioral health providers in marginalized areas of the region.2. Increase timeliness and engagement when referred from primary care to specialty behavioral health.3. Standardize screening processes for appropriate levels of follow-up care across services.

AGENDA

- | | |
|-----------|---|
| 1:00-1:05 | Welcome, Introductions & Guiding Principles - All |
| 1:05-1:10 | Housekeeping - Facilitator |
| 1:10-2:20 | Root Cause Analysis - All |
| 2:20-2:30 | Closing - Facilitator |



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Future State Metrics – Full Detail

1. By December 2023, improve the availability of behavioral health providers in the marginalized areas of the region (La Pine, Madras, Redmond) to exceed the Oregon average for rural areas of 0.62 in 2019 as measured by 'mental health providers per 1,000 population
2. By December 2023, a method is developed to measure timeliness and engagement with specialty behavioral health referred from primary care.
3. By December 2023, a method is developed to standardize screening processes to assure clients receive the appropriate level of care and follow-up across various services in Central Oregon.



**Central Oregon
Health
Council**

Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Involve Targeted Population

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

Regional Health Improvement Plan (RHIP) Workgroup Frequently Asked Questions

Do large organizations with many different departments only count as one vote?

It is important to give equitable value and weight to each partner voice in decision making. To do that, large organizations that completely reside within the same community sector will have one vote. If a large organization resides within multiple sectors, that organization will get one vote per sector. For example, if there are two people from a large organization such as St. Charles Health System, and one of them is from inpatient hospital care and the other is from primary or family care, they will share one vote because both of those departments reside within the healthcare sector.

If there are two people from the same umbrella organization (for example Deschutes County), with one of them working in the judicial system and the other is working in public health, they will each have one vote because justice and health care are two separate sectors. Employees of these departments represent significantly different community perspectives.

Can I send a representative to vote in my place if I'm not able to attend a decision-making discussion?

There are multiple, on-going discussions and a lot of shared learning leading up to formalizing a decision. Regularly participating gives you a better understanding of these complexities. A representative, or proxy, attending an isolated decision-making discussion will not have the depth of understanding of the topic. Only partners who have maintained their voting partner status will be invited to formalize a decision by voting. See Participation Practices for details.

If you are one of two members representing the same organization and your coworker has attended enough meetings to be a voting partner, they will be able to vote for your organization. However, if your coworker does not qualify as a voting partner, they will not be able to vote in your place.

Is a final decision made when 75% agreement is reached by voting partners present in the meeting? Or by all voting partners?

We approach final decisions using the Focused Conversation method to bring partners closer to consensus. When we say consensus, we mean: "Finding and creating areas of shared understanding; A coming together of the common sense of the total group; An agreement that everyone can live with". After coming to consensus, a decision is made when 75% of all voting partners are in agreement. For example, any partner present for the discussion, will work to reach consensus during the meeting time. The formal decision will be made by all voting partners through an email vote. This applies to both a positive or negative vote. For instance, if the vote is split 50/50, partners must work to agree by 75% in favor of, or against, an issue.

How long will it take to work through the Structured Problem Solving (SPS) to develop a Strategic Direction? When will funding be available?

The process will take a few months, however each workgroup may progress at different rates, depending on the number of priority area metrics, and deliberation of the workgroup. Mini-grants (up to \$5,000) are available now through the Central Oregon Health Council (COHC) website. Standard grants (over \$5,000) will be available once each workgroup develops their strategic direction and decides how they want to disseminate funds. All funding must directly impact the workgroup metrics.

With our priority areas as broad as they are, how will we prioritize where to start?

Prioritization will be determined through the Structured Problem Solving (SPS) process and development of a Strategic Direction over the next few months.

Who is allowed to apply for workgroup funds?

Organizations with Tax ID numbers who serve Central Oregon can apply for funding. It is not required that an organization is on a workgroup to apply for funding. All are welcome to apply. The workgroup can choose to use the funds to implement workgroup driven activities that directly impact the metrics, in which case no applications would be accepted. The workgroup can also request proposals (Call for Community Projects) from the region which are available to everyone, including workgroup partners. Calls for Community Proposals will be listed on the COHC website as they become available: <https://cohealthcouncil.org/how-to-apply-2/>

Does each workgroup have \$1.6 million? Does the funding need to be spent over 4 years?

Yes, each workgroup will receive \$1.6 million to invest in the workgroup's strategic direction. Remaining funds that have not been invested by December 31, 2023, will be returned to the Community Impact Fund for future community investment.

Why can't funding be used for brick & mortar investments?

There is ambiguity in whether or not State and Federal Laws prohibit us from using Community Impact Funds for capital investments. In response, the COHC Board of Directors accepted a recommendation to avoid brick and mortar requests.

What is the application process and reporting requirements for each type of grant?

The mini grant application and requirements are available on the COHC website: <https://cohealthcouncil.org/how-to-apply-2/>

We will be discussing the standard grant application process in more detail as we develop workgroup strategic directions in the coming months.

Where do you get your training for the “tools” we use?

The COHC staff comes from a variety of different backgrounds, education and professional training. We pull from different sources and adjust to meet the needs of the workgroups, but here are a few of our favorites:

- Technology of Participation (ToP) <https://www.top-training.net/w/>
- Lean Enterprise Institute <https://www.lean.org/>
- Collective Impact Forum <https://www.collectiveimpactforum.org/>

How will we assure that funds are distributed in a way that helps ensure equity overall?

Equity is a priority for the 2020-2023 Regional Health Improvement Plan (RHIP) and therefore we are working to integrate equity-focused questions into our workgroup discussions and decision making. The Central Oregon Diversity, Inclusion and Equity (CODIE) workgroup will serve to provide expertise, focus and actionable strategies to advance diversity, equity and inclusion in support to the goals of the Central Oregon Health Council (COHC) as articulated in the RHIP. We invite workgroup partners and their organizations to join us in these efforts.

Can funding be used for a grant writer to bring more money into the community?

Yes, workgroup funds can be used to leverage additional funding that directly impacts the priority area metrics.

Can funding be used for professional development?

Funds may be used for education and training related to the strategic direction that impacts priority area metrics. Education and training could be used for the community at large or the workgroup as a whole. Examples might include train the trainer models, equity and diversity training for workgroups, or practitioner trainings for underserved populations.

Can current and past applicants/projects submit multiple grant applications?

There is no limit to submissions. However, historically workgroups favor projects that are innovative, pilot programs, or projects that demonstrate a strong sustainability plan.

Who is the Operations Council?

The Operations Council is made up of people who represent all parts of the healthcare delivery system. This includes physical health, oral health, behavioral health, public health and education. Their responsibilities are to improve health care coordination and apply a systems level lens to the Regional Health Assessment and Regional Health Improvement Plan.

What was the amount of \$ for workgroups during the last 4 years? Are there current investments that come under the umbrella of each workgroup?

For the 2016-2019 RHIP cycle each workgroup received \$250,000 per year for a total of \$750,000. Any projects still in progress will be adopted into the new workgroups for continued guidance, however any of these projects seeking additional funding are not guaranteed additional financial support.

How will we keep partners informed who are unable to attend the meetings?

All meeting packets will be available on the COHC website: <https://cohealthcouncil.org/workgroups/>

Behavioral Health: Increase Access and Coordination



Background: Why are we talking about this?	
1990s Mill Closures / Timber Industry Decline State Hospitals Deinstitutionalized US Wars impact on Veterans 2000s Population Growth in Central Oregon Housing shortage Rising suicide rates Tech Advancement & Screen Time	Mental health affects how we think, feel and act. It determines how we handle stress, relate to others, and make choices. Mental health challenges can increase the risk of physical health problems such as stroke and heart disease. Individuals benefit significantly from intensive coordination of care and outreach activities, which are less available in remote areas of Central Oregon.

Current Condition: What's happening right now?
<ul style="list-style-type: none"> Approximately 1 in 4 adults over 55 in Central Oregon reported a diagnosis of depression Percentage of students who reported feeling sad or hopeless has been generally trending upward 64% of individuals who died by suicide visited their primary care provider within one year prior to their death Current State Metrics: <ol style="list-style-type: none"> Availability of behavioral health providers is less in the rural areas of the region No way to measure timeliness and engagement with specialty behavioral health when referred by primary care No standardize screening processes for appropriate levels of follow-up care across services

Goal Statement: Where do we want to be in 4 years?
Aim/Goal Increase equitable access to skilled and coordinated care between specialty behavioral health and the larger health system, including primary care, while decreasing barriers to ensure an effective and timely response.
Future State Metrics - By December 2023: <ol style="list-style-type: none"> Increase availability of behavioral health providers in marginalized areas of the region. Increase timeliness and engagement when referred from primary care to specialty behavioral health. Standardize screening processes for appropriate levels of follow-up care across services.

Analysis: What's keeping us from getting there?
Empty content box

<i>Date updated:</i>	<i>Workgroup:</i>	<i>Version:</i>
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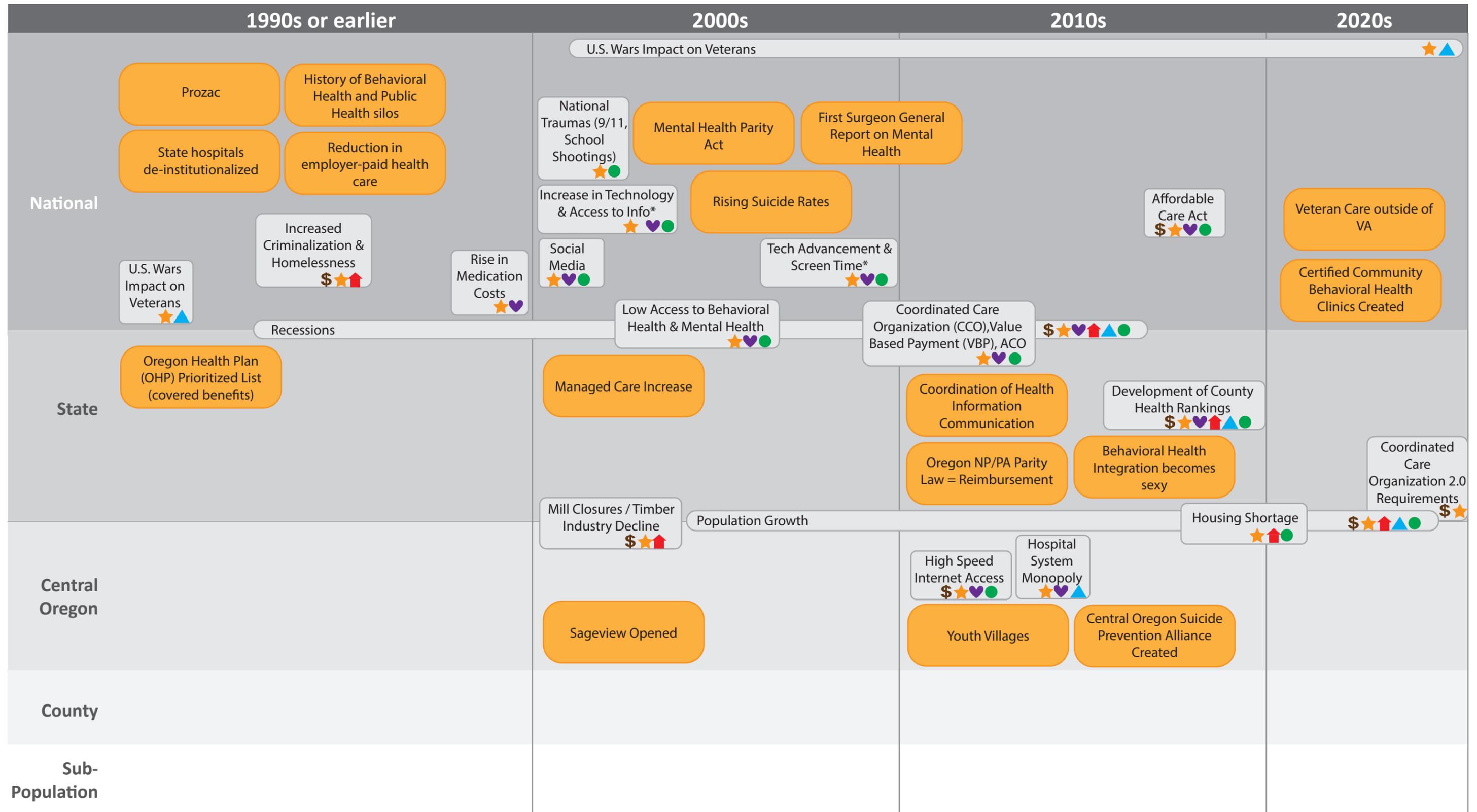
Strategic Direction: What are we going to try?
{insert}

Focused Implementation: What are our specific actions? (who, what, when, where?)
{insert}

Follow-Up: What's working? What have we learned?
{insert}

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Background Timeline



*Traumatic events across the country were able to be viewed and visually experienced by people with the increase of media access and screen time, enabling civilians to absorb trauma from wars and other tragedies around the globe.

Partnership Action Plan – Behavioral Health: Increase Access and Coordination

Level of Engagement	Sector	Organization	Person	Who will contact them?
Core	Voluntary	Central Oregon Veterans Outreach	Kathy Skidmore	Tim Malone
	Voluntary	Klamath Co. School District	Tanya (teacher)	Susanne Frilot
	Public Sector	Veterans Affairs	Ruth Z.	Adam Williams
	Public Sector	Dept. of Justice	Kaylee Snyder	Matt Palmer
	Beneficiaries	CTWS Community Members	Laurie D.	Dawn Creach
	Practitioners	Private Practice Therapists		
	Practitioners	Teen Challenge		
	Policy Partners	DHS – CPS/APD/APS	Frank King	Angela Jensen
	Volunteer	Opportunity Foundation		
	Public	Law Enforcement / First Responders		
	Public	Legal / Justice - DA		
Circle of Engagement	Voluntary	Neighbor Impact	Patty Wilson	Brenda Comini
	Public	Abilitree		Matt Palmer
	Public	School Districts – Redmond, Crook, Jefferson, Warm Springs, Sisters		Hayley Etnier
	Public	Inspectors to ensure accessibility		
	Resource Partners	Higher Ed.	Ryan Reese	Katie Keck
	Voluntary	Interfaith Network of Central Oregon		
Circle of Champions	Private	Chamber of Commerce		Kathy Sabatier
	Private	Bend Broadband		
	Public	COIC		
	Public	Public Utilities Commission		
Circle of Information & Awareness	Public	Tribal Council		
	Resource Partners	Beauty Salons / Barber Shops		

Circle of Possibilities	Private	Indian Head Casino		
	Private	Apple		
	Private	Uber		
	Private	YouTube		
	Private	Facebook		
	Private	Fortes Construction		Katie Keck
	Private	Gun Business	Matt's Dad	Matt Palmer
	Private	Gun Business?	Raedian	Kelly Winter
	Private	The Source Weekly		
	Private	Trade / Apprentice Boards		