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

May 20, 2020
1:00-2:30pm

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.

*Specialty behavioral health: behavioral health, substance abuse, and developmental services that are delivered outside of primary care.

Future State Metrics
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
1:00-1:10  Welcome, Land Acknowledgement & Guiding Principles - All
1:10-1:20  COVID-19 Updates - All
1:20-2:20  Root Cause Analysis - All
2:20-2:30  Closing - Facilitator
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<table>
<thead>
<tr>
<th>Future State Metrics – Full Detail</th>
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<tbody>
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<td>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</td>
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<td>2. By December 2023, a method is developed to measure timeliness and engagement with specialty behavioral health referred from primary care.</td>
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<td>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.</td>
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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.
What is a Root Cause?

- Fear
- Lack of
- Blame
- Apathy

Specific and Describable

Mindssets and Beliefs

Unquestioned Assumptions

How Resources Flow

Follow-up care across services

Screening processes for appropriate levels of trauma

Power Dynamics

Connections and Relationships

Policies and Practices

Behavioral health: referred from primary care to specialty

Timeliness and engagement when providers in marginalized areas available

Accessibility of behavioral health

What is a Root Cause?
Behavioral Health: Increase Access and Coordination

Title: Root Cause
Directions for

Steps:
1. What are the key words in this cluster?
2. How have you experienced this?
3. How does this block? What is it blocking? What is stopping us from achieving our regional and community aims?
4. What is a Root Cause?

Mindset: Character.
Influencer: Awareness.
Tactics: Relational.

Root Cause

Barriers: 3-7 words per Barrier.
Signs: 3-7 words per Sign.

1. People with new diagnosis & incarcerated
2. Unquestioned Assumptions, of the region or group color and your burden
3. Living negatively, stable housing and supports
4. Wealth/income discrimination
5. Homelessness and data & access
6. Landlord density and lack of replication
7. High fees and rentals/HCVs qualification
8. Felony skills on how to live and opioid overdose risk of harm
9. Marketing and targeting data and blue from high turnover research on influence, proactive/reactive treatment and naloxone acceptance.
10. Low % of primary care questions in efforts/resources of people who feel they belong, low and broken connections inWarm Springs, Prineville, Madras school boards to education and parenting of their own child's life access to age appropriate kids in primary school, education over social media and youth vaping and using E-cigarettes success.

Future State Metrics:
1. Address poverty and enhance self-sufficiency.
2. Increase two-year-old immunization rates.
3. Increase first-time school graduation rates, adequately prepared for college and college persistence.
4. Reduce chronic and severe mental illness.
5. Decrease sexually transmitted infections.

With care, people can experience this?

Lack of job growth and cultural diversity of the workforce.

Issues:
1. Funding
2. Support needed from other funding sources
3. Lack of funding
4. Funding issues

Services:
1. Residential treatment
2. Outpatient treatment
3. Support services
4. Case management
5. Community mental health supports

Structure:
1. Behavioral health providers
2. Systems of care
3. Health systems
4. Management of care
5. Mental health services

Myths:
1. Mental illness is a choice
2. Mental illness is a lack of will
3. Mental illness is a character flaw
4. Mental illness is a disease
5. Mental illness is a lack of intelligence

Coordination:
1. Health in school
2. Behavioral between provider groups
3. Identification of needs and assessments
4. Resource allocation
5. Support

Critical Infrastructural Support:
1. Public health
2. Health centers
3. School health centers
4. Home health centers
5. Community health centers

Appraisal:
1. Functional status
2. Quality of life
3. Employment
4. Educational achievement
5. Social connectedness

Critical Access Points:
1. Emergency department
2. Medically underserved areas
3. Homeless shelters
4. Correctional facilities
5. Temporary housing

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