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

June 17, 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 Community Sharing - All
1:20-2:20 Root Cause Analysis - All
2:20-2:30 Closing - Facilitator
Behavioral Health: Increase Access and Coordination
Regional Health Improvement Plan Workgroup

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

Minds and Beliefs
Unquestioned Assumptions,

Power Dynamics

Connections and Relationships

Policies and Practices

Resource Flow

Follow-up care across services.

Screening processes for appropriate levels of care.

Referral from primary care to specialty care.

Timeliness and engagement when needed.

Providers in marginalized areas.

Accessibility of behavioral health.

Fear
Lack of
Blame
Apathy

No
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?

- 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:
1. Availability of behavioral health providers is less in the rural areas of the region
2. No way to measure timeliness and engagement with specialty behavioral health when referred by primary care
3. 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:
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

Analysis: What's keeping us from getting there?

Strategic Direction: What are we going to try?

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

Follow-up: What's working? What have we learned?

What, when, where?

Focus on implementation: What are our specific actions? (who, what, when, where?)

Analysis: What's keeping us from getting there?

Strategic Direction: What are we going to try?

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

Follow-up: What's working? What have we learned?

What, when, where?
Central Oregon Health Council

COVID-19

Mini-Grant Report

This report gives an overview of the status of all COVID-19 mini-grants funded by the Central Oregon Health Council (COHC).

There are two funding streams available for COVID-19 mini-grants. One is from the **RHIP Workgroups**, who elected to pool their money. Each workgroup contributed $25,000, for a total of $150,000. Grant applications for this funding stream directly impact a RHIP metric. See pages two and beyond for information on which metrics have been impacted through COVID-19 mini-grants.

The second funding stream is provided from the **COHC reserves** in a matching amount of $150,000. This funding pool is drawn from when a COVID-19 mini-grant is submitted due to an emergent need, but does not align with a RHIP metric. See a complete list of these mini-grants on the bottom half of page one.

**Non-RHIP COVID-19 Mini-Grants**

<table>
<thead>
<tr>
<th>March</th>
<th>Non-RHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Creach Consulting, LLC</strong></td>
<td>COVID-19 Virtual Community Supports</td>
</tr>
<tr>
<td><strong>Jefferson County Public Health Department</strong></td>
<td>Stay Home, Save Lives Outreach Campaign</td>
</tr>
<tr>
<td><strong>Jefferson County Public Health Department</strong></td>
<td>Prevent COVID-19 for At-Risk Populations</td>
</tr>
<tr>
<td><strong>Mosaic Medical</strong></td>
<td>COVID-19 Care Kits for the Homeless</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>April</th>
<th>Non-RHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Oregon Pediatric Associates</strong></td>
<td>PPE Sterilization</td>
</tr>
<tr>
<td><strong>Crook County Health Department</strong></td>
<td>COVID-19 Outreach Campaign</td>
</tr>
<tr>
<td><strong>Family Access Network</strong></td>
<td>FAN COVID-19 Response</td>
</tr>
<tr>
<td><strong>NeighborImpact</strong></td>
<td>Homeless Services</td>
</tr>
<tr>
<td><strong>REACH COVID-19</strong></td>
<td>Services for Homeless</td>
</tr>
<tr>
<td><strong>Ronald McDonald House Charities</strong></td>
<td>COVID-19 Virtual Family Supports</td>
</tr>
<tr>
<td><strong>Rugged Thread Outerwear Repair Inc.</strong></td>
<td>Manufacturing Surgical Masks</td>
</tr>
<tr>
<td><strong>Sparrow Clubs U.S.A.</strong></td>
<td>Virtual Sparrow Clubs for 2020-21 School Year</td>
</tr>
<tr>
<td><strong>The Latino Community Association</strong></td>
<td>COVID-19 Emergency Funds for Families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>May</th>
<th>Non-RHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REACH</strong></td>
<td>Solar Chargers for Homeless</td>
</tr>
</tbody>
</table>
RHIP COVID-19 Mini-Grants

Decrease food insecurity
Decrease percent of individuals living at poverty level and income constrained
Decrease housing and transportation costs as a percent of income
Increase availability of behavioral health providers in marginalized areas of the region
Increase timeliness and engagement when referred from primary care to specialty BH
Standardize screening processes for appropriate levels of follow-up care
Decrease asthma, cancer, cardiovascular disease, and diabetes rates
Increase fruit/vegetable consumption and physical activity in youth
Decrease risk factors for cardio-pulmonary and/or preventable disease
Accurately measure Central Oregonians experiencing homelessness
Decrease binge drinking among adults
Increase additional services for alcohol or drug dependence for individuals newly diagnosed
Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs
Increase letter name recognition at kindergarten

Bend Farmers Market Fresh Veggies for SNAP Participants
BestCare Treatment Services Expanding Telehealth Capacity for COVID-19 Needs
Brightways Counseling Group Access to Care - Telehealth
Cascade Peer and Self Help Center COVID-19 Supports for Clients
Central Oregon Veteran Outreach COVO COVID-19 Crisis Homeless Outreach
Council on Aging of Central Oregon Addressing Urgent Food Needs for Seniors
DAWNS House COVID-19 Basic Needs Relief
Deschutes County Health Services Expansion of Telehealth Services
Friends of the Children COVID-19 Support for Youth and Family
Healthy Beginnings Continuity of Care During Covid-19
High Desert Food and Farm Alliance Food Security for Vulnerable Residents and Farmers
Jericho Road COVID-19 Food Services
La Pine Community Health Center The Behavioral Health COVID-19 Telehealth Project
Mountain Star Family Relief Nursery Providing Basic Necessities to At-Risk Families
NeighborImpact Social Distancing Shelter Alternatives
Redmond Senior Center Home Meal Services - Ensuring Food Security
Rimrock Trails Telehealth Counseling Amidst the COVID-19 Crisis
St. Charles Health System Purchase Frio Insulin Cooling Cases
Still Serving Counseling Services COVID-19 Veteran Mental Health Telehealth
Sunstone Recovery, LLC Telehealth
The Giving Plate, Inc. COVID-19 Food Relief
Thrive Central Oregon Basic Needs Support to Low-Income Households
Treehouse Therapies Associates Telehealth Program

Updated 5.6.2020
<table>
<thead>
<tr>
<th>Healthy Families Oregon - High Desert</th>
<th>Basic Needs for Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Awareness Oregon</td>
<td>Stroke Education &amp; Prevention</td>
</tr>
</tbody>
</table>

**RHIP COVID-19 Mini-Grants (cont’d)**

- Decrease food insecurity
- Decrease percent of individuals living at poverty level and income constrained
- Decrease housing and transportation costs as a percent of income
- Increase availability of behavioral health providers in marginalized areas of the region
- Increase timeliness and engagement when referred from primary care to specialty BH
- Standardize screening processes for appropriate levels of follow-up care
- Decrease asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity in youth
- Decrease risk factors for cardio-pulmonary and/or preventable disease
- Accurately measure Central Oregonians experiencing homelessness
- Decrease binge drinking among adults
- Increase additional services for alcohol or drug dependence for individuals newly diagnosed
- Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs
- Increase letter name recognition at kindergarten