



**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

August 19, 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"><li>1. Increase availability of behavioral health providers in marginalized areas of the region.</li><li>2. Increase timeliness and engagement when referred from primary care to specialty behavioral health.</li><li>3. Standardize screening processes for appropriate levels of follow-up care across services.</li></ol>

**AGENDA**

- |           |  |
|-----------|--|
| 1:00-1:15 | Welcome, Land Acknowledgement & Guiding Principles |
| 1:15-2:25 | Strategic Directions                               |
| 2:25-2:30 | Wrap Up and Next Steps                             |



**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.



**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.

## Behavioral Health: Increase Access and Coordination

Background: Why are we talking about this?	
<b>1990s</b> Mill Closures / Timber Industry Decline State Hospitals Deinstitutionalized US Wars impact on Veterans <b>2000s</b> 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"> <li>Approximately 1 in 4 adults over 55 in Central Oregon reported a diagnosis of depression</li> <li>Percentage of students who reported feeling sad or hopeless has been generally trending upward</li> <li>64% of individuals who died by suicide visited their primary care provider within one year prior to their death</li> </ul> <b>Current State Metrics:</b> <ol style="list-style-type: none"> <li>Availability of behavioral health providers is less in the rural areas of the region</li> <li>No way to measure timeliness and engagement with specialty behavioral health when referred by primary care</li> <li>No standardize screening processes for appropriate levels of follow-up care across services</li> </ol>

Goal Statement: Where do we want to be in 4 years?
<b>Aim/Goal</b> 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. <b>Future State Metrics - By December 2023:</b> <ol style="list-style-type: none"> <li>Increase availability of behavioral health providers in marginalized areas of the region.</li> <li>Increase timeliness and engagement when referred from primary care to specialty behavioral health.</li> <li>Standardize screening processes for appropriate levels of follow-up care across services.</li> </ol>

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> <li>Care is culturally inappropriate and unresponsive</li> <li>Behavioral Health Careers are undervalued, underappreciated and not at parity with medical health</li> <li>Siloed communication and coordination across systems and agencies</li> <li>Behavioral Health Conditions are viewed as a character weakness</li> <li>Systemic undervaluing &amp; underfunding of Behavioral Health</li> <li>Disjointed systems do not address whole person care</li> </ul>

Date updated:	Workgroup:	Version:
---------------	------------	----------

Strategic Direction: What are we going to try?
{insert}

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

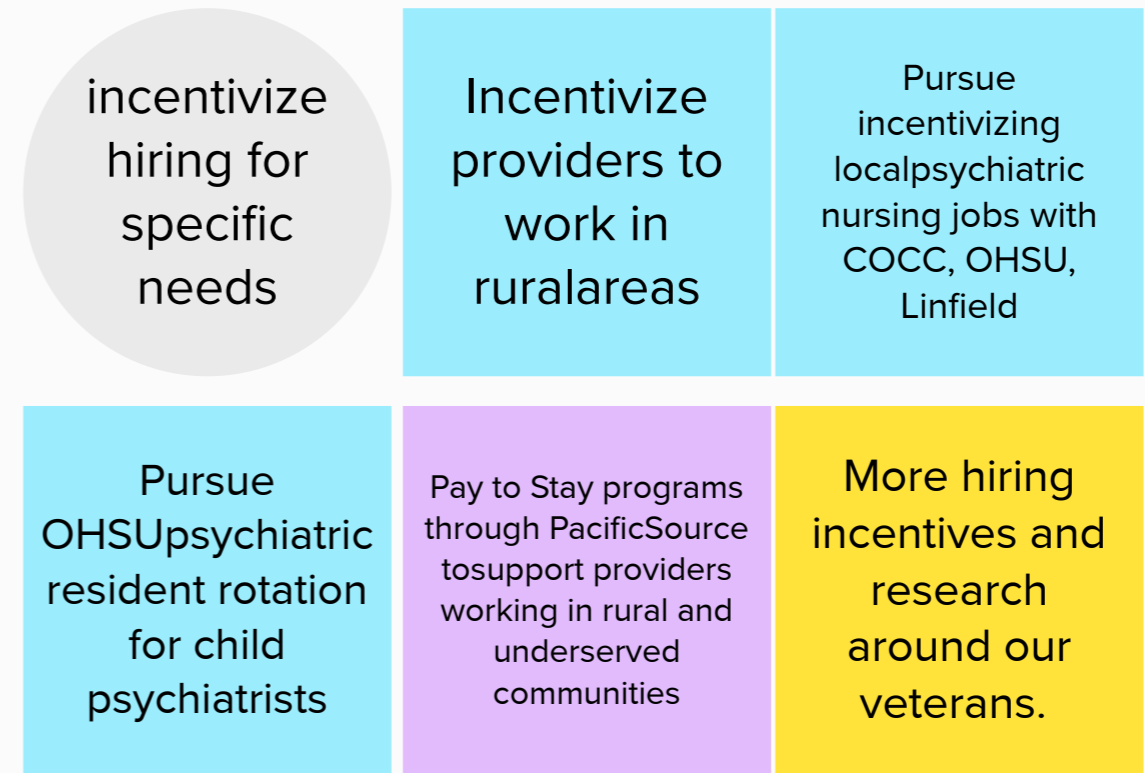
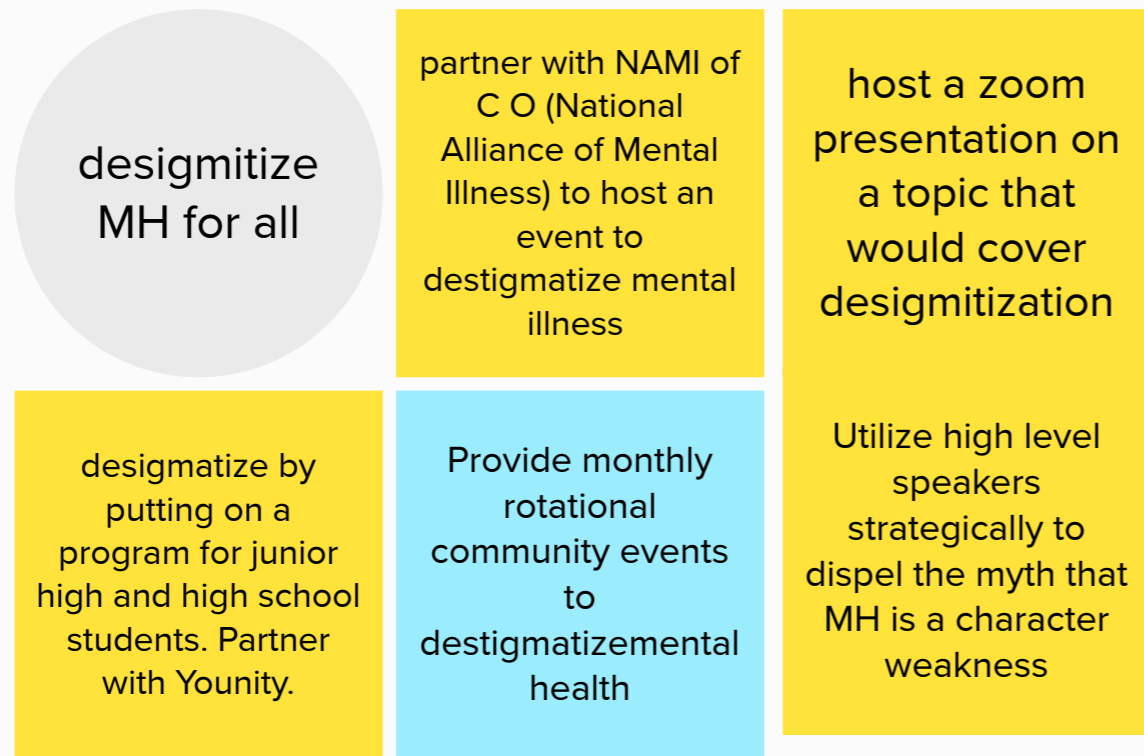
Follow-Up: What's working? What have we learned?
{insert}

## Behavioral Health Access and Coordination

### Root Cause Barriers: What is blocking us from moving toward our future state measures?

Care is culturally inappropriate and unresponsive	Siloed communication and coordination across systems and agencies	Systemic undervaluing & underfunding Behavioral Health	BH careers are undervalued, under-appreciated and not at parity with medical health	BH conditions are viewed as a character weakness	Disjointed systems do not address whole person care
Cultural barrier of trust with minority groups (Persons of Color, veterans, etc)	Systems & policy do not support care coordination	Funding lessons from COVID (billing codes, purchase of phones/tablets)	Limited pathways to BH careers in region (recruitment of HS, minority & Bilingual)	Culture of individualism (pull yourself up by your bootstraps)	Basic needs (housing, transportation, communication) trump behavioral needs
Insufficient knowledge of dyadic therapies for children/families	Needs assessments differ between groups	High cost of living/insufficient reimbursement rates	Education & training for providers from marginalized groups	Stigma: neuroscience vs. Flawed character	Insurance limitations for undocumented & incarcerated people
Insufficient knowledge of dyadic therapies for children/families	Organizations are siloed/don't communicate	Prioritization of screening tools which are reimbursed	Career trajectory out of agency work leaving a "brain drain"		Unaffordable and inaccessible technology
Screening processes are not humanistic	Behavioral health operates in silos	Insurance reimbursement policies	Incentives for rural providers, practice & communication		
	Dysfunctional Provider Directories	Need for more residential beds	Remote location work not incentivized		
	HIPAA/Privacy Myths	Services are not political priority	Wages don't match cost of living		
		Mental Health dollars cannot cross county lines	Need for bilingual BH specialists		
		Funding Payor Issues			

# Unnamed area

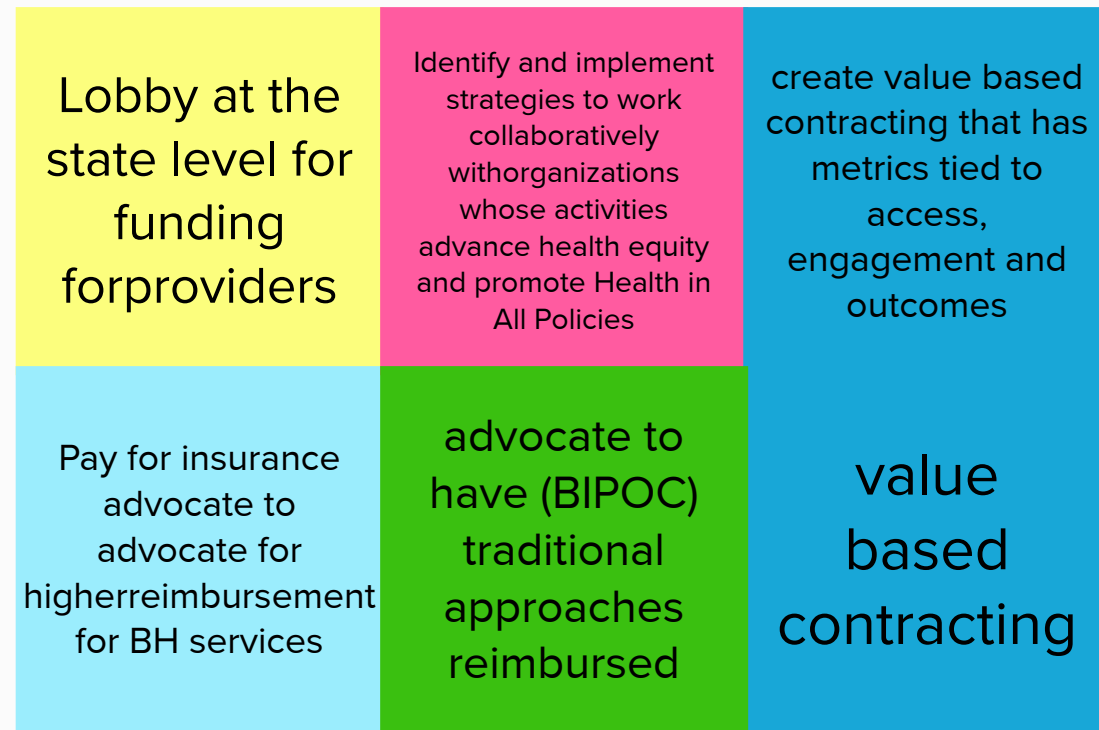


# Sources



# Unnamed area

advocate for better funding



Increase coordination and access



expand the workforce



develop and pay THW's

