



Behavioral Health: Increase Access and Coordination

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/200458328?pwd=SmF5aDk4L1VrcTZPUU1WYVdIZE1lZz09>

Join by phone:

+1 669 900 6833

Meeting ID: 200 458 328

Passcode: 228307

May 19, 2021

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
<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 - 1:10 PM	Welcome, Land Acknowledgement & Guiding Principles, Announcements
1:10 - 1:15	Workgroup Investment Methods
1:15 - 2:20 PM	Implementation Plan Development <ul style="list-style-type: none">• Small Group Work
2:20 - 2:30 PM	Wrap Up and Next Steps

Working Document: https://docs.google.com/presentation/d/1jx7QDra_SVxVYXNktj9No7ODu_dGeDhXfJ4CsBa-Oo0/edit?usp=sharing



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.

Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”

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

Date updated: 4.2021
Strategic Direction: What are we going to try?
<ol style="list-style-type: none"> Strengthening and Expanding the Behavioral Health Workforce Improving Coordination and Access to Culturally Responsive Behavioral Health Care Normalizing and Destigmatizing Mental Health Across the Lifespan Advocating and Lobbying for Behavioral Health Funding at Parity with Physical Health

Focused Implementation: What are our specific actions? (who, what, when, where?)				
Future State Measure	What	When Start	Who/How	
3	Two pilot sites test and champion screening tool and model Revise tool and workflows to reflect learnings from pilot	Q1, 2021 Q4, 2021	Mosaic Medical and Brightways	
3	Develop an implementation plan for roll-out to other organizations	2022	TBD	
3	Complete implementation to 40% of organizations by end of year two and 75% by end of year three	2023	TBD	
2	Complete research to identify existing timeliness and engagement measure and tool. Address regional feasibility issues.	2021	Consultant	
2	Develop prioritization recommendation for which populations to start measurement with. Begin pilot testing with CCO population	2022	TBD	
2	Adapt and refine measurement based on pilot testing Engage commercial, Medicare and other payers	2023	TBD	
2	Integrate timeliness and engagement measure into local health plan performance measures	2024	TBD	
1	Strategic Direction: D	Conduct a power mapping exercise to identify at least 3 decision-making groups (state and national). Begin partnership with them.	2021	
1	Strategic Direction: A	Needs Assessment on Rural Regions (Client needs, Client Barriers, Gaps in service) *Adapt existing Madras and LaPine, meta review	2021	

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

Unsolicited Investments (workgroup-generated)

Existing Work	Workgroup partners identify existing partnerships, projects and initiatives to invest in.
Collective Approach	Multiple partners work together to address a specific measure. Organizations actively coordinate their actions and share lessons learned. Progress depends on working toward the same goal and measuring the same things. Collectively, they come up with a budget and proposal for the workgroup. One organization applies their behalf.
Expenses	Investing in the creation of educational materials, events or trainings.
Matching	Workgroup partners or COHC staff identify a grant to apply for that requires a match. The workgroup allocates funds to cover the match.

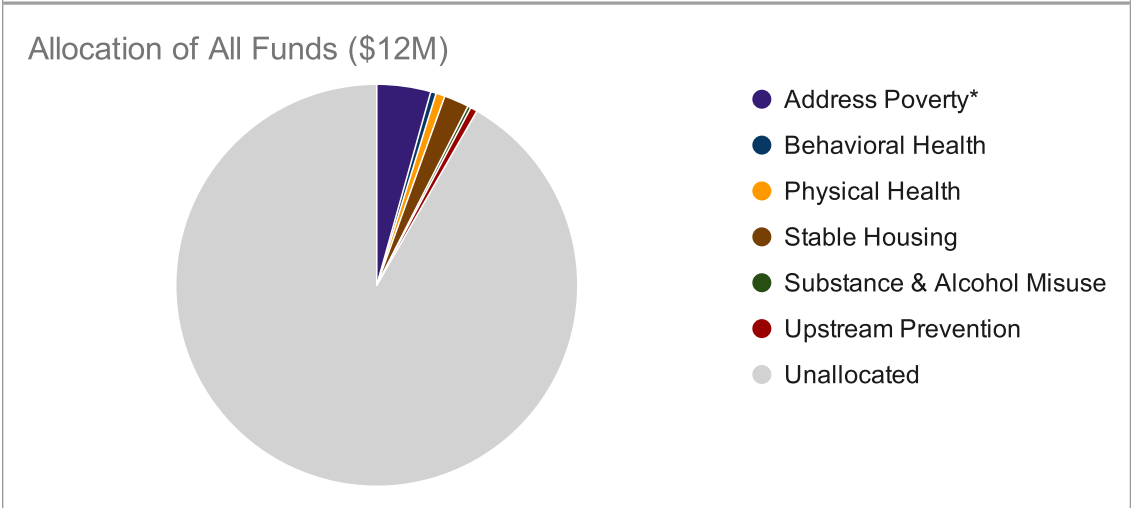
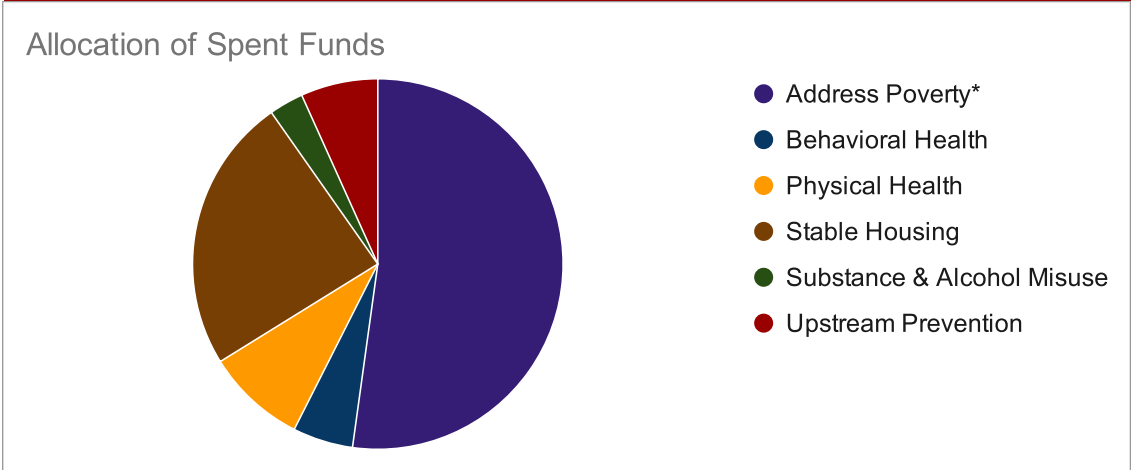
2020-2024 RHIP Workgroups

5 Year Budget

Updated May 1, 2021

Funds Available	\$11,003,059
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$996,941

Amount Invested by Workgroup	
Address Poverty*	\$520,262.79
Behavioral Health	\$52,500.00
Physical Health	\$86,994.06
Stable Housing	\$240,000.00
Substance & Alcohol Misuse	\$30,000.00
Upstream Prevention	\$67,184.00

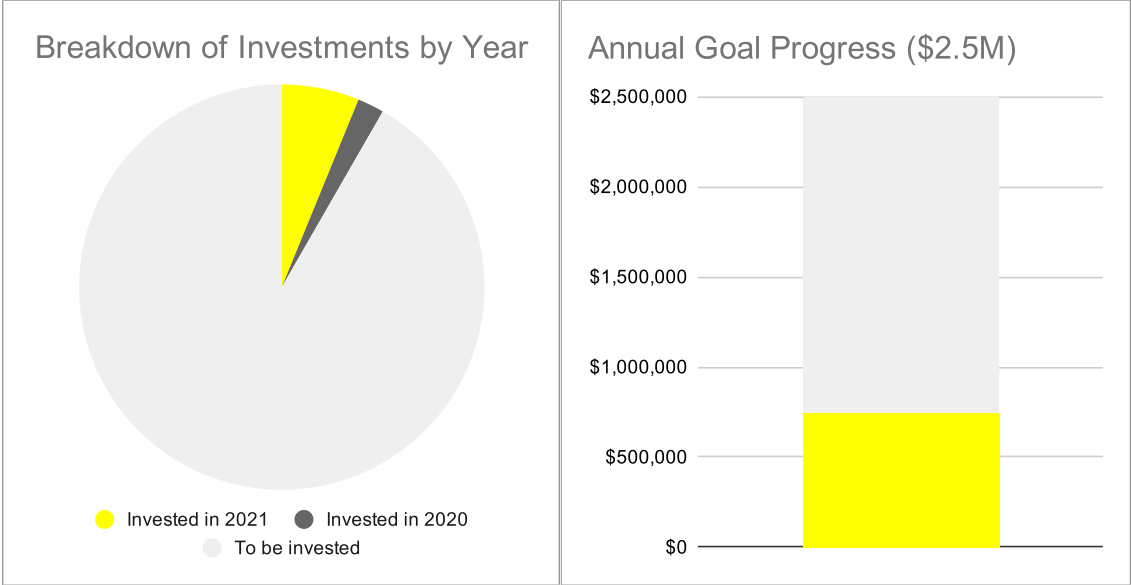


*Poverty workgroup is still in the process of awarding these funds for their Graduation Rates RFP

2020-2024 RHIP Workgroups

2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	\$1,758,010
Invested in 2021	\$741,990
Invested in 2020	\$254,951



For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of \$500,000. The Central Oregon Health Council is required by law to invest a total of at least \$2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this \$2.5M annual commitment.

Behavioral Health: Increase Access and Coordination 2020-2024 RHIP Workgroup Budget

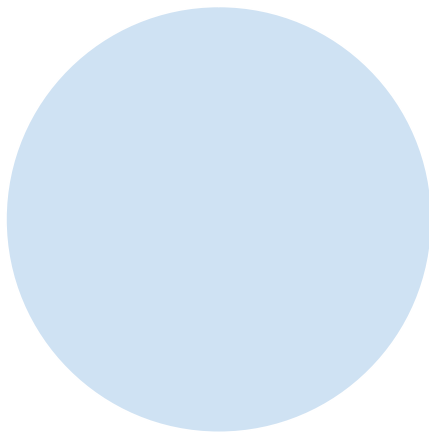
Updated May 1, 2021

Funds Available	\$1,947,500
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$52,500

Amount Invested by Future State Measure

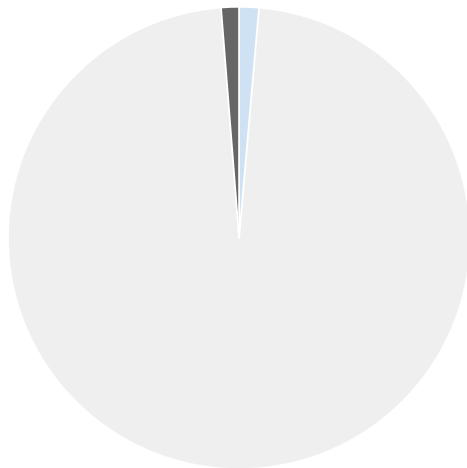
Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)	\$27,500.00
Develop a method to measure timeliness and engagement with specialty behavioral health referred from primary care.	\$0.00
Standardize screening processes for appropriate levels of follow-up care across services	\$0.00

Allocation of Funds by Measure



- Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)

Allocation of All Funds (\$2M)

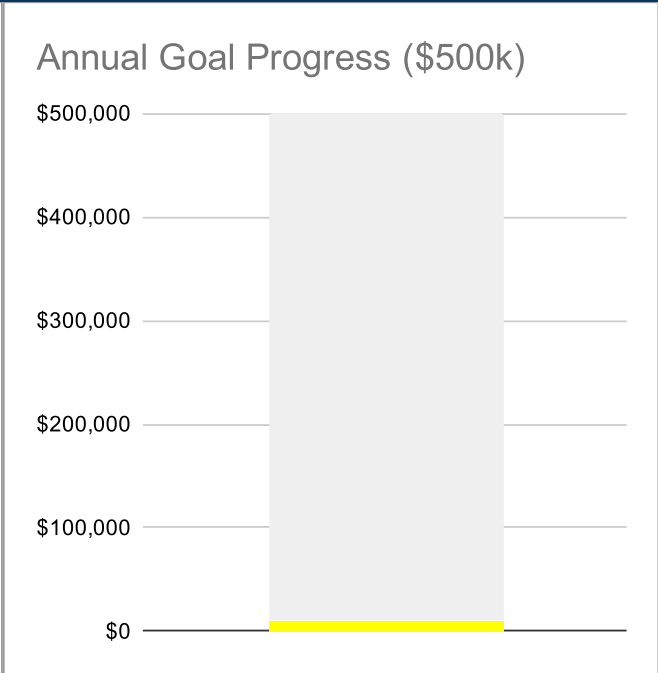
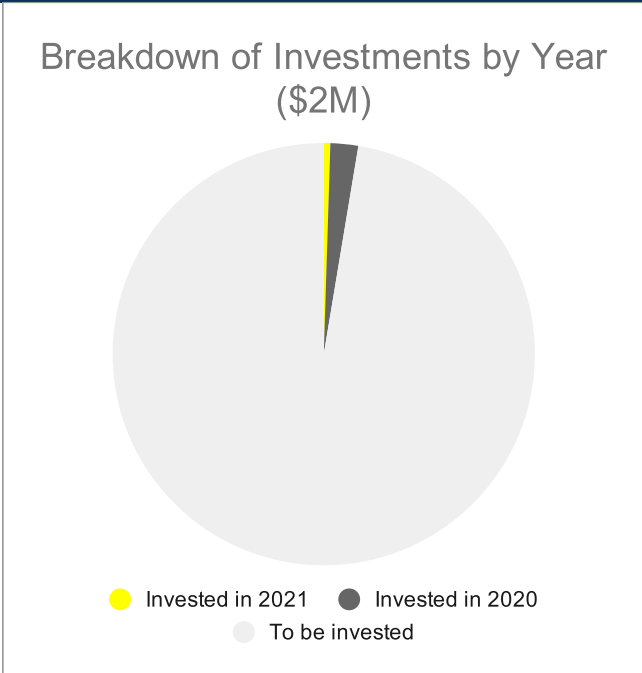


- Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)
- Unallocated
- COVID-19 (\$25k pooled funds)

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2021 RHIP Workgroup Budget

2021 investment goal	\$500,000
Amount remaining to invest toward 2021 goal	\$490,000
Invested in 2021	\$10,000
Invested in 2020	\$42,500



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