Request for Proposals (RFP)

Central Oregon Health Council Regional Health Improvement Plan

Measure Development for Behavioral Health Specialty Care and Primary Care

Project Name: Develop a method to measure timeliness and engagement of clients with specialty behavioral health when referred from primary care
Access Code: REFER4BH
Regional Health Improvement Workgroup: Behavioral Health: Increase Access and Coordination
Future State Measure: A method is developed to measure timeliness and engagement with specialty behavioral health referred from primary care.
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About the Central Oregon Health Council

The Central Oregon Health Council (COHC) is a not-for-profit, tax-exempt public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon.

The Central Oregon Health Council is responsible for funding projects that improve the priorities of the Regional Health Improvement Plan. These priorities were decided by the diverse people of our region before COVID-19.

We recognize that when we invest and support long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this Request for Proposal is to support long-term, system level change

We also provide smaller funding opportunities for $5,000 or less called mini grants HERE.

Description of Grant Opportunity

The *Behavioral Health: Increase Access and and Coordination* workgroup wants to financially support an effort to develop a regional and culturally-responsive method to measure timeliness and engagmement with specialty behavioral health when referred from primary care.

Why are these efforts needed?

The following information comes from the 2020-2024 Regional Health Improvement Plan. Taking care of one's own mental health can make a huge difference in a person's overall health and well-

being. Mental health challenges, particularly depression and serious and persistent mental illness (SPMI), can increase the risk of physical health problems such as stroke and heart disease. Likewise, living with a chronic health condition can increase the risk of mental illness (CDC, 2019). In a simple explanation, mental and physical health are very connected. Behavioral health concerns amongst the Central Oregon region need to be addressed. We know that it is in primary care clinics that behavioral health concerns are identified. However, specialty behavioral health care only sees about 20% of those needing additional services (Kessler, 2008). Specialty behavioral health is defined as mental health, substance abuse, community mental health and developmental services that are delivered outside of primary care. Most primary care clinics in Central Oregon now have integrated behavioral health consultants (BHCs) who provide assessment and short-term interventions. Still, people who need a higher level of behavioral health care often struggle to access and engage in that care outside of the primary care setting for a variety of reasons. These include but are not limited to, a lack of behavioral health workforce overall and, in particular availability of providers that specialize in and serve certain populations such as young children, seniors, speakers of other languages, people of non-dominate cultural groups and rural areas of the region. This exacerbates who has and who doesn't have access to behavioral health, furthering ethnic and geographic disparities.

In order to meet the behavioral health care needs in Central Oregon, the primary care and specialty behavioral health care systems must communicate and work together. Currently this environment could be improved upon. There is currently not a requirement to measure timeliness and engagement of patients specifically referred from primary care to specialty behavioral health. Furthermore, our region would currently struggle to meet this expectation because there is not a specific tool to measure this. Creating a valid and reliable method to measure this work will help the healthcare system make care coordination improvements to get patients the care that they need when they need it, thereby reducing costs, improving care and improving health outcomes. Some of this work has been started by the Bridging the Gap Project* and should be continued and included in this work. This effort should be built in a way that is scalable to the entire Central Oregon population (all specialty behavioral health and primary care clinics regardless of payer in the region).

Timeliness is defined by the number of patients who were offered an appointment within one week of a primary care provider referral appointment.

Engagement is defined by the number of patients who had at least three visits/encounters with a specialty behavioral health provider within 60 days of the primary care provider referral.

The Bridging the Gap project focused on four components identified by the primary care clinics as essential for meeting patient's behavioral health needs. The components include timely access to specialty behavioral health treatment with closed-loop referrals, higher rates of engagement in specialty behavioral health treatment, evidence-based and outcome-oriented treatment utilizing measurement-based care and close coordination with primary care providers.

Proposal Outcomes

1. Identify, adopt, modify or create a culturally-responsive measure for timeliness and engagement of clients with specialty behavioral health when referred from primary care
    a. Conduct research to determine if a measure currently exists
    b. Determine feasibility of developing a measure and measurement process for Central Oregon
    c. Make recommendations for adoption and/or creation of a measure that includes requirements listed below
2. Implement developed metric in the community, which should include training and support for clinic adoption
3. Consultant will work with payers in the community regarding opportunities to implement the metric in value based payment contract arrangments with primary care and behavioral health clinics
4. Leverage this work with current CCO metrics

Proposal Requirements

1. Address diverse, regional and cultural needs from throughout the Central Oregon region. Central Oregon is defined as: The Confederated Tribes of Warm Springs, Jefferson County, Crook County, Northern Klamath County (Gilchrist, Crescent, Crescent Junction, and Chemult), and Deschutes County.

2. Identify and be accountable to a plan to partner with rural, latino/a/x community partners and community members from inception to implementation of measure.

3. Demonstrate how measurement identification, modification and/or creation will be done in a culturally-responsive manner.

4. Demonstrate how the final measure is easily understood and used by people with diverse experiences within behavioral health services.

5. Partnerships should include PacificSource, other payers in the community, specialty behavioral health providers (both organizational and private practice individuals), primary care providers, organizations that represent marginalized communities and individuals with lived experience.

6. Ensure learnings from the Bridging The Gap Project are included in the development of this work.

Additional Documentation Required

The following documents should be uploaded with the application:

1. Budget
2. Estimated timeline

3. Resume of Project Lead
4. List staff involved in the project and their role
5. Letters of Recommendation
6. Experience with working with the interface of primary care and specialty behavioral health
7. Optional: Example of previous, related work

Evaluation Criteria:

The *Behavioral Health: Increase Access and Coordination* workgroup will review your grant application using this SCORECARD. We encourage you to use it to help build your proposal.

Funding Details and Important Information

Award Limit: Award amount will be decided based on the budget and scope of the project.

Anticipated Selection Schedule:

Application Due Date: August 26, 2021, 12pm Noon.

Decision Notification: October 25, 2021

How to Apply

This Request for Proposal is posted on our website HERE.
Instructions on how to access the application is HERE.
Once registered and logged into the grant platform, use this access code to apply for this grant:
REFER4BH

Support

If you have questions about this Request for Proposal, please contact:
Gwen Jones, Project Manager at gwen.jones@cohealthcouncil.org or 541-848-3339.

If you have questions about the application, parts of the application, or using the grant platform please contact:
Rebeckah Berry, Grant and Metrics Manager at rebeckah.berry@cohealthcouncil.org or 541-306-3523