



Behavioral Health: Increase Access and Coordination

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/200458328?pwd=SmF5aDk4L1VrcTZPUU1WYVdIZE1Iz09>

Join by phone:

+1 669 900 6833

Meeting ID: 200 458 328

Passcode: 228307

September 15, 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

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 - 1:20 PM | Welcome, Land Acknowledgement & Guiding Principles, Announcements |
| 1:20 - 2:20 PM | Implementation Plan Development <ul style="list-style-type: none">• Grant Application Review – Develop a Measure for Timeliness and Engagement (Future State Measure #2)• 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.

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.”



**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.

Partner with Priority Populations

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?	
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: 9.2021
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	Develop a method to standardize screening processes to assure clients receive the appropriate level of care and follow-up	2021	Consultant RFP Estimated release Fall
2	Complete research to identify existing timeliness and engagement measure and tool. Address regional feasibility issues.	2021	Consultant RFP Released 7.21
	Develop prioritization recommendation for which populations to start measurement with. Begin pilot testing with CCO population	2022	
	Adapt and refine measurement based on pilot testing Engage commercial, Medicare and other payers	2023	
	Integrate timeliness and engagement measure into local health plan performance measures	2024	

Follow-Up: What's working? What have we learned?
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Behavioral Health: Increase Access and Coordination 2020-2024 RHIP Workgroup Budget

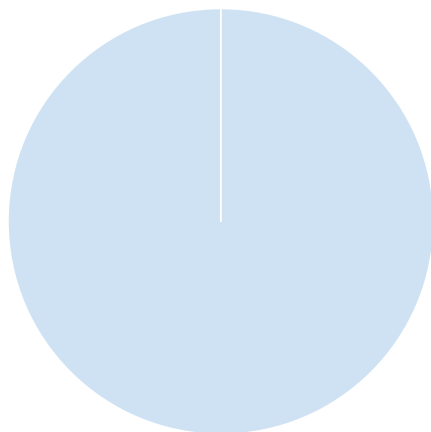
Updated August 30, 2021

Funds Available	\$1,945,725
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$54,275

Amount Invested by Future State Measure

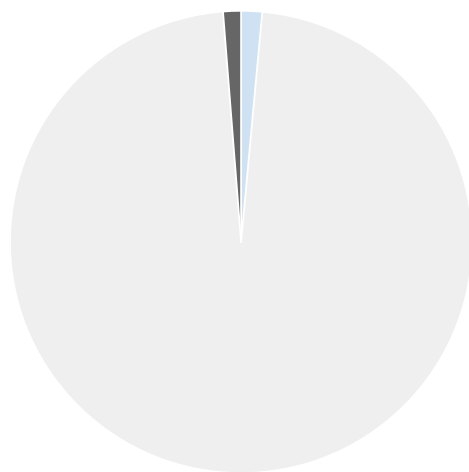
Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)	\$29,275.00
Develop a method to measure timeliness and engagement with specialty behavioral health referred from primary care.	\$0.00
Standardize screening processes for appropriate levels of follow-up 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)

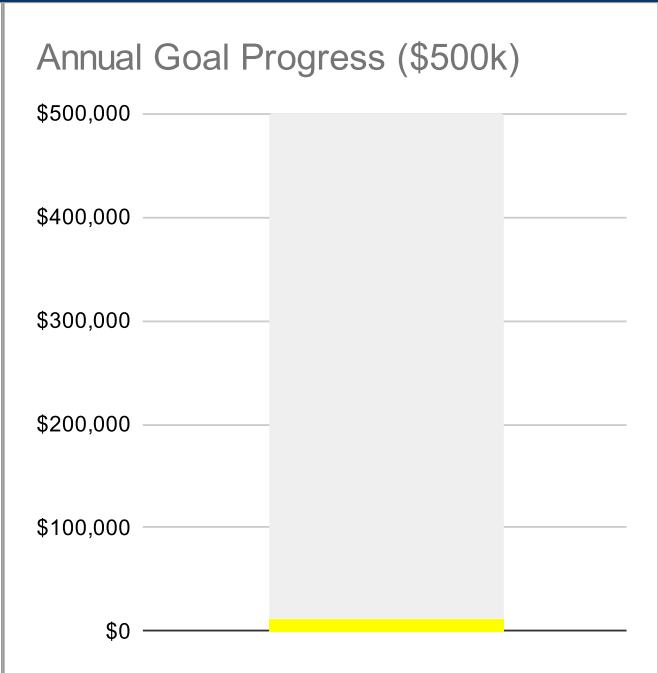
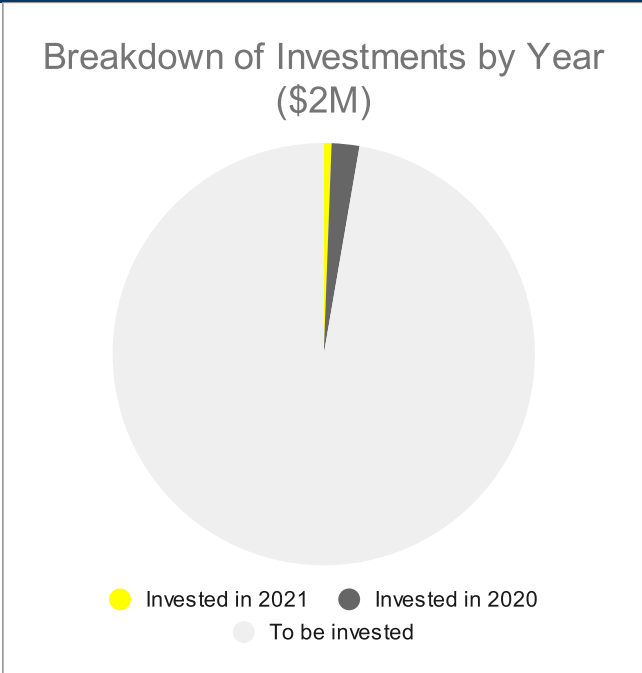


- Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)
- Unallocated
- COVID-19 (\$25k pooled funds)

Behavioral Health: Increase Access and Coordination

2021 RHIP Workgroup Budget

2021 investment goal	\$500,000
Amount remaining to invest toward 2021 goal	\$488,225
Invested in 2021	\$11,775
Invested in 2020	\$42,500



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.

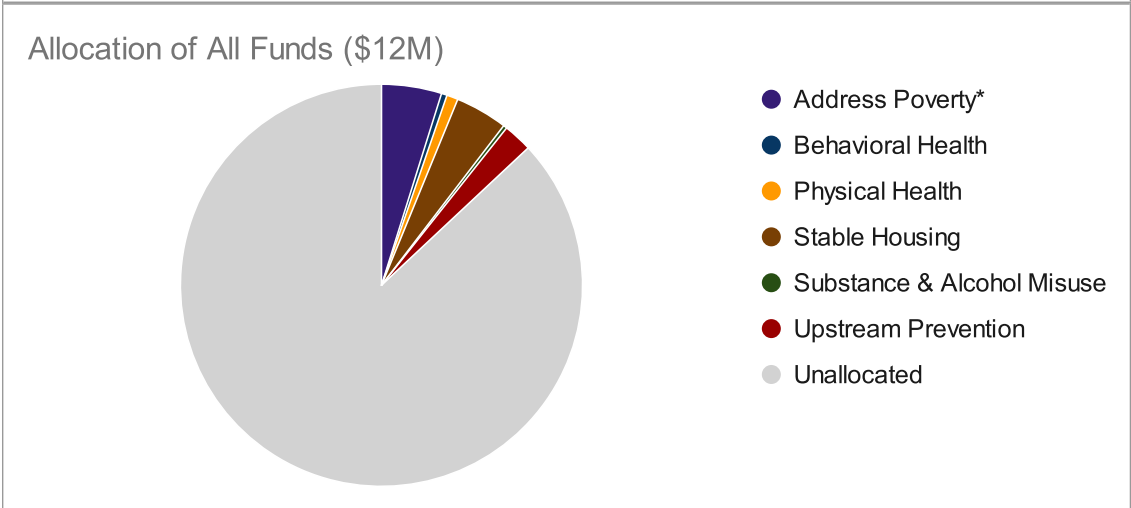
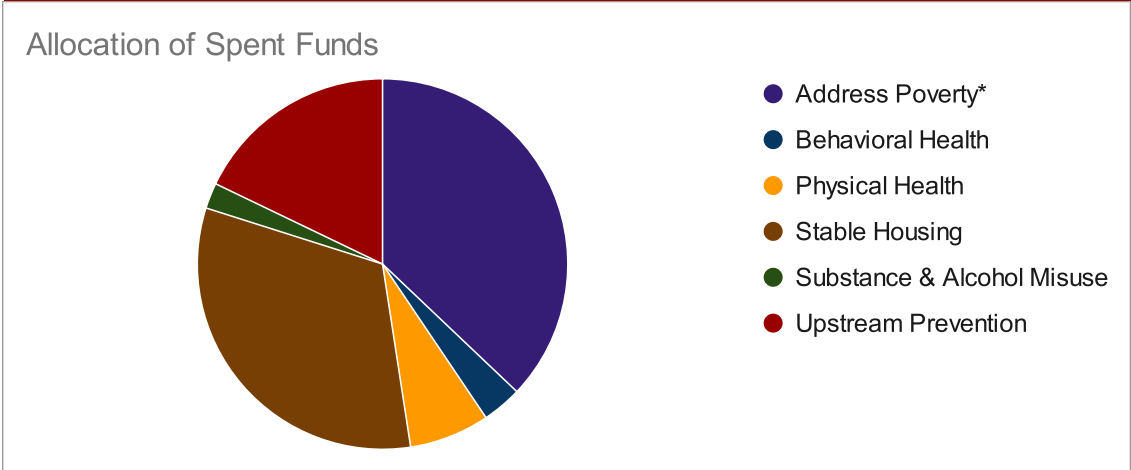
2020-2024 RHIP Workgroups

5 Year Budget

Updated August 30, 2021

Funds Available	\$10,437,563
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$1,562,437

Amount Invested by Workgroup	
Address Poverty*	\$579,506.79
Behavioral Health	\$54,275.00
Physical Health	\$109,494.06
Stable Housing	\$505,000.00
Substance & Alcohol Misuse	\$35,000.00
Upstream Prevention	\$279,161.00

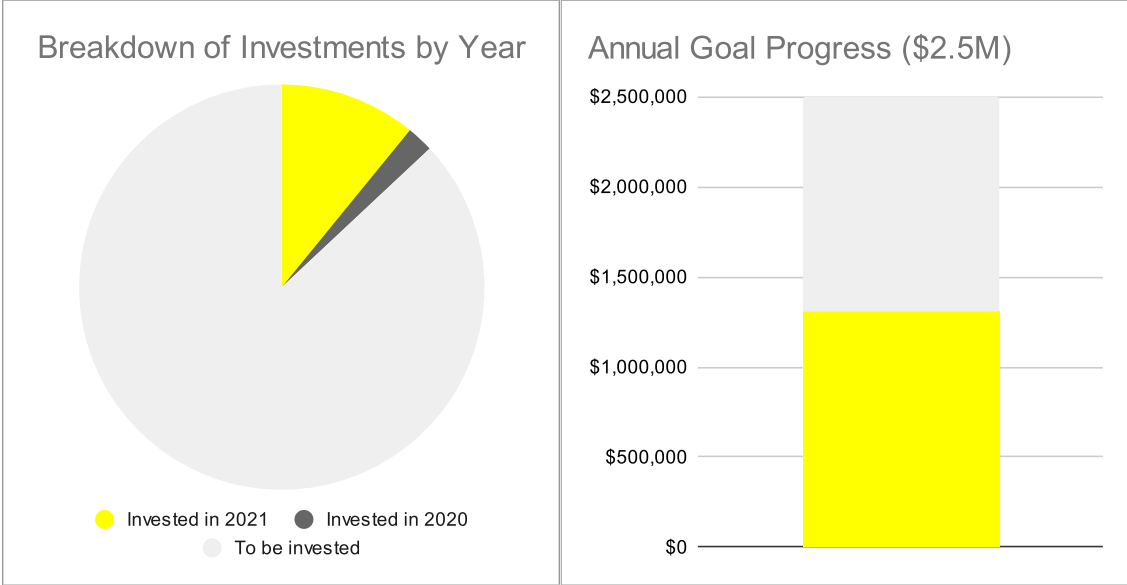


*Poverty workgroup is still in the process of awarding these funds for their Graduation Rates RFP

2020-2024 RHIP Workgroups

2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	\$1,192,514
Invested in 2021	\$1,307,486
Invested in 2020	\$254,951

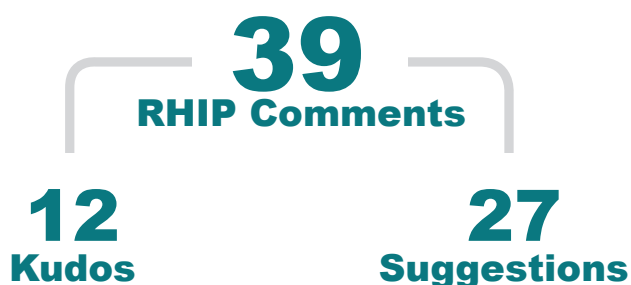


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2021 Community Partner Satisfaction Survey Results

Regional Health Improvement Plan

The Community Partner Satisfaction Survey conducted in February, 2021 solicited feedback on the relationships of the Central Oregon Health Council. The survey did not inquire specifically about Regional Health Improvement Plan Workgroups, but nearly half of all open-ended responses pertained to it.



“ You are all doing an incredible job. The processes are extremely equitable and based on research and evaluation.

“ Continue to strive for equal voice for entities, especially amongst those who may be competitors in the same field

“ Continue to reach out to organizations not represented on the committees.

Top 3 Themes

Inclusion Desire to bring in new organizations, new sectors and more voices from priority populations.

Investments Concern about how quickly decisions are made, by whom, and bias.

Networking Desire to know how other workgroups, organizations and sectors are contributing to efforts.

Our Next Steps

Engage New Voices Staff and workgroup partners will develop a plan to engage new sectors and community members.

Accountability Staff will continue to add transparency to workgroup communication efforts.

Build Connections Staff will implement new ways for workgroups to interact and hear about one another's work.



DRAFT

Central Oregon Health Council Commitment to Diversity, Equity, Inclusion & Justice

Racism is a public health crisis. Every human being has a basic right to health.

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices, and ideologies that helped shape Oregon and continue today.

People of color and tribal nations experience pervasive and deep health disparities. By focusing on race, we create a framework to address the impacts of inequality experienced by people who are also marginalized by ability, sexual orientation and gender, and people who live at the intersection of these and other identities. These persisting health inequities threaten the principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. This is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the well-being of all Central Oregonians. As a community-led organization, we pledge to work with our partners to address the racial inequities within our communities and organizations.

The COHC commits to:

- engaging and learning with our diverse Central Oregon communities, especially populations who have been excluded, underrepresented, and underserved;
- listening and elevating the voices of communities who are most impacted by our work;
- co-creating with communities throughout our region to achieve more inclusive thinking, values and practices to meet their diverse needs for partnership;
- applying a health equity analysis to all of our programs, policies, practices, and grants;
- striving to provide regional leadership on health equity through shared governance and accountability with our Coordinated Care Organization and implementation of the Regional Health Assessment and Regional Health Improvement Plan;
- publicizing and referencing this commitment in all appropriate communications;

- evaluating how we follow through on this Commitment to Diversity, Equity, Inclusion, and Justice, and publicly sharing both our successes and failures.

We recognize we have a lot to learn and much work to do. We ask our partners, members, and staff to support and hold us accountable to this commitment.

Call to Action

The COHC calls on all its members, partners and leaders to develop, adopt, and implement similar commitments to diversity, equity, inclusion and justice. *Together, we must identify meaningful solutions to dismantle structural racism. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.*

Background

[Health equity](#) means that everyone has a fair and just opportunity to be as healthy as possible. [Social determinants of health](#) contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

[Structural racism](#) is a fundamental social determinant that has been woven tightly into the fabric of American society. Structural racism establishes and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the [Centers for Disease Control](#), [American Medical Association](#), and [American Public Health Association](#) have declared racism a serious public health emergency and threat. More agencies and states continue to join this [declaration](#).

The [Oregon Health Authority](#) and the Governor have prioritized health equity. The [State of Oregon Diversity, equity and Inclusion Action Plan](#) aims to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding. The purpose of [Healthier Together Oregon: 2020-2024 State Health Improvement Plan](#) is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans. Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the [2020-2024 Central Oregon Regional Health Improvement Plan \(RHIP\)](#). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

Our Journey To Date Towards Health Equity

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide actionable strategies to advance [diversity, equity and inclusion](#) in support of the goals of the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). Since the inception of CODEI, the COHC has accomplished the following:

- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity