



Behavioral Health: Increase Access and Coordination
Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/89240423046?pwd=bkpudUk3UWpNdFpxTlhNUWZpVnVlQT09>

Join by phone:

+1 669 900 6833

Meeting ID: 892 4042 3046

Passcode: 839385

March 16, 2022

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"> 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 – 1:30	Workgroup Budgeting
1:30 – 2:20 PM	Implementation Plan Development <ul style="list-style-type: none"> • Aligning Work on Future State Measures: Sharing about Lane County Behavioral Health Pilot Program, Unite Us and Timeliness and Engagement Project
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

Workgroup Budget: <https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1oIGhJRMloXg9pEUofJ-KzU5WnscBbEX8/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 is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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.”

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: 2.2022
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	In Draft.	Consultant RFP Estimated release March 2022
2	Identify, create or adapt regional measure for timeliness and engagement and integrate into payer models	2021 - 2024	Consultant, Creach Consulting Group, LLC.
1	Create a community-driven behavioral health workforce development pipeline to serve rural areas	RFP Process Open	RFP

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

**BEHAVIORAL HEALTH
2022 Budget**

Overview

	Budget	Spent	Available
5-Year	\$2,000,000	\$600,742	\$1,399,258
Cycle to Date	\$1,000,000	\$600,742	\$399,258
Yearly Mini-Grant		\$0	\$0

By Future State Measure (5 year)

	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Rural Providers	\$658,333.33	\$28,792.00	\$629,541.33	\$500,000.00	\$129,541.33	Rural Provider Workforce RFP
Timeliness Engagement	\$658,333.33	\$554,450.00	\$103,883.33		\$103,883.33	
Screening Method	\$658,333.33	\$0.00	\$658,333.33	\$500,000.00	\$158,333.33	Screening and Communication RFP

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared minigrant budget.

Investments

Organization	Process	Project	Award	Decision Date	Future State Measure
---------------------	----------------	----------------	--------------	----------------------	-----------------------------

Five-Year Investment Overview
All Workgroups
 January 2020–December 2024

	Budget	Spent	Available
	\$12,000,000	\$4,822,568	\$7,177,432
	\$2,000,000	budget per workgroup	\$500,000 per year
Workgroup	Spent	Available	
Address Poverty	\$941,994	\$1,058,006	
Behavioral Health	\$600,742	\$1,399,258	
Physical Health	\$616,132	\$1,383,868	
Stable Housing	\$1,109,654	\$890,346	
Substance and Alcohol Misuse	\$184,920	\$1,815,080	
Upstream Prevention	\$1,369,126	\$630,874	