



**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

October 19, 2022

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.<br>*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"><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 - 1:10 PM | Welcome, Land Acknowledgement & Guiding Principles, Announcements  |
| 1:10 – 1:40 PM | <a href="#">Equity Review</a>  |
| 1:40 – 2:25 PM | Implementation Plan <ul style="list-style-type: none"><li>○ Preparation for Heather Jefferis, Oregon Council for Behavioral Health</li></ul> |
| 2:25 - 2:30 PM | Wrap Up and Next Steps   |

Working Document: [https://docs.google.com/presentation/d/1jx7QDra\\_SVxVYXNktj9No7ODu\\_dGeDhXfJ4CsBa-Oo0/edit?usp=sharing](https://docs.google.com/presentation/d/1jx7QDra_SVxVYXNktj9No7ODu_dGeDhXfJ4CsBa-Oo0/edit?usp=sharing)

Workgroup Budget: <https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1olGhJRMloXg9pEUofJ-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 Acknowledgment

*We recognize and acknowledge the indigenous land on 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 that 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 & Coordination

RHIP Workgroup Virtual Meeting

# 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?  |   |
|---|---|
| <b>1990s</b> Mill Closures / Timber Industry Decline<br>State Hospitals Deinstitutionalized<br>US Wars impact on Veterans<br><b>2000s</b> Population Growth in Central Oregon<br>Housing shortage<br>Rising suicide rates<br>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><br>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: 8.2022

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

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

| Future State Measure | What  | When        | Who/How  |
|----------------------|---|-------------|--|
| 3                    | Standardize screening processes and communication to assure clients receive the appropriate level of care and follow-up | 2022-2024   | Addendum to Timeliness and Engagement Project          |
| 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 prioritizing rural areas                     | 2022 - 2025 | Behavioral Health Consortium; St.Charles Health System |

### Follow-Up: What's working? What have we learned?

{insert}

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

| Budget       | Spent       | Available   |
|--------------|-------------|-------------|
| \$12,000,000 | \$7,046,943 | \$4,953,057 |

| Workgroup                    | Spent       | Available    |
|------------------------------|-------------|--------------|
| Address Poverty              | \$941,994   | \$1,058,006  |
| Behavioral Health            | \$1,879,623 | \$120,377    |
| Physical Health              | \$1,116,132 | \$883,868    |
| Stable Housing               | \$1,119,654 | \$880,346    |
| Substance and Alcohol Misuse | \$581,214   | \$1,418,786  |
| Upstream Prevention          | \$1,408,326 | \$591,674.00 |

**BEHAVIORAL HEALTH  
2022 Budget**

**Overview**

|                       | <b>Budget</b> | <b>Spent</b> | <b>Available</b>  |
|-----------------------|---------------|--------------|-------------------|
| 5-Year                | \$2,000,000   | \$1,879,623  | <b>\$120,377</b>  |
| Cycle to Date         | \$1,000,000   | \$1,879,623  | <b>-\$879,623</b> |
| Yearly                | \$500,000     | \$1,278,881  | <b>-\$778,881</b> |
| Yearly Mini-Grant     | \$50,000      | \$15,000     | <b>\$35,000</b>   |
| Yearly Standard Grant | \$450,000     | \$1,263,881  | <b>-\$813,881</b> |

**By Future State Measure (5 year)**

|                       | <b>Budget*</b> | <b>Spent</b>   | <b>Available</b> | <b>Currently Allocated</b> | <b>Projected Available</b> | <b>Notes</b> |
|-----------------------|----------------|----------------|------------------|----------------------------|----------------------------|--------------|
| Rural Providers       | \$641,666.66   | \$1,027,338.00 | -\$385,671.34    |                            | -\$385,671.34              |              |
| Timeliness Engagement | \$641,666.66   | \$554,450.00   | \$87,216.66      |                            | \$87,216.66                |              |
| Screening Method      | \$641,666.66   | \$265,335.00   | \$376,331.66     |                            | \$376,331.66               |              |

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

| 2022 Investments   |   |   |              |               |  |  |
|--|---|---|--------------|---------------|--|--|
| Organization   | Process   | Project   | Award        | Decision Date | Future State Measure   | Latest Report  |
| Catalyst Counseling & Consulting, LLC                          | Mini-Grant Application (2020-2023 RHIP)   | <a href="#">Mental Health Groups For Teens</a>  | \$2,500.00   | 5.16.2022     | drawn from shared mini-grant budget  | Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond) |
| Creach Consulting, LLC   | <a href="#">Standard Grant Standardize Behavioral Health Screening Across Providers Consultant Application (2020-2024 RHIP)</a> | <a href="#">Advancing Integrated Care Central Oregon: Increase Access &amp; Coordination - Screening and Communication Addendum</a> | \$265,335.00 | 6.7.2022      | Standardize screening processes for appropriate levels of follow-up care across services             |  |
| East Cascade Works Central Oregon Behavioral Health Consortium | <a href="#">Standard Grant Rural Central Oregon Behavioral Health Workforce Improvement (2020-2024 RHIP)</a>                    | <a href="#">Central Oregon Behavioral Health Consortium: Rural Training Improvement Initiative</a>                                  | \$500,000.00 | 7.1.2022      | Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond) |  |
| St. Charles Health System, Inc.                                | <a href="#">Standard Grant Rural Central Oregon Behavioral Health Workforce Improvement (2020-2024 RHIP)</a>                    | <a href="#">SCHS/ OHSU Psychiatry Residency Program</a>   | \$498,546.00 | 7.1.2022      | Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond) |  |



|                              |   |  |            |          |                                     |   |
|------------------------------|---|--|------------|----------|-------------------------------------|---|
| Infinite Healing Solutions   | Mini-Grant Application (2020-2023 RHIP) | Project Dr. Cloud  | \$2,500.00 | 7.1.2022 | drawn from shared mini-grant budget | Improve availability of behavioral health providers in marginalized areas |
| Infinite Healing Solutions   | Mini-Grant Application (2020-2023 RHIP) | Infinite Healing Advocacy, Outreach and Marketing Campaign | \$5,000.00 | 7.1.2022 | drawn from shared mini-grant budget | Improve availability of behavioral health providers in marginalized areas |
| Bend/La Pine School District | Mini-Grant Application (2020-2023 RHIP) | Ponderosa BRYT Program/Room                                | \$5,000.00 | 9.15.22  | drawn from shared mini-grant budget |   |

## 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   |   |  |   |

# STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

| Promote Comprehensive Staffing Retention Models   | Expand, Train, and Support the Workforce  | Develop and Pay Traditional Health Workers  |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Incentivize providers to work in rural areas</li> <li>• Pursue incentivizing local psychiatric nursing jobs with COCC, OHSU, Linfield</li> <li>• Pay to Stay programs through PacificSource to support providers working in rural and underserved communities</li> <li>• More hiring incentives and research around our veterans.</li> </ul> | <ul style="list-style-type: none"> <li>• Pursue OHSU psychiatric resident rotation for child psychiatrists</li> <li>• Having Mental Health be developed as a career path in large and small communities, by educating high school students about career</li> <li>• Early recruitment of a diverse workforce – start in elementary and middle schools</li> <li>• Develop shadowing program of BH careers for high schoolers</li> <li>• Develop relationships between the health council and local schools with mental health programs like OSU/PSU</li> <li>• Increase people of color in the workforce; what opportunities to partner with COCC, OSU, OHSU</li> </ul> | <ul style="list-style-type: none"> <li>• Develop a “Promotora program” within the different community groups</li> <li>• Train people from local neighborhoods into THW, CHW jobs in those communities. Churches as a source of contact</li> <li>• Develop and highlight BH opportunities for peer delivered services</li> <li>• Pilot project for employing and reimbursing THW and Peer Support Specialists</li> </ul> |

**Strengthening & Expanding the Behavioral Health Workforce**

| Increase Coordination and Access  | Increase Cultural Responsiveness of Service Delivery   |
|---|--|
| <ul style="list-style-type: none"> <li>• Connect CHW with Latinx community to better connect care to communities</li> <li>• Build centralized streamlined referral hub or team</li> <li>• Not just about access but about quality of services received; could be measured, e.g. completion of treatment</li> <li>• Host monthly provider meetings</li> <li>• Develop method to measure timeliness and engagement with specialty behavioral health</li> <li>• Develop closed loop referral processes</li> <li>• Offer transportation to and from Central Oregon Communities</li> </ul> | <ul style="list-style-type: none"> <li>• Build community coalition capacity to address health inequities related to substance use and mental health</li> <li>• Use Culturally and Linguistically Appropriate Services (CLAS) Standards</li> <li>• Cultural needs assessment for BH</li> <li>• Have experience engaging with Latinx parents, supporting them in accessing behavioral health services</li> <li>• Project where seasoned providers attempt to reach specific populations based upon culture, diagnosis, etc. and provide culturally-based treatment</li> <li>• Provide same sex interpreter and/or traditional health workers for women patients</li> <li>• Behavioral Health screening at intake in the individuals’ primary language</li> <li>• Communicate in a more meaningful, basic, and understandable way.</li> </ul> |

**Improving Coordination and Access to Culturally Responsive Behavioral Health Care**

### **Promote Mental Health for All across the lifespan**

- Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote Health in All Policies
- Destigmatize by putting on a program for junior high and high school students. Partner with Younity.
- Partner with NAMI of Central Oregon (National Alliance of Mental Illness) to host an event to destigmatize mental illness
- Provide monthly rotational community events to destigmatize mental health
- Host a Zoom presentation on a topic that would cover destigmatization
- Utilize high level speakers strategically to dispel the myth that mental health is a character weakness.

**Normalizing  
and  
Destigmatizing  
Mental Health  
Across the  
Lifespan**

### **Advocate for Better Funding**

- Pay for insurance advocate to advocate for higher reimbursement for Behavioral Health services
- Lobby at the state level for funding for providers
- Advocate to have (BIPOC) traditional approaches reimbursed
- Create value based contracting that has metrics tied to access, engagement and outcomes
- Value based contracting

**Advocating and  
Lobbying for  
Behavioral  
Health Funding  
at Parity with  
Physical Health**