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

Join Zoom Meeting
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Join by phone:
+1 719 359 4580
Meeting ID: 886 9801 9171
Passcode: 300638

April 19, 2023
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 - 1:10 PM Welcome, Land Acknowledgement & Guiding Principles, Announcements.

1:10 - 2:20 PM Behavioral Health Regional Priorities Collaboration
- Context Setting
- Environmental Scan Activity

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/1Gw9dL6ilRe1olGhJRMIoxg9pEUofJ-KzU5WnscBbEX8/edit?usp=sharing

Behavioral Health: Increase Access and Coordination

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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?

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?

- 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:

1. Availability of behavioral health providers is less in the rural areas of the region
2. No way to measure timeliness and engagement with specialty behavioral health when referred by primary care
3. 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:

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.

Analysis: What's keeping us from getting there?

- 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: 8.2022

Strategic Direction: What are we going to try?

- 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	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	**$7,144,584.04**	**$4,855,416**

Workgroup	Spent	Available
Address Poverty	$941,993.79	$1,058,006.21
Behavioral Health	$1,914,157.00	$85,843.00
Physical Health	$1,117,158.56	$882,841.44
Stable Housing	$1,129,654.00	$870,346.00
Substance and Alcohol Misuse	$617,494.69	$1,382,505.31
Upstream Prevention	$1,424,126.00	$575,874.00

BEHAVIORAL HEALTH
2023 Budget

Overview

	Budget	Spent	Available
5-Year	$2,000,000	$1,914,157.00	**$85,843.00**
Yearly Mini-Grant	$17,966	$5,000.00	**$12,966.00**

By Future State Measure (5 year)

	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Rural Providers	$1,027,338.00	$1,027,338.00	$0.00		$0.00	
Timeliness Engagement	$554,450.00	$554,450.00	$0.00		$0.00	
Screening Method	$265,335.00	$265,335.00	$0.00		$0.00	

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

2023 Investments

Organization	Process	Project	Award	Decision Date	Future State Measure	Latest Report	
Nami Central Oregon	Mini-Grant Application (2020-2023 RHIP)	NAMI Ending the Silence - Presentations in High Schools	$5,000.00	1.26.23	drawn from shared mini-grant budget		Improve availability of behavioral healthproviders in marginalized areas (La Pine, Madras, Redmond)

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
• Incentivize providers to work in rural areas • Pursue incentivizing local psychiatric nursing jobs with COCC, OHSU, Linfield • Pay to Stay programs through PacificSource to support providers working in rural and underserved communities • More hiring incentives and research around our veterans.	• Pursue OHSU psychiatric resident rotation for child psychiatrists • Having Mental Health be developed as a career path in large and small communities, by educating high school students about career • Early recruitment of a diverse workforce – start in elementary and middle schools • Develop shadowing program of BH careers for high schoolers • Develop relationships between the health council and local schools with mental health programs like OSU/PSU • Increase people of color in the workforce; what opportunities to partner with COCC, OSU, OHSU	• Develop a "Promotora program" within the different community groups • Train people from local neighborhoods into THW, CHW jobs in those communities. Churches as a source of contact • Develop and highlight BH opportunities for peer delivered services • Pilot project for employing and reimbursing THW and Peer Support Specialists

Strengthening & Expanding the Behavioral Health Workforce

Increase Coordination and Access	Increase Cultural Responsiveness of Service Delivery
• Connect CHW with Latinx community to better connect care to communities • Build centralized streamlined referral hub or team • Not just about access but about quality of services received; could be measured, e.g. completion of treatment • Host monthly provider meetings • Develop method to measure timeliness and engagement with specialty behavioral health • Develop closed loop referral processes • Offer transportation to and from Central Oregon Communities	• Build community coalition capacity to address health inequities related to substance use and mental health • Use Culturally and Linguistically Appropriate Services (CLAS) Standards • Cultural needs assessment for BH • Have experience engaging with Latinx parents, supporting them in accessing behavioral health services • Project where seasoned providers attempt to reach specific populations based upon culture, diagnosis, etc. and provide culturally-based treatment • Provide same sex interpreter and/or traditional health workers for women patients • Behavioral Health screening at intake in the individuals' primary language • Communicate in a more meaningful, basic, and understandable way.

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

Behavioral Health Regional Priorities Collaboration 2023 Guidance

Priorities (2023 Environmental Scan):

- Culturally specific behavioral health services
    - May include, but not limited to, building organizational capacity for Spanish and non-English cultural and linguistic services.
    - May include, but not limited to, services for BiPoC and LGQBTIA2S+ youth and young adults.

- Wrap around behavioral health services to support the housing continuum.
    - May include, but not limited to behavioral health capacity building for wrap around services in shelters, transitional housing, and other types of housing.

- Behavioral health workforce development to expand in-person treatment capacity in high-risk rural communities, including but not limited to LaPine.

Background:
The COHC and PacificSource have a legally binding agreement called The Joint Management Agreement (JMA). The JMA is where PacificSource and the COHC agree on their partnership and the community investments supporting the RHIP.

Shared Savings Surplus is money that comes back into the community through the COHC when PacificSource Community Solutions meets quality goals.

Shared Savings Surplus does not happen every year. When it does happen, the amount can vary.

The Joint Management Agreement (JMA) outlines how Shared Savings Surplus is invested in the community. A portion is allocated into behavioral health.

Guidelines:

- Total funding needs to be distributed throughout the region.
- Multiyear investment to maximize impact.
- Address needs across all ages.
- Focus on areas that address health equity.
    - Must have at least one component of collaboration between fund recipient and prioritized population
- Align with behavioral health and current regional environmental needs and priorities.
- Evidence-based, community-level interventions that focus on improving population health and health care quality.
- They must include, but are not necessarily limited to, Oregon Health Plan (OHP) members.

Restrictions: Activities that are excluded:

- Covered services for an OHP member.
- Administrative activities to support the delivery of covered services.
- Coordinated Care Organization (CCO) contractual requirements, such as ensuring adequate provider network or required care coordination for covered services.
- Provider workforce or certification training.
- Building new buildings and other capital investments.

Behavioral Health Regional Collaboration 2023
Frequently Asked Questions (FAQ's)

What's happening?

The COHC has received community behavioral health funds that need to go back into the region for behavioral health. The COHC board of directors is asking for your recommendation on where to invest these funds.

How much money are we talking about?

$1,449,546.93

What is our deadline for investing these funds into the region for behavioral health?

Our final recommendations need to be decided by May 18th.

What definition of behavioral health are we using for this conversation?

For the purposes of these funds, behavioral health means the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

How will this behavioral health community investment process work? What's the timeline?

March/April: Workgroup partners will learn the basic framework for this process. We will brainstorm organizations who are doing work that meet the defined priorities, guidelines, and restrictions.

April/May: Narrow the list of organizations to 3-5 that meet the defined priorities, guidelines and restrictions. COHC staff will approach the organizations with an invitation to provide a concept proposal.

May: Workgroup partners will review concepts against guidelines, restrictions and priorities. We will finalize recommendation to the COHC Board of Directors for investing in these 3-5 organizations.

Why is the timeline so tight:

The JMA directs the timeline to invest the funds.

Is this a grant opportunity for the region?

No, this is not a grant opportunity. A grant process often takes 6-8 months from inception to decision and funding. The funding deadline requirement does not allow enough time for a grant process.

There are so many places that need funds! How will we decide who to support?

There are some specific requirements, restrictions and regional priorities that will help narrow the focus. Organizations and programs must meet all the requirements and restrictions and meet at least one of the priorities identified in the Behavioral Health Community Investment 2023 Guidance document.

Who's involved in making this recommendation?

We all have identified that behavioral health not only lives in the Behavioral Health Workgroup, but that there are many connections between behavioral health, substance misuse and housing. We also recognize that there are many related needs and priorities that fall into these categories. Therefore, community partners from the Community Advisory Council, Behavioral Health, Substance Misuse, and Stable Housing workgroups are participating.

Where did the money come from?

The COHC and PacificSource have a legally-binding agreement called The Joint Management Agreement (JMA). The JMA is where PacificSource and the COHC agree on their partnership and the community investments supporting the RHIP.

Shared Savings Surplus is money that comes back into the community through the COHC when PacificSource Community Solutions meets quality goals.

Shared Savings Surplus does not happen every year. When it does happen, the amount can vary.

The Joint Management Agreement (JMA) outlines how Shared Savings Surplus is invested in the community. A portion is allocated into behavioral health.

Have we ever done this collaborative process for these funds before?

No. This is a brand-new opportunity for all COHC partners, Board of Directors, and staff. This means there are lots of fast moving, changing, uncomfortable and foggy waters ahead on this beautifully messy journey between now and a May deadline.

Should we only consider organizations participating in the COHC community?

It's very important to consider all organizations regardless of relationship to the COHC. There are lots of folks inside and outside of COHC community that are well-positioned and equipped in their local communities to impact these priorities.

Why are we doing it this way?

This is an evolution of how Shared Savings Surplus funds have been invested historically. We are working to build a collaborative and more transparent process.

Why aren't the funds just divided among the workgroups?

Shared Savings Surplus is invested in the community and a portion is allocated into behavioral health.

Community partners have identified that behavioral health not only lives in the Behavioral Health Workgroup, but that there are many connections between behavioral health, substance misuse and housing. Additionally, many COHC partners have called for more collaborative, cross-workgroup collaboration. Finally, the process itself requires a different, fast-paced approach.

What is my job in this conversation? What are we supposed to be doing?

Use your knowledge of the region and work happening in the region to help generate a short list of organizations that could use funds to meet the priorities outlined in the Behavioral Health Community Investment 2023 Guidance document.