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

Join Zoom Meeting
https://us02web.zoom.us/j/88698019171?pwd=elM0SEE5aFl4K3BXbXBMaUtSTm1qdz09

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

August 16, 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 - 1:15 PM  Welcome, Land Acknowledgement & Guiding Principles, Announcements.
1:15 - 1:45 PM  Investments update
        • Psychiatric Residency Program (Future State M: Improve availability of BH providers in marginalized areas (La Pine, Madras, Redmond)
        • Dr Robert Ross (Saint Charles-OHSU)
1:45 – 2:15 PM  Investment Guidelines (Oregon Health Authority-Health Related Services)
        • Tricia Wilder & Kristen Tobias, PacificSource
2:15 - 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

<table>
<thead>
<tr>
<th>Future State Metrics – Full Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. By December 2023, a method is developed to measure timeliness and engagement with specialty behavioral health referred from primary care.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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
## Five-Year Investment Overview
### All Workgroups
#### January 2020–December 2024

<table>
<thead>
<tr>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tbody>
<tr>
<td>$12,000,000</td>
<td>$7,421,373.74</td>
<td>$4,578,626</td>
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<table>
<thead>
<tr>
<th>Workgroup</th>
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<tbody>
<tr>
<td>Address Poverty</td>
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<td>Behavioral Health</td>
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<td>$45,843.00</td>
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<td>Physical Health</td>
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<td>Stable Housing</td>
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<td>Substance and Alcohol Misuse</td>
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<td>Upstream Prevention</td>
<td>$1,424,126.00</td>
<td>$575,874.00</td>
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## BEHAVIORAL HEALTH
### 2023 Budget

#### Overview

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<td>Cycle to Date</td>
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<td>Yearly</td>
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<td>$45,000.00</td>
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<td>Yearly Mini-Grant</td>
<td>$17,966</td>
<td>$5,000.00</td>
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<td>Yearly Standard Grant</td>
<td>$482,034</td>
<td>$40,000.00</td>
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<table>
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<tr>
<th>By Future State Measure (5 year)</th>
<th>Budget*</th>
<th>Spent</th>
<th>Available</th>
<th>Currently Allocated</th>
<th>Projected Available</th>
<th>Notes</th>
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<tr>
<td>Rural Providers</td>
<td>$1,027,338.00</td>
<td>$1,027,338.00</td>
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<td>Timeliness Engagement</td>
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<td>$594,450.00</td>
<td>-$40,000.00</td>
<td>-$40,000.00</td>
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<td>Screening Method</td>
<td>$265,335.00</td>
<td>$265,335.00</td>
<td>$0.00</td>
<td>$0.00</td>
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*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared minigrant budget.

### 2023 Investments

<table>
<thead>
<tr>
<th>Organization</th>
<th>Process</th>
<th>Project</th>
<th>Award</th>
<th>Decision Date</th>
<th>Future State Measure</th>
<th>Latest Report</th>
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<tbody>
<tr>
<td>Nami Central Oregon</td>
<td>Mini-Grant Application (2020-2023 RHIP)</td>
<td>NAMI Ending the Silence - Presentations in High Schools</td>
<td>$5,000.00</td>
<td>1.26.23</td>
<td>drawn from shared mini-grant budget</td>
<td>Final Report</td>
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Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)
| Creach Consulting | **Standard Grant Measure Development for Behavioral Health Specialty Care and Primary Care (2020-2024 RHIP)** | **Advancing Integrated Care: Timely Access and Engagement Metric Development Addendum** | $40,000.00 | 05.17.23 | Measure timeliness and engagement when referred from primary care to specialty behavioral health |
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

### 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

### 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?)

<table>
<thead>
<tr>
<th>Future State Measure</th>
<th>What</th>
<th>When</th>
<th>Who/How</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>Standardize screening processes and communication to assure clients receive the appropriate level of care and follow-up</td>
<td>2022-2024</td>
<td>Addendum to Timeliness and Engagement Project</td>
</tr>
<tr>
<td>2</td>
<td>Identify, create or adapt regional measure for timeliness and engagement and integrate into payer models</td>
<td>2021 - 2024</td>
<td>Consultant, Creach Consulting Group, LLC.</td>
</tr>
<tr>
<td>1</td>
<td>Create a community-driven behavioral health workforce development pipeline prioritizing rural areas</td>
<td>2022 - 2025</td>
<td>Behavioral Health Consortium; St.Charles Health System</td>
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</tbody>
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### Follow-Up: What’s working? What have we learned?

{insert}
## Root Cause Barriers: What is blocking us from moving toward our future state measures?

<table>
<thead>
<tr>
<th>Root Cause Barriers</th>
<th>Behavioral Health Access and Coordination</th>
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</thead>
<tbody>
<tr>
<td><strong>Care is culturally inappropriate and unresponsive</strong></td>
<td></td>
</tr>
<tr>
<td>Cultural barrier of trust with minority groups (Persons of Color, veterans, etc)</td>
<td>Systems &amp; policy do not support care coordination</td>
</tr>
<tr>
<td><em>Insufficient knowledge of dyadic therapies for children/families</em></td>
<td>Funding lessons from COVID (billing codes, purchase of phones/tablets)</td>
</tr>
<tr>
<td><em>Insufficient knowledge of dyadic therapies for children/families</em></td>
<td>High cost of living/insufficient reimbursement rates</td>
</tr>
<tr>
<td><em>Screening processes are not humanistic</em></td>
<td>Insurance reimbursement policies</td>
</tr>
<tr>
<td>Dysfunctional Provider Directories</td>
<td>Need for more residential beds</td>
</tr>
<tr>
<td>HIPAA/Privacy Myths</td>
<td>Services are not political priority</td>
</tr>
<tr>
<td>Mental Health dollars cannot cross county lines</td>
<td>Need for bilingual BH specialists</td>
</tr>
<tr>
<td>Funding Payor Issues</td>
<td></td>
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</table>
## STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

<table>
<thead>
<tr>
<th>Promote Comprehensive Staffing Retention Models</th>
<th>Expand, Train, and Support the Workforce</th>
<th>Develop and Pay Traditional Health Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incentivize providers to work in rural areas</td>
<td>• Pursue OHSU psychiatric resident rotation for child psychiatrists</td>
<td>• Develop a “Promotora program” within the different community groups</td>
</tr>
<tr>
<td>• Pursue incentivizing local psychiatric nursing jobs with COCC, OHSU, Linfield</td>
<td>• Having Mental Health be developed as a career path in large and small communities, by educating high school students about career</td>
<td>• Train people from local neighborhoods into THW, CHW jobs in those communities. Churches as a source of contact</td>
</tr>
<tr>
<td>• Pay to Stay programs through PacificSource to support providers working in rural and underserved communities</td>
<td>• Early recruitment of a diverse workforce – start in elementary and middle schools</td>
<td>• Develop and highlight BH opportunities for peer delivered services</td>
</tr>
<tr>
<td>• More hiring incentives and research around our veterans.</td>
<td>• Develop shadowing program of BH careers for high schoolers</td>
<td>• Pilot project for employing and reimbursing THW and Peer Support Specialists</td>
</tr>
</tbody>
</table>

### Strengthening & Expanding the Behavioral Health Workforce

- Increase coordination and access
- Increase cultural responsiveness of service delivery
- Improve 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.

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

Normalizing and Destigmatizing Mental Health Across the Lifespan

Advocating and Lobbying for Behavioral Health Funding at Parity with Physical Health
Why We Want a Teaching and Research IE “Academic” Institution

“A Town is just a Town until it gets a College, then it is a College Town. A Hospital is just an ordinary Hospital until it has Education and Research-then it is Extraordinary”
Why SCHS-this IS Strategic Planning

• 1. Huge population growth, likely to exceed projections
• 2. Physician Shortages-primary care and specialties
• 3. Address access and social justice issues for Indigenous (AI/AN) and rural populations
• 4. Improve quality, safety, cost of care-address physician culture
• 5. Solve vexing medical conditions, be part of innovation, not just a recipient
• 6. Deliver the highest quality, most advanced care to the population
• 7. Continue to expand educational opportunities (research?) with OHSU
GME as Strategic Imperative

- Basics of medical education-4UG/4UME-MD/DO-3-7 years of GME
- Community risks of rapid population growth & provider shortages
- AAMC projects a shortage of 220 PCP in CO by 2025-2030
- Improves access, care quality, mortality rates, outcomes, research/innovation
- Offsets provider turnover and reduces recruitment cost
- Creates steady pipeline of providers vs. dependence on outside recruitment
- CHANGES the CULTURE happy doctors, happy support staff
St Charles – OHSU-High Level Overview

• OHSU:
  GME provides oversite and support for GME (committees etc.)
  Expertise on GME program development
  Educational resources for residents and faculty

St Charles:
  Hires program directors
  Runs programs with OHSU GME oversite
  Claims and collects CMS $
Psychiatry Residency-Why and How

• Oregon consistently ranks among the 3-4 worst states for access to Psychiatric service

• The local lack of resources is obvious

• Many psychiatrists do not accept Medicaid/Medicare

• Proposal is for a 6 resident per year program starting in 2026 (24 total by 2030)

• Psychiatry is a 4 year program with fellowships (extra training) in areas like child/adolescent, geriatrics, addiction, others

• 50-75 % of graduates stay within 50 miles of training institution
Thus Far

• Rural Training Program (RTP) in Madras – residents are starting in Portland July 2024-recruiting residents now who arrive in Central OR in August 2025-full ACGME approval fall 2022

• PD is Dr. Jinnell Lewis- faculty, rotations, design completed

• Supported over last 3 years by HRSA grant and HOWTO state grant

• Proposed Psychiatry program 06/22 $500K grant awarded to support PD and coordinator for psychiatry from COHC

• Creates steady pipeline of providers vs. dependence on outside recruitment-for all clinics and specialties-this is a community project
  • Hired PD (Dr. Stanley, OHSU Associate PD-01/23)
  • Finalizing accreditation application to ACGME-September 23
Health-Related Services Investment Guidelines
What are Health-Related Services?

Health-related services (HRS) are non-covered services that supplement covered Oregon Health Plan benefits to improve care delivery and overall member and community health and well-being.

The two types of HRS include Flexible Services and Community Benefit Initiatives.
Services Covered by OHP

What are the services?

Medical Care
Dental Care
Behavioral Health
Prescriptions (including mail order)
Non-emergency Medical Transportation

Nurse Case Management and Member Support Services
Members needing extra help have somewhere to turn

Flexible Services
- Emergency housing supports
- Health-related personal items
- Gym memberships
Health-Related Services: Flexible Services

Flexible Services are items or non-covered services delivered to an individual OHP member to improve the individual’s health and well-being.

Examples include:
- Weighted blanket
- Gym membership
- Emergency housing assistance
- Utility assistance
- Non-covered medical supplies and durable medical equipment
- Fitness trackers
- Clothing
Health-Related Services: Community Benefit Initiatives

Community benefit initiatives (CBI) are projects focused on improving population health and healthcare quality. Projects must include – but are not limited to – OHP members.

Examples include:

• Funding active transportation infrastructure improvements (for example, safe routes to school or expanding safe bicycle lane infrastructure) and public transit improvements.
• Preschools and kindergarten readiness programs.
• Community diabetes education programs providing culturally and linguistically appropriate resources.
• Food pantry programs that provide fresh, healthy food to rural communities.
• Projects to improve or develop community parks and playgrounds to increase physical activity.
• Shower and laundry trucks.
• Free menstrual and hygiene products available in schools and public restrooms.
To Qualify, HRS Investments must:

1. Be designed to improve health quality.
2. Increase the likelihood of desired health outcomes.
3. Be directed toward OHP members and provide health improvements to the larger community without additional costs for non-members.
4. Be grounded in evidence-based medicine or widely accepted best clinical practice.
5. Implement, promote, and increase wellness and health activities.
6. Align with the priorities identified by the Regional Health Improvement Plan.
Regional Health Improvement Alignment

The Central Oregon Health Council has six RHIP Workgroups focused on our Priority Areas:

1. Address Poverty and Enhance Self-Sufficiency
2. Behavioral Health: Increase Access and Coordination
3. Promote Enhanced Physical Health Across Communities
4. Stable Housing and Supports
5. Substance and Alcohol Misuse: Prevention and Treatment
6. Upstream Prevention: Promotion of Individual Well-Being
Community Benefit Initiative HRS Exclusions

1. Projects that are primarily designed to control or contain costs.
2. Activities that can be billed as clinical services.
3. Provider workforce and certification training, including provider credentialing.
4. Broad assessments or research that does not directly improve community health.
5. Advocacy work that does not directly improve community health or healthcare quality.
6. Building new buildings and capital investments in facilities designed to provide billable health services.
7. Member incentives and items and services that could be covered by Flexible Services.
8. Administrative activities to support the delivery of covered services.
9. Projects that are inherently religious.
Questions?

Kristen Tobias
Senior Community Health Coordinator, Central Oregon CCO
Kristen.tobias@pacificsource.com