



RHIP Behavioral Health Identification & Awareness Workgroup

Deschutes County Building

1300 NW Wall Street, Bend (DeArmond Room)

Agenda: June 28, 2016 from 9:00am-10:00am

Call-In Number: 866-740-1260

7-Digit Access Code: 3063523

1. **9:00-9:05** Introductions—All
  
2. **9:05-9:35** Key Elements for Successful Implementation of SBIRT/CRAFFT—Jeremy Fleming
  
3. **9:35-9:55** Discussion of Identification & Awareness Indicators—All
  - Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015)
  - Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015)
  - First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop performance improvement benchmarks.
  
5. **9:55-10:00** Action Items—All
  - Next steps

Next Meeting: July 26 from 9-10am

(Deschutes County Building, 1300 NW Wall St, Bend – DeArmond Room)



BH Screening and Awareness (20)	Organization
DeAnn Carr	Deschutes County Health Services
Jeremy Fleming	PacificSource
Mike Franz	PacificSource
Erica Fuller	Rimrock Trails Adolescent Treatment Services
Jessica Jacks	Deschutes County Health Services
Susan Keys	OSU Cascades
Malia Ladd	CAC Consumer Representative/NeighborImpact
Nicole Lemmon	Wellness & Education Board of Central Oregon (WEBCO)
Sondra Marshall	St. Charles Health System
Wade Miller	Central Oregon Pediatrics Association (COPA)
Leslie Neugebauer	PacificSource
Kristi Nix	High Lakes Healthcare
Laura Pennavaria	La Pine Community Healthy Center
Kristin Powers	St. Charles Health System
Sean Reinhart	Bend La Pine School District
Megan Sergi	Rimrock Trails Adolescent Treatment Services
Steve Strang	Mosaic Medical
Rick Treleaven	BestCare Treatment Services
Jeffrey White	CAC Consumer Representative
Scott Willard	Lutheran Community Services Northwest

## **RHIP Workgroup Updates: May**

### **Behavioral Health: Identification & Awareness**

- This group meets the fourth Tuesday of every month from 9-10am and currently has 20 members.
- In May, the group agreed to provide technical assistance for the Mental Health Prevention & Promotion grant for Central Oregon. This grant will work to normalize the public's perception of accessing resources for depression, anxiety, suicidal ideation, and substance use. The group also reviewed the minimum standards required to be able to bill for behavioral health integration in primary care. In June, the group will develop the elements of workflow necessary to screen and properly code for SBIRT/CRAFFT within clinics.

### **Behavioral Health: Substance Use and Chronic Pain**

- This group meets the third Wednesday of every month from 4-5pm and currently has 19 members.
- During the May meeting, the group discussed the differences between a Behavioral Health Consultant with addictions experience and the Peer Support Specialist or Recovery Mentor roles. The group reviewed the SUD resource list for providers. This document will be finalized and placed on the COHC website for reference, with updates provided every six months. In June, the group plans to develop a treatment algorithm to support primary care toward better addressing substance use. This group will also develop strategies to address the second and third health indicators in their section.

### **Cardiovascular Disease—Clinical**

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- During the May meeting the group decided that their year one focus will be on blood pressure standardization along with patient education around proper blood pressure checks. In June, the group will discuss standardization in greater detail and plans to invite other clinics to the table for the discussion (i.e., High Lakes Health Care, BMC, Weeks Family Medicine, La Pine Community Health Center, Dr. Burkett, among others).

### **Diabetes—Clinical**

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- This group will meet for the first time on June 9 to focus solely on the clinical goal of improving control of type 2 diabetes.

### **Cardiovascular Disease & Diabetes—Prevention**

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 25 members.
- In May both prevention groups met separately to prepare to combine their efforts moving forward. Both CVD & Diabetes believe that their prevention efforts align very well and the strategies and organizations that need to be at the table are the same in order to meet the prevention goals for these two areas. Diabetes is still developing a resource document that will eventually be shared with providers and throughout the community. Cardiovascular Disease discussed ideas of how to increase physical activity throughout Central Oregon.

## **RHIP Workgroup Updates: May**

### **Oral Health**

- This group meets the third Tuesday of every month from 11-12pm and currently has 19 members.
- The Oral Health workgroup has begun to 'assign' potential projects/actions to their work plan. They continue to scrub their Spectrum document to better refine the services, and projects currently in use in the Tri-county area. Advantage Dental presented on a Public Service Announcement that had been previously sunset. The group may be interested in dusting it off and revitalizing. In June, the group will receive training/education relative to the 'One Key Question' initiative. Mosaic will provide an overview of their model for the new Dental Hygienist they have hired.

### **Reproductive Health/Maternal Child Health**

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- In May a presentation was given around AFIX (immunization program). A favorable report was given relative to capturing (coding) the 1st trimester visits outside of the global pregnancy benefit. Discussion continues on the Perinatal Care Continuum project, the group felt a bit more finessing of the proposal was necessary. Next month, the group will review data surrounding Adverse Childhood Experiences (ACEs).

### **Social Determinants of Health**

- This group meets the third Friday of every month from 10-11am and currently has 27 members in kindergarten readiness and 26 members in housing.

### **Education & Health**

- The group collectively identified strategic strategies that would increase School Readiness (as identified by the 5 Dimensions of Readiness) discussed in last month's meeting. Current, in use, strategies were shared out with the rest of the team. The June meeting will have an in-depth presentation on our Region's Kindergarten Readiness data. The goal is to collectively prioritize a strategy or strategies the team wants to include in their work plan.

### **Housing**

- In May, the workgroup discussed ways they could add value without duplicating the work of other agencies and groups like the Homeless Leadership Coalition (HCL). The workgroup determined that they could focus their efforts on advocacy, policy, and resource development. The workgroup additionally decided to form a small task force to review the updated 10 Year Plan to End Homelessness (High Desert Home) strategies to identify specific activities they could take on.