



RHIP Substance Use & Chronic Pain Workgroup  
PacificSource – Suite 210 (2<sup>nd</sup> Floor)  
2965 NE Conners Ave, Bend

Agenda: January 18, 2017 from 4:00pm-5:00pm

Call-In Number: 866-740-1260  
7-Digit Access Code: 3063523

1. **4:00-4:05** Introductions—All
2. **4:05-4:15** Implementation Outline Draft—Julie Spackman
3. **4:15-4:30** Introduction/Position Letter Draft—Mike Franz and Rick Treleaven
4. **4:30-4:45** Review of Current SUD Materials for Central Oregon—All
  - Intro Letter, Algorithm, White Paper, SUD Resources, Wallet Card
  - What's Missing?
  - Anything Needing Updates/Edits?
5. **4:45-4:50** Medication Assisted Treatment (MAT) Workgroup Update—Rebeckah Berry
  - CME/CEU Reoccurring Presentation Approved
  - NP/PA Presentation Scheduled on 1.22.17
  - Plans for Other Clinic Presentations?
6. **4:50-5:00** Updates & Action Items—All
  - 21<sup>st</sup> Century Cures Act
  - Motivation Interviewing Training Funding
  - Agenda Item Next Steps

Next Meeting: February 15, 2017 from 4-5pm



<b>BH Substance Use &amp; Chronic Pain (23)</b>	<b>Organization</b>
Steve Baker	Mosaic Medical
Kelby Christ	Crook County Health Department
Mike Franz	PacificSource
Erica Fuller	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	CAC Consumer Representative
Jessica LeBlanc	Mosaic Medical & Bend Treatment Center
Nicole Lemmon	Wellness & Education Board of Central Oregon (WEBCO)
Leslie Neugebauer	PacificSource
Matt Owen	Bend Treatment Center
Laura Pennavaria	La Pine Community Healthy Center
Sally Pfeifer	Pfeifer & Associates
Christine Pierson	Mosaic Medical
Beth Quinn	Recovery Outreach Community Center: Intentional Peer Support
Elizabeth Schmitt	CAC Consumer Representative
Julie Spackman	Deschutes County Health Services
Barbara Stoefen	National Alliance on Mental Illness (NAMI)
Ralph Summers	PacificSource
Kim Swanson	St. Charles Medical Group
Karen Tamminga	Deschutes County Behavioral Health
Rick Treleaven	BestCare Treatment Services
Bill Ward	Serenity Lane
Molly Wells Darling	St. Charles Health System
Scott Willard	Lutheran Community Services Northwest

From Julie Spackman:

I'm thinking some type of process reference guide for the group, which outlines things such as:

1. Develop SUD Screening/Referral algorithm
2. Notify other primary care providers about the work
3. Pilot the algorithm
4. Compile a toolkit for new providers regarding implementation:
  - a. Screening tools
  - b. Referral tools
  - c. Patient education tools (prevention and treatment)
  - d. Provider education materials (white paper, tips for implementing, roles of each team member for SUD screening, referral and follow-up, etc.)
5. Identify and schedule relevant in-person trainings for providers and other team members
  - a. Assess training needs from area providers who are not yet implementing
  - b. Determine how pilot sites can offer guidance or technical assistance in the future
6. Announce refined SUD screening/referral algorithm and completed toolkit to area providers
  - a. Schedule meetings with providers to invite use of the algorithm and answer questions

I may have missed some key elements, but this might help the group figure out what's next and what's missing...a timeline can also be attached and completed items identified.



Dear Central Oregon Provider,

The Regional Health Improvement Plan's (RHIP) Behavioral Health: Substance Use & Chronic Pain workgroup developed a primary care pathway to assist providers with screening, treating and referring patients with substance use disorders (SUD). We are sharing this pathway, along with other supporting resources, because we believe universal SUD screening, effective treatment in the primary care setting and, when appropriate, referral to specialty care are essential to creating a healthy community. We are asking you to consider implementing a consistent and thorough pathway for SUD within your primary care clinic, while ensuring the process can accommodate your clinic's circumstances and needs.

Nearly 21 million people in America have a substance use disorder involving alcohol or drugs<sup>1</sup>. This is an astonishing figure that is comparable to the number of people in our country with diabetes, and higher than the total number of Americans suffering from all cancers combined. Yet, in spite of the massive scope of this problem, only 1 in 10 people with a substance use disorder receive treatment<sup>2</sup>.

Few would disagree that it is most ideal to prevent substance use disorders from developing in the first place. But if a person develops risky substance use behaviors or a frank SUD, engagement and treatment is critical. Substance use disorders share some important characteristics with other chronic illnesses, like diabetes. Both are chronic conditions that can be effectively managed with medications and other treatments that focus on behavior and lifestyle.

Responsive and coordinated systems are needed to provide prevention, treatment, and recovery services. Traditionally, general health care and substance use disorder treatment have been provided through distinct and separate systems, but that is now changing nationwide, statewide, and in Central Oregon. Primary care homes are a critical part of this transformation to integrated health care.

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<sup>1</sup> U.S. Department of Health & Human Services (2016) *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, & Health*, pp. ES-1.

<sup>2</sup> Ibid, pp. ES-3.

Attached to this email, you will find the following:

1. White Paper Re: Primary Care & Substance Use Disorder Integration within Central Oregon
2. Central Oregon Substance Use Disorder Screening & Referral Algorithm
3. Central Oregon Outpatient Substance Use Disorder Resources
4. Central Oregon Treatment/Support Resource Info Pocket Guide

We hope that these resources serve as a foundation of support for universally screening for SUD and appropriate referrals. Should you have questions, please connect with our workgroup through: [rebeckah.berry@cohealthcouncil.org](mailto:rebeckah.berry@cohealthcouncil.org).

Thank you for your involvement and support,

The RHIP Behavioral Health: Substance Use & Chronic Pain Workgroup

<b>Workgroup Members</b>	<b>Organization</b>
Steve Baker	Mosaic Medical
Kelby Christ	Crook County Health Department
Mike Franz, MD	PacificSource
Erica Fuller	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	Consumer Representative
Jessica LeBlanc, MD, MPH	Mosaic Medical & Bend Treatment Center
Nicole Lemmon, MA	Wellness & Education Board of Central Oregon (WEBCO)
Leslie Neugebauer	PacificSource
Matt Owen	Bend Treatment Center
Laura Pennavaria, MD	La Pine Community Healthy Center
Sally Pfeifer	Pfeifer & Associates
Christine Pierson, MD	Mosaic Medical
Beth Quinn	Recovery Outreach Community Center: IPS
Elizabeth Schmitt	Consumer Representative
Julie Spackman	Deschutes County Health Services
Barbara Stoefen	National Alliance on Mental Illness (NAMI)
Ralph Summers, MSW	PacificSource
Kim Swanson	St. Charles Medical Group
Karen Tamminga	Deschutes County Behavioral Health
Rick Treleaven, LCSW	BestCare Treatment Services
Bill Ward	Serenity Lane
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# Primary Care Substance Abuse Referral Diagram

Screen + ALCOHOL or DRUGS (SBIRT)

Administer AUDIT or DAST for ages 18 and older (CRAFFT for ages 11-17)

Healthy Use

Give brief message reinforcing healthy use

Risky Use

Assess readiness to change

0-3

Offer information and support; follow up

4-10

Provide brief advice

Abuse or Dependence

Assess readiness to change using readiness ruler

0-3

4-10

Refer to Treatment. See Treatment Referral Guide.

Peer Support Specialist (PSS) or Recovery Mentor (RM)

See Behavioral Health Consultant (BHC)

Community Health Worker (CHW)

Do NOT refer to treatment (continued engagement/stabilization/harm reduction)

## Treatment Referral Guide

Peer Support

- Peer Support Specialist (PSS)
- Recovery Mentor (RM)

MAT

- Provide it
- Refer to it
- Detox
- Combine with BHC

Education & Resources

- AA/NA Schedule
- SUD Document
- Peer Support Groups
- Nutrition Resources
- Reliable Websites

Ensure a Ride to SUD Appointment

- NEMT
- RM takes client to initial visit
- Bus or cab vouchers

Warm Handoff to SUD Providers

- Walk them to the SUD Clinic
- Make appointment together
- PSS assists client to make appointment

Eliminate Barriers

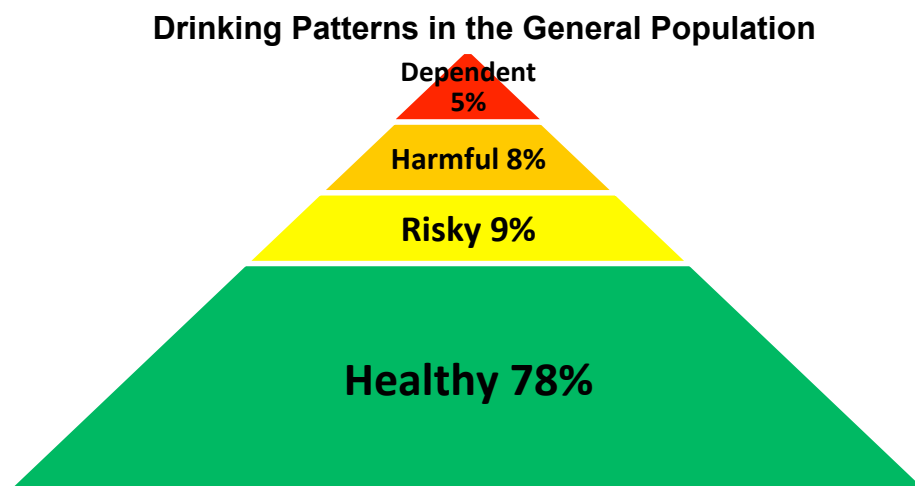
- Develop short term plan before leaving
- Harm reduction
- Address stigma and fears

Involve Family / Social Supports

## **Primary Care and Substance Use Disorder Integration: A Guide For Central Oregon**

### **Introduction:**

An integrated primary care clinic should be the clinical home for Substance Use Disorder (SUD) services. SUD is a chronic condition that exists along a continuum, from healthy, to risky, to harmful, to dependent. People with risky or harmful substance use patterns can, in most cases, be best served in an integrated primary care setting. People with an SUD at a dependent level are at high risk of developing a complex condition that includes high medical burden, high mental health needs and high SUD severity. Recovery is a long-term process that needs a range of supports, including addiction recovery supports, medical, mental health, and social needs. An integrated primary care clinic have staff that may be involved with the patient over a number of years and should be knowledgeable in the SUD specialty services available in the community and should be skilled at developing and maintaining motivation for change in these challenging patients.



SUD services that should be available in the integrated primary care clinic include: early intervention/prevention, outreach and engagement, patient education, brief skills training, short-term counseling and support, medically assisted treatment (MAT), and referral to specialty SUD treatment. Community-based specialty SUD services should include outpatient treatment, MAT, recovery support services, detoxification, residential treatment, and sober housing supports.

Experience from clinics across the country suggests that simply adding a SUD clinician to an existing medical clinic will have little effect on the health outcomes in the clinic. Primary care clinics, to gain success with an integrated approach, need to adapt their whole clinic to this whole person approach. This includes the mission of the clinic, the

financial supports for this approach, the administrative supports, the hiring and training of staff, the functionality of the EMR for behavioral health, and the clinical offerings available at the clinic. Different medical clinics will integrate at different levels, from coordinated services, to co-located services, to fully integrated services (see attachment 1). This guide is to help medical and behavioral health clinics in Central Oregon understand the steps they can take to optimize their success in integrating SUD services into primary care in a way that will improve patient outcomes, improve provider satisfaction, and be financially sustainable.

**Administration:**

- Mission
- Business Plan for Sustainability
- Integrate behavioral health into the organizational infrastructure: human resources, compliance, credentialing, quality management, policies and procedures
- Integrated Electronic Health Record

**Personnel:**

- Training for Medical Providers and Nursing Staff
- Behavioral Health Consultant
- Consulting Psychiatrist
- SUD Clinician
- SUD Recovery Mentor

**Clinical:**

- Universal/routine screening for SUD and depression
- Clinical Measures for Behavioral Health
- Clinical pathways for SUD
  - (a) Patient education by provider
  - (b) Patient Consultation with BHC
  - (c) Brief therapy with embedded SUD clinician
  - (d) Referral to specialty SUD clinic (outpatient, intensive outpatient, residential, detox, MAT)
  - (e) Chronic disease management (harm reduction, long term recovery support)
- Availability of MAT within clinic or as referral
- Tracking individual and clinic level patient outcomes for SUD by severity level
- Behavioral Health embedded into Continuous Quality Improvement
- Robust care coordination plan, specifically with specialty SUD treatment providers
- Shared planning across disciplines





## Central Oregon Outpatient Substance Use Disorder (SUD) Resources

Note: Oregon Health Plan (OHP) members are able to choose their preferred facility for these services, within their assigned county, which do not require prior approval or an initial assessment from their assigned Community Mental Health Program.

<b>Bend</b>		
<b>Bend Treatment Center</b> 155 NE Revere Ave. Suite 150  Phone: (541) 617-4544	Hours	Walk-ins: Monday through Friday 8:00 a.m. – 6:30 p.m.; Appointments: Monday through Friday 2:00 p.m. – 6:00 p.m.; evening hours coming soon
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Currently providing individual IOP
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay
	Youth/Adults	Adults
<b>BestCare</b> 461 NE Greenwood Ave. Suite A  Phone: (541) 617-7365	Hours	Monday through Thursday 8:30 a.m. – 5:00 p.m.; Friday 8:30 a.m. – 12:00 p.m.; Walk-ins welcome
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): IOP is based off of individual need, up to 4.5 hours/ week
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay, grant program (via food stamps, HIV, pregnant, homeless, probation, or dependent child - four spots a month)
	Youth/Adults	Adults
<b>Deschutes County Behavioral Health (Main Office)</b> 2577 NE Courtney Dr.  Phone: (541) 330-4646  <b>(Downtown Office)</b> 1128 NW Harriman  Phone: (541) 330-4637	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; some evening groups and individual sessions available. Appointments preferred.
	Services Offered	SUD and Mental Health Outpatient: 12 weeks, two-four hours/week – two groups and one individual session
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance referred out to other providers
	Youth/Adults	Adults
<b>Pfeifer &amp; Associates</b> 23 NW Greenwood Ave.  Phone: (541) 383-4293	Hours	Monday through Friday 9:00 a.m. - 7:00 p.m. Walk-ins or appointments
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individual and group treatment, DUII services, Drug Court programming, meditation, and stress reduction
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, self-pay, sliding fee scale, contract funds from probation for high level offenders, DHS clients, services for Deschutes County jail inmates and community corrections clients, and adults. Private insurance.
	Youth/Adults	Adults

<b>Rimrock Trails</b> 63360 Britta St., Bldg 1  Phone: (541) 388-8459	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m. By appointment and walk-ins welcome daily
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individualized based on need. Approx. 10-16 weeks; groups, individual sessions, family sessions, Self-Management and Recovery Training, and Recovery Mentor services
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, grant programs, youth indigent, sliding fee scale, self-pay.
	Youth/Adults	Youth 12-17 years, Adults 18-24 years
<b>Serenity Lane</b> 601 NW Harmon Blvd.  Phone: (541) 383-0844	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m. Appointments preferred.
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP); nine hours/week for 10 weeks
	Payment Options	PacificSource Community Solutions, private pay, private insurance
	Youth/Adults	Adults

<b>La Pine</b>		
<b>Deschutes County Behavioral Health</b> 51340 Highway 97  Phone: (541) 322-7146	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; appointments preferred
	Services Offered	SUD and Mental Health Outpatient
	Payment Options	PacificSource Community Solutions, Open card, Private insurance referred out to other providers.
	Youth/Adults	Adults
<b>Klean Treatment Center</b> 16161 Burgess Rd.  Phone: (541) 876-6176	Hours	24/7
	Services Offered	Residential SUD Treatment, Detox
	Payment Options	Private Insurance. Self Pay.
	Youth/Adults	Adults
<b>Pfeifer &amp; Associates</b> 16440 Finley Butte Rd.  Phone: (541) 536-8879	Hours	Monday through Thursday, 9:00 a.m. – 7:00 p.m.; Walk-ins or appointments
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): individual and group treatment, DUII services, Drug Court programming, meditation, and stress reduction.
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, self-pay, sliding fee scale, contract funds from probation for high level offenders, DHS clients, services for Deschutes County jail inmates and community corrections clients, adult and juvenile indigent. Private Insurance.
	Youth/Adults	Both

<b>Madras</b>		
<b>BestCare</b> 125 SW C St. Madras, OR 97741  Phone: (541) 475-6575	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; appointments only
	Services Offered	Mental Health Outpatient, SUD Outpatient and Intensive Outpatient (IOP): IOP meets Monday through Friday 9:00 a.m. – 12:00 p.m. (2-3 groups/day and individual sessions)
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay.
	Youth/ Adults	Both

<b>Prineville</b>		
<b>Lutheran Community Services</b> 365 NE Court St.  Phone: (541) 447-7441	Hours	Monday through Friday 8:30 a.m. - 11:30 a.m. and 1:00 p.m. – 3:00 p.m.; Walk-ins welcome
	Services Offered	Mental Health Outpatient, SUD Outpatient and Intensive Outpatient (IOP): 11 groups/week including after hours
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay, indigent.
	Youth/ Adults	Adults
<b>Rimrock Trails</b> 1333 NW 9 <sup>th</sup> St.  Phone: (541) 447-2631	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m. By appointment and walk-ins welcome daily
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individualized based on need. Approx. 10-16 weeks; groups, individual sessions, family sessions, Self-Management and Recovery Training, and Recovery Mentor services
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, grant programs, youth indigent, sliding fee scale, self-pay.
	Youth/ Adults	Youth 12-17 years, Adults 18-24 years

<b>Redmond</b>		
<b>BestCare</b> 340 NW 5 <sup>th</sup> St. Suite 202  Phone: (541) 504-2218	Hours	Monday through Thursday 9:00 a.m. – 12:00 p.m.; Friday 8:00 a.m. – 12:00 p.m.; Walk-ins welcome
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Intensive Outpatient includes 2-3 groups/1:1's per week
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, self-pay, grant program (via food stamps, HIV, pregnant, homeless, probation, or dependent child - 4 spots a month).
	Youth/ Adults	Adults

<b>Deschutes County Behavioral Health</b> 406 West Antler Ave. Phone: (541) 322-7414	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; appointments preferred
	Services Offered	SUD Mental Health Outpatient
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance but referred out to other providers.
	Youth/Adults	Adults
<b>New Priorities</b> 1655 SW Highland Ave. #3 Phone: (541) 923-2654	Hours	Monday through Friday 8:00 a.m. - 7:00 p.m.; Appointments only (unless urgent)
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Intensive Outpatient averages 4 sessions/week of family, group and individual sessions
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, Juvenile and Adult Correction Funding, sliding fee scale.
	Youth/Adults	Both
<b>Pfeifer &amp; Associates</b> 3835 SW 21 <sup>st</sup> St. Suite 103 Phone: (541) 504-9326	Hours	Monday through Thursday 9:00 a.m. - 7:00 p.m.; Walk-ins or appointments
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): individual and group treatment, DUII services, Drug Court programming, meditation, and stress reduction.
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, self-pay, sliding fee scale, contract funds from probation for high level offenders, DHS clients, services for Deschutes County jail inmates and community corrections clients, and adults. Private insurance.
	Youth/Adults	Adults
<b>Rimrock Trails</b> 850 SW Antler Ave. Phone: (541) 316-2041	Hours	Monday through Friday 8:00 a.m. – 5:00 p.m.; By appointment and walk-ins welcome daily
	Services Offered	SUD Outpatient and Intensive Outpatient (IOP): Individualized based on need. Approx. 10-16 weeks; groups, individual sessions, family sessions, Self-Management and Recovery Training, and Recovery Mentor services
	Payment Options	PacificSource Community Solutions, Medicaid Fee for Service, private insurance, grant programs, youth indigent, sliding fee scale, self-pay.
	Youth/Adults	Youth 12-17 years, Adults 18-24 years

**Questions? Please contact the:**

**Central Oregon Health Council at (541) 306-3523 or [info@cohealthcouncil.org](mailto:info@cohealthcouncil.org)**

24 Hour CRISIS LINE: 541-322-7500 X9  
Addiction and Mental Health



**VISION**

A safe, healthy, prosperous community

**MISSION**

To reduce substance abuse by empowering youth and young adults to make safe, healthy, and legal choices through community education, collaboration and policy.

[www.sharedfuturecoalition.org](http://www.sharedfuturecoalition.org)

**GETTING HELP**

Looking for support as you consider getting help for yourself or someone you care about? Speak with a trusted friend, adult, parent, grandparent, pastor, teacher, or school counselor.

### HIGH RISK DRINKING DEFINED

<b>Underage Drinking</b>	<b>Binge Drinking</b>	<b>Heavy Drinking</b>
Any use of alcohol by youth under age 21	5+ drinks in 2 hours for males; 4+ drinks in 2 hours for females	Exceeds 2 drinks per day for males; exceeds 1 drink per day for females

### RESOURCES

<p><b>Treatment Resources:</b></p> <p>Bend Treatment Center (541) 617-4544</p> <p>BestCare Treatment Services (541) 617-7365</p> <p>Deschutes County Access Team (541) 322-7500</p> <p>New Priorities (541) 923-2654</p> <p>Pfeifer &amp; Associates (541) 383-4293</p> <p>Rimrock Trails (541) 447-2631</p> <p>Serenity Lane (541) 383-0844</p> <p>Teen Challenge (541) 678-5272</p>	<p>Problem Gambling: Oregon Problem Gambling Helpline 1 (877) 695-4648</p> <p>Tobacco Cessation: Oregon Tobacco Quit Line 1 (800) 784-8669</p> <p>St. Charles Health System (541) 706-6390</p> <p><b>Recovery and Support Resources:</b></p> <p>Al-Anon/Alateen (541) 728-3707</p> <p>Alcoholics Anonymous (541) 548-0440</p> <p>Celebrate Recovery (541) 749-3040</p> <p>Narcotics Anonymous (541) 416-2146</p>
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Rev. 5.13.16



## THE 21<sup>ST</sup> CENTURY CURES ACT

**An innovation game-changer, a once-in-a-generation, transformational opportunity to change the way we treat disease.**

The House Energy and Commerce Committee and the Senate HELP Committee have engaged in a public, nonpartisan conversation with patients, researchers, innovators, and health care providers about what steps can be taken to expedite the **discovery, development, and delivery** of new treatments and cures and maintain America's global status as the leader in biomedical innovation. The 21st Century Cures Act ("Cures") is the product of that conversation.

### DISCOVERY

- Provide the NIH with \$4.8 billion in new funding that is fully offset. These dollars will help advance the Precision Medicine Initiative to drive research into the genetic, lifestyle and environmental variations of disease (\$1.5 billion); bolster Vice President Biden's "Cancer Moonshot" to speed research (\$1.8 billion); and invest in the BRAIN initiative to improve our understanding of diseases like Alzheimer's.

### DEVELOPMENT

The pace of scientific advancement over the past two decades, including the mapping of the human genome, has been impressive. Translating these discoveries into new FDA-approved treatments, however, has proven difficult. Cures will advance new therapies for patients by:

- Modernizing clinical trials and the means by which safety and efficacy data is accumulated and analyzed.
- Putting patients at the heart of the regulatory review process.
- Supporting broader, more collaborative development, qualification, and utilization of biomarkers, which help assess how a therapy is working, and on whom, earlier in the process.
- Streamlining regulations and provides more clarity and consistency for innovators developing health software and mobile medical apps, combination products, vaccines, and regenerative medicine therapies.
- Incentivizing the development of drugs for pediatric diseases and medical countermeasures, and empower FDA to utilize flexible approaches in reviewing medical devices that represent breakthrough technologies.
- Providing FDA with \$500 million for regulatory modernization and give the agency the ability to recruit and retain the best and brightest scientists, doctors, and engineers.

### DELIVERY

- The development of new drugs and devices is meaningless unless they are delivered to the right patients at the right time. Cures will help improve delivery by: ensuring electronic health record systems are interoperable for seamless patient care and help fully realize the benefits of a learning health care system.
- Improving education for health care providers and help facilitate seniors' access to the latest medical technology.

## **HELPING FAMILIES IN MENTAL HEALTH CRISIS REFORM**

Our work to advance meaningful mental health reforms has been a multi-year, multi-Congress effort. The mental health reforms included in the revised 21<sup>st</sup> Century Cures Act are based largely on H.R. 2646, the Helping Families in Mental Health Crisis Act, authored by Rep. Tim Murphy (R-PA), which passed the House in July by a vote of 422-2. This legislative effort represents the most significant reforms to the mental health system in more than a decade.

These landmark reforms will:

- Create a new Assistant Secretary for Mental Health and Substance Use to replace the Administrator at SAMHSA and coordinate mental health programs across the federal government.
- Establish the National Mental Health and Substance Use Policy Lab to drive evidence-based grant making within SAMHSA.
- Direct the Secretary of HHS to undertake guidance to clarify when communication can take place under HIPAA to help ensure communication among providers, families, and patients to improve mental health treatment.
- Improve mental health care for children with serious emotional disturbance, or adults with serious mental illness, through targeted authorizations and reauthorizations, including expansion of Assisted Outpatient Treatment.
- Strengthen the nation's mental health workforce.
- Reduce government spending by \$5 million according to a preliminary analysis from the Congressional Budget Office.



## RHIP Workgroup Updates: December

### Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 19 members.
- This workgroup did not meet in December due to their regularly scheduled meeting falling so close to the holidays. In January, the group will begin discussions around depression screenings and follow-up care.

### Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 23 members.
- This workgroup did not meet in December due to their regularly scheduled meeting falling so close to the holidays. In January, the group will finalize their introduction/position letter introducing the clinical algorithm for screening and referring for SUD, and accompanying resources. This workgroup is also supporting beginning efforts of regional MAT presentations by Dr. LeBlanc and Dr. Pennavaria within primary care clinics.

### Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- This workgroup did not meet in December due to their regularly scheduled meeting falling so close to the holidays. In January, the group will discuss updates for regional blood pressure control presentations, regional testing within EPIC for e-referrals to the tobacco Quit Line, and the development of a ICD-10 laminated sheet that provides clinical codes for ECU, prenatal care, pre-diabetes, A1C, hypertension, SBIRT, and tobacco.

### Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)

- This group meets the second Thursday of every month from 9-10am and currently has 14 members.
- In December, the group continued to develop and decide on supporting resources to share with their pre-diabetes algorithm of care that will be rolled out at a Grand Rounds on pre-diabetes on March 3, 2017. These resources will also be shared with the broader provider community simultaneously. In January, the group will finalize their introduction letter, and they will review a first draft of a regional community resource booklet for pre-diabetes and type II diabetes that both providers and community members can utilize to encourage healthy behaviors that support preventing and/or managing type II diabetes.

### CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Sean Ferrell )

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 27 members.
- In December, the group met to review the survey they created to disseminate to P.E. teachers in Central Oregon in order to inform the best way to support and promote physical activity within schools. Commute Options discussed their For Every Kid Campaign to support dedicated funding for Safe Routes to School in every Oregon school district. The group received postcards to support the cause that will be sent to legislators in 2017.

# **RHIP Workgroup Updates: December**

## **Oral Health (Support: Donna Mills & Suzanne Browning)**

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- The workgroup met in December to discuss the outcomes of the survey tool provided over the October/November timeframe. The survey results provided great insight into where the workgroup should focus their efforts. These top categories were discussed at length and some preliminary outcomes were produced. The group will reconvene January 17<sup>th</sup>.

## **Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)**

- This group meets the second Tuesday of every month from 4-5pm and currently has 23 members.
- The RMCH workgroup heard a presentation in December from the Central Oregon Breast Feeding Coalition. Tricia Gardner from PacificSource provided an update on the Prenatal Coding Pilot; PSCS has confirmed that the pilot as launched with two providers is producing positive results. They will continue to monitor and report out in January. The workgroup will meet again on January 10<sup>th</sup> and continue their work on the prenatal coding pilot.

## **Social Determinants of Health**

- This group meets the third Friday of every month from 10-11:30am and currently has 30 members in Kindergarten Readiness and 36 members in Housing.

### **Education & Health (Support: Donna Mills & Desiree Margo)**

- The workgroup did not meet in December due to inclement weather. The group will reconvene January 20<sup>th</sup>.

### **Housing (Support: Bruce Abernathy & MaCayla Arsenault)**

- This group did not meet in December due to inclement weather. In January, they will discuss, among other things, unintended consequences of 90 day no-cause evictions and effective advocacy and dissemination of collected stories. They will also revisit modifications and additions to their work plan's target metrics and timelines.