



**RHIP Substance Use & Chronic Pain Workgroup**  
**PacificSource – Boardroom (4<sup>th</sup> Floor)**  
**2965 NE Conners Ave, Bend**

**Agenda: April 19, 2017 from 3:45pm-5:00pm**

**Goals**

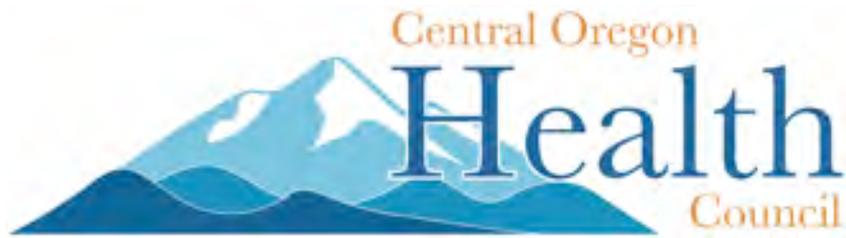
**Clinical Goal(s):** Create a bi-directional integration approach for people with severe substance use disorders.

**Prevention Goal(s):** Implement a community standard for appropriate and responsible prescribing of Opioids and Benzodiazepines.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Increase the rate of successful referrals from medical settings to specialty SUD services of people with moderate-to-severe SUDs.			√
2. First year develop a baseline on the pharmacy, hospital, acute psychiatric, and emergency department expense related to people with moderate-to-severe SUDs. Second year set performance improvement benchmarks.		√ (PIP)	
3. First year develop a baseline for number of people receiving greater than 120 mg morphine equivalent for more than three months.		√ (PIP)	

1. **3:45-3:50**      **Introductions—All**
  
2. **3:50-4:50**      **A3 Process Overview & Workgroup Prioritization—Rebeckah Berry**  
(with help from Nicole Lemmon)
  
3. **5:00**              **Updates & Action Items—Rebeckah Berry**
  - **Motivation Interviewing Training Update**

**Next Meeting: May 17, 2017 from 4-5pm (Room #210 @ PSCS)**



BH Substance Use & Chronic Pain (23)	Organization
Steve Baker, LPC, MAC	Mosaic Medical
McKenzie Dean, MD	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCI	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	CAC Consumer Representative
Jessica LeBlanc, MD, MPH	Mosaic Medical & Bend Treatment Center
Nicole Lemmon, MA	Wellness & Education Board of Central Oregon (WEBCO)
Leslie Neugebauer, OTR/L, MPH	PacificSource
Matt Owen, JD	Bend Treatment Center
Laura Pennavaria, MD	La Pine Community Healthy Center
Sally Pfeifer, BA, CADCI	Pfeifer & Associates
Christine Pierson, MD	Mosaic Medical
Beth Quinn, PSS, QMHA	Intentional Peer Support: ROCC
Elizabeth Schmitt, MS	CAC Consumer Representative
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stoefen	LifeRAFT Family Support
Ralph Summers, MSW	PacificSource
Kim Swanson, PhD	St. Charles Medical Group
Karen Tamminga, LCSW	Deschutes County Behavioral Health
Rick Treleaven, LCSW	BestCare Treatment Services
Bill Ward, CADCI	Serenity Lane
Molly Wells Darling, LCSW	St. Charles Health System
Scott Willard, MA, CADCI II, SRC, CPC	Lutheran Community Services Northwest

# Behavioral Health: Substance Use & Chronic Pain RHIP Workgroup Charter

Central Oregon Health Council

Behavioral Health: Substance Use & Chronic Pain Regional Health Improvement Plan (RHIP) Workgroup

## 1. PURPOSE

The Behavioral Health: Substance Use & Chronic Pain RHIP Workgroup will serve to provide expert advice and action that will support the goals of the Central Oregon Health Council using Lean Practices. The Workgroup is designed to improve each of the Health Indicator Metrics (HIMs) outlined in the RHIP for the Behavioral Health: Substance Use & Chronic Pain area of focus. All of these efforts are to be done with the True North Metrics as the guiding principles.

*Duties to be considered:*

- *Collaboration with community partners and other RHIP workgroups.*
- *Writing proposals or creating Requests for Proposals (RFPs) to supplement the needs of the community as they directly relate to the HIMs.*
- *Attend monthly meetings, and subgroup meetings as applicable.*
- *Reporting annually to the Operations Council to ensure alignment, movement, and support.*

## 2. PURVIEW

The purview of the Behavioral Health: Substance Use & Chronic Pain Workgroup includes accountability for the positive movement of the HIMs, generating ideas and identifying areas that require the use of key tactics (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but merely works to ensure that the gaps are filled and that barriers to HIMs improvement are removed.

## 3. AUTHORITY

The COHC Board of Directors vests authority to the Behavioral Health: Substance Use & Chronic Pain Workgroup. In partnership with the Operations Council, the Workgroup has the decision-making authority to fiscally support any funded initiatives that affect the HIMs assigned to them. The Workgroup has the individual authority to make a declaration of support for any initiative.

## 4. COMPOSITION /GOVERNANCE

Community partner representatives and local experts will comprise the Behavioral Health: Substance Use & Chronic Pain Workgroup. Every effort will be made to have member representatives from all impacted parties.

The COHC staff member who acts as the organizer of that Workgroup must approve new members of the Behavioral Health: Substance Use & Chronic Pain Workgroup. Workgroup members will be educated and be expected to fully understand the scope and authority of the Workgroup. Regular attendance at meetings is expected to direct the responsibilities of the Workgroup.

The Workgroup may form ad-hoc subgroups or request ad hoc member representation as required to achieve specific tasks. The Workgroup will include a member(s) on any subgroups in order to maintain strategic alignment and communication of improvement ideas.

The Workgroup may choose to appoint a leader, but is not required to do so. The COHC staff will organize all meetings and serve as the spokesperson and liaison for the group. A COHC staff member will fulfill the duties of the leader in his/her absence. Support for meetings will occur through the COHC staff team.

## **5. RESPONSIBILITIES/DUTIES**

### **a. Scope**

Workgroup members are expected to actively engage in discussions centered on HIMs improvement. The Workgroup is responsible for identifying and declaring their support for the initiatives they believe will have the greatest possible impact on the HIMs.

### **b. Objectives**

The Workgroup shall conduct an A3 on at least one of their assigned HIMs. The Workgroup will be charged with this function in order to identify the gaps and brainstorm strategies for improving the HIMs.

If the Workgroup determines that funding is required to fill a gap, they must present their idea to the Operations Council. Given approval, the Workgroup will draft an RFP, and will review applications once every 6 months with the RFP Review Sub-Committee of the Operations Council.

### **c. Communication**

Meetings will be scheduled on a monthly basis. Special meetings may be called if an issue arises that requires immediate attention. Meeting agendas will be updated and sent to Workgroup members prior to meetings.

### **d. Charter Approval and Revision**

The Behavioral Health: Substance Use & Chronic Pain Workgroup must approve this charter in order to become active. The Workgroup will approve revisions to the charter and additions such as charts, etc.

## **6. CONFIDENTIALITY**

Confidentiality must always be maintained during Behavioral Health: Substance Use & Chronic Pain Workgroup review and deliberations.

## **RHIP Workgroup Updates: March**

### **Behavioral Health: Identification & Awareness (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)**

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 21 members.
- In March, the group began the A3 process for their area of focus. They received an overview and prioritized their first A3, which will be around creating a common response matrix that clinics could adopt, including physician intervention, BHC intervention, short-term behavioral health intervention, and referral to specialty behavioral health. The group will also continue the work of developing a primary care flow algorithms around screening and referral for depression and suicidality.

### **Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry, Rick Treleaven & Mike Franz)**

- This group meets the third Wednesday of every month from 4-5pm and currently has 23 members.
- In March, this workgroup finalized their their primary care algorithm for substance use (SUD) screening and referral to specialty SUD care. This workgroup will begin the A3 process for their area of focus in April.

### **Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)**

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 10 members.
- In March this workgroup began the A3 process for their area of focus. They received an overview and prioritized their first two A3s, which are, (1) promote/saturate SmokeFree Oregon cessation and prevention campaigns in Central Oregon, and (2) implement evidence-based guidelines for the control of hypertension.

### **Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)**

- This group meets the second Thursday of every month from 9-10am and currently has 15 members.
- In March, this workgroup began the A3 process for their area of focus. They received an overview and prioritized their first A3, which will be implementing community-wide standards for the prevention and treatment of type 2 diabetes. This workgroup had over 125 attendees at their Grand Rounds rollout addressing prediabetes on 3.3.17. Their materials have been shared throughout the region, and requests are pouring in for the diabetes community resource booklet.

### **CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)**

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 27 members.
- In March, the workgroup evaluated their progress on the regional school physical activity surveys in regard to response rates and strategizing focused efforts. The workgroup was introduced to and started the development of their A3. The workgroup went through a prioritization exercise and will focus on increasing access to organized sports. The workgroup will review school survey data next month and continue to develop their A3.

## **RHIP Workgroup Updates: March**

### **Oral Health (Support: Donna Mills & Mary Ann Wren)**

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- The Oral Health workgroup met for an extended hour and a half to review and approve the OHWG Charter, go over the results of the prioritization survey, and complete an A3 around their choice for area of focus; Clinical: Deliver preventative dental services to children and pregnant women in non-traditional settings. The charter was approved with minimal changes, the focus choice confirmed and progress was made on the A3 and completion is expected during a special 2-hour meeting in April.

### **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 did not meet in March.

### **Social Determinants of Health**

- This group meets the third Friday of every month from 10:30-11:30am and currently has 30 members in Kindergarten Readiness and 37 members in Housing.

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

- The Kindergarten Readiness Workgroup did not meet in March.

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

- In March, the workgroup reviewed the outline of the proposed regional housing needs assessment. They also reviewed their updated draft work plan. Elaine Knobbs-Seasholtz lead an exercise with the group to demonstrate the many ways health and housing were connected. The workgroup was also briefly introduced to the A3 process and will go over it in more detail in April.