



RHIP Behavioral Health Identification & Awareness Workgroup

Deschutes County Building (DeArmond Room)

1300 NW Wall St, Bend

Agenda: September 26, 2017 from 8:15am-9:15am

Goals

Clinical Goal(s): (1) Increase screenings for depression, anxiety, suicidal ideation, and substance use disorders.

(2) When screenings are positive, increase and improve primary care-based interventions, and, when appropriate, referrals and successful engagement in specialty services.

Prevention Goal(s): Normalize the public’s perception of accessing resources for depression, anxiety, suicidal ideation, and substance use.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015).	√		
2. Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015).	√		
3. First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop performance improvement benchmarks.			

1. **8:15-8:20** **Introductions—All**
2. **8:20-8:40** **Select Universal Screening Tools to Survey Primary Care—Rebeckah Berry**
3. **8:40-9:05** **Development of Survey to Attain Baseline Data—Nikki Lemmon & Rebeckah Berry**
4. **9:05-9:15** **MindYourMind Project Update/Next Steps—Jessica Jacks**
5. **9:15** **Action Items—All**
 - Next steps

Next Meeting: **October 24, 2017 from 8:15-9:15am**
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)



BH Screening and Awareness (18)

DeAnn Carr, LCSW
 McKenzie Dean, MD
 Janet Foliano-Kemp
 Mike Franz, MD
 Erica Fuller, MA, LPC, CADCI
 Jessica Jacks, MPH, CPS
 Susan Keys, PhD
 Christy Maciel, PSS
 Sondra Marshall, PhD
 Wade Miller, MBA
 Leslie Neugebauer, OTR/L, MPH
 Kristi Nix, MD
 Laura Pennavaria, MD
 John Peoples, MD, FAAP
 Megan Sergi, MSW
 Kim Swanson, PhD
 Rick Treleaven, LCSW
 Molly Wells Darling, LCSW

Organization

Deschutes County Health Services
 St. Charles Health System
 St. Charles Health System
 PacificSource
 Rimrock Trails Adolescent Treatment Services
 Deschutes County Health Services
 OSU Cascades
 National Alliance on Mental Illness (NAMI)
 COPA & St. Charles Health System
 Central Oregon Pediatrics Associates (COPA)
 PacificSource
 High Lakes Healthcare
 St. Charles Health System
 Central Oregon Pediatrics Associates (COPA)
 Rimrock Trails Adolescent Treatment Services
 Mosaic Medical
 BestCare Treatment Services
 St. Charles Health System

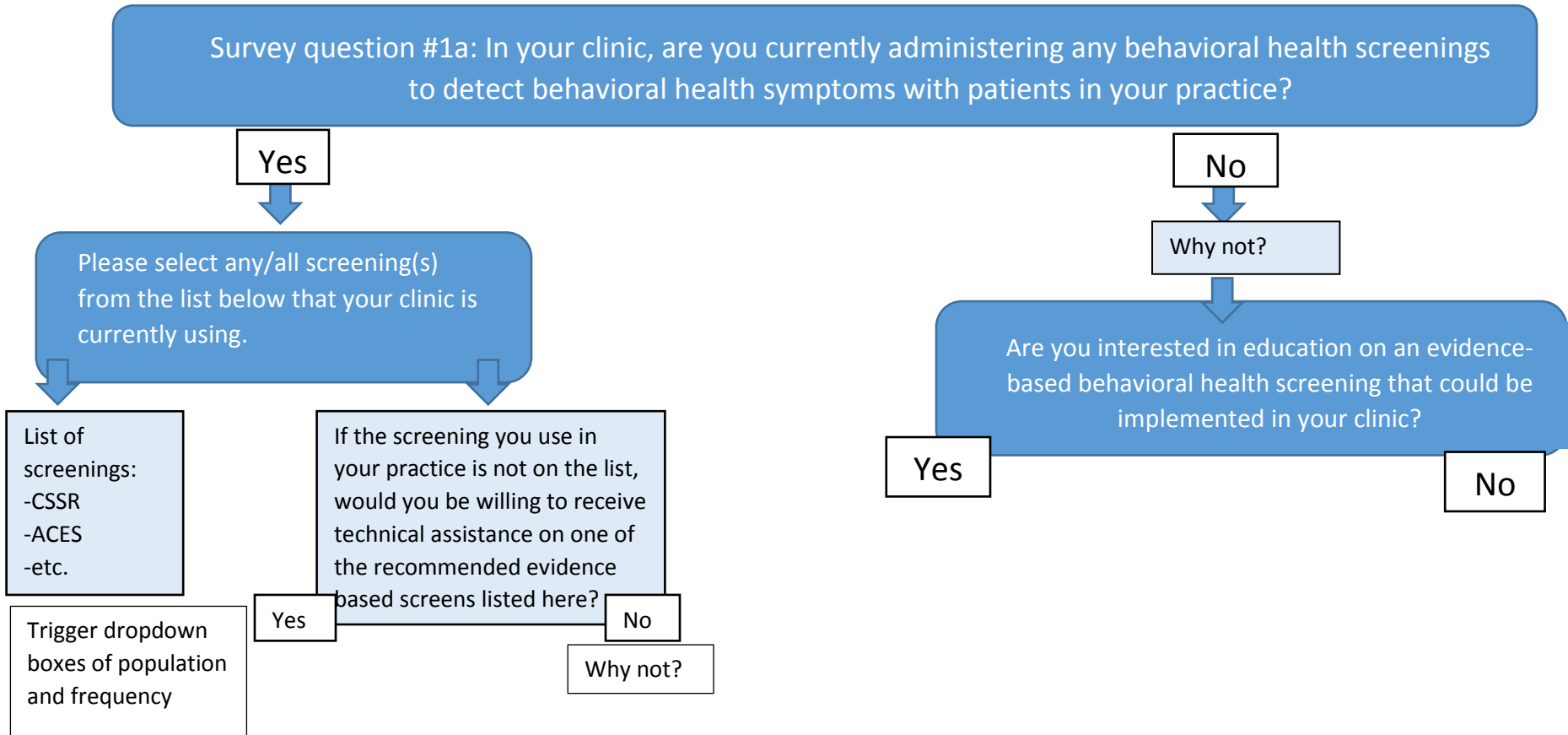
What universal BH/MH screens do we want to see occur in primary care settings for Central Oregon?

Screening	Adults	Children	Yes/No for PC settings?
ACEs (Adverse Childhood Experiences)	Yes	(ages 3-17, parents only)	
ASQ - SE (Ages & Stages Social-Emotional)	No	Yes	
ASQ (Ages & Stages Questionnaire)	No	Yes	
ASRS-v1.1 (Adult ADHD Self-Report)	Yes	No	
AUDIT (Alcohol Use Disorders Identification Test)	Yes	?	
CDI (Children's Depression Inventory)	No	Yes	
CRAFFT (Substance use screening tool commonly used with the SBIRT process)	No	(ages 11-17)	
CSSR (Columbia Suicide Severity Rating)	Yes	Yes	
DAST (Drug Abuse Screen Test)	Yes	?	
EPDS (Edinburgh Postnatal Depression Scale)	Pregnant women	Pregnant Teens	
GAD-7 (Generalized Anxiety Disorder)	Yes	(ages 13 & up)	
Geriatric Depression Scale	(ages 65+)	No	
M-CHAT (Modified Checklist for Autism in Toddlers)	No	(16-30 months)	
MD!	?	?	
MMSE (Mini-Mental State Examination)	Yes	No	
MOCA (Montreal Cognitive Assessment) – PMHNP only one to use	Yes	No	
ORS	?	?	
P4 (suicide screening measure)	?	?	
P5 (SBIRT Screener used in pregnant women)	Pregnant women	Pregnant Teens	
Parental Stress Scale (parents only)	Parents of children ages 3-17	No	
PC-PTSD (primary care- PTSD)	Yes	No	
PCAT	?	?	
PEG 3-item (Pain, Enjoyment, General activity)	Yes	?	
PHQ-2 & PHQ-9	Yes	(ages 11 & up)	
PSC-17 (Pediatric Symptom Checklist)	No	(ages 3-10)	
PSEQ (Pain self-efficacy Questionnaire)	Yes	?	
S2BI (Adolescent Screening & Brief Intervention)	No	(ages 11-17)	
SBIRT	Yes	No	
SCARED (Screen for Child Anxiety Related Disorders)	No	(ages 8-10)	
SLUMS (St Louis University Mental Status) – PMHNP only one to use	Yes	No	
SOAPP-R (Screener and Opioid Assessment for Patients with Pain – Revised)	Yes	?	
Taylor Screens for ADHD	?	?	
Vanderbilt ADHD Assessment Scale	No	(ages 6-12)	

Goal/AIM: Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.

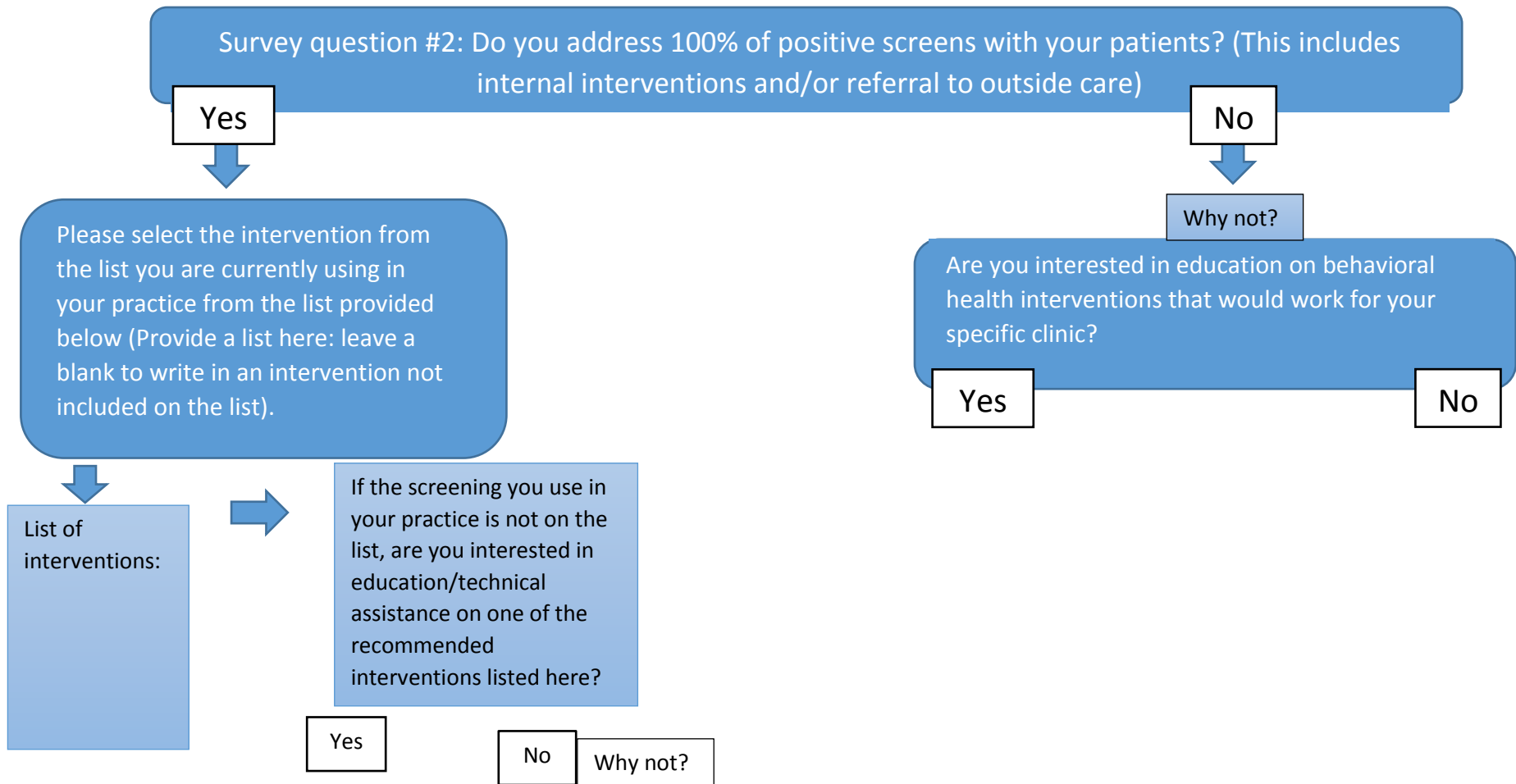
Initial State #1: Get baseline data from clinics re: prevalence of behavioral health screenings, and what populations are being screened.

Target state: #1: 95% of the clinics surveyed will use at least one evidence based behavioral health screening tool in their practice.



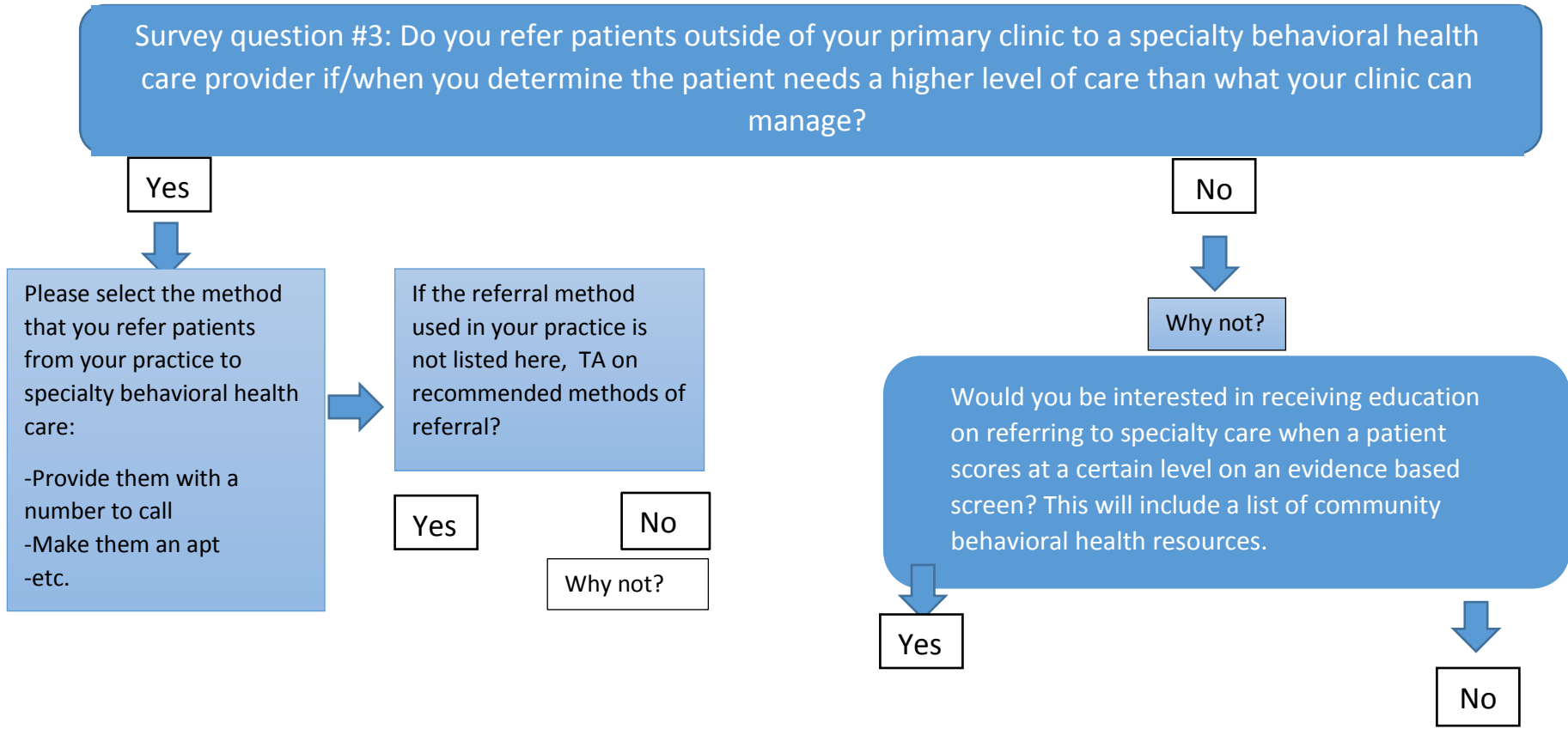
Initial state #2: Get baseline data re: prevalence of internal behavioral health interventions based on risk.

Target #2: Increase internal interventions based on positive screen to 100%.



Initial state #3: Get baseline data re: prevalence of external/outside referrals to specialty behavioral health care based on risk.

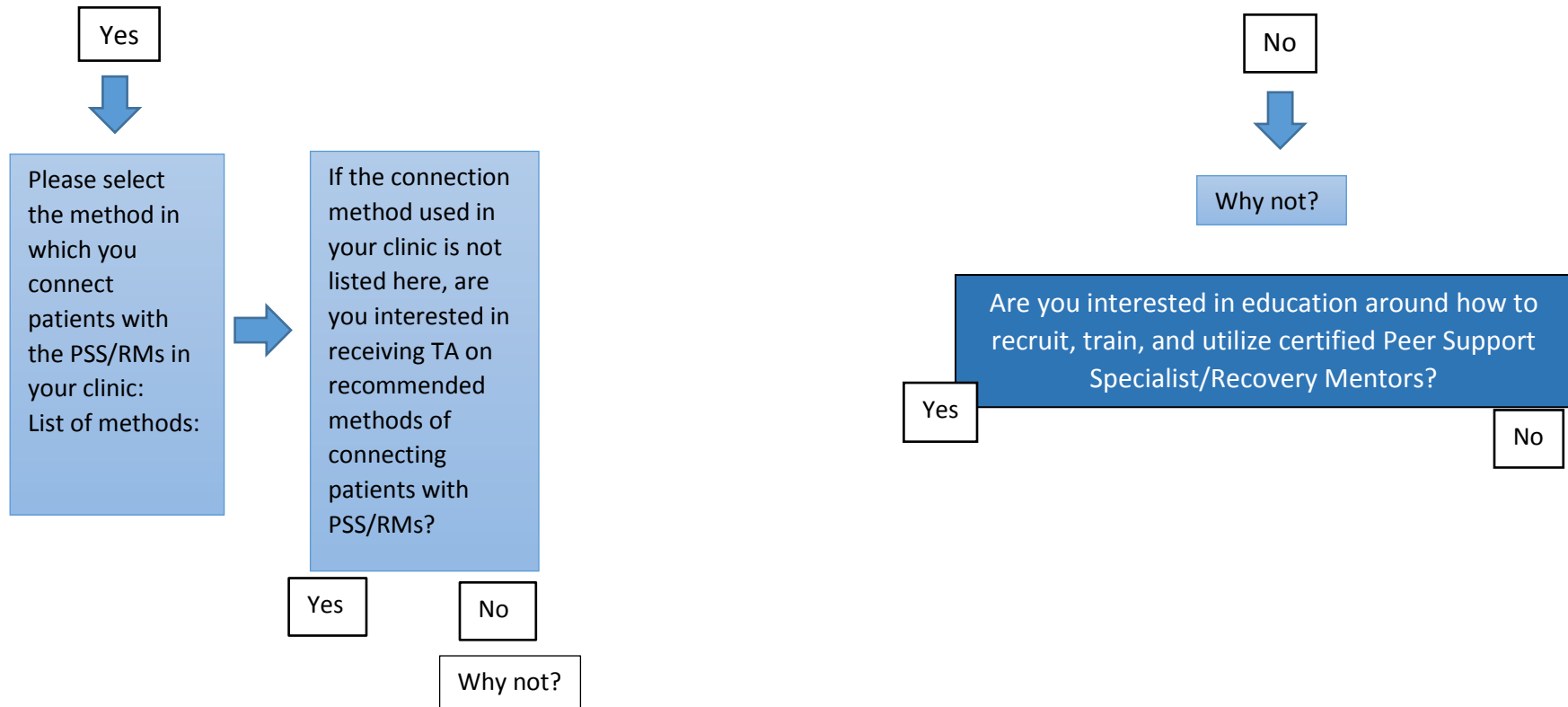
Target #3: Increase completed external/outside referrals by 100% from baseline.



Initial state #4: Get baseline data re: prevalence of Peer Support Specialists (PSS)/Recovery Mentors (RM) used to engage patients.

Target #4: Increase use of PSS or RM by TBD from baseline. (target will be set once the group looks at the baseline data)

Survey question #4: Are you currently using certified Peer Support Specialists or Recovery Mentors in your practice to engage patients?



RHIP Workgroup Updates: August

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Nikki Lemmon)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 18 members.
- In August, the group continued their A3 process with the aim of identifying and engaging 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response. The group finalized their current state and target state measurements, which will structure a baseline survey to be sent out to primary care, women's health, school based health centers, and Indian Health Service. The group is currently in the midst of completing Box 4, the gap analysis. In September, the group will provide guidance for the MindYourMind project and will respond to a first draft of the baseline survey.

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

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In August, the group continued the work their first A3 with the aim of all Central Oregonians with an SUD that enter the hospital, the ED, and primary care will receive engagement, treatment, or harm reductions services. In September this workgroup will continue the development of their A3.

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

- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In August, this group continued their work on their first A3 around asking, engaging, and providing services/support to decrease youth tobacco use in Central Oregon.

Diabetes—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In August, this workgroup selected their first experiments within their first A3. The experiments chosen are continuing the work of developing algorithms for patient care based on A1c specifically for the Central Oregon region, and standardizing point of care A1c testing among health care providers throughout the region. In September, the group will finalize their first A3 in order to present to Operations Council.

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 14 members.
- This workgroup has completed the PICK chart on their A3, and will vote on the results via email to select their experiment. They expect to present their A3 to Ops in October or November.

RHIP Workgroup Updates: August

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 OH Workgroup met and vetted two proposals that came from within the existing structure. The A3 these proposals were applicable to was the Screen and Seal. The conversation was robust and will continue into September.
- The A3 will need to be shared with Ops as a matter of protocol.

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 22 members.
- The RMCH workgroup spent their August meeting catching up on what is happening relative to RMCH throughout the Region. Future meetings include continuing work on the A3 for unintended pregnancy and discussing how they can partner with Deschutes County Health Services around the Family Connects model.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 27 members in Kindergarten Readiness and 37 members in Housing.

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

- The KR workgroup did not meet in August due to the Eclipse.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In August, this workgroup did not meet because of the Eclipse. At the beginning of the month Bruce Abernethy presented an A3 experiment for a Housing First-like model through Pfeifer & Associates, and the workgroup has agreed to fund the experiment, pending matching funds from NeighborImpact.