



RHIP Behavioral Health Identification & Awareness Workgroup
Deschutes County Building
1300 NW Wall Street, Bend (DeArmond Room)

Agenda: November 22, 2016 from 8:15am-9:15am

Call-In Number: 866-740-1260

7-Digit Access Code: 3063523

1. **8:15-8:20** **Introductions—All**

2. **8:20-8:35** **Presence Training Future Opportunities—Monica Vines (COCC)**

3. **8:35-8:50** **Oregon Family Support Network Proposal—Sandy Bumpus**

4. **8:50-9:05** **EMDR and Trauma Informed Yoga: A Pilot Program Proposal—Kristin James & Lindsey McAlpine**

5. **9:05-9:10** **MindYourMind Campaign Updates—Jessica Jacks**

6. **9:10-9:15** **Action Items—All**
 - Next steps

Next Meeting: **December meeting is cancelled.**

January 17, 2017 from 8:15-9:15am
(Deschutes County Building, 1300 NW Wall St, Bend – DeArmond Room)



BH Screening and Awareness (20)	Organization
DeAnn Carr	Deschutes County Health Services
Mike Franz	PacificSource
Erica Fuller	Rimrock Trails Adolescent Treatment Services
Jessica Jacks	Deschutes County Health Services
Susan Keys	OSU Cascades
Larry Kogovsek	CAC Consumer Representative
Malia Ladd	CAC Consumer Representative/NeighborImpact
Nicole Lemmon	Wellness & Education Board of Central Oregon (WEBCO)
Christy Maciel	National Alliance on Mental Illness (NAMI)
Wade Miller	Central Oregon Pediatrics Associates (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



**Oregon
Family Support
Network**

FUNDING PROPOSAL

CENTRAL OREGON HEALTH COUNCIL

PROJECT NAME: TRAUMA INFORMED FAMILY PEER SUPPORT AND TRAINING

EXECUTIVE SUMMARY

PROJECT TIMELINE: January 1, 2017 – December 31, 2019

(2-year Capacity Building)

PROJECT LOCATION: CENTRAL OREGON

(Jefferson, Deschutes, Crook Counties)

Submitted by: Sandy Bumpus, Executive Director
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Central Oregon Health Council
Regional Health Improvement Plan – Trauma Informed Family Peer Support and Training

Requestor/Agency Background

A. The Oregon Family Support Network, (OFSN) is a 501(c)3, statewide, non-profit family-run organization, serving the needs of parents or direct caregivers raising a child with significant emotional, behavioral or mental health challenges. OFSN is also the state chapter of the National Federation of Families on Children’s Mental Health (www.ffcmh.org), and serves over 2000 families around the state annually.

Mission – “We are families and youth working together to promote mental, emotional, behavioral and mental wellness for other families and youth through education, support, and advocacy”.

OFSN works with families whose children have complex needs. Families are typically served by multiple child serving systems, such as special education, mental health, and may include involvement of child welfare, juvenile justice, self-sufficiency, developmental disabilities, physical health, and other child serving systems related to the age and disability experienced by children and youth being served.

Core services offered by OFSN include:

- 1) Family Support including direct one-one family peer support, as well as support groups, resource navigation, respite care, and social events
- 2) Training and Technical Assistance – providing knowledge, awareness and skills to families, providers and children’s service providers across all child serving systems in the state of Oregon.
 - a. Trainings include:
 - Collaborative Problem Solving
 - Adult and Youth Mental Health First Aid
 - Family Perspectives Training
 - Trauma Informed Care
 - Special Education – Student and Parental Rights; 504 or IEP (which is best for my child?), Behaviors and IEP or 504.
 - Policy Trainings – to prepare and empower families to advocate on a personal, or system advisory level.
 - Wraparound & System of Care
- 3) Advocacy – OFSN is involved in advocacy at multiple levels. First and foremost is to assist parents in understanding how they can use their experience to address the needs of their family. Beyond that, OFSN participates, and supports parents or direct caregivers to become involved in a range of policy advisory committees as the local, regional and state level.

B. Proposed Project – Central Oregon

OFSN@Wyldwoodz is OFSN’s regional office in Central Oregon. Programming in this region focuses specifically on a peer (family peer support) based model of engagement.

It is expected that a majority of children and youth identified for this project are identified as having a mental health diagnosis, however some youth may have no diagnosis, yet are diagnosable.

It is also anticipated that many children and youth identified for this project are eligible for mental health services under the Oregon Health Plan, and receive services in multiple child serving systems.

C. Project Partners/Collaborators

- A. Youth Villages – Central Oregon – ER Diversion Program
- B. Deschutes County Mental Health
- C. Jefferson County Mental Health – Best Care
- D. Crook County Mental Health – Lutheran Community Services
- E. Schools:

- Hope Academy – Therapeutic School (in partnership with High Desert ESD and Lutheran Community Services NW). Located in Terrabonne
- Mountainview High School (Bend-Lapine)
- John Tuck Elementary School (Redmond)
- Crook County High School – (Prineville)
- Jefferson County (TBA)

F. 1st Choice Assisted Care. OFSN@Wyldwoodz has a partnership with 1st Choice to provide one-one behavior supports to children and youth being served on the K-Plan who require behavior supports.

OFSN@Wyldwoodz Project Staff

-(.10 FTE)Sandy Bumpus is OFSN’s Executive Director, will provide oversight to the project

-(.75 FTE)Shannon Pugerude – OFSN@Wyldwoodz – Shannon is a Think:Kids - Certified Collaborative Problem Solving Trainer and Coach.

-(Contracted) Jake Slodki is a Think:Kids – Certified Collaborative Problem Solving Trainer. Two Certified trainers are required for the Tier One Collaborative Problem Solving Trainings.

-(TBD).50 FTE Family Peer Support Specialist, serve as a coach to families and/or educators who have indicated a desire to participate in one-one coaching sessions who have completed CPS Tier 1 training.

-(.50 FTE) Brendan Butler, Brendan has been working with OFSN@Wyldwoodz as a coach supporting the CPS Coaching sessions and will facilitate each of the mindfulness/wellness workshops

-(.50 FTE) OFSN@Wyldwoodz will utilize staff on an as needed basis to provide supervised activities for children and youth while parents are engaged in the CPS coaching component of this project.

Total FTE per year = 1.85

(Other Paid Project Partners) - \$4,820

Trauma Healing Project -The Trauma Healing project will lead the 3 Trauma Based Workshops identified. The Trauma Healing Project based out of Eugene, OR is a non-profit 501(c)3 organization which provides training, healing based activities, and consultation to organizations about trauma, trauma

awareness/education, trauma healing activities and supports, and consultation to organizations around trauma informed policies, procedures and practices.

OHSU/Central Oregon Research Collaborative (CORC)- \$9,662

OFSN will contract with the CORC to provide services specific to the data collection and analysis of the project.

Project Overview: What is the project trying to accomplish?

Problem to Solve:

The Trauma Informed Family Peer Support and Training project is addressing two very significant issues in the Central Oregon region.

1. Children and youth experiencing significant behavioral health challenges are not clearly understood by parents, and providers such as educators, mental health practitioners and other health professionals struggle to understand and adequately meet the needs of these children, youth and their families.
2. There is a general lack of coordinated services and supports for children, youth and young adults who are experiencing a behavioral health crises and their families.

The Trauma Informed Family Peer Support and Training Project is planning to accomplish the following:

1. Increase knowledge and practices which are developmentally appropriate through Collaborative Problem Solving Training and Coaching
2. Provide positive social connections for families who are in crisis through short term, one-one family peer support in collaboration with Youth Villages, ED Diversion program.
3. Enhance resilience in children, youth and families through a series of trauma informed workshops, including practices to increase self-care, and family functioning.

Population of Children, Youth and Families Served

OFSN@Wyldwoodz will serve a proportionate number of families in each county. The total population of those served is identified as the family system, which may or may not include more than one youth.

The total families to be served in each county is as follows:

1. Deschutes County = 30-35 families (annually)
2. Crook County = 15-20 families (annually)
3. Jefferson County = 15-20 families (annually)

Total number of families in Central Oregon annually is expected to be 60-75.

How this Project Aligns with Central Oregon’s Regional Health Improvement Strategies (RHIP)

RHIP Strategy Identified: BEHAVIORAL HEALTH: Prevention and Health Promotion

The Trauma Informed Family Peer Support and Training Project normalizes the very struggle that parents and educators or services providers face in their work with families. The project addresses the neuro-biological basis for why challenging behaviors occur to begin with.

RHIP Strategy Identified: REPRODUCTIVE HEALTH & MATERNAL CHILD HEALTH

The focus of work being implemented through this project is specifically around prevention and health promotion. OFSN@Wyldwoodz engages families in a peer support home visiting model through one-one coaching sessions.

RHIP Strategy Identified: SOCIAL DETERMINANTS OF HEALTH

OFSN@Wyldwoodz works with children, youth and families who are considered to be ‘at risk’. Many families qualify for the Oregon Health Plan. Many households for which OFSN@Wyldwoodz serves include single parent families. The children and youth may have been diagnosed with a learning, intellectual/developmental, or mental health disability.

This project reduces health disparities for families and providers participating by:

1. Providing education about trauma and its impact on brain development.
2. Educating families, educators and community providers about Collaborative Problem Solving strategies.
3. Giving families and providers the opportunity to use ‘real life’ context to apply learning to address the challenging behaviors that they struggle with the most.
4. Coaching families, educators and providers of services in a supportive, non-threatening manner, using strengths based, and person centered language and support.
5. Increasing positive outcomes, which results in fewer school suspensions, or out of school placements.
6. Decreasing levels of toxic stress which allows for real learning to occur that can be sustained over time.

Rationale for Proposed approach:

OFSN@Wyldwoodz works within the family support and strengthening context. In addition OFSN has been looking at the National Standards of Quality on Family Strengthening. Within the framework of these national standards are some core beliefs about what makes families strong and resilient.

A major component of the National Standards of Quality on Family Strengthening and Support is the Protective Factors Framework. The Protective Factors Framework focuses on:

1. Parental Resilience
2. Positive Social Connections
3. Concrete Supports in the Time of Need
4. Knowledge of Parenting and Child Development; and
5. Social and Emotional Competence of Children

Collaborative Problem Solving and Coaching (CPS)

Collaborative Problem Solving has been chosen as a knowledge and skill base to support children, youth and families in Central Oregon who have struggled to improve and maintain a healthy relationship between behaviors and expectations in some very important settings – at home, in school and in the community.

CPS provides a common language and approach to support children, youth and their families – as well as educators and providers who are working alongside them.

The Trauma Based Family Peer Support and Training project combines a series of CPS trainings as well as 20 hours of coaching for families, and providers of services to the children and youth working with OFSN@Wyldwoodz families.

SMART Objectives

A. Collaborative Problem Solving and Coaching Sessions:

Parents & Direct Caregivers

1. S-1 Parents will attend a Collaborative Problem Solving(CPS) training, and participate in 10 follow up coaching sessions. Parents will have the option to attend a 3-day CPS, Tier 1 training or 4 session CPS Overview (Parent Mentor) training.
2. M-1 Parents will report an increase in the % of times they are able to manage their child's behavior at home or at school.
3. A-1 Parents will demonstrate increase in problem solving skills at the completion of 10 coaching sessions
4. R-1 Children and youth of parents who have participated in Tier 1 CPS training are reported by parents and teachers as having increased their problem solving skills.
5. T1: After participating in Tier 1 CPS training, caregivers will show an understanding of the CPS approach by:
 - Scoring 70% or higher on the CPS 'quiz' given at the end of the training.
 - Showing a shift in their understanding of challenging behaviors and the CPS 'conventional wisdom' as measured by the TK-COT (Change Over Time) given prior and post training and coaching sessions.
 - Reporting an increase of using Plan B – collaboratively problem solve, and Plan C let it go for now, to manage their children's behaviors as well as a decrease in using Plan A – impose adult will as measured by the post TK-COT B scoring.
 - Demonstrating an increase in problem solving skills after 10 coaching sessions as measured by their ability to do this independently or with minimal coaching assistance.
 - Showing an increase in using 'Plan B' to address challenging behaviors as reported on Tk-cot B given following 10 coaching sessions.
 - Youth will show an increase in thinking skills as measured by the TSI Likert Scale given prior to beginning CPS and post the 10 coaching sessions.

CPS Training and Coaching for Educators or Providers of Children's Services

In addition to working with children, youth and families, the Trauma Based Family Peer Support and Training project will provide CPS Tier One trainings for education, or other child serving professionals in the Central Oregon region.

SMART Objectives:

B: Collaborative Problem Solving: Educators and Service Providers

S2- Educators and providers of children's services will attend a 3-day Tier One Collaborative Problem-Solving Training.

M2-Educators and community providers of children's services will report an increase in their use of Collaborative Problem Solving strategies and its overall impact on the child/youth behavior over 12 month period.

A2-Educators and community providers of children's services will demonstrate an increase in Collaborative Problem Solving skills at the completion of 10 coaching sessions.

R2-Children and youth are reported by educators and community providers of children's services as having increased problem solving skills over 12 mos. period.

T2- After participating in CPS Tier 1 Training, educators and community or systems providers will show an increased understanding of Collaborative Problem Solving, by:

- Scoring 70% or higher on the CPS 'quiz' given at the end of the training.
- Showing a shift in their understanding of challenging behaviors and the CPS 'conventional wisdom' as measured by the TK-COT given prior and post training and coaching sessions.
- Reporting an increase of using Plan B – collaboratively problem solve, and Plan C let it go for now, to manage their children's behaviors as well as a decrease in using Plan A – impose adult will as measured by the post TK-COT scoring.
- Demonstrating an increase in problem solving skills after 10 coaching sessions as measured by their ability to do this independently or with minimal coaching assistance.
- Showing an increase in using 'Plan B' to address challenging behaviors as reported on TK-COT given following 10 coaching sessions.

Parent Education

Trauma Workshops for Parents and Family Caregivers

Following are a series of Trauma Informed Workshops, which are being offered in partnership with the Trauma Healing Project. The workshops are conducted by Elaine Walters, of the Trauma Healing Center who has years of experience offering safe and compassionate opportunities for individuals to explore this in their lives.

OFSN@Wyldwoodz is sponsoring a series of three workshops through the Trauma Healing Project, including:

1. *The Nature and Impact of Trauma* - looks at the personal, family and community impact and responses (trauma narrative development in this workshop).

2. *Building Resilience in Ourselves & Our Families* - looks at strengths and the possibility of growth through healing and connection.
3. *Acting on Our Own Behalf: Self-Efficacy, Advocacy and Community Action* - will allow participants to identify and build on individual and family strengths, and to generate and work with their own stories of empowerment and past and future efforts to take action.

In addition, OFSN@Wyldwoodz will offer a monthly series of mindfulness-based wellness workshops.

Mindfulness can best be described as a state of active and open attention on the present. It is an intentional practice, which is used in a variety of settings including programs serving children and families who have experienced significant trauma.

SMART Objectives: Trauma Informed Workshops for Families

S3- Parents or family caregivers participating in the CPS and Trauma Informed Care Academy will attend 3 Trauma Based Workshops. A total of 2 workshops will be offered with up to 30 parents in each cohort.

Total Participants = 50-60 families

M3- A total of 50-60 parents or family caregivers will report an overall increase in their knowledge of trauma, ACEs, and how it can impact individuals.

A3 -Parents and family caregivers attending the 3 session Trauma Workshops report an increase in use of positive social connections, and in sharing their own stories of resilience within a 12-month period.

R3- Parents and family caregivers report on improvement related to perceived stress, as a result of participation in the 3 Trauma Based Workshops.

T3-After participating in 3 Trauma Based Workshops delivered by the Trauma Healing Project, parents and family caregivers show an increased understanding in Trauma & ACEs by:

- Scoring 70% or higher on a short quiz after each Trauma Informed Care workshop
- Showing a shift in their understanding of challenging behaviors and their relation to the experience of trauma, and are able to build on the strengths of their child and family.
- Demonstrating increased time and attention to individual relationships
- Demonstrating an increase in the use of positive coping strategies, and report they are able to teach these to their child and other members of the family.

Evidence Base for Collaborative Project Design and Implementation

Collaborative Problem Solving

Collaborative Problem Solving (CPS) has become a popular approach to managing the challenging behaviors of children and adolescents, and has established a growing evidence base for reducing oppositional behavior and related outcomes. In contrast with standard behavioral methods that provide incentives for meeting adult expectations, CPS focuses on identifying and treating lagging cognitive skills that interfere with children’s ability to meet these expectations.

Evidence Base for Looking at Caregiver Strain or Trauma

When both trauma and caregiver strain are present, then children and families are at a much higher risk for DHS involvement, parental mental stress or illness, or disengagement with the child or youth who so desperately needs parental support and understanding.

Parent education and support were found to have a very positive effect on these issues, and parents with the opportunity to participate in these type of supports report that they felt had the knowledge and skills they needed to sustain involvement in treatment services and supports over the long run.

Metrics to Evaluate:

OFSN@Wyldwoodz will use the following outcomes measures for the Trauma Informed Family Peer Support and Training project:

Collaborative Problem Solving Workshops

1. TK-COT (Think:Kids – Change Over Time) CPS TREATMENT INTEGRITY RATING FORM (SHORT VERSION)

2. CAREGIVER STRAIN QUESTIONNAIRE (CGSQ) OTHER DATA TO BE COLLECTED. In addition to the measures listed above, OFSN@Wyldwoodz will collect a range of demographic information – which will also be included in project reports.

- a. Age range of participants
- b. County
- c. Health Insurance Status
- d. Marital Status
- e. Racial/Ethnic Background
- f. Income Range
- g. Households with more than 1 child experiencing significant behavioral health challenges.

Evaluation Tool	Jan 2017	Mar 2017	Apr 2017	Apr 2017	Jul 2017	Mar 2017	Aug 2017	Sep 2017	Nov 2017	Dec 2017	Dec 2017	Jan 2018	Total Number of Anticipated Respondents
CPS Tier 1 Training Evaluation	X					X							60/6 mos.
TK COT	X		X	X		X		X	X		X		30/ 6 mos.
Caregiver Strain Quest.	X			X		X			X		X		30/ 6mos.
CPS Integrity Rating Form		X	X				X	X					30/ 6mos.
6 mos. Project report						X						X	

The desired outcomes expected to be achieved through the Trauma Based Family Peer Support and Training project include:

- 1. Increase parent/child success in problem solving through the process of learning new ways of seeing and working with challenging behaviors in children and youth.

2. Increase teacher/student positive interactions; reduce out of school/district placements for children, and youth who have been identified as having significant emotional, behavioral or mental health disorders.
3. Evaluate the family’s skills and experiences in addressing or reacting to current day issues and challenges in context of past trauma.

Data Collection Method and Analysis

Informed Consent – Participants will be given a copy of OFSN’s Data Collection Informed Consent Policy, which adequately informs participants and engages non-coercive strategies for participation.

Full Project Timeline – CPS Training Academy

Project Timeline	Jan. 2017	Feb 2017	Mar 201	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Total Number of Training Participants
Project Award and Program Planning	X													60/training
CPS Tier 1 Training		X					X							30/ 10 week coaching series
CPS Coaching Sessions – Educators/ Providers		X	X	X			X	X	X					30/ 10 week coaching series
CPS Coaching Sessions Families		X	X	X				X	X	X				
Trauma Based Workshops					X	X					X	X		30/Training Cohort
Mindfulness Groups	X	X	X	X	X	X	X	X	X	X	X	X	X	

Existing Initiatives or Collaborations that are similar to this project

While there are other individuals or organizations that provide training and support around Collaborative Problem Solving, and Trauma Informed Care, this is the only project that approaches this work through a model of family peer support.

What are the unique traits and capabilities of the requesting agency that will be used to make this project successful?

OFSN@Wyldwoodz is part of the larger Oregon Family Support Network, Inc, which is a statewide family run organization.

OFSN has strong leadership and administrative team, and processes in place to support family peer support providers to do their work effectively.

Finally, OFSN's Board of Directors has been a strong, vibrant, and supportive team, which takes its role in governance seriously. They have recently developed an aggressive, yet achievable Strategic Plan to set OFSN's course over the next few years.

How will the Trauma Informed Family Peer Support and Training project be sustained over time?

Throughout the past year and half, OFSN@Wyldwoodz has established a firm presence in the Central Oregon region. Models of sustainable have been explored, and the following strategies are being utilized to sustain these efforts:

1. Increase OFSN@Wyldwoodz marketing and outreach to include all three counties
2. The OFSN Board is currently meeting to discuss alternative funding sources – which include, hiring development staff, accessing support through state, local and community foundations, modifying existing fee for service structure to meet expenses.
3. Expand OFSN contracts for services in all three counties to support an integrated model of peer support for children, youth and families.

EMDR and Trauma Informed Yoga – A Pilot Program ABSTRACT

Bend Family Therapy (BFT), a mental health therapy practice in Bend, OR, opened in 2010 and currently serves over 100 clients per week including clients utilizing the Oregon Health Plan. Creator of BFT, Kristin James, LMFT has teamed with BFT office manager, Lindsey McAlpine, CYT to propose to research the effects of combining trauma-informed yoga with Eye Movement Desensitization and Reprocessing (EMDR) to address the overwhelming need for trauma symptom reduction for clients presenting with anxiety, depression, suicidal ideation, substance use and/or eating disorders (RHIP Focus area). EMDR helps to reorganize from the brain down, but psychotherapy is missing a treatment model that works from the body up. By studying both EMDR-only participants as well as EMDR+Yoga participants, and teaming with OHSU for data analyses, it will be determined if yoga assists trauma survivors in processing trauma faster, and in turn reducing symptoms, then with EMDR alone. After understanding the effects of this innovative pilot program, BFT will compare the use of healthcare resources between participant groups to determine if free, at-home tools given to participants in the yoga group affect their use of healthcare resources. These findings, as well as the methodology to incorporating trauma-informed yoga with EMDR therapy, will be shared with other mental health agencies as well as primary care physicians, yoga teachers and EMDR therapists to reach more of the Central Oregon community through workshops and trainings.

The methodology to be used to determine client participation will be a partially-randomized client preference study and will include a sample size of at least 40 participants over a two-year time span. At the time of client screening, Excel will be used to determine if clients will be offered EMDR alone or with trauma-informed yoga and each client will be able to agree or decline participation. This will inform the study of the barriers present for incorporating yoga into mental healthcare. Beginning with clients who utilize the Oregon Health Plan (OHP) for their medical insurance will provide a closer look at members of our community that use the greatest amount of public resources to address their healthcare needs. Each participant will be administered various trauma scales including the Trauma Assessment Packet and Trauma Symptom Inventory at the beginning of the program to determine the relative extent in which each client has experienced trauma. Each client participating in the pilot program, whether EMDR-alone or EMDR+Yoga, will be offered once-weekly treatment for nine months with questionnaires given to participants at 6, 12 and 24-month time points to follow-up on trauma symptomatology and use of yoga (if applicable). Every six months, OHSU Evaluation Core personnel will clean and analyze raw data as well as totals of scores from the above-mentioned trauma and yoga resource scales to determine change in treatment groups over time. This information will be compiled into mid- and end-year reports and reported to the grant administrator.

BFT has asked for \$318,000 over a three-year time period to train in trauma-informed yoga practices, administer the 9-month program to over 40 participants and to disseminate the program findings and methodology across Central Oregon. It is our hypothesis that clients participating in the pilot program of integrating EMDR and trauma-informed yoga treatment will meet their goals of reducing trauma symptomatology faster and will have lasting change versus the EMDR-alone participants. Therefore, BFT will be able to treat more clients in less time and this will cut cost to healthcare systems in Central Oregon. Furthermore, through the dissemination of project findings and training tools, healthcare providers and yoga teachers in Central Oregon will be able to affect a greater population of clients and would create an extensive network of yoga teachers and EMDR therapists in our communities. Through the creation of these training materials, workshops and tools, BFT would be able to sustain the program without additional grant money after the three-year cycle is complete.

RHIP Workgroup Updates: October

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 20 members.
- In October, the group discussed the RHIP health indicator of how they would begin to develop a baseline of successful referral and engagement in specialty care from primary care. The group will begin by working with the four primary care clinic settings throughout the region that have agreed to pilot this effort. In November, the group will be reviewing more RHIP proposals as well as continuing their involvement in the MindYourMind regional campaign.

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.
- In October the group edited and finalized a clear and standardized pathways algorithm for patients who display substance use risk within primary care settings. The group discussed additional accompanying documents that will be shared and developed along with this algorithm. A sub-group of organizations that agreed to pilot expedited referrals to treatment met for the first time this month and worked out basic action steps to begin their efforts.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In October this group finalized patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents are being shared broadly with clinics, and the group is working to translate them into Spanish. The group also discussed the e-referral pilot for the Tobacco Quit Line, (target date of 6/30/17) and provided further input on a blood pressure control education RHIP proposal.

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

- This group meets the second Thursday of every month from 9-10am and currently has 11 members.
- In October the group finalized a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and additional supporting resources are being outlined for our region. The group is waiting to hear about the Grand Rounds presentation on Pre-Diabetes for Spring 2017. The group plans to roll out their educational information in alignment with Grand Rounds.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In October, the workgroup went through a consensus workshop to agree on broad strategies addressing unhealthy diet and nutrition. They revisited the strategies they developed around increasing physical activity and determined they want to initially focus on promoting school based physical activity (P.A.) and education/awareness around active modes of transportation and existing programs. They also created a subcommittee to explore best ways to support increasing P.A. in schools. In the coming months the workgroup will be selecting and implementing specific strategies.

RHIP Workgroup Updates: October

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Clinical Goal of Improving Oral Health for Pre-Post Natal Women. This exercise will enable the workgroup to prioritize next action steps. The prioritization will happen over email in the month of November, as there will not be a meeting in November. Suzanne Browning is moving away due to her husband's health; she has stepped down as the workgroup lead. MaryAnn Wren has stepped up to lead the group with the group's endorsement.

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.
- This group did not meet in October.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 32 members in Housing.

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

- In October the workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. Courtney Snead with Let's Talk Diversity presented to the group as a matter of education. Ken Wilhelm from United Way presented on the TRACE's steering committee's progress. Kat Mastrangelo shared a draft version of a timeline for using data to instruct our next steps regarding which school catchment areas in which to focus first. The group will meet again in December.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- In October, the workgroup discussed ways to coordinate their efforts with six other housing workgroups in Central Oregon. Representatives from four of the workgroups met to discuss ways to collaborate, share resources, and avoid duplication. The workgroup would also like to work with others to develop and capture stories to shape public opinion and share with the legislature. They want to broaden their research scope to identify demographics in each community by occupation to identify specific housing needs.