



RHIP Behavioral Health Identification & Awareness Workgroup

Deschutes County Building (DeArmond Room)

1300 NW Wall St, Bend

Agenda: January 23, 2018 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. **8:20-8:45** **Primary Care Survey Results to Attain Baseline Data—All**
3. **8:45-9:10** **Complete Box 5 of Workgroup’s A3: Solution Approach—All**
 Aim: Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.
4. **9:10-9:15** **Action Items—All**
 - **MindYourMind Project Next Steps/Support—Jessica Jacks**
 - **RHIP Workgroup Monthly Updates—Rebeckah Berry**
 - **Next steps**

Next Meeting: February 27, 2018
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)



BH Screening and Awareness (16)

DeAnn Carr, LCSW
 McKenzie Dean, MD
 Janet Foliano-Kemp
 Mike Franz, MD
 Erica Fuller, MA, LPC, CADCI
 Sierra Groenewold, LPC
 Jessica Jacks, MPH, CPS
 Christy Maciel, PSS
 Wade Miller, MBA
 Leslie Neugebauer, OTR/L, MPH
 Kristi Nix, MD
 Laura Pennavaria, MD
 John Peoples, MD, FAAP
 Megan Sergi, MSW
 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
 Mosaic Medical
 Deschutes County Health Services
 National Alliance on Mental Illness (NAMI)
 Central Oregon Pediatrics Associates (COPA)
 PacificSource
 High Lakes Healthcare
 St. Charles Health System
 Central Oregon Pediatrics Associates (COPA)
 Rimrock Trails Adolescent Treatment Services
 BestCare Treatment Services
 St. Charles Health System

BH Primary Care Screening Survey

BHID & Awareness Workgroup

Using the data from all respondents regardless of survey completion, it should be noted that too few responses were given overall for this data to be statistically significant. Of 27 individuals who began the survey, 21 completed it.

Data summary

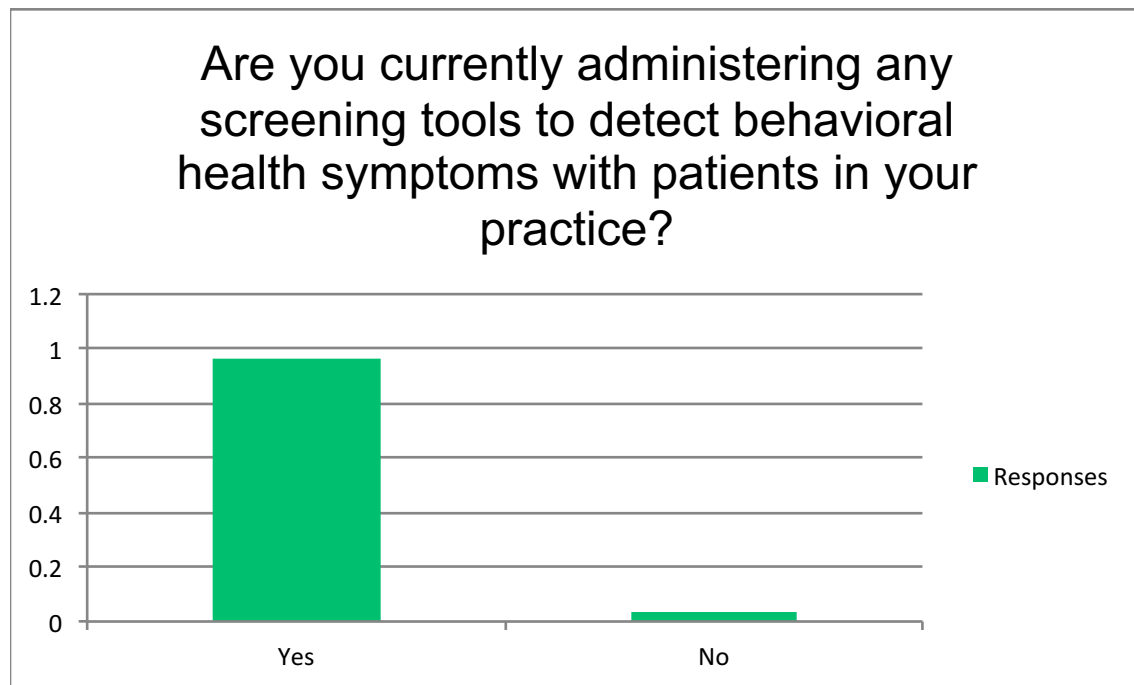
- 26 out of 27 respondents indicated they use screening tools to detect behavioral health symptoms with patients in their practice.
- 100% said they do not use the S2B1 screening tool, and 95% said they do not use the Columbia Suicide Severity Rating Scale.
- Additional screening tools used in Primary Care: the MDQ (Mood Disorder Questionnaire), and the PSC-17 were each named three times. Edinburgh was named twice.
- 10% use the PHQ-2 and GAD-2 every patient, every visit. 5% use the SBIRT, SCARED, PHQ-9, PHQ-A and GAD-7.
- 90% administer the PHQ-9 when red flags arise, and 85% administer the GAD-7 under the same circumstances.
- 80% indicated they address positive screening results at least 76%-100% of the time.
- Barriers preventing from addressing 100% of positive screens: 12 mention time, 2 mention patient reluctance, 2 mention workflow issues, 2 mention medical problems take priority, and 2 mention a lack of BH support.
- 100% refer patients to a specialty provider when the patient needs a higher level of care
- 100% provider their patient with a number to call when referring them out, while less than half make an appointment with the patient, ensure transportation, or call the specialty office with the patient.
- 100% indicated that certified Peer Support Specialists or Recovery Mentors are not in use at their practice to engage patients. 75% indicated they would be interested in receiving support on this topic.

Behavioral Health Screening in Primary Care Survey

Are you currently administering any screening tools to detect behavioral health symptoms with patients in your practice?

Answer Choices	Responses	
Yes	96.30%	26
No	3.70%	1

Answered 27

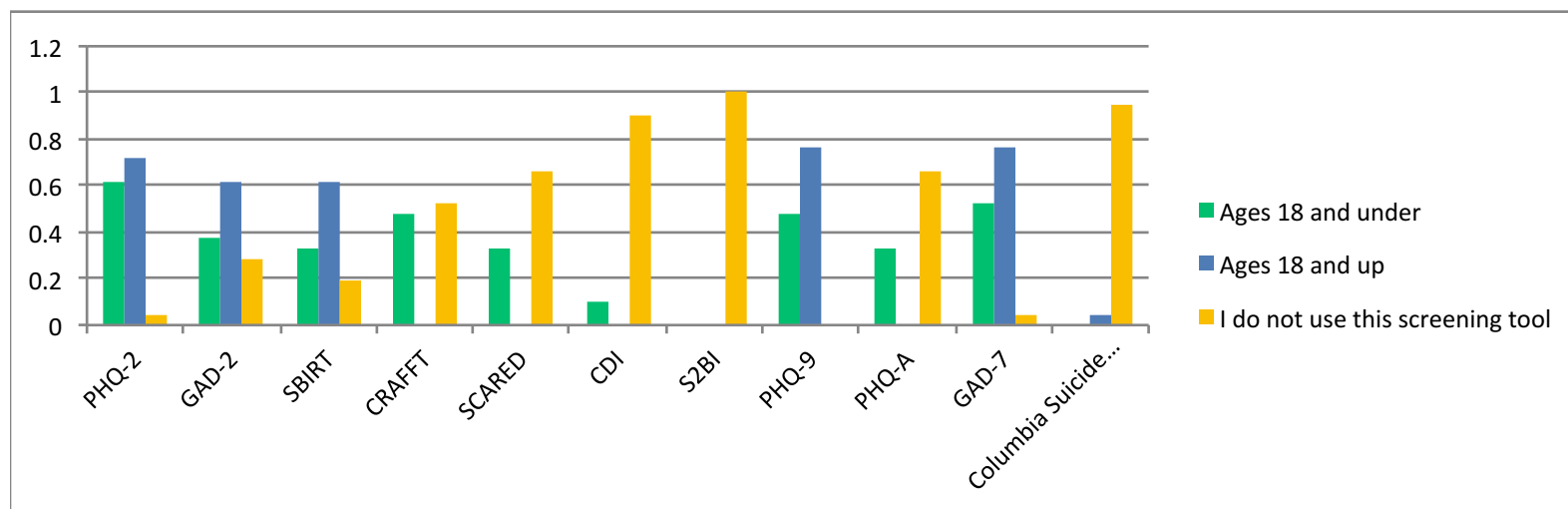


Behavioral Health Screening in Primary Care Survey

Please select the applicable age range for the screening tools you administer (select all that apply). If you do not administer a particular screening tool, please check "I do not administer this screening tool".

	Ages 18 and under		Ages 18 and up		I do not use this screening tool	Total	
PHQ-2	61.90%	13	71.43%	15	4.76%	1	21
GAD-2	38.10%	8	61.90%	13	28.57%	6	21
SBIRT	33.33%	7	61.90%	13	19.05%	4	21
CRAFFT	47.62%	10	0.00%	0	52.38%	11	21
SCARED	33.33%	7	0.00%	0	66.67%	14	21
CDI	9.52%	2	0.00%	0	90.48%	19	21
S2BI	0.00%	0	0.00%	0	100.00%	21	21
PHQ-9	47.62%	10	76.19%	16	0.00%	0	21
PHQ-A	33.33%	7	0.00%	0	66.67%	14	21
GAD-7	52.38%	11	76.19%	16	4.76%	1	21
Columbia Suicide Severity Rating Scale	0.00%	0	4.76%	1	95.24%	20	21

Answered 21



Behavioral Health Screening in Primary Care Survey

Please share any other behavioral health screening tools you currently use in your practice, and the age groups to which you administer them:

Answered

9

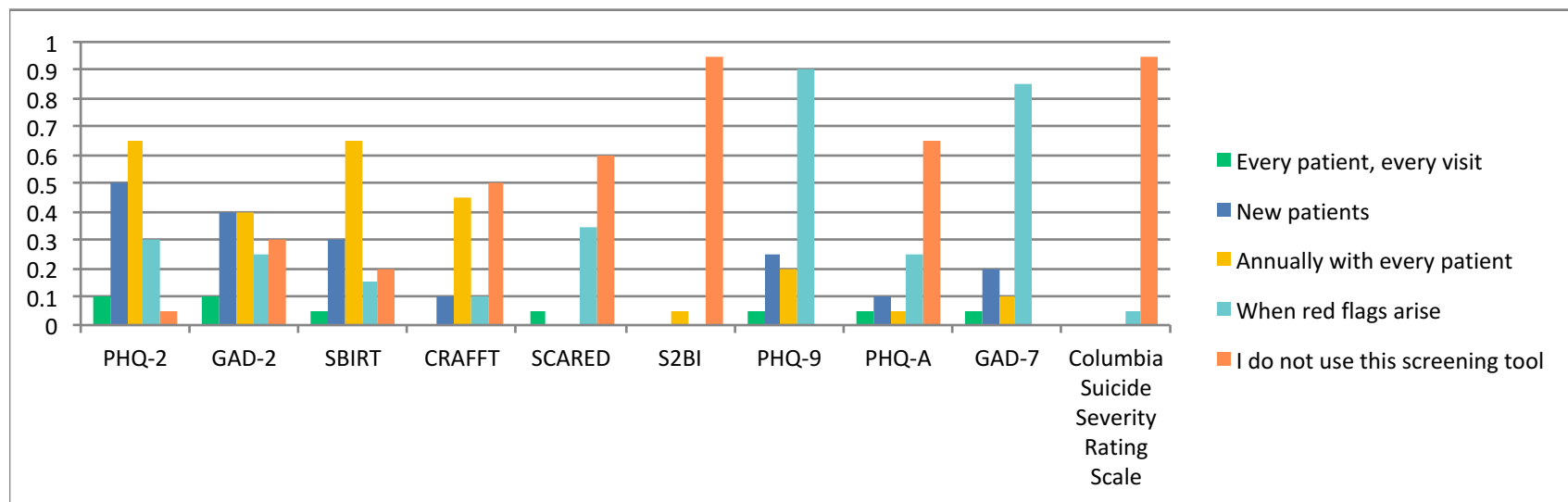
Respondents	Responses
1	MDQ if question of bipolar in ages 18 and up
2	MDQ
3	Nothing else on a regular daily basis
4	ASSQ (8-12), Parental Stress Scale, DUKE (18+), YMRS (13-17), PSC-17 (6-11), Vanderbilt, Edinburgh Post Partum Depression Screen
5	Adult ADHD screening
6	PSC17
7	PSC-17: up to age 11 PCL-5: 18 and under and 18+ DAST-10: 18+ Mood Disorder Questionnaire: 18+
8	PSC-17, under 17;
9	Edinburgh post party's depression screen

Behavioral Health Screening in Primary Care Survey

Please select the circumstances that would prompt you to administer the screening tools below. If you do not use a particular screening tool, please check "I do not use this screening tool".

	Every patient, every visit		New patients		Annually with every patient		When red flags arise		I do not use this screening tool		Total
	10.00%	2	50.00%	10	65.00%	13	30.00%	6	5.00%	1	
PHQ-2	10.00%	2	50.00%	10	65.00%	13	30.00%	6	5.00%	1	20
GAD-2	10.00%	2	40.00%	8	40.00%	8	25.00%	5	30.00%	6	20
SBIRT	5.00%	1	30.00%	6	65.00%	13	15.00%	3	20.00%	4	20
CRAFFT	0.00%	0	10.00%	2	45.00%	9	10.00%	2	50.00%	10	20
SCARED	5.00%	1	0.00%	0	0.00%	0	35.00%	7	60.00%	12	20
S2BI	0.00%	0	0.00%	0	5.00%	1	0.00%	0	95.00%	19	20
PHQ-9	5.00%	1	25.00%	5	20.00%	4	90.00%	18	0.00%	0	20
PHQ-A	5.00%	1	10.00%	2	5.00%	1	25.00%	5	65.00%	13	20
GAD-7	5.00%	1	20.00%	4	10.00%	2	85.00%	17	0.00%	0	20
Columbia	0.00%	0	0.00%	0	0.00%	0	5.00%	1	95.00%	19	20

Answered 20



Behavioral Health Screening in Primary Care Survey
**Are there other circumstances when you would administer
a behavioral health screening?**

Answered

7

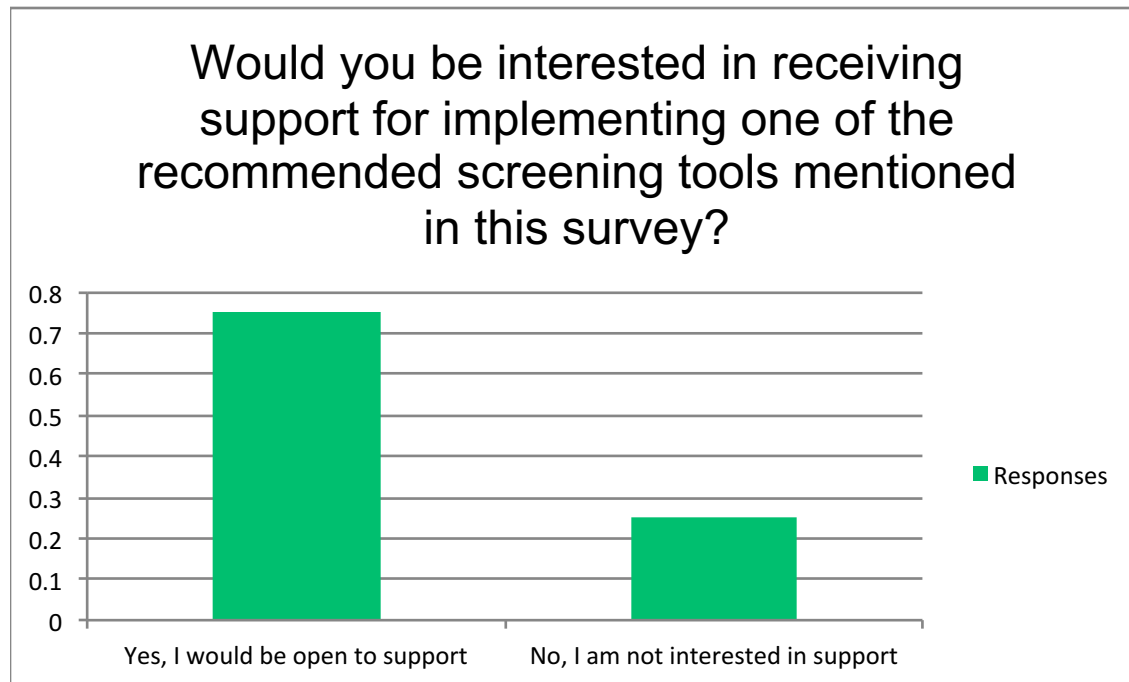
Respondents	Responses
1	if on mental health related meds at every visit
2	Medication follow-ups related to behavioral health issues
3	PHQ9/GAD7 for follow up on medications
4	Every visit in working specifically on an issue like depression or anxiety, would screen each time with a PHQ/GAD combo screen. Also with diabetes or chronic health problem, would screen depression, substance use
5	When red flags arise: suicide risk assessment
6	no
7	for any concerns

Behavioral Health Screening in Primary Care Survey

Would you be interested in receiving support for implementing one of the recommended screening tools mentioned in this survey?

Answer Choices	Responses	
Yes, I would be open to support	75.00%	15
No, I am not interested in support	25.00%	5

Answered 20



Behavioral Health Screening in Primary Care Survey

Please share with us why you are not interested in receiving support to implement screening tools mentioned in this survey:

Answered

5

Respondents	Responses
1	We have a good system set up already
2	i feel i have it covered with the two I use
3	Ample support already.
4	We have a BHC in our office who helps up with screening implementation, use and consistency
5	I feel confident in my level of use now.

Behavioral Health Screening in Primary Care Survey

Would you be willing to receive support for implementing behavioral health screening tools?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	1

Answered

1



Behavioral Health Screening in Primary Care Survey

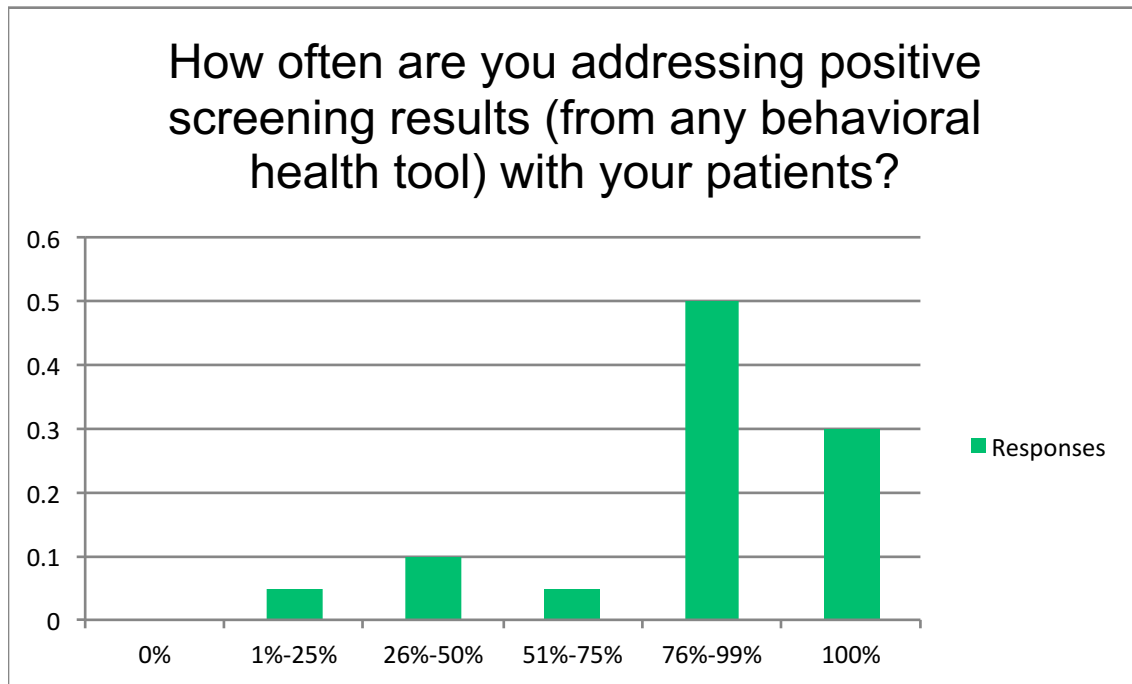
Please share with us why you are not interested in receiving support for implementing behavioral health screening tools. (In order for us to assist in overcoming barriers, we are asking for specific examples):

Answered 1
Skipped 26

Respondents	Responses
1	I am a psychiatric NP and conduct comprehensive 90 min psych evals for my patients. Others who refer to me (PCPs, BHCs, ancillary providers) are most likely to benefit from using screening tools to help clarify if they have a suspicion of an underlying psych problem.

Behavioral Health Screening in Primary Care Survey
How often are you addressing positive screening results (from any behavioral health tool) with your patients?

Answer Choices	Responses	
0%	0.00%	0
1%-25%	5.00%	1
26%-50%	10.00%	2
51%-75%	5.00%	1
76%-99%	50.00%	10
100%	30.00%	6
Answered		20



Behavioral Health Screening in Primary Care Survey

What are the barriers (if any) preventing you from addressing positive results of

Answered

18

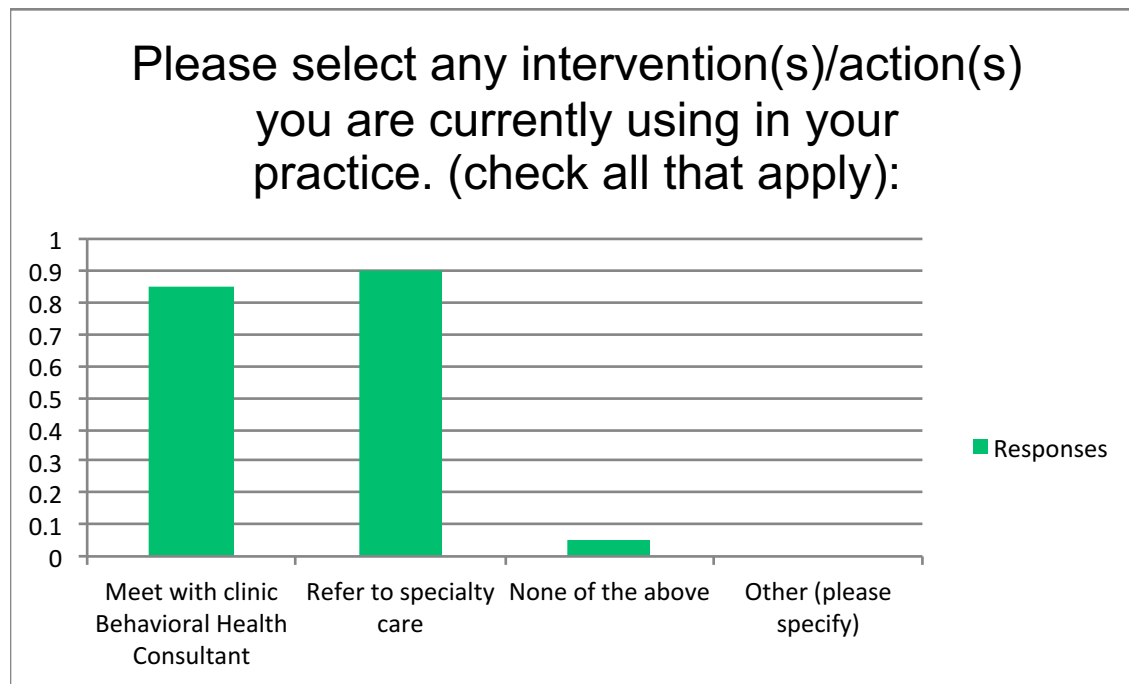
Respondents	Responses
1	Access
2	Time and lack of availability of providers. Patient reluctance.
3	Time
4	time
5	Time allowed in visit
6	Time
7	Time
8	Too many screening items would take too much time and disallow patients from receiving their medical needs as well. Cannot neglect their diabetes if 8 screening tools occupy 90% of their visit.
9	Previous treatment experiences or failures from the pt's perspective, to some extent difficulty with access to long-term behavioral health care
10	time, process in clinic (paperwork not completed at time of visit but after)
11	time
12	confidentiality (if parents are in room and pt has completed screening w/ request for parents not to be included and appropriate not to disclose); time; pt reluctance to discuss
13	Time and other patient complaints of higher priority
14	None
15	none. I am a BHC
16	Not enough BHCs and community referral areas
17	Inadequate BH support or challenge with accessing support in real time.
18	time

Behavioral Health Screening in Primary Care Survey

Please select any intervention(s)/action(s) you are currently using in your practice. (check all that apply):

Answer Choices	Responses	
Meet with clinic Behavioral Health Consultant	85.00%	17
Refer to specialty care	90.00%	18
None of the above	5.00%	1
Other (please specify)	0.00%	0

Answered 20



Behavioral Health Screening in Primary Care Survey

If there are other methods that you use to address a positive screen in your practice, please share them here:

Answered 2

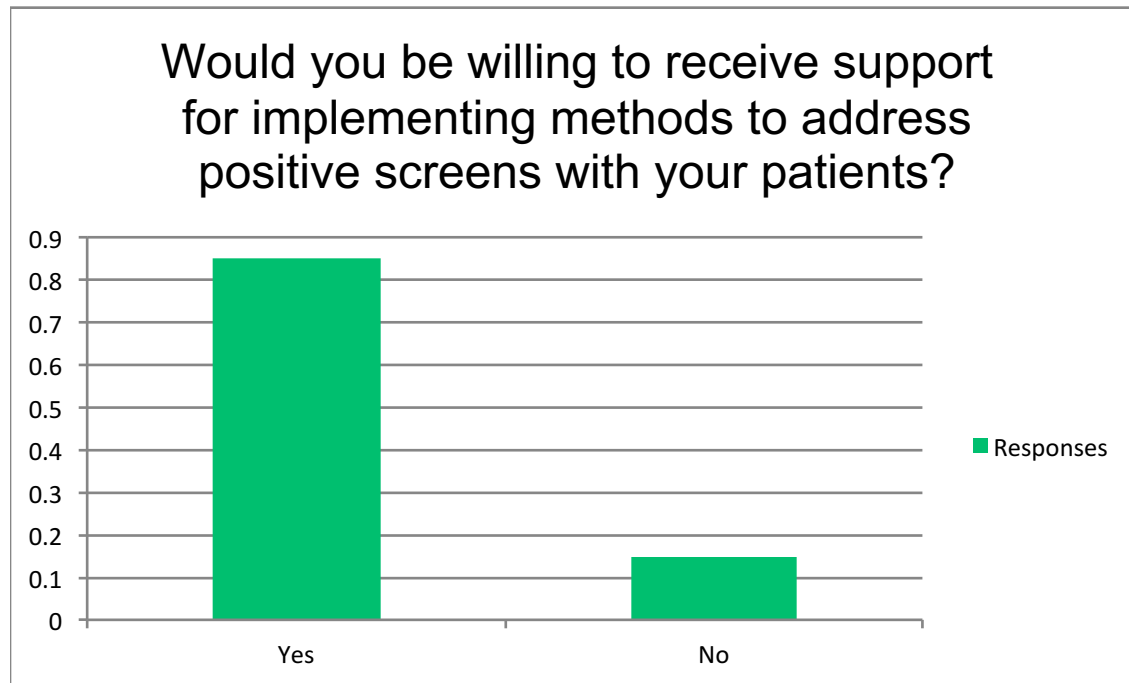
Respondents	Responses
1	Warm handoff
2	Medication review

Behavioral Health Screening in Primary Care Survey

Would you be willing to receive support for implementing methods to address positive screens with your patients?

Answer Choices	Responses	
Yes	85.00%	17
No	15.00%	3

Answered 20



Behavioral Health Screening in Primary Care Survey

Please share with us why you are not interested in receiving support to address positive screens with your patients. (In order for us to assist in overcoming barriers, we are asking for specific examples):

Answered

3

Respondents	Responses
1	already have a system in place
2	Ample support already.
3	I do address them, this is my role as a BHC.

Behavioral Health Screening in Primary Care Survey

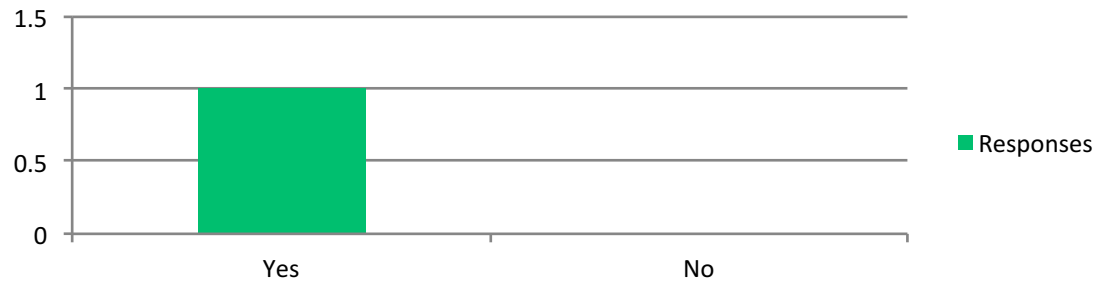
Do you refer patients outside of your primary care clinic to a specialty behavioral health care provider if/when you determine the patient needs a higher level of care than what your clinic can manage?

Answer Choices	Responses	
Yes	100.00%	20
No	0.00%	0

Answered

20

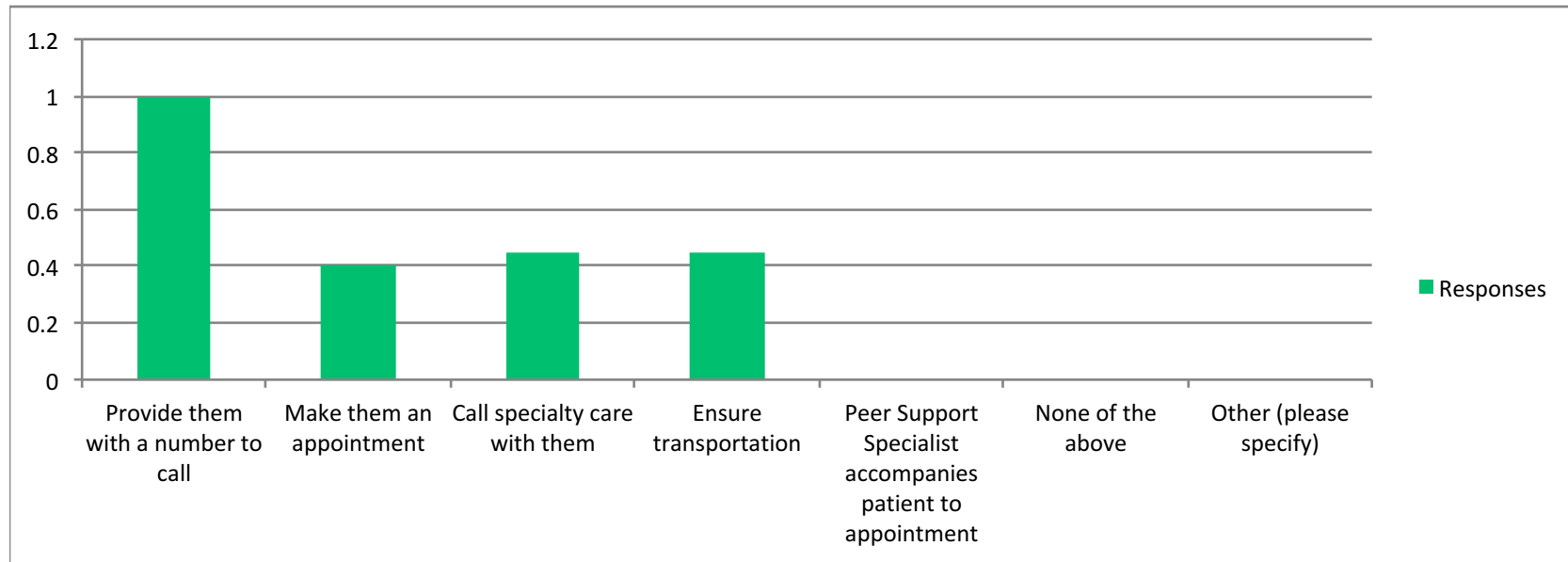
Do you refer patients outside of your primary care clinic to a specialty behavioral health care provider if/when you determine the patient needs a higher level of care than what your clinic can manage?



Behavioral Health Screening in Primary Care Survey

Please select the method that you refer patients from your practice to specialty behavioral health care. Please select all that apply:

Answer Choices	Responses	
Provide them with a number to call	100.00%	20
Make them an appointment	40.00%	8
Call specialty care with them	45.00%	9
Ensure transportation	45.00%	9
Peer Support Specialist accompanies patient to appointment	0.00%	0
None of the above	0.00%	0
Other (please specify)	0.00%	0
	Answered	20



Behavioral Health Screening in Primary Care Survey

If you have any other referral methods you use in your practice, please share them below:

Answered

4

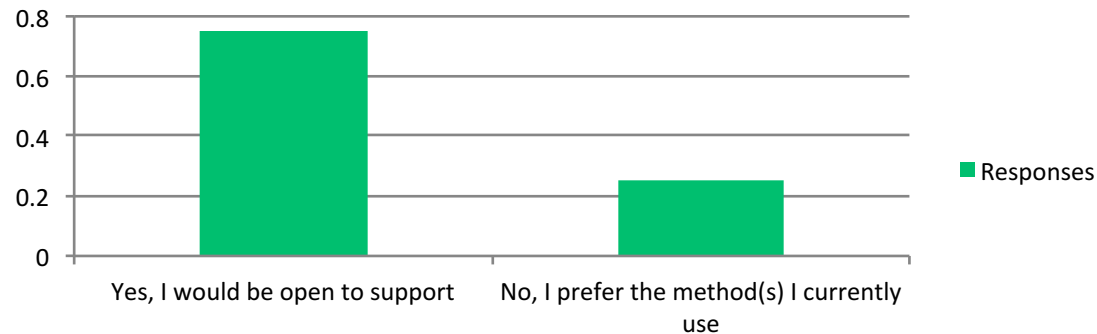
Respondents	Responses
1	Electronic referral, give patient the info and close loop with referral source via fax/phone
2	write letters, give website
3	Centralized referral team that supports families with any referral needs that they may have.
4	Behav health in some locations make referrals

Behavioral Health Screening in Primary Care Survey

If the method you use is not on the list on the previous page, would you be willing to receive support for implementing one of the recommended referral methods listed in this survey?

Answer Choices	Responses	
Yes, I would be open to support	75.00%	15
No, I prefer the method(s) I currently use	25.00%	5
Answered		20

If the method you use is not on the list on the previous page, would you be willing to receive support for implementing one of the recommended referral methods listed in this survey?



Behavioral Health Screening in Primary Care Survey

Please share with us why you are not interested in receiving support to implement the referral methods mentioned in this survey. (In order for us to assist in overcoming barriers, we are asking for specific examples):

Answered

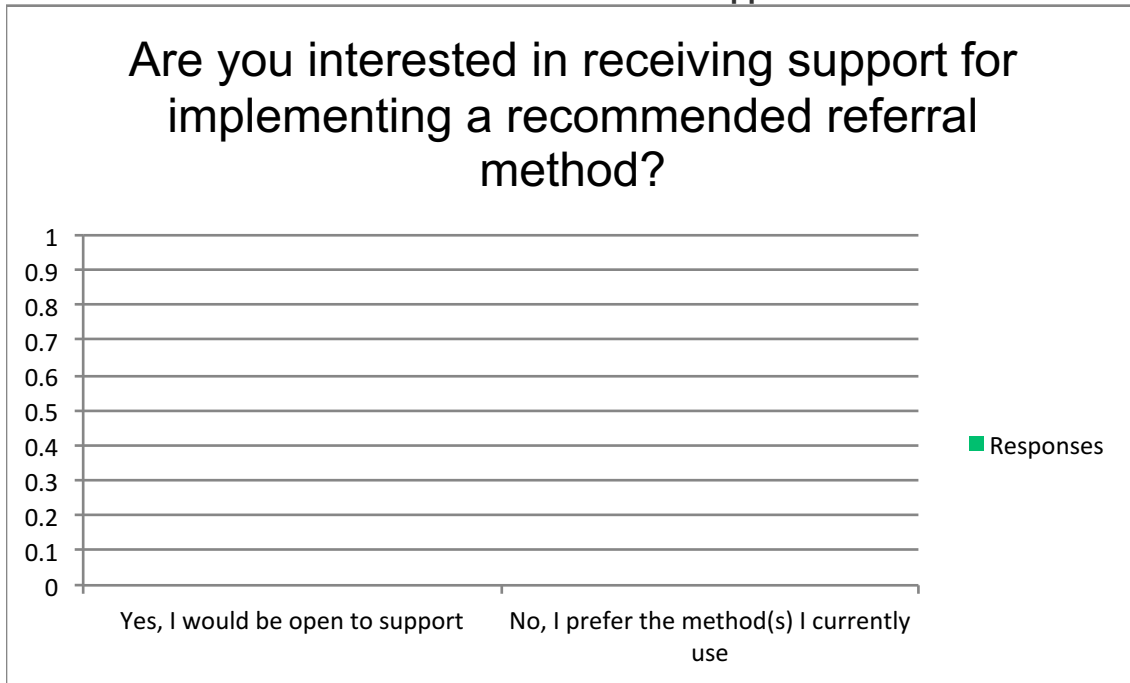
5

Respondents	Responses
1	system in place
2	N/a
3	Already in place.
4	County behavioral health services require a call intake from the patient to schedule and often have pt's leave messages for callback, which makes that difficult to facilitate in the office.
5	I am comfortable with my method

Behavioral Health Screening in Primary Care Survey

Are you interested in receiving support for implementing a recommended referral method?

Answer Choices	Responses	
Yes, I would be open to support	0.00%	0
No, I prefer the method(s) I currently use	0.00%	0
	Answered	0
	Skipped	27



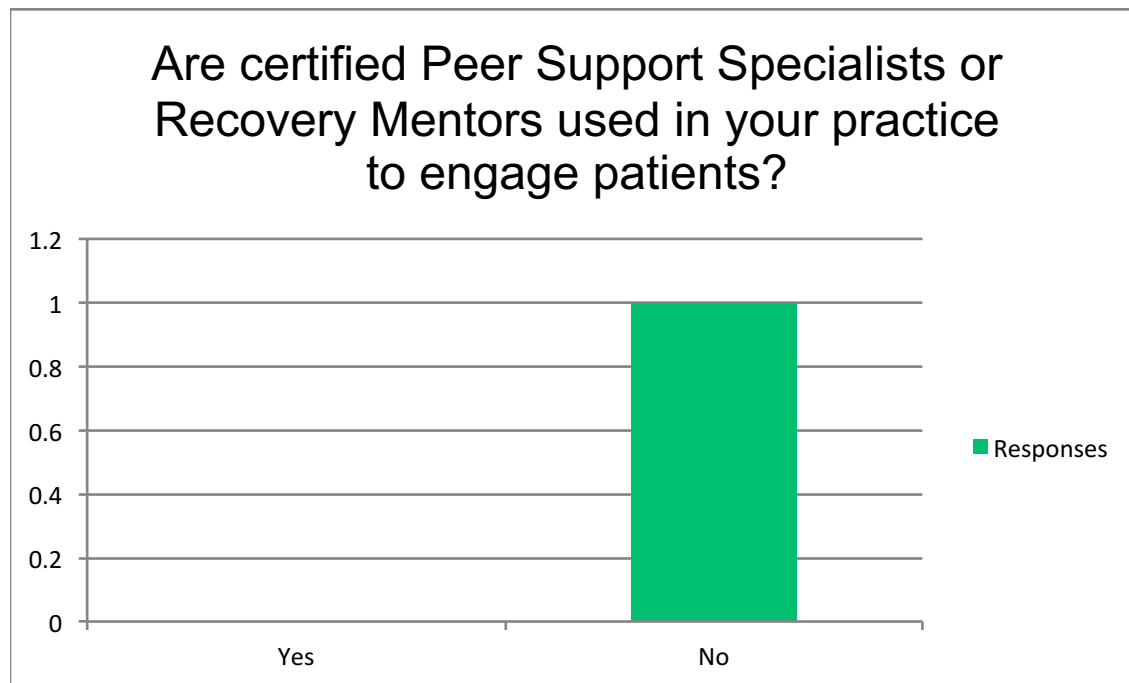
Behavioral Health Screening in Primary Care Survey

Are certified Peer Support Specialists or Recovery Mentors used in your practice to engage patients?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	20

Answered

20

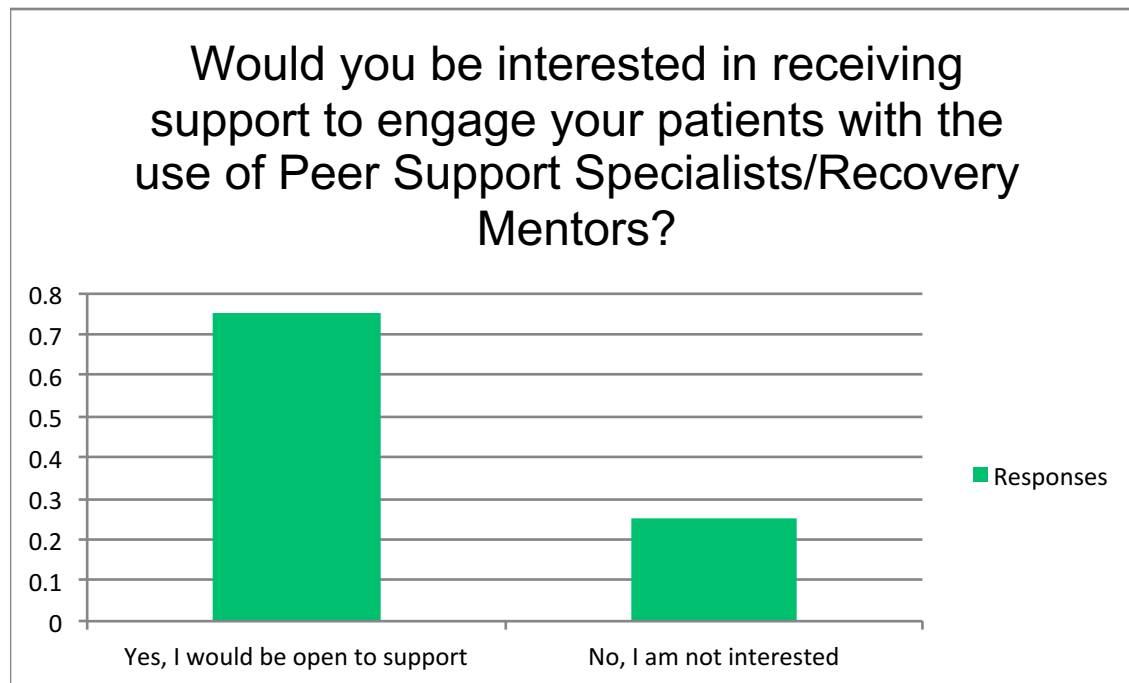


Behavioral Health Screening in Primary Care Survey

Would you be interested in receiving support to engage your patients with the use of Peer Support Specialists/Recovery Mentors?

Answer Choices	Responses	
Yes, I would be open to support	75.00%	15
No, I am not interested	25.00%	5

Answered 20



Behavioral Health Screening in Primary Care Survey

Please share with us why you are not interested in receiving support to engage patients with the use of Peer Support Specialists/Recovery Mentors. (In order for us to assist in overcoming barriers, we are asking for specific examples):

Answered

5

Respondents	Responses
1	Have community care coordinator
2	Time
3	patient population primary pediatrics, unclear how we would employ peer support specialists in this setting (liability, training, compensation, etc.)
4	I work with children and teens. Parent/family support is adequate for this population. Peer support would be better resourced to adult population in my opinion.
5	We would be interested in looking into the value of peer support specialists/recovery mentors and how they can bring value to our patients and organization but it would be premature at this point to start this until we have the internal BHC foundation set up. We are working diligently to fully integrate BH services in all of our locations and that is our top priority.

Behavioral Health Screening in Primary Care Survey

Please share the name of your clinic:

Answered

21

Respondents	Responses
1	Bend South; St Charles Family Care
2	SCFC-R
3	St. Charles Family Care
4	St. Charles Sisters
5	St Charles family care
6	cascade internal medicine
7	St. Charles Family Care East Location
8	Saint Charles Family HealthCare Redmond
9	SCMC- Prineville
10	St. Charles Bend South Family Care Clinic
11	St Charles Bend Souh
12	St Charles Family Care
13	Mosaic Medical Peds
14	Central Oregon Family Medicine
15	Mosaic Medical Complex Care Center
16	Mosaic
17	Mosaic Medical
18	Mosaic Medical, SBHC
19	COPA
20	COPA
21	COPA

Behavioral Health Screening in Primary Care Survey

Town of clinic location:

Answered

21

Respondents	Responses
1	Bend
2	Redmond
3	Redmond, Oregon
4	Sisters
5	Bend
6	bend
7	Bend
8	Redmond
9	Prineville, OR
10	Bend
11	bend
12	Bend
13	Bend
14	Redmond
15	Bend
16	Prineville
17	Madras
18	Bend
19	Bend and Redmond
20	Bend and Redmond
21	bend

Behavioral Health Screening in Primary Care Survey

Your name (if you asked for assistance please include your name so we can follow up with you):

Answered

12

Respondents	Responses
1	Anthony Gunsul
2	Ellen meyers
3	Mark Backus
4	Aubrey Perkins
5	Jeremy Brodhead FNP
6	Jessica Mazaitis
7	McKenzie Dean
8	Lindsey
9	Aaron Lee
10	Jill Parkin
11	Rachel Gerken
12	Wendy Jackson

Behavioral Health Screening in Primary Care Survey
**Your email address (if you asked for assistance please include
your email so we can follow up with you):**

Answered

11

Respondents	Responses
1	adgunsul@stcharleshealthcare.org
2	ebmeyers@stcharleshealthcare.org
3	mbackus@bendcims.com
4	anperkins@stcharleshealthcare.com
5	dosomethinggreat@gmail.com
6	jmazaitis@stcharleshealthcare.org
7	medean@stcharleshealthcare.org
8	lindsey.overstreet@gmail.com
9	alee@cofm.net
10	jill.parkin@mosaicmedical.org
11	wjackson@copakids.com

Behavioral Health Screening in Primary Care Survey

Your title/position at your clinic

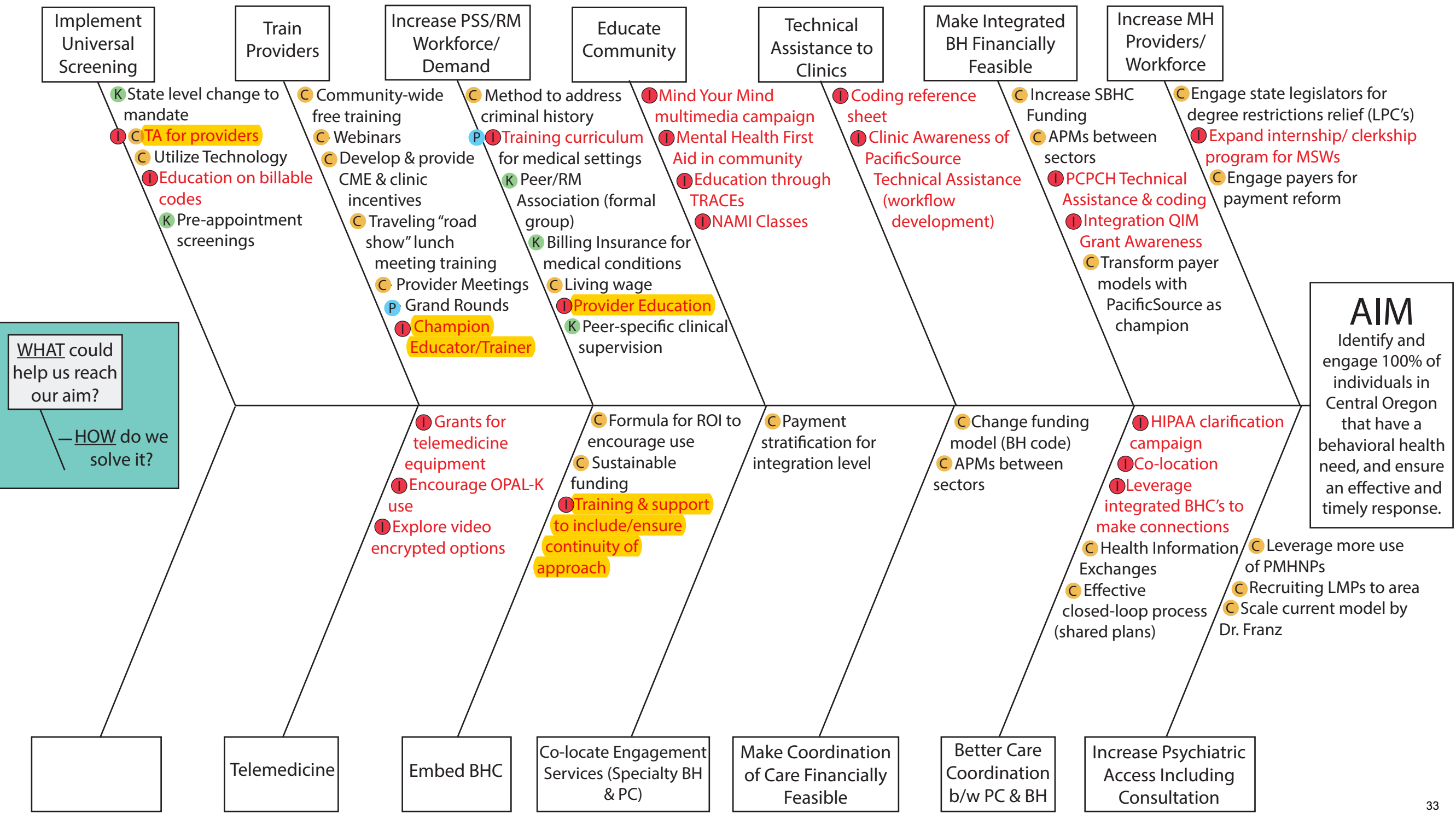
Answered

16

Respondents	Responses
1	Family Medicine physician
2	MD
3	MD/pediatrician
4	FNP-C
5	Md
6	owner
7	FNP
8	FNP
9	MD/Family Practice
10	DO-family practice
11	Peds Behavioral Health
12	PA
13	PMHNP
14	Behavioral Health Consultant
15	BHC
16	Director of Clinical Services

P Possible I Implement
C Challenge K Kill

BHID & AWARENESS A3: BOX 4 FISHBONE DIAGRAM



BH ID & Awareness Box 5 Survey Results

AIM: IDENTIFY AND ENGAGE 100% OF INDIVIDUALS IN CENTRAL OREGON THAT HAVE A BEHAVIORAL HEALTH NEED, AND ENSURE AN EFFECTIVE AND TIMELY RESPONSE

This survey revealed clear alignment of priorities among the BH ID & Awareness RHIP workgroup (8 out of 16 members responded to the survey). The following four “hows” & their corresponding “whats” were identified as the highest priority tactics for achieving the AIM:

HOWS	WHATS
Training & support to include/ensure continuity of approach	Embed BHC
Provider Education	Increase PSS/RM Workforce/Demand
Champion Educator/Trainer	Train Providers
TA for providers	Implement Universal Screening

See following pages for detailed results and comments.

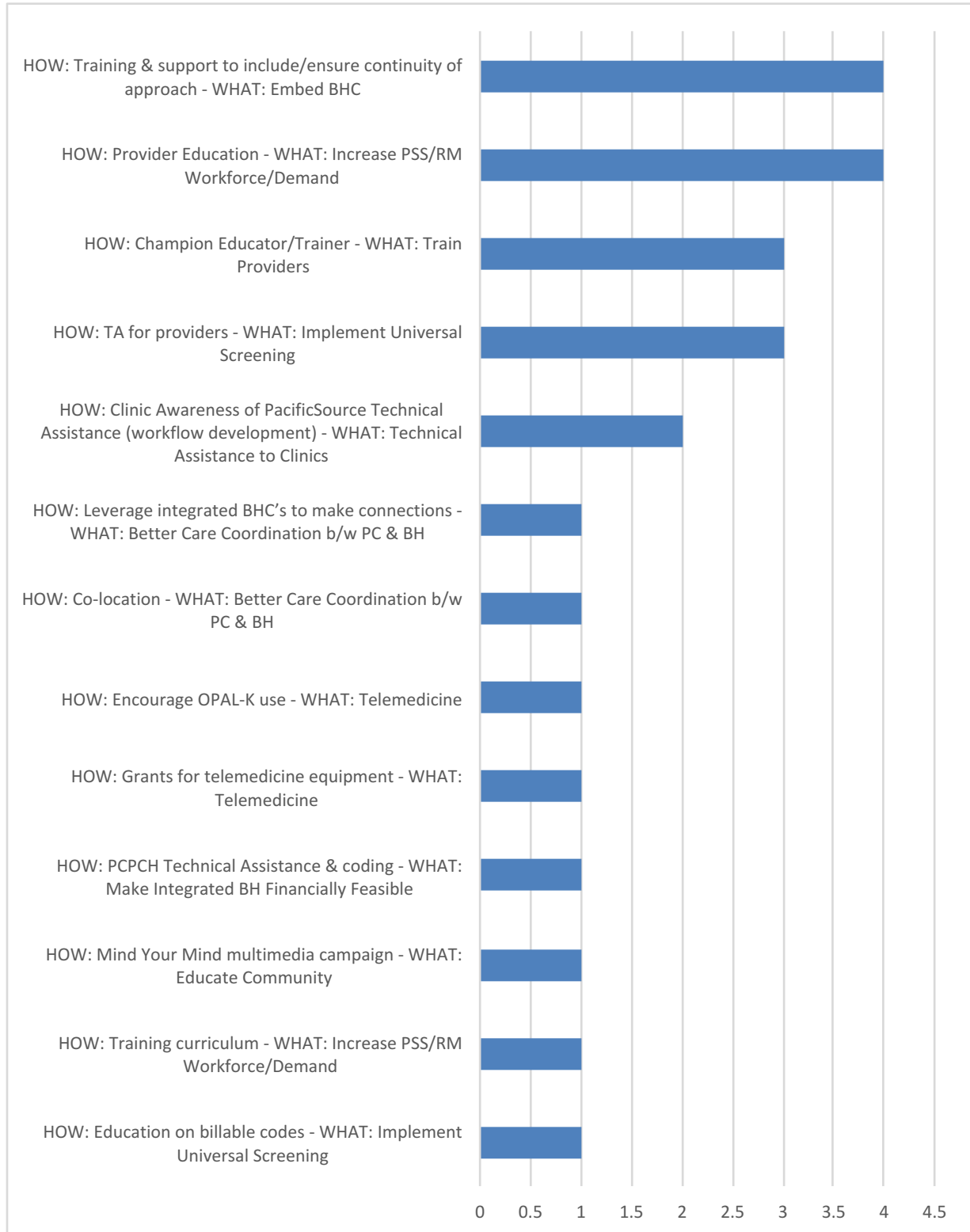
Question 1: Please rank the priority of each "how" as it relates to the AIM

Scores are aggregated to reflect group consensus.

HOW: TA for providers - WHAT: Implement Universal Screening <i>Pacific Source has a consultant available now who is helping some but not everyone knows about this resource - especially smaller practices TA is being funded by QIM \$\$ for integration of BH into primary care settings.</i>	2.13
HOW: Education on billable codes - WHAT: Implement Universal Screening <i>PacificSource's BH technical assistance consultant grant PS is planning to do it for their health plans.</i>	2.25
HOW: Champion Educator/Trainer - WHAT: Train Providers <i>Through TA above this is being planned.</i>	2.00
HOW: Training curriculum - WHAT: Increase PSS/RM Workforce/Demand	1.63
HOW: Provider Education - WHAT: Increase PSS/RM Workforce/Demand	1.88
HOW: Mind Your Mind multimedia campaign - WHAT: Educate Community <i>I thought this was already happening?</i>	1.13
HOW: Mental Health First Aid in community - WHAT: Educate Community <i>Trainings are already occurring in the community but I don't know by whom nor how well attended they are.</i>	1.13
HOW: Education through TRACES - WHAT: Educate Community <i>Is this already happening? Maybe it's not widespread enough. TRACES is planning to do this though United Way leadership.</i>	1.63
HOW: NAMI Classes - WHAT: Educate Community <i>Already happening but maybe it's not widespread enough.</i>	1.57
HOW: Coding reference sheet - WHAT: Technical Assistance to Clinics <i>This could go along with the BH Intergration technical assistance grant; easy to implement.</i>	2.25
HOW: Clinic Awareness of PacificSource Technical Assistance (workflow development) - WHAT: <i>Already happening in a handful of clinics but should be expanded and has limited funding. I think most clinics know this is happening.</i>	2.13
HOW: PCPCH Technical Assistance & coding - WHAT: Make Integrated BH Financially Feasible <i>Already happening in a handful of clinics but should be expanded and has limited funding. Included in TA</i>	2.13
HOW: Integration QIM Grant Awareness - WHAT: Make Integrated BH Financially Feasible <i>Included in TA</i>	1.50
HOW: Expand internship/ clerkship program for MSWs - WHAT: Increase MH Providers/Workforce <i>PacificSource is starting an MSW internship program.</i>	1.63
HOW: Grants for telemedicine equipment - WHAT: Telemedicine <i>(OPAL-K isn't telemedicine - probably just semantics but I didn't know if we wanted it classified correctly in the A3 or if it really doesn't matter. Already happening but maybe it's not widespread enough? I think most clinics already know this.</i>	1.38
HOW: Encourage OPAL-K use - WHAT: Telemedicine	1.63
HOW: Explore video encrypted options - WHAT: Telemedicine	1.38
HOW: Training & support to include/ensure continuity of approach - WHAT: Embed BHC <i>PS BH integration TA grant helps with some continuity of approach but all clinics operate a little differently.</i>	2.50
HOW: HIPAA clarification campaign - WHAT: Better Care Coordination b/w PC & BH	2.00
HOW: Co-location - WHAT: Better Care Coordination b/w PC & BH	2.13
HOW: Leverage integrated BHC's to make connections - WHAT: Better Care Coordination b/w PC & BH	2.38

Question 2: Please select the top 3 items you believe are of the highest priority to achieve the AIM

This graph represents all votes cast.



RHIP Workgroup Updates: December 2017

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 16 members.
- In December, 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 ensuring an effective and timely response. The group finalized their baseline survey which has been sent out to primary care and is intended to help prioritize experiments within their A3. The results of this survey will be reviewed at January's meeting.

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 22 members.
- In December, the group continued their A3 process with the aim of all Central Oregonians with a substance use disorder that enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services. The group also finalized their baseline survey for the hospital setting which has been sent out. The group will review the results of this survey in January.

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

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In December, this group put final edits on their first A3 around asking, engaging, and providing services/support to decrease youth tobacco use in Central Oregon. Their A3 will be presented to Operations Council on January 5, 2018 to accompany their first selected experiment on clinical outreach and engagement to promote youth/family tobacco cessation.

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 December, the group continued the development of their second algorithm that focuses on supporting primary care in the management of patients with A1Cs >9. The group also received word from PacificSource that their Point of Care (POC) A1C proposal was approved, and has defined next steps to on-board and train the first round of clinics in the region on POC testing and follow-up.

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 13 members.
- In December, the group developed an RFP to increase active modes of transportation among school-aged children in Central Oregon. They plan to release their RFP in mid-January.

RHIP Workgroup Updates: December 2017

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.
- In December, the oral health workgroup heard a presentation given by Abe Moland from Gridworks reviewing the NEMT benefit as provided by CERC (Cascades East Ride Center). Abe fielded a handful of questions. The group then turned to the A3 and new ideas around convening a regional summit for the dental community in early Spring. A smaller subgroup of volunteers will head that up.

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 workgroup did not meet in December.

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 24 members in Housing.

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

- In December, each of the subgroups reported out; Literacy, Social and Emotional Supports, Access/integration, and TRACEs. The team decided to move the main meeting to every other month, leaving the “off month” devoted to A3/Subgroup work sessions.

Housing (Support: Bruce Abernethy, Elaine Knobbs-Seasholtz & MaCayla Arsenault)

- In December, the workgroup discussed a proposal to develop a comprehensive housing plan on the Warm Springs Reservation.