COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

2016-2017

BIENNIAL REPORT

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PRESIDENT'S MESSAGE

CFHA reached new heights in 2016 and is poised to leap forward to the next level of development and importance both for our organization and our movement. The concepts of integrating behavioral health and medical care within healthcare delivery systems are now nearly universally embraced as the right path to improving health outcomes and cost effectiveness. We have reached a tipping point of acceptance thanks to the tireless and persuasive work of our early leaders and the persistence of our current leaders and members. What the field needs now is implementation knowhow, stronger and broader evidence, a ready workforce, and updated policies to enable integrated behavioral health to reach its full scale and potential.

In the course of 2016, CFHA has set the stage to provide that assistance and leadership to the field. As a coalition of dedicated professionals from clinical practice, professional education, research and policy, CFHA is well positioned to offer guidance, training and technical assistance to audiences across the nation. In 2016, we resolved to create that capacity and, as a result, we are ready to launch!

To support new initiatives and anticipated growth, we made some internal changes and smart investments. For example, we resolved to create greater continuity by making the CFHA Presidency a 2-year term, thus allowing the President to shepherd strategic initiatives from planning to implementation. Similarly, we have amended our bylaws to allow Board members to serve two terms instead of one, which we anticipate will deepen their commitment to a longer-range strategic vision. The number of our Special Interest Groups and Committees has grown giving members more opportunities to “find their tribe” within our association and exercise their leadership.

Another sign of our spreading influence has been the steady growth of our membership. Building on the record-breaking success of our 2015 conference in Portland, OR, we have not only retained a vast majority of members but have added new members, including early career professionals who made up the largest segment of first time attendees at our successful 2016 Annual Conference. This is an important indicator of CFHA’s vitality and contemporary relevance. And, as a hallmark of CFHA, we have expanded our number while maintaining the diversity of represented professions and settings that include public and private sectors; clinical practice, administrative, and scholarly interests; and innovators and policy wonks.

2017 is starting off full of transitions – our entire political establishment transitioned in January and CFHA has its own substantial transition pending that has many of us grieving … the retirement of our much beloved and respected executive director, Polly Kurtz at the end of April. Polly has been with CFHA for the past 6 years and has helped the organization immeasurably. However, change is inevitable so we established a hard-working Search Committee to help us recruit the very best future executive leader and the CFHA Board of Directors has never been more engaged in a future oriented vision.

2017 will welcome Neftali Serrano, PsyD as the new executive director of CFHA! Dr. Serrano is a name familiar to many of you as he is one of our own and knows the landscape of integrated care well. Although he has a unique background in the PCBH model of integration, the vision he shared with the Board of Directors for CFHA extends far beyond this model of care. He has creative ideas that will continue to shape the future of CFHA in a manner that is cutting-edge and capitalizes on the use of technology to advance our message and effectiveness. I am excited to witness and participate in the unfolding of this next chapter and see only further advancement and opportunities for CFHA and integrated care under his leadership.

The first regional one-day intensive conference on "Confronting the New Epidemic: Integrated Care Strategies for Patients with Opioid Use Disorders" was launched in 2017 in St. Louis, Missouri to an energetic audience of 75 multidisciplinary clinicians. CFHA is grateful for the University of Massachusetts Team who presented (Dan Mullin, PsyD, MPH, Stephen Martin, MD, MPH, Amber Hewitt, PsyD, and Tina Runyan, PhD) and the feedback was outstanding, suggesting this may be the first of many such conferences to come! In fact, part of the team will be traveling to Anchorage Alaska to deliver a similar presentation including sufficient training so that physicians who attend can qualify for their waiver in order to prescribe buprenorphine to their patients. This is exactly the type of service and expansion of effective models of care CFHA strives to promulgate and a perfect example of us doing this is in a geographical area in need. Way to go CFHA!

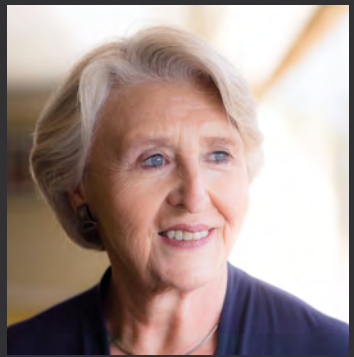
2017 will also host the 19th annual CFHA conference in Houston, Texas. The conference theme will be "To Integration and Beyond: Creating Connections for a Connected, Sustainable Future." We are hoping for another blockbuster turnout of members and non-members alike and eagerly anticipating pilot testing some new formats and offerings this year which will expand opportunities for connections and sustained collaboration.

The SIGs and Committees will remain strong, and we continue with many educational offering such as the webinars and blogs. Our Mentorship Program will experience some upgrades this year and new initiatives continue to pour out of the amazing cadre of members who volunteer countless hours in CFHA. 2017 will be the year we launch our Consultation Service which will provide training, organizational consultation and technical assistance to disseminate all models of integrated care.

We are ready to soar higher and the uncertainty many of us are feeling about the immediate future of healthcare policy and financing in the US should galvanize our determination as an advocacy organization for collaborative care. The continued success of CFHA will contribute to the success of the American healthcare system and the well being of the patients, families and communities whose interests are at the heart of our purpose. Most importantly, the success of CFHA is a product of and depends upon the engagement, wisdom, experience, and collaboration of each of you. Our membership remains our most valuable asset and most valued offering to the field. Thank you for allowing us to lead this incredible organization and for your continued investment in our shared vision of family-centered, collaborative healthcare for every American. **On to the next chapter!**

Tina Runyan, PhD
Board President, 2017

Natalie Levkovich
Board President, 2016



EXECUTIVE DIRECTOR WELCOME

Bloch, Reitz, Kurtz, and now Serrano. Those are the surnames of the past Executive Directors of our beloved CFHA. In those names are the evidence of the diversity that is emblematic of our membership and the continuity and growth that has marked the movement which CFHA represents. I am humbled to be another graft in this lineage of excellence and look forward to building on this firm foundation building towards the realization of Dr. Bloch's original vision of making integrated care the standard of care nationally. What lies ahead for CFHA in many ways looks quite like what CFHA has already excelled at. CFHA will continue to be the place to have conversations nationally about integrated care. It will continue to host outstanding conferences, learning and networking experiences. It will also continue to stimulate research and awareness of integrated care models and opportunities.

Where CFHA will grow are in areas that position it as a leader in providing original content related to integrated care, providing technical assistance services to health organizations through its consultation and in enhanced and regionally focused learning and networking initiatives to engage membership and their communities on the local level. In sum, CFHA will grow by digging down (local) and out (breadth of services).

However, in the end, CFHA at its core will always be about its membership. None of the above is possible without the investment of dedicated professionals willing to sacrifice their time and effort for a common cause. We are a diverse group. We are psychologists and social workers, physicians and psychiatrists, foundations and payers - to name just a few of us. And we represent various means of integrating care from the Primary Care Behavioral Health model to SBIRT to Collaborative Care to Medical Family Therapy perspectives. We work in primary care, emergency departments, hospitals and specialty clinics. This diversity is in fact the partial realization of Dr. Bloch's original vision and is our greatest strength. My hope is that CFHA does an even better job of sharing and amplifying the stories behind this diversity. The truth is that the superstars of CFHA are the ones doing the work each and every day, working in and out of exam rooms, rubbing shoulders with their integrated care team members and providing the kind of service to patients and their families that makes behavioral and medical healthcare seem like indistinguishable functions. My job, our job at CFHA, will be to be the voice of these patients, families and care teams, telling their story of how much richer, meaningful, cost-effective and fun this kind of healthcare is.

I encourage you to join us in this grand effort whether it be with your time, talents or financial support. It is in fact because of each of you that each year we inch closer to that vision of making integrated care the standard of care.

Sincerely,

Neftali Serrano, PsyD
Executive Director

CFHA BOARD OF DIRECTORS (2016-2017)

BOARD MEMBERS

LAUREN DECAPORALE-RYAN, PHD
Early Career Member 2014-2017
University of Rochester Medical Center

SUZANNE DAUB, LCSW
Member-At-Large 2016-2017
Community Care Behavioral Health Organization

JENNIFER FUNDERBURK, PHD
Member-At-Large 2016-2017
Syracuse VA Hospital,
Center for Integrated Healthcare

CHRISTOPHER HUNTER, PHD
Member at Large 2014-2017
Department of Defense

ALAN LORENZ, MD
Member-At-Large 2014-2017
University Health Service,
University of Rochester

JODI POLAHA, PHD
Member-At-Large 2015-2017
East Tennessee State University

JEFF REITER, PSYD
Member-At-Large 2017
Swedish Medical Group
Family Medicine Residency

RANDALL REITZ, PHD
St. Mary's Medical Center
Early Career Member 2016-2017

ANDREW VALERAS, DO
Member-At-Large 2015-2017
New Hampshire Dartmouth
Family Medicine Residency

EXECUTIVE COMMITTEE

CHRISTINE "TINA" RUNYAN, PHD
President Elect 2016
President 2017
Worcester Family Medicine Residency,
University of Massachusetts Medical School

GENE "RUSTY" KALLENBERG, MD
Immediate Past President 2016
University of California San Diego

NEIL KORSEN, MD, MSC
Treasurer 2015-2016
Member-At-Large 2017
Maine Health

NATALIE LEVKOVICH
President 2016
Immediate Past President 2017
Health Federation of Philadelphia

COLLEEN CLEMENCY CORDES, PHD
Member-At-Large 2015-2016
Treasurer 2017
Arizona State University

AD-HOC BOARD MEMBERS

LARRY MAUKSCH, Med
University of Washington School of Medicine in Seattle

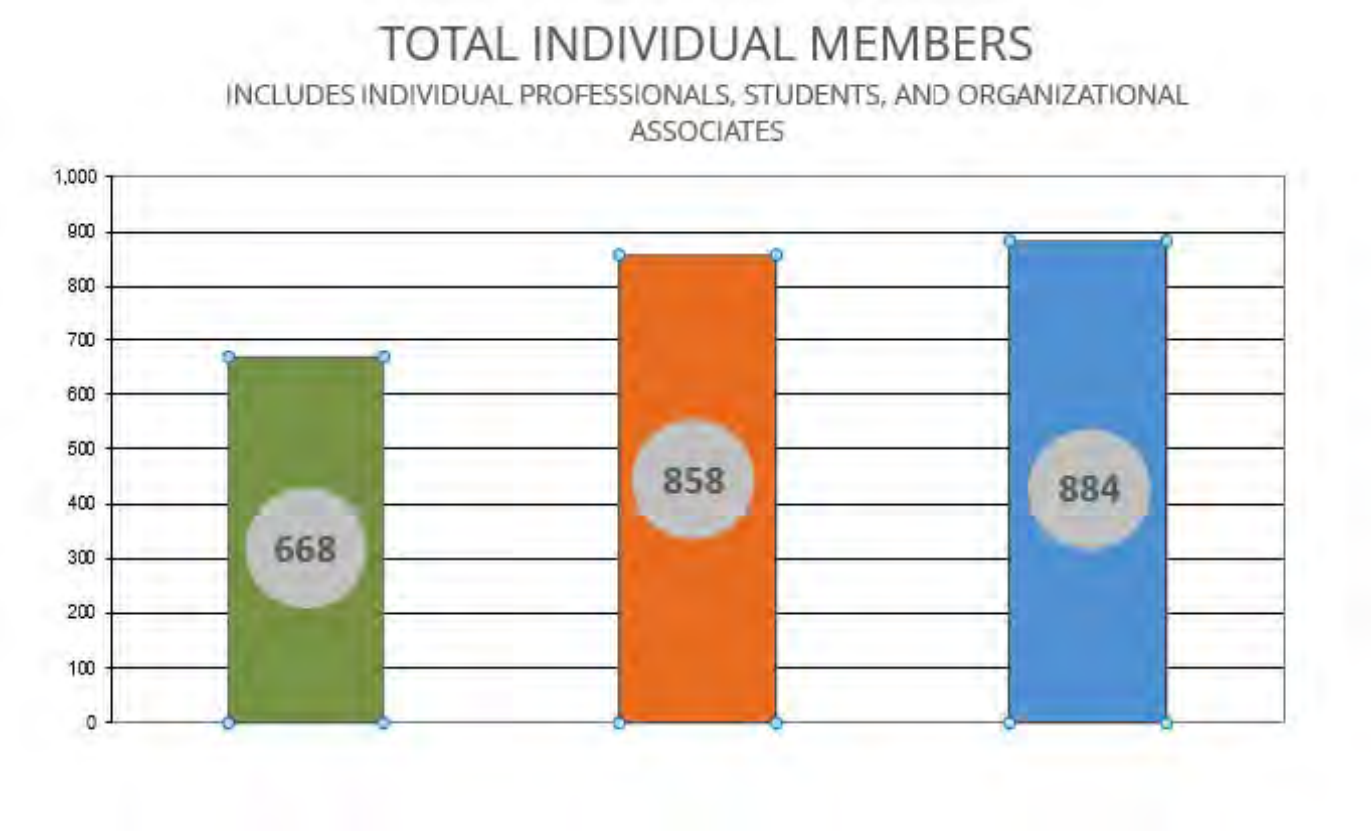
COLLEEN FOGARTY, MD, MSc
University of Rochester
Department of Family Medicine

MARCI NEILSEN, PHD, MPH
Patient Centered Primary Care Collaborative

BENJAMIN MILLER, PSYD
Eugene Farley Health Policy Center

NICK KATES, MD
Board Advisor
McMaster University

MEMBERSHIP UPDATE



ORGANIZATIONAL MEMBERSHIPS	2014	2015	2016
TIER I	6	17	23
TIER II	2	5	5
TIER III	8	6	6
TOTAL	**16**	**22**	**28**

ORGANIZATIONAL MEMBERS AS OF DECEMBER 2016

Anthem, Inc.

Arizona State University

Benewah Medical and Wellness Center

Boise VA Medical Center

Center for Integrated Healthcare (VISN 2)

Center for Life Management (CLM)

Cherokee Health

Chickasaw Nation

Childhood Health Associates of Salem (CHAOS)

Community Care Behavioral Health Organization (CCBH)

ETSU Family Medicine (East Tennessee State University)

ETSU psychology

Eugene Farley Health Policy Center **AND** University of Colorado School of Medicine, Department of Family Medicine Fillmore County Hospital

Group Health Cooperative of South Central Wisconsin

Health Integration Program, St. Charles

Healthcare Network of Southwest Florida (SWFL)

Institute for the Family Department of Psychiatry University of Rochester (URMC)

Integrated Behavioral Health (IBH Denver Health)

NH Dartmouth Family Medicine Residency

Open Hearts Family Wellness

Orlando VA Medical

OSF Healthcare

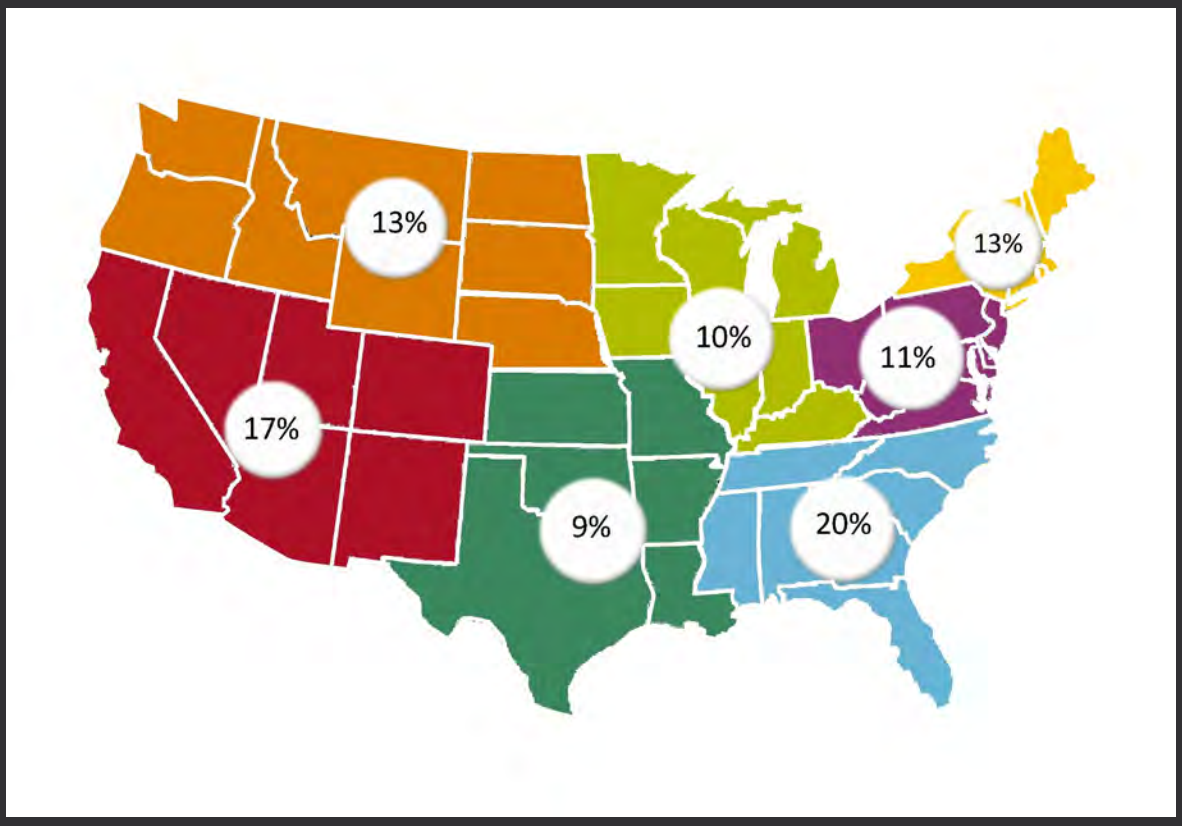
The University of North Carolina at Pembroke

University of Massachusetts Medical School, Hahneman Institute for the Family

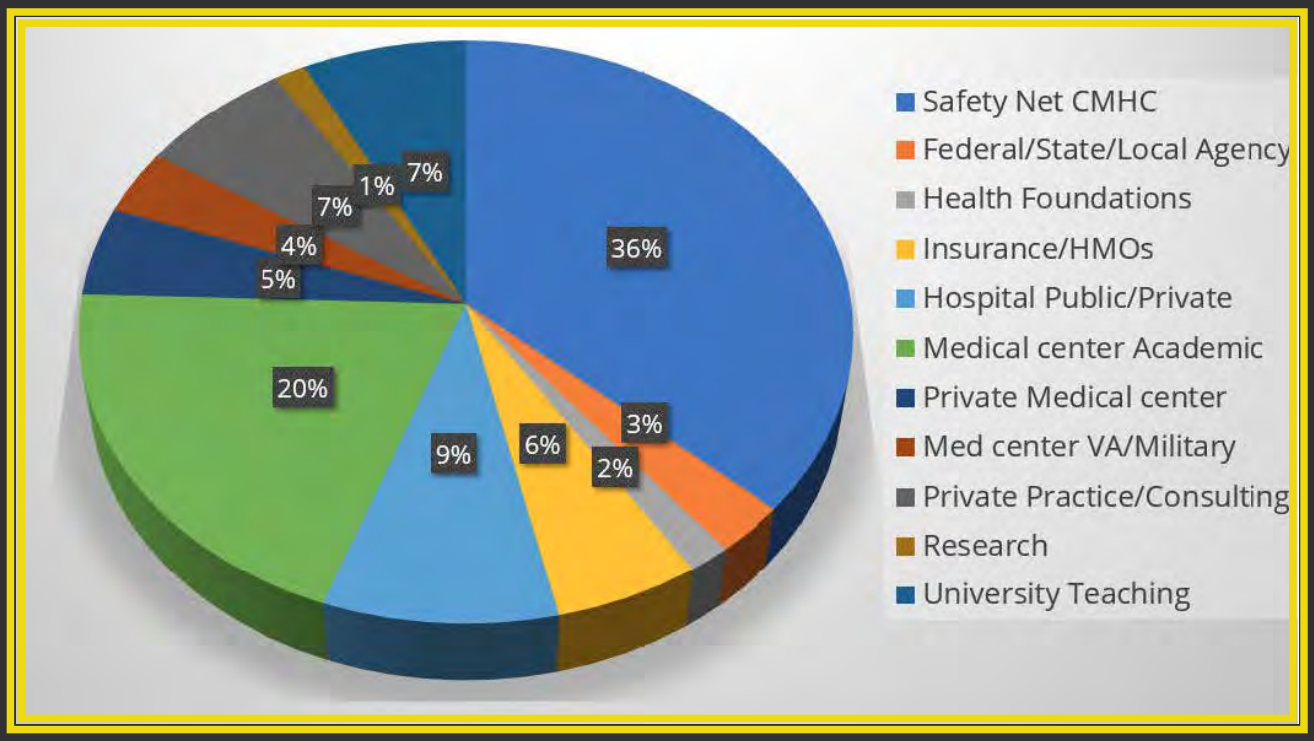
USD/UCSD Family Medicine Residency Program

Yakima Valley Farm Workers Clinic

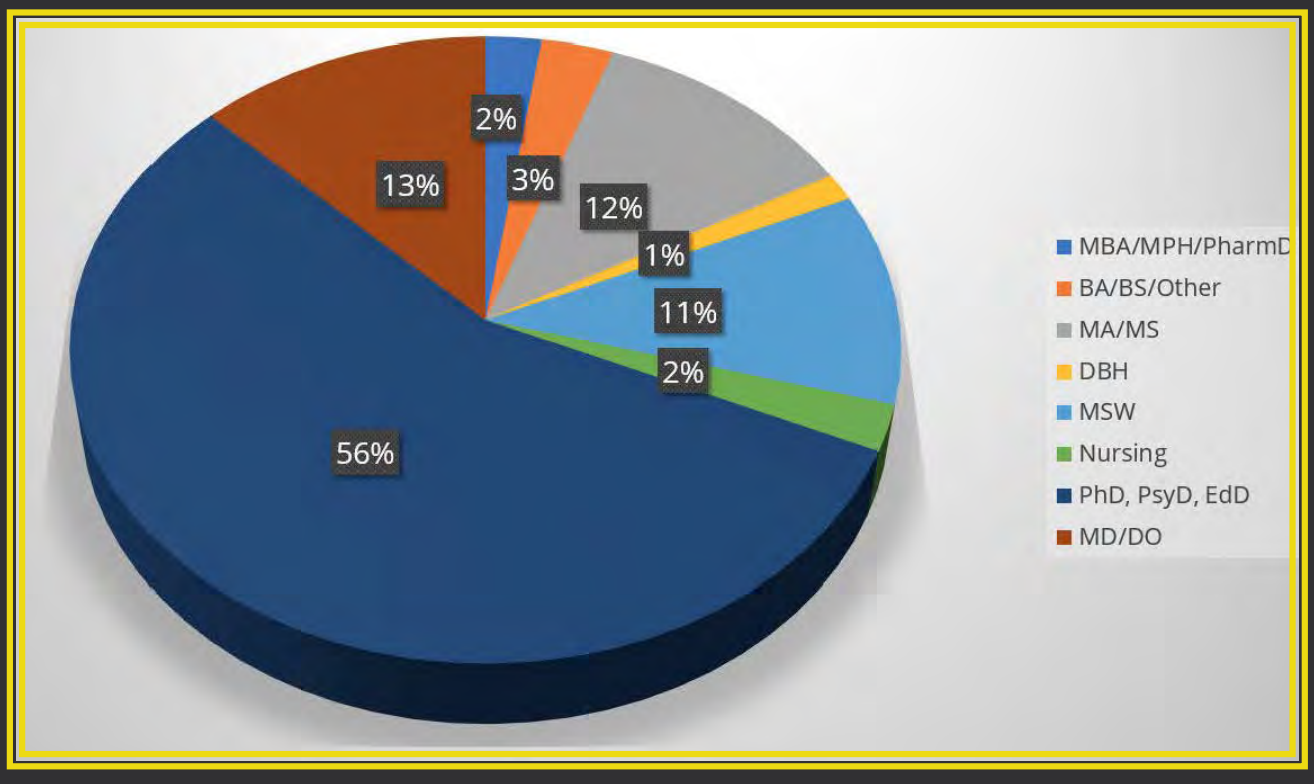
MEMBERSHIP BY REGION



MEMBERSHIP BY PROFESSIONAL SETTING



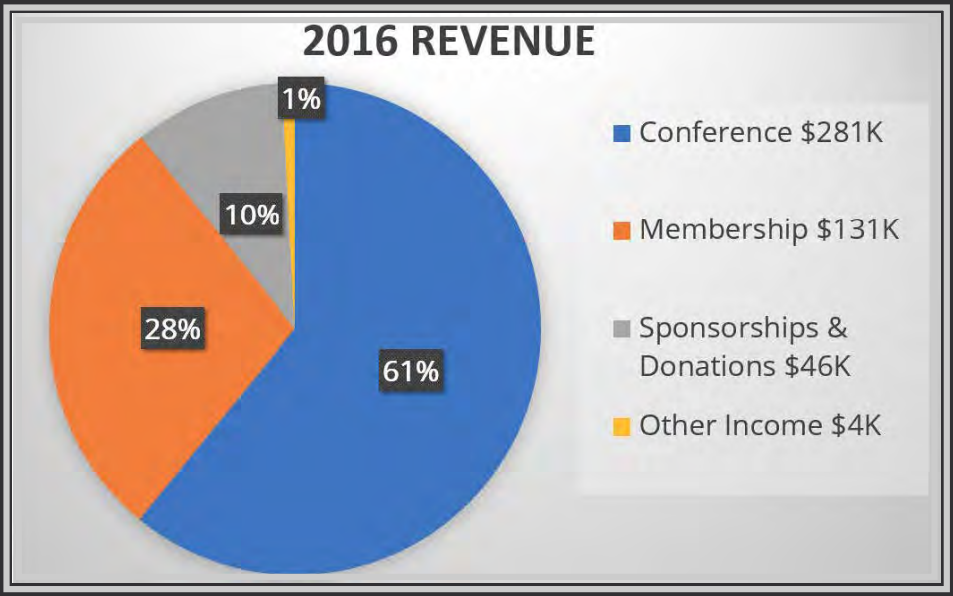
MEMBERSHIP BY DEGREE

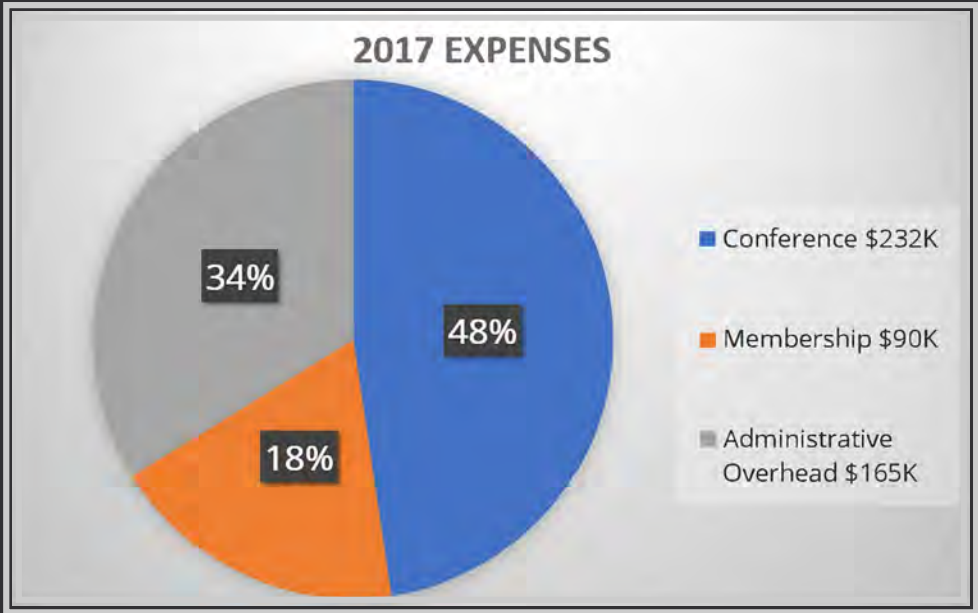


FINANCIALS

Over the last two years, CFHA has continue to build a solid financial foundation through membership and conference growth, the generosity of donors and sponsors, and disciplined cost control. Unrestricted revenue (defined as non-grant related revenue) has grown 39% since 2014 to a total revenue of $461,162 in 2016. Expenses also rose in 2016 to $486,769, with strategic investment in staff and programmatic initiatives using prior cash reserves to fund the projected deficit. These investments resulted in continued membership growth, a regional intensive one-day training, and a platform for a consulting service to be rolled out in 2017. CFHA ended the year with total net assets of $117,682, all of which were unrestricted. This represents a 94% increase in the unrestricted cash balance of 2014. CFHA operates on an annual operational budget of approximately $500,000, exclusive of restricted grant income or expense.

CFHA continues to strive to build its financial operating reserves as it expands programs and reach. Without the ongoing support of our members through conference registration, membership dues, and individual support, our efforts would be challenged. We would like to extend our sincere appreciation for all who contributed to our financial success over the last two years.





POLICY SUMMIT

SCALING INTEGRATION THROUGH HEALTH POLICY

North Carolina Policy Summit

By Matthew P. Martin,

Thursday, October 13, 2016

As conference attendees for the 2016 CFHA Annual Conference traveled to Charlotte, North Carolina, a group of policy wonks, clinicians, lawmakers, and administrators met just a mile away to share information and brainstorm new ways for addressing the fragmentation of the US and, specifically, the NC health care system. The group met in the beautiful Duke Endowment building, which is just a short walk away from the Westin hotel, site of this year's CFHA conference.

As Ben Miller, Director of the Eugene S. Farley, Jr. Health Policy Center, put it during his opening remarks, "We are dealing with fragmentation and integration is the solution. How you do it, how you measure it, and how you train it: that's up to you." Dr. Miller made the case that states need to be adaptive when it comes to designing systems of integrated care because they have communities with unique resources and needs. "However" he concludes, "If we lose sight of why we are doing this, we will fail."

The rest of the meeting included speakers representing various stakeholders in North Carolina: although, a few hailed from other states. Dave Richard, Deputy Secretary, Division of Medical Assistance, spoke next, giving an update on the state of integrated care from the perspective of the state department of health and human services as well as a plan for the future. "There are a lot of good things happening in North Carolina, just in pockets" he began. State officials and administrators have spent the last three years debating the NC Medicaid system and have come to a fairly strong consensus as to what it will look like.

The next steps, he argues, are deciding how Medicaid will work with other systems in the state as well as defining what integrated care looks like. "The needs of people in North Carolina will drive change" he argues. One interesting point he made is how the state defines good care as "person-centered community care". "If we just think about them as patients, then we miss a huge part of their lives."

Courtney Cantrell, Former Senior Director of the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse, spoke next on a vision of integration for North Carolina. She points out that a lot of work is happening on the ground, but providers are not getting paid the way they should be. She says the biggest barriers to progress are policy-related. "To move forward" she says, "we must get more data". "You have to know your population and you need to measure care outcomes". Ben interjected at this point saying "If you change the way you deliver care, you'll need to change the way you measure it."

The group broke for a working lunch at this point and listened to Alexander Blount from the University of Massachusetts and Lesley Manson from Arizona State University. Dr. Blount started by saying "I'm the humble guy coming from out of state with a few ideas that may work for you". He recounted the history of integrated care in Massachusetts which included large Medicaid reform which made integrated care viable overnight. "My phone was ringing off the hook" he recalls.

Despite the successes, there were several problems. First, the integration did not work unless care systems had a large Medicaid population and received more training than just webinars and assembled meetings. "You need boots on the ground". He argues that administrators who want long-term integration need to invest in workforce development. Systems need a core of highly-trained integration champions instead of an army of semi-trained staff members.

Lesley Manson from Arizona State University continued the working lunch by reviewing in detail the new federal MACRA legislation which moves reimbursement from volume-based to value-based, a significant shift in payments. Currently, many systems are already reforming through various programs like PQRS, VBM, and MU. The legislation gave birth to MIPS (merit based incentive payment system) which systems can elect to participate in or, alternatively, follow the APM (Alternative Payment Model) track. Overall, MACRA is a quality payment program and represents a long-term investment of the federal government in incentivizing care systems to reform their care models. Lesley concludes that integrated care is an essential component of this reform.

The final segment of the meeting was a group breakout session on three topics: 1) Envisioning Your Organizational Needs, 2) Workforce and Educational Needs, and 3) Policy and Payment Reform. Each group was tasked with discussing the topic and then identifying key action strategies. The first group concluded that organizational vision takes time and requires keeping a local focus and sharing stories of successful integration.

The second group determined that a large portion of the current workforce needs retraining and that one model for doing so is the ECHO telementoring model out of New Mexico. The group believes that state agencies should invest in statewide interprofessional training events and even design core competencies. The final group recognized that stakeholders need to align their efforts with payers (both private and public) and activate codes that support team-based, integrated care. Adam Zolotor, President of the North Carolina Institute of Medicine, facilitated the group discussion.

The state of integrated care in the Tar Heel state is vibrant and promising. The synergy of the group was palpable and produced a list of actionable items. The final word was by Cathy Hudgins, executive director for the Center of Excellence for Integrated Care, who invited all the group members to continue the conversation by attending the 2016 CFHA Conference where other like-minded people will be discussing how they can improve health care through collaborative, family-centered care.

SPECIAL INTEREST GROUP AND COMMITTEE REPORTS

FAMILIES AND HEALTH SIG

Chair: Laura Lynch, PhD

Board Representative: Randall Reitz, PhD

In 2016, the Families and Health Interest Group leadership team worked hard to build upon the group's progress. Below is a list of some key accomplishments:

-Assisted in further developing a patient and family-centered care track at the 2016 CFHA Conference
-Participated in editing of CFHA conference abstract guidelines for patient and family-centered care track
-Recruited multidisciplinary FHIG members to collaborate and submit presentation proposals Several interdisciplinary presentations accepted by our members and collaborators, including a live family interview

-Hosted 2 Webinars

-February 2016: Score, Connect, and Nurture: Integrating ACEs into a Primary Care Practice by Kaitlin Leckie, PhD, LMFT , Leslie Dabovich Dempsey, MD, Jodi Hasenack, RN, and Julie McCrae, PhD

-June 2016: Creating Greater Family Resilience to Better Support Our Patients by Barry J. Jacobs, Psy.D. and Hyun Hong, DO

-Developed and awarded first Family Oriented Care Award

-First award winner was East Carolina's Medical Family Therapy PhD Program)

-Increased recruitment efforts to grow multidisciplinary membership

-Enhanced the FHIG webpage to better connect and share clinical resources, research tools, webinars, and training opportunities

-Hosted a networking and social event for FHIG members at the 2016 annual CFHA Conference

We have developed several areas of focus for the FHIG in 2017 to continue to pursue the group's vision of "improved healthcare through engaged families and collaborative relationships." They include:

-Improving the content of the FHIG's Open Calls by including in each a brief presentation by a member on a family-centered topic related to research or practice

-First Open Call of 2017 took place on March 16th: featured Ruth Nutting, PhD who presented on utilizing collaborative care teams for complex patient care in a family medicine residency clinic and challenges to increasing family member participation

-Increasing our support of early career professional members and provide more networking opportunities
-Increasing our social media participation through CFHA social media posts
-Collaborating with other SIG groups
-Hosting 2 webinars, including one focusing on pediatric collaborative care

MEDICALLY UNEXPLAINED SYMPTOMS SIG

Co-Chairs: David Clarke, MD & Heather Starbird, MA

Communications Coordinator: Tyler Lawrence, MA

In this past year the Medically Unexplained Symptoms special interest group maintained its active engagement and interdisciplinary nature. Some of its recent activities include:

- SIG leader Dr. Clarke published an article on medically unexplained symptoms in the CFHA journal Families, Systems, and Health.

-Clarke DD. (2016). Diagnosis and treatment of medically unexplained symptoms and chronic functional syndromes. *Families, Systems, & Health, Vol 34*(4), Dec 2016, 309-316. -Presenting its first webinar which focused on providing a toolkit to medical and behavioral health providers who encounter patients with medically unexplained symptoms. - https://vimeo.com/206283180/14d3bb0cba

- Maintaining a member presence of approximately 100 professionals.

-Creating opportunities for its members to engage in the CFHA webinar and annual conference presentations.

-Communicating with its members regarding SIG updates.

-For 2017 and beyond, the MUS SIG will focus on expanding its presence at CFHA through presentations at annual conferences.

PRIMARY CARE BEHAVIORAL HEALTH SIG

Co-Chairs: Stacy Ogbeide, PsyD & Eboni Winford, PhD

-Transitioned leadership, welcoming in co-chair Eboni Winford, Ph.D. and **co-secretaries Melissa Baker, Ph.D. and Shelly Rivello, LCSW**

-In an attempt to empower student members to take active roles within the PCBH SIG, two co-student representative positions were created and filled by Courtney Smith and Catherine Rowe

-In response to feedback from SIG members, transitioned meeting times from monthly to bi-monthly. Thus far, the SIG has seen increased attendance and participation following this change

-Coordinated and presented quarterly CFHA webinars with PCBH focus

-Implemented Quick Notes, brief presentations within the bi-monthly SIG meetings where a SIG member or invited guest presents on a relevant PCBH topic. These Quick Notes are now expanding to include a more interdisciplinary focus, leveraging the expertise of non-behaviorally trained colleagues who practice within the PCBH model

-Created a PCBH Advocacy slide deck, designed to bring awareness to the PCBH model including key concepts, goals, and outcome data. These slides will be available upon request for any CFHA member hoping to learn more about PCBH or to share with outside organizations seeking to learn more about PCBH

-Held in-person SIG meetings at the annual conference, which created an opportunity for SIG members to put faces to names and voices. This in-person meeting served as an internal evaluation of the SIG's achievements and areas of growth. Several of the items listed within this report are a direct result of the collaboration, which occurred at the in-person meetings.

-Current goals include continuing to grow in response to feedback and needs of the membership; planning SIG social event at the annual conference; continually working to foster relationships between behavioral health and colleagues within other disciplines

PEDIATRICS SIG

Co-Chairs: Lesley Manson, Ph.D. and Sonny Pickowitz, LCSW.
Secretary: Tawyna Meadows, Ph.D.
Board Liaison: Jodi Polaha, Ph.D.

Purpose

To grow interest and enthusiasm, provide learning experiences, and promote actionable dissemination activities among CFHA members regarding Pediatric Integrated Care to include:

-Funding, Policy, Clinical and Administrative Procedures Unique to Integrated Pediatrics

-Graduate, Intern, and Postdoctoral Fellow Training Models

-Research and Program Evaluation -Advocacy for Pediatric Integrated and Team Based Service Models

-Collaborate and Strengthen Liaison Relationships with Other National Organizations for Advocacy

-The SIG will also promote and support CFHA conference workshops and presentations focusing on Pediatric Integrated Care Service Model delivery.

Membership and Engagement

NUMBER ON LIST

-February 1, 2017—26 members

-March 1, 2017—54 members

-Currently—69 members

NUMBER ON CALL BY MONTH

-February Call—22 recorded participants

-March Call—20 recorded participants

2017 Activities

This SIG was initiated by Dr. Polaha in a membership-wide solicitation using the CFHA Listserve to attend a phone conference in January 2017. Based on input during that call, the SIG leaders were established, and this group worked to develop a monthly call format which has been ongoing since February, 2017. *Activities accomplished to date include:*

-Identified and finalized leadership

-Established a web-based solicitation to join the SIG and linked listserve

-Created a Pediatric Integrated Care SIG Charter

-Defined purpose and commensurate monthly meeting format

-Held monthly GoTo meetings to include:

-Learning activities (QuickNotes) to provide interactive brief applied education for pediatric integrated care -Job opportunities -Research opportunities -Professional discussion of timey resources, news, research, evidence based care, funding, and best practice

-Mentorship opportunities -Ongoing business regarding products under development outside the calls

Submitted a preconference workshop on a Toolkit for integration in Pediatrics Primary Care for CFHA 2017 Annual Conference

In the process of surveying our membership related to specific pediatric and integrated care training, education, and advocacy needs

Planned Activities remaining in 2017: Conducting a joint webinar with the PCBH SIG in November

EARLY CAREER MENTORSHIP PROGRAM

Now in its third year, the Early Career Mentorship Program continues to match CFHA's ECPs with leaders in integration. This year, 9 ECP Fellows are working with mentors from across the country, focusing on matters related to professional development and specific projects that some are launching. We look forward to many of them joining the 2017 conference to share their work.

This year, our mentors are: Drs. Rob Cushman, Amy Davis, Laurie Ivey, Lesley Manson, Jeff Reiter

As the Mentorship Program continues to develop and grow, we continue to evaluate how to make this the strongest program possible. For the 2017-2018 year, we will be collaborating with CFHA's SIGs to develop mentoring relationships that have specific areas of foci. Exciting things to come!

Members of the ECP Committee are presently designing an ECP preconference workshop for the 2017 conference.

RESEARCH AND EVALUATION COMMITTEE

Co-chairs: Tina Studts, PhD, LCSW & C.R. Macchi, PhD, LMFT

Secretary: Julie Gass, PhD

The purpose of the CFHA Research and Evaluation committee is to (1) grow interest and enthusiasm among CFHA members regarding research and evaluation, and (2) create opportunities for CFHA members to actively participate in research related to collaborative/integrated primary care. The work of the committee focuses on means to provide education and information that will assist members to: understand and/or use data; effectively evaluate research and outcome data; and understand approaches for evaluating and improving programs.

According to our charter, the Research and Evaluation Committee responsibilities include increasing the presence of high quality research and evaluation presentations at the CFHA annual conference; creating opportunities for members to learn how to conduct rigorous research and evaluation; assessing members' wants and needs related to research and evaluation to ensure that committee activities are relevant and useful to the general membership; communicating with members about research and evaluation; creating opportunities for members to participate in research and evaluation; and facilitating formal mentoring for students and new professionals who want to conduct collaborative care/integrated primary care research and evaluation. In 2016, the Research and Evaluation Committee:

Increased our membership to 74 (including 8 voting members), with an increase in participation in monthly committee calls from a median of 11 in 2014 to 17 in 2016

Facilitated the second year of the Training in Research and Evaluation Track at the annual CFHA conference, including creation of a specific call and review criteria; review of submissions; delivery of 6 sessions focused on skills training in research and evaluation (attendance ranging from 21 to 61 at each session); and provision of a training certificate to those who attended 2 or more training track sessions

Developed a Poster Subcommittee, whose members: refined the call and review criteria for poster presentations at the annual CFHA conference; matched the topics of posters to oral presentations to provide publicity for posters at concurrent sessions; and assessed multiple aspects of poster sessions to generate strategies for increasing participation and traffic at future conferences Revised the call for proposals and review criteria for the Research Fellowship, selecting the 2016 Research Fellow from a competitive set of applicants

Coordinated two webinars on research and evaluation topics

Reviewed submissions for a Special Issue of *Families, Systems and Health* guest-edited by two Research and Evaluation Committee past co-chairs

Coordinated and distributed a quarterly research update providing references and highlights of recent publications relevant to the field

Assisted with evaluation of CFHA's first Regional Education Conference, a one-day intensive in St. Louis focused on the opioid epidemic

In 2017, the Research and Evaluation Committee plans to continue the above efforts. Of note, the number of submissions to the Training Track in Research and Evaluation increased from 11 in 2015 to 18 this year, offering new presenters and diverse new topics. This year, the Research and Evaluation Committee is also pursuing the following new initiatives:

Assigning conference-related planning to a Conference Subcommittee, to allow use of monthly call time for additional topics (e.g., committee members sharing their own research and evaluation projects, planning for new committee initiatives)

Instituting two poster awards at the annual CFHA conference: the Meritorious Student Research & Evaluation Award (https://cfha.site-ym.com/general/custom.asp?page=MeritousStudent) and the CFHA Poster Award for Excellence in Research and Evaluation (https://cfha.site-ym.com/page/ExcellenceinRE) Conducting a survey of the CFHA membership regarding wants and needs for research and evaluation training and support, including requested topics from the Board and Special Interest Groups

Sponsoring lunch discussion tables with research and evaluation themes at the annual CFHA conference, to provide more individualized research and evaluation support to interested conference attendees

Providing access to resources intended to increase the quality of Research Fellow applications, including the full proposal submitted by our current Research Fellow

(https://c.ymcdn.com/sites/cfha.site-ym.com/resource/resmgr/research_and_eval/Fellowship_/Jeffrey_App.pdf)

Redesigning the Research and Evaluation Committee webpage

(https://cfha.site-ym.com/?page=ResearchCommittee) to include easily accessible quarterly research updates, meeting minutes, reports to the Board, and other resources

Sponsoring two webinars on research and evaluation topics leading up to the 2017 CFHA annual conference Supporting the development and delivery of a "Shark Tank"-themed plenary session at the 2017 CFHA annual conference to provide key teaching points regarding integration of research/evaluation and practice in collaborative/integrated care settings

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