



**Behavioral Health: Increase Access and Coordination**  
 Regional Health Improvement Plan Workgroup

Deschutes County Health Services – Stan Owen Room  
 2577 NE Courtney Ave, Bend

February 19, 2020. 1:00-2:30pm

Aim/Goal
<p>Increase equitable access to skilled and coordinated care between specialty behavioral health* and the larger health system, including primary care, while decreasing barriers to ensure an effective and timely response.</p> <p>*Specialty behavioral health: behavioral health, substance abuse, and developmental services that are delivered outside of primary care.</p>
Future State Metrics
<ol style="list-style-type: none"> <li>1. Increase availability of behavioral health providers in marginalized areas of the region.</li> <li>2. Increase timeliness and engagement when referred from primary care to specialty behavioral health.</li> <li>3. Standardize screening processes for appropriate levels of follow-up care across services.</li> </ol>

AGENDA
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1:00-1:05	Introduction and Guiding Principles - All
1:05-1:10	Housekeeping - Facilitator
1:10-1:25	Activity: Broadening Partnerships - All
1:25-2:00	Structured Problem Solving - All <ul style="list-style-type: none"> <li>• Review progress and prepare for root cause analysis in March</li> </ul>
2:00-2:25	Workgroup Orientation Part 2: Funding - All
2:25-2:30	Closing - Facilitator



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Future State Metrics – Full Detail

1. By December 2023, improve the availability of behavioral health providers in the marginalized areas of the region (La Pine, Madras, Redmond) to exceed the Oregon average for rural areas of 0.62 in 2019 as measured by 'mental health providers per 1,000 population
2. By December 2023, a method is developed to measure timeliness and engagement with specialty behavioral health referred from primary care.
3. By December 2023, a method is developed to standardize screening processes to assure clients receive the appropriate level of care and follow-up across various services in Central Oregon.

## **The Central Oregon Health Council: Who We Are and What We Do**

Central Oregon Health Council (COHC) is a not-for-profit organization dedicated to supporting and improving health and wellness for all residents of Central Oregon through cross-sector, regional collaboration and partnerships.

Our region includes Crook, Jefferson, Deschutes, Northern Klamath Counties and the Confederated Tribes of Warm Springs.

The community-driven priorities for the next four years include:

1. Addressing Poverty and Enhancing Self Sufficiency
2. Behavioral Health: Increasing Access and Coordination
3. Promoting Enhanced Physical Health Across Communities
4. Stable Housing and Supports
5. Substance and Alcohol Misuse: Prevention and Treatment
6. Upstream Prevention: Promotion of Individual Well-Being

We welcome all who are interested.

Regions we excited to partner with include:

Confederated Tribes of Warm Springs, Jefferson County, Northern Klamath County, Crook County, Deschutes County

Sectors we are excited to partner with include:

Business and Manufacturing, Civic Volunteer Groups, Government, Non-profits and Social Service, Justice, Health, Spiritual and Religious, Education, Media, and Infrastructure.

## **Regional Health Improvement Plan (RHIP) Workgroup Frequently Asked Questions**

### **1. Do large organizations with many different departments only count as one vote?**

It is important to give equitable value and weight to each partner voice in decision making. To do that, large organizations that completely reside within the same community sector will have one vote. If a large organization resides within multiple sectors, that organization will get one vote per sector.

For example, if there are two people from a large system (for example St. Charles Health System), and one of them is from inpatient hospital care and the other is from primary or family care, they will share one vote because both of those departments reside within the health care sector.

If there are two people from the same umbrella organization (for example Deschutes County), with one of them working in the judicial system and the other is working in public health, they will each have one vote because justice and health care are two separate sectors. Employees of these departments represent significantly different community perspectives.

### **2. Can I send a representative to vote in my place if I'm not able to attend a decision-making discussion?**

There are multiple, on-going discussions and a lot of shared learning leading up to formalizing a decision. Regularly participating gives you a better understanding of these complexities. A representative, or proxy, attending an isolated decision-making discussion will not have the depth of understanding of the topic. Only partners who have maintained their voting partner status will be invited to formalize a decision by voting. See Participation Practices for details.

If you are one of two members representing the same organization and your coworker has attended enough meetings to be a voting partner, they will be able to vote for your organization. However, if your coworker does not qualify as a voting partner, they will not be able to vote in your place.

### **3. Is a final decision made when 75% agreement is reached by voting partners present in the meeting? Or by all voting partners?**

We approach final decisions using the Focused Conversation method to bring partners closer to consensus. When we say consensus, we mean: "Finding and creating areas of shared

understanding; A coming together of the common sense of the total group; An agreement that everyone can live with”.

After coming to consensus, a decision is made when 75% of all voting partner organizations are in agreement.

For example, any partner present for the discussion, will work to reach consensus during the meeting time. The formal decision will be made by all voting partners through an email vote.

This applies to both a positive or negative vote. For instance, if the vote is split 50/50, partners must work to agree by 75% in favor of, or against, an issue.