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

Join Zoom Meeting
https://us02web.zoom.us/j/89240423046?pwd=bkpudUk3UWpNdFpxTlhNUWZpVnVIQT09

Join by phone:
+1 669 900 6833
Meeting ID: 892 4042 3046
Passcode: 839385

June 15, 2022
1:00-2:30pm

Aim/Goal

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.

*Specialty behavioral health: behavioral health, substance abuse, and developmental services that are delivered outside of primary care.

Future State Metrics

1. Increase availability of behavioral health providers in marginalized areas of the region.
2. Increase timeliness and engagement when referred from primary care to specialty behavioral health.
3. Standardize screening processes for appropriate levels of follow-up care across services.

AGENDA

1:00 - 1:10 PM   Welcome, Land Acknowledgement & Guiding Principles, Announcements

1:10 – 1:30 PM   Equity Review

1:30 – 2:25 PM   Implementation Plan
    • Rural Central Oregon Behavioral Health Workforce Improvement Grant Application Review (Continued)
        ○ COBHC pages 15-104; SCHS pages 105-147

2:25 - 2:30 PM   Wrap Up and Next Steps

Working Document: https://docs.google.com/presentation/d/1jx7QDra_SVxVYXNkTj9No7ODu_dGeDhXfJ4CsBa-Oo0/edit?usp=sharing

Workgroup Budget: https://docs.google.com/spreadsheets/d/1Gw9dL6iRe1olGhJRMOxg9pEUofJ-KzU5WncBbEX8/edit?usp=sharing
Behavioral Health: Increase Access and Coordination  
Regional Health Improvement Plan Workgroup

<table>
<thead>
<tr>
<th>Future State Metrics – Full Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. By December 2023, a method is developed to measure timeliness and engagement with specialty behavioral health referred from primary care.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”
Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus
We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region’s shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics
We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Partner with Priority Populations
The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues
Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts
We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together
We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.
Behavioral Health: Increase Access and Coordination

Background: Why are we talking about this?

| 1990s | Mill Closures / Timber Industry Decline | State Hospitals Deinstitutionalized | Mental health affects how we think, feel and act. It determines how we handle stress, relate to others, and make choices. Mental health challenges can increase the risk of physical health problems such as stroke and heart disease. Individuals benefit significantly from intensive coordination of care and outreach activities, which are less available in remote areas of Central Oregon. |
| 2000s | Population Growth in Central Oregon | Housing shortage | Rising suicide rates | Tech Advancement & Screen Time |

Background: Why are we talking about this?

1990s
- Mill Closures / Timber Industry Decline
- State Hospitals Deinstitutionalized
- US Wars impact on Veterans

2000s
- Population Growth in Central Oregon
- Housing shortage
- Rising suicide rates
- Tech Advancement & Screen Time

Mental health affects how we think, feel and act. It determines how we handle stress, relate to others, and make choices. Mental health challenges can increase the risk of physical health problems such as stroke and heart disease. Individuals benefit significantly from intensive coordination of care and outreach activities, which are less available in remote areas of Central Oregon.

Current Condition: What’s happening right now?

- Approximately 1 in 4 adults over 55 in Central Oregon reported a diagnosis of depression
- Percentage of students who reported feeling sad or hopeless has been generally trending upward
- 64% of individuals who died by suicide visited their primary care provider within one year prior to their death

Current State Metrics:
1. Availability of behavioral health providers is less in the rural areas of the region
2. No way to measure timeliness and engagement with specialty behavioral health when referred by primary care
3. No standardize screening processes for appropriate levels of follow-up care across services

Goal Statement: Where do we want to be in 4 years?

Aim/Goal
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.

Future State Metrics - By December 2023:
1. Increase availability of behavioral health providers in marginalized areas of the region
2. Increase timeliness and engagement when referred from primary care to specialty behavioral health
3. Standardize screening processes for appropriate levels of follow-up care across services

Analysis: What’s keeping us from getting there?

- Care is culturally inappropriate and unresponsive
- Behavioral Health Careers are undervalued, underappreciated and not at parity with medical health
- Siloed communication and coordination across systems and agencies
- Behavioral Health Conditions are viewed as a character weakness
- Systemic undervaluing & underfunding of Behavioral Health
- Disjointed systems do not address whole person care

Strategic Direction: What are we going to try?

- Strengthening and Expanding the Behavioral Health Workforce
- Improving Coordination and Access to Culturally Responsive Behavioral Health Care
- Normalizing and Destigmatizing Mental Health Across the Lifespan
- Advocating and Lobbying for Behavioral Health Funding at Parity with Physical Health

Focused Implementation: What are our specific actions? (who, what, when, where?)

<table>
<thead>
<tr>
<th>Future State Measure</th>
<th>What</th>
<th>When Start</th>
<th>Who/How</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Create a community-driven behavioral health workforce development pipeline to serve rural areas</td>
<td>RFP Process Open</td>
<td>RFP</td>
</tr>
<tr>
<td>2</td>
<td>Identify, create or adapt regional measure for timeliness and engagement and integrate into payer models</td>
<td>2021 - 2024</td>
<td>Consultant, Creach Consulting Group, LLC</td>
</tr>
<tr>
<td>3</td>
<td>Develop a method to standardize screening processes to assure clients receive the appropriate level of care and follow-up</td>
<td>In Draft</td>
<td>Consultant RFP Estimated release March 2022</td>
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</tbody>
</table>

Follow-Up: What’s working? What have we learned?

{ insert }
# BEHAVIORAL HEALTH
## 2022 Budget

### Overview

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tr>
<td><strong>5-Year</strong></td>
<td>$2,000,000</td>
<td>$603,242</td>
<td>$1,396,758</td>
</tr>
<tr>
<td><strong>Cycle to Date</strong></td>
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<td>$603,242</td>
<td>$396,758</td>
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<td><strong>Yearly Mini-Grant</strong></td>
<td>$50,000</td>
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</table>

*Review mini-grant budget in August

### By Future State Measure (5 year)

<table>
<thead>
<tr>
<th>FSM</th>
<th>Budget*</th>
<th>Spent</th>
<th>Available</th>
<th>Currently Allocated</th>
<th>Projected Available</th>
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<td>Rural Providers</td>
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<td>$28,792.00</td>
<td>$612,874.66</td>
<td>$500,000.00</td>
<td>$112,874.66</td>
<td>Rural Provider Workforce RFP</td>
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<td>Timeliness Engagement</td>
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<td>$554,450.00</td>
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<td>$641,666.66</td>
<td></td>
<td>$641,666.66</td>
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</table>

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared minigrant budget.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Process</th>
<th>Project</th>
<th>Award</th>
<th>Decision Date</th>
<th>Future State Measure</th>
<th>Latest Report</th>
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<tbody>
<tr>
<td>Catalyst Counseling &amp; Consulting, LLC</td>
<td>Mini-Grant Application (2020-2023 RHIP)</td>
<td>Mental Health Groups For Teens</td>
<td>$2,500.00</td>
<td>5.16.2022</td>
<td>drawn from shared mini-grant budget</td>
<td>Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)</td>
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<tr>
<td>Creach Consulting, LLC</td>
<td>Standard Grant Measure Development for Behavioral Health-ADDENDUM Consultant Application (2020-2024 RHIP)</td>
<td>Screening and Communication Addendum</td>
<td>6.7.2022</td>
<td>Screening Method</td>
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6/9/2022
# Five-Year Investment Overview

**All Workgroups**  
January 2020–December 2024

## Budget Spent Available

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<tr>
<th>Budget</th>
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<td>$12,000,000</td>
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<tr>
<td>$2,000,000</td>
<td>budget per workgroup</td>
<td>$500,000 per year</td>
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## Workgroup Spent Available

<table>
<thead>
<tr>
<th>Workgroup</th>
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<tr>
<td>Address Poverty</td>
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<td>Behavioral Health</td>
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<tr>
<td>Physical Health</td>
<td>$616,132</td>
<td>$1,383,868</td>
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<td>Stable Housing</td>
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<td>Substance and Alcohol Misuse</td>
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<tr>
<td>Upstream Prevention</td>
<td>$1,371,626</td>
<td>$628,374</td>
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Request for Proposals
2020-2024 Central Oregon Regional Health Improvement Plan

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement
Access Code: RURALBH
Company Name: Central Oregon Health Council; Regional Health Improvement Plan (RHIP)
Behavioral Health: Increase Access and Coordination
Bend, Oregon 97701
Contact Person: Gwen Jones
Email: gwen.jones@cohealthcouncil.org
Phone Number: 541-306-3523

About the Central Oregon Health Council

The Central Oregon Health Council (COHC) is a not-for-profit, tax-exempt public and private community governance organization. We are dedicated to improving the health of the Central Oregon.

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the Regional Health Improvement Plan. These priorities were decided by the diverse people of our region before COVID-19.

We recognize that when we invest and support long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crisis. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this Request for Proposal is to support long-term, system level change.

We also provide limited, short-term urgent relief. If your project addresses the current crisis of COVID-19, please consider applying for one of our mini grants HERE.

Description of Grant Opportunity

This project seeks to create and support a community-driven initiative for behavioral health (BH) workforce development in Central Oregon’s rural areas. This will be a long-term pipeline development effort to infuse local learners into behavioral health careers. We will fund an
initiative that will focus on increasing these specific types of licensed behavioral health providers:

- Licensed Professional Counselors
- Licensed Marriage and Family Therapists
- Clinical Psychologists
- Psychiatric and Mental Health Nurse Practitioners
- Licensed Clinical Social Workers
- Psychiatrists

The recipient of this funding will steward the BH workforce development pipeline and incentivize rural placements. The key strategy to achieve this goal will be centralizing a coordinated approach for people living in rural areas who want to become licensed behavioral health providers.

Examples of some, but not all, components that might fit within the broad goals of this Request for Proposal include intern coaching support, intern stipends to provide a living wage, tuition assistance, tuition reimbursement, hiring bonuses, retention bonuses, technical support for employers, and advanced education opportunities.

**Grants Awarded:** One

**Available Funds:** $500,000

*Preference will be given to applicants who are seeking a matching grant or additional financial resources. We recognize that the funds offered in this grant will not be sufficient to sustain this program.

**Why are these efforts needed?**

Central Oregon is experiencing a behavioral health workforce shortage. This makes it difficult for patients to get the behavioral health care they need. This barrier in care is a growing public health issue. The Journal of the American Medical Association reports that the “disease burden” (as defined by cost and outcomes) of mental health and substance use disorders was higher than for any other condition in 2015 (Kamalet al, 2017). Of all the 50 states plus the District of Columbia, Oregon ranks 49th in the nation for access to mental health care. Oregon has less than one mental health professional for every 1,000 people (SAMHSA, 2014). In short, the need for more behavioral health providers is immense. Additionally, there is a shortage of specialty behavioral health providers who are accepting new clients, providing timely access, and currently accepting certain types of insurance plans such as Medicaid and Medicare. There is a severe lack of multicultural and multilingual behavioral health providers that share the lived-experience, cultural and language of many living in the region including, Latinx, Native American, Black and Asian.
And there also a lack of behavioral health providers that specialize in certain subpopulations such as young children, seniors, and linguistic and cultural groups such as Native Americans and Latinx (Advancing Integrated Care in Central Oregon Needs Assessment, 2019) (Central Oregon Regional Health Improvement Plan, 2019).

In the last several years in Central Oregon, data shows that the vast majority of behavioral health providers establish private practices in Deschutes County, with the majority being located in Bend. While telehealth has its benefits, there is still a need for behavioral health providers to build trusting therapeutic bonds with clients before providing telehealth-only services. There is an overarching challenge of establishing culturally and linguistically appropriate staffing pools in the physical locations of rural Central Oregon. The current reality of our behavioral health workforce in Central Oregon is that resources need to be dedicated to rural behavioral health pipeline development.

*Rural is defined as: Geographic areas in Central Oregon that are more than a 30-minute drive to mental health service locations specifically La Pine, Madras and Prineville.

**Proposal Requirements**

**Projects must meet the criteria below:**

1) Applications must be submitted by an organization with an EIN/Tax ID. Both non-profit and for-profit organizations are welcome to apply.

2) Projects must take place within Central Oregon.
   - Crook, Deschutes and Jefferson Counties
   - The Confederated Tribes of Warm Springs
   - Northern Klamath County, limited to:
     - Gilchrist
     - Chemult
     - Crescent
     - Crescent Lake Junction

3) Prioritize the following:
   - Geographic areas in Central Oregon that are more than a 30-minute drive to mental health service locations specifically:
     - La Pine
     - Madras
     - Prineville
   - Focus on recruiting people who accurately reflect the communities they live and work in (For example, this could mean that recruitment efforts in Jefferson County focus on BIPOC students).
4) Include:
   • Innovative solutions to systemic barriers preventing behavioral health providers from
     living and working in our rural areas
   • Parity with similar physical health programs
   • Evidence-based approaches
   • Community based solutions and program design vetted with local community partners
   • A low barrier program which is easily accessible to qualified applicants
   • The offer of ongoing direct support for applicants to ensure a smooth application
     process
   • Detailed and culturally-sensitive outreach plans about the program
   • Demonstrate how this work will continue after grant funding is over

Additional Documentation:
Please upload this additional documentation to the application:
List of key staff and relevant qualifications, potential partners, projected timeline, program
objectives and philosophy

Recommended Partnerships:
We recommend partnerships with the following:
   • Current behavioral health providers in each community of Central Oregon
   • Regional high schools
   • Central Oregon Community College
   • Higher education organizations like Portland State University, Oregon State University
     and Oregon Health and Science University
   • The Central Oregon Behavioral Health Consortium

Preference will be given to applicants who are seeking a matching grant or additional financial
resources, as we recognize that these funds will not be sufficient to sustain this program.

Restrictions:
Regional Health Improvement Plan grants cannot be used for:
   • Any product or service that can be billed to any health insurance plan (durable medical
     equipment, screenings, medicines, etc.)
   • Rental assistance, housing assistance, housing construction, and utilities
   • Projects benefiting a single individual or single household
   • Projects that do not address the specified Future State Measures of the RHIP
   • Projects only serving undocumented community members

Evaluation Criteria:
The Behavioral Health: Increase Access and Coordination Workgroup will review your Letter of
Interest. They will use this SCORECARD to rate your application. We encourage you to use it to
help build your proposal.
**Funding Details and Important Information**

**Grants Awarded:** One  
**Available Funds:** $500,000  
*Preference will be given to applicants who are seeking a matching grant or additional financial resources. We recognize that the funds offered in this grant will not be sufficient to sustain this program.*

**Letter of Interest Anticipated Selection Schedule:**  
- Request for Proposals Released: Tuesday, January 11, 2022  
- Proposal Deadline: Monday, March 28, midnight  
- Applicants Notified: by June 6, 2022

**How to Apply**

This Request for Proposal is posted [HERE](#).  
Instructions on how to submit your Request for Proposal are [HERE](#).  
Instructions on how to use the grant platform are [HERE](#).  
Once registered and logged into the grant platform, use this access code to apply for this grant: RURALBH

**Support**

If you have questions about this Request for Proposal, please contact:  
Gwen Jones, Project Manager at [gwen.jones@cohealthcouncil.org](mailto:gwen.jones@cohealthcouncil.org) or 541-306-3523  

If you have questions about the application, parts of the application or using the grant platform, please contact:  
Rebeckah Berry, Grant and Metrics Manager at [rebeckah.berry@cohealthcouncil.org](mailto:rebeckah.berry@cohealthcouncil.org) or 541-306-3523

**Resources**

2020-2024 Regional Health Improvement Plan [HERE](#)
# Consultant Scorecard

<table>
<thead>
<tr>
<th>Category (Where to find it in the application)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Details (See application Part 3)</strong></td>
<td></td>
</tr>
<tr>
<td>• The project description clearly defines how well the consultant will meet the needs of the project.</td>
<td>__/25</td>
</tr>
<tr>
<td>• If supporting questions are asked, they are addressed clearly and fully.</td>
<td></td>
</tr>
<tr>
<td><strong>Diversity, Equity and Inclusion (See application Part 3)</strong></td>
<td></td>
</tr>
<tr>
<td>• Implementation strategies meet the characteristic needs of the prioritized population(s).</td>
<td>__/25</td>
</tr>
<tr>
<td>• The people of the prioritized population(s) are involved in the planning and carrying out the project.</td>
<td></td>
</tr>
<tr>
<td>• The consultant has extensive and meaningful experience working with the prioritized population(s).</td>
<td></td>
</tr>
<tr>
<td><strong>Project Objectives (See application Part 4)</strong></td>
<td></td>
</tr>
<tr>
<td>• The consultant attests to meeting the project requirements.</td>
<td>__/20</td>
</tr>
<tr>
<td>• The project process objectives describe the activities, services or strategies that will be delivered as part of the implementation.</td>
<td></td>
</tr>
<tr>
<td><strong>Recommendations, Agreements, and Examples of Work (see application Part 6)</strong></td>
<td></td>
</tr>
<tr>
<td>• Applicant’s resume demonstrates education and previous work experience that is relevant to this project and demonstrates their ability meet the project deliverables.</td>
<td>__/20</td>
</tr>
<tr>
<td>• If applicable, memorandums of understanding or agreement (MOU or MOA) demonstrate support and agreement by partners to achieve the outcomes of the project.</td>
<td></td>
</tr>
<tr>
<td>• If applicable, letters of recommendation and/or examples of previous work provide additional details about the applicant’s skills and experience that is relevant to this project.</td>
<td></td>
</tr>
<tr>
<td><strong>Budget (see application Part 7)</strong></td>
<td></td>
</tr>
<tr>
<td>• The amount of funding requested makes sense for how long the project will last, how simple or complex it is, where it will happen and who is involved.</td>
<td>__/10</td>
</tr>
<tr>
<td></td>
<td>__/100</td>
</tr>
</tbody>
</table>
Form Name:
Rural Central Oregon Behavioral Health Workforce Improvement Consultant Application (2020-2024 RHIP)

East Cascades Works
Central Oregon Behavioral Health Consortium: Rural Training Improvement Initiative

<table>
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<tr>
<th>Application Snapshot</th>
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<td>Amount Requested</td>
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<tr>
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<td>Contact Phone</td>
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<tr>
<td>Contact Email</td>
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<tr>
<td>Organization Address</td>
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<tr>
<td>Website</td>
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<tr>
<td>Project Lead</td>
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<tr>
<td>Project Lead email</td>
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RHIP Workgroup:
Behavioral Health: Access and Coordination

Future State Measure:
Behavioral Health: Increase Access and Coordination > Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)
Part One: Project Highlights

Project Name*
Name of Project.

Central Oregon Behavioral Health Consortium: Rural Training Improvement Initiative

Amount Requested*
Please list the total amount of funds requested from the Central Oregon Health Council for this project.

$500,000.00

Timeline - Project Start Date*
Please provide an estimated start date for your project.

06/06/2022

Timeline - Project End Date*
Please provide an estimated end date for your project.

12/31/2024

Counties or Tribes Included in Project*
Which of the following counties and/or tribes will your project include?

Confederated Tribes of Warm Springs
Crook
Deschutes
Jefferson

Name of Project Lead*
Please provide the first and last name of the project lead for this funding request.

Robert Dickey

Email for Project Lead*
Please provide an email address for the project lead.

16
adam@ecworks.org

**Phone Number of Project Lead***

*Please provide the best phone number to reach the project lead.*

4582185603

**Requestor/Agency Location(s)***

Bend  
La Pine  
Madras  
Prineville  
Redmond  
Sisters  
Warm Springs

**Other Towns**

*If you chose ‘other’ above, please specify where your agency is located.*

[Unanswered]

**REALD Data Collection***

*Please select any data your organization collects around Race, Ethnicity, Language, Disability (REALD).*

Not Collected, But Want To

**Part Two: Checklist**

**RHIP Workgroup***

*Please select the RHIP workgroup that your project is requesting funding from below:*

Behavioral Health: Access and Coordination

**RHIP Future State Measures***

*If a project does not directly address a Future State measure, it will not be considered for funding.*
Behavioral Health: Increase Access and Coordination > Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)

Optional: RHIP Future State Measures

*If your project addresses more than one measure within the 2020-2024 RHIP, please select the second measure from the list below:

[Unanswered]

Part Three: Project Details

Project Description/Overview*

*Please tell us how you will do what is described above.

There is a shortage of behavioral health professionals licensed to provide the full scope of mental health services in Central Oregon. Of all 50 states plus the District of Columbia, Oregon ranks 49th for access to mental health care. There is also a lack of behavioral health providers who accept certain insurances or who specialize in serving certain subpopulations such as young children, seniors, & linguistic & cultural groups such as Native Americans & Latinx.

In Central Oregon from 2012–2015 approximately one in four adults over the age of 55 reported a diagnosis of depression. Among adults with diabetes, approximately 50% also reported depression. These individuals benefit significantly from intensive outreach & coordination of care activities, which are found in more populous regions & less available in rural areas. This means increasing access to behavioral health care services within one’s lived community is a necessity. Another barrier identified by local behavioral health agencies is a shortage of adequate clinical supervision for their staff. Several sites are at risk of losing their trainees & associate staff due to supervisor attrition. With the lack of providers in rural areas of Central Oregon, agencies who deliver services in these regions are struggling to fill job openings due to the shortage of qualified supervisors.

The need for more behavioral health practitioners in Central Oregon is immense, with rural areas particularly in need. There is an inadequate workforce to deliver full spectrum mental health care, let alone take on innovative approaches to health care reform. The Central Oregon Behavioral Health Consortium (COBHC) was created to address these needs through the centralized, & neutral local workforce board of East Cascades Works (EC Works) (Attachment 1, Figures).

The COBHC represents the collaborative effort of 19 organizations who have agreed to share resources in an executable plan to provide supervision, training, & workforce retention opportunities within our rural, & culturally diverse region. The goal & mission of the COBHC is to recruit, prepare & retain behavioral health practitioners & to provide culturally competent care for our region’s children, adolescents, & adults. We are seeking funds to support training & stipends for our local master’s program trainees, with prioritization of rural training sites. Our goal is to provide field work & training in tandem to help increase the skill proficiency of trainees early on, as well as increase the pipeline of hirable workforce with rural work experience. If we are unsuccessful in securing funds to
support our training program through this procurement, we will continue to struggle to meet the needs of our communities. However, EC Works will continue to pursue other avenues for financial support to gain these services as they are crucial & foundational for our 14 clinical program sites to meet our community’s needs.

How we plan to use funds:
• We will provide annual stipends to rural placed trainees who have expressed interest in the training offered through the consortium. We will also offer smaller stipends to our urban member sites taking on trainees; however, preference will be given to our prioritized communities. We expect to offer stipends & training to approximately 49 Central Oregon based master’s students for the 2023/2024 academic year.
• We plan to use part of the COHC Rural Grant funds to support sustainability of the COBHC through December 31st, 2024. This will include salary & benefits of the Consortium Director, Consortium Coordinator, & continued build-out & management of our training programs.

Program Structure:
• All interested trainees will apply to the COBHC through submission of their Resume/Vitae, a cover letter & three references. The Consortium Director & selected member representatives will conduct interviews.
• Participating trainees will engage in a variety of trainings throughout their time with the consortium. Trainings will include: Bi-monthly journal club & case consultation; monthly grand rounds; monthly group supervision; & weekly rotating didactic training. Self-paced on-line training will also be offered. Trainees will have the ability to complete sub-specialty certifications by completing specific trainings that account for increased skill levels such as Pediatrics, Substance Use, Integrated Primary Care Behavioral Health, PTSD, & Equity & Inclusion, to name a few. Finally, quarterly member, & community trainings will be offered.
• The COBHC is also working to add clinical supervision to our member sites. This will increase the number of training sites in rural areas that may not have staffing on-site to provide supervision to a master’s level trainees.

Prioritized Population*
Tell us about your experience working with the prioritized populations listed above.

The COBHC and EC Works are uniquely poised to work with prioritized populations. All 14 of our clinical member sites have the ability to take care of patient populations served by the Oregon Health Plan, and over 71% of our clinical member sites provide services in rural and frontier adjacent communities for which this grant is requiring service. Also, EC Works, the consortiums financial and operational partner, facilitates services in 10 Oregon counties (Attachment 1, Figures). While EC Works has a reach beyond that of Central Oregon as shown in Figure 2, the consortium is currently only focused on serving the Central Sub-region. We regularly seek the input of our rural partners to create services that work for all our community members and partnerships.

Equity*
What specific approaches will you use to meet the characteristic needs of the prioritized populations experiencing health disparities based on their geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and/or sexual orientation?
The joint efforts of the members that make up the COBHC have a vested interest to improve the mental health of our Native, BLAPOC, LGBTQAI2S+ communities. Our mission statement & values are to: develop competent, culturally sensitive, & curious behavioral health providers, and to increase access to behavioral health care through improved training & retention of qualified behavioral health professionals.

The COBHC will host an annual training with a focus on equity & inclusion. Throughout our training year, we will provide regular didactic trainings that will be aligned with discussion on equity & inclusion, and provide trainings where equity & inclusion will be the focal topic. Finally, EC Works is a pillar in the community for lifting up prioritized communities into the workforce. We leverage their knowledge, skill, & industry leaders in our hiring & training processes to help reduce the barriers of getting behavioral health services into our lived communities.

**Equity (Continued)**

*Please explain how the prioritized population will be involved in the planning and carrying out of the project.*

EC Works & the COBHC are skilled at bringing industry partners together. The consortium is partnering with our county community mental health providers with strong statements of support from BestCare, which is the county mental health provider in both Crook & Jefferson counties. We have had conversations with their leaders on how we can increase training opportunities within their regions. We are also excited to have new members joining the COBHC such as Saving Grace, a non-profit agency in all three counties providing private, confidential & supportive services to people experiencing domestic violence. Finally, we are leveraging our relationships with our members providing school based behavioral health. We are working with Mosaic & BestCare to increase training & field placements within our high schools to help increase qualified providers for youth & families. Please take a moment to read the strong letters of support and commitment.

**Part Four: Project Objectives and Attestation**

**Project Requirements Attestation***

*Please attest that you agree to the project requirements below by checking each one. Please refer to the RFP for the complete descriptions of the attestation agreements.*

I attest that the project will include the following:

Projects must take place within Central Oregon. See full RFP for specifics.
Create and implement solutions to systemic barriers. See full RFP for specifics
Provide parity with similar physical health programs
Use evidence-based approaches
Use community-based program design and solutions
Have detailed and culturally sensitive outreach plans about the program
Ensure approaches are vetted with local community partners
Create a low barrier program that is easily accessible to qualified applicants
Provide ongoing, direct support for program applicants to ensure a smooth application process
Demonstrate how this work will continue after grant funding is over

**Project Outcome Attestation***

Please attest that you agree to the written report requirements below by checking each one.
Please refer to the RFP for the complete descriptions of the attestation agreements.

*I attest that the final report will include the following:

Create and support a community-driven initiative for BH workforce development in CO rural areas
Increase Licensed Professional Counselors
Increase Licensed Marriage and Family Therapists
Increase Clinical Psychologists
Increase Psychiatric and Mental Health Nurse Practitioners
Increase Licensed Clinical Social Workers
Increase Psychiatrists
Develop a long-term workforce pipeline effort
Infuse local learners into behavioral health careers
Steward ongoing efforts
Incentivize rural placements

**Objective Description #1***

*What is trying to be accomplished?*

The Consortium is coordinating with local workforce partners, called members, to place masters’ level trainees within behavioral health clinical setting across all three counties. We wish to incentivize training in rural settings by way of paying stipends and expanding training opportunities.

**SMART Objective #1 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*
Provide stipends to approximately 40 Master’s in Counseling and/or Master’s in Social Work trainees for the 2022/2023 academic year (9 months), with a prioritized stipend of greater value to trainees taking on placements in rural settings.

**Objective Description #2**

*What is trying to be accomplished?*

Due to limited clinical supervisors regionally, rural sites are at a disadvantage in securing interested trainees. The consortium wishes to add rural training sites through provision of clinical supervision, stipends, technique support and training to trainees.

**SMART Objective #2 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

Add 5 additional clinical training sites within our prioritized communities within the next 2 years.

**Objective Description #3**

*What is trying to be accomplished?*

To help further develop skills around rural treatment, the consortium is creating a sub-specialty in rural behavioral health treatment. Trainees in this education track will commit to field placements in rural settings and commit to taking specific trainings specific to rural behavioral health.

**SMART Objective #3 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

In collaboration with our local academic training partners (COCC, PSU Cascades, & OSU Cascades) we will support graduating at least 5 masters’ level trainees with a sub-specialty in rural behavioral health within 3 years.

**Objective Description #4**

*What is trying to be accomplished?*

By increasing trainee skills and creating loyalty with rural clinical training sites, the consortium wishes to support the hiring of trainees within prioritized communities.

**SMART Objective #4 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*
Within 3 years, support hiring a minimum of 3 masters level trainees into full or part-time positions within prioritized community settings.

Objective Description #5

What is trying to be accomplished?

SMART Objective #5 (Target/Future State)

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Objective Description #6

What is trying to be accomplished?

SMART Objective #6 (Target/Future State)

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Part Five: Best Practice and Fidelity

Best Practice*

What, if any, emerging best practices and/or evidence-based strategies will be used in this project.

Please write

The consortium model is a common model of workshare within the training of mental health practitioners. It has shown strong success in serving diverse regions, in particular rural regions, where services can be spread out. An example of the success of the consortium model can be found in the Hawaii Psychology Consortium, which shares costs and providers to reach their diverse population from island to island. (Attachment 2, References)

The Consortium is dedicated to offering psychologically sound training experiences for our trainees. Trainings on Cognitive Processing Therapy, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, and Acceptance & Commitment Therapy, to name a few, are therapeutic approaches with robust peer reviewed clinical trials that show effectiveness in treatment to remission. All these trainings provide increased skills to our trainees and workforce within our diverse training sites.

Regarding supervision, there are several tools that are considered evidence-based to achieve a robust training and supervision experience grounded in equity, inclusion, and diversity. For example, the Harvard Implicit Bias Trainings will be used to identify trainee bias and tie it directly into the exploration of power, privilege, and prejudice as relevant supervision topics to be regularly explored. The Consortium also plans to use the free Think
Cultural Health training through the US Department of Health and Human Services to further develop cultural humility throughout a trainee’s supervision. Finally, using our own assessment tools to track trainee progress, we hope to gather data on the impact of our supervision model to improve general therapeutic skills and cultural competence skill development.

**Fidelity**

*If your strategies or tools are evidence-based or best practice, will they be reviewed for fidelity?*

Please write

We have drafted and will soon launch an RFP to purchase a training management system that will track progress towards certificate completion of our offered trainings. We look forward to having a functional, streamlined process of trainings. We are also on track to execute MOUs with all member sites.

The COBHC will also use a systematic approach to 1) provide well documented individual clinical supervision to trainees; 2) provide supervision to the Consortium Supervisors by way of the Consortium Director. Moreover, annual site visits and review of member sites where trainees are placed will be completed by the Consortium Director. Quarterly reviews of supervision contracts and evaluations of supervision by trainees will also be gathered (Attachment 2, Supervision and Evaluation Documents).

**Evaluation:**

1) Member Sites will have annual evaluations for meeting treatment standards & clinical practice.
2) Quarterly evaluations of supervisee and supervisor as well as updates to supervision contract to account for learning progress and or remedial education needs to goal.
3) The impact of culturally diverse, equitable, and inclusive supervision from culturally representative supervisors will also have a significant impact on trainees served. Outcomes of this supervision will be measured using a pre-post Supervision Evaluation and through tracking of progress through quarterly review of supervision development.
4) A pre and post Training and Supervision Assessment will also be used to better understand outcome data on the impact of our supervision.

Finally, the consortium will use monthly and quarterly meetings and training committees to engage our partners across all sites and prioritize member guided needs to retool our trainings to best fit the needs of our training sites.

**Part Six: Recommendations, Agreements, and Examples of Work**

**Optional: Letter of Recommendation #1**

Combined Letters of Commitment COHC Rural BH Grant_Part1.pdf
Optional: Letter of Recommendation #2

Combined Letters of Commitment COHC Rural BH Grant_Part2.pdf

Key Staff*

Please upload a list of key staff and relevant qualifications.

Key Staff and Relevant Qualifications.pdf

Required: Resume of Project Lead*

Dickey vitae 2022 MR - 3 page version.pdf

Optional: Example of Work #1

Optional: MOU or MOA

Memorandum of Understanding_COBCH.pdf

Optional: MOU or MOA

Optional: MOU or MOA

Optional: MOU or MOA

Other Documents

If the funding opportunity requests that you upload additional documentation that is not covered above, please upload them below.

Attachment 1.pdf
Part Seven: Budget Information

Project Budget*

Please download the Central Oregon Health Council’s budget document, found here. After downloading and completing the budget document, please upload it below.

COHC-Project-Budget-Final.xlsx

Funding Request - Year One*

$500,000.00

Funding Request - Year Two

Funding Request - Year Three

Funding Request - Year Four

Funding Request - Year Five

Funding Match*

Are you seeking any funding matches or additional contributions to support your project? If so, provide the organization/entity name that will be providing the match.

If you are not seeking a match, please write

Our robust HowTo grant of one million dollars gives the COBHC a strong start up budget for our first 3 years. With our fiscal managing partner, East Cascade Works, who has a superb history of community engagement and fiscal responsibility, we are well positioned to build a strong program for the Central Oregon region.

Furthermore, we have strong partnerships with funders interested in the health and wellbeing of our community. PacificSource, our region’s Coordinated Care Organization, and their non-partisan financial manager of community funds, Central Oregon Health Council, are advisors and partners to the COBHC.

Sustainability:
The COBHC is developing a membership model that will create solid sustainability. Membership costs for consortium members are supported through each site’s billable hours that can be captured through the therapeutic services a trainee provides. This membership will support the general operations and trainings of the COBHC and is like other behavioral health consortia nationwide. Members will also be able to contract for clinical supervision at an hourly rate.

The membership model supported through a portion of billable services from trainees and the business contracting model for individual clinical supervision will work in tandem to support the training and clinical supervision that COBHC has been tasked with providing.

**Funding Match Amount (if not applicable, leave blank)**

$1,000,000.00

**Part Eight: Follow-Up Questions and/or Supplemental Information**

**Follow-up questions and/or supplemental information**

*This section is to be used ONLY IF you received follow-up questions.*

*Please use this space to provide the answers to all questions you may have received.*

- Please make every effort to type or copy the answers into the text box below.
- In the event that you have documentation such as flow-charts or graphics that you would like to provide that will not copy into a text box, you may use the file upload to attach.
- If you have multiple attachments, they will need to be scanned together and uploaded as one file.

**Process Following Submission**
Application Files

Applicant File Uploads

- Combined Letters of Commitment COHC Rural BH Grant_Part1.pdf
- Combined Letters of Commitment COHC Rural BH Grant_Part2.pdf
- Key Staff and Relevant Qualifications.pdf
- Dickey vitae 2022 MR - 3 page version.pdf
- Memorandum of Understanding_COBCH.pdf
- Attachment 1.pdf
- Attachment 2.pdf
- COHC-Project-Budget-Final.xlsx
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Best Care Treatment Services is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Best Care Treatment Services is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Lacey Sheppard, LCSW

Title: Mental Health Program Coordinator

Email: laceys@bestcaretreatment.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Lacey Sheppard, LCSW
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

BestCare Treatment Services, Crook County Community Mental Health Program is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

BestCare Treatment Services, Crook County Community Mental Health Program is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Angela Cumming, LPC, CADC-III

Title: Program Director – Crook County Community Mental Health Program

Email: angelac@bestcaretreatment.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

[Signature]

Rick Treleaven, LCSW

Chief Executive Officer, BestCare Treatment Services, Inc.
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

BestCare Treatment Services, Jefferson County Community Mental Health Program is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

BestCare Treatment Services, Jefferson County Community Mental Health Program is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Heather Crow-Martinez
Title: Program Director – Jefferson County Community Mental Health Program
Email: heatherc@bestcaretreatment.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Rick Treleaven, LCSW
Chief Executive Officer, BestCare Treatment Services, Inc.
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Central Oregon Community College is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Central Oregon Community College is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Monica Vines, MA, LPC

Title: Professor of Human Development at Central Oregon Community College

Email: mvines@coc.edu

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

[Signature]

Monica Vines, MA, LPC
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Brightways Counseling Group is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Brightways Counseling Group is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Nick Sundstrom, LCSW

Title: Director of Clinical Care at Brightways Counseling Group

Email: nick@brightwayscounseling.com

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Nick Sundstrom, LCSW

Nick Sundstrom, LCSW
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Central Oregon Pediatric Associates is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Central Oregon Pediatric Associates is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

NAME: Wendy Jackson
TITLE: Chief Operating Officer
EMAIL ADDRESS: wjackson@copakids.com

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Wendy Jackson
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Central Oregon Independent Practice Association is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Central Oregon Independent Practice Association is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Kate Fosburg, RN
Title: Director of Clinical Quality at Central Oregon Independent Practice Association
Email: kfosburg@coipa.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Kate Fosburg, RN

Kate Fosburg, RN, BSN
March 4, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

To: COHC Grant Review Committee

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities to increase the quality and quantity of behavioral health services in Central Oregon.

Mosaic Medical serves the Tri-County regions of Crook, Jefferson and Deschutes counties and has partnered with rural public health authorities and school districts to offer school-based health clinics in these rural locations. These clinics offer a wide variety of coordinated medical and social services, including behavioral health services to children and families. The Behavioral Health Providers are embedded in School-Based Health Centers and offer on-site and remote access to integrated behavioral health care that includes assessment and treatment for all behavioral health issues as well as referral to a higher level of care such as psychiatry, specialty mental health and substance use disorder treatment.

According to state provided data, youth in Central Oregon are at significant risk in regard to their mental health. Across these counties, close to 30% of 11th graders experience clinically diagnosable depression. Even more concerning, in Jefferson County alone, 21% of 11th graders report seriously considering suicide. These numbers are frightening, and without the support of the current programs offered by the Central Oregon Behavioral Health Consortium and its members, our schools are in jeopardy of being unable to develop the workforce needed to support robust behavioral health services.

Crook County High School values our strong partnership with Mosaic Medical as the provider of behavioral health services in our school-based clinic. Further Crook County High School strongly supports East Cascades Works’ grant proposal for funding to expand benefits to Mosaic Medical and other Central Oregon Behavioral Health Consortium members for the purpose of cultivating a strong pipeline of qualified behavioral health providers. These funds will be utilized for training opportunities, stipends to rural trainees and supervision services to ensure that our student’s needs are met.

For this project, our contact information is as follows:

- Name: Rachel Gerken, LPC
- Title: Director of Behavioral Health – Mosaic Medical
- Email: rachel.gerken@mosaicmedical.org

Thank you for your time and consideration. Our rural students deserve robust and high-quality behavioral health services now and into the future.

Sincerely,

[Signature]

Dr. Sara B. Johnson, Superintendent
Crook County School District
Sara.johnson@crookcounty.k12.or.us
March 7, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Deschutes County Behavioral Health is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Deschutes County Behavioral Health is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Vicki Boudinot, LPC
Title: Supervisor, Deschutes County Behavioral Health
Email: vicki.boudinot@deschutes.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Janice Garceau, LCSW
Director – Deschutes County Behavioral Health

Enhancing the lives of citizens by delivering quality services in a cost effective manner.
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Flourish Counseling & Behavioral Medicine is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Flourish Counseling & Behavioral Medicine is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Kimberly Swanson, Ph.D.

Title: Licensed Clinical Psychologist at Flourish Counseling and Behavioral Medicine

Email: drkim@flourishcounselingbend.com

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Kimberly S. Swanson, Ph.D.

Licensed Psychologist
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Juniper Mountain Counseling is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Juniper Mountain Counseling is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:
Name: Jim Mockaitis, MS, LPC, OBLPCT Approved Supervisor
Title: Agency Director
Email: Jim@junipermountaincounseling.com

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Jim Mockaitis, MS, LPC, ACS

Jim Mockaitis, MS, LPC, ACS
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

New Priorities Family Services is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

New Priorities Family Services is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Karen Ludwig, NCC, MAC, CADC-III, LPC
Title: New Priorities Clinic Director
Email: karen@mynewpriorities.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Karen L Ludwig, NCC, MAC, CADC III, LPC

Karen Ludwig
February 24, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Oregon State University - Cascades is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Oregon State University - Cascades is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Melisa DeMeyer, Ph.D, NCC, LPC

Title: Program Coordinator and Assistant Professor (Clinical), Counseling at Oregon State University - Cascades

Email: melisa.demeyer@osucascades.edu

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Melisa DeMeyer, Ph.D, NCC, LPC
Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Lighthouse Community Solutions is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Lighthouse Community Solutions is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Andrea Vielma, MA, MFT
Title: Founder/Director, Lighthouse Community Solutions
Email: info@thelighthouseor.com

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

[Signature]
Andrea Vielma, MA, MFT

(541) 350-2200
info@thelighthouseor.com
www.thelighthouseor.com
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment.

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Portland State University is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Portland State University is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortium's existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Gary Smith, MSW
Title: Central Oregon Distance Option Site Coordinator, Bend Campus
Email: smithgw@pdx.edu

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

[Signature]

Gary W. Smith, MSW
Assistant Professor of Practice
Portland State University School of Social Work
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Rimrock Trails Treatment Services is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Rimrock Trails Treatment Services is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Erica Fuller, MA, LPC, CADCIII
Title: Executive Director
Email: erica@rimrocktrails.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Erica Fuller, MA, LPC, CADC III
March 4, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

Dear Selection Committee:

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

Saving Grace is a participating member of Central Oregon Behavioral Health Consortium. Saving Grace provides comprehensive domestic violence and sexual assault services, including a counseling program serving clients throughout the tri-county region. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

Saving Grace is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:
Name: Trish Meyer
Title: Assistant Executive Director, Saving Grace
Email: Trish.M@saving-grace.org
East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Trish Meyer
February 18, 2022

Project Name: Rural Central Oregon Behavioral Health Workforce Improvement

Subject: Letter of Commitment

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of agencies across Jefferson, Crook, and Deschutes Counties. Each agency shares resources for the purposes of providing training and workforce development opportunities for behavioral health providers.

St Charles Health System is a participating member of Central Oregon Behavioral Health Consortium. Through our collaborative efforts we have identified the significant need for increased capacity to deliver Behavioral Health treatment in our rural communities. The demand for mental health services has increased exponentially and we need a pipeline of quality clinical providers.

St Charles Health System is proud to commit to utilizing the consortium for training opportunities and supervision services for the purpose of behavioral health workforce development across all our member sites throughout the duration of the program. In particular, we are in support of developing our workforce in rural areas through the proposed use of stipends for trainees and the extension of the Central Oregon Behavioral Health Consortiums existing service lines to further the positive impact of the COBHC on our rural communities. Finally, we reaffirm our commitments to active participation in meetings; working in collaboration with the various academic programs and educational institutions represented; and to participating in ongoing evaluation of program success in training for the duration of the project.

For this project, our contact information is as follows:

Name: Robert Ross, M.D.

Title: Director of Academics and Research at St. Charles Health System

Email: rgross@stcharleshealthcare.org

East Cascades Works has developed the herein referenced proposal to be submitted for review by the funding committee for the Rural Central Oregon Behavioral Health Workforce Improvement grant opportunity. We look forward to our continued partnership with East Cascades Works and the other agencies represented within the Central Oregon Behavioral Health Consortium.

Sincerely,

Robert Ross, MD

02/22/22
Key Staff and Relevant Qualifications:

The Central Oregon Behavioral Health Consortium (COBHC) is staffed by two employees:

- Robert Adam Dickey, PsyD, Consortium Director
- Tina Bollman, Consortium Coordinator
Tina Bollman
Bend, Oregon
949-293-0991
tinabollman@msn.com / LinkedIn

Summary
Collaborative and organized facilitator of programs, projects and teams with 11+ years of Administrative and Executive Assistant experience in the primary care setting. Educational background in health, fitness and emergency medicine blended with innate skills for systematizing and managing processes. My guiding principles are communication, connection through deep listening, and living with integrity.

Professional Experience
East Cascade Works – Central Oregon Behavioral Health Consortium
Consortium Coordinator
November 2021 - Present

Mosaic Medical

Behavioral Health Coordinator
May 2017 – November 2021

Integrated Health Initiative, Wellness & Groups Coordinator
November 2015 – May 2017

Executive Assistant
October 2013 – March 2015

Administrative Assistant
November 2009 - October 2013

American Council on Exercise

National Program Coordinator, American Heart Association CPR/AED/First Aid Certifications
February 2006 – September 2009

Subject Matter Expert, Exam Development
2006-Present (Part time contract work)

Educational History
Central Oregon Community College
Graduate 2001 - Emergency Medical Services, Paramedic Program
National Registry Certified Paramedic

Relevant Skills
Proficient with MS Office (Outlook, Word, Excel, PowerPoint, MS Teams)
Professional References:

Kristi Nix, M.D.
Pediatrician, High Lakes Healthcare
(206) 550-7966
Kristi.nix@gmail.com

Sheila Dunn
Artist, former co-worker at Mosaic Medical
(970) 402-2764
sheilafdunn@gmail.com

Kristy Krugh
Chief Marketing Ninja, Owner at Wicked Tactical Marketing
(808) 333-9919
kristykrugh@gmail.com
Robert Adam Dickey, PsyD
radamdickey@gmail.com
503-734-8261

BIOGRAPHICAL SKETCH

Dr. Dickey is the Director of the Central Oregon Behavioral Health Consortium (COBHC), part of East Cascade Works. The COBHC’s mission is to Develop competent, culturally sensitive, and curious behavioral Health providers, with a goal to improve training and retention of qualified behavioral health talent within the Central Oregon region. As a HowTo grant recipient, the COBHC aspires to address the paucity of behavioral health providers through partnerships with fourteen major healthcare agencies across our tri-counties.

Dr. Dickey has over 10 years of experience in direct patient care with a passion for integrated behavioral health and increasing the access to high quality behavioral health care. He received his bachelor’s in Psychology with a Minor in Studio Art from George Fox University and continued at George Fox to achieve his master’s and Doctorate in Clinical Psychology. He has worked in many clinical settings from integrated behavioral health, substance use treatment, college counseling, inpatient, and Veterans Healthcare.

Dr. Dickey currently lives in Bend, OR. with his partner and two collies. He enjoys DIY projects around their property and going to the mountains for downhill skiing and hiking.

EDUCATION

July 2012  Doctor of Psychology  
George Fox University Newberg, OR.  
Graduate Department of Clinical Psychology: APA Accredited

November 2009  Master of Arts, Clinical Psychology  
George Fox University Newberg, OR.  
Graduate Department of Clinical Psychology: APA Accredited

May 2007  Bachelor of Science, Psychology  
George Fox University Newberg, OR.  
Graduated magna cum laude

LICENSE  
Oregon Board of Psychological Examiners license number: 2618

Expiration: 09/30/2023

EMPLOYMENT

August 2020- Present  East Cascade Works – Consortium Director FTE – 1.0
Description: The Consortium Director oversees the development and implementation of training programs for master’s level interns, masters level associate, and doctoral level Psychology behavioral health providers across Deschutes, Crook, and Jefferson counties. Daily tasks include: management of 18 member sites working to address the behavioral health care needs of the community; address workforce development
pipeline concerns; developing strong relationship with local leaders at all levels of healthcare access and provision; program management and development of training curriculum for the full spectrum of behavioral health providers; provision of individual and group supervision to trainees within the consortium; grant writing and budget management; procurement of additional funds through increase membership into the consortium.

October 2020- Present

**Mosaic Medical – Complex Care Clinic FTE – 1.0**

*Description:* Primary Care Clinical Psychologist embedded within an internal medicine clinic comprised of 6 providers working with highly complex patients. Primary roles include working with patients in acute crisis, same day appointments, addressing of first diagnosis of new conditions, consultation with medical providers, nurses, and family members. Short term, solution focused model of care with 25-30 minutes sessions. Evidence based treatments practiced. CBT such as relaxation techniques and behavioral activation, DBT for harm reduction, CPT, and ACT. *Population:* adult, and geriatric.

May 2017- Present

**R. Adam Dickey, PsyD LLC – Private Practice FTE – 0.5**

*Description:* Part time private practice primarily working with trauma and PTSD. 25 hours a week doing full hour, weekly and bi-monthly sessions. Often doing Cognitive Processing Therapy, Time Limited Psychodynamic Psychotherapy, and ACT. I am the solo operator of this business which has given me significant practice in financial management, business planning, and budgeting.

June 2017 – October 2020

**Legacy Medical Group – Northwest Clinic FTE – 1.0**

*Description:* Primary Care Clinical Psychology embedded within an internal medicine clinic comprised of 13 providers. Primary roles include working with patients in acute crisis, same-day appointments, interdisciplinary consultation with medical doctors, and referral within and outside the Providence system. All patients have co-occurring mental health and medical health concerns. Short term, solution focused model of care with 25-30 minutes sessions. Evidence based treatments practiced. CBT such as relaxation techniques and behavioral activation, DBT for harm reduction, CPT, and ACT. *Population:* adolescent, adult, and geriatric. This clinic is unique in that multiple providers have special interest groups they treat. I have had the unique opportunity to work with providers specializing in HIV/AID treatment, Trans* health, gay men’s health, and obesity.

Other duties include authoring and maintaining all electronic medical record templates for the behavioral health team across all of Legacy Medical Group, training new clinicians on charting, and managing onboarding of new team members. I also worked directly the Behavioral Health Director accelerating our teams use of video visits during the COVID-19 pandemic.

November 2015- May 2017

**Providence Medical Group – Tanasbourne Family Medicine FTE – 1.0**

*Description:* Behavioral health psychologist, and supervising psychologist to APA accredited internship, integrated within a family medicine clinic comprised of 12 medical doctors. Primary roles include working with
patients in acute crisis, same-day appointments, interdisciplinary consultation with medical doctors, and referral within and outside the Providence system. All patients have co-occurring mental health and medical health concerns. Short term, solution focused model of care with 25-30 minutes sessions. Evidence based treatments practiced. CBT such as relaxation techniques and behavioral activation, DBT for harm reduction, CPT, and ACT. Population: child, adolescent, adult, and geriatric.

Ran pilot program within the Tanasbourne Immediate Care as consulting psychologist. Paged by provider to consult, assess patient's needs and provide intervention, and connect to resources. Pilot is planned to run for 6 months with goals to: decreased IC and ED utilization, intervene at time of need for mental health concerns, streamline pathways of care, and improve overall population health.

August 2012 – August 2015
Dartmouth College Counseling and Human Development FTE – 1.0

Description: The Dartmouth College Counseling and Human Development Department provides services to all students at Dartmouth College, (i.e., medical school, PhD programs, MA programs, and undergraduate students). Work is within an interdisciplinary team of medical doctors and psychologists in a collaborative model of integrated care. Population: Young adult, adult, student population. Also provided support to the Alcohol and other Drug Assessment Specialist/Team consultant and was the LGBTQAI liaison to the Office of Pluralism and Leadership.

REFERENCES

Lynnea Lindsey, PhD, MSCP
Director of Behavioral Health Services
Legacy Health
1015 NW 22nd Ave. Portland OR. 97210
541-490-1692

Rychel Cor, PsyD
Behavioral Health Psychologist
Legacy Medical Group, Tualatin Clinic
19875 SW 65th Ave. #100 Tualatin, OR 97062
407-921-9667

Diane Bocking-Byrd, LPC, MBA
Behavioral Health Transformation Strategist
Pacific Source Health Plans
2965 NE Conners Ave, Bend, OR 97701
503-949-2478
This Memorandum of Understanding ("MOU"/"Memorandum") is made on  , by and between the Partners: East Cascades Works (EC Works), of 334 NE Hawthorne Avenue, Bend, Oregon 97701 and St. Charles Health System, Best Care Treatment Centers, Mosaic Medical, High Lakes Healthcare/Praxis, Central Oregon Pediatrics Associates, Central Oregon Independent Practice Association, New Priorities Family Services, Juniper Mountain Counseling, Brightways Counseling Group, RimRock Treatment Services, Flourish Behavioral Health, Lighthouse, Saving Grace, and Deschutes County Behavioral Health, Pacific Source, Central Oregon Health Council, Portland State University Cascades Campus, Oregon State University Cascade Campus, Central Oregon Community College (collectively referred to as “Consortium Members”) and for the purpose of achieving the various aims and objectives relating to the Central Oregon Behavioral Health Consortium ("Project").

Purpose
The purpose of this MOU is to provide the framework for any future binding contract regarding the Central Oregon Behavioral Health Consortium Project.

Obligations of the Consortium Members
The Consortium Members acknowledge that no contractual relationship is created between them by this MOU but agree to work together in the true spirit of partnership to ensure that there is a united, visible, and responsive leadership and to demonstrate financial, administrative, and managerial commitment to the Project by means of the following services.

Cooperation
The primary objective of this MOU is to create a means for cooperative efforts between EC Works and Consortium Members to affect collaborative resources for clinical training of interns and/or post-graduate residents/associates/fellows between institutions.

Consortium Members agree that this MOU will provide the foundation and framework for later projects and expansion developed by the collaborative efforts of the Central Oregon Behavioral Health Consortium.

Definitions:

Coordinating Body: EC Works will employ both the Consortium Training Director, as well as the Consortium Coordinator. EC Works will also provide administrative support, fiscal oversight, and primary fund development for the project. The Training Director is responsible for securing Consortium Membership Agreements, and developing products to promote, advance and sustain the COBHC. Product development to be led by the Director include but aren't
limited to the following: Consortium provider site agreements; COBHC brochure, website, and other promotional materials; training curricula; site rotation schedules; structure and curriculum; BH intern/resident participant evaluations; site evaluations; and BH intern/resident recruitment plan.

The Consortia Coordinator will be responsible for overseeing the administrative duties related to supporting the consortium and the consortium director, including, but not limited to: Providing administrative support to the Training Director; aiding the Training Director in products development, site agreements, materials, curricula and schedules as deemed necessary; Providing support to the consortium members, interns, residents, and act as the key point of contact and liaise between EC Works and the Consortium, as well as any funding organization; Coordinating meetings, reports, evaluations, any anything deemed necessary in support of the consortia, as directed by the Training Director.

Consortium Members: participating organizations in the consortium by way of a signed MOU and Member Agreement. There are three types of members:

Academic Member: These members are colleges and educational institution who advise on curriculum, have trainees in need of placement, and who may also provide training to the consortium members and trainees.

Business/Community Member: These members are business entities who provide advice, financial support, and may provide clinical work.

Clinical Training Site Member: These members provide placement for trainees for clinical experience.

Training Committees: Workgroups that help produce, update, and implement the annual didactics and monthly expanded trainings for trainees. These training committees will meet at least once per quarter, or if needed to accomplish their identified tasks.

Interns: Master of Social Work, master’s in counseling, and CADAC students participating in a training rotation for part time clinical experience while still pursuing their education.

Resident/Associate/Fellow: Master of Social Work Associate, Master of Counseling Associate, doctoral Psychology Fellow/Resident – are all trainees holding their degree and are seeking continued training and supervision through the consortium.

Psychology Intern: Pre-degree Psychology trainee participating in an official training program to account for their final year in doctoral training.

Resources
The Consortium Members agree to individually work to secure any financing necessary to fulfill their individual contributions to the completion of the Project. In addition, the Consortium Members agree to take part in conversations leading to the creation of a Consortium Funding Agreement to later accompany this MOU.
Communication Strategy
Marketing of the vision and any media or other public relations contact should always be consistent with the aims of the Project and only undertaken with the express agreement of all parties. All communications shall include the approved logos for the Central Oregon Behavioral Health Consortium and shall be approved by the Training Director prior to distribution.

Liability
No liability will arise or be assumed between the Consortium Members of this MOU.

Dispute Resolution
In the event of a dispute between the Consortium Members occur in relation to the Project, a dispute resolution group will convene consisting of the Chief Executives of each of the Consortium Members together with the East Cascades Grievance/EEO Officer. The Consortium Members agree that any decision reached by the dispute resolution group shall be considered final. In the event that the dispute resolution group is unable to decide, it is understood that all parties are relinquished of their obligation to the completion of the Project.

Term
The arrangements made by the Consortium Members of this MOU shall remain in place from the date of execution until terminated. Any Partner may terminate its participation in this MOU by providing written notice to the other Consortium Members.

Notices
Any notice or communication required or permitted under this MOU shall be delivered in writing.

Governing Law
This MOU shall be construed in accordance with the laws of the State of Oregon.

Assignment
No party may assign or transfer the responsibilities or agreements made herein without the prior consent of the Consortium Members.

Amendment
Any amendment to add or remove members from this Memorandum may be done as an attachment and may be done at any time without an obligation to revisit the agreement in its entirety. Any substantive amendment or supplement to this Memorandum that must be obligated to in writing and signed by all Parties.

Severability
If any provision of this MOU is found to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable.

Understanding
It is mutually agreed upon and understood by and among the Consortium Members of this Memorandum that:

a. Each Partner will work together in a coordinated fashion for the fulfillment of the Project.
b. In no way does this agreement restrict involved Consortium Members from participating in similar agreements with other public or private agencies, organizations, or individuals.
c. To the extent possible, each Partner will participate in the development of the Project.
d. Nothing in this MOU shall obligate any Partner to the transfer of funds. Any endeavor involving funds between Consortium Members of this Memorandum will be handled in accordance with applicable laws, regulations and procedures and shall be outlined in separate agreements.
e. This MOU does not create any right, benefit, or trust responsibility of any Partner.
f. This MOU is effective upon signature of all Consortium Members.

The following Consortium Members support the goals and objectives of the Central Oregon Behavioral Health Consortium.

Signatories
This Agreement shall be signed on behalf of East Cascades Works and the Consortium Members shall be effective as of the date first written above.
Figure 1: Number of People for Every One Mental Health Provider

Figure 2: Central Oregon Behavioral Health Consortium Combined Workforce

<table>
<thead>
<tr>
<th>Healthcare Business Aggregation</th>
<th>Third Quarter 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Covered Payroll Employment</td>
<td>6,073</td>
</tr>
</tbody>
</table>

Source: Oregon Employment Department, Quarterly Census of Employment and Wage

*St. Charles Health Systems
Mosaic Medical
BestCare Treatment Centers
Central Oregon Pediatric Associates
Central Oregon Independent Practice Associates
New Priorities Family Treatment Center
Brightways Counseling Centers
Juniper Mountain Counseling Center
RimRock Treatment Center
Saving Grace
Deschutes County Behavioral Health
High Lakes Healthcare
Summit Medical
Attachment 2:

References

   https://www.mhanational.org/issues/ranking-states, [Accessed 01/08/2022]

II. Central Oregon Regional Health Assessment. (January 2020), Central Oregon Health Council.

III. https://implicit.harvard.edu/implicit/takeatest.html, [Accessed 01/15/2022]


V. Think Cultural Health Free Online Training 
   https://thinkculturalhealth.hhs.gov/education/behavioral-health, [accessed 01/15/2022]

VI. Hawaii Psychology Internship Consortium; https://hi-pic.org/ [accessed on 02/05/2022]
Supervision Development Plan
Integrated Care Settings Example

Name of Supervisee: 
Clinic/member Site: 

EVALUATION CONDUCTED BY

<table>
<thead>
<tr>
<th>USELFU Rating: TRAINING</th>
<th>DATE ADMINISTERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>USELFU Rating: ANNUAL</td>
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</tbody>
</table>

BY Mentor/Supervisor(NAME):

DATE ADMINISTERED:

This tool is used to evaluate the core competencies of the Behavioral Health Provider (BHP)/Supervisee. This core competency tool will be used as follows:

1. You will evaluate and rate yourself.
2. You and your mentor/supervisor will also rate your skills.
3. Your goal is an average score of 2.0 or better on scored items in each of the competency areas.
4. This tool will also be used for input on your annual performance appraisal.
The BHP Core Competency Tool includes seven basic areas of knowledge and skill development:

<p>| I. Clinical Domain: Brief Interventions Skills | Competency is assessed using a rating scale of 1 to 3 |
| II. Clinical Domain: Population Health Skills | 1. Needs further training |
| III. Documentation Skills | 2. Achieves objectives |
| IV. Consultation Skills | 3. Excels |
| V. Team Performance Skills | |
| VI. Practice Management Skills | |
| VII. Administrative Knowledge and Skills | |</p>
<table>
<thead>
<tr>
<th>SUMMARY OF DOMAIN RATINGS</th>
<th>SELF</th>
<th>Pre-Training Average Rating</th>
<th>SELF</th>
<th>Post-Training Average Rating</th>
<th>Mentor/Supervisor</th>
<th>Post-Training Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Clinical Domain: Evidenced Based Interventions Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Clinical Domain: Pathway Services Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Documentation Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Consultation Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Team Performance Skills</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>VI. Practice Management Skills</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Administrative Knowledge and Skills</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

BHP SIGNATURE

DATE

Mentor/Supervisor SIGNATURE

DATE
<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Definition</td>
<td>1. Says BHP introductory script accurately and smoothly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role Definition</td>
<td>2. Answers patient questions about BHP services accurately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bio-psycho-social Perspective</td>
<td>3. Conveys an understanding of the connection between biological, psychological, and social health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Screeners</td>
<td>4. Completes screeners e.g. PHQ-9 and GAD-7 every patient every visit; Completes other screeners as indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scores accurately;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uses screeners to help assess treatment response and make treatment and triage decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of Factors</td>
<td>5. Asks questions, as indicated, to identify factors that might impede patient use of healthcare services (e.g., head injury, learning disability, health literacy limitations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affecting Healthcare Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Problem Identification</td>
<td>6. Identifies and clarifies referral problem with patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses the 5 A’s regarding the referral problem: Assess, Advise, Agree, Assist Arrange</td>
<td>7. Uses Three 5 As to formulate possible interventions and elicit patient engagement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### I. CLINICAL DOMAIN: Evidenced Based Interventions

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Summary</td>
<td>8. Makes problem summary statement and asks for patient verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Development</td>
<td>9. Links recommended interventions to results of analysis and solicits patient agreement/feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence-based Interventions</td>
<td>10. Uses evidence-based interventions suited to primary care (and, as indicated, briefly cites and explains evidence to patient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Engagement</td>
<td>11. Asks patient to choose among possible evidenced based interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Education</td>
<td>12. Uses patient education materials as appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Adherence</td>
<td>13. In follow-up visits, asks patient about implementation of behavior change plan and routinely assesses patient readiness and other barriers to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support of Behavior Change Plans</td>
<td>14. Provides face-to-face and/or telephone call support to patients concerning implementation of behavior change plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>15. Attempts to understand the patient’s cultural perspective on health and health problems and/or seeks resources as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>16. Uses information about patient’s culture to understand patient’s expression of psychological distress and/or seeks resources as needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### I. CLINICAL DOMAIN: Evidenced Based Interventions

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competence</td>
<td>17. Adapts assessments, screeners, and interventions to patient’s cultural perspective and/or seeks resources as needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. CLINICAL DOMAIN: BRIEF INTERVENTIONS – Total Points:

Average (divide by 25, or the number of skills rated if fewer):

### II. CLINICAL DOMAIN: Population Health

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based Care</td>
<td>18. Can state the difference between a case-focused approach and a population-based approach to patient care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population-based Care</td>
<td>19. Able to identify opportunities for providing care along a continuum from primary prevention to tertiary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population-based Care</td>
<td>20. Participates in development of standardized clinical algorithms/pathways intended to promote health / prevent health decline/ and for chronic conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathway Activities</td>
<td>21. Participates in development of pathways for high impact / high prevalence conditions other than chronic disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algorithm/Pathway Activities</td>
<td>22. Provides assessment and intervention activities according to standardized algorithm/pathway instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### II. CLINICAL DOMAIN: Population Health

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-patient Intervention Skills</td>
<td>23. Works with PCPs, RNs, MAs, and BHC-As to provide primary care group services (e.g., behavioral health groups, shared medical group medical visits, drop-in group visits)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. CLINICAL DOMAIN: Population Health – Total Points:

Average (divide by 9, or the number of skills rated if fewer):

### III. DOCUMENTATION SKILLS

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concise, Clear Charting</td>
<td>24. Completes brief, specific, accurate notes that enhance team-based care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prompt Charting</td>
<td>25. Completes notes immediately following clinical activity / patient service. Has charts signed and closed per Mosaic Medical Records Procedure within 24 hours of patient visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOAP Format</td>
<td>26. Uses SOAP format or other format expected in Electronic Health Record for all patient visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendations to Patient</td>
<td>27. Documents specific recommendations to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendations to PCP and other primary care team members</td>
<td>28. Documents specific recommendations to PCP and other primary care team members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. DOCUMENTATION SKILLS - Total Points:

66
### II. CLINICAL DOMAIN: Population Health

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Clarity</td>
<td>29. Listens carefully to PCP, patient, or other primary care team member regarding specific referral concern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to Referral</td>
<td>30. Responds directly to referral question in chart note and in feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assertive Follow-Up</td>
<td>31. Ensures PCPs receive feedback on patients; Interrupts PCP, when indicated, for urgent patient needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in Meetings</td>
<td>32. Regularly attends clinical team meetings e.g. provider meetings, clinical huddles (based upon clinic standards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Presentations</td>
<td>33. Effectively delivers pertinent brief presentations in staff meetings (for example, on evidence for behavioral treatments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides Orientation</td>
<td>34. Provides orientation on PCBH/Behavioral Health program to all new clinic employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curbside Consultations</td>
<td>35. Offers productive, on-demand, and concise consults to PCPs and other team members on both general and patient specific issues, using clear, direct language</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average (divide by 16, or the number of skills rated if fewer):
<table>
<thead>
<tr>
<th>IV. CONSULTATION SKILLS</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill Area</td>
<td>Skill</td>
<td></td>
</tr>
</tbody>
</table>

IV. CONSULTATION SKILLS – Total Points:

Average (divide by 9, or the number of skills rated if fewer):

<table>
<thead>
<tr>
<th>V. TEAM PERFORMANCE SKILLS</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill Area</td>
<td>Skill</td>
<td></td>
</tr>
<tr>
<td>Fit with Primary Care Culture</td>
<td>36. Understands and operates comfortably in fast-paced, action-oriented, team-based culture of primary care</td>
<td></td>
</tr>
<tr>
<td>Knows Team Member Roles</td>
<td>37. Knows the roles and functions of primary care team members and both assists and uses other team members</td>
<td></td>
</tr>
<tr>
<td>Responsiveness</td>
<td>38. Readily responds to PCP, RN, MA, and BHC-A requests</td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td>39. Is available during all hours worked in clinic; Communicate whereabouts when appropriate e.g., white board, email communication, text</td>
<td></td>
</tr>
</tbody>
</table>

V. TEAM PERFORMANCE SKILLS – Total Points:

Average (divide by 4, or the number of skills rated if fewer):
## VI. PRACTICE MANAGEMENT SKILLS

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage Efficiency</td>
<td>40. Demonstrates efficiency in triage of patients e.g. who is appropriate for primary care, specialty care, acute care interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Visit Efficiency</td>
<td>41. Routinely offers telephone visits as a modality for patients to access care, adheres to a protocol that supports efficient coverage of planned topics, and notes start and stop times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Visit Efficiency</td>
<td>42. Adheres to a protocol that supports efficient coverage of planned topics; Notes start and stop times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Registries</td>
<td>43. Uses patient registries as a population health method of case finding of patients who can benefit from BHP services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborates on Registries</td>
<td>44. Collaborates on data entry on registries worked by multiple team members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Referrals</td>
<td>45. Makes use of community resources</td>
<td></td>
<td></td>
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</tbody>
</table>
### VI. PRACTICE MANAGEMENT SKILLS

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeks Assistance</td>
<td>46. Seeks assistance from Mentor/Supervisor concerning practice management concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VI. PRACTICE MANAGEMENT SKILLS – Total Points:**

Average (divide by 10, or the number of skills rated if fewer):

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### VII. ADMINISTRATIVE KNOWLEDGE AND SKILLS

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Skill</th>
<th>SELF Rating</th>
<th>Mentor/Supervisor Rating and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Template</td>
<td>47. Assures that schedule supports appropriate same-day to scheduled visits ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to CLINIC Policies and Procedures</td>
<td>48. Adheres to all Mosaic Medical policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk and Safety</td>
<td>49. Provides risk assessments as indicated by patient presentation; Develops appropriate safety plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>50. Routinely and accurately completes documentation on the same-day of service delivery</td>
<td></td>
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</tbody>
</table>

**VII. ADMINISTRATIVE KNOWLEDGE AND SKILLS – Total Points:**

Average (divide by 5, or the number of skills rated if fewer):
COBHC Supervisor/Supervisee Agreement

Training Period: ___________________________ to ___________________________

Name of Supervisee: ______________________________________________________

Name of Supervisor: ______________________________________________________

The purpose of this agreement is to clarify our roles and responsibilities as supervisee and supervisor.

As the Supervisor:

1) In assisting you develop your clinical skills, I agree to:
   - Facilitate a positive learning environment which will enhance your professional growth and autonomy
   - Work with you to apply empirically demonstrated assessment and intervention techniques
   - Discuss with you the application of ethical standards and codes of conduct including diversity themes
   - Concentrate on the development of your skills and help you identify strengths, weaknesses, and limitations. Help you address your weakness and limitations with specific and actionable feedback
   - Provide timely information about emergency procedures in critical situations for patients, and support you through any such emergency responses
   - Discuss with you how to best arrange appropriate supervision for cases that may not within my area of competency to supervise. We will determine together the appropriateness of a case, given, your level of skill and my areas of competency

2) In providing feedback I agree to:
   - Provide ongoing informal feedback
   - Provide scheduled formal feedback using the COBHC Supervision Development Documents (formative and summative)

3) I agree to take steps to continually improve our relationship and my supervision practice by:
   - Responding in an open and professional manner to any concerns you bring to me about the supervisory relationship and engaging in finding solutions
Discussion specific issues arising in my supervision with you and, if unresolved, with the COBHC Director of Training

As an Associate, resident, or fellow Supervisee:

1) I agree to provide patients with:
   a. Verbal/written (depending on my site) informed consent and limits of confidentiality at initial contact; explaining informed consent and the limits of confidentiality; and noting this discussion in the patient record
   b. Your credentials, indicating that you supervise me, that we will be discussing their assessment and intervention, and that you will be co-signing any documents or reports

2) I agree to participate in the supervisory process and specific activities, including:
   a. Case consultation and discussions
   b. Supervisor observations
   c. Discussion of ethical issues and related codes
   d. Identification of my weaknesses with commitment to actionable steps to address these issues as needed
   e. Exploration of possible sources of countertransference, e.g., overly positive, or negative reactions to patients or their parents/family/support system
   f. Providing feedback about supervision, including suggestions for improving the supervision experience
   g. Engaging with you in a professional manner regarding disagreements, differences of opinion, and conflicts in the supervisory relationship
   h. Being open to learning and being receptive to feedback
   i. Seeking consultation from others as requested or needed

3) I agree to provide timely information on:
   a. Problems arising in my patient work or work setting
   b. Patients who are at high risk for harming themselves or others and how I have responded in relation to established emergency procedures

This agreement will be formally reviewed as necessary and may be revised at the request of either the supervisee or the supervisor. Revisions will be made only with the joint consent of the supervisee and supervisor.

As a Student Intern Supervisee:

4) I agree to:
a. In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by their academic program. It is understood that such information will be discussed only with a supervisor and that such the supervisor will be enjoined from releasing this information to any third party.

b. I agree that I will receive college credit upon completion of the work experience requirements in accordance with my academic institution’s policy. I will keep my faculty coordinator informed of the work activities and consult with her/him prior to changing the supervisee’s work status.

c. I understand that by accepting this training position, I will not be able to file an unemployment claim against the COBHC affiliate training site at the end of the placement unless the student was already an existing employee when they entered the placement.

d. I will abide by expectations laid out in my course syllabus (when applicable).

e. Act in accordance with the professional and ethical standards and codes of conduct as outlined by my intended profession

f. Observe the policies and procedures of my placement site

g. Seek clarification when needed

5) I agree to provide patients with:

a. Verbal/written (depending on my site) informed consent and limits of confidentiality at initial contact; explaining informed consent and the limits of confidentiality; and noting this discussion in the patient record

b. Your credentials, indicating that you supervise me, that we will be discussing their assessment and intervention, and that you will be co-signing any documents or reports

6) I agree to participate in the supervisory process and specific activities, including:

a. Case consultation and discussions

b. Supervisor observations

c. Discussion of ethical issues and related codes

d. Identification of my weaknesses with commitment to actionable steps to address these issues as needed

e. Exploration of possible sources of countertransference, e.g., overly positive, or negative reactions to patients or their parents/family/support system

f. Providing feedback about supervision, including suggestions for improving the supervision experience
g. Engaging with you in a professional manner regarding disagreements, differences of opinion, and conflicts in the supervisory relationship

h. Being open to learning and being receptive to feedback

i. Seeking consultation from others as requested or needed

7) I agree to provide timely information on:

a. Problems arising in my patient work or work setting

b. Patients who are at high risk for harming themselves or others and how I have responded in relation to established emergency procedures

This agreement will be formally reviewed as necessary and may be revised at the request of either the supervisee or the supervisor. Revisions will be made only with the joint consent of the supervisee and supervisor.

By our signatures, we, ___________________________________________ (supervisor), and ___________________________________________ (supervisee), agree to the terms outlined in this document and to conduct ourselves in keeping with our stated Ethical Standards and Codes of Conduct, laws and regulations.
Supervisory Rating Experience Form: Part I

Associates and trainees complete this rating form for each primary supervisor following final evaluation from the supervisor. Responses remain anonymous and are used for program development and improvement purposes. Completed forms are submitted to the COBHC Director of Training.

### Climate and Structure of Supervision

<table>
<thead>
<tr>
<th></th>
<th>Marginal</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Effective Use of Time in Supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Committed to the Trainee’s Growth and Development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Develops sense of trust and respect</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Open to exploring the supervisory relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Effectively resolves conflict within the supervisory relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Provides timely and helpful comments on the trainee’s competence and limitations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Overall Evaluation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

Goal Setting and Monitoring

<table>
<thead>
<tr>
<th></th>
<th>Marginal</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes clear and achievable goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Establishes realistic expectations for supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Helpful in maintaining focus for supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Helps in selecting appropriate professional and training goals, tasks, and experiences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Provides helpful feedback regarding goals, tasks, and experiences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Overall Evaluation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>
### Focus on Human Relationships

<table>
<thead>
<tr>
<th></th>
<th>Marginal</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides useful feedback about my interpersonal skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Is helpful with support/information about forming and maintaining relationships with colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Is helpful with support/information involving team dynamics and interactions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

Comments:

<table>
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<th>Overall Evaluation</th>
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</table>

### Supervisor as Resource and Information Provider

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<tr>
<th></th>
<th>Marginal</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses a range of resources/references to encourage trainees’ skill development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates knowledge and use of effective problem-solving model</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
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<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Promotes awareness of ethical issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Heightens awareness of professional issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates knowledge of and sensitivity to issues related to patient gender, ethnicity, and other individual differences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates knowledge of and sensitivity to issues related to client problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments:

Overall Evaluation |
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</thead>
<tbody>
<tr>
<td>Marginal</td>
<td>Adequate</td>
<td>Good</td>
<td>Excellent</td>
<td></td>
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</tbody>
</table>

The Supervisory Relationship
<table>
<thead>
<tr>
<th>Extent of learning from the relationship</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which supervisory relationship enhanced my competence in my work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Extent to which supervisory relationship addressed my professional issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Extent of Trust</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>Overall Evaluation</th>
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<th>2</th>
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</thead>
</table>
Supervisory Experience Rating Form Part II

Associates and trainees complete this rating form for each primary supervisor following final evaluation from the supervisor. Responses are discussed with the supervisor and signed by both the trainee and supervisor. Completed forms are submitted to the COBHC Director of Training and are used for program improvement and development purposes.

1) Overall, my supervisor’s strengths include:

2) In my supervisory relationship, I wish I would have gotten more of:

3) In my supervisory relationship, I wish I would have gotten less of:

___________________________________  __________________________________
Associate/Trainee  Supervisor

___________________________________  __________________________________
Date  Date
Pre and Post Supervisee Competency Evaluation

Supervisee Name: ________________________________________________________________

Agency Placement: ___________________________ Date of Evaluation: __________

Evaluator: ____________________________________________________________________

Was this associate/trainee supervised by individuals also under your supervision? ______ Yes ______ No

Type of Review
Mid-placement review Final Review Other (please describe) ____________________

Dates of Training Experience this Review Covers: ____________________________ to ________________

Please use the following rating scale in evaluating the intern on characteristics listed below:

0 = Unsatisfactory: The trainee’s skills reflect insufficient mastery of this competency and requires additional course-based instruction

1 = Needs Improvement: The trainee requires extra practice in this competency prior to leaving the program; plans to accomplish this should be included in the overall assessment summary

2 = Satisfactory: The trainee’s skills are adequate for practice as an entry level behavioral health provider; the trainee should continue to develop this competency with access to supervision and/or mentoring

3 = Competent: The trainee is ready for independent practice in this area

4 = Outstanding: The trainee’s skills in this area are exceptionally strong; the trainee would serve as a model behavioral health provider in this area.

N/O = No Opportunity to Observe
Supervision Goals

I. Supervision Goals

1. PROFESSIONALISM: PROFESSIONAL VALUES AND ATTITUDES: TRAINEES MODEL BEHAVIOR AND COMPROMENT REFLECTING THE VALUES AND ATTITUDES OF PROFESSIONAL BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>1A. INTEGRITY – HONESTY, PERSONAL RESPONSIBILITY AND ADHERENCE TO PROFESSIONAL VALUES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONITORS AND INDEPENDENLY RESOLVES SITUATIONS THAT CHALLENGE PROFESSIONAL VALUES AND INTEGRITY; RECOGNIZES THE NEED FOR AND SEEKS SUPERVISOR AND/OR PEER CONSULTATION</td>
<td>1 2 3 4 N/O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1B ATTITUDE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>CONDUCTS SELF IN A PROFESSIONAL MANNER ACROSS MULTIPLE SETTINGS AND SITUATIONS: USES APPROPRIATE VERBAL AND NON-VERBAL COMMUNICATION, DEMONSTRATES FLEXIBILITY IN MEETING REQUIREMENTS OF DIFFERENT SETTINGS AND OUTCOMES.</td>
<td>1 2 3 4 N/O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1C. ACCOUNTABILITY</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>ACCEPTS PERSONAL RESPONSIBILITY ACROSS SETTINGS AND CONTEXTS: ENHANCES OWN PROFESSIONAL PRODUCTIVITY; HOLDS SELF ACCOUNTABLE; SEEKS SUPERVISOR AND ADMINISTRATOR</td>
<td>1 2 3 4 N/O</td>
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</tbody>
</table>
### REVIEW OF QUALITY PERFORMANCE

#### 1D. CONCERN FOR THE WELFARE OF OTHERS

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<thead>
<tr>
<th>Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>N/O</th>
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</thead>
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Acts as an advocate for the welfare of others: is respectful, compassionate, pro-active, and tolerant of diversity in all domains.

#### 1E. PROFESSIONAL IDENTITY

<table>
<thead>
<tr>
<th>Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
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</thead>
</table>

Displays consolidation of professional identity as a behavioral health provider; demonstrates knowledge about issues central to the field; integrates science and practice. Keeps up with advances in the profession through a broad range of continuing education activities.

---

2. INDIVIDUAL AND CULTURAL DIVERSITY: TRAINEES DEMONSTRATE AWARENESS, SENSITIVITY AND SKILLS IN WORKING WITH DIVERSE INDIVIDUALS, GROUPS, & COMMUNITIES REPRESENTING VARIED CULTURAL AND PERSONAL BACKGROUNDS, CHARACTERISTICS AND VALUES

#### 2A. UNDERSTANDING SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT (E.G. CULTURAL, INDIVIDUAL, AND ROLE DIFFERENCES, INCLUDING THOSE BASED ON AGE, GENDER IDENTITY, RACE, ETHNICITY, CULTURE, NATIONAL ORIGIN, RELIGION, SEXUAL ORIENTATION, DISABILITY, LANGUAGE AND, SOCIOECONOMIC STATUS.)

<table>
<thead>
<tr>
<th>Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
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</thead>
</table>

Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and
CONSULTATION.
SEEKS CONSULTATION
WHEN NEEDED.

2B. UNDERSTANDING OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT

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<th>2</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>2B. UNDERSTANDING OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY AND CONTEXT</td>
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</tbody>
</table>

INDEPENDENTLY
MONITORS AND
APPLIES KNOWLEDGE
OF DIVERSITY IN
OTHERS AS CULTURAL
BEINGS IN
ASSESSMENT,
TREATMENT AND
CONSULTATION. ACTS
AS AN ADVOCATE FOR
OTHERS WHEN
NEEDED.

2C. UNDERSTANDING INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY

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<thead>
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</thead>
<tbody>
<tr>
<td>2C. UNDERSTANDING INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY</td>
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INDEPENDENTLY
MONITORS AND
APPLIES KNOWLEDGE
OF DIVERSITY IN
OTHERS AS CULTURAL
BEINGS IN
ASSESSMENT,
TREATMENT, AND
CONSULTATION. ACTS
AS AN ADVOCATE FOR
OTHERS WHEN
NEEDED.

2D. APPLICATIONS TO PRACTICE BASED ON INDIVIDUAL AND CULTURAL CONTEXT

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<tbody>
<tr>
<td>2D. APPLICATIONS TO PRACTICE BASED ON INDIVIDUAL AND CULTURAL CONTEXT</td>
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</table>

APPLIES KNOWLEDGE,
SKILLS, AND
ATTITUDES
REGARDING
DIMENSIONS OF
DIVERSITY TO
PROFESSIONAL
PRACTICE. ADAPTS
BEHAVIOR AND/OR
SEEKS CONSULTATION
AS NEEDED.
ARTICULATES AND
USES AN
ALTERNATIVE AND
CULTURALLY
APPROPRIATE
REPERTOIRE OF
SKILLS, TECHNIQUES, AND BEHAVIORS

3. ETHICAL LEGAL STANDARDS AND POLICY: TRAINEES APPLY ETHICAL CONCEPTS AND DEMONSTRATES AWARENESS OF LEGAL ISSUES REGARDING PROFESSIONAL ACTIVITIES WITH INDIVIDUALS, GROUPS, AND ORGANIZATIONS

<table>
<thead>
<tr>
<th>3A. KNOWLEDGE OF ETHICAL, LEGAL AND PROFESSIONAL STANDARDS AND GUIDELINES</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODELS AND PROMOTES KNOWLEDGE AND APPLICATION OF APPROPRIATE CODE OF ETHICS AND CODE OF CONDUCT AND OTHER RELEVANT ETHICAL, LEGAL AND PROFESSIONAL STANDARDS AND GUIDELINES IN MULTIPLE SETTINGS RELEVANT TO THE PRACTICE OF PROFESSIONAL BEHAVIORAL HEALTH. SEeks TO PREVENT AND RESOLVE PROBLEMS AND UNPROFESSIONAL CONDUCT IN SELF AND OTHERS.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3B. AWARENESS AND APPLICATION OF ETHICAL DECISION MAKING</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODELS THE IDENTIFICATION AND RESOLUTION OF PROFESSIONAL PRACTICE DILEmmas USING AN ETHICAL DECISION-MAKING MODEL IN PROFESSIONAL WORK: CLINICAL CASES, PROFESSIONAL WRITINGS, AND PRESENTATIONS, TEACHING, RESEARCH.</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>3C. ETHICAL CONDUCT</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
</table>
INDEPENDENTLY INTEGRATES ETHICAL AND LEGAL STANDARDS WITH ALL COMPETENCIES, CONTINUOUSLY MONITORS OWN PERFORMANCE; TAKES RESPONSIBILITY FOR CONTINUING PROFESSIONAL STUDY AND DEVELOPMENT.

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<th>1</th>
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<th>3</th>
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<th>N/O</th>
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</thead>
</table>

4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE: INTERNS DEMONSTRATE PERSONAL AND PROFESSIONAL SELF-AWARENESS AND REFLECTION, AND APPROPRIATE SELF-CARE

<table>
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<th>2</th>
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</thead>
</table>

4A. REFLECTIVE PRACTICE
DEMONSTRATES REFLECTIVITY BOTH DURING AND AFTER PROFESSIONAL ACTIVITY, ACTS UPON REFLECTION. MONITORS AND ADJUSTS PROFESSIONAL PERFORMANCE IN MULTIPLE SETTINGS. ENGAGES ON PEER AND/OR GROUP CONSULTATION.

<table>
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<th>1</th>
<th>2</th>
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</table>

4B. SELF-ASSESSMENT ACCURATELY SELF-ASSESSES COMPETENCE IN ALL COMPETENCY DOMAINS; INTEGRATES SELF-ASSESSMENT IN PRACTICE; RECOGNIZES LIMITS OF KNOWLEDGE SKILLS AND ACTS TO ADDRESS THEM; DEVELOPS A
PERSONAL PLAN TO ENHANCE KNOWLEDGE/SKILLS. ADJUSTS PROFESSIONAL PERFORMANCE AS SITUATION REQUIRES. ADDRESSES OWN PROBLEMS, MINIMIZING INTERFERENCE WITH COMPETENT PROFESSIONAL FUNCTIONING. SEEKS CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES.

4C. SELF-CARE (ATTENTION TO PERSONAL HEALTH AND WELL-BEING TO ASSURE EFFECTIVE PROFESSIONAL FUNCTIONING)

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<tr>
<th></th>
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<tbody>
<tr>
<td>Self monitors issues related to self-care and promptly intervenes when disruptions occur. Appropriately seeks consultation with supervisors and colleagues.</td>
<td></td>
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4D. PARTICIPATION IN SUPERVISION PROCESS

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<tr>
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<tbody>
<tr>
<td>Seeks and accepts supervision. Both professional and administrative as needed. Provides supervision to others as requested or required.</td>
<td></td>
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</tbody>
</table>

II. Relational

5. RELATIONSHIPS: TRAINEES ENGAGE IN EFFECTIVE AND MEANINGFUL INTERACTIONS WITH INDIVIDUALS, GROUPS, AND/OR COMMUNITIES
5A. INTERPERSONAL RELATIONSHIPS

DEVELOPS AND MAINTAINS EFFECTIVE RELATIONSHIPS WITH A WIDE RANGE OF CLIENTS, COLLEAGUES, ORGANIZATIONS AND COMMUNITIES. EFFECTIVELY NEGOTIATES CONFLICTUAL, DIFFICULT AND COMPLEX RELATIONSHIPS; MAINTAINS EFFECTIVE INTERPERSONAL RELATIONSHIPS WITH PATIENTS, PEERS, ADMINISTRATORS, ALLIED PROFESSIONALS AND THE PUBLIC.

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5B. AFFECTIVE SKILLS

MANAGES DIFFICULT COMMUNICATION; MODELS ADVANCED INTERPERSONAL SKILLS. OFFERS AND ACCEPTS FEEDBACK TO AND FROM OTHERS; MAINTAINS AND PROMOTES PROFESSIONAL DIALOGUE IN THE FACE OF PATIENT OR COLLEAGUE NEGATIVITY OR CRITICISM; ALLOWS, ENABLES, AND FACILITATES CLIENTS’ EXPLORATION AND EXPRESSION OF AFFECTIVELY DIFFICULT ISSUES.

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5C. EXPRESSIVE SKILLS

VERBAL, NONVERBAL, AND WRITTEN

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</thead>
</table>
COMMUNICATIONS ARE INFORMATIVE, ARTICULATE, SUCCINCT, SOPHISTICATED, AND WELL-INTEGRATED; DEMONSTRATES THOROUGH GRASP OF PROFESSIONAL LANGUAGE AND CONCEPTS AND APPLIES THESE IN MULTIPLE SETTINGS

III. Science

6. SCIENTIFIC KNOWLEDGE & METHODS: TRAINEES DEMONSTRATE UNDERSTANDING OF RESEARCH, RESEARCH METHODOLOGY, TECHNIQUE OF DATA COLLECTION AND ANALYSES. TRAINEES INCORPORATE RESPECT FOR SCIENTIFICALLY DERIVED KNOWLEDGE IN THEIR PRACTICE.

<table>
<thead>
<tr>
<th>6A. SCIENTIFIC MINDEDNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALUES AND APPLIES SCIENTIFIC METHODS TO PRACTICE. ACCESSES AND APPLIES SCIENTIFIC KNOWLEDGE AND SKILLS APPROPRIATELY TO THE SOLUTION OF PROBLEMS; INFORMS OTHERS ABOUT THE APPLICATION OF SCIENCE IN CLINICAL PRACTICE.</td>
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<table>
<thead>
<tr>
<th>6B. SCIENTIFIC FOUNDATION OF PROFESSIONAL PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENTLY APPLIES KNOWLEDGE AND UNDERSTANDING OF SCIENTIFIC FOUNDATIONS TO PRACTICE. REVIEWS SCHOLARLY LITERATURE RELATED TO CLINICAL WORK AND APPLIES KNOWLEDGE TO CASE</td>
</tr>
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</tbody>
</table>
CONCEPTUALIZATION AND INTERVENTION; APPLIES EVIDENCE-BASED PRACTICE AND EVALUATES ITS EFFECTIVENESS IN RELATION TO OTHER THEORETICAL PERSPECTIVES.SHARES KNOWLEDGE AND EXPERIENCE WITH OTHERS.

Functional Goals

I. Application

8. EVIDENCE-BASED PRACTICE: TRAINEES DEMONSTRATE THE ABILITY TO INTEGRATE RESEARCH AND CLINICAL EXPERTISE IN THEIR PRACTICE

<table>
<thead>
<tr>
<th>8A. KNOWLEDGE &amp; APPLICATION OF EVIDENCE-BASED MODELS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
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</thead>
<tbody>
<tr>
<td>INDEPENDENTLY APPLIES KNOWLEDGE OF EVIDENCE-BASED PRACTICE, INCLUDING ASSESSMENT, INTERVENTION, AND OTHER PSYCHOLOGICAL APPLICATIONS, CLINICAL EXPERTISE, AND PATIENT PREFERENCES. MODELS OF INTEGRATION OF CURRENT RESEARCH IN PROFESSIONAL PRACTICE.</td>
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8. ASSESSMENT: TRAINEES APPLY KNOWLEDGE AND SKILLS IN THE ASSESSMENT AND DIAGNOSIS OF PROBLEMS, CAPABILITIES AND ISSUES FOR INDIVIDUALS, GROUPS, AND ORGANIZATIONS

<table>
<thead>
<tr>
<th>8A KNOWLEDGE OF MEASUREMENT AND PSYCHOMETRICS</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>SELECTS AND IMPLEMENTS MULTIPLE METHODS AND MEANS OF EVALUATION IN WAYS THAT ARE</td>
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91
RESPONSIVE TO AND RESPECTFUL OF DIVERSE INDIVIDUALS, FAMILIES, GROUPS AND CONTEXT.

### 8B. KNOWLEDGE OF ASSESSMENT METHODS

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>UNDERSTANDS THE</td>
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<td>STRENGTHS AND</td>
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<td>LIMITATIONS OF</td>
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<td>DIAGNOSTIC</td>
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<td>APPROACHES AND</td>
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<td>INTERPRETATION</td>
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<td>OF RESULTS FROM</td>
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<td>MULTIPLE MEASURES</td>
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<td>FOR DIAGNOSIS AND</td>
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</tr>
<tr>
<td>INTERVENTION</td>
<td></td>
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<tr>
<td>PLANNING. STAYS</td>
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<td>ABREAST OF NEW</td>
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<tr>
<td>DEVELOPMENTS AND</td>
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<tr>
<td>PROVIDERS TRAINING</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>AND CONSULTATION</td>
<td></td>
<td></td>
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<tr>
<td>TO OTHERS IN</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>VARIOUS SETTINGS</td>
<td></td>
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</tbody>
</table>

SELECTS AND ADMINISTERS A VARIETY OF ASSESSMENT TOOLS APPROPRIATE TO THE PRACTICE SITE AND BROAD AREAS OF PRACTICE (E.G., HOSPITAL, MENTAL HEALTH, SUBSTANCE USE DISORDER SETTINGS) AND INTEGRATES RESULTS TO ACCURATELY EVALUATE PRESENTING QUESTION.

### 9C. APPLICATION OF ASSESSMENT METHODS AT A SYSTEMS LEVEL

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLIES ASSESSMENT METHODS TO THE EVALUATION OF SYSTEMS ISSUES SUCH AS PROGRAM</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CHANGE, SERVICE EFFECTIVENESS, AND ADMINISTRATIVE PROCEDURES.</td>
<td></td>
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<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>9D. DIAGNOSIS</strong>&lt;br&gt;APPLIES INFORMATION FROM ASSESSMENT PROCESS TO THE DIAGNOSIS OF INDIVIDUAL OUTCOMES AND NEEDS USING DIAGNOSTIC CRITERIA RELEVANT TO VARIOUS SETTINGS, BOTH EDUCATIONAL AND MENTAL HEALTH. APPLIES RELEVANT AND APPROPRIATE DIAGNOSTIC CRITERIA ACROSS DIVERSE SETTINGS.</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/0</td>
<td></td>
</tr>
<tr>
<td><strong>9E. CONCEPTUALIZATION AND RECOMMENDATIONS</strong>&lt;br&gt;BASED ON RESULTS OF ASSESSMENT, INDEPENDENTLY AND ACCURATELY CONCEPTUALIZES THE MULTIPLE DIMENSIONS OF THE CASE AND DEVELOPS RECOMMENDATIONS. DEMONSTRATES THE ABILITY TO TEACH AND SUPERVISE OTHERS IN THIS PROCESS.</td>
<td></td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/0</td>
<td></td>
</tr>
<tr>
<td><strong>9F. COMMUNICATION OF ASSESSMENT FINDINGS</strong>&lt;br&gt;COMMUNICATES IN RESULTS IN WRITTEN AND VERBAL FORM CLEARLY, CONSTRUCTIVELY, AND ACCURATELY IN A CONCEPTUALLY APPROPRIATE MANNER ACROSS DIVERSE SETTINGS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/0</td>
<td></td>
</tr>
</tbody>
</table>
PROVIDES CONSTRUCTIVE FEEDBACK REGARDING ORAL AND/OR WRITTEN COMMUNICATION OF ASSESSMENT RESULTS

10. PREVENTION & INTERVENTION: TRAINEES DEVELOP PREVENTION AND INTERVENTION ACTIVITIES DESIGNED TO PROMOTE THE SUCCESS AND WELL BEING OF INDIVIDUALS, FAMILIES, GROUPS, AND/OR SYSTEMS

<table>
<thead>
<tr>
<th>10A. KNOWLEDGE OF THE PSYCHOLOGY SERVICE DELIVERY MODEL</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDENTIFIES NEED FOR AND DESIGNS SERVICES AT THE PRIMARY, SECONDARY AND TERTIARY LEVELS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10B. PREVENTION PLANNING AND INTERVENTION (UNIVERSAL)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENTLY DEVELOPS PLANS FOR UNIVERSAL SERVICES WITH FIDELITY TO EMPIRICAL MODELS AND FLEXIBILITY TO ADAPT AS NEEDED IN VARIOUS SETTINGS. TRAINS AND/OR SUPPORTS OTHERS IN APPLICATION OF THE PROCESS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10C. INTERVENTION PLANNING AND IMPLEMENTATION (TARGETED)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKS AS A TEAM MEMBER IN THE PLANNING AND IMPLEMENTATION OF EVIDENCED BASED INTERVENTIONS TAILORED TO THE SPECIFIC NEEDS OF INDIVIDUALS, FAMILIES, GROUPS OF PATIENTS IN VARIOUS SETTINGS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10D. INDIVIDUAL ASSESSMENT AND INTERVENTION (INTENSIVE)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENTLY DEVELOPS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
</tbody>
</table>
**INTERVENTION AND TREATMENT PLANS**

Consistent with assessment findings, implements the plans individually or as part of a team as relevant to the setting.

<table>
<thead>
<tr>
<th>10E. INTERVENTION IMPLEMENTATION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
</table>

**DEVELOPS CASE CONCEPTUALIZATIONS AND INTERVENTION PLANS THAT ARE SPECIFIC TO THE PATIENT AND CONTEXT**

<table>
<thead>
<tr>
<th>10F. PROGRESS MONITORING AND PROGRAM EVALUATION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
</table>

Independently evaluates treatment progress or service delivery and modifies planning, with and without established outcome measures.

**11. CONSULTATION: TRAINEES PROVIDE PROFESSIONAL ASSISTANCE IN RESPONSE TO THE NEEDS OF PATIENTS**

**11A. ROLE OF CONSULTANT**

Contributes specialized knowledge as a consultant in various settings is able to assume leadership in developing and managing a consultation process and assuring relevant outcomes.

<table>
<thead>
<tr>
<th>11B. ADDRESSING REFERRAL QUESTIONS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of an ability to select appropriate and contextually sensitive means of assessment/data-gathering that are focused on specific referral questions. Is able to teach others in this process.</td>
<td>1 2 3 4 N/O</td>
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</tr>
<tr>
<td><strong>11C. Communication of Consultation Findings</strong></td>
<td>1 2 3 4 N/O</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides effective communication and direction to others in order to facilitate their understanding of assessment, evaluation, intervention and progress monitoring activities and outcomes.</td>
<td>1 2 3 4 N/O</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>11D. Application of Consultation Methods</strong></td>
<td>1 2 3 4 N/O</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Draws on literature to provide consultative services (assessment, evaluation, intervention, and progress monitoring). Is able to facilitate the development of consultation skills in others in most routine and some complex cases.</td>
<td>1 2 3 4 N/O</td>
<td></td>
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<tr>
<td><strong>10E. Intervention Implementation</strong></td>
<td>1 2 3 4 N/O</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Develops case conceptualizations</td>
<td>1 2 3 4 N/O</td>
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</tbody>
</table>
AND INTERVENTION PLANS THAT ARE SPECIFIC TO THE PATIENT AND CONTEXT

10. PROGRESS MONITORING AND PROGRAM EVALUATION

| INDEPENDENTLY EVALUATES TREATMENT PROGRESS OR SERVICE DELIVERY AND MODIFIES PLANNING, WITH AND WITHOUT ESTABLISHED OUTCOME MEASURES. |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | N/O |

II. Systems

11. INTERPROFESSIONAL SYSTEMS: TRAINEES DEMONSTRATE KNOWLEDGE OF KEY ISSUES AND CONCEPTS IN RELATED DISCIPLINES, AND THE ABILITY TO INTERACT EFFECTIVELY WITH PROFESSIONALS IN MULTIPLE DISCIPLINES

11A. KNOWLEDGE OF THE SHARED AND DISTINCTIVE CONTRIBUTIONS OF OTHER DISCIPLINES

<p>| DEMONSTRATES AWARENESS OF MULTIPLE AN DIFFERING WOLDVIEWS, ROLES, PROFESSIONAL STANDARDS, AND CONTRIBUTIONS ACROSS CONTEXTS AND SYSTEMS; SHOWS KNOWLEDGE OF COMMON AND DISTINCTIVE ROLES OF OTHER PROFESSIONALS; IS AWARE OF ROLES OF OTHERS IN DETERMINING OWN ROLES AND OF OTHERS IN DETERMINING OWN PROFESSIONAL AND INTERPERSONAL ROLES; AND INTEGRATES |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | N/O |</p>
<table>
<thead>
<tr>
<th>COMPETENCIES ROLES SEAMLESSLY INTO MODELS OF SERVICE DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11B. TEAM FUNCTIONING</strong></td>
</tr>
<tr>
<td>SUPPORTS EFFECTIVE TEAM FUNCTIONING AND RESPECT FOR ETHICAL VALUES OF MEMBERS; FACILITATES DISCUSSION AND INTERACTION AMONG TEAM MEMBERS; PARTICIPATES IN COLLABORATIVE DECISION MAKING; REFLECTS ON OWN FUNCTIONING WITHIN THE TEAM; RESPECTS TEAM ETHICS; INCLUDING CONFIDENTIALITY, RESOURCE ALLOCATION AND PROFESSIONALISM</td>
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</table>

| **11C. COLLABORATIVE LEADERSHIP**                            |
| ADVANCES INDEPENDENT WORKING RELATIONSHIPS AMONG ALL PARTICIPANTS TO ENABLE EFFECTIVE OUTCOMES; FACILITATES EFFECTIVE TEAM PROCESSES AND DECISION MAKING THAT HELP CREATE A CLIMATE FOR COLLABORATIVE PRACTICE AND SHARED LEADERSHIP; APPLIES COLLABORATIVE DECISION-MAKING PRINCIPLES; |
| 1 | 2 | 3 | 4 | N/O |
MONITORS AND FACILITATES THE EFFECTIVENESS OF PROCESSES AND OUTCOMES

<table>
<thead>
<tr>
<th>11D. INTERPROFESSIONAL CONFLICT RESOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECOGNIZES AND VALUES THE POTENTIALLY POSITIVE NATURE OF CONFLICT AND KNOWS STRATEGIES TO DEAL WITH IT; IDENTIFIES COMMON SITUATIONS LIKELY TO LEAD TO DISAGREEMENTS; WORKS TO ADDRESS AND RESOLVE DISAGREEMENTS; HELP ESTABLISH AND MAINTAIN A PSYCHOLOGICALLY SAFE ENVIRONMENT IN WHICH TO EXPRESS DIVERSE OPINIONS.</td>
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</tbody>
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12. MANAGEMENT-ADMINISTRATION: TRAINEES ENGAGE DIRECT DELIVERY OF SERVICES AND/OR THE ADMINISTRATION OF ORGANIZATIONS, PROGRAMS, OR AGENCIES.

<table>
<thead>
<tr>
<th>12A. APPRAISAL OF MANAGEMENT AND LEADERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEVELOPS AND OFFERS CONSTRUCTIVE CRITICISM AND SUGGESTIONS REGARDING MANAGEMENT AND LEADERSHIP.</td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>12B. MANAGEMENT PARTICIPATES IN MANAGEMENT OF DIRECT DELIVERY OF PROFESSIONAL SERVICES; RESPONDS APPROPRIATELY WITHIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>MANAGEMENT HIERARCHY</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>12C. LEADERSHIP</td>
</tr>
</tbody>
</table>

13. ADVOCACY: TRAINEES IDENTIFY NEEDS AND TAKE ACTIONS THAT TARGET THE IMPACT OF SOCIAL, POLITICAL, ECONOMIC OR CULTURAL FACTORS WITH THE GOAL OF PROMOTING CHANGE AT THE INDIVIDUAL, INSTITUTIONAL, AND/OR SYSTEMS LEVEL.

| 13A. EMPOWERMENT | APPLIES AWARENESS OF THE SOCIAL, POLITICAL, ECONOMIC OR CULTURAL FACTORS THAT MAY IMPACT PROGNOSIS AND COURSE OF TREATMENT OUTCOMES IN THE CONTEXT OF SERVICE PROVISION. INTERVENES TO PROMOTE ACTION ON FACTORS IMPACTING DEVELOPMENT AND FUNCTIONING. | 1 2 3 4 N/O |

| 13B. SYSTEMS CHANGE | DEMONSTRATES SKILLS TO IMPLEMENT SYSTEM CHANGE AT THE LEVEL OF THE INSTITUTION OR COMMUNITY. | 1 2 3 4 N/O |
# Project Budget

<table>
<thead>
<tr>
<th>Personnel Costs: Name</th>
<th>Position (FTE dedicated to this project)</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Robert Adam Dickey</td>
<td>1.00</td>
<td>113,222.00</td>
<td>43,024.00</td>
<td>156,246.00</td>
<td>156,246.00</td>
</tr>
<tr>
<td>Tina Bollman</td>
<td>1.00</td>
<td>65,941.00</td>
<td>25,058.00</td>
<td>90,999.00</td>
<td>90,999.00</td>
</tr>
<tr>
<td>Heather Ficht</td>
<td>0.09</td>
<td>13,815.00</td>
<td>5,250.00</td>
<td>19,065.00</td>
<td>19,065.00</td>
</tr>
<tr>
<td>Jessica Fitzpatrick</td>
<td>0.04</td>
<td>4,647.00</td>
<td>1,766.00</td>
<td>6,413.00</td>
<td>6,413.00</td>
</tr>
<tr>
<td><strong>Sub-Total: Personnel</strong></td>
<td></td>
<td><strong>$ 197,625.00</strong></td>
<td><strong>$ 75,098.00</strong></td>
<td><strong>$ 272,723.00</strong></td>
<td><strong>$ 272,723.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials &amp; Supplies</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies for one year x 2 FTE @ $1,564 each</td>
<td>3,127.00</td>
<td>3,127.00</td>
</tr>
<tr>
<td><strong>Sub-Total: Materials &amp; Supplies</strong></td>
<td>$ 3,127.00</td>
<td>$ 3,127.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel Expenses</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Expenses - per diem rate for one year - travel within tri-county region</td>
<td>10,000.00</td>
<td>10,000.00</td>
</tr>
<tr>
<td><strong>Sub-Total: Travel Expenses</strong></td>
<td>$ 10,000.00</td>
<td>$ 10,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consultants &amp; Contracted Services</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Consortia Group Didactics and Trainings</td>
<td>38,000.00</td>
<td>38,000.00</td>
</tr>
<tr>
<td><strong>Sub-Total: Consultants &amp; Contracted Services</strong></td>
<td>$ 38,000.00</td>
<td>$ 38,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting Expenses</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Professional Training and Development</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Development - including CEU's and licensure for one year</td>
<td>3,000.00</td>
<td>3,000.00</td>
</tr>
<tr>
<td><strong>Sub-Total: Professional Training and Development</strong></td>
<td>$ 3,000.00</td>
<td>$ 3,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Budget Items</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Stipends - 49 trainees @ $350 per month for 9 months</td>
<td>154,350.00</td>
<td>154,350.00</td>
</tr>
<tr>
<td>Office Lease</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Professional and General Liability Insurance</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Phone, Internet, and remote conferencing for one year X 2FTE @ $2,000 each</td>
<td>4,000.00</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Legal</td>
<td>4,800.00</td>
<td>4,800.00</td>
</tr>
<tr>
<td><strong>Sub-Total: Other Budget Items</strong></td>
<td>$ 173,150.00</td>
<td>$ 173,150.00</td>
</tr>
</tbody>
</table>

**Total Project Budget** $500,000.00 $500,000.00
Additional, detailed information about the project budget

We are happy to answer any specific questions regarding budget. This is a broad request and so we are guessing at what is in need of clarification. Our non-profit organization manages dozens of funding streams (Federal, State, Local and Philanthropic) as the workforce development backbone organization appointed by the Governor to serve the East Cascades Workforce Area (including Central Oregon). These funds are highly leveraged, but each project/program must pay for its share of related costs including administration of funds, supervision of staff and coordination of programming. Therefore, in this budget there are direct charges for several staff people who support this work.

Specifically see below more information on each line item in the budget for this project:

• Staffing
  o Adam Dickey – Clinical Director of the consortium
  o Tina Bollman – Consortium coordinator supports both Director and member sites
  o Heather Ficht – Executive Director of EC Works and direct supervisor of Adam Dickey/Consortium Coordinator; support development of sustainable funding
  o Jessica Fitzpatrick – Chief Operating Officer and Compliance Director of EC Works. Develop procurements, develop and execute contracts, develop and implement MOU of COBHC and oversee all grants compliance

• Materials and Supplies – Such as website maintenance, software licensing, computers, and shared office supply costs with EC Works – helping to keep this line item at a minimum due to cost sharing

• Travel Expenses – travel throughout the three counties in Central Oregon paid via Federal mileage reimbursement rate

• Didactics/Training – reimbursement for expert trainers from Central Oregon or outside the area on various behavioral health topics – available to all Consortium Member’s staff

• Training and Development – this supports Consortia Director and Coordinator professional development, including requisite CEU to maintain Director’s licensure

• Other Budget Items – $154,350 will support stipends to ~49 trainees who are pursuing their Behavioral Health degrees in master’s in counseling, master’s in social work, certified alcohol and drug counseling candidates, and state approved associates in Counseling and Social work from COCC, OSU – Cascades, PSU – Cascades, and other accredited programs nationwide if the student is studying locally.

• Office space, legal services, tech, and insurance are the remainder of this line item
Information about what parts of the project is funded by other sources and what would be specifically funded by RHIP funds

This project was developed out of industry-led need and has been supported through procurement of a HowTo Grant funded in 2021. The consortium, originally comprised of 14 Behavioral Health organizations in Central Oregon, agreed to work with EC Works as the workforce backbone organization in the community, and a neutral party and fund manager. Collectively, we submitted a proposal to OHA – HowTo solicitation and were awarded $1M to launch the effort. These funds will be fully depleted in January of 2024. In that HowTo proposal, Central Oregon Health Council committed $300k in matching funds for continuation in Year 3. It is our understanding that these funds were earmarked for that purpose as they were identified as matching funds in the original application to OHA for HowTo funding. To this end, these funds support the original initiative for sustainability while we continue to refine and develop a membership fee, and fee for service models to sustain this work. We also seek the current COHC funds to increase the incentive stipends and education and training programs immediately. Both program areas where under-funded in the original HowTo proposal due to market changes in pay and funding for trainees, as well as the need to hybridize our training experience. Both issues are connected to the COVID related workforce development needs that all agencies are faced with currently. The COBHCs ability to be nimble, creative, and innovative has led us to draft this proposal to increase our reach in rural settings by doubling our stipend incentives and increasing our ability to pay stipends to 49 trainees at a higher stipend than the previously budgeted 20 trainees at a much lower stipend.

Information about what would NOT happen if this grant funding was not received

The COBHC does not have an immediate option for continuity without at least $300k in COHC funds as that was planned as part of the initial vision for this project. Furthermore, we will be underfunded in our stipend and education budgets leading to continuing with the original stipend amount and number of trainees, effectively reducing our reach and impact regionwide. We will be watching closely for the release of the additional resources that OHA was awarded last biennium to support Behavioral Health services in rural Oregon.

Furthermore, the COBHC will always be seeking funds and support from our members, partners, and local agencies due to the nature of funding availability for the type of mental health services we provide. Other training programs have access to medical funds such as General Medical Education Funds, commonly called GME. These funds are assigned for training of medical students doing their internship or residency. Psychologists, social workers, licensed professional counselors, and alcohol and drug counselors do not fall under this designation of medical provider to be able to access GME funds. This limitation leads us to seek financial support from many partners and organizations, as well has fulfill our sustainability plan through a membership model and other revenue generating services such as conferences and training programs. Furthermore, a central role of the Consortium Director is to lead the efforts on financial sustainability through continued membership building and seeking of grant funding.

Explanation of how this program will move students into roles as trained professionals in rural Central Oregon e.g., create a ‘pipeline’ for licensed providers to work in the region
The mission of the Consortium is to develop a coordinated, regionwide pipeline of highly trained behavioral health professionals. We are doing that through several efforts – including but not limited to:

- Offering subsidized Clinical Supervision to new master’s level professionals seeking their Clinical Licensure in either Social Work and/or Counseling. This will increase the access to qualified supervision in our rural sites, leading to placement of student trainees that have the option to continue as employees in the future. This will allow them to work in Central Oregon AND earn their mandated clinical supervisor hours to obtain their clinical licensure. With our new OHA grant we will have capacity to reach 70-80 graduate students and/or recent grads of master’s programs vs the originally budgeted 30-40.

- Quarterly there will be trainings offered to all COBHC member staff and student trainees. These training will have CME potential for licensed members and will significantly accelerate the functional capacity of student trainees – overall increasing access to quality behavioral health treatment regionwide.

- Weekly – student interns, associates, and member site supervisors and behavioral health staff will have opportunities to attend didactic series on a variety of training topics – as well as attend weekly case consultation and journal clubs. These weekly, cohort-based engagements help improve day to day treatment outcomes by regularly visiting topics related to ethics, treatment techniques, and new research.

Further exploration of supports and incentives to increase the likelihood that students and interns will stay in rural Central Oregon after graduation

Research has demonstrated that students/graduate students who are offered paid opportunities to learn on the job (internships, etc.) have higher rates of attachment and loyalty to their employer. By connecting learners to local behavioral health providers, offering stipends while pursuing their degree and through opportunities to pursue clinical hours toward licensure combine to make a highly attractive and effective mechanism to enhance and shore-up our talent pipeline. Ongoing stability of funding for this pipeline is required to actualize this vision as it takes several years to create a clinical workforce. We are also deeply invested in our partnerships with our member agencies and other workforce boards statewide working on similar projects. We have standing meetings and collaborative sessions with local partners, and statewide partners to move this initiative forward in other areas including our peers to the east at Greater Oregon Behavioral Health Inc., (GOBH) which serves frontier Oregon, as well as Oregon Counsel on Behavioral Health (OCBH). In short, we have strong ties and commitment locally and statewide to replicate this program.
**Form Name:**
Rural Central Oregon Behavioral Health Workforce Improvement Consultant Application (2020-2024 RHIP)

**St. Charles Health System, Inc.**
SCHS/ OHSU Psychiatry Residency Program

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**RHIP Workgroup:**
Behavioral Health: Access and Coordination

**Future State Measure:**
Behavioral Health: Increase Access and Coordination > Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)
Part One: Project Highlights

Project Name*
Name of Project.
SCHS/ OHSU Psychiatry Residency Program

Amount Requested*
Please list the total amount of funds requested from the Central Oregon Health Council for this project.

$498,546.00

Timeline - Project Start Date*
Please provide an estimated start date for your project.

07/01/2022

Timeline - Project End Date*
Please provide an estimated end date for your project.

06/30/2027

Counties or Tribes Included in Project*
Which of the following counties and/or tribes will your project include?

Crook
Deschutes
Jefferson

Name of Project Lead*
Please provide the first and last name of the project lead for this funding request.

Robert G. Ross, M.D., MSc.Ed.

Email for Project Lead*
Please provide an email address for the project lead.
Phone Number of Project Lead*
*Please provide the best phone number to reach the project lead.*

541-706-4949

Requestor/Agency Location(s)*

Bend

Other Towns
*If you chose 'other' above, please specify where your agency is located.*

REALD Data Collection*
*Please select any data your organization collects around Race, Ethnicity, Language, Disability (REALD).*

Not Collected

Part Two: Checklist

RHIP Workgroup*
*Please select the RHIP workgroup that your project is requesting funding from below.*

Behavioral Health: Access and Coordination

RHIP Future State Measures*
*If a project does not directly address a Future State measure, it will not be considered for funding.*

Behavioral Health: Increase Access and Coordination > Improve availability of behavioral health providers in marginalized areas (La Pine, Madras, Redmond)

Optional: RHIP Future State Measures
*If your project addresses more than one measure within the 2020-2024 RHIP, please select the second measure from the list below:*
Part Three: Project Details

Project Description/Overview*

*Please tell us how you will do what is described above.*

The United States and Oregon specifically, have experienced a severe shortage of Behavioral Health (BH) resources for decades, intensified by the Covid-19 pandemic. There are serious supply issues for all BH providers, including community health workers, LCSW, PsyD, and Primary Care physicians, exacerbated by exceptional shortages of Psychiatrists. St Charles Health System (SCHS) is the only hospital system and the only source of specialty psychiatric care (emergent, inpatient) in Central Oregon. SCHS is the only resource east of the Cascades that offers emergent Psychiatry inpatient services, and a psychiatric inpatient treatment center. Regional SCHS outpatient clinics have BH workers at facilities in Bend, Redmond, and through our two Critical Access Hospitals in Prineville and Madras. Because psychiatrists are at the apex of care services — relied upon for diagnosis, patient care, consultation, and management of complex patient populations — this severe shortage of psychiatrists constrains the entire system. Psychiatric physicians (MD/DO) are the only members of the behavioral health team who can safely implement and direct sophisticated integrated services to patients-including psychoactive/psychiatric medications, counseling, and other emerging therapies (Ketamine, psilocybin, ECT, cranio-magnetic therapy). These professionals are essential in managing the most complex mental health issues such as Schizophrenia and bipolar disease, each of which affects approximately 1% of the US population and is accompanied at least 50% of the time by serious secondary diagnoses such as substance abuse and addiction.

By supporting the establishment of a new Psychiatry GME program, COHC grant funding, in conjunction with HOWTO funding will directly increase access to trained psychiatrists and their services in central Oregon and the surrounding rural/frontier areas of the state and would double the supply of specialty psychiatry graduates likely to practice here and throughout the state. Psychiatric access will be enhanced, and care will be delivered through integrated consultation services, expanding access to the most vulnerable populations by providing consultation and patient care services modeled after those developed for Native Americans/indigenous living on Warm Springs reservation, the Latinx community, and migrant farmworkers in Madras and Prineville-all served by SCHS. A significant proportion of training occurs in a culturally diverse environment; adding Psychiatric trainees will directly educate them to meet the needs of these under-served populations. Following the highly successful model of RTT family medicine GME for Madras, Warm Springs and rural central Oregon (a project jointly funded and supported by HRSA, HOWTO funds, OHSU and SCHS) this program will be institutionally sponsored by SCHS. Ongoing financial sustainability will be supported by federal funding, bolstered by educational sponsorship by OHSU. Joint planning between SCHS and OHSU for expansion of psychiatric training has been ongoing for a year. This SCHS/OHSU Psychiatry Residency Program will transform psychiatric care in the state, as it becomes the first psychiatry residency training site in Central Oregon.

Prioritized Population*

*Tell us about your experience working with the prioritized populations listed above.*
SCHS is the only health/hospital system in the tri-counties area. It operates two Critical Access Hospitals, one in Madras and one in Prineville. The OHSU Dept. of Psychiatry residency has been placing residents in community settings and delivering services to diverse populations of Oregon for many decades.

The SCHS-OHSU Partnership for the psychiatry program will be at SCHS Bend, with outreach and rural experience provided through its CAH and community sites. The program’s inpatient training will be at SCHS Bend, a site that has active inpatient psychiatric emergency and longer-term beds, as well as outpatient psychiatry/BH service (staffed by psychiatrists, PsyD, and LCSW, who perform team-based MH outpatient treatment). This site will be supplemented by the Redmond BH clinic. Our CAH and rural locations will allow residents to develop proficiency for consultant care and delivery of telehealth in rural settings.

**Equity***

*What specific approaches will you use to meet the characteristic needs of the prioritized populations experiencing health disparities based on their geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and/or sexual orientation?*

By supporting the new Psychiatry GME program, COHC grant funding, in conjunction with HOWTO grant funding will directly increase access to trained psychiatrists and their services in Oregon and double the supply of specialty psychiatry graduates entering practice. Consultative psychiatric access will be enhanced, expanding access to vulnerable populations by providing patient care services modeled after those developed for Native Americans/Indigenous living on Warm Springs reservation, the Latinx community, and migrant farmworkers in Madras and Prineville, all served by SCHS. A significant amount of training occurs in a culturally diverse environment; adding Psychiatric trainees will directly educate them to meet the needs of these underserved populations. This program will follow the successful model of a Rural Training Track (RTT) family medicine GME for Madras, Warm Springs and rural Central Oregon (a project jointly funded and supported by HRSA, HOWTO funds, OHSU and SCHS).

**Equity (Continued)**

*Please explain how the prioritized population will be involved in the planning and carrying out of the project.*

Throughout the SCHS/ OHSU Psychiatry Residency Program project, SCHS has objectives to create meaningful community linkages to enhance program quality, including behavioral health groups such as the Behavioral Health Consortia, and with underserved communities including Warm Springs and others participating in the Family Medicine Rural Training Track and to strengthen community connections within the behavioral health community. These objectives include creating a subcommittee for rural partnership with the RTT Program and Native American community partners, as well as, creating a community Behavioral Health team with representatives from SCHS/OHSU GME, Best Care, Mosaic Medical, Deschutes Co. Public Health, RTT and/or Warm Springs, and others.
Part Four: Project Objectives and Attestation

Project Requirements Attestation*

Please attest that you agree to the project requirements below by checking each one. Please refer to the RFP for the complete descriptions of the attestation agreements.

I attest that the project will include the following:

Projects must take place within Central Oregon. See full RFP for specifics.
Create and implement solutions to systemic barriers. See full RFP for specifics
Provide parity with similar physical health programs
Use evidence-based approaches
Use community-based program design and solutions
Have detailed and culturally sensitive outreach plans about the program
Ensure approaches are vetted with local community partners
Create a low barrier program that is easily accessible to qualified applicants
Provide ongoing, direct support for program applicants to ensure a smooth application process
Demonstrate how this work will continue after grant funding is over

Project Outcome Attestation*

Please attest that you agree to the written report requirements below by checking each one. Please refer to the RFP for the complete descriptions of the attestation agreements.

I attest that the final report will include the following:

Increase Psychiatrists
Develop a long-term workforce pipeline effort
Steward ongoing efforts
Incentivize rural placements

Objective Description #1*

What is trying to be accomplished?
The long-term goal of the SCHS-OHSU Psychiatry GME program is to increase the number of highly trained, compassionate psychiatrists in the Oregon workforce by 2030. Achievement of this goal will improve community access to quality behavioral healthcare, including specific expansion of services for our most vulnerable and marginalized populations.

**SMART Objective #1 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

Integral to increasing the number of highly trained, compassionate psychiatrists in the Oregon workforce by 2030 is graduating 6 psychiatry residents annually from the fully ACGME accredited residency program in Central Oregon.

**Objective Description #2**

*What is trying to be accomplished?*

Create meaningful community linkages to enhance program quality, inclusivity, and diversity, including the engagement of behavioral health groups such as the Behavioral Health Consortia, and enhancing services to underserved communities including Warm Springs/RTT and others by the end of year 2.

**SMART Objective #2 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

During the project period, the residency program will develop a relationship with the Behavioral Health Consortia, obtain commitments from community partners, and create a subcommittee for rural partnership with RTT Program/ Warm Springs community.

**Objective Description #3**

*What is trying to be accomplished?*

Successfully complete and fulfill all the requirements for the SCHS-OHSU psychiatry residency program to apply and achieve ACGME accreditation (program staff, facilities enhancements, supply procurement, etc.) by end of year 2.

**SMART Objective #3 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*
During years 1-3, job descriptions for necessary roles will be developed, hiring for those roles will be initiated, a facilities plan will be developed and any necessary supplies and equipment will be purchased.

**Objective Description #4**

*What is trying to be accomplished?*

Outline and prepare all necessary academic components (curriculum design, clinical rotation site identification and implementation, hiring faculty, etc.) for the program.

**SMART Objective #4 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

To achieve this objective the following will be completed: design curriculum- including cultural competency and decolonizing practices, specialty, and inter-professional training; develop rotational site plans; and faculty development

**Objective Description #5**

*What is trying to be accomplished?*

Submit the ACGME application by the end of year 2 and receive ACGME accreditation.

**SMART Objective #5 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

To meet this objective, an initial program design using the ACGME Program Requirements and Program Information Form will be completed, as well as ACGME site visit.

**Objective Description #6**

*What is trying to be accomplished?*

Begin training the first (PGY-1) class of psychiatric residents

**SMART Objective #6 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*
During Year 2 and 3, interviews will be offered to Residency applicants; final recruitment of the first class of residents will be completed and the residency training program will officially begin.

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**Part Five: Best Practice and Fidelity**

**Best Practice**

*What, if any, emerging best practices and/or evidence-based strategies will be used in this project.*

*Please write*

The SCHS/OHSU psychiatry residency program will be modeled after and benefit from lessons learned from other successful hospital/organizational partnerships in similar graduate medical education training programs. OHSU/SCHS have successfully jointly sponsored GME residents and hosted them at SCHS sites for the past 26 years. Though each GME program has its own set of nuances, adhering to previously proven approaches and incorporating experts with specific programmatic backgrounds will help ensure success. OHSU has a record of partnering with community hospitals for the development of successful GME programs (RTT in central Oregon, Klamath Falls/Cascades East FMR, Tuality). The Psychiatry GME program will be structured similarly to the newly developed OHSU/SCHS RTT program in Central Oregon and the OHSU/CEFMR program in Klamath Falls, with OHSU serving as the educational sponsor. As recently seen with the establishment of the Rural Training Track (RTT) program in Central Oregon and as demonstrated with Klamath Falls, this model has worked in an effective manner for 27 years, and immediately adds the mature policy and procedural GME infrastructure of a well-respected academic institution. The Klamath Falls GME program has also shown that 50-75% of their graduates stay within the state of Oregon, further substantiating existing research on practice location after GME. The collaboration between SCHS/OHSU and other community partners is also beneficial for attracting highly qualified, diverse faculty and residents. It will provide access to an experienced GME committee and offer resident support in the form of committee structures and functions (such as residency wellness support, experienced internal review functions, and countless others). OHSU attracts high-quality post-graduate students from all over the United States and the world, and the sponsorship will compel high-quality graduates of US medical schools to consider moving to central Oregon for further training. OHSU is rated highly for GME training, with the Department of Family Medicine/Primary Care ranked #1 in the nation by US News and World Report.

**Fidelity**

*If your strategies or tools are evidence-based or best practice, will they be reviewed for fidelity?*

*Please write*

Sustainability for the psychiatry residency program will be assured in the following ways:

1. The passing of the Consolidated Appropriations Act of 2021 allowed for the potential removal of a CMS micro-cap that was inadvertently set at St. Charles Health System, blocking GME funding for 25 years. Removal of this micro-cap allows for new residency slots to be federally funded, greatly reducing the financial burden of
medical education on the health system. Annually, for every GME Resident placed at SCHS/OHSU, anticipated federal CMS GME income will be between $220,000 and $330,000. This funding assures long-term stability once the program is implemented. Cost savings from accessing established infrastructure in place at OHSU for their numerous GME programs and sharing certain expenses with other SCHS/OHSU GME programs and activities. These “economies of scale” savings will reduce the financial burden that would be experienced if the SCHS/OHSU residency was a “stand alone” program.

2. Increased access to care for behavioral health patients and the ability to bill for the services provided with appropriate oversight from licensed providers (patient care revenue). Senior residents (PGY2-second year and higher and in specific circumstances PGY1-first year) can increase access significantly to all residents of central Oregon by billing insurance and CMS for patient care provided.

3. Strength of two major institutions (SCHS and OHSU) providing program backing, robust educational and clinical experience.

4. Modest community support in the form of grant, philanthropic and donated funds. Support from grants (such as the HOWTO and COHC grants) will help to reduce the initial burden of the program launch. The initial start-up period for the program has no revenue until the program actually begins training residents. That means there is no offsetting support for the significant expense associated with launching the residency program. Grants such as HOWTO and COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant are critical in providing initial support for start-up until ongoing sources of sustainable financing become available.

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**Part Six: Recommendations, Agreements, and Examples of Work**

**Optional: Letter of Recommendation #1**

OHSU Letter.pdf

**Optional: Letter of Recommendation #2**

SCHS Letter of Commitment.pdf

**Key Staff**

*Please upload a list of key staff and relevant qualifications.*

SCHS OHSU Psychiatry Residency Program key staff.docx
Required: Resume of Project Lead*

Resume- Dr. Ross.pdf

Optional: Example of Work #1

Optional: MOU or MOA

Optional: MOU or MOA

Optional: MOU or MOA

Optional: MOU or MOA

Other Documents

If the funding opportunity requests that you upload additional documentation that is not covered above, please upload them below.

Other Documents

Part Seven: Budget Information

Project Budget*

Please download the Central Oregon Health Council’s budget document, found [here](#). After downloading and completing the budget document, please upload it below.

SCHS OHSU Psychiatry Residency Program Project Budget - COHC grant.xlsx

Funding Request - Year One*

$113,182.00
Funding Request - Year Two

$113,182.00

Funding Request - Year Three

$113,182.00

Funding Request - Year Four

$79,500.00

Funding Request - Year Five

$79,500.00

Funding Match*

Are you seeking any funding matches or additional contributions to support your project? If so, provide the organization/entity name that will be providing the match.

If you are not seeking a match, please write

N/A

Funding Match Amount (if not applicable, leave blank)

Part Eight: Follow-Up Questions and/or Supplemental Information

Follow-up questions and/or supplemental information

This section is to be used ONLY IF you received follow-up questions. Please use this space to provide the answers to all questions you may have received.

- Please make every effort to type or copy the answers into the text box below.
- In the event that you have documentation such as flow-charts or graphics that you would like to provide that will not copy into a text box, you may use the file upload to attach.
- If you have multiple attachments, they will need to be scanned together and uploaded as one file.
Process Following Submission
Application Files

Applicant File Uploads

• OHSU Letter.pdf
• SCHS Letter of Commitment.pdf
• SCHS OHSU Psychiatry Residency Program key staff.docx
• Resume- Dr. Ross.pdf
• SCHS OHSU Psychiatry Residency Program Project Budget - COHC grant.xlsx
To Whom it May Concern:

St. Charles Health System is seeking multiple funding opportunities for the SCHS/ OHSU Psychiatry Residency Program, including the HOWTO grant and COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant. Letters of Commitment and recommendation were requested as part of the HOWTO grant application that support the greater SCHS/ OHSU Psychiatry Residency Program project. The following letter is addressed to the HOWTO committee, however the letter of recommendation and support is applicable to COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant.

Thank you,

SCHS/ OHSU Psychiatry Residency Program project team
March 9, 2022

HOWTO State Grant Review Committee
Letter of Commitment-OHSU Leadership
C/O Danielle Pompe, Office of Contracts and Procurement

To Whom It May Concern:

As the largest dedicated health education system located in the state of Oregon, Oregon Health & Science University operates a multitude of Graduate Medical Education (GME) programs in Portland, Oregon and is actively expanding GME across the state. In addition, we have partnerships with multiple other hospitals and GME programs, including three new OHSU-sponsored programs at Hillsboro Medical Center in Hillsboro, Oregon and a long standing relationship with Sky Lakes Medical Center that hosts our Cascades East Family Medicine Residency Program. Currently we are also working to support a rural training program co-sponsored by the St Charles Health System (SCHS) located in Madras, Oregon (beginning 2024 in Jefferson County). Our health system serves the vast educational needs of the state and supplies physicians, dentists, nursing staff, PA’s, NP’s and many other professionals trained to provide the healthcare needs of the state. Furthermore, OHSU has hosted a long-standing GME program in Psychiatry and all its subspecialties (e.g. Child and adolescent psychiatry, addiction medicine, geriatric psychiatry and others). With the need for GME training in psychiatry, OHSU fully commits to a sustained partnership with SCHS to assist in the training of desperately needed mental health physicians for the state.

At OHSU, we strongly support the HOWTO grant application from SCHS using Bend SCHS as the clinical home for the new, OHSU sponsored, independent psychiatry residency program. Simultaneously, we are planning to leverage our rural relationships with SCHS Critical Access Hospitals and our partnership with IHS/Warm Springs indigenous community and clinics to enhance access to psychiatric services for these desperately underserved populations. This grant will be complementary to our partnership with SCHS in initiating a family medicine rural training program in Madras, with the first family medicine residents coming to central Oregon in 2024. We have committed and earmarked substantial resources in staff time -- our GME Strategic Alignment & Integration leadership, GME Department, Department of Psychiatry, and
external GME consultants, Residency Program Director consultants, and other investments to build the proposed residency program while complying with ACGME requirements. A similar obligation has been made for this fiscal year (2022) for GME personnel funding—including expert GME financial consultation and outside legal services.

This opportunity is supported at the highest levels of the SCHS Hospital Executive team and Board of Directors. The investment in future health care for Oregonians is matched by the commitment from OHSU and is reflected by support from executive leadership with personnel, expert financial and developmental consultation, and material support. This level of investment will be substantially increased as we approach the anticipated start date of the OHSU/SCHS psychiatry residency (and other residencies) in July of 2025. We understand the obligation and commit funding and support for the entire grant period from 2022-2025. The funds received from the HOWTO grant, if approved, represent a tangible contribution to the personnel and facilities cost of developing GME for mental health.

There is a unique, but time-limited opportunity to address the severe shortage of psychiatrists in central Oregon and the state in general. SCHS is one of the only hospitals in the state able to expand residency training, because the system already possesses integrated inpatient and outpatient psychiatry services that serve the entire eastern half of the state. The Consolidated Appropriations Act (CAA) signed in December 2020 allows programs that inadvertently had their GME Medicare caps set in 1997 to reset their caps. New GME programs at SCHS must begin by July 2025 to take advantage of this once in a lifetime opportunity. With support from the OHSU Psychiatry Residency program in Portland and the accreditation team in GME, we will design training opportunities in central Oregon that will support high quality training of a much needed mental health workforce. This will be the only psychiatry residency training program located outside of the populous I-5 corridor, with a strong rural link.

Thanks to the formation of a highly capable team at OHSU, we have been actively exploring options for GME, in conjunction with an Oregon state-sponsored Post Graduate Medical Education (PGME) group, SCHS, and secondarily guided by the retention of legal and consultant advice regarding the educational and financial viability and sustainability of carefully designed and executed training programs. With the dedication and extensive knowledge base within the team, and assistance of senior deans and executives in our system, we have reached the moment of more intensively supporting a dedicated group whose major focus is the implementation of the vision of GME for central Oregon and OHSU/SCHS. We anticipate utilizing the experience of a health system that is growing rapidly (SCHS) along with the population of central Oregon, who have extensive experience in both undergraduate and graduate medical education.

On behalf of the team at OHSU, we look forward to SCHS submitting a compelling application for HOWTO funding to support increasing the supply of well-trained psychiatrists, who will serve the needs of the state, rural and underserved populations in Oregon and America. There is an enormous shortfall of psychiatrists throughout Oregon, and our commitment will help immensely towards closing that gap in access to mental health services statewide. Thank you for the opportunity to apply for meaningful assistance in our endeavor, which will produce an educationally and financially sound program for the future.
Sincerely,

John G. Hunter, MD, FACS, FRCS, Edin (hon)
Executive Vice President and Chief Executive Officer, OHSU Health
Professor, OHSU School of Medicine

David Jacoby, MD
Interim Dean, School of Medicine
Professor of Medicine, School of Medicine

George C. Mejicano, MD, MS
Senior Associate Dean for Education
Division of Infectious Diseases, OHSU

Jim Anderson, MD
Professor of Diagnostic Radiology
Vice Chair, Diagnostic Radiology Education
Assistant Dean, GME-Strategic Alignment & Integration
To Whom it May Concern:

St. Charles Health System is seeking multiple funding opportunities for the SCHS/ OHSU Psychiatry Residency Program, including the HOWTO grant and COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant. Letters of Commitment and recommendation were requested as part of the HOWTO grant application that support the greater SCHS/ OHSU Psychiatry Residency Program project. The following letter is addressed to the HOWTO committee, however the letter of recommendation and support is applicable to COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant.

Thank you,

SCHS/ OHSU Psychiatry Residency Program project team
To Whom it May Concern:

HOWTO State Grant Review-Letter of Commitment SCHS Executive

We are representatives of the Senior Executive Team of St Charles Health System (SCHS), the only health system located in the tri county area in this part of the State, a massive geographic area (>25,000 square miles) which consists of the Counties of Deschutes, Crook, and Jefferson. We operate two Critical Access Hospitals, one located in Madras, OR (Jefferson County) and one located in Prineville, OR (Crook County), as well as facilities of a larger capacity in Bend and Redmond. Our health system serves the vast expanse of rural and frontier OR, and our referral area includes a majority of central and Eastern OR. We are writing this letter of commitment, and fully support the Psychiatry residency grant opportunity from HOWTO to continue to design and implement a Graduate Medical Education (GME) program for psychiatrists. We wish to educate our own psychiatrists, and to assist in the production of desperately needed mental health physicians for the State.

We are applying as SCHS for this grant using the home base of our Bend location and planning to utilize rural relationships with our Critical Access Hospitals and partnership with IHS/Warm Springs indigenous community and clinics to enhance access to psychiatry services for these desperately underserved populations. This grant will be complementary to our partnership with OHSU in initiating a rural training track Family Medicine Residency at our Madras campus, with the first family medicine residents coming to central Oregon in 2025. We have committed and earmarked millions of dollars in staff time (Dr. Ross, Kari Strang, the Department of Education at SCHS), Residency program Director funds and facilities capitol (redevelopment of the Madras CAH/ facilities/campus) to accommodate the residency program and comply with ACGME requirements. A similar obligation has been made for this fiscal year (2022) for GME personnel funding (including a Psychiatry Program Director and Coordinator) of approximately $480,000, and we are incorporating facilities redesign to accommodate psychiatry residents and faculty in our strategic plan. This opportunity is supported at the highest levels including the SCHS Hospital Executive team and Board of Directors. The investment in future health care for Oregonians is matched by commitment from OHSU as is reflected by support from Senior Deans, Provost, and President/CEO, with financial, personnel, expert financial and developmental consultation, and material support. This level of investment will be substantially increased as we approach the anticipated start date of our psychiatry (and other residencies) in July of 2025. We understand and pledge funding and support for the entire grant period from 2022-2025. The funds received from
the HOWTO grant, if approved, represent a tangible contribution to the personnel and facilities cost of developing GME for mental health.

There is a unique, but time-limited opportunity to address the severe shortage of psychiatrists in central Oregon and the State in general. SCHS is one of the only hospitals in the State able to expand residency training, because of our system having integrated inpatient and outpatient psychiatry services that serve the entire eastern half of the State. Because of the expansion of CMS funding to hospitals like ours through the COVID relief bill of December 2020, where the funding for GME was reopened (it was previously “frozen” due to the BBA of 1996/97), this is the only occasion when the State/OHSU/OHA/SCHS will be able to expand psychiatry GME. We are collaborating with Oregon Health and Science University (OHSU), who operate a Psychiatry Residency program in Portland, and we will emulate the design (with OHSU as the educational GME sponsor and SCHS as the institutional sponsor) that has been successfully leveraged to finally expand GME into central OR with the help of previously received HRSA and HOWTO funds. This will be the only psychiatry residency training program located outside of the populous I-5 corridor, running between Portland, Eugene, and Ashland OR, and the only rural linked psychiatry program in the State.

Reflecting on the aforementioned “frozen” GME funding, SCHS in Bend (at that time only running the hospital in Bend, without being a “system” with CAH facilities), received a residency CAP from CMS (Center for Medicare and Medicaid Services) of one resident, the position being effectively and regularly utilized for ICU and NICU training at various points in the past 27 years in conjunction with OHSU. Unfortunately, this legacy CAP position came with many unintended consequences, including the inability for the now much larger SCHS system to apply for its own GME programs, a result of the unforeseen Congressional actions of the mid 1990’s. At various junctures over the past 26 years, there has been abbreviated interest and contemplation of methodologies for SCHS to start and fund sustainable GME programs. With recent modifications of CMS rules regarding CAP positions for all residency programs (12/20) and Accreditation Council for Graduate Medical Education (ACGME) requirements, the contemplation of the health system has turned to significant action to investigate and prepare for launching multiple sustainable GME programs by Academic Year 2025/26.

Thanks to the formation of a highly capable team at SCHS and OHSU, we have been actively exploring options for GME, in conjunction with an OR State-sponsored PGME group, OHSU, and secondarily guided by the retention of legal and consultant advice regarding the educational and financial viability and sustainability of carefully designed and executed training programs. With the dedication and extensive knowledge base within the team, and assistance of senior executives in our system, we have reached the moment of more intensively supporting a dedicated group whose major focus is the implementation of the vision of GME for central OR. We anticipate utilizing the experience of a health system that is growing rapidly along with the population of central Oregon, and who have extensive experience in both undergraduate and postgraduate medical education.

On behalf of the team at SCHS, we look forward to submitting a compelling application for HOWTO support to increase the supply of well-trained psychiatrists, who will serve the needs of the State, rural Oregon and America. There is an enormous shortfall of psychiatrists throughout Oregon, and our commitment will help immensely
towards closing that gap in access to MH services state-wide. Thank you for the opportunity to apply for meaningful assistance in our endeavor, which will produce an educationally and financially sound program for the future.

Sincerely,

Joe Sluka, President and Chief Executive Officer

Jeff Ahsalon, VP and Chief Physician Executive

Matt Swafford, VP and Chief Financial Officer
SCHS/ OHSU Psychiatry Residency Program

Key Staff:

1. Primary program oversight comes from the GME Project Director, Robert Ross, MD, Director of Provider Academics and Research SCHS who is DIO, OHSU faculty and the Program Director for the OHSU/CEFMR (OHSU/Klamath Falls) for over 18 years. Dr Ross is an MD with a Master of Medical Education, Board Certified in Family Medicine and Sports Medicine, with over 30 years of Academic practice, and was instrumental in the development and start-up of 3 GME programs over his career.

2. The Psychiatry Program Director (PD-MD or DO ABMS certified by the ABMS) for psychiatry, to be hired, is responsible for Faculty Recruitment, Program Design, Curriculum, Resident Recruitment, ACGME compliance. Hiring an experienced Psychiatry PD/APD is preferred.

3. The Assistant Program Director of Psychiatry (APD), to be hired, is responsible for assisting the PD in listed tasks.

4. Consultant for GME Expansion, Kari Strang, SCHS GME Team. The Project Management Consultant for GME is responsible for project communications and linkages, tracking progress towards ACGME program requirements, managing program support needs and routine updates to all relevant leadership groups on program milestone achievements. Qualifications: Master of Public Health (MPH) degree. Over 25 yrs. experience in health administration with over 5 years of specific GME related project experience.

5. The Program Coordinator of Psychiatry, to be hired, is responsible for assistance in administrative tasks, assuring ACGME, OHSU, SCHS, ABMS specialty compliance, interfacing with resident and faculty, producing academic and curricular schedules, and outlining and organizing clinical duties for faculty and GME participants. Coordinates with other UME/GME/PA programs to integrate learners (e.g., Family Medicine/IM residents, UME students and others) from other specialties and institutions.
Brief Biosketch
St. Charles Health System/OREGON HEALTH SCIENCES UNIVERSITY

NAME Robert G. Ross, M.D., MSc.Ed. DATE 06/01/2021

PRESENT POSITION AND ADDRESS

Academic Rank: Associate Professor

Department/Division: OHSU Department of Family Medicine

Professional Address: Director of Provider Academics and Research, DIO, St. Charles Health System (SCHS) 2500 NE Neff Road, Bend OR 97701

E-Mail Address: rgross@stcharleshealthcare.org

*Optional

II. EDUCATION

Undergraduate and Graduate (Include Year, Degree, and Institution):
University of Alberta, Edmonton, Alberta, Bachelor of Science, area of concentration: Biology, 1976-1980
University of Toronto, Faculty of Medicine, Toronto, Ontario, Medical Degree - Honors Standing, 1980-1984

Postgraduate (Include Year, Degree, and Institution):
Family Medicine Residency Training, University of Alberta Family Medicine Program
Royal Alexandra Hospital, Edmonton, Alberta, 1984-1986
Teaching Fellow, University of Alberta, Department of Family Medicine
Royal Alexandra Hospital, Edmonton, Alberta, 1986-1987
University of Southern California, Faculty of Education/Medicine, Masters of Medical Education Program Graduation date - May 12, 2000: MSc. Ed., 1998-2000

Certification (Include Board, Number, Date, and Recertification):
1996 - 2024 American Board of Family Practice (Fellow 1993-FAAFP)
2019 - 2024 Recertification-American Board of Family Practice
1999-2029 Certificate of Added Qualifications in Sports Medicine, American Board of Family Medicine

Licenses (Include State, Date, Status, Number, and Renewal Date):
1986 - Diplomate of the National Board of Medical Examiners
Dec 2021 California 650007 Dec 2021 Oregon MD19428

III. PROFESSIONAL EXPERIENCE

Academic (Include Year, Position, and Institution):
June 2001 Associate Professor of Family Medicine, Oregon Health and Sciences University,
Department of Family Medicine, Portland Oregon

04/2001 – 09/2011 Residency Program Director
Cascades East AHEC Family Medicine Residency Program
Oregon Health and Sciences University School of Medicine, Klamath Falls, Oregon

Administrative (Include Year, Position, and Institution):

2008-present Member, Costal Research Group Board
1998-2017 Treasurer and Board Member, Linkville IP
2002-01/2011 Member, Board of Directors, Klamath Health Partners, Klamath Open Door Clinic. Vice President, 2008 to 2012 (Federally Qualified Health Center, 330 Grant)
2003-10/2011 Chair, Department of Medicine, Sky Lakes Medical Center, Klamath Falls, OR
2019-present SCHS Representative, State of Oregon Post-Graduate Medical Education Consortium
2019-present Medical Director of Education, Research, AHEC, CME and DIO/Site Administrator
NHSC 2019 - present Designated Institutional Official (DIO)-St Charles Health System

Multiple prior to 2019 listed in full CV

IV. SCHOLARSHIP

Grants and Contracts:
Federal (Include Title, Source, PI, Amount Period, and % Effort)

HRSA Title VII Grant Application, Residency Program Training Grant, July 2008 to July 2011, PI, director and author of same. Supplementing Skills in a Rural Family Medicine Program. $466,000 initial and ongoing annual support

HRSA Title VII Grant Recipient, Residency Program Training Grant, July 2002 to July 2005, PI, director and author of same. 20% effort. The Development of a Community Medicine Rotation and comprehensive Objective-Based Evaluation Program for a Rural Family Medicine Program. Total 3 year support $560,000

HRSA Title VII Supplemental Grant Recipient, Residency Program Training Grant, July 2004 to July 2005, PI, director and author of same. 25% effort. The Development of a Community Medicine Rotation and comprehensive Objective-Based Evaluation Program for a Rural Family Medicine Program.

HRSA Title VII Grant Recipient, Residency Program Training Grant, July 2005 to July 2008, PI, director and author of same. 25% effort. Continuation Grant. The Development of a Curriculum in Special Areas of Need for Rural Family Physicians.

HRSA Grant: RTT for GME: .2 FTE and major contributor 2020-2023 $750,000

HOWTO State of OR Grant for GME and RTT Central OR Author, PI, .3 FTE 2021-2024, $1,000,000

2016- 2018 CHE grant Pacific Source Insurance- Study of Transitions and care in the LTC

2008-2012 A Study of Community Intervention Drug and Alcohol Prevention (SBIRT), OHSU 5%

Publications/Creative Work:

Peer-reviewed


Ross RG. Use of “Clinical Performance Biopsy” as a method of improving feedback in a Family Practice Residency Program, Academic Medicine, 2002; 77: 268


Smits, AK, Walsh E, Ross RG etal, Residency Applicant’s Perspectives on Family Medicine Training Length. Family Medicine, 2006; 38: 172-176.

Haney H, Ross RG. Does Coffee Consumption Contribute to Hypertension in Adults? Evidence-Based Practice, 2007; 10:7

Ross, RG. 15 years of a Rural Family Medicine Program: Implications for Postgraduate Training Policy. Family Medicine, February/March 2013.
Books

Chapters

Invited Lectures, Conference Presentations or Professorships:

Multiple up until 2010- in full CV
April 2010 “Where do They go and What do They do? 15 Years of Rural Residency Outcomes” STFM 43rd Annual Spring Conference. Vancouver CA
November 2010 Co-Presenter with Dr. R. Law: “Community Medicine in the U.S. and the Role of Family Physicians” Gifu University Special Presentation Gifu Japan.
November 2010 “Rural Residency Training in the U.S.-Cascades East Family Medicine Residency” JADECOM Residency Program-Shiga Prefecture Japan
April 2005-2019 Moderator/presenter/lecturer annually Coastal Research Group multiple topics and locations
April 2012 Presentation: “PPACA and the Future of GME.” Rodos Lecture, Coastal Research Group Annual Primary Health Care Access Meeting

Regional and Local
Multiple until 2020 -in full CV

V. TEACHING (OHSU Educators Portfolio-Brief Summary):

Education Grants and Contracts:
Multiple see grants section

Honors and Awards for Education:
1976 – 1984 Honors Standing, All University Years, University of Toronto, Canada
1982 Alpha Omega Alpha Medical Honor Society
1996 Senior Resident, Excellence in Teaching Award, Cascades East Family Practice Residency Program, Klamath Falls, Oregon
1999 Teacher of the Year, Cascades East Family Practice Residency Program, Klamath Falls, Oregon
2010 Gold Program Director Recognition Award, Association of Family Medicine Residency Directors

Professional Development in Education:
1986-2012: Multiple as Professor of Family Medicine University of Alberta 1986-1995; Associate Professor OHSU 1995-present
### SCHS/ OHSU Psychiatry Residency Program Project Budget

**Total Requested Project Funds from COHC:** $498,546.00

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<tr>
<th>Personnel Costs: Name</th>
<th>Position (FTE dedicated to this project)</th>
<th>Salary</th>
<th>Benefits</th>
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<td>J. Mark Kinzie MD, PhD OHSU Psychiatry Residency Program Director/Liaison</td>
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Sub-Total: Materials & Supplies $ - $ -

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Sub-Total: Travel Expenses $ - $ -

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<td>Kari Strang, MA, MBA SCHS Contracted employee consultant Education/Research for SCHS ($100/hr 1.0, .4 total 10 hours/ $1000 month x .4= $400/month)</td>
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Sub-Total: Consultants & Contracted Services 14,400 14,400

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Sub-Total: Professional Training and Development $ - $ -

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<tr>
<th>Other Budget Items</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
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</table>

Sub-Total: Other Budget Items $ - $ -

**Total Project Budget $498,546 $498,546**
To Whom it May Concern:

St. Charles Health System is seeking multiple funding opportunities for the SCHS/ OHSU Psychiatry Residency Program, including the HOWTO grant and COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant. Letters of Commitment and recommendation were requested as part of the HOWTO grant application that support the greater SCHS/ OHSU Psychiatry Residency Program project. The following letter is addressed to the HOWTO committee, however the letter of recommendation and support is applicable to COHC’s Rural Central Oregon Behavioral Health Workforce Improvement grant.

Thank you,

SCHS/ OHSU Psychiatry Residency Program project team
March 9, 2022

Project Name: HOWTO State Grant

Subject: Letter of Commitment

To Whom it May Concern

We are representatives of the Executive Team of Mosaic Medical which is the largest Federally Qualified Health Center (FQHC) system located in this region (Deschutes, Jefferson, and Crook Counties) of Oregon, and one of the largest FQHC’s in the State. As per FQHC regulations, our services are utilized by all patients, regardless of SES, income, race, immigration status, or location, and we utilize our mobile clinic to regularly deliver care to the unhoused population, migrant farmworkers, and disenfranchised patient populations throughout Central Oregon. We are dedicated partners to St. Charles Health System (SCHS) and Oregon Health and Science University (OHSU) and pursue educational endeavors including Undergraduate Medical Education (UME) Graduate Medical Education (GME). With the desperate need for GME training of psychiatrists, Mosaic fully commits to a sustained and expanded partnership with SCHS and OHSU to assist in the production of mental health physicians across Oregon. With support from the HOWTO grant, Mosaic is very interested in becoming a continuity clinic site for the Rural Training Track Family Medicine Residency (RTTFM) program in Madras.

Therefore, Mosaic strongly supports SCHS’ HOWTO grant application in which the St. Charles- Bend campus would be utilized as the primary home base for residency. Mosaic aims to leverage existing partnerships with SCHS Critical Access Hospitals, Indian Health Services/Warm Springs indigenous community, as well as multiple community and school-based clinics to enhance access to psychiatric services for underserved populations. This will be achieved by hosting outpatient (and inpatient when necessary) psychiatry consultation or utilizing the services of SCHS through all of our sites to support residency training. This grant will be complementary to our partnership with SCHS in initiating the RTTFM program. We have earmarked staff time including the following: Medical Director of Informatics, Dr. Montee; Chief Operations Officer, Carla Stevens; Chief Financial Officer, Steve Strang; and Chief Executive Officer, Megan Haase. We have also set aside other resources to accommodate the proposed residency program and comply with the Accreditation Council for Graduate Medical Education requirements.

This opportunity is supported at the highest levels of the SCHS Hospital Executive team and Board of Directors. The investment in future health care for Oregonians is matched by the commitment from OHSU as is reflected by support from Senior Deans, Provost, and President/CEO, with financial, personnel, expert financial and developmental consultation, and material support. As Mosaic executives, we understand the obligation and commit support for the entire grant period from 2022-2025. The funds received from the HOWTO grant, if approved, represent a tangible contribution to the personnel and facilities cost of developing GME for mental health.

There is a unique, but time-limited opportunity to address the severe shortage of psychiatrists in Central Oregon and the State in general. SCHS is one of the only hospitals in the State able to expand
residency training because the system already has integrated inpatient and outpatient psychiatry services which serves the entire eastern half of the State. Because of the extension of CMS funding to community hospitals like SCHS through the COVID relief bill of December 2020, when the funding for GME was reopened (it was previously “frozen” due to the BBA of 1996/97), this is the only occasion when the State/OHSU/OHA/SCHS will be able to expand psychiatry GME. With support from the OHSU Psychiatry Residency program in Portland, plans are to emulate the design (with OHSU as the educational GME sponsor and SCHS as the institutional sponsor) that has been successfully leveraged to expand GME into Central Oregon with the help of previously received HRSA and HOWTO funds. This will be the only psychiatry residency training program located outside of the populous I-5 corridor, running between Portland, Eugene, and Ashland OR, and the only rural linked psychiatry program in the State. Mosaic has a significant role to play and contribution to offer during the expansion of mental health services in Central Oregon with the introduction of GME.

Thanks to the formation of a highly capable team at OHSU and SCHS, those institutions have been actively exploring options for GME, in conjunction with an Oregon State-sponsored PGME group, and secondarily guided by the retention of legal and consultant advice regarding the educational and financial viability and sustainability of carefully designed and executed training programs. With the dedication and extensive knowledge base within the team, and assistance of senior deans and executives, Central Oregon patient care entities, Mosaic included, have reached the moment of more intensively supporting a dedicated group whose major focus is the implementation of the vision of GME for Central Oregon and OHSU/SCHS. We anticipate utilizing the experience of a clinical system (Mosaic), an institution that is growing rapidly (SCHS) along with the population of Central Oregon to expand on our extensive experience in both undergraduate and postgraduate medical education.

On behalf of Mosaic, we look forward to SCHS submitting a compelling application for HOWTO funding to support increasing the supply of well-trained psychiatrists, who will serve the needs of the State, rural and underserved populations in Oregon and America. As previously mentioned, there is an enormous shortfall of psychiatrists throughout Oregon and with the support of the HOWTO grant, our commitment will help close this gap to accessing to mental health services across Oregon. Thank you for the opportunity to apply for meaningful assistance in our endeavor, which will produce an educationally and financially sound program for the future.

Sincerely,

Megan Haase, FNP
Chief Executive Officer, Mosaic Medical
To Whom it May Concern—HOWTO State Grant Review—Letter of Commitment St. Charles Medical Group Clinical Division of Psychiatry and Behavioral Health, St. Charles Health System

We are representatives of the SCHS St. Charles Medical Group and the Clinical Division of Psychiatry and Behavioral Health. SCHS is the largest dedicated health system located east of the Cascade Mountains in the state of Oregon. OHSU operates a multitude of Graduate Medical education (GME) programs, one co-sponsored with St. Charles Health System (SCHS) located in Madras, OR (beginning 2025-Jefferson County), one located in Klamath Falls, OR (Klamath County-active for 28 years), as well as facilities of a much larger capacity in Portland. With the dire need for GME training of psychiatrists, The Clinical Division of Psychiatry and Behavioral Health fully commits to a sustained partnership with OHSU to assist in the production of desperately needed mental health physicians for the State. As mentioned, OHSU is currently partnering with SCHS to stand up the Rural Training Track for family medicine based in Madras (with partial support from HOWTO funds) and have integrated plans to expand psychiatry and other GME programs in central OR partnered with SCHS.

Because of OHSU’s extensive experience in Residency training and GME, our partnership with them will be instrumental to the implementation of Psychiatry GME at SCHS. As with other OHSU partnership endeavors where the senior leadership and involved departments at OHSU have provided support in terms of program design, ACGME application, and educational expertise, they have committed to similar aid and partnership with divisional colleagues in psychiatry at SCHS.

As the leaders of the SCMG and the Clinical Division of Psychiatry and Behavioral Health, we support the HOWTO grant application from SCHS. We are applying for this grant using the home base of our Bend location and planning to utilize rural relationships with our Critical Access Hospitals and partnership with IHS/Warm Springs Indigenous community and clinics to enhance access to psychiatry services for these desperately underserved populations. This grant will be complementary to our partnership with OHSU in initiating a rural training track Family Medicine Residency at our Madras campus, with the first family medicine residents coming to central Oregon in 2025. We have committed and earmarked millions of dollars in staff time (Dr. Ross, Kari Strang, the Department of Education at SCHS), Residency program Director funds and facilities capitol (redevelopment of facilities/campus) to accommodate the residency program and comply with ACGME requirements. A similar obligation has been made for this fiscal year (2022) for GME personnel funding (including a Psychiatry Program Director and Coordinator) of approximately $480,000, and we are incorporating facilities
redesign to accommodate psychiatry residents and faculty in our strategic plan. This opportunity is supported at the highest levels including the SCHS Hospital Executive team and Board of Directors. The investment in future health care for Oregonians is matched by commitment from OHSU as is reflected by support from Senior Deans, Provost, and President/CEO, with financial, personnel, expert financial and developmental consultation, and material support. This level of investment will be substantially increased as we approach the anticipated start date of our psychiatry (and other residencies) in July of 2025. We understand and pledge funding and support for the entire grant period from 2022-2025. The funds received from the HOWTO grant, if approved, represent a tangible contribution to the personnel and facilities cost of developing GME for mental health.

There is a unique, but time-limited opportunity to address the severe shortage of psychiatrists in central Oregon and the State in general. SCHS is one of the only hospitals in the State able to expand residency training since the system already possesses integrated inpatient and outpatient psychiatry services that serve the entire eastern half of the State. Because of the extension of CMS funding to community hospitals like SCHS through the COVID relief bill of December 2020, this occasion is unlikely to ever present itself in the future. This is fully explained in the letter of commitment from the overall OHSU system and Deans, as well as one from the SCHS executive team.

With recent modifications of CMS rules regarding CAP positions for all residency programs (12/20) and accommodating Accreditation Council for Graduate Medical Education (ACGME) requirements, the contemplation of OHSU and the SCHS health system has turned to significant action to investigate and prepare for the launch of multiple sustainable OHSU/SCHS GME programs by Academic Year 2025/26.

Thanks to the formation of a highly capable team at OHSU/SCHS, we have been actively exploring options for GME, in conjunction with an OR State-sponsored PGME group, and secondarily guided by the retention of legal and consultant advice regarding the educational and financial viability and sustainability of carefully designed and executed training programs. With the dedication and extensive knowledge base within the team, and assistance of senior deans and executives at OHSU, we have reached the moment of more intensively supporting a dedicated group whose major focus is the implementation of the vision of Psychiatry GME for central OR and OHSU/SCHS. We anticipate utilizing the experience of a health system that is growing rapidly (SCHS) along with the population of central Oregon, and who have extensive experience in both undergraduate and postgraduate medical education.
On behalf of the St. Charles Medical Group and the SCMG Clinical Division of Psychiatry and Behavioral Health, we look forward to SCHS submitting a compelling application for HOWTO funding to support increasing the supply of well-trained psychiatrists, who will serve the needs of the State, rural and underserved populations in Oregon and America. There is an enormous shortfall of psychiatrists throughout Oregon, and our commitment will help immensely towards closing that gap in access to mental health services state-wide. Thank you for the opportunity to apply for meaningful assistance in our endeavor, which will produce an educationally and financially sound program for the future.

Sincerely,

[Signature]

Shane Coleman, MD
Director, Clinical Division of Psychiatry and Behavioral Health

[Signature]

Richard W. Freeman, MD
President, St. Charles Medical Group
March 10, 2022
Healthy Oregon Workforce Training Opportunity (HOWTO)
Attn: Review Committee
Letter of Commitment

Dear HOWTO Review Committee:

PacificSource Health Plans is pleased to provide a letter of commitment for St. Charles Health System’s (SCHS) application to the Oregon Health Authority for the Healthy Oregon Workforce Training Opportunity (HOWTO) Grant.

PacificSource is a committed collaborator with SCHS, OHSU, and other Central Oregon partners in provider pipeline development projects including Undergraduate Medical Education (UME) and Graduate Medical education (GME). We are also actively involved in the pursuit and implementation of a 2020 Central Oregon HOWTO grant to increase access to other BH services by expanding internship and residency programs for behavioral health providers. The addition of a GME psychiatric residency program housed at SCHS in Central Oregon is synergistic with the expansion afforded by the training of other members of the Behavioral Health care team and will enhance “team-based” education and practice for the entire region.

As a practicing subspecialist in general psychiatry/child and adolescent psychiatry, I can also personally attest to the need for expansion of psychiatric services in Central Oregon. This will be the only psychiatry residency training program located outside of the populous I-5 corridor, running between Portland, Eugene, and Ashland Oregon, and the only rural-located psychiatry program in the State. As such, PacificSource supports SCHS using the home base of the Bend as the residency location, particularly as it will complement the existing Family Medicine Residency rural training track in Madras.

PacificSource commits to support the SCHS proposal for the entire grant period by participating in:

- An advisory committee.
- Sustainability planning.

We strongly support this project and its vision to increase psychiatric service access.

Sincerely,

Mike Franz, MD, DFAACAP, FAPA
Medical Director, Behavioral Health
PacificSource Health Plans

Erin Fair Taylor, JD, MPH
VP, Medicaid
PacificSource Community Solutions
March 11, 2022

RE: HOWTO State Grant Review-Letter of Commitment BestCare Leadership

To Whom It May Concern:

BestCare Treatment Services is the Community Mental Health Program provider in Crook and Jefferson counties and is the largest residential and outpatient alcohol and substance abuse treatment system located in this region (Deschutes, Jefferson, and Crook Counties) of Oregon, and one of the largest in the State. Our services are utilized by all patients, regardless of SES, income, race, immigration status, or location, and we utilize outreach services to regularly deliver care to disenfranchised patient populations throughout central Oregon. We are active committed partners with SCHS and OHSU in educational endeavors including Undergraduate Medical Education (UME) Graduate Medical education (GME) and are dedicated to supplying an addiction treatment experience site for the RTT (FM Residency) in Madras. With the desperate need for GME training of psychiatrists, BestCare fully commits to a sustained and expanded partnership with SCHS/OHSU to assist in the production of desperately needed mental health physicians for Oregon. As mentioned, we are currently joining with OHSU/SCHS to stand up the Rural Training Track for family medicine based in Madras (with partial support from HOWTO funds). We envision the hosting of Psychiatry GME residents in the future in clinical rotations/experiences to enhance their training in treatment of addiction in a team-based setting.

As BestCare, we strongly support the HOWTO grant application from SCHS using the home base of the Bend SCHS as the location for the residency. We are planning to utilize our rural relationships with SCHS Critical Access Hospitals and our partnership with IHS/Warm Springs indigenous community to enhance access to psychiatric services for these desperately underserved populations. This will be achieved by hosting outpatient (and inpatient when necessary) psychiatry consultation or utilizing the services of SCHS through any and all of our sites, to support residency training. This grant will be complementary to our partnership with SCHS in initiating the rural training track Family Medicine Residency in Madras.

We understand this opportunity is supported at the highest levels of the SCHS Hospital Executive team and Board of Directors. The investment in future health care for Oregonians is matched by the commitment from OHSU as is reflected by support from Senior Deans, Provost, and President/CEO, with financial, personnel, expert financial and developmental consultation, and material support. As BestCare, we understand the obligation and commit support for the entire grant period from 2022-2025. The funds received from the HOWTO grant, if approved, represent a tangible contribution to the personnel and facilities cost of developing GME for mental health.

There is a unique, but time-limited opportunity to address the severe shortage of psychiatrists in central Oregon and the State in general. SCHS is one of the only hospitals in the State able to expand residency
training, because of the system already possessing integrated inpatient and outpatient psychiatry services that serve the entire eastern half of the State. Because of the extension of CMS funding to community hospitals like SCHS through the COVID relief bill of December 2020, when the funding for GME was reopened (it was previously “frozen” due to the BBA of 1996/97), this is the only occasion when the State/OHSU/OHA/SCHS will be able to expand psychiatry GME. With support from the OHSU Psychiatry Residency program in Portland, plans are to emulate the design (with OHSU as the educational GME sponsor and SCHS as the institutional sponsor) that has been successfully leveraged to expand GME into central OR with the help of previously received HRSA and HOWTO funds. This will be the only psychiatry residency training program located outside of the populous I-5 corridor, running between Portland, Eugene, and Ashland OR, and the only rural linked psychiatry program in the State. BestCare has a significant role to play and contribution to offer during the expansion of mental health and addiction treatment services in central Oregon with the introduction of GME.

Thanks to the formation of a highly capable team at OHSU and SCHS, those institutions have been actively exploring options for GME, in conjunction with an OR State-sponsored PGME group, secondarily guided by the retention of legal and consultant advice regarding the educational and financial viability and sustainability of carefully designed and executed training programs. With the dedication and extensive knowledge base within the team, and assistance of senior deans and executives, central Oregon patient care entities-BestCare included, have reached the moment of more intensively supporting a dedicated group whose major focus is the implementation of the vision of GME for central OR and OHSU/SCHS. We anticipate utilizing the experience of a treatment system (BestCare), and institution that is growing rapidly (SCHS) along with the population of central Oregon to expand on our experience in hosting learners in both undergraduate and postgraduate medical education.

On behalf of the team at BestCare, we look forward to SCHS submitting a compelling application for HOWTO funding to support increasing the supply of well-trained psychiatrists, who will serve the needs of the State, rural and underserved populations in Oregon and America. There is an enormous shortfall of psychiatrists throughout Oregon, and our commitment will help towards closing that gap in access to MH services state-wide. Thank you for the opportunity to apply for meaningful assistance in our endeavor, which will produce an educationally and financially sound program for the future.

Sincerely,

Rick Treleaven, LCSW
Chief Executive Officer
Community Mental Health Program Director, Crook and Jefferson Counties
COHC Behavioral Health Rural Provider Workforce Grant

- **Additional, detailed information about the project budget**
  - Starting and recruiting for GME programs is usually a 4–5-year process, in SCHS’ situation we have only 3 years until the first residents arrive. The work being completed in those 3 years involves passing all educational/curriculum/ACGME application requirements through both the formal process at SCHS and the educational sponsor pathway (GME committee approval, ACGME application and PIF, many other tasks) at OHSU. This is a large amount of work that will be completed by a relatively small team. Below is a description as to what each of the personnel roles will be completing:
    - GME Project Director: Dr. Ross’ time is for coordination of the program, insuring we have ongoing coordination and planning between SCHS GME/OHSU Dean/GME, coordination and contribution of ACGME application, and provide guidance and leadership for the new faculty/Program Director at SCHS.
    - OHSU Psychiatry Residency Program Director/ Liaison: Dr. Kinzie’s time is for assistance in orientation and advice for Program Director, GME rotational design and coordination, Program Information Form (PIF) development for ACGME psychiatry application, faculty training and faculty development
    - Psychiatry Program Director: Their time will be used to recruit faculty, design rotational, program implementation, recruitment, and supervision of residents, PIF and Residency Committee (RC)/ACGME application coordination with other programs for shared rotations, execution and integration of resident/faculty recruitment, call schedules and supervision, faculty development, formal curriculum (IE lecture/case studies/rounds) scheduling and design
    - Assistant Program Director: Their time will go towards assisting with and contributes to all Program Director duties.
  - Provided further detail of funding request in the SCHS OHSU Psychiatry Residency Program Project Budget- COHC grant document
  - Provided further detail of total project budget in the SCHS OHSU Psychiatry Residency Program-Total Project Budget document
  - **Information about what parts of the project is funded by other sources and what would be specifically funded by RHIP funds**
    - The project does not yet have other funding sources. SCHS applied for a $1M grant, as well as a $250k matching grant but was not awarded the $1M funding. SCHS is actively searching for other funding opportunities to support the SCHS/OHSU Psychiatry Residency project.
  - **Information about what would NOT happen if this grant funding was not received**
    - Not having outside funding will put additional financial strain on the health system, in time when we are already experiencing financial hardship from the...
pandemic. Receiving this funding will help offset some of the planning costs associated with developing a psychiatry residency program.

- **Explanation of how this program will move students into roles as trained professionals in rural Central Oregon e.g., create a ‘pipeline’ for licensed providers to work in the region**
  - 75% of trainees stay within 50 miles of where they complete GME. With 6 Psychiatry Residency Program graduating annually, statistically 4 graduates will stay, live, and work in Central Oregon. The Behavioral Health field is extremely inundated, and these graduates will help to provide psychiatry care to the Central Oregon community. By first adding psychiatrists to the workforce, SCHS can then position itself to further develop learning opportunities to include psychiatric nurse practitioners’ programs, as well as other education programs. There is currently a pipeline in Central Oregon through AHEC from high school all the way to medical school.

- **Further exploration of supports and incentives to increase the likelihood that students and interns will stay in rural Central Oregon after graduation**
  - There are opportunities for National Health Service Core loan repayment with application to HRSA the Bureau of Health Workforce once GME graduates have contracted work in eligible facilities (of which SCHS sites are).
  - This pays tax free loan repayment for physicians who graduate, and all tri county hospitals and BH clinics are eligible for loan repayment.
  - There is also currently access for State loan repayment for psychiatrists who practice in underserved areas, if they are not awarded NHSC monies.
## Schs/ Ohsu Psychiatry Residency Program Project Budget

### Total Budget

<table>
<thead>
<tr>
<th>Organization: St. Charles Health System</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name: Schs/ Ohsu Psychiatry Residency Program</td>
<td></td>
</tr>
</tbody>
</table>

#### Personnel – Identified Personnel and Total Costs of Staff Salaries and Wages, Excluding Benefits

<table>
<thead>
<tr>
<th>Name Details</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rob Ross, MD, Director of Education/Research for St. Charles Health System GME Project Director (0.2 FTE)</td>
<td>$30,963</td>
</tr>
<tr>
<td>J. Mark Kinzie MD, PhD OHSU Psychiatry Residency Program Director/Liaison (0.2 FTE)</td>
<td>$53,600</td>
</tr>
<tr>
<td>TBD Psychiatry PD (Program Director MD/DO) (0.6 FTE):</td>
<td>$127,200</td>
</tr>
<tr>
<td>TBD St. Charles Health System Faculty Associate Residency Program Director (APD), (0.3 FTE)</td>
<td>$79,500</td>
</tr>
<tr>
<td>TBD Program Coordinator (1.0 FTE)</td>
<td>$71,000</td>
</tr>
</tbody>
</table>

**Total Personnel:** $362,263  

#### Fringe Benefits

**FICA Fringe benefits are specifically identified to each employee and are charged individually as 31%, the average of Schs/Ohsu.** The directly claimed fringe benefits are FICA, workers compensation, unemployment, health/dental insurance, long/short term disability, accidental death, employee assistance program, employee flex account, and 401(k). For the purposes of this budget, fringe benefits are estimated as a percentage (31%) of each employee’s salary. We have taken the average rates of the fringe benefits (which vary between OHSU and Schs) Because of the variable rates, it is impossible to separate each line item (e.g., FICA, Medical etc.)-if performed, these would only be rough estimates.

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Unemployment and Workers Compensation</td>
<td></td>
</tr>
</tbody>
</table>

**Total Fringe:** $112,302  

#### Travel

Local travel for PD/APD/Liaison/Program Coordinator between OHSU Portland and Schs Bend. In-person team meetings (Years 1-3: $575 each)

Regular travel between Portland and Bend. Travel for Bend to OHSU 250 miles round trip at 57.5 cents per mile. $143.75 per trip. 4 trips per year $575. 1 night Lodging and Board for 4 persons/trip $1000 x 3 = $3000. For faculty development and meetings.

Psychiatry Directors and coordinators Workshop (Years 2 and 3: $2275) Sponsored by the American Association of Directors of Psychiatric Training (AADPT)

**Travel:** $3,575
5 faculty members/Program Coordinator will attend the American Academy of Psychiatry Program Directors Workshop annual conference (or equivalent) to exchange ideas, share curriculum, evaluation methods, faculty development and networking in Year 2 and 3 of the grant. Costs are estimated at $2,275/attendee and include conference registration, airfare, 4 days per diem, 3 nights lodging, and ground transportation. 6 X $2275/year = $13,650. This event will shared over the 2 years with up to 10 alternate faculty attending, including interested specialty faculty.

SCHS Psychiatry Residency site visit to PDX (Year 1: $1,271/faculty)

Travel for up to 2 SCHS faculty/APD/PD/Program coordinator team member (5 in total) to visit Portland Psychiatry Residency Program, develop relationships, learn schedules and rotational design in person. This trip will provide a learning opportunity for best practices for development and successful launch of a new program. Costs include mileage, 3 nights lodging and 4 days per diem.

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL TRAVEL</td>
<td>9,930</td>
</tr>
<tr>
<td>EQUIPMENT</td>
<td></td>
</tr>
<tr>
<td>AV Equipment for SCHS/IHS/Tribal sites for conferences and telemedicine</td>
<td>0</td>
</tr>
<tr>
<td>($7500/per site x 2 = 15,000-the total cost will be approximately $30,000, .5 will be in-kind SCHS)</td>
<td></td>
</tr>
<tr>
<td>TOTAL EQUIPMENT</td>
<td>0</td>
</tr>
<tr>
<td>SUPPLIES</td>
<td></td>
</tr>
<tr>
<td>Printing and Postage (Years 1-2: $200 each; Year 3: $500)</td>
<td>200</td>
</tr>
<tr>
<td>Photocopying and printing will be necessary for accreditation documents, faculty development materials and communications between sites.</td>
<td></td>
</tr>
<tr>
<td>TOTAL SUPPLIES</td>
<td>200</td>
</tr>
<tr>
<td>CONTRACTUAL – Include sufficient detail to justify costs. Summaries of new and revised contracts must be included</td>
<td></td>
</tr>
<tr>
<td>Graphic design (Year 3: $2500)</td>
<td>0</td>
</tr>
<tr>
<td>Funds are requested to design and create information packets that can be distributed to prospective residents as part of the recruitment effort.</td>
<td></td>
</tr>
<tr>
<td>Website development (Year 3: $2,000)</td>
<td>0</td>
</tr>
<tr>
<td>Resident recruitment will involve website development to provide information to prospective residents.</td>
<td></td>
</tr>
<tr>
<td>Kari Strang, MA, MBA SCHS Contracted employee consultant Education/Research for St. Charles Health System: ($100/hour 1.0, total 10 hours/$1000 month X 0.9 = $500/month)</td>
<td>10,800</td>
</tr>
<tr>
<td>TOTAL CONTRACTUAL</td>
<td>10,800</td>
</tr>
<tr>
<td>OTHER – Include sufficient detail to justify each item. Note: Funding CANNOT support grant-writing, fundraising, or lobbying costs.</td>
<td></td>
</tr>
<tr>
<td>TOTAL OTHER</td>
<td></td>
</tr>
<tr>
<td>TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above (e.g. Travel, Equipment, etc.)</td>
<td>495,495</td>
</tr>
<tr>
<td>INDIRECT CHARGES – Include approved indirect cost rate.</td>
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<tr>
<td>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)</td>
<td>495,495</td>
</tr>
<tr>
<td>Year 2*</td>
<td>Year 3*</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>30,963</td>
<td>30,963</td>
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<tr>
<td>53,600</td>
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<td>127,200</td>
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<td>71,000</td>
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<tr>
<td>362,263</td>
<td>362,263</td>
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<table>
<thead>
<tr>
<th>Year 2*</th>
<th>Year 3*</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>112,302</td>
<td>112,302</td>
<td>561,508</td>
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<table>
<thead>
<tr>
<th>Year 2*</th>
<th>Year 3*</th>
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<tbody>
<tr>
<td>3,575</td>
<td>3,575</td>
<td>10,725</td>
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<tr>
<td></td>
<td>Year 2*</td>
<td>Year 3*</td>
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<tr>
<td>----------</td>
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<tr>
<td>17,225</td>
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<td>517,790</td>
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</tr>
<tr>
<td>517,790</td>
<td>522,590</td>
<td>485,865</td>
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</table>
## SCHS/ OHSU Psychiatry Residency Program Project Budget

<table>
<thead>
<tr>
<th>Personnel Costs: Name</th>
<th>Position (FTE dedicated to this project)</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rob Ross, MD, Director of Education/Research for St. Charles Health System GME Project Director</td>
<td>0.1</td>
<td>46,446</td>
<td>-</td>
<td>46,446</td>
<td>46,446</td>
</tr>
<tr>
<td>J. Mark Kinzie MD, PhD OHSU Psychiatry Residency Program Director/Liaison</td>
<td>0.1</td>
<td>40,200</td>
<td>-</td>
<td>40,200</td>
<td>40,200</td>
</tr>
<tr>
<td>TBD Psychiatry PD (Program Director MD/DO)</td>
<td>0.3</td>
<td>265,000</td>
<td>-</td>
<td>265,000</td>
<td>265,000</td>
</tr>
<tr>
<td>TBD St. Charles Health System Faculty Associate Residency Program Director (APD)</td>
<td>0.1</td>
<td>132,500</td>
<td>-</td>
<td>132,500</td>
<td>132,500</td>
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</tbody>
</table>

Sub-Total: Personnel $484,146.00 $ - $ $484,146 $484,146

<table>
<thead>
<tr>
<th>Materials &amp; Supplies</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
</table>

Sub-Total: Materials & Supplies $ - $ - $ -

<table>
<thead>
<tr>
<th>Travel Expenses</th>
<th>Total Cost</th>
<th>Amount Requested</th>
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</table>

Sub-Total: Travel Expenses $ - $ - $ -

<table>
<thead>
<tr>
<th>Consultants &amp; Contracted Services</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kari Strang, MA, MBA SCHS Contracted employee consultant Education/Research for SCHS ($100/hr 1.6, 4 total 10 hours/ $1000 month x .4= $400/month)</td>
<td>14,400</td>
<td>14,400</td>
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</tbody>
</table>

Sub-Total: Consultants & Contracted Services 14,400 14,400

<table>
<thead>
<tr>
<th>Meeting Expenses</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
</table>

Sub-Total: Meeting Expenses $ - $ - $ -

<table>
<thead>
<tr>
<th>Professional Training and Development</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
</table>

Sub-Total: Professional Training and Development $ - $ - $ -

<table>
<thead>
<tr>
<th>Other Budget Items</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
</table>

Sub-Total: Other Budget Items $ - $ - $ -

Total Project Budget $498,546 $498,546