**Behavioral Health: Increase Access and Coordination**

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

https://us02web.zoom.us/j/88698019171?pwd=eIM0SEE5aFl4K3BXbXBMaUtSTm1qdz09

Join by phone:

+1 719 359 4580  
Meeting ID: 886 9801 9171  
Passcode: 300638

October 18, 2023  
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 - 1:15 PM  
Welcome, Land Acknowledgement & Guiding Principles, Announcements.

1:15 - 1:45 PM  
Investments update  

1:45 – 2:30 PM  
Standing work.  
- Identify next shared actions for the group.

**Working Document:**  
https://docs.google.com/presentation/d/1jx7QDra_SVxVYXNkJ9No7ODu_dGeDhXfJ4CsBaOo0/edit?usp=sharing

**Workgroup Budget:**  
https://docs.google.com/spreadsheets/d/1Gw9dL6iRe1oIghJRMloxg9pEUofJ-KzU5WnscBbEX8/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 Acknowledgment

We recognize and acknowledge the indigenous land on 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 that 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.”

Behavioral Health: Increase Access & Coordination

RHIP Workgroup Virtual Meeting
## Five-Year Investment Overview
### All Workgroups

#### 2020 – 2024

<table>
<thead>
<tr>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tbody>
<tr>
<td>$12,000,000</td>
<td>$7,609,001.74</td>
<td>$4,390,998.26</td>
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<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Spent</th>
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<td>Address Poverty</td>
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<td>Physical Health</td>
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<td>Upstream Prevention</td>
<td>$1,424,126.00</td>
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## BEHAVIORAL HEALTH
### 2023 Budget Overview

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<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tr>
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<td>1,954,157.00</td>
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<td>500,000</td>
<td>45,000.00</td>
<td>$455,000.00</td>
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<td>17,966</td>
<td>5,000.00</td>
<td>$12,966.00</td>
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<td>482,034</td>
<td>40,000.00</td>
<td>$442,034.00</td>
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### By Future State Measure (5 year)

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<tr>
<th>Budget*</th>
<th>Spent</th>
<th>Available</th>
<th>Currently Allocated</th>
<th>Projected Available</th>
<th>Notes</th>
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<td>1,027,338.00</td>
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<td>594,450.00</td>
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<td>265,335.00</td>
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<td>0.00</td>
<td>0.00</td>
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</table>

### 2023 Investments

<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>Nami Central</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>drawn from shared mini-grant budget</td>
<td></td>
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10/16/2023
| 2020 2024 | 40,000.00 | 05/17/23 |
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
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

Date updated: 8.2022

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</th>
<th>Who/How</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Create a community-driven behavioral health workforce development pipeline prioritizing rural areas</td>
<td>2022 - 2025</td>
<td>Behavioral Health Consortium; St.Charles Health System</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>Standardize screening processes and communication to assure clients receive the appropriate level of care and follow-up</td>
<td>2022-2024</td>
<td>Addendum to Timeliness and Engagement Project</td>
</tr>
</tbody>
</table>

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

(insert)
### Root Cause Barriers: What is blocking us from moving toward our future state measures?

<table>
<thead>
<tr>
<th>Cultural barrier of trust with minority groups (Persons of Color, veterans, etc)</th>
<th>Systems &amp; policy do not support care coordination</th>
<th>Funding lessons from COVID (billing codes, purchase of phones/tablets)</th>
<th>Limited pathways to BH careers in region (recruitment of HS, minority &amp; Bilingual)</th>
<th>Culture of individualism (pull yourself up by your bootstraps)</th>
<th>Basic needs (housing, transportation, communication) trump behavioral needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient knowledge of dyadic therapies for children/families</td>
<td>Needs assessments differ between groups</td>
<td>High cost of living/insufficient reimbursement rates</td>
<td>Education &amp; training for providers from marginalized groups</td>
<td>Stigma: neuroscience vs. Flawed character</td>
<td>Insurance limitations for undocumented &amp; incarcerated people</td>
</tr>
<tr>
<td>Insufficient knowledge of dyadic therapies for children/families</td>
<td>Organizations are siloed/don't communicate</td>
<td>Prioritization of screening tools which are reimbursed</td>
<td>Career trajectory out of agency work leaving a “brain drain”</td>
<td>Unaffordable and inaccessible technology</td>
<td></td>
</tr>
<tr>
<td>Screening processes are not humanistic</td>
<td>Behavioral health operates in silos</td>
<td>Insurance reimbursement policies</td>
<td>Incentives for rural providers, practice &amp; communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysfunctional Provider Directories</td>
<td>Need for more residential beds</td>
<td>Remote location work not incentivized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPAA/Privacy Myths</td>
<td>Services are not political priority</td>
<td>Wages don't match cost of living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health dollars cannot cross county lines</td>
<td>Need for bilingual BH specialists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding Payor Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

<table>
<thead>
<tr>
<th>Promote Comprehensive Staffing Retention Models</th>
<th>Expand, Train, and Support the Workforce</th>
<th>Develop and Pay Traditional Health Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incentivize providers to work in rural areas</td>
<td>• Pursue OHSU psychiatric resident rotation for child psychiatrists</td>
<td>• Develop a “Promotora program” within the different community groups</td>
</tr>
<tr>
<td>• Pursue incentivizing local psychiatric nursing jobs with COCC, OHSU, Linfield</td>
<td>• Having Mental Health be developed as a career path in large and small communities, by educating high school students about career</td>
<td>• Train people from local neighborhoods into THW, CHW jobs in those communities. Churches as a source of contact</td>
</tr>
<tr>
<td>• Pay to Stay programs through PacificSource to support providers working in rural and underserved communities</td>
<td>• Early recruitment of a diverse workforce – start in elementary and middle schools</td>
<td>• Develop and highlight BH opportunities for peer delivered services</td>
</tr>
<tr>
<td>• More hiring incentives and research around our veterans.</td>
<td>• Develop shadowing program of BH careers for high schoolers</td>
<td>• Pilot project for employing and reimbursing THW and Peer Support Specialists</td>
</tr>
</tbody>
</table>

## Strengthening & Expanding the Behavioral Health Workforce

### Increase Coordination and Access
- Connect CHW with Latinx community to better connect care to communities
- Build centralized streamlined referral hub or team
- Not just about access but about quality of services received; could be measured, e.g. completion of treatment
- Host monthly provider meetings
- Develop method to measure timeliness and engagement with specialty behavioral health
- Develop closed loop referral processes
- Offer transportation to and from Central Oregon Communities

### Increase Cultural Responsiveness of Service Delivery
- Build community coalition capacity to address health inequities related to substance use and mental health
- Use Culturally and Linguistically Appropriate Services (CLAS) Standards
- Cultural needs assessment for BH
- Have experience engaging with Latinx parents, supporting them in accessing behavioral health services
- Project where seasoned providers attempt to reach specific populations based upon culture, diagnosis, etc. and provide culturally-based treatment
- Provide same sex interpreter and/or traditional health workers for women patients
- Behavioral Health screening at intake in the individuals’ primary language
- Communicate in a more meaningful, basic, and understandable way.

## Improving Coordination and Access to Culturally Responsive Behavioral Health Care


Promote Mental Health for All across the lifespan

- Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote Health in All Policies
- Destigmatize by putting on a program for junior high and high school students. Partner with Younity.
- Partner with NAMI of Central Oregon (National Alliance of Mental Illness) to host an event to destigmatize mental illness
- Provide monthly rotational community events to destigmatize mental health
- Host a Zoom presentation on a topic that would cover destigmatization
- Utilize high level speakers strategically to dispel the myth that mental health is a character weakness.

Advocate for Better Funding

- Pay for insurance advocate to advocate for higher reimbursement for Behavioral Health services
- Lobby at the state level for funding for providers
- Advocate to have (BIPOC) traditional approaches reimbursed
- Create value based contracting that has metrics tied to access, engagement and outcomes
- Value based contracting

Normalizing and Destigmatizing Mental Health Across the Lifespan

Advocating and Lobbying for Behavioral Health Funding at Parity with Physical Health
Director: Adam Dickey Psy.D.
458-218-5603
adam@ecworks.org
Coordinator: Tina Bollman
541-816-7325
tina@ecworks.org

Visit us at cobhc.org for more information
PURPOSE OF TODAY’S DISCUSSION

How we have evolved
Our Lines of Service
What we have learned
Challenges faced, and overcome
Impact results of 2023/24 Cohort
Stats
Satisfactions
Pivots needed
Known hires that impact prioritized populations
CENTRAL OREGON BEHAVIORAL HEALTH CONSORTIUM:

The Central Oregon Behavioral Health Consortium represents the collaborative effort of agencies across the three counties of Central Oregon to share resources for the purpose of providing training and workforce development opportunities for behavioral health providers. The goal and mission of the Central Oregon Behavioral Health Consortium is to prepare and retain behavioral health providers throughout Central Oregon to provide culturally competent care for diverse children, adolescents, and adults throughout the region.

VALUES:
Compassion
Integrity
Accountability
Courage

MISSION:
Develop competent, culturally sensitive, and curious behavioral health providers.

VISION:
Increase access to Behavioral Health care through improved training and retention of qualified behavioral health professionals in Central Oregon.
How We Have Evolved

Cohort based, multi-discipline learning experience with didactic trainings, journal club, and case consultations self-paced, in person, and virtual options. Standardization of training experiences across all training sites for both supervision and clinical trainings.

Four expanded clinical trainings for trainees and member clinicians:

1. Cognitive Processing Therapy (CPT)
2. CBT for Psychosis
3. Psilocybin Services and Oregon Therapists
4. Ecopsychology
2022/23 Quarterly Trainings

1. Cognitive Processing Therapy (CPT)
2. Changing the Conversation about Pain
3. Motivational Interviewing
4. Gender Diverse Youth
Additional Programs

Supervision line of service

Support to WorkSource Oregon partners through behavioral health training

Trusted collaborator on:

1. Supervision challenges/needs
2. Regional clinical deficits
3. Referral pathway challenges
4. Intersection of mental health concerns outside of the treatment setting
We have become a regional leader on Behavioral Health workforce needs in our region
Our degree programs (LPC, MSW, PsyD, PhD) focus on the basics

Some training programs are more generalist than others, and some focus on completely different training

Yet the work force expects a trained therapist – (treat to remission, or to improvement)

Employers expect training in evidence-based treatment – as do insurance providers

Provide expanded training for all levels of pre licensed mental health provider

Expand access to treatment in rural areas

Engage our young learners in high school about careers in behavioral health

Increase access to local trainings for all mental health providers

Train, retain, and recruit high quality mental health providers
Figure 6. Shaded areas are below Oregon’s rate of 1.25 mental health provider FTE per 1,000 population.
Our students are suffering, and the pediatric mental health system is in crisis

Untreated/Undertreated:

- Depression
- Anxiety
- Substance Use
- Family issues
- Developmental issues
- Learning Disabilities
- Contextual factors
- Trauma/PTSD
Where are we in our progress?
Impact on rural and pediatric behavioral health?

Of the 24 trainees that participated in Cohort 1:

1: Was attending internship in Warm Springs – they withdrew from the cohort in month 2.

10: Worked with prioritized populations- Rural and 75% children and families.

At the 9-month completion point, 22 of the cohort trainees graduated with a COBHC Level One Certificate:

7 graduated with their masters and became associates. All 7 remain in the region.

4 are working in rural regions: 1 Prineville, 1 Madras, 2 LaPine

4 are working in pediatric settings

(1 was already an Associate)
<table>
<thead>
<tr>
<th>Objective(s)/Outcome(s)</th>
<th>Reporting Period Total</th>
<th>Cumulative Grant Total</th>
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<tbody>
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<tr>
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<td>24</td>
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<tr>
<td>Total interns who completed</td>
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<td>22</td>
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<tr>
<td>Number of</td>
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<td>Self-produced professional trainings</td>
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<td>4</td>
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<tr>
<td>Number of</td>
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<tr>
<td>Co-sponsored professional training</td>
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<td>Number of</td>
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<td>Total learning/continuing education hours</td>
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<tr>
<td>Number of</td>
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<td>Community trained professionals</td>
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<td>Number of</td>
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<tr>
<td>Associates receiving COBHC provided clinical supervision</td>
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<td>1</td>
</tr>
<tr>
<td>Number of</td>
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<tr>
<td>Interns receiving COBCH provided clinical supervision</td>
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<td>1</td>
</tr>
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</table>
COBHC Cohort 1
EOY Evaluation Results
8/10/2023
APPLICATION PROCESS

All participants found the application easy to complete.

All participants indicated that the application process was not difficult or time-consuming.

Most participants found the Q&A sessions helpful.

“When you applied, what would have helped you better understand the benefits of joining the COBHC program?”

- an interview process
- clear information for community partners
- reassurance that the time commitment is manageable
- emphasis on the benefits of free training
- clear information delineating the process and expectations
- what it meant to be part of the program
- whether or not a mental health certificate would be granted at the end of the program (and if not, how to obtain it)

“Were the Q&A information sessions (via Zoom) helpful?”

- Yes: 8
- No: 2
- N/A: 1
- Other: 0

CORNERSTONE
WHOLE HEALTHCARE ORGANIZATION, INC.
Most participants indicated the following skills were developed through COBHC:
- Motivation Interviewing
- PTSD Treatment
- Health Psychology regarding Chronic Pain
- Clinical Brief Intervention Skills
- Gender-specific Issues in Treatment
- Counseling Ethics
- Consultation Skills

Skills were selected via skills mentioned in the COBHC handbook. Without a skills assessment at the beginning of Cohort 1, it is not reasonable to assume that skills with less than 50% response were directly impacted through COBHC participation.
HOW DID THE COBHC IMPACT YOUR SKILLS AROUND DIAGNOSIS AND CASE CONCEPTUALIZATION IN THE FOLLOWING DOMAINS?

Most participants indicated at least some level of comfort in all areas. Discrepancies are likely attributable to levels of experience for participants newer to the field.

Areas of potential focus include:
- Evaluation services
- Tx planning and implementation
- Client services related research
- Dx process
- Effective communication and documentation
- Risk response

![Chart showing comfort levels in various domains]
All participants indicated at least some level of comfort in all areas. Discrepancies are likely attributable to levels of experience for participants newer to the field, but professional boundary management may be a potential area of future focus.
All participants indicated at least some level of comfort in all areas. Discrepancies are likely attributable to levels of experience for participants newer to the field, but personal/cultural history and bias, responding with cultural humility, and integrating culturally humble practices into clinical practice may be potential areas of future focus.
WHAT HAS BEEN THE GREATEST BENEFIT OF THE COBHC COHORT?

Cost coverage and compensation
Applicable trainings - highlights included quarterly trainings and suicidality didactic
Sense of professional belonging

WHAT HAS BEEN A CHALLENGE IN THE COBHC COHORT?

Journal Club
Time, particularly regarding monthly didactic hours
Didactic training did not always match with people's interest or areas of application
Generalist students were more excited to be learning from associates than the reverse
**RECOMMENDATION AND CONTINUATION**

“Would you recommend the COBHC to another qualified student or associate?”

Other: “I would recommend to qualified student, but less likely to recommend to associate”

“Are you planning to continue with COBHC learning opportunities in the 2023-2024 cohort?”

<table>
<thead>
<tr>
<th>Yes</th>
<th>7</th>
<th>(64%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>4</td>
<td>(36%)</td>
</tr>
</tbody>
</table>
SUMMARY

Participation
Total participants: 11 (50%)
Statistically significant participation in evaluation typically requires incentive (+/-)
Ex: if surveys are administered in October and in June, that monthly stipend is not delivered until survey completion.

Training
Most comments (positive and constructive) related to training focused on time and applicability.
Monthly trainings were generally more favorably reviewed than didactic.
Participants indicated that didactic trainings would be more beneficial with more options in content (either provided or substituted in the community) and in delivery (multiple comments requesting reading/audio in addition to audio).

Time
Some participants indicated time requirements as burdensome.
This was assuaged most effectively through cost coverage and the stipend.

Culture
Participants were generally favorable toward Consortium Culture, highlighting a sense of support, shared learning, and comradery among professionals.
A sense of gratitude and grace for Adam and Tina’s support, problem-solving, and flexibility was also present throughout.
Strains on perceptions of Consortium Culture generally centered on air-time and contributions in Journal Club and Case Consultation, communication clarity, and disparities in experience and knowledge between associate and generalist participants.
RECOMMENDATIONS

Participation
   Evaluation: outline a clear schedule and incentive for evaluation and abide.
   Maintain stipend and cost coverage/reimbursement for trainings.

Training
   Consider training content and delivery method for future development. In the interim, outline a clear pathway for substitution.
   Consider transportation/location for in-person trainings to maximize attendance.
   Clarify learning time sheet use.

Communication
   Clarity in expectations, time commitment, logistics, and question/feedback/escalation pathways, have been requested.
   Consider including all these elements in the handbook delivery at the beginning of each cohort year.
RECOMMENDATIONS, CONT.

Culture
Spend first Case Consultations and Journal Club sessions on introductions.
Consider creating a Journal Library using previously presented materials to fall back on if participants are unable to bring articles AND/OR assign rotating Journal Club facilitation.
Consider tailoring the Consortium content or structure with consideration for significant gaps between professional experience among participants (ex: Year A and Year B in 2-year Consortium curriculum cycle) AND/OR have tailored roles for Associates-level participants.

Evaluation
Pre/post survey
Policy clarification for marketing & evaluation
Thank You
NOTES

Dan – Question about supervision?