



HEALTH SERVICES

2577 NE Courtney Drive, Bend, Oregon 97701
Public Health (541) 322-7400, FAX (541) 322-7465
Behavioral Health (541) 322-7500, FAX (541) 322-7565
www.deschutes.org

Behavioral Health Advisory Board

Date: Friday, February 20th, 2025

Time: 12:00pm – 1:30pm

Location: Deschutes County Health Services Building, 2577 NE Courtney Drive, Bend, Oregon 97701

Attendees:

Linda Nolte, Danielle MacBain, Tony DeBone Stephanie Utzman, Lee Butler, Dana Murray, Shannon Brister, Melinda Thomas, Mary Burns, Carey McKinnon

12:00 PM: Call to order and introductions - Melinda

- One interesting thing about each member – can be professional or personal

12:11 PM: Approval of January minutes - Melinda ACTION

- Linda moved to approve the minutes, Danielle second. Motion carries to approve.

12:15 PM: Director's Report – Shannon

- Stalemate CCO Pacific Source negotiations.
- Balancing budgets- substantial cuts. BH Leadership has gone through budget planning processes to look at how we reduce costs. We have 3 different types of services: core, mandated, and safety net. Core we must provide as it's linked to a contract with funding. Mandated which are required by rules. Safety net which is for OHP clients. DCBH does a lot of things that aren't mandated such as the stabilization center (we do have to offer 24/7 crisis but not the actual center.), but it's possible we won't be able to provide all the services depending on how negotiations go.
- We are in a good spot for FY27. FY 2028 will be difficult.
- We're looking at cost savings through space reduction, eliminating vacancies, centralized scheduling through MTM, and several other options which need to be vetted.
- Centralized scheduling will start in Courtney then to the hubs. There will also be an Engagement Specialist to reach out to clients who are no longer engaging and discuss barriers to engagement and their options.
- Investment in OHP assisters. With HR1 some people will drop off OHP because of the new frequency of re enrollment. OHP assisters will be able to help people re-enroll if needed.
- We're required to see clients regardless of payor type. Without insurance, we don't get paid.
- Shannon, Mary, and Melinda met to discuss how we shift this committee from BH reporting out to this group informing BH on what is happening in the community.

12:30 PM: Commissioner's Report (Commissioner DeBone)



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- Took a moment to celebrate the acute care facility.
- What's the culture of our community that we want to advocate for?
- Welcomed members of the committee to explore the culture of the community and what it needs.
- A short legislative session is happening. Oregon is responding to federal actions, and we should the results of this session in 1-2 weeks.
- In these meetings, we can compare notes between BOCC and BHAB to see if we're on the same page as far as what the community needs.
- Shared about the Healthy Schools. It is a partnership with Bend Lapine schools and the health department with a goal of reducing and preventing and informing youth about what is available to them through BH and PH. The funding was specific to Bend LaPine schools which is why it hasn't expanded so far.
 - This has been a successful program showing significant costs savings while positively impacting youth.
 - Shannon will send additional information on Health Schools.
 - We'll add this to future agenda for a presentation. This would be a good topic to combine with PHAB as Jessica Jacks is the manager for this program.
 - Linda mentioned that she liked the tying dollars saved to the programs so that some people don't resent taxes as much. It's good to show the financial benefit and people benefit.
- Working on the Annual budget for Deschutes County. There will be a proposed budget in the next two months. You can find this online. Tony Debone will walk us though the budget at next meeting and then provide an update at a future meeting.

12:45 PM: COHC and RHIP 101 Presentation (Mary Burns)

- Central Oregon Health Council is a regional health partner that helps other health organizations realize their goals.
- One of BHAB's functions is to integrate RHIP priorities to BHAB work, which Mary could help with.
- COHC does the Regional Health Assessment which is a process where community partners lead a selection of priorities, which then becomes the Regional Health Improvement Plan (RHIP).
- Within the RHIP is a toolkit which helps with goals, strategies, and objectives. Great place to look over to get familiar with and see where BHAB can fit in.
- The RHIP was owned by the health council traditionally and they had work groups to move goals forward. Reduced funding has caused a change in the way they work- they are now finding the people already doing the work and bringing them together to move goals forward rather than continuously funding different projects.



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- RHIP 101 sessions are offered to the community. Mary has offered to put together a customized one of these, walk BHAB through their process and see where BHAB could fit in and invite PHAB.
 - This aligns well with option 3 of the menu of options.
 - Melinda suggested that we do the RHIP 101- Late Spring. This should give us some time to discuss how we want to function, then Mary can give the presentation and provide a roadmap about how to function.
 - We will move forward with a RHIP 101.
- Mary will send Dana COHC, RHA, and RHIP information to send to this group.

1:00 PM: Menu of Options discussion (Melinda and Lee)

- Option #1 – Status Quo
 - Don't want to minimize what the board has done so far.
- Option #2- Advocacy position
 - This is a public committee and can't convene quickly to vote on advocacy decisions which must be done publicly, not by email.
 - We could create a template and easy instructions for how to write and submit letters individually. Volume speaks louder than an advocacy position in most cases.
 - BHAB members can send an email to the group about what's being discussed and what they can do. We can be nimble in this way.
 - An example would be sending letters stating the importance of increasing funding for the stabilization center.
- Option #3- Form Priority-Area Collaboration Groups
 - Perhaps use this as support alone with RHIP and Mary.
- Option #4- System Mapping and Alignment.
 - We've heard this as a need and want many times and PHAB is interested in doing it as well. The BH system is very confusing, and many don't know what is available.
- Option #5- Strengthen BHAB's Role in Nonpartisan Education and Public Trust in Behavioral Health
- A hybrid of these options is acceptable.
- COSPA is starting one of the objectives related to something like system mapping. Mary believes there is an option with the RHIP 101 to do some process mapping. (Option 4)
- No option decisions made today, but will move forward with RHIP 101.

1:15 PM: Open discussion (any board member)

- PHAB alternates between online and in person- how do we want to operate?
- Melinda would like to keep march to discuss introduction to budget with follow up in April or May.
- Commissioner DeBone will send a link to the budget



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1:30: PM: Meeting Adjourned

Subcommittee	Members
Membership and Onboarding Committee	Cameron Fischer- Lead Peter Boehm Stephanie Utzman
Community Outreach Committee	Julie McFarlane Michael Shults
Advocacy Committee	Danielle McBain, Lee Butler