



# HEALTH SERVICES

2577 NE Courtney Drive, Bend, Oregon 97701  
 Public Health (541) 322-7400, FAX (541) 322-7465  
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## Behavioral Health Advisory Board

### DRAFT Notes

Date: Friday, February 18, 2022

Time: 12:00pm – 1:15pm

Location:

Virtual – Zoom Meeting

<https://zoom.us/j/97520288410>

Present: Hailey Barth, Patti Adair, Peter Boehm, Roger Olson, Shannon Brister Raugust, Jessica Vierra, Robbie Cervelli, Abbey Davidson, Cameron Fischer, Christina Lee, Hilary Crockett, Jessica Vierra, Jill Adams, Lorelei Kryzanek, Paul Partridge, Stephanie Utzman, & Janice Garceau.

<u>Agenda Items</u>		
12:00PM - 12:15PM	<ul style="list-style-type: none"> <li>• Welcome and introductions</li> <li>• Approval of the January 21, 2022 BHAB Meeting Minutes</li> <li>• Jessica Vierra motioned to approve the January 21, 2022 BHAB Meeting minutes. Commissioner Adair seconded. <i>The minutes were approved by consensus.</i></li> <li>• Announcements               <ul style="list-style-type: none"> <li>○ Stephanie Sahleen, BHAB Co-Chair, has accepted a full time position at Deschutes County Health Services’ Crisis Team. Because of conflicts of interest, she can no longer serve as an official Board member.</li> <li>○ Co-chair recruitment – Forward appointment recommendations through Hailey, Roger, or Janice</li> </ul> </li> </ul>	Roger Olson



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<p>12:15PM – 12:25PM</p>	<ul style="list-style-type: none"> <li>• DCHS BH Update</li> </ul> <p>Janice Garceau highlighted the following:</p> <ul style="list-style-type: none"> <li>• She met with a group of local system partners that are beginning to think about behavioral health problem solving in the region.</li> <li>• Molly Wells Darling’s last day as DCHS’ BH Access &amp; Integration Manager is 2.18.2022. She will be transitioning to a director-level role at St. Charles. Although this is a big loss for DCHS, Molly will make a positive difference in the relationship with the hospital partner system.</li> <li>• DCHS’ current staffing situation is doing slightly better and vacancies on many teams were filled, but clinical teams are still understaffed. DCHS is offering bonuses, incentives, and stay agreements to hopefully continue attracting dedicated clinical staff.</li> <li>• The Crisis Team is in immediate need of QMHPs. OHA offered to help and deployed 2 crisis staff who will support the Deschutes County Stabilization Center until March 30.</li> <li>• Barrett Flesh will be leaving DCHS on March 11, 2022. Please share the BH Adult Outpatient Manager recruitment found on Deschutes.org with your networks.</li> <li>• DCHS has a new Homeless Outreach Services Team that includes diverse staff that will focus on outreach and engagement efforts to address homelessness.</li> <li>• Legislative Updates: M110 grant funding includes \$300 million in the mix for funding for BH resource networks       <ul style="list-style-type: none"> <li>○ An RFP went out and DCHS applied in partnership with Bestcare to add case</li> </ul> </li> </ul>	<p>Janice Garceau</p>
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	<p>managers and Peers to do community outreach activities.</p> <ul style="list-style-type: none"> <li>○ This funding has been available for over a year but the legislature is not currently doing anything meaningful with it.</li> </ul>	
<p>12:25PM – 12: 55PM</p>	<ul style="list-style-type: none"> <li>● Rapid Engagement Presentation</li> </ul> <p>Janice presented on Rapid Engagement (RE) – a pilot project 3 BH teams will be implemented. She explained:</p> <ul style="list-style-type: none"> <li>● RE allows for community members to quickly and easily access behavioral health services when and where they need them</li> <li>● RE front-loads services instead of a long, administrative process</li> <li>● How does RE work?           <ul style="list-style-type: none"> <li>○ Brief intake and assessment, provide an initial diagnosis, and start offering and billing for all appropriate and allowable services</li> <li>○ Outreach and engagement services are paid for using Health Related Services Funds or In Lieu of Services billing</li> <li>○ Members of the peer workforce are empowered to “assist in the gathering and compiling of information to be included in the assessment</li> <li>○ Agencies are able to take up to 6 visits or 6 months to complete all of the intake and assessment requirements stipulated in the Oregon Administrative Rules</li> </ul> </li> </ul> <p>Feedback/Questions:</p>	<p>Janice</p>



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	<p>Peter asked what agency or person is behind this change, and noted it looks very productive for both clients and the BH workforce. Janice answered DCHS was a big proponent of this change as the agency first heard about it from AOCMHP and the Treat First Model in New Mexico. She added Access Supervisor Amber Clegg has been working closely with BH leadership, AOCMHP, and the CCO on getting RE implemented at DCHS.</p> <p>Peter asked what PacificSource thinks about RE. Christina Lee thanked Peter for the question, then asked Janice if the right CCO partners were at the table regarding RE implementation. Janice responded there is no PacificSource representation on the at the state RE workgroup level, but the CCO is participating and is supportive at the local level.</p> <p>Janice shared that a successful rollout is important to leadership and RE has to be built out in a way that is not awful for clinicians so it doesn't feel like a step backwards. She noted the biggest change with RE is all clinicians will be conducting their own assessments, which is something they are not currently doing.</p> <p>Hilary Crockett asked if the Crisis Stabilization Center is an example of RE. Janice answered yes, and DCHS is modeling the RE pilot off of what the stabilization center is currently doing. She added the main point of RE is to conduct quick assessments to get clients in the door for services then work toward improving their lives within a few initial sessions.</p> <p>Paul Partridge compared RE to the Suzuki method of teaching children music and explained for hundreds of years people were taught music by learning scales and other mundane activities. The Suzuki method focuses on getting the child engaged and finding joy in the experience rather than getting stuck with technique. Paul said RE is similar as it helps clients find rapid joy rather than go through the entire assessment and documentation process that often just "checks a box".</p>	
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	<p>Janice asked the BHAB to advocate for RE in other meetings and networks to create positive noise around its implementation.</p> <p>Commissioner Adair commented that she appreciates that RE will relieve the administrative burden on clinical staff as they can miss how someone is really feeling if they are focused on documentation requirements.</p> <p>Janice shared that RE will be piloted at the following DCHS sites, with an implementation date still TBD, but hopefully by summer 2022:</p> <ul style="list-style-type: none"> <li>• School Based Health Centers</li> <li>• Adult Outpatient – Complex Care</li> <li>• Community Support Services</li> <li>• Children, adult, and intensive clients will be covered in the pilot.</li> </ul>	
<p>12:55PM – 1:10PM</p>	<ul style="list-style-type: none"> <li>• Board Development</li> </ul> <p>Roger shared he is still working on subgroup formation and has been researching current OARs and what exactly the BHAB bylaws mean in relation to being the “local drug and alcohol authority”. He asked the group to email him any feedback on board development if they had ideas.</p> <p>Roger also noted that Paul’s IDD Advisory Committee is looking for a liaison from the BHAB to participate on both committees. He added this partnership will benefit both groups.</p> <p>Janice explained that as a CMHP DCHS used to be the convener of service providers and played a central role in managing referrals to panel providers. She said that this is now the CCO’s responsibility and she has been thinking about what DCHS used to do as a CMHP vs what they do now.</p>	<p>All</p>



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	<p>Christina shared that the CCO now holds risk for the panel, and the work currently being done is called the “panel management community collaborative”. She explained the CCO works with the CMHP to analyze data and several groups develop regional strategies to answer questions such as:</p> <ul style="list-style-type: none"> <li>○ How to fill gaps in services?</li> <li>○ How to identify these gaps?</li> <li>○ How can the region not perpetuate disparities with the majority of providers on the West Side of Bend</li> </ul> <p>Christina noted that the SUD panel might be a good venue for BHAB members to also be a part of.</p>	
<p>1:10PM – 1:15PM</p>	<ul style="list-style-type: none"> <li>• Agenda Setting</li> </ul> <p>Ideas from group:</p> <ul style="list-style-type: none"> <li>• March: Focus on external workgroup collaboration, specifically panel workgroups, SUD workgroups, and the RHIP.</li> <li>• SUD issues and how the BHAB can contribute</li> </ul>	<p>All</p>