Galvanizing Action for Young Children with Health Complexity in Douglas County: Addressing Their Social-Emotional Health & Behavioral Health Needs

October 26th, 2022 9am-12 PM

Roseburg Public Library:
1409 NE Diamond Lake Blvd, Roseburg, OR 97470

10/26/22 Meeting Agenda:

I. Welcome from Ford Family Foundation, Oregon Pediatric Improvement Partnership and **Umpqua Health Alliance**
II. Refresher on the Douglas County Call to Action for Health Complex Children and OPIP's Efforts in the Region
III. Review of alignment of efforts focused on addressing the social-emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population.

Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement

IV. What is the **Current State** of Social-Emotional Services Young Children Are Receiving?
- ✓ **Umpqua Health Alliance** sharing of data on number of children who have received some level of a social-emotional services: Overall and for populations with historical and contemporary inequitable access

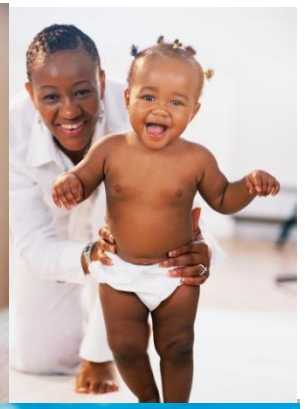
V. What **Social-Emotional Services Exist**?
- ✓ Sharing of Specialty Behavioral Health Service Asset Map and Capacity
- ✓ **Umpqua Health Alliance** sharing on their reflections of UHA Contracted Providers and opportunities

VI. How Should We **Improve Access to & Receipt** of **CCO Supported Social-Emotional Services** in Douglas County?
- ✓ **Community-level input** on populations that should be a priority for starting point action
- ✓ **Small group work sessions** to obtain input and consensus on Action Needed to Improve Social-Emotional Services

V. Next Steps
- ✓ **Umpqua Health Alliance**: Sharing of What They Heard and Their Next Steps
- ✓ OPIP Next Steps
- ✓ Ford Family Foundation Next Steps

Meeting Hosts: The interactive meeting is led by the **Oregon Pediatric Improvement Partnership (OPIP)** as part of their *Ford Family Foundation funded project* that is directed by Steering Committee of local community partners. OPIP is collaborating with **Umpqua Health Alliance (UHA)** leadership to align the meeting content with UHA's efforts on the System-Level Social-Emotional Health Metric that is a Coordinated Care Organization (CCO) Incentive Metric.

Input and community reflection obtained at the meeting will inform **UHA's** efforts to support community-level improvement aligned with the System-Level Metric and the findings from the meeting will be shared with the two other CCOs that serve members in Douglas County (All Care, Trillium South)



WELCOME!

Galvanizing Action for Young Children Birth to Five with Health Complexity in Douglas County:
Addressing Their Social-Emotional & Behavioral Health Needs

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- **What is the Current State of Social-Emotional Services Young Children Are Receiving?**
  - **OPIP:** Level Setting and Overview
  - **Umpqua Health Alliance:** Sharing of data
- **What Social-Emotional Services Exist?**
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- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
  - **Community Level Input:** Prioritizing Populations with Historical and Inequitable Outcomes
  - **Small Group Work Sessions:** Action Needed to Improve Social-Emotional Services
- **Next Steps**

Welcomes

The North Umpqua River from North Bank Road. (Oregon State Archives Photo)

A clear purpose will unite you as you move forward, values will guide your behavior, and goals will focus your energy.

Kenneth H. Blanchard

THE Ford Family FOUNDATION

Robin Hill-Dunbar
Senior Program Officer

Welcome from the Oregon Pediatric Improvement Partnership (OPIP)

COLLEEN REULAND, OPIP DIRECTOR

Galvanizing Efforts for Children with Health Complexity

Welcome by Brent Eichman, MBA, CHFP

Chief Executive Officer

Umpqua Health Alliance

Umpqua Health Alliance CCO

- One of 16 Coordinated Care Organizations in Oregon
- Provide medical, dental, and behavioral health services to 37,000 members on the Oregon Health Plan through partnering with local health care providers
  - 12,000 Children

Umpqua Health Alliance CCO

- Children's health has always been a priority population for CCO Quality Metrics . Some examples:
  - Assessments for children in DHS custody
  - Developmental screening in first 36 months
- Health Aspects of Kindergarten Readiness Metrics Currently in CCO Incentive Metric Set:
  - Well-Child visits for 3–6-year-olds
  - Childhood Immunizations
  - Dental sealants on permanent molars for children
  - System-Level Social-Emotional Health

Umpqua Health Alliance CCO

- Umpqua Health Alliance's Role today
  - Here as a community partner in this work
  - Here to share data
    - Reach Metric Data and Asset Map
  - Here to listen to stakeholders and community partners
    - Recognize that all stakeholders play an important role in identifying improvement areas

Umpqua Health Alliance CCO

Goal / Outcome:

- Umpqua Health Alliance has a responsibility to develop an action plan that reflects input from all involved in this collective impact process
- Ensure a focus of Action Plan efforts on children with historical and contemporary injustices

Meeting Logistics & Importance of Self Care

- Bathrooms
- Reason for assigned seating, that said feel free to stand during presentation and ensure your comfort
- Acknowledgement that the data may be triggering
- Open areas if you need space
- Boxed lunch will provided to you at the end

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Overview of Galvanizing Action for Health Complex Children in Douglas County

Goal: Support local communities to engage partners, galvanize action and support improvement efforts for Health Complex Children in Douglas County

Funder: The Ford Family Foundation

Project Focus Areas:

- Development of a **Call to Action Based** on Community Level Input For Use of Health Complexity (Will send afterwards)
- Video Vignette of Priority Areas and Themes (can send link)
- Facilitate Improvement Efforts focused on:

  Track 1: Increased awareness and **use of health complexity data**

  Track 2: Increase **access to and capacity of behavioral health services** for health complex children

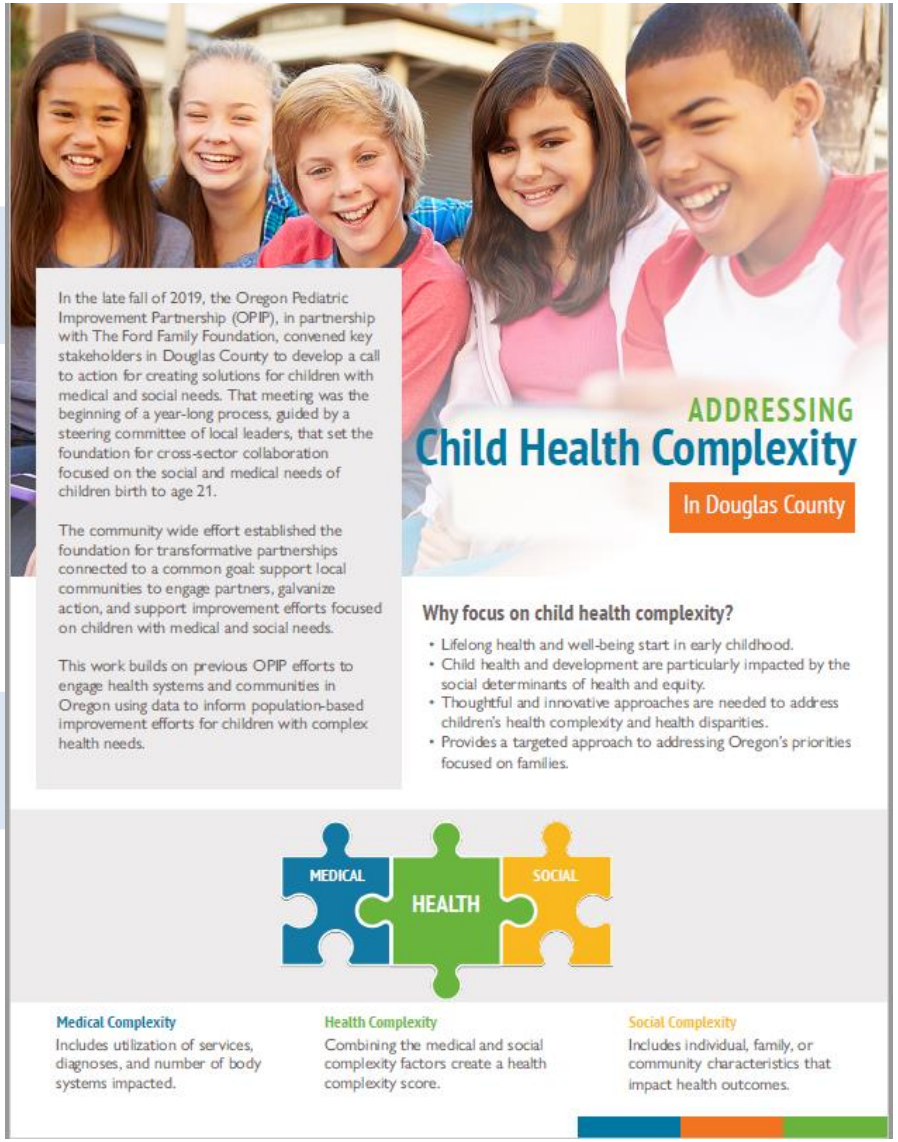
❖ Within efforts, strong focus on birth to five based on community input.

Steering Committee of Local Partners to Guide and Inform Work

Douglas County Call to Action

Reviewing the data and seeking solutions included nearly 70 people from health, education, and community organizations — and parents — that resulted in a call to action with seven themes:

1. Increase Community-level Awareness About the Health Complexity Data & Leverage Data to Identify Needs.
2. Community Mapping of Available Resources and Services, Assessment of Capacity and Identifying Priority Gaps.
3. Address Barriers to Access of Existing Services.
4. Train Providers to Better Care for Health Complex Children and Their Families.
5. Address Capacity of and Child and Family Centered Pathways to Behavioral Health.
6. Address Preventive Health & Social Service Needs of Socially Complex Children.
7. Improve Housing for Health Complex Children



Steering Committee of Local Colleagues

- Alison Hinson, Juniper Tree
- Amy Wooton: Douglas Education Service District
- Amy Thuren, Health Care Coalition of Southern Oregon
- Jessica Becker, Previously Brian Mahoney, Douglas Public Health Network –
- Christin Rutledge, AVIVA
- Gillian Wesenberg, South Central Early Learning Hub
- Jessica Hunter, Dept of Human Services Child Welfare
- Jill Fummerton, FEEAT Family Network
- Representatives from Umpqua Health Alliance
- Kim Tyree, Evergreen Family Medicine
- Lisa Platt, Mercy Foundation
- Sondra Williams, Early Intervention/Early Childhood Special Education
- Tracy Livingston, Dept of Human Services Child Welfare
- Ruth Galster, Douglas County Communities Network of Care (Retired from Committee Fall 2021)
- Rachel Gustafson, Creating Community Resilience
- Robin Hill-Dunbar & Lee Ann Grogan, The Ford Family Foundation

Acknowledgement of Parent Advisor Group and Behavioral Health Advisory Group

Parent Advisor Group

- Five parents, 10 children who are representative of Douglas County families **who have had a need for behavioral health services and/or interacted with behavioral health services in the community.**
- Throughout 2022, provided 100 hours of advising, have directly informed priorities and strategies elevated today

Behavioral Health Advisory Group

- A representative group of 13 local partners, subject matter experts, and leaders within the field of behavioral health who have advised through:
  - Evaluation of behavioral health service need and capacity in Douglas County
  - Provision of strategic input to guide improvement efforts within the behavioral health services for children 0-18 years old.

Addressing Capacity of, and Child & Family Centered Pathways to, Behavioral Health

Activities OPIP is leading to support this work in the community:

Facilitate Community Conversations on Behavioral Health Service Gaps & Building Capacity

Birth – 5

Community Priority Population Identified by Steering Committee

- Today's meeting will spotlight work done and that we are doing.

School Aged Children and Youth

- **Analysis of needs**
- **Engagement of youth and parent advisor**
  - Enhancing **publicly available information** that UHA provides on behavioral health providers to inform referring providers/ parent/youth access
  - **Intensive Care Coordination** (ICC) for Children with Health Complexity (In 2023 will focus on pilot health complex population)
  - **Professional Development** for Behavioral Health Providers (Summarizing key learning and opportunities by January 2023)

Strong Synergy and Opportunity to Leverage Douglas County Developed Work Funded by FFF with UHA Activities Required in SE Metric

OPIP Led Meeting- Narrowed to Birth to Five

Galvanizing Action for Children with Health Complexity in Douglas County

- Full Population (not just publicly insured)
- Birth to Five (prioritized By community)

Includes:

- Review of data,
- Asset mapping
- Community engagement,
- Improvement proof pilots

10/26 MEETING

System Level **Social-Emotional Metric CCO Incentive Metric**

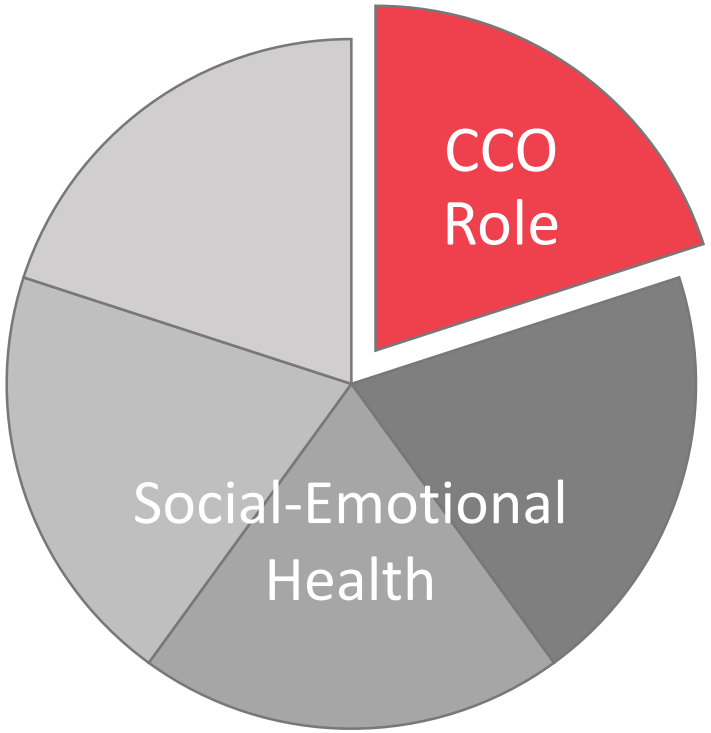
- Publicly Insured Children, Birth to Five
- Review of Data
- Asset Mapping
- Community Engagement
- Action Plan

** Metric requires listening to persons with historical and contemporary injustices.

Defining the CCO Incentive Metric Scope and Key Terms

Scope of CCO System-Level Social-Emotional Metric: Red Piece of the Pie

- Focused on the scope of services that are **within the CCO contract** and **opportunities to impact**.
- Aligned with barriers and gaps in social-emotional health services within the health system and CCO contracts.
- Recognizes the flexibilities and opportunities that the CCO global budget may offer.



OPIP Children's Institute

CCO-Covered Services that Support Social-Emotional Health

Screening

Assessment

Biggest Pain Points from Parent & Provider Input

Brief Intervention

Treatment Service

OPIP Children's Institute

Analogy of the Bike

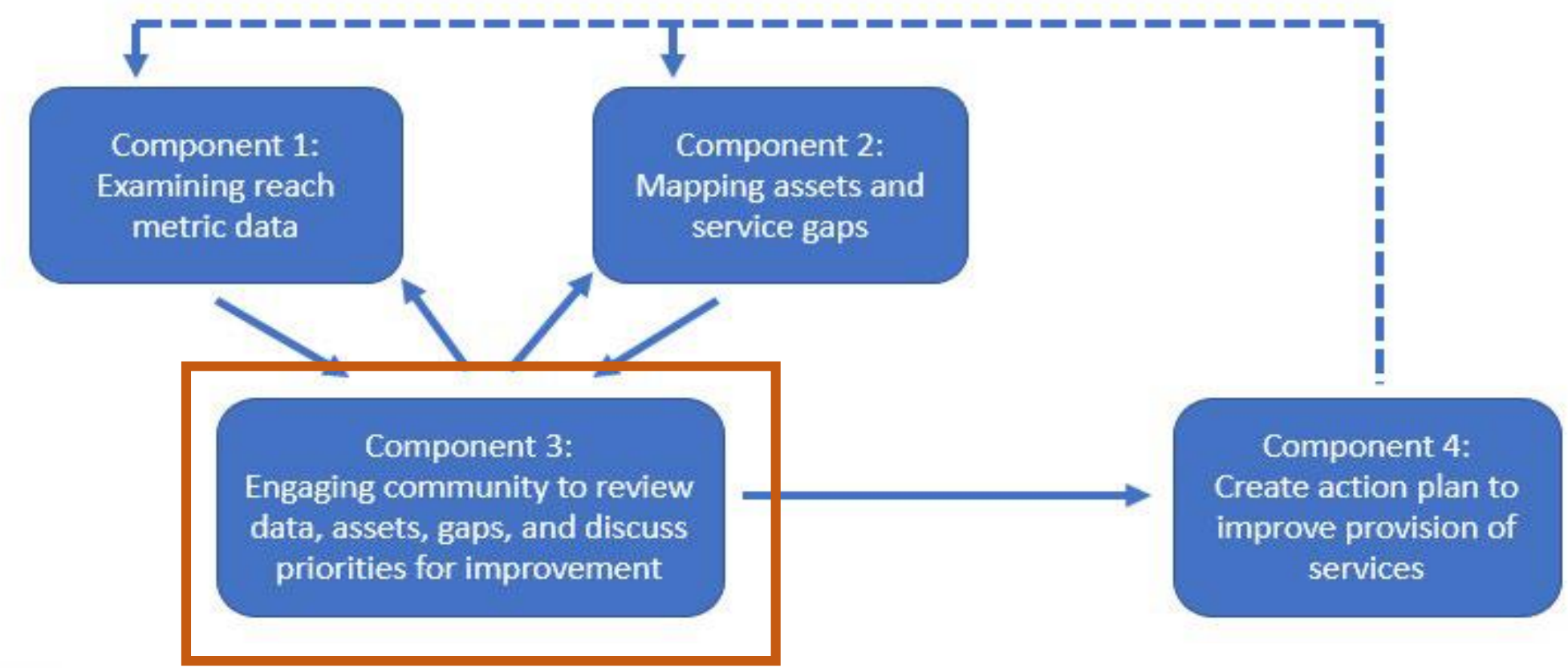
CCO Covered: Early Identification: Screening and then Assessments

CCO Covered Intervention /Therapies

Referral pathways and Parent Engagement

System Level **Social-Emotional Metric**

Metric Type: The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.



OPIP Children's Institute

Component 3: CROSS-SECTOR PARTNERS REPRESENTED IN ATTENDEES and Required for CCOs to Show Data, Assets, and Obtain your Input on their Action Plans

In the Social-Emotional Health Metric, UHA must hear from required and preferred partners who have reviewed the data and service reach in the region.

- Primary Care Providers
- Behavioral Health Programs/Providers
- Early Learning Hub(s)
- Tribal government(s)
- Regional Education Service District(s)
- Early Intervention and Early Childhood Special Education
- Culturally-specific organizations serving children birth to age 5 and their families
- Department of Human Services
- Early Care and Education programs, including preschool and child care programs
- Local Public Health programs serving children birth to age 5 and their families
- Home Visiting
- Regional Health Equity Coalitions
- Faith-based Organizations
- Other community-based organizations serving families with young children (e.g., Family Relief Nursery)

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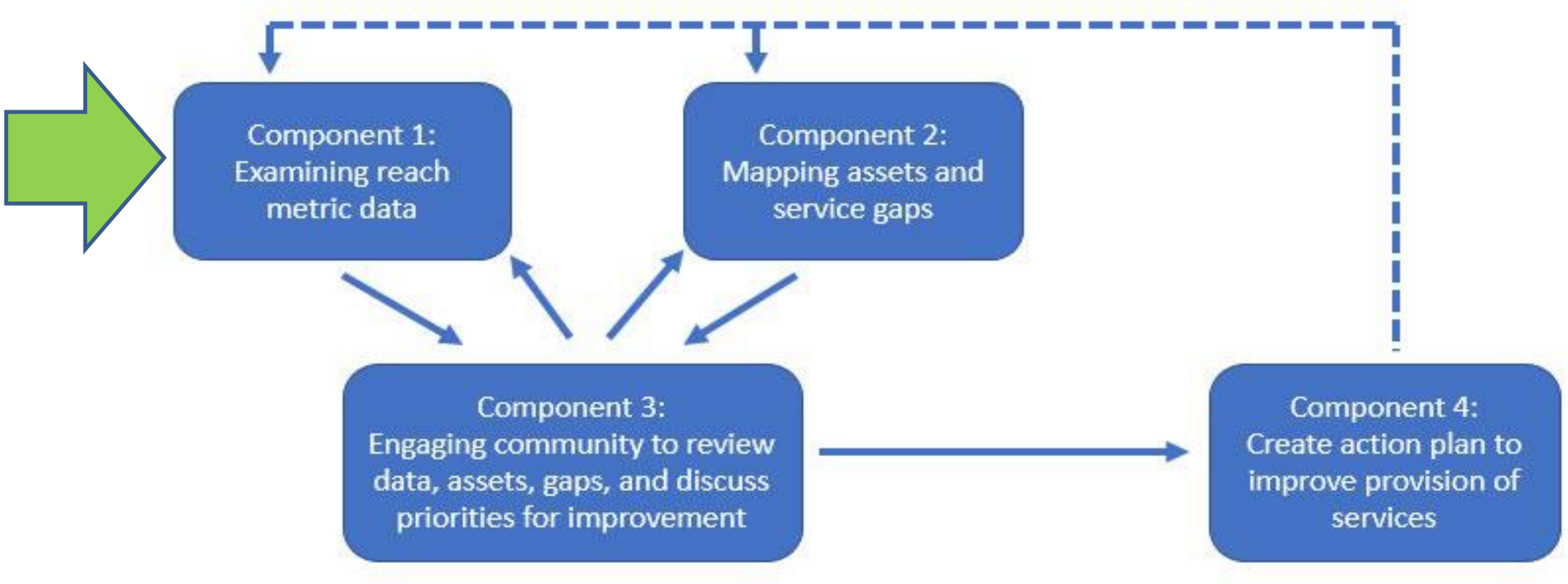
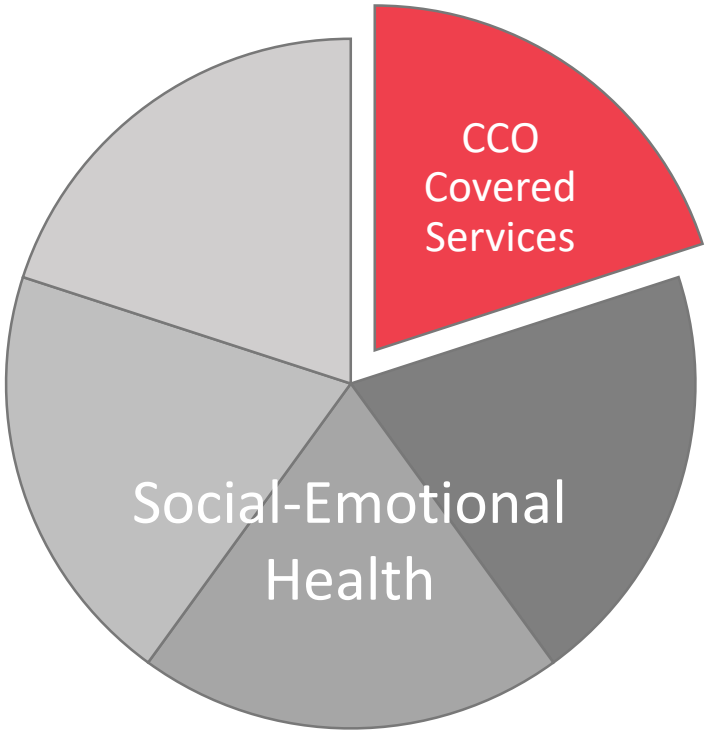


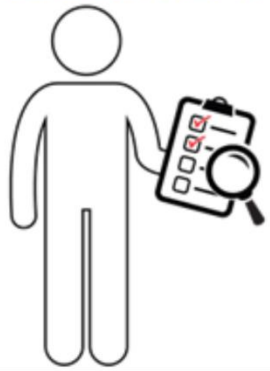
OPIP Children's Institute

CCO-Covered Services that Support Social-Emotional Health included in Child-Level Reach Metric Data



Screening

Assessment



Brief Intervention

Treatment Service

OPIP Children's Institute

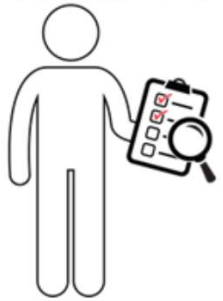
Summary: CCO Covered Services Included in Reach Data

Screening

Bright Futures recommended screenings to assess for social-emotional health that primary care providers may use

(Example: Pediatric Symptom Checklist)

Assessment



Assessments that integrated behavioral health may do for children referred to them based on ASQ or MCHAT results or clinical judgment (Example: ASQ-SE or brief evaluation tools)

Brief Intervention

Brief interventions that could be provided by eligible billing providers such as integrated behavioral health or home visiting nurse
(Example: Preventive counseling, Health and Behavior interventions)

Treatment Service

Services provided by specialty behavioral health that can include, but are not limited to, dyadic therapies, group therapies, and other services
(Note: This is NOT specific to one type of modality or one set of services)

OPIP Children's Institute

For Today: Purpose of the Data We Share
Where Are We Now?

Do we need to improve? Is action needed?

1) Overall Rate – How many children have received any CCO covered service

Data Specific Areas of Input We Are Seeking Today:

2) What does the data tell us about potential **priority populations**?

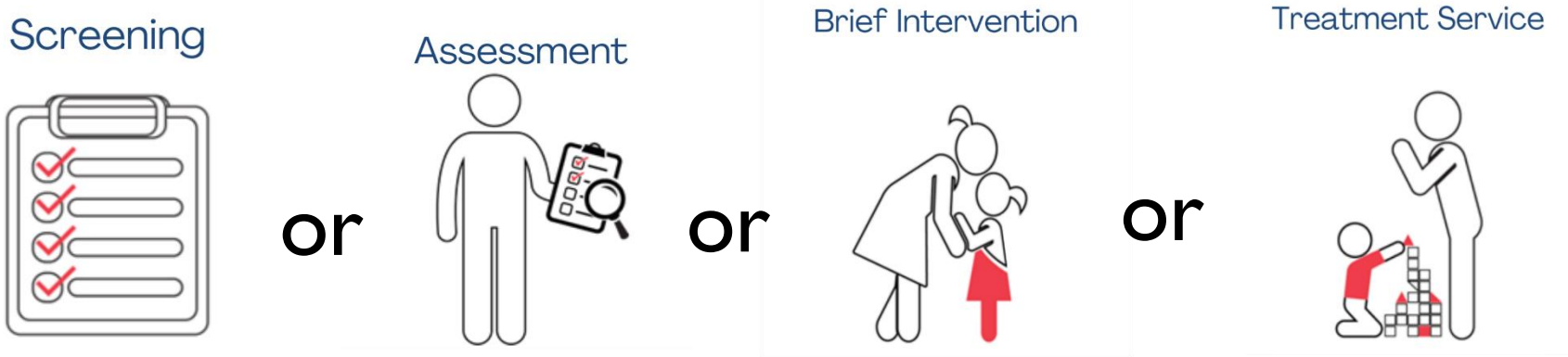
- Children with parents with at least one of three experiences that is an ACES (parental incarceration, parental substance use disorder services, parental mental health services)
- Children who live outside Roseburg
- Children who are Hispanic or Latino/a

3) Specific to Areas Where **Our Action** Can Focus: Parts of the "Bike" and CCO Covered Service

- How many children received **Therapy Services (Includes Brief Interventions)**? (Part 1 – Front Tire of Bike)
- How many children received **Assessments/Screening**? (Part 2- Back Tire of Bike)

1) Overall Social-Emotional Services Rate What Is It? Is Action Needed?

Numerator:



Denominator:

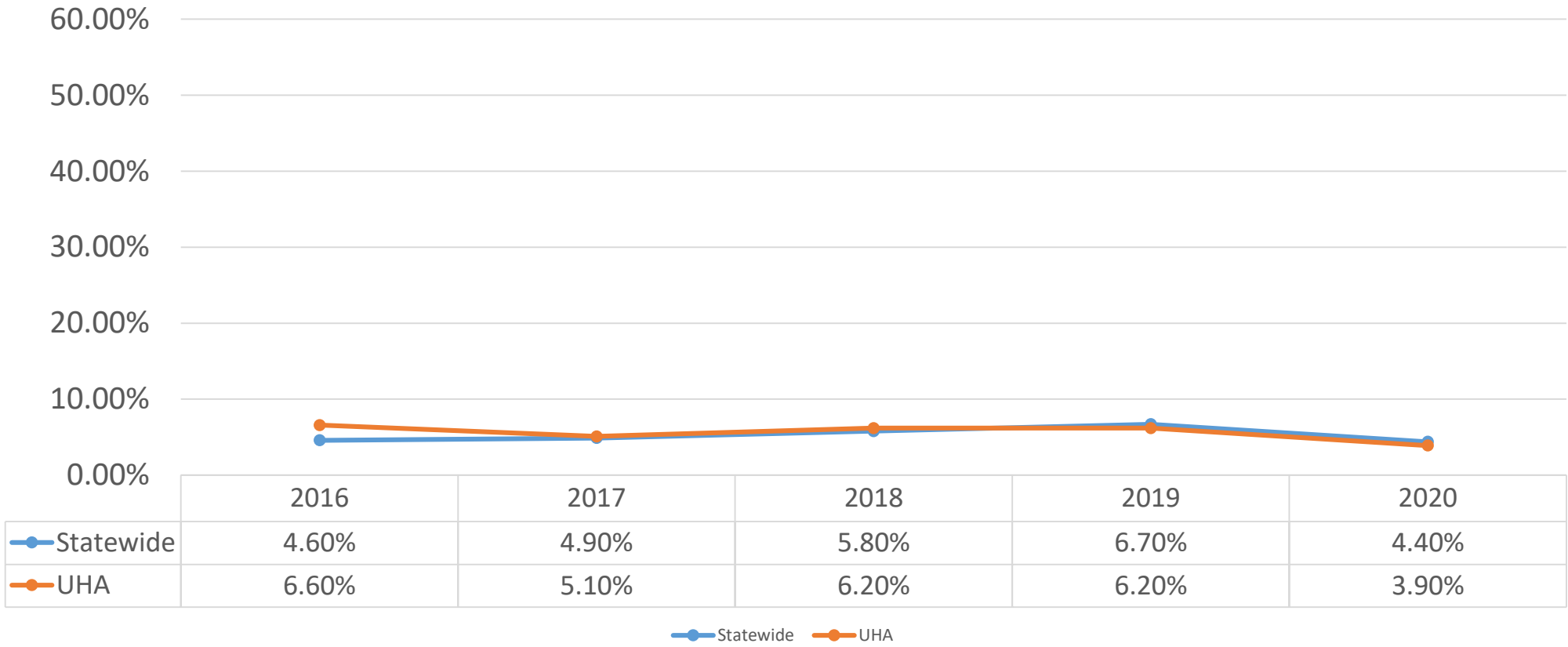
Children aged 1-5 within the CCO

OPIP Children's Institute

UHA vs. State Social Emotional Services (SE)

Reach Metric Data Over Time

UHA & Statewide Reach Data Findings



	2016	2017	2018	2019	2020
Statewide	4.60%	4.90%	5.80%	6.70%	4.40%
UHA	6.60%	5.10%	6.20%	6.20%	3.90%

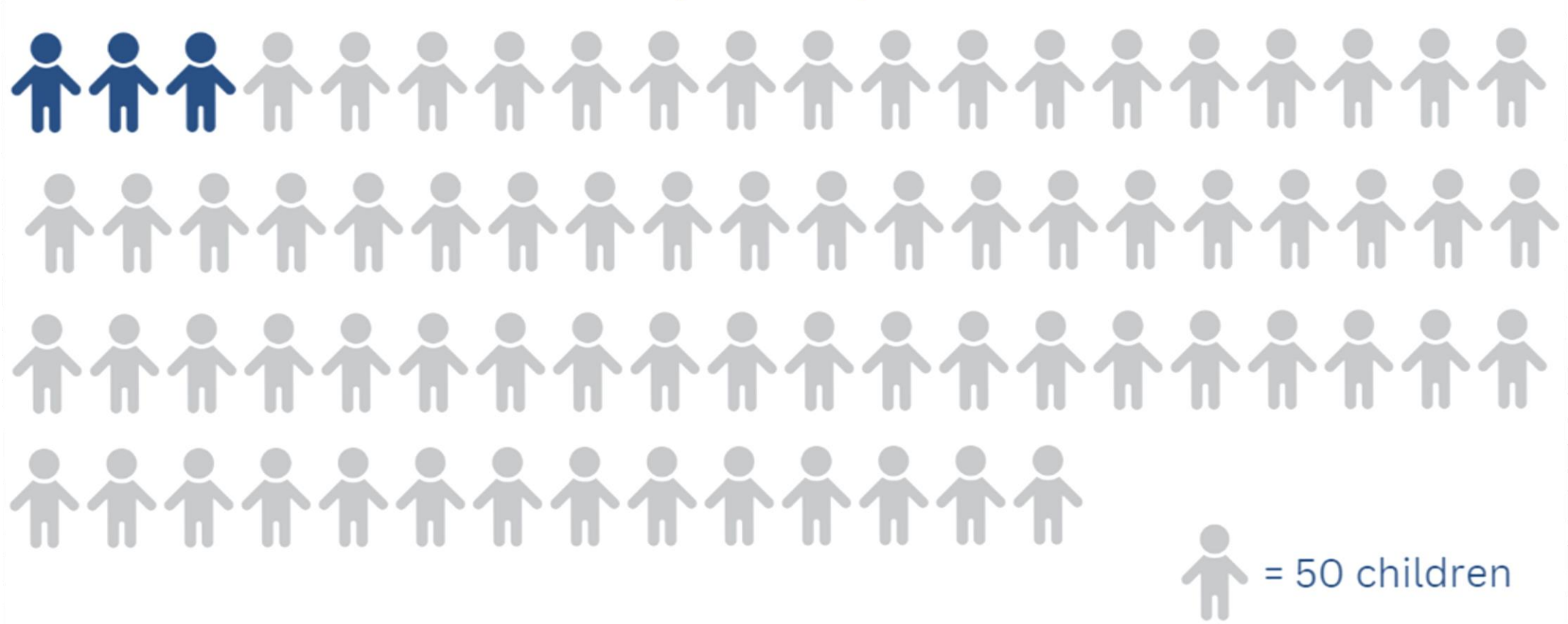
Data Source: January 2022 SE Reach Metric Report Provided to UHA

UHA Social Emotional Services (SE) Reach Metric Data

Children aged 1-5 enrolled in UHA

Who Received Any type of CCO Covered Social-Emotional Services:

3.96% (146 kids)



Data Source: January 2022 SE Reach Metric Report Provided to UHA

Social-Emotional (SE) Reach Metric Data

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Analyzed Social Emotional Services Reach Data by the Following:

- Social complexity: Individual variables (provided in report at aggregate level)
- UHA Analyzed Data for the Following Groups, Informed by OPIP Identification of Priorities:
  - ✓ Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
    - Correlates with children at higher risk for out of home placement = Community priority
  - ✓ Children who live rural parts of the county, who live outside Roseburg
  - ✓ Available data on Race, Children who are Hispanic or Latino/a
  - ✓ Available data on Ethnicity
  - ✓ Available data on Language Spoken
  - ✓ Attributed Primary Care Home
  - ✓ Behavioral heath providers that billed services, contracted providers who did not bill

Social-Emotional Reach Data for Potential Priority Populations with Historical & Contemporary Injustices

1. Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
2. Children who live outside Roseburg
3. Children who are Hispanic or Latino/a

Social-Emotional Service Rate for Children with Parental Social Complexity Aligned with One of Three ACES

	SOCIAL INDICATORS FOR WHICH BEHAVIORAL HEALTH MAY BE VALUABLE: BIRTH TO FIVE Attributed to UHA Covered by Medicaid/CHIP N=4,591	CHILD FACTOR	FAMILY FACTOR
1	Parental Incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		**20.4%** (753)
2	Mental Health: Parent – Received mental health services through DHS/OHA		**55.1%** (2030)
3	Substance Use Disorder: Parent – Substance use disorder treatment through DHS/OHA		**26.7%** (985)

N=1830 (51.15) UHA Members 1-5 linked in data had at least one of these ACES according to system level data.

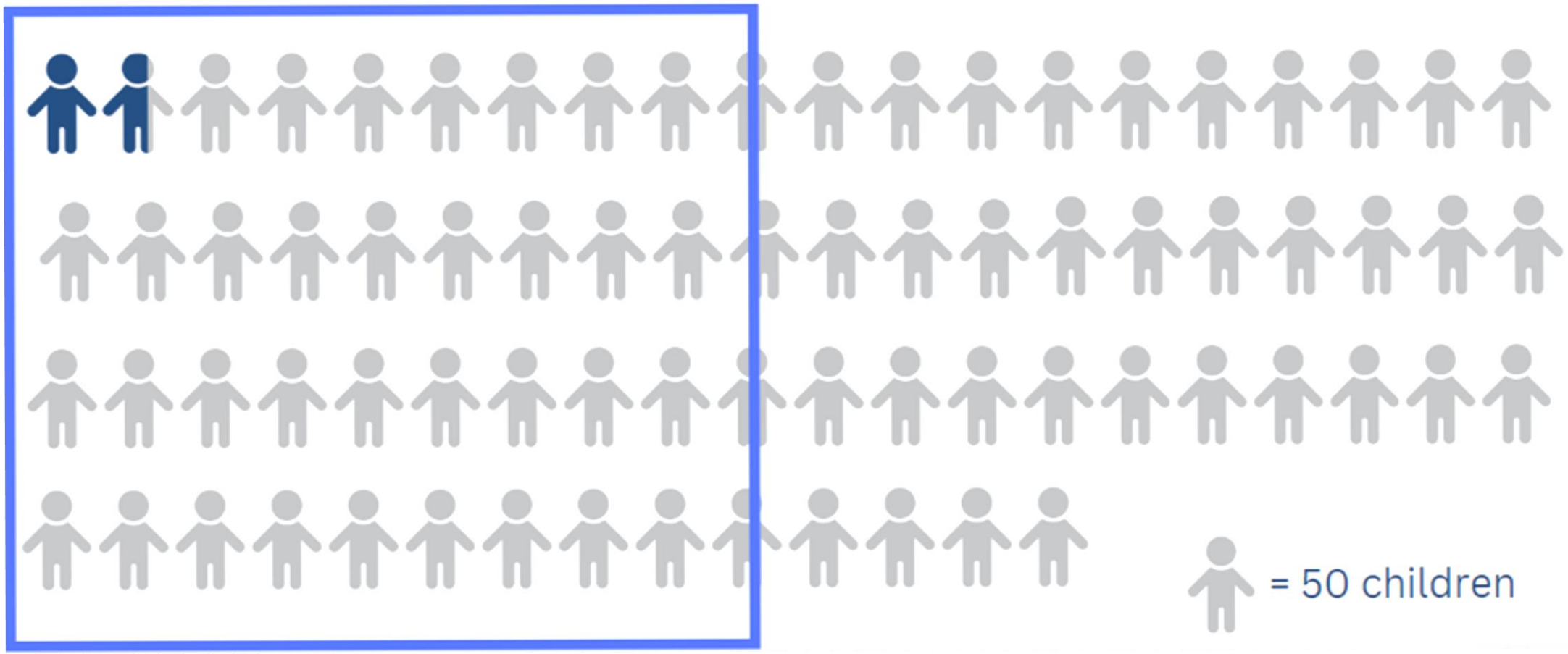
Of these children:

4.5% Received a CCO Covered Social-Emotional Service

UMPQUA HEALTH

OPIP

UHA Members Aged One to Five Whose Parent Had Social Complexity Aligned with at Least One of Three Aces Who Received a CCO Covered Social Emotional Service: 4.5%



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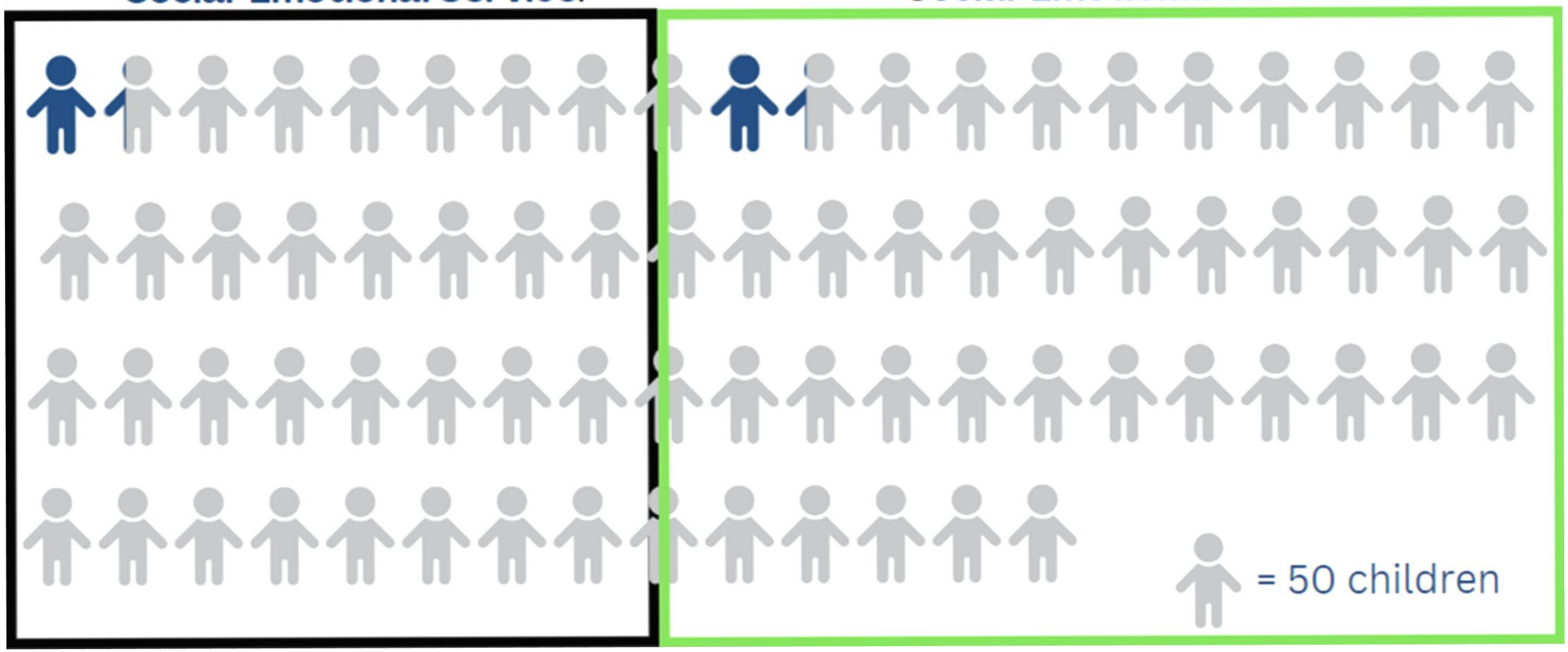
UHA Social Emotional (SE) Service Rate: By Geographic Location

	% with Any Social Emotional Services	Denominator (Population)
Roseburg	**3.5%**	**N=1620**
Non-Roseburg	**3.0%**	**N=1932**

Data Source: January 2022 SE Reach Metric Report Provided to UHA

1,620 UHA Members Birth to Five
live within a Roseburg Zip Code
3.5% received a
Social-Emotional Service.

1932 UHA Members Birth to Five
live outside of Roseburg
3.0% received a
Social-Emotional Service.



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UHA Social Emotional (SE) Service Rate: By Geographic Location

	% with Social Emotional Services	Denominator (Population)
African American/Black	**4.2%**	**N=24**
American Indian/Alaska Native	**2.3%**	**N=43**
Asian American	**0**	**0**
Hispanic/Latino	**0.0%**	**N=82**
White	**3.6%**	**N=1349**
Other Race	**%**	**N=**
Unknown	**3.2%**	**N=2041**
Asian American	**--**	**0**
Native Hawaiian/Pacific Islander	**-**	**0**

Data Source: January 2022 SE Reach Metric Report Provided to UHA

UHA Social Emotional (SE) Service Rate: By Language

	% with Social Emotional Services	Denominator (Population)
English	2.8%	N=3411
Spanish	0.0%	N=21
Undetermined	15.3%	N=118
Arabic	--	0
Other Chinese	-	0

Data Source: January 2022 SE Reach Metric Report Provided to UHA

Social-Emotional (SE) Reach Metric Data

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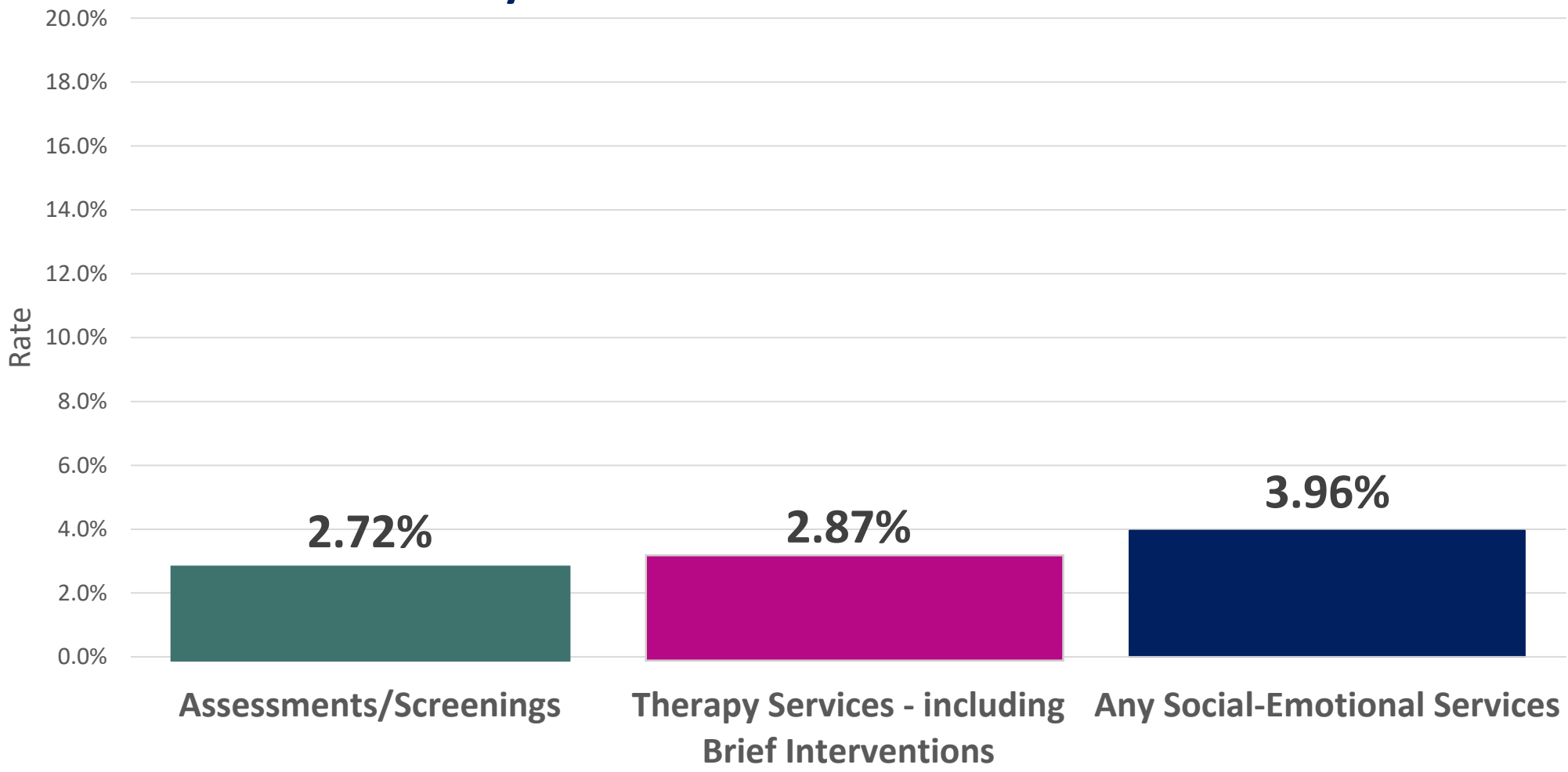
Umpqua Health Alliance

Social Emotional Health Reach Metric Data

Assessments/Screenings vs. Therapy Services →

Any Social Emotional Services



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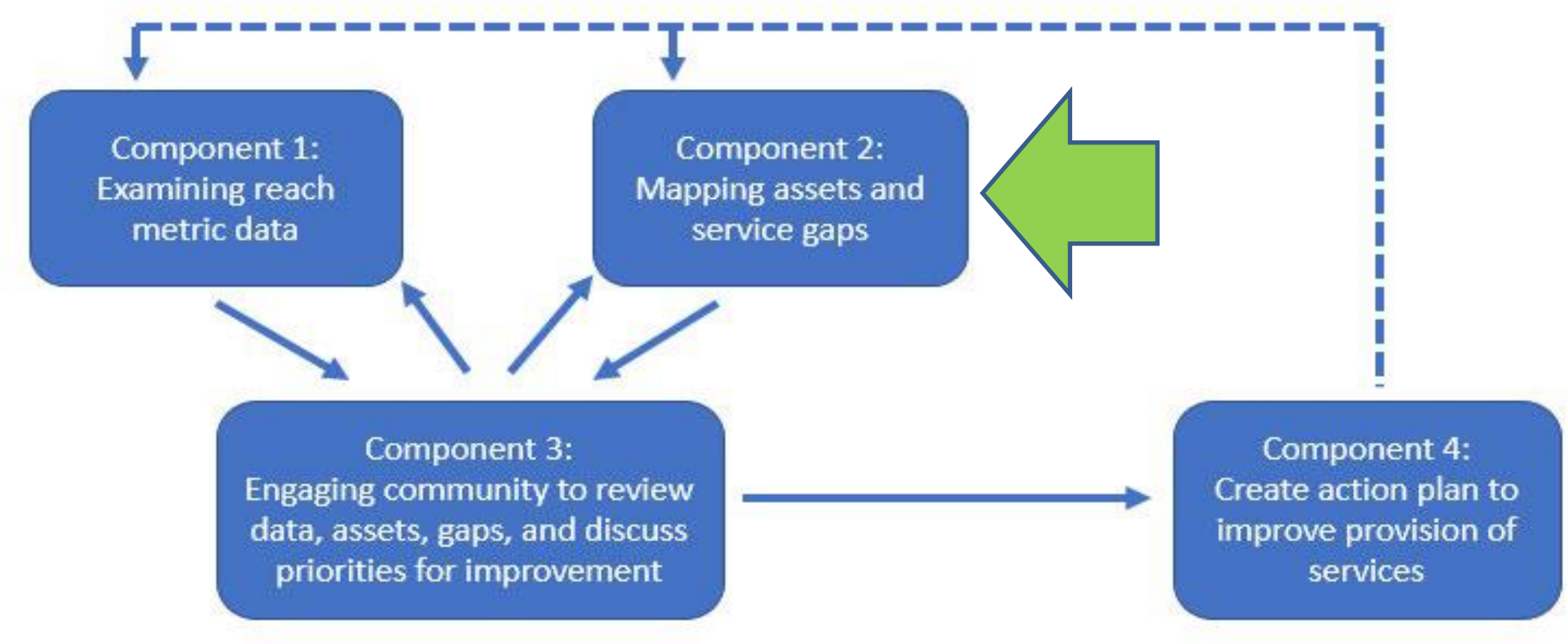
Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement

- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
  - **Community Level Input:** Prioritizing Populations with Historical and Inequitable Outcomes
  - **Small Group Work Sessions:** Action Needed to Improve Social-Emotional Services
- **Next Steps**

System Level Social-Emotional Metric

Metric Type: The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.



Review of CCO Covered and Community-Level Social-Emotional Services for Young Children (Birth to Five) in Douglas County

- Support and partnership with UHA, Review with Trillium South and Provision of Summary

Early 2022

- Community Assessment of Specialty Behavioral Health Providers of **SE Therapy Services**
  - Partnership with **UHA Provider Network Department**, include claims review of who billed and served children birth to five
- One-one-one interviews with Specialty Behavioral Health:
  - Location of Clinic Sites
  - Access Supports - transportation, delivery methods, clinic hours
  - CCO-contracting
  - Service Eligibility Pathways
  - Providers who have applicable skills in serving children birth to five, ages seen
  - Best Match considerations – provider race/ethnicity, gender, language of service delivery
  - Modalities and Specialties utilized in young child service delivery

Summer/Fall 2022

- Interviews with primary care site that reported integrated behavioral health on therapy services
- Shared and review with Trillium South
- Reviewed asset map findings with **Behavioral Health Advisory Group**.
- Reviewed asset map findings with **Parent Advisory Group**
- Confirmed current asset map with providers prior to sharing with Community
- Met with **UHA** on how information in the Asset Map could enhance and improve information provided to referring providers, parents; Implications of the Asset Map

Detailed Asset Map of Contracted Specialty Providers (Provided In Your Folder, Left Side)
HAKR SE Metric: Component 2 MY 1 Requirement

Version 10.0 9/23/2022	Family Development Center	Juniper Tree Counseling	ADAPT (CMH)	Kids & Company	*Additional Services with Targeted Populations or Eligibility Pathways Impacting Access for All Children*	AVIVA Health	Positive Behavior Supports	Options Counseling	Lane County Public Health
Location of Clinic Site(s)	Roseburg, Myrtle Creek (1 day), Winston (1 day)	Roseburg	Roseburg, 2 locations	Roseburg		Roseburg (2 days), Myrtle Creek (2 days)	Greater Roseburg & Coastal Douglas	Roseburg, County-wide service delivery	N/A, Coastal DC service delivery
Transportation	NEMT or FDC Bus	NEMT	NEMT, Skills Training Transport, Bus Passes	NEMT		AVIVA transport, NEMT	N/A	N/A	N/A
Delivery Method	Telehealth/ In-person	Telehealth/ In-person	Telehealth/ In person	In-person		In-person	Community-based, In-home	Community-based, In-home, Telehealth	Telehealth
Clinic Hours	Traditional	Traditional, after 5 pm, Weekends	Traditional *(open access /crisis)*	Traditional		Traditional, early am & after 5 pm	Traditional *(with some flexibility)*	Traditional	Traditional *(with some flexibility)*
CCOs Served	UHA	UHA, Trillium *(in process)*	UHA, Trillium	Open Card, Trillium & All Care *(in process)*		UHA, Trillium & All Care	UHA, Trillium, Open Card	Services are non-contracted	Trillium *(prevention contract)*
Targeted Service Eligibility	n/a	n/a	n/a	n/a		AVIVA primary care referrals	ASD Diagnosis	85% reserved for ODHS involved	TCHP members in Douglas
# of Providers who see children in Douglas County	**2**	**7**	**8**	**3**		**4**	**2**	**2**	**(2)**
# of Providers Who Currently Serve Birth-Five & Have Applicable Skill Sets	**2**	**4**	**4^**	**3**		**1^**	**2**	**2**	**(2)**
Ages Seen by Providers who Currently Serve Birth to Five	birth-18 (+)	birth-18 (+)	birth-5	3-18 (+)		5-99	birth-99	2 - 7	2-17
Capacity for New Referrals Over Two Months	2-4 slots *4/360 (1.1%)*	14-18 slots *16/656 (2.4%)*	6.5 slots *6.5/1265 (<1%)*	11 slots *11/800 (1.3%)*		10 slots *10/206 (4.8%)*	1 slot *1/48 (2%)*	3-4 slots *3.5/48 (7.2%)*	20 slots *20/480 (4%)*
Race/Ethnicity	2 White Identified	1 White & American Indian Identified, 1 White Identified, 2 Other	No Data	3 White Identified		1 White Identified	2 White Identified	2 White Identified	1 No Data, 1 Latina Identified
Gender	2 Female Identified	4 Female Identified	1 Male, 3 Female Identified	3 Female Identified		1 Female Identified	2 Female Identified	1 Male Identified, 1 Female Identified	1 No Data, 1 Female Identified
Service Delivery Language	English	English	English	English		English	English *(Spanish telehealth)*	English *(Spanish telehealth)*	English & Spanish
Evidence-based Modalities & Specialties for Birth-Five	PCIT, CPS, Play Therapy, EMDR, TF-CBT*	PCIT*, CPS, Marriage & Family Therapy, PFR, Dance/Art Therapy	CPP	Play Therapy, CBT, TF-CBT, Art Therapy, CPS, EMDR, AFFT		CATP, Play Therapy, Interactive Art Therapy	ABA therapy ***only***	PCIT, GenPMTO	Family Check-up, Triple P
Evidence-based group models?	Not Currently	Not Currently	No	Yes		No	No	No	In Triple P only

Note: Valley View Counseling and Roseburg Therapy report to have at least one provider who see children birth to five, but were not able to complete interviews to inform this summary. Douglas Cares previously employed providers specializing in young child mental health and are actively looking for clinicians with this expertise at this time.

(^) If provider specialized in birth-five is unavailable, other child generalist providers will serve a child birth-five, rather than waitlist for services.
(# providers) – Behavioral Health Provider has a number of clinicians available in a telehealth model to support best match services.

(*) Emerging Modality – Provider finalizing certification process
(+) Specializes in children, but has mental health services for parents as well.

Behavioral Health Therapy Service Modalities for Children Birth to Five

Selected Parent-Child Programs for Children Under 5 with a Scientific Rating of 1-3 Focused on (1) Positive parenting, (2) Effective limit setting and safe discipline, and (3) Child-parent relationship building

Therapy/ Program Name	Delivery Method[1]	Age of Child	Scientific Rating	Regions Available	Douglas County Organization*	Number of Providers
Some Providers trained in multiple service modalities targeting different presenting needs will be reflected more than once throughout.						
SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS						
Parent Child Interaction Therapy	Dyadic	2-7	1	County-wide (1) Roseburg (3.5) South County (.5)	Options Counseling^ (1) Juniper Tree Counseling (2) Family Development Center (2)	5
Generation-PMTO	Dyadic, Family	2-18	1	County-wide (1)	Options Counseling^ (1) *serve ages 2-7 only*	1
Triple P Positive Parenting Program	Level 3 - Dyadic	0-12	2	Coastal DC (1) *telehealth*	Lane County Public Health^ (1)	1
	Level 4 - Group		1		*No group currently*	
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3						
Collaborative Problem Solving	Family, Individual	3-21	3	Roseburg (7.5) South County (.5)	Juniper Tree Counseling (4) Family Development Center (2) Kids & Company (2)	8
Play Therapy	Family, Individual	3-12	N/A	Roseburg (6) South County (1)	Family Development Center (2) AVIVA^ (1) Kids & Company (3) Douglas Cares^ (1)	7
SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY						
Child Parent Psychotherapy	Dyadic	0-5	2	Roseburg (1)	ADAPT (1)	1
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3						
Trauma Focused Cognitive Behavioral Therapy	Individual, Dyadic	3-18	1	Roseburg (3) South County (1)	Family Development Center (1) Kids & Company (1) Douglas Cares^ (2)	4
Eye Movement Desensitization & Reprocessing	Individual	4-17	1[2]	Roseburg (1)	Family Development Center (1)	1
SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES						
Promoting First Relationships	Dyadic	0-3	3	Roseburg (4)	Juniper Tree Counseling (4)	4
Family Check-Up	Dyadic	2-17	1	*Coastal DC (1)* *telehealth*	Lane County Public Health^ (1)	1
ADDITIONAL DOUGLAS COUNTY SERVICES FOR CHILDREN BIRTH TO FIVE						
Applied Behavior Analysis	Individual	2-17	NR	County-wide (2)	Positive Behavior Supports^ (2)	2
Art Therapy	Individual	2-17	NR	Roseburg (5.5) South County (.5)	Kids & Company (3) Juniper Tree Counseling (1) AVIVA^ (1) Douglas Cares^ (1)	6

**Additional organizations who provide evidence-based services to young children may not be represented above, if couldn't be reached for asset mapping. Such resources may include providers within Roseburg Therapy and Valley View Counseling.*

^Behavioral Health Organizations with unique pathways to services or eligibility considerations that inform who may be served.

1 Dyadic therapies are those done with the parent and the child together. Group therapies can be delivered caregivers without children present, or delivered to a group of families with both children and caregivers present. 2 None of the evidence used to rate EMDR was conducted on children under 4.

-V.5 October 2022-

Developed by the Oregon Pediatric Improvement Partnership (OPIP) based on information derived from https://www.cebc4cw.org. This work was conducted as part OPIP's funding from The Ford Family Foundation.

Douglas County Specialty Behavioral Health Therapeutic Modalities (Provided in Your Folder)

- Services Targeted to Presenting Behavior Needs
- Services Targeted to Children with Known Trauma History
  - *Distinctive from Trauma-Informed Practice*
- Services Targeted to Resilience Building among Families with Risk Factors for Disruptions
- Additional Douglas County Resources

OPIP'S REFLECTIONS TO THE ASSET MAP OF SPECIALTY BEHAVIORAL HEALTH SERVICES FOR YOUNG CHILDREN

Douglas County has:

1. Assets that Are There Amazing!
   - Nine providers that are able to serve children birth to five. (Of those, six currently contracted by UHA)
   - Dedicated group of providers committed to the social-emotional health and wellbeing of young children
   - Partners invested in funding young child behavioral health

2. Need for More **CCO Therapy Services -** the current providers who are meeting critical need in the community, at current capacity levels, are yielding the **System-level Social-Emotional Services Therapy Rate of 2.87%**
   - Many of current providers have limited capacity

3. Need for **Modalities That Target to Different Types of SE Delays/Factors Warranting Services** (For example: Services that target the impact of Trauma and Adverse Childhood Events)

4. Need for Modalities that are Provided in **Group Context**

5. Need for service that may enhance access by being in **home or community setting**

6. Need for **CCO Therapy Services** for Potential Priority Populations: Three proposed based on Ford Family work and data:

- **Children whose have experienced at least one of three adverse childhood experiences known in child health complexity data**
- **Children outside Roseburg**
- **Children who are Hispanic or Latino/a**

There are Nine Organizations with 22 Providers who Serve Children Birth to Five in Douglas County

Juniper Tree Counseling

Family Development Center

Postive Behavior Supports

Options Counseling & Family Services

Lane County Public Health

Kids & Company

AVIVA

Douglas Cares

ADAPT

Capacity of Existing UHA Contracted Providers, who see Children Birth to Five, for New Referrals is Limited

<1% Capacity	
1% - 3% Capacity	
3% - 5% Capacity	

Total Capacity in Douglas County for New Referrals

47 Kids

UHA Social-Emotional Therapy Services Rate if Action Plan Focused ONLY on Increasing Access to Existing Providers:

The Rate Would Increase by around 1%

Data Source: January 2022 SE Reach Metric Report Provided to UHA

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OPIP'S Reflections to the Modalities and Service Delivery Model Findings within the Asset Map of Specialty Behavioral Health

1. **No therapeutic group models** currently serving families of young children that includes the provision of therapy services
    - ADAPT skills training, not for young children
    - Kids & Co – closed group (therapist invitation)
2. Models can than be provided in home or places families comfortable going to in small towns:
    - May address barrier related to transportation, travel
    - Some children do better in environments they are more comfortable
3. Services in non-clinical community spaces
    - Can address stigma concerns
    - Ease of access

There is a Need to **Enhance Modalities that Target <u>Trauma</u>** to Address the Need of the Over Half of UHA Enrolled Children with Known ACES Based on Child Health Complexity Data

Douglas County Services Targeted to Children With Known Trauma History	Capacity of Existing Providers for Service Delivery	Capacity of Existing Providers to Serve New Clients
Child Parent Psychotherapy	ADAPT 1 Provider	Approximately 2% Capacity (~20 Children) 
Trauma-Focused Cognitive Behavioral Therapy	Family Development Center 1 Provider Kids & Company 1 Provider Douglas CARES 2 Providers	
Eye Movement Desensitization & Reprocessing (EMDR)	Family Development Center 1 Provider	

OPIP

Need to Enhance Services that Can Be Provided Outside of Roseburg:

Only Five Organizations, Four Are Nuanced Referrals for Specific Populations

Douglas County Services Outside of Roseburg	Capacity of Existing Providers for Service Delivery	Capacity of Existing Providers to Serve New Clients
Myrtle Creek	Family Development Center (1 Provider, once a week) AVIVA Health (1 Provider, twice a week)	Approximately 1% Capacity (~13 Children) 
Canyonville	Douglas CARES (1 Provider, once a week)	
Winston	Family Development Center (1 provider, once a week)	
Drain	Douglas CARES (as needed)	
Countywide Home Visiting	Positive Behavior Supports (2 FT Providers) Options Counseling (2 FT Providers)	

Need to **Enhance Service for Children that are Hispanic or Latino/a**

- Only one provider who is Hispanic or Latino/a and speaks Spanish
  - Lane County Public Health for Trillium South members in Coastal Douglas
- Spanish speaking telehealth offered by:
  - Options: Children ODHS involved (Including children receiving TANF)
  - Positive Behavior Supports: Applied Behavior Analysis for children with autism spectrum disorder

Through Discussions with Behavioral Health and Parents:

- There is a struggle to locate and hire a Spanish-speaking workforce in the region.
- Represented behavioral health providers report limited outreach from Spanish-speaking families requesting services, but don't believe its due to lack of need.
- Parents of children of color prefer therapists who share racial, cultural and linguistic backgrounds, but have minimal expectation they could locate it in the region.
- Parents of children of color have reported experiences of racial discrimination and judgment experienced themselves, and by their community members.
- Parent Education and Child-focused Behavioral Health seminars conducted in the region by Spanish-speaking professionals have been popular and well-attended.

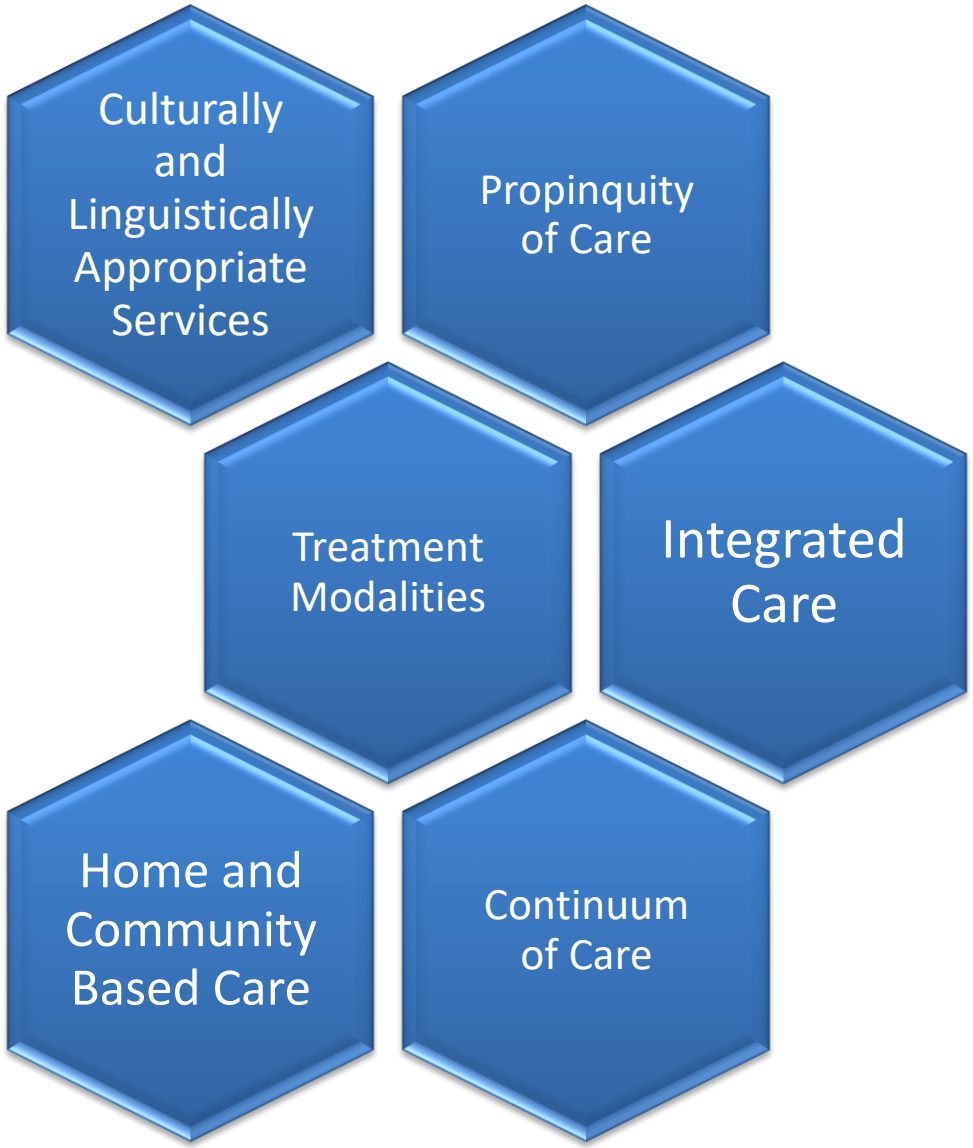
Need to Listen to, and Learn from, Hispanic or Latino/a Families in Douglas County on What Services They Would Want, and How

Given limited data and limited experiences:

- There is a need to hear more from Hispanic and Latino/a families in the community about strategies to expand therapy services they would access.
- Critical insight would inform:
  - WHAT therapy services
  - HOW the therapy services should be provided
    - Example: Reaction to group models led by Spanish-speaking therapist ?
  - WHERE the therapy services should be provided
    - Example: Would better access happen in a community setting?
  - HOW to support families in understanding and accessing services
    - Example: Strategies to address stigma and pathways to services in order for access to exist
    - Example: Models of Peer to Peer Supports

UHA's REFLECTIONS TO THE ASSET MAP OF SPECIALTY BEHAVIORAL HEALTH SERVICES FOR YOUNG CHILDREN

UMPQUA HEALTH



Agenda

- Welcome from **Ford Family Foundation**, **OPIP**, and **Umpqua Health Alliance**
- Refresher on the ***Douglas County Call to Action for Health Complex Children*** & OPIP's Galvanizing
- Review of **alignment of efforts focused on addressing the Social-Emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population**
- **What is the Current State of Social-Emotional Services Young Children Are Receiving?**
  - **OPIP:** Level Setting and Overview
  - **Umpqua Health Alliance:** Sharing of data
- **What Social-Emotional Services Exist?**
  - **OPIP:** Sharing of Specialty Behavioral Health Services Asset Map and Capacity
  - **Umpqua Health Alliance**: Reflections to Asset Map

Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement

- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
  - **Community Level Input:** Prioritizing Populations with Historical and Inequitable Outcomes
  - **Small Group Work Sessions:** Action Needed to Improve Social-Emotional Services
- **Next Steps**

Community-level Input Needed: Populations to Prioritize for Starting Point Actions Focused on Addressing Those with Historical and Contemporary Injustices

Why we need community input on where to start:

- QI Principles note the importance of starting with a manageable scope, learning from those efforts, and expanding
- Actions ideas we will discuss will require significant work and investments.
- **UHA** is required to pick at least one (so needs to hear from you)

Why This Will Be Hard:

- All children deserve recommended social-emotional services
- Of the populations we are examining:
  - Each is important, and each experiencing historical and contemporary inequities
  - Priority populations were reviewed and confirmed by the parent advisory group.

Prioritization today supports identifying potential action planning strategies to initiate in 2023.

GO TO WWW.MENTI.COM NOW!

Community-level Input on Populations to Focus Efforts Targeted Efforts

Option 1: Children with at least 1 of 3 Adverse Childhood Experiences *(Parental incarceration, Parental Substance Use Disorder, Parental Mental Health)*	**Option 2:** Children who live outside Roseburg	Option 3: Children who are Hispanic or Latino/a	Populations that Are a Combination
• More than half of children. • Aligned with community priority of children with health complexity • UHA has a child-level indicator. • Correlated with child welfare services. • Current SE Service Rate: **4.5%.** • Asset map showed gaps in services focused on trauma. • Barriers to accessing, following through, and maintain services for families with these factors.	• More than half of children birth to five. • Current SE Service Rate: **3.0%.** • Asset Map demonstrated limited reach of services outside of service centers and few home-based models.	There are data limitations to identifying exact population size • Of those identified in the data, Current SE Service Rate: **0%** • Asset Map identified gaps in services by therapist of ethnicity, who speak Spanish. • Note: Per OPIP's proposal, this work would focused in 2023 on listening sessions and community engagement of parents of children who are Hispanic or Latino/a	**Option 4:** Option 1 and Option 2: Children with parents with at least one of three experiences that is an ACE + who live outside of Roseburg • This is 990 children. **Option 5**: Option 1 and Option 2 in 2023 Action Plan focused on service expansion for this population; and **Option 3 -** listening sessions and community engagement of parents of children who are Hispanic or Latino/a

Community-level Input on Populations to Focus Efforts Targeted Efforts In 2023

Option 1: Children with at least 1 of 3 Adverse Childhood Experiences (ACE) (Parental incarceration, Parental substance use disorder, Parental mental health)

Option 2: Children who live outside Roseburg

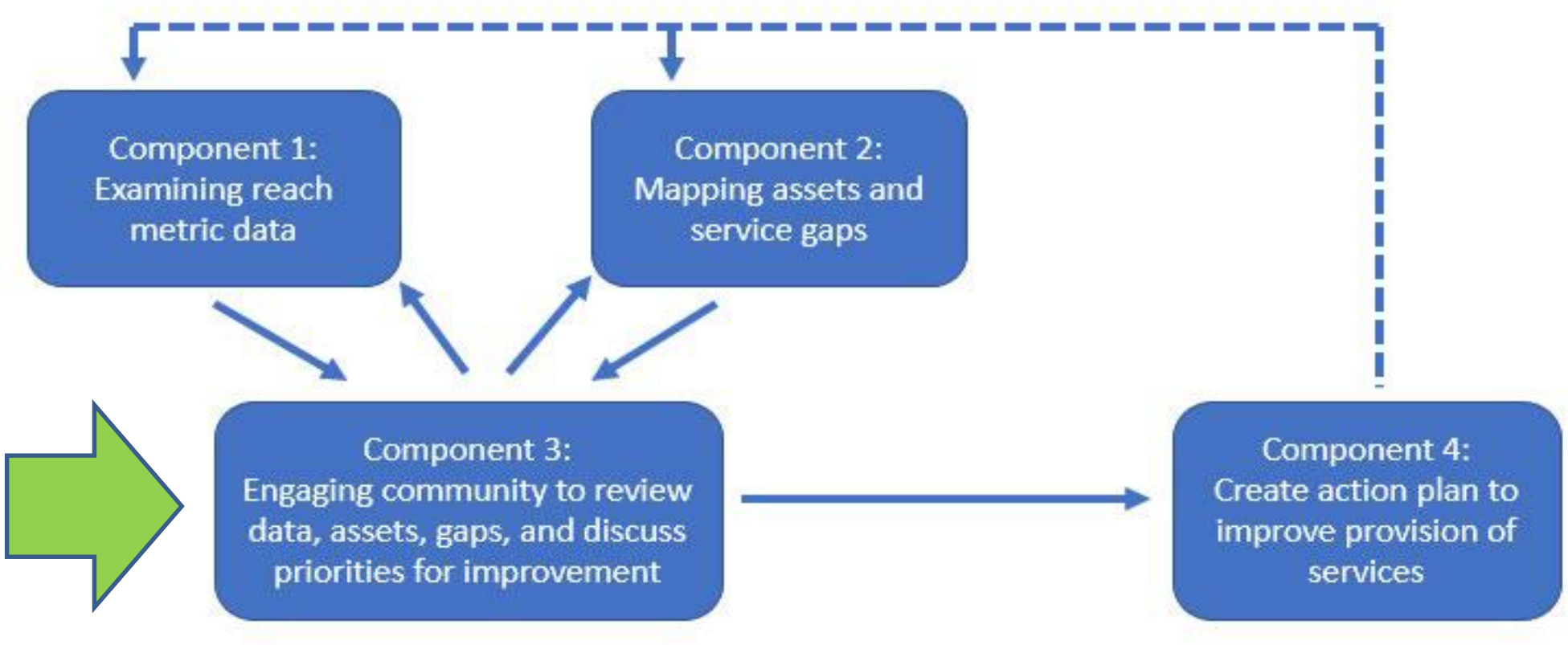
Option 3: Children who are Hispanic or Latino/a

Option 4: Option 1 and Option 2: Children with parents with at least one of three experiences that is an ACE + who live outside of Roseburg

Option 5: Option 1 and **Option 2** in 2023 of Action focused on increase services, with an explicit track of listening sessions and community engagement of parents of children who are Hispanic or Latino/a (**Option 3**)

System Level Social-Emotional Metric

Metric Type: The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.



Small Group Discussion Ground Rules

- Each voice at the table is important and has a perspective that is invaluable to hear
  - Stepping back vs stepping up
- This a community effort to identify community solutions
- Multiple opportunities to provide feedback given we know people have different feedback styles
  - Feedback form and your written input turn in today
- Representatives at each table from:
  - The Ford Family Foundation
  - Umpqua Health Alliance

Breakout Groups to Gather Input about ACTION to Increase CCO Covered SE Services for Young Children

Need Your Insights Anchored to "Parts of the Bike" and the Larger Context:

Part 1: Enhancing CCO Covered Therapy Services (Including Brief Interventions) (20 Minutes)

- **Front Tire**

Part 2: Enhancing CCO Covered Screening, Assessment (15 Minutes)

- **Back Tire**

Part 3: Improving Pathways to Therapy Services (from all Providers) (15 Minutes)

- **Pedals, Gears**

Part 4: Improving the Context and Environment (10 Minutes-Group Level Input following Presentation)

- **Environment the Bike is In, whether parent will get on the Bike**

How Will the Breakout Groups Work?

Facilitated conversations, led by OPIP staff, around each "Part" of the Bike

Facilitation guide provided in your packet

- ✓ Opportunity for you to take notes, write down feedback for OPIP and provide at end of meeting
- ✓ Follow-up survey will also be sent that will allow time to reflect and provide additional input

Within each section, hearing specific strategies proposed:

- ✓ OPIP will share on strategies identified based on community feedback and opportunities from past projects
- ✓ Need input on those options, or NEW IDEAS you may have

After initial conversations, need to consider whether and how the strategies can meet the needs of the potential priority populations

Part 1: Enhancing CCO Covered Therapy Services (Front Tire): Overall and For Priority Populations

Strategies to **Increase CCO Covered Therapy Services (Dydic/Group; Brief Interventions): Current Rate is 2.87%**

Strategies that Increase <u>Capacity of Current BH Providers or Number of New Providers</u>:

1) **Current Specialty Providers:** Incentivize and Enhance Capacity of Existing Birth to Five Providers to Serve More Children
2) **New Specialty Providers**: Incentivize/Increase Number of Therapy Providers serving Children Birth to Five in the Region
3) **Integrated Behavioral Health** in Primary Care: Expand Ability of IBH to Provide Therapy Services to Young Children - Incentives and Trainings

Strategies that Increase <u>Types of Modalities and Types of Services:</u>

4) **Group Therapies**: Invest and Support in CCO Covered SE Services Provided in Group Setting(s)
5) **Home-Based Therapies:** Invest and Support in CCO Covered SE Provided in Home(s); or settings in the community

Strategies Specific to Priority Populations

Children with at least 1 of 3 Adverse Childhood Experiences (Parental incarceration, Parental SUD, Parental MH)

- Invest in Therapy Services that Address **Trauma & Access** in young children that is a dyadic approach (with parent)
- Pilots of **Adult SUD and/or MH Treatment Services that Include a Child-Component of Dyadic Services**
- Pilots of Dyadic **Child/Parent Therapy Services for Recently Incarcerated Parents** of Young Children

Children who Live Outside of Roseburg

- Prioritize pilots and investments focused on access **outside Roseburg** such as group classes, bringing therapy services to them, increasing and training integrated behavioral health located in primary care sites outside Roseburg.

Children who are Hispanic or Latino/a:

- Services for Children Who Are **Hispanic or Latino/a,** and/or whose families speak Spanish

Part 2: Enhancing CCO Covered Screening & Assessment Services (Back Tire): Overall & For Priority Populations

Current State of CCO Covered Screening & Assessment Services (Current Rate is 2.72%)

Strategies that Increase Early Identification & Intervention within Primary Care Settings

1) **Integrated Behavioral Health** in Primary Care: Trainings/Incentives on Assessments/Screenings
2) **Primary Care Providers**
   - **2A.** Trainings/Incentives on Flags from Current Screenings/Assessments (maternal depression; developmental screening; provider/parental concern) that could warrant a Follow-Up Assessment
   - **2B.** Trainings/Incentives to Implement NEW Social-Emotional Screening for Population of Birth to Five

Strategies Specific to Priority Populations

Children with at least 1 of 3 Adverse Childhood Experiences(Parental incarceration, Parental SUD, Parental MH)

- Provide training/tool compendium to primary care providers on best match S-E health assessments and screenings for **children of parents with high social complexity, ACES**

Children who Live Outside of Roseburg

- Prioritize trainings and engagement of Primary Care Providers **outside Roseburg**

Children who are Hispanic or Latino/a:

- Provide trainings on screenings and health assessments that are best match and linguistically- and culturally-appropriate for children who are **Hispanic or Latino/a**

Part 3: Improving Pathways to Therapy Services (Pedals & Gears): Overall and For Priority Populations

Strategies that Address Barriers and Opportunities Noted by Parents, Providers, and Community Leaders

1) **Publicly Available Information about Providers:** Materials about behavioral health providers available in region for children birth-to-five that are easy to access and use, including provider capacity and descriptive characteristics that inform referrals/access.
2) **Referral Pathways:** Pilot of "warm referrals", feedback loops. Address barriers to accessing services through open time slots for evaluation.
3) **Address Delays from Evaluation to Service:** Strategies that can shorten time between evaluation and services.

Pilots of Enhanced Pathways Between Providers Such as Pilots Between:

4) **Early Learning and CBO to Behavioral Health**: Pilots between priority community based and early learning providers to **Therapy Services**.
5) **Primary Care Providers and Their Integrated Behavioral Health:** Trainings on Flags from **Current Screenings/Assessments** (maternal depression; developmental screening; provider/parental concern) that could warrant **brief intervention or therapy services by IBH**.
6) **Primary Care to Behavioral Health**: Pilots between primary care provider serving large numbers of children and **Therapy Services**.
7) **Peer to Peer Support:** Paid parent partners in the region who have accessed behavioral health services to provide navigation supports.

Strategies Specific to Priority Populations

Children with at least 1 of 3 Adverse Childhood Experiences (Parental incarceration, Parental SUD, Parental MH)

- Therapy Service Connections from Adult Programs that **Address an ACE** (e.g. Adult substance use disorder, Adult mental health, adult incarceration) to Child Therapy Service
- Pilot of referral pathways from Child-Serving Programs of **Children Experiencing ACEs** to Therapy Services
- Pilot of referral pathways from adult therapy providers to child therapy providers

Children who Live Outside of Roseburg: Pilot of referral pathways to BH specific to providers **outside of Roseburg**

Children who are Hispanic or Latino/a:

- Pilot of referral pathways to BH that address culturally-specific barriers for **Hispanic or Latino/a Population** (addressing stigma)
- Parent navigators who are **Hispanic or Latino/a t** to support accessing therapy services.

Part 4: Improving Context and Environment of Social-Emotional Health in Young Children (Environment of Bike): Overall and For Priority Populations

Strategies that Address Barriers and Opportunities Noted by Parents, Providers, and Community Leaders

1) **Parent education, information:** What is Social-Emotional health, tips on how to support and enhance their child's Social-Emotional development
2) **Paid parent partners:** Pay parents who have accessed birth to five behavioral health services to share their stories and obtain their input on how to improve access
3) **Seminars:** Social-Emotional health seminars, parenting learning sessions (include dinner and childcare)
4) **Public health message campaign** on Social-Emotional health

Strategies Specific to Priority Populations

Children with at least 1 of 3 Adverse Childhood Experiences(Parental incarceration, Parental SUD, Parental MH)

- Social-Emotional health seminars, group classes with dinner served and free childcare for parents receiving **SUD, MH, and other social complexity services.**
- Social-Emotional health seminars, group classes with dinner served and free childcare for **parents who have been incarcerated**

Children who Live Outside of Roseburg

- Social-Emotional public health campaign **outside of Roseburg**

Children who are Hispanic or Latino/a:

- Social-Emotional health campaign and awareness building by **Hispanic or Latino/a parents** in region
- Paid parent partners who are **Hispanic or Latino/a**

Next Steps

UHA Reflections & Next Steps

NANCY RICKENBACH & TAYLOR DOMBECK

Reflections:

- Here to listen to you all today! Our team is meeting over new few weeks to share on our reflections from the discussions today.
- Data Management Strategies with claims to confirm populations served
- Targeting investment in existing providers within therapeutic modalities proven to produce better outcomes and engagement - especially for specific populations
  - Incentivizing care for both members & providers:
- Forging new organizational partnerships and strengthening existing ones
- Contracting models supporting family-centered access to care: holistically viewing families lived experiences in their “journey to care”
- Tools & Resources could improve some challenges with system navigation (i.e.: referral process, intake procedure, visibility to access)
- Addressing Social Complexities

UHA Reflections & Next Steps

NANCY RICKENBACH & TAYLOR DOMBECK

Next Steps:

- UHA leadership will internally review the community feedback and priorities to ultimately integrate what we've learned into an action plan for 2023-2024. **Our goal to communicate these decisions back to the community by December** 1st
- UHA 's action plan priorities will be disseminated through:
  - Email communication to all attendees of this meeting
  - DSAC and Provide Newsletter
  - System of Care Meeting
  - Provider Engagement Department's Behavioral Health Advisory Committee,
    - If you're not currently attending this meeting or if you'd like an invitation to attend please contact Taylor Dombek and/or Carlos Gomez

OPIP's Next Steps

- Develop a community level summary to distribute to attendees.
- Share findings with FFF in our Final Report for Current Funding that Ends 10/31/21
- Meet with UHA to share our reflections and implications for their efforts:

✓ As part of their role in the community –level Galvanizing Action for Health Complex Children

✓ As part of the HAKR SE Metric

OPIP Proposed work for 2023 to Ford Family Foundation

- Component 1: Community Stakeholder and System-level Leader Engagement
- Component 2: Behavioral Health Access and Capacity for Children and Youth with Health Complexity in Douglas County

OPIP Proposed work for 2023 to Ford Family Foundation

Component 2: Community Stakeholder and System-level Leader Engagement

- OPIP Implementation and Technical Assistance to Umpqua Health Alliance and the **information they publicly share on behavioral health provider to inform referrals, awareness of capacity and support parent/youth access of behavioral health**.
- Technical assistance to Umpqua Health Alliance on a pilot of **Intensive Case Coordination specifically for children with health complexity.**
- Development of a strategic summary of the **Professional Development** needs of behavioral health providers in the region that address pain points and topic areas for training priorities that would enhance services for children with health complexity in the region.

Ford Family Foundation Welcome

ROBIN HILL-DUNBAR,

SENIOR PROGRAM OFFICER

THANK YOU for your Time & Contribution

Today: Survey to Provide Feedback on Today's Meeting

- Please turn it in at the Registration Table, and box lunch!

Next Week: OPIP will provide a follow-up survey on 11/2 to provide another opportunity to give final input or reflections

Community Meeting Attendee Post Survey: Turn In and Get a Boxed Lunch 😊

Thank you for your engaged participation at the meeting today. We appreciate you taking the time to complete this survey, providing feedback and alerting us to ways to improve meetings such as this intended to foster cross-sector community feedback. When complete, turn in to the registration table when you pick up your boxed lunch, provided by the Ford Family Foundation.

Feedback on the Meeting Goals and Content. Below is section of the meeting.	**Please indicate the response that most accurately describes experience during the specific section of the meeting.**			
Meeting Section: What is the **Current State** of Social-Emotional Services Young Children Are Receiving? ○ **OPIP Described and UHA** shared their data on number of children who receive a CCO-covered Social-Emotional services.	◯ I understand the Social-Emotional reach data & the implications of the findings.	◯ I am still unclear on what the data is or the implications.	◯ I would like someone to follow-up with me about the data.	◯ Other (Write In):
Meeting Section: What **Social-Emotional Services Exist**? ○ Sharing of Specialty Behavioral Health Service Asset Map and Capacity ○ **Umpqua Health Alliance** sharing on their reflections of UHA Contracted Providers and opportunities	◯ I understand the specialty behavioral health providers currently in the region and implications of current services available.	◯ I am still unclear on who the specialty behavioral health providers are in the region or the implications shared.	◯ I would like someone to follow-up with me about the asset maps developed.	◯ Other (Write In):
Meeting Section: How Should We **Improve Access to & Receipt** of **CCO Supported Social-Emotional Services** in Douglas County? ○ **Community-level input** on populations that should be a priority for starting point action ○ **Small group work sessions** to obtain input and consensus on Action Needed to Improve Social-Emotional Services	◯ I was invited to engage in the conversations and able to express my feedback and input.	◯ I was invited to participate, but was not able to contribute to the conversion and have feedback I would like to share.	◯ I was invited to participate, but I did not have feedback to share.	◯ Other (Write In):
Meeting Section: Umpqua Health Alliance **Umpqua Health Alliance**: Sharing of What They Heard and Their Next Steps	◯ UHA's sharing indicated their learnings and I am clear on their next steps.	◯ Based on their report out, I am unclear if UHA heard the feedback.	◯ I am unclear on UHA's next steps.	◯ Other (Write In):

What part of the meeting was most **meaningful or useful to you** and why?

Is there any **other feedback** you would like to provide?

Would you like to be contacted about any specific feedback identified above?

If so, please provide: Name: _____Best Way to Contact You _____