

Behavioral Health Collaborative: Standards and Competencies Workgroup

What the behavioral Health Collaborative wants the Workgroup to do:

Workgroup will establish core competencies for care providers and team based care for each entry point to ensure consistent protocols and expectations for behavioral health identification, health promotion and prevention, assessment, coordination and treatment. These competencies should create a unifying approach to behavioral health services that allows for no wrong entry door.

Number of Action Items:

11

Number of members in the workgroup:

Approx. 10

Representations required:

Primary Care

Schools – Jeremy Wells from ODE

Police Depts

Urban + Rural CCO

Emergency Depts

Hospitals

Correctional Facilities – Dawnell Meyer (DOC) and Paula Bauer (OYA)

MH providers – outpatient and res

SUD providers – outpatient and res

Prevention/Public Health

PDS – OCAC

CSAC – (Youth + early childhood)

School based health centers

OEI

Peer Delivered services recommendation will be obtained from the PDS workgroup to consolidate efforts.

Meeting frequency (may increase over time):

2 times a month (May, June, July, August)

Deadline for Recommendation report to Core Team

August 31st, 2017

Workgroup operating procedure:

Members of AMHPAC, CSAC, and OCAC who volunteer to be part of this workgroup are to make this body of work a priority from the time of first meeting to submission of final recommendations to the BHC Core Team. Members are required to stay on task, and strictly follow the charter and implementation plan action items laid out for the workgroup.

The BHC requires all workgroups to submit their recommendations to the BHC Core Team by end of August. This short timeline means workgroup has to meet frequently, in person or over the phone. Members will also need to commit to the time required for discussions, research, intermittent writing, and follow ups. If a member cannot be present in person or by phone due to unavoidable circumstances, they will need to send a proxy member who has equal level of expertise in the subject.

Members are required to be responsive to OHA staff when reached out for follow ups after each meeting and during writing the recommendation report. Two members of the workgroup should volunteer to bring updates to AMHPAC full council regularly, for feedback.

Workgroup members are required to provide support in writing the recommendation report draft. Members are also required to review and provide feedback to OHA staff on the final recommendation report for the BHC Core Team, in a timely manner.

Once the workgroups start, if a member feels that they cannot adhere to the commitments of the workgroup due to other commitments, then the member should notify the Workgroup Implementation Lead (Rusha Grinstead) no later than one week after the first workgroup meeting.

Next Steps:

Implementation plans with specific action items will be sent to full council and subcommittee members after being finalized by steering committee on May 15th.

Once workgroups are staffed, Jackie Fabrick will send out official invitation emails to workgroup members.