



HOWTO Progress Report

East Cascade Works/COBHC	01/01/2021	01/31/2024	#168562
Recipient Name	Grant Start	Grant End	Grant Agreement Number
January 2023 - #4	7/31/2022	12/31/2022	01/31/2023
Reporting Period	From	Through	Date Submitted

The completed report is to be no more than 10 pages. *Italics are examples please complete with your organization information.*

Part I: Narrative

1. **What progress has been made (activities, resources, evidence) during the reporting period toward the achievement of each outcome listed in the Grant Agreement? If progress was not made, please indicate why not.**

a. Developing and funding a sustainable Central Oregon Behavioral Health Consortia program which is based on an established evidence-based model - Winter/Spring 2021:

In progress and ongoing:

The COBHC had an active final quarter of 2022. We are proud to report on several exciting deliverables related to our primary goal of training and developing the Behavioral Health workforce of Central Oregon.

At last report we had 19 partner agencies engaging with our services and growing. At the end of 2022, the COBHC is on target to add an additional 3 agencies to our roster of engaged partners. These new partners are agencies that now have interns participating in our first cohort of trainees.

Additionally, the COBHC solicited applications for our first 2022/23 cohort. Out of 31 interested applicants, we had 24 who were qualified. To date, this cohort has engaged in a total of 654 learning hours. These learning hours can be broken down into three categories:

- 1) **Quarterly Trainings:** Two trainings, held in November: Changing the Conversation About Pain and Cognitive Processing Therapy for PTSD, the combined totaling three full days of training = 576 hours
- 2) **Self-paced, virtual, didactics:** 3 learning hours each month, per trainee = 72 hours
- 3) **Journal Club and Case Consultation:** 3 hours each month, per trainee = 47 hours

The COBHC is also an educational partner to our greater Central Oregon community. Outside of our committed cohort of interns and associates who are advancing through our curriculum towards a COBHC Certificate of Completion, we also have community members who have participated in our two trainings. The COBHC has served, to date, a total of 21 community providers who have amassed a total of 272 learning hours. The breakdown of community provider participants is as follows:

- 1) Changing the Conversation about Pain: 8 participants = 64 hours
- 2) CPT for PTSD: 13 participants = 208 hours



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b. Hire Consortium Director and Coordinator to oversee Consortium-Winter/Spring 2021:

Completed in Fall of 2021.

c. Hire Developer to create a secure website to advertise and accept applications to consortium-Spring 2021:

Completed summer and fall 2022.

d. Contractual collaboration between provider service sites and education institutions to deliver training; - Spring 2021:

Completed 2022, for current academic year, on-going:

The COBHC hired Cornerstone Whole Health Organization, Inc. (C-WHO), a consultant organization. C-WHO is a 501c3 private nonprofit that specializes in high-touch consulting, product management, and delivery of Behavioral Health training curriculum. Their team of experts have helped with the success of our marketing, sales, and production of educational materials. We are incredibly happy with this partnership and have seen immense progress in our organizational structure and preparation for future cohorts and community wide trainings.

e. Sign agreements with academic institutions to provide resident/intern pipeline and training support; - Summer 2021:

Modified by collaborative decision making in 2021. Please see Report #4 for details.

f. Identification of training leads at each participating training site.

Summer 2021:

Completed in summer and fall of 2022.

g. Completion of required formal training for all clinical training leads and clinical supervisors; Summer 2021:

In progress:

The COBHC Training Committee reviewed the COBHC Handbook and the current expectations for documentation and supervision as recommended by our academic partners. Through collaborative decision making, the COBHC Training Committee agreed to continue with site-specific training of supervisors, given the variable work environment each internship site provides.

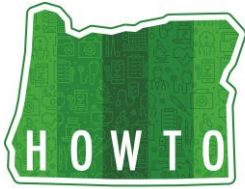
The COBHC has also been collaborating with its members and community partners to develop curriculum for those behavioral health providers who are interested in achieving their licensing board continuing education requirements so they can supervise associate level providers working towards licensure. The COBHC is in the process of developing a workgroup to guide this project.

h. Development of a quarterly resident/intern and licensed Behavioral Health Provider (BHP) Learning Collaborative- Summer 2021:

In progress – 75% complete:

We have contracted with three professionals to date to deliver quarterly trainings:

- 1) Nora Stern, PT, MS, Know About Pain. State and national expert on the treatment of persistent pain.
- 2) Dr. Debra Kaysen, PhD., CPT for PTSD. Regional CPT for PTSD trainer and researcher on Indigenous populations and trauma.



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- 3) Heather Lynch, MINT Level Trainer for Motivational Interviewing.

In addition, we are in contract negotiation with:

- 1) Dr. Edwards-Leeper, PhD, for a spring 2023 training on Gender Diverse Youth and Assessments.

i. Recruitment and hiring of up to five BH residents/interns Summer/Fall 2021:

This objective will commence in summer/fall of 2023 after completing our first cohort of trainees through the full COBHC curriculum.

j. Establishing clinical training rotations- Fall 2021:

Complete via modification using collaborative decision-making in 2022. See report #4 for details.

YEAR 2:

k. Vet and hire third party vendor to evaluate consortium- Spring 2022:

Complete fall 2022 – progress on going:

Our consulting partner, C-WHO, (discussed in objective D), will be the vendor to evaluate our program and provide guidance and advice towards sustainability, improvement of product, and procedures. This is an on-going evaluation process with weekly meetings, every Friday, to continue to advance various projects and programs.

l. Re-evaluate MOUs to include centralized payment structures for provisionally licensed trainees- Fall 2022/Winter 2023:

With MOUs completed, we can now look towards our sustainability model. The COBHC has learned a significant amount about sustainability while simultaneously growing our reputation in the community as a provider of high quality, local, continuing education. Due to the high cost of hosting trainings the Training Committee agreed that charging for open seats at our quarterly trainings was imperative to begin developing revenue for the COBHC. To date the COBHC has brought in a net revenue from trainings of \$5,750 dollars that we reinvest into the project.

Furthermore, we are learning about the cost of providing robust, augmented trainings to the cohort interns and associates who attend our programming at no out of pocket cost. This cost is in addition to the small, but meaningful, stipends we pay out to qualifying trainees. Over the last quarter we have learned a great deal about the cost and earning potential of the consortium and are working with our members and consultants to update our sustainability model in the new year.

YEAR 3 and beyond:

a. Developing community pipeline initiative, Shadow BH Professional Day, at the high school and undergraduate level:

The COBHC is currently working with community partners and the EC Works youth program manager to address this deliverable. We have signed a letter of commitment to participate in the Youth Systems Building Academy (YSBA) the behavioral health representative in support of growing a workforce with



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interested youth in the high school setting. We have an eye on increasing awareness and visibility to introductory behavioral health job opportunities.

b. Assist in developing a psychiatry residency/internship:

In progress - less than 50% complete:

St. Charles Health Systems successfully received funding and community support for standing up a Psychiatric Residency with a focus on training in rural settings. The COBHC is in strong support of this effort and will foster relationships with this program to provide conjoint training.

c. Collaboration with community partners to provide additional culturally and linguistically appropriate training opportunities to residents/interns including training to include Implicit Bias, Trauma Informed Care, ACEs, and others offered in collaboration with Central Oregon Community College and Pacific Source Community Solutions/Pacific Source Health Plans:

In progress – over 50% complete:

This is an ongoing training component which the COBHC has been successfully tackling through our partnership with C-WHO (outlined in year 1 – objective D). C-WHO is a nationally recognized training and program management consultant that is also a direct partner with Pacific Source, our CCO. Our contract provides access to hundreds of hours of culturally appropriate training, with the opportunity to develop more as our relationship progresses.

d. Attracting new BH talent to Central Oregon including Psychiatrists:

In progress:

After running our primary format of training for the past 4 months, the COBHC is advancing as a known community partner. We have now begun to receive solicitations from partners outside the identified Central Oregon counties for this project. As we continue to develop our training and grow our reputation, we are excited to expand trainings to other regions (as outlined in Year 3, objective H) to foster potential recruitment of behavioral health workforce talent to our region.

e. Retaining interns/residents in training sites post residency/internship:

In progress:

With the first cohort advancing through our training program for the 2022/23 academic year, we will learn more about this objective throughout late spring/early summer of 2023, after many of our current cohort individuals graduate and accept associateships at local agencies.

One statistic we can report on that is aligned with this objective are the current Associates who are participating in our training programming. Presently, the COBHC has three Associates in our cohort. Two of these are full-time, license-eligible providers, working as integrated behavioral health providers at our local FQHC, Mosaic Medical. The third is an associate, working full-time as the primary provider at our local domestic violence resource center, Saving Grace. These trainees represent a fraction of our local providers who express desire for additional training post-graduation.

Furthermore, of the 30 applicants for the 2022/23 cohort, at least two applicants expressed a wish to participate in a future COBHC cohort as an associate, as they felt their time constraints in the current academic year did not align. We have a growing list of future applicants we plan to reach out to for our 2023/24 cohort recruitment.



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f. Educating undergraduates and high school-age youth about BH job opportunities to develop upstream pipeline program:

In progress – less than 50% complete:

Like year 3 – Objective A, we plan to work on this objective through collaboration with youth-serving organizations affiliated with EC Works.

g. Hosting annual BH Consortia Summit:

In progress:

The COBHC is currently developing programming around this objective. Through engagement with our academic and member partners we have learned that Master of Counseling students have a significant growth edge as they move from practicum settings where requirements are limited to early therapeutic skill development, on to full practice settings for internship where diagnosis, billing, documentation, and treatment standards are significantly more rigorous and regulated. While our BH Summit is in early development, core curriculum planned for this summit will be '101' training programs for both Specialty Behavioral Health and Integrated Behavioral Health. We have a contract with Juniper Mountain Counseling who has proposed and is developing this curriculum for specialty behavioral health. We also have our contract with C-WHO as an expert in integrated behavioral health, who has well developed, self-paced, integrated '101' programming.

h. Providing a successful Oregon model for potential replication in other medically underserved regions:

In progress:

We are excited to report that we are in discussions with Pacific Source and community partners in the Columbia Gorge region of Oregon on expanding our current training programming to both Wasco, and Hood River Counties. These discussions are in early stages, and more relationship building is needed. We will continue to report on this potential for expansion in future reports.

2. Have you encountered any successes during this reporting period?

- Executed contract with C-WHO for curriculum development, consultation, and other business services.
- Executed contract with Known About Pain: Full day curriculum for training on the treatment of pain.
- Executed contract with CPT for PTSD: Full day curriculum for training on PTSD treatment using Cognitive Processing Therapy.
- Executed contracts with students and supervisors for all 24 cohort members.
- Produced and disseminated marketing materials for all trainings to date.
- Development and implementation of our online learning platform with the support of our consultants at C-WHO.
- Successful launch of our stipend program: paying our cohort of trainees for time spent on curriculum completion.
- Executed contract with a clinical supervisor to shore up supervision needs for one local non-profit care organization willing to take on an additional intern.
- Recruited for and currently educating 24 interns for our first cohort of trainees yielding 654 continuing education hours collected to date.
- Successful training participation by 21 community providers yielding 272 hours of continuing education hours.



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-Completed two of the four Quarterly Trainings: Changing the Conversation about Pain, and CPT for PTSD.

3. Have you encountered any challenges during this reporting period?

Inclement weather has been an interesting player for our consortium programming. While Central Oregonians are familiar with weather and travel to accommodate this, logistics and services can simply slow the process. We have learned from this and will plan our future quarterly trainings to start later in the morning.

Getting into lockstep with our academic partners: The COBHC partners with three different academic institutions – COCC, OSU Cascades, and PSU Cascades. Each have their own programming, academic calendars, etc. When planning for our trainings we did our due diligence with all institutions, however some schedules changed, leading to stress on trainees. Thankfully, we have built strong partnerships with our academic partners and solutions were found. Planning for our future trainings will start earlier, and greater collaboration will be asked of our Training Committee, on which we have all academic institutions represented.

Attracting certificate seeking interns in the CADC program at COCC: While our colleagues at C-WHO, the COBHC Training Committee, and the consortium members all feel that the programming offered through the COBHC is variable enough for many forms of learners, in recruitment for our first cohort, we found limited interest from CADC certificate interns from the COCC program. We are working closely with other HOWTO recipients, such as Willamette Workforce Partnership, who offer programming for certificate level behavioral health workforce development, to hand over this work, so we may continue to focus on our area of expertise – providing services to interns in license eligible masters programs, and licensed eligible associates. Fortunately, specialization by several Local Workforce Boards and their natural coordination and partnership in Oregon could help scale robust behavioral health workforce solutions statewide if leveraged.

4. Have any challenges from the previous reporting period continued or have they been resolved? (Please explain)

Cost of living and labor: Continues to be a challenge. In fact, a few of our cohort members have been in housing crisis due to the excessive cost of living and impacted by other unforeseen financial challenges.

Time to launch first cohort: COVID, workforce changes, and academic scheduling all impacted the logistics of this challenge – however, we consider this item to be resolved at this time. We will continue to be mindful and seek input from all our members for assurance that we are providing a timely and useful product.

Agency's willingness to take on training of associates: The COBHC continues to work with its members around this ongoing challenge. Certificate of Approval, and barriers for billing OHP Medicare and Medicaid as well as private insurances all lead to barriers for agencies to consider interns and associates.

5. Are you requesting changes to any grant outcome or workplan? If yes, please list.

Not currently.



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6. What are the strategic questions you are grappling with?

How will we remain sustainable? We are always asking this question, as there are some concerns about members being willing to participate with the current suggested sustainability plan as outlined in the original HowTo grant.

How is this replicable statewide? We attempt to always ask how our work will be impactful and replicable statewide. Recent, and early, conversations about expanding our programing into other areas EC Works manages is a good first step. Furthermore, expansion is also part of the answer for sustainability.

a. How can we help? Are there any resources you need?

We are excited to continue to watch for and apply to grant opportunities that OHA releases that support workforce development and improvement.

Given our strong ties to the community, and our goal of interns and associates getting high quality supervision and training, we would like to offer our expertise as consultants to OHA on how to best help in legislative actions toward the successful funding of interns and associates through reasonable billing practices. Sustainability and billing have long been primary issues for healthcare agencies to consider taking on interns. Without a better program and statewide guidance and mandates, the pipeline of licensed behavioral health providers will continue to fall behind our medical provider peers.

We would like to set up a meeting with OHA to talk about expanding trainings on CPT for PTSD statewide. CPT is a gold standard therapy, which can treat PTSD to remission. It is considered short term therapy and is to be completed in twelve sessions or less. Finally, it has robust evidence through peer reviewed randomized trials. We would love to introduce the state to our contact at CPTforPTSD.com to learn more.

7. Are there any stories, successes or impacts you would like to share related to your HOWTO program? Additionally, if you have any recent photos, videos, interviews, or news articles about your work that you would like to share with us, please send them as a separate attachment(s).

Trainee A: A is a Master of Social Work first year intern. She was the last intern seeking placement for her internship year and reached out to the COBHC. Through our strong ties with internships sites, we were able to help facilitate interviews and placement in joint effort with her academic institution. Furthermore, we were also able to contract for her supervision needs, as the agency for which she is doing her internship did not have a supervisor.

Trainee M: M is in her final year of schooling and internship towards her Master of Counseling degree. She has provided the following feedback to the COBHC about the impact of our training:



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"I am loving this training so much. I am so honored to be here and thank you for getting this training to us!" Trainee M went on to explain how excited she was to begin to use 'treatment to condition' educational materials we have provided, such as CPT for PTSD.

Impact of CPT for PTSD: The COBHC brought Dr. Debra Kaysen, PhD, professor at Stanford University, to train our cohort and local providers on CPT for PTSD. Dr. Kaysen is also the therapist behind [This American Life's podcast episode 682: Ten Sessions](#). With the provision of this training, the Central Oregon community went from 2 known CPT trained providers to 39 trained providers. The Central Oregon region has a considerable number of EMDR therapists. While EMDR is a well-known treatment for PTSD, with outcomes showing significant improvement to PTSD symptoms, CPT for PTSD has a more robust literature base and is an evidence-based treatment to remission therapy, that is time limited to just 12 sessions.

Trainee G: "I had a follow up session to the Changing the Conversation about Pain. To be honest I have the materials from that training in my bag, but I did not take them out once. I had intentions to use what I learned, but somehow the material never made it to the sessions. Even though in my mind I accepted the information as valuable, and saw the importance of addressing it in mental health, I could not make myself do it. It still felt foreign, it was too medical. In reviewing the information in general for the second time, it clicked, I could see the entire picture and how to implement the material in mental health, I am motivated to see my client that suffers from pain to start using the tools and resources."

- a. **Have you identified or developed any additional materials (e.g., media, tools, surveys) that are helpful in communicating the value or context of the work? If yes, please list and send them as a separate attachment(s).**

Our website, cobhc.org remains the hub for our materials. We encourage you to visit our website for all additional advertisement and materials we have produced to date. We have also begun to use [LinkedIn](#) for professional connections and promotions. We would also be happy to set up a meeting to introduce you to our web-based learning platform at the COBHC-Hub, co-developed with our partners at C-WHO.

8. **How is your organization/ HOWTO program advancing [antiracism](#), [health equity](#) and [Trauma Informed workplaces and services](#)?**

In the execution of all our training contracts, we have made sure our trainers are well informed and able to address health equity, antiracism, and trauma informed care. Our training on persistent pain and PTSD treatment are successful examples of our commitment to equity and inclusion.

Additional funds secured by the COBHC through the Central Oregon Health Council have helped to advance access to rural and prioritized populations. These funds have helped us to increase the dollar amounts of stipends provided to our trainees to a more realistic 'value to hours performed' for their internships, as well as time spent on COBHC learning objectives. Providing a stipend for both patient care work and learning hours during internship is advocating for equity in pay and value, as received by other medical professionals and peers. Additionally, we have 10 trainees, or 24% of our 2022/23 cohort, receiving a \$350 dollar prioritized stipend because of their work within a rural setting, and/or



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providing services to 75% or greater clients that are children or families. We are proud of this statistic as it is a strategic objective towards health equity, as well as a strategic objective towards outcomes related to funds secured as matching and supportive to the HOWTO initial grant provided by The Central Oregon Health Council.

a. **Would you like any support in incorporating this into your work? If so, how?**

We would like help with developing our REALD data collection as it relates to our cohort and community learners.

9. What would you like us to know about your work?

EC Works and the COBHC has become a dynamic community resource that we believe will continue to grow its products and reputation both locally, regionally and hopefully statewide. We have been developing relationships with nationally known trainers to help better our currently licensed, and future licensed behavioral health providers, leading to better prepared clinicians who will, in turn, be able to support more patients towards successful care of their mental health needs.

10. Any other updates or comments?

We encourage you to visit our website at [COBHC.org](https://www.cobhc.org), as well as follow us on our [LinkedIn profile](#) to see content related to our trainings and products. We would also invite you to set up a meeting with us, at a future convenient time, to show you some of our internal, portal protected educational materials.

Part II: Organizational Information

1. What has happened in your organization over the past reporting period that may impact your No significant changes at this time.

2. Have you made any changes to your board, staff, or nonprofit status? If yes, please explain.

Staff: still seeking to fill our LCSW contract positions.

Board: No changes affecting the COBHC. We did have successful change of board chair. Our new chair is: K'Lynn Lane - Executive Director of the Frontier Chamber.

Non profit status : Unchanged

Part III : Grant Expenditures

1. Have you attached an expenditure report (only use the HOWTO budget template) detailing the use of grant funds during the reporting period and listing expenditures for each line item in the approved budget? If no, please explain.

Please see attached.

Yes, we have included the required report.

2. Are you requesting changes to the budget, or any budget items? If yes, please list.



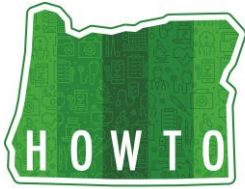
Healthy Oregon Workforce
Training Opportunity Grant

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In September of 2022 we submitted a budget modification. We participated in our annual review with the HowTo grant manager, Joanna Johnson, and discussed our desired budget modification and were given instructions to advance our programing on the new modification while OHA completed final paperwork. This modification has been instrumental in our progress and is considered resolved with one exception: **OHA has yet to provide us with official documentation to our modification request that was verbally approved by Joanna Johnson in October of 2022. Please provide approval at your earliest convenience as per section 7a above as we requested these changes in September 2022.**

3. Was any interest earned on grant funds? If yes, were the funds applied to the approved project/program?

No interest income was received in this quarter. Any funds received through interest are applied back into the program.



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Part IV: Quantitative Report *Please complete utilizing your objectives, outcomes, evaluation etc. as appropriate to your project and in alignment with your grant agreement. Add and edit as appropriate. Italicized items below are examples please complete with your appropriate measures and data.*

Objective(s)/ Outcome(s)	Reporting Period Total	Cumulative Grant Total
Number of		
Current Interns in training	24	24
Number of		
Self-produced professional trainings	2	2
Number of		
Co-sponsored professional trainings	2	2
Number of		
Total trainings this reporting period	2	4
Number of		
Total Learning/continuing education units	926	926
Number of		
Community trained professionals	21	65
Number of		
Associates receiving COBHC provided clinical supervision	1	1
Number of		
Interns receiving COBHC provided clinical supervision	1	1