COMMUNITY CONVERSATIONS ABOUT BEHAVIORAL HEALTH

Facilitator’s Guide

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Contents

Introduction 1
- Purpose of Community Conversations 1
- Facilitator Tips 1
- Recommended Reading 4

Assemble the Planning Committee 1
- Purpose 1
- Selecting Members of the Planning Committee 1
- Engage the Committee in Planning 2
- Plan to Assess Implementation and Outcomes 9

Conversation 1. Assess the Issues 10
- Time Needed 10
- Expected Outcomes and Tips for Planning 10
- Materials and Preparation 10
- Agenda Overview and Recommended Timing 11
- Procedures 11

Conversation 2: Create a System Map 14
- Time Needed 14
- Expected Outcomes and Recommendations for Planning 14
- Materials and Preparation 14
- Agenda Overview and Recommended Timing 14
- Procedures 15
- Preparing for Conversation 3: Create the System Map 15

Conversation 3: Discuss Strengths and Challenges 17
- Time Needed 17

Expected Outcomes and Tips for Planning 17
Materials and Preparation 17
Agenda Overview and Recommendations for Timing 18
Procedures 18
Conversation 4: Select Priorities for Action 21
Time Needed 21
Expected Outcomes and Tips for Planning 21
Materials and Preparation 21
Agenda Overview and Recommended Timing 22
Procedures 22
Create a Final Report 25
Review and Discuss the Final Report 26
Recommendations for discussion topics 26

Introduction

Purpose of Community Conversations

The goal of Community Conversations about Behavioral Health is to gather leaders, decision-makers, community organizations, and community members together to assess the current conditions and develop action plans to create community-level and systems change to improve behavioral health outcomes.

This facilitator's guide was adapted from Community Conversations about Mental Health, an evidence-based tool from Substance Abuse and Mental Health Services Administration (SAMHSA). The original tool is an evidence-based tool developed for engaging communities about mental health issues facing youth. We adapted it to focus on engaging community leaders to address a greater spectrum of challenges with mental health and substance use issues affecting communities.

Facilitator Tips

The guide offers tips for facilitators throughout based on experiences of the authors (seven Extension professionals who facilitated conversations in six Oregon communities). Let's begin with some general tips:

An effective facilitator does not have to be an expert in behavioral health. In these conversations, the participants are the experts and one or multiple facilitators *guide the conversation*. The skills needed in this role are cultivating constructive discussion, expanding thinking, developing mutual understanding, and generating priorities for action. In fact, not being a part of the behavioral health system can be especially helpful since participants will view the facilitator as neutral and without bias.

If you are new to behavioral health and want to learn more, visit the Coast to Forest website at c2f.oregonstate.edu to find fact sheets, training, and more.

Use facilitation approaches to promote evidence-based practices. These community conversations are set up to guide participants through learning and carefully crafted questions, so they can ultimately select priorities based on existing community issues and evidence-based practices. For example, Conversation 2 includes a checklist to identify the evidence-based practices currently being implemented. Conversation 3 is intended to build on what is occurring in the community, to identify the highest priority evidence-based practices and create action plans to implement them. If you aren't familiar with Evidence-Based Practices (EBPs) for behavioral health, we recommend the following resources:

- **SAMHSA's Evidence-Based Practices Resource Center**
  https://www.samhsa.gov/resource-search/ebp
- **Healthy People 2030 Mental Health and Mental Disorders Evidence Based Resources**
  https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/evidence-based-resources
- **SAMHSA's guide to Finding Evidence-based Programs and Practices**
  https://www.samhsa.gov/sites/default/files/20190719-samhsa-finding_evidence-based-programs-practices.pdf (links to other searchable resources).

Focus on the whole behavioral health system. These community conversations are intended to work toward community and system-level changes by leading participants through thinking about treatment, recovery, harm reduction, and prevention. Having a diversity of participants across many sectors is a key component of exploring community needs and creating change across the entire system.

Be a catalyst for building relationships. Creating community-level and systems change requires breaking down silos and building relationships. Effective behavioral health systems include cross-sector collaboration among behavioral health, public health, healthcare, law enforcement, schools, and other partners. In some communities, these sectors are already working together well. In other communities, they may not be. An important role for the facilitator is to be a catalyst for building relationships. In other words, the facilitator helps others to jointly brainstorm creative solutions, and fosters discussion about how they can innovate through collaboration.

Encourage expanding ideas and beware of early conclusions. As discussion occurs throughout the conversations, you may observe consensus building around particular ideas. Consensus building early in the conversations can be an indicator of agreement. Alternatively, it can be an indicator of an early conclusion, which can derail later discussions about priorities. Sam Kaner, author of Facilitators Guide to Participatory Decision Making explains, "When a problem has an obvious solution, it makes sense to close the discussion quickly, why waste time? There's only one problem: most groups try to bring every discussion to closure this quickly" (Kaner, 2014). He adds, "When a group of decision-makers has to wrestle with a difficult problem, they will not succeed in solving it until they break out of the narrow band of familiar opinions and explore a wider range of possibilities."

An important role for facilitators is to recognize when groups may be forming early conclusions and help participants expand their thinking and assess if other ideas are missing. Intentional facilitation will help the group consider all the possible solutions to improve

behavioral health. Here are some examples of prompts you can use throughout the conversations to check for consensus and expand thinking:

- "It sounds like there is some consensus happening around the idea that _________. What else are we missing?"
- "It sounds like there is building agreement that _________ is a concern, what other issues are you concerned about?"
- "We heard that __________ is an issue because __________. What other barriers are getting in the way?"
- "So far, we have heard from people in healthcare and public health that _______is a key issue. What about people in law enforcement, what do you think is a top issue?

Be flexible with timing. This guide includes recommended timings, but the most important factor is how the group is progressing through the discussions and achieving the intended outcomes. It is possible that the structured meeting time can force early conclusions, which can prevent successful action planning. If a group needs more time for discussion to explore ideas, then provide it. It may be helpful to communicate about the importance of flexibility with the planning committee t and participants to set expectations that the goals of each Conversation are to achieve the outcomes, not ending at a specific time. The timing guides in are based on the experience of the authors, but you may need more or less time depending on circumstances. Alternatively, time parameters can be a useful tool to maintain focus on achieving the goals and outcomes. We suggest a taking balanced approach of remaining flexible, but not veering too far off course.

Adapt the conversation based on the level of collaboration. The degree to which participants have worked together previously to solve community problems can affect the process and outcomes. Talk with the planning committee about existing partnerships to assess where this community is on the spectrum of not at all collaborating at all, to some collaboration, to robust collaboration. If there has not been a lot of collaboration, the facilitator may want to spend more time helping participants build relationships and trust with one another. If there has already been a lot of collaboration, be wary of the group coming to early conclusions and he facilitator may need to spend more time ensuring that the full diversity of ideas is explored. Groups who have a long history of working together, may be quick to consensus because of how familiar they are with one another. (Also, see more about planning committees below).

Also note that a lack of collaboration may be fueled by a host of things, from a lack of awareness of each other's organizations, differences in perspectives or missions, or historical conflict. Be prepared to navigate complicated and potentially politically charged

conversations. We recommend leaning into these conflicts to help participants build relationships and overcome challenges. In addition, with careful facilitation, it can even spur highly productive solution development, creativity, and innovation. Here's a great resource to read how to navigate these conversations: facilitating_political_dialogues_workshop.pdf (ku.edu)

Know that participants may see "success" differently. Some participants may be satisfied with the sharing of information and perspectives. Others may be pleased with building new or strengthening old relationships, and still others may be satisfied with concrete action steps that operate as a comprehensive long term strategic plan. Facilitators will benefit from examining their own position, and those of the planning committee, and perhaps by letting go of preconceived ideas of what constitutes "success."

Recommended Reading

If you are interested in exploring other resources to prepare for the Conversations, we recommend the following publications.

- Center for Community Health and Development, University of Kansas. Community Toolbox. https://ctb.ku.edu/en

  These chapters may be especially helpful: Developing Facilitation Skills, Leading a Community Dialogue, and Creating Good Places for Interaction

- Emmerling, T., Rooders, D. (2022) Strategies for Better Group Decision Making. Harvard Business Review. Accessed July 12, 2024: https://hbr.org/2020/09/7-strategies-for-better-group-decision-making

- Kaner, S. (2014). Facilitator's Guide for Participatory Decision Making. Jossey-Bass: San Francisco, CA.

- Parker, P. (2020). The Art of Gathering: How We Meet and Why it Matters. Riverhead Books: New York City, NY.

- Substance Abuse and Mental Health Services Administration. (2023). Engaging Community Coalitions to Decrease Opioid Overdose Deaths Practice Guide. https://store.samhsa.gov/sites/default/files/pep23-06-01-002.pdf

- Substance Abuse and Mental Health Services Administration. (2013.) Community Conversations About Mental Health: Discussion Guide. https://store.samhsa.gov/product/community-conversations-about-mental-health-discussion-guide/sma13-4764

- Tisch, J.M. Institute for Democracy and Higher Education. Facilitating Politically-Charged Conversations. https://ctb.ku.edu/sites/default/files/chapter_files/facilitating_political_dialogues_workshop.pdf
- Wolff, Tom. (2010). Power of Collaborative Solutions: Six Principles and Effective tools for Building Healthy Communities. Jossey-Bass. San Francisco, CA.

Assemble the Planning Committee

Purpose

Having a planning committee to support the conversations is a critical first step in the preparation process. The goal of the committee is to provide guidance to the facilitator(s) and collaboratively lead planning of all aspects of the conversations. Members of the committee should be key stakeholders in the community that can create conditions for the conversations to produce meaningful results. It is also helpful to engage a planning committee that can bring together diverse constituents in the community.

We recommend inviting two or three people to join the committee. The time commitment for the planning committee members will vary depending upon the needs of the Conversations. We have found that planning meetings may take a minimum of 4-6 hours throughout the process.

Planning Committee Tasks:

- Determine the setting, schedule, food and beverages, and other logistics
- Decide on who should participate and the processes to invite participants
- Provide the facilitator with background information about the issues and participants to help the conversations, (e.g., input on levels of collaboration prior to conversations and sharing information on controversies, political or social issues, or historical challenges)
- Assess needs to tailor Conversations 1, 2, 3, and 4
- Identify presenters for Conversation 1 to share data about behavioral health issues
- Determine roles and responsibilities of facilitators and planning committee members in facilitating, note-taking, writing up conversation summaries, and sharing with participants, and writing up the final report.

Selecting Members of the Planning Committee

Consider representatives from different sectors: healthcare, law enforcement/public safety, treatment, public health, education, and others. Consider people who are trusted by likely participants and can help recruit participants, and those who can give insights into community dynamics, relationships, histories, etc., related to prevention, treatment, and recovery. It can be especially helpful if they are people who have influence and are widely respected in the community, who can inspire change and reinforce value and trust in the process among

participants. Committee members should be people who can participate in regular planning meetings and all four community conversations.

> **Facilitator Tip:** The composition of the planning committee reflects who participates. Consider how possible committee members might be able to support recruitment of a diverse set of participants.

> **Facilitator Tip:** The size of the planning team should be small enough to make decisions and reasonably schedule meetings, and large enough to feel like multiple sectors are represented and workload is shared.

> **Facilitator Tip:** Discuss expectations for meeting frequency and time commitment up front. Some committees may have more capacity to be directly involved in the planning and follow-up. Other committees may only be available to review materials. There is no right or wrong approach, but setting clear expectations up front will support the process.

> **Facilitator Tip:** Consider inviting people to join the planning committee who already have resources to support this work on an ongoing basis or the structures in place to move it forward. This will help support action at the conclusion of this series. For example, you might ask the convener of a local behavioral health coalition to join the planning committee.

Engage the Committee in Planning

The format, length, and frequency of planning discussions will vary based on the committee's composition. We recommend discussing this with the planning committee up front to set expectations for engagement. The following are recommended processes for engaging the planning committee.

We recommend holding an introductory meeting with the planning committee to orient them to the conversation process and their specific roles and tasks. From there, plan for 4-6 meetings to make decisions on the tasks identified above. You may also consider meeting before each conversation to review the session agendas and materials. We also recommend holding at least one meeting after the conclusion of Conversation 4 to debrief the outcomes and prepare for the final report. It may be helpful to establish a regular meeting time to streamline the process and support making progress on project goals.

To begin, planning committee members in partnership with the facilitators will:

1. **Orient the Planning Committee to the Conversations and their tasks.** Planning committee members may arrive at the first meeting with a varied understanding about what to expect. Describe the roles, responsibilities and tasks of the planning committee, an

overview of the processes in the Conversations, and the expected outcomes. Expect that planning committee members are busy and may appreciate knowing up front what tasks or commitments are expected of them.

2. **Select the setting for the Conversations.** If the Conversations will be in-person, find an accessible and neutral space where everyone will feel comfortable. Preferably, there are comfortable chairs, audio visual equipment, room for small group discussions, a space for refreshments, and access to restrooms. If meeting virtually, determine the platform that will be used, and the settings needed for the group discussions.

3. **Determine the schedule and frequency of the Conversations.** Identify how frequently to convene Conversations 1-4 and select the dates. You may consider who your likely participants will be when selecting dates (e.g., conversations over the summer might not work well for educators).

   Facilitator Tip: It can work well to hold each Conversation one week apart. They can also be condensed into two meetings, combining Conversation 1 and 2 into one session, and then Conversation 3 and 4 into another session. Another strategy is to hold all four conversations were held in a two-day "retreat" style.

   Facilitator Tip: Give yourself adequate time between Conversation 2 and 3 to create the system map. In our experience, and depending on the bandwidth of your team, formatting a system map can take a lot of time.

4. **Select participants for the Conversations.** Ask the committee to help develop the participation list. We recommend a group size of 8-15 individuals. This group size is large enough to represent a diversity of sectors and perspectives, while being small enough to have deep dialogue and produce high quality priorities and action plans. If you need to host a group larger than 20, we recommend that you consider holding separate cohorts of Conversations and/or use breakout groups for discussions. Include people who are leaders across sectors with decision-making power and influence to improve community systems related to behavioral health challenges. The influence of community partners and sectors will depend on many factors. Ideally, you will invite participants who are connected to and trusted in the community. For example, a behavioral health director and a front desk staff member at a social service organization may both be able to offer valuable perspectives on community strengths and needs based on their unique vantage points.

Consider participants from these sectors:

Sector	Organizations, Programs, and Positions
Addiction treatment and recovery facilities	Substance use treatment programs Settings providing medically managed withdrawal treatment or socially managed withdrawal
Health systems, agencies, healthcare providers that are likely to implement evidence-based practices	Hospitals Federally qualified health centers Primary care practices Pain management clinics Maternal health practices Pharmacies
Emergency response units from municipal sub-units or geographical areas	Emergency management services Fire departments Paramedics
Law enforcement, public safety, and criminal legal organizations	Jail/prison administrators Sheriffs District attorneys Narcotics squads Police Drug or treatment courts Family courts Juvenile Departments Community supervision Probation/parole
Harm reduction services	Syringe exchange programs Mobile units Naloxone programs
Organizations that address social determinants of health, including social services and entitlement service providers	Housing service providers (public and private, hotels, etc.) Transportation outlets/providers Food insecurity organizations (WIC, DHS, SNAP, food pantries) Education (K-12, colleges, county Extension)
Local service organizations	County administrators and supervisors Legislators Prevention resource centers and providers
Other potential partners	Clergy and faith-based organizations and health messaging resources and outlets Local advocacy organizations Court-Appointed Special Advocates (CASA) Victim services Local businesses, Chamber of Commerce

	Representatives from major local industries Veterans and organizations serving veterans Different municipal subunits or geographical areas of the community
Organizations that support specific demographic groups	Specific age groups such as youth, or older adults Specific cultural, racial, or ethnic groups Specific gender identity and sexual orientation groups (e.g., LGBTQIA2S+)
Organizations that can provide funding or identify funding sources	Foundations Grant-makers Elected officials
People with lived experience	People who currently use or formerly used substances, experienced mental illness, or were affected by suicide.
Reference: SAMHSA (2023). Community Engagement Practice Guide, pgs 16-17	

Facilitator Tip: We recommend assembling a group of people who represent a wide diversity of sectors and organizations. This will maximize the variety of perspectives, knowledge, and creativity. However, this means that maybe only one or two people from each organization may be able to be present. Increasing the organizations and sectors, it becomes more inclusive of the whole community. Decisions about who to invite and include (and who not to) can be difficult and uncomfortable. No one wants to be or be perceived as being exclusionary. If you are not sure who to invite from a large organization, consider reaching out to a primary point of contact at that organization and asking them for their feedback on who can best represent their team.

We caution against large groups because facilitating dialogue in a larger group is more complex logistically, is more challenging to have deep conversations, will burden the facilitator(s), and may make engagement and consensus less obtainable. If the planning committee expresses interest in engaging a large group, it may be helpful to discuss the pros and cons and to determine how to adjust processes to foster deep conversations. If engaging a large group is needed, we recommend that rather than engaging the large group all at once and building consensus and commitment among in one fell swoop, consider starting with a core group and expanding over time, working in concentric circles to engage the larger group.

Other important factors to consider when developing the participant list:

- The diversity of participants should be considered in terms of age, gender identity, sexual orientation, race, ethnicity, class, and ability to reflect the demographic makeup of the community. Geographic diversity is also important, including diversity of representation from neighborhoods, cities, towns, or geographic areas of the community (SAMHSA, Community Engagement Practice Guide, pp. 16-17).
- People with experience with behavioral health services have important perspectives that can help these conversations. While including the leaders of organizations who are decision-makers is important, having the perspectives of people who have experienced mental illness or substance use disorder, and/or have supported people who experienced mental illness or substance use disorder is equally important.
- Communities of color have been and remain disproportionately affected by mental illness, opioid overdose and premature mortality caused by substance use, resulting in exclusion from access to high-quality care, and criminalization. Considering this during the recruitment process can improve the impact of the conversations.

Facilitator Tip: It is helpful if the planning committee members can personally invite participants by phone or email. Participants are more likely to prioritize these meetings if they are invited to participate by a person they know personally or has influence in the community. The facilitator can assist by emailing the participants calendar invites. It can be helpful to participants so they do not have to create it themselves, and can help facilitators keep track of responses.

Facilitator Tip: We recommend encouraging participants to attend every Conversation. This is because the conversations build on one another and being part of all Conversations will aid in the group's selection of priorities and the creation of action plans. It can be helpful to explain this expectation when invitations are sent out.

5. **Plan Conversation 1.** Review the agenda with the planning committee. Ask the committee to identify 2-4 relevant presenters. Ideally, these presenters are key stakeholders who will also be participating in the series of conversations. Consider local leaders with expertise who can share about local data and perspectives.

   Examples of data that could be shared:

- **Law enforcement/Public safety:** frequency of incarcerated individuals receiving MAT, frequency of responding to overdoses, frequency of EMT related calls.
- **Public health:** prevalence of diagnoses, prevalence of deaths by overdose and suicide.
- **Behavioral health:** Stories of treatment or resilience; system capacity data and treatment outcomes; stories of lived experience; consider asking peer support specialists or treatment providers to share about their experiences; availability of treatment facilities locally or regionally
- **Healthcare:** emergency department visits for mental health crises, substance use disorder, or opioid overdose; data on toxicology screens for fentanyl; number of people in treatment vs prevalence of need
- **Schools:** data related to students accessing mental health services or behavioral challenges.
- **General:** community health or behavioral health needs assessments, data from Oregon by the Numbers (https://www.tfff.org/oregon-numbers/)

6. **Plan Conversation 2.** In this Conversation, participants will create a map of existing services, assets, and resources for mental health and substance use disorders across the spectrum of care from prevention to treatment to recovery. Planning committee members can help the facilitator prepare for this conversation by sharing what they know about the behavioral health system. For example, the facilitator might ask the planning committee:
    - How well do agencies and organizations collaborate?
    - How familiar are participants with the entire system or each other's services?
    - Are there areas we need to spend more time in to help participants learn about the services available?
    - What services might not come up in the conversation, but feel important to explore?
    - What are some of the geographic considerations for available behavioral health resources? Are there services people seek in other communities that would be important to explore in this conversation?

7. **Plan Conversation 3.** This conversation involves using the map of the behavioral health system created in Conversation 2 to assess the current strengths and challenges in the local behavioral health system. In planning for this conversation, ask the planning committee to review the drafted map, offer initial feedback, and revise as needed.

   Consider asking planning committee members about their insights on the strengths and gaps in the community, including those that may be less visible but no less impactful. This information can be used by the facilitator to offer examples during Conversation 3 to participants if they get stuck in the conversation and to fully explore the strengths and challenges in the local landscape. Committee members can also share any challenges or areas of conflict around what is and isn't working well in the community.

8. **Plan Conversation 4.** In the fourth and final conversation participants will build off the strengths and gaps from the previous session to identify and prioritize areas for action. Consider asking the planning committee these questions:

   - Do they anticipate any areas that will be challenging for the group to discuss or reach agreement?
   - Which gaps are more easily addressed within the community versus needing outside resources, support, or policy changes?
   - What do they recommend for the next steps after Conversation 4 for how participants can engage in taking action to support these efforts now?

9. **Review the final report and discuss plan for dissemination.** We recommend engaging the committee to discuss the preparation and sharing of the final report, including who should write and review the report, the timeline for completion, and how to share the report with the participants and the community.

   > **Facilitator Tip:** We recommend inviting all participants to review and comment before it is finalized. This is important to make sure that what is captured represents the conversations, from the perspective of all participants.

10. **Plan a meeting to debrief the final report with all participants.** It may be helpful to view this debrief meeting as an opportunity to share updates, celebrate progress, and collaboratively decide the immediate next steps for moving this work forward. Depending on your role in the community, you may be directly involved in this process. However, if your primary role is to convene, this may be an opportunity for you to work with the planning committee and participants to identify the individuals and

organizations that can continue to make progress towards the action areas identified during these conversations.

Plan to Assess Implementation and Outcomes

Work with the planning committee to determine if it is appropriate to evaluate the implementation process and/or outcomes of these conversations. We recommend a few strategies:

Keep a record of implementation. You could also use a reflection process like Plus(+)/Delta(Δ), a tool used commonly by educators and facilitators to record what went well (+) and what needs to be changed (Δ) and improved next time. Consider participant engagement, activities, discussion outcomes, and other elements of implementation.

Capture long-term outcomes. If you have the time and resources, keep in contact with the planning committee and participants after the completion of the *Community Conversations about Behavioral Health* to find out how they used their action plans. You could set regular check-in points at 3 months, 6 months, and a year to find out if the process led to grant funding, new policies, or new practices, or other continued activities by the group.

Conversation 1. Assess the Issues

Time Needed

60-90 Minutes

Expected Outcomes and Tips for Planning

By the end of Conversation 1, the group will have created shared understanding of the challenges affecting the community by sharing what mental health and substance use disorder challenges they are most worried about and discussing local, regional, and statewide data about the issues. The goal is to broaden participants' perspectives of behavioral health issues that are urgent and identify the need for community-level interventions.

> **Facilitator Tip**: Participants often focus on what has affected them personally or what issues are most visible in the community. Be prepared to help the group explore the wide variety of issues facing the community. For example, homelessness is an important current issue, but fentanyl poisoning, youth anxiety, and depression may also be impacting the community and worth exploring. As a facilitator, you can help the group consider the bread of issues and expand their ideas during discussion.

Materials and Preparation

- Conversation 1 PowerPoint Slides, if using them
- Confirm presenters are available for the meeting and if they have handouts
- Copies of presenter slides and handouts, if needed
- Copies of *Conversation 1 Handout 1—Diagnoses*, one for each participant
- Copies of *Conversation 1 Handout 2—Poll*, one for each participant
- Flip chart paper and markers to tally the results of the poll, if using

  Facilitator Tip: consider using an online poll using the content from the handout like Mentimeter, Poll Everywhere, or Microsoft Forms. If using an online poll, Handout 2-Poll and the Flip chart paper are not needed. Consider possible technology issues or participant comfort with using the online poll that might detract from the conversation.

- Post-it-notes, pens, pencils
- Copies of *Conversation 1 Handout 3—Protective Factors*, one for each participant

Agenda Overview and Recommended Timing

- Welcome and introductions (10-15 mins)
- Introduction to behavioral health and data in the community (45-60 minutes)
    - Review definitions of common behavioral health diagnoses.
    - Ask participants to complete the poll
    - Presentations with local, regional, and state data
    - Discuss reactions to the data
- Review risk factors and protective factors (5-10 mins)
- Discuss national, state, and local data

Procedures

1. **Welcome and Overview.** Explain that the purpose of Community Conversations about Behavioral Health is to discuss the behavioral health issues affecting our communities, identify strengths and gaps, and determine priorities that need action. The discussion will occur across four parts:
    - Conversation 1: Assess the Issues
    - Conversation 2: Create a System Map
    - Conversation 3: Discuss Strengths and Challenges
    - Conversation 4: Select Priorities for Action
2. **Introductions.** First, ask the planning committee members to introduce themselves and speak about why this is important to them and what they hope to get from the series of conversations. Then ask participants to introduce themselves with their name and affiliation.

    Facilitator tip: Consider creative ways for participants to introduce themselves, so that people learn about people and their programs without taking a lot of time. <u>Example 1</u>: hang the five flip chart papers with the five areas in Conversation 1 (Prevention, Harm Reduction, Crisis Response, Treatment, and Recovery) around the room. Ask people to go to the flip chart paper that most aligns with their work or interests. If they represent multiple, they can go to the middle. Then ask them to introduce themselves. A secondary benefit may be that it helps the group identify where there might be gaps in representation. <u>Example 2:</u> have people write down why they care about behavioral health or why they are participating. Then ask each person to introduce themselves, share what they wrote, and then post their “why” on the wall.

3. **Group agreements for the conversations.** Ask the group to create a list of expectations for good communication to provide a solid foundation of respectful and productive discussion. Give some examples: encourage a diversity of opinions & perspectives, avoid acronyms & jargon.

4. **Assess Perspectives of Behavioral Health Challenges.** Explain that because participants may have a range of knowledge about the topics we will cover in these four sessions we want to start by providing general definitions and information about behavioral health.

   Provide participants with *Conversation 1 Handout 1 - Diagnoses*. Read the definition of each behavioral health diagnosis aloud:

   - **Anxiety Disorders** are when people respond to certain objects or situations with fear and dread. This can include obsessive-compulsive disorder, panic disorders, phobias and Post Traumatic Stress Disorder (PTSD)
   - **Attention deficit hyperactivity disorder** (ADHD) can include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (overactivity).
   - People with **depressive disorders** may have feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of physical problems and additional emotional problems.
   - **Eating disorders** involve extreme emotions, attitudes, and behaviors involving weight and food. Eating disorders can include anorexia, bulimia, and binge eating.
   - **Mood disorders** involve persistent feelings of sadness or periods of feeling overly happy or fluctuating between extreme happiness and extreme sadness. Mood disorders can include depression, bipolar disorder, Seasonal Affective Disorder (SAD), and compulsion to self-harm.
   - People with **personality disorders** have extreme and inflexible personality traits that are distressing to the person and/or cause problems in work, school, or social relationships. Personality disorders can include antisocial personality disorder and borderline personality disorder.
   - People with **psychotic disorders** hear, see, and believe things that aren't real or true. An example of a psychotic disorder is schizophrenia.
   - **Substance use disorders** involve the dependence on or misuse of alcohol and/or drugs, including the nonmedical use of prescription drugs.
   - **Suicide** causes immeasurable pain, suffering, and loss to individuals, families and communities. In the U.S., millions of people consider, plan, attempt or die by suicide each year.

- Mental health challenges and substance use disorders often occur together, called **co-occurring conditions**. Sometimes one disorder can be a contributing factor to or can exacerbate the other. Sometimes they simply occur at the same time.

- Ask participants if they have any questions.

Provide participants with *Conversation 1 Handout 2—Poll* or launch the online polling app you are using. Ask participants which of these behavioral health disorders they most are concerned about. They can select multiple.

Tally the poll results and share them with the group. Ask participants what their reactions are to the results of the poll.

5. **National data.** Share the information on Conversation 1 Presentation PowerPoint Slides 6 & 7, if using them. Explain that when we look at the data for the United States, 1 in 5 adults experience mental health problems each year. Research shows these percentages of people with mental health challenges, note that the most common is anxiety at 21.3% followed by substance use disorder and major depressive disorder. Note here that Bipolar, eating disorders and schizophrenia are far less common.

   Ask participants whether any of the data surprises them. How does that differ from your perspective on what is happening in this community?

6. **Local data.** Explain that the next step is to explore local data. Introduce the presenters and have them share their information.

   After the presentations, ask the group:

   - What are your reactions to these data?

   - After seeing the information, have you changed your mind about the mental health challenges that are of most concern to you?

7. **Reducing risks for mental illness and substance use disorder.** Provide the *Conversation 1 Handout 3: Protective Factors* handout with information about risks and protective factors. Read them aloud to the group.

8. **Small group discussions**: Ask participants to think about the risk factors and protective factors related to this community and what is already happening address protective factors and risk factors? Ask the groups to select someone to take notes and be prepared to share.

9. **Share.** Ask the groups to share what they discussed.

10. **Conclusion of Conversation 1.** Explain to participants that the next step in Conversation 2 will be to make an inventory of the current behavioral health system. The outcomes of the discussion will be used to identify strengths and gaps, and priorities for action in Conversations 3 and 4.

Conversation 2: Create a System Map

Time Needed

60-90 Minutes

Expected Outcomes and Recommendations for Planning

By the end of Conversation 2, participants will have generated an inventory of programs and services in the community's behavioral health system. The key question that the group will answer in Conversation 2 is: What programs, services, and assets currently exist? Participants will start by using a checklist to consider this question, followed by discussion for the group to create a comprehensive picture. Following this conversation, the facilitator will prepare a system map that will be used in Conversation 3 to explore strengths and challenges.

Materials and Preparation

- Conversation 2 Presentation Slides, if using them
- Copies of *Conversation 2 Handout 1—Behavioral Health System Assessment*, one copy for each participant
- Flip chart markers
- 4 sheets of flip chart paper, each labeled with one of following headers. Bring extra sheets of flip chart paper if needed.
    1. Prevention and early intervention
    2. Substance use harm reduction and overdose prevention
    3. Treatment and recovery
    4. Crisis response

Agenda Overview and Recommended Timing

- Welcome (5 minutes)
- Behavioral health system assessment (5-10 minutes)
- Share and record information (45-60 minutes)
- Discuss ways to organize the system map (15 minutes)

Procedures

1. **Welcome.** Explain to participants that the goal of Conversation 2 is to create an inventory of the assets currently in the behavioral health system and connected services. The focus of our discussion will be on what we have now. We will use the information to build a system map that will be an important tool for the next discussion in Conversation 3 to assess strengths and gaps.

2. **Behavioral Health System Assessment.** Provide each participant with the *Conversation 2 Handout 1—Behavioral Health System Assessment* checklist. Ask them to spend five minutes writing down everything they know about what currently exists in the behavioral health system. Ask them to write their names on the handout. Explain that it will be collected at the end of this conversation and returned to them to use in Conversation 3.

   Facilitator Tip: Participants will represent many sectors and they may not be aware of some services. Together with their shared knowledge, they will contribute to a comprehensive system map. Part of the goal in Conversation 2 is to create shared understanding of the whole system as each participant contributes parts to the map.

3. **Share Checklists.** Ask participants to share what they wrote on their checklists. Record these on the flip chart papers.

   Facilitator Tip: this may appear as if writing responses on flip chart papers is a duplicate effort since the participants already shared on the flip charts, but this is intended to create a visual that the group can consider, and it may help people recall additional programs and services that should be captured that they did not think of already.

4. **Discuss how to organize the system map**. Explain that you will be using these lists to create a visual of the behavioral health system. Ask the participants how they would like to see the system map organized.

   Facilitator Tip: We have provided some sample behavioral health system maps in the *Community Conversations about Behavioral Health* Facilitator's Toolkit.

5. **Conclusion of Conversation 2.** Explain to participants that the next step is to take what was created in Conversation 2 and create a system map. Explain that in Conversation 3, the group will use the system map to assess strengths and gaps. Collect the completed *Behavioral Health System Assessment.* Make sure the participants recorded their name on the paper so it can be returned to them for Conversation 3.

Preparing for Conversation 3: Create the System Map

In preparation for *Conversation 3*, use the information generated from the *Behavioral Health System Assessment* checklist and notes from the flip chart paper to create a map of the

community's behavioral health system. This will be an important tool to guide the discussion about current strengths and challenges.

First, aggregate what people wrote on the *Behavioral Health System Assessment* checklist. Then use the information to create a visual that can help the group assess the strengths and gaps. Here are some examples from other communities:

- Tillamook County Community Conversations about Behavioral Health Final Report
- Union County Community Conversations about Behavioral Health Final Report
- Malheur County Community Conversations about Behavioral Health Final Report

Conversation 3: Discuss Strengths and Challenges

Time Needed

60-90 minutes

Expected Outcomes and Tips for Planning

By the end of Conversation 3, participants will have reviewed the map of the behavioral health system and used that information to assess the current strengths and challenges. The outcomes of this conversation will be used to create priorities in Conversation 4.

> **Facilitator Tip:** The system map will be an important tool for people to refer to as they consider the strengths and gaps. You may need to remind participants to use it throughout the discussion.
>
> **Facilitator Tip:** There is a lot of content to get through in this session. Be mindful of timing to set the pace. Also, monitor the discussion and if more time is needed, recommend the group add another session to get through it. Some discussions will need more time, and give enough time to go through it.
>
> Facilitator Tip: It may be helpful to have two facilitators, one to guide the conversation and the other to record the ideas on the flip chart paper, even perhaps grouping items that are related to help with later prioritization.

Materials and Preparation

- Conversation 3 Presentation Slides, if using them
- Sticky notes, up to 5 per person
- Copies of the system map created from Conversation 2, one for each participant
- Copies of *Conversation 2 Handout 1—Behavioral Health System Assessment*, one for each participant
- Copies of *Conversation 3 Handout 1—Ideal System Strengths Gaps*, one for each participant
- Four pieces of flip chart paper with the following headers written on them, plus extra if needed.
    - Ideal System
    - Strengths

    - Gaps/Needs
    - Themes

Agenda Overview and Recommendations for Timing

- Welcome and opening remarks (5 minutes)
- Review the system map (5 minutes)
- Discuss the ideal behavioral health system (5-10 minutes)
- Assess strengths (15-20 minutes)
- Assess gaps (30-40 minutes)
- Organize the strengths and gaps into themes (10-15 minutes)

Procedures

1. **Welcome & opening remarks.** Remind participants about where we are in the process: In Conversation 2 we focused on creating an inventory of the programs and services available. In Conversation 3 we will identify strengths, gaps, and barriers of the current behavioral health system in our community. What we generate in this conversation will be used to create an action plan in Conversation 4.

2. **Review the system map.** Provide each participant with a handout of the system map and explain how it is organized. Then ask participants:

    - What are your initial thoughts about the programs and services represented in this map?
    - If you notice things that are missing or need to be corrected, write them down on the handout and we will make corrections.

    Explain to participants that the system map will be an important tool in the next steps as we consider the strengths and gaps, and what needs to change.

3. **Envision an Ideal System.** Explain the first step is to think about what the ideal system should look like. It will help us to envision our ideals and goals before we begin to assess strengths and gaps and what we should act on. Consider these questions:

    - What would an ideal behavioral health system look like in this community?
    - Who is it ideal for?
    - What structures and/or processes would we have in place?
    - How would people know about the services available?
    - How would it support the whole person?

- How would it support social determinants of health (income, education, housing, etc.)

  Facilitator Tip: Check with participants about whether they are familiar with the term "social determinants," providing a definition or visual if necessary.

4. **Assess Strengths.** Explain that now we have an idea of what an ideal system looks like, we need to assess the existing strengths. Return the completed *Conversation 2 Handout 1: Behavioral Health System Assessment* handouts to each participant. Tell the participants that the map and their assessment will be important to consider identifying the current strengths.

   Ask the participants to consider these questions:

   - What is working well?
   - Who is being served well?
   - What coalitions and partnerships exist that strengthen the system?

   Facilitator Tip: It is often easier for participants to discuss the gaps than strengths. However, it is important that the group spend enough time talking about what is currently working well. Help pace the discussion about strengths so there is thorough consideration of strengths before moving on to gaps.

5. **Assess Gaps.** Explain that the next step is to discuss the gaps. Ask participants to think about the ideal system just discussed, as well as the system map and consider what they wrote on their *Behavioral Health System Assessment* as they consider gaps.

   Ask the participants to consider:

   - What prevents people from accessing the services available?
   - What do community members need that doesn't currently exist?
   - What are challenges that prevent your organization from being able to support behavioral health? What resources or support do you need to overcome those challenges?
   - What do behavioral health workers need?
   - Who is not being served well by our system? (Characteristics might be: geography, language, demographics, gender/ethnicity, etc.)

   Facilitator Tip: If the group has come up with a long list of gaps, it may be hard to use them to identify priorities in the next step. Consider asking the group whether some of the gaps can be combined. We recommend inviting participants to help with this, rather than having the facilitator do it because it promotes greater participant

engagement and ownership of them later during prioritization. Try to avoid overly refining the list. An overly reduced list may be difficult to prioritize in Conversation 4.

6. **Conclusion of Conversation 3.** Explain to participants that the next step in Conversation 4 will be to use the outcomes from the discussion about ideal system, strengths, and gaps to prioritize areas for action.
7. Save the flip chart paper for Conversation 4 and creating a final report.

Conversation 4: Select Priorities for Action

Time Needed

60-90 minutes

Expected Outcomes and Tips for Planning

By the end of Conversation 4, participants will have determined solutions and prioritized areas for action.

Materials and Preparation

- Determine the process for prioritizing. There are many ways to vote and prioritize ideas. These procedures in this guide use one type of dot voting process. Facilitators can use the voting process explained here or modify the procedures using a voting process that works best for them.
    - **Process in this guide**: Provide each participant with six sticky dots to vote on their top priorities. Ask them to place dots on their top themes. Participants can use more than one dot to give weight to items or use one dot for each theme. Materials needed: six dot stickers per participant and a flip chart paper with the themes identified in Conversation 3.
    - **Example Modification:** This process involves two levels of dot voting. It allows participants to assess top priorities and identify what participants have the control to change. Give each participant 6 red dots and many green dots. Ask each participant to place a red dot next to the themes they think are the highest priority and green dots next to the themes they can influence.

      Consider these resources for additional ideas about strategies for group voting and prioritization:

      https://dotmocracy.org/dot-voting/

      https://feedbackframes.com/#discover

      https://hbr.org/2020/09/7-strategies-for-better-group-decision-making

      https://caroli.org/en/dot-voting-alternative/
- Flip chart paper with the list of gaps from Conversation 3
- Flip chart paper with the following headers, plus extra if needed.

- Top five priorities
- What is already happening?
- What actions are needed?

- Materials for dot voting. If using this guide's process for dot voting, use six sticky dots for each participant of any color.

Agenda Overview and Recommended Timing

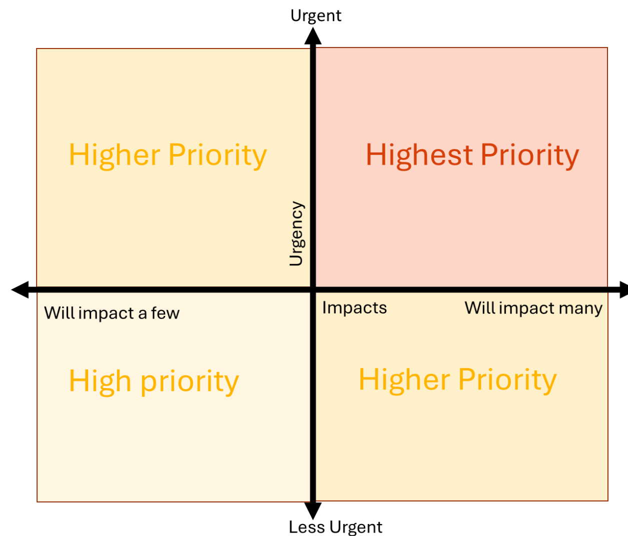
- Determine priorities (15-20 minutes)
- Discuss what is already happening in the top priorities (20-30 minutes)
- Determine actions for top 5 themes (20-30 minutes)
- What to expect next (5 minutes)
- Closing (5 minutes)

Procedures

1. **Welcome and overview.** Explain that the objective of this conversation is to determine priority areas for action in the current behavioral health system in your county that will inform the creation of an action plan in this session.
2. **Prioritize gaps.** Explain that the next step is to determine which are the gaps that should be prioritized for action.

   Discuss the different ways that people might set priorities. Acknowledge that everyone has different considerations, and there is not one way to prioritize. In this process it is up to each person in the room to consider how to determine how to prioritize what their community needs the most.

   For example: Consider urgency or severity vs. how many people will be impacted. You could decide that more urgency and greater impacts for many people would be important. You may encourage the group to think about what the key drivers are, or what they believe are the key to reversing harms. Show the diagram in Conversation 4 slide 5 as an example.



Ask the participants, what other ways they could consider priorities. Then explain that how each individual prioritizes is up to them, and there is a lot to consider.

3. **Determine Priorities.** Explain the process for voting on priorities.

   If using the dot-voting method in this guide:
   Provide each participant with six sticky dots to vote on their top priorities. Ask them to place dots on their top themes. Participants can use more than one dot to give weight to items or use one dot for each theme.

   Discussion. Ask the participants about their reaction the priorities that were selected. What do you think? Does this seem right to everyone? Is anything surprising? Have we missed anything? Allow time for participants to discuss whether adjustments and re-thinking are needed. Once there is agreement on the top five priorities, write them down on the flip chart paper labeled "Top Five Priorities."

   Facilitator Tip: This is an important time to check in to see if the group would like to make modifications. Sometimes the group will have outcomes that are expected, but sometimes a surprising priority may appear in the voting process. It is important to check to see if the group is supportive of the priorities. Don't be afraid to re-do the vote, or rework the priority list. This can be a great opportunity to re-assess and include any ideas that were missed. Then vote again.

   Example scenario, from a real situation:

   In one *Community Conversation* in Oregon, a group appeared to be converging around coordination among agencies as a top priority. However, during the prioritization step, housing emerged as the top priority, a surprise to the facilitators.

In this scenario, it can be helpful for the facilitator to state what they noticed and ask for discussion to see if there is agreement or needs more discussion. A facilitator could probe this a bit to clarify if there is agreement. They could say something like, “I am surprised that housing is at the top of the priorities since much of the conversation has been focused on other issues. Is there agreement that this is the top priority, or is there more discussion needed? What are your thoughts on that?

If more time is needed to explore ideas or change the priorities, provide that time—even if that means scheduling another meeting. If early conclusions are present or the prioritization resulted in a surprising outcome that has not been fully discussed, it can prevent the group from acting. If more discussion is needed, make sure the diversity of perspectives is shared and heard. If there are disagreements make sure to discuss what they are and ask what would need to change for people to agree. If needed, go back and reconsider themes, and do another prioritization process.

4. **What is already happening in the top priorities?** Explain that now that the priorities have been selected, we want to understand what is currently underway for those priorities. For each one of the priorities, ask participants to list what they know is currently happening and by what organizations? Write these down on the flip chart paper “What is already happening.”
5. **Determine actions for top 5 themes.** Go through each of the priority themes. For each one, ask the participants to outline the specific actions that should be taken to address them. Write them down on the flip chart paper labeled “What actions are needed.”
6. **What to expect next.** Explain to participants that we will take everything we have discussed in these four sessions, and we will put them together in a final report. Participants will have an opportunity to review the draft final report and make suggestions for changes or additions. Explain any additional steps for the group following the report. Ask the group if they would like to reconvene to review the action plan.
7. **Closing.** Ask the planning committee if they would like to share any final thoughts. Ask each participant to commit to one action, big or small, in the next 90 days to advance this work.

Create a Final Report

We recommend creating a final report to document the conversation outcomes. It can be provided to all participants and consider making it available to the community through public channels so it can be referenced and used. By making it available, it can be cited for grant applications and used in other community processes.

We recommend that the report that includes the following:

- Aggregated results from the *Behavioral Health System Assessment*
- System map
- Ideal system
- Strengths
- Gaps
- Priorities
- Actions
- Acknowledge planning committee, participants, and facilitators

Example reports:

- Tillamook County Community Conversations about Behavioral Health Final Report
- Union County Community Conversations about Behavioral Health Final Report
- Malheur County Community Conversations about Behavioral Health Final Report

Writing the final report is often the role of the conveners and/or facilitators unless planning committee members prefer to do that. Using summaries, all flip chart papers, and session notes, start with an outline. Consult with the planning committee about anything they would like to emphasize or highlight. Then, create a first draft. Share that draft with the planning committee and then the participants for feedback. After gathering feedback and assessing if the report has verisimilitude (“rings true”), the report can be finalized and shared publicly.

Review and Discuss the Final Report

Following the development of the final report, we recommend convening the participants one last time to review the final report and discuss the next steps. We hope that this will be the first step in many toward realizing the goals set forth in envisioning an ideal behavioral health system and setting priorities for action. Work with the planning committee to develop this meeting, including when it is best to reconvene the group, what discussion should be included, and how to discuss the next steps.

Recommendations for discussion topics

- **Review the report together as a group.** Ask participants to share their thoughts and reflections on the outcomes of their work, the priorities, and the actions needed.
- **Discuss the next steps for the group.** Ask how they would like to move forward, including what steps and resources are needed to begin working to make the priorities and actions a reality.
- **Roles and responsibilities** of participants, planning committee and facilitators for ongoing work.
- **Discuss how and where the report should be shared** so that participants and other community members can benefit from the information.
- **Ask for modifications in the report before it is finalized and shared.** Ask if participants are willing to have their names and contact information included. Ask if the report accurately represents the outcomes of the *Conversations* and if any modifications are needed.