

All in for Health: Behavioral Health & Wellness Workgroup

May 2, 2019
3:00 pm – 5:00 pm
Location

Attendees	
Facilitator	Danni Swafford (Addictions Recovery Center), Andrea Krause (Ja County Public Health)
Note taker	Angela Warren (JRHA)
Work group members	Ryan Bair (Rogue Community Health), Athena Goldberg (AllCare), Andy Davis (Jackson County Sheriff's Office), Tanya Phillips (Ja Co Public Health), Agnes Lee-Wolfe (SOESD), Darin Dale (Jackson Care Connect), Sarah Small (Options), Linda Joens (Options), Sean Connolly (RVCOG), Bruce Van Zee (JRHA)
Guests	none

Minutes

Revised Goals
<p><u>Discussion summary:</u> Danni shared that the leadership team worked between meetings to make sense of our strategy brainstorming last week. This, along with efforts to match styles with other work groups to ensure consistency throughout the CHIP document, led to a reorganizing of some of the goals. A handout "Reorganized BH strategies from 4_25" was distributed to all workgroup members present.</p> <p>In the area of prevention, a couple of the strategies seemed to be more appropriate for goal statements because the other strategies seemed to fit under them. The original goal was "Increase behavioral health protective factors and decrease behavioral health risk factors for individuals across the lifespan". The new Prevention goals are:</p> <ul style="list-style-type: none"> • Decrease social isolation and loneliness across the lifespan • Prevent use and misuse of substances across the lifespan • Mitigate the effects of pre-existing trauma <p>The goal addressing care access & coordination underwent minor word changes but is essentially the same: Ensure access and coordination of care for people impacted by mental health and substance use disorders</p> <p>The goal addressing harm reduction was revised from "Individuals who use substances and/or are impacted by mental health conditions are equipped with knowledge, tools, and resources to decrease the associated negative health outcomes" to: Implement community-wide approaches to reduce harm associated with mental health and substance use. The reason for this was to increase clarity around the purpose of the goal and make it more generally understandable. The goal addressing community support essentially remains the same: Equip our community with the knowledge, tools, and resources to empathetically accept individuals in need of</p>

behavioral health support. This goal had originally be classified as a harm reduction goal, but is now recognized as its own area of focus: community support & reduction of stigma. All strategies aimed specifically at addressing stigma will be placed under this goal.

Conclusions:

- The work group accepted the changes to the goals as proposed by the leadership team.

Action items:

- none

Strategies

Discussion summary:

The group reviewed the list of strategies under goals 1 – 4 on the “Reorganized BH strategies from 4_25” handout. Proposed revisions, eliminations, and additions were discussed.

Additional strategies discussed for the goal “Decrease social isolation and loneliness” included:

- Implement mentoring programs
- Build social skills and self-regulation for youth
- Engage youth in activities that reinforce connection
- Utilize social media to increase awareness
- Coordinate/connect youth and elderly (both have isolation issues and time on their hands)
- Improve access to transportation for elderly to activities

Additional strategies discussed for the goal “Prevent use and misuse of substances” included:

- Promote and support tobacco and inhalant policies that reduce youth access
- Decrease density of alcohol, tobacco and marijuana retail
- Restrict advertising
- Provide prenatal education to decrease substance use during pregnancy

Additional strategies discussed for the goal “Mitigate the effects of trauma” included:

- Ensure parent education on ACEs
- Support programs in the schools that build resilience
- Implement trauma-informed practices throughout the community

Discussion around strategies for the goal “Ensure access and coordination of care for people impacted by mental health and substance use disorders” centered around the following topics:

- Promote policies that ensure equitable access to services regardless of payer, or ability to pay
- Increase number of providers offering medication-assisted treatment to address “just in time” stabilization and follow-up
- Increase “just in time” service coordination; implement Recovery-Oriented System of Care (Darin will share tri-county ROSC) [this is for substance use, how do we adapt for mental health]
- Expanding information sharing between providers [to decrease redundancy and administrative burden, decrease trauma for patient, improve coordination of care]

(implement data sharing between healthcare, education, law enforcement, social services)

- Promote development and implementation of community protocols and practice standards for mental health and substance use disorders
- Increase capacity through workforce development, recruitment and retention
- Expand and align BH screening
- Provide wrap around BH services for families (education, referrals, navigating, therapy with family, respite care)
- Increase traditional health workers and certified peer support specialists
- Increase school counselors (not guidance counselors, but those trained to address BH issues).
- Overarching need for regional advocacy on big issues (i.e. reconciling parity of reimbursement rates for substance use and mental health prevention services)

As the group ran out of time to discuss strategies for the last two goals, the workgroup leadership team will collect feedback between this and the next meeting using some sort of online survey instrument.

Conclusions:

- “Increase number of certified prevention specialists” should be removed as a strategy under the goal “Prevent use and misuse of substances” as no one is currently offering the training and Oregon Health Authority appears to be moving away from this as a strategy/requirement for prevention programs
- The workgroup would support the idea of forming a regional caucus for multi-sector lobbying as a goal or strategy that serves the needs of all three priority areas within the CHIP. If a caucus was formed, the group would want it to help address the following, which were deemed too far outside the sphere of local control to keep in the CHIP at this time:
 - Reconcile parity of reimbursement rates between physical health, mental health, and substance use treatment
 - Decrease redundancy and administrative burden by addressing behavioral health system documentation requirements

Action items:

- Develop a survey to collect group feedback on harm reduction and community support/stigma reduction strategies ASAP – Andrea
- Distribute the survey to work group members as soon as survey is ready – Danni
- Reflect on harm reduction and community support/stigma reduction strategies and complete the survey as directed – all work group members

Population Outcome Measures

Discussion summary:

Andrea distributed the handout “Behavioral Health Population Outcome Measure Selection Worksheet” to the group and reviewed the criteria for evaluating the population outcome measures

Conclusions:

- none

Action items:

- Review population outcome measures on the worksheet and reflect on communication and proxy power of each prior to next meeting – all group members

Other Information

Resources or Handouts provided:

- Reorganized BH strategies from 4_25 (handout)
- Behavioral Health Population Outcome Measure Selection Worksheet (handout)

Future Agenda Items:

- Strategy finalization
- Population Outcome Measure Selection

Preparation for Next Meeting:

- Review population outcome measures on the worksheet and reflect on communication and proxy power of each
- Complete survey on harm reduction and community support/stigma reduction strategies

Next meeting date: May 9, 2019, 3:30 – 5:30 pm