Behavioral Health Advisory Board

**DRAFT Notes**

Date: Friday, July 16, 2021

Time:12:00pm – 1:15pm

Location:

Virtual – Zoom Meeting

https://zoom.us/j/97520288410

Present: Jessica Vierra, Danielle MacBain, Patti Adair, Stephanie Utzman, Misty Groom, Rebecca Battleson, Barrett Flesh, Lorelei Kryzanek, Christina Lee, Roger Olson, Cameron Fischer, Stephanie Sahleen, Lindsay Seibel & Robby Cervelli.

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| Agenda Items | | |
| 12:00PM - 12:15PM | * Welcome and introductions * BHAB Co-chair announcement   Roger Olson welcomed the group and introductions were made. Roger introduced Stephanie Sahleen as the new BHAB co-chair who will support Roger and the rest of the Board.  Jessica Vierra motioned to approve the June BHAB meeting minutes as written. Commissioner Adair seconded. *The minutes were approved by consensus.* | Roger Olson |
| 12:15PM – 12:20PM | * Legislative Update   Roger shared there was no new update from last month, and asked the group to read Janice’s update sent in the materials packet via email. | Roger to share Janice’s update |
| 12:20PM – 12:45PM | * Children and mental health: Student Threat Assessment System Teams   Misty Groom shared a presentation on the Student Threat Assessment System. Misty currently works at the High Desert Education Service District (ESD) and has worked on threat assessments for almost 11 years. You can contact Misty via email at [Misty.Groom@hdesd.org](mailto:Misty.Groom@hdesd.org).  Misty highlighted the following:   * In 2019, Oregon adopted a Safe to Learn Act to establish a threat assessment system. * Deschutes County implemented the Student Threat Assessment Team in September 2017, though they previously had a system in place called the Mid-Valley Threat Assessment Model. * Misty’s team serves 70 schools in 7 school districts throughout Crook, Deschutes, Harney, and Jefferson Counties. * This model is based on best practices, research, and is supported by the FBI and Secret Service. * The program design supports multi-agency collaboration, data sharing, and is adaptable to specific scenarios. * The Student Threat Assessment System program partners with the following agencies within Jefferson, Crook, and Deschutes Counties: Sheriff’s Offices, Victim’s Assistance, Behavioral Health, Juvenile Departments, High Desert ESD, AT Project/J BAR J, FBI, School Districts, and Police Departments. * The Threat Assessment System program is based on guiding principles of “do no harm”, teamwork, confidentiality, determining the facts, taking immediate actions, assessment, developing/implementing safety and management plans, providing continual assessment, and follow up. * The primary purpose of the Threat Assessment System is to prevent targeted violence in school, although many referrals are due to a youth’s affective and reactive behavior, not necessarily targeted violence. Misty’s program also supports the youths’ families since many times environmental stressors are at the root of the issue. * The Threat Assessment System program is implemented throughout all the stages: prevention, intervention, and postvention/recovery. They provide training/education, consultations, investigations, level 1/school building/site support, level 2 assessments, adult threat assessment, IEP and Wraparound Services Support, Community Engagement & Support, Weekly STAS, suicide prevention & postvention, and a sexual incident response committee.   Roger opened the discussion and allowed BHAB members to ask questions.  Christina Lee asked if Misty’s team had any theories or connections between themes for the types of threats or acuity level of the students. She questioned if there is a lack of mental health resources for these families.   * Misty said these students are experiencing reactive behavior and there are some issues such as lack of resources, both in Deschutes County and statewide, including the stigma surrounding mental health. She explained when there is a student with a mental health issue, families sometimes view recommendations for connection with a therapist as stigma. Misty said they try and focus on what resources can be provided to the families who are not interested in connecting with mental health professionals.   Danielle MacBain asked about families who are unwilling to do therapy for mental health, or if in reality the unwillingness if due to barriers to services. Additionally, she questioned how many students Misty works with who have disabilities, especially invisible disabilities.   * Misty responded it was eye opening working as a family therapist seeing that some families have such a hard time going to therapy – it can actually create more barriers like scheduling, healthcare access, and transportation. She explained there is still a huge stigma attached with accessing mental health resources, especially for threat assessments. In response to Danielle’s second question, Misty added that for IDD, about 15% fall in this group. In Deschutes County, it’s easier to get the referral and connection because it’s a larger county. Misty’s team wants to make sure we are not causing more harm by offering more services.   Patti Adair asked what has happened to children’s family support systems, and stated she is worried about families not engaging with their children.   * Misty said that oftentimes parents will come in denying or making excuses for their children who have made threats. She has not seen parents who do not provide support, they just provide support how they think is best – maybe not including other resources as considerations. Misty explained most successful cases have families that are very involved in the plans, and the least successful are those who are dismissive or who do not want other resources involved in addressing the issue.   Stephanie Utzman said that in her experience, in many families with children with IDD or other risk factors there is a huge trust issue with support systems. She stated if you can’t overcome this barrier, nothing will work to support the family. Stephanie asked Misty how they approach supporting these kinds of families. All the families that Stephanie has served have parents who love their children very much, but have other barriers to success.   * Misty said that the first year of this program was close to 100 referrals (about 20 hours of time for the assessment per referral). In 2017, it was less than 40. Misty explained now there are about 35 students per year for the whole region. She said it’s important to always meet a family at their level to determine what they need, and spends about 2-3 hours per day in assessments allowing parents to tell their child’s story to really get a bigger picture and understand what will set their student up for success.   Cameron thanked Misty and shared she appreciates the discussion of the disproportionate number of referrals coming from racial minorities. She mentioned that there are barriers that COVID brought to light for families accessing services, and the community needs to work towards removing these.  Patti said County officials are currently working on providing more affordable housing for Central Oregon residents. | Misty Groom, High Desert ESD |
| 12:45PM – 1:00PM | * MCAT – Staffing Shortages   Rebecca Battleson shared that DCHS’ Mobile Crisis Assessment Team (MCAT) is normally fully staffed at 6, but currently only have 2 teams of 2. Program Manager, Holly Harris, sent an email to all BH clinical staff requesting help for coverage, and many internal folks offered assistance. She explained leadership is arranging a stipend for incentives, shadowing, scheduling shifts, and temporary reassignment. Rebecca explained DCHS is trying to communicate with partner organizations to be more patient with MCAT since they are so short staffed.  Barrett explained that the Adult Outpatient team currently has 7 vacancies, with job postings only receiving 2-3 candidates, when in the past they would receive 40-50 applicants. HR explained this trend is across the board and obtaining eligible candidates is difficult.  Jessica Vierra asked if there are per diem opportunities. Barrett said DCHS is working on different options, but it makes it challenging to talk about per diems, stipends, bonus pay, sign-on bonuses, because it has to be “by the books”/run everything by HR. He explained the another area of focus is looking at how to entice new employees.  Stephanie Sahleen stated that it appears that crisis situations are increasing, and asked if the need for staff specifically happening in Deschutes County for crisis services? Rebecca responded she does not have specific data, but said the Stabilization Center saw close to 1,000 people in the first 12 months. She explained anecdotally, yes, the number of crises and the acuity are increasing for many reasons. Barrett added COVID increased the complexity and volume of crises. Clients lack basic needs, which directly ties into mental health crises. | Barrett Flesh/Rebecca Battleson |
| 1:00PM – 1:15PM | * Board Development   + Subcommittee formation and duties   + Supporting clinicians and attending team meetings   This agenda item will be pushed to next month to provide enough time for discussion.   * Staff Morale   Stephanie Sahleen, Roger, and Hailey plan on reaching out to behavioral health teams to offer support. More discussion will occur at the August BHAB meeting. | Roger/All |

Upcoming agendas:

* Homeless situation in Central Oregon and BH’s perspective
* Downtown Clinic – Molly’s changes
* BH Satisfaction Survey
* CCBHC Report