Behavioral Health Advisory Board

**Approved Minutes**

Date: Friday, August 20, 2021

Time:12:00pm – 1:15pm

Location:

Virtual – Zoom Meeting

<https://zoom.us/j/97520288410>

Present: Hailey Barth, Molly Wells Darling, Roger Olson, Patti Adair, Cameron Fischer, Christina Lee, Holly Harris, Jessica Vierra, Kate West, Lorelei Kryzanek,Paul Partridge, Robby Cervelli, Shannon Brister Raugust, Stephanie Sahleen.

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| Agenda Items |
| 12:00PM - 12:15PM | * Welcome and introductions

*Patti Adair motioned to approve the July 2021 meeting minutes. Kate West seconded. The minutes were approved by consensus.* | Roger Olson  |
| 12:15PM – 12:20PM  | * Legislative Report – Acute Care Council’s four priority areas

Christina Lee shared that there is good news on the behavioral health front - $470 million dollars in benefits from 6 different bills. The funding will be focused on: * Increasing capacity for residential treatment facilities and expanding beds
* Increasing capacity for the behavioral health workforce
* Mobile Crisis Assessment Teams (MCAT) and stabilization for children
* Peer respite centers

Jessica Vierra asked about the funding for residential treatment facilities and who it is intended for. Molly Wells Darling responded the funding is specifically for BIPOC and underserved community members. She added that the State released RFPs for planning proposals, and there will be more meetings to get feedback on specific asks for the region. Molly stated that there needs to be a person with lived experience on the planning team, and to let her know if anyone would like to be part of this effort. Christina shared she is a part of the Acute Care Council, and explained the group consists of tri-county partners, including inpatient groups, psychiatry, emergency departments, law enforcement, PacificSource, the National Alliance on Mental Illness (NAMI), and Community Mental Health Programs (CMHP). She then shared an update from the Acute Care Council’s most recent meeting:* The first few months of the year were discouraging because the group recognized so many issues with the current system. The Council has now moved toward the mentality of moving past barriers and solving identified problems.
* The group identified 4 areas to problem solve:
	+ At least one more secure residential treatment center
	+ More group homes
	+ An assisted outpatient treatment program
	+ Expanding the clubhouse model
		- Peers coming alongside people with mental health conditions and supporting them in their recovery journey

Christina shared she is seeking support from county officials as an RFP will need to be completed and submitted.  | Roger/Christina Lee  |
| 12:20PM – 1:05PM  | * Board Development
	+ Subcommittee formation and duties
	+ Supporting clinicians and attending team meetings

Roger Olson stated he will be creating adhoc and regular sitting committees to assist with BHAB duties. He stated he is still trying to flesh out what each committee will entail, and he has a lot of studying to do regarding Board function and responsibility. Roger said if anyone has any ideas to get started on this process to please email him or Stephanie Sahleen. Jessica said she is interested in the drug and alcohol supports that are available for the community. She explained she is not getting a sense of what is available for those with substance use disorders and is interested in learning more about this. She asked if a subcommittee needs to be dedicated to this. Holly Harris responded it would be helpful for someone who provides these services to come and present to the BHAB. Christina said that Jessica might enjoy joining the Central Oregon Health Council and said she would invite her.  | Roger/All  |
| 1:05PM – 1:15PM | * Crisis Team Updates

Holly explained there is a staffing crisis across the country at every level and every industry. She explained: * The team has been operating at about 25% capacity over the whole crisis program.
* Her program lost most MCAT staff
* The DCSC was able to stay operational because of volunteers from other teams, stipends, union representation, and Commissioner support

Holly shared to combat the issues above, the team is implementing: * Hiring bonuses with 2 year stay agreements for recruitments
	+ Positions finally have applicants after 3 months
* 2 year stay agreements and bonuses for existing staff
	+ This will help with stability and retention

Holly explained that at a recent CIT Conference her team advertised employment at Deschutes County and really tried to sell the organization to attendees. Patti stated the immediate need is affordable housing at every level. Holly agreed that finding a place to live is a challenge for potential recruits, and she hopes the 5k signing bonus will help. Patti stated that the number of hospital beds is very low, especially in rural communities, and added St. Charles is in need of more capacity. She noted that they are also short 800 employees, but the hospitals were full in 2019 before COVID. Patti said it is clear the growing Central Oregon population needs more hospital beds. Roger asked what DCHS’ current position is on staff returning to buildings for work. Patti said there will be changes around this as breakthrough COVID cases are rising in Central Oregon. Holly added that not long ago DCHS had switched to in-person services being the default option. She said due to the surge in Central Oregon cases, leadership had to regroup and switched the policy to telehealth being offered first if clinically appropriate. Holly said staff are required to wear N95 masks in person with clients and group meetings are not allowed in buildings. Roger asked how many people are working at the DCSC. Holly said 15 people during day shift, and 4-5 during nights and weekends. She said the staff can spread out easily and are always masked. Holly added DCHS is continuing to be as safe as possible and no one has tested positive from a work-related outbreak.  |  Holly  |

Upcoming agendas:

* BH Satisfaction Survey
* CCBHC Report
* Update on downtown DCHS services