**Behavioral Health Advisory Board**

Date: Friday, February 17th, 2023

Time:12:00pm – 1:15pm

Location: HYBRID

In Person at DCHS Courtney Building, Stan Owen Room

Virtual – Zoom Meeting

https://us06web.zoom.us/j/89661572865?pwd=SlN1WUFTYmNEeUxzdGJLWlFqMHRKUT09

Attendees: Roger, Holly, Paul, Shannon, Jill, Christina, Peter, Kristin, Stephanie, Cameron, Julie, Lorelei

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| Agenda Items | | | |
| 12:00PM – 12:10PM | * Welcome and introductions * Approval of the January 20th, 2023 BHAB Meeting Minutes   Jill motioned to approve minutes.  Christina 2nd the minutes.   * Captain Shultz, Jessica Vierra, Patti Adair, Danielle have excused absences. | Roger |
| 12:10PM – 12:15PM | * Announcements * NAMI   + Julie McFarlane shared NAMI is going to have their first in-person NAMIwalks event!     - May 20th at Dry Canyon Park in Redmond.     - Sponsorships- Contact Julie at julie@mchosp if you have questions, would like to sponsor, or have a lead on a sponsor. Sponsorships range from $500.00-$15K. With increased sponsorship comes increased visibility in the form of website, t-shirts, ads, etc.   + NAMI Volunteer Appreciation Pizza Party     - March 14th, 6-8pm     - Deschutes Junction Pizza and Grill     - Open to the public as well.     - For more information email [info@namicentraloregon.org](mailto:info@namicentraloregon.org) | ALL |
| 12:20PM –  12:50PM | * Mobile Response & Stabilization Services (MRSS) presentation by Shannon Brister, Comprehensive Care for Youth & Families Program Manager   + MRSS 24/7 service is available every day   + The family defines the crises, and if safe staff will always deploy regardless of the crises. It’s important to note that this isn’t a huge change for this county; this has always been the practice.   + Not all cases will be responded to; if it’s not safe for staff, they won’t respond without law enforcement.   + A goal is to divert youth to Youth Villages and services rather than youth going straight to the hospital. They have been successful; 235 youth went to the hospital in 2008, and only 45 did last year.   + MRSS messaging at a state level implies that this is radically new for our county, while it is more tweaks and improvements to our mobile response unit; we offered to use our mobile team for the mobile part of MRSS.   + In the final stages of creating an MOU with the hospital   + Intercept- Intensive In Home Behavioral Health Therapy (IIBHT)     - Offers 8 week support     - Clients don’t have to have a certain kind of insurance.   + The goal is to ensure families and kids know they DO NOT have to go to the hospital for help. They can call 988 or walk into SC and see someone.   Q: Once someone is assessed and they need an intervention, what is the response time?  A: The timeframe is 24-72 to get someone help, however Mobile Response is about 1hr, sometimes a little longer to get to LaPine. If it is a weekend or holiday If it may be closer to 72 hours, but we have care connections where we can do follow up calls and be the bridge until the they get the help services they need.  Q: How is Primary Care informed?  A: Youth Villages MRSS Supervisors are on EPIC as well as St. Charles and ongoing communication is built into the program so that all parties are informed.  Q: How well are PCP informed about MRSS?  A: PCPs are well informed about CATS and this is a similar service. When the Crisis and Stabilization Center opened, leadership from there made their rounds to PCP offices to teach them about the program. They could do the same with MRSS. It would also be interesting to see if PCP offices such as Weeks Family Medicine and Highlakes are familiar with CATS or MRSS.   * Jill suggested that we bring this information to schools as well. She also mentioned that Bend LaPine kids have an app that includes information on the stabilization center. Maybe MRSS/Youth Villages could be on there as well. Jill bring this information back to Cascades Academy where she works.   Q: What is staffing like at Youth Villages? Solid now, but they ebb and flow.  A: As of now, they have good staffing; 3 for IICBHT and 3 for Intercept, however they do ebb and flow.  Q: CATS funding was absorbed into this program so it wasn’t a large amount of new funding.  Q: Do we have a MRSS flyer?  A: It’s best to hand out a Youth Villages flyer as that’s how most kids and families refer to/know the program; MRSS is a lot of contract language.  Q: What are big hurdles are there for this program other than staffing?  A: Residental and kids being borded in the hospital. We have a lot of services but a big gap when the kids are at the most acute. Children’s residential needs to come to Central Oregon and we need funding. Its 33 million to build a facility, but only 850,000 was all that was awarded. Dani and Shannon well present on this barrier to the state at some point. We also need Children’s respite. We only have 18 and older. The stabilization center will allow kids to stay in the intake rooms for respite. There is some work being done on this but there is a bigger need than what we have the resources to do.   * The Trillium program that is here now is a day program that offers respite, but a light version. The difference is that they kids have to go home on nights and weekends and cannot be used for one off respite, you have to be enrolled in a program.   Q: What can this board do to help them?  A: When they go and present to the board and they want us to pursue children’s residential and respite, and problem solve, it’s going to be all hands on deck. A letter of support would be helpful. | Shannon/Roger |
| 12:50PM –  1:00PM | * Revised BHAB bylaws draft   + Subcommittee has revised the bylaws to current and written in less technical language.   + Dana will send out a draft for the board members to review and provide feedback via email. | Christina |
| 1:00PM –  1:15PM | * Bend Health Fair   + <https://bendhealthfair.com/?gclid=EAIaIQobChMI6eq94Yed_QIVti-tBh0sWwbUEAAYASAAEgIdA_D_BwE>   + After further discussion, the group decided that this might not be the best use of funds as it’s seems to be more clinician focused and it might not bring in the community members we’d want to connect with to share our services.   + We have some swag we could hand out at events.   + If we do a fair, having a clinician there would be helpful   + There is a $5 entrance fee.   + Dana will do some additional research on the fair to gather who typically attends the fair, and the purpose. * Are there other fairs or events?   + Cameron gave a big shout out for the pride fest. BH and PH have had a booth at the pride fest for the past 6 years and counting.   + BH has also have also done the NAMI walk.   + Juneteenth we had a booth as well. | Holly/Dana |
| **Parking Lot:**  **New Agenda Items: If you have agenda items you’d like to discuss, please let Dana, Roger Jessica know and we will put it on the agenda.**  **Children Services in March- Pacific Source System of Care.**  **Non-Law Enforcement Response possibly in April.** | | | |