**Behavioral Health Advisory Board**

**DRAFT NOTES**

Date: Friday, March 18, 2022

Time:12:00pm – 1:15pm

Location:

Virtual – Zoom Meeting

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

**Present:** Hailey Barth, Dorinne Tye, Roger Olson, Kate West, Shannon Brister Raugust, Janice Garceau, Lorelei Kryzanek, Jessica Vierra, Jill Adams, Stephanie Utzman, Hilary Crockett, Peter Boehm, Danielle MacBain, Christina Lee, Patti Adair, Cameron Fischer, Robby Cervelli.

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| Agenda Items | | |
| 12:00PM - 12:20PM | * Welcome and introductions   Roger Olson welcomed those in attendance and introductions were made.   * Approval of the February 18, 2022 BHAB Meeting Minutes   Peter Boehm motioned to approve the February 18, 2022 BHAB meeting minutes as written. Cameron Fischer seconded. *The minutes were approved by consensus.*   * Letter of Support – Peer Support Specialist Training   Janice Garceau shared that she asked behavioral health managers to take on Peer development in our community. She noted that peer support specialists (PSS) need training, and historically the only options have been to travel to the Portland/Salem area. Janice also noted that DCHS peers stated the trainings offered in the valley do not apply to Central Oregon, so a workgroup was established in partnership with 13 DCHS staff, PacificSource, and COCC to help facilitate change in the local community around peer training.  Janice continued and explained that COCC is in the process of shoring up a new PSS training program in Central Oregon, and in order for this to be approved by the Oregon Health Authority, letters of support are needed from community based organizations, including the BHAB. Janice asked BHAB Members to review the letter of support and allowed time for questions.  Peter asked what the relationship is between this new proposed program and the existing community health worker program at COCC. Shannon Brister Raugust answered that they are essentially the same thing, and although DCHS is directly connected, COCC will facilitate everything.  Roger asked the group if they would like to approve and sign off on this letter of support. The BHAB unanimously agreed.  ACTION: Hailey to add a brief sentence about the BHAB to the letter of support before Roger signs.  ACTION: Hailey to send the letter to Roger for electronic signature, then forward to Shannon. | Roger Olson |
| 12:20PM – 12:30PM | * DCHS BH Update   Janice provided the group with a DCHS behavioral health update, including legislative information. She highlighted the following:   * The BH Workforce Bill passed which allocates $132 million towards increasing BH wages for providers in public settings   + This allows DCHS to apply for 1 time only dollars to increase staff wages, including administrative staff supporting BH * Dollars are coming to the community via financial assistance awards contracts that are intended for housing supports for BH clients   + Excess of $1 million dollars for the region   + These dollars will be used in accordance with the plan for applying for the RFP for residential housing that is also coming out * Funding will hopefully add additional beds to resources like the Deschutes Recovery Clinic as well as standing up something for youth with mental health needs   Peter commented that he is supportive of additional BH housing in the region, but noted it is difficult to ensure these resources continue long-term. He added that many new resources, specifically focused on teens/young adults with serious and persistent mental illness (SPMI) have come to Central Oregon, then quickly disappeared.  Janice noted Peter described the phenomenon of “one-time only” dollars, and the intent for the future is to invest in physical spaces.  Commissioner Adair commented on how the strict regulations of BH facilitates make it difficult for smaller entities to run facilities long-term. She specifically referenced a memory care facility in La Pine who are having difficulty paying property taxes and other fees.  Janice noted the intentions behind licensing rules are good (ensure safe and secure resources), but the unintended consequences are they are prohibitive to mom and pop type facilities where people can really be benefitted in the community.  Janice continued her updates and discussed the difficulties being faced at DCHS around hiring clinical BH staff. She noted:   * Being a Community Certified Mental Health Clinic (CMHP), DCHS had a great hiring environment up until 2 years ago   + The exception being psychiatry positions as it is hard for public entities to pay comparable salaries   + DCHS used to receive over 20 qualified applications, but are now struggling to fill roles   + COVID, “great resignation” and allure of private practice are all contributing factors   Jill Adams asked about youth services, and asked if any services in the community will serve those younger than age 12 who are in need of mental health support. Janice noted that multiple DCHS services serve youth under age 12, including IYS and EASA.  Cameron Fischer asked what the age cutoff is for day treatment programs for youth. Shannon said they expanded from age 5 to teen, with the majority of referrals being from high schools.  Janice shared the following important DCBH staffing update with the group:   * Dr. Wil Berry, Medical Director, is leaving DCHS due to a family relocation as his wife was promoted to a new position * Once Wil provides his official resignation date DCHS will recruit for a new Medical Director * Good news – DCBH was successful in recruiting a full-time community mental health psychiatrist who will backfill Wil in supporting DCHS’s highest acuity clients | Janice Garceau |
| 12:30PM – 1:00PM | * External Workgroups & BHAB Collaboration   + SUD issues/workgroups   + RHIP workgroups   + Panel workgroups   + IDD Advisory Board   Christina Lee shared a brief presentation with the Board that highlighted multiple opportunities available to BHAB members who want to collaborate with other regional boards. Christina highlighted:   * Central Oregon Health Council   + Substance and Alcohol Misuse Treatment and Prevention   + Behavioral Health Access and Coordination * Acute Care Council “Regional Acute Care Psychiatric Service” * Sagebrush Community Advisory Panel   + Highest level of care for youth with BH needs in Central Oregon, besides the ED * Panel Management – Community Collaboration   The group reflected that it was helpful to see some of the “big picture” work going on in the community, and Roger asked the group to think about some of the ways the BHAB can integrated with other panels going forward. | Roger/All |
| 1:00PM – 1:10PM | Public Comment  Roger paused the discussion and allowed Dorinne Tye, community member, a moment to share public comments. Dorinne’s transcript is included below:  I'm humbled to get 2 minutes with you.  Your changes and challenges cannot be understated. Not so long ago, maybe even on your resume, our mentally & physically challenged society members were dumped into asylums,  this shifted to punitive 'fix your thinking, adjust your attitude' models,  into our current model of individually meeting fundamental human need, not as a problem or diagnosis.  Our world faces crisis so widespread it has scientists calculating the end of humanity if things don't change, plus a pandemic & possibly of world war III, thus increasing the number in crisis or denial and likely creating ACE points in every child.  I'm expressing gratitude and honor for all in this meeting and all you are leading. I encourage you to keep the community posted on needs and ways to help you help us all!  (Pause. Breathe.)  Thank you.  Time being what it is I must quickly switch gears. I hope the following points can identify some inexplicable regressions and facilitate early interventions.  In 2017 EPA placed Bend Municipal Airport at #2 for airborne lead with a whopping 592 pounds listed. Flight operations have substantially increased since 2017 with intensive training activity within proximity to the airport and Bend city center.  General Aviation has been granted full exemption from previous and current climate crisis emission reduction mandates, leaving PM2, PM10 and lead unabatedly raining down on playgrounds, parks, homes, pets, wildlife... lived environments.  Noteworthy recent items:  1)  CDC lowered BLL reference value  2)  Several collection tube Type 1 recalls due to falsely low results  3) A shortage of collection tubes  [https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/blood-specimen-collection-tube-shortage-frequently-asked-questions](https://smex-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fwww.fda.gov%2fmedical%2ddevices%2fcoronavirus%2dcovid%2d19%2dand%2dmedical%2ddevices%2fblood%2dspecimen%2dcollection%2dtube%2dshortage%2dfrequently%2dasked%2dquestions&umid=478aa50d-b9ec-41d4-9859-24ee2988939d&auth=b6e5f914caa071e97c22b57421b394cc38777e44-49c0f4d517b2fef05037b985740e20b43f4ad065)  Extensive evidence exists regarding irreversible deleterious effects of noise, PM2.5, PM10 and Lead (Pb) including neurologic, cognitive and behavioral.  Please review Santa Clara's Reid Hillview extensive childhood BLL study in regards to piston engine aircraft.  QUOTES:  "As noted by Bellinger and Bellinger (2006), because   “lead serves no useful purpose in the body, exposure to it – regardless of route – can lead to toxic effects.” Indeed, numerous studies (Needleman, 2004; Lanphear et al., 2005; Desrochers-Couture et al., 2018) find that the dose-response relationship between child cognitive ability and blood lead is non-linear, with the loss in ability proportionately steeper at lower BLLs “  Dorinne noted she will send the BHAB additional links and resources with more information on the above.  Janice thanked Dorinne for her time and explained that although the BHAB is not an entity that gets directly involved in passing laws, her comments are directly impacting an elected official who serves on the Board. Janice agreed that this group needs to think about the environmental impacts our surroundings have on children. | All |
| 1:10PM – 1:15PM | * Agenda Setting * April   + I/DD Presentation   + Subcommittee formation, including review of the BH Strategic Plan * May/June?   + Peer support   + Older adults presentation * Board Development   Jessica asked to revisit the discussion of BHAB subcommittees as she was interested in helping. Hillary said she was interested in a subcommittee supporting suicide prevention or the LGTBQ population & mental health services.  Subcommittee ideas:   * Suicide prevention * LGTBQ+ and mental health services * Governance Committee   + Help with agenda development   + Board recruitment, including application review and interviews * Committee focused on staff morale   Jessica noted that BHAB subcommittees should be things that are aligned with DCBH goals and objectives that also tie into existing community groups. She asked for the group to look at the BH strategic plan then assign subgroup interests from there.  Roger reminded the group that the BHAB is still in need of a co-chair. | All |