



HEALTH AND HUMAN SERVICES

Mental Health and Developmental Disabilities Advisory Committee (MHDDAC) Meeting Minutes for May 16, 2023, from 12:15 pm to 2:00 pm

Present:

Megan Ramos	Robert Naylor
Christopher Nickell	Bill Michielsen
Patrice Qualman	Matthew Rutherford
Mary Starrett	Jason Henness
Lisa Dillman	Diana Fidler
Stacey Toliver	Jessica Beach
	Gary Warnock

Welcome, Attendance & Announcements

- Introductions
- Announcements
- Minutes from 2/21/2023 – Approved.

Community Health Improvement Plan (CHIP) Behavioral Health Work – Bill Michielsen:

- Reviewed their process in developing a long-term strategic plan for the county; shared that they've joined with Providence Plan Partners, and others, to try to make this as comprehensive as possible.
- Proposed the Community Health Assessment (CHA) to different groups in order to get feedback/input on which areas should be prioritized in the Community Health Improvement Plan (CHIP); took steps to gather data and input from community members.
- Key Topics
 - Social Determinants of Health
 - Physical & Behavioral Health
 - Environmental Health (category was created to integrate more recent community concerns)
 - Hazard & Vulnerability
 - Extreme Weather
 - Wildfires
- Workgroups voted on categories they saw as priorities specific to the area (meetings took place in Newberg, McMinnville, Sheridan, and virtually). There was some slight variation in the categories voted as priorities between workgroups, though the top areas, overall, were determined to be:
 - Access to Healthcare
 - Emergency Preparedness
 - Food & Nutrition
 - Housing
 - Infants & Youth
 - Mental Health & Substance Use
 - Transportation
- Currently working on, and hoping for feedback/input, on Behavioral Health Strategies (*the following content is for this purpose only; this is not a final draft*).

- Health Indicator Metrics/Factors (or indicators of how things are going in certain areas)
 - Examples of areas to look at include # of THWs focused on MH, Ratio of MH Providers to the Population, Suicide Deaths, Opioid-Related Overdose Deaths, Non-Fatal Overdoses, Opioid-Related ED Visits, Youth Tobacco/Vaping Use, Youth Alcohol Use (anytime vs. binge use), ED Utilization for BH, Increase School Attendance (due to BH), OHA Accountability Metrics (TBD).
 - (These are currently more brainstorming than final areas to be assessed).
 - MHDDAC Discussion: Provided suggestions and feedback to this list, including the significant need for childcare overall, the lack of childcare for children with disabilities/special needs, lack of foster families (and other issues related to children who are in our foster care system), looking at Fentanyl cases separately from overall opioid overdoses.
- Goals & Measurement
 - Goal #1: Expand mobile multidisciplinary crisis services.
 - Strategy #1: Develop 911 dispatch triage process for behavioral health calls.
 - Strategy #2: Increase case management follow up after initial incident response.
 - Strategy #3: Increase capacity to include overdose response.
 - Goal #2: Expand wraparound services to high utilizers of the emergency department for behavioral health needs.
 - Strategy #1: Engage and/or support Traditional Health Workers (THW) and community-based organizations to provide navigation and resources.
 - Strategy #2: Increase THW capacity.
 - (Public Health is planning to support the CCO to increase THW workforce).
 - Goal #3: Reduce stigma and increase awareness of support tools & resources for mental health and substance use.
 - Strategy #1: Support Behavioral Health education initiatives.
 - Strategy #2: Ensure Behavioral Health education initiatives are culturally responsive and available in Spanish.
 - MHDDAC Discussion: Reducing stigma around things like using/access to Narcan, preventatively (vs. postventatively) addressing opioid use throughout the community, benefits of agencies having access to trainings like Mental Health First Aid (as well as current challenges in finding MHFA facilitators without our community to provide this training).
 - Goal #4: Decrease deaths by suicide.
 - Strategy #1: Develop and implement suicide fatality review board.
 - Strategy #2: Expand education and prevention programs for general public.
 - Strategy #3: Offer targeted prevention to high-risk groups (gun owners and clubs).
 - Strategy #4: Expand upstream education & prevention for youth.
 - MHDDAC Discussion: Accessing communities where gun owners are more likely to be found (such as shooting ranges and other locations where Veterans and/or white males gather). Supporting expansion of inpatient detox (WVMV to open a detox unit soon). Targeted education and outreach.
 - Goal #5: Decrease DUIs in Yamhill County.
 - Strategy #1: Partner with other organizations for education and prevention.
 - Strategy #2: Enhance data collection between organizations.
 - Strategy #3: Develop community messaging campaign.

- MHDDAC Discussion: Accessing information regarding DUIIs for alcohol vs. other substances, transportation access, some areas are discussing partnering with wineries and locations like this. Other counties have accessed grants to specifically address issues like driving while under the influence and distracted driving. Looking at patterns of DUIIs (time of day, locations, type of substance, type of setting, etc.) to be able to create and implement targeted interventions.

Veterans Community Engagement Peer Support Services – Gary Warnock:

- Gary (Veteran Peer Support Specialist) provided a quick summary of the program.
- In addition to working with those who are enrolled in services, Gary is able to work with Veterans who are *not* enrolled, but who are in need of support.
 - Supports individuals to access the type of services that they need (including services outside of YCHHS and/or outside of this area).
- Shared his professional background and that he is the only individual working for a county as a PSS specifically for Veterans.
- MHDDAC Questions:
 - How do individuals get connected with Gary?
 - Word of mouth and through staff here at Veterans Services.
 - How does a non-Veteran support Veterans?
 - Gary’s perspective: You don’t have to be a Veteran to support a Veteran. It’s about the connection and “being real” with folks. If you don’t know something, reach out and ask.

Highlights of updated MHDDAC bylaws:

- Size of the meeting to more realistic size for a committee (from 18-28 to 5-15).
- Language about completing application and agenda and minutes are on webpage in order to standardize with other County meeting overseen by a BOC.
- Admission process – application, visit one meeting, then added to BOC agenda for approval.
- Committee members and officers can be ongoing (no term limits).
- Expanded on “consensus model” that has been part of the meeting since 1996 to Consensus-minus-one.
 - When voting on an item, there will be three choices:
 - Approve, in which the participant feels confident in the proposal;
 - Stand Aside, in which the participant is willing to allow the proposal to be adopted, despite having concerns or feelings of indifference; or
 - Block, in which the participant believes that the content of the decision being made may conflict with the committee’s stated purpose and/or shared values.
 - Should the committee have more than one Block, the issue under consideration will need to be reviewed and voted on again.
- Updated the list of responsible items in Attachment I.
 - Review sampling of critical incident reports and grievances, verses all of them.
- MHDDAC Discussion: Are we voting these in/out or are they just changed?
 - I believe we modified the language to fit what we’ve already been doing – May need more of an explanation at the next meeting.
 - Additionally, the draft bylaws were provided in writing before finalized and sent in email to the group asking for feedback and it was shared then when bylaws would be finalized. For those who provided feedback, their input was included in the updates. Even though they are

“finalized,” should be there something we need to update or change, then we can always review items.

Review Critical Incidents/Complaints for Feedback and System Suggested Changes

Critical Incidents:

1. Feb 2023 – no feedback

Complaints (date of resolution letter):

1. 11/18/2022 – no feedback
2. 02/23/2023 – no feedback

New Program / Resources:

- Diana spoke about NAMI and shared flyers for NAMI Walks Northwest.
 - Day & Time: Sunday, May 21, 2023; 11 – 3pm.
 - Location: Peninsula Park in Portland, OR.
 - Local Team Website (where to go to sign up):
<https://www.namiwalks.org/team/yamhillpacers>

Planning Next Agenda

- Identify programs, resources, and community trainings
- Audit summaries from YCHHS Developmental & Disability Program and Behavioral Health
- Substance use resources
- Behavioral health services in schools
- CCO Performance Metrics
- Overview of Medications for Treatment of Severe and Persistent Mental

NEXT MEETING: September 19, 2023 (330 NE Kirby St.)

Notes: LD