Mental/Behavioral Health 11-17-17

Friday, November 17, 2017 3:16 PM

Attendees: Bettina Schempf, Jim Gouveia, Darlene Phifer, Danielle Brown, Andrea Brown, Kelley Story, Anne Schuster, Shawn Collins, Ryushin Hart, Jennifer McDermond

Anyone that should be here?

Aleita Hass-Holcombe @ CDDC, Hilary Harrison, someone from Aging Services (Helen Beeman, Sr & Disability Services), Matt Weatherall (Juvenile justice), Kendra Philips-Neal (or other) @ Jackson Street, Ann-Marie at Juvenile Justice, Chris Gray (BCHD Harm Reduction)

Discussion of documents on website

SWOT analysis

Fragmented services

Linn vs Benton County services for MH

There's different funding levels, and different service approaches between the counties

Are we following the most efficient approach to service delivery?

Danielle: Mental Health service delivery system is focused on highest needs. Benton and Linn have different approaches. Benton is more focused on speciality care, Linn has a broader approach.

A&D services in Linn has 15 providers / Benton Co has 3

A far deeper collection of services in Linn County -- greater range of services for children and adults, including prevention

CHANCE is providing a large volume of case management in Linn -- no equivalent here.

Benton County services are very focused on more acute needs

Old Mill Center -- does serve some adults, but only if their mental health needs impact kids

Large # of MH practitioners in the community, but lacking Psychiatrists.

For homeless population, not enough clinicians who would serve this population

COI does provide some MH services with medical component.

Underused service at this point

30-50% of users are not at COI. They could have access to case management if appropriate. No peer support specialists.

Likely cause of underutilization -- lack of awareness of COI services beyond housing

Request to County and other agencies represented in the group

Fact sheet on number of clinicians, services, etc (SC will build draft with Bettina and circulate)

- Target population
- Services (case management & services, A&D, MH only, etc)
- # of people served annually
- Folks excluded from service
- FTE
- Funding sources and what it's targeted for
  - Do you receive funds from these sources?
    - State

        - ◇ County
        - ◇ Medicaid
        - ◇ Grant
        - ◇ Private donations
        - ◇ Other
    - □ Best practices followed (Trauma informed care, etc)
    - □ Top Challenges/Barriers to providing needed services

Suggestion: do exercise similar to what Care Coordination did -- Awareness >> Action matrix, and how we're doing.

Big challenge: delivering MH services to homeless -- little case management exists, much more needed to help keep people engaged with services

Case management - lack of strong coordination among case managers
    Getting case managers together as a team would improve service delivery
    Need for a "place" for step-down / transition of folks out of psychiatric treatment
        Stronger engagement for folks released, but who need to come back for appointments is key
            If they miss their appointments, there's an impact for the client AND the service provider (who can't bill for that service and misses their performance metrics)

Need for respite homes
    Need data to clarify the scope of the need
        How many are released and need respite/transitional care?

Need to have a client/customer of the services to talk about their experience of services
    CAUTION: Need to make sure that anyone who comes in to speak to this has "after care" support -- so they are not re-traumatized by the experience
        May be helpful for Chris Gray to attend and speak to this

Next Meeting: Dec 15th, 3-430pm

Agenda items:
- One action item that could be achieved in the short term
- Get a good understanding of gaps and needs
- Review the draft workplan and identify objectives/timeline