

Behavioral Health Advisory Committee (BHASC) Notes

January 15, 2020 3:00 – 4:30 PM

Lane County MLK Community Health Center Room 208

Chair: Lucy Zammarelli

Attending: Cynthia Fisher (LaneCare & SOC Site Lead), Cory Suratt (Laurel Hill), Alicia Meenaghan (LaneCare- Pacific Source Community Solutions), Amee Markwardt (White Bird Clinic), Rustie Anderson (Center for Family Development), Erin (Center for Family Development), Candice (The Child Center), Virginia Hassel (LaneCare – Trillium Behavioral Health), Ryan Daven (Pacific Source Community Solutions).

	Agenda Topic
	Welcome and Announcements
1	 Welcome to Ryan Daven who joined by phone and introduced himself as the Behavioral Health Population Health Manager for all Pacific Source Community Solutions (PSCS) service areas in Oregon. His role is centered on coordinating efforts of member experiences and providing intelligence (data and trends) regarding the service area populations. Currently PSCS covers parts of Central Oregon, Columbia Gorge, Lane County, Portland (with Legacy), and Marion Polk County.
	 Equinox is a new commercial/concierge Suboxone program. Location in Eugene, Springfield, Lincoln City, and Salem (coming soon). Click <u>here</u> to read more or at equinoxclinics.com.
	 Addiction Studies Career Pathway Certificate available through Lane Community College. Learn more <u>here</u> or at lanecc.edu/addiction-studies-roadmap.
	The federal government has approved opiate replacement therapy payment/reimbursement for Medicare. The state is rolling out trainings which Lucy will be attending for opiate prescribing for older adults.
	Notes Discussion
2	The notes from our last meeting in November were sent out electronically.
	 Lucy suggested we take the approval item off the agenda as this group does not need to officially approve minutes.
	The item will be changed to "Notes Discussion" to give members a chance to ask questions or make corrections to the notes.
	CAP Report
3	 Lucy gave a report and first asked Ryan about PSCS plans to have their CAP. Ryan will have more information to share about this in February.
	 In December the CAP was focused on CCO 2.0 updates and changes. There was a prevention update on childhood obesity from Public Health.
	 In January there was a great update on opiate use. Trillium Community Health Plan (TCHP) looked at all claims for opiate members, there were a few children prescribed opiates (1-5 age group), for 6-11 age group the main reasons were
	for tonsillitis and orthopedic procedures, for age 12-17 there is a lot of opiates prescribed for dental work. Opportunity: DO and DCO training/education on opiate prescribing. TCHP also looked at trends in opiate fills accompanied by
	naloxone prescriptions and found that most pharmacists are not prescribing naloxone with these fills. Opportunity: Pharmacy survey on opiates and
	naloxone. What are the barriers and what information are they giving
	clients about naloxone. TCHP has about 450 members on methadone and
	about the same number on Buprenorphine. About 46,000 members are enrolled

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with TCHP and about 20% are severely and persistently mentally ill (SPMI) members.

Workgroup Updates

Non-conforming Gender Workgroup

 The Lane County Community Health Centers has an established Gender Non-Conforming workgroup. The BHASC group agreed would be good to explore supporting and collaborating with this group. Invite a member from this group to provide updates at the BHAC meetings.

b) Early Childhood Mental Health (ECMH)

- This workgroup will find a time to meet as they have been on recess for several quarters. The group will begin by looking at more standardized testing and prioritize action items related to the state requirements/CCO metrics such as; Dyadic work with children.
- People interested in the workgroup: Candice, Lindsey, Andrea, and Jessie as well as someone from Lane County Child and Adolescent Program and South Lane Mental Health. Lawanda Potter as well. Leilani will reach out to the people that are on the old ECMH list to see if there are other interested folks and then send out a Doodle Poll to coordinate scheduling. Lucy asked if Ryan would be available/could recommend someone to join this group and he will work on finding a representative if he is unable to attend.

c) Substance Use Disorders (SUDS)

 This group did not meet in November or December due to holidays and have prioritized attending other community meetings related to the work they do such as the Lane County Pain Guidance & Safety Alliance (3rd Tuesday of each month – 7:00-8:30AM – LCBH Room 198). This group will meet in February and provide relevant updates from the community meetings they attended.

d) Adult/Severe Persistent Mental Illness/Crisis (Adult SPMI)

 This group did not meet the last couple of months due to holidays and will reconvene in February.

e) Older Adult Workgroup (OAW)

 This group is working on caregiver resources and trauma informed care trainings for caregivers and care giving organizations. Leilani can send out a list of training that Chris Eilers, Older Adult Behavioral Health Specialist (<u>christohper.eilers@lanecountyor.gov</u>) can provide to BH agencies and PCP clinics free of cost. The list is attached to this packet.

f) Young/Transition Age Workgroup (TAY) Initiated October 2019

This group did not meet in December but will be meeting in January and is meeting at different agency locations. The group has identified priority work items such as trainings and resources for those serving members age 16-24. This group still has the Healthy Transition grant and Direction Service is

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possibly taking over the administration of this grant. A goal of the group is to eventually have a hard copy document of resources for this age group posted on the LaneCare website. g) HealthCare Integration & Collaboration (HCIC) Initiated October 2019 This workgroup discussed top priorities including cultural differences that provide disparities in health care as well as others. Training Discussion (Cindy Fisher) In 2018 Cindy began 6 months of surveying workgroups and providers, analyzing claims data, and presenting at management team meetings to help develop a three year training plan for providers. The plan included entry level and advanced trainings. Moving forward, the funding sources for these training to continue is unknown. However, the state has made requirements of CCOs that all agencies serving OHP members (including front line staff) receive introductory culturally responsiveness trainings (which included topics such as; CLAS standards, 5 implicit bias, ACES, health literacy, trauma informed care, and social determinants of health). It is expected that required trainings related to the OHA contract requirements include an attestation from providers that is valid for both CCOs, which is helpful for those providers who are contracted with both and reduces administrative burden for having to duplicate trainings. The state is also very interested in early childhood and prevention. In 2018 the ECMH brought to the BHAC its recommendations of core competencies for early childhood. **Prevention Updates** No updates. Invite a prevention staff member during CA's absence. The 6 Prevention Plan 2020-2021that was presented at the last meeting is attached to this packet. For more information on the Lane County Public Health Prevention Program click here or visit preventionlane.org. Other Alicia suggested replicating the governance and implementation model of the Systems of Care structure for adults state-wide. The HealthCare Integration may be able to assist with that. The ACT teams and ICCM program are groups that came close to replicating the SOC structure. The group discussed the Point-in-Time Count (PIT) for 2019. Volunteer information for the January 31st volunteer day as well as past PIT reports is 7 posted on the lanecounty.org site by searching "PIT" and can be found here. The group discussed the Community Health Needs Assessment (CHNA) conducted by Live Healthy Lane. This report contains great information and data that can be useful for grant writing. This report shows that our community is becoming increasingly more ethnically diverse. Food for thought: Is this ethnic diversity being represented appropriately within our agencies staffing?

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