

UD CUDCOMMITTEE MEETING

Health Advisory Council

PUBLIC HEALTH DIVISION



		☐ Access to Care	☑ Behavioral Health
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AGENDA ITEM #1 - Welcome, agenda overview and subcommittee business

Kate opened the 6th meeting sharing the features of ZOOM and encouraging members joining in remotely to turn their cameras on. Introductions were made for those in the room and remote attendees. Liz let the subcommittee know that we will be rescheduling the March meetings to allow all subcommittees to have additional time and finalize strategies in March prior to

Others present: Tori Algee, Alcohol, Drug, Policy Commission and Wes Rivers, Governor's Behavioral

AGENDA ITEM #2 - Update from Governor's Behavioral Health Advisory Council (GBHAC)

Wes Rivers from the GBHAC present a slide presentation from the GBHAC which was established by executive order and started in October 2019. This council is expected to make recommendations in October 2020. OHA and partners throughout the council looking at severe mental illness and serious emotional disturbance including those with co-occurring substance use disorders (adults and youth age 12-25).

The GBHAC goals are create a behavioral health system that is: simple, responsive, meaningful. They've met four times already and sought institutional knowledge from past work groups and recommendations, and presented on special topic areas including housing, housing supports and services for the unhoused. They want to develop a vision for a better behavioral health system and what folks need to access this.

Andrew asked Wes: "What's the view of the council on evidence-based practices?" Wes stated that language used in the charter says evidence-informed practices. That will be a big part of the conversation when we get to the funding discussion.

AGENDA ITEM #3 - Update from (ADPC)

Tori went over current version of their plan last month and shared that Dr. Richardson reviewed and integrated over 200+ comments and they help to have the next draft complete in February. One more state agency director meeting will be held, and they hope to submit the plan early to the legislature (February) even though it's not due until April. The draft should be available at the next meeting.

AGENDA ITEM #4 - Breakout Sessions: Strategy Brainstorm

Kate reviewed the strategy criteria in preparation for the breakout groups and the latest list of strategies captured in the spreadsheet.

- Kate reviewed the format of the deduplicated strategy spreadsheet. Kate asked if there were additional categories not represented, and there were no additions. The different categories are as follows:
 - Marketing
 - Partnerships
 - o Prevention/Resilience
 - Payment
 - Education/Training
 - Access/System Navigation
 - Mapping
 - Assessment & Treatment

AGENDA ITEM #5 – Report out to full subcommittee. Breakout Rooms:

The two groups reported on the strategies brainstormed in the small groups and reported to the larger group. The lists below are also posted in the Meeting Materials folder in Basecamp:

<u>Breakout Group #1</u> – Looked at the Prevention/Resilience category and narrowed to the following:

- Fund and promote school-based programs that focus on emotional regulation and connection with peer-led components (e.g. HOPE Academy, Sources of Strength).
- [Community] Scale up, support and fund parenting skill and family relationship teleintervention programs, particularly for rural areas.
- [Individual/Community] Create programs that combat loneliness in older adults Meals on wheels.
 Notes: Evidence based programs that help older adults connect socially to address social anxiety.
 Reduce isolation and create connections to their communities for success. Partial funding is there, but it is not adequate.)
- A strategy specifically addressing suicide prevention for LGTBQ+ individuals and allies. Example: an intervention with faith-based groups to hold family acceptance trainings in churches or Other strategies around at-risk groups.

• Implement program similar to "HEADSTRONG," a program targeting youth by the Mental Health Commission of Canada. Hold regional summit of high school students where they participate in exercises, learn about the problems created by stigma, and hear stories from people with lived experience of mental health problems or mental illnesses. Provide toolkits and examples of antistigma activities for students to take back to their schools and lead anti-stigma efforts to increase mental health awareness along with messages of hope and recovery. These "youth champions" would be supported by a coordinator who provides community contacts as well as resources and access to speakers.

Breakout Group #2 – Looked at the Assessment &Treatment category and narrowed to the following:

- Incentivize treatments have basis in empirical science; if basis doesn't exist, treatment drawn from existing wisdom/experience.
- CPT modifiers (MN).
- Develop OHP billing codes that support outreach and care coordination.
- PCP administer behavioral health screening tools on an annual basis and make referrals when necessary.
- Provide technical assistance to PCP to support integration of behavioral health.
- Implement models of care that ensure timely access to care.
- Rules related to timely access.
- Understand who is ready and ascertain if we have the capacity to support people.

PUBLIC COMMENT

There was no public comment.

WRAP UP & NEXT STEPS -

- Liz suggested a possible smaller group meeting(s) to narrow the strategies and come back to subcommittee with recommendations.
- Liz will reschedule the March meeting date.
- Wes will share the GBHAC website with Kate for better information sharing.
- Next subcommittee meeting is February 19, 2020.

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