



## Mental Health Work Group Minutes

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**Date:** Thursday, May 28, 2015

**Time:** 10:30 am – Noon

**Location:** Bauer Building, Thomson Room

**Attendees:** Louise Bettner, James Burke, Thomas Coleman, Haydee Dabritz, Amy Dyer, Tracy Fauver, Sara Gavin, John Gilbert, James Glica-Hernandez, Jessica Hackwell, Ashley Logins-Miller, Ogo Nwosu, Zach Romawac, Diane Sherwin, Anna Sutton, Yunji Yoon, Lynn Zender

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### Welcome

- Emily Vaden welcomed the group and around the table introductions were performed.

### Review of the Project

- Please see Attachment A.
- Emily reviewed the CHIP Timeline. The workgroups are currently at the first grey box of identifying goals.
- The CHIP will revolve around things that are already being done around this priority area, with a few new innovative ideas also included.
- CHIP is a county-wide plan. If any goals will be focused on a certain population, that will need to be noted.
- The CHIP serves several purposes: an internal document for DHS, part of the accreditation process and a tool to help organize community efforts. This CHIP will go before the Board of Supervisors.

### Brainstorming Session/Affinity Diagram

- Everyone split into four groups and were asked to identify any actions that are currently being taken within the respective organizations/units around Mental Health.
- Please see Attachment B.

### CHIP Samples

- Please see Attachment C and D.



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## Next Steps

- There will be a meeting with all three workgroups together on July 23, 2015 from 8:45 – Noon.

## Next Meeting

- Thursday, June 25<sup>th</sup>                      10:30 am – Noon                      Thomson Room #1600

## Future Agenda Topics

## Meeting Evaluation

Plus (+)	Delta (Δ)

## 2015 Mental Health Work Group Schedule

Meeting will occur on the fourth Thursday of the month:

- |  |                |                    |           |
|--|----------------|--------------------|-----------|
| • Thursday, July 23 <sup>rd</sup>      | 8:45 am - Noon | Thomson Room #1600 | Joint Mtg |
| • Thursday, August 27 <sup>th</sup>    | 10:30am – Noon | Walker Room #1601  |           |
| • Thursday, September 24 <sup>th</sup> | 10:30am – Noon | Walker Room #1601  |           |



# Attachment A

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## Community Health Improvement Plan Timeline



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## Community Health Improvement Plan (CHIP) Timeline



HEALTHY YOLO



Our Community Our Future



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## Attachment B

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### Mental Health Brainstorming Information



## Mental Health Work Group Brainstorming Session – 5/28/15

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**Brainstorm:**

- Increase Trauma Informed – ACES across the County
- Improve mental health and wellbeing among perinatal population.
- Increase Medicare Medi-Cal providers, increase reimbursements.
- Wrap around services
- Standard of Care. How does mental health fit in? Value, Ownership/Partnering.
- Increase coordination between providers.
- Improve follow-up care after acute inpatient stay (ie case management)
- Substance abuse services.

**Category:** Standard of Care

**Goal:**

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**Brainstorm:**

- Decrease stigma through education. IE: MH Dx is as “common” as HTR, or diabetes.
- Wraparound
- Identify gaps in services
- Increase knowledge and awareness of perinatal/postpartum mental health (maternal mental health disorders)
- Identify population experts.
- Identify services
- Remove stigma
- Increase mental health – wellbeing of perinatal populations.

**Category:** Education & Awareness

**Goal:**

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**Brainstorm:**

- Identify alternative method service delivery.
- Increase assertive case management. Marginalized populations, homeless, rural poor.
- Wrap around care. Schools, PCP, WIC, Community resources
- Increase telemedicine
- Home visiting m.h. specialist
- Accepted language.

**Category:** Technology/Innovation

**Goal:**

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## **Brainstorm:**

- Increase access to care. Bilingual (Spanish, Russian) coordination between providers.
- Increase rural health care (Hispanic, Russian)
- Access to Care (transportation, telemedicine – psychiatry, health)
- Increase outpatient venues especially for Medi-Medis
- Increase access to mental health services (ie transportation)
- Un-served, underserved (identify who they are)
- Transportation
- Increase VA in Yolo County (access to services, transportation, cross professional agreements)

**Category:** Access to Care

**Goal:**

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## **Brainstorm:**

- Start Patient support groups (bilingual, lead by clinician)
- Increase sense of community/connectedness
- Population experts
- Increase capacity for support/treatment & resources (ie peer groups, etc)
- Diagnosed person family/friends support.
- Increase volunteerism and community training for para-professionals & peer partners/consumers

**Category:** Peer Support Services

**Goal:**



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## Attachment C

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### CHIP Example: Benton County





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May 2013  
[co.benton.or.us/health/](http://co.benton.or.us/health/)

## Priority Health Issue: Mental and Behavioral Health

### Situational Analysis: Why is this a concern?

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An estimated 26 percent of Americans age 18 years and older live with a mental health disorder in any given year, and 46 percent experience a mental health disorder during their lifetime. In Benton County approximately 2,186 persons between the ages of 16 and 64 are living with an identified mental health disability. Of these, 31.5 percent are unemployed and 17.6 percent live below the federal poverty level.<sup>1</sup>

On average, people with serious and persistent mental illness die 25 years earlier than the general population due largely to higher rates of chronic illnesses. Tobacco use is almost twice that of the general population. Other associations include high rates of cardiovascular disease, diabetes, obesity, asthma, arthritis, epilepsy, and cancer. Rates for both intentional and unintentional injuries are 26 times higher among people with a history of mental illness than for the general population.<sup>2</sup>

In Oregon, 36 percent of low income women and 16 percent of high income women experience maternal depression. By ethnicity, 31 percent of Hispanic women experience maternal depression in contrast with 17 percent of white women. Benton County's child abuse rate of 6 children per 1,000 is lower than the state average.<sup>3</sup>

Latino students in Benton County miss school at a higher rate than their non-Latino peers (6<sup>th</sup> grade, 12.5 percent vs. 6.3 percent; 11<sup>th</sup> grade, 10 percent vs. 3.9 percent).<sup>4</sup> Almost ten percent of Benton County 11<sup>th</sup> graders report experiencing harassment because someone thought they were gay, lesbian, bisexual or transgender compared to 8 percent of 11<sup>th</sup> graders in Oregon.<sup>5</sup>

In Benton County the suicide rate among adults, ages 25 to 44 (18.5 percent) is slightly higher than the state suicide rate of 17.9 percent.<sup>6</sup> Fifteen percent of 8<sup>th</sup> graders and 16.8 percent of 11<sup>th</sup> graders in Benton County have exhibited signs of depression. A total of 9.3 percent of 11<sup>th</sup> graders in Benton County have considered suicide, and 7.2 percent have attempted suicide. In 2010, 14 percent of 11<sup>th</sup> graders in Benton County reported alcohol binge drinking.<sup>7</sup>

### Best Practices

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The Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) all emphasize the importance of preventive strategies that promote positive mental health and wellbeing. These efforts can reduce the need for more costly treatment services. WHO further recommends that mental health promotion be implemented in a variety of venues including schools, housing, transportation, and health care to foster social cohesion and community wellness and identify opportunities for prevention, screening, and early intervention.



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## Opportunities for Health

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### **Goal 1: Improve mental health and wellbeing among middle-school and high-school youth in Benton County.**

#### *Outcome Objectives/Indicators*

- Reduce the proportion of adolescents who report seriously considering suicide<sup>8</sup> by 2018:<sup>9</sup>
  - Among 8<sup>th</sup> graders, from 9.3 percent to 8.4 percent.
  - Among 11<sup>th</sup> graders, from 11.3 percent to 10.2 percent.
- Reduce suicide attempts by adolescents from 4.7 percent to 4.2 percent by 2018.<sup>10</sup>
- Reduce the proportion of adolescents who report experiencing harassment in the past 30 days by 2018:<sup>11</sup>
  - Among 8<sup>th</sup> graders from 49.2 percent to 44.3 percent.
  - Among 11<sup>th</sup> graders from 37.3 percent to 33.7 percent.

### **Goal 2: Improve mental health and wellbeing among adults, ages 18 and older, in Benton County.**

#### *Outcome Objectives/Indicators*

- Assess and increase the proportion of primary care physicians who screen adults<sup>12</sup> for depression in Benton County.
- Decrease the number of poor mental health days reported by Benton County residents from 2.9 in the last 30 days to 2.6 in the last 30 days by 2018.<sup>13</sup>

## Action Steps for Community Health

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### **Assessment**

- Review evidence of links between social isolation and poor physical health, particularly for rural, linguistically isolated, and older adult populations.
- Map public gathering spaces and proximity of community amenities and social service agencies.
- Strengthen data collection and analysis of pre/post-partum maternal depression at the county level.
- Support efforts by the regional CCO and partners to use Electronic Health Records to promote better coordination of care and use data for population health improvement planning efforts.

### **Outreach and Education**

- Promote positive early childhood development, including positive parenting and violence free homes.
- Increase outreach and training on bullying prevention and reporting for parents, students, school staff, recreational staff, and other adults.
- Strengthen and fully implement Benton County's 211 telephone information system, to ensure an accessible clearinghouse of all social services. Ensure accessibility by all populations in Benton County, regardless of language, culture or literacy levels.



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## Outreach and Education (continued)

- Improve processes for referrals and linkage to high quality mental health services.
- Increase participation of persons with mental health challenges in evidence-based chronic disease self-management programs.

## Community Collaboration and Mobilization

- Support implementation of Oregon’s primary care medical home model with a focus on integrating mental, physical, and oral health services.
- Promote better communication and coordination among agencies using wrap-around mental health service models that deploy community/mental health outreach workers.
- Investigate best practice models shown to be successful in helping older adults age well in their homes and neighborhoods.

## Participation in Policy and Planning Process

- Explore and develop resources for establishing detox services regionally.
- Explore and develop resources for establishing children’s acute care services regionally.
- Explore promising practices related to co-location of services, telemedicine, and use of non-traditional community health workers.
- Expand the capacity of the mental health service system to respond to increased referrals.

## Potential Partners

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### Public Agencies

- Local housing authority
- Redevelopment agency
- Planning departments
- Local/regional transportation agencies
- School Districts
- County Mental Health Services
- Community Coordinated Care Organizations

### Community Partners

- Mental Health professionals
- Primary Care physicians
- Obstetric/Family/Internal Medicine providers
- Organizations working to prevent violence and substance abuse
- Multicultural groups
- Neighborhood groups



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co.benton.or.us/health/

## Additional Resources

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- U.S. Department of Health and Human Services. (1999). **Mental Health: A Report of the Surgeon General**. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. <http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS>
- National Prevention Council. (2011). **National Prevention Strategy: America’s Plan for Better Health and Wellness, Mental and Emotional Well-Being**. Washington DC: U.S. Department of Health and Human Services, Office of the Surgeon General <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>
- National Research Council and Institute of Medicine. (2009). **Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities**. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Mary Ellen O’Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. <http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities>
- Eaton, W.W. (2012). **Public Mental Health**. New York, New York: Oxford University Press, Inc.

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<sup>1</sup> U.S. Census Bureau, 2008-2010 American Community Survey

<sup>2</sup> National Association of State Mental Health Program Directors Medical Directors Council. (2006). Morbidity and Mortality in People with Serious Mental Illness. Retrieved from [http://www.dsamh.utah.gov/docs/mortality-morbidity\\_nasmhpd.pdf](http://www.dsamh.utah.gov/docs/mortality-morbidity_nasmhpd.pdf)

<sup>3</sup> Benton County Health Status Report, 2012

<sup>4</sup> Oregon Student Wellness Survey, 2007-2009

<sup>5</sup> Oregon Department of Human Services Addictions and Mental Health Division, 2012

<sup>6</sup> Suicides in Oregon: Trends and Risk Factors, Oregon Violent Death Reporting System, Injury and Violence Prevention Program, Office of Disease Prevention and Epidemiology, 2010

<sup>7</sup> Benton County Health Status Report, 2012

<sup>8</sup> National Prevention Council. National Prevention Strategy: America’s Plan for Better Health and Wellness, Mental and Emotional Well-Being. <http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx>

<sup>9</sup> Oregon Student Wellness Survey, 2012

<sup>10</sup> Oregon Student Wellness Survey, 2012

<sup>11</sup> Oregon Student Wellness Survey, 2012

<sup>12</sup> National Prevention Council. (June 2011)

<sup>13</sup> Oregon Behavioral Risk Factor Surveillance System, 2005-2011



## Attachment D

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**CHIP Example:**





# COLLECTIVE ACTION TO COMMUNITY IMPACT

*Actions We Take Collectively  
Across Sectors*

*Results We Seek  
or Community Impact*

County Government

Health Providers

Community & Faith-Based  
Organizations

Business

Schools

Law Enforcement and Courts

Military

Other Local Jurisdictions

Behavior  
Changes in  
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Risk Factor  
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Changes in  
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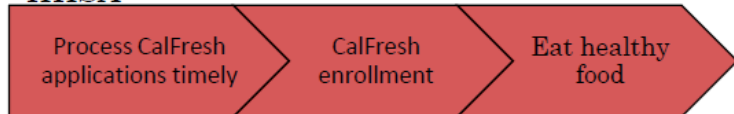
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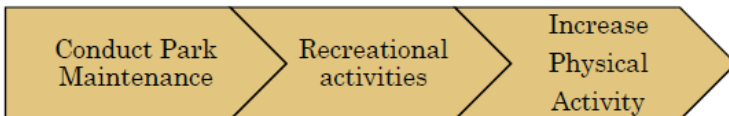
# COLLECTIVE ACTION TO COMMUNITY IMPACT

## Actions We Take

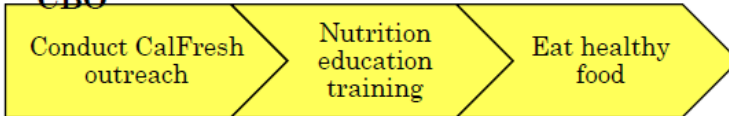
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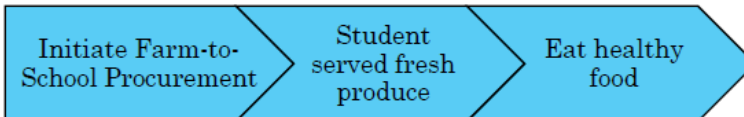
### LUEG



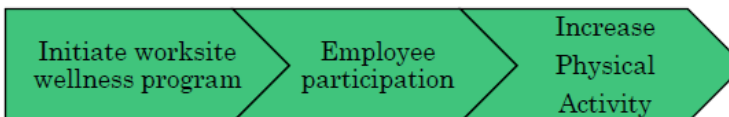
### CBO



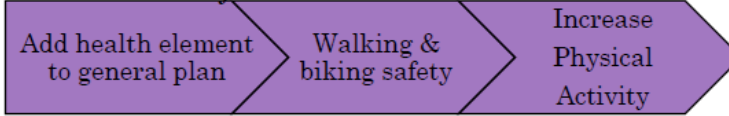
### Schools



### Business



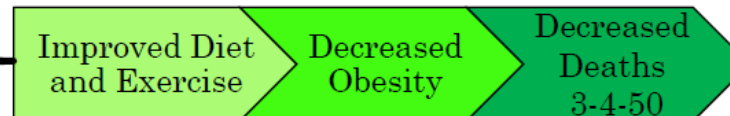
### Other local jurisdictions



## Results We Seek

### Population Outcomes

**Short Term:** w/in 3 years      **Mid-Term:** w/in 7 years      **Long Term:** w/in 10 years



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