



Behavioral Health Clinical Advisory Committee
(BHASC) Minutes
February 10, 2021
 8:00- 9:30 AM

§	Agenda Topic
1	<p>Welcome and Introductions Present at the meeting: Ariann Bolton (Shelter Care), Britni D’Eliso (PacificSource), Carlyn Weirda (Looking Glass), Cory Suratt (Laurel Hill), David Dodson (LaneCare CHOICE Team), Elizabeth Farley, John Jones (Eugene Vet Center), Kay McDonald (Older Adult Behavioral Health Specialist), Lucy Zammarelli, Rhonda Busek (Lane Community Health Council), Shanti Rios (Center for Family Development), Jordan Shin (HIV Alliance), Tara McCullers (LaneCare – TBH), Rebecca Cooper (Columbia Care – GuestHouse), Dawn Atkin, James Brann, Kurtis Mitchell (Direction Service), Alicia Meenaghan (LaneCare – PSCS).</p>
2	<p>Discussion of Minutes (attached to invite) – approved by the group.</p>
3	<p>BHASC Champions/ Shout Outs Britni gave a shout out to the group who helped with one of the Health Integration Collaborative’s successes in its first year, which included extra time attending a bi-weekly HIC workgroup to help get the Integration Toolkit in the hands of the community (Megan Post, Jon Roberts, Kendra Wright, Joan Tompkins, Andrea Mittleider, Jen Jensen, Brandy McLaughlin, Tara McCullers and Teresa Roark).</p> <p>Announcements:</p> <ul style="list-style-type: none"> - Jordan shared about the PRIME Peer Program at HIV Alliance and asked if folks were interested in working with Lane County Public Health on developing the Opioid Overdose Response Plan. Email jshin@allianceor.org. Interested folks do not have to come to the meetings but can tell Jordan what your agency is doing and patriciate through email communications about this work. - MLK Commons is open this week and is intended to serve mostly FUSE clients. ACTION agenda: April meeting to have Ariann present on FUSE and the MLK Commons. - The ACT Team at Laurel Hill is able to take on new client referrals (all referrals go through CHOICE, David.Dodson@lanecountyor.gov). - Supportive Housing beginning at Laurel Hill, starting with existing clients as well as referrals from folks who have vouchers from Homes for Good. ACTION agenda: More to come on this from Cory. Currently no community referrals are being accepted. - March10th please join this regularly scheduled BHASC meeting for a special session on Behavioral Health Access and Strategy where OHA will present.
4	<p>Columbia Care Guest House Crisis Stabilization Center, Rebecca Cooper, Faculty Administrator rcooper@columbiacare.org 541-505-9440</p> <p>The facility is made up of 10 beds (most with their own bathroom) providing 24/7 staffing, medication help with an RN and QMHP on-site. Must be at least 18 years old. Pre-assessment is not required for entry into the program, but including as much information available on the referral is always helpful. There have been some admissions declined based on medical condition (e.g. sliding scale insulin for a person who cannot administer this medication themselves) a nurse reviews any medical conditions listed on referrals to make a determination case by case. There are a lot of stairs so it is a good question to ask the person being referred if there are any issues. There are 3 bedrooms at the main level – two of which</p>

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	<p>are ADA accessible. Referrals are sent by ACT teams, Hourglass, the hospital, CCOs, LaneCare, the BHU, and the ED for people who have come in in crisis but do not need BHU level of service. The facility can support folks for up to 30 days if necessary (average length so far is 11 days) however, the facility goal is 3-7 days. Coordination of care with provider upon departure. People who are not on prescriptions and arrive at the Guesthouse have access to a provider who is available to assess and prescribe if needed. Capacity is currently not an issue (in operation for two months). When the facility is full there are two beds available for folks who are uninsured. The facility also coordinates with the BHU for folks who are being discharged and may still be in need of support. Call with any questions (flyer attached).</p>
<p style="text-align: center;">5</p>	<p>Environmental Scan 2021 Lucy shared and made edits on a document of questions that assess the community condition on behavioral health and SDOH prompts. There is a desire to develop a road map that can be used by consumers and families. Some additional perspectives included veteran, provider integration, older adults, health equity, dental care, and peer supports.</p>
<p style="text-align: center;">6</p>	<p>Brief Update of Workgroup Reports:</p> <p>a) Early Childhood Mental Health (ECMH) The group is still working on two priorities via subgroups during the meetings (Integration & Collaboration and Training). The group will be assessing the community about their perception of what ECMH is and their need for a local ECMH provider list. Please take the survey: https://www.surveymonkey.com/r/ECMH_List Thank you to the 74 community members who have responded as of 2/23/2021!</p> <p>b) Substance Use Disorders (SUDS) New facilitators are needed for this group!</p> <p>c) Adult/Severe Persistent Mental Illness/Crisis (Adult SPMI) SPMI met and discussed hospital discharge coordination as well as psychiatric challenges such as access, staffing shortage, and workforce development. Will be meeting again in February on the 4th Friday.</p> <p>d) Older Adults and People with Disabilities (OA-PWD) OABHI physical resilience guide will be published in a couple of weeks. The workgroup had a discussion about loneliness among their members and how to provide support to those who are doing this work and helping the older adult population with isolation and depression. This group will be adding Linn and Benton to their work as the Lane OABHS have assumed responsibilities for these contracts.</p> <p>e) Young Adults/Transition Age Youth Workgroup (TAY) Working on supporting transitional aged youth with a virtual support groups and peers.</p> <p>f) Equity and Inclusion Workgroup (E & I) LGBTQ and gender non-conforming focus for Feb. and March. In January the BALSAMIC tool was presented, which helps guide organizations and people in facilitating and debriefing from challenging and emotionally charged conversations.</p> <p>g) Community Resilience Workgroup (CRW) Discussed the membership of the COAD (Community Organizations Active in Disaster), a disaster planning model which includes various levels of community and system involvement; they also</p>

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	discussed funding for counseling services in a timely manner after a disaster.
7	Healthcare Integration Collaborative Britni will send information about the THW Workgroup to send to the group (2/16 meeting if interested let me or Britni know). The Integration Toolkit which includes the standardized referral form is undergoing two pilot efforts with Willamette Family and a PeaceHealth Medical group.
8	System of Care Update Working on strategic work plans for all levels of the SOC – looking at alignment with the goals and priorities that each system and agency represented is working on to strengthen collective impact efforts. Both CCO SOC policies were approved by the Executive Council and will be sent to the State for final approval. PacificSource Community Solutions were awarded a grant for SOC which will help families with continued engagement through telehealth platforms (cellphones, tablets, data plans) and begin the development of a Youth Mentorship Advisory Council to increase leadership of youth and engagement in the Lane County SOC. The Practice Level Workgroup will be presented a barrier to psychiatry access in February. The Advisory Council will be moving a barrier of skill builders/trainer access and workforce development up to the SOC Executive Council for resolution.
9	Lane County Pain Guidance & Safety Alliance The group has been keeping updated on the changes with Measure 110 and the impacts expected to see in the community and for providers. Naloxone distribution and education efforts are still going strong at HIV Alliance. Exploring an education series for naloxone and pharmacist. Will hear from Denise Jubber about the jail medication assisted treatment program for substance use in February.
10	CHOICE Update Memo came out allowing OHA prioritization for the State Hospital waitlist. A foster home closed in Lane County (not a large one a couple residents are still looking for placements). OHA is requiring CCOs to take responsibility for care coordination, diversion plans, and discharge plans for folks who enter the State Hospital – still waiting on information from PSCS and TCHP – this coordination will continue until the person is discharged. PSCS, Trillium and LaneCare will be meeting today to discuss workflow and more about this process.
11	Clinical Advisory Panel Reports from CCOs <i>PacificSource Community Solutions</i> Focus on CLAS Standards. Exploring UniteUs (Connect Oregon, https://uniteus.com/) and PacificSource engagement with this new referral platform connecting healthcare providers to community-based organizations with information on services and a closed loop referral process for housing, food, and other services. <i>Trillium Community Health Plan</i> COVID focus; a report from Dr. Ludtke on vaccine plans; and the STI Annual Report.

Next Meeting: March 10, 2021 at 8AM

Lucy Zammarelli, Chair, LaneCare, Lucy.zammarelli@lanecountyor.gov
Leilani Brewer, LaneCare, Leilani.brewer@lanecountyor.gov

COLUMBIACARE SERVICES

THE GUEST HOUSE

CRISIS STABILIZATION CENTER

Special thanks to the partners who have made this important program possible.

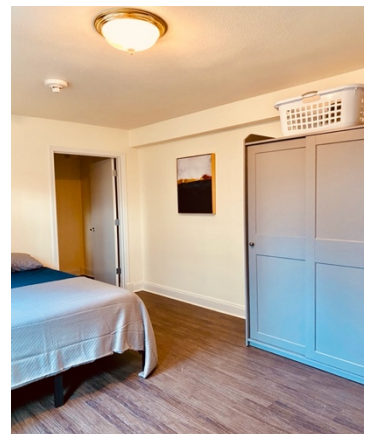
Lane County Behavioral Health | PeaceHealth | PacificSource Community Solutions | Trillium Community Health Plan

The Guest House Crisis Stabilization Center is a short-term, crisis residential program that can serve up to 10 individuals (ages 18+) who are experiencing a mental health crisis but who do not need the medical capabilities of an acute care hospital. The program is conveniently located near PeaceHealth Sacred Heart Medical Center, University District, in Eugene.

The Guest House offers a warm and welcoming, home-like environment, as well as supportive services intended to keep the person safe, stabilize acute symptoms, and then connect them back to their familiar living situation, treatment, and support systems as soon as possible.

Treatment at the Guest House typically includes a combination of milieu therapy, medication management, solution-focused brief therapy, assertive case management, and motivational interviewing. Programming is carried out by a Facility Administrator, Assistant Administrator, Qualified Mental Health Professional, Nurse, Qualified Mental Health Associates, Peer Support Specialists, and members of our Personal Care Team. LMP oversight and services will also be available. Although the program is a licensed residential facility, services are intended to be short-term, with typical lengths of stay ranging from 3-7 days—just long enough to help address and resolve the person's current mental health crisis.

The Guest House serves OHP Members of Trillium Community Health Plan and PacificSource Community Solutions, as well as Lane County community members who are under or un-insured. Referrals are accepted from designated community partner agencies, and admissions take place between 9:00am-6:30pm.



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