Malheur County Community Mental Health, Local Alcohol and Drug Development Disabilities Advisory Committee

June 24, 2020
1:30 pm MT

Invited Attendees:
Kim Ross; Mark Redmond (mark.redmond@malesd.k12.or.us); anna.larosa@saintalphonsus.org; Bob Dickinson; brian.wolfe@malheurco.org; connie.tanaka@malheurco.org; Dan Joyce; Jennifer Susuki; jim.stmichell@malheurco.org; Liz Johnsen; Megan Gomez; Melissa Williams; Micaela Cathey; rrau@nyssacity.org; Sarah E. Poe; Steven Romero; Susan Gregory; wendy.hill@dhsoha.state.or.us

The meeting was called to order in County Court at 1:30 pm MT.

This was the 1st meeting of working group.

A briefing and purpose of committee was reviewed.

- There was a previous county MH department and it ended in 1998/99. At that time the county entered a BH contract with Lifeways and it continues to present. This is for 100% of program. There are other counties who have DD or Alcohol and Drug contracted out. In Malheur county Lifeways has 100%.
- Under statute Malheur county is the MH authority and Lifeways is the provider. Malheur county sees no general fund dollars. There has always been an advisory committee. No regular meetings. With last audit, it was decided to reestablish the committee. The audit done by OHA.
- This committee should be a variety of businesses and community members. The committee will need to work on a comprehensive plan, as well as propose by laws, similar to laws that governed advisory committee in 1999. The committee quit holding meetings in 2017. The only piece currently missing is some consumers and are hoping Lifeways can help with this. The committee is appointed by county court. Staffing for committee has always been done by Lifeways.

Micaela Cathey, LCSW | Executive Director Umatilla & Malheur Counties; presented.

- Advised committee that Lifeways will work on getting some consumers to attend, but she would also like to see others reach out as well.
- Lifeways will provide minutes as well as a location going forward.
- A preview of data was provided for the group.
  - Malheur current active clients:
    - Total Active Clients – 2137
    - MH - 1745
    - Psych - 1330
    - ID/D - 354
    - SUD - 444
  - Payor Source Breakdowns:
    - EOCCO/GOBHI/DMAP: 1226
    - Medicare/Medicare Advantage/ HMO: 362

- A more formal dashboard report will be put together for future meetings.
- Micaela Cathey asked the group if the information given was relevant?
Also looking at office hours and clients served, would like feedback on preferred timing on when appointments should be available.

- **Jim St Michell, Lieutenant Malheur County Sheriff’s Office** - would like to see successful completions vs number that has been referred. How many clients are following through? This would be for A & D.
- Would like to see something on school age students as well, number of served or community settings vs office. It would be nice to have this broken down to see how many we are able to serve in schools vs in clinic.
- **Wendy Hill, District Manager at Oregon Department of Human Services** - would also like to see completions for ACT.
  - Micaela Cathey would like to see a survey put together and sent out to all the attendees vs. schedules (time frames). Office hours – availability for appointments – peer sessions.
- Kids schedules will also need to be looked at for the school year going forward.
- **Megan Gomez, Behavioral Health Director at Valley Family** uses Lifeways as a referral source. Would like to understand potential weight time for appointments. She does like the way that Lifeways handles Crisis services. Would like to see data information regarding this as well. Numbers for crisis are tracked and **Micaela Cathey** will get these on the report.
- **Sarah Poe, Director – Malheur County Health Department** would like to see how many of these clients go to the ED who are experiencing crisis. These are the clients not getting the appropriate follow up.
- Malheur County has a higher rate of ED visits. These clients do go into a higher level of care. Micaela advised we are currently trying to work on this and the outcome of these clients.
  - Micaela Cathey asked for specific information from Sarah if this could be looked into. Liz added that GOBHI clients cannot be seen across the border in Idaho anymore due to a contractual change that GOBHI made. Sarah Poe was asked for this specific information.
- **Brian Wolfe, Malheur County Sheriff** added that it is very frustrating for LE when LE takes them to the ED – lengthy wait for someone to show up and then an hour later the client is released onto the streets for them to deal with again. Looking for ideas on how to mitigate this issue.
- **Anna LaRosa, St. Alphonsus Emergency Services Manager** asked the law enforcement to contact the ED if there are client’s d/c after evaluated by a Lifeways crisis worker and then back in crisis for the LE officer to deal with.
  - Wendy Hill would like base line data, how many crisis visits to the hospital, what age groups? Wendy Hill would like all ED visits, as well as admission to acute psychiatric care facilities. As well as historical crisis information, possibly information over the last year.
  - Megan Gomez would also like to see data on wait time for referrals for A & D/SUD and MH ASMT, as well as psychiatric asmts.
  - Jenn Susuki, Student Wellness Coordinator ESD - as well as ages of clients would also like to see towns included on data.
  - Micaela Cathey will work with Quality team on establishing the dashboard.

**Update on COVID**

- Lifeways went to 90% video during COVID outbreak. We are now doing approx. 60% as we move back into offices. Screening is taking place. Limited staff and clients who come into office. We are offering both services to clients depending on client. We are also beginning to open up scheduled UA’s, as well as group times. Numbers will have to be limited due to distancing practices. There will also be full sanitation. Same
goes for peer groups as well as limited numbers. Continual balancing of trying to meet needs and to keep all safe.

- **Jim St Michell** – can Lifeways staff go into the jail to do asmts? It has been by phone or video, but now utilizing face to face, but not up to full access. MH side, will someone be coming into corrections?  
  - **Micaela Cathey** will get more information on this.
- **Sarah Poe** stated that when moving to phone appointments they have struggled with clients to keep appt’s. Wondering what clients are doing on our end. She had heard that with jail diversion from Laurie that this was not happening. With the closure of LRC, how is this now handled?
- **Micaela Cathey** stated that jail diversion is not a feeder into a residential facility. It also serves the client to provide ASMTs and to connect to other avenues. There are some limitations with no in person visits. Follow through rates have been pretty good but seeing quite a few no shows. This will continue to be an option both video and in person going forward.

**Leanne Swetland, M.S. CDDP Program Manager|Foster Home Licensing & Certification Specialist/ Eligibility Specialist/ONA Assessor/(DRC) Designated Referral Contact**

**Malheur County Community Developmental Disabilities Program**

- Overview of services was provided to group. Leanne walked through how many foster homes we have and capacities for DD, MH and children. Also help with supported living. Demographics was covered with the groups. 138 individuals currently. Serviced all around the communities. Needing improvement items were covered. Currently must refer clients out to Pendleton for administrative exams for eligibility. CDDP needs to develop a stronger presence in community. Need intensive supports in this area. All Foster Homes in area are level 1 homes, no intensive medical homes. Some goals were covered with group.

**Kellie Dickinson CADC II, QMHA| SUD Program Administrator**

- Overview of program was given. Group would like to see dashboard for success rates. Currently carrying over 190 clients in SUD. Programs offered through SUD were covered. Jail diversion has been a challenge due to COVID 19 restrictions. Hours of operation was discussed. Our community needs more accessibility. Looking at increasing groups, who can access telehealth and who can’t. Can we bring them into facility to overcome barriers?
- **Jim St Michell** – referrals to in patient, can the counselor send directly? Yes, they should be able to, some are not doing intakes at this time, as there are wait lists.
- **Jim St Michell** – would after hours groups be at Lifeways? **Kellie Dickinson** advised that we would, but the groups that are currently at jail, would remain.
- **Jim St Michell** – has Lifeways considered a Sex Offender program? **Kellie Dickinson** will put this on to the executive team to put on the plate. **Melissa Williams** advised this is a need for treatment for the offenders.

This will conclude Lifeways presentation.

**Sarah Poe, Director – Malheur County Health Department**

- Disappointed that we didn’t have better preparation for this meeting.
- There are problems with Lifeways. Need leadership – local leadership. CEO doesn’t show up or know what is going on. Not a lot of Lifeways presentation.
Huge escalation in communicable diseases, meth use up, overdoses going up due to not receiving effective treatment. No follow through. Keep hitting a brick wall when trying to connect with Lifeways. Community needs better care.

**Micaela** appreciates the feedback and would like to encourage more contact and meetings. The role of coverage for both counties was discussed. LCAC attendance was discussed.

**Jim St Michell** asked with the 6 CADC – how many work with adults. 4 do. **Kellie Dickinson** reviewed who works with adults and who with children. **Jim St Michell** advised that there are lot of clients coming through community corrections. Sometimes it seems the clinician is too busy to handle most of these. There are concerns with the clinician doing BIP as well as groups and everything else. This has not been staffed with the clinician, and now that everything is starting back up again, Jim wanted to know if the current clinician would be the only one doing this. Previously Roy had been doing BIP before. Wants to make sure all community needs are met. **Kellie Dickinson** advised they are looking at all caseloads to make sure that every client’s needs are met.

**Jenn Susuki** – would like update on MH care for toddlers and preschool. **Micaela Cathey** advised what we have for this age group. Some are limited due to COVID. We continue to offer outreach to families. **Jenn Suzuki** would like to know what groups are available even before COVID. **Kellie Dickinson** advised that we have PCIT program at Lifeways. Also have individual services with WRAP program. **Megan Gomez** asked if we use CPP – Child Parent Psychotherapy. – yes.

- Next steps: Next meeting end of July. Dates available and not. Agenda, bylaws, chair and vice chair. AT lifeways and electronically.

**Micaela Cathey** asked if we want to provide monthly or quarterly. Dashboard would be provided quarterly. It was suggested we start monthly meetings and move to quarterly later. Will schedule for the 4 Wednesday of the month at 1:30 going forward. Brian Wolfe will not be available in July, Wendy Hill has a conflict through September. There are some conflicts with LRC task force meetings. Suggested for 4th Tuesday with conflicts. Do we want it on a Wednesday for county court? This is not a requirement that it is schedule during county court. Will resume on 4th Wednesday of month going forward.

- Lifeways will do calendar invite going forward.

These meeting minutes are subject to public record keeping and consumers can attend at any time. We can decide how consumers participate.

- Update on school services for next meeting was requested of **Micaela Cathey** – Lifeways.

With no further business the meeting was concluded at 2:43 pm MT.

Respectfully submitted,

**Tammy Cortright**  
Compliance Specialist  
Lifeways