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

**Meeting Minutes**

June 24, 2026 — 1:31 PM

## Attendees

| Name | Title / Organization |
|---|---|
| Ron Van Ausdal | Clinical Operations Officer, Lifeways |
| Suzanne Steele | Director of SUD Services, Lifeways |
| Ted Martinez | Juvenile Parole and Probation, Meeting Chair |
| Heather Brown | Family Representative |
| Brad Andrews | Director of Community Developmental Disabilities Program, Lifeways |
| Crystal Copenhaver | Crisis Services Program Manager, Lifeways |
| Barbara Brody | OSU College of Health |
| Rebecca Stricker | Malheur County Health Department, Director |
| Jose Marquez | MESD |
| Holly Dominick | DHS Child Welfare Program Manager |
| Connie Tanaka | |

## Call to Order

Ron Van Ausdal called the meeting to order at 1:31 PM and led introductions of members present in the room and joining online.

Ted Martinez noted that a quorum was not present. He indicated he would research whether the committee could conduct an external email vote to approve minutes from the February, April, and May meetings.

## Public Comment

No public comment was offered.

## Behavioral Health Program Updates — Ron Van Ausdal

- Mental Health Services: Lifeways is fully staffed for the first time in Ron's 11 years with the organization, allowing caseloads to be reduced to approximately 55 individuals per clinician, with room for further growth. Five medical providers are operating at roughly half capacity (125 of 200–250 possible patients each).
- Children's mental health services, parent-child interaction therapy, and the wraparound program continue to operate well; a new wraparound program supervisor has been hired.
- Wait times: same-day availability for initial contact, with follow-up appointments well within the 25-day metric.
- Substance Use Services (Suzanne Steele's team): Slight, steady increase in demand. Clinicians are busy but not at capacity; Lifeways is looking to hire two additional staff. Domestic violence group sessions were expanded from one to two per week after four additional referrals; a third group may be needed.
- Crisis Services (Crystal Copenhaver's team): A significant increase in the geriatric population (ages 65–90) in crisis was reported, with difficulty securing appropriate hospital placements due to combined psychiatric and medical complexity. Overall crisis service volume has decreased compared to June 2025. The Triage Center is currently open 7 AM–7 PM and fully staffed during the day; Lifeways is working toward 24/7 coverage, which would benefit local law enforcement.
- IDD Services (Brad Andrews): Client approvals for eligibility are already ahead of last year's full-year total (169 approved, with 8 more applications pending), with no increase in staffing — described as an unsustainable growth rate.

- The Sheriff's office had no updates to report this month.

## CMHP Funding Structure and Governor's Policy Changes — Presented on behalf of Steve

Ron Van Ausdal presented a condensed summary of program updates prepared by CEO Steve, who was unable to attend. The presentation covered recent changes from Governor Kotek and the Oregon Health Authority (OHA) to the Community Mental Health Program (CMHP) safety net funding structure, intended to strengthen local systems and reduce reliance on state hospitalization.

Key points included:

- The state is aiming to improve accountability, increase transparency, better measure outcomes, identify service gaps, and guide future behavioral health investment — described as the most significant restructuring in roughly 30 years.
- Reporting requirements have grown substantially (from a few annual reports to an extensive monthly spreadsheet).
- OHA's new structure organizes required services into four priority tiers: (1) crisis services, civil commitment, jail diversion, residential treatment, prevention, and care coordination; (2) services for individuals with serious and persistent mental illness (ACT, medication management, peer services, supported employment); (3) residential and step-down treatment (including the Lifeways Recovery Center); and (4) prevention and community-facing programs (school-based services, suicide prevention, community education, workforce development).
- Funding is expected to be prioritized to Tier 1 first, with remaining funds flowing to lower tiers.
- Project Hope was cited as the mechanism allowing Lifeways to offer services across all four tiers, including the new 24/7 crisis stabilization center (target: full 24/7 operation by December) and a new secure residential treatment facility, both funded primarily through safety net dollars (approximately $2 million annually of county-received funds directed to the Crisis Stabilization Center).
- The new Medical Arts Building will expand office space, clinician capacity, medication management, and primary care screening capabilities, with referral partnerships (e.g., Valley Family) for primary care needs beyond Lifeways' scope.
- Lifeways does not intend to reduce Tier 4 programming (supported employment, peer programs) but noted that prioritization decisions may affect the pace of hiring for lower-tier positions.

The committee's core role going forward was described as advising on how Lifeways should prioritize funding across these tiers to reflect community needs, particularly the balance between upstream prevention/early intervention and downstream crisis response.

## Discussion: Committee Role, Data, and Needs Assessment

- Barbara Brody sought clarification on the committee's advisory role relative to the tier framework and asked about the currency and quality of Lifeways' most recent community needs assessment (conducted approximately 1–1.5 years ago). Several members agreed the response rate (cited as under 30%) was very low and that the assessment was completed under significant time pressure.
- The committee discussed whether a more thorough, better-designed needs assessment should be initiated now rather than waiting, given that any recommendation would take time to develop data. No formal committee recommendation was made due to the lack of quorum, but the topic was noted for a future meeting when a fuller board can discuss and potentially vote.
- Rebecca Stricker offered a public health intern (starting around July 30) who could assist with developing survey questions, gathering data, and conducting analysis to support this effort.
- Ron Van Ausdal noted he would work on organizing Lifeways' existing program list (the "green sheet") into the four OHA priority tiers, to give the committee and CEO Steve a clearer visual reference for future discussions, particularly ahead of Steve's planned presentation on program funding detail.
- Jose Marquez asked whether the committee was consulted prior to major initiatives such as Project Hope and the new crisis stabilization/residential facilities. Ron Van Ausdal explained these decisions were driven by long-

standing community need (e.g., building conditions at the Recovery Center) and anticipated state direction, ahead of the committee being fully active, and confirmed the committee's ongoing role is to help guide prioritization moving forward, including how to balance funding between adult crisis services and children's/youth-focused needs.

- Rebecca Stricker asked whether all service tiers must be delivered directly by Lifeways, or whether existing community coverage (regardless of provider) could allow Lifeways to redirect some funding elsewhere. Ron Van Ausdal explained that under 1970s state legislation, each county has a single CMHP, and safety net dollars received by that CMHP must be used to meet all tiers, though there is some flexibility depending on funding source (e.g., Medicaid dollars through the CCO, or grant-funded initiatives, may support additional community needs outside the core tiers).
- Barbara Brody shared a link in the chat to the Malheur County Community Conversation Behavioral Health Shared Response Plan (developed approximately 2023, updated November 2023), noting that the Crisis Stabilization Center was the top priority identified through that process, and recommended committee members review it given continued relevance.
- Discussion touched on Medicaid/CCO funding restrictions, capitated state funding, and the fact that Oregon's legislative structure has protected core services from the deeper cuts seen in some other states.

## Other Business

- Crisis Intervention Team (CIT) — Juvenile: A new youth-focused CIT training is being piloted in Malheur County, believed to be the first youth CIT training in the state. The training will take place the week of July 20–24 at Treasure Valley Community College (Weiss Building) and is offered at no cost to participating staff, with a commitment to attend the full week.
- Holly Dominick, new to the committee (succeeding previous member Chris, who retired), asked to be included in relevant subcommittees or working groups going forward.

## Next Meeting

The committee's next regular meeting was tentatively discussed for July 22; however, this conflicts with CIT training and quarterly QA activities. Ted Martinez indicated he would send a follow-up email to reschedule the July meeting, likely moving it to August.

## Adjournment

With no further business, the meeting was adjourned at approximately 2:30 PM (59 minutes and 14 seconds after recording began).