Joint Local Alcohol and Drug Planning Committee/Mental Health Advisory Committee Meeting

Minutes

May 25, 2011

Members Present: LADPC: Eric Guyer, Larry Lyman, Michael O'Malley, Jody Parrott; **MHAC:** Dr. Bernhard Binder, Caren Caldwell, Laurence Kahn, Greg Knudson, Danny Penland, Dr. Reinhold Sundeen, Dorothy Vogel, John Watson, Estelle Womack, Jennifer Womack

Guests: Jenna Brehm, Keziah Hinchen, Rob Skidmore, Ed Smith-Burns, Commissioner Skundrick, Rita Sullivan, Carolyn Vernon, Michael Yang

Staff: Maureen Graham, Valerie McMeekin, Michele Morales, Mark Orndoff, Jim Shames, Kathy Warner, Carol Wedman,

Introductions

Maureen Graham welcomed the attendees and shared that the purpose of the meeting is to discuss common interests and overlapping areas of the two committees and how the committees might come together for the biennium planning process.

The group did a roundtable introduction of who each attendee is and what organization they represent.

I. Statutory Role of LADPC and MHAC

Maureen described the statutory parallel between the two committees, while referring to a handout on the topic. She explained that state law designates that the county must set up a Local Alcohol and Drug Planning Committee (LADPC), a Mental Health Advisory Committee (MHAC), and a local Commission on Children and Families to advise the Board of Commissioners on these issues and to help them to exercise their local mental health authority. Members are appointed and serve at the pleasure of the Board of Commissioners.

Maureen stated that the main statutory mission of these committees is to ensure services are available to all persons meeting certain criteria, and that these services are subject to the availability of funding. She advised that OHP announced that it is anticipating an 11% budget cuts as opposed to the originally anticipated 19%. She explained that one of the objectives of the committees is to advise the Board of Commissioners how best to spend these funds and how best to advocate with local providers about the services needed, making the most of the funding to best serve the citizens of Jackson County. One of the primary functions of both committees is to contribute to the Biennial Plan, a joint plan for both Mental Health and Addictions. Another important part is the interaction with the Criminal Justice agencies. She referred to the Roles and Responsibilities of the MHAC and the Mission Statement for the LADPC that was included in the handout.

II. Recent Committee Activities

Mike O'Malley shared that he has been involved with the LADPC for ten (10) years and is currently the Chair. He communicated that over the past year the LADPC has participated in the development of the biennial plan for addictions and mental health services. The committee has provided input into the funding of new projects, such as the (SE 66 funding) Suboxone penetration project. He thanked Dr. Shames for his help in the area of education for opioid addiction and helping providers learn the value of Suboxone and appropriate prescribing

practices. The committee was instrumental in the approval of the beer and wine tax program that helped to get more physicians trained to be licensed Suboxone prescribers and also supports physician forums to discuss responsible opioid prescribing practices. The committee sent a letter of support, to Senator Bates, in regards to Naloxone, a drug utilized in treating opioid overdoses. This program is still under discussion. The committee has provided support for grant applications for provider agencies such as approval of a grant for On-Track for free housing for clients in drug & alcohol recovery. The LADPC has requested and received a presentation, by community providers, of programs regarding their services and outcomes. The committee will tour local provider organizations throughout the year. A retreat was held to review the mission and to look at the reasons citizens serve on the committee, to review what is important to members, and to set goals for the coming year. One of the major goals is to better interface with the MHAC.

Caren Caldwell, Chair of the Mental Health Advisory Committee, advised that there is on-going education and the committee invites people from the agency to come in and share best practices and what's going on in the field and within the agency. The committee had been involved in a county-wide study that looked at the crisis intervention process. Additional funding is still needed to implement some of the findings from the study. She explained that as there is law representation on the committee there have been discussions on how police interact with the mentally ill. This has been especially beneficial in learning what law enforcement offer and what their limitations are and also aids in understanding the need for crisis intervention. The committee has been interested in establishing a mental health court in the county. There is a drug and alcohol court currently in the county that is working well. She explained that the committee has done some research to identify possible grants. The MHAC has identified furthering the understanding of what LADPC is doing and how the two committees can better work together to service the needs of those that are affected by both mental health & alcohol and drug addictions.

The group broke out into smaller groups to discuss priorities and to then come back and share what is determined to be of priority to each group.

III. Member Involvement with Committees/Important Issues

Caren advised that the group determined a need for psychiatric medications to be made available to people with dual diagnosis, police records that taint a person for life relating to job searches and the ability to rent a home, getting correct treatment to individuals, funding for services, dealing with the many needs of people, not only for mental illness and addictions but also for family strife and poverty.

Larry Kahn advised his group had questioned if while screening for alcohol and drug treatment, mental health issues are considered prior to a person being released to the general public. The group did determine that the professional is able to discern this and refer the patient to Mental Health for a proper assessment. He advised that those on the MHAC are hopeful of achieving a mental health court and wondered if it might be possible to combine a mental health with the existing drug courts. Perhaps create a combined situation to monitor mental health clients that came in contact with criminal justice as well as drug offenders. He explained that a concern was expressed about providing mental health services for the senior community that are not eligible for Jackson County mental health services due to a lack of coverage by OHP. An interest was expressed in having a crisis center available that could provide other support services for those who have mental health or drug & alcohol issues. It would be nice to have somewhere for people to go that may be put out on the street.

Jody advised that the group felt it would be helpful to have peer support available in mental health and substance abuse clinics. The group also felt it would be important to provide follow-up with clients when they leave their offices and that providers have dialog with clients in regards to whether they are working with other specialists for a co-occurring disorder. Tracking what percentage of clients that have co-occurring disorders would also be important. It was noted that HIPAA stops agencies from talking to one another. A solution might be to have the client be on a speaker phone when talking to other agencies and, therefore, avoid any HIPAA issues.

Maureen stated that clearly the biggest overlap is working with clients that have co-occurring disorders. There have been many initiatives to attempt to improve coordination of services for co-occurring disorders. Mental Health has been screening for co-occurring disorders at intake.

Mark inquired about the course of action for items/gaps that are being identified. Maureen advised that they would be topics to be addressed during the biennial planning process.

IV. Services to Individuals with Co-occurring Disorders

Review of Available Programs

Keziah Hinchen, Director of Phoenix Counseling Center, advised that Phoenix Counseling works with both mental health and drug and alcohol clients. 50% of the staff have degrees in mental health counseling and are working towards dual licensure? She indicated that a large percentage of their clients obtain individual counseling. They work towards keeping co-occurring disorders in mind during treatment and that they find that the treatment is more successful that way. The main obstacle for success may be the client's inability to pay for additional counseling. She mentioned that they are seeing a lot of mental health issues with kids and teens. There is a problem getting kids into full assessments and obtaining medication for them.

Rita Sullivan, On-Track, advised that a lot of On-Track's clientele do not have the means to pay for services. On-Track serves as many as 4,000 patients per year in out-patient facilities. She advised that to treat one condition without treating the other is impossible. It can contribute to relapse and prevent recovery. She explained that the meth epidemic has made mental health issues very visible. In 1996 On-Track was licensed by the state as an outpatient mental health clinic. There are peer mental health groups available at On-Track. Staff makes sure that the diagnosis is appropriate. Differential diagnosis and the timing of diagnosis are both very important as it directs how the issue is treated. On-Track has a mental health group and a co-occurring disorders group. All clients who meet the criteria are sent to Mental Health as there is a broader range of services available there. She advised that On-Track is working with Mental Health to get a local county certification.

Rob Skidmore, with ARC, distributed a hand-out about the Co-occurring Disorders Process Group that takes place at the Residential Treatment facility at ARC. He advised that this group meets for an hour and a half and generally has between 4 and 15 participants. He shared that between 30% and 60% of their population is involved in this group. Clients who arrive and are diagnosed with co-occurring disorders typically attend this group. Confidentiality is emphasized to attendees. Referring to a diagram that was included with the handout, he explained that the idea of the model is to first look at what it is that drugs do for us. Then it is implied that there is always something underlying going on, the group provides input. Then the relationship between the addiction and underlying problems are identified. He said this process points out to the client that these are not necessarily mental health issues but can be real life stresses. They work through the process of addiction and what that actually does, such as intensify the problem and,

then, the addiction gets stronger. The realization becomes that this is not sustainable and what the recovery will look like. There is a focus on what it means to have a mental health diagnosis. The emphasis is that one disorder cannot be treated without treating the other. The connection between mental health issues and real life stresses can then be drawn. The strategy of avoidance is addressed. It is a participatory program.

Kathy Warner, Jackson County Mental Health (JCMH), passed out a hand-out describing the three (3) Dual Diagnosis Groups at JCMH. She shared that the primary process for the Dual Diagnosis Information Group is to provide information and referral. When people come in thru the intake process, the problem is identified and referred to the related group and/or can be referred to the community. This group tries to hit the major points. One thing that does come up is that people who are on medications for a mood or thought disorder, may find it difficult to advise, in community situations, the need for medications. This group tries to provide the distinction of drug abuse and the need for drugs in a detailed manner, medically speaking. Different types of disorders are addressed; moods, anxiety, etc. and what the symptoms look like, as well as different categories of abuse; opioids, stimulants, and other drugs. She explained that also discussed are the effects of withdraw and how both sides of drug abuse effect mental health and destabilize people. Information about referrals, where to get more support, and what mental health has to offer is a large part of this group's focus.

Kathy shared that there are two others groups, both open ended with no start and no end date. The Dual Diagnosis group utilizes a stage like model. The focus may be on education, treatment and intervention, relapse prevention, etc., depending on the needs of the particular group. It looks at different stages, the effects of mental illness, the effects of drugs, and looks at Acceptance Commitment Therapy, something that blends well with recovery and the recovery community. Relapse prevention and identifying triggers are also identified and relapse prevention plans are developed for alcohol and drug prevention. Clients can start and stop at any time as it is a very accommodating structure.

Kathy explained that the other group, starting in June, is an Anxiety/PTSD/Dependency Group for clients with addictive disorders. It will address trauma while managing and educating the addictive component and how it affects the client's ability to look at that trauma, maintain stability, and enter into recovery. ACT (Acceptance Commitment Therapy) is also integrated into this program.

Michelle advised that a number of studies have shown a link between the progression of psychosis and marijuana use and is dependent on how much and how often they are using. Jim Shames and Michele attended a presentation by OHSU nursing students that had reviewed files at Rogue Valley Medical Center to see how many of the in-patient participants had current marijuana use. They had discovered that almost 40% had reported marijuana use, in the past 30 days. Staff felt that it is grossly under reported as they don't systematically assess substance abuse at intake. They are working on promoting new policies that would increase assessment and urinalysis testing, at intake, in emergency room settings and possibly in mental health settings more regularly.

Needs for This Population

Maureen asked the committee members to talk about the needs of the co-occurring disorders population and gaps that might be addressed in the biennial planning process.

Rob mentioned that there are no groups for people in recovery, with co-occurring disorders, that are friendly within the general community groups, for example a twelve (12) step co-occurring disorders program. Maureen advised that there will be a Dual Diagnosis Group started at the county. Kathy elaborated that there is an on-going group, Dual Recovery Anonymous, that meet at the Hawthorne Center. Maureen advised that the developer of Dual Diagnosis Anonymous will be in southern Oregon in July. They will be looking at how they can increase the 12-step Dual Diagnosis groups.

Jody would like to see a survey done where 4-10 questions are agreed upon, in relation to what would best help sustain recovery in both arenas, and disseminate to clients. Mike agreed that this would meet the goal of determining the needs and what is important to the population. Mike inquired as to whether there is a sense of how many mental health clients suffer from co-occurring disorders. Maureen advised that they do look at that at screening but patients may not reveal these issues at that time. As the screening process improves she anticipates the numbers will increase. Maureen advised that a consistent issue at this meeting is that high-end users tend to have both disorders. While they can be stabilized on mental health medications, they may start using again. It is hard to get targeted interventions that work well. It has to involve housing and more of a package to be successful.

Rita advised that Access 2 patients are hard to diagnose. Her hope is to begin to separate populations and learn more about them. Maureen confirmed that it is differentiating the response for the diagnosis so the approach can be specifically tailored. Mike felt that group may need longer support and may work well with the peer support. Estelle asked if the group that is in and out of jail are being identified so that they can be treated. Dan Penland advised that much of that population aren't there long enough to address these issues. He advised a lot of folks get treated in jail as they know it will help them to get out of jail. They then go out into the general population and cease taking the prescribed medications.

V. Biennial Planning

Maureen stated that some of the outcome from the meeting can be part of the biennial process and recruited feedback.

Caren suggested starting with what the best practices are and looking at research findings to help in determining how to work together based on the needs identified.

Keziah requested that a list of items discussed at the meeting be sent around to help stimulate a pre-discussion. Mike concurred that it is worth reviewing, as there had been more discussion around the value of peer support, continuing people beyond treatment and how to reinforce the skills and resources developed in treatment. He felt that after a review of the list it may stimulate more items. Keziah advised that Phoenix Counseling has been looking at an approach where they take the homeless population/high end users and build in some peer support or trained listeners to help deal with crisis at the moment, not utilizing a mental health specialist.

Maureen asked if there should be a joint planning process and how members would like to see it structured. Jody indicated that she would like to see an email, prior to the meeting, of five subjects and only focus on two at the meeting, perhaps champion one topic at a time. Michael inquired if smaller group meetings/sub-groups could get together and then report back to the larger group. Estelle concurred that small groups could work well and then perhaps overlaps could be identified and then streamlined into one process. From this meeting, Jennifer shared that she has discovered that each professional has a different approach to these issues. Her concern is

how the order of priorities would be identified. Mike indicated that a needs assessment and polling clients on what is most important would help direct that. Jody stated that process is how the co-occurring disorders initiative started in Montana and was very successful. It is called TIP 42. They started with six questions and emailed it out to the agencies who then disseminated it to their clients. There was a 30% return rate. Jody will share the information on that. Maureen asked if members were interested in doing a community needs assessment. Mike felt if it was simple and brief he thought it would be a good idea. Maureen stated that as it fits well with the committee's mission it is worth exploring. Commissioner Skundrick recommended targeting a smaller portion of the population to assess how that works. A smaller venue can get out to the population faster to get the ball rolling and perhaps have some success to build on.

Michele wondered if there was another joint project of a smaller scale. It is frustrating to identify a lot of needs and have no resources to provide a remedy. She advised that a possibility could be to take one or two issues, i.e.; peer support, and have this group focus on that for the next year, working with the current Biennial Plan. A possible collaboration for these committees could be to find ways to do more with less.

Maureen asked for general support of a joint project. Caren voiced her support. Don sees many crossovers with both committees and encouraged groups to work together. Maureen stated that there is an opportunity around the concept of recovery to look at it in Jackson County and have a joint effort from providers and both committees to show what is being done around recovery, raising the issue and publicity this year.

Mike asked Maureen to put together an email and include two central themes. Predominate topics were community needs assessment and peer support. Dot indicated that she would like to review the entire list prior to deciding. Maureen stated that staff will review the minutes and identify emerging themes and priorities and provide that information for the meetings next month and suggested having joint meetings quarterly through the next year.

Next Meeting

The next LADPC meeting will take place on Wednesday, June 22, 2011, 4:00 p.m., at the Medford Library, in the Carpenter Room

The next MHAC meeting will take place on Monday, June 20, 2011, 4:00 p.m., at the Hazel Center in Medford.

Adjourn

The meeting was adjourned at 5:55 p.m.