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Behavioral Health Advisory Board

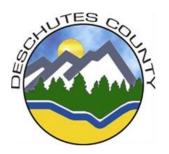
Date: Friday, April 15th, 2022 Time: 12:00pm – 1:15pm

Location:

Virtual – Zoom Meeting

https://zoom.us/j/97520288410

Agenda Items				
12:00PM - 12:05PM	Welcome and introductions Roger Olsen welcomed those in attendance.	Roger Olson		
	 Approval of the March 18th, 2022 BHAB Meeting Minutes Group motioned to approve March 18th BHAB Meeting Minutes as written. 	Oison		
12:05PM – 12:10PM	 BHAB Support Update & Welcome Dana Murray Hailey announced her new limited-duration WOC position as the Executive Assistant for the Director's office and that she will no longer support the board for the time being. Hailey introduced Dana Murray, who will be backfilling her position as the Administrative Assistant to Janice Garceau and the Behavioral Health Management Team. Hailey will cancel all current meeting invites, and Dana will send out new invites. Hailey Updates on Behalf of Janice who was not in attendance. Staffing Updates: 	Hailey Barth		



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	Janice is working on hiring Barret's Flesh's replacement. Staffing levels remain in transition, but better than they have been recently. We are hoping to obtain more leadership in Behavioral Health.	
	Please send any additional questions to Dana Murray	
	Holly Harris Crises Staffing Update:	
	Her staffing is not quite where it needs to be, but much better than it was. Night shifts are fully staffed for the first time since opening, so she is feeling optimistic.	
	MCAT is her biggest challenge.	
	She recently had some travel QMHP's who were very helpful but only stayed for 1 month. She was unable to recruit them long-term as they were too expensive. She is working with the same staffing company to try and obtain more temps.	
	IDD Presentation	
	Paul and Amanda gave a presentation on IDD	
12:10PM – 12:55PM	Paul also introduced Amanda Blatnik and her recent promotion to a Supervisor position.	Paul Partridge
	Paul began the presentation with a historical perspective of IDD as it's important to understand how we got to where we are now. We started as institutionalized care and moved to community based care. In Oregon we no longer have Institutionalized care for individuals with IDD.	and Amanda Blatnik
	IDD Services tries to stay with an individual for Case Management for their full lifespan. They do try to encourage independence as much as possible, but they will stay with them as long as needed.	



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Amanda Covered IDD Eligibility

There is an application and eligibility standards to receive services. There are two categories: Intellectual (IQ score of 75 or less) and Developmental Disability (DX that poses significant impairment in the functioning from a provider)

Amanda reviewed the 4 Stage Cycle: Assess, Plan, Do, Check.

IDD does not provide direct care, but makes referrals to services that will help the individual. Though due to staffing crises the wait lists might be long. Additionally there is a lack of housing so they may not have housing for in-home supports.

Paul emphasized that there are many supports that IDD can authorize, but there are limitations that interfere with an individual achieving goals. He also wanted to stress that IDD is only one part of collaborative partnerships that must work together to help an individual.

A few examples of IDD's work in developing collaborative partnerships includes:

- Monthly meetings with Child Welfare
- Monthly meetings with all representation of Behavioral Health.
- Great relationship with OVRS to help individuals with employment
- o Strong connections with Law Enforcement and sit on CIT.

Primary Focus:

- Diversity, Equity, and Inclusion- assessing this in the program and create a plan.
- Continuing outreach and community partnerships. Reach those who may not know about IDD Services.
- Customer Voice- make sure that clients have a voice and input on how the program can improve. They have added exit



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surveys to hear from clients as they leave. This has only been in effect for 1 year.

IDD Q&A

Q: What is the coordination with schools for kids who will be aging out of services?

A: At age 15 discussions begin to take place regarding transitioning to adult programs. Try to make referrals early on rather than last minutes. They work on employment and living possibilities.

Q: Patty Adair shared that an experience with a community member who stated "there just aren't enough places to go." Who is doing something about these places?

A: There isn't a clear answer to this but we need to make the needs known and work together. We need more affordable housing and providers.

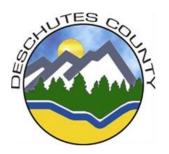
- Pattie would like to see a report of where kids with IDD over the age of 18 go.
- o Paul will send these numbers over to Patty and Lorelei.

Q: How are referrals missed?

A: Staff turnover and getting signed consent can be challenges. We need to be sure to do constant outreach. This has been a challenge in every community.

Q: How important is the adult role in stabilizing the lives of these individuals and what tools are available?

A: Paul first acknowledged that all parents are superheroes, but especially those with IDD. He discussed the grief cycle and how it applies each time the child doesn't meet a milestone. As for supports, there is the CODSN (Central Oregon Disability Support Network) family to family network group. Beyond that, there isn't



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	and ather formed places. Bad sales to be dead this is a second of	
	any other formal classes. Paul acknowledged this is a need in the community.	
	 Paul will send the CODSN family to family group information to Roger. Roger suggested NAMI should have a discussion with them as maybe they can collaborate on something for parents. IDD has a quarterly meeting that all are welcome to and they 	
	would love for any who are interested to attend.	
	Be sure to make referrals to IDD.	
12:55PM – 1:10PM	 Review of BH Strategic Plan: Roger inquired about the IDD specific objectives that are separate from BH. Paul stated this is because IDD operates differently than BH and doesn't have the same clinical requirements. IDD doesn't have the same funding or contracts. Roger opened the floor for suggestions on goal setting and how to accomplish said goals: Jessica sent an email to the Sacramento advisory board to discuss how their board functions. She mentioned a symposium for sober living. Suggested a training on advisory board functions and how to support Behavioral 	All
	Health outcomes. She may know some people who could help with his. Jessica and Roger to further chat offline about this possibility. Another suggestion was a small speaking bureau to go around and discuss the various resources available. Would need to be vetted and organized.	



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	 County College was brought up as an outlet for the speaking bureau. Jessica suggested touring other facilities and meeting other providers to gain better insight of what they do and what they have to offer. If touring is of interest to people, you may reach out to Jessica at vierralcsw@gmail.com. She has offered to help organize and Dana can help support her efforts. Holly Harris welcomed everyone to tout the Stabilization Center at any time. Send her an e-mail and she will arrange it for you. Christina also mentioned that if getting to know providers is of interested to this group, perhaps we can invite them to speak at one of our meetings. Lorelei checked to make sure someone responded to the girl who spoke at the last meeting. Patty Adair and Janice Garceau both did. 	
1:10PM – 1:15PM	 Agenda Setting May- Older Adult Services? June-Peer Support? Strategic Goals Updates Adjourned at 1:09pm 	All