

2577 NE Courtney Drive, Bend, Oregon 97701 Public Health (541) 322-7400, FAX (541) 322-7465 Behavioral Health (541) 322-7500, FAX (541) 322-7565 www.deschutes.org

#### **Behavioral Health Advisory Board**

#### **Approved Minutes**

Date: Friday, September 17, 2021

Time: 12:00pm – 1:15pm

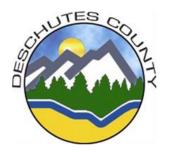
Location:

Virtual – Zoom Meeting

https://zoom.us/j/97520288410

Present: David Bliss, Hailey Barth, Samuel Harder, Christen Danford, Michael Shults, Danielle MacBain, Jessica Vierra, Molly Wells Darling, Barrett Flesh, Holly Harris, Peter Boehm, Commissioner Chang, Roger Olson, Cameron Fischer, Janice Garceau, Lorelei Kryzanek, Shannon Brister Raugust, Paul Partridge, Robby Cervelli, Stephanie Sahleen, Christina Lee & Stephanie Utzman.

Agenda Items			
12:00PM - 12:15PM	Welcome and introductions  Roger Olson welcomed those in attendance and introductions were made.  Jessica Vierra motioned to approved the July 2021 BHAB meeting	Roger Olson	
	minutes. Stephanie Utzman seconded. The minutes were approved by consensus.  Commissioner Chang introduced himself and shared he was filling in for Commissioner Adair at today's meeting. He encouraged Board members to shared any ideas how the BOCC can utilize the BHAB.	Nogel Olson	
12:15PM – 1:00PM	<ul> <li>Deschutes County Substance Use Disorder Services (SUDS)</li> <li>David Bliss, Samuel Harder, and Christen Danford, all DCHS staff, are in attendance for an open discussion on SUDS services.</li> <li>Barrett Flesh shared that DCHS has discontinued DUII services due to the high reporting requirements and explained the service pulls away from the primary focus of the agency. Barrett shared that a lot of other</li> </ul>	Barrett Flesh, Program Manager David Bliss, Peer Support Specialist Christen	
	providers in the community can handle DUII services.	Danford, CADC	



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Barrett opened the discussion up for BHAB members to ask Christen, David, and Samuel questions.

Sam Harder, CADC III

Barrett asked Christen to explain the client referral process. Christen shared the following:

- If clients have a co-occurring disorder, their level and severity of addiction is assessed
- The type of substance, frequency of use, and method of administration helps determine severity and if people will be successful in outpatient services
- If there is a case, staff make the referral to inpatient providers and a comprehensive SUD assessment is conducted.
  - Identifies risk of severe withdrawal, intoxication, current living situation, safety situation, etc.
- Referrals require reaching out to people not always in
   Deschutes county. This helps to build a new foundation outside
   of the general area and allows client to get out of triggering
   environments.
- Staff then follow up with providers to determine if the referral was received
  - Staff maintain weekly contact to check waitlist, and continue to engage the client in outpatient services until they get placement in residential setting.

Peter Boehm asked if teens do better in inpatient vs outpatient in the long run. Samuel explained the initial assessment is what sets someone up for success., including ongoing assessments and provided resources from DCHS. He added that its difficult when clients are released from inpatient then return right back to an abusive environment, and added clients needs a healthy place to live with positive support to stay sober. Janice Garceau added that treatment of young people is very different from treating adults because children are living in homes and in unhealthy environments they can't escape.

Michael Shults pointed out that trauma is related to juvenile clients. Samuel agreed, and noted trauma is what brings kids into addiction vs living normal lives.

Jessica asked what the capacity is for residential treatment. Barrett answered that Rimrock is currently closed, so children are being



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referred to the valley. He noted that this is not specific to COVID as Central Oregon has historically lacked capacity for children with SPMI.

Christina Lee shared she works for PacificSource and pointed out they have 66k OHP members, with 41% being youth under 18 years of age. She said PacificSource is aware that Rimrock's adolescent residential SUD services are closed due to staffing issues and COVID, but they are hoping to be up and running again in 6 months.

Cameron Fischer asked what the average length of stay is at local inpatient facilities. Christen said Best Care is about 30-45 days, and other programs aim for 60 to 90 days. She said the latter provides the best client care as it removes clients from their harmful environments for a sufficient period.

A BHAB Member asked if DCHS has sufficient capacity to address addictions other than drug and alcohol. Barrett answered no, there is not enough capacity or training to address porn, gaming, gambling, and others, but there are private providers in the community to address this.

A BHAB Member asked if there are any publicly funded halfway houses here in Central Oregon? Christen said Oxfords is located all over Oregon, and Dawn's House, Teen Challenge, and Turning Point.

David Bliss, Peer Support Specialist, introduced himself and his work at DCHS. He highlighted that he works with co-occurring individuals with SUD and MH challenges and distributes Narcan throughout the community. Janice added that David has been embedded in the syringe exchange program, and his interventions have been life-saving for some of the most at-risk clients.

Shannon Brister-Raugust noted that a homeless individual came to the Wall Street Services Building looking for Narcan, and pointed out the work David is doing in the community is making a direct impact. Jessica Vierra commented that the fact an individual learned that they can go to the health department for assistance and without question is very forward thinking.

Cameron asked if there is room for more peer support specialists at DCHS. Barrett responded yes more are absolutely needed because many clients aren't ready for therapy because their basic needs are not



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	met and they are unable to process trauma. Peers help stabilize these clients.  Janice commented DCHS has tripled the number of peers working at DCHS in the past 4 years, and they still want to double the current number. She added the barrier is through labor negotiations as peers are currently not paid in a way that reflects the value of the work they bring to the agency.  Commissioner Chang commented that the Sherriff's Office speaks regularly about the potential value of adding a sobering center in Central Oregon. He asked where this would fit in the continuum of care. Barrett responded there is value in a sobering center without formal detox, and something like this would be helpful in this line of work. Christen added that alcohol detox is extremely dangerous so caution would need to be taken in terms of substances those would be sobering from.	
1:00PM – 1:15PM	• Measure 110 Update  Roger asked Michael Shults to give an overview of Measure 110 and if this has caused any issues in Deschutes County.  Michael said the bottom line is there is a lot of confusion surrounding Measure 110, and people think drugs were legalized, which they were not. He added that the goal of law enforcement is to remove drugs from society, but previous efforts were unsuccessful (e.g. The War on Drugs). Michael said Measure 110 still holds people accountable for small amounts of illegal substances then finds a way to direct them to a resource center for assistance.  Michael note COVID-19 has caused big issues with current Measure 110 data, but said the ultimate goal is to divert drug users from jail and into treatment.  Janice added that sobering is a quick safety step, but not treatment. She said its mostly a way to ensure people who need sobering don't clog the emergency departments and the jail cell while connecting them to resources.	Roger/Captain Michael Shults

Upcoming agendas:



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- BH Satisfaction Survey
- CCBHC Report
- Update on downtown DCHS services