

# Minutes



Mental Health Advisory Committee  
 July 21st, 2022  
 10:00 – 11:00 AM  
 Virtual: Teams (Video or Call in)  
 Recorder: Sara Taylor

In-Person: 2045 Silverton Rd NE, Suite A, Salem, OR 97383 in the Inspirations Conference Room

- Attendees:**  Dr. Satyanarayana Chandragiri    Dr. Leon Harrington    Nichole Miller    Michael Mann    Valerie Geer  
 Kristin Kuenz-Barber, Co, Co-Chair    Earlene Camarillo, Co, Co-Chair    Nilly Essaides
- Staff:**    Phil Blea    Ann-Marie Bandfield    Ryan Matthews    Sara Taylor (R)
- Guests:**    Laura Sprouse    Scott Vu    Jeff Good

Agenda Item	Notes
<b>Call Meeting to Order</b>	Meeting called to order at 10:03 Michael Mann’s radio show: Sunday mornings 9:30AM, KMWV 98.3FM Capital Community Media
<b>Approve Minutes</b>	Minutes from 5.19.22 approved as written (we canceled the June meeting)
Incident Report trends: How can we measure success and receive feedback from the people we serve?	<p>Jeff has been working with CIRG for the last 6 months</p> <p>CIRG (Critical Incident Review Group): Their main tasks are to reviews all “critical incidents” in Behavioral Health, note trends in incident types and content, and make recommendations on how to mend incident reports.</p> <p>When filling out an incident report, you are asked to categorize what type of incident from the types listed on Pacific Source’s “Behavioral Health Critical Incident Report”: Member suicide, attempted member suicide, member death, medication error resulting in medical intervention, poisoning/overdoses unintentional or intention unknown, alleged physical or sexual assault on member by provider, alleged homicide, or attempted homicide of or by a member, and other.</p> <p>After reviewing 26 incidents, they found that suicide is clearly the top type of incident report.</p> <p>Questions that CIRG has: How do we categorize a suicide attempt? What is the cut off for something being a true suicide attempt? If someone takes 3 Tylenol PM, but claims they have done so in attempt to kill themselves, is that considered an attempt just because they categorize it as such? If most of the incidents we review are deaths, but that is already handled by another group, what are we really reviewing?</p> <p>Roundtable:</p>

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	<p>Kristin: As a committee, how can we support/give guidance to the BH specialists in the county and further the prevention of suicide?</p> <p>Compared to last year, is this an increase in death or a reduction? We need data from previous years.</p> <p>Valerie: Is there a category for “alleged physical or sexual assault on <b>provider</b> by <b>member</b>?” That is the number 1 incident involving someone like my brother.</p> <p>Laura: There is category is listed on the internal incident report form as a legal or law enforcement involvement situation. Pacific Source has their priority in reporting vs. WE are trying to capture all the events that are happening to individuals in service.</p>
<p>Zero Suicide Efforts September is Suicide Prevention Month. How can we best serve our community?</p>	<p>Laura has been working in the role of Zero Suicide Program Coordinator for 1.5 years alongside Scott Vu who is the Suicide Prevention Coordinator.</p> <p>Laura is part of a Suicide Attempt Review Committee. This committee exists to provide support in instances where there is significant higher risks. The criteria for review for an incident is having either 2+ attempts in 6 months, 4+ attempts in 60 days, OR if extensive medical intervention is required following an attempt. We invite the individual’s provider, the provider’s supervisor, or anyone else who has a key role in that person’s care. We review the incident as a multidisciplinary team to develop care pathway recommendations, make suggestions, and we also try to look at areas of improvement for our system.</p> <p>September is Suicide Prevention Month: As always, we intend to go to BOC to give a proclamation declaring September as Suicide Prevention Month. We’re focusing on the theme “In This Together.” We plan to attend the Hands Across the Bridge on Friday September 9<sup>th</sup> at Riverfront Park, and we’re preparing to participate in the American Foundation for Suicide Prevention Walk out of Darkness on Saturday October 8<sup>th</sup> at Riverfront Park.</p> <p>Planned activities with Zero Suicide Champions Committee: Focus info around 988 which just launched this past Saturday: FAQ’s, Learning Sessions, we would love to have someone from NWHS to do a Q and A or an “Ask the Experts,” and work with our internal Wellness Committee to focus on employee wellness.</p> <p>Scott: We started passing out coffee sleeves with the slogan “It’s OK not to be OK.” 10 coffee shops and 7 coffee carts have participated. September we will be incorporating 988 on the coffee sleeves. It will include a QR code that people can scan and get more information and other resources.</p> <p>Pop-up events: Our tent and table will be at coffee shops to promote September Suicide Prevention to hopefully bring more attention to the month.</p> <p>Questions/Comments:</p>

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	<p>Are there any recognizable indicators or attributes of people who have attempted/committed suicide? In Oregon, the median age of suicide is 48 and older white men are at the highest risk for suicide. Firearm owners are 3X higher risk of dying by suicide. LGBTQ are at a high risk due to stigma and the isolation they experience in our society. Stigma and access to services are HUGE barriers.</p> <p>Suicide rates have gone down in the past 2 years; however, the rate is not proportional across all age/people groups. For example, the rates among young black men went up 4X, and the rates among Alaskan Native and American Indian went up.</p> <p>We have general ideas of who is at risk. The Adult Suicide Intervention and Prevention Plan (ASIPP) through OHA, they have target areas that include older adults/older men/construction workers/college students/LGBTQ. They utilize people with lived experiences help to inform that group.</p> <p>Scott and Laura have been thinking about reaching out to the Faith Communities to offer training and resources in how to prevent suicide and support people who are thinking about suicide.</p> <p>Kristin: When people call 988, the priority is not getting demographic information, it is to deescalate. So, this makes it harder to track the trends.</p> <p>Scott has been working with Salem/Keizer district. They plan to help write a proclamation for their school board, offer staff trainings, and showing a documentary called "Scattering CJ's Ashes."</p> <p><b>TAKEWAY:</b></p> <p>Question Persuade Refer (QPR) Training AKA Suicide Prevention 101 Training</p> <p>What can we do to advise/support Laura and Scott in this subject?</p> <ol style="list-style-type: none"> <li>1. We would love for each organization to have a designated QPR trainer/instructor. Lead us to folks who would be interested in becoming a QPR trainer/instructor. Trainers are set up with technical assistance and ongoing support to make sure it will be sustained.</li> <li>2. Do you have any connections with community partners that we may not have yet? Any gaps we haven't seen?</li> <li>3. Drop the coffee sleeves off at the Crisis Center! They give out SO much coffee!</li> </ol>
<p>What is the county focused on/ how do they plan to use the funds? (BHRN grant, BH Housing</p>	<p>Ryan: Wellness Van Wildfire population now as access to mental health treatment. The van is intended to go out into the community and create assess to treatment through telehealth appointments. People and providers have showed up! We will continue sending the Wellness Van every Wednesday with the potential to expand if we have the staff.</p>

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investment, Navigation Center, Mobile Response Team, Services in the Canyon, Wellness Van)	We're committed to get out into our community and bring the services to them!  ADD THE OTHER TOPICS TO NEXT MONTH'S AGENDA
988 Launch/Plans/Questions? Spread the word!	Kristin: Calls tripled on Day 1 of the launch! 3 out of every 10 calls were of very high-level concern. We have a lot of expanding to do, capacity-wise, to meet the needs in the county. We want the calls to be as local as possible and not routed to Portland.
Next meeting	Topics to think about/agenda suggestions: -Can Jeff come back and share data from previous years? -Who can we reach out to to help inform about 988 and suicide prevention? -Should this committee participate in QPR training? -After January, we should meet at the new Crisis Center for a meeting -Ann-Marie: Think about how we are struggling to hire staff across ALL programs and organizations. If you know of anyone looking to get into the field, call me! -Ann-Marie would love to talk MORE about how we are expanding Crisis services (i.e., moving into a newbuilding with 3X the space, a specific entrance for youth and families, so they don't have to share a lobby with adults who are psychotic and/or in crisis, expanding the community response). We want to break down the walls between mental health concerns and alcohol and drug concerns.
Positive end!	Ann-Marie: Steve and his staff at NWHS have put in SO much work into getting 988 up and running. Our crisis staff has been able to step up using their expertise and collaboration; it will only get better from here!
<p><b>Meeting Adjourned at 11:08 am</b> Kristin will pass on the 988 FAQ and Laura will pass on trainer information. Sara will send to the group with the minutes.</p>	

**Next Meeting: September 15<sup>th</sup>, 2022**

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