

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
September 16, 2014
5:30 P.M. to 7:30 P.M.

Present: Patrick Vance, Mike Mann, Hanten Day, Renee Stewart, Sandra Echavarria, Melinda Veliz, Sierra Nelson

Absent: Josh Sandeman, Tim Murphy, Judy Scott

Staff: Rod Calkins, Scott Richards, Pam Hutchinson, Cary Moller, Polly Kuznetsov (Recorder)

Guests: Deborah Carlson, Ann-Marie Bandfield, Dawn-Alisa Sadler

Call to Order/Introductions/Approval of Minutes – Patrick Vance, Chair

Patrick called the meeting to order, introductions followed.

Announcements/Updates:

Introducing HAB Applicant – Rod Calkins

Rod introduced Deborah Carlson, a HAB applicant who has expressed an interest in joining the Board. She is a psychiatrist who worked with the BCN and who had worked for the Health Department in the past. Deborah said that she is a child psychiatrist. Supports and integrated care teams in the community are what she focuses on and researches in her own time. She is excited about the Coordinated Care Organizations (CCO) forming. Her husband is a pediatrician at Childhood Health. She has been attending meetings on Care Coordination in different settings including mental health collaborative teams. Introductions followed of all Health Advisory Members. Introductions also included Health Department staff and guests: Ann-Marie Bandfield, a program supervisor for the Acute and Forensic Behavioral Health Programs, and Dawn-Alisa Sadler, Program Supervisor for Developmental Disabilities Programs.

Teen Pregnancy Update – Pam Hutchinson

At our last HAB meeting in June, Rachel Posnick, our Epidemiologist presented a teen pregnancy rate graph and there were some questions about what the downward trend was related to. After we did some research and received key information from the state, we updated that information onto the graph. Pam went on to describe the events as they occurred: Increased advertisement of pharmaceutical birth control, Plan B is widely available, Plan B is available to those 18 and above without a prescription, comprehensive sex education begins, increase in Long Acting Reversible Contraception (LARC) prescription, and when Cuidate started. Sandra asked if Woodburn has a high teen pregnancy rate. Pam said that with Woodburn's high Latino population the rate as shown in graph is higher than Oregon's rate, but continues to decrease. Patrick asked what teen pregnancy specialists continue to do to keep the rates from increasing. Pam said that all the things continue to be in place and maybe have started to have an accumulative effect. We continue to keep working on it and one of the big things is comprehensive sexual health education. Mike asked if the rates of sexually transmitted diseases (STD) and teen pregnancy rates are higher than in other age groups. Pam said that she does not have statistics with her although she does know that the STD rate is much higher in Marion County. Pam said that she will bring back information

on STD and rates by age group. Patrick asked Polly to ensure that new members of HAB are added to Quarterly Report which Dr. Landers sends out.

Approval of Minutes: Patrick, Chair, entertained a motion to approve last month's minutes, members voted, motion carried, and minutes were approved.

Measurements and Outcomes Tracking Systems (MOTS) Incentive – Cary Moller

MOTS is the new data system which is replacing a very old state reporting system called CPMS. It was quite a large project to transfer all of our existing client enrollment information into MOTS. We had a very cooperative working project with our outpatient mental health providers. We have achieved our incentive by completing and turning in requirements. This is a significant change as not only will we need to enter existing client enrollment information but there is a ninety day reporting requirement through MOTS. It is a reporting mechanism to the state about what kind of services the client is in, in a single entity.

HAB member subcommittee change: Rod announced that Sierra has requested to be changed from the Behavioral Health subcommittee to the Public Health subcommittee. Patrick announced that if anyone objected, hearing none, the motion carries.

Patrick said that there had been a request to move some things around on the agenda and will first start with Aid and Assist part.

Aid and Assist (.370):

Rod said that Aid and Assist is a statutory provision that occurs when someone who is charged with a crime, and has a mental condition that would prohibit them from to aid and assist in their defense. The court could order them not to proceed to trial but to be restored to fitness to be able to aid and assist at the state hospital or in the community. This statute ends in .370 and is often referred to as 370. We have been working with the state hospital concerning this. We wanted to give you an update and talk about the Juvenile side for a bit.

Ann-Marie said the in the past couple years there has been an increase in numbers and the State decided to invest money in the troubled counties to help find ways to decrease the numbers and reduce recidivism. In the past couple year this worked, but then we saw the numbers skyrocket. About nine months ago, we looked at how we can partner with the State and Criminal Justice system to reduce their numbers. This was accomplished through education and awareness to attorneys and judges about services we have in the community like Community Restoration. For a person to be eligible for Community Restoration they must be nonviolent and be willing to go through the program. Through the last four to five years we have been doing community restoration, and increasing our number each year for those going through the program. Last year eight people went through community restoration, and this year twelve have already gone through the program.

In late spring, Rod and Ann-Marie met with a group of people at OSH including Judge Abar, the Sheriff, and District Attorney to start looking at how we can impact the 370 process. We raised awareness about the systems already in place, and discussed the resources we have and partnerships already in place. We have a strong collaboration between our mental health department and the criminal justice system. We had several things already in motion; last fall we received grants which enabled us to begin programs such as Mobile Crisis and install case manager coverage at the jail. What we have been seeing starting April 1st, which was the start of the Mobile Crisis unit, numbers have gone down dramatically. Ann-Marie said she thinks the reason it has decreased has been a number of things including the education that we have been providing to the legal system. Our goal is to keep them in the community where access to resources is readily available rather than in the State Hospital where they will not receive the same

benefits as civil commitments. We offer crisis services, peer groups and have several resources available in the community. We connect them to community groups such Marion County Alcohol and Drug services if they qualify or to Alcoholics Anonymous or Narcotics Anonymous. We do have a mental court, but they would have to be able to aid and assist in their defense. There has been some discussion about looking at mental health court differently, but we will have to see what happens in the future. Rod said that there is one thing that became clear and may have been one of the contributors to the increases in aid and assist defense. After discussions it was realized that when defense attorneys are concerned that they could not communicate with their defendant, they feel ethically obligated not to proceed to trial, and out of concern for their client they thought that the best way to help them to get treatment would be to claim unable.

Ann-Marie said that when we sat down last fall to see who was coming back from the hospital and what their outcomes were, we found that thirty percent of the Aid and Assist clients were coming back as either Alcohol and Drug or malingering. A large number of the people being sent to the hospital for 370 were either detoxing from methamphetamine or some drug psychosis. Malingering means to feign mental illness because it is better to serve time at the hospital than in the prisons. Ann-Marie said that at the start of the meetings they looked at different ways to decrease numbers including longer time for detox or to educate the public defenders so that they can recognize the signs of malingering as well. Melinda asked what the breakdown of the client's demographic data was for clients accessing these services. Ann-Marie said that she has not recognized a predominant demographic, but there is a socioeconomic factor. Scott said that we have the data of who we served and we could pull some information. We have the commitment from the Marion County circuit court judges to ask the defendant whether they have looked into community restoration. Rod said that the people we are looking for community restoration are those charged with a misdemeanor, which had originally been fifty percent of the 370 population. Ann-Marie said that at the last OSH workgroup meeting there had been an interest with the defense attorney and the district attorney to look at potentially nonviolent felonies. We would rather slow down and it is a radical change from where we were going. Ann-Marie said that one of the things we will be looking at is sustainability. There were some education pieces that we will follow-up on.

Cary said that the process for juveniles is similar and relatively new. They get their evaluation at the children's farm home in Corvallis in the SAIP unit (secure adolescent inpatient program). The questions are the same, do they understand the charges brought before them. If the answer is no then there's a decision about where they are going to receive their restorative services. The statutes for juveniles are clear that you must serve them where they are at whether they are in a community or home. You can't move them simply to get restorative care. The number of inpatient beds for children in the state is very limited. There is a statewide conversation on where to get more inpatient supports for kids. Trillium is in the process of expanding a unit but losing one in the process. Cary said many of the requests we receive are from the Juvenile Department.

We have diverse provider services for the kids unit. Hanten asked how we do depression screening reporting. Cary said that depression screening is a CCO metric, so primary care physicians are all screening and doing reporting as well as our screens here. When we get a call from the Juvenile Department they are doing early intervention screening by asking if they have a high level of depression or anxiety. Patrick said that with the growing cultural diversity population, and with that different beliefs and customs toward mental illness, is there anything going on in Marion County or the state to educate clinicians. Melinda mentioned that there are those who do not recognize the signs and symptoms of depression. People in lower socioeconomically positions are constantly in crisis and economic issues mode. Patrick mentioned that there are terms or diagnosis in medical that are recognized in the Hispanic speaking culture but that is not recognized in the United States. Patrick was wondering how our western medical system is gearing up to work with people who present with different things or do not understand signs or symptoms of mental illness. Sandra said that at their facility they are introducing new concepts such as support groups and offering a choice of providers. Patrick suggested finding somebody to speak

about “Culturally Appropriate Care as it Pertains to Mental Health” at a future Health Advisory Board meeting.

Review of Intellectual and Developmental Disabilities Advisory Committee (IDDAC) Bylaws:

At our last All Staff meeting at the Health Department, Dawn-Alisa got to announce that after a long search we have hired a Bilingual, Bicultural DD Case Manager. The Intellectual and Developmental Disabilities Advisory Committee (IDDAC) bylaws were presented to the Health Advisory Board by Cary Moller. The Health Department would like HAB’s input on these bylaws as we review the sections and hopefully obtain your recommendation to bring it to the BOC. The mission of the IDDAC is to serve the interests of Marion County as a volunteer committee in an advisory capacity to the Health Advisory Board of Marion County, the Marion County Developmental Disabilities program and the Health Department Administrator. The IDDAC is created to involve individuals, families and community partners in program development and in oversight of those local resources and services that address the needs of IDD individuals. This committee is established in accordance with OAR 411-320-0030 (10) and ORS 430.631. Review of the IDDAC bylaws included Goals, Membership, Termination, Meetings, Officers, Standing Committees, Special Committees, Conflicts of Interest, Amendment of Bylaws, and Community Relations/Public Input.

Input from the Health Advisory Board included:

- In the mission statement the wording of the advisement process needs to be more concise. That the committee does not advise directly to the BOC, but actually goes through the HAB first.
- In the representation section define exactly what type of service providers; residential or employment providers that service people in either foster care or provide services for people in the family home. Need some sort of list to indicate that it is not just about clinicians. Also would suggest adding a side note that this is not an all inclusive list.

Scott asked if there was anything written in the bylaws which referred to a liaison person acting from IDDAC who is also on the Health Advisory Board. Rod said that since it is not currently in LADPC bylaws there is no need to add to IDDAC bylaws; it is something that this IDDAC and HAB can decide upon. Cary said that they have been working on looking for members. They have spoken with Cathy Crocker, Volunteer Coordinator, to be putting out a public notice seeking members. Cary said that they have been scouting for members, specifically for those interested in chairing a meeting. Rod said that we will bring back an initial list of members of IDDAC to the next HAB meeting including those who are interested in being Chair of the Committee. Rod said that we are hoping to bring the bylaws to the BOC as soon as we can. Patrick suggested that the wording for standing committees be changed so that IDDAC creates and authorizes the chair to appoint members to standing committees. Cary said that we will bring an update to our next meeting concerning the IDDAC.

Tobacco Free Ordinance:

Pam handed out a copy of the tobacco free policy examples and listed table showing all the local organizations and other counties that have become tobacco or smoke free. The Health Department at the Center Street Campus has gone smoke free except for designated areas. All of our Alcohol and Drug services sites are required to be tobacco free by the state law. After meeting with County staff and Legal Counsel to discuss the smoke free issue, Legal Counsel recommended talking with the Commissioners about whether there is a need to revise the current County ordinance. A new development in E-cigarettes use is that there a new trend to add THC oil. Commissioners were particularly interested in what is happening in other counties across the state. In the news, Salem Health and Willamette University came to the mayor and requested to have smoke free sidewalks outside of their properties. The mayor is

promoting it as an ordinance; they are drafting it and will be voted by their council. They are hoping to include something in there to allow businesses to request smoke free sidewalks at their location.

Rod said that we had a board session meeting with the Board of Commissioners and they have requested that an ordinance be drafted for all county properties. If the ordinance is created and passed by the BOC then all county buildings will be smoke and tobacco free and will regulate e-cigarettes. Leased buildings will be affected by the ordinance inside, but unless we have specific rights to the parking lots it would not extend to the parking lot beyond the ten feet of the Clean Air Act. There has been a concern with clients using E-cigs inside buildings during meetings. Besides clients being asked not to, they have persisted since it is not against the law. This will mean some enforcement on our part and education and cessation help. Pam said that most counties start with a lot of education and information concerning the Quit Line. Over time it becomes less of an issue as people get used to the expectation. Rod said there has also been discussion about adding some provisions for exceptions that the CAO can make in the ordinance. For example, the Silverton road campus for Public Works is bordered by highways without sidewalks which could present a hazard to employees seeking to leave campus to smoke.

Patrick said that as an advisory committee to the council, there is strong evidence that smoking is injurious that second hand smoke is particularly harmful. We could advise the Commissioners, through a motion, to give serious consideration to, the evidence that smoking is injurious to those who partake of tobacco smoke and second hand smoke is injurious to those nearby. Cigarette smoking itself and especially second hand smoke are serious international health hazards and we urge them to give strong thought when considering the tobacco free ordinance. Renee said that since we have the Clean Air Act, do we want to put our credibility on the line as she sees it as us reinforcing a law that is already in effect. Renee says that she does see it as our role as an advisory board and would not go against a motion. Mike said that yes, the cost of smoking is an internationally recognized health issue. Sandra agreed. Melinda agreed that we do have an obligation to say something because it is a public health issue. Hanten said that he agrees, but his concern is that everyone knows that smoking is bad and there are more important things to do than focus on something that already has a law, although he would not go against a motion. Patrick said that there is a sense from the advisory board that smoking has been long been recognized as a serious threat to human health, and increasingly second hand smoking is also recognized as a serious health issue not only in the United States but internationally. Acting as a public health advisory board we strongly urge the commission to take into consideration these serious health effects as it drafts ordinances regulating the use of tobacco on County property. Mike made a motion to accept, Hanten seconded, members voted, and motion carries. We will read it into the minutes and send it to counsel.

Site Visit for Certificate of Approval (COA):

Cary said that the Mental Health Division is coming in the middle of December to do our Addictions and Mental Health Division site review. Scott, Cary and the Behavioral Health Department will be preparing for them to come. During the site visit, they will be reviewing policies, personnel, and clinical documentation. Patrick asked if they will want to interview HAB members. Cary said that they have in the past, but she has heard they may be changing their process.

Future Topics:

None discussed

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Polly Kuznetsov
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2014 Meeting Schedule:

January 21, 2014
February 18, 2014
March 18, 2014
April 15, 2014
May 20, 2014

June 17, 2014
September 16, 2014
October 21, 2014
November 18, 2014
December 16, 2014