Monroe County CHIP – Substance Use and Mental Health

Date: 8.17.2022

Location: IU Health Community Health and Microsoft Teams (hybrid)

Time: 12n-1p

Facilitator: Amy Meek

Notes: Amy Meek/Melanie Vehslage

Timekeeper: Melanie Vehslage

Introductions

Goal is to meet 1x per month to decide on what we can work on

Expectations for meetings

* Start and stop on time
* If not in person, provide a report out
* Mutual respect
* Action items in between meetings (homework)

Review handout from previous meeting

Consider problem/chief complaint to address:

* Education
* Benefits of harm reduction, MAT, and being kind to people to reduce stigma
* Education for different audiences (families, LEOs etc)
* Language of how we discuss
* Collaboration
* Engaging directly with healthcare providers
* Breaking down silos
* Engaging and empowering champions in the community

What would it look like if Monroe County \_\_\_\_ in terms of behavioral health, and mental health

* Sufficient providers for the community – limitations from health insurance (HIP and other providers) due to lot of oversight and supervisory needs to ensure that services are able to be provided for those lower reimbursement rates – credentialing is incredibly challenging and being able to add folks into the different insurance types – there are a lot of challenges on the provider end that are not easily – there is a shift to online services, lots of structural issues
* Provide care to everyone who needs it
* Collaboration between agencies health first
* Finding grant monies to subsidize services
* Access to high quality long term treatment
* Quality substance use treatment

What does it actually look like now:

* NFP has challenge in getting individuals into treatment – were able to find an LCSW to add to team but they have to be in the program to access the services
* Duplication of services in the community – knowing where to send individuals for niche practices
* Even with findhelp.org still have challenges with getting in understanding where to find help
* CFRD has a number of help finding services– there is a problem with some of the items needing to be free or low cost
* Duplication of services and challenge between understanding what can be provided (would like better understanding of what the dealbreakers are for those services and what the outlines)
* Those in the field knowing that a tool like helpingbloomingtonmonroe is available
* Lack of supportive structures in place
* There is currently a school of nursing substance use group – potential asset
* Lots of duplication of services – three different groups not coordinated (communication corrections JRAC, county formed the justice response study, and the CHIP) people are not always thinking about the overlap
* Challenges with case management volume (spencer specific) based on private practice – not allowed to have case management – coordination of case managers –

What are the goals, opportunities/ideas on how to get there:

* Building an infrastructure to support
* Partnering with SPH IU to bolster supports – developing the research components to support
* Always include people who have lived experience
* Incentivize and pay people for participating
* Find a way to collaborate or coordinate with other services that can bill

Of note- HIP is state/federal challenge, not something we can necessarily address

Who needs to be at the table? Peggy Welsh, others?

There are ARPA dollars still available – potential to find a budget for case management through those funds. We already have HealthNet providing services

County Commissioners would be working on payouts from opioid epidemic dollars, need to figure out the connections that would be most advantageous

Make sure to check in about the power imbalance in the room if looking for voices from community members/providers with lived experiences with struggles/challenges related to substance use or mental health

Doodle poll will come out for next meeting, then hopefully a regular meeting time can be established.

Meeting Adjourned