**Monroe County Community Health Improvement Plan (CHIP)**

**Substance Use and Mental Health (SUMH) Connections Sub-Committee**

**Notes**

**Date:** 6.21.23

**Time:** 1-2p

**Location:** Zoom ONLY

**Facilitators:** Melanie Vehslage and Ody Ekwonwa

**Notes:** Melanie Vehslage

**Present:** Nick Pecenia – Co-founder of [A Better Way](https://www.abetterway.club/) outpatient clinic, Mallory Swanson – Bloomington Police Department Social Worker, Amy Minix – Neuro-health science librarian at IU Libraries, Kathy Hewett – Population Health and Outreach Manager at Monroe County Health Department (MCHD), Aubrey Seader – Office Manager and Program Assistant – City and Family Resources Department (CFRD), Maci Valdez – Region 6 Prevention Coordinator at DMHA, Melanie Vehslage – Sr. Community Health Specialist at MCHD

1. Welcome/Introductions
   1. Reminder/review of [guiding timeline with SUMH CHIP group goals](https://docs.google.com/document/d/1YWIBh3UMD49AffiQnSGvCbzcRtShVZXs/edit?usp=sharing&ouid=104921433098158791415&rtpof=true&sd=true)
2. [Helping Bloomington Monroe/Find Help (HBM/FH) Provider List](https://docs.google.com/spreadsheets/d/1HiMrRd1aqr8jYgPxDfeRfNFFPYqbeWKX/edit?usp=sharing&ouid=108848058226658613759&rtpof=true&sd=true)
   1. Reminder that we are looking to identify Substance Use and Mental Health Providers that are not currently listed on HBM/FH, specifically those who take Medicaid/Medicare
   2. [Find Help](https://helpingbloomingtonmonroe.findhelp.com/) is here to make it easier for people in their regions to find and access direct services for free and low cost social services in the community. It allows someone to search by program/zip code, and browse based on tags/categories etc.
   3. Find Help builds the databases, and Bloomington has a specific ‘portal’ called Helping Bloomington Monroe (HBM) (you may hear these used interchangeably). This portal allows for CFRD to have a digital database with up to date information to replace/supplement the paper guides which become obsolete quickly.
   4. Find Help was incorporated into 2 of the three CHIP groups to improve health within their area of focus.
   5. For this group we knew that there were treatment and low cost that take Medicaid and Medicare that didn’t fit the ‘free and low cost’ definition, so Aubrey asked to have these providers listed on HBM.
   6. Made it this CHIPs goal to find 20 programs for free/low cost that weren’t already listed related to substance use/mental health. People that were coming to HBM were also looking for substance use and mental health resources that were not originally listed because they were medical and medical adjacent and were not considered ‘free/low cost social services’.
   7. We are half done (50% or 10 of 20 programs added) with this goal thanks to Aubrey’s work and the contributions of this team. More mental health heavy than substance use heavy, including group, peer support and medical. Looking for 10 more programs to add to Find Help to reach our goal of adding 20 by the end of the CHIP process. She can put everything in a list to send to the group once they are uploaded to the Jamboard.
3. Fill in **very short** [demographic survey](https://purdue.ca1.qualtrics.com/jfe/form/SV_6QYxJGjUTyzJUxw) for Purdue Extension
4. Check in on Jamboard/Interviews
   1. Discuss any challenges with jamboard/interviews
   2. Other questions/feedback about process
5. Show mapping process as visual guide for how to create the Recovery Oriented System of Care (ROSC) map (Ody to present slides from Purdue Extension)
   1. This will detail the process for the small group work in next month
   2. Categorize sticky notes/jamboard notes into categories
   3. Move from left to right (protective/risk factors -> clinics, law enforcement, SUD treatment, community supports etc. -> recovery pathway/positive change)
      1. Conceptualize the left as the persons journey as the person is influenced by relationships, developmental factors like ACES, cultural norms, exposure to substance use through experimentation, exposure to substance use through a painful injury etc.
      2. Want to think about how these factors interact and influence the community member before the use becomes disordered or chaotic
   4. Use only information gathered from interviews/data provided by interviewees
      1. Try and stick to what is from the interview/data sources and not make assumptions about what the person meant – we are not here to interpret, just to report out
      2. Not all exposure leads to substance use disorder, the protective factors for being able to avoid chaotic use might be a data point that we find when drafting the map
   5. Identify loops/dead ends, gaps/barriers between services
      1. Where do we need to fill in gaps or add more support in the community?
      2. If there are loops/recurring cycles, can we find places for intervening and breaking the loop
         1. In the example we can see that there was a lack of connection from ER to TX providers – if we found a connection between ER and tx providers, could positively impact community members.
      3. Another example is the EMS not leaving naloxone after an overdose as an example dead end. If we find dead ends we can find ways to either extend that connection to reach recovery supports, or to find another way to connect to services/supports instead
      4. Will be looking at those different connections (for example between all the different touchpoints like jail, tx provider, hospital etc.) and we can indicate on those pathways what the barriers and things are.
      5. In doing the maps might help guide future interviews if we need some more information
      6. Will want to group similar data points for consistency across the stickies.
   6. Transcribe sticky notes/jamboard notes onto digital map
      1. On the map, we can use something like a red dotted line to indicate a weaker connection (see examples below)
      2. Can look like a lot of different things, housing, community groups, stigma etc.
   7. See example key for the ROSC map at end of this document– we don’t have to use that exact key, but we can use something similar as we transpose it onto the map
   8. If we start with the community member and follow the arrows we should be able to see a community member’s pathway to recovery
   9. The reason we are following the interviews is those are actual community members’ experiences moving through the process. To identify real world examples.
   10. Reminder, every map looks different
6. Next Steps/ To Dos
   1. Identify missing categories for sectors still to be interviewed
      1. Identify potential interviewees for those categories and identify someone to conduct the interview
      2. Melanie has updated [Interview Sign Up](https://docs.google.com/spreadsheets/d/1Li8XFnB5UWm1bUhDdHOit1NHEW5H6XuuWx0ZtXFinVM/edit?usp=sharing) to reflect categories of people interviewed as reflected on Jamboard – feel free to update if you are scheduling more interviews that are yet to be completed
   2. Upload notes to jamboard (or send to Melanie and Ody) if not already uploaded
      1. Do not list the interviewee’s name or identifiable information, especially for folks with lived experience
      2. Focus on gaps, barriers, connection points and things related to Monroe County
         1. First Jamboard (nearly full): <https://jamboard.google.com/d/1FDsjwKTcrEU0TiJehb7ddaagbiTe3LVMLZ9W6wO4VQ8/edit?usp=sharing>
         2. Second Jamboard if you need more space: <https://jamboard.google.com/d/12mUtLXHRU_PIGeQgm5tQY5lfbbcZ1nQV6ieAd5d2aP4/edit?usp=sharing>
         3. Please try and get a representative
   3. July meeting will be cancelled for the Connections Sub-Committee as a whole
   4. Small group will begin drafting map in month of July/before August 16th meeting reflecting sticky notes uploaded to Jamboard
      1. Jamboard will be transcribed into physical notes
      2. Small group will meet IN PERSON to work on steps from mapping guide presented today
      3. Mapping will likely take several hours – can spend a morning/afternoon or split throughout the month depending on schedules
      4. Email Melanie and Ody (cc both) to express interest in being part of the small by 8:00 am Monday June 26th – will send doodle poll to schedule a meeting time ONLY those who have send an email to express interest
   5. August 16th will review preliminary map, see if it seems accurate, identify further gaps in information.

Example of preliminary map using categories for reference:

Diagram

Description automatically generated

Diagram

Description automatically generatedA diagram of a substance use disorder

Description automatically generated with low confidence