

Community Planning Meeting Notes

Ollie Wilder – Programs Director, Park City Community Foundation

12: 05 – Ollie welcomed everyone and gave a brief history of the planning process: About a year ago, the health department worked with Valley Behavioral Health to complete a mental health needs assessment survey. After completion, Summit County Health Department Director, Rich Bullough, started reporting the findings of the survey in November 2016. The survey showed some needs and opportunities. From that report, the County Council, Park City Council, and school districts gave mandates for strategic planning around mental health.

Last fall, the tragic deaths of junior high students from opioid abuse served as a wake-up call for the community. The Park City School District started a series of meetings, but after about four of them, they realized substance abuse wasn't a school issue alone, it was a community issue. They turned to the Park City Community Foundation to explore how to connect the community with the process. The Park City Community Foundation came to meet Rich at the Health department, to ask him to include substance abuse in the mental health initiative. Together, the Community Foundation and Health Department began working to put together a full process with various Summit County communities that involved mental health and substance abuse.

Rich Bullough – Summit County Health Department Director:

The full report of the Mental Health Assessment is available at <http://www.summitcountyhealth.org/mentalhealth>. Rich focused on just the strategic directives from the assessment. He also announced the county is in the process of recruiting the long-term coordinator for this process. A one-year contract position has opened for hiring from Summit County: <http://summitcounty.org/646/Mental-Health-and-Substance-Abuse-Coordi>.

Rich encourages people to share the position. If you or someone you know would be interested, feel free to call Rich at 435-333-1582 or send him an email at rbullough@summitcounty.org. The position will also be posted on the Summit County Health Department website and its social media outlets.

Rich proceeded to go over the Mental Health Strategic Directives:

Mental Health Strategic Directives

Community Planning Meeting, February 14, 2017

Major Findings

- Over 1000 participants
- Most don't know where to go for help
- Most found diagnoses but not treatment in Summit County

- Barriers include cost, lack of treatment options, stigma
- Long wait times were cited as a primary concern
- Most of those treated thought treatment was effective and helpful
- Most did not have encounter with Criminal Justice

Strategic Directive 1:
EDUCATE & CULTIVATE AWARENESS

“I want to live in a community where we treat friends and neighbors struggling with mental illness with the same compassion and open support as those with any other illness.”

KEY INITIATIVES	WHAT DOES SUCCESS LOOK LIKE?
<ul style="list-style-type: none"> • Develop a clear starting point or hub where individuals and families can go to get oriented to mental health services that are available and connected with the right mental health resources. • Devise Mental health awareness campaigns in partnership with local media, area employers, schools, government, and non-profits. • Coordinate & promote suicide prevention programs in schools, among civic groups, and in the business community. 	<ul style="list-style-type: none"> • Reduction in stigma surrounding mental illness and addiction. • Reduction in suicide rates. • Development of a clear, well-communicated pathway to getting help for mental illness.

Strategic Directive 2:
INCREASE CAPACITY & ACCESS

“I need to know that people dealing with mental illness in our community will be able to access appropriate, timely treatment.”

KEY INITIATIVES	WHAT DOES SUCCESS LOOK LIKE?
<ul style="list-style-type: none"> • Develop robust telehealth offerings: improved access and reduced stigma. • Expand the effectiveness and availability of crisis services. • Increase outpatient capacity and day treatment options. • Increase medication management services. • Advance rehabilitative services, vocational rehabilitation, and housing to facilitate patient’s re-entry into the community. • Incentivize mental health providers to practice in the County. 	<ul style="list-style-type: none"> • Reduction in wait times. • Increased treatment and support options. • Increased participation in mental health services by members of the community. • Expanded services for English Language Learners. • Reduction in the use of public safety and criminal justice systems as the “go-to” intervention. • More successful and cost-effective treatment outcomes. • Reduction in wait time for substance abuse assessment; report to Court expedited considerably.

Strategic Directive 3:
IMPROVE COORDINATION OF TREATMENT

“I need my healthcare providers and other community partners to work together to improve health outcomes.”

KEY INITIATIVES	WHAT DOES SUCCESS LOOK LIKE?
<ul style="list-style-type: none"> • Develop case management and wrap around services across the continuum of care. • Increase support services for family and friends caring for a loved one with mental illness. • Develop an advocacy service for patients and their caregiving networks to help them navigate mental health treatment. • Develop more comprehensive early detection and intervention services including training in our schools. 	<ul style="list-style-type: none"> • Improved sharing of medical records among providers • Increased availability and use of wraparound services

**Strategic Directive 4:
BUILD COMMUNITY PARTNERSHIPS**

“Mental health challenges will not be solved by County Government alone. We need to work together in order to be successful.”

KEY INITIATIVES	WHAT DOES SUCCESS LOOK LIKE?
<ul style="list-style-type: none"> • Convene a mental health summit for the purpose of developing increased coordination of mental health treatment among different entities in our community. • Build a community safety net that interrupts the criminal justice process to all for mental health/ substance abuse interventions, assessments, and treatment as an alternative to jail. • Examine models for creating successful public-private partnerships to address community needs. 	<ul style="list-style-type: none"> • Coordinated, community-wide effort to improve mental health. • Increased channels of communication among community providers and patients. • Increase in successful probation completion and pleas in abeyance successfully completed. • Assignment of defendants to salutary mental health programs increases, jailed defendants decrease.

**Strategic Directive 5:
ADDRESS FUNDING GAPS**

“I want to find ways to fund treatment for members of our community that lack the financial means.”

KEY INITIATIVES	WHAT DOES SUCCESS LOOK LIKE?
<ul style="list-style-type: none"> • Focus on telehealth service offering to moderate cost and facilitate early intervention. • Emphasize early intervention through effective training for primary healthcare providers, school personnel, and first responders. • Incentivize therapists/mental health professionals to increase their case loads of low-income clients. 	<ul style="list-style-type: none"> • Increase in low-income individuals seeking and obtaining mental health services. • Reduction in the costly reliance on the County criminal justice system as a primary source of mental health intervention.

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| <ul style="list-style-type: none">• Identify federal, state, and private funding opportunities. (grant writing opportunities, etc.) | |
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Rich emphasized the issue is not one of poor providers, the issue is timely access and whether or not specific treatment is available in Summit County. Diagnosis is readily provided, treatment not as much. The more intensive the treatment, the more likely it is people will have to leave Summit County to get that treatment.

The quality of care is good, but it's not comprehensive, not complete.

This is not a simple solution, this is not a single organization solution, the county can't accomplish this alone, the schools can't, the municipalities can't. It's an entire community coordination.

In closing, Rich encouraged people to get involved in the working groups.

12:20 – Ollie Wilder

Summit County is not in a position to fund the entire mental health process. Park City has allocated money from their contingency fund to help kick-start things and the school districts are deeply involved, along with private providers and nonprofits. The goal is to have an initial round of recommendations by August for County Council and the public. The final quarter of 2017 will be geared towards advocating for these recommendations to start taking hold with people and organizations who can make a difference. In 2018, things we will start getting things done as far as implementation. A potential frustration is the amount of planning involved, which may discourage people and make them believe they can't take any action on their own. Ollie encouraged people not to let the initial planning process prevent them from getting involved and maintaining momentum. He finished by opening the meeting up to attendee input before convening into the working groups.

Attendee Input:

Ali Ziemer, Park City Resident: I took part in the survey and am glad to see there's thinking and planning, noticed the city is doing a neighbors program. So much of what ties into mental health is feeling valued and like you belong. Would like to see some of those things cataloged and brought into the knowledge base, they may be great assets to leverage.

I wonder if the county or effort might consider more education programs on how to deal with the emotions of anger, shame, frustration, emotional education. There is a generation of people in the middle of their lives who did not grow up with much education in those areas and it's hitting society hard right now. Could be something that is an easy one to start, might take away some of the stigma.

Katie Miller, Park City High School Counselor: I am aware we have different communities and the solutions need to fit each of the communities. We are really different across the county. I love that the county is looking at an office in Kamas, having a presence in the communities is important as well.

Ollie Wilder: North Summit and South Summit superintendents are involved, but we need more input from residents on the east side. We actively want folks from the whole county involved.

Mary Closser: Son is 17, has psychosis from Accutane that just surfaced. The Park City school district has been wonderful and his helping him graduate. Valley Behavioral Health great and had some success with him. But I don't have the comfort of knowing there is a place to take him, especially on the weekends. The only place we can take him here is the hospital. The psychiatrist is in Salt Lake, don't have one here (in Park City). His therapist has limited time, can only see him every other week. I am on a single parent income and don't have funds to do that much more. My biggest need is the security of knowing there is some place to take him close by. It's scary for all of us. We don't know where his reality is going to take him. My ex-husband and I are at a loss on how to do this – training for caregivers is much needed.

Unidentified person: A safe place to detox is needed. Not a detox facility in Summit County currently.

Sam Walsh, Park City School District: Other Communities have mobile crisis units, the intermediary between ER and school and mental health. Where is the middle ground of responses? For any programs or services that students will utilize, it would be good to include them. Design programs for kids and involve the kids. Students come up with great ideas and solutions.

Alison Delgado, Pediatrician at Summit Pediatrics: It is important to eliminate the stigma and have mentors for kids, adult mentors that they can go to and trust, not be judged or criticized. I had a patient not long ago who felt she was being judged for trying to express herself. Need adults and good support groups children can trust and go to.

Marie Thrasher, Psychiatric Nurse: Wonder about one of the universities supporting intensive outpatient care. Piggybacking off the idea of behavioral therapy, a specific curriculum designed for schools that work on the prevention end of things.

Ollie Wilder: Scope is crazy, have to take off bit sized chunks at a time. We are making a list of good ideas to consider for the community.

Leah Harter from Christian Center: We offer parenting and marriage resources, education for couples and parenting, in English and Spanish. Consider options for non-English speaking. #1 treatment for trauma is EMDR but we only have four clinicians in Park City that are trained in this approach. Would be great to have more awareness of EMDR and how it can help with trauma.

Kathy Day, Valley Behavioral Health: It's important for us to be aware of what other people are offering, We've got multiple people trained in EMDR and there are a lot of people out there doing things, but sometimes they don't know what services or resources are offered by other agencies.

Shauna Wiest, Connect Summit County: mentioned that Connect is compiling a list of resources on their website: <http://connectsummitcounty.org/mental-health-resources/>. They are trying to detail what each provider offers and would love additional services and information.

Chelsea Robinson, Peace House: We are working with trauma survivors. There is a movement for trauma-informed schools, which is something Whitney and I are big on. We (U.S) spend 53 billion a year on school suspension. 5-10 percent is because of violence, the rest are just students suffered from home life. Several states have taken the approach mindfulness approach. Utah State Legislature movement to adapt some of that in the school, but it takes a full buy-in from the community. We are presenting at Opportunities Night in Kamas on March 2 to get buy-in from students and parents.

Dusty Frisby-House, Daycare Coordinator, Summit Pediatrics: I agree with everything that has been spoken about What we see is kids coming in, dealing with depression and anxiety, seeking out therapy is more complex than people think. Sometimes a child is resistant, sometimes the family. Sometimes it's not a good fit at first and they have a difficult time moving on to a different therapist. We get calls from parents who can't get a crisis evaluation soon enough but their child is not ready for the emergency room. The parents believe everything is going to be okay and we see this a couple of times before they get therapy. This needs to be addressed.