Notes from Breakout Discussions

Workshop: Your (Broader) Role in Adapting to and Changing the Current Environment
September 26, 2018
The College for Behavioral Health • Leadership Summit 2018

Recommendation #1: Declare a national crisis in behavioral health: provide data

Round 1

What attracts you?

- Already involved in other organizations that have declared crises/national movements
- Violence prevention—another crisis
- Not enough; lots of money spent: Are we healing people better?
- General interest in data
- Are we collecting the right stuff?
- Are we measuring the right stuff?
- Use the data to drive change? Or just interpreting?
- Not just race
- Recovery movement 20 years ago
  - White Bison curriculum
- Change the soil under the trees
- 2017 most overdoses 200/day
  - Lots of data/money appropriated
- MAR/ and MAT
  - Med. Assisted Recovery Support
- Long-term issues in substance use
- Recovery support is needed
- We have not incorporated racial differences into data (Example: dark lips a sign of opioid overdose)
- This creates more disparities—when analytics are not culturally competent.
- Data tells a story but interpreted differently
- ACES—same

Round 2

Instead of being reactive to end of carve-out, use this as an opportunity to vision/define the health system we want/need.

Broad Topics:

- How can we declare a crisis when government is slashing funding?
  - Consumer of the world’s goods (we import)
In the past, US was an exporter

- Everything follows the $ need a revenue source
- Implications of a national crisis resources being thrown at a problem may not be the most thoughtful solution
- Are we in a crisis, or are we dealing with the same issues we have?
  - Need to collaborate to break down barriers.
- Is the issue growing, or do we have more awareness of the issue/need?
- Stigma related to mental health
  - Fear or embarrassment in seeking healthcare
- Thinking about mental health as a piece of overall health—consider holistically approaching the issue
- Opportunity to engage all workers who are in the field education/re-education
- Gathering around a positive vision vs. declaring a crisis (could be negative)
- Understanding the roles involved in addressing behavioral health (understanding other)

**Recommendation #2: Prompt Congressional hearings to examine and determine solutions**

*One round missing*

1st question:
- Strengths and challenges around that modality
  → Congressional hearings
So maybe a focus would help
- Parity issues
- Youth suicide

Exemplar – Texas –
- More work on state policy occurring.
  → led to significant increase in mental health funding

Bring in prompts and data to demonstrate how to save money

Power tied to local area

We would need to provide solutions.

[Regarding above]:
- How to structure
- Contact policy makers

**Recommendation #3: Broaden the mission to address societal-wide policies and issues that were identified as marking the 21st century**

*Round 1*
Discussion topics:

- Breakdowns in communities, supports & rebuilding
- Opportunities and downfalls of technology use
- Importance/strength of building community relationships
- How best to address access to care: appointments, pharmacy, what are your needs?
  - Connecting individuals with care
- Population health How do we keep recovery front and center, while considering disparities
- Destigmatizing mental health—connect with other organizations to integrate/collaborate

Round 2

- Solving, paying attention to history
- Broadening mission—long overdue not just the [behavioral health summit?]  
- If goal—truly integrated society
- “We are not the resistance” –NYT [reframe]
- Our mission addressing the crisis must be all-inclusive. Do our policies reflect what we need?
- We can be tactical and intentional about voices at the table. Cross-sectoral learning and inclusion. Acceptance/participation.
- College should be convening leaders from within and outside of BH. Highlight innovators from all sectors to solve complex crises.
- Stories must be told. Collegiate Recovery Programs. People with lived experience.
- Reframe of “Behavioral health crisis” to “Behavioral Health Awakening.”
- Don’t declare war, declare healing.

Recommendation #4: Give and accept assistance from non-behavioral health organizations to enhance leadership capabilities

Round 1

- Create holistic teams within individual organizations
- The College should look beyond BH to have bilateral conversations with non-BH
- College should take political positions (i.e., opioid epidemic)
- Partner with non-health agencies to educate and train and connect to other organizations
  - Amazon’s interest in healthcare is an example. The College should connect with them.
  - This supports de-stigmatization and is consumer-driven.
- BH has not adopted a business-model mindset
- The College can be involved in the design of Amazon’s healthcare structure
Round 2

Business of customer service approach
Can the college get to the table?
We need to go to them
[Illegible] for BH
College in design phase or letterhead as advocacy group
[Name]/ Nice [illegible] for the College
What’s the reality we haven’t yet faced?
Meet repeating patterns that are no longer useful
College: look beyond BH
  ● Medical department
  ● [illegible] umeshil JS?
  ● [illegible]PP < org/ Happl Association?
“College has to take policy positions”
City Council
Police department
Legislators
Housing [difficult to read]
Get in front of people
Connect dots
[Illegible] to big players Amazon, Google, etc. who want to get into health
[Name?] : Consumer-driven approach
Reactive not proactive – need to – harness the changes
Take business mindset – ROI for community/public health
Amazon approach
[Illegible] door model for health – BH
[Name]: Nothing that happens at the [illegible] matters
Why not to use the not last hope: 50,000 more to [illegible]

[Illegible]:
Congressional hearings are a SHOW
Show if not spectacle
Congressional staff sets the agenda
Perpetual war between states and federal – [illegible]
Listen to each other’s needs and challenges
Help us think outside of our own box and find solutions we haven’t tried and vice versa.
Social determinants have to be a part of the conversation. Honor others’ voice and their truth.
Lion can’t tell the story of the gazelle.
[Illegible] role for College
Develop a diverse workforce who speaks the language of the clients they serve
Partner with influencers and cultural partners to inform how you educate
College could do more to help get input and voice from consumers more

How can College help community learn how to come together to solve the challenges of their own communities?

**Recommendation #8: Petition for longer tenure for state directors – and integration of state mental health, substance use, and health systems**

Round 1
How can we impact integration?

- A comprehensive inventory of state structures. Does anyone do this?
- CA has changed structures, lost prominence (BH)
- Are state BH organizations losing prominence?
- Losing local systems of care
- Complication of integration; what happens to crisis services?
- State by state issues; lots of opportunity for streamlining, how to adopt best practices across systems
- Are efforts to integrate, but when we look at higher ed people aren’t trained in integrated care

**Recommendation #9: Convene a national summit of medical schools, psychiatry department chairs, psychology chairs, SW & Law Deans, Nursing Deans, with mental health and substance use organizations**

- Tired of retraining the workforce to work together
- Need all to be trained that way
- Perpetual lag between training and the needs of the world
- Need to create a high status to come
- Integrate care in the earlier stages
- No one thinks of the “whole me”
- If artificial intelligence is where we are going; embrace it and take it on
- How do we get individuals to think and make decisions for themselves?
- Relationships need to be the basis for all that is needed
- Mega grant for summit to get folks to come
- Multiple summits; small chunks; plant little seeds and build it
- Takes several years to get to the point of (a) building trust (b) what each other are doing (c) shared vision