**UC AHEC Community Advisory Committee Meeting Minutes – September 13, 2022**

Present: Lois Mills/Otterbein Senior Living, Jennifer Kroeger-DeMichael/UC Blue Ash, Jeanine Goodin (sub for Donna Green)/UC College of Nursing, Yvonne Kaszubowski/Warren County Career Center, Tessa Keiser/UC medical student, Spencer Warden/UC medical student, Jack Kues/UC, Bruce Gebhardt/UC Department of Family & Community Medicine, Matt Gunderman (sub for Elaine Storrs/Clinton Memorial Hospital), Pat Achoe/UC College of Pharmacy, Tiffany Mattingly/The Health Collaborative, Dr. Holly Binnig/HealthSource of Ohio

Staff: Dr. Sarah Pickle, Sharron DiMario and Taylor O’Shaughnessy

Sharron shared a brief overview of mental and behavioral health and the pandemic and opioid crises creating ‘a perfect storm’ and opportunity to focus on the challenges that have plagued mental health care for decades. She shared recent data from the State of Ohio. Tiffany was interested in learning more about the data behind DeWine’s 353% increase in need for behavioral health care and the 174% increase in workforce. Staff will investigate. Sharron also shared about AHEC’s work over the last two years with MindPeace and children’s mental health, UC’s Urban Health work and the collaboration with the Mental Health and Addiction Advocacy Coalition on increasing the behavioral health workforce. Staff created a resource page for the advisory committee and any additional resources that emerge in the small group discussion will be added to it.

Advisory committee member Dr. Dana Harley was unable to attend but shared a presentation on her student-led research on behavioral health challenges in rural communities. (The link to her presentation is here: <https://ucincinnati.zoom.us/rec/share/EHayZPbXvEOxr4Z-lzKgEM2S4ndsIAWJZlVWASw7RNU6DNpFDNgWQk_zqOEABp7r.T0eFG1hRVLauyU26>

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Members joined in breakout rooms to discuss the following questions:

1. What are the greatest mental health and behavioral health needs within the communities your organization serves?
2. What resources have you accessed or leveraged to meet mental health and behavioral health needs?

Greatest Needs

* More providers! At all levels – physicians, social workers, behavioral health specialists, peer specialists and in more locations, including schools
* Cultural competence
* Providers skilled about the geriatric population, including dementia and Alzheimer’s, intellectually and developmentally disabled and neurodiverse
* Support for providers experience burnout and stress
* Law enforcement and the judicial system need to be ‘in sync’ with mental health and substance use treatment guidelines
* Poverty is contributing to mental health issues – cannot fix social needs with antidepressants
* Poor system coordination – e.g., public funding is allocated with very narrow limitations for spending, creating a “patchwork” approach
* Broadband access to increase and improve tele mental health options
* Limited placement options for pediatric patients needing supervision – spend days in the ED
* Covid and return to school for secondary and post-secondary students has been challenging
* More providers are no longer accepting insurance
* Stigma is still real

Resources Leveraged

* Employee Assistance Programs - increased virtual platforms available
* Create support groups and provide training
* Bring people to where the need is
* Telehealth: helps to decrease barriers to patients (e.g., travel),and can recruit providers from further away
* Limitations: Some patients without technology / internet access / adequate broadband speed for telehealth, especially in rural areas
* Home visits may be better for patients but not as feasible for providers
* Transportation:
* Bus tickets/cab vouchers given to patients leaving ED (but many patients still have to walk home)
* Hospital reimburses ambulances for psychiatric transports (insurance will not pay)

Additional Thoughts/Anecdotes

* Could we connect a mental health certification to medical assistant training or create a pathway from it to other behavioral health positions?
* Dealing with overloaded UC student psychological services (CAPS) program.
* UC ROTC policies discourage medication for behavioral health conditions. Taking them could result in expulsion from the program.
* Would additional training in Mental Health First Aid help? Could students be referred to ProBono Counseling through Mental Health America Northern Kentucky/Southwest Ohio or to UC’s staff and faculty EAP services?
* What is the availability of short-term mental health facilities?

Staff asked for suggestions for agenda items and hot topics for future meetings. The **next meeting of the UC AHEC Community Advisory Committee is Tuesday, December 13 from 8:00 – 9:00 pm via Zoom.**

The next meeting of the UC AHEC Community Advisory Committee is December 13 from 7:00 – 8:00 pm via Zoom.