

CHAC Monthly Meeting
February 9, 2018
Durango Recreation Center

Attendees:

Kari Plante, SJBPH	Eileen Wasserbach, SUCAP; CHAC Board
Elsa Inman, MRMC	Lynn Westberg, CHAC Board
Brandy Wright, 4 Cnrs Hlth Care Ctr (4CHCC)	Kristin Pulatie, SJBPH
Guinn Unger, Indivisible Durango	Bob Cox, physician, My Life Co-Lead
Vic Lopez, physician, CHAC Board	Myong Lee, MRMC
Eve Presler, RMHP	Sara Alden, MRMC
Morgan Williams, MRMC	Helen Griego, MRMC
Margaret Martin, Indivisible Durango	Scott Mathis, MRMC Board
Deana Tomac, 4CHCC	Marianne Ball, SJBPH
Sheila Casey, LPC Senior Services; CHAC Board	Kathy Robbins, Comfort Keepers
Dakota Baldozier, Axis	Erik Foss, SUCAP
Astra Clendenning, Axis	Bill Warren, Axis
Christie Schler, MRMC, CHAC Board	Stephanie Allred, Axis
Michael Ryerson, Cele Hlthy Comm (CHC)	Heather Hawk, Early Childhood Council
Emily Steen, CHC	pattie adler, CHAC
Anne Dizenzo, Axis	Kathy Sherer, CHAC
Lon Erwin, CHAC Board	

Welcome – pattie adler

The current grant that is supporting CHAC will end September 2018. Please renew your membership or join now. We have set a target of \$5,000 to support activities outside of a grant. To reach this goal, donations in addition to membership dues are greatly needed.

2017 CHAC Health Hero

Sheila Casey, Director of LPC Senior Services, was name Health Hero for 2017. Please read more in the CHAC Newsletter that will be sent out 2/26/18 or on the website (www.chaclaplata.org)

“My Life: Deciding in Advance” (Advance Care Planning) – Bob Cox

A large educational community event will be held Feb. 15 at the library from 5:30 to 7:30 p.m. The next one will be Saturday, April 28 in the morning.

Basics of Substance Abuse – Erik Foss, Director, Peaceful Spirit Treatment Center
(Erik’s PowerPoint presentation is attached and also on the CHAC website)

Substance Use Disorders are defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences. No single treatment is appropriate for everyone. The earlier treatment can be offered in the disease cycle the better. The sooner treatment can be offered from date of first contact the better. Research suggests that a minimum of 90 days of intervention and “clean” time improves outcomes. Treatment and the change process is an endurance race not a sprint. Effective programs and/or interventions monitor client engagement and adjust to reduce client attrition.

Effective interventions are evidence based and focus on clients' motivation, building incentive for stopping use/maintaining changes, development of skills, and building a life worth living. Medications can help when combined with counseling and other behavioral therapy. They are not recommended as a stand-alone treatment intervention.

Medication Assisted Treatment (MAT) is not substituting one drug for another. It is the GOLD standard of care for addressing Opiate use disorders. A growing body of research is showing a reduction in Opiate use and a reduction in overdose deaths for clients in engaged in MAT. It is also showing promise for other substance use disorders including alcohol and stimulants. For years, MAT has been a commonly accepted intervention for addressing nicotine use.

Treatment is always evolving. Ongoing assessment is a quality of effective treatment. Services and service delivery must change throughout the life cycle of the treatment episode. Different domains will have different levels of emphasis throughout the care episode. Ideally, treatment is a graduated or "stepped" process.

Substance use and mental health go hand-in-hand. Research indicates that 60% - 70% of people with a substance use disorder also have a co-occurring mental health disorder. Assessing for and addressing both is essential for positive outcomes.

Detoxification is the first step. Managing acute withdrawal symptoms is essential and sometimes requires medical intervention. Detoxification can be a long-lasting process lasting days and weeks and is impacted by many factors. Taking only this step seems to have little to no impact on lasting behavioral change. Research has shown over and over that success rates for treatment are not dependent upon voluntary status; meaning that there is not a statistically meaningful difference related to outcomes for those clients who voluntarily seek treatment and those who are mandated to treatment. The approach and clinical interventions for these two groups may look different; especially in the beginning.

Treatment is about improving a person's health. The nature of substance use and the associated lifestyle places people at a higher risk for infectious diseases such HIV, hepatitis B and C, tuberculosis, and sexually transmitted diseases. Testing, education, and counseling around these concerns can greatly reduce risk, improve outcomes, and extend people's life span.

Annual Meeting Follow-Up

From all the input to date, Behavioral Health and Social Determinants of Health will be the focus of CHAC in 2018. We will continue to address the area of education by having presentations at our monthly meetings. We will continue to collaborate with Indivisible Durango especially in the area of Universal Healthcare. CHAC will pursue a grant through the Colorado Health Foundation to do work as a collaborative effort of the Behavioral Health Team to promote Social Connectedness. The grant deadline is June and, if funded, work would begin in the fall. The target group will be adults as we do not want to duplicate existing efforts.

Behavioral Health Team

The Team has identified Social Connectedness as a focus. It is a way to approach at lot of different issues and challenges in our community (i.e., substance abuse, depression, suicide). The next meeting will be February 14, 3-5 PM at LPEA. The team will be meeting monthly, and we welcome your participation and/or input.

Updates and Networking

Anne Dizenzo & Stephanie Allred – Senior Outreach at Axis is all about Social Connectedness. It is for seniors who need counseling or care coordination. They want to reach out to seniors and educate the community about them so they can help keep them from being isolated.

Kristen Pulatie – The SJBPH Health Assessment can be accessed online at <http://sjbpublichealth.org/apc/>. Paper copies are also available at SJBPH, the library, and various events.

Guinn Unger – Indivisible Durango is asking CHAC to advocate for any sort of Universal Health Care system that allows everyone to get the health care they need. Our voices need to be heard. The CHAC Board will discuss drafting a statement. Indivisible Durango is willing to do most of the work.

Eve Presler – On Feb. 17, a Homeless Forum will be held at the Fairgrounds, and a Diversity Dialogue will be held at FLC.

Bob Cox – The Villages Model is being used for social connectedness and aging-in-place. This model is being developed at Dalton Ranch.

Elsa Inman – Mercy is hiring a full-time social worker for the LINK program.

The next monthly CHAC meeting is scheduled for March 9 at the Durango Rec. Center. A presentation about Transportation in La Plata County will be given by Amber Blake, City of Durango Assistant Manager.

Meeting notes submitted by Kathy Sherer with minor additions by pattie adler