

4/1/22 Healthy Living Action Team: Behavioral Health Subcommittee Meeting

Attendance:

- Lekha Prakash
- Kaitlyn Mazzilli
- Debra Wentz
- Christine Scalise
- Charlotte Sadashige
- Donald Hallcom
- Andrea Portovedo
- Uta Steinhauser

Agenda: brainstorm action plan

Notes:

- Chairs had a meeting with Maria last week regarding action plans – so this is what we will be discussing in the coming meetings
- Everything is on the Teams drive (minutes, recording links, etc.)
- Timeline for 2022 - Draft of action plan is supposed to come together in June (end of second quarter)
- Discussion of things to consider as whole when making action plan:
 - Prevention, social determinants, root causes, treatment, recovery, integration into other care, continuum of care
 - Incorporate harm reduction into prevention and treatment
 - Meet people where they are in the community
 - Our wording can cover large scope, doesn't need to be so limited
- Social determinants should be pulled out as a focus for all committees, instead of having each subcommittee do their own thing since these do not just apply to this one area of health (Need to talk to Maria about this)
- Best approach for action plan: create overarching strategy categories and then list evidence based strategies under those
- JAM BOARD: Three main categories: Prevention, Treatment, Management/Recovery
 - (https://jamboard.google.com/d/1n27RIDLv-pKqo-UpPd5hzaVFhI3HCB7qSR_kNV09s/edit?usp=sharing)
 - What evidence based strategies do we want to think about within these categories?
 - Generalize, don't make too complicated
 - As we think about evidence based strategies we have to remember they need to link to trackable objectives over the years – all will feed into 2 or 3 objectives
- Take a look at the federal objectives – we can pull from these (doesn't have to be exact); so we can avoid reinventing the wheel
- Policy may fall into the three categories (prevention, treatment, recovery)
- Prevention:
 - Strategies and approaches vary by age (childhood, adolescents (12-17), young adults (18-34), adults (35-65), 65+ older adults)
 - School and community based strategies
 - Socioeconomic (falls under social determinants)

- NJSHA you can break down publicly available data by demographics (sexual orientation and identity)
- Need to do better with racial and ethnic groups in data collection– we may have an opportunity to recommend improvements for data collection?
- Adverse childhood experiences (ACEs) - Experience before you turn 18 has correlation with addiction habits
- Accessibility – getting data collected/reaching out to people in need has been an issue
- The state has been collecting tobacco data for a long time
- Opioids and prescription drugs marijuana and alcohol (SAMSA asked them to concentrate on)
- Training and education efforts should be incorporated into prevention (evidence based family programs)
- Treatment:
 - Screening programs – SBIRT and Assessments
 - Access/Affordability
 - Alternatives to suspension – cessation services (punitive vs. support services)
 - Special/Vulnerable populations
 - Medication assisted treatment
 - Ask/Advise/Refer for tobacco specific treatment
 - If there's an area for social determinants discussion – that would touch each strategy (there is a health equity piece to it) set of equity objectives overarching?
- Next meeting is the 11th and chairs will meet with Maria before then so reach out to Lekha and Andrea with questions and comments if you have them.