

## ADAPT INTEGRATED HEALTH CARE CURRY COUNTY BHAC MINUTES

The Adapt Curry County Behavioral Health Advisory Committee met on November 3, 2025, at 3:00pm in-person and via Zoom.

### Present:

X	Bevin Ankrom	X	Erin Porter	X	Harold Lowry		Isaac Hodges
X	Alicia Benavidez	X	Jay Sorenson	X	Kely Regan	X	Katrina Thompson
X	Sophia Lucero	X	Jeremy Krohn				

X = in attendance

**Staff:** Jocelyn Hanan, Jerry O'Sullivan, Hilary Juedes, Cherie Barnstable

### I. Call to Order

- a. Attendance was taken by Bevin Ankrom

### II. Minutes

- a. Minutes of the September 2025 committee meeting were presented. Hal Lowry moved to approve the September 2025 minutes. Erin Porter seconded the motion. Motion carried.

### III. New Business

#### a. Meeting Schedule

- i. Bevin open discussion to the committee about the date and time of this meeting. With no request for change, the BHAC meeting will continue monthly on the first Monday of each month at 3:00pm

#### b. Agenda Items

- i. Hilary maintains the agenda; members should email talking point requests to her. Hilary can be contacted at [hilaryj@adaptoregon.org](mailto:hilaryj@adaptoregon.org).
- ii. Copy Bevin Ankrom and Erin Porter in those requests as well.

#### c. General Discussion

- i. Community Healthcare Concerns – Lack of primary care and integration with mental health services. As well as challenges following clinic closures and strategies to re-engage community

**d. BHAC Overview**

- i. The Curry County BHAC is a sub-committee to Adapt's Board of Directors (Board).
- ii. The purpose is to have local input and guidance for the LMHA (Board) from the community and stakeholder involvement and participation.
  - 1. Programming available, requirements, and planning are some examples to provide input on.
- iii. The goal for committee members is to have cross-section representation by geography, systems, and consumers.
- iv. Problem solving – Discuss community needs and concerns
- v. Information, concerns, feedback, etc. are shared with the Board through meeting minutes and staff reporting.

**e. Community Mental Health Program (CMHP) Overview Presentation**

- i. The core function of CMHP is that it acts as a Safety Net to provide a system of appropriate, accessible, coordinated, effective and efficient services to meet the behavioral health needs of the communities it serves.
- ii. Safety Net = Lifesaving Services
  - 1. Works to reverse trends towards incarceration & homelessness for those with serious mental illness.
  - 2. Works to address chronic conditions and reduce risk of early death.
  - 3. Works with individuals who cannot or will not be served by other providers.
- iii. Services as a Safety Net
  - 1. Serve anyone with OHP who meets eligibility
  - 2. All people with crisis and acute needs regardless of coverage.
  - 3. Provide full span of statutorily required services
  - 4. Must serve everyone within 24 hours or seven days, depending on the level of need.
- iv. CMHP Responsibilities outside of Safety Net
  - 1. Comprehensive Planning and coordination
  - 2. Forensics
  - 3. Civil Commitment
  - 4. 24/7 Crisis Response
  - 5. Intensive Services
  - 6. Specialty Outpatient
- v. 1<sup>st</sup> Priority Populations
  - 1. .379 Aid & Assist
  - 2. Psychiatric Security Review Board (PSRB)
  - 3. Civil Commitment
- vi. 2<sup>nd</sup> Priority Populations
  - 1. Individuals who are 18 years of age or older, have a mental illness(es), including co-occurring MH and SUD, and because of

their symptoms have had specific encounters with law enforcement, jail, and detainment

vii. 3<sup>rd</sup> Priority Population

1. All other individuals who do not otherwise qualify under priorities one and two
2. At immediate risk of hospitalization for the treatment of Mental or Emotional Disturbances, in need of services to avoid hospitalization, or posing a health or safety risk to themselves or others

viii. 4<sup>th</sup> Priority Population

1. Services to all other individuals who do not otherwise qualify under the previous priorities and who have or are at risk of developing a Mental or Emotional Disturbance or SUD.

ix. CMHP Required Programs

1. Forensic Programs
2. Crisis & Emergency Services
3. Evidence-Based, Fidelity Programs
4. Psychiatry and Medications Management for Priority Populations
5. Older Adult BH Initiative
6. Case Management, Peer Delivered & Intensive Support Services for people with SMI
7. Protective Service Investigations
8. Pre-Admission Screening and Resident Review II (PASRR)
9. Outpatient

**Next Meeting:** The next Curry County BHAC Committee meeting is scheduled for Monday, December 1, 2025.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Hilary Juedes

## **GLOSSARY**

**Behavioral Health (BH):** This term refers to a broad range of mental health and substance use disorders, life stressors, crises, and stress-related physical symptoms that affect a person's overall well-being.

**Behavioral Health Care:** Refers to the prevention, diagnosis, and treatment of an identified Behavioral Health condition.

**CFAA:** County Financial Assistance Agreement – grant agreement between OHA and a LMHA

**CHA:** Community Health Assessment, managed by CHIP.

CHIP: Community Health Improvement Plan - a group working on the CHA & CHIP process for the Community Advisory Councils (CACs) and the two CCOs in Curry County.

LADPC: Local Alcohol and Drug Planning Committee

LMHA: Local Mental Health Authority, which is Adapt in Curry County

CMHP: Community Mental Health Program

MH: Mental Health

OHA: Oregon Health Authority

People with Lived Experience: A Person who identifies as having lived experience and has received or is receiving services for a behavioral health-issue or disorder or has supported family who has done or is doing so. Some people with lived experience also identify as behavioral health advocates or are people who aided in the care of a family member with a Behavioral Health Condition/disorder.

SUD: Substance Use Disorder