



Healthier Together Oregon

PartnerSHIP Meeting

August 2nd 1:00 – 3:00pm

Zoom: Link in calendar appointment

Meeting Objectives:

- Finalize charter
- Learn about priority areas and strategies
- Plan for in person meeting

10 minutes	Welcome & Introductions	Nhu
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30 minutes	Finalize charter	
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10 minutes	Break	
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50 minutes	Priority area learning	
	Adversity, trauma and toxic stress	Mandy Davis, Trauma Informed Oregon
	Behavioral health	Kyleen Zimmer and Kate O’Donnell, Oregon Health Authority

15 minutes	Planning for in person meeting	Full group
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5 minutes	Wrap up and next steps – Next meeting is September 13th	
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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Heather Owens at 971-291-2568 or heather.r.owens@dhsoha.state.or.us or 711 TTY.

Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

- Intérpretes de lengua de señas y lengua hablada
- Materiales escritos en otros idiomas
- Braille
- Letra grande
- Audio y otros formatos

Si necesita ayuda o tiene preguntas, comuníquese con Heather Owens at 971-291-2568 or heather.r.owens@dhsoha.state.or.us or o 711 TTY.

Follow up from July meeting

- **Charter development** – Report out and discussion

- **Steering committee formation**

Adversity, trauma and toxic stress – Subcommittee membership

- ❖ Regional Health Equity Coalitions
- ❖ Resilience Network of the Gorge
- ❖ Oregon Health Authority
- ❖ Northwest Portland Area Indian Health Board
- ❖ Oregon Health and Science University/Portland State University School of Public Health
- ❖ Multnomah County Health Department
- ❖ Oregon State University
- ❖ Washington County Health Department
- ❖ Friends of the Children
- ❖ Community Members
- ❖ Eastern Oregon Center for Independent Living
- ❖ Advanced Health
- ❖ Yellowhawk Tribal Health Center
- ❖ Trauma Informed Oregon
- ❖ Cascade Health Alliance
- ❖ Allies for a Healthier Oregon
- ❖ Oregon Department of Human Services
- ❖ Oregon Department of Education
- ❖ Oregon Coalition Against Domestic and Sexual Violence

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Adversity, trauma and toxic stress

ADVERSITY, TRAUMA, AND TOXIC STRESS		Oregon
Adverse Childhood Experiences (ACEs)	Percentage of children with high ACEs score	22.5%
Chronic School Absenteeism	Percentage of students missing 10% or more of school days in a year	20.4%
High Concentrated Disadvantage	Percentage of population living in census tracts with a high level of concentrated disadvantage	27.2%

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Adversity, trauma and toxic stress

- Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving.
- Expand evidence based and culturally and linguistically responsive early childhood home visiting programs.
- Build family resiliency through trainings and other interventions.
- Ensure all school districts are implementing K-12 comprehensive health education according to law.
- Develop community awareness of toxic stress, its impact on health and the importance of protective factors.

Adversity, trauma and toxic stress

- Require that all public facing agencies and contractors receive training about trauma and toxic stress.
- Require that all public facing agencies and contractors implement trauma informed policy and procedure.
- Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives.
- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.
- Expand culturally and linguistically responsive community-based mentoring and peer delivered services.
- Enhance community resilience through promotion of art and cultural events for priority populations.

Behavioral Health – Subcommittee membership

- ❖ Portland DBT Institute
- ❖ Oregon Department of Human Services
- ❖ Allcare Health
- ❖ Children System's Advisory Committee
- ❖ Association of Oregon Community Mental Health Programs
- ❖ Columbia Care
- ❖ Lincoln County Sheriff's Office
- ❖ Department of Consumer and Business Services
- ❖ Asian Health and Services Center
- ❖ Lutheran Community Services Northwest
- ❖ Oregon Health Authority
- ❖ Oregon Department of Education
- ❖ Intercommunity Health Network – Community Advisory Council
- ❖ Bay Area Hospital
- ❖ Oregon Health and Sciences University
- ❖ Alcohol and Drug Policy Commission

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Behavioral Health

BEHAVIORAL HEALTH		Oregon
Adults With Poor Mental Health In Past Month	Percentage of adults reporting 1 or more days of poor mental health in the past month	43.6%
Alcohol related deaths	Alcohol related deaths per 100,000	43.6 per 100,000
Drug overdose/poisoning deaths	Drug overdose/poisoning deaths per 100,000	14.2 per 100,000
Substance use disorder	Percentage of the population age 12+ with a substance use disorder in the past year	9.5%
Suicide	Suicide deaths per 100,000	19.0 per 100,000
Tobacco related deaths	Tobacco related deaths per 100,000	142.9 per 100,000
Unmet Mental Health Care Need Among Youth	Percentage of 11th graders who report unmet emotional/mental health care needs in the past 12 months	23.2%

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Behavioral Health

- Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve.
- Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.
- Conduct behavioral health system assessments at state, local and tribal levels.
- Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN
- Improve integration between behavioral health and other types of care.

Behavioral Health

- Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.
- Increase resources for culturally responsive suicide prevention programs for communities most at risk.
- Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.
- Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.
- Create a behavioral health workforce that is culturally and linguistically reflective of the communities they serve.
- Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.

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Behavioral Health

- Expand programs that address loneliness and increase social connection in older adults.
- Require Housing First principles be adopted in all housing programs.
- Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.
- Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.

Next Steps & Final Thoughts

Next meeting:

Monday, September 13th

Reminders:

- P'SHIP members eligible for compensation – invoice template is posted in Basecamp
- Learning focused office hours
 - Institutional Bias
 - Economic Drivers of Health
 - Access to Equitable Preventive Health Care
- Please submit Conflict of Interest form to heather.r.owens@state.or.us