Oregon Health Authority

SHIP SUBCOMITTEE MEETING: Behavioral Health

Wednesday, May 20th, 2:00 – 4:00PM

Zoom Meeting: https://zoom.us/j/393128009
Phone: +1 669 900 6833
Meeting ID: 393 128 009

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientation, socioeconomic status, nationalities and geographic locations.

Meeting Objectives:
- Finalize key indicators and short term outcome measures

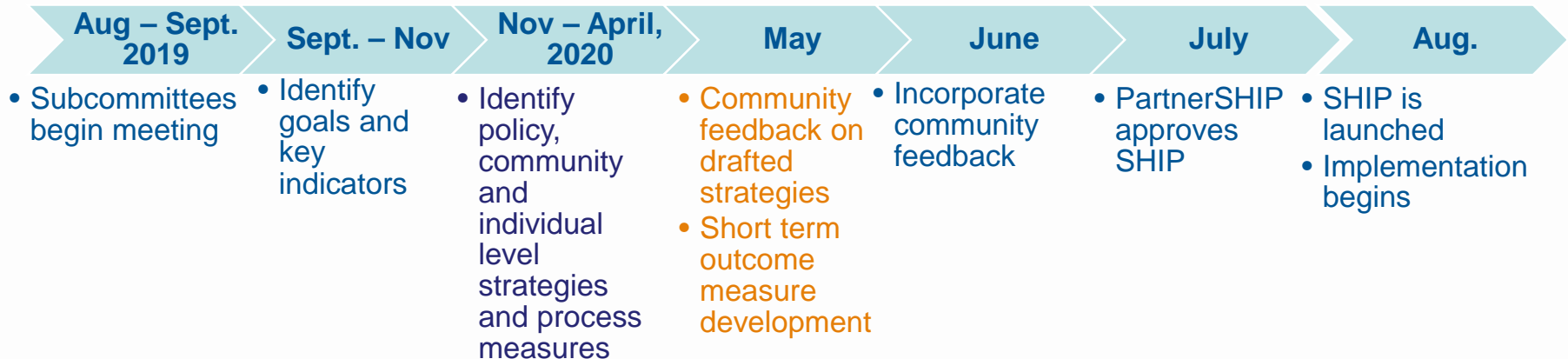|	
2:00 – 2:15	**Welcome & agenda overview**
2:15 – 2:20	**Update on community feedback process and timeline**
2:20 – 2:25	**ADPC strategy crosswalk**
2:25 – 2:30	**Update from OHA**
2:30 – 2:45	**Finalize key indicators**
2:45 – 3:45	**Identify short term measures**
3:45 – 3:50	**Public comment**
3:50 – 4:00	**Wrap-up & Next Steps** • Next meeting: June 17

Welcome and Introductions

- Share name, pronouns and agency
- After COVID-19 is over, what are you two things you're looking forward to?

Subcommittee Business

- Zoom functions
  - Please enable your video
  - Use those emoticons!
  - Keep lines muted when you're not talking

Timeline for developing 2020-2024 SHIP

Aug – Sept. 2019	Sept. – Nov	Nov – April, 2020	May	June	July	Aug.
• Subcommittees begin meeting	• Identify goals and key indicators	• Identify policy, community and individual level strategies and process measures	• Community feedback on drafted strategies • Short term outcome measure development	• Incorporate community feedback	• PartnerSHIP approves SHIP	• SHIP is launched • Implementation begins

Community Feedback Process

- Online surveys (English and Spanish) distributed by OHA, PartnerSHIP & subcommittees

- 7 community based organizations funded to collect feedback from priority populations:
    - Q Center
    - Self Enhancement Inc.
    - Northwest Portland Area Indian Health board
    - Eastern Oregon Center for Independent Living
    - Next Door
    - So Healthe-E Coalition
    - Micronesian Islander Community

- State agencies (ODOT, DHS, DCBS, etc.)

Subcommittees asked to incorporate feedback at June meetings.

Oregon
Health
Authority

SHIP Behavioral Health Strategies and Actions	ADPC Immediate Outcome	ADPC Strategies and Action	SHIP & ADPC Similarities
Goal 1: Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced			
1. Implement public awareness campaigns to encourage people to ask for services when they need then and reduce stigma	1.d.1. Increase the ability of system leadership to ensure practices, resources, programs, and services **promote health equity**	Establish a statewide public education campaign to create greater public awareness of—and support for—the substance use issues of vulnerable and underserved populations. This could include establishing a statewide education and training program to create greater public awareness, including community-based education events in key demographic locations around the state, in collaboration with local behavioral health service providers	Similar (different target group)
2. Define community need across all behavioral health services with partnership with state, tribal, and local entities	3.b.3. Increase knowledge of and access to the types and quantities of **basic need supports and other resources** required to ensure those in need of treatment can access and remain in treatment	Implement a process (e .g ., CAST or equivalent) for estimating the types and levels of basic need supports and other resources required to support access to—and retention in—treatment in community and other settings	Same
	1.d.2. **Adopt the Tribal Behavioral Health Plan**	Efficient data systems • Conduct an inventory of all baseline behavioral health data from state, federal, tribal, and local resources	
3. Promote ways to decrease barriers to ensure community agencies have access to information to destigmatize and educate communities around issues of behavioral health	DATA: 1.b.2. Strengthen and increase the ability of **data infrastructure** to support plan implementation and outcomes	DATA: Ensure all system members have the ability and access to reliable resources to collect and analyze data	Same for access to information None for educating communities around issues of mental health specifically
	DATA: 1.d.2. **Adopt the Tribal Behavioral Health Plan**	DATA: Efficient data systems • Conduct an inventory of all baseline	

		behavioral health data from state, federal, tribal, and local resources · Create and identify culturally relevant, specific tribal behavioral health metrics		
4.	**Create or expand and fund programs that combat loneliness and increase social connection in older adults**	N/A	N/A	None specific to loneliness and or increased social connection
GOAL 2: Increse individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment, and recovery				
5.	**Create and build upon existing state and local and tribal governmental partnerships between education, law enforcement, judicial system, housing and social services, payors, hospital systems, and health care practitioners to improve the mental health of Oregonians**	N/A	N/A	None; topic is not specific enough
6.	**Increase access to behavioral health services by coordinating across systems and improving integration between behavioral health and other care and service providers**	See 9	See 9	Same
7.	**Examine, reduce and remove unnecessary barriers for behavioral health services**	1.d.1. Increase the ability of system leadership to ensure practices, resources, programs, and services **promote health equity**	Remove institutional barriers that limit access to culturally appropriate and effective services Increase equitable access to culturally tailored and linguistically appropriate prevention, treatment, and recovery supports for historically underserved communities Revise/develop policies to ensure equitable allocation of resources	Similar (different target population)

		Develop and use formulas for resource allocations that incorporate need as a funding factor	
8. **Incentivize treatments have basis in empirical scient; if bases does not exist, treatment drawn from existing wisdom/experience.**	1.c.2. Increase the ability of all system members to use **evidence-based practices, policies, programs, and services**	Develop guidance to ensure those who receive system funding select and implement strategies and provide services that have the highest level of effectiveness and are situationally appropriate for the populations and problems being served and addressed Among other criteria; guidance should require that strategies: • Directly target one or more of the key risk protective factors for substance use • Demonstrate evidence of effectiveness, as published in peer-reviewed journals, with at least moderate effect sizes to ensure adequate return on investment • Demonstrate equal or larger effects with underserved populations. • Be able to reach the target audience Be sufficiently appealing to actively engage the target audience and not place undue burdens on schools, families, or other participating entities	Same
9. **Increase funding and resources for culturally and age-responsive**	1.b.3. Increase system ability to recruit, develop,	Revise/develop policies to ensure equitable allocation of resources	Same

suicide prevention and resilience programs for communities most-at-risk, for example Native Americans, LGBTQ+ individuals, and veterans.	and retain a **highly effective workforce**	Develop and use formulas for resource allocations that incorporate need as a funding factor	
		Increase the number of licensed and unlicensed behavioral health staff that work in underserved communities	
10. Identify metrics related to disparities in local education and law enforcement systems in communities of color to improve factors that impact mental health in community health improvement plans	N/A	N/A	None
11. Strengthen enforcement of mental health parity and addictions equity laws at the federal and sate levels to assure equitable administrative requirements, payment and access to behavioral health services.	1.d.1. Increase the ability of system leadership to ensure practices, resources, programs, and services **promote health equity**	Revise/develop policies to ensure equitable allocation of resources	Same
12. Ensure that providers are paid for all behavioral health services provided by developing OHP billing codes that support outreach and care coordination	1.b.3. Increase system ability to recruit, develop, and retain a **highly effective workforce**	Establish adequate reimbursement needed to increase workforce retention	Same
	3.a.5. Increase ability of intermediaries and practitioners[53] to **connect clients to same day access to appropriate levels of treatment,** including detox, residential, and/or outpatient treatment	Increase funding for treatment service types that are in highest demand to providers that can document outcomes and in locations where they are most immediately needed	
	4.a.4. Increase ability to **ensure persons in recovery have access to a peer mentor or other appropriate intermediary** to facilitate access to all needed recovery support services	Increase funding specifically to support Peer Mentor and Recovery Support Specialist positions funded across the state in school, community, correctional, and other settings	

	(see also objective 1.b. workforce)		
13. Implement Housing First initiatives creating supportive housing for individuals who are in need, including individuals waiting to access behavio ral health treatment.	3.b.3. Increase knowledge of and access to the types and quantities of **basic need supports and other resources** required to ensure those in need of treatment can access and remain in treatment	Ensure persons receiving SUD services have arrays of supports, such as housing, employment, childcare, and transportation	Similar however no mention of Housing First specifically
	4.a.5. Increase ability to provide **recovery support access** to underserved persons and communities	Develop legislative concept ensuring individuals with past criminal histories may not be denied access to safe and affordable housing	
14. Build incentives in the behavioral health reimbursement system and adequate infrastructure in the community to enable behavioral health provides to use evidence-based practices and to recruit and retain a qualified and appropriate trained workforce	See 8 for evidence based See 12 for qualified workforce	See 8 for evidence based See 12 for qualified workforce	Same

Outcome indicators

- Suicide rate (Vital statistics)

- Unmet mental health care need among youth (Student Health Survey) – Use 8th or 11th grade?

- Adults with poor mental health in past month (BRFSS)

Oregon
Health
Authority

Short term measure development

Purpose:

- Measure and monitor progress in strategy implementation
- Support decision making and action for continuous improvement
- Support equitable actions and outcomes
- Create structure for organizational and collective accountability
- Communicate the common agenda

Short term measures are ideally

- Collected annually
- Statewide
- S-Specific, M-Measurable, A- Achievable, R- Relevant, T- Time-bound

Oregon Health Authority

Short term measure development

Identify short term measures for each strategy. Discuss examples provided and gaps in measures.

Public Comment

Oregon
Health
Authority

Next Steps & Final Thoughts

-+/Delta feedback review

- Next subcommittee meeting is June 17