SHIP SUBCOMMITTEE MEETING

☐ **Bias** ☐ **Trauma** ☐ **Economic Drivers** ☐ **Access to Care** ☒ **Behavioral Health**

May 20, 2020 | 2:00 p.m. – 4:00 p.m. | Call: (669) 900-6833, Access: 393-128-009

Members Present: Kate O'Donnell (Co-chair), Isabella Hawkins (Co-chair), Gary McConahay, Jeremy Wells, Angela Leet, Curtis Landers, Kera Hood, Tori Algee, Tatiana Dierwechter, Gayle Woods

Members Absent: Andrew White, Athena Goldberg, Carol Dickey, Cherryl Ramirez, Don Erickson, Holden Leung, Jackie Fabrick, Janice Garceau, Karun Virtue, Katrina Hedberg, Rebekah Schiefer, Reginald Richardson

OHA Staff: Christy Hudson, Krasimir Karamfilov, Wes Rivers, Rebecca Knight-Alvarez

Members of the Public: Grace Bullock (Oregon Department of Education), Heidi Wallace (Hazelden Betty Ford Foundation), Tori Scholl (Comagine Health), Jeremy Koehler (Health Share of Oregon), Aaron Grigg (Center for Human Development)

Welcome & Agenda Overview

Kate O'Donnell welcomed the subcommittee members to the meeting. She asked the members to introduce themselves. The attending subcommittee members introduced themselves.

Update on Community Feedback Process and Timeline

Christy Hudson provided an update of the timeline for developing 2020-2024 SHIP. The work paused only for a month, due to COVID-19. The subcommittee will be finalizing the indicators and identifying short-term measures. The strategies and the draft will receive community feedback, which will be incorporated into the plan in June. The PartnerSHIP will approve the SHIP in July. The plan will launch on August 5, 2020.

Christy Hudson added that Elizabeth Gharst (OHA staff) had put together a website with a new brand, Healthier Together Oregon, that celebrated the work done by the subcommittees and provided a platform for partners across the state to engage in this plan in years to come. Elizabeth Gharst will be looking for subcommittee members who are interested in beta-testing that website. Subcommittee members are invited to respond to posts in Basecamp related to the website and provide feedback.

Christy Hudson remarked that OHA recently shared with all subcommittees an online survey to collect feedback on the strategies. The goal is to distribute the survey far and wide. Subcommittee members are encouraged to forward the survey to their networks, both personal and professional. The survey is shared with state agencies and partners across the state. Seven community-based organization collect feedback from priority populations (i.e., communities of color, LGBTQ+, disability community, low-income

community). The two main reasons for this engagement are to amplify the voices of the people most impacted by these priorities and to counter the limitations of the survey. The feedback data from the English version of the survey is presented on a data dashboard online. Over 500 people have responded to the survey.

ADPC Strategy Crosswork

Tori Algee presented a table that showed a comparison between the Behavioral Health subcommittee strategies and the ADPC (Alcohol and Drug Policy Commission) strategic plan. The purpose of the comparison is to see where the strategies aligned. Behavioral health strategy #1 related to public awareness campaigns to ask for help and reduce stigma aligned with a similar ADPC strategy. The difference was the target group.

Christy Hudson explained that, all along, the intention behind the work of the Behavioral Health subcommittee was to stay close to the work of the ADPC without duplicating efforts. Conversations between OHA staff and ADPC staff clarified how to integrate the strategies and connect them. For example, in the SHIP survey, there is a disclaimer that directs survey participants to the ADPC plan, if they want to provide feedback on alcohol and substance use related issues.

Tori Algee summarized the differences between the 14 Behavioral Health subcommittee strategies and the ADPC plan: 3 similar, 8 same, 3 none. All in all, the strategies align well and will strengthen each other.

Christy Hudson asked if Tori Algee looked at the strategies of the other priority areas to see if there were any other corresponding strategies.

Tori Algee answered in the negative. She could check the other priority areas, if needed.

Update from OHA

Wes Rivers stated that the Governor's Behavioral Health Council (GBHC) would reconvene either in late June or the second week in July with the hope of taking a look at the behavioral health system post COVID-19, in order to understand the innovation, good work, and partnership that had been done and look at opportunities to scale up that work. In addition, the GBHC will discuss the new budget climate in the state and think about the higher needs post COVID-19, as well as address those needs in a more constrained environment. The meeting date will be posted on the GBHC website.

Wes Rivers noted that the state had convened several agencies together to form a state incident management team (IMT) with respect to COVID-19. The Health and Human Services role includes a strong behavioral health team, staffed with OHA staff, which connects back to Department of Human Services, Department of Agriculture, and other agencies coming to the table to help address COVID-19. There are several webinars put on by that group, specific to different types of guidance for service providers (e.g., residential services, outpatient treatment, substance use providers) geared toward delivery of services within the COVID-19 landscape.

Finalize Key Indicators

Kate O'Donnell showed the outcome indicators the subcommittee had selected at the end of 2019: suicide rate (vital statistics data), unmet mental health care needs among youth (Student Health Survey data), adults with poor mental health in past month (BRFSS data). There was an outstanding question pertaining to the Student Health Survey about which of the two age groups, 8th and 11th grade, to use.

Christy Hudson explained that the indicators for all five priorities were reviewed by research analysts on the Science and Epidemiology Council at OHA, as well as by data experts within the Public Health Division, to get their perspective and feedback on the indicators. One lingering question from the research analysts was about the age group of the students in the second indicator. In relation to the website, all indicators will be built using Tableau, a data visualization tool, which will be embedded in the new website. All indicators will be analyzed (both as a whole and by subgroup), trended over time, and compared to national data.

A subcommittee member recommended, from a hospital standpoint, to use the 8th grade group. There is a huge increase in the 13-15-years-old group, coming in with major mental health crises. If the young group is targeted, there are more years for potential help that can be given earlier in life, so that the students don't end up being 11th graders with unmet needs for the last three years. Younger is better.

Grace Bullock shared that she had been working independently with OHA around the Student Health Survey. She asked if this was for the next iteration of the survey that was fairly done or for future iterations.

Kate O'Donnell responded that this would be for the new Student Health Survey. It is the same question that was used before in the Oregon Healthy Teens survey.

Grace Bullock added that the survey she commented on, the 2020 Student Health Survey, had physical and mental health combined. She had asked if it would be possible to seperate them. As it is right now, there is no specific call-out for mental health. It seems as though the two have been collapsed. It would be good if OHA could influence the separation of the two types of health. The creators of the Student Health Survey have taken a couple of ODE recommendations. Because physical health and mental health are collapsed in such surveys, ODE can't distinguish the mental heatlh care needs at this point.

Wes Rivers remarked that he had worked on the survey contents at a past job. Historically, unmet mental and emotional health need and physical health need have been always separated. There is a combo between mental and emotional health, but he was unsure if that had changed. It would be surprising if the mental and physical health were combined.

Grace Bullock stated that the survey design team had been trying to limit the number of items, because the survey had been historically very long. That may have been one of the places that was limited. There are questions in the survey about unmet emotional and mental health care needs, but they are more specific to service utilization. There are not clearly delineated items.

Kate O'Donnell pointed out that the mental health question had been incorporated into the Positive Youth Development benchmark. Assuming that there still is a question for the future iterations of the Student Health Survey, she heard some support for looking at younger age groups, because there is acuity in the 8th grade.

Gary McConahay commented that from a prevention point of view, the older a person got, the higher the likelihood on unmet mental health care needs. His preference was for the earlier interventions with the earlier identification.

Rebecca Knight-Alvarez shared that she had a copy of the Student Health Survey, as she sat on the committee. There is still one question that is *unmet mental health* and there is another question *unmet physical health*. Those are still in the 85 questions, because it has been cut quite a bit. A couple of questions around COVID-19 and health will be added. The question on mental health reads: *During the past 12 months did you have any emotional or mental health care needs that were not met?*

Kate O'Donnel remarked that that would be the question that would be used. It's the same question in the 8th and 11th grade surveys. The consensus seems to be around using the 8th grade question.

Wes Rivers noted that, from a policy perspective, he agreed with the argument for using 8th grade. He questioned the premise of only selecting one. While 8th grade is extremely good in understanding what is preventative, captures more students, students are less like likely to have been disengaged by that point, and the captured sample is well-rounded, as the age moves, data points are lost. What we know about transition age youth is very little. That is a population of high priority, given gaps in services between the children setting and moving into adult care. He cautioned having one and not the other, because while one is more focused on prevention, the other looks at the next cycle of that person's life in 11th grade.

Kate O'Donnell asked if it would be possible to take the indicator back to the research analysts and check if the two age groups could be used.

Chrsity Hudson answered that it was possible. Putting two data points on the website would make the data visualization busy and might not communicate clearly the intentions of the behavioral health priority. She asked the subcommittee members, in the event that the two age groups could be used, if they could come to an agreement in Basecamp, or, in the event that the subcommittee had to pick one age group, if the members wanted to come to a consensus now.

Kate O'Donnell summarized that subcommittee members commenting in the Zoom chat were interested in having both age groups, but, if the subcommittee had to choose one, to go with 8th grade. An update could be provided in Basecamp.

Identify Short-Term Measures

Kate O'Donnell explained that every strategy that the subcommittee recommended had to have an accompanying short-term measure.

Christy Hudson shared that, initially, process measures were going to be used, but a suggestion came from the Trauma and Toxic Stress subcommittee to use short-term outcome measures, as process measures tended to be not as meaningful to community. The use of short-term measures is in the spirit of "what gets measured, gets done." It is meant to be a tool of accountability for the strategies. It will help monitor progress and implementation over the life of the SHIP, support decision making and quality improvement activities for the strategy, and communicate the intention of the SHIP and the strategies. Ideally, the short-term measures would be collected annually, would be available statewide, and would align with the SMART framework (i.e., specific, measurable, achievable, relevant, time-bound). Hopefully, these are data that already exist and it won't have to be created.

Christy Hudson showed the strategies selected by the subcommittee and noted that OHA staff had done some initial thinking about possible short-term measures. The subcommittee is free to consider, react to, or reject the proposed short-term measure ideas. When discussing possible measures, subcommittee members should keep in mind that the strategies are not final and won't be final until the June meeting.

The subcommittee convened in three breakout rooms and discussed a short-term measure for each strategy.

Public Comment

Kate O'Donnell invited members of the public to provide comments and ask questions. There was no public comment.

Next Steps

- Christy Hudson will compile the short-term measure ideas generated in the breakout rooms. She will follow up with members of other state agencies to flesh out proposed measures.
- Christy Hudson, Kate O'Donnell, and Isabella Hawkins will convene to move the measures forward.
- Christy Hudson will follow up with a data analyst and check if it is feasible to include both 8th grade and 11th grade data.
- The subcommittee will be incorporating community feedback and finalizing the strategies in June.

Adjourn

Kate O'Donnell adjourned the meeting at 2:55 p.m. The next meeting will be on June 17, 2020.