



SHIP SUBCOMMITTEE MEETING

Bias Trauma Economic Drivers Access to Care Behavioral Health

August 21, 2019 | 2:00 – 4:00 | Call: 1 - 646 749-3122 Access: 732260405 voice code x 15

Members Present: Kate O'Donnell, Analiese Dolph, Lillian Shirley, Athena Goldberg, Carol Dickey, Gary McConahay, Gail Woods, Holden Leung, Katrina Hedberg, isabella Hawkins, Jeremy Wells, Kera Hood, Rebekah Schiefer, Dr. Reginal Richardson,

Members Absent: Angela Leet, Cheryl Ramirez, Curtis Landers, Don Erickson, Jackie Fabrick, Janice Garceau, Paul Virtue,

OHA Staff: Lillian Shirley, Kate O'Donnell, Christy Hudson

AGENDA ITEM #1 – Welcome and Agenda Overview

This meeting is intended as time to get to know each other, set the stage and have a shared understanding of the focus and purpose of this group. By the end of the meeting, we hope to have identified a goal to focus on. Kate acknowledged this it is an ambitious agenda. Our work will wrap up by July 2020. Christy said that OHA's role as staff is to provide support and guidance on how the discussion aligns with the other priorities.

AGENDA ITEM #2 – Subcommittee Introductions

Subcommittee members introduced themselves and shared why this work is important to them. Members bring a range of diversity, experience and interest.

AGENDA ITEM #3 – Setting the stage

A SHIP Orientation webinar was held earlier this summer that provides a good grounding of how we got here and what we are anticipating. Expectations were discussed. The charter codifies the expectations of the subcommittee.

Basecamp will be a primary tool for our work. We are also trying to secure use of Zoom for future meetings which will enable us to use web cameras for more interactive meetings. PHD staff will help develop agendas and guide the discussion to ensure what the subcommittee recommends complements the other SHIP subcommittees and that we're not duplicating efforts. Decisions will be made by consensus.

Kate reviewed the ground rules.

Dr. Richardson asked if this is a Public Meeting consistent with Public Meeting Law? Lillian responded that it isn't a required public meeting, but we are going to treat this as such in the interest of transparency.

mentioned that the phrase “what is said here, stays here” is potentially challenging if this is a public meeting. Katrina agreed and added that members should consider that when deciding whether or not to share personal stories.

Kate confirmed there was consensus for the proposed ground rules.

Christy provided background information on the health equity framework and proposed work plan. Christy shared that within mental health, there’s a lot of working going on, for example the CCO 2.0 policy, the OHA Behavioral Health Collaborative and the tribes also just published a behavioral health strategic plan. The subcommittee will first want to understand and align this work – and identify what else is missing which will likely focus primarily on prevention oriented activities.

Dr. Richardson explained the role of the Alcohol Drug and Policy Commission. The PartnerSHIP identified behavioral health as one of five priority areas to include concerns related to mental health and substance use. The ADPC is in the midst of a similar strategic planning effort specific to alcohol and drug use. In order to prevent duplication of effort, in conversation with the ADPC it was determined that the SHIP subcommittee should focus on mental health and look to the ADPC for goals, strategies and measures related to alcohol and substance use. Dr. Richardson, as Executive Director for the ADPC, will be sitting on the behavioral health subcommittee, and members of the behavioral health subcommittee are invited to listen in to ADPC meetings. The ADPC consists of 19 members, 16 who vote, and were appointed by Governor and confirmed by the senate. The ADPC will be providing a report to the legislature in 2020 before finalizing their plan at the end of 2020.

Gary voiced appreciation for the distinct separation of mental health from addictions.

Kate asked who was missing from the subcommittee. Suggestions include representation from law enforcement, tri-county behavioral health, tribal health, rural public health, and the OPCA. Christy clarified that there is already representation from law enforcement with Sheriff Landers. Some members also reside in more rural parts of the state. Some of these suggestions are also involved on other subcommittees and/or that invitations were not responded to. PHD staff will also be supporting coordination across subcommittees where there is intersection in goals or strategies. We can certainly add additional people to subcommittees – keeping in mind PartnerSHIP recommended keeping group to approximately 15 people. This subcommittee currently has 19.

Kate asked if anyone is interested in being a co-chair of the subcommittee. Isabella stepped forward to take on that role. She has a facilitator background. Kate and Isabella will connect regarding their joint responsibilities.

AGENDA ITEM #4 – Understanding the Data

Subcommittee reviewed data related to behavioral health.

Kate asked members what data stands out? Members commented on lack of providers for mental health, suicide attempts among LGBTQ+ identified youth, transportation barriers

AGENDA #6 – Defining the Goal

Kate
moved

group to goal identification. The group reviewed example goals from the 2015-2019 SHIP and CHIPs. Given limited time left in meeting, proposal that a small group could meet before the next meeting to identify some possible goals. Members agreed to this proposal and used remaining time to share language/concepts that they'd like to see incorporated: acceptance and access, isolation, stigma and shame, provision of family focused information and support.

Isabella, Carol, Dr. Richardson, and Jeremy volunteered to join work group to further flush out goal.

PUBLIC COMMENT

Nick Powers provided public comment. He works at a treatment facility in rural Oregon. Shared they are doing same day, walk in appointments to provide access to counselors.

An unidentified member voiced support for a goal related to acceptance and access.

Andrew White, Portland DBT Institute, voiced support for evidenced based practices for suicide, for example means restrictions. Related to this, Katrina shared PHD just published a new resource on firearms.

Kate asked for feedback about the meeting. Those on the phone stated the agenda was easy to follow and hear the conversation. Voiced appreciation for having the agenda prior to the meeting, ease of Basecamp, and pace of the meeting.

NEXT STEPS

1. The subgroup will meet and define the goals. Members invited to share goal language prior to this meeting.
2. Please explore Basecamp and share resources and documents.
3. Kate and Isabella will connect about co-chairing

ADJOURN 4:00 PM