PUBLIC HEALTH DIVISION

Oregon Health Authority

SHIP SUBCOMMITTEE MEETING

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

January 7, 2020 2:00 p.m. – 4:00 p.m. |

Members Present:

Terra Herndandez, Kimberlee Handloser, Mandy Davis, Nurit Fischler, Vanessa Timmons, Terra Herndandez, Margaret Braun, Laura Williams, Suzanne Hansche, Annie Valtierra Sanchez, Jessica Nye, Sheldon Levy, Susan Boldt, Kim Hatfield, Frank Franklin, Tammi Martin

Members Absent: Danica Brown, Claire Ranit, Ginny Rake, Kirt Toombs, David Bangsberg, LeeAndria Witcraft, , Jenny Jackson

OHA Staff: Elizabeth Gharst

Members of the Public: Debby Jones, Shelagh Johnson

AGENDA ITEM #1: Welcome, agenda overview, and subcommittee business

Kimberlee opened the meeting. Asked participants to introduce themselves. Objectives of the meeting are to choose a list of strategies to move forward.

Elizabeth Gharst explained that the subcommittees digest had been sent to all subcommittees every month, which was fine when setting up the work, but now that the subcommittees were moving into strategies, the Behavioral Health subcommittee requested a snapshot of what had been looked at for strategies across the five subcommittees. The navigation map shows the goals and indicators for each subcommittee, as well as the brainstormed strategies that haven't been vetted through the criteria. The navigation map will be updated every month and will be available in the meeting folder, so members can see how it is changing from month to month.

AGENDA ITEM #2: Community indicator update

Between last meeting and this meeting, the potential indicators from last time were vetted to see if there was more than one option to vote on. Our State Epidemiologist and Dr. Franklin met to discuss the indicators, and it was determined that of the three looked at last meeting, that Concentrated Disadvantage was the viable option and met the goal of looking at health on a community-wide level as the data would be available by census tract. Laura expressed concern that Concentrated Disadvantage makes the connection between trauma and poverty, and how the issue is framed. Sheldon stated that there is a high correlation between ACEs and poverty, however poverty is not the only cause of Adverse Childhood Experiences. Kim stated that this subcommittee is looking at not just ACEs, however it is also looking at toxic stress as well, and many of the variables in Concentrated Disadvantage are associated with toxic stress. Kim stated that when the plan is written, that it should make the point Laura brought up clear, that we are not inferring that trauma and poverty are equated. The subcommittee decided to adopt Concentrated Disadvantage as the third indicator for this priority area.

AGENDA ITEM #3: Strategy narrowing

Liz reminded the group that the aim is to have 3- 5 strategies at the individual, community, and policy level under each goal. The first criterium is that it addresses a disparity in the priority populations for the SHIP, which are people of color, people with low income, people with disabilities, LGTBQ+ people, and people who experience geographic disparities. The remaining criteria were reviewed.

Liz reviewed some policy strategy examples including new legislative concepts and broad-scaled systemic changes. Terra asked the question of what strategies that are listed are already in policy and have Oregon Administrative Rules and Oregon Revised Statutes since some things listed are already being implemented. For example, for universally offered home visiting, this has been working well, but they have been trying to get traction around collecting data and tying it to state goals. Also ensuring culturally responsive providers with appropriate linguistic capabilities conducting home visiting.

Mandy mentioned the example of comprehensive sex ed, and the need to add violence prevention as it is under goal one in prevention of trauma, and that social and emotional learning could be embedded into sexual education.

Under promoting access to safe, affordable, and culturally appropriate childcare, a strategy could be increasing family home care training or workforce development.

Annie mentioned that in terms of the racism that communities of color are experiencing in Oregon, promoting community resilience is important. Annie suggested moving the community resilience trainings to goal two. Nurit suggested to include anti-racism and violence prevention under the parentheses to more specifically address the needs of communities of color.

Nurit stated that within interventions for youth, this would include comprehensive sex ed, healthy development of social skills, social emotional learning and collaborative problem solving, in kids preschool – 12. It is a large bucket that would need to be narrowed down.

Annie clarified that the community awareness topic is broader than ACEs, to which the group agreed. Mandy stated this bucket may include the promotion of arts and culture strategy currently listed under goal 2.

Throughout the discussion, the following priorities were identified:

Goal #1: Prevent trauma (e.g. intergenerational and historical trauma), toxic stress, and adversity through data driven policy, system and environmental change)

- Promote access to safe, affordable, and culturally appropriate childcare
- Develop community partnerships, coalitions, and cross-system initiatives to address trauma and increase resilience
- Comprehensive sex ed/social emotional learning
- Home visiting
- Paid family leave

Goal #2: Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities

- Community resilience training (e.g., anti-racist, violence-prevention, disaster response, and mental health first aide training)
- Culturally appropriate social support and mental health practices (e.g. Positive Indian parenting, group peer support for maternal depression, etc.)
- Promote universal family focused interventions such as Strengthening Families and The Incredible Years to help family connectedness and protective factors and mitigate the impact of ACE/Youth mentoring (youth to caring adult)
- Increase community awareness and understanding of toxic stress, trauma, and the impact of adversity on lifelong health
- Implement community-led equity initiatives (e.g. Prevention Institute's Adverse Community Experience and Resilience - strong social networks and community connections, built environment /safe housing, cultural supports)

Goal #3: Mitigate trauma by promoting trauma informed systems and services that assure safety and equitable access to services, and avoid re-traumatization.

- Train health, mental health, social service, education, detention, and all other institutional providers to understand trauma, including awareness of ACES, and provide trauma informed services.
- Invest in community-based organizations (CBOs) for culturally responsive mental healthcare communities.
- Peer support/recovery support

PUBLIC COMMENT

Shelagh mentioned to consider that there is nothing currently in the priorities to respond to violence in schools, for example having advocates in schools as opposed to mandatory reporters so students are getting what they need versus the system getting what it needs. The subcommittee was encouraged to think about the response bucket versus the prevention bucket. Mandy followed up and mentioned it may be good to think about restorative justice and restorative practices.

Debby appreciated that people in the rural areas are one of the priority populations. She mentioned the State of California has just passed legislation and implementation of a program called ACE's Aware, so to look to that for an example.

NEXT STEPS

- Liz will post the list of topics chosen on Basecamp.