PUBLIC HEALTH DIVISION

Oregon Health Authority

SHIP SUBCOMMITTEE MEETING

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

December 18, 2019 https://zoom.us/j/393128009 Conference call (669) 900 6833, ID 393 128 009

Members Present:

_____ Andrew White	__X_ Don Erickson	_____ Karun Virtue
__X__ Angela Leet	____ Gary McConahay	__X__Kate O'Donnell
_____ Annaliese Dolph	__X__ Gayle Woods	_____ Katrina Hedberg
_____ Athena Goldberg	_____ Holden Leung	__X__ Kera Hood
_____ Carol Dickey	__X__ Isabella Hawkins	_____ Rebekah Schiefer
__X__ Cherryl Ramirez	_____ Jackie Fabrick	_____ Reginald Richardson
_____ Curtis Landers	__X__ Janice Garceau	_____ Tatiana Dierwechter
__X__ Jeremy Wells		

OHA Staff:

_____ Christy Hudson	___x__ Liz Gharst	___x__ Joey Razzano

Designee: Tori Algee for Reginald Richardson
Members of the Public: Tory Scholl, Ally Lindfoot, Angel Prater, Debby Jones

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

Kate opened the 5th meeting sharing that new features of ZOOM will be used and encouraging members joining in remotely to turn their cameras on. Introductions were made for those in the room and remote attendees.

This subcommittee is moving forward with the development of strategies at the policy, community, and individual level relating to the two goals.

AGENDA ITEM #2 – Update from ADPC – Draft ADPC Statewide Strategic Plan

Tori Algee shared that the Alcohol, Drug, and Policy Commission strategic plan should be done by the end of the year. It is mandated to be completed by June 2020 so it is ahead of schedule. The draft has been approved by then programs and will next be voted on by the Commission itself before it goes to the Governor for final approval.

There are 4 overarching goals of the strategic plan. They include:

- **Goal 1:** Strengthen Oregon's state substance misuse system
- **Goal 2:** Increase the impact of substance misuse prevention across the lifespan
- **Goal 3:** Increase rapid access to effective SUD treatment across the lifespan

- **Goal 4:** Increase access to effective SUD recovery supports across the lifespan

Tori reiterated that the goals of the strategic plan are intentionally meant to cover the entire lifespan to include all age groups. This is an issue that impacts not just children and pre-adolescents but older adults as well. This plan includes the continuum of services including prevention, treatment, and recovery support. It's not just for abstinence. Nobody is left out of the strategic plan. Some of the strategies were then also covered. The draft has been posted on Basecamp and a link can be also found in the meeting materials.

Kate stated that the work of the ADPC is going to complement the work of the SHIP behavioral health subcommittee so they are not duplicating efforts. This group will focus more on mental health services.

Logic Model

Liz introduced the navigation map with goals, indicators and strategies. In lieu of the subcommittee digests, this is the working document that will evolve over the next few months. It shows strategies of what other subcommittees are looking at and considering. Please note that this content has not been vetted yet and is a real-time snapshot of the work going on before, during, and in-between meetings.

The intention of this document is so members can see what other subcommittees are prioritizing since there are some areas of overlap in between priority areas. Between now and the end of February when the final 10-15 strategies are agreed upon, this document will be updated after every round of meetings and will be a living document. It is attached to the Outlook appointment and posted in the Meeting Materials folder in Basecamp.

AGENDA ITEM #3 – Breakout Sessions: Strategy Brainstorm

Continuing the conversation about developing strategies to address the goals of the behavioral health subcommittee which are: To reduce stigma and increase community awareness that behavioral health issues are common and widely experienced, and To increase individual, community and system resilience through a coordinated system of prevention, treatment and recovery. Strategy criteria as defined by the PartnerSHIP was covered and guidance was provided to the groups for breakout session discussions. The group broke into smaller groups and chose a topic area to brainstorm strategies in, which were recorded in the Meeting Materials folder in Basecamp.

AGENDA ITEM #4 – Report out to full subcommittee. Breakout Rooms:

Each group reported on the strategies brainstormed in the small groups. The lists below are also posted in the Meeting Materials folder in Basecamp:

Breakout Group #1 - Evidenced based strategies brainstorm

- Increase access for individuals in rural communities by increasing resources for student loan forgiveness for health professionals

- Increase outreach to university programs for health professionals
- Metric: coordination between primary care and behavioral health
- Implement step up, step down protocol between primary care and behavioral health specialty care to support people in navigating behavioral health systems
- Implement public awareness campaigns (e.g., "Mind Your Mind", Cultivate Compassion) to encourage people to ask for services when they need them and reduce stigma
- Educate medical providers to address co-morbid behaviors to identify risk and make referrals to specialty behavioral health services
- Implement/support telehealth and telepsychiatry
- Increase access to peer support certification training and peer support supervision training to increase utilization of peers in behavioral health
- Implement process (CAST) to estimate projected numbers, locations, characteristics of persons needing behavioral health services
- Understand who is ready and ascertain if we have the capacity to support people
- Create inventory of behavioral health providers that is publicly available and accessible (stakeholder asset map) - and customizable for different localities, demographics, etc. (e.g., culturally specific providers, ages, specialties). Ensure database is kept up-to-date
- Determine process to quantify community need across spectrum of services
- Use data to formally identify and increase investments in behavioral health services that are producing desired outcomes
- Create online recovery housing hub where person in recovery can easily identify sober housing units
- Increase access to local housing resources
- Increase incentives that focus on evidence-based engagement strategies (motivational interviewing, peer-delivered supports) - incentives for individuals and systems of payment
- Strengthen assessment processes for incarcerated individuals
- PCPs administer validated screening tools on annual basis
- Require hospitals have certified behavioral health specialist available 24 hours a day/7 days per week to facilitate referrals to appropriate level of care
- Develop value-based payment models that measure the relationship between behavioral health investment and medical
    - Dr. Biglan research

Breakout Group #2 – Suicide Prevention

- [Policy/systems] Increased sharing of information among/between schools and community mental health programs pertaining to suicide reporting.

- [Policy] Formal MOU/agreements between school districts and community-based organizations community health programs (Notes: particularly around Student Success Act (SSA) implementation, formal MOUs will help address workforce issues)
- [Policy/systems] Develop service array that can be billed through private insurance or Medicaid for mental health services
- [Community] Create or scale-up parenting skill and family relationship programs, particularly for rural areas (tele intervention?) Leverage community-based orgs that provide those types of services
- [Individual/Community] Fund programs that combat loneliness in older adults (Notes: Evidence based programs that help older adults connect socially to address social anxiety. Reduce isolation and create connections to their communities for success. Partial funding is there, but it is not adequate.)
- A strategy specifically addressing suicide prevention for LGTBQ individuals. Example: an intervention with faith-based groups to hold family acceptance trainings in churches
- Other strategies around at-risk groups
- Advocate that the next plan works with SB52 and section 36 of the student success act

Breakout Group #3 – Suicide Prevention

- Community suicide prevention expansion for further then just age 24
  construction has high rate of suicide, state efforts to engage in prevention services.
- Youth completed suicide - freshman of h.s. a lot of kids coming thru the hospital with suicidal ideation, bullying is huge. students not feeling supported by school staff.
- State, waitlist laws or rules in general, insurance not helping. If a client or patient is left in Emergency department will get a bed sooner. Emergency mandates, find out more on wait list and if not in pediatric bed not getting housed as soon as if left in ER. CMS issue (ohp dilemma). Imminent danger to self or others - hard to meet the level of Imminent level of danger. Does Imminent danger description, or a middle new criteria to ask more for mental illness hold.
- DHS currently put a plan together to train all State-wide staff Suicide prevention and gateway keeper, concerns - can conduct an intervention but where does it go from there.
- Huge concern for housing and residential needs for youth and adolescents wait lists are long.
- Tracking improvement to follow the fluctuation for suicide attempts??? Successful suicides are tracked. Tracking suicide attempts (current efforts- requiring medical field to report.
- Dialectical behavior therapy (DBT Therapy) - Limited services to provide for (Borderline personalities) unstable people who have revolving door services at ER. Services need to be available. Need enough evidence-based services to accommodate the destigmatization of mental health / illness. How do we address this to enforce the number of providers to get access to the care they need. How do we help patients/clients. DBT training funds, grants, exchange for reduce tuition, to fund the education for DBT.

- EMDR, Cog. Behavioral therapy, CBT. Is there a way to have a funding to help.
  ECT- Brain stimulation. Educating hospital and out patients facilities to provide the service to patients. Educating professional and public on what ECT is.
- Head Strong program (in Canada) youth based activities to destigmatize and educated the youth.
- Training youth to give them skills to be educated to know basic steps to help fellow students. Have resources for students to go to if they need. To assist fellow students that are suicidal.
- Primary care practices to start having screening tools and Coos county has one going. Struggle to get them up to date to have them screen.
- Foster Care - " I am not really trained well enough to take care of this kid with emotional trauma" - Lacking skill set to cope with children of severe trauma - high ACE score. Current training for Foster Care parents is inadequate. Retention of Foster Parents, can be hard. Is there something that can be created for foster parents to give them a resource to contact for help.
- CIT - Crisis intervention training - For law enforcement should be done in each county. Data base to track responses best fit on scene people. Different perspective see it as an illness then an attitude. Mental Health First Aide for all law enforcement.

Public Comment –
A member of the public commented that she hopes this subcommittee also considers balancing measures in addition to process measures and outcome indicators. Also when created process measures, to ensure these are not actually outcome indicators and are true process measures.

Debby Jones from Wasco County spoke about representation of rural and frontier counties on the subcommittees. She expressed that she appreciates the opportunity to attend these thoughtful conversations. She suggested that examples of behavioral health interventions or strategies should be looked at in rural areas that can be scalable strategies and could be very cost efficient.

Liz Gharst echoed that this was a good consideration across all subcommittees moving forward in strategy development – how can the strategies be written so that they are specific enough to be understood, but broad enough so they can be adapted for different regional and local solutions.

WRAP UP & NEXT STEPS –

- -+/Delta feedback review
- - Next subcommittee meeting is January 15, 2020
- Next steps are to combine all the strategies suggested and de-duplicate prior to next meeting so the group can begin applying the criteria and help narrow down. This list will be posted in Basecamp once it is finished.
- -Homework: – Prior to next meeting, subcommittee members are asked to review the list once it is available and think about what should be prioritized.

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