



## SHIP SUBCOMITTEE MEETING #5: Behavioral health

Wednesday, December 18th, 2:00 – 4:00pm  
800 NE Oregon Street, Suite 900  
Portland, OR 97232

OR

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

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:

- Identify policy, community and individual level strategies

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2:00 – 2:15      **Welcome, agenda overview, subcommittee business**

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2:15 – 2:20      **Update from ADPC – draft ADPC Statewide Strategic Plan**

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2:20 – 3:15      **Breakout sessions: Strategy Brainstorm**

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3:15 – 3:45      **Report out to full subcommittee**

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3:45 – 3:50      **Public Comment**

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3:50 – 4:00      **Wrap-up & Next Steps**

- Next meeting: January 15th

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# Welcome & introductions

Share name and pronouns

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. A thin orange horizontal line is positioned above the "Health" text.

# Subcommittee Business

- Zoom functions
  - Please enable your video! We will be doing breakouts over Zoom this meeting.
  - Use those emoticons!
  - Keep lines muted when you're not talking

# ADPC Update

- Posted on Basecamp:

<https://public.3.basecamp.com/p/os29FYcEPWqqwUMXrmv7cpJV>

- Please email Dr. Richardson with your feedback  
[Reginald.Richardson@state.or.us](mailto:Reginald.Richardson@state.or.us)

# Logic Model Update

- SHIP Navigation Map – Posted in Basecamp Meeting Materials folder
  - Working document
  - Will be updated monthly in lieu of Subcommittee Digests

# Getting clear on language

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

**Strategy: Policy, community and individual level interventions needed to achieve the goal**

**Process measure: Short term measure that would indicate strategy has been achieved.**

# Getting clear on language - Example

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

**Strategy:** Increase number of culturally responsive mental health providers

**Process measure:** Number of QMHPs that identify as a POC.

# Example – Adversity, Trauma and Toxic Stress

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

The following strategies were discussed under Goal 1:

- Promote access to safe, affordable, and culturally appropriate childcare
- Promote family friendly policies that decrease stress and adversity and increase economic stability for families
- Develop community partnerships, coalitions, and cross-system initiatives to address trauma and increase resilience



# Strategy development

- Goal: Identify a total of 10-15 strategies at policy, community and individual level
  - Existing strategies
  - New strategies
  - Interventions needed to make progress towards the goals
- Process
  - Identify possible strategies
  - Apply criteria to narrow strategies
  - Identify approximately 3 – 5 strategies for each layer of framework

<b>Strategy Criteria</b>	
<b>Selection criteria</b>	<b>Definition</b>
Proven impact on disparities	<ul style="list-style-type: none"> <li>• Strategy addresses disparities in priority populations (POC, low income, disability, LGBTQ, rural/frontier)</li> </ul>
Will achieve intended outcome	<ul style="list-style-type: none"> <li>• Right strategy for the goal</li> <li>• Strategy aligns with evidence-based or promising practice</li> </ul>
Politically feasible	<ul style="list-style-type: none"> <li>• Ability to influence and implement a policy change</li> </ul>
Resourced or likely to be resourced	<ul style="list-style-type: none"> <li>• Funding is available or likely to be available</li> <li>• Local expertise exists</li> </ul>
Relevant to community	<ul style="list-style-type: none"> <li>• Strategy is in use in local community</li> <li>• Strategy is realistic and of interest from a local perspective</li> </ul>
Alignment with other strategic initiatives (locally or federally)	<ul style="list-style-type: none"> <li>• Strategy nationally recognized or recommended</li> </ul>
Change likely in next 5 years	<ul style="list-style-type: none"> <li>• Impacts likely to be seen within 5 years of implementation</li> </ul>
Addresses lifespan	<ul style="list-style-type: none"> <li>• Relevant to a wide range of age</li> <li>• Relevant to young children or older adults</li> </ul>

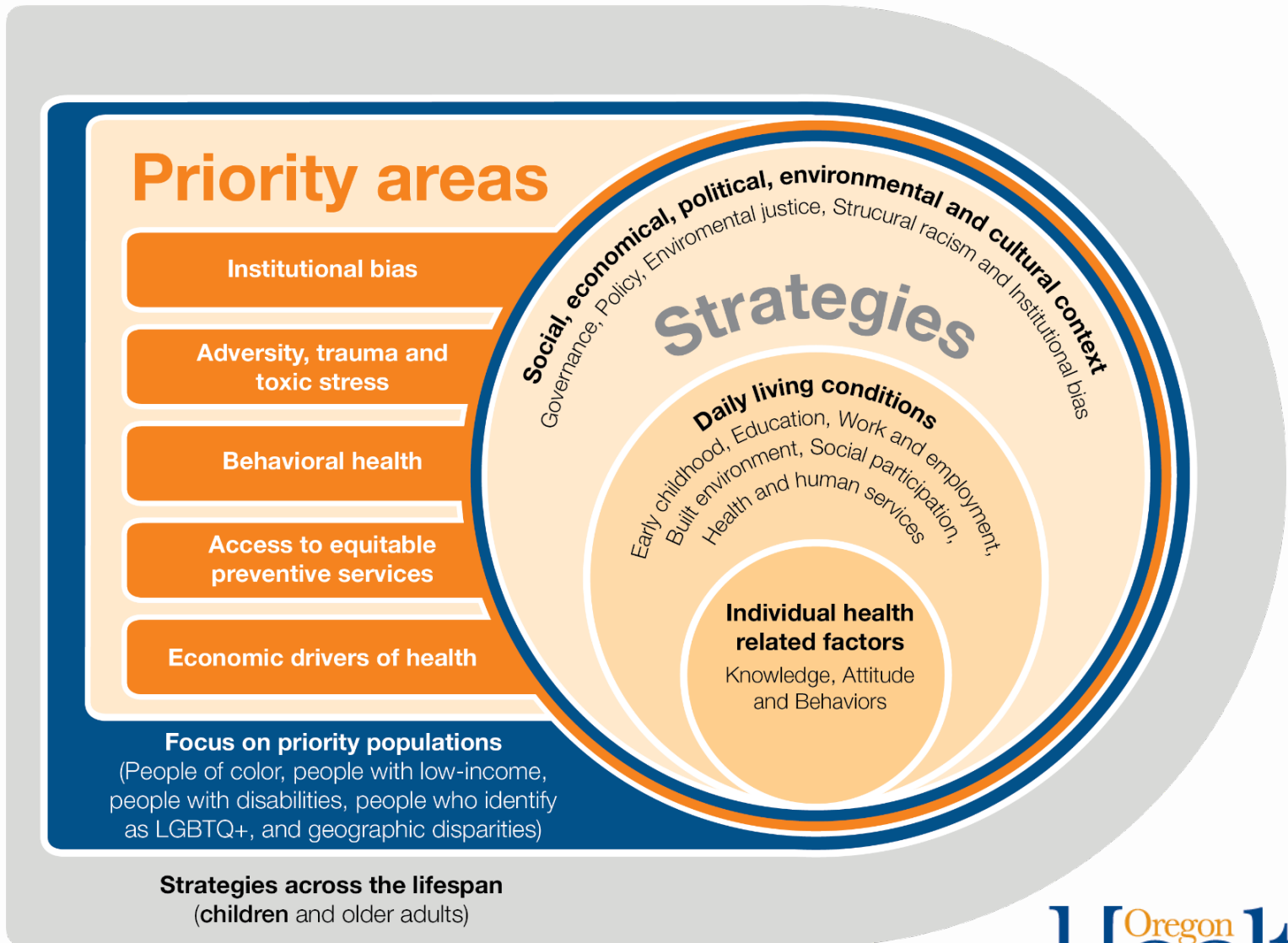
# Process measure development

- Goal: Identify 1 process measure for each strategy
  - Communicate hoped for changes
  - Short term in nature (change in 1-2 years)
  - Measure progress towards strategy
- Process
  - Identify possible measures
  - Apply criteria to narrow measures
  - Identify baseline and target if available

## Process Measure Criteria (short term, 1-2 year change)

Selection criteria	Definition
Promotes health equity	<ul style="list-style-type: none"> <li>• Measure addresses an area where health disparities exist</li> <li>• Data are reportable by race/ethnicity</li> <li>• Data are reportable by gender</li> <li>• Data are reportable by sexual orientation</li> <li>• Data are reportable by disability</li> <li>• Data are reportable by income level</li> </ul>
Respectful and relevant to local priorities	<ul style="list-style-type: none"> <li>• Data are reportable at the county level</li> <li>• Indicator is already in use at local level</li> </ul>
Lifespan	<ul style="list-style-type: none"> <li>• Data are reportable by age</li> </ul>
Acceptable and attainable	<ul style="list-style-type: none"> <li>• Right measure for the strategy</li> <li>• Measure aligns with evidence-based or promising practice</li> <li>• Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years</li> <li>• It is reasonable to expect improved performance on this measure.</li> </ul>
Frequency	<ul style="list-style-type: none"> <li>• Data is collected annually or every other year at minimum.</li> </ul>
Transformative potential	<ul style="list-style-type: none"> <li>• Demonstrates an innovative measurement approach</li> <li>• Brings forward community voice</li> </ul>
Aligned with state measures	<ul style="list-style-type: none"> <li>• Existing State Health Indicator, CCO Incentive Measure, Public Health Accountability Measure or other state-wide performance measures</li> </ul>
Feasibility of measurement	<ul style="list-style-type: none"> <li>• Data for measure are already collected, or a mechanism for data collection has been identified.</li> </ul>

# 2020 SHIP Framework



# Brainstorming strategy breakouts

- Break into 3 topic area groups. You will be assigned into Breakout rooms in Zoom.
- Identify a notetaker who will document in Basecamp.
- Create a list of your strategies in the Meeting Materials folder.
- At 3:15pm, we'll close breakout rooms for report out in full subcommittee.

# Report out

# Public Comment

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Oregon  
Health  
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# Next Steps & Final Thoughts

-+/Delta feedback review

- Next subcommittee meeting is January 15

-Homework: