PUBLIC HEALTH DIVISION

Oregon Health Authority

SHIP SUBCOMMITTEE MEETING

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

February 4, 2020 2:00 p.m. – 4:00 p.m. |

Members Present: Kimberlee Handloser, Mandy Davis, Nurit Fischler, Margaret Braun, Suzanne Hansche, Annie Valtierra Sanchez, Tammi Martin, Kirt Toombs.

Members Absent: Danica Brown, Claire Ranit, Ginny Rake, David Bangsberg, LeeAndria Witcraft, , Jenny Jackson, Frank Franklin, Sheldon Levy, Susan Boldt, Jessica Nye, Kim Hatfield,Terra Herndandez, Vanessa Timmons, Laura Williams.

OHA Staff: Elizabeth Gharst

Members of the Public: Shelagh Johnson

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

Elizabeth opened the meeting and asked participants to introduce themselves. The objective of the meeting are to choose a list of strategies to move forward.

Elizabeth Gharst informed the subcommittee that OHA staff have started to operationalize the outcome indicators. The OHA staff who will be responsible for reporting on the indicators every year are meeting to see if they have any questions about the chosen data points. If there are any questions about the indicators, those will be coming back around in April. OHA is not changing directions. It is ensuring that there are systems of accountability in place to track the progress on the SHIP. Elizabeth Gharst remarked that the navigation map has been updated. Subcommittee members can see how other subcommittees are wording their strategies.

AGENDA ITEM #2: Breakout sessions: Strategy writing

Members of the subcommittee were divided into three groups, one for each goal, for a discussion on strategies.

AGENDA ITEM #3: Report out to full subcommittee

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

Under Goal 1, the following strategies were chosen, with examples and implementation suggestions:

1. *Implement anti-racism, anti-poverty, and anti-oppression policies and initiatives through community partnerships, coalitions, and cross-system initiatives to prevent trauma and increase resilience*
    - Hold institutions accountable for racist policies
    - Promote use of earned income tax credit for eligible families (some states could be models for Oregon- there are some states that do this better
2. *Promote access to and provide resources for safe, affordable, and culturally appropriate childcare and paid family leave*

- Providing access to childcare and paid family leave are considered together to be a comprehensive approach to caregiving for infants and young children; so we recommend combining those two
- For example, promoting knowledge around ERDC, providing help/guidance navigating this system, increasing the capacity of the system (e.g., Oregon counties – all counties—are a childcare desert for infants)
- E.g., training for childcare providers re: culturally appropriate care
- Includes helping people prepare for implementation of the new paid family leave policy and for policy rollout

3. *Support expansion of statewide evidence-based and culturally appropriate prenatal and early childhood home visiting*
   - Focus on these age groups because impact is largest for all groups
   - Ensure culturally appropriate services in part by focusing on workforce and community engagement
4. *Ensure all school districts are implementing K-12 comprehensive health education according to law*
   - Oregon's health standards and performance indicators (K-12) include sexual violence prevention, LGBTQ, healthy relationships, sex education, AND social-emotional skills
     - If folks want to expand the social-emotional learning piece of the health education standards, that could be its own strategy. Could be a potential POP in a future legislative session for ODE.
   - For example, support the already-convened ODE and OHA cross-agency team to ensure the implementation
   - Potentially draw support from new HB 4112 (which will likely pass), which provides funding to implement Erin's Law in school districts

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

Under Goal 2, the following strategies were discussed:

1. *Implement community level safety, equity, and violence prevention initiatives*
   - This strategy could possibly be removed as it may be addressed within other strategies.
   - This strategy is also broad as it was originally intended to include disaster response, violence prevention, and anti-racism – all very different
   - We discussed the difference in initiatives and interventions that addressed violence prevention only and those that also incorporated connection among the participants and developed a sense of safety.

2. *Culturally appropriate social support and mental health practices (e.g., Positive Indian parenting, group peer support for maternal depression, etc.)*
   - This strategy is probably out – too broad and addressed in Behavioral Health subcommittee

3. *Promote interventions that build relational capacity and supportive environments for a family unit for positive connectiveness. Teach families culturally responsive resiliency strategies*.
   - No intervention without bringing the parents alongside. Build parental capabilities/capacities.
   - Interventions should focus on the family unit and that will address children and aging adults
   - Family unit includes caregivers

4. *Increase community awareness and understanding of toxic stress, trauma, and the impact of adversity on lifelong health (and the ability to be in community)*
Outcome of strategy
   - Acknowledging source of trauma
   - Awareness as a way to get to Strategy 1
   - Increase social connectedness in communities: foster connection to community through culture and spirituality
   - Not necessarily about trauma but positive attributes such as resiliency, connectiveness, and thriving through arts and culture. How can we help people feel they are a part of the broader community?

5. *Community Experience and Resilience (e.g., Prevention Institute's Adverse Community Experience and Resilience – strong social networks and community connection, built environment/safe housing, cultural supports)*
   - This strategy not discussed specifically but could be combined with Strategy 4

Discussion Notes:

- What about capacity around community that would increase resilience?
- Increasing culturally responsive care – peer navigators, community health workers, etc. =
    - providers who live in community understand cultural needs,
    - Increase connectiveness.
    - Creates leadership within community.
- Not just resiliency -- but a better ability to thrive – belonging and connected in order to thrive
- Needs reconciliation piece

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

Under Goal 3, the following strategies were discussed:

1. *Include in all agreements between institutions and service providers and contracting agencies engaged in systems of care that address trauma related services (OHA, DHS, OYA, HCS, Corrections to name a few) requirement for workforce training to understand trauma, including awareness of ACES, as well as requirement that trauma informed services be provided.*

Research Suggestion - Trauma Informed Oregon scope of training / need data and training models

2. *Invest in community-based services, programs, and organizations that deliver culturally responsive behavioral health care (through agency service contracts, program grants, pilot projects etc).*

3. *Invest in programs and services delivered within systems of care that demonstrate capacity to deliver peer support and recovery support.*

Research Suggestion for strategies 2 and 3:

- Current contracts with DHS, OHA, OYA, and other agencies that have similar requirements

Additional research suggestions for all:

- CCO 2.0 requirements
- ADPC Strategic Plan recommendations
- Behavioral Health requirements, recommendations, reports, studies
- Student Success Act requirements/ guidelines for school-based services

At the end of the report out it was decided goals 2 and 3 needed to be discussed further.

PUBLIC COMMENT

There was no public comment.

NEXT STEPS

- Liz and Kim will schedule meetings prior to the March meeting to continue discussions on Goal 2 and Goal 3.