PUBLIC HEALTH DIVISION

Oregon Health Authority

SHIP SUBCOMMITTEE MEETING

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

March 3, 2020 2:00 p.m. – 4:00 p.m. |

Members Present: Kimberlee Handloser, Nurit Fischler, Vanessa Timmons, Suzanne Hansche, Susan Boldt, Kim Hatfield, Tammi Martin, Kirt Toombs.

Members Absent: Danica Brown, Claire Ranit, Ginny Rake, David Bangsberg, LeeAndria Witcraft, Jenny Jackson, Frank Franklin, Jessica Nye, Terra Herndandez, Mandy Davis, Sheldon Levy, Margaret Braun, Annie Valtierra Sanchez, Laura Williams.

OHA Staff: Elizabeth Gharst

Members of the Public: Andrea Vielma

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

Kimberlee opened the meeting. Asked participants to introduce themselves. Objective of this meeting is to finalize the strategies.

Elizabeth Gharst reviewed the agenda. She asked the subcommittee to pay attention during the wording of the strategies in terms of relevance to the community, so that if someone outside of a subcommittee member's field was reading the strategies, they understood the terms that are being used. If unsure, language should be added to make a strategy clear. She added that the OHA team had a kick-off call with the mini-grantees last week. One thing the grantees mentioned was the need for a plain-language translation or examples to help understand what some of the complicated language means, so that they can break it down at the community level.

AGENDA ITEM #2: Review small group strategy recommendations for Goal 2 and Goal 3

Between last meeting and this meeting, small groups met to discuss Goal 2 and Goal 3. Kim led the discussion on Goal 3, Annie and Many participated in the discussion. Liz led the discussion on Goal 3, Suzanne and Mandy participated in the discussion and Nurit also provided input via Basecamp. The notes from these meetings were reviewed on Basecamp in consideration for final strategy selection.

AGENDA ITEM #3: Finalize strategies

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.

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 chosen:
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 (community)
2. Promote access to and provide resources (e.g. funding, training, and staffing) for safe, affordable, and high-quality culturally appropriate childcare and paid family leave. (policy)
3. Support expansion of statewide evidence-based and culturally appropriate prenatal and early childhood home visiting. (individual and community)
4. Ensure all school districts are implementing K-12 comprehensive health education according to law (policy and community).
Discussion: A discussion was held on what specifically the action would be around home visiting, and the subcommittee agreed the action would be to support universally-offered home visiting. It was debated which law or laws strategy 4 referenced, and Liz agreed to follow up with Mandy and Shelagh after the meeting to clarify.

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

The following strategies were chosen:
1. Promote interventions that build relational capacity and supportive environments for positive connectiveness within family units. Interventions should (a) provide trainings to families on coordinated, family-centered care and (b) engage families to promote culturally responsive resiliency strategies. (individual)
2. Promote and invest in community-based, culturally appropriate opportunities for mentoring and peer delivered services, including intergenerational mentoring. (community and individual)
3. Develop and/or strengthen community partnerships to increase awareness of toxic stress, its impact on health, and the strength of protective factors. (community)
4. Provide culturally sensitive and age-appropriate outreach to inform individuals of where, when, and how they can access tools and resources in their community on toxic stress, its impact on health, and the strength of protective factors. (individual)
5. Promote community-wide art and cultural events by siting them in widely accessible public spaces, reducing barriers to program participation, including lack of disability accommodation, and conducting culturally-responsive outreach for community programs and celebrations. (community)
6. Create joint-use agreements between school districts, park districts, cities, public agencies, private entities, and nonprofit organizations in order to provide safe, accessible, high-quality community gathering places to meet the multi-ethnic and multicultural needs of the community. (policy)
Discussion: Suggestions from the small group meeting were taken into consideration, as well as the criteria, when narrowing down. Since the group has not exceeded 15 strategies overall, 6 strategies were chosen under this goal. Strategies 3 and 4 are related, however strategy 3 focused on community partnerships and organizations whereas strategy 4 focused on individuals and families within communities. “Accessible” was added to both strategies 5 and 6 to emphasize that communal spaces need to accommodate persons with disabilities.

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

The following strategies were chosen:
1. Include the requirement to develop a workforce trained to understand trauma, including awareness of adverse child experiences, with institutions, service providers, and contracting agencies engaged in systems of care that address trauma related services. For example, agencies may include the Oregon Health Authority, Department of Human Services, Oregon Youth Authority, Oregon Housing Community Services, Department of Justice, and Department of Corrections. (policy)
2. Require documentation and implementation of policies and procedures reflecting principles of trauma Informed care for institutions, service providers, and contracting agencies engaged in systems of care that address trauma related services (e.g. modeled on an existing standard such as OHA Addictions and Mental Health Division Behavioral Health Trauma-Informed Services Policy)

3. Ensure that state agencies implement House Concurrent Resolution 33 and implementation of trauma informed approaches is written into state agency plans.
Discussion: Goals 1 and 2 are related however goal 1 speaks to including trauma informed practice in contracts for agencies and goal 2 speaks to demonstration of fulfillment of that contractual requirement. A discussion on the first two strategies illuminated that these strategies are about contractors rather than state agencies themselves. The subcommittee agreed that this omission should be addressed, so a third strategy was added about requiring state agencies to incorporate trauma informed practice and fully implementing House Concurrent Resolution 33. Kirt stated that ensuring trauma informed approaches are written into agency's plans is key to implementing the strategy effectively.

PUBLIC COMMENT

There was no public comment.

NEXT STEPS

- Liz will check with Shelagh Johnson and Mandy if the strategy "Ensure all school districts are implementing K-12 comprehensive health education according to law" should reference one particular law or refers to a set of laws plural.
- Nurit will send a list of protective factors referenced in strategy 3 under goal 2.
- PHD will draft some process measures for the strategies so the subcommittee will have something to react to next meeting when process measures are chosen.