



SHIP SUBCOMMITTEE MEETING

Bias Trauma Economic Drivers Access to Care Behavioral Health

October 16, 2019 | 2:00 a.m. – 4:00 p.m. | Call: 1 - 646 749-3122 Access: 732260405 voice code x 15

Members Present:

Kate O'Donnell, Isabella Hawkins, Angela Leet, Carol Dickey, Cheryl Ramirez, Gayle Woods, Rebekah Schiefer, Tori Algee (for Reginald Richardson), Andrew White, Katrina Hedberg, Jeremy Wells,

Members Absent:

Athena Goldberg, Gary Mcconahay, Holden Leung, Kera Hood, Don Erickson, Janice Garceau, Karun Virtue, Curtis Landers, Tatiana Dierwechter

OHA Staff:

Christy Hudson, Jackie Fabrick

Members of the Public: Linnae Lindsay

AGENDA ITEM #1 Welcome and Agenda Overview

Kate welcomed everyone to the meeting and asked people to introduce themselves. Because there is so much going on related to access to mental health care, at this meeting we'll take some time to hear from OHA about what is being worked on related to access.

AGENDA ITEM #2 Other Subcommittee Business

The subcommittee reviewed the Charter and clarified the following:

1. It is okay to send a delegate from your agency to this meeting
2. In the consensus decision making process, those who are thumbs sideways or down will be asked to provide clarification.

AGENDA ITEM #3 Follow Up from Last Meeting – finalize indicators

Subcommittee was asked to finalize indicators for the priority area. A small group met October 7th to identify potential indicators to bring back to today's subcommittee meeting. The indicators they propose are as follows:

1. Suicide rate – Current state health indicator and SHIP priority target. Oregon has a much higher suicide rate than the US rate and it's been trending in the wrong direction for many years.
2. Unmet mental and emotional health among youth – Collected in Student Health Survey which will be administered to 6th, 8th and 11th graders starting in 2020. The specific question is, during the last 6 months, did you have any emotional health needs that were unmet? There is a clear and pronounced trend in the data that is concerning. Data from the Student Health Survey can be broken down by race, gender identity and sexual orientation.
3. Consideration of suicide in past 12 months – This also comes from Student Health Survey. Specific question is During the past 12 months did you ever consider attempting suicide?

4. Positive Youth Development Benchmark, which is a composite measure of 6 different questions on the Student Health Survey. Includes questions related to unmet physical/emotional health care needs as well as resilience measures. Data has been trending in wrong direction and disparities are evident.

Subcommittee reactions included:

- Concern about suicide being used as an indicator given the number of factors that have an impact on this rate. It's very difficult to impact change on this indicator.
- Like having indicators that speak to both adults and children. Poor mental health days among adults (captured in BRFSS) might be another indicator to consider to capture adults.
- Question about indicators that are farther upstream, such as ACEs or other Social Determinants. Some of these measures will likely be identified by other subcommittees, like the adversity, trauma and toxic stress.
- If we are going to include a suicide related indicator – should make sure it aligns with the other suicide related plans, such as the Youth Suicide Prevention Plan or work happening in schools.

Subcommittee members were asked to pick their top 2 indicators from a final list of 4: suicide rate, unmet mental health care needs (among youth),

Final indicators identified for consideration are:

- Unmet mental health care needs among youth (Student Health Survey)
- Considered suicide attempt in past 12 months (Student Health Survey)
- Positive Youth Development
- Poor mental health days (BRFSS)
- Suicide rate (vital stats)

Unmet mental health care needs and poor mental health days were top 2 identified by members. Andrew voiced he was thumb sideways on not including suicide rate in final set due to it being seen as an ultimate outcome measure.

Subcommittee agreed to include suicide so final indicators are:

- Poor mental health days (BRFSS)
- Suicide rate (vital stats)
- Unmet mental health care needs among youth (Student Health Survey)

It was suggested that the Positive Youth Development be referred to the trauma, adversity and toxic stress subcommittee.

AGENDA ITEM #4 Access to Care: Landscape of Existing Efforts

Jackie Fabrick presented a broad overview of the work happening within OHA. Last summer there was a reorganization in Health Systems Division of OHA and a nationwide recruitment to identify a new behavioral health director - Steve Allen started in April.

Jackie presented some key data related to suicide, and access to mental health and substance use treatment. OHA is trying to make a more integrated approach to behavioral health, removing silos between substance use and mental health, and integration into physical health care.

Due to a series of crisis within the behavioral health care system, a number of bills have passed in the Oregon legislature in recent years.

- Aid and assist refers to the population of criminal defendants who lack the capacity to proceed in their criminal matter. Aid and Assist populations and those admitted to the Oregon State Hospital (OSH) have more than doubled since 2012. SB 24 and 25 were passed to reduce the number of aid and assist patients who were being referred to the OSH. They direct courts to consider other options available in the community and reduce the number of patients who were waiting in jail for an OSH bed.
- SB 973 establishes \$10 million in grants to support needs of persons with complex mental health and substance use disorders.
- SB1 establishes a system of care for children's mental health. Additional funding to implement recommendations identified in the Youth Suicide Prevention and Intervention Plan as well as mental health supports through the Student Success Act.
- HB 2257 defines substance use disorder as a chronic illness. Also directs DOC to study needs of persons with substance use disorders and opioid use disorder in the criminal justice system. Also directs OHA to convene a process to develop accreditation standards for substance use treatment programs and look at reimbursement for MAT.
- Lots of work on integrating behavioral health care into physical health care. CCO 2.0 provides a lot of opportunities here for Medicaid population. Effective January 1, CCOs will be responsible for the behavioral health benefit. They are still able to contract out, but now responsible for provider network, parity, etc. Must also ensure timeliness of care for general population and priority populations (pregnant women and women with dependent children, children with emotional health, adults with SPMI, and opioid users).
- SB22 establishes behavioral health care homes.
- Several new advisory councils and legislative subcommittees will be starting next year.
- Assessment related to mental health workforce was recently completed (does not include unlicensed workforce – like peer mentors). Data will be used to develop a 10-year strategic plan to address composition, training and competency and supply and distribution. Recommendations related to wages and reimbursement will be a critical piece of the plan.

OHA recognizes that treatment services must be responsive, simple and meaningful and individual/family centered. Jackie is putting together a timeline that summarizes all of the recommendations and actions from these plans. She will share with the behavioral health subcommittee to prevent duplication of efforts.

Question about why opioid users are prioritized for timely care and not users of other substances (such as alcohol or poly-substance use). Priority populations come from SAMSHA – Oregon has chosen to align. ADPC would like to connect with OHA on this issue.

PUBLIC COMMENT –

No
public

comment was shared

WRAP UP AND NEXT STEPS

Next meeting is November 20 – Policy level strategies. Subcommittee asked to review and update materials in Basecamp – watch for and read documents posted