Oregon Health Authority
Gender Equity Report

The Oregon Health Authority (OHA) submits this report as required by ORS 417.270 (HB 3576 Equal Access to Appropriate Services for Girls and Boys) to report on our progress and plans in achieving equal access to appropriate services for males and females under age 18.

OHA's efforts are more program specific than agency wide due to the nature of our work as it relates to the requirements of the statute. This report focuses predominantly on the Addictions and Mental Health Division (AMH). Information is also included from the Public Health Division (PHD) and the Office of Contracts and Procurement (OC&P).

Addictions and Mental Health (AMH)

The Oregon Health Authority (OHA), Addictions and Mental Health Division (AMH) supports equal access to appropriate services and treatment for both females under 18 years of age and males under 18 years of age. AMH developed the Integrated Services and Supports Rule to prescribe minimum standards for the services and supports provided by addictions and mental health providers. These rules promote recovery, resiliency, wellness, independence and safety for individuals receiving services and supports. They specify standards for the services and supports that are person-directed, youth guided, family-driven, culturally competent, trauma-informed and wellness-informed. They also promote developmentally appropriate functional and rehabilitative outcomes for individuals. Contracts with Mental Health Organizations, Fully Capitated Health Plans and Coordinated Care Organizations require the provision of these services.

The modified Integrated Services and Supports Rule (Jan. 1, 2012) includes definitions important to the development of the individualized plan for each person. Engagement of the child and family when appropriate in

the development of services allows the individual choice in developing the most appropriate array of services and tailoring of those services to effectively address the child's clinical issues. The Individual Service and Support Plan (ISSP) must document the specific services and supports to be provided, arranged, or coordinated to assist the individual and his or her family, if applicable, to achieve intended outcomes. This includes services specific to gender, culture, literacy, disability or language and steps necessary to overcome existing barriers.

Women's Treatment Services are programs approved and designated to provide alcohol and other drug treatment services primarily for women, which meet specific standards. These standards address assessment, provision or coordination of services specific to women, and referral to other services. Entry of individuals whose services are funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant are prioritized in the following order:

(A) Women who are pregnant and using substances intravenously;
(B) Women who are pregnant;
(C) Individuals who are using substances intravenously; and
(D) Women with dependent children.

In addition, adolescent providers deliver services that support gender-related developmental issues such as Boys' and Girls' Empowerment and Girls Empowerment and Diversity groups. Providers maintain relationships and work with agencies that provide culturally specific services in order to assure diversity awareness with the organization as well as provide clients with a range of culturally specific options for pre-social support. Many programs implement "Seeking Safety" as a gender-specific program for individuals with trauma and substance use disorders.

The following definitions are included in the Integrated Services and Supports Rule:

- "Child and Family Team" means those persons who are responsible for creating, implementing, reviewing and revising the service coordination section of the Individual Service and Support Plan in Intensive Community-based Treatment Supports and Services of the family, care coordinator, and child when

appropriate. The team should also include any involved child-serving providers and agencies and any other natural, formal, and informal supports as identified by the family.

- "Cultural Competence" means the process by which people and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves the dignity of each.
- “Gender Identity” means a person’s self-identification of gender, without regard to legal or biological identification, including, but not limited to persons identifying themselves as male, female, transgender and transsexual.
- “Gender Presentation” means the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns and social interactions.
- “Peer” means any person supporting an individual, or a family member of an individual, who has similar life experience, either as a current or former recipient of addictions or mental health services, or as a family member of an individual who is a current or former recipient of addictions or mental health services.
- “Peer Delivered Services” means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.
- "Peer Support Specialist" means a person providing peer delivered services to an individual or family member with similar life experience, under the supervision of a qualified Clinical Supervisor. A Peer Support Specialist must complete a Division approved training program and be:
    - A self-identified person currently or formerly receiving mental health services; or “person-directed” means the individual, and others involved in supporting the treatment and recovery of the individual, are actively involved in assessment, planning and revising services and supports and intended outcomes. Individuals are empowered through this process to regain their health, safety and independence to the greatest extent possible and in a manner that is holistic and specific to the individual, including culturally, developmentally, age and gender appropriate.

- A self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
- A family member of an individual who is a current or former recipient of addictions or mental health services.

In 2012, AMH received the results of an audit of the children's mental health system identifying the need to develop better information on service utilization by population, including Hispanics, younger children and girls aged 2-13. These populations utilized less mental health services than other populations. AMH will work with the Office of Equity and Inclusion (OEI) to initiate the following to provide better information on service utilization by population:

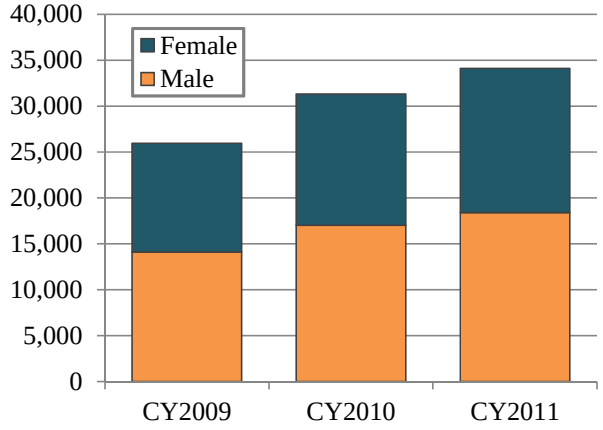
- The AMH Program Analysis and Evaluation unit will develop quarterly reports reflecting utilization of mental health services by population specific data, including Hispanic children; girls aged 2-13, younger children, and other demographic groups. The new reports will be available by November 1, 2012.
- AMH will establish performance measures for each MHO/Coordinated Care Organization (CCO). AMH will work with OEI to identify strategies in communities that are more successful in serving the identified populations. These strategies will be disseminated to communities which are less successful. Performance measures will be established by November 1, 2012.
- Identify strategies and targets in collaboration with MHOs and CCOs based on community assessments or other means by November 1, 2012.
- Within available funding, AMH will support a Local Mental Health Authority to coordinate and oversee training on early childhood mental health assessment and the evidence-based practice, Child Parent Psychotherapy, by November 1, 2012. This contract will support the development of an early childhood mental health network to provide clinician technical assistance and support to implement this practice.
- AMH will report twice a year to the legislature beginning November 1, 2012.

Encounter data from AMH indicate that males are slightly over-represented among children under age 18 receiving mental health services under the Oregon Health Plan (OHP).

According to the 2010 U.S. Census, 48.8 percent of Oregon residents less than 18 years of age are female. Among children in this age group who were enrolled in OHP for all or part of calendar years 2009, 2010, and 2011, the proportion of females was almost identical: 48.9 percent in 2009, and 48.8% in 2010 and 2011. It is remarkable that these proportions remained stable even though OHP experienced a 21 percent increase in the annual total number of OHP enrolled-eligible children from 2009 to 2011.

During this time, the number of OHP members under 18 who received mental health services of any type increased by 31.4 percent, from 26,000 during calendar year 2009, to 34,000 in 2011. In each of these years 45.6 percent of those served were female (Figure 1).

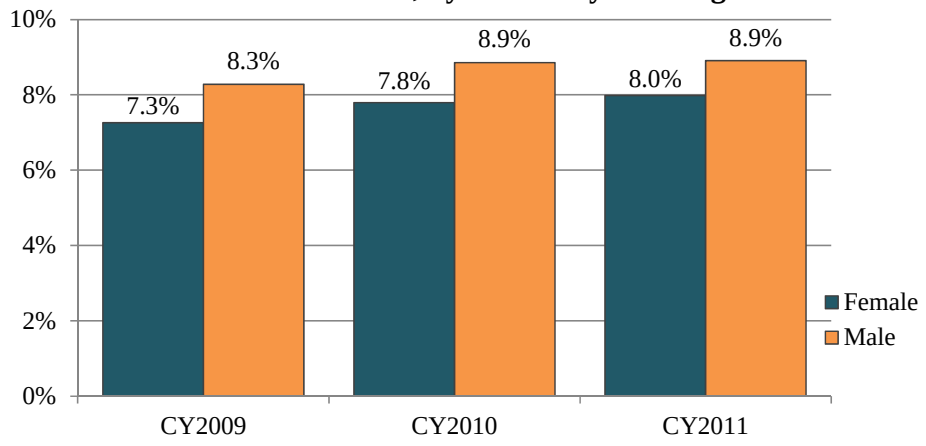
Figure 1: Number of OHP-eligible children who received mental health services, by calendar year and gender



Source: MMIS encounter data, August 3, 2012

The proportion of OHP eligible children served by the mental health system increased each year, with the rate among females consistently about one percentage point behind the rate among males (Figure 2).

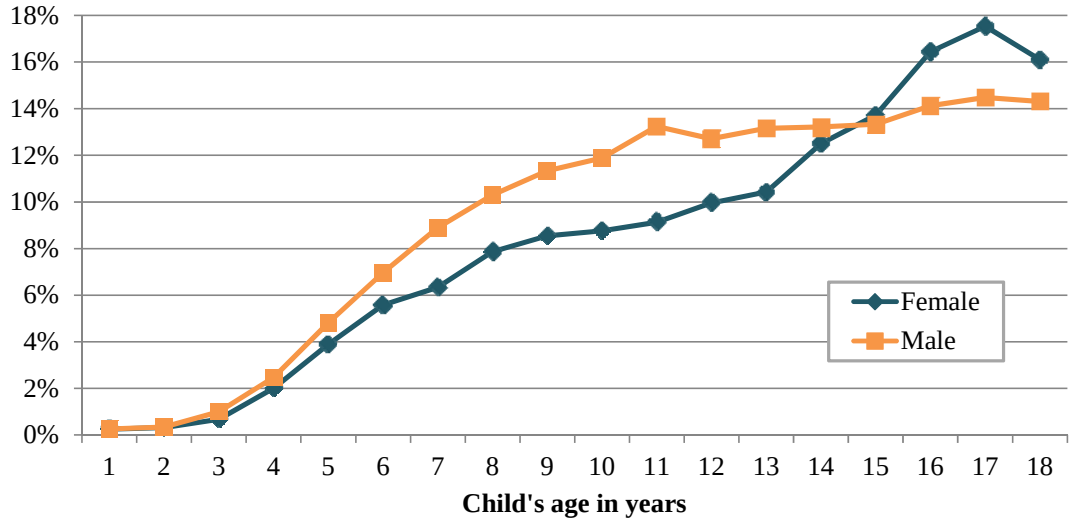
Figure 2: Percent of OHP members age 0-17 who received mental health services, by calendar year and gender



Source: MMIS encounter data, August 3, 2012

The percentage of eligible females and males served varies according to the ages of the children. Among elementary and middle school aged children, a higher proportion of boys received mental health services during 2011. At the same time, higher percentages of 16-18 year old girls were served (Figure 3).

Figure 3: Percent of OHP members age 0-17 who received mental health services during calendar year 2011, by gender and age



Source: MMIS encounter data, August 3, 2012

Public Health Division (PHD)

The Public Health Department has several initiatives which address services to youth:

- ¡Cuídate!, a culturally specific HIV and pregnancy prevention program for Latino youth, serves both female and male youth ages 13 - 18 in six counties (Crook, Deschutes, Jackson, Jefferson, Marion, Multnomah). Participants were 53.5% female, 45.7% male and 0.6% transgender.
- Analyzing Oregon Healthy Teens (OHT) report data on positive youth development by gender. This analysis looked at five years of OHT data to identify trends and disparities in positive youth development by gender, race/ethnicity, and sexual orientation. This analysis also allowed PHD staff to better understand the relationship between positive youth development and health risk factors such as drug use, depression, sexual activity, and exposure to violence.
- As it relates to Family Violence, PHD:
    - Worked with community partners and developed the Oregon Recommendations to Prevent Sexual Violence, the Oregon Violence Against Women Prevention Plan, the Youth Sexual Health Partnership and the Oregon Youth Sexual Health Plan.
    - Implemented promising practices to promote healthy relationships receiving on-going funds from the CDC for Rape Prevention and Education (RPE). Funds support the work of the Sexual Assault Task Force and six local sites to change social norms among youth and support healthy relationships using proven prevention strategies.
    - Collected data on IPV, harassment, and rape using the BRFSS, OHT, and PRAMS surveys to track prevalence and identify risk and factors. PHD also maintains the violent death reporting system.
    - Interpreted data, including the National Sexual and Domestic Violence Survey, using it to inform public health practice and keep partners abreast of trends and risk and protective factors associated with family violence.
    - Strengthened screening and referrals by training and supporting public health workers to screen all clients for IPV, family violence, child abuse and sexual coercion and refer them to an appropriate local advocate agency. Oregon DOJ, DHS and OHA are working together on an IPV and pregnancy federal grant. The grant places DV advocates in DHS offices to assist with screening, referrals, and

case coordination for pregnancy and parenting teens who have been victims of DV including sexual violence.

- Participated in a number of statewide family violence coalitions including the DHS/OHA Domestic Violence Council, The Attorney General's Sexual Assault Task Force and the Oregon Youth Sexual Health Committee. Executive Order 12-10 created the Oregon Domestic Violence Prevention and Response Task Force. The Task Force provides for the Director of the OHA to have a standing position in its membership, will promote best practices for prevention strategies and will be the body that brings the recommendations of the DV Fatality Review to the legislature.

Office of Contracts and Procurement (OC&P)

The Office of Contracts and Procurement addresses Gender Equity within OHA Contracts (2012), including OHA requests for proposals (RFPs) through the following processes and mechanisms:

- Program staff can request contracts or RFPs to include services to clients, with specific guidance surrounding gender specific expectations.
- RFP template includes language that can be added if program staff request, "Services provided under any Contract awarded as a result of this RFP shall consider equal access for both males and females under 18 years of age. 'Equal access' means access to appropriate facilities, services and treatment, to comply with ORS 417.270."
- OHA contracts include the language in the *special conditions* that program staff can include in the contract: Contractors must provide services to DHS/OHA clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients.
- The directions for the 118-Series Contracting Forms, includes a check box for gender specific services under Other Considerations. This provides program staff the reminder that this is an issue that should be considered when requesting contract documents.

- Directions are provided in a series of contracting forms by including a check box for gender specific services under “other considerations.” This provides program staff a reminder that these services should be considered when requesting contract documents.
- Training to new contracts’ staff is provided and existing staff is updated on contracts and solicitations into which Gender Specific Services provisions were incorporated. Gender-Specific Services policy is discussed at staff meetings.