



RFP 5250: SDOH AND BH/MH HOUSING COMMUNITY PLANNING GRANTS

November Final Report Summary

OREGON HEALTH AUTHORITY

NOVEMBER 9TH, 2022

OVERVIEW

01

103 grants awarded
3 grantees withdrew

N = 100

02

65 organizations
represent **frontier, tribal
and rural** communities.

35 organizations
represent **urban**
communities.

03

89 organizations
turned in their final
planning grant
reports



ABOUT THE PLANNING GRANTS

BACKGROUND

- HB 5024
 - 2021 Legislative Session
 - Section 10.1 – allocates funding to the Oregon Health Authority for behavioral health system transformation and realignment activities.
- RFGP 5250
 - \$5 million in planning grants available to support to identify the current gaps in housing and facility-based residential services for people with behavioral health needs and recommend how to best invest the funds from the appropriation.
 - Grants up to \$50,000 per awardee.

REPORTS

- Grantees were asked to complete three reports:
 - Preliminary Progress Report
 - Mid-Point Progress Report
 - Final Report
- The Preliminary and Mid-Point Reports were coded and reported in February 2022 and September 2022.
- Those results and processes are the foundation for this analysis of the Final Reports in November 2022.

REGIONS

"Frontier" Counties - Sherman, Gilliam, Morrow, Wallowa, Wheeler, Grant, Baker, Malheur, Harney, Lake

"Rural 1" Inland Counties - Umatilla, Union, Hood River, Wasco, Jefferson, Crook, Klamath, Josephine, Yamhill, Polk, Benton, Linn

"Rural 2" Coastal Counties - Curry, Coos, Lincoln, Tillamook, Clatsop, Columbia, Douglas

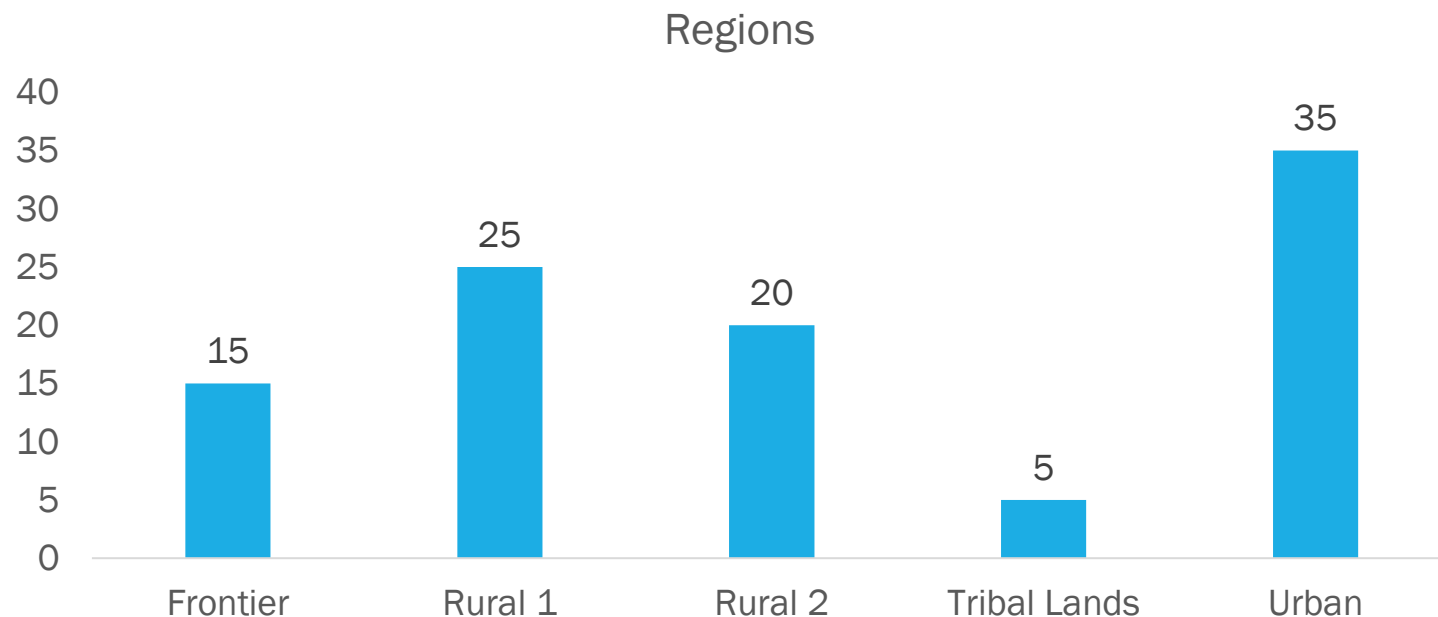
"Urban" Counties - Clackamas, Multnomah, Washington, Jackson, Lane, Deschutes, Marion

Tribal Lands - any federally recognized tribe's reservation, pueblo, or colony (not defined by state or county boundaries)

GRANTEES BY REGION

TOTAL AWARDS = 103

TOTAL WITHDRAWN = 3



Category	Total
Total of Awardees	100
Region Type	Total
Frontier	15
Rural 1	25
Rural 2	20
Tribal Lands	5
Urban	35

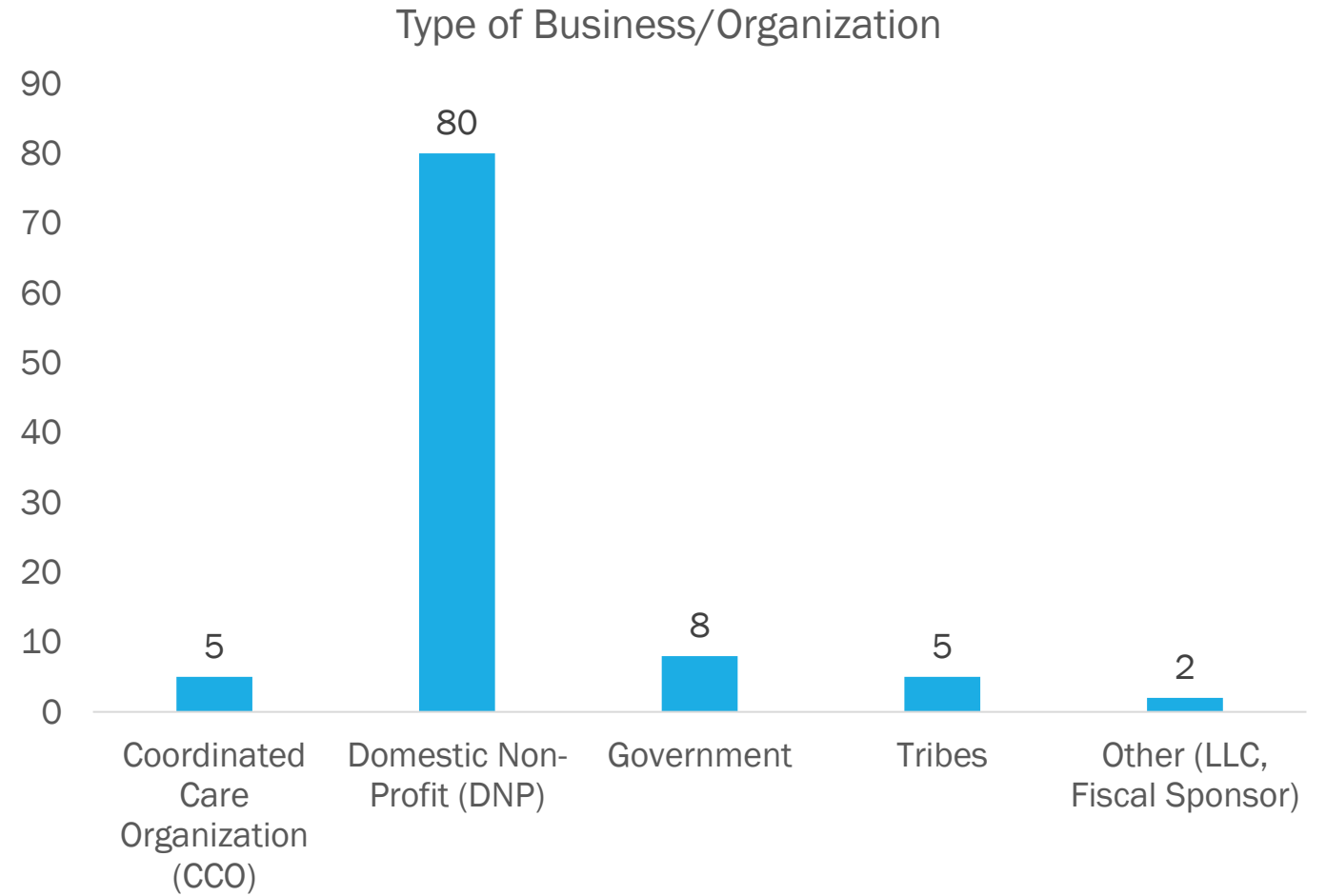
GRANTEES BY COUNTY

INCLUDES TRIBAL LANDS BY COUNTY AND STATEWIDE TRIBAL ORGANIZATIONS

Counties	Total
Multnomah	37
Clackamas	20
Washington	19
Statewide Services	13
Marion	12
Lane	11
Jackson	9
Curry	7
Douglas	7
Lincoln	7
Linn	7
Benton	6
Josephine	6
Polk	6
Yamhill	6

Counties	Total
Clatsop	5
Columbia	5
Coos	5
Hood River	5
Klamath	5
Umatilla	4
Wasco	3
Crook	2
Deschutes	2
Lake	2
Morrow	2
Sherman	2
Tillamook	2
Baker	1
Jefferson	1
Malheur	1

GRANTEES BY TYPE OF ORGANIZATION



GRANTEE FOCUS AREAS

PART 1

Focus Areas	Total
Rural Communities	67
Housing	66
Behavioral Health	53
Urban Communities	36
BIPOC	27
Youth	24
African American/Black Community	13
Mental Health/Mental Illness	13
Housing Insecurity/Houselessness	12
Residential Care	12
Families	11
Adults	10

Focus Areas	Total
Latinx	8
Tribal, AI/AN and Indigenous	8
Career services/education	5
Immigrants/Refugees	5
Substance Use Disorder (SUD)	5
Children	4
Criminally involved individuals	4
LBGTQIA+	4
Older Adults	4
Resource Center	4
Young Adults	4
Asian and Pacific Islander (AAPI) population	3

GRANTEE FOCUS AREAS

PART 2

Focus Areas	Total
Disabilities	3
Employment resources	3
Low Income	3
Re-Entry	3
Underserved Individuals	3
Equity	2
Peer Support	2
Rental Assistance	2
Spanish Speaking Population	2
Supportive Housing	2
Adults in Custody (AIC)	1
College students (any age)	1
Communication gaps	1
Crisis involved population	1
Crisis Services	1
Culturally specific	1

Focus Areas	Total
Detox	1
Developmental Disabilities	1
Drop in center	1
Flexible housing	1
HIV Services	1
Legal Services	1
Lived Experience	1
Marshallese	1
Maternal Health	1
Mothers/Women	1
Native Hawaiian Pacific Islander (NHPI) population	1
School Based Health Services	1
Secure Residential Treatment Facility (SRTF)	1
Secure Treatment Facility (STF)	1
Survivor Services (DV, IPV, SA)	1
Workforce	1
Youth in Foster Care	1



MARGINALIZED AND UNDERSERVED POPULATIONS

QUESTION

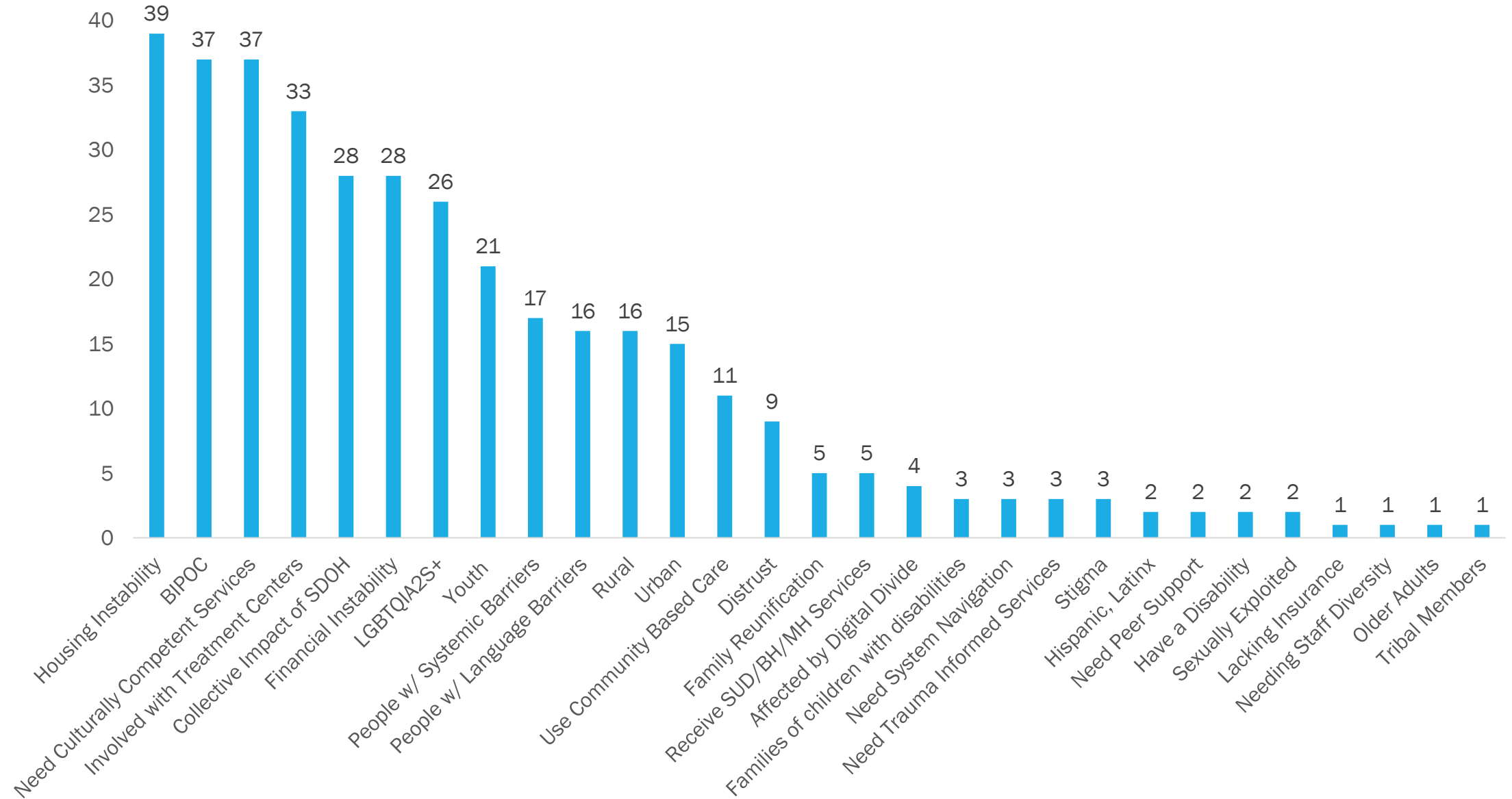
What percentage of the populations served are representative of marginalized communities as opposed to the dominant culture?

MARGINALIZED AND UNDERSERVED POPULATIONS - ALPHABETICAL

Populations Served	Count
Affected by Digital Divide	4
BIPOC	37
Collective Impact of SDOH	28
Distrust	9
Experiencing Financial Instability	28
Experiencing Housing Instability	39
Families of children with disabilities	3
Family Reunification	5
Hispanic, Latinx	2
Involved with Community Based Care	11
Involved with Treatment Centers	33
Lacking Insurance	1
LGBTQIA2S+	26
Need Culturally Competent Services	37
Needing Peer Support	2

Populations Served	Count
Needing Staff Diversity	1
Needing System Navigation	3
Needing Trauma Informed Services	3
Older Adults	1
People who face Language Barriers	16
People who face Systemic Barriers	17
People with a Disability	2
Receive SUD/BH/MH Services	5
Rural	16
Sexually Exploited	2
Stigma	3
Tribes	1
Urban	15
Youth	21

MARGINALIZED AND UNDERSERVED POPULATIONS - FREQUENCY





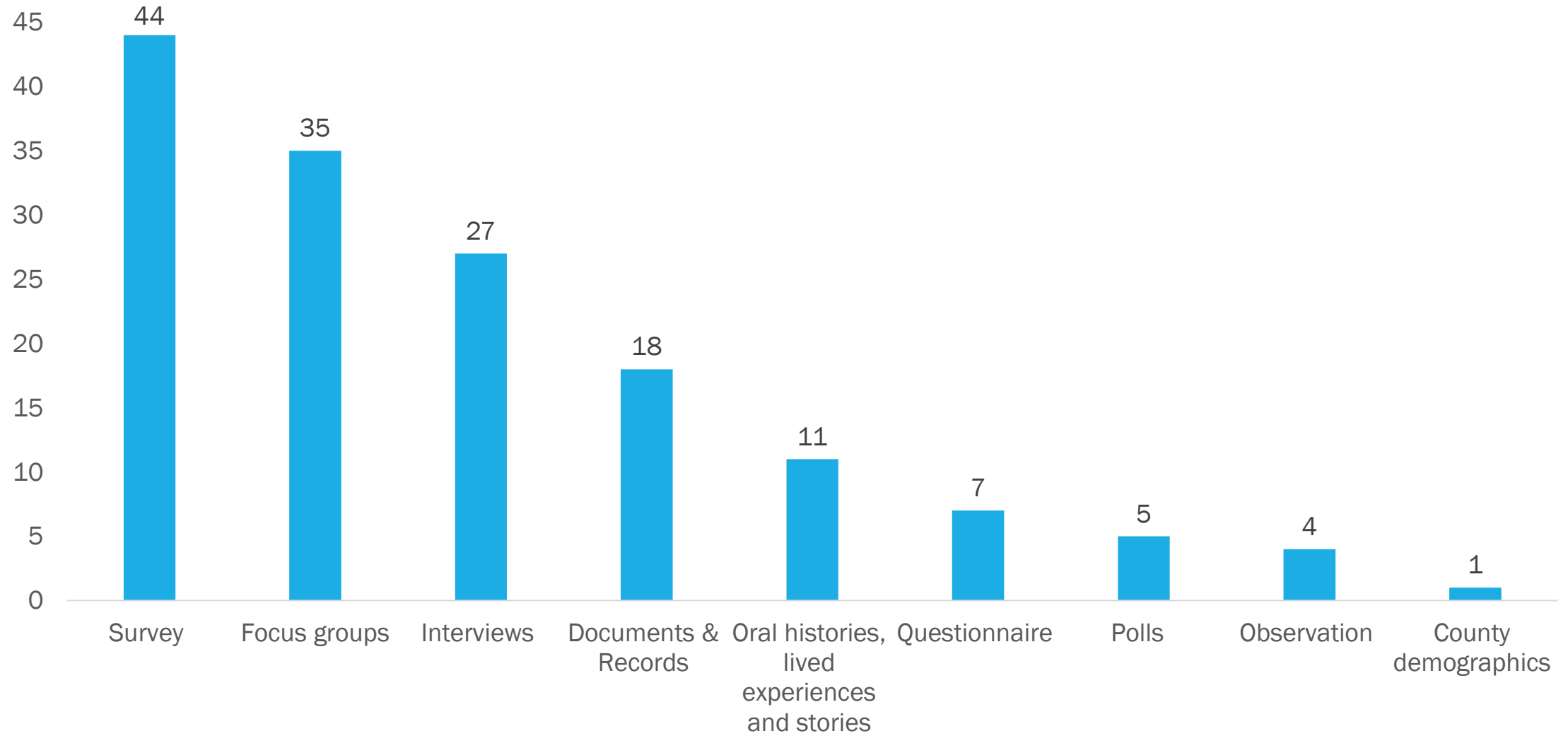
RESEARCH METHODS

METHODOLOGY - ALPHABETICAL

What methodology was used in your research efforts?

Method	Count
County demographics	1
Documents & Records	18
Focus groups	35
Interviews	27
Observation	4
Oral histories, lived experiences and stories	11
Polls	5
Questionnaire	7
Survey	44

METHODOLOGY - FREQUENCY



RESULTS



SUMMARY RESULTS

Culturally relevant services throughout all themes

Frequency	Project Focus, Outcomes	Overall Community Needs	Gaps for People with BH Needs	What Will Help Ensure That People Have Culturally and Linguistically Appropriate BH Housing and Services?	Recommended Investment and Funding
1	Housing	Housing	Housing	Staffing and Partnerships	Support Services
2	Collective Impact	Facility Staff	Behavioral Health Services	Policy Changes	Outreach/Engagement
3	<i>Culturally Competent Care</i>	<i>Culturally Specific Care, Services</i>	<i>Cultural Competency</i>	Outreach/Engagement	Staffing and Partnerships
4	Treatment Centers	M/U Community Engagement and Services	M/U Community Engagement and Services	Housing	Policy Changes
5	Barriers	Funding	System Navigation	Health Care Services	Physical Housing
6	M/U Communities	Collaboration	<i>Language Supports</i>	Data and Research	Health Care
7	Organizational Challenges	<i>Language Supports</i>	Staffing		Housing Access and Supports

CULTURALLY RELEVANT SERVICES

What are they?

Culturally and linguistically appropriate services (CLAS) are respectful of and responsive to the health beliefs, practices and needs of diverse consumers. A culturally responsive system values diversity, understands differences and develops services and supports to meet the unique needs of each individual and community.

Why are they important?

All patients deserve to receive high quality care and achieve good health outcomes. Culturally relevant services are health equity in action.

What are some examples?

- Services, supports, and information are provided in the consumer's language
- The built environment is accessible to people with disabilities (ex. ramps and elevators, wide door frames, handrails)
- Health information on the web is accessible to people with disabilities (ex. vision, auditory, learning/cognitive, or motor issues)
- Traditional preventive health activities (food, exercise, mindfulness, stress reduction)
- Housing designed for multi-generational families
- Supports and services that are LGBTQIA+ affirming
- Treatment in the home community vs. hospitalization or institutionalization
- Doula services for Latino-Indigenous-farmworkers
- Grade school education programs about social and emotional wellness for Black/African American students
- Re-entry programs for formerly incarcerated adults

CULTURALLY RELEVANT SERVICES – QUOTES 1

“...many community members express their interests in using traditional exercise activities to relieve their mental stress. They will be interested in swimming, Taiji [T'ai chi] and other forms of community training and activities. Therefore, we should consider investing in more culturally and linguistically appropriate facilities for the AAPI communities.”

“Hispanic cultures often tend to rely more on religious or pharmaceutical applications rather than therapy.”

“...reduce birth and postpartum trauma and depression among Latino-Indigenous-farmworkers by implementing continuous Community Doulas services, Health Literacy to reduce domestic violence, obstetric violence and Behavioral health & housing issues.”

“...lead with race and fund culturally specific programming. One example is the Karibu is a program that includes two culturally specific components designed to serve Black/African American individuals who are criminal legal system-exposed re-entering the community from incarceration through an outreach team and a housing program.”

“Grade school level social and emotional wellness classes that are culturally and linguistically appropriate focused on Black/African American students.”

“HIRE more Culturally responsive case managers of COLOR for housing programs: we need to have people on staff who know how to respectfully work with and how to speak with Black people. We need culturally competent support people who can exercise empathy and validation of the struggles and mistrust.”

CULTURALLY RELEVANT SERVICES – QUOTES 2

“Advocate for making Title 8 and SNAP available to COFA Countries which includes the Marshallese.... Awareness of the cultural living practices for the Marshallese population”

“Any housing developed with this funding the legislature has specifically allocated to ensure health equity be required to utilize universal design elements for accessibility in all resulting residential units and housing project common areas. This requirement will benefit tenants of all ages and life experiences and will demonstrate a commitment by the state that housing be accessible and welcoming to all Oregonians....


This is a wonderful opportunity for public funders to take the lead in this initiative that will not only help people with disabilities live in accessible homes, but also to have the ability to visit the accessible homes of their friends in neighboring units.”

“Direct Alcohol and Drug Policy Commission (ADPC) to develop robust recommendations and best practices on providing treatment, recovery support and recovery housing to older Oregonians.”

“Identify housing options for youth in foster care that are affirming of diverse sexualities.”

“There is interest within the community for LGBTQIA+ specific housing spaces (by and for the community). Resources given from the community to the community....There’s a need for housing and supportive wraparound services to be LGBTQIA+ affirming”

“Prioritize intensive family involvement throughout treatment in home communities”



PROJECT FOCUS, OUTCOMES



QUESTION

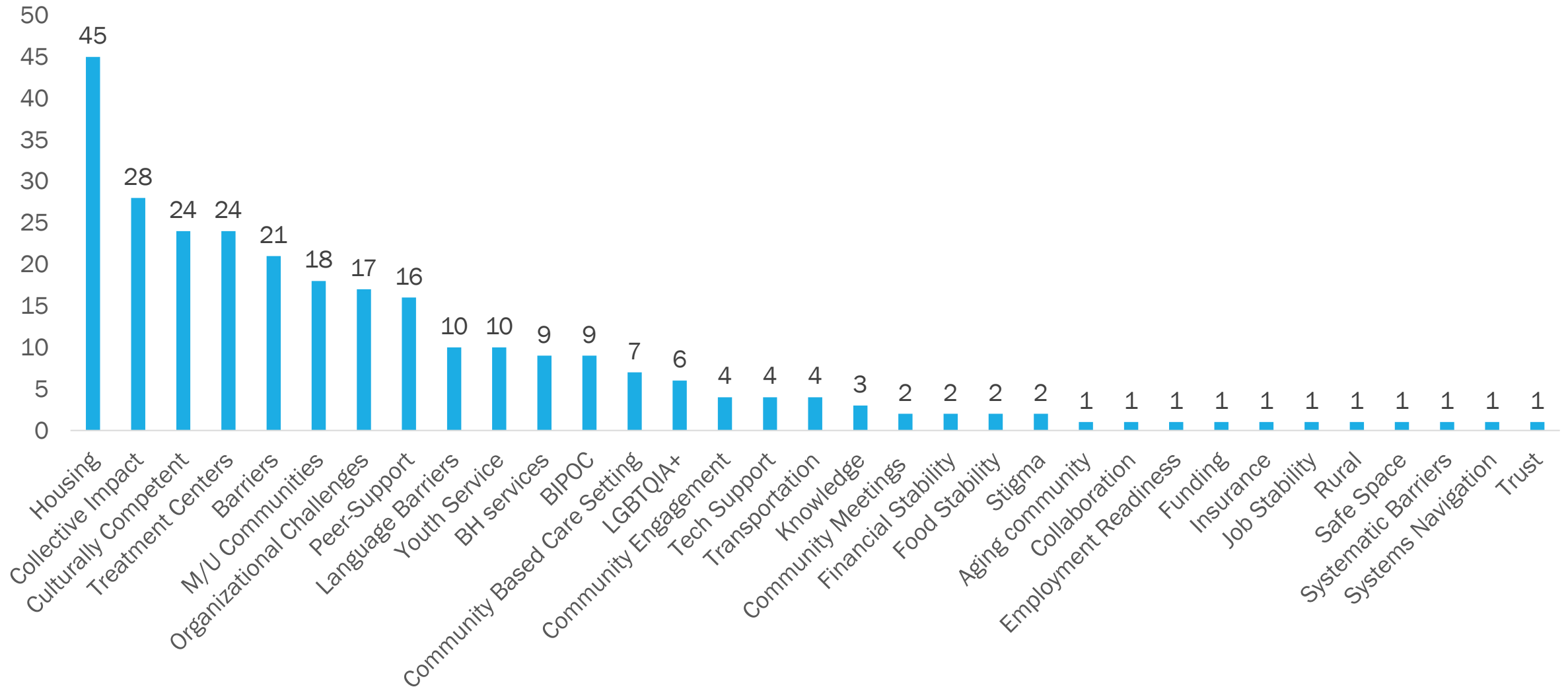
Describe the focus and/or projected outcomes you identified through your research.

PROJECT FOCUS, OUTCOMES - ALPHABETICAL

Code	Count
Aging community	1
Barriers	21
BH services	9
BIPOC	9
Collaboration	1
Collective Impact	28
Community Based Care Setting	7
Community Engagement	4
Community Meetings	2
Culturally Competent	24
Employment Readiness	1
Financial Stability	2
Food Stability	2
Funding	1
Housing	45
Insurance	1

Code	Count
Job Stability	1
Knowledge	3
Language Barriers	10
LGBTQIA+	6
M/U Communities	18
Organizational Challenges	17
Peer-Support	16
Rural	1
Safe Space	1
Stigma	2
Systematic Barriers	1
Systems Navigation	1
Tech Support	4
Transportation	4
Treatment Centers	24
Trust	1
Youth Service	10

PROJECT FOCUS, OUTCOMES - FREQUENCY





OVERALL COMMUNITY NEEDS

QUESTION

What are your overall findings with regard to the types of supports needed for community's ability to assist with ***reducing health inequities*** for marginalized populations ?

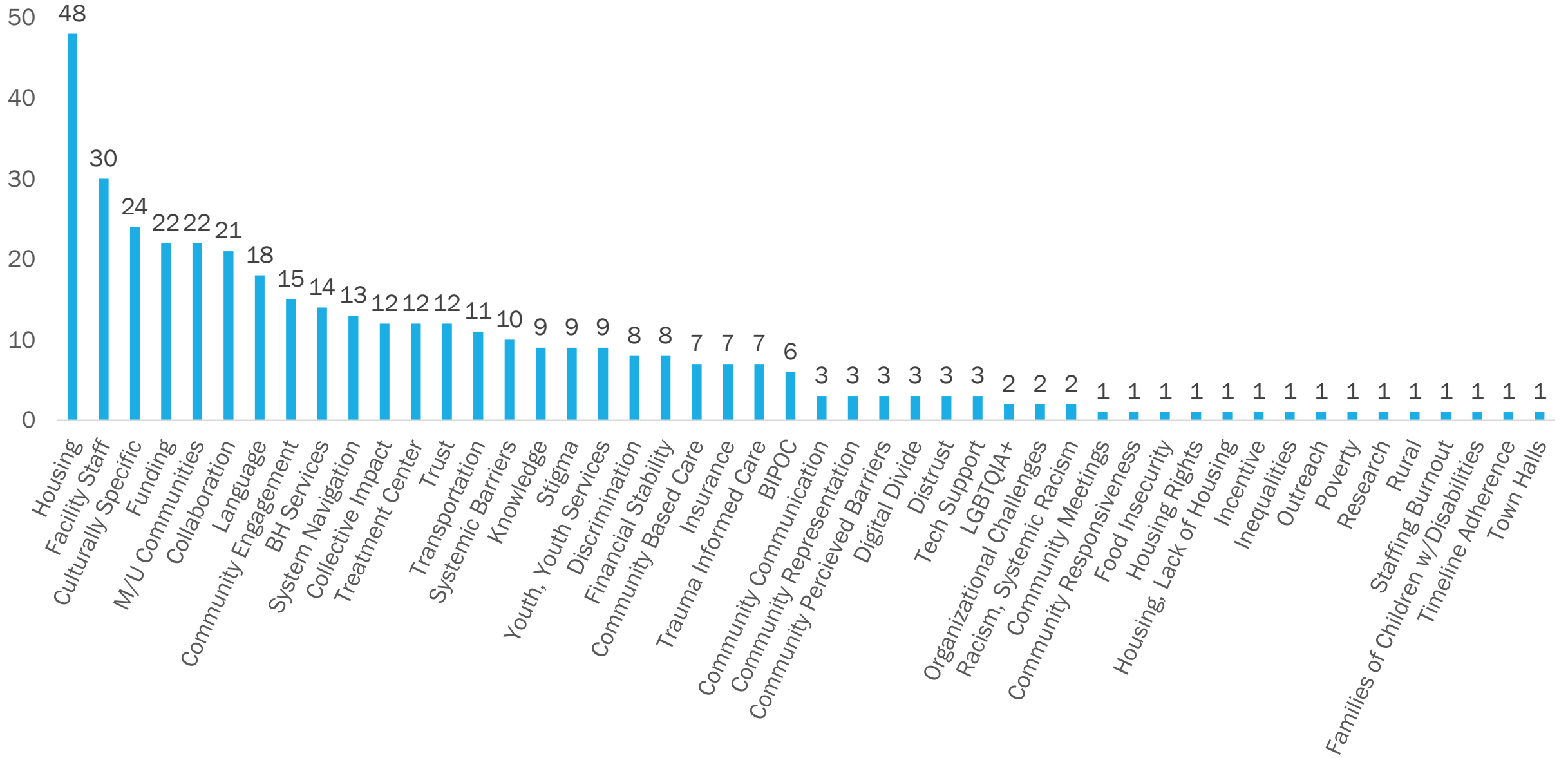
OVERALL COMMUNITY NEEDS - ALPHABETICAL

Code	Count
BH Services	14
BIPOC	6
Collaboration	21
Collective Impact	12
Community Based Care	7
Community Communication	3
Community Engagement	15
Community Meetings	1
Community Representation	3
Community Responsiveness	1
Community Perceived Barriers	3
Culturally Specific	24
Digital Divide	3
Discrimination	8
Distrust	3
Facility Staff	30

Code	Count
Financial Stability	8
Food Insecurity	1
Funding	22
Housing	48
Housing Rights	1
Housing, Lack of Housing	1
Incentive	1
Inequalities	1
Insurance	7
Knowledge	9
Language	18
LGBTQIA+	2
M/U Communities	22
Organizational Challenges	2
Outreach	1
Poverty	1

Code	Count
Racism, Systemic Racism	2
Research	1
Rural	1
Staffing Burnout	1
Stigma	9
Supporting Families of Children w/Disabilities	1
System Navigation	13
Systemic Barriers	10
Tech Support	3
Timeline Adherence	1
Town Halls	1
Transportation	11
Trauma Informed Care	7
Treatment Center	12
Trust	12
Youth, Youth Services	9

OVERALL COMMUNITY NEEDS - FREQUENCY





**GAPS
IDENTIFIED**

QUESTION

What current gaps have you been able to identify in housing and residential services for people with behavioral health needs?

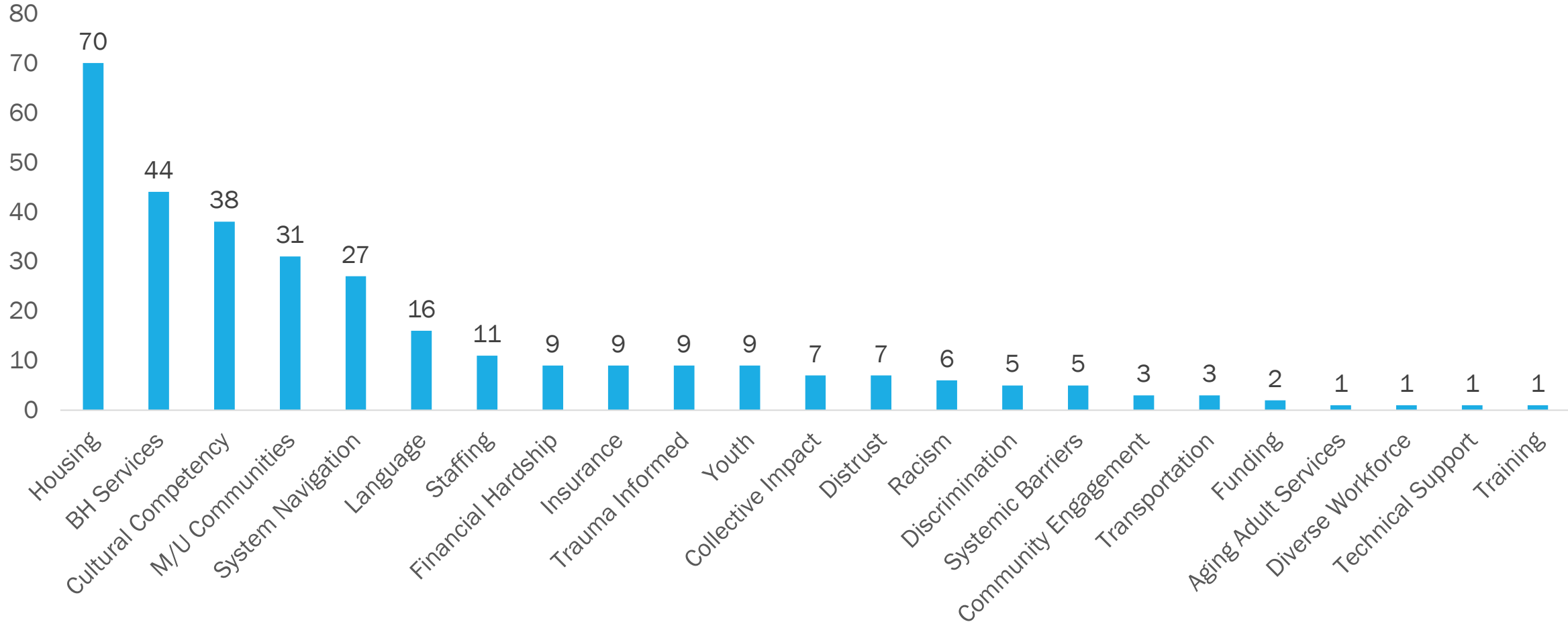
GAPS IDENTIFIED - ALPHABETICAL

Gaps	Count
Aging Adult Services	1
Behavioral Health Services	44
Collective Impact	7
Community Engagement	3
Cultural Competency	38
Discrimination	5
Distrust	7
Diverse Workforce	1
Financial Hardship	9
Funding	2
Housing	70
Insurance	9
Language	16

Gaps	Count
Marginalized, Underserved Communities	31
Racism	6
Staffing	11
System Navigation	27
Systemic Barriers	5
Technical Support	1
Training	1
Transportation	3
Trauma Informed	9
Youth	9

GAPS IDENTIFIED - FREQUENCY

Gaps in Housing and Residential Services for People with BH Needs





**CULTURALLY AND
LINGUISTICALLY APPROPRIATE
STANDARDS (CLAS)
FOR
BH HOUSING AND SERVICES**

QUESTION

What would help to ensure people with behavioral health services needs have ***culturally and linguistically appropriate*** housing and residential service options?

CLAS FOR BH RESIDENTIAL AND HOUSING - ALPHABETICAL

Culturally relevant services throughout all themes

Code	Count
Data and Research	4
Health Care	5
Housing - Physical	12
Outreach and Engagement	19
Policy Changes	23
Staffing and Partnerships	51

QUOTES

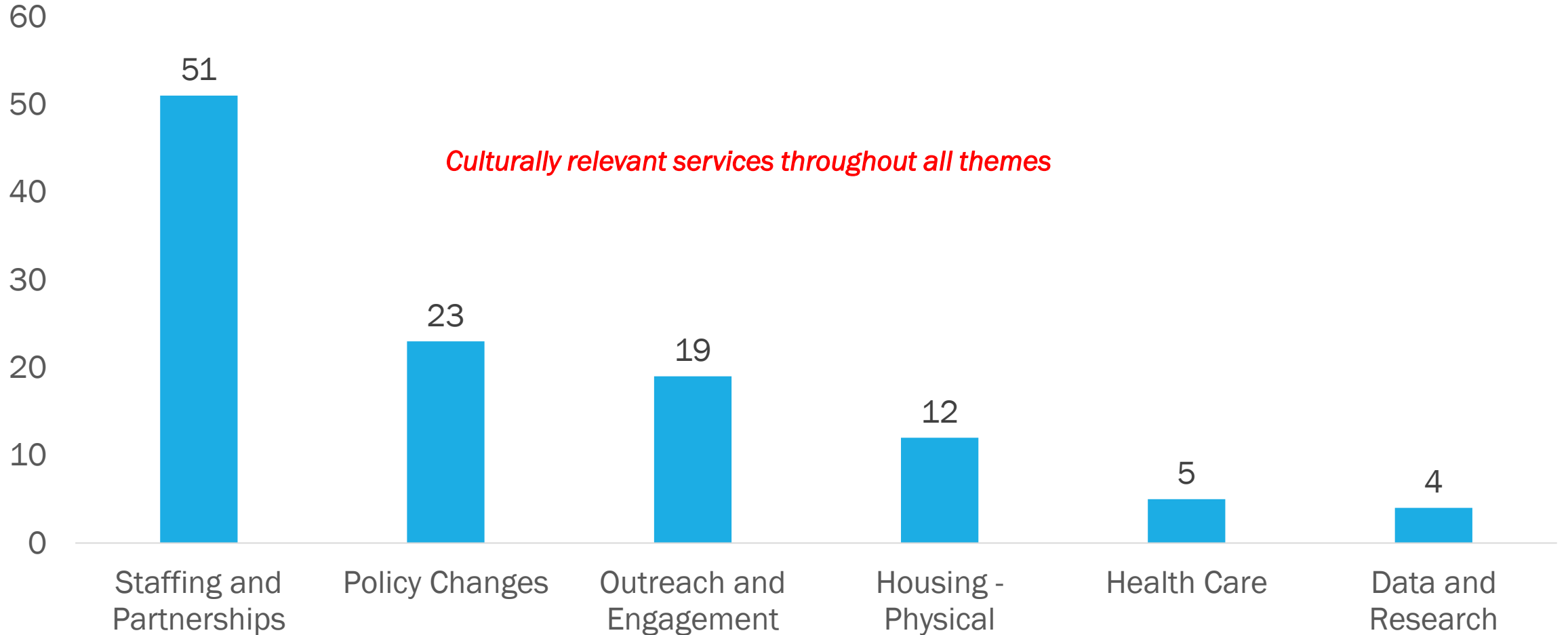
“Over 40% of respondents either reported that either they did not receive or did not understand information on their rights and responsibilities as tenants. Spanish-speaking respondents noted that they were only offered information written in English.”

“...responses to the prompt ‘Our housing programs/services meet the needs of people with behavioral health conditions.’... This is one of the key questions directly inquiring about the intersection of those experiencing housing insecurity and dealing with behavioral health issues. Over half of the respondents said that they at least moderately disagreed with this statement. 38% responded that they either agreed or strongly agreed with the statement.”

“Health Share of Oregon have several recommendations. They stated their first & foremost is to increase wages for clinicians & staff since clinicians and staff hold a vital part of success for clients; such positions must be attractable and be able to retain the staff who operates the facilities.... A second recommendation is to invest in staff recruiting practices with a diverse talent pool. The third recommendation is to invest in existing culturally specific BH residential services to expand existing culturally specific.... Other recommendations consist of bolstering existing systems e.g., recruiting practices, programs (adding some programs), providers & facilities, expanding and ensuring financial sustainability, services, onsite crisis stabilization services.... “

“One parent who is white and bilingual in English and Spanish was compelled to facilitate translating for other parent, who is Latino and spoke Spanish. Created barriers between two sides of the family by forcing them to ignore cultural boundaries.”

CLAS FOR BH RESIDENTIAL AND HOUSING - FREQUENCY





RECOMMENDATIONS FOR INVESTMENT AND FUNDING

QUESTION

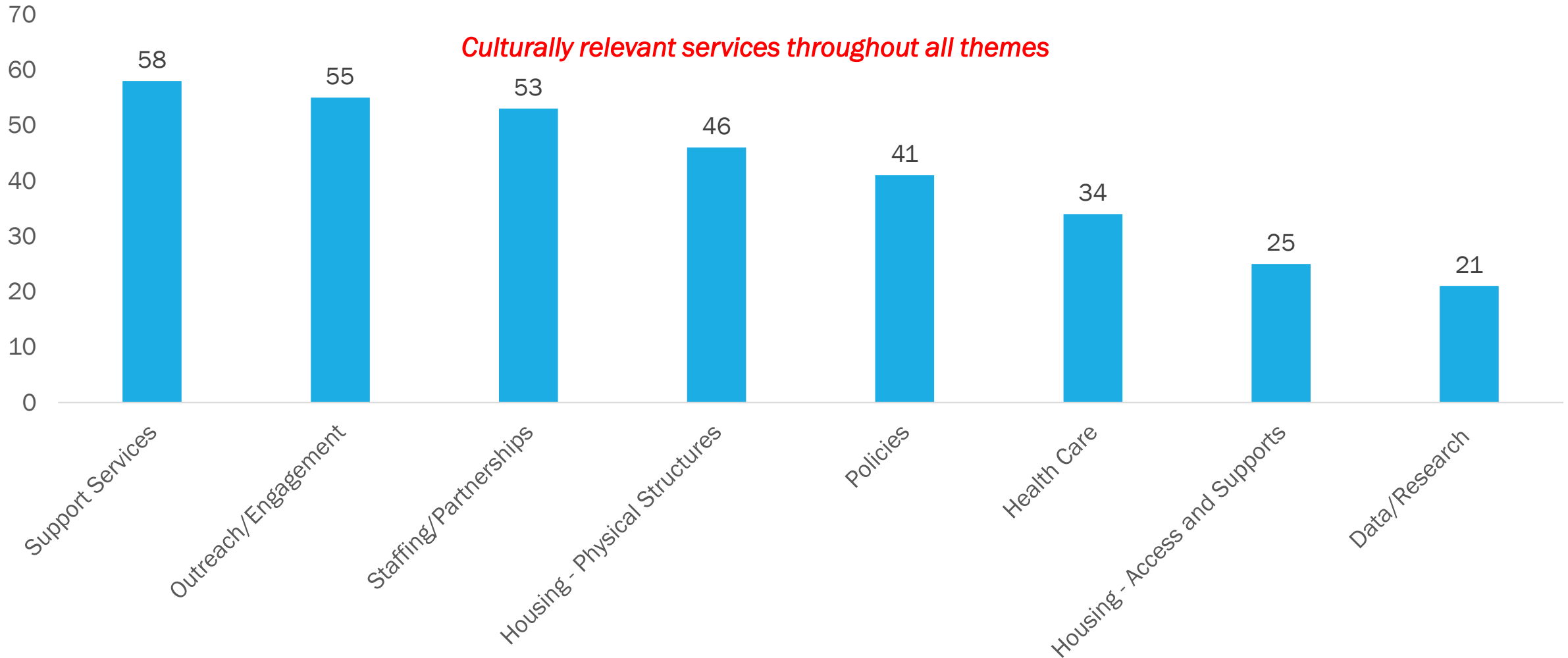
What recommendations do you have for how to best invest the funds from the appropriation that would help to reduce health inequities for marginalized communities?

RECOMMENDATIONS FOR FUNDING AND INVESTMENT - ALPHABETICAL

Culturally relevant services throughout all themes

Code	Count
Data/Research	21
Health Care	34
Housing - Access and Supports	25
Housing - Physical Structures	46
Outreach/Engagement	55
Policy Changes	41
Staffing/Partnerships	53
Support Services	58

RECOMMENDATIONS FOR FUNDING AND INVESTMENT - FREQUENCY





RECOMMENDATIONS: GENERAL DIRECTION



Invest in solutions “by and for” the community

There is a ***culture gap*** between government leaders and the people who participate in the behavioral health system. The government should listen to consumers, staff and providers involved in the behavioral health system and prioritize those needs over political and business needs.

- Center the voices and lived experiences of the consumers, staff, and providers.
- Share this research with the public and continue collaborative research efforts at the local and regional levels.
- “Left shift” investment priorities. Focus on prevention, early intervention, and whole-person solutions.
- Visibly invest in communities so they can see the government at work for the people.

This is in OHA’s Health Equity Framework for addressing health inequities!



Our policies, rules, etc. create both intentional and unintentional barriers across all the systems.

Our policies favor large, business-focused organizations. Our policies often limit scope and duration of funding. We will need to flex our rules and policies to address these barriers.

- Directly invest in local networks and small providers. This fights organizational privilege and diversifies supports and services.
- Create low-barrier, sustained funding opportunities and maximize local decision making about how to use the funds.
- Make sustained investments with lower administrative burden to obtain and keep funding.

Consider alternative funding methods to Medicaid.

- Requirements and billing processes are burdensome and don't match the reality of how the services are provided in a field setting.
- Funding for some types of services requires a diagnosis when the funding should be used to prevent the diagnosis altogether.

Treat this as a multi-system public health emergency.

The staff and consumers need trauma-informed supports, akin to the type of support received by first responders and public health workers during the COVID-19 pandemic. They are asking for these supports in the form of higher wages, more flexible working hours and environments, training, and education.

- Invest in people: ***hiring people with lived experience and people from within the community***; staffing, training; trauma support, peer support, community connections and conversations, research groups, interdisciplinary and intersystem partnerships, etc.
- Give workers a voice and a seat at the table.
- Integrate solutions across systems. This is a multi-system emergency; it requires a multi-system response.
- The presence and severity of Mental and Behavioral Health conditions reflect the upstream failures in non-health systems (ex. housing, justice, education, immigration, employment) that can both traumatize and re-traumatize people.



RECOMMENDATIONS: THEMES AND QUOTES

Data and Research

- Collaborate on shared data resources/databases
- Use data-driven and evidence-based practices
- Exchange ideas within and between regions

“Recommendations in this area promote solutions that call for a much more rigorous needs analysis to help promote an increase in overall investment”

“Strong desire for more data / more detail and equity in data”

“Who is looking at this data being collected and how are we looking at addressing these root causes?”

“Compile and/or share findings from all the needs assessments completed statewide under this funding announcement”

“Increase coordination and data sharing among agencies”

Health Care

- Services should be located where the consumers are – ex. mobile, telehealth
- All care should be culturally competent, trauma informed, and in the consumer’s language
- Consumers should have voice and choice in their care
- Emphasize preventive and person-centered care
- Support providers/staff so they can continue to help consumers

“Access to mobile health services for families to access preventive medicine that would ultimately lead to increased financial burdens and decrease housing security”

“Communities want help but prefer working in groups where they feel safe, comfortable, heard, and understood. Prefer to “heal together” as opposed to isolated or 1-on-1. Group work is the best entry point into more individualized healing support.”

“You address social determinants by going upstream before a condition presents and provide the resource so that it never occurs. By requiring a diagnosis for services, we negate prevention.”

“Remove barriers for service providers to serve their clients – let the providers be the experts to know what services/need to be billed for and provide codes for those services. Incentive bonuses for non-profits that support hard-to-serve populations (private companies tend to make more profit from their services).”

“Consider housing and shelter providers and those systems as having a greater influence on behavioral health populations than is currently considered. As the current behavioral health system struggles with workforce challenges, housing and shelter providers are serving that population. This is placing significant strain on an under-resourced system. Housing and shelter providers are now being asked to be behavioral health providers without and corollary increased in funding.”

Housing - Affordability and Supports

- Consumers need help to afford, apply for, and keep housing
- Support Services are as much a priority as physical housing
- The housing and support systems are complex and confusing, consumers need culturally competent help in their own language to navigate those systems.
- Outreach and engagement to consumers should be culturally competent and in the consumers' language
- Creating housing and supports “by and for” marginalized/underserved

“Allocate funding dollars to paying rent, bills, placing people into housing, connecting them to resources to support their long-term success, and overcoming other systemic barriers, rather than spending the money on consultants, surveys, listening sessions and administrative fees that do little to nothing to improve people’s present situation.”³

“Connect with landlord associations and property management companies to discuss what would help them offer housing, and what voucher amount they’d be willing to accept”

“Provide more resources for accessing subsidizing housing with language support.”

“More discretionary funding for removing various housing barriers: funding for renter guarantees; funding to cover deposits for utility and rental unit; funding to cover the difference for units that are over FMR.”

“Invest funds to provide ongoing rental assistance and long-term subsidies for tenants with developmental disabilities and/or behavioral health concerns and their families”

Housing – Physical Structures

- Variety of housing styles across the housing continuum to meet consumer diversity
- Increase housing stock and improve existing structures with set-asides for marginalized communities and consumers who need significant supports
- Housing should be in neighborhoods where people live, instead of being relegated to stigmatized or dangerous areas.

"People want the respect and dignity of having their own home where they have the safety and security to thrive"

"Access to safe and affordable housing- the local real estate market has skyrocketed recently; many individuals are experiencing homelessness for the first time in their lives leading to initial diagnosis of mental health disorders or exacerbating preexisting conditions that were previously controlled."

"Investment into low-barrier emergency shelter so that mentally ill people don't continue to be criminalized and cited for being poor, having nowhere to go, or in crisis."

"There is interest within the community for LGBTQIA+ specific housing spaces (by and for the community). Resources given from the community to the community."

"Consider a variety of neighborhoods for funding and building housing – participants have shared that housing sometimes is not available in neighborhoods they feel comfortable living in."

"More permanent supportive housing for those with criminal history (especially for the S.O. populations)."

Outreach/Engagement

- Outreach and engagement must be culturally competent and in the consumers language.
- The contents of outreach and engagement campaigns should address a variety of needs across the housing and care continuums, empowering consumers to help themselves and others or informing them about how and where to ask for help.
- Outreach and engagement should be sustained efforts that take place at a variety of levels, in a variety of locations, and a variety of mediums.

“There is very limited awareness about these types of services and supports in the local communities we received feedback from. Recommend working directly with communities and co-designing programs and promotional campaigns with trusted local organizations.”

“A key factor in engagement includes culturally and linguistically responsive pre-treatment for individuals in the community struggling to break barriers into services in the behavioral health arena. However, outreach services prior to any enrollment in treatment are not currently funded by Oregon Health Plan (OHP). Recovery Mentors can provide outreach and have the credibility to connect with those that may be hesitant to enroll in treatment. It takes direct outreach and the development of a relationship to engage and encourage underrepresented community members to enroll in treatment.”

“Arts in many forms can be pivotal, transcendent and cut through barriers including language, geography, socioeconomic status, etc.”

“Bringing immigrants up to speed by making them self-sufficient by funding and supporting organizations that provide English as a second language.”

“For many individuals with behavioral health needs, stigma is a significant barrier to accessing treatment. Pre-treatment outreach and navigation services for underrepresented and marginalized community members is essential.”

Policy Changes

- Policy issues about Housing
- Policy issues about Insurance and Payment for Services
- Policy issues about Community Organizing and Representation
- Policy issues about Workforce Support and Development
- Policies about Equity, Diversity, and Inclusion (EDI)
- Policies about Support Services

“Marginalized people existing in smaller, harm reductive institutions get left out when it comes to the decisions that are made in allocation of public health funding because the means to accessing those resources is beyond the scope of smaller organizations doing meaningful work. This could be resolved by recognizing the ways that the pursuit of funding can cause mission drift in an organization, particularly one running on consensus— and it would be wonderful to see OHA designing ways for organizations with smaller capacities to consistently access funding without having to expend the same amount of resources/expediency as the larger organizations they are competing with.”

“Ongoing operational funding. Most of the organizations with whom we partner have identified insufficient ongoing operational funding - including support for peer delivered services that are not covered by FFS - as the primary barrier to expanding housing. One time investments can help purchase a property, but they are reluctant to take these actions without a means to sustain the programs.”

“Change medical insurance policy enabling access to care for all individuals”

“Advance systems level changes through policies that support increases in income and availability of jobs with family-sustaining compensation, reduce barriers and improve accessibility of housing and housing services, and increase safety and efficiency of affordable housing”

Staffing and Partnerships

- Peer Support needs to be a priority for funding, recruiting, hiring, and training
- Give workers a voice and a seat at the table.
- Organizational Privilege and Equity - CMHPs and small CBOs are falling behind because they can't compete with large corporate organizations for funding. Invest in organizational equity by setting aside funds for the small CBOs to support staffing, training, and capacity.
- Increase wages and supports for staff to prevent an offset burnout
- Hire and promote BIPOC, members of marginalized communities, people with lived experience.
- Continue to fund community partner connections and enable interdisciplinary collaboration

“Support the capacity of CBOs and nonprofits that are fragile in the wake of the pandemic and provide them with technical assistance and funding so they can be both responsive to community need and sustainable.”

“Find a way to reimburse community-based mental health providers for serving OHP individuals and families in a way where they can compete with private and small group practices. When we (nonprofits) lose our experienced, highly-trained staff to higher-paying jobs with less overhead, less stress, less acuity, and so on - that substantially impacts both the quality of services we can provide and the number of individuals and families in need that we are able to reach.”

“Eliminate requirement for 50% of direct care workers to have a bachelor’s degree and elevate lived experience”

“Fund efforts to mitigate and prevent staff burnout and turnover, and to provide entry level and career advancement pathways for this vital workforce”

“Prioritize intensive family involvement throughout treatment in home communities”

“Promote and fund time and support within organizations for training and reflective supervision, peer support and debriefing (routine and after crisis or critical incidents)”

“Provide or fund technical support to assist organizations to review and revise HR and other relevant policies and procedures (recruiting, hiring, training/on-boarding, benefits, professional development, career advancement) using an equity and trauma-informed lens

Support Services

- Support services are as important as housing
- Consumers need a variety of services at all points in the system, delivered in a culturally competent way and in the consumers' language
- Services should be located in spaces that are most convenient and least stigmatizing for consumers to access
- Consumers need low barrier resources that help people advocate for themselves and develop social connections

“Plan implementation around the belief that support services are equally as important as housing”

“Finally, many behavioral health clients are rejected for housing and/or evicted due to behavioral health symptoms –so funding legal assistance for these clients would help them navigate the legal process of filing appeals when their housing applications are rejected and/or when they are evicted.”

“Expand pre-release education to AICs, offering information and classes to support health and post-release housing success (e.g., self-care strategies; SNAP and OHP enrollment; tenant education; career development and job-search; GED prep; parenting; community resources).”

“Fully subsidize public transportation so everyone can ride for free.”

“Fund a nonprofit owned laundromat that provides laundry services at no cost.”

“Increase capacity by expanding the number of available family units at St. Joseph’s Shelter (currently slated for 21 family units) to prevent families at-risk of being separated by offering 24-hour supportive services and wraparound supports (childcare, transportation, behavioral health care, onsite drug and alcohol treatment, peer mentors, resource navigation, etc.)”

“Supports will include a store (to provide fresh foods, and needed supplies, financial management guidance, and financial supports. Enough money seems to be the constant repetitive need we heard from homeless and others struggling.”



NEXT STEPS

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- Schedule meetings with the grantees and partners to review initial results, confirm and adjust findings, and get feedback on next steps.
 - Review findings with the Oregon Consumer Advisory Council (OCAC) to further adjust findings and gather feedback.
 - Post the finalized results on the web for public review.
 - Prepare for a legislative presentation of the planning grant activities, findings, and next steps.
 - Contract with Oregon State University's Public Policy Lab for:
 - A full coding and analysis of all the planning grant reports
 - Regional analysis and recommendations
 - Cross-comparing regions to highlight common needs across the state and unique needs in each region
 - Create Regional BH Housing Investment Councils to receive investment funds and decide how to use them to address community needs, gaps, and improve delivery of culturally and linguistically appropriate services.



Q&A