
GBHAC Alignment with the State Health Improvement Plan, Tribal Behavioral Health Strategic Plan, and ADPC Strategic Plan

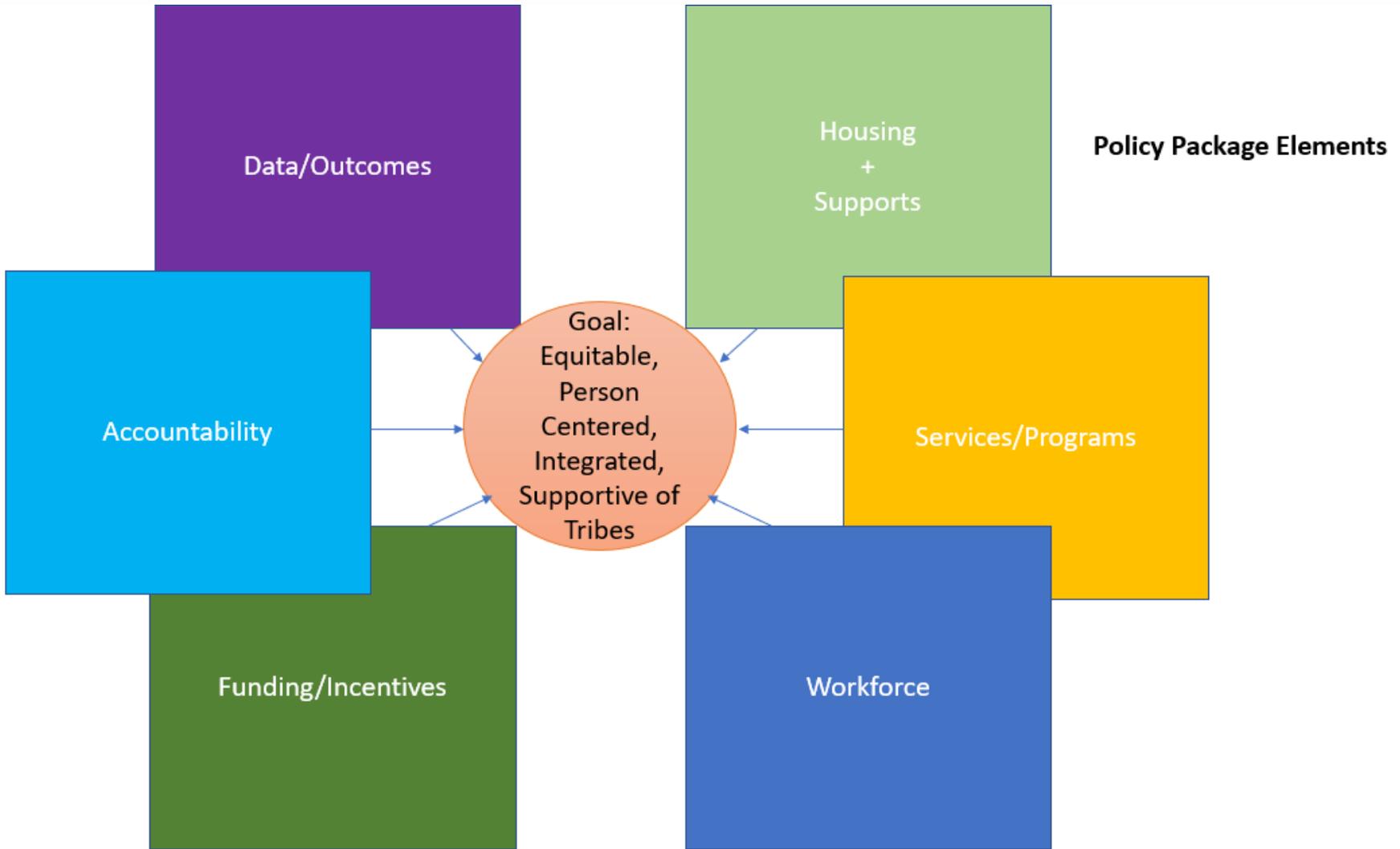
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A reminder of the GBHAC Charge

- 35 member council (+12 agency members) est. by [Executive Order](#)
- Meets monthly from October 2019 to October 2020
 - Council timeline intentional
- Charged with producing evidence-informed strategies and recommendations for the Governor's budget and the 2021 Legislative Session
- **Scope/Target Population:**
 - **Adults with serious mental illness and co-occurring substance use disorders**
 - **Transition-aged youth (age 12+)**



Oregon Public Health

>> State Health Improvement Plan



State Health Improvement Plan

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SHIP Governing Structure and Partners

- **Core group led by OHA Public Health Division**
- **PartnerSHIP and subcommittees**
 - Local and tribal public health
 - CCOs, CACs, hospitals and health insurance
 - Regional health equity coalitions
 - State agencies
 - Academia
 - Culturally responsive community-based organizations serving marginalized communities
- **Public and community at large**

SHIP Timeline



SHIP Purpose and Vision

- **Purpose:** identify population-wide priorities and strategies for improving the health of people in Oregon. The SHIP serves as the basis for taking collective action on key health issues in Oregon.
- **Vision:** Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.
- **Priority areas:**

Institutional Bias	Adversity, trauma and toxic stress
Economic drivers of health	Access to equitable preventive care
Behavioral health	

SHIP BH Subcomm. **DRAFT** Strategies

Goal 1: Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced

- Define the need for community behavioral health services in partnership with state, tribal and local entities.
- Create, expand, and fund programs that combat loneliness and increase social connection in older adults.
- Ensure community agencies have access to information to destigmatize and educate communities around issues of behavioral health.
- Implement public awareness campaigns (e.g., "Mind Your Mind", Cultivate Compassion) to encourage people to ask for services when they need them and reduce stigma.

SHIP BH Subcomm. **DRAFT** Strategies

Goals 2: Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery. Example strategies:

- Create and build upon existing state, local, and tribal governmental partnerships between education, law enforcement, judicial system, housing and social services, payors, hospital systems, and health care practitioners to improve the mental health of Oregonians.
- Increase access to behavioral health services by coordinating across systems and improving integration between behavioral health and other care and service providers.
- Examine, reduce and remove barriers to behavioral health services, for example accessibility, assessment process, transportation, and language.
- Incentivize treatments that are rooted in science, culturally-informed, and trauma-informed practice. (cont.)

Tribal Behavioral Health Strategic Plan

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OR Native American BH Collaborative

- Oregon's Nine Federally Recognized Tribes:
 - Burns Paiute Tribe
 - Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
 - Confederated Tribes of Grand Ronde
 - Confederated Tribes of Siletz Indians
 - Confederated Tribes of the Umatilla Indian Reservation
 - Confederated Tribes of Warm Springs
 - Coquille Indian Tribe
 - Cow Creek Band of Umpqua Tribe of Indians
 - Klamath Tribes
- Native American Rehabilitation Association of the Northwest (NARA)
- Northwest Portland Area Indian Health Board (NPAIHB)
- Oregon Health Authority
- Oregon DHS Office of Tribal Affairs

Tribal BH Plan: Vision

“The Oregon Native American Behavioral Health Collaborative envisions healthy Native individuals, families, and communities thriving across Oregon. We envision a shared, continuous alliance between the state and tribal/urban providers that provides a continuum of fully funded, comprehensive, culturally responsive services grounded in tribal-based practices and intertribal collaboration at the administrative and clinical levels.”



Figure 1. A medicine wheel that represents the collaborative's vision

Tribal BH Plan: Five Strategic Pillars

Training and Credentialing

- Establish accredited tribal learning center approved by MHACBO
- Secure funds to develop qualified tribal workforce to provide total continuum of care
- Create tribal credentialing system to achieve sustainability for tribal-based BH

Tribal-based practices

- Create permanent rule or statute in support of tribal-based practice
- Secure state funding for TA in implementing tribal-based practices
- Develop a centralized database of tribal-based practices

Efficient data systems

- Conduct inventory of all baseline BH data from state, federal, tribal, and local sources
- Create and identify culturally relevant, specific tribal BH metrics

Tribal BH Plan: Five Strategic Pillars

Tribal Consultation Policy

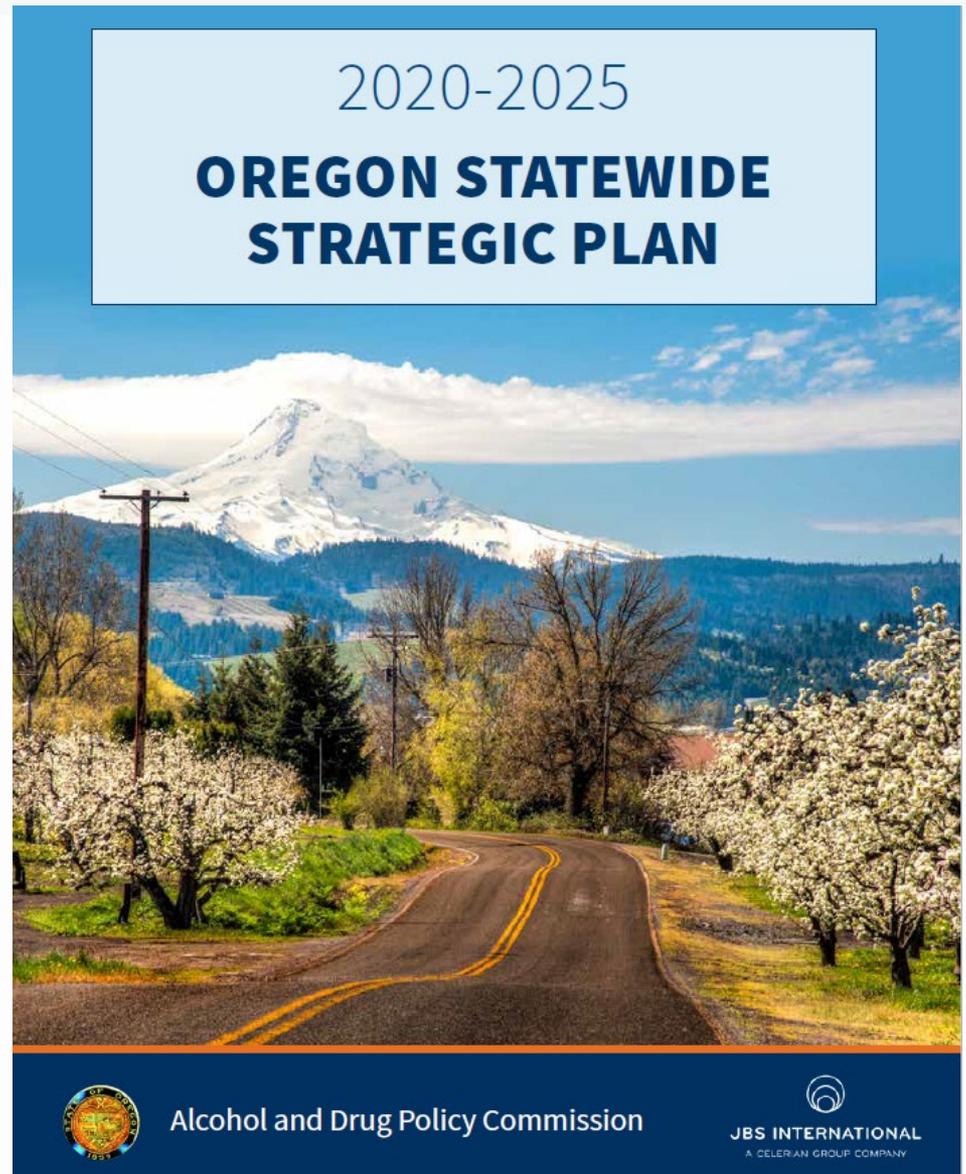
- Establish regular information sharing between the state and tribes
- Provide comprehensive, mandatory annual training for all state employees on how to appropriately engage with tribes
- Clarify the relationships and expectations between CCOs and tribes/NARA

Governance and Finance

- Ensure adequate tribal representation on regional governance entities, with required metrics and reports
- Establish a dedicated funding set-aside for tribal and urban programs to provide adequate, flexible funding
- Maintain the existing tribal billing structure, including encounter rates, and the fee-for-service system, and expand reimbursement codes

Alcohol and Drug Policy Commission Strategic Plan

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ADPC Contributors and Partners

State Strategic Planning Subcommittee Members (reps from):

- ADPC Commissioners
- Oregon Disabilities Commission
- Oregon Health Authority
- Oregon Council for Behavioral Health
- Native American Rehabilitation Association of the Northwest
- Oregon Youth Authority

State Agency Planning Partners

OHA	DHS	ODE	YDD
HECC	OYA	ODC	DCBS
OHCS	State Police	Lottery	OLCC

ADPC Statewide Plan Timeline

- Final approval of the strategic plan by the Alcohol and Drug Policy Commissioners took place February 13th
- Submitted to Legislature and Governor
- Establish Implementation Team(s) in Spring 2020
- Request Implementation Resources via Governor's Budget for 2021-2023 biennium

ADPC Strategic Plan Key Elements

The Plan's Ultimate Impacts provide guiding principles for the plan's goals, outcomes, strategies, and activities. **The four Ultimate Impacts are:**

- **Impact 1:** Reduce SUDs and increase recovery
- **Impact 2:** Reduce alcohol, tobacco, and other drug-related deaths
- **Impact 3:** Reduce alcohol, tobacco, and other drug-related health disparities
- **Impact 4:** Reduce the economic burden of substance misuse on Oregon's state budget

The four major goals are:

- **Goal 1:** Strengthen Oregon State's substance misuse system
- **Goal 2:** Increase impact of substance misuse prevention across lifespan
- **Goal 3:** Increase rapid access to effective SUD treatment across lifespan
- **Goal 4:** Increase access to effective SUD recovery supports across lifespan

ADPC Goals and Objectives

Goal #1: Implement a statewide system that ensures that substance misuse policies, practices, investments, and efforts are effective and result in healthy and thriving individuals and communities

- **Ex. Objective:** Increase degree to which state agency leadership works together to coordinate efforts & maximize all resources
- **Ex. Objective:** Increase system's ability to use most effective practices, processes, & programs for priority populations & problems

Goal #2: Increase the impact of substance misuse prevention strategies across the lifespan

- **Ex. Objective:** Decrease retail and social access to alcohol, tobacco, and marijuana to underaged persons

ADPC Goals and Objectives

Goal #3: Increase rapid access to effective SUD treatment across the lifespan

- **Ex. Objective:** Increase access to all levels and types of SUD treatment, intervention, and harm reduction for those in need of treatment
- **Ex. Objective:** Decrease barriers to treatment

Goal #4: Increase access to recovery supports across the lifespan

- **Ex. Objective:** Increase access to all levels and types of needed and effective recovery supports, as well as intervention and harm reduction for those in recovery
- **Ex. Objective:** Decrease barriers to recovery

BHAC Alignment So Far -- Availability

	Prog/Serv	Housing	Workforce
SHIP	Fund programs for social connection; integrated care; reduce and remove barriers to care; evidence-based practice	Promote local partnerships in housing etc.; reduce and remove barriers to care; support housing first	Incentives for qualified workforce; culturally and age-responsive providers
Tribal BH Plan	Tribal-Based Practice support, credentialing and sustainability	Plan does not have strategy specific to housing; will bring to consultation	Funding for a qualified tribal workforce
ADPC	Increase effective practice; school-based interventions, increase access to all levels of treatment	Increase access to basic needs supports including housing	Increase system capacity (SUD workforce); increase capacity for effective practice

Next Steps

- Staff from ADPC, OHA Tribal Affairs, SHIP BH Subcommittee, and GBHAC are working collaboratively to identify alignment.
- GBHAC staff are sitting on the SHIP BH Subcommittee to identify ways the plans/recommendations can compliment each other.
- As GBHAC moves to effectiveness affinity groups, GBHAC staff will identify areas of overlap and alignment and provide to their affinity groups for deliberation.

Thank You

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