



**Governor's Behavioral Health Advisory Council
July 13, 2020**

Summary of Feedback on the Policy Option Package

General

- Provide the context and structural model for how all of the policy options fit together as a cohesive package. Reflect how they work together for people. Ensure there is a story and a narrative. Add context of the agency's work around increased support for crisis intervention and development of Treat First (through CARES Act funding).
- In several parts of the POP, funds are stated to support culturally responsive services. Incorporate linguistically responsive to all of those references to ensure greater access.
- Ensure that all programs in the POP are designed to maximize federal financial participation.
- Ensure intentionality and inclusivity with respect to service provision populations. Define "rural" and "marginalized/underserved" with this intentionality in mind.
- Consider advisory, financing, and strengthening for the continuum and structure of data, metrics and health technology for behavioral health. Consider technology and data's role for supporting BIPOC communities. The council did not get to consider these topics in the second set of affinity groups but more attention to this area is needed.
- Provide a funding set aside to develop an intentional, upstream intervention for a small group of families or people that focuses on upstream wrap around support and services. The focus of the pilot would be to design a model that holistically addresses the social determinants of behavioral health for participants.

Youth and Young Adults

- **General:** Peer support should be called out more deliberately in funding strategies for youth and young adults. Ensure tracking of outcomes for all programs.
- **Center for Training and Technical Assistance:** Utilize existing technical assistance center at Portland State University and consider adding training and technical assistance for family/family support.
- **Residential Services:** Ensure geographic diversity of bed capacity – considering it is difficult to access beds outside of the tri-county area.
- **Psychiatric Residential Treatment Services:** Does this service align with the scope of the GBHAC population parameters? The GBHAC serves youth and young adults but this may be a larger scope investment under the purview of other councils or work groups.

Programs and Services

- **General:**
 - **Culturally Specific Services:** Encourage investment in alternative services outside of traditional treatment / medical model, especially important for culturally specific services (Barbershop example).



- **Flexibility:** Set aside some percentage of funds that can be spent in a flexible way especially for those with complex needs.
- **Criminal justice:** There are no specific recommendations related to the interaction of behavioral health and the criminal justice system. However, all of the programs and services recommendations could be inclusive of approaches to better interface with criminal justice and prevent incarceration or institutionalization.
- **Adult Residential:** Consider additional funding for adult licensed residential.
- **COVID-19:** Consider adjustments based on COVID-19 and where the system needs to pivot.
- **Payment for Co-Occurring Disorders:** Ensure funding incentivizes providers to be trained in and to deliver dual-diagnosis services.
- **Tribal-Based Practice:** Ensure there is funding for education on what tribal best practices are and how they can be included in service delivery. Include Horse Medicine (Equine Therapy), provided by a Traditional Health Worker, as Tribal-Based Practice supported by OHP.
- **CCBHC:** Ensure use of outcomes and metrics data that show return on investment.

Workforce

- **Workforce Incentive Fund:** Include incentives for traditional and non-traditional settings. Include bachelors, masters, and clinical doctorate degrees and licensure as eligible for incentives. Ensure that incentives are not only for formal education but also informal training or best practice for culturally responsive approaches. Prioritize rural communities but consider other shortage areas within metro and suburban areas – especially considering BIPOC providers.
- **Peer workforce:** Increase adult, family, and youth peer support. Ensure the provision of retention bonuses and enhanced rates for Peer Delivered Services providers. Education funding should also include funding for PDS training programs in addition to higher education. Ensure fair compensation for peer workers, especially those not working in clinical or traditional medical settings.
- **Tribal Workforce:** Ensure workforce development funding has flexibility for tribes to create how their workforce will look. Ensure the curriculum for the Traditional Health Worker matches the services they can provide and the age groups of the clients serve.
- **Training:** Add funding for equity and inclusion training and training for trauma informed care.
- **Effort to Reduce Administrative Burden:** Re-evaluate all current and future OARs with an eye to reducing regulatory requirements that diminish the productivity of the existing workforce. Establish a goal that workforce spends 75% of capacity on patient care.

Housing

- **General:**



- Ensure peer delivered services are included in housing supports, but make sure those services are flexible and not dependent on the housing.
- Ensure that the housing strategies are focused on our populations with greatest level of need and BIPOC communities.
- Include community integration efforts in housing supports.
- Consider rent-to-own programs.
- Increase support for licensed residential facilities.
- **Housing Trust Fund:** Background: In the GBHAC-related legislative concept, OHA will include a provision that transfers the Mental Health Housing Trust Fund to OHA. However, OHA does not have a vehicle to request capital funding for that fund. Request: transfer general fund or lottery fund revenue to the Mental Health Housing Trust fund to provide capital development for housing construction across a wide spectrum of housing and residential options. Clarify how the funds will be distributed.
- **Housing Renovation:**
 - Ensure there are conditions or stipulations that the housing renovation funding is used to meet the needs of the GBHAC's target population and not used to increase barriers (for example: new amenities or building rehabilitation that are used to increase rent).
 - Make sure renovation funding is flexible enough to truly serve the population (for example repurposing units, etc).
 - Clarify whether renovation funding will be made available only to existing providers or could they be used by new providers.
 - Limit eligibility for renovation funds to non-profit organizations only.
 - Based on these clarifications, analyze how many units would benefit from renovation funding.
- **Tenant-Based Rental Assistance:** Make sure program is structured in a way (provides some level of flexibility) that acknowledges the competition and barriers to using a subsidy in marketplace rental units.
- **Barrier Removal:** Consider the impact of a person's previous legal / criminal justice involvement on what housing is available to them.
- **Needs assessment:** Given the known need and the economic climate, consider whether this is a necessary investment.