



# Healthier Together Oregon

## **PartnerSHIP Meeting Minutes**

August 2, 2021, 1:00 – 3:00pm

### **Meeting Objectives**

- Finalize charter
- Learn about priority areas and strategies
- Plan for in-person meeting

### **OHA staff and facilitators**

Nhu To-Haynes, Christy Hudson, Heather Owens, Liz Gharst, Cara Biddlecom, Lisa Rau

### **PartnerSHIP members**

Timur Holove, Susan Blane, Ian Winbrock, Kimberly Lane, Stan Baker, Connie Dillinger, Esther Kim, Alisha Overstreet, Rachel Schutz, Jess Gasper, Toc Soneoulay-Gillespie, Jenny Pool Radway, Dalia Baadarani, Kalli Morales, Amy Thuren, Lauren Gottfredson, Kirt Toombs

### **Guest Speakers**

Mandy Davis, *Trauma Informed Oregon*

Nurit Fischler, Kyleen Zimmer and Kate O'Donnell *Oregon Health Authority*

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### **Welcome and Introductions**

Nhu To-Haynes, Moderator, *OHA*

Nhu welcomed everyone and discussed the items on today's agenda.

### **Finalize Charter: Follow up from July meeting**

A small work group has been meeting in between meetings to finalize a draft charter. Stan reported out on discussion thus far with request for additional discussion related to membership, leadership and public participation.

## Discussion related to membership

- Do we allow proxies? What would be an appropriate use of proxies- (limited time): medical leave, parental leave, case by case basis by the Steering Committee? If sending a proxy, should individual represent the agency or sector that the member represents?
- There were arguments for and against using proxies – While some were supportive of a proxy, others cautioned that use of a proxy could make relationship and trust building difficult.
- There was discussion related to attendance and alternative ways of engaging (e.g. viewing meeting recording) when/if meetings are missed. The following proposal related to attendance expectations was approved: members will miss no more than 3 meetings per year, without prior notice and/or follow-up).

Nhu proposed moving additional charter questions not discussed back to the work group for discussion and finalization.

### **Planning for in-person meeting**

An in-person meeting has tentatively been scheduled for September 13, 2021, however concerns and questions about whether to continue planning for this meeting given concerns related to Delta variant. Group prefers to postpone in person meeting until things settle with COVID. Discussed alternatives to an in-person meeting, like holding of a longer meeting, additional meetings, use of office hours, and homework before meeting.

### **Priority Area Learning**

Nhu reminded members that at past meetings, the PartnerSHIP expressed great interest as to how the state objectives were chosen. Also mentioned was a desire to go into some of the objectives in-depth. As a result, two priorities were chosen to learn more about: Adversity, Trauma, and Toxic Stress; and Behavioral Health. Nhu introduced guest speakers to present on these priority areas.

#### *Adversity, Trauma, & Toxic Stress*

Mandy Davis, Trauma Informed Oregon & Nurit Fischler, Oregon Health Authority

Mandy presented overview of subcommittee members, priority area goals, measures and strategies. She also shared key messages from the subcommittee conversations and decisions: 1) Use of strategies that prevent/address trauma and toxic stress among individuals, organizations and communities and 2) Use of knowledge and science with what works to prevent trauma and stress, and what is already in place (and can be expanded upon). Overall goals are related to prevention, building resilience and mitigation of trauma through trauma informed systems.

Rachel asked about data and strategies related to Adverse Childhood Experiences. ACEs data is available, via the [Behavioral Risk Factor Surveillance Survey](#) and National Children's Health Survey.

Connie asked about trauma prevention work in rural areas. Mandy responded that yes, delivery of these interventions within rural areas would be priority. Nurit shared that trauma and ACEs is being funded through [Maternal and Child Health Title V funding](#). Mandy also shared that implementation of each strategy would be tailored depending on a community's individual needs and assets (e.g. rural implementation would be different than urban).

Rachel asked what the "keystone" strategy would be for this priority area. Mandy pointed to the importance of affordable and high-quality caregiving and use of K-12 health education according to law. She also recommended looking at data to help answer this question, the return on investment, connections to other strategies, and what work is already in place or is the low hanging fruit (and just needs quality assurance). Nurit also suggested considering the upstream policy strategies are, like family resilience.

### *Behavioral Health*

Kyleen Zimmer and Kate O'Donnell, Oregon Health Authority

Kate shared background and context about the behavioral health subcommittee. Subcommittee met mostly pre-COVID, behavioral health priority area has consistently come out as a primary concern during assessments, and concurrent to a lot of significant system work within behavioral health. Decision was also made to focus subcommittee work on mental health to work in congruence with the Alcohol Drug and Policy Commission. Behavioral health strategies were focused on upstream determinants and prevention of coping behaviors. Subcommittee worked in tandem with other SHIP

strategies that were also working on behavioral health prevention (e.g. institutional bias, trauma and toxic stress). The subcommittee focused conversation within two goal areas: stigma reduction and improving access and care across the behavioral health continuum, from prevention through treatment and recovery.

Kyleen then shared information about the behavioral health landscape and the massive shift given the enormous investments coming out of the 2021 legislative session. Behavioral health has been severely under resourced for decades as seen in numerous examples of people and communities going with unmet need for care. COVID has led to growing interest and support for behavioral health services, Oregon voters approved decriminalization of hard drugs with direction to create a more treatment focused system for drug use, and legislature focus on behavioral health in a meaningful way – which all led to new historic investments. Kyleen shared summary of resources that will address housing, needs of children, co-occurring disorders, several and persistent mental illness, and crisis system (federal creation of 988 system – like 911 but for behavioral health crises). However, these investments come at a time of serious behavioral workforce shortages. OHA has workforce initiative to address this crisis in the short and long term. Behavioral health data has also been a barrier – which will also be improved through investments. HB2086 will also establish a behavioral health metrics and incentives committee.

Rachel asked for more specifics about what is being done to address the workforce shortages. \$80 million has been invested to support these strategies – accelerated investments in scholarships, loan repayment programs, curriculum development, retention and sign on bonuses, relief staffing, improvement of work benefits (like childcare and insurance benefits, provision of affordable housing) and rate development studies to increase pay for behavioral health providers. Kate also shared that strategies identified in subcommittees included use of peer supports and recruitment of culturally and linguistically responsive providers. OHA is also working to disrupt systemic barriers – particularly racism. Trying to redesign the way OHA does business with contractors and providers. For example, OHA is committed to building trust with communities – and working with trusted and new partners in communities, like churches, local clubs and barbershops.

Alisha asked the following questions: Have there been conversations about making the process for grievances/complaints more accessible/transparent? And are there discussions about protections for people who make complaints/grievances against

providers? Prevention is more than providing a pamphlet with a phone number – what is being done to make long term, sustainable prevention services more accessible? Are there conversations about what prevention could/should look like? Kyleen recognized frustration about complaint process and validate that there isn't a good system to take those and use them to make improvements in system. Kyleen offered that ombuds office can be helpful, but often complaints are multi-faceted making solutions difficult to identify. Related to prevention, Kyleen recognized the need for prevention services – and not just when crises present themselves. Kate also offered subcommittee conversations about prevention addressed things like housing and food stability. There's also a lot of work in place related to suicide prevention – especially for LGBTQ+ youth. An adult suicide intervention and prevention plan is also being developed with focus on veterans and older adults. Alisha reiterated importance of incorporating community voice in prevention planning.

### **Wrap up and next steps**

Nhu asked the PartnerSHIP for help in two areas over the next month, which would involve about 1-2 hours of additional work.

1. Members are needed to assist the charter work group by joining and being a part of that process.
2. Two to three volunteers are needed to help Nhu and Christy plan the next meeting for September. This ensures the group is member-led and not just planned by OHA staff.

Christy reminded everyone that office hours will be scheduled for the members of the PartnerSHIP to continue these discussions and collaborations. The meetings will also be recorded in case you are not able to attend.

Next meeting is Monday, September 13, 2021, from 1-3 pm.