



SHIP SUBCOMMITTEE MEETING

Bias Trauma Economic Drivers Access to Care Behavioral Health

May 5, 2020 <https://zoom.us/j/393128009> Conference call (669) 900 6833, ID 393 128 009

Members Present: Annie Valteirra-Sanchez, Kim Hatfield, Nurit Fischler, Kimberlee Handloser, Suzanne Hansche, Tammi Martin, Mandy Davis, Margaret Bruan, Terra Hernandez

Members Absent: Claire Ranit, Danica Brown, David Bangsberg, Frank Franklin, Jenny Jackson, Jessica Nye, Sheldon Levy, Kirt Toombs, Laura Williams, LeeAndria Witcraft, Vanessa Timmons, Susan Boldt

OHA Staff: Christy Hudson, Dana Peterson

Members of the Public: Sky Seitz, Heidi Beaubriand, Peg King, Sierra Jackson, Debbie Rich

Welcome & agenda overview: Kim Handloser led introductions and an icebreaker

Update on community feedback process and timeline: OHA has funded seven community-based organizations to solicit feedback on drafted strategies. The community feedback timeline has been pushed back to May to allow for adequate engagement. These organizations will be taking subcommittee's strategies into the community and asking for comment. OHA has also posted two surveys, one in English and one in Spanish. The feedback period will close June 10th. Subcommittees will be asked to incorporate feedback at June meetings - prior to finalizing the plan. There will be another meeting in July with a launch in August. OHA will be sending a survey to all committee members with an email template to enable sharing. You are asked to share that as widely as your network allows.

Finalize outcome indicators: Our outcome indicators are chronic absenteeism, ACEs among children, and concentrated disadvantage. There was some discussion at OHA about the data source for absenteeism but ultimately ODE was considered to be most accurate. OHA had a research analyst run preliminary analysis for concentrated disadvantage which is based on five Census variables: percentage of individuals below the poverty line, percent on public assistance, percent in female-headed household, percentage unemployed, and percentage less than 18. This can be calculated annually although not in counties with smaller populations. A decision needs to be made if we will measure by households or population. The race and ethnicity analysis is more accurate by population as it takes r/e identities into consideration for everyone, not just head of household. Rates of disadvantage are slightly higher by household. The committee decided to go with population. It would also be useful to be able to look at this data by age, or at least adult households versus those with children. Data dashboards will be a part of OHA's new website to host this work: Healthier Together Oregon.

Identify process measures: Subcommittee broke into three groups to start identifying process measures for each strategy. Nurit made a point that what we are discussing seems more like short term outcomes and perhaps should be labelled as such going forward. Group agreed that short term measures were more important than true process measures which tend to be about counting widgets.

Goal 1: Margaret Braun, Tammi Martin, Christy Hudson and (Sky)

Ensure access to and resources for family friendly policies, such as affordable, high quality, culturally responsive childcare and paid family leave.

- Percentage of children aged 0-5 with access to affordable, high quality child care. Discussed importance of expanding age range to 5, or until kindergarten begins. Tammi will follow up with ODE contacts on data.
- Data on childcare barriers. Sky offered that Family Forward Oregon had been doing some assessment of this – will circle back.
- Something about paid family leave – although this benefit isn't due to begin until 2023. Sky will follow up with family forward Oregon.

Ensure all school districts are implementing K-12 comprehensive health education according to law.

- Percentage of 11th graders reporting they learned about healthy and respectful relationships in school. This is from OHT so could be analyzed by subgroup.
- Percentage of school districts submitting Comprehensive Sex Education Plan. School districts are required to submit these plans, but doesn't mean plan is being implemented. PHD, Injury and Violence Prevention program issued a survey that also collects this data from school districts, but unclear if that survey will be ongoing.

Implement anti-racism and anti-oppression policies and cross-system initiatives.

- Adult respect students of different backgrounds, Conflict or tension at school based on different backgrounds, or Experienced bullying due to race or sexual orientation. These all come from OHT and are youth focused.
- Discrimination in suspension – ODE data, again would be specific to schools.
- Discrimination in incarceration – DOC/OYA data.
- # of school districts with anti-oppression training requirements – not sure if this exists – would be specific to schools. Christy will follow up.
- # of agencies that publicly acknowledge past harm/racist policies- Is this possibly collected at Governor's office? Margaret will follow up.

Goal 2: Kim Handloser, Annie Valtierra-Sanchez, Kim Hatfield, Terra Hernandez, and (Heidi and Peg)

Strategy: Expand evidence based and culturally responsive prenatal and early childhood home visiting programs.

- What does that look like?
- What can we measure that would show it has been expanded and goes beyond what is there already?
- Home visits officially not funded past 1-1/2 years (state)
- Strategy is **expanding** evidenced-based **programs** that are **culturally responsive**
 - How are we measuring what is culturally responsive?
 - Look at what is in place already.
 - Families that have visits through Head Start

- Example: LISTO in Southern Oregon – for Latino families that don't qualify for Head Start
 - *Measuring how many are being served*
 - How is that data collected
 - Will they provide literature and other programs
 - How can their programs capture the data - who's filling in the gaps
 - *Measure resources that are being brought*
 - *Increase of resources that are responsive to the needs of these families*

Strategy: Provide safe, accessible and high quality community gathering places, such as parks and community buildings.

- The strategy is unclear – are parks and community buildings to be built? Explained this strategy has been paired down. It is not necessarily about providing new parks and buildings but access to safe spaces that are available in the community, including school buildings, park and rec buildings, etc.
- **Suggest Reword Strategy:** *Increase access to safe and high quality community gathering places, such as parks and community buildings*
- Who gets to know where these places are?
- Are they accessible?
- How are they promoted?
- What are the costs?
- What is the language? Is it understandable?
- This is a community gathering place
- Reword safe accessible high quality
- Kim will check City of Richmond for measures
- Who has accessibility?
- Check w/DRO (Disability Rights Oregon) for measures (ADA, linguistics), check w/affinity groups

Goal 3: Mandy Davis, Dana Peterson, Suzanne Hansche

Over all questions:

- Question, who would be implementing/owning the measures?
- Question, will the measures be evaluated only at the end of 5 years or could the measures also be more short term
- Question, should the measures be process type or outcome type or are both types ok?
- Question, how many measures are needed per strategy? Are there any limits?

Strategy 1: Require that all public facing agencies and contractors receive training about trauma and toxic stress

- Reword measure to- Number of agencies and percentage of staff that received training about trauma and toxic stress.
- Work needs to be done on what percentage would be an acceptable percentage to measure success.
- Group members felt no additional measure was needed for this strategy

Strategy 2: Require all public facing agencies and contractors implement trauma informed policy and procedure

- Group members worked to reword this measure but unable to finalize language by end of session

Strategy 3: Implement House Concurrent Resolution 33

- Group members unclear regarding this strategy. Mandy will follow up on this strategy with Christy and do additional research on whether or not resolution 33 would be implemented with strategy 1 and 2.

Follow-up:

- Mandy and Suzanne will work to finalize measure language for strategy 2
- Mandy to research Strategy 3 to see if redundant or how to clarify the intent of the strategy and develop measures
- Mandy and Suzanne to recommend percentage for Strategy 1 and 2 that is acceptable to measure success

After we receive feedback (before 6/10) we will be able to tweak language on these measures.

Public comment: Strategies should attend to impact of chronic stress and compassion fatigue among the workforce – don't see that called out. Mandy shared that these are included in HCR 33.

Wrap-up and next steps: Subcommittees agree to continue working on measures before next meeting. Small groups will convene on their own before next meeting – Christy, Kim and Dana will schedule. June meeting will be rescheduled until after June 10 so that community feedback can be incorporated – likely to June 23 or 30. Watch for doodle poll

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