



## **SHIP SUBCOMITTEE MEETING: Behavioral Health**

Wednesday, July 15<sup>th</sup>, 2:00 – 4:00pm

Zoom Meeting: <https://zoom.us/j/393128009>

Phone: +1 669 900 6833

Meeting ID: 393 128 009

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientation, socioeconomic status, nationalities and geographic locations.

### Meeting Objectives:

- Finalize activities and measures
- Recommendations for implementation

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2:00 – 2:10	<b>Welcome &amp; agenda overview</b>
2:10 – 2:15	<b>7/9 PartnerSHIP meeting debrief</b>
2:15 – 3:15	<b>Finalize activities and measures</b>
3:15 – 3:30	<b>Recommendations for implementation</b>
3:30 – 3:45	<b>Honoring your commitment</b>
3:45 – 3:50	<b>Public comment</b>
3:50 – 4:00	<b>Wrap-up &amp; Next Steps</b>

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# Welcome & Introductions

- Share name, pronouns and agency

## Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

# Timeline for developing 2020-2024 SHIP



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# July 9<sup>th</sup> PartnerSHIP meeting

- Rejected proposal to re-center priority populations on BIPOC
- Rejected proposal to strike behavioral health:  
*Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC.*
- Added language to strategy:  
*Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.*
- Received public comment related to behavioral health – see letter.

# Finalize activities and measures

- Review, add, & modify draft activities based on subcommittee discussion and community feedback
- Where possible, make short term measure recommendation

## Behavioral Health

### Key indicators

1. Suicide rate (Vital Records)
2. Unmet mental health care need among youth (SHS)
3. Adults with poor mental health in past month (BRFSS)



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

HTO Plan	Strategies & priority populations	Example activities and considerations	Short term measure ideas
BH	Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve.	<ul style="list-style-type: none"> <li>• Ensure community-based organizations have access to evidence-based information hubs.</li> <li>• Fund queer &amp; trans led organizations to teach about behavioral health, including substance abuse disorders and dual diagnosis related issues.</li> </ul>	
HF	Expand programs that address loneliness and increase social connection in older adults. <b>(Older adults)</b>	<ul style="list-style-type: none"> <li>• Fund Meals on Wheels.</li> <li>• Provide funding for social support programs for LGBTQ+ elders, like SAGE Metro Portland</li> <li>• Transportation barriers, especially in rural areas, need to be addressed</li> <li>• Consider use of telehealth options</li> </ul>	% of older adults who report social isolation (DHS-APD)

BH	Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.	<ul style="list-style-type: none"><li>• Create broad-based marketing campaigns applicable to different communities in the state, e.g. culturally specific and rural audiences, include social media component for youth.</li><li>• Examples: Mind Your Mind from Central Oregon and Cultivate Compassion from Gorge Wellness Alliance.</li><li>• Utilize students to help destigmatize mental health/ illness. Implement programs similar to Headstrong, a program utilizing youth champions as peer educators.</li><li>• Public awareness campaigns should be reflective of the communities that they are placed in.</li><li>• Consider use of humor (campaigns are often too serious) and events (walks, etc.)that bring people together.</li></ul>	
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*Goal 2: Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery.*

<b>HTO Plan</b>	<b>Strategies &amp; priority populations</b>	<b>Example activities</b>	<b>Short term measures ideas</b>
BH	Conduct behavioral health system assessments at state, local and tribal levels.		
BH	Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC. <b>(BIPOC)</b>	<ul style="list-style-type: none"> <li>• Ensure BIPOC are represented in partnerships</li> <li>• Provide training for criminal justice system on bias and racism</li> <li>• Support interventions like CAHOOTS</li> </ul>	



BH	Improve integration between behavioral health and other types of care.	<ul style="list-style-type: none"> <li>• Implement/support telehealth and telepsychiatry.</li> <li>• Require hospitals to have certified behavioral health specialist available 24 hours a day/7 days a week to facilitate referrals to appropriate level of care.</li> <li>• Create online recovery housing hub where a person in recovery can easily identify sober housing units.</li> <li>• Implement “step up, step down” protocol between primary care and behavioral health to support people in navigating behavioral health systems</li> </ul>	% of CCOs that met SBIRT incentive improvement benchmark (OHA)
BH	Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.	<ul style="list-style-type: none"> <li>• Mindfulness-Based Cognitive Therapy for at-risk pregnant women to reduce the rates of post-partum depression and attachment problems in young mothers.</li> <li>• Crisis Assessment and Support Team (CAST), a 24-hour mental health crisis service</li> </ul>	

		<p>made up of clinicians specializing in mental health/addiction service.</p> <ul style="list-style-type: none"><li>• Crisis intervention and mental health first aid training for law enforcement in each county.</li><li>• Expand Dialectical behavior therapy (DBT) services for persons with borderline personality disorder to improve care and reduce emergency room utilization.</li><li>• Eye Movement Desensitization Reprocessing (EMDR).</li><li>• Educate professionals and public on ECT for patients with severe major depression or bipolar disorder that have not responded to other treatments.</li><li>• Good Behavior game for school settings</li><li>• Parenting and family relationship programs, especially for rural areas</li><li>• Tribal best practices</li></ul>	
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BH	Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.	<ul style="list-style-type: none"> <li>• Create new middle criteria to ask for mental illness hold as imminent danger to self or other criteria is hard to meet.</li> <li>• Expand barriers in transportation to needed care.</li> <li>• Expand mental health services in other languages including Spanish.</li> <li>• Reduce barriers to care for persons with disability.</li> <li>• Need for support groups and crisis services in different languages</li> <li>• Establish sliding scale fees for mental health services.</li> <li>• Adjustments to OARs that would allow for short-term care without a full assessment</li> </ul>	% of CCO complaints related to access to mental health services (OHA)
BH	Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.	<ul style="list-style-type: none"> <li>• Create OHP codes for outreach and care coordination</li> <li>• Explore alternative payment models in private insurance and Medicare.</li> <li>• Include telehealth services</li> <li>• Enable ability to provide services without a diagnosis.</li> </ul>	
BH	Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.	<ul style="list-style-type: none"> <li>• Address enforcement at federal and state levels</li> <li>• Assure equitable administrative requirements, payment, and access for behavioral health services.</li> </ul>	# of Market Conduct examinations completed (DCBS)

E&J	Build upon and create BIPOC led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities. <b>BIPOC</b>	<ul style="list-style-type: none"> <li>• Conduct local assessments (e.g. CHAs) for disparities in education and law enforcement and develop solutions (e.g. CHIPS) based on assessment.</li> </ul>	#/% of CACs with representation from education and law enforcement (OHA)
H&F	Require Housing First principles be adopted in all housing programs. <b>(Homeless)</b>		

BH	<p>Increase resources for culturally responsive suicide prevention programs for communities most at risk  <b>(Older adults, Native Americans, veterans, LGBTQ+, and people with disabilities)</b></p>	<ul style="list-style-type: none"> <li>• Implement bullying interventions to reduce suicide in youth.</li> <li>• Increase sharing of information between schools and community mental health programs pertaining to suicide reporting.</li> <li>• LGBTQ+ intervention with faith-based groups to hold family acceptance trainings in churches.</li> <li>• Community suicide prevention beyond age 24.</li> <li>• Work with county epidemiologists to identify commonalities among those who have completed suicide and use this data to create relevant interventions.</li> <li>• Provide funding for LGBTQ+ persons to become suicide prevention advocates.</li> <li>• Use of ceremony in tribal cultures after a suicide.</li> </ul>	
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WD	<p>Create a behavioral health workforce that is culturally and linguistically reflective of the communities they serve.</p>	<ul style="list-style-type: none"> <li>• Create incentives to educate, recruit, train and retain, especially through increased salaries.</li> <li>• Provide training for evidence-based practices</li> <li>• Increase resources for student loan forgiveness</li> <li>• Increase access to peer support certification and supervision training to increase utilization of peers in behavioral health</li> <li>• Increase payment parity</li> <li>• Include traditional health workers</li> <li>• Open up OHP panel to private providers.</li> <li>• Lower barriers for registered interns to provide services.</li> </ul>	<p>Population to mental health provider ratio (OHA)</p>
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BH	Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.	<ul style="list-style-type: none"><li>• Use two generation approaches.</li><li>• Start screening for mental illness in early education system.</li><li>• Incorporate mental health education in school curriculum</li><li>• Consider needs of youth from specific communities, especially BIPOC (Black, Indigenous, and People of Color) youth, LGBTQ youth, and youth with special health care needs</li></ul>	
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# Recommendations for implementation

- Role of PartnerSHIP
- Community Health Improvement Plans
- State agency partnerships
- Possible resources
- Other opportunities?

*How do you suggest we move the strategies forward?*

*How do you see your agency or organization being involved in implementation of the SHIP?*

*What would you like your role to be?*

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# Honoring your commitment

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# Public Comment

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# Next Steps & Final Thoughts

Healthier Together Oregon launches in September – help us spread the word!

Please complete subcommittee process evaluation – your feedback is important to us!