



## SHIP SUBCOMMITTEE MEETING

Bias     Trauma     Economic Drivers     Access to Care     Behavioral Health

July 15, 2020 | 2:00–4:00 p.m. | Call: (669) 900-6833, Access: 393-128-009

**Members Present:** Kate O’Donnell (Co-chair), Gary McConahay, Jeremy Wells, Curtis Landers, Tori Algee, Gayle Woods, Andrew White, Don Erickson, Cheryl Ramirez, Reginald Richardson, Carol Dickey, Tatiana Dierwechter

**Members Absent:** Athena Goldberg, Holden Leung, Jackie Fabrick, Janice Garceau, Karun Virtue, Katrina Hedberg, Rebekah Schiefer, Kera Hood, Angela Leet, Isabella Hawkins (Co-chair)

**OHA Staff:** Christy Hudson, Krasimir Karamfilov, Wes Rivers, Rebecca Knight-Alvarez

**Members of the Public:** Ann Kasper, Annalissa Santoemma, Brandy Sweet, Karen Coldwell, Hannah Proffitt-Allee, Kelli McNight, Manu Chaudhry, Mimi Boumatar, Bojun Zhang, Janet McFarlane, N. Holmes, Lucy Zammarelli, Heather Jefferies

### Welcome & Agenda Overview

Kate O’Donnell welcomed the subcommittee members to the meeting. She asked the members to introduce themselves. The attending subcommittee members introduced themselves.

Wes Rivers informed the subcommittee that the Governor’s Behavioral Health Advisory Council (GBHAC) met on July 13, 2020. The GBHAC is taking OHA’s agency request budget and is trying to reflect the councils’ recommendations in the agency budget request. Some of the recommendations will go directly to the Governor for her to consider in the Governor’s budget as it moves forward to the 2020-2021 legislative session. The recommendations are reviewed to ensure that they reflect the work before COVID-19 and also reflect the new world. The recommendations will be sent out in the fall.

Tori Algee remarked that ADPC’s strategic plan had been approved by the commission. ADPC is working with the Governor’s office to determine which pieces can be rolled out based on budget. The delivery and accessibility of alcohol is changing, due to COVID-19.

### 7/9 PartnerSHIP Meeting Debrief

Christy Hudson congratulated the subcommittee for its work. The plan will be launched in September. The PartnerSHIP met on July 9, 2020, to formally review and approve the strategies that came out of the subcommittees. All strategies were approved with a few changes. The PartnerSHIP refused the proposal to re-center priority populations on BIPOC and added language to one of the behavioral health strategies.

## Finalize Activities and Measures

Christy Hudson reviewed the activities and short-term measures for the three goals. Each strategy can have many activities, but only one measure.

The subcommittee split up in three breakout rooms and discussed the activities and short-term measures for each strategy. After the group sessions, the breakout room leaders reported out.

## Recommendations for Implementation

Christy Hudson stated that, in terms of next steps, OHA would be reconvening a new PartnerSHIP for implementation. The SHIP will inform the Community Health Improvement Plan (CHIP) that CCOs, local public health, and hospitals create and implement. The SHIP will also inform state agency partnerships and policy decisions between OHA and other state agencies. There are some funding stipulations within the CCO contracts that can be used to fund some of the strategies, particularly as they are called out in the CHIPs. Hospitals also have community benefit dollars that could be used to implement some of the strategies locally. A lot of strategies do not take additional resources, but require working in partnership to do things differently than we do them now.

Christy Hudson invited the subcommittee members to share thoughts on: (1) How they thought OHA should move the strategies forward, (2) How they saw their agency or organization being involved in the implementation of the SHIP, (3) What they would like their role to be.

Gary McConahay commented that Columbia Care could serve in the testing round for some strategies. Columbia Care is interested in improving its access and outreach abilities.

Curtis Landers shared that he could present the SHIP at the annual sheriffs meeting in December.

Andrew White remarked that the Portland DBT Institute could offer resources for evidence-based practice for suicide.

Cherryl Ramirez noted that AOCMHP would be working to implement several of the goals and specific activities. She would be happy to provide updates on their work. In terms of metrics, such as payment reform and access to services, the holder of the data is the Department of Human Services or the Medicaid division.

Christy Hudson pointed out the OHA didn't have many answers as to how the SHIP would be implemented, because OHA was looking at the PartnerSHIP to direct that work and make those decisions. The new PartnerSHIP members will be identified and meeting in early fall. Once they have a chance to get oriented and figure out the plan, OHA will be reaching back out to the agencies. There is a need to identify champions for every strategy. Some of these champions might be at OHA, but a lot of them would live outside of OHA.

## Honoring Your Commitment

Christy Hudson played a video by Lillian Shirley, Director of Public Health, who expressed her gratitude to the subcommittee members for their work on the SHIP.

Cherryl Ramirez suggested that it would be worth mentioning the impact of COVID-19 on our world somewhere in the SHIP document.

Christy Hudson remarked that OHA had been messaging that the SHIP was the tool for equitable recovery from COVID-19. This will be the leading message when the plan is released in September.

Tatiana Dierwechter praised Christy Hudson and Kate O'Donnell for their leadership and project management skills during the process.

## Public Comment

Kate O'Donnell invited members of the public to provide comments and ask questions.

Karen Coldwell introduced herself as a member of Southern Oregon NAMI. She shared that the access issues NAMI members face on the ground include: (1) What happens to people when there is no one to call in a crisis except the police? What kind of services are needed to fill in those gaps, so that the police are not relegated to be social workers? (2) People have issues with getting appointments when in a crisis, even a suicide crisis, for six weeks. Southern Oregon NAMI's advocacy goals include working for Jackson County for a 24/7 walk-in psychiatric crisis service, like the one in Marion County. Jackson County needs a wide variety of services available. (3) Need for a CAHOOTS-style police mobile team that can go to people when they are in crisis. (4) Need to share medical records between agencies to facilitate warm handoffs between those agencies, patients, and consumers, as well as close up other fragmentation gaps between services, both public and CCOs.

Ann Casper commented that people in and out of services were at the table for mental health. OCAC (Oregon Consumers Advisory Council) is one way to get information. A thing that is coming out of the east coast is Peer Respite, which is an alternative to hospitalizations and it costs less. Another one is Alternatives to Suicide Groups, where people can talk about their suicidal feelings, maybe because they can't get a provider, and not complete suicide. These alternatives save lives.

## Next Steps

- Subcommittee members are encouraged to spread the word about Healthier Together Oregon.
- Subcommittee members are encouraged to complete the subcommittee process evaluation.

## Adjourn

Kate O'Donnell adjourned the meeting at 3:56 p.m.