**SHIP SUBCOMMITTEE MEETING**

**Bias  Trauma  Economic Drivers  Access to Care  Behavioral Health**

**September 18, 2019 | 2:00 p.m. to 4:00 p.m. | Call: 1 - 646 749-3122 Access: 732260405 voice code x 15**

**Members Present: Kate O’Donnell, Tatiana Dierwechter, Katrina Hedberg, Reginal Richardson, Angela Leet, Carol Dickey, Cheryl Ramirez, Curtis Landers, Gayle Woods, Isabella Hawkins, Jeremy Wells, Gary McConahay, Tori Algee, Jenny, Christy Hudson**

**Members Absent: Athena Goldberg, Holden Leung, Janice Garceau, Paul Virtue, Don Erickson, Kera Hood, Rebekah Schiefer**

**OHA Staff: Kate O’Donnell, Christy Hudson, Annaliese Dolph**

**AGENDA ITEM #1 – Welcome**

In today’s meeting we will hear from the subcommittee that met to clarify this group’s goals and then identify outcome measures.

A clarification was made regarding our meeting agreement in follow-up to questions raised at the first meeting related to recording of the meetings. At our last meeting we made an agreement that what is said here stays here and we want to restate the agreement. We will be recording the meetings and posting to Basecamp for subcommittee members who are unable to attend. We will also be taking notes in summary format and posting those on the publicly available website. We will keep the personal stories out of the publicly posted minutes.

**AGENDA ITEM #2 – Follow-up from last meeting**

A small group met to form proposed goals for the subcommittee. Three draft goals were shared with the subcommittee:

1. Reduce stigma and increase community awareness that behavioral health issues are typical and widely experienced.
2. Build individual, community and systemic resilience for behavioral health.
3. Create a coordinated system of prevention, treatment and recovery.

Overall, members appreciated the draft goals and felt that they encompassed the themes that had been shared at the prior meeting and on basecamp.

There was a suggestion to keep the first goal as is and combine the 2nd and 3rd goals into one:

1. Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced.
2. Create individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery.

Through consensus, subcommittee approved goals.

**AGENDA ITEM #3 – Update from ADPC**

Dr. Richardson reviewed the outcome measures that are being developed by the ADPC. The ADPC will begin their strategic plan starting in October and will bring it back to this group.

**AGENDA ITEM #4 – Identifying Outcome Measures**

Subcommittee was asked to identify outcome measures. First reviewed proposed process for identifying measures and criteria for selection: address health disparity, accepted by community and are feasible – meaning data collection has already been established.

Subcommittee members shared the following ideas and thoughts:

* Difficult to measure stigma or changes in community awareness – no currently available population data on these topics.
* The PHD could add stigma related questions to existing surveys such as BRFSS or the Student Health Survey. Both of these surveys have limitations and challenges in methodology however.
* There might be additional data sources with implementation of the Student Success Act. Colleges and universities might also be another source of data.
* In the absence of quantitative data, OHA could invest in more qualitative data sources.
* Suggestion to use a logic model when developing measures to ensure they align with identified interventions.

Subcommittee decided to push this conversation to a small group that would include metric expertise from outside the subcommittee to look at existing population data related to mental health.

**PUBLIC COMMENT - none**

**NEXT STEPS**

Small group will meet to work on possible outcome measures and bring back to the next meeting.

**ADJOURN**

Next meeting October 16th.