

#### HTO in Action: Behavioral Health July 13th, 10:00 – 11:30 am





English: <u>https://www.captionedtext.com/client/event.a</u> <u>spx?CustomerID=2697&EventID=4775292</u>

Spanish: <u>https://www.captionedtext.com/client/event.a</u> <u>spx?CustomerID=2697&EventID=4775307</u>

PUBLIC HEALTH DIVISION Office of the State Public Health Director



#### **Tribal lands acknowledgment**

We acknowledge that what we now call Oregon is the ancestral lands of many Tribes, those now federally recognized and not.

We are here because this land was occupied, and its traditional people were displaced by colonists and settlers. As settlers and/or guests, we recognize the strong and diverse Native communities in our region today, from Tribes both local and distant, and offer respect and gratitude for their stewardship of these lands throughout the generations.

Learn about Oregon's tribes here: https://native-land.ca/



#### **Welcome and Acknowledgements**

- OHA acknowledges there are institutional, systemic and structural barriers that perpetuate inequity and have silenced the voices of communities over time.
- OHA is committed to partnerships, co-creation and co-ownership of solutions with communities disproportionately affected by health issues so they can actively participate in planning, implementing and evaluating efforts to address health issues.
- OHA recognizes community-engaged health improvement is a longterm and dynamic process.
- OHA is striving to engage with communities through deliberate, structured, emerging and best practice processes.
- OHA is striving to make engagement with public health effective for communities, especially those communities that experience institutional, systemic and structural barriers.

PUBLIC HEALTH DIVISION Office of the State Public Health Director



#### **Purpose of "HTO in Action" events**

- Advance health equity through increased coordination and alignment of health improvement planning and implementation
- Overview of HTO strategies and potential activities, by implementation area
- Showcase examples of work in progress
- Connect with others across the state doing similar work to identify next steps

F



#### Agenda

=

- Overview of implementation area
- HTO in action: Local examples
  - Yellowhawk Tribal Health Center
  - Holistic Healing Behavioral Healthcare
  - Oregon Pediatric Society
  - Citizens for Safe Schools
- Moving forward together Breakout rooms for relationship building and dialogue



# Polling

Polling question: Where in the state are you located?

- Portland metro
- Willamette valley
- Coast
- Southern Oregon
- Central Oregon
- Eastern Oregon



# Implementation Framework



#### **Implementation Areas**



#### 2020-2025 OREGON STATEWIDE SUBSTANCE USE STRATEGIC PLAN ALCOHOL AND DRUG POLICY COMMISSION

#### ↓ Substance use disorder (SUD) from 9.4% to 6.8% ↓ Alcohol, tobacco and other drug (ATOD) related deaths ↓ ATOD related health disparities

**IMPACTS** 

↓ Economic burden of misuse on the state's budget from 15.8% to 14.6%

SYSTEM COORDINATION/ DEVELOPMENT	PREVENTION STRATEGIES	RAPID ACCESS TO TREATMENT
	P.	
<ul> <li>↑ the degree to which state agency leadership is working together to coordinate efforts and maximize all resources</li> <li>↑ the system's ability to use the most effective practices, processes, and programs for priority populations and problems</li> <li>↑ the system's ability to reduce health disparities and to promote health equity among all vulnerable and at-risk populations</li> <li>↑ the system's ability to be accountable</li> <li>↑ the system's ability to be sustainable</li> </ul>	<ul> <li>↓ retail and social access to alcohol, tobacco, and marijuana to underaged persons</li> <li>↓ over service of alcohol in restaurants and bars and retail sales of alcohol to alcohol-impaired adults ages 21+</li> <li>↓ family and community norms permissive of ATOD use/misuse across the lifespan</li> <li>↑ perception of harm of ATOD use/misuse across the lifespan</li> <li>↑ use of effective prevention across the lifespan</li> <li>↑ access to APSM therapies</li> <li>↑ collection and use of data to evaluate prevention outcomes</li> </ul>	<ul> <li>↑ access to all levels and types of SUD treatment, intervention, and harm reduction for those in need of treatment</li> <li>↓ barriers to treatment</li> <li>↑ collection and use of data to evaluate treatment access, processes, and outcomes</li> </ul>

#### **Recovery Supports**



↑ access to all levels and types of needed and effective recovery supports, as well as intervention and harm reduction for those in recovery

 $\downarrow$  barriers to recovery ↑ collection and use of data to evaluate recovery support processes and outcomes

#### **G**UIDING **PRINCIPLES**

GOALS

Impactful, Data-Based, Comprehensive, Sequenced, Actionable, Measurable, Aggressive, Ongoing

Mission: Provide data-informed, integrated prevention, treatment, and recovery support services through public and private partnerships using equitable and culturally, linguistically, and gender specific services

Vision: A comprehensive, statewide system where substance misuse policies, investments, and efforts support healthy Oregonians and thriving communities

Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve.

- Disseminate information about the Behavioral Health Provider Directory.
- COVID investment grants to community-based organizations (CBOs)
- Focus on health equity with new behavioral health investments toward a vision of transformation.
- Investment in Trauma Informed Oregon to provide training and technical assistance to community-based organizations.



Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.

- Create broad-based marketing campaign applicable to different communities in the state, e.g. culturally specific and rural audiences, include social media component for youth.
- COVID Safe + Strong Campaign, helpline and website <u>https://www.safestrongoregon.org/</u>
- Utilize youth and young adults to create messaging, images and locations for campaigns (especially social media).
- Ensure public awareness campaigns are culturally responsive



Conduct behavioral health system assessments at state, local and tribal levels.

- Child and Family Behavioral Health Vision Policy <u>http://bit.ly/policy-</u> vision
- Align assessments with existing Community Health Assessments to ensure coordination.
- Ensure there is alignment of behavioral health priorities between CCO and LPHA Community Health Assessments.
- Current system assessment and gap analysis for the Substance Use Disorder treatment continuum (lifespan)



Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN

- System of Care Advisory Council and local Systems of Care <u>https://www.oregon.gov/oha/HSD/BH-Child-</u> <u>Family/Pages/SOCAC.aspx</u>
- Convene formal partnership that includes state agencies identified in strategy.
- MOU between Oregon Department of Education and the Oregon Health Authority



Improve integration between behavioral health and other types of care.

- Certified Community Behavioral Health Clinics
- Improve system of communication/warm handoffs 24/7 with Mobile Response and Stabilization Services (MRSS)
- Expand Wraparound model beyond children/families in crisis. Apply model to other priority populations so people can integrate and share information and resources (dual diagnosis, etc.).
- Expand FQHCs/tribal health center models that emphasize behavioral health integration.



Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.

- Parent Management Training of Oregon (Generation PMTO) and Parent Child Interaction Therapy (PCIT)
- Low to no cost access to suicide prevention, intervention and postvention trainings and programs <u>https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3548.p</u> <u>df</u>
- Support tribal best practices.



Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.

- Expanded assess telehealth billing codes to monitor use and distribution.
- Reduce barriers to care for persons with disability (e.g Intensive Inhome behavioral health treatment (IIBHT) and Early Assessment and Support Alliance (EASA)).
- Pilot of the Rapid Engagement model which allows provisional assessment to engage in treatment.
- Systematically ask consumers about their experiences receiving care.



Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.

#### Example activities

- Oregon's Substance Use Disorder 1115 Waiver and the 1115
   Demonstration Waiver Renewal
- Transitions of care opportunities
- Include telehealth services

#### https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/SUD-Waiver.aspx

https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiverrenewal.aspx?utm\_source=OHA&utm\_medium=egov\_redirect&utm\_cam paign=https%3A%2F%2Fwww.oregon.gov%2F1115waiverrenewal

Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.

- Assure equitable administrative requirements, payment, and access for behavioral health services (e.g rapid engagement)
- Extending telehealth services and discussion of reimbursement
- Legislative policy to strengthen parity laws in Oregon (e.g HB 3046 (2021))



Increase resources for culturally responsive suicide prevention programs for communities most at risk.

- Share information between schools and community mental health programs pertaining to suicide reporting.
- Fund community suicide prevention programs beyond age 24.
- Development of the Adult Suicide Intervention and Prevention Plan
- Work with county epidemiologists to identify commonalities among those who have completed suicide and use this data to create relevant interventions.
- <u>https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVI</u> <u>NG/SUICIDEPREVENTION/Documents/2020-Annual-Report.pdf</u>



# Other behavioral health related strategies

**Healthy Youth** – Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.

**Workforce Development -** Create a behavioral health workforce that is culturally and linguistically reflective of the communities they serve.

**Equity and Justice -** Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.

**Healthy Communities -** Expand programs that address loneliness and increase social connection in older adults.

**Housing and Food -** Require Housing First principles be adopted in all housing programs.



#### **Our favorite behavioral health resources**

Youth Era – Peer led mentoring Mantherapy.org Senior loneliness line People who love guns, love you Lines for Life – Suicide prevention hotline Oregon Pediatric Society **CAHOOTS** - Crisis Assistance Helping Out on the Streets Safe and Strong – Mental health supports for COVID-19 <u>Trevor Project</u> – Support for LGBTQ+ youth OHA Mental Health Parity Analysis – CCO specific parity reports **Oregon Youth Suicide Prevention Plan** Oregon Alliance to Prevent Suicide <u>Reach out Oregon</u> – Parent supports and warmline Trauma Informed Oregon



## **HTO in Action: Example**

Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.

Wenona Scott, Alcohol and Drug Counselor and Fabian Spencer, Native Connections Director Yellowhawk Tribal Health Center



## **HTO in Action: Example**

Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.

Jamaica Imani-Nelson, Executive Director Holistic Healing Behavioral Healthcare



#### **HTO in action: Example**

Improve integration between behavioral health and other types of care.

Amber Ziring, Project Manager Oregon Pediatric Society



Ę



Amber Ziring, MSW, MPH, CSWA, IBCLC OPS Project Manager July 13, 2021



# Training & Quality Improvement 7k+ trained since 2008

Substance Abuse Prevention

ACES & Trauma-Informed Care

Developmental Health

Suicide Prevention

Depies

Peripartum Mood Disorders

Anxiety

Depression & Anxiety



Contraction of the other

# Pandemic Supports



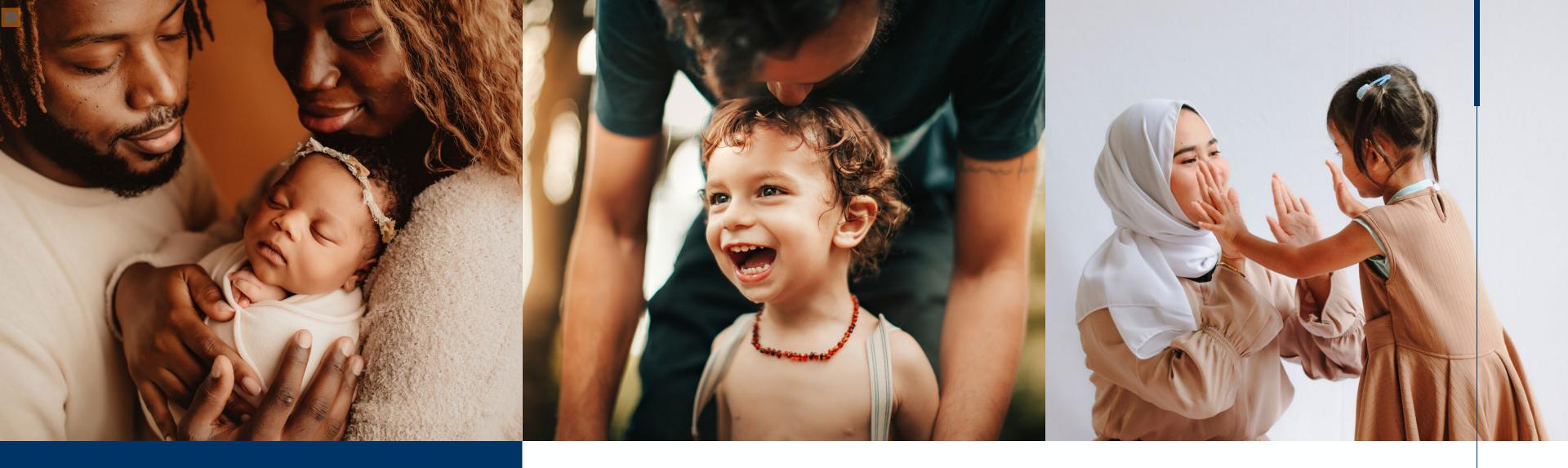
resiliency



# Virtual learning implemented

# Training and webinars focused on patient & provider



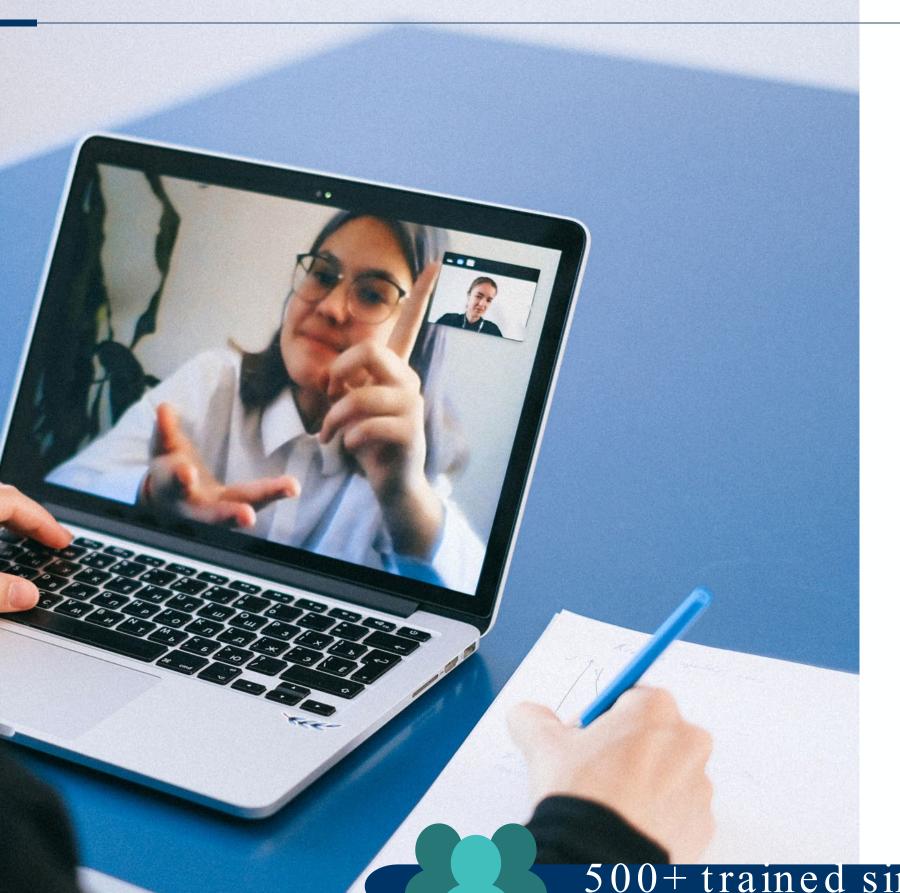


ADDRESSING SOCIAL HEALTH AND EARLY CHILDHOOD WELLNESS (ASHEW) Social determinants of health for children < 5 and their families.

- Screening and referral •
- Closing the referral gap
- Family voice in practice change  $\bullet$









- have thoughts of suicide
- Training delivered state-wide and virtually
- Focuses on relational interventions
- Emphasizes antiracism and intersectional identities

#### 500+trained since November 2020

۲



# Youth SAVE

#### Youth Suicide Assessment in Virtual Environments

- Helps community-based mental health professionals
- virtually assess for—and intervene with —youth who

## **HTO in Action: Example**

Increase resources for culturally responsive suicide prevention programs for communities most at risk.

Robyn Pfeifer, Executive Director and Stephanie Sullivan, Program Director Citizens for Safe Schools





# PROGRAMMING + PARTNERSHIPS

Where Character Counts and Mentoring Matters.



Citizens For Safe Schools (CFSS) is a grassroots, non-profit 501c3, positive youth development and mentoring agency serving the Klamath Basin since 1999.

- **Kids In The Middle**
- **Citizens PRIDE Circle**
- Youth Reengagement
- You Matter to Klamath Suicide Prevention Coalition **Klamath Promise**

# MENTORING 15 PREVENTION.

The years between childhood and adulthood represent a critical period of transition and significant cognitive, mental, emotional, and social change.

While adolescence is a time of tremendous growth and potential, added risk factors can make navigating these challenges difficult.

Research is clear- a single caring, consistent, positive role model is a powerful protective factor-connecting youth with a support to walk alongside them through their struggles, and providing hope and opportunity for the future.

Every youth is just one caring adult from becoming a success story.

Nationally, suicide is the second laeding cause of death among youth age 15-24.

Mentored youth are 2X more likely to make future plans over non-mentored youth.

Minority youth are 3X more likely to have considered suicide..

Mentored youth are 3X less likely to engage in risky behavior including self-harm and suicide attempts over non-mentored peers.



In Oregon, suicide is the leading cause of death among youth age 10-24.





# LGBTQ+ YOUTH SUICIDALITY: THE DATA

LGBTQ+ and Two-Spirit youth are disproportionately exposed to bias, stigma, and victimization.

- 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth.
- LGBTQ+ youth experience suicidality at a rate of 50% over their heterosexual peers.
- More than 80% of LGBTQ youth stated that COVID-19 made their living situation more stressful — and only 1 in 3 LGBTQ youth found their home to be LGBTQ-affirming.
- 70% of LGBTQ youth stated that their mental health was "poor" most of the time or always during COVID-19.
- Nearly half of LGBTQ youth said that COVID-19 impacted their ability to safely express their sexual orientation.
- Nearly 60% of transgender and nonbinary youth said that COVID-19 impacted their ability to safely express their gender identity.





Citizens Pride Circle is a Youth-Led, professionally facitated mentoring Circle providing youth with a network of allies centering emotional, social, and informational supports to build resiliency against suicide risk.

Through PRIDE Circle, we amplify protective factors and create space for LGBTQ+ and Two-Spirit youth to question, explore, accept, celebrate and share their identities within a safe and affirming community of peers and mentors.



# WHAT IS PRIDE CIRCLE?

# PRIDE CIRCLE: ILLUMINATED.

- Culturally relevant and responsive learning
- Social-emotional and resiliency skill building
- Connection to Community Role Models
- Suicide prevention skills and learning (Big 6)

And most importantly, a SAFE, AFFIRMING network of supportive relationships and COMMUNITY belonging ()



# LGBTQ+YOUTH

• Mentored LGBTQ+ Youth are less likely to experience depression, anxiety, and identity related stress. • Mentoring an LGBTQ+ Youth reduces suicide risk by 40%

" Before PRIDE Circle, I was different from the other kids. Now I have lots of friends and Mentors who are just like me. I know I'm not alone anymore."~ Mentee, 13



n Family

istance

who

Vel

#### **Relationship building and dialogue**

#1 Introductions and networking– name and pronouns, role or agency, and where in the state you are located

#2 Discuss strategies –Share examples of how your community is advancing the strategies and activities or opportunities for the future you'd like to bring to your community.

# Polling

Polling question: Share one next step you will take as result of this webinar:

- Share webinar information with a friend or colleague
- Connect offline with someone I met during the event for further conversation
- Do more research and reading about a particular strategy or activity
- Something else



# Thank you & Next Steps

- Join us for another event in the series...
  - Housing and Food on September 22<sup>nd</sup>
  - Healthy Families on November 15th
  - Healthy Youth, January TBD
- Recording and slides will be emailed to registrants and available on the event website (healthoregon.org/ship)
- Email <u>publichealth.policy@state.or.us</u> to get invited to the Behavioral Health Basecamp for continued conversation and sharing
- Please complete evaluation survey your feedback will be used to inform future HTO in action events

