



SHIP SUBCOMMITTEE MEETING

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

February 19, 2020 <https://zoom.us/j/393128009> Conference call (669) 900 6833, ID 393 128 009

Members Present:

- Andrew White
- Angela Leet
- Annaliese Dolph
- Athena Goldberg
- Carol Dickey
- Cheryl Ramirez
- Curtis Landers
- Jeremy Wells

- Don Erickson
- Gary McConahay
- Gayle Woods
- Holden Leung
- Isabella Hawkins
- Jackie Fabrick
- Janice Garceau

- Karun Virtue
- Katrina Hedberg
- Kera Hood
- Rebekah Schiefer
- Reginald Richardson
- Tatiana Dierwechter

OHA Staff:

- Kate O'Donnell
- Liz Gharst
- Joey Razzano

Members of the Public: Ed Hoover, Dayna Morrison

Others present: Tori Algee, Alcohol, Drug, Policy Commission and Wes Rivers, Governor's Behavioral Health Advisory Council

Welcome, Agenda Overview, and Subcommittee Business

Liz Gharst welcomed the subcommittee members to the meeting. She asked the members to introduce themselves. The attending subcommittee members introduced themselves.

Liz informed the subcommittee that OHA staff have started to operationalize the outcome indicators. The OHA staff who will be responsible for reporting on the indicators every year are meeting to see if they have any questions about the chosen data points. If there are any questions about the indicators, those will be coming back around in April. OHA is not changing directions. It is ensuring that there are systems of accountability in place to track the progress on the SHIP.

The purpose of the meeting was to narrow the strategies to 15 and write the strategies. In March, the subcommittee will apply criteria to the selected strategies to ensure strategies affect priority populations and will finalize the strategies and their wording.

Liz remarked that the navigation map had been updated. Subcommittee members can see how other subcommittees are wording their strategies.

Strategy Narrowing and Writing

Each of the topic areas were examined in turn and strategies were chosen and associated discussions recorded below:

## **Marketing**

- Implement public awareness campaigns (e.g., "Mind Your Mind", Cultivate Compassion) to reduce stigma and encourage people to ask for services when they need them.

Discussion: Gary pointed out that the subcontractors felt this one was important. No subcommittee members had reservations on supporting this. Jeremy suggested three or four campaigns that could be adapted to different populations.

## **Partnerships**

- Create and build upon existing state and local and tribal governmental partnerships between education, law enforcement, judicial system, housing and social services, payors, hospital systems, and health care practitioners to improve the mental health of Oregonians
- Identify metrics related to disparities in local education and law enforcement systems (in communities of color) to improve factors that impact mental health in community health improvement plans

Discussion: The original strategy was from the State of Black Oregon and read "Create partnerships between educators, law enforcement, and health care practitioners to improve the mental health of Black Oregonians." A discussion was held on whether to broaden the strategy to all Oregonians or make it more specific to African Americans or people of color. It was decided to broaden the first strategy and to add a second one. It was suggested that although we do know there are distinct disparities for African Americans in regards to education and law enforcement, that these disparities exist in certain parts of the state for the Native American and Latinx communities as well. It was decided to add a second strategy focused on measuring these disparities in communities of color so that these disparities could be addressed in community health improvement plans.

## **Prevention/Resilience**

- Increase funding and resources for culturally and age-responsive suicide prevention and resilience programs for Native Americans, LGBTQ, veterans, and throughout the lifespan
- Create or expand/fund programs that combat loneliness and increase social connection in older adults, for example Meals on wheels Notes: Evidence based programs that help older adults connect socially to address social anxiety. Reduce isolation and create connections to their communities for success.

Discussion: In terms of suicide, it was discussed the highest rates are for Native Americans, LGBTQ+, individuals aged 10 – 34, and veterans. Since the phrase age-responsive was added, the aged 10 – 34 was thought to be redundant.

## **Payment**

- Strengthen enforcement of mental health parity and addictions equity laws at the federal and state levels to assure equitable administrative requirements, payment and access for behavioral health services.
- Develop OHP billing codes that support outreach and care coordination such as warm handoff to necessary services, peer outreach, travel time, contact with families.

- Build incentives in the behavioral health reimbursement system and adequate infrastructure in the community to enable behavioral health providers to use evidence-based practices and to recruit and retain a qualified and appropriately trained workforce.

### **Research/Surveillance**

- Define community need across all behavioral health services with partnership with state, tribal and local entities.

### **Education/Training**

- Promote ways to decrease barriers to ensure community agencies have access to information to destigmatize and educate communities around issues of behavioral health.

Discussion: The strategy was initially thought to focus on creating an information hub, however it was pointed out these hubs exist and so the strategy should focus more on making community agencies aware of them.

### **Access/System Navigation**

- Increase access to behavioral health services by coordinating across systems and improving integration between behavioral health and other care and service providers
- Examine, reduce and remove unnecessary barriers for behavioral health services

Discussion: A question came up of terminology behavioral health vs mental health and usage in this context. Jackie Fabrick stated that behavioral health is the preferred term by OHA as it encompasses mental health, substance use disorders, and problem gambling.

### **Assessment & Treatment**

- Incentivize treatments have basis in empirical science; if basis doesn't exist, treatment drawn from existing wisdom/experience

### **Housing**

- Implement Housing First initiatives creating supportive housing for individuals who are in need, including waiting to access treatment.

Discussion: A discussion was held on whether the group wanted to add and a Social Determinants of Health-related strategy, and the subcommittee agreed to add housing first to address homelessness.

### **Public Comment**

There was no public comment.

### **Next Steps**

Liz will update the chosen spreadsheet list and post to Basecamp in preparation for March's meeting.

### **Adjourn**

The next meeting will be held on March 2, 2020.