SHIP SUBCOMITTEE MEETING: Behavioral Health

Wednesday, June 17th, 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:

- Incorporate community feedback and finalize strategies

2:00 –2:15	**Welcome & agenda overview**
2:15 – 2:30	**Healthier Together Oregon & Implementation Framework**
2:30 – 3:00	**Review community feedback**
3:00 – 3:45	**Incorporate feedback and finalize strategies**
3:45 – 3:50	**Public comment**
3:50 – 4:00	**Wrap-up & Next Steps** • Finalizing activities & short term measures • Next meeting: July 15

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

Aug – Sept. 2019	Sept. – Nov	Nov – April, 2020	May	June	July	Aug.
• Subcommittees begin meeting	• Identify goals and key indicators	• Identify policy, community and individual level strategies and process measures	• Community feedback on strategies • Short term measure development	• Incorporate community feedback & finalize strategies	• PartnerSHIP approves SHIP • Final SC meeting – recommendations and next steps for implementation	• SHIP is launched • Implementation begins

Healthier Together Oregon

CURRENT PARTNERS | POTENTIAL PARTNERS | INDIVIDUALS & FAMILIES | DATA

Individuals & Families

Many communities in our state experience more health issues than others. We know that things like quality education, affordable places to live, safe neighborhoods, living wage jobs and access to health care impact your health.



EXPLORE THE PLAN

- Healthy Communities
- **Healthy Families**
- Healthy Students
- Housing and Food
- Behavioral Health
- Equity and Justice
- Workforce Development
- Technology and Innovation

Healthier Together Oregon

Oregon Health Authority

Implementation Framework: Transitioning from 5 to 8 priority areas

- Acknowledge intersectionality of priority areas
- Remove redundancy in some strategies
- Consolidate strategies to make plan more actionable and achievable
- Communicates work across broader audience

Community Feedback Process

Oregon Health Authority

Who we heard from…mini-grantees

Mini-grantees – surveys and virtual listening sessions

- Self-Enhancement Inc. - AA/Black community; Portland
- Next Door – Latinx, AI/AN community; Hood River
- Eastern Oregon Center for Independent Living - Disability community; Eastern Oregon
- So-Health-E - POC, immigrant, low-income; Southern Oregon
- Q Center - LGBTQ+ community; Portland
- Micronesian Islander Community – Pacific Islander community; Willamette Valley
- Northwest Portland Area Indian Health Board – Tribal communities; statewide

Who we heard from…mini-grantees

Organization	Number of people engaged	Methods
SEI	73	Survey
Next Door	100	Survey
EOCIL	93	Survey
So Health-E	120	Survey
Q Center	24	Survey & focus groups
MIC	10	Focus group
NWPAIHB	65	Survey & focus groups

Who we heard from…OHA led efforts

State agencies & other partners – surveys, meetings, and letters

- ODOT
- ODE
- OHA
- DHS
- DOC
- OYA
- Dept. of Agriculture
- DEQ
- Dept of Forestry
- DCBS
- OHCS
- DLCD

- Local public health authorities
- CCOs & CACs
- LGBTQ+ Aging Coalition
- Oregon Sherriff's Association
- Regional Health Equity Coalitions
- Hospitals and FQHCs
- Care Oregon
- Oregon Center for Children and Youth with Special Health Needs

Who we heard from…OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

English - 1038 responders (42% response rate)

https://www.surveymonkey.com/stories/SM-XKF8PKVD/

Representation – Member of the public (33%), CBOs (14%), Other (13%) Hospitals and health care providers (12%), OHA (8%)

Geographic representation – Multnomah (23%), Lane (13%), Washington (8%), Deschutes (6%), Clackamas (5%); all counties (except for Malheur, Sherman and Wheeler) had at least 1 response

Primarily white (88%), straight (76%), college-educated (98%), cis-gendered (88%), aged 30-64 (80%), and female (80%)

Who we heard from…OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

Spanish - 21 responders (76% response rate)

Representation – Member of the public (66%), CBOs (33%)

Geographic representation – Multnomah (33%), Wasco (33%), Washington (33%)

Primarily Latinx (83%), straight (100%), cis-gendered (88%), 30-64 (66%), and female (83%)

What we heard…*Overall themes*

- Overall, community is **very supportive** of drafted strategies
- Need for **increased messaging about Collective Impact**
- Interest in **supporting activities** to better understand implementation
- Interest in **measurement and transparency in accountability**
- **Concern for feasibility**, especially given resource constraints and ongoing COVID response
- Tension/misunderstanding between **equity vs. equality**
- Call to **center priority populations** in planning and implementation
- Strengthen strategies for **incarcerated, LGBTQ+, disabled, homeless, immigrant/refugee, and older** individuals
- Strategies are "**Portland metro centric**" – rural needs don't feel reflected
- Strengthen attention to **language related needs** – "linguistically appropriate"
- **White savior** complex

What we heard…mini-grantees

Overall, communities are **very** supportive of identified strategies, and want priority populations to be centered in implementation.

Organization	Feedback
SEI	Goal 2: 66% not at all supportive. No additional comments provided.
Next Door	Concern about inclusion of law enforcement partners, Need for more information about behavioral health, especially in Spanish
EOCIL	More service integration – “one stop shops”
So Health-E	Decriminalize mental health, Concern about partnership with law enforcement, Two generation interventions are most effective
Q Center	Increase funding for LGBTQ+ specific supports and education
MIC	Stigma is a significant barrier in this community
NWPAIHB	Need to include tribal based practices in all strategies, from provider training to reimbursement

What we heard…OHA led efforts

Gary and Carol are identifying themes from survey

Finalize strategies

- Recommend final strategy language
- Clarify priority populations with equity lens – who is MOST impacted?
- Incorporate community feedback
- Consider current environment (COVID-19 impacts & anti-racism protests)

Behavioral Health

Key indicators

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

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

HTO Plan	Strategies & priority populations	Example activities	Short term measure ideas
BH	1. Enable community-based organizations to provide culturally responsive information about behavioral health to people they serve.	• Ensure community-based organizations have access to evidence-based information hubs.	
HF	2. Expand programs that address loneliness and increase social connection in older adults.	• Fund Meals on Wheels. • Expand model of SAGE Metro Portland for LGTBQ+ adults.	% of older adults who report social isolation (DHS-APD)
	Older adults		

Commented [HCJ1]: OYA suggested: strengthening services for youth – especially transitional aged youth

Commented [HCJ2]: ODE suggested: Assure equity and access to community- and school-based mental and behavioral health services, particularly for people of color, the unhoused, those experiencing financial hardship, and the LGBTQ+ community.

BH	3. Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.	• 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. Examples: Mind Your Mind from Central Oregon and Cultivate Compassion from Gorge Wellness Alliance. • Utilize students to help destigmatize mental health/ illness. Implement programs similar to Headstrong, a program utilizing youth champions as peer educators.	

Goal 2: Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery.

HTO Plan	Strategies & priority populations	Example activities	Short term measures ideas
BH	1. Conduct behavioral health system assessments at state, local and tribal levels.		
BH	2. Strengthen agency partnerships in education, law enforcement, housing, social services and health care to improve mental health among people of color.	• Build partnerships between education, law enforcement, judicial system, housing and social services, payors, hospital systems, and health care practitioners	
	POC		
BH	3. Improve integration between behavioral health and other types of care.	• Implement/support telehealth and telepsychiatry. • 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. • Create online recovery housing hub where a person in recovery can easily identify sober housing units.	% of CCOs that met SBIRT incentive improvement benchmark (OHA)

		• Implement "step up, step down" protocol between primary care and behavioral health to support people in navigating behavioral health systems	
BH	4. Incentivize treatments that are rooted in evidence-based and promising practices.	• Mindfulness-Based Cognitive Therapy for at-risk pregnant women to reduce the rates of post-partum depression and attachment problems in young mothers.	

		• Crisis Assessment and Support Team (CAST), a 24-hour mental health crisis service made up of clinicians specializing in mental health/addiction service. • Crisis intervention and mental health first aid training for law enforcement in each county. • Expand Dialectical behavior therapy (DBT) services for persons with borderline personality disorder to improve care and reduce emergency room utilization. • Eye Movement Desensitization Reprocessing (EMDR). • Educate professionals and public on ECT for patients with severe major depression or bipolar disorder that have not responded to other treatments. • Good Behavior game for school settings • Parenting and family relationship programs, especially for rural areas	
BH	5. Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.	• Create new middle criteria to ask for mental illness hold as imminent danger to self or other criteria is hard to meet.	% of CCO complaints related to access to mental health services (OHA)

		• Expand barriers in transportation to needed care. • Expand mental health services in other languages including Spanish. • Reduce barriers to care for persons with disability.	
BH	6. Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.	• Create OHP codes for outreach and care coordination • Explore alternative payment models in private insurance and Medicare.	
BH	7. Continue to s~~S~~trengthen enforcement of the Mental Health Parity and Addictions Law.	• Address enforcement at federal and state levels • Assure equitable administrative requirements, payment, and access for behavioral health services.	# of Market Conduct examinations completed (DCBS)
E&J	8. Create community driven solutions for education and law enforcement systems that address bias and disparities among communities of color.	• Conduct local assessments (e.g. CHAs) for disparities in education and law enforcement and develop solutions (e.g. CHIPS) based on assessment.	#/% of CACs with representation from education and law enforcement (OHA)
	POC		
H&F	9. Require Housing First principles be adopted in all housing programs.		
	H**omeless**		

Commented [HCJ3]: DCBS suggested edit

BH	10. Increase resources for culturally responsive suicide prevention programs for communities most at risk.	• Implement bullying interventions to reduce suicide in youth. • Increase sharing of information between schools and community mental health programs pertaining to suicide reporting. • LGTBQ+ intervention with faith-based groups to hold family acceptance trainings in churches. • Community suicide prevention beyond age 24. • Work with county epidemiologists to identify commonalities among those who have completed suicide and use this data to create relevant interventions.	
	Older adults, Native Americans, veterans, LGBTQ+, and people with disabilities.		

Public Comment

Next Steps & Final Thoughts

- Finalizing activities & short term measures

- Final meeting is July 17 – How would you like to celebrate?

WD	11. Create a behavioral health workforce that is culturally reflective of the communities they serve.	• Create incentives to educate, recruit, train and retain • Provide training for evidence-based practices • Increase resources for student loan forgiveness • Increase access to peer support certification and supervision training to increase utilization of peers in behavioral health	Population to mental health provider ratio (OHA)