

CHELSEA
HOLCOMB, LCSW

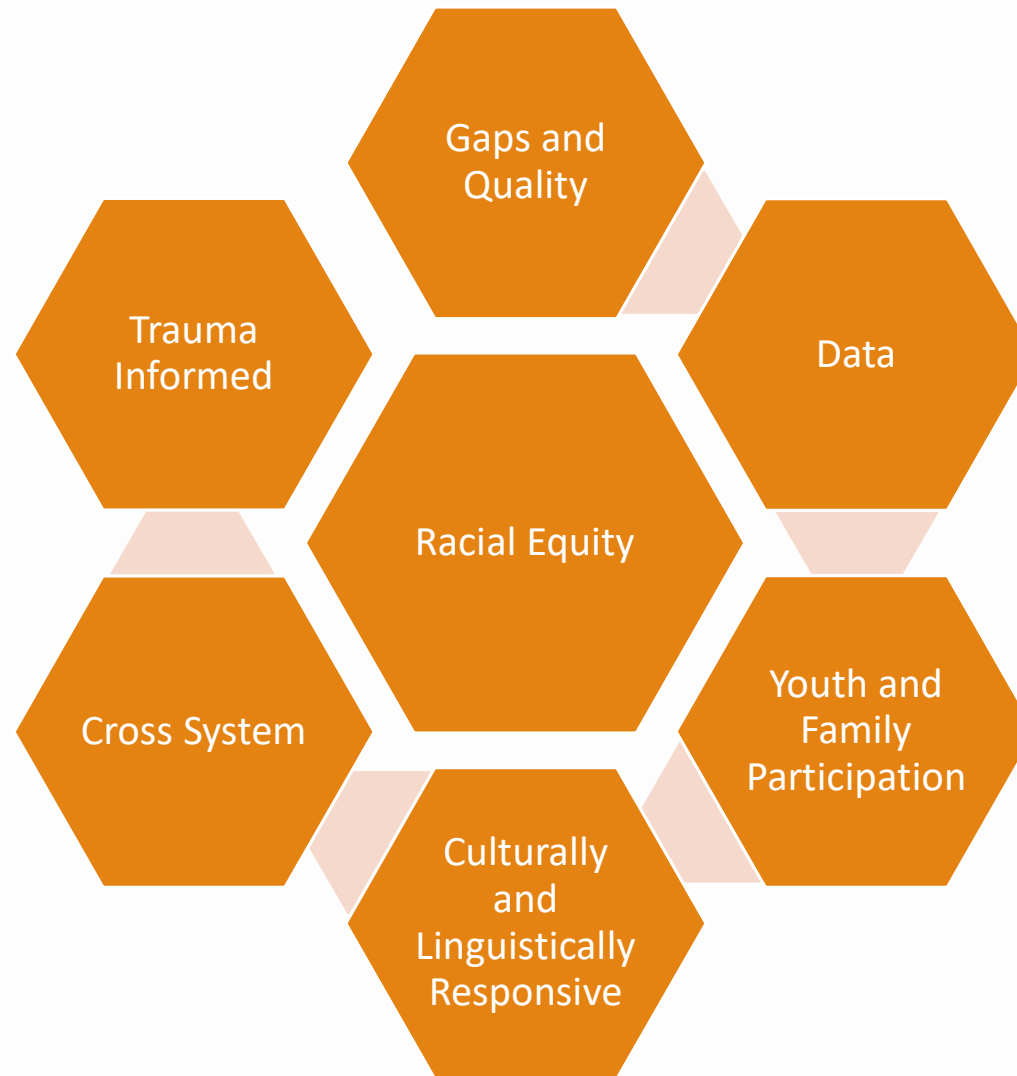
CHILD AND
FAMILY
BEHAVIORAL
HEALTH
DIRECTOR

Child and Family Behavioral Health Policy Vision



Gratitude and Engagement

Child and Family BH policy vision

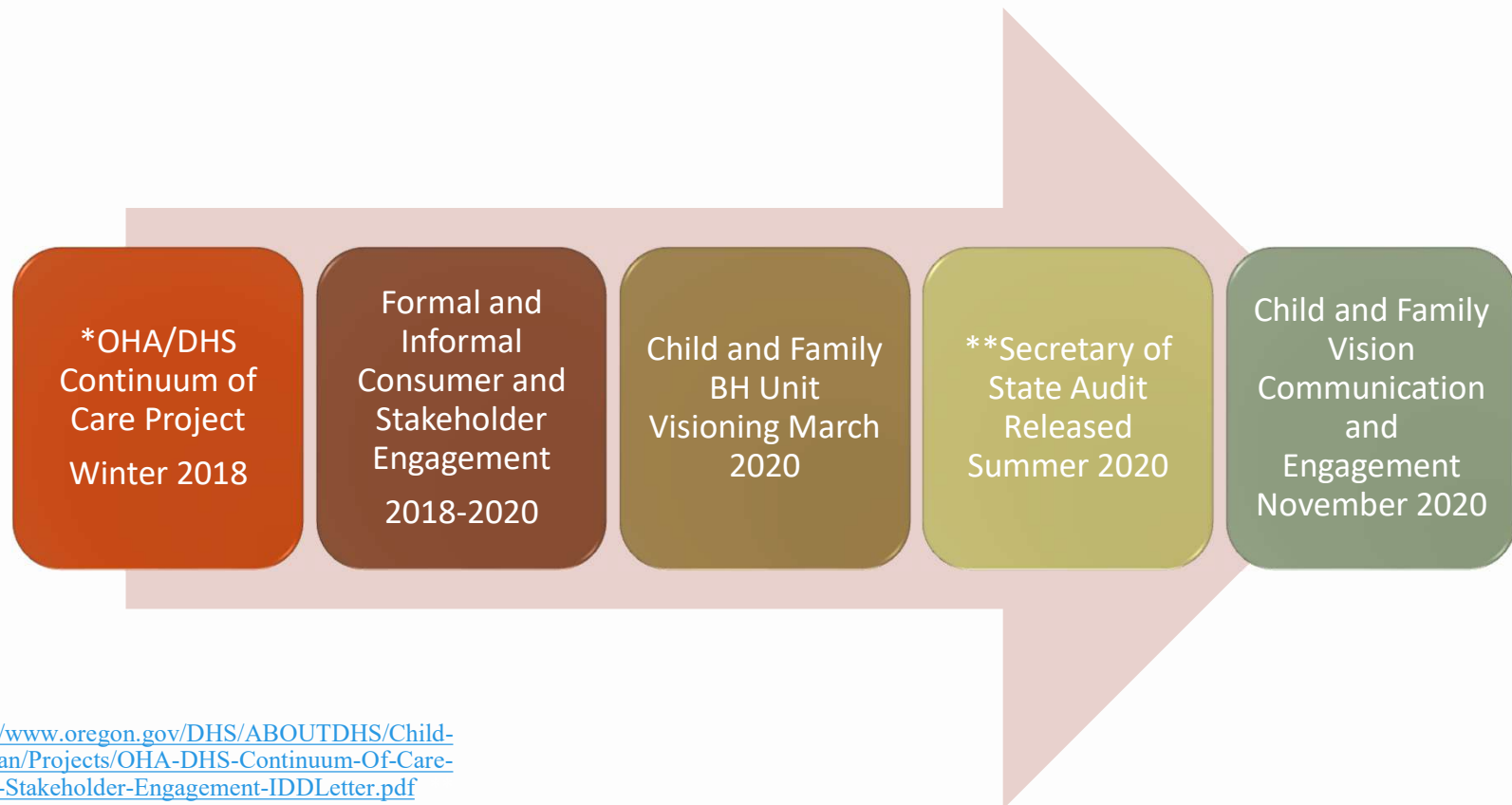


Child and Family Behavioral Health Unit

The mission of the Child and Family Behavioral Health (CFBH) unit in the Oregon Health Authority (OHA) is to incorporate System of Care values, developmental science and trauma informed approaches in order to champion effective and efficient statewide behavioral health services, supports and safety for Oregon's children, youth, young adults and their families.

The unit works to ensure that behavioral health services for children, youth, young adults ages 0-25 and their families, are responsive to their needs so that youth and families have access to the right services, at the right time and for the right duration.

Timeline of Events



<https://www.oregon.gov/DHS/ABOUTDHS/Child-Safety-Plan/Projects/OHA-DHS-Continuum-Of-Care-Proposal-Stakeholder-Engagement-IDDLetter.pdf>

<https://sos.oregon.gov/audits/Documents/.pdf>

OHA Health Equity

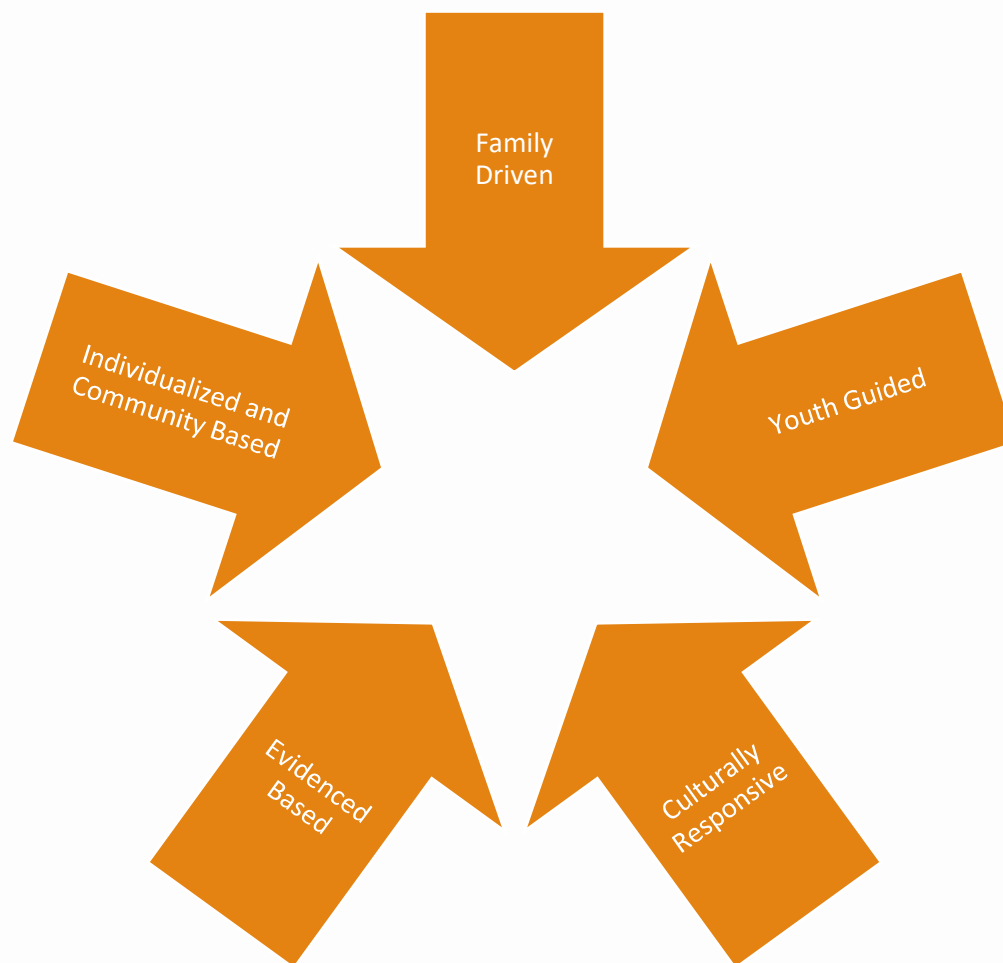
Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

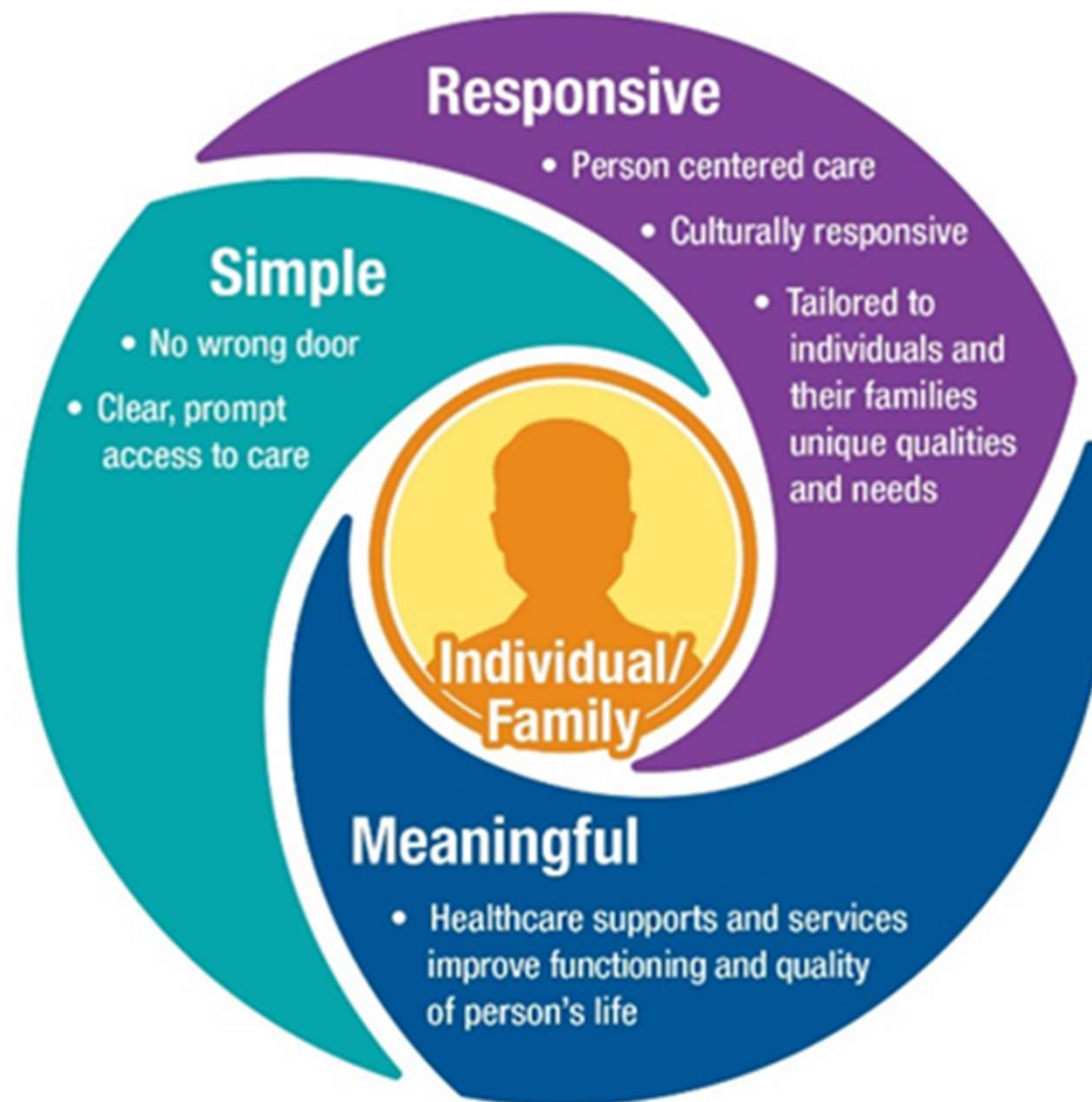
Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

The equitable distribution or redistributing of resources and power; and

Recognizing, reconciling and rectifying historical and contemporary injustices.

System of Care Values





CFBH Policy Vision 6
Recommendations:

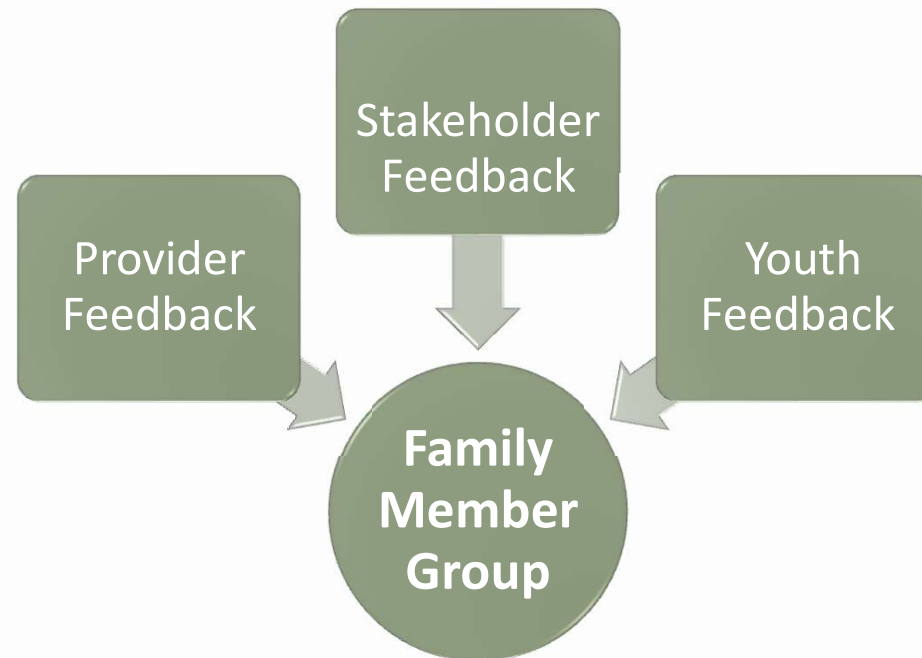
1. Address gaps and quality in the children's behavioral health continuum of care
2. Accurate and timely data across child-serving systems
3. Increase youth and family participation in service planning and system development through increased collaboration with consumers and youth and family advocacy organizations
4. Promote and develop a culturally and linguistically responsive continuum of care
5. Increase cross system collaboration
6. Emphasize and promote trauma-informed practice



Engagement

- ✓ Consumers
- ✓ Culturally specific organizations
- ✓ System of Care Advisory Council
- ✓ **The Alliance to prevent suicide**
- ✓ State Agency Partners
- ✓ Provider Associations
- ✓ Current Contractors with Unit
- ✓ Other child advisory groups
- ✓ Local Systems of Care
- ✓ And your community

Family Member Policy Vision Workgroup



Next Steps

- Website page: <http://bit.ly/policy-vision>
- Family Visioning group engagement
- Outreach and Engagement with Parents
- Work with youth advisory groups to develop youth engagement activities
- Present to System of Care Advisory Council
- Present to Oregon Council of Behavioral Health
- Outreach and Engagement to Providers and Stakeholders
- Continue to develop “open” forums for feedback and engagement
- Record engagement and feedback for review
- Outward facing materials
- Listen
- And Respond

Feel free to provide us feedback at: kids.team@dhsosha.state.or.us

Contact Information:

Policy Vision Webpage:

<http://bit.ly/policy-vision>

Email feedback Information:

kids.team@dhsosha.state.or.us

Chelsea Holcomb

Chelsea.holcomb@dhsosha.state.or.us

(971) 719-0265

1. Address gaps and quality in the children's behavioral health continuum of care

A full spectrum of supports includes:

- ❖ Flexible, available, and culturally and linguistically responsive services and support options which meet the needs of families and adequately engage children, youth and young adults in services.
- ❖ A full range of community-based treatment options for children, youth, young adults and families living in rural, frontier, and urban locales spanning behavioral health promotion, prevention, outpatient, crisis, and intensive in-home treatment prior to utilization of intensive treatment services.
- ❖ Adequate and flexible capacity for intensive treatment services in facility settings (day treatment, inpatient, subacute, Psychiatric Residential Treatment Services (PRTS), Long Term Psychiatric Care, Substance Use Disorder residential services and Young Adults in Transition-Residential Treatment Homes (YAT-RTH)) that address mental health and substance use disorders.
- ❖ Provision of high fidelity, evidence-based services and use of best practices at all levels of intervention.

1. Address gaps and quality in the children's behavioral health continuum of care

A behavioral health workforce that:

- Meets the demand for services
- Is appropriately trained and supported
- Is well-funded to serve families when and where they need help
- Is diverse enough to meet the cultural and linguistic needs of the population they serve

1. Address gaps and quality in the children's behavioral health continuum of care: Proposed Strategies

Workforce Development and Support

Support, expand and evaluate current investments

Increase oversight and support of children's outpatient services

Address identified gaps in the continuum of care

- Policy Options Packages and recommended areas of consideration

Equitable racial and geographic evaluation, quality improvement and expansion

- Crisis and Transition Services (CATS)
- School Based Mental Health (SBMH)
- Early Assessment and Support Alliance (EASA)
- Intensive In-home Behavioral Health Treatment (IIBHT)
- Intensive Services Array

2. Ensure accurate and timely data is available across child-serving systems

A recently created (August 2020) data dashboard supporting the Statewide System of Care Advisory Council will provide child serving agencies with needed data on utilization of services across child serving systems. With use of this data, the unit will be able to:

- Make data informed decisions

- Aid in a strategic approach to financing by identifying populations of focus

- Agree on underlying values and intended outcomes

- Identify the services and supports and desired practice model to achieve outcomes,

- Determine how services and supports will be organized into a coherent system design,

- Identify the administrative infrastructure needed to support the delivery system and

- Project costs for the continuum of care.

*2. Ensure
accurate and
timely data
is available
across child-
serving
systems:
Proposed
Strategies*

Establish performance and outcome measures

- Assessment of existing program data
- Qualitative data collection and assessment
- Define benchmarks and methodology
- Incorporate social determinates of health
- Performance dashboards

Strengthen and expand resources for data collection and assessment

- Additional staffing
- Electronic CANS solution
- Suicide Intervention and Prevention plan

3. Increase youth
and family
participation in
service planning
and system
development
through
partnerships with
consumers and
youth and family
advocacy
organizations:
Proposed
Strategies

Consumer Engagement

- Improved recruitment
- Feedback loop for youth, family and advocate input
- Increase youth and family System of Care participation
- Amplify youth advocacy efforts

Suicide Prevention and Intervention Plan

Continuous community engagement model

4. Promote and develop Health Equity in the Continuum of Care

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

The equitable distribution or redistributing of resources and power; and

Recognizing, reconciling and rectifying historical and contemporary injustices.

*4. Promote
and develop
Health
Equity in the
Continuum
of Care:
Proposed
Strategies*

Implement community input, CLAS standards and health equity recommendations

Implement REALD standards

Technical assistance on CLAS standards

Determine further action steps

Suicide Prevention and Intervention

*5. Increase
sustainable
cross system
collaboration:
Proposed
Strategies*

Formalize agreements with Oregon Department of Human Services (ODHS)

Facilitate the effective functioning of the System of Care Advisory Council (SB 1, 2019)

Suicide Prevention and Intervention Plan

CFBH unit active and prioritized participation in cross system projects

- Intellectual and Developmental Disabilities and Mental Health work
- OHA/ODHS Improvement Project
- OHA and Oregon Department of Education (ODE)

CFBH active and meaningful participation in Youth Advisory Councils and Committees

6. Promote and emphasize trauma- informed approaches and trauma- informed care

Trauma-Informed Principles:

- 1. Safety** Throughout the organization, staff and the people they serve feel physically and psychologically safe.
- 2. Trustworthiness and transparency** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
- 3. Peer support and mutual self-help** These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
- 4. Collaboration and mutuality** There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.
- 5. Empowerment voice, and choice** An organization aims to strengthen the staff, client, and family members' experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.
- 6. Cultural, historical, and gender issues** An organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

*6. Promote
and
emphasize
trauma-
informed
approaches
and trauma-
informed
care:
Proposed
Strategies*

Update trauma-informed policies

Support CCO 2.0 contract compliance

Technical Assistance to support partners

Add compliance provisions to CFBH contracts

Disaster preparedness

Suicide Prevention and Intervention Plan



Gratitude

YSIPP 2.0 Progress Report

February 1, 2021

Agenda

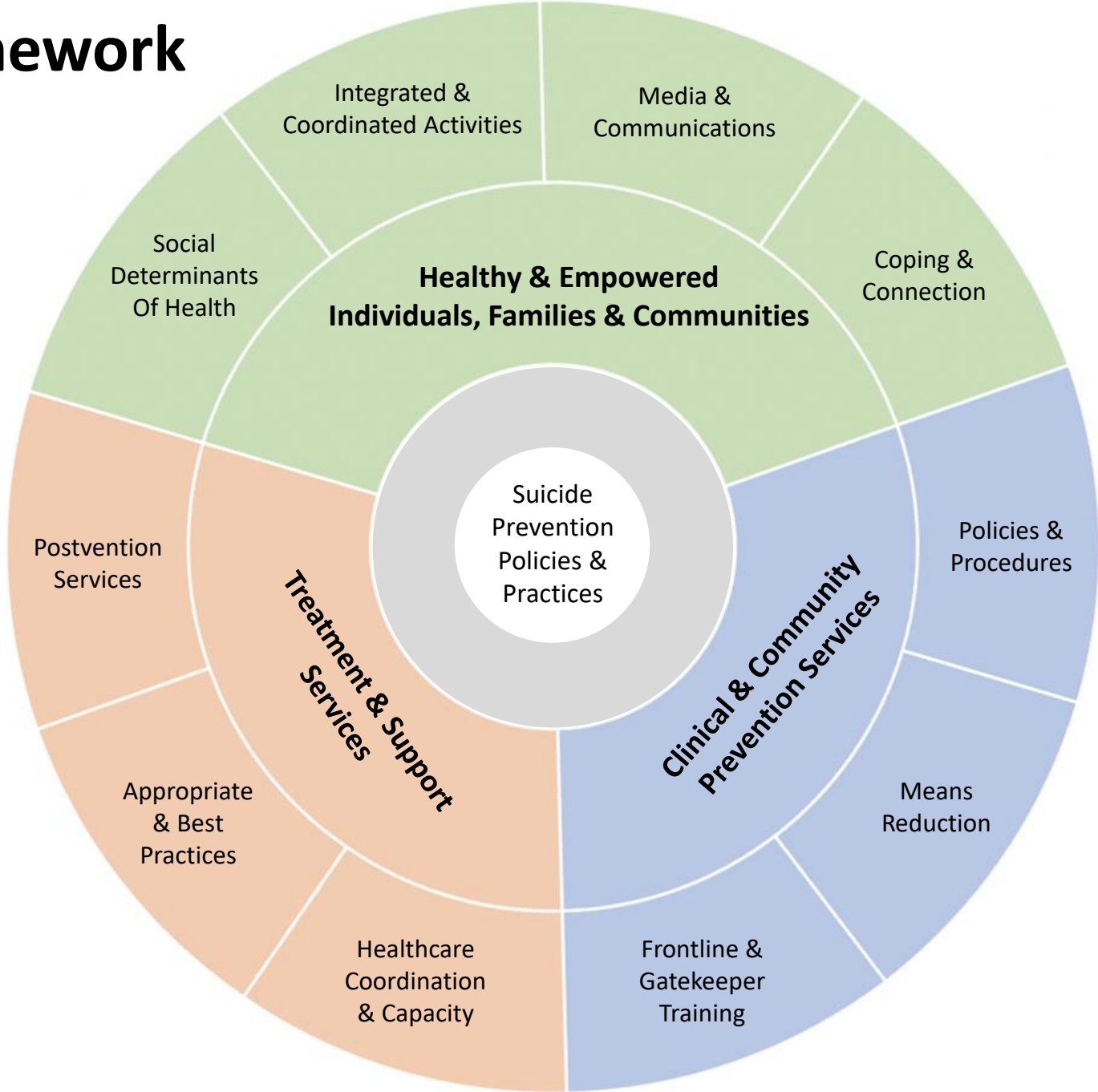
- a) Expanding the YSIPP Framework
- b) Progress with interviewing key stakeholders
- c) Update on reports and artifacts

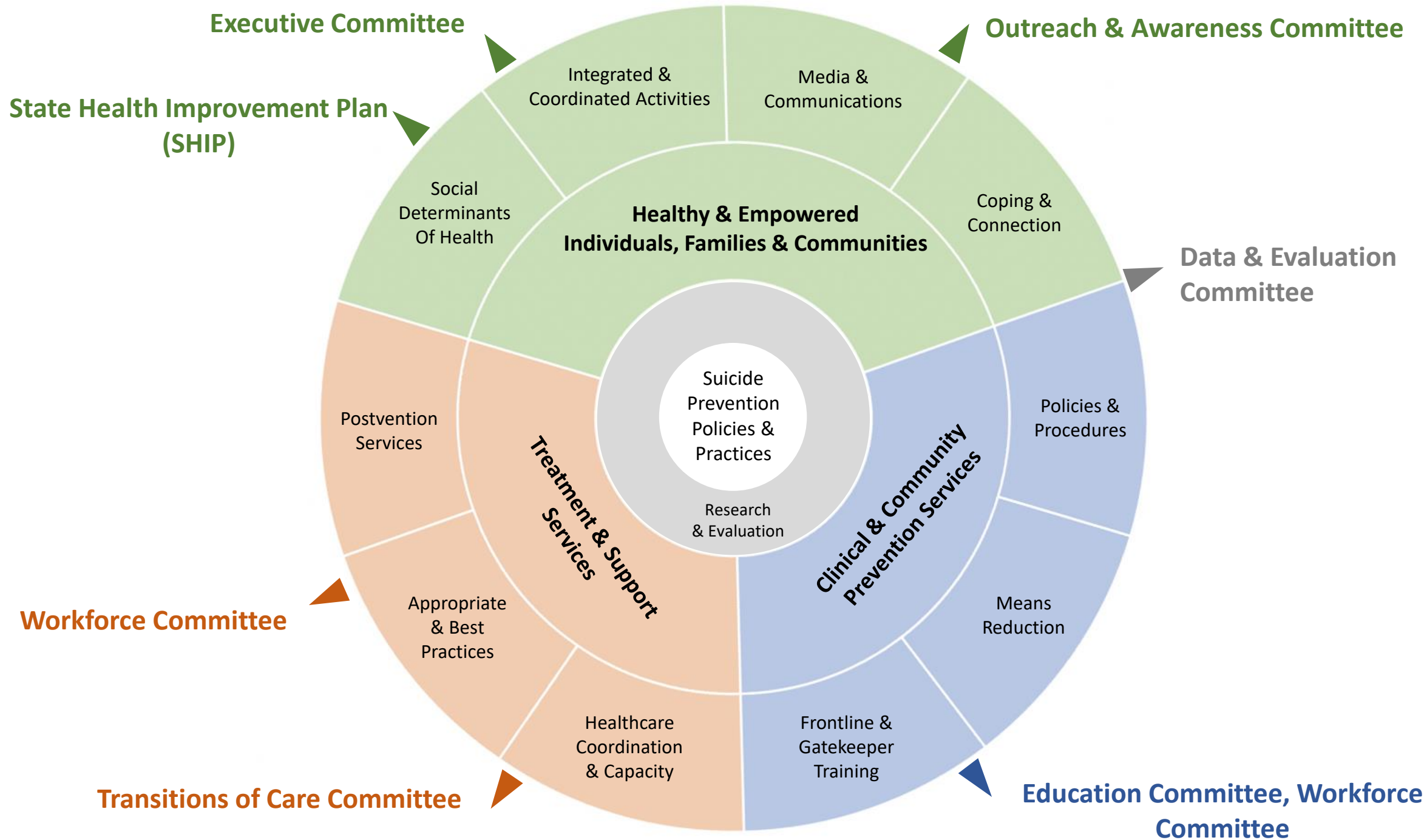
Expanding the YSIPP Framework

Update on elaborating the YSIPP 2.0 framework to map onto strategies within sectors

YSIPP 2.0 Framework

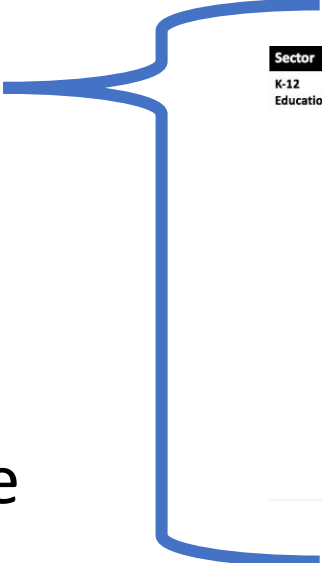
Updated January 2021





Mapping Strategies and Recommendations by sector

- K-12 Education (see next slide)
- Higher Education
- Behavioral Healthcare
- Physical Healthcare
- Child Welfare and Juvenile Justice
- Nonprofits and Faith Organizations
- Business, Employment, Industry
- Policy, Government, State Legislature
- Other?



Sector	Strategic Direction	Strategy	Recommendation
K-12 Education	UNIVERSAL: Healthy & empowered Individuals, Families & Communities	Social Determinants of Health	• Social workers: basic needs met
		Integrated & Coordinated Activities	• ROIs & MOUs between school and inpatient/outpatient • Referral flows
		Media & Communications	• Messaging campaigns • Health curriculum, SEL, sex ed
		Coping & Connection	• Positive school culture • Social supports • 1 trusted adult • Meaningful involvement • Cultural connections
	SELECTIVE: Clinical & Community Prevention Services	Policies & Procedures	• Ad's Act policies • Return to school policies
		Means Reduction	• CALM lock boxes
		Frontline & Gatekeeper Training	• Advanced skills for SBMH & SBHCs • OPR, MHFA, ASIST, Youth SAVE option: Advanced skills, Youthliffe Lifeline
	INDICATED: Treatment & Support Services	Healthcare Coordination & Capacity	
		Appropriate & Best Practices	
		Postvention Services	• CONNECT Postvention
	Research and Evaluation		• UO evaluations • Participant student health survey

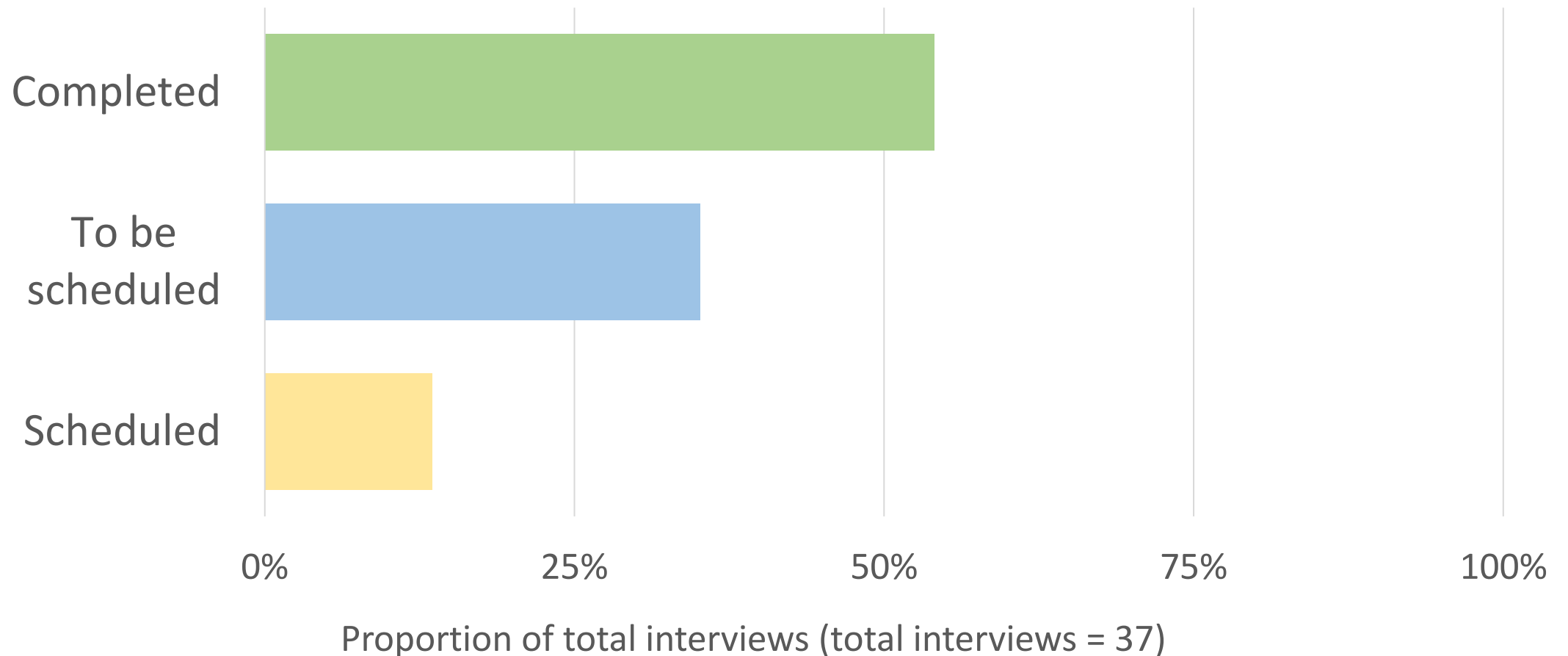
Sector	Strategic Direction	Strategy	Example Activities
K-12 Education	UNIVERSAL: Healthy & empowered Individuals, Families & Communities	Social Determinants of Health	<ul style="list-style-type: none"> Social workers: basic needs met
		Integrated & Coordinated Activities	<ul style="list-style-type: none"> MOUs between school and inpatient/outpatient Referral flows
		Media & Communications	<ul style="list-style-type: none"> Messaging campaigns Health curriculum, SEL, sex ed
		Coping & Connection	<ul style="list-style-type: none"> Positive school culture Social supports 1 trusted adult Meaningful involvement Cultural connections
	SELECTIVE: Clinical & Community Prevention Services	Policies & Procedures	<ul style="list-style-type: none"> Adi’s Act policies Return to school policies
		Means Reduction	<ul style="list-style-type: none"> CALM lock boxes
		Frontline & Gatekeeper Training	<ul style="list-style-type: none"> Advanced skills for SBMH & SBHCs QPR, MHFA, ASIST, Youth SAVE option: Advanced skills, Youthlive Lifeline
	INDICATED: Treatment & Support Services	Healthcare Coordination & Capacity	
		Appropriate & Best Practices	
		Postvention Services	<ul style="list-style-type: none"> CONNECT Postvention
	Research and Evaluation		<ul style="list-style-type: none"> UO evaluations Participant student health survey

Key Stakeholder Interviews

Overview of progress with interviewing individuals based on recommendations from OHA and the Alliance

Interviews should be complete by mid-February

Status of Interviews With Key Stakeholders



Organizations represented among the interviews

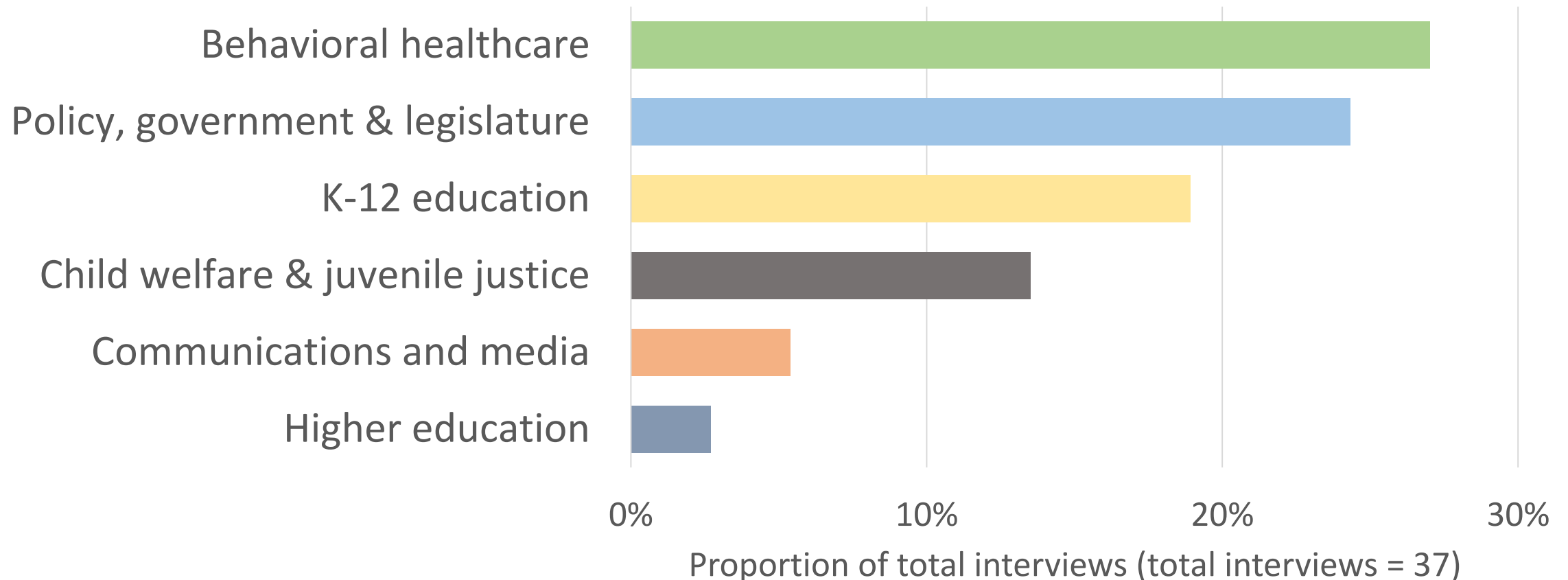
- 4j school district
- 5th Corner Academy
- Basic Rights Oregon
- Portland Public Schools
- YES House
- Early Assessment & Support Alliance
- Lines of Life
- OR Dept. of Education
- OR Dept. of Human Svcs.
- Children's System Advisory Council
- Assoc. of OR Comm. Mental Health Programs
- OR Youth Authority
- Healthy Transitions
- County suicide prevention coalitions

Groups of people represented

- College and high school students
- Lived experience
- Public defenders
- School counselors, psychologists and social workers
- LGBTQ+
- Oregon legislators
- Latinx
- Rural communities

Most interviews are among behavioral health and gov. sectors

Key Stakeholder Sectors by Percentage of Interviews



Reports and Artifacts

Overview of progress with planning and synthesizing various products

Data processing plan (Feb. 2021)

1. Complete interviews (Feb. 15th)

2. Qualitative coding by sector (Feb. 28th)

3. Draft synthesis as coding is completed (Feb. 28th)

- Share with Alliance and OHA leadership for feedback and directions on future priorities
- *Example:* Schools sector brief (with intersections) for Feb. 1 for review at Feb. 4 meeting
- *Goal:* Complete 2 briefs per week from other sectors*** (see below) over Feb.

4. Design break-out group activity for Alliance quarterly meeting (Feb. 19th)

- Workshop and further revise

****Other sectors* (list can be edited based on priorities and what data collected)

- | | |
|-----------------------------------|---|
| • Behavioral healthcare | • Business and employment |
| • Physical healthcare | • Tribal communities |
| • Communications and media | • Military |
| • Child welfare, juvenile justice | • Faith-based and religious organizations |

Data processing plan cont. (March 2021)

5. Incorporate feedback for draft recommendations for each sector (first 2 weeks of March 2021)

- *Example process:* UO lab create Google doc that can be edited by Alliance/OHA leaders, first 2 weeks of March, 2021

6. Share draft with Alliance through quarterly meeting or other mechanism (date TBD)

Updates with Artifacts

Product	Status
YSIPP Summary Visualization	Completed
YSIPP 1.0 activity summary brief	In progress
State suicide prevention plan brief using SPRC guidelines	In progress
ORS 481.733 Research briefs	In progress
YYEA survey and focus groups brief	In progress