

# Governor's Behavioral Health Advisory Council

## Programs and Services Affinity Group

Meeting Summary for February 10, 2020, 1:30 to 4 pm.

### Introductions

Group introductions – introduce newcomers:

- Peers and persons with lived experience: Janie Gullickson and Laura Rose-Misarar
- GBHAC Members: Judge Broyles, Jackie Mercer, and Sandra McDonough

Began the meeting by catching up on the affinity group process thus far and the homework assignment to identify gaps, strengths and potential solutions, and meaningful programs (to individuals with lived experience and community) in the following programs and services priority areas:

1. Early intervention and services for youth and young adults
2. Better access to treatment
3. Integrated Care
4. Bolstering community supports to avoid referrals to acute care/higher levels of care.

### Principles

Based on the homework responses, co-chairs and staff identified themes and potential areas of policy development going forward (see homework summary). However, with a charge as large as “Programs and Services”, the group needed to do some work in identifying key principles and parameters to shape and prioritize policy interventions and investments in each of the above areas. The group took the first part of the meeting to identify and agree upon the following principles. Policy recs must:

1. Focus on populations within the scope of the GBHAC: Youth aged 12+, TAY, and adults with Serious Mental Illness and those with co-occurring substance use disorders
2. Consider populations broader than just the Medicaid population – people with barriers to insurance (immigration status, etc), uninsured, commercially insured
  - a. Consider how policy may interact with commercial health plans
3. Incorporate trauma-informed care and practice.
4. Include robust peer and consumer involvement:
  - a. Provide meaning and purpose to individuals
  - b. Deliver services in a way that decreases isolation/builds community
  - c. Avoid separation of folks from their community
5. Promote equity and be culturally responsive and adaptive to diverse populations
6. Focus on prevention and early/upstream intervention:
  - a. Recognize that major life events often precede crisis
  - b. Screen for other drivers of needs
7. Increase flexibility in understanding one's needs change over time:
  - a. Support for transition (life stage or in moving through different intensities of care)
  - b. Support in recovery
8. Create no/or low barriers to care

- a. Meet people where they are
  - b. Referral resources
  - c. Routes for “showing up” – telehealth, etc.
  - d. Treat first: lessen barriers to treatment or timeliness of treatment related to diagnosis and assessment
9. Promote evidence-based, evidence-informed, and culturally-based practice
- a. Services that have large impact and effect size
  - b. Get at drivers of cost – consider what is and is not working – what are we buying currently
  - c. Where evidence is weak or non-existent in the Oregon context – be open to pilot and evaluation
10. Lay the legislative and/or policy foundation for transformative change

### Review of homework

In the next portion of the meeting, the group reviewed the responses to the homework allowing new members to weigh in and originators to elaborate. A few things that were mentioned as additional gaps in services:

- Initial diagnoses for both youth and adults can “stick” and can create barriers to care for additional (and often overlooked) diagnoses.
- EASA is an incredibly popular program among group but why?
  - It is extremely targeted
  - It is one of the best examples of including consumer and peers as part of the care team
  - Evidence base -- high bar of fidelity for program – makes it incredibly expensive
  - Raises the questions:
    - what do we do in rural and frontier areas where the model needs scaling?
    - EASA is a two year program – what next?
    - How do we take the parts that we like about EASA and create pilots or innovative supports for youth?
- Toll-free, statewide warm line
- A service and support gap exists in between ACT and hospital level of care.
- Gap in home-based services which would keep folks more attached to their community.
- Workforce issues putting pressure on non-licensed providers to diagnose:
  - Investigate licensure upon graduation
  - Support for master’s level clinicians in completing practicum
- Promote use of technology including tele-health and electronic health records
- Need transition support for the life course and between levels of intensity.
- Segmented funding creates barriers to whole health care – just opening up codes to primary care does not create value for BH/SUD population. Need for bidirectionality.
- There is a lack of community resources and supports to divert anyone from anywhere. Where do we divert to?

## Perspective of those with lived experience

### Youth:

- A lot of kids fall through the cracks
- There are not enough life supports such as education and employment support
- Having peers and warm hand offs to peers can be really important in recovery
- Insurance is a major barrier to services – commercial insurance does not pay for many of the services within EASA
- As mentioned above, there is nowhere to go after EASA. No transition to support elsewhere

### Adults and peers:

- Training clinicians and peers on integration of peers into care team is super meaningful. Having a peer as a valued member of the team is beneficial for the peer and the consumer.
  - o ACT Choice Model with Peer Support
- Need to build social outlets that create larger community and build collaboration and comradery
  - o Open dialogue approach builds on consistent family/social network support over time.
- Peers need a role that is both advocate and support system – training on how to navigate those dual roles.

## Next steps: Formulating a Process for Prioritization

Staff and co-chairs will take the principles discussed above, the policy priority areas, and the homework responses/notes from today and try to distill concrete policy ideas that are options for prioritization.

Policy ideas will need to meet the following criteria:

- 1.) Must be among the next best set of policy and investment recommendations
- 2.) Must meet an immediate need while also setting a path for change in the longer term
- 3.) Must provide a supportive lift to existing strengths in the system

What's more, the group will develop a decision-making aid/matrix to help the group with prioritization. There will be homework in the interim.