



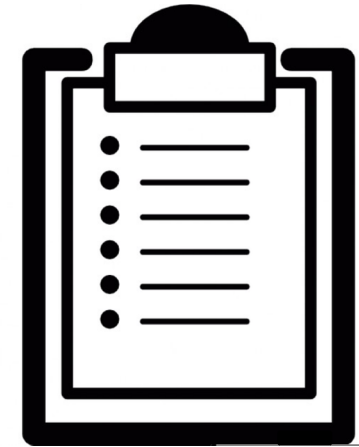
Saving Oregon's Ailing Mental Health System

January 12, 2021

We will get started shortly. Your lines are muted upon entry. This event will be recorded.

Welcome!

- Today's event is being recorded
- All participants are muted on entry
- Ask questions using the Q&A Box
- Please fill out satisfaction survey



About Oregon Health Forum



- Advancing health policy solutions through community dialogue
- Nonprofit supported by donations and sponsorships
- **OregonHealthForum.org/make-a-donation**
- Affiliate of The Lund Report investigative news source

Check Out Our Upcoming Events



Free Admission

Oregon Legislators Take the Stage: 2021 Session Preview

Jan. 18 • 2pm • Zoom Livestream



**ADVANCING HEALTH POLICY
THROUGH COMMUNITY DIALOGUE**

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INSTITUTE

Empowering Minds. Restoring Families.™

Saving Oregon's Ailing Children's Mental Health System

Jan. 12 | 2 - 3pm

Moderator:

- **Senator Arnie Roblan**, Democrat, District 5, Coos Bay

Speakers:

- **Steve Allen**, Behavioral Health Director, Oregon Health Authority
- **Jaime Vandergon**, LPC, President, Trillium Family Services
- **Satya Chandragiri, M.D.**, Psychiatrist; GOBHI Medical Director for Utilization Management; School Board Chair, Salem-Keizer School District
- **Michael Sorensen**, MPA, Director of Business development at Cedar Hills Hospital
- **Sandy Bumpus**, MSW, Executive Director, Oregon Family Support Network



Sen. Arnie Roblan

Democrat, District 5, Coos Bay



Steve Allen,
Behavioral Health Director,
Oregon Health Authority

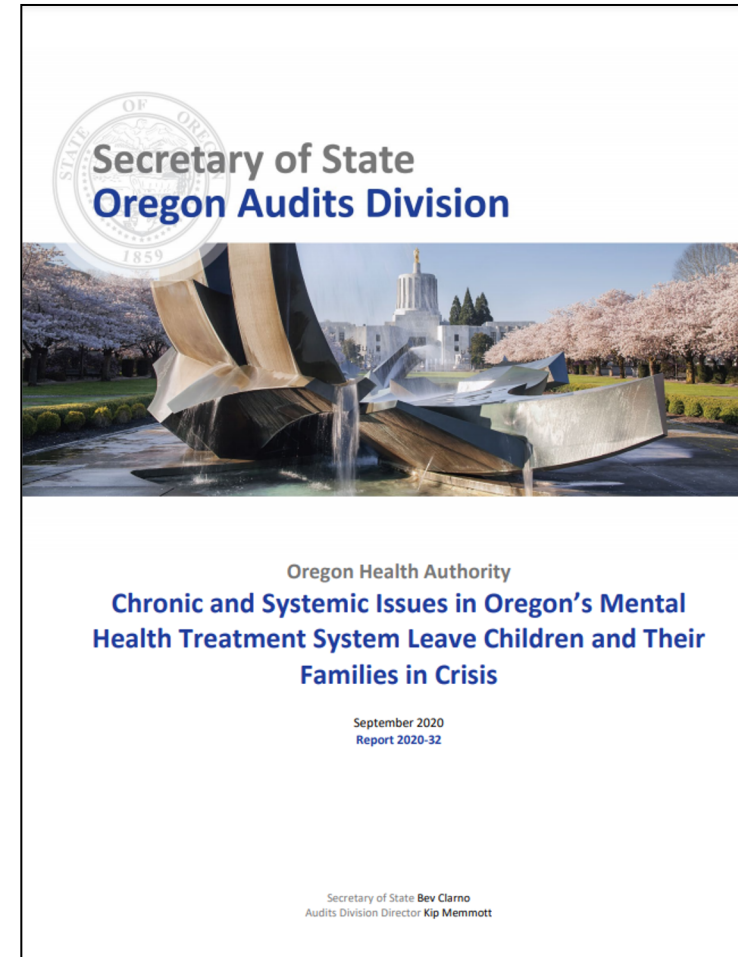


About the Secretary of State Audit

The Secretary of State routinely audits state agencies. In the course of an audit of the children's mental health system, the team expanded its scope to include the behavioral health system as a whole.

They looked back at the past two decades of work on mental health in Oregon.

The audit was published Sept. 9, 2020.



The Audit's Main Findings

Data shortfalls

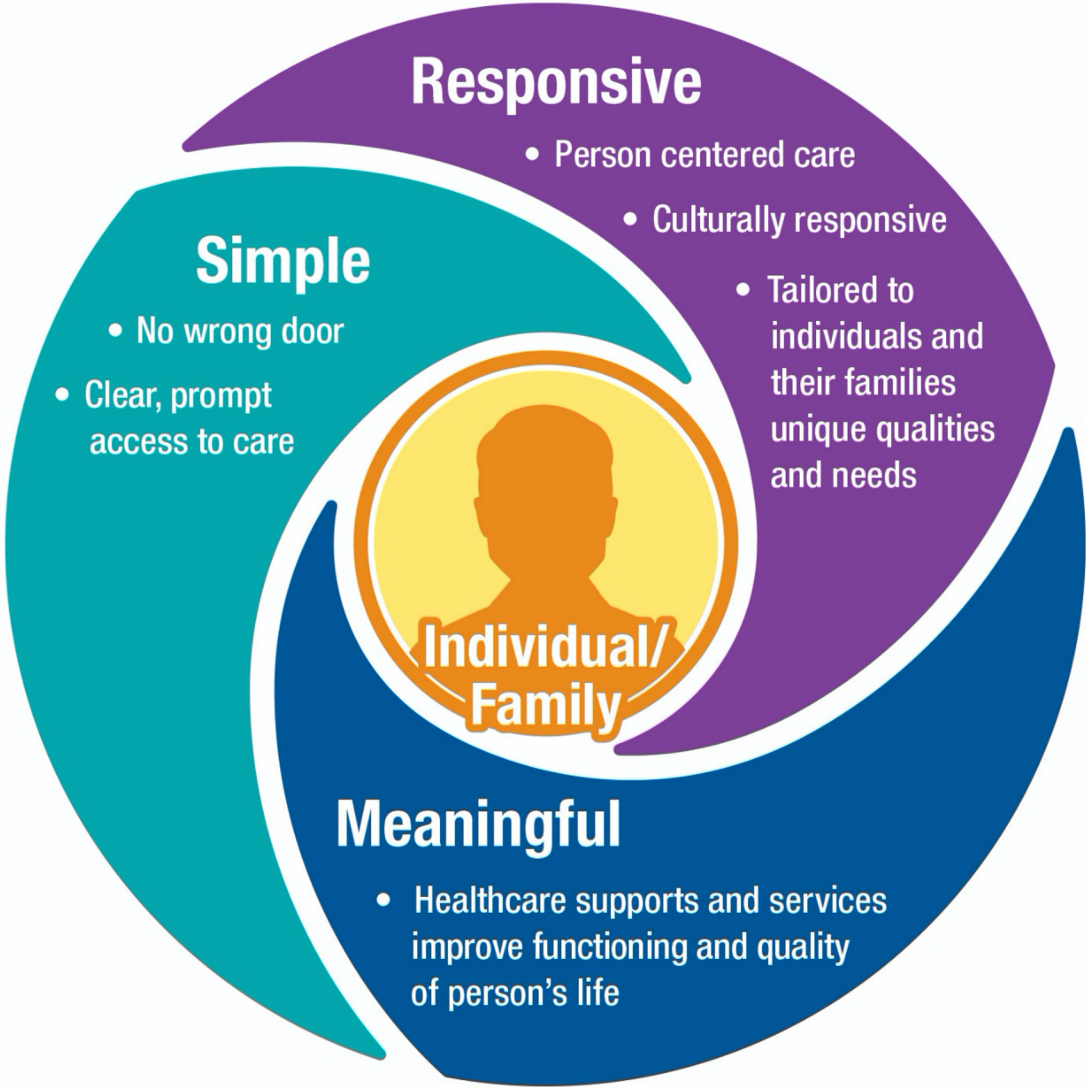
Workforce shortages

Fragmented delivery system

Inadequate monitoring of spending on county programs

Lack of consistent leadership, vision and governance

Framework for System Reform



What are youth and families asking for?

- **Simplicity of access**
 - Address provider shortages and turnover
 - Improve access to care – especially acute and crisis services
 - Break down siloes, coordinate care, and support families in navigating systems
- **Responsiveness of services and supports**
 - Provide individualized, self-directed care
 - Meet the needs of communities of color
 - Respect and compassion for all families
- **Support for meaningful outcomes for youth and families**
 - Care that addresses the impact of social determinants of health
 - Increased access to trauma informed care and trauma specific treatment
 - Better address complex needs and support whole health and wellness

Oregon Behavioral Health Access System

Visual Identity: Final mood board



Connecting care to those who need it.

Connecting care to folks who need it. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt magna.

Connect

About Resources **Connect** Login →

Keeping our eyes on the mission of care for all.



Connecting to what you need.



Connecting care to those who need it.

www.hereforyouoregon.org



WHAT PEOPLE ARE SAYING:

"Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod ut laoreet dolore magna aliquam."

START THE CONVERSATION

Are you Looking for:

- Resources >
- Get Help Now >
- Urgent Visit >
- Something Else >



Child and Family Policy Vision

Updating the needs assessment through engagement of Child and Family BH Policy Vision. The 6 recommendations include:

- Addressing Gaps and quality in the continuum of care
 - Accurate and timely data (qualitative and quantitative)
 - Increasing youth and family participation in policy and planning
 - Cultural and linguistically responsive continuum
 - Increase cross system collaboration
 - Promote trauma-informed practice
- Events to engage in this process can be found at our Policy Vision Webpage: <http://bit.ly/policy-vision>

Priority Areas

- Expanding the continuum of care for children 0-20 with Intensive In-Home Behavioral Health Treatment (IIBHT)
- Capacity building for inpatient levels of care for children and young adults
- Increasing access to workforce development trainings through COVID-19 response including clinical trainings and suicide prevention
- Expand work with Trauma Informed Oregon
- Continue to increase cross-system work with Oregon Department of Education, Oregon Department of Human Services and Oregon Youth Authority with our partners in the new System of Care Advisory Council.

Legislative Session Proposals

- Young Adult in Transition (YAT) Residential capacity building – \$5M
- Interdisciplinary Assessment Teams for youth with complex needs (from SB 1 2019) – \$5.7M
- Crisis and Transition Services – \$1.3M
- Psychiatric Residential Treatment Services (PRTS) capacity building – \$7.5M

These proposals would invest an additional \$19.5M for the children's behavioral health continuum to support the youth who experience complex and acute needs.

Suicide Prevention, Intervention and Postvention (SPIP) Team

- In March 2020, OHA formed a COVID-19 Suicide Prevention, Intervention and Postvention (SPIP) team to monitor data, improve access to care, equip providers, and seek consumer voice.
- The SPIP team is closely monitoring suicide activity specifically during the COVID-19 pandemic and continues to meet weekly to analyze data, implement interventions, resource other state partners, and report on innovative practices from other states.
- SPIP is lifespan suicide prevention team continues to address identified needs, barriers, and to elevate protective factors.
- Engaging with behavioral health consumers and other partners to identify barriers and address needs as they arise.

Suicide Prevention, Intervention and Postvention (SPIP) Team, cont.

- Adapting our existing suicide prevention efforts to meet the needs during this unique time.
- Redirecting funds to respond to identified barriers. *(Example: 18 mini-grants awarded in September to local community organizations to specifically address suicide risk among LGTBQ+ populations.)*
- Working with local, state and national partners to align strategies and leverage resources.
- Contracted Lines for Life to create the Oregon Behavioral Health Support [Line](#) to provide live support for Oregonians to find a behavioral health provider with availability that meets their insurance needs and care needs.

Sandy Bumpus, MSW,
Executive Director, Oregon
Family Support Network



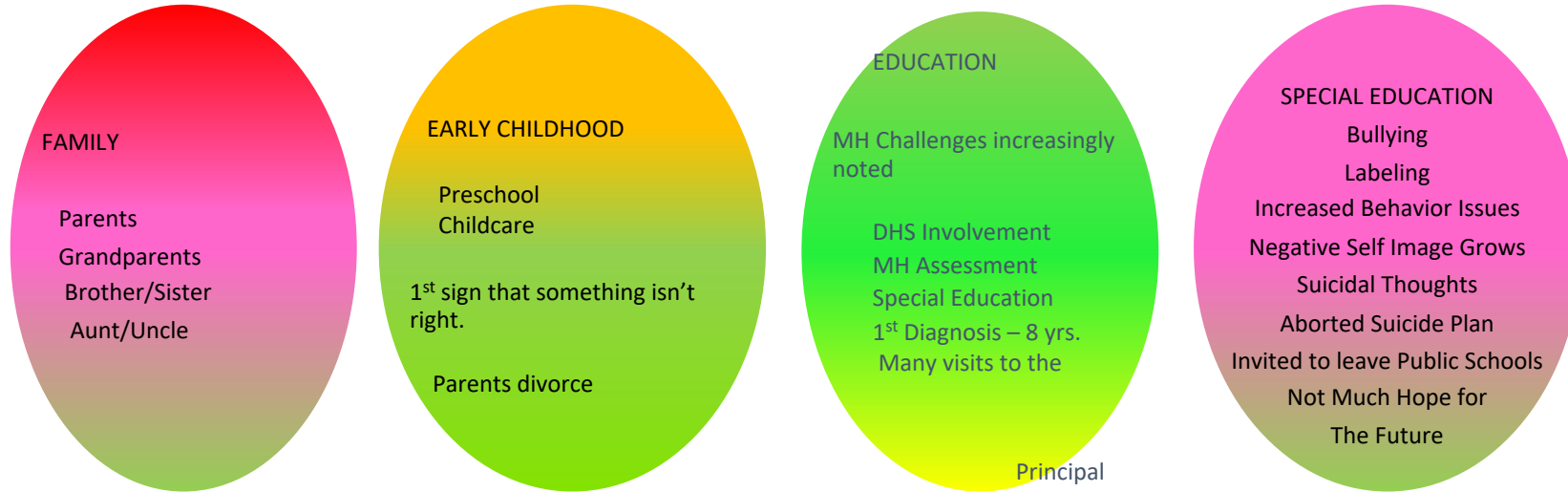
A Family's Journey through Children's Behavioral Health - Sandy Bumpus, Oregon Family Support Network

Thinking wholistically.....

- How we understand the child – young, bright, somewhat precocious
- Creative, curious, inquisitive
- Thrilled with the world, open to possibilities, and to people in her world

Seeking Help.....

- Preschool, school, family members, others who can help
- Professional Services – early intervention, medical treatment, counseling/behavioral health



What are the Lessons We've Learned from Families?

Systems need to be ready to help when our children & families need them.	Social Determinants of Health do make things much harder if not impossible for families to access their full potential (capacity)	Families need to be understood around the context of their own experience. In some cases, families have never been asked what they need.
Every system is the 'front door' that gets children, youth and families into the service/supports that they need right now.	Families love their child and want them to do well. They also know more about their child than you ever will.	Families are caught up in circumstances we don't always understand. We need to meet them where they are at, and not impose our judgment on them.
Children, youth and families need not have to wait until things have gotten to the 'worst point' in order to get help.	Families need support with their own challenges (ie., support group/peer support, access to services, respite care, flexibility and choice about how and when to receive services)	Families and youth need access to services and supports from others who understand their culture, worldview, and language preferences – and provide services that meet those needs.
These issues and challenges cut across all systems serving children, youth and families.	Families who have the means to pay for services cannot purchase them, and therefore are underserved.	Our children and youth are our greatest resource, and families are the greatest resource to our children, youth and families.

Jamie Vandergon,
LPC, President, Trillium Family
Services





Trillium
FAMILY SERVICESSM

Building
brighter
futures with
children and
families

Increasing Supports During COVID-19

TFS provides the full spectrum of mental health treatment for kids & families including:

- ▶ School Based Outpatient & Prevention programs across 140 schools
- ▶ Psychological Testing & Psychiatric Care including Medication Management
- ▶ Intensive Home-Based Treatment
- ▶ Partial Hospitalization Day Programs in Portland, Corvallis & Bend
- ▶ Psychiatric Residential & Subacute Inpatient Care in Portland & Corvallis
- ▶ Secure Inpatient Care in Portland & Corvallis

Offering ongoing supports both via telehealth & in person (Day & Residential) during COVID



Who Helps the Helpers?

- ▶ We must stabilize this critical workforce to continue to provide quality care.
 - ▶ Provide direct COVID Vaccine Access & Rapid COVID Testing Resources
 - ▶ Increase funding especially for staff caring for inpatient clients & families in active crisis & support other workforce investments (tuition, training, insurance costs)
- ▶ Staffing issues impact access to care for youth & families
 - ▶ Largest impact in highest levels of care for youth with imminent risk of suicide
 - ▶ How can we shift our communities view of this workforce?

Families in Crisis

- ▶ Families need access to high quality psychiatric care
 - ▶ Youth who are actively and persistently experiencing suicidal ideation need access to inpatient care for stabilization.
 - ▶ Previous natural supports and resources have been eliminated while stressors have increased causing a spike in need.
- ▶ The system was overburdened and underfunded pre-COVID
- ▶ Finding Hope in this shared experience

Satya Chandragiri, M.D.,
Psychiatrist; GOBHI Medical
Director for Utilization
Management; School Board Chair,
Salem-Keizer School District

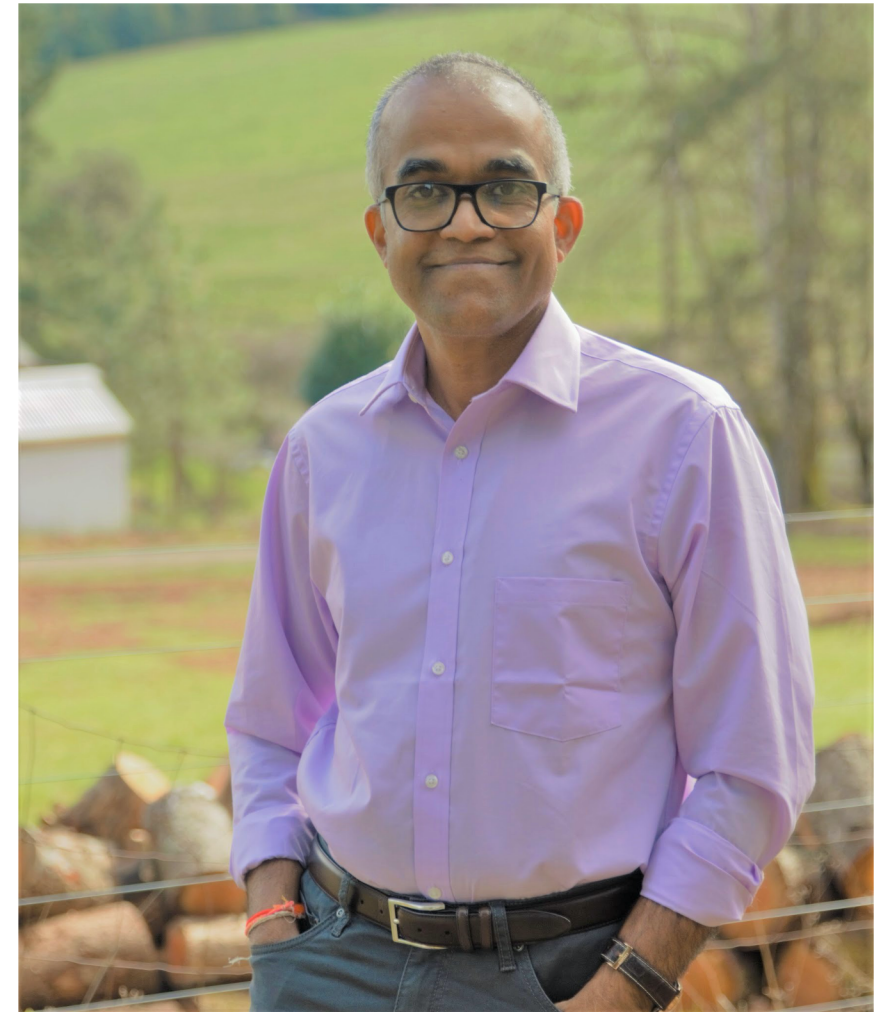
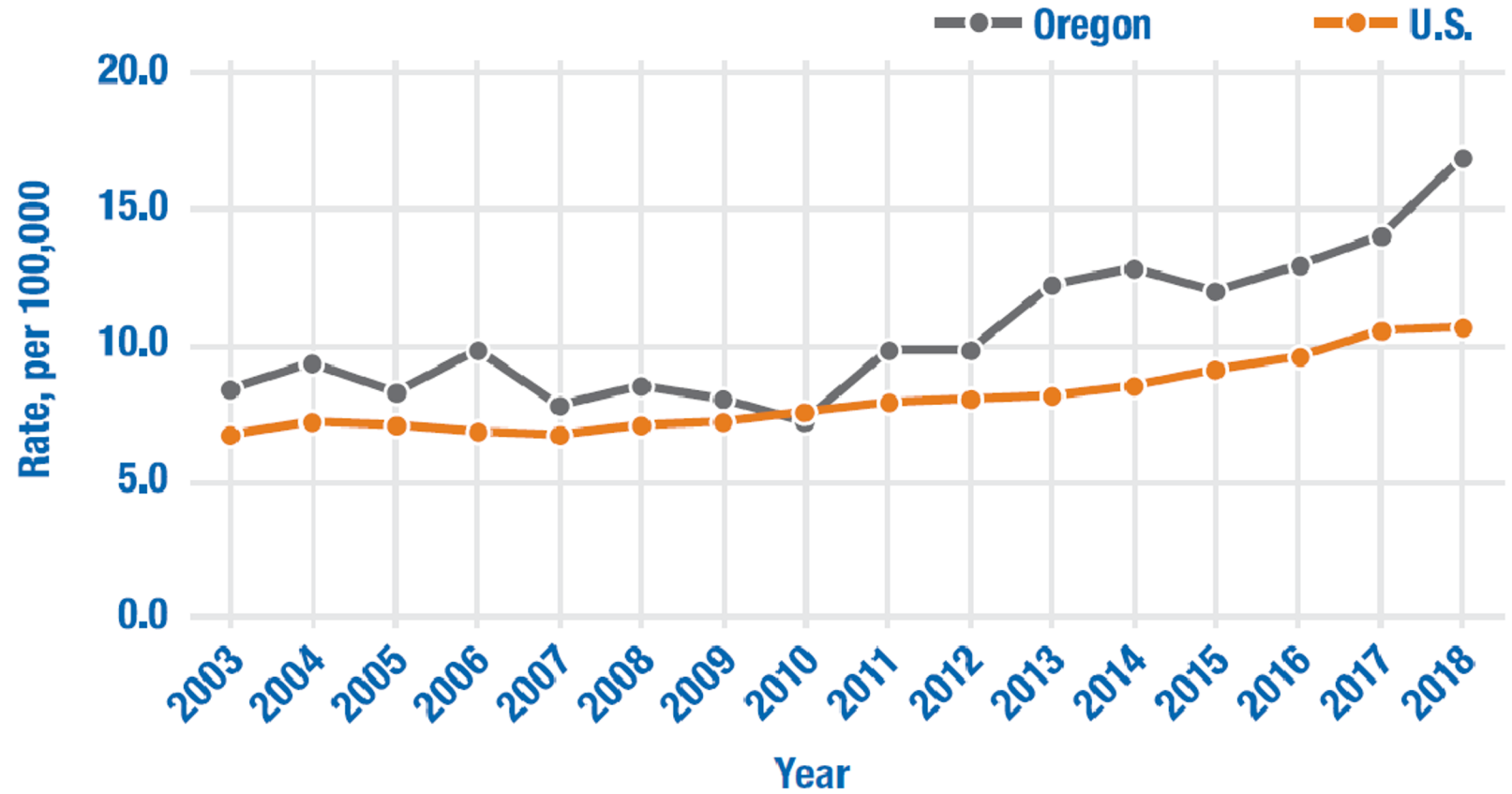


Figure 1. Suicide death rates among youth aged 10 to 24 years, 2003-2018



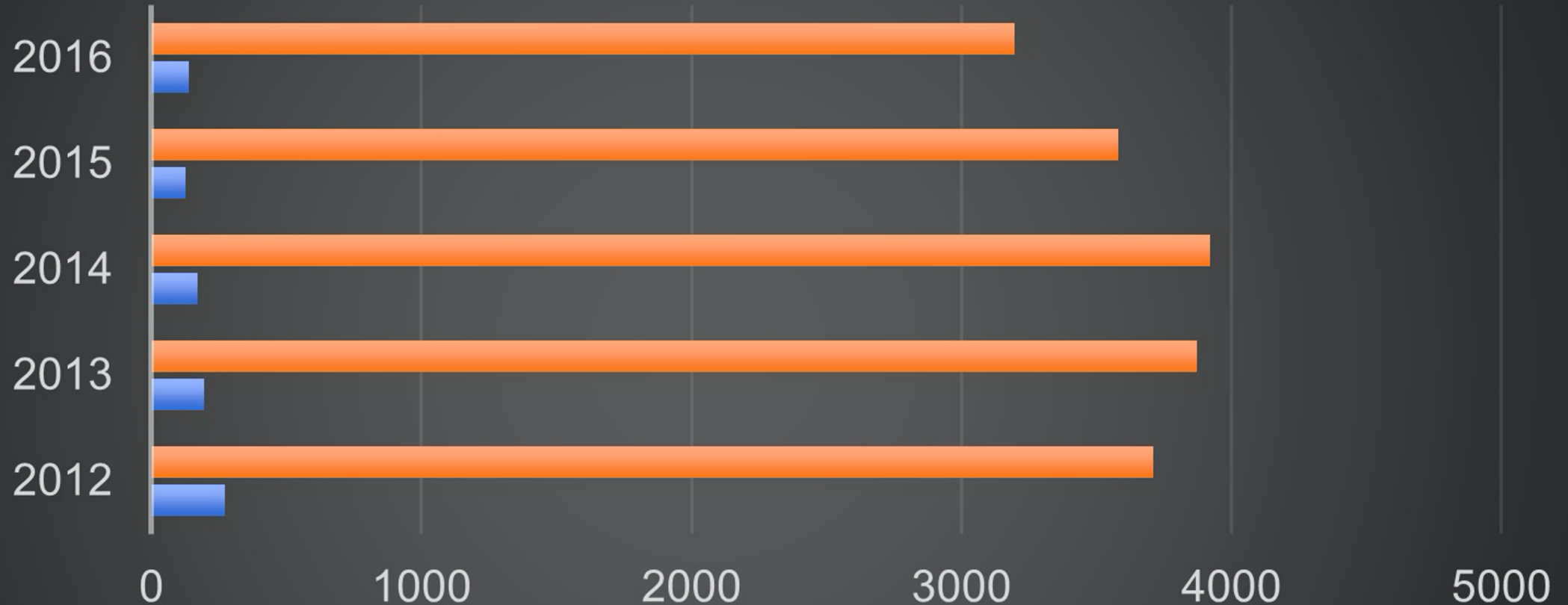
Rates are deaths per 100,000
Source: CDC WISQARS and OPHAT

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

A collaborative approach to learning and health

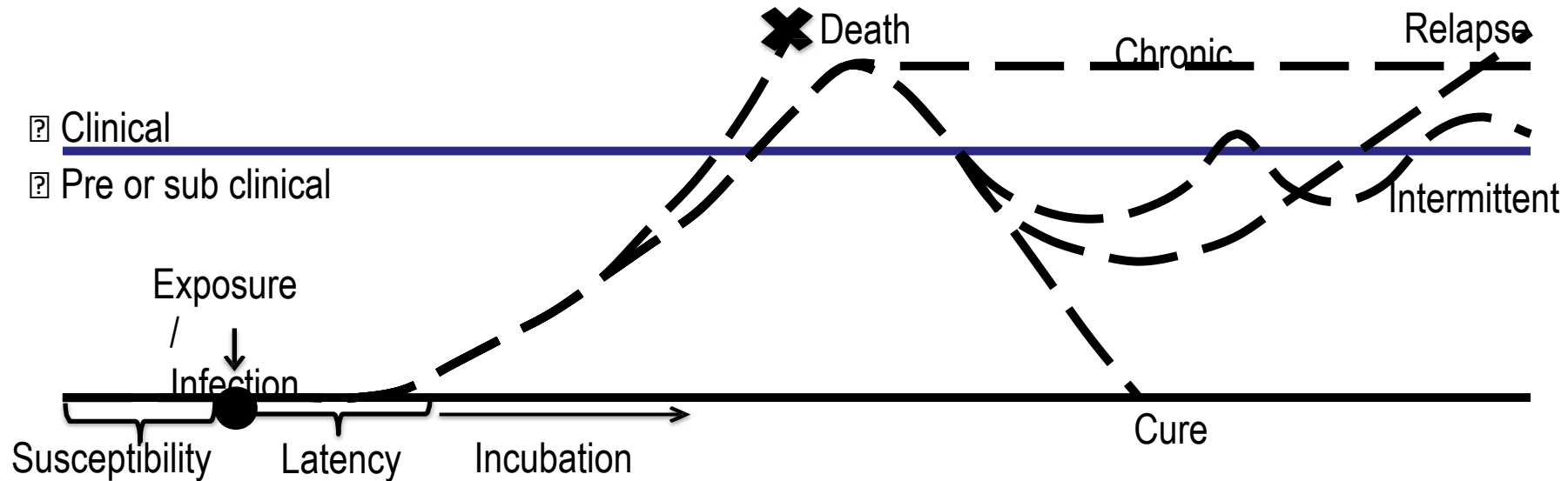


Exclusionary Discipline SK SD



	2012	2013	2014	2015	2016
■ suspension	3709	3874	3920	3582	3198
■ expulsion	272	195	171	127	137

Natural History of an Infectious Disease



- 1. SAME DISEASE DIFFERENT SYNDROMES**
- 2. VARYING INCUBATION PERIODS**
- 3. EXPOSURE- CASES OR CARRIERS**
- 4. HERD IMMUNITY- NORM**
- 5. TRANSGENERATIONAL AND HORIZONTAL TRANSMISSION**
- 6. MODULATING FACTORS- MEANS; CROWDING, ALCOHOL, DRUGS, MENTAL ILLNESS**



*Information for Teachers
and Other School Staff*

Fostering School Connectedness

Improving Student Health and Academic Achievement

Students feel more connected to their school when they believe that the adults and other students at school not only care about how well they are learning, but also care about them as individuals. Young people who feel connected to school are more likely to succeed academically and make healthy choices.

All school staff, including teachers, principals, counselors, social workers, nurses, aides, librarians, coaches, nutrition personnel, and others, can have an important and positive influence on students' lives. The time, interest, attention, and emotional support they give students can help them learn and stay healthy. This fact sheet provides guidance for fostering school connectedness and creating a more welcoming and supportive school environment for all students.

Why is school connectedness important for your students?

School connectedness is an important factor in both health and learning. Students who feel connected to their school are

- More likely to attend school regularly, stay in school longer, and have higher grades and test scores.
- Less likely to smoke cigarettes, drink alcohol, or have sexual intercourse.
- Less likely to carry weapons, become involved in violence, or be injured from dangerous activities such as drinking and driving or not wearing seat belts.
- Less likely to have emotional problems, suffer from eating disorders, or experience suicidal thoughts or attempts.

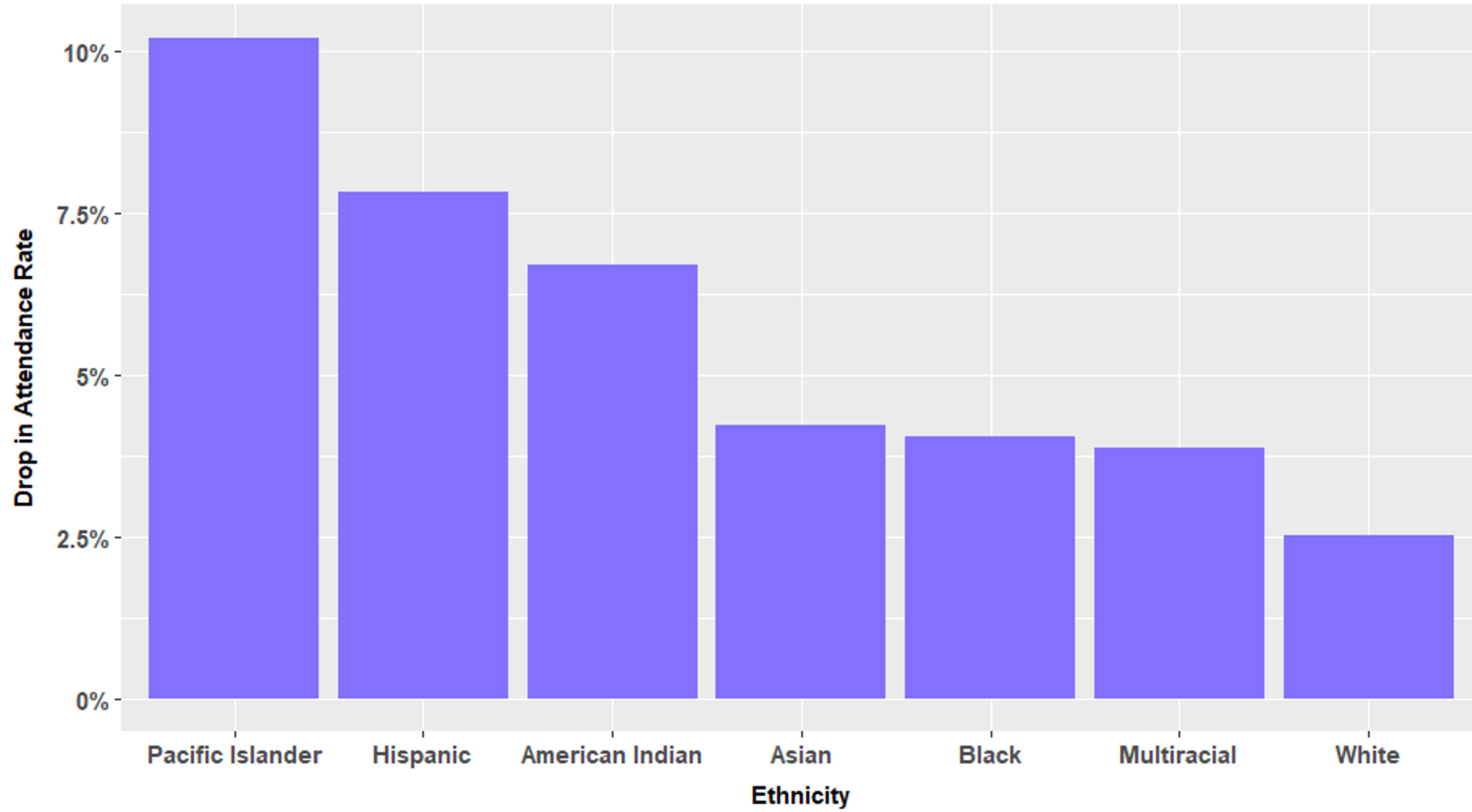


Satya Chandragiri MD chandrasclinic@me.com

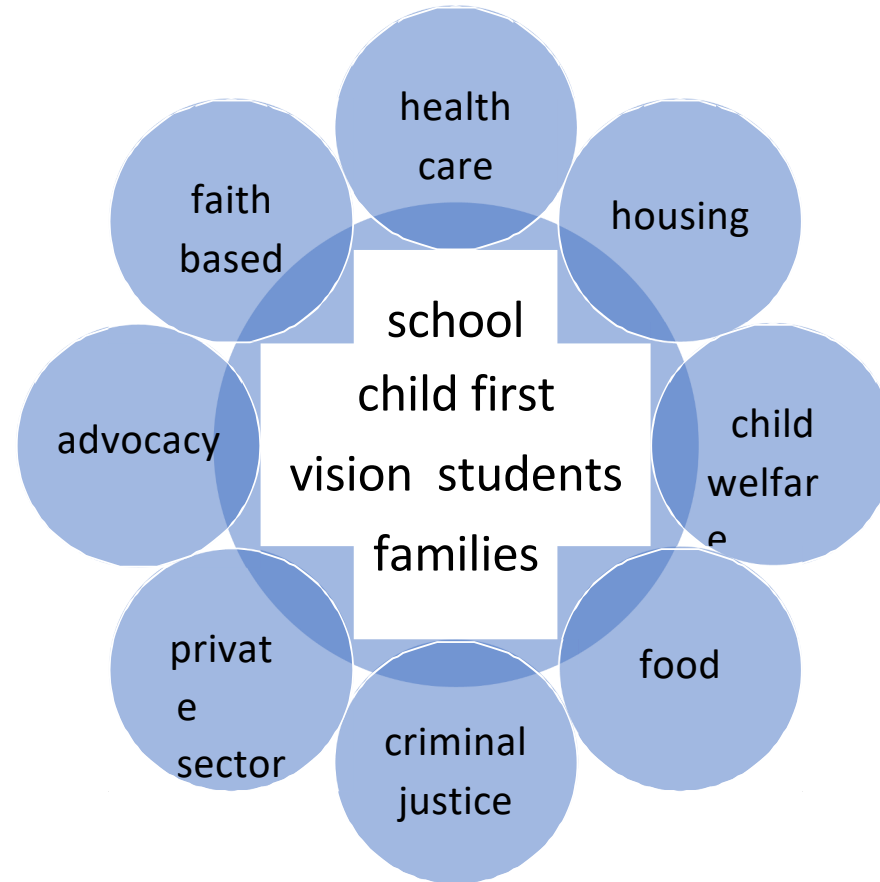


Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

Attendance Rate Decreases in Salem Keizer High Schools (2020-2021)



**Vision, policies, financing, organization culture,
practice, outcome metrics aligned around child first
vision**



Michael Sorensen, MPA,
Director of Business development
at Cedar Hills Hospital





SAVING OREGON'S AILING CHILDREN'S MENTAL HEALTH SYSTEM

January 12, 2020

Michael Sorensen, MPA



LIVED EXPERIENCE

- 14-year old incoming freshman:
 - Internalized homophobia, strict religion, inflexible expectations of self, isolation, large family
- 3 Suicide Attempts
- 3 Hospitalizations- Providence and State of Oregon



LIVED EXPERIENCE CONT.

- Steps before first hospitalization?
 - None. No one knew



LIVED EXPERIENCE CONT.

- Steps after first hospitalization(14/ 30 days)
 - Psychiatric care weekly
 - Homeschool
 - Day Treatment
 - Medications
 - Family Therapy
 - Got a Job



LIVED EXPERIENCE CONT.

- Steps after second hospitalization (15/ 16 Days)
 - Psychiatric Care
 - Homeschool
 - Day Treatment
 - More Medications
 - Family Therapy
 - Job was maintained and hours flexible



LIVED EXPERIENCE CONT.

- Steps after State hospitalization (16/ 6 altered days)
 - Psychiatric Care
 - Serendipity Academy & Day Treatment
 - Informal Foster Care
 - Family Therapy



WHAT MADE THE DIFFERENCE

- Although a complicated question, these I can qualify
 - Hospitalization- for physical healing and mental structure- locked facility
 - Stabilized Medication
 - Modified Educational Experience
 - Informal Foster Care
 - Job and the Freedom Money Offered
 - Caring Adults at School



ABOUT

CEDAR HILLS HOSPITAL & UNIVERSAL HEALTH SERVICES



- Cedar Hills Hospital is the only UHS-affiliated facility in Oregon
 - CHH has served adults facing acute behavioral health crises related to mental health, substance abuse or co-occurring disorders since 2009
 - CHH also offers outpatient day treatment for adults with mental health and substance use disorders
-
- Universal Health Services is one of the nation's largest hospital management companies
 - More than 350 acute care hospitals, behavioral health facilities and ambulatory centers
 - Largest facility-based behavioral health care provider in the country
 - Ready to grow Oregon presence to meet the need for mental health services

THE CRISIS ISN'T NEW

- Oregon ranks 50th in the nation for access to behavioral health services and prevalence of mental illness (Mental Health America).
- Total inpatient capacity is one-third of recommended per capita level (Treatment Advocacy Center) Existing inpatient facilities continue to operate at max capacity.
- There are only **20** active adolescent beds in Oregon
- We continue to board patients in ED's; We send kids home too soon; We buy care from other states
- **SAME** struggles as in my case, 36 years ago



OPPORTUNITY IN MEASURE 110



- Passage of Ballot Measure 110
 - Raised awareness to the lack of addiction treatment which is often a comorbid condition with patients being treated for suicidality
 - According to SAMHSA's website, there are approximately 200 outpatient recovery treatment centers in Oregon, but access across the state and insurance coverage continue to be a barrier for inpatient and outpatient treatment
 - In many cases, access to addiction treatment needs to include a combination of both hospitalization and outpatient treatment in order to be effective

UHS IS WILLING TO INVEST

Increase the system capacity for:

INPATIENT PROGRAMS WILL INCLUDE:

GENERAL PSYCHIATRIC SERVICES
CHEMICAL DEPENDENCY
CRISIS STABILIZATION
WOMEN'S PROGRAM
ADOLESCENT PROGRAM

OUTPATIENT PROGRAMS WILL INCLUDE:

PARTIAL HOSPITALIZATION
TRADITIONAL OUTPATIENT COUNSELING
CHEMICAL DEPENDENCY
MEDICATION-ASSISTED TREATMENT
CO-OCCURRING DISORDERS PROGRAM
WOMEN'S PROGRAM
ADOLESCENT PROGRAM,



UHS IS WILLING TO HELP



\$87.2 million

The proposed behavioral health hospital will have an estimated total impact on income of nearly **\$87.2 million** throughout all businesses and industries for the Tri-County region (Clackamas, Washington, Multnomah).

For every \$1 of income generated by the proposed behavioral health hospital, another estimated **\$0.36** is generated in other businesses and industries.

195-250 jobs

The proposed behavioral health hospital will employ over **195-250 jobs** including physicians, nurses, clinicians, mental health technicians and support staff.

\$13.8 million

Annually, the proposed behavioral health hospital will generate **\$13.8 million** in compensation paid to hospital employees.

\$30.5 million

The construction and operations of the proposed behavioral health hospital will boost local household expenditures by more than **\$30.5 million**.

\$50.2 million

The proposed behavioral health hospital will contribute an estimated **\$50.2 million** to the Gross Area Product (GAP) of the Tri-County region.

QUESTIONS?

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Audience Q&A

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