Partnering to Deliver Community Conversations about Behavioral Health

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Oregon State University
Extension Service

Oregon State University
College of Health

Session Objectives

- Describe work conducted by OSU addressing behavioral health challenges.

- Share evidence-based practices that have been adapted and implemented as well as evaluation findings

- Detail Community Conversation efforts and processes.

- Explain the importance of community collaboration for behavioral health systems change

The State of Behavioral Health in Oregon

Oregon ranks at or near the bottom for adult and youth behavioral health.[1]

Oregon has the 14th highest suicide rate and 12th highest youth suicide rate.[2]

Between 2019 and 2023, drug overdose deaths in Oregon quadrupled.[3]

Prevention, treatment, and recovery are possible.

1. Mental Health America (2021); 2. Centers for Disease Control & Prevention (2023); Oregon Health Authority (n.d). 3. Oregon Health Authority (2024).

Public Health and Public Safety Needs Assessment

Needs assessment for the public health and public safety partnerships in the Oregon Idaho High Intensity Drug Trafficking Area (HIDTA)

Myers, A., Phibbs, S., White, J., Breuner, N., Stewart, H., and Headley, K. 2023.

Evidence-based practices being implemented

- Hotlines/text lines (e.g., Lines for Life, 988, AgriStress Helpline)
- 911 Good Samaritan laws
- Needle exchange and syringe services
- Naloxone/Narcan distribution
- Medication Assisted Treatment (MAT)
- Communication or intelligence sharing between public health and public safety in communities
- Data sharing between public health and public safety

Needs assessment for the public health and public safety partnerships in the Oregon Idaho High Intensity Drug Trafficking Area (HIDTA)

Myers, A., Phibbs, S., White, J., Breuner, N., Stewart, H., and Headley, K. 2023.

Evidence-based practices not being implemented/unsure

- Overdose reduction task force
- Naloxone distribution MAT In emergency departments, treatment centers, and criminal justice settings
- Screening for fentanyl or poly substance use in toxicology testing
- Eliminating prior authorization requirements for opioid use disorder treatment medications
- Education/training for healthcare providers on opioid prescribing best practices
- Drug court/treatment court
- Rapid response teams for overdose or mental health crisis
- Drug prevention education for youth

Solutions identified from the HIDTA needs assessment

- Strong collaborations

- Community education about dangers of substance use and importance of evidence-based practices

- Funding and staffing

- Access to housing and treatment

- Leadership and accountability through local, state, and federal actions

- Humanize the experience of addiction by involving people who have been affected by addiction and overdose

- Two-way data sharing platforms (e.g., OD-MAPS), for multiple agencies to update, access, and share real-time data

Community Conversations

Funding Acknowledgement

SAMHSA
Substance Abuse and Mental Health Services Administration

Northwest (Region 10)
ROTA C

The Northwest Rural Opioid Technical Assistance Collaborative (NW ROTAC)
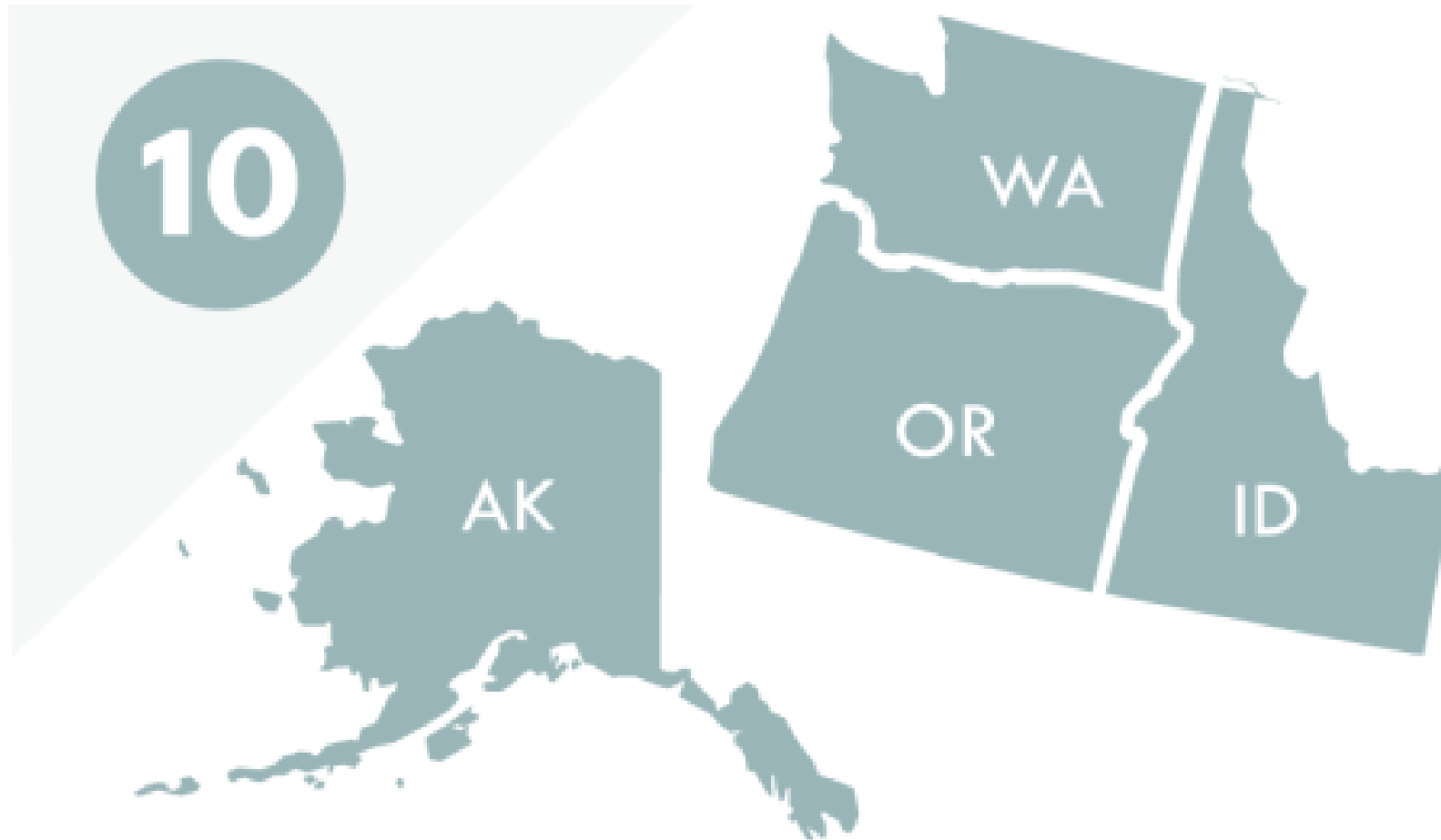
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1. OSU Extension Family & Community Health; 2. OSU College of Health; 3. OSU Center for Health Innovation

Community Conversations about Behavioral Health in Rural Counties
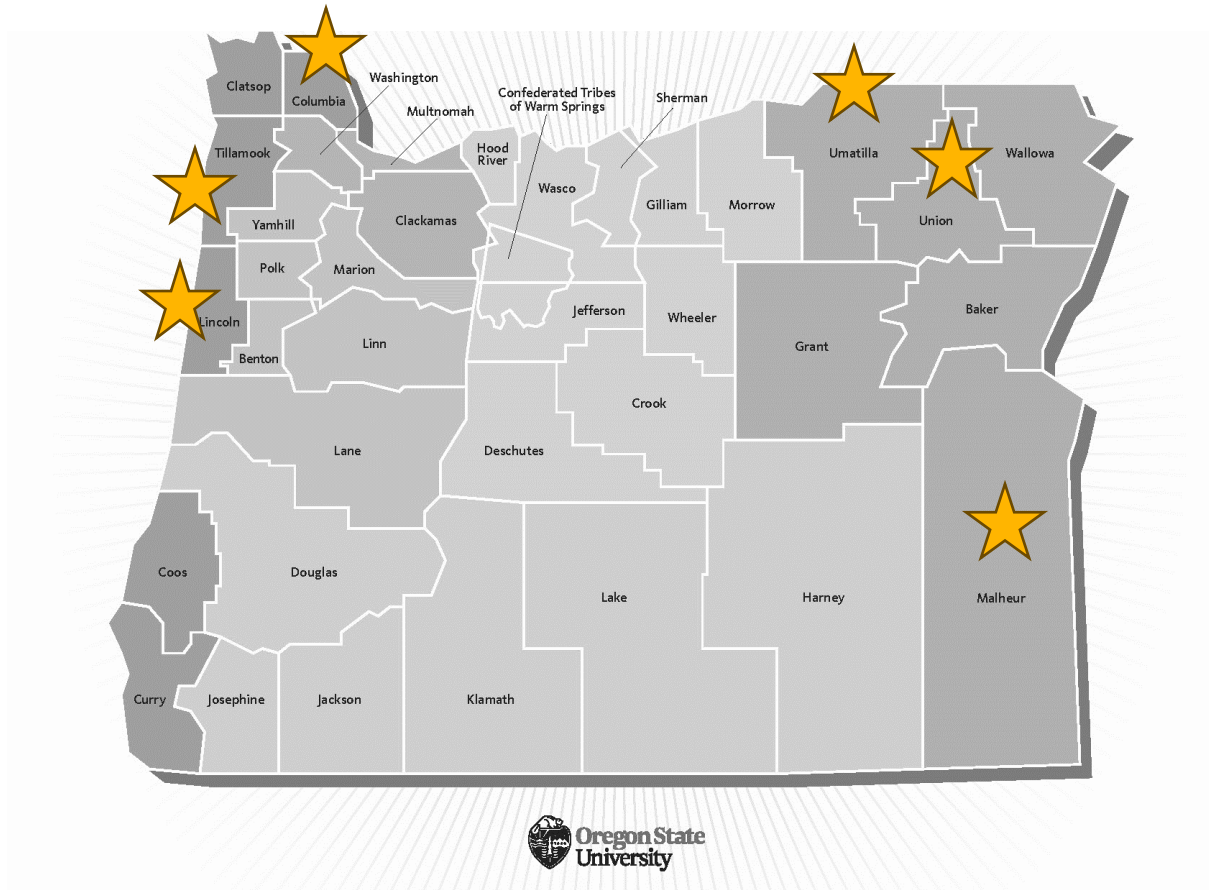
Cross-sector participants:
Behavioral health providers
Community members
Coordinated Care Organizations
County Commissioners
Criminal justice system
Healthcare providers
Public health
Public safety
School counselors
Housing and homeless services

Activities:
Assess strengths and gaps
Create action plans

Public Health Departments
Hospitals and Medical Practices
Mental Health Practitioners
Coordinated Care Organizations
Treatment and Prevention Agencies

Local government officials
Agriculture Agencies and Associations
Radio and Media Groups

Law Enforcement
Juvenile Departments
Corrections

Schools K-12 and Head Start
Community Based Organizations
Church and Faith Organizations
Community Collaborators
Academia

Goal: To gather leaders, decision-makers, and community members to assess the current situation and create action plans to create community-level and systems change to improve behavioral health outcomes.

SAMHSA's *Community Conversations About Mental Health*

Session 1: Share personal experiences

- What does mental health mean to me/to us?

Session 2: Discussion of challenges

- Emphasizes identifying risk/protective factors and common ground

Session 3: Exploration of how to respond

- Consider ways to improve mental health

Session 4: Community solutions

- Decide on steps to take as a community

Community Conversations About Mental Health

Information Brief

SAMHSA
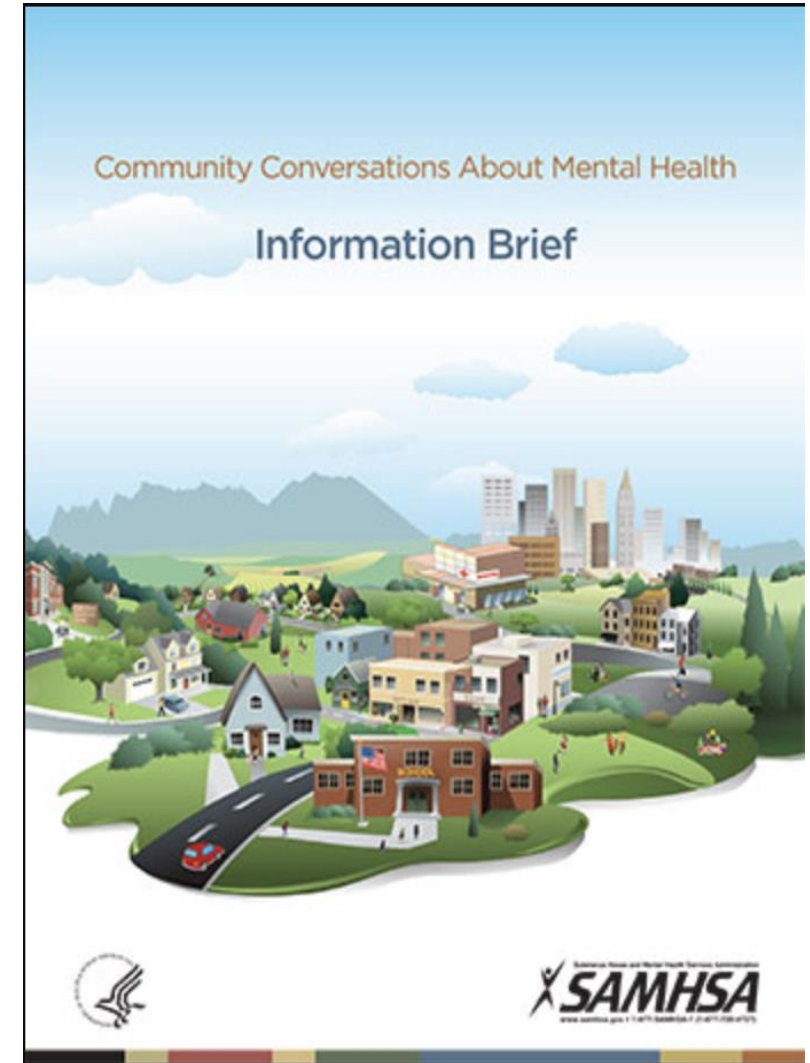
Conversation 1. Assess behavioral health in the community

Conversation 2. Inventory of the behavioral health system

Conversation 3. Identifying strengths and gaps in the current system

Conversation 4. Identifying solutions and priorities for action

Continuum of Care

Prevention

Programs and policies that reduce risk factors for mental health challenges and substance misuse.

Ex. Education programs, housing, food security

Early Detection

Programs and policies that detect and support people in early stages of mental health challenges or substance misuse.

Ex. Screenings, referrals

Harm Reduction

Programs and policies that reduce negative health consequences of using substances.

Ex. Naloxone, needle exchange

Crisis Intervention

Programs that help those experiencing a crisis event to experience relief quickly and to resolve the crisis when possible.

Ex. Crisis mobile response teams

Treatment

Programs and services that seek to change behaviors, thoughts, emotions and how people see and understand situations and medications that provide relief of symptoms.

Ex. Counseling, MOUD, Peer support programs

Recovery

Programs and services that support individuals in a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Ex. Recovery housing, peer support

SAMHSA		Coast to Forest
Community members	→	Community leaders
Youth	→	All underserved populations
Mental heath	→	Behavioral health
State & national data	→	Local data
		Behavioral health system map
		Participant-generated priorities
		Final report

Impact

Created action plans

Prioritized funding

Built and repaired relationships

Operationalized investments

"Dug-In" Attitudes

Busy Schedules

Sociopolitical Differences

Perceived Value

Pandemic Restrictions
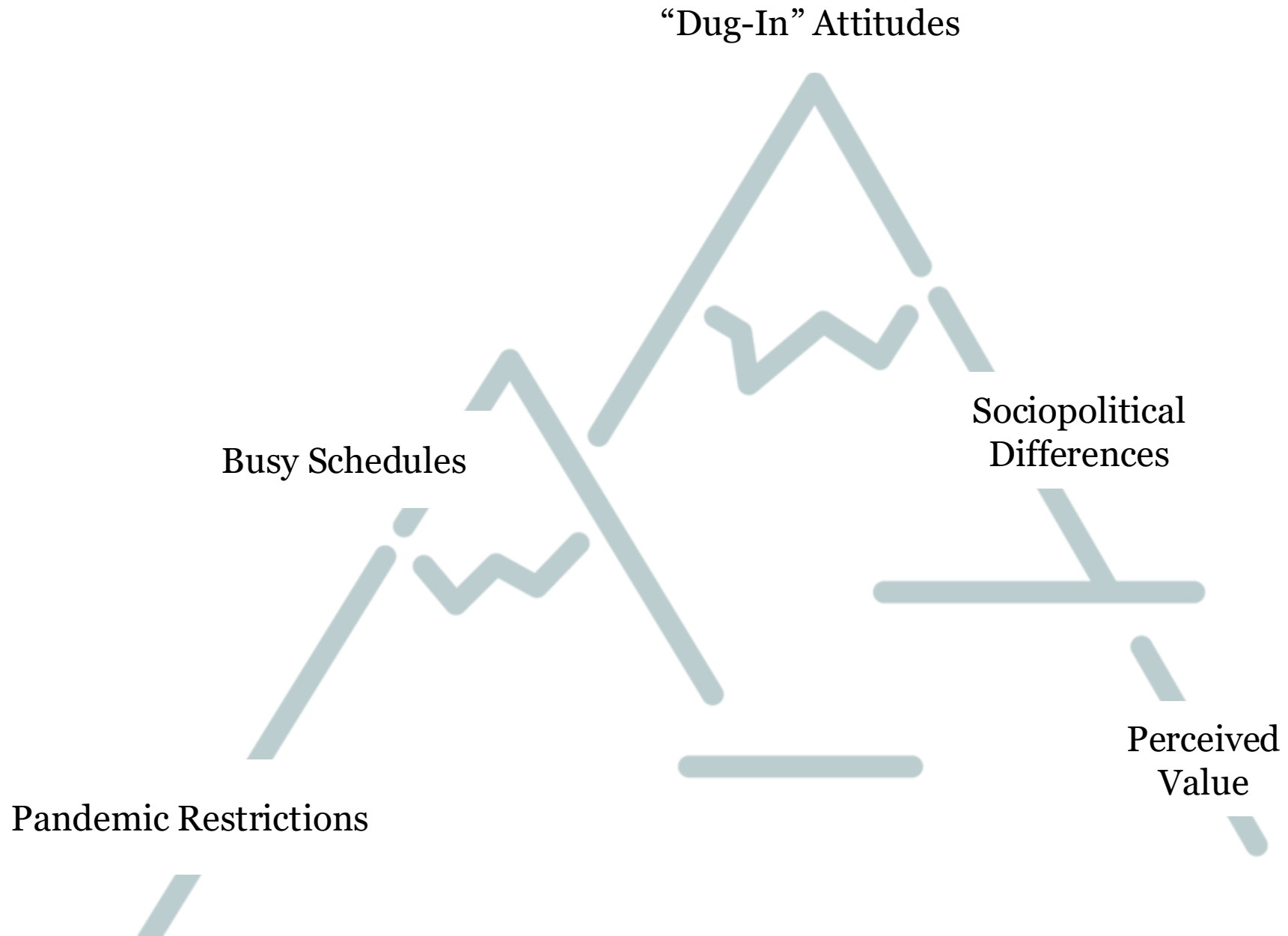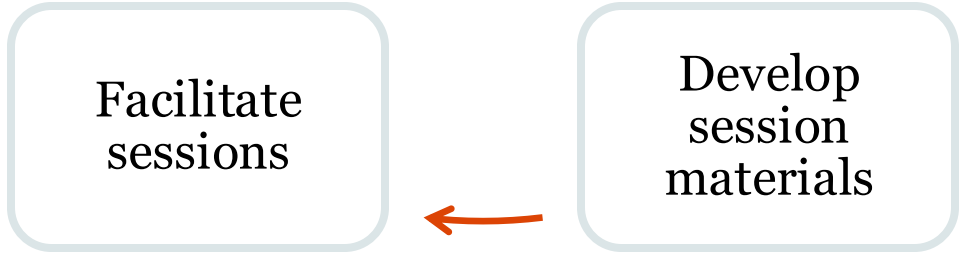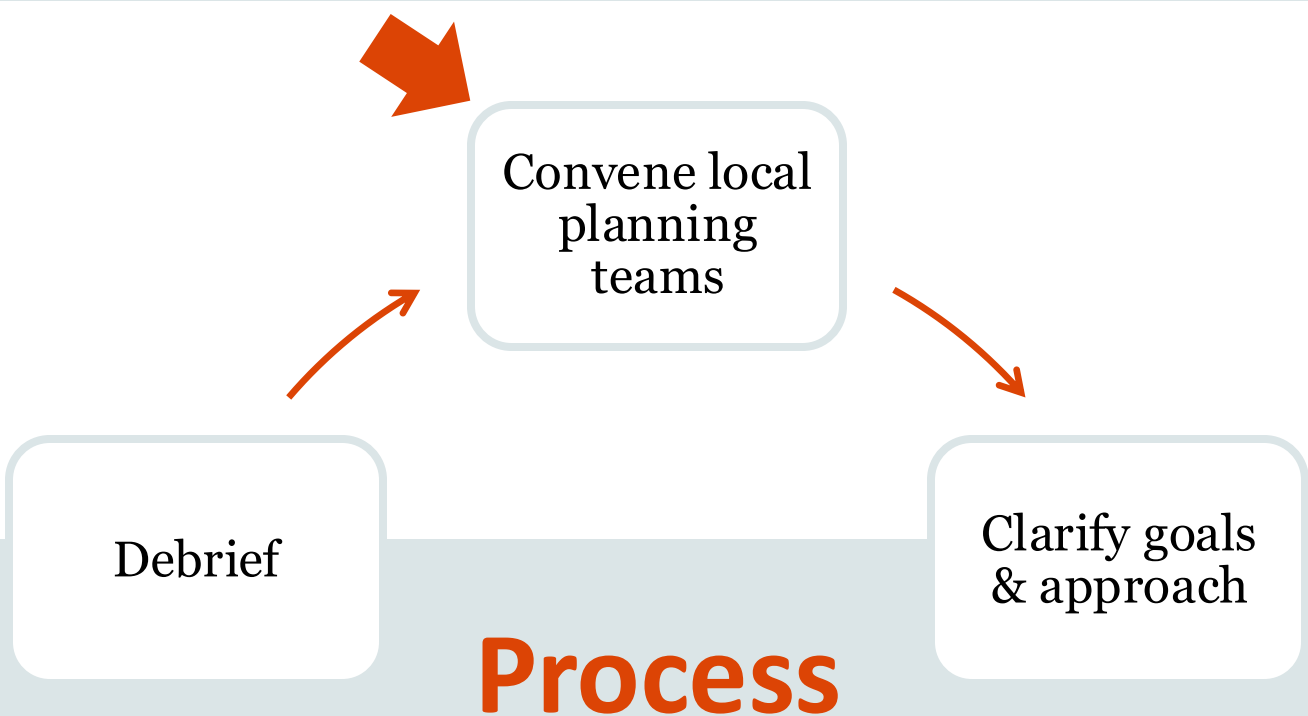
Overarching Structure

Timeline: 1-6 months

Format: Conversations virtual or in-person

Frequency: Conversations back-to-back, weekly, bi-weekly, or every three weeks

Selecting Participants

Conversation 1. Assess Behavioral Health in the Community

Goal: To broaden participants' perspectives of behavioral health issues that are urgent and need community-level interventions.

Increase collaboration and expand relationships
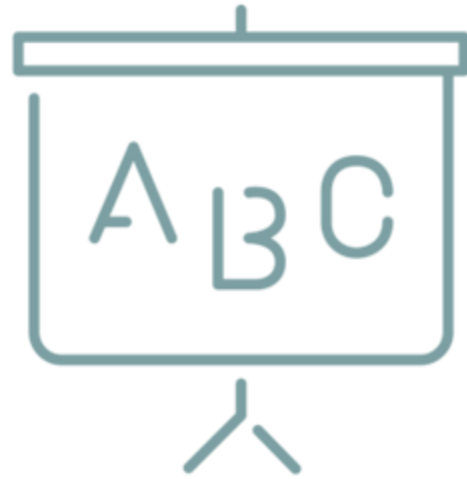
Orient group to series goals and structure

Establish common vocabulary and co-create group norms

Share local behavioral health data

Conversation 2. Inventory of the behavioral health system

Goal: To generate an inventory of programs and services in the community's behavioral health system.

Inventory behavioral
health programs,
services, and actions

Map community
resources to facilitate
identification
strengths and gaps

Prevention & Early Detection

Harm Reduction

Crisis Intervention

Treatment

Recovery

Mental Health

Prevention → Recovery

Substance Use

Prevention & Early Detection
- QPR Training @ TFCC
- Problem Gambling Training @ TFCC/TBCC
- Early Psychosis Intervention @ TFCC
- Self-Care Campaigns @ TCCHC
- Mental Health First Aid @ OSU
- Early Childhood Screenings @ Adventist Health
- ACES Screening
- Critical Incident Stress Management

- Outside Referrals @ CARE
- Housing @ CARE
- Healthy Families @ CARE
- Behavioral Health Trainings @ TBCC
- Food Pantry @ TBCC
- Funding for Student Needs @ TBCC
- Public Health Nurse Home Visits @ TCCHC
- Maternity Case Management @ TCCHC
- Dental Clinics @ TCCHC
- Referrals for Job Supports @ DHS
- Crisis Reports @ DHS
- Head Start
- Serving Up Hope @ TRMC
- Programming @ OSU Extension FCH
- Food Security Supports @ Rinehart Clinic

- Advocacy Services @ Tides of Change
- Employee Behavioral Health Benefits @ Adventist Health
- Employee Behavioral Health Benefits @ TCCA
- Nutritious Foods @ WIC
- Subsidies for Physical Activity
- Trauma-Informed Trainings
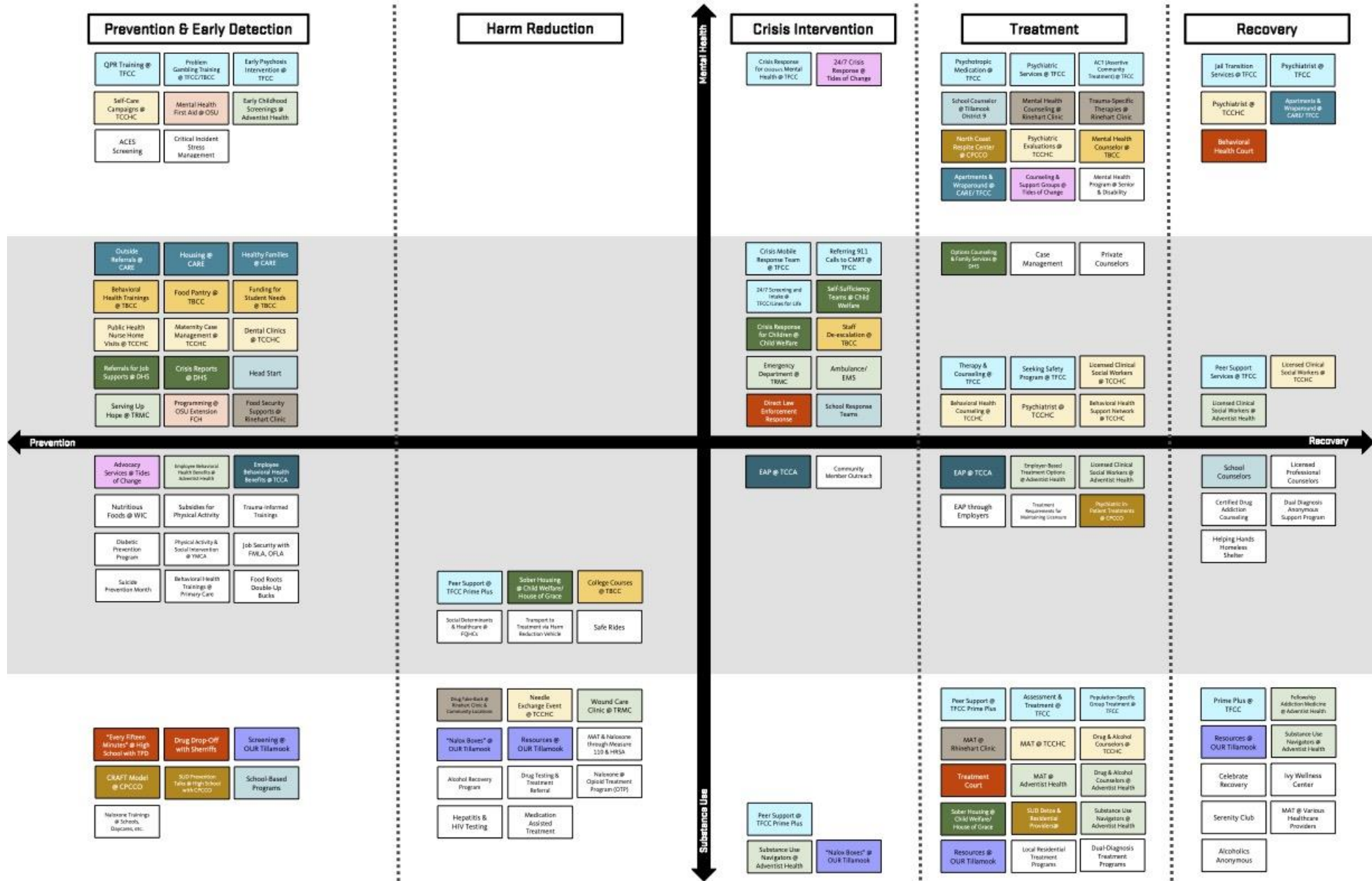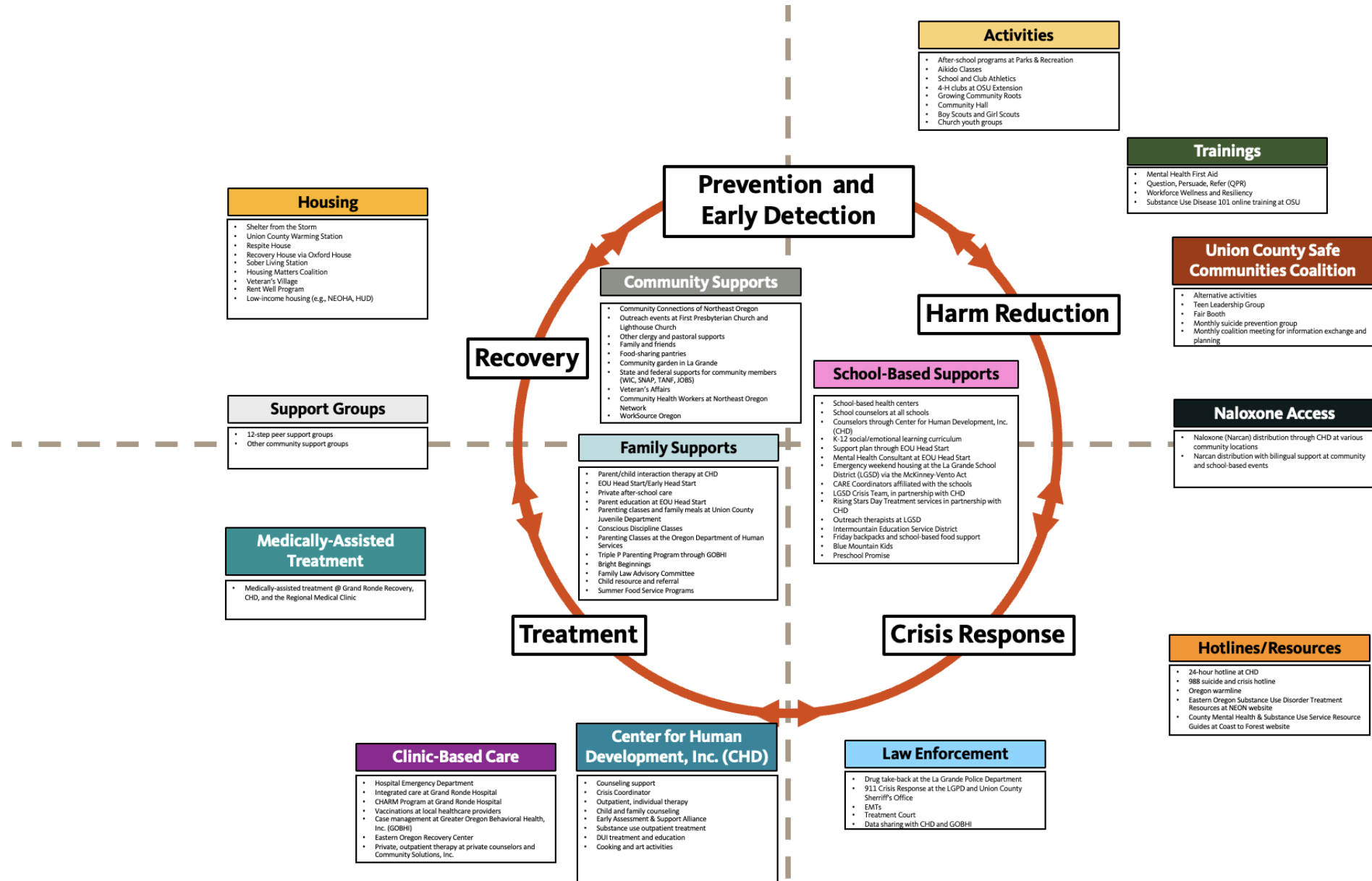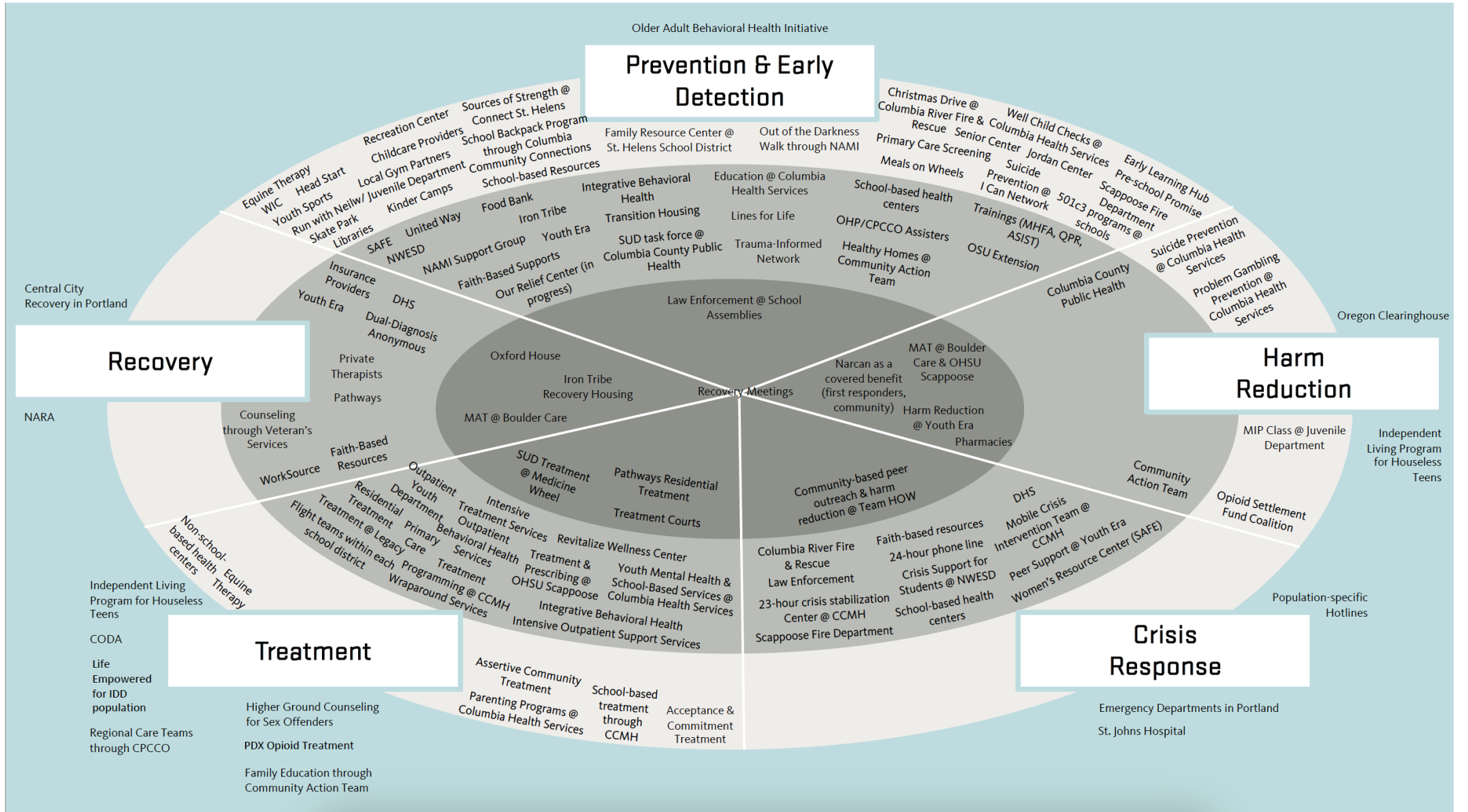- Diabetic Prevention Program
- Physical Activity & Social Intervention @ YMCA
- Job Security with FMLA, OFLA
- Suicide Prevention Month
- Behavioral Health Trainings @ Primary Care
- Food Roots Double-Up Bucks

- "Every Fifteen Minutes" @ High School with TPD
- Drug Drop-Off with Sherriffs
- Screening @ OUR Tillamook
- CRAFT Model @ CPCCO
- SUD Prevention Talks @ High School with CPCCO
- School-Based Programs
- Naloxone Trainings @ Schools, Daycares, etc.

Harm Reduction
- Peer Support @ TFCC Prime Plus
- Sober Housing @ Child Welfare/ House of Grace
- College Courses @ TBCC
- Social Determinants & Healthcare @ FQHCs
- Transport to Treatment via Harm Reduction Vehicle
- Safe Rides

- Drug Take-Back @ Rinehart Clinic & Community Locations
- Needle Exchange Event @ TCCHC
- Wound Care Clinic @ TRMC
- "Nalox Boxes" @ OUR Tillamook
- Resources @ OUR Tillamook
- MAT & Naloxone through Measure 110 & HRSA
- Alcohol Recovery Program
- Drug Testing & Treatment Referral
- Naloxone @ Opioid Treatment Program (OTP)
- Hepatitis & HIV Testing
- Medication Assisted Treatment

Crisis Intervention
- Crisis Response for at-risk Mental Health @ TFCC
- 24/7 Crisis Response @ Tides of Change
- Crisis Mobile Response Team @ TFCC
- Referring 911 Calls to CMRT @ TFCC
- 24/7 Screening and Intake @ TFCC Lines for Life
- Self-Sufficiency Teams @ Child Welfare
- Crisis Response for Children @ Child Welfare
- Staff De-escalation @ TBCC
- Emergency Department @ TRMC
- Ambulance/ EMS
- Direct Law Enforcement Response
- School Response Teams

- EAP @ TCCA
- Community Member Outreach

- Peer Support @ TFCC Prime Plus
- Substance Use Navigators @ Adventist Health
- "Nalox Boxes" @ OUR Tillamook

Treatment
- Psychotropic Medication @ TFCC
- Psychiatric Services @ TFCC
- ACT Assertive Community Treatment @ TFCC
- School Counselor @ Tillamook District 9
- Mental Health Counseling @ Rinehart Clinic
- Trauma-Specific Therapies @ Rinehart Clinic
- North Coast Respite Center @ CPCCO
- Psychiatric Evaluations @ TCCHC
- Mental Health Counselor @ TBCC
- Apartments & Wraparound @ CARE/ TFCC
- Counseling & Support Groups @ Tides of Change
- Mental Health Program @ Senior & Disability

- Options Counseling & Family Services @ DHS
- Case Management
- Private Counselors
- Therapy & Counseling @ TFCC
- Seeking Safety Program @ TFCC
- Licensed Clinical Social Workers @ TCCHC
- Behavioral Health Counseling @ TCCHC
- Psychiatrist @ TCCHC
- Behavioral Health Support Network @ TCCHC

- EAP @ TCCA
- Employer-Based Treatment Options @ Adventist Health
- Licensed Clinical Social Workers @ Adventist Health
- EAP through Employers
- Treatment Requirements for Maintaining Licensure
- Psychiatric In-Patient Treatments @ CPCCO

- Peer Support @ TFCC Prime Plus
- Assessment & Treatment @ TFCC
- Population-Specific Group Treatment @ TFCC
- MAT @ Rinehart Clinic
- MAT @ TCCHC
- Drug & Alcohol Counselors @ TCCHC
- Treatment Court
- MAT @ Adventist Health
- Drug & Alcohol Counselors @ Adventist Health
- Sober Housing @ Child Welfare/ House of Grace
- SUD Detox & Residential Providers
- Substance Use Navigators @ Adventist Health
- Resources @ OUR Tillamook
- Local Residential Treatment Programs
- Dual-Diagnosis Treatment Programs

Recovery
- Jail Transition Services @ TFCC
- Psychiatrist @ TFCC
- Psychiatrist @ TCCHC
- Apartments & Wraparound @ CARE/ TFCC
- Behavioral Health Court

- Peer Support Services @ TFCC
- Licensed Clinical Social Workers @ TCCHC
- Licensed Clinical Social Workers @ Adventist Health

- School Counselors
- Licensed Professional Counselors
- Certified Drug Addiction Counseling
- Dual Diagnosis Anonymous Support Program
- Helping Hands Homeless Shelter

- Prime Plus @ TFCC
- Fellowship Addiction Medicine @ Adventist Health
- Resources @ OUR Tillamook
- Substance Use Navigators @ Adventist Health
- Celebrate Recovery
- Ivy Wellness Center
- Serenity Club
- MAT @ Various Healthcare Providers
- Alcoholics Anonymous

Activities
- After-school programs at Parks & Recreation
- Aikido Classes
- School and Club Athletics
- 4-H clubs at OSU Extension
- Growing Community Roots
- Community Hall
- Boy Scouts and Girl Scouts
- Church youth groups

Trainings
- Mental Health First Aid
- Question, Persuade, Refer (QPR)
- Workforce Wellness and Resiliency
- Substance Use Disease 101 online training at OSU

Prevention and Early Detection

Housing
- Shelter from the Storm
- Union County Warming Station
- Respite House
- Recovery House via Oxford House
- Sober Living Station
- Housing Matters Coalition
- Veteran's Village
- Rent Well Program
- Low-income housing (e.g., NEOHA, HUD)

Union County Safe Communities Coalition
- Alternative activities
- Teen Leadership Group
- Fair Booth
- Monthly suicide prevention group
- Monthly coalition meeting for information exchange and planning

Community Supports
- Community Connections of Northeast Oregon
- Outreach events at First Presbyterian Church and Lighthouse Church
- Other clergy and pastoral supports
- Family and friends
- Food-sharing pantries
- Community garden in La Grande
- State and federal supports for community members (WIC, SNAP, TANF, JOBS)
- Veteran's Affairs
- Community Health Workers at Northeast Oregon Network
- WorkSource Oregon

Recovery

Harm Reduction

School-Based Supports
- School-based health centers
- School counselors at all schools
- Counselors through Center for Human Development, Inc. (CHD)
- K-12 social/emotional learning curriculum
- Support plan through EOU Head Start
- Mental Health Consultant at EOU Head Start
- Emergency weekend housing at the La Grande School District (LGSD) via the McKinney-Vento Act
- CARE Coordinators affiliated with the schools
- LGSD Crisis Team, in partnership with CHD
- Rising Stars Day Treatment services in partnership with CHD
- Outreach therapists at LGSD
- Intermountain Education Service District
- Friday backpacks and school-based food support
- Blue Mountain Kids
- Preschool Promise

Naloxone Access
- Naloxone (Narcan) distribution through CHD at various community locations
- Narcan distribution with bilingual support at community and school-based events

Support Groups
- 12-step peer support groups
- Other community support groups

Family Supports
- Parent/child interaction therapy at CHD
- EOU Head Start/Early Head Start
- Private after-school care
- Parent education at EOU Head Start
- Parenting classes and family meals at Union County Juvenile Department
- Conscious Discipline Classes
- Parenting Classes at the Oregon Department of Human Services
- Triple P Parenting Program through GOBHI
- Bright Beginnings
- Family Law Advisory Committee
- Child resource and referral
- Summer Food Service Programs

Medically-Assisted Treatment
- Medically-assisted treatment @ Grand Ronde Recovery, CHD, and the Regional Medical Clinic

Treatment

Crisis Response

Hotlines/Resources
- 24-hour hotline at CHD
- 988 suicide and crisis hotline
- Oregon warmline
- Eastern Oregon Substance Use Disorder Treatment Resources at NEON website
- County Mental Health & Substance Use Service Resource Guides at Coast to Forest website

Clinic-Based Care
- Hospital Emergency Department
- Integrated care at Grand Ronde Hospital
- CHARM Program at Grand Ronde Hospital
- Vaccinations at local healthcare providers
- Case management at Greater Oregon Behavioral Health, Inc. (GOBHI)
- Eastern Oregon Recovery Center
- Private, outpatient therapy at private counselors and Community Solutions, Inc.

Center for Human Development, Inc. (CHD)
- Counseling support
- Crisis Coordinator
- Outpatient, individual therapy
- Child and family counseling
- Early Assessment & Support Alliance
- Substance use outpatient treatment
- DUI treatment and education
- Cooking and art activities

Law Enforcement
- Drug take-back at the La Grande Police Department
- 911 Crisis Response at the LGPD and Union County Sherriff's Office
- EMTs
- Treatment Court
- Data sharing with CHD and GOBHI

Examples

Prevention & Early Detection

Older Adult Behavioral Health Initiative

Recovery

Harm Reduction

Treatment

Crisis Response

Central City Recovery in Portland

NARA

Independent Living Program for Houseless Teens

CODA

Life Empowered for IDD population

Regional Care Teams through CPCCO

Higher Ground Counseling for Sex Offenders

PDX Opioid Treatment

Family Education through Community Action Team

Oregon Clearinghouse

Independent Living Program for Houseless Teens

Opioid Settlement Fund Coalition

Population-specific Hotlines

Emergency Departments in Portland

St. Johns Hospital

MIP Class @ Juvenile Department

System Maps

Tips for developing:

- Pay attention to the themes that are coming out of the conversation

- Share examples of how to organize the map with the group and ask how they would like to see it organized

- Use a checklist as a guide to inventory available services in the area

- Don't make it more complicated than it needs to be

Conversation 3. Identifying strengths and gaps in the current system

Goal: To use the behavioral health system map to assess current strengths and challenges.

Review system map

Assess strengths and
challenges in the
current system

Identify factors to
consider for action
planning

Sample Prompts:

- What does your ideal behavioral health system look like? Who is it ideal for?

- Who is being served well by the current system? Who isn't?

- What partnerships and coalitions exist that strengthen the system?

- What prevents people from accessing the services available?

Conversation 4. Identifying solutions and priorities for action

Goal: To determine solutions and prioritize areas for action.

Identify and rank
priority areas for
action

Develop a list of
associated action
items

Commit to action

Examples
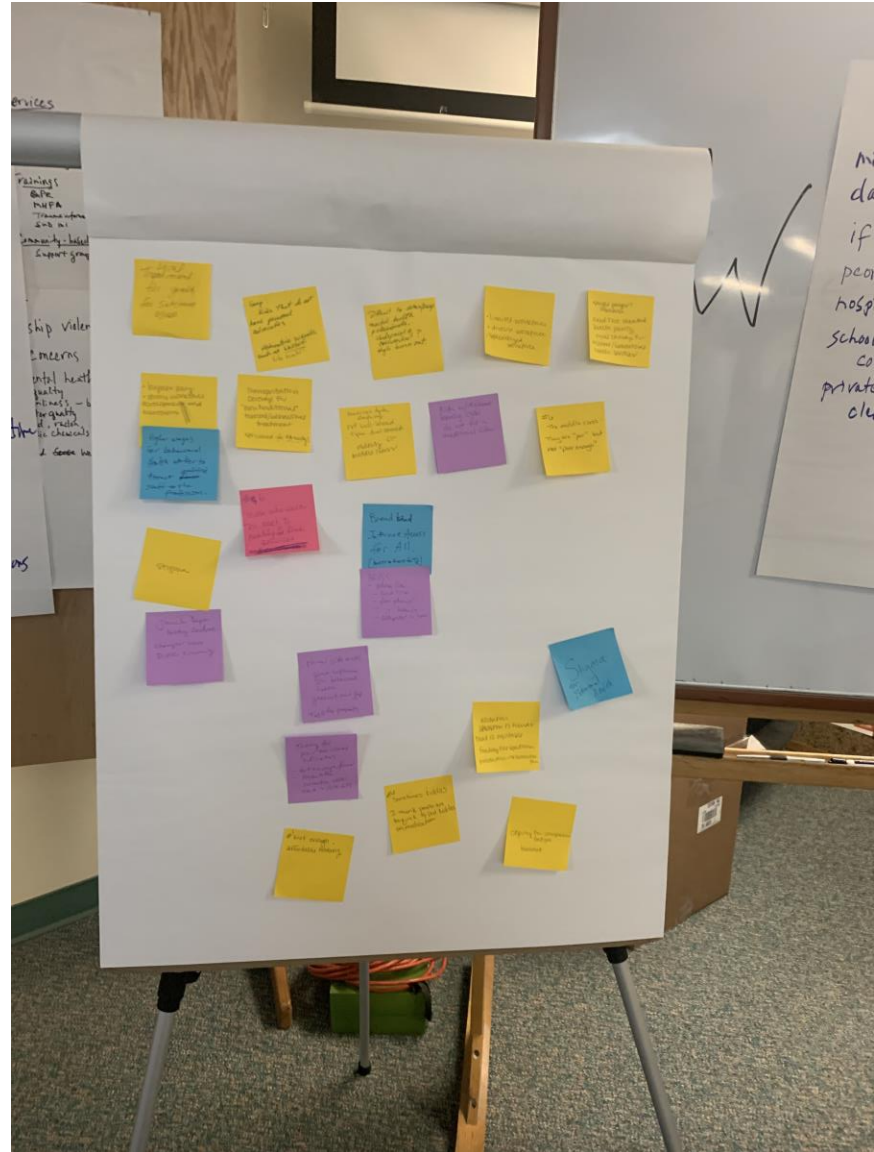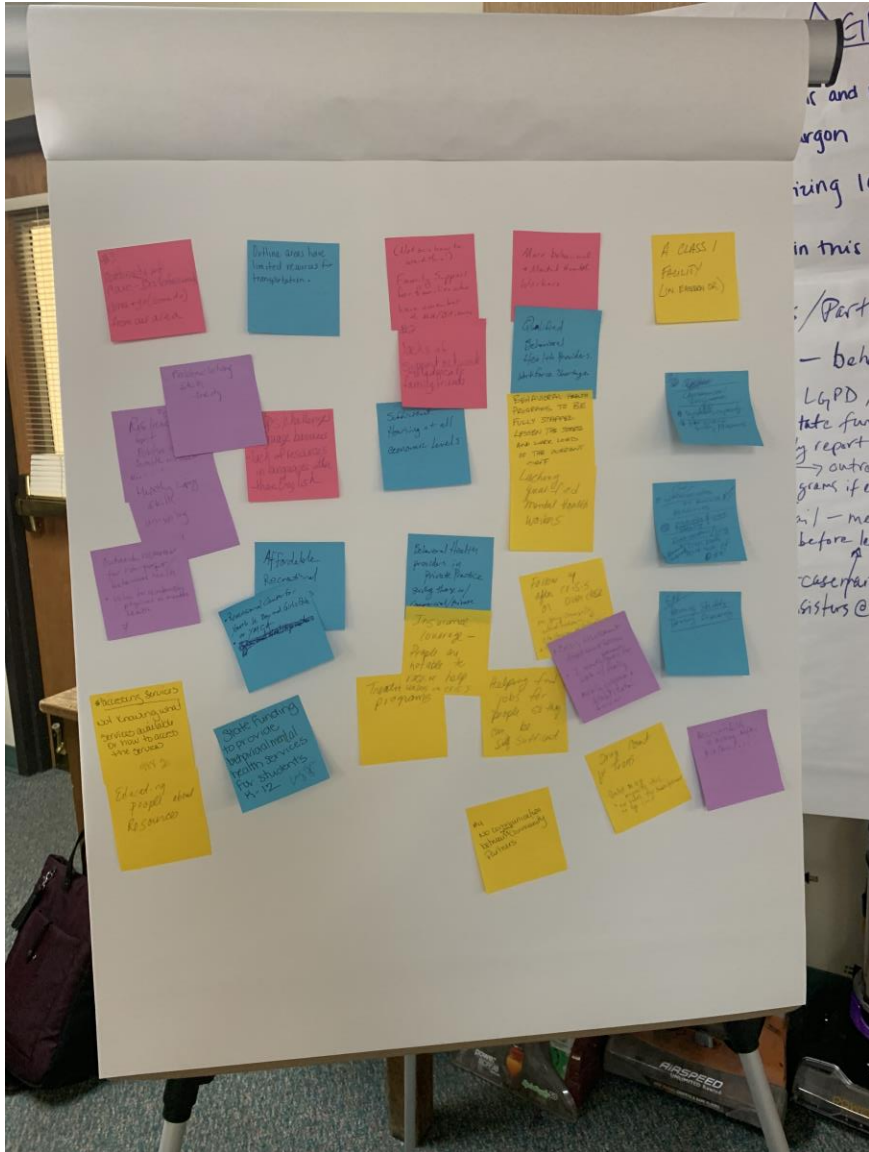
Final Report

Use QR Code to View Final Reports

Goals:

- Increase transparency

- Support continued collaboration

- Create opportunity for sustained action

- Express gratitude
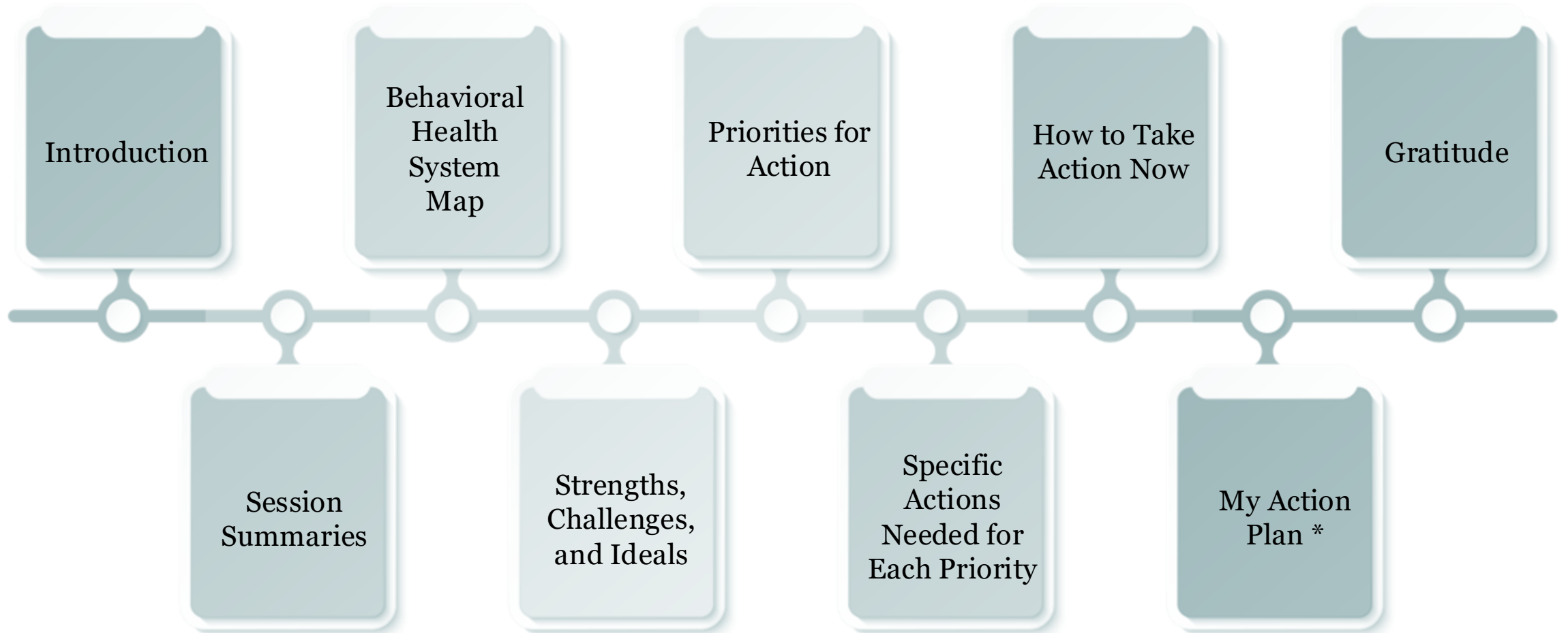
* Union County Only

Spotlight: Unique approaches to the final report in Tillamook and Union counties.

Tillamook County

Resource-contingent Action Items

Snowball Distribution

Core Content
Acronym Breakdown
Structure
Delivery Timeline
Public Access

Broader Action Items

Contained Distribution Network

"My Action Plan"

Union County
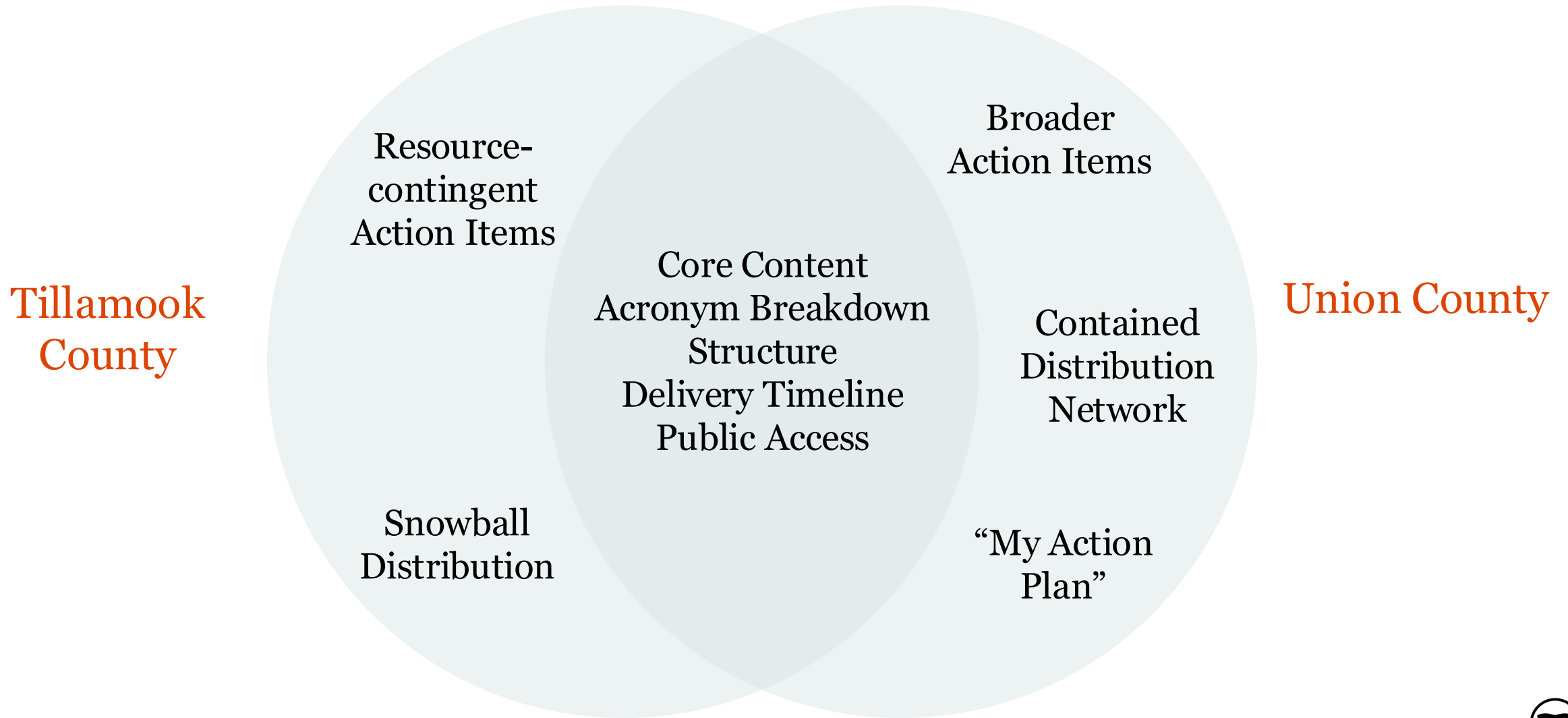
Lessons Learned

Maximize role as a convener.

Make sure action items are specific, realistic, and responsive

Create a structure for the work to continue

Common themes from Community Conversations

- Behavioral health workforces are depleted

- Housing shortages prevent hiring and retaining qualified professionals

- Lack of communication and data sharing and between organizations

- Gaps in eligibility for programs and lack of coordination means people are falling through the cracks of disjointed supports

- Cross-sector coordination builds capacity and innovation

Prevention   Harm Reduction   Crisis Response   Treatment   Recovery

Highly needed

Individual-Level:
Positive relationships
Life and social skills
Stress management
Social resistance skills
Consequences of drug use

Community Level:
Economic stability
Housing
Employment
Healthcare access and quality
Education access and quality
Food security
Supportive, thriving families

Most resources in rural communities are focused here

911 Good Samaritan laws
Hotlines/Text lines
Narcan/Naloxone
Needle exchange programs
Medication Assisted Treatment (MAT)
Mobile crisis response teams

Highly needed

Stabilization facilities
Treatment facilities
Recovery (Safe & Sober) housing
MAT in primary care
Peer support
Transportation

Translating evidence-based practices to rural and frontier settings

Challenges

- Cultural misalignment

- Resource limitations

- Lack of practitioner or partner commitment

- Insufficient capacity

- Adapting and tailoring programs to fit the local context

What is needed

- Mentorship and guidance from evidence-based practice experts or model communities
- Research to develop evidence-base for practices designed by and for rural communities
- Establish metrics of success for rural communities

Anderson Smith, T., Foxworth Adimu, T., Phillips Martinez, A., and Minyard, K. (2016). Journal of Health Care for the Poor and Underserved. 27(4);181-193.

Notes on Facilitation

Facilitator Toolkit Available now!

Community Conversations about Behavioral Health Toolkit

The facilitator toolkit includes:

- Tailored facilitation resources

- Detailed recommendations on assembling a planning committee and inviting participants

- A step-by-step facilitator guide for each conversation

- Recommendations on how to create the final report

- Sample PowerPoint templates

- Handout templates (behavioral health diagnoses, risk and protective factors, system assessment, etc.)

Behavioral Health System Assessment

An Inventory of Evidence-Based Practices Being Implemented in Our Community

Prevention and Early Intervention	Is it available?	What is being implemented and who is involved?
Housing supports (e.g., rent assistance, housing case management, emergency shelter, supported housing).	☐ Yes ☐ No ☐ Unsure	
Resources for food (e.g., food pantries, WIC, SNAP, congregate meal sites)	☐ Yes ☐ No ☐ Unsure	
Resources for financial assistance (e.g., financial assistance programs for utility bills or prescriptions, financial planning).	☐ Yes ☐ No ☐ Unsure	
Resources for safety and security (child abuse, bullying, sexual violence, traumatic experiences).	☐ Yes ☐ No ☐ Unsure	
Programs that promote social connectedness (for youth, adults, older adults, minority groups, LGBT+, etc.)	☐ Yes ☐ No ☐ Unsure	
Public awareness campaigns about mental health, substance use disorder, and suicide that reduce stigma and increase awareness of services	☐ Yes ☐ No ☐ Unsure	
Education programs about mental health, substance use disorder, and suicide and build skills that are protective and reduce risks in healthcare, schools, and other settings	☐ Yes ☐ No ☐ Unsure	
Screening for mental illness, substance use disorder, suicidal ideation and self-harm in healthcare, schools, and other settings	☐ Yes ☐ No ☐ Unsure	
Early intervention programs for people with early stages of mental illness or substance use disorder for youth and adults	☐ Yes ☐ No ☐ Unsure	
Data sharing across public health, public safety, emergency departments, and others	☐ Yes ☐ No ☐ Unsure	

Evidence-Based and Promising Practices

AgriStress
HELPLINE SM
for Oregon
☎ 833.897.2474
call or text

AgriStress Helpline for Oregon

Community Conversations about Behavioral Health Toolkit

The goal of Community Conversations about Behavioral Health is to gather leaders, decision-makers, community organizations, and community members together to assess the current conditions and develop action plans to create community-level and systems change to improve behavioral health outcomes.

01

Facilitator's Guide

This facilitator's guide was adapted from Community Conversations about Mental Health, an evidence-based tool from Substance Abuse and Mental Health Services Administration (SAMHSA). The original tool is an evidence-based tool developed for engaging communities about mental health issues facing youth. We adapted it to focus on engaging community leaders to address a greater spectrum of challenges with mental health and substance use issues affecting communities.

02

Handouts

Conversation 1 Handout 1 - Definitions of Behavioral Health Diagnoses

Conversation 1 Handout 2 - Which of these behavioral health disorders are you most concerned about?

Conversation 1 Handout 3 - Protective Factors for Resilience and Mental Wellbeing

Conversation 2 Handout - Behavioral Health System Assessment

Conversation 3 Handout - Behavioral Health System - Ideals, Strengths, and Gaps

03

Presentation Slide Templates

Conversation 1 - Assess the Issues

Conversation 2 - Create a System Map of the Behavioral Health System

Conversation 3 - Discuss Strengths and Challenges

Conversation 4 - Select Priorities for Action

04

Sample System Maps

Sample 1 - Behavioral Health System

Sample 2 - Behavioral Health System

Sample 3 - Behavioral Health System

Community Conversations about Behavioral Health Toolkit

NW ROTAC Radio Promotion Toolkit

This radio promotion toolkit contains resources for how to effectively engage with radio stations and develop content. This includes best practices for connecting with local radio stations, a breakdown of different options for radio outreach, sample interview guides, public service announcement (PSA) scripts, and phone and email templates for connecting with radio partners.

1
Start Here
Introduction to the Toolkit
Process for Engaging with the Toolkit

2
Radio Station Database
Read First: Radio Station Database Steps
Radio Station Database

3
Table Comparing the Differences Between PSAs & Interviews
Differences between PSAs and Interviews

4
Tips and Sample Questions - Radio Interviews
Tips for Radio Interviews
Sample Questions

5
Tips and Scripts - PSAs
PSA Tips
PSA Samples

6
Communicating with Radio Stations
Email Templates
Phone Call Templates

7
Radio Promotion Toolkit Comprehensive Guide (Includes All Sections)
Radio Promotion Toolkit Comprehensive Guide

NW ROTAC Radio Promotion Toolkit

Thank you!

… to the communities we serve and collaborate with,

to our partners across Oregon and the region,

to our colleagues at Washington State University and the Northwest Rural Opioid Technical Assistance Collaborative,

to our marvelous Coast to Forest team, including all those who have supported this project,

and to all of you.