



**Oregon State University**  
Center for Health  
Innovation



**Oregon State University**  
Extension Service  
Union County

## Union County Community Conversations about Mental Health Final Report September 2022

This report was developed by the Oregon State University Coast to Forest team, a collaboration between the OSU Center for Health Innovation, OSU Extension Family and Community Health and community partners. You can learn more about Coast to Forest here: <https://beav.es/w7L>. We would like to thank everyone who helped move this important work forward. A full list of partners is provided at the end of this document.

# Table of Contents

Summary	3
Behavioral Health System Map	5
Acronyms in System Map and Report	6
Strengths and Challenges and Action Areas	7
Priorities for Action	13
Specific Actions Needed for Each of the Priorities	14
How to Take Action Now	16
My Action Plan	17
Acknowledgments	18

## Summary

Union County Community Conversations About Mental Health, adapted from SAMHSA's *Community Conversations About Mental Health*, consisted of four sessions that took place in-person in La Grande, OR during April and May 2022. It was designed to convene local leaders and stakeholders to provide insight on strengths, gaps, and solutions for mental and behavioral health-related challenges across the county. Specifically, it aimed to accomplish the following:

- 1) Increase understanding and collaboration around resources and gaps related to mental and behavioral health in Union County;
- 2) Develop ideas that can help improve our community approach to mental and behavioral health challenges;
- 3) Develop an action plan to address 2-3 of the gaps identified through the discussions.

Please note: For the purposes of this report, behavioral health refers to mental health and substance use challenges.

The four-session outline for this series of conversations is detailed below.

### **Session 1: Understand mental and behavioral health in our community**

The goals of the first session were to:

- 1) Expand relationships within the group to increase collaboration;
- 2) Learn about local data and context through select presentations from community stakeholders; and
- 3) Share what is most important to each participant related to behavioral health.

Community partners presented on themes related to increases in 911 calls related to mental health emergencies, the challenges in recruiting and retaining behavioral health professionals, and how the pandemic has exacerbated mental health and substance use challenges for young people and their families. The following individuals presented local/current information: Lieutenant Jason Hays (La Grande Police Department), Aaron Grigg (Center for Human Development, Inc.), and Teresa Dowdy (La Grande School District). One important piece of information shared during this session was that 911 calls related to mental health emergencies increased from 12 in 2007 to 568 in 2021.

### **Session 2: Create a map of behavioral health supports**

The goals of the second session were to:

- 1) Continue learning about local data and context through select presentations from community stakeholders;
- 2) Map community resources supporting behavioral health to support the identification of strengths, gaps, and areas of collaboration in future sessions.

Community partners presented on themes related to housing access, mental health parity, adaptation fatigue from children and their families as they've navigated the pandemic, and new programming to support community members. The following individuals made presentations during Session 2: Jill Boyd (Greater Oregon Behavioral Health, Inc.) and Jen Goodman-Hammans (Eastern Oregon University Head Start). One key piece of information shared in this session, related to mental health parity, was that Eastern Oregon Coordinated Care Organization spent \$42 million on healthcare services between July 2020 and June 2021, with only 12% of that spent on mental health services.

In the second half of this session, participants divided into two groups to brainstorm local behavioral health resources in five categories: Prevention/Early Detection, Harm Reduction, Crisis Intervention, Treatment, and Recovery. We used these resources to populate the behavioral health system map (see page 5), shared in the third session.

### **Session 3: Identify challenges and factors we should consider**

The goals of the third session were to:

- 1) Review the system map, developed based on the conversations from the previous week;
- 2) Use the system map as a visual reference to identify strengths and challenges with the current behavioral health system in Union County and factors to consider in deciding on the next steps.

For this session, participants suggested changes to the system map and offered additional resources. We also identified strengths in the system, particularly those that can be magnified and leveraged for future collaboration. Finally, each participant identified gaps in the behavioral health system in Union County, based on what was represented in the system map, using a post-it note activity. As a result, we identified ten themes for system change; the Strengths and Challenges section of this report includes these ten themes.

### **Session 4: Identify community solutions**

The goals of the fourth session were to:

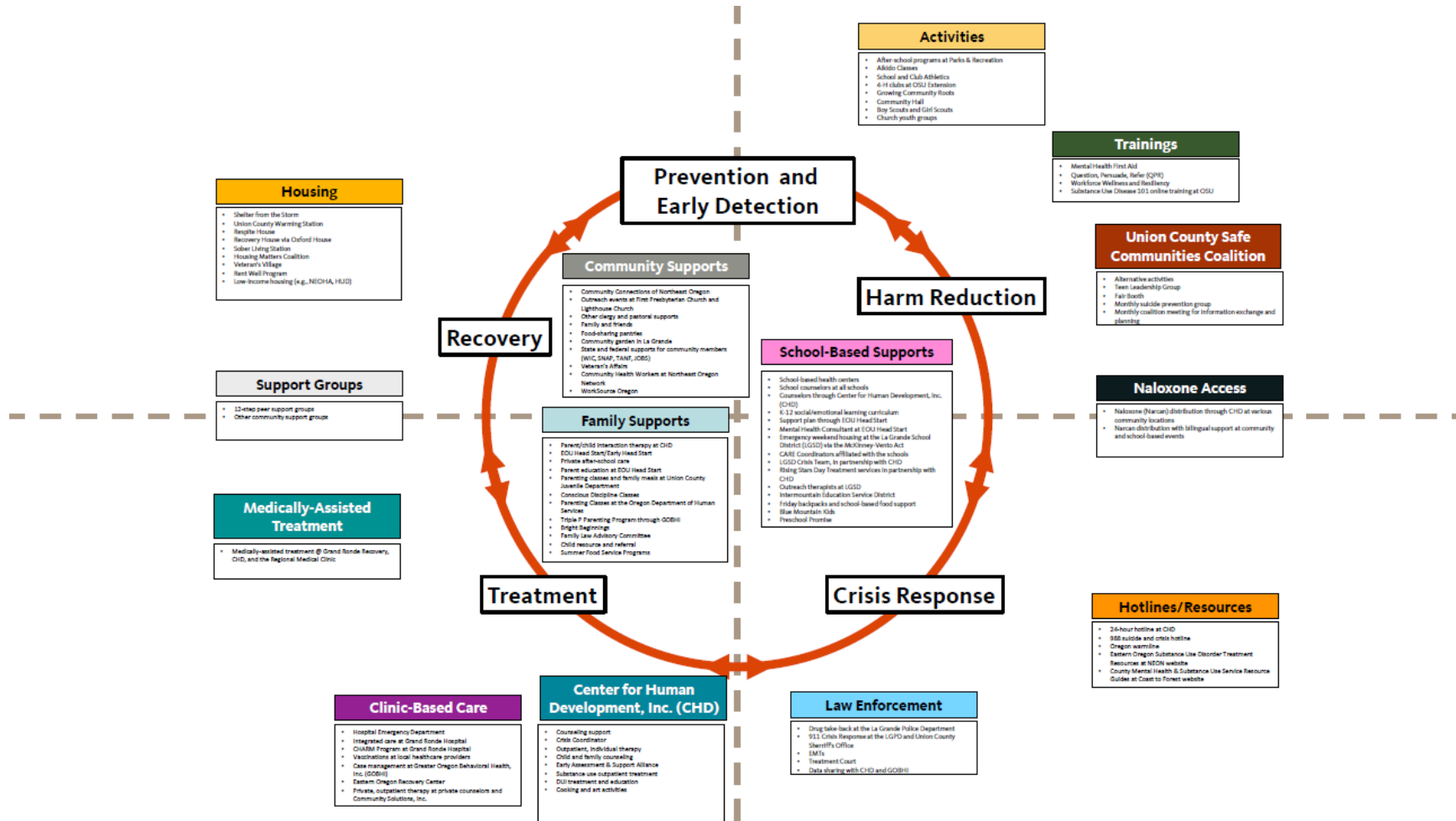
- 1) Determine priority areas for action in the current behavioral health system in Union County;
- 2) Commit to 2-3 realistic action items to pursue collectively and immediately.

Participants ranked priority areas, based on the themes shared in previous weeks and decided on specific actions for these priority areas. (The specific outcomes of this conversation are presented in the "Priorities for Action" section of this report.) The three priority action areas are:

- Increase family and community support for behavioral challenges.
- Increase access to job skills and sustainable employment opportunities while increasing safe and supportive housing for all.
- Strengthen the behavioral health workforce.

# Behavioral Health System Map

Participants identified local resources in each of the following topic areas and arranged them on a continuum from prevention to recovery. Specific support areas listed in the middle represent a broad range of services along the continuum of care. For a digital version of this map, please visit: <https://beav.es/iaK>. A list of acronyms is on page 6.



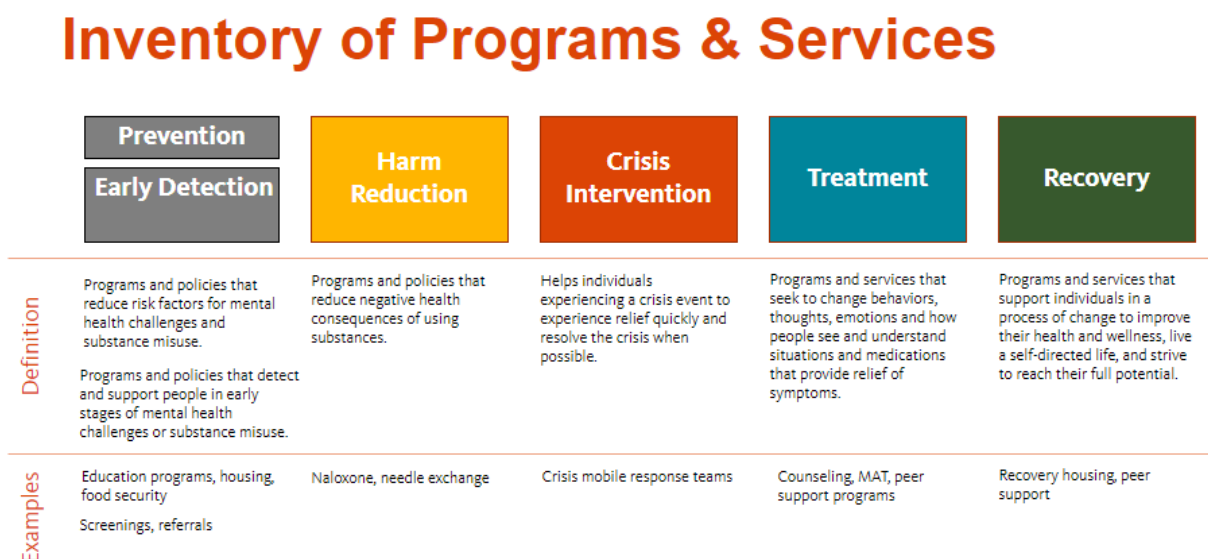
## Acronyms

**CARE:** Community Access for Resource Effectiveness  
**CCNO:** Community Connections of Northeast Oregon  
**CCRR:** Child Care Resource & Referral  
**CHD:** Center for Human Development, Inc.  
**CTE:** Career and Technical Education  
**DHS:** Department of Human Services  
**DUI:** Driving under the influence  
**EOCCO:** Eastern Oregon Coordinated Care Organization  
**EOU:** Eastern Oregon University  
**GOBHI:** Greater Oregon Behavioral Health Inc.  
**GRH:** Grande Ronde Hospital  
**HMUC:** Housing Matters Union County  
**HUD:** Housing and Urban Development  
**IMESD:** InterMountain Education Service District  
**LGSD:** La Grande School District  
**LGPD:** La Grande Police Department  
**MAT:** Medication-Assisted Treatment  
**MHFA:** Mental Health First Aid  
**NEOHA:** Northeast Oregon Housing Authority  
**NEON:** Northeast Oregon Network  
**OCHI:** Oregon State University Center for Health Innovation  
**OSU:** Oregon State University  
**QPR:** Question, Persuade, Refer suicide prevention training  
**SFSP:** Summer Food Service Program  
**SNAP:** Supplemental Nutrition Assistance Program  
**SUD:** Substance Use Disorder  
**TANF:** Temporary Assistance for Needy Families  
**UCJD:** Union County Juvenile Department  
**UCSCC:** Union County Safe Communities Coalition  
**UCSO:** Union County Sheriff's Office  
**WIC:** Supplemental nutrition program for Women, Infants & Children

## Strengths and Challenges

Union County has many organizations that are doing amazing work to support and care for the mental and behavioral health of individuals and families in this community. Our conversations identified strengths and challenges in the existing system of services and explored ways to better meet the needs in our county. The information and stories shared during the conversations highlighted the importance of collaborative decision-making in the future.

We shared the graphic below to frame our discussions in the second and third sessions, which focused on identifying available resources and naming strengths and challenges in the system. This “Inventory of Programs & Services” includes a continuum of care model for behavioral health and provides definitions and examples starting with prevention and early detection and expanding through recovery.



Through our conversations we identified ten themes or opportunities for system change:

- Strengthen the behavioral health workforce.
- Increase access to job skills and sustainable employment opportunities.
- Increase the availability of safe and supportive housing for all economic levels.
- Reduce insurance-related barriers when accessing behavioral health resources.
- Make progress towards mental health parity.
- Increase family and community support for behavioral health challenges.
- Improve communications between care/assistance providers, and the public to create awareness of programs.
- Increase access to resources that support determinants of health.
- Continue and expand state-level advocacy.
- Bolster community spirit, resilience skills, and involvement.

We then chose three priority areas for action and listed the strengths and challenges for each of those areas. In doing this, we acknowledge current community resources and suggest ways they can be improved or augmented to better serve the needs of Union County. We only identified strengths and challenges for the highest priority action areas. Further conversations will be needed to explore the strengths and challenges of the other action areas.

The three priority action areas are:

- Increase family and community support for behavioral challenges.
- Increase access to job skills and sustainable employment opportunities while increasing safe and supportive housing for all.
- Strengthen the behavioral health workforce.



## Action 1: Increase family and community support for behavioral challenges

Current Strengths	Current Challenges
<ul style="list-style-type: none"> <li>• Mental Health First Aid &amp; QPR training offered in the community.</li> <li>• The Center for Human Development Inc., schools, and private organizations provide counseling and treatment services.</li> <li>• Churches provide pastoral support and outreach events (First Presbyterian Church, Lighthouse Church).</li> <li>• Food pantries are available in all of the communities.</li> <li>• State and federal programs provide education and financial assistance for food and other needs (WIC/SNAP/TANF/Self-Sufficiency).</li> <li>• School-based nutrition, Friday backpack, and summer food service programs help kids get free or reduced-cost meals year-round.</li> <li>• Union County Warming Station operates from November to March in La Grande.</li> <li>• Parenting classes offered through EOU Head Start, GOBHI, Oregon Dept. of Human Services, Union Co. Juvenile Dept., La Grande School District, and Family Law Advisory Committee.</li> <li>• Private and public entities provide daycare and afterschool care.</li> <li>• Childcare Resource &amp; Referral provides information and training to support quality care and early education.</li> <li>• Local coalitions plan family events and training opportunities to provide connection and strengthen resilience.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase training opportunities to identify pre-indicators of mental health challenges, fight the stigma of mental health, and develop healthy coping skills.</li> <li>• Insurance type (OHP, Medicare, Medicaid, private) limits who can access mental and behavioral health services.</li> <li>• Behavioral health providers in private practice serve those with commercial/private insurance.</li> <li>• Persons with dual Medicaid/Medicare coverage are not well-served (elderly and middle class).</li> <li>• Need service for pre-crisis help.</li> <li>• State/federal funding for mental health care is significantly less than for other health-related services. Seeking mental health parity (equal coverage for mental and behavioral health services as for physical health services).</li> <li>• Calls to 911 related to mental health emergencies have increased significantly in the past 15 years. Need local/regional class 1 residential treatment facility to treat behavioral health issues.</li> <li>• Not enough trained staff in the community to address co-occurring mental health and substance use challenges.</li> <li>• Develop more opportunities for middle school and high school students to engage in community service as a way to build relationships.</li> <li>• Develop a gratitude/positive thinking campaign that encourages workplace, school, and home environments to create intentional spaces for celebrating the good that is happening in our lives.</li> </ul>

- La Grande Parks & Recreation Dept., 4-H, Boys Scouts, Girl Scouts, church youth groups, and athletic organizations provide activities for kids to encourage health, wellness, and skill building.
- County CARE coordinators work with schools, kids and parents to identify needs and find solutions.
- Peer support group meetings for AA and NA are offered at many times and places.
- Four local organizations received funding recently to work on mental health or substance use issues including Oregon State University Extension Service, Center for Human Development, Inc., Northeast Oregon Network (NEON), and the Union County Safe Communities Coalition.
- Eastern Oregon University Early Head Start program works with kids aged 0 to 3 and their parents or caregivers to encourage healthy habits that serve as a foundation for education at home and in schools.

- Measure 110 decreased the consequences for youth as related to vaping and marijuana use resulting in an increase in usage and inability for schools/juvenile dept./law enforcement to provide diversion programs.
- Not enough support for families who have a family member with mental or behavioral health issues. Need advocates and support network.
- Need support for individuals after crisis or overdose. Follow-up and stabilization.
- Few options for alternative education for students with different learning styles.
- Not enough funding or staff to advertise resources and programs, particularly those offered by non-profit groups.
- Need increased transportation options/coverage for mental or behavioral health treatment and participating in peer support groups.
- Need more opportunities to develop and practice resilience, grit, growth mindset, positive thinking, and personal problem-solving skills.
- Need affordable recreational opportunities such as a recreation center for youth like Boys & Girls Club or YMCA.

**Action 2: Increase access to job skills and sustainable employment opportunities while increasing safe and supportive housing for all**

Current Strengths	Current Challenges
<ul style="list-style-type: none"> <li>• Training and Employment Consortium provides job skills training.</li> <li>• WorkSource Oregon provides job skills training and employment opportunities.</li> <li>• School districts provide pathway programs, Career and Technical Education training, and opportunities for internships.</li> <li>• Extension and School-based programs increase youth opportunities to develop soft skills and technical skills (4-H, FFA, FBLA, FCCLA...)</li> <li>• Self-sufficiency, emergency, and energy assistance programs from Community Connections of NE Oregon provide temporary support for housing, utilities, and heating.</li> <li>• Veterans Village Housing, Rent Well, and Recovery and Respite housing provide housing stability for some job seekers in addition to NEOHA and HUD low-income housing.</li> <li>• CHD recently received a large federal grant to initiate permanent supportive housing in Union County.</li> <li>• New programs support youth who identify as LGBTQ++ or are in recovery, or houseless, or in need of other community support.</li> </ul>	<ul style="list-style-type: none"> <li>• Families have limited resources for navigating health, social and educational services, including financial resources, reliable transportation, and time off work.</li> <li>• Housing (short-term, long-term, rental, for sale) is in short supply and expensive.</li> <li>• Need better services for helping people find jobs.</li> <li>• Increase broadband internet coverage for job application and work delivery using phone and internet.</li> </ul>

### Action 3: Strengthen the behavioral health workforce

Current Strengths	Current Challenges
<ul style="list-style-type: none"><li>• Eastern Oregon University is developing a Master's degree program in Counseling and possibly one for Social Work as well.</li><li>• Eastern Oregon University offers a Trauma Informed certificate for teachers.</li></ul>	<ul style="list-style-type: none"><li>• Workforce shortage. It is difficult to recruit and retain a behavioral health workforce because of training requirements, pay scale (underpaid), burnout, and lack of available housing.</li><li>• Offices are understaffed leading to burnout.</li><li>• Need to incentivize students to participate in the new EOU MSW and/or counseling program through loan forgiveness, and/or fee remissions in exchange for a commitment to work/stay in the community for a certain period after graduation.</li><li>• Continuity of care between doctors and professionals is challenging when providers leave the community or services are obtained out of town.</li><li>• Not enough bi-lingual resources.</li></ul>

## Priorities for Action

Through discussion, the group identified realistic and tangible actions to address the three priorities; the group then organized these actions into three groups: highest, higher, and high priority.

### Highest Priority

- Increase family and community supports for behavioral health challenges; bolster community spirit, resilience skills, and involvement.
- Increase access to job skills and sustainable employment areas and increase availability of safe and supportive housing for all economic levels.
- Strengthen the behavioral health workforce.

### Higher Priority

- Continue to expand state-level advocacy for behavioral health matters.
- Increase access to resources that support social determinants of health.
- Make progress toward mental health parity (coverage for mental/behavioral health services similar to those for physical health services).

### High Priority

- Reduce insurance-related barriers to accessing behavioral health resources.
- Improve communications between care/assistance providers and the public to create greater awareness of programs.

## Specific Actions Needed for each of the Priorities

Ranking	Community Need Priorities	Specific Actions
Highest	Increase family and community supports for behavioral health challenges; bolster community spirit, resilience skills, and involvement	<ul style="list-style-type: none"> <li>• Promote the Trauma-informed Certificate program at EOU and make the materials more available to the public through credit or non-credit options.</li> <li>• Promote CHDs programs that support LGBTQ++ teens and youth in recovery.</li> <li>• Promote Youth Alliance teen and parent support activities.</li> <li>• Develop gratitude and positive thinking campaign for the workplace, school, and home environments that includes monthly themes, gatherings, and skill-building opportunities to celebrate and build resilience.</li> <li>• Develop more opportunities for students to engage in community service as a way to build relationships and strengthen skills and belonging.</li> <li>• Support programs offered as part of the Timber Ridge development: community room with kitchen, educational programs (~104 units).</li> <li>• Contribute community voices to radio PSAs that promote mental health and substance abuse.</li> <li>• Develop better systems to provide care for individuals and families after a crisis or overdose.</li> </ul>
	Increase access to job skills and sustainable employment areas; Increase availability of safe and supportive housing for all economic levels.	<ul style="list-style-type: none"> <li>• Continue to expand high school CTE offerings that develop job skills.</li> <li>• Continue to develop internship opportunities through partnerships with industry/business for high school students.</li> <li>• Encourage seeking grants to develop new housing options.</li> </ul>
	Strengthen the behavioral health workforce	<ul style="list-style-type: none"> <li>• Develop and support pathway programs for counseling and social work such as those currently proposed at Eastern Oregon University. Provide incentives such as loan forgiveness or fee remission.</li> </ul>

Higher	Continue and expand state-level advocacy	<ul style="list-style-type: none"> <li>• Participate in the Governor’s task force for health care for all/universal health care.</li> <li>• Develop a graphic that illustrates the existing and needed treatment and therapy programs and demand in Union County to advocate for a level 1 treatment facility.</li> <li>• Explore the possibility of repealing or modifying Measure 110 as it relates to the impacts of vaping and marijuana use on youth.</li> <li>• Increase access to resources that support social determinants of health (food, shelter, transportation, employment, health insurance, healthy and safe environment).</li> </ul>
High	Reduce insurance-related barriers to accessing behavioral health resources	<ul style="list-style-type: none"> <li>• Make progress towards mental/behavioral health parity.</li> <li>• Clarify/improve Medicare and Medicaid coverage for mental health needs.</li> <li>• Improve insurance coverage for services before a crisis.</li> </ul>
	Improve communications between care/assistance providers and the public to create greater awareness of programs. Increase funding for non-profits to provide outreach.	<ul style="list-style-type: none"> <li>• Provide resources/interpretation in languages other than English.</li> <li>• Other TBD</li> </ul>

## How to Take Action Now

- Learn how to help if someone is experiencing a mental health crisis. Call the Center for Human Development, Inc. to find out about QPR suicide prevention training. Dial 541-962-8800 for information and option 6 for a counselor, or visit [www.chdinc.org](http://www.chdinc.org).
- Learn about substance use disorders. Oregon State University offers a free course on substance use disorders. The course provides an overview of substance use disorders and evidence-based approaches to prevention, intervention, and treatment. It is a free, 12-hour, self-paced online course: <https://beav.es/wqk>.
- Learn about local, state, and national resources by downloading the Union County Mental Health & Substance Use Services resource guide at <https://beav.es/wCZ>.
- Donate time or money to organizations that provide behavioral health and social services locally such as the Center for Human Development, Inc., Community Connections of Northeast Oregon, Northeast Oregon Network, Union County Safe Communities Coalition, Housing Matters Union County, school districts, and others.
- To learn more about the Community Conversations about Mental Health process or how to get connected to one of the above organizations contact Robin Maille at [robin.maille@oregonstate.edu](mailto:robin.maille@oregonstate.edu) or Abbey Martin at [abbey.martin@oregonstate.edu](mailto:abbey.martin@oregonstate.edu).





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