UNIVERSITY OF
OREGON

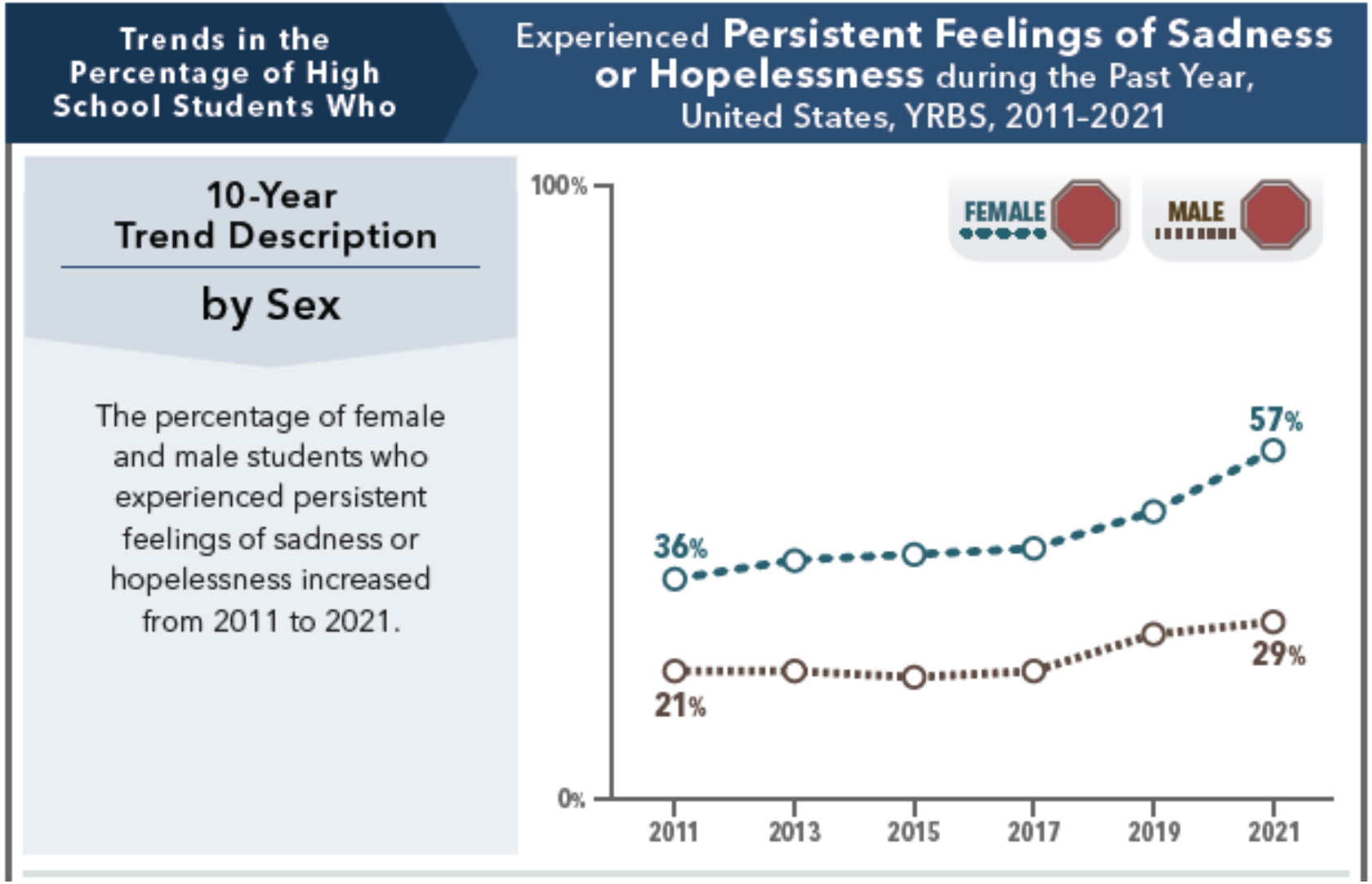
BALLMER INSTITUTE

Youth Mental Health Crisis

Mental health challenges in youth have increased dramatically over the past two decades

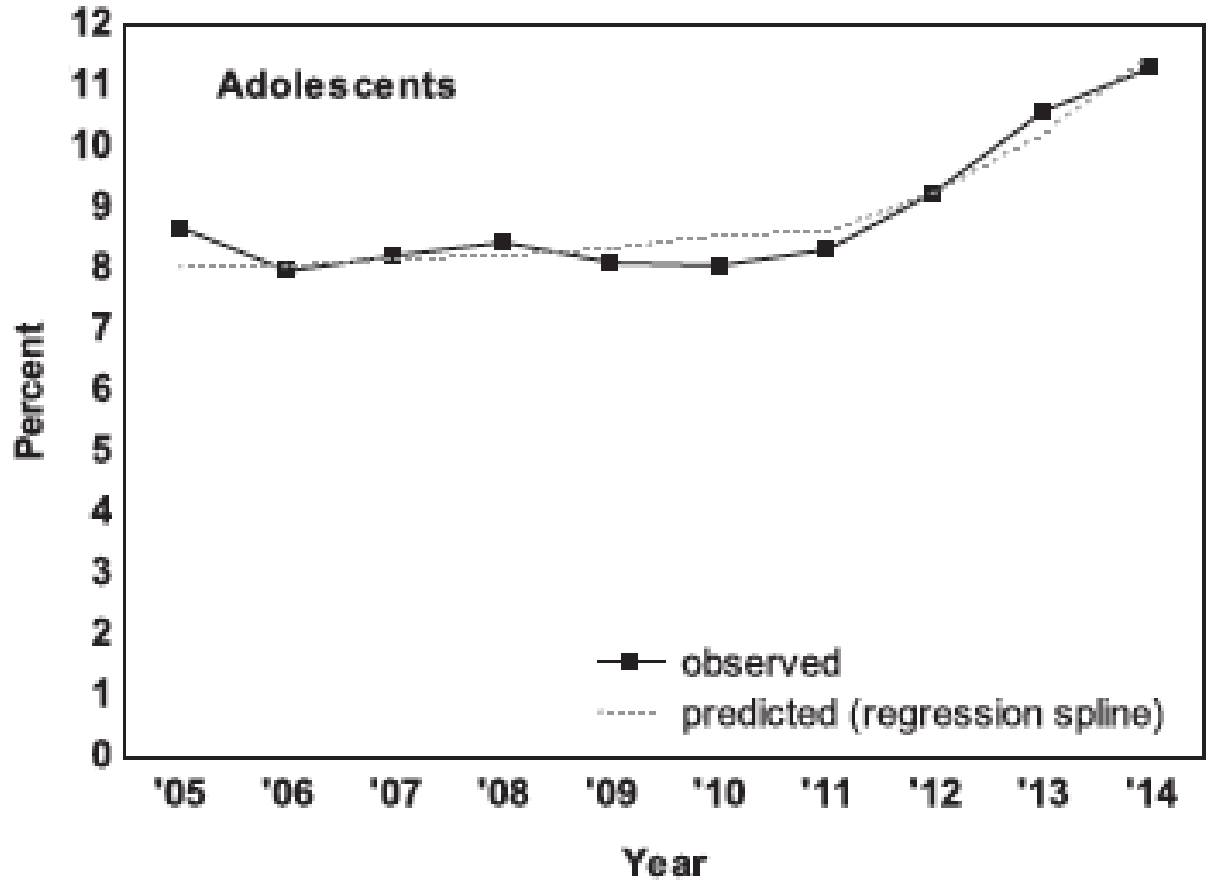
Need for mental health support

Trends in Adolescent Depression



CDC, 2023

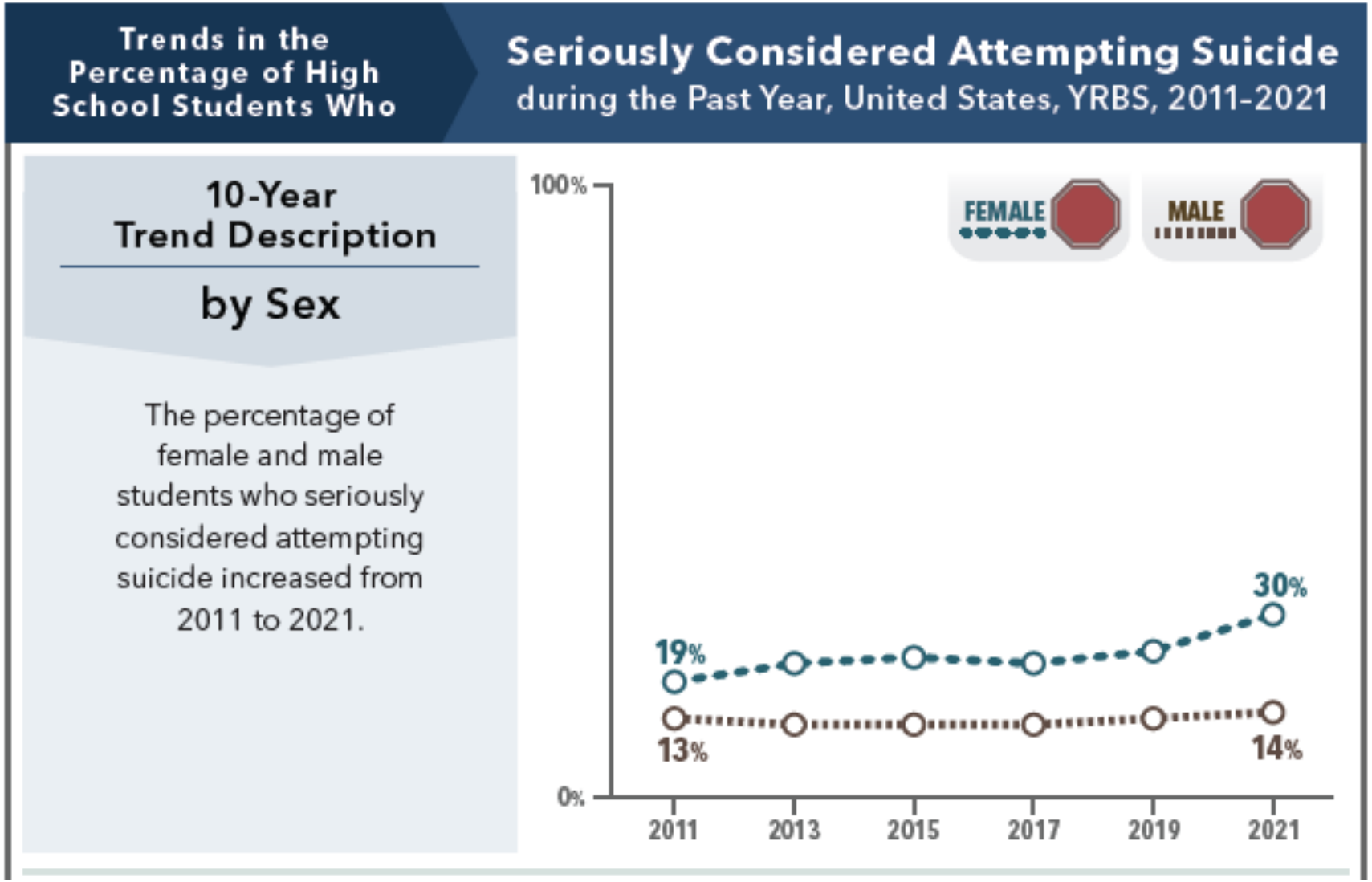
Trends in Adolescent Depression



National Surveys on Drug Use and Health
N=175,000+

Mojtabai et al, 2016

Trends in Adolescent Suicide



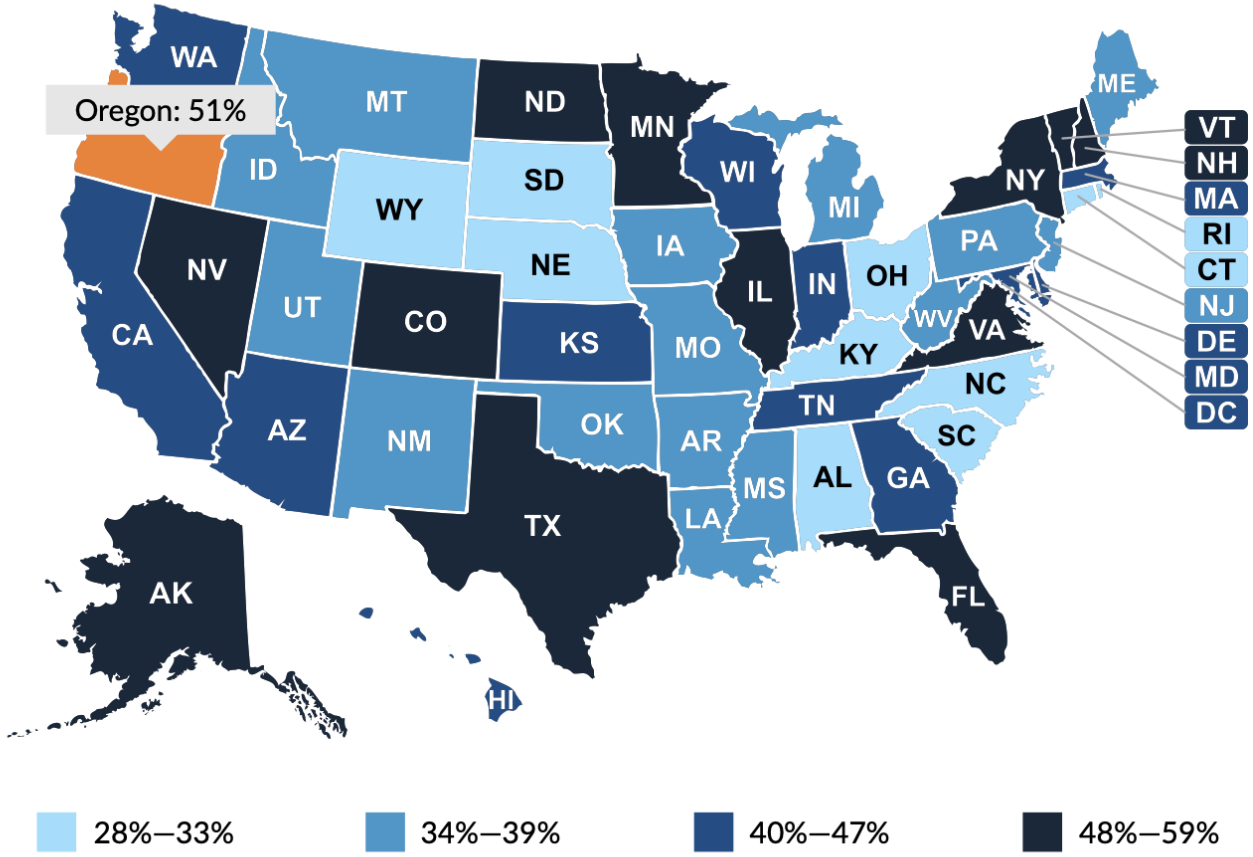
CDC, 2023

Trends in Adolescent Self-Esteem

Twenge et al, 2018

Child Behavioral Health Workforce Shortage

Figure 5. Percent of children (ages 3-17) who faced difficulties obtaining mental health care, by state



Source: Kaiser Family Foundation, January 13, 2021.[18]

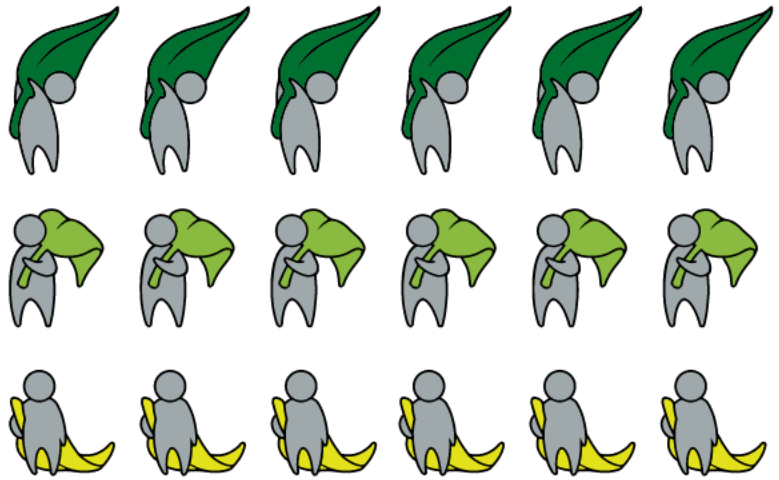
Oregon Behavioral Health Workforce, 2022

According to Mental Health America's Youth Ranking 2023, Oregon ranks **last out of all states,** with Oregon youth having higher rates of mental health problems and lower rates of access to behavioral health care than any other state.

New Child Behavioral Health Workforce

Existing Behavioral Health Workforce

The lack of trained professionals who can meet the growing need for behavioral health support in children and adolescents means that many youth who would benefit from support never receive it.



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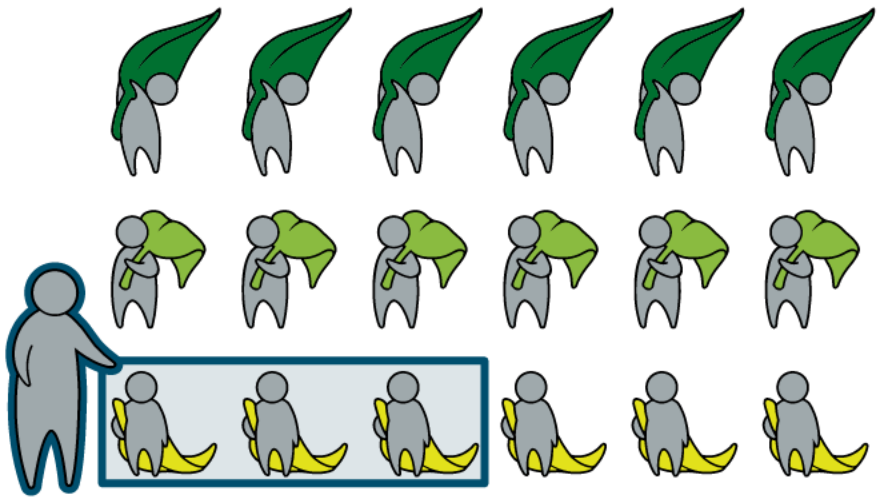

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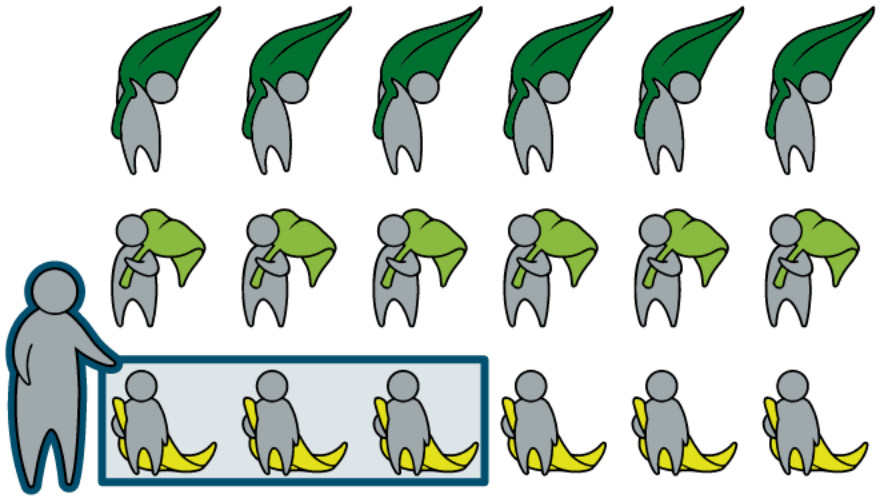
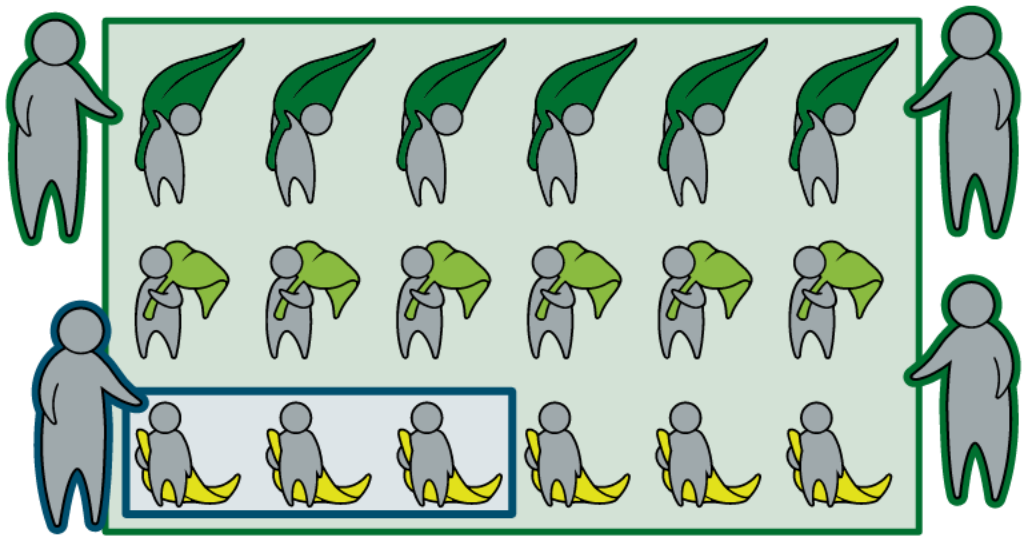


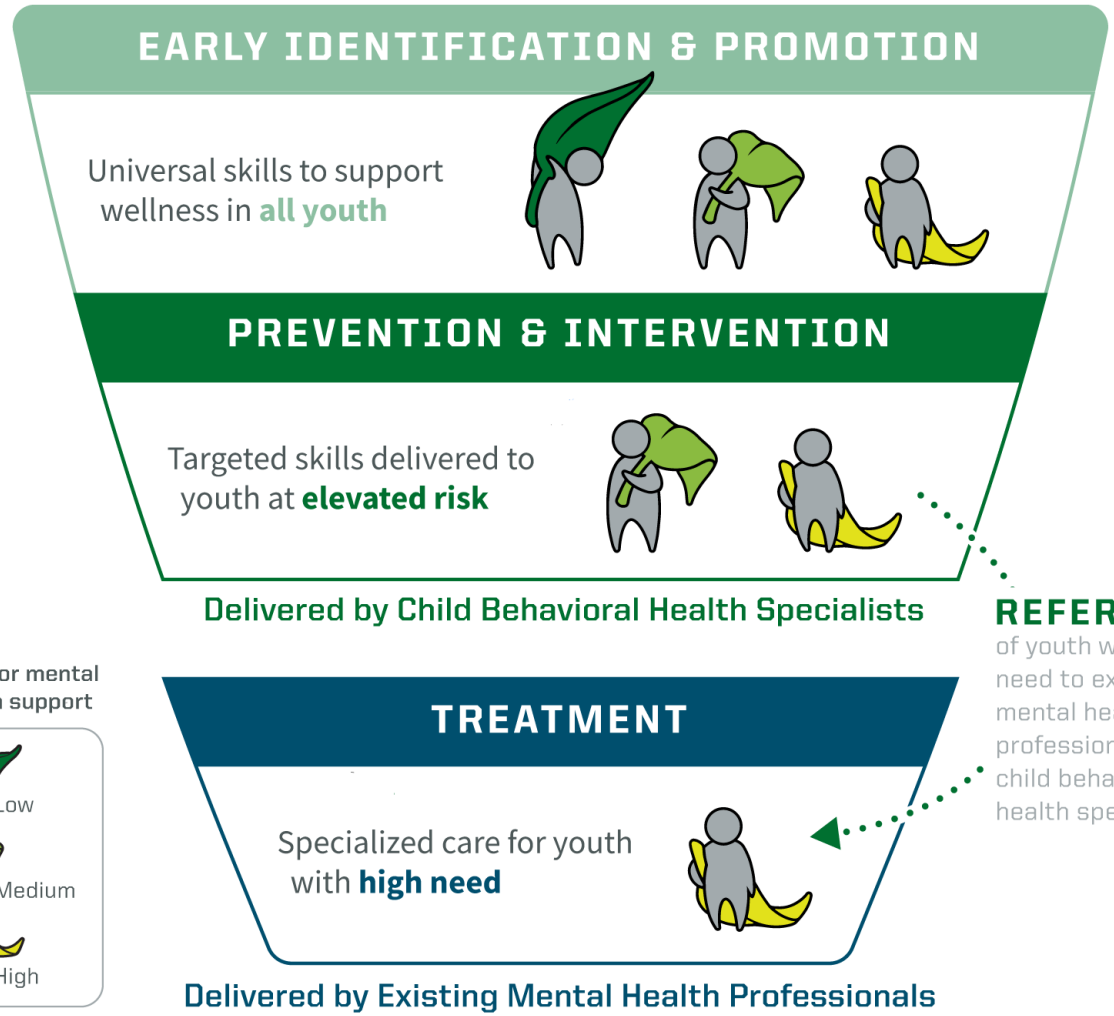
Expanded Behavioral Health Workforce

Child behavioral health specialists will expand the behavioral health workforce to ensure that a greater number of children receive support to promote well-being and prevent the onset of mental health concerns.

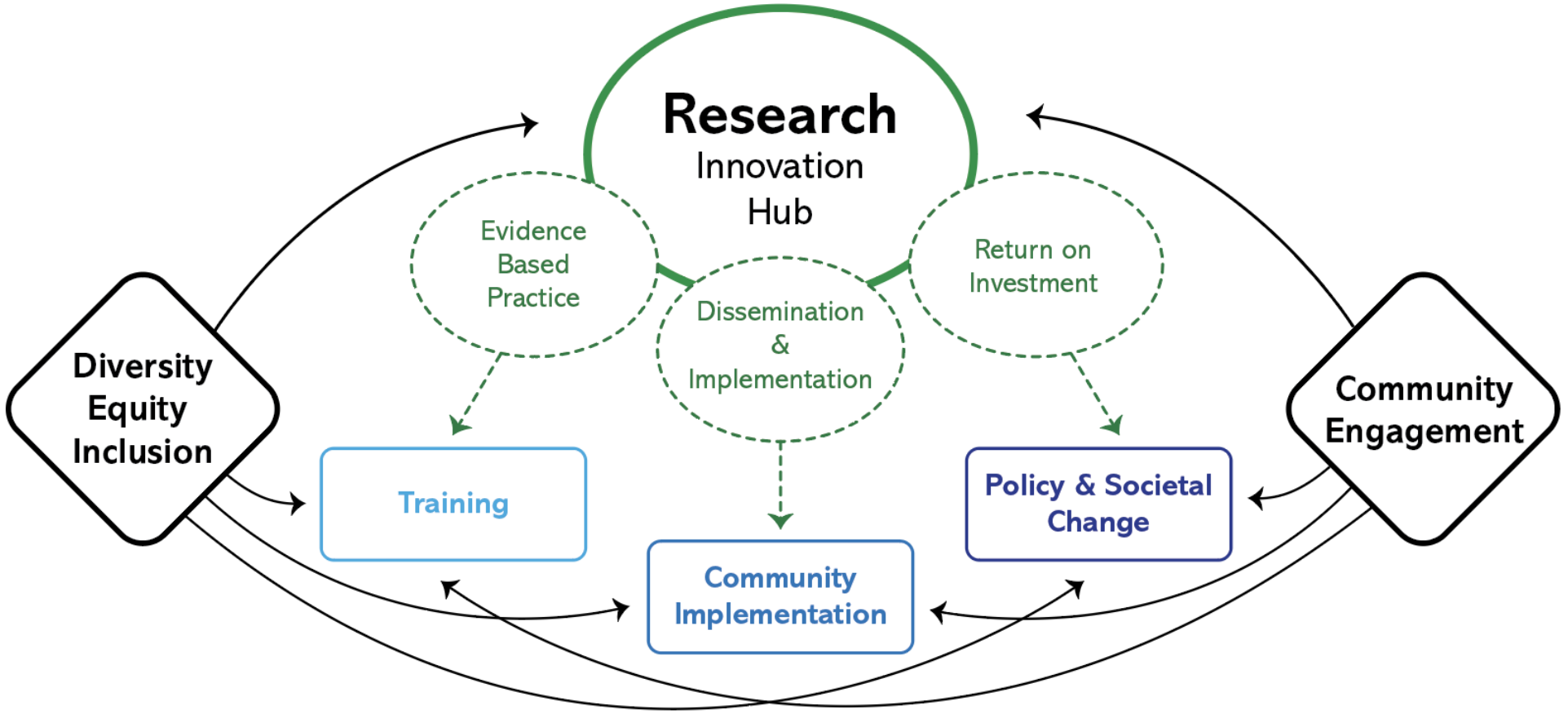


Ballmer Institute Vision

Cultivating universal child behavioral health by training a new workforce to deliver supports in schools and the community to promote wellness and prevent the onset of mental health concerns



Ballmer Institute Activities



Child Behavioral Health Undergraduate Program

Child Behavioral Health Undergraduate Program

- The first child behavioral health undergraduate students are currently enrolled in the first two years of our 2 + 2 program, beginning specialized applied training in fall 2024
- Transfer pathways for Fall 2024 have been established for numerous community colleges
- Clinical faculty are currently embedded in public schools throughout the Portland area
- Our first students have received Ballmer Scholarships

Child Behavioral Health Faculty

Maureen Zalewski

Cody Gion

Kalani Makanui

Katia Duncan

Miriam White-Pedeaux

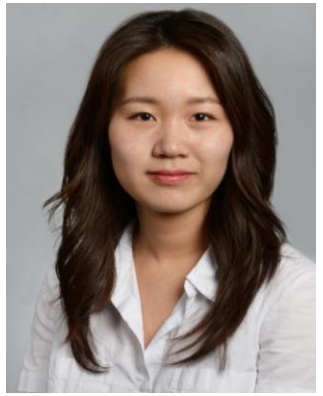
Sarah Kate Bearman

Katie McLaughlin

Atika Khurana

Ariel Williamson

Sunny Bai



Evelyn Cho

Alexis Merculief

Child Behavioral Health Undergraduate Program

The Washington Post
Democracy Dies in Darkness

In a crisis, schools are 100,000 mental health staff short

The demand for aid radically exceeds the supply of help. Providers are experimenting with how to address the emergency.

By Donna St. George

August 31, 2023 at 6:00 a.m. EDT

the great need and clinician shortage mean that using "nontraditional providers may be the only solution in both low- and high-resource settings, at least in the short term."

Child Behavioral Health Undergraduate Program

Necessity mothers invention

"If that program is replicated in other universities and becomes popular nationwide, that could create a real revolution in mental health," Weisz said.

"With the crisis that our students are facing, I don't know if bachelor's-level individuals have adequate preparation to help students and their families navigate these situations," said Blaire Cholewa, an associate professor in the counselor education program at the University of Virginia.

BA/BS in Child Behavioral Health

2 + 2

In the first two years:

- Complete core education and bachelor degree requirements
- Complete pre-major core curriculum:
  - Psychology/human services
  - Diversity, Equity, and Inclusion
  - Human development

In the final two years at the UO Portland northeast Campus:

- Complete 90+ credits including:
  - 700-1000 hours of community-based practice in K-12 schools, the health care system, and other community settings.
  - Sequence of clinical skills training that encompasses evidence-based early identification, behavioral health promotion, prevention, and intervention

Specialized Child Behavioral Health Courses

Foundational Skills and Professional Practice	Foundational helping skills; risk and resilience; screening and risk assessment; professional ethics; and clinical-decision making
Behavioral Health Promotion	Promotion skills are designed to support behavioral health in all youth and include self-regulation, healthy behaviors, social relationships
Prevention and Intervention	Skills to support behavioral health for youth that have elevated risk, including problem-solving, relaxation, behavioral activation, and flexible thinking
Culturally Responsive and Inclusive Practice	Foundational knowledge to work with youth from a variety of different backgrounds, skills, and abilities, particularly those who have been historically under-served.

Promotion Sequence

Fall Quarter Year 1	Winter Quarter Year 1	Spring Quarter Year 1
Self-Regulation	**Social Relationships and Identity**	**Healthy Behaviors and Decision Making**

*aligned to CASEL Framework areas of competence for social emotional learning curricula

Prevention and Intervention Sequence

Youth Intervention Sequence

Winter Quarter Year 1		Spring Quarter Year 1		Spring Quarter Year 2	
Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6
Problem Solving	Relaxation/ Calming	Motivational Enhancement	Behavioral Activation	Flexible Thinking	Graduated Engagement

*Domains reflect common elements of evidence-based interventions for youth

Prevention and Intervention Sequence

Parent and Family Intervention Course

Spring Quarter Year 1 Parent Management Training	
Domain 1	Domain 2
Reinforcement (Praise, Differential Attention, Consequences)	Family Strengths and Communication (Assessing Family Strengths, Effective Commands, Setting Limits)

Supervised Field Experiences

- 700-100 hours of experience in youth serving settings in Portland, beginning with K12 students
- Direct supervision from clinical faculty who have a diverse range of behavioral health expertise
- Demonstrate proficiency through competency-based assessments

Supervised Field Experiences

Year 3		Year 4	
Setting	**Supervision**	**Settings**	**Supervision**
K-12 Schools Lines for Life Youth Line (crisis response)	Embedded clinical faculty	K-12 schools, healthcare (e.g., pediatrics), community-based organizations, specialty mental health	Site supervisor and group supervision with Ballmer Institute faculty

School Partnerships

- Clinical faculty are currently embedded in schools in Portland Public Schools and Parkrose School Districts

- Initial school sites are largely middle schools, which were selected by the districts as their schools with the highest behavioral health need

- Faculty are performing needs assessments, delivering services, and preparing for arrival of CBH students next year

Competency Evaluation Framework

World Health Organization

EQUIP: Ensuring Quality in Psychological Support

Competencies

Psychoeducation: Behavioral Activation

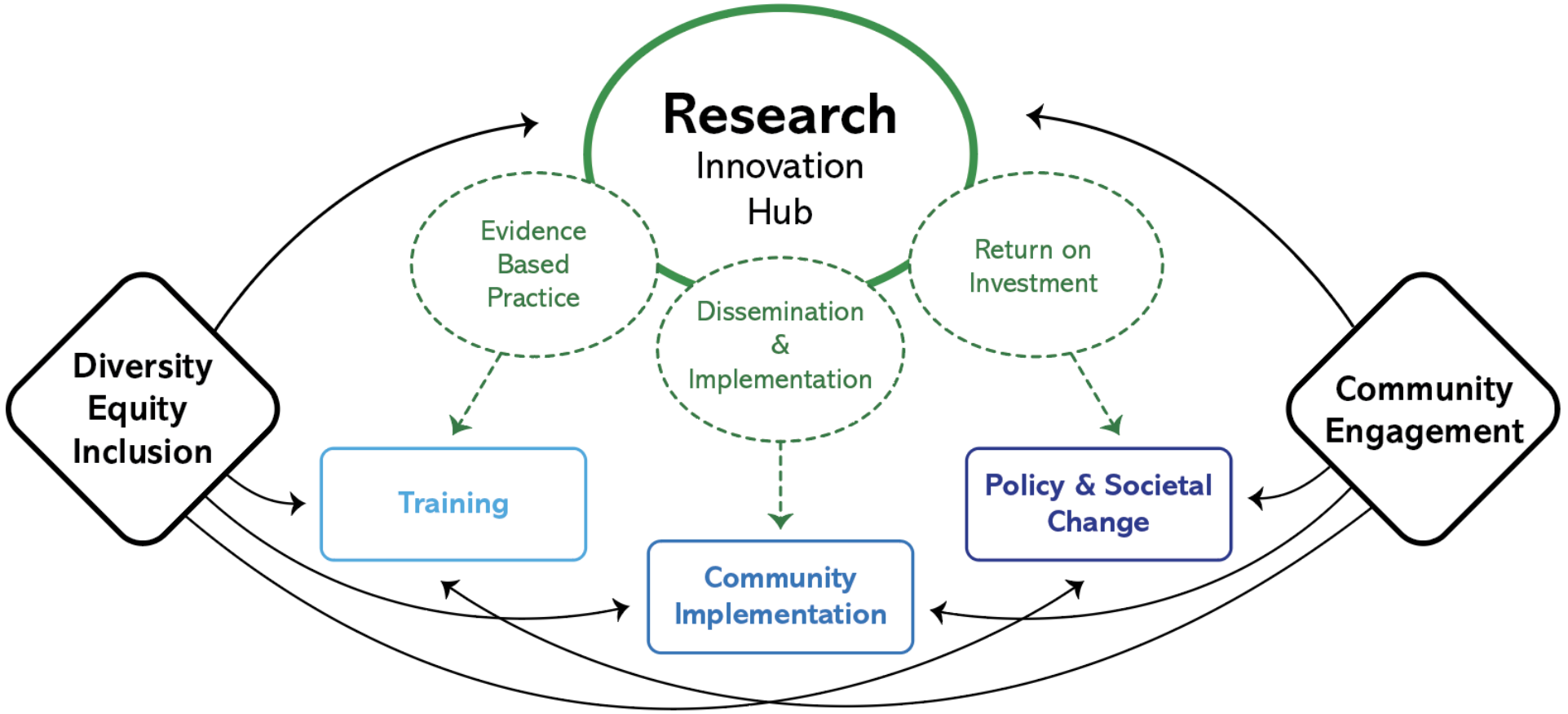
Unhelpful Behaviors	Basic Helping Skills	Advanced Helping Skills
• Convey judgment or blame	• Explain relationship between mood and activities	• Use examples
• Lectures youth to participate in activities that would "help" them	• Relate relationship to youth's experience	• Collaboratively explore how cycle relates to youth's experience
• Rushes explanation	• Describe BA	• Check youth's understanding

Graduate Micro-Credential

Graduate Micro-Credential

- Training in practical child behavioral health support skills for educators and youth-serving professionals
- Over 150 educators have participated across the past two academic years
- Three course sequence in:
  - Building Healthy Relationships
  - Teaching Self-Regulation Skills
  - Trauma-Informed Supports

Ballmer Institute Activities



Community Advisory Boards

- Developing structures to ensure ongoing feedback and input from relevant community stakeholders is essential to ensure the training model is aligned with community needs

- Community advisory boards will provide structures for continual feedback from stakeholders and refinement of the training model

- These boards will include:
  - Parents
  - Youth
  - Educators
  - Community leaders
  - Existing mental health professionals

Atika Khurana

Community Advisory Board Members

morrison
child & family services

NAYA
FAMILY
CENTER

BLACK PARENT
INITIATIVE

new
avenues
FOR YOUTH

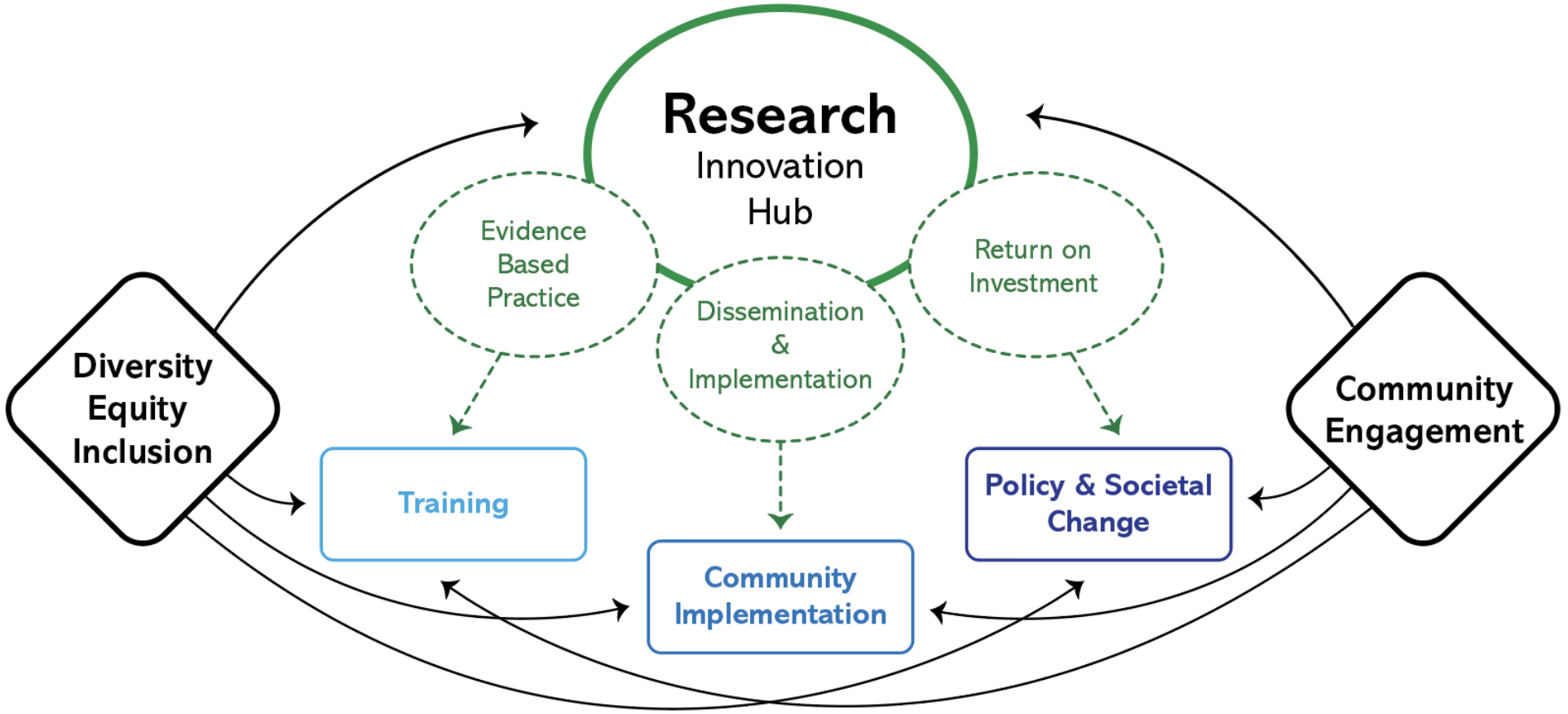
DRO | Disability
Rights
Oregon

Trillium
FAMILY SERVICES℠

APANO

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Ballmer Institute Activities



House Bill 4151

Sponsored by Representatives SANCHEZ, REYNOLDS; Representatives ANDERSEN, BOWMAN, BYNUM, DEXTER, EVANS, GAMBA, GRAYBER, HARTMAN, HELM, JAVADI, LIVELY, NGUYEN D, NOSSE, PHAM H, PHAM K, RUIZ, WALTERS, Senators CAMPOS, DEMBROW, FREDERICK, GOLDEN, GORSEK, JAMA, MANNING JR, PATTERSON, WOODS (at the request of Ballmer Institute, University of Oregon) (Presession filed.)

Digest: Makes a task force about youth behavioral health. Starts soon. (Flesch readability score: 74.8).

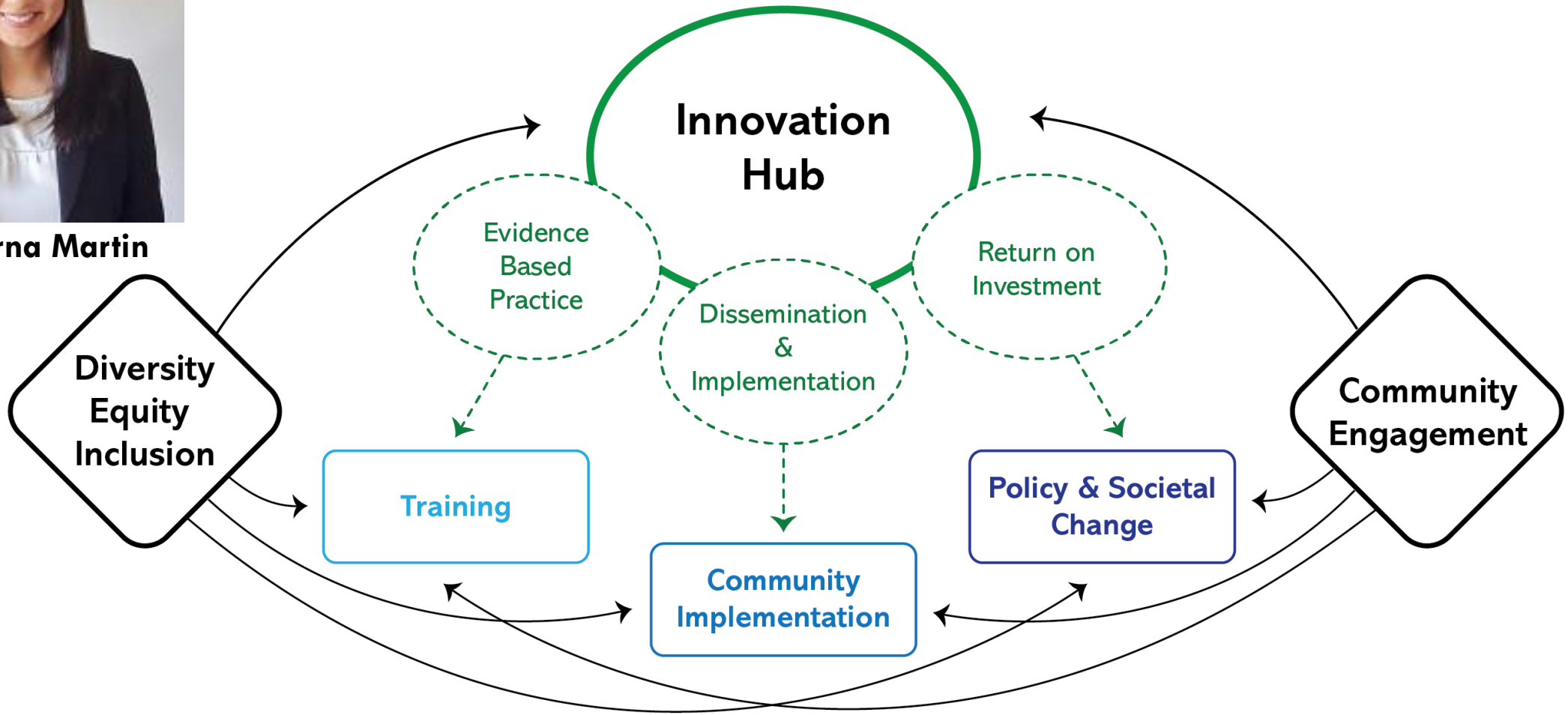
Establishes the Task Force on Youth Behavioral Health Workforce. Directs the task force to identify strategies to increase access to and the diversity of Oregon's youth-serving behavioral health workforce. Requires the task force to submit a report to an interim committee of the Legislative Assembly related to behavioral health not later than September 15, 2024.

Sunsets December 31, 2025.

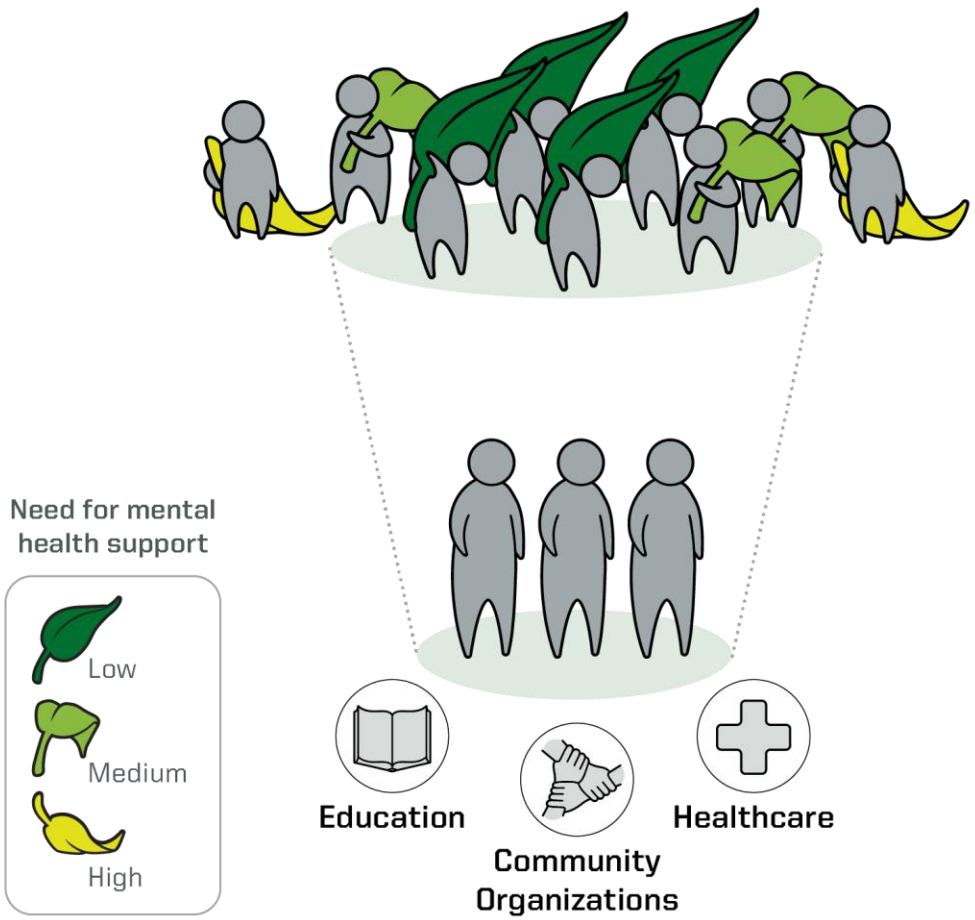
Declares an emergency, effective on passage.

Dr. Prerna Martin

Ballmer Institute Activities



Current System



Thank You!

Questions?

The Ballmer Institute was made possible by a transformational gift from Connie and Steve Ballmer, which funds our core operations and provides substantial funds for student scholarships

First Year Coursework

Fall	Winter	Spring
Foundational Child Behavioral Health Skills	Risk and Resilience	Trauma-Informed Supports
Behavioral Health Promotion I	Behavioral Health Promotion II	Behavioral Health Promotion III
Ethics and Professional Practice	Youth Intervention I	Youth Intervention II
Culturally Responsive and Inclusive Practice	**Practicum I in Child Behavioral Health (K-12 School Setting)**	**Practicum II in Child Behavioral Health (K-12 School Setting)**

Second Year Coursework

Fall	Winter	Spring
Parent and Family Supports and Interventions	Youth Intervention III	Clinical Decision Making
Screening and Risk Assessment	Inclusive Practice Elective I	Inclusive Practice Elective II
Integrated Practice I	**Integrated Practice II**	**Integrated Practice III**