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Richard Harris named interim chief of DHS addictions, mental health division

Richard L. Harris, formerly of Portland's Central City Concern (CCC), has joined the Oregon Department of Human Services as new interim assistant director for addictions and mental health.

Harris retired in June as long-time executive director of CCC, a non-profit agency that houses and serves homeless adults and families, many of whom are beset by poverty, addictions and mental illness. He follows Bob Nikkel, who assumed the new DHS position of special assistant to the director for health services integration.

With the agency and its divisions facing budget belt-tightening and an upcoming legislative session, Harris says there are many challenges, including preparing a workable budget for the Addictions and Mental Health Division (AMH) that focuses on delivering the required services in the best possible way.

"I'll be working with staff, providers and stakeholders to make sure every dollar is spent wisely and building consensus within DHS and all the other divisions to make the most of our resources," he says.

Background in mental health

Harris earned an MSW degree from the University of Utah and calls his work in mental illness four decades ago at the Wyoming State Hospital a "formative experience." He also spent four years at a small mental health center in rural Illinois where he saw the toll that alcoholism takes on families. Later he started an alcohol and drug unit at Moline State Hospital in Illinois.

After moving from the Midwest to Portland Harris was engaged in a private practice for families of alcoholics. In 1979 he became the third employee hired by the Burnside Consortium, the forerunner to Central City Concern. He held a variety of positions at CCC, including manager of the Hoover Detoxification Center. He was executive director for 15 years.

His wife, Susan Mandiberg, is a law professor at Lewis and Clark College and he has two grown children.

Providing user-friendly services

Harris believes it is critical to integrate DHS with other public services so the services are readily available.

“Creating true integrated services is difficult. It’s important to work with other disciplines to solve problems of homelessness, mental illness, or addiction, but getting the funding mechanisms in line is challenging,” he says. “For instance, at CCC we had to contend with more than 81 separate funding sources and their data requirements.”

Harris says one way to streamline the delivery system and control the enormous cost of caring for the uninsured is to enroll everybody in universal health care. And he called for continued emphasis on community-based services.

“Services should be placed as close to the community level as possible, especially front-end services, so people can be treated before they need to be institutionalized,” he says.

Addressing the impact of drug and alcohol addiction on our society is also important, says Harris.

“Alcohol and drugs are big cost drivers in human service and public safety systems, so to get a handle on these costs we need to do a better job of addressing addictions,” he says. “Determining when to apply services at the right place and right time is important. People are more likely to change behaviors and recover when they have stable housing. When they do, that makes our job less difficult.”

Harris says he plans to work closely with staff, providers and stakeholders during his tenure at DHS, most likely through the next legislative session and during the national recruitment to find his successor.

“I want to work with staff to find different ways to solve smaller problems, while we’re working on bigger problems, such as finding resources to operate our many different programs,” he says.

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Richard L. Harris