



Mid-Valley Behavioral Care Network

1660 Oak Street SE, Suite 230 ▪ Salem, Oregon ▪ 97301
PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ www.mvbcn.org

Memorandum

To: Oregon Health Policy Board Members
From: Jim Russell
Date: October 11, 2011
Subject: Contribution of Mental Health Organizations in Health Care Transformation

Thank you for the invitation to join this panel and share an MHO view on the transition to Coordinated Care Organizations (CCO). My name is Jim Russell; I lead the Mid-Valley Behavioral Care Network, the MHO for Linn, Marion, Polk, Tillamook and Yamhill Counties. I want to share my perspective on how things are going at this point.

The political discussion is more knowledgeable about community mental health care than a few years ago. Many people involved in the CCO formative discussions recognize that people with serious mental health conditions are a high proportion of the high-cost population. The challenge at this point is to incorporate into the CCOs, the wisdom and collaborative service systems the MHOs have constructed. Let me offer a couple illustrations.

Over more than a decade MHOs have been the engines of innovation in mental health care.

- One MHO gathered millions of dollars in private foundation funding to bring to this country an early intervention program for emerging psychosis. Based on the success they demonstrated since 2001, the Legislature funded a dissemination of this approach in 2007. This is called EASA (Early Assessment and Support Alliance) and Oregon now leads the nation as the state with a contemporary approach to emerging psychosis.
- Picking up the challenge from a 2003 Budget Note, the MHOs assumed management of formerly state-funded psychiatric residential and day treatment services for children and youth. Each MHO developed a system of collaboration of agencies (schools, child welfare, juvenile justice, faith community, etc.), developed new family services and in-home supports, and is now serving more children in the community, achieving more family successes and spending less money than the state originally invested in institutional care alone. This has been called the Children's System Change Initiative.
- MHOs petitioned the Addictions and Mental Health Division to be funded to replicate this success in the adult realm and eventually AMH agreed, launching what they called the Adult Mental Health Initiative. MHOs now contract with OHA to manage state-funded residential systems for adults, with special emphasis on transitions from the state hospital, and to independence from licensed care. Again the MHOs have constructed a complex systemic collaboration of housing and social support services to enable people with serious mental health conditions to succeed in the community.

At the beginning of one Health System Transformation Team meeting Dr. Goldberg said the transformation would not be the medicalization of mental health care, rather the infusion of the social care model, common in mental health services, into general health care. This is the world view and wisdom of the MHOs that will be incorporated into the CCOs.

Let me finish with mention of the importance of patient/family leadership in program development and evaluation. The value of this contribution is beginning to appear in Oregon in general health care, but this approach is highly evolved in MHO operations. MHOs have found that people with lived experience with mental health conditions and their families, are a tremendous resource for identifying indicated service improvements, and assisting design and oversight of those improvements. We will share how this is done with the new CCOs.

As an illustration of this peer leadership I refer you to my second memo from the leaders of independent peer-run centers in the MVBCN region. This memo explains briefly the importance and health value of independent peer-run services.



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Memorandum

To: Oregon Health Policy Board
From: Consumer Affairs Management Committee
Date: October 10, 2011
Subject: Critical value of peer support in promoting mental health recovery and wellness

We appreciate that HB 3650 and the transformation planning underway includes peer wellness specialists as important staff to be included in healthcare integration work. However, we are very concerned that those planning for CCOs may not be aware that Oregon has a large network of grass roots peer support organizations that are currently funded by MHOs. We believe that these programs provide essential support for individuals facing mental health challenges. We are very concerned about the potential for defunding these programs and withdrawing supports that are essential to recovery for many people.

We advocate for the inclusion of funding for an array of peer supports. Our specific concern is for peer support provided in consumer-run drop-in centers and through one-to-one volunteer mentoring, peer wrap around teams and warm lines. As an example, MVBCN has allocated over 2% of its OHP budget to these services over a number of years. We currently have 6 programs, which in the first half of 2011 served an average of 631 individuals each month with individual support and group activities. Much of this support happens outside of business hours and addresses gaps that mental health programs cannot fill.

Peer support is different from professional support. It is mutual, based on shared experience, is accepting of people where they are, and provides a safe setting for individuals who mistrust professionals.

We can personally testify from our own lived experience that peer support:

- Teaches and models self-advocacy – essential skills for being a collaborative and active partner in our own health and mental health care
- Provides community and social connection for people who are often terribly isolated – an important contributor to mental and physical health
- Provides meaning and purpose in our lives – we find value in our difficult life experiences as we use them to help others
- Results in our finding our own solutions to problems, and becoming less dependent on therapists, crisis services, hospitals, and emergency rooms
- Helps us recognize our high risks for chronic diseases and learn from others how to take better care of ourselves, and when and how to seek professional advice
- Engages us in taking responsibility for our own recovery – these are the same skills and attitudes that enable us to take responsibility for our physical wellness
- Provides a setting where we discover our strengths and move into contributing roles – including employment – in our communities

We have so many stories of individual lives transformed by the power of peer support! Please help us ensure that this lifeline to improved wellness and quality of life is not lost in the process of transforming healthcare!