Discussion Summary

1) What are the most significant challenges and needs in your community related to the prevention and treatment of mental health disorders, substance use disorders and problem gambling? Are there particular populations facing specific challenges in your community?

- Stigma of mental health and substance use disorders prevents people from accessing services and reduces funding for services
- Barriers to access include:
  - Transportation
  - Child care
  - Difficulty navigating the system
  - Stigma
  - Fear of re-traumatization
  - OHP payment denials
  - Language barriers
  - Waitlists
- Lack of effective transitions between levels of care and from residential to independent living
- Not enough data gathering
- Ineffective use of data that exists, to measure outcomes and service quality
- Minimal services that are truly integrated for co-occurring disorders
- Very limited resources for detox - tends to happen mostly in jails
- Hospital emergency rooms overused for crisis – need considerable increase in availability of crisis services, especially in rural areas
- Lack of service coordination and systems collaboration
- Services are not trauma-informed or trauma-focused
- Difficulty recruiting culturally diverse staff
- High turnover rate for staff
- Lack of capacity (especially addiction residential beds for women, or men, with children)
- OHP won’t pay for medications that are more expensive, but work better
- Family support is limited due to privacy laws and unwillingness of providers to involve family members in treatment
- Lack of in-home services
- Lack of housing resources and collaboration with housing programs
- Specific populations facing challenges:
  - Adolescent
  - Youth LGBTQ
  - Homeless
  - Migrant
  - Poor
  - Rural
  - Culturally specific
  - SPMI
  - Medicare only
  - Dual diagnosis
  - Pain management
  - Veterans
  - Families

**2) When you think about behavioral health services in your community, what are the success stories that others can learn from? Are there successes specific to particular populations?**

- Family Care/Columbia Care supported housing effort
- Tobacco freedom initiatives
- Life Works new facility design
• School board expansion grants increased mental health therapy in schools
• Peer run/peer support organizations
• Co-locating services
• Trauma informed services
• PACE model multidisciplinary
• Every child ready to read program (ECRR)
• Community volunteer program at CCC
• Peer to peer - Partnerships between Cascadia and probation officers
• Collaborative Problem Solving (CPS) behavior support model (collaborative problem solving)
• Drop in peer-to-peer center support for day to day
• Technology – there are positives on the horizon
• Wrap around services
• National Alliance on Mental Illness (NAMI), Northstar
• Iron Tribe
• Centerstone Crisis Center, Clackamas County
• Treatment plus aftercare
• Transition support
• Housing first, low barrier housing
• Integrated services
• Mobile services
• Parent training
• Cascadia walk-in clinics
• More youth focused services
• Co-located services – physical and mental health
• Telemedical and in-home models of care
• Automated medicine dispensers
• Oxford Houses
• Health Share – physicians in community with therapists in clinics
• Medical clinic in school in Estacada – school wide emergency intervention systems/protocols
• Power to change program in prison this past month, presentations to schools, modified program to young people (part of Recovery International)
• Lifeworks and Virginia Garcia partnership for Behavioral Health House and Mental Health Specialty
• Yamhill County – intradepartmental networking in their county for problem gambling
• Problem gambling treatment is free
• Supportive housing grant at Cascadia HIV where psychiatrist is at site for medication management and linked with medical sites
• Portland Police Mobile Unit – pairing mental health specialist with police
• First responders – advance training for officers
• Mental health first aid training
• Walk in crisis centers
• Supported housing
• Early Assessment and Support Alliance (EASA)
• Support for the whole family
• Local 370
• Wraparound and the Native American Youth Family Center (NAYA)
• Consumer run, peer mentors
• Iron tribe success stories – Parents get intensive services and kids are returned
• Portland Hearing Voices program that provides small grant to offer workshops helps people with serious psychotic symptoms and provides support

3) **Oregon’s health system transformation efforts emphasize coordination of care and integration of behavioral health and physical health services to achieve better health, better care and lower costs. What opportunities do you see for the behavioral health system to help the state achieve these goals and meet the needs of Oregonians?**

• Use process improvement models
Focus on access barriers and remove them
Provide training to other systems such as schools, corrections, etc
Expand Screening, Brief Intervention, Referral to Treatment (SBIRT) resources
Introduce legislation to allow family members to access information and talk to providers on behalf of their family member
Train on care coordination
Educate primary care physicians about addiction
Facilitate navigation of resources and location of services
Create mechanisms for coordination of electronic health records between physical and behavioral health care providers
Integrate addiction services with mental health services
Promote more housing resources
Promote more family support and family involvement
Fund community outreach
Transfer prevention services to Public Health

4) How can the Oregon Health Authority better support communities in their efforts to provide the right care at the right time? What do you see as the most appropriate role for the state in the Behavioral Health system?

Liaison between coordinated care organizations (CCO) and community mental health providers (CMHP)
Regulatory body
Identify outcomes and how they are measured
Collect and report on data directly related to outcome measures
Set policy and provide policy implementation guidelines
Fund non-Medicaid programs and monitor contracts
Improve care by removing barriers to care coordination
Develop and implement efforts to reduce stigma
Simplify and coordinate the system
Provide information to those seeking services
- Ensure consumer voice in policy setting and service delivery
- Collaborate with other systems to improve services
- Develop standards (OARs) for providers
- Provide training and technical assistance on rules, policies, best practices, etc
- Set the standard for health equity and continuously promote health equity

5) As you consider a vision and priorities for the state’s behavioral health system, what are the values and principles that should govern how the system is structured? What guiding criteria should we use to determine priorities and services?

Values:
- Health equity
- Consumer direction
- Least restrictive settings
- Non-punitive services
- Family involvement
- Holistic services
- Respect
- Learning and listening

Guiding Criteria:
- Prevention of mental health and substance use disorders
- Rely on consumer voice
- Rely on data
- Measure outcomes, not processes
- Manage change with all stakeholders
- Reduce stigma
- Trauma-informed service delivery
- Lower costs
• Embrace innovation