

**GOVERNOR'S MENTAL HEALTH TASKFORCE REPORT: IMPLEMENTATION ACTION PLAN**

<b>Recommendation</b>	<b>OMHAS Contact</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Other Stakeholders</b>
<b>A. Legislative Recommendations</b>				
<p>1. The 2005 Legislature should adopt legislation requiring private insurers to provide parity coverage for mental illness and substance abuse services provided to consumers voluntarily. The Task Force believes that “comprehensive parity” should be the goal. If that goal is not achievable in a single legislative session, then the Task Force recommends that Oregon adopt a “biological parity” form of legislation, based on one or more such forms of such legislation now in effect in 19 states but, in any case, including coverage for clinical depression which is a primary precursor of suicide. Any form of parity legislation must recognize the importance of providing adequate mental health services to children, without bankrupting their parents or forcing families onto welfare or to abandon their children. Appendix D is a summary of parity legislation in various forms now in effect in 44 states.</p>	<p>Bob Nikkel Barry Kast</p>			<p>CMHPs</p>
<p>2. In furtherance of Recommendation A.1, the Governor, Speaker of the House, and Senate President should immediately convene a working group of stakeholders, including people and their families who use mental health and addiction services to negotiate and agree on the essential terms of parity legislation during the fall of 2004 to be introduced in the 2005 Legislative Session.</p>	<p>Bob Nikkel Barry Kast</p>			<p>CMHPs</p>

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<p>3. The 2005 Legislature and future legislative assemblies should appropriate sufficient funds to OMHAS to permit the orderly restructuring of Oregon State Hospital during the 2005-07 biennium and beyond, including sufficient funds to permit OMHAS, directly or indirectly by contract, to provide for the construction and operation of community facilities to support the population of individuals who will no longer be hospitalized. Appendix E, prepared by OMHAS, shows projected costs and timelines to achieve a restructured State Hospital of 700, 500, 300 or 100 beds. (Please refer to Recommendation B.1 with respect to the proposed reinvention of Oregon State Hospital.)</p>	<p>Bob Nikkel Marvin Fickle</p>			

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<p>4. The 2005 Legislature should adopt legislation to require that people with mental illness and/or substance abuse who are in OYA youth correctional facilities, prison, and jail inmates receive pre discharge planning and qualification for disability and Medicaid benefits. Discharging such individuals without provision for immediate financial support is to virtually assure relapse and recidivism. To a substantial extent, the costs of these benefits are borne or shared by the federal government. Several counties, to the extent permitted by state law, are developing such programs in local jails, with increasingly successful outcomes to date. Appendix F is a form of model legislation proposed by the Bazelon Center to accomplish the objectives of this recommendation. Key points of the Bazelon proposal include: (i) suspending, rather than terminating, benefits during incarceration, thus making possible speedy restoration of federal benefits upon discharge; (ii) pre discharge planning and qualification for benefits; (iii) pre release agreements with Social Security; (iv) bridge</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>
<p>5. The 2005 Legislature should amend SB 875, now codified in ORS Chapter 414, to extend the benefits of bulk purchasing of psychotropic medications to all individuals, regardless of age, and to providers who are non governmental organizations providing services. It is in the public interest to make such medications available generally and widely at the lowest possible cost to people who need these medications and <u>payers</u>.</p>	<p>David Pollack</p>			<p>CMHPs</p>

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<p>6. The 2005 Legislature should adopt legislative changes which will improve the efficiency of siting community based housing that, operated in accordance with federal Fair Housing Laws, will support a System of Care approach throughout the State and will provide sufficient community housing to relieve the hospital gridlock we identify as Systemic Problem number six</p>	<p>Vicki Skryha</p>			<p>CMHPs</p>
<p>7. The 2005 Legislature should implement funding and protocols for the statewide adoption of electronic health and prescription transactions and records, including, but not limited to, mental health services. The legislative protocols should provide that sensitive records are confidential and subject to the control of patients. (The Governor has directed the Oregon Health Policy Commission and particularly its Quality Work Group, to address this issue.)</p>	<p>Madeline Olson</p>			<p>CMHPs</p>
<p>8. The 2005 Legislature should adopt legislation to require a mental health evaluation prior to a court committing a defendant to the Psychiatric Security Review Board.</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>
<p><b>B. Recommendations Related to the Interface Between the State and Community Mental Health Providers.</b></p>				

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<p>1. OMHAS must finish and implement a business plan to reinvent Oregon State Hospital in Salem as a “focus of excellence” facility to serve those individuals who cannot effectively or safely be served in a community setting and to develop appropriate supporting programs in Portland and Pendleton. This business plan should be finished during the fall of 2004 and implementation should begin immediately with available funds and resources, including community resources. This reinvention should be fully concluded by June 30, 2007, if not sooner.</p>	<p>Marvin Fickle Maynard Hammer</p>			<p>CMHPs</p>
<p>2. The Governor should direct the Director of the Department of Human Services to create a plan for a unified and seamless approach to State funding and support of mental health services, including all possible integration with other health services and housing, to support a System of Care model. The Task Force urges special attention to the issue of simplifying and streamlining the functions of Local Mental Health Authorities and the Mental Health Organizations.</p>	<p>Madeline Olson</p>			<p>CMHPS</p>
<p>3. OMHAS, with existing and additional funding, must continue to provide State support for community programs and facilities, including funding for caseload growth and additional support to permit Local Mental Health Authorities to assume responsibility for individuals now in the State hospitals who are ready for discharge. OMHAS should implement, by policy, contract, and regulation if necessary, programs which provide funding and incentives to counties and community providers to achieve the following:</p>	<p>Mike Morris</p>			<p>CMHPs</p>

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a. Community based System of Care services, described above, with measurable outcomes and coordination of services by local government agencies, non profit and for profit providers (including community gate-keeping responsibility for services currently delivered or authorized by State employees.				
b. Services <u>that</u> reflect people’s needs and are recovery oriented.				
c. Housing and support services as appropriate.				
d. Residential facilities of not more than 16 beds.				
e. Specially designed treatment facilities as required for persons under the jurisdiction of the PSRB and individuals diverted from the criminal justice system				
4. OMHAS and the Local Mental Health Authorities, typically counties, must –assuming adequate and sustainable State funding and in partnership with each other.	Mike Morris			CMHPs
a. Promote and implement a System of Care for children, adults, and older adults that honors the strengths, needs and dignity of individuals.				
b. Routinely divert persons from incarceration and hospitalization so that care and support for these individuals take place in community settings that are most natural and least restrictive.				
c. Accept increasing responsibility for assisting individuals to leave acute care and State hospitals, including individuals subject to PSRB jurisdiction.				

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d. Take full advantage of the State’s prescription drug purchasing arrangements now in place under ORS Chapter 414 and any expansion of such opportunities.				
e. Develop and maintain collaborative and transparent relationships with non profit providers, including acute care hospitals, mental health organizations, and residential operators.				
f. Integrate primary care, mental health, and addictions services.				
<b>C. Recommendations Related to the Criminal Justice System</b>				
1. The State, by education and policy initiatives, must promote cultural recognition that recovery is an appropriate public safety goal best achieved in a community setting for most individuals and that a System of Care approach costs less than incarceration, produces more resilient individuals, and reduces recidivism. The Task Force recommends that OMHAS and the Department of Corrections develop a joint strategy to achieve this recommendation.	Stan Mazur-Hart			CMHPs
2. The State and Local Mental Health Authorities must train and retrain courts, district attorneys, defenders, corrections officers and police in all counties (i) to identify and properly respond to persons with mental illness and (ii) to understand and use community mental health and substance abuse programs.	Stan Mazur-Hart			CMHPs

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<p>3. Every county or region should have a 24/7 acute care crisis center, with <u>State, local</u> or <u>federal</u> funding <u>as</u> necessary, and potentially including funding from the corrections systems, to permit individuals, where appropriate, to be diverted prior to arrest and to receive individuals upon diversion from jail or court. There must be a standardized screening mechanism established in all correctional and juvenile justice settings to identify those individuals with mental illness or serious emotional disturbance. Police should make all reasonable efforts to divert individuals into such programs at the first encounter. Neither jails, emergency rooms, nor juvenile detention centers should be asked to be primary mental health providers.</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>
<p>4. The Chief Justice should ensure that judicial education programs include training for judges in mental health and substance abuse issues so that Mental Health or Treatment Courts are implemented where feasible. It is critical that funding for courts and treatment be included in the design and implementation of Mental Health or Treatment Courts</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>

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<p>5. The Governor and Legislature should assure that judicial, corrections and parole budgets provide incentives for early diversion, certainly prior to conviction wherever possible, taking public safety into account. The prospect of recovery is higher if an individual is diverted prior to conviction, because of the incentive to avoid a criminal record. This recommendation reflects the earlier finding that there are financial disconnects in the criminal justice system such that decision makers are neither aware of nor responsible for all of the costs of their decisions.</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>
<p>6. All correctional institutions and Local Mental Health Authorities must implement purchasing policies that benefit from bulk purchasing of pharmaceuticals by the State.</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>
<p>7. The State must provide and continue over time to provide adequate funds to build and operate community facilities as necessary to house individuals under the jurisdiction of the PSRB, as part of a goal to reduce the census of the State Hospital, both immediately and over time. Housing and treating individuals in community facilities will <u>over time</u> cost less and produce better outcomes, including reduced recidivism.</p>	<p>Stan Mazur-Hart</p>			<p>CMHPs</p>

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<p>8. The present procedures for processing “aid and assist” and “restoration to competency” cases are time consuming, expensive, and a burden to an already over taxed Oregon State Hospital. The OMHAS Administrator and State Hospital Superintendent must include as part of their business plan for the State Hospital new protocols by which those services can be provided in various locations throughout the State with the objective of completing such services more efficiently and with uniform standards of evaluation.</p>	<p>Stan Mazur-Hart</p>			
<p>9. The Superintendent of Oregon State Hospital and the Executive Director of the PSRB must continue their newly organized effort to improve communications between their agencies, develop shared treatment and discharge plans, and provide for the least restrictive community based service wherever possible. OMHAS and PSRB need to have a rolling three year plan for the build out and operation of community facilities to serve the individuals under the jurisdiction of the PSRB, and Local Mental Health Authorities must participate in planning to serve the needs of persons who are under the jurisdiction of the PSRB.</p>	<p>Marvin Fickle</p>			<p>CMHPs</p>
<p>10. The Department of Corrections, OMHAS, the PSRB, and representatives of local law enforcement and mental health authorities must evaluate the possibility of creating a single forensic mental health facility to house and provide integrated services to individuals who cannot safely be treated in community settings.</p>	<p>Bob Nikkel and Marvin Fickle</p>			<p>CMHPs</p>

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<p>11. The Department of Corrections and Sheriffs operating local jails should implement administratively the recommendations of the Bazelon Center for pre release planning, to the extent possible without additional legislation. See Finding 1.d and Appendix F.</p>	<p>Stan Mazur-Hart</p>			
<p><b>D. Recommendations Related to Workforce Training and Compensation</b></p>				
<p>1. The State must promote workforce training programs in the Oregon University System, the community college system, private colleges and <u>private</u> universities, public schools, and the vocational education system. The State should also promote continuing education, such that treatment teams maintain the skills for and conform to current evidence based practices. See Appendix G, Proposed Recommendation on Behavioral Health Workforce Development.</p>	<p>David Pollack</p>			<p>CMHPs</p>
<p>2. The best incentive for an adequately trained and stable work force is to provide living wages and benefits to employees. The State must take all reasonable steps to provide adequate funding to pay providers fairly.</p>	<p>David Pollack</p>			<p>CMHPs</p>
<p>3. The State must develop an action plan to assure the development of work force resources for serving communities and persons of color in the next ten years. This work force action plan should focus on recruitment of persons from the major racial and ethnic groups in Oregon, and assure adequate numbers of well trained bilingual and bicultural staff for the fastest growing ethnic group in Oregon, persons of Hispanic descent.</p>	<p>David Pollack</p>			<p>CMHPs</p>

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<b>E. Recommendations Related to Regional Services</b>				
1. <u>Consistent with ORS 430</u> , the State must encourage regionalization of mental health and substance abuse services where there is strong local support for such initiatives and where there is a reasonable prospect of cost savings or better outcomes.	Madeline Olson			CMHPs
2. The Legislature should not mandate regional service delivery, but should consider providing incentives for regionalization.	Madeline Olson			CMHPs
3. Given the importance of achieving statewide implementation of a System of Care approach and culture, the energy and resources required for regionalization may be better spent in simplifying the administrative and financial organization of State services and developing integrated care services locally.	Madeline Olson			CMHPs
<b>F. Recommendations Related to Integration of Care</b>				

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<p>1. Integration of care for mental illness, substance abuse and physical health services is an essential part of a System of Care, particularly for those individuals who are uninsured or who are covered by Medicaid, Medicare or other public programs and for families with children <u>who have serious emotional disturbances</u>. The State must actively promote the development of integrated care delivery systems throughout the State. Integration of services, particularly as part of a System of Care, will reduce the recycling of individuals through various parts of the health care system and the <u>juvenile and criminal justice systems</u>. It will also allow for early intervention where possible, thus avoiding increased disability and cost.</p>	David Pollack			CMHPs
<p>2. The Public Employees Benefit Board (PEBB) is promoting integration of care for services to State employees. OMHAS, OMAP and other State agencies should coordinate their efforts with PEBB, to assure that the State is pursuing a common strategy for the development of integrated healthcare delivery systems.</p>	David Pollack			CMHPs
<b>G. Recommendations Related to Suicide Prevention</b>				
<p>1. The suicide prevention programs of the Offices of Public Health must develop a seamless working relationship with all State and community partners, so that the best practices of suicide prevention can be implemented consistently throughout all State mental health programs.</p>	Margaret Thiele			CMHPs

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2. The State should fund, and Local Mental Health Authorities should accept leadership to provide, comprehensive intervention and suicide prevention services in the schools and in places where senior citizens live and congregate, in recognition of the high rates of suicide among adolescents and senior citizens.	Margaret Thiele			CMHPs
3. Parity legislation must include coverage for clinical depression, a primary precursor of suicide.	Margaret Thiele			CMHPs
<b>H. Recommendations Related to Evidence-Based Practices, Outcome Measurement, and Housing</b>				
1. To achieve widespread implementation of evidence based practices will require seed money, training and cultural change. The State must provide all of these resources and the leadership to see that evidence based practices are implemented. At the very least, OMHAS must <u>be provided with funding for pilot projects</u> to validate various evidence based practices and to demonstrate how they can be effectively implemented throughout Oregon.	Madeline Olson			CMHPs
2. There are developing tools for outcome measurement beyond the expertise of this Task Force to evaluate. OMHAS must make such tools available to all Local Mental Health Authorities and community providers, as well as OMHAS operated programs, OMAP, the PEBB and other State entities which purchase or influence mental health and addiction services.	Jon Collins			CMHPs

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<p>3. One of the important uses of outcome measurements is to encourage constant process and outcome improvement. To that end, the data gathered from outcome measurement must be open and readily available to persons who use mental health services, the general public, and the Legislature, as well as to providers and regulators.</p>	Jon Collins			CMHPs
<p>4. The state Office of Housing and Community Services and the Department of Human Services, Office of Mental Health and Addiction Services must use every means available to continue their partnership to develop specialized housing to match the needs of people with mental disorders.</p>	Ralph Summers & Vicki Skryha			CMHPs
<b>I. Recommendations Related to Child and Adolescent Services</b>				
<p>1. OMHAS must integrate all intensive mental health services for children and adolescents through the Mental Health Organizations (MHOs). These services currently include: psychiatric day treatment, psychiatric residential treatment, therapeutic foster care, longer term treatment for adolescents at the Oregon State Hospital, and the Secure Children's Intensive Program. The purpose of this integration is to provide the resources to local mental health authorities to create locally operated systems of care that are strengthened by family involvement, not only in treatment planning, but in system design, oversight, quality improvement and governance.</p>	Ralph Summers			CMHPs

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2. OMHAS must require and promote the development of local family driven flexible and wraparound services. The purpose is to decrease either the numbers of children who are treated in institutional like settings or decrease the amount of time children receive treatment in such settings.	Ralph Summers			CMHPs
3. OMHAS must hold the MHOs and the local mental health authorities accountable for changing local delivery systems, improving the quality of services available to children and their families, and expending all resources made available for treatment of children and their families for that treatment.	Ralph Summers			CMHPs
4. OMHAS must integrate the few resources that are available to serve children who are not eligible for Medicaid and the OHP into the local Systems of Care.	Ralph Summers			CMHPs
5. OMHAS must advocate for additional resources in order to begin to fund, at an adequate level, a full system of mental health care including prevention and early intervention services for all Oregon children and families who must rely on the public mental health system.	Ralph Summers			CMHPs
6. School-based clinics must provide a full-range of mental health intervention and suicide prevention services	Ralph Summers			CMHPs
7. School personnel, including teachers, counselors, administrators, and clinic personnel must be trained and retrained to recognize symptoms of serious emotional disturbance and alcohol or other drug problems that lead to suicidal behavior and to intervene appropriately.	Ralph Summers			CMHPs
<b>J. Recommendations Related to Older Adults</b>				

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<p>1. The Legislature and the Department of Human Services should work toward developing comprehensive mental health and addiction services for seniors and persons with disabilities. These services must include counseling, peer supports, community education, mental health and substance use screening within long term care facilities, increased involvement of primary care physicians in senior mental health and addiction through consultation services, on-site services, and geriatric mental health assessment tools geared to evaluate older patients.</p>	<p>Sandra Moreland</p>			<p>CMHPs</p>
<p>2. There must be more flexible managed health care and long term care insurance coverage that provides for geriatric mental health and addiction treatment. These services must be carried out through a coordinated service and program approach within the senior and disability system as well as mental health and addictions systems.</p>	<p>Sandra Moreland</p>			<p>CMHPs</p>
<p><b>K. Recommendations Related to Funding</b></p>				
<p>1. Although the Executive Order directs the Task Force to take existing funding constraints into account, and we have done so, we would be derelict in our duty if we did not recommend that the 2005 Legislature appropriate funds at a minimum sufficient to fund the recommendations we have made in sections A through I of this report. In addition, the Office of Mental Health and Addictions Services must develop a plan to move toward an equitable distribution of resources in the 2005-07 biennium and beyond.</p>	<p>Bob Nikkel</p>			<p>CMHPs</p>

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<p>2. The enactment of reasonable parity legislation will directly and indirectly reduce the caseloads and costs of the public mental health system, as well as other public social services.</p>	<p>Bob Nikkel</p>			<p>CMHPs</p>
<p>3. Consistent with changes made as a result of the passage of HB 3024, OMHAS must prepare and provide to the Governor and the Legislature at least annually a rolling three year business plan showing the opportunities for implementation of System of Care services throughout the State. The plan should forecast the direct costs of such services, how such costs might reasonably be borne by the State and by local mental health authorities, and how the investment in such programs will benefit society in terms of improved outcomes, better human productivity, and lower social costs.</p>	<p>Margaret Thiele</p>			<p>CMHPs</p>
<p><b>L. Recommendation Related to Implementation</b></p>				
<p>The Governor should designate the Oregon Health Policy Commission as the keeper of this report. OMHAS, together with other key implementers of these recommendations, shall report at least annually to the Commission on progress made toward implementation of the recommendations contained herein.</p>	<p>Bob Nikkel and Madeline Olson</p>			