

ISSUES SUMMARY FROM GOVERNOR'S MH TASK FORCE MEMBERS

ASSIGNMENT 1

January 29, 2004

1. Access to services and expenditure of funds in Oregon—are Community Mental Health Programs adequately staffed given the resources available?
2. Inadequate housing and medication support for persons with mental illness
3. System fragmentation that promotes “placement” vs. “services and support”; need to emphasize Systems of Care approach
4. Multiple layers of contracting and funding at both state and local levels
5. Overemphasis on diagnosis and treatment rather than a public health approach; system is crisis-driven rather than preventive/health promoting
6. High cost services are regional or statewide while most other services are locally based—(especially an issue for rural areas?)—need to shift resources to community-based services and evidence-based services
7. System needs to be better able to respond to youth and adults with co-occurring disorders of alcohol/drug problems and mental illness in order to resolve the issues which are otherwise dealt with in the juvenile and criminal justice systems
8. Lack of preparedness for workforce and service delivery system in responding to Oregon's increasing diversity in terms of cultures, ethnic/racial differences, age, gender, etc.
9. Problems with engaging persons with severe mental illness and substance use disorders
10. Need for more active solicitation of consumer/survivor participation in system redesign and system change
11. Insufficient support for self-help and peer-helping-peer activities
12. Lack of alignment of resources in the public mental health system with responsibilities to provide services to Oregon citizens consistent with federal and state requirements
13. Lack of parity of mental health services with other physical health services

14. Insufficient coordination of services between providers of physical health and mental health care
15. Deficiency of early screening opportunities (in schools, for example) to detect individuals at risk of or in the early stages of mental illness
16. Lack of parity for mental health and addiction services; leads to cost shifting from private to public sectors
17. Inadequate integration of mental health and addiction system for both treatment and prevention—separate funding streams and multiple state agencies
18. Public mental health system is “rule driven” rather than oriented toward improving outcomes through evidence-based practices
19. Need for workforce development to ensure better preparation for the complex, culturally diverse, science-based approaches now in demand
20. Mental health system does not systematically embrace recovery; often working against the inclusion of significant others and families
21. Significant public health problem in the juvenile justice and corrections system that does not include a comprehensive approach to youth and adults with co-occurring disorders of alcohol/drug problems and severe emotional disturbance or mental illness
22. Inadequate and inconsistent care in community mental health programs; need more emphasis on evidence-based programs as the standard along with performance-based outcomes with an emphasis on community-oriented services which include consumers and family members
23. Instability of adequate, integrated funding support—lack of parity, fragmentation, and depleted funding streams
24. Criminal justice system is increasingly impacted by persons with mental illness; limited options for diversion from the criminal justice system
25. Unpredictability and instability of funding makes planning for adequate acute, long-term and recovery-oriented services extremely difficult to develop; community-based services require more assurance of their continued viability or they could collapse; Oregon’s mental health and addiction services system has historically evolved from crisis to crisis
26. Both perceived and actual fragmentation of the community and state hospital systems; important to differentiate between perceptions and realities because the remedies are very different for each

27. Need to re-tool the community and state hospital mental health and addiction systems to consistently provide evidence-based and promising practices that promote recovery rather than traditional services which overemphasize pathology and dependence

I:\MHS_Shared\NIKKEL\GOVMHAL\ISSUES SUMMARY FROM GOVERNOR.doc