| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| **A. Legislative Recommendations** | | | | |
| 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. | Bob Nikkel<br>Barry Kast | Governor's discussion group appointed and will meet January 24, 2005.<br>Several meetings held with plan for supporting SB 1 and other bills for parity now completed. Hearings scheduled for March 9 and 14. | | CMHPs<br>Consumers, Survivors<br>Recovery associates<br>Insurance rep.<br>NAMI<br>AOI<br>State Legislators |
| 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. | Bob Nikkel<br>Barry Kast | Governor's discussion group appointed and will meet in January 2005.<br>See 1. Above. | | CMHPs<br>See above |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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.**)** | Bob Nikkel<br>Marvin Fickle<br>Norman Miller | OSH Master Plan Architect/Engineer procurement to be released by December 31, 2004.<br>Preliminary Phase I report to Legislature due in May 15, 2005.<br>KMD Architects selected; first meetings and on-site review started March 1.<br>OMHAS hired project manager (Norman Miller) to liaison between KMD and OSH/OMHAS. | Multiple | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 progra | Stan Mazur-Hart<br>Karen Wheeler | · OMHAS staff have researched "Building Bridges" and analyzed it in comparison to current practice in Oregon when inmates with mental illness are released from local jails or state prisons.<br>· OMAP staff, in consultation with OMHAS, CAF, and SPD, are developing a policy paper for review and consideration by the DHS cabinet. This policy paper will contain suggestions for implementing this recommendation from the GMHTFR. Adopting changes to current practice will require additional general fund (GF) expenditures in DHS not contained in the governor's recommended budget (GRB).<br>· It is anticipated that the policy paper will be presented to the DHS cabinet within the next month.<br>· SB 913 has been introduced at the request of the Judiciary Committee. SB 913 directs DHS to suspend medical assistance for persons with mental illness while incarcerated, rather than terminating benefits. The fiscal analysis for this bill has not been completed. It will require expenditures not currently budgeted, as noted above. Those expenditures include costs associated with revising procedures at DHS (staff and computer resources) and inc<br>· The OMHAS goal is to connect persons with psychiatric disabilit | | CMHPs<br>ODAP<br>DOC<br>State hospitals |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 payers. | David Pollack | Follow up with the Governor's office regarding the recommendations from the Heinz/Mercer study on maximizing purchasing potential for Oregon's state agencies that pay for meds.<br>Link this recommendation to DHS's quality and access and cost savings initiatives (Partnership for Psychiatric Medication Access)<br>Maintain this focus in relation to any legislation tracking during the session.<br>Heinz study just about to be released<br>PPMA moving along quite well. Some cost avoidance being obtained and plans to initiate medication algorithm moving ahead.<br>David Pollack has done briefing for the Senate Health Services Committee on medication issues and is tracking most of the medication related bills. | | CMHPs |
| 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 | Vicki Skryha<br>Bob Nikkel | 1. Obtain updated legal opinion from Attorney General on barriers in state statutes and the siting rights that exist under federal fair housing and other laws. The legal opinion should identify sections of the statutes that become obsolete or that should be revised to conform to federal civil rights, fair housing and Americans with Disabilities Act (ADA) laws.<br>2. Reviewed possible introduction of legislation with Governor's Office. | Oct. 2005 | CMHPs, Housing Providers |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| | | 2. Develop legislative concept to revise statutes so the rights to siting community housing are clear and straightforward. This would involve assembling a work group to produce, review, and finalize the draft concept. | Mar-06 | CMHPs, Housing Providers, Local City/County Planning Depts., other impacted groups |
| | | 3. Introduce legislation to revise statutes based on legislative concept. | Jan-07 | Same as 2. Above |
| 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.) | Madeline Olson | Contact the Oregon Health Policy Commission regarding this issue. | | CMHPs |
| 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. | Stan Mazur-Hart | OMHAS staff have met with OSH staff to evaluate this problem and the effects it has on both defendants and the state hospital admissions.<br>SB 39 was filed at the request of the governor for the PSRB. This bill requires that there be a determination on the record regarding the mental disease or defect of a defendant who asserts guilty except for insanity.<br>SB 39 is a direct response to GMHTFR Recommendation A.8.<br>There has been a hearing at which OMHAS provided testimony.<br>A work session is scheduled. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| **B. Recommendations Related to the Interface Between the State and Community Mental Health Providers.** | | | | |
| 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. | Bob Nikkel<br>Marvin Fickle<br>Maynard Hammer<br>Maxine Stone | | 12/21/04 | DOC, PSRB, CMHPs<br>Contracted Architect/Engineer firm |
| 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. | Madeline Olson | 1. Contact the Governor's Office re their direction.<br>2. Work with DHS planning group.<br>3. Review functions for LMHAs and MHOs.<br>4. Develop plan to streamline in accordance with statutes. | | CMHPS, Housing Agency, MHOs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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: | Mike Morris | OMHAS is developing approximately 319 community residential beds this biennium. This includes programs for persons civilly committed and those under the PSRB. | | CMHPs |
| 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. | | OMHAS, in collaboration with CMHPs, is developing a proposalfor the co-management of Civil Commitment State Hospital Utiliazation. Each county or region will have identified Average Daily Population targets to meet. OMHAS and the counties or regions will provide ongoiong utilization review of persons in the State Hospital. Counties will have a graduated financial responsibility for length of stays beyond the authorized stay. | | |
| b. Services that reflect people's needs and are recovery oriented. | | OMHAS providing targeted technical assistance to expand supported employment services.<br>OMHAS provided specific funding to counties to implement intensive case management services to support persons in integrated community settings. | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| c. Housing and support services as appropriate. | Vicki Skryha | 1. Continue to provide technical assistance (TA) and training to support housing and residential service development. This includes bi-monthly TA meetings and occasional workshops or conferences as well as individualized housing project TA as requested. (Note: could use additional staff capacity as it is difficult to keep up with demand for TA.) | Ongoing | CMHPs, Oher local Providers, Housing Partners, Advocates |
| | Vicki Skryha | 2. Expand financial assistance to encourage development of new housing and support services by (a) continuing to provide housing development awards, leveraging significant additional resources through the MHS Housing Fund; (b) implementing the new Community Mental Health Housing Fund as prescribed in ORS 426.506 and OAR 309-036-0100 to 309-036-0125; (c) seeking additional resources to expand upon these efforts. | Ongoing | CMHPs, Other Local Providers, Housing Partners, Advocates |
| | Vicki Skryha | 3. Present a conference in Spring 2005 to promote and feature housing expansion strategies.<br>OMHAS Housing Institute is scheduled May 18-20, 2005 in Salem. | April-May 2005 | CMHPs, Other Local Providers, Housing Partners, Advocates |
| | | 4. Conduct a comprehensive analysis of the service financing system to determine how services can be funded to support consumers in housing settings, recommend improvements and implement system change (this effort funded by recently awarded federal CMS Real Choise grant). | Dec. 2004-Sept. 2006 | CMHPs, Other Local Providers, Housing Partners, Advocates |
| 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 | | OMHAS developing 139 PSRB community residential beds this biennium. | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | | 1. Funding increased by November E-Board.<br>OMHAS reallocated funds to focus on workload and persons leaving state hospitals.<br>2. Negotiate a state hospital "co-management agreement" to link CMHPs to state hospital and wait list transition planning. | | |
| 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. | | | | |
| **C. Recommendations Related to the Criminal Justice System** | | | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 | OMHAS has committed to the recovery model through policy statements, support of recovery-oriented programs in its budget, and evidence-based implementation of the recovery model in state facilities and community programs. OMHAS was represented on the Managing Mental Illness in Prison Task Force, which issued its final report in October 2004. The report recommends a recovery-oriented model in the DOC's Counseling and Treatment Services Programs.<br>The OMHAS Administrator and the Director of DOC's Counseling and Treatment Services are meeting regarding common issues in working with people who have a serious mental illness.<br>OMHAS staff are meeting to discuss specifically the Recovery Model in treatment and common application opportunities in DOC and OMHAS. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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<br>Karen Wheeler | January 2005, the Office partnered with the Oregon Judicial Dept. to provide a statewide forum for judges, treatment court coordinators, case managers, and treatment providers regarding case coordinatio and information sharing in light of federal confidentiality regualtions. (Karen Wheeler)<br>OMHAS is working with OJD to develop a statewide training initiative which will become part of a grant application submitted by OJD to the Bureau of Justice Assistance (BJA) in March of 2005. (Karen Wheeler)<br>OMHAS staff have met with staff in the Education Division of the Oregon Judicial Department to discuss the education and training issues in this recommendation, as well as those contained in Recommendation C.4.<br>At the request of two justices on the Oregon Supreme Court, the annual judicial conference scheduled in October will include a two-hour session on mental health issues and the criminal justice system. OMHAS staff and OJD Education Division staff are planning this session jointly.<br>Further education and training will be provided at regional judicial conferences following the October conference. OMHAS s<br>OMHAS staff attended Oregon Jail Managers Association meeting<br>OMHAS staff developed a 45-item jail survey, which has been dis<br>The OMHAS Jail Survey 2005 also will provide a basis for trainin | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 3. Every county or region should have a 24/7 acute care crisis center, with State, local or federal funding as 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. | Stan Mazur-Hart | · OMHAS has increased priorities to use currently reallocated funds to serve consumers being released from county jails.<br>· Partners in Crisis has been working on developing proposals to implement recommendations in the GMHTFR. Partners in Crisis has developed a draft proposal for a pilot project to implement 24/7 crisis resolution centers and boundary spanners between local jails and public mental health authorities in four counties. This organization also has proposed the development of additional Crisis Intervention Teams (CIT) throughout Oregon, based on the Memphis, Tennessee model. OMHAS staff have participated in Partners in Crisis meetings as adjunctive members of the organization's steering committee.<br>· OMHAS staff have conducted a small survey of community mental health programs and their participation in any CIT programs in Oregon.<br>· Creating additional 24/7 crisis resolution facilities will require additional program development and new funding for most counties. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 | Stan Mazur-Hart | · As noted above in the action plan for Recommendation C.2., OMHAS staff have met with staff in the Education Division of the Oregon Judicial Department to discuss the education and training issues in this recommendation, C.4.<br>· Two justices on the Oregon Supreme Court have indicated their determination that there should be continuing judicial education on mental health issues. The annual judicial conference scheduled next October will include a two-hour session on mental health issues and the criminal justice system. OMHAS staff and OJD Education Division staff are collaborating to plan this session.<br>· Further education and training will be provided at regional judicial conferences following the October conference. OMHAS staff and OJD Education Division staff will collaborate on that planning as well.<br>· OMHAS has supported the development of treatment courts in Oregon, both for substance abuse and mental illness. This will continue. Implementation of additional treatment courts and continuing education for judges and officers of the courts will require additional funding for implementation. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Stan Mazur-Hart | · OMHAS and DOC will work together during the interim following the 05-07 legislative session to develop proposals to be introduced during the 07-09 session.<br>· Data for the collaboration between OMHAS and DOC will come from the DOC database and data collected from county jails and community mental health programs.<br>· There are three major points of diversion: (1) on the street at the point of contact between law enforcement and a person with mental illness who has been accused of a crime; (2) at booking in the county jail; and, (3) in court. The earlier in the process that diversion occurs, the better the outcome for the person with mental illness and the greater the reduction in cost to the criminal justice system.<br>· This recommendation does not only require collaboration between DOC and OMHAS. Success also depends on the involvement of law enforcement, the judiciary, prosecutors, defense attorneys, and community mental health. Diversion must not only be away from the criminal justice system, but to a living and treatment setting acceptable to the consumer. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 6. All correctional institutions and Local Mental Health Authorities must implement purchasing policies that benefit from bulk purchasing of pharmaceuticals by the State. | Stan Mazur-Hart | · OMHAS staff have discussed this recommendation with jail managers at the December Oregon Jail Managers Association staff. It also has been on the agenda of Partners in Crisis. Suggestions have come from both sources on how to reduce the costs of pharmaceuticals purchased by Oregon's county jails.<br>· The OMHAS Jail Survey 2005 asks a number of questions regarding psychiatric pharmaceuticals used in the county jails. Data from the survey will provide information on use and cost data. A follow up survey on purchasing practices will be sent to county jails once the OMHAS Jail Survey 2005 is returned. At that time proposals will be formulated and discussed will the appropriate stakeholders.<br>· With the assistance of a pharmaceutical representative, information is being collected from other states. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 over time cost less and produce better outcomes, including reduced recidivism. | Stan Mazur-Hart | · Since July 2003, 43 beds have been developed by OMHAS staff in the following housing types: secure residential treatment facility (6); residential treatment home (14); residential treatment facility (5); adult foster home (5); and supported housing (13).<br>· During this biennium (03-05), OMHAS is creatively allocating caseload growth money to facilitate the discharge of individual PSRB patients.<br>· OMHAS staff are working on the development of 96 more community housing beds to be opened by June 2005.<br>· The forensic census at OSH continues to fluctuate significantly over budgeted capacity. The highest point was January 27th when the census was 64 patients over budgeted capacity. The forensic census today is 55 over budgeted capacity. Although community beds are being developed at a rate faster than past biennia, the census has been affected by a much higher than average number of PSRB admissions. | | CMHPs |
| 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. | Stan Mazur-Hart | · The Forensic Evaluation Service at OSH is under funded and has had difficulty keeping up with the workload demands.<br>· At the request of OMHAS staff, OSH staff collected data on evaluations ordered and completed on patients committed under ORS 161.365 and ORS 161.370.<br>· OMHAS staff and OSH staff have met to discuss and evaluate ways in which this recommendation could be implemented. A draft plan will be available in early April for review by the OMHAS administrator. | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Marvin Fickle | Regular meetings are now scheduled every other week.<br>Planning issues will be integrated into OSH Master Plan but unterim project development will be developed by OMHAS, state hospital and PSRB.<br>OMHAS staff also are meeting with Partners in Crisis to resolve the crisis of people wit mental illness in the criminal justice system.<br>OMHAS staff attended the Oregon Jail Managers Association meeting in early 2005. | | CMHPs<br>PSRB<br>OSH |
| 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. | Bob Nikkel and Marvin Fickle | Five meetings held to date [March 1, 2005] to identify options.<br>Will integrate into OSH Master Plan process. | | CMHPs<br>DOC<br>PSRB<br>OSH |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Stan Mazur-Hart | OMHAS staff prepared an analysis of the Bazelon Center's model law, "Building Bridges." A discussion on implementing this law in Oregon is contained above in Action Plan Update for Recommendation A.4. This paper was distributed and discussed with county jail managers at the Oregon Jail Managers Association in December.<br>· As noted above, OMHAS staff attended the December and February meetings of the Oregon Jail Managers Association. The OMHAS Jail Survey 2005 was distributed at the February meeting.<br>· Data from the OMHAS Jail Survey 2005 will provide information on what parts of "Building Bridges" can be implemented in county jails without additional resources. To date, the most significant resource needed for this are case managers for pre-release planning services. | | |
| **D. Recommendations Related to Workforce Training and Compensation** | | | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 1. The State must promote workforce training programs in the Oregon University System, the community college system, private colleges and private 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. | David Pollack | OMHAS will facilitate and staff the expansion and continuation of the workgroup that developed the Appendix G recommendations, with the specific aim of developing core curricula and core competencies for the various behavioral health disciplines or professional and paraprofessional job categoreis.<br>OMHAS will plan and provide a statewide stakeholders conference to address behavioral health workplace development issues, with a goal of obtaining guidance and consensus on issues such as curriculum, minimum standards, and core competencies.<br>The above activities will be pursured in collaboration with other health-related offices within DHS and the Governor's Healthcare Employment Initiative consultant.<br>Workgroup being reformed to address this issue.<br>Plans begun to put on stakeholder conference on behavioral health workforce development in late summer.<br>Conference will be opportunity to involve other DHS offices and Governor's Healthcare Employment Initiative. | | CMHPs |
| 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. | David Pollack | | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | David Pollack | Consult with James Mason and the Office of Multicultural Health to develop plans for this action item. Include key OMHAS staff involved in cultural competency issues in the planning effort. | | CMHPs |
| **E. Recommendations Related to Regional Services** | | | | |
| 1. Consistent with ORS 430, 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 | 1. Metro counties now meeting with OMAHS on monthly basis. OMHAS is reviewing a proposal for regional operation of acute and long term care.<br>2. Work with Key Stakeholders in 2005 to prepare Biennial Implementation Plan Guidelines for 2007-09 to encourage and support local regionalization efforts. | | CMHPs<br>ADAPAO |
| 2. The Legislature should not mandate regional service delivery, but should consider providing incentives for regionalization. | Madeline Olson | Work with Key Stakeholders to develop strategies to support regionalization and tie as needed to Legislative initiatives for 2007. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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<br>Karen Wheeler | As part of the Child & Adolescent system of care effort and efforts to remove barriers to integrated treatment of co-occurring mental health and addiction disorders, OMHAS will review and rewrite administrative rules to support integrated services.<br>Review financial organization for changes in the 2007-09 biennium. Begin work Mid-2005<br>OMHAS Policy and Program Development Unit has developed a discussion paper and core workgroup for the purpose of moving forward with plans to develop integrated services for individuals with co-occurring mental health and substance use disorders. The discussion paper will be used to engage stakeholders and internal staff for direction, planning, and implementation of policy, reimbursement strategies, and program design areas.<br>OMHAS, through its Resources for Recovery technical assistance project supported by the Robert Wood Johnson Foundation, sent a team of treatment and managed care professionals to review a regional integrated system of care in Tucson, Arizona. The team's findings are documented in a report and have assisted them in deve | Late 2005 | CMHPs<br>MHOs<br>ADAPAO |
| **F. Recommendations Related to Integration of Care** | | | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 who have serious emotional disturbances. 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 juvenile and criminal justice systems. It will also allow for early intervention where possible, thus avoiding increased disability and cost. | David Pollack<br>Karen Wheeler | Pursuit of the DHS primary care and behavioral health integration initiatives, including the dissemination of the DHS recommendations, the NASMHPD technical report ("Integrating Behavioral Health and Primary Care Services"), and the creation/facilitation of pilot project opportunities throughout the state.<br>Further attention to financing concerns through collaborative actions within the Health Services Cluster offices, especially OMAP, OMHAS, and the Public Health offices associated with the safety net clinics.<br>Follow-up on related recommendations from the Safety Net Workgroup and the OHP Study Group.<br>Collaborate with appropriate OMHAS staff on co-occurring disorder project development.<br>Tie in to Early Psychosis project developments wherever possible, especially in relation to the involvement of primary care providers, as well as appropriate attention to co-morbid substance abuse services.<br>State workplan now created.<br>Core workgroup addressing the financing, billing, and regulatory barriers to effective integration.<br>Awaiting formation of Safety Net Advisory Committee.<br>Co-occurring disorder position paper under development and revie | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | David Pollack | Remain active and involved in ongoing consultation with PEBB, both in terms of the proposed benchmarks for treatment outcomes and health provider systems development, especially those recommendations that promote increased behavioral health integration with primary care.<br>PEBB on course to implement benefit changes in upcoming contracts. | | CMHPs |
| **G. Recommendations Related to Suicide Prevention** | | | | |
| 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. | Margaret Thiele | Collaboration between David Pollack and Margaret Thiele to facilitate communications and other cooperative interactions with the Offices of Public Health.<br>Preparing to develop joint proposal for Garrett Lee Smith Memorial Act project.OMHAS will be part of program design and grant writing application for Oregon to apply for the Garrett L. Smith memorial grant.<br>OMHAS added $50,000 to Oregon Partnership to supplement statewide suicide hotline. | | CMHPs |
| 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 | OMHAS is collaborating with Public Health in the youth suicide prevention effort in defining a model of prevention, intervention through the publicly funded health and mental health systems.<br>The Office of Injury Prevention & Epidemiology is leading in collaborative efforts between OMHAS & AOCMHP related to youth suicide prevention by involving key stakeholders, including family members and schools. | | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 3. Parity legislation must include coverage for clinical depression, a primary precursor of suicide. | Margaret Thiele | OMHAS will work collaboratively with stakeholders to assure that parity legislation includes coverage for clinical depression in an effort to prevent suicides.<br>Children's Services Advisory Council members avtibely promoting parity legislation through testimony and advocacy. | | CMHPs |
| **H. Recommendations Related to Evidence-Based Practices, Outcome Measurement, and Housing** | | | | |
| 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 be provided with funding for pilot projects to validate various evidence based practices and to demonstrate how they can be effectively implemented throughout Oregon. | Madeline Olson | Work with local stakeholders and state budget process to seek funding for pilot projects.<br><br>Work with staff and stakeholders to redirect state training resources to support EBP.<br><br>Work with Stakeholders steering committee to implement EBP in 2005-07. | | CMHPs<br>ADAPAO |
| 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 | OMHAS will consult with internal and external resources to develop an easily accessible compendium of outcome tools. | 7/1/05 | CMHPs |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Jon Collins | OMHAS developing a process for making data related to utilization as well as outcomes through the OMHAS website.<br>OMHAS will institute a plan to insure relevant parties understand how to access the web based information<br>OMHAS will fine tune and add to initial set of reports available through the web. | 1/1/2006<br>7/1/2006<br>7/1/2007 | CMHPs |
| 4. The state Dept. 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. | Ralph Summers & Vicki Skryha | 1. Continue to work with Oregon Housing and Community Services (OHCS) on Villebois development (housing for people with serious mental illness to be included in new urban village at site of former Dammasch State Hospital). (Note: First two projects are under development.) | Ongoing | OHCS, DHS, OMHAS, CMHPS, Other Local Providers, Housing Partners, Advocates. |
| | | 2. Continue to work with OHCS on housing development technical assistance and coordinating the funding of mutually supported Projects. (Currently working jointly on about 20 projects. | Ongoing | OHCS, DHS, OMHAS, CMHPS, Other Local Providers, Housing Partners, Advocates. |
| | | 3. Continue to work with OHCS on homeless policy development and local project initiatives such as Portland's "Taking Healthcare Home" system change project and the Rural Oregon Leasing+Support (ROLS) projects. (Ending Homelessness Action Plan approved by Governor in June 2004; current legislation to establish interagency council on hunger and homelessness; OMHAS is represented on oversight committees for several federal grants.) | Ongoing | OHCS, DHS, OMHAS, CMHPS, Other Local Providers, Housing Partners, Advocates. |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| | | 4. Continue to work with OHCS on co-sponsored training events. (working on Homeless TA events, May 2005 Housing Institute). | Ongoing | OHCS, DHS, OMHAS, CMHPS, Other Local Providers, Housing Partners, Advocates. |
| **I. Recommendations Related to Child and Adolescent Services** | | | | |
| 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. | Ralph Summers | | | CMHPs |
| 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 |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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 |
| **J. Recommendations Related to Older Adults** | | | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Sandra Moreland | 1. Continue to provide ongoing technical assistance and training to support the development of mental health and addiction services. Tis includes regional training, workshops, and individualized technical assistance.<br>2. Identify data sources, compile information and complete an assessment of CMHP's capacity for geriatric mental health services.<br>3. Conduct regional meetings, trainings and workshops tailored to assessment results to assist CMHPs and MHOs in developing geriatric services.<br>4. Make recommendations for changes in policy and funding to achieve comprehensive mental health and addiction services for older adults and people with disabilities based on analysis of most successfult existing geriatric mental health. | Ongoing<br><br>Dec. 2004-March 2005<br><br>Spring 2005-Spring 2006<br><br>Jan. 2007 | CMHPs, MHOs, SPD/AAAs, consumers, advocates |
| 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. | Sandra Moreland | 1. Convene A DHS workgroups, including staff from OMAP, SPD and OMHAS to develop a response to this recommendation.<br>2. Workgroup members to collect information on the issues pertinent to this recommendation and develop a summary of the issues with short and long-term strategies for implementation.<br>3. Develop a briefing paper based on 2. to present to OMHAS leadership. | Feb. 2005<br><br>Dec. 2005<br><br>Feb. 2006 | CMHPs, SPD/AAAs, consumers, older adult advocates |
| **K. Recommendations Related to Funding** | | | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Bob Nikkel | Equity plan adopted October 2004. Initial redistribution of funding started in June and November 2004. | | CMHPs |
| 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. | Bob Nikkel | See A. 1. and 2.C85 | | CMHPs |
| 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. | Margaret Thiele | Progress report being prepared on state and local implementation on planning process, to be incorporated into report for the Legislature.<br><br>Master plan funded by Legislative E-Board in November 04 will be foundation for three year business plan for Oregon State Hospital. The as will biennial Federal Block Grant Plan forms the basis along with the county plans for the community portion of a system of care plan.<br><br>Prepare request for plans criteria for county/local mental health authorities for next biennium taking into account the need to forecast the direct cost of a system of care. | 1/30/05<br><br>5/30/05<br><br>6/30/05 | CMHPs |
| **L. Recommendation Related to Implementation** | | | | |

| Recommendation | OMHAS Contact | Action Steps | Completion Date | Other Stakeholders |
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| 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. | Bob Nikkel and Madeline Olson | First report provided January 20, 2005. Next update to be announced. | | |