

August 23, 2002

The Honorable Theodore Kulongoski
Governor of Oregon
254 State Capitol
Salem, OR 97310

Dear Governor Kulongoski:

The Mental Health Planning and Management Advisory Council (PAMAC) has reviewed the federal fiscal year 2004 State Plan for mental health services prepared in the FY 2003-2004 Federal Center for Mental Health Services (CMHS) Block Grant application. The application will be forwarded to the CMHS by the Office of Mental Health and Addiction Services, Department of Human Services, Health Services on or before September 1, 2003. The plan is required under federal PL 102-321 as part of the State's application for Mental Health Services Block Grant funds.

The State Planning Council is required to inform you about our recommendations regarding the plan, and this letter is in response to that opportunity. We believe the State Plan for both adults and children/adolescents address the major concerns of consumers, families, providers and advocates in a positive and comprehensive manner. The Council is supportive of the federal government's revised Block Grant process, and want to thank the Office of Mental Health and Addiction Services for their leadership in creating a process that allowed the PAMAC to co-write performance indicators with state staff.

For adults, issues addressed include:

- Access to aftercare out-patient services for individuals discharged from acute care hospitals;
- Access to increased and enhanced supported employment services;
- Consumer involvement in treatment planning;

- Consumer satisfaction with care and treatment;
- Development of a data analysis system for level of functioning information;
- Maintaining the Mental Health Services Housing Development Fund;
- Continued services for adults with severe mental illness who come into contact with local jails or community corrections systems;
- Increasing the number of Hispanic adults who receive publicly funded mental health services;
- Increasing the number of adults with serious mental illness who receive public mental health services with special attention to the elderly and homeless populations;
- Increasing the number of homeless adults with severe mental illness receiving publicly funded mental health services;
- Assuring convenient and timely mental health access in rural Oregon;
- Provision of regional trainings to emergency health service providers on working with individuals with mental illness;
- Facilitating trainings conducted by NAMI for family members and consumers;
- Increasing the amount of consumer-directed services;
- Increasing coordination between community mental health programs and local jails/community corrections to transition individuals with severe mental illness to community based mental health services; and
- Suicide reduction among adults and seniors.

For children, issues addressed include:

- Enhancing services to children for child psychiatry education and consultation;
- Ensuring convenient and appropriate mental health services for children;
- Increasing child and parent or guardian satisfaction in meeting treatment goals;

- Increasing child and parent or guardian satisfaction with care and treatment;
- Selecting and implementing a methodology for demonstrating children’s functional improvement while they are receiving intensive treatment services;
- Piloting services to “pre-adjudicated” youth to divert them from the juvenile justice system;
- Increasing the number of children with severe emotional disorders receiving mental health services;
- Increasing the percentage of children receiving mental health services who have Native American, Hispanic, African American, and Asian ethnic backgrounds;
- Reviewing and analyzing the number of children in rural communities who receive mental health treatment services;
- Increasing the availability of mental health services to youth who are homeless;
- Developing transitional programs for older adolescents who are moving out of children’s mental health systems into adult mental health systems;
- Increasing the participation of family members of children with severe emotional disorders on advisory councils, quality management committees, and other mental health delivery system decision-making bodies;
- Compiling data resulting from the Healthy Teens Survey to aid planning and system development of community-based mental health services;

The council has identified the following areas for future attention:

1. Implementation of the Governor’s Mental Health Alignment Workgroup (MHAWG) recommendations and extensive community-based needs assessment and comprehensive planning envisioned both by the MHAWG and required by House Bill 3024 passed by the 2001 legislature;
2. Continuation and expansion of the development of a long range plan for the Oregon public mental health system;

3. Additional transition programs for young persons with mental health issues who are leaving the formal education system;
4. Further financial opportunities for resources along with family and consumer involvement in planning for recovery-based treatment;
5. Review of access to mental health services in rural Oregon;
6. Expansion of provider continuing education opportunities;
7. A formal review of administrative rules and OHP managed care requirements with the goal of making recommendations to bring these two regulatory processes into more agreement; and
8. Continuation and expansion of quality assurance activities that assure a high standard of care and treatment to both Oregon Health Plan members and individuals receiving services outside the Medicaid system.

The Council would like to express its support for the efforts of the Office of Mental Health and Addiction Services to work in partnership with other state agencies. It urges the Governor and state government to encourage continued progress toward coordination and collaboration.

Finally, the Council wants to express its appreciation for the commitment and steadfast efforts of the people who plan, manage and deliver services to Oregonians with mental illness. We appreciate the opportunity to review the federal fiscal year 2004 Plan and to provide comments to you and to the Center for Mental Health Services.

Sincerely,

Phil Cox, Children Co-chair
Mental Health Planning and
Management Advisory Council