

Oregon prepares for \$20 million mental health roll-out

BY JASMINE ROCKOW
STAFF WRITER

Oregon's mental health care systems gained attention and new money from the 2013 legislative sessions – and more is on the way. While this is good news for Portlanders, especially those experiencing homelessness, mental health problems or addiction, it's not enough to meet the region's growing need.

An estimated one-quarter of the nation's homeless population lives with some kind of severe mental illness, according to The National Coalition for the Homeless.

And it's costing them their lives. The National Association of State Mental Health Program Directors has found that on average, people with severe mental illness die 25 years earlier than the general population.

These facts have policy makers and health care providers searching for solutions. Both groups agree that tackling such a complex problem requires three things: money, effective policies and efficient execution.

Many mental health care workers are cautiously optimistic. Health care reforms ushered in the coordinated care organizations and their integrated model of care. The Affordable Care Act allowed for the expansion of Medicaid, extending health care coverage to Oregon's poorest citizens. And 2013 brings an influx of funds to mental health care after years of cuts. But even with the boost in funding, some say that it's nowhere near enough.

"It will be drunk up very quickly," says Jason Renaud of the Mental Health Association of Portland. "It's about one-tenth of what's needed."

In July the state's legislative budget allocated \$65.1 million to the Oregon Health Authority for investments in mental health services. The Oregon Health Authority, or OHA, is a government agency that oversees state health care programs including Medicaid. When legislators reconvened for September's short session, they passed

House Bill 3601. The bill imposed a new tax on cigarettes, adding another \$20 million to OHA's mental health budget for the 2013-2015 biennium.

"We still have a long way to go," says Oregon State Rep. Peter Buckley (D-Ashland). "I think it's a good step, but I think \$20 million gets us about a third of the way of where we need to be, with a comprehensive statewide system."

The budget money, plus \$10 million of the cigarette tax money, is available now. OHA spent the last month posting requests for proposals to their website. The money has been divided up by different types of services – supported housing, crisis services, jail diversion, among others – and any organization that provides those types of services in the community can apply for a piece of the funds.

"What we are aware of is that there are a lot of systems that are doing a lot of great work," says Pam Martin, Addictions and Mental Health Director at OHA. "Rather than being overly prescriptive about where this money needs to go, we're putting out requests for proposals and saying to community mental health providers: What do you need and where are your gaps? How would you use these funds to complete your program?"

The remaining half of the cigarette tax money, another \$10 million, has been set aside for new development in supported housing. The state legislature will decide what that development looks like in the regular February session next year. National Alliance on Mental Illness, or NAMI, plans to re-submit their

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proposal that went unnoticed in this year's legislative session, HB 3332.

NAMI's proposal would install a specialized housing fund. Each region in the state could then apply for funding on projects that meet the specific needs of that population. The state would fund 20 percent of the project's total cost, and developers would obtain the remaining balance through conventional sources.

Supported housing is affordable housing and the services that help people stay in it, all under one roof. Each housing project will vary according to the specific population it serves, with services ranging from peer-delivered services, addiction support groups, job training or child care.

In the past, alcohol and drug treatment has been kept separate from mental health services. But the reality is that many people have co-occurring addiction and mental health issues that also co-occur with chronic health issues like diabetes, lung disease, HIV, Hepatitis C, etc.

Oregon's changing health care system is finally starting to catch up with what mental health advocates have been saying for years: mental illness, addiction, physical health and homelessness are irrevocably entwined. Supported housing and peer-delivered services offer the most hope for people dealing with these issues.

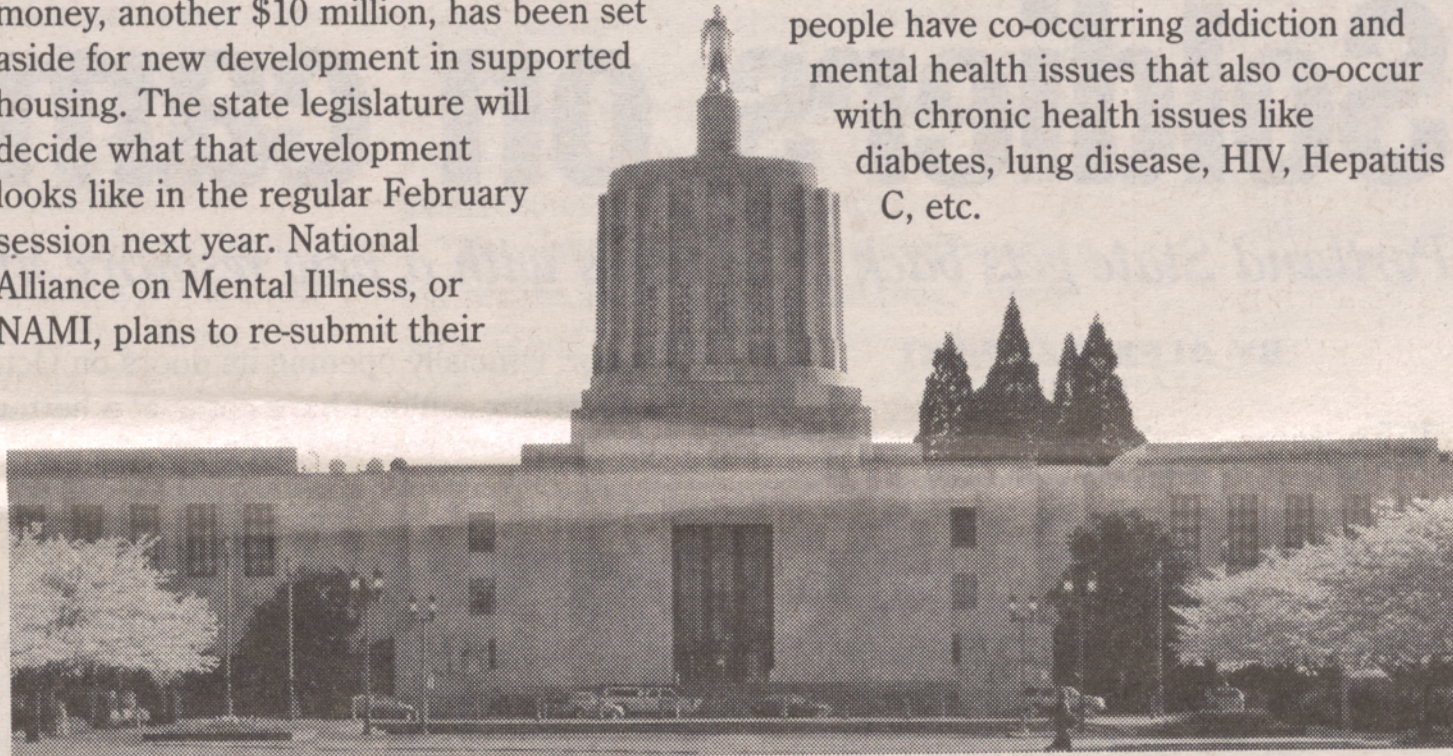
Jamie Montoya says supportive housing helped her escape homelessness and lead a healthier, more fulfilling life. Two years ago, she was living in a homeless shelter and wrestling with severe symptoms of bipolar disorder. She obtained transitional housing through Cascadia Behavioral Health.

"That opportunity made it so that I haven't had to go back to a hospital," says Montoya. "My mood has been stable. I'm not worried if I am going to get hurt out on the street. Having a stable home not only helps with my symptom management, but also with my self-esteem, which led to me starting to get off disability and getting a job"

Today, she works as a Peer Wellness Specialist with Cascadia Behavioral Health. The position is an important part of the recovery care model. Cascadia's Senior Director of Peer and Wellness Services, Meghan Caughey has been a leader in bringing peer-delivered services to Oregon.

"For some people, having a Peer Wellness Specialist means they are much more comfortable engaging with what can be a pretty intimidating mental health system," says Caughey. "Someone is coming across from their own depth of experience, and they have some real tangible empathy, rather than any kind of hierarchy there."

The next few months will reveal more specifics about the direction Oregon's mental health care is going. In December, OHA will begin awarding contracts to community mental health providers and Martin hopes they will have access to funds by January. The state legislature meets in February, with NAMI's supportive housing proposal on the table.



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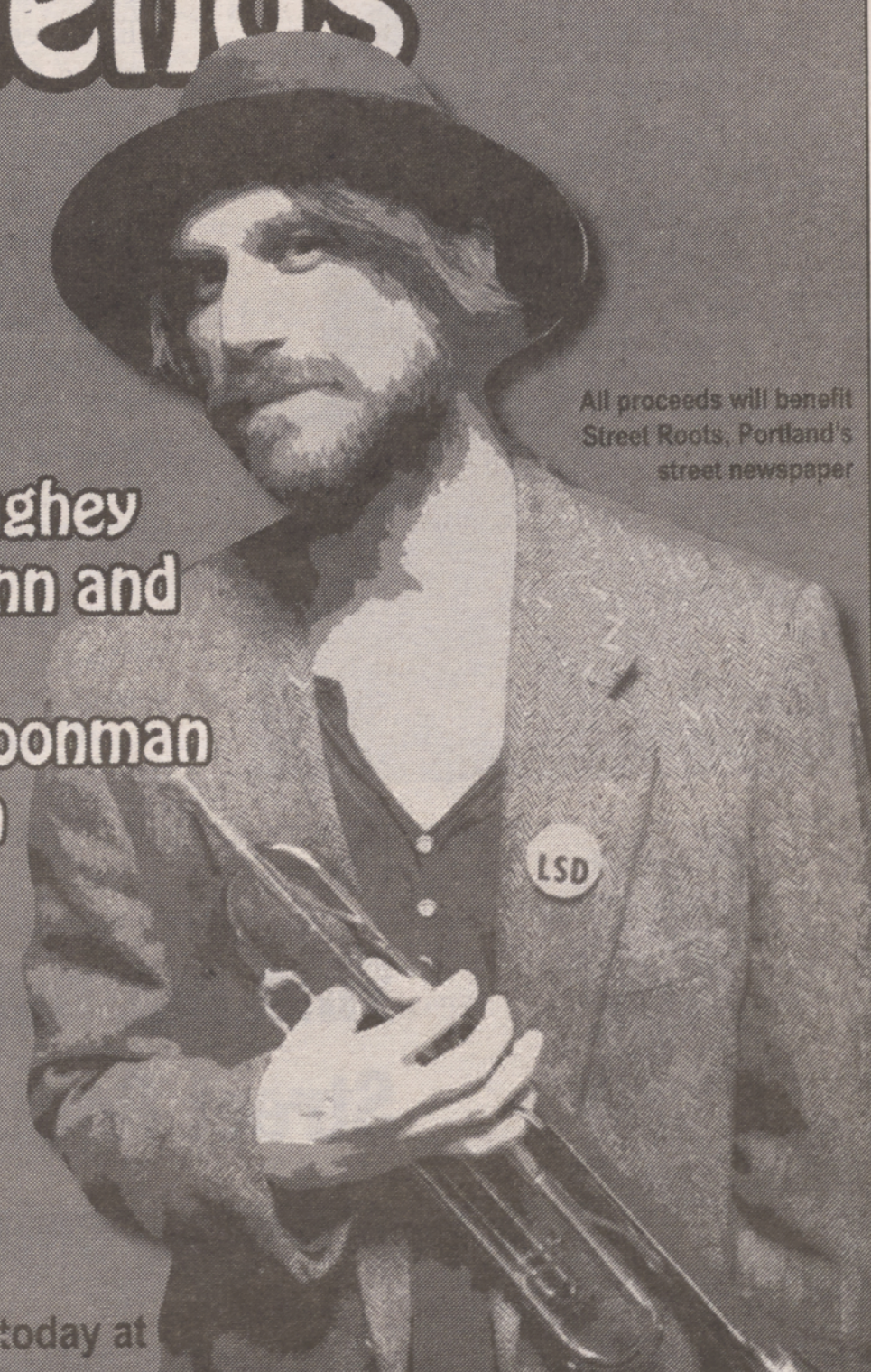
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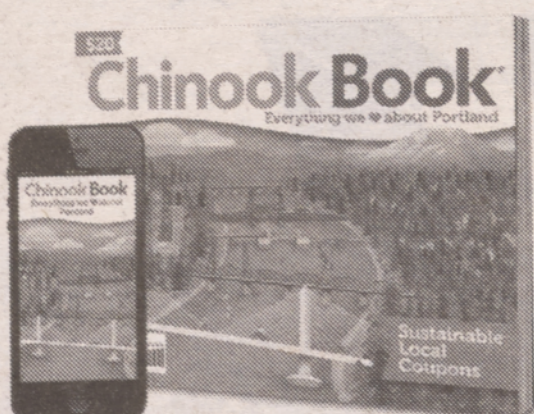
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