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BIOMASS: Still in research, development phase

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last remaining coal-fired power plant. Rather than install costly emissions upgrades, the utility is researching whether the station can be converted to run on an alternative source of fuel. If not, the plant will be shut down completely.

Earlier this year, PGE partnered with a newly incorporated business called Oregon Torrefaction, made up of the U.S. Endowment for Forestry and Communities. Bonneville Environmental Foundation and Ochoco Lumber Company, based in Prineville. The corporation is providing 8,000 tons of torrefied biomass needed to run the Boardman plant for one day, at full capacity.

The process of torrefaction refers to roasting biomass, such as wood waste, at high temperatures in the absence of oxygen, resulting in a brittle, charcoal-like material that can be crushed inside the plant. The hope is that low-value timber, small-diameter trees and forest clutter can become a sustainable source of fuel for the plant, while simultaneously improving forest health and creating rural jobs.

Not everyone is as optimistic. The Sierra Club recently issued a report flagging several concerns with the project's impact on air quality and forest health.

Among its findings, the Sierra Club reports that PGE would actually need 12,800 tons of dry wood daily at the Boardman plant, since torrefaction does burn off some of the material's total mass. Assuming the plant runs at peak capacity for five months, that adds up to 1.9 million dry tons of unprocessed wood annually.



A pile of biomass has arrived at the Boardman Coal Plant for a fullday test burn, now scheduled for the first quarter of 2017.

Logging residue would provide just 6-8 percent of that feedstock, according to the report's estimates. As for additional thinning projects, the Sierra Club cautions against tailoring forest management to meet future energy needs.

"Forest management practices motivated to meet energy needs sets a dangerous precedent for our public forests, especially when continuous large volumes are needed in the supply chain as is the case with the Boardman proposal," the report reads

Alexander Harris, conservation organizer with the Sierra Club in Portland, spearheaded the report. He said the organization is not pursuing a campaign against biomass, but is watching closely to see that climate and forest consequences are being closely monitored by PGE.

Corson reiterated the project is still in the research and development phase, and many questions still need to be answered before the proposal could even be considered feasible. He chided the Sierra Club report for making some faulty assumptions, such as sourcing of the biomass, which Corson said would come from multiple sources.

"There seems to be a decent possibility the answer to the questions could point to a sustainable, renewable, environmentally responsible solution for the plant that would benefit our customers and the local community," Corson said. "We're continuing our research to make sure we have the best information we can collect before we make any decisions."

A successful full-day test burn would mark the next milestone in the process, and could lead to additional multi-day trials in the future.

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HEALTH: Medicare only pays for certain types of providers

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me," Shelton said.

One reason for the void is a brain drain that happens when students from rural America go to the city for college and don't return home. Another, they say, is that fewer people are going into psychiatry and behavioral health.

"Psychiatrists are aging out," said Eck, administrator for Lifeways in Pendleton. "There aren't that many from medical school going into psychiatry."

Those who need mental health care keep coming, though.

"We served about 6,000 people in the last year," Eck said. "That's just in Umatilla County. That's a lot of people."

According to the latest population estimates for Umatilla County for 2016, that would mean Lifeways provided services to 7.5 percent of the population in the county.

Lifeways delivers care in a myriad ways such as traditional counseling sessions, medication management, respite care and crisis evaluation. Sometimes that means helping someone in crisis at three in the morning or assisting a law enforcement officer who is dealing with a mentally ill person on the streets. Care also involves in-school counseling, a walk-in clinic in Hermiston, two peer centers and assessments at the Umatilla County Jail. Lifeways budgets just over \$9 million for Umatilla County operations. Dollars mostly come from Medicaid, though Lifeways accepts private insurance and Medicare as well. Clients pay on a sliding scale. Community Counseling Solutions in Heppner has a similar model. It also runs the David Romprey Warmline for people in crisis, two residential treatment facilities — the Columbia River Ranch and Lakeview Heights - plus an acute care center called Juniper Ridge in John Day. CCS employs about 150 people. Both Lifeways and CCS contract with Greater Oregon Behavioral Health Inc., which manages mental health care for Oregon Health Plan clients in 15 counties, including Umatilla and Morrow.

and mental health director for four There's one in Grant County." counties, Kimberly Lindsay oversees mental health care for a large swath of Eastern Oregon. She said finding enough manpower is a continuing headache.

"There are not enough mental health professionals in Oregon, that is accurate," Lindsay said. "There are not enough and there hasn't been enough for a number of years."

The problem is magnified in rural areas.

"I don't think we've been planful as an industry about looking at ways of recruiting and retaining, especially in Eastern Oregon where we already struggle a little bit to get professionals here," Lindsay said. "I think we've done a poor job of keeping our own talent here and giving them a reason to come back home.

Both CCS and Lifeways are working to grow their own talent.

"We started a scholarship program – last year, we did \$1,000, renewable for four years — eight scholarships across the four counties." Lindsay said. "When it's fully up and running, if all the students renew, in the fourth year, we'll be paying out \$64,000. Sixty-four thousand is a lot of money for an agency our size, but that's where we feel like we need to be because of the talent shortage." The shortage might not be quite so critical if Medicare had a broader definition of who is eligible for payment. Kevin Campbell, CEO of GOBHI, finds Medicare's limited scope frustrating. "Medicare only pays for certain types of providers," Campbell said. "A licensed community social worker can bill, but a licensed professional counselor cannot bill. We know what works. We've spent money to keep people out of hospitals with respite centers and acute care treatment centers like Juniper Ridge in John Day, but Medicare flat out won't pay for things like respite. They'll pay for someone going to a hospital for \$1,200 a day, yet won't cover \$150to-\$500 a day for lower-level care that could have equal results.' 'Medicare is one of the worst for access," Lindsay said. "It impacts all of rural America. In Morrow, Gilliam and Wheeler counties, we don't have any licensed clinical social workers.

If you have Medicare and are depressed and you live in Wheeler or Gilliam County, she said, you won't be seen at all. "Access is zero."

Prevention is a strategy that could eventually ease demand. GOBHI pays Lifeways and CCS to embed counselors in schools and coordinate care for Oregon Health Plan clients who have severe mental illness. The latter keeps them healthier and out of the emergency room.

Shelton feels confident in the direction Oregon is headed, though she worries about increasing numbers of mentally ill and not having the workforce to treat them.

"There are good quality services and a genuine intent to deliver those service in the state of Oregon," Shelton said. "Nationwide there's a problem with access. Part of that is because our population of people who require services for mental illness as well as substances — the two work together to cause dysfunction — that population is getting bigger every single day.' That's part of the impetus behind the Mental Health Reform Act, part of the 21st Century Cures Act signed into law by President Barack Obama earlier this month. The bill includes a \$1 billion grant to help states combat the opioid epidemic and \$4.8 billion to study the brain and find new treatments. GOHBI's in-house recruitment specialists just started offering free recruitment services to the mental health agencies in its 15 counties. Currently, Campbell said, there are 78 masters-level positions open and 22 candidates. Despite the challenges, Campbell, Lindsay, Eck and Shelton remain committed to the mental health industry and their jobs. This is my passion," said Eck, who worked in inner-city St. Louis before ending up in rural America. "I love what I do. Shelton said she finds comfort in the direction mental health care is going — the focus on prevention and the collaboration with law enforcement and other community partners. "I have been in the field for 30 years," she said. "Every day, I find huge hope in what's happening."

No easy answers for changing minds

yearlong journey devoted to writing about mental health has officially blown my mind.

The journey started simply enough. My editor, Daniel Wattenburger, asked me to do a series on mental health, producing a story each month on the topic. I would shine a spotlight on facets of the subject, writing about everything from mental illness on the streets to PTSD. By the end, my readers would see the challenges and also the most promising pathways to better mental health in Úmatilla County and beyond.

I was an innocent — a babe in arms. Though I had written about mental health before, the subject's long waving tentacles soon wrapped me up and swung me to and fro as the year progressed. The complexities boggled. The experiences of those I met grabbed hold and wouldn't let go. Each person helped hammer home the reality that any one of us could be caught in the web of mental illness.

A man named Michael Haines told me of his first psychotic break at age 19. A typical college student, he had suddenly started experiencing hallucinations and delusions. The voices he heard seemed absolutely real. Now a 26-year-old graduate student, Haines described his struggle to cope. A free intervention program called Early Assessment and Support Alliance gave him valuable tools such as the ability to test reality. Today, he counsels other young schizophrenics.

Then there was Kevin Hines, who jumped off the Golden Gate Bridge and survived. On that night 16 years ago, he stood at the rail, his thoughts churning. After a long time, the severely depressed teenager jumped and instantly wished he hadn't. Hines adjusted his body so he shot feet-first into the murky depths. His back was broken, but he was alive. Hines now speaks to young people in a quest to keep them from choosing to end their lives.

A young Heppner mother told me of her journey from abused child to drug addict to college student. At her low point, Rita Glover's life was on a drug-induced roller coaster with periods of semi-clarity and attempts to get clean. She lived in a leaky, cockroach-ridden trailer in Hermiston. In her worst moments, she confided, "I was running around making terrible memories. At least once a week, I cried myself to sleep. I didn't want to live, but I was too chicken to die." She gave herself over to treatment at Community Counseling Solutions and is now clean and fiercely committed to staying that way. I talked to Ryan Lehnert over coffee about post-traumatic stress disorder. Ryan, a corporal with the Pendleton Police Department, led a platoon of Oregon Army National Guard soldiers in Iraq in 2004. The men spent their days doing reconnaissance, looking for explosives, scanning the terrain for irregularities — old tires, a grain sack, new dirt, a dead animal, wires or anything else out of the ordinary. He worried about his soldiers and felt deep in his soul the promise he made to a soldier's mother to bring her son home safe. He described "being wrapped pretty tight" when he returned



home. Eventually, mild anxiety medication and counseling helped him ease back into home life. He encourages other soldiers to put their pride aside and say, "I need help."

Î ventured inside the Umatilla County Jail. More than 90 percent of inmates at the jail deal with some kind of mental

health issue. Inmates in suicide watch cells made of see-through acrylic walls were in clear view of a deputy in the control room. I watched as one of the suicidal inmates, a twenty-something man with a buzz cut, goatee and tattooed devil horns, stared blankly ahead. The jail's mental health coordinator, Ed Taylor, is a stubbornly optimistic guy who gives inmates the tools to deal with "the stuff going on inside their brains." With most of the inmates, drugs and alcohol interweave with mental illness and it is difficult to tease them apart. It's like the chicken-or-egg question, figuring out which came first. Really, it almost doesn't matter. A person is hurting, Taylor told me — let's go from there.

My mind was blown again one morning inside a little cinderblock building that houses the Lifeways Day Treatment Program. There, counselors and teachers nurture children who have experienced trauma, often from child abuse and neglect. The children lose control, are easily angered and lack social skills. Some have a salty vocabulary and too much understanding of sex for their age. They often have been ejected from regular classrooms. At the Day Treatment Center, they learn to cope. For a few hours, I observed counselors and teachers help the children with a blend of humanity and toughness. The children absorb skills and strategies and eventually are eased back into the school system.

I spent time with police officers who deal with mental illness on the streets. This happens daily, if not hourly. Officers come across a person lying on a city street or hallucinating or urinating in a public place or acting aggressively. The officers use words to soothe and de-escalate, but often must book mentally ill people into jail for lack of anywhere else to go. I talked to several mental health administrators who explained Oregon's constantly evolving mental health system and expounded on their frustrations and hopes. Each dislikes that the current system doesn't help much until people reach the crisis stage. They expressed excitement, though, about the focus on prevention. One program embeds counselors in schools and another helps coordinate care for people with severe mental illness as a way to keep them on track and out of the emergency room. There isn't space to tell you about every fascinating person or every program I encountered. I ended the year feeling as if I'd slugged down a cocktail with equal parts hope and despair. I was Pollyanna in a gloomy dungeon looking out the window at a spectacular rainbow. My journey is over for now, but it's far from finished.



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