



Oregon has a diverse landscape that mirrors the many faces of its public mental health system. The state has many pockets of excellence, yet services can vary significantly between counties and regions.

Oregon has a reputation for innovation in its Medicaid program and health care in general, but the same cannot be said for mental health care. In 2006, the state received a C. Three years later, the grade remains the same.

The Addictions and Mental Health Division (AMH) administers public mental health services, including state hospitals. AMH contracts with nine regional Medicaid managed care Mental Health Organizations that deliver services through the state's 33 community mental health programs (CMHPs) and specialty providers. For non-Medicaid services, the state contracts directly with the CMHPs and specialty providers.

The community mental health care programs offer an array of services, with increasing emphasis on evidence-based practices (EBPs) and recovery-focused care. Josephine County was one of the first in the nation to successfully adopt the evidence-based supported employment model. A locally-developed program, the Early Assessment and Support Team (EAST), provides outreach and early intervention to young adults who experience the first symptoms of psychosis. The program is being expanded to communities throughout Oregon.

AMH has long emphasized housing for persons with serious mental illness, a cornerstone of recovery. In addition, AMH has encouraged implementation of EBPs and development of peer supports.

The state deserves recognition for collaboration with the Oregon Health Career Center's "N2K" Nursing Education Program, which allows Oregon State Hospital (OSH) employees to participate in a fast track program to earn a Registered Nurse (RN) degree at a community college in return for service at OSH for 30 months upon graduation. OSH, as employer, pays for tuition and provides flexible scheduling.

But, while Oregon paints a picture of widespread availability of EBPs, consumers and families express dismay at the lack of uniformity of access and services throughout the state and persistent challenges with system navigation. While many find reasonable care within the state's Medicaid program, people who are not Medicaid-eligible find access to treatment limited and focused mostly on crisis services. Not surprisingly, the numbers of individuals with serious mental illnesses who end up in emergency rooms, jails, prisons, or forensic wards of the state hospital continue to grow.

Innovations

- Emphasis on evidence-based practices and recovery
- Early Assessment and Support Team (EAST) program
- "N2K" Nursing Education Program

Urgent Needs

- Address Oregon State Hospital failures
- Community placements for consumers in state hospital
- More consistent and accessible community mental health services

Consumer and Family Comments

- *"Services at the state hospital have been provided in very old facilities with limited staffing BUT many of the staff appear to truly care, which is amazing considering their extremely difficult and under-compensated jobs."*
- *"The move toward community-based wraparound supports and services in our state is the best thing."*
- *"It would have been helpful if there had been a hospital bed available to her (she was uninsured) BEFORE she became suicidal, had a struggle with a policeman, and wound up in the forensic unit at the state hospital. Services at the local level are so limited for the uninsured."*

In 2006, the U.S. Department of Justice (DOJ) launched an investigation of the overcrowded and understaffed OSH. In early 2008, it released its findings. The report cited failures to: adequately protect patients from harm; provide adequate psychiatric and psychological treatment; provide adequate nursing care; provide adequate discharge planning; and ensure appropriate community placements. In addition, the report cited inappropriate use of restraints and seclusion.

State lawmakers had already approved a master plan for building new state hospital facilities, but significant workforce shortages and challenges to developing community placements for forensic patients have hampered the state's ability to address the DOJ findings. Advocates have called for development of more uniform and accessible services that promote integration of care for mental illnesses, substance abuse, and other health conditions. Reducing demand for state hospital care also is a necessity.

Leadership and sustained investment are needed to make progress toward achieving an evidence-based and cost-effective mental health care system. Oregon's citizens deserve better than a C.