Joint Ways and Means
Human Services Subcommittee
February 28, 2013
Re: Addictions and Mental Health Department Budget Hearing

Re: House Bill 5030 Oregon Health Authority Addictions and Mental Health

My name is Keith Cheng MD. Presently I am the Medical Director for OPAL-K, the Oregon Psychiatric Access Line for Kids. I am here today speaking in support of funding for an OPAL-K demonstration as put forward in the Addictions and Mental Health portion of the Governor's recommended budget.

I have practiced child psychiatry in Oregon for 23 years. I have worked as a mental health administrator in both the public and private treatment settings. I also have experience working as a staff psychiatrist in community mental health centers and in private practice. The second edition of my textbook "Child and Adolescent Psychiatry: the Essentials" was published in 2011.

The mission of OPAL-K is to expand the availability of quality mental health treatment to children of Oregon through the support of the CCO "medical homes," via timely psychiatric consultation, clinician education, primary care mental health treatment algorithms, and promotion of linkages with private and public community mental health professionals.

Children of Oregon are not receiving needed mental healthcare:

- Many children in Oregon with serious mental health problems are not getting treated or experiencing long delays before treatment is started.
- Pediatricians estimate that 20% of their patients have behavioral and emotional disorders in need of psychiatric treatment.
- Mental disorders are implicated in 90% of suicides, which are second leading cause of death in Oregon youth ages 12-18.

The reasons for the shortage of mental health services:

- There is a shortage of child mental health specialists, particularly in rural areas.
- Present models of delivery are ineffective because they emphasize single clinician treatment, lack of coordination between clinicians, and exclude primary care clinicians.
- There is an underutilization of primary care clinicians because of a lack of consultative support and insurance barriers.

OPAL-K is the solution for the child mental health clinician shortage:

- OPAL-K can help reduce the number of children who do not receive treatment for their psychiatric disorders and eliminate long delays for treatment.
- The OPAL-K model is based on proven programs presently used in other states (WA, MA, MN). Outcome data from these programs show clear benefit to both patients and their PCPs.
- OPAL-K builds a system to help primary care clinicians provide the best mental health care possible, using resources available in the community *now*.

- OPAL-K promotes clinical teamwork through a "biopsychosocial" understanding of children and knowledge of evidence-based treatments, not just prescription of medications or referral to inpatient care.

What is OPAL-K?

- A clinician-to-clinician consultation system, which links child psychiatry with primary care providers that uses the 211 information line platform.
- OPAL-K provides same day support to PCPs through phone consultations.
- OPAL-K staff provides referral information to PCPs to help them find appropriate links to their community.

OPAL-K is NOT:

- A substitute for emergency room assessment of psychiatric emergencies
- A substitute for inpatient psychiatric care or referrals
- A substitute for community mental health clinic programs providing specialty care to special needs youth
- A program that just focuses on medication issues

OPAL-K makes sense for the CCO system:

- Promotes continuity of care through the "Medical/Pediatric Home Model"
- Enables current primary care clinicians to maximize their clinical skills
- Emphasizes prevention strategies to prevent more costly inpatient interventions
- It will assist in decreasing unneeded polypharmacy in Oregon youth while promoting awareness of available nonmedical evidence-based treatments and the limitations and risks of medication interventions.

OPAL-K will save money:

- Similar programs in other states have data to show a decrease in more costly services such as inpatient interventions. For example, a program in MN saved $1.2 million in inpatient costs over a 4-yr period.
- OPAL-K will also significantly cut pharmacy costs, through the development of the "Oregon Medication Algorithms." For example, a medication consultation program in Washington State saved more than $1 million dollars during an initial roll out focusing on ADHD medication prescriptions.
- OPAL-K anticipates decreasing polypharmacy and antipsychotic prescriptions in risk groups such as children in fostercare.

Thank-you for your attention and at this time I welcome any questions.

Sincerely,

Keith Cheng MD

Keith Cheng MD
OPAL-K Medical Director
Chief Medical Officer, Trillium Family Services
Adjunct Associate Professor, Department of Psychiatry, OHSU

Lewis & Clark
Graduate School of Education and Counseling

Teacher Education

0615 S.W. Palatine Hill Road
Portland, Oregon 97219-7899
Phone 503-768-6100
Fax 503-768-6115
E-mail lcteach@lclark.edu
graduate.lclark.edu

February 26, 2013

Dear Governor Kitzhaber and Oregon Legislature,

Four years ago, this month, our 21 year old daughter was across the street from you at Willamette University and our 19 year old son was on the street *somewhere* in L.A.. He got on a plane with no ID and $300 cash that he had just received for working on Grand Jury. This was his first manic episode and we suddenly were faced with the reality that he was living in a state of non-reality thousands of miles away.

After almost two months we miraculously were able to find a way to contact him via his use of library computers and get him back to Portland. Three months later he had a full psychotic break that left us with no safe recourse other than to call the crisis line. He was taken away by the police to OHSU.

It was the crisis team that first told us about EASA (Early Assessment Support Alliance). And, after nearly two weeks of traumatic and expensive forced hospitalization, we were suddenly and efficiently being serviced by the EASA team -- even before his discharge. We had very specific expertise related to those who experience first-time onset of psychosis. Our son had a person to talk to, peers his own age who could relate to his situation, social opportunities to help normalize the sudden frightening message that you are mentally ill (i.e. "crazy"), a place where we as family could meet with other clients and families, a doctor and nurse team who teamed with our original doctor, vocational, and occupational assistance. What impressed me further was that to find out that this was based on a proven model that is evidence based. **

EASA, for now, is only a two year program. Fortunately, we have been allowed to receive a few extended, yet minimal services. This is probably the only reason there has not been a relapse. Because our son wasn't caught before hospitalization his progress has been much slower than those who get early attention. The trauma of hospitalization, especially for a very young person in a facility with older long-term mentally ill patients, is so difficult to overcome. I firmly believe that if he had been brought into EASA when he was showing the early (very hard to recognize) signs in his Junior or Senior year of High school, his life (and ours) today would be quite different.

PLEASE CONTINUE TO FUND EASA and other EARLY INTERVENTION PROGRAMS BECAUSE THEY ARE WORKING!

Additional funding is needed to:

1. Expand these basic services to all youth and young adults in all counties of Oregon
2. Help us get the message into the schools and community so that we avoid expensive/ineffective hospitalizations and sad preventable acts of violence (psychosis with weapons). (This requires less funding if you do #1 – positive results and word-of-mouth messaging will naturally happen – police, schools, and the community are desperate for this kind of resource.)
3. Increase training and resources to support substance abuse treatment that is so often associated with the illness
4. Allow services to extend longer than two years for those who need it

Thank you for supporting EASA and for your service. Please feel free to contact me if you have any questions.

Sincerely,

Christy Emlaw McMurtry, Administrative Specialist, Teacher Education
Parent and Member of the Multnomah County Early Assessment Council

** Please contact me if you would like this data.

Oregon Early Assessment and Support Alliance (EASA): 2013 Legislative Update

February 8, 2013

The Oregon Legislature made EASA possible, and their investment is making a huge difference in hundreds of lives each year in 16 counties. The Oregon Legislature began funding EASA in 2007.[1] This legislative funding helped sustain the original 5 counties which created the model in Oregon, and supported the establishment of new programs in 11 additional counties. As a result, EASA teams are available to 16 counties and over 60 percent of the state's population. These EASA programs currently serve over 400 individuals and families per year, in addition to the hundreds who receive training, support and consultation. 3 more counties recently created teams using independent one-time funding in the hope of long-term funding becoming available. With this momentum and the right support, EASA will be available to people in every Oregon community by the end of 2014.[2]

Oregon is the first state in the U.S. to make early psychosis intervention the standard of care. EASA has become a catalyst for systems change in Oregon and nationally. EASA participants are completing high school, going on to college, entering professions and raising their own families. Many are eager to reach out to others new to the experience of psychosis, and to speak out to improve services and quality of life. EASA is working with these young people and their families, along with a growing network of partners, to do a better job of identifying people early and providing the long-term supports EASA graduates need.

The 2013 Oregon Legislature is working to make EASA available to all Oregonians. The Governor's Recommended Budget includes $1.8 million to complete sustainable statewide expansion of EASA, solidify the technical assistance infrastructure through a Center for Excellence, and implement a statewide community education campaign. Senate President Peter Courtney has called for full support of EASA expansion and an additional investment to make mental health services available when and where people need them.

What you can do. Let your legislators know they're making a difference. You can make an appointment and stop by, send an e-mail or a thank you note. Legislators are very interested in how you and other members of your community are impacted by their decisions. You can find out who your legislators are at http://www.leg.state.or.us/findlegsltr/.

Questions about EASA or looking for opportunities for involvement? Contact Tamara Sale, EASA Program Development Coordinator, 503-361-2796 or tsale@mvbcn.org, or visit www.easacommunity.org.

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[1] EASA teams provide community education, outreach to teens and young adults with the early signs of psychosis, and evidence-based treatment, family and vocational supports for two years, then work to transition people into effective long-term support.

[2] Pre-2007 sites: Linn, Marion, Polk, Tillamook, Yamhill(original counties providing the Early Assessment and Support Team or EAST); 2007/2008 expansion: Clatsop, Columbia, Washington, Multnomah, Hood River, Wasco, Gilliam, Union, Deschutes, Jefferson and Crook expansion counties. Recent start-ups funded through unsustainable sources are Clackamas, Douglas and Lane. Counties not listed here do not have EASA programs.

2/23/13
To our Oregon state legislators,

Easa saves lives. Easa saves money. There is no downside and there are big benefits to funding this program. We have seen this for ourselves.

Money:
Easa clients avoid expensive Hospitalizations, Law Enforcement Encounters, and Incarcerations.
Easa outpatient services are less costly and more effective.

Lives:
Hospitals are for stabilization only. Released patients are still prone to dangerous, illegal and suicidal behavior.
Longer term care by trained staff able to respond with kindness and skill, often at a moments notice, in crisis situations over a period of years has been seen to de-escalate dangerous behavior gradually and permanently.

Our son experienced four hospitalizations following a suicide attempt. A second very serious attempt occurred after the first hospitalization that involved two emergency rooms, an ambulance ride to a hospital to physically recover, days in intensive care under a 24 hour suicide watch, then an ambulance transfer to a locked ward for eight days, then a transfer to another facility for a longer period until his release. He was seen by eight psychiatrists, each one time, each prescribing more drugs on top of the previous drugs. Complaining about drug side effects, he was threatened with a six month commitment to Salem if he refused to comply. He is still experiencing physical drug side effects years later. He personally owes $28,000 for this–that's with insurance.

Fortunately he was accepted into the Easa program upon release. He has not been hospitalized since. Easa has saved tens of thousands of dollars of care costs in his case alone. He is now a happier, very creative young man functioning well and voluntarily participating in therapy. It's not too much of a stretch to say Easa saved his life.

During the two year course of his Easa treatment staff responded on short notice, in person and on the phone, to his calls to them in cases of extreme and/or dangerous behavior when he was upset and needed help. These were situations potentially otherwise involving the police and in at least one case life threatening.

An ongoing benefit of Easa is the Multi Family Group (MFG)—meetings held twice monthly for clients, family and close friends. These provide a sense of community and a chance to work through the stressful situations we share. They are invaluable.

Easa is now limited to accepting clients with only certain mental health diagnoses. Easa is now operating only during business hours. Funding will allow expanded hours and a more inclusive client base. This can only contribute to a more mentally healthy and happier population of Oregon Youth.

Saving money is a good thing too. Please give Easa what it needs.

Thank you,
Robert Archer and Linda Denning

Robert M. Archer
Linda Denning