Behavioral Health Town Halls 2015 Report

Lynne Saxton, director, Oregon Health Authority

Senator Sara Gelser, Chair, Senate Human Services and Early Childhood Committee

Cherie Chanteau-Wheeler, Triangle Associates, Inc., on behalf of Oregon Consensus

Oregon Health Authority

Oregon Prevalence Data

(Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Drug Use and Health (NSDUH) 2013-2014

Measures	Numbers in thousands				
Illicit Drugs	Ages 12+	12-17	18-25	26+	18+
Past month illicit drug use	462	37	108	318	426
Past year marijuana use	649	53	157	439	596
Past month marijuana use	415	30	103	282	385
Past month illicit drug use excluding marijuana	120	11	28	81	109
Past year cocaine use	67	2	25	39	65
Past year nonmedical prescription pain reliever use	159	15	38	105	143
Drug dependence (includes marijuana)	69	6	24	39	63
Drug dependence or abuse including marijuana	99	13	32	54	86
Needing but not receiving treatment for drug use	89	12	30	48	78
Alcohol					
Past month alcohol use	1913	38	260	1615	1875
Past month binge alcohol use	740	22	164	555	719
Perception of risk from binge alcohol use	1235	97	116	1022	1138
Past month underage alcohol use (12-20 year olds)	117	NA	NA	NA	NA
Past month underage binge alcohol use (12-20 year olds)	75	NA	NA	NA	NA
Alcohol dependence	107	3	25	79	104
Alcohol dependence or abuse	233	10	56	167	223
Needing but not receiving treatment for alcohol use	217	9	53	155	208
Mental Health					
Past year major depressive episode	NA	43	48	205	252
Past year serious mental illness	NA	NA	22	123	145
Past year any mental illness	NA	NA	102	590	692
Had serious thoughts of suicide in the past year	NA	NA	34	104	138

How were the questions framed for the meetings?

These three questions were asked of consumers at the Town Halls:

- 1. What's the best thing in your life right now? What is the biggest challenge?
- 2. What has been the experience for you or your family in accessing or receiving behavioral health services (including mental health and addictions services) in Oregon?
- 3. What works well for you and your family in the current behavioral health system (including mental health and addictions services)?

These questions were designed to stimulate open conversations and input about the real life challenges that Oregon's behavioral health consumers are experiencing, for them to share the important stories that otherwise go unheard, and to provide other consumers and interested parties with important insights and resources they have developed.

Town hall meeting schedule

- Klamath Falls –September 23, 2015
  - 98 attendees
- La Grande – October 2, 2015
  - 77 attendees
- Bend – October 7, 2015
  - 55 attendees
- Astoria – November 4 , 2015
  - 77 attendees
- Albany – November 9, 2015
  - 156 attendees
- Portland – November 20, 2015 (2 sessions)
  - 195 total attendees
- Virtual Session – December 14, 2015
  - 32 participants

Meeting locations throughout the state

What we heard

Two themes emerged

Systemic challenges

- Need for improved access to services
- Lack of certain services
- Lack of coordination among providers, schools, police, etc.
- Administrative complexity

Holistic supports needed

- Housing
- Employment
- Transportation

1.1 Improved access to services

"I am begging for help for my son—I ask for a provider (state, county, city, non-profit) to stand up and provide at least an intervention!"

Not sick enough!

- People must be acute to get help
- Danger of suicide before receiving services
- Often only alternatives are the emergency room and jail

Long wait times!

- It can take months to get a diagnosis
- No medications given until diagnosis established
- No therapy even though medications are being taken

Lack of consistency!

- Constantly changing therapists/providers
- Inconsistent services and follow-through
- Poorer quality services and consumer treatment occurring due to overloaded staff

Suggestions from participants

- Focus on crisis prevention
- Ensure that program definitions for "crisis" are consistent
- Improve or add a customer service approach
- Provide clear, easy to understand information and resources, preferably in a "one stop shop" format
- Provide support: client advocates, peers, support groups

1.2 Lack of availability of important resources and services

"Feels like they're putting a Band-aid on the problem — no treatment for specific issues; medications and places to stay — not much else …"

Beds in treatment facilities

"I lived for four days in the emergency room before getting a therapeutic bed."

Missing specialties

"County Behavioral Health is our only choice for medication prescription and counseling services, yet they don't have counselors that are trained in the areas where our children truly need help."

Auxiliary services

"We need a crisis hotline with trained people that can listen and de-escalate the situation. I was advised to lock myself in the bedroom or to hang up because they have no one to help."

Suggestions from meeting participants

Use telemedicine and other updated technical resources for rural areas

Add resources: a warm line, more beds, respite care, structured programs for children, etc.

Provide high quality training (not just videos) for providers, consumers, families (e.g., cognitive skills, trauma, life skills, etc.)

Existing and developing resources

Telehealth Alliance Portal and OHSU ECHO and OPAL-K

WarmLine
1-800-698-2392

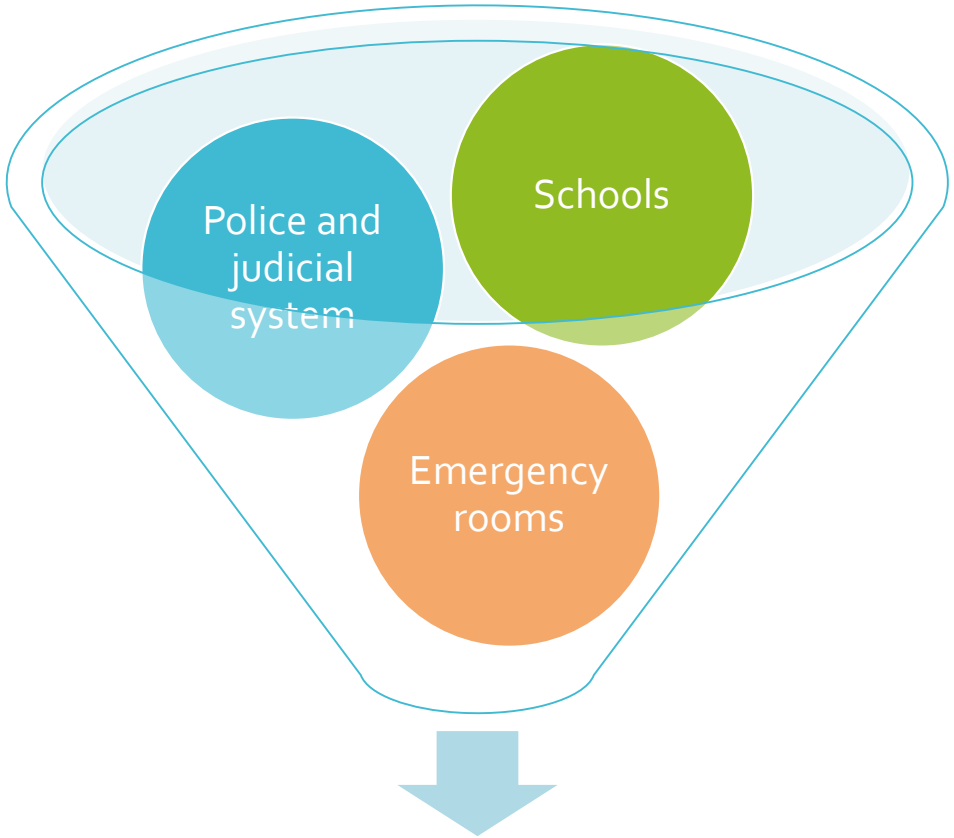
Training: Trauma Informed Oregon

1.3 Failure to coordinate among agencies

"The court system's response to behavioral health-related issues was to order a veteran with PTSD to go to anger management class, which did not address the diagnosis!"

"Out of 65 children I have fostered, only one teacher was able to support one child who had ADHD."

"There's a lack of mental health knowledge in the emergency room."



Integrate and coordinate information and resources instead of having emergency rooms, schools, and the police and judicial system working at odds with the mental health system. Provide people with accurate information, consistent resources and training.

Schools and behavioral health

2014 Student Wellness Survey among 6th, 8th, and 11th graders

Adverse Childhood Experiences

- 54.2% of 11th graders surveyed had 1-3 ACEs

Positive Youth Development

- 37.2% of all the children surveyed reported low Positive Youth Development

Psychological distress, depression, suicide

- 9.2% with psychological distress
- 23.7% with symptoms of depression
- 14.4% reported attempting suicide in the past year

Schools and behavioral health

"We have a family advocate to help with IEP, but there are no services in the school and no local community services to be referred to."

Participant from rural community

Need for well-trained school staff

- Trauma-informed
- Understand foster children
- Understand mental health issues overall – less punishment

Need for services and resources available at school

- Behavioral health counselors are available
- Medications handled appropriately
- Teachers provide more Individualized Education Plans

Need for coordination with family and therapists

- Parents and teachers act as allies to understand child's behavioral health needs
- Provide support groups for teachers

Police/judicial system and mental and behavioral health

"Difficulties accessing services for mental health issues causes recidivism in incarceration and the cycle of incarceration causes mental health issues to get worse."

"It took being arrested to receive services."

"There is an over-reliance on jails to park the mentally ill."

"If there is more than one mental health crisis there isn't anybody to help — the local law enforcement agency has to intervene."

Need for law enforcement training

- In mental illness and behavioral health
- How to recognize mental health issues

Need for better communication

- With the legal and court system, including DA's office
- With the mental health system

Need for special treatment programs

- Use Mental Health Court to reduce the number of individuals being inappropriately incarcerated
- Provide community treatment for those in juvenile justice system who will grow to be adults needing treatment
- Use more than the old parole-mandated treatment

Emergency rooms and mental and behavioral health

"I was brought into the ER for help and they did not know how to handle it and called the police…."

"The ER is not friendly to us or our kids."

"ERs are poorly equipped to deal with mental health crisis (for example, patients need a separate place after triage)."

We need advocates for people in mental health crisis—for example, in ER rooms where there are excessive wait times."

Some suggestions from meeting participants

1.4 Administrative challenges

"The system sees clients as 'just a file' not as a person who is loved and valued by their family."

"I had to allow my son to be given a 'bipolar' diagnosis in order to get services when he wasn't bipolar."

Existing challenges and perceptions of the "System"

"We need available advocates that can help us straddle the chasms in the system."

"They split my treatment into 'procedures' for insurance purposes turning a one visit operation into a multi-day adventure."

"I hope and pray that the 30 visits for therapy per year under OHP will be enough."

Provisions over People

Red tape

Arbitrariness

Rationing

Being driven by billing codes, not by real needs

Gaps in Coverage

Location dependent

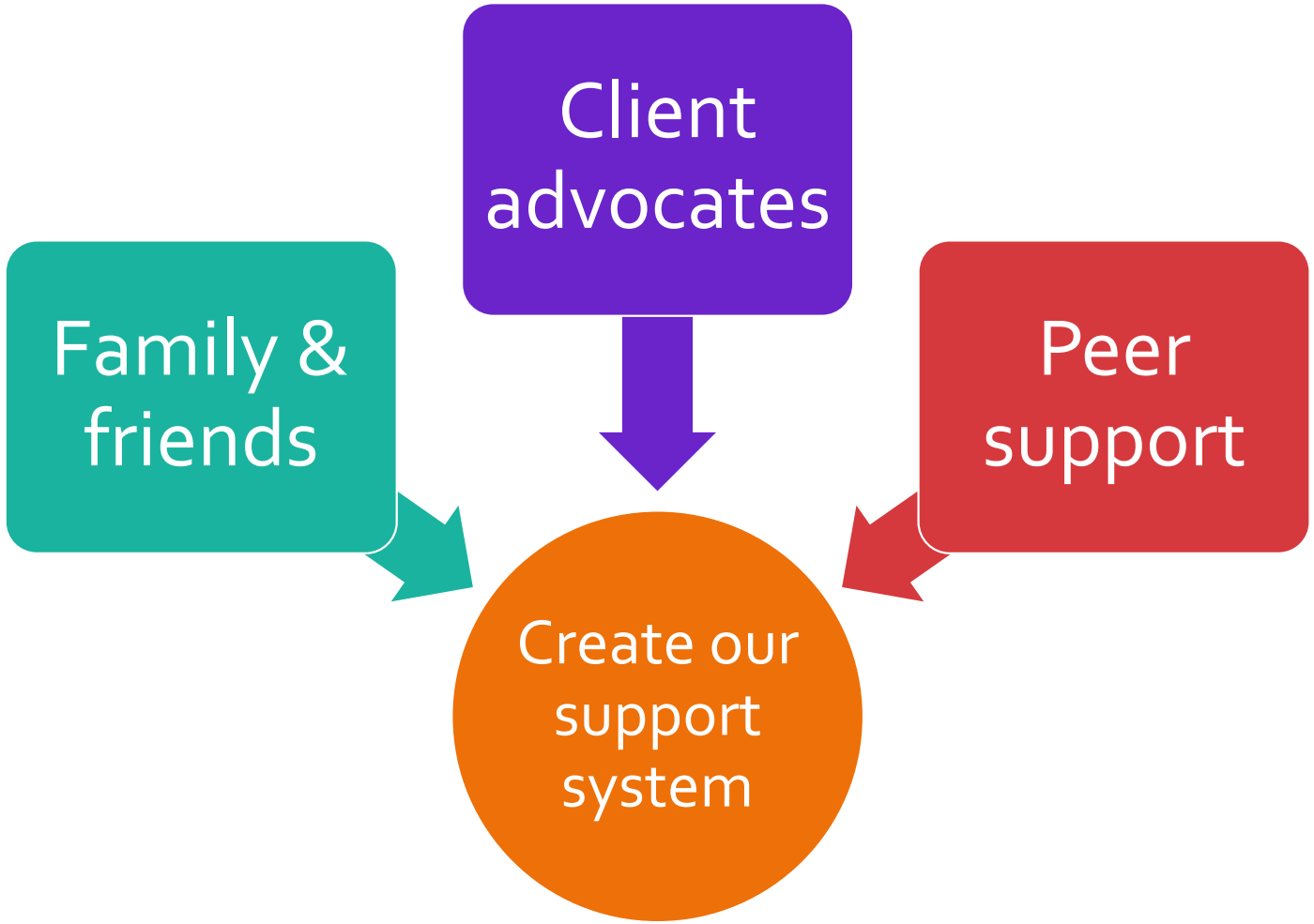
Falling out of the system or through the system and its cracks

Silos that Don't Communicate

Lack of service and resource integration — e.g., physical vs. mental health

Dual diagnosis challenges

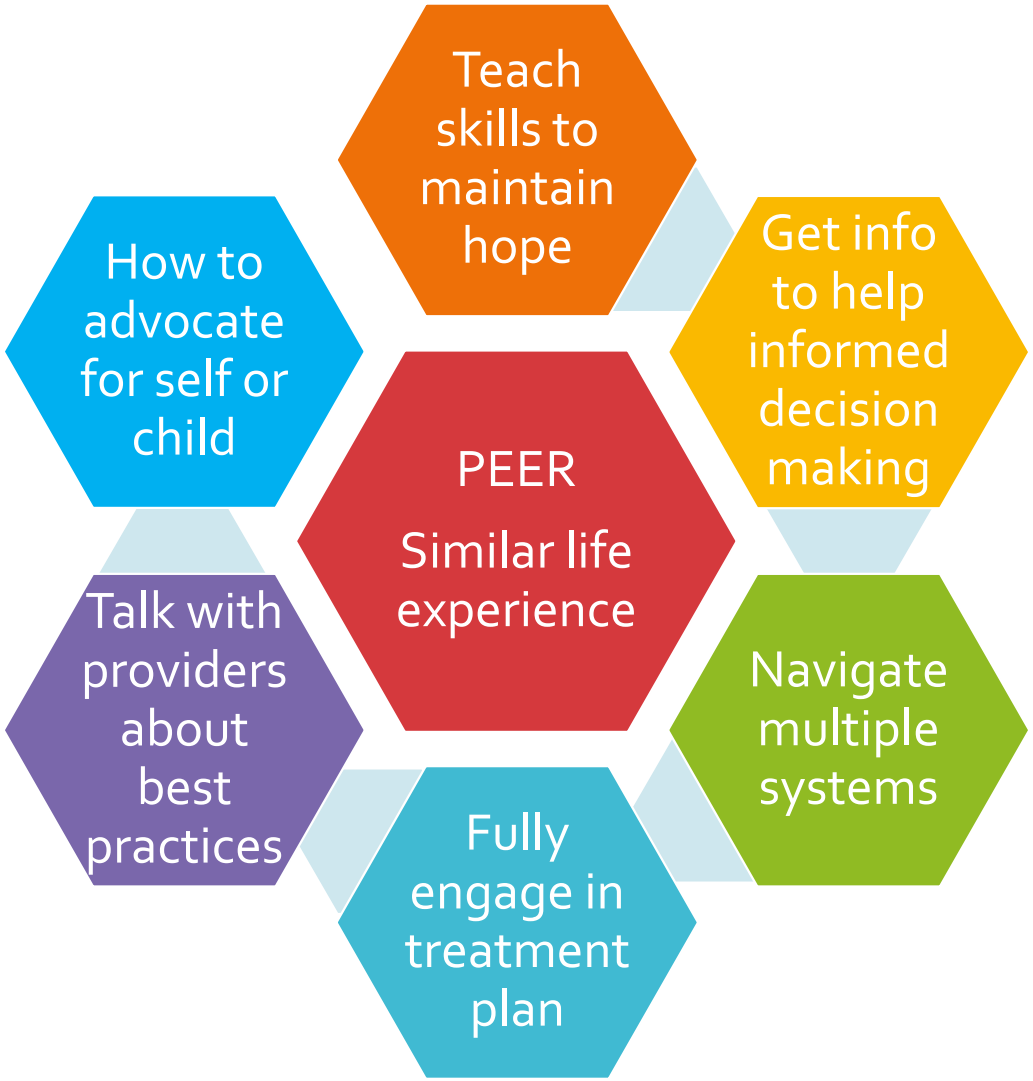
What consumers say directly helps them



Peer support

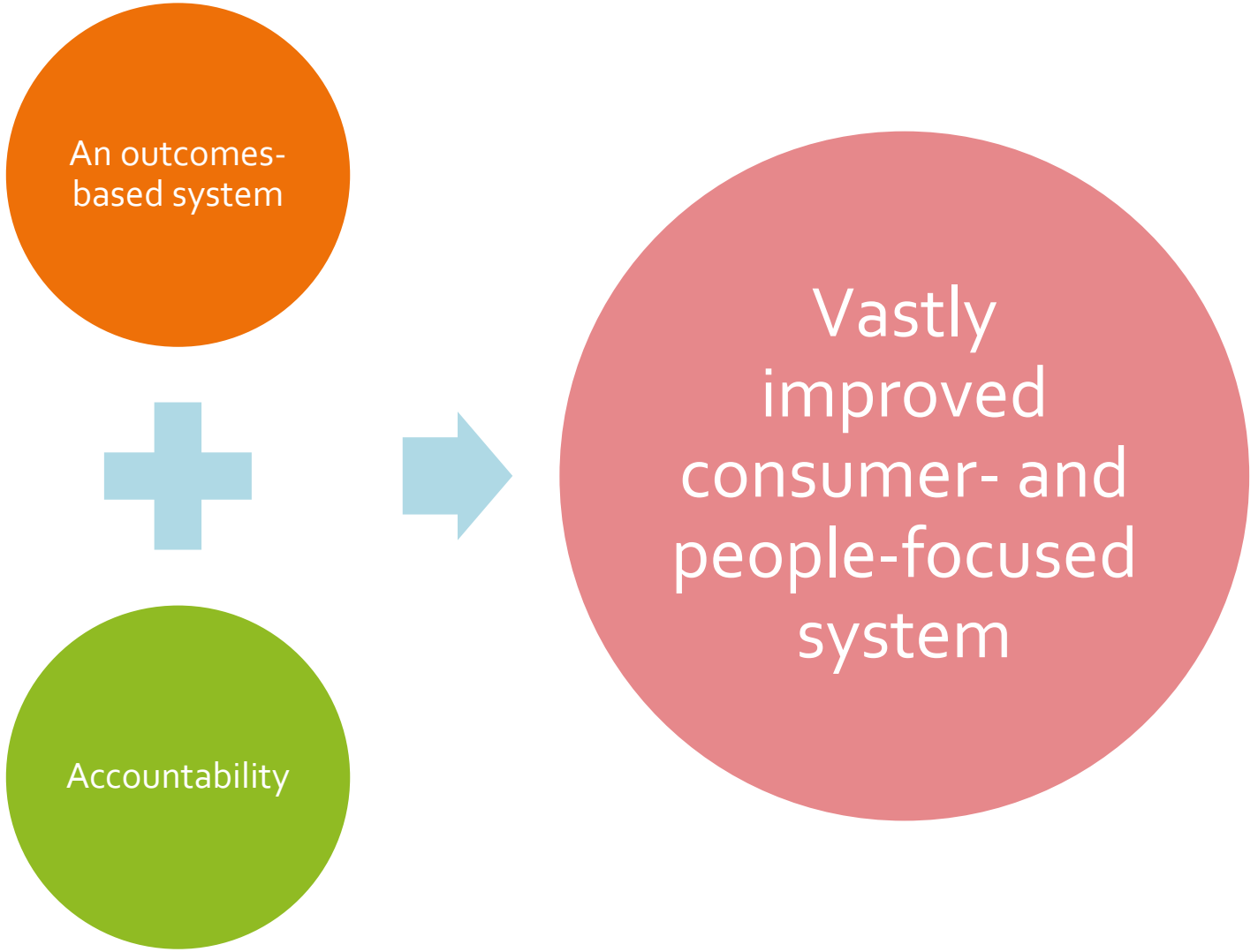
Oregon:
237 peer support specialists

418 certified recovery mentors



What some consumers believe will improve the system

"You need an outcomes based system that recovers people and their lives, yet you support exclusion and deficit-based treatments and give all the resources to clinical elements that only measure adherence to procedures without accountability to results."



Theme 2: Holistic support needed

Housing

Help getting a safe, clean and sober housing environment

Jobs

Support for training and finding available jobs

30 supported employment programs

osece.org

Transportation

Help getting to work and appointments

and

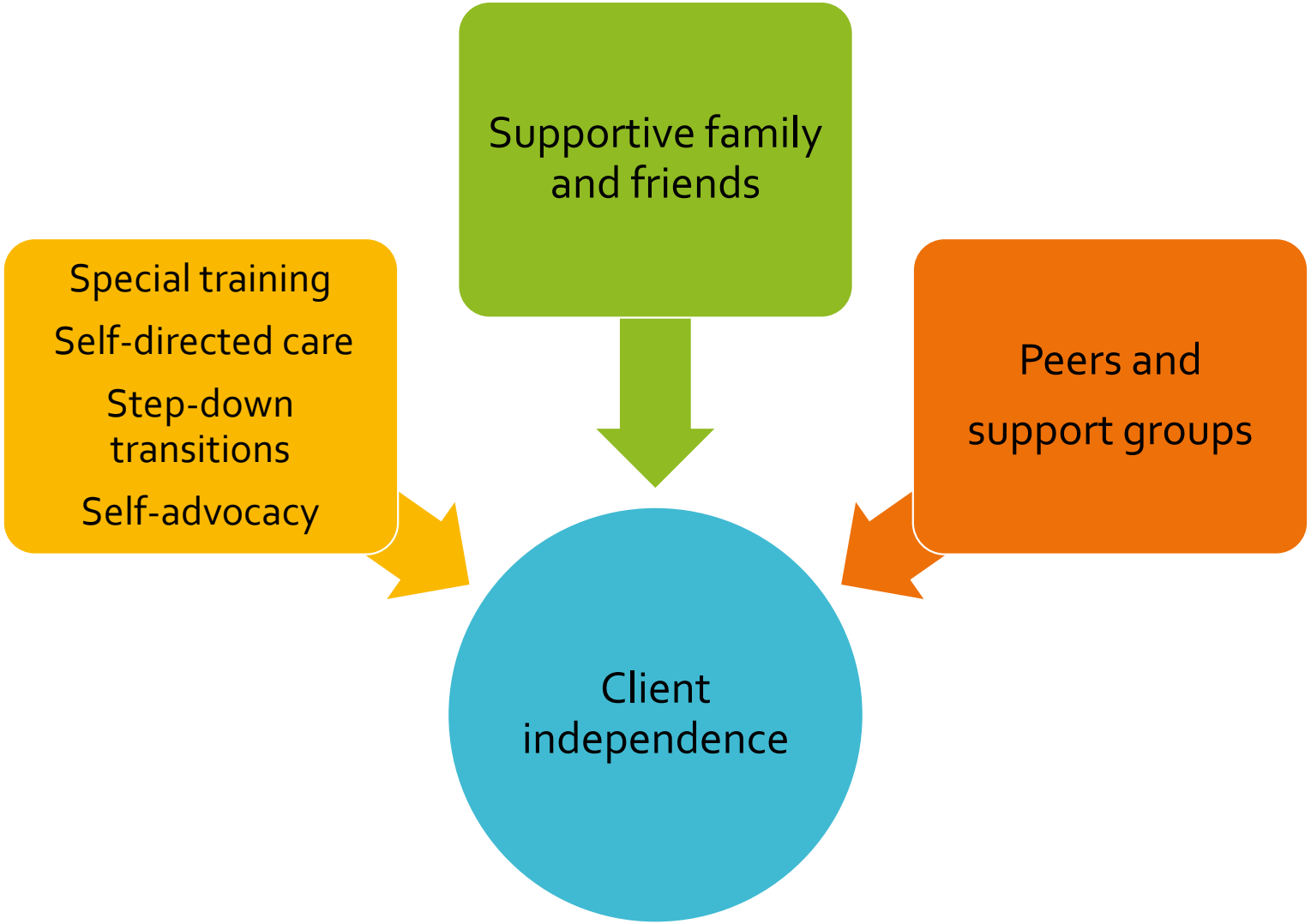
Transportation for emergencies

Supporting independence

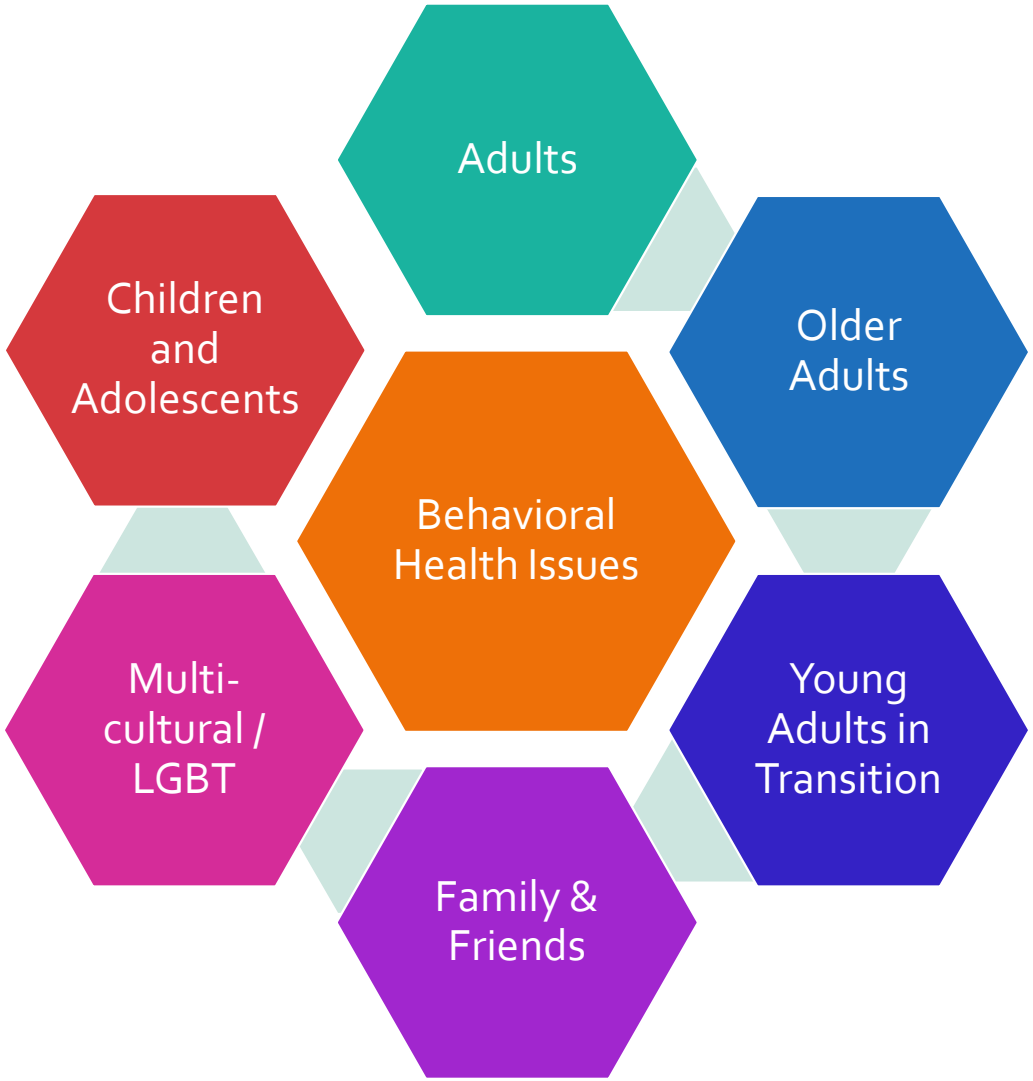
"A recovery plan needs to be a shared plan—not just a provider plan. It works when we are meaningfully involved in shaping our plan."

"The broken system has allowed for development of more self-advocacy."

"Lack of transitional services keeps people in the mental health system longer (e.g. transitional house and connecting people to employment options.)."



Topic-focused tables: Discussions and input



Adults

"There aren't enough resources for adults without insurance."

"There is not enough wrap around in the adult system."

Bias, stigma and dehumanization are real challenges to our success

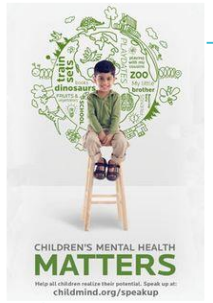
Quality training (e.g., self-management skills) helps us become independent

Higher-quality treatment and care are essential to our well-being

Children and adolescents

Challenges for foster children and families

Only 70 child psychiatrists, 64 of which are in urban areas; lack of children's services and youth transitional services



Insurance coverage challenges relating to children's special needs – funding silos

Young adults in transition

"When you grow up in the system, get dropped at 18, and can't get services—you show up again in the correctional system."

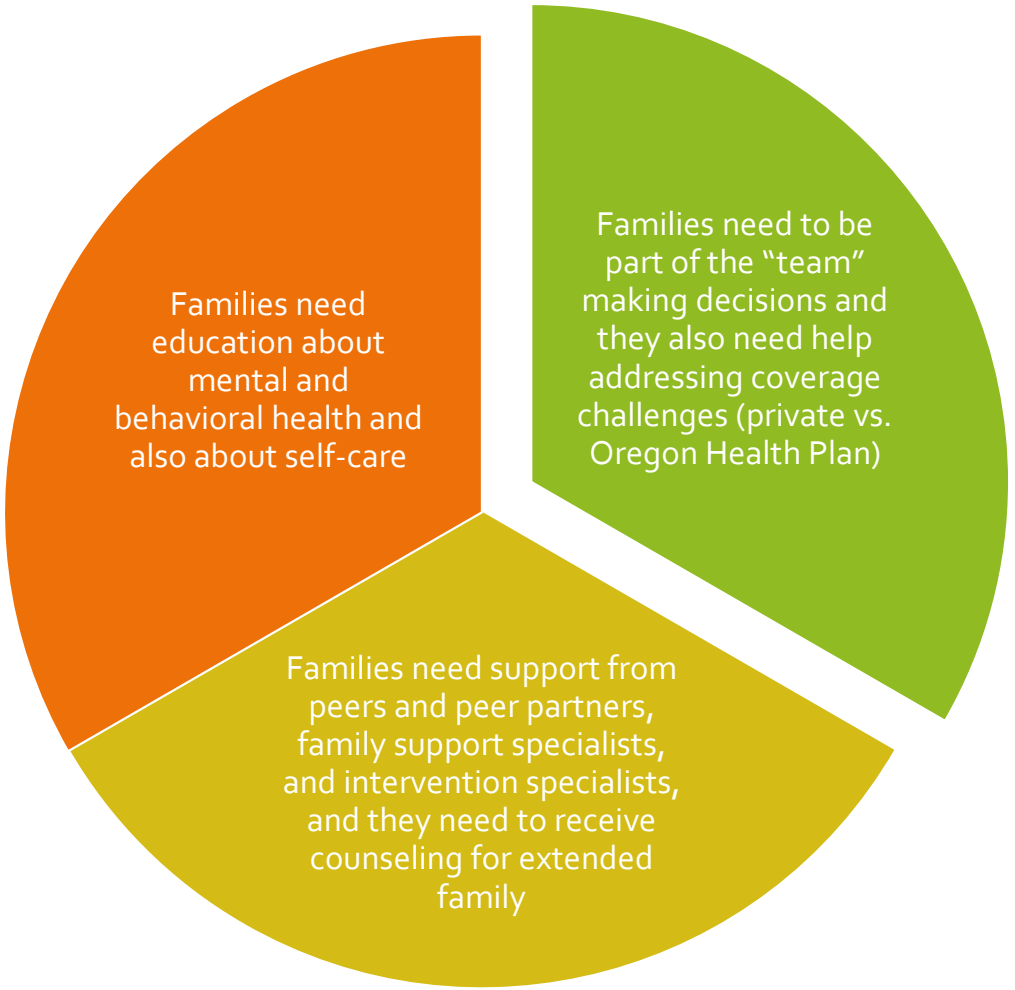
What happens when you turn 18?

Unable to navigate the system and find no help!	Get disrespected, burned out and often drop out!	Discover the system isn't set up to transition us, and isn't set up for parental involvement!

Older adults

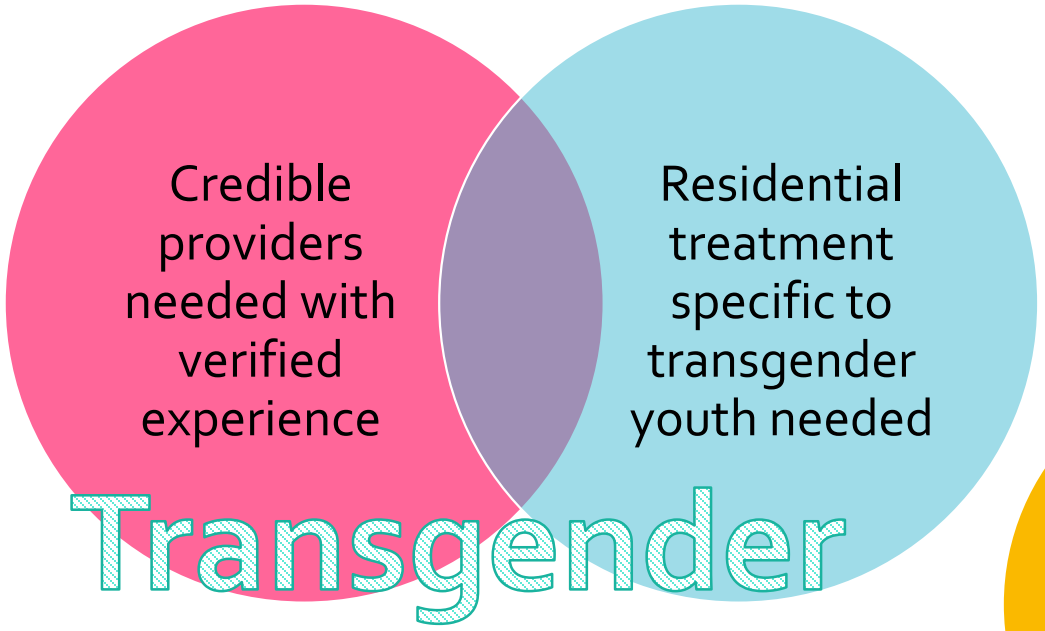
15.5% of Oregonians are 65 years or older

Family and friends



Other table topics

"The challenge is finding providers who really understand cultural diversity and are able to work with issues such as racial trauma, historical trauma, multigenerational poverty and trauma."

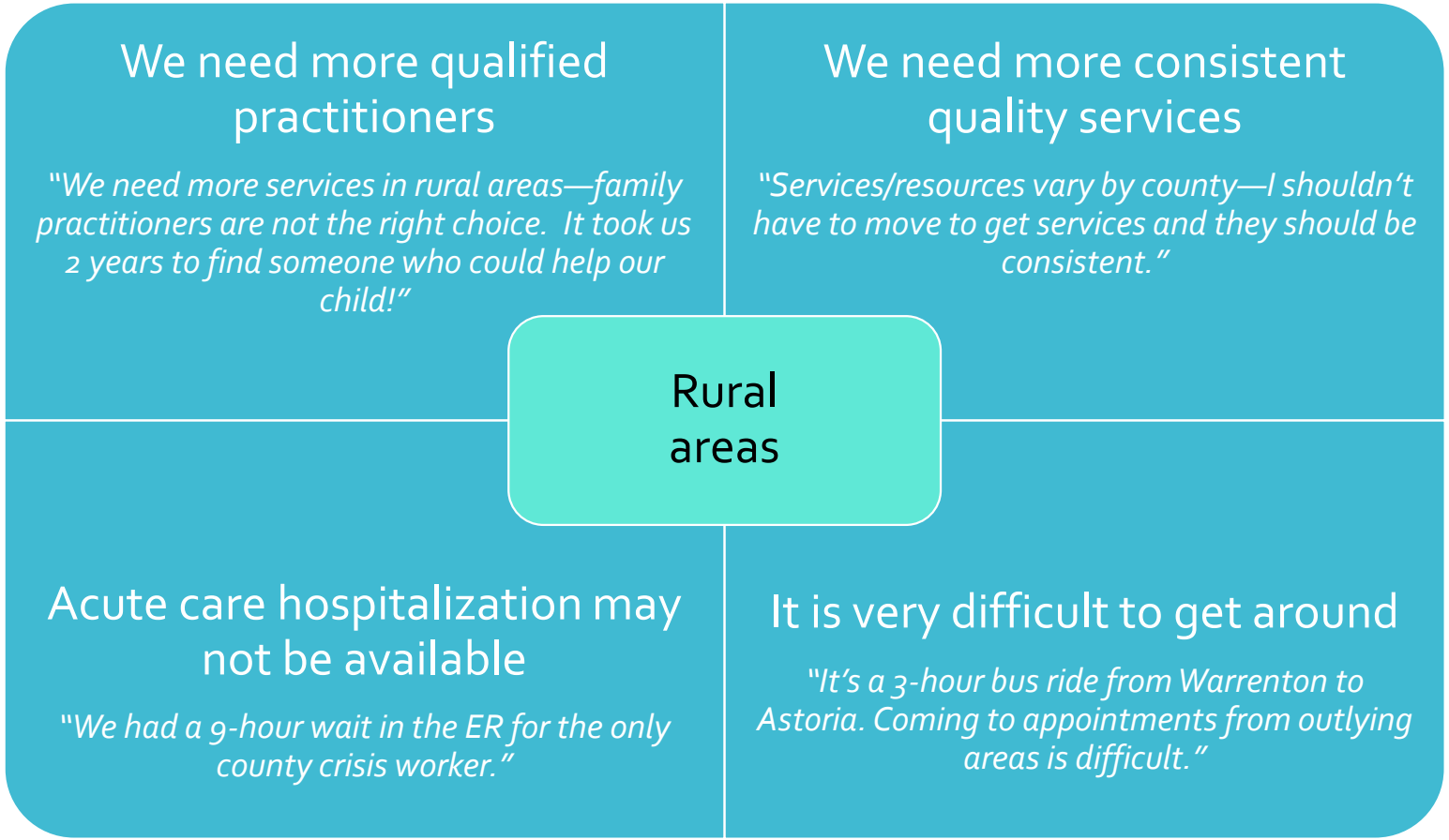


Unique differences among Oregon's regions

14% of Oregonians live in a rural area (573k);

2% live in a frontier area (94.5k)

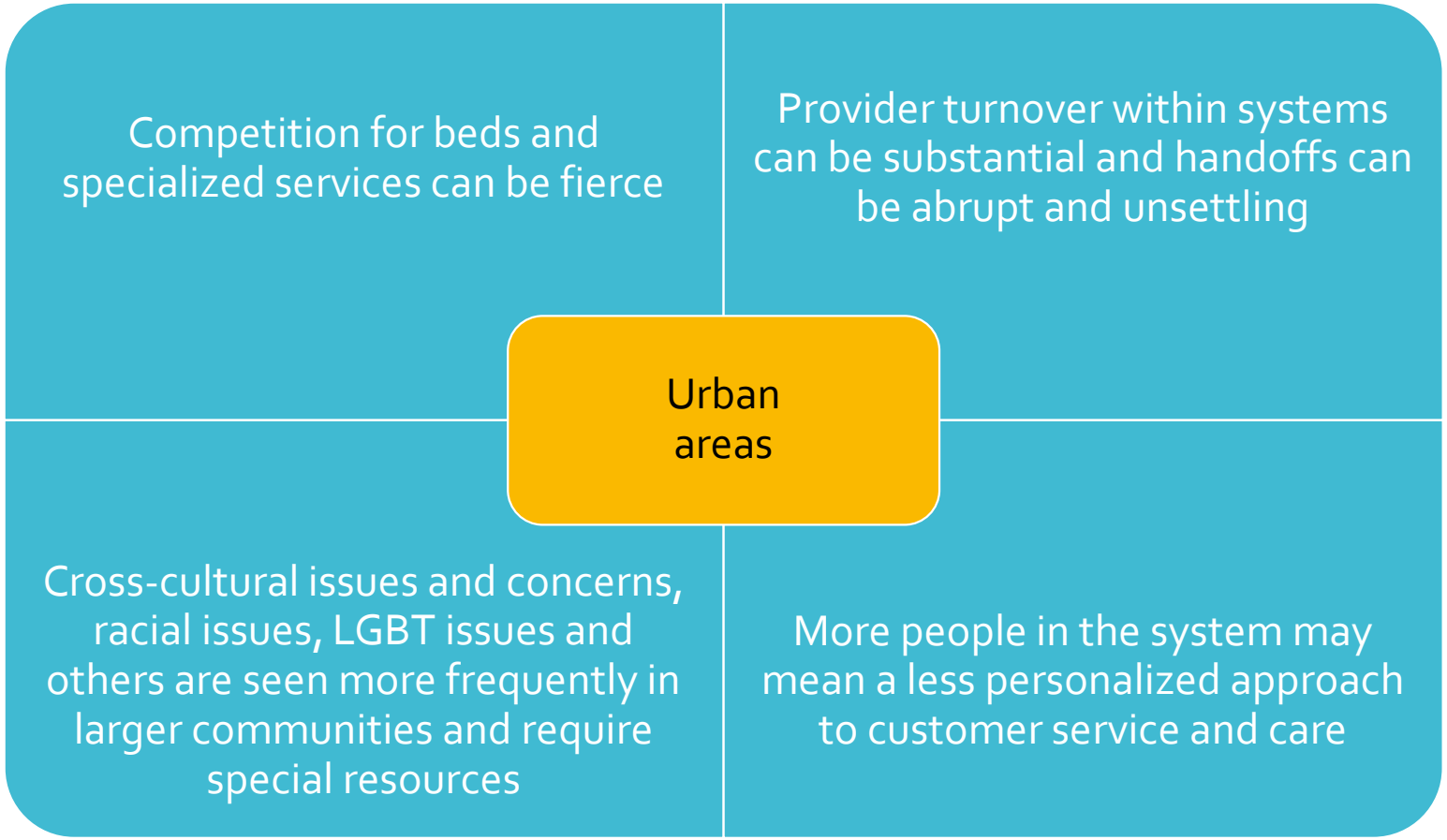
Oregon's rural communities have many challenges in common with the rest of the state. However, the availability of transportation and proximity to specialty services remain a major challenge.



Unique differences among Oregon's regions

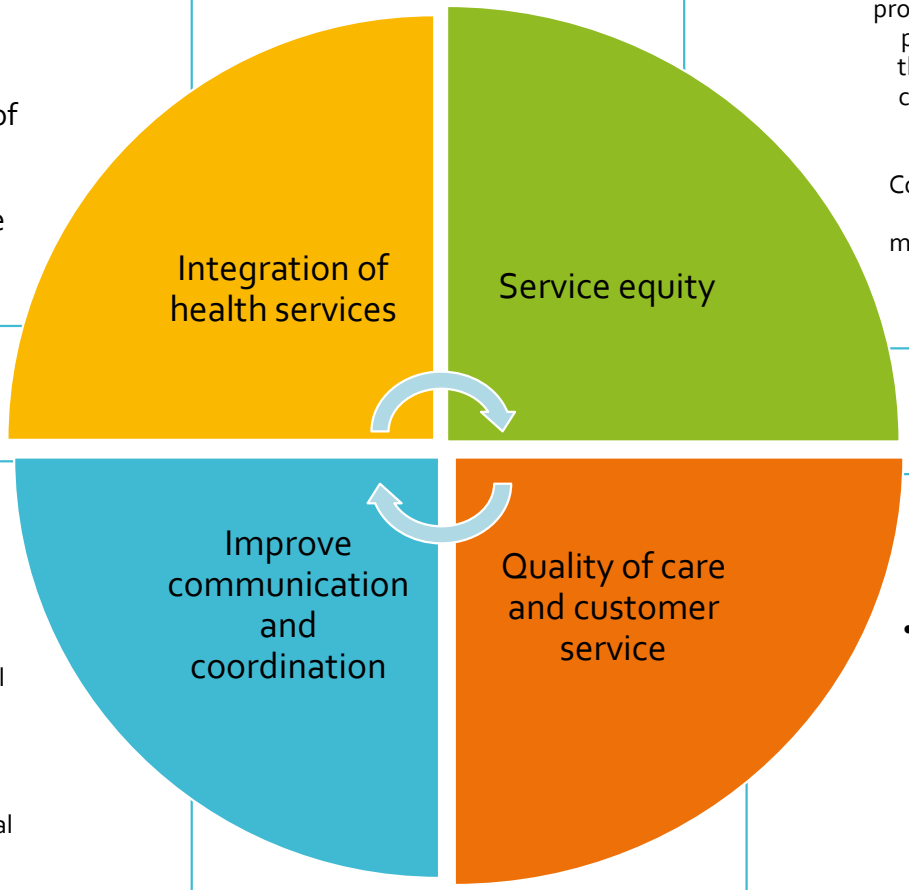
84% of Oregonians live in an urban area = 3.3m (Office of Rural Health)

Living in an urban area with a large, diverse population may provide more options for transportation and other resources, but it also presents other challenges:



Highlights of consumer recommendations

- The consumer input from the town hall meetings strongly supports integration of physical, oral and mental/behavioral health services for the overall health of Oregonians.



- Continuums of care from providers and sectors are provided for various Oregon populations—however, these continuums, their coherency and scope of services vary widely throughout the state. Consumer input supports more consistency in mental/behavioral health services and care throughout Oregon.

- Consumers pointed to a number of challenges with system arbitrariness as well as lack of communication and follow-through. Consumers support improving bureaucratic processes to provide for real human needs and the elimination of 'silos' that help perpetuate ongoing communication and coordination challenges.

- Consumers are concerned about the quality of mental/behavioral care they receive and the lack of access they have to those services. Their input supports improving service quality and availability, including natural support systems and holistic programs.

Thank you to the consumers and their families!

Thank you!

Questions?

Appendix 1: Budget Note

A budget note in HB 5507 (2015) directed the Oregon Health Authority to engage in this process. The language read:

The Oregon Health Authority shall conduct a minimum of five community meetings in a variety of geographic locations across the state. The goal of the community meetings is to capture, understand, and report to the Legislature on the experience of children, adolescents, and adults experiencing mental illness and their ability to access timely and appropriate medical, mental health and human services to support their success in the community. The meetings shall not be restricted to publicly financed services or individuals eligible for public benefits. The focus will be on the entirety of the Oregon mental health system, both public and private. Issues to be considered should include but not be limited to:

- Access to child and adolescent services
- Boarding in hospital emergency rooms
- Access to housing, addiction, and recovery services
- Family support services
- Waiting periods for services
- Workforce capacity
- Affordability for non-covered individuals to access mental health services
- Coordination between behavioral health and physical health services

The Oregon Health Authority shall consult and coordinate with stakeholders to plan and conduct the community meetings. The Oregon Health Authority is expected to report progress and findings to the appropriate legislative committees and the 2016 Legislature.

Appendix 2: Project purpose and hosts

State Senator Sara Gelser and OHA Director Lynne Saxton traveled across Oregon to hear the experiences of consumers and their families who need access to behavioral health services.

As hosts for these town hall meetings, they wanted to ensure that the voices of the actual consumers of behavioral health services and their families were captured.

They wanted to create a welcoming environment at these meetings that would encourage participants to be open and candid about their experiences.

Meeting participants were invited to join focused topic tables if they desired: Children and Adolescents, Adults, Older Adults, Young Adults in Transition, Family and Friends, and other tables set up at meetings upon request.

Appendix 3: Meeting design process and facilitation

- OHA contracted with Oregon Consensus to provide neutral meeting design and facilitation services for the meetings.
- Cherie Shanteau-Wheeler from Triangle Associates, Inc., was selected to serve as the event facilitator for the OHA Behavioral Town Hall meetings throughout the state.
- OHA staff provided additional meeting support.
- Table facilitators, many of whom were peers, led individual table conversations and acted as table scribes for participants.
- All table notes were synthesized and summarized by the event facilitator in this final report and the supporting OHA Town Hall meeting summaries.

Appendix 4: Event facilitator contact information