MEASURE: HB 2362
EXHIBIT: C
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: Bob Joondeph

Oregon Advocacy Center

Working for the rights of individuals with disabilities

March 30, 2005

TO: Billy Dalto, Chair
House Health and Human Services Committee

FR: Bob Joondeph, Executive Director

RE: House Bill 2362

Oregon Advocacy Center (OAC) asks your support for HB 2362, as amended. It will foster the continuation of important changes in how state and local government provide mental health services for children with serious emotional or mental disorders.

As Oregon's protection and advocacy agency, OAC regularly sees clients who are children with serious emotional or mental disorders who are not receiving the services they need. These children and their families often have needs that cross service systems–mental health, education, juvenile justice, child welfare, developmental disabilities, and others. Unfortunately, these systems often do not work together properly, leading to inefficient, inflexible, uncoordinated care. HB 2362 seeks to continue progress that stakeholders have made to address this problem. It does so by establishing a work group that will develop a plan to coordinate services across agencies and create integrated funding of services to children with severe emotional or mental disorders.

Around the country, states such as California and Minnesota have been moving to new models that integrate funding and services. The Minnesota legislature, for example, enacted legislation establishing an integrated children's mental health system. It allows local service decision makers to draw funding from a single local source so that those funds follow the child and family. This avoids the situation in which services are patched together because the child has to fit into various eligibility categories of different agencies and make do with differing service models and levels of resources. The Minnesota legislature specifically found that an integrated children's mental health system would create additional federal funding opportunities and minimize or eliminate incentives for cost and risk sharing, among other benefits.

In Oregon, there is widespread agreement among families, providers, advocates, and others that children with severe emotional or mental disorders benefit from integrated services that are individualized to fit their needs. Oregon moved forward in developing a more effective system of care for these children with the adoption, last biennium, of the Children's Mental Health Budget Note (Budget Note HS-3, 2003), which sought to "increase the availability and quality of individualized, intensive, and culturally competent home and community-based services so that

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children are served in the most natural environment possible and so that use of institutional care is minimized."

Since then, OMHAS and stakeholders including family members, advocates, residential and day treatment providers, mental health organizations, and other child-serving state agencies, have devised a plan for integrating residential, day, and outpatient children's mental health services. The goal is to create a more flexible and seamless children's mental health system, in which there are incentives for children with high needs to receive intensive, individualized services in their own communities if at all possible.

The values and expertise required in this improved children's mental health system are exactly those required for that system to be a good partner for other child-serving agencies. Now, while continuing to expeditiously implement the changes called for in the budget note, it is necessary to take the next step: planning the development of an integrated overarching system to serve children with serious emotional or mental disorders across traditional service systems and eligibility categories.

Integrated funding makes sense, given the multiple problems and needs of children with severe emotional or mental disorders. Studies show that integrated service systems deliver better outcomes, as agencies are not working at cross-purposes or attempting to cost-shift. Blended funding offers a better opportunity to match federal dollars and creates other efficiencies, for example, by preventing unnecessary duplication of infrastructure and services. Moreover, families benefit from the convenience of "one stop shopping." The multitude of conflicting demands and eligibility requirements they now face are eliminated.

An integrated system will foster the delivery of individualized, wraparound services. These services can be crucial in maintaining children in their community and, often, in their family homes. They cannot be properly delivered, however, by a fractured service system in which each agency claims that providing a needed resource is the responsibility of another agency and that its own responsibility is limited. With blended funding, individual agencies would no longer have a fiscal incentive to send children and families to other systems.

The work group to be established by HB 2362 is to develop a coordinated plan to serve children who have or at risk of developing severe emotional or mental disorders, focusing, among other things, on how to develop and implement a children's mental health integrated fund that pools local, state, federal, and private dollars and consolidates them at the local level to support local children's mental health collaboratives made up of representatives from each local system of care; an integrated service system that is capable of individualizing care and responsive to the needs of children and families; and coordinated assessment procedures leading to coordinated multi-agency plans of care.

Some of these issues are obviously complicated, and it makes sense to have qualified individuals develop a plan for developing the new system. It is important, however, that real action be taken at the conclusion of the task force to implement an integrated system of care.

Oregon has been a leader in many aspects of health care, and we can and should be a leader in serving children with severe emotional or mental disorders. We ask that the Committee send HB 2362, as amended, to the full House with a "do pass" recommendation.

MEASURE: HB2362
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HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 5
SUBMITTED BY: Mark McKechnie

Juvenile Rights PROJECT

To: Health and Human Services Committee, Oregon House of Representatives

From: Mark S. McKechnie, MSW, Juvenile Rights Project, Inc.

Date: March 30, 2005

Re: **Support for HB 2362**

Chair Dalto and Members of the Health and Human Services Committee:

Juvenile Rights Project Supports HB 2362

Juvenile Rights Project represents roughly 3,000 children and youth each year involved in the Multnomah County Juvenile Court system. A majority of them experience one or more mental or emotional disorder, in addition to other disabilities.

I have worked with children and families in child welfare, juvenile justice and public mental health systems since 1992. Since the mid 1980s, a school of thought called "System of Care" has been taking hold around the country. System of Care principles dictate that mental health services for children with serious mental, emotional and behavioral disorders and their families be child-centered, family driven and coordinated across disciplines and service systems. An overriding goal is to support and bolster the strengths of the family and assist them in getting their various needs met. Another goal is to serve children in the "least restrictive" setting; that is, serving children in home, school and community settings whenever possible.

The Problem

Child Welfare, Mental Health and Special Education: Children in the child welfare system experience mental health disorders as much as *10 times more often* than their peers.[1] An estimated 30% - 50% of foster children qualify for special education. They use a disproportionate share of outpatient mental health services, day treatment services and residential services. For these children, efforts to keep them safe in permanent homes must be coordinated with treatment, education and other services.

Juvenile Justice, Mental Health and Special Education: Children and youth who are involved in the juvenile justice system (or who are at risk of juvenile justice involvement) also have a very high prevalence of mental, emotional and behavioral disorders. Over 60% of youth in Oregon Youth Authority facilities or under community supervision have a diagnosed mental disorder. Studies have also shown that up to 70% of incarcerated

[1] Harman, J.S., Childs, G.E. and Kelleher, K.J. (2000). Mental health care utilization and expenditures by children in foster care. *The Archives of Pediatrics and Adolescent Medicine*, vol. 154, November 2000, pp. 1114 – 1117.

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youth have a disability that falls under the Individuals with Disabilities Education Act (IDEA), including learning, emotional, developmental and other disabilities. [2]

Children Impacted by Multiple Systems

Family stability, school stability and mental health treatment are inextricably linked for children with serious disorders and particularly for those children and youth who are involved in multiple systems. The lack of adequate mental health services can lead to increased family stress and threaten the stability of the home. Movement of children between homes (including the homes of biological parents, extended relatives, foster families and adoptive families) can undermine a child's school stability and disrupt mental health treatment services. **Too often, fragmented funding and fragmented service leads to ineffective interventions and inefficient uses of public resources.**

The Solution

Exemplary Programs and Elements

Interventions for children and youth with serious mental disorders most often cited as exemplary or evidence-based involve multidisciplinary interventions and, often, integrated funding. Treatment Foster Care and Wraparound are listed by the Oregon Office of Mental Health and Addictions Services on their list of provisionally approved evidence-based practices (EBPs), pursuant to SB 267. These interventions have also been recognized by the U.S. Surgeon General and other reviews of best practices for children's mental health. They integrate or coordinate the efforts of two or more of the following systems: mental health, child welfare, juvenile justice and/or education. Successful models of mental health treatment for children in the foster care system focus on achieving and maintaining permanent family connections and other natural community supports for these children as an important goal of clinical intervention.

Wraparound Milwaukee

One of the most well-established and well known is Wraparound Milwaukee. This "exemplary program" was cited by the President's New Freedom Commission on Mental Health. The commission's final report states:

> *An exemplary program that expressly targets children with serious emotional disturbances and their families,* ***Wraparound Milwaukee strives to integrate services and funding*** *for the most seriously affected children and adolescents... Wraparound Milwaukee demonstrates that the seemingly impossible can be made possible:* ***children's care can be seamlessly integrated.*** *The services provided to children not only produce better clinical results, reduce delinquency, and result in fewer hospitalizations, but are cost-effective.*[3]

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[2] Burell, S. and Warboys, L. (2000). "Special education and the juvenile justice system." *Juvenile Justice Bulletin,* Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, July 2000.

[3] The President's New Freedom Commission on Mental Health. (2002) Final Report, pp. 35-36. Full report posted at: http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf.

Wraparound Milwaukee serves multi-system involved youth with blended funding. Funding in 2003 included: 44% from capitated and fee-for-service mental health funds, 27% from child welfare funds and 29% from juvenile court and juvenile justice funding. This pooled funding is one of the keys to establishing a seamless, integrated system of care.

The youth served had significant mental, emotional and behavioral problems and were involved in multiple systems. Fifty-five percent were enrolled in special education services; 58% were in the juvenile justice system; 31% were served by child welfare and 8% had both juvenile justice and child welfare involvement.

Wraparound Milwaukee's coordinated services address some of the most confounding issues faced by child and family-serving systems. Most youth had one or more psychiatric disorders; 26% had been sexually abused; 29% had suicidal behavior; 37% had histories of sexual misconduct and 46% were known to have abused drugs or alcohol. Despite these risk factors and behaviors, *delinquent youth served by the program had reduced rates of recidivism three years after discharge* in the areas of property and violent offenses, including misdemeanors and felonies.

Wraparound Milwaukee Cost Comparison:

PROGRAM	MONTHLY COST PER CHILD
Wraparound Milwaukee (Wisconsin)	$3,872 (2003 average)**
Psychiatric Residential Treatment (Oregon)	$8,213 (2003 avg.)
Acute Hospital Care (Oregon)	$21,000 - $24,000 (est.)

**The monthly cost of Wraparound Milwaukee covers a flexible, individualized array of services, including: office-based therapy, 24-hour crisis support, in-home therapy and support services, foster care, day treatment, respite care, parent support, case management, residential treatment and hospital in-patient care.[4]

Focus on Family Preservation: Catholic Community Services of Western Washington

Closer to Oregon, Catholic Community Services of Western Washington works with both the state child welfare agency and local mental health systems in a manner similar to Wraparound Milwaukee. Their Family Assessment and Stabilization Team (FAST) program in Pierce County, WA, diverts children experiencing psychiatric crises from hospital emergency rooms and helps stabilize them in the community. FAST is funded jointly by the state Department of Child and Family Services (child welfare) and the managed mental health organizations (Regional Support Networks).[5] In 2003, the FAST team served 329 children and their families. The Outcomes:[6]

Diverted from acute psychiatric hospitalization	100%
Placements stabilized	100%

[4] Program, cost and outcome information obtained from the Wraparound Milwaukee 2003 Annual Report.
[5] Catholic Community Services of Western Washington. (2004) "Family Assessment and Stabilization Team, Family Preservation System."
[6] Ibid.

Avoided disrupted adoption	86%
Cases where *extensive family search* conducted	48%
Children living with parent or relative at discharge	88%
Children in school *at intake*	68%
Children in school *at discharge*	90%

The cost of the FAST program is $5,000 per month for three months.

History in Oregon

Oregon has had some success in developing local systems of care, but they have not been sustainable or fully coordinated across systems.

Multnomah Partners Project: The Multnomah County "Partners Project" was the first effort in Oregon to attempt a local system of care. It was successful in supporting families whose children had significant mental, emotional and behavioral difficulties. An outcomes evaluation of the project, cited by the 1999 U.S. Surgeon General's report on mental health, found: "at 1-year follow-up that children in the Partner's Project scored significantly higher on measures of social competence and had received more individualized, comprehensive services, and a greater degree of service coordination."[7] While this project was successful for a number of years in coordinating services between mental health and education (and, to a lesser degree, child welfare and juvenile justice), fragmented funding led to its eventual downfall.

Attempts to Develop Local Systems of Care in Oregon Have Not Been Sustainable

Other efforts in Oregon to develop local systems of care, utilizing federal funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), have been successful while they are supported by these federal system of care grants, but they have not been sustained after the grants end because of our fragmented services and their fragmented funding streams.

Time for Coordinated Action

Oregon's experience with local SAMHSA System of Care grants has shown that integration cannot happen locally without a statewide structure to support these local efforts. The Children's Mental Health System Change being implemented this year is one vital step. Integration across systems is the next logical step. **HB 2362 is an important step toward establishing a statewide funding model that will support efficient and effective coordinated services for children and their families throughout the state. I therefore urge your support of HB 2362.**

Respectfully submitted by:

Mark S. McKechnie, MSW

[7] Mental Health: A Report of the Surgeon General. (1999). Chapter 3. Report posted at: http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec7.html#newer .

Three Girls in the Custody of the Oregon Department of Human Services: Cost of Psychiatric Residential Treatment

Age	**Months in Residential Treatment**	**Cost of Residential Treatment**
13 years	**33**	**$288, 711.38**
14 years	**21.5 and counting (as of 3/14/05)**	**$188,570.32 and counting**
15 years	**64**	**$468,877.28**
	Total:	**$946,158.98**

Attachment to testimony of Mark McKechnie, Juvenile Rights Project, Inc.
Testimony in favor of HB2362 to the House Health and Human Services Committee
3/29/2005

MEASURE: HB 2362
EXHIBIT: E
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 3
SUBMITTED BY: Mark McKechnie

CIRCUIT COURT OF THE STATE OF OREGON
FOURTH JUDICIAL DISTRICT
MULTNOMAH COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OR 97204-1123

NAN G. WALLER
JUDGE

PHONE (503) 988-3038
FAX (503) 276-0957

March 22, 2005

The Honorable Billy Dalto, Chair
Health and Human Services Committee
House of Representatives
Oregon Legislative Assembly

Dear Representative Dalto,

I am writing in support of HB 2362 which calls for a task force to study the coordination of services and integrated funding for children and youth with severe mental or emotional disorders.

I am a Circuit Court Judge In Multnomah County and part of the Juvenile Court bench. In my years of dealing with children and families I have been very concerned about how we meet the needs of children with significant mental health needs.

These are many young people who, as a result of their mental health issues often present significant challenges to the multiple systems in which they find themselves– mental health, education, Juvenile Justice and child welfare. It is not uncommon for me to be faced with a young person whose mental health needs make it difficult to maintain them in a foster care placement. This difficulty can in turn lead to a change of schools, interruption of mental health treatment, and often detention when their out-of-control behavior has led to delinquency charges. The lack of coordination among the various service delivery systems often compounds the difficulty in stabilizing these high-needs young people.

We know that Oregon's complicated and fragmented children's services system is too often crisis-driven and based on restrictive funding categories that don't allow for money to follow the child. In Multnomah County, there are multiple agencies and organizations responsible for providing children's mental health-related services. Each has a distinct program, financial structure and data collection system focused on the specific populations they serve. No single agency or system is responsible or accountable for children with complex mental health disorders. As a result, children, especially poor children, are not well served. Children fail to receive adequate and appropriate care and support for reasons relating to limitations imposed by categorical funding and unavailable or inaccessible services.

Among the barriers or failures identified by the Wraparound Oregon Community Management Team are:

- Too many transitions in and out of systems.
- Multiple home and school placements that are excessively restrictive.
- Various systems that don't work together and don't share resources.
- Families who are blamed and who are not involved as partners.
- Cultural differences that are inadequately addressed.

Data collected by participants in Wraparound Oregon indicate that the 200 highest cost children and youth in Multnomah County's various systems use majority of the mental health resources available for children. Of these 200 youth, the average amount of time in out-of-home placement was 8.7 years. The total number of placements per youth ranged from one to 30 with most having at least 15 placements. The total mental health cost for 154 of these youth over the last three years was $2,767,349 or $17,853 per youth. That does not include other high costs such as foster care, special education, and detention. These are significant social and financial costs.

Morever, many of the youths in this level of care are caught up in the juvenile justice system. Sixty-five percent of the incarcerated youth in Multnomah County have psychiatric diagnosis. Almost half of the youth served in Multnomah County's juvenile justice system are not involved in public education. According to Multnomah County Community Justice Director, Joanne Fuller, teens with serious mental health and dependency issues are often diverted to the juvenile justice system because they have been labeled as having "behavior problems." Unfortunately, the juvenile justice system is not designed to deal with these issues.

In the summer of 2003 I and many others involved in juvenile services went to a presentation on a Wisconsin initiative called Wraparound Milwaukee. Since 1995 Wraparound Milwaukee has successfully changed the system of care for children with serious mental health needs in Milwaukee, Wisconsin. By promoting collaboration between child serving systems, blending funding streams to obtain the level of funding necessary to meet the complex needs of this population and adopting a "care management" model, Wraparound Milwaukee has been able to demonstrate impressive outcomes for the youth involved. We were persuaded that this approach could help Oregon successfully address the needs of children and youth with serious mental health issues. This led to the development of a Wraparound Oregon initiative in Multnomah County.

Over the past 12 months, I have served as Chair of the Wraparound Oregon Community Management Team. Wraparound Oregon is our Multnomah County initiative to develop a comprehensive, coordinated system of care for children and youth with complex mental health needs and their families. Through Wraparound Oregon, Multnomah County leaders from every child-serving system are meeting to change the way they work together to improve outcomes for children, youth and their families.

As a judge, I have seen first hand the costs of the fragmentation of our current system. HB 2362 will help establish a mechanism to study the coordination of services and integrated funding for children and youth with severe mental or emotional disorders. We believe that this study will be an important step in making the delivery of services to these high-needs youth and their families both more efficient and more effective.

Thank you for considering HB 2362. If you would like more information about Wraparound Oregon, please contact me at (503) 988-3038.

Sincerely,

Judge Nan Waller

MEASURE: HB2362
EXHIBIT: F
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 1
SUBMITTED BY: Gordon Anderson

Rep Anderson

From: George Longden [george@familyfriends-gp.org]

Sent: Tuesday, March 29, 2005 2:52 PM

To: Gordon Anderson

Subject: Priority message on HB 2362

Dear Rep. Anderson,

I understand the Health and Human Services Committee will have a hearing tomorrow on HB 2362. I cannot be there but I wish to communicate a few of my thoughts to you about this issue. It is an important bill that will eventually have an effect on children and families, in our community, who need intensive mental health services. I will attempt to keep my remarks brief and on those points I think are most important.

- This workgroup needs to have as its members such people as Gary Weeks, Susan Castillo and the fellow who heads OYA. We had a previous task force that had "representatives" from these agencies but they were mid-level functionaries with no authority to make commitments to do old things in new ways. The workgroup should also have a board certified child psychiatrist as a member.
- This workgroup must have representation from people who live and work in our rural communities. In the previous task force there was just one person, among about 25, who was a rural community. The results of such groups is that they come up with "urban solutions" because they don't have a clue what life is like or how it is lived out in rural Oregon. Those solutions are often of no value and not practical in rural areas.
- There is language early in the bill that says a desired outcome from the workgroup's effort is to "substantially increase" the availability and quality of services. Gordon, the only thing that could substantially increase services is more money and we both know that isn't going to happen. Better the bill says we could "maximize the availability of community-based services and that institutional care (residential) is minimized". The current language suggests that some miracle of the "loaves and fishes" is possible. It isn't, and to suggest so is to raise people's hopes knowing that they will not be fulfilled.
- The reason for this bill's existence is to blend together the state and federal funding from education and Medicaid, currently spent on these children and families, that is not now coordinated and sometimes leads to schools telling the family one thing and mental health people telling them another. This is a good goal. As with all goals there is a right way and many wrong ways to do it. If it is done right children and families will be well served. If not, families will suffer needlessly. Although the bill allows and encourages the workgroup to "consult experts" consultation costs money. There is quality professional literature available, at little or no cost, that reports on other states who have already created systems of care for the mental health needs of children/families. The literature clearly documents what works and what "fatal flaws" to avoid. The workgroup should use the literature, save costly consultation fees.
- Twice in the bill the term "psychopathological" is used. This is a terribly old fashioned term and also carries a lot of stigma with it. A better term would be "neurodevelopmental disabilities". This tem is more accurate, less stigmatizing and underscores the very real biological underpinnings of the children's difficulties. It is much more in keeping with the fantastic new research on children's brains that you and your committee heard from Dr. Bruce Perry in early April.

That's it, it is a well intended bill if a few changes are made and people at the top of DHS, DOE, and OYA know the legislature is serious about doing it the right way. Thanks for reading my ideas and I hope to be listening in during tomorrow's hearing.

George Longden, LCSW
Executive Director
Family Friends.

Oregon
Theodore R. Kulongoski, Governor

Department of Human Services
Health Services
Office of Mental Health & Addiction Services
500 Summer Street NE E86
Salem, OR 97301-1118
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March 30, 2005

MEASURE: HB 2362
EXHIBIT: G
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: Madeline Olson

TO: The Honorable Billy Dalto, Chair
House Health and Human Services Committee

Madeline M. Olson

FROM: Madeline M. Olson, Assistant Administrator
Health Services, Office of Mental Health and Addiction Services
Oregon Department of Human Services
(503) 945-9718

SUBJECT: HB 2362, Creates a task force to study coordination of services and creation of integrated funding of services to children with severe emotional or mental disorders

Chair Dalto and members of the committee:

My name is Madeline Olson, Assistant Administrator of the Office of Mental Health and Addiction Services, Department of Human Services. I am here today to provide testimony for HB 2362. This legislation would create a Task Force on a Child and Family System of Care. The Task Force is directed to develop a coordinated plan to form local children's mental health collaboratives and create a children's mental health integrated fund that pools local, state, federal and private resources to develop and implement an integrated service system.

The Department of Human Services is supportive of the concepts in the bill and believes children with severe emotional or mental disorders and their families would benefit from HB 2362's provisions. However, providing the necessary staff work to carry out the bill's requirements will require additional resources. Funding for this task force is not included in the Governors Recommended Budget; therefore, the department takes a neutral position on the bill.

This bill would continue the evolution of the children's mental health system through the development of a plan for a comprehensive system of care for children with a severe emotional or mental disorder and their families. Through the direction of the 2003 Legislative Assembly, the Office of Mental Health and Addiction Services is implementing significant changes to the children's mental health system. The work directed through HB 2362 would continue the system's forward progress to better meet the needs of children and families at the community level.

Children with severe emotional disorders and their families frequently receive specialized services through multiple agencies. Families are often left to navigate a complicated system in isolation. For a child and family this may mean multiple assessments, meetings, service plans, and fragmented coordination and service delivery. HB 2362 would require legislative leaders, state and local agency experts, and system advocates to study the development and provision of social, educational, and health services in the most cost-effective and beneficial manner possible.

Passage of HB 2362 would start the process needed to improve the ability for the multiple child-serving agencies to provide services to children with severe emotional disorders and their families to ensure children are at home, in school, and out of trouble. But without additional funding, the department will not be able to fulfill its responsibilities.

Thank you for the opportunity to testify. I would be happy to answer any questions the committee may have.

MEASURE: HB2362
EXHIBIT: H
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: Kristen Anderson

Kristen N Anderson
1735 Wallace Rd NW
Salem OR 97304
March 30, 2005

House Health and Human Services Committee:

Re HB 2362: Support for Coordination and Integrated Funding for Services to Children with Severe Mental, Behavioral, and Emotional Disorders.

Dear Chair Billy Dalto, Vice-Chair Tom Butler, Rep. Tomei and Committee Members; Gordon Anderson DDS, Deborah Boone, Kevin Cameron, and Mitch Greenlick:

My son has a serious mental illness, and my son is going to cost the state/society money. He can receive supported community services, and be a positive, contributing member of society. Or he can continue to display violent behaviors, resulting in increased costs from increased juvenile, police, and court involvement. Either way there is a cost. Potential for a positive return to society exists only if he receives appropriate mental health care services.

My son is 9 years old and has been in residential psychiatric care for most of the past 2 years. My dream is for my son to return to the community full-time. He is in residential care because he assaulted school and after school staff and other children. He harms himself and has tried to kill himself and me. He has bipolar disorder. This is a part of who he is. Medication, therapy, and training help, but there is no cure; ongoing treatment is crucial for his success.

In order to be safe in our community, my son needs to attend a school for behaviorally challenged children. He needs social and recreation opportunities that are closely supervised and in a secure environment. With these supports he can positively contribute to our community. My son has written and illustrated a book about his mental illness - a book to help other people understand his illness. He has written a one-act play. He enjoys role-playing, drama, music, and other aspects of the arts. He is very interested in the sciences and would like to be an inventor or researcher. He often suggests ways we can help "poor kids" and happily participates in local food and toy drives.

With coordinated funding from juvenile justice, education, and mental health, my son could receive the kind of coordinated services he needs to stay out of institutions. Under current funding structures, that coordination is not happening, even though coordinated services and funding are essential for "systems change" to proceed.

Just last week, my son's therapist suggested I may need to leave my job in order to be at home if my son is unable to be safe on a full-time school schedule, and that I provide the appropriate supervision needed 24 hours a day/7 days a week. I am a single parent with no outside sources of income, if I must leave the work force, I will become a burden to society, rather than a contributing member. I will be forced to depend on local, state, and

federal assistance programs. The therapist said this is something many families have to do.

I believe adequately supported and coordinated educational, judicial, and mental health services for my son would be the best use of the state's funds. Both of us would be able to contribute to society positively, giving the state a positive return on its money. This is the goal of HB 2362, and one that would help families like mine.

I would recommend a slight change to HB 2362. All family members, and mental health care professionals that I have met while working on the Children's Systems Change Initiative acknowledge that such coordination and funding integration is essential for success. I would recommend an amendment to form a work group to *design* a coordinated funding system, rather than a task force to *study* the issue.

Thank you for your consideration,

Kristen N Anderson

MEASURE: HB2362
EXHIBIT: I
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 1
SUBMITTED BY: James Boyer

March 30, 2005

Hello. My name is Jimmy Boyer and I live in Portland. I am speaking to you today from the perspective of my 14-year old niece who has struggled for years with mental health disorders.
…

Almost 4 years ago I came to live with my aunt and uncle in Oregon. My mom has untreated mental illness but she made the choice to let me live with them and my aunt says that shows that she loves me. Because of my behaviors and serious emotional struggles, my new family had to make some difficult choices. Like trying to work with a lot of different people to get me the right treatment. When I say a lot, I mean a lot. During the last 3 years, I have seen 8 different therapists, 6 skills trainers, 7 psychiatrists or nurse practitioners. You might think this has to do with what adults call "high turnover." But it has more to do with the fact that I have been treated in the hospital 4 separate times, and received treatment from 4 different agencies in programs called intensive outpatient, assessment and evaluation, residential, subacute, and treatment foster care. Almost every time I move, I have also changed schools – a total of 7 different schools I have been to. I was accepted into something called "The Pilot" which I heard is supposed to make fewer changes but I sure have faced a lot of them anyway. A lot of times because of rules about money and how people's hours get billed if I am in a certain program or a certain agency.

All these changes have been hard for someone like me who has unstable moods, and who gets anxious and frustrated about transition. It also makes it hard for the people who are trying to figure out what I need. My most recent psychiatrist told my family that he can't really know what meds I need because I have had to move so many times and deal with so much transition. He also told me that I am resilient because I have survived. My aunt has felt angry and sad because she wants more than survival for me – she wants my treatment to be right so that I can be well. And she still believes in me. It has taken a lot, but I have learned that she will always be with me.

I guess it is pretty amazing that I have been able to learn to trust anyone when you think about all the losses that I have suffered, not just because I can't live with my mom and I've never known my real dad, but also all the staff and treatment foster parents who said that they would be there for me but who came and went and are now doing other stuff. I don't really understand the money part of why this has happened to me so many times, but I hope that some people can figure it out and change things so other kids don't have to go through what I have. It is wrong that if I'm having a lot of tantrums or trying to hurt myself that I have to change doctors and therapists because now I am transferred to a different program at the same agency or a totally different place I've never been. Shouldn't the people who are treating me during a crisis be the ones who know me best? And why should my birthday be the reason that I get a new group of treatment people? Please make it different for kids like me, so we can get better. I have told my aunt and uncle and a lot of other people that I wish I could be like other teenagers. I want to go to a regular school and maybe play basketball or something. My aunt has fought hard for me so maybe I will get to do that. But it seems like there are a lot of other kids who don't have anyone to fight for them. Will you be the ones to do it?
…

James and Stephanie Boyer
6522 SE 66th Avenue Portland, OR 97206
503-777-2421

MEASURE: HB 2362
EXHIBIT: 5
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: David Hitt

March 29, 2005

I am David A. Hitt of Pleasant Hill, Oregon and I am the father of four children, two boys (age 16 and 11)that I adopted and two daughters (age 5 and 8). I am here to tell you the story of our family and how services that are coordinated across Child Welfare, Mental Health, Alcohol and Drug Treatment, Education, and other systems can give a family a second chance. I therefore ask you to support HB 2362.

Our story is how our family successfully overcame an unhealthy lifestyle

Six years ago my wife and I had been arrested for drug related charges and as a result the State filed for termination of parental rights, placing three of our children in foster care and threatening to take custody of our unborn child. At this point my wife and I decided to make a lifestyle change. Child Welfare had no services to offer due to the pending parental rights termination. The State decided to offer us courtesy supervision so they could protect our unborn child. We then initiated our own recovery and services.

After a year as drug court clients and accessing a long list of resources, the Attorney General withdrew the parental rights termination proceedings and required us to work with child welfare. At this point and for the next two years we were supervised and helped by a team that included mental health, child welfare, schools, our Court Appointed Special Advocate, relief nursery, and others. The team helped our family to develop our own Longevity Support System made up of service providers, foster parents and others who love our children, our Church, those who sponsored us in recovery, new friends and members of our extended family.

Our children transitioned home during those two years while we learned how to help each of them with their individual challenges that were a result of our past lifestyle.

As a result of all the help we have received, now our children are having great success:

- Our 16 year old returned last Saturday from a week in Mexico with our church where he helped build two homes for Mexican families
- Our 11 year old is on the school wrestling team and no longer needing special education services
- Our 8 year old, who was born drug affected, has exceptional behavior and is at the top of her class and has learned to cope with her sensitivity disorder
- And our 5 year old is just completing her second year in Head Start and looking forward to Kindergarten.
-

We were fortunate that all those agencies and programs did work with us in a pretty coordinated way, while expecting us to change and learn how to be responsible parents. As a result of building our Longevity Support System, my wife and I have 6 sucessful years in recovery and have become involved in helping other families through the agencies that helped us.

The Register-Guard

SECTION D

TUESDAY, OCTOBER 14, 2003

City Editor • Margaret Haberman
338-2377 • mhaberman@guardnet.com

City/R

BOB WELCH

Couple builds a new life from rubble

Even their meeting nearly a decade ago portended bad things to come. She burned him on a bag of dope. Said she could get some marijuana for him. And did, but used it herself.

Things went downhill from there.

They asked that their names not be used in this column because of how it might reflect on their four children, ages 14 to 3. Given that two agencies — CASA (Court-Appointed Special Advocates) of Lane County and Head Start of Lane County — substantiated their stories, we agreed.

They hooked up in the worst of times, two drowning people trying to stay afloat by clinging to the same piece of sinking debris: drugs.

When they met in 1994 in Douglas County she had two sons, 5 and 1, and a marriage on life support. The boys were placed in foster homes by the state because she and her husband weren't giving the children the care they needed.

Meanwhile, she got pregnant by her new boyfriend. When their daughter was born, a state worker told the woman that the baby had set a county record for the highest concentration of methamphetamines in a newborn's body.

The state placed the baby with her boyfriend's sister. The woman went through a failed rehab and later got divorced.

Two CASA volunteers worked as advocates for the children while the mother and boyfriend tried to prove themselves worthy of having the

The couple decided their only shot was to start over. They moved to east Lane County. Quit drugs, cold turkey. Found a church. Voluntarily entered Drug Court, which allows addicts to have their criminal charges dropped if they successfully finish treatment and pass drug tests. And sought help from several organizations.

"They moved up here and started their own support system," says Louise Vanderford, the Lane County CASA advocate for the kids. (The Douglas County CASA volunteers continued to lend support.)

"I realized that I couldn't do this for anybody else," says the woman. "I had to do it for *me*."

The couple, who meanwhile had a second daughter, asked the state for one more chance. In August 2000, the state, noting progress, allowed the children back, but monitored the family closely.

Vanderford, no stranger to con jobs, observed the family for a year and was amazed. "(He) would be in the kitchen making dinner and (she) would be on the floor, shooting marbles with the kids," she says. "What a change."

In January 2002, a judge closed the case for good, a seal of approval.

"It was emotional," says Vanderford. "A proud moment."

The two started speaking to groups. The woman, 33, began volunteering for several organizations. The man, 45, adopted his wife's sons and, along with her, helped start a support group for parents. He went back to school and landed a job.

"It wasn't until I got up to speak one time that I realized all CASA had done to help us get our family back," says the woman. "I broke down in tears right on stage. They were our cheerleaders, even though our track record wasn't good."

Last year came unexpected fruit for the couple's labors: The woman was runner-up, nationally, for Head Start's Overcoming Hardships honor.

Her husband was a finalist as its state Parent of the Year. "On a scale of one to 10, they used to be 'ones,' " says Sam Allen, executive administrative assistant for Head Start. "Now they're 'sevens.' "

"We're not better than anybody else," the man says, "but everyone has self worth."

MEASURE: HB2362
EXHIBIT: K
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: Angela Kimball

Angela Kimball
2793 SW Roswell Ave.
Portland, OR 97201
March 30, 2005

House Health and Human Services Committee
State Capitol
900 Court St NE
Salem, OR 97301

RE: SUPPORT FOR HB 2362

Dear Chair Dalto and Members of the Committee:

I write to you as a parent because this particular piece of legislation strikes at my heart: it embodies the goal of systemic change that is essential to better serve children and families that struggle with mental illness—the very struggles that I experienced myself and that drive my passion for mental health issues.

I could not begin to relay to you the particular hardships and struggles that I know my fellow family members have been through, but I hope you will share my admiration at their courage and commitment and resilience. Their stories—and the stories of countless other parents—serve to remind me of my own story: I go home every night to a boy whom I feared would live, one day, behind the hideous walls of our state hospital or, even more damning, in the corrections institution next door. And every morning, I leave for work with a hug and "I love you, Mom," from the towering young man who has learned to manage his mental illness, bipolar disorder, and will be going to college this fall.

It is important to note that my son's success was not always a given. Despite finding a psychiatrist who changed his life, it took two years to find a combination of medications that stabilized his chemical imbalance. During that time, he ended up in the back of police cars, made a suicide attempt, was taken to psychiatric emergency wards, and was kicked out of schools.

The psychiatrist who saved our lives told me that to get the help my son needed, our only hope was for my boy to get arrested or for me to sign a placement agreement with child welfare. The sad truth is that this is the reality that our lack of system integration has created. Schools wanted my son in psychiatric residential care, juvenile justice wanted to pass him to mental health, mental health wanted child welfare to pay for care, and so on.

The stigma and devastation that families face with the challenge of brain disorders is daunting enough. No family, and certainly no child, should be faced with a system whose siloed funding creates bureaucratic barriers to the most effective and expedient care. This bill aims to end those artificial barriers that have resulted in too many lost lives, too much needless suffering. It is time to make a change. Let us, finally, cut away the red tape that restricts not only our state agencies, but binds, also, the hearts and souls of children and families.

March 30, 2005

Hello. My name is Jimmy Boyer and I live in Portland. I am speaking to you today from the perspective of my 14-year old niece who has struggled for years with mental health disorders.
...

Almost 4 years ago I came to live with my aunt and uncle in Oregon. My mom has untreated mental illness but she made the choice to let me live with them and my aunt says that shows that she loves me. Because of my behaviors and serious emotional struggles, my new family had to make some difficult choices. Like trying to work with a lot of different people to get me the right treatment. When I say a lot, I mean a lot. During the last 3 years, I have seen 8 different therapists, 6 skills trainers, 7 psychiatrists or nurse practitioners. You might think this has to do with what adults call "high turnover." But it has more to do with the fact that I have been treated in the hospital 4 separate times, and received treatment from 4 different agencies in programs called intensive outpatient, assessment and evaluation, residential, subacute, and treatment foster care. Almost every time I move, I have also changed schools – a total of 7 different schools I have been to. I was accepted into something called "The Pilot" which I heard is supposed to make fewer changes but I sure have faced a lot of them anyway. A lot of times because of rules about money and how people's hours get billed if I am in a certain program or a certain agency.

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James and Stephanie Boyer
6522 SE 66th Avenue Portland, OR 97206
503-777-2421

MEASURE: HB 2362
EXHIBIT: 1
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 1
SUBMITTED BY: Jeanne Schultz

March 30, 2005

To: The Committee on Health and Human Resources
Subject: House Bill 2362

I am Jeanne Schulz, LCSW, Director of Oregon Family Support Network. I think the time is right for Oregon to begin high level planning that will bring systems together to coordinate efforts and pool funds to better serve our children and support their families as proposed in House Bill 2362.

I have been a social worker since 1963. I have had the honor of knowing many families whose children experience mental health, emotional and behavior challenges though my work in child welfare and mental health in Lane, Multnomah, Hood River, Sherman and Wasco Counties in Oregon and Clark County, Washington. My own child's needs involved our family in mental health and developmental disability agencies, special education and the child welfare foster care system.

For the past four years with Oregon Family Support Network, I have heard the struggles and successes of families who come to support groups and who call our 1-800 number to get help and network with other families. I am very appreciative that the Health and Human Resources committee will be listening to families here today.

Families do not expect their children or their family to need the help of mental health services. When the problem happens it can be very confusing and complex. Families know when agency cross purposes impact them, when funding gaps make what their child needs most not possible, and when too many or too few are there to help. Families understand that what begins as an emotional or mental health problem may get attention when there is trouble at school, or when the first juvenile offense occurs or the child runs away and child welfare must be called. These are the kinds of complex difficulties that challenge our separate systems and overwhelm parents.

House Bill 2362 is important for children and families, especially now when resources are stretched and the difficulties that children, youth and families face have become so complex.

Thank you for your consideration of this important proposed legislation.

Jeanne Schulz

Jeanne Schulz, LCSW
1041 Sanborn Avenue
Eugene, Oregon, 97404
(541)607-3258

MEASURE: HB 2362
EXHIBIT: M
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: Chris Krenk

charpp Children's Array of Psychiatric Programs
www.charpp.org • 1-888-523-5225 • 4455 NE Hwy 20, Corvallis, OR 97330 • Fax: 541-758-5968 • chinap@charpp.org

POSITION PAPER
HB2362

This paper represents the viewpoint of Children's Array of Psychiatric Programs (formerly known as Child and Adolescent Residential Psychiatric Programs - CHARPP), an association of private, non-profit organizations providing intensive treatment services to children with mental and behavioral disorders and their families.

The CHARPP organizations serve several hundred children daily in an array of services ranging from secure children and adolescent inpatient programs through outpatient. For years our members have worked to reduce the barriers for integrating services to the youth and families in our care. The children served by our organizations typically are involved in multiple systems, i.e. mental health, juvenile justice, child welfare, developmental disabilities, and of course, education.

The data, in Oregon and nationally, speaks for itself:

- Over 60% of boys and 75% of girls involved in juvenile justice systems have a diagnosed psychiatric disorder, according to a large federal study.
- In Oregon, children in the child welfare system use about 40% of local Oregon Health Plan funded outpatient mental health services and about 66% of OHP-funded intensive treatment services.
- At least one-third of children served by child welfare qualify for special education
- Children in foster care, child welfare, and juvenile justice systems have significant mental and physical health needs and higher rates of disabilities that diminish their chances to succeed in school.

Current funding mechanisms tend to be categorical, with specific rules and regulations that need to be met if services are to be provided. This frequently results in duplication, bureaucratic inefficiency, and cost shifting. For many years communities around the country have been experimenting with "systems of care", locally planned and managed service delivery systems that integrate funds and efforts between the various child-serving systems. More recently some states have begun experiments with statewide integration.

HB2362 would establish a workgroup to recommend strategies to result in better cross-agency coordination and integration of funding. The strategies recommended by the workgroup would be designed to result in:

- Improved coordination of services across traditional eligibility categories, in order to produce significantly better outcomes

- More cost-efficient funding models that integrate traditionally separate funding streams from federal, state, local, and private sources, reducing cost shifting between agencies
- Greater community responsibility and accountability for the care of high needs children and their families, and for return on public and private investment
- Broader implementation of evidence based practices for children and their families

The workgroup would study what has been accomplished in other states as they have designed mechanisms to pool resources across mental health, child welfare, juvenile justice, education, and primary care systems. The group would seek to build on the strengths that exist in Oregon's current system, and the efforts that have occurred to date to provide coordinated approaches to the needs of youth with serious mental or behavioral disorders and their families.

The task of designing and implementing cross-system integration is difficult and complicated. HB2362 takes a reasonable approach, through establishing a workgroup consisting of representatives from major stakeholder groups to accomplish this task and make recommendations to the legislature. The CHARPP members support this effort and urge the Legislature to implement this important effort through passage of the bill.

Please feel free to contact a member of CHARPP should you have questions or are require further information.

Respectfully Submitted,

Christopher J. Krenk, MSW, ACSW
President & CEO
Albertina Kerr Centers

CHARPP member organizations include: Albertina Kerr Centers, Eastern Oregon Adolescent Multi-Treatment Center, Morrison Child and Family Services/Edgefield Children's Center, Riverbend Youth Center, SCAR/Jasper Mountain, Southern Oregon Adolescent Study and Treatment Center, The Christie School, and Trillium Family Services.

MEASURE: HB2362
EXHIBIT: N
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: Janet Urton

Testimony in favor of HB 2362

By: Janet Urton
10876 Hemlock Place
Dundee, Oregon 97115
Retired teacher
Member of NAMI (National Alliance for the Mentally Ill), Yamhill County

As a mother of two adopted children with mental health disorders, as well as an educator, I have many reasons to speak in support of HB 2362. My only regret is that integrated funding for services to children with severe emotional or mental disorders was not in effect when my children were younger.

As a parent, I can tell you that children with mental health disorders often have needs that do not fall into neat categories. When our son, who had attachment disorder, undiagnosed Attention Deficit Disorder and possibly depression, moved from occasional stealing and lying to running away and hanging out with gang members, we tried desperately to get help from various agencies. Then, when his actions crossed the line into the Juvenile Justice department, we continued to ask for help with his mental health issues. Very little happened. All too often, what he needed didn't exist, or he did not fit the criteria of what did exist. As a result he currently resides in the adult corrections system. He has grown and matured and still seeks to find his way out of that system—but it will be much harder now that he is an adult.

Our daughter, who has bipolar disorder and ADHD, also has issues that cross boundaries. We have spent much of her life seeking help that often was not available. When she was in elementary and middle school, we tried to get help for her social skills (which were poor) as well as an educational setting that was suitable for her. Unfortunately, there was not much to choose from. We were often told, "That's a good idea, but I don't think we have any _____ (groups, programs, etc.) like that". When her disorder progressed, we sought whatever help was available, but what we got was not enough to keep her from ending up in the Adolescent Unit at the Oregon State Hospital. Fortunately, she was eventually stabilized on medication and made much progress—eventually stepping down to residential treatment and then to a group home, and, currently, to a foster home program in Yamhill county, where we live. Thanks to a lot of hard work on everyone's part, she has been able to get some of the help she needs, but we are always about one step away from what would be ideal. All too often, I have heard about or thought of an idea only to be told that it just is not available, or that it isn't covered by whatever program she is involved with.

Additionally, in my role as a teacher, I also have often been aware of children whose needs were not met, due to a lack of programs or else funding for those programs. As an educator, I know that a big concern held by schools is that they are going to be held accountable for providing more specialized services for children with mental and emotional disorders without being given any extra money to do so. Currently, I am involved as a Family Advocate with the Executive Oversight Committee for the Children's Change Initiative in Mental Health at the Mid-Valley Behavior Care Network. I also serve in the same role at the county level. In addition, I teach a class

for parents and caregivers of children with mental health diagnoses. Over and over, in talking with other families and family advocates, as well as county and program officials, **what I hear is that there must be flexibility of funding in order to do what is needed.** There are many families, and many programs, that are frustrated by the current system which tries to "plug" children into categories, rather than find ways to create programs that meet the individual needs of the child. **The Children's Change Initiative was designed to change the system to better fit the needs of the child. If we are going to create programs that "wrap around" a child's needs, then there must be an integration of the funding for those programs.**

If we do not integrate funding, we will have various agencies all trying to provide specialized services, but having very little money to work with. Therefore, there will be many very small, limited programs that duplicate each other and many children will be left out because they don't meet the criteria for the specific programs. Or, the programs will not exist at all, due to lack of funds. **On the other hand, with integrated funding, two separate groups can work together instead of separately. For example, the schools and mental health providers might be able to create a program that offers both education and therapeutic support to children with those needs.**

Integrated funding means that money can be used in the most efficient ways to provide programs and services that truly meet the needs of the children most at risk—those with emotional and mental disorders. Please pass this legislation for the sake of these children.

MEASURE: HB 2362
EXHIBIT: O
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 1
SUBMITTED BY: Angela Kimmell

March 29, 2005

I am Catherine Mains, age 28, from Springfield, Oregon. I have written the following in support of HB 2362 and the task force to study coordination of services and integrated funding of services to children with severe emotional or mental health disorders. I want to share my experience as a teenager and young adult to point out to you the importance of schools, mental health services, state and community agencies working together to educate and support those with mental and physical health disorders who feel like failures in high school and have no hope for a successful adulthood.

I ended up in the hospital adolescent mental health unit when I was 16, after growing up with severe asthma and frequent illness which I now know was related to a compromised immune system. As a teenager, I developed mental health issues of depression, hopelessness about my future health and success and increasing suicide thoughts and multiple attempts. . I learned to keep my mental health problems secret in school but I was picked on because I was sick a lot. I dropped out of school. My family did not understand what to do and neither did I. My life from 16 on, until the last couple of years was a very painful, scary time. Often I heard that I was just being a "teen age girl" and it seemed unfair that I had to go to so much trouble and years to get help

What has helped, is learning about my asthma from experts and others who have experienced it and learning about my mental health on the inter-net, from experts and networking with others who have similar problems. During the time that I had failed as a young adult because I didn't keep a job or stay in school I went through a whole lot of pain and grief. I was homeless, I didn't have medical care or medications, I but did not know how to do that.

During the last year I have been volunteering with a group of girls who have serious mental health disorders. What I would hope for them would be

To have access to information and mental health support at school that would help them

And their parents will have information and support about their mental illness
That they would know that they are not the only girl with such problems
To not have to keep secrets about their own mental health
To be able to connect with peers who understand and could give support
To have their school, mental health and vocational services that work together to help them figure out their future so they will not have to become hopeless and face the risk of suicide.

Catherine Mains

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

Gina Firman
Executive Director
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akimball@orlocalgov.org

Diana Bronson
Executive Assistant
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To: House Health and Human Services Committee

From: Association of Oregon Community Mental Health Programs

Date: March 30, 2005

RE: **SUPPORT for HB 2362**

MEASURE: HB 2362
EXHIBIT: P
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 1
SUBMITTED BY: Angela Kimball

Chair Dalto and Members of the Committee:

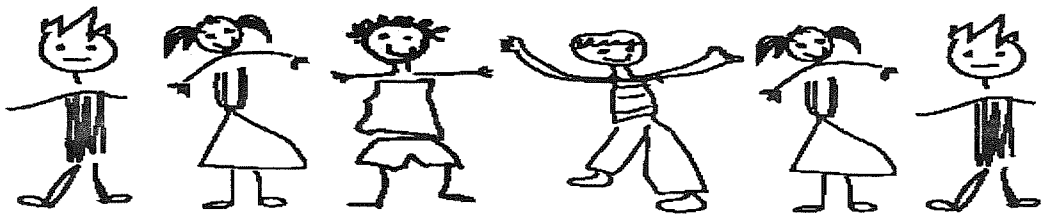
The Association of Oregon Community Mental Health Programs supports HB 2362 as **integral to the success of developing a true children's system of care for mental health**. Through the Children's System Change Initiative that arose out of a legislative budget note, community mental health programs, along with regional mental health organizations (MHOs), intensive treatment service providers, and our families and community partners, have embarked on an ambitious effort to transform children's mental health services. Much good has already been accomplished: greater family and community involvement in local service planning and a renewed focus on integrating best practices and achieving better outcomes for more children.

At the local level, our programs and other child-serving agencies see the wisdom and mutual benefit of addressing the complex needs of youth with serious mental disorders comprehensively and collaboratively. However, the barriers resulting from siloed funding in state bureaucracies not only stymie the ingenuity and resourcefulness of our local programs, they discourage the implementation of the very evidence-based and promising practices that we know work best.

The result is costly and avoidable: children with serious mental disorders are ending up in the custody of Oregon Youth Authority, in multiple child welfare placements, with inadequate educations, homeless, and with psychiatric instability.

We know how to do it better. In order to adequately meet the needs of our youth, child-serving agencies must integrate funding to more effectively utilize scarce resources and to coordinate services that enable communities to provide earlier and better interventions for children and families who are struggling with mental health disorders. *As a critical next step in transforming mental health services for children, we urge your support of HB 2362.*

MEASURE: HB 2362
EXHIBIT: Q
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 1
SUBMITTED BY: Janet Arenz



Oregon Alliance for Child Advocacy

House Health & Human Services Committee
30 March 2005

TESTIMONY
SUPPORTING HB 2362

I am Janet Arenz, Executive Director of the Oregon Alliance for Child Advocacy. Thank you for hearing this bill, and working on it to ensure its success.

"The Oregon Alliance for Child Advocacy is committed to meeting the needs of children and youth, to the protection of quality services, and to the achievement of outcomes that families and communities have a right to expect."
The Oregon Alliance for Child Advocacy is a statewide, nonprofit association of children's service providers. We have 33 member agencies that provide over 250 programs throughout Oregon, touching the lives of over 78,000 children and youth each year.
The services our members provide for these children and youth address the effects of physical and sexual abuse, neglect, substance abuse, homelessness, developmental disabilities, mental health issues, and help those youth who have been in trouble with the law.
Our member agencies provide over $150 million in services, employ over 3,800 committed individuals, are headed by over 450 volunteer community leaders and business people, and are blessed to have over 3,000 community volunteers contributing their time to our programs each year.

We are supportive of HB 2362, and believe that it is the next logical step to ensuring the success of the recent Children's Mental Health Initiative, which restructures how mental health services are delivered to children who face especially daunting challenges in their effort to achieve wellness and the ability to function in supporting homes and communities.
We are also supportive of amendments which make this an "action" instead of a study, and includes all of the key stakeholders in the process.

We ask for a "do pass" recommendation from the Committee.

707 13th Street SE, Suite 290 Salem OR 97301 503-399-9076

MEASURE: HB 2362
EXHIBIT: L
HOUSE HEALTH & HUMAN SERVICES
DATE: 3-30-05 PAGES: 2
SUBMITTED BY: angela kimball

March 29, 2005

Dear Chair Dalto and members of the Committee

My name is Roxanne Miller and I am a parent with two children who have emotional/behavioral disorders. My 9 year-old daughter, however, has more serious, co-occurring disorders including severe anxiety, oppositional defiant disorder and ADD. She currently attends a Therapeutic School in the Portland-Metro area. She is the reason I am writing you today.

In the past two years, my daughter has received services in Oregon City Public Schools, particularly in Special Education. Her illness quickly became more severe, requiring a short stay in a residential care facility. In fact, my daughter has been in and out of residential care, day treatment, therapeutic school and a public school setting several times in these past two years. What we experienced when the school felt they couldn't meet her needs was their recommendation for her to be placed in residential care. She had difficulty in that setting and was then transitioned into day treatment. Each time something did not work quite well enough, she was transitioned once again to another program. Each transition resulted in a disruption of services, causing additional stress to my child and I.

Each of these transitions has been a harrowing experience, with bureaucratic red tape at each step of the way. Not only did we have to start from scratch with each new transition, but endured battles between the school and other providers as to which system was going to pay for her care – something that no parent or child should have to worry about.

Making a school change is difficult enough for the normal child. Imagine what this is like for a child with severe anxiety, oppositional defiant disorder and ADD. The list of new administrators, a new case manager, new teachers, new rules to follow, trying to make new friends again, not to mention something as simple as transportation, is overwhelming to everyone. The stress we have had to face is unimaginable! Finally, each transition required me to miss more time from work to attend yet another intake appointment requiring us both to get to know yet another new psychiatrist, therapist or case manager, who had a totally different approach in how to treat my child than the last one. Each time it felt like we had to conform to this new approach in order to be able to continue services.

Currently I am on a School Based Wrap Around Team with Clackamas County. I am a Family Liaison Coordinator, a parent in the school to promote the 'family voice'. The people on our team include Child Welfare, Juvenile Justice, the School District and County Mental Health. What is so nice about this wraparound team is that it allows my co-worker and I to assist our families in accessing needed services. We do this by working directly with case managers and other members of the team who are involved with the family to assure their needs are being met. As a result of this collaborative model, we work together rather than functioning as separate entities.

I would give my eye teeth for such collaboration to work with my daughters mental health needs and allow the resources to flow seamlessly in her case and for other children like her. For anyone who has had to make as many transitions as I have can tell you that each has been a living nightmare and I do not look forward to the next change I have to make.

This bill provides hope and eventually help for many families and children like mine in Oregon. Coordinating systems that serve children with serious emotional/behavioral disorders would be extremely helpful and would alleviate much of the fragmentation, not to mention frustration that families currently experience when children are involved in multiple child-serving systems.

Thank You,
Roxanne Miller

MEASURE: HB 2362
EXHIBIT: 5
HOUSE HEALTH & HUMAN SERVICES
DATE: 3·30·05 PAGES: 2
SUBMITTED BY: Angela Kimball

March 29, 2005

Dear Chair Dalto, and members of the Committee

My name is Sandy Bumpus and I heartily support HB 2362, a bill aimed at creating a task force to design a coordinated system of care, integrating funds across child serving systems in Oregon to serve children with severe emotional and behavioral disorders and their families.

This policy is desperately needed in Oregon. As the parent of a child with a severe mental health disorder, I can share with you the result of the lack of coordinated services and integrated funding. For my son, it was 7-year delay in being able to access the services he most desperately needed. I can't even begin to count the number of times I was told by well meaning professionals to "just go talk to Developmental Disabilities", or "just contact Child Welfare and tell them you can't take care of him anymore". Others had recommended that there would be no way for my child to get help unless he became a harm to himself to others. This would likely result in expensive care, provided in a facility (juvenile justice or child welfare), which would have been extremely detrimental to my son's wellbeing. This is not different from what many families continue to experience today.

I also work with other families who have situations that are similar to mine. I see on a daily basis that they too have a lot of difficulty getting what they need when their children become involved with multiple child-serving systems. I believe that our systems are helpful to families in many ways. However when a child's mental health care requires the involvement of multiple systems, what usually happens is that agencies take ownership of the services they provide and the funding that drives them rather than ownership of the child and family.

One recent example is a mom whose son was recently discharged from a residential care facility. The child had some very serious problems, and his diagnosis was still emerging. When it came time for the child to be discharged, there was no coordination with the local school district or other mental health providers. The child's mom was left to figure
this out on her own. Within a few short weeks, the child was back in the hospital and is now in another residential care facility. Not only is this costly from a financial perspective. It has cost almost a year of treatment that has resulted in some pretty poor outcomes. What would have worked better for this family was to have had a team of systems partners come together before the child's discharge to develop a plan of care that would meet his needs in the community. This plan of care should have included community mental health support, a special education placement, crisis planning, and respite care as well as other supports that meet the child and family's unique needs.

The experience this family had however has become a common one for families. We are just moving kids from one system to another, addressing the same problems, and not helping them to get better.

Our families and children deserve treatment that works, and treatment models that are effective. HB 2362, I believe is a step in making that a reality for families here in Oregon.

No child in Oregon should have to wait years to get the treatment they need because the parent has not found the 'right' system to access. No family should have to take drastic measures like waiting for their child to become a harm to themselves or others to access the services they need. Children with serious emotional and behavior disorders need coordinated services, supported through integrated funding that involves all child serving systems to assure access to services that are continuous, community-based, meet the needs of the child and family, and promote positive outcomes.

Sincerely,

Sandy Bumpus
8805 SE 17th Ave. #101
Portland, OR 97202
(503)287-9891

MEASURE: HB2362
EXHIBIT: M
HOUSE HEALTH & HUMAN SERVICES
DATE: 5-6-05 PAGES: 2
SUBMITTED BY: Staff

HB 2362-1
(LC 1513)
4/19/05 (HR/mm/ps)

PROPOSED AMENDMENTS TO HOUSE BILL 2362

On page 1 of the printed bill, line 2, delete "appropriating money;".

On page 2, line 10, delete "Task Force" and insert "Interim Committee".

In line 11, delete "20" and insert "four".

In line 12, delete "one member" and insert "two members".

In line 14, delete "one member" and insert "two members".

Delete lines 16 through 36.

In line 37, delete "task force" and insert "interim committee".

In line 43, delete "task force shall study" and insert "interim committee shall design".

On page 3, line 25, delete "task force" and insert "interim committee".

Delete lines 30 through 45 and insert:

"(6) The interim committee shall appoint an advisory committee to assist the interim committee in carrying out its purpose as described in subsection (3) of this section. Persons appointed to the advisory committee shall:

"(a) Have expertise related to the public funding and provision of general and special education, child welfare, juvenile justice, child and family mental health, developmental disabilities or children's health care services; or

"(b) Have experience caring for or advocating on behalf of children with severe emotional or mental disorders who are involved in multiple public systems.

"(7) Persons appointed to the advisory committee are not entitled to compensation or reimbursement for expenses and serve as volunteers on the advisory committee.

"(8) The President of the Senate and the Speaker of the House of Repre-

sentatives shall select one member of the interim committee to serve as chairperson and another to serve as vice chairperson, with the duties and powers necessary for the performance of the functions of the offices as the President and the Speaker determine.

"(9) A majority of the members of the interim committee constitutes a quorum for the transaction of business.

"(10) Official action by the interim committee requires the approval of a majority of the members of the interim committee.

"(11) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective.

"(12) The interim committee shall meet at times and places specified by the call of the chairperson or of a majority of the members of the interim committee.

"(13) The interim committee may adopt rules necessary for the operation of the interim committee.

"(14) The interim committee shall report to the Legislative Assembly in the manner provided in ORS 192.245 at any time within 30 days after its final meeting or at such later time as the President and Speaker may designate.

"(15) The Legislative Administrator may employ persons necessary for the performance of the functions of the interim committee. The Legislative Administrator shall fix the duties and amounts of compensation of these employees. The interim committee shall use the services of permanent legislative staff to the greatest extent practicable.

"(16) All agencies of state government, as defined in ORS 174.111, are directed to assist the interim committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the interim committee consider necessary to perform their duties.".

On page 4, delete lines 1 through 13.

MEASURE: HB 2362
EXHIBIT: A
HOUSE HEALTH & HUMAN SERVICES
DATE: 05-6-05 PAGES: 2
SUBMITTED BY: Bob Liebersman

charpp Children's Array of Psychiatric Programs
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POSITION PAPER
HB2362

This paper represents the viewpoint of Children's Array of Psychiatric Programs (formerly known as Child and Adolescent Residential Psychiatric Programs - CHARPP), an association of agencies providing intensive treatment services to children with mental and behavioral disorders and their families.

The CHARPP agencies serve several hundred children daily in an array of services ranging from secure children and adolescent inpatient programs through outpatient. For years our members have worked to reduce the barriers for integrating services to the youth and families in our care. The children served by our agencies typically are involved in multiple systems, i.e. mental health, juvenile justice, child welfare, developmental disabilities, and of course, education.

The data, in Oregon and nationally, speaks for itself:

- Over 60% of boys and 75% of girls involved in juvenile justice systems have a diagnosed psychiatric disorder, according to a large federal study.
- In Oregon, children in the child welfare system use about 40% of local Oregon Health Plan funded outpatient mental health services and about 66% of OHP-funded intensive treatment services.
- At least one-third of children served by child welfare qualify for special education
- Children in foster care, child welfare, and juvenile justice systems have significant mental and physical health needs and higher rates of disabilities that diminish their chances to succeed in school.

Current funding mechanisms tend to be categorical, with specific rules and regulations that need to be met if services are to be provided. This frequently results in duplication, bureaucratic inefficiency, and cost shifting. For many years communities around the country have been experimenting with "systems of care", locally planned and managed service delivery systems that integrate funds and efforts between the various child-serving systems. More recently some states have begun experiments with statewide integration.

HB2362 would establish a workgroup to recommend strategies to result in better cross-agency coordination and integration of funding. The strategies recommended by the workgroup would be designed to result in:

- Improved coordination of services across traditional eligibility categories, in order to produce significantly better outcomes

- More cost-efficient funding models that integrate traditionally separate funding streams from federal, state, local, and private sources, reducing cost shifting between agencies
- Greater community responsibility and accountability for the care of high needs children and their families, and for return on public and private investment
- Broader implementation of evidence based practices for children and their families

The workgroup would study what has been accomplished in other states as they have designed mechanisms to pool resources across mental health, child welfare, juvenile justice, education, and primary care systems. The group would seek to build on the strengths that exist in Oregon's current system, and the efforts that have occurred to date to provide coordinated approaches to the needs of youth with serious mental or behavioral disorders and their families.

The task of designing and implementing cross-system integration is difficult and complicated. HB2362 takes a reasonable approach, through establishing a workgroup consisting of representatives from major stakeholder groups to accomplish this task and make recommendations to the legislature. The CHARPP members support this effort and urge the Legislature to implement this important effort through passage of the bill.

Please feel free to contact a member of CHARPP should you have questions or are require further information.