

TESTIMONY REGARDING MENTAL HEALTH

William B. Dalton, Ph.D.

February 22, 2017

In considering mental health issues this Session, I urge the Committee to consider the following priorities:

MAINTAIN MEDICAID SUPPORTS (the OREGON HEALTH PLAN) at CURRENT LEVELS

Based on our experience, the impact of reductions in the Oregon Health Plan will have impacts - on our State's local/regional hospitals, police, jails, courts, local and State corrections systems, the State Hospital—the costs of which will far exceed the actual reductions themselves.

RECOMMIT TO DEVELOPING AND SUPPORTING LOCAL/REGIONAL SHORT-TERM CRISIS (HOLDING/STABILIZATION/REFERRAL) CENTERS

As recommended by the 'Governor's Task force on Psychiatric Inpatient Hospitalization' in 1988, and echoed in numerous State and national studies before and after, such centers offer the immediate response necessary, in the community where consumers are most likely to have a personal and/or professional support system, at a lower cost than state or centralized services.

ADEQUATELY FUND COUNTY/LOCAL COMMUNITY MENTAL HEALTH PROGRAMS

Local programs are planned and implemented based on local needs, are more accessible to consumers, and provide the mechanism for appropriate referral and support, at a lower cost than regional or state services, and a far lower cost than having no/inadequate local systems.

DEVELOP LOCAL AND REGIONAL SUPPORTIVE HOUSING

As is increasingly being demonstrated nation-wide, congregate or co-located subsidized housing, with on-site supervision and 24/7 accessible case management – offers the least expensive and most effective element of pre- and post-crisis in which we can invest.

{And, planned and managed effectively, this allows communities to address the multiple and overlapping needs and demands of the chronically mentally ill, and the homeless (including the chronically homeless, veterans, and individuals/families in 'economic crisis/transition').

Thank you for your consideration, dedication, and support.

