Office of the Governor:
Serious Mental Illness Roundtable Series

After Action Report

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The Governor's Office is resolved to address the impacts of serious mental illness, housing instability, and the challenges that face our behavioral health workforce. We are acting deliberately to make change to improve people's lives, specifically with regard to the wealth of input received at the September 7 summit. The discussion that day has and will continue to ground our approach to this work, and we are incredibly grateful for your participation.

As the Governor and I have visited Oregon's counties this year, we have prioritized sitting down with mental health and addiction providers in every corner of the state in recognition that this is a statewide crisis that will require a statewide response. These conversations, too, guide our approach to addressing the state's behavioral health crisis.

Our shared efforts in the year ahead will include listening to providers, building capacity, and supporting those in the field working with people every day. The September roundtable informed the development of action areas to continue the work in 2024:

- Workforce development, stabilization, and retention: We know that this work cannot be done without staff to do the care coordination, provide the care, support the housing, and capture the data.
- Care coordination efforts: We know it is essential to reduce barriers to care for individuals with SMI living outside by stepping in and up to the table to support both outreach and discharges.
- Day services and drop-in care: We know we must do more to increase the capacity of day services and drop-in care for those living outside to meet basic needs and connect to care.
- Civil commitment: We know that addressing pathways to care through thoughtful changes to civil commitment and compelled treatment for behavioral health care are critical to supporting all pathways to recovery.
- Treatment and housing: We know that increasing investments in treatment beds and wrap around services in coordination with our housing providers is absolutely necessary.

You have our commitment to address systemic issues that impact access through policy development and regulatory reform as needed.

We appreciate your time, brilliance, and support. The ability to partner with you in shared work and compassionate solutions is what will make our efforts successful in the years to come.

In Solidarity,

Aimee Kotek Wilson, MSW
First Lady of Oregon

Juliana Wallace, LCSW
Behavioral Health Initiative Director

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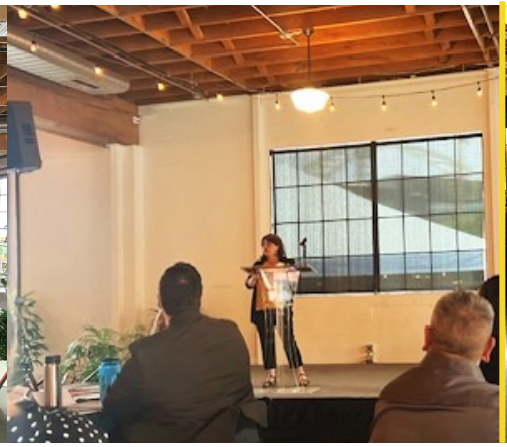


BACKGROUND & CONTEXT SETTING

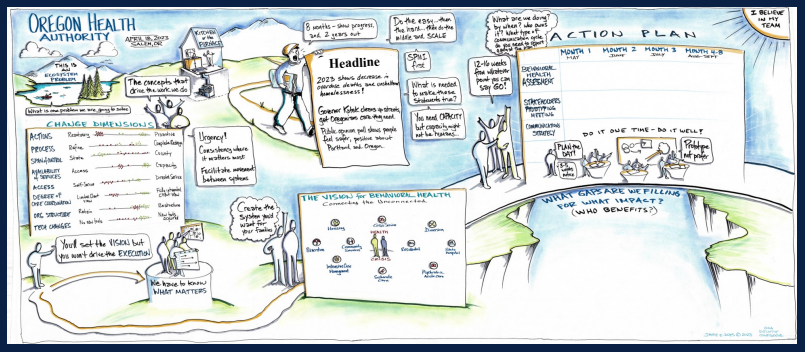
Governor Tina Kotek began her term in January 2023, with three top priorities: housing and homelessness, behavioral health, and education. Over the past few months, they have brought a focus and sense of urgency for concrete solutions and bold actions to address the state's homelessness crisis, and to transform Oregon's behavioral health system to enable affordable, accessible care regardless of a person's zip code or income.

> **"Oregon is facing a housing and homelessness crisis, with many individuals cycling between the streets, jail, State Hospital, and Emergency Departments."[1]**

As part of the One Oregon Listening Tour, the Governor and First Lady have visited multiple counties across the state to listen and learn from community leaders and members at the forefront of this work. The stories and experiences shared during the tour underscore the breadth of challenges and the complexities that exist at the intersection between mental illness, substance use disorder, and homelessness. While it's difficult to say if homelessness is exacerbated by mental illness or substance use, or vice versa, the reality is that for too many, timely access to stable housing and behavioral health services still remains a daunting and elusive need.

Turning Vision into Action: SMI Roundtable

On April 18th, a workshop with the Governor, First Lady, and Governor's Office Staff was held to develop the focus of the Governor's Behavioral Health priorities. It was determined that Oregon's greatest need for systemic transformation was at the intersection of the population experiencing serious mental illness (SMI) and houselessness. It was evident that in order to create a sustainable behavioral health system that optimizes health outcomes, housing must be incorporated as a key component of the behavioral health response.



As actionable next steps, a roundtable with providers who serve and interact with the population experiencing SMI and houselessness was organized to understand the true need of this population.

Individuals experiencing SMI and houselessness who remain untreated and unsheltered are among the most vulnerable to harming themselves or others. Studies show that 65% of individuals with SMI have co-occurring Substance Use Disorder (SUD). By focusing on this dual-diagnosed population, there is an opportunity to work across three of the most acute challenges that Oregon faces today: SMI, addiction, and houselessness. While systemic changes cannot occur overnight, the urgency of this moment demands prioritizing action to make the greatest possible impact, while alleviating the most suffering, on a practical timeline given the circumstances of today.[2]

In preparation for the roundtable, a current state inventory of unlicensed and licensed beds and facilities that serve individuals experiencing SMI and/or houselessness was conducted. This provided a baseline understanding of the need and capacity of housing services. Analysis of the inventory, along with qualitative interviews from key personnel and state agencies, informed breakout session topics for the roundtable, held on September 7th, 2023.

[1]https://www.oregon.gov/gov/priorities/Pages/behavioral-health.aspx
[2]First Lady Kotek Wilson, "SMI Roundtable Opening Remarks." SMI Roundtable, 7 Sep, 2023.

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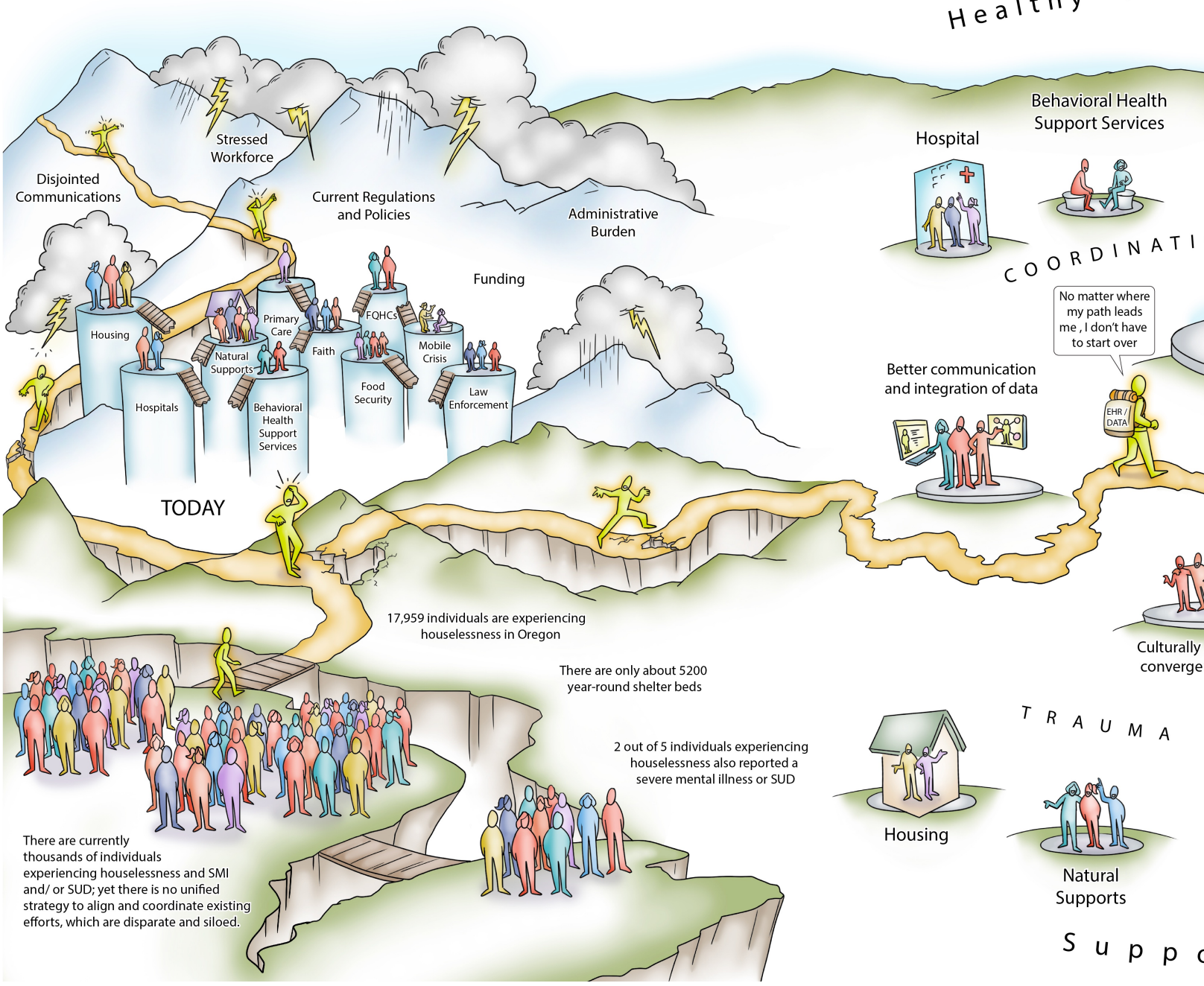

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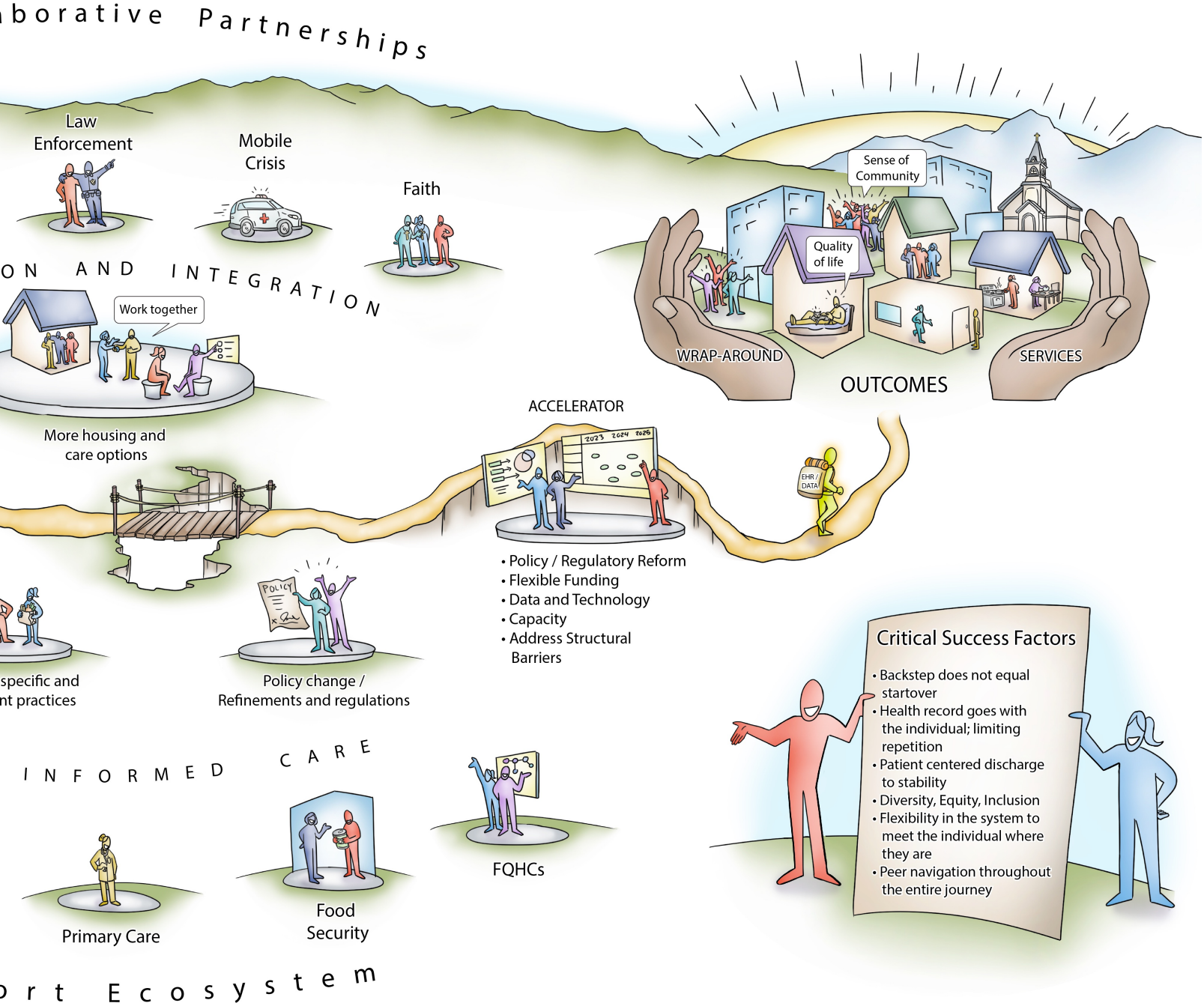


STRUCTURE OF THE DAY

Establishing Purpose & Setting Goals

First Lady Kotek Wilson kicked-off the Roundtable with a warm welcome to the participants – those providers who work every day with individuals with SMI and those experiencing houselessness. The goals of the session included establishing a collective understanding of the current state therapeutic and supportive housing resources available for the SMI population, and innovating on strategic, actionable solutions to address identified gaps.

A "Grounding in the Work" activity set the tone for the day. Participants were asked to identify and discuss top 2-3 challenges they believe have impacted the provider community's ability to service the population experiencing houselessness and SMI. They were then asked to prioritize the top interventions that could make the greatest impact on this population.

Top 3 Challenges

1. Service Capacity
2. Supportive Housing
3. Coordination of Care

Top 3 Interventions

1. Non-Political Central Oversight
2. Effective Leadership Rooted in Equity
3. Capacity

Breakout Sessions

Facilitators guided participants through discussions on three breakout topics listed below. These topic areas were selected based on an environmental scan which included interviews, literature search, and data review, that was used to build working hypotheses on what would have the greatest impact for this population experiencing SMI and houselessness. Interestingly, the challenges and interventions identified in the Grounding in the Work exercise were consistent themes that surfaced throughout the discussions and work that followed in each breakout group.

Integrating Data, Defining & Standardizing Data Elements	*Streamlining Outreach & Improving Communication Efforts*	*Providing Access to Affordable Housing Options*

For each of the breakout sessions, participants were assigned into three groups and tasked with creating a vision for the ideal state and the filters through which the solution would be achieved.

Vision

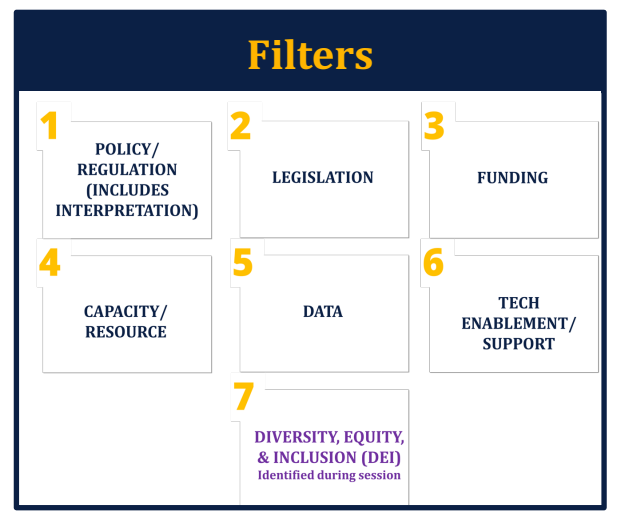
For each breakout session, participants were asked to architect their ideal solution and determine the gaps between current state and their solutions.

Filters

Participants identified from a predetermined list the most important "filters" that would promote or inhibit their identified vision.

Key Components

At the end of the day, the participants came together to discuss the key, critical components of each breakout session that are foundational for the development of a unified strategic plan.



BREAKOUT SESSIONS:
Focus Areas & Impact

INTEGRATING DATA, DEFINING & STANDARDIZING DATA ELEMENTS

Impact Statement

If houselessness and treatment data is integrated and definitions for houselessness and SMI data elements are standardized, then providers can better identify the population's needs and efficiently allocate existing resource to meet services requirements.

Overview

Data captured around housing and SMI is not integrated, making it difficult to draw insights on the true needs of the SMI population with housing instability. There are three known data sources in Oregon that collect houseless and SMI-related data: Medicaid Claims (MMIS), Hospital Discharge, and Homeless Management Information System (HMIS). While the data in each of these systems may be informative, it is limited to the specific purpose for which it's collected. In many cases, funding sources drive reporting requirements, each with different mandated fields, data elements, and definitions, making it difficult to compare and analyze data across sources. Further, specific to housing and treatment, actual need for the SMI population is likely underreported and not clearly defined due to inconsistent and fragmented data collection.

Key Themes from Discussion

- Definitions of data elements are inconsistent and restrictive, prompting a need for a common, diversity, equity, and inclusion (DEI) informed data language across all levels (State, county, and housing, treatment, and non-profit providers)
- Resist re-traumatization resulting from the detached and repetitive process of data collection conducted each time an individual is enrolled in a new services
- Personal data should be collected in an equitable way that is representative of the individual's identity, respects privacy, and does not limit eligibility to receive services
- Administrative burden exists due to the required manual effort of data collection and management, especially for smaller organizations with less resource capacity
- Laws and regulations prevent data from being shared (i.e., HIPAA, CFR 42.2), however, restrictive (mis)interpretation of what can be shared has also hindered collaboration and coordination
- Fear remains around data sharing resulting from the lived experience of institutional inequities and discrimination of individuals and communities accessing services; de-identified population-level data should be used to inform policy decisions
- A centralized data environment, a "single source of truth", that combines treatment and housing data could be beneficial for providers to holistically understand an individual's care history

"We could serve people better if providers had access to an individual's history."

"We have more data than we know what to do with."

Main Takeaways

- **Standardize data terminology and definitions to understand true need**
- **Collect data with intention to draw meaningful insights**
- **Enable access and availability of data to inform and coordinate care**

STREAMLINING OUTREACH & IMPROVING COMMUNICATION EFFORTS

Impact Statement

If we streamline outreach and improve communication efforts to focus on getting individual or cohort of individuals off the streets and there is better coordination of services such as case management, peer support, and permanent housing resources, then individuals may remain stable in housing and improve quality of life.

Overview

While outreach and transition teams exist, there is lack of communication across ongoing initiatives resulting in duplicative efforts and misalignment of already constrained resources.

Individuals often cycle from hospital to street back to hospital due to lack of communication and coordination between treatment and housing service providers. In order for individuals to remain stable in the community and in housing, services such as Assertive Community Treatment (ACT) and Intensive Care Management (ICM) must be available to support an individual's transition between inpatient treatment settings into the community through a seamless continuum of care. However, today, there is a lack of adequate funding and staffing to support the volume of individuals requiring these services.

Key Themes from Discussion

- Individuals are at the highest risk for experiencing housing and health instability during periods of transition
- Existing transitional support is of short-duration (~30 days) with limited capacity to track individuals within the community
- Long-term transitional support with individualized care coordination promotes consistency and stability throughout an individual's journey
- Care providers are often resource constrained and encounter funding-related barriers, such as inefficient timelines of funding distribution and inflexible capital
- Organizations need to communicate and coordinate across services they provide so that individuals accessing those services have a consistent and streamlined experience
- Development of a System of Care rooted in partnerships enhances wraparound services which are innovative, representative of identity, and led by the individual
- Increased workforce incentives (such as loan repayment plans and health care benefits) are needed to attract and retain staff who want to work with this population; currently staff are experiencing high-levels of burn-out (i.e., safety, emotional toll, etc.) contributing to the resource strain on providers

"A System of Care approach means all partners working together to have one plan led by the individual that leverages natural support and promising practices... rooted in relationship with system partners."

Main Takeaways

- **Focus on system navigation & transition of care to improve timely access & long-term support**
- **Innovation & flexibility in designing outreach & care models**

PROVIDING ACCESS TO AFFORDABLE HOUSING OPTIONS

Impact Statement

If we create more affordable housing, provide housing stipends for those on SSI, and/or decrease regulatory barriers, then we can support the population experiencing houselessness to afford the cost of living.

Overview

Housing providers have expressed challenges in being able to consistently provide support services required to keep individuals experiencing SMI in stable housing due to insufficient resources. Although there are housing providers with available capacity, funding for the support services necessary to meet the acuity needs of individuals is often the first to be cut.

While critical investments in funding for affordable housing, rental assistance, and supportive services are needed to address the statewide homelessness crisis, it must be augmented with a compassionate, equitable approach of moving individuals from street to shelter. There is a life-line sense of community amongst the many who are unsheltered that must remain intact.

Key Themes from Discussion

- There is a need for diverse housing options that meet the needs of a range of individuals experiencing SMI from full support to independent living. This requires providers to have awareness of alternative housing options that are better suited to an individuals needs
- Intervention at the time of discharge from hospital settings is key, as individuals are in more stable condition, which enhances their ability to effectively access and utilize available services in the community
- Mental health and housing authorities are disconnected. Rent subsidies, behavioral health services, and appropriate screening assessments could be combined to identify sustainable housing options for this population
- Provider compensation that covers fully-loaded and ongoing costs of housing the SMI population should be considered in order to mitigate financial risk and incentivize providers to take in more individuals
- Partnerships across state, local, and private entities can support the development of affordable housing structures (incl. uninhabited or existing resources) and bring in wraparound services across the continuum of care
- The importance of creating and maintaining community when designing housing options is integral to optimize health outcomes for individuals
- The solution needs to include peer-run, step-down, low barrier temporary housing (regardless of payer type) that is connected to hospitals
- Understand the land, vacancy, and zoning policy regulations that are restricting the ability to create more affordable housing units

"Housing options have to follow the continuum of life. Housing that works for someone today may not work for them down the road as they age into new issues, which will be exacerbated by lived experience."

Main Takeaways

- **Partnerships that create seamless transitions from inpatient to housing services**
- **Increased need for wraparound services and ongoing support**

Discussion of Potential Future State Metrics

To monitor the progress of the interventions envisioned to move the needle for individuals with SMI and experiencing houselessness, participants identified key success metrics applicable to each breakout session. There was a common consensus that a careful and deliberate approach to measuring success across the three topic areas (Data Integration, Streamlined Outreach Efforts, Affordable Housing) is integral to support a unified actionable solution.

Below are a **examples of comprehensive metrics** that were discussed:

STABLE HOUSING

Duration of time that SMI individuals remain housed

UNSHELTERED INDIVIDUALS

Change in the number of unsheltered individuals with SMI

TIMELY ACCESS TO HOUSING

Number of individuals and duration of time on waitlist for stable housing

DISCHARGE RATES

Increase in % individuals discharged to stable housing from hospital

USE OF MOBILE CRISIS

Increase in utilization of mobile crisis for jail diversion and/or to prevent hospitalization

“I want to thank each of you for taking time out of your busy schedules to participate in today’s roundtable. Please know that my gratitude comes with a commitment to listen and most importantly to act. The work you put in today and the insights and opportunities you surfaced through your conversations will inform what proposals we bring to the next legislative session and beyond. Right now, in Oregon, we have more resources for housing, addiction and mental health than at any other point in our state’s history. I also know we could always use more. When we talk about these issues, they are so daunting, it’s often easier to zero in on the problems, rather than how we fix them. But I know that none of you are in this room because this work is easy. You’re in the room because when you see suffering, you act. That’s leadership. We have our work cut out for us. But today’s effort tells a bigger story: Oregonians care about people and are willing to put in the work. And that gives me hope. You all give me hope.

Since my work at the Oregon Food Bank, I’ve seen people struggle with instability and there is no healing without a home. Housing and Behavioral Health are two of my top priorities for Oregon. Aimee and I will continue to look to you as the experts and providers to be partners in finding solutions. We won’t be able to solve these problems overnight, but together we can break down silos and build something that will better serve Oregonians across the state.”

- Governor Tina Kotek

ACKNOWLEDGEMENTS

Thank you to the many who represented our community. We appreciate the providers, state and local leaders, advocates, people with lived experience, and community leaders. We value the time and energy you provided to this work.

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