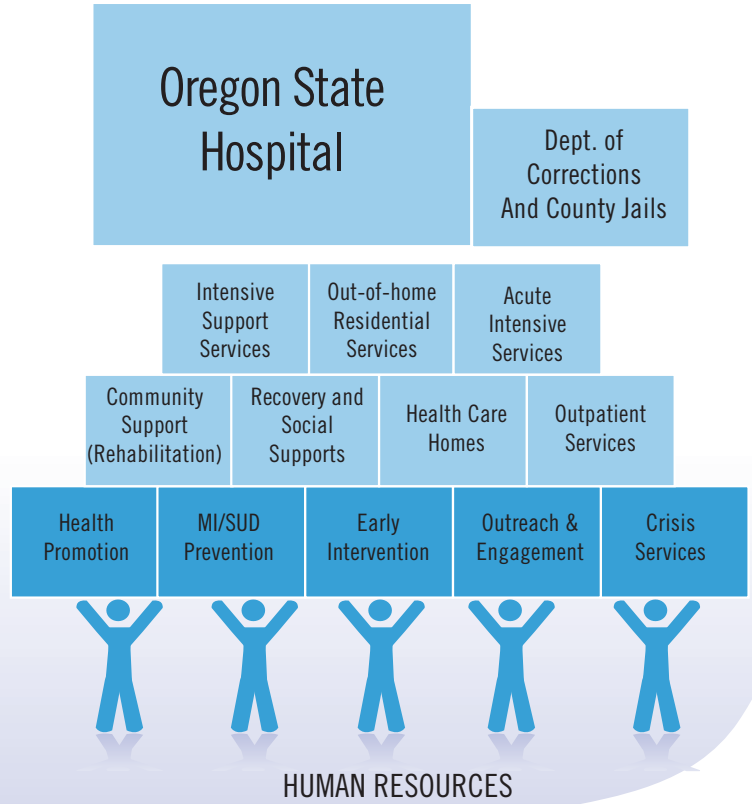
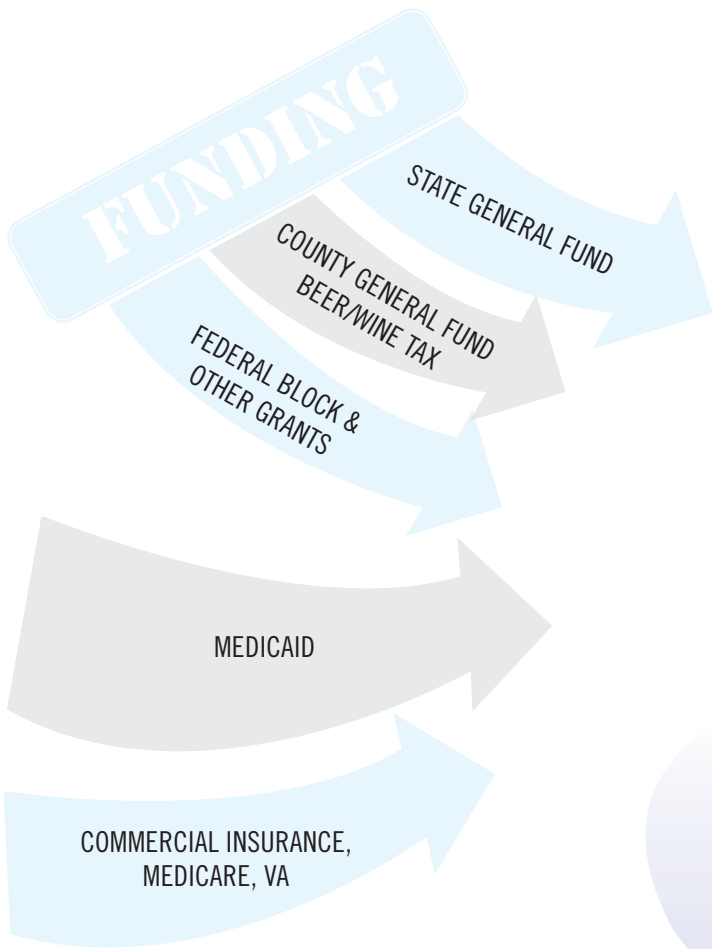


# BEHAVIORAL HEALTH SYSTEM

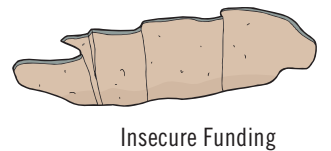
## CURRENT



## COORDINATION & MANAGEMENT

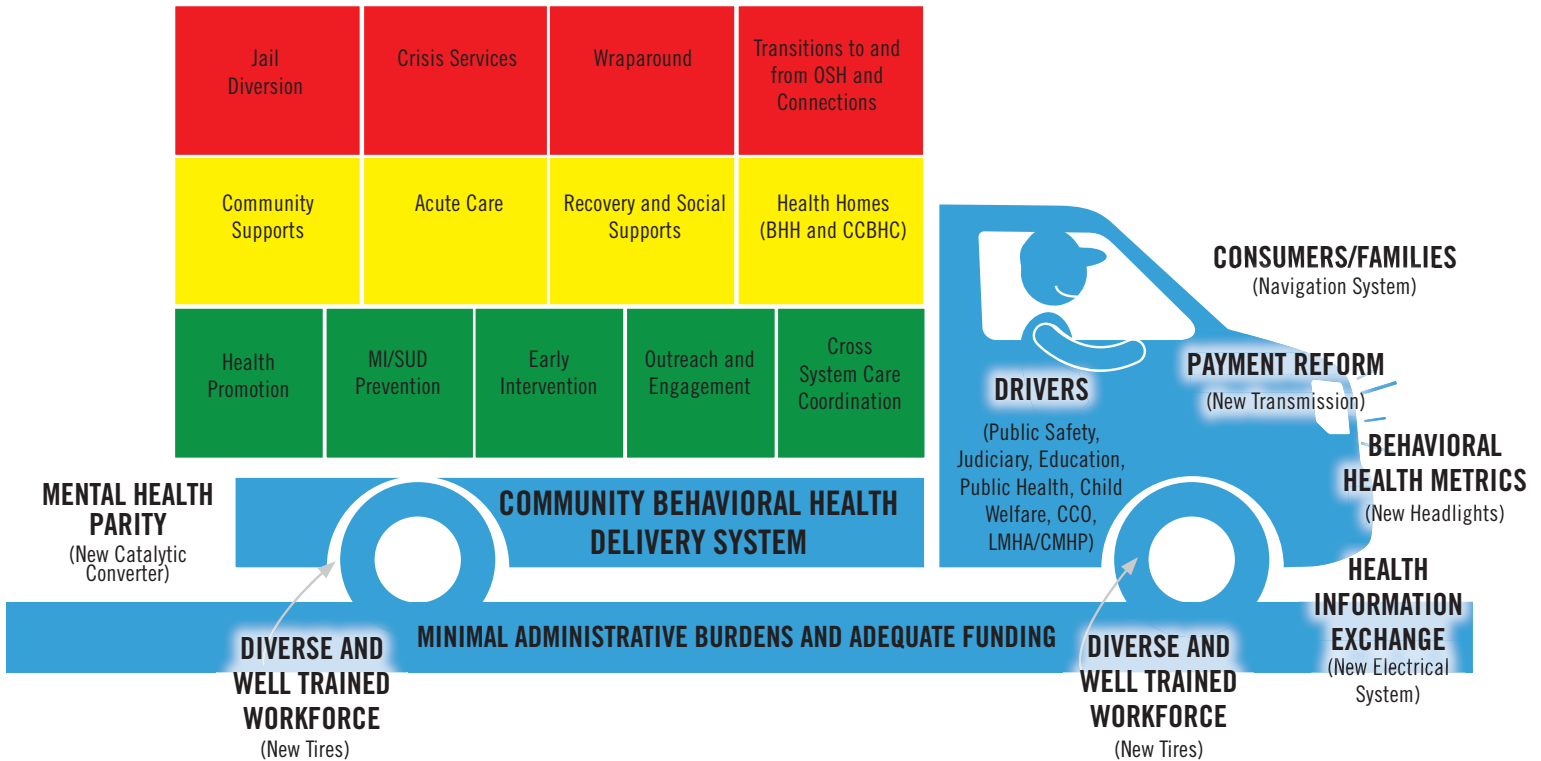
Supported Housing & Employment	Intensive Services	Out-of-Home Residential	Acute Care	Care Coordination
	Community Support	Crisis Services	Recovery Services and Social Supports	Health Homes
Out Patient	Health Promotion	MI/SUD Prevention	Early Intervention	Outreach and Engagement

### COMMUNITY-BASED BEHAVIORAL HEALTH DELIVERY



# BEHAVIORAL HEALTH SYSTEM

## AN ALTERNATIVE FOR THE FUTURE



### Giving The Delivery System Vehicle a Major Overhaul to Reach The Triple Aim

We must coordinate care across systems, with financial investment from all payers in high quality care to achieve good health outcomes. Payment reform, bolstering our workforce, exchanging health information, improving data collection and reporting systems, and enforcing mental health parity/addictions equity will all contribute to better health, quality of life, and fewer tragic consequences in Oregon communities.

*We need to build on system strengths at the local level and standardize policies and procedures statewide.*

For example:

- Diversion of Aid & Assist (.370) defendants from the State Hospital and individuals with behavioral health disorders from jail and emergency departments, crisis intervention, and children's system of care initiatives are all planned and delivered locally.
- USDOJ metrics are tied to Criminal Justice, Emergency Department, and State institution diversion, dependent on cross system coordination at the local level.
- Local mental health authorities have oversight of the behavioral health system and safety net, ensuring accountability of public dollars and avoiding the privatization of the public behavioral health system.