

MENTAL/BEHAVIORAL HEALTH, HOUSING & CASE MANAGEMENT SERVICES FOR HOMELESS PEOPLE - Group 3

Saturday, January 20, 2024, at 10 am

Jason Renaud and Kathy Casto, co-discussion leaders, and Marsha Gulick, notetaker

Topics suggested by League members in the 10-23 survey

More humane ways of addressing needs of homeless people - safe shelters, sobering, detox & substance abuse treatment facilities, health & sanitary services

Lack of mental/addiction health treatment/services, access to services, what services?

Unification of services by city & county for homeless people

Funding for Portland Street Response teams

The "Memorandum of Understanding" between the city council and the county commissioners re the Joint Office of Housing Services (JOHS)

LWVPDX Positions relevant to mental/behavioral health services for homeless people

The page #s below are those in the **LWVPDX of Portland: Positions updated June 2023**

<https://lwvpdx.org/wp-content/uploads/2023/06/LWVPDX-Positions-June-2023.pdf>

Community Residential Facilities (2007, 1977) page 12

The League of Women Voters of Portland supports the use of Residential Care Facilities for socially dependent individuals as defined by state law, Residential Training Facilities for individuals with physical and developmental disabilities and Residential Treatment Facilities for individuals with alcohol and/or drug dependence and those with mental and/or emotional disorders.

The League supports Community Residential Facilities for individuals with a criminal history provided clients are carefully screened and monitored and consideration is given to the impact on the community.

Community Residential Facilities are licensed by the State. Standards should provide for quality staffing, facilities and care.

Teenage Girls at Risk (1995) page13

The League of Women Voters of Portland, Oregon supports equal access to appropriate services for at risk girls and boys. These services should be comprehensive in nature and should include outreach, treatment and follow-up.

We support:

- Appropriate services that include consideration of gender, developmental phase, intellectual capacity, cultural identification, sexual orientation, as well as mental and physical clinical considerations.
- A comprehensive service directory plan that includes outreach, emergency services, case management, individual and family counseling, housing and follow-up. Effectiveness of these programs should be evaluated periodically.
- Emphasis on early detection and prevention of child abuse.
- The teaching of parenting skills.
- Strategies to prevent teenage pregnancy which include the following: school-based health centers, sex education programs, teacher training, and the availability of a range of contraceptives at the school-based health clinics.
- Group homes and improved foster care for youth under age 16 in need of housing. Group homes as part of transition services for youth leaving residential treatment programs.
- Gender specific drug and alcohol treatment programs.

LWVUS Positions relevant to mental/behavioral health services for homeless people

The page #s below are those in the **LWVUS Impact on Issues 2022-2024**
<http://www.lwv.org/impact-issues> Click on purple box to pull up document; click on page # to view position

Equality of Opportunity, page 122, as revised by the national board in January 1989, based on positions announced by the national board in January 1969, adopted by the 1972 Convention, expanded by the 1980 Convention and the 2010 Convention:

The League of Women Voters of the United States believes that the federal government shares with other levels of government the responsibility to provide equality of opportunity for education, employment, and housing for all persons in the United States regardless of their race, color, gender, religion, national origin, age, sexual orientation,

or disability. Employment opportunities in modern, technological societies are closely related to education; therefore, the League supports federal programs to increase the education and training of disadvantaged people. The League supports federal efforts to prevent and/or remove discrimination in education, employment, and housing and to help communities bring about racial integration of their school systems.

The League of Women Voters of the United States supports equal rights for all regardless of sex. The League supports action to bring laws into compliance with the ERA: a) to eliminate or amend those laws that have the effect of discriminating on the basis of sex; b) to promote laws that support the goals of the ERA; c) to strengthen the enforcement of such existing laws.

The League of Women Voters of the United States supports equal rights for all under state and federal law. LWVUS supports legislation to equalize the legal rights, obligations, and benefits available to same-gender couples with those available to heterosexual couples. LWVUS supports legislation to permit same-gender couples to marry under civil law. The League believes that the civil status of marriage is already clearly distinguished from the religious institution of marriage and that religious rights will be preserved.

Further Guidelines and Criteria are on page 123.

Health Care, page 137, as announced by the national board, April 1993 supplemented by concurrence to add Behavioral Health, June 2016 and updated by concurrence at Convention 2022.

The League's Position

GOALS: The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all US residents. Other US health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care.

Basic Level of Quality Care

Every US resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care. Every US resident should have access to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive service that is integrated with, and achieves parity with, physical health care. Dental, vision, and hearing care also are important but lower in priority. The League believes that under any system of health

care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

The League supports regulatory incentives to encourage the development of cost-effective alternative ways of delivering and paying for health care. Delivery programs may take place in a variety of settings, including the home and online, and must provide quality care, meaning consistent with “standard of care” guidelines, by trained and licensed personnel, staffed adequately to ensure their own and patient safety.

As public health crises increasingly reveal, a health program should protect the health of its most vulnerable populations, urban and rural, in order to protect the health of everyone. In addition, all programs should be evaluated regularly.

Decisions on medical procedures that would prolong life should be made jointly by patient, family, and licensed health care provider. Patient decisions, including those made prior to need, should be respected.

Financing and Administration

The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. The League supports administration of the US health care system either by a combination of the private and public sectors or by a combination of federal, state, and/or regional government agencies.

The League supports the single-payer concept as a viable and desirable approach to implementing League positions on equitable access, affordability, and financial feasibility. In any proposed health care financing system, the League favors health insurance access independent of employment status.

Although the League prefers a health care financing system that includes all residents of the United States, in the absence of a federal program that achieves the goals of universal, affordable access to essential health services, the League supports health care programs financed by states which include continuation of federal funding and comply with League principles.

The League is opposed to a strictly private market-based model of financing the health care system. The League is also opposed to the administration of the healthcare system solely by the private sector or the states.

Taxes

The League supports increased taxes to finance a basic level of health care for all US residents, provided health care reforms contain effective cost-control strategies.

Cost Control

The League believes that efficient and economical delivery of care can be enhanced by cost-control methods. Specific cost-control methods should reflect the most-credible, evidence-based research available on how health care financing policy affects equitable access to health care, overall quality of care for individuals and populations, and total system costs of health care and its administration. Methods used should not exacerbate disparities in health outcomes among marginalized residents.

If they meet the above criteria, cost control methods could include:

- Reduction of administrative costs — both for the insurance program and for providers,
- Negotiated volume discounts for pharmaceuticals and durable medical equipment to bring prices closer to international levels — or importing of same to reduce costs.
- Evidence-based treatment protocols and drug formularies that include cost/benefit assessments of medical value.
- Malpractice reforms designed both to compensate patients for medical errors and to avoid future errors by encouraging robust quality improvement processes (at individual and systemic levels) and open communications with patients.
- Investment in well-care, such as prevention, family planning, patient education, primary care to increase health and reduce preventable adverse health events/expenditures.
- Investment in maternal/infant care, chronic disease management, and behavioral health care.
- Provision for short-term and long-term home-care services to reduce institutionalization.
- Regional planning for the allocation of personnel, facilities, and equipment.
- The establishment of maximum levels of public reimbursement to providers.
- The use of managed care.
- Utilization review of treatment.
- Mandatory second opinions before surgery or extensive treatment.
- Consumer accountability through deductibles and copayments.

Equity Issues

The League believes that health care services could be more equitably distributed by:

- Allocating medical resources to underserved areas.
- Providing for training health care professionals in needed fields of care.
- Standardizing basic levels of service for publicly funded healthcare programs.

- Requiring insurance plans to use community rating instead of experience rating.
- Establishing insurance pools for small businesses and organizations

Allocation of Resources to Individuals

The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of healthcare resources. Limited resources should be allocated based on the following criteria considered together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after treatment, and the wishes of the patient and the family.

Public Participation

The League supports public input as integral to the process for determining health care coverage and funding. To participate in public discussion of health policy and share effectively in making policy decisions, residents must be provided with information on the health care system and the implications of health policy decisions.

Behavioral Health

The League supports:

- Behavioral health as the nationally accepted term that includes both mental illness and substance use disorder.
- Access for all people to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive services.
 - Behavioral health care that is integrated with, and achieves parity with, physical health care.
- Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence.
- Early and appropriate diagnosis and treatment for children and adolescents that is family-focused and community-based.
- Access to safe and stable housing for people with behavioral health challenges, including those who are chronically homeless.
- Effective reentry planning and follow-up for people released from both behavioral health hospitalization and the criminal justice system.
- Problem-solving or specialty courts, including mental health and drug courts, in all judicial districts to provide needed treatment and avoid inappropriate entry into the criminal justice system.
- Health education — from early childhood throughout life — that integrates all aspects of social, emotional, and physical health and wellness.
- Efforts to decrease the stigmatization of, and normalize, behavioral health problems and care.

Meeting Basic Human Needs, page 145

revised by the national board, January 1989, based on positions reached from 1971 through 1988:

The League of Women Voters of the United States believes that one of the goals of social policy in the United States should be to promote self-sufficiency for individuals and families and that the most-effective social programs are those designed to prevent or reduce poverty.

Persons who are unable to work, whose earnings are inadequate, or for whom jobs are not available have the right to an income and/or services sufficient to meet their basic needs for food, shelter, and access to health care.

The federal government should set minimum, uniform standards and guidelines for social welfare programs and should bear primary responsibility for financing programs designed to help meet the basic needs of individuals and families. State and local governments, as well as the private sector, should have a secondary role in financing food, housing, and health care programs. Income assistance programs should be financed primarily by the federal government with state governments assuming secondary responsibility.

Preventing and Reducing Poverty

In order to prevent or reduce poverty, LWVUS supports policies and programs designed to increase job opportunities; increase access to health insurance; provide support services such as child care and transportation; provide opportunities and/or incentives for basic or remedial education and job training; decrease teen pregnancy; and ensure that noncustodial parents contribute to the support of their children.

Access to Health Care

LWVUS believes that access to health care includes the following: preventive care, primary care, maternal and child health care, emergency care, catastrophic care, nursing home care, and mental health care, as well as access to substance abuse programs, health and sex education programs, and nutrition programs.

Access to Transportation

LWVUS believes that energy-efficient and environmentally sound transportation systems should afford better access to housing and jobs and will continue to examine transportation policies in light of these goals.

Criteria for Supportive Services, page 147

- Supportive services should be available — but not compulsory — for participants in income assistance programs. Most important among these are child care, counseling, transportation, family planning, health care, and legal services.
- Fees for supportive services should be based on ability to pay and be free where necessary.
- Facilities and services for participants should be the same as for the general public.

- The federal government should exert leadership in setting standards for eligibility, the quality of services, and adequate funding.
 - Participants in the programs should be included in program development and implementation, and the administration of social services programs should be responsive to the needs of the people being served.
 - Wherever possible, these services should be conveniently located in the neighborhood.
 - Transportation systems should afford better access to housing and jobs and should also provide energy efficient and environmentally sound transportation.
 - Government programs that require recipients of assistance to engage in work-related programs would be acceptable only if the following protections are guaranteed to the participants:
 - Job training.
 - Basic education.
 - Exemptions for primary caregivers.
 - Supplemental support services such as child care and transportation.
 - Equitable compensation to ensure that program participants earn the same wages and benefits as other employees performing similar work.
 - A disregard of some earned income for purposes of calculating benefit levels