

**REPORT TO THE OREGON LEGISLATURE ON PLANNING FOR  
MENTAL HEALTH SERVICES**

**Department of Human Services (DHS)  
Addictions and Mental Health Division (AMH)  
March 2007**

## **Introduction**

Mental health services in Oregon are biennially reviewed and planned at the local level with direction from the Addictions and Mental Health Division (AMH). In addition to the routine planning, Oregon has engaged in focused efforts to improve children's mental health services and services associated with the state hospital. In accordance with ORS 430.640(1)(p), this report will provide an update on the various planning initiatives and also report on Oregon's progress in the National Outcome Measures.

## **Local Planning**

ORS 430.630(10)(b) requires each Local Mental Health Authority (LMHA) to develop a biennial plan for local mental health services. In October 2005, the AMH provide guidance to each LMHA for the development of local mental health plans. This biennium AMH revised the guidelines to direct the LMHAs to submit a plan that encompasses mental health, addictions and problem gambling prevention and services. The local plans required coordination and input with the following groups and agencies: Local Mental Health Advisory Council, Local Alcohol and Drug Planning Council, Local Public Safety Coordinating Council, Local Commission on Children and Families, and the DHS Service Delivery Area Office.

During the Spring 2006, with some reviews carrying over to the summer, AMH used cross discipline teams to review each of the plans. AMH provided feedback from the reviews to the LMHAs and requested additional information when indicated.

### **Significant strengths identified include:**

- Strong efforts to integrate mental health and alcohol and drug services for persons with co-occurring disorders;
- Significant advances to address culturally competent services; and
- Continued expansion of evidence-based practices.

### **Counties and regions recognized for collaborative and well-coordinated plans:**

- Clackamas
- Deschutes

- Harney
- Jackson
- Klamath
- Lane
- Marion
- Mid-Columbia

Areas for improvement for the next planning cycle:

- Fidelity monitoring of evidence based practices;
- Young adult mental health services; and
- Older adult mental health services.

**Statewide Planning and Initiatives**

While AMH provides the guidance in the development of the local plans, the division incorporates input from the local plans into statewide planning efforts. This section will describe the ongoing planning processes and specific planning initiatives.

*Mental Health Planning and Management Council*

The Mental Health Planning and Management Advisory Council (PMAC), established by ORS 430, also meets the federal mental health block grant advisory council requirement. PMAC provides guidance to the AMH Assistant Director in the areas of state planning, policy, and funding. One of its primary federally mandated functions is to provide oversight of the state mental health planning process for adults with serious mental illness and children with serious emotional disorders. The council participates in the development Oregon's annual Federal Mental Health Block Grant application.

*The Governor's Mental Health Task Force*

The Governor Kulongoski convened the Mental Health Task Force, which began their work in 2003 and completed it August of 2004. The final report to the Governor was issued September 2004. Recommendations for legislative and

mental health system changes are outlined in that report. The following is a list of accomplishments in implementing the recommendations.

- 2005 SB 1, the Mental Health and Addictions Insurance Parity bill, has been implemented.
- State Hospital Master Plan was completed and actions are proceeding to implement the recommendations.
- 2005 SB 913, which allows persons with a serious mental illness to have benefits suspended rather than terminated when incarcerated, passed last session and has been implemented.
- 2005 SB 39, which requires a mental health evaluation in Guilty Except for Insanity proceedings, passed last session and has been implemented.
- The average number of persons on the waitlist for persons approved to enter the state hospital has been reduced by almost 50 percent.
- Local Mental Health Authorities and the state have agreement on a co-management plan to link the community service system with the state hospital.
- AMH, Oregon Youth Authority (OYA) and Community Juvenile Justice are working on the acceptance of a common mental health and substance abuse screening tool.
- AMH established Behavioral Workforce Committee to address the increasing demand for a qualified behavioral health workforce.
- Central Oregon counties, with funding from the state, have organized an acute care region to provide acute care services in the local community.
- Evidence Based Practices are being implemented.
- Intensive children mental health services have been integrated into the local community mental health system with the implementation of the Children's System Change Initiative.

*The Children's Mental Health System Change Initiative*

As a statewide system reform effort, the goals of the Children's System Change Initiative (CSCI) are to increase the availability and quality of individualized, intensive and culturally competent home and community-based services so that children are served in the most natural environment possible and so that the use of institutional care is minimized. CSCI requires local or regional managed care environments to bring together previously isolated service components into a system for providing coordinated care and supports to parents in a more collaborative manner. The children's mental health system now uses a standardized method of determining a child and family's level of service need. It ensures care coordination and flexibility. Interagency collaboration and accountability are increased. Services are more community-based with management, decision-making and service delivery occurring at the local level.

The Children's System Change Initiative has already accomplished many major milestones of which a few are:

- The Oregon Health Plan funds for PDTS and PRTS were contracted to Mental Health Organizations (MHOs) to create single points of authority and accountability. Additional, though limited, state General Funds were distributed to Community Mental Health Programs (CMHPs) to enhance system capacity for children and families not eligible for Medicaid. CMHP requirements were revised to implement screening, referral and service coordination planning for children and adolescents.
- AMH adopted a uniform community-based method to assess the level of mental health needs to make referrals to the appropriate level of mental health services. Since October 1, 2005, nearly 1,000 children have been approved for an intensive array of mental health services and supports through the new uniform level of need determination process.
- The Division added MHO contract requirements for assessment (level of need determination), continuous care coordination, child and family teams, coordinated service plans, community care coordination committees, local or regional advisory councils, and a state advisory committee. All MHOs are complying with these requirements.

- AMH prepared performance expectations through a Quality Data Improvement Workgroup and monitors the system on a regular basis to ensure that funding intended and allocated for children's mental health services is used for that purpose. AMH distributes a revenue and expenditure report by county on a regular basis that compares the percent share of capitation payments made to MHOs to the percent share of usual and customary charges. Historically, children's mental health advocates have been concerned that funds allocated for children's mental health were being spent for adult mental health services.

AMH contracted with Portland State University (PSU) to evaluate the implementation of the CSCI. The evaluation determined the degree to which infrastructure and service delivery changes are occurring to address the intent of the CSCI. A report of that evaluation was issued November 26, 2006 (available on the web at <http://egov.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/imp-eval-findings1106.pdf>). The report concluded that there is evidence to support considerable system-wide infrastructure development. There has been a philosophical shift in the culture of service delivery toward a more family-focused, strengths-based and coordinated approach to planning and service provision. Service capacity has been enhanced with the addition of new services and expansion of existing ones. Recommendations for improvement include:

- Increase communication within and across systems;
- Develop creative approaches to enhancing care coordination and providing the expanded service array in all areas of the state; and
- Improve coordination and collaboration among state level partners and ensuring the involvement of all community partners especially physical health, developmental disabilities and addiction services.
- Continue efforts toward integrating funding across service systems;
- Increase funding for training and technical assistance; and
- Increasing resources allocated to supporting meaningful family and youth involvement.

The Children's Services Advisory Committee (CSAC), a sub-committee of the Planning Management and Advisory Council, continues to monitor the implementation of the CSCI. Family and provider representatives from local planning committees are well represented and the committee connects local planning with the statewide CSCI planning.

### *Oregon State Hospital Master Plan*

The Governor's Mental Health Task Force set an ambitious agenda to establish Oregon State Hospital (OSH) as a focus of excellence for the treatment of mental illness. In November 2004, the Legislature funded a study to create a master plan for OSH. The study and resulting plan were completed by KMD Architects and released May 16, 2005. KMD is a private architectural firm specializing in the design and construction of public mental health hospitals. The Phase I Framework Master Plan found that the buildings were outdated, did not meet current code and were inefficiently designed for modern psychiatric treatment. The report recommended that patient treatment buildings on the OSH campus be replaced with a new hospital. The specific requirements were to be determined by the Phase II Master Plan. The report recommended the continued reconfiguration of the mental health system in accordance with the recommendations of the Governor's Mental Health Task Force.

The 2005 Legislature funded the department to continue the process necessary to create the Phase II Master Plan. That work was done by KMD. The Framework Master Plan Phase II Report was released February 28, 2006. It noted three options for replacement of OSH and recommended Option Two (see below) and increased investment in community-based treatment in order to minimize the investment in expensive hospital beds as the population of the state grows over the next 25 years. The Governor and Legislative leadership selected Option Two from the report. It calls for one 620 bed facility in the North Willamette Valley region and one 360 bed facility south of Linn County and west of the Cascades and two 16 bed secure facilities east of the Cascades.

A joint legislative committee was then convened to define the site selection criteria for the future sites of the two state hospital facilities. The Department of Administrative Services in collaboration with DHS used the siting criteria to review properties submitted through a "Hot Sheet" land solicitation. The top scoring sites were forwarded to the Governor and the Legislature on February 28, 2007 for consideration.

Four other planning groups were initiated to address issues raised in the Phase II Report.

- The Master Plan Community Services Workgroup is reviewing the needs for the “front end” services necessary to support a 980 bed state hospital system. A report from this committee will recommend specific “front end” services with cost projections.
- The Eastern and Central Oregon Psychiatric Residential Workgroup is reviewing the residential needs for persons living in the central or eastern regions of the state.
- The Psychiatric Nursing Workforce Development Team will develop recommendations for short-term recruitment and retention efforts as well as the longer term nursing workforce needed to staff the new state hospital and community facilities.
- The Acute Care Policy Leadership Group is bringing stakeholders together to identify and resolve lingering problems associated with acute care capacity and funding.

### **Performance Measures**

AMH has adopted a set of outcomes known as the National Outcome Measures (NOMs) to track the performance of the state hospitals and community treatment services. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the NOMs in collaboration with the states. The NOMs are important to AMH’s performance monitoring for several reasons:

- In 2007, the NOMs will be required reporting for all states receiving mental health, substance abuse and prevention Block Grants.
- The NOMs provide a framework for describing a broad range of outcomes that are accessible and meaningful for each state.
- Because all of the outcomes are collected using similar methodologies, the NOMs will potentially provide outcomes that can be compared across states where appropriate and with the proper caveats.

The following summarizes the Oregon data for NOMS pertaining to mental health services:

*Community Mental Health Services Measures*

In Oregon, approximately 12 percent (or 107,916) of adolescents and children are estimated to have a severe emotional disorder (SED) in a given year. Among adults, 6.0 percent (or 161,736) are estimated to have a severe mental illness (SMI).

- AMH serves 35 percent of the children and adolescents and 44 percent of the adults with a SED or SMI, respectively.

Several key outcomes from the NOMs framework that AMH wants to emphasize for community mental health services follow:

Employment is an important outcome for most people. A recent survey found that just over 30 percent of the people in service were looking for or needed assistance in finding employment when they sought mental health services. Of those people, 62 percent received active help from service providers, and 44 percent of those receiving help actually got a new job.

- AMH's most recent data finds that 22 percent of the adults receiving community mental health services are employed when discharged.

Education outcomes are of obvious importance to children and adolescents receiving mental health services. Roughly 82 percent of the caregivers of these children have indicated that coordination with educators is a key for services. An important element is attendance.

- Caregivers described a 228 percent reduction in the number of suspensions/expulsions from school when comparing the year prior (20 percent of the children) to services starting to the year after services started (8.7 percent of the children).

Involvement with criminal justice for both adults and adolescents is another important issue for AMH services to address. Among caregivers of adolescents, 25 percent indicated that coordination with county juvenile justice and/or OYA was

important to services. Jails and prisons are not good settings for mental health services.

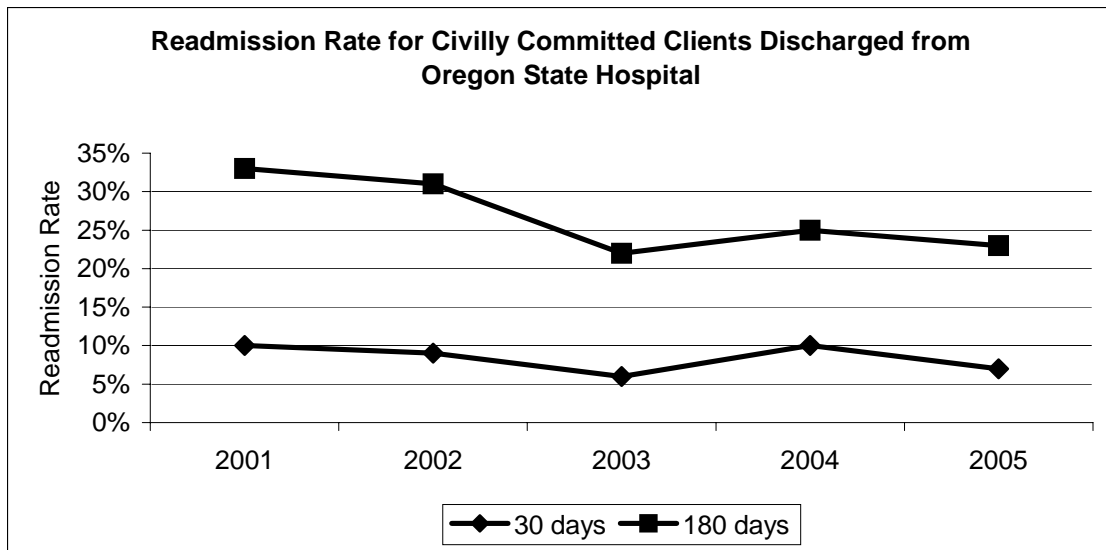
- Based on caregiver report for youths receiving services, AMH found a 300 percent reduction in the number arrested within the year after services began (2.7 percent) compared to the year prior to services (8.2 percent).
- Based on self-report adults indicate a 330 percent decrease in the number arrested within the year after services began (3.6 percent) compared to the year prior to services (11.9 percent).

Housing is another important outcome. Almost 43 percent of the people receiving services said they needed help with housing at the onset of services. Of those people, 75 percent received help and 80 percent of those receiving help found new housing.

- 57.4 percent of all adults receiving services said that their housing situation had improved over the course of services.
- However, homelessness remains a major issue. An estimated 2,972 people with mental illness were estimated to be “currently homeless” in 2005.

### *State Hospital Services*

Readmission rates at 30 and 180 days are key performance measures for the state hospitals. This information gives insight into the quality of discharge planning and the coordination of services with the community. The following table shows that the readmission rate at 30 days has remained stable over the past 5 years, while the 180 day readmission rate has dropped 30 percent--a good sign coordination has improved.



AMH will continue to annually submit NOMs data to SAMHSA and include this information in subsequent reports to the legislature. More importantly AMH will use this data and other data sources to inform quality improvement activities and ongoing planning for mental services.

### **Summary**

As indicated in this report the local mental health authorities are complying with the planning requirements of ORS 430 and improvements in collaborative planning and service delivery is evident. AMH will continue to use the Planning Management and Advisory Council for planning and monitoring of the statewide mental health system. The Children's System Change Initiative and the State Hospital Master Plan Implementation will require continuous monitoring and planning to build on progress to date. As reported, AMH will continue to collect, review and report the data related to the NOMs and use this data for quality improvement and planning.