

# Addictions and Mental Health Division

January 23-24, 2007

---

## *DIVISION OVERVIEW*

---

The Addictions and Mental Health Division (AMH) assists Oregonians and their families to become independent, healthy and safe by:

- Preventing and reducing the negative effects of alcohol, other drugs, gambling addiction and mental health disorders; and
- Promoting recovery through culturally competent, trauma informed, integrated, evidence-based practice treatments of addictions, pathological gambling, mental illness and emotional disorders.

AMH serves indigent adults and children with substance abuse and/or mental and emotional disorders. AMH serves any Oregonian in need of treatment for problem gambling.

---

## *CLIENTS WE SERVE*

---

### *Alcohol and drug treatment*

Services for alcohol and drug abuse problems are provided statewide. During 2005-2006, 56,432 adults and 7,060 adolescents received outpatient, residential and detoxification services. Another 2,056 people received problem gambling services funded by a 1 percent set-aside of state Lottery revenues.

### *Alcohol and drug prevention*

Evidence-based services to prevent the problematic use of addictive substances including tobacco, alcohol, drugs and gambling are offered statewide. Approximately 47,276 people benefited from specific preventative services. More than 800,000 Oregonians were exposed to broad-based prevention information.

### *Community mental health*

Indigent adults who have serious mental illness and are a danger to themselves or others, are unable to meet their needs, and children with serious emotional disorders who are a danger to themselves or others, or are in danger of being removed from their homes due to emotional disorders receive publicly funded mental health services. Services provided include acute inpatient treatment, residential treatment, adult foster care, outpatient therapy, supports needed for successful community living, medications, case management, assistance with finding and maintaining housing, and work and social

support. Crisis services are available in all communities 24 hours a day, seven days a week. During 2005-2006, 71,820 adults and 37,467 children received services.

### *State Hospital treatment*

Adults needing long-term psychiatric treatment for severe and persistent mental illness who are civilly or criminally committed to the DHS for treatment receive treatment at the state-operated Oregon State Hospital in Salem and Portland or at Eastern Oregon Psychiatric Center in Pendleton. A total of 1,477 people received treatment in 2005-2006.

---

## *DELIVERY SYSTEMS*

---

AMH contracts with counties, private nonprofit providers and local acute care hospital psychiatric units to provide treatment for indigent adults and children with substance abuse and/or mental and emotional disorders. AMH also contracts with mental health organizations (MHOs) to provide services to those enrolled in the Oregon Health Plan.

### *Alcohol and drug treatment*

Community mental health programs (CMHPs) and county-designated nonprofit organizations provide treatment for alcohol and drug abuse problems in all 36 counties and in statewide and regional treatment programs.

### *Alcohol and drug prevention*

CMHPs, federally recognized Indian Tribes, and statewide contractors provide evidence-based services to prevent the problematic use of addictive substances including tobacco, alcohol, drugs and gambling.

### *Community mental health*

CMHPs provide mental health services for indigent adults and children who have serious emotional and mental disorders and are a danger to themselves or others, are unable to meet their needs, or are in danger of being removed from their homes due to emotional disorders.

### *State hospital treatment*

Adults needing long-term psychiatric treatment for severe and persistent mental illnesses receive treatment at the state-operated psychiatric hospitals.

## Oregon State Hospital (OSH)

OSH provides rehabilitative, educational and employment services at 68 beds in Portland for adults who are civilly committed. The Salem campus includes 114 beds for geropsychiatric and medical services, 65 beds for the treatment of civilly committed adults, 334 hospital beds for the evaluation and treatment of adults who have been charged with a crime and who have a serious mental illness, and 100 secure residential beds for less restrictive treatment of adults under the jurisdiction of the Psychiatric Security Review Board (PSRB).

## Eastern Oregon Psychiatric Center (EOPC)

EOPC provides 60 beds of psychiatric treatment in Pendleton for adults with severe and persistent mental illness. It also provides acute care services for indigent adults who are not eligible for Medicaid. By the end of June 2007, all acute care services in eastern Oregon will be provided in a community-based setting.

---

## OUTCOMES

---

AMH has adopted a set of outcomes known as the National Outcome Measures (NOMS) to track the performance of the treatment and prevention system. The Substance Abuse and Mental Health Services Administration (SAMHA) developed the NOMS in collaboration with the states. In the near future, the NOMS will be required reporting for all states receiving mental health, substance abuse and prevention block grants. The NOMS provide a good framework for adequately 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.

Measures for substance abuse and mental health treatment encompass issues ranging from access to services and reduction in symptoms to client perceptions of care and attempts to track cost-effectiveness.

Examples of measures for mental health treatment include employment rate at discharge from services (22 percent in 2005) and client perceptions of care based on surveys (among children's caregivers 56 percent feel that outcomes have improved, while 57 percent of adults receiving services indicate improved outcomes).

Examples of measures for substance abuse treatment include employment rates (66 percent of outpatient clients were employed at discharge in 2005) and reduced use of substances over the course of treatment (72 percent of outpatient clients in 2005).

Prevention measures are geared toward global data on the impact of prevention efforts and helping to assess risks to better target prevention efforts.

Examples of measures for prevention include perceived risk items such as 8<sup>th</sup> graders' perceived risk of harm from drinking every day (in 2005 29 percent of 8<sup>th</sup> graders perceived drinking to be risky). Other prevention measures are more impact-oriented, such as the number of alcohol-related fatal motor vehicle crashes per 100,000 population (4.9 in 2005, a decrease from the late 1990s).

While the NOMS are not inclusive of problem gambling services, AMH collects many pieces of data that fit closely within the context described by the different NOMS. For example, recent data indicate 35 percent of problem gamblers successfully complete services. Six months after gamblers left treatment, more than 81 percent of successful program completers reported they either no longer gambled or gambled much less than before treatment.

---

### *MAJOR CHANGES DURING 2005-2007*

---

During the last two years the federal Center for Medicare and Medicaid Services (CMS) has become more restrictive in its interpretation of Medicaid regulations. At this time interpretations have been asserted that are not supported by the regulations or the Congressional intent. This creates problems in the addictions and mental health treatment system, which relies on Medicaid funding beyond the Oregon Health Plan. The issues are more immediate and problematic in the mental health system. Recent interpretations of the uses of personal care, the payment methodology that is acceptable, and the applicability to persons with severe persistent mental illness will potentially threaten the stability of the portion of the system that treats people requiring 24-hour supports in their living situations.

It appears that similar issues are being raised about the states' use of the rehabilitative services option; early versions of proposed changes in the federal regulations indicate that much of the work done in Oregon and reimbursed under this state plan option would be excluded from reimbursement in the future. Rehabilitative services form the core Medicaid services for people with substance abuse disorders and mental health disorders. Such changes would threaten the foundation of the treatment system.

---

### *HISTORY OF THE PROGRAMS*

---

Oregon's mental health system has been in existence for 160 years. A portion of the Oregon State Hospital facility built in 1883 is still in use today. Prior to the mid twentieth century, virtually all people with mental illness received treatment in institutional settings. In 1971 the state created the community mental health system and included both mental health and addictions treatment as part of that system. Services are financed and regulated by DHS and delivered through CMHPs or their subcontractors.

Mental health and addictions policy, prevention and treatment services have been combined, separated and recombined – most recently in 2001 – and now include problem gambling policy, prevention and treatment.

The emphasis on community-based treatment for these disorders grew in the late 1980s based on a series of task forces appointed by the Governor or DHS, commissions, and Executive Orders. In the mental health treatment area, more people are treated in the community than in institutions and approximately 75 percent of public funding goes to community-based services.

Major trends include the focus on recovery-oriented services, consumer-driven services, and services for children based on the strengths and input from their families and delivered in the most normal setting nearest their homes. Since the 2003 passage of Evidence-Based Practices (EBPs) legislation, prevention and treatment services that have proved effective are provided for people with substance abuse disorders, problem gambling behaviors and mental health disorders. These services are directed at people who have a propensity to commit crimes, experience emergency mental health services, or are juveniles with a propensity to commit crimes. AMH, the community mental health system and the providers have made major changes to refocus prevention and treatment methodologies to those that have proved effective. In 2005-2007, the system reports exceeding the requirement that at least 25 percent of state and federal funds have been spent on EBPs. In 2007-2009, that amount will be at least 50 percent, and by 2009-2011 the amount will be 75 percent.

As a result of Governor Kulongoski's 2004 Mental Health Task Force, the state has entered into a process to replace the aging and unsafe buildings of Oregon State Hospital and strengthen the community-based mental health system to support future population growth and the treatment of people requiring long-term psychiatric care nearer their homes. The Governor and legislative leadership agreed upon the independent consultant recommended option for a 620-bed facility located in the north Willamette Valley, a 360-bed facility located west of the Cascades and south of Linn County, and at least two 16-bed secure residential treatment facilities located east of the Cascades, and sufficient investment in community-based treatment to accommodate reduced lengths of stay in the state hospital and increased population growth.

These changes will occur in a state environment that provides parity in the coverage of alcohol and drug and mental health treatment services by Oregon-based insurance carriers effective January 1, 2007. The services may be managed based on medical necessity using appropriate criteria that are used to manage physical health care.

---

## **PERFORMANCE MEASURES AND PROGRESS**

---

AMH reports three outcomes for DHS's Key Performance Measures (KPMs) – one each for substance abuse treatment, mental health treatment and prevention services.

*KPM #18 is the percentage of clients who complete treatment for alcohol and drug abuse. Completion of treatment means the client has completed at least two-thirds of the treatment plan and no longer is abusing drugs. In 2005 AMH reported that 73 percent of clients completed treatment. This percentage has remained consistent during the past several years. It should be noted that this is a system-wide figure and actual completion rates vary across treatment modalities. While the completion of treatment does not mean the client is "cured," it is often a strong precursor to future success.*

*KPM #19 is the percentage of 8<sup>th</sup> graders at risk for alcohol and drug use.* This measure is tracked annually by gathering data through the Oregon Healthy Teens survey, which is administered by DHS to 8<sup>th</sup> and 11<sup>th</sup> graders across the state. In 2005 the data indicated 39 percent of 8<sup>th</sup> graders used alcohol and/or other drugs within the past 30 days. The trend for this measure has been increasing during the past five years. One driver of this overall trend is attributed to the relatively steep increase among 8<sup>th</sup> grade girls' use of alcohol within 30 days (25 percent in 2001 versus 33 percent in 2005). AMH has been directing more resources toward this issue to counter the trend. Early use of drugs is a strong indicator of future problems.

*KPM # 28 is the percentage of clients who maintain or improve functioning over the course of a mental health treatment episode.* This is tracked using a standardized measurement tool for both adults and children. In 2005, 89 percent of clients maintained or improved their functioning over the course of treatment. During the past several years, the percentage has remained consistent. While not wishing to downplay the quality of the tool used to collect this data, AMH is now collecting data through other sources that could confirm this measure or add refinement to it. This effort is in coordination with the National Outcome Measures discussed earlier.

---

## **OUTSTANDING ISSUES**

---

Substance abuse services for families whose children have been removed by the child welfare system are critical to the successful reunification of these families. These services also are necessary to assist families receiving Temporary Assistance to Needy Families (TANF) in finding and retaining employment.

AMH will increase collaboration with the courts and the criminal justice system for both addiction and mental health services. This will improve the effectiveness of treatment for people in the criminal justice system.

Youths with serious emotional disorders often are served by multiple systems including mental health, child welfare, juvenile justice and education. In order to provide the most effective services, there must be integration across these systems. This work will be accomplished by creating a child and adolescent system of care in Oregon.

The replacement of aging state hospital buildings is critical to the appropriate treatment of adults with severe and persistent mental illness, and must be supported through investment in community-based mental health services that allow people to be recognized and treated early in the course of their illness before they require long-term psychiatric care.

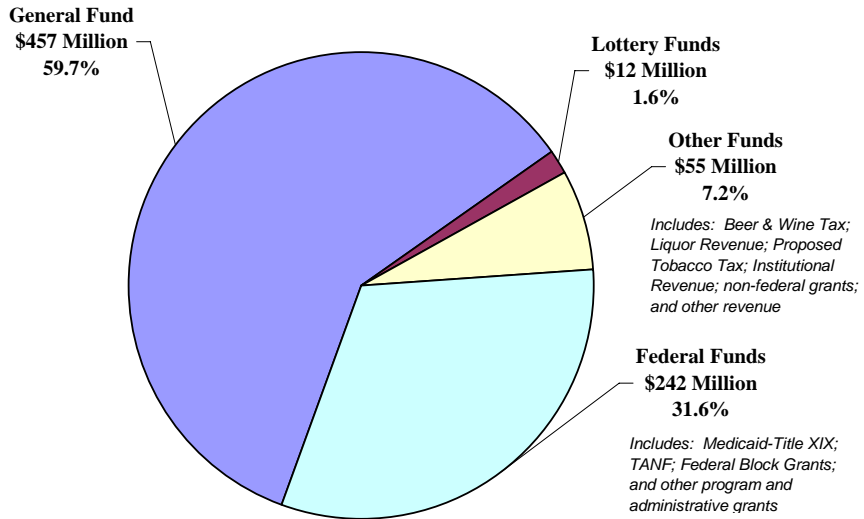
The community mental health and substance abuse systems were weakened by the reductions in services and in the Oregon Health Plan in 2003. These systems continue to struggle to meet the demands for treatment in their communities

---

## **BUDGET OVERVIEW**

---

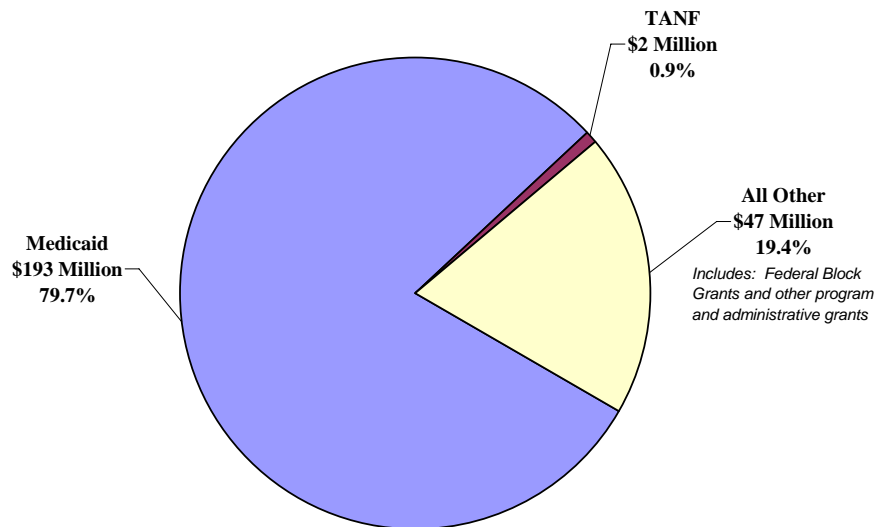
**Addictions & Mental Health Division (AMH)  
Major Revenue Sources  
2007-09 Governor's Recommended Budget  
\$766 Million Total Funds**



*Source: 2007-09 GRB (Orbits - unaudited)*

**Addictions & Mental Health Division (AMH)  
Major Federal Funds Revenue Sources  
2007-09 Governor's Recommended Budget**

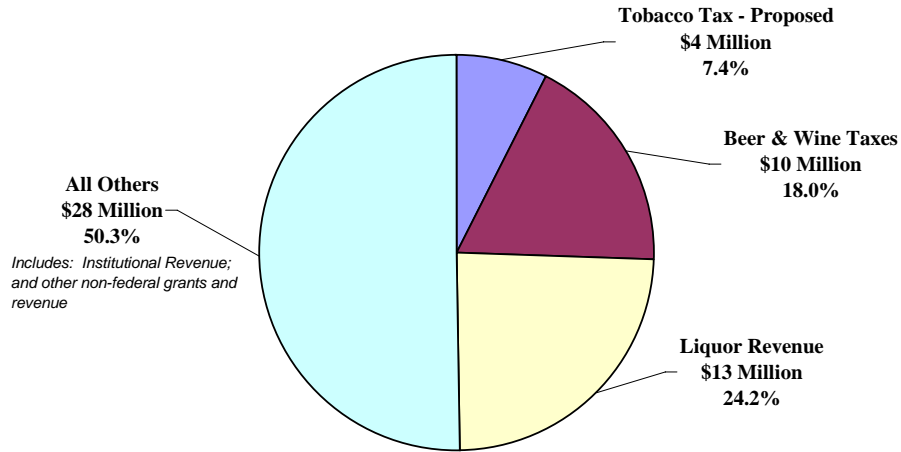
**\$242 Million Federal Funds**



*Source: 2007-09 GRB (Orbits - unaudited)*

**Addictions & Mental Health Division (AMH)  
Major Other Funds Revenue Sources  
2007-09 Governor's Recommended Budget**

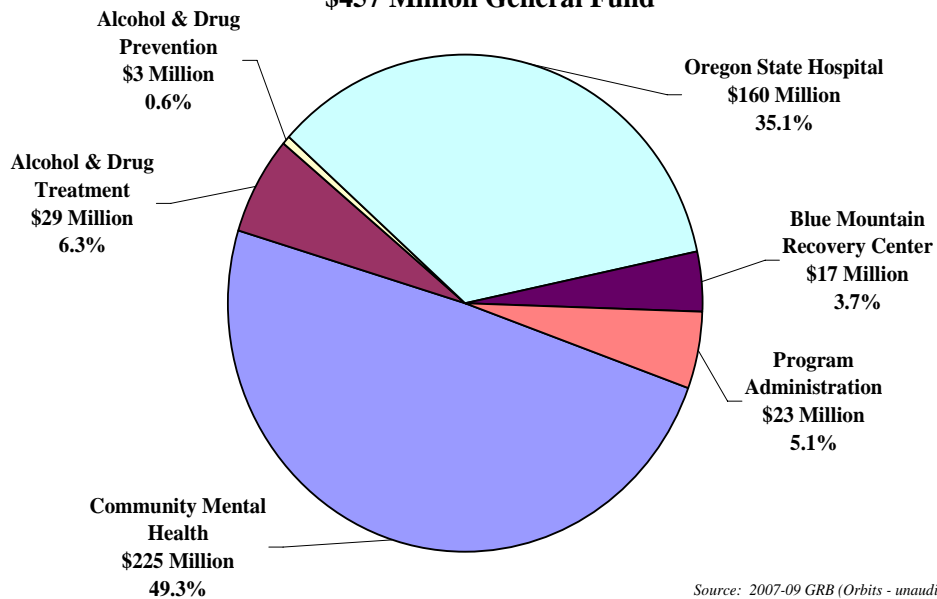
**\$55 Million Other Funds**



*Source: 2007-09 GRB (Orbits - unaudited)*

**Addictions & Mental Health Division (AMH)  
General Fund Use By Program Area  
2007-09 Governor's Recommended Budget**

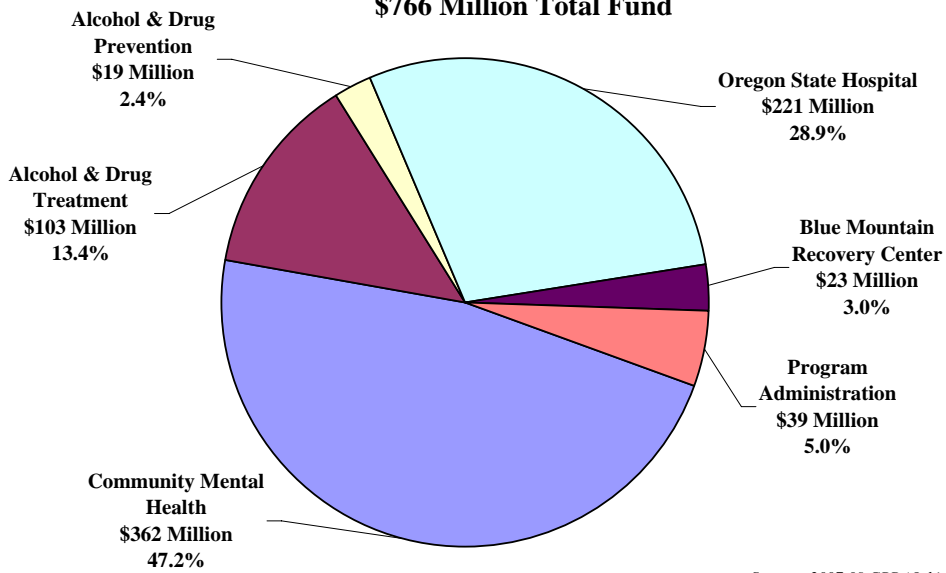
**\$457 Million General Fund**



*Source: 2007-09 GRB (Orbits - unaudited)*

**Addictions & Mental Health Division (AMH)  
Total Fund Use By Program Area  
2007-09 Governor's Recommended Budget**

**\$766 Million Total Fund**



Source: 2007-09 GRB (Orbits - unaudited)