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# Addictions and Mental Health Governor's Budget 2015- 2017

Presented to the Human Services Legislative Subcommittee  
On Ways and Means  
March 17, 2015

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# The need for behavioral health services

- **One in 20** (163,938) adults have serious mental illness
- From 2000 to 2012, **4,182** Oregonians died from drug overdose
- **Twenty-one percent** of adults have some form of mental illness
- **One in 10** (303,000) adults have alcohol or drug dependence/abuse
- Cost to Oregon is **\$5.93 billion/year economic impact** for untreated substance abuse



# The need for behavioral health services

- **One in 10** (48,000) children have serious emotional disorders
- **One in eight** youth (36,000) misuse or abuse drugs
- During the last year, **283,000** Oregonians aged 12 and older misused alcohol
- **Two** Oregonians die every day by suicide

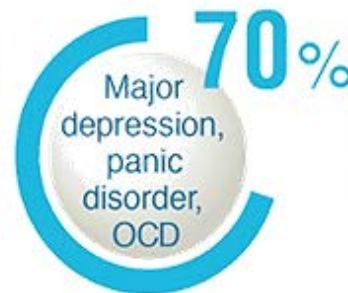


# Treatment works. People recover.

Up to **90%** of people being treated recover

**Success Rates**

Mental health treatments work



These success rates are comparable to those for physical health care.



**70-80%** asthma and diabetes

**60-70%** cardiovascular disease

**41-52%** heart disease

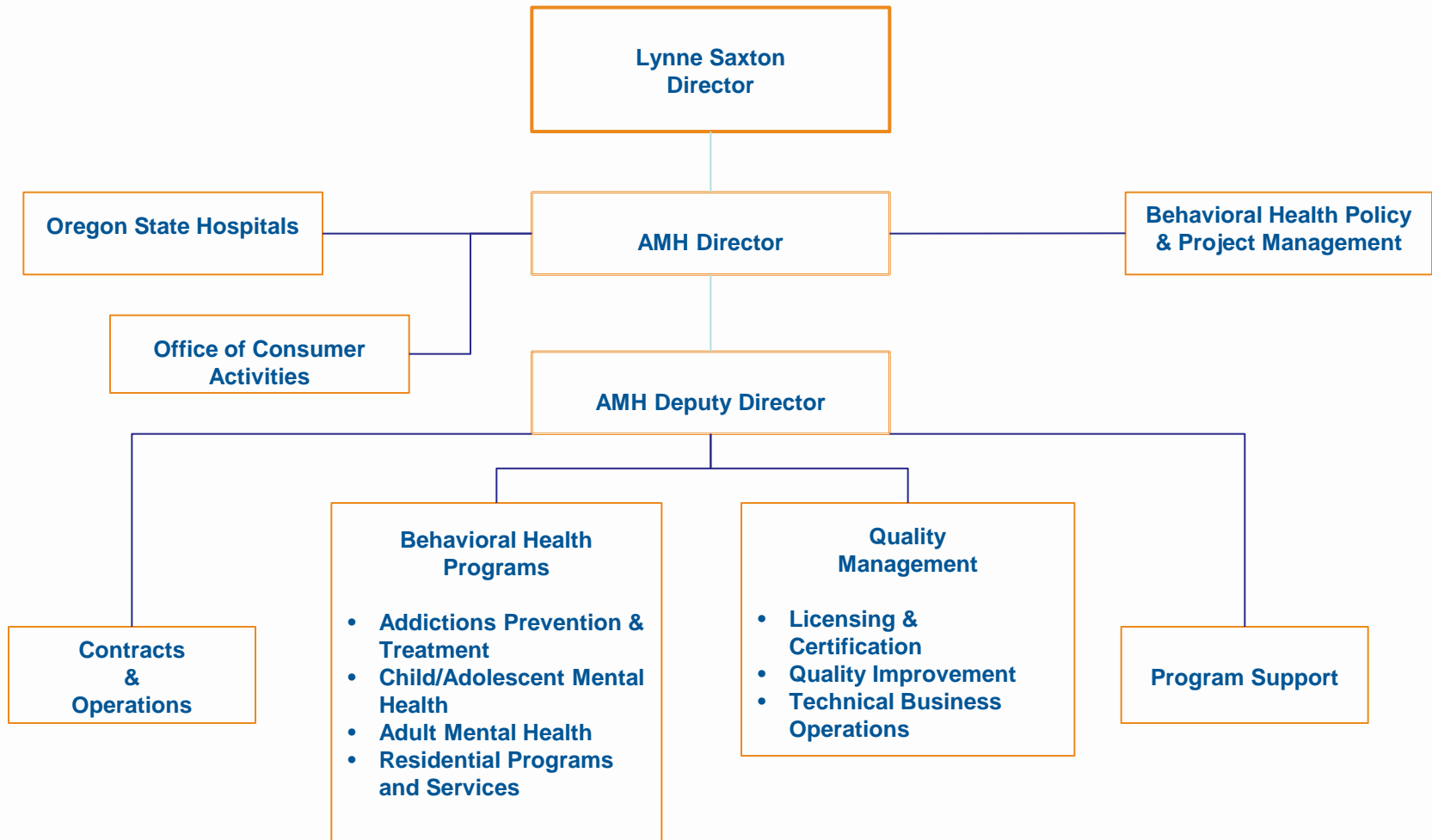
Source: National Council for Behavioral Health, Mental Health First Aid

# AMH mission

- Assist Oregonians to achieve optimum physical, mental and social well-being through health care integration
- Provide access to health, mental health and addiction services and supports
- Meet the needs of adults and children to live, be educated, work and participate in their communities

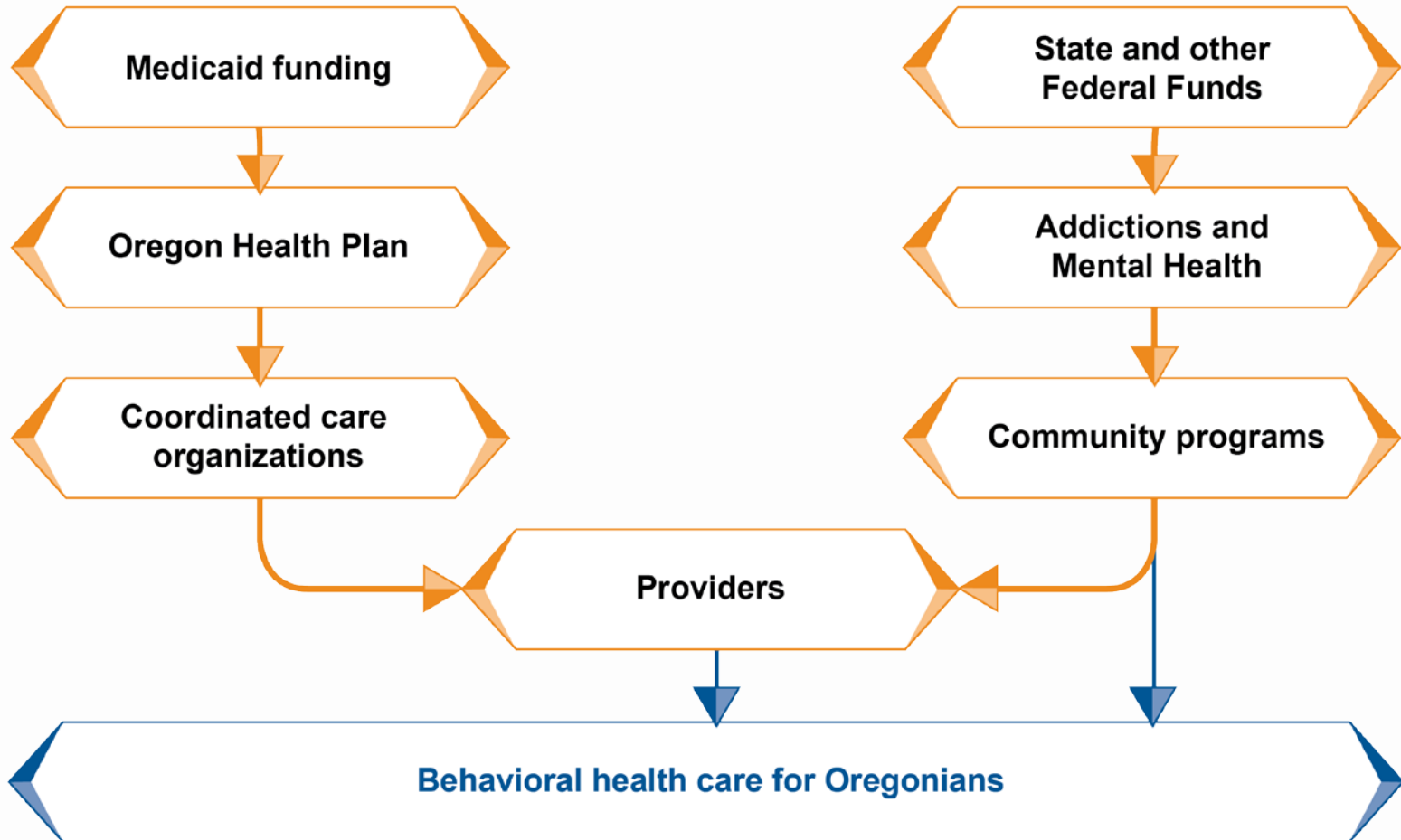


# 2015-17 AMH Organization Structure



2,398 Positions / 2,396.39 FTE

# How funding turns into services



# Who covers what

## Oregon Health Plan

- Diagnostic evaluation
- Psychological testing
- Psychotherapy
- Family therapy
- Group therapy
- Alcohol and drug treatment
- Residential treatment
- Assertive community treatment
- Respite
- Supported employment
- Home-based services
- Smoking cessation
- Activity therapies

## AMH

- Prevention
- Early identification and intervention
- Community treatment
- Crisis services
- Recovery support
- Housing support







Jessie is a 35-year-old single mom of two with a minimum wage job, diagnosed with bipolar disorder, PTSD and episodic alcohol and prescription drug use. She and the kids live with relatives or friends.

### **Medicaid**

- Medication/psychiatry
- Family therapy
- Primary care

### **AMH**

- Rental assistance
- Mobile crisis
- Residential room and board
- Parent-child interaction therapy
- ATR (Access to Recovery)

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# Prevention



# Prevention

- **Alcohol and drugs**

- mORe, statewide program to reduce underage drinking
- Substance abuse prevention and treatment programs in 36 counties and nine tribes addressing local priorities and needs

- **Problem gambling**

- Prevention efforts in every county using lottery funds
- Counties and tribes received \$300,000
- Annual Problem Gambling Awareness Calendar

- **Tobacco**

- Annual tobacco retailer inspections – sales to minors
- Merchant education, training and technical assistance



Most Oregon parents, 98%, agreed that they should talk to their children about alcohol use on a regular basis, not just once or twice.

Oregon Positive Community Norms Parent Survey, 2014

*Engage. They want more.*

**mOR**  
Oregon teens' choice not to drink.  
[WWW.OREGONMORE.ORG](http://WWW.OREGONMORE.ORG)

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# Prevention

## Mental health promotion and prevention programs

- **Parent-child interaction therapy (PCIT)**  
Parenting coaching to interrupt behavior disorders, improve school outcomes and prevent later criminal involvement
- **Mental health first aid**  
In-person training that teaches how to help people who are developing a mental illness or in a crisis



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# Early identification and intervention



# Early identification and intervention

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**  
Used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs
- **Young adult community hubs**  
Outreach to young adults need outreach and peer supports to remain engaged in services
- **Adverse childhood experiences (ACEs)**
- **Early Assessment and Support Alliance (EASA)**  
Early identification and treatment of psychotic disorders





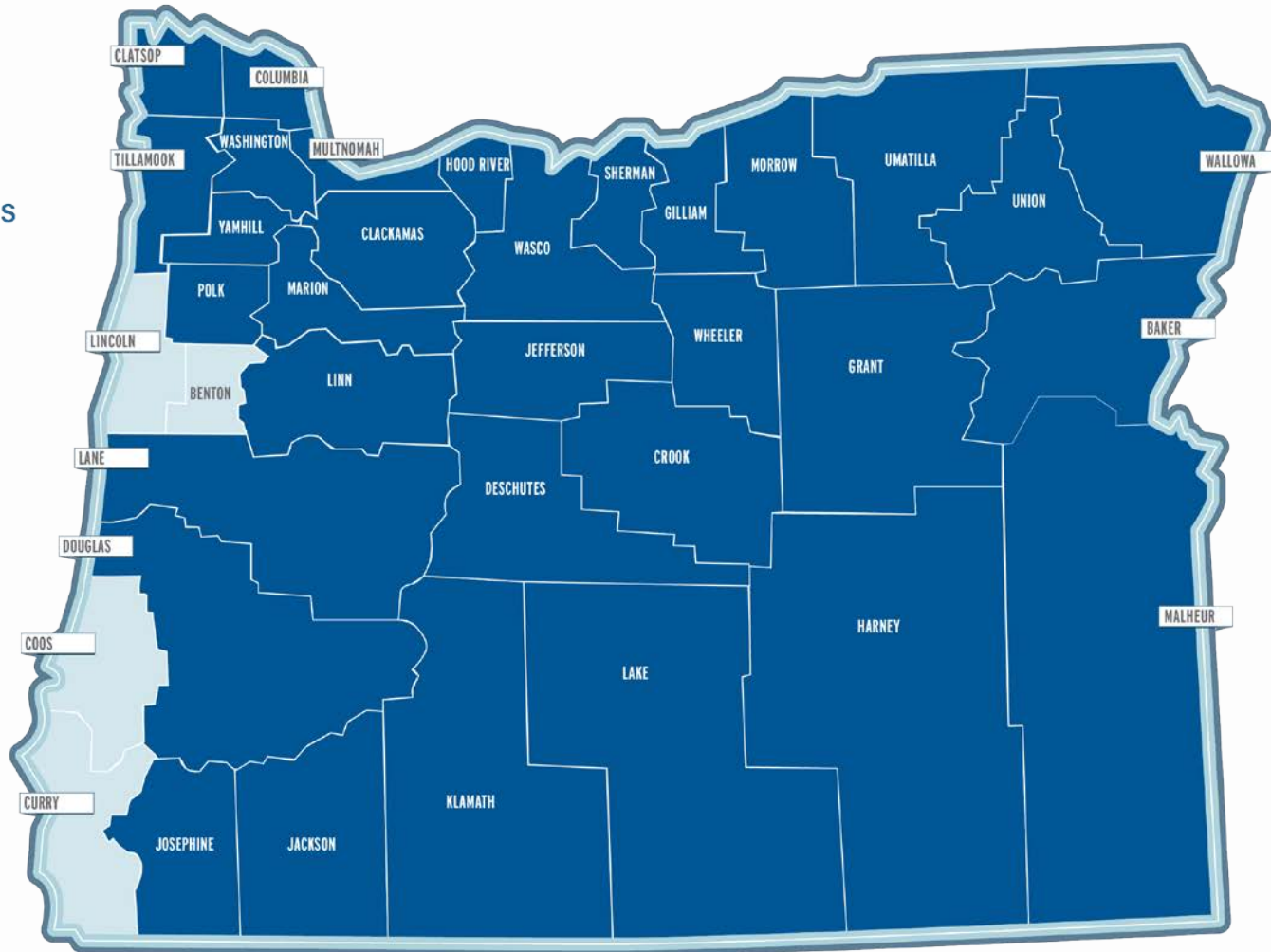


# Early Assessment and Support Alliance (EASA)

**KEY**

BY COUNTY

PROGRAMS



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# Community treatment



# Community treatment

- Acute psychiatric care
- Tribal behavioral health programs
- Medication-assisted treatment (MAT)
  - Methadone
  - Buprenorphine
- Access to Recovery
- Driving under the influence



# Community treatment

- **Adult Mental Health Initiative (AMHI)**  
Helps adults with mental illness live in the most integrated setting possible
- **Residential – mental health**
  - Adult foster homes
  - Residential treatment homes
  - Secure residential treatment facilities
  - Residential treatment facility
- **Residential – substance use disorder**  
Support, stabilize and rehabilitate people so they can return to independent community living
- **Assertive community treatment (ACT)**  
Provides case management and ACT to help people avoid hospitalization and shorten hospital stays

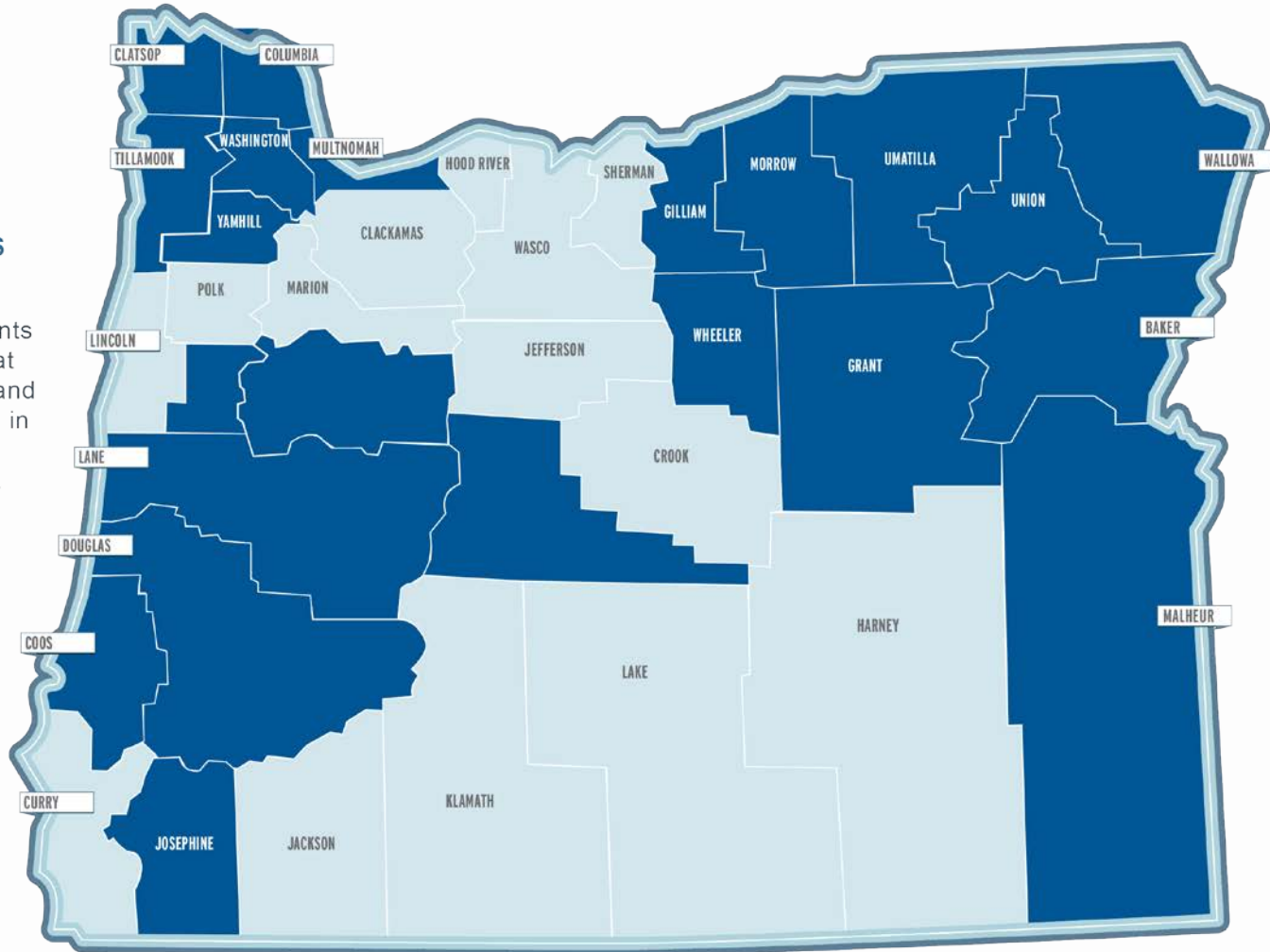
# Assertive Community Treatment

**KEY**

BY COUNTY

 EXISTING PROGRAMS

This map represents both programs that have met fidelity and programs that are in development and working to fidelity.



# Assertive Community Treatment

## CCO BY REGION

Columbia Pacific CCO

Clatsop, Columbia, Coos, Douglas, Tillamook

Eastern Oregon CCO

Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

Health Share of Oregon

Clackamas, Multnomah, Washington

Intercommunity Health Network CCO

Benton, Lincoln, Linn

PacificSource Community Solutions: Central Oregon

Crook, Deschutes, Jefferson, Klamath

PacificSource Community Solutions: Columbia Gorge

Hood River, Wasco

Trillium Community Health Plan

Benton, Lane, Linn

Umpqua Health Alliance

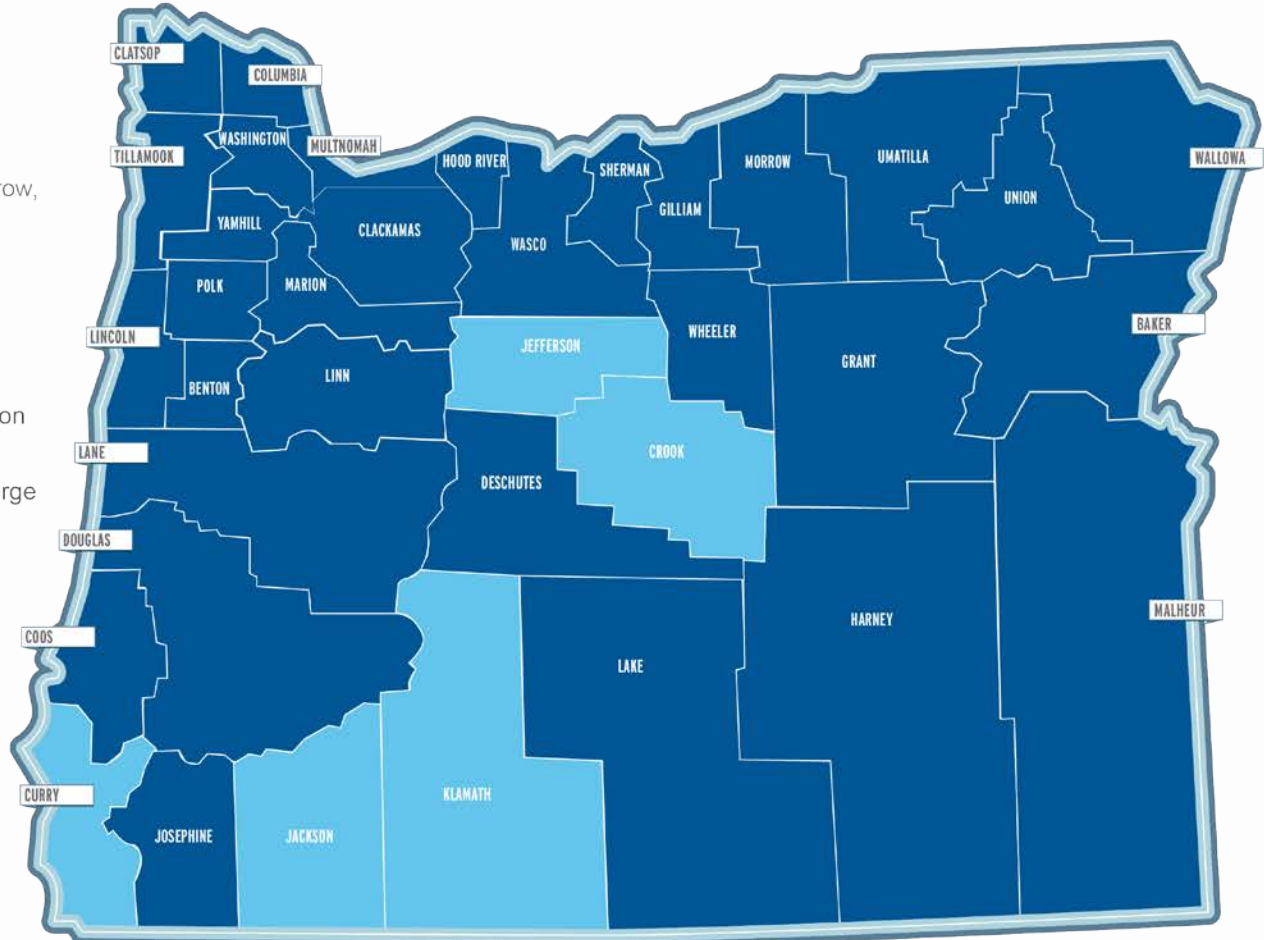
Douglas

Willamette Valley Community Health

Benton, Linn, Marion, Polk, Yamhill

Yamhill Community Care Organization

Clackamas, Marion, Polk, Washington, Yamhill



## KEY

### BY COUNTY

■ NO PROGRAMS    ■ PROGRAMS

This map represents both programs that have met fidelity and programs that are in development and working to reach fidelity and, therefore, represents the potential region where ACT services could be provided.

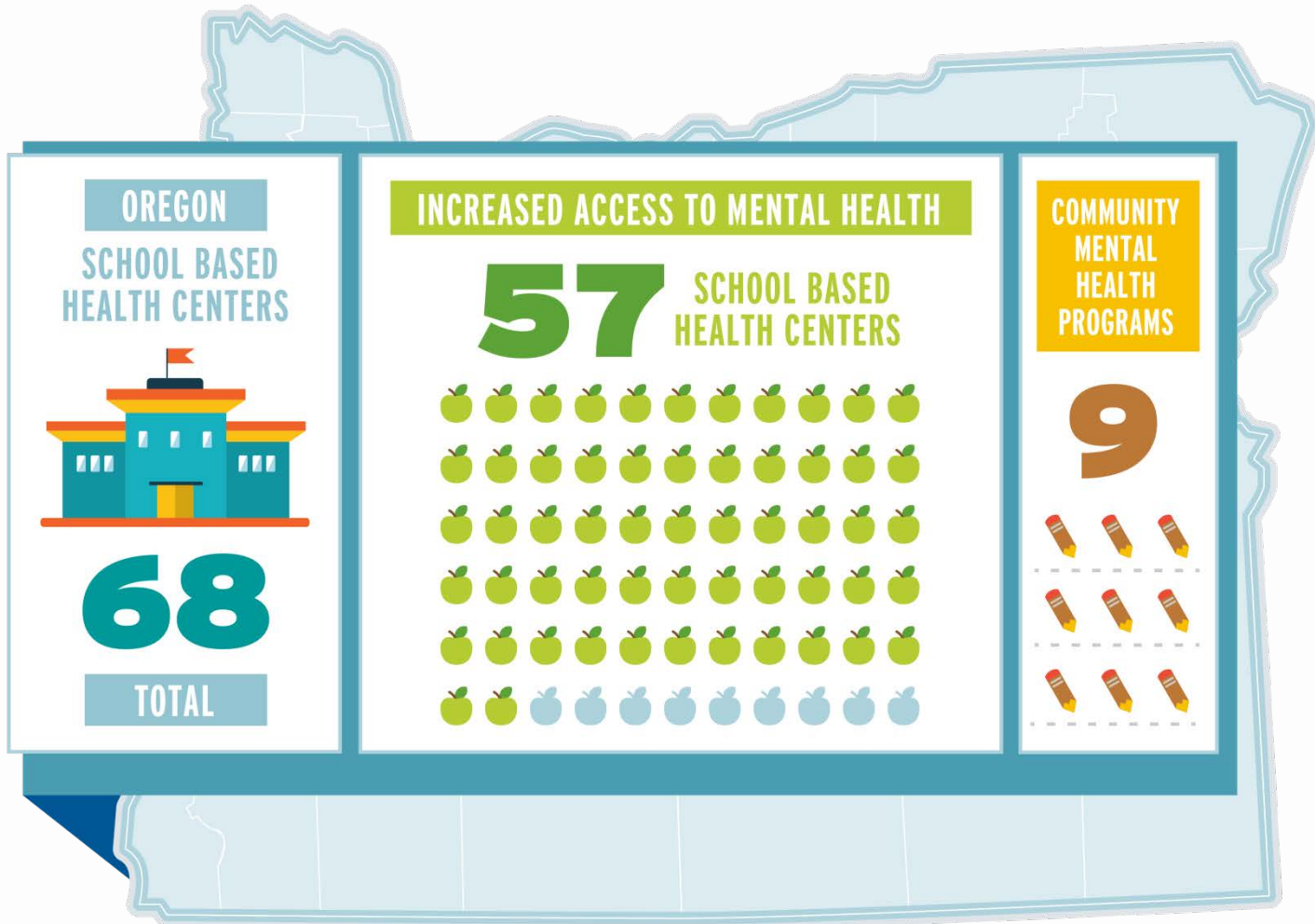
# Community treatment for kids

- **System of care and wraparound**  
Intensive care coordination in tandem with CCOs
- **Oregon's Psychiatric Access Line about Kids (OPAL-K)**  
Physician to physician consultation with Oregon's Pediatric Society
- **Children's secure residential programs**
- **School access to mental health**





# School access to mental health





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# Crisis services



# Crisis services

- **Community detoxification services**

Provides immediate and short-term clinical support to people who are experiencing acute physical symptoms from alcohol and/or drug withdrawal and who are at an immediate health risk

- **Crisis hotlines**



- **Crisis respite**

Short-term stabilization program for people experiencing mental health crisis

# Crisis services

- **Jail diversion**

Peer-delivered services, community resources, respite services to reduce or eliminate jail time for people with mental illness charged with a crime

- Thirteen programs in 15 counties
- Number of people who received services - 1,305



- **Mobile crisis services**

Provides onsite mental health treatment for people in crisis

- Twelve community mental health programs operate mobile crisis

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# Recovery support



# Recovery support

- **Supported housing**

Helps people with serious mental illness secure permanent housing, rent subsidies and move-in costs

- Thirty-two community mental health programs
- Can serve up to 576 people

- **Oxford houses**

Self-supporting, drug-free homes

- Oregon has 158 Oxford houses with 1,237 beds
- Relapse rate: 3.7 percent



# Recovery support

## Peer-delivered services

Guidance and mentoring provided by people who share similar experiences

## Supported employment

Help with résumé building, cover letters, job searches, interview skills and job transition needs



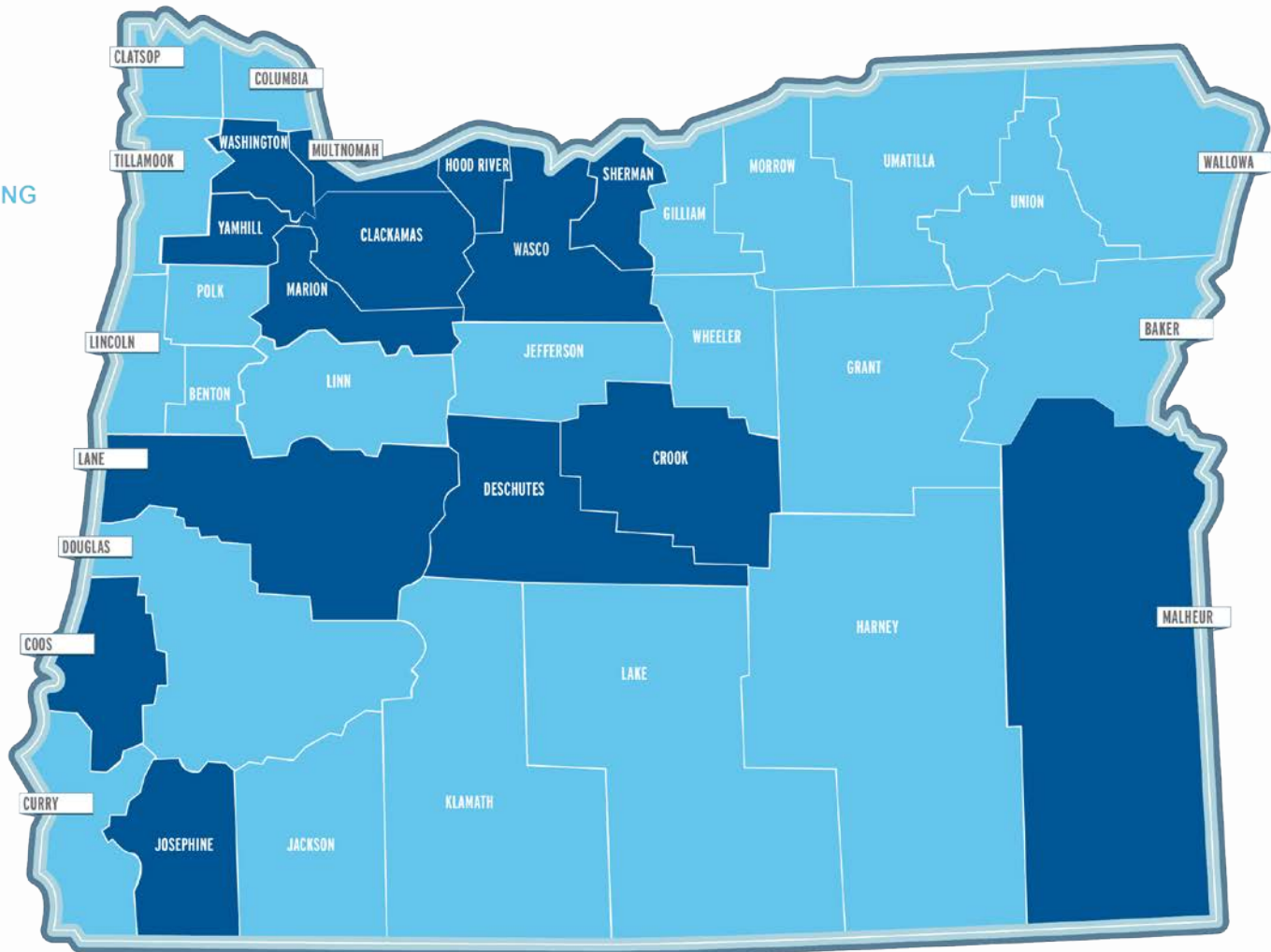
Robert Hazen

# Supported Employment

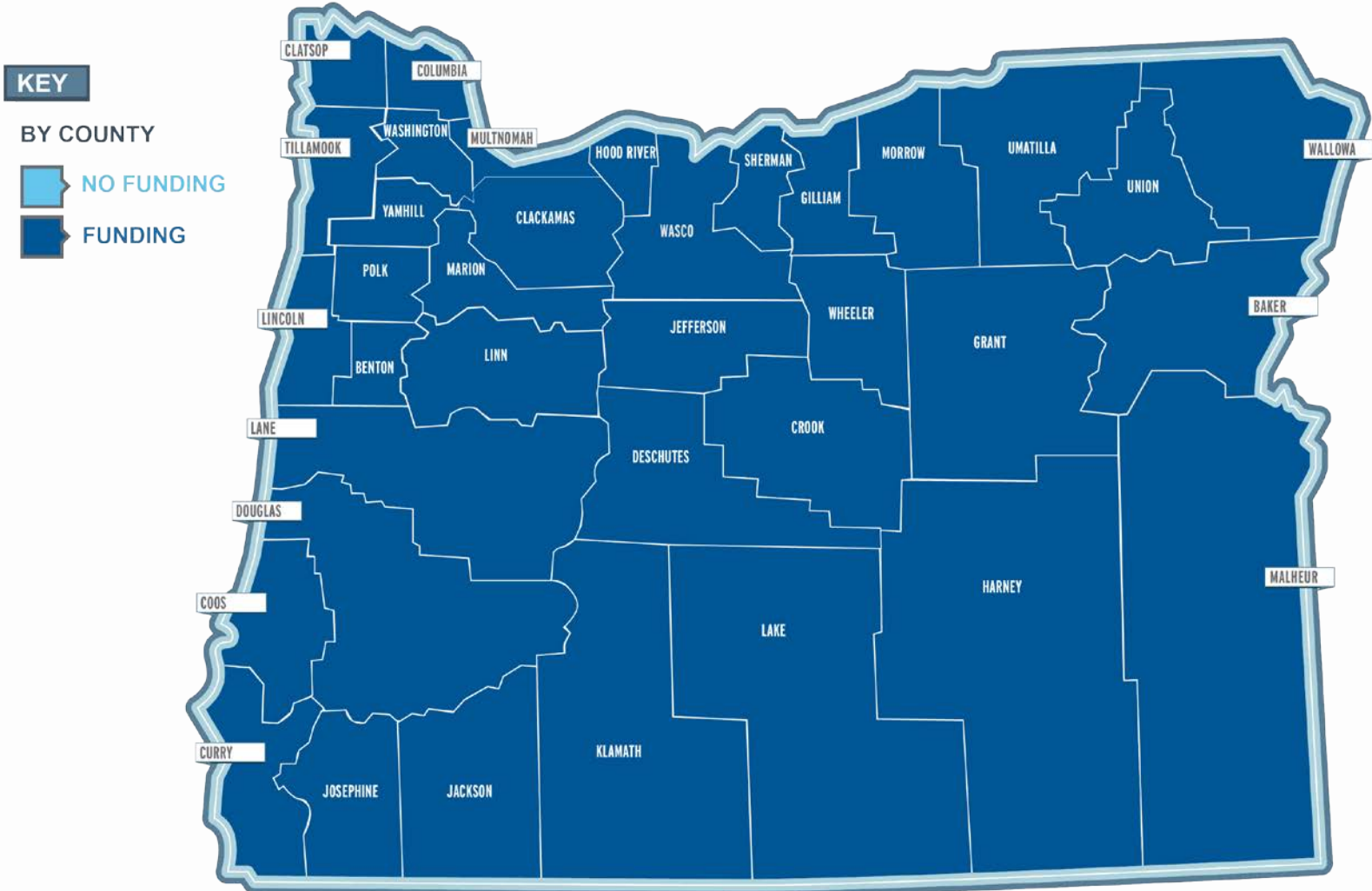
**KEY**

BY COUNTY

- NO FUNDING
- FUNDING



# Supported Employment





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# Supporting the system



# Centers for Excellence

Oregon Health & Science University	Oregon Pediatric Society	Portland State University/ Jackson County Mental Health	Options for Southern Oregon	Substance Abuse & Mental Health Services Administration
<ul style="list-style-type: none"> <li>• Addiction Technology Transfer Center</li> <li>• Collaboration problem solving</li> <li>• OPAL-K</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent depression screening</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma Informed Oregon</li> <li>• Wraparound</li> <li>• Parent-child interaction therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Supported employment</li> <li>• Assertive community treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Center for the Application of Preventive technologies</li> </ul>

# Housing development

- **AMH/NAMI/ORPA community housing programs**  
Partnership to develop housing options for people with mental illness
- **Housing development 2013–15 – Seven competitive application processes**
  - Six residential treatment homes
  - Three crisis respite facilities
  - Twenty rental assistance programs
  - Ten supported housing projects for a total of 33 units for people with mental illness
  - Forty-six renovation projects

# Supporting the system

## Health Professionals' Services Program

Monitoring program for health professionals with substance use disorder and/or a mental health disorder

- Program supports public safety while helping licensed health professionals continue their careers
- Health professionals enrolled - 260/month



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# System improvements



# System improvements

## Office of Consumer Activities

- Recommended by the Oregon Consumer Advisory Council
- Created August 2014
- Staffed by state employees with lived experience
- Projects include:
  - Developing a statewide peer leadership network
  - Organizing a statewide peer conference for 400 participants for 2015
  - Campaign to reduce mental health and addictions stigma

# System improvements

## 2013–2015 legislative mental health investments

- Developed, procured and contracted \$60 million mental health investments
- Supported statewide programs that emphasize:
  - Prevention
  - Early identification and intervention
  - Helping people with mental illness live successfully and independently in the community
  - Training and technical assistance for health care providers

# Mental health investments summary

Investment Area	Funding	Impact/Results Statement
Mental health promotion and prevention	\$3 million	Adds new capacity focused on increasing protective factors and reducing risk factors in 20 counties. Builds upon existing prevention system.
Parent-child interaction therapy (PCIT)	\$2.63 million	Increases availability from 12 to 30 sites. Previously available in four counties; now available in 16.
School access to mental health services	\$6.3 million	Increased access in 57 of the 68 school-based health centers. Developed new capacity within an additional nine counties where no school-based health centers existed.
System of care and wraparound	\$5 million	Builds programmatic infrastructure within 10 CCO regions. Increased CCO rates for this service component.
Early Assessment and Support Alliance (EASA)	\$1.8 million	Expands EASA to nearly statewide availability. Previously only available in 16 counties.
Young adult community hubs	\$2.25 million	Builds capacity where none previously existed in 11 counties.
Commercial sexual exploitation of children	\$2.3 million	Provides funding for a new program that did not previously exist for victims of sex trafficking.
Youth/young adult co-occurring disorder services	\$380,000	Builds new capacity to serve young people with complex behavioral health needs. Funds one new program.



# Mental health investments summary

Investment Area	Funding	Impact/Results Statement
Crisis services	\$7.03 million	Builds upon previous crisis capacity in 12 counties. Allows for expansion of mobile crisis services.
Jail diversion	\$2.9 million	Builds upon previous jail diversion capacity in 12 counties.
Supported housing/rental assistance	\$8.3 million	Provides rental assistance and housing supports for an additional 500 people with behavioral health conditions.
Supported employment	\$1.5 million	Expands this service statewide; previously only available in 14 counties.
Assertive community treatment	\$5.5 million	Supported new programmatic infrastructure in 10 CCO regions. Added funding to the CCO rates for this service area.
Community housing programs	\$5 million	Adds 33 units of supported housing to 261 units that were in the AMH funded inventory. Created two new crisis respite facilities for a total of 13; previously 11 existed.
Tribal mental health services	\$1.9 million	Supports new infrastructure for an array of mental health services delivered by all tribal programs.

# Mental health investments summary

Investment Area	Funding	Impact/Results Statement
Youth peer delivered support	\$530,000	Statewide focus. Expands peer delivered supports for youth and young adults.
Family peer delivered supports	\$530,000	Statewide focus. Expands peer delivered supports for family members.
Trauma Initiative	\$800,000	New capacity - Creates statewide framework to support strategies for reducing adverse childhood experiences.
Technical assistance for collaborative problem solving	\$80,000	Statewide focus. Builds upon OHSU contract to expand outreach to rural providers.
Training for adolescent depression screening	\$500,000	New capacity - Provides consultation to primary care providers on screening tool; Oregon Pediatric Society contract.
Oregon Psychiatric Access Line about Kids (OPAL-K)	\$500,000	New capacity - Statewide access to child psychiatric consultation. Contract with OHSU.

# System improvements

## **Substance use disorder residential services transitioned to coordinated care in July 2013**

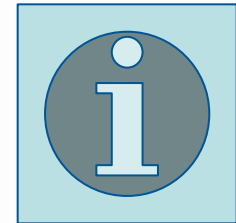
Services included adolescent and adult residential treatment, and clinically managed/medically monitored detoxification



# System improvements

- **Measures and Outcomes Tracking System (MOTS)**  
Comprehensive electronic data system used by behavioral health service providers
- **AMH data dashboards**  
Give an overview of how many people are receiving mental health services through Medicaid

**MOTS + dashboard =**

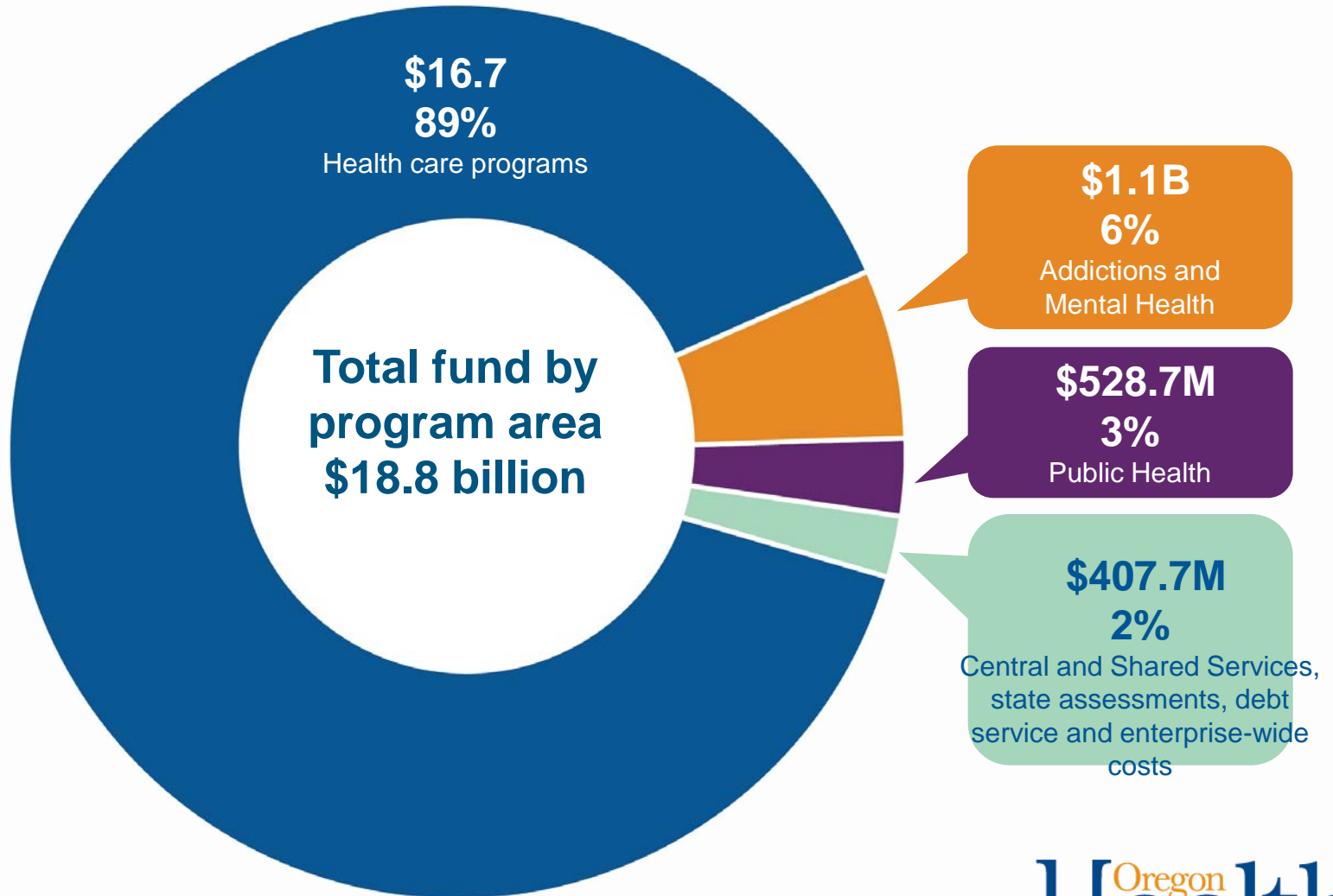


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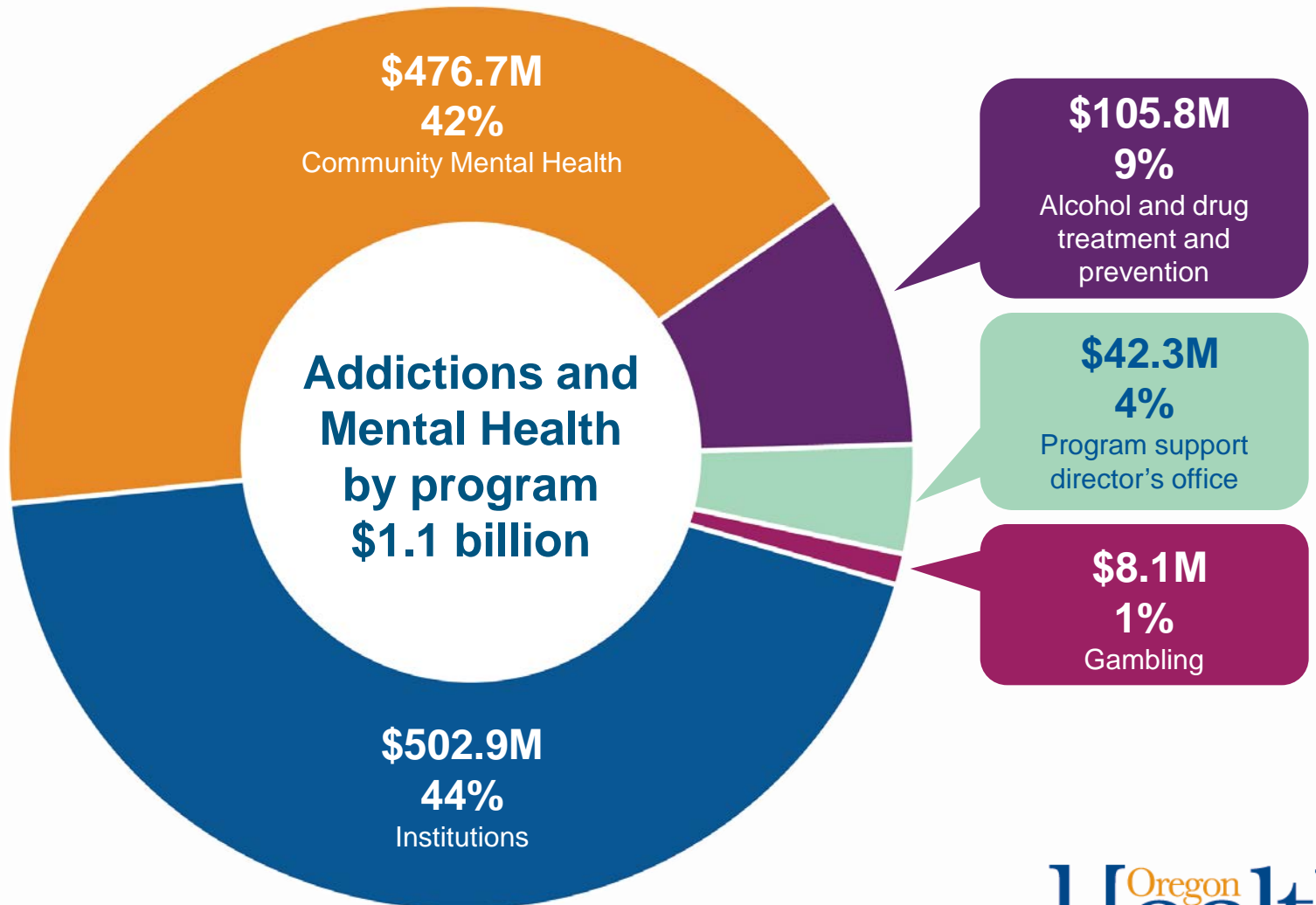
# Budget



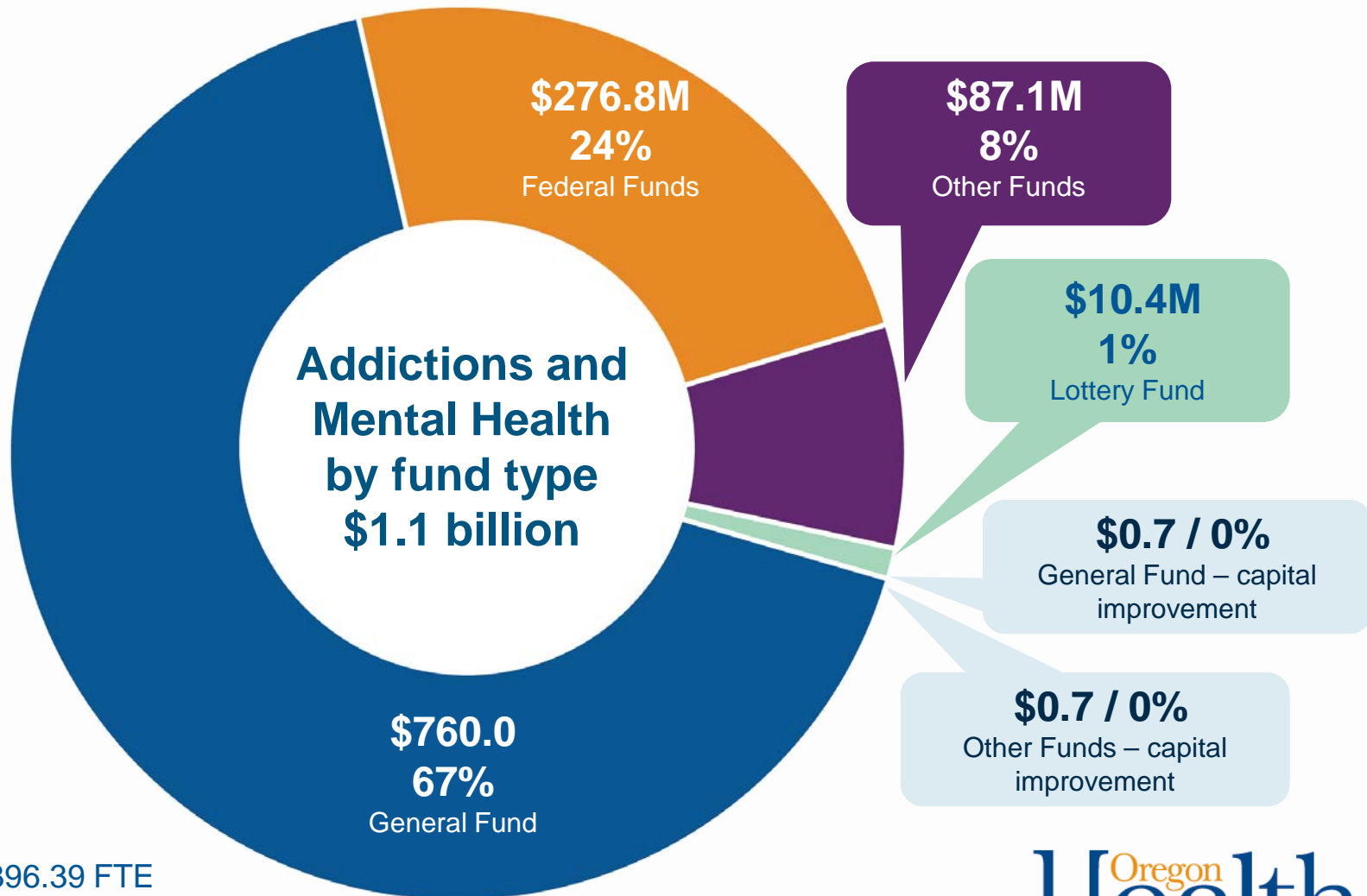
# 2015–17 Governor’s budget



# 2015–17 Governor’s budget



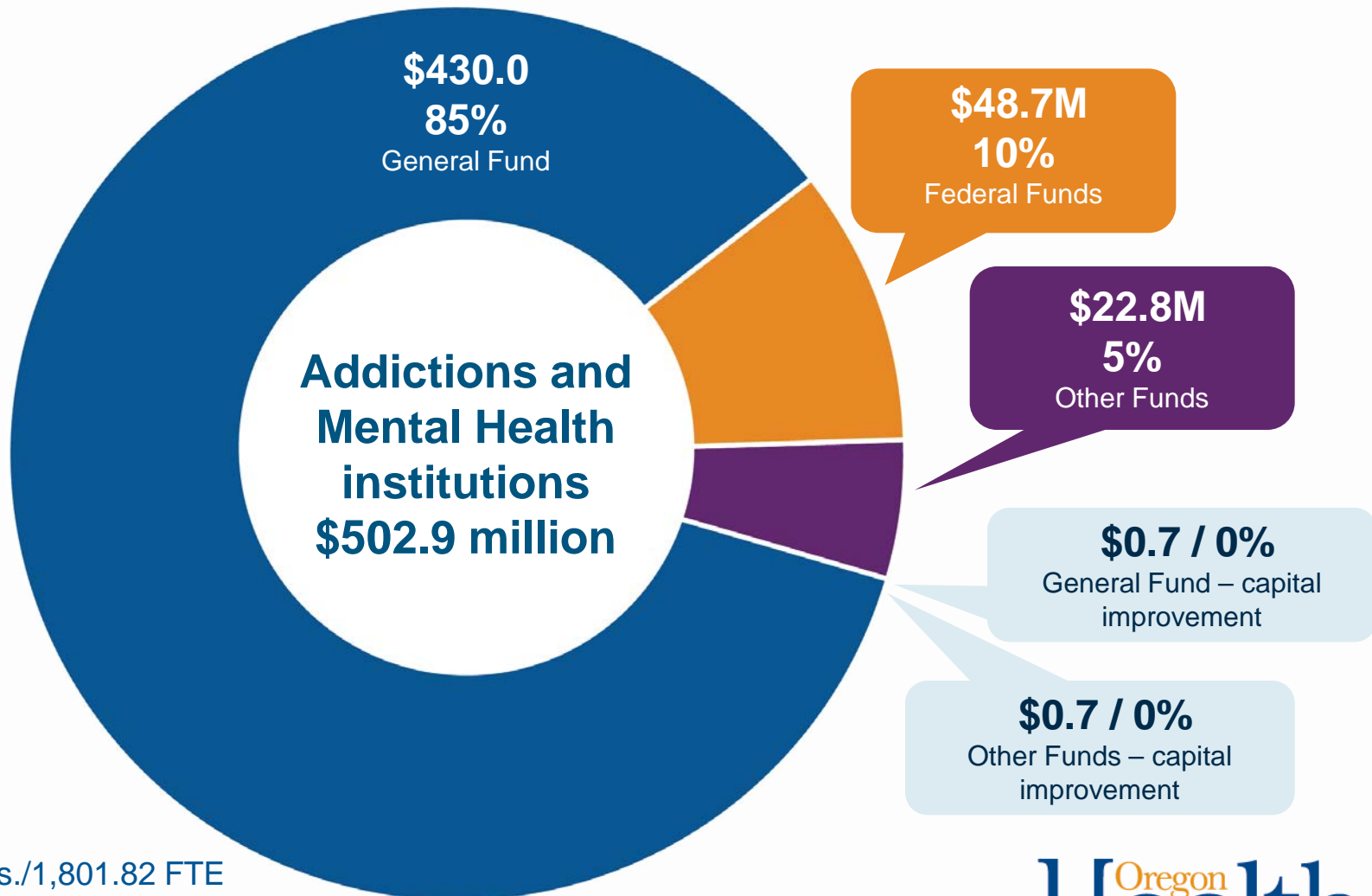
# 2015–17 Governor's budget



2,398 pos./ 2,396.39 FTE



# 2015–17 Governor’s budget



OSH 1,802 pos./1,801.82 FTE  
J/C 428 pos./ 428 FTE

# Budget drivers

## Caseload growth, adults

AMH must provide services to forensic and civil populations

- Forensic – Projected population for 2015 - 2017 is 846 (.5% decrease)
- Civil – Projected population for 2015 - 2017 is 1,364 (4.7% increase)

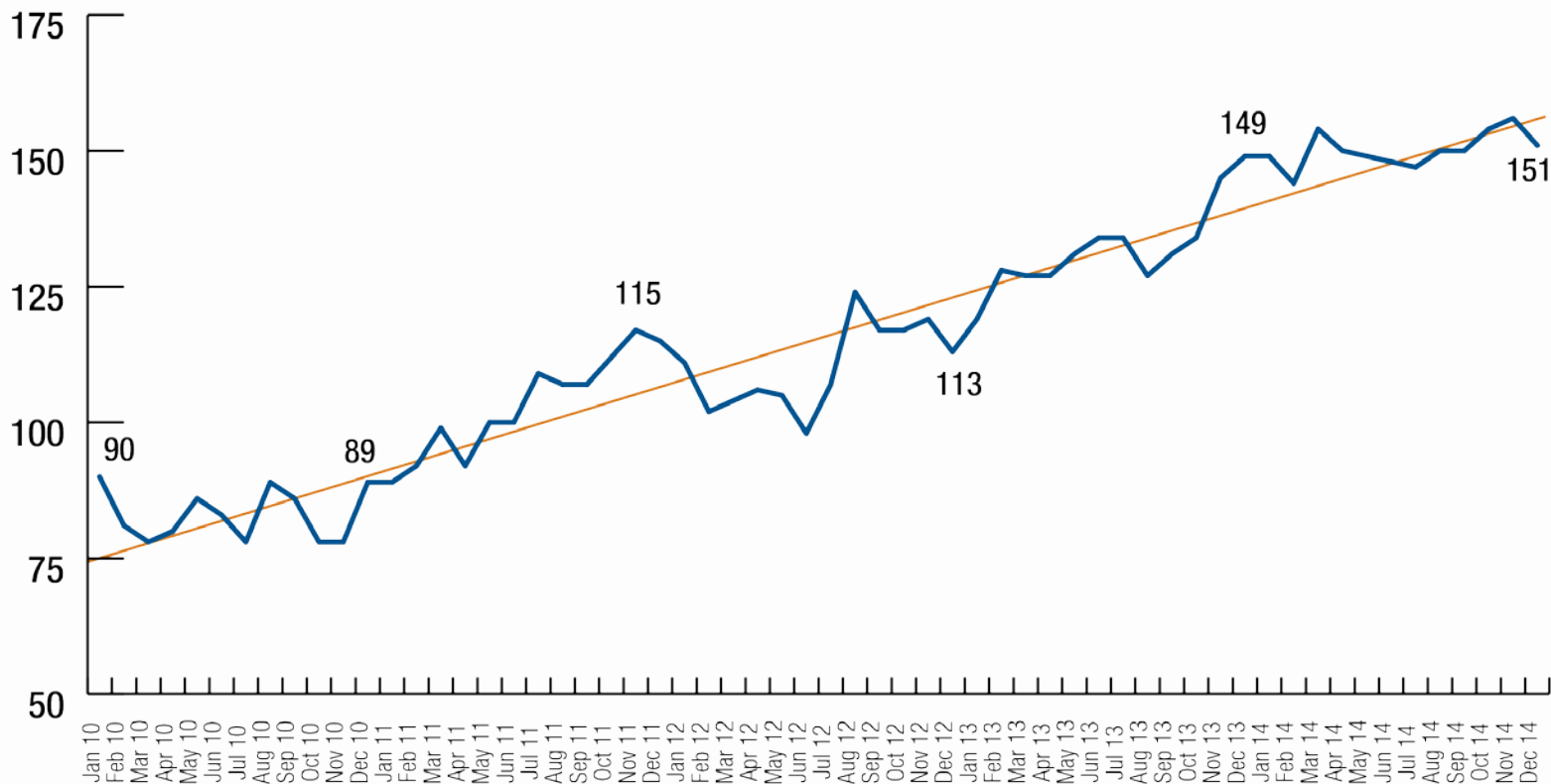
# Budget drivers

## United States Department of Justice

- **Olmstead decision** – 1999 U.S. Supreme Court declared unjustified institutional isolation is a form of discrimination
- **ADA integration mandate** – people with disabilities must live in the most integrated setting possible
- **2012 Letter of Agreement**
  - **Year 1:** Collect data in accordance with agreed data matrix
  - **Year 2:** Identify gaps in the adult community mental health system
  - **Year 3:** Develop outcome measures
  - **Year 4:** Discuss and decide if positive outcomes are being achieved

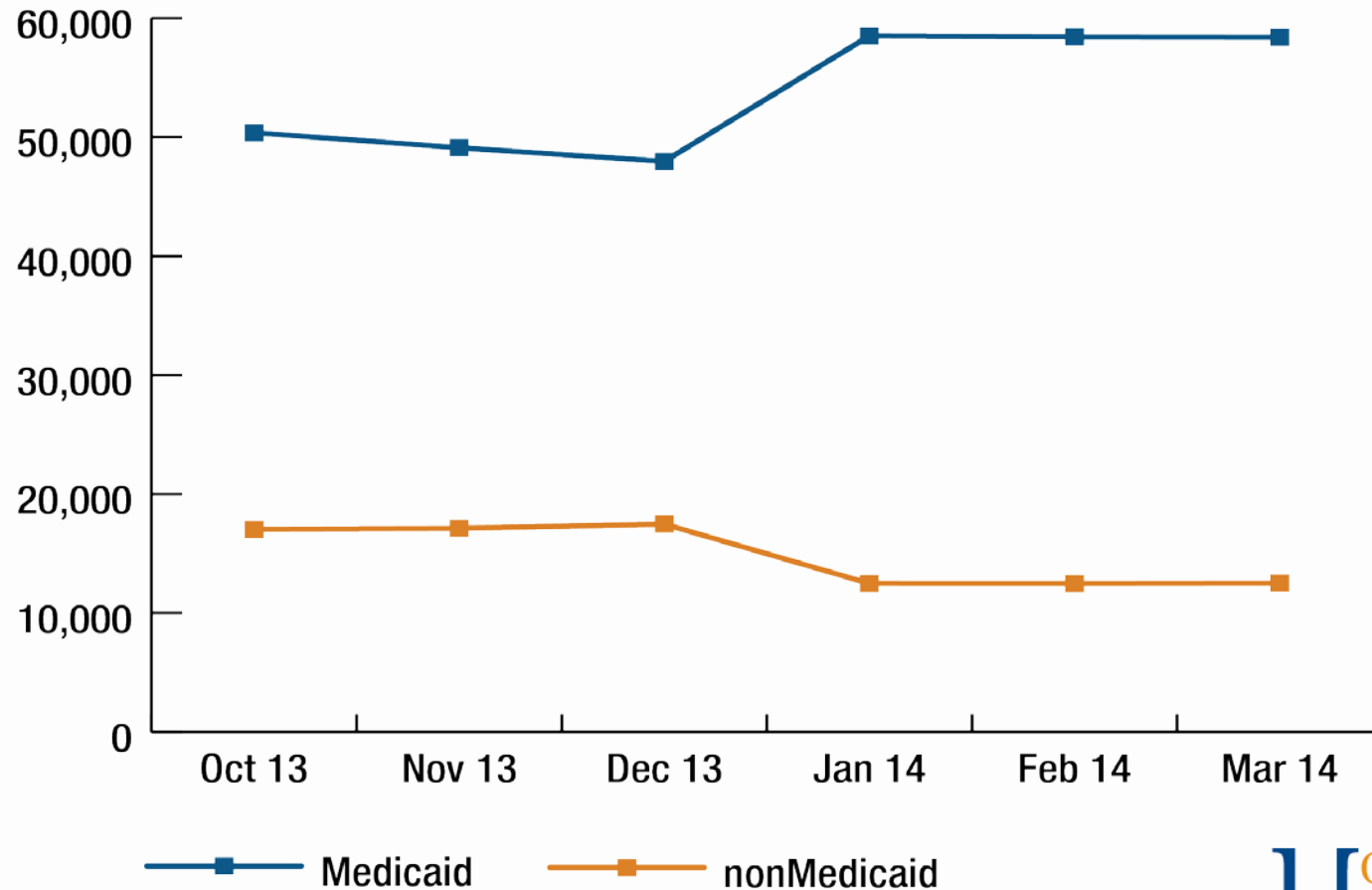
# 2010–14 Census (trends) Aid and assist

Aid and assist (ORS 161.370) Patient monthly population since 2010  
(Based on the census count on the last day of each month)



# Budget drivers

Shift in funding for behavioral health services related to ACA.



# Budget drivers

- Psychiatric boarding in emergency departments
- Lack of affordable housing
- Competition for limited workforce
- Marijuana legalization

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# Looking ahead



# Looking ahead

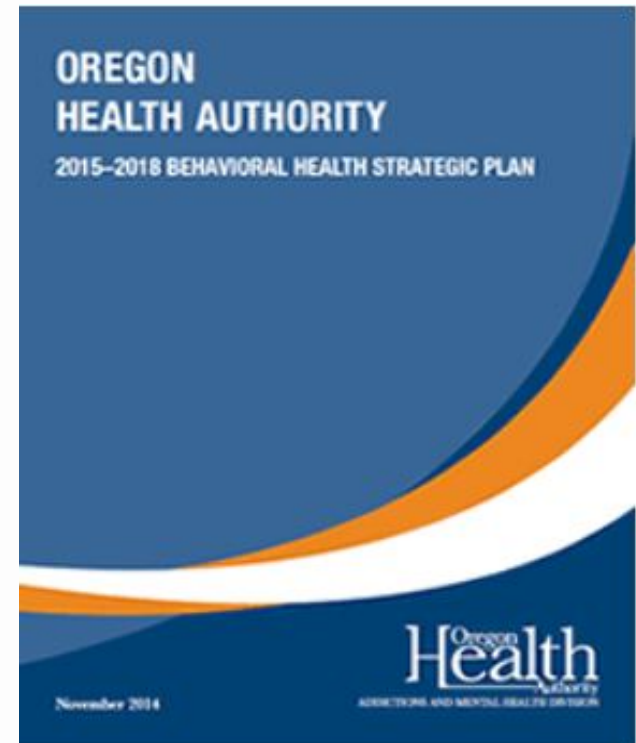
- Performance measures built into 2015–2017 contracts for community mental health programs
- Integrated care – behavioral health homes
- Excellence in Mental Health Act pilot
- AMH Strategic Plan





# 2015–18 Behavioral Health Strategic Plan

- Support health equity for all Oregonians
- Provide access to a full continuum of evidence-based care
- Promote healthy communities and prevent chronic illness
- Support recovery and a life in the community
- OSH resources are used wisely; discharge is timely
- AMH operations support the plan



**Thank you**