

# Office of Mental Health and Addiction Services (OMHAS)

## Mission and Goals

### Mission

The Office of Mental Health and Addiction Services (OMHAS) assists Oregonians and their families to become independent, healthy and safe by:

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

### Goals

OMHAS carries out its mission through achievement of the following goals:

- ◆ Assist local programs to implement evidence-based, culturally competent prevention services to delay onset of first use and to reduce substance use.
- ◆ Establish standards for treating persons with co-occurring mental and substance abuse disorders.
- ◆ Improve and strengthen community mental health systems of care that promote resilience and recovery in integrated community settings for people of all ages with mental illness.
- ◆ Strengthen the role of consumers/survivors/ex-patients in all levels of the mental health system from planning their treatment to monitoring service quality and providing policy recommendations.

- ◆ Improve the ability of the substance abuse and mental health systems to deliver culturally competent services.
- ◆ Develop and begin to implement a Master Plan for Oregon State Hospital.
- ◆ Maintain state hospital census within budgeted capacity.
- ◆ Increase the percentage of persons enrolled in the problem gambling treatment program and increase positive outcomes.
- ◆ Improve treatment outcomes for mothers with a primary methamphetamine addiction.
- ◆ Assure that at least 25 percent of the state funds spent for alcohol and drug and mental health services fund evidence-based practices.

These goals will be accomplished through work with state and local partners and through the delivery of evidence-based treatments.

## Historical Perspective

### 1980s

- ◆ Since the late 1980s, state-level Commissions, Workgroups, and Task Forces have reviewed the issues inherent in treating persons with substance abuse disorders and other groups were charged with reviewing and understanding the public mental health system.  
Task Forces have focused on improved quality of services, increased accountability for the delivery of services and access to services. These groups have recommended restructuring the alcohol and drug treatment system, continuing the development of community-based mental health services, closing institutions and improving quality of services for people who are hospitalized.

As a result of the Task Forces' work, the state places greater emphasis on integrated treatment and collaborative work across agency lines to improve the outcomes for vulnerable populations.

- ◆ The late 1980s brought a renewed focus on mental health services for children and adolescents with severe emotional disorders and for their families. This work was and is community-based and centered on collaboration with agencies important to the well being of vulnerable children, such as, public education, child welfare, and state and local juvenile justice offices.

### **1990s**

- ◆ Throughout the 1990s, state hospital services were downsized and resources were invested in community-based services for those who had spent years in institutional settings. In 1995, Dammasch State Hospital was closed and replaced with a more modern 68-bed unit in Portland and additional community-based services designed to meet the needs of the consumers. About 1.8 beds were created for each bed that was closed.
- ◆ The 1999 Task Force on Co-occurring Disorders raised awareness of the need for improved collaboration between the state office responsible for serving people with substance abuse disorders and the office responsible for serving people with mental illness. That work resulted in the removal of some administrative barriers to treating people with both disorders in an integrated manner.

## **2000s**

- ◆ The 2001 Legislature, as part of the reorganization of the Department, combined the Office of Mental Health Services and the Office of Alcohol and Drug Abuse Programs into the Office of Mental Health and Addiction Services. This Office provides a single point of leadership, responsibility and accountability for much of the publicly funded mental health and addictions treatment system.
- ◆ The economic crisis in 2001-03 resulted in major cuts in mental health and substance abuse treatment. These cuts weakened the community-based treatment systems, resulted in crowding at the state hospital forensic program and loss of access to treatment, including life-saving medications, for hundreds of people with mental illness or substance abuse disorders.
- ◆ The 2003 Legislature restored most of the mental health cuts and a portion of the alcohol and drug residential reductions. While the Oregon Health Plan Standard benefit for mental health and substance abuse services were restored, the number of people to be covered was reduced from the 100,000 in 2001 and 2002 to 24,000 by June 2005. These cuts have destabilized the local alcohol and drug treatment system.
- ◆ The 2003 Legislative Assembly passed legislation, SB 267, requiring the Department to increase its focus on Evidence Based Practices. These changes will increase the effectiveness of services and provider and state accountability for the services delivered. These changes support Legislative direction to restructure the service delivery system for children and adolescents. The purpose is to improve the integration and coordination of services and to deliver fewer institutional-based services and more family-driven, home- and community-based services.

- ◆ On October 8, 2003, Governor Kulongoski signed Executive Order 03-15 creating the Governor's Mental Health Task Force. The Task Force focused its deliberations on the adult system and worked closely with the legislatively designated work group restructuring the system for children, adolescents and their families. The Task Force reported to the Governor in September 2004. The Task Force report including Executive Summary is available on the DHS web site at <http://www.dhs.state.or.us/mentalhealth/govmhtaskforce/main.html>.

## Summary of Programs

The Office of Mental Health and Addictions Services (OMHAS) in the last year either provided or funded services for more than 116,000 adults and 35,600 children and adolescents with mental health disorders, substance abuse disorders or a combination of the two. These services are provided in the state hospitals located in Salem, Portland and Pendleton, in the 36 Oregon counties, and by the nine federally recognized Native American tribes. In the last year, OMHAS also funded problem gambling treatment services for over 1,300 individuals with gambling addiction and nearly 300 of their family members.

These programs save lives, protect communities, provide opportunities for people to recover and become employed and reunite with their children. Prevention and early intervention services assist youth who are at risk of developing substance abuse problems with the skills to build resilience and to become productively involved in their schools and communities.

Alcohol and drug, problem gambling and mental health treatment are available to people of all ages. Several programs are designed specially to serve youth and others to serve seniors.

## **Alcohol and Drug Prevention**

Alcohol and drug prevention programs target people who have not been diagnosed with a substance abuse disorder. Services may target an entire population, specific groups of people who are at above-average risk of involvement with alcohol and other drugs, or specific individuals who show signs of involvement with alcohol or other drugs, but who have not been diagnosed with abuse or dependence.

## **Alcohol and Drug Treatment**

Alcohol and drug treatment programs provide an array of services tailored to the clients' needs. These include: assessment; detoxification; and individual, group and family counseling, residential treatment, and medications.

Nearly 53,000 adults, 6,300 youth and 550 seniors received these services in calendar year 2003.

Of particular note is the growth in methamphetamine use in Oregon and the nation over the past 10 years. It is now the second most abused drug of enrolled clients (after alcohol). The results of methamphetamine abuse include psychiatric casualties in emergency rooms and state hospitalization, as well as high crime rates, child welfare referrals, and criminal involvement.

## **Problem Gambling Services**

Problem gambling programs are designed to prevent and treat pathological gambling. These programs are funded by dedicated lottery revenues.

More than 1,300 adults received these services in fiscal year 2003.

## **Mental Health Services**

Mental health services are divided into two main categories:

### **Community Services**

Community programs provide a range of services tailored to the consumer's needs, including community/outpatient intervention and therapy, case management, child and adolescent day treatment, residential and foster care, supported employment, acute hospital care, and crisis and pre-commitment services. The community also provides supervision and treatment for persons under the jurisdiction of the Psychiatric Security Review Board.

More than 60,000 adults and 29,000 youth received these services in calendar year 2003.

### **State Hospitals**

The State Hospitals – located in Salem, Portland and Pendleton – provide 24-hour supervised care to people with the most severe mental health disorders, many of whom have been committed to the Department as danger to themselves or others, including people who have been found guilty except for insanity.

More than 1,495 adults and 57 youth from 33 Oregon counties received these services in calendar year 2004 – in Salem, 57 children and 1,101 adults were served; in Portland, 219 adults received services; and 262 adults were served in Pendleton.

## Service Delivery System

Community Mental Health Programs operate in each county in Oregon. These programs provide a range of services for children, adolescents, adults and senior citizens.

Alcohol and other drug prevention and treatment services are designed to prevent and reduce the negative effects of alcohol, tobacco and other drugs for all Oregonians. The outpatient services include specialized programs that use synthetic opiates, such as methadone, to assist in treating heroin addiction. The outpatient services also include DUII education and treatment programs that serve first offender diversion referrals, as well as convicted repeat offenders. Prevention and outpatient services are delivered in every county, while residential and detoxification services are provided primarily in regional programs. Prevention services funded by DHS are delivered by the nine federally recognized Native American tribes.

The Office has established a statewide problem gambling service system, which includes prevention, outreach, early intervention, and outpatient treatment services. These programs are designed to reduce the incidence and impact of problem gambling. In 2002, the National Council on Problem Gambling recognized Oregon with its Government Award for contributions to the field and excellence in service to problem gamblers and their families.

Mental health services are designed to prevent negative consequences and disability resulting from severe mental disorders such as attention deficit and hyperactivity disorder in children, and schizophrenia, major depression, and bipolar disorder in adults. Persons experiencing a mental health crisis can receive locally delivered brief treatment consisting of medication, counseling, and, if necessary, temporary respite housing or local hospitalization.

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Counties provide supervision of and treatment for people who live in the community under the jurisdiction of the Psychiatric Security Review Board.

Currently, the Oregon Health Plan (OHP) covers all medically appropriate alcohol and drug and mental health services for conditions funded under the Health Services Commission Prioritized List for all Medicaid and State Children's Health Insurance Program (CHIP) eligible persons in Oregon.

## OMHAS Organizational Chart

