

## **Assistant director letter**

### **AMH's contributions to the DHS mission**

DHS Addictions and Mental Health Division (AMH) programs and services help clients and their families become independent, healthy and safe. AMH collaborates with partners and stakeholders to prevent and reduce the negative effects of alcohol, other drugs, gambling addiction and mental health disorders. This is done through the funding and development of prevention and treatment programs that are scientifically proven to work and respond to community needs. AMH is responsible for these key areas:

- Developing state plans for substance abuse prevention and treatment services and mental health services;
- Implementing state addiction, gambling and mental health programs and laws;
- Directing services for persons with substance abuse disorders, and those beset by problem or pathological gambling;
- Directing services for persons with mental illness or co-occurring mental illness and substance abuse disorders; and
- Maintaining custody of persons committed by courts to the state for care and treatment of mental illness.

### **The need for these services**

Recent findings from a comprehensive study of Oregon's need for addiction services indicate that a staggering \$5.93 billion is spent annually on untreated alcohol and drug abuse – \$813 million for health care, \$4.15 billion in lost earnings and \$967 million for law enforcement, criminal justice, social welfare and other expenditures. Public funds provide services for less than 30 percent of the need.

Oregon's underage drinking rate exceeds the national rate; more eighth graders, particularly girls, are drinking than ever before.

In the mental health area, public funds provide services for 33 percent of the children and adolescents and 46 percent of the adults with severe emotional disorders or severe mental illness respectively. A comprehensive community mental health system is essential for the operation of the new psychiatric treatment facility under construction in Salem and the second to be built in Junction City.

Here's a snapshot of the level of need in Oregon for addictions and mental health treatment:

- 262,000 people have substance abuse or dependence issues;
- 27,000 12- to 17-year-olds and 84,000 18- to 25-year-olds have substance abuse or dependence issues;
- 30.9 percent of eighth graders drank alcohol in the last month;
- 5.1 percent of 12- to 17-year-olds suffer from illicit drug abuse or dependence;
- 77,000 people have problem gambling issues;
- 105,000 children and adolescents have a severe emotional disorder in any year;
- 155,000 adults have a severe mental illness in any year; and
- 17,719 people need residential mental health services, but the available capacity is 5,631 units.

### **Responding to these needs**

- During this biennium, AMH either directly or through its partners provided the following services: 28 counties and two tribes established Strengthening Families substance abuse prevention programs to develop parenting skills for people with 10-to 14 year old children;
- 63,000 people a year received publicly funded addictions treatment;
- 71,000 adults and 35,000 children a year were treated for mental health disorders in the community; and
- 1,600 people were treated at the state hospitals last year.

AMH in partnership with the Governor's Council on Alcohol and Drug Abuse completed statewide assessment of the need for alcohol and drug prevention and treatment. As a result, the Addictions Services Investment Strategy Report was published in June 2008.

In addition, AMH has started the multi-year effort to implement a new continuum of care approach to addictions and mental health treatment. This continuum will include front-end prevention and early intervention services, community-based treatment and supports and back-end services for people discharged from the state hospitals that support successful recovery and community living.

These front- and back-end services are the key to the successful operation of the new state psychiatric treatment facility in Salem that replaces the 125-year-old state hospital. Without sufficient and high quality community-based mental health services, the new psychiatric facilities will not be large enough to meet the demand for long-term secure mental health treatment.

At the same time, AMH is developing new programs, community housing and support facilities around the state to serve individuals on the continuum of recovery from mental health and addictions disorders – including those moving in and out of the state hospital. This is an important part of AMH's 2009-2011 budget request.

### **Strengthening service delivery through a needs-based budget**

Key requests contained within this budget support the following goals:

#### **Alcohol and Drug Abuse Prevention**

- Screening, brief intervention and treatment services for 2,000 returning veterans and uninsured workers;
- Expanding family education programs for parents of 10- to 14-year-olds to all counties and Native American tribes;
- Creating a methamphetamine prevention curriculum for 41 Boys and Girls Clubs;

- Alcohol and tobacco prevention training to change community norms;
- Expanding workplace prevention training and assistance to employers.

### **Alcohol and Drug Abuse Treatment**

- Family-based treatment for 3,500 youth with addictive disorders and youth with co-occurring addictive and mental health disorders;
- Integrating research-based treatment for 400 adults with co-occurring addictive and mental disorders;
- Screening, brief intervention and treatment services for 2,000 returning veterans and uninsured workers;
- Outpatient addiction treatment for 5,500 individuals from under-served populations including ethnic minorities, rural and frontier populations, youth, and women;
- Providing culturally and linguistically competent addictions treatment to reduce health disparities in underserved populations; and
- Stabilizing the provider system by increasing payment rates to reflect the cost of providing efficient and effective services.

### **Problem Gambling Prevention and Treatment**

- Developing and strengthening the community system for the prevention and treatment of problem and pathological gambling.

### **Community Mental Health Treatment**

- Providing a full array of evidence-based community treatment and supports, ranging from added crisis services to affordable housing, to intervene early and minimize the disabling effects of mental illness for 25,832 adults;
- Providing a broad array of peer recovery support services including establishing Offices of Consumer Affairs within DHS and outside of government;

- Promoting practices that reduce or eliminate the use of seclusion and restraint and improve client and caregiver safety; providing culturally and linguistically competent mental health services to reduce mental health disparities in underserved populations.
- Improving access to and increasing the array of community-based mental health services for children and their families; increasing coordination of care and partnerships across agencies;
- Increasing the capacity of communities to provide intensive mental health services;
- Providing child tele-psychiatry for primary care physicians;
- Stabilizing the provider system by increasing payment rates to reflect the cost of providing efficient and effective services; and
- Purchasing a statewide data system (next phase of BHIP) based on electronic medical record that supports sharing of treatment information across levels of care and supports monitoring of outcomes.

### **State Hospital Services**

- Providing staff, equipment and supports to open and operate the new state psychiatric treatment and recovery facility, which is replacing the Oregon State Hospital;
- Ensuring that patients receive at least 20 hours a week of active psychiatric treatment as required by federal mandates; and
- Providing supports to help patients recover in a timely manner and ease transitions into the community.

### **Program Administration and Support**

- Increasing health and safety through improved oversight and technical assistance for AMH service providers.

## Summary

These initiatives are designed to improve the division's ability to assist Oregonians and their families to become independent, healthy and safe by:

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

Robert E. Nikkel  
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## **AMH program narratives**

AMH oversees state, county and local public delivery of addictions prevention and treatment, gambling prevention and treatment programs, and child and adult mental health treatment, for approximately 150,000 Oregonians annually.

Addictions treatment and prevention programs and mental health treatment improve recovery outcomes for clients – and their families, communities and Oregon society by promoting key treatment strategies such as early intervention for young people and by using practices that are scientifically proven and reliable. These programs save Oregonians millions of dollars annually by integrating people in recovery back into the community and the workforce as contributors to society.

Addictions treatment and prevention services and mental health treatment are delivered through county-based systems of care in which services may be delivered by nonprofit organizations employing psychiatrists, psychologists, drug, alcohol, and mental health counselors, group home operators, local hospitals, clinics, peer recovery support specialists, and home health care providers.

Strategies for contributing to the DHS mission of assisting people to be independent, healthy and safe fall into the following program categories:

**Alcohol & Drug Prevention:** Alcohol and drug prevention services are designed to promote healthy choices by Oregonians when they are tempted to use drugs or to drink inappropriately. During 2007-08, 235,515 people received broad-based prevention services, 32,266 people received selected prevention services, and 5,611 received indicated prevention services.

Recent successes include contracting with 25 counties and two tribes to deliver the Strengthening Families Program for parents of 10- to 14-year-olds, working with the Governor's Leadership Team for Alcohol Free Kids

to draft an action agenda to address underage drinking in Oregon, training 25 trainers in the research-based community prevention framework Communities That Care to work with communities and tribes throughout Oregon, and initiating an evidence-based program implementation fidelity pilot project that will incorporate peer reviewers.

**Alcohol and Drug Treatment:** Alcohol and drug treatment services assist people in recovering from addictive behaviors. People in recovery function better in society and work, do a better job parenting their children, and stop committing crimes. Their health improves, which reduces health care costs including expensive emergency departments. In 2007-08, 52,773 Oregonians received publicly funded alcohol and drug treatment.

Recent successes include achieving a more equitable distribution of state funds to support local alcohol and drug treatment for indigent clients. The change in distribution formula raised the counties with the lowest per capita funding to the statewide average to meet major population growth in several regions. The implementation of a collaborative program for parents involved in the child welfare system made enhanced treatment capacity and additional residential capacity for these parents available statewide.

**Problem Gambling Prevention and Treatment:** Problem gambling prevention and treatment services prevent people from becoming addicted to gambling and assist people who are addicted in recovering from addictive and pathological gambling. People who are in recovery find or maintain jobs, repair family relationships and stop committing crimes. In 2007-08, 2,435 people used the professionally staffed Problem Gambling Helpline. Problem gambling treatment services were delivered to 2,308 people in 2007-08.

Recent successes include the establishment of a statewide Latino Advisory Group for Problem Gambling Services, pilot efforts to develop and deliver more culturally relevant treatment for Native Americans with problem gambling behaviors, and awarding problem gambling prevention funds to Oregon tribes.

**Community mental health services:** Clients include indigent adults with serious mental illness who are a danger to themselves or others, and children with serious emotional disorders who are in danger of being removed from

their homes due to emotional disorders. AMH contracts with community mental health programs for services such as acute in-patient and residential treatment, adult foster care, outpatient therapy, supports needed for successful community living, medications, case management, housing assistance, employment, education and social support. During 2007-2008, 71,000 adults and 35,000 children received these services.

Notable accomplishments include the opening of Early Psychosis Services in 13 counties to engage young people at their first psychotic episode and provide treatment and supports to help them avoid the disabling effects of major illness.

Programs to divert people with mental illness from inappropriate jail stays have been established in every county.

**State Hospital Services:** Adults needing long-term psychiatric treatment for severe and persistent mental illness who are civilly or criminally committed to DHS receive treatment at the state-operated Oregon State Hospital in Salem and Portland and the Blue Mountain Recovery Center in Pendleton. A total of 1,600 people received treatment in 2007-2008.

Recent successes include earning full certification from CMS as compliant with the federal requirements for hospitals participating in Medicare and/or Medicaid programs, clearing the last of 19 Requirements for Improvement from the Joint Commission thereby achieving full accreditation, improving quality of care as demonstrated by reducing patient restraint by 75 percent over five months, reducing patient seclusion by 80 percent over six months, and reducing patient falls over the first two quarters of 2008.

AMH environmental scan

To ensure that individuals with addiction and mental health issues live safely and independently in their communities, AMH has worked closely with the Oregon Legislature, partners and stakeholders to identify challenges facing the division, opportunities for addressing those challenges, and proposed actions.

### **Challenges**

- Implementing new programs and achieving major changes at the state hospital.
- Insufficient staff to provide the treatment and security needed at the state hospitals.
- Need to improve the process to establish community-based residential programs as supported by the Americans with Disabilities Act and the federal Fair Housing Act.
- Lack of an office of consumer affairs for users of mental health services.
- Lack of support for peer or family delivered addiction and mental health recovery services.
- Community programs for addictions and mental health meet less than half the need for services with available funding.
- Insufficient payment rates for community residential providers – for all levels of care and all providers.
- Potential lawsuits from advocates for failure to place people in mental health treatment in the least restrictive setting.
- Continued scrutiny from the U.S. Department of Justice and the threat of court action.
- Providers failing financially or withdrawing from the public system due to low reimbursement for services provided.

### **Opportunities**

- Implementation of the Alcohol and Drug Strategic Plan.
- Implementation of the Mental Health Community Services Work Group Report.
- Participation in the Governor’s Statewide Wraparound Initiative for Children and Adolescents.
- Opening two new state facilities designed to support modern psychiatric treatment and recovery.

- Increasing the physical health and life expectancy of persons with mental health and substance abuse disorders by coordinating physical and behavioral health care.

## **Response to critical challenges addressed by this budget**

The construction of a new state-of-the art psychiatric treatment and recovery facility is a top priority within this budget request – bringing aboard the additional staff, equipment and supports needed to operate the new hospital and to meet the federally mandated minimum of 20 hours of active psychiatric treatment per week. These resources will help patients recover and gain the skills needed for successful community living. Supports are designed with patients in mind, including healthy food, access to education, assistance in reaching personal goals, and access to open outdoor space and fresh air in a secure, nurturing environment.

In this budget, the state’s obsolete and inefficient paper-based system for tracking patient mental health care will become an electronic medical record that lists the care, treatment and medications for every patient regardless of when and where they receive treatment. This budget recommends purchasing the modern statewide data system based on an electronic medical record (the next phase of BHIP) as a key tool to monitor outcomes and assure that an individual’s medical information is available wherever services are delivered.

Many of Oregon’s societal and health problems, such as lost productivity and escalating law enforcement and medical costs, are linked to abuse of alcohol and other drugs. More than 150 Oregonians helped create an Alcohol and Drug Strategic Plan, which addresses these serious health and safety issues – and it’s a key element of this budget request. Equally important are the recommended rate increases for treatment providers so they can remain economically viable and continue to operate. AMH seeks funding for:

- Family-based treatment for 3,500 youth with addictive disorders or co-occurring addictive and mental health disorders;
- Treatment for 400 adults with co-occurring addictive and mental health disorders;
- Screening, brief intervention and treatment for 2,000 returning veterans and uninsured workers;
- Outpatient addiction treatment for 5,500 individuals from under-served populations including ethnic minorities, rural and frontier populations, youth and women;

- Specialized outpatient treatment for 3,333 medium- and high-risk addicted offenders on probation, post prison supervision and participants in drug treatment courts; and
- Rate increases for both adult and youth residential services to support sustainability and quality improvement.

This budget seeks resources to implement the next phase of the Community Services Workgroup Report to ensure a stable, appropriate system of timely treatment services for adults with mental illness and to minimize the number who require a state hospital level of care. AMH seeks funding for:

- Expanding mental health services for young adults to prevent more severe and chronic mental illness;
- Adding 270 people to the early assessment program and a center for excellence;
- Increasing crisis services funding to CMHPs to fulfill 50 percent of unmet needs; affects 10,504 people;
- Increasing regional acute care to fulfill 00 percent of unmet need, and detoxification services amounting to 10,036 bed days;
- Adding three ACT teams to provide services to 300 additional adults, and increasing funding to serve 25 percent of unmet case management need; affects 4,464 persons;
- Providing supported employment services to meet 50 percent of the need; affects 3,875 persons;
- Providing 50 percent of need for forensic intensive case management for 515 persons as an alternative to involvement in the criminal justice system;
- Providing indigent funding for 25 community detox beds for persons with co-occurring disorders;
- Providing safe, affordable and permanent housing for 5,420 persons, including monthly subsidies and supportive housing to meet 50 percent of the need; and mental health services to 35 people in Villebois development;
- Establishing 33 qualified mental health specialists for transition-aged youth; and
- Contractual implementation and oversight of all of the above.

This budget requests funding to establish peer recovery support services including two Offices for Consumer Affairs, peer-delivered services, family navigator programs to assist families of children with serious emotional disorders to find and advocate for the services their children need, peer mentoring for child welfare families in recovery, addiction recovery centers, expansion of Oregon Recovery Homes and Dual Diagnosis Anonymous.

This budget requests funding to improve access to and increase the array of community-based mental health services for children and their families through the development of flexible funding resources, increased care coordination, and partnership across divisions and agencies.