

AMH Mental Health Services

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Mental Health Services Themes

- Reduce the negative effects of mental health disorders and promote recovery and resiliency
- Ensure that individuals are served in the least restrictive appropriate settings in their communities
- Community-based services prevent deterioration, criminal justice involvement, school failure and homelessness
- Most children now receive services at home and in the community
 - Children are at home, in school, out of trouble and have friends
- Individuals in the forensic populations are a growing proportion of the system
- Oregon meets treatment needs for 46 percent of adults and 33 percent of children

Mental Health Services

- Mental health services improve functioning for Oregonians with severe mental health disorders such as:
 - Schizophrenia
 - Bipolar disorder
 - Major depression
 - Post-traumatic stress disorder
- Persons experiencing a mental health crisis receive brief treatment with mental health assessments determining the need for further services
- Ongoing supports and services improve people's ability to function in their families and communities, and increase public safety

Mental Health Services

Age/Category	Prevalence	People served in public system	Percent of need met
Addictions			
17 and under	26,765	6,635	25%
Over 17	235,516	56,138	24%
Mental Health			
17 and under	105,306	34,617	33%
Over 17	154,867	71,204	46%
Problem Gambling			
All	76,839	4,743	6%
Addictions Prevention			
Broad-based activities		Individualized services	
151,773		37,877	

Oregon's mental health demographics

Racial and Ethnic Distribution Across AMH Program Areas

Program Area	Asian	African American	Hispanic	Native American	Hawaiian/ Pacific Islander	White	Other/ Unknown
General Adult Population	2.8%	1.8%	11.4%	1.3%	0.3%	82.4%	
State Hospital	2.5%	7.3%	5.6%	2.0%	0.2%	80.7%	1.6%
Mental Health-Adults	2.8%	4.1%	4.5%	2.0%	0.1%	83.6%	2.8%
Addictions-Adults	1.1%	3.8%	10.8%	4.8%	0.5%	77.9%	1.1%
Problem Gambling Treatment	3.2%	2.7%	4.0%	2.7%	0.4%	85.5%	1.5%
General Children/Youth Population	2.7%	1.6%	7.3%	1.5%	0.3%	86.6%	
Mental Health-Children/Youth	0.8%	5.0%	8.1%	3.7%	0.2%	76.1%	6.1%
Addictions-Children/Youth	1.0%	4.4%	11.5%	5.2%	0.5%	75.6%	1.8%

AMH Prevention Services: Race and Ethnicity Distribution

	Indicated	Selected	Universal
American Indian/Alaskan Native	6.1%	8.1%	8.6%
Asian	2.4%	0.9%	1.1%
African American	3.9%	10.5%	1.0%
Native Hawaiian/Pacific Islanders	0.2%	0.3%	0.6%
White/Caucasian	87.3%	80.2%	88.7%
Hispanic/Latino	20.0%	24.6%	17.3%
Not Hispanic/Latino	80.0%	75.4%	82.7%

Children's mental health system: Overview

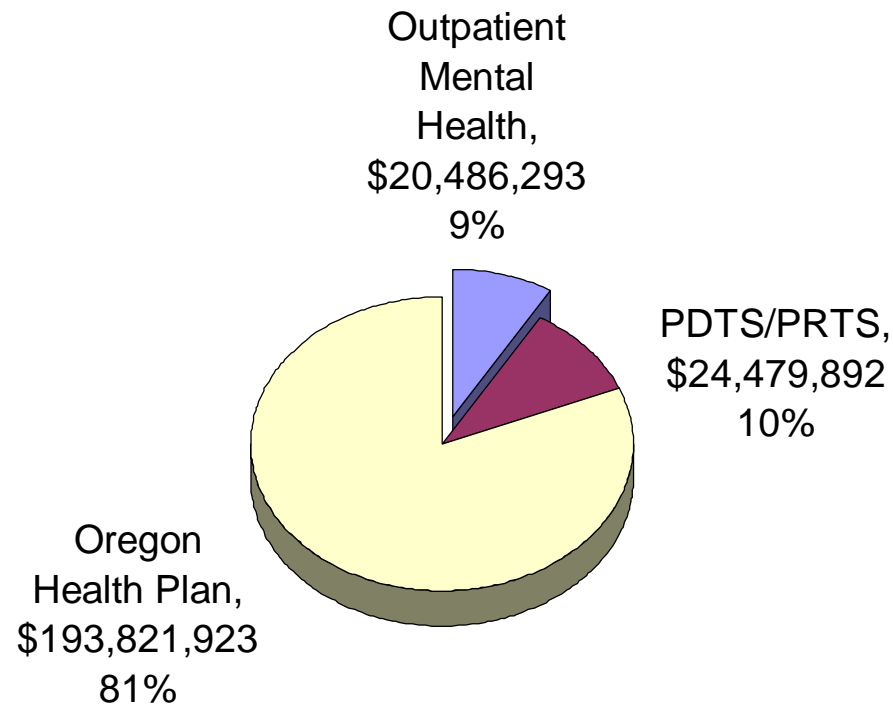
- Identify and respond to needs as early as possible
- Treatment and supports are effective and coordinated
- Respond to a child's unique behavioral concerns
- Youth-guided, family-driven
- Create a system that allows for meaningful transition to adult life
- Integrate services and supports across child-serving systems
- Enable children to be at home, in school, out of trouble and have friends

Children's mental health system: Structure

- Oregon Health Plan mental health organizations (MHOs): 9 contractors
- Community mental health programs (CMHPs): 32 programs
- Facility-based non-profit providers
 - Psychiatric residential treatment: 7 contractors
 - Psychiatric day treatment services: 18 contractors
- Secure children's in-patient program: Services for 12 children
- Secure adolescent in-patient program: Services for 16 adolescents

Children's mental health budget:

December 2008 rebalance; \$238,788,108 Total Funds



Improved family satisfaction and involvement

- 33 percent of families who receive mental health services must coordinate with three or more service systems in addition to mental health
- Family perception of outcomes from 2007 Youth Services Survey for Families:
 - 76 percent or more felt they were appropriately involved
 - 65 percent or more felt services were appropriate
- AMH has contracted with the Oregon Family Support Network to develop a curriculum and train family members as family navigators; train families, youth and professionals; and develop family and youth leaders

Children's System Change Initiative (CSCI)

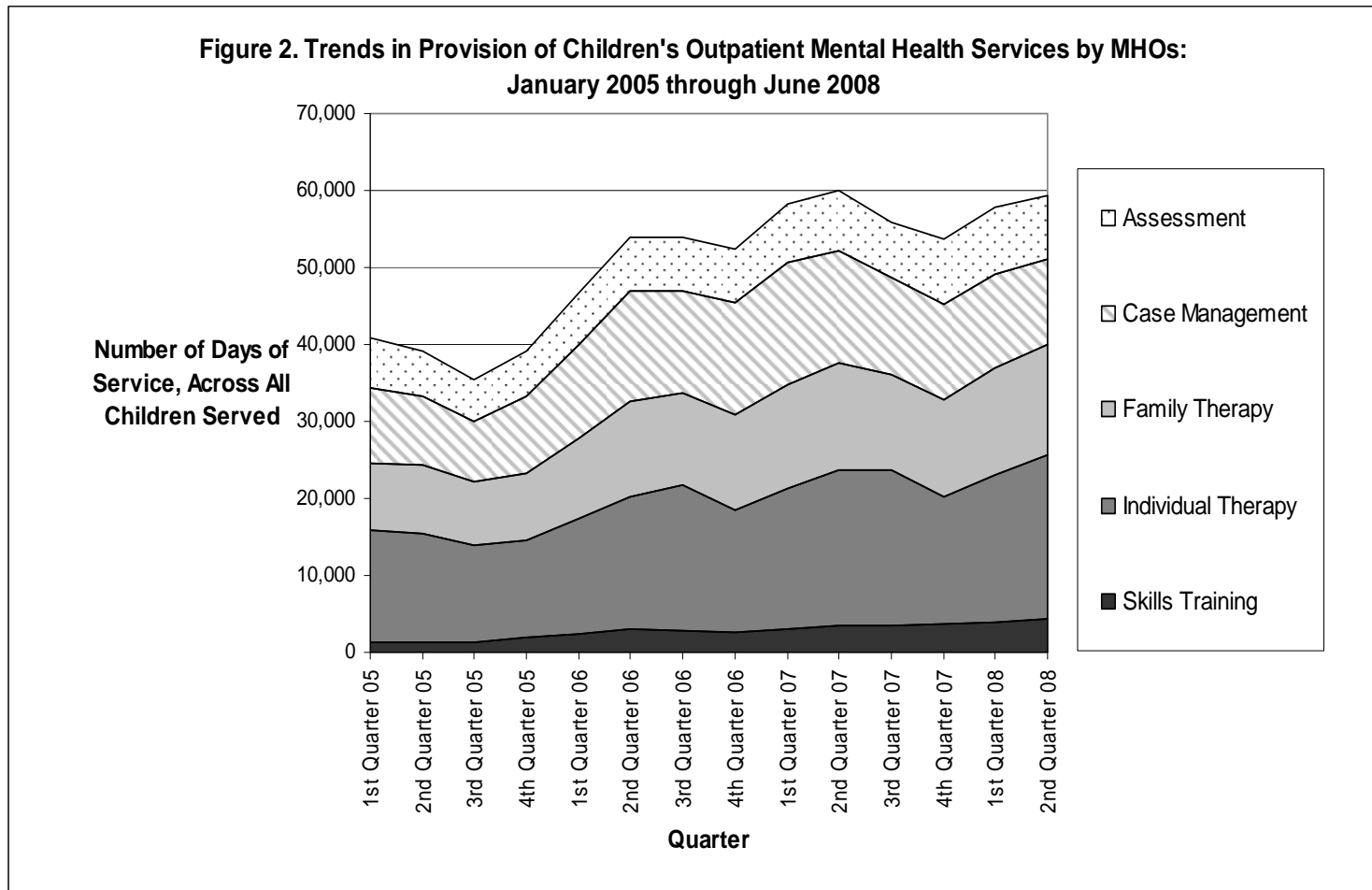
- Children with severe mental or emotional disorders require a broad range of service components individually tailored and coordinated to meet their complex needs
- Children are being screened for and served according to a standardized needs determination process
- All children with mental health needs who went through the screening process received a dramatic increase in the range, type and frequency of community-based mental health services
- 88 percent of children screened were approved for services
- Of the children treated through CSCI:
 - 58 percent were treated in community-based settings
 - 42 percent were treated in facility-based care
- Prior to CSCI, nearly all of these children were treated in facility-based care

Children's mental health services

- Children with mental health issues are served in their local communities
- CSCI fundamentally changed the services children and their families receive:
 - During 2007, 90 percent of the children were served in a community setting rather than in facility-based settings
 - The number of children admitted to psychiatric day treatment settings decreased by 25 percent
 - The number of children admitted to psychiatric residential treatment settings decreased by 34 percent
 - The number of Medicaid-eligible children receiving services increased from an average of 11,500 per quarter in 2005 to an average of 13,056 per quarter in 2008
 - The number and types of community mental health services increased

Services for children in MHOs

**Figure 2. Trends in Provision of Children's Outpatient Mental Health Services by MHOs:
January 2005 through June 2008**



Children's mental health treatment is effective

For youth receiving services:

- 72 percent of females and 58 percent of males (ages 12-17) reported a decrease in the number of encounters with police in the year after beginning mental health services
- For youth who were arrested prior to the initiation of mental health treatment there is a reduction in re-arrests, from 13.8 percent to 8.1 percent for girls and 27.8 percent to 19.4 percent for boys
- More than 70 percent of the caregivers reported better school attendance after beginning mental health services, with the greatest impact for children under age 10 (81 percent)

Children's mental health services

- AMH and CAF are partnering to improve local and state linkages between mental health and child welfare services and supports
- 69 percent of families who needed services coordinated between mental health and child welfare report satisfaction with the coordination
- Mental health assessments
- Maintain OHP mental health enrollment
- Co-developed intensive mental health and treatment foster care services
- Psychotropic medication management

Juvenile Psychiatric Security Review Board

AMH began serving youth under the jurisdiction of Juvenile Psychiatric Security Review Board in 2007:

- Provide disposition, treatment and supervision of youth who are found guilty except for serious mental condition in juvenile court proceedings
- Currently five youth are under JPSRB jurisdiction, two under the mental health provision and three under the developmental disability provision
- Use the Secure Adolescent Inpatient Program (SAIP) and community treatment environments
 - SAIP provides services to youth regarding their ability to aid and assist in their defense, and crisis and in-patient treatment services to Oregon Youth Authority youth offenders

Transitional-age young adults

- National studies have demonstrated half of the individuals who met criteria for a major DSM-IV diagnosis at 26 years of age first had a diagnosable disorder at 11-15 years of age, and three quarters had a first diagnosis before age 18
- AMH is working to improve services for young adults ages 16-24
- Oregon was one of six states selected to participate in a 2008 Policy Academy sponsored by the Substance Abuse and Mental Health Services Administration and Georgetown University
- The 2007-2009 biennium saw the introduction of two pilot residential sites focused on young adults in transition
 - These programs, managed by ChristieCare and Trillium, have provided desperately needed services to this under-served population
- Supported-housing programs, such as Portland's Empowerment Initiatives, also have come on line and are providing linkages to community reintegration
- Develop administrative rule, contract and policy language

Legislative investment:

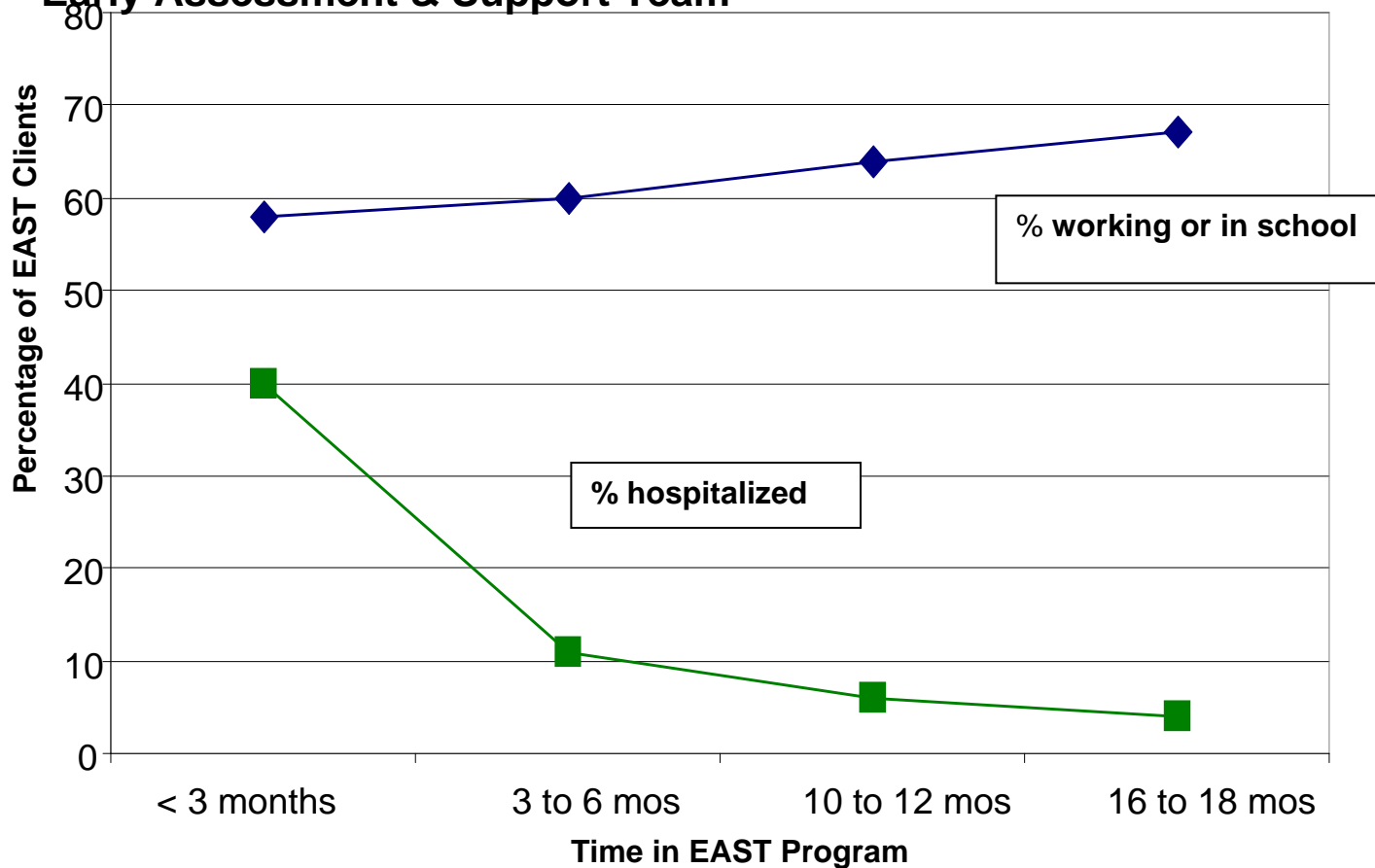
Young adult mental health services early assessment and treatment

- 2007-2009 legislative investment: \$4.3 million
- Funding allowed AMH to expand early assessment and treatment services, now in 16 counties
- Programs identify individuals in the early stages of schizophrenia and other psychotic disorders to ensure they and their families have the proper resources to effectively deal with the illnesses
- During the first three months the program reduced the need for hospital-level care by 385 days
- During the first three months the arrest rate for program participants decreased from 20 percent to 2 percent
- Approximately 180 non-Medicaid clients and their families are engaged with providers across the state

Impact of services for young adults

Impact of EAST* Program Services (2002-2008)

*Early Assessment & Support Team



Legislative investment:

Mental health services for children who are not Medicaid-eligible

- 2007-2009 legislative investment: \$3 million
- This funding has allowed AMH to provide intensive home and community services for children who are not eligible for Medicaid
- Services are modeled on the CSCI for OHP children
- The funds allowed hundreds of children and their families to receive intensive community-based services including:
 - Care coordination
 - Transitional services to assist when leaving residential services
 - Psychiatric day treatment services
 - Family support
- CSCI has demonstrated improvements in school attendance, reduced suspensions and reduced recidivism with juvenile justice

Children's mental health summary:

Children are at home, in school, out of trouble and have friends

- It is essential that state and community partners work together to ensure that services and supports are provided in a timely, early and successful manner to improve the emotional well-being of Oregon's children and their families
- The importance of continuing to integrate and coordinate efforts between system partners also is imperative
- The challenge of removing barriers to the creation of a system of care, where "siloed" services no longer occur, is real, but can be accomplished
- Funding does not meet cost of care or increasing expectations placed on providers of services and supports
- GRB does not provide substantial reductions, but other addictions and mental health system reductions will eliminate critical infrastructure

Adult mental health system

Upon turning 18 years old, people with mental health disorders are served within the adult mental health system of care

Adult mental health system: Accomplishments

- Progress on new investments
- Housing
- Dual diagnosis services
- State-delivered services

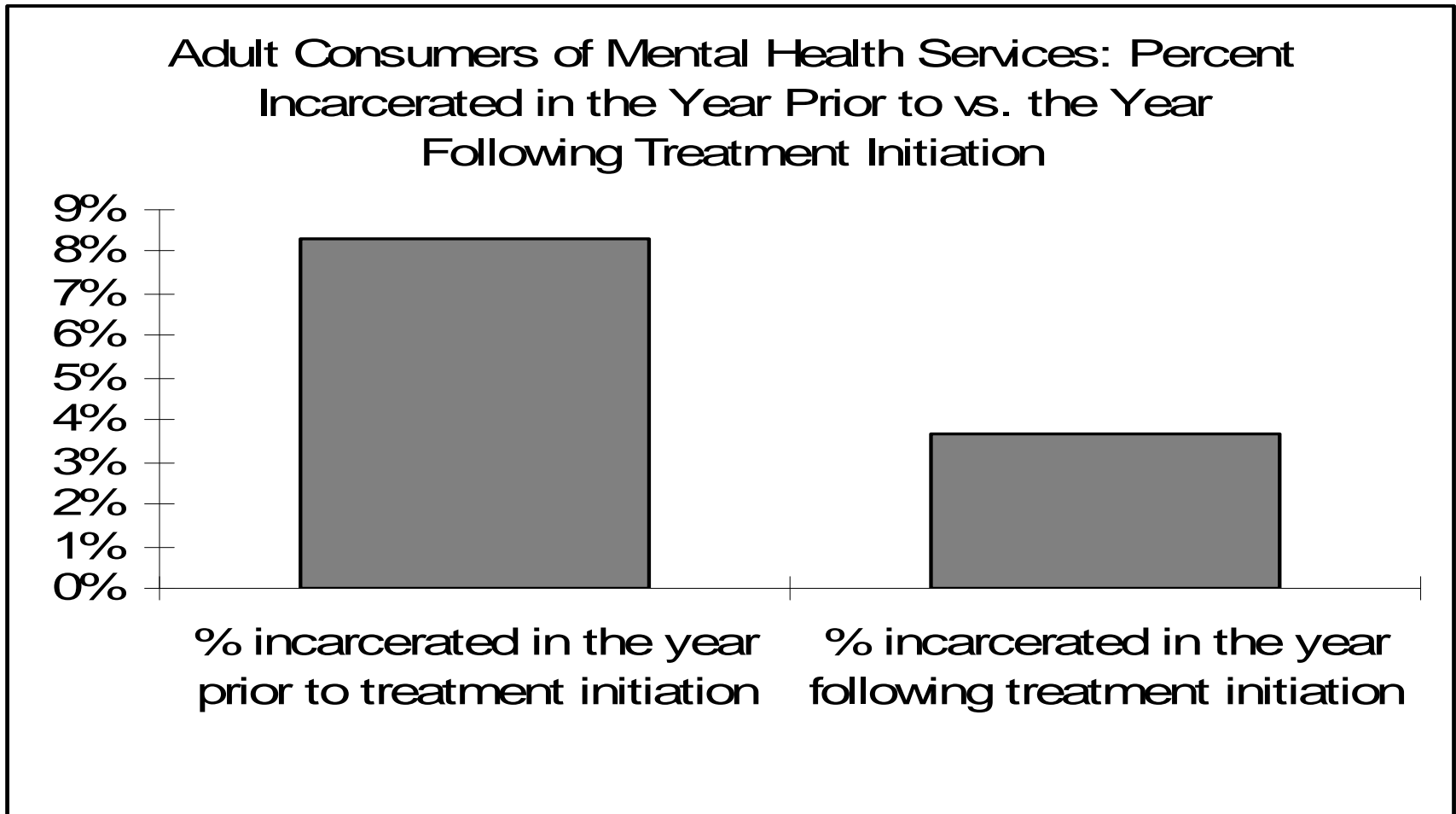
Crisis and acute care

- 2007-2009 legislative investment:
 - Acute care services: \$1.5 million
 - Crisis services: \$3.0 million
- Most counties developed or expanded programs to divert clients from hospital-level care
- Targeted assistance allows individuals to remain in the community and gain access to longer-term help
- These funds have served approximately 970 people, most of whom have been diverted from expensive hospital stays avoiding \$5.4 million in hospital costs for a \$4.5 million investment

Jail diversion

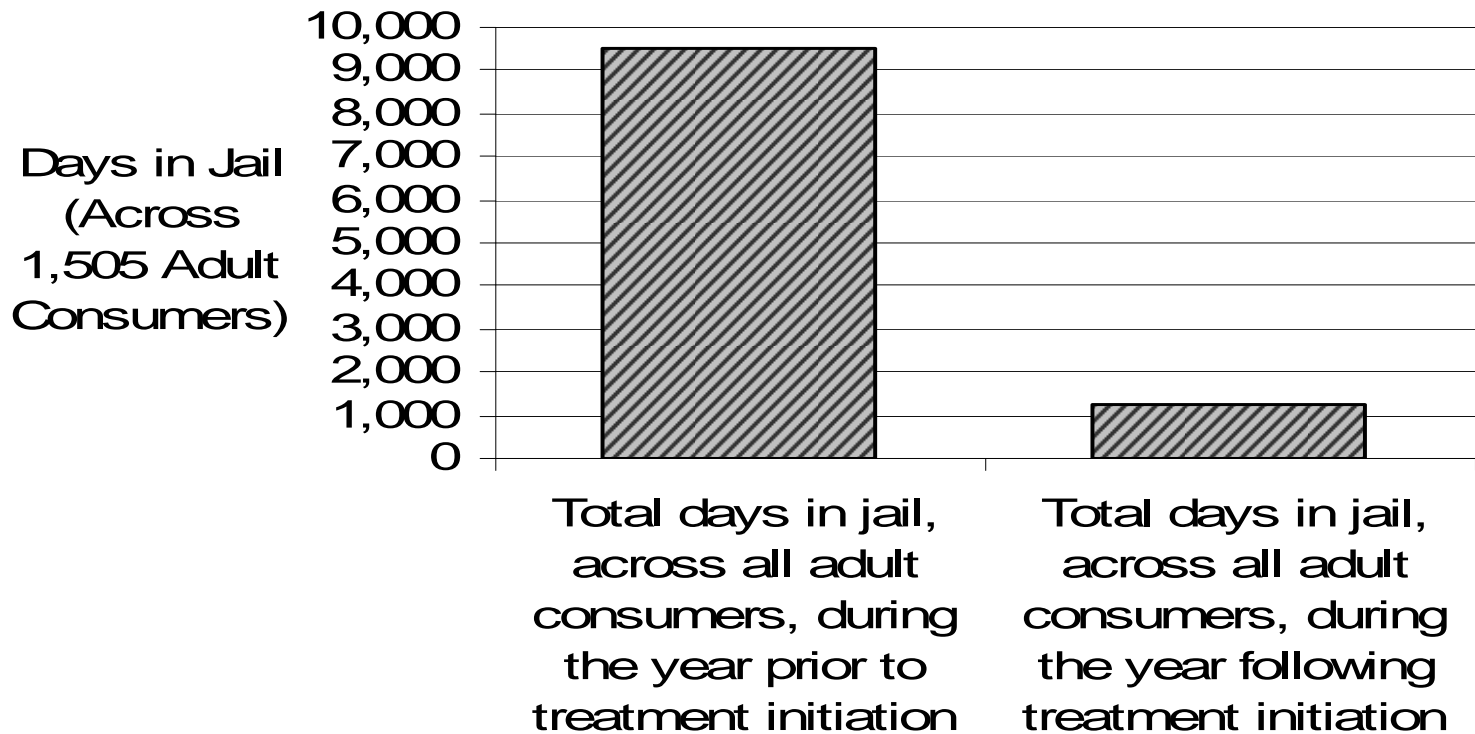
- 2007-2009 legislative investment: \$4.0 million
- The underlying goal behind these funds was to help the counties establish or strengthen their relationship with county jails and law enforcement
- Many of the services have been screenings allowing county mental health and county jail staff to ensure people receive the mental health care they need, such as counseling, group therapy and medications
- Many counties have implemented mental health courts, which are modeled after the successful drug court programs
- As of late 2008, approximately 2,100 people have been served with these funds

Diversion services: Outcomes



Diversion services: Outcomes

**Adult Consumers of Mental Health Services:
Days in Jail Prior to vs. Following Initiation of
Mental Health Services (N= 1,505 Adult Consumers)**

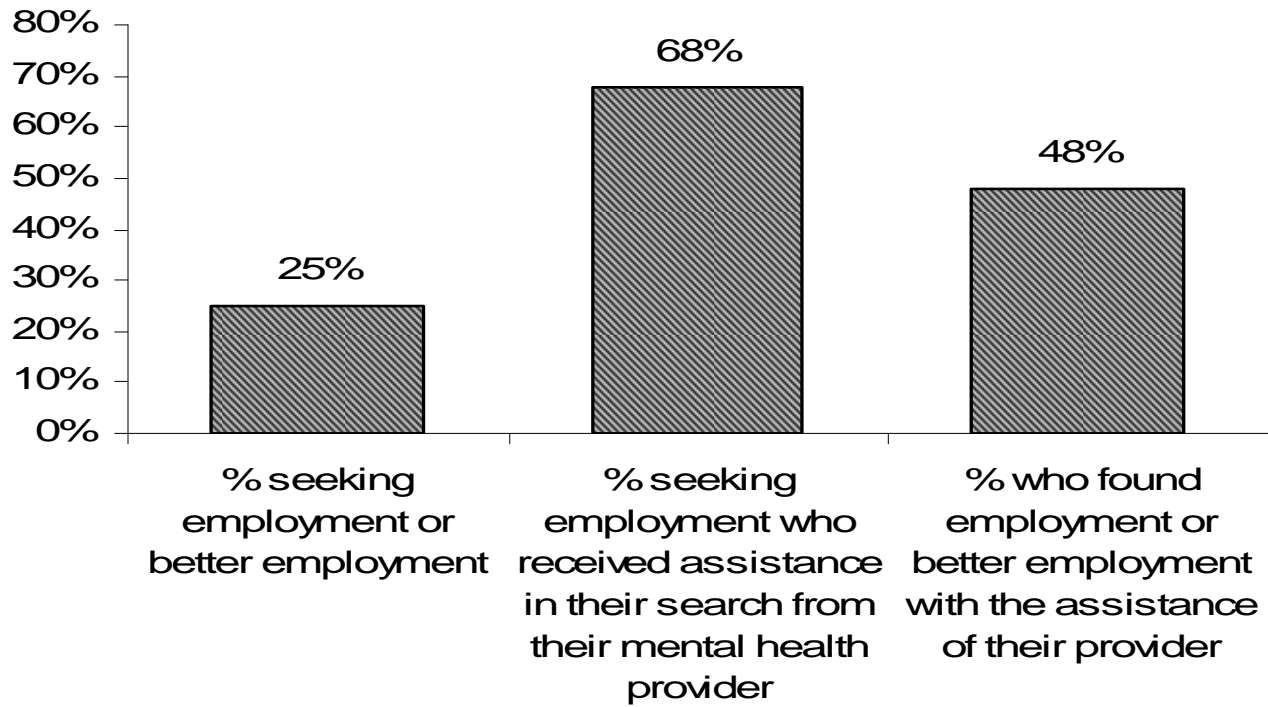


Supported employment

- 2007-2009 legislative investment: \$2.0 million
- There are 14 established sites throughout Oregon delivering supported employment services
- Nearly 1,100 people received services in 2008, with approximately 380 obtaining new jobs
- The additional funding received during the 2007 legislative session specifically funded 440 clients, who were not covered by the Oregon Health Plan

Supported employment services: Outcomes

Adult Consumers of Mental Health Services: Percent Seeking Employment, Percent Assisted by Provider in their Search for Employment, and Percent Finding Employment



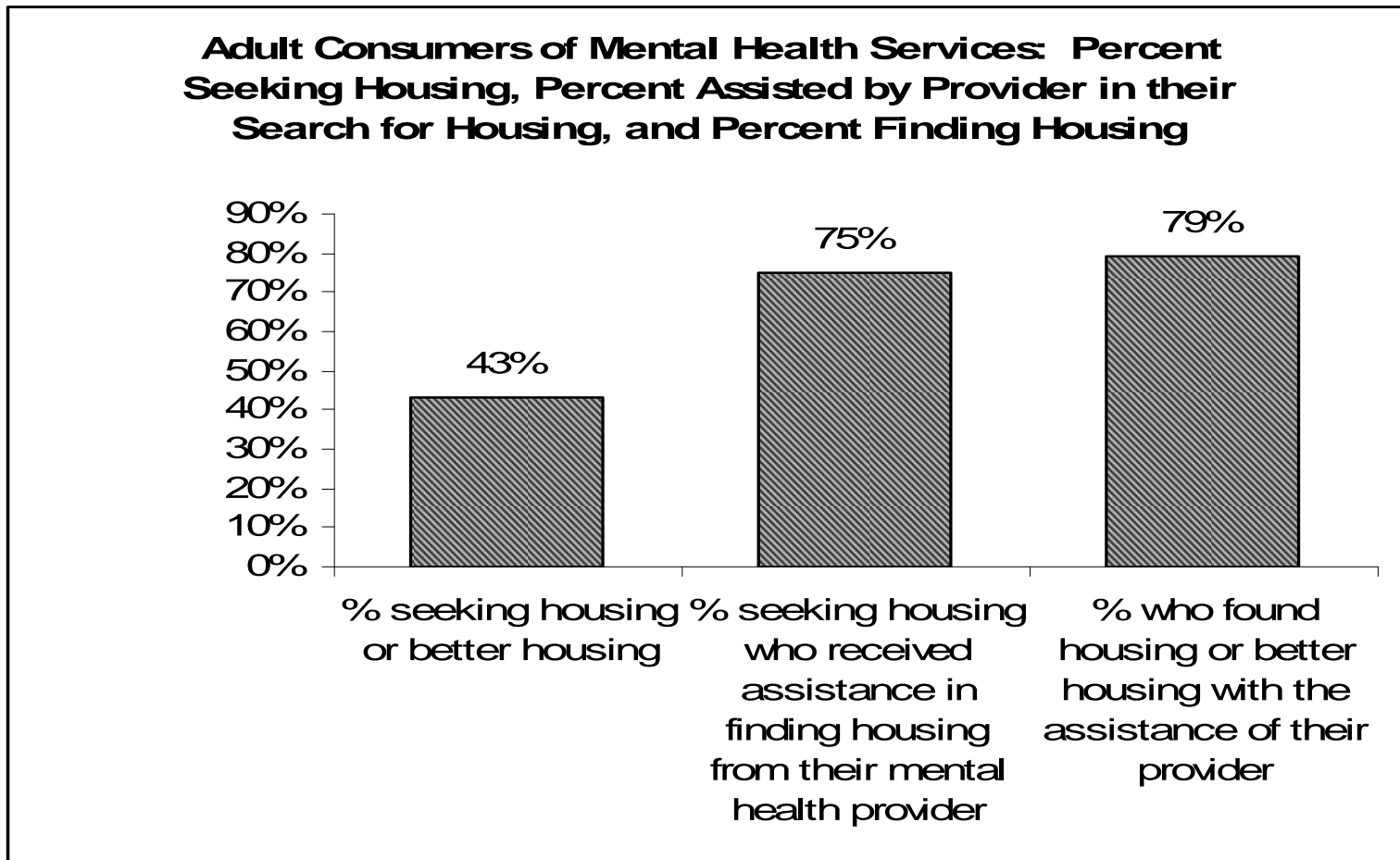
Supported housing

- 2007-2009 legislative investment: \$1.0 million
- Service allows people to live independently with supports necessary for success in permanent housing of their choice

Case management

- 2007-2009 legislative investment: \$2.0 million
- The additional funds were used by counties to improve caseload ratios, allowing more people to be served

Supported housing services: Outcomes



Afro-centric services

- 2007-2009 legislative investment: \$1 million
- Funding was provided for community outreach and direct clinical services aimed at the African and African-American community in Portland
- 266 new clients have been served who would not otherwise have received services
- Outreach and education efforts have reached more than 380 individuals

Housing

- During 2007-2009 AMH initiated additional residential development projects to provide housing resources for individuals transitioning from institutional and homelessness, and to create additional housing opportunities for people
- Since 1989 AMH has partnered to develop the capacity to serve 1,294 individuals in 28 counties
- The state's investment for 2007-2009 has leveraged a range of \$15 to \$38 for each dollar invested

State-delivered community-based secure residential treatment programs

In order to provide services for individuals under PSRB jurisdiction who are not easily discharged from Oregon State Hospital, the first state-delivered 16-bed secure residential treatment facility opened in January 2009

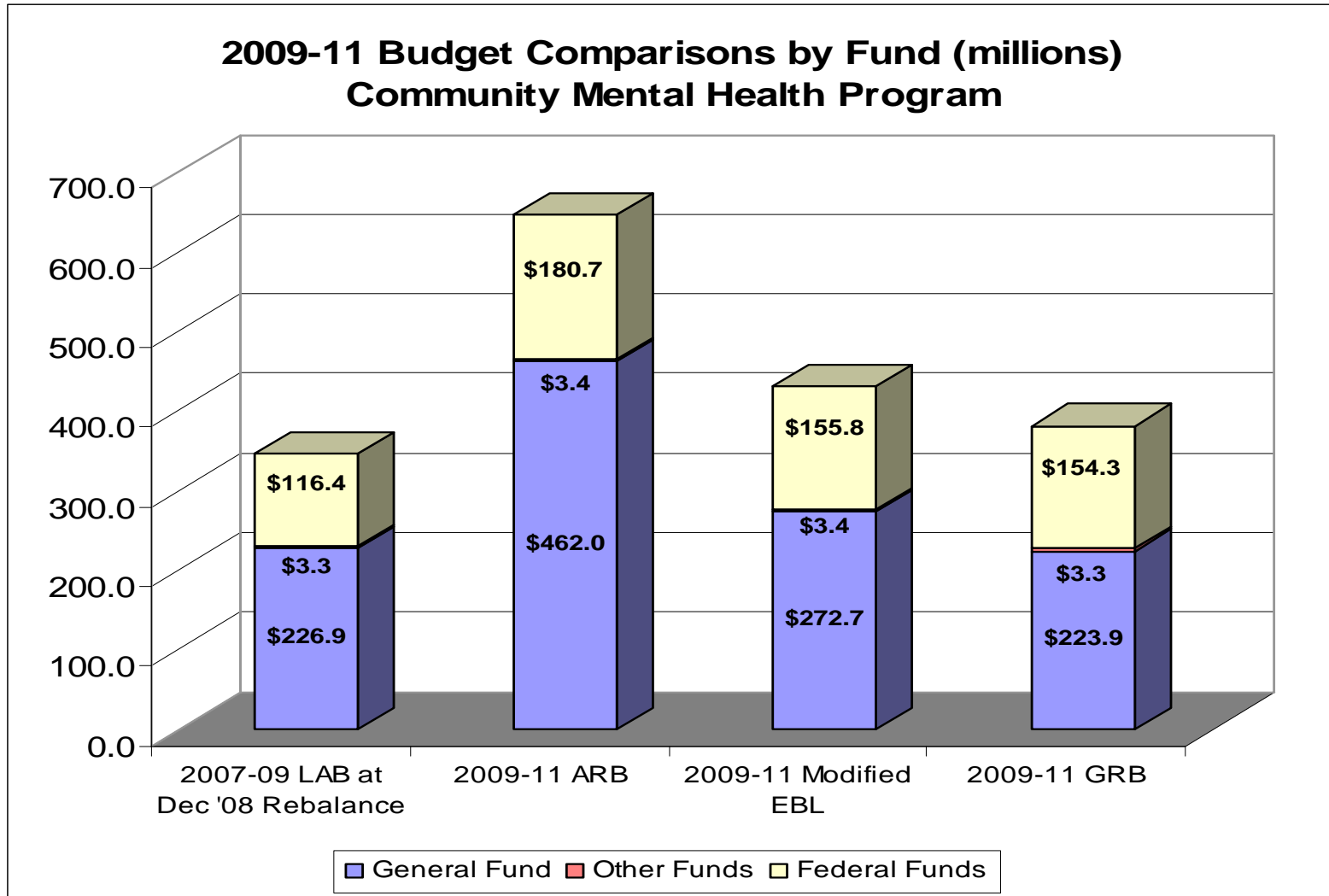
- A full range of counseling, medication, skills training and supports are provided to assist people in making progress toward recovery

Oregon's community mental health system: Challenges

The mental health system lacks the capacity to:

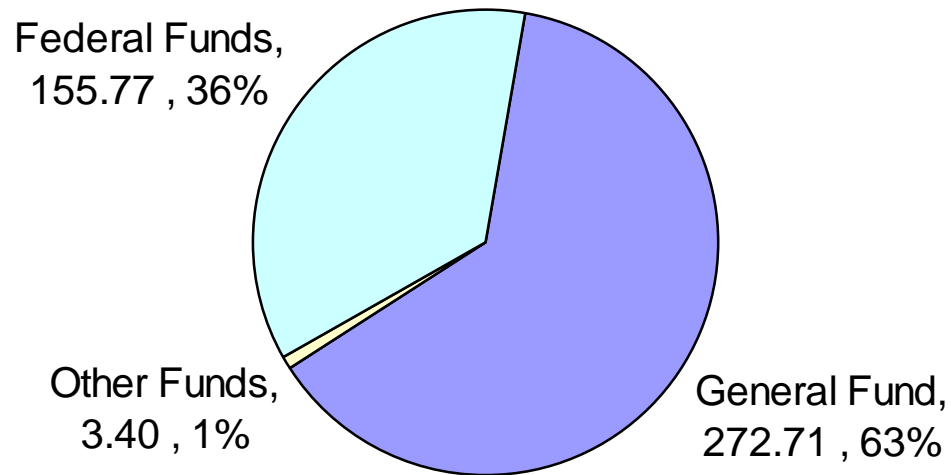
- Provide the necessary array of community services to ensure the success of the new state hospitals
- Fully develop a broad array of peer recovery support services
- Improve access to community-based mental health services for children and their families
- Increase the capacity of communities to provide intensive mental health services
- Provide tele-psychiatry for primary care physicians, especially in rural and frontier communities
- Ensure access to care by increasing payment rates to reflect the cost of providing critical services

2009-2011 budget comparisons by fund type



Budget by fund type at modified EBL: \$431.8 million

Community Mental Health Program



2009-2011 base to modified EBL budget “build”

	General Fund	Lottery Funds	Other Funds	Federal funds	Total Funds	Pos	FTE
Base Budget	232,636,729	-	3,310,231	122,681,677	358,628,637	-	-
Essential Packages:							
Package 010 - Vacancy and Non-PICS PS	-	-	-	-	-		
Package 021 - Phase-in (Roll-up costs)	9,375,063	-	-	11,526,805	20,901,868		
Package 022 - Phase-out (programs, policies, etc)	-	-	-	-	-		
Package 030 - Inflation - cost of goods & svcs	9,184,541	-	92,686	4,340,304	13,617,531		
Package 040 - Mandated Caseload	22,610,661	-	-	11,940,635	34,551,296		
Package 050 - Fund Shifts (Change in FMAP)	(2,789,698)	-	-	2,789,698	-		
Package 060 - Technical Adjustments	1,694,788	-	-	2,888,198	4,582,986		
2009-11 Total Essential Budget Level (EBL)	272,712,084	-	3,402,917	156,167,317	432,282,318	-	-
Package 070 - Revenue Shortfalls	-	-	-	(400,855)	(400,855)		
2009-11 Total Modified EBL	272,712,084	-	3,402,917	155,766,462	431,881,463	-	-

Modified EBL: Key drivers

Package 021 – Phase-in of 2007-2009 POPS and caseload development

- POP 104 – Phase-in of Harmon Settlement capacity (\$4.2 million total funds)
- Caseloads – Roll-up of 2007-2009 development for PSRB, civil and Juvenile PSRB caseloads (\$16.7 million total funds)

Package 030 – Inflation

- Standard inflation at 2.8 percent and enhanced medical inflation at 4.4 percent (\$10 million and \$3.6 million Total Funds, respectively)

Package 040 – Mandatory caseload

- Capacity development for projected caseload growth in PSRB, civil and Juvenile PSRB (\$2.7 million, \$29.2 million and \$2.7 million Total Funds, respectively)

2009-2011 modified EBL to GRB budget “build”

	General Fund	Lottery Funds	Other Funds	Federal funds	Total Funds	Pos	FTE
2009-11 Total Modified EBL	272,712,084	-	3,402,917	155,766,462	431,881,463	-	-
Adjustments to achieve GRB							
Package 081 - June E-board roll-up	-	-	-	-	-	-	-
Package 082 - September E-board roll-up	-	-	-	-	-	-	-
Package 084 - December E-board roll-up	-	-	-	-	-	-	-
Package 090 - Reductions	(48,813,245)	-	(92,686)	(1,469,997)	(50,375,928)	-	-
Governor's Recommended Budget	223,898,839	-	3,310,231	154,296,465	381,505,535	-	-

GRB proposed reductions

Most significant proposed reductions and savings targets

- Eliminate 90 percent of non-Medicaid adult outpatient mental health services (\$28.4 million)
- Cut 50 percent of acute in-patient psychiatric services funding (\$18.1 million)
- Eliminate provider contract COLAs (\$13.6 million)
- Cut supported employment (\$1 million)
- Blue Mountain Recovery Center transition will result in community investment of \$10.8 million for development and placement of approximately 60 patients

Challenges in the community mental health budget

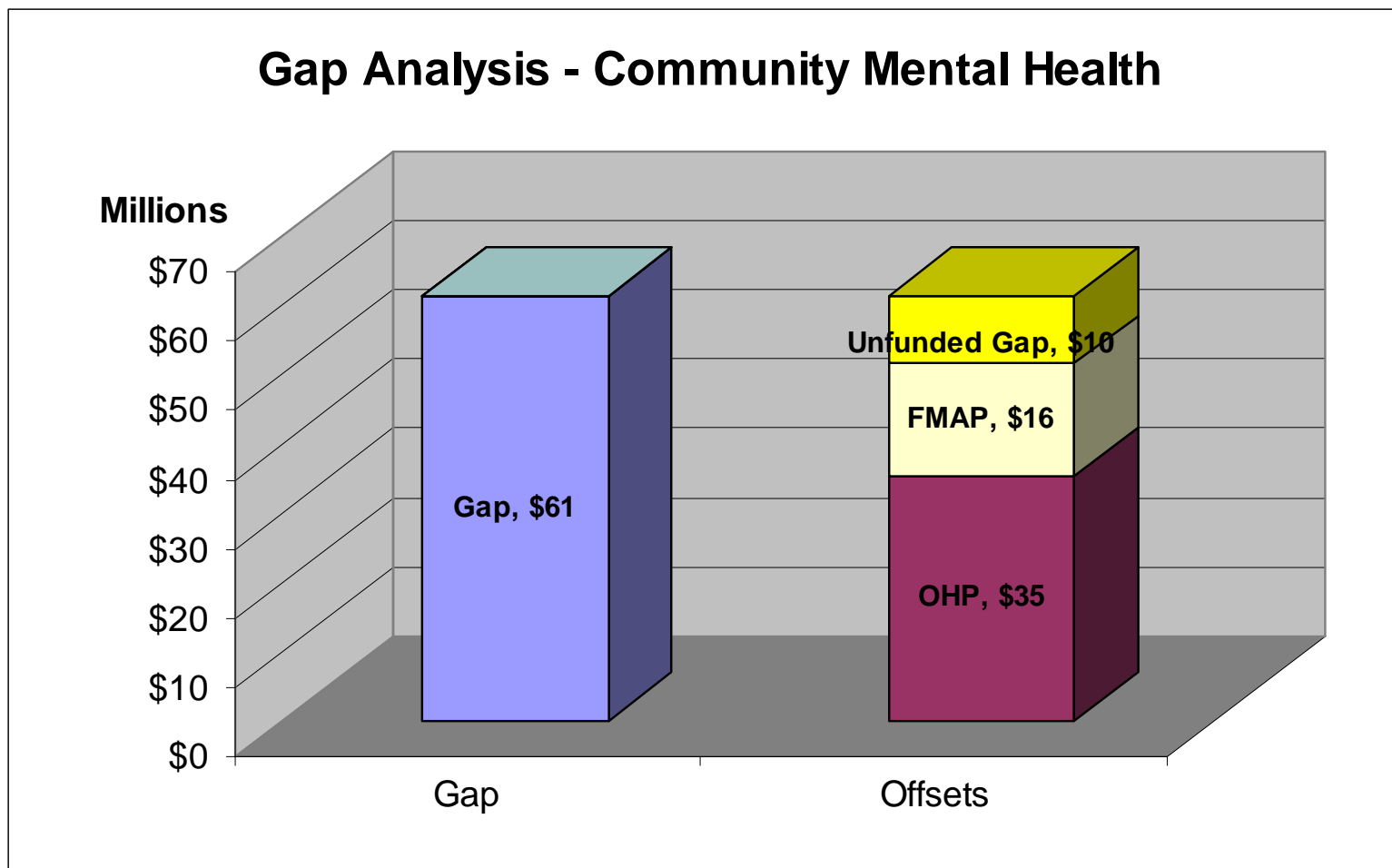
- Prior to 2007-2009 there were limited investments in treatment for people who were not eligible for Medicaid
- Investments in adult system since 1999-2001 have been focused on people DHS is mandated to treat due to civil or criminal justice involvement
 - Leads to unbalanced system
 - Funds available for services for people who are determined to be dangerous to themselves or others or who are treated until able to aid and assist in their defense or who have been found guilty except for insanity
- Community system meets just 46 percent of adults' needs and 33 percent of children's needs

Estimated potential offsets to reductions

The following may provide some relief/offset to reduced funding:

- Expansion of Oregon Health Plan Standard
 - Estimates indicate potential \$35 million cost shift to the plan for community mental health treatment, based upon proposed phase-in of new eligible clients and rates under the expanded OHP Standard
- Federal stimulus package
 - Estimates tied to increase in the FMAP rate: \$16 million

Community mental health outpatient and acute care services: Net gap view



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