

Assessment and evaluation of the adult mental health system in Oregon

Public Consulting Group
Oregon Department of Human Services
Addictions and Mental Health Division

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Presentation overview

- Purpose of the assessment of Oregon's adult mental health system
- Process and overview of report and findings
 - Marc Staublely and Arthur Lerman, PCG
- Recommendations and DHS/AMH response
 - Richard Harris, Interim DHS Assistant Director for AMH

Purpose of the assessment

- Project direction:
 - The 2008 Oregon Legislative Assembly directed DHS to conduct an assessment and evaluation of the adult community mental health care delivery system

Purpose of the assessment

- Project objectives:
 - To provide an overview of current mental health programs, services and regulations
 - To complete analyses of investments, strengths and weaknesses, and gaps
- Project outcomes:
 - To present recommendations for improvements to the state and community adult mental health care delivery system in Oregon

Introduction

- Public Consulting Group (PCG):
 - A national management consulting firm that offers state and county governments strategic and operational services in the areas of health care and education:
 - Research
 - Strategic planning
 - Policy development
 - Founded in 1986
 - Has broad experience in the field of behavioral health

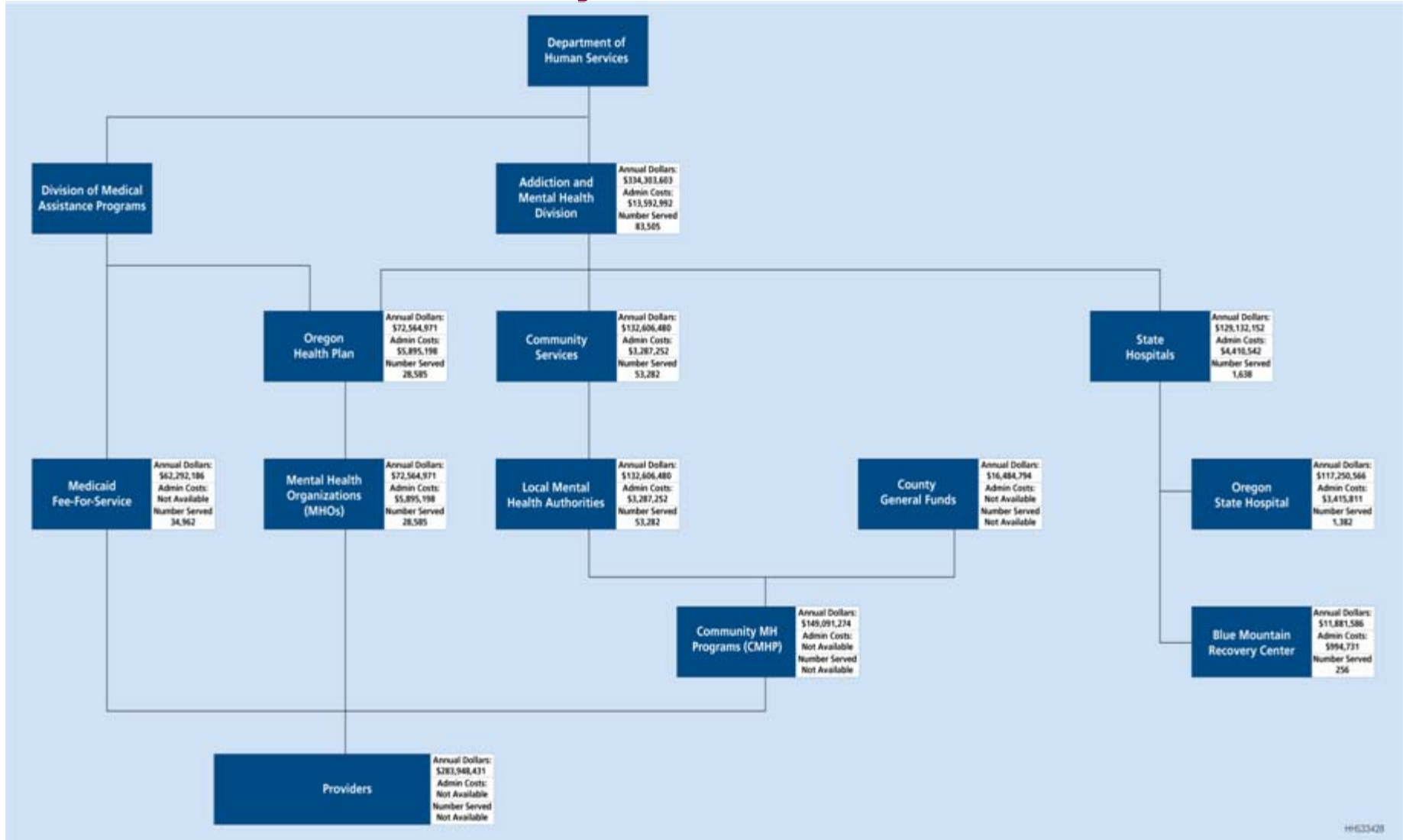
Study process

- Numerous meetings and interviews with stakeholder groups
 - Consumers
 - Advocates
 - Providers
 - Community mental health programs
 - Mental health organizations
 - Hospitals
 - County officials
 - State agency staff (within and outside of DHS)
- Analysis of data
 - From multiple sources

Adult mental health system

- DHS-funded adult mental health services
 - Oregon Health Plan mental health services (Medicaid) through mental health organizations
 - Medicaid fee-for-service mental health drug program and Medicaid FFS non-MHO adult mental health services
 - Community mental health services through local mental health authorities (non-Medicaid)
 - State psychiatric hospitals

Adult mental health system



Adult mental health system

- DHS partners with:
 - Psychiatric Security Review Board for individuals under PSRB's jurisdiction
 - Community mental health programs
 - Providers
 - Consumers and families

Adult mental health system

- Other Oregon agencies provide mental health services:
 - Department of Corrections
 - 41 percent of inmates have a mental illness diagnosis
 - Department of Veterans Affairs
 - Many veterans need supports
 - Military Department
 - Public Safety
 - Nearly 9 percent of individuals incarcerated have a serious mental illness diagnosis
- U.S. Department of Veterans Affairs

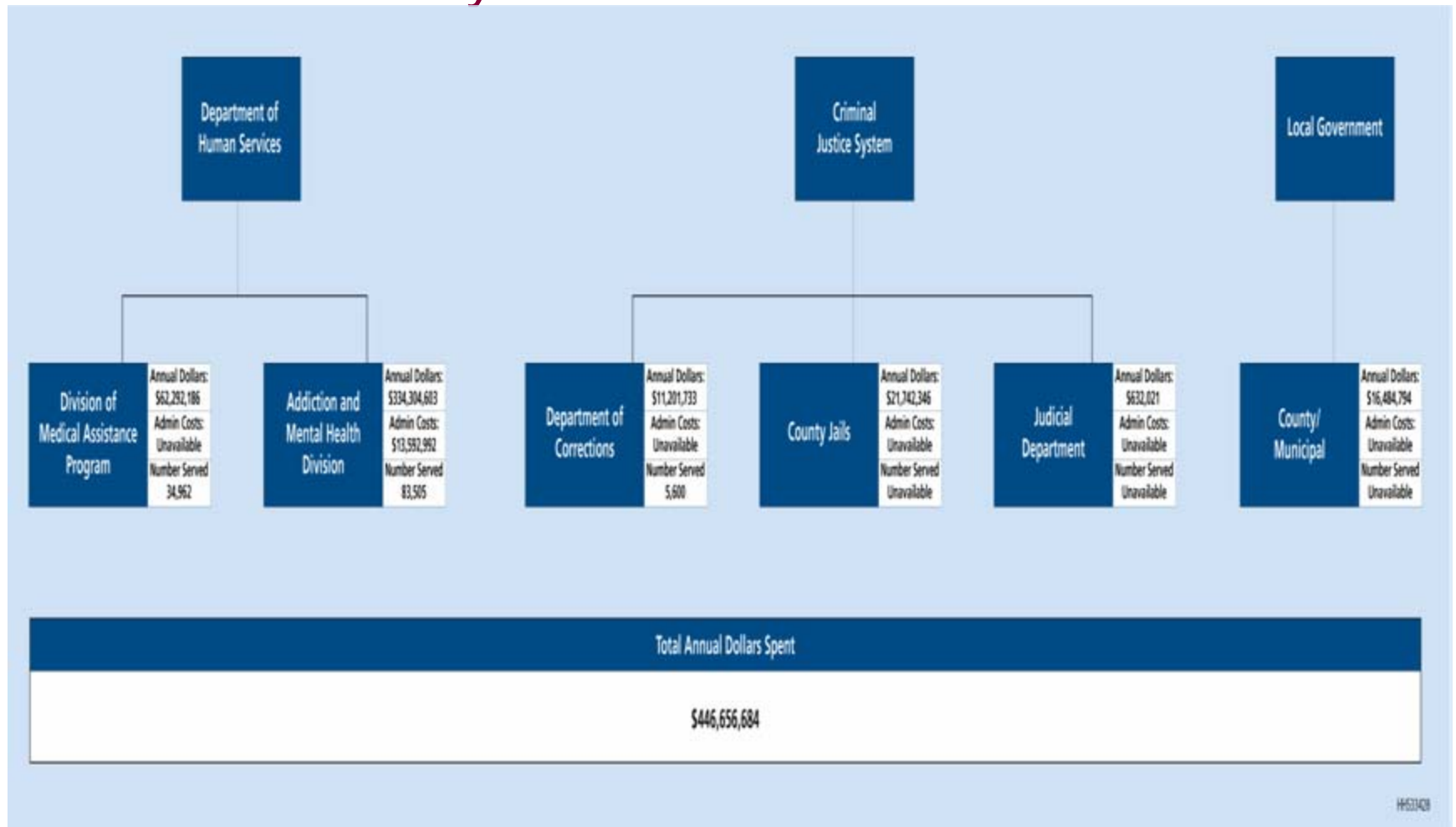
Gap analysis

- Approximately 5.4 percent of Oregonians are estimated to have a serious mental illness
- Approximately 15,500 individuals have a serious mental illness and are neither covered by insurance nor receive mental health services through any state programs, including OHP
- Numerous studies have documented the under-funding of the community mental health system:
 - The Community Services Workgroup Report for the Oregon State Hospital Master Plan (Fall 2008) estimates under-funding at \$579 million biennially

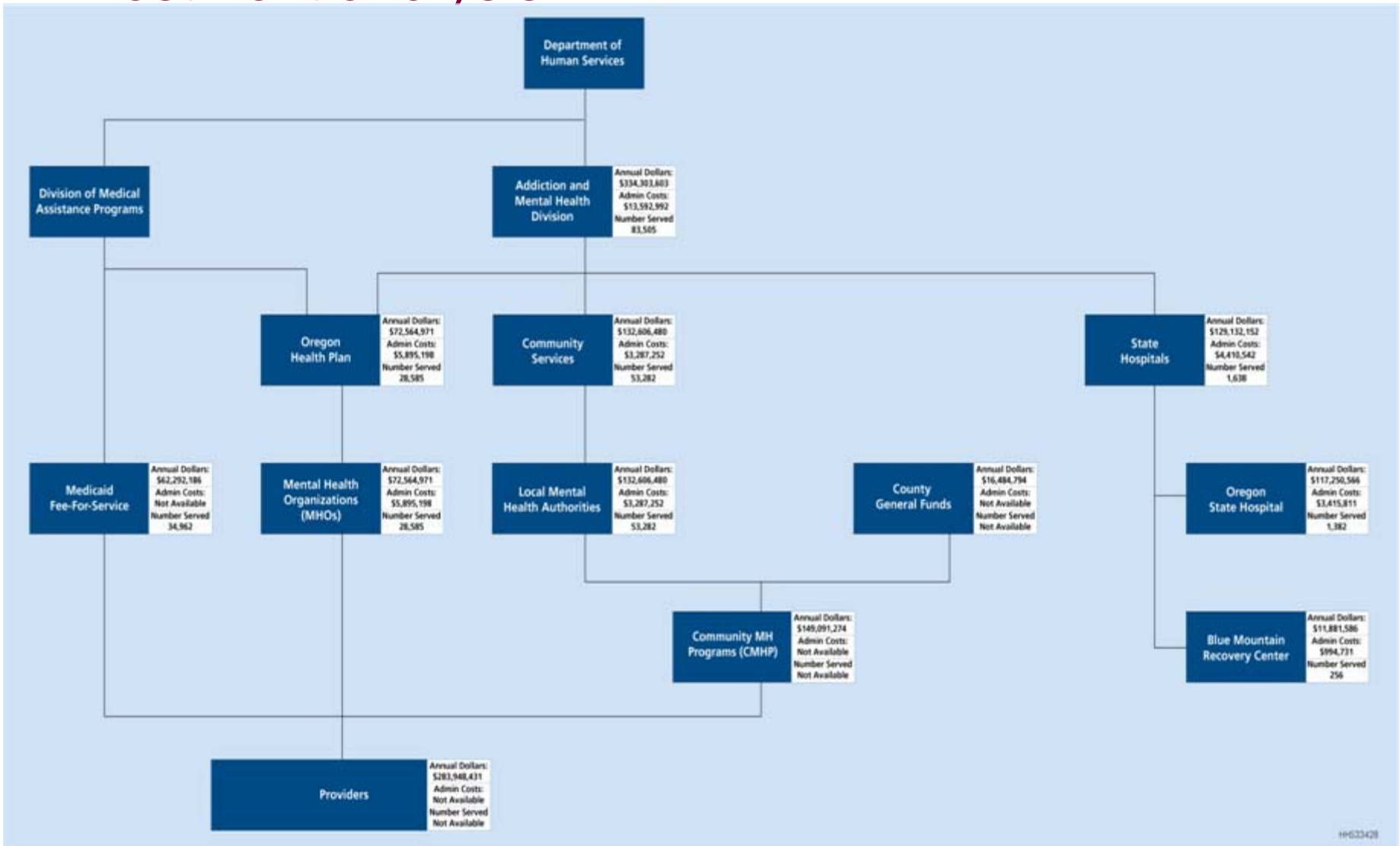
Investment analysis

- Oregon annually invests approximately \$447 million federal, state and local dollars in adult mental health services
- Funds include dollars from DHS, the criminal justice system and local governments
- Funding for adult mental health services is derived from a variety of revenue streams:
 - Federal Financial Participation (FFP) in the state Medicaid program
 - Federal grant dollars such as the Community Mental Health Block Grant
 - State-appropriated funds
 - County-appropriated funds

Investment analysis



Investment analysis



Strengths and weaknesses analysis

- Access and availability
 - Many Oregon residents do have access to mental health services
 - The mental health system in Oregon does not meet the needs of all of the state's residents
 - Limitations in available funding, service providers and barriers created by geography, cultural and ethnic differences inhibit access to services
 - For those not covered by OHP, financial barriers significantly increase the difficulty in obtaining needed services

Strengths and weaknesses analysis

- Coordination
 - Regionalization in the MHO system is useful and effective
 - There is a lack of a unified vision of a statewide system and what should be included in the system

Strengths and weaknesses analysis

- Cost effectiveness
 - Services are provided at reasonable costs
 - Due to lack of preventive and maintenance services individuals often access higher-cost services:
 - Emergency departments
 - Acute care hospitals
 - State psychiatric hospitals

Strengths and weaknesses analysis

- Quality assurance
 - Reporting systems track and monitor the quality of services
 - Evidenced-based practices widely accepted
 - There is a lack of funding to improve and expand systems for quality improvement
 - Monitoring performance and outcomes is limited by antiquated data systems

Recommendation 1

- PCG: Oregon should establish a regional approach and contract with regional authorities for the delivery of mental health care services
 - The regional entity would be responsible for both Medicaid and non-Medicaid services
- DHS: Regionalization has great potential
 - Already exists in some areas of the state and within the children's mental health system
 - Business practices can be refined and updated to regionalize without losing importance of local planning and meeting statutory requirements

Recommendation 2

- PCG: The emphasis in mental health programs and funding priorities must be on increasing access to and strengthening community supports including prevention and early engagement
- DHS: AMH agrees with this recommendation
 - AMH convened the Community Services Workgroup during 2006-2007, which helped define the necessary components of a community system of care
 - Legislative funding of early intervention services in seven programs is showing possible early outcomes such as lower levels of hospitalization

Recommendation 3

- PCG: Oregon needs to define the System of Care model it is committed to implementing
- DHS: Oregon has a definition of a system of care
 - Defined in the:
 - Mental Health Realignment Workgroup Report
 - Community Services Workgroup Report (see handout)

Recommendation 4

- PCG: Coordination of efforts among DHS, DOC, the criminal justice system and the public safety system needs to be strengthened at the state and local levels
- DHS: DHS partners with other state agencies, but can and should continue to do better

Recommendation 5

- PCG: The mental health needs of underserved populations should receive more attention (especially seniors, people with disabilities, and members of cultural and ethnic groups)
- DHS: AMH has invested time and energy into developing services for special-needs populations:
 - Enhanced care facilities for seniors
 - Afro-Centric Mental Health Center funding by 2007 Legislature
- DHS: AMH proposed additional strategies to serve the Hispanic population

Recommendation 6

- PCG: DHS should interface with the reintegration efforts of the Oregon National Guard and the U.S. Veterans Administration (VA) in meeting the needs of returning veterans
- DHS: AMH has had discussions with these agencies
 - VA and the U.S. Department of Defense have primary funding and programmatic responsibility for returning veterans
 - AMH's provider system already serves veterans in current programs

Recommendation 7

- PCG: Funding needs to be increased for housing and supportive employment and education programs for individuals with mental illness
- DHS: AMH agrees with this recommendation
 - Proposals for these programs and services were included in the Agency Request Budget

Recommendation 8

- PCG: The availability of community residential treatment programs needs to be increased
- DHS: AMH is not sure this is accurate; a full continuum of housing supports needs to be fostered
 - Residential facilities should be seen as one part of the continuum, not an end placement
 - Individuals should be fully integrated into the community and living in their own homes with appropriate supports whenever possible
 - If there were appropriate supports and services, additional residential capacity might not be needed

Recommendation 9

- PCG: The integration of physical and behavioral health needs increased emphasis
- DHS: DHS is moving forward with integration
 - There is a high level of attention on this issue
 - SB 156 was introduced at the request of the department

Recommendation 10

- PCG: AMH needs additional funding in order to take the lead in creating greater accountability and transparency within the mental health care delivery system
- DHS: AMH has started the development of a more transparent system through the Web and providing information to stakeholders
 - 30-year-old data systems are a major barrier to having access to real-time data about the programs and services provided

Recommendation 11

- PCG: DHS needs to develop a data management system that provides accurate, timely and insightful information to make informed management decisions
- DHS: AMH agrees, but notes that additional funding and resources are needed
 - Behavioral Health Integration Program will start the process at the state hospitals, but additional funding is needed to implement this at the community level

Recommendation 12

- PCG: The program to promote evidence-based practices (EBP) in mental health services should be reviewed
 - Oregon is a national leader in the area of EBP
 - Now is an appropriate time to review, reassess and refine the EBP program
- DHS: AMH has started a review process of EBP policies and practices

DHS/AMH response

- DHS and AMH see the report and recommendations as a call to action
- AMH is already making progress:
 - Instituted a new process for developing residential placement
 - Started coordinating with other state agencies

Need for mental health services

Age/ Category	In need of public services	People served in public system	Percent of need met
Addictions			
17 & under	26,765	6,635	25%
Over 17	235,516	56,138	24%
Mental Health			
17 & under	105,306	34,617	33%
Over 17	154,867	71,204	46%
Problem Gambling			
All	76,839	4,743	6%

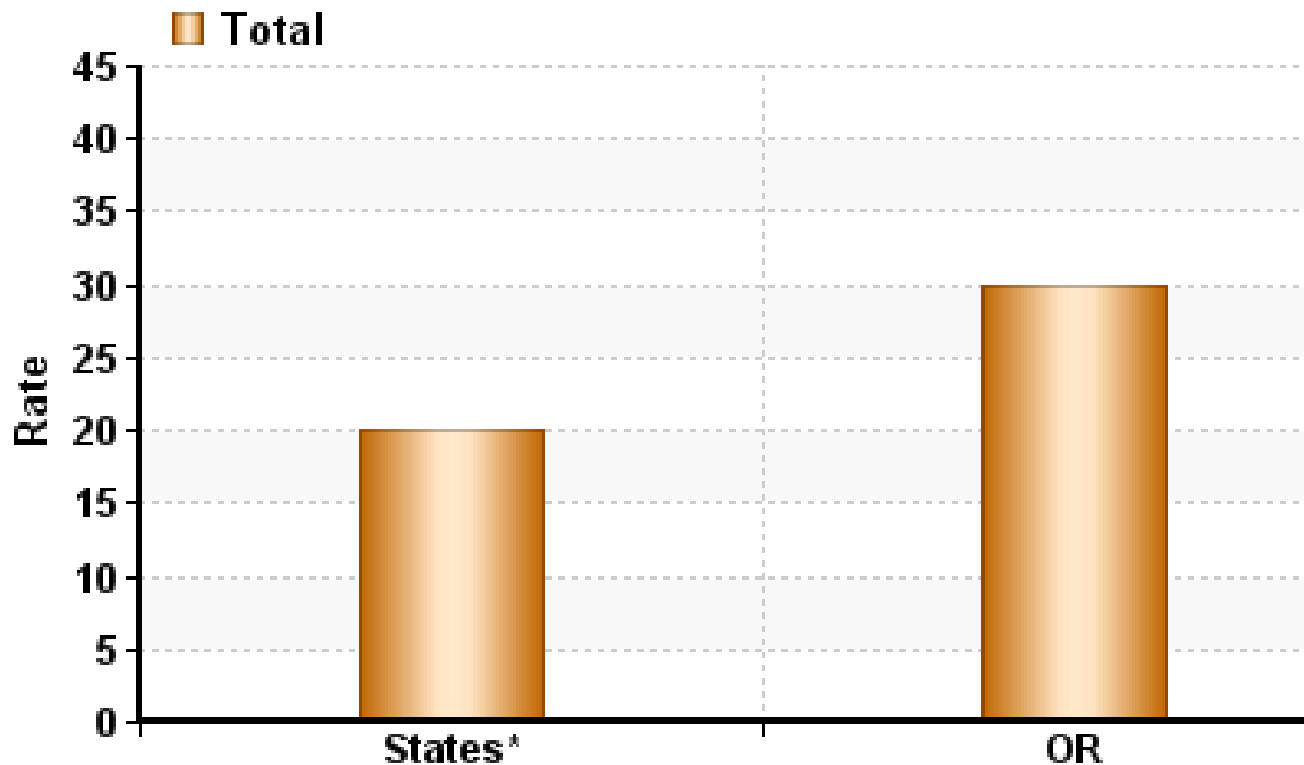
Data clarification

- PCG report tries to compare Oregon's spending to other states
 - 15th in the country in per capita funding
- Comparisons are difficult because:
 - States have different systems and funding mechanisms
 - Oregon relies heavily on OHP to fund mental health and other states may not report Medicaid
 - Other states do not have a forensic program similar to Oregon's
- Oregon ranks 30th in per capita in state GF spending

Other indicators

- Oregon is:
 - 7th per capita in Medicaid spending
 - 15th per capita in community services spending
 - 22nd per capita in state hospitals spending
 - 34th in cost per patient day at state hospital

Rate of use of mental health services per 1,000



Data Source: SAMSHA - 2006