
Addictions and Mental Health Division (AMH)

AMH Overview
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ADDICTIONS AND MENTAL HEALTH DIVISION

AMH mission and goals

- The mission of AMH is to assist Oregonians to achieve optimum physical, mental and social well being by providing access to health, mental health and addiction services and supports, to meet the needs of adults and children to live, be educated, work and participate in their communities.
- AMH's goals are to:
 - Improve the lifelong health of all Oregonians
 - Improve the quality of life for the people served
 - Increase the availability, utilization and quality of community-based, integrated health care services
 - Reduce the overall health care and societal costs of mental health and addiction through appropriate system investments
 - Increase the effectiveness of the integrated health care delivery system
 - Increase the involvement of individuals and family members in all aspects of health care delivery and planning
 - Increase accountability of the health care system
 - Increase the efficiency and effectiveness of the state administrative infrastructure for health care

Oregon provides

- Services to prevent and/or treat the problems created by addictions, including problem gambling;
- Services to treat major mental illness such as schizophrenia, major depression, bipolar disorder and the disabling effects of childhood trauma.
- Services provided include:
 - Acute care treatment
 - Outpatient treatment
 - Residential treatment
 - Detoxification
 - Case management
 - Supportive housing
 - Supportive employment
 - Peer- and family-delivered supports

How services are delivered

- The Addictions and Mental Health Division funds services for more than 161,000 people each year through contracts with:
 - 32 community mental health programs covering 36 counties
 - Nine mental health organizations covering the entire state
 - Two state hospitals
 - Oregon State Hospital – campuses in Salem and Portland
 - Blue Mountain Recovery Center – Pendleton
- Of the total number served, 1,400 are served in the state hospitals.

Need for addictions and mental health services

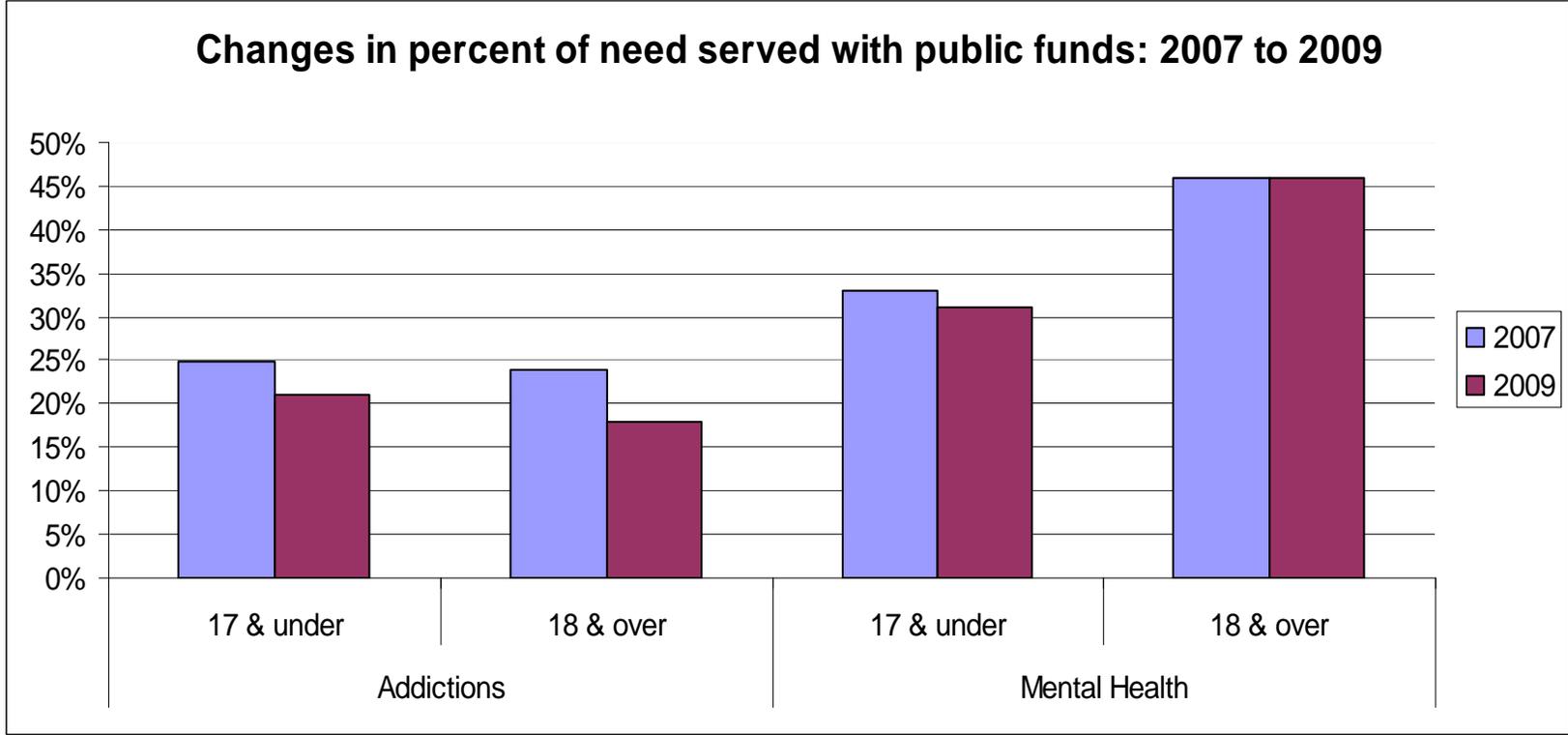
Age/Category	In need of services	People served in public system	% of need met through public system
Addiction			
17 & younger	27,592	5,663	21%
18 & older	273,895	48,445	18%
Mental Health			
17 & younger	106,124	33,243	31%
18 & older	156,962	72,207	46%
Problem Gambling			
All ages	77,486	1,756	2%

February 2011

Calendar Year 2009

Addictions and Mental Health Division





Oregon State Hospital

The Oregon State Hospital provides psychiatric treatment for people

- who suffer from severe and persistent mental illness
- whose needs are best met in an institutional setting

Civil commitments

Danger to themselves or others

- Adult treatment services
Portland campus
- Neuro/geriatric/medical
Salem campus

Forensic commitments

Court system

- Guilty except for insanity
Psychiatric Security Review Board
- Aid and assist
Competency to stand trial

Oregon State Hospital census

As of Feb. 9, 2011

2010 Census

Adult treatment (Portland) & neuro/gero/medical (combined)	153	26%	332	29%
Forensic – Guilty except for insanity	344	58%	435	38%
Forensic - Aid & assist	93	16%	382	33%
Total census	590	100%	1,149	100%

Achievements

- Centralized treatment malls
- Opened the first living units of new hospital
- Significant reductions in seclusion and restraint, aggression and self harm
- Culture change – Excellence Project
- Streamlined hiring process, reduced vacancies
- Advisory board, as requested by Legislature
- New leadership
 - new superintendent with proven track record
 - Chief of medicine
 - “Right-sizing” the cabinet

State Hospital annual cost of care

Blue Mountain Recovery Center (Pendleton)	\$251,744
Civil commitment (Portland and Salem)	\$166,484
Geropsychiatric (Salem)	\$233,695
Forensic (Salem)	\$211,926

Data Source: DHS, Institutional Cost of Care Rates, 2009-2010

Est. average cost of care in adult community residential facilities

Secure residential treatment facility	\$172,320
Residential treatment facility	\$67,800
Residential treatment home	\$101,640
Adult foster home	\$26,760

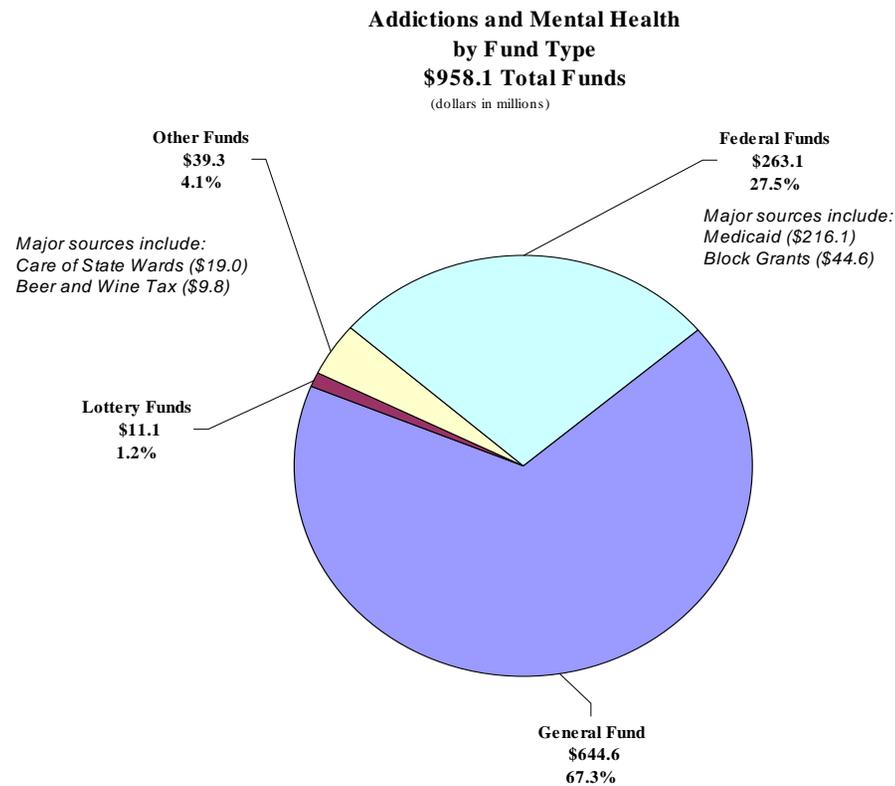
Data Source: RBASE and MMIS

2011-13 Governor's Balanced Budget

	<u>GF/LF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>
2009-11 LAB (Dec 2010 E-Board)	636.74	36.09	283.19	956.02
Less: 2009-11 Governor's Allotment Reductions	(42.00)	-	-	(42.00)
2009-11 Spending level	594.74	36.09	283.19	914.02
One-time money	26.29	-	(26.29)	-
Caseload changes (at current rates)	85.07	3.59	21.99	110.65
Subtotal	706.10	39.68	278.89	1,024.67
Administrative/ Efficiency - OSH	(36.00)	-	(4.80)	(40.80)
Administrative/ Efficiency - CMH	(7.74)	(0.42)	(5.87)	(14.03)
Benefit Reduction	(6.58)	-	(5.11)	(11.69)
*2011-13 GBB	655.78	39.26	263.11	958.15

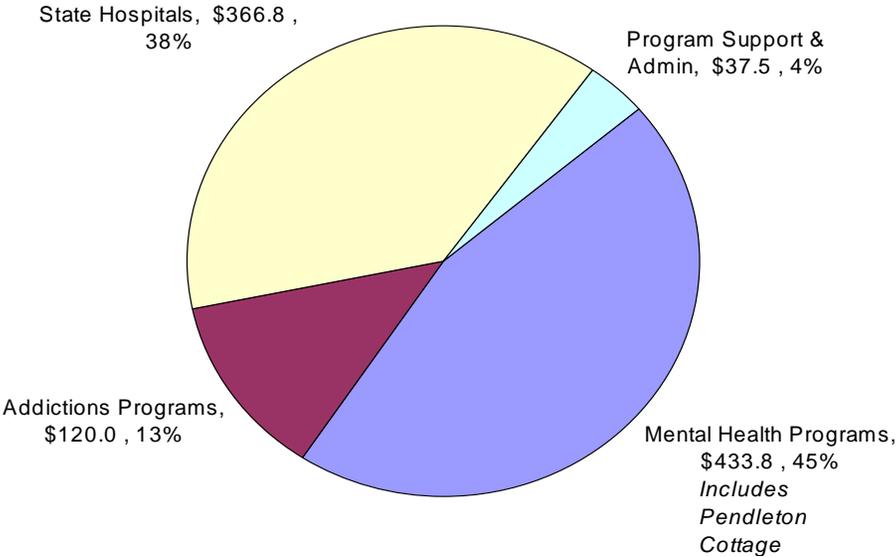
* Adjusted to correct errors in ORBITS system.

Governor's Balanced Budget by fund



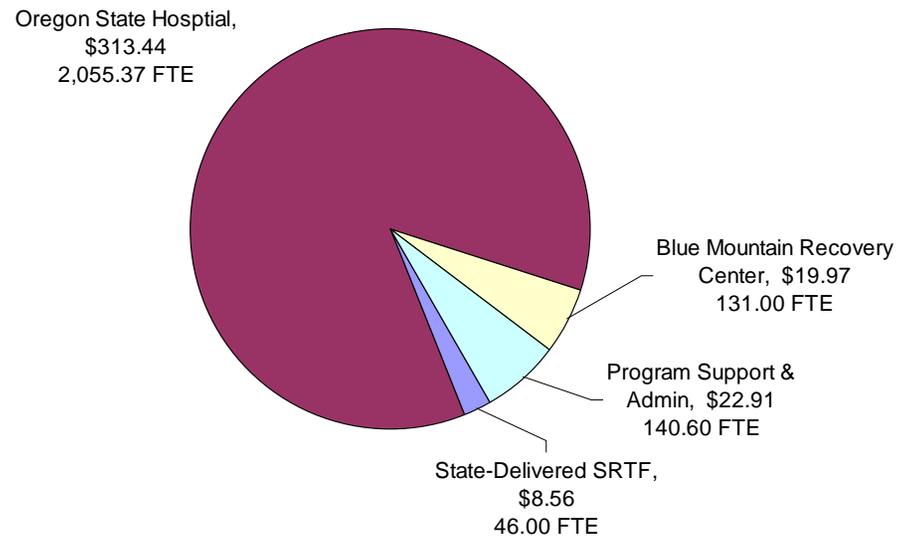
Governor's Balanced Budget by program

**Addictions and Mental Health
by Fund Type
\$958.1 Total Funds**
(dollars in millions)



Personal Services and FTE by program

**Addictions and Mental Health
Personal Services
\$364.88 Total Funds
2,372.97 FTE**
(dollars in millions)



System opportunities with Governor's Balanced Budget funding

- Full integration of addiction and mental health treatment and supports with physical health, dental care and long-term care;
- System of regionally managed and accountable services and supports;
- Improved access to cost-effective services and supports that work and are consumer-driven;
- Options to intervene earlier in these disorders and to increase the use of cost-effective alternative strategies such as community crisis centers, peer-delivered supports and family navigators.

Addiction services to reduce costs in child welfare

Intensive Treatment and Recovery Services

ITRS was funded by the 2007 Legislature to serve families affected by addiction. Its aim is to keep together or reunite families with children in foster care due to family substance abuse. This is accomplished by providing residential treatment, regular and intensive outpatient treatment, case management and clean-and-sober housing options.

- As of February 2011:
 - 1,803 children have been reunited with their parents who used services, providing a cost-offset to foster care of \$1.7 million per month.
 - More than 53 percent of children whose parents are or were involved in treatment are living safely with their parents.
 - More than 5,300 parents have used these services, and 1,700 are still enrolled today.

Oregon Alcohol and Drug Policy Commission

The Alcohol and Drug Policy Commission, created by statute during the 2009 legislative session, is charged with developing a blueprint for funding and effective delivery of alcohol and drug treatment and prevention services in Oregon. This includes:

- A strategy for organizing and delivering state-funded treatment and prevention services;
- Funding priorities for treatment and prevention services;
- Strategies to maximize accountability and measure performance of treatment and prevention services;
- Methods for standardizing data collection and reporting;
- A policy and funding strategy that supports a consolidated treatment and prevention system, reducing fragmentation in the delivery of services;
- A plan for sustaining focus and leadership on alcohol and drug services and for building a lasting constituency for continuing effective state action;
- A plan for evaluating the state action based on the "blueprint" in future years/biennia.

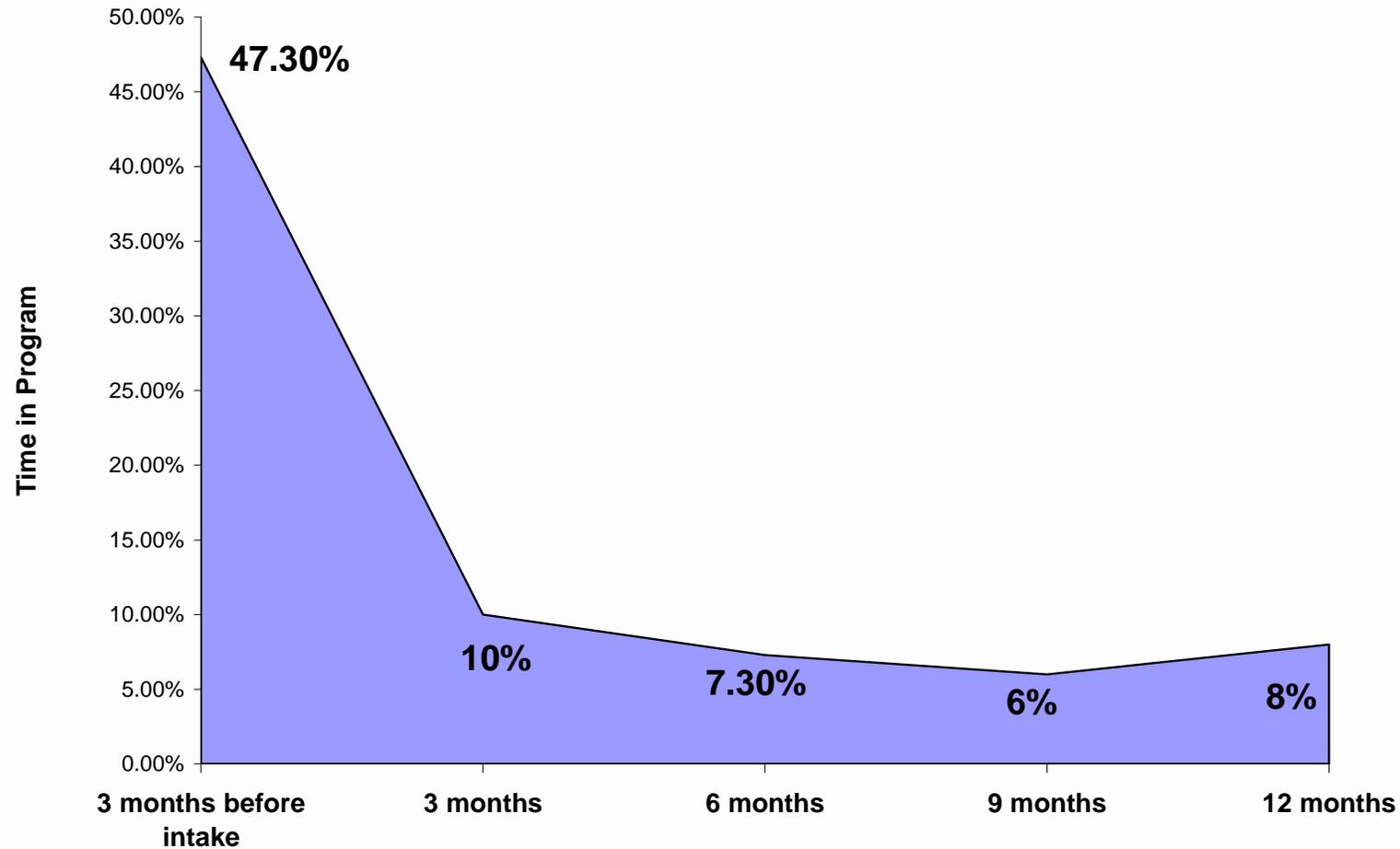
Community mental health innovations

Early Assessment and Support Alliance

The Early Assessment and Support Alliance (EASA) initiative identifies people in the early stages of schizophrenia and other psychotic disorders and ensures they and their families have the proper resources to effectively deal with the illness.

- From January 2008 through December 2010
 - 1,200 referrals were made to the programs
 - 425 individuals and families were accepted into ongoing services
 - The remaining 775 received case management and tertiary services
 - 28% of those served are under age 18
- Outcomes include
 - Increased employment (33% at nine months. vs. 19% at intake) among adults
 - 79% reduction in hospitalizations
 - Dramatic decrease in arrest or incarceration in first three months of service compared with three previous months (13% to 1.9%) among adults

Percent of EASA Clients Hospitalized by Time in Program EASA Clients in Service 12 Months (n=150)



Community mental health innovations

Adult Mental Health Initiative

- The Adult Mental Health Initiative, known as AMHI (“Aim-High”), was launched in September 2010 to promote more effective use of facility-based treatment settings, increase care coordination and accountability, and increase the quality and availability of community-based services and supports so that adults with mental illness are served in the least restrictive environment possible.
- The MHOs have helped
 - **127** individuals transition from the state hospitals
 - **100** individuals transition from licensed facilities
 - **26** diverted from the state hospitals
- Of the 253 people
 - **146** transitioned to independent living
 - **107** transitioned to licensed facilities
- AMHI does not include individuals who are
 - Under PSRB jurisdiction
 - Eligible for SPD services

Integrated Management Service Demonstrations

- A 2009 budget note directed OHA to develop two or three demonstration projects bringing together local providers and authorities to develop an integrated management and service delivery system including physical health and addictions and mental health treatment and recovery services by June 30, 2011.
- Two projects now are under way in Central Oregon and Northeast Oregon.