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## **Oregon Health Authority Addictions and Mental Health Division Adult Mental Health Initiative – Funding Summary**

The Addictions and Mental Health (AMH) division together with consumers, Oregon’s Mental Health Organizations (MHO), Community Mental Health Programs, providers and others have embarked on an ambitious initiative that will change the way adult mental health services are delivered in Oregon. The Adult Mental Health Initiative known as AMHI (“Aim-High”) is designed to ensure that the right types of services are delivered at the right time to adults with mental illness.

Currently, too many Oregonians living with mental illness spend too much time in the wrong level of care and cannot access services that could help them become even more independent. Part of the challenge is community-based long-term care services are separate and uncoordinated from the majority of community-based services and supports for Oregonians with serious mental illness. Therefore there are limited incentives to assist individuals in moving to the least restrictive setting possible.

A key strategy for this project is to transfer responsibility for managing residential services to the MHOs including managing the system for those individuals who are not Medicaid eligible. The goal in partnering with MHOs is to improve coordination and community responsibility for adult mental health services at all levels of care in the system. It is also designed to increase the availability and quality of individualized community-based services and supports so adults with mental illness are served in the least restrictive environment appropriate for their needs.

Currently, AMH is planning for three distinct phases over two and a half biennia. Phase I became operational on September 1, 2010 with contract changes with the MHOs. AMH has provided the MHOs \$9.3 million in funding for the 2009-2011 biennium. With these funds added to the existing payments received for OHP members, the MHOs are expected to help a minimum of 331 individuals transition from the state hospital to appropriate settings and services or to assist the individuals in transitioning from licensed 24/7 settings to independence. Each MHO has specific performance targets to meet by June 30, 2010 with a portion of their funds tied to meeting their performance targets.

The funding provided to the MHOs was traditionally used to develop licensed 24/7 settings such as residential treatment facilities. Now these funds will help

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individuals transition to the appropriate services, settings and supports that meet their needs. The MHOs will actively engage with individuals to help them transition from the state hospitals and between different levels of care, regardless of their Medicaid eligibility. The MHOs can offer Supported Housing, Rental Assistance, Exceptional Needs Care Coordination, Transition Planning and Management, Supported Employment, and Assertive Community Treatment services with the funding provided.