Addictions and Mental Health
Governor’s Budget 2015- 2017

Presented to the Human Services Legislative Subcommittee
On Ways and Means
March 17, 2015

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AMH Director
The need for behavioral health services

• **One in 20** (163,938) adults have serious mental illness

• From 2000 to 2012, **4,182** Oregonians died from drug overdose

• **Twenty-one percent** of adults have some form of mental illness

• **One in 10** (303,000) adults have alcohol or drug dependence/abuse

• Cost to Oregon is **$5.93 billion/year economic impact** for untreated substance abuse
The need for behavioral health services

- **One in 10** (48,000) children have serious emotional disorders

- **One in eight** youth (36,000) misuse or abuse drugs

- During the last year, **283,000** Oregonians aged 12 and older misused alcohol

- **Two** Oregonians die every day by suicide
Treatment works. People recover.

Up to 90% of people being treated recover

Mental health treatments work

80% bipolar
70% Major depression, panic disorder, OCD
60% Schizophrenia

These success rates are comparable to those for physical health care.

70-80% asthma and diabetes
60-70% cardiovascular disease
41-52% heart disease

Source: National Council for Behavioral Health, Mental Health First Aid
AMH mission

• Assist Oregonians to achieve optimum physical, mental and social well-being through health care integration

• Provide access to health, mental health and addiction services and supports

• Meet the needs of adults and children to live, be educated, work and participate in their communities
2015-17 AMH Organization Structure

Lynne Saxton
Director

AMH Director

Oregon State Hospitals

AMH Deputy Director

Office of Consumer Activities

Behavioral Health Programs
- Addictions Prevention & Treatment
- Child/Adolescent Mental Health
- Adult Mental Health
- Residential Programs and Services

Behavioral Health Policy & Project Management

Contracts & Operations

Quality Management
- Licensing & Certification
- Quality Improvement
- Technical Business Operations

Program Support

2,398 Positions / 2,396.39 FTE
How funding turns into services

Medicaid funding

Oregon Health Plan

Coordinated care organizations

State and other Federal Funds

Addictions and Mental Health

Community programs

Providers

Behavioral health care for Oregonians
Who covers what

**Oregon Health Plan**
- Diagnostic evaluation
- Psychological testing
- Psychotherapy
- Family therapy
- Group therapy
- Alcohol and drug treatment
- Residential treatment
- Assertive community treatment
- Respite
- Supported employment
- Home-based services
- Smoking cessation
- Activity therapies

**AMH**
- Prevention
- Early identification and intervention
- Community treatment
- Crisis services
- Recovery support
- Housing support
Jessie is a 35-year-old single mom of two with a minimum wage job, diagnosed with bipolar disorder, PTSD and episodic alcohol and prescription drug use. She and the kids live with relatives or friends.

**Medicaid**
- Medication/psychiatry
- Family therapy
- Primary care

**AMH**
- Rental assistance
- Mobile crisis
- Residential room and board
- Parent-child interaction therapy
- ATR (Access to Recovery)
Prevention
Prevention

• **Alcohol and drugs**
  – mORe, statewide program to reduce underage drinking
  – Substance abuse prevention and treatment programs in 36 counties and nine tribes addressing local priorities and needs

• **Problem gambling**
  – Prevention efforts in every county using lottery funds
  – Counties and tribes received $300,000
  – Annual Problem Gambling Awareness Calendar

• **Tobacco**
  – Annual tobacco retailer inspections – sales to minors
  – Merchant education, training and technical assistance
Most Oregon parents, 98%, agreed that they should talk to their children about alcohol use on a regular basis, not just once or twice.

Engage. They want more.

Oregon Positive Community Norms Parent Survey, 2014
Prevention

Mental health promotion and prevention programs

- **Parent-child interaction therapy (PCIT)**
  Parenting coaching to interrupt behavior disorders, improve school outcomes and prevent later criminal involvement

- **Mental health first aid**
  In-person training that teaches how to help people who are developing a mental illness or in a crisis
Early identification and intervention
Early identification and intervention

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
  Used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs

- **Young adult community hubs**
  Outreach to young adults need outreach and peer supports to remain engaged in services

- **Adverse childhood experiences (ACEs)**

- **Early Assessment and Support Alliance (EASA)**
  Early identification and treatment of psychotic disorders
Community treatment
Community treatment

- Acute psychiatric care
- Tribal behavioral health programs
- Medication-assisted treatment (MAT)
  - Methadone
  - Buprenorphine
- Access to Recovery
- Driving under the influence
Community treatment

• **Adult Mental Health Initiative (AMHI)**
  Helps adults with mental illness live in the most integrated setting possible

• **Residential – mental health**
  – Adult foster homes
  – Residential treatment homes
  – Secure residential treatment facilities
  – Residential treatment facility

• **Residential – substance use disorder**
  Support, stabilize and rehabilitate people so they can return to independent community living

• **Assertive community treatment (ACT)**
  Provides case management and ACT to help people avoid hospitalization and shorten hospital stays
Assertive Community Treatment

This map represents both programs that have met fidelity and programs that are in development and working to fidelity.
Assertive Community Treatment

CCO BY REGION

Columbia Pacific CCO
Clatsop, Columbia, Coos, Douglas, Tillamook

Eastern Oregon CCO
Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler

Health Share of Oregon
Clackamas, Multnomah, Washington

Intercommunity Health Network CCO
Benton, Lincoln, Linn

PacificSource Community Solutions: Central Oregon
Crook, Deschutes, Jefferson, Klamath

PacificSource Community Solutions: Columbia Gorge
Hood River, Wasco

Trillium Community Health Plan
Benton, Lane, Linn

Umpqua Health Alliance
Douglas

Willamette Valley Community Health
Benton, Linn, Marion, Polk, Yamhill

Yamhill Community Care Organization
Clackamas, Marion, Polk, Washington, Yamhill

KEY

BY COUNTY

NO PROGRAMS

PROGRAMS

This map represents both programs that have met fidelity and programs that are in development and working to reach fidelity and, therefore, represents the potential region where ACT services could be provided.
Community treatment for kids

• **System of care and wraparound**
  Intensive care coordination in tandem with CCOs

• **Oregon’s Psychiatric Access Line about Kids (OPAL-K)**
  Physician to physician consultation with Oregon’s Pediatric Society

• **Children’s secure residential programs**

• **School access to mental health**
School access to mental health

OREGON SCHOOL BASED HEALTH CENTERS

INCREASED ACCESS TO MENTAL HEALTH

57 SCHOOL BASED HEALTH CENTERS

COMMUNITY MENTAL HEALTH PROGRAMS

9
Crisis services
Crisis services

• Community detoxification services
  Provides immediate and short-term clinical support to people who are experiencing acute physical symptoms from alcohol and/or drug withdrawal and who are at an immediate health risk

• Crisis hotlines

• Crisis respite
  Short-term stabilization program for people experiencing mental health crisis
Crisis services

• **Jail diversion**
  Peer-delivered services, community resources, respite services to reduce or eliminate jail time for people with mental illness charged with a crime
  – Thirteen programs in 15 counties
  – Number of people who received services - 1,305

• **Mobile crisis services**
  Provides onsite mental health treatment for people in crisis
  – Twelve community mental health programs operate mobile crisis
Recovery support
Recovery support

• Supported housing
  Helps people with serious mental illness secure permanent housing, rent subsidies and move-in costs
    – Thirty-two community mental health programs
    – Can serve up to 576 people

• Oxford houses
  Self-supporting, drug-free homes
    – Oregon has 158 Oxford houses with 1,237 beds
    – Relapse rate: 3.7 percent
Recovery support

Peer-delivered services
Guidance and mentoring provided by people who share similar experiences

Supported employment
Help with résumé building, cover letters, job searches, interview skills and job transition needs

Robert Hazen
Supported Employment

KEY

BY COUNTY

- NO FUNDING
- FUNDING

[Map of Oregon showing the distribution of supported employment by county, with counties marked in blue indicating funded areas.]
Supporting the system
## Centers for Excellence

<table>
<thead>
<tr>
<th>Oregon Health &amp; Science University</th>
<th>Oregon Pediatric Society</th>
<th>Portland State University/ Jackson County Mental Health</th>
<th>Options for Southern Oregon</th>
<th>Substance Abuse &amp; Mental Health Services Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Addiction Technology Transfer Center</td>
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<tr>
<td>• Collaboration problem solving</td>
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<tr>
<td>• OPAL-K</td>
<td>• Adolescent depression screening</td>
<td>• Trauma Informed Oregon</td>
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<tr>
<td></td>
<td></td>
<td>• Wraparound</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Parent-child interaction therapy</td>
<td>• Supported employment</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Assertive community treatment</td>
<td>• Center for the Application of Preventive technologies</td>
</tr>
</tbody>
</table>
Housing development

- **AMH/NAMI/ORPA community housing programs**
  Partnership to develop housing options for people with mental illness

- **Housing development 2013–15 – Seven competitive application processes**
  - Six residential treatment homes
  - Three crisis respite facilities
  - Twenty rental assistance programs
  - Ten supported housing projects for a total of 33 units for people with mental illness
  - Forty-six renovation projects
Supporting the system

Health Professionals’ Services Program
Monitoring program for health professionals with substance use disorder and/or a mental health disorder

- Program supports public safety while helping licensed health professionals continue their careers
- Health professionals enrolled - 260/month
System improvements
System improvements

Office of Consumer Activities

• Recommended by the Oregon Consumer Advisory Council
• Created August 2014
• Staffed by state employees with lived experience
• Projects include:
  – Developing a statewide peer leadership network
  – Organizing a statewide peer conference for 400 participants for 2015
  – Campaign to reduce mental health and addictions stigma
System improvements

2013–2015 legislative mental health investments

• Developed, procured and contracted $60 million mental health investments

• Supported statewide programs that emphasize:
  – Prevention
  – Early identification and intervention
  – Helping people with mental illness live successfully and independently in the community
  – Training and technical assistance for health care providers
## Mental health investments summary

<table>
<thead>
<tr>
<th>Investment Area</th>
<th>Funding</th>
<th>Impact/Results Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health promotion and prevention</td>
<td>$3 million</td>
<td>Adds new capacity focused on increasing protective factors and reducing risk factors in 20 counties. Builds upon existing prevention system.</td>
</tr>
<tr>
<td>Parent-child interaction therapy (PCIT)</td>
<td>$2.63 million</td>
<td>Increases availability from 12 to 30 sites. Previously available in four counties; now available in 16.</td>
</tr>
<tr>
<td>School access to mental health services</td>
<td>$6.3 million</td>
<td>Increased access in 57 of the 68 school-based health centers. Developed new capacity within an additional nine counties where no school-based health centers existed.</td>
</tr>
<tr>
<td>System of care and wraparound</td>
<td>$5 million</td>
<td>Builds programmatic infrastructure within 10 CCO regions. Increased CCO rates for this service component.</td>
</tr>
<tr>
<td>Early Assessment and Support Alliance (EASA)</td>
<td>$1.8 million</td>
<td>Expands EASA to nearly statewide availability. Previously only available in 16 counties.</td>
</tr>
<tr>
<td>Young adult community hubs</td>
<td>$2.25 million</td>
<td>Builds capacity where none previously existed in 11 counties.</td>
</tr>
<tr>
<td>Commercial sexual exploitation of children</td>
<td>$2.3 million</td>
<td>Provides funding for a new program that did not previously exist for victims of sex trafficking.</td>
</tr>
<tr>
<td>Youth/young adult co-occurring disorder services</td>
<td>$380,000</td>
<td>Builds new capacity to serve young people with complex behavioral health needs. Funds one new program.</td>
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<td>Crisis services</td>
<td>$7.03 million</td>
<td>Builds upon previous crisis capacity in 12 counties. Allows for expansion of mobile crisis services.</td>
</tr>
<tr>
<td>Jail diversion</td>
<td>$2.9 million</td>
<td>Builds upon previous jail diversion capacity in 12 counties.</td>
</tr>
<tr>
<td>Supported housing/rental assistance</td>
<td>$8.3 million</td>
<td>Provides rental assistance and housing supports for an additional 500 people with behavioral health conditions.</td>
</tr>
<tr>
<td>Supported employment</td>
<td>$1.5 million</td>
<td>Expands this service statewide; previously only available in 14 counties.</td>
</tr>
<tr>
<td>Assertive community treatment</td>
<td>$5.5 million</td>
<td>Supported new programmatic infrastructure in 10 CCO regions. Added funding to the CCO rates for this service area.</td>
</tr>
<tr>
<td>Community housing programs</td>
<td>$5 million</td>
<td>Adds 33 units of supported housing to 261 units that were in the AMH funded inventory. Created two new crisis respite facilities for a total of 13; previously 11 existed.</td>
</tr>
<tr>
<td>Tribal mental health services</td>
<td>$1.9 million</td>
<td>Supports new infrastructure for an array of mental health services delivered by all tribal programs.</td>
</tr>
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<td>Youth peer delivered support</td>
<td>$530,000</td>
<td>Statewide focus. Expands peer delivered supports for youth and young adults. Adamant gives.</td>
</tr>
<tr>
<td>Family peer delivered supports</td>
<td>$530,000</td>
<td>Statewide focus. Expands peer delivered supports for family members.</td>
</tr>
<tr>
<td>Trauma Initiative</td>
<td>$800,000</td>
<td>New capacity - Creates statewide framework to support strategies for reducing adverse childhood experiences.</td>
</tr>
<tr>
<td>Technical assistance for collaborative problem solving</td>
<td>$80,000</td>
<td>Statewide focus. Builds upon OHSU contract to expand outreach to rural providers.</td>
</tr>
<tr>
<td>Training for adolescent depression screening</td>
<td>$500,000</td>
<td>New capacity - Provides consultation to primary care providers on screening tool; Oregon Pediatric Society contract.</td>
</tr>
<tr>
<td>Oregon Psychiatric Access Line about Kids (OPAL-K)</td>
<td>$500,000</td>
<td>New capacity - Statewide access to child psychiatric consultation. Contract with OHSU.</td>
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System improvements

Substance use disorder residential services transitioned to coordinated care in July 2013

Services included adolescent and adult residential treatment, and clinically managed/medically monitored detoxification

Source: CPMS, OPRCS, MMIS
System improvements

- **Measures and Outcomes Tracking System (MOTS)**
  Comprehensive electronic data system used by behavioral health service providers

- **AMH data dashboards**
  Give an overview of how many people are receiving mental health services through Medicaid

MOTS + dashboard =
Budget
2015–17 Governor’s budget

Total fund by program area
$18.8 billion

$16.7 billion
89%
Health care programs

$1.1B
6%
Addictions and Mental Health

$528.7M
3%
Public Health

$407.7M
2%
Central and Shared Services, state assessments, debt service and enterprise-wide costs
2015–17 Governor’s budget

Addictions and Mental Health by program
$1.1 billion

$476.7M
42%
Community Mental Health

$502.9M
44%
Institutions

$105.8M
9%
Alcohol and drug treatment and prevention

$42.3M
4%
Program support director’s office

$8.1M
1%
Gambling
2015–17 Governor’s budget

Addictions and Mental Health by fund type
$1.1 billion

- $760.0M
  67%
  General Fund
- $276.8M
  24%
  Federal Funds
- $87.1M
  8%
  Other Funds
- $10.4M
  1%
  Lottery Fund
- $0.7 / 0%
  General Fund – capital improvement
- $0.7 / 0%
  Other Funds – capital improvement

2,398 pos./ 2,396.39 FTE
2015–17 Governor’s budget

Addictions and Mental Health institutions $502.9 million

- **$430.0**
  - 85%
  - General Fund

- **$48.7M**
  - 10%
  - Federal Funds

- **$22.8M**
  - 5%
  - Other Funds

- **$0.7 / 0%**
  - General Fund – capital improvement

- **$0.7 / 0%**
  - Other Funds – capital improvement

OSH 1,802 pos./1,801.82 FTE
J/C 428 pos./ 428 FTE
Budget drivers

Caseload growth, adults
AMH must provide services to forensic and civil populations

- Forensic – Projected population for 2015 - 2017 is 846 (.5% decrease)

- Civil – Projected population for 2015 - 2017 is 1,364 (4.7% increase)
Budget drivers

United States Department of Justice

• **Olmstead decision** – 1999 U.S. Supreme Court declared unjustified institutional isolation is a form of discrimination

• **ADA integration mandate** – people with disabilities must live in the most integrated setting possible

• **2012 Letter of Agreement**
  – **Year 1**: Collect data in accordance with agreed data matrix
  – **Year 2**: Identify gaps in the adult community mental health system
  – **Year 3**: Develop outcome measures
  – **Year 4**: Discuss and decide if positive outcomes are being achieved
2010–14 Census (trends)
Aid and assist

Aid and assist (ORS 161.370) Patient monthly population since 2010
(Based on the census count on the last day of each month)
Budget drivers

Shift in funding for behavioral health services related to ACA.
Budget drivers

• Psychiatric boarding in emergency departments
• Lack of affordable housing
• Competition for limited workforce
• Marijuana legalization
Looking ahead
Looking ahead

• Performance measures built into 2015–2017 contracts for community mental health programs

• Integrated care – behavioral health homes

• Excellence in Mental Health Act pilot

• AMH Strategic Plan
2015–18 Behavioral Health Strategic Plan

• Support health equity for all Oregonians
• Provide access to a full continuum of evidence-based care
• Promote healthy communities and prevent chronic illness
• Support recovery and a life in the community
• OSH resources are used wisely; discharge is timely
• AMH operations support the plan
Thank you