



Addictions and Mental Health

John A. Kitzhaber, MD, Governor

Oregon
Health
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September 28, 2012

The Honorable Floyd Prozanski, Chair, Senate Interim Judiciary Committee
The Honorable Jeff Barker, Co-Chair, House Interim Judiciary Committee
The Honorable Wayne Krieger, Co-Chair, House Interim Judiciary Committee
900 Court Street NE
State Capitol
Salem, OR 97301-4048

Re: ORS 182.525 Evidenced Based Programs Report - Summary

Dear Co-Chairpersons:

ORS 182.525 directs agencies, including the Oregon Health Authority's Addictions and Mental Health Division (AMH) to submit a report to the interim legislative committee dealing with judicial matters no later than September 30 of each even-numbered year. A summary of the report is provided below and the full report is attached. The report is available at: <http://www.oregon.gov/oha/Pages/legactivity/index.aspx>

Summary:

Under ORS 182.525, the report shall contain the following:

- (a) An assessment of each program on which the agency expends funds, including but not limited to whether the program is an evidence-based program;
- (b) The percentage of state moneys the agency receives for programs that is being expended on evidence-based programs;
- (c) The percentage of federal and other moneys the agency receives for programs that is being expended on evidence-based programs; and
- (d) A description of the efforts the agency is making to meet the requirement of spending at least 75 percent of state moneys that the agency receives for programs on evidence-based programs.

The services and populations subject to the requirements of ORS 182.525 are: 1) the AMH funded treatments focused on clients with substance abuse disorders referred by the criminal justice system; 2) clients who have been court committed for treatment due to mental illness; and 3) children and adolescents with severe emotional disorders receiving intensive, integrated community services.

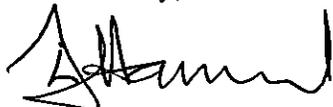
AMH provided service data to community programs on the clients served who are subject to the requirements of ORS 182.525. The programs estimated total treatment

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costs for those clients and then estimated the proportion costs that funded approved evidence-based programs on a list provided by the state. The survey results were used by AMH to estimate the statewide percentage of the costs of services for evidence-based programs. For the 2011-13 biennium, 82 percent of the treatment funds covered by ORS 182.525 are expected to be spent on evidence-based programs.

Please do not hesitate to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Hammond", written in a cursive style.

Linda Hammond
Interim Director

CC: Kevin Hayden, Legislative Administrator
Bill Taylor, Judiciary Committee Counsel

Oregon Health Authority
Addictions and Mental Health Division
September 2012, Interim Judiciary Committee
Report on Evidence-Based Practices, ORS 182.525

Background

The Oregon Health Authority, Addictions and Mental Health Division (AMH) is required by Oregon Revised Statute 182.525 (ORS 182.525) to report to the Legislature, over three biennia, and increasing proportion of funds that support evidence-based practices (EBP). The first biennium the law was in effect was 2005-07 and 25 percent of funds were required to be spent on EBPs. In 2007-09 the requirement increased to 50 percent. By the 2009-11 biennium, 75 percent of AMH funds for those populations at risk of emergency psychiatric services or criminal or juvenile justice involvement are required to support EBPs. The services and populations subject to the requirements of ORS 182.525 are: 1) the AMH funded treatments focused on clients with substance abuse disorders referred by the criminal justice system; 2) clients who have been court committed for treatment due to mental illness; and 3) children and adolescents with severe emotional disorders receiving intensive, integrated community services.

Summary of Results

For the previous report, AMH worked with the Department of Corrections (DOC), community-based programs treating offenders, the Criminal Justice Commission, and the Oregon Youth Authority (OYA), to refine and focus the approach for determining services and client groups subject to the requirements of ORS 182.525. The approach for this report is unchanged from the previous report.

AMH provided service data to community programs on the clients served who are subject to the requirements of ORS 182.525. The programs estimated total treatment costs for those clients and then estimated the proportion costs that funded approved EBPs on a list provided by the state. The survey results were used by AMH to estimate the statewide percentage of the costs of services for EBPs.

For the 2011-13 biennium, 82 percent of the treatment funds covered by ORS 182.525 are expected to be spent on EBPs. This meets the statutory requirement.

Current Survey Process

After participating in the data gathering for the November 2008 ECONorthwest report Costs and Participation for Selected Evidence-Based Programs in the Criminal Justice System, AMH staff reviewed the final report and realized that the process that had been used for designating populations to be covered by ORS 182.525 was not sustainable. AMH worked with the EBP Steering Committee and the other covered agencies to

revise the approach to collecting the data in order to better align with the intended goals of ORS 182.525, reduce the propensity of a person to commit a crime, reduce recidivism and reduce the use of emergency mental health services. The current process is now more consistent with that used by the other state agencies covered by the statute.

For state general fund and federal block grant dollars, AMH uses funding mechanisms similar to those used by the DOC for allocating resources supporting community-based addictions and mental health services. Medicaid services are paid for through managed care organization and by fee for service.

Treatment for the following client populations was included in the estimated costs of EBP:

- Alcohol and Drug Treatment Services: Clients referred by criminal justice system, including Driving Under the Influence of Intoxicants (DUI) clients;
- Adult Mental Health Services: Clients who are a danger to themselves or others and/or at risk of long-term hospitalization due to mental illness; and
- Children's Mental Health Services: children and adolescents with severe emotional disorders who are at risk for emergency hospitalizations.

Elements of the current process:

1. AMH provided programs with the number of clients served in the previously listed categories during calendar year 2011.
2. Programs were asked to estimate the total costs associated with those clients.
3. Programs were asked to estimate the percentage of the cost spent on approved EBPs with those clients. AMH provided a list of the approved practices consistent with the intent of ORS 182.525 and asked respondents to identify those used within their programs.
4. AMH used the responses to estimate the percentage cost of services for these clients that were evidence-based and to complete this report.

The survey did not include: prevention services; crisis services; pre-commitment services; personal care services; state hospital services; acute care hospital services; or services delivered to individuals outside the populations described.

Progress to Date

For addiction services delivered to medium/high risk offenders, AMH identified the Correctional Program Checklist (CPC) as the appropriate tool to determine if programs are evidence-based in the way that they are being designed and delivered. Working in partnership and collaboration with the Criminal Justice Commission, DOC, and OYA, AMH provided direction to the addiction provider system through administrative rule

development, specialized and targeted technical assistance, training and program review.

AMH amended administrative rules for institution-based addiction services working the DOC in 2009 and revised rules for community-based services in 2010 to be consistent with the principles of effective intervention. The division is now providing technical assistance to providers based on the new rules. Programs delivering community-based services may request, or be directed to request via contract, designation as a specialty program for individuals in the criminal justice system.

AMH continues to engage minority-specific service providers in the focused dialogue, process improvement strategies and culturally-specific program implementation meeting the revised definition for culturally validated EBPs. This effort is important for minority-specific providers. It is also important to the knowledge base on adapting research-based practice for culturally-specific groups and to validating cultural practices that have proven to be effective in generating recovery-related outcomes and reducing crime. This work is most active among Oregon' nine federally recognized Native American tribes. Given the overrepresentation of minorities in the justice system, AMH anticipates continued efforts focused on assisting the minority-specific providers to adopt and implement culturally-adapted practices as well as assisting these providers to build evaluative and research capacity.

Future Strategies and Recommendations

The Oregon Health Authority and AMH is committed to using treatments practices proven to produce positive outcomes in the populations at high risk for recidivism, criminal behavior, and use of emergency mental health services. Under the Health System Transformation which has brought about the implementation of the Coordinated Care Organizations (CCO), the focus on performance and outcomes has come to the fore front. The CCOs will cover most all Medicaid services for clients impacted by ORS 182.525. For services not covered by the CCOs, AMH has implemented a similar transformation process that also emphasizes performance and outcomes over the direct purchase of services.

In both cases, OHA is emphasizing the importance of utilizing EBPs in order to meet ongoing performance expectations and sees this as a strategy for meeting the Triple Aim Goals of increased quality, improved health, and decreased costs for health care services.