OHA Addictions and Mental Health Governor's Balanced Budget 2013-2015

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Legislative Sub-committee on Ways and Means
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Oregon Health Authority

Goals of the Addictions and Mental Health Program and Expected Outcomes

- AMH assists Oregonians to achieve optimum physical, mental and social well-being by providing access to an array of behavioral health services and supports.

- AMH supported programs contribute to the Oregon Health Authority's transformation goals of better health, better care, and lower cost by:
  - Improving lifelong health for all Oregonians through prevention;
  - Improving quality of life for people served;
  - Increasing effectiveness of the integrated health care delivery system; and,
  - Reducing overall health care and societal costs

Goals of the Program and Expected Outcomes

- AMH manages the behavioral health system through the strategic use of program and financial data, working closely with other department units to ensure effective financial management and system performance of the behavioral health system.
- AMH staff focus on four community program areas:
  - Community Mental Health
  - Prevention of Substance Use and Problem Gambling Disorders
  - Alcohol and Drug Treatment
  - Problem Gambling Treatment
- AMH is responsible for program development, performance management, administrative rule development, system planning, coordination, quality improvement and certification, technical assistance and consultation.

Goals of the Program and Expected Outcomes (cont.)

AMH operates the state hospital services on three campuses and one state-operated secure residential treatment facility.

AMH is responsible for program development, performance management, administrative rule development, system planning, coordination, quality improvement and certification, technical assistance and consultation.

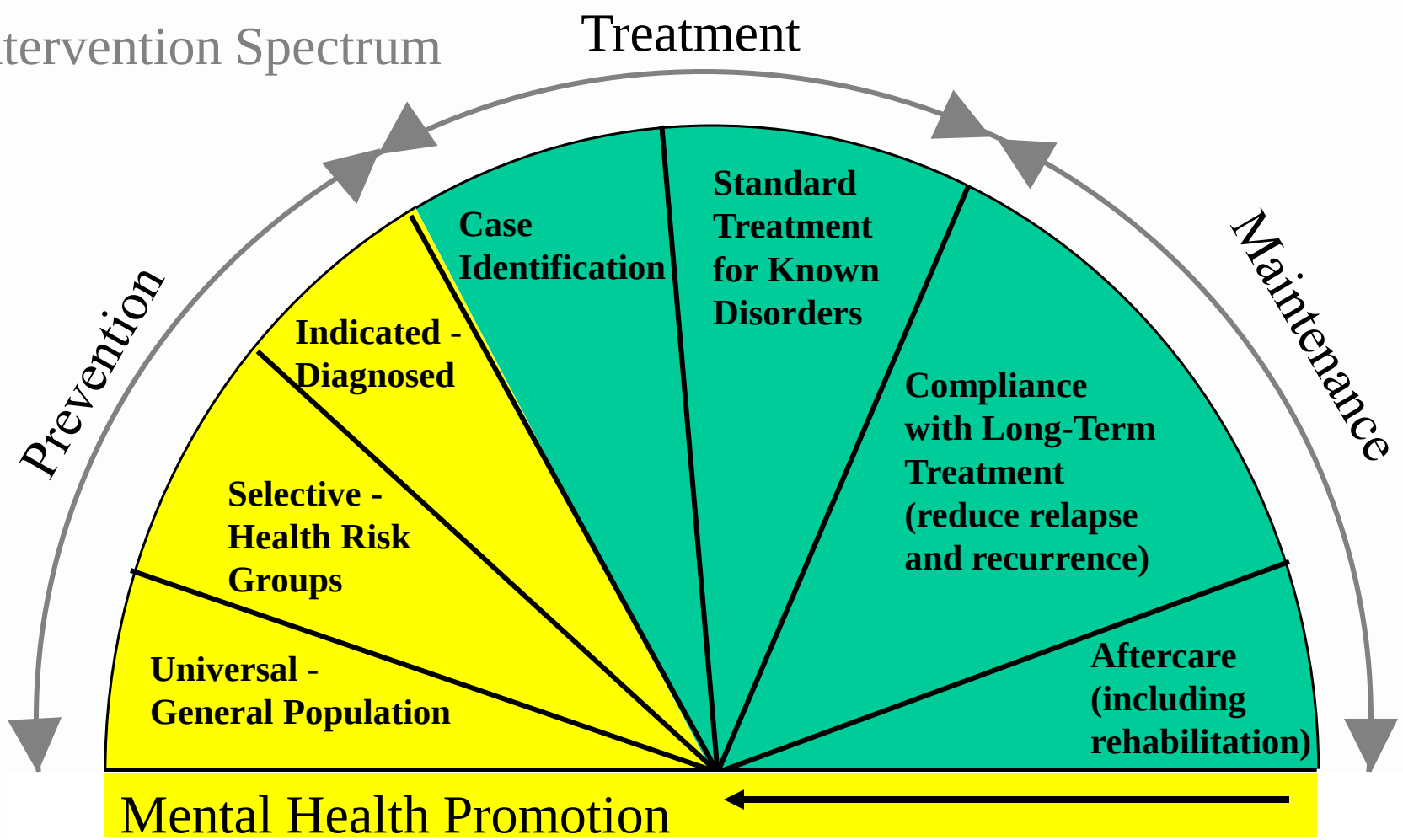
Program mission/goals and historical perspective

- 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.

- Oregon's mental health system dates to 1883 with the creation of the Oregon State Hospital. The community mental health system was created in 1971 and included substance abuse services.

- Services are delivered through county-based community mental health programs (CMHP), tribes, and their sub-contractors.

Institute of Medicine (IOM) Spectrum of Intervention – An Organizing Framework



Summary of Programs

Services and supports organized according to Institute of Medicine model:

Prevention and Behavioral Health Promotion

- Community substance abuse and problem gambling prevention
- Goal to reduce risk factors and increase protective factors through policy, environmental, individual, family, school-based and community strategies

Early Identification and Intervention

- Systematic efforts aimed at identifying individuals with early signs of mental health, substance use, and gambling problems
- Examples: Early Assessment and Support Alliance (EASA); Education for DUII offenders; Screening, Brief Intervention and Referral to Treatment (SBIRT)

Summary of Programs Cont.

Standard outpatient treatment

- Comprised of community-based services and supports for individuals with diagnosed behavioral health conditions: mental health, substance use, and problem gambling disorders
- Examples include: Regular outpatient, intensive outpatient, medications and medication assisted treatment, care coordination, case management, psychiatric day treatment, and skill training

Residential Treatment and Oregon State Hospital

- Includes mental health, alcohol and drug and problem gambling residential treatment for individuals with more serious and complicated illness
- Primarily delivered by private, non-profit organizations in community settings. One state-operated secure residential treatment program. State hospital level of care for adults

Summary of Programs Cont.

Acute and Crisis Services

- Acute psychiatric treatment in local hospital specialty units, detoxification services
- Crisis response services and 24-hour helplines for substance abuse information and referral, suicide prevention and problem gambling brief intervention and treatment referral

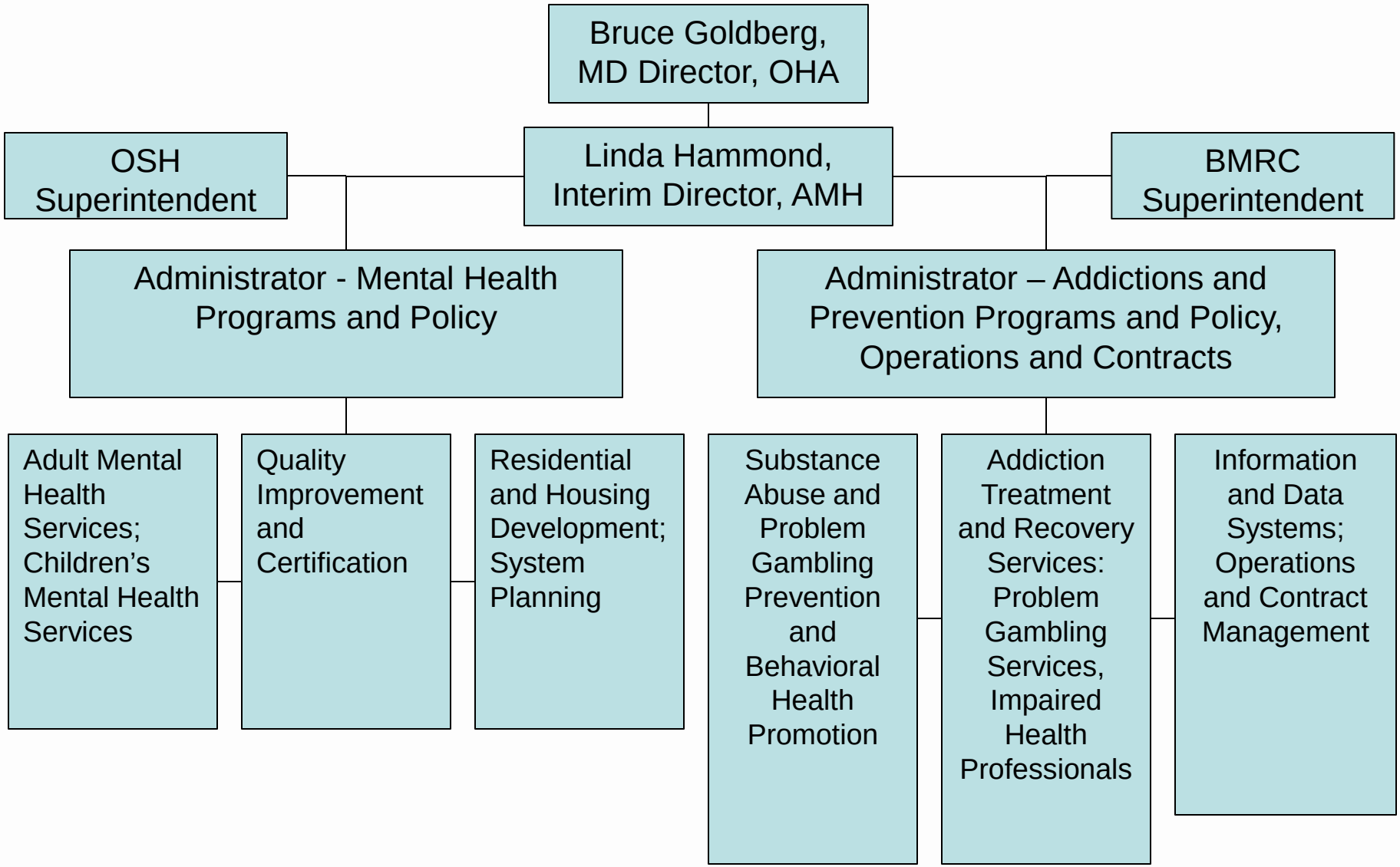
Recovery support and maintenance

- Examples include supported housing, employment and education services, rental assistance, peer-to-peer recovery support and peer wellness programs, wrap-around supports such as child care, transportation, and life skills training
- Provided as “stand alone” services in addition to augmenting standard treatment

Summary of Programs Cont.

Institute of Medicine “Spectrum of Interventions Framework“ Organizes Management of Services

- Used in the Request for Applications from CCO applicants
- Organizes the contract language with the counties
- Provides the framework for Biennial Implementation Plan guidance
- Assures that the full Spectrum of Interventions is considered


Bruce Goldberg, MD Director, OHA
OSH Superintendent
Linda Hammond, Interim Director, AMH
BMRC Superintendent
Administrator - Mental Health Programs and Policy
Administrator – Addictions and Prevention Programs and Policy, Operations and Contracts
Adult Mental Health Services; Children's Mental Health Services
Quality Improvement and Certification
Residential and Housing Development; System Planning
Substance Abuse and Problem Gambling Prevention and Behavioral Health Promotion
Addiction Treatment and Recovery Services: Problem Gambling Services, Impaired Health Professionals
Information and Data Systems; Operations and Contract Management

AMH Structure within OHA

•AMH sets vision for behavioral health service system of care with internal and external partners.

•AMH sets policy to bring vision into practice.

•AMH works in close coordination and partnership with Medical Assistance Programs, Public Health, and sections within DHS: Aging and People with Disabilities, Child Welfare, Self Sufficiency/TANF.

•Health Systems Transformation represents unprecedented partnership with Medical Assistance Programs.

System Performance Highlights

Substance Use Disorder Services: Intensive Treatment and Recovery Services (ITRS)

- Funded by the 2007 Legislature to serve families affected by addiction
- Partnership initiative with DHS child welfare
- Aims to keep families together or reunite families with children in foster care by providing outpatient and residential treatment, care management, and clean and sober housing. More than 2,000 children reunited with recovering parents who can safely care for them

ITRS Parents who are complying with the Child Welfare Service Agreement			
2008	2009	2010	2011
49.9%	55.3%	54.7%	59.0%

System Performance Highlights Cont.
Strategy: Intoxicated Driver Program Fund (IDPF)

- IDPF supports alcohol and drug treatment for indigent individuals convicted of or who enter into a diversion agreement for Driving Under the Influence of Intoxicants (DUII).
- 2011-13 funds assisted more than 2,500 indigent individuals access alcohol and drug treatment, representing 4.5 times as many individuals over the estimated 571 served in 2009-11 due to new investment from the 2011 Legislature.
- 2011-13 funds allowed indigent DUII offenders access to more than 7,000 units of ignition interlock device installation and monthly monitoring to comply with new laws passed during the 2011 Legislative Session.
- 12 months following alcohol and drug treatment, individuals are more likely to be arrest free, employed, abstinent from alcohol and drugs, and report a recovery support network according to data analyzed from the Client Process Monitoring System (CPMS) and the Law Enforcement Data System (LEDS).

System Performance Highlights Cont.

Problem Gambling Services:

- The problem gambling program evaluation found that six months post treatment:
  - More than 55 percent of successful program completers reported they no longer gambled; in addition, more than 28 percent reported gambling less
  - 79.4 percent reported they are now paying all of their bills on time
  - 35.4 percent of problem gamblers entering treatment reported committing illegal acts to obtain gambling money; six months after gamblers left treatment that was reduced to 7.5 percent.
  - Problem gamblers experience higher rates of suicide than those with other disorders – approximately 48 percent people accessing problem gambling treatment in Oregon reported suicidal ideation and as many as 10 percent had attempted suicide; suicidal ideation was reduced to 29.9 percent after problem gambling treatment and suicide attempts were reduced to 2.5 percent

System Performance Highlights Cont.

Early Assessment and Supports Alliance (EASA)

- EASA follows evidence-based practice guidelines, combining the work of national and international experts on psychosis prevention and intervention.
- Approximately 600 individuals and their families are engaged with EASA providers across the state.
- During the first three months of the program, participants' hospitalizations are consistently reduced and continue to decrease over time.
- 91 percent of all EASA participants maintain active family involvement in treatment.
- 63.5 percent of EASA participants were not planning to apply for public assistance through the disability system after 12 months in the program.

System Performance Highlights Cont.

Adult Mental Health Initiative (AMHI)

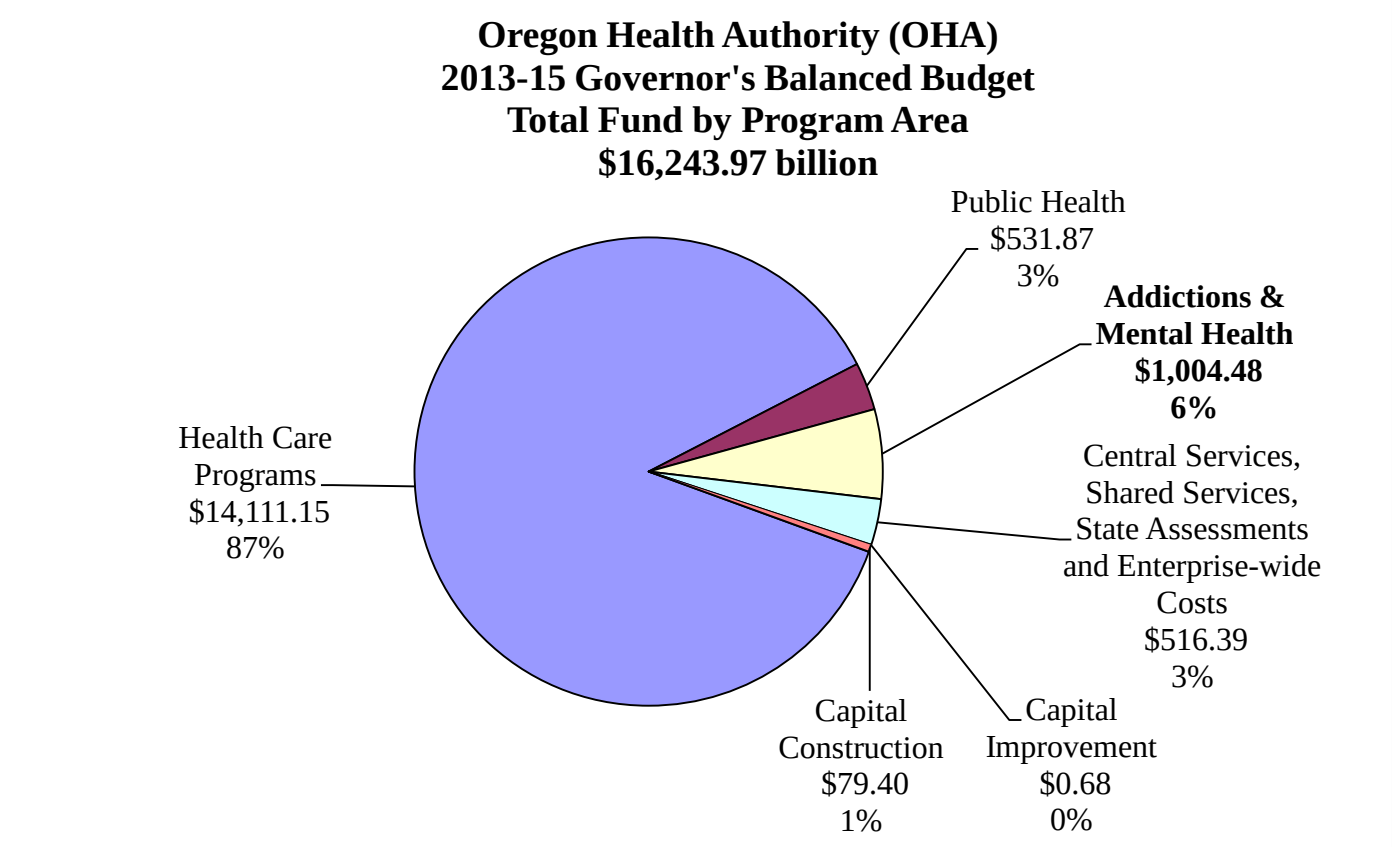
- AMHI began in 2009 to focus on the transitioning of adults with a mental illness into the most integrated setting possible.
- Between September 1, 2010, and March 31, 2012, more than 1,024 individuals transitioned from the state hospital or licensed residential programs to lower levels of care. More than half of these individuals have transitioned to independent living in the community.
- Prior to AMHI, individuals who had been determined ready to transition (RTT) from the state hospital waited on average 156 days to transition to a lower level of care. In 2012, it is averaging less than 50 days.

System Performance Highlights Cont.

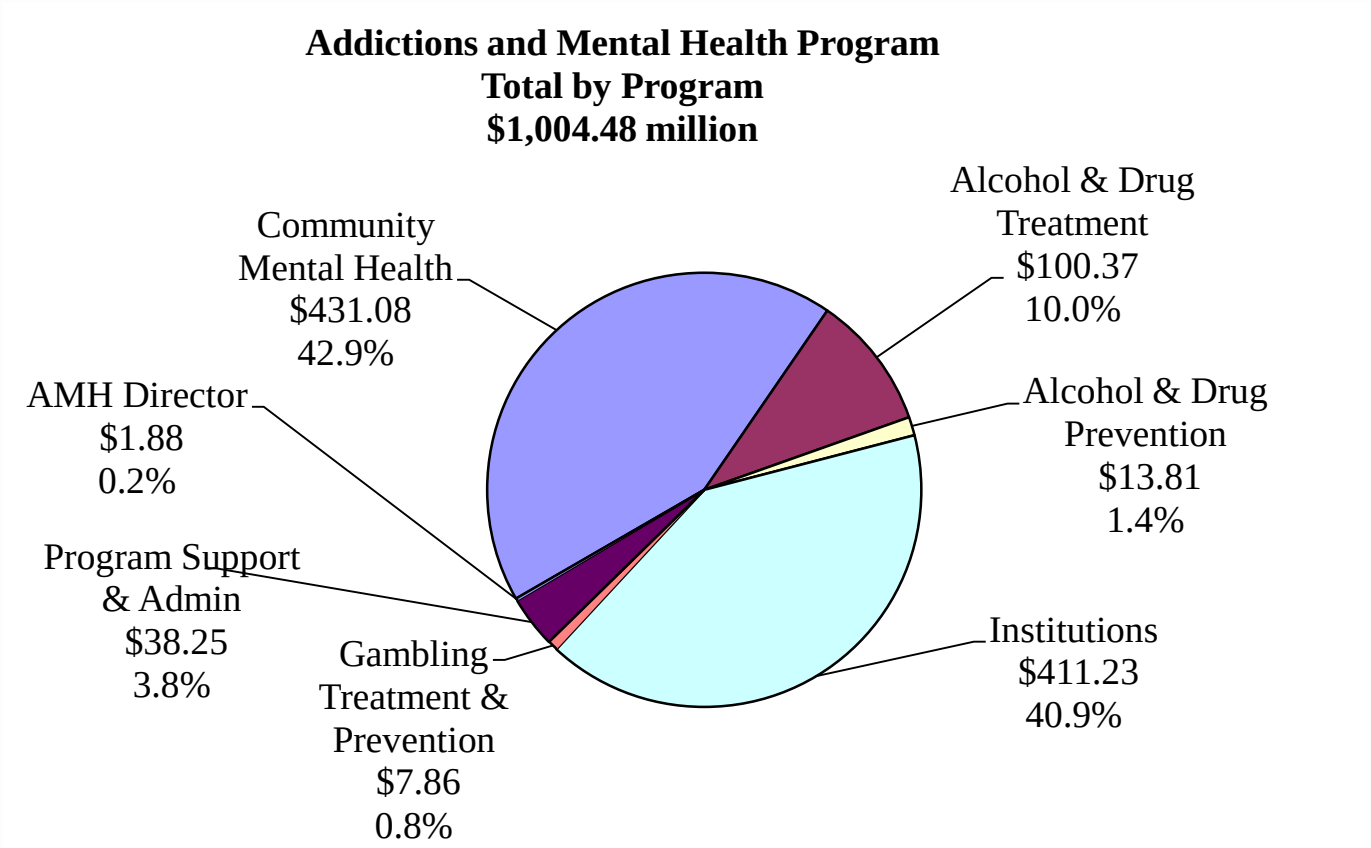
Statewide Children's Wraparound Initiative

- Focuses on children, from birth to age 18, who have been in the custody of DHS for more than one year and have had at least four placements or who come into custody and immediately need specialized behavioral health services and supports
- After 90 days, school performance improves, families receive improved supports, and expressed suicidal/homicidal intent by the children greatly decreases
- Forty six percent of the children are also estimated as "improved" by caregivers by the end of just ninety days in the project

OHA 13-15 Governor's Balanced Budget Overview

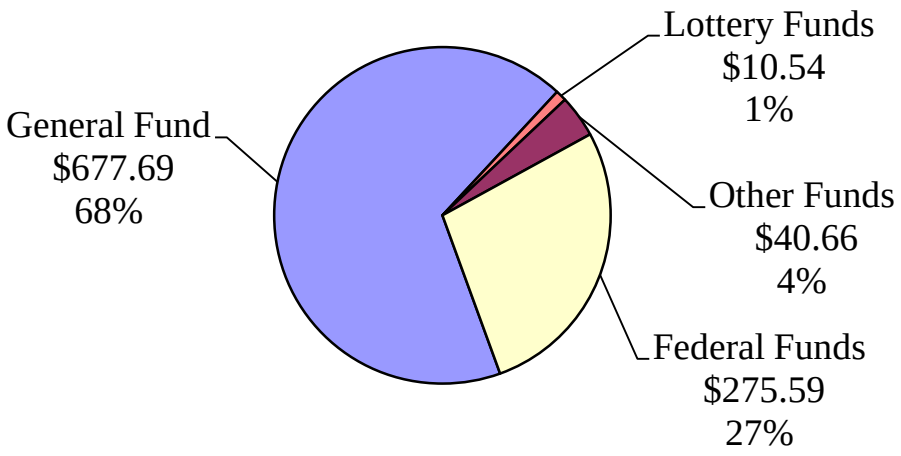


Budget – AMH by Program

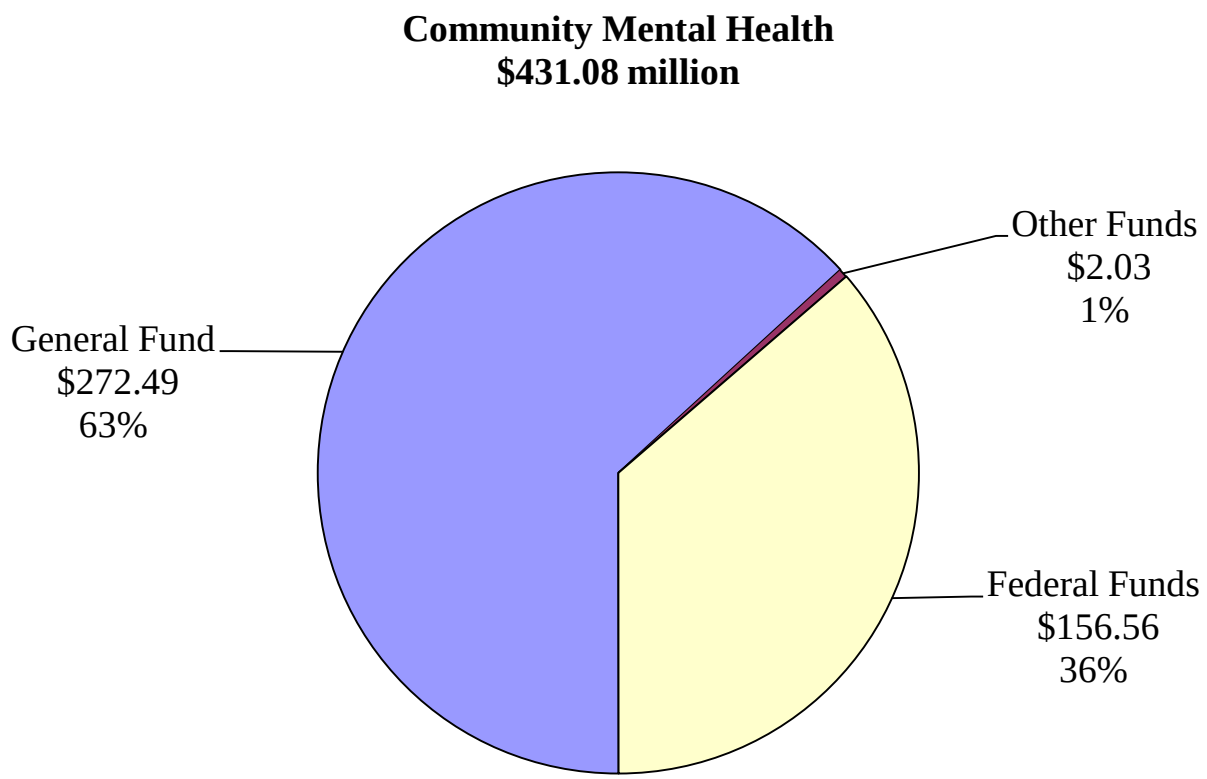


AMH by Fund Type

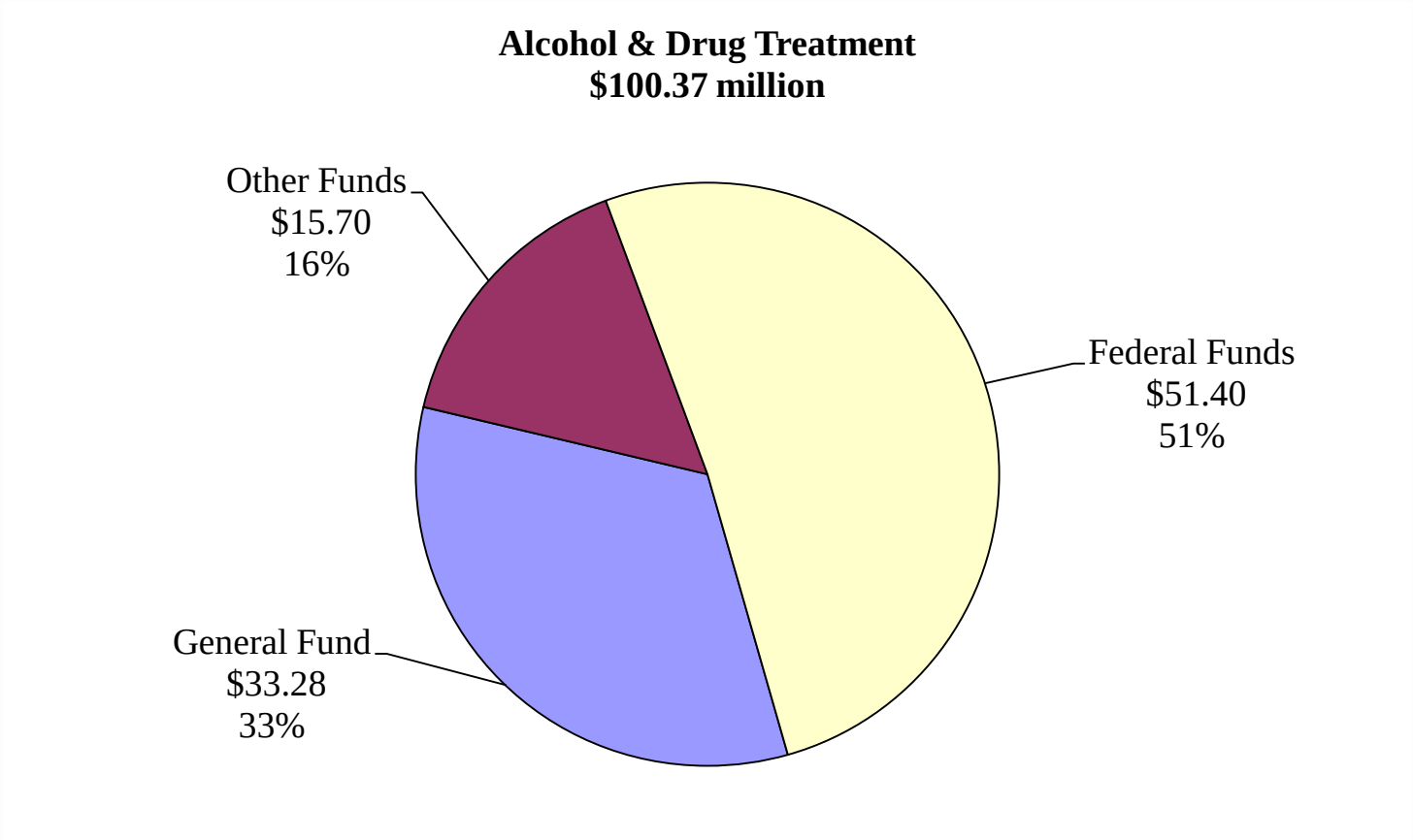
Addictions and Mental Health Program
Total by Fund Type
$1,004.48 million



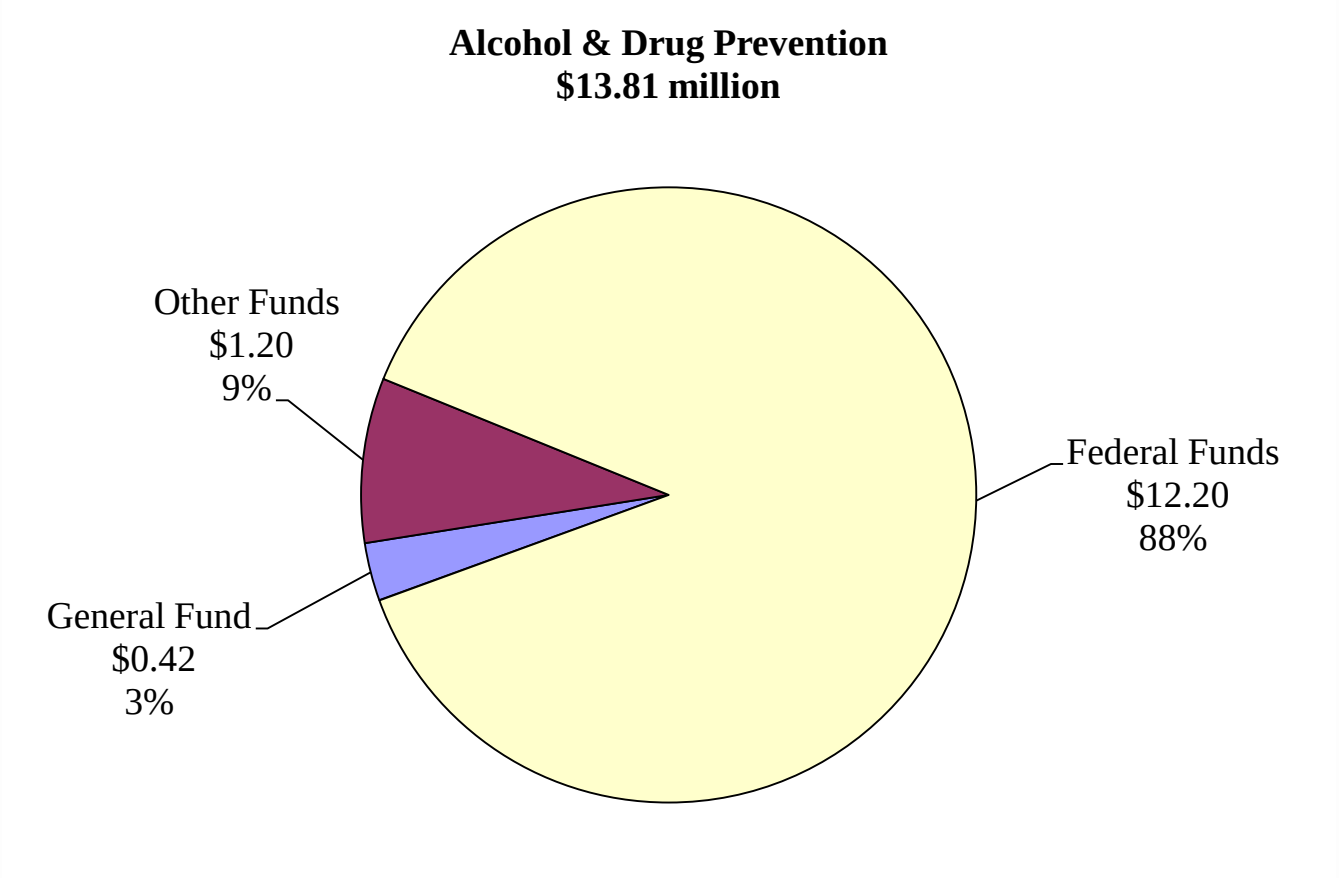
AMH Community Mental Health



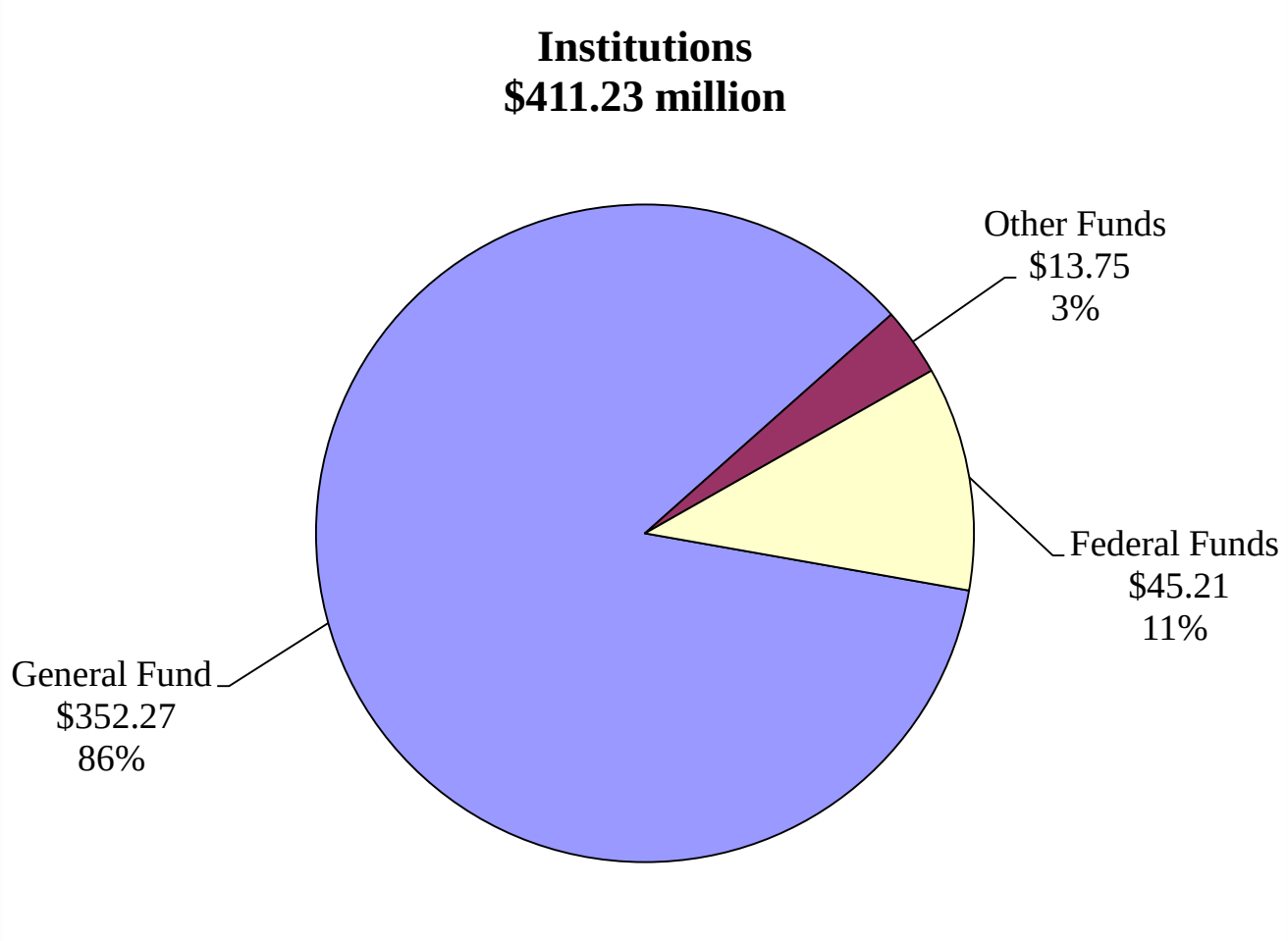
AMH Alcohol & Drug Treatment



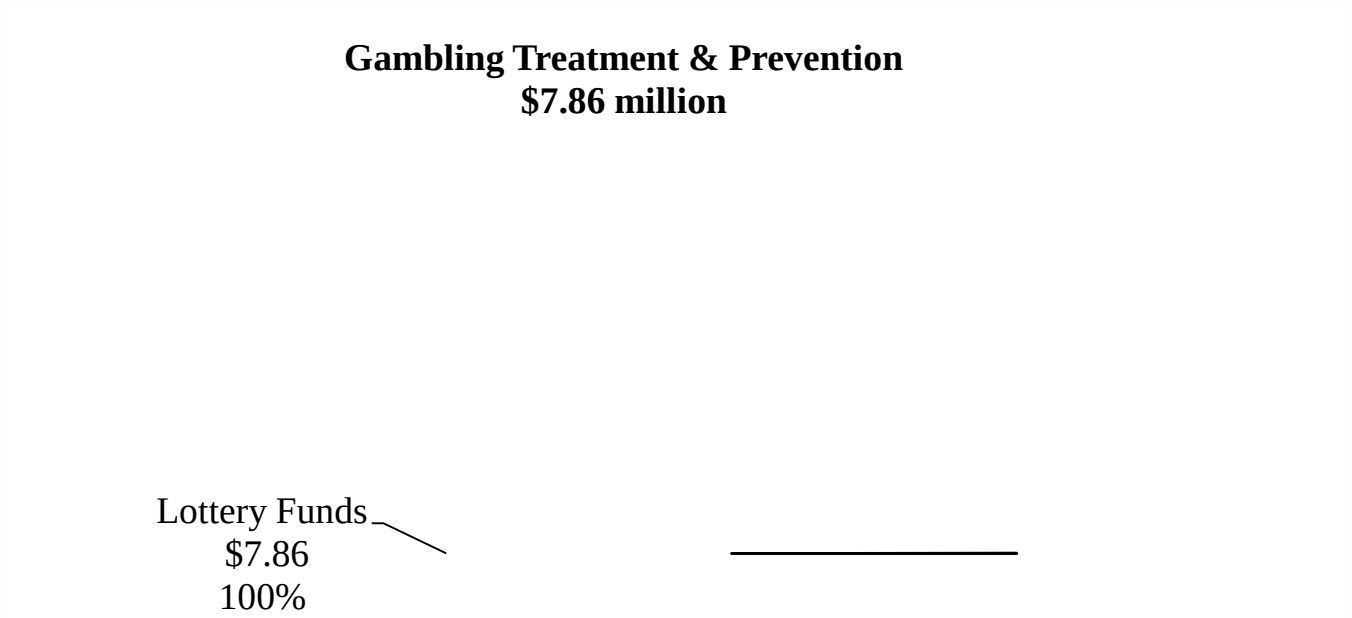
AMH Alcohol & Drug Prevention



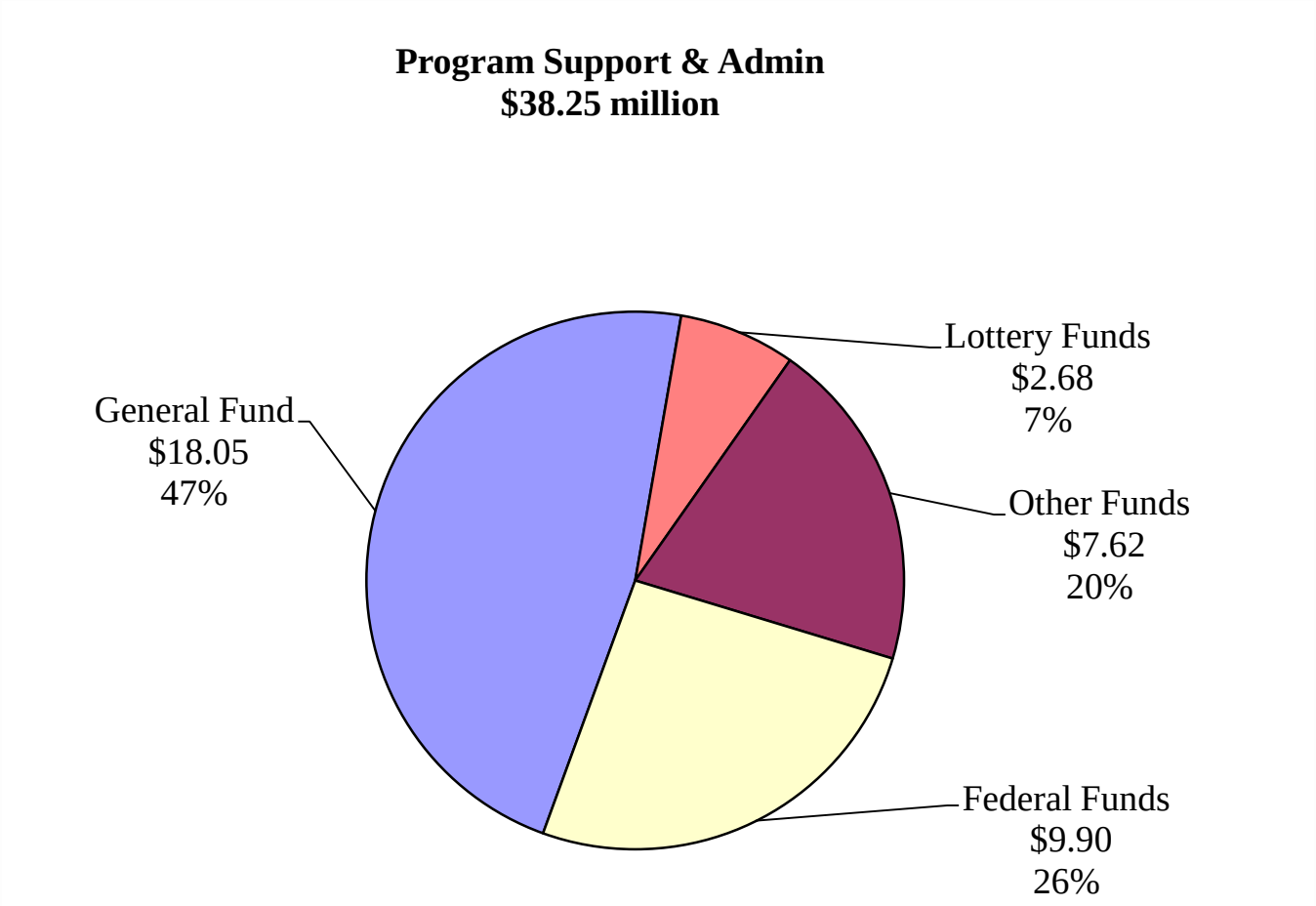
AMH Institutions



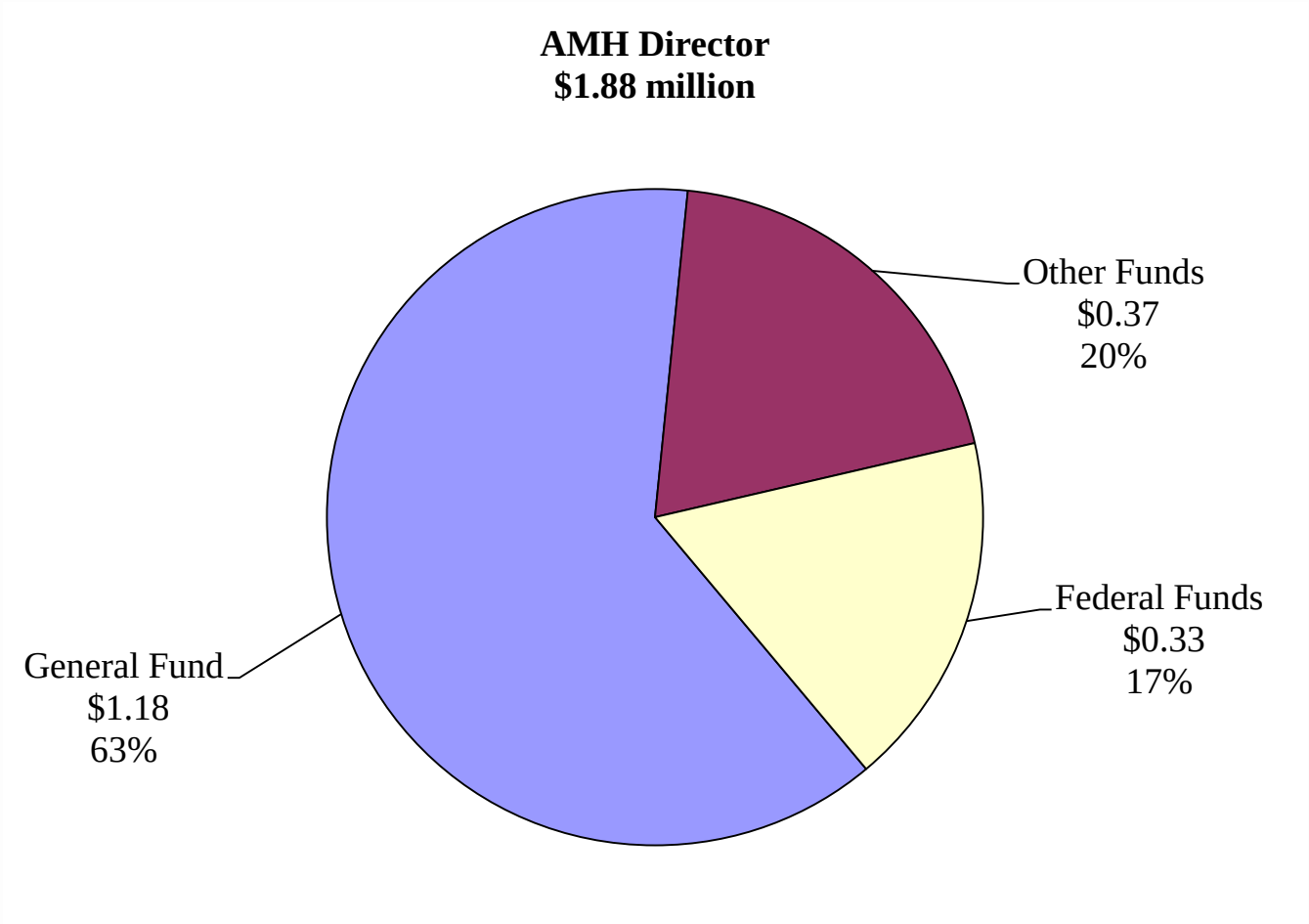
AMH Gambling Treatment & Prevention



AMH Program Support & Admin.



AMH Director



Major Budget Drivers and Environmental Factors

Age/Category	In need of services	People served in public system	% of need met through public system
Addiction			
17 & under	25,592	6,681	26%
18 & over	270,778	58,059	21%
Mental Health			
17 & under	103,958	36,161	35%
18 & over	161,526	72,392	45%
Problem Gambling			
All Ages	80,763	1,918	2%

Calendar Year 2011

Major Budget Drivers and Environmental Factors (cont.)

Community Mental Health:

- The success of the OSH replacement treatment facilities is dependent on significant investments in the entire mental health service system
- USDOJ Olmstead investigation with letter of agreement signed November 2012. First year collects data to establish baselines and identify gaps
- Medicaid expansion in January 2014 brings opportunities to expand capacity for behavioral health services and supports for adults who meet income criteria and are eligible for OHP

Major Budget Drivers and Environmental Factors

Substance Use and Problem Gambling Services:

- Since 1999, the rate of unintentional drug poisoning deaths has more than tripled (4.5 to 14.8 deaths per 100,000). The rate of non-medical use of pain relievers in Oregon is higher than the national average. The growing prescription drug misuse and addiction problem creates need for treatment model adjustments including enhanced screening efforts in primary care settings, additional specialty treatment capacity including medication assisted therapies for opioid dependence, training, and care coordination.

Major Budget Drivers and Environmental Factors Cont.

- Residential treatment system transition to CCOs for Medicaid business will bring challenges to providers who are less prepared to revise business and administrative practices

- Medicaid expansion in January 2014 brings opportunities to expand capacity for substance use disorder services and supports for adults who meet income criteria and are eligible for OHP

Budget History and program changes

- No Cost of Living for the past three biennia
  - Loss of some services capacity
  - Providers reporting that they may have to reduce services
- Cuts to the Adult Mental Health Caseload growth development during the past two biennia
  - Blunts the impact of increasing system capacity
  - Individuals remain in higher levels of care longer than needed
- Continue to maintain staff vacancies to achieve savings
  - Timeliness of work negatively impacted

Budget History and program changes (cont.)

- Implementing AMH System Change
  - Provide Flexible Funding to counties to achieve locally identified health outcomes
  - Establishing performance outcomes tied to incentives
  - Complementary to Health System Transformation

- Implemented 2011 HB 3100 and SB 420
  - Established certification of forensic evaluators
  - Established State Hospital Review Panel for lower level offenders

- Continue to implement Evidence Based and Innovative Practices to achieve improved outcomes, for example:
  - Intensive Treatment and Recovery Services (ITRS)
  - Supported Employment
  - Early Assessment And Support Alliance

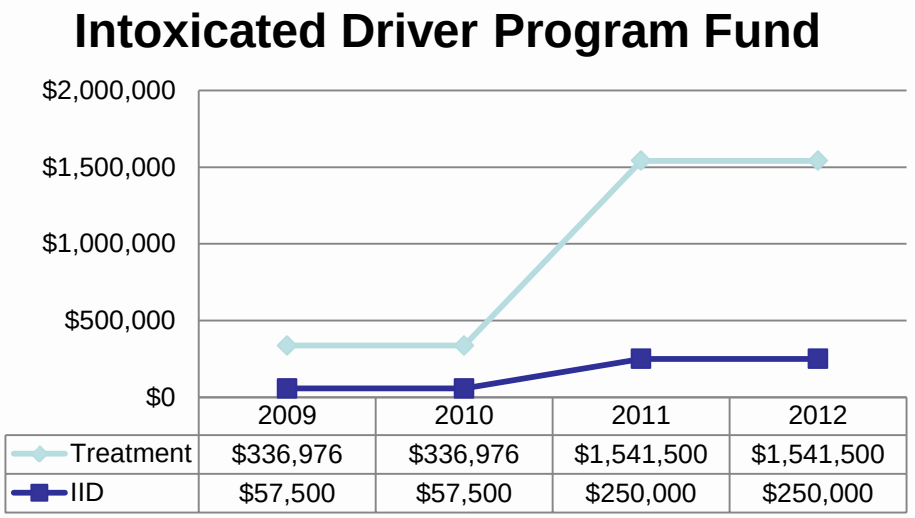
Major budget issues

- Expansion of Medicaid eligibility in 2014 allowing more individuals to have services funded by Medicaid and individuals to have greater access to behavioral health services
- Move Medicaid funded residential services to the Coordinated Care Organizations starting in July 2013
- Completion of Junction City campus of the state hospital to address the loss of the Pendleton and Portland campuses

Intoxicated Driver Program Fund (IDPF)

- Intoxicated Driver Program Fund (IDPF) supports alcohol and drug treatment for indigent DUII offenders.
- Ignition Interlock Devices (IID) are an allowable IDPF expenditure.
- OHA estimates18 percent (3,300) of DUII offenders (Convicted and Diversion) are eligible for IID assistance.
- 2012 - IID requirement added for diversion population. Diversion population doubled the IIDs required, but tripled the cost.

Current statute (ORS) and administrative rules (OARs) require OHA to pay for indigent IIDs, even if there are insufficient funds available in the IDPF.



	2009	2010	2011	2012
Treatment	$336,976	$336,976	$1,541,500	$1,541,500
IID	$57,500	$57,500	$250,000	$250,000