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# OHA Addictions and Mental Health Overview

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House Human Services and Housing Committee  
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# 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

# Goals of the Program and Expected Outcomes (cont.)

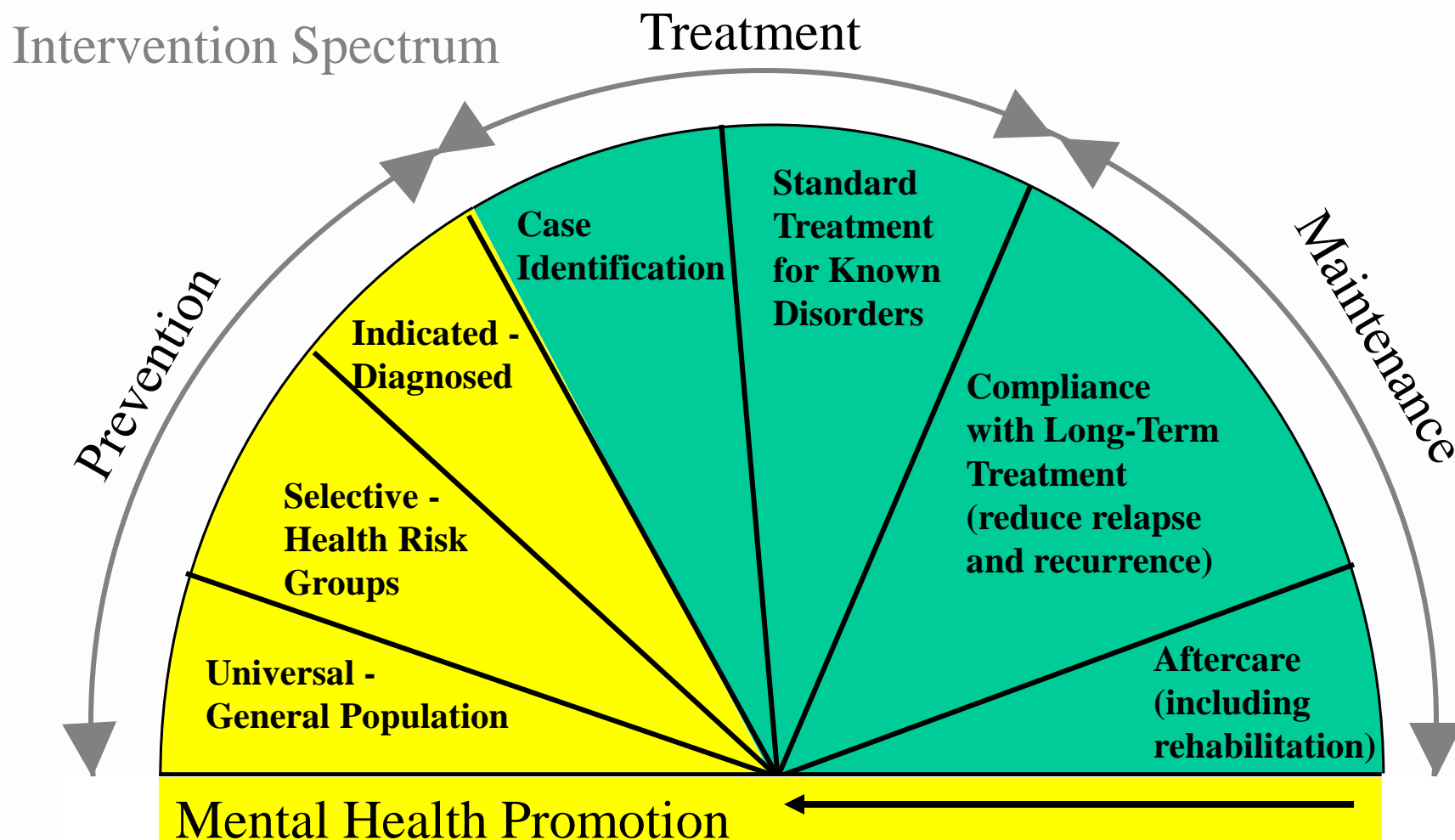
AMH operates the state hospital services on three campuses and one state-operated secure residential treatment facility.

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 DUI 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

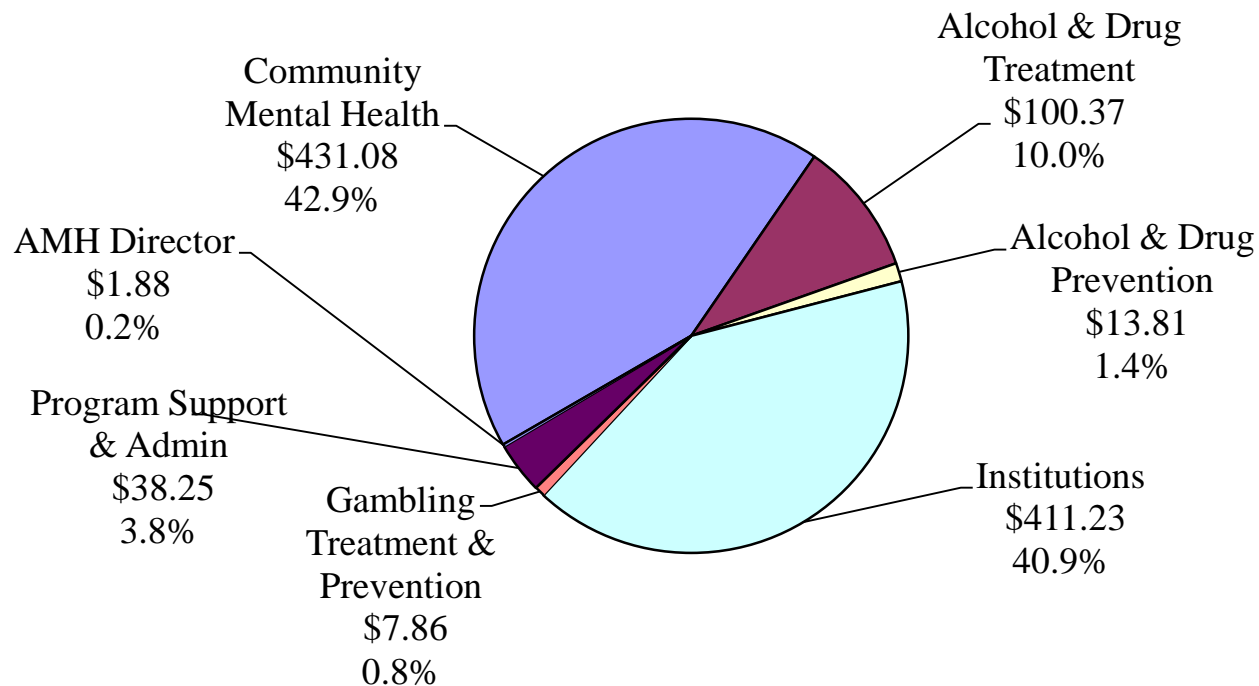
- Used in the Request for Applications from CCO applicants
- Organizes the contract language with the counties
- Provides the framework for Biennial Implementation Plan guidance
- Assures that the full Spectrum of Interventions is considered

# Budget – AMH by Program

## Addictions and Mental Health Program

Total by Program

\$1,004.48 million



# 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

December 2012

# 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