
Addictions and Mental Health Division (AMH) Adult Mental Health Services March 14-16, 2011

Mental Health Services Overview

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ADDICTIONS AND MENTAL HEALTH DIVISION

Mental health services

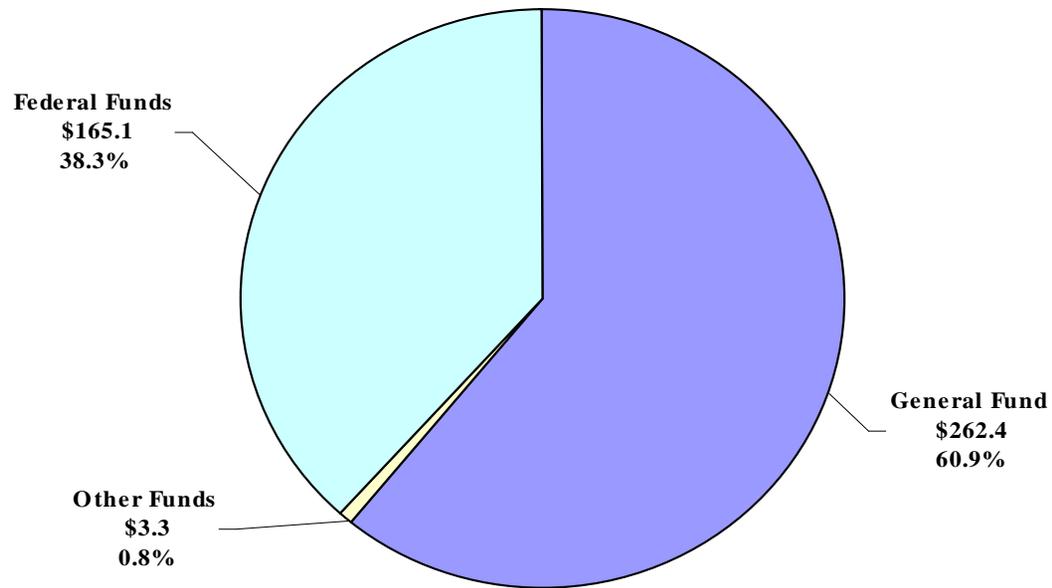
- Mental health services improve functioning for Oregonians with mental health disorders
- A full array of services help meet individualized needs.
- Services must be based on the strengths and needs of the individual and a standardized assessment.
- Ongoing supports and services improve people's ability to function in their families and communities, and increase public safety
- During 2009, publicly-funded programs served 72,207 adults and 33,243 children and adolescents

Snapshot of the adult population

- Over **70,800** individuals were served in the community
- In 2009, only **2%** of the adults receiving mental health services were served in the state hospitals.

**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Mental Health Services
by Fund Type
\$430.8 Total Funds**

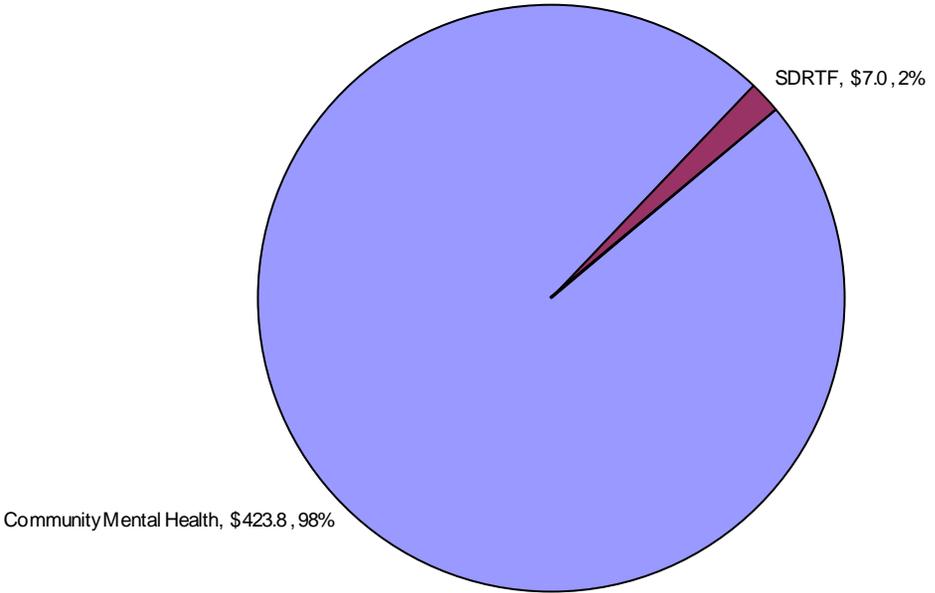
(dollars in millions)



**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Mental Health Services
by Program**

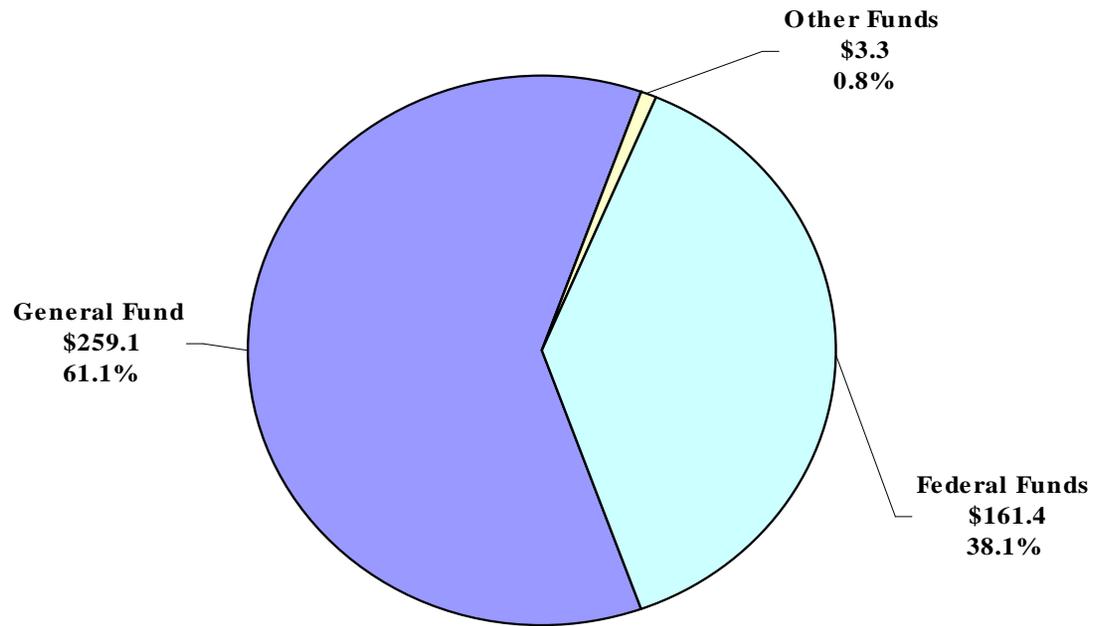
\$430.8 Total Funds

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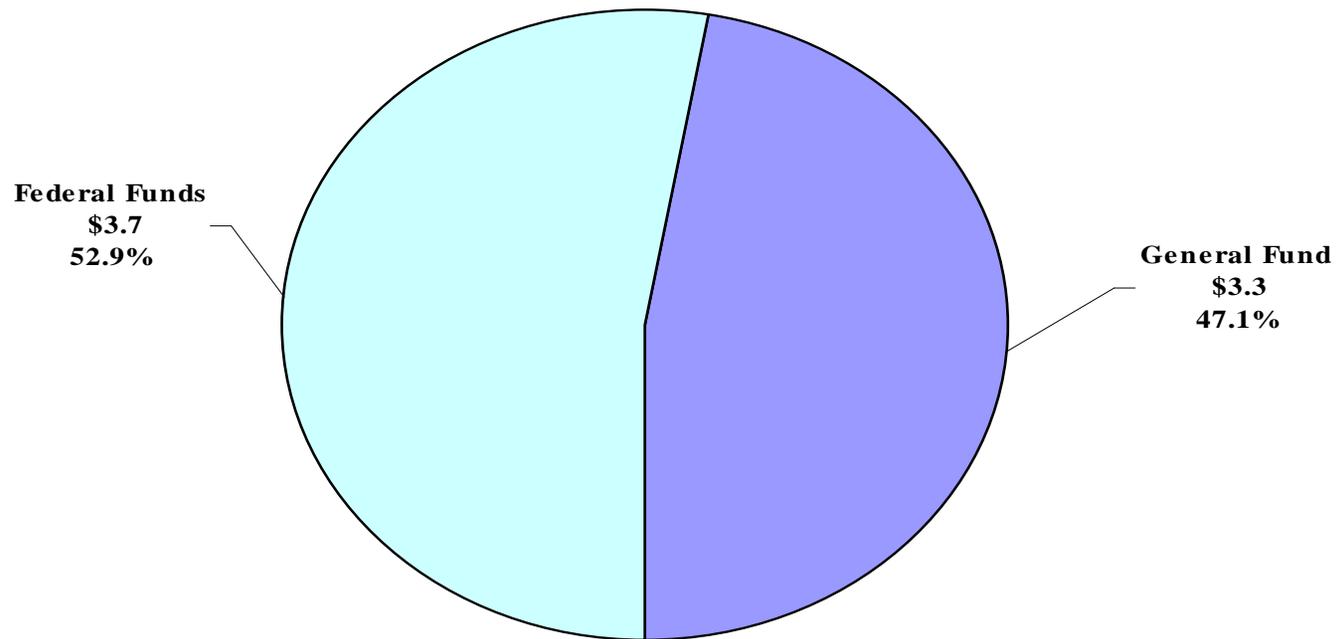


**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
Community Mental Health
by Fund Type
\$423.8 Total Funds**

(dollars in millions)



**2011-13 Governor's Balanced Budget
Addictions and Mental Health Division
State Delivered Residential Treatment Facilities
by Fund Type
\$7.0 Total Funds**
(dollars in millions)



Major system changes

- Standardized assessment tool being used across the system
- Standardized criteria for state hospital admissions
- Standardized state hospital discharge criteria
- Implementation of contractual requirement for CMHP's to pay for individuals who are ready to transition from the state hospitals.
- AMHI Phase I implemented September 1, 2010

Adult Mental Health Initiative (AMHI)

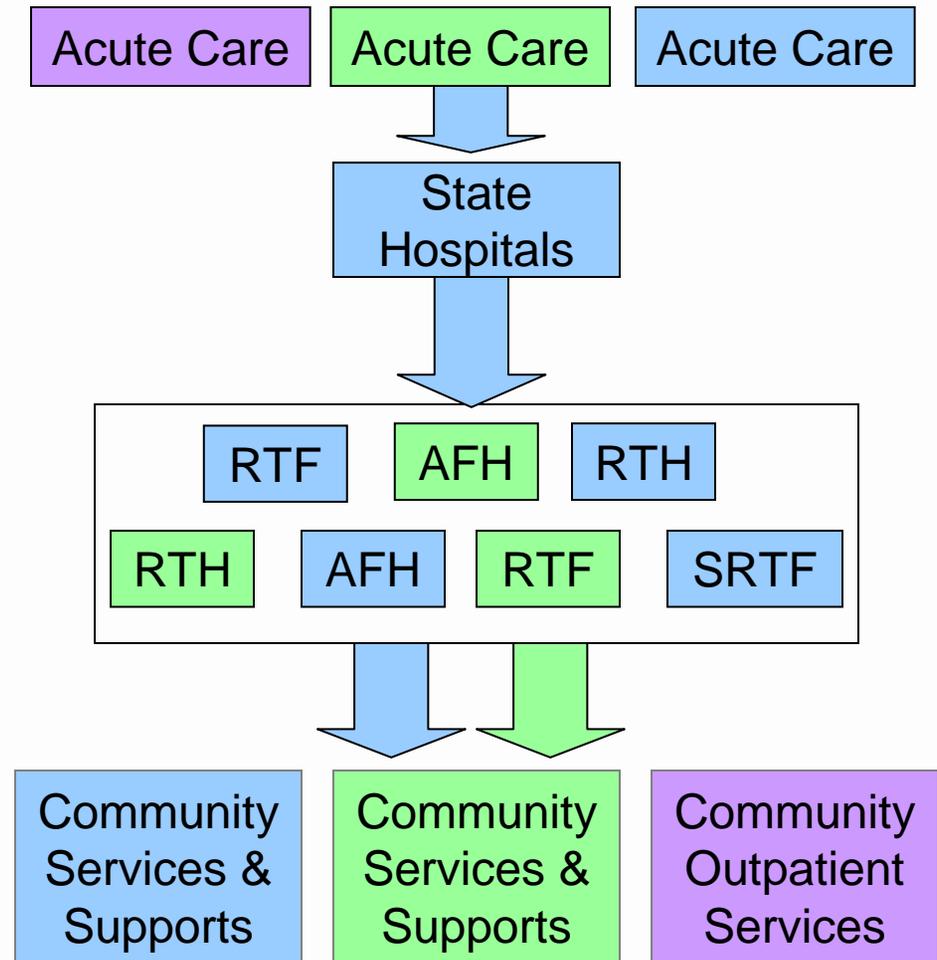
- Major systems change effort that is built on CSCI
- Goal 1 - Integrate services into a comprehensive system of care managed by regional entities
- Goal 2 - Increase efforts to assist adults with mental illness to live and receive services in the least restrictive setting appropriate for their needs
- Goal 3 - Increase the number of clients living successfully in the their own home or apartment.
- Goal 4 - Increase local communities' engagement in assisting individuals
- Goal 5 - Increase access to community services and supports

AMHI includes

- Creating a full continuum of care managed by MHO's
- Aligning incentives to develop better outcomes
- Increasing accountability for assisting individuals to be successfully independent
- Ensuring appropriate utilization of services and supports
- Developing regional performance requirements
- Statewide standardized assessment for all adults
- Laying the ground work for comprehensive integration

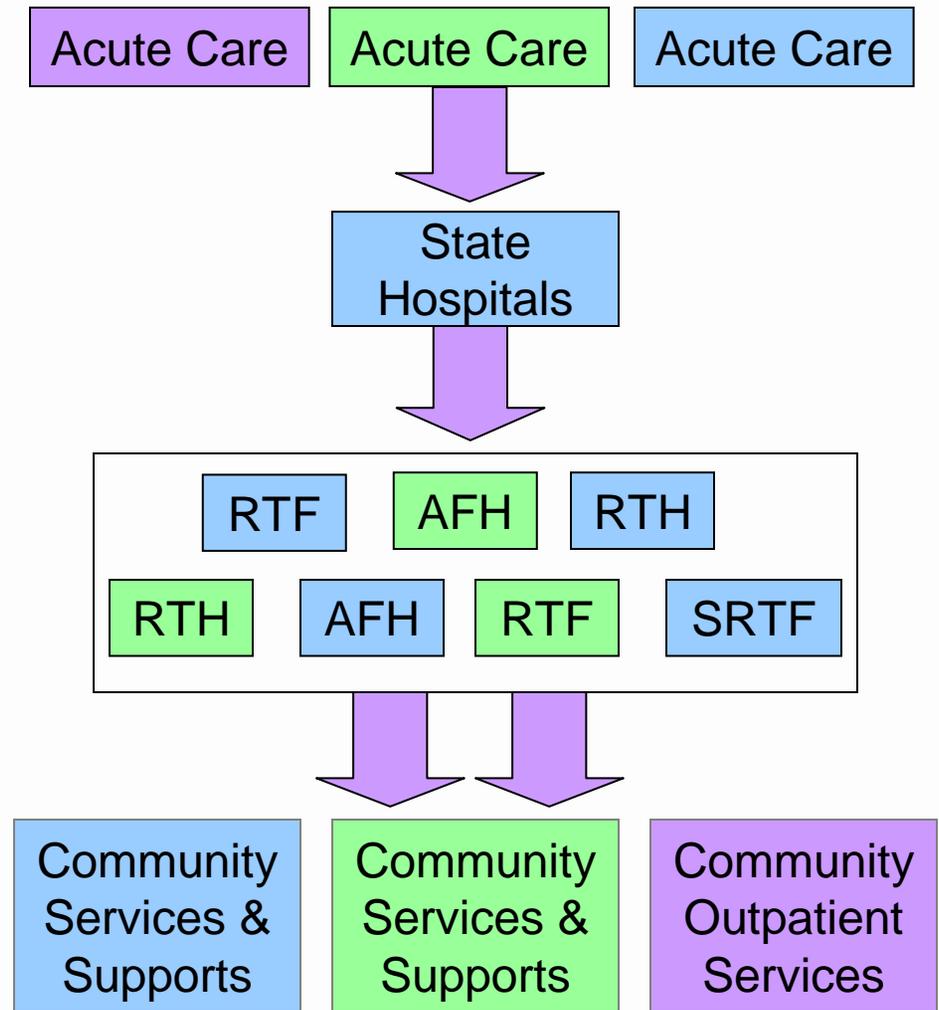
System prior to AMHI

- Multiple responsible parties
- Little incentive to help people transition
- No ongoing coordination through the system
- MHO's and CMHP's responsible for community services
- AMH pays for expensive long term care
- AMH leads transition efforts



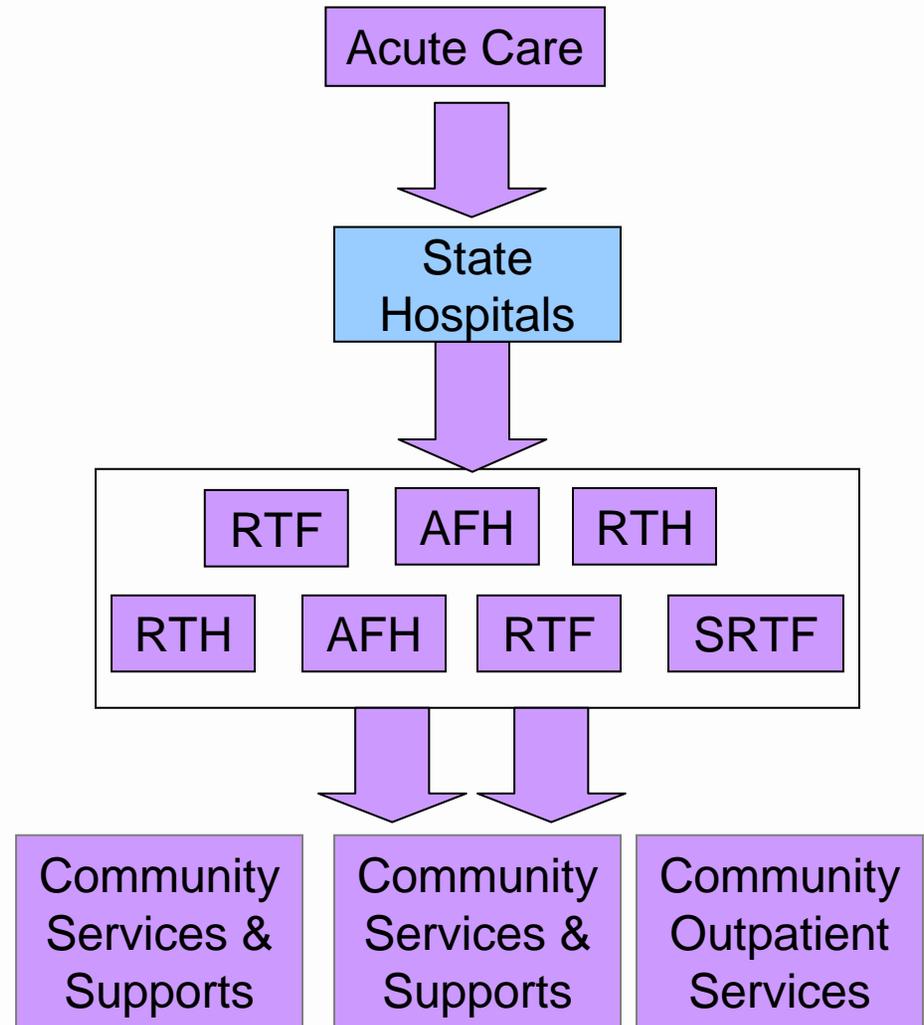
AMHI – Phase I

- MHO’s now assisting individuals in transitioning to appropriate levels of care.
- AMH still pays for highest cost services
- System still provides little incentive to serve people in their own community
- Focused on civil commitment population.
- Set performance targets as a first step in performance based contracting
- Provides flexibility to meet needs of individual



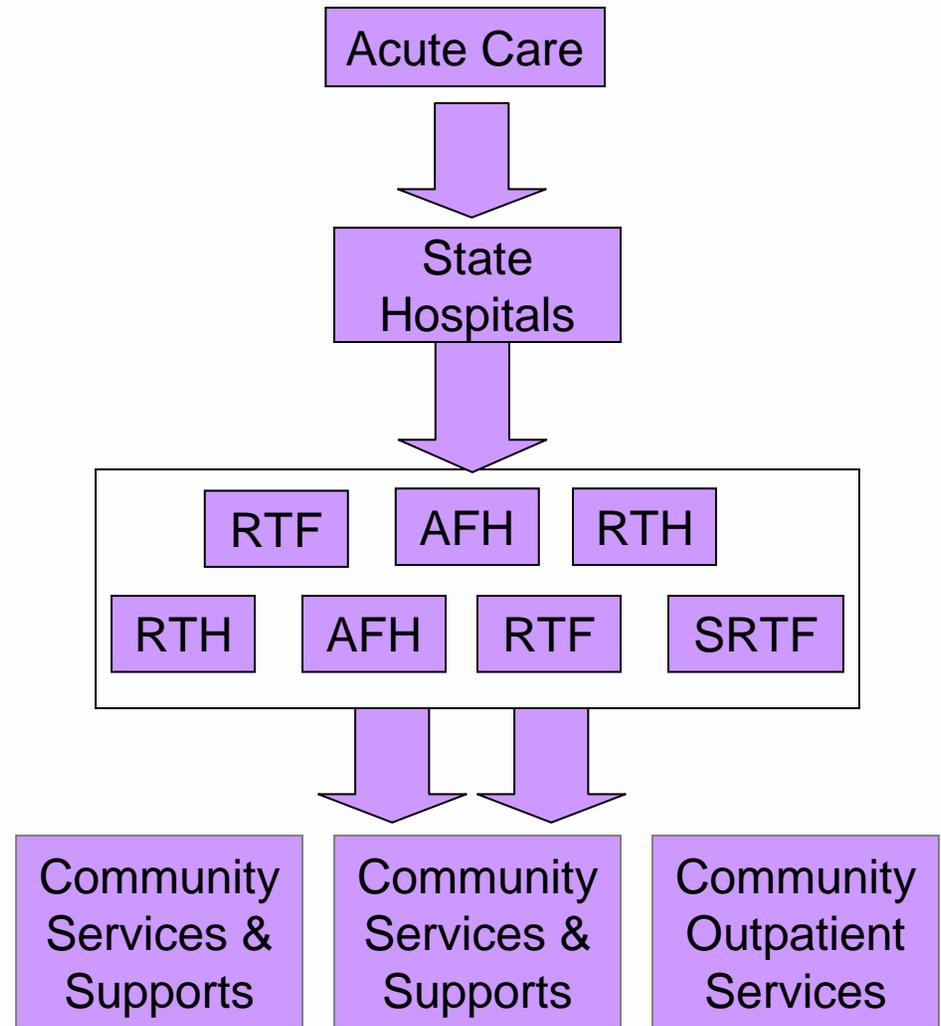
AMHI – Phase II

- Develops a system of care with coordination between all levels of care
- MHO's coordinate and pay for all care outside of state hospitals



AMHI – Phase III

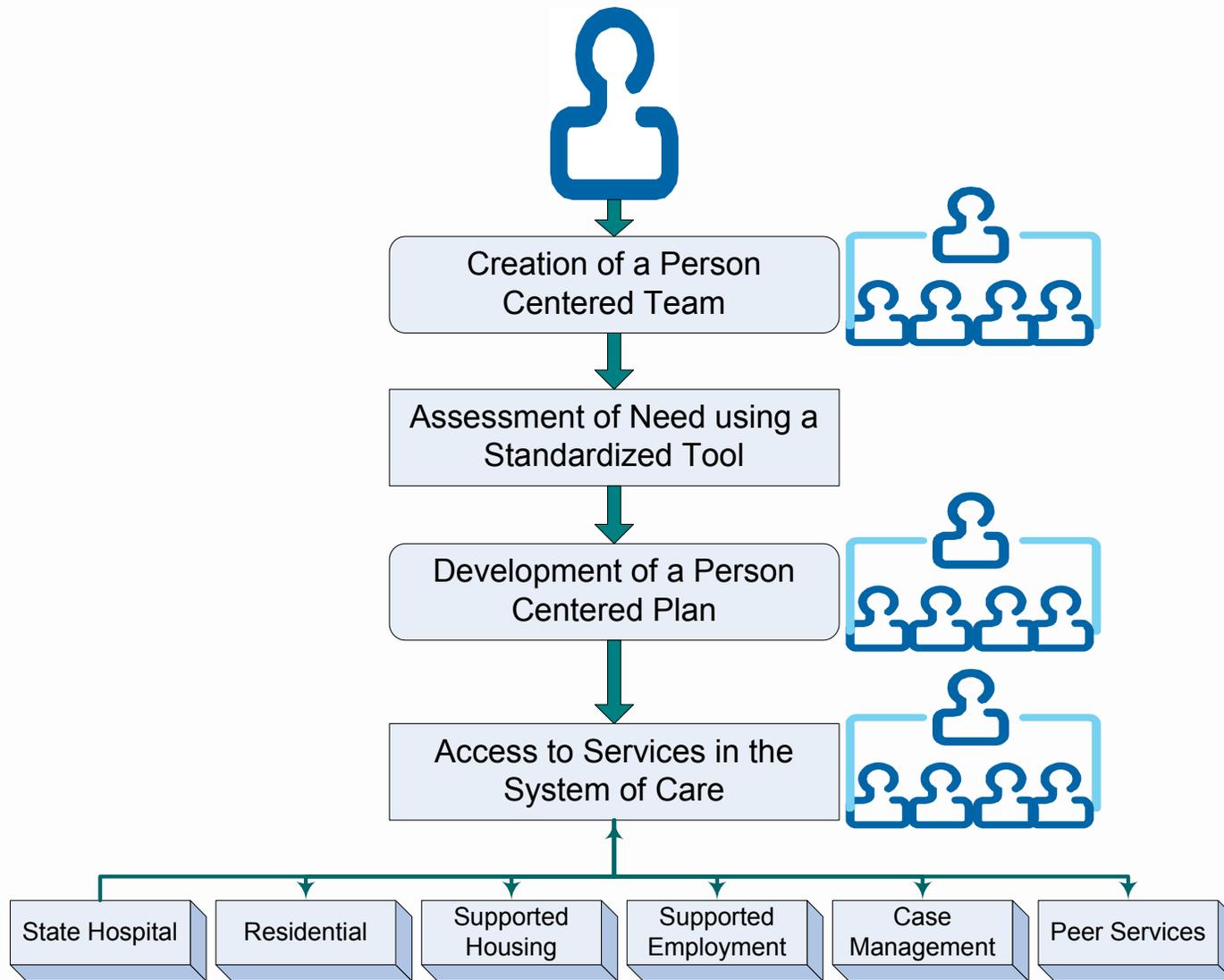
- Develops a comprehensive system of care
- MHO's coordinate and pay for all care
- Ultimate flexibility and accountability to meet individual's needs



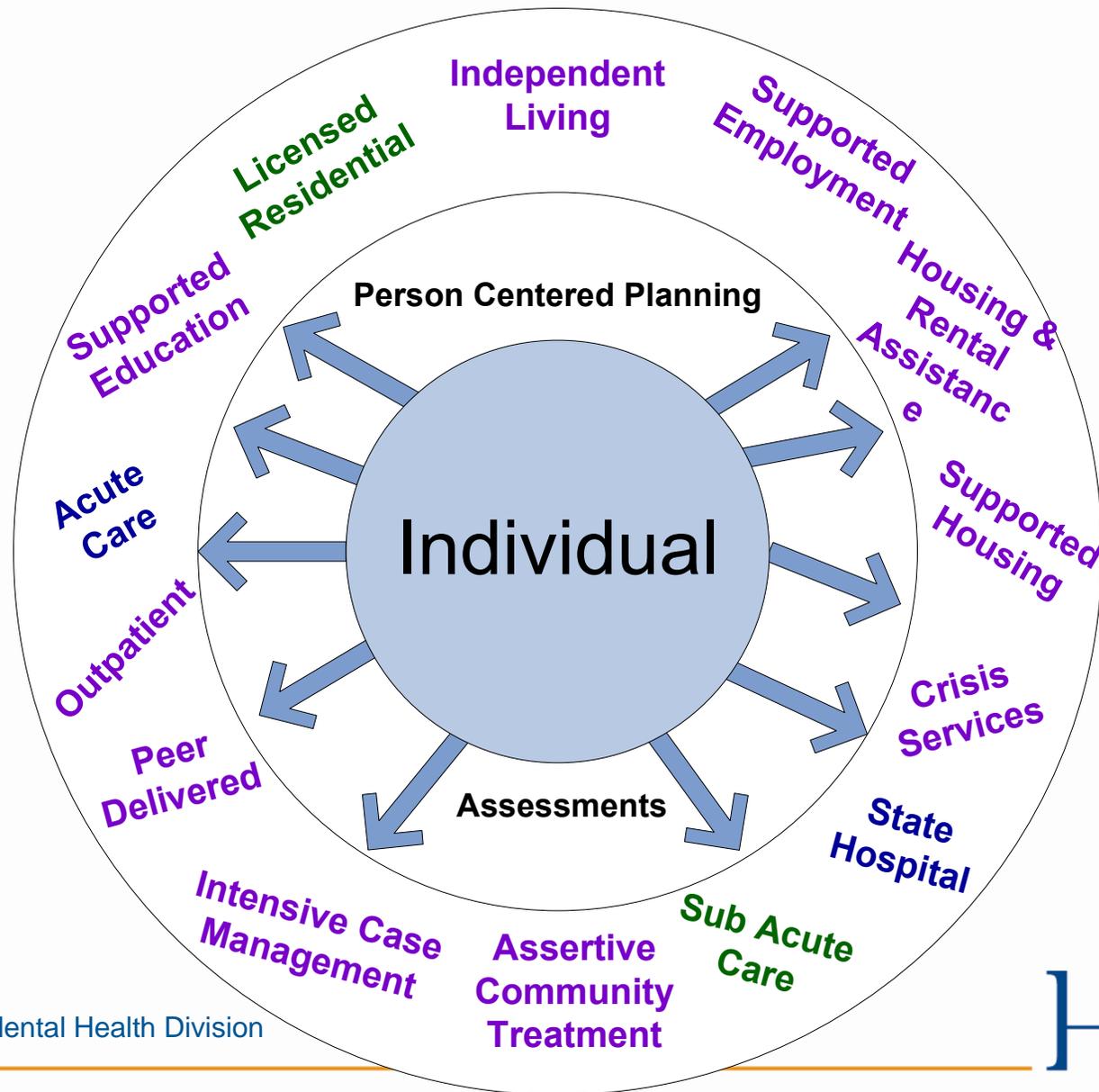
Metrics and Dashboards

- AMH is measuring MHO progress through “qualifying events” (QE’s)
 - Number of individuals who have transitioned from “higher levels of care” to more appropriate levels
- MHO’s were projected to have 331 QE’s from 9/1/10 to 7/1/11
- Current Status as of 3/3/2011
 - 283 Qualifying events
 - 85% of projected QE’s within 67% of the time expended
 - AMH now projects that there should be 420 QE’s by the end of the biennium
 - 27% over initial target

An adult in the mental health system



Adult mental health service array



Integration efforts

- AMHI provides a key linkage between the mental health system and broader integration efforts
 - Coordinating mental health long term care with community based mental health services
- Larger integration efforts will:
 - Help address health disparities for people with mental illness
 - Allow Oregon to better coordinate care for dual eligible individuals and Medicare eligible individuals served in the community mental health system

Residential services

- Residential services are provided in licensed settings with 16 or fewer beds
- Many of the community services created in the past 10 years have been facility-based
- Oregon has more than 240 licensed residential treatment facilities and homes programs located in almost every county
- Combined these programs serve more than 1,649 individuals

Licensed residential capacity

- 240 Licensed Facilities statewide
 - 125 Adult foster homes
 - 50 Residential treatment facilities
 - 43 Residential treatment homes
 - 22 Secure residential treatment facilities
- 25 Counties have residential capacity
 - 24% of total capacity in Multnomah
 - 11% of total capacity in Lane
 - 10% of total capacity in Marion

Does not include facilities licensed by SPD
Source: AMH's Consolidated Data Base 2-2011

Housing for individuals with mental illness

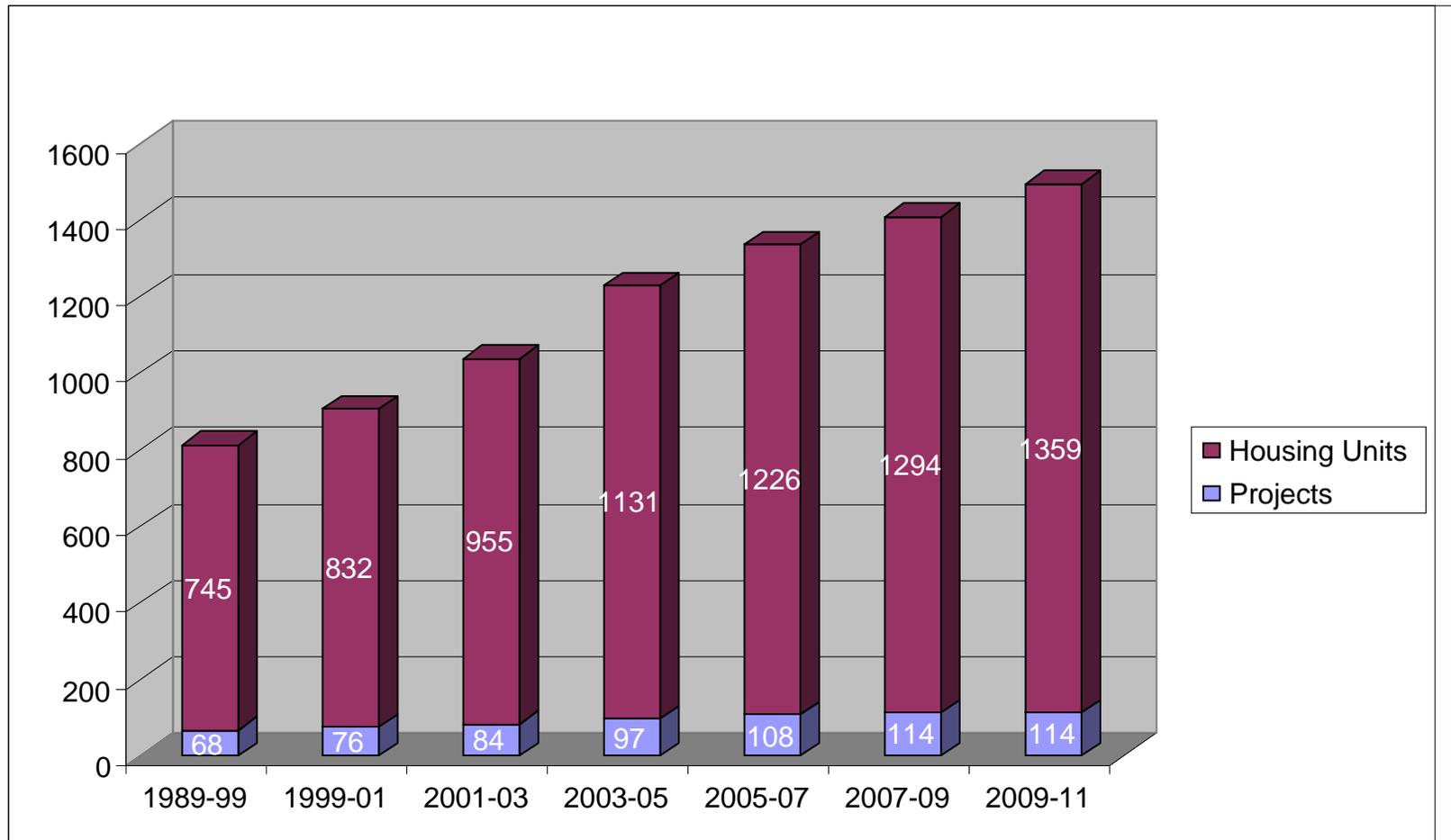
- A safe, affordable, alcohol- and drug-free place to live is essential to recovery for individuals with mental health disorders
- People with mental health disorders make up a substantial proportion of people identified as homeless
 - Nearly 18 percent of those identified as homeless had mental health disorders*
- Traditionally, Oregon has focused on developing licensed residential settings to meet both the housing and service needs of individuals

*In the “2010 Point in Time Count”

Mental health services housing fund

- Since 1989, AMH has provided grants to support **114** new housing projects in 25 counties developing capacity to serve **1,359** people
- To date, AMH has invested more than \$4.7 million in these projects
 - This investment has leveraged nearly \$167 million from other sources
- In the 2009-2011 biennium, AMH focused on addressing critical repairs in the mental health residential system
- These awards have helped 59 facilities improve the situation for 554 residents in the residential system
- The remaining 2009-2011 MHS funds will be used to address needs for patients transitioning from OSH

Mental health housing fund



Community mental health housing fund

- The Community Mental Health Housing Fund (CMHHF) was established with the proceeds from the sale of the Dammasch State Hospital property
- Since then, AMH has awarded \$2.4 million in support of 32 projects
- During 2009-2011, AMH awarded \$600,000 toward the creation of 86 supportive housing units leveraging \$28 million in other resources
- In Spring 2011, AMH is offering \$330,000 for the development of additional supportive housing in three new projects

Supportive housing

- AMH has directly developed or made available 193 supportive housing beds since July 1, 2007
- Through the Adult Mental Health Initiative (AMHI) Oregon expects to serve an additional 160 clients through supportive housing services or rental assistance
- Community Mental Health Programs are also actively involved in providing supportive housing for individuals

Supported employment

- Oregon has 14 evidence-based supported employment (SE) sites
- In the 2007-2009 biennium, 4,096 individuals accessed SE services
- To date this biennium, 1,165 individuals accessed SE services
 - Reduction due to stagnate rates that do not meet provider costs
 - Reduction in number of providers
 - High staff turn over
 - 2009-2011 Reduction in Legislatively Adopted Budget

Supported Education

- Oregon has supported education programs in Multnomah, Washington and Josephine Counties.
- For the 2009-2011 biennium 131 unduplicated consumers received supported education services.

Crisis services

- The goals of crisis services include:
 - Intervening immediately
 - Providing brief and intensive treatment
 - Involving families in treatment
 - Linking clients and families with other community support services
 - Averting visits to the emergency department or hospitalization by stabilizing the crisis situation in the most normal setting for the individual
- Crisis services include telephone hotlines, crisis group homes, walk-in crisis intervention services, resolution centers and mobile crisis teams
- Every CMHP is required to have 24/7 access to crisis services

Mandated treatment

- There are two groups of people in the mental health system who are mandated by the courts to receive treatment for their mental illness
 - Those who have been civilly committed
 - Those who are criminally committed
- Over the past year there were approximately 2,100 civilly committed people served in state hospitals or other 24-hour community settings
- Based on the forecast, an increase of about 264 people is expected during 2011-2013

Mandated treatment

- The criminal commitment caseload is based on two separate categories of criminal commitments Aid and Assist and Guilt Except for Insanity
- The PSRB caseload has been increasing steadily for many years, although there has been a modest slowing during the past two years.
- Mandated caseloads miss thousands in need of services and focuses efforts on those who have already reached a crisis.

State-delivered secure residential treatment facility program

- In 2007, the Legislature authorized AMH to operate secure residential treatment facilities (SDSRTF)
- The program opened in Pendleton in early January 2009.
- SDSRTF serves 16 individuals who are under the jurisdiction of the Psychiatric Security Review Board (PSRB)
- Under the supervision of the PSRB, individuals actively participate in treatment
- Additional programs have not been developed due to the state's budget situation and current vacancies in community programs serving the same population