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Background Brief on...

Mental Health and Chemical Dependency Treatment

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Background

Like other states, Oregon has a significant number of its citizens who have mental health and chemical dependency disorders. Many also have co-occurring disorders, meaning that they have both a mental illness and a chemical dependency problem. Since an estimated 40-50 percent of people with mental health disorders are dually diagnosed, and these two conditions often adversely impact each other in terms of overall disorder and treatment, it is important to consider both.

The term “mental disorders” encompasses a wide range of conditions of altered thinking, mood, and/or behavior associated with impaired functioning. Mental disorders range from the more significant types, like schizophrenia and major depressions, to the less severe phobias and anxiety disorders. Research is finding that most significant mental disorders are biologically based, meaning that there are physical causes in the brain that result in the disorders. Many mental disorders are treatable with prescription medications and other services such as counseling and case management. Mental retardation—such as Down syndrome—should not be mistaken for mental illness. However, people with mental retardation can also have a mental illness and substance abuse problems.

Chemical dependency includes addiction to alcohol and/or illegal drugs such as opiates, methamphetamines, and marijuana. Many people with chemical dependency problems will often abuse several illegal substances as well as alcohol.

Public Sector Services

The Office of Mental Health and Addiction Services (**OMHAS**), in the Department of Human Services, is the state’s primary agency for mental health and addiction treatment and prevention programs. OMHAS is responsible for planning and policy development for mental health, alcohol/drug and gambling addiction services, overseeing community services such as detoxification, residential treatment, outpatient counseling as well as prevention/education, quality assurance and licensing.

Adults in the Oregon Health Plan¹ (**OHP**) Plus program with mental health problems are generally eligible for a variety of services funded in the OHP prioritized list of services including crisis care, acute

¹ See the Background Brief on *Oregon Health Plan* for more information.

hospitalization, case management, counseling, medication management and other services. Adult residential services are available through a “carve-out” program, meaning that funding is not just from Medicaid, but also from General Funds. Children covered by the OHP are eligible for prevention, education, early intervention, assessment, crisis, inpatient hospitalization, therapy, case management, medication management, in-school supports, psychiatric day treatment, psychiatric residential and state hospital services.

Children and adults who need services but have no public or private insurance are prioritized based on those with the most significant needs. Uninsured children with a severe emotional disturbance are eligible for assessment services, crisis services and therapy. Uninsured adults also must usually have a severe mental illness or major psychiatric crisis to access services, which are provided through state General Fund and Mental Health Block Grant funds.

People who are identified as a danger to self, a danger to others or unable to provide for basic needs as a result of a mental illness may be required to receive psychiatric treatment (commitment). The county is responsible for the cost of hospital care and treatment prior to a commitment hearing. The state provides limited funds to local hospitals once persons are committed. For patients in state hospitals, the care and treatment is funded primarily with General Fund.

Depending on the specific services and population, the expected outcomes for people receiving mental health and chemical dependency services range from lowered use of emergency and hospital services, to improved social functioning in work, school and family relationships.

OHP mental health services are provided in a managed care environment through networks of insurers and providers. These networks are called Mental Health Organizations (**MHO**) and are operated by county community mental health programs, multi-county regional programs, private insurers, networks of providers, or fully capitated health plans (i.e., managed care plans). MHOs are also carve-out programs, which in this case means that their services are covered and paid for separately from the physical health services that OHP clients receive.

Adults and adolescents with chemical dependency problems and no insurance may receive a range of treatment services including outpatient counseling, detoxification, and residential treatment. There is a major focus on early intervention and the prevention of chemical dependency. These services include public education, skill building programs, community development and environmental approaches.

People in OHP who need chemical dependency treatment can receive assessments, outpatient, intensive outpatient services, methadone and medical detoxification. These treatments are paid within the OHP client’s physical health care services (i.e., chemical dependency treatment services are not carve-out programs like MHOs). Oregonians not on the OHP may receive the same services through OMHAS. OMHAS also funds residential and social detoxification for both OHP clients and those not covered under Medicaid using funds from the federal block grant, General Funds and some dedicated state funding.

As of April 2004, adults and couples eligible for Medicaid based on poverty receive the OHP Standard benefit. That benefit does not include outpatient treatment for mental health and chemical dependency problems, but does provide a hospital benefit. (Please see Background Brief on *Oregon Health Plan* for additional information.)

Private Sector Mental Health Benefits

Since the early 1980s, Oregon has required that group health insurance plans include mental health and chemical dependency treatment benefits (ORS 743.556). The law specifies certain minimal dollar benefits that plans must provide for both mental health and chemical dependency treatment inpatient, residential and outpatient services for adults and children. On July 1, 2000, these minimums were increased 25 percent. Mental health and chemical dependency treatment services that health insurance plans use must be approved by the state.

People Who Receive Services

In state fiscal year 2002-03, OMHAS reports that 69,918 adults and 28,356 children received public-funded mental health services in Oregon. Approximately 64,648 clients with chemical dependency problems were also treated in 2002.

OMHAS documents the number of children and adults from various racial and ethnic groups who use mental health and chemical dependency treatment services. The tables below show a break down of the overall number of adults and children from different racial/ethnic groups, along with the number who receive mental health (MH) services. The last row shows the percent of people receiving services as it corresponds to each total racial/ethnic population.

Children	White	Native Am.	Hispanic	Black	Asian
Population in Ore.	75,3321	13,048	63,502	13,918	26,097
Number receiving MH services	23,262	909	2,157	1,771	257
Percent of ethnic group receiving MH services	3.1%	7.0%	3.4%	12.7%	1.0%

Adults	White	Native Am.	Hispanic	Black	Asian
Population in Ore.	2,312,310	40,052	194,918	42,722	80,103
Number receiving MH services	61,317	1,318	2,515	2,647	2,121
Percent of ethnic group receiving MH services	2.7%	3.3 %	1.3%	6.2%	2.6%

Data from the Office of Mental Health and Addiction Services, FY 2001-2002

Based on the same racial/ethnic population totals as above, the tables below show the number of children and adults receiving chemical dependency (CD) services, along with the percentage of each group as it relates to their respective total populations.

Adults	White	Native Am.	Hispanic	Black	Asian
Number receiving CD services	47,413	2,606	5,986	2,367	599
Percent of ethnic group receiving CD services	2.1%	6.5%	3.1%	5.5%	Under 1%

*OMHAS data designates an additional 748 adults as “other”

Children	White	Native Am.	Hispanic	Black	Asian/
Number receiving CD services	4,490	324	598	190	75
Percent of ethnic group receiving CD services	Under 1%	2.5%	Under 1%	1.4%	Under 1%

*OMHAS data designates an additional 126 children as “other”
Data from the Office of Mental Health and Addiction Services, FY 2001-2002

Unmet Need for Services

A number of factors—most notably an increasing state population, high unemployment (and lack of insurance), fewer mental health professionals in certain parts of the state and fewer public programs due to budget cutbacks—have created more demand for mental health and chemical dependency services than are available.

Reductions in budgets during the past two years have resulted in fewer enrollments in both chemical dependency and mental health services. For 2002-03(the most current period available), OMHAS estimated that there were 8,032 adults who needed but did not receive mental health services due to a lack of personal resources, inability to access appropriate treatment or for other reasons. In the same timeframe, OMHAS estimated that 14,774 Oregon children did not receive needed mental health treatment.

OMHAS estimates that there are 452,528 Oregonians (405,252 adults and 47,276 youth) who need alcohol and/or drug treatment. About 40 percent (181,000) of those require the state's assistance because of their low-income or because they have inadequate insurance. Of this number, 90,500 will normally seek some form of state-provided treatment in a given year. The state also provides services to the estimated 20,000 people who are adjudicated into treatment by

the Driving Under the Influence of Intoxicants (DUI) program.

Oregon State Hospital & Eastern Oregon Psychiatric Center

Oregon State Hospital (OSH), in Salem and Portland, along with Eastern Oregon Psychiatric Center (EOPC) in Pendleton, comprise the state's publicly-funded psychiatric institutions. The hospital facilities are very old; a third were built between 1883 and 1912, and the newest building in Salem was constructed in 1955. There are continuing and costly maintenance and remodeling problems with the hospital to meet current standards of psychiatric treatment and patient/staff safety and security.

OSH programs include:

- Forensic Evaluation and Treatment Services (191 beds on 6 wards) provides evaluations for fitness to proceed and criminal responsibility; treatment to restore capacity for trial (i.e., aid and assist in a trial); and treatment for those found guilty except for insanity and placed under the jurisdiction of the Psychiatric Security Review Board.¹
- Forensic Rehabilitation and Transition Services (243 beds on 7 wards) provides treatment for those who have been placed under the jurisdiction of the Psychiatric Security Review Board because of a judgment of guilty except for insanity.

- Adolescent Services (22 beds on 1 ward) provides evaluation and treatment for adolescents with significant psychiatric illnesses. Services for younger children moved from the OSH campus to smaller, community-based residential programs in January 2002.
- Geropsychiatric Services (114 beds on 4 wards) provides evaluation and treatment services for older adults with psychiatric and medical disorders and for younger, neurologically impaired adults.
- Adult Treatment Services (133 beds on 5 wards) provides services to adult patients in Portland (68 patients on 3 wards) and Salem (65 patients on 2 wards). These adult patients are usually referred from acute care hospitals in the community under civil commitment orders.

The demand for services at OSH is growing, especially within Adult Treatment Services and Forensic Treatment Services. The patient population is above the hospital's budgeted capacity (701). Generally, all patients at OSH are there on a court order. EOPC has 60 beds for adults.

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¹ A board appointed by the Governor responsible for monitoring the mental and physical health and treatment of any person placed under its jurisdiction as a result of a finding by a court of guilty except for insanity.