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Background Brief on ...

Addictions and Mental Health Service

Like other states, Oregon has a significant number of 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. An estimated 40 to 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.

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 more significant types, like schizophrenia and major depressions, to 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 Addictions and Mental Health Division (AMH), in the Oregon Health Authority, is the state’s primary

agency for mental health and addiction treatment and prevention programs. AMH 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 Plan (**OHP**), Oregon's Medicaid program, with mental health problems are generally eligible for a variety of services funded in the OHP prioritized list of services including assessment, crisis care, acute hospitalization, case management, counseling, medication management and other services (see *Oregon Health Plan Background Brief* for more information). A variety of adult residential services are available, but are not covered by OHP. Children covered by OHP are eligible for early intervention, assessment, crisis, inpatient hospitalization, therapy, case management, intensive community-based services, medication management, in-school supports, psychiatric day treatment, psychiatric residential, and intensive secure community-based psychiatric residential long-term services.

Children and adults who need mental health 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.

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

Traditionally, OHP mental health services have been 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, meaning that their services are covered and paid for separately from the physical health services that the OHP clients receive.

Over the past year, AMH has been engaged in major health reform to improve the health and well-being of Oregonians. One task is the integration of physical and behavioral health care for individuals served through the OHP. This is the health system transformation work set forth by House Bill 3650 that includes the development of Coordinated Care Organizations (CCOs).

The AMH staff is working to ensure that CCOs would provide greater access to integrated health, addictions and mental health services. Over the past year, AMH has been engaged in Oregon's health reform efforts to improve the health and well-being of Oregonians. Staff is working to ensure that CCOs provide greater access to integrated health, addictions and mental health services. In addition to supporting the implementation of CCOs, AMH has also undertaken a parallel but separate system change effort with Oregon's county governments. This system change will restructure the publicly funded addiction and mental health system for services not covered by the Oregon Health Plan.

Addiction Services

Adults and adolescents experiencing problems with substances 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 substance use disorders. 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 for within OHP client's physical health care services, because chemical dependency treatment services are not carve-out programs like MHOs. In the future, substance use disorder services will be provided by coordinated care organizations so the services are provided holistically along with the individual's health and mental health services. Oregonians not on the OHP may receive the same services through the AMH that 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.

Problem gambling prevention and treatment services prevent people from becoming addicted to gambling and assist people who are addicted in recovering from addictive and pathological gambling. These services include evidence-based prevention strategies to decrease the probability that young people will begin gambling at young ages and that adults of all ages will be aware of the addictive nature of gambling, particularly on-line games and video poker. Treatment services include outpatient individual and group therapies, intensive therapies, and statewide access to residential treatment for those who are at risk because of pathological gambling. Problem gambling prevention and treatment to reduce the effects of problem gambling is funded through a statutory one percent set-aside of state Lottery revenues.

Child and Adolescent Mental Health System

Unlike most disabling physical diseases, mental illness begins very early in life. Half of all lifetime cases begin by the age of 14; three quarters have begun by the age of 24. The children's mental health system is organized in a manner that places available funding and responsibility in the community to provide early identification and intervention and to organize healthcare delivery services and supports to interrupt the onset of these chronic diseases. The services and supports provided to children and

their families are primarily operated through the Medicaid managed care system. Financial and administrative responsibilities are integrated into the Oregon Health Plan. This places accountability and responsibility for a full array of services and supports into local or regional systems of care.

Medicaid-reimbursed mental health services include a full array of managed services that are community-based, with decision making and service delivery occurring locally or regionally. Communities have a single point of access, most commonly the Community Mental Health Program, which uses a uniform method of determining a child's and family's service needs and strengths. Children and their families receive care coordination, flexible community-based services, and interagency collaboration. The services are individually determined based on the needs of the child and family. The goal is to provide intensive community-based services so that children and their families receive services to keep a child at home, in school, with friends and out of trouble.

The AMH reports that trend data in services and service outcomes is demonstrating that more children are receiving mental health services, the provision of intensive mental health services has increased, fewer children are going to residential treatment and acute psychiatric hospital care, and parents are increasingly satisfied with treatment appropriateness, outcomes, participation, and coordination among agencies. Parents are also reporting that the initiation of mental health services has increased school attendance, decreased school suspension and expulsions, and reduced the number of arrests for their children.

Children and adolescents with emotional, behavioral or substance abuse related needs and their families often require a multi-agency integrated systems approach to meet their needs. AMH and the Department of Human Services child welfare program, have a partnership to lead the Statewide Wraparound Initiative. This initiative uses national models and research to maximize efficiency and effectiveness of services and supports across child serving

systems. We have been able to demonstrate that the use of Wraparound as a team-based, intensive care coordination model reduces costs increases the ability for a child to live successfully at home and provide families with the necessary supports to no longer need active services.

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 743A.168). The law specified certain minimal dollar benefits that plans must provide for both mental health and chemical dependency treatment, including inpatient, residential, and outpatient services for adults and children.

The 2005 Legislative Assembly passed Senate Bill 1, the so-called “Parity Bill.” Effective in January 2007, mental health and chemical dependency problems are treated using comparable medical necessity criteria and techniques used to manage other insured illnesses.

Figure 1 – Mental Health Services

	Children (0-17)	Adults
Prevalence	103,968	161,526
Served	36,161	72,392
Percent Served	34.8%	44.8%

Data from the AMH Division, FY 10/11

Figure 2 – Chemical Dependency Services

	Age 12-17	Age 18-25	Age 26+
Prevalence	25,690	84,972	185,806
Served	6,053	14,824	43,235
Percent	23.6%	17.4%	23.3%

Data from the AMH Division, FY 10/11

People Who Receive Services

In state fiscal year 2010-2011, AMH preliminarily reported that 72,392 adults and 36,161 children received public-funded mental health services in Oregon. Approximately 64,740 clients with chemical dependency problems were also treated during the same period.

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.

For 2010-2011 (the most recent period available), AMH estimated that 45 percent of the adults with severe mental illness received public services. Others did not receive services due to a lack of personal resources, inability to access appropriate treatment, or for other reasons. During the same time frame, AMH estimated that 35 percent of Oregon children with severe emotional disorders received needed public mental health treatment.

AMH estimates that there are 296,468 Oregonians (185,806 adults age 26 and over, 84,972 young adults ages 18-25, and 25,690 youth) who need alcohol and/or drug treatment. Roughly 22 percent of those in need receive services through publicly funded programs. The number of people receiving services through private funds or other means is unknown.

Oregon State Hospital and Blue Mountain Recovery Center

The Oregon State Hospital (OSH), in Salem and Portland, along with the Blue Mountain Recovery Center (BMRC) in Pendleton, comprise the state’s publicly funded psychiatric institutions.

The OSH programs include:

- Forensic Psychiatric Services that consist of Hospital Services (426 beds in 17 treatment units) and Residential Services (26 beds in 4 cottages); fitness evaluations; 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 (PSRB) or the State Hospital Review Panel (SHRP). The PSRB is appointed by the Governor and responsible

for monitoring the mental and physical health and treatment of persons placed under its jurisdiction as a result of a finding by a court of guilty except for insanity. For those patients who committed non-Measure 11 crimes, SHRP has jurisdiction during their time in the hospital and determines when they can be safely discharged or conditionally released. If conditionally released, jurisdiction transfers to PSRB.

- Geropsychiatric, recently renamed Neurophychiatric Services (88 beds in 4 wards) provides evaluation and treatment services for older adults who suffer dementia, organic brain injury or mental illness. These patients often have significant medical issues. This program also provides services for younger, neurologically impaired adults.
- Adult Treatment Services (92 beds in 4 wards) provides services to adult patients in Portland (92 patients in 4 wards). These adult patients are usually referred from acute care hospitals in the community under civil commitment orders.

The BMRC also provides Adult Treatment Services (60 beds) for those who have been civilly committed after a court found them to be a danger to themselves or others, or unable to provide for their own basic needs, such as health and safety, because of a mental disorder.

Construction of New Facilities

The 2007 Legislative Assembly authorized certificates of participation to finance \$458 million for construction of two new, state-operated psychiatric facilities: a 620 bed facility in Salem and a 360 bed facility in Junction City. In late 2010, based upon a new analysis of future need, the Oregon Health Authority (OHA) revised the need to 794 beds, downsizing the Junction City hospital to 174 beds.

The new 620-bed hospital was completed in 2012 and transfer of patients into the new facility was completed in March 2012. Work is underway on the site preparation and design of the second campus; the 174 bed facility in

Junction City expected to be completed during the 2013-15 biennium.

The 794 hospital level of care beds are needed to meet the treatment needs of individuals with severe mental illness who cannot be safely and effectively treated in community programs and are civilly or criminally committed to the state for treatment and to maintain public safety.

Department of Justice Report

Oregon has been working collaboratively with the United States Department of Justice (USDOJ) and has reached agreement on identifying and implementing system change metrics that continue to meet legal Olmstead requirements. Oregon will continue working in concert with USDOJ to identify future structural system changes that will provide Oregonians better health, better access to healthcare services in a manner that is cost effective while utilizing scarce resources to their full potential.

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