Background Brief on …

Addictions and Mental Health Services

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Like other states, Oregon has a significant number of citizens who have mental health and chemical dependency disorders – referred to together as "behavioral health." Many have compound issues, such as co-occurring disorders (a mental illness and a chemical-dependency problem) and/or dual-diagnoses. (An estimated 40 to 50 percent of people with mental health disorders are dually diagnosed.)

The term "mental disorders" refers to a wide range of conditions of altered thinking, mood, and/or behavior that are associated with impaired functioning. Mental disorders range from more significant types, like schizophrenia and major depression, to less severe phobias and anxiety disorders. Research is finding that most significant mental disorders are biologically based, meaning there are physical causes in the brain that result in the disorder. 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/or substance abuse problems.

Chemical dependency includes addiction to alcohol and/or illegal drugs, such as opiates and methamphetamines. Individuals with chemical dependency problems may abuse multiple illegal substances as well as alcohol.

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

Public Sector Services

The Addictions and Mental Health Division **(AMH)** of the Oregon Health Authority, is the state's primary agency for 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, and outpatient counseling as well as prevention/education, quality assurance, and licensing.

Oregon's Medicaid program is the Oregon Health Plan **(OHP)**; (see *Oregon Health Plan* Background Brief). A variety of mental health and addiction services are available to covered adults and children.

Individuals seeking services who do not have public or private insurance are prioritized based on need; meaning they may receive services only for severe illnesses or acute crises. Services are made available through state General Fund and Mental Health Block Grant funds.

Prior to 2014, OHP mental health services were provided in a managed care environment through networks of insurers and providers called mental health organizations (**MHO**s). MHOs were operated by county Community Mental Health program providers, multi-county regional program providers, private insurers, networks of providers, or fully capitated health plans (i.e., managed care plans). MHOs were also "carve-out" programs, meaning that services were covered and paid for *separately* from physical health services that OHP clients received.

In 2010, Congress passed the Affordable Care Act **(ACA)**. Consistent with implementation of the ACA, the state legislature enacted House Bill 3650 in 2011, and since that time, the Oregon Health Authority has been engaged in major reform (see *Health System Transformation* Background Brief). Principles underlying reform include the integration of physical and behavioral systems of care and the coordination of services.

In addition to participating in implementation of the ACA, AMH has also undertaken a parallel but separate effort with Oregon's county governments, to restructure the publicly funded addiction and mental health system for people who are not eligible for the OHP.

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. With the health care transformation, substance use disorder services are provided holistically by coordinated care organizations, integrated with the individual's other physical and mental health services.

Addiction services include prevention and treatment of problem gambling, to keep people from becoming addicted to gambling and to assist people who are addicted to recover. These services include evidence-based prevention strategies to decrease the probability that young people will begin gambling at a young age and for adults of all ages to become educated about the addictive nature of gambling, particularly that of video and on-line games. Treatment services include outpatient, individual and group therapies, intensive therapies, and statewide access to residential treatment for those who are at risk due to pathological gambling. The 2009 AMH Gambling Programs Evaluation update estimated the annual social cost of problem gambling in Oregon was in excess of $41.5 million. Problem gambling prevention and treatment to reduce the effects of problem gambling is funded through a statutory 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, and three-quarters begin by age 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 health care 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 on local and/or regional systems of care.

Young Adult Mental Health Hubs

There are five Young Adult Mental Health Hubs across the state. They are designed to make supportive connections more accessible to persons between the ages of 14 and 25. Hubs provide access to physical and mental health services through outreach to young persons in the community, to service providers, and to other local partners. Hubs are peer-focused to help young people develop goals and the skills to cope with circumstances encountered at school, at work, and with life in general.

Coordination of Services

People seeking services typically have a single point of access, most commonly with each county's Community Mental Health program provider. The Community Mental Health program uses a uniform method of determining a child's and family's needs and strengths, so that services may be individually determined, and the family can receive coordination of care, flexible community-based services, and interagency collaboration. The goal is provision of intensive community-based services that enable families to remain intact, with children at home, in school, and among friends.

AMH reports 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 also report typical outcomes, after the initiation of mental health services, which include increased school attendance, decreased school suspensions and expulsions, and a reduction in arrests.

Children and adolescents with emotional, behavioral and/or substance abuse issues, and their families, often require a multi-agency integrated approach to meet their needs. AMH and the Department of Human Services have partnered to lead the Statewide Children's Wraparound Initiative. This initiative uses national models and research to maximize efficiency and effectiveness of services and supports across systems that service children, such as the education system and the Department of Human Services. The use of a team-based, intensive care coordination model has been shown to reduce costs, increase the ability of the child to remain successfully at home, and provide families with the necessary supports to discontinue active services.

Private Sector Mental Health Benefits

Since the early 1980s, Oregon has required group health insurance plans to include mental health and chemical dependency treatment benefits (ORS 743A.168). The law specifies 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," which went into effect January 2007. Mental health and chemical dependency problems are treated just like other health issues, using comparable medical necessity criteria and management techniques that are used for other insured illnesses.

Unmet Need for Services

A number of factors – most notably population increase, high unemployment and corresponding lack of insurance, fewer mental health

professionals in certain parts of the state, and fewer public programs due to a lack of resources, have resulted in greater demand for mental health and chemical dependency services than are available. This trend continues in correspondence with the Great Recession.

State Psychiatric Hospitals

Oregon State Hospital (**OSH**) facilities meet the treatment needs of individuals who are civilly or criminally committed to the state, with severe mental illness that cannot be safely and effectively treated in community settings.

People who come to OSH through a civil commitment process require physically secure, 24-hour care that is not available elsewhere. A court has determined they are a danger to themselves and/or others, or that they are unable to provide for their own basic needs, such as health and safety, because of a mental disorder.

Those who come to OSH criminally, called a "forensic commitment," have been either charged with a crime or convicted of a crime. If a person is not able to aid and assist in their own defense, their constitutional right to a fair trial is threatened. Courts refer such persons to OSH for treatment designed to restore their ability to aid and assist in their own defense, in order to protect their right to a fair trial. A person can also be referred to OSH if they are convicted of a crime, but they were insane at the time (called "guilty except for insanity"). Depending on the nature of the crime, patients found guilty except for insanity are under the jurisdiction of the Psychiatric Security Review Board (**PSRB**) or the Oregon 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 found guilty except for insanity. SHRP has jurisdiction over patients convicted on non-Measure 11 crimes while they are at OSH, and determines when they can be safely discharged or conditionally released. If conditionally released, jurisdiction transfers to the PSRB.

Until 2014, hospitals in Salem and Portland, along with the Blue Mountain Recovery Center **(BMRC)** in Pendleton, comprised the state's publicly funded psychiatric institutions. The legislature authorized significant investments for improvements in 2007, in response to a federal investigation into hospital conditions, which included construction of two replacement facilities: a 620-bed hospital in Salem which opened in 2012, and a 174-bed hospital in Junction City, due to open in 2014. In March of 2014, the 66-year-old, 60-bed BMRC was closed.

Federal Investigation of Oregon's Mental Health Care System

Oregon's mental health system has been under investigation since 2006. The U.S. Department of Justice (Justice) began by examining conditions at the Oregon State Hospital for compliance with the Civil Rights of Institutionalized Persons Act, and issued significant findings in 2008. In 2010, the investigation was expanded to determine whether Oregon's overall mental health system complied with the "integration mandate" of Title II of the Americans with Disabilities Act **(ADA)**. At the same time, Congress passed the ACA, which triggered a regulatory overhaul of health care generally.

The "integration mandate" of the ADA requires the most community-integrated setting possible for mentally ill persons, not segregation and institutionalization. In order to satisfy this mandate, there must be adequate services and supports in community settings to meet the needs of mentally ill persons.

Oregon and Justice arrived at a settlement agreement in 2012. The agreement acknowledged that Oregon was in the middle of a health care transformation intended to integrate behavioral and physical care, and that this presented an opportunity to embed investigation-related improvements into the redesign. The agreement contemplated the achievement of certain tasks by certain deadlines, over the course of four years that, if accomplished, would resolve the investigation.

Justice submitted a status report to Oregon in early 2014, expressing concern that the state was well behind where it needed to be to resolve the investigation. The state continues to meet with Justice on a quarterly basis; has identified specific areas for 2013-2015 investment; and is conducting town hall meetings across the state in 2014 to discuss the state's behavioral health system in order to develop a comprehensive, statewide strategic plan.

2013-2015 Mental Health Investments

The 2013-2015 legislatively adopted budget identifies specific services and system expansions that focus on promoting community health and wellness, keeping children healthy, and helping adults with mental illness live successfully in the community. A component of each of the following investments was put in place by early 2014.

Prevention, early identification and intervention, and training and technical assistance for health care providers:

- Early Assessment and Support Alliance (EASA);
- Technical assistance for youth peer-delivered support;
- Technical assistance for family peer-delivered support;
- Young adult community hubs;
- School access to mental health services;
- System of Care and Wraparound;
- Parent-child interaction therapy;
- Trauma Initiative;
- Technical assistance for Collaborative Problem Solving;
- Training for adolescent depression screening;
- Oregon Psychiatric Access Line for Kids (OPAL-K);
- Young adult co-occurring disorder treatment; and
- Program for victims of youth sex trafficking.

Strengthening community mental health services to help people with mental illness live successfully and independently in the community:

- Mental health promotion and prevention;
- Crisis services;
- Jail diversion;
- Supported housing and peer-delivered services;
- Supported employment services; and
- Assertive Community Treatment.

Statewide Behavioral Health Strategic Plan

As the state continues to implement the coordinated care model, addiction and mental health services remain an essential part of the state's health system transformation efforts. In 2014, the Oregon Health Authority is hosting a series of town hall meetings for the purpose of discussing the status of Oregon's behavioral health system, determining future direction, and establishing principles to guide movement in that direction.

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