



LPRO: Legislative Policy and Research Office

BEHAVIORAL HEALTH SERVICES

BACKGROUND BRIEF

Like other states, Oregon has a significant number of citizens with mental health and substance abuse disorders (referred-to together as “behavioral health” issues), and of those, many – an estimated 40 to 50 percent – have co-occurring disorders (one or more disorders relating to the use of alcohol and/or other drugs, along with one or more mental disorders).

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 significant types, like schizophrenia and major depression, to less severe phobias and anxieties. 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.

Conditions like Down syndrome should not be mistaken for mental illness; however, individuals with developmental disabilities

can also have a mental illness and/or substance abuse problem.

Substance abuse includes addiction to legal drugs, such as alcohol and tobacco, and/or illegal drugs, such as methamphetamines.

Individuals with substance abuse problems may abuse multiple substances.

A robust system of behavioral health services provides pathways for individuals to cope and ultimately recover; but outcomes that fall short of recovery still provide tremendous benefit to the individuals receiving services, the individual’s family and their communities. The benefits could include: reduced occurrence of crises, reduced intensity of crises, less reliance on emergency rooms and hospitals, less law enforcement involvement and improved social

functioning at work, in school and in personal relationships.

CONTENTS

PUBLIC SECTOR DEVELOPMENT OF COORDINATED, INTEGRATED CARE

ADDICTION SERVICES

CHILD AND ADOLESCENT MENTAL HEALTH SYSTEM

PRIVATE SECTOR – BEHAVIORAL HEALTH BENEFITS

CHRONIC UNMET NEED FOR SERVICES

STATE PSYCHIATRIC HOSPITALS

FEDERAL INVESTIGATION OF OREGON’S MENTAL HEALTH CARE SYSTEM

OREGON PERFORMANCE PLAN

ONGOING BEHAVIORAL HEALTH SYSTEM IMPROVEMENTS

STAFF CONTACTS



BEHAVIORAL HEALTH SERVICES

PUBLIC SECTOR DEVELOPMENT OF COORDINATED, INTEGRATED CARE

Oregon's Medicaid program is the Oregon Health Plan (OHP); see *Oregon Health Plan Background Brief* for more information. A number of behavioral health services are available to adults and children covered by OHP, primarily through the Oregon Health Authority (OHA): Health Policy and Analytics (HPA) oversees planning and policy development for mental health, alcohol/drug and gambling addiction services; Health Systems Division (HSD) is responsible for overseeing community services (such as detoxification, residential treatment and outpatient counseling), quality assurance and licensing; and Public Health is responsible for prevention and education.

Prior to 2014, OHP mental health services were provided in a managed care environment through networks of insurers and providers called mental health organizations (MHOs). 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 (2011), and since that time, OHA has been engaged in major reform (see *Health System Transformation Background Brief* for more information). Principles underlying reform include the integration of physical and behavioral health care systems and the

coordination of services through Coordinated Care Organizations (CCOs).

CCOs are networks of all types of health care providers (physical health care, addictions and mental health care and sometimes dental care providers) that have agreed to work together in their local communities to serve people covered by OHP. CCOs are focused on prevention and helping people manage chronic conditions, like diabetes, to reduce unnecessary emergency room visits and support good health.

Today, there are 16 CCOs operating in communities around Oregon: they are local and flexible; they have one budget for mental, physical and ultimately dental care; they are accountable for the health outcomes of the population they serve; and they are governed by a partnership among providers, community members and stakeholders. OHA is required to issue regular reports that provide information about quality, access and overall progress, as well as financial data. (See *Health System Transformation Background Brief* for more information on CCOs).

ADDICTION SERVICES

Adults and adolescents experiencing problems with substances may receive a range of treatment services including outpatient counseling, detoxification and residential treatment. Early intervention and prevention of substance use disorders through public education, skill-building programs, community development and environmental approaches is paramount. With the health care transformation, substance use disorder services are provided holistically by CCOs and integrated with other services for physical and mental health.



BEHAVIORAL HEALTH SERVICES

CHILD AND ADOLESCENT MENTAL HEALTH SYSTEM

Oregon Opioid Initiative: HSD and Public Health lead work group activity concerned with opioid-related issues (such as opioid prescriptions, opioids and the Medicaid population and access to medication-assisted treatment, naloxone and other opioid treatment programs (OTPs)) called the Oregon Opioid Initiative. The group meets monthly and participants include state, county and other public health, treatment and law enforcement entities.

Problem Gambling: 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 intended to decrease the probability that a person will begin gambling at a young age, and to educate adults about the addictive nature of gambling, particularly that of video and online 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 disordered gambling. It is estimated that 81,000 (2.3-2.7 percent of adult Oregonians) meet the criteria for Gambling Disorder, and for each disordered gambler, many others are affected (e.g., spouse, children). Oregon's disordered gamblers produce over \$500 million in social costs that impact the criminal justice system, the human services system and Oregon's overall economic health. Problem gambling prevention and treatment services are funded through a one-percent statutory set-aside of state Lottery revenues.

Unlike most disabling physical diseases, mental illness begins very early in life: half of all lifetime disorders begin by the age of 14, and three-quarters begin by age 24. The children's mental health system in Oregon is organized in a manner that places available funding and responsibility for early identification and intervention, as well as the organization of service delivery and supports, on local and regional communities and systems of care.

Young Adult Mental Health Hubs: There are five Young Adult Mental Health Hubs across the state. They are designed to make support more accessible for young adults ages 14 to 25. Hubs provide access to physical and mental health services through outreach to local young people and service providers, as well as other local partners. Hubs are peer-focused to help young people develop goals and the skills to cope with school, work and life in general.

Coordination of Services: Individuals seeking services typically have a single point of access, most commonly with a county's Community Mental Health program provider. The Community Mental Health program uses a uniform method of assessing a child's and family's needs and strengths so that services may be tailored specifically to the child, and the family can coordinate care through flexible community-based services. The goal is to provide intensive community-based services that allow families to remain intact with children at home, in school and among friends.

System of Care Wraparound Initiative: Children and youth with emotional, mental and/or substance abuse challenges and their families,



BEHAVIORAL HEALTH SERVICES

often require a multi-agency, integrated approach to meet their needs. HSD has partnered with other state agencies to lead the System of Care Wraparound Initiative. The initiative is based on national models and research that maximize the efficiency and effectiveness of delivering services to children and their families by “wrapping” the education system, the juvenile justice system and the child welfare system around them. Families and youth lead in the development of their own plans of care and participate in all levels of governance. 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 – BEHAVIORAL 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 minimum requirements, including inpatient, residential and outpatient services for adults and children.

In 2005 the Oregon legislature passed Senate Bill 1, the “Parity Bill,” which went into effect January 2007. The measure required mental health and chemical dependency problems to be treated just like other health issues, using comparable medical-necessity criteria and management techniques that are used for other insured illnesses.

CHRONIC UNMET NEED FOR SERVICES

Available behavioral health services do not keep pace with demand for a number of

reasons: there are fewer programs due to insufficient resources; the population continues to increase; services and resources were redirected and exhausted during the recent recession; and there are fewer mental health professionals in certain parts of the state.

STATE PSYCHIATRIC HOSPITALS

Oregon State Hospital (OSH) facilities operate under the direction of OHA to meet the treatment needs of individuals with severe mental illness who are civilly or criminally committed into the state’s care. OSH’s primary goal is to help people recover and return to the community. Services include psychiatric evaluation, diagnosis and treatment, as well as community outreach and peer support.

OSH has two campuses; one in Salem that opened in 2012, and one in Junction City that opened in 2014. The Salem campus can serve up to 620 people at a time, and the Junction City campus can serve up to 174. These facilities help more than 1,400 people per year and employ more than 2,000. The legislature authorized construction of the new campuses in 2007 in response to a federal investigation into hospital conditions.

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

Those who come to OSH through a criminal commitment process have either been charged with a crime or convicted of a crime. If a person charged with a crime is not able to



BEHAVIORAL HEALTH SERVICES

assist in their own defense, their constitutional right to a fair trial is compromised, and a court will order treatment designed to restore their capacity to assist. In Oregon, this is called a “370 commitment” in reference to the court’s authority under ORS 161.370; it is more commonly described in other jurisdictions as “incompetent to stand trial.” A person can also be ordered into OSH’s care upon conviction for a crime, if they were insane (according to the legal definition) when it was committed. In Oregon, such persons are found “guilty except for insanity.” In most other jurisdictions, persons are more commonly found “not guilty by reason of insanity.” Depending on the nature of the crime, patients found “guilty except for insanity” are under the jurisdiction of either the Psychiatric Security Review Board (**PSRB**) or the Oregon State Hospital Review Panel (**SHRP**).

The PSRB is appointed by the Governor and confirmed by the Senate, and is responsible for monitoring the mental and physical health and treatment of persons found “guilty except for insanity.” The SHRP has jurisdiction over persons convicted of *non*-Measure 11 crimes (Measure 11 crimes are generally the most serious, with mandatory sentences) while they are being treated at OSH, and determines when they can be safely discharged or conditionally released. If conditionally released, jurisdiction transfers to the PSRB.

FEDERAL INVESTIGATION OF OREGON’S MENTAL HEALTH CARE SYSTEM

Oregon’s mental healthcare system has been under investigation since 2006. The U.S. Department of Justice (**USDOJ**) began by

examining conditions at OSH for compliance with the Civil Rights of Institutionalized Persons Act, and issued findings in 2008. In 2010, the investigation was expanded to determine whether Oregon’s overall mental healthcare 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, rather than 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 USDOJ arrived at a settlement agreement in 2012. The agreement acknowledged that Oregon was in the middle of 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 also contemplated the state’s achievement of certain tasks by certain deadlines over the course of four years, and quarterly meetings with USDOJ.

In July 2016, the state committed to an updated, three-year plan.

OREGON PERFORMANCE PLAN

In July 2016, OHA issued a three-year [Oregon Performance Plan](#) to improve services for individuals with serious and persistent mental illness (**SPMI**). The state has agreed to several specific outcome measures, additional data collection, quality/performance measures, and continued study and reporting



BEHAVIORAL HEALTH SERVICES

requirements. Plan goals include reduced hospitalization and incarceration and expanded crisis services.

ONGOING BEHAVIORAL HEALTH SYSTEM IMPROVEMENTS

After the agreement was reached, as part of the 2013-15 legislatively adopted budget, investments were targeted to specific areas of improvement. Then in late 2015, town hall meetings were held across the state to obtain feedback from consumers about system improvements, as efforts to develop and implement improvement strategies in the state's behavioral health care system continue in 2016 and beyond.

Behavioral Health Investments: The 2013-15 legislatively adopted budget identified specific services and system expansions that focused on promoting community health and wellness, keeping children healthy and helping adults with mental illness live successfully in the community.

The Oregon legislature in 2015 continued new investments in behavioral health services, including \$20 million in bond sales for the development of housing for people with mental illness and substance use disorders, and \$22.2 million additional funding to expand the following community services:

- Oregon Psychiatric Access Line About Kids (OPAL-K);
- Crisis services;
- Jail diversion;
- Rental assistance;
- Sobering facilities; and
- Addictions peer support.

Behavioral Health Listening Tour: In late 2015, policymakers traveled the state to solicit feedback from adolescents, adults and families that had difficulty accessing mental health and substance use disorder treatment in Oregon. They heard from approximately 550 consumers and family members over the course of seven town hall meetings across the state. The information that was collected appears in [*Behavioral Health Town Halls 2015 Report*](#)

Behavioral Health Collaborative: In July 2016, OHA convened a Behavioral Health Collaborative to discuss how to improve Oregon's behavioral health system with an emphasis on cross-agency collaboration and improved health outcomes. The Collaborative meets from July 2016 through November 2016 and will produce an action plan for moving forward.

Behavioral Health Mapping Tool: In order to understand the delivery of care and use of resources into the future, OHA is developing a behavioral health mapping tool. The data collected will assist OHA and its partners to assess public resource and service needs while tracking resource and service delivery. Using the behavioral health mapping tool, OHA's technical advisory committee will be able to monitor and analyze system data to identify and respond to local areas with service gaps.



BEHAVIORAL HEALTH SERVICES

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