

Statewide System Accomplishments at the Oregon Addictions and Mental Health Division, 2003-2008

Oregon State Hospital – Sept. 3, 2008 ground breaking initiated officially the construction of a 620-person state-of-the-art psychiatric treatment facility to replace the outmoded Oregon State Hospital on the same site in Salem. In 2007 the Oregon Legislature funded phase one of the state hospital replacement project and the state worked with project managers, architects and a contractor on designs. Design principles and functions were developed in meetings with patients, staff, stakeholders and interested parties. The Salem facility will open in fall 2011. A second facility for 360 persons will open in Junction City in late 2013.

Increased services for people with addiction disorders – AMH is overseeing statewide implementation of \$16 million in new funding for services for people with alcohol and drug abuse problems. Under the Intensive Treatment and Recovery Services Initiative, \$10.4 million is directed at families whose children are in or at risk of being in the child welfare system due to parental substance abuse. Twenty-eight counties and tribes are participating in the evidence-based Strengthening Families Program, aimed at decreasing adolescent substance abuse and aggression through the promotion of better parenting and child-parent relationships.

Children's Mental Health System Change Initiative – More children are enrolled in managed care and receiving community mental health services as a result of AMH's Children's Mental Health System Change Initiative, which began in late 2005. The changes have increased supportive and wraparound services for kids and reduced lengths of stay in institutional care facilities. Families are more satisfied with coordination, participation, treatment, and outcomes. Treatment is linked to increased school attendance, a decline in school suspensions and expulsions, and decreased arrests.

Problem Gambling Awareness Program – This AMH unit created an award-winning problem gambling awareness video featuring Oregon youth and distributed it and a facilitator guide to all Oregon middle schools. The unit sponsored a youth problem gambling prevalence study, one of the first in the nation to include parents and to report that young people are gambling online. The study indicated that parents need to learn more and advise their children against the online games, which start for free and then begin collecting money. The study indicated that 1.3 percent of Oregon adolescents are problem gamblers, and another 4.6 percent score as at-risk gamblers. Also a college problem gambling prevention and awareness initiative is taking hold on four major campuses – Portland State University, Oregon State University, University of Oregon and Oregon Health & Science University. And the program added an online (chat, instant message, email) component to the Oregon Problem Gambling Helpline to reach more youth.

Housing – In 2005-07, AMH invested \$6.15 million in residential development projects to transition people from institutional settings and homelessness, and to create housing for

people with barriers to residential stability. The housing, valued at \$55 million, includes 24 residential facilities/homes, four transitional housing programs and 14 supportive apartment complexes. Twenty-nine projects were initiated in 18 counties to house 363 people with serious mental illness, including housing for 287 people leaving psychiatric hospital facilities. There were seven projects in six counties to house 54 residents in recovery from alcoholism and drug addiction. Using these new residential programs and other community settings, 128 individuals were moved from state psychiatric hospitals to community settings.

Evidence-based practices – Addictions and mental health treatment systems exceeded statutory requirements (ORS 182.525) for delivering evidence-based practices with at least 25 percent of the 2005-07 budget. AMH surveys indicate that 33 percent of mental health expenditures and 54 percent of addictions expenditures were for evidence based practices. There are more than 150 approved practices from which providers may choose. AMH is reviewing the fidelity of providers in delivering the approved practices. AMH staff and stakeholders developed procedures for evaluating and approving practices, contract language, fidelity monitoring, and readiness assessment. The system is scheduled to deliver evidence-based practices with at least 50 percent of the service expenditures in 2007-09.

Dual Diagnosis Anonymous – Over 300 of these critical self-help groups have been established in the last two years, serving people with both mental health and addiction disorders. These peer-directed groups support people in recovery and foster their success in the community. Over 3,000 members are now actively participating in recovery from co-occurring disorders.

Wellness Initiative –An AMH wellness committee is working with people who are recovering from mental illness to improve their health and longevity after a recent study indicated they often die much younger than others in the general population. They are working to improve health and wellness by sharing information on scientific research, literature, peer guidance, and successful practices among user groups. The committee is made up of those in recovery, DHS staff members, physicians, health and wellness professionals, and others.

Jail diversion programs – AMH is distributing \$4 million authorized by the 2007 Legislature for jail diversion programs in all 36 counties. These programs are aimed at individuals charged with low-level crimes whose treatment needs are best met in a mental health setting rather than a county jail with fewer treatment resources. The programs involve intensive case management, which includes working with courts, parole and probation officials and others to ensure that treatment, housing and other client needs are being met.

AMH supports drug treatment court services – Oregon's 47 drug courts are helping to reduce drug use and re-arrests among people involved with drugs and the criminal justice system. And they save counties money on corrections costs. Drug court participants must go through a long-term, structured, supervised and coordinated multi-agency treatment program before they are eligible for "graduation." AMH supports services that are essential to drug courts, such as outpatient and residential treatment for drug and alcohol addiction, detoxification, mental health treatment, and housing and peer services aimed at recovery.

AMH funds early psychosis programs – In December 2007 AMH selected two organizations and three counties to receive \$3.02 million to conduct early psychosis programs, which aim at helping young people who experience psychosis to stay on their normal developmental path with as little disability as possible. Oregon is the first state in the nation to expand availability of these life-saving invention programs beyond very limited pilot projects to half of the young people in Oregon experiencing their first major psychotic episode. The funding for programs serving approximately 200 young people is: Deschutes County, \$535,993; Multnomah County, \$1.15 million; Washington County, \$843,599; Greater Oregon Behavioral Health, Inc. (for Clatsop, Columbia and Union counties), \$410,561; and Mid-Columbia Center for Living, \$180,169.

Network for the Improvement of Addiction Treatment – Fifty Oregon treatment providers are participating in the Network for the Improvement of Addiction Treatment, or NAITX 2000 project. It is designed to help people with drug and alcohol addictions get into treatment, reduce the waiting time to start treatment, and increase the likelihood they will remain in treatment long enough to benefit. AMH is managing the federally financed research project, which is evaluated by the Oregon Health & Science University. The goal of the project is to gauge what technical assistance is most effective in helping treatment providers improve outcomes.

Promoting Medicaid-funded peer delivered services - The Addictions and Mental Health Services Division (AMH) recognizes the indisputable value of peer delivered services in transforming a mental health service delivery system that is based on the recovery model. AMH will work with consumers/survivors and stakeholders to develop strategies to increase the use and availability of peer delivered services. The largest funding source for community-based mental health services in Oregon is Medicaid.

AMH Cultural Competency Plan - The purpose is to establish cultural competence standards, values, and policy requirements for AMH and all organizations and agencies that receive grant funds from, or that are under contract with AMH, including county social services organizations and their vendors or contractors, managed care organizations and their provider networks, and community-based organizations. It is the intent that this will serve as a planning document to assist AMH, County Governments, and provider networks to develop and implement an individualized cultural competence plan as addressed in each County's bi-annual implementation plan, with its goal to enhance treatment outcomes for all patients.

Mental Health Emergency Preparedness Response Plan - The Division has completed a comprehensive emergency preparedness plan in collaboration with other key stakeholders in state and local government.

Negotiation of co-management plans - The Division negotiated into county intergovernmental agreements for the first time a section which makes counties ultimately responsible financially for any patient deemed ready to discharge who is not placed in the community in a timely

manner. This is a major step forward in working out details of how Oregon can be consistent with the Supreme Court's Olmstead decision.

Oregon State Hospital Census - The Division and community partners, both county and non-profit, have worked diligently to increase the number of placements available for persons ready to leave the state hospitals and have decreased significantly the number of persons who are civilly committed and also decreased the number of beds needed in the state hospital for longer-term civil commitment stays.

Miranda B Settlement - The Division was able to reach a settlement on the Oregon Advocacy Center's Miranda B lawsuit by agreeing to create a significant number of new placements in the community. Community resistance has made complete fulfillment of all goals difficult but Division staff and county/community programs have worked diligently and in good faith to create hundreds of new places for persons leaving the state hospitals to continue their recovery in the community.

EOPC Name Change - The Division worked with 2005 Legislature to change name of Eastern Oregon Psychiatric Center to "Blue Mountain Recovery Center" following receipt of a petition signed by an overwhelming majority of patients at the state facility in Pendleton. This reflects a considerable transformation of thinking about how people in state hospitals are viewed and treated in their movement toward a real life in the community and recovery.

Reduced use of seclusion and restraint in state hospitals and local acute care units. Data has clearly indicated a consistent and long term decline in the use of seclusion and restraint in the most highly restrictive levels of care for adults.

Created PAITS (Post Acute Intermediate Treatment Service) - PAITS is a mix of rehabilitation services designed for adults who have received acute psychiatric care services in a local hospital and who have been approved for Long-Term Psychiatric Care.

Improving the Children's Mental Health System

- Closed state hospital units for children and adolescents and opened successful community programs as alternatives.
- Secure Children's Inpatient Program and Secure Adolescent Inpatient Facility
- Children's System Change Initiative – outcomes data has shown a significant decline in out-of-home and other residential treatment for the most challenged children and adolescents in Oregon.
- Children's Medical Director – this position was established for the first time rather than the adult-focused Medical Director positions in the past. The AMH Medical Director has proposed a Position Description which will allow for a shared position with the Children, Adults & Family (CAF) Division as a model for future development and current integrated work between the two Divisions.
- Developed plan to increase percentage of mental health assessments for children placed in out-of-home care under CAF in order to provide better services and to meet a federal requirement that has long been neglected.

Improving the Adult Mental Health System

- Governor's Mental Health Task Force Report prepared and issued in 2003
- Implemented the 20-hour Personal Care option as a way to avoid major service cuts in 2003 and began supporting peer-delivered support services.
- Jail Diversion Projects implemented in all counties following approval by the Legislature in 2007.
- Established a consumer/survivor council; codified in statute by the Legislature in 2007.
- SB 267 implementation is on track to achieve the 75% required funding levels for 2009-11.
- Expanded the number of Secure Residential Treatment Facilities to 21.
- Resolved 15 Acute Care issues in summer of 2008.
- Enforced Umatilla County intergovernmental agreement by revoking the certificate of approval in 2005 and recontracting to Lifeways.
- Community Services workgroup provided a framework for "front end" and "back end" services in order to make the OSH replacement facilities work.
- Olmstead Plan was completed in 2008; will be modified as needed in 2009.
- Supported Employment pilot projects have served as national and state models for this evidence-based and recovery service.
- Agreed on MHS 20 allocation formula (Kessler) with counties to achieve an equitable distribution of non-Medicaid State General Funds for adult and crisis services.
- Returning Veterans Workgroup is scheduled to initiate review of needs.
- Wellness Initiative established to reduce the years of lost life expectancy for adults with major mental illness, perhaps the single greatest health disparity at this time in all of Oregon and around the country.
- Dual Diagnosis Anonymous – 300 groups meeting per week and growing
- NAMI National Report Card: Oregon ranked in Top 10 for quality while at 40th in per capita funding

Improving Services to Transition Age Youth

- Established Early Assessment & Support Teams and is the first state to extend the program to half the state
- New statewide position for development and coordination of Transition Age Youth services
- First statewide Transition Age Youth conference in the country in the summer of 2008

Improving Children's Addictions Services

- Re-established statewide Prevention Manager position and hired national expert
- Adopted Risk & Protective Factors as framework for focused prevention services
- Established statewide inventory of evidence-based practices
- Children's Intensive Treatment Program, in coordination with the Children, Adults & Families Division, implemented statewide in 2007-08
- Developed Policy Option Package for \$12 million investment in prevention
- Suicide prevention services developed in close collaboration with Public Health Division and Oregon Partnership

Improving Adult Addictions Services

- Established catalogue of approved evidence-based practices and met the Legislature's 2007-09 goal of 50% already in 2005-07
- Developed Community Addiction Plan in coordination with the Governor's Council on Alcohol and Drug Abuse Programs
- Elevated visibility of the addictions field by restructuring and renaming AMH and creating the Addiction Manager position

- Led implementation of NIATx and SBIRT treatment improvement initiatives
- Established statewide co-occurring specialist position and issued first Dual Diagnosis Directory with 122 programs statewide

General Improvements

- Initiated Hispanic Mental Health Workgroup to begin in Fall 2008
- Brought mental health budget in balance without need for assistance from other Divisions
- Oregon Administrative Rule simplification plan established
- Published performance outcomes data sheets, recently expanded to six program areas and six outcome measures
- Findings of Morbidity/Mortality Study completed in 2007 by Program Evaluation Unit were consistent with about 9 other statewide studies
- Research collaboration with PSY, OHSU (SB 267, etc.)
- AMH forwarded 80 Policy Option Packages in response to Dr. Goldberg's desire for a needs-based budget
- Switched funding from state general funds to federal funds to avoid dismantling the mental health system in 2003

Improving State Hospitals

- Reduced average length of stay by 30%
- Master Plan completed and is on schedule and within budget
- Worked with Oregonian editorial board in Pulitzer Prize winning series on the Oregon State Hospital
- Transformed state relationship state hospital union adversarial with to collaboration
- OHSU collaboration – created contract for improving medical services at Oregon State Hospital
- Planning for new approach to state hospital recovery model to treatment mall
- Established OSH Chief Fiscal Officer position
- Peer Bridgers project approved (transitioning patients back to the community)
- First state hospital in the nation to implement Supported Education (over 100 patients enrolled)
- Regained Joint Commission and CMS certification
- Created Continuous Improvement Plan, retained 2 national experts to consult and lead culture change
- Gained legislative approval for 211 new staff
- Completed Psychiatric Nurse Workforce Development Plan
- Resolved Harmon v. Fickle lawsuit
- Developed Dual Diagnosis Anonymous support groups in State Hospital
- Established "Ready for Discharge" criteria
- Counties signed amendments to Intergovernmental Agreements to accept fiscal responsibility for patients not discharged in timely manner to assist state in managing Olmstead lawsuit risk