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# 2013-2015 Mental Health Investments

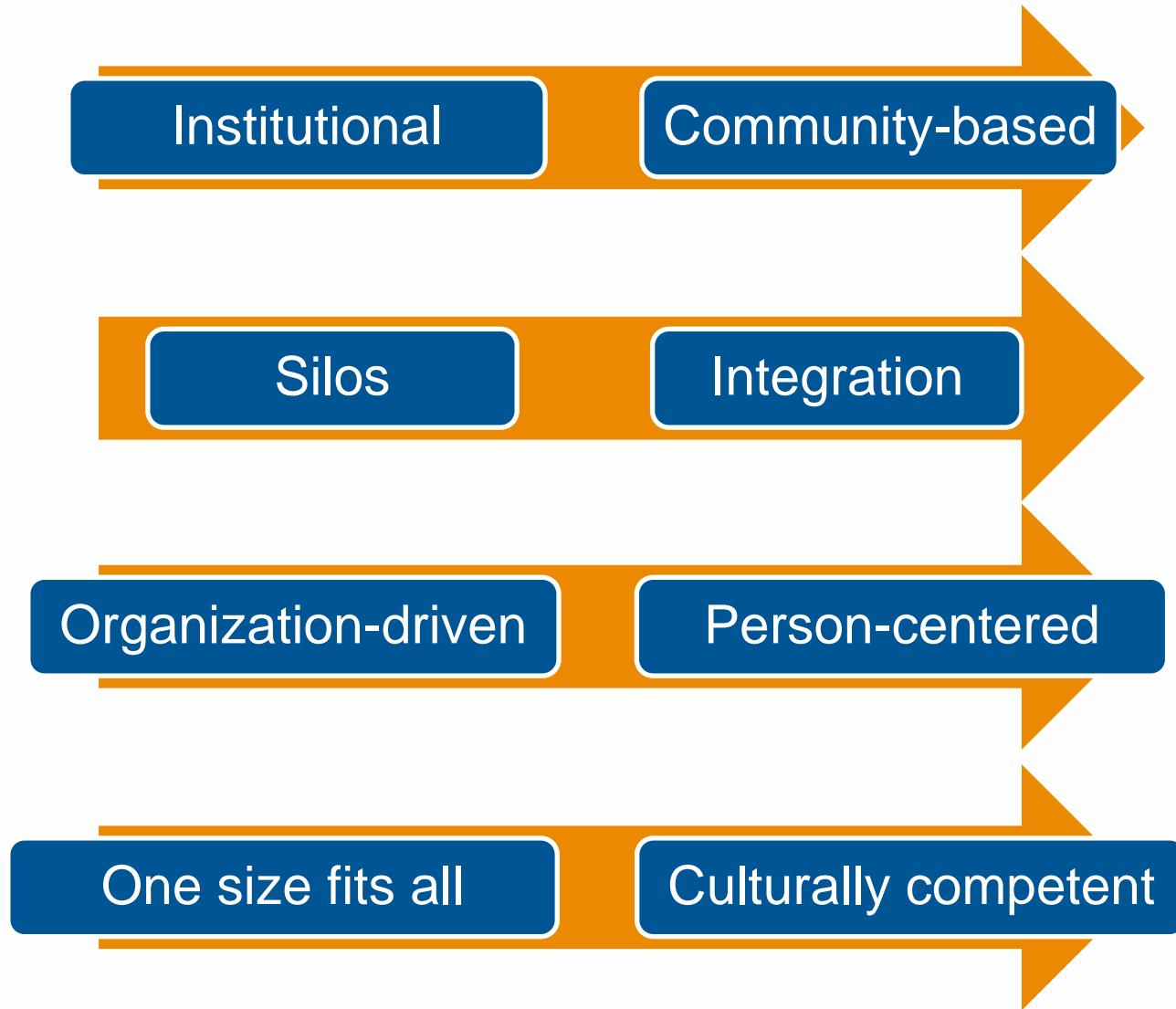
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What Works  
December 6, 2013



# Evolution of behavioral health care



# Goals for Addictions and Mental Health

- Building a system of care
  - “filling in the gaps”
- Integration of behavioral and physical health
  - Treating the whole person
- Stewardship
  - Oversight and accountability
  - Metrics and reporting
  - Quality assurance

# PROMOTION OF PUBLIC SAFETY

# Drug Courts

- AMH's history is integrally tied to Oregon's drug court movement
- The nation's second drug court began in Multnomah County 22 years ago
- Since the late 1990's, AMH staff serve on the Oregon Association of Drug Courts' executive committee
- In 2005, AMH worked with practitioners to include drug courts on AMH's list of approved evidence based practices
- AMH connects drug court participants with access to the resources they need to promote their recovery

# DUI System

## (Driving Under the Influence of Intoxicants)

AMH:

- Contributes to public safety through collaboration with Oregon courts, DMV, and the treatment service system
- Certifies more than 100 Alcohol and Drug Evaluation Screening Specialists (ADES)
- Approves more than 200 Driving Under the Influence of Intoxicants (DUI) providers

# DUI System

- 80% treatment completion rate for convictions and court diversion agreements
- 12 months following alcohol and drug treatment, individuals are more likely to be:
  - Arrest free
  - Employed
  - Abstinent for alcohol and other drugs, and
  - In a recovery support network

# Recovery Support

- Intensive Treatment and Recovery Services (ITRS)
  - Collaborative effort between AMH and DHS
  - Roughly 3,000 children have been reunited with their parents and are no longer in family foster care
  - Approximately 4,400 parents have accessed addiction treatment and recovery services
- AMH also invests in the development of safe sober housing for criminal justice populations.



# Programs for Incarcerated Individuals

- AMH is responsible for licensing alcohol and drug programs provided to incarcerated adults and youth.
- Program completion is a consideration in release programs.
- AMH continues to collaborate with the Department of Corrections and Oregon Youth Authority with individual treatment and recovery as they transition back into our communities.

# Prevention

- **School-based programs** – re-engage at-risk youth and help them achieve in school and decrease their drug use, anger, depression, and emotional distress
- **Mentoring programs** – place caring adults in the lives of young people, particularly those lacking a role model
- **Parenting Programs** – focus on both the family and the child
- **In development** – engaging African American communities through coalition building to prevent substance abuse, crime and other challenges

# Jail Diversion

- AMH provides funding for jail diversion in all 36 counties to reduce the number of people with mental illness in the public safety system or admitted to the state hospital
- Counties use funds to meet unique community needs
  - Case management and advocacy
  - Purchase medication and medication management
  - Supported employment
  - Post-incarceration outreach
  - Assistance in finding safe, secure housing
  - Collaboration between mental health providers and jails

# Crisis Services

- Crisis hotlines
- Mobile crisis teams
- Walk-in/drop-off crisis centers
- Crisis apartments/respice
- Short-term crisis stabilization units
- Inpatient hospitals (acute care)
- Assertive Community Treatment
- Intensive case management

# Other Community Mental Health Services

- Peer support
- Supported/supportive employment
- Psych-education and living skills training
- Supported housing
- Early Assessment and Support Alliance (EASA) – young adults

# INVESTING IN A COORDINATED SYSTEM OF CARE

# Oregon's investments in mental health

- Oregon State Hospital Replacement Project
- 2013-2015 Legislatively Adopted Budget
- September 2013 Special Session

# Services and system expansions

- Promote community health and wellness
- Keep children healthy
  - Emphasize prevention and early intervention
  - Keep behavioral challenges from becoming chronic illness later in life
- Help adults with mental illness to live successfully in the community
  - Avoid unnecessary hospitalization
  - Avoid incarceration
- Use evidence-based practices
- Align with Oregon's health system transformation and systems of care



# Strengthening community services

## **Crisis services – \$3.7 million**

Improves mental health crisis response services, including mobile response and crisis respite services, helping avoid hospitalization or incarceration

- Partner with community mental health programs
- Regional approach
- Based on statewide gap analysis

# Strengthening community services

## Jail diversion – \$3 million

Expands services to keep people with mental illness from unnecessary incarceration in local jails

- Partnership with city and county law enforcement
- Pre- and post-booking diversion strategies, including crisis intervention training (CIT)
- Build outcomes into the entire jail diversion system
- Use Sequential Intercept Model to identify services needed at the points where the criminal justice and mental health systems intersect
- Promote the use of forensic peer-support specialists

# Strengthening community services

## Assertive community treatment/case management – \$5.5 million

Increases capacity to provide case management and assertive community treatment (ACT) to help people avoid hospitalization or shorten hospital stays

- At least four regional ACT teams
- One or more teams will focus on people involved in the criminal justice system
- Partner with coordinated care organizations

# Strengthening community services

- **Mental health promotion and prevention – \$3 million**  
Folds mental health promotion and prevention into the existing prevention system so communities can identify early indications of problems and foster mental health
- **Supported housing and peer-delivered services for approximately 200 clients – \$4.2 million**  
Increases supported housing and peer-delivered services for additional clients with major mental illnesses
- **Supported employment services – \$1.5 million**  
Expands supported employment services statewide

# Children and young adults

## **Early Assessment and Support Alliance (EASA) – \$1.8 million**

Expands the EASA program statewide to provide young adults with early identification and treatment of psychotic disorders

## **Young Adult Community Hubs – \$2.25 million**

As an extension of the EASA programs, provides statewide outreach and supports to young adults with mental health challenges who do not qualify for EASA

# Children and young adults

## **Technical assistance for Youth Peer-Delivered Support**

– \$530,000

Increases peer-delivered supports and services for young adults throughout Oregon

## **School access to mental health services – \$6.3 million**

*(\$1.3 million from special session)*

Enhances the availability of mental health services to students by bringing professionals into schools and building on existing school-based infrastructure

# Children and young adults

## **System of Care and Wraparound – \$5 million**

*(\$1 million from special session)*

Increases the availability of wraparound services in the state, providing intensive care coordination for children with emotional and behavioral disorders

## **Parent-child interaction therapy – \$2.63 million**

*(\$320,000 from special session)*

Replicates this younger-child service that has demonstrated positive outcomes for children at risk

Enables programs to become self-sustaining through billing insurance

# Children and young adults

## **Trauma Initiative – \$800,000**

Trains health care providers to screen for traumatic experiences such as abuse, neglect, or bullying, and contributes to a trauma-informed system of health care

## **Collaborative Problem Solving – \$80,000**

Builds on the current efforts to advance this evidence-based practice, which reduces the use of seclusion and restraint in child programs



# Children and young adults

**Training for adolescent depression screening –  
\$500,000**

Training for primary care providers in use of an adolescent depression screening tool

**Oregon's Psychiatric Access Line for Kids (OPAL-K) –  
\$1 million**

Gives primary care physicians access to child psychiatric consultation for children up to age 18

# WHAT'S NEXT

# Upcoming efforts

- **Special Session investments**
  - Young adult co-occurring disorder treatment – \$380,000
  - Youth sex trafficking program – \$2.3 million
  - Supported housing and peer delivered services – \$10 million
- **Behavioral health homes**
- **Centralized services**

# Oregon State Hospital





# Oregon State Hospital

## Vision

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

## Mission

Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.

# Oregon State Hospital services

- Adults needing intensive psychiatric treatment for severe and persistent mental illness
- Hospital level of care: 24-hour on-site nursing and psychiatric care
  - credentialed professional and medical staff
  - treatment planning
  - pharmacy, laboratory
  - food and nutritional services
  - vocational and educational services
- Restore patients to a level of functioning that allows a successful transition back to the community

# Statutory Doorways into OSH

- Forensic Evaluations
  - » ORS 161.365\*
  - » ORS 161.370
- Aid and Assist Restoration
  - » ORS 161.370
- Guilty Except for Insanity
  - » ORS 161.295
  - » ORS 161.327
- Civil Commitment
  - » ORS 426.005
- Voluntary Civil Admissions



# OSH *cannot* serve

- Individuals without a valid court order
- Individuals who only need detoxification
- Probation violators
- Municipal ordinance violators
- Individuals who require only treatment for acute medical conditions that must be provided in general hospitals
- “Walk-ins” or “Drop-offs”

# Oregon State Hospital

## Civil

Adults who are dangerous to themselves or others, or who are unable to provide for their own basic needs due to their mental illness

## Neuropsychiatric program

Patients who require a hospital level of care for dementia, organic brain injury, or other mental illness, often with co-occurring significant medical issues

# Oregon State Hospital

## **Aid and Assist (ORS 161.370)**

Patients receiving mental health treatment so they can understand the criminal charges against them and assist in their own defense

## **Guilty Except for Insanity (GEI)**

Patients who have been convicted of a crime related to their mental illness. Depending on the nature of their crime, patients are under jurisdiction of either:

- Psychiatric Security Review Board (PSRB)
- Oregon State Hospital Review Panel (SHRP), while hospitalized

# Types of Clinical Treatment

## Overall Treatment Care Plan

- Updated regularly with short- and long-term goals
- Prioritized to address risk, mitigate illness and promote recovery
- Collaboratively developed by patient, team, and family when appropriate
- Treatment:
  - Individual therapy
  - Treatment groups – treatment malls
  - Medications
  - Activities of daily living
  - Community integration
  - Vocation/work

# Interdisciplinary Treatment Teams

Treatment teams work with the patient to develop an individualized treatment care plan to help the patient achieve his or her treatment goals.

Treatment teams consist of one of each of the following disciplines:

- Psychiatrist
- Registered Nurse
- Treatment Care Plan Specialist
- Primary Case Monitor
- Psychologist
- Social Worker
- Rehabilitation/Occupational Specialist
- Nurse Manager

# Treatment Malls

- Much like a job or school – patients attend groups every weekday
- 20 hours each week
- Patients and treatment teams choose groups that best meet the patients' needs and interests. Examples:
  - Vocational Rehabilitation
  - Supported Education
  - Art and music therapy
  - Mindfulness (yoga, meditation)
  - Peer-Delivered Services
  - Co-Occurring Disorders
  - Dual Diagnosis
  - Community Volunteering

# OSH Snapshot – December 4, 2013

**Currently available beds: 658**

**Current census: 579**

- 270 – Guilty except for insanity (PSRB and SHRP)
- 147 – Aid & assist (.370)
- 59 – Neuropsychiatric and geriatric
- 103 – Adult Treatment Services

# Average 2012 census

Forensic – Guilty except for insanity (PSRB and SHRP)	337	56%
Forensic – Aid & assist (.370)	98	18%
Civil – Neuropsychiatric and geriatric	65	11%
Civil – Adult Treatment Services	86	15%
<b>Total census</b>	<b>586</b>	<b>100%</b>



# Important partnerships

- Consumers
- Courts
- District attorneys
- Defense attorneys
- Community mental health programs
- Providers
- Psychiatric Security Review Board
- Families
- Victims
- Other community partners

# More information

## Website

[www.oregon.gov/oha/amh/Pages/MHinvestments.aspx](http://www.oregon.gov/oha/amh/Pages/MHinvestments.aspx)

## Contact

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**QUESTIONS?**

**THANK YOU!**