

## 2013-2015 Legislatively Adopted Budget – mental health investments

Oregon is investing in a coordinated system of care for children, youth, adults and families by strengthening partnerships, expanding services and supporting innovation. As the state continues to transform its health care system, Addictions and Mental Health is working with community partners to enhance behavioral health services and support health for all Oregonians.

### NEW 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 will be in place by January 2014.

### INVESTMENTS IN CHILDREN AND YOUNG ADULTS

Funding will be used to develop statewide programs that emphasize prevention, early identification and intervention, and training and technical assistance for health care providers.

INVESTMENT	IMPLEMENTATION STRATEGY
<b>Early Assessment and Support Alliance (EASA) – \$1.8 million</b> Expands the EASA program statewide to provide young adults with early identification and treatment for psychotic disorders.	<b>New and amended contracts with current partners</b> – AMH will distribute funds in three tiers, based on program readiness, with technical support provided by Portland State University.
<b>Technical assistance for youth peer-delivered support – \$530,000</b> Increases peer-delivered supports and services for young adults throughout Oregon.	<b>Contract amendments with current partners</b> – AMH will expand the existing contract with the Oregon Family Support Network, with Youth M.O.V.E. as a subcontractor.
<b>Technical assistance for family peer-delivered support – \$530,000</b> Increases peer-delivered supports and services to families of children with behavioral challenges.	<b>Contract amendments with current partners</b> – AMH will expand the existing contract with the Oregon Family Support Network.

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INVESTMENT	IMPLEMENTATION STRATEGY
<b>Young adult community hubs – \$2.25 million</b> 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.	<b>New contracts</b> – AMH will build on existing relationships with EASA providers and other regional organizations.
<b>School access to mental health services – \$5 million</b> Enhances the availability of mental health services to students by bringing professionals into schools and building on existing school-based infrastructure.	<b>Request for proposal</b> – AMH will partner with Public Health and other state and local government agencies, inclusive of rural and frontier communities, to distribute funds.
<b>System of Care and Wraparound – \$4 million</b> Increases the availability of wraparound services in the state, providing intensive care coordination for children with emotional and behavioral disorders.	<b>Request for proposal</b> – AMH will channel funding through Medical Assistance Programs to build on existing contracts with coordinated care organizations.
<b>Parent-child interaction therapy – \$2.31 million</b> Replicates this younger-child service that has demonstrated positive outcomes for children at risk. Enables programs to become self-sustaining through billing insurance.	<b>Request for proposal</b> – AMH will contract for 10 new sites which will target diverse populations and children at risk of entering the child welfare system.
<b>Trauma Initiative – \$800,000</b> 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.	Through collaboration with other state partners, AMH will train health care providers to screen for and respond to trauma.

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<b>Technical assistance for Collaborative Problem Solving – \$80,000</b> Builds on the current efforts to advance this practice, which reduces the use of seclusion and restraint in child programs.	<b>Contract amendment with current partner</b> – AMH will amend its existing contract with Oregon Health & Science University to provide greater outreach to rural providers.
<b>Training for adolescent depression screening – \$500,000</b> Training for primary care providers in use of an adolescent depression screening tool.	<b>Contract amendment with current partner</b> – AMH will amend its existing contract with the Oregon Pediatric Society.
<b>Oregon Psychiatric Access Line for Kids (OPAL-K) – \$1 million</b> Gives primary care physicians access to child psychiatric consultation for children up to age 18.	<b>New contract</b> – AMH will contract with Oregon Health & Science University to build the infrastructure for this new statewide service.
<b>Juvenile Psychiatric Security Review Board – \$3.3 million</b> Addresses facility needs to serve additional youths under the jurisdiction of the Juvenile Psychiatric Security Review Board (JPSRB).	<ul style="list-style-type: none"> <li>• Capital improvements – renovate facility for the Secure Adolescent Inpatient Program</li> <li>• Expand capacity and services in home communities</li> </ul>

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### STRENGTHENING COMMUNITY MENTAL HEALTH SERVICES

Helping people with mental illness live successfully and independently in the community.

INVESTMENT	IMPLEMENTATION STRATEGY
<b>Mental health promotion and prevention – \$3 million</b> Folds mental health promotion and prevention into the existing prevention system so communities can identify early indications of problems and foster mental health.	<b>Request for grant proposal</b> – Existing partners, including community mental health programs and coordinated care organizations, will be able to compete for grants.
<b>Crisis services – \$ 3.7 million</b> Improves mental health crisis response services, including mobile response and crisis respite services, helping avoid hospitalization or incarceration.	<b>Request for proposal</b> – AMH will partner with community mental health programs and encourage regional responses to develop services based on statewide gap analysis.
<b>Jail diversion – \$3 million</b> Expands services to keep people with mental illness from unnecessary incarceration in local jails.	AMH will partner with city and county law enforcement agencies to provide pre- and post-booking diversion strategies, including crisis intervention training, and build outcomes into the entire jail diversion system.
<b>Supported housing and peer-delivered services for approximately 200 clients – \$4.2 million</b> Increases supported housing and peer-delivered services for additional clients with major mental illnesses.	<b>Competitive application process</b> – Applications will go out in October. AMH will partner with community mental health programs to provide rental assistance for scattered-site supported housing.

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<b>Supported employment services – \$1.5 million</b> Expands supported employment services statewide.	<b>Contract amendments with current providers</b> – AMH will distribute funds in three tiers, based on program readiness. Technical assistance will be provided by Oregon Supported Employment Center for Excellence.
<b>Assertive community treatment/case management – \$5.5 million</b> Increases capacity to provide case management and assertive community treatment to help people avoid hospitalization or shorten hospital stays.	Through partnerships with CCOs, CMHPs and other community partners, AMH will contract for at least four regional assertive community treatment teams, one or more of which will focus on people involved in the criminal justice system.

### FOR MORE INFORMATION

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