Mental Health Services Dynamics and Dilemmas

This map was developed by the Multnomah County Task Force on Mental Health. It portrays the way public mental health services are delivered and the major factors that contribute to the problems faced by the different agencies and their customers.

Oregon State Legislature

1. Passed Oregon Health Plan (OHP) to increase health care access by prioritization of increases by cost-effectiveness. Legislature bimonthly approves the cut-off line below which treatment is not covered.
2. GHP plan is to control costs, provide incentives to make care by distributing funds on a population (not per client/patient) basis.
3. Integrated mental health diagnoses and treatment into the priority list of Oregon Health Plan benefits.
4. States requires counties to care for those at serious risk of harm to self or others. Counties must pay for acute hospital care.
6. Intensive treatment services for children (residentially) left out of managed care by legislature, interrupting continuity of care.

Oregon State Executive Sector

1. Waivers to implement OHP Priority Plan benefits. Request 1: Waivers to implement OHP Priority Plan benefits. State Mental Health Agency (OMHDS)
   Requires "encounter" data system by payers. Did not initially allocate the funds for setting up the new system. System (low priority) was never operational.
   State Mental Health Agency creates and contracts directly with those payers.

Federal Sector

Health Care Financing Administration (HCFA)

Mental health and drug abuse isn’t contained as the Oregon Health Plan was indicative (1995–98) on allowing managed care of Medicaid for Oregon.

Civil rights act: requires access for minorities.

The HCFA was indecisive (1995–98) on allowing managed care of Medicaid for Oregon.

Because Medicaid is an insurance program HCFA needs billing data for cost control.

Commissioners’ Dilemma

1. More clients eligible for more treatments.
2. More diverse customers than the rest of the state.
3. More seriously ill.
4. Less money to serve them.
5. Increase in severity of problems.
6. Increased administrative costs.
7. No continuity of clients’ services.
8. Increased juvenile crime.
9. Increased foster care.
10. Increased homelessness.

The Medicaid Payment Sector

Medicaid pays for about 78% of the $100 million (1998) total mental health services in the County including OMAP fee-for-service.

County Aging and Disabilities Services Department

Increased demand on aging and disabilities services.

County Jail and Disabilities Services Department

Increased demand on aging and disabilities services.

County Data System Sector

Most programmers are busy fixing the Y2K problem.

DATA NOT AVAILABLE. Required data not reported to state on a timely basis. Poor accountability.

Multi-county system.

More everything costs and billing-editing services.

Local government.

1.9 million dollars across 35 agencies.

Non-profit Community-based provider agencies

Approx. 26% cut in payments during 1997–98.

Can’t provide quality services. Increased errors.

Lack of bilingual staff.

Inconsistent length of stay.

Increased foster care.

Street sector

In 2000 the number of inmates in Oregon State Penitentiary was 10,000.

More substance abuse in prison.

More injured and mentally ill.

More suicides.

Drug use.

More violence.

Mental Health Services: Fragmented and Underfunded.