

## Office of Mental Health and Addiction Services (OMHAS) Performance Measures

### Performance Measures

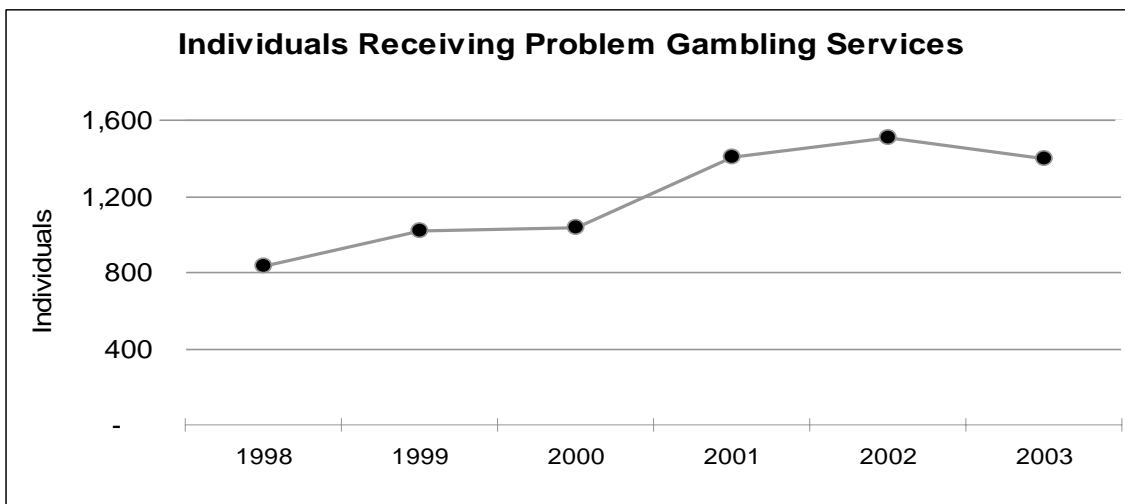
- ◆ **KPM #18 – Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.** The Department is slightly ahead of its 2003 target (54.4 percent) with 55.7 percent of engaged clients completing treatment and not abusing. (*See Page 51 of the DHS Annual Performance Measure Report, in the Agency Appendices.*)
  - This measure links to Oregon Benchmark #49 (Teen Substance Abuse, Percent of 8<sup>th</sup> grade students who report using: a) alcohol, b) illicit drugs, c) cigarettes, in the previous month.)
  - This measure also links to Oregon Benchmark #52 (Alcohol/Tobacco Use During Pregnancy, Percent of pregnant women who abstain from using: a) alcohol, b) tobacco.)
  - OMHAS works with counties who fall below state averages or consistently show downward trends to develop and implement corrective action plans.
  
- ◆ **KPM #19 – Percentage of 8<sup>th</sup> graders at high risk for alcohol and other drug use.** The current level of student use is slightly higher than the targeted level, and is slightly higher than the national averages. (*See Page 53 of the DHS Annual Performance Measure Report, in the Agency Appendices.*)
  - This measure links to Oregon Benchmark #49 (Teen Substance Abuse, Percent of 8<sup>th</sup> grade students who report using: a) alcohol, b) illicit drugs, c) cigarettes, in the previous month.)

- OMHAS is currently developing a strategic framework to address underage drinking with other state and local partners. An Underage Drinking Summit in May 2005 will bring together law enforcement, the judicial system, education, local and state policy makers, county and tribal prevention specialists, and parents to highlight Oregon's risk factors associated with underage drinking and develop local action plans. OMHAS will increase regional efforts to educate alcohol retailers on the importance of preventing access to alcohol by youth. These include work with the Oregon Liquor Control Commission to increase evidence-based, environmental prevention strategies such as Controlled Party Dispersal, Minor Decoy/Compliance Checks, Fake ID, and Shoulder Tap Programs.
  
- ◆ **KPM #28 – Percentage of mental health clients who maintain or improve level of function following treatment.** This measure is ahead of target for 2002, the latest year data was available, with 92.0 percent of clients either maintaining or improving their level of function following treatment. *(See Page 71 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*
  - This measure shows that those clients who receive services are receiving those they need to maintain or increase their level of functioning.

## Other Outcome Measures

### Gambling Treatment

In 2003, 1,399 problem gamblers enrolled in publicly funded gambling treatment. The average age was 44 years. Males comprised 54 percent of the gambling clients and 24 percent of the family clients. The racial and ethnic distribution mirrored Oregon's population with the majority of the clients reported as Caucasian (87 percent). Approximately 41 percent reported being married and the average annual household income was \$39,344. Over 53 percent of the clients reported they were employed full-time.

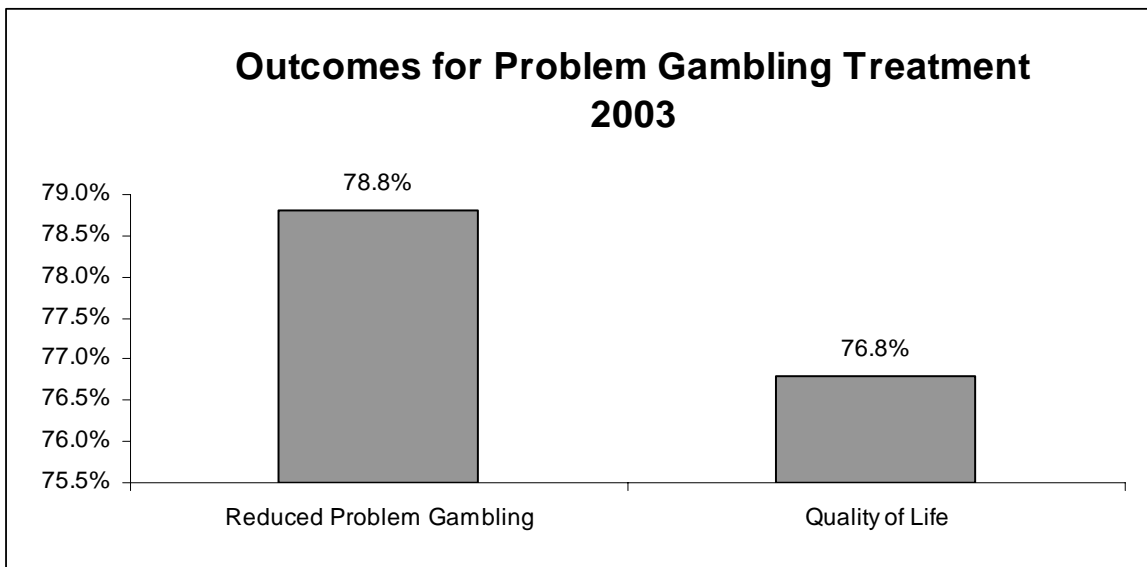


The primary gambling activity of both males and females who requested treatment was video poker (72 percent) followed by slot machines (12 percent), cards (6 percent), Keno (2 percent), and betting on animals (1 percent). Approximately 69 percent indicated their primary gambling was at a lottery retailer and 18 percent at a Native American Casino. The average length of time between when a person first developed gambling problems and the time they sought help was 4.7 years.

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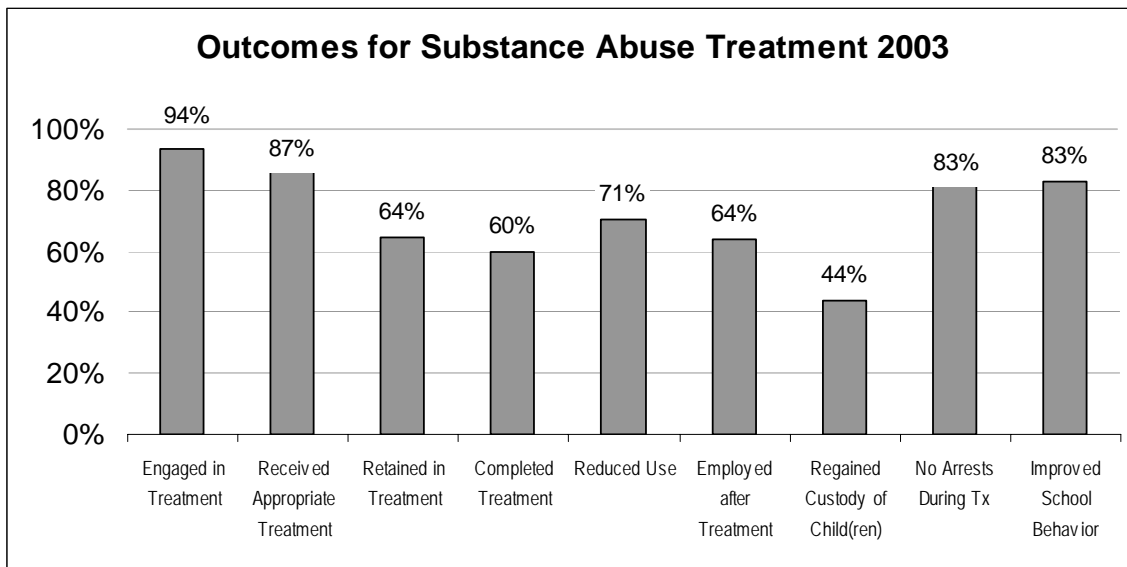
Based on follow-up evaluation, 79 percent of problem gamblers who enroll in Oregon’s publicly funded gambling treatment programs report either no gambling or “much less” gambling at six months following case-closure. This high success rate is in spite of the large proportion (63 percent) of problem gamblers who do not complete their full course of recommended treatment. Follow-up data indicated that 41 percent of these clients reported no gambling at 180 days and an additional 32 percent reported gambling much less than before treatment.



## Alcohol and Drug Treatment

During 2003-05, OMHAS piloted alcohol and drug treatment performance contracting in five counties. As a result of the pilots, the performance measures are being revised and strengthened and made more specific to types of service providers. The performance measures for outpatient services will be included in all 2005-07 County Financial Assistance Agreements.

The following table displays the alcohol and drug treatment outcomes for 2003. The first step in achieving positive outcomes is to engage clients in the appropriate level of care. Successful outcomes are also more often achieved when the client stays in treatment for at least 90 days. In 2003, 65 percent of the clients were retained in treatment for a minimum of 90 days and 70 percent of clients show reduced usage at disenrollment from service. These measures are gathered by report of clinicians and the report of clients.



Other key outcomes for DHS clients include:

- ◆ 44 percent regain custody of their children;
- ◆ 83 percent of the clients who had arrests in the five years prior to treatment were not arrested during treatment;
- ◆ 83 percent of the children show improved behavior at school.

### **State Hospitals**

The Oregon State Hospital is accredited by the Joint Commission on the Accreditation of Health Care Organizations and certified by the Center for Medicare and Medicaid Services (CMS). The Eastern Oregon Psychiatric Center is certified by CMS. Both state hospitals participate in a national performance measurement system that monitors the use of seclusion and restraint. The use of seclusion and restraint at both hospitals consistently falls below national norms.