

Department of Human Services 2009-11 Policy Option Package

Division Name: Addictions and Mental Health Division

Program Name: Community Treatment System

Policy Option Package Initiative: Vulnerable Oregonians Have Access to Health Care

Policy Option Package Title: Wellness Initiative

Policy Option Package Number: 311

Related Legislation:

Summary Statement:

This package will help people with severe mental health and addiction disorders live, longer, healthier and more self-directed lives. Research shows that these individuals often die many years sooner than those in the general population. The package funds a Wellness Task Force with two support positions to partner with peer groups, consumers, families, and health professionals to promote wellness for those with addiction and mental health disorders. This self-help wellness initiative stresses awareness, prevention, early intervention, and coordination of physical and mental health care, so people can take responsibility for their health and add productive years to their lives.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

DHS will:

1. Ensure collaboration between AMH and Public Health Division to implement a wellness initiative.
2. Establish a wellness task force.
3. Designate the Population with Serious Emotional Disorders (SED) (children), Severe Mental Illness (SMI) (adults), Chemical Dependency (CD) and Co-Occurring Disorders (COD) as Priority Health Disparities Populations in Morbidity and Mortality.
4. Improve access to physical health care.
5. Promote coordinated and integrated mental and physical health care for people with SMI, SED, CD and COD.
6. Support cross-system education and advocacy.
7. Address funding challenges and barriers.
8. Develop a quality improvement QI process that supports increased access to physical health care and ensures appropriate prevention, screening and treatment services for persons with addictions and/or mental health disorders.

2. WHY DOES DHS PROPOSE THIS POP?

This POP is essential because people with substance abuse problems, mental illness or both, die much younger than the general population. Integrated services and a wellness approach are essential to their improved health. This package supports a statewide initiative to improve the integration and collaboration among providers of mental health and substance abuse treatment and physical health care. Coordinated care for people accessing publicly funded health services will maximize early intervention for mental health and substance abuse issues ,prevent avoidable illness and provide treatment of chronic conditions. Since physical

health and mental health are linked, caring for one will positively influence the other. The outcome of a coordinated approach will be fewer people involved in corrections systems, emergency rooms and hospitals, and increased productivity at home and on the job for citizens with behavioral health disorders.

It is imperative that DHS address the health care and life expectancy disparities for people with SED, SMI, CD and COD. In its report, *Measuring Premature Mortality among Oregonians* (AMH, 2008) Oregon's DHS Addictions and Mental Health Division reported findings about reduced life expectancy: program clients with both mental illness and substance abuse problems lose 36.4 Years of Potential Life Lost (YPL) (82 percent more than the general population); program clients with substance abuse problems alone lose 32.9 YPL; and those treated for mental illness alone lose 24.1 YPL.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This action advances the agency's mission by promoting "better outcomes for clients and communities through collaboration, integration and shared responsibility". This package links, supports and furthers the DHS mission that people are **healthy**, people are living as **independently** as possible, people are **safe** and people are able to **support themselves** and their families.

DHS must take action when vulnerable populations are at risk. A Wellness Initiative is needed and it will take time to develop agency partnership and collaboration. Partnerships with peer run organizations, consumers, and families to build a sustainable network of citizens willing and able to promote wellness initiatives from a grassroots level and at the agency level are needed to integrate wellness principles into all DHS activities.

DHS-AMH joins with NASMHPD and the World Health Organization in their 2004 Report on the importance of combining physical health and mental health care. Other key organizations supporting this research and global movement in prevention, early intervention, and wellness are: Institute of Medicine *Crossing the Quality Chasm*, Harvard Medical School in their national *100,000 Lives Saved Campaign*,

Health Canada *The Determinants of Health Population Health Template*, The Commonwealth Fund, *The Best Health System in the World 2006 Annual Report*, the U.S. Preventive Services Task Force, The American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association, United Way, The Healthcare Safety Net, SAMHSA, and PBS in a special report called, “Unnatural Causes: Is Inequity Making Us Sick?”

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

The POP is not tied to any specific performance measures adopted by DHS. The following measures are proposed:

1. Track access and utilization of physical health care services and physical health screening services, i.e., cholesterol screening, diabetes screening, blood pressure checks, dental services by Medicaid clients.
2. Wellness Peer-to-Peer Support pilot: beginning August 2008
 - a. 10 peers in addictions/mental health recovery will be trained in peer to peer support using motivational interviewing techniques
 - b. 40 additional participants will be recruited from recovery community who are interested in receiving wellness support/coaching and education about wellness and healthy lifestyle changes.
 - c. Future projects for wellness coaching include medication empowerment training, with outcome measures to be determined
 - d. Consumer Run Organizations will receive technical assistance and grant writing support to help fund local wellness initiatives.
3. Survey of consumers to obtain baseline information on coordination of mental health and physical health care with a follow-up survey in year 2010 to coincide with Measure 5.d..
4. Wellness screening tools will be developed and pilot tested in at least 3 MHO regions for a period of 3 months by the AMH Wellness Initiative Task Force, and then made available to PCP and BH providers on the AMH Wellness Web Page by January 2009.

5. Process measures for Core Team for Primary Care & Behavioral Health Integration within DHS
 - a. Increase awareness about serious and persistent mental illness (SPMI) and the health disparities of adult clients with these diagnoses.
 - b. Develop strategies to disseminate evidence-based information about psychotropic medication prescribing practices, especially with atypical antipsychotic medications.
 - c. Increase utilization of primary and specialty health care services by adult clients with SPMI.
 - d. Decrease premature morbidity among clients receiving AMH funded services. AMH will re-measure excess mortality among publicly served behavioral health clients by the number of years lost due to premature mortality in Oregon in 2010 and compare to national benchmarks.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

If DHS continues to do “business as usual”:the health disparities for persons with SED, SMI, CD and COD will continue, and the average life expectancy will remain far below that of the general population. People will continue to be treated only when most ill, and continue to die younger than the general population.

- Encourage community programs to develop local wellness efforts within current resources: uneven coverage across the state, no coordinated effort to integrate wellness principles in the broader health care systems, less effective.
- Seek grant funding: grants for this work are limited and not readily available. This could create similar problems to the second bullet above.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

- If this policy option package is not approved, persons with SED, SMI, CD and COD will continue to die earlier than the general population and the rates are likely to increase.
- If our healing systems fail to embrace wellness as an essential part of total health care, projected future trends are dismal and current trends will worsen. The growth and development of prevention and primary focused care will not occur.
- Federal initiatives are in place to make wellness efforts a priority and DHS would not be in compliance with federal requirements, which could impact funding.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

The Public Health Division, Seniors and People with Disabilities and Children Adults and Families within DHS, community health programs (county health departments), community mental health programs and contracted providers would all be affected by this POP. Service delivery, screening and prevention and early intervention activities will be more closely scrutinized and may need to be changed.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): July 1, 2009

End Date (if applicable): Ongoing

a. **Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.**

- | | |
|--|--|
| <input type="checkbox"/> Administrative Services | <input checked="" type="checkbox"/> Addictions and Mental Health |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Public Health |
| <input type="checkbox"/> Division of Medical Assistance Programs | <input type="checkbox"/> Seniors and People With Disabilities |

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.**

- | | |
|---|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Payment Accuracy and Recovery |
| <input type="checkbox"/> Information Security/Privacy | <input type="checkbox"/> Investigations and Training |
| <input type="checkbox"/> Document Management | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Audit and Consulting | <input type="checkbox"/> Contracts and Procurement |
| <input type="checkbox"/> Information Services (computers) | <input type="checkbox"/> Budget, Planning and Analysis |
| <input type="checkbox"/> Financial Services (accounting) | <input type="checkbox"/> DHS Office of Communications |

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

No

d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

Both permanent, full-time:

One **Program Analyst 3** --The Wellness Coordinator, who will directly supervise the Wellness Task Force.

.66 FTE **Administrative Specialist 1**

- e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
 - 1. Task force travel and training stipends
 - 2. Administrative costs and travel expenses for family members and consumers to participate in quarterly day-long Wellness Task Force meetings. Meetings will rotate and be held at 8 of the MHO regions (1 per quarter for 24 months.) Actual calculations/costs to be determined by DHS Fiscal Analyst.
 - 3. Rollout of implementation activities: communication, public service announcements, written and electronic (CD) materials, training, community-based prevention activities.

- f. **What are the ongoing costs?**
 - 1. and 2. above

- g. **What are the potential savings?**

Fewer lives lost, over time, lower costs for services

- h. **Based on these answers, is there a fiscal impact?**

Yes

- i. **What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”**

General funds