

**Department of Human Services  
2009-11 Policy Option Package**

**Division Name:** Administrative Services Division

**Program Name:** Director's Office

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

**Policy Option Package Title:** Behavioral and Physical Health Integration

**Policy Option Package Number:** 319

**Related Legislation:** LC 423 (DO-07)

**Summary Statement:**

Integration efforts for behavioral and physical health have been under way in various arenas, including DHS, for some time. However, there is no single place in DHS where these efforts are coordinated. The department, legislators, providers, plans and outside consultants all have identified this integration effort as a top priority to coordinate services, streamline billing efforts, improve other administrative functions, and help clients get to the appropriate providers and coordinate their mental and physical health issues with the least amount of barriers. This Policy Option Package funds a position in the Director's Office to take on that coordination effort, develop a plan with deliverables, and be the go-to expert on the integration plan. This POP also provides funding for training and education to providers.

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

This POP would fund a position in the Director's Office to take on the coordination effort, develop a plan with deliverables and be the go-to expert to integrate behavioral and physical health care, and would provide funds for training and education to conduct outreach to health care plans and providers.

The position would work with providers, mental health plans, physical health plans and internal staff to develop the steps to true integration, and would work with those same entities to begin implementation. This plan would be implemented using the committee created in a 2007 Budget Note. This committee would guide the implementation to ensure all interested parties were a part of the planning. This would take place during a number of biennia as integration is implemented in stages.

**2. WHY DOES DHS PROPOSE THIS POP?**

DHS proposed this POP in response to recommendations made by a committee developed in response to a Budget Note during the 2007 Legislative Session.

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

This position and funding will further the DHS mission of helping people lead lives that are independent, healthy and safe. When clients have a physical or behavioral health issue and seek treatment, integrated services enable those clients to receive more timely treatment and become or stay healthy, which will in turn help clients remain independent and avoid hospital and community placement stays.

**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?**

This POP is tied to KPM #25 and #28.

**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 statutory changes are required. However, DHS has proposed a legislative concept, LC 423, giving the department direction to do this work.

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

The alternatives considered were to have one of the divisions involved absorb this responsibility within their existing staff. This idea was rejected for two reasons: division administrative staff have been cut in previous biennia and are overloaded with other duties, and the department prefers to show leadership in this area by having the position be visible and located in the Director's Office.

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

Not funding this POP would result in continued delay in integrating services, which would adversely affect OHP clients in assessing both physical and behavioral issues that could be treated; delay help to providers in getting the information they need to start or continue their efforts in integration of services; and delay any cost savings there may be by integrating not only the services, but administrative savings.

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

Counties, tribes and non-profits would be able to provide more integrated treatment to the individuals they serve.

**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.**

No, this would coordinate and enhance current efforts

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Services                 | <input type="checkbox"/> Addictions and Mental Health         |
| <input type="checkbox"/> Children, Adults and Families           | <input 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? Specify which office(s) and describe how it will be affected.**

No

- |  |  |
|--|--|
| <input type="checkbox"/> Human Resources                 | <input type="checkbox"/> Payment Recovery            |
| <input type="checkbox"/> Information Security (privacy)  | <input type="checkbox"/> Investigations and Training |
| <input type="checkbox"/> Document Management (imaging)   | <input type="checkbox"/> Facilities                  |
| <input type="checkbox"/> Audit and Consulting            | <input type="checkbox"/> Contracts                   |
| <input type="checkbox"/> Information Services (IT)       | <input type="checkbox"/> Budget                      |
| <input type="checkbox"/> Financial Services (Accounting) | <input type="checkbox"/> Other (Specify)             |

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

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**d.**

No

**e.** Will it take new staff to implement and maintain? 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. Attach position descriptions.

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Pos Count	FTE	Classification Title	Classification No.	No Mos	Step	Status (PF, PP, LD)	Duties
<b>ASD / Office of Director &amp; Policy:</b>							
1	0.88	Principal Executive/Manager E	MMN X7008 AA	21	2	PF	Mental & Physical Integration Coordinator
1	0.88						

Total Positions

**f.** What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

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CSC No	CSC Title	GF	OF	FF	TF
<b>ASD / Office of Director &amp; Policy:</b>					
<b>Services &amp; Supplies</b>					
4300	Professional Services	84,000	3,500	87,500	175,000
Employee Training Contract					
<b>Total Services &amp; Supplies</b>		<b>84,000</b>	<b>3,500</b>	<b>87,500</b>	<b>175,000</b>

**g.** What are the ongoing costs?

- Salaries & benefits of permanent staff as indicated in 9d with associated Services & Supplies

**h. What are the potential savings?**

- Salaries & benefits of permanent staff as indicated in 9d with associated Services & Supplies

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

Yes

**j. 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.”**

Department-wide cost allocation – approximately: GF (48%) / OF (2%) / FF (50%)