

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

**Division Name:** Addictions and Mental Health

**Program Name:** Community Mental Health Services Infrastructure

**Policy Option Package Initiative:** Oregonians have access in their communities to the mental health care and addictions treatment they need.

**Policy Option Package Title:** Community Services Workgroup

**Policy Option Package Number:** 112, 122, 132, 142, 152, 162, 182, 192, 212

**Related Legislation:**

**Summary Statement:**

This package will ensure successful operation of the two new state-of-the-art psychiatric treatment facilities that are replacing the aging Oregon State Hospital. It expands community-based “front end” mental health services such as early intervention, crisis, acute care, case management, supported employment/education, jail diversion, housing and more, and “back end” services such as community residential programs to help released state hospital patients as they transition back into the community. Housing ranges from secure residential treatment facilities to independent living.

- 1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** This POP would expand the availability of community based “front end” and “back end” community services that support the Oregon State Hospital and its patients. Front-end services include prevention, early intervention, crisis, acute care, case management, supported employment and education, jail diversion, co-occurring disorder treatment, housing, local management capacity, and peer delivered services. These services are critical to the success of the state hospital replacement with new psychiatric facilities in Salem and Junction City Back end services are residential programs that facilitate people leaving the state hospital and range from secure residential treatment facilities to independent living. The State Hospital Master Plan Phase II Report emphasizes the importance of a strong residential system as part of an effective mental health system. The report states, “...availability and access to these programs (*community residential*) are keys to 1) reducing the patient population, 2) decreasing the length of stay at the State Hospital, and 3) maximizing mental health services in the community.” These services will be implemented through contracts with Community Mental Health Programs and /or private contractors.
- 2. WHY DOES DHS PROPOSE THIS POP?** The mental health needs of many Oregonians remain unmet. Research indicates that 166,839 adults in Oregon have a serious or severe mental illness. In 2007-08, 71,204 adults accessed public treatment programs and others were served in the private sector. An Office of Health Policy and Research 2006 report on uninsured people in Oregon showed that 19.6 percent of adults were uninsured. This would indicate that approximately 32,700 persons with a mental illness are currently uninsured. Of the people now served in the adult outpatient mental health system, 11,693 people were non-Medicaid eligible. Therefore, there are approximately 21,007 uninsured persons with a serious mental illness that are not being served.
- 3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?** This POP will assist more Oregonians who mental illnesses to successfully recover from their mental illness and to lead healthy, safe, self-reliant and meaningful lives. The community-based services contained in this POP are driven by the following values:

- Recovery is the goal of all mental health services.
- Treatment and supports must be consumer-directed.
- Services provided by persons who are recovering from mental health problems serve a valuable role in supporting other people in recovery.
- Services must be available in communities where people live.
- Services must be evidenced-based.
- Safe and affordable housing is key to recovery.
- Services must be culturally and age specific.
- Services must recognize the effects of trauma and support recovery from trauma.
- Planning for services best occurs at the local level while the state provides the resources and accountability.
- An effective mental health system coordinates and collaborates with the broader system of community services.

**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?**

If fully funded the proposal will have a broad impact on many outcomes. KPMS impacted include:

- Mental Health treatment effectiveness – Percent of adults receiving mental health services who report positively about the outcomes
- Mental Health Client level of functioning – maintain or improve functioning following treatment

National outcome measures, which are reported in AMH’s Community Block Grant Report, will also be impacted, including:

- 30 day and 180 day readmissions into the state hospitals

- Percent of clients employed at the end of service
- Percent of clients reporting positively about social connectedness
- Improved housing

Programs funded under this package will also have specific outcomes, which will be tracked and reported after implementation.

- 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?** Not funding these services was rejected because failure to invest adequately in the community-based mental health system will result in more people requiring state hospital level of care that will be able to be served with the 980 beds being built for the new state treatment facilities to replace Oregon State Hospital. This POP contains a number of recommended investments in a broad continuum of community mental health services. The specific levels of funding for each particular area of investment reflect the balancing of many needs and the plan for incremental expansion of a collective, integrated array of services over the next three biennia.
- 7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?** The Oregon State Hospital Master Plan Phase II Report focuses on the replacement of hospital facilities. The recommendations in the report are predicated on the significant enhancement of the community mental health system. Without the investment in both “front end” and “back end” services, the demand for state hospital beds will exceed the number of beds included in the new state hospital facilities.

**8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?** Local sheriffs and police, counties, courts and tribes. This POP would help local jurisdictions and agencies to more effectively manage their limited resources. Strains on law enforcement, hospitals, and the justice system and other social services will be alleviated with the additional investment in prevention, early intervention, crisis, acute and other services.

**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.** AMH will need 2 new positions to carry out the monitoring responsibilities the additional monitoring responsibilities generated from the increased services contained in the approval ; one for Supported Employment/Education OPA3 and one for Acute Care OPA4. and monitoring a stronger more effective co-responsibility plan between the state and the counties.

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|--|--|
| <input type="checkbox"/> Administrative Services                 | <input checked="" 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 sufficient to require additional funding? Specify which office(s) and describe how it will be affected. Yes.**

- |  |  |
|--|--|
| <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 checked="" type="checkbox"/> Facilities         |
| <input type="checkbox"/> Audit and Consulting                        | <input type="checkbox"/> Contracts and Procurement     |
| <input checked="" 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. See below.**

**2009 – 2011**

**Early Assessment and Treatment of Psychosis (POP 112)**

- Increase funding of early assessment screening and treatment services to serve 540 people for the full biennium.
- This is to fund a total of an additional 270 statewide for two years.
  - Assumptions:
    - 09/11 cost per person is \$14,000 per person, per year.
    - Length of early assessment screening and treatment services is two years
    - Costs this biennium include contracted technical assistance, project evaluation, statewide project coordination position

- Develop a center of excellence for early assessment screening and treatment services
  - 1) provide technical assistance in the implementation of evidence based early assessment screening and training services , including trainings, site-visits, and on-going consultation; 2) conduct early assessment screening and treatment fidelity reviews of each site; 3) help establish local stakeholder groups in each county to provide local oversight including mental health consumers, local universities , the business community; and 4) organize 2 state-wide conferences over the 24 month biennium.

### **Crisis Services (POP 122)**

- Increase crisis funding to CMHPs to serve 50% of the unmet need
  - Assumptions:
    - Unmet need = 21,007 uninsured persons needing services
    - Average of 1.5 episodes
    - 09/11 rate is \$756 per episode

### **Acute Care (POP 132)**

- Increase regional acute care funding to meet 100% of unmet need
  - Assumptions:
    - 40,746 hospital days 2006-2007 fiscal year were for non-Medicaid eligible persons<sup>1</sup>
    - \$1200/day + Biennial 5% medical COLA = \$1260/day

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<sup>1</sup> Addictions and Mental Health Division Oregon Patient Residential Care System

- Growth of 10,036 patient days per biennium
- Add 10% for community alternatives to acute care

### **Case Management (POP 142)**

- Develop the equivalent of three additional ACT Teams statewide to serve an additional 300 adults
  - Assumptions:
    - ACT
    - Full ACT teams serve 100 consumers and rural areas of the state would require smaller teams
    - Annual cost per person is \$14,000
    - An estimated 3,000 non-Medicaid eligible persons with a serious mental illness would benefit from ACT
- Increase funding to serve 25% of case management unmet need.
  - Cost:
  - Assumptions:
    - Unmet need 21,007
    - 85% of the unmet need requires basic case management services = 17,856
    - fund 25% of unmet need = 4,464 @ 2,500/yr

## **Supported Employment and Supported Education (POP 152)**

- Provide Supported Employment/Education to serve 50% of the need with match dollars for VR.
  - Assumptions:
    - Unmet need 21,007
    - 70% unmet need desire to work
    - Fund 50% of unmet need
    - \$3,000 per person, per year
    - Add Biennial 2.8% COLA
    - Total of 3,875 people served each year
    - Unmet need x 70% x 50% x 3,000/yr x 2 yrs

## **Alternatives to criminal justice involvement (POP 162)**

- Provide forensic intensive case management services to people being diverted from jail or upon release from jail. Provide 50% of the estimated need.
  - Assumptions
    - Cost is \$25,000 (07-09 rate) per person, per year
    - Biennial 2.8% COLA
    - 515 people served is estimated need

## **Safe, Affordable and Permanent Housing (POP 182)**

- Provide monthly housing subsidy to 50% of the need identified in 2005 Housing Survey
  - Assumptions:
    - 5420 persons needing affordable housing (this is a 150 person growth)
    - \$500 per month subsidy 07/09, plus cola
- Provide Supported Housing services to 50% of the need identified in 2005 Housing Survey
  - Assumptions:
    - 2000 persons needing supportive housing
    - \$1,875 per month for services (07/09 rate), plus cola
    - Growth of 60 people in the identified need group
    - 80% Medicaid eligible source of % are the svcs outside of OHP rate/coverage? (Ralph)
- Provide Mental Health Services to an additional 35 persons living in Villebois Development
  - Assumptions:
    - Expanded mental health treatment
    - Brokerage services
    - Peer-provided support
    - Supported employment - 3,000/yr per person
    - Contractural Implementation & Oversight

## **Transition Aged Youth (POP 192)**

- Establish Transitional Age Youth Coordinators in every CMHP
  - Assumption:
    - 33 Qualified Mental Health Specialists (one per CMHP) at \$92,226 each, plus cola

## **Contractual Implementation & Oversight (POP 212)**

- Fund Local Management of added mental health services
  - Assumption:
    - 10% of costs for added mental health services
  
- d. Will it take new staff or will existing positions be modified?** Yes; 1 residential supports coordinator, permanent 24 months (Program Analyst 2).
  
- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**
  
- f. What are the ongoing costs? Developed in each component POP.**
  
- g.** 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.” GF
  
- 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? GF