

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

**Division Name:** Addictions and Mental Health Division (AMH)

**Program Name:** Substance use and mental health prevention and treatment programs

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

**Policy Option Package Title:** Evidence-Based Practice Workforce Development

**Policy Option Package Number:** 402

**Related Legislation:** Oregon Revised Statute 182.525

**Summary Statement**

This package will improve the health and safety of Oregonians with mental health and substance use disorders by ensuring that treatment programs use scientifically proven, evidence-based practices (EBP). It provides funds to train clinical supervisors in AMH-funded mental health, addictions and co-occurring prevention and treatment programs to work with their staff to implement and maintain EBP. Clients do better when EBP are used, and this training will improve clinician's skills in delivering these practices. Use of EBP should also help control caseload growth in social services and healthcare systems. Legislation requires that 75 percent of AMH program funding be used to support EBP by 2011.

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

The package provides resources to increase the number of hours that clinical supervisors working in AMH funded substance use, mental health and co-occurring prevention and treatment programs can improve clinician's skills. It provides resources to train clinical supervisors to work with staff in implementing and maintaining evidence-based treatment. Successful implementation of evidence-based practices improves client outcomes and reduces the growth of caseloads in social services and healthcare systems.

AMH will continue to measure the proportion of funding spent on evidence-based practices, as well as outcomes such as reduction in criminal involvement, increased employment, reduction of emergency psychiatric hospital admissions and successful treatment completion. The policy package will improve the likelihood that there will be improvements in these measures.

Implementation includes the following:

1. Add one position to increase AMH's ability to provide training and technical assistance to clinical supervisors regarding increasing counselor proficiency and fidelity monitoring of EBP programs and practices.
2. Increase the infrastructure for AMH providers to assure effective clinical supervision improves service quality. The results include decreased criminal justice involvement, reduced emergency psychiatric admissions and increased employment.

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

Evidence Based Practice (EBP) legislation requires that during the 2009-2011 biennium AMH demonstrate that at least 75% of its funding support evidence-based practices and programs.

Many providers do not have adequate resources for substantial clinical supervision or systematic quality improvement activities. Supervision does not generate revenue, and state funding is insufficient to cover the costs of the increased supervision needed for EBP implementation. Inadequately prepared supervisors

decrease staff proficiency. Poorly trained staff increases the chance of poor outcomes including higher costs in child welfare, criminal justice, employment and vocational rehabilitation systems.

We provide the most effective services and get the best outcomes using EBPs. Implementation of these practices depends on the ability of providers to implement effective quality improvement and to provide adequate clinical supervision.

We must train clinical supervisors on how to monitor EBP implementation if we are to comply with the ORS 182.525.

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

Effective implementation of evidence-based practices in mental health and addiction services will produce improved client, consumer, and family outcomes. The outcomes include “healthy, safe, and independent” people and communities. The outcomes also include those identified in ORS 182.525, decreased criminal justice involvement, and reduced emergency psychiatric admissions.

**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?**

Evidence-Based Practice Legislation: Identifies reduced criminal justice involvement for adults and juveniles and reduced emergency psychiatric hospital admissions as performance measures for AMH. National outcomes identified by Substance Abuse and Mental Health Services Administration (SAMHSA) in order to receive Block Grant Funds include increased employment, treatment completion, stability in housing and many others.

**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?**

There are few federal or private grants for statewide efforts to increase and improve clinical supervision.

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

Clients, consumers and families will receive less effective treatment resulting in poorer outcomes if this package is not funded. It will decrease the opportunity for sustainable recovery and shorten the lifespan of those with substance use and mental health disorders.

The funding of this policy package increases the likelihood that AMH and the provider system it supports will be able to meet the legislative mandate to use 75 percent of 2009-2011 budget to deliver EBPs. Failure to achieve the 75 percent goal for 2009-2011 biennium may jeopardize funding for addiction and mental health services.

Funding the package will increase implementation of the programs with the demonstrable outcomes required by the ORS 182.525.

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

**9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**

**Implementation Date(s):** October 1, 2009

**End Date (if applicable):** On going

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

- |  |   |
|--|---|
| <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 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.**

There will be two new staff; both positions will be permanent. There will be one Program Analyst 3 to provide training and technical assistance and one Administrative Specialist 1 to support the program.

Required new FTE - \$304,913

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

Work stations for two new staff.

- f. What are the ongoing costs?**

**These are the costs for the two years of the project.**

To provide onsite technical assistance for EBP implementation for 100 providers at \$5000 per site For counties, tribes and the Native American Rehabilitation Association under 100,000 in population, \$30,000 each per biennium to support clinical supervision

For counties over 100,000 but under 250,000 in population, \$50,000 each per biennium to support clinical supervision

For counties over 250,000 in population, \$100,000 per biennium in funding to support clinical supervision

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

**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 Fund