

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

**Division Name:** Addictions and Mental Health Division

**Program Name:** Older Adult Mental Health Services

**Policy Option Package Initiative:** Seniors and people with disabilities live safely and independently in their communities.

**Policy Option Package Title:** MH & Addiction Services to Older Oregonians

**Policy Option Package Number:** 173

**Related Legislation:**

**Summary Statement:**

This package provides the specialized mental health needs of older Americans, a traditionally underserved class in Oregon, and will help reduce their suicide rate, which is the fourth highest in the U.S. The package, titled the Older Adult Mental Health Integration Initiative, funds 20-25 new gerospecialists to coordinate mental health care in counties for Oregonians 65 and older. Six of Oregon's 36 counties have gerospecialists. New staff members will maintain a client caseload, provide case coordination with agencies and providers, and develop projects to improve the older adult mental health system.

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

The Older Oregonian Mental Health Services Integration Initiative would establish geriatric mental health specialists/care coordination in each Oregon community mental health program. The geriatric specialists would provide age-appropriate mental health services, cross-agency care coordination for older adults, and service planning and project development for future needs as the population grows. This would be implemented by providers designated by local mental health authorities.

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

The Older Oregonian Mental Health Services Integration Initiative would provide funding and support to achieve these outcomes:

- Increased rates of access, retention and positive outcomes;
- Decreased rates of suicide (Oregon ranks fourth in the suicide rate of older adults in the US)
- The provision of care coordination and cross-agency collaboration for effective community partnerships and service integration;
- Decreased utilization costs related to excess disability resulting from inadequate or inappropriate service delivery.
- Provides outreach to older adults in their homes (own, SPD provided) with the goal of stabilizing persons in the least restrictive environment.

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

This package promotes the health and safety of one of Oregon’s most vulnerable populations.

**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 funded the following outcomes will be tracked for this proposal:

- The number of gerospecialists and their location throughout Oregon to insure the need is being met in all communities.
- The rate of access to mental health services for people age 65+.
- The number of people in SPD facilities receiving mental health services.

**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 new statutes would be required. During the 2005 legislative session, the Oregon State Legislature passed Senate Bill 781 directing mental health and developmental disability programs to provide specialized services for older adults. Many of the 2007-2009 County Implementation Plans included information on older adult mental health needs, system gaps and service delivery descriptions. No funding was attached to SB 781.

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

Alternative methods of providing age-appropriate mental health services considered included: Continue providing mental health services to older Oregonians utilizing current resources and non-specialized staff. This alternative represents the current system of care and has been found inadequate. Providers are not skilled in the specialized needs of older adults and are not able to effectively navigate the complex cross-agency system of care necessary to provide adequate and appropriate supports for older Oregonians. The CMHPs aren't adequately funded to serve this special population.

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

Older Oregonians, over age 65, are currently 13 percent of Oregon's population, but the number is expected to double over the next three decades. Although the need is growing, Oregon has limited specialized services

that address the mental health needs of older adults, including access to treatment, engagement and retention of necessary mental health services.

Continued failure to meet the mental health needs of older Oregonians will likely lead to the following outcomes:

- Increased suicide rates (Oregon ranks fourth in suicides among older adults in the US);
- Increased utilization costs of medical and residential services related to excess disability resulting from inadequate or inappropriate mental health services;
- Progressively increasing deficits in the mental health service delivery system to older Oregonians as the population continues to grow over the next three decades.

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

Community mental programs would be increasing their staff by one dedicated FTE. The overall effect of this addition would be positive for the aging persons within each county/region as specialists would be available to assess needs accurately and timely.

**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 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 checked="" type="checkbox"/> Investigations and Training |
| <input checked="" type="checkbox"/> Document Management              | <input checked="" type="checkbox"/> Facilities                  |
| <input checked="" type="checkbox"/> Audit and Consulting             | <input checked="" 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.**

Yes, the geriatric mental health specialists will maintain a client caseload, provide case coordination services with other agencies and/or service providers and plan and develop projects to continue system improvements for older adult mental health services.

- 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.**

Funding will be required for approximately 20-25 new gerospecialists at the community mental health program level. They would work 24/24 months of the biennium and be considered permanent staff members of community mental health programs.

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

Staffing, training, office space, computers, phones, travel

- f. What are the ongoing costs?**

Staffing, training, office space, computers, phones, travel

- g. What are the potential savings?**

The high cost of medical and residential services related to excess disability resulting from inadequate or inappropriate mental health 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.”**

Medicaid, General Fund