2013-15 Policy Option Package

Agency Name: Oregon Health Authority
Program Area Name: Addictions and Mental Health Division
Program Name: Alcohol and Drug Treatment
Policy Option Package Initiative: Healthy People
Policy Option Package Title: Strengthen Community Mental Health Services & ITRS
Policy Option Package Number: 404a
Related Legislation:
Program Funding Team:

Summary Statement:

Successful legislative investments in Intensive Treatment and Recovery Services Program during the last two biennia provided addiction treatment and recovery services for families at risk of or involved with the child welfare system. Services include outpatient and residential treatment and recovery services. This investment will provide outpatient addiction treatment and recovery services for 607 additional vulnerable adults per biennium in the ITRS program.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$2,625,000**	**$0**	**$0**	**$2,625,000**

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

Approximately 229,456 Oregonians need addiction disorders treatment but only 58,059 adults accessed publicly funded substance use disorder care, representing a 75 percent treatment gap. Those unable to access treatment include individuals in a parenting role without health care sponsorship.

Parental substance use disorders continue to remain one of the top three reasons children are removed from their homes and placed in family foster care. In 2010 almost 63 percent of children entering family foster care were removed due to parental addiction disorders (one family may have multiple reasons for removal of a child). African American and Native American children represent 3.8 percent of Oregon's children yet are 15.2 percent of children served in foster care.

This strategy will provide outpatient addiction treatment and recovery services for 607 additional adults per biennium targeting African American and Native American parents. These services will be limited to those without health care sponsorship. The target population will come from culturally specific community referral pathways specific to parents who are at risk of or involved with the child welfare system. The investment will support a range of outpatient and recovery support services such as housing, child care and transportation, medication to treat addiction disorders. This would be accomplished by amending financial agreements and contracts, allocating funds for increased outpatient treatment capacity for an additional 607 adults accessing ITRS outpatient treatment and recovery services programs.

Utilization requirements, achieving outcome measures, program evaluations and fidelity reviews will continue or will be implemented as part of continued funding for these programs.

2. WHY DOES Oregon Health Authority PROPOSE THIS POP?

On average it costs $1,975 per month to care for a child in family foster care. As of January 1, 2011, 93 percent of parents who successfully completed treatment through ITRS met child reunification requirements creating the potential to regain custody of their children. Since 2007 over 1803 children have been reunited with their parents and are no longer in family foster care after their parents received services through the ITRS initiative.

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

This investment strategy furthers the agency's Health People Outcome: Oregonians are healthy and have the best possible quality of life at all ages, and the Safety Outcome: Oregonians will be safe where they live, work and play. These services will invest in parents and their children prior to entering foster care or as they leave foster care and return to their community. These services directly support the 10-year Outcomes for the Healthy People budget team for 2013-15 under Strategies One and Two; reduce per capita costs, improve patient experience and reduce chronic disease costs. They also contribute to achieving the Safety goal under Strategy One: reducing the number of children entering the foster care system.

4. IS THIS POP TIED TO AN Oregon Health Authority PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL the Oregon Health Authority MEASURE THE SUCCESS OF THIS POP?

This investment strategy is tied to Key Performance Measure #3: Alcohol and Drug Treatment Effectiveness-Child Reunification.

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.

A change to existing statute or new statute is not necessary.

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

Improving access to substance use disorder treatment requires additional state resources. Depending on Federal funds through competitive federal grants is not always a practical option due to the uncertainty of the outcome and the lack of sustainability after funds run out. Due to competition with other states and the limited duration of this type of funding, it is speculative at best to budget for Federal grants. Dependence on federal grants leaves the state with continuing long-term resource deficits and the inability to implement long term, system-wide improvement in the areas of treatment for those without health care sponsorship.

The other alternative is to continue operating with the unmet need. This will mean that each year the children in the families headed by the 607 adults that could be treated will continue to have long stays in foster care at costs exceeding $1,900 per month for each child.

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

The lack of timely access to substance use disorder treatment results in avoidable costs to child welfare, health care, and numerous other essential services in our communities. Children whose parents are at risk of or involved in the child welfare system due to alcohol or drug addiction (without health care sponsorship) will enter into or remain in family foster care.

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

Association of County Mental Health Programs (AOCMHP) Local Mental Health Authorities (LMHA), Local Alcohol and Drug Planning Commissions (LADPC), Oregon Prevention, Education and Recovery Association (OPERA)

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/2013

End Date (if applicable): Ongoing

a. Will there be new responsibilities for OHA Specify which Program Area(s) and describe their new responsibilities.

- ☒ Addictions and Mental Health
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

No

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

These are not state operated programs. Services will be provided by contractors.

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.

No

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

There are no potential start-up costs since each county already has existing facilities and staff.

f. What are the ongoing costs?

$ 2,125,000 = $3,500 (average cost per person) x 607 (individuals in outpatient treatment) per biennium.

$500,000 = $250 (estimated average cost per person) x 2,000 (individuals for parent-child skill development and education) per biennium for all anticipated enrollees.

Total cost=$2,625,000 per biennium

g. What are the potential savings?

Treatment leads to improved clinical and societal outcomes. The investment will provide savings and improved outcomes in child welfare and the cost of treating the medical consequences of substance use disorders. Funding this investment strategy decreases waiting lists and improves access to treatment, recovery services and parenting programs for vulnerable parents and their children accessing ITRS services.

ITRS has proven that addiction treatment and recovery services saves families and the cost of supporting children in family foster care**.** On average it costs $1,975 per month to care for a child in family foster care. As of January 1, 2011, 93 percent of parents who successfully completed treatment through ITRS met child reunification requirements toward regaining custody of their children. Since 2007 over 1803 children have been reunited with their parents and are no longer in family foster care after their parents received services through the ITRS initiative. The cost offsets in family foster care for children reunited with their parents are treatment mean that the $9.9 million biennial investment in Oregon's ITRS initiative pays for itself within a period of approximately six months.

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

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$2,625,000	$0	$0	$2,625,000		
Other	$0	$0	$0	$0		
Total	**$2,625,000**	**$0**	**$0**	**$2,625,000**	**0**	**0.00**

(OHA) - Fiscal Impact Summary by Program Area:

	AMH	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$2,625,000**	**$0**	**$0**	**$0**	**$2,625,000**
Other Fund	**$0**	**$0**	**$0**	**$0**	**$0**
Federal Funds- Ltd	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$2,625,000**	**$0**	**$0**	**$0**	**$2,625,000**
Positions	**0**	**0**	**0**	**0**	**0**
FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**