

2013-15 Policy Option Package

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

Summary
Statement:

This package seeks resources to strengthen the mental health system through increased use of evidence-based practices that will improve both health care and mental health outcomes for children and adults. Child psychiatry consultations will be available to primary care practitioners and rural mental health providers to improve the care and outcomes for children with complex mental health disorders. Early Assessment and Support Alliance (EASA) services will be available statewide to reduce the cost of hospitalization for youth with early symptoms of psychotic disorders and to improve outcomes in school, work and personal relationships. Adults with severe persistent mental illness will have increased access to the supports and services needed to find and keep a home and a job; both of which will improve health and mental health outcomes. These housing and employment supports for adults are recommended by community stakeholders.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Option Package Pricing:</u>	\$10,000,000*	\$0	\$0	\$10,000,000*

NOTE: **This amount reflects late changes anticipated for Policy Option Package 404 and therefore does not equal the amount in ORBITS.*

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

The current community mental health system is funded both through the Oregon Health Plan and state General Fund and meets less than 35 percent of the need for children and adolescents and less than 45 percent of the need for adults. This request will strengthen funding for the community mental health system and support integrated and managed systems of care that are essential to the successful implementation of health care reform and to support the legislatively-approved state hospital capacity for the new Oregon State Hospital system.

Oregon Psychiatric Access Line for Kids (OPAL-K)

This package includes resources to implement the OPAL-K that provides primary care physicians timely phone access to child psychiatric consultation for children and adolescents birth to age 18. OPAL-K would serve all of Oregon’s children and adolescents, not just those who are eligible for Medicaid. Phone access will be available statewide with telemedicine options for rural face-to-face consultation. The Psychiatric access phone line is staffed by mental health trained care coordinator and contracted child psychiatrists. Initial calls from primary care physicians are triaged for need and coordinated for call back within three hours between the “on-call” child psychiatrists and the primary care physician. The OPAL care coordinator can also arrange referrals and follow-up with community mental health agencies. Face- to- face follow- up for child psychiatric consultation can be arranged in a timely manner as determined by the primary care physician and the child psychiatrist. This consultation will be provided through the Oregon Health Sciences University Child Psychiatry program in collaboration with the Oregon Pediatrics Society and Oregon Council of Child and Adolescent Psychiatry. The cost of the program will be offset by 10% the first year from revenues from

billings and an offset of 20% will be realized in the second year. OPAL-K will become self-funded from billings after 2 years.

Early Assessment and Support Alliance (EASA)

This package includes resources to expand EASA, a proven practice that identifies psychotic disorders early and treats them effectively to reduce expensive hospital costs and improve school, work and family life for young people. This would add resources to cover the remaining 40 percent of Oregon’s population and the 20 counties without access to these proven services and supports. The investment would utilize current technical assistance and training and would mirror the successful implementation of the original 2007-09 initiative. It will also allow for fully integrated services through the Coordinated Care Organizations and the Community Mental Health Programs.

Supported Housing

This package includes resources to expand Supported Housing services for approximately 233 people with major mental illnesses. This would allow them to live successfully in safe, drug-free affordable homes with the skills training and supports needed. Some of the support services will be provided by peer delivered services. It will also provide rental assistance to account for the lack of affordable housing in Oregon and the unmet need in the federal housing programs.

Supported Employment Services

This package includes resources to expand evidence-based supported employment services for the clients living in the remaining 22 counties in Oregon who do not have access to this service. These resources work in conjunction with services provided by Vocational Rehabilitation and complement services that are covered under the Oregon Health Plan.

2. WHY DOES Oregon Health Authority PROPOSE THIS POP?

Publicly-funded mental health services, including those funded with AMH contracted resources and those funded through the Oregon Health Plan meet less than 45 percent of the need for adults with mental illness and less than 35 percent of the need for children and adolescents with emotional disorders. As a result of unmet mental health need, the emergency departments of local hospitals are overburdened with people in psychiatric crises and local law enforcement is frequently left dealing with mental health crises without the proper training or resources. An adequately funded, integrated, managed and effective system of care is essential to the successful implementation of health care reform and necessary to support the legislatively-approved state hospital capacity for the new Oregon State Hospital system.

Oregon Psychiatric Access Line for Kids (OPAL-K)

Oregon is experiencing a shortage of child psychiatrists, especially outside of the Portland metropolitan area. As a result primary care physicians and mental health professionals are asked to assess, treat, and manage children with complex mental health needs including the use of powerful mental health drugs without the necessary training and support to be successful. With face-to-face consultation by child psychiatrists these health and mental health care professionals would have the support and information necessary to manage the more complex cases at the local level with greater success and improved outcomes for the children. Strengthens our ability to focus on appropriate prescribing of psychotropic medications to children in the custody of DHS.

Early Assessment and Support Alliance (EASA)

Every teen and young adult is at risk of developing psychosis which is far more common than insulin-dependent diabetes. Psychosis affects three in one hundred people, usually starting between ages 12 and 25. One in one hundred develops schizophrenia (ongoing psychosis) and almost as many develop psychosis associated with bipolar disorder. Early treatment of psychosis with a proven strategy, Early Assessment and Support Alliance (EASA) provides the best opportunity for long-term recovery. This intensive multi-disciplinary approach during the most critical phase of the early onset of the disease lowers cost for hospital care, improves school, law enforcement, work and family outcomes for these young people.

Supported Housing

People with serious mental illness are often homeless due to the nature of the illness and the poverty associated with it. Poor housing or homelessness is associated with repeated hospitalizations, inability to maintain a treatment and medication schedule, physical illnesses and the increased potential for negative contact with law enforcement and spending time in jail. Evidence-based supported housing is an effective strategy to help people with serious mental illness access and maintain safe, stable and affordable housing which is the foundation to recovery from mental illness.

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

Publicly-funded mental health services, including those funded by AMH directly and those funded through the Oregon Health Plan provide services that improve health, improve the experience of health care, reduce the cost of health care, and reduce the cost of chronic diseases.

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

The resources associated with this package will improve AMH's performance on Key Performance Measures associated with mental health services. The resources will also contribute positively to many of the accountability measures associated with the CCOs.

Two of the KPM for children's mental health services are improved school attendance and lowered likelihood of arrests. Programs such as EASA services have both had impacts on these areas in the areas where they have been implemented. Expanded implementation would increase the impact.

Other KPM include increasing the access to mental health services and emphasis of community based services as opposed to institutional services, such as those delivered in residential and hospital settings. EASA could positively impact access through early identification providing standard processes for obtaining needed services, and in addition, services like supported housing and employment can greatly impact the need to utilize hospital level services and give clients the tools they need to support their recovery, which will engender less reliance on structured living arrangements such as licensed residential care.

Beyond the KPMs, all of these resources will support many of the metrics for which OHA will hold CCOs accountable. Decreases in readmission rates, better coordination between hospital and community levels of care, as discussed above, are also tied to metrics for the CCOs and are designed to encourage integration among community resources and overall community health.

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.

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

The potential to have Community Care Organizations fund the EASA, OPAL-K and Adult community supports of the proposed packages was considered. However, until the CCOs become fully functional there will not be an opportunity to rely on them for service fund reinvestment in the short term. Many of the funds requested are for infrastructure development, training and technical assistance. Much of which is not reimbursed through Medicaid or is not provided to Medicaid eligible individuals. Community level and statewide infrastructure requires state level investment that requires the allocation of new resources.

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

If this POP is not funded, the evidence-based programs for which funding is being sought will not be implemented or will remain partially implemented and the state will continue to pay the longer term costs in health and mental health care due to: leaving primary care physicians and mental health providers to struggle with complex cases without the benefit of consultation from child psychiatrists, failing to expand EASA statewide and failing to provide the supports people with severe mental illness need to find and keep housing.

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

OPAL-K will have a positive impact on rural Community Mental Health Programs with the access to child psychiatric services.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

- Oregon Psychiatric Access Line for Kids (OPAL-K): \$1.5 million will provide access to all children throughout the state regardless of insurance coverage.
 - OHSU provided a budget for development and provision of this service.
 - The first year was offset by 10% due to anticipated billing for service.
 - The second year was offset by 20% due to increased ability to bill.
 - This program is to become self-funded after two years.
- Early Assessment and Support Alliance (EASA) – Total \$1.79 million
 - \$580,000 per year for clinical services
 - \$190,000 per year for outreach, education and coordination
 - \$125,000 per year for Portland State University EASA Center of Excellence
 - The second year will have an increase in the number of persons served with the ramp-up the first year. However, this will be mitigated by the increase expansion of health care coverage.
- 5 projects that provide rental assistance, peer delivered services and supported housing services for 233 people – Total \$5.21 million
 - Rental Assistance at \$500/month
 - Supported services at \$1,000/month
 - Local Admin for 5 projects at \$65,000/year
 - 5 Peer delivered service projects at \$70,000/year
 - Implement for 3 quarters of the biennium
- Expansion of supported employment to all 36 counties – Total – \$1.5 million
 - \$3500 per person per year
 - Each person receives supported employment on an average of 1 year
 - A total of 428 people served
 - Implement for 3 quarters of the biennium

Implementation Date(s): All of these are ongoing effective January 1, 2014

End Date (if applicable): Ongoing

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

<input checked="" type="checkbox"/>	Addictions and Mental Health Division	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

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).
None

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
No changes to client caseload number – this POP will provide services and supports in a different way.

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.

Since AMH is not asking for additional positions, these duties will be completed within current position functions.

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

No new costs anticipated

f. What are the ongoing costs?

g. What are the potential savings?

None

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

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	\$10,000,000*	\$0	\$0	\$10,000,000*		
Other	\$0	\$0	\$0	\$0		
Total	\$10,000,000*	\$0	0	\$10,000,000*	0	0.00

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AMH - Fiscal Impact Summary by Program Area:					
	CMH	Program	Program	Program	Total
General Fund	\$10,000,000*	\$0	\$0	\$0	\$10,000,000*
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds-Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$10,000,000*	\$0	\$0	\$0	\$10,000,000*
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?

AMH Revenue Impact:				
Description of Revenue	GF	OF	FF	TF
Licensing fees (Comp Srce 0975)	\$0	\$0	\$0	\$0
Medicaid (Comp Srce 0995)	\$0	\$0	\$0	\$0
General Fund (0050)	\$10,000,000	\$0	\$0	\$10,000,000*
Other (Comp Srce XXXX)	\$0	\$0	\$0	\$0
Other (Comp Srce XXXX)	\$0	\$0	\$0	\$0
Total	\$10,000,000	\$0	\$0	\$10,000,000*

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