

Department of Human Services 2009-11 Policy Option Package

<u>Division Name:</u>	Addictions and Mental Health Division
<u>Program Name:</u>	Children's Treatment System
<u>Policy Option Package Initiative:</u>	Oregonians have access in their communities to the mental health care and addictions treatment they need.
<u>Policy Option Package Title:</u>	Children's community-based system of services and supports
<u>Policy Option Package Number:</u>	312, 322, 332, 342, 352, 362, 372, and 382
<u>Related Legislation:</u>	

Summary Statement:

This package supports the Governor’s Statewide Wraparound Initiative by improving mental health services supporting Oregon’s children and families. It finances increased access to and the quality of the array of intensive community-based services for children and families by increasing care coordination and partnerships across agencies; creating flexible funding pools for non-traditional services/supports; expanding Oregon’s System of Care; providing intensive services in the child’s natural environment; and telepsychiatry with primary care. A Systems of Care approach will allow children to remain at home, in their schools and with their families while receiving intensive mental health services. It supports the Statewide Wraparound Initiative by developing “mechanisms to create a statewide system of care for children regardless of the agency through which they enter the system.”

- 1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** This package supports Gov. Kulongoski’s Statewide Children’s Wraparound Initiative by improving mental health services and supports for Oregon’s children and families. It finances increased access to and the quality of the array of intensive community-based mental health services for children and their families. The package would be implemented through amendments to the financial assistance agreements with Community Mental Health Programs, Requests for Proposals, and increased capitation payments to the Oregon Health Plan Mental Health Organizations. Specific targets, performance measures, data reporting and analysis, and contract monitoring will be conducted by AMH.

2. WHY DOES DHS PROPOSE THIS POP?

Current estimates reveal that approximately 105,306 children in Oregon have a serious emotional disorder that substantially impacts their daily life. However, only about 33% (35,000) of these children receive services per year through the public mental health system. Access to the right kind of mental health services at the right time, and in the right place makes a substantial difference for the children and their families' lives. An untreated mental health disorder in children has a direct negative effect on the education, child welfare, and juvenile justice systems as well as a direct effect on family stability. Oregon data reveals that the initiation of mental health treatment is associated with a reduction in the percentage of children who are expelled or suspended from school, a reduction in the percentage of children arrested, and an increase school attendance.

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

This package furthers the DHS mission to assist people to become independent, healthy and safe. The package will proactively identify unmet child and family needs and prevent more serious problems from developing. Services will be more integrated and consistent with current system of care research and evidence-based practices.

The combination of strategies is congruent with the Federal and state agenda for mental health transformation and will further the efforts begun under the Children's System Change Initiative. It also lays important ground work in support of the Governor's Statewide Wraparound Initiative.

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?

The outcomes related to the success of this package include;

- Improved family functioning

- Improved school functioning
- Decreased juvenile justice involvement
- Decreased use of higher, more intensive and more restrictive levels of care
- Improved collaboration and coordination between agencies and service providers
- Increased array of services available to children and their families
- Reduced out of home placements

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?

The children’s mental health system has gone through significant transformation since 2005 without additional investment in resources. The sustainability of the positive gains in services and supports for children and families is in serious jeopardy.

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

Not funding these strategies will increase the penetration into child-serving systems like child welfare, juvenile justice, alcohol and drug, special education, and mental health. Moreover, it is more likely that more expensive facility-based services would be necessary if serious problems result from not providing the necessary services and supports. Children who are at risk for or have untreated mental health conditions experience poor school performance and are more likely to be expelled or suspended from school, they are more likely to be involved in the juvenile justice and child welfare systems. The children develop long term illnesses and disabilities that negatively affect them into adulthood. Inadequate intervention, planning and system coordination results

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

Community Mental Health Programs, Mental Health Organizations, School Districts and Education Service Districts, Oregon Youth Authority, Juvenile Departments, Juvenile Justice System, Public Health, local DHS branches, and the non profit provider system will all benefit from strategies outlined in this package.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Components of this Policy Option Package include cost effective, research and evidence-based practices to provide the infrastructure of necessary services and supports to enhance Oregon's system of services and supports

- 312 Wraparound Centers of Excellence: Developing Wraparound Training Centers for Excellence in Oregon will provide local communities access to the expertise required to implement high fidelity evidence-base model of Wraparound. Five local communities would be identified to implement the model and develop Centers for Excellence to train professional working in multiple child-serving systems.
- 322 Children Intensive Service Care Coordination: Increase the number of care coordinators statewide assuring effective organization and facilitation of child and family team meetings, providing oversight for service plan implementation, maintaining communication between the family and service providers, and creating linkages to and managing transitions between levels of care. These positions are critical to the coordination and collaboration among agencies to provide system linkages.
- 332 System of Care Implementation: Identify and fund 5 community-base sites to develop an integrated model of services and supports based on national system of care research. DHS submitted a Comprehensive Community Mental Health Services for Children and their Families System of Care grant to the Substance Abuse and Mental Health Services Administration. If the grant application is funded, this package would provide funding to implement five additional communities. If the grant application is not funded then this package would provide the resources necessary to implement strategies outlined in the application.

- 342 Training for Child and Family Team Facilitation: Assures that children, their families, and child serving agencies are trained and supported in the effective use of child and family teams to improve treatment planning, problem solving and assure that children receive effective culturally competent services and supports. This is a critical component to ensure multi system competency in team facilitation, strengths needs assessments, family participation, coaching and supervision, and role clarity for system partners.
- 352 Teen Screen in School-Based Health Centers: This strategy implemented in collaboration with Public Health, would expand the use of TeenScreen in School-Based Health Centers. TeenScreen is designed to identify teens who suffer from depression and other known risk factors for suicide. It is also effective in identifying other mood disorders and drug and alcohol problems in adolescents.
- 362 Increase the capacity of communities to provide intensive school-based mental health services: This strategy provides 21 counties with the ability to provide an intensive integrated model of mental health treatment services and support and education services. Because of previous funding decisions these communities lack the resources or infrastructure for these services. This package provides equitable opportunities throughout the state to expand intensive mental health services in school settings.
- 372 Child Telepsychiatry with Primary Care Physicians: Provides child psychiatry consultation to primary care physicians. This linkage improves and insures quality driven prescribing practices for children in foster care, to create an integrated treatment approach between physical and mental health, and to provide comprehensive medical care for children. The system requires an efficient mechanism for linking child psychiatrists with pediatricians and family practitioners to provide clinical consultation for children with complicated mental health treatment needs.
- 382 Flexible Funding Pool: Children with significant mental health needs and their families need services and supports that cannot be met with traditional services or billed through Medicaid and other restricted sources of funds. Flexible funding can be used to meet basic needs and provide additional support for families at risk for more serious problems and system involvement. This investment is a critical component for a family to achieve desired outcomes.

Implementation Date(s): _____

End Date (if applicable): _____

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.

- 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.**
- 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?**
- g. What are the potential savings?**
- h. Based on these answers, is there a fiscal impact?**
- 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.”**