

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

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

**Program Name:** Combined Adult MH, Children’s MH & Program and Policy Units

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

**Policy Option Package Title:** Peer Delivered Recovery & Family Support Svcs

**Policy Option Package Number:** 392

**Related Legislation:**

**Summary Statement:**

This package helps children and adults with mental illness and substance abuse disorders lead better lives by ensuring their parents/caregivers receive assistance and guidance to aide them in recovery. It funds independent oversight, advocacy and support for children who need intensive mental health services and their parents. It funds peer-delivered recovery and family support services—such as DDA and the Family Navigator Program—carried out through contracts with DRO and NAMI-Oregon, which provides education and training for consumers and their families and develops local affiliate programs to educate and support people in their communities.

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

This package adds resources for recovery management and resiliency promotion for people with substance use and mental health disorders. The package adds resources to provide independent oversight, advocacy and support for children in need of intensive mental health services and their parents -- through a contract with Disability Rights Oregon. AMH would also contract with NAMI-Oregon to provide education and training for consumers and their families and to develop local affiliate programs to educate and support people in their communities.

Treatment for substance use and mental health disorders includes supports to manage a chronic health condition. This package will fund follow-up care, peer supports and assistance for families of children with complicated needs to help them advocate for and access effective services for their children. These services will support clinical interventions within a system of pre-recovery, active treatment and post-treatment recovery services. Services to be supported include family navigators, peer-delivered services, oversight and advocacy for children, training and support for families, recovery mentors, recovery coaches, and recovery case management and alcohol and drug-free housing and transportation support. Some recovery services will be centralized in regional Recovery Centers.

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

The recovery, peer advocacy, training and family supports funded by this package are effective strategies to ensure that individuals with substance abuse and/or mental health disorders are successful in treatment. They then become more employable, use fewer public services and contributing members of their communities.

Substance use and mental health disorders are chronic conditions requiring treatment of acute symptoms and on-going management, supports and monitoring to avoid relapse. Individuals and their families experiencing substance use and mental health disorders need recovery support services to help them navigate systems,

understand the issues related to these chronic diseases and provide them with the tools and skills to begin healing and rebuilding their lives.

Family of children with mental disorders are often traumatized and left to navigate a complicated system of services and supports in isolation. Family Navigators will help families receive flexible, community-based services and decrease institutional care. These families will benefit from the independent oversight of services and personal advocacy provided by resources, education and training in this package.

People in recovery need safe, alcohol and drug free housing.

Parents involved with child welfare need peer mentors to help them navigate the complex system.

Individuals with co-occurring disorders need access to dual diagnosis anonymous services.

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

Family Navigators assist families of children with mental disorders access appropriate services and mental health care. A recovery and resiliency oriented system of care furthers the agency's mission of helping people become independent, healthy and safe.

**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?**

This initiative will be measured by the following performance indicators:

- An increase in the number of safe, alcohol and drug free housing options for people in recovery.
- An increase in peer mentoring programs for child welfare parents in recovery.

- An increase in the number of case management services for children, adolescents and their families.
- An increase in peer delivered support programs for children, adolescents and their families.
- An increase in the number of children receiving ICTS services.
- An increase in dual diagnosis anonymous programs.
- An increase in peer delivered service programs for mental health consumers.
- An increase in peer delivered recovery support programs for people in recovery and their families.
- The establishment of Family Navigator Programs in three Oregon counties.

**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?**

Taking no action means business as usual and recovery support services are limited to those currently provided by grassroots organizations in the state. Individuals who have completed treatment and experience a relapse in acute symptoms will access more expensive, higher levels of care such as the emergency room, hospitalization and residential treatment. The system is insufficiently funded to pay for these services. These services and supports are not generally funded by the more medical and professionally driven Medicaid resources.

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

Without funding for these services there would be a continued need to access higher levels of care such as the emergency room, hospitalization and residential treatment. Individuals continue to recycle through systems treating acute symptoms rather than accessing lower level services that provide the opportunity to learn new skills and develop tools to manage and monitor their chronic conditions.

Without independent oversight and monitoring of restrictive services for children, these youth may be subjected to unsafe procedures and have their rights violated.

Due to a lack of an infrastructure to create and support recovery oriented systems of care, Oregon continues to experience the negative economic impact of substance abuse related to health care, lost wages, additional law enforcement, criminal justice and social welfare services. Each year untreated substance abuse has a total economic impact in Oregon of \$5.93 billion. The cost of this POP, \$12.8 million, is fraction of the total negative economic impact in Oregon from untreated substance abuse.

Without recovery management those with mental health disorders experience more psychiatric hospitalizations, increased arrests, housing destabilization and a decrease in their ability to be safe, healthy and independent.

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

- The Addictions and Mental Health Division, Mental Health Organizations and Community Mental Health Programs will collaborate in a partnership with the Oregon Family Support Network for cross-referrals and provision of mental health services.
- Grass roots recovery support service providers and the Addictions and Mental Health Division will collaborate in the development of services.
- Community Mental Health Programs (CMHP) administer mental health and alcohol and drug treatment funds to local providers.
- Community-based providers of mental health and alcohol and drug treatment services will have an additional resource to help clients in treatment maintain recovery.

- Local Public Safety Coordinating Councils advise communities on public safety initiatives including the impact of alcohol and drug problems and solutions.
- Mental Health Advisory Councils advise counties on prevention and treatment initiatives including the impact of mental health problems and solutions.
- Local Drug and Alcohol Planning Committees advised counties on prevention and treatment initiatives including the impact of alcohol and drug problems and solutions.

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

POP implementation is as follows:

- Establish Family Navigator Program assisting family members whose Medicaid-eligible children have mental health disorders access the complex system of services.
  - Cost: \$5,186,432.00
    - Start up costs and contracted coordination position with Oregon Family Support Network.
    - Increase case management and peer support services to children, adolescents and families.
    - Provides additional services to 1600 children receiving ICTS services.
- Expand the current .5 FTE-Family Partnership Specialist Position to a full time FTE
  - Cost: \$85,428
    - Ensure family involvement in planning public policy, program development and implementation of treatment services for children and families served throughout Oregon's publicly funded children's and adolescent behavioral health system.
- Establish peer mentoring for child welfare parents in recovery.
  - Cost: \$3 million
    - Serves 3,750 parents and families per biennium.

- Addictions and Mental Health Division contracts with Community Mental health Programs or sub contracts with providers to develop peer mentoring for child welfare parents.
- Establish five Addiction Recovery Centers (described above) throughout Oregon.
  - Cost: \$2.7 million
    - Supports establishment of five community-based centers including the following regions / populations:
      - African American recovery center in Northeast Portland
      - Portland metro area recovery / training center for statewide implementation and support for recovery center network.
      - Mid-Willamette Valley center with culturally specific services for Hispanic and Russian communities
      - Southern Oregon center
- Expand Dual Diagnosis Anonymous services and coordination.
  - Cost: \$200,000
    - Includes one FTE Coordinator contracted through private, non-profit organization and services and supplies for training, technical assistance, and statewide travel.
    - Expansion allows DDA to serve all 36 counties with an estimated 200 additional contacts per week.
- Expand Oregon Recovery Homes / recovery housing.
  - Cost: \$500,000
    - Includes 3 FTE contracted through Recovery Association Project (RAP), a private, non-profit organization providing housing development and coordination to expand drug-free housing options for people in substance use disorder recovery.

- Provide annual funding to Disability Rights Oregon to assure the assignment of one full-time advocate to protect the health and rights of children accessing intensive mental health services. This will be a two-year program at \$75,000 per year.
- Provide annual funding to NAMI Oregon to deliver additional Family-to-Family and Visions for Tomorrow education program, support added presentations of In Our Own Voice, and to develop additional and stabilize and strengthen existing local affiliates. This will be a two-year program at \$100,000 per year.
- An additional \$852,747 is needed for performance measurement, accountability and contract oversight conducted by the local Community Mental Health Program (CMHP).
- The total package is priced at \$12,874,607

**Implementation Date(s):** 10/01/09

**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 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.**

200 additional weekly contacts with Dual Diagnosis Anonymous, and 3750 child welfare parents and families in recovery receive specific services as outlined in this policy option package. 1600 Intensive Community Treatment children receiving services not be new cases, however clients will receive additional services through the Family Navigator 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.**

Yes, expanding the current .5 FTE Family Partnership Specialist Position OPA 2 to a full-time position. The position is permanent and works 24 months in each biennium. See attached position description.

**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?**

See number 1

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

Investment in recovery management and services gives people the opportunity to achieve and sustain long-term recovery from substance use and mental health disorders. Fewer crimes are committed, the rate of children taken into foster care due to parental addiction declines, young adults and youth with mental health issues use less crisis services, have a lower rate of incarceration in state and local jails and fewer acute care episodes at the Oregon State hospital. Children and their families participating in the Family Navigator Program have assistance traveling through the complex system of services with an identified advocate. Those with substance use and mental health disorders who either received or were receiving treatment services were less likely to be arrested saving the taxpayer a minimum of \$1,036.00 for each adult arrest. A recovery and resiliency oriented system of care provides culturally relevant, community oriented services. Recovery management services provided by peers reinforce tools gained during treatment and reduce the number of repeat episodes in acute treatment models.

**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 Funds and Medicaid (Family Navigator services).