OHA Addictions and Mental Health Governor's Balanced Budget 2013-2015

Presented to the Legislative Ways and Means Sub-committee on Human Services April 16, 2013

Linda Hammond, AMH Interim Director



Early Assessment and Support Alliance (EASA) – \$1.8 million

Expands the EASA program statewide to provide young adults with early identification and treatment for psychotic disorders

- Psychosis affects three in 100 people, usually starting between ages
 12 and 25
- Services include:
 - Outreach and engagement
 - Assessment and treatment using a multi-disciplinary team
 - Family education
 - Vocational and educational support
 - Prescribed medication using a low dose protocol
 - Support in home, community, school and work settings



Early Assessment and Support Alliance (EASA) – **\$1.8 million** – *continued*

- Demonstrated outcomes :
 - Reduced hospitalization
 - Decreased use of public assistance programs
 - Increased family involvement
- Current programs cover 72% of the population
- Expands EASA from 19 counties to 36 counties
- New counties: Baker, Benton, Coos, Curry, Gilliam, Grant, Harney, Josephine, Jackson, Klamath, Lake, Lincoln, Malheur, Morrow, Umatilla, Wallowa, and Wheeler counties



Early Assessment and Support Alliance (EASA) – Implementation Strategy

- Increase funding to \$6.2 million total
 - Current funding is 4.3 million, new funding is \$1.8 million
 - Cost of expansion was verified by a recent EASA rate study
 - Channeled through local mental health authority contracts
- Development and implementation monitored by PSU's Regional Research Institute
 - clinical supervision
 - ongoing technical support
 - Fidelity ensure programs follow the evidence-based model
- Enrollment and outcomes tracked through the new addictions and mental health database

Oregon Psychiatric Access Line for Kids (OPAL-K) – \$1.5 million

Gives primary care physicians access to child psychiatric consultation for children up to age 18

- Modeled after other successful programs in Massachusetts and Washington
 - Positive results: primary care's increased ability to manage cases, more appropriate use of medications and connection with additional mental health treatment when necessary
- Designed an implemented in partnership with primary care and child psychiatrists
- Ready access to child psychiatry and other mental health specialists for primary care
- Statewide after a successful pilot in four counties

Supported Housing and Peer-Delivered Services – \$5.2 million

Increases supported housing and peer-delivered services for approximately 233 additional clients with major mental illnesses

Supported Housing – \$4.7 million

- Rental assistance
- Subsidies to develop new low-cost housing
- Support services to help someone successfully live in their own home – home visits, medication assistance and living skills education
- Reduces hospital use, decreases incarceration and results in fewer visits to the emergency room.
 - Demonstrated 50 percent reduction in use of the ER

Supported Housing and Peer Delivered Services – \$5.2 million – *continued*

Peer Delivered Services – \$500,000

- Guidance and mentoring provided by people who share similar experiences is an important part of the recovery process
- Results in better outcomes at lower costs
- Services include:
 - Peer navigation of systems, e.g., child welfare, schools, justice system
 - Support groups
 - Peer mentoring



Supported Employment Services – \$1.5 million

Expands supported employment services statewide

- Currently available in only 14 counties
- Services include: resume building, interviewing skills, job searches and rides to interviews
- Once employed: transportation to and from work, on-the-job counseling and check-ins to ensure all is going well
- Education for potential and existing employers about how to work with people with a mental health disability
- Results in reduced hospital use and emergency room visits



Intensive treatment and recovery services (ITRS) – \$2.6 million

Provides outpatient treatment and recovery services to approximately 750 additional vulnerable parents per biennium

- Helps reunite and keep families together when parents enter treatment for drug and alcohol addiction
- Focuses on culturally diverse and underserved populations at risk of becoming involved with child welfare system
- Outpatient and recovery support services parenting skills, child care and transportation
- Clean and sober housing options safe and stable households



Reinvested savings from 2014 Medicaid expansion – \$45 million

By covering approximately 12,700 additional people through Medicaid, the 2014 Medicaid expansion will result in a savings of \$45 million in General Funds which will be reinvested in:

- Community mental health system \$33.5 million
- Addictions system \$11.5 million
- Provides the opportunity to:
 - Expand services to individuals who are not currently receiving services
 - Stabilize and improve the level of service
 - Leverage Federal and other funds



State Hospital System – \$3 million

Restores previous one-time reductions and the following savings:

- Continue non-direct care reductions begun in 2011-13 (\$9.7 million)
- Automation of the OSH pharmacy (\$3 million)
- Close one 24-bed geropsychiatric ward (\$8.8 million)
- Close the 60-bed Blue Mountain Recovery Center (BMRC) in Pendleton in January 2014 – (\$16 million)
- Close the 92-bed leased Portland campus in March 2015 (\$1.6 million)
- Open the Junction City campus of OSH in April 2015 \$3 million Begins operating 125 beds of the 174-bed facility
 - Includes \$7.6 million from closure of BMRC
 - Includes \$1.6 million from closure of Portland campus



Cost of Living Adjustments

2013-15 will be the third consecutive biennium without funding for programs to cover the increased costs for basic business operations and services due to inflation

- Agency Request Budget included funding for a 2.4% infraction rate increase for Community Mental and Addictions Services
 - GF \$7.6 million for mental health
 - GF \$900k for addictions
- Governor's Balanced Budget does not include any cost of living adjustments
- Successful implementation of the initiatives outlined in the policy option package depends on a viable provider network

