

DHS Addictions and Mental Health Division (AMH)
Strategic Planning 2009-11 Initiatives
October 13, 2009

**1915(i) Medicaid Home and Community Based State Plan Amendment –
Ralph Summers**

AMH will submit to the federal Centers for Medicare and Medicaid Services an amendment to the Oregon, Medicaid State Plan. The State Plan Amendment will authorize both Rehabilitative and Habilitative services for people with serious mental illness, a history of hospitalization and need for daily service contact. AMH expects to be able to expand the array of services available in community based settings to better meet needs of consumers and simplify the billing and documentation requirements for providers. Target date for submitting the request is January 1, 2010. Target date for authorization is July 1, 2010.

Alcohol and Drug Policy Commission – Karen Wheeler

HB 3353 abolished the Governor's Council on Alcohol and Drug Abuse and established the Alcohol and Drug Policy Commission. AMH is responsible for hiring the Executive Director to support the commission. The commission will provide the following deliverables: A blueprint for funding and effective delivery of alcohol and drug treatment and prevention services in Oregon. This includes:

- A strategy for organizing and delivering state-funded treatment and prevention services.
- Funding priorities for treatment and prevention services.
- Strategies to maximize accountability and measure performance of treatment and prevention services.
- Methods for standardizing data collection and reporting.
- A policy and funding strategy that supports a consolidated treatment and prevention system, reducing fragmentation in the delivery of services.
- A plan for sustaining focus and leadership on alcohol and drug services and for building a lasting constituency for continuing effective state action.
- A plan for evaluating the state action based upon the "blueprint" in future years/biennia.

Blue Mountain Recovery Center: The Future – Richard Harris

The purpose of this initiative is to consider alternative and current use of the facility and program to determine what use would best meet the needs of Oregonians, patients, staff and the local community and region. The goal is to develop a plan for the future of BMRC. The first objective is to develop a plan and strategy to determine the method of developing an array of options for the future BMRC. The second phase would engage all stakeholders in developing and defining the realistic possible options for the future of BMRC. The third phase would be to engage DHS, the Legislature and the community, staff and patients/consumers in developing a plan for the future of BMRC.

OSH Geriatric Downsizing – Linda Hammond

The purpose of this initiative is to develop a new program called the Community Based Care (CBC) Hospital Diversion program. Service models within this new program will be designed to provide the intensity and type of services that will address behaviors that cause people to be referred to the state hospital and that slow their return to the community. The program would target persons with psychiatric and medical needs who qualify for the SPD 1915© Home and Community Based Care waivers or the “Dollars Follow the Person” initiative and who have needs that exceed all existing CBC resources. Models will promote policies of self direction, and person centered care; provide access to necessary medical, nursing and licensed specialists and care planning necessary to support the persons return to a permanent placement. The pilot is expected to lead to a new service model that will retain or rapidly return to community care, people with physical disabilities, head injuries or dementia that frequently spend too much time in the Oregon State Hospital.

Impaired Health Professionals – Karen Wheeler

The 2009 Legislature passed HB 2345-B which will become effective July 1, 2010. HB 2345-B requires DHS, AMH to establish a consolidated impaired health professionals program. This program monitors the substance use disorder and mental health treatment of impaired health professionals who are either self-referred or diverted by their licensing boards in lieu of disciplinary action. AMH will work closely with the health licensing boards during 2009/2010 to build a

consolidated program including a plan to transition participants who are participating in the separate programs by July 1, 2010.

Integrated Services and Supports Rule Implementation – Mike Morris

The Integrated Services and Supports Rule was filed for public review September 15, 2009 and is expected to be finalized this fall. This rule integrates the standards for most of the mental health and addiction services in the state. The implementation will address training for providers, developing guidelines for reviewers and providers, and redesigning site review processes.

Children's Wraparound – Bill Bouska

Near the end of the 2009 Legislative session, Governor Kulongoski signed House Bill (HB) 2144, and the Children's Wraparound Initiative became law. The implementation of children's Wraparound is a major cross-division transformation initiative. The beginning phase of the Children's Wraparound Initiative is to develop an integrated system of care to maximize positive outcomes for children with behavioral health care needs and who are in the custody of DHS. Initially efforts will focus on children, from birth to age 18, who have been in the custody of DHS for more than one year and have had at least four placements or who come into custody and immediately need specialized behavioral health services and supports. In late fall, DHS will release system of care project site descriptions. This will give communities the opportunity to evaluate their readiness as a system of care project site and decide if they are ready to apply. Applications will be due during the month of January 2010. In February, as part of HB 2144, the work group must present its findings and a progress report to the legislature. Community system of care project sites will begin to take shape in March 2010.

Integrated Services & Management Demonstration – Jane-ellen Weidanz

The Addictions and Mental Health Division recommended to the legislature a system change effort focused on an integrated management and service model including health, mental health and addictions services. The legislature directed AMH to initiate demonstration projects to test different methods of integrating management, financing and services. The goal is to discover system improvements that will result in a simpler, more efficient use of state, federal and local resources and provide better services to those in need.

Peer Delivered Services – Len Ray

AMH believes that developing, funding and supporting peer delivered services (PDS) follows a national trend that is proving to be a key component of a successful service delivery system and an important addition to the health care workforce. AMH recognizes the indisputable value of PDS in transforming the mental health and addiction service delivery system that is based on a recovery model. AMH will work with service population stakeholder groups to develop strategies to increase the use and availability of PDS. The focused investment in this initiative is an investment in the future, an investment in the workforce, and an investment that will demonstrate significant results in transforming and redesigning the service delivery system in the development of new policies, procedures, and partnerships within the state and across the nation.

Strategic Prevention Framework – Rick Cady

SAMHSA's Center for Substance Abuse Prevention awarded Oregon a State Prevention Framework Grant July 1, 2009; \$2,135,724 per year for five years. AMH must submit and have approved by April, 2010 a statewide plan. Once approved, AMH will be able to begin working with ten counties – communities and tribes. The implementation of the Strategic Prevention Framework will provide the Oregon prevention system a common framework for assessing state and local needs and priorities, making data-driven decisions about the right Evidence-based Programs delivered to the right audiences and mobilize communities and tribes in the implementation of the Evidence-based Programs. Also, the SPF will identify gaps in the prevention system infrastructure and afford AMH and the communities and tribes methods for evaluating Evidence-based Program outcomes. The initial phase of the implementation process will install the prevention framework in ten communities/tribes. Of the ten communities at least two to three will be rural and one or more of the recognized tribes. The long term five year plan is to roll out the framework to the balance of the state.

Supportive Housing Increase – Darcy Strahan

AMH is transitioning housing development for people with mental illness to a supportive housing model and away from a structured housing model (residential

treatment homes or facilities) to more fully integrate individuals into their communities. The current focus on structured housing development has been to fill the gaps in the housing needs for people leaving the state hospital. Residential facilities should be seen as one part of the service delivery system, not an end placement as some have become. As individuals move through the service delivery system, the end result should be full integration into their community of choice, living in their own homes with appropriate and flexible support services available as needed.

MH Adults Residential Utilization Analysis – Jon Collins

To better understand current efficiency, effectiveness, and utilization, a comprehensive review of adult mental health residential services is being conducted. Results will help guide planning for further usage and development of this level of care. The review includes but is not limited to analysis of current utilization data to better understand:

Capacity

- In-flow and out-flow
- Exchange between various levels of care
- Length of stay impact
- Financial modeling

In addition to a review of data, information will be gathered through direct interviews with providers and chart reviews and interviews with two or three model states. Information from all sources will be synthesized to better describe current state and future goals for service delivery to clients currently utilizing residential services.

Wellness – Pat Davis-Salyer

The AMH Wellness Initiative strengthens integration efforts already underway between physical health and behavioral health. It blends the excellent work of the AMH Wellness Task Force, DHS Core Integration Team, the Public Health Division, Oregon State Hospital, mentors, consumers, family members, community stakeholder groups and providers with national experts to move from knowing about health inequities to taking immediate action steps to prevent these disparities. It gives voice to those who have not been heard and acknowledges the tragedy of life lost of those who have passed. AMH is restructuring how we work

to better share resources, reconfigure provider systems to improve access, remove barriers to health care, equip community grass root organizations to provide healthy lifestyle education, enhance prevention, and early intervention programs across the lifespan, and therefore, promote and ensure recovery. Wellness is the goal of all interventions.

Young Adults in Transition – Damien Sands

The Young Adults in Transition includes young adults aged 14 to 25. The initiative will promote access to a system of services and supports that are young adult-directed, and developmentally appropriate. This initiative will implement strategies that promote a Young Adult system through the elimination of barriers to access and through the creation of developmentally appropriate and effective services and supports. This initiative will effectively bridge adolescent and adult systems; and thereby provide young adults with opportunities to realize their full potential and have healthy, productive lives.

The Criminal Justice Door to the Mental Health Systems – Richard Harris and Jane-ellen Weidanz

AMH funds, administers, coordinates, regulates and provides direct mental health and restorative services to individuals who have been determined to be unfit to stand trial or who have been found Guilty Except for Insanity. Both entry points do not allow the community mental health system or AMH the ability to determine if someone needs the level of services provided by the state hospital or if the person could be appropriately served in other settings or if the person does not need mental health services at all. The state is the recipient not the participant in the entire process.

This initiative will begin the dialogue between all parties, including consumers, the court system, community mental health programs, law enforcement, to determine if there are more appropriate processes and options available so that only those individuals who need services, receive them, and only those individuals in need of hospital level services are committed to the hospital. The goals are to identify and implement system changes to improve the “criminal justice door” to the mental health system and may result in legislation, rule or policy process changes.

