

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Medicaid Long Term Care System
Policy Option Package Initiative:
Policy Option Package Title: Mental Health Enhancement
Policy Option Package Number: 108-03 and 108-14
Related Legislation:
Program Funding Team: Healthy People

Summary
Statement:

Many seniors and people with disabilities face mental health challenges and barriers to actively engage in their communities and to live healthy and productive lives. Some individuals may suffer from isolation, depression and anxiety. Others suffer from traumatic brain injury, mental illness or dementia. These more extensive conditions often make it difficult to serve the individuals in the current delivery system.

This strategic funding proposal will expand enhanced care and extended care capacity to serve the growing, unmet mental health needs of the senior population. We also are seeking funding that will allow us to transition seniors from the Oregon State Hospital who can have their needs met safely in the community.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Option Package Pricing:</u>	\$13,643,052	\$0	\$10,794,959	\$24,438,011

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

This strategic funding proposal would include four major components:

1. **(Specialized Capacity)** First, this proposal would include funding for 40 additional specialized living slots. This capacity would be used to support APD service eligible individuals who are transitioning from the state hospitals or who have failed traditional APD placements because of violence, inappropriate behaviors or other complications from dementia and/or traumatic brain injury. The funding would also include general funds that APD would transfer to AMH to support expansion of the ECOS program by an additional 40 slots. The ECOS program provides intensive mental health services to Medicaid-eligible seniors and people with disabilities who live in APD funded long term care settings. To support these new programs, prevent people from being admitted to the state hospital and to effectively transition individuals from acute care hospitals and the state hospitals, APD needs specialized staff to assist the individuals with these needs and to support providers in meeting their needs.
2. **(Addressing Depression and Anxiety)** The second part of this proposal is to support people with disabilities and older adults who may be suffering from depression, anxiety and other less severe mental illnesses that respond well to evidenced based early interventions but whose condition is rarely identified and/or treated. The concept would be to provide the Aging and Disability Resource Connection Centers (ADRC) funding to coordinate local mental health evidenced based interventions such as “IMPACT,” “PEARLS,” and other programs that are recommended by the CDC or SAMHSA. This funding would provide services that are not offered in the current mental health system and would not replicate what the CCOs are expected to provide. In addition to providing direct outreach and interventions, the ADRCs would add a new component and train individuals to teach suicide intervention skills to community members, professionals, and first responders in Oregon and educate older adults, families, and other community members about the importance of social connection to a sense of well-being. APD would update the ADRC website to create a single entry point to link to existing information and resources on Alzheimer’s disease, related dementias and mental illness.

3. **(Training and Education)** Local APD and AAA case managers need training in the use of simple screening tools and coaching in the integration of mental health screening into their daily work to be successful. Direct care providers, health professionals and others also need training and support to ensure that older adults and people with disabilities receive the appropriate screenings and interventions. This concept would support efforts to ensure that Oregon's Aging and Disability Resource Connection (ADRC), local case managers and medical professionals serving older adults and their families receive training about dementia and depression and develop clear policies and practices to effectively assist and refer people and their families to appropriate services. This effort would also promote universal depression screening and care for adults, particularly seniors by healthcare providers.
4. **(Community identification and referral system)** – Oregon communities need more Gatekeeper programs that enlist the help of utility workers, law enforcement, postal workers, and other service providers to help identify people in need of support. Currently, Gatekeeper programs are only available in Multnomah, Washington, and Clackamas counties. These programs have a long standing evidenced based record of positive impact.

2. WHY DOES APD PROPOSE THIS POP?

Approximately 15% of seniors and people with disabilities over the age of 50 suffer from depression. The rate of suicide among Oregonians has been increasing since 2000. The highest suicide rate in the state is among men ages 85 and over (78.4 per 100,000). Over 70 percent of suicide victims had a diagnosed mental disorder, alcohol and /or substance use problems, or depressed mood at time of death. Despite the high prevalence of mental health problems, less than one third of male victims and just about half of female victims were receiving treatment for mental health problems at the time of death. Between 63% and 90% of depressed older adults go untreated or receive inadequate treatment. Stigma, lack of trained personnel and social isolation add exceptional barriers to these individuals accessing services that can help improve their quality of life and prevent many of these suicides.

13.9 percent of the individual civilly committed to the state hospital are over the age 65. Approximately 90%, of the cases referred to the Neuropsychiatric units of the state hospitals are because APD is regularly working to serve individuals with complex needs. The current delivery system does not meet the needs of individuals with challenging behaviors or conditions.

These statistics show that depression, anxiety, isolation and untreated mental illness cause significant hardship and trauma to individuals and are extremely costly to the health and human service system. APD's delivery system (AAAs, ADRCs and local field offices) can proactively address many of these issues. Additionally, this proposal supports efforts by the Oregon Health Authority – Addictions and Mental Health Division to develop additional resources for older adults and people with disabilities who need intensive mental health interventions.

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

This proposal ties directly to the vision, mission and goals of the department. Helping individuals with depression, anxiety and other conditions helps ensure that they will be safe and healthy. It also will help these individuals be served in the least restrictive setting possible, delay their entry into expensive service settings and help them achieve wellbeing. Without this complete package, suicide rates will continue to be some of the highest in the country and individuals who could be served in the community will be hospitalized.

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

This proposal does tie to a KPM. "Title: SENIORS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregon's seniors who are living outside of nursing facilities." However, APD would also

propose reviewing state hospitalization rates and suicide rates for the targeted population to ensure that the enhanced and new programs are impacting these statistics as planned.

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?

There has been ongoing discussion about the needs of this population. The PHD's suicide report, the Alzheimer Association's state plan, the State Hospital Replacement Master plan and national research all say the strategies APD is proposing are critical to improving the quality of life, improving health, and ensure safety of the targeted population.

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

People will continue to be hospitalized and their quality of life will be negatively impacted. Untreated conditions drive up costs and force individuals to access services at the most expensive level of care.

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

Oregon Health Authority - Addictions and Mental Health through the transfer of funds to support expansion of the ECOS system.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Assumptions on Specialized Capacity:

- An additional 40 specialized living slots - \$28,000 (TF) per individual, per month. *Starting in January 2014 with 10 "slots" coming on line every quarter for the remainder of the biennium.*

- An additional 40 ECOS slots - \$231 (TF) per individual, per day 5 days per week. APD would only be responsible for the GF portion. – ***Funding transferred to AMH quarterly as slots are filled. Assume 5 slots per month starting in September 2013 with all slots filled by April 2014.***
- 12 OPA 2s (or equivalent funding for the AAAs) for local care coordination, crisis prevention and supporting behavioral health plans. These positions would be in local offices that currently have ECS/ECOS programs and would provide oversight and coordinate interventions to delay or prevent hospitalizations and evictions. ***Phased in hiring with 2 staff per month, starting in September 2013.***
 - 6 State employees
 - 6 AAA funding
- One OPA 3 in central offices to help coordinate high level cases and local care coordination. ***Starting in September 2013.***

Assumptions on Addressing Depression and Anxiety

- \$200,000 (GF) for the biennium for each of the 9 ADRCs - ***Starting in September 2013.***
- 1 PA 2 to support ADRCs and program expansion. ***Starting in September 2013.***

Assumptions on Training/Education and Quality Assurance:

- Training - One \$350,000 contract with outside entity to coordinate training and outreach. ***Assume 50/50 match rate***
- QA - One \$75,000 contract with outside entity to evaluate effectiveness of programs. Remaining funding is used for appropriate assessment tools and oversight. ***Assume 50/50 match rate***

Assumptions on Gatekeeper Program Expansion:

- Based on the Alzheimer State Plan Gatekeeper programs cost \$200,000 (50/50 Admin rate) per Area Agency on Aging (AAA) per biennium. Seventeen AAAs in Oregon with a 50/50 split. ***Starts in September 2013.***

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

APD – Long Term Care Systems –
Coordinating new prevention/early
intervention strategies

- 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).**

New staff will need computers and space.

- c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

These clients are in the APD caseload. However, the current service delivery system does not meet their needs.

- 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.**

Please see above under assumptions. All positions will be permanent.

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

See above.

f. What are the ongoing costs?

All costs will be ongoing.

g. What are the potential savings?

State hospital and local acute care costs. There may be savings to APD but it is not possible to determine those saving at this time.

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

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	\$547,126	\$0	\$543,144	\$1,090,270	8	6.72
Services & Supplies	\$121,139	\$0	\$121,111	\$242,250		
Capital Outlay	\$0	\$0	\$0	\$0		
Special Payments	12,974,787	\$0	\$10,130,704	\$23,105,491		
Other	\$0	\$0	\$0	\$0		
Total	\$13,643,052	\$0	\$10,794,959	\$24,438,011	8	6.72

APD - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	\$0	\$0	\$0	\$0	\$0
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	\$0
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?

State General Fund and Medicaid match as defined above.