**Ways and Means Sub-Committee on Human Services**
**Policy Option Packages and Mobile Crisis**
**April 23 and April 27, 2015**

Follow-up Responses
Oregon Health Authority – Addictions and Mental Health

## Policy Option Packages – April 23rd, 2015

POP 401-1: Community-based Aid and Assist Restoration

*Representative Keny-Guyer: You said 57% of the .370 population is coming from 4 counties - is this proportional to population? What is cost per patient for community restoration?*

The average cost per person for community restoration is approximately $14,000.

**Four Counties with the Highest Number of Aid and Assist Admissions:**
*Percent of Population Compared to Percent of Aid and Assist Admissions*
Calendar Year 2014

| County | Percent of State Population | Percent of Aid and Assist Admissions |
|---|---|---|
| Multnomah | 19.2% | 20.7% |
| Washington | 13.8% | 9.2% |
| Lane | 9.2% | 11.1% |
| Marion | 8.2% | 16.1% |
| Total | 50.4% | 57.1% |

POP 401-2: Licensing and Certification Staff

*Senator Steiner Hayward: When do think you could clear the backlog?*

There are currently 90 extensions issued to outpatient mental health programs across the state. AMH is confident that by centralizing the regulatory process,

eliminating the need for duplicative reviews, and having four staff to focus on outpatient reviews, we can clear the backlog within one year of hiring the four positions.

*Senator Steiner Hayward: We have a huge unmet need; we know unlicensed professionals can be very helpful. I'm interested in understanding how they are being distributed and utilized or in training more people in this area.*

Under the mandates in HB3650 (2011) and HB3407 (2013), Office of Equity and Inclusion (OEI) manages the "Traditional Health Worker" (THW) Program, which created roles and required competencies for THWs, set standards for training programs and now certifies THWs who fulfill the training programs and demonstrate competencies to fulfill the roles of THWs. These workers include Community Health Workers, Peer Support Specialists, Peer Wellness Specialists (different than PSS in that they have additional hours of training to provide more holistic support), Doulas, and Personal Health Navigators. The peer workforce provides behavioral health services (addiction recovery support, support for individuals and/or families for whom mental illness is an issue).

OEI and AMH work together closely on the certification of peers. The services provided by a state-certified THW are reimbursable, through two different approvals from CMS: one that AMH established before the ACA, and one that OEI established for the other worker types in 2012. MAP is now working to create specific billing codes for the various worker types and the services they provide, which will help establish the adoption of this provider model with CCOs and providers.

Currently, there are approximately 350 certified THWs in our registry. The biggest challenge at this point is to build awareness of the benefit of these "trusted community members and those with lived, shared experiences" within the provider community, particularly the physical health providers. OHA has national and now some local data that demonstrate how these workers support the Triple Aim, but for clinicians, there is still hesitancy to engage these workers on health care teams and without billing codes to ensure that their services are reimbursable, skepticism remains on the part of the providers on how their services will be covered

financially. As such, Oregon has peers that are unable to find gainful employment using this set of skills.

More information is available on the OEI website: www.oregon.gov/oha/oei , including links to the THW Program, applicable laws, rules, and other info.

POP 501: Marijuana Use Prevention and Treatment

*Senator Steiner Hayward: How has survey changed in Washington with regard to how easy marijuana is for kids to get?*

The Washington Youth Survey is done during even numbered years, with the last survey done in 2014.

The survey showed mixed results in that the percentage of Washington 8th graders who perceive that is it easy to get marijuana has decreased, the percentage of 10th graders has increased, and there has been no change for 12th graders. It's difficult to know the conclusions we can draw from WA data yet, since the first retail stores opened in July 2014. The most current data only reflects six months of legal sales.

Washington 2014 survey question: "How many students believe it is easy to get marijuana?"

- 8th grade: 21 percent – down from 25 percent in 2012
- 10th grade: 53 percent – up from 51 percent in 2012
- 12th grade: 66 percent – no change from 2012

*Representative Olson: How do our 8th graders compare to national data?*

The National Survey on Drug Use and Health reports that 13.5% of youth age 12-17 have used Marijuana in the past year; 7.2% in the last month

Oregon: 17.1% of youth age 12-17 have used Marijuana in the past year; 9.6% in the last month

According to Monitoring the Future Survey, in 2014, 6.5% of 8th graders, specifically, used Marijuana in the past 30 days. There has been a statistically

significant decrease of 0.5 percent points from 2013.
http://www.monitoringthefuture.org/data/14data/14drtbl3.pdf

**Mobile Crisis – April 27th, 2015**

*Senator Bates: Where did the money go and what was it spent on?*

See attachment "Crisis Services Investment Detail" (Appendix A)

*Senator Bates: What are the best practices nationally? What are the outcomes of these?*

The following publication produced by the Technical Assistance Collaborative is one of the best national overviews of the components of an effective crisis system:

"A Community-Based Comprehensive Psychiatric Services Crisis Response Service" http://www.tacinc.org/knowledge-resources/publications/manuals-guides/crisis-manual/

*Senator Bates: Senator Prozanski and I have discussed including provisions within the gun bill requiring court supervision if you don't take your medications. Are we using this as a tool now?*

SB 941A has a provision that allows a court to prohibit an individual from purchasing and possessing a firearm during the period of assisted outpatient treatment.

The Judicial Department is only aware of one person who has been ordered by a court to participate in assisted outpatient treatment. That case occurred in Josephine County in April 2014.

*Senator Steiner Hayward: What would it cost us to implement best practices in every/most counties and what it would save us down the road, both in dollars and human capital?*

The 2013-15 new investments in community mental health were all based on best practices and monies were awarded based on preparedness to implement an approved best practice program. OHA is now working to map out the mental health services across the state to determine gaps in the system. As such, we do not yet have a projected dollar amount, but we hope to in the near future.

*Senator Steiner Hayward: People who seek mental health treatment while intoxicated – mental health providers are saying they can't treat them. Are you seeing that in your community?*

We do not have any data regarding this issue. Anecdotally there remain instances when mental health providers will refer individuals with substance use issues to a substance use provider. We also see occasions when a substance use providers refer someone with a mental illness to a mental health provider. More and more providers are becoming capable to provide services to address both substance use and mental health issues. In addition, hospitals that encounter an intoxicated individual seeking emergency mental health treatment will hold the individual until sober before doing a mental health assessment. Some individuals refuse to be held until sober, which is their choice.

# Crisis Services - $7,030,000

*These 2013-2015 investments worked to improve mental health crisis response services, including mobile response and crisis respite services, helping avoid hospitalization or incarceration.*

- **Benton County Mental Health (Serving Linn and Benton Counties) – $835,807**
  *Added new mobile crisis program*
  - Additional 4.55 FTE (2 QMHP, 2 QMHA, Admin) including benefits and after hours pay: $732,552
  - Travel, trainings, and mileage: $5,568
  - Equipment and supplies: $8,136
  - Overhead: $89,551

- **Clackamas County Behavioral Health Division - $501,323***
  *Expanded existing mobile crisis program*
  - Additional 3.8 FTE (Program supervisor, peer specialists, intern) including benefits: $293,910
  - Sheriff department personnel including benefits: $145,793
  - Office supplies, materials, mileage: $37,626
  - Overhead: $21,869

- **Deschutes County Health Services Department (serving also Crook) - $379,103***
  *Expanded existing mobile crisis program to include Crook plus additional staff and transport*
  - Additional 3.5 FTE (QMHA, 2 QMHP, .5 Recovery Coach) including benefits: $313,112
  - Travel, office supplies and contract transport: $33,643

- **Douglas County: Community Health Alliance - $750,000***
  *Added new mobile crisis program*
  - Additional 5 FTE (4 QMHP, 1 QMHA): $714,702
  - Client expenses, supplies and equipment: $11,423
  - Staff travel: $6,364
  - Training: $2,500
  - Vehicle: $10,000

- **Lane County Health and Human Services - $750,001**
  *Expanded existing mobile crisis to include Springfield and provide respite beds*
  - Equipment (includes purchase of CAHOOTS van): $94,206
  - Contract Services (includes 5.13 FTE staff): $372,241
  - Rental and staffing of crisis respite apartments: $126,295
  - Contract for 24-hour acute short-term intensive management: $11,438
  - Child and Adolescent Residential Crisis Services: $120,492
  - Administrative support & overhead: $25,329

*Numbers do not add up perfectly due to partial awards. These counties supplemented with additional funding streams and/or in-kind donations.

- **Marion County Health Department - $774,949***
  *Added new mobile crisis program*
  - Additional FTE (2.0 law enforcement, 2 QMHP): $527,340
  - Materials & Services: $124,834
  - Administrative Charges (15% of Direct Costs): $97,826

- **Mid-Columbia Center for Living (serving Hood River, Sherman, Wasco) - $492,705***
  *Added new mobile crisis program*
  - Additional and current FTE (4.0 crisis staff): $373,219
  - Travel, equipment, supplies and client supports: $129,252

- **Morrow County (serving also Wheeler, Gilliam, Grant) - $55,799**
  *Added new mobile crisis program*
  - 1 QMHP FTE: $48,749
  - Travel, equipment, supplies and client supports: $ 7,050

- **Multnomah County Mental Health and Addictions Services Division - $750,000**
  *Expanded existing mobile outreach team and urgent walk-in clinic staff*
  - Project Respond expansion (2.8 FTE QMHP, 1.0 FTE Peer Specialist): $375,781
  - Stabilization room upgrade: $25,000
  - Urgent Walk-In Clinic increased staffing (3.44 FTE): $374,219

- **Wallowa Valley Center for Wellness - $66,678**
  *Added new mobile crisis program with access to a master's level therapist*
  - Additional FTE (.4 FTE crisis manager, contract QMHA support): $36,160
  - Travel, equipment, supplies and client supports, respite beds (includes vehicle): $ 29,403

- **Washington County – $888,793***
  *Expanded existing program to include a peer support team*
  - Additional 6.3 FTE (3 Therapists, 2 Clinical Supervisors, 1 Peer Specialist, etc.): $572,735
  - Travel, equipment, supplies and client supports: $298,562

- **Yamhill County Health & Human Services - $185,903**
  *Added new 24/7 mobile crisis program and added a licensed medical professional*
  - Additional 2.21 FTE (QMHP, clinical supervision, clerical, admin) including benefits: $138,106
  - Travel, equipment, supplies and client supports: $5,286
  - Overhead: $18,391
  - Consultants: $ 24,120

- **Performance Leadership Institute - $598,939**
  *Conducted 3 large Crisis Intervention Training events; provided needs assessment and technical assistance to law enforcement agencies across the state.*

*Numbers do not add up perfectly due to partial awards. These counties supplemented with additional funding streams and/or in-kind donations.