

Department of Human Services 2009-11 Policy Option Package

Division Name: Addictions and Mental Health Division

Program Name: Community Mental Health Services

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

Policy Option Package Title: Offices of Consumer Affairs and Peer Supports

Policy Option Package Number: 202

Related Legislation:

Summary Statement:

This package helps Oregonians recover from mental illness and substance abuse with assistance from their peers in natural community-based settings -- and it enhances their ability to lead more independent lives in communities of their choosing. The package provides funds to establish an AMH Office of Consumer Affairs with two peer leader positions, one for consumers of mental illness services and one for those recovering from substance abuse disorders. An Office of Consumer Affairs outside DHS will improve links between county programs and consumer operated service programs. The Office of Consumer Affairs within AMH will oversee the delivery of peer-led recovery services.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED? This package adds resources to establish an Office of Consumer Affairs within AMH with a peer leader focusing on consumers of mental illness services and a peer leader focusing on individuals in recovery from substance abuse. The work would be implemented by hiring two positions, one to provide leadership for the mental health consumer community and the other to provide leadership to the substance abuse recovery community.

In addition AMH would solicit interested parties through a competitive process to establish a contract for the Office of Consumer Affairs outside of DHS. This Office would be responsible for improving linkages between county programs and consumer operated service programs. It would be responsible for monitoring the oversight of consumer operated service programs, working with relevant DHS Divisions and Offices to expand the billing of services delivered by peers, assisting in the revision of Administrative Rules, providing technical assistance, and training.

- 2. WHY DOES DHS PROPOSE THIS POP?** DHS Proposes this POP because it will improve the ability of people to recover from mental illness when they are served by their peers in natural community-based settings. These services are demonstrated to improve the ability of people to lead more independent lives in communities of their choosing. The POP will provide a necessary focus on developing and supporting a peer recovery community for people receiving treatment from the publicly funded substance abuse system.
- 3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?** Peer services improve the ability of people to live independently of the treatment system and to live safely in the community and take charge of their own recovery and health.

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?

If funded, the success of this proposal will be measured by:

- Increase in the number of Consumer Operated Services Programs (COSP) in Oregon.
- Increase in the number of individuals who receive peer delivered services.
- In compliance with Chapter 805 Oregon State Laws 2007, increase the number of task forces, commissions, advisory groups and committees established by a public body, as defined in ORS 174.109, that have at least 20 percent membership representation who are consumers of mental health services balanced by age.

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? Continue the lack of funding for an Office of Consumer Affairs. It is critical that Oregon establish an Office with consumer leadership that focuses on developing consumers as leaders in mental health and addictions policy. This leadership is necessary to make progress in the development and statewide dissemination of peer delivered recovery services.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP? The growth in effective peer delivered services would be delayed and there would be a lack of central leadership for consumer issues and for consumer involvement in policy making at the state and local levels. There would be a loss of credibility that the state is moving the system in the direction of recovery and independence.

- 8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?** Community Mental Health Programs and Mental Health Organizations would be affected by this POP. They would have access to central consumer leadership for training and technical assistance for developing local consumer leaders and for providing support in strengthening and expanding peer delivered services.
- 9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?** In addition to the two positions there will be services that the office oversees. \$150,000 for a 24/7 warm line; \$1.0 million for peer delivered services; and \$500,000 for hospital-community peer bridgers assisting at least 175 people transitioning to community settings.

The contracted Office of Consumer Affairs outside of DHS:

Estimated annual costs:

Staff salary and 35% OPE

Director – 1.0 FTE - \$55,000 salary/ \$19,250 OPE = \$74,250

Training coordinators

– 1.5 FTE - \$38,000 salary/ \$13,300 OPE = \$51,300 x 1.5 = \$76,950

Admin Assistant 1.0 FTE - \$28,000 salary/ \$9,800 OPE = \$37,800

Total salary and OPE = \$189,000

Overhead - rent/lease office space, insurance and utilities = \$40,000

Travel = \$36,000

Office supplies = \$5,000

Printing/postage for statewide mailings = \$8,000

Website development and hosting = \$4,000
Consultant/trainer fees = \$25,000
Seed and mini grants = \$80,000

Total estimated annual costs = \$387,000
Total estimated biennial costs = \$774,000

Implementation Date(s): October 1, 2009

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 |

Two OPA 3 positions will be added to create an Office of Consumer Affairs in DHS, one for addictions and one for mental health.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected. Not beyond the position pricing model.

- Human Resources
- Information Security/Privacy
- Document Management
- Audit and Consulting
- Information Services (computers)
- Financial Services (accounting)

- Payment Accuracy and Recovery
- Investigations and Training
- Facilities
- Contracts and Procurement
- Budget, Planning and Analysis
- 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.

No

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.

Requires the establishment of two full time OPA 3 positions on a permanent basis

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training? Not beyond the pricing model.

f. What are the ongoing costs? The costs of the positions and the services that will be overseen by the two Offices of Consumer Affairs.

- g. What are the potential savings?** None
- 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.”** State General Fund