

FOR DISCUSSION ONLY

February 7, 2006

Department of Human Services
Office of Mental Health and Addiction Services
2005-07 Policy Option Package
Child and Adolescent Behavioral Health

Purpose:

The purpose of this policy package is to further develop the community-based service system's ability to address the increasing needs of children and adolescents with severe emotional disorders and/or substance abuse disorders and their families. This package will focus on children and adolescents who are Medicaid eligible and also those who are not Medicaid eligible but have a service need that exceeds the resources available in a community. Children and adolescents with severe emotional disorders and/or substance abuse disorders who do not receive appropriate behavioral health services are often served at a greater cost by other agencies such as juvenile justice, child welfare, education, or in institutional levels of treatment because the behavioral health system is not able to respond to their needs. Strategies to implement this package will be evidence-based practices and current efforts to reform the children's mental health system.

How Achieved:

The further development of an integrated community-based service system to ensure children and adolescents with severe emotional disorders and their families are served in the most natural environments possible and that institutional care will be minimized will be achieved through implementation of the following initiatives:

1. Delivery of intensive community-based treatment services to children and adolescents with severe emotional disorders who are not Medicaid eligible and have a service need that exceeds the resources available in the community. This would provide the ability of the public mental health system to engage children and their families with intensive community-based mental health services to maintain children in their homes, assist with the community transition for children who receive out of home services, reduce the involvement in other public systems, and provide the family with the supports necessary to care for a child with severe emotional disorders in their home. Approximately 2,000 children and adolescents receive intensive

FOR DISCUSSION ONLY

treatment services per year. Of that number approximately 20% are not Medicaid eligible. Community-based service cost would average approximately \$3,000 per month for six months.

2. Increase the rate and the service capacity for adolescent alcohol and other drug (AOD) residential treatment services. A majority of adolescents who receive publicly supported AOD residential treatment have co-occurring mental health disorders, and multiple and challenging needs related to their education, family situation, physical health, delinquency risk factors, and social functioning. The current daily rate of \$113 and a system capacity of 66 beds is not sufficient to meet the increasing complexities of the adolescents and system's demands for AOD residential treatment services. The daily rate would be increased to \$214 per day and additional 22 beds at this rate would be added to provide services to the Southern Oregon Region.

3. Restore 135 slots of Psychiatric Day Treatment Services (PDTS) that were cut in 2003 for children and adolescents who are not Medicaid eligible. PDTS are a community-based intensive treatment service for children and adolescents with severe emotional disorders that provides a safety net for schools and families as an alternative to out-of-home placement. New capacity added to the PDTS system will require additional funding to the Oregon Department of Education of approximately \$75 per slot per day of service.

4. Develop and implement individualized community transition services for youth or young adults with severe emotional disorders or severe mental illness discharged from Oregon Youth Authority (OYA) institutions. Each year approximately 15-20 OYA youth and young adults diagnosed with a major mental illness are returned to community settings. One FTE community transition specialist will provide transition services, coordinate with OYA institutions prior to release, develop community-based service plans, coordinate service plans and wrap around funds requests with multi-disciplinary teams including parole officers, education, vocation, family, advocates, services providers, and other significant adults or agencies supportive of the youth or young adult diagnosed with a major mental illness transitioning from an OYA institution. This service would also provide up to \$500 per month for 15-20 cases per year for indigent families or for services not reimbursed by Medicaid.

FOR DISCUSSION ONLY

5. Development of a Family Partnership Specialist position within OMHAS to focus on the systemic implementation of a child and family focused treatment and service delivery system. A key component of successful systems of care include a strong focus on family inclusion at a policy and system implementation level. The position would directly coordinate and provide technical assistance to family and community partners and assist with state policy development and implementation of the 2003 Children's Mental Health System Change Budget Note.

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