

DEPARTMENT OF HUMAN SERVICES

Agency Number: 10000

2009-11 Biennium

Detail of 30% Reductions to 2009-11 Essential Budget Level

				5	6	7	8	9	10	11	12	13	14.00	15
Priority (ranked with highest priority first)	Dept. Initials	Prgm. or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes	
Dept	Prgm/ Div													
			NOTE: Additional administrative budget reductions for DHS are anticipated from budget cuts associated with statewide cost reductions that will be identified separately for the State.											
1	1	DHS	AMH	Reduce DHS Personal Services budget by 4% - a reduction across all DHS division administrative Personal Services budgets excluding Institution budgets and direct service staff positions. Also excludes ASD which has provided specific reduction options	(613,130)	(34,790)	(15,920)		(236,096)		(899,936)			
6	2	DHS	AMH	Reduce DHS S&S Administrative Budgets by 2% - a reduction across all DHS division administrative Service and Supply budget except ASD which has provided specific reduction options.	(1,270,408)	(40,586)	(45,564)		(349,352)		\$ (1,705,910)			
12	3	DHS	AMH	Eliminate COLA increases within DHS control - COLA increases for program service provider contracts would be eliminated.	(10,403,625)		(432,352)		(6,820,968)		\$ (17,656,945)			Inflation increases for Mental Health and Addiction Services provider contracts would be eliminated .
18	4	DHS	AMH	Cut remaining SDSRTF Facilities These are 16 bed secure facilities that are staffed by state employees and serve people discharged from OSH under the PSRB whose risk is not easily managed by the local government or nonprofit programs.	(15,741,958)				(6,057,925)		\$ (21,799,883)			As a result of this reduction the state will not lease facilities and develop programs for 80 people with severe persistent mental illness in 5 facilities of 16 beds each. Without these specialized secure treatment services, these individuals will remain at OSH.
23	5	DHS	AMH	Cut Supported Employment - Cut Supported Employment Services to 280 people per year. Supported employment services is the contract label for services such as case management, skills training, out reach to employers, and other supports that allow an individual with mental illness to find, do and keep a job.	(1,000,000)						\$ (1,000,000)			Cut Supported Employment Services to 280 people per year. Loss of these services means that people with mental illness won't be able to find jobs, learn the skills needed to get and keep jobs, or have the supports for successful employment. Without the benefits of work some individuals will have trouble managing their illness and may require more intensive levels of care including state hospital services. This cut jeopardizes the Mental Health Block Grant maintenance of effort (MOE) requirements.
45	6	DHS	AMH	Cut Adult Outpatient MH Services for non-Medicaid clients. These services include case management, counseling, purchasing of medications, skills training and other supports provided to adults with major mental illnesses that have been hospitalized or are at risk of hospitalization in a state hospital because of a history of being a danger to themselves or others.	(14,200,000)						\$ (14,200,000)			This reduction cuts about 45% the General Fund for outpatient mental health services such as case management, medication management, and therapy and skills training in managing one's illness for about 2,925 adults per year who are not eligible for Medicaid. However, it is estimated that at least some of these clients may be eligible for Medicaid with the OHP Standard expansion, and would be able to access mental health services via the OHP. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. This reduction jeopardizes the success of the new state recovery and treatment facilities that replace OSH. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.

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47	7	DHS	AMH	(18,100,000)							\$ (18,100,000)			This reduction cuts about 57% of the funding for acute inpatient psychiatric care for an estimated 3,400 adults. Some of these clients may have access to these services via the OHP Standard expansion, however. There is a risk of the loss of acute inpatient psychiatric treatment capacity and pressure on the state to provide this service directly in state hospitals. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.
71	19	DHS	AMH	(2,982,634)	-	-					\$ (2,982,634)			This cut is 23% of the funding for A&D Prevention and is a complete removal of state General Fund for this service. As a result of this reduction, the strengthening families 10-14 will be eliminated, funding for tribal prevention services will be eliminated. As a result of these cuts, local prevention programs will be weakened and the 25 counties and 2 tribes will lose the strengthening families program. More than 1500 families per biennium will not improve family relationships in a way that decreases the early use of alcohol and other drugs by their children.
77	8	DHS	AMH	(15,100,000)							\$ (15,100,000)			This reduction cuts \$15.1 million (41%) of the funding for alcohol and drug treatment services for 9,700 people who are not eligible for Medicaid. As a result of these cuts people with substance abuse problems will not access treatment when needed will continue to commit crimes, endanger their children and lose their jobs. As a result there will be increased pressure on local jails and the DOC and more children will enter and remain in foster care as a result of parental substance abuse. This reduction jeopardizes the maintenance of effort (MOE) requirements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Some of the clients may be eligible for Medicaid with the expansion of OHP Standard, however, and thus have access to these services.
79	9	DHS	AMH	(4,868,119)			(2,758,961)		2,345,326		\$ (5,281,754)	0	(109.36)	Closure of Blue Mountain Recovery Center (BMRC) on 1-1-10. BMRC is a 60 bed state hospital in Pendleton that serves eastern and western Oregon. Clients would transition to community settings over a six month period beginning July 2009. Costs for preparing the facility for closure and mothballing costs in included in the pricing. Costs to move and serve the displaced clients in community settings is also included.
80	10	DHS	AMH	(9,792,166)							\$ (9,792,166)			This removes funding for A&D Residential Treatment for an estimated 1,200 adults per year without Medicaid coverage. However, many of the clients accessing these services may have access through the OHP Standard expansion. This reduction will result in the loss of treatment services that are essential for people that cannot obtain sobriety without the structure and support of a residential setting. Without these services they will continue to abuse alcohol and other drugs, commit crimes, and abuse their children. The results of untreated addictions will be felt in the criminal justice and child welfare system.

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98	18	DHS	AMH	(11,453,171)		-					\$ (11,453,171)			Eliminate restricted fund balance in the Community Mental Health Housing Fund created by the sale of the Dammasch State Hospital facility. This will require suspension of provisions under ORS 426.506 which set forth specific uses for these funds.
100	20	DHS	AMH	(1,694,788)				(3,963,937)			\$ (5,658,725)			The people with mental health disorders will no longer be able to use this program to employ someone to provide supports that allow independence. These include help with managing money, cleaning, shopping and cooking.
111	11	DHS	AMH		(10,824,774)		-				\$ (10,824,774)			Eliminate Statewide Problem Gambling Prevention & Treatment Program - SE 80, 81 & 83; affecting an estimated 3,700 clients per year. Collaboration with the Department of Education, Public Health Adolescent Health and Tobacco Prevention and the State Fire Marshal's Office would be eliminated. There would be a loss of critical mental health planning data since the mental health index portion of the Healthy Teens Survey would be eliminated. DHS's compliance with the statutory requirement to support problem gambling prevention would be jeopardized; suspension of the statute, pursuant to ORS 461.549 and 409.435, directing 1% of Lottery proceeds to these services will be required. There are social costs linked to the higher risks for divorce, depression and suicide related to untreated problem gambling.
112	14	DHS	AMH			(2,812,134)					\$ (2,812,134)	(6)	(5.95)	This cut dismantles a program that has been studied by other states and countries. The loss of seasoned professional staff that understand the disorder, its treatment and prevention will be a severe blow to the state. It will be difficult to re-establish a program when the economy improves.
140	12	DHS	AMH	(14,200,000)							\$ (14,200,000)			This reduction cuts an additional 45% the General Fund for outpatient mental health services such as case management, medication management, and therapy and skills training in managing one's illness for about 2,925 adults per year who are not eligible for Medicaid. However, it is estimated that at least some of these clients may be eligible for Medicaid with the OHP Standard expansion, and would be able to access mental health services via the OHP. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. This reduction jeopardizes the success of the new state recovery and treatment facilities that replace OSH. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.

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144	13	DHS	AMH Cut Older/Disabled Adult SE 35 This SE contracts for services designed to meet the needs of elderly Oregonians with mental health disorders. The services will be eliminated by this cut.	(1,104,352)	-	-				\$ (1,104,352)				Older Oregonians are one of the fastest growing segments of the population and suffer from depression and other mental health disorders that may be early signals of dementia. This cut will eliminate services for about 500 older adults. These services have been carefully designed to meet the unique needs of older adults who are unlikely to access traditional mental health services. This population is at risk of depression and when it is untreated are susceptible to suicide. Uniquely skilled and trained professionals will be lost from the system. Some older adults may end up in higher levels of care without access to these services.
145	15	DHS	AMH Cut Acute Care SE 24 - This reduction cuts the remaining funding for acute inpatient psychiatric care for adults. These services are provided by private nonprofit hospitals in specialty units in local hospitals.	(13,850,527)						\$ (13,850,527)				This reduction cuts the remaining 43% of the funding for acute inpatient psychiatric care for an estimated 2,550 adults. Some of these clients may have access to these services via the OHP Standard expansion, however. There is a risk of the loss of acute inpatient psychiatric treatment capacity and pressure on the state to provide this service directly in state hospitals. This reduction jeopardizes the maintenance of effort (MOE) requirements for the Mental Health Block Grant. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.
160	16	DHS	AMH Cut Community Crisis SE 25 This service area funds the 24/7 community ability to respond with a trained individual to someone in psychiatric crisis. It also funds the civil commitment examiners.	(25,183,388)						\$ (25,183,388)				As a result of this cut, all psychiatric crises in communities will be handled by families, police or emergency rooms. Approximately 15,200 people will not have access to trained crisis response staff. The community-based crisis and civil commitment system will be dismantled. Program cuts of this magnitude may require suspension of the mental health civil commitment statutes found in ORS 426.005 through 429.320.
161	17	DHS	AMH Reduce Enhanced Care SE 31 These services are the mental health component of a jointly funded and managed service with SPD. This reduces about 40% of the services.	(4,000,000)				(5,678,495)		\$ (9,678,495)				Without the treatment expertise and trained professionals providing the mental health supports, the individuals will not be successful in the SPD treatment facilities. Approximately 250 people per year will lose services.
AMH Totals				(165,558,266)	(13,712,284)	(3,252,797)	0	(20,761,447)	0	(203,284,794)				