NAMI Brain Trust: SB 137 with Amendments

Challenge: Oregon has a diffuse behavioral health system that lacks accountability because it lacks clear standards and points of responsibility. This leads to a high degree of variation across the state. Standards of care and access are fluid from region to region. Lacking clear expectations, systems are impossible to navigate or hold accountable. NAMI Oregon found an adage to be true for Oregon's system: "If everyone is responsible, then no one is responsible."

Solutions: In early 2018, NAMI Oregon convened a "NAMI Brain Trust" to discuss reforms to Oregon's behavioral health system. Because the discussions were private, participants could think freely without having to represent only their specific employer or constituency.

The Brain Trust was composed of: two Coordinated Care Organization leaders, two county commissioners, a commercial health plan medical director, a substance use disorder provider, two hospital system behavioral health leaders, adult and children's mental health providers, and advocates with lived experience. In all, 18 people from across Oregon participated in regular discussions throughout 2018. In addition to contributing their own expertise, the group researched other states and, specifically, looked at major reforms undertaken in Arizona.

Focus: Brain Trust meetings coincided with the launch of CCO 2.0. Brain Trust discussions eventually narrowed to focus on essential elements that the new CCO contracts must contain, or what Arizona termed "non-negotiables" in their Medicaid contracting reform process. Many of NAMI's recommendations were adopted in CCO 2.0; however, the requirements are general and lack the level of detail that is essential. Moreover, NAMI Oregon believes these requirements should also be in statute so that they live beyond a 5-year contracting cycle. Such requirements should eventually apply to all payers.

SB 137 with Amendments: NAMI's Proposal

- Prohibits CCOs from fully sub-delegating risk for behavioral health benefits. Risk sharing is permitted. However, the plan itself is ultimately responsible for the benefit and outcomes.
- Requires CCOs to hold at plan level: care coordination, utilization management, and appeals and grievances. This is modeled after Arizona's "non-negotiables."
- Requires network adequacy and access measures, including timeliness of access to care.
- Requires timely denials that include alternate treatment recommendations. Otherwise, default to prescribed care or next higher level of care.
- Standardizes treatment and supports subject to prior authorization statewide.
- Requires CCOs to invest in a region's crisis response system.
- Requires OHA to create pathway for CCO members to file appeals and grievances directly with agency. (Modeled after Consumer Insurance Advocates program within DCBS.)

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