
Oregon Health Authority Health Systems Division Part 2: Behavioral Health

Presented to
Joint Ways & Means Subcommittee on Human Services
February 16, 2021

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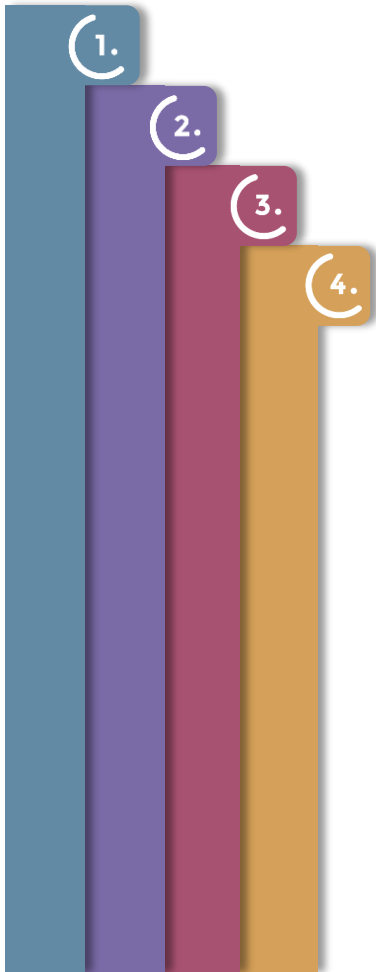


OREGON HEALTH AUTHORITY
Health Systems Division

Health Systems Division
Oregon Health

Behavioral Health Services

Proposed Budget



The Triple Aim Vision for Oregon

1 Better health

2 Better care

3 Lower costs

OHA's Strategic Goal

**Eliminate health inequities in
Oregon by 2030**

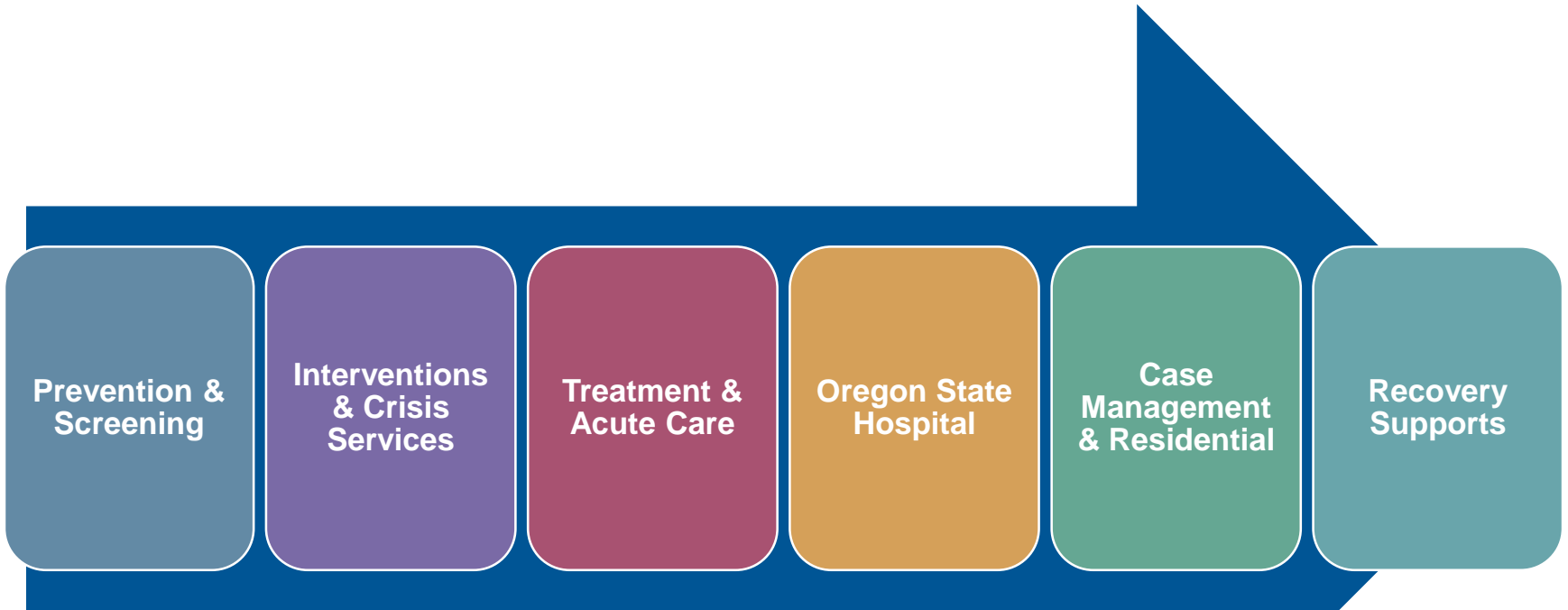
Overview of Presentation

- Areas of Focus
- Strategic Planning and Drivers of Change
- Agency Structures and Funding
- The Pandemic and Response
- Children's System
- Addiction System
- Crisis Response – Challenges and Opportunities

Behavioral Health Care Needs and Delivery have Changed Dramatically During the Pandemic



Behavioral Health Supports and Services Include a Continuum of Care



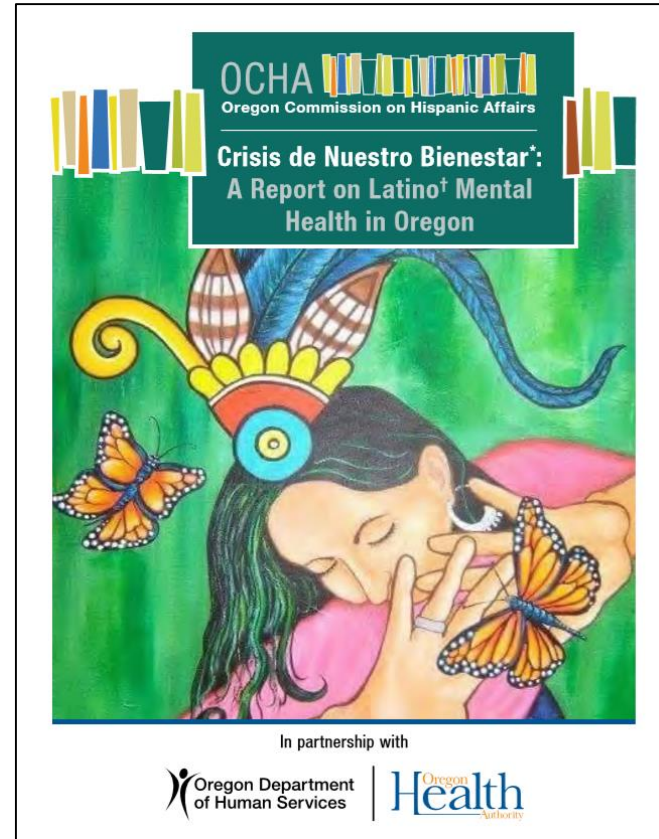
The Big Picture...

- We need access to behavioral health services now more than ever
- We need our systems of care to attend to the whole person
- We need the tools to do it
 - Investments
 - Policy Change
 - Staff

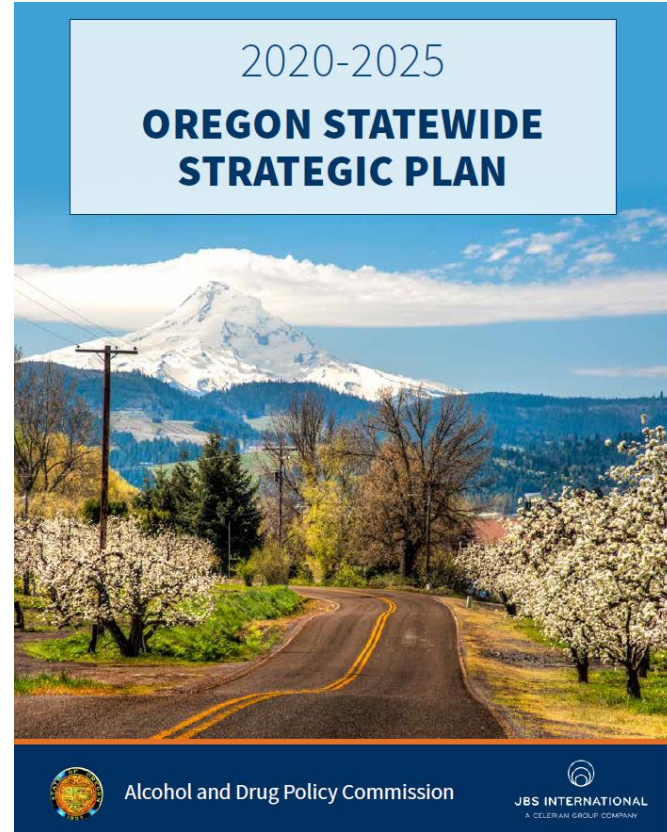
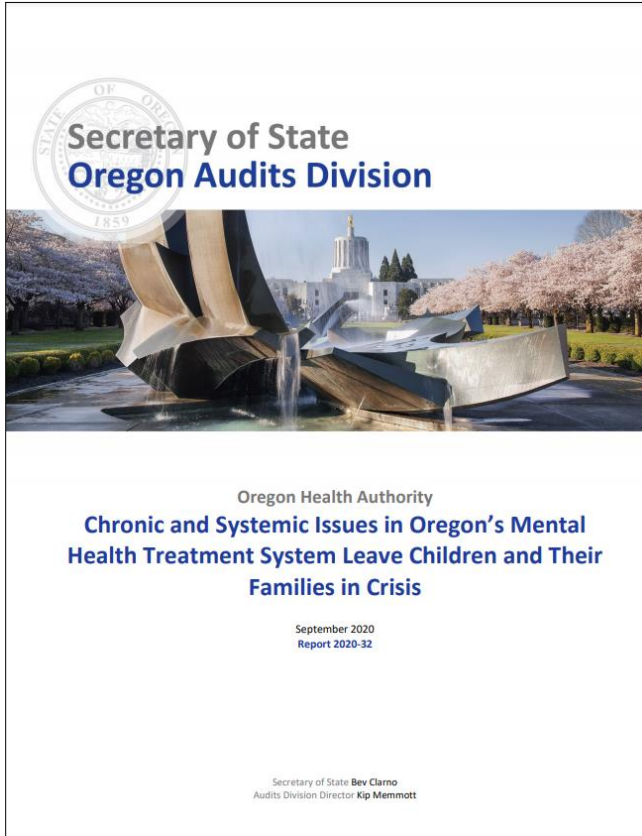
Tools for Change

- Guidance
- Framework for Change
- Community Engagement
- Resources

Oregon Tribes and Latino Communities have Developed Strategic Plans

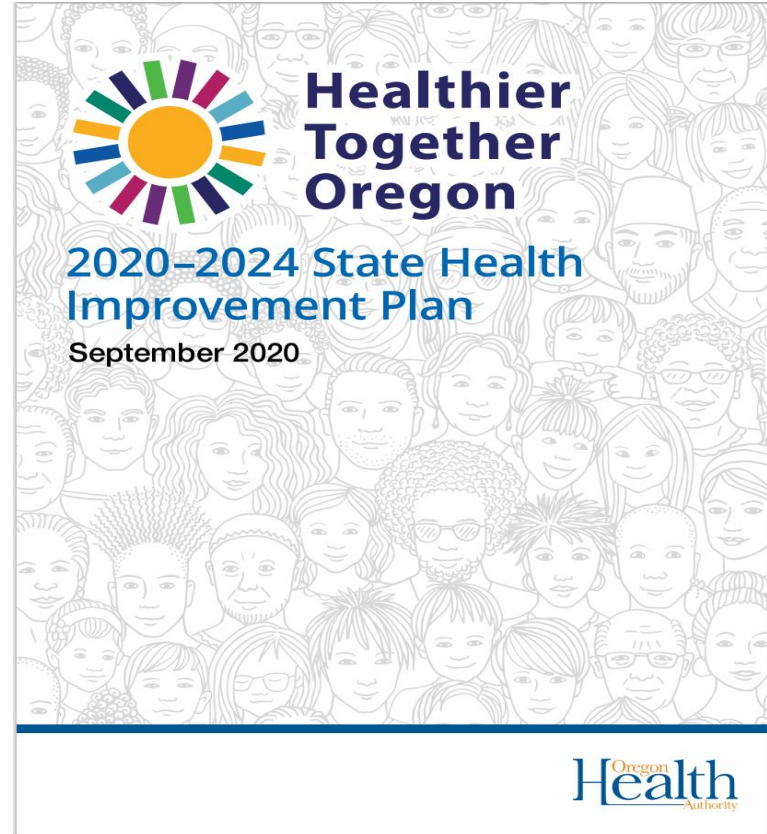


Reports from the Secretary of State and Alcohol & Drug Policy Commission



System of Care and Public Health Plans

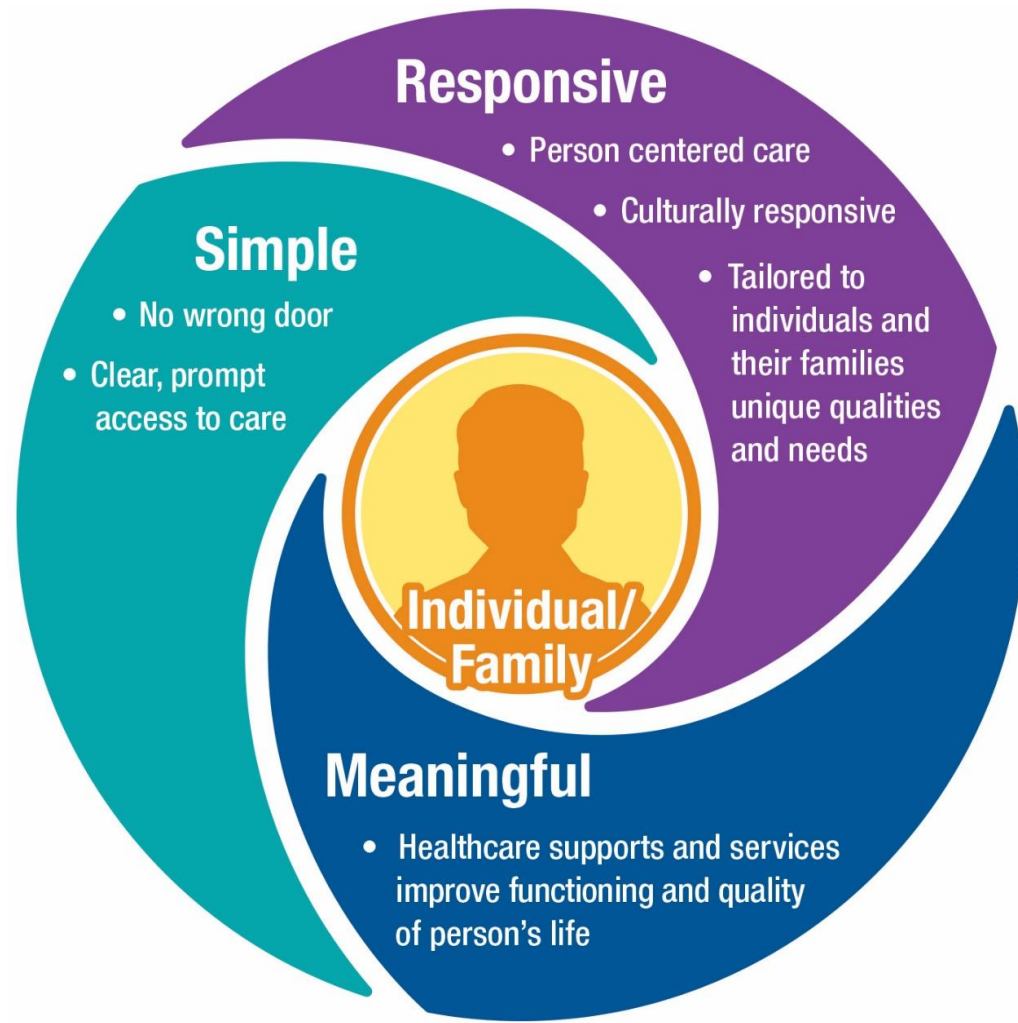
Child & Family
Behavioral Health
Policy Vision



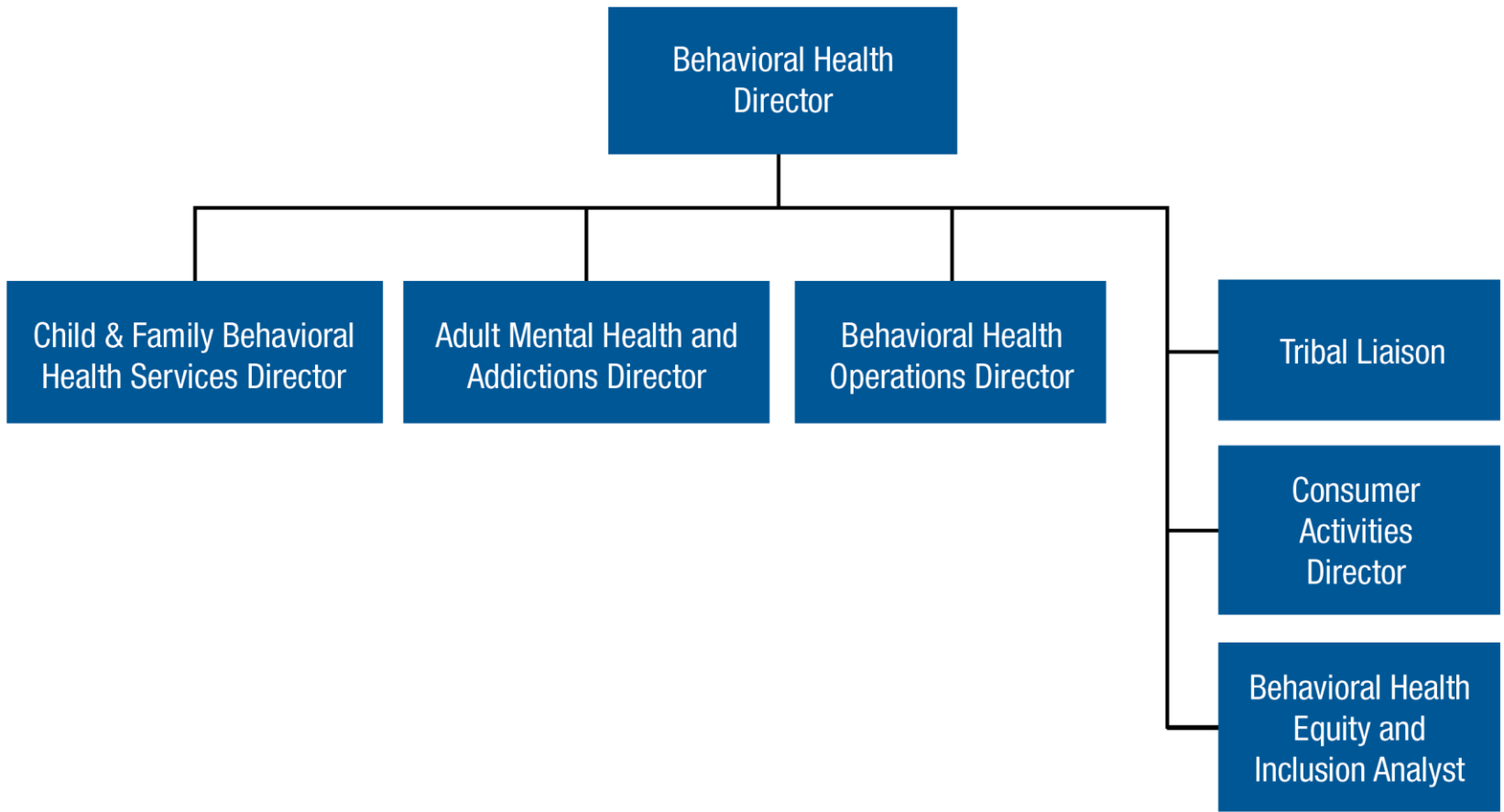
These Plans and Audits have Areas of Common Focus and Guidance

Original GBHAC Work Streams	ADPC Strategic Plan	State Health Improvement Plan	Latino BH plan	Children's Vision	SOS Audit	Tribal Strategic Plan
Workforce	X		X	X	X	X
Programs and services	X	X	X	X	X	X
Housing and Related Supports	X	X				
Data / Outcomes	X	X	X	X	X	X
Accountability	X	X	X	X	X	X
Funding/ Incentives	X	X	X	X	X	X

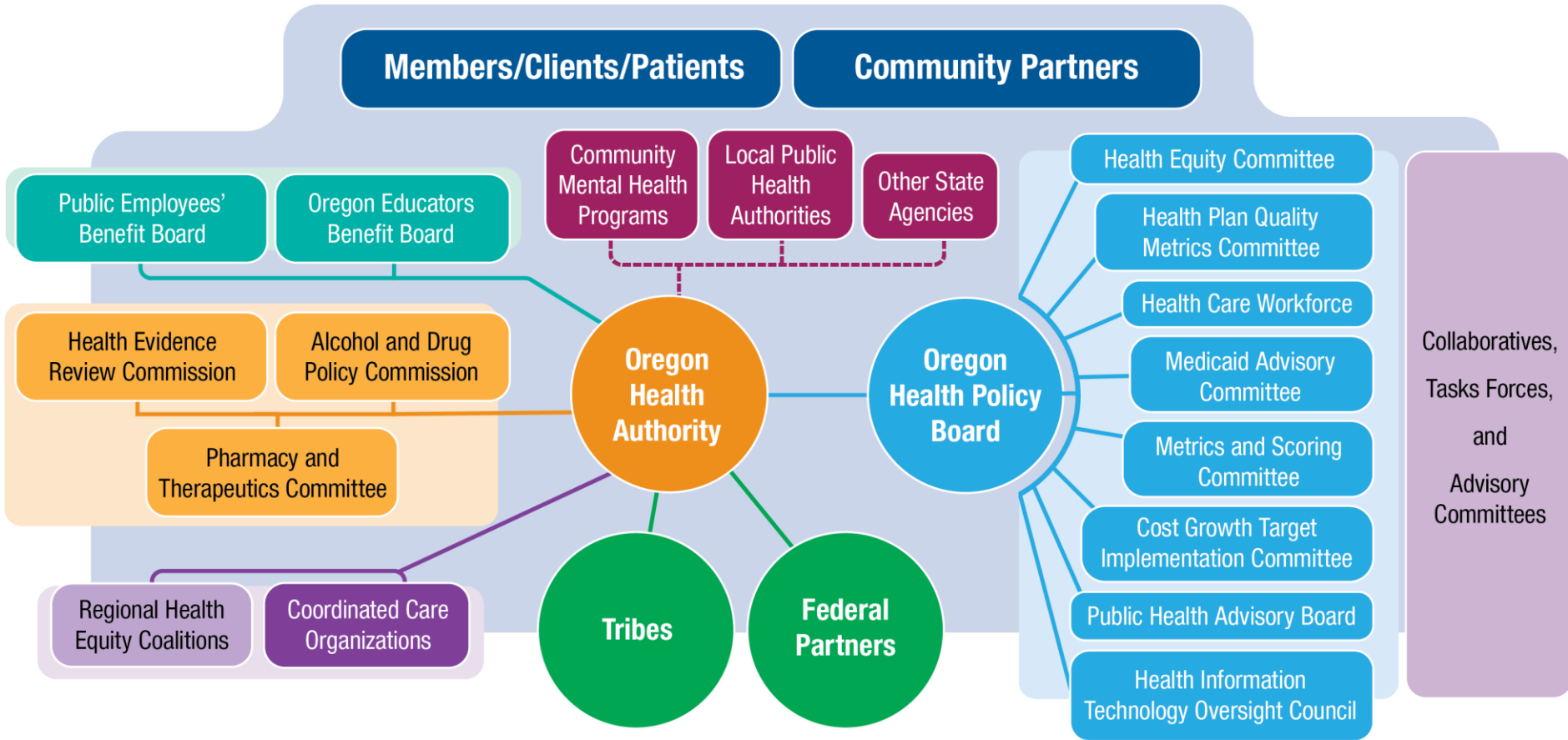
Framework for Behavioral Health System Transformation



Health Systems Division: Behavioral Health



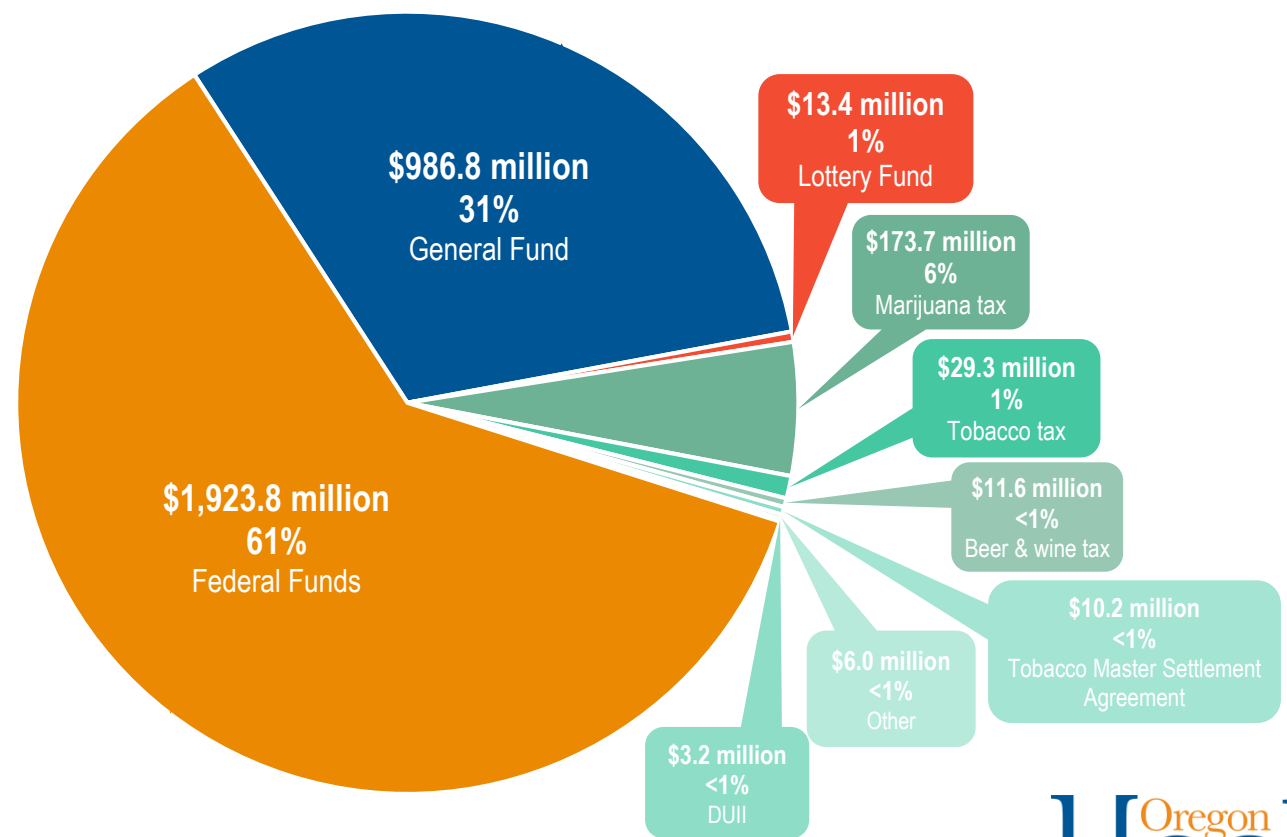
Behavioral Health Partners



2021-2023 Governor's Budget

- Health Services Division: **Behavioral Health**

\$3,158.0 million Total Funds



Governor's Recommended Budget

The Governor's budget directs funds to strengthen:

- Workforce diversification
- Implementation of Measure 110, which decriminalizes possession of drugs and uses Marijuana Tax revenues to support drug treatment services
- Expanded residential services, peer run respite care centers and supports the Alcohol and Drug Policy Commission's strategic plan

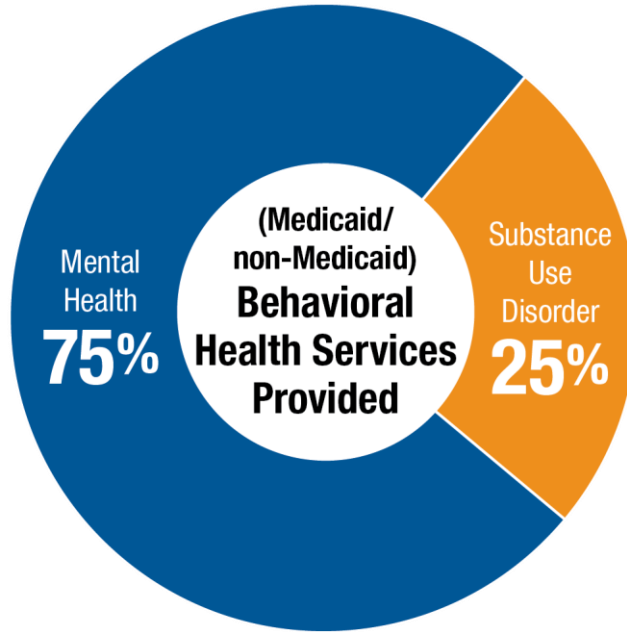
Behavioral Health Budget Reductions

The Governor's budget also includes cost containments:

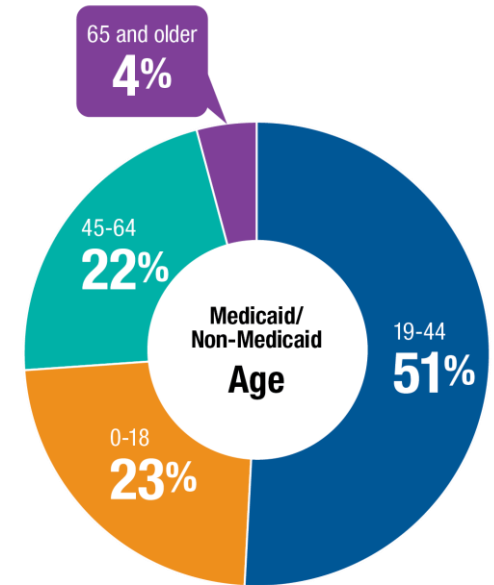
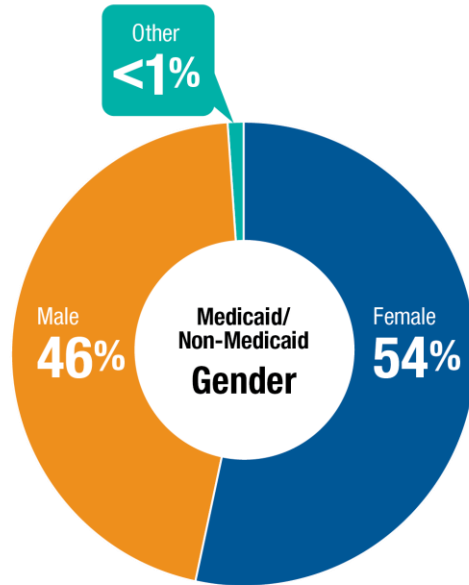
- Reduction of funding that supports identification of placement options for individuals in various types of residential programs (Choice Program, \$4.7 M GF)
- Caseload savings due to attrition for those receiving 1915i adult residential services (\$1.0 M GF)
- Elimination of inflation for non-Medicaid behavioral health treatment providers (\$22.0 M GF, \$27.3 M TF)
- Recognize a delay in the construction of permanent supportive housing (\$4.7 M GF)

People Served

145k



48k



Source: DSSURS– Health Analytics, FY19/20

Oregon has among the highest rates of addiction and mental illness in the country

24% Of adults experienced mental illness in the past year (**ranks 3rd** in US)

20% Of adults and adolescents use Illicit drugs (**ranks 2nd** in US)

Similar to the rest of the country, relatively small numbers of individuals receive needed care

19% Of adults and adolescents received needed SUD treatment (**ranks 4th** in US)

9% Of adults received mental health services (**ranks 12th** in US)

Source: NSDUH, Dec 2020

Pandemic: Challenges and Response

Challenges

- Impact on People
- Impacts on Provision of Care
- Impacts on Providers

Response

- Targeted Outreach to Communities of Color
- OHBAS
- Provider Supports

Pandemic Linked to Increase in Drug Overdoses

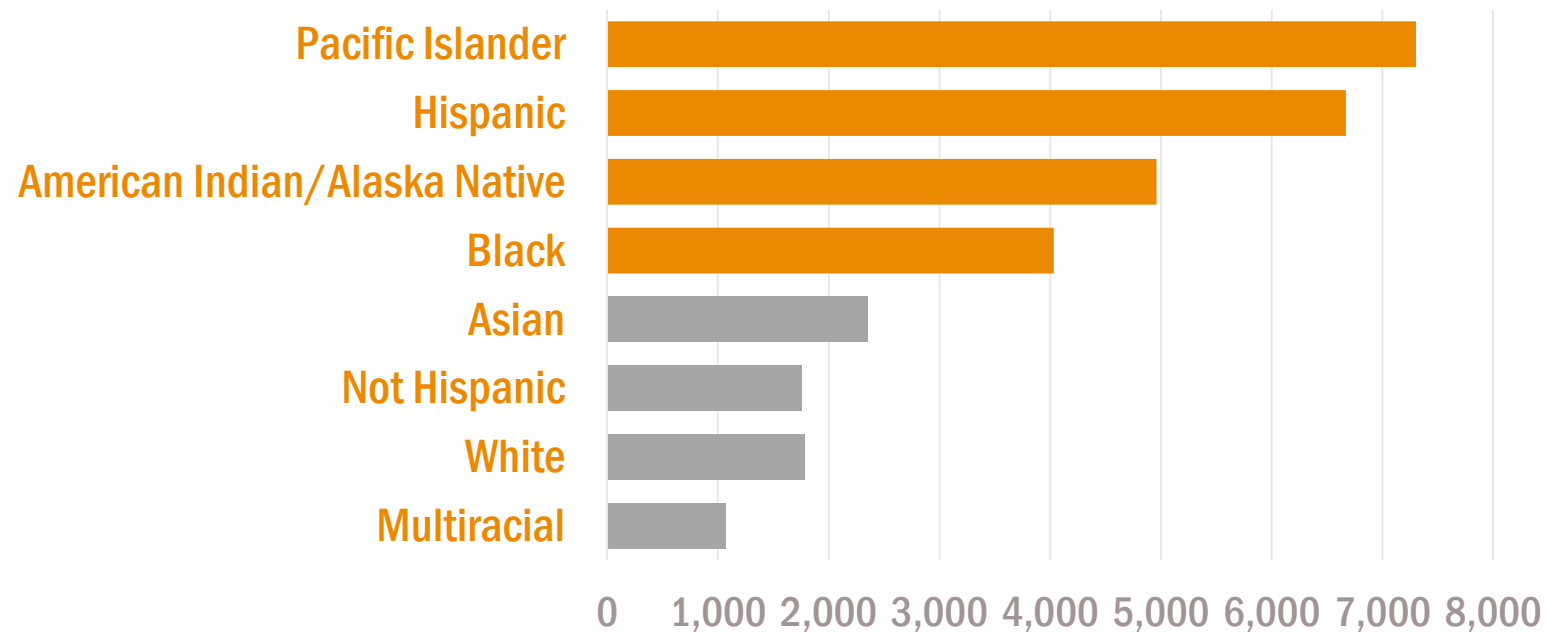
- Overdose deaths during April and May 2020 were **70% higher** compared to the same months one year ago
- Opioid deaths rose the most from March to May of 2020, nearly 70%
- Methamphetamine/amphetamine involved deaths accounted for more than 40% of all overdose deaths in May 2020

Source: State Unintentional Drug Overdose Reporting System (SUDORS) Oct 2020

Communities of Color Bear the Burden

Oregon COVID-19 cases

per 100,000

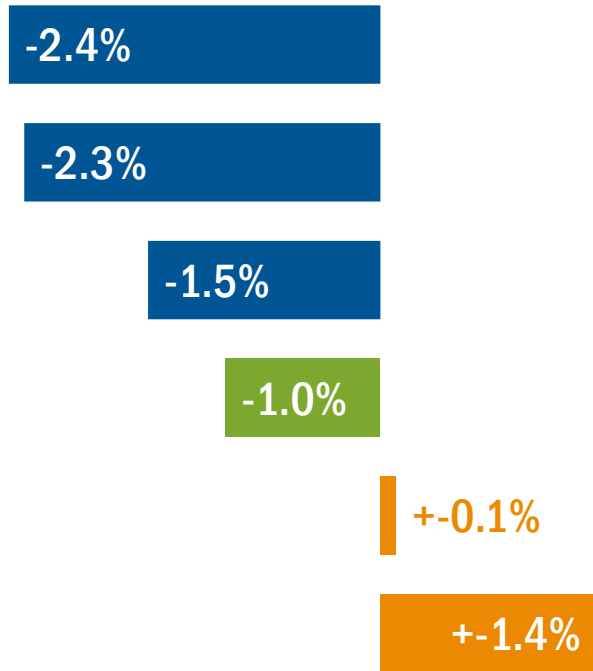


Source: OHA COVID-19 Weekly Report, January 21, 2021

Impact of COVID-19 on Health Coverage

Larger health care coverage drops have occurred in Hispanic/Latino, Black and Asian communities during the pandemic.

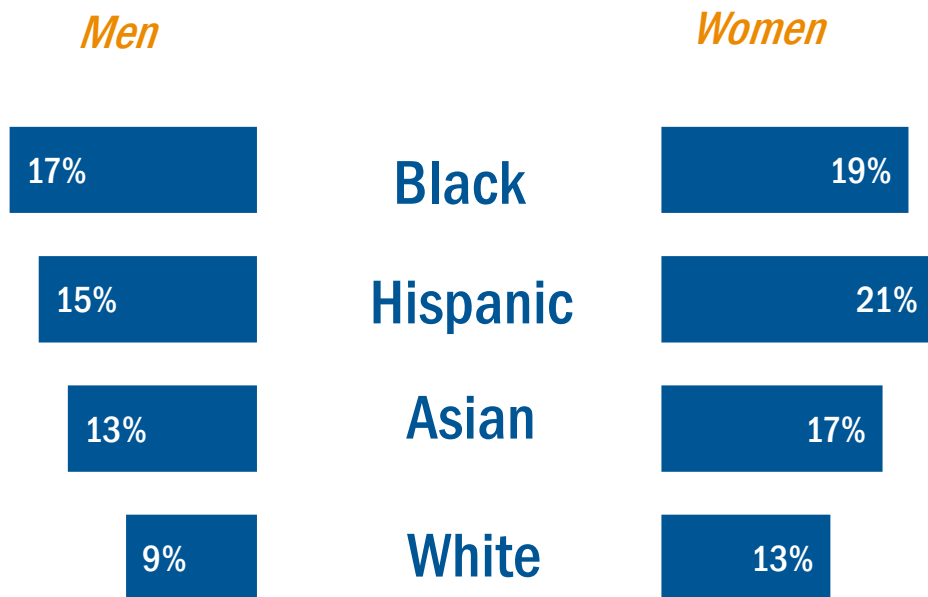
Percentage point increase/decrease, 2019-2020



Source: 2019 American Community Survey 2019; Pulse 2020 (US Census Bureau)

Impact of COVID-19 on Employment

Percent job loss, February to May 2020



Source: Pew Research Center analysis of Bureau of Labor Statistics data, June 2020

Response: Oregon Behavioral Health Access System

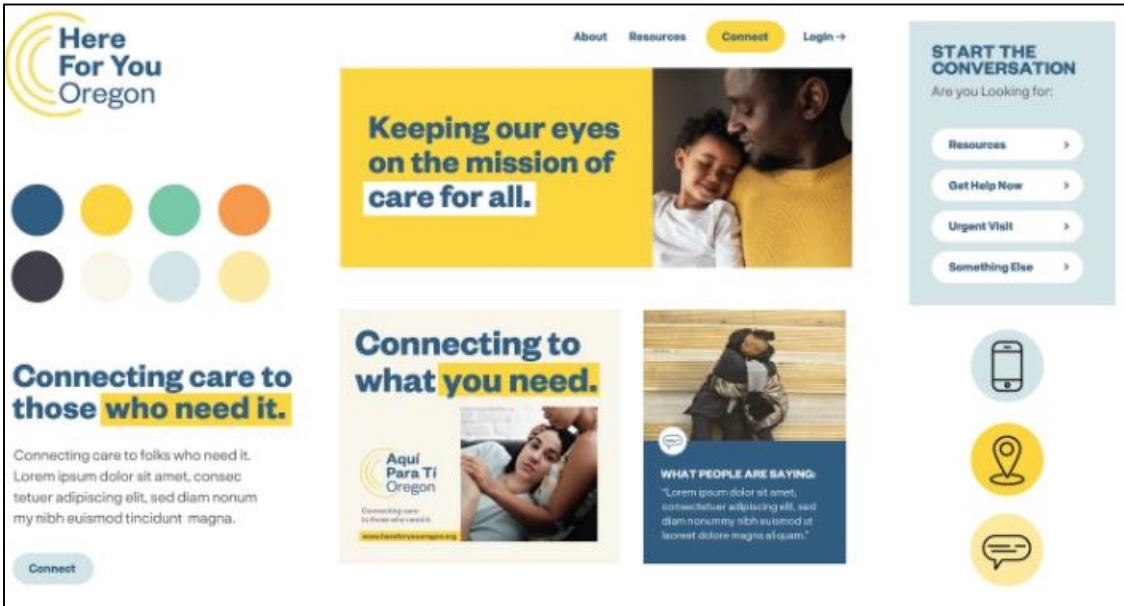
- Safe + Strong Website (launched September 23, 2020)
 - Culturally/linguistically tailored and translated into 11 languages
 - Behavioral Health Support Line (talk to a counselor)
 - 1-800-923-HELP(4357)
 - Racial equity line, enhanced crisis line, Senior Loneliness Line, Youthline, and Suicide Hotline
 - Group wellness (virtual)
- Here for you Oregon / Aqui Para Ti Oregon
 - One stop shop for behavioral health information and access
- Information dissemination
 - Where to go for help
 - Targeted social media and radio campaigns

Response: Oregon Behavioral Health Access System Provides Simple Access to Information and Supports

PRIMARY SERVICE:

To EMPOWER our users to take a next step, whatever it may be....

Crisis Help	To speak to or chat with a crisis specialist, when in urgent need
Get Educated	To learn about what they or a loved one may be experiencing <u>and</u> that there are many paths to support
Connect	To find and connect with an array of <u>diverse</u> and <u>trusted</u> support resources



Response: Culturally Responsive Behavioral Health Service Investments

- Coronavirus Relief Funds (\$25.8 M CARES Act + \$17.2 M GF)
- FEMA Crisis Counseling Program Grants (\$14.3 M)
- SAMHSA/CDC Suicide Prevention Grants (\$2.4 M)
- SAMHSA Emergency COVID 19 Grant (\$2 M)

Funds in communities to respond to the need

- Contracts with community organizations for culturally responsive outreach services to Oregon communities of color
- To prevent residential closures, CMS approved Disaster State Plan Amendment to allow reimbursement for COVID-19-related vacancies
- OHA invested CRF funds to open 40 new beds
- OHA provided CRF-funded grants to 13 facilities to help with facility modifications
- In January, Emergency Board approved 10% rate increase

Pandemic: What Have We Learned?

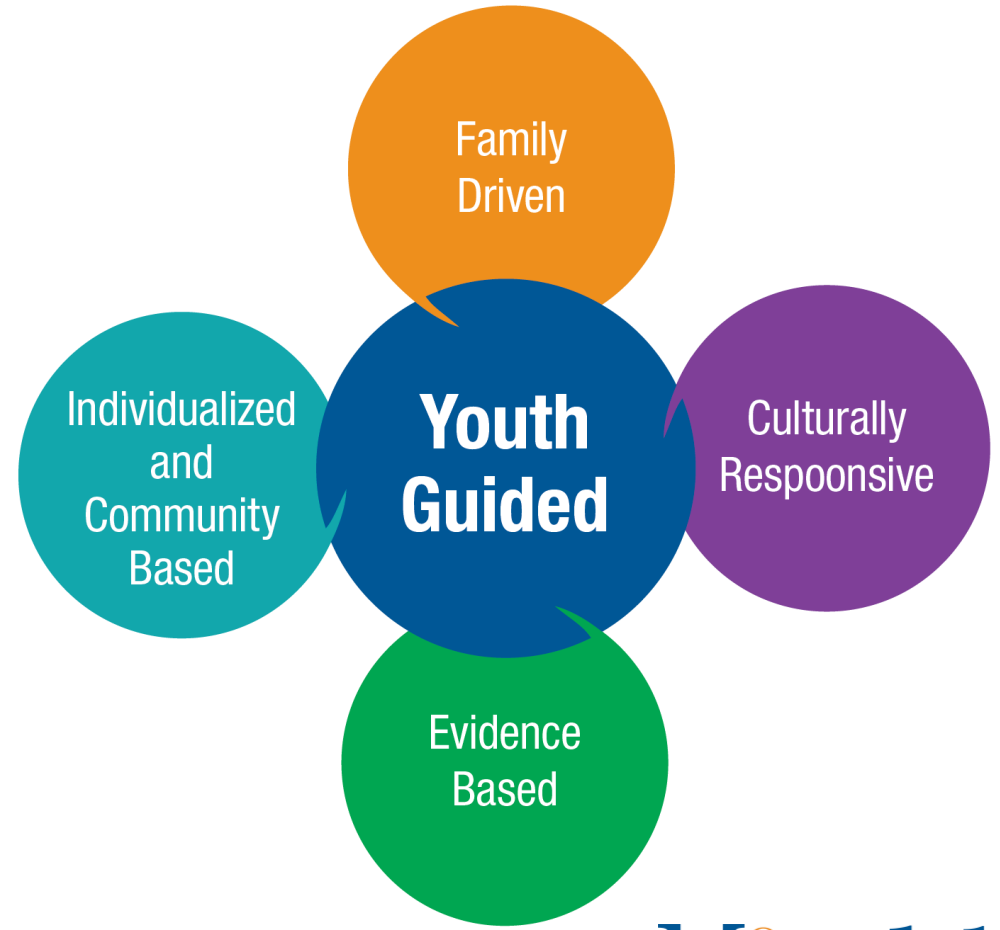
- The COVID-19 pandemic & other challenges of 2020 have highlighted existing health disparities and emphasized the importance of focusing on equity and racial justice
- COVID-19 impacts (physical health, economic, social-emotional) have disproportionately impacted communities of color and other historically marginalized people including older adults and people who experience disability
- As an agency, we have a lot of work to do to build stronger relationships with marginalized communities, especially communities of color
- Telehealth has worked very well for those who have access to the required tools and equipment and who have skills and comfort with the technology, but others are being left out and are struggling to find care and have their needs met in non-remote settings

Pandemic: How Are We Changing?

- Leading with race, and infusing racial justice into everything we do
- Sharing power and co-creating solutions with consumers and communities of color
- Centering our work on the needs and experiences of the people we serve
- Working hard to do things differently, creating or strengthening our relationships with communities of color, and partnering with them to address barriers and gaps
- Looking at our processes and practices, and making changes to the way we do business, so our processes support the commitments we have made

SB1 (2019) Established a Centralized Children's System of Care

- Supports a spectrum of effective, community-based services and supports
- For children and youth with, or at risk for, mental health or other challenges and their families
- Organized into a coordinated network

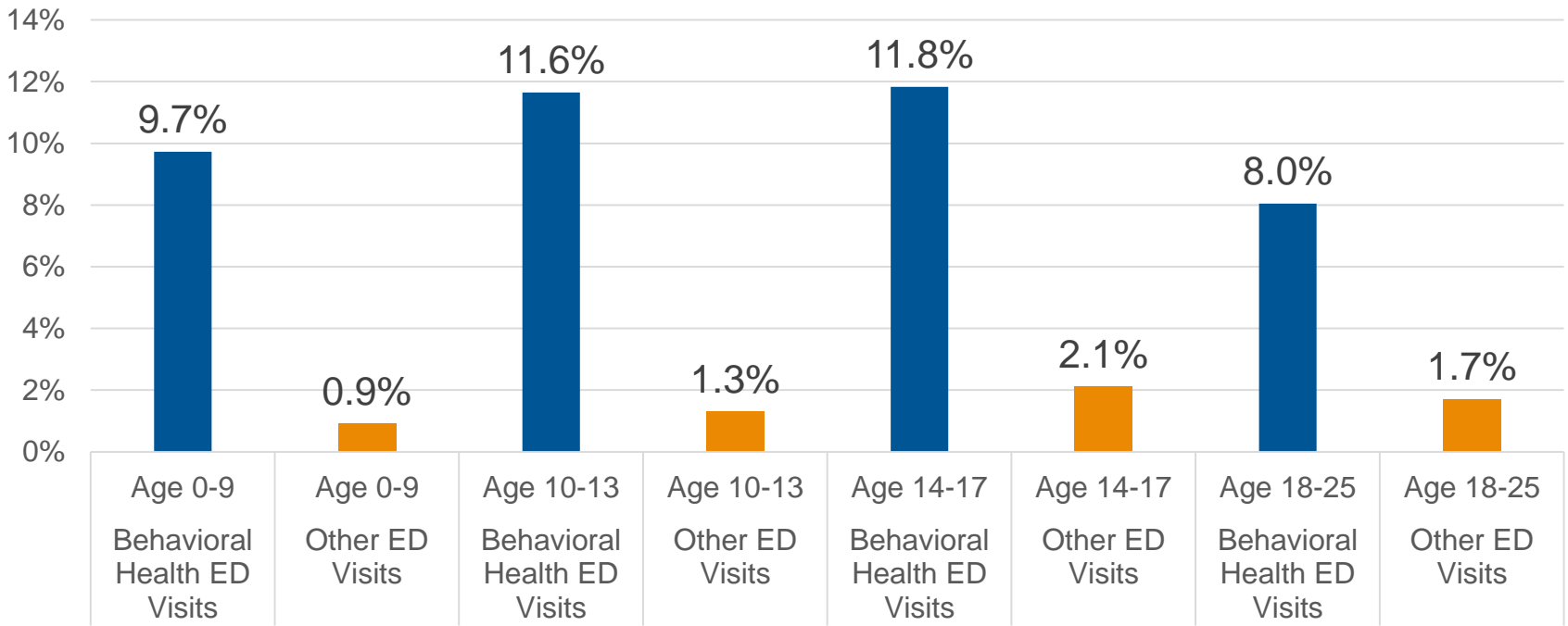


Important Progress Has Been Made in the Past Year

- Expanded the continuum of care for children 0-20 with **Intensive In-Home Behavioral Health Treatment (IIBHT)**
- Enhanced and expanded **Crisis and Transition Services (CATS)**
- Increased capacity for inpatient levels of care for children and young adults: **18 beds developed with another 20 in process**
- Increased access to workforce development trainings through COVID-19 response including clinical trainings and suicide prevention
- Expanded work with **Trauma Informed Oregon** with a focus on racial equity
- Increased cross-system work with Oregon Department of Education, Oregon Department of Human Services and Oregon Youth Authority and partners in the new System of Care Advisory Council

More Work is Needed to Reduce ED Boarding for Children Presenting with Behavioral Health Conditions

Percent of ED Visits Boarded 24 Hours or Longer



Source: OHA Hospital Reporting Program (2020)

New Investments Will Help Ensure Children Receive the Right Service at the Right Time

- Young Adult in Transition (YAT) Residential capacity building – \$5 Million
- Interdisciplinary Assessment Teams for youth with complex needs (from SB 1 2019) – \$5.7 Million
- Crisis and Transition Services – \$1.3 Million
- Psychiatric Residential Treatment Services (PRTS) capacity building – \$7.5 Million

Progress Has Been Made in Strengthening Community Treatment and Recovery Supports

- Medication Assisted Treatment and Recovery (MAT)
 - Expanded access to Medication Assisted Treatment across the state
- Peer Services
 - Supporting, developing, and enhancing programs that provide services centering people with lived experience
- Harm Reduction
 - Expanded prevention efforts including strong focus on Naloxone distribution to reduce overdose deaths
- Recovery Support
 - Expanded intervention and long-term recovery supports across the state

Additional Initiatives are Under Way

- Modernize DUII Intervention System
 - DUII service system is significantly outdated and does not support use of evidence-based practices for reducing DUII recidivism
 - DUII Services Modernization Project: Currently in stakeholder engagement phase
 - 8 Listening Sessions being held in February
 - BIPOC focus groups to be held in March/April
 - Multi-Disciplinary Workgroup to be convened in April/May to develop recommendations for evidence-based system improvements
- Oregon Substance Use Disorder Recovery Housing
 - In Senate Bill 69, OHA has suggested statutory changes that would allow the support of a full continuum of housing options
- CMS Waiver
 - Oregon is in the final stages of approval for a Medicaid waiver to expand and enhance SUD system of care

Oregon has a Strong Gambling Addiction program

Problem Gambling System infrastructure was developed based on the public health and continuum of care model

- Prevention and treatment in every county
 - Including one residential service and two respite services, 24/7 helpline, extensive treatment evaluation system and workforce development opportunities available
- Prevention and education efforts are working
 - Prevalence rate for adults and youth has remained steady despite increases in access to gambling
- Culturally Specific Services
 - Programs for Latino/a/x and people of Asian descent, with services available in multiple languages

New Initiatives Will Help Our Gambling Addiction Services Become Even Stronger

- Community Readiness Assessment Model
 - Allows for effective, outcome-driven community-based programming
- Peer Services
 - Expansion to include recovery mentors, peer support specialists and other traditional health workers that are not currently involved in problem gambling recovery
- Intensive Outpatient Telehealth
 - Implementation of a collaborative program adapted to service delivery challenges due to the pandemic
- Corrections and Problem Gambling
 - Partnership of education and treatment services within Department of Corrections and Oregon Youth Authority

New Suicide Prevention, Intervention and Postvention Team is Central to Monitoring and Planning Efforts

In March 2020, OHA formed a **COVID-19 Suicide Prevention, Intervention and Postvention (SPIP)** team to monitor data, improve access to care, equip providers, and seek consumer voice

- Closely monitoring suicide activity specifically during the COVID-19 pandemic
- Meets weekly to analyze data, implement interventions, resource other state partners, and report on innovative practices from other states.
- Engages with behavioral health consumers and other partners to identify barriers and address needs as they arise

SPIP Team Has Been Actively Involved in Ensuring Resources are Allocated Effectively

- Adapting our existing suicide prevention efforts to meet the needs during this unique time
- Redirecting funds to respond to identified barriers
 - Example: 18 mini-grants awarded in September to local community organizations specifically to address suicide risk among LGBTQ+ populations
- Working with local, state and national partners to align strategies and leverage resources
- Contracted Lines for Life to create the Oregon Behavioral Health Support Line to provide live support for Oregonians to find a behavioral health provider with availability that meets their insurance needs and care needs

Oregon Continues to be Challenged with Inadequate Community Crisis Response Options and Resources

- System Challenges
 - Rapidly growing Aid and Assist population
 - Over-reliance on law enforcement in most areas of the state
 - Over-reliance on hospital emergency departments
 - Resource and infrastructure gaps
 - Impacts on the state hospital and partners
- Opportunities for integration
 - IMPACTS Program
 - 988
 - M110
 - GAINS Center – ODOJ
 - OBHAS

Oregon State Hospital Serves GEI, Aid and Assist, and Civil Commitment Patients

People served per bed by median length of stay (LOS)

GEI



1 Guilty Except for Insanity (GEI) – 784 Day LOS

Civil



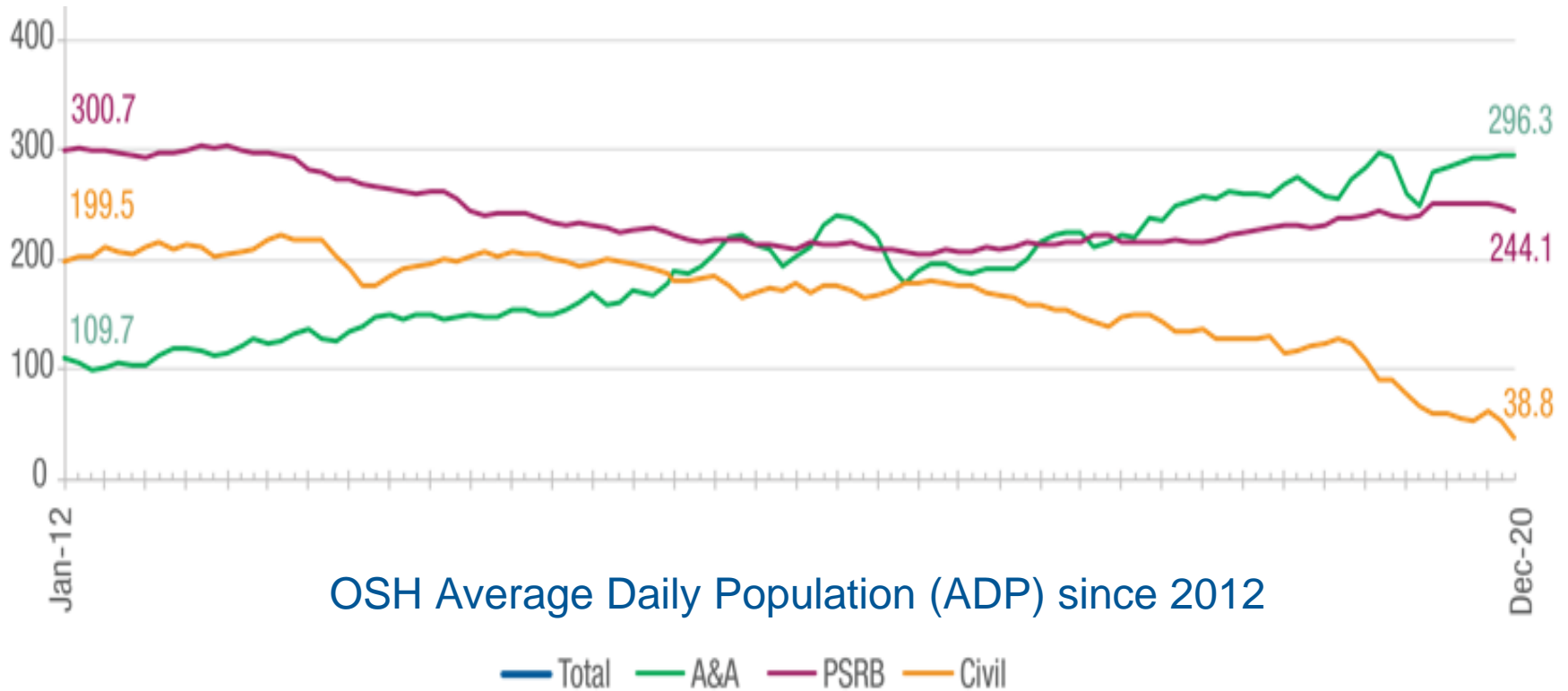
5 CIVIL – 149 Day LOS

A&A



9 Aid & Assist (A&A) – 91 Day LOS

Tripling of the Aid and Assist Population Since 2012 has Dramatically Impacted Hospital Capacity



OSH Average Daily Population (ADP) since 2012

— Total — A&A — PSRB — Civil

Aid and Assist Trends and Challenges

People under Aid and Assist requirements:

- 60 to 70% are homeless at time of arrest
- 90% have co-occurring substance use issues

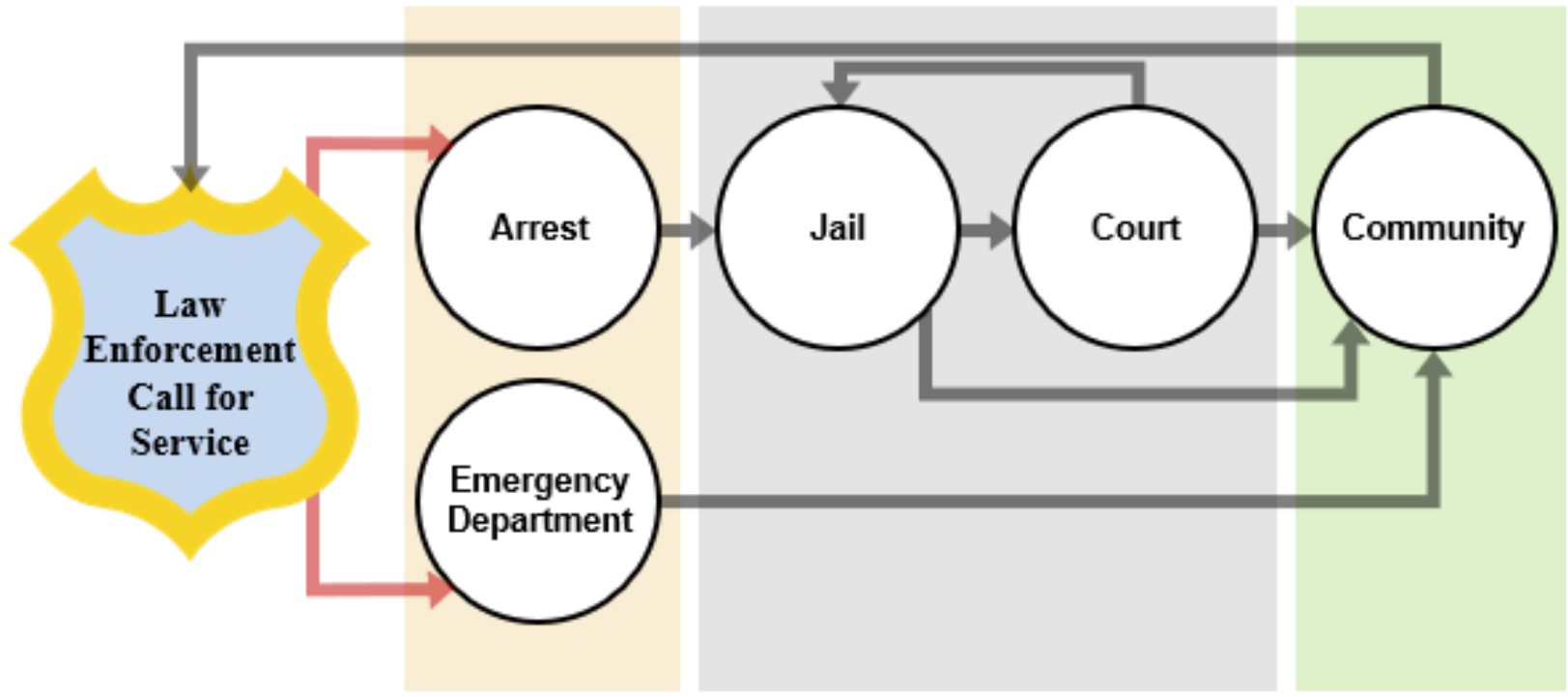
Legal and system challenges to restorative care:

- Legal status makes it difficult to provide care
- High recidivism rate to jails
- Community has not been resourced to provide required services

Aid and Assist Financing Challenges

- Current allocations do not align with need for community-based restoration services
- **Current** biennial funding per person is **\$9,900** per person per year
- **Needs** based on county data are closer to **\$26,400** per person per year
- Biennial funding for Aid and Assist has increased from \$1.0 M in 2009/2010 to \$6.9M in 2019/2021, but has not been priced to match actual service needs in the community

Traditional Behavioral Health Crisis Response



Why its not working

- Reactive – not proactive
- Overburdens law enforcement
- Not integrated with behavioral health resources and strategies

IMPACTS Grantees and Funding

- Six Counties
 - Clackamas County \$499,987
 - Deschutes County \$2,403,519
 - Douglas County \$1,414,878
 - Lane County \$2,527,697
 - Lincoln County \$288,490
 - Union County \$562,945
- Five Federal Indian Tribes
 - Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians \$322,264
 - Confederated Tribes of Grand Ronde \$289,999
 - Confederated Tribes of Warm Springs \$282,743
 - Cow Creek Band of Umpqua Tribe of Indians \$490,841
 - Klamath Tribes \$691,580

Measure 110: Services For People With Law Enforcement Encounters Who Have Behavioral Health Conditions

Requires OHA to administer and support all aspects of implementation

- Temporary 24/7 Telephone Addiction Recovery Center (ARC) implemented February 1, 2021
- Oversight and Accountability Council formed February 1, 2021
- 24/7 ARCs throughout the state by October 1, 2021

Grants will be awarded to ARCs and other agencies or organizations to increase access to:

- Care
- Peers
- Treatment & recovery services
- Housing
- Harm reduction

Measure 110: Requirements for OHA

Requires OHA to administer and support all aspects of implementation

Key Dates

- February 1, 2021
 - Established Temporary 24/7 Telephone Addiction Recovery Center (T.A.R.C.)
 - Established Oversight and Accountability Council (OAC)
- June 30, 2021
 - OAC to adopt rules and establish general criteria and requirements for A.R.Cs and Community Access to Care Grants
- October 1, 2021
 - Establish and operationalize 24/7 A.R.C.s throughout the state

Measure 110: Oversight and Accountability Council

- OHA received 181 applications
 - 100 people identified as persons of lived experience
 - 50 people identified as persons of color
- 21 Council Appointees:
 - Representatives from a wide variety of communities, perspectives, and experiences
 - 2 members from the ADPC
 - Representation from the Tribes (enrolled members and Tribal Leaders)
 - Representation from the Coast, I-5 Corridor, Southern, Central, and Eastern Oregon
 - Representation from all perspectives required by the Measure
- Appointments made February 1, 2021

Measure 110: Temporary Addiction Recovery Center (T.A.R.C.)

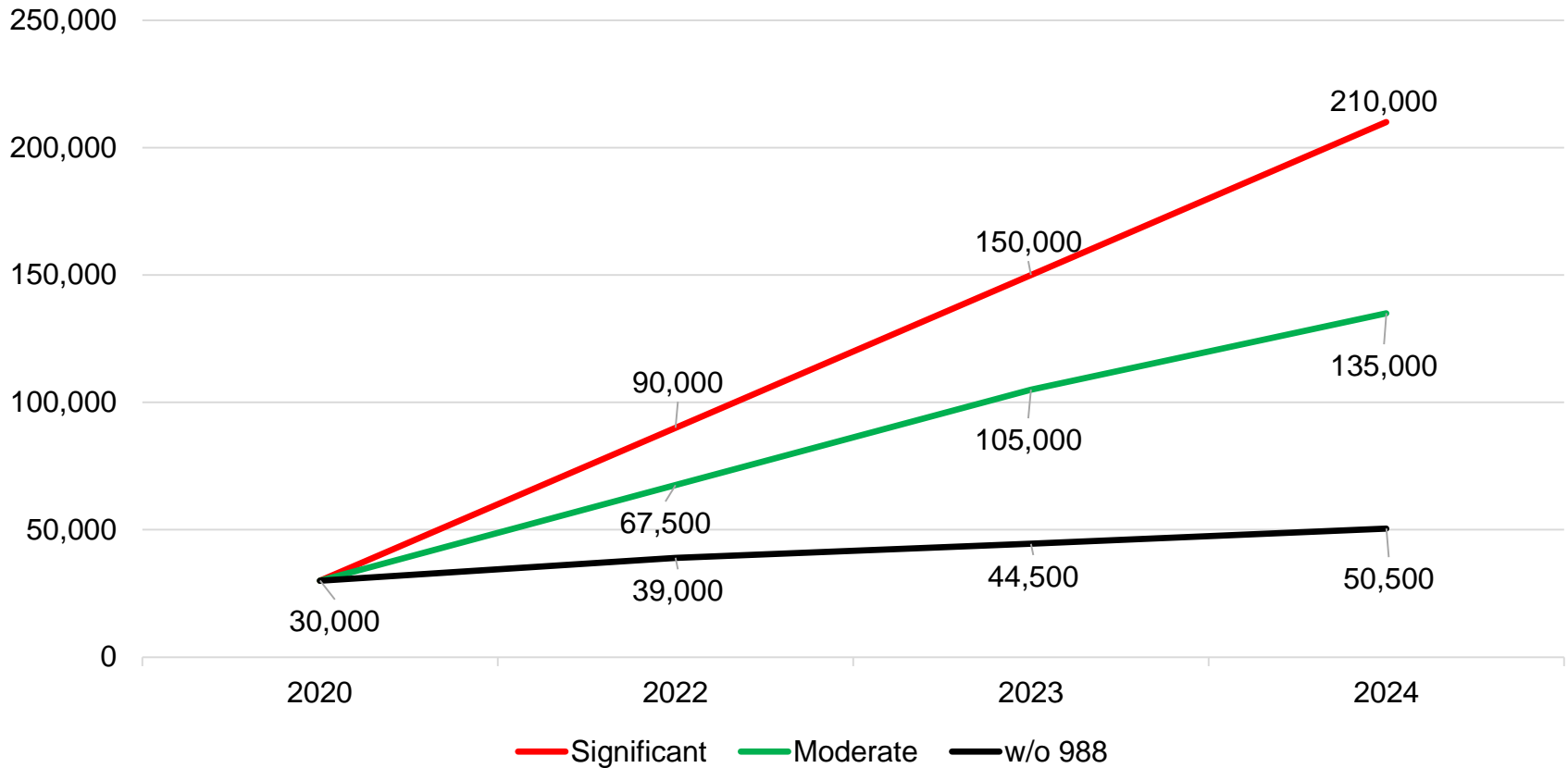
- Contracted with Lines for Life as a Temporary Addiction Recovery Center (T.A.R.C.)
 - T.A.R.C went live 2/01/2021
 - Partnering with Law Enforcement and Courts related to communication to individuals that have been cited and Health Assessment completion to waive citation fee
 - Partnering with Measure 110 supporters
- Services and Supports provided at T.A.R.C.
 - 24/7 triage
 - Health assessment
 - Individual intervention plans include, but not limited to, treatment, housing, recovery supports, harm reduction, health, employment, child-care, and training
 - Case management, and care coordination and connection

988 Provides a Means of Centralizing Behavioral Health Crisis Communication

- The National Suicide Hotline Designation Act of 2020 designates 988 for a national suicide prevention and mental health crisis hotline (Lifeline and the Veterans Crisis Line)
- Requires SAMHSA/VA to report to Congress on **infrastructure needs within six months** of the bill enactment
- Requires SAMHSA to submit a plan to provide network trainings and access to **specialized services** for populations such as LBGTQ youth, minorities, rural individuals and other high-risk populations
- Allows States to **levy fees for local 988 related services** on wireless/IP Carrier bills, including crisis outreach, stabilization, mental health services responding to 988 contacts
- Requires FCC to report to Congress on 1) the collection and distribution of carrier-fee funds, and 2) the feasibility and cost of geolocation services

Projected 988 Call Volume

Lines for Life: 988 Predicted NSPL Growth

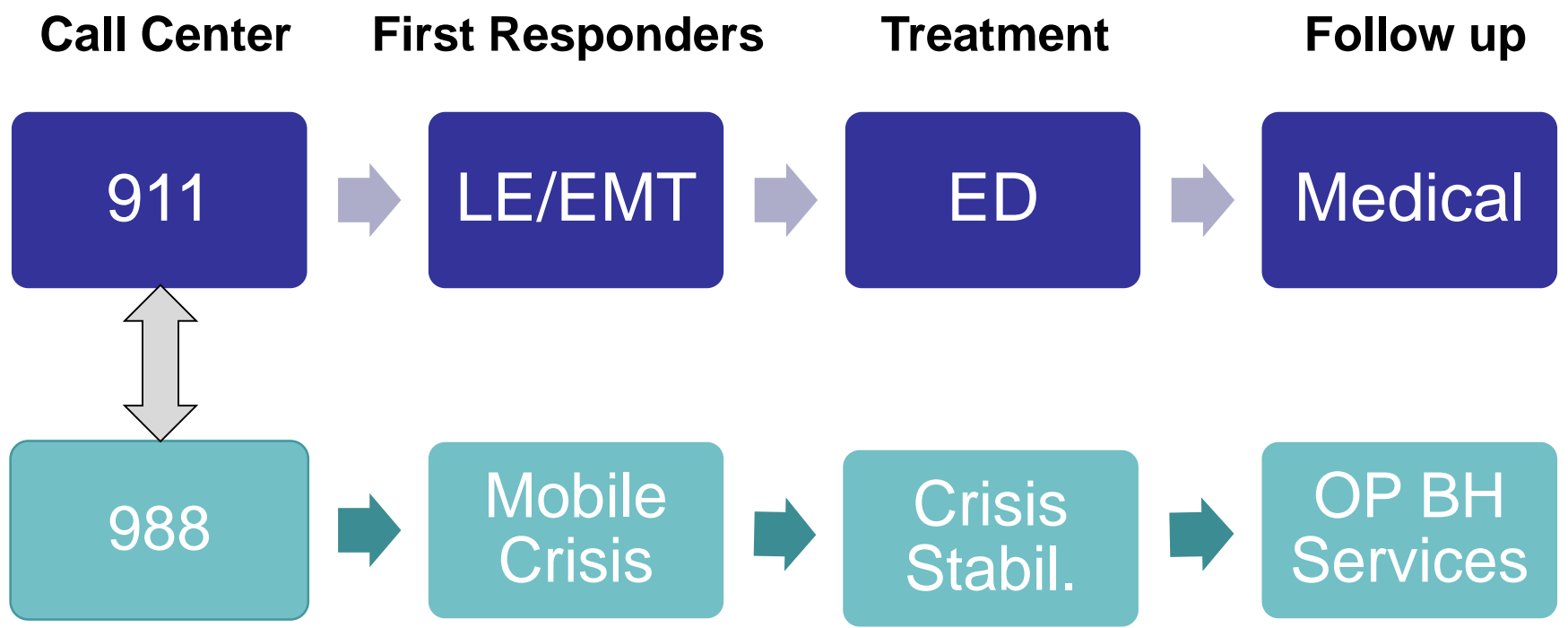


“Crisis Now” Model for 988 Provides a Proven Approach to Effective Response

The “Crisis Now” Model has four components:

- Centralized call center (Air Traffic Control capabilities with Crisis Line Expertise)
- Mobile crisis services
- Crisis stabilization
- Ongoing follow up care as needed

988 Will Provide For New Response Pathways and Will be Integrated with 911



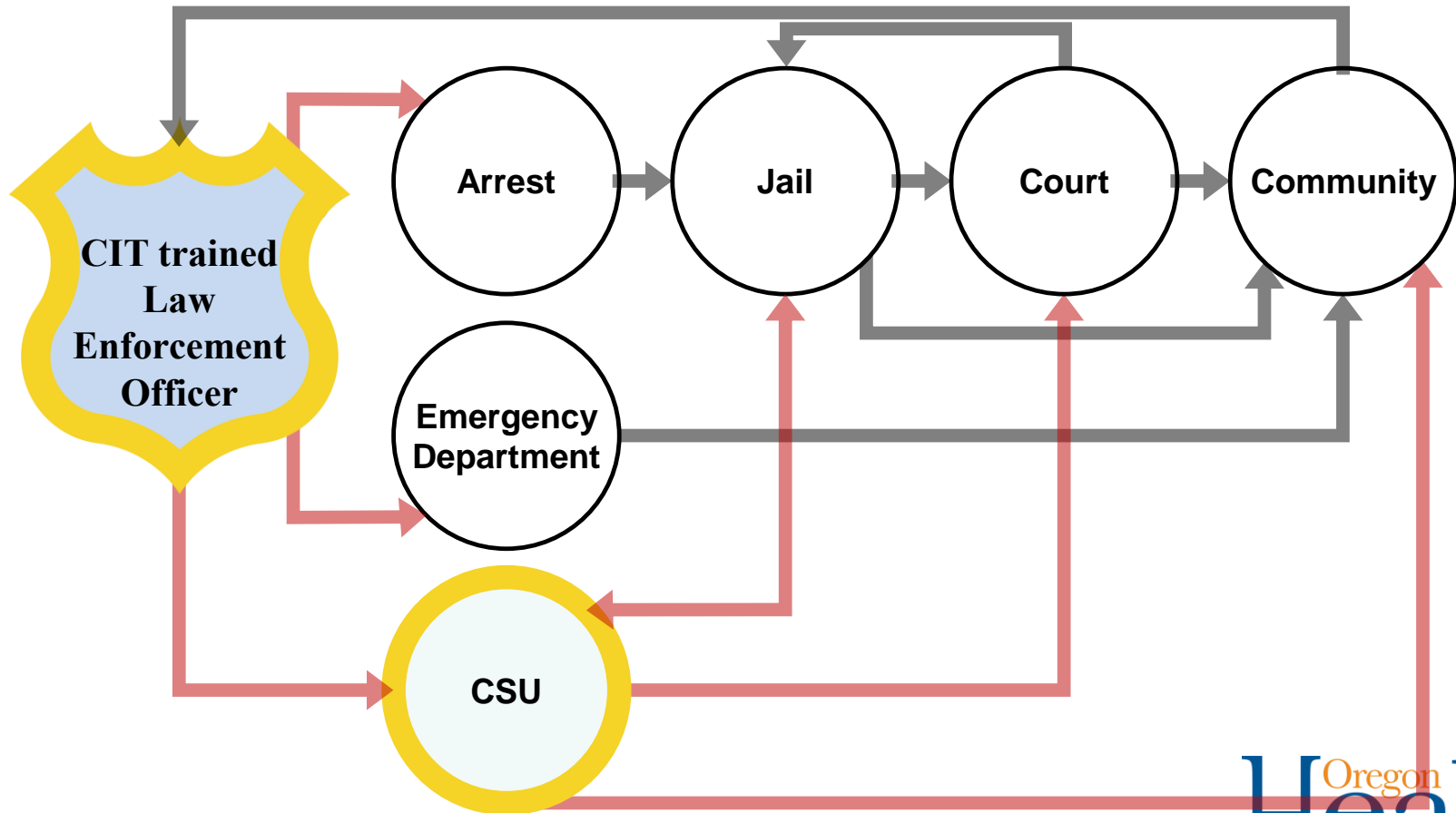
Crisis Stabilization Units (CSUs) Typically Offer a Range of Specialized Services

CSUs offer a wide range of short-term services short of psychiatric hospitalization

- 24/7 professional staffing
- Medical and nursing services
- Psychiatric services
- Substance use disorder services
- Assessment
- Counseling
- Stabilization
- Transition planning
- Up to 16 beds



CSUs Provide Additional Deflection and Diversion Options When Law Enforcement is Involved



To be Effective, Crisis Response Must Include a Broad Array of Supports And Services



Governor's Behavioral Health Advisory Council Established a Comprehensive Approach to System Reform



Governor's Behavioral Health Advisory Council: Recommendations

- Increase access to peer delivered services, promote culturally responsive practice, and build capacity
- Expand Medicaid benefits to include services for people impacted by co-occurring substance use and mental health service needs
- Offer provider and student incentives to build Oregon's behavioral health workforce in underserved communities
- Expand residential services for young adults in transition
- Provide staffing for ADPC Strategic Plan implementation

POP 409 (\$47.7 million GF, \$3.8 million FF)

Aid and Assist Services Funding

Previous Funding

- 19-21 Biennium \$6.9M distributed to 23 counties for community-based Aid and Assist services
- The Northwest Regional Re-entry Center opened up to Aid and Assist clients \$3.0M
- Augmented funding continued for Coos, Multnomah and Lane \$5.4M

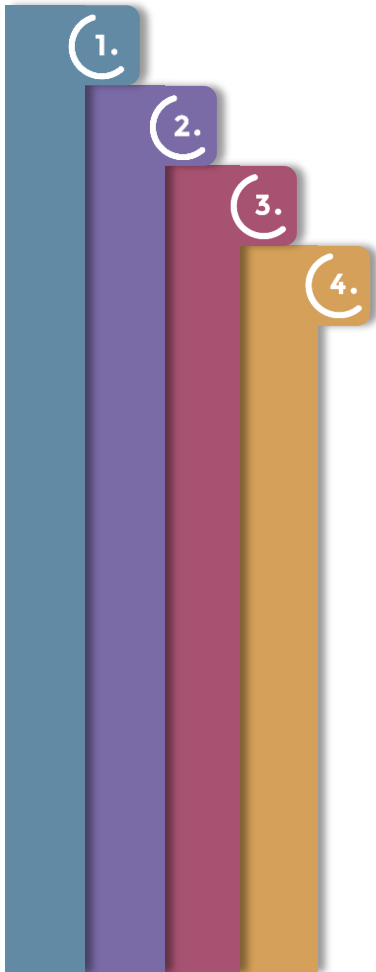
POP 411 (\$19.3 million GF, \$22.6 million TF)

- Increase community-based resources taking pressure of OSH
- Move community-based Aid and Assist services to a mandated service to stabilize funding
- Address capacity issues at OSH
- Provide for additional coordination of care

Accountability

- Plan to revise the County Financial Assistance Agreements was delayed in 2020 due to the pandemic
- Pandemic allowed OHA to broaden engagement with Community Based Organizations that center community and can help inform longer term strategy for changes to OHA provider contracts
- Pandemic-specific changes were made to allow counties increased flexibility in utilizing funding streams during the pandemic
- OHA is implementing a new contracting system designed to improve efficiency, allowing funding to reach communities more quickly

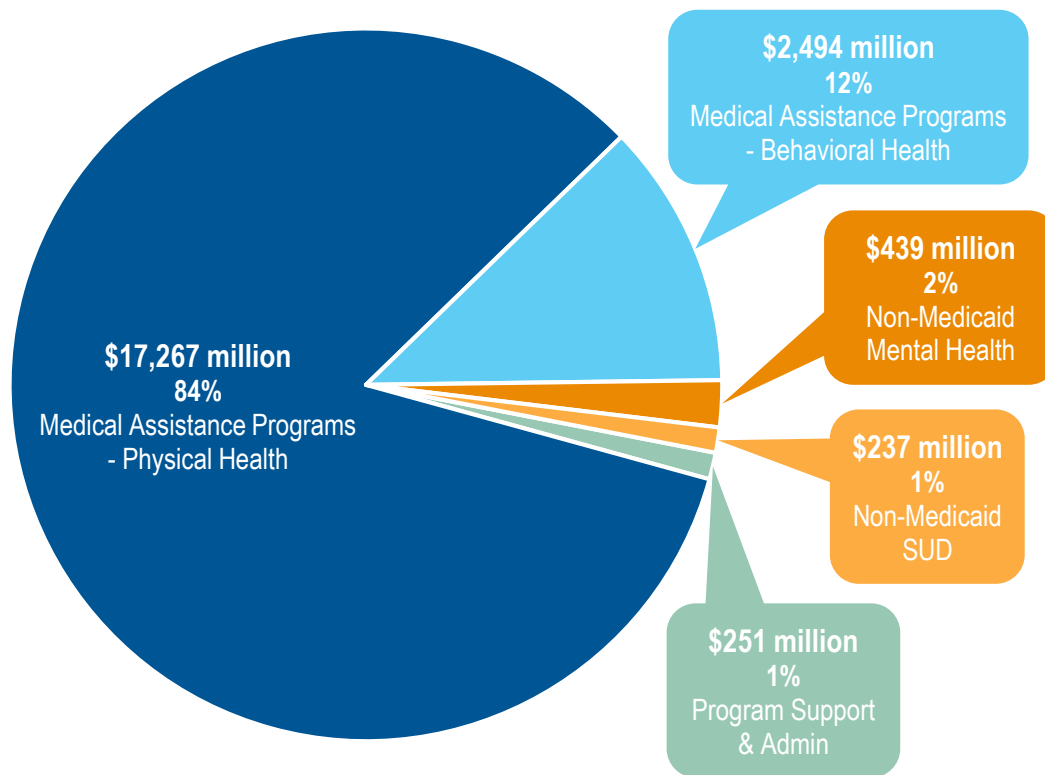
Health Systems Division
Oregon Health Plan
Behavioral Health Services
Proposed Budget



2021-2023 Governor's Budget

- Health Systems Division combined, by fund type

\$20,688 million Total Funds



POP 403: Indian Managed Care Entities

- Assists in the creation of Indian Managed Care Entities (IMCEs), which would provide critical care coordination services to American Indian/Alaska Native (AI/AN) enrollees in the Oregon Health Plan
- Procures technical assistance for the Tribes and urban Indian health program in designing and implementing the IMCE program
- Ensures each IMCE receives their full Per Member Per Month (PMPM) payment for each AI/AN patient enrolled

	General Fund	Total Funds	Positions
POP 403	\$1.4 M	\$12 M	0

POP 407: Operate Fee-For-Service like a CCO

- Funds nine new positions to improve the Oregon Health Plan (OHP) fee-for-service (FFS) program operations
- Addresses identified program gaps by aligning the fee-for-service delivery system with that of a coordinated care organization

	General Fund	Total Funds	Positions
POP 407	\$11.1 M	\$29.5 M	9

POP 409: Community Behavioral Health Services

- Implements recommendations from the Governor’s Behavioral Health Advisory Council and the Governor’s Racial Justice Council to improve the behavioral health system
- Funds community-based services and supports to increase access to peer delivered services, promote culturally responsive practice, and build capacity
- Provides funds for provider and student incentives to build Oregon’s healthcare workforce, including behavioral health providers, in underserved communities

	General Fund	Total Funds	Positions
POP 409	\$47.7 M	\$51.5 M	5

POP 411: Community Mental Health Aid and Assist

- Contracts with community providers to open additional secure residential treatment facilities (SRTFs)
- Increases community services to meet the immediate needs of people who have been arrested and court-ordered for services under Oregon’s “Aid and Assist” laws
- Ensures better coordination between courts, OSH, and community mental health and substance use disorder service providers
- Allows for a comprehensive evaluation to identify long-term strategies to improve services and outcomes

	General Fund	Total Funds	Positions
POP 409	\$19.3 M	\$22.6 M	5

Thank You

Health
Oregon
Authority