
Oregon Performance Plan Overview

Presented to
House Behavioral Health Committee
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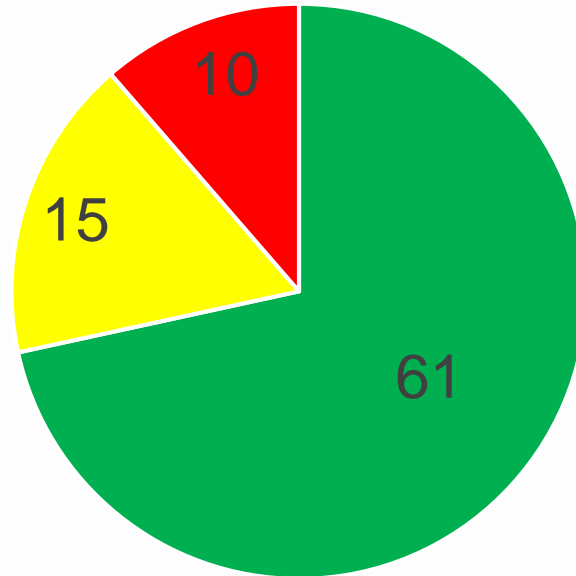
Oregon Performance Plan

- 2006: USDOJ conducted a CRIPA (Civil Rights of Institutionalized Persons Act) investigation at OSH
- 2012: OHA entered into a Voluntary 4-year Agreement with USDOJ
 - For adults with Serious and Persistent Mental Illness (SPMI) with a focus on individuals on civil commitment status
 - Increase Community Services
 - Decrease Institutional Care
- 2016: OPP, in collaboration with USDOJ, identified goals based on the data collected as a result of the 2012 Voluntary Agreement with USDOJ.
 - July 1, 2016, through June 30, 2019

Oregon Performance Plan Domains

- Assertive Community Treatment Services;
Crisis services;
- Supported housing;
- Peer-delivered services;
- Oregon State Hospital discharges and linkages to services;
- Acute psychiatric care discharges and linkages to services;
- Emergency department services;
- Supported employment services;
- Secure Residential Treatment Facility discharges;
- Criminal Justice diversion.

Overall Progress on OPP Goals



- Number of goals met
- Number of goals in partial compliance
- Number of goals not in compliance

OPP Summary

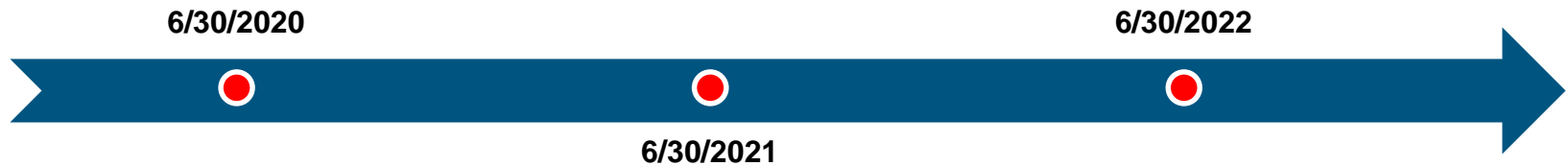
- OHA has incorporated OPP requirements into the fabric of the system for true system change
 - CCO 2.0
 - Regulatory changes
 - Oversight and accountability
- Dramatic results in many areas as demonstrated through this presentation
 - Exponential growth in number of ACT Teams
 - Increased in Peer Delivered Services
 - Mobile Crisis in all Counties, response times and accountability in place, people staying in the community
 - Progress in meeting supported housing goal
 - Warm Handoffs Doubled
 - Significantly increased number of individuals discharged from OSH in 120 days
- Development of the Behavioral Health Quality and Performance Improvement Plan (BHQPIP)

Behavioral Health Quality and Performance Improvement Plan

Goal of the BHQPIP for the first 3-year time frame will be to continue the work of the OPP with a focus on ensuring delivery of community services that help adults with SPMI live in the most integrated setting appropriate to their needs, achieve positive outcomes, and prevent their unnecessary institutionalization.

The BHQPIP will expand to other domains at the end of the 3-year time period to view additional behavioral health indicators consistent with Olmstead.

Behavioral Health Quality and Performance Improvement Plan (BHQPIP)



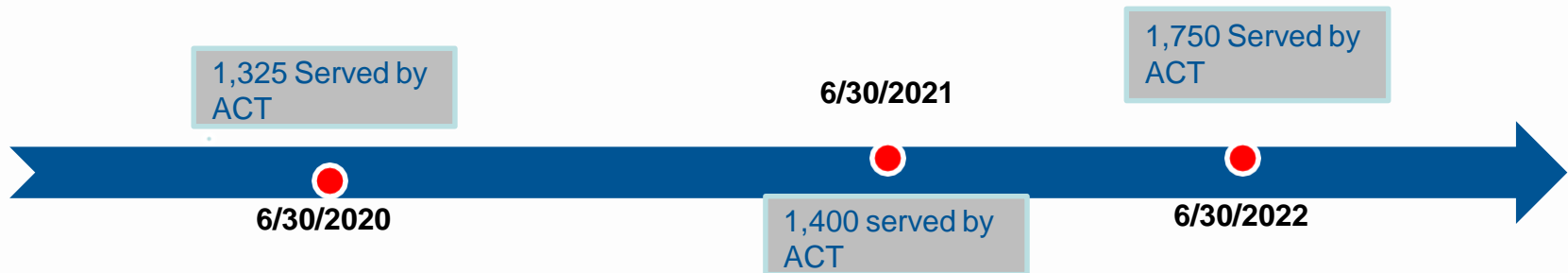
- ACT
- Supported Housing
- Oregon State Hospital
- Acute Care Psychiatric Facilities
- Emergency Departments
- Secure Residential Treatment Facilities
- Criminal Justice Diversion

BHQPIP – ACT

Goal 1: Increase the number of adults with SPMI receiving ACT services.

TO ACCOMPLISH THIS

- ACT guidance Document
- CCO 2.0 Contract enforcement
- NOABDs are issued
- CCO oversight of ACT subcontractors
- Collaborative partnerships across system
- Additional \$4 million



BHQPIP - Supported Housing

Goal 2: Increase the number of adults with SPMI in Supported Housing.

TO ACCOMPLISH THIS

- Continued education regarding supported housing
- Improve RAP invoicing/use as a program analysis tool
- Utilize opportunities 2020 HUD 811
- Explore risk mitigation pool
- Guidance related to supported housing and supported housing services
- Address cultural and learning barriers
- Increase funding for RA

1,903 in
Supported
Housing

6/30/2020

1,925 in
supported
housing

6/30/2021

6/30/2022

2,000 in
supported
housing

BHQPIP – OSH re: RTT

Goal 3.1: Increase the percentage of individuals with SPMI that are discharged within 30 days of Ready To Transition (RTT).

TO ACCOMPLISH THIS

- Guidance document identifying roles and responsibilities of all system partners
- Ensure compliance across all contracts
- Require/utilize discharge plan submitted at admission.
- Increase screening timeliness

61%
discharged
within 30 days

6/30/2020

6/30/2021

75% discharged
within 30 days

6/30/2022

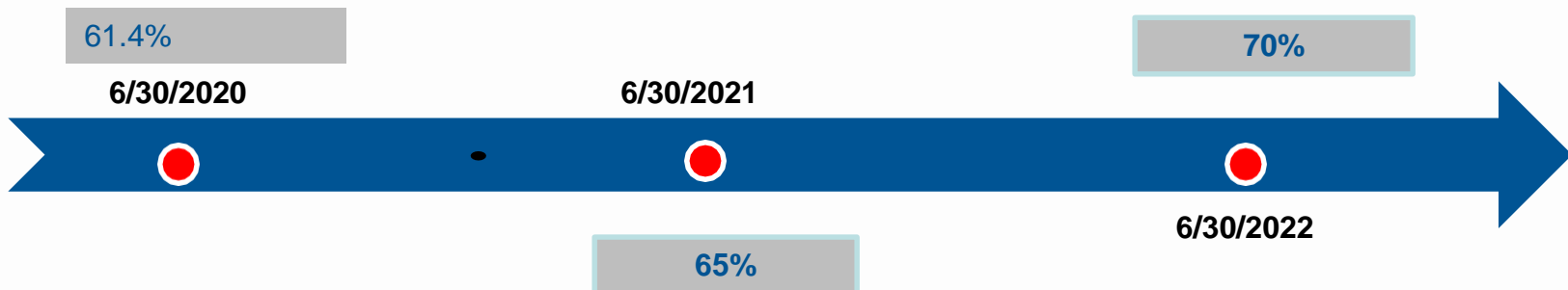
65% discharged
within 30 days

BHQPIP – OSH re: LOS

Goal 3.2: Increase percentage of civilly committed adults with SPMI discharging within 120 calendar days of admission to OSH.

TO ACCOMPLISH THIS

- Evaluate recommitment procedures and increase oversight
- Person Directed Transition Team
- Identify unit specific length of stay challenges



Acute Psychiatric Care

Goal 4.1: Increase the percentage of adults with SPMI receiving Warm Handoff prior to discharge from an Acute Care Psychiatric Facility.

TO ACCOMPLISH THIS

- Provide training and technical assistance
- Transition data collection from Comagine to the CCO's
- Collaborative with MACAC and OAHHS
- Identify barriers and strategies

43.3% receive warm handoff

6/30/2020

50% receive warm handoff

6/30/2021

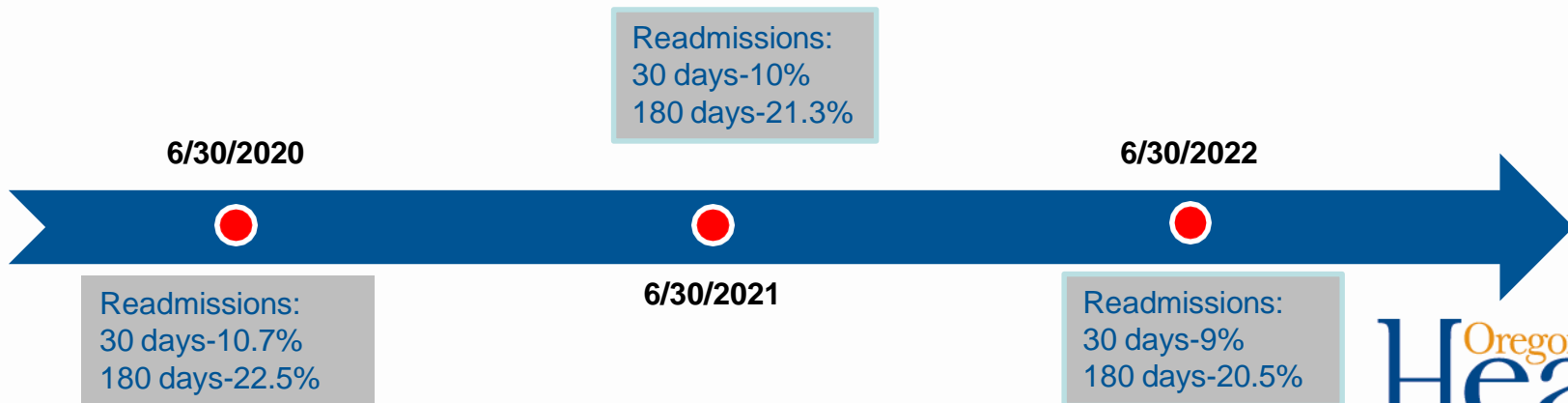
60% receive warm handoff

Acute Psychiatric Care

Goal 4.2 Reduce 30-and-180-day readmission rates to Acute Care Psychiatric Facilities.

TO ACCOMPLISH THIS

- In addition to the strategies in 4.1
- Ensure CCOs are developing a Management Plan that includes housing for individuals with 2 or more readmissions within 6 months.

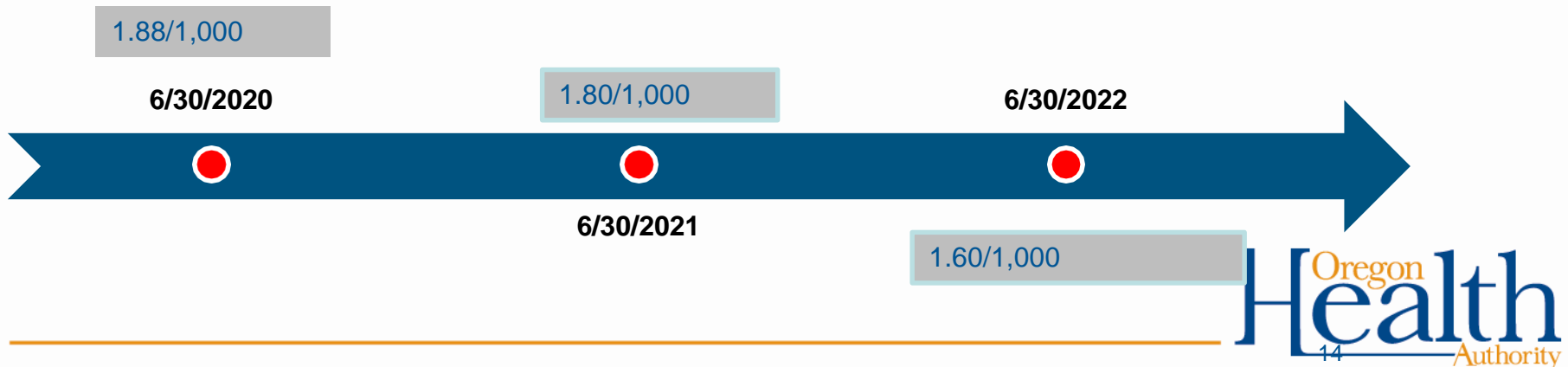


BHQPIP – ED

Goal 5.1: Decrease the rate of adults with SPMI visiting the Emergency Department for mental health reasons.

TO ACCOMPLISH THIS

- Increase accountability, set expectations of CCOs/CMHP's
- Ensure management plan for individuals with 2 or more readmissions within 6 months



Secure Residential Treatment Facilities

Goal 6: Decrease the average length of stay for adults under civil commitment in Secure Residential Treatment Facilities.

TO ACCOMPLISH THIS

- Ensure SRTF date is tracked and available to increase accountability of system partners
- Guidance document IQA Coordination
- Work with providers, contractors, and residents to transition in an expeditious manner
- Amend OAR 309-035 to better support transitions

ALOS 517 days

6/30/2020

ALOS 491 days

6/30/2021

6/30/2022

ALOS 467 days

Criminal Justice Diversion

Goal 7: Decrease the number of arrests for adults with SPMI.

TO ACCOMPLISH THIS

- Strategies to reduce law enforcement contact
- Collaboration between CJC and OHA to reduce arrests
- Update agreement with the OSP to obtain arrest data
- Data collection and reporting regarding arrests
- Update statutory authority
- Incorporate CJIS requirements into data warehouse RFP

Collect and analyze arrest data

Collect and analyze arrest data

Collect and analyze arrest data and develop strategies

The Oregon state Independent and Qualified Agent (IQA)

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right edge of the "Authority" text.

Oregon
Health
Authority

Oregon state Independent and Qualified Agent (IQA)

- The Oregon Health Authority(OHA) is required by federal law to contract with an IQA to provide independent assessments and person-centered services planning for Medicaid-eligible individuals who receive:
 - 1915(i)Home and Community Based Services (HCBS) State Plan Option services, or
 - Non-1915(i)fee-for-service behavioral health services.
- IQA responsibilities include but are not limited to fee-for-service behavioral health service prior authorizations, utilization review, 1915(i) HCBS State Plan Option eligibility determinations & redeterminations, functional needs assessments, and person-centered service planning.

Recent changes in IQA

- Comagine Health Became OHA's new IQA effective July 1, 2020.
- The new contract, expanded the IQA's role include the following responsibilities:
 - **State Plan Personal Care (SPPC, or PC20) coordination:** The IQA will increase access to SPPC by accepting referrals from any source, conducting needs assessments, creating person-centered service plans and assisting with enrollment of qualified providers.
 - **Assessments and service planning for individuals in behavioral health residential treatment who are not Medicaid-eligible,** including service coordination (or “conflict-free case management”) for individuals licensed/certified residential behavioral health settings or the Oregon State Hospital.
 - “Conflict-free case management” means the IQA will work with the individual and all parties involved to resolve issues related to the individual's services, placement or general treatment.
 - **Increased engagement in the Person-Centered Planning process:** The IQA will monitor and check in with the individual and the Person Centered Planning treatment team on a routine basis throughout the service authorization period.

Thank you