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February 2, 2023

Senator Wlnsvey Campos, Co-Chair
Representative Andrea Valderrama, Co-Chair
Joint Ways and Means Human Services Sub-Committee
900 Court Street NE
State Capitol
Salem, OR 97301

Dear Co-Chairs and Committee Members:

Please find below some additional information requested at the meeting of the Joint Ways and Means Human Services Sub-Committee meeting on January 30, 2023.

What is Oregon's actual need in terms of bed capacity, and what impact have recent legislative investments had on in terms of meeting that need? (Rep. Bowman)

As of early 2022, the need for behavioral health residential treatment and supportive housing combined in Oregon was about 1,480 beds/places. Since then, approximately 1,120 beds either have come online or will shortly do so due to the legislative investments through HB 5024 and HB 5202. This leaves a shortfall of about 360 behavioral health beds.

The numbers listed above do not include any beds that the Federally Recognized Tribes in Oregon may bring online with the $20M they received via HB 5024. These beds will reduce the estimated shortfall, but it is not possible to know at this time what the number will be.

Besides the housing described above, OHA estimates a further need for 1,454 bed/places for Substance Use Disorder Detox, Sobering, and Residential treatment, which HB 5024 and HB 5202 do not address.

Putting a dollar figure on the need not yet addressed is very challenging for the following reasons:

- HB 5024 funding is very flexible, and some funding recipients have chosen to prioritize investments other than residential or supportive beds. Precisely where applicants wish to spend this money will take several months to become clear.
- Providers vary significantly in their estimated costs per bed. This is a national phenomenon and not specific to Oregon.
- The Mink/Mossman federal court order has increased need at the community level, but it is too early to determine the scale of the impact.

What is the total Behavioral Health system capacity and what is the timeline for bringing new beds online? (Sen. Gelser-Blouin)

OHA is working to determine the total existing behavioral health residential system capacity that currently exists. This information is spread across several different locations and will take time to compile. OHA will follow up with Senator Gelser-Blouin when more complete information is available.

The timeline for bringing beds online will vary depending on the project and the provider. For some, it will be a relatively easy remodel or refurbishment. For others that need to purchase land and/or build new construction, it could take as much as one to three years. One recent example is an upcoming project in Klamath Falls paid for from HB 5202 funds.

Has Josephine County applied for funds? (Rep. Goodwin)

OHA can confirm that neither Josephine County nor any provider that works in Josephine County has applied for this funding from HB 5024 and HB 5202. OHA will reach out to the County and providers working in the area to try to gain an understanding of why this is the case and will report back to Rep. Goodwin on the outcome of those conversations.

What percentage of patients under Aid and Assist orders are involved in violent crime? (Sen. Gelser-Blouin)

The number of Oregon State Hospital (OSH) patients under Aid and Assist orders is currently around 57% of the OSH population (the precise number varies slightly from month to month). As of 1/2/23, the breakdown of this population on the basis of the crimes with which they are charged is:

Charge	Number	Percentage
Misdemeanor	68	18%
Felony	216	57%
Violent felony	97	25%
Total	381	100%

What are the criteria for determining funding allocations for workforce incentives? Is race a primary consideration? (Rep. Diehl)

The aim of the behavioral health workforce incentive program is to address gaps in the behavioral health workforce that limit the ability of providers to meet the needs of populations that have historically been underserved. As mandated in HB 4071 (2022), these populations are:

- Tribal members
- People of color
- Lesbian, gay, bisexual and transgender youth
- Veterans
- Persons with disabilities
- Individuals with intellectual and developmental disabilities

- Individuals with limited English proficiency
- Individuals working in correctional facilities
- Other underserved communities

Therefore, the criteria for the program prioritize these groups for assistance. They require a demonstration of membership of one or more of the above *as well as* a demonstration that the applicant understands the exclusions experienced by underserved groups and how these can be addressed or mitigated in their practice. Thus, to achieve the highest possible score in the application review process, an application essay must:

"Provide **excellent examples** being a part of, *living among, working with, or learning about underserved communities* ***and demonstrates how that experience has prepared them*** *to serve our underserved communities* ***AND how that experience is helping them improve behavioral health services*** *to our underserved communities."*

OAR 309-081-0040 lays out the application and review process for the loan repayment program:

1. The Authority will publish an application process online.
2. The Authority shall review those applications that meet all requirements of OAR 309-081-0020.
3. The Authority shall make their award selections within 60 days of the most recent application cycle closing.
4. The Authority shall notify all applicants in writing regarding if they have been awarded or not awarded within 60 days of the most recent application cycle closing.
5. If awarded, applicants must sign a contract with the Authority agreeing to the terms and conditions of the program service obligation.
6. Applicants who are awarded are not eligible to apply for future application cycles. Applicants can only be awarded once.
7. The Authority may prioritize awards to behavioral health care workers who:
    i. Represent the ethnicity or culture of Oregon's communities who are underserved;
    ii. Provide culturally and linguistically specific behavioral health services to Oregon's communities who are underserved;
    iii. Have lived experience with Oregon's communities who are underserved;
    iv. Speak a second language other than English in a behavioral health care setting for Oregon's communities who are underserved;
    v. Provide behavioral health services in a designated Rural or Frontier community.
    vi. Work at a Community Mental Health Program, a publicly funded or public mental health facility, or a nonprofit mental health facility that contracts with a county to provide mental health services.
    vii. Provide direct behavioral health care to Medicaid and Medicare individuals.
    viii. Are physically located in Oregon and who primarily serve Oregon residents; In the case of behavioral health care workers delivering telehealth services as all or part of their services, the Authority may give behavioral health care workers physically located in Oregon who work primarily with Oregon residents priority for an award;

ix. Other behavioral health care workers who provide services deemed appropriate and necessary by the Authority to increase and improve equity to individuals seeking behavioral health services.

What are the criteria for funding aimed at building capacity outside urban boundaries? (Rep. H. Pham)

Applicants for Behavioral Health workforce incentives who have lived experience of rural and frontier areas are prioritized under the "other underserved communities" clause of HB 4071. Applicants who live in, or intend to serve, in these communities receive a geographical weighting to their application equivalent to 10% for rural areas and 15% for frontier areas.

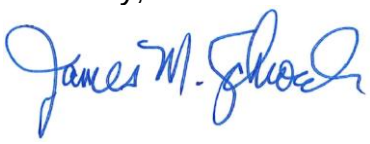
How are we ensuring that providers who prioritize Medicaid are not being penalized by the 30 and 50 per cent revenue targets given that Medicaid pays less per patient than other work? (Sen, Hayden)

OHA worked with federal partners at CMS to utilize a standard metric of payer revenue that was definable and reflective of current/recent activity of providers who serve Primarily Medicaid. The goal of this metric adoption was to both be a defendable metric that could be implemented quickly and also had a pathway of approval with CMS.

OHA intentionally did not use a higher metric of 70% or 90% to allow for room if other reimbursement was higher or grants were used. OHA needed to make sure the higher increase was targeted, or the 30% increase would have been lowered due to budget limitations. For more information on this work, please click here for the website and also the provider template is also available online.

Please do not hesitate to reach out if you have any further questions or clarifications.

Sincerely,



James M. Schroeder
Interim Director