
Oregon's Behavioral Health System: An Action Plan for the 21st Century

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What will be covered

- The problems facing behavioral health in Oregon
- Current behavioral health system in Oregon
 - Who is served
 - Who does what
 - How much does it cost
- How the current system works
- OHA solutions
- What's next

Oregon's Current Behavioral Health Status

36% of teenagers perceive no risk from smoking a pack of cigarettes a day

14.6% Of teenagers experienced a major depressive episode in the last year

Suicide is the 2nd leading cause of death for young adults in Oregon

4.5% of adults had serious thoughts of suicide last year (NSDUH)

Illicit drug use among teenagers is 3.5 % points higher than national average

Oregon ranks 4th nationally in opioid use (2014 NSDUH)

Binge drinking among teenagers is 2.5 % points higher than national average

35.8% of teenagers perceive no risk from smoking a pack of cigarettes a day

Only 46% of adults who receive mental health help, say it helps

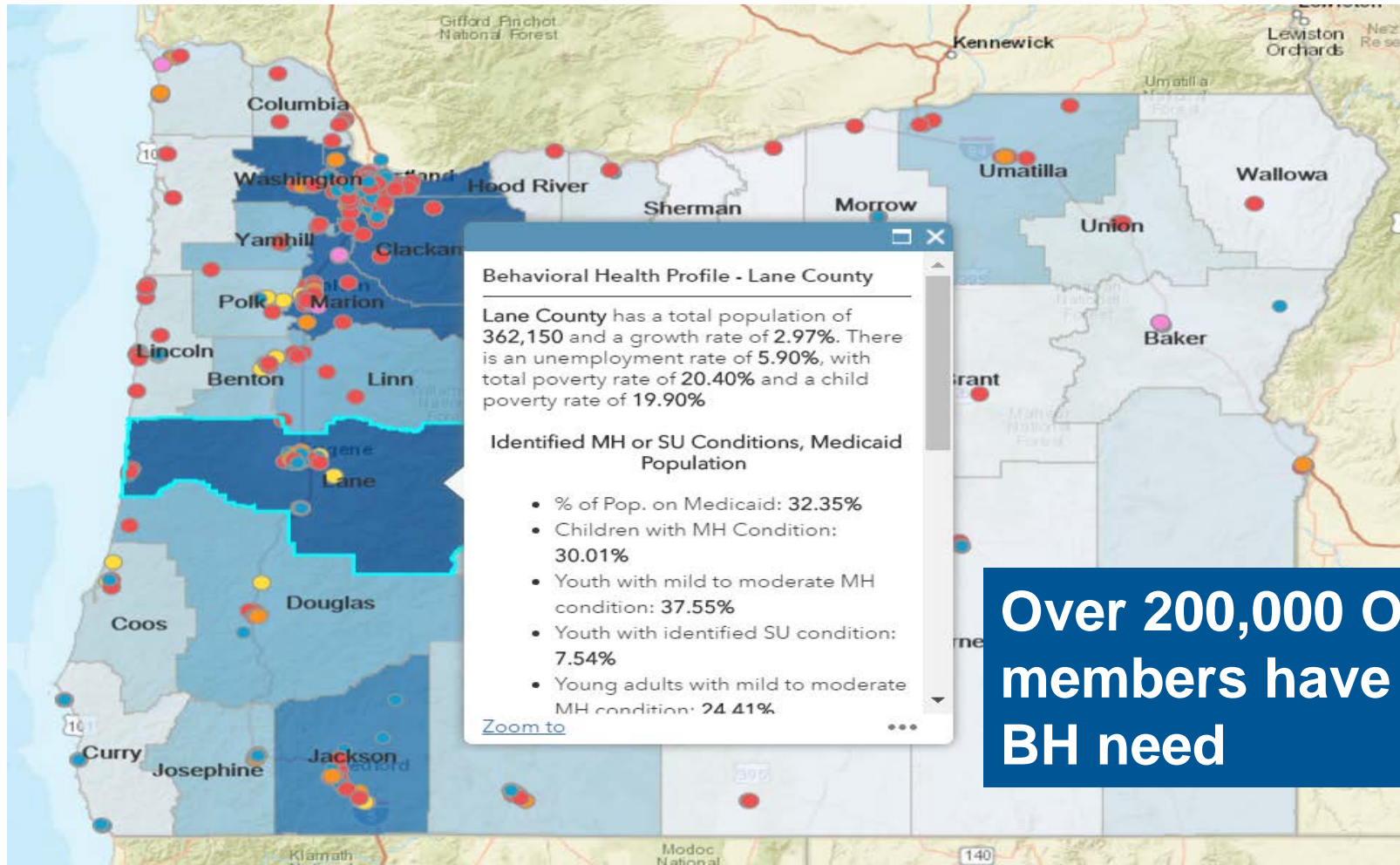
7% Of Oregonians over 12 experience alcohol dependence or abuse

11% of Oregonians dependent on illicit drugs receive treatment

Only 45% of youth who had a major depressive episode receive treatment

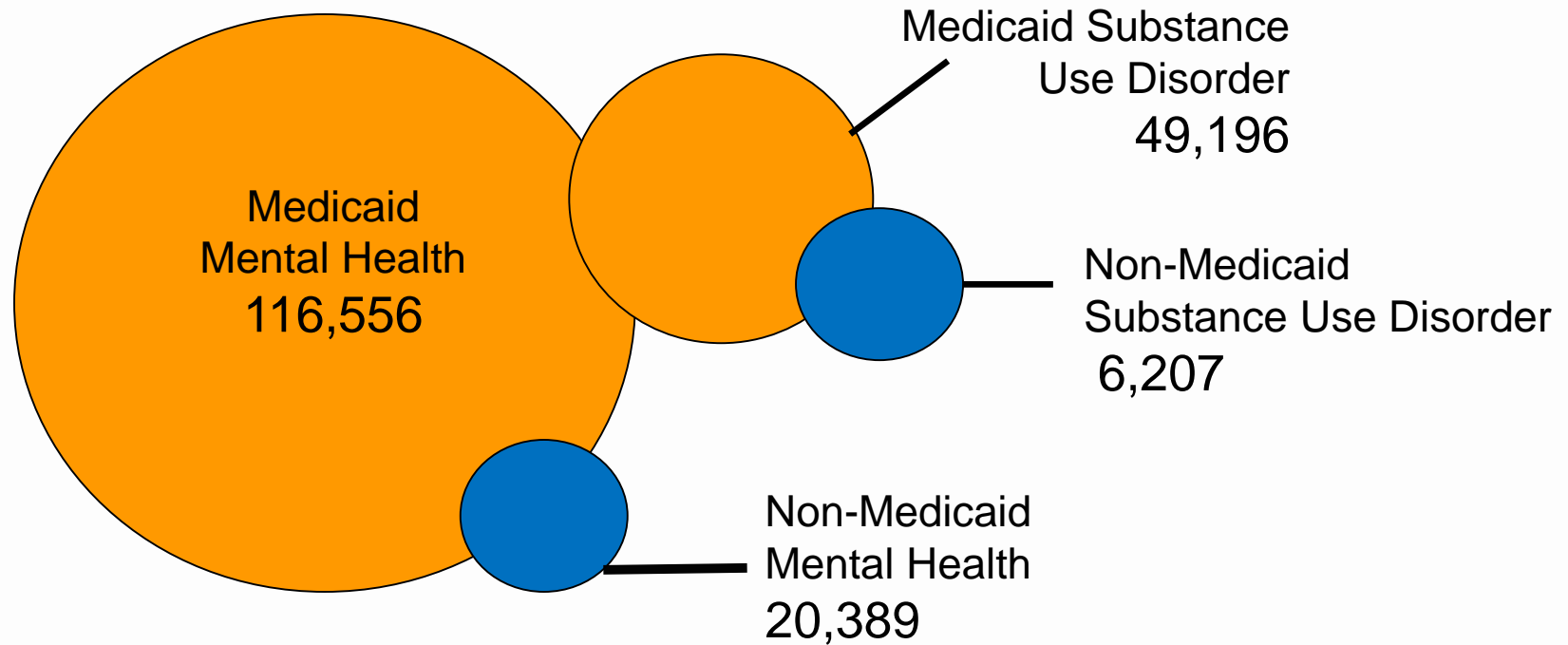
Oregon is ranked 14th nationally in youth suicide

Behavioral Health Mapping Tool



Over 200,000 OHP members have a BH need

Oregonians Served by Behavioral Health Programs



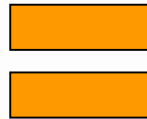
17% of Medicaid population is accessing BH services

CY 2015 data

Oregon's Behavioral Health Problem

**Over 200,000
OHP members
have a BH need**

**Current
Medicaid and
non-Medicaid
unmet need**



**165,752 are
receiving
services**

***estimate**

Who Does What

CCOs

- Mental health and substance use services
- Care coordination
- Alcohol and drug residential
- Child psychiatric residential
- Acute psychiatric care

CMHPs

- Services for non-Medicaid individuals
- Safety net crisis services (both Medicaid and non-Medicaid)
- Jail diversion
- Supportive housing
- 370 population

OR State Hospital

- Long-term psychiatric hospital care for:
 - Civil
 - Forensic
 - Geriatric Neuro Psychiatric

Public Health

- Suicide Prevention
- Alcohol and Drug prevention

Carve Outs

- Adult mental health residential
- Oregon State Hospital
- Children's psychiatric

OHA Behavioral Health Spending 2017-19

Medicaid: \$1.66 billion

Non-Medicaid: \$449.3 million

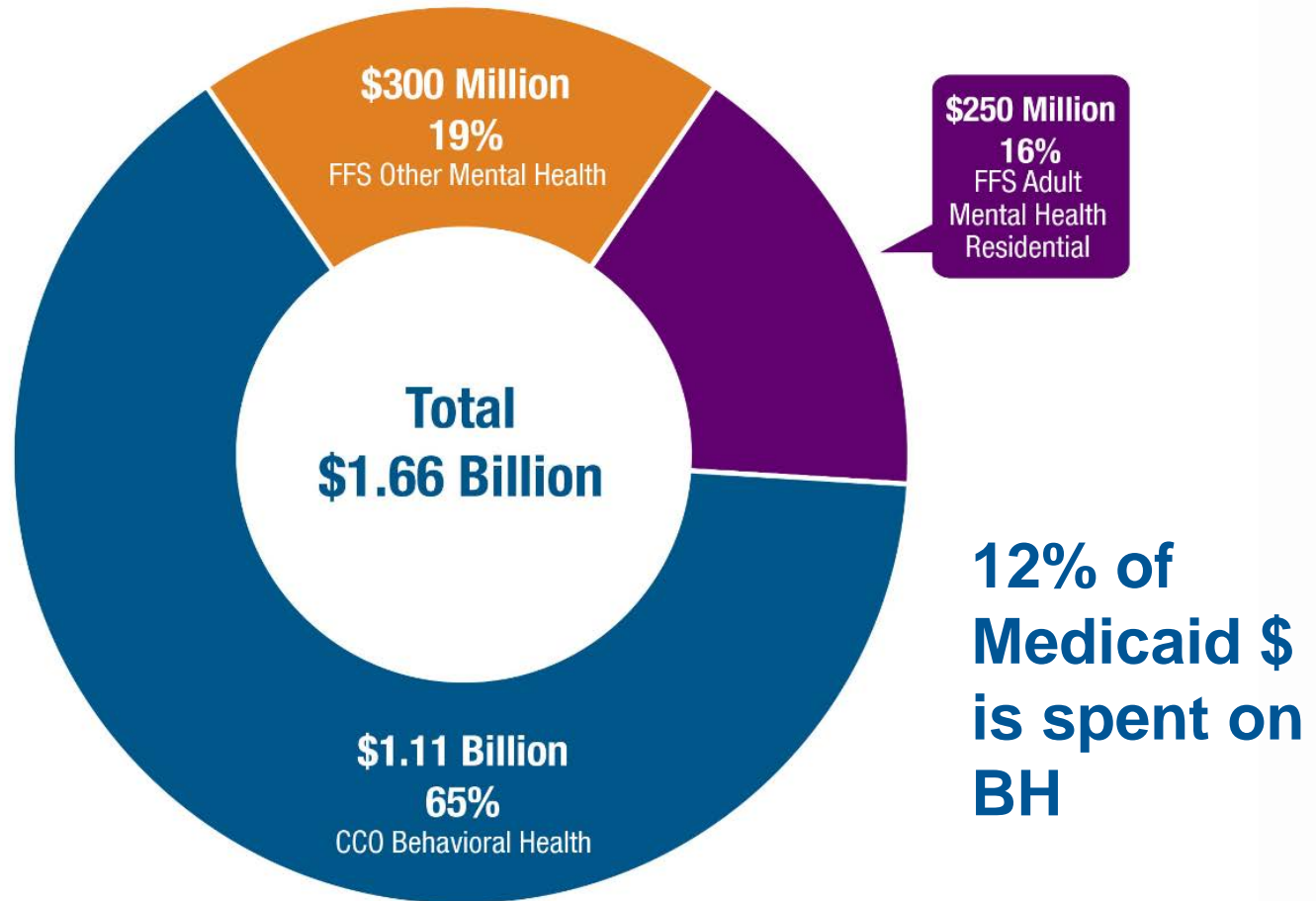
Public Health Prevention: \$23.0 million

Oregon State Hospital: \$535.9 million

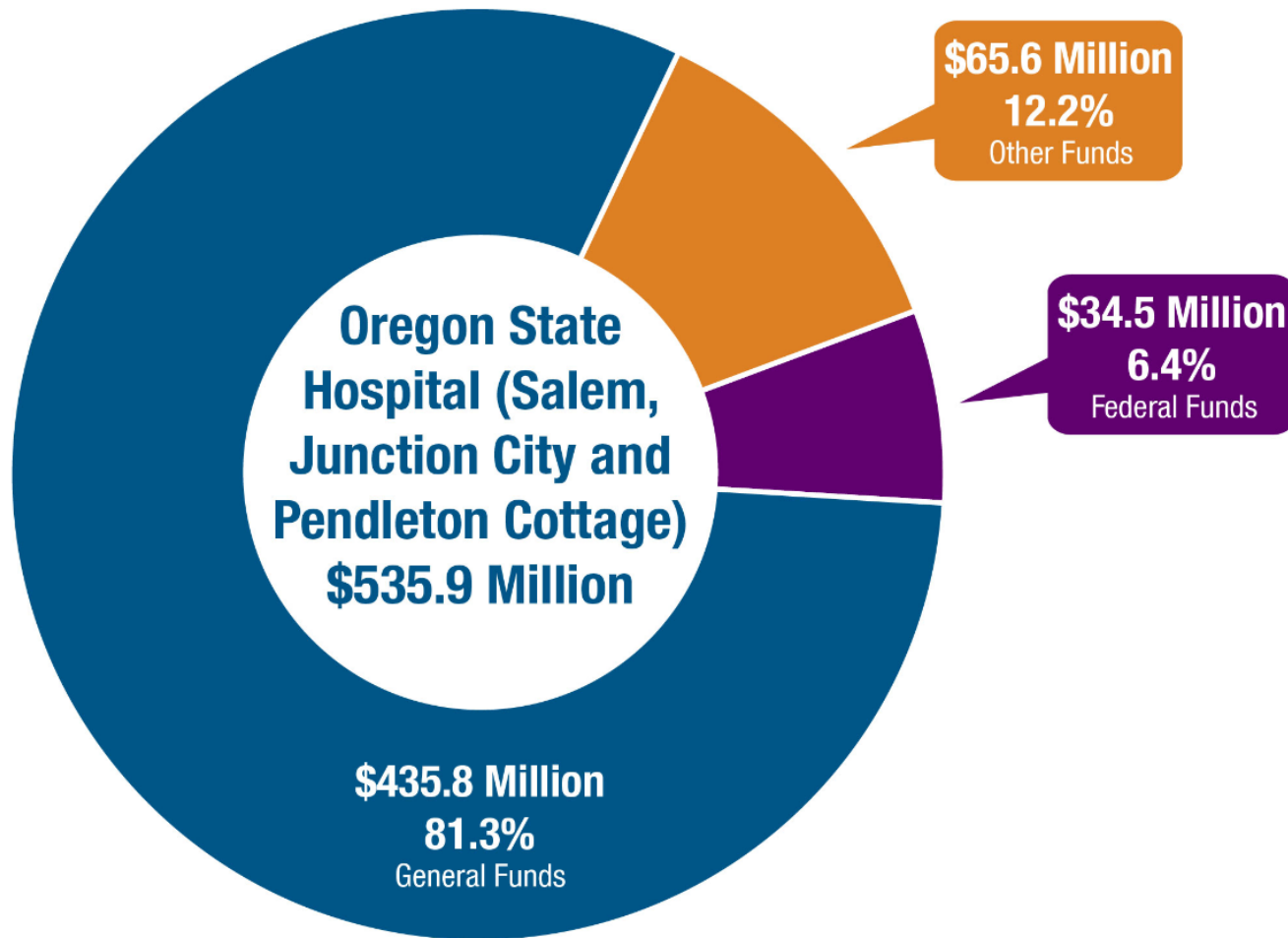
- 81% general fund

Total: \$2.7 billion

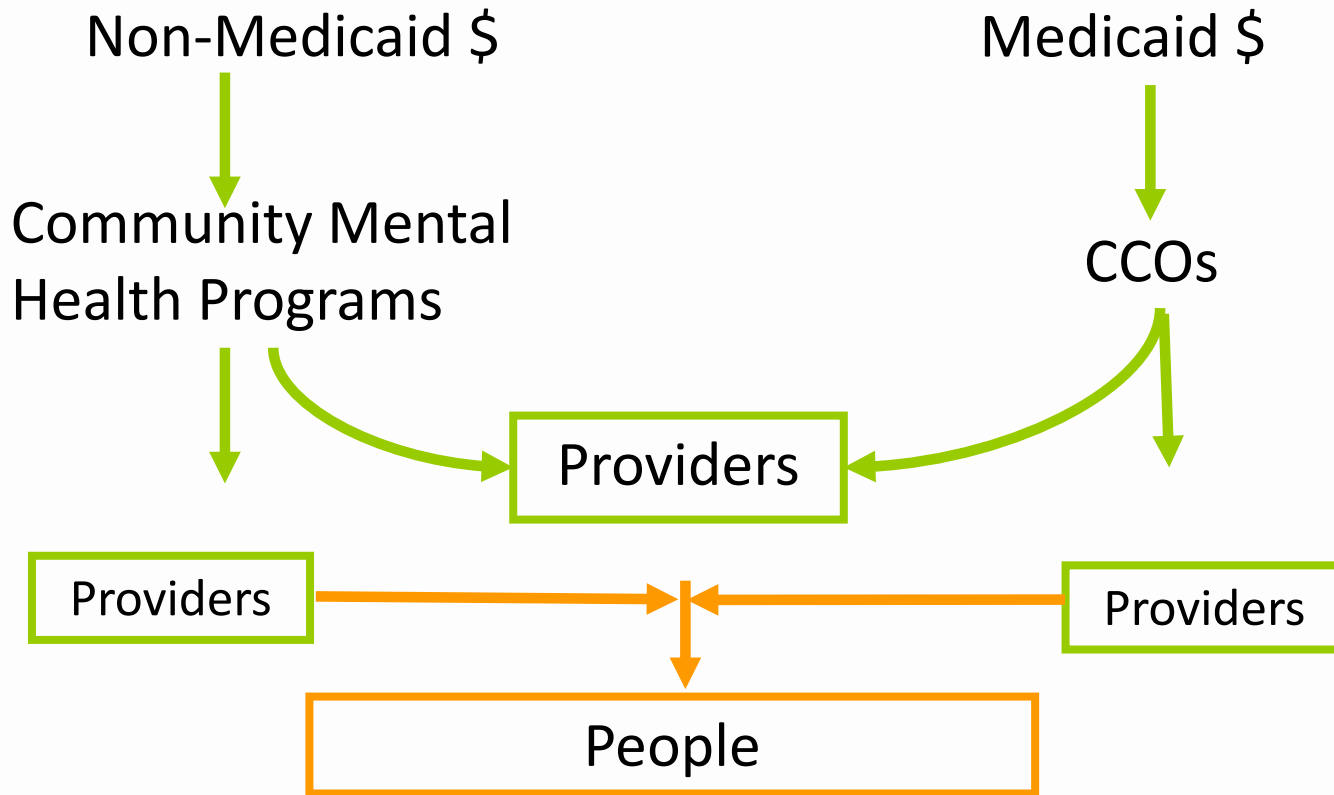
Medicaid Behavioral Health Funding 2017-19



Oregon State Hospital Behavioral Health Funding 2017-19

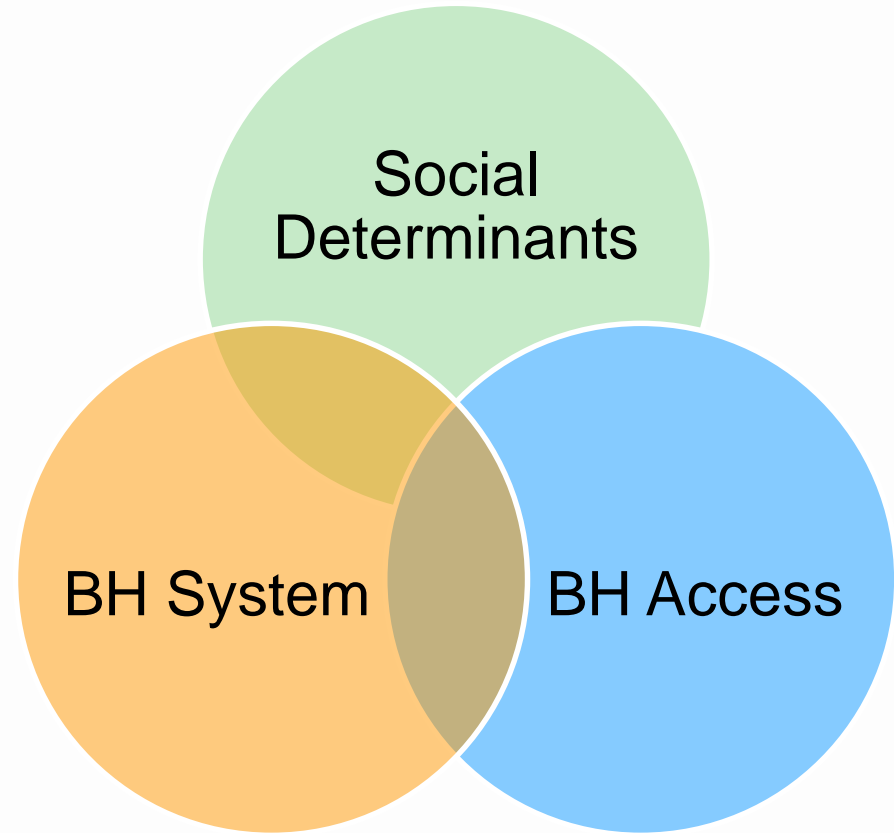


Current Behavioral Health Funding System



Better Way to Serve Oregonians

- Ensure financial sustainability
- Focus on the person and their support system
- Emphasize prevention, health promotion & early intervention
- Address trauma, stigma, cultural & language barriers
- Align funding with outcomes



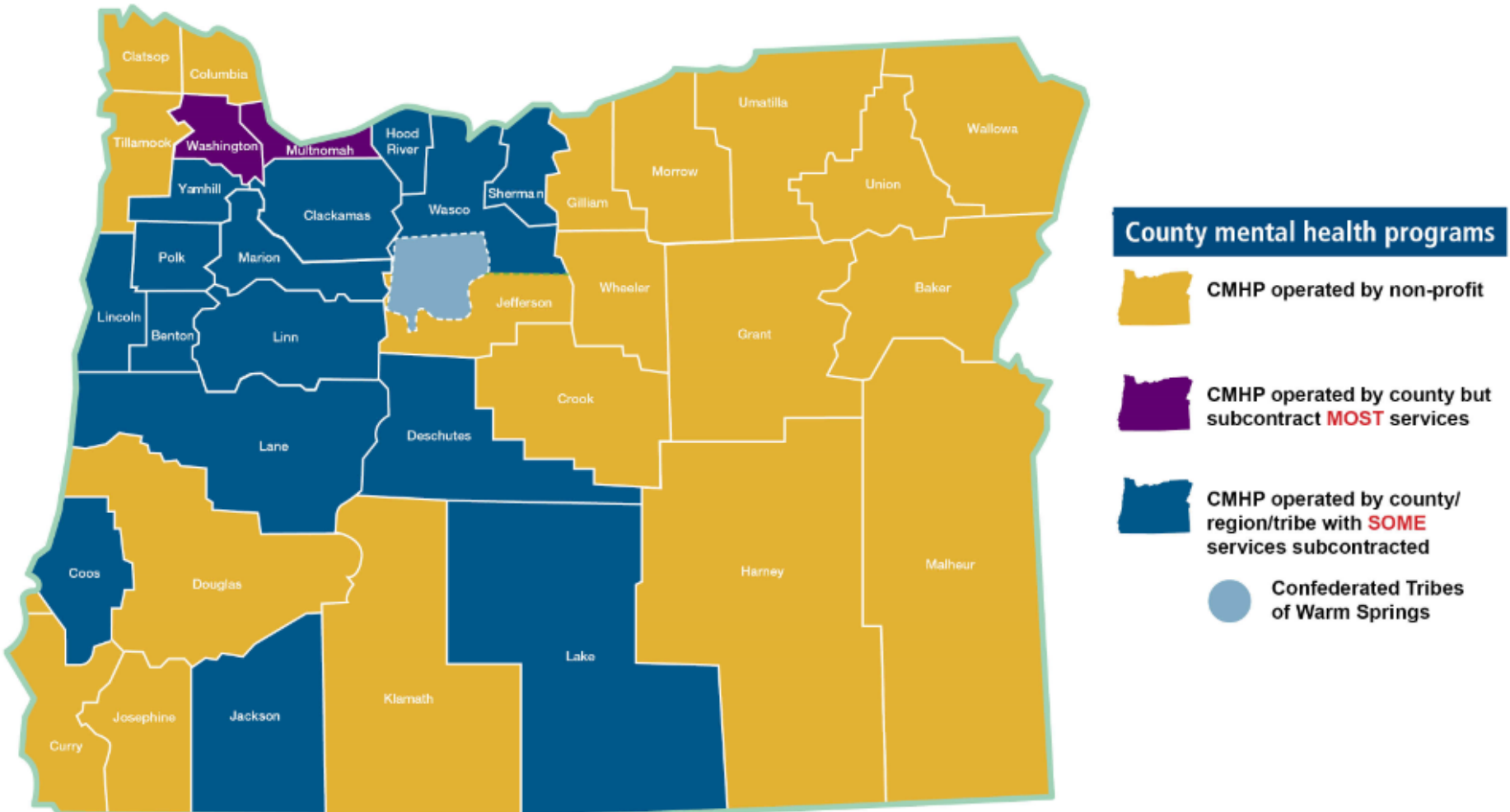
CCO Behavioral Health Services

CCOs cover	CCOs do NOT cover
Adult & child outpatient services	Adult mental health residential services
Care coordination – wraparound services for children	Housing room & board
Adult & child alcohol/drug residential services	Services to incarcerated individuals
Psychiatric residential services for children	Services to individuals in Institutions for Mental Disease
Adult & child psychiatric acute care	

Community behavioral health system

- Community Mental Health Programs (CMHP)- Provide behavioral health services for non-Medicaid, commercially insured and Medicare individuals and provide crisis safety net services for all residents.
 - Jail diversion
 - Supportive housing
- Include services not covered by insurance or Medicare.
- 3 variations of CMHP in Oregon:
 - CMHP services delivered by the county
 - CMHP is a non-profit
 - CMHP is county and they subcontract services
 - Majority of services in mental health system are delivered by non-profits
- 26,596 individuals served, \$449.3 million spent

CMHP System in Oregon



Tribal Behavioral Health Programs

- Confederated Tribes of the Warm Springs is only tribal Community Mental Health Program in Oregon
- Other 8 Federally recognized tribes and Urban Indian organization receive funding for substance use disorder services and prevention
- Native American Rehabilitation Association of the NW (NARA)
 - Indian-owned, Indian-operated, behavioral health provider

Certified Community Behavioral Health Clinics(CCBHC) and Demonstration Program

- Oregon 1 of 8 states selected for the demonstration
- Enhanced Medicaid match
- Launched April 1, 2017
- 12 organizations representing urban, rural, and frontier communities

Veteran Services

- Working with the Veterans Administration on a Letter of Agreement to coordinate referrals and care for veterans
 - This effort is being used as a model nationally for the other CCBHC demonstration states
- OHA has partnered with the National Guard to implement the Star Behavioral Health Providers program

CCBHC Locations



A Path Forward

BHC Recommendations Overview

Recommendations will transform behavioral health system so that all Oregonians (both Medicaid and non-Medicaid) will be served by a coordinated care model for behavioral health needs.

1. Governance and Finance:
Regional governance model for behavioral health
2. Standards of Care and Competencies
3. Workforce
4. Information Exchange and Coordination of Care



Regional Governance



Implementation Plan

- OHA will use its CCO and CMHP contracting authority and administrative rules to drive change
- OHA has established a governance and accountability structure to advise and monitor the BHC work
- OHA has begun to assign the BHC work to established or new groups to begin implementation steps

BHC Tribal Process

Oregon's tribes are reviewing the BHC recommendations and working with OHA to create recommendations specific to behavioral health services for the nine federally recognized tribes of Oregon and the urban Indian Health Organization.

Other community-based supports

- Peer-delivered services
- Supportive housing
- Supported employment
- Case management
- Traditional Health Workers
- Community Health Workers

In 2016, OHA certified 1,506 traditional health workers.

Program:	# Certified
Community health workers	422
Personal health navigators	6
Peer wellness/support specialists	1,011
Other (doulas)	28
TOTAL	1,506

In BH listening tour we learned that faith based organizations and Alcoholics Anonymous are providing supports throughout the state

Children's Residential Stabilization

Built financial foundation for successful children's programs

- Move contracts to annual actuarial approved cost-based payment
 - Psychiatric residential treatment services (PRTS)
 - Secure Children's Inpatient Program (SCIP)
 - Secure Adolescent Inpatient Program (SAIP)
 - Sub Acute Program
- Implementing short and long-term service improvement plan
 - Stakeholder meeting scheduled May 2017
- Used CCO contract authority to directly intervene in system conflicts
- Built crisis response team with DHS for hard to place children with acute mental illness
- PSU study underway

What's Next

- Timeline for BHC implementation
- USDOJ agreement
 - Additional investments needed in:
 - Supportive housing
 - Mobile crisis services
 - Jail diversion
- Reducing Aid and Assist (370) population at Oregon State Hospital
- Public health suicide prevention actions

Questions?

Oregon
Health
Authority