
Behavioral Health Update

Presented to
House Interim Committee on Behavioral Health
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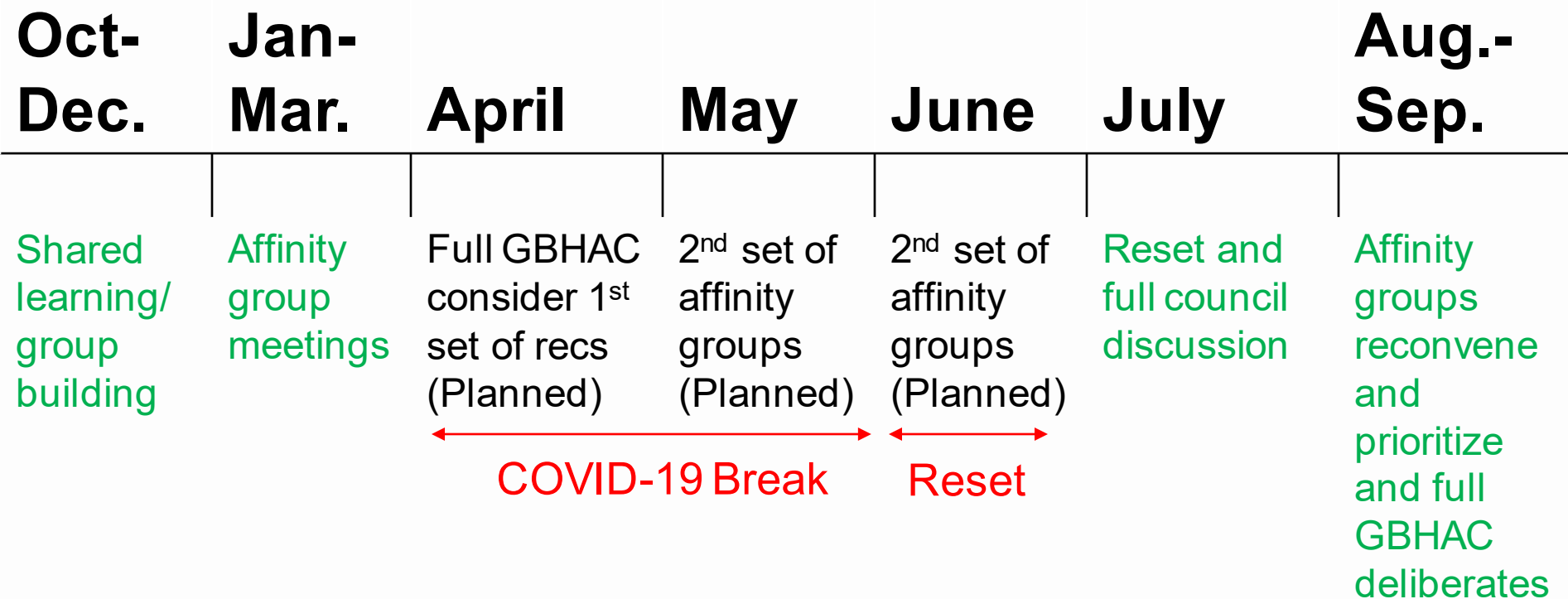


GOVERNOR'S BEHAVIORAL HEALTH ADVISORY COUNCIL

Governor's Behavioral Health Advisory Council (GBHAC)

- Scope/Target Population:
 - Adults with serious mental illness and co-occurring substance use disorders
 - Transition-aged youth (age 12+)
- Directed to provide specific recommendations in order to ensure:
 - Health equity
 - Early detection and effective treatment
 - Timely access to the full continuum of behavioral health care
 - Treatment responsive to individual needs and leads to meaningful life improvements
 - Access to affordable housing that offers independence and close to community resources
 - Improved supply, distribution, and diversity of the BH workforce to provide appropriate levels of care and access to care in the community

COVID-19 Interruption of GBHAC Work



Note: 1st set of affinity groups refer to housing, workforce, and programs and services. The 2nd set refers to data and outcomes, payment and incentives, and accountability.

August/September Deliberations

- When the Council returned, the state and nation were in the midst of:
 - COVID-19 disproportionately impacting communities of color and Tribal communities and exposing inequitable distribution of resources and health care
 - National movement and large-scale protests for racial equity
- The Governor's Office formed the Racial Justice Council and directed the GBHAC to center their recommendations on equity and share their recommendations with the Racial Justice Council.
- The GBHAC affinity groups prioritized their recommendations based on racial equity and unknown budget climate.
- The following recommendations came out of those conversations and now have general agreement from the majority of the Council to move the recommendations forward.

Programs and Services Recommendations

Budget Neutral Recs:

Endorsed OHA's ongoing development of a statewide crisis and behavioral health support tool called Oregon Behavioral Health Access System through CARES Act coronavirus relief funding.

Recs with Budget Impact (prioritized in order):

1. Fund programs that are directly responsive to and driven by persons of color, tribes, and people of lived experience.
 - Expansion of programs for Youth/Young Adults (EASA/Youth HUBS)
 - Funding for Medicaid reimbursement for Tribal Based Practice
 - A state-funded pilot to create three non-clinical peer-run respite centers, including a culturally and/or linguistically specific site.

Programs and Services Recs Continued

2. Fund the continuation and study of existing Certified Community Behavioral Health Clinic demonstration sites. The agency would work with CCBHC organizations, advocates, CCOs and others to look at a sustainable funding model.
3. Increased support for community restoration and an additional 16-bed secured residential treatment facility for defendants who do not have fitness to proceed in a criminal matter (“aid and assist” defendants).

Housing Recommendations

Budget Neutral Recs:

- Transfer the Housing for Mental Health Fund (ORS 458.380) to the Oregon Health Authority from Oregon Housing and Community Services.
- Direct OHA to include CCO requirements for housing navigation and Social Determinants of Health through care coordination.

Recs with Budget Impact (prioritized in order):

1. Address housing and community-based living needs:
 - Increase OHA funding for Rental Assistance with barrier busting funds and wraparound support
 - Create a flexible housing and community-based living fund to fill gaps in the residential continuum for people of color and tribal communities, including recovery housing.

Housing Recommendations Continued

2. Develop additional Residential Treatment Facility and Secured Residential Treatment Facility capacity.
 - Expand Young Adult in Transition Residential System with four additional five-bed Residential Treatment Homes (RTH) and a 10-bed Secure Residential Treatment Facility (SRTF) specializing in the young adult population (age 17.5 – 25).
 - Support OHA funding recommendation for three SRTFs to increase the number of facilities to serve the aid and assist population.
3. Support the Peer Respite Pilot as recommended in the Programs and Services priorities.

Workforce Recommendations

Budget Neutral Recs:

Revise 309 rules to reduce admin. burden and to be consistent with the 410 rules that apply to behavioral health staff operating in primary care and other settings.

Recs with Budget Impact (prioritized in order):

1. Create a behavioral health workforce incentive fund for recruitment and retention of the workforce to increase the number of persons from communities of color, tribal communities and rural communities in the behavioral health workforce.
 - Increase capacity through bachelor's and master's level education and retention bonuses
 - Expand funding for/incentivize culturally/linguistically specific peers, THWs, licensed / certified providers, and licensed prescribers
 - Incentive leadership and management training
 - Incentivize all levels of workforce

Workforce Recommendations Continued

2. Implement and sustain culturally based practices, including promising and non-traditional practices.
3. Training for the behavioral health workforce.
 - All behavioral health workforce should be trained in the following: trauma informed care and workplaces, culturally and linguistically specific/responsive care, anti-racism, equity, interdisciplinary care (including working with peers), leadership and management development, and co-occurring disorders
 - Develop an outcomes-based system to demonstrate anti-racism and equity training.

Next Steps

- These recommendations represent a starting point in a long-term effort to transform the system.
 - Provide a playbook of options for the Governor's Office and Agency.
 - Provide new and innovative ideas that can that can have meaningful impact on people's lives, for example:
 - Flexible Housing and Community Based Living Funding
 - Peer Run Respite
- The recommendations now move to the Governor's Office and Racial Justice Council. The recommendations will also be considered for alignment with other advisory councils, like the System of Care Advisory Council.

SECRETARY OF STATE AUDIT OF OREGON'S BEHAVIORAL SYSTEM

The Audit's Main findings

Data shortfalls

Workforce shortages

Fragmented delivery system

Inadequate monitoring of spending on county programs

Lack of consistent leadership, vision and governance

The SOS Audit: 22 Recommendations

- Focusing strategic plans
- Working toward consistent definitions
- Better data collection and analysis
- Improving partnerships and outreach
- Addressing workforce
- Funding mechanisms
- Strengthening oversight and accountability

OHA's Response

OHA welcomed and agreed with all 22 recommendations.

In our response, we provided context for each finding:

- ✓ Where it fits within OHA values and strategic vision
- ✓ Its intersection with health equity
- ✓ How we're centering the voices of consumers
- ✓ Challenges and barriers to implementation

Strategic planning and vision

**Agency
Strategic
Goal:**

- To eliminate health inequity in Oregon by 2030

**Behavioral
Health
System
Vision:**

- Care must be simple, responsive and meaningful

Audit Finding: Accountability and oversight

- **County Financial Assistance Agreements – Funding for community behavioral health**
 - OHA work with counties to revise the contracts to set clearer expectations for outcomes and metrics and align with CCO requirements – PAUSED during COVID.
 - Revising these agreements to balance local flexibility with accountability and aligning roles and responsibilities with the CCO's.

Accountability and Oversight Cont'd: Coordinated Care Organizations

CCO 1.0

- Delegated full benefit
- Limited provider network and long wait times
- Members unable to access BH in PCPCH
- Limited care coordination and members “falling through the cracks”

CCO 2.0

- Responsible for BH benefit
- Must ensure adequate provider network and timely access to care (per OAR)
- Must contract for and reimburse BH in primary care
- Priority populations eligible for intensive care coordination

Audit Finding: Funding

- The audit reports what we already know: Oregon's behavioral health system has been chronically underfunded.
- Resources for behavioral healthcare have also been “based on available funding”, affecting predictability and consistency.

Audit Finding: Modernizing data

- The audit spotlights Oregon's partially funded and incomplete behavioral health data system as one of our challenges.
 - Defining the metrics needed to make Oregon's system simpler to access, more responsive to people and leading to meaningful improvements in their lives.
 - Modernizing OHA behavioral health data system to adequately and accurately capture and report critical information about system capacity, utilization, retention and outcomes.

OHA Actions to Modernize Data

- **Short Term**

- Building the Children's System Data Dashboard to track children's services across systems.
- Agency requesting funding for COMPASS modernization: Moves forward the Behavioral Health Data Warehouse and MOTS system replacement

- **Long Term Considerations for Modernization:**

- Aligning client identifiers across systems through a standardized master person index
- Aligning provider identifiers across systems with a standardized provider index

Audit Finding: Workforce

- The audit documents that chronic workforce shortages and turnover cause strain on the system and can create trauma for people in treatment, especially for vulnerable children and youth.
- Progress and resources for change:
 - OHA behavioral health workforce assessment completed.
 - Behavioral Health Workforce Incentive Fund included in Agency Request Budget.
 - Governor's Behavioral Health Advisory Council recommendations.
 - Oregon Commission on Hispanic Affairs recommendations.

Audit Finding: Children's System of Care

- The audit recommends that OHA work with the new System of Care Advisory Council and the Legislature to optimize the statutes guiding mental health treatment services. It also suggests the creation of a System of Care roadmap.
 - System of Care Advisory Council appointed by the Governor and meeting monthly since March 2020.
 - Data dashboard in development.
 - COVID-specific recommendations to child-serving agencies.
 - September 15, 2020 Report to the Governor and Legislature submitted.

Audit Findings: Improved engagement

- The audit notes that OHA needs to improve its connections between leadership and its advisory groups and to update its existing stakeholder map. It also suggests the creation of a public education campaign for mental health.
 - Work under way to identify all formal and informal boards, commissions and groups that advise the Behavioral Health Director.
 - The next step of the Safe + Strong campaign focuses on behavioral health resources and is set to launch Sept. 23.
 - Oregon one of a few states to have a director of Consumer Activities reporting directly to the Behavioral Health Director.

WHAT'S NEXT?

Audit Response Legislative Asks

Recommendation	Legislative Ask
#2. Define “health” and “mental health”	May require statutory changes to define and create consistency.
#6. Address behavioral health data gaps, including benchmarks for children’s mental health	Funding for COMPASS modernization and BH data legislative authority where necessary. Funding for continued consultation with SOC expertise.
#7. Develop and deliver a proposal to request additional resources for a data analyst within the Child and Family Behavioral Health Unit.	BH Data Analyst 1 FTE position for the CFBH Unit - OPA 3

Audit Response Legislative Asks, Cont.

Recommendation	Legislative Ask
#15. Develop an intermediate proposal to Legislature for addressing issues with statutory language requiring the call center contract up to discontinuing OHA's portion of the contract.	Workgroup is being formed (with System of Care Advisory Council) to advise on improvements to current call center outlined in statute.
#16. Optimize statute guiding MH treatment	2023 Goal for legislative recommendations. Consider directing a study.
#17. Workforce retention and recruitment strategy with annual report to OHPB	OHA staffing and funding + direct task force with higher education and licensing boards

Thank You

The logo for the Oregon Health Authority is centered within a light blue, curved rectangular background. The word "Oregon" is written in a smaller, orange, serif font above the "Health" portion of the word "Health". The word "Health" is written in a large, dark blue, serif font. A thin dark blue horizontal line underlines the "Health" portion, and the word "Authority" is written in a smaller, orange, serif font below this line.

Oregon
Health
Authority
