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March 12, 2019

TO: Co-Chair Beyer, Co-Chair Nosse, and Members of the Joint Committee on Ways and Means  
Subcommittee on Human Services  
FROM: Patrick Allen, Director, Oregon Health Authority  
SUBJECT: March 11, 2019, Committee Questions

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Dear Co-Chair Beyer, Co-Chair Nosse, and Members of the Joint Committee,

Thank you for the opportunity to present before the Joint Committee on Ways and Means Subcommittee on Human Services on March 11, 2019, regarding Behavioral Health. Please find below responses to questions raised during that presentation. Please do not hesitate to contact me or my office if you have further questions.

- 1. Representative Hayden asked about the number of suicides by K-12 youth, and specifically about how many youth who committed suicide in 2017 were in the foster care system.**

In 2017, 31 children between the ages of 10 and 17 died by suicide in Oregon. (There were no suicide deaths of children under the age of 10.) None of these children were in the foster care system.

- 2. Representative Stark asked about telemedicine for behavioral health, and specifically about services that could allow a client to be anywhere with an internet connection (instead of being required to go to a designated location).**

Oregon's regulation (OAR [410-172-0850](#), Telemedicine for Behavioral Health) is silent on the place of the originating site.

The [Medicaid Telehealth Guidelines](#) describes the originating site criteria only as the "Location of the Medicaid patient at the time the service being furnished via a telecommunications system occurs." Those guidelines go on to state that "reimbursement for Medicaid covered services, including those with telemedicine applications, must satisfy federal requirements of efficiency, economy and quality of care. States are encouraged to use the flexibility inherent in federal law to create innovative payment methodologies for services that incorporate telemedicine technology."

The Medicare (as opposed to Medicaid) regulation for telehealth ([42 CFR § 410.78](#)) has detailed requirements for the location of the patient, listed at length under subsection (b)(3).

3. Senator Wagner and Representative Salinas asked for a breakout of behavioral health spending, including fee-for-service, CCO, and mental health pharmaceutical portions.

OHA Behavioral Health Spending 2017-19 Legislatively Approved Budget	General Fund	Other Funds	Federal Funds	Total Funds
<b>Medicaid Coordinated Care Organizations (CCO)</b>				
Mental Health	\$197.9	\$0.0	\$729.6	\$927.5
Mental Health Drugs	\$0.0	\$0.0	\$0.0	\$0.0
Alcohol & Drug (Chemical Dependency)	\$45.2	\$0.0	\$211.3	\$256.5
<b>Medicaid CCO</b>	<b>\$243.1</b>	<b>\$0.0</b>	<b>\$941.0</b>	<b>\$1,184.1</b>
<b>Medicaid Fee-For-Service (FFS)</b>				
Mental Health	\$101.7	\$0.0	\$220.6	\$322.3
Mental Health Drugs	\$38.8	\$0.0	\$137.1	\$175.9
Alcohol & Drug (Chemical Dependency)	\$6.6	\$0.0	\$33.6	\$40.2
<b>Medicaid FFS</b>	<b>\$147.1</b>	<b>\$0.0</b>	<b>\$391.3</b>	<b>\$538.4</b>
<b>Non-Medicaid</b>	<b>\$268.1</b>	<b>\$149.2</b>	<b>\$85.3</b>	<b>\$502.6</b>
<b>Oregon State Hospital</b>	<b>\$491.9</b>	<b>\$49.4</b>	<b>\$32.3</b>	<b>\$573.7</b>
<b>Public Health (Prevention)</b>	<b>\$1.1</b>	<b>\$1.7</b>	<b>\$10.0</b>	<b>\$13.2</b>
<b>Total OHA BH Spending</b>	<b>\$1,151.4</b>	<b>\$200.4</b>	<b>\$1,459.8</b>	<b>\$2,811.6</b>

4. Senator Wagner asked for a list of services and programs included in the “Prevention” category of behavioral health spending.

Preventive behavioral health services and programs funded (with state and federal monies) through OHA include:

- Mental Health Promotion and Prevention funding supports projects in 18 counties (as of 2017) including youth groups, peer support, parent support groups, life skills, Applied Suicide Intervention Skills Training, Culturally Responsive Mental Health First Aid (suicide prevention), Collaborative Problem Solving, and more.
- Tribal Mental Health Services provides mental health promotion and prevention, supportive housing and peer delivered services, school-based mental health service, and other behavioral health services to tribal members.
- The Alcohol and Other Drug Prevention and Education Program (ADPEP) supports state and community strategies that prevent substance use, misuse, and related harms, via 36 counties/organizations, one organization serving African American population (Highland Haven), nine tribes, one organization serving urban Native American population (NARA), and six Regional Health Equity Coalitions (RHECs).
- The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) grant supports contracts with five tribes and nine Counties to address underage drinking, binge drinking among young adults, and prescription drug misuse.

Again, please contact me or my office if you have any further questions. Thank you.