

ANALYSIS

Item 7: Oregon Health Authority Mobile Crisis Services

Analyst: Tom MacDonald

Request: Approve, retroactively, the submission of a federal grant application request to the Centers for Medicare and Medicaid Services in the amount of \$1,000,000 over a period of one year to plan for a new mobile crisis services option for Medicaid beneficiaries.

Analysis: The Oregon Health Authority (OHA) requests retroactive approval to apply for a \$1 million planning grant available to state Medicaid agencies to develop a new community-based mobile crisis intervention services option for Medicaid beneficiaries experiencing a behavioral health crisis. This Medicaid option was established in the American Rescue Plan Act (ARPA) and the planning grant is available to successful applicants from September 30, 2021 through September 29, 2022. The grant does not require a state match or maintenance of effort. OHA submitted a letter of intent to apply for the grant on August 9, 2021, which did not meet the 10-day notification requirement because the federal application deadline was August 13, 2021.

OHA intends to use the planning grant to align Oregon's 9-8-8 crisis system and existing mobile crisis services with the new community-based mobile crisis services. The planning grant would support technical assistance and related activities leading to the development of a Medicaid State Plan Amendment and/or waiver request to authorize the implementation of the new services.

If awarded funding, OHA's plan supports both the technical assistance necessary to develop these services and investments in system capacity, which largely entails community and provider training. These activities would be carried out by OHA's existing contractual partners and two new limited duration positions, one of which is a required Project Director and the other a Program Coordinator. The following summarizes OHA's proposed budget for the planning activities:

2 positions (LD) - Project Director / Program Coordinator	\$222,947
Consulting / needs assessment (RI International)	\$100,000
Stakeholder and consumer engagement	\$50,000
Training	
Culturally and linguistically appropriate services	\$70,000
Mental health first aid and prevention	162,500
Trauma-informed care	\$65,000
Collaborative Problem Solving	\$51,500
Travel and other Services and Supplies	\$54,698
Indirect costs	\$222,947
Total	\$999,593

Certain mobile crisis services are already funded in OHA's budget through a patchwork of Medicaid and non-Medicaid funding. The existing Medicaid mobile crisis services are delivered through providers who

contract with Coordinated Care Organizations (CCOs); these services are understood to lack consistency across the state in terms of delivery (e.g. mobile crisis team staffing levels) and reimbursement structures. They also do not include community outreach, suicide postvention, on-call providers, crisis workforce, and preventive follow-up services, which would all be new Medicaid services after the planning period.

Existing non-Medicaid mobile crisis funding includes \$20 million General Fund, of which \$10 million was appropriated in the 2021 legislative session through the passage of HB 2417 (2021). Community mental health programs use this funding to support 24/7 crisis screening, in-person intervention teams, and placement of individuals in the appropriate emergency care setting or connection to ongoing supports and services. OHA has also prioritized approximately \$22 million in supplemental federal Mental Health Block Grant awards to further support mobile crisis services.

The new community-based mobile crisis intervention services option established in ARPA provides an opportunity to standardize and enhance the existing services and payment structures across the state. In particular, ARPA requires access to 24/7 mobile crisis interventions staffed by multidisciplinary teams of at least two professionals, one of which must be a behavioral health care professional who can assess the individual in crisis and the other a professional with expertise in de-escalation and other behavioral health crisis response strategies. OHA would need to revise administrative rules and amend contracts with CCOs and counties to align services and reimbursement models.

Future budget impact: The estimated budget impact of implementing a new Medicaid mobile crisis services option is currently unknown and will be driven by a mix of new costs and savings. Increased costs would result from the new services offered and potentially from an increase in service utilization. Current Medicaid mobile crisis services are underutilized due to the inconsistent and lower level of services offered. To help states offset their portion of increased costs, ARPA temporarily increases the standard Medicaid match rate, or Federal Medical Assistance Percentage, to 85% for up to three years for these services. Savings could also be realized through the provision of the more comprehensive mobile crisis services which, in turn, might reduce the need for some Oregon Health Plan members to access higher levels of care.

The extent to which these factors result in initial net costs or savings, as well as the long-term budget impact once the temporary enhanced FMAP expires, require further analysis during the planning process. Also, while the Centers for Medicare and Medicaid Services expects awardees to implement the Medicaid mobile crisis service option upon completion of a successful planning period, awardees are not legally obligated to do so and approval of the federal planning grant request does not otherwise commit the Legislature to increase OHA's budget at a future date.

Recommendation: The Legislative Fiscal Office recommends that the Joint Interim Committee on Ways and Means approve the request.

7 Oregon Health Authority Heath

Request: Retroactive authorization for the Oregon Health Authority to apply for a one year, up to \$1 million grant from the Centers for Medicare and Medicaid Services (CMS) to plan for the expansion of mobile crisis services within Medicaid.

Recommendation: Approve the request.

Discussion: The Oregon Health Authority (OHA) requests retroactive authorization to apply for a one year, \$1.0 million grant from CMS to plan for the expansion of mobile crisis services within Medicaid. OHA found out about the grant on July 13, 2021, and applications were due on August 13, 2021.

OHA is seeking to use the planning grant to align the new mobile crisis service with other service providers and strategic goals, including OHA's goal to end health inequities by 2030, the planned implementation of the 9-8-8 crisis line, and the existing network of behavioral health funding and providers that are part of Oregon's Coordinated Care Organizations and the non-Medicaid behavioral health system run primarily by Oregon's counties. OHA expects to combine multiple funding sources to operate the mobile crisis service and 9-8-8 crisis line, including but not limited to Medicaid, General Fund dedicated to community mental health programs, federal block grants, and dedicated grants for a children's mobile crisis service. A report required by House Bill 2417 (2021) due January 1, 2022, will outline how these services and funding streams will be coordinated.

Mobile crisis services are already a covered service under Oregon's Medicaid program. However, the services are not utilized to their fullest extent due to limitations in how those services are staffed, structured and reimbursed. The passage of the American Rescue Plan in March 2021, created an opportunity to enhance those services, providing an enhanced federal reimbursement rate of 85 percent for mobile crisis services for the first three years of state coverage for the enhanced service. The ARP defines mobile crisis services as services that are available all day every day and are provided in a timely manner by a multi-disciplinary mobile crisis team trained in trauma-informed care, de-escalation strategies, and harm-reduction. The team is required to include at least one behavioral health professional who can conduct an assessment as well as other professionals or paraprofessionals with appropriate expertise in behavioral health crisis response, such as nurses, social workers, or peer support specialists. The team must provide screening and assessment, stabilization and de-escalation, and coordination with health, social, and other supports and maintain relationships with relevant community partners, including a range of medical, behavioral, and crisis providers.

OHA plans to use the grant funds to hire two additional full-time, limited duration positions, a Project Director and Program Coordinator, and dedicate time from current staff to perform the planning needed to submit a State Plan Amendment or waiver application to CMS to establish the mobile crisis services in alignment with new federal standards. OHA will also amend its current contract with RI International to help develop the implementation plan for the mobile crisis system and a contract to provide additional stakeholder and consumer engagement in the planning process. OHA will also use grant funds to provide a series of trainings to behavioral health providers and others on mental health first aid, culturally and linguistically appropriate

services, trauma informed care, collaborative problem-solving, and culturally specific mental health prevention. Below is a table showing how OHA plans to use the grant funds:

Category of Expenditure	Amount
Personal Services	\$222,947
Services and Supplies – Contracts for Services	\$499,000
<i>RI International Consultant Contract</i>	<i>\$100,000</i>
<i>Stakeholder and Consumer Engagement</i>	<i>\$50,000</i>
<i>Behavioral Health Provider Trainings</i>	<i>\$349,000</i>
Services and Supplies – All Others	\$54,698
Indirect Costs	\$222,947
Total	\$999,593

There is no maintenance of effort or match required to accept this funding. OHA will use the results of its planning and community engagement to submit a state plan amendment or waiver request needed to establish the enhanced mobile crisis services, along with a funding request or policy package to fund the services if necessary. Preliminary estimates by OHA indicate that at current provider rates and utilization, there may be savings from the enhanced federal reimbursement rate, but it is too soon to recognize those savings as the cost of the enhanced mobile crisis services, including costs for community outreach, on-call providers, crisis workforce, and follow-up services has not been established.



Office of the Director

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August 23, 2021

The Honorable Senator Elizabeth Steiner Hayward, Co-Chair
The Honorable Senator Betsy Johnson, Co-Chair
The Honorable Representative Dan Rayfield, Co-Chair
Joint Committee on Ways and Means
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Dear Co-Chairs:

Nature of the Request

The Oregon Health Authority (OHA) Health Systems Division (HSD) is submitting this letter to request retroactive approval to apply for the State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services administered by the Centers for Medicare & Medicaid Services (CMS) cooperative agreement made available under section 9813 of the American Rescue Plan Act (ARP). Under this new, competitive funding opportunity, CMS will award 12-month planning grants to states to support their efforts to develop qualifying community-based mobile crisis intervention services for Medicaid beneficiaries in the community who are experiencing a behavioral health crisis. Services must meet the requirements contained in section 1947(b) of the Social Security Act, and lead to submission and approval of a State Plan Amendment, section 1115 demonstration application, or section 1915(c) or 1915(b) waiver request or amendment.

The minimum award amount is \$300,000 and maximum is \$1,000,000. There are no matching funds or maintenance of effort requirements. To achieve intended grant outcomes, HSD would use existing staff and hire two full-time, limited duration positions, a Project Director and Program Coordinator. OHA received the request for proposals on July 13, 2021. Applications were due August 13, 2021.

Agency Action

OHA plans to align the activities under this grant with OHA's [Health Equity Definition](#) and Oregon's strategic goal to end health inequities by 2030, with focus on equity for Tribal Communities and Communities of Color who have been most harmed by social injustice stemming from historical and contemporary racism, oppression, bigotry and bias and persistent health inequities. It would also align with the goals of Oregon House Bill 2417 (2021 Regular Session), which directs OHA to establish a crisis response system for behavioral health, including mobile crisis services, that will support the 9-8-8 suicide prevention and behavioral health crisis hotline.

In 2018, Oregon implemented statewide adult mobile crisis services due to an agreement with the United States Department of Justice entitled the Oregon Performance Plan (OPP). The OPP was developed specific to adult behavioral health services, including mobile crisis. Each county's Community Mental Health Program (CMHP) is required to deliver mobile crisis as described in Oregon Administrative Rule (OAR) 309-019-0150(6)(7), and provide access to multi-disciplinary support teams, ready resources such as access to urgent appointments, brief respite services, and the ability to provide brief follow-up care when indicated.

OHA has initially identified several issues related to Oregon's current mobile crisis system. There is a lack of consistency in how mobile crisis services are staffed and delivered statewide, including discrepancies between appropriate mobile crisis response systems for youth and young adults and their families, and for adults. The availability of culturally, linguistically, developmentally appropriate, and trauma-informed mobile crisis services vary across the state. Oregon's Medicaid program does not include guidance or oversight specific to mobile crisis services; includes limitations on providers who may provide Medicaid State Plan crisis and stabilization services; and has limited Medicaid reimbursement structures that potentially destabilize organizational and workforce capacity. Lastly, there is a lack of outcomes data that would allow OHA to evaluate the effectiveness of certain interventions or compare the effectiveness of interventions in different geographic locations or against other variables.

This planning opportunity is the result of a grant through the Centers for Medicaid Services (CMS) under the American Rescue Plan Act (ARPA). This grant will allow OHA to obtain technical assistance, conduct needs assessments, engage with people with lived experience as well as local and state partners, and receive and conduct training. The results of this planning effort will be used to identify the need for a Medicaid State Plan Amendment or Medicaid waiver or both, to include the services needed to fully support the Medicaid portions of the mobile crisis response system. This grant is a great opportunity to work with our federal partners and align Oregon's efforts to improve the behavioral health crisis system with the national best practices supported by Congress.

Oregon Health Authority is pursuing this funding opportunity with the following goals to meet the requirements of the grant:

Goal 1 – Develop the implementation plan for a mobile crisis system in Oregon that uses a community-by-community approach, that serves individuals when and where they need, is culturally responsive, developmentally appropriate, and is trauma-informed. This includes:

- Learning directly from Oregon communities how they want to experience mobile crisis and mobile response services in their community; better understand barriers and opportunities for culturally and linguistically appropriate services.
- Identifying how OHA can support providers, cities, counties, coordinated care organizations (CCOs) and other key partners so they are better able to provide quality and timely crisis response services in their communities.
- Analyzing existing models for mobile crisis across the state and nation, and identify what is working and what may not, focusing on each of Oregon's representative communities.
- Training community partners and providers across the continuum of care who interact with individuals accessing the crisis system.
- Currently, mobile crisis teams and services are available in all counties of Oregon through the regional Community Mental Health Programs and the CCOs under OAR 309-019-0150. This grant will help OHA determine any needed changes to the current statutes and rules.

Goal 2 – Promote behavioral health prevention services and supports by funding local Behavioral Health Promotion and Prevention projects led by community-based organizations.

Goal 3 – Center and direct the planning efforts from this grant based on the expressed needs of persons with lived experience and representative communities most impacted by behavioral health crises.

Action Requested

The Oregon Health Authority (OHA) Health Systems Division (HSD) requests retroactive approval to apply for the CMS State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services federal funding opportunity.

Legislation Affected

None.

Sincerely,



Patrick M. Allen
Director

EC: Laurie Byerly, Legislative Fiscal Office
Tom MacDonald, Legislative Fiscal Office
George Naughton, Department of Administrative Services
Patrick Heath, Department of Administrative Services