
Behavioral Health Package of Resources Update

Presented to

The House Interim Committee On Behavioral Health

November 17, 2021



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Authority

Healthcare Systems Are Strained

- The ongoing pandemic has resulted in higher demand for Behavioral Healthcare resources at a time at which the system is overloaded and losing personnel
- Providers, funders and agencies have worked tirelessly and creatively throughout this pandemic to help ensure services continue to be available for children and families
- The duration of the pandemic and the rapid escalation of COVID cases caused by the Delta variant have exacerbated these existing dynamics and undermined an already fragile service system

Emergency Workforce Response

Three-Tiered Approach

1. Additional Funding and Resources
2. Reduce Administrative Burden
3. Communication with workers/community

Emergency Workforce Response

Additional Funding and Resources

Use of short-term COVID resources

- Retention and hiring bonuses on par with other healthcare providers – estimated \$2,000 per person
- 7,000 workers in BH Residential system
- BH Crisis Care teams in Oregon via FEMA (just extended to 1/14/22)
- Includes BH nurses and other workers

Use of ARPA-enhanced federal Block Grant

- Provide innovative solutions such as childcare, additional staff for supervision or relief shifts
- Improve working conditions through non-capital purchases

Emergency Workforce Response

Additional Funding and Resources

Use of Medicaid Resources

- Vacancy payments to residential providers
- \$30M paid to date.
- December 31st is current end date, extension under consideration

- Temporary 10% rate increase for residential providers from July 2020 to June 2021 was disbursed in September
- Almost 13M has been paid to date – directly to providers and to CCOs for providers.
- An extension of the increase for July 2021 – December 2021 is being implemented

Emergency Workforce Response

Reduce Administrative Burden

1. In response to community service providers
 2. No compromises to safety
 3. Waive some reporting requirements
 4. Pause some contract requirements
- In total OHA has paused or changed **42** reporting and contract requirements through Jan. 1, 2022 in consultation with providers
 - [The full list is available on the OHA website](#)

Emergency Workforce Response

Communication

1. Surveyed 3,000 current/former workers
2. “Tools for Behavioral Health Providers” webpage located [here](#)
3. Regular written updates to providers
4. In coordination with Governor’s office, workgroup partner meetings every Friday
5. Periodic community forums

Behavioral Health investments

- **Supporting Behavioral Health workforce**

 - \$60 million to remove financial barriers and strengthen the BH workforce pipeline with an emphasis on workforce diversity

 - \$20 million for a grant program to licensed behavioral health professionals to provide supervised clinical experience

- **Supporting simple access to responsive and effective services**

 - \$130 million (\$65 million state general fund, \$65 million federal) to increase residential treatment, services and housing

 - \$121 million (\$24.5 million state general fund, \$96.5 million federal) for certified community behavioral health clinics

 - \$21 million (\$19.2 million state general fund, \$2.3 million federal) for community services for “Aid & Assist”

 - \$302 million for addiction and recovery services called for in [Ballot Measure 110](#), and it backfills the \$70 million which that measure redirected from other behavioral health services

 - \$6 million to fund peer respite centers in specified regions

- **Require system alignment and shared meaningful outcomes**

 - \$50 million for transformation and system alignment in the behavioral health system

 - \$15 million for the crisis care system (\$10 million for Mobile Crisis Funding and \$5 million for call center resources)

Behavioral Health Transformation Goals

Change how we work to realize meaningful outcomes and eliminate health inequities

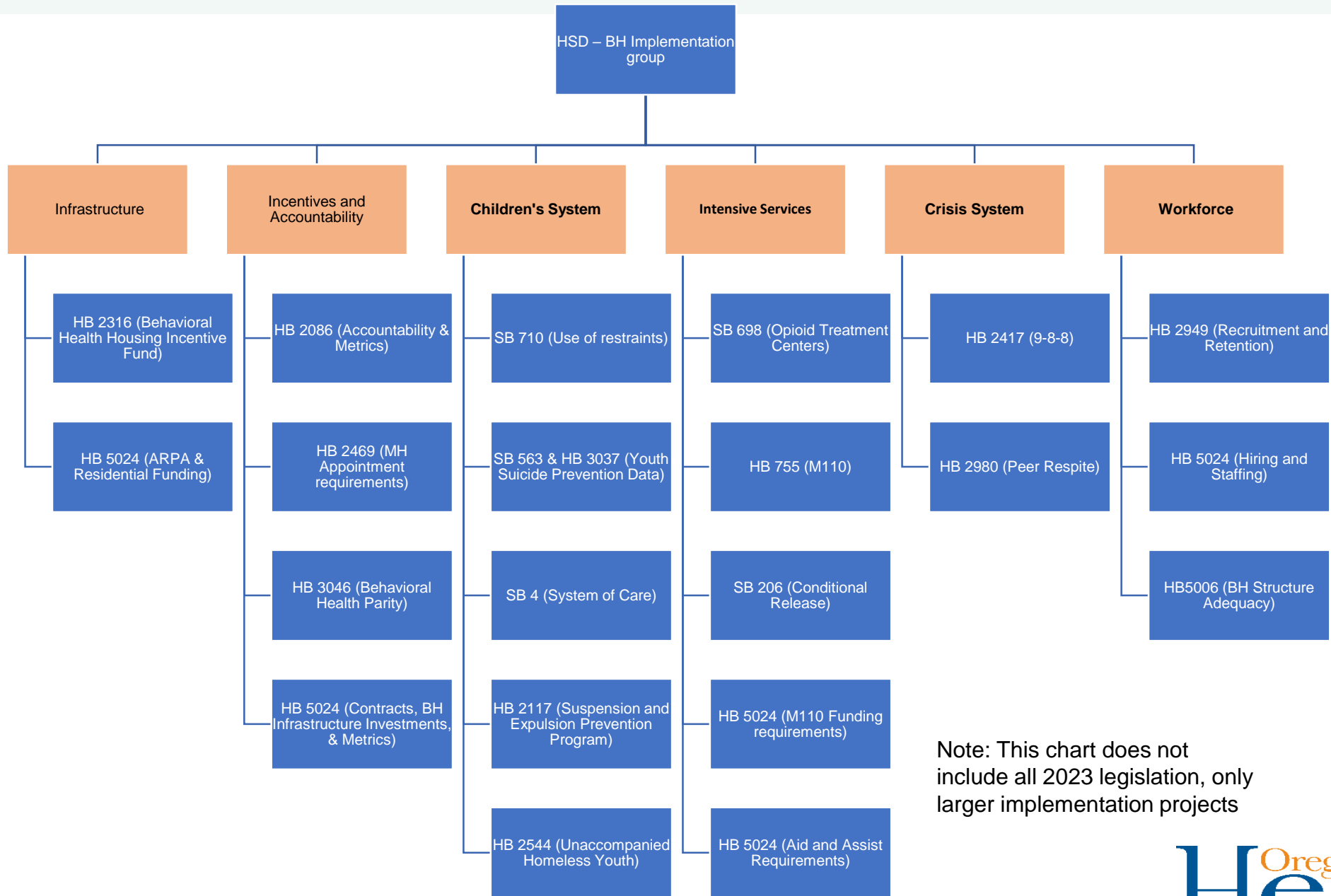
- Align support for priorities
- Engage partners meaningfully
- Bring down barriers that limit partner participation
- Redistribute power and resources
- Be accountable for outcomes

Community Led Initiatives



Behavioral Health Transformation Work

- 2023 Bills/Budget sorted into transformational priorities
 - Infrastructure
 - Incentives and Accountability
 - Children’s System
 - Intensive Services
 - Crisis System
 - Workforce
- External Advisory Committees for each priority
- Governance structures directed by people with lived experience and communities disproportionately impacted by health inequities

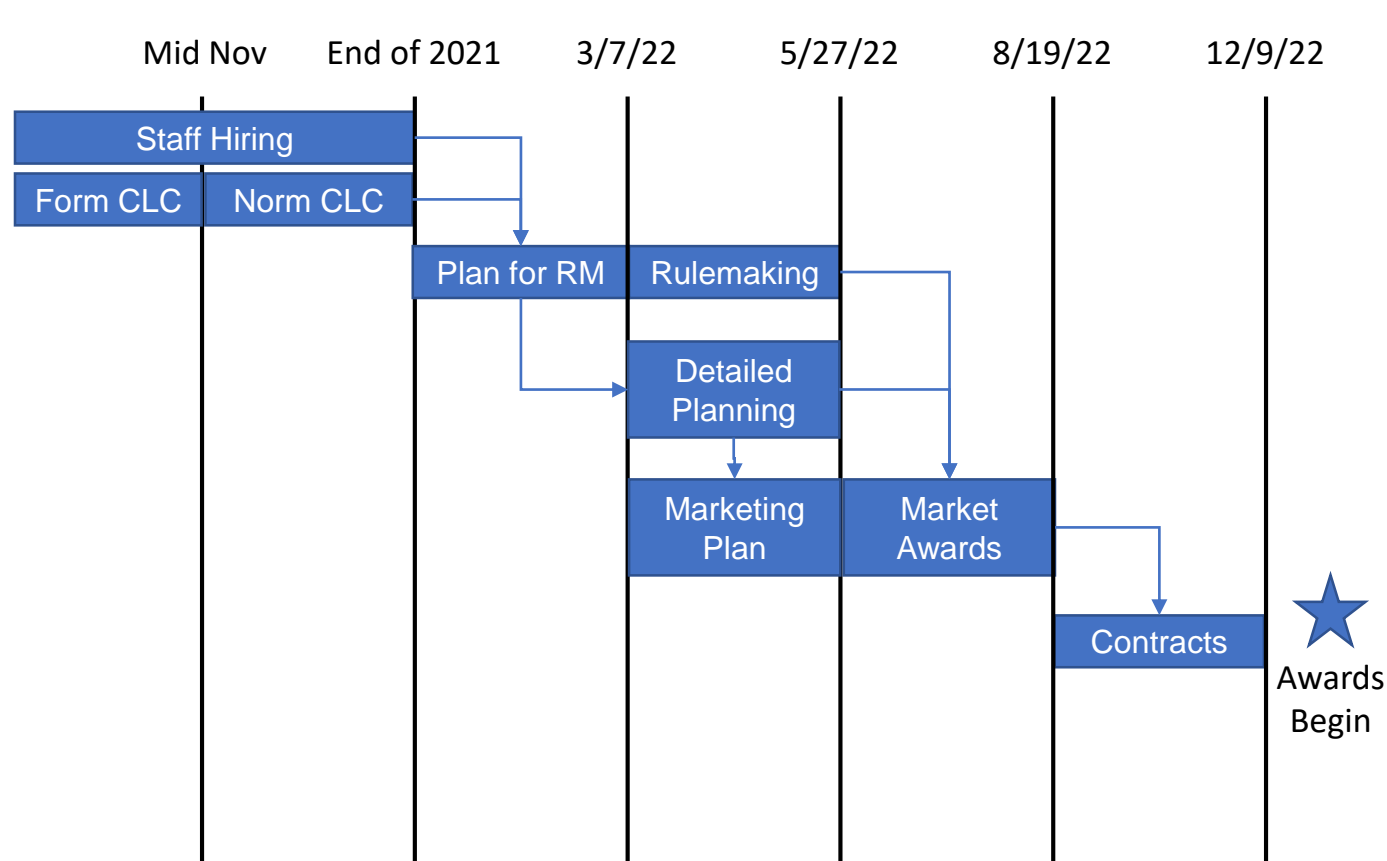


Note: This chart does not include all 2023 legislation, only larger implementation projects

Workforce Incentives: \$60 million

- Develop and invest in behavioral health workforce, including culturally specific workers and increase access to culturally responsive services
- Major Milestones
 - **Now:** A new unit with a program manager, dedicated staff, and Community Leadership Council (composed of a diverse group of behavioral health consumers and providers) is being recruited and will be established by OHA by mid-November
 - **Next:** First round of grantmaking for clinical supervision; rulemaking and RFP development with Community Leadership Council; additional rounds of incentives and grants.
 - **Ongoing:** This work will be community owned; the Community Leadership Council will direct the work; marketing and communication to potential program participants will be **Simple, Responsive, and Meaningful**

Workforce Incentive Timeline



For Rulemaking

- Incentives
- Allocations
- Eligibility
- Grant/Award Durations
- Penalties
- Selection Process
- Attestation/Audit Process

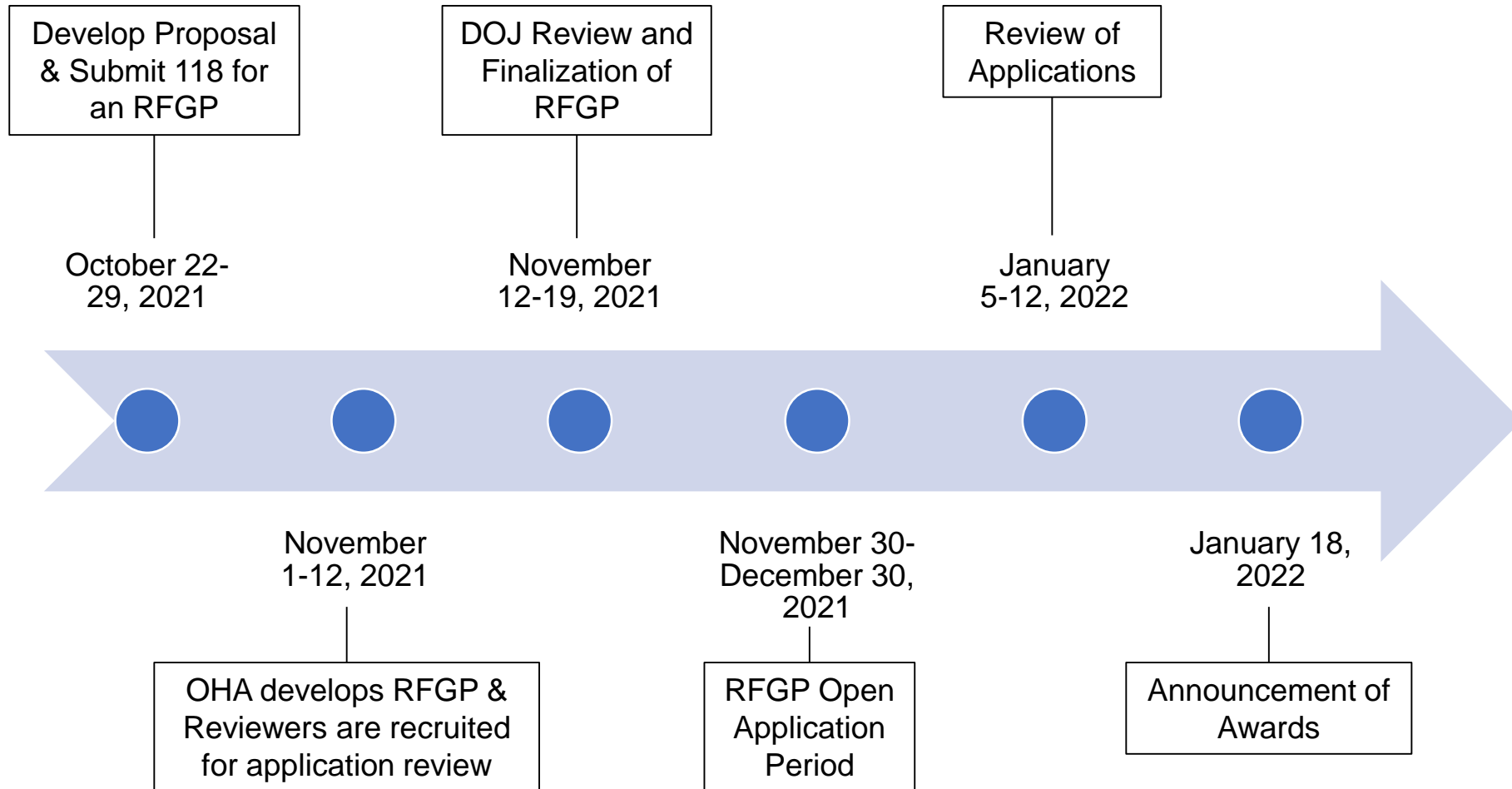
For Awards

- Refine all above
- Award Distribution Plan (*frequency, amounts, etc.*)
- Selection Criteria
- Contract Language

Workforce – Clinical Supervision: \$20 million

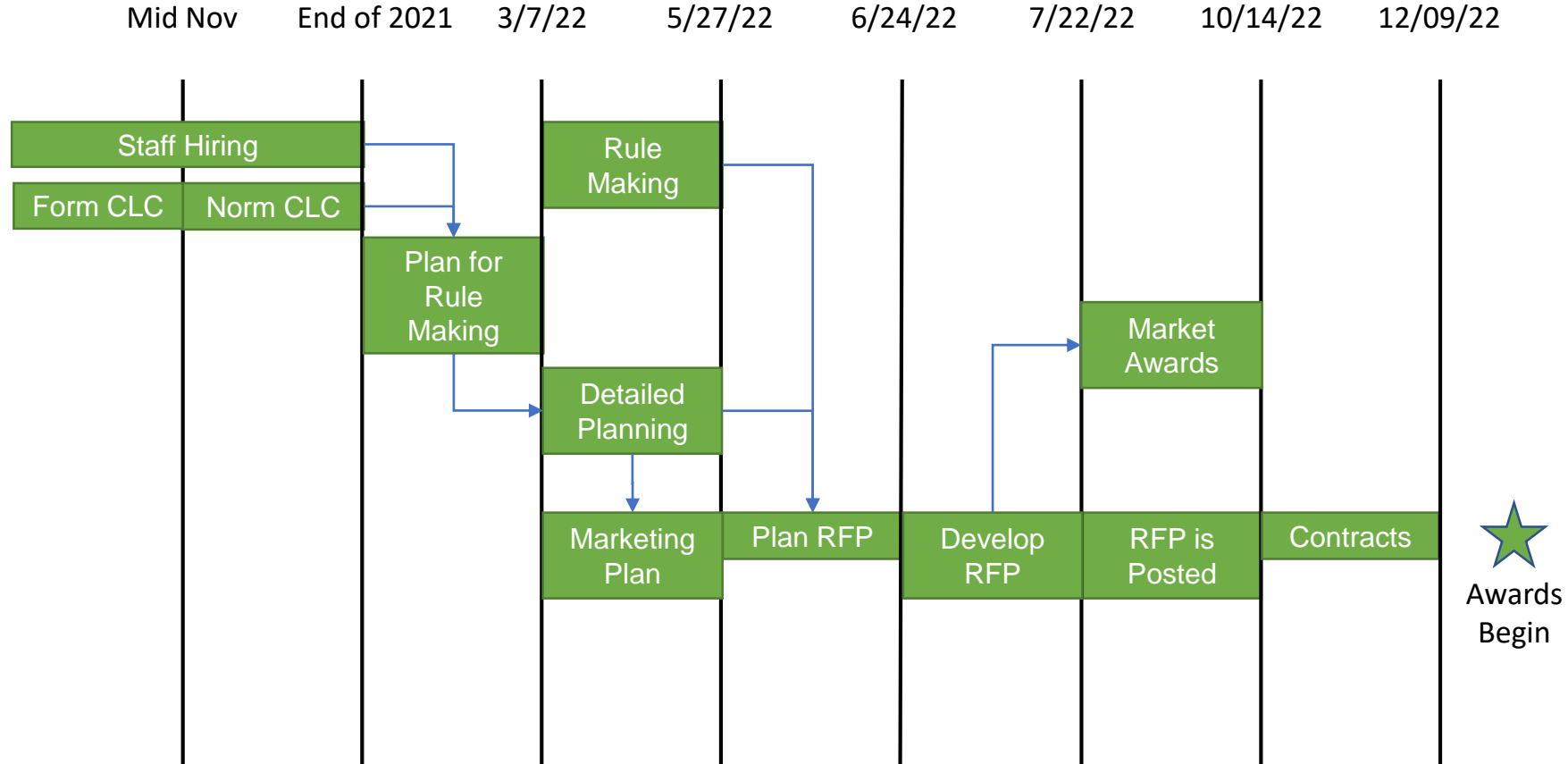
- Grant program to licensed behavioral health professionals in order to provide paid supervised clinical experience to associates towards professional licensure
- A long term and short-term distribution has been proposed
 - This would mean an immediate distribution of up to \$7 million in grants to fund clinical supervision towards licensure, following detailed guidance of legislation
- Priority given to diverse clinicians working in public settings
- The initial distribution will allow for lessons learned and the Community Leadership Council (CLC) to inform a future round as well as the discretionary dollars

Clinical Supervision Timeline: Short Term, \$7 million



All dates given are approximate.

Clinical Supervision Timeline: Medium Term, \$13 million



Residential Facilities and Housing: \$130 million

- The budget includes \$65 million in one-time funds available under the American Rescue Plan Act and \$65 million General Fund for capital, start-up, and operational costs to increase statewide capacity of licensed residential facilities and housing serving people with behavioral health conditions
- To identify community needs, assess the feasibility and sustainability of potential projects, and conduct other planning activities necessary to increase residential facility and housing capacity with a focus on reducing health inequities, HB 5024 Budget Note directed \$5 million in planning grants
 - 104 awards up to \$50,000 each, have gone to community mental health programs, Tribes, Regional Health Equity Coalitions, and other community grantees
- Larger RFPs for regional infrastructure to be issued by **December 31, 2021**, with recommendations for how to spend funds by March 2022

Certified Community Behavioral Health Clinics: \$121 million

- These funds are the state & federal portion of the Medicaid reimbursement for 10 clinics that provide services, at a daily demonstration rate approved by CMS in 2017
- This also includes administering the CCBHC demonstration program and evaluating whether CCBHCs:
 1. Increase access to behavioral health treatment for residents of this state
 2. Provide integrated physical and behavioral health care
 3. Offer services that result in improved health outcomes, lower overall health care costs and improved overall community health, and
 4. Reduce the cost of care for coordinated care organization members
- It also includes the hiring of four additional staff for evaluation, compliance, program administration and Medicaid technical expertise
- OHA shall report its findings in these areas by February 1, 2023

Community services for “Aid & Assist”: \$21 million

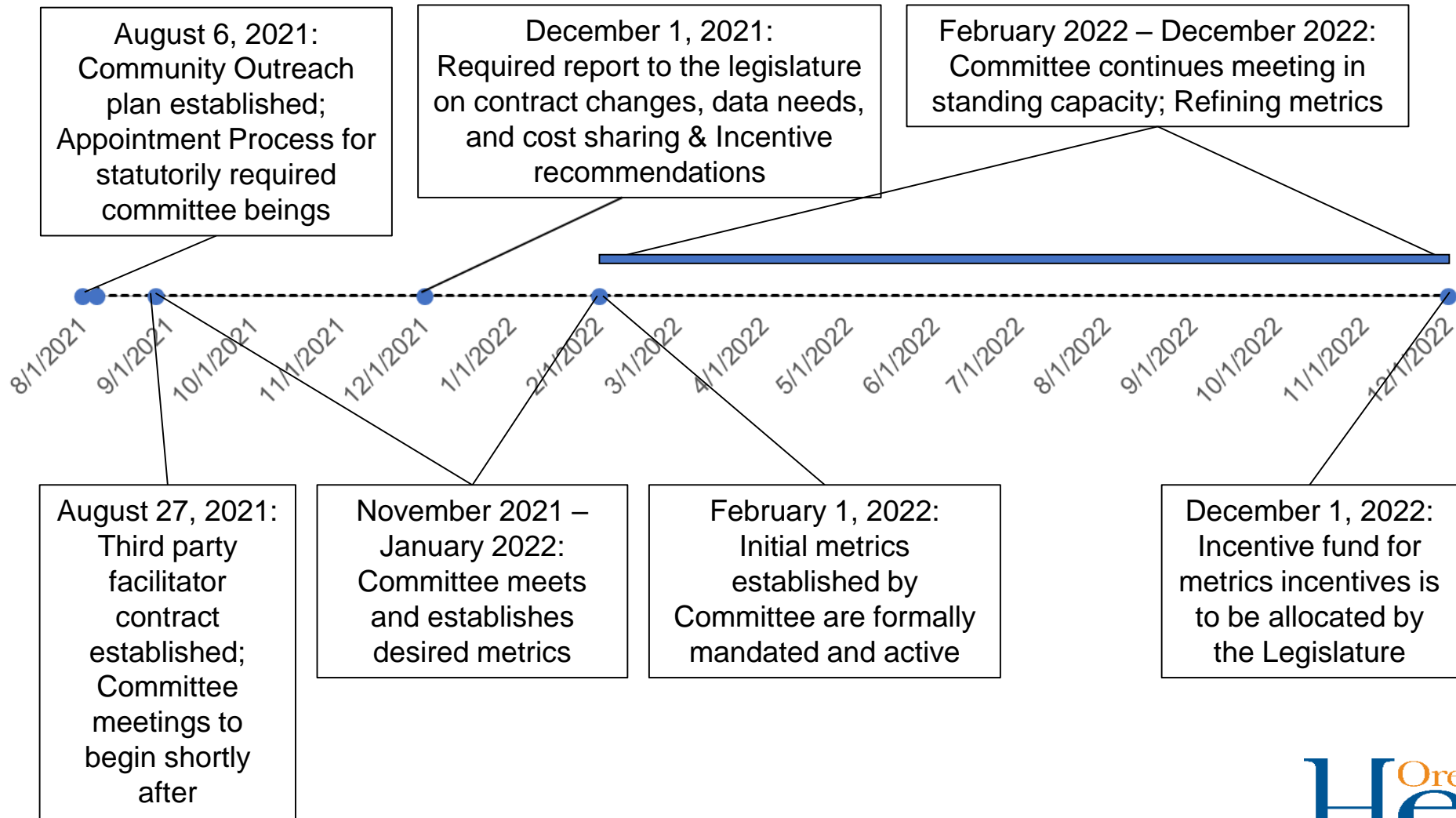
- Current allocation
 - \$2.25 million to the County Financial Assistance Agreements for the period 7-1-21 through 12-31-21
- In progress
 - New Narratives: 5-bedroom Residential Treatment Home approximately \$225,000 to open January 2022
 - Junction City Campus Cottages: Lane County, via ColumbiaCare to open the final two-8 bed cottages
 - OHA hiring:
 - Three of the seven new positions hired, remaining interviews in process of scheduling
- Ongoing
 - OHA staff and counties are in discussion around a case rate formula that more accurately reflect case costs

Transformation and System Alignment

Funding: \$50 million

- OHA must develop behavioral health quality metrics by February 1, 2022
- The quality metrics and incentives will be designed to:
 - Improve timely access to behavioral health care
 - Reduce hospitalizations
 - Reduce overdoses
 - Improve the integration of physical and behavioral health care
 - Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs
 - **Be Simple, Responsive, Meaningful**
- OHA must report to the legislature on 1115 contract changes, OHA data needs, and cost sharing for state hospital levels of care with counties by December 1, 2021

System Alignment Quality Metrics Timeline



Thank You

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. The word "Oregon" is written in a smaller, orange, serif font above the "Health" portion of the word "Health Authority". The word "Health" is written in a large, dark blue, serif font. The word "Authority" is written in a smaller, orange, serif font below the "Health" portion. A thin orange horizontal line is located at the bottom of the slide, below the logo background.

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