Behavioral Health Transformation: Human Services Co-Chair Recommendations
Behavioral Health Continuum of Care
Problems in Behavioral Health:

- Patients are waiting for beds at the State Hospital (OSH)
  - These people are stuck in Community Hospitals, stuck in jail, and otherwise stuck at inappropriate levels of care
- Conversely some OSH patients need lower levels of care, but there are insufficient community placements for them to step down to
- Too little spent on prevention
- Poor accountability
  - Lack of transparency around spending and services
  - Misaligned systems and risk
  - Poor coordination across service providers, and siloing of funds and services
  - Limited accountability for patient outcomes
- Poor outcomes for patients
  - High rates of SUD and suicide
  - Insufficient metrics
Problems in Behavioral Health:
Lack of timely access to crisis care, housing and residential level of care are contributing to a crisis in Oregon’s hospital systems

Lack of community services creates bi-directional problems:

→ People don’t get the care they need, acuity levels rise, and reliance on hospital care grows

← People who are ready to be discharged to less restrictive care don’t have community resources to access, remain in hospitals, and access is lost there for folks who need it
OSH Census

In 2020, Oregon State Hospital provided treatment for 1,329 people committed by the courts or the Psychiatric Security Review Board.

<table>
<thead>
<tr>
<th>Commitment type</th>
<th>Average daily population</th>
<th>Percent of pop.</th>
<th>Total Admits</th>
<th>% of Admits</th>
<th>Median length of stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil (civil commitment, voluntary, voluntary by guardian)</td>
<td>39.6</td>
<td>28.3</td>
<td>68.0</td>
<td>11.3%</td>
<td>61</td>
</tr>
<tr>
<td>Guilty except for insanity / PSRB</td>
<td>176.0</td>
<td>70.4</td>
<td>246.4</td>
<td>40.9%</td>
<td>69</td>
</tr>
<tr>
<td>Aid and assist</td>
<td>284.5</td>
<td>0.0</td>
<td>284.5</td>
<td>47.2%</td>
<td>627</td>
</tr>
<tr>
<td>Other (corrections, hospital hold)</td>
<td>2.3</td>
<td>1.2</td>
<td>3.5</td>
<td>0.6%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>502.4</td>
<td>100.0</td>
<td>602.4</td>
<td>100.0%</td>
<td>759</td>
</tr>
</tbody>
</table>
How did it get this bad?
The behavioral health “system” is too often siloed across multiple providers, programs and agencies that does not serve people well.
Community Developed Solutions:

We have had strong engagement with stakeholders across the state and system including:

• Community Mental Health Providers
• NAMI
• Certified Community Behavioral Health Centers
• CCOs
• Hospitals (including Unity and Providence Psych Hospitals)
• OHSU, PSU and other workforce partners
• OHA and the State Hospital
• Oregon Judicial Department
• Health Justice Recovery Coalition (M110 Advocates)
• Physician Associations, SEIU, AFSCME and ONA
Broad Consensus: We Need A Behavioral Health System Transformation

We need more capacity across the continuum:
• Oregon State Hospital Beds
• Housing & Adult Residential
• Out-patient services
• Workforce

We also need investment and transformative thinking around:
• System Accountability
• Service Coordination
• Regional Planning
• Incentive Realignment
Needed Investments: Workforce $100 million

A one-time workforce surge will help increase system capacity, and improve outcomes with greater cultural competence
Needed Investments: In-Patient, Housing and Residential Placements $231 million

HB 2316 – Behavioral Health Housing Incentive Fund. Re-Seed w/ $20 million (Lottery Bonds)

Public-Private Partnerships, Long Term Investments and Benefits

Create a fund for Regional Development and Innovation $180 million

Shovel ready projects, planning grants, novel services. Modeled after IMPACTS program.

Funding to open (2) Junction City units $31 million
**Needed Investments: System Capacity and Alignment**

$190 million

- **HB 3046 - Behavioral Health Parity**: $1.6M (fees no GF)
  - Aligning accountability, outcomes & risk, and increasing transparency
  - LPRO led workgroup to provide recommendations

- **HB 3069 and HB 2417 - 988 and Mobile Crisis**: $15 million
  - Start up costs for 988 crisis line and mobile crisis support (more start up and on-going funds will be needed later)

- **SB 680 - Peer Respite**: $6M for 4 new peer respite centers

- **HB 3123 - CCBHCs**: $25M (draws down $97M federal funds)
  - 12 demonstration sites

- **Public Guardianship**: $1.7 million for 6 more guardians

- **HB 3086 - SUD Task Force**: $30M
  - GBHAC Recommendations:
    - Tribal Based Practices
    - Community Restoration
    - Co-occurring Treatment
    - Housing Supports
    - CCO Enrollee Survey

- **HB 3377**: $350k for behavioral health supports
Overview - Direct Allocations & Special Appropriations

- **SB 680 – Peer Respite**
  - $6M

- **HB 3123 – CCBHCs**
  - $25M

- **HB 2316 – BH Housing Fund**
  - $20M

- **Public Guardianship**
  - $1.7

- **HB 3069 and HB 2417 – 988 and Mobile Crisis**
  - $15 million

- **Accountability**
  - $100M

- **Regional Development and Innovation**
  - $180 million

- **JC Units**
  - $31 million

- **HB 2949 – Provider Incentive Fund**
  - $100M