

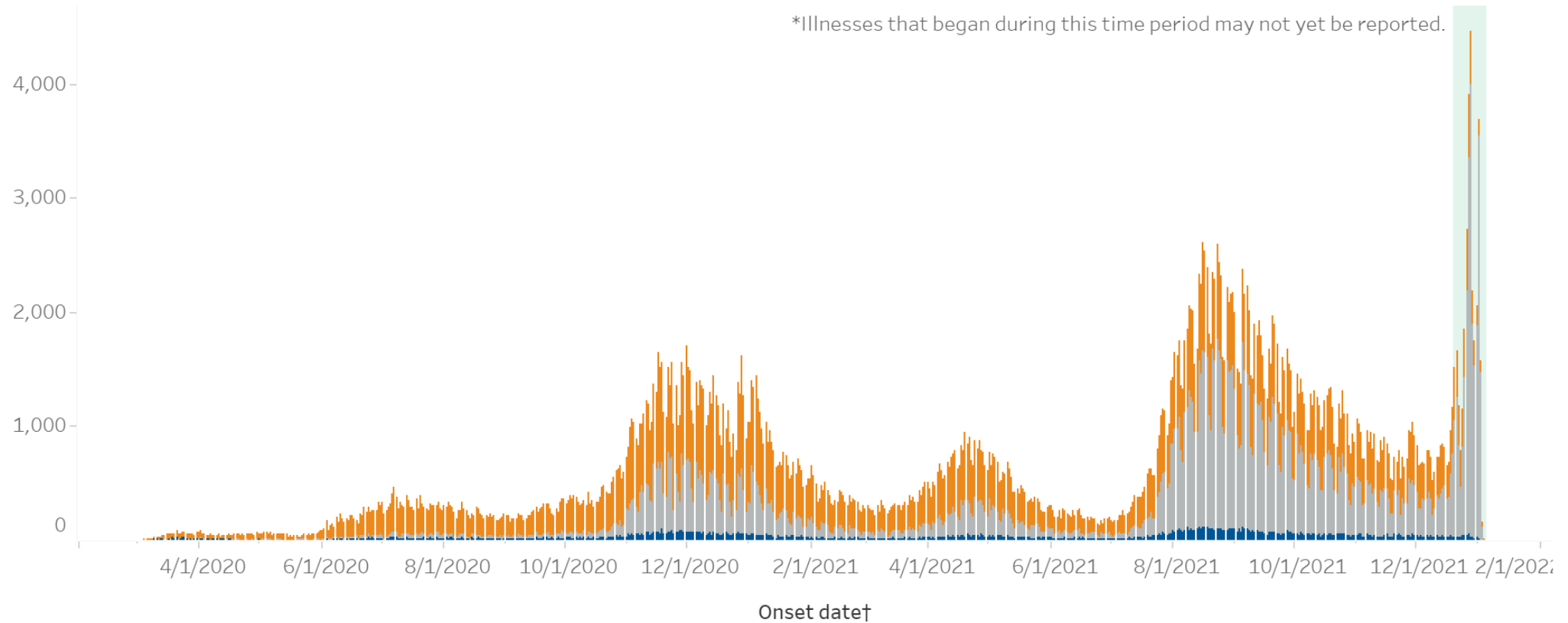
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# Behavioral Health System Investment Update

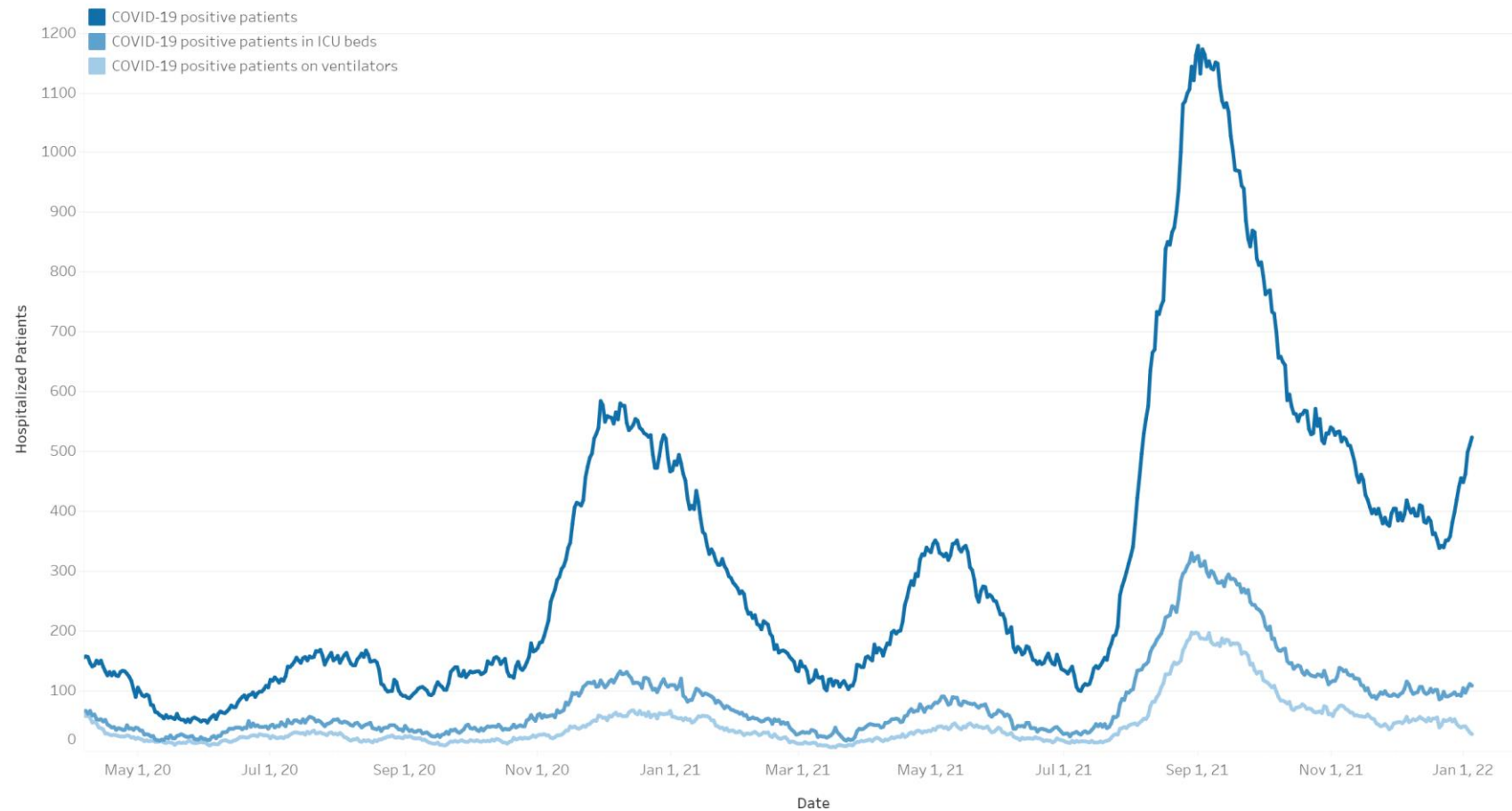
Presented to the House Interim Committee on Behavioral Health  
January 13, 2022



# COVID-19 Cases



# COVID-19 Hospitalizations



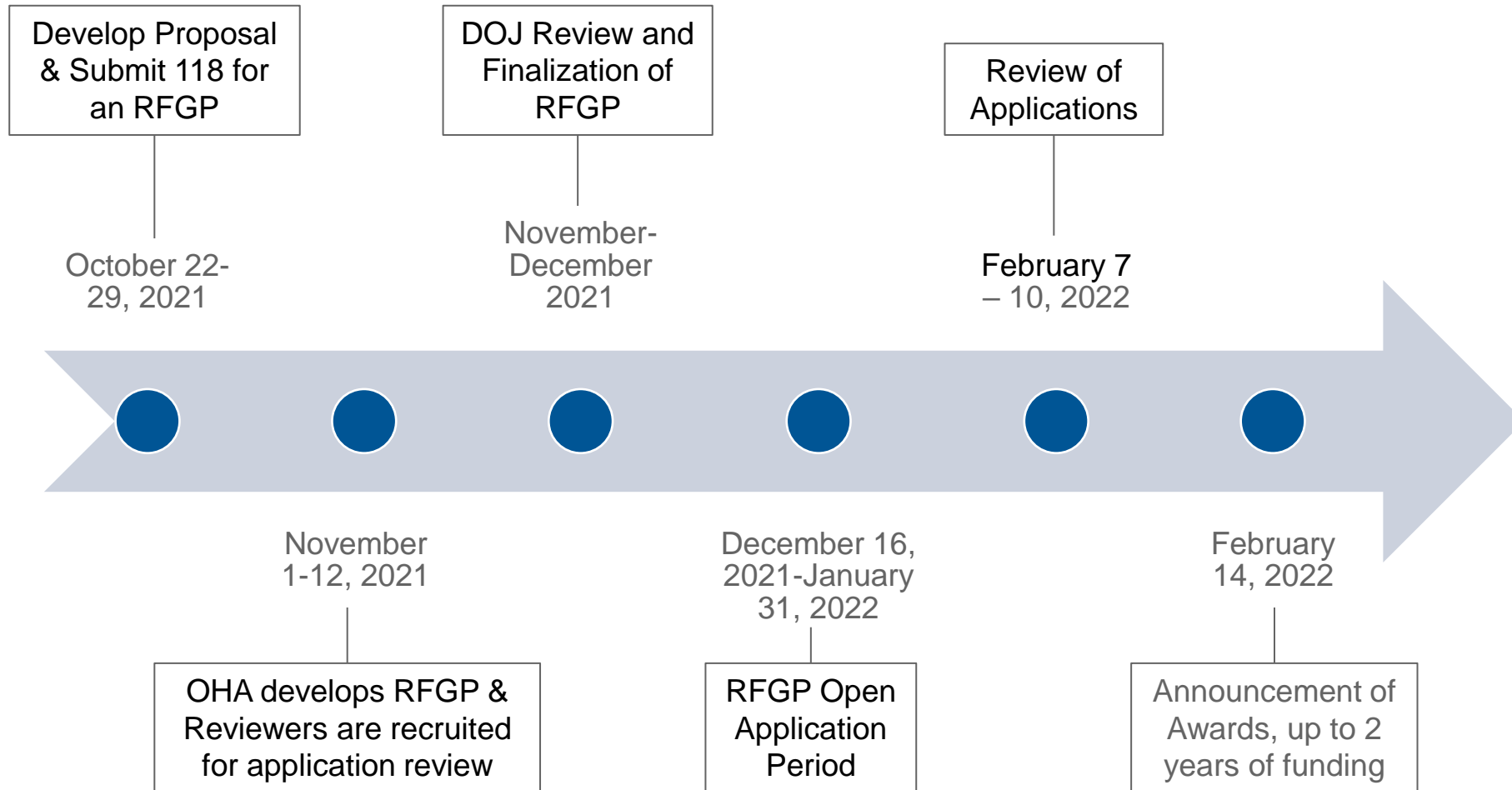
# Emergency Actions to Stabilize Behavioral Health Providers

- Retention and hiring bonuses (Spent \$7.6M)
- Actions to reduce administrative burden
- Vacancy Payments (\$47M paid as of 1/1/22)
- Rate Increase - Temporary 10% rate increase for residential providers, disbursed in September (~\$13M)
- Use of ARPA-enhanced federal Block Grant (\$7M available)
- Residential Treatment Emergency Staffing Resources

# HB 2949 - Workforce – Clinical Supervision: \$20 million

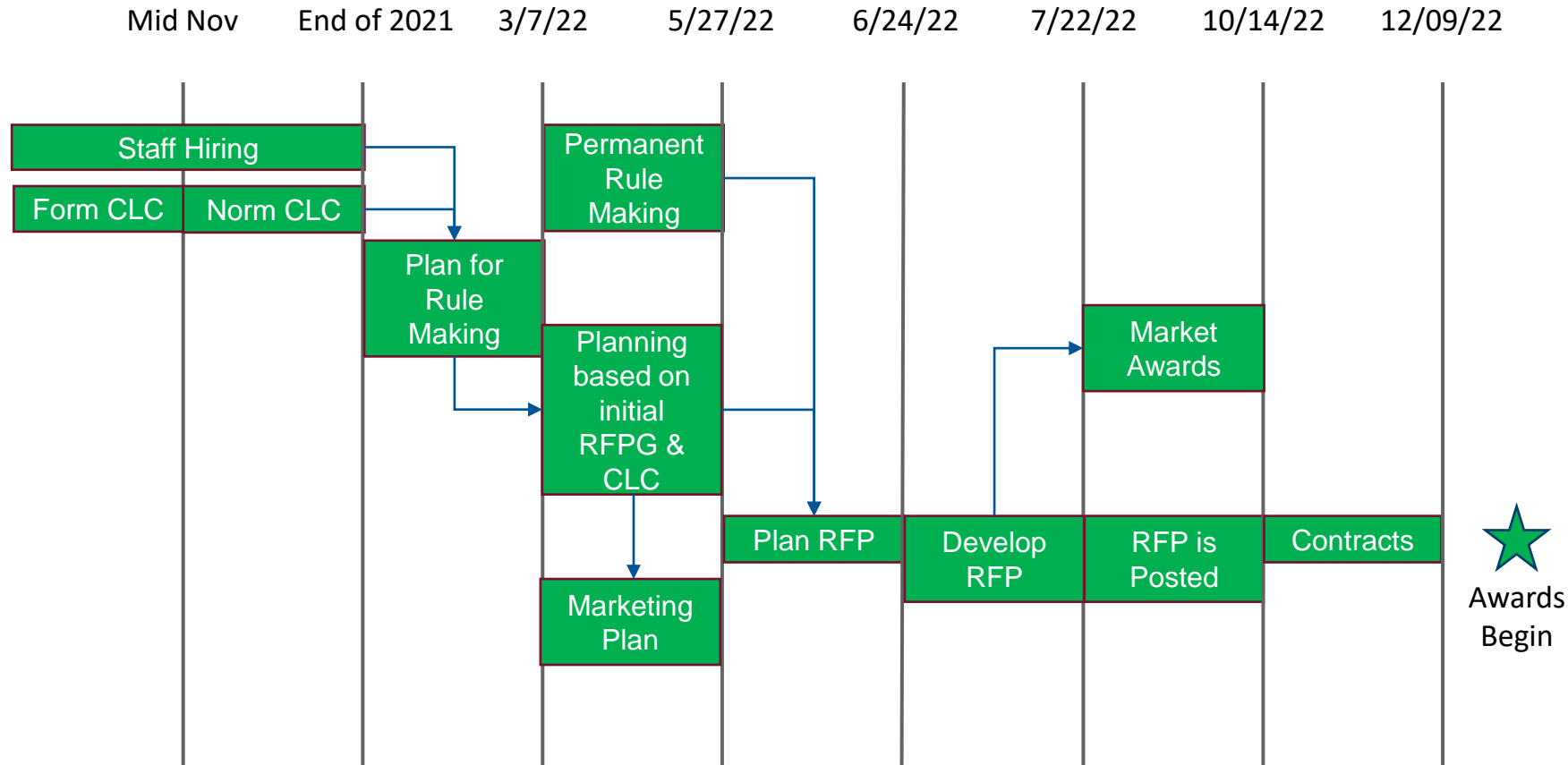
- Grant program to licensed behavioral health professionals in order to provide paid supervised clinical experience to associates towards professional licensure
- A long-term and short-term distribution has been proposed
- An immediate distribution of up to \$7 million in grants to fund clinical supervision towards licensure, following detailed legislative guidance
- 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
- **RFP posted and available at:** <https://oregonbuys.gov/bsa/external/bidDetail.sdo?docId=S-44300-00001537&external=true&parentUrl=close>

# HB 2949 - Clinical Supervision Timeline: Short Term, \$7 million



All dates given are approximate.

# HB 2949 - Clinical Supervision Timeline: Medium Term, \$13 million



# HB 2949 - Workforce Incentives: \$60 million

- Develop and invest in behavioral health workforce, including culturally specific workers and increase access to culturally responsive services
- Major Milestones

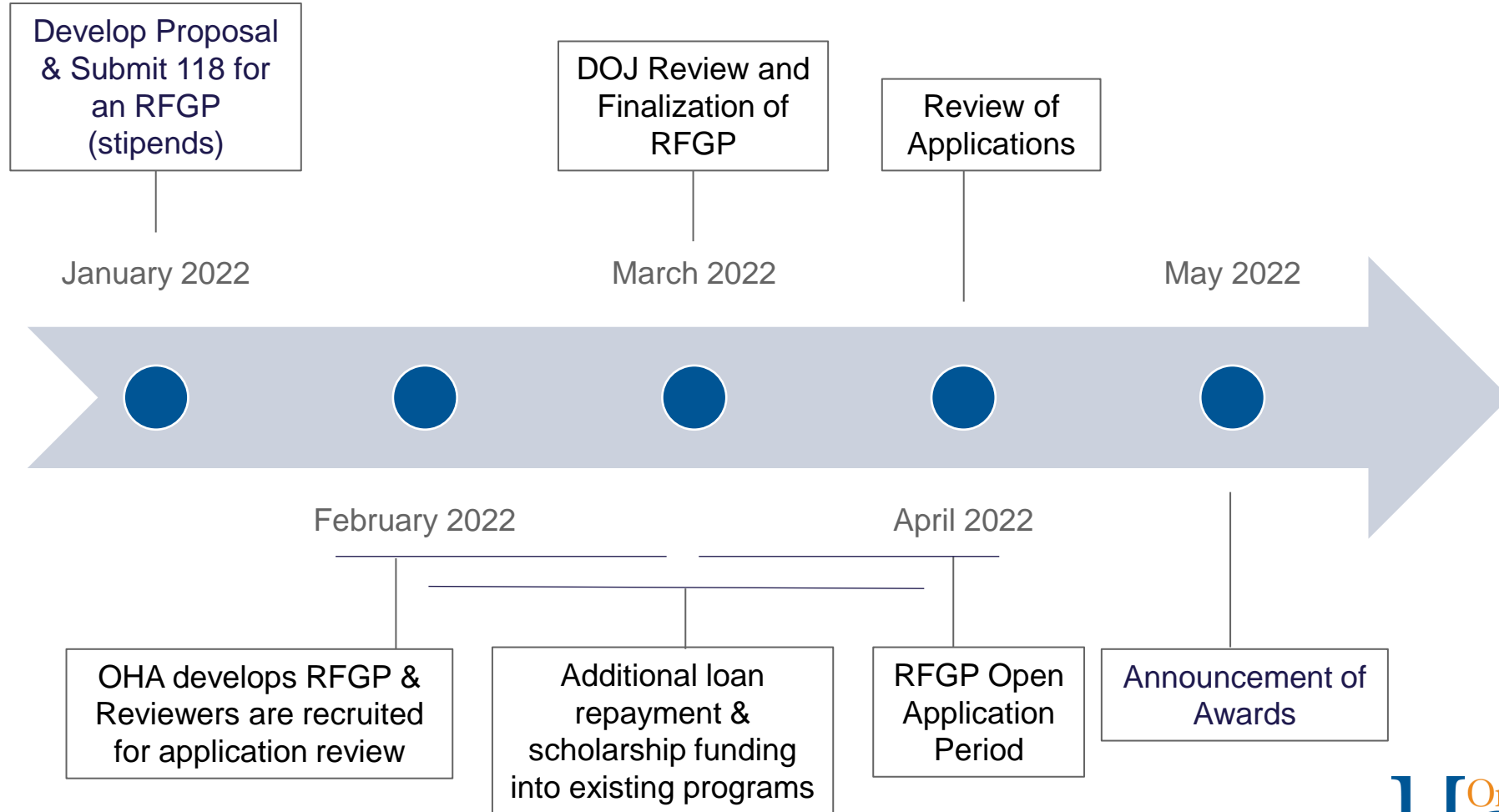
**Now:** Community Leadership Council (CLC) has been stood up and is meeting regularly. Proposal for initial 20M was presented to CLC and decisions will be made by January 12th, 2022 – this will be focused on peer delivered service providers and QMHAs in addition to clinicians (loan repayment, scholarships, and housing/childcare stipends are all being considered)

**Next:** RFP development with CLC; additional rounds of incentives and grants

**Ongoing:** The CLC will continue to direct the work; marketing and communication to targeted program participants

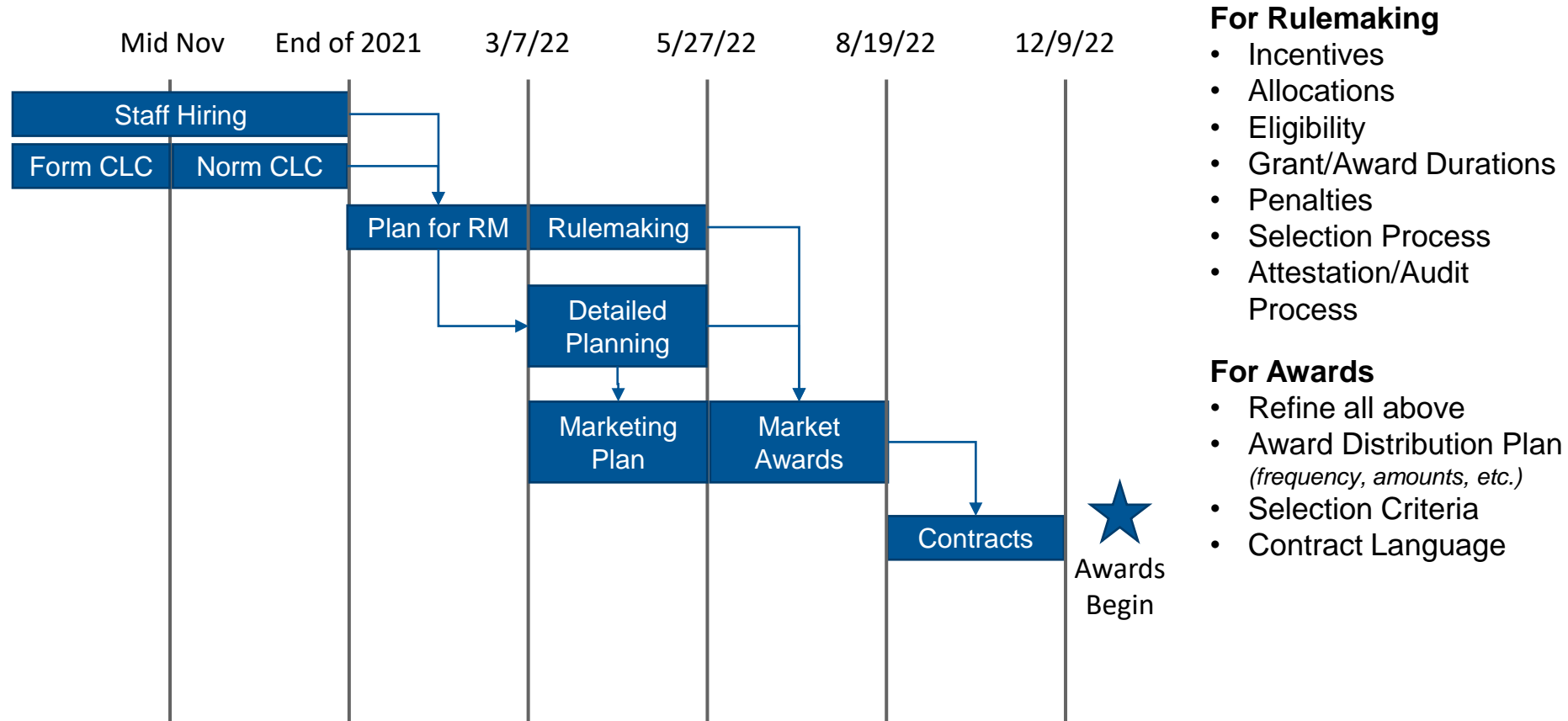


# HB 2949 - Incentives Timeline: Short Term, \$20 million



All dates given are approximate.

# HB 2949 - Workforce Incentives Timeline



# HB 5024 - 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

# HB 5024 - Infrastructure Investments Update

**RFP issued December 30, 2021, with recommendations for how to spend funds by March 2022**

- For “ready to go” projects
- These priority populations include the Civil Commit, Aid and Assist, GEI, and children with severe emotional and behavioral challenges
- Licensed levels of care including children’s psychiatric residential treatment and adult mental health residential
- Priority for intensive treatment services focused on children or people ready to be discharged (or diverted) from Oregon State Hospital
- Projects to be ready to admit residents within 12 months
- Due February 14: [Solicitation S-44300-0000164](#)

# HB 5024 - RFP Community Engagement

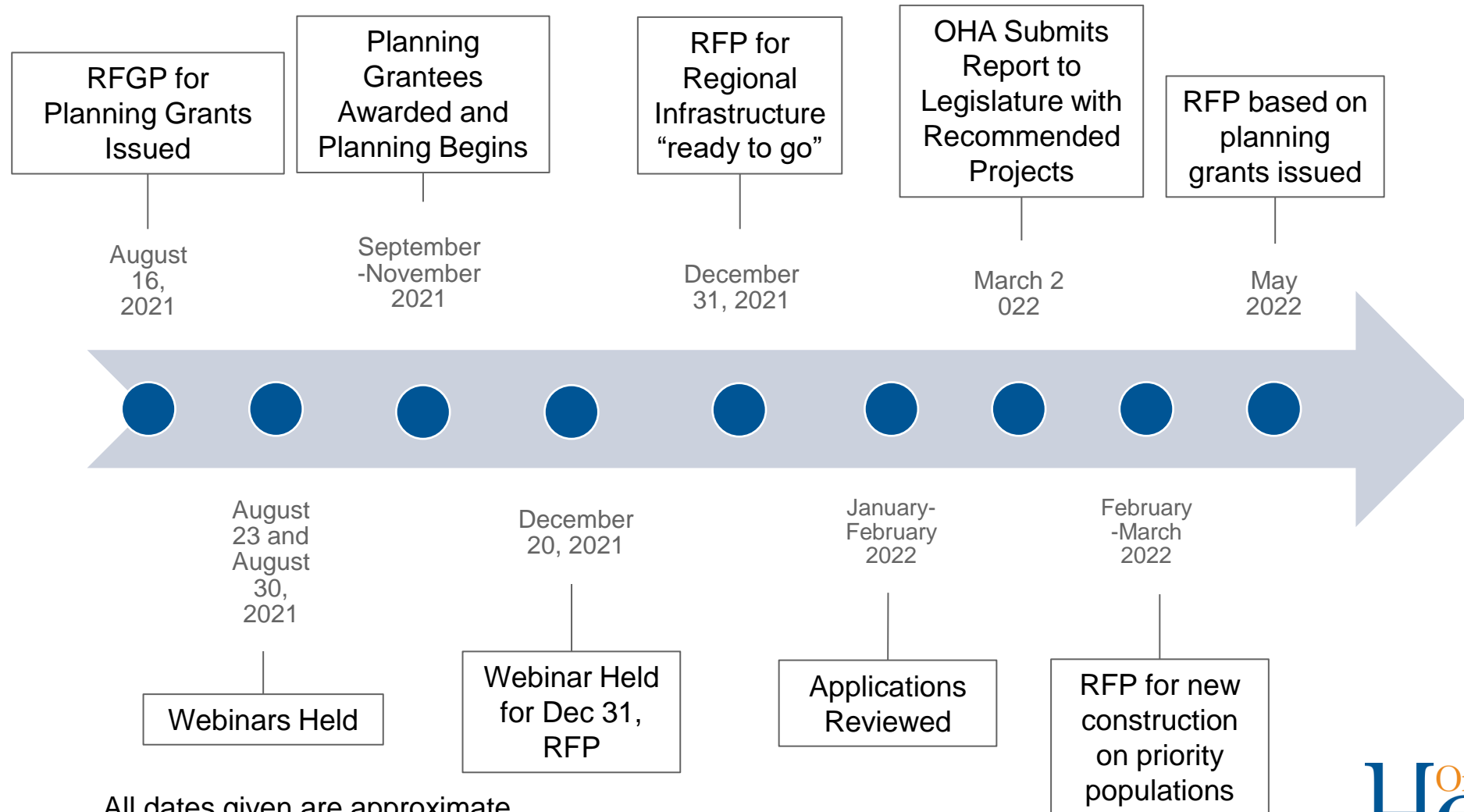
## Consultation meetings

- Oregon Housing and Community Services – Dec 3
- Oregon Consumer Advisory Council – Dec 8
- Children's System of Care Advisory Council – Dec 10
- Measure 110 Oversight and Accountability Council – Dec 22

## Webinars with Planning Grantees and other interested community members

- Interactive Zoom meeting – Dec 20
- Future webinars will be monthly beginning January 2022 to continue community listening and technical assistance conversations
- Additional ad-hoc presentations and conversations scheduled when requested throughout December and January

# HB 5024 - Infrastructure Investments Timeline



All dates given are approximate.

# HB 5024 - Infrastructure Investments Update

## At least two more subsequent RFPs

- One will focus on a longer time horizon and more intentionally focused development including new construction
- Another will focus on non-licensed housing options including support housing
- Both will be informed by feedback from the recipients of 104 Planning Grants from Fall 2021

# HB 5024 - 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**



# HB 5024 - 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
- **RFP is being created for the remaining funds, applications to start January 24, 2022**

## In progress

- New Narratives: 5-bedroom Residential Treatment Home, approximately \$225,000, to open first quarter of 2022
- Junction City Campus Cottages: Lane County, via ColumbiaCare to open the final two-8 bed cottages

## Ongoing

- OHA staff and counties are in discussion around a case rate formula that more accurately reflects case costs

# HB 5024/SB 755 - Addiction and Recovery Services, per Ballot Measure 110: \$302 million

- \$22.3 million granted in 2021 in 2 rounds to 70 entities across Oregon
  - SUD Treatment
  - Peer Support
  - Housing
  - Harm Reduction
  - Supported Employment
  - Provider Technical Assistance
- Temporary Rules: Chapter 944 filed with Secretary of State for Behavioral Health Resource Networks (BHRN's) on 9/1/21
- The RFGP for BHRN's was approved by the Oversight and Accountability Council on 10/20/21 and the OAC began evaluation of the applications on 12/17/21 with a goal to award \$270 million across the state.
- If funding remains after the BHRNs are completely funded, there will be another round of Access to Care Grants in early 2022

# SB 755 - Access To Care

More than 7,398 Individuals have received services through Access to Care funds

## ATC Funding Data Summary

Summary of ATC Funding

Funded Entity	Amount
ATC Grantees	\$21,503,191.42
Direct Amended Contracts (PRIME+, Rental Assistance, and ClearingHouse)	\$6,831,484.99
Tribes	\$3,070,000
<b>Total</b>	<b>\$31,404,676.41</b>

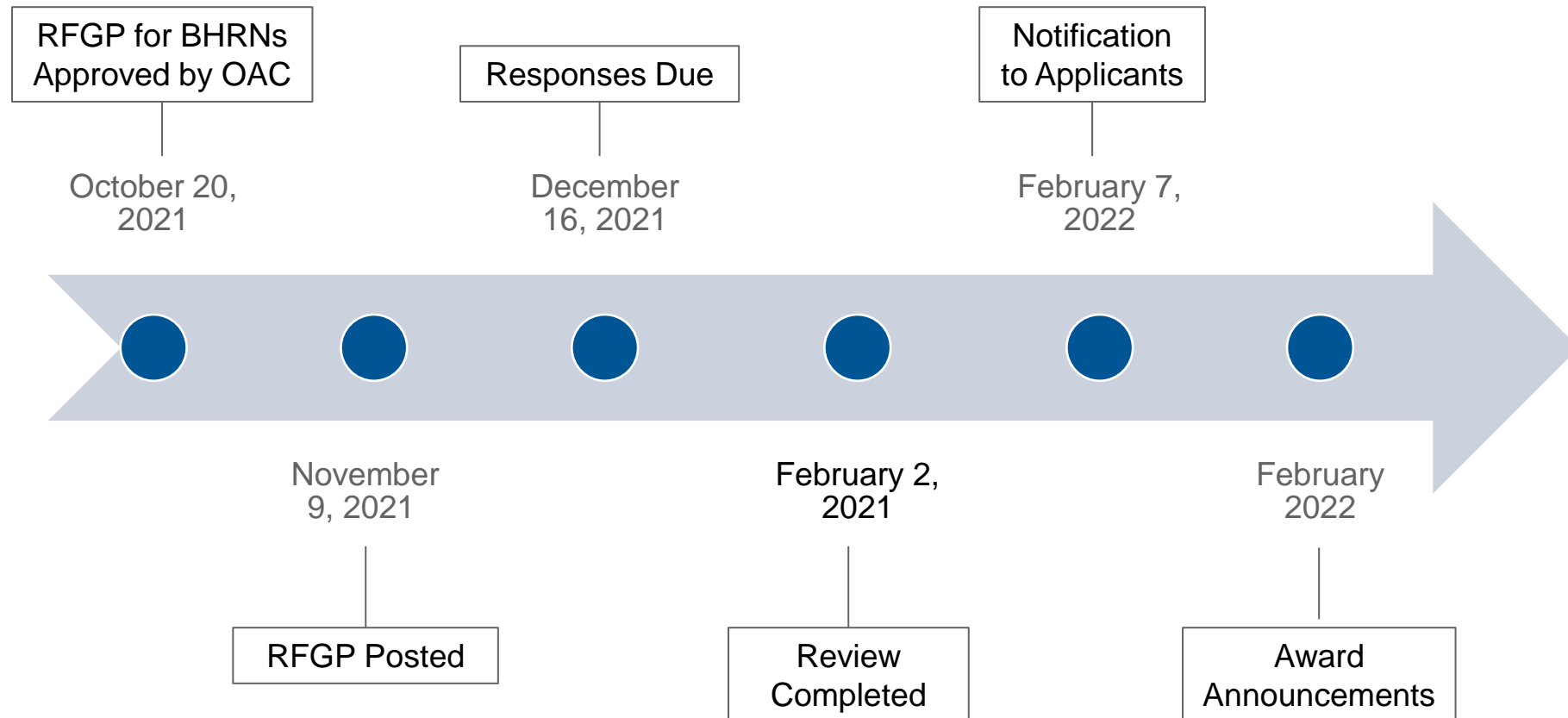
Number of Orgs Funded by Service Type

Service Types	# of Organizations that Provide Service Type
SUD Treatment	31
Peers	51
Housing	28
Harm Reduction	25
Employment Support	5
Provide Technical Assistance	2

# Ballot Measure 110 Oversight and Accountability Council

- OAC is currently evaluating 277 BHRN grant applications from across the state
- Public hearing for Chapter 944 rules on January 18, 2022 – rules will be permanent in February
- The Full OAC has met 47 times, and over 30 times in committees
- OAC began a Media committee in December
- Since September, OAC has built the RFGP for the BHRNs, and determined reporting outcomes for the BHRNs

# HB 5024/SB 755 - Addiction and Recovery Services, per Ballot Measure 110: \$302 million



All dates given are approximate.

# ADPC Strategic Plan and Ballot Measure 110

	ADPC Strategic Plan	Ballot Measure 110
		
Prevention	 Yes	 No
Outcomes	 Yes	 Yes
Effective Programs	 Yes	 Yes
Workforce	 Yes	 Indirectly
Coordinate Agencies	 Yes	 No
Measurement to Monitor	 Yes	 Yes

# How Measure 110 Addresses ADPC Strategic Plan Ultimate Impacts

## **Reduce Substance Use Disorders and Increase Recovery**

- Creating and funding Behavioral Health Resource Networks (BHRNs) in every Oregon county, as well as Tribal areas, that will provide, at minimum, a network of low-barrier treatment, peer support, housing, harm reduction, and supportive employment

## **Reduce Alcohol, Tobacco, and other Drugs (ATOD)-related Deaths**

- Funding harm reduction programs/organizations for every Oregon

## **Reduce ATOD-Related Health Disparities**

- Specifically aims to fund organizations' BRHN programs that address the needs of clients in a culturally and linguistically-responsive/specific manner.

## **Reduce the Economic Burden of Substance Misuse in Oregon**

- Provides high-quality BHRN services at no cost to individuals seeking services by using cannabis tax dollars, rather than Medicaid dollars

# HB 2980 - Peer Run Respite Centers: \$6 million

## - Behind Schedule

- Peer-run respite centers provide short term, non-clinical peer support in a homelike setting to people experiencing a mental or emotional distress
- Operated and staffed by certified peer specialists, these centers will create a person-centered, trauma informed alternative to emergency room visits or hospitalization for individuals experiencing a mental health crisis
- As a new program rulemaking and definitions and eligibility criteria must be established. OHA will be working in partnership with the community to establish this criteria
- OHA is seeking temporary rulemaking to establish this program
- **Distribution of funding is expected in late summer/early fall of 2022**



# HB 2086 - Behavioral Health Committee

- Created by HB2086, the **Behavioral Health Committee** is charged with developing quality metrics and establishing incentives to improve the quality of behavioral health services for coordinated care organizations, health care providers, counties and other government entities
- The Committee is focused on transformation and equity
- 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
- OHA submitted required report to the legislature on December 31, 2021, regarding structural needs for behavioral health transformation, including barriers, risk sharing, data, Medicaid demonstration and other issues, which can be accessed [here](#)
- An earlier report regarding behavioral health service contracting was required on November 1, 2021 and can be found [here](#)

# HB 2086 - Behavioral Health Committee

## Membership

- HB 2086 specifies categories of membership
- OHA staff meaningfully engaged with communities to help recruit
- Prioritized selection of members
  - With lived behavioral health experience
  - From communities historically and currently unrepresented in directing public policy
  - From communities systemically impacted by health inequities

## Status Update

- The Committee has met weekly since November 15, 2021
  - The first few meetings were needed to establish the committee, decision-making protocols, and leadership structure
  - Committee work has included:
    - Defining Purpose of the Behavioral Health System
    - Clarifying guiding principles and values
    - Identifying initial outcomes
    - Synthesizing and streamlining outcomes
  - Upcoming work will include finalizing the outcomes, developing metrics, and identifying effective incentives that will influence the outcomes
- The Committee believes they are on track to provide initial recommendations about transformational outcomes, metrics and incentives by February 1, 2022

# HB 2086 - Behavioral Health Committee Membership

28 Members have been selected this group represents a broad spectrum of interests including but not limited too:

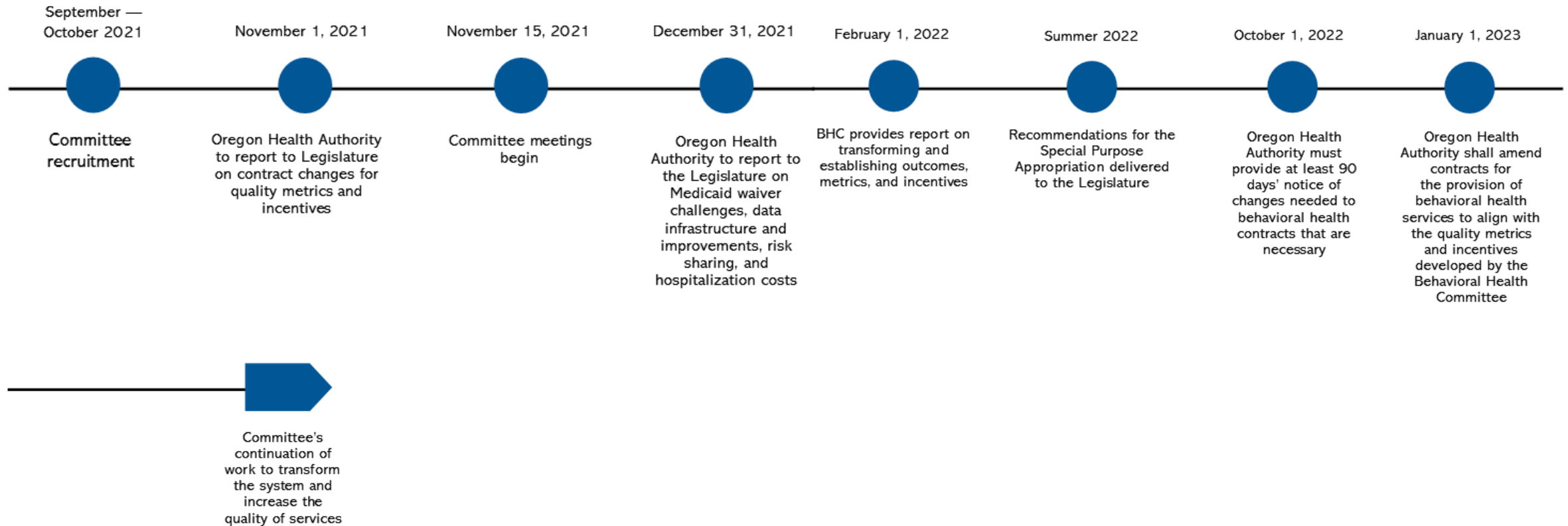
- People with lived experience of behavioral health needs
- Providers
- The Alcohol and Drug Policy Commission
- Health Plan Quality Metrics Committee
- Previously underserved populations
- Oregon Judicial Department
- Oregon Health Policy Board
- Health Equity advocacy groups
- CCO's
- Peer Delivered Services providers

The Full membership list is available on the OHA website at <https://www.oregon.gov/oha/HSD/BHP/Documents/Behavioral-Health-Committee-Membership.pdf>

# HB 2086 - Key Points from Interim Reports

- Considering lead times on contract development, the soonest that metrics and incentives can be incorporated into contracts will be 2023 or later
- Currently, Coordinated Care Organizations are governed by a different Metrics and Incentives process
  - Alignment of this work will be complicated
- The underlying data infrastructure needed to support metrics and incentives is weak in the Behavioral Health System
  - Time and resources will need to be devoted to developing state of the art data collection tools, including behavioral health-focused electronic health records

# HB 2086 - Behavioral Health Committee Timeline



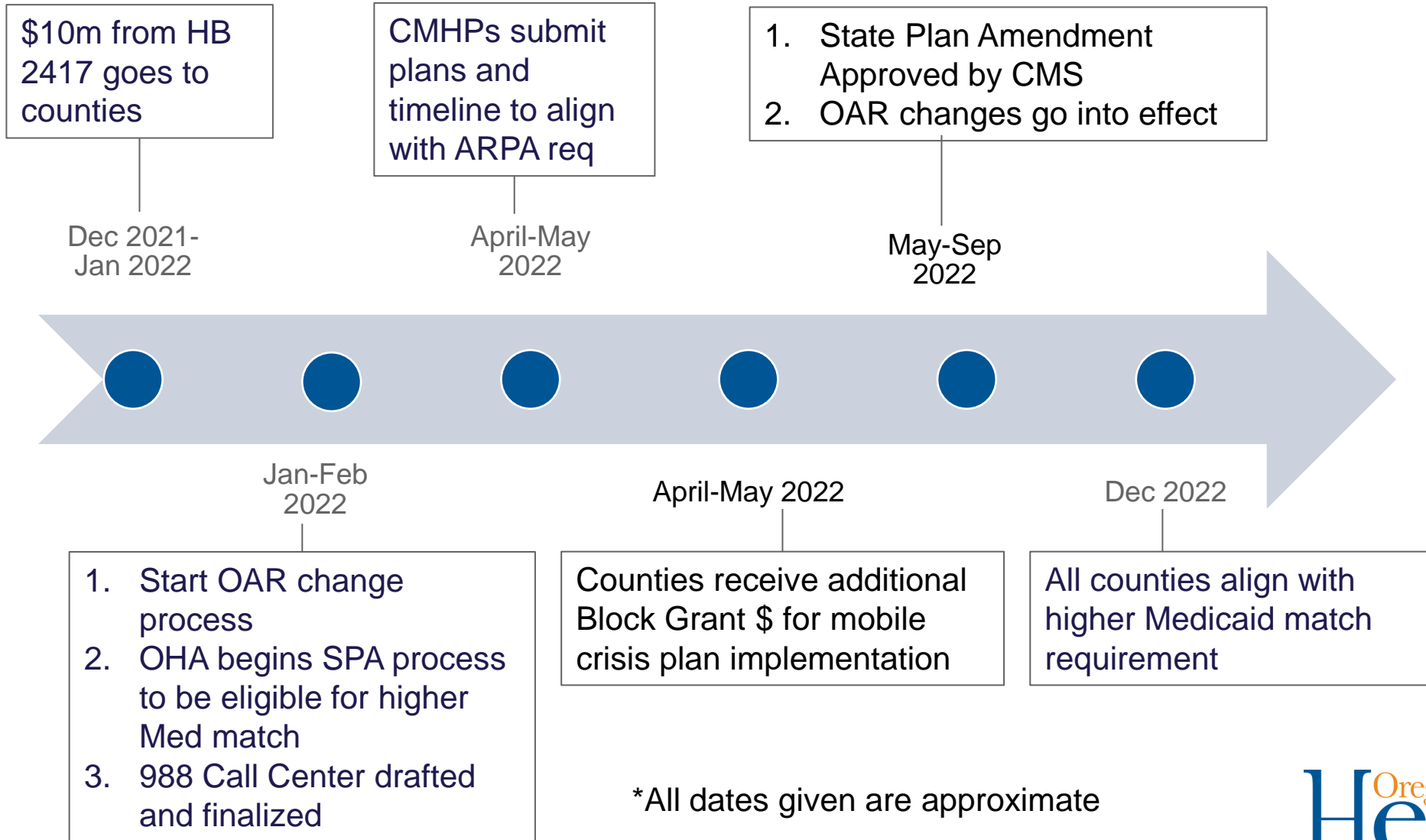
# HB 2417 - Strengthening Crisis Care System: \$31 million

- HB 2417 allocated \$10 million for mobile crisis services and \$5 million for call center resources
- For mobile Crisis, OHA has identified an opportunity to braid together funding to bring up the total mobile crisis investment to **\$31 million**
  - \$10,000,000 funding from HB 2417
  - \$11,000,000 from the mental health block grant supplemental funds
  - \$10,000,000 through current CFAA funding
    - This funding is separate from the \$6.5 Million for Mobile Response and Stabilization Services and supplemental block grant funding being utilized for the children's model
- This is the estimated cost to **fully fund mobile crisis** services by community mental health programs
- CY22 transition to Medicaid reimbursable mobile crisis model

# HB 2417 - Crisis Stabilization Centers

- Statutes and OARS have been identified that need to be changed to license/certify crisis stabilization centers
- Some counties could participate in pilot
- As was estimated during the 2021 legislative session, a start-up cost of \$163 million would be needed to establish crisis stabilization centers

# Mobile Crisis Investments Timeline





# HB 2417 – Call Centers

- HB 2417 also allocated \$5 million for call center resources
- The Crisis System Advisory Workgroup has provided recommendations to OHA and a decision on the vendor will be part of the minimum standards for the call center via contract
- The minimum standards are being developed by a consumer driven process and include language access and other recommendations from the workgroup
- Federal requirements mandate that Call Centers must be accredited by the National Suicide Prevention Lifeline

# HB 2417 – Recommendations from Mobile Crisis Report

- Coverage for mobile crisis team/s must be provided 24/7, but on an on-call basis in rural and frontier counties.
- Fully staffed, dedicated 24/7 mobile crisis teams should be the norm in more urban counties
- Pursue higher Medicaid match for Mobile Crisis Services under the ARPA provision
- Continue to enhance Oregon's two crisis call centers, so that they each function as an integral part of the national 988 crisis call center system and assure that they are adequately resourced
- Consolidate the various statewide Helplines, so that Oregonians, to the maximum extent possible, have only one simple 3 digit number to remember to call when needing BH-related assistance and support.
- Develop a contingency plan to cover the capacity and financing including consideration for a 988 Tax in parity with 911 i.e. \$1.25/service line

# CMS Grant Update

- OHA is also pleased to announce receipt of an award of \$952,951 planning grant for Oregon's Medicaid program to support the development of mobile crisis intervention service programs in the state
- This grant is awarded through Centers for Medicaid Services (CMS) under the American Rescue Plan Act (ARPA)
- This grant is a valuable 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

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**Thank you**

