
Behavioral Health System Update

Presented to:

Joint Committee On Ways and Means
Subcommittee On Human Services

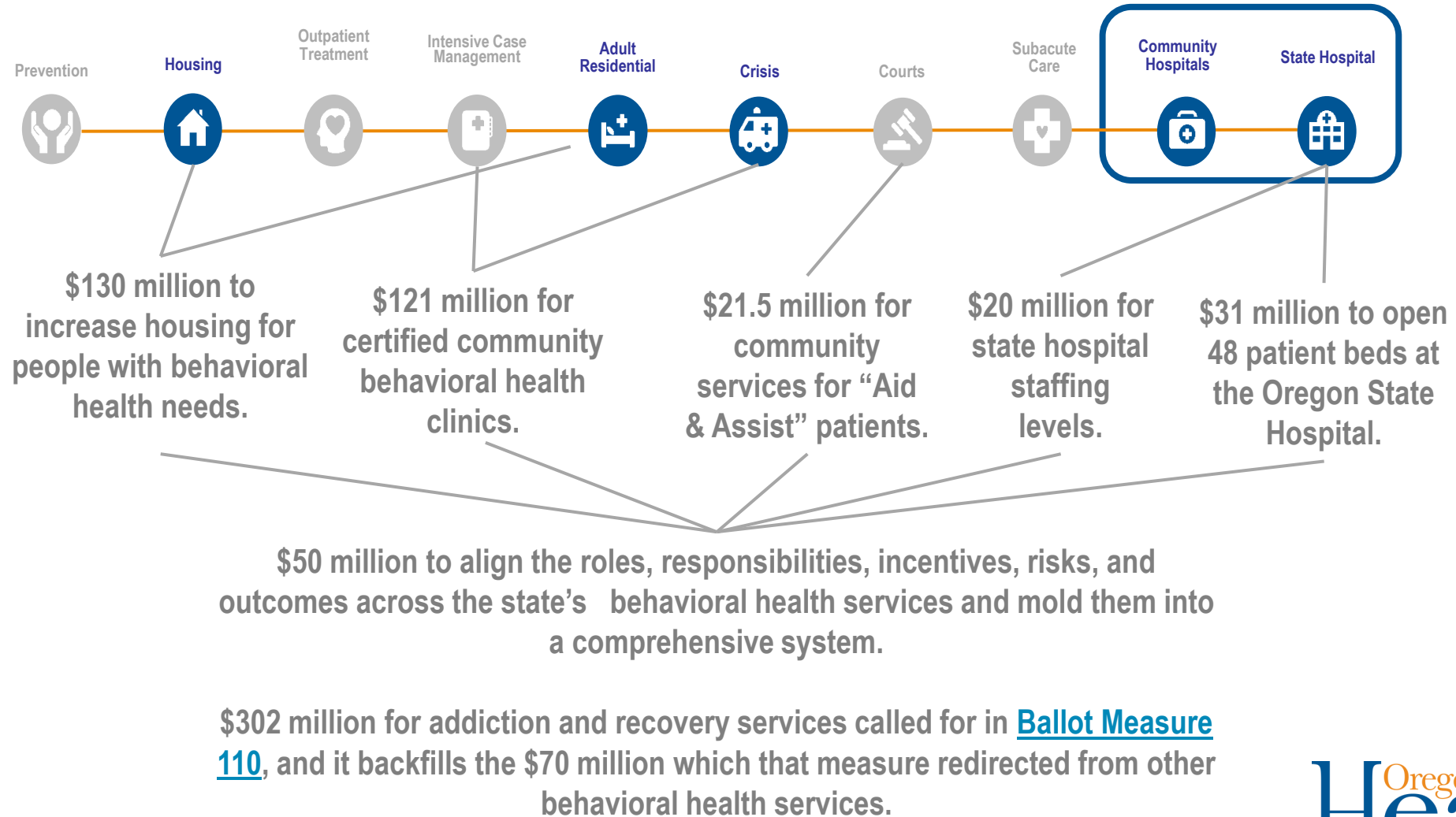
Steve Allen, Behavioral Health Director



Overview

- System Capacity and Stability Challenges
- Emergency Actions Underway
- Omicron Projections
- Considerations for Additional Action
- Implementation Updates
- Staffing Progress and Additional Needs

2021 Legislature Made Significant Investments in Behavioral Health



Residential Program Losses Are Staggering

- Adult System

- SUD Residential

- Bed Capacity lost 142***

- * Capacity of 54 beds was added/restored

- MH Residential

- Bed Capacity lost 32***

- *Capacity of 95 beds was added/restored

- Adult Foster Homes

- Bed Capacity lost 53**

- *Capacity of 53 beds was added/restored

- Children's System

- SUD Residential

- Bed Capacity lost 65***

- *One program was converted into a men's SUD residential adding 16 beds for adults

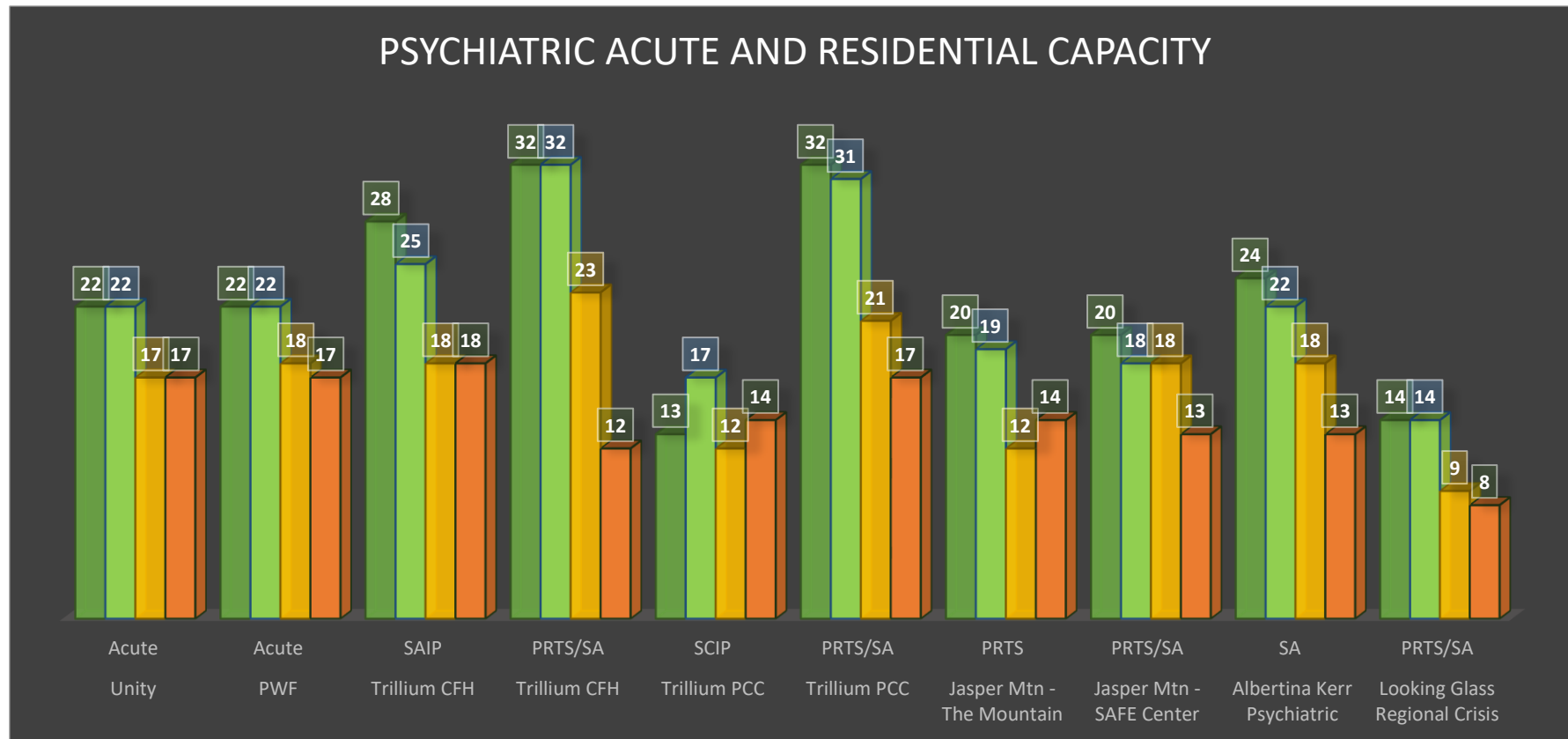
- MH Residential/Psychiatric

- Bed Capacity lost 91**

Totals:

**383 residential bed capacity lost
across both systems**

Psychiatric Beds



Operational Capacity

Pre-Pandemic Capacity

April 2021 Capacity

November 2021 Capacity

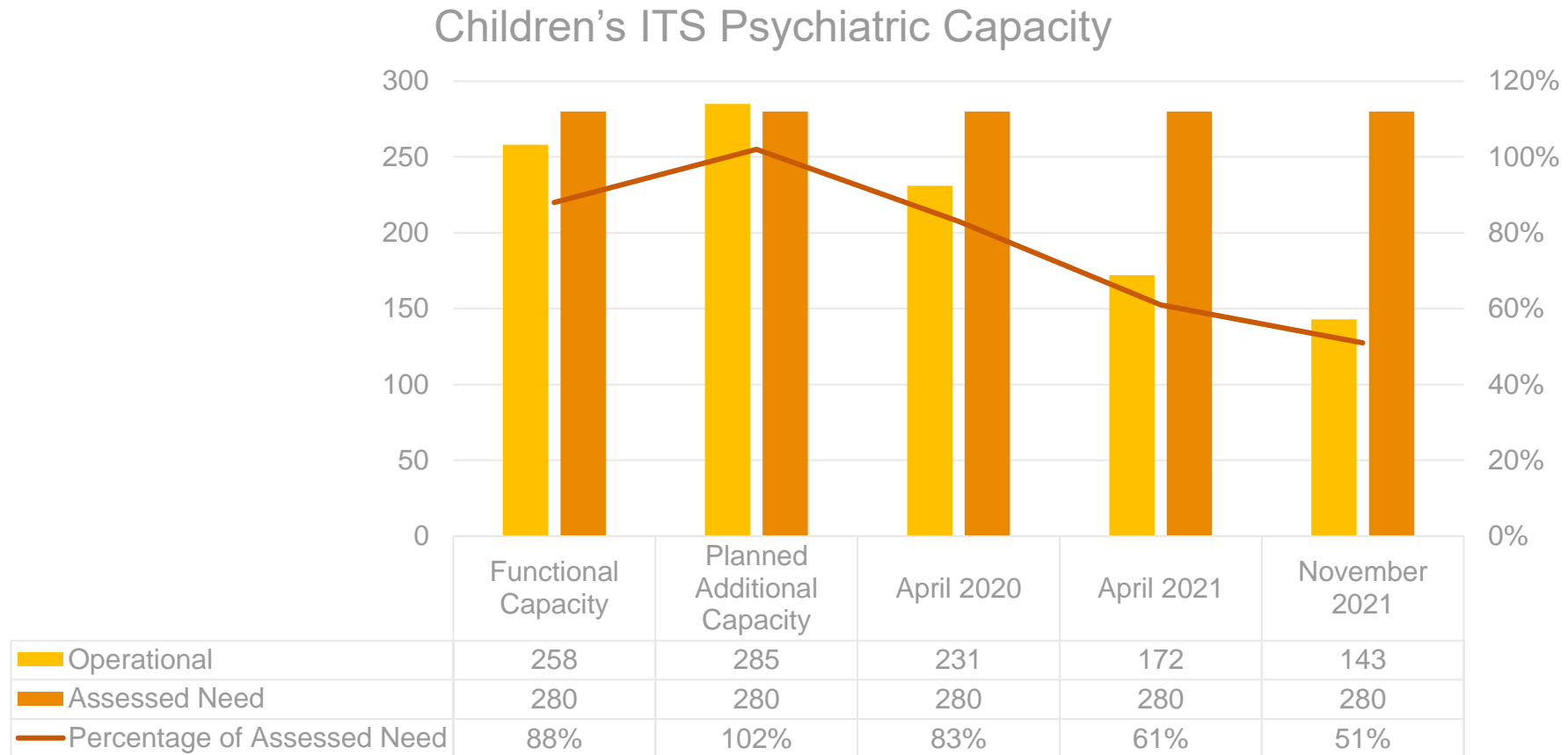
Total 254

Total 234

Total 172

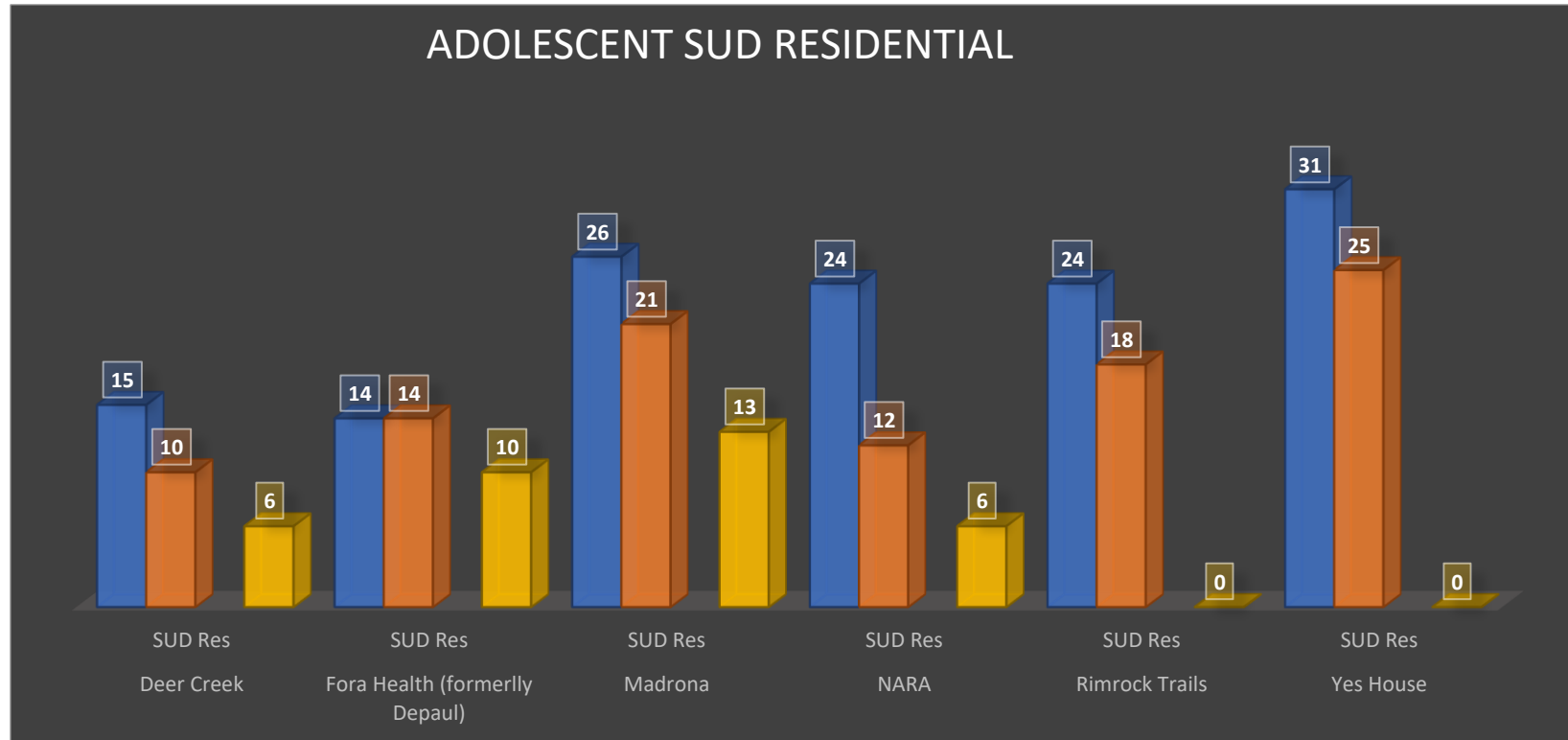
Total 143

Psychiatric Capacity Trend



Joint OHA ODHS Assessed Need = 280 Psychiatric Beds

SUD Residential Beds



Operational Capacity

Pre-Pandemic Capacity

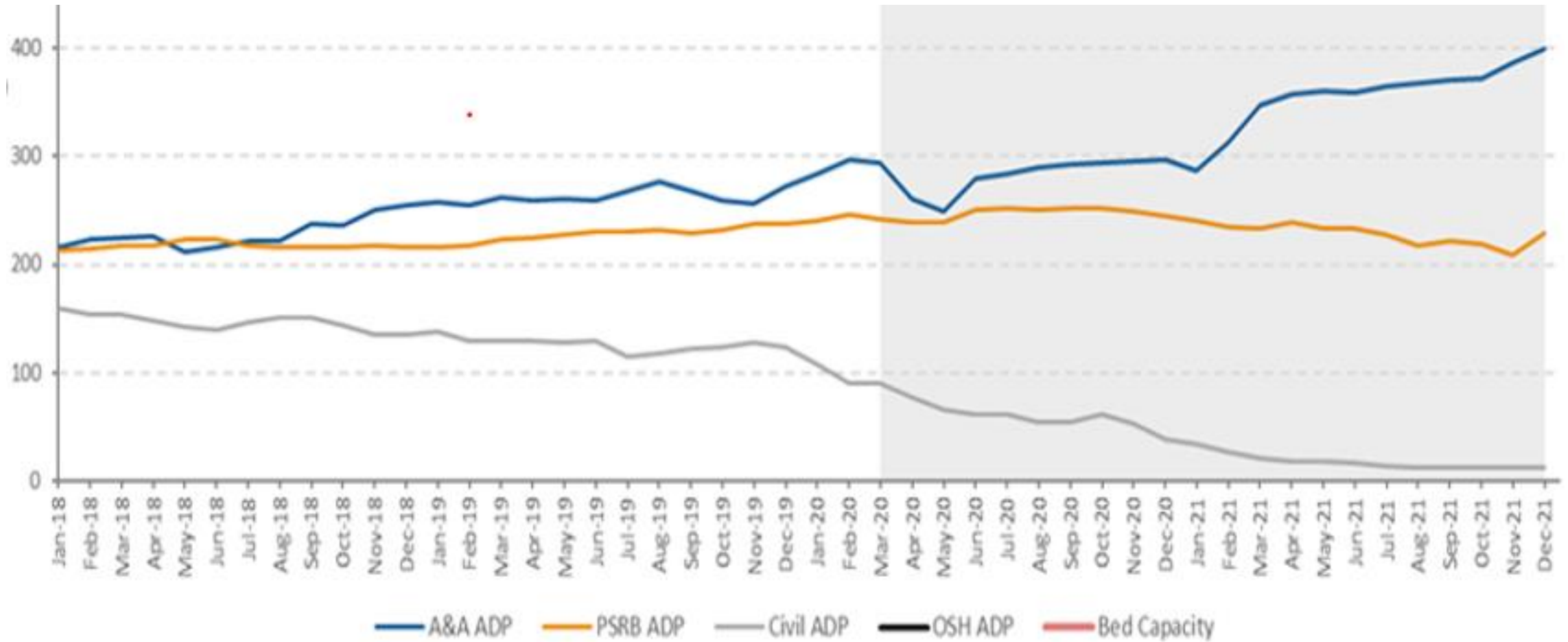
November 2021 Capacity

Total 134

Total 100

Total 35

Oregon State Hospital Capacity Crisis



OSH Crisis of Care and Legal Status

	# On Waitlist	Average Time Waiting	Legal Issues
Aid and Assist	103	21 days	Mink Order
GEI	6	21 days	Bowman
Civil commitment	34	61 days	Marion Co
TTL	143		

As of 2/4/2022

Current OHA Emergency Actions

Emergency Actions

Retention and hiring bonuses (Spent \$7.6M)

- Retention and hiring bonuses on par with other healthcare providers – \$2,000 per person
- Provided payments to nearly cover over 4,500 employees and vacancies

Actions to reduce administrative burden

- OHA has paused or changed 42 reporting and contract requirements, in consultation with providers

Vacancy Payments (\$30M paid to date)

- Vacancy payments to residential providers

Rate Increase

- Temporary 10% rate increase for residential providers from July 2020 to June 2021, disbursed in September (~\$13M)
- Awaiting CMS approval for July 1, 2021 through the end of the Public Health Emergency
- **We will request \$3M in rebalance to cover**

Use of ARPA-enhanced federal Block Grant (\$7M available)

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

Residential Treatment Emergency Staffing Resources (on next slide)

Children's Residential Treatment Emergency Staffing Resources

- Surge Pool Staffing began in September 2021
- Extended from end date of November 22, 2021, to March 31, 2022

Provider	Staff Type	Number
Trillium Family Services – PCC	RN	1
	MH Skills Trainer	10
Trillium Family Services – CFH	RN	2
	MH Skills Trainer	16
Looking Glass – Regional Crisis Center	RN	2
	MH Skills Trainer	12
Albertina Kerr	RN	4
	LPN	1
Jasper Mountain	MH Skills Trainer	12
Madrona SUD	RN	1
	LPN	1
	MH Skills Trainer	4
TOTALS	RN	8
	LPN	2
	MH Skills Trainer	50

Adult Residential Treatment Emergency Staffing Resources

- Adult BH Residential (Includes MH, Detox/SUD, and Problem Gambling)
- OHA has provided Emergency Staffing for 25 Facilities

Type	Total in Facilities
LPN	10
RN	35
CNA	14
MH Therapy Tech	111
CMT Psych	16
	Total: 187 (requested approved)

Additional Emergency Actions

Workforce Initiative – HB 2949

- \$7 million for clinical supervision RFGP is posted, work can start in February 2022
- \$20 million will be fast tracked to increase training, scholarships and loan forgiveness, and begin housing and childcare stipends for a diverse behavioral health workforce – in both licensed and non-licensed occupations

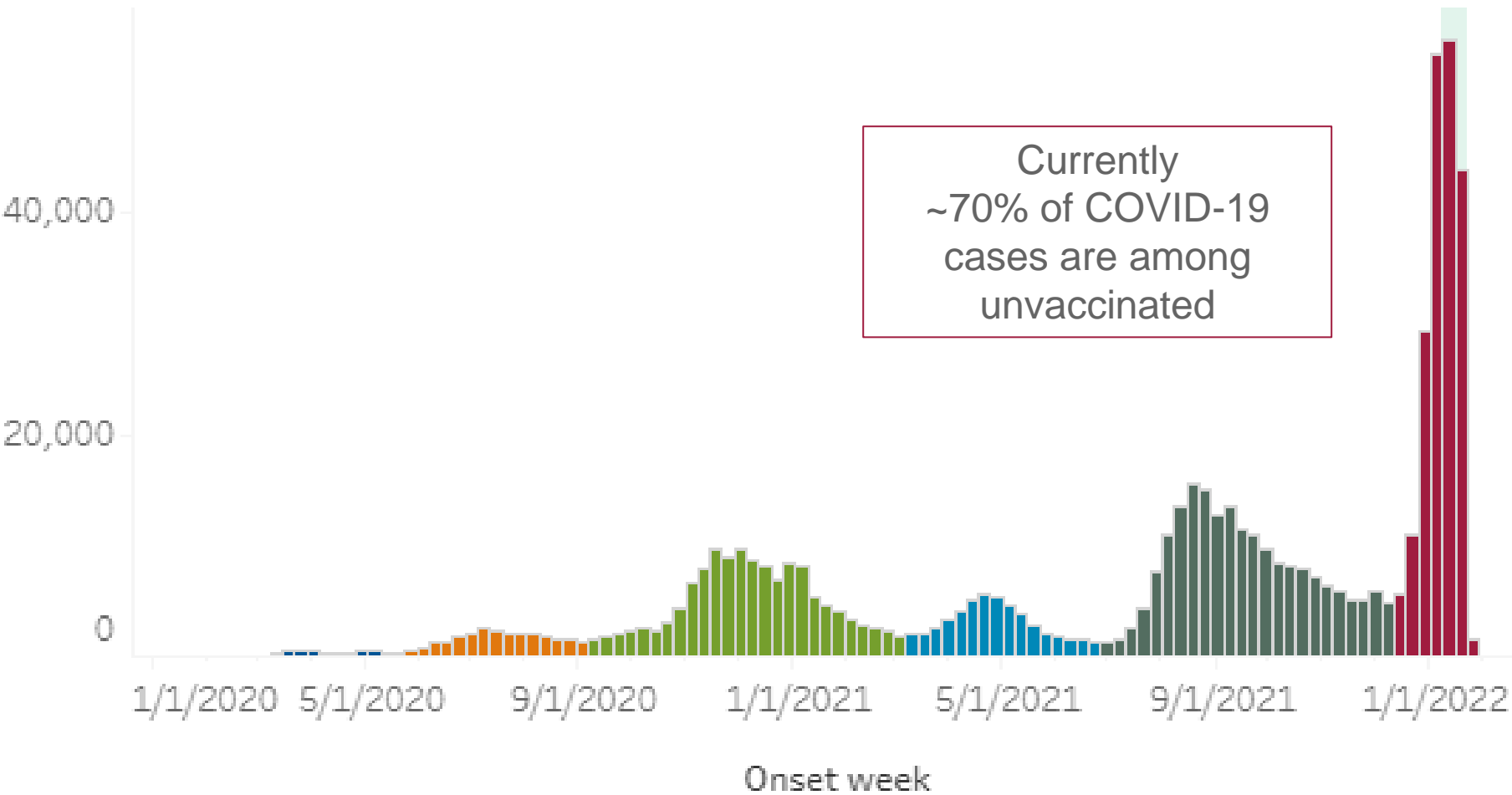
Infrastructure and Housing RFP – HB 5024

- RFGP for urgently needed residential treatment capacity was issued December 30, 2021
- Supports Remodeling and Start-up
- This is not expected to close the gap of what we have currently lost in the system
- **We have concerns that we may have limited applicants**

Omicron Considerations

Oregon's COVID-19 Infections

Oregon, statewide cases by onset week, labeled by statewide wave



Oregon, statewide

Not
Hospitalized 242,181

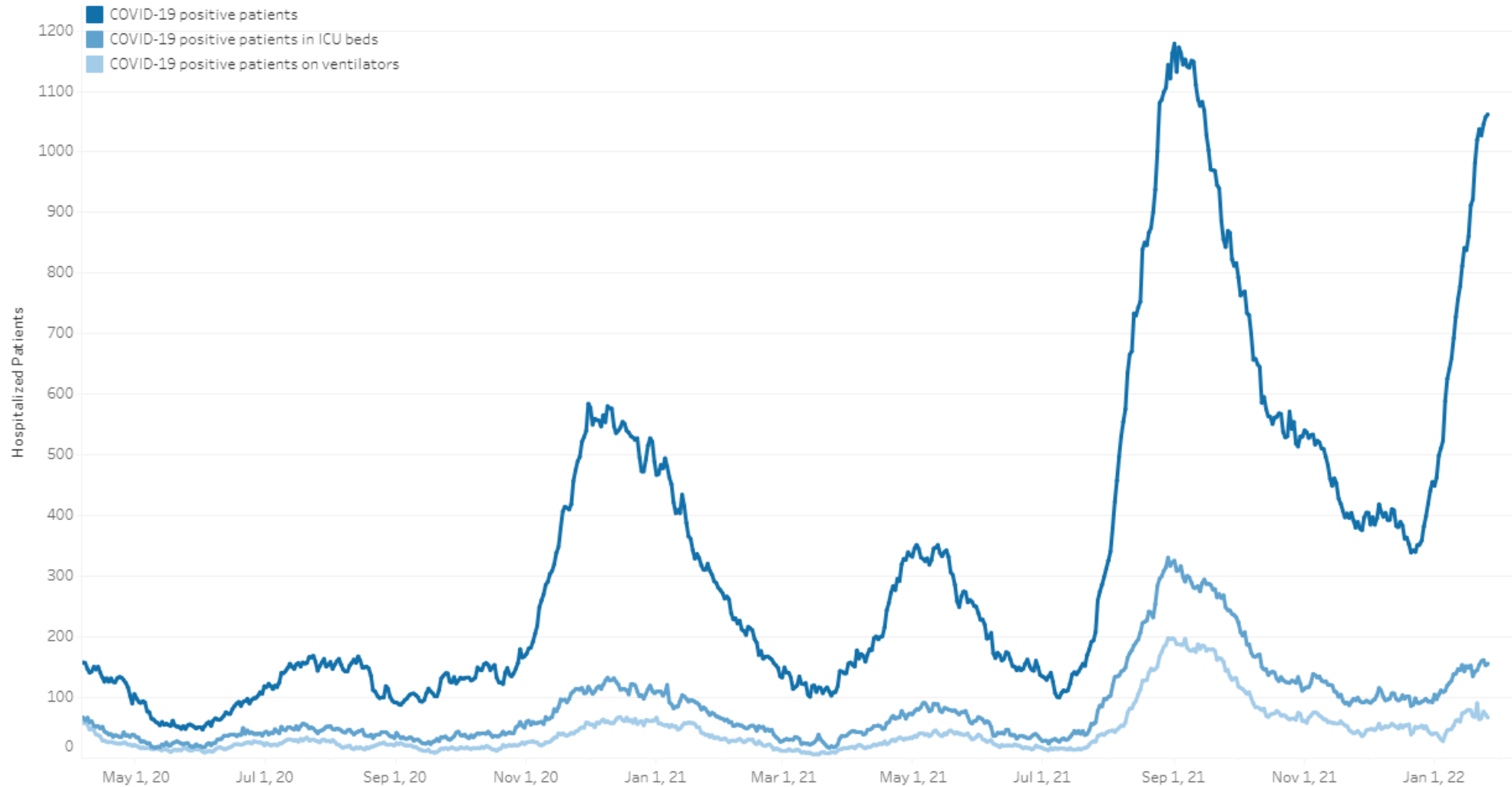
Hospitalization
unknown 338,827

Hospitalized
during illness 24,355

Deaths 6,048

Total Cases 605,363

COVID-19 Hospitalizations to Date



Considerations for Needed Action

Needed Actions

- Provider relief fund
- Rate level and structure changes
- Funding for replacing FEMA work force supports (ask dependent on FEMA funding)
- OHA Additional Staffing a) New Crisis Unit (may be FEMA reimbursable) and b) revisit transformation position asks
- Policy support: county accountability policy
- Develop proposal for additional psychiatric hospital capacity

Part 1: Behavioral Health Provider Relief Program

Requires OHA to distribute grants to behavioral health treatment providers.

Providers may:

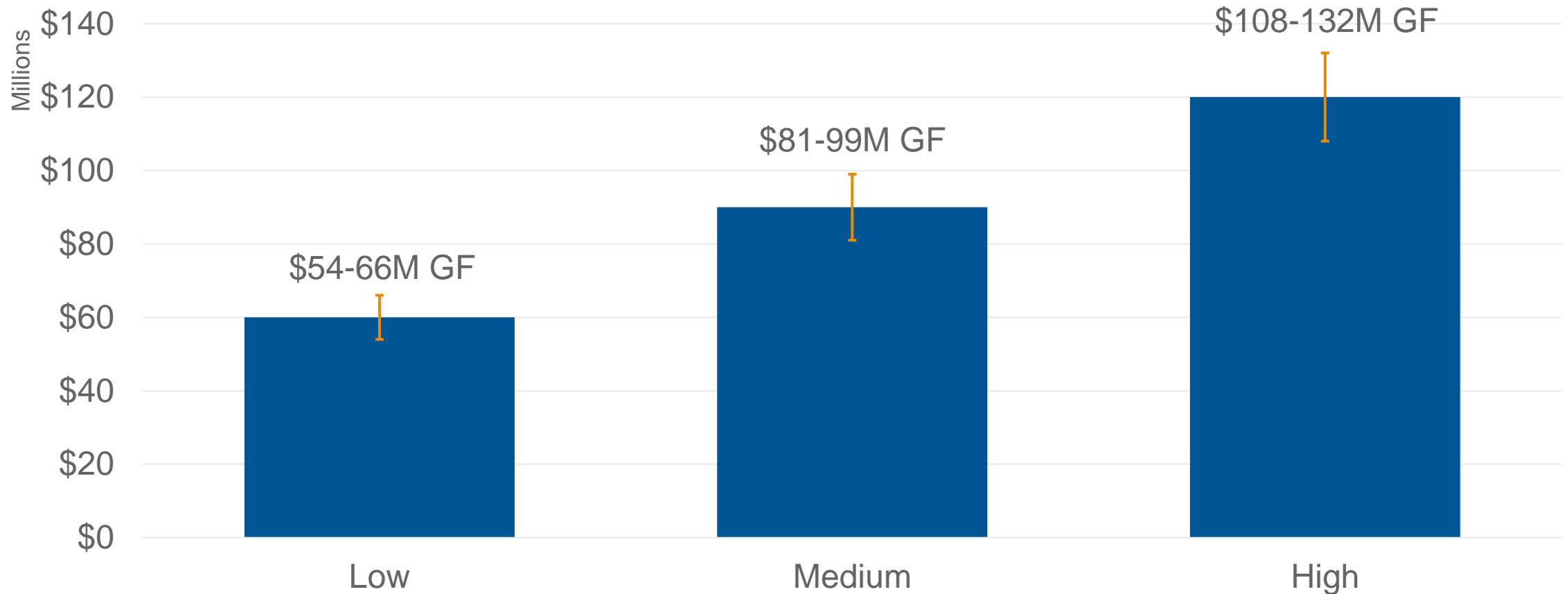
- Use the grant to increase wages
- Pay retention bonuses to staff to prevent a person from leaving
- Hire new staff

Providers must:

- Use 75% of the grant for wages, with the remainder spent on other workforce/recruitment efforts
- Report on how the grants were spent and whether the funding resulted in improved wages and compensation for staff

Any portion of a grant that is not spent by June 30, 2023, constitutes a loan payable at 1% interest.

Behavioral Health Provider Relief Program Costs



Draft estimates for discussion only; not intended to represent exact costs.

Part 2: Behavioral Health Residential Emergency Staffing

Requires OHA to:

- Contract with nurses and behavioral health specialists to provide care in residential behavioral health programs that are short-staffed due to the COVID-19 pandemic.
- If money is not available from FEMA seek approval from CMS to secure federal financial participation in the costs of contracts

Current landscape:

- Currently there are 77 emergency nursing staff in Behavioral Health Residential Homes which include adult and youth residential services.
- **The current cost of this staff is approximately \$700k per week.**

Considerations – Provider Rates

- Providers need increased revenue to offset need for increased worker pay to support recruitment and retention
- Increasing revenue through Medicaid rates leverages substantial federal financial participation, extending the impacts of state general funds
- OHA will continue the temporary 10% rate increase for residential providers through the duration of the Public Health Emergency
- Evaluating need for more than 10% temporary increase and to broaden rate considerations beyond residential programs
- Evaluating longer-term rate options

RECOMMENDATION: Finalize temporary rate review and fund as needed to support system stabilization

OHA Rate Pricing Considerations

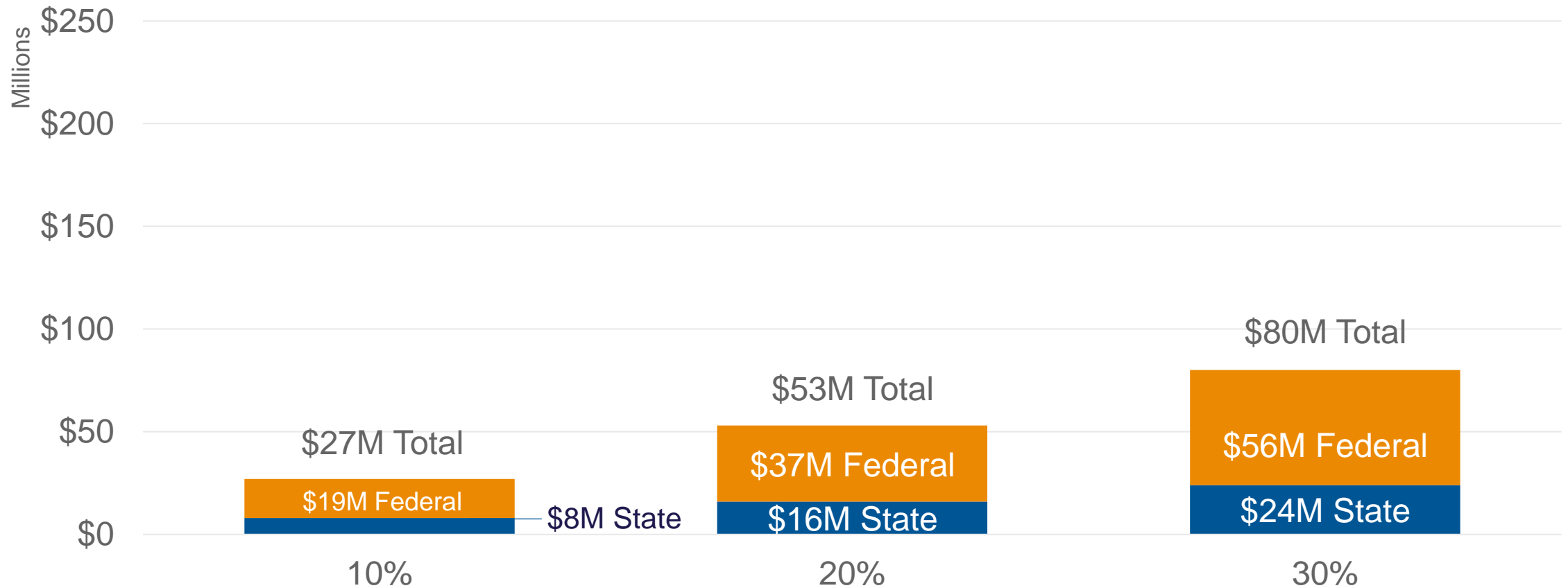
Rates paid under Behavioral Health Fee-For-Service (FFS) include but are not limited to:

- Applied Behavioral Analysis
- BH Outpatient Services
- BH Residential Services
- Peer Delivered Services
- Substance Use Disorder (SUD) Services
- Adult Residential Services
- Youth Residential Services

Increases in FFS rates influence CCO payment rates to providers. CCOs generally need to pay at least as much as FFS; therefore, this consideration is also modeled.

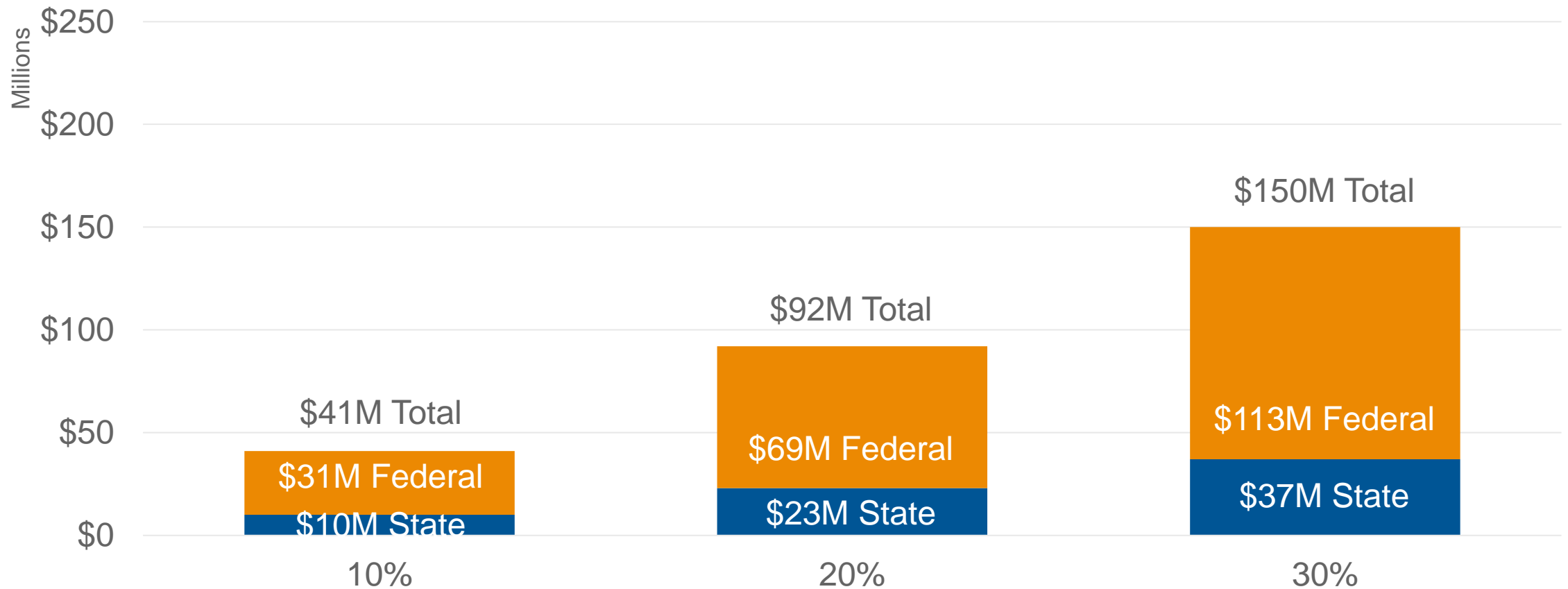
Changes to the fee schedule must be approved by CMS through a State Plan Amendment. Timing would be dependent on approval by CMS.

Financial Impacts of Raising Behavioral Health Provider Rates, Per Year: FFS



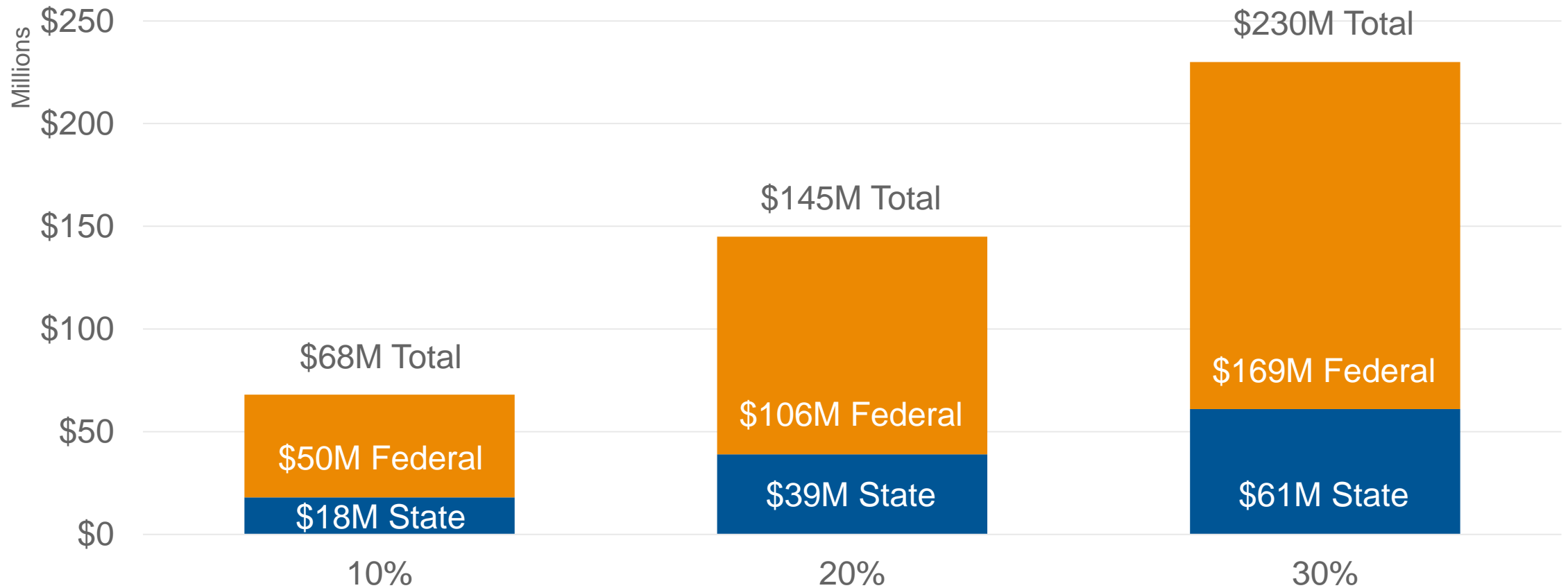
Draft estimates for discussion only; not intended to represent exact rate changes.

Financial Impacts of Raising Behavioral Health Provider Rates, Per Year: CCOs



Draft estimates for discussion only; not intended to represent exact rate changes.

Financial Impacts of Raising Behavioral Health Provider Rates, Per Year: FFS + CCOs Combined



Draft estimates for discussion only; not intended to represent exact rate changes.

Considerations – FEMA Funded Positions

- Currently funding over 100 (112 is current count) positions with a focus on supporting residential children's programs (60 with children's program, 52 with adult programs)
- Depending on variety of factors, the need for the program could expand – OTP/MAT on adult side has huge need
- Current program is expensive (\$2M/month)
- Whether FEMA will fully fund this program remains uncertain

RECOMMENDATION: Authorize continuation and potential expansion of this program

Considerations – OHA Response Capacity

- OHA was approved for only a portion of the requested positions to support 2021 legislative initiatives
- OHA is not adequately staffed to respond to the ongoing crisis
- Strategically reducing administrative burdens will further improve system efficiency but this work is labor intensive and OHA is not staffed for this work

RECOMMENDATION: Establish rapid response unit within OHA Behavioral Health (potential for partial FEMA funding)

Considerations – County Financial Risk Sharing

Reductions in OSH referrals are contingent on:

- Strengthening community-based services
- Greater access to residential treatment and housing options for Aid & Assist cases
- Shared financial risk for OSH patients no longer requiring hospital level of care

RECOMMENDATION: Establish legislation during upcoming session authorizing county payments for people on the 9b list beyond 14 days

Considerations – Additional Psychiatric Hospital Capacity

- Current hospital capacity is overwhelmed, both at OSH and in the community
- Hospital capacity development takes years

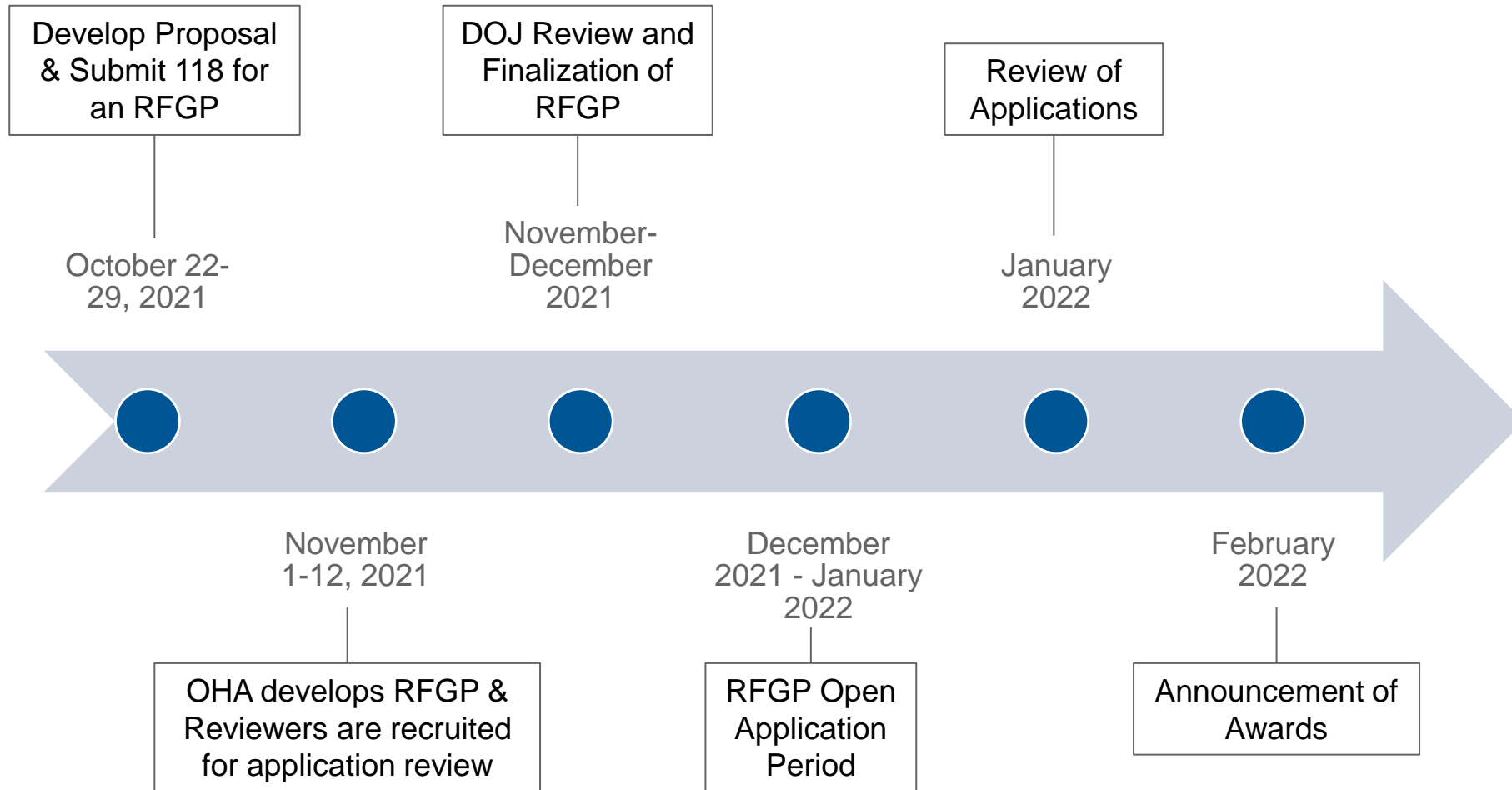
RECOMMENDATION: Establish working group to develop public and private psychiatric hospital options for consideration during 2023 session

Implementation Update

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

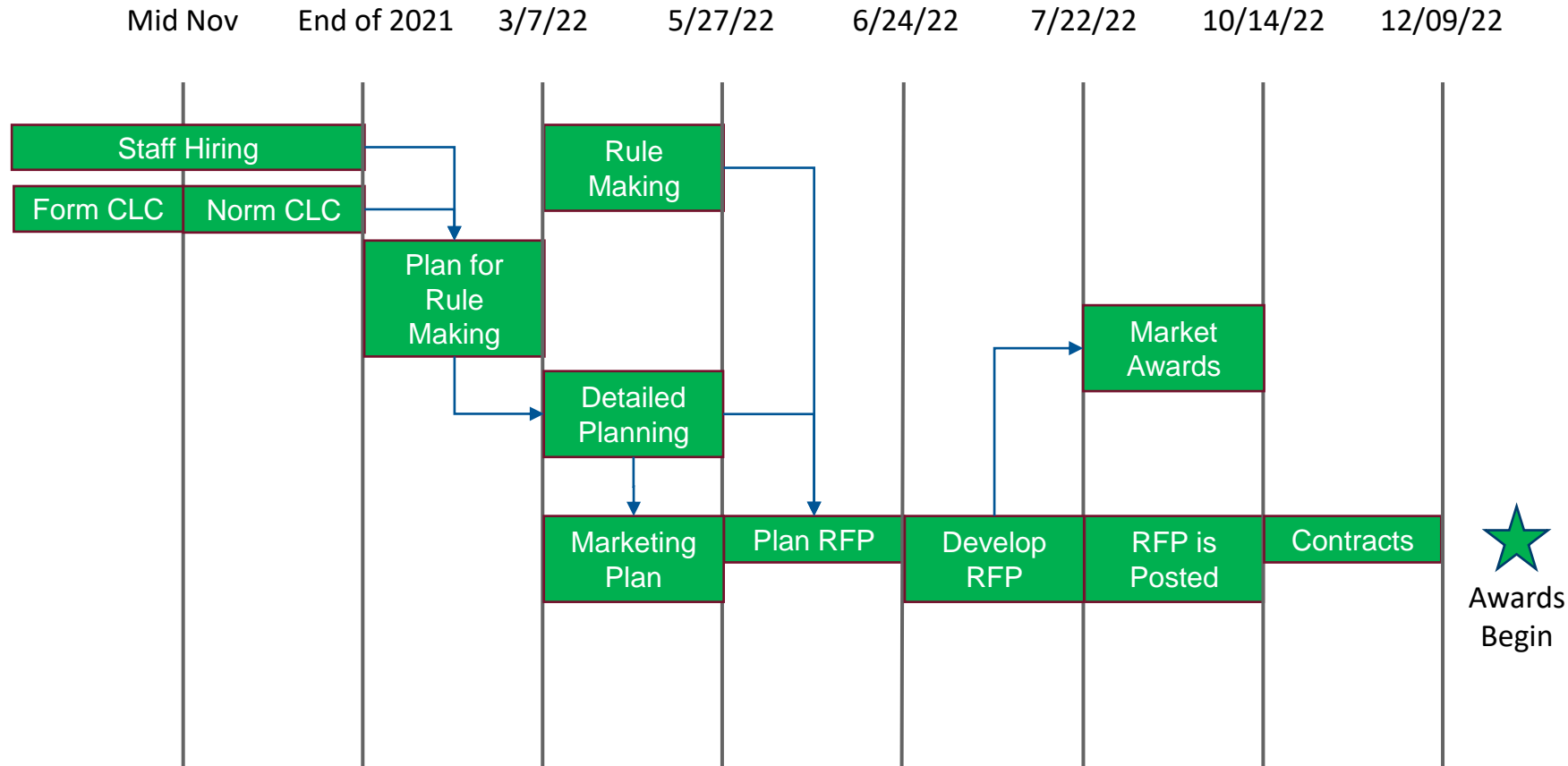
- Grant program to licensed behavioral health professionals in order to provide paid supervised clinical experience to associates towards professional licensure
- A long term and short-term distribution has been proposed
- An immediate distribution of up to \$7 million in grants to fund clinical supervision 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

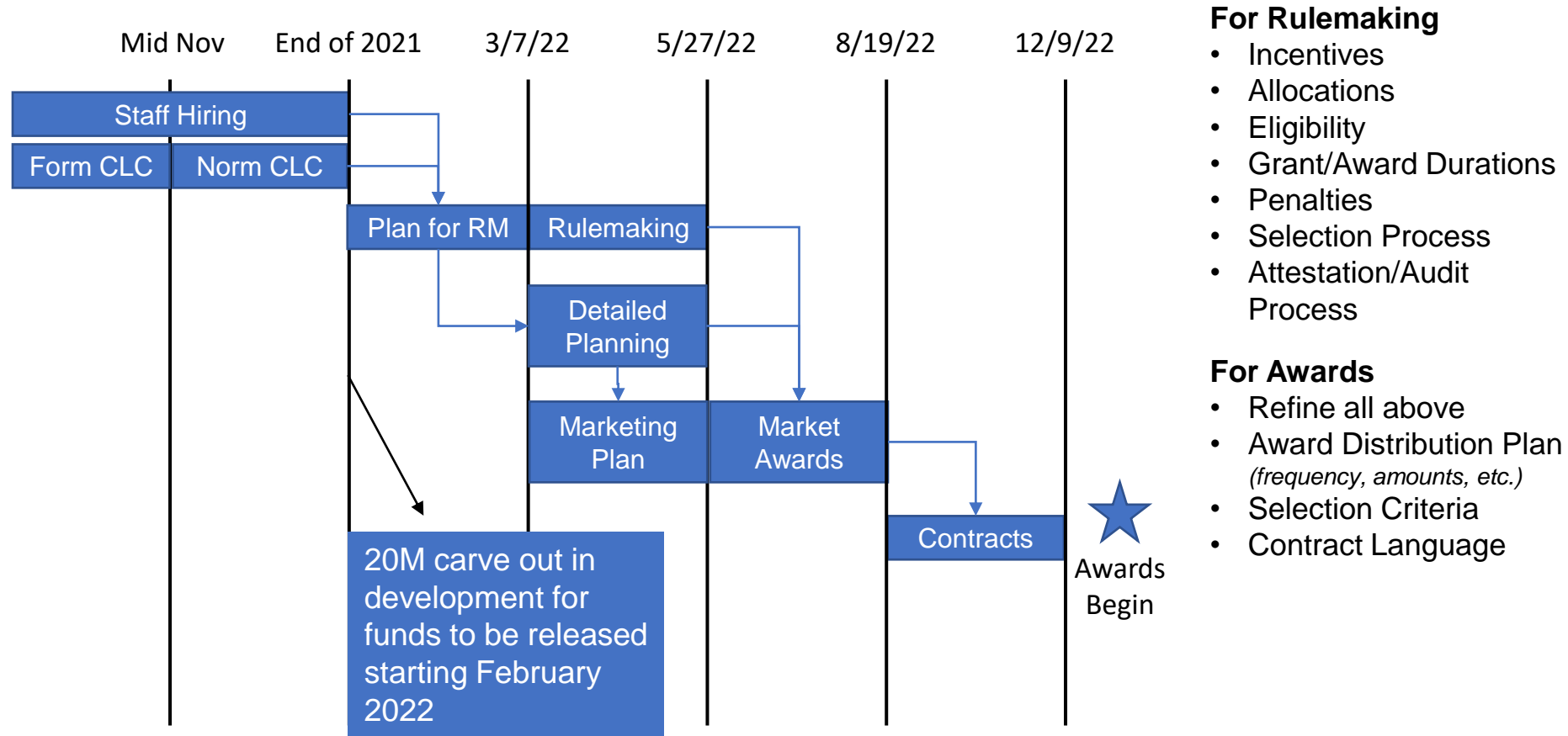
- Develop and invest in behavioral health workforce, including culturally specific workers and increase access to culturally responsive services
- Major Milestones

Now: Community Leadership Council (CLC) has been stood up and is meeting regularly. Proposal for initial 20M to be presented to CLC first week of January 2022 – this will be focused on peers and QMHAs in addition to clinicians

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 - Workforce Incentives Timeline



HB5024 - 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
- **RFPs “ready to go” projects issued December 30, 2021, with recommendations for how to spend funds by March 2022**

HB5024 - Infrastructure Investments Update

Initial Request for Proposals:

- 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
- **RFP issued 12/30/21**

At least two more Subsequent RFPs:

One will focus on longer time horizon and more intentionally focused development including new construction

Another will focus on non-licensed housing options including support housing

- Will be informed by feedback from the recipients of 104 Planning Grants from Fall 2021

HB5024 - RFP Community Engagement Update

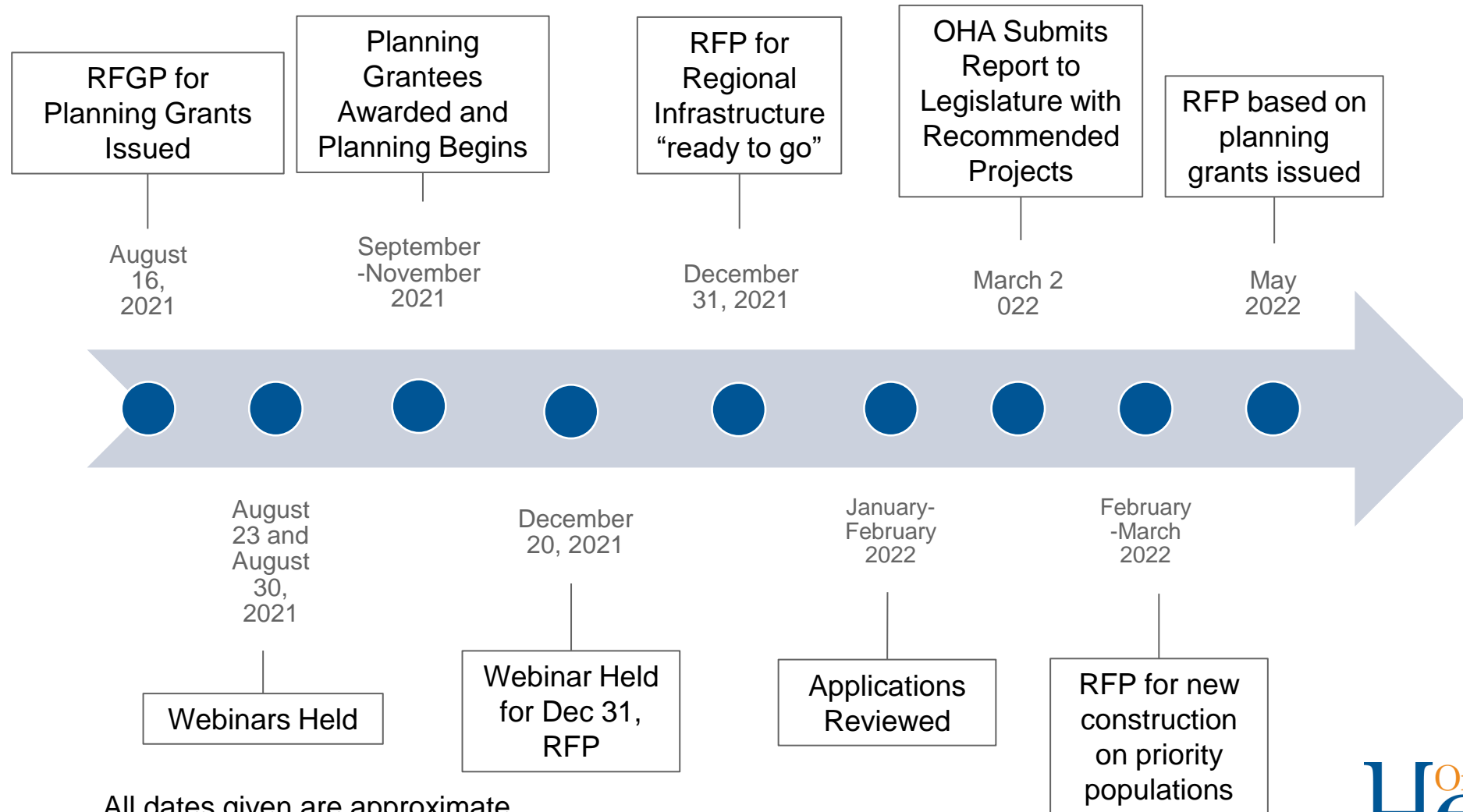
Consultation meetings

- 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

HB5024 - Infrastructure Investments Timeline



HB5024 - 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**

HB5024 - 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
- **RFA is being created for the remaining funds, applications to start in February 2022**

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

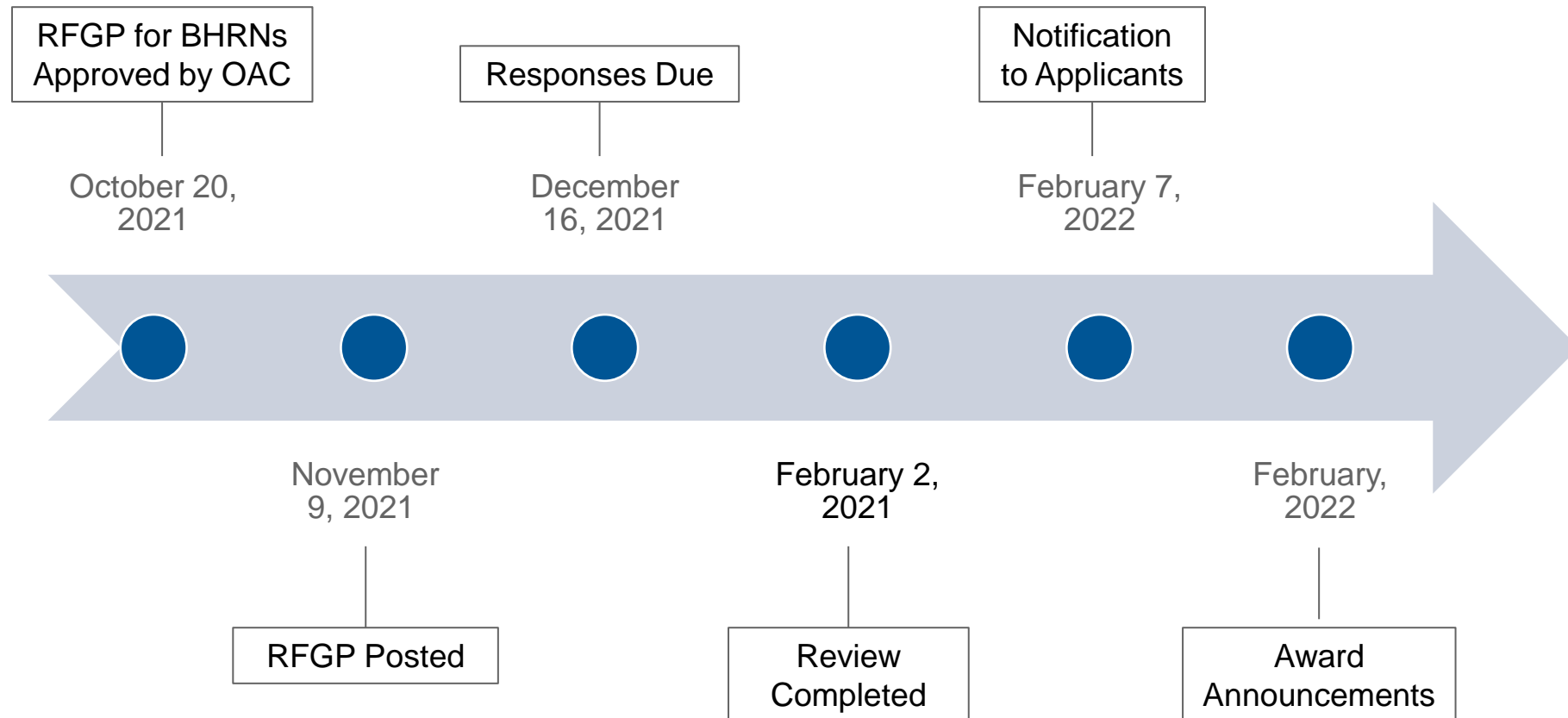
Ongoing

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

HB5024/SB755 - 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

HB5024/SB755 - Addiction and Recovery Services, per Ballot Measure 110: \$302 million



All dates given are approximate.

HB2980 - 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 summer of 2022 following rulemaking**

HB2086 - Transformation and System Alignment

Funding: \$50 million

- The Behavioral Health Committee must develop behavioral health quality metrics and incentives 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
- **OHA will report to the legislature on CCO and county contract changes, OHA data needs, and cost sharing for state hospital levels of care with counties, report is drafted and due December, 31 2021**

HB 2086 - Behavioral Health Committee

Charge:

- Establish quality metrics for behavioral health services provided by coordinated care organizations, health care providers, counties and other government entities
- Establish incentives to improve the quality of behavioral health services

Membership

- For recruitment, OHA meaningfully engaged with communities that are historically and currently unrepresented in directing public policy and those communities systemically impacted by health inequities
- HB 2086 has required representations, as well as the opportunity for the Director to make additional appointments – a membership list is included on the next slide

Update:

- On November 15, 2021 OHA convened the Behavioral Health Committee defined in HB 2086 with 11 meetings thus far
- To date, the Committee has identified concepts that aim to prioritize equity, do transformation, be person-centered and address systemic issues that will be translated into outcomes to establish the metrics and incentives
- The concepts identified that will be developed into outcomes are categorized by five themes: workforce; data; access and services; client satisfaction and engagement; maximize care and support/do no harm; and data
- By refining outcomes, the Committee is on track to recommend metrics and incentives on February 1, 2022 – those recommendations will in part describe a framework that will be used to develop metrics and incentives
- The first report was submitted to the legislature on December 31, 2021

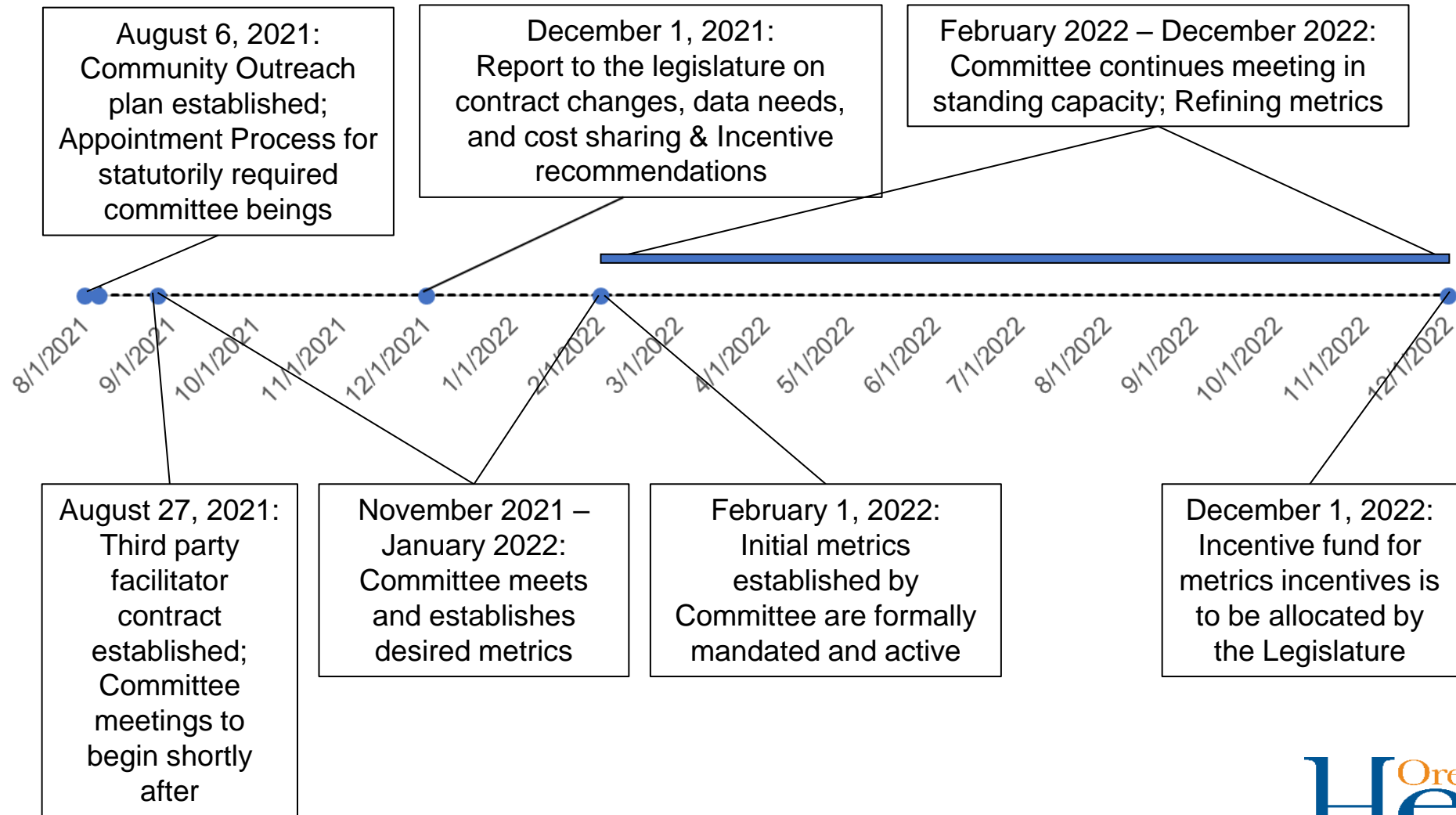
HB 2086 - Behavioral Health Committee Membership

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

- Consumers
- 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's and lived experience voices

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

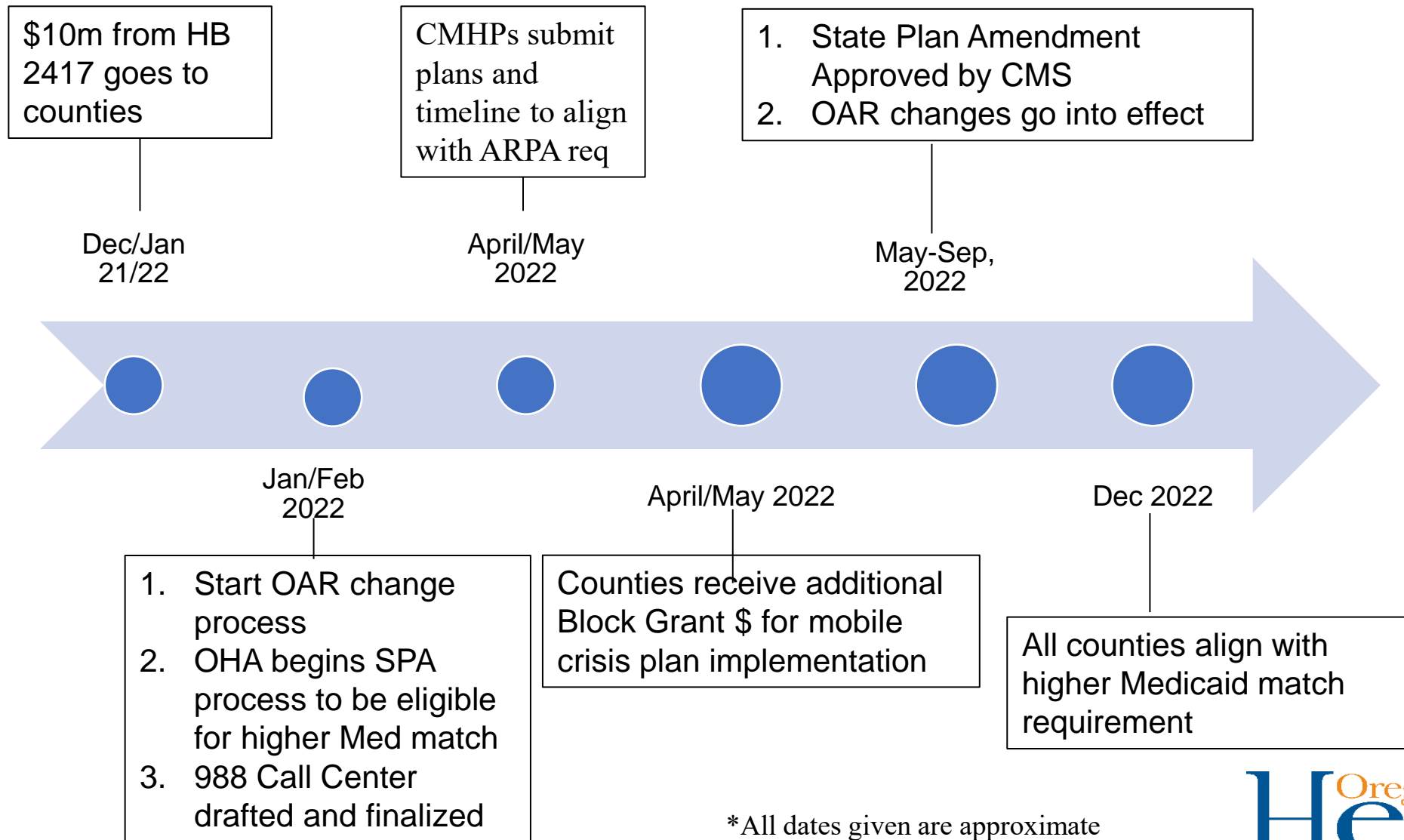
System Alignment Quality Metrics Timeline



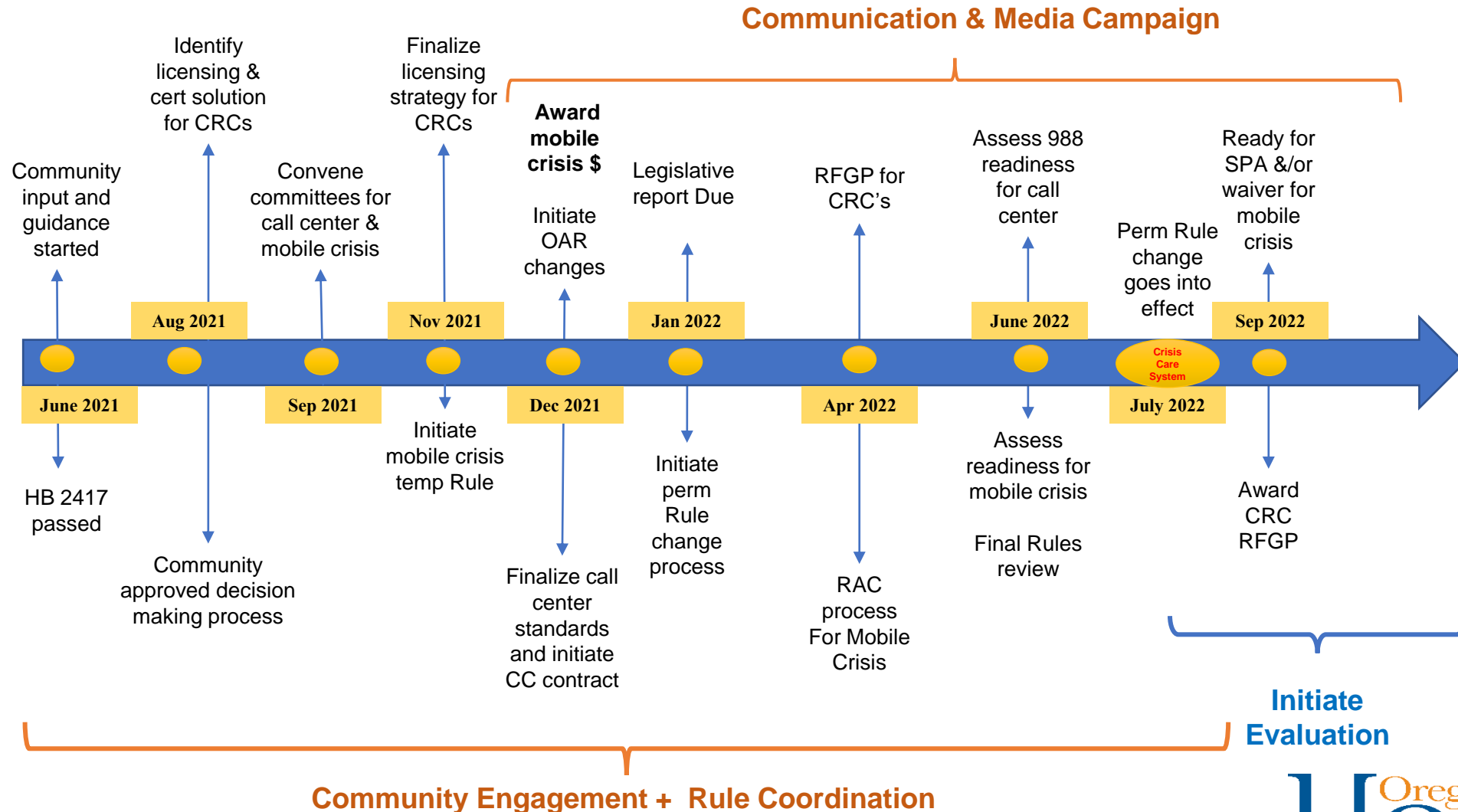
Strengthening Crisis Care System: \$31 million

- 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 system
- This is the estimated cost to **fully fund mobile crisis** services by community mental health programs
- CY22 transition to Medicaid reimbursable mobile crisis model

Mobile Crisis Investments Timeline

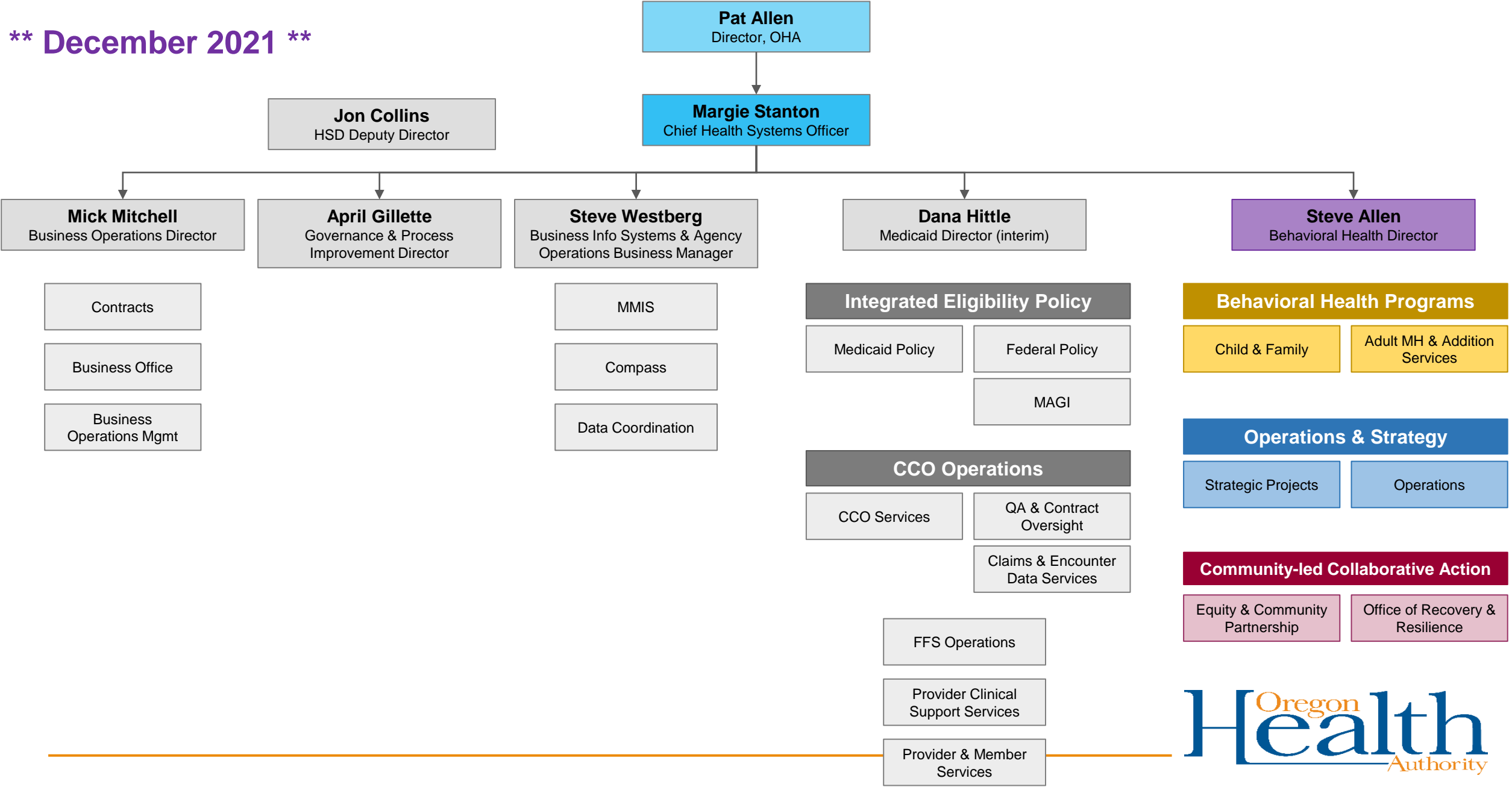


Crisis Care System Timeline

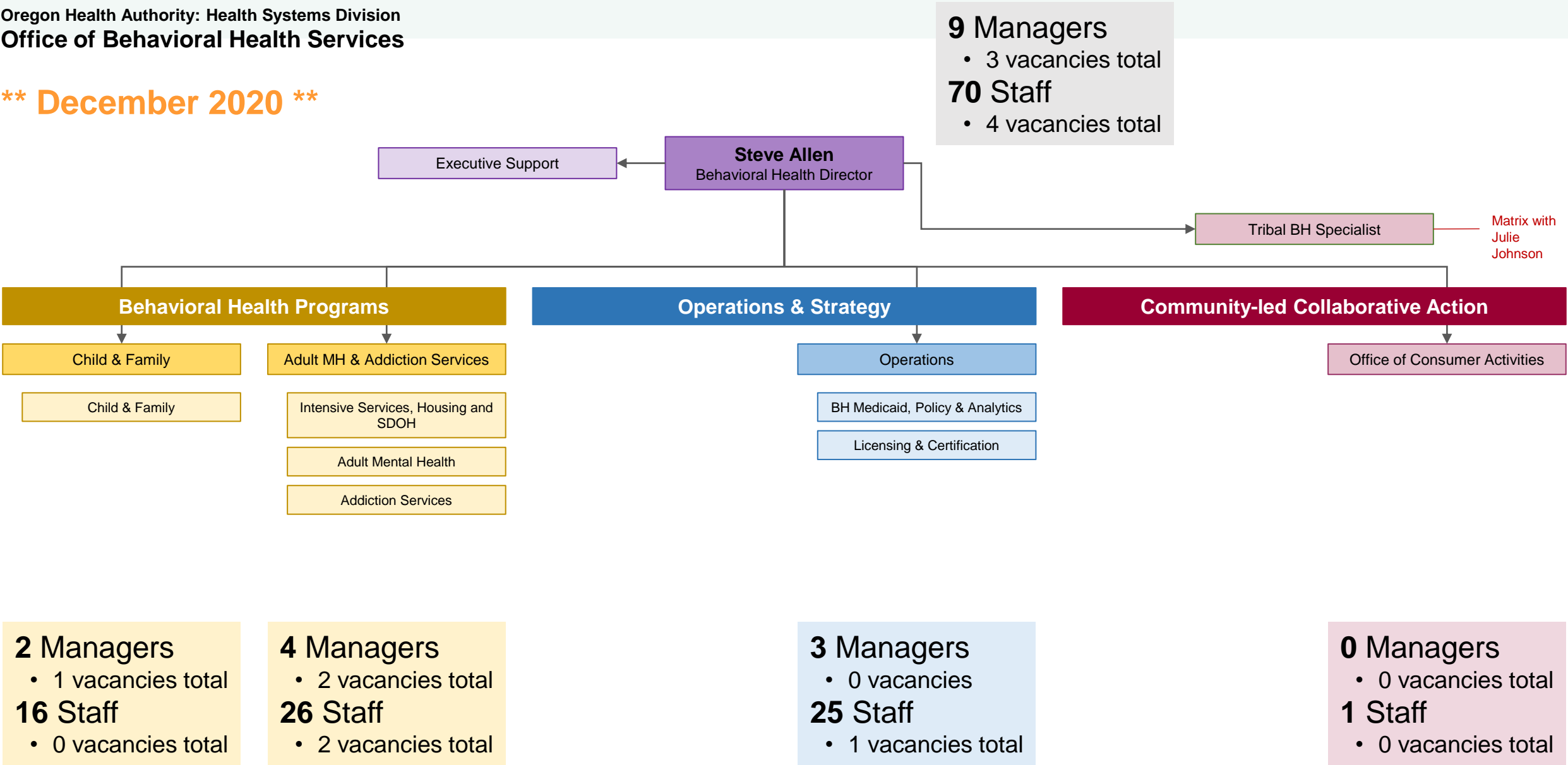


BH Positions Update

** December 2021 **

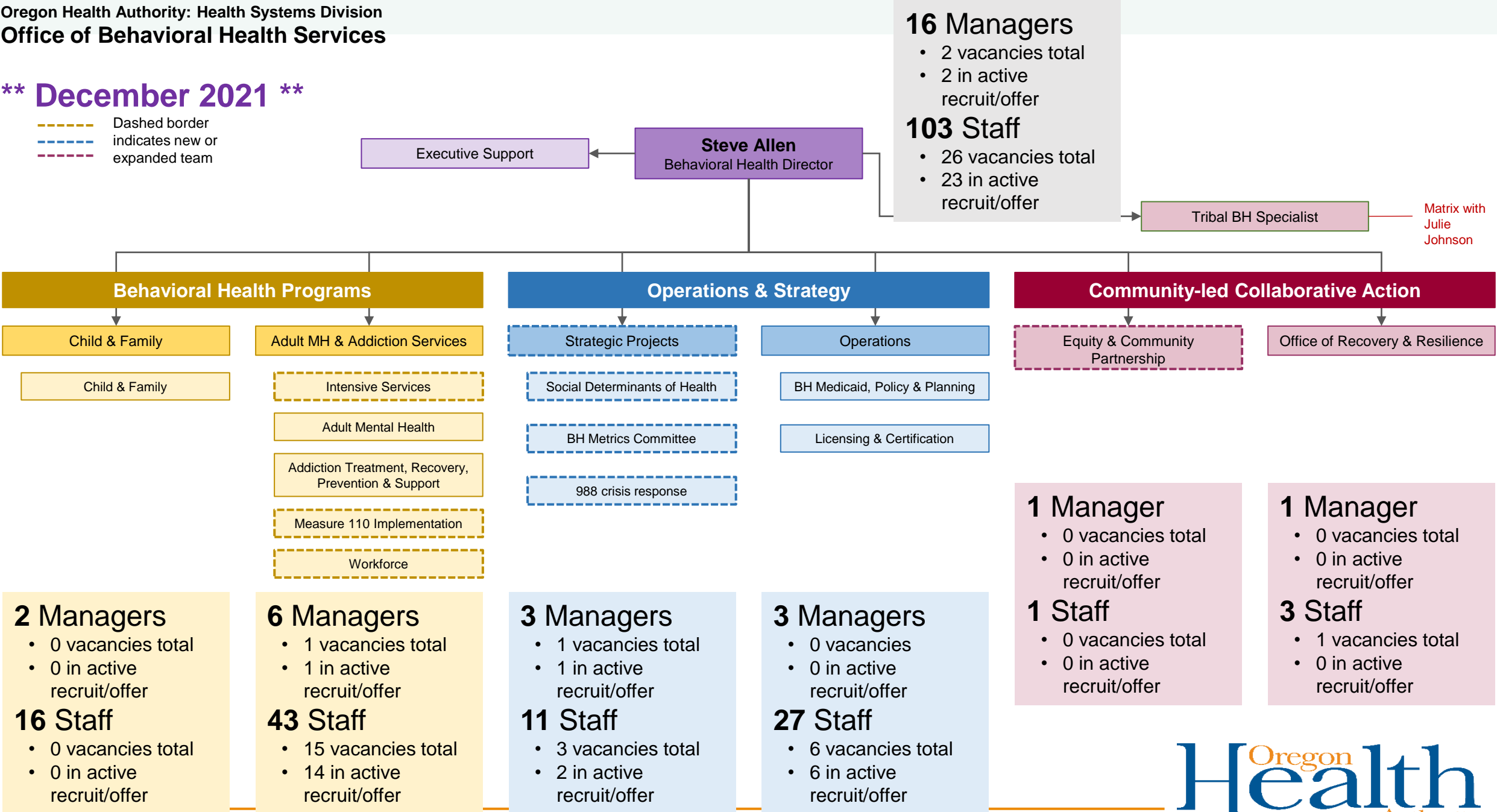


** December 2020 **



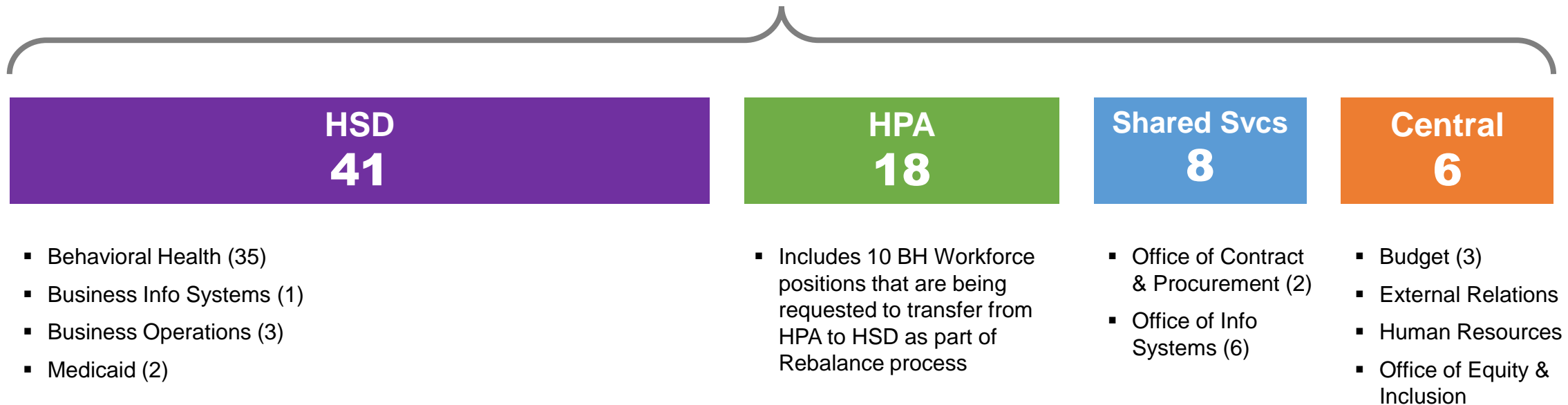
**** December 2021 ****

--- Dashed border
--- indicates new or
--- expanded team



2021 Legislative Investments Position Update: LAB-funded

73 LAB-funded positions tied to BH Investments



2021 Legislative Investments Position Update: LAB-funded

HSD
41

HPA
10 of 18

Recruitment Status on the 41 LAB funded positions that reside within Health Systems Division, plus the 10 BH Workforce positions (requested to transfer from HPA to HSD)

- 25 Filled: 4 manager + 21 staff
- 26 Vacant: 24 (92%) in active recruitment, a majority are in the interview-to-offer stages

BH Investment	filled	vacant	Grand Total
Contract Dvp	1	1	2
HB2032 (2019) / TANF Housing	2		2
HB2086 / BH Accountability	5	4	9
HB2949 / BH Workforce	1	9	10
HB5006 / Study BH		1	1
HB5024 / Aid & Assist	5	3	8
HB5024 / CCBHC		5	5
HB5024 / M110	8		8
HB5024 / SUD Waiver		1	1
HB5024 / Systems of Care	1	2	3
Opioid Grant	2		2
Grand Total	25	26	51

Vacancy Status – by Stage of Recruitment

BH Investment	0-not posted	1-posted	3-interview	4-offer pending	5-offer finalized	Grand Total
Contract Dvp				1		1
HB2086 / BH Accountability	1		2	1		4
HB2949 / BH Workforce			7	2		9
HB5006 / Study BH			1			1
HB5024 / Aid & Assist	1			1	1	3
HB5024 / CCBHC		2	1	2		5
HB5024 / SUD Waiver				1		1
HB5024 / Systems of Care		1	1			2
Grand Total	2	3	12	8	1	26

2021 Legislative Investments Position

Update: LAB-funded

HPA
8 of 18

Shared Svcs
8

Central
6

Recruitment Status on the 22 LAB funded positions that reside within other Divisions

- 11 Filled: 1 manager + 10 staff
- 11 Vacant: 6 in active recruitment

Vacancy Status – by Stage of Recruitment

BH Investment	filled	vacant	Grand Total
Compass	1	5	6
HB2086 / BH Accountability	4	1	5
HB2949 / BH Workforce	4		4
HB5024 / Aid & Assist	1	1	2
HB5024 / CCBHC		1	1
HB5024 / M110	1	3	4
Grand Total	11	11	22

BH Investment	update pending	0-not posted	1-posted	2-applicant screen	3-interview	Grand Total
Compass		4	1			5
HB2086 / BH Accountability					1	1
HB5024 / Aid & Assist					1	1
HB5024 / CCBHC					1	1
HB5024 / M110	1			2		3
Grand Total	1	4	1	2	3	11

2021 Legislative Investments Position Update: Rebalance Request

109 Rebalance positions tied to BH Investments requested (and under LFO review)



- Behavioral Health (64)
 - Includes 10 BH Workforce positions that are being requested to transfer from HPA to HSD as part of Rebalance process
- Business Info Systems (12)
- Business Operations (2)
- Medicaid (3)

- Office of Info Systems (11)

- Budget (2)
- External Relations (3)
- Office of Equity & Inclusion (4)

2021 Legislative Investments Position

Update: Rebalance Request

109 Rebalance positions tied to BH Investments requested (and under LFO review)

HSD
81

HPA
8

Shared Svcs
11

Central
9

BH Investment	HSD
HB2086 / BH Accountability	41
HB2417 / 988 Crisis	8
HB2949 / BH Workforce	10
HB5024 / BH Housing	7
HB5024 / M110	11
PRTS	1
SAPT/SUD	1
Tribal ATOD	1
Peer Delivered Svcs	1
Grand Total	81

BH Investment	HP&A	Shared Svcs	Central	Grand Total
HB2086 / BH Accountability	7	11	7	25
HB2417 / 988 Crisis			2	2
HB5024 / M110	1			1
Grand Total	8	11	9	28

Additional OHA Needs: Incident Management (Crisis) Team and Transformational Alignment

50 New positions

HSD
48

- Behavioral Health – IMT Crisis Response (20)
- Behavioral Health – Additional Need (28)

Central
2

- Office of Actuarial and Financial Analytics (2)

Additional OHA Needs: Incident Management (Crisis) Team

20 additional positions identified

- Project managers, regional specialists, engagement teams, policy experts
- Model after hospital incident management structure responding to hospital capacity crisis
- Led by Behavioral Health to facilitate greater agility, fluidity, and integration
 - Will facilitate more immediate support to community and providers in crisis
 - Will enable BH teams to maintain focus on mid-term and longer-term strategies

Additional OHA Needs: Transformational Alignment

30 additional positions identified

- 28 within Office of Behavioral Health to deepen and broaden policy and program capacity
 - Will ensure coordination and integration within and across teams and state agencies
 - Will facilitate focus on strategic planning and policy development
 - Will calibrate administrative and program support work
- 2 within Central – Office of Actuarial and Financial Analysis
 - Accountant + Actuary dedicated to BH

Thank you

