
2024 Oregon Health Authority Update Behavioral Health Studies

House Interim Committee on Behavioral Health and Health Care
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Behavioral Health Residential+ Facility Study

Behavioral Health Residential+ Facility Study

- The Governor asked OHA to create a comprehensive behavioral health study to drive investments that will increase bed capacity to serve adults. OHA is working on this behavioral health residential+ facility study that will:
 - Analyze bed need in the Oregon State Hospital, acute psychiatric inpatient community or freestanding facilities, mental health residential, SUD residential, and withdrawal management facilities
 - Estimate start-up costs for building additional facilities
 - Identify barriers to access from community engagement perspectives
- The study includes broad external engagement including discussion and feedback from the nine federally recognized tribes
- The study is designed to result in a five-year strategic plan to expand capacity and improve outcomes

Behavioral Health Residential+ Facility Study: Project Scope

Beginning in July 2023, Oregon Health Authority (OHA) partnered with Public Consulting Group (PCG) to evaluate behavioral health facility capacity and unmet need for adult mental health and substance use disorder residential and withdrawal management facilities within the state.

The Behavioral Health Residential+ Facility Study is broken down into the following five phases:



January 31, 2024

Behavioral Health Residential+ Facility Study: Project Scope

PCG collaborated closely with OHA to identify the facilities within scope of the behavioral health care continuum, following thorough consideration, the subsequent facility types fall within the scope of this engagement. PCG and OHA acknowledge this list does not encompass the entire care continuum in Oregon.

- **Hospitals**
 - State Hospitals
 - Acute Care Psychiatric Facilities (Freestanding)
 - Acute Care Psychiatric Unit in Community Hospitals or General Hospitals (distinct part unit)
- **Residential Mental Health Facilities**
 - Residential Treatment Facilities (RTF)
 - Secure Residential Treatment Facilities (SRTF)
 - Residential Treatment Homes (RTH)
 - Adult Foster Homes (AFH)
- **Substance Use Disorder (SUD) Facilities**
 - Residential SUD Facilities
 - Clinically Managed Withdrawal Management Facilities
 - Medically Monitored Withdrawal Management Facilities
- **Crisis Facilities**

Behavioral Health Residential+ Facility Study: Methodology

PCG employs a triangulation approach, i.e., multiple data sources and methods are being used to inform the results of the Behavioral Health Residential+ Facility Assessment.

Data Collection & Analysis consisted of the following key activities:

- Collect existing data on the inventory of Oregon's behavioral health facilities and capacities
- Develop and administer a provider survey to collect original data to understand additional details about facilities, capacities, and challenges (fielded in Fall 2023)

Quantitative Data Collection

- Licensing and Certification Data
- Hospital Data
- Survey Data
- Geolocations of Facilities And Providers

Qualitative Data Collection

- Community Engagement
- Key Informant Interviews
- Focus Groups/Listening Discussions
- Facility Visits
- Survey Responses
- Literature Review

Behavioral Health Residential+ Facility Study: Methodology

OHA directed PCG to review existing reports to inform their approach and analysis, including but not limited to:

- 2020 Secretary of State Audit of Oregon's Mental Health Treatment System
- Analysis of Oregon's Publicly Funded Substance Abuse Treatment System: Report and Findings for Senate Bill 1041
- Healthier Together Oregon 2020-2024 State Health Improvement Plan
- October 2020 Governor's Behavioral Health Advisory Council Recommendations
- Oregon Tribal Behavioral Health Strategic Plan
- 2020-2025 Alcohol and Drug Policy Commission Oregon Statewide Strategic Plan
- OHSU-PSU School of Public Health SUD Services Inventory and Gap Analysis
- An Analysis of Oregon's Behavioral Health Workforce: Assessing the Capacity of Licensed and Unlicensed Providers to Meet Population Needs
- OHSU Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature
- HB 2417 Report: Statewide Coordinated Crisis Services System

Behavioral Health Residential+ Facility Study: Methodology

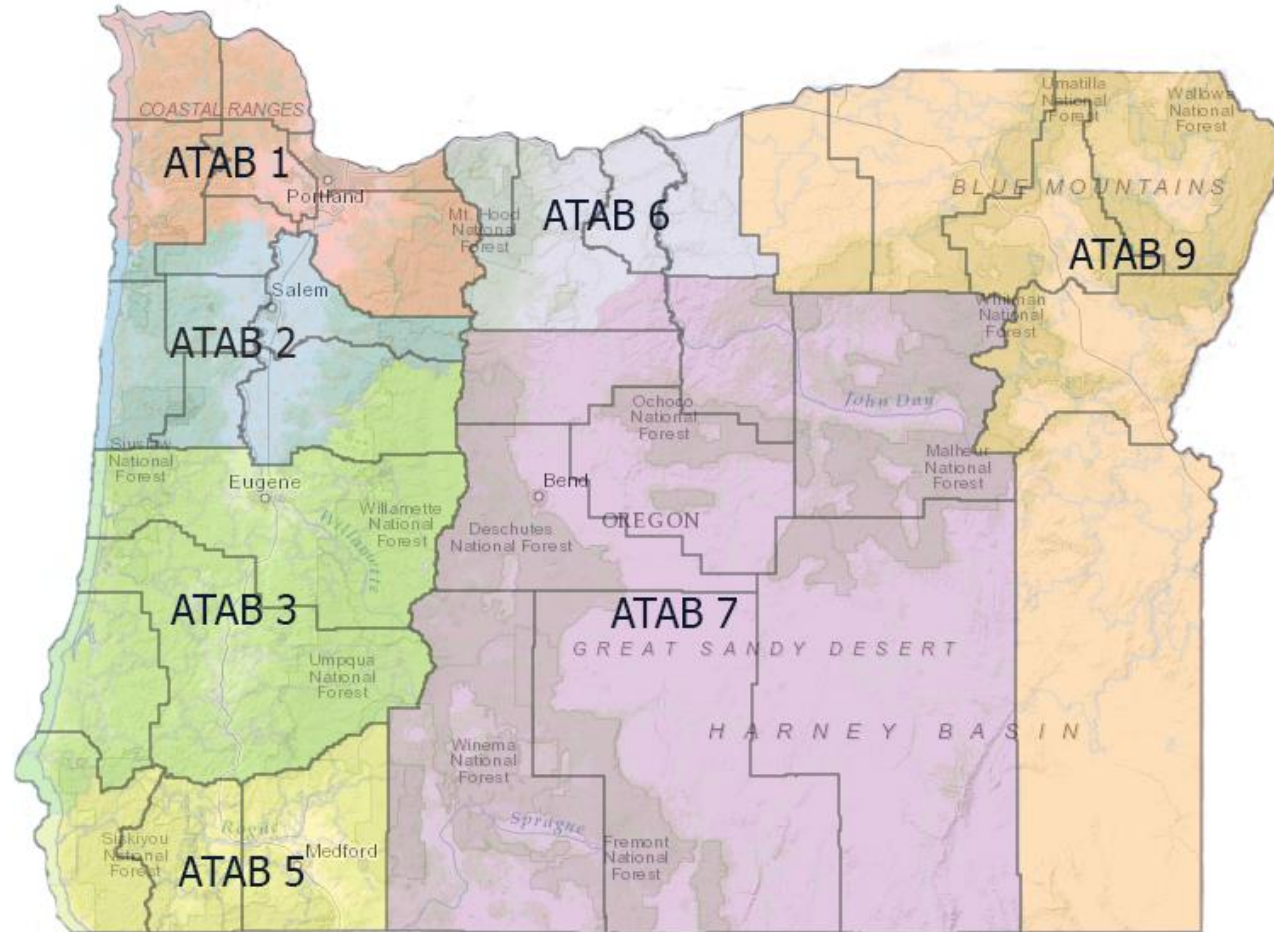
Calculating Unmet Bed Needs

- Analysis of the number of beds per facility type per 100k population in each trauma system area
- Review of existing literature on bed needs and national standards
- Updated bed need estimates for SUD Residential and Withdrawal Management from JG Research (consultant for the 2022 OHSU-PSU SUD Inventory and Gap Analysis)
- Peer state analysis
- Regional needs will be refined based on provider survey data (including data on staffed capacity) and feedback from community engagement sessions

Cost Estimates

PCG will take a national approach to determine forecasted costs to build facilities and narrow down to Oregon-specific costs gleaned from OHA grant budget data, such as SDOH 5024 and 5202 and M110 grant data

Trauma System Area Map



Behavioral Health Residential+ Facility Study: Methodology

Group Discussions


PCG has worked alongside the Office of Recovery and Resilience, Juntos LLC, and ASA Consulting to create guides and host group discussions that reflect diverse audiences and underrepresented voices. Group discussions held:

- Oregon Black Brown Indigenous Advocacy Coalition on 10/13/23
- Family Members of Those with Lived Experience on 10/24/23
- Discussion with the Nine-Federally Recognized Tribes on 12/7/23

Individual Interviews

PCG also conducted community engagement through individual interviews to learn more about the behavioral health care continuum from those who have diverse experiences, knowledge, and involvement in behavioral health in the State. Key Informant Interviews encompass the following groups:

- People with Lived Experience
- Peers
- Residential Providers
- CMHPs
- CCOs
- Hospitals
- Nine Federally-Recognized Tribes of Oregon
- Public Safety
- Housing



PCG has completed 26 individual interviews, including 8 interviews with people with lived experience.

Site Visits

In October 2023, PCG travelled to Oregon to participate in three in-depth site visits to gain a deeper understanding of providers' challenges and needs. Site visits included:

- Native American Rehabilitation Association of the NW, a residential and outpatient behavioral health provider serving American Indian and Alaska Natives
- Project Network/LifeWorks NW, a residential behavioral health provider serving Black/African/African American women, including those with children
- Willamette Family Services, a comprehensive SUD treatment provider offering outpatient, residential and withdrawal management services.

Behavioral Health Residential+ Facility Study: Deliverables

Preliminary Report January 31, 2024

- Initial Forecasts of Behavioral Health Needed Capacity
- Initial Projection of Forecasted Costs
- Capacity Map Visualizations
- Themes from Community Engagement
- High-level set of Recommendations for Expanding Capacity

Final Report June 1, 2024

- Refined Behavioral Health Bed Needs
- Refined Behavioral Health Funding Needs/Costs
- Five-year plan for expanding capacity by trauma-service area

Substance Use Disorder (SUD) Financial Analysis

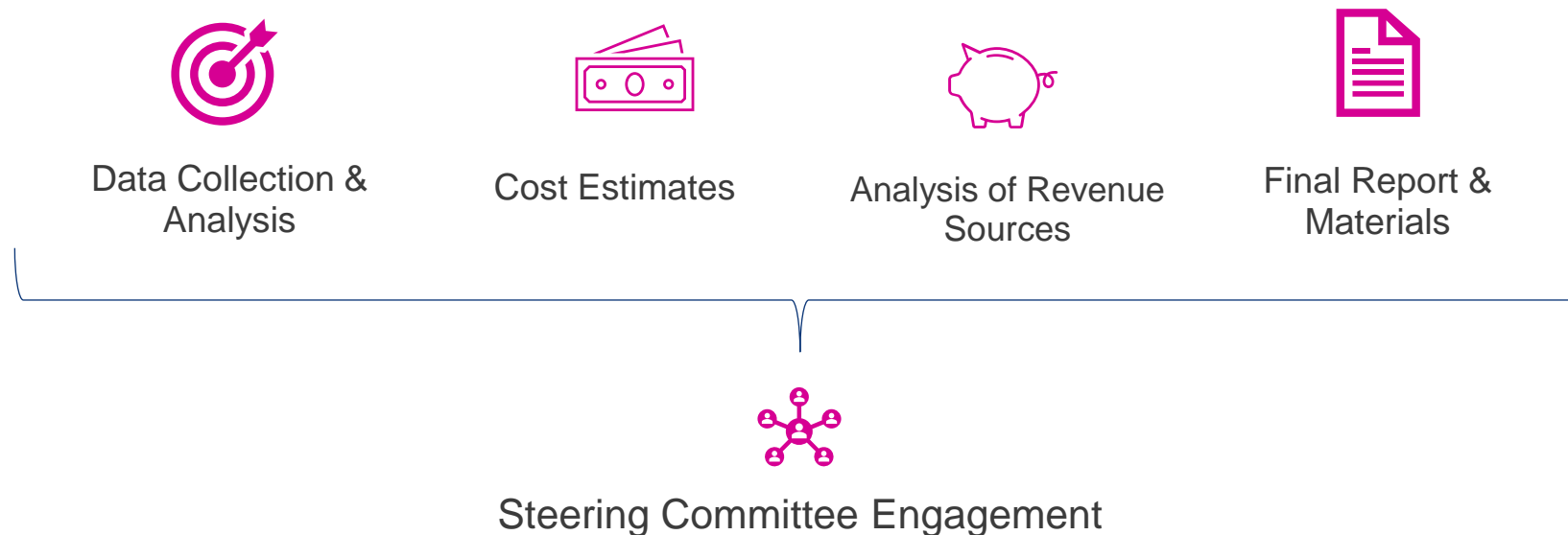
SUD Financial Analysis: Overview

- The SUD Financial Analysis is an analysis of public SUD spending and investments, pursuant to a budget note in HB 5006 (2021 regular session)
- Three major components are:
 - An inventory of public spending across the continuum of care
 - An estimate of the cost to address unmet need
 - A set of recommendations on how the state could leverage new or existing revenue sources to address the costs for unmet need

SUD Financial Analysis: Project Scope

Beginning in June 2023, Oregon Health Authority (OHA) partnered with Public Consulting Group (PCG) to conduct the SUD Financial Analysis. The research is guided by an internal/external technical Steering Committee, which meets monthly.

The SUD Financial Analysis is broken down into the following phases:



SUD Financial Analysis: Spending Inventory

- Collected public SUD spending data for 21-23 biennium from:
 - State agencies: Oregon Health Authority, Oregon State Hospital, Department of Human Services, Criminal Justice Commission, Department of Corrections, Judicial Department, Oregon Youth Authority, Department of Education.
 - Counties, CMHPs and CCOs.
- Data request asked for: descriptions of spending, budgeted amount, spent amount, county of spend and funding source. PCG also requested information on number of people served (including by demographic), however this information was largely unavailable.
- Data collection period ended in October 2023, and data was subsequently cleaned, coded and compiled into a database that will be made available to OHA by January 31st.
- The final report will show how dollars were spent across the care continuum, with additional breakouts by agency/organization, county and funding source.

SUD Financial Analysis: Cost Estimates to Address Unmet Need

Foundational document: OHSU-PSU SUD Inventory and Gap Analysis

| Service type | Estimated number of services | | | |
|--|------------------------------|--------|-----------------|-------------|
| | Need | Actual | Gap in services | Percent gap |
| Workforce – statewide | | | | 66% |
| Certified Prevention Specialists | 968 | 62 | 906 | 94% |
| Certified Alcohol and Drug Counselors | 4,902 | 2,884 | 2,018 | 41% |
| Certified Recovery Mentors | 2,177 | 1,565 | 612 | 28% |
| Qualified Mental Health Associates | 20,493 | 2,776 | 17,717 | 86% |
| Qualified Mental Health Professionals | 12,619 | 879 | 11,740 | 93% |
| Prescribers with a buprenorphine waiver | 3,857 | 1,902 | 1,955 | 51% |
| Facilities – statewide | | | | 54% |
| Outpatient (number of facilities) | 586 | 383 | 203 | 35% |
| Inpatient (number of facilities)* | 470 | 187 | 283 | 60% |
| Residential detox (number of facilities)* | 103 | 75 | 28 | 27% |
| Recovery residences (number of beds) | 7,078 | 3,219 | 3,859 | 55% |
| Recovery community centers (number of facilities) | 145 | 8 | 137 | 94% |
| Other programming – statewide | | | | 30% |
| Facilities with fentanyl test strip distribution | 127 | 83 | 44 | 35% |
| Facilities with naloxone distribution | 334 | 240 | 94 | 28% |
| Syringe exchange programs | 106 | 45 | 61 | 58% |
| Prescription drug drop-off locations | 545 | 502 | 43 | 8% |
| School based prevention assemblies | 2,223 | 1,572 | 651 | 29% |
| School based prevention classroom activities | 17,466 | 12,150 | 5,315 | 30% |

*Unmet need for SUD Residential and Withdrawal Management programs will be updated at the bed-level, leveraging new data from the BH Residential+ Facility Study

SUD Financial Analysis: Cost Estimates to Address Unmet Need

- Additional analysis of unmet need is being conducted:
 - SUD Residential and Withdrawal Management, in partnership with PCG BH Residential+ Team
 - Primary Prevention
 - Harm Reduction
 - Opioid Treatment Programs
 - Prescribing Workforce
- Cost estimates are currently underway in varying stages. PCG aims to provide initial cost estimates for workforce needs, SUD Residential and Withdrawal Management by January 31st.

SUD Financial Analysis: Revenue Options for Meeting Need

- The final component of this report will examine current—and potentially new—revenue sources to pay for unmet SUD need. This can help inform the 2025-2027 budget, in addition to individual agency investment decisions.
- This section of the report will provide explanations of each of the “wallets” that finance SUD services and supports, what their parameters are, and how they might be used differently.
- PCG has begun initial research on funding sources, and over the next several weeks will be meeting with SMEs and the Steering Committee to get more context and information on BH financing mechanisms.

SUD Financial Analysis: Deliverables

Preliminary Report January 31, 2024

- Initial Cost Estimate for Expanding SUD Workforce
- Initial Cost Estimate for SUD Residential and Withdrawal Management
- Project methodology and tables with brief explanation of spending data under examination:
 - Statewide SUD Investments by Agency/Organization
 - SUD Investments by County
 - SUD Investments by Fund Source
 - SUD Investments by Setting Category

PCG will also supply OHA with raw spending data, in Excel

Final Report April 30, 2024

- SUD spending inventory, 21-23 biennium
 - Breakouts across the continuum: prevention, treatment, harm reduction, recovery
 - Breakouts by County
 - Breakouts by Agency/Organization
- Full Cost Estimate to Address Unmet Need
- Recommendations for Maximizing Revenue Sources

Complementary Studies Driving Strategic Investments

| BH Residential+ Facility Study | SUD Financial Analysis |
|---|--|
| Directed to conduct by Gov. Kotek | Directed to conduct by Legislature (HB 5006) |
| <p>Five major components</p> <ul style="list-style-type: none"> • Qualitative research/partner engagement on BH challenges and needs in OR • Assessment of current adult bed capacity in: OSH, acute care, crisis, MH residential, SUD residential and withdrawal management • Assessment of bed need, by trauma service area • Cost estimates for building new, or expanding existing, facilities • 5-year plan to expand capacity across the state | <p>Three major components</p> <ul style="list-style-type: none"> • Inventory of public SUD spending and investments (21-23 biennium) across the care continuum: prevention, harm reduction, treatment recovery • Cost estimates to address unmet need • Recommendations for how state can maximize revenue sources to meet need |
| <p>January 31: preliminary report with bed and cost forecasts and high-level recommendations for expanding capacity</p> <p>June 1: final report and 5-year plan</p> | <ul style="list-style-type: none"> • January 31: initial cost estimates for SUD workforce and SUD residential and withdrawal management; SUD spending dataset • April 30: final report |

Thank you

The logo for the Oregon Health Authority is centered within a light blue, curved banner at the bottom of the slide. The word "Oregon" is written in a smaller, orange, serif font above the word "Health", which is in a larger, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

Oregon
Health
Authority
