Oregon Health Authority Behavioral Health Delivery Model

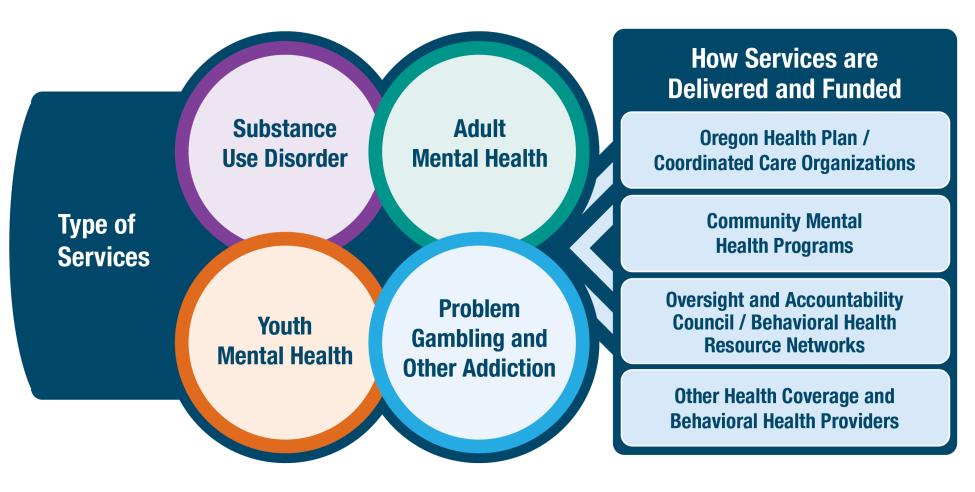
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Accessibility: You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Matthew Green at <u>matthew.green@oha.oregon.gov</u> or 503-983-8257. We accept all relay calls.

Behavioral Health Services





Coordinated Care Organizations

Network of local providers managing and administering Medicaid funded BH programs

CCOs administer the behavioral health benefit for Medicaid members and are required to provide behavioral health treatment services including:

- Psychiatric emergency services
- Psychiatric inpatient services
- Care coordination including children's Wraparound services



Local Mental Health Authorities

- Assess the behavioral health needs of the community
- Adopt a comprehensive behavioral health plan
- Delegate authority to operate Community Mental Health Program (CMHP)
- Collaborate with Local Public Safety Coordinating Council to ensure needs of criminally involved are addressed
- Funding source: Federal and State government programs, grants, and local funding



Community Mental Health Programs

Substance Use Disorder Services

- Outpatient services
- Aftercare for persons released from hospitals
- Residential care and treatment
- Continuity of care
- Inpatient treatment in community hospitals
- Other alternative services to state hospitalization

Mental Health Services

- Screening and evaluation
- Crisis stabilization
- Costs of investigations and prehearing detention in community hospitals or other facilities
- Vocational and social services
- Continuity of care to link to housing, health and social services
- Psychiatric care in community hospitals
- Residential services
- Medication monitoring
- Outpatient therapy
- Public health and prevention



Behavioral Health Resource Networks

M110 Behavioral Health Resource Networks (BHRNs) are a whole-person, low-barrier, healthbased approach to substance use and overdose prevention.

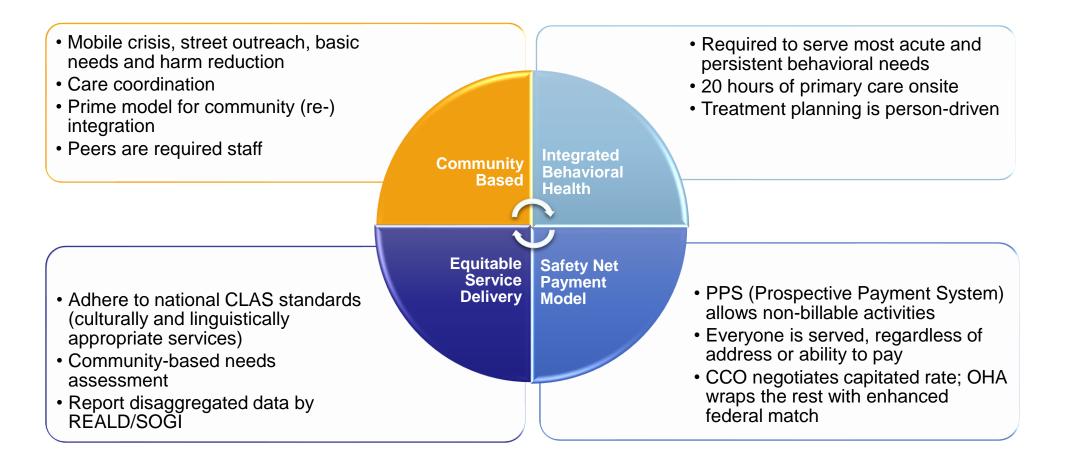
BHRNs are required to provide:

- Low-barrier SUD treatment
- Low-barrier housing
- Harm reduction, including overdose prevention services
- Peer-led mentoring
- Screening and comprehensive behavioral health assessments
- Supported employment

Funding source: Ballot Measure 110

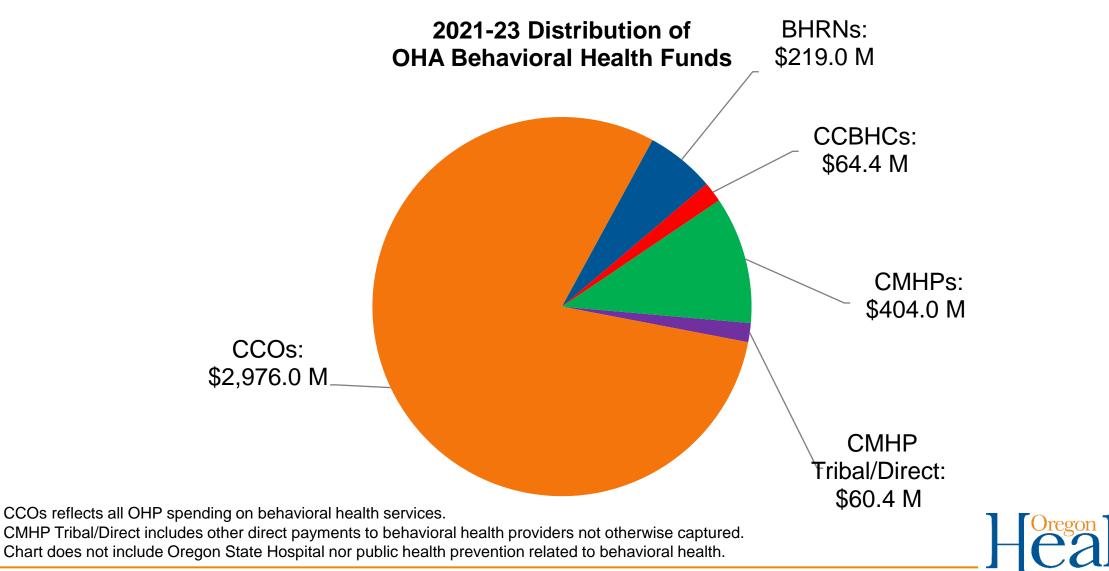


Certified Community Behavioral Health Clinics





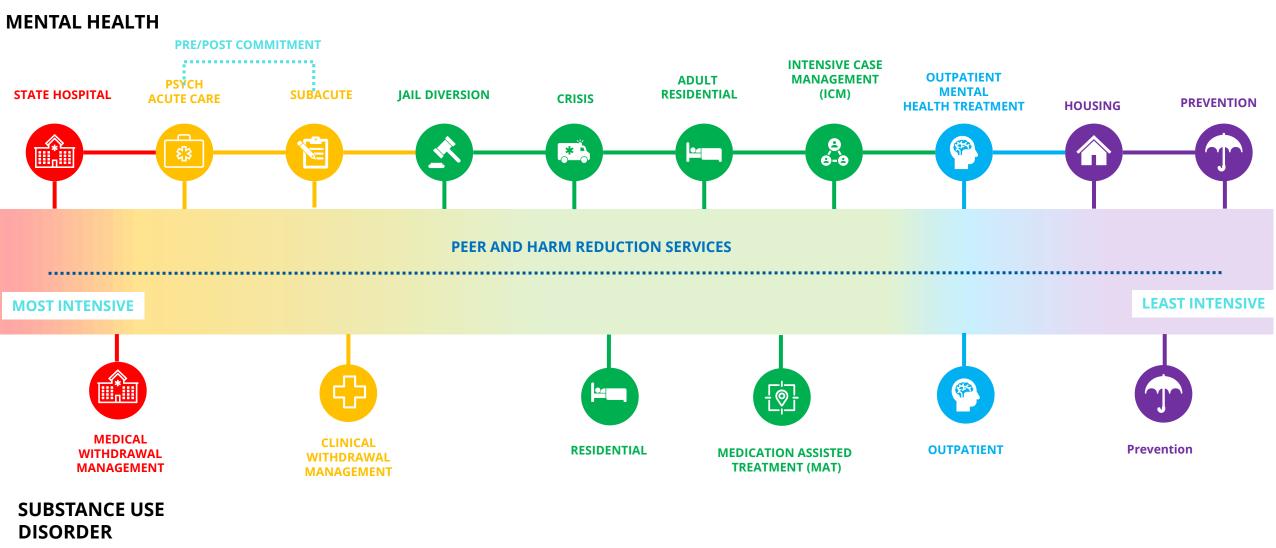
Behavioral Health Budget



Behavioral Health

- Behavioral health includes a broad array of services and an equally broad array of providers
- OHA's role varies greatly across these services





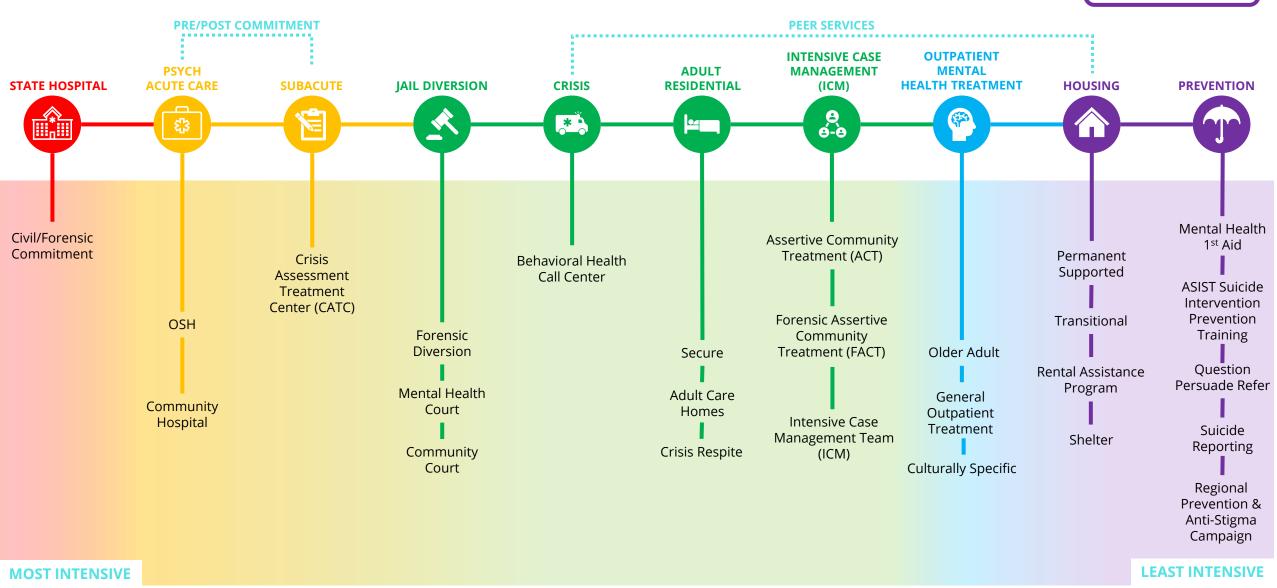


MENTAL HEALTH

CHOICE MODEL

INTENSIVE CARE COORDINATION

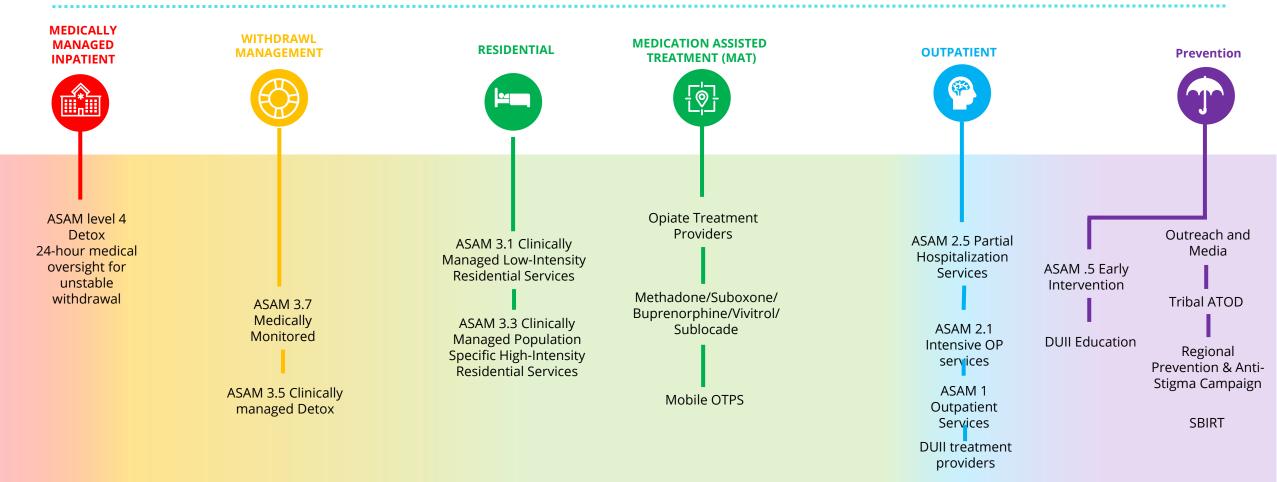
CARE COORDINATION



SUBSTANCE USE DISORDER

CARE COORDINATION

PEER AND HARM REDUCTION SERVICES



MOST INTENSIVE

Challenges and Responses

Challenges

- Current capacity limitations and gaps in services
- Pockets of siloed or disjointed services
- System-wide workforce shortages at all levels
- Increased behavioral health acuity exacerbated by pandemic isolation

Responses

- Continued inventory and gap analysis of services to guide targeted investments
- Financial inventory of SUD services paid for by OHA, ODHS, ODE, DOJ and federal grants
- Internal organizational mapping process to align work with optimum service delivery
- Focused workforce development and incentives to fill gaps in critical service areas
- Increase outreach and engagement to intervene prior to increased acuity in individuals



Priorities for 2023-2025

Improve access to behavioral health services, in alignment with Governor Kotek's priorities to:

- Disrupt the homelessness-jail-hospital pipeline
- Decrease preventable deaths related to substance use or behavioral health
- Stabilize and support the behavioral health workforce





