
Oregon Health Authority Health Systems Division Behavioral Health 101

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Behavioral Health and Health Care House Committee
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OREGON HEALTH AUTHORITY
Health Systems Division

OHA's Strategic Goal: Eliminate Health Inequities in Oregon by 2030

Definition of Health Equity:

- Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
- Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
 - The equitable distribution or redistribution of resources and power; and
 - Recognizing, reconciling and rectifying historical and contemporary injustices.

What is Behavioral Health?

Behavioral health is a care approach that prevents and treats:

- Mental illness and mental health challenges
- Substance use disorders and challenges
- Problem Gambling and other addiction

Behavioral health needs can be experienced **across the life span** of a person, from birth to the end of life

Challenges in the Behavioral Health System

- Access to care
- Children's behavioral health
- Crisis system/services
- Houselessness challenges
- Limited opportunities to design the system by those with lived experience and the community organizations that serve them

Challenges at the Oregon State Hospital

Provides the highest level of psychiatric care in the state, has 706 beds, and serves people under:

- Civil Commitment
- Guilty Except for Insanity
- Aid and Assist (not able to assist in their own criminal defense)

Challenges:

- Shift in population: 98% are now patients under Aid & Assist orders
- A federal court order as a result of a lawsuit requires discharging patients under Aid & Assist orders after certain timelines
- Despite more discharges, the wait list has grown due to increased court orders
- Staffing shortages, in common with the rest of the healthcare sector

One Experience of the Behavioral Health System

For many people and families, when they experience or become aware of behavioral health issues, their path may be:

- Calling for help to:
 - 988
 - Referral line, such as Lines for Lifes
 - Insurance company
 - A behavioral health provider directly
- Receiving support, which may include therapy, medication, peer support, or access to other resources
- Their care is whole-person coordinated care, person-directed and with attention to the social determinants of health and prevention

A Negative Experience of the Behavioral Health System

For some people, however, the system can be extremely difficult

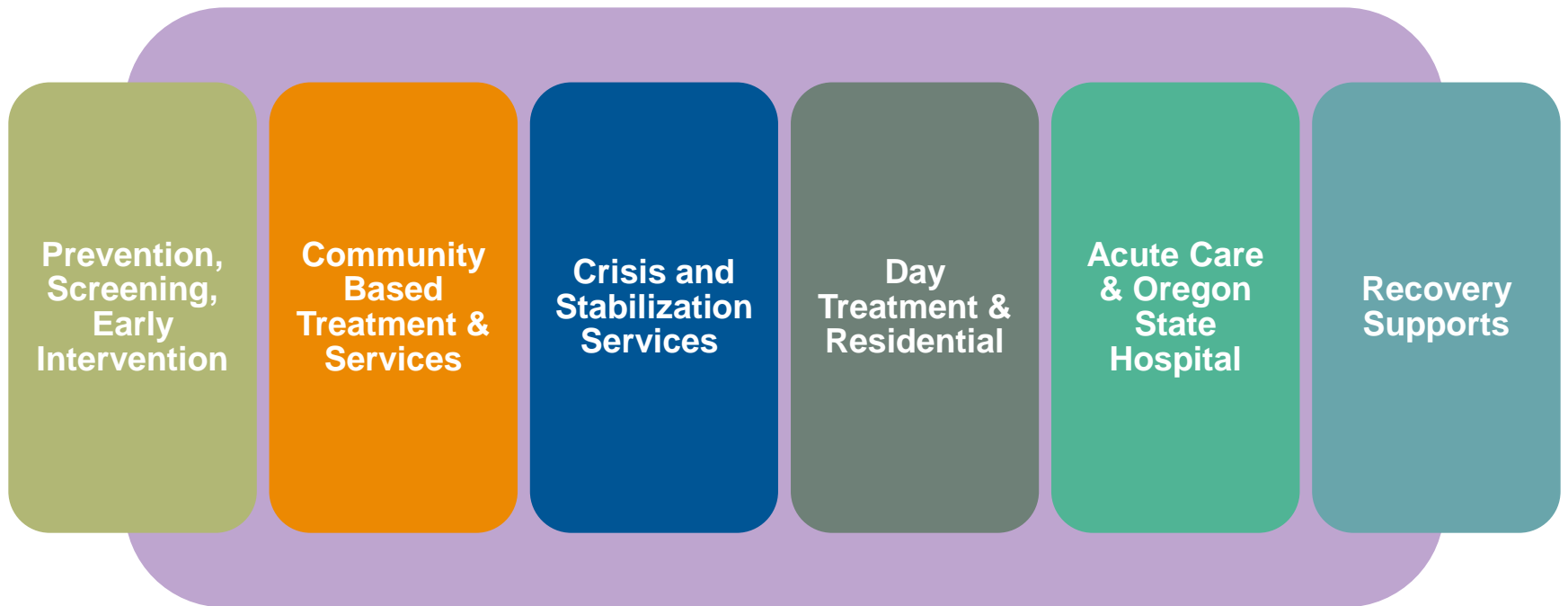
- Stigma may prevent people from recognizing or seeking care
- Services may not be:
 - Available in their primary language
 - Culturally relevant or appropriate
 - Accessible for people who experience a disability
- Barriers to accessing care may include lack of:
 - Transportation / childcare / flexibility to take time off work
 - Understanding and support on how to navigate the system
 - A provider network in the area which they live
 - A provider equipped to support their complex needs or their involvement in the criminal legal system

Community Partnerships

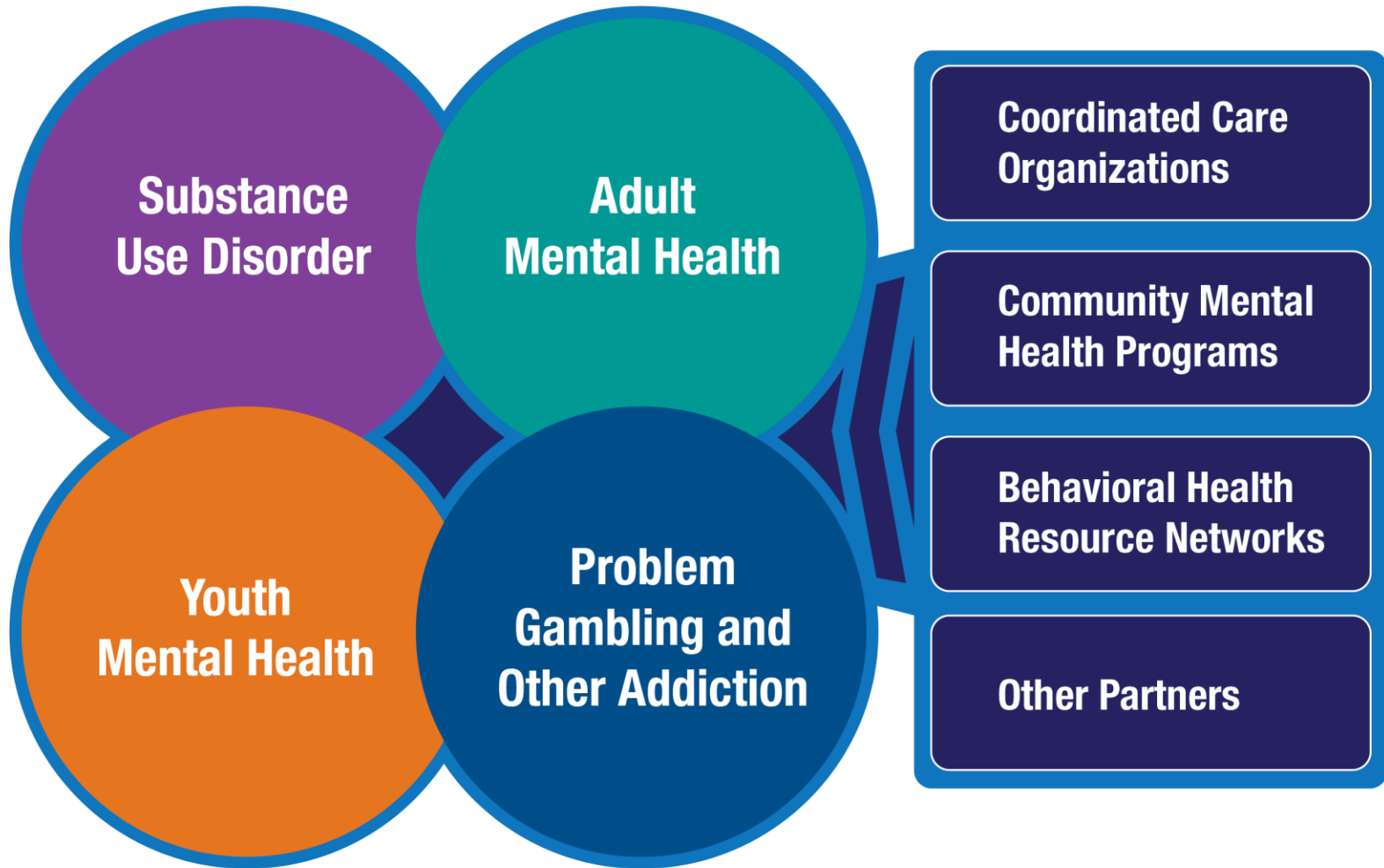
- In all behavioral health efforts, it is critical to integrate community knowledge and experience



Behavioral Health Treatment and Services



Structure of Behavioral Health Services



Key Players in Behavioral Health: The Oregon Health Plan and CCOs

The Oregon Health Plan (OHP) – Oregon’s innovative version of Medicaid – covers about 30% of people in Oregon for physical and behavioral health care

- State and federal funds
- Coordinated Care Organizations (CCOs) serve most OHP members
- OHA directly funds services for about 10% of OHP members

Key Players in Behavioral Health: Community Mental Health Programs

Additional state funding goes to designated Community Mental Health Programs (CMHPs)

- Provide infrastructure for the planning and delivery of services at the community level including:
 - Non-Medicaid services for individuals not eligible for Medicaid
 - Provide Medicaid services, billing either CCOs or directly to OHA on a Fee-For-Service basis
- Employ a number of models to deliver services, including direct provision and subcontracts

Key Players in Behavioral Health: Behavioral Health Providers

Behavioral health providers can be counties, non-for-profit organizations, or for-profit businesses

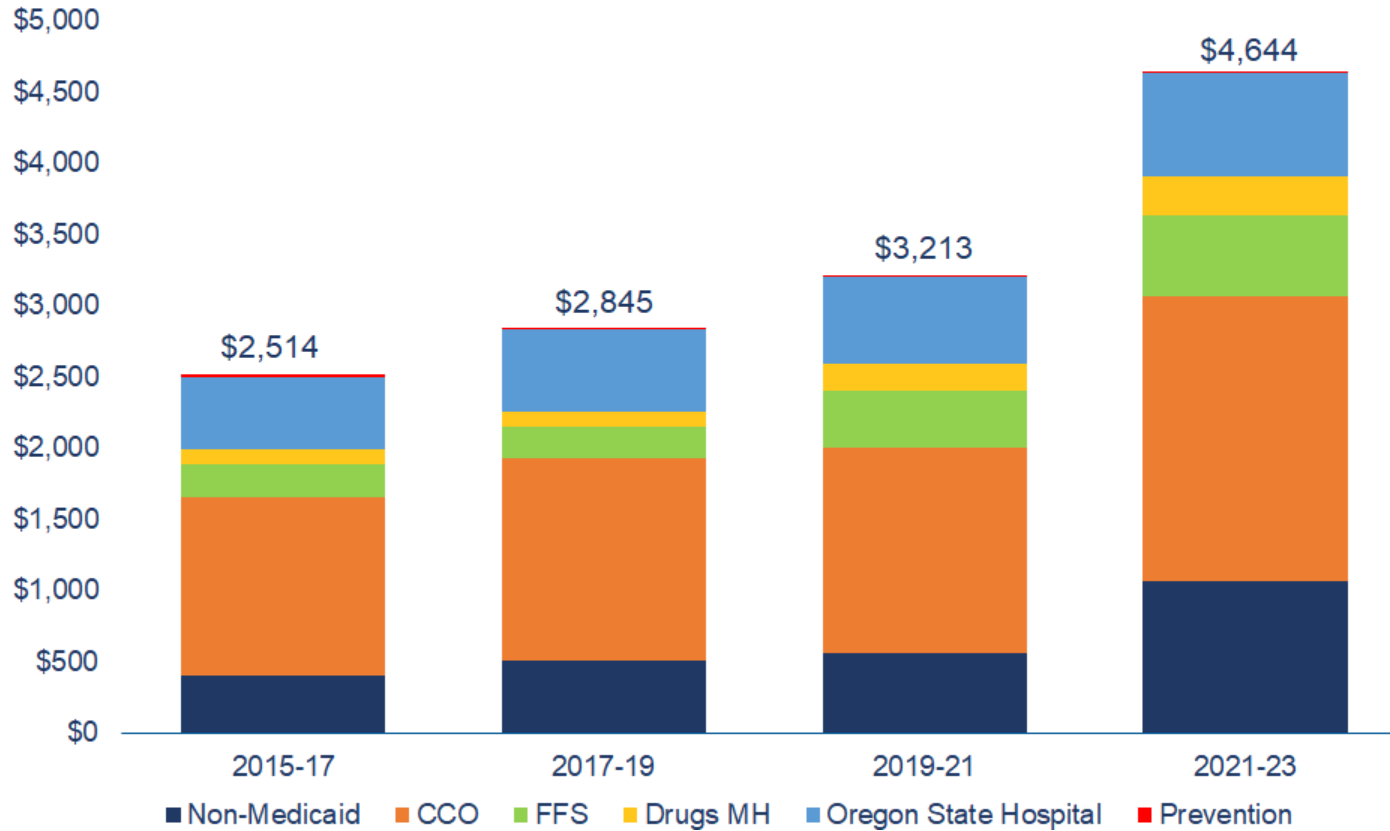
- May be paid by multiple sources (CCOs, private insurers, and more)
 - Data is collected from providers to review how they are doing
 - Multiple payers translates to multiple requirements for reporting and outcome measures
 - The collection process should not inhibit them from giving quality care

Key Players in Behavioral Health: Behavioral Health Resource Networks

- Created by passage of Measure 110
- 42 BHRNs with a total of 160 partners working together to provide coordinated substance use services in counties or Tribal areas
- 4% of Drug Treatment Addiction Recovery Fund was set aside for all 9 tribes as well as NARA (Native American Rehabilitation Association) and the Portland area Indian Health Board
- Services include housing, supported employment, harm reduction intervention, low barrier SUD treatment, peer support mentoring and recovery services.
- Free of charge to the client
 - Funded by insurance and state grants

OHA Behavioral Health Spending

Oregon Health Authority
Behavioral Health Spending
(In Millions)



Goals of Behavioral Health Investments

Expand and Enhance Programs

- Increase jail and ED diversion
- Increase disposition in home and community
- Increase overall capacity and coverage of mobile crisis services
- Create a more equitable and effective approach to the provision of community-based residential settings
- Increase licensed residential capacity and expand community-based housing
- Increase accessibility to trauma-informed, culturally specific and linguistically responsive services

HB5024 (2021) Aid & Assist Community Services / Evaluation

PKG802 (2021) Psychiatric Residential Treatment Services Capacity

HB5024 (2021) Behavioral Health Housing – OHA and HB5202 (2022) County funding

PKG813 (2021) Integrated Co-occurring Disorders Treatment

HB5024 (2021) Substance Use Disorder Waiver

HB5024 (2021) Children's System of Care Advisory Council

PKG802 (2021) Young Adults in Transition

Goals of Behavioral Health Investments

Co-create Innovative Care Delivery Models

- Facilitate more integrative care coordination that focuses on prevention and recovery
 - Be responsive to who people are and what they need, at the individual and community level
 - Engage community partners and those with lived experience to co-design services and supports that lead to meaningful improvements and agency in people's lives
- SB755 (2021) Measure 110: Behavioral Health Resource Networks (BHRNs)
- HB5024 (2021) Certified Community Behavioral Health Clinics (CCBHCs)
- HB2417 (2021) 988 call center and PKG801 (2019) Mobile Response and Crisis Stabilization Services (MRSS)
- HB2980 (2021) Peer Respite Centers
- PKG801 (2021) Interdisciplinary Assessment Teams (IAT)

Goals of Behavioral Health Investments

Provide Strategic and Structural Supports

- Improve workforce diversity and increase staff retention
 - Incentivize culturally responsive & linguistically appropriate services
 - Improve parity of rates within Medicaid and compared with other payers.
 - Optimize data collection, reporting, monitoring, and accountability and outcomes measurement
- HB5202 (2022) Behavioral Health Rate Increase (FFS and CCO)
- HB2949 (2021) Behavioral Health Workforce Initiative
- HB4094 (2022) Behavioral Health Workforce Stability Grants
- POP414 (2021) Compass Modernization

Overcoming Challenges in Behavioral Health

- The struggles in the behavioral health system are real
 - Yet there is much to look forward to
- Recent investments are only starting to take effect
- New leadership is aligned to prioritize behavioral health
 - Governor Tina Kotek
 - OHA Director James Schroeder
 - Director Schoeder appointed Ebony Clarke as the Behavioral Health Director starting February 27
 - Always in partnership with community
- There is a real opportunity to address these challenges together with the legislature

Thank You

Health
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