

HB 2086 (2021) Report (Sections 13 - 15):

Intensive Behavioral Health Treatment Services
for Children and Adolescents: Capacity and Demand

December 2022

Executive Summary

House Bill 2086 (2021), sections 13 through 15, require the Oregon Health Authority (OHA) to collect data from behavioral health Intensive Treatment Service (ITS) providers, Coordinated Care Organizations (CCOs) and insurers in Oregon on the demand for and capacity of intensive psychiatric residential treatment, acute inpatient treatment, or residential substance use disorder treatment for children and adolescents.

OHA is directed to use the data to monitor and track capacity, identify system gaps and develop plans to assist providers in data element modification. Additionally, the data will be utilized to develop benchmarks and performance measures for ITS capacity and to conduct research and evaluation of the children's continuum of care.

In 2019 OHA and ODHS identified a joint need for 286 functional psychiatric beds in the Oregon behavioral health ITS system. The functionality of this system declined as the COVID-19 public health emergency strained the workforce. In addition, in the fall of 2020 an unprecedented fire season forced some programs to reduce capacity or close temporarily. By April of 2021, there were a total of 172 operational psychiatric beds and 35 substance use disorder residential beds.

Data Gathered

While reporting requirements were paused during the pandemic, providers were asked to maintain, as best they could, capacity reporting for the needs of this study. Based on the available data:

- From the start of data collection in April 2021 to August 2022, the operational capacity for Psychiatric Residential Programs declined during 2021, but has been relatively stable in 2022.
- From the start of the eight months of data collection, from January 2022 to August 2022, the operational capacity for SUD Residential Programs is more even.
- Between April 2021 and October 2022, 103 youth were approved for Secure Inpatient from referral sources outside of the Secure Inpatient Provider. Of those, only 36 were admitted, with an average wait time for these admissions being 83 days.
- From 2020 to 2021, a total of 1252 individually identified (unique) youth served by OHP utilized inpatient/residential intensive psychiatric treatment services in Oregon. There were 1600 episodes of care, which means that several youth utilized multiple levels of service within the ITS inpatient and residential continuum.
- From 2020 to 2021, the number of children/youth who experienced Emergency Department Boarding (stays of longer than 24 hours) fluctuated month to month, but overall stayed level.

Next Steps and Recommendations

1. Oregon needs a robust bed registry that is trusted by all parts of the system as reliable and transparent.

2. The Intensive Treatment Services system for youth has a relatively small provider group.
 - An immediate next step is for OHA to bring the access directors from the provider group together to conceptualize a framework in which they could best collaborate on an interim central process to operate with until the final systems are in place.
 - Secondly, the central access and data solution determined should be simple, accessible, and understandable for all users.
3. In line with these recommendations, OHA can leverage the Acute Care Reporting (ACR) system, the Resilience Outcomes Analysis & Data Submission (ROADS) system, and the Behavioral Health Data Warehouse to integrate the youth Intensive Treatment Service central access needs and ensure the least amount of administrative and financial impact to providers.
4. Cost burdens to utilize these systems must be mitigated in both time and funding to ensure sustainability.