

December 27, 2021

## 2020 Secretary of State audit report update

### Background

In September 2020, the Secretary of State published an audit of the children's behavioral health system in Oregon. The [report](#), *Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis*, outlined widespread concerns related to the child and family behavioral health system based on historical underfunding, fractured payment systems, and data shortfalls.

The report described a system that was confusing to young people and their families who attempted to access services. It also detailed concerns related to the supports available to the workforce providing care. The report culminated in five primary finding areas, including 22 recommendations for systemic change. Oregon Health Authority formulated a thorough response to these recommendations and immediately began to address the topics outlined in the report.

The five finding areas were:

1. Data shortfalls and a lack of performance measurement prevent OHA from monitoring mental health treatment capacity, community needs, and outcomes to identify service gaps and improve the system.
2. Chronic workforce shortages throughout the mental health system increase system strain and trauma for vulnerable children and youth in residential treatment facilities.
3. Weakness and limitations of state statutes have contributed to Oregon's fragmented delivery of mental health services and de-prioritized funding for care.
4. OHA does not adequately monitor General Fund dollars disbursed to counties for community mental health programs.
5. A lack of consistent leadership, strategic vision, and governance leads to system disarray.

It is important to note that the report was published during the height of the COVID-19 pandemic, which has exacerbated health inequities seen across Oregon in historically underserved populations. We continue to experience the extraordinary impact of this ongoing pandemic on children and youth mental health.

Large numbers of children are losing family members and loved ones in this crisis, and online learning has led to social anxiety in increasing numbers of young people. This is particularly true in communities impacted by additional disparities in social determinants of health, exacerbated by systemic racism, chronic underemployment, food insecurity, and lack of access to health care. OHA is acutely aware of the increasing behavioral health needs of young people and other communities in Oregon and has adopted a [goal](#) to eliminate health inequities in Oregon by 2030.

While the COVID-19 pandemic has and continues to strain OHA's resources, the work on the Secretary of State's audit findings has progressed, and there is continued focus on improving and strengthening the behavioral health system for children, youth, and their families.

## 2021 progress

### Data shortfalls

Significant efforts have been directed at collection of data and improved analytics to determine the success of Oregon's behavioral health treatment system. The OHA Health Policy and Analytics unit has dedicated additional resources to behavioral health, and two dedicated analysts are assigned to the Child and Family Behavioral Health unit to assist with metrics to determine program success or needs, analyze system needs and capacity, and provide robust information for dashboards on the OHA webpage. In this way, OHA is building robust community engagement to determine benchmarks, coordinate data collection and analyze outcomes for the success of behavioral health.

[HB 2086 \(2021\)](#) created the Behavioral Health Committee to establish quality metrics and incentives that will be applied to specific entities, including but not limited to Coordinated Care Organizations (CCO) and counties. These incentivized outcome measures are developed to improve accountability and performance across Oregon's behavioral health system. In addition, OHA is exploring the feasibility for the Behavioral Health Committee to have a role in the new Medicaid waiver proposal.

In addition to the Behavioral Health Committee, the statute also requires a series of reports for OHA to submit to the legislature. One of the reports included identifying data infrastructure barriers to apply metrics and incentives. These findings indicated that OHA is currently accomplishing more optimal data infrastructures, including modernizing the Measures and Outcomes Tracking System (MOTS), implementing HB 3159, the Data Justice Act, to improve demographics data, and other efforts. While improving, behavioral health care providers lag in sharing information across the Health Information Exchange (HEI). Importantly, OHA will need to engage communities for data infrastructure improvements to ensure client satisfaction. For example, people receiving services are often required to continuously retell their experiences and challenges, which can cause and exacerbate trauma.

### Workforce issues

The Secretary of State audit identified challenges within the youth behavioral health workforce, including chronic underpay, poor benefits, violent and risky work conditions and stigma related to mental health and substance abuse (particularly in children). The scenario has only worsened over the past years, and like other areas of healthcare, child and family behavioral health is experiencing a workforce crisis.

[SB 623 \(2021\)](#) provided funding for a Workforce Commission to address these issues, and to provide payments to support providers in recruiting and retaining staff, which have helped to support the system over the past year. These payments must continue. Work to address working conditions, living wage, and career longevity will be further addressed by the Commission.

[HB 2086 \(2021\)](#) includes funds to produce a report that will evaluate and analyze ways in which wages for the behavioral health workforce can be increased. Living wage increases can improve retention. Improving retention would mean people receiving services engage with the same staff versus receiving care and support from continually changing staff. It also means better client and programmatic outcomes.

## State statutes

Oregon's System of Care infrastructure received support in [SB1 \(2019\)](#), which established the System of Care Advisory Council (SOCAC), a state-level leadership council that oversees and supports coordinated System of Care efforts across Oregon. This council has started work to address siloed systems and engage community partners in collaborative work to meet the behavioral health needs of children and families. During 2021, this advisory body began work on a metrics dashboard to evaluate system progress, has monitored the use of emergency rooms to meet the behavioral health needs of youth and developed a [strategic plan](#) to guide the next two years.

In the 2021 Legislative session, Oregon saw unprecedented investment into the infrastructure and workforce for the behavioral health system. In addition to bills referenced earlier, legislation was passed to uphold eviction protection and housing protections, provided supports for the behavioral health workforce and data and metrics resources. It also provided support for families impacted by wildfires and for children returning to schools who had been schooling from home.

In November 2020, Oregon voters passed Measure 110, bringing support for earlier treatment options for Oregonians dealing with substance abuse concerns and co-occurring mental health needs. In July 2020, Federal [legislation](#) was passed that authorized a specific behavioral health crisis number – 988 – to supplement 911 calls by July 2022. The legislature ensured both efforts would be funded. This attention and devotion of resources to Oregon's behavioral health system will support system transformation.

## Monitoring of General Fund dollars

OHA is committed to oversight of public funds across the Behavioral Health continuum. The Secretary of State audit accurately identified several areas in which monitoring needs to be tightened, and OHA is working to improve this oversight. System transformation includes revisions to contracting, data monitoring, structured metrics, and outcomes to ensure that people in need are being served in high quality programs, and there is accountability to young people and their families to provide simple, responsive, and meaningful treatment options.

OHA has begun discussions with counties, and the first phase of these efforts is due in January 2022. Transformation work will align county contracts with Coordinated Care Organization (CCO) contracts, defragment the system to close places where children and families fall through the cracks, and implement health equity. Initial efforts are focused on providing crisis services, supporting the workforce, addressing the needs of youth entering services through contact with law enforcement, and increasing accountability for how funds are managed. The work to revise the county contract system will be extensive, and the agency is working to ensure that these efforts are well coordinated, well resourced, and designed to be sustainable over time.

## Consistent leadership, strategic vision, and governance

In the year since the Secretary of State audit report was published, OHA has worked to address the inequities and confusion outlined in the report. There has been an increased focus on the needs of behavioral health across the lifespan, bringing equity to the healthcare system, and aligning behavioral health with medical and dental healthcare. The definition of health has broadened over time, and behavioral health is being viewed within the larger context of whole person health. OHA has hired additional managers and staff for the behavioral health units with this shared vision and collaborative work to address health inequities.

OHA is engaging in a thoughtful and purposeful initiative to transform the behavioral health system, including a [5-year strategic vision](#) for the Child and Family Behavioral Health unit. This transformation includes support for the workforce devastated by the COVID-19 pandemic, accountability of providers and county contractors for public health financing spent, and capacity

studies of the mental health and substance use treatment continuums in Oregon. OHA is working to address both immediate needs and long-term systemic concerns to provide supports to Oregon's most disadvantaged young people and their families.

## **Future work**

OHA is committed to implementing each of the Secretary of State audit recommendations and has been able to accomplish much of this work, despite the strain and fatigue resulting from the COVID-19 pandemic. This work must continue. Health inequities have been exacerbated over the past two years of the pandemic, and behavioral health concerns have been brought to the forefront of Oregon's awareness as we witness children and families struggling even more across our state. There is a tremendous focus across the agency to address these issues, including the projects listed here and more:

## **Community voice**

OHA expanded and enhanced efforts to bring community voice into behavioral health transformation efforts to support the goal of achieving health equity. Implementation of a recommendation to create a map of all community councils and commissions has begun. OHA is moving forward with an expansion of community and consumer voice informing its work. This focus on the lived experiences of community members who have received behavioral health services will guide system transformation, and there is an additional focus on elevating voices from communities who have been underserved and underrepresented. OHA has also adopted the goal of ending health inequities. One mechanism for accomplishing this has been OHA's intention of advancing voices from communities most impacted by health inequities. Also, diverse expertise is being recognized and leveraged to inform OHA's policy direction and implementation of programming. These illustrate OHA's commitment to community voice being brought into policy discussions, strategy meetings, and legislative work to fully embed community feedback and decision-making into all areas of work.

## **In-home Treatment**

In 2020, a new level of care was established by the Child and Family Behavioral Health unit to support children and families with the highest needs, in their own homes. [Intensive In-Home Behavioral Health Treatment \(IIBHT\)](#), provides individual and family therapy, skills training, 24-hour crisis availability, peer supports, and psychiatric medication treatment to children with complex needs. Coordinated Care Organizations are funded to provide this intensive support to young people and their families to bring needed treatment and prevent out of home placement for youth in multiple communities across Oregon.

## **Mobile Crisis Response**

As Oregon works to stand up the 988 behavioral health crisis support line in 2022, the Child and Family Behavioral Health Unit is also transforming the crisis response system for children and families. When youth and family members contact the 988 line in a youth behavioral health crisis, they will have access to Mobile Response and Stabilization Services (MRSS) to come to their home. This team will be able to provide in-home support, screen and assess for service needs, and can remain involved for up to eight weeks to connect the youth and family to treatment and supports in their community. OHA is working closely with youth and family groups to set up this service to ensure that the teams meet the needs identified by those with lived experience.