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# Behavioral Health System Investment Update

Presented to the OHA Ombuds Advisory Council  
January 25<sup>th</sup>, 2021



# HB 2949 - Workforce Incentives: \$60 million

- Develop and invest in behavioral health workforce, including culturally specific workers and increase access to culturally responsive services
- Major Milestones

**Now:** Community Leadership Council (CLC) has been stood up and is meeting regularly. Proposal for initial 20M was presented to CLC and decisions will be made by January 12th, 2022 – this will be focused on peer delivered service providers and QMHAs in addition to clinicians (loan repayment, scholarships, and housing/childcare stipends are all being considered)

**Next:** RFP development with CLC; additional rounds of incentives and grants

**Ongoing:** The CLC will continue to direct the work; marketing and communication to targeted program participants

# HB 2949 - Workforce – Clinical Supervision: \$20 million

- Grant program to licensed behavioral health professionals in order to provide paid supervised clinical experience to associates towards professional licensure
- A long-term and short-term distribution has been proposed
- An immediate distribution of up to \$7 million in grants to fund clinical supervision towards licensure, following detailed legislative guidance
- Priority given to diverse clinicians working in public settings
- The initial distribution will allow for lessons learned and the Community Leadership Council (CLC) to inform a future round as well as the discretionary dollars
- **RFP posted and available at:** <https://oregonbuys.gov/bs0/external/bidDetail.sdo?docId=S-44300-00001537&external=true&parentUrl=close>

# HB 5024 - Residential Facilities and Housing: \$130 million

- The budget includes \$65 million in one-time funds available under the American Rescue Plan Act and \$65 million General Fund for capital, start-up, and operational costs to increase statewide capacity of licensed residential facilities and housing serving people with behavioral health needs
- To identify community needs, assess the feasibility and sustainability of potential projects, and conduct other planning activities necessary to increase residential facility and housing capacity with a focus on reducing health inequities, HB 5024 Budget Note directed \$5 million in planning grants
  - 104 awards up to \$50,000 each, have gone to community mental health programs, Tribes, Regional Health Equity Coalitions, and other community grantees

# HB 5024 - Infrastructure Investments Update

**RFP issued December 30, 2021, with recommendations for how to spend funds by March 2022**

- For “ready to go” projects
- These priority populations include the Civil Commit, Aid and Assist, GEI, and children with significant emotional and behavioral needs
- Licensed levels of care including children’s psychiatric residential treatment and adult mental health residential
- Priority for intensive treatment services focused on children or people ready to be discharged (or diverted) from Oregon State Hospital
- Projects to be ready to admit residents within 12 months
- Due February 14: [Solicitation S-44300-0000164](#)

# HB 5024 - Infrastructure Investments Update

## At least two more subsequent RFPs

- One will focus on a longer time horizon and more intentionally focused development including new construction
- Another will focus on non-licensed housing options including support housing
- Both will be informed by feedback from the recipients of 104 Planning Grants from Fall 2021

# HB 5024 - Certified Community Behavioral Health Clinics: \$121 million

- These funds are the state & federal portion of the Medicaid reimbursement for 10 clinics that provide services, at a daily demonstration rate approved by CMS in 2017
- This also includes administering the CCBHC demonstration program and evaluating whether CCBHCs:
  1. Increase access to behavioral health treatment for residents of this state
  2. Provide integrated physical and behavioral health care
  3. Offer services that result in improved health outcomes, lower overall health care costs and improved overall community health, and
  4. Reduce the cost of care for coordinated care organization members
- It also includes the hiring of four additional staff for evaluation, compliance, program administration and Medicaid technical expertise
- **OHA shall report its findings in these areas by February 1, 2023**

# HB 5024 - Community Services for “Aid & Assist”: \$21 million

## Current allocation

- \$2.25 million to the County Financial Assistance Agreements for the period 7-1-21 through 12-31-21
- **RFP is being created for the remaining funds, applications to start January 24, 2022**

## In progress

- New Narratives: 5-bedroom Residential Treatment Home, approximately \$225,000, to open first quarter of 2022
- Junction City Campus Cottages: Lane County, via ColumbiaCare to open the final two-8 bed cottages

## Ongoing

- OHA staff and counties are in discussion around a case rate formula that more accurately reflects case costs



# HB 5024/SB 755 - Addiction and Recovery Services, per Ballot Measure 110: \$302 million

- \$22.3 million granted in 2021 in 2 rounds to 70 entities across Oregon
  - SUD Treatment
  - Peer Support
  - Housing
  - Harm Reduction
  - Supported Employment
  - Provider Technical Assistance
- Temporary Rules: Chapter 944 filed with Secretary of State for Behavioral Health Resource Networks (BHRN's) on 9/1/21
- The RFGP for BHRN's was approved by the Oversight and Accountability Council on 10/20/21 and the OAC began evaluation of the applications on 12/17/21 with a goal to award \$270 million across the state.
- If funding remains after the BHRNs are completely funded, there will be another round of Access to Care Grants in early 2022

# SB 755 - Access To Care

More than 7,398 Individuals have received services through Access to Care funds

## ATC Funding Data Summary

Summary of ATC Funding

Funded Entity	Amount
ATC Grantees	\$21,503,191.42
Direct Amended Contracts (PRIME+, Rental Assistance, and ClearingHouse)	\$6,831,484.99
Tribes	\$3,070,000
<b>Total</b>	<b>\$31,404,676.41</b>

Number of Orgs Funded by Service Type

Service Types	# of Organizations that Provide Service Type
SUD Treatment	31
Peers	51
Housing	28
Harm Reduction	25
Employment Support	5
Provide Technical Assistance	2

# HB 2980 - Peer Run Respite Centers: \$6 million

- Peer-run respite centers provide short term, non-clinical peer support in a homelike setting to people experiencing a mental or emotional distress
- Operated and staffed by certified peer specialists, these centers will create a person-centered, trauma informed alternative to emergency room visits or hospitalization for individuals experiencing a mental health crisis
- As a new program rulemaking and definitions and eligibility criteria must be established. OHA will be working in partnership with the community to establish this criteria
- OHA is seeking temporary rulemaking to establish this program
- **Distribution of funding is expected in late summer/early fall of 2022**

# HB 2086 - Behavioral Health Committee

- Created by HB2086, the **Behavioral Health Committee** is charged with developing quality metrics and establishing incentives to improve the quality of behavioral health services for coordinated care organizations, health care providers, counties and other government entities
- The Committee is focused on transformation and equity
- The quality metrics and incentives will be designed to:
  - Improve timely access to behavioral health care
  - Reduce hospitalizations
  - Reduce overdoses
  - Improve the integration of physical and behavioral health care
  - Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs
- OHA submitted required report to the legislature on December 31, 2021, regarding structural needs for behavioral health transformation, including barriers, risk sharing, data, Medicaid demonstration and other issues, which can be accessed [here](#)
- An earlier report regarding behavioral health service contracting was required on November 1, 2021 and can be found [here](#)

# HB 2086 - Behavioral Health Committee Membership

28 Members have been selected this group represents a broad spectrum of interests including but not limited to:

- People with lived experience of behavioral health needs
- Providers
- The Alcohol and Drug Policy Commission
- Health Plan Quality Metrics Committee
- Previously underserved populations
- Oregon Judicial Department
- Oregon Health Policy Board
- Health Equity advocacy groups
- CCO's
- Peer Delivered Services providers

The Full membership list is available on the OHA website at <https://www.oregon.gov/oha/HSD/BHP/Documents/Behavioral-Health-Committee-Membership.pdf>

# HB 2417 - Strengthening Crisis Care System: \$31 million

- HB 2417 allocated \$10 million for mobile crisis services and \$5 million for call center resources
- For mobile Crisis, OHA has identified an opportunity to braid together funding to bring up the total mobile crisis investment to **\$31 million**
  - \$10,000,000 funding from HB 2417
  - \$11,000,000 from the mental health block grant supplemental funds
  - \$10,000,000 through current CFAA funding
    - This funding is separate from the \$6.5 Million for Mobile Response and Stabilization Services and supplemental block grant funding being utilized for the children's model
- This is the estimated cost to **fully fund mobile crisis** services by community mental health programs
- CY22 transition to Medicaid reimbursable mobile crisis model

# HB 2417 – Recommendations from Mobile Crisis Report

- Coverage for mobile crisis team/s must be provided 24/7, but on an on-call basis in rural and frontier counties.
- Fully staffed, dedicated 24/7 mobile crisis teams should be the norm in more urban counties
- Pursue higher Medicaid match for Mobile Crisis Services under the ARPA provision
- Continue to enhance Oregon's two crisis call centers, so that they each function as an integral part of the national 988 crisis call center system and assure that they are adequately resourced
- Consolidate the various statewide Helplines, so that Oregonians, to the maximum extent possible, have only one simple 3 digit number to remember to call when needing BH-related assistance and support.
- Develop a contingency plan to cover the capacity and financing including consideration for a 988 Tax in parity with 911 i.e. \$1.25/service line

# HB 2417 - Crisis Stabilization Centers

- Statutes and OARS have been identified that need to be changed to license/certify crisis stabilization centers
- Some counties could participate in pilot
- As was estimated during the 2021 legislative session, a start-up cost of \$163 million would be needed to establish crisis stabilization centers



# HB 2417 – Call Centers

- HB 2417 also allocated \$5 million for call center resources
- The Crisis System Advisory Workgroup has provided recommendations to OHA and a decision on the vendor will be part of the minimum standards for the call center via contract
- The minimum standards are being developed by a consumer driven process and include language access and other recommendations from the workgroup
- Federal requirements mandate that Call Centers must be accredited by the National Suicide Prevention Lifeline

# CMS Grant Update

- OHA is also pleased to announce receipt of an award of \$952,951 planning grant for Oregon's Medicaid program to support the development of mobile crisis intervention service programs in the state
- This grant is awarded through Centers for Medicaid Services (CMS) under the American Rescue Plan Act (ARPA)
- This grant is a valuable opportunity to work with our federal partners and align Oregon's efforts to improve the behavioral health crisis system with the national best practices supported by Congress

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**Thank you**

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right side of the "y" in "Authority".

Oregon  
**Health**  
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