

August 9, 2016

The Honorable Floyd Prozanski, Chair, Senate Interim Judiciary Committee
The Honorable Jeff Barker, Chair, House Interim Judiciary Committee
900 Court Street NE
State Capitol
Salem, OR 97301-4048

RE: ORS 182.525 Evidence Based Programs Report - Summary

Dear Co-Chairpersons:

Oregon Revised Statute 182.525 (ORS 182.525) directs agencies, including the Oregon Health Authority (OHA), Health Systems Division (HSD) (formerly Addictions and Mental Health Division and Division of Medical Assistance Programs) to submit a report to the interim legislative committee dealing with judicial matters no later than September 30 of each even-numbered year.

After passage of this statute in 2003, the Oregon Health Authority reported to the Legislature, over three biennia, an increasing proportion of funds that support evidence-based practices (EBP). The first biennium the law was in effect was 2005-07 and 25 percent of funds were required to be spent on EBPs. In 2007-09 the requirement increased to 50 percent. By the 2009-11 biennium, 75 percent of funds for those populations at risk of emergency psychiatric services or criminal or juvenile justice involvement are required to support EBPs.

Summary:

Under ORS 182.525, the report shall contain the following:

- (a) An assessment of each program on which the agency expends funds, including but not limited to, whether the program is an evidence-based program;
- (b) The percentage of state moneys the agency receives for programs that is being expended on evidence-based programs;
- (c) The percentage of federal and other moneys the agency receives for programs that is being expended on evidence-based programs; and
- (d) A description of the efforts the agency is making to meet the requirement of spending at least 75 percent of state moneys that the agency receives for programs on evidence-based programs.

The services and populations subject to the requirements of ORS 182.525 are: 1) the OHA funded treatments focused on clients with substance use disorders referred by the criminal justice system; 2) clients who have been court committed for treatment due to mental illness; and 3) children and adolescents with severe emotional disorders receiving intensive, integrated community services.

During the 2013 – 2015 biennium, significant shifts in funding were implemented as part of Health Systems Transformation. A majority of funding previously administered by the former Addictions and Mental Health Division was transferred to the former Division of Medical Assistance Programs and the Coordinated Care Organizations (CCOs). In addition to funding shifts, as of July 1, 2015, the two divisions merged to form the Health Systems Division (HSD). Increased funding for the expanded Medicaid population is administered by HSD. This significant change results in coverage under Medicaid for many of the treatments subject to this report. All of the services included in Oregon’s Medicaid benefit package are subject to clinical evidence review by the Health Evidence Review Commission.

The Health Evidence Review Commission reviews clinical evidence in order to guide the Oregon Health Authority in making benefit-related decisions for its health plans. Its main products are the Prioritized List of Health Services ([searchable tool](#)), used by the legislature to guide funding decisions for the Oregon Health Plan (Medicaid), and evidence-based reports on specific topics of interest to Oregon health payers and providers as well as members of the public.

The Commission consists of 13 Governor-appointed and senate-confirmed volunteer members including five physician representatives (one of whom must be a doctor of osteopathy and another a hospital representative), a dentist, a public health nurse, a behavioral health representative, a provider of complementary and alternative medicine, a retail pharmacist, an insurance industry representative and two consumer representatives.

Percentage of Funds Supporting Evidence-Based Programs:

OHA analyzed budget and expenditure data against the service reporting data from 2015 to match client referral type with expenditures for this report. A transition from the Client Process Monitoring System to the Measurement and Outcomes Tracking System took place during 2014, so one year of data (2015) was used to formulate the analysis for this estimate. The following client categories were included in this analysis:

- Individuals referred by the justice system for substance use disorder treatment
- Adults with serious mental illnesses who were civilly committed
- Adults under the jurisdiction of the Psychiatric Security Review Board
- Children and adolescents diagnosed with serious emotional receiving intensive treatment services

For the 2013-2015 biennium, an estimated 79.90% of federal, state and other funds supported Evidence-Based Practices.

Agency Efforts to Promote Use of Evidence-Based Programs:

OHA supports training, technical assistance and fidelity monitoring for specific evidence-based practices through Centers of Excellence.

Sequential Intercept Model:

The Sequential Intercept Model is an evidenced-based practice for preventing unnecessary incarceration for individuals who have become involved in the legal system as a result of symptoms of mental illness. The model envisions a “series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.”

OHA, HSD has secured technical assistance from the Substance Abuse and Mental Health Services Administration, GAINS Center through Policy Research Associates to train and provide support to local / regional teams throughout the state in implementing the Sequential Intercept Model. This activity was launched during a statewide summit held in January of 2016 and included:

- Community Mental Health Program (CMHP) Directors
- Representatives from the Oregon Judicial System
- Representatives from the Oregon Law Enforcement Community
- Representatives from Oregon Corrections
- Representatives from applicable not-for-profit agencies
- Oregon NAMI Chapter
- Disability Rights Oregon
- Representatives from Housing Authorities
- Representatives from the consumer community

Assertive Community Treatment:

Assertive Community Treatment (ACT) is an evidence-based practice designed to provide comprehensive treatment and support services to individuals with serious and persistent mental illness. ACT is intended to serve individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment. The goal is to provide consumers with adequate community care and help them have a life that is not dominated by their mental illness. Consumers benefit most because they are hospitalized less often and have more stable housing.

OHA, HSD supports the Oregon Center of Excellence for Assertive Community Treatment (OCEACT), a non-profit organization in Southern Oregon. OCEACT was created to promote and implement Assertive Community Treatment (ACT) as an evidence-based practice throughout Oregon. OCEACT provides training and technical assistance to educate mental health service providers about the ACT model. OCEACT statewide trainers provide expert consultation to established and developing ACT teams and OCEACT staff conduct annual fidelity reviews of ACT programs statewide.

Supported Employment:

Supported employment is an evidence-based practice comprised of individualized services that help individuals with mental illnesses find and keep jobs. Employment specialists closely coordinate with clinical and rehabilitative service providers to create a comprehensive treatment program. Once a job is found employment specialists provide ongoing support to the individual.

The Oregon Supported Employment Center for Excellence (OSECE) was created in 2008 as part of Oregon’s Supported Employment Initiative to provide technical assistance to Supported Employment providers, conduct fidelity reviews, collect, evaluate and share outcome data, educate and advise local and State level policy makers and coordinate media coverage of Supported Employment success stories.

Eligibility is based upon client choice. No one is excluded because of prior work history, hospitalization history, substance use, symptoms or other factors.

Early Assessment and Support Alliance (EASA):

EASA is the first statewide systematic implementation of early psychosis intervention in the United States. The EASA Center for Excellence is part of the Regional Research Institute (RRI), which is the research arm of the School of Social Work at Portland State University. The RRI is home to nationally recognized research and technical assistance projects, and has particular strength in the area of youth/young adult mental health.

The EASA Center for Excellence brings people together to articulate and refine EASA's vision, priorities, goals and core messages. The center works collaboratively with local site partners and the EASA Participant Leadership Council to develop practice guidelines and fidelity review protocols, provide consultation and technical assistance to new and developing sites, along with professional training, consultation and credentialing. The Center analyzes service data and has ongoing collaboration with international researchers and statewide/national partners regarding early intervention for psychosis.

As a result of the work the Center does there is increased recognition of psychosis and related conditions; rapid, supportive response to teens and young adults when they begin to develop symptoms of psychosis, barrier reduction, and increased clinical knowledge and skill. Individuals and families experience less trauma and are more supported and prepared from the onset of symptoms to succeed with developmental milestones (i.e. school completion, career, transition into adult relationships) and act as self-advocates.

System of Care - Wraparound

The System of Care – Wraparound Center for Excellence at Portland State University provides training, workforce development and systemic support for the statewide implementation of a Wraparound service delivery model for children living in Oregon. Core principles and values associated with Wraparound, as outlined through the National Wraparound Initiative, serve as practical model to operationalize a Systems of Care approach across youth, adult and family serving systems.

Oregon is building a community-based, coordinated system of services and supports for children with complex behavioral health needs as well as their families. Oregon's goal is to have a fully functional System of Care – implemented using a Wraparound planning process – in every community.

Community-Based Substance Use Treatment Programs for Individuals in the Criminal Justice System:

Recognizing the significant number of individuals referred by the justice system to outpatient substance use disorder services, OHA developed standards through administrative rule that are consistent with evidence-based programs documented throughout the correctional interventions literature and consistent with principles of risk, need and responsivity. OHA, HSD reviews outpatient programs a minimum of once every three years. The rules are documented in OAR 309-019-0190 as follows:

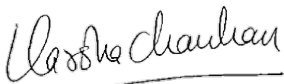
(1) These services and supports are for individuals who are under the supervision of a probation officer or on parole or post-prison supervision or participating in a drug treatment court program or otherwise under the direct supervision of the court.

- (2) Services and supports must incorporate interventions and strategies that target criminogenic risk factors and include:
- (a) Cognitive behavioral interventions;
 - (b) Motivational interventions;
 - (c) Relapse prevention; and
 - (d) Healthy relationships education;
- (3) Providers must demonstrate coordination of services with criminal justice partners through written protocols, program staff activities, and individual record documentation.
- (4) Program Directors or clinical supervisors must have experience in community-based offender treatment programs and have specific training and experience applying effective, evidence-based clinical strategies and services for individuals receiving community-based substance use disorders treatment services to individuals in the criminal justice system;
- (5) Within the first six months of hire, program staff must:
- (a) Receive training on effective principles of evidenced-based practices for individuals with criminogenic risk factors; and
 - (b) Have documented knowledge, skills, and abilities demonstrating treatment strategies for individuals with criminogenic risk factors.

Future Strategies and Recommendations:

OHA, HSD is committed to using programs and practices proven to produce positive health and societal outcomes in service to populations at high risk for recidivism, criminal behavior, and use of emergency mental health services. A focus on performance and outcomes is central to the goals of health system transformation and the implementation of the coordinated care model.

OHA is emphasizing the importance of using evidence-based programs and principles in the design and delivery of health services in order to meet ongoing performance expectations and sees this as a strategy for meeting the triple aim goals of increased quality, improved health, and decreased health care costs.



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