

## Executive Summary

The 2019 Oregon Legislature funded substantial investments to support recommendations from the Children and Youth with Specialized Needs workgroup, as well as other targeted behavioral health investments including expanding behavioral health programs and services to children and families across Oregon.

<p>SB 5525 (Source: Budget Report)</p>	<ul style="list-style-type: none"> <li>• \$1.0 million General Fund and two positions (1.50 FTE) for the System of Care Advisory Council,</li> <li>• \$6.6 million General Fund and \$13.1 million Federal Funds expenditure limitation for Intensive In-Home Behavioral Health Services,</li> <li>• \$3.1 million General Fund for crisis and transition services ... and</li> <li>• \$10 million General Fund for school-based mental health consultation and treatment services and suicide prevention.</li> </ul>
<p>SB 5050 (Source: Budget Report)</p>	<p>HB 5050 makes seven special purpose appropriations to the Emergency Board:</p> <ul style="list-style-type: none"> <li>• \$5.7 million General Fund for allocation to the Oregon Health Authority to support interdisciplinary assessment teams to provide consultation, evaluation, and stabilization services to youth with behavioral health needs. This appropriation reflects one of the recommendations of the Children and Youth</li> </ul>
<p>SB 1-B (Source: Fiscal Impact Statement)</p>	<p>OHA estimates the fiscal impact of the bill to be \$8,567,846 Total Funds [\$6,700,000 General Fund + \$1,867,846 Federal Funds] and 2 positions (1.50 FTE) for the 2019-21 biennium; and be \$11,425,484 Total Funds [\$8,935,022 General Fund + \$2,490,462 Federal Funds] and 2 positions (2.00 FTE) for the 2021-23 biennium. In terms of General Fund costs in 2019-21, a total of \$1 million is assumed to support the System of Care Advisory Council. This includes costs for one Operations and Policy Analyst 4 position to provide support for the council, costs related to developing the Children’s System Data Dashboard, and other expenses necessary to support the work of the council.</p>

Oregon Health Authority’s Child and Family Behavioral Health unit implemented these investments:

- To expand program staffing,
- To enhance and expand programs statewide, and
- To develop new comprehensive support services and systems of care including services for:
  - Youth suicide intervention prevention plan (YSIPP),
  - School-based mental health (SBMH),
  - Crisis and transition services (CATS),
  - Senate Bill 1 System of Care (SOC) Advisory Council,
  - SB 1 related Interdisciplinary Assessment Teams (IAT) and
  - Intensive In-Home Behavioral Health Treatment (IIBHT).

The investments are included as current service level (CSL) for the 2021-2023 Governor’s Recommended Budget (GRB).

## ACCOMPLISHMENTS

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Implementation of the CFBH investments has been successful enhancing and expanding program services statewide:

- **Increased Program Staff:** CFBH manager Chelsea Holcomb hired five additional staff to support expanded youth suicide prevention, school based mental health, crisis and transition services, SB 1 System of Care Council, and young adult services; The Adult Behavioral Health team hired an adult suicide prevention specialist specified in the suicide prevention investment Policy Option Package.
- **Program contracting and funding:** Investment funded contracts for services have been executed,
  - Except one program investment failed to proceed when 2020 COVID and related budget reductions disrupted the legislatively approved funding:
    - SB 1 interdisciplinary assessment teams (IAT) RFP was completed and ready to award, however, the Emergency Board special purpose appropriation per SB 5050 was not authorized.(\$5.7 million).
- **Program communication:** Program and CFBH unit presented monthly updates January through April via the OHA Behavioral Health distribution list on program enhancements and services roll-out.

## LESSONS LEARNED

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- **Contracted project roles added clarity and focus to the project support:** Project contract specified program implementation as out of scope, in order to focus project support for implementation activities including investment contract tracking, coordinating investment communications with the CFBH team, and project plan management.
- **Project support helped facilitate CFBH support structures:** Investment project activities fostered program structure and cadence for ongoing CFBH communications, budget coding to track, monitor and manage investment expenditures.
- **New staff and unanticipated turnover extend schedule:** Unanticipated program and staff turnover challenges complicated the planning and development for both the CATS and IAT RFPs and contracting. CFBH manager, lead and transition efforts expedited orientation and transition. Both program RFPs proceeded. The program planning awaits funding for the IAT.
- **HSD lacks standard tools and shared technology to support program management:** CFBH program staff coordinate their programs, services and implementation with their own strategies, some on paper, some with their own project management programs. Agency collaborations lack shared technology to facilitate stakeholder and partner engagement.

## Project report

### PROBLEM STATEMENT

The 2019 Oregon Legislature funded substantial investments to support recommendations from the Children and Youth with Specialized Needs workgroup, as well as other targeted behavioral health investments.

Investment funding included enhancement and expansion for the following program areas:

- Youth Suicide Intervention and Prevention Plan (YSIPP)
- School Based Mental Health (SBMH)
- Crisis and Transition Services (CATS)
- SB 1 System of Care Advisory Council and interagency dashboard
- SB 1 interdisciplinary assessment teams (delayed funding)
- Intensive In-Home Behavioral Health Treatment (IIBHT)

### GOALS & OBJECTIVES

The project is to support and manage the investment implementation for the multiple program areas, identify and coordinate mitigation to barriers, and facilitate program updates and communications.

Table 1 – Project description and goals

Timeframe	Description
Sept-Oct 2019	YSIPP program develop RFPs to award by January 2020
Sept-Dec 2019	Recruit-hire investment funded program staff
Oct-Nov 2019	Develop project plan, communication plan, contract tracking
Sept-Dec 2019	Amend county contracts SBMH service elements for enhanced and new county programs
Oct 2019-Jan 2021	All 9 Counties providing CATS received additional funding to support and enhance their current program. Enhanced funding for additional services and supports to 9 existing sites
Aug 2019-Jan 2021	Develop standardized IIBHT services (SPA, OARs, Licensing, provider training for FFS July1 and CCOs January 2021)
Oct 2019- Sept 2021	Develop and manage SB 1 prescribed System of Care Council, specified dashboard and deliverables
Nov 2019- May 2020	Develop IAT RFP, request Legislative special purpose appropriations

## PROJECT SCOPE

During the initial project contract meeting, the project sponsor and CFBH manager Chelsea Holcomb explicitly limited the project role to the investment implementation activities. The CFBH programs continued to manage their respective program operations and integrate the new investments and related activities into the respective programs. Project activities included tracking the contracting process progress and project intervention where barriers presented. The project communication activities were coordinated with the business unit's overall communication effort.

## PROJECT CONSTRAINTS

The following factors may have constrained the project's progress:

- New program staff required additional unit lead support, and extended some planning and activities;
- Unit turnovers delayed RFP development for CATS and for IATs.
- COVID impacted programs and services: YSIPP targeted impacts. SBMH developed Social Emotional Learning. COVID also led to legislative budget reductions;

## RESULTS

Table 3 – Program progress

Program	Staffing	RFP-Contract	Results; Enhancements
YSIPP	2 FTE	9 of 9	100%; Big Seven
SBMH	2 FTE	18 of 18	9 enhanced, 8 new county contracts; Social Emotional Learning
CATS	1 FTE	Enhancement funding to 9 existing sites completed. 3 new sites funded	90%;
IIBHT		CMS State Plan Amendment; CCO contract amendment 1-1-2021	Fee-for-Service case rate & CCO
SB 1 SOC	1 FTE	Governor appointed council established March 2020	Council prescribed deliverables; SOC grants in progress
SB 1 IAT		RFP only; Award contingent on funding	IAT RFP funding delayed

## Project status

The 2019 CFBH investments have been executed, except for the funding hold on the new IAT program services. The 2019 CFBH investments are included as current service level for the 2021-2023 GRB.

## SUMMARY OF PROGRAM WORK AND ACCOMPLISHMENTS

### Program: Youth Suicide Prevention

The 2019-2021 Legislatively Approved Budget (LAB) included dedicated funding for Youth Suicide Prevention for the first time in Oregon's history. With this investment, some of the OHA initiatives are to:

- Create statewide access to the “Big Seven” suicide prevention, intervention and postvention programs
- Fully fund the [24/7 crisis line](#)
- Add suicide prevention staff, including an adult suicide prevention coordinator
- Add funding for a [peer-to-peer text/phone/chat service](#) and youth development program

### Program: School-Based Mental Health

The Health Systems Division provides direct funding to 17 counties in the highest-need areas of Oregon that do not have a [School-Based Health Center](#):

Enhanced funds to existing SBMH county contracts	New Funds to counties without existing SBMH
Benton	Gilliam
Clatsop	Harney (Symmetry)
Columbia	Lake
Coos	Linn
Jefferson	Malheur
Klamath	Sherman (Mid-Columbia)
Marion	Tillamook
Union	Wasco (Mid-Columbia)
Wallowa	

The SBMH funds help these counties provide mental health services to approximately 76 schools.

Local mental health clinicians are placed directly in local schools to provide person-centered, trauma-informed rapid crisis and clinical interventions directly to youth and families, and to assist teachers with mental health related issues in their classrooms.

To respond to COVID, Social Emotional Learning was also funded.

### Program: In-home Intensive Behavioral Health Treatment (IIBHT)

The 2019 Oregon Legislature approved **\$6.6M** in general funds to expand the existing continuum of care for children to include an intensive community-based alternative to residential treatment and inpatient hospitalization, a new Oregon Health Plan level of care.

The IIBHT benefit is available to Oregon Health Plan members not enrolled with a coordinated care organization (CCO) starting July 2020. CCOs cover the IIBHT benefit starting January 1, 2021. The Oregon Administrative Rules for IIBHT are in [309-019-0167](#), [410-172-0650](#) and [410-172-0695](#).

OHA added IIBHT as a level of care for children through age 20 to address several existing gaps in the children's mental health service array. IIBHT care:

- Can provide 4-6 hours of intensive, in-home services per week to children who need more support and services than what is provided in traditional outpatient services
- Offers an array of services to children and families including psychiatric services, mental health therapy, care coordination, skills training and peer support services while preserving their existing placement in the community
- Reduces in out-of-home placements for children including residential treatment and inpatient hospitalizations
- Is available to children living in a variety of settings in the community. Children can access IIBHT while living in foster care, group homes, shelter care and behavior rehabilitation services.
- Is also available to children with intellectual and developmental disabilities.

### Program: SB 1 System of Care and SOC Council

**System of Care** is a philosophy based on cross system collaboration that supports youth and families who have complex and significant mental health needs. The goal is to create an array of services and supports that are youth and family driven, community-based, and culturally and linguistically responsive.

**The System of Care Advisory Council** provides oversight of children's mental health system planning and System of Care implementation in Oregon.

**Senate Bill 1** (2019) established the Governor's System of Care Advisory Council, which is staffed by the Oregon Health Authority and the Department of Human Services.

The council will act as a central, impartial forum for statewide policy development, funding strategy recommendations and planning, with the goal of improving the effectiveness and efficacy of child-serving state agencies and the continuum of care that provides services to youth (ages 0-25).

Statewide System of Care Steering Committee: A cross-system group of statewide system representatives designated to address policy, funding, and unresolved local barriers that exceed local resolution.

Statewide System of Care Advisory Council: This Governor-appointed council will:

- Develop and maintain a state System of Care policy and comprehensive, long-range plan for coordinated system of care.
- Create and update a plan biennially and submit plan to interim committee of Legislative Assembly and Governor.
- Develop annual reports, recommend legislation and make recommendations to Directors of the Oregon Health Authority, Oregon Youth Authority, Oregon Department of Education and Oregon Department of Human Services regarding Systems of Care.
- Award grants to support local system of care governance and carry out recommendations in council's long-range plan for coordinated System of Care
- Oversee and continually monitor the children's System of Care data dashboard.

Council reports and recommendations can be found on the [System of Care Reports and Recommendations](#) page.

### **Program: SB 1 Interdisciplinary Assessment Teams (IAT)**

SB 1 directed OHA to support interdisciplinary assessment teams to provide consultation, evaluation, and stabilization services to youth with behavioral health needs. SB 1 IATs:

- (a) Provide evaluation of youth.
- (b) Increase statewide education, consultation and telemedicine evaluation, assessment and treatment capacity, with specific emphasis on increasing access to psychiatric and developmental assessments in communities that lack sufficient access to providers.
- (c) Prioritize evaluation, assessment and stabilization services provided to youth who are placed in hotels, in out-of-state facilities, in emergency department boarding, in shelter care, in institutional care, in county detention facilities or in the custody of the Oregon Youth Authority.

The IAT RFP was posted contingent upon Legislative special purpose appropriations, however, the Legislature did not release the funding.

### **Program: Crisis and Acute Transition Services (CATS)**

Crisis and Transition Services (CATS) started in 2014 with 4 sites, grew to 9 sites in 2019 and as of January 2021 there are a total of 12 CATS sites across the state. CATS served a total of 675 youth from July 2019 - January 29, 2021.

**For 2019-2021 CATS was awarded \$3.07M General Funds. Results of the CATS funding include:**

- The current **9 CATS** sites were all awarded additional funding to enhance their existing programs by adding additional clinical and/or family support services.
- As of January 2021, there are a total of **12 CATS** sites. Funding was awarded to expand CATS capacity and stand up 3 NEW CATS Sites:
  - RFP awarded to Providence St. Vincent's
  - RFP awarded to The Child Center
  - The Center for Human Development was awarded a contract through Union County

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