



Date: July 16, 2020

To: Chair Adam Radokowski and System of Care Advisory Council members

From: Steve Allen
Behavioral Health Director

Subject: System of Care Advisory Recommendations – OHA Updates

Thank you for the System of Care Advisory Council's recommendations submitted June 18, 2020 to OHA leadership. OHA appreciates the work of the Council and these timely recommendations. We are working on each of these within the agency and with stakeholders and appreciate the perspectives that the System of Care Advisory Council is bringing to this.

Social Marketing:

Recommendation:

Agencies need to increase social marketing focus on raising awareness of behavioral health services and supports. Development of this messaging needs to include collaboration with youth and families and include the use of the most current social media platforms to increase message penetration.

Messaging needs to be consistent across agencies and shared widely with providers and others with an aim of consistency and optimizing reach.

OHA feedback and next steps:

OHA contracted with Brink Communications to develop the [Safe + Strong](#) campaign. Anticipating increased behavioral health needs, OHA extended the contract to develop a media campaign to:

- destigmatize and help individuals identify their own and family members' behavioral health needs ("it's ok to not feel ok")
- normalize and encourage help-seeking behavior ("everyone needs support")
- provide practical information about staying safe, healthy and connected during the COVID-19 crisis ("here's how to get support")
- connect those in need to appropriate resources and make it easy for them to start the process ("get support today.")

Brink Communications has been conducting [targeted outreach](#) to key stakeholders, including youth and family providers and consumers.

OHA's Suicide Prevention, Intervention, and Postvention team (SPIP) is also working with Brink Communications to develop a youth suicide prevention social media campaign specifically targeted for youth and families.

Changes to Oregon Administrative Rules:

Recommendation:

State agencies, in partnership with stakeholders, will examine changes and exceptions to OARs that have benefited individuals in accessing services, including, and telehealth in particular, and benefited system of care providers.

This review should be a transparent process completed in consultation with agency stakeholders while temporary rule and waiver changes remain in effect. This is to determine which changes should or could be made permanent, and / or within ninety days of the end of current state of emergency declaration.

For changes that are not possible to extend beyond the COVID-19 emergency, the agencies and providers examine where the authority lies to potentially keep or make beneficial alterations to rule.

OHA feedback and next steps:

For Medicaid this work is already occurring. There are cross-agency workgroups looking at telemedicine. Additionally, a telehealth workgroup has been convened to review Medicaid rules. Behavioral Health has participation in these rules. Once rules are proposed, OHA will follow rule promulgation processes which include OHA/HSD review, stakeholder feedback through the rules advisory process, and a 30-day public comment period.

For Behavioral Rehabilitation Services (BRS) the BRS telemedicine rules were written in a way that they could be applied to any type of situation where providers were experiencing a barrier to serving BRS clients in a face to face setting. The temporary rules have been given a Rules Advisory Committee (RAC) exception and will be included in the RAC for the larger BRS RAC in early September. It is important to note that BRS is not a behavioral health service.

Information on OHA Rule Advisory Committee meetings can be found at <https://www.oregon.gov/OHA/HSD/Pages/RAC.aspx> and email update sign-up details are at <https://www.oregon.gov/oha/HSD/Pages/Mental-Health-Rules.aspx>

Capacity:

Recommendation:

To agencies that DHS, OHA, juvenile justice and OYA systematically track

- Capacity for residential beds given the current financial pressure created by COVID-19.
- Other providers and especially those that provide culturally specific services to avoid the loss of capacity in this area.

OHA feedback and next steps:

There are several efforts at the state and national levels to provide short-term provider financial relief for healthcare providers that have experienced reduced revenues as a result of the COVID-19 response. Also, funds are available to cover various COVID-19 specific expenses that providers are experiencing. OHA has convened a cross-agency short-term provider financial sustainability workgroup. Click on this [summary of healthcare provider short-term financial support initiatives](#) for a compilation of efforts known to the workgroup at this time. Staff continue to work with providers to identify and advocate for resources that will ensure ongoing provider sustainability.

Oregon Health Authority applied for a COVID related [State Plan Amendment](#) in March of 2020 and it was approved by CMS in June. For services provided in licensed community-based residential treatment settings

within the behavioral health continuum OHA is making provider stability payments available to providers of residential services to cover temporarily vacated beds due to concerns directly related to COVID -19 infection containment or treatment. For the Children's System the provider stability payment applies to the appropriate rate associated with bed absence. More information will be communicated with eligible providers soon.

OHA is tracking residential and outpatient program status manually by reaching out to providers directly regarding changes in capacity as well as impacts of COVID-19 positive and presumptive cases within the BH residential system.

OHA is developing the Oregon Behavioral Health Access System built on [National Guidelines for Behavioral Health Crisis Care](#) best practices to include real-time regional bed registry technology to support efficient connection to needed resources.

BRS has undergone extensive changes recently in order to implement SB 171 and Family First requirements which include culturally specific services. OHA engages in quarterly compliance meetings with DHS and OYA and is working to streamline processes between agencies. Systematic tracking of capacity and services can be included in this process development.