

Introduction

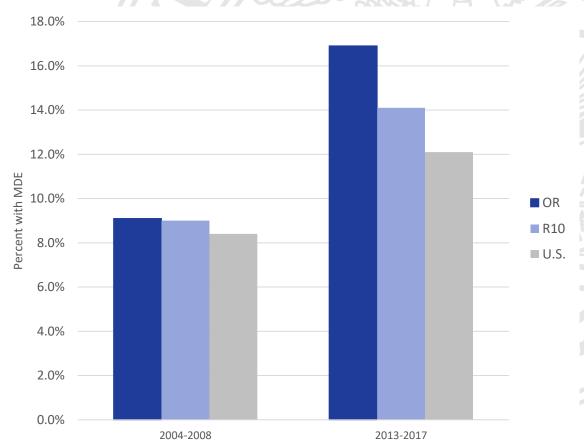
The state system responsible for delivering mental health treatment services to roughly 1 million Oregonians, including vulnerable children, is vast and made up of numerous stakeholders. Auditors identified interrelated findings: data shortfalls, statutory weaknesses, workforce capacity and high employee turnover challenges, poor county oversight practices, and foundational governance issues.

The severe mental health impacts from the COVID-19 pandemic will likely place additional duress on the system.

Oregon's need for services outpaces its capacity

- Potential COVID-19 related cuts
- Reports detail declines in residential capacity
- State ranks last, or near last, in national ranking
- Oregon outpaces region and country in youth MDE
- Connection with DHS foster care

Rate of Oregon youth aged 12 to 17 who suffered from a major depressive episode has outpaced the national and regional rate



Source: SAMHSA Behavioral Health Barometer: Oregon, Volume 5

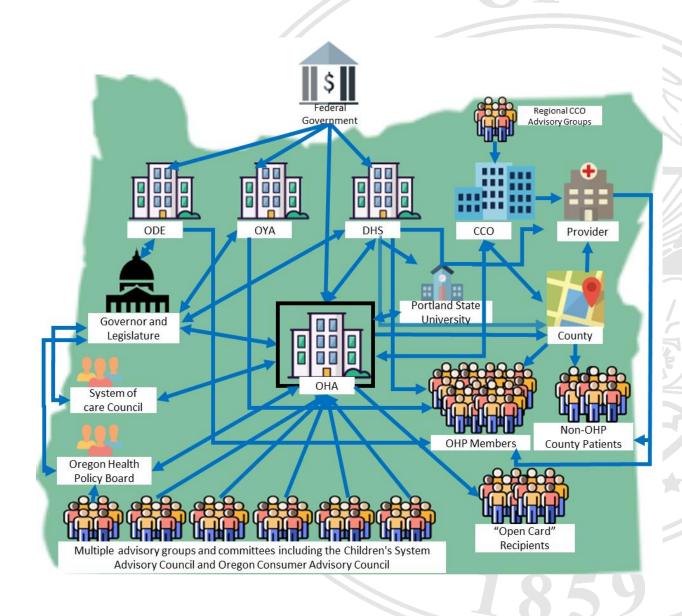
How we conducted the audit

- Conducted interviews with officials, staff, patients, and more
- Performed site visits at psychiatric residential treatment facilities
- Reviewed literature, guidance, laws, documentation, and contracts
- Analyzed Medicaid, capacity, financial, and referral data

Audit Findings

Oregon's fragmented and siloed structure hinders the state from coordinating and effectively addressing mental health challenges faced by Oregonians. This structure exacerbates the findings:

- 1. Data Shortfalls
- 2. Statute Challenges
- 3. Governance
- 4. Workforce Capacity
- 5. Accountability



Data Shortfalls

- OHA lacks basic data for understanding mental health services for children and youth
- Data systems do not contain critical information
- OHA has not identified performance measures & goals
- Limited coordination and lack of data expertise impede efforts

Statute Challenges

- Statutes do not fully support mental health service delivery
- Key provisions deprioritize service delivery and prevention
- Roles and responsibilities for the care continuum are unclear
- Agencies remain siloed despite 2009 effort to create a System of Care

Governance

- Oregon has not sustained a vision for behavioral health
- OHA lacks cohesive strategic planning
- Key terms are undefined
- Stakeholder engagement can be improved

Workforce Capacity

- Behavioral health turnover issues are decades old
- Direct care worker challenges
- Turnover impacts delivery of care
- Workforce recruitment and retention plans may be hindered by COVID-19

Accountability

- County mental health program funding is not adequately monitored
- Wraparound program outcome reporting and monitoring
- Variability exists in Wraparound experience

Figure 12: OHA budgeted about \$158 million of General Funds for county Local Mental Health Authorities for the biennium ending June 30, 2019

\$14,455,440.40
\$143,791,677.99
\$158,247,118.39

Source: Oregon Health Authority

Recommendations to improve the state's mental health treatment system

- Develop a comprehensive strategic plan for OHA and Behavioral Health Division
- Define necessary terms, such as "health" and "mental health"
- Identify data gaps that prevent the tracking of performance measures and identify the measures
- Determine the extent to which Medicaid claims data can be used
- Develop and communicate shared guidance on methodology

Recommendations (continued)

- Collaborate with System of Care stakeholders to perform a needs assessment for the children and family continuum of care
- Work with Senate Bill 1 System of Care Advisory Council and Legislature to better optimize the statute guiding mental health treatment services
- Work with the Oregon Health Policy Board, the Council, and Legislature to update the statutory framework



Questions?

Audit Team

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