Behavioral Health System Update

Oregon Health Policy Board

March 1, 2022

Oregon Health Authority

OHPB Questions from November 2021 Behavioral Health Presentation

QUESTION 1

The level of current behavioral health resource infusion is more than systems can handle in the short run, particularly with our current workforce limitations. What are the strategies being considered to pace the distribution of resources in lock steps with the ever-changing capacity of providers to implement those investments?

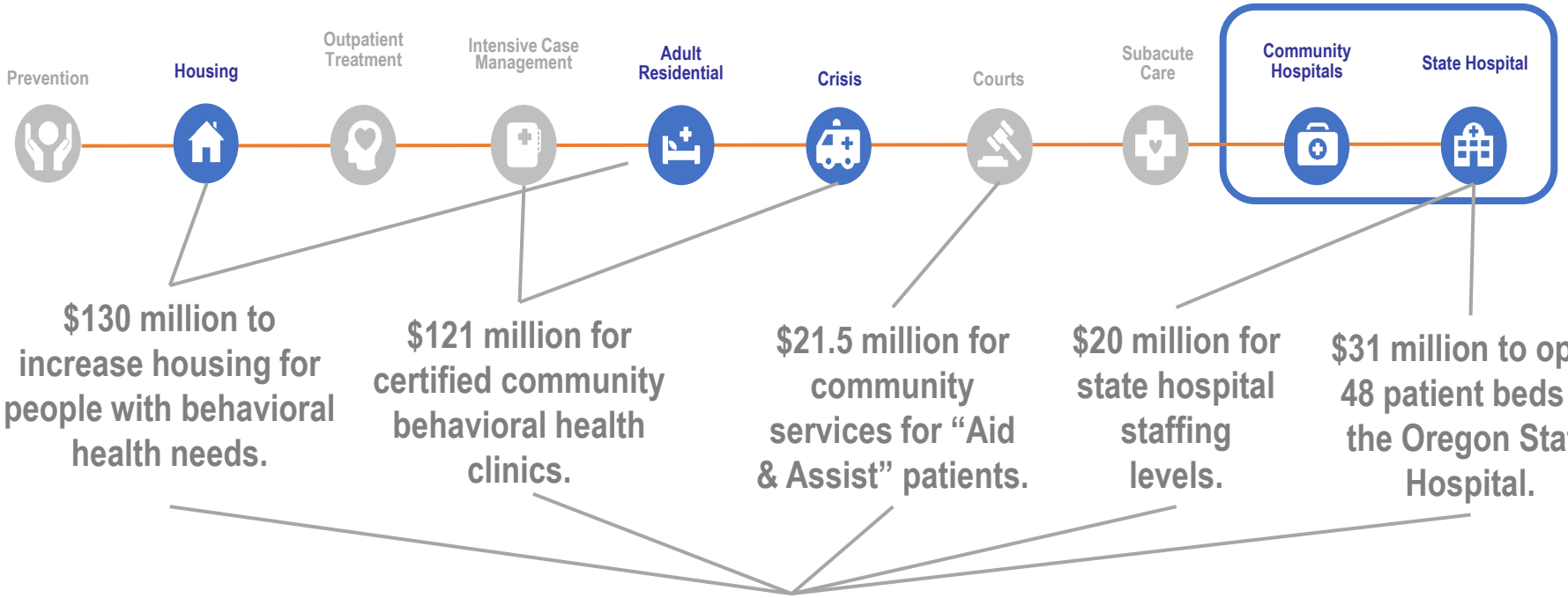
a. Do we have flexibility in timing? Are the investments staged over a longer period of time (or could they be)?

b. As we feel the pressure to release funds, how are we holding to performance commitments when providers struggle with implementation?

Overview

- System Capacity and Stability Challenges
- Emergency Actions Underway
- Omicron Projections
- Considerations for Additional Action
- Implementation Updates
- Staffing Progress and Rebalance Requests

2021 Legislature Made Significant Investments in Behavioral Health



$50 million to align the roles, responsibilities, incentives, risks, and outcomes across the state's behavioral health services and mold them into a comprehensive system.

$302 million for addiction and recovery services called for in Ballot Measure 110, and it backfills the $70 million which that measure redirected from other behavioral health services.

Residential Program Losses Are Staggering

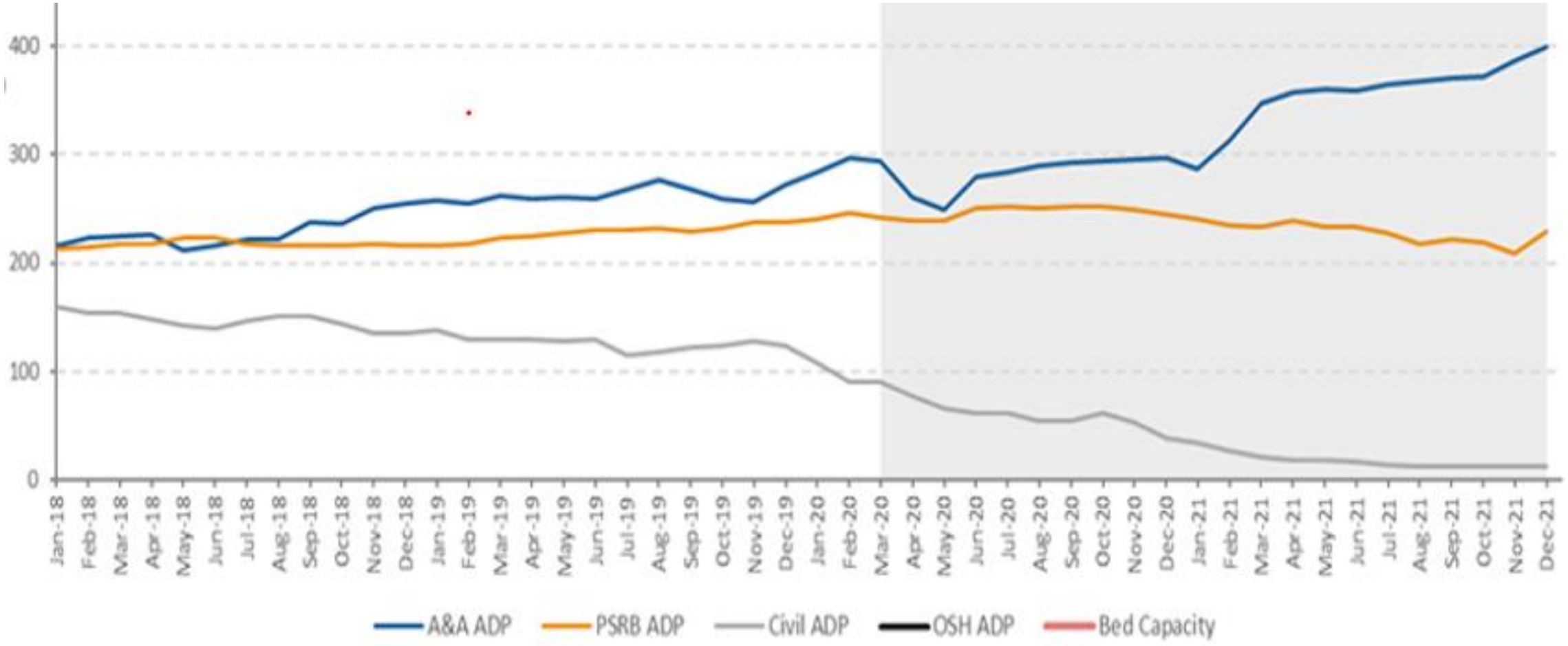
- Adult System
  - SUD Residential
    Bed Capacity lost 142*
    * Capacity of 54 beds was added/restored
  - MH Residential
    Bed Capacity lost 32*
    *Capacity of 95 beds was added/restored
  - Adult Foster Homes
    Bed Capacity lost 53
    *Capacity of 53 beds was added/restored

- Children's System
  - SUD Residential
  - **Bed Capacity lost 65***
  - *One program was converted into a men's SUD residential adding 16 beds for adults
  - MH Residential/Psychiatric
  - **Bed Capacity lost 91**

Totals:

383 residential bed capacity lost across both systems

Oregon State Hospital Capacity Crisis



OSH Crisis of Care and Legal Status

	# On Waitlist	Average Time Waiting	Legal Issues
Aid and Assist	103	21 days	Mink Order
GEI	6	21 days	Bowman
Civil commitment	34	61 days	Marion Co
TTL	143		

As of 2/4/2022

Current OHA Emergency Actions

Emergency Actions

Retention and hiring bonuses (Spent $8.9M)

- Retention and hiring bonuses on par with other healthcare providers – $2,000 per person
- Provided payments to nearly cover over 4,500 employees and vacancies

Actions to reduce administrative burden

- OHA has paused or changed 42 reporting and contract requirements, in consultation with providers

Vacancy Payments ($30M paid to date)

- Vacancy payments to residential providers

Rate Increase

- Temporary 10% rate increase for residential providers from July 2020 to June 2021, disbursed in September (~$13M)
- Awaiting CMS approval for July 1, 2021 through the end of the Public Health Emergency
- **We are including $3M in rebalance to cover**

Use of ARPA-enhanced federal Block Grant (Spent $10.4M)

- Provide innovative solutions such as childcare, additional staff for supervision or relief shifts
- Improve working conditions through non-capital purchases

Residential Treatment Emergency Staffing Resources (on next slide)

Additional Emergency Actions

Workforce Initiative – HB 2949

- $7 million for clinical supervision RFGP is posted, work can start in February 2022
- $20 million will be fast tracked to increase training, scholarships and loan forgiveness, and begin housing and childcare stipends for a diverse behavioral health workforce – in both licensed and non-licensed occupations

Infrastructure and Housing RFP – HB 5024

- RFGP for urgently needed residential treatment capacity was issued December 30, 2021
- Supports Remodeling and Start-up
- This is not expected to close the gap of what we have currently lost in the system
- **We have concerns that we may have limited applicants**

Considerations for Needed Action

Needed Actions

- Provider relief fund
- Rate level and structure changes
- Funding for replacing FEMA work force supports (ask dependent on FEMA funding)
- OHA Additional Staffing a) New Crisis Unit (may be FEMA reimbursable) and b) revisit transformation position asks
- Policy support: county accountability policy
- Develop proposal for additional psychiatric hospital capacity

Considerations – FEMA Funded Positions

- Currently funding over 100 (112 is current count) positions with a focus on supporting residential children's programs (60 with children's program, 52 with adult programs)
- Depending on variety of factors, the need for the program could expand – OTP/MAT on adult side has huge need
- Current program is expensive ($2M/month)
- Whether FEMA will fully fund this program remains uncertain

RECOMMENDATION: Authorize continuation and potential expansion of this program

Considerations – OHA Response Capacity

- OHA was approved for only a portion of the requested positions to support 2021 legislative initiatives
- OHA is not adequately staffed to respond to the ongoing crisis
- Strategically reducing administrative burdens will further improve system efficiency but this work is labor intensive and OHA is not staffed for this work

RECOMMENDATION: Establish rapid response unit within OHA Behavioral Health (potential for partial FEMA funding)

Considerations – County Financial Risk Sharing

Reductions in OSH referrals are contingent on:

- Strengthening community-based services
- Greater access to residential treatment and housing options for Aid & Assist cases
- Shared financial risk for OSH patients no longer requiring hospital level of care

RECOMMENDATION: Establish legislation during upcoming session authorizing county payments for people on the 9b list beyond 14 days

Considerations – Additional Psychiatric Hospital Capacity

- Current hospital capacity is overwhelmed, both at OSH and in the community
- Hospital capacity development takes years

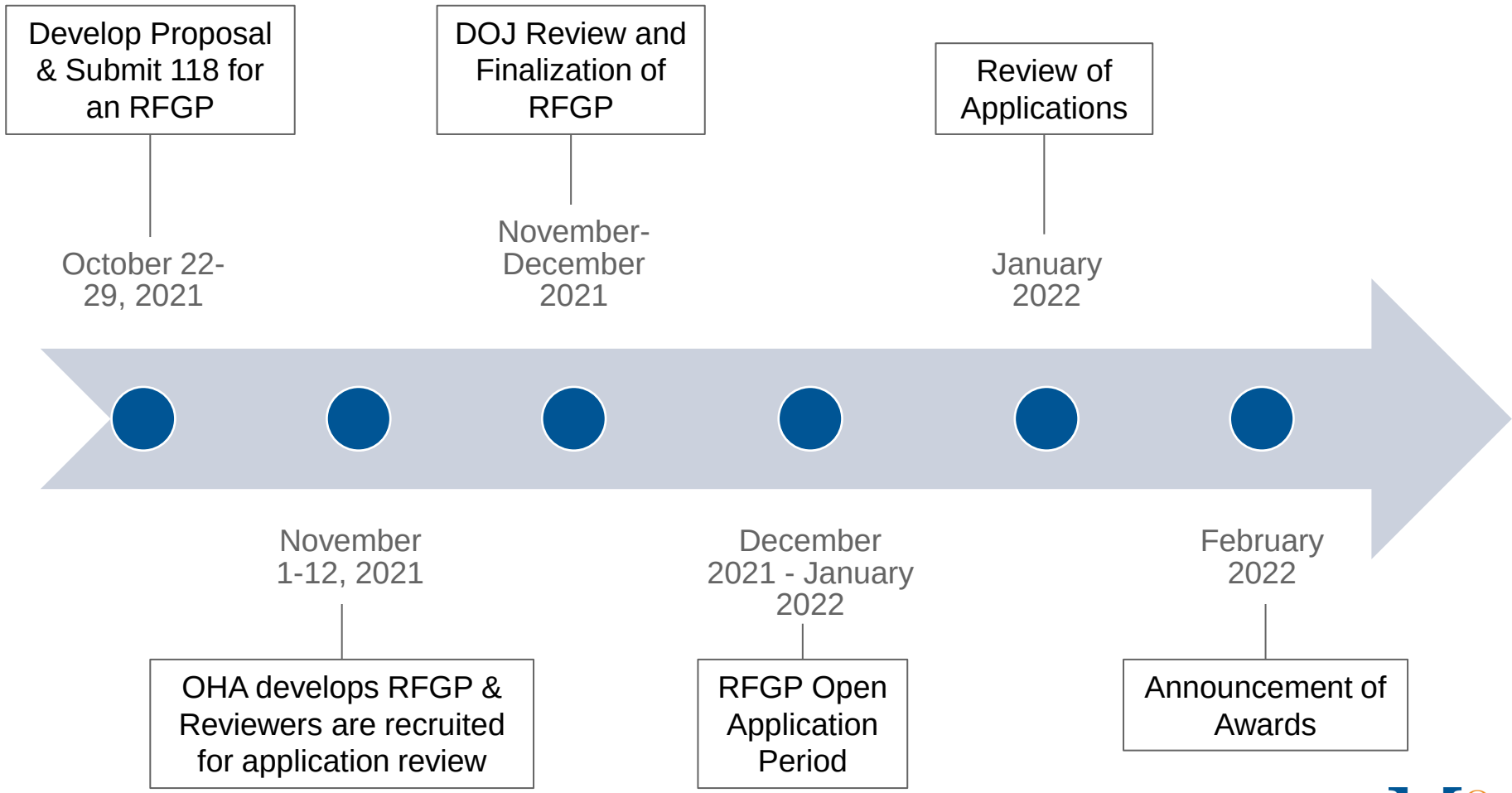
RECOMMENDATION: Establish working group to develop public and private psychiatric hospital options for consideration during 2023 session

Implementation Update

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 12/16/2021 and bids closed 1/31/2022 OHA is now moving to review proposals and distribute funding**

HB 2949 - Clinical Supervision Timeline: Short Term, $7 million



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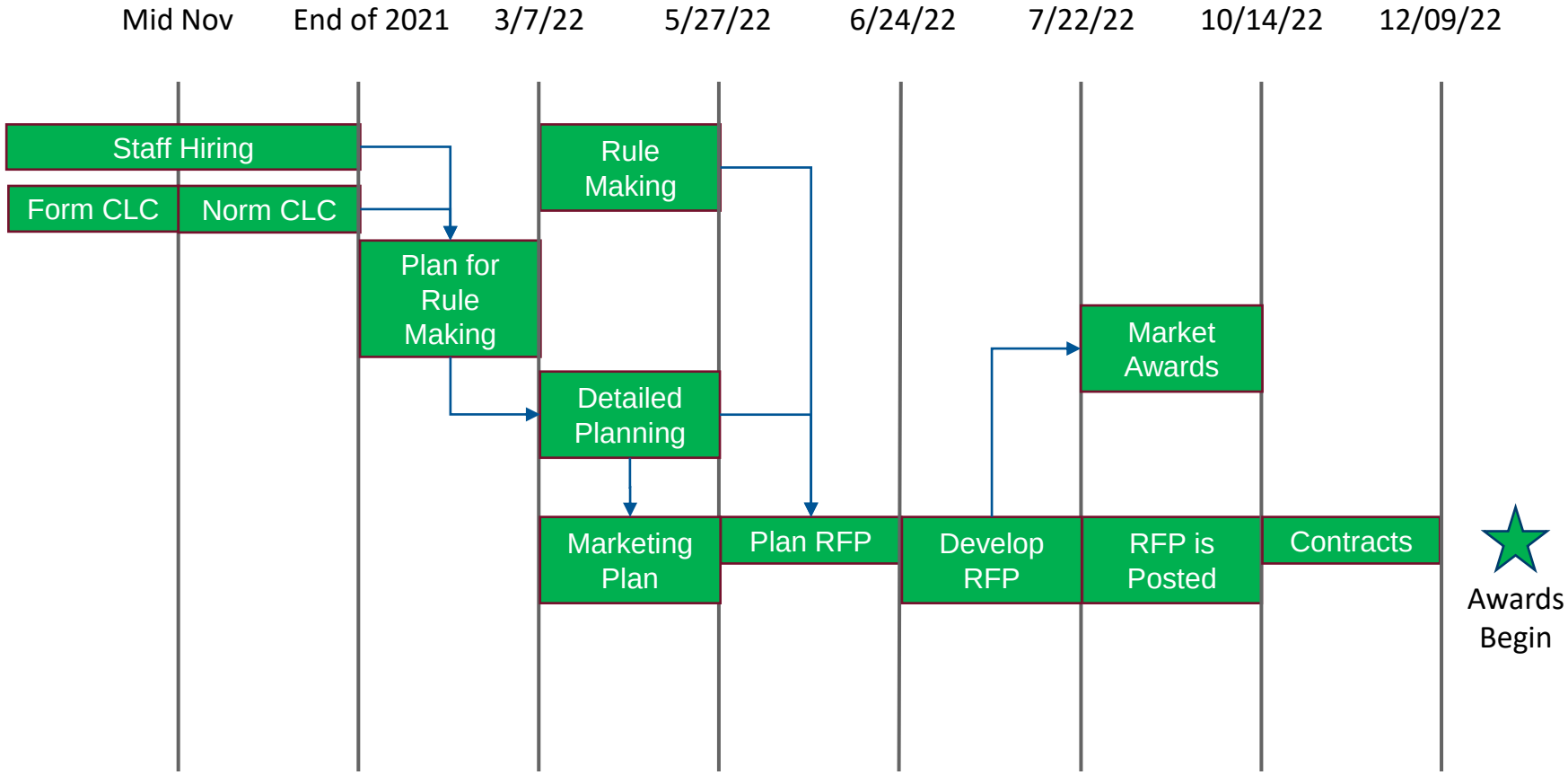
HB 2949 - Clinical Supervision Timeline: Medium Term, $13 million



HB 2949 - Workforce Incentives: $60 million

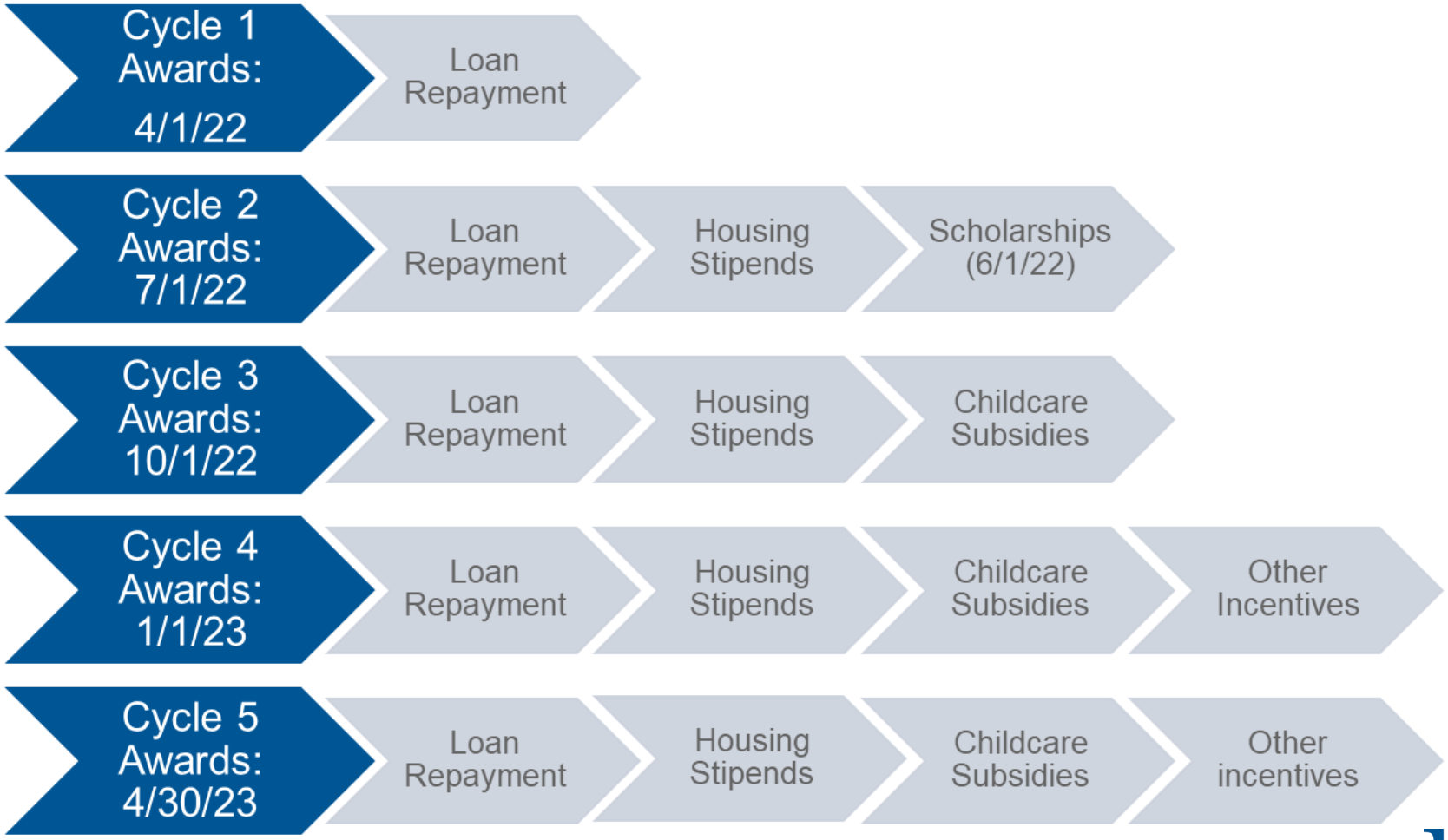
- Develop and invest in behavioral health workforce, including culturally specific workers and increase access to culturally responsive services
- Major Milestones

Now: Community Leadership Council (CLC) has been stood up and is meeting regularly. Proposal for initial 20M was presented to CLC first week of January 2022 – this was focused on peers and QMHAs in addition to clinicians

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 Incentives: $60 million



HB5024 - 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 conditions
- 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

HB5024 - Infrastructure Investments Update

Initial Request for Proposals:

- For “ready to go” Projects
- These priority populations include the Civil Commit, Aid and Assist, GEI, and Children’ with severe emotional and behavioral challenges
- 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
- **RFP issued 12/31/21 and closed 2/14/22**

At least two more Subsequent RFPs:

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

HB5024 - RFP Community Engagement Update

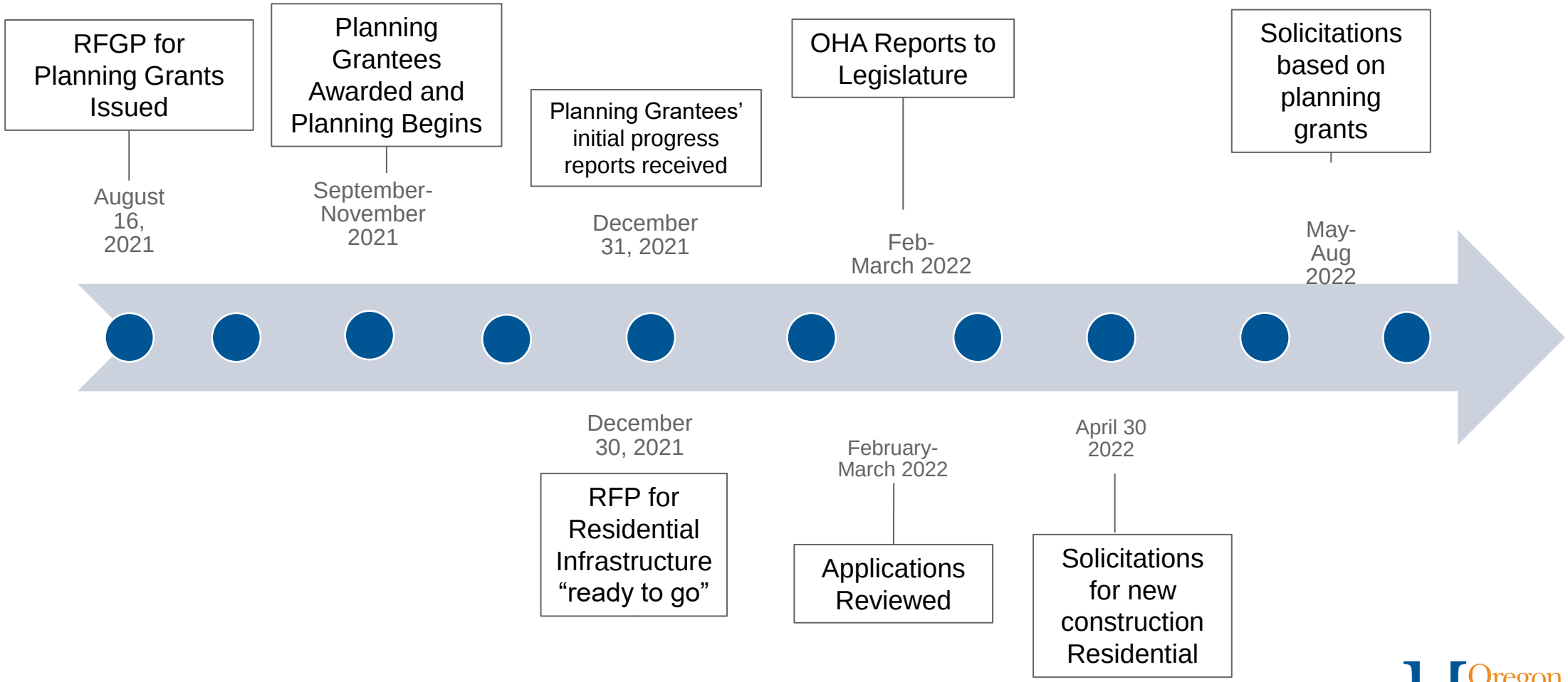
Consultation meetings

- Oregon Housing and Community Services – Dec 3
- Oregon Consumer Advisory Council – Dec 8
- Children's System of Care Advisory Council – Dec 10
- Measure 110 Oversight and Accountability Council – Dec 22

Webinars with Planning Grantees and other interested community members

- Interactive Zoom webinars and ah-hoc presentations started in December and continue the conversations for community listening and technical assistance

HB5024 - Infrastructure Investments Timeline



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HB5024 - 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**

HB5024 - 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
- **RFA for remaining funds, applications start in February 2022**

In progress

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

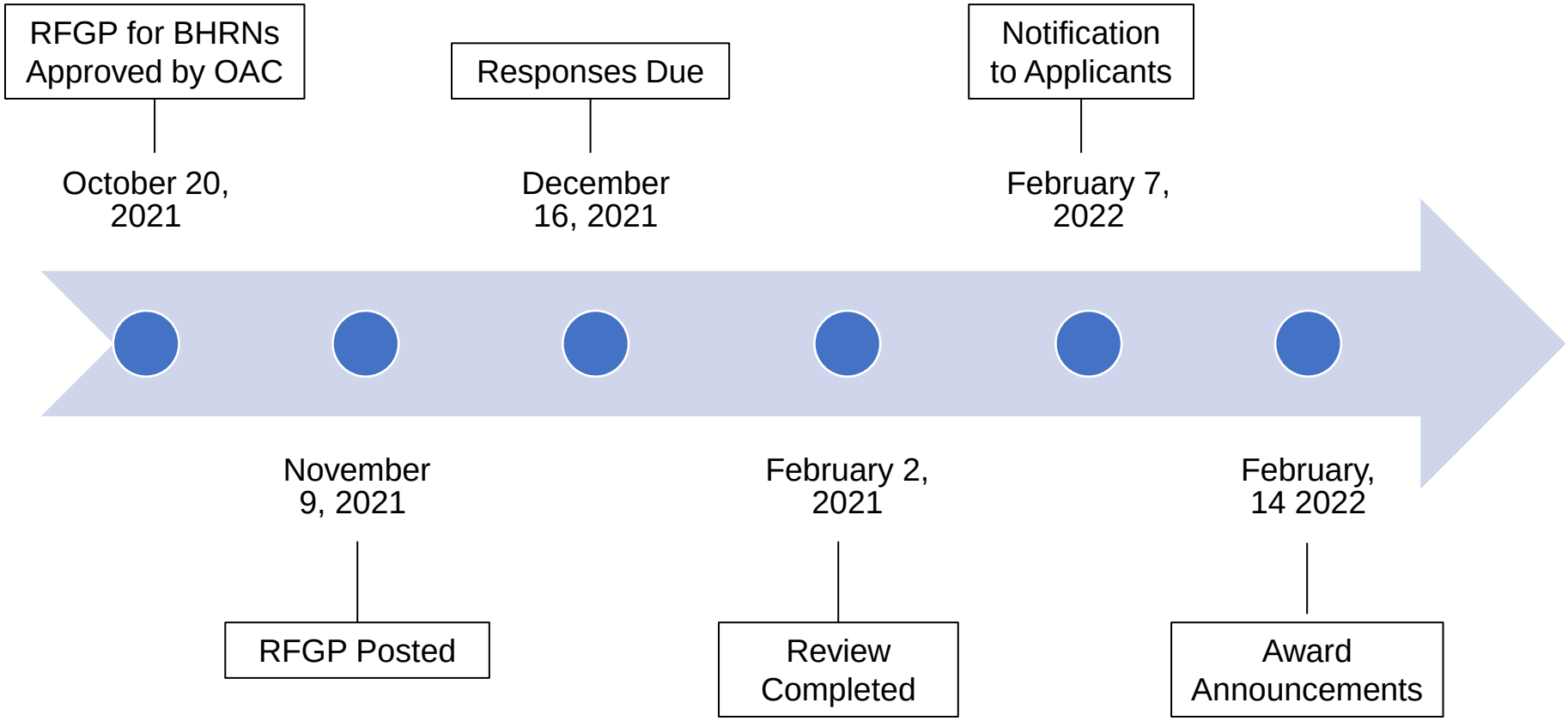
Ongoing

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

HB5024/SB755 - 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

HB5024/SB755 - Addiction and Recovery Services, per Ballot Measure 110: $302 million



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HB2980 - Peer Run Respite Centers: $6 million – Behind Schedule

- 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 summer of 2022 following rulemaking**

HB2086 - Transformation and System Alignment Funding: $50 million

- **OHA has reported to the legislature on CCO and county contract changes, OHA data needs, and cost sharing for state hospital levels of care with counties, report was submitted December, 31 2021 and is available on the OHA website at this link.**
- The Behavioral Health Committee on February 1, 2022, in response to the reports – those recommendations describe a framework that will be used to develop metrics and incentives

  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

- The legislation additionally requires a study of OHA's Co-Occurring rates, as a part of that work OHA is seeking to Develop and implement payment structures/models that support integration of treatment of addiction (Substance Use Disorders and Gambling Disorder) and mental health diagnoses under one payment model. This study in currently on time and expected to be completed in December 2022

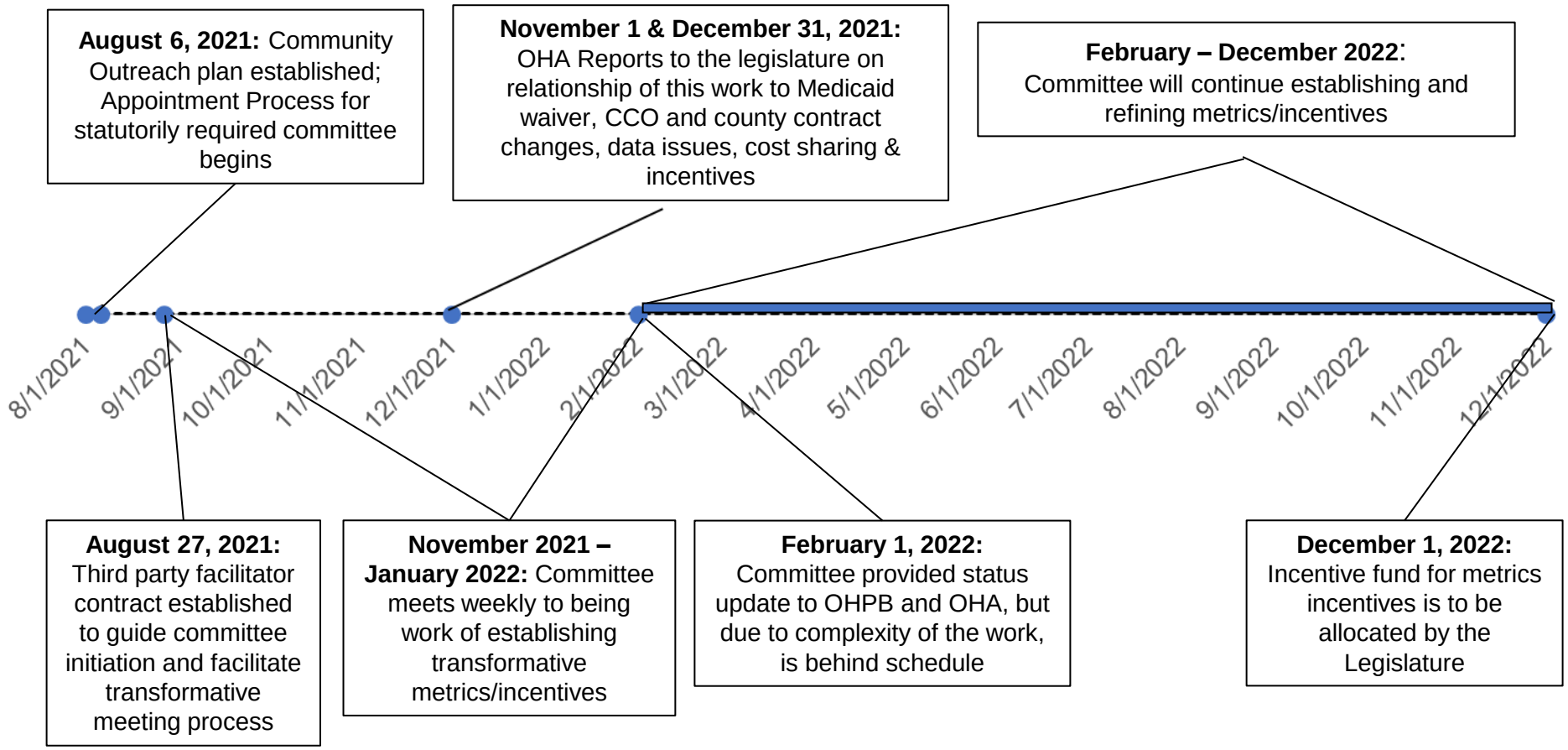
HB 2086 - Behavioral Health Committee Membership

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

- Consumers
- 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's and lived experience voices

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

System Alignment Quality Metrics Timeline

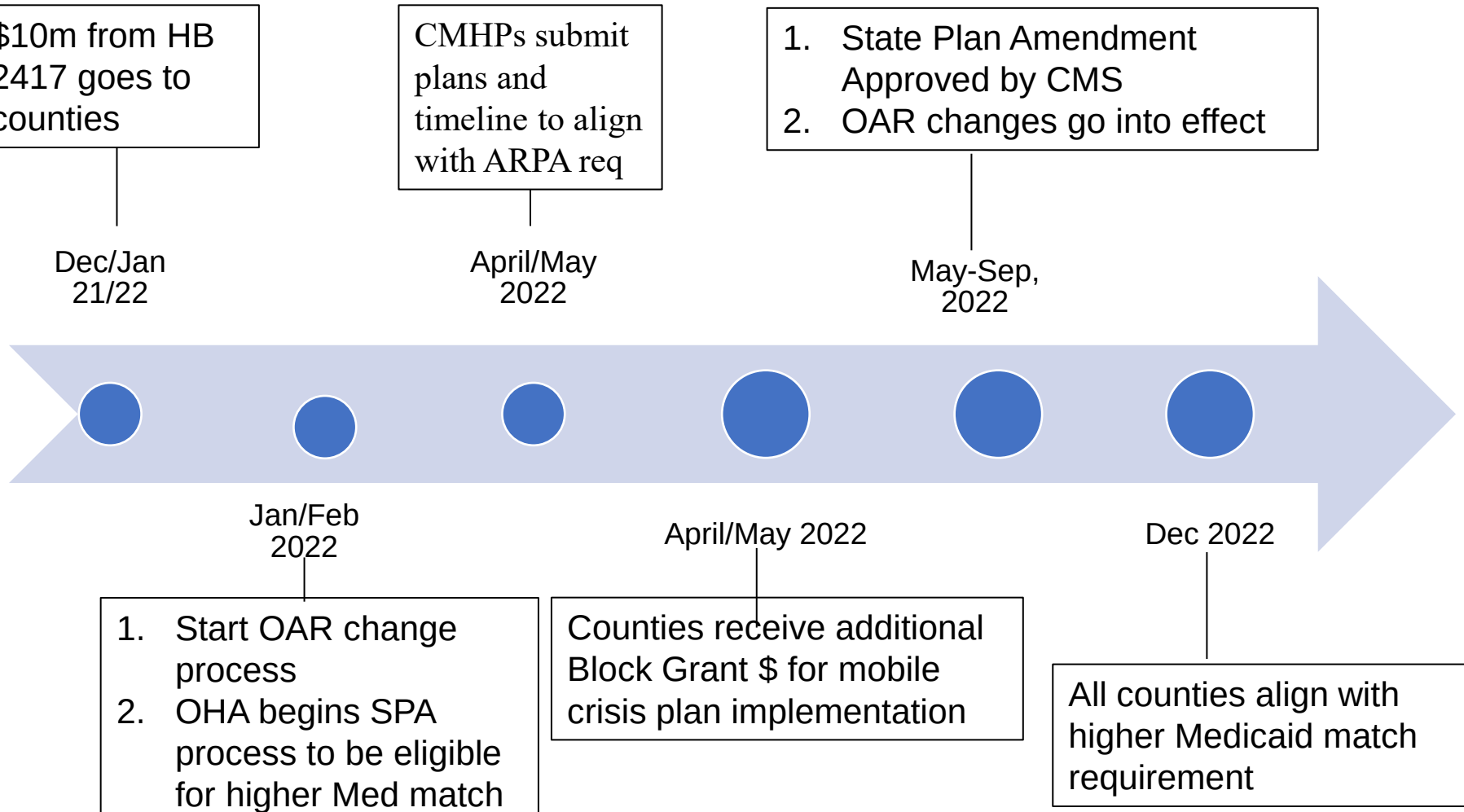


Strengthening Crisis Care System: $31 million

- 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 system
- This is the estimated cost to **fully fund mobile crisis** services by community mental health programs
- CY22 transition to Medicaid reimbursable mobile crisis model

Oregon Health Authority

Mobile Crisis Investments Timeline



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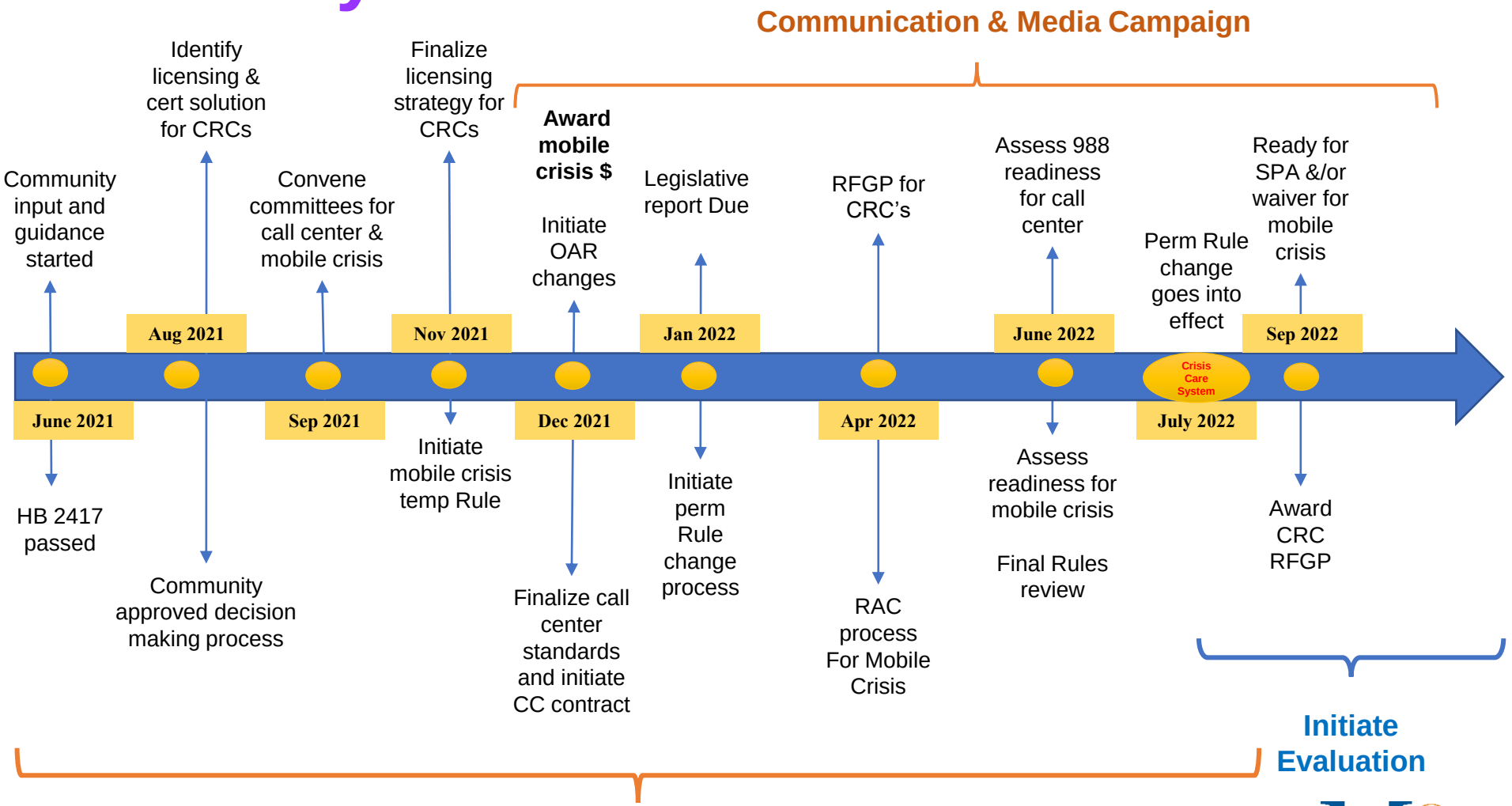
Crisis Care System Timeline



Oregon Health Authority: Health Systems Division

Office of Behavioral Health Services

** December 2021 **

Pat Allen
Director, OHA

Jon Collins
HSD Deputy Director

Margie Stanton
Chief Health Systems Officer

Mick Mitchell
Business Operations Director

- Contracts
- Business Office
- Business Operations Mgmt

April Gillette
Governance & Process Improvement Director

Steve Westberg
Business Info Systems & Agency Operations Business Manager

- MMIS
- Compass
- Data Coordination

Dana Hittle
Medicaid Director (interim)

Integrated Eligibility Policy

- Medicaid Policy
- Federal Policy
- MAGI

CCO Operations

- CCO Services
- QA & Contract Oversight
- Claims & Encounter Data Services

- FFS Operations
- Provider Clinical Support Services
- Provider & Member Services

Steve Allen
Behavioral Health Director

Behavioral Health Programs

- Child & Family
- Adult MH & Addition Services

Operations & Strategy

- Strategic Projects
- Operations

Community-led Collaborative Action

- Equity & Community Partnership
- Office of Recovery & Resilience

Oregon Health Authority

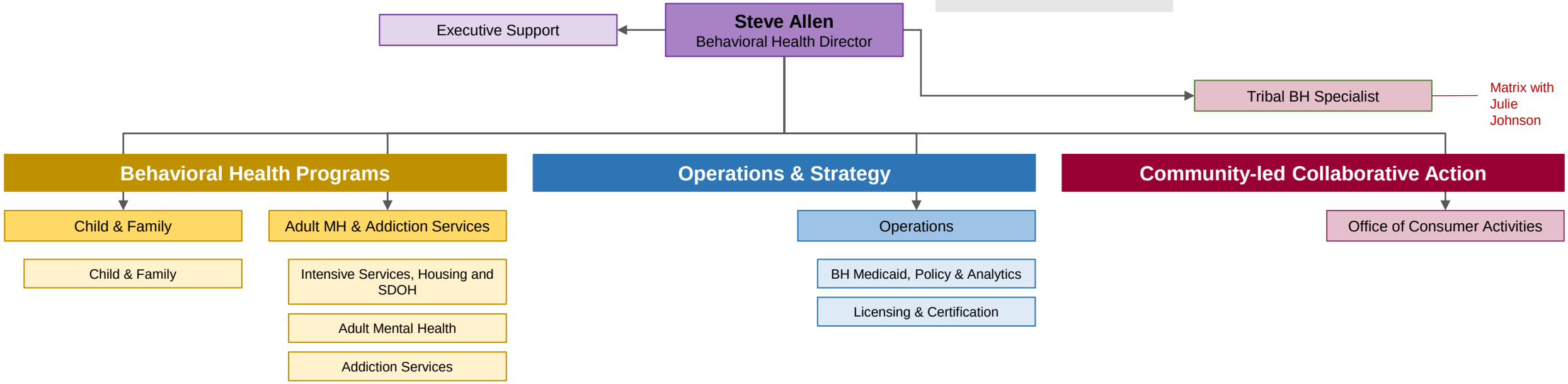
Oregon Health Authority: Health Systems Division

Office of Behavioral Health Services

** December 2020 **

9 Managers
- 3 vacancies total

70 Staff
- 4 vacancies total



2 Managers
- 1 vacancies total

16 Staff
- 0 vacancies total

4 Managers
- 2 vacancies total

26 Staff
- 2 vacancies total

3 Managers
- 0 vacancies

25 Staff
- 1 vacancies total

0 Managers
- 0 vacancies total

1 Staff
- 0 vacancies total

Oregon Health Authority: Health Systems Division

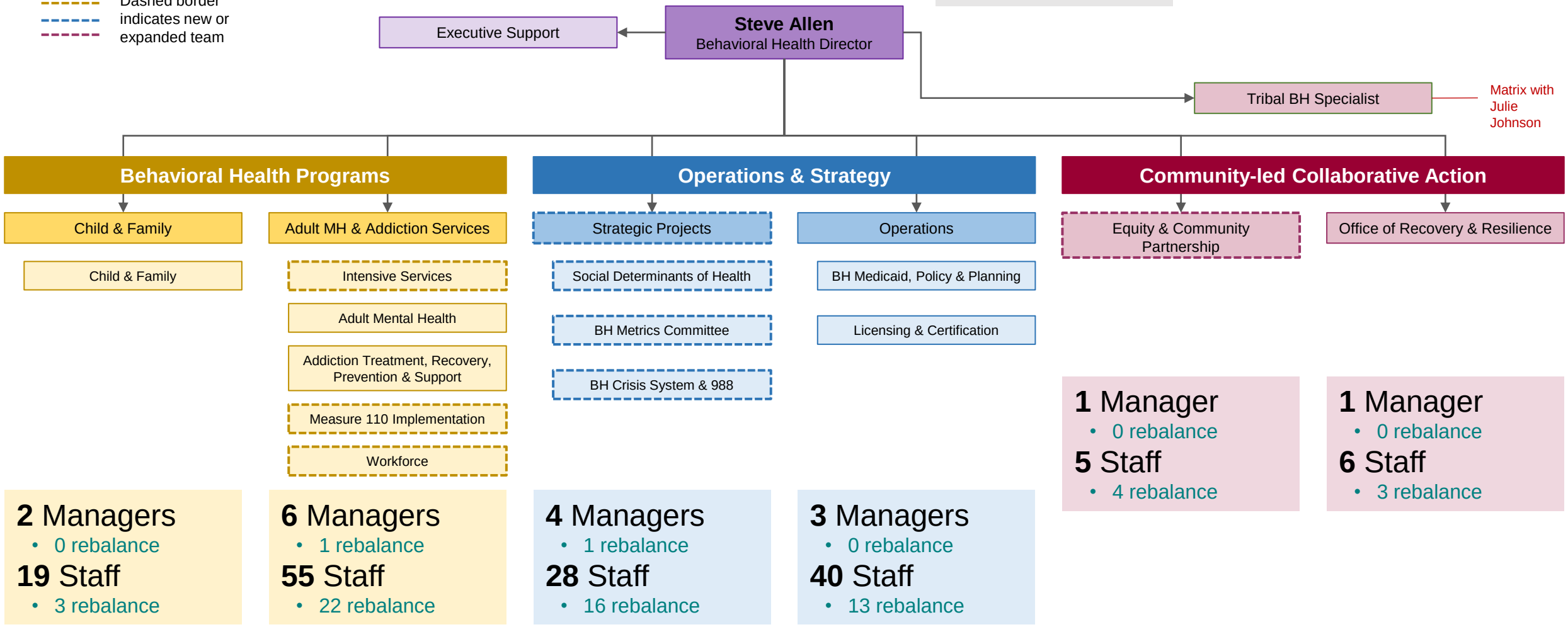
Office of Behavioral Health Services

** Rebalance Request 2022 **

Dashed border indicates new or expanded team

17 Managers
- 2 rebalance

155 Staff
- 61 rebalance



2 Managers
- 0 rebalance

19 Staff
- 3 rebalance

6 Managers
- 1 rebalance

55 Staff
- 22 rebalance

4 Managers
- 1 rebalance

28 Staff
- 16 rebalance

3 Managers
- 0 rebalance

40 Staff
- 13 rebalance

1 Manager
- 0 rebalance

5 Staff
- 4 rebalance

1 Manager
- 0 rebalance

6 Staff
- 3 rebalance

Additional OHA Needs: Incident Management (Crisis) Team and Transformational Alignment

50 Additional positions identified

Incident Management (Crisis) Team

- Project managers, regional specialists, engagement teams, policy experts (19)
- Model after hospital incident management structure responding to hospital capacity crisis
- Led by Behavioral Health to facilitate greater agility, fluidity, and integration
  - Will facilitate more immediate support to community and providers in crisis
  - Will enable BH teams to maintain focus on mid-term and longer-term strategies

Transformational Alignment

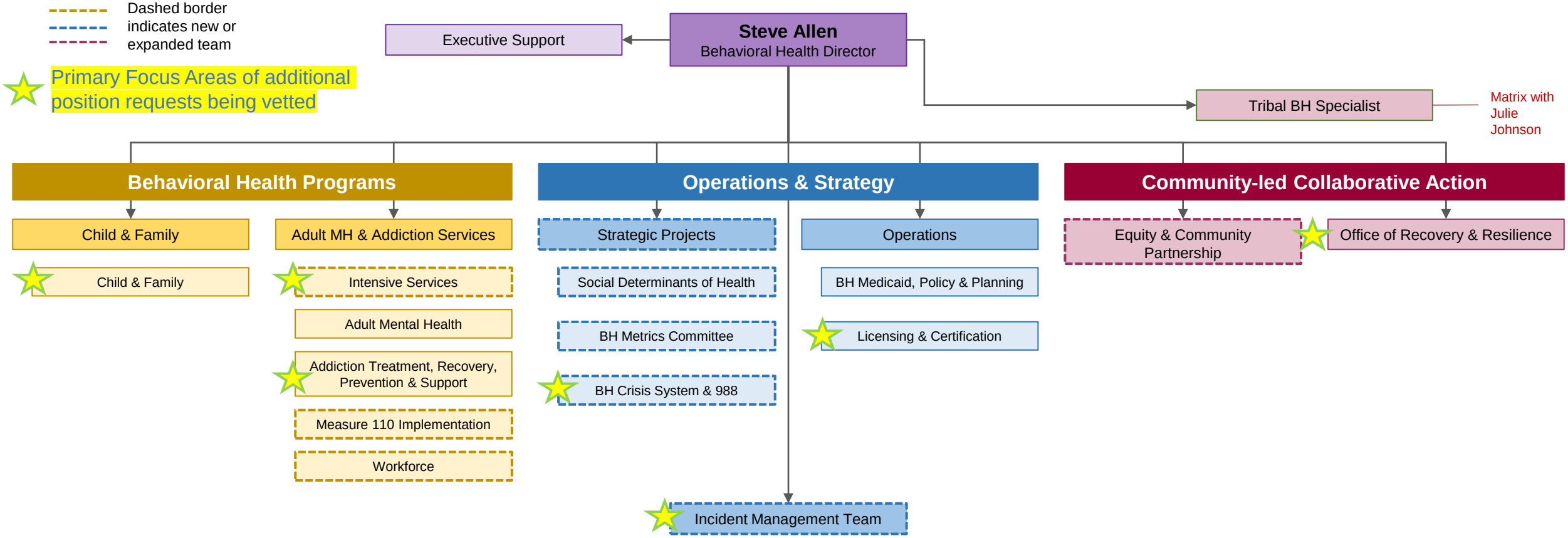
- Office of Behavioral Health to deepen and broaden policy and program capacity (29)
  - Will ensure coordination and integration within and across teams and state agencies
  - Will facilitate focus on strategic planning and policy development
  - Will calibrate administrative and program support work
- Office of Actuarial and Financial Analysis (2)
  - Accountant + Actuary dedicated to BH

Office of Behavioral Health Services

** Additional OHA Needs **

Dashed border indicates new or expanded team

Primary Focus Areas of additional position requests being vetted



OHPB Questions from November 2021 Behavioral Health Presentation

QUESTION 2
CCOs are also investing in behavioral health infrastructure, expansion and workforce development. How is OHA coordinating those investments to guard against duplication of effort?

OHPB Questions from November 2021

Behavioral Health Presentation

QUESTION 3
How is ‘lived experience’ being defined when we contemplate committee composition? Similarly, how are we defining ‘executive’ and ‘non-executive’ representation, as well as ‘health inequity impacts? Does the geographic distribution of members include rural communities or the coast

OHPB Questions from November 2021

Behavioral Health Presentation

QUESTION 4
For OHA/OHPB staff---What is OHPB role when it comes to mental health? During the retreat we were explicitly told that OHPB would not have a major role when it came to Behavioral Health. I think it is great Ebony is involved. And it was helpful hearing Trilby provide details about the 2 committees. But there are a lot of “moving parts” when it comes to BH now and it would be good for us to all know what we weigh in on and what we stay out of.

OHPB Questions from November 2021

Behavioral Health Presentation

QUESTION 5
During the last waiver, integration of BH and CCOs was a priority. I see integration mentioned but barely. I see CCOs involved but it seems like there is a lot more going on than just what CCOs do. My sense is many in the BH community did not feel involved in CCOs or treated fairly by them. A lot of mild to moderate BH work is done by primary care. What will go through CCOs, what will go through other OHA structures?

OHPB Members Questions from November OHPB BH Presentation

QUESTION 6
Where do county mental health staff and resources fit in?

OHPB Members Questions from November OHPB BH Presentation

QUESTION 7
It sounds like there will be a major performance measurement process developed in BH and that will occur in the next few months i.e., report about that due to the legislature in February. a. Are there resources in Oregon that are involved in state-of-the-art metrics related to BH? b. Is OHA going to work with them or other consultants to come up to speed? c. Does Oregon plan to develop local BH metrics? I think there is local knowledge and expertise and OHSU knowledge and expertise about this topic but suspect it will need to be brought on board quickly.

OHPB Members Questions from November OHPB BH Presentation

QUESTION 8
What about Medicare and Commercial carriers? I think Medicaid has better mental health benefits than Medicare or Commercial does. a. That means as folks get better and are not eligible for Medicaid, they will move to insurance coverage that is inferior? b. Should Medicaid members losing eligibility have the option to remain in Medicaid for a period of time, "buy" into it etc.? Or should Commercial insurers and Medicare supplement and Medicare Advantage carriers be required to provide benefits equal to Medicaid?