The 21st Century Oregon Behavioral Health Action Plan

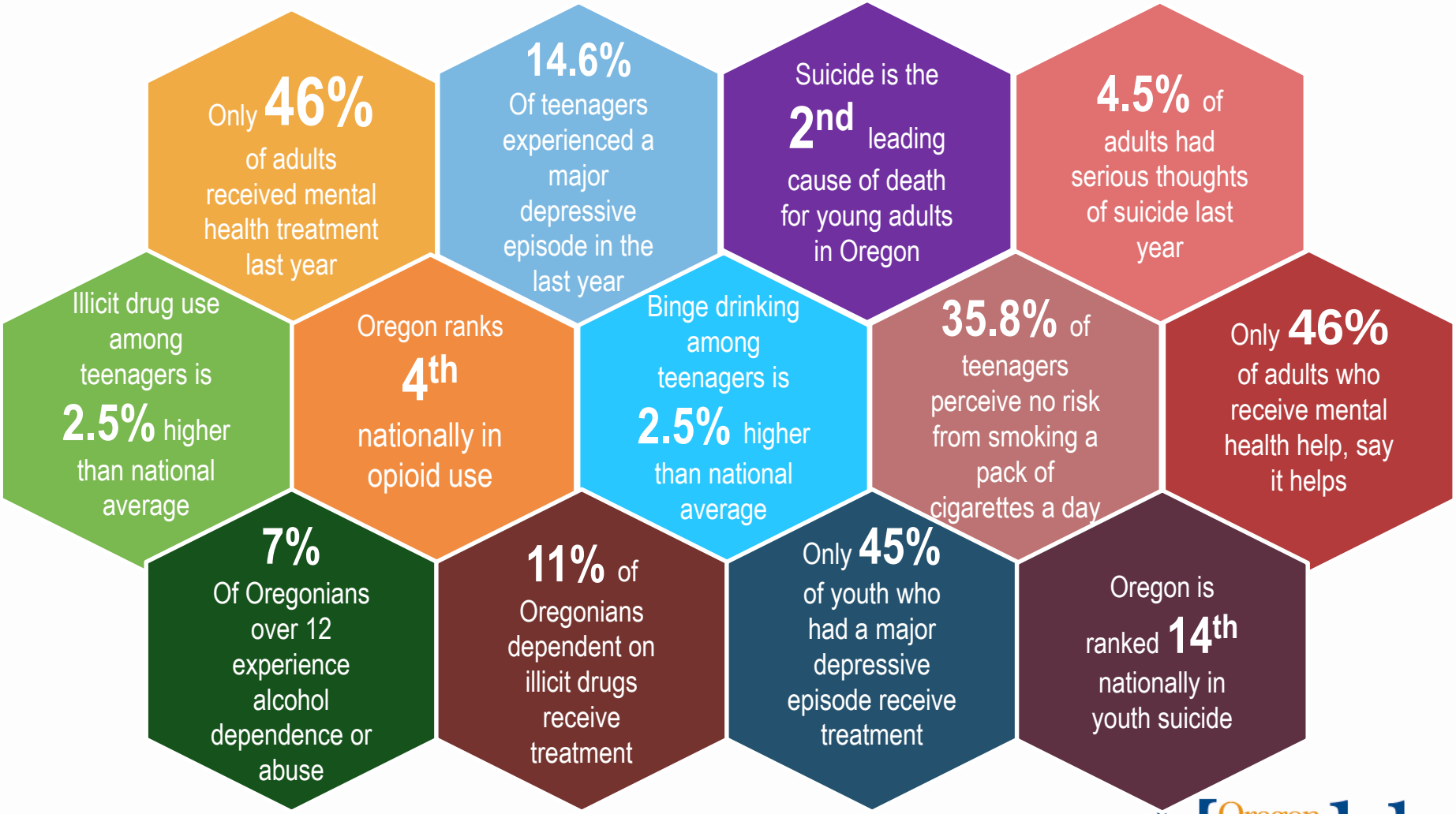
Report and Recommendations from the Oregon Behavioral Health Collaborative

March 15, 2017

Lynne Saxton, Director
Royce Bowlin, Behavioral Health Director
Ben Miller, Director, Eugene S. Farley, Jr. Health Policy Center

Oregon Health Authority

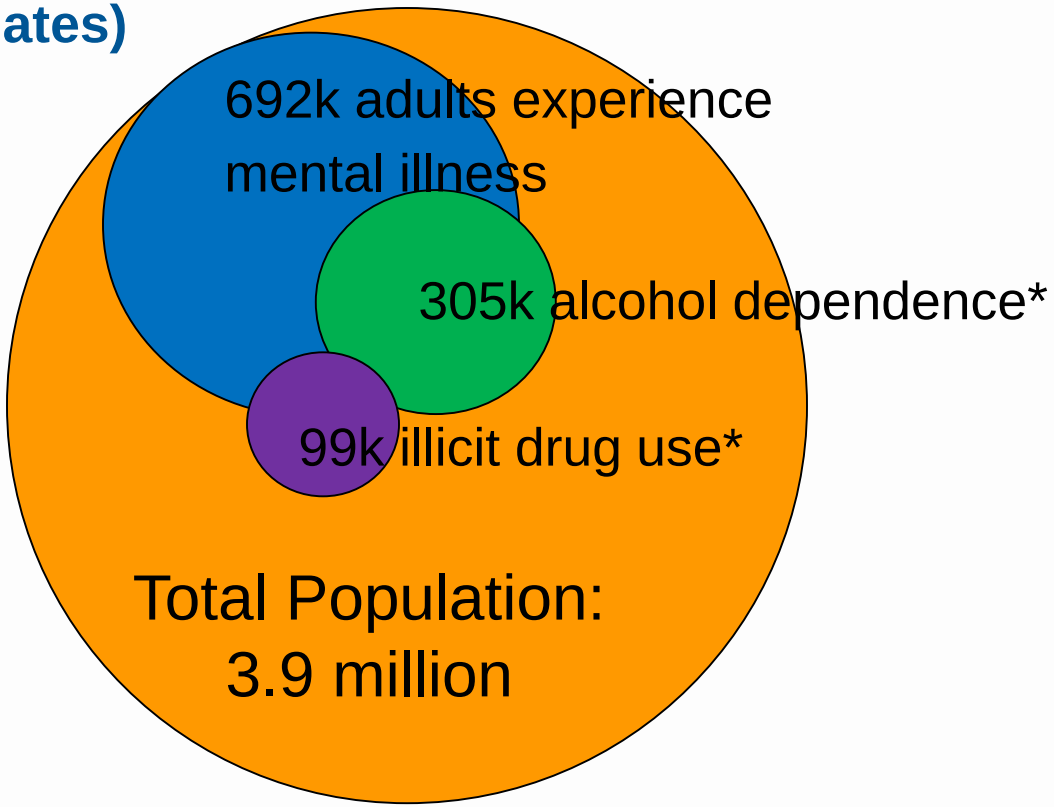
Oregon's Current Behavioral Health System



Oregon Health Authority

Prevalence Data: Oregon Mental Illness and Substance Use Disorders

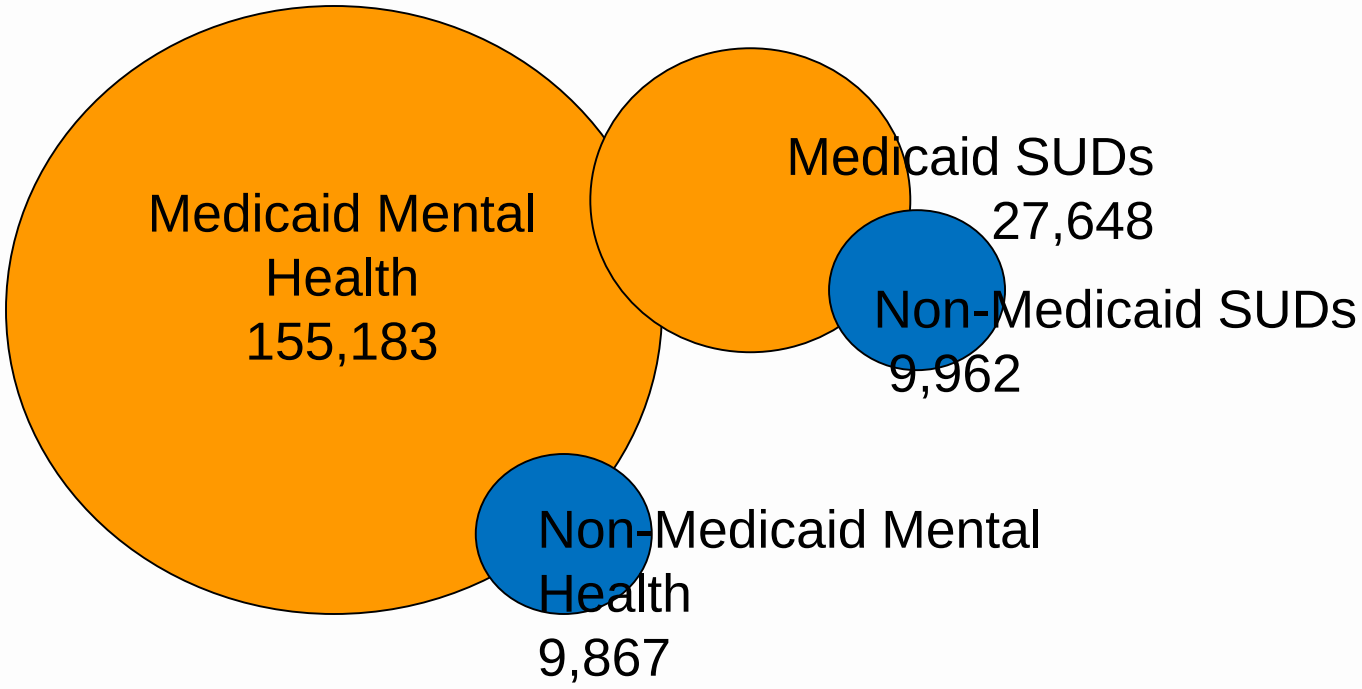
(2014 Estimates)



*Includes children 12 and up

(Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Drug Use and Health (NSDUH) 2013-2014)

Oregonians Served by Behavioral Health Programs



Peer Support Investment in Oregon

OHA funding for all peer services from 2014-16

- 236% increase over past biennium

Year	ClientCount	ClaimCount	Cost
2014	2,059	16,973	$473,436
2015	3,577	27,770	$1,829,600
2016	4,863	34,090	$2,605,618

Oregon's current behavioral health system:

- Fragmented financing, delivery systems, and services cause poor health outcomes.
- Insufficient access to culturally & linguistically appropriate services.
- Lacking a cohesive plan to integrate and treat the whole person.
- Poor integration between criminal justice, human services, health and education.
- Lack of strategies to promote prevention and early education on wellness.

Going forward: A behavioral health system that works for all Oregonians

Priorities

- Improve behavioral health outcomes for consumers
- Improve equitable access to effective services in every part of the state
- Improve efficiency and cost-effectiveness in services
- No wrong door approach
- Mental health and substance services are seamlessly tied to all aspects of care
- Focus on prevention and health promotion
- System-wide accountability for improved outcomes

Unique Opportunity

Most states, while aggressively pursuing strategies to address mental health and substance use, are doing so on the back of new programs, payment models, and policy decisions.

Rarely do states have the opportunity to make **transformative systems changes** that bring mental health and substance use seamlessly into the fabric of care delivery

Next Generation System

- Standards for behavioral health provision
- Local governance that oversees delivery and financing
- Transparency of process
- Accountability to goals, including cost, outcomes, and other quality measures like access

Behavioral Health Town Halls

- Seven town hall meetings across the state.
- Two key themes: Systemic Challenges & Need for Holistic Supports

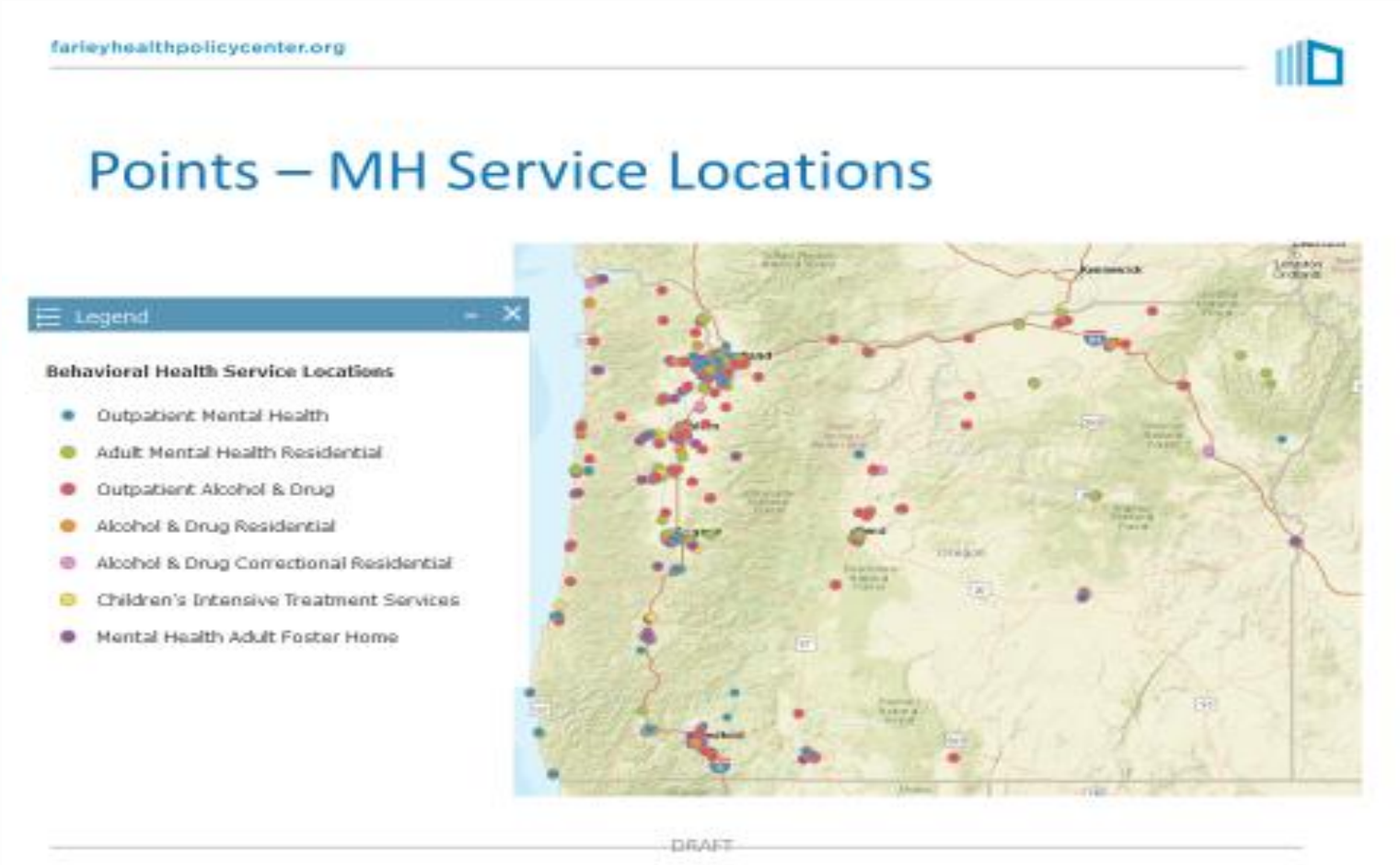
Meeting locations throughout the state

Note: the Salem event was a tele-townhall, with participation available statewide.

613 people attended -- 550 were behavioral health consumers

Oregon Health Authority

Behavioral Health Mapping Tool



Behavioral Health Collaborative (BHC):

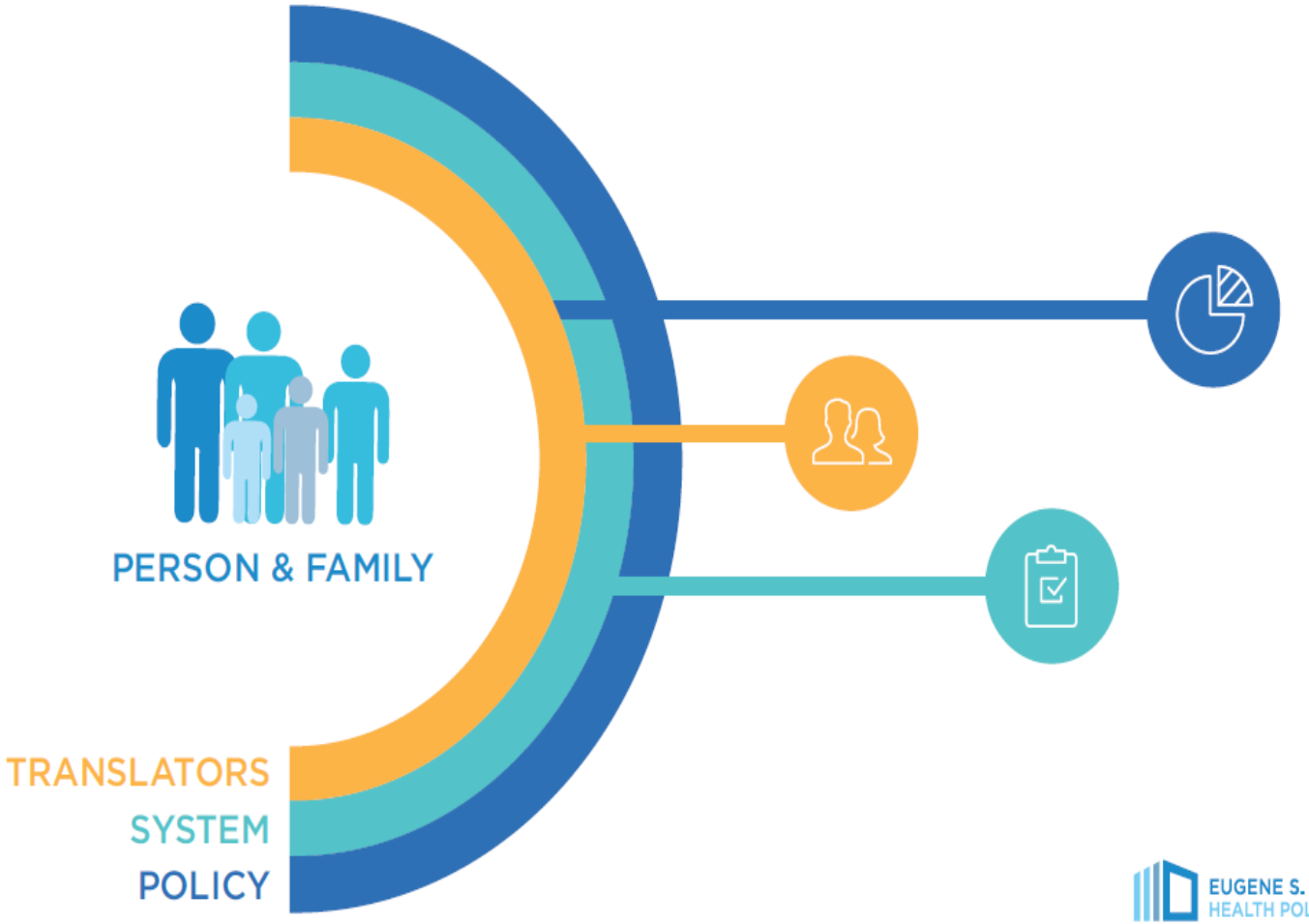
- BHC members included an action-oriented, balanced and diverse group of leaders and stakeholders willing to work as a team to achieve system change.

- Close to 50 participants met over 7 months from July 2016- Jan. 2017
  - Consumers & Advocates
  - MH & SUD Providers
  - County MH Programs
  - An Oregon Tribe and a Urban Indian service provider
  - Coordinated Care Organizations
  - Commercial Insurers (inc PEBB & OEBB)
  - Hospitals
  - Education
  - Housing
  - Law Enforcement
  - Local & State Government

BHC Values

- Focus on the consumer and their caregivers.
- Emphasize prevention, health promotion and early intervention.
- Address trauma, stigma, cultural and language barriers.
- Provide simple, seamless, integrated services with a "no wrong door" approach.
- Align provider payment with outcome goals.
- Outcomes that are measurable & sustainable.

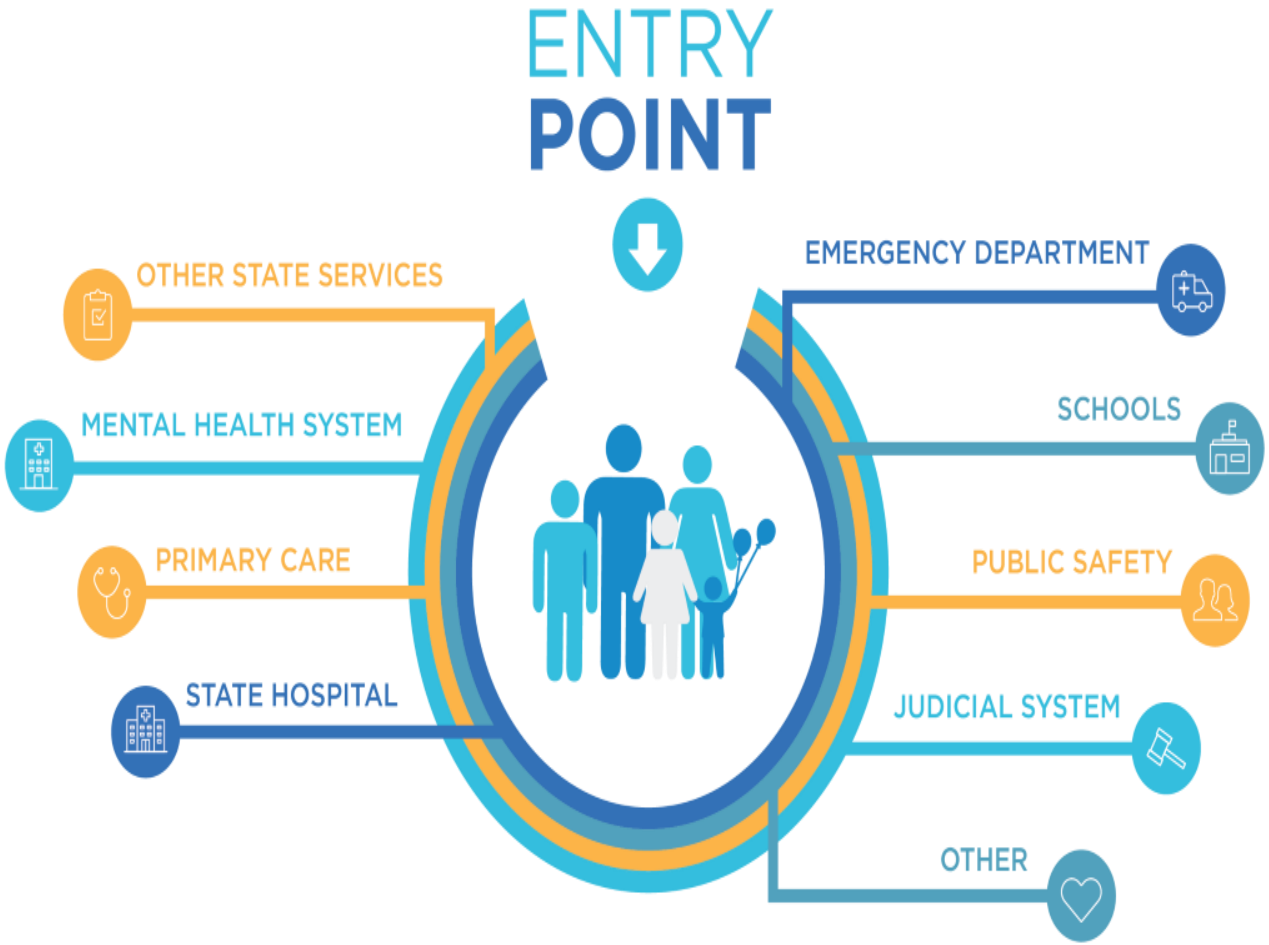
CONCEPTUAL FRAMEWORK



EUGENE S. FARLEY, JR.
HEALTH POLICY CENTER

farleyhealthpolicycenter.org

A population based model for behavioral health care



BHC Tribal Process

- Oregon Tribes are reviewing BHC recommendations and working with OHA to create recommendations ***specific to behavioral health services for the nine Federally recognized Tribes of Oregon and the urban Indian or***ganization.
- OHA recognizes that Oregon's American Indian and Alaska Native population ***experience a disproportionate amount*** of mental health and substance abuse problems.
- OHA is committed to ***reducing disparities*** for tribes and using the government to government consultation to ensure ***current funding sources are not diminished*** due to the BHC.
- OHA understands that the Tribes and the state's Urban Indian Program work very hard to support their tribal people in the areas of behavioral health, and are the ***appropriate provider for services to tribal people***.
- OHA ***honors the government-to-government relationship*** with Oregon Tribes as individual sovereign nations.

BHC Recommendations Overview

Recommendations will transform behavioral health system so that all Oregonians (both Medicaid and non-Medicaid) will be served by a coordinated care model for behavioral health needs.

- Person & family centered
- Fully integrated behavioral health with physical and oral health
- Build on existing efforts and complement not duplicate
- Reduce administrative burden and system complexity
- Shared financial risk
- Outcomes that are measurable & sustainable

1. Governance and Finance

Regional Governance Model for Behavioral Health:

- Shared funding with incentives
- Includes all community organizations working on behavioral health
- Accountability through metrics
- Effective use of resources & coordination
- Driving away from fee-for-service to value-based payment structure
- Incentives similar to CCO model

2. Standards of Care and Competencies

Set a minimum standard of care for all behavioral health workers

- Oregon does not have specific standards for all mental health and substance abuse employees

Standards should emphasize:

- Trauma-informed care practices
- Person-centered planning
- Culturally and linguistically appropriate services
- Focus on prevention
- Social determinants of health
- Research-based, outcome-driven interventions

3. Workforce

- Needs assessment for current behavioral health workforce
- Develop standards for well-trained workforce
  - Inclusive of certified, licensed and unlicensed, peer support specialists and community health workers
- Use learning opportunities to support:
- Establish a target ratio of peer support specialists to members

Value of Peer Support

Key elements of recommendations:

- Develop standards for effective and appropriate use of peer services
- Establish a target ratio of peer support specialist to members.
- Develop a standardized training model
- Improve licensing and certification process
- Establish a supervisor certification or licensure program
- Learning collaborative for effective peer support workforce

4. Information exchange and coordination of care

Data and measurement

- Develop an outcome-focused, person-centered measurement framework to assess the impact of integrated services
- Hold regional collaborations accountable for clinical and cost targets

Technology

- Use technology to integrate and coordinate care across system
- Requirement for each CCO to ensure integration took place

Implementation Plan

- Legislation is not required
- Use OHA's contracting authority for CCOs, local mental health authorities, community mental health programs and local public health authorities to drive
- OHA has developed work groups to begin implementation steps
- Launching behavioral health mapping tool

Questions?

Oregon Health Authority