HB 2086 Report: Behavioral Health System Contracts and Referrals

Oregon Health Authority

CONTENTS

EXECUTIVE SUMMARY

Governor Brown signed HB 2086 into law on August 6, 2021. This law, combined with the Oregon Health Authority Budget Bill, HB 5024, lays out a framework for transforming Oregon's Behavioral Health System. Together, they will set the path for improving accountability and performance in the delivery of services.

This report is the first in series required by HB 2086 to inform the legislature on the implementation progress with a specific focus on: (1) any changes needed to contracts with Community Mental Health Programs in counties, Coordinated Care Organizations (CCOs), providers, and community-based organizations to comply with the quality metrics and incentives developed by the Behavioral Health Committee; and (2) recommendations to improve the referral process for all levels of care delivered by intensive behavioral treatment providers, as defined in ORS 430.717.

Changes to Contracts

OHA is convening the Behavioral Health Committee defined in HB 2086 to develop a quality metrics and incentives framework to hold the behavioral health system accountable in key areas of special focus. Community input and feedback will be centered and will drive the work to help ensure it helps achieve OHA's health equity goals. The metrics contained in the framework will provide information about Oregon's behavioral health system's performance. Once the measurement framework, baseline, measures and incentives are identified, contracts with providers – including CCOs and Community Mental Health Programs – will be changed to align metrics and accountability across the behavioral health system.

Until it is known precisely what the Behavioral Health Committee will be recommending, it is difficult to say with certainty what contract changes or corresponding changes to statutes or rules will be needed. The Behavioral Health Committee includes representatives from both the CCOs and Community Mental Health Programs, which will help bring practice to the formation of the metrics and ensure OHA contractors are included in the development and adoption of metrics. Considering the lead time required for updating contracts, any metrics and incentives that the Behavioral Health Committee can finalize by July 1, 2022 should be sufficient to impact contracts that would begin January 1, 2023.

Referral Process

To develop recommendations to improve the referral process for care delivered by providers of intensive behavioral health services for children, OHA held discussions with key partners, including mental health consumer advocates, intensive behavioral health providers, and CCO behavioral health leadership. The resulting recommendations include:

- Develop a central, HIPAA compliant, web-based portal for referrals to Children's Intensive Treatment Services.
- The portal must be fully accessible to the providers' access departments, who will review the submissions and record their determinations.
- A phone line will continue to be made available for hospitals, social workers, and care coordinators to seek technical assistance.
- The portal will be piloted with SCIP/SAIP, PRTS and Subacute providers.
- Data from the portal and connected programs, including the Oregon Behavioral Health provider directory and bed registry, will be utilized to carry out additional requirements of the legislation.

OHA and partners have already taken steps toward implementing both the legislative requirements and the recommendations related to the referral process. Among other things, several types of providers have begun submitting capacity data via email, as an interim step. OHA staff have continued working with Lines for Life, the entity contracted to operate the Acute Care Line, to revamp the program to meet the requirements of the establishment of a centralized, real-time provider directory, bed registry and access portal. Discussions with partners are continuing. OHA plans to expand upon this discussion of the referral process, with steps taken to date and further recommendations, as part of the required legislatively report on intensive behavioral health treatment, due December 1, 2022.

Introduction

Governor Brown signed HB 2086 into law on August 6, 2021. This law, combined with the Oregon Health Authority (OHA) Budget Bill, HB 5024, lays out a framework for transforming Oregon's Behavioral Health System. Together, they will set the path for improving accountability and performance in the delivery of services.

HB 2086 directs OHA to report as follows:

> *(1) No later than November 1, 2021, the Oregon Health Authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245:*
>
> > *(a) Any changes needed to contracts with counties, coordinated care organizations, providers or community based organizations to comply with the quality metrics and incentives developed by the Behavioral Health Committee in accordance with ORS 413.017; and*
> >
> > *(b) Recommendations to improve the referral process for all levels of care delivered by intensive behavioral treatment providers, as defined in ORS 430.717.*

As section (1) (a) and (1) (b) are substantially different bodies of work, this report has been divided into two parts accordingly.

CHANGES NEEDED TO CONTRACTS

The Current Behavioral Health System

Oregon's current community-based behavioral health system has multiple components that support services for people. This report focuses mainly on the publicly funded system administered through OHA's Health Systems Division. This system has two longstanding components, plus a third component that has emerged recently.

First, the Medicaid-funded system includes:

- Coordinated Care Organizations (CCOs) which oversee services for Medicaid members enrolled in the Oregon Health Plan authorized under an 1115 Waiver
- Fee-for-Service providers for OHP members who are not enrolled in CCOs

- Carved out services provided on a fee-for-service basis, including Adult Mental Health Residential services, and
- Services provided through other Medicaid mechanisms, such as Adult Foster Care.

Second, the County-based system includes a continuum of mental health, substance use disorder treatment, and problem gambling treatment services for adults, children and families contracted by OHA through County Financial Assistance Agreements, including:

- Crisis and mobile crisis services
- Services provided for people who are court-involved
- Outpatient and other services for people who are not eligible for Medicaid or who have private insurance that does not provide adequate behavioral health coverage
- Care coordination and participation in discharge planning activities for people at Oregon State Hospital or acute care hospital settings
- Specialized grant programs

OHA provides funding to counties through County Financial Assistance Agreements (CFAAs). Those agreements include financial, performance and reporting requirements.

Third, OHA also contracts directly with some providers and community-based organizations for specialty work or work specific to the unique needs of some communities. Work with these kinds of organizations increased substantially during the COVID pandemic as OHA focused on reaching communities disproportionately impacted by COVID and other disasters, including wildfires.

In addition to these community-based systems, Oregon State Hospital provides hospital level of care for people who are either Civilly Committed, found Guilty Except for Insanity or are under Aid and Assist Orders for restoration.

The behavioral health system described above does not adequately meet the needs of large numbers of people. As such, other systems including schools, jails, and hospital emergency rooms are struggling to meet the needs of people in those systems who have behavioral health needs.

Recently, the system has been straining under increased pressures added by far-reaching impacts of the pandemic, houselessness, the impact of illicit drugs, and the challenges in recruiting and sustaining the behavioral health workforce.

Current Metrics Initiatives within OHA

The new outcomes metrics process will take the existing CCO incentive

program into account to ensure coordination. As OHA has implemented the CCO system, a key component of that implementation has been a formalized process for developing and evaluating healthcare metrics and incentives.

Oregon's Quality Incentive Program has paid CCOs for performing well on certain health metrics through the CCO Quality Incentive Program. The program looks at things like the quality of health care members receive and whether they can get health care services in the right place and the right time.

Measuring quality and access to care are key to moving health system transformation forward to ensure high-quality care for Oregon Health Plan members and for meeting our health equity goals.[1] Independent evaluation has shown that the CCO Quality Incentive Program is among the most important tools for health care system transformation and quality improvement.[2]

The program has included numerous behavioral health metrics over the years, including those focused on screening and follow-up care for depression, screening for unhealthy drug and alcohol use and referral to treatment, ensuring timely follow-up care after hospitalization for mental illness, working to ensure children and youth entering foster care receive timely mental health assessments, and new measurement work focused on improving the social-emotional health of young children to better prepare them for kindergarten.

Moving forward, Oregon plans to build on the program's success by adding a focus on metrics that address upstream factors affecting health equity. To achieve this, OHA intends to split the incentive metrics into two separate parts as in the image on the following page: upstream metrics and downstream metrics.

The upstream component creates a more deliberate place for measures that focus on health equity and social determinants of health and are concentrated on root causes of health inequities. Examples might include measures that incentivize screening and referrals to address the social determinants of health (such as food insecurity) or measures related to the health sector's role in preparing children for kindergarten. The downstream measures will be related to health care processes and outcomes from the CMS Medicaid Child and Adult Core sets and include such things as timely postpartum care and managing chronic conditions such as asthma. When possible, OHA will break out these downstream measures by race, ethnicity, language, and disability.

[1] The most recent report on how CCOs performed on the measures included in the program is available here: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Annual-Report_FINAL.pdf

[2] See *Evaluation of Oregon's 2012-2017 Medicaid Waiver Final Report,* OHSU Center for Health Systems Effectiveness here: https://www.oregon.gov/oha/HPA/ANALYTICS/Evaluation%20docs/Summative%20Medicaid%20Waiver%20Evaluation%20-%20Final%20Report.pdf

Visual 1. Refocusing CCO Metrics

Furthermore, OHA intends to increase the voices of members and communities experiencing disparities in the health metrics program. This change will redistribute decision-making power to focus on equity and ensuring those most impacted by the measures included in the program not only have a say in what is incentivized and how measures are operationalized, but lead those conversations. OHA will do this by working with the legislature to establish a new Health Equity Quality Metrics Committee, which will replace the current Health Plan Quality Metrics Committee. This new committee will be comprised of those with lived experience, members of the Oregon Health Plan, members of diverse communities, and health equity professionals and researchers. It will have oversight and approval of downstream metrics recommended by the Metrics & Scoring Committee. This will ensure the CCO measurement program is led by community and addresses community-raised concerns and priorities.

These changes provide an exciting opportunity to coordinate our CCO measurement efforts with the work of the Behavioral Health Committee to ensure both incentive programs are aligned and meet our equity goals. Staff from both programs are collaborating to ensure the opportunities provided by both programs best meet the needs of people in Oregon.

Behavioral Health Contracting

HB 2086 directs, in Section 18(1), that:

> *Contracts between the Oregon Health Authority and coordinated care organizations or individual providers for the provision of behavioral health services must align with the quality metrics and incentives developed by the Behavioral Health Committee under ORS 413.017 and contain provisions that ensure that:*
>
> > *(a) Individuals have easy access to needed care;*

(b) Services are responsive to individual and community needs; and

(c) Services will lead to meaningful improvement in individuals' lives.

OHA is convening the Behavioral Health Committee, established per HB 2086, to develop the quality metrics and incentives within a framework. Community input and feedback will be centered and drive the work. The framework will provide information about Oregon's behavioral health system's performance, including infrastructure and service needs in specific areas of Oregon. Once the measurement framework, baseline, measures and incentives are identified, County Financial Assistance Agreements and CCO contracts will be changed. Other grants and contracts held within OHA may also be changed to align as needed.

County Financial Assistance Agreements (CFAAs): OHA meets on a regular basis with the Association of Oregon Community Mental Health Programs (CMHPs) to discuss needed changes to the contracts. OHA and CMHPS have discussed and agreed that the current County Financial Assistance Agreements (CFAAs) are cumbersome, do not center outcomes for the people served, and lack accountability and outcome metrics that are common across providers and payors. A standard lead time for County Financial Assistance Agreements is six months. Therefore, any metrics and incentives that the Behavioral Health Committee can finalize by July 1, 2022, should be sufficient to impact CFAAs that would begin January 1, 2023.

OHA is working in collaboration with the counties and community partners to make transformational changes to the 2023 CFAAs based upon the work of the Behavioral Health Committee and the infrastructure development in each region. This goal of these changes is to ensure services are responsive to people's needs and simple to access, and outcomes are meaningful to people's lives and can be measured.

Coordinated Care Organizations contracts: OHA will provide updates to the Oregon legislature as significant changes are made to contracts to include the metrics and incentives developed by the Behavioral Health Committee.

Oregon is planning for its next 1115 Medicaid demonstration waiver. If approved, this waiver would establish more flexibility for CCOs to deliver health care. The proposed changes would foster greater financial flexibility for CCOs to prioritize specific community needs, including those related to behavioral health. In addition there are proposed changes to the CCO incentive metric program that will sharpen the focus on reducing health inequities.

Other Grants and Contracts: OHA enters into specialized contracts and grant agreements directly with providers and Community Based Organizations. The metrics and incentives that are developed will be incorporated into those grants and contracts, as applicable.

Contract Changes That Will be Needed to Comply With Quality Metrics and Incentives That Will be Recommended by the Behavioral Health Committee

As described above, OHA uses a variety of contract mechanisms to support the distribution of resources and ensure accountability. Contracts require negotiation, so time must be built into the contracting process to allow for appropriate collaboration and negotiation with contractors. Until it is known precisely what the Behavioral Health Committee will be recommending, it is difficult to say with certainty what contract changes will be needed. To further complicate this assessment, OHA is working on two major fronts to make changes that could have profound impact on the existing structures of contracts.

Current CCO contracts implement the existing CCO Metrics process. Similar language, adapted specifically to the behavioral health metrics, would be needed in both the CCO contracts and the County Financial Assistance Agreements to begin the implementation process once the behavioral health metrics are adopted. Because the Behavioral Health Committee includes representatives from both the CCOs and Community Mental Health Programs, there is strong likelihood that adopted metrics will be agreeable to the contractors.

It is also important to factor in contract timing when considering implementation of metrics. Most OHA contracts for behavioral health services run on calendar year timeframes. Generally speaking, changes should be developed into contract language with plenty of lead time for the State Department of Justice to review and comment to protect the State's interests and manage risks, and then similar lead time for county and CCO counsel to appropriately review. A standard lead time for County Financial Assistance Agreements is six months. Therefore, any metrics and incentives that the Behavioral Health Committee can finalize by July 1, 2022 should be sufficient to impact contracts that would begin January 1, 2023.

The Medicaid Waiver

Oregon is in the process of updating the request to Centers for Medicaid Services for its Medicaid waiver. Oregon first implemented the CCO model under Oregon's 2012-2017 Medicaid waiver, and refined and strengthened the CCO model in the 2017-2022 waiver. To implement this aspect of the waiver, Oregon has contracted with 16 regional CCOs which offer services to OHP members in every area of the state. OHA will provide more information about any legislative changes or changes to the waiver that may be needed in December, as directed by HB 2086.

County Financial Assistance Agreements

Under budget notes to the OHA Budget Bill (HB 5024), OHA has been directed to contract with a third-party evaluator. In consultation with the National Association of Mental Health Program Directors, OHA has identified a national expert to:

- Evaluate behavioral health budget, staffing, data and metrics analysis and tracking, and contracts.
- Submit a roadmap to increasing financial transparency, accountability and ongoing reporting on Oregon's behavioral health needs and outcomes.

As part of this work, County Financial Assistance Agreements should:

- Align with coordinated care organization contracts
- Address roles and responsibilities
- Ensure Oregon is maximizing federal funding
- Recommend risk alignment addressing:
    - Liability concerns
    - Administrative support, and
    - Oversight required of CMHPs in monitoring:
        - Treatment services,
        - Safety and compliance
        - Abuse and neglect investigations
        - Overseeing corrective plans
        - Site reviews
        - Crisis services
        - Civil commitment process, and
        - Discharge transitions.

A consultant has been identified and the contract to begin this work is in negotiations.

Prior to the pandemic, OHA staff had begun conversations with Community Mental Health Program Directors to begin working on an improved contract mechanism. While the work was sidelined during the pandemic, those discussions picked back up during the summer. OHA has developed a project

team and a workplan is being developed now to support substantive improvements to the County Financial Assistance Agreements in time to impact the January 1, 2023 contracts.

RECOMMENDATIONS TO IMPROVE THE REFERRAL PROCESS

In section 13, HB 2086 amends ORS 430.717 to, among other things, direct OHA to write rules related to the establishment of a centralized, real-time provider directory, bed registry and access portal. Section 21 then asks for OHA's recommendations to improve the referral process overall.

Based on discussions with stakeholders, including mental health consumer advocates, intensive behavioral health providers, and CCO behavioral health leadership, OHA has developed the following recommendations to improve the referral process in the Children's Behavioral Health System for all intensive levels of care.

- Develop a central, HIPAA compliant, web-based portal for referrals to Children's Intensive Treatment Services.
- The portal must be fully accessible to the providers' access departments, who will review the submissions and record their determinations.
- A phone line will continue to be made available for hospitals, social workers, and care coordinators to seek technical assistance.
- The portal will be piloted with SCIP/SAIP, PRTS and Subacute providers.
- Data from the portal and connected programs, including the Oregon Behavioral Health provider directory and bed registry, will be utilized to carry out additional requirements of the legislation.

This portal is recommended to eventually serve the following levels of care:

- Acute Psychiatric Care
- Secure Inpatient Psychiatric Treatment
- Sub-Acute Psychiatric Treatment
- Psychiatric Residential Treatment Services

- Psychiatric Day Treatment Services
- Substance Use Disorder Residential

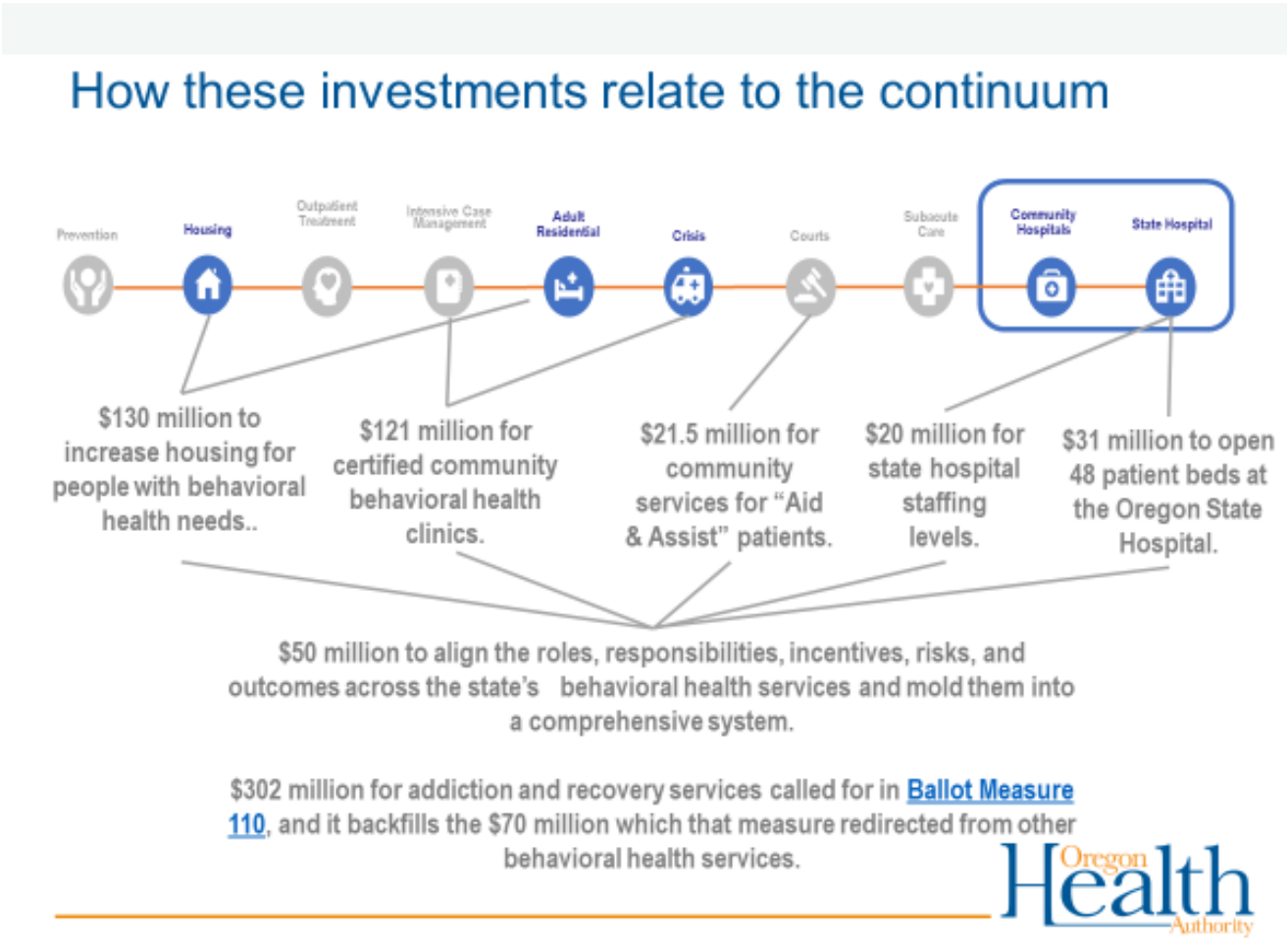
OHA and partners have already taken steps toward implementing both the legislative requirements and the recommendations related to the referral process.

- OHA met with stakeholders, including mental health consumer advocates, providers, and CCO behavioral health leadership to discuss system concepts and operational needs for a children's behavioral health access system.
- Providers of psychiatric residential services began submitting weekly capacity information via email to OHA's Children and Family Behavioral Health (CFBH) team in March 2021.
- During the fall of 2021, both Substance Use Disorder Residential treatment providers and psychiatric day treatment providers were asked to begin submitting weekly capacity data via email.
- The CFBH team has continued working with staff and leadership at Lines for Life, an Oregon based third party vendor, the entity contracted to operate the Acute Care Line (established in ORS 403.717 prior to HB 2086), to revamp the program to meet the requirements of the establishment of a centralized, real-time provider directory, bed registry and access portal.
- The CFBH team has had initial rule development discussions. Because the rules will also affect CCO operations, amendments to several rule sets and contracts will likely need to be made.

In section 13, HB 2086 requires OHA to report on several issues related to intensive behavioral health treatment, by December 1, 2022. OHA plans to expand upon this discussion of the referral process, with steps taken to date and further recommendations, as part of that report.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the OHA Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us

ATTACHMENT A: TRANSFORMATION INVESTMENTS ALONG THE BEHAVIORAL HEALTH CONTINUUM



ATTACHMENT B: THE BEHAVIORAL HEALTH COMMITTEE ROSTER

Behavioral Health Committee Membership, as of 10-27-2021.

Statutory Representation	**Name**	**Organization**
Health Plan Quality Metrics Committee Chairperson	Shaun Parkman	Health Plan Quality Metrics Committee Chairperson; Public Employee Benefits Board Member
Health Equity Committee (Delegated by Chair)	Maria Castro	Oregon Health Authority, Committee Staff
Coordinated Care Organization Behavioral Health Director	Jill Archer	CareOregon Behavioral Health Vice President
Community Mental Health Program Representative	Cherryl Ramirez	Association of Oregon Community Mental Health Programs Executive Director
Representative with Data Analysis Expertise	Kerri Melda	NAMI Multnomah Executive Director
Oregon Consumer Advisory Council Member	Nick Chaiyachakorn	Portland University Academic Autism Spectrum Partnership in Research and Education (AASPIRE) Research Intern; Portland Alliance for Self Care (PDXASC) Member; Mental Health and Addictions Association of Oregon (MHAAO) Member
System of Care Advisory Council	Robin	Providence Health Services Behavioral Health Chief

Member	Henderson	Executive
Oversight and Accountability Council (ORS 430.073)	Sabrina Garcia	Red is the Road to Wellness Peer Specialist
System of Care (ORS 418.978)	Carol Dickey	Oregon Family Support Network Statewide Trainer; Oregon Consumer Advisory Council; Statewide System of Care Advisory Council; Tri-County System of Care Advisory Committee and Executive Council
Consumer Representative	Gaston Ramirez	Community Member
Tribal Government	In process	
Disability Rights Advocacy	KC Lewis	Disability Rights Oregon Managing Attorney
Behavioral Health Services Provider	Hakimi Thang	Lutheran Community Services Northwest Multicultural Mental Health Peer Support Specialist

Additional OHA Added Representatives	**Name**	**Organization**
Behavioral Health Services Provider	Jordan Shin	Alliance for Community Wellness Behavioral Health Manager
Behavioral Health Services Provider	River McKenzie	TransPonder Resource Navigator
Behavioral Health Services Provider	Kat Hendrix	Oregon Child Abuse Solutions Statewide Partnerships Manager

Behavioral Health Services Provider	William Barnes	Red is the Road to Wellness Founding/Executive Director
Behavioral Health Services Provider	Megan Croxford	Oregon Washington Health Network COPES Clinic Peer Mentor/Crisis Supervisor
Community Mental Health Program Representative; Behavioral Health Services Provider	Bonnie Lerner	Creating Opportunities Regional Family Network Executive Director
Behavioral Health Services Provider	Des Bansile	Youth Era Peer Support Supervisor
Behavioral Health Services Provider	Joelleen Billington	Burns Paiute Tribe Behavioral Health Manager
Behavioral Health Advocacy	Mike Marshall	Oregon Recovers Co-Founder and Director
Behavioral Health Services Provider	Ana Day	Oregon Community Programs Executive Director

Non-voting members

- OHA Behavioral Health Director, Steve Allen
- Alcohol and Drug Policy Commission Director, Reginald Richardson
- Medicaid Director, Dana Hittle
- Department of Human Services representative, Seth Lyon
- Potential Judicial Representative, to-be-determined (not statutory, but there is mutual interest in having a representative)

Oregon Health Policy Board Liaison

- Ebony Clarke