TO: Oregon Health Authority
Patrick Allen, Director
Steve Allen, Behavioral Health Director
Dolly Matteucci, Oregon State Hospital Superintendent

FROM: CCO Oregon
Behavioral Health Workgroup

DATE: May 19, 2020

SUBJECT: Behavioral Health Needs & Recommendations, May 2020

As we approach the state's revenue forecast tomorrow (and potentially significant budget impacts to state agencies), CCO Oregon and our members across the coordinated care system would like to offer the following recommendations to the Oregon Health Authority and state leaders in order to safeguard behavioral health care for our state's population. Understanding there are no easy answers, we hope these recommendations can inform decisions and discussions as we move forward in this state of emergency.

The state of behavioral health care in Oregon

Prior to the COVID-19 emergency, Oregon already faced access challenges to behavioral health services. Many of these challenges were related to increased demand and limited resources—underfunding of the State Hospital and community-based programs, barriers to workforce recruitment and retainment, data access and sharing, and increasing complexity of populations served. During the 2019 legislative session, new committees were created in both the Oregon Senate and House to address the growing need for behavioral health resources. And at the beginning of Oregon's 2020 legislative session, state agency leaders and legislators highlighted these gaps, calling for greater investment by the legislature, a Behavioral Road Map to evaluate the continuum of care, and a workforce assessment.

Now, as the health care community collectively addresses the numerous complications posed by the COVID-19 pandemic, the access to care challenges identified earlier in 2020 remain (and

are more obvious). Behavioral health leaders now warn we may see a second health crisis as more Oregonians require access to behavioral health services.

CCO Oregon member survey

Reduction in services

CCO Oregon surveyed its members, and unsurprisingly, found a significant reduction in services due to physical distancing, [now relaxed] executive orders, and economic constraints. The reduction in services means providers are unable to find placements in residential and day treatment programs to maintain quality care. Knowing that Oregon will face budget reductions and that these constraints may further constrict, CCO Oregon's members and stakeholders hold grave concerns about meeting the needs of Oregonians suffering from anxiety, depression, severe and persistent mental illness, and more.

Reductions currently experienced include:

- Oregon State Hospital unable to admit civil commitments
- Restrictions or census caps for Residential Treatment Facilities and Secure Residential Treatment Facilities impacting transitions out of the Oregon State Hospital
- Closure of psychiatric day treatment and walk-in services
- Crisis respite reduction in hours and placements
- Residential SUD capacity cut by as much as 43%, sobering 50%, and detox 30%; some communities experiencing complete closures of detox "tanks" and similar facilities
- Reduced in-person support groups for substance use treatment
- Assertive Community Treatment teams who help with housing and other resources are disbanded or without capacity to assist

We also asked our members about non-clinical barriers to care and while this list is similar to the barriers we would have identified pre-pandemic, the chasms to care are now deeper and with added difficulties that are much harder to cross (such as finding sufficient personal protective equipment—PPE).

- Transportation
- Food insecurity
- Housing
- Familial abuse or control
- Job loss and economic insecurity

- Limited PPE, supplies, and testing
- Filling gaps of care usually delivered in a school setting
- Sober housing and employment for those needing substance use treatment
- Reduced shelter and bed capacity
- Staff absences in having to care for families/children
- New patients or enrollees not knowing how to navigate the system or access care

As previously mentioned, we expect an increase in demand for behavioral health services as well as the complexity of services needed. Here are the primary concerns our members have for the populations they serve over the next 3-6 months:

- Postponed treatment and care due to closure, economic concerns, and/or fear
    - Prolonged effects (trauma, anxiety, fear) of social distancing and emergency measures
    - Anxiety-diagnosed members not engaged in services
    - Those early in recovery relapsing with limited group and outreach interventions
    - DHS-involved youth: risk of increased child abuse reports and less placements

- Meeting the needs of the community, ensuring quick access
    - Continued lack of SPMI placement options
    - Decreased outreach and placement options
    - Ability to serve homeless members with housing and health care
    - Returning to in-home services and keeping staff and patients safe
    - Unknown future pandemic needs and long-term funding
    - Predicted increase in Oregon Health Plan membership and the potential to overwhelm the current provider and service agency network

Unsustainable short-term solutions

As problems arise, CCOs and contracted providers immediately implement short-term mitigation strategies, but many of these either aren't sustainable or would require policy changes by the OHA or (potentially) CMS to continue.

- Health Related Services and flex funds being used for phones and phone plans (minutes and data), hotel rooms, increased outreach efforts, sober housing payments, and other costs
- Local tracking (in some regions) of daily capacity and discharge planning programs/options

- Risk stratification and data sharing with network partners to inform outreach, care management for special populations (such as the houseless), and provider support
- Realigning internal organizational structures and staff teams to meet the changing needs of the emergency
- Developing enhanced communication flows in and out of the organization for quick and effective decision-making
- Communicating with CCO members and providers broadly through emails, letters, social media, websites, webinars, and relevant technical assistance
- Opening up bridge funding and grant initiatives as well as federal opportunities (such as expanded MEND/HRSA capacity) to help stabilize provider networks and community-based outreach and local services
- Centralizing PPE tracking/ordering at the local level (in some regions) to streamline work with state to obtain and distribute
- Ensuring staff are able to follow all guidelines and take needed time off

Recommendations

As we anticipate significant budget impacts during this week's revenue forecast, we again want to emphasize that there are no easy answers, but that as CCO Oregon members we are at the table and willing to innovate to find the best path forward. And, while CCOs are regional hubs to deliver care, we offer the following recommendations to the OHA and state leaders as many of our concerns are not regionally-based nor Oregon Health Plan-specific.

Based on the collective experience of CCO Oregon members, we offer the following recommendations:

Telehealth
For many providers and patients, telehealth has been a critical bridge to care during the pandemic. Emergency policy and temporary rules, including pay parity, have greatly helped health care partners quickly increase telehealth services. Several clinics cited an increase in telehealth from 20-30% of care up to around 80% of care.

- Maintain many of the gains made in telehealth due to the emergency: Conduct an evaluative process for each altered OAR to determine which services are qualitatively equitable when delivered in-person, synchronistically, and/or a-synchronistically. The System of Care Advisory Council is preparing a similar recommendation.
- Develop guidelines for billing and coding management: Health-related service and flexible funds are being leveraged to buy equipment and data, but there are not

centralized expectations or instructions for how to do this which may lead to confusion for providers and patients if efforts aren't streamlined or similar from system to system.

- Moreover, develop operational best practices for equity considerations and trauma-informed techniques for telehealth in future provider (not just behavioral health) webinars and communications.
- Additionally, we recommend including phones and other telehealth needs as durable medical equipment for billing and coding purposes.
- Provide technical assistance and support to develop guidance for serving those that aren't best served via telehealth, i.e. kids under 6, those unable to find a private, safe space, or some members of the homeless population.
- Support and contribute to policies to expand broadband infrastructure in rural and frontier regions and expand the affordability of these services for OHP members, as well as increasing access to technology (phones, tablets, internet), and charging stations.
- Advocate for a change to 42 CFR Part 2 to allow for substance use treatment consent to be given via telehealth to improve care and the exchange of data.
- And, if pay parity for physical and behavioral health won't continue past the emergency, a transitional period and ample communication will be needed.

Access and capacity tracking

- Develop statewide dashboard tracking of currently available residential placements, operating status of residential and day facilities, and identify facilities at risk of closure or new reduction in service. The System of Care Advisory Council is preparing a similar recommendation.
- Utilize newly drafted regional trackers (in some regions and mostly manual) to inform or even populate a statewide view.
- This recommendation aligns with needs identified by the System of Care Advisory Council to systematically track DHS and OHA partner capacity.
- Further, this dashboard may achieve or progress some of the goals from 2020 legislative concepts, such as the Behavioral Road Map and workforce assessment.

Develop community-based programming and alternative placement solutions

- Obviously, budget considerations and potential reductions will further impair behavioral health access in Oregon. We recommend that state leadership convenes and maintains conversations across payers and providers working across Medicaid and other payer lines. Perhaps, this work could be in partnership with the Governor's Behavioral Health Advisory Council.
- Identify potential facilities currently not in use (such as hospital units/beds) that may be used for civil commitments or other residential treatments; OHA has shared that this

may be a solution for those that are COVID-exposed but perhaps this could also be a solution for non-COVID patients.

- Continue consulting with other states and national consortiums for new ideas, potential partnerships, or other solutions.
- Maintain flexibility, adaptation, and delayed contract deliverables for partners across coordinated care as the health and economic crisis evolves.
- Maintain focus on workforce issues, such as recruitment and retainment, potential provider incentives for specific roles or settings, and licensing or certification difficulties.
- Support the extension of short-term solutions (such as tiny houses for the houseless) past the emergency; if that's not possible, help communities prepare for these services to end.

We realize that there are more challenges than resources at this time and know Oregon leaders in policy and health care have a track record of innovation and collaboration that will serve us all well. We appreciate the conversations we've had with the OHA and Oregon State Hospital, and further appreciate your consideration of our members' collective expertise and experience coming together in these recommendations.

Please contact Samantha Shepherd, Executive Director of CCO Oregon, at 928-699-1343 or samantha@ccooregon.org for further information.

CCO Oregon is a statewide, nonprofit member association representing coordinated care organizations, hospitals, health systems, providers, and other system partners across the state. Our vision is to hold objective space for subject matter experts across the coordinated care model to convene and identify evidence-based, stakeholder-driven strategies and solutions that improve care, experience, and cost. Our primary role is to facilitate convenings and organize issue-specific discourse. CCO Oregon discourse represents and is strengthened by the diversity of organizations we convene.