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# Oregon Health Authority Policy Option Packages- Phase 2

Presented to the Human Services  
Legislative Subcommittee on Ways and Means  
Day 2 - April 22, 2015

Lynne Saxton, OHA Director

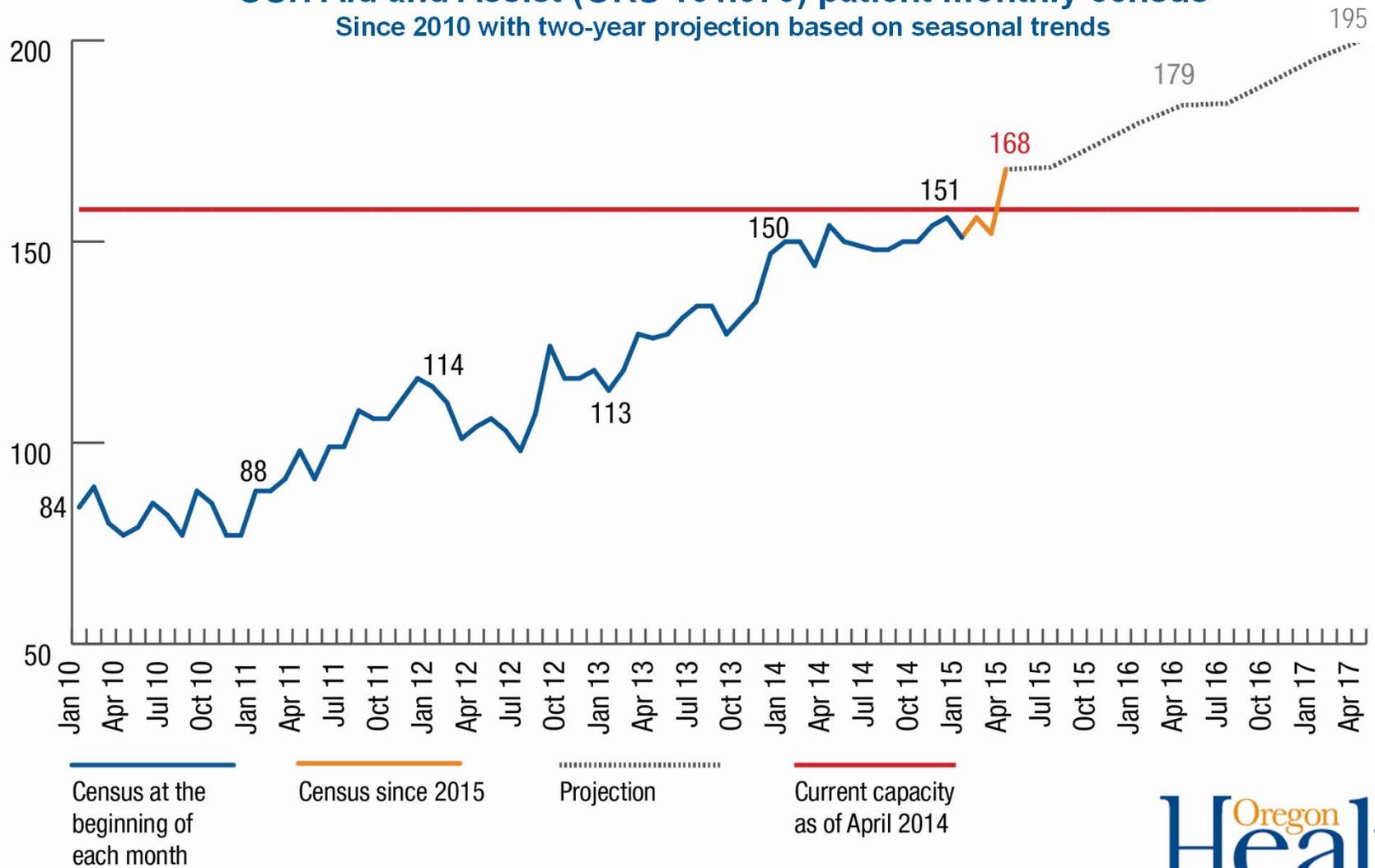
Mike Morris, Addictions and Mental Health  
Karen Wheeler, Addictions and Mental Health  
Justin Hopkins, Addictions and Mental Health

Leslie Clement, Chief of Health Policy



# Projected Aid and Assist census trends

OSH Aid and Assist (ORS 161.370) patient monthly census  
 Since 2010 with two-year projection based on seasonal trends



# Aid and Assist

## Governor's Budget Policy Option Package 401-1

**Goal of the \$4.1M investment is to increase the number of diversions and reduce state hospital utilization**

- Target the 4 highest referring counties
  - Lane, Multnomah, Marion, Washington
- Above 4 counties account for approximately 57% of Aid and Assist admissions to the state hospital
- Fund restoration and support services in the community
  - Monitor and supervision
  - Housing
  - Unfunded mental health services
- Funds a position each of the 4 counties for coordination
- Funds a staff person in AMH to monitor performance of this coordination and work with other counties to identify opportunities for diversion
- Divert an estimated 250 individuals with this funding level

# Mental Health Certification

## Governor's Budget Policy Option Package 401-2

**Invests \$860K to provide the necessary staff resources (4 positions) to certify Oregon's outpatient mental health programs. This function is necessary to ensure the health, safety, and quality of care for individuals receiving outpatient mental health services in Oregon.**

- The certification function had traditionally been performed by Community Mental Health Programs (CMHPs).
- Oregon's State Medicaid Plan requires that publicly funded mental health programs employing unlicensed behavioral health staff be certified. There are approximately 200 programs meeting this description.
- Centralized process intended to eliminate duplicative review processes, allowing for more agencies staff time to focus on direct service delivery.
- A standardized certification process is expected to be in place by the end of 2015.

### **If not funded:**

- Vulnerable populations may be at risk due to lack of oversight of service providers
- Oregon may not be able to maintain compliance with Medicaid requirements
- Traditional community-based behavioral health organizations may not be certified to provide services

# Measure 91 Implementation

## Governor's Budget Policy Option Package 501

*After accounting for its' obligations in the measure, the Oregon Liquor Control Commission (OLCC) shall make distributions of money from the Oregon Marijuana Account as follows:*

- **Section 44 (2)(b)** – Twenty percent shall be transferred to the Mental Health Alcoholism and Drug Services Account established under ORS 430.380.
- **Section 44 (2)(f)** – Five percent shall be transferred to the Oregon Health Authority to be used for the establishment, operation, and maintenance of alcohol and drug abuse prevention, early intervention and treatment services.

# Measure 91 Implementation

## Governor's Budget Policy Option Package 501

### \$2.3 Million Projected Revenue (2015-17)

- **\$1.36M** – Allocated to community prevention and recovery services capacity
- **\$200K** – Center of Excellence for Behavioral Health Prevention and Promotion at University of Oregon or other institution of higher learning or research
- **\$200K** – Center of Excellence on Youth/Young Adult Substance Use Disorders at Portland State University
- **\$100K** – Addiction Technology Transfer Center / OHSU for provider training and consultation implementing Cannabis Youth Treatment (CYT) curriculum, an evidence-based practice for treating youth and young adults experiencing cannabis use disorders
- **\$419K** – Prevention and adolescent treatment specialists (2 pos.) to oversee implementation and facilitation of services, and coordinate regional stakeholder engagement opportunities

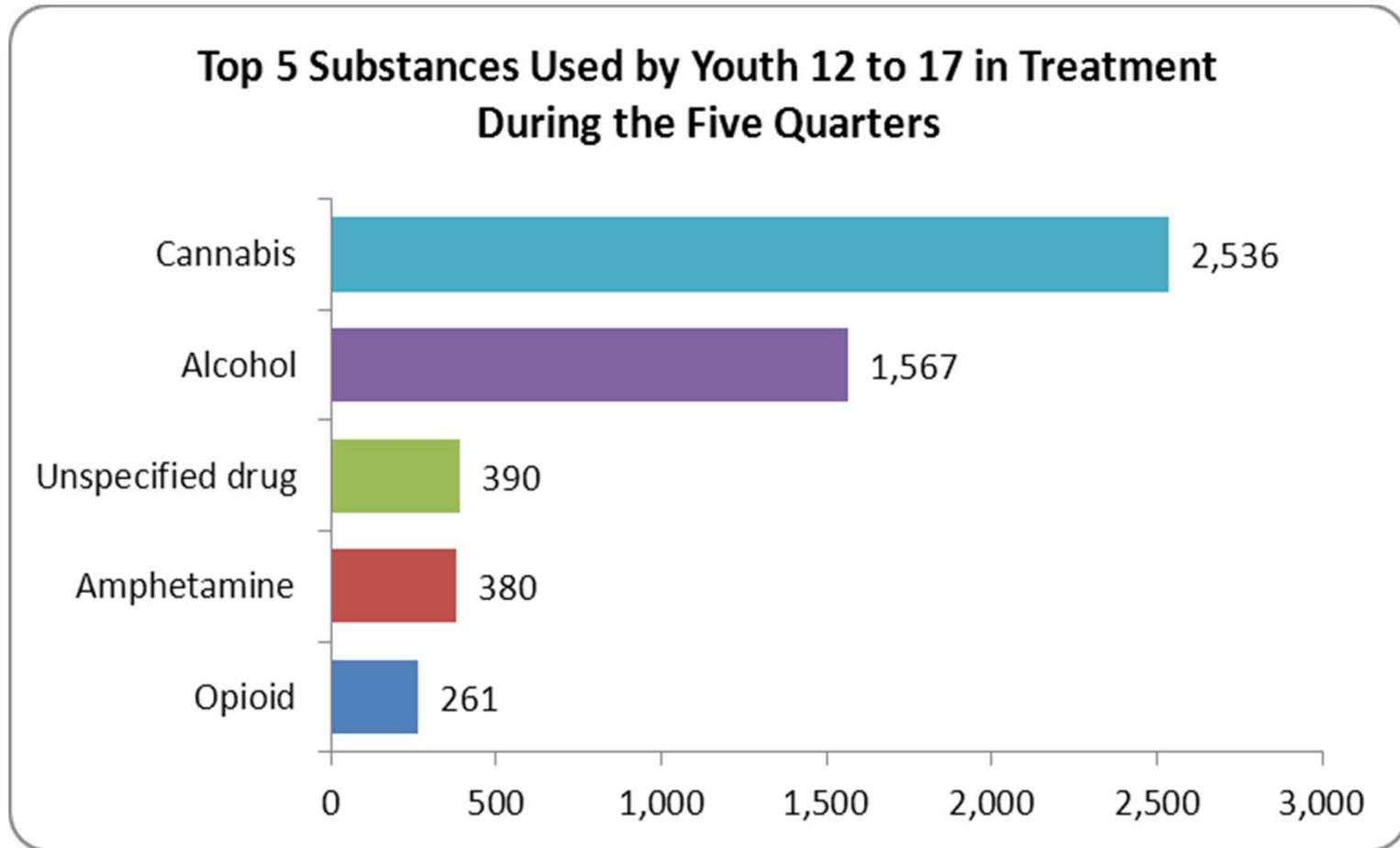
# Why this is important

6 <sup>th</sup> Grade	8 <sup>th</sup> Grade	11 <sup>th</sup> Grade
<ul style="list-style-type: none"><li>• 30-day use rate – <b>1.2%</b></li><li>• “Easy” or Sort of Easy to get marijuana – 6.4%</li></ul>	<ul style="list-style-type: none"><li>• 30-day use rate – <b>7.9%</b></li><li>• “Easy” or Sort of Easy to get marijuana – 29.8%</li></ul>	<ul style="list-style-type: none"><li>• 30-day use rate – <b>18.7%</b></li><li>• “Easy” or Sort of Easy to get marijuana – 66.0%</li></ul>

- Effective prevention strategies need to be applied across the age spectrum.
- As youth progress to 8<sup>th</sup> and 11<sup>th</sup> grade, they are less likely to see marijuana use as harmful and are more likely to try it.

Source: 2014 Oregon Student Wellness Survey

# Why this is important



Data Source: Decision Support Surveillance and Utilization Review System (DSSURS)

# OHA Transformation Center

## Governor's Budget Policy Option Package 402

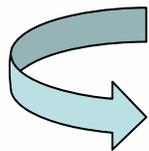
**Producing Results:** Continues essential Health System Transformation resources after sunset of federal State Innovation Model grant in September 2016 to ensure progress is sustained and continued.

- **Health Analytics**
  - Measuring performance of CCO quality results
  - Increasing statewide access to health care coverage
- **Office of Chief Medical Officer**
  - Providing statewide quality oversight and technical assistance to primary care practices
  - Translating clinical evidence-based data into useful provider and patient tools
- **Transformation Center**
  - Providing focused technical assistance to drive results based on performance metrics
  - Sharing tools and information to spread the Coordinated Care Model

# Policy Option Package 402: Continuing and Sustaining Progress

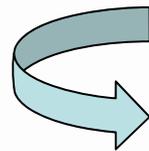
Targeted resource request to produce results

	General	Federal	Total Funds	Pos.	FTE
402-2 Continuation of Health Systems Transformation Center	\$1.05M	\$1.04M	\$2.09M	13	4.94
402-3 Continuation of Health Policy & Research/Analytics	\$1.36M	\$1.36M	\$2.72M	8	3.04



## Produce data on performance and access

Continue to meet benchmarks. 21% reduction in Emergency Room services.  
Continue to provide access to affordable coverage. 95% of Oregonians have health coverage today.



## Provide quality oversight of primary care practices

Continue to sustain access. 80% of CCO members enrolled with PCPCH today.  
Continue to provide improved patient experience: Increased satisfaction for 85% of members.



## Driving results on quality performance

Continue to provide practical technical assistance that is being implemented. 54 Learning Collaboratives held since 2013. The majority of participants apply what they have learned.  
Clinical Fellows implement innovative practices in their local communities. 100% find support valuable or very valuable.

**Questions?**

**Thank you.**