Behavioral Health Clinical Advisory Committee
(BHASC) Notes
March 10, 2021
8:00- 9:30 AM
https://www.gotomeet.me/LaneCareAdmin/bhasc
Call-in: (786) 535-3211Code:987-843-933#

§	Agenda Topic
1	**Welcome and Introductions** Representatives from the following agencies were present (alphabetical order): Cascade Health, Center for Family Development, The Child Center, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, Direction Service, Emergence, Eugene Vet Center , Lane Community Health Council, Lane County Behavioral Health, LaneCare Program, Lane County BH- Medication Assisted Treatment Program, Lane County Prevention, Lane County Public Health , Lane County- CHOICE Program , Laurel Hill Center, Looking Glass Counseling, Older Adult Behavioral Health Initiative , Options, Orchid Health Center, Oregon Community Programs, Oregon Research Institute, Oregon Social Learning Center, PacificSource Community Solutions, PacificSource- Wraparound Program Rise Services INC., Shelter Care, South Lane Mental Health, Trillium Community Health Plan, Traditional Health Worker Liaison, White Bird Clinic, Willamette Family Treatment Services
2	**BHASC Access Summit** Oregon Health Authority Representatives: *Jackie Fabrick, Behavioral Health Policy Strategic Implementation Director* *Jackie.FABRICK@dhsoha.state.or.us* *Chelsea Holcomb, Child and Family BH Manager* *CHELSEA.HOLCOMB@dhsoha.state.or.us* *Nirmala Dhar, Older Adult BH Initiative Project Director* *NIRMALA.DHAR@dhsoha.state.or.us* Behavioral Health Access Expectations: • CCOs are to maintain and monitor adequate and sufficient access to care that is culturally responsive – this applies to physical, medical, mental health, and dental services. • Priority populations must be assessed immediately and get care when they need it. • Assertive Community Treatment lack of access due to capacity is not something people who would qualify for ACT should be denied for (OHA has staff Brenda Dennis, (she/her) brenda.l.dennis@dhsoha.state.or.us to help with building and developing ACT teams to meet access needs). Wraparound Program Expectations: • If the CCO lacks provider capacity to get families engaged with Wraparound services OHA must be notified. A plan will be put in place to increase capacity and troubleshoot access issues. • Lack of capacity is not a basis for denying a child/family for Wraparound services and if placed on a waitlist it cannot be for more than 14 days. Nat Jacobs (they/them), System of Care and Wraparound Program Coordinator can provide assistance, 503-754-4287 natalie.jacobs@dhsoha.state.or.us Intensive In-Home BH Treatment (IIBHT): • "In-home" means wherever the child resides or spends most of their time.

- If placed on a waitlist it cannot be for more than 14 days.
- The goal is for this service to be used and highly accessible; limiting psychiatric care.

Group Questions and Suggestions from OHA:

- Can providers get TA or training on implementing new models of intake and practice to meet access and community need?
- Will CCOs have support on how to set up billing for these new/recommended models?
- What if the agency cannot get a new client in or build capacity to meet the need of the community? Follow-up from OHA: What are the barriers that are causing this?
  - **Retention** of therapist/ therapist moving into private practice due to higher wage offerings, less paperwork/reporting requirements (e.g. MOTS), flexibility with caseload, can choose not to take on complex/crisis clients.
  - **Workforce** is depleted/not able to fill open positions for therapist, even peer support
  - **Administrative stressors and costs** associated with being in a constant state of hiring and training including resilience and trauma informed training, which is costly.
  - **Reimbursements rates** are low and drive the workload of therapist and the agency.

OHA Suggestion: Provide new therapist with an extra level of support when starting and also be mindful of initial workload. Increase pay of staff. See attached Reflective Supervision presentation slides; Nirmala Dhar can provide this training to your agency - free webinar on Thursday March 25 from 9-10am on reflective practice (see attached flyer, register here).
Group Response: Agencies that provide extensive training and supervision and good benefits still lose therapist to private practice due to the amount of money they can make. Community-based Organizations cannot compete with the pay private practices offer.
OHA Suggestion: Utilize the Health Care Provider Incentive Fund (check for eligibility here) through the Health Care Provider Incentive Program created by House Bill 3261 (2017): to help enhance retention of the BH workforce. There is also the Loan Repayment Incentive for BH clinicians working toward licensure.

There may be an opportunity for providers to:

- Look at their care/intake models to see how it can be done differently in order to meet the needs of the community. OHA TA available.
- Perform a salary survey on non-clinical and clinical entry level pay to match living wage (look at caseloads in relation to wages).

The Friendship Bench model in other countries was developed to meet the needs of those in need of immediate mental health support. This model is supervised by an LCSW and administered by trained volunteers and has been adapted in the USA to support students and older adults.

988 and Suicide Prevention Hotline is coming and the benefit/challenge is that the workforce for crisis systems will need to be increased and sustained. Lack of beds and access for crisis stabilization will be addressed. Jackie can come talk more about this at another meeting.

Facts regarding the workforce in Oregon:

- Oregon reports higher rates of mental health conditions compared to national rates.

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- The distribution of licensed behavioral health professionals varies widely across the state.
- People of color are underrepresented among the BH workforce.
- Telehealth could expand BH treatment options to increase access.

Concerns from Group:

- Private practice is not audited in the way agency therapists are (e.g. file audits to ensure adherence to OAR 309-019).
- Hourly rate offered through private practice is not something CBO can compete with.
- OAR 309 series and 410 series have different rules. Agencies are being required to follow 410 rules even though 309s are for programs and 410s are for CCOs. Follow up OHA: Will look at alignment between the 309 and 410 OARs. FYI: Governor's BH Advisory Committee includes: "309 rule revision to reduce provider administrative burden".
- Clarification with priority populations: caregivers are listed. Who meets that definition? Is that every family member, every helper? A clear definition would be appreciated.
- CCO Case managers are experiencing referral denials from BH outpatient providers due to the client having complex needs. The rationale behind this is that the ratio of high complex needs clients to workload is already high – one factor affecting this refusal is lack of crisis infrastructure at the state level, providers cannot get people into psychiatric acute care/ there is insufficient crisis resources/services, no OSH, very little residential options.
- MOTS reporting requirements is burdensome. MOTS is not useful, gives no data to counties or providers, and takes a ton of time. Clients don't like it. Who uses this data? Is it practical to continue collecting? Medical services do not require anything like this, BH should not either. Parity in data collecting should be achieved.
- Clinical interns are leaving to go to private practice and allowed to practice under the main therapist's licensure. This is something new as they are leaving sooner, previously they would leave shortly after receiving licensure (private practice: ~$70/hour; licensed facilities are at about half that.)
- Private practitioners are not taking high risk clients which leaves the high needs people waiting longer for services and CBOs experiencing burn out.

How is OHA a barrier/ how can OHA help?

- Increase reimbursement for agencies to allow for competition with private practices
- Information on different access/intake models
- Funding for temporary low-barrier housing opportunities
- Services similar to those S&DS offers for the BH community
- Opportunities for long-term care for people who cannot care for themselves
- Revisit the BH fee schedule – it is too low and does not allow for agency wage increases and in some areas where it is sufficient there is an imbalance in the fee schedule for private practice reimbursements. Lower salaries for BH continues to set the tone that it is less valuable than other services (e.g. medical) adding to mental health stigma. MH professionals are largely female based and can contribute to the disparity.

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	➢ Masters level training is required to provide SUDS Tx to get a better reimbursement rate but does not solve the problem because SUDS is complex and often leads someone with this level of education to move into private practice for more $. ➢ Need more peer support specialist and clinical support groups to help with burnout ➢ Expand private practice availability for OHP members to give them more consistency in their care ➢ Explore a pilot program to help clinicians come back from burn out and compassion fatigue as there is limited research on programming that can be implemented by agencies (Nirmala can provide a training on reflective supervision) ➢ Collaborate with licensing boards to ensure clinicians are providing minimum service to agencies, as contracts with agencies and interns to stay for an "x" number of years post licensure is usually broken to work for private practice and make more money or a deterrent to hiring. ➢ SUDS support staff cannot be reimbursed via the fee schedule, need more codes for the leg work that goes into getting someone into treatment. A code for peer support services for preventative care/service.
	Access Workgroup Representatives from Trillium Community Health Plan, Pacific Source Community Solutions, The Child Center, Looking Glass Counseling, South Lane Mental Health, Willamette Family Treatment Center, Laurel Hill, Center for Family Development, and Orchid Clinic joined the efforts of the Access Workgroup. If you are interested in becoming involved with the work of this group (which will expand on the issues presented today and work with OHA to create local solutions) please contact Ryan.Federmeyer@pacificsource.com

Next Meeting: April 14, 2021from 8:00 AM - 9:30AM

Lucy Zammarelli, Chair, LaneCare, Lucy.zammarelli@lanecountyor.gov
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