
Behavioral Health Access

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Presentation Agenda

- Introductions
- Behavioral health access standards
- Behavioral health workforce
- Questions and answer



Behavioral Health Access

- Maintain and monitor a network of participating providers that is sufficient to ensure adequate service capacity and availability as well as timely access to medically appropriate and culturally responsive care.
- The provider network shall support members in the most appropriate and independent setting, including in their own home or independent living.
- If the CCO is unable to provide those services locally by providers qualified and specialized to treat a member's condition, it must arrange for the member to access care from providers outside the service area.

Behavioral Health Access

- Routine behavioral health care: assessment within seven days of the request, with a second appointment occurring as clinically appropriate.



Behavioral Health Access: Priority Populations

- Immediate assessment for pregnant women, veterans and their families, women with children, unpaid caregivers, families and children ages birth through 5, individuals with HIV/AIDS or TB, individuals at risk of first episode psychosis and I/DD population
- IV drug users including heroin: Immediate assessment and entry
- Opioid use disorder: Assessment and entry within 72 hours
- Medication assisted treatment: As quickly as possible, not to exceed 72 hours for assessment and entry;

Assertive Community Treatment (ACT)

- Members with Serious and Persistent Mental Illness (SPMI) should be assessed to determine eligibility
- Lack of capacity is not a basis for a denial – CCO may increase capacity of existing ACT teams and/or create additional ACT teams.
 - All members on the waitlist shall be admitted to an ACT team within 30 days.
- If an ACT Team denies admission to their program, the CCO is still responsible to provide ACT services if the individual is eligible.

Children's Behavioral Health

- Wraparound – If CCO lacks provider capacity to provide Wraparound, CCO shall notify OHA and develop a plan to increase provider capacity.
- Lack of capacity may not be a basis to allow members who are eligible for Wraparound supports to be placed on a waitlist.
- No Member on a waitlist for Wraparound may be without such services for more than fourteen (14) days.

Children's Behavioral Health

- Intensive In-Home Behavioral Health Treatment (IIBHT) - If CCO lacks provider capacity to provide IIBHT services, contractor shall notify OHA and develop a plan to increase provider capacity.
- Lack of capacity may not be a basis to allow members who are eligible for IIBHT to be placed on a waitlist.
- No member eligible for IIBHT services may be without such services for more than fourteen (14) days.

Behavioral Health Workforce

- Oregon reports higher rates of mental health conditions when compared with national rates
- Many people do not get the treatment they need
- Distribution of licensed behavioral health providers varies widely across the state
- People of color underrepresented among all segments of the behavioral health workforce
- Use of telehealth could potentially expand behavioral health treatment options

Behavioral Health Workforce

Health Care Provider Incentive Fund and the Health Care Provider Incentive Program were created by House Bill 3261 (2017):

- Combined small and disparate efforts to support the workforce into a unified, nimble program, with funding coming from a single pool of resources—the Health Care Provider Incentive Fund
- Established to support communities in their ability to recruit and retain health professionals, particularly around:
 - Attracting and retaining health professionals serving a
 - Medicaid, Medicare or Underserved population
 - Enhancing the diversity of Oregon’s healthcare workforce

Behavioral Health Workforce

Opened the Loan Repayment incentive to behavioral health clinicians working toward licensure (having completed Masters' level training and registered with a licensing board)

Behavioral Health (36):

- 5 Licensed Clinical Social Workers (LCSW)
- 5 Licensed Professional Counselors (LPC)
- 4 Psychiatric Mental Health Nurse Practitioners
- 2 Clinical Psychologists (CPSY)
- 1 Licensed Marriage and Family Therapist (MFT)
- 19 Behavioral Health Clinicians working toward licensure

Impacts of COVID-19: Telehealth expansion

Use of telehealth expanded dramatically in April 2020

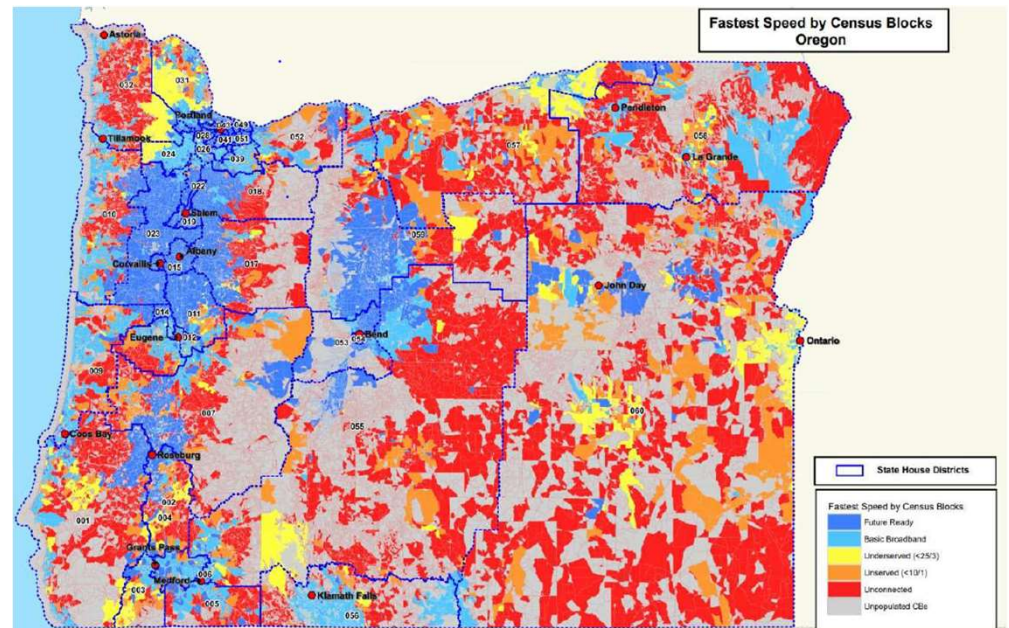
Temporary policy changes included:

- **Federal policy:** expanding technologies (e.g., telephone), patients access telehealth from homes and community settings
- **Oregon Health Plan:** Increased coverage and reimbursement
- **Voluntary agreements** with major commercial health insurers
- **Licensing boards** eased regulations on out-of-state providers



Impacts of COVID-19: Telehealth expansion

- Telehealth expansion and equity, e.g.,
 - Lacking technology or high-speed Internet access
 - No private space for a telehealth visit
- Evaluate safety and effectiveness by service
- Patient choice is key





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