

**OREGON HEALTH AUTHORITY
TEMPORARY ASSISTANCE FOR
NEEDY FAMILIES (TANF) MENTAL
AND BEHAVIORAL HEALTH PILOT
PROGRAM**

**HB 2032 LEGISLATIVE
REPORT**



HB
2032



House Bill 2032 Temporary Assistance for Needy Families (TANF) Pilot Program

Executive Summary

In 2019, the Legislature enacted House Bill (HB) 2032, a one-time allocation of \$10.5 million to provide support to Temporary Assistance for Needy Families (TANF) enrolled households. TANF provides cash assistance, support with housing, behavioral health, and education and training services for families who are eligible. The overarching goal of HB 2032 was to increase housing stability and improve access to behavioral health services for TANF eligible families.¹ This report focuses exclusively on the deliverables assigned to the Oregon Health Authority (OHA) under section two of the statute—the Mental and Behavioral Health Pilot Program.

The data in this report was gathered through quarterly reporting from each CCO. Data categories are designed to illuminate how well TANF eligible families with mental health or substance use issues were being served. The statute called for a report on various data sets, as well as identification of barriers faced by TANF recipients in need of these services. OHA contracted with three Coordinated Care Organizations (CCOs) to implement this pilot project: 1) Cascade Health Alliance—Klamath County; 2) Health Share of Oregon—Multnomah, Washington, and Clackamas Counties; and 3) Umpqua Health Alliance—Douglas County. The program, originally set to end June 2022, was extended to June 2023, and then again to June 2025 due to the COVID pandemic.

Overall, over 600 families were screened for mental health or substance abuse related needs, with almost 70 percent (420) found in need of services. Of this group, 322 were referred for mental health or substance use disorder services, resulting in 231 actual visits with a healthcare provider. 141 of those visits resulted in a treatment plan or follow-up appointment. While the pilot produced some promising initial results, it also served to illuminate barriers. Identified barriers include:

- Service provider recruitment and employee turnover delaying family assessments and referrals

¹ For information on the housing and education and training pilots, see *Report to the 81st Legislative Assembly: TANF Housing Pilot Program*. Oregon Department of Housing and Community Services; 202. <https://www.oregon.gov/ohcs/about-us/Documents/gov-relations/TANF-HPP-Leg-Report-9-15-21.pdf>

- Difficulty in identifying urban service providers, which limited access to referrals for urban families
- Data sharing issues (including obtaining release of information forms from families) limiting CCO ability to obtain referral outcomes
- Limited availability of treatment services and centers increasing waitlist times for families
- Families focused on meeting basic needs, delaying their ability to access referred mental health and SUD treatment

Program analysis also revealed some legislative actions that would help to ensure the program more efficiently achieves its goals. Recommendations include:

- Expand the mental and behavioral health pilot program to include crisis intervention services (suicide prevention phone hotlines, clinic-based crisis intervention, etc.) for TANF recipients
- Improve accessibility of mental and behavioral health services through transportation vouchers
- Partner with telehealth online service providers

The TANF Behavioral Health Pilot Program

The goal of the pilot program is to increase access to behavioral health services for TANF eligible recipients. This report provides a brief overview of the program and describes funding, outcomes, and identified barriers. It then offers suggestions for legislative changes that could address barriers and bolster the work. In conclusion, it offers planned action and ideas for building capacity in the future.

Pilot Program Services

Access to services begins with an ODHS Self-Sufficiency Programs (SSP) referral for eligible families to one of three CCOs. SSP Family Coaches assess families for services, identify needs, and refer to the respective contracted CCO partner for referrals to appropriate healthcare and housing providers. By using CCOs as the point of referral for families, the TANF Pilot Program helps address systemic barriers and lack of culturally responsive resources inherent in the healthcare and housing systems.



Figure 1: TANF Pilot Program Partners

OHA contracted with Cascade Health Alliance, Health Share of Oregon, and Umpqua Health Alliance for the 2021-2022 biennium. Umpqua Health Alliance and Cascade Health Alliance are local providers servicing the rural and frontier areas and focusing on mental health and substance use disorders. Health Share of Oregon worked in partnership with Oregon Department of Human Services District 15 offices and their existing local service providers to improve the screening and referral process to behavioral health services.

The referral process began with an SSP family coach who referred the TANF participant to engage in a comprehensive evaluation identifying service needs. Services included adult outpatient services, child adolescent and family outpatient services, mobile crisis services, psychiatry, and substance use disorder services. Some examples are offered below:

- **Umpqua Health Alliance** assessed the needs of TANF families in Douglas County, which report mental health and/or substance abuse challenges.
- Mental health professionals at **Cascade Health Alliance** worked directly with each TANF recipient in Klamath County to walk them through the referral process and engage them with the appropriate mental health and substance use disorder services.
- **Health Share of Oregon** worked with several partners in Clackamas County to refer TANF families to ongoing case management services, child-care assistance, and development services.

Program Funding

The total amount allocated via HB 2032 for the TANF Pilot Program was \$3 million. The award amounts for the three participating CCO partners in the TANF Pilot Program during the 2020-2022 biennium were as follows:

CCO Partners	2020-2022 Biennium Awards
Cascade Health Alliance	\$246,135
Umpqua Health Alliance	\$1,252,405
Health Share of Oregon	\$1,500,000

Table 2: 2020-2022 Biennium Award Amounts for CCO Partners

Initial Social Determinants of Behavioral Health (SDOBH) TANF Pilot program contracts were executed for the 2021-2023 biennium and program operations are set to continue through the 2023-2025 biennium. Umpqua Health Alliance and Cascade Health are the CCOs that chose to participate in the biennium extension. Funds were extended into the 2023-2025 biennium; however no new funding was allocated.

Program Outcomes

It is important to note that due to the voluntary nature of the pilot, families could opt out at any point in time. 606 families were screened for mental health services, substance use disorder services, or both. Among these families, 420 were identified as in need services, and 322 accepted a referral. 231 of these referrals resulted in a visit with a health care provider, and 141 of these visits resulted in establishment of a treatment plan or a follow-up appointment.

606 families were screened for mental health services, substance use disorder services, or both.

	Families screened for mental health services, substance use disorder services, or both	Families identified in need of mental health services, substance use disorder services, or both	Families referred for mental health services or substance use disorder services	Referrals that resulted in a visit with a health care provider	Treatment plan or follow-up appointment established
Total²	606	420	322	231	141

² Note: Data on patients enrolled in primary care homes was unavailable

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Table 3: Key Programmatic Metrics Tracked by Partners, 2020-2022

Program Barriers

While the TANF Pilot Program recorded successes, partners also experienced barriers to service provision. Most notably, the global disruption caused by the COVID-19 pandemic delayed implementation. Aside from this barrier, the following were identified as barriers in need of attention for continued improvement:

Urban Area Service Coverage

At the beginning of the pilot program, no CCOs supporting urban areas applied to the program, which limited access to referrals for urban families. Eventually, the HB 2032 grant application (RFGA 5115) deadline was extended, and Health Share of Oregon applied for the 2021-2022 biennium, agreeing to provide support in urban areas.

Data Sharing to Enable Referral Process

To identify families for behavioral health assessments, OHA, ODHS, and CCOs collaborated to develop a process for obtaining release of information from members. While the process was developed, providers experienced a delay obtaining release of information (ROI) forms. CCOs continue to experience challenges with obtaining treatment plan information and primary care home data. At times, TANF recipients did not know or did not have access to this type of information and had little incentive to complete the necessary ROI forms.

ODHS Case Reviews

ODHS begins the referral process with a family assessment as a screening tool to identify newly eligible TANF families' service needs. Due to COVID-19 challenges and ODHS transition to a new referral system, staff had limited availability to support case reviews. These factors limited the ease of treatment access and increased additional wait time for mental health treatment.

Limited Availability for Treatment Services & Centers

Another common barrier was the lack of access to providers who could complete mental health assessments and begin providing immediate counseling services in a timely manner. During program startup, some families experienced a significant wait time between the initial service referral and the first treatment visit. Long waitlists prevented many TANF recipients from receiving immediate and necessary treatment. In one case, a provider communicated a wait time of 69 days because of the lack of available treatment centers, and a waitlist of up to nine months for mental and behavioral health treatment. In addition, several youths needed suicide prevention assistance from counselors, but due to the extended wait, they could not be treated using the pilot program's referral resources.



Service Provider Recruitment and Employee Turnover

CCO partners also cite hiring and employee turnover rates as a major hurdle that initially impeded the TANF Pilot program services progress by delaying family assessments and referrals. In one instance, a provider was not able to hire for family coach positions that were necessary to complete one-on-one counseling services.

Prioritization of Basic Needs Can Delay Mental Health and SUD Treatment

In most cases, families needed to prioritize meeting basic needs like food, clothing and transportation over completing mental health or SUD treatment. It was difficult for some families to request or adhere to the requirements of the program, as this increased burden caused anxiety, stress, and depression. This resulted in delayed or discontinued treatment.

Looking to the Future

Education materials will be developed and distributed by OHA to implement consistent practices within the pilot program. The development of educational materials, webinars and monthly listening sessions with partners will enable the sharing of leading practices and provide a forum for partners to share with each other.

Connection to other support services such as rental assistance for supportive housing will be made by OHA and partners to expand the available viable options to families. OHA will also explore expanding the program's network with connections to interagency programs such as self-sufficiency programs and referrals to the Klamath Housing Authority to access additional housing resources.

OHA will work with ODHS to execute a data use agreement (DUA) for each CCO to obtain TANF recipient data. This will allow for a seamless transition in locating eligible TANF families that need immediate assistance including referral resources.

Legislative Recommendations

The statute called for the identification of legislative changes necessary to address barriers and meet the needs of members. The following are recommendations to achieve this end:

Establish Mental and Behavioral Health Crisis Care Support

Expand the mental and behavioral health pilot program to include crisis intervention services (suicide prevention phone hotlines, clinic-based crisis intervention, etc.) for TANF recipients. This will expand services and support available to Oregonians experiencing a mental health and/or substance use crisis. This can minimize the steps TANF recipients must navigate to access care when experiencing an acute mental health episode.

Improve Accessibility of Mental and Behavioral Healthcare with Transportation

Improve access to mental and behavioral health services for TANF recipients by expanding the use of transportation vouchers to help people get to and from appointments. Enhancing the accessibility of mental and behavioral health resources can increase the rate at which ODHS referrals result in a visit with a health care provider.

Partner with Telehealth Online Service Providers

It is recommended HB 2032 be amended to prioritize partnerships with telehealth providers. Additionally, providing technological support to TANF recipients who struggle to obtain modern information and communications technology (i.e., Smartphones, laptops, internet), will augment the program. Increasing availability to telehealth partners will increase the resources available to the programs, cut down wait times for services, and reduce transportation needs to and from services.