Policy Package Elements
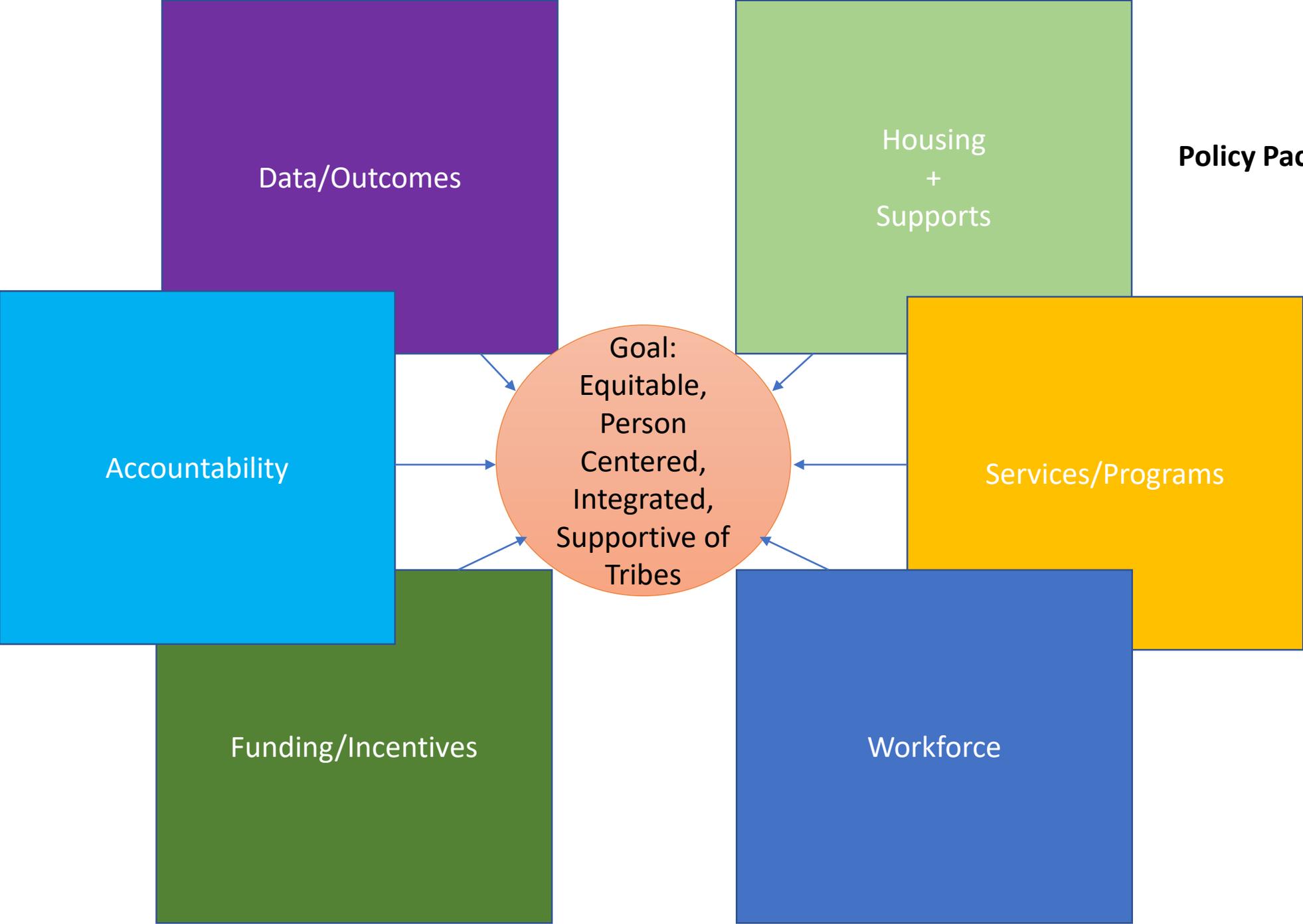
Data/Outcomes

Housing + Supports

Accountability

Services/Programs

Funding/Incentives

Workforce

Goal: Equitable, Person Centered, Integrated, Supportive of Tribes

Strengthening Oregon's behavioral health system requires two inter-related approaches

Improve **availability** of adequate supports and services through investments in and development of:
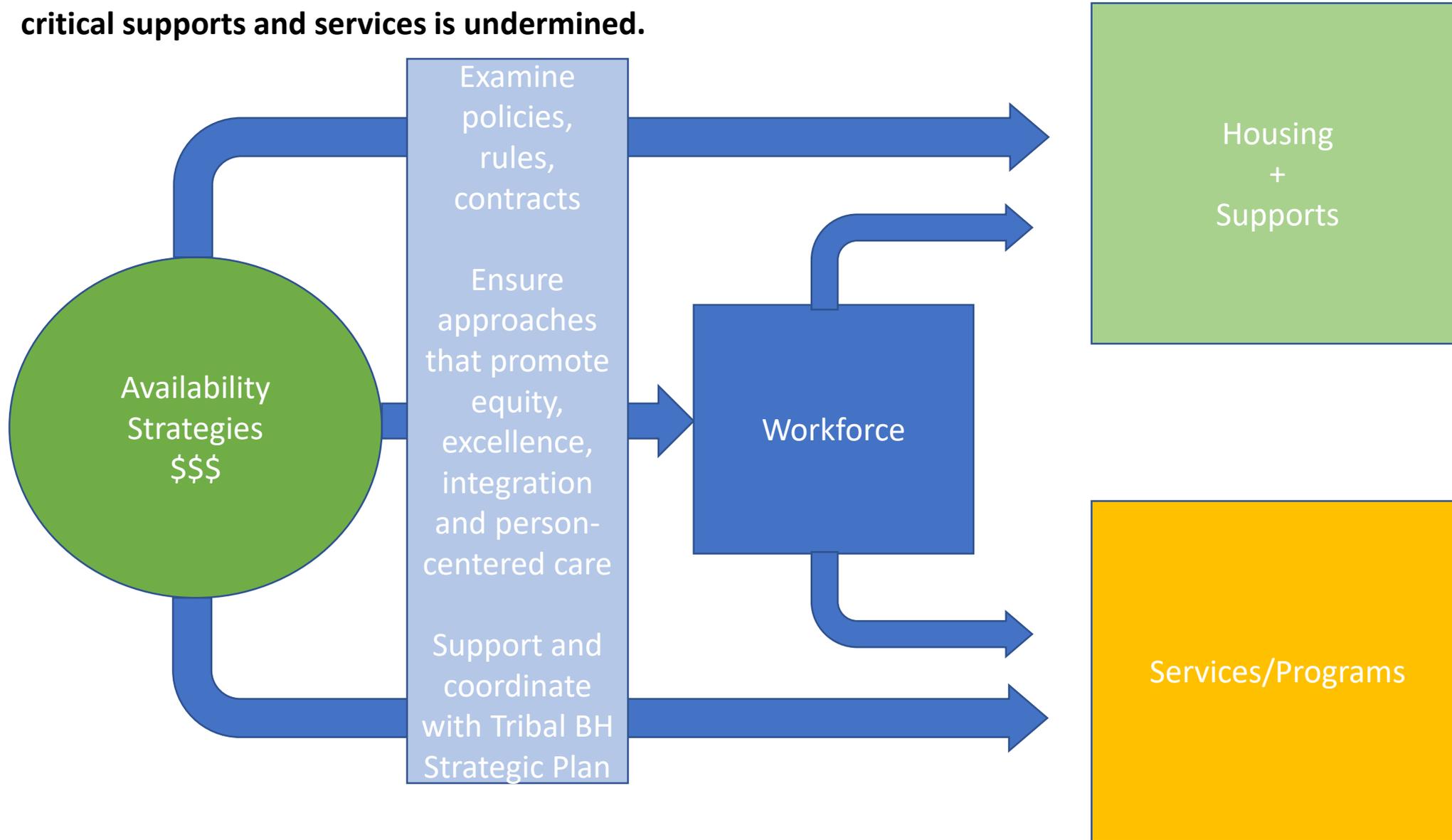
- Workforce
- Programs
- Housing and supports

Improve **effectiveness** of supports and services through:

- Accountability
- Data/Outcomes
- Financing strategies (pay for performance)
- Strategy

Equity, Integration

Equity, Integration

Availability

Effectiveness = Simple, Responsive, Meaningful
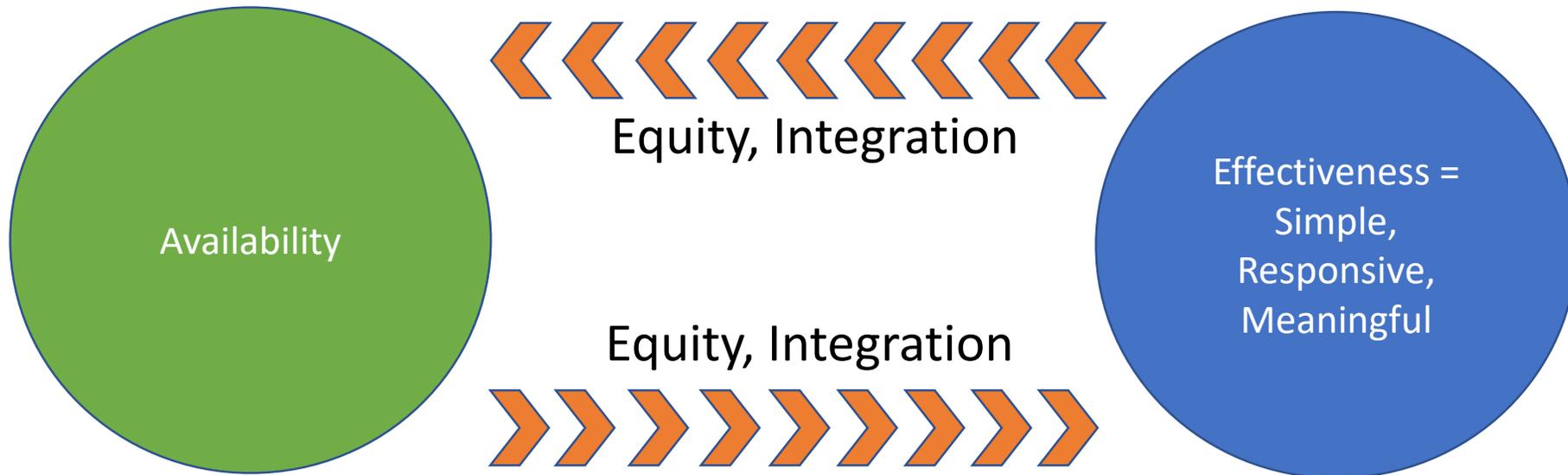
Availability begins with workforce. Without workforce, access to critical supports and services is undermined.

Examples of potential 'Availability' strategies identified by GBHAC

Workforce	Housing & Supports	Services/Programs
• Increase loan repayment options for mental health professionals • Increase pay, reimbursement for mental health providers • Increase housing for staff • Create regional workforce training institutes – all providers have access to send staff for core competencies • Increase workforce investments in tribes and communities of color	• Increase rental assistance that meets current market rate • Add 5,000 units of supported housing • Look toward Medicaid waiver and ability to subsidize housing or support services (including housing retention and case management)	• Family resilience support to keep families together • Increase options for sickest clients between voluntary outpatient care and locked hospitals/ERs (ACT teams, etc.) • Expand EASA • Provide SUD treatments in jail • Increase programs for pre-arrest diversion to treatment • Increase care to rural/frontier areas

Effectiveness strategies begin with accountability, informed by data and incentivized through funding strategies

Examples of potential 'Effectiveness' strategies identified by GBHAC

Accountability - Leadership	Data/Outcomes	Funding/Incentives
• Use a "Health Council" regional governance structure to bring various sectors (PH, BH, housing, justice, etc) together such that they are accountable and empowered to meet needs of SPMI/SUD populations. • Create standards and policy for set of services and supports required to be provided statewide (mobile crisis, intermediate access to assessment, peer support)	• Investments in behavioral transformation/ data systems • Development of statewide close loop referral system for support service • Universal functional needs assessment for services any home and community-based service (ODDS/APD, MH) – level of care/eligibility determination.	• Have all service funding dollars aggregated into central contracting regardless of who is delivering – with quarterly reporting connections to patients • Development of aligned financial incentives with clear accountability and outcomes • Align rules, regulations, laws such that commercial and government payers are incentivized to develop an integrated system of care (both payer types provide similar services) • Allow teletherapy codes