

Integrated Co-Occurring Disorders Reimbursement Study

Executive Summary

In 2021, House Bill (HB) 2086¹ was passed by the Oregon Legislature. HB 2086 directs that: “The Oregon Health Authority shall conduct a study of reimbursement rates for co-occurring disorder treatments, including treatment of a co-occurring intellectual and developmental disability and problem gambling disorder.”² To complete this report, the Oregon Health Authority (OHA) contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to conduct a study of reimbursement rates for co-occurring disorder (COD) treatments. Oregon defines COD as an individual having two or more behavioral health disorders, including a mental health (MH) disorder and either a substance use disorder (SUD) or problem gambling (PG); or a behavioral health disorder and an intellectual or developmental disability (I/DD). HB 2086 includes individuals with PG and I/DD as part of a study of reimbursement rates for co-occurring disorder treatments.

The study is intended to provide support to achieve higher quality treatment outcomes for individuals experiencing COD (including I/DD and PG) as evidenced by: greater retention of member engagement in services, lower rates of recidivism/repeat treatment episodes, member reported higher quality of experience during treatment episode, and member reported quality of life at conclusion of treatment episode. For this study's purposes, the analysis of co-occurring disorders includes any combination of SUD, MH Disorders, PG, and I/DD. This study focused on the integration of these areas using a comprehensive approach to treatment that can include two or more of the above-mentioned categories.

Improvements in the integration of services for people experiencing I/DD and/or PG are integral to ensuring equitable COD service delivery in Oregon. This report identifies issues that should be addressed to support this effort. Challenges posed by integration in Oregon include: divisions within the health and human service system, issues with access specific to individuals with I/DD, and Oregon's diverse geographic landscape and population distribution. This report uses examples of individuals experiencing a variety of co-occurring conditions to demonstrate some of these challenges. To fulfill the aims of this study, Mercer performed a review of MH, SUD, PG, and I/DD services available in Oregon, conducted Subject Matter Experts (SME) interviews, analyzed financial data from OHA and the Oregon Department of Developmental Services (ODDS), and reviewed best and promising practices being used in other states. SME interviews were conducted with 20 SMEs from across Oregon who have relevant expertise at different levels in the areas of focus for this study. Interview questions aimed to gather perceptions of the current state of COD integration across individuals with MH or SUD support needs, I/DD, and individuals requiring assistance with PG, as well as ideas about what integration could look like in the future. Financial data analysis reviewed the current cost of services relating to COD, COD and PG treatment, and COD and/or PG treatment for people with I/DD.

¹ House Bill 2086, 81st Oregon Legislative Assembly. (2021) <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2086/Introduced>

² It bears note that I/DD is not a “treatable” condition. The term “treatment” here refers to the treatment of mental health conditions and/or substance use disorders in people with I/DD.

Key findings from this report include:

- Data analysis showed a variance between the national prevalence rates of MH, SUD, I/DD, and PG and the penetration rate of service engagement and retention for members in Oregon. The current ICD (Integrated Co-Occurring Disorder) work that Oregon has in process should continue and where possible receive continued and increased financial support to reduce and close this gap.
- SME interviews revealed areas where integration is going well, including efforts over the last year with OHA that allowed for people to receive services under one roof for a combination of conditions. Interviews demonstrated that while Oregon has a strong array of MH, SUD, and PG services available to people with MH, SUD, PG, and I/DD, the ability of individuals with these different conditions to obtain these services, and in ways which best meet their needs, varies widely.
- Challenges to integration were also uncovered through SME interviews and the review of the Oregon service landscape. Challenges included the siloed nature of services, difficulties in billing for dually credentialed providers, issues with access including provider shortages, discrimination of individuals with I/DD, and insufficient provision of accommodations, and differences in service experience based on where an individual is served in the State.
- Financial data analysis revealed a total of 53,143 Oregon Medicaid members with co-occurring disorders in 2021. A prevalence comparison showcases the disparity between national studies of prevalence to Oregon data, indicating gaps in services for members with co-occurring disorders. The current Medicaid Behavioral Health spend is estimated to be \$117.23 per month for Dual-eligible members and \$293.98 per month for Non-dual eligible members.
- Oregon has begun taking many positive steps toward the integration of COD to include MH, SUD, I/DD, and PG, but still has several challenges to overcome to achieve it. Oregon displays commitment to strengthen its efforts to make PG increasingly more accessible and to include extension of these services to persons with IDD.
- To address the challenges and barriers to integration that are discussed in this report, recommendations for additional efforts include:
 - Initiation of stakeholder roundtables for each COD population group (MH, SUD, I/DD, and PG) in effort to glean the perspective of persons served beyond the SME interviews conducted as part of this paper
 - A comprehensive review of policies and administrative rules identified in the SME interviews which present barriers to COD progress in Oregon
 - Analysis of all services in each of the MH, SUD, I/DD, and PG programs with the goal of identifying specific services which could support further integration efforts (e.g., case management, care coordination, and services where service coordination is embedded)
 - Additional analysis to understand over and underspending across Oregon service regions
 - Develop timeline and resources needed to complete all areas of study