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January 12, 2017

The Honorable Senator Peter Courtney, Co-Chair
The Honorable Representative Nancy Nathanson, Co-Chair
Joint Committee on Ways and Means
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Dear Co-Chairpersons:

NATURE OF THE REQUEST

As requested in the budget note for House Bill 5026 (2017 Regular Session), this report presents the Oregon Health Authority's (OHA) plan to create a single plan of shared accountability for behavioral health coordination within each geographic service area by working with coordinated care organizations (CCOs), county mental health programs (CMHPs), local public health authorities (LPHAs), and local mental health authorities (LMHAs).

AGENCY ACTION

Stakeholder Workgroup

OHA convened a Behavioral Health Collaborative Governance and Finance workgroup to advise OHA on the implementation of the single plan of shared accountability. Workgroup membership included CCO, CMHP, LPHA, tribes, providers, and consumer representation. The workgroup requested the single plan of shared accountability be called the Regional Behavioral Health Collaborative (RBHC) to more accurately reflect the intent of partnerships, without the creation of a new entity.

Implementation of the collaborative recommendations require communities to work together to address and proactively prevent mental health challenges and substance use disorder. OHA requests that CCOs, CMHPs, Local Mental Health Authorities (LMHAs), LPHAs, tribes, individuals with lived experience, and other key system partners in each geographic region of the state build on existing local structures to come together to form RBHCs to:

1. Review relevant state and local needs assessments, reports, data and other information.
2. Select three priority topic areas to focus on over the next two years.
3. Develop an action plan that describes the specific behavioral health outcome goals, the strategies that will be employed to achieve the outcomes, and how progress will be measured.

OHA requests CCOs, LMHAs/CMHPs, LPHAs, and other key system partners within each geographic area complete the four phase process outlined below.

Phase 1: Submit Letter of Intent to OHA

By June 1, 2018, each RBHC will submit to OHA a Letter of Intent detailing the following elements:

- Geographic service area. OHA recommends the geographic regions follow the CCO service areas.
- One accountable convener, either the CCO, CMHP/LMHA, LPHA or designee.
- Each service area must identify the key system partners that need to be included to meet the needs of the population across the lifespan and reach the desired outcomes.
- Include letters of support from participants.

Some geographic areas are well on their way to developing RBHCs, while others will take more time and will require more support. For those areas further along, OHA has decided to begin piloting RBHCs in those areas. This will provide an opportunity for identification of additional best practices and to work in close collaboration with these communities and partners prior to launching RBHCs across the state.

Phase 2: Priorities and Rationale

By November 1, 2018, RBHCs will submit to OHA a document describing the three selected behavioral health priority topic areas and the rationale for the selection. Selected priorities must show significant impact and address the needs of individuals and families with behavioral health issues. As part of this process, participants are encouraged to review relevant state and local needs assessments, reports, data, and other information needed to select the outcomes of focus. OHA will provide RBHCs with all relevant data collected by OHA.

The three priority topic areas will be selected from the following categories:

1. One priority will be selected from the performance improvement measure topics in the [Oregon Performance Plan](#)¹ with the United States Department of Justice.
2. One priority will be selected from a list of OHA priorities focused on substance use disorder and children's behavioral health.
3. One priority will be selected with no requirements. This priority can be selected from the above lists or defined by the community.

Phase 3: Action Plan

By March 1, 2019, community conveners will submit an action plan, in a template provided by OHA, which describes:

1. The specific behavioral health outcome goals.
2. The strategies that will be employed to achieve the outcomes.
3. How progress will be measured.

Phase 4: Performance and reporting

Community conveners will report regularly on progress towards achieving the selected behavioral health outcome(s) of focus.

Timeline and Deliverables

Deliverable/Milestone	Date
Letter of Intent	June 1, 2018
Priorities and rationale	November 1, 2018
Action plan	March 1, 2019; revisions subsequently due every two years to align with Legislative Session
Performance and reporting	First date TBD; subsequently at regular intervals (probably 3 or 6 months)

ACTION REQUESTED

Acknowledge receipt of the OHA report on behavioral health shared accountability.

¹ <http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx>

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LEGISLATION AFFECTED

None.

Sincerely,

A handwritten signature in blue ink, appearing to be 'PA' followed by a long horizontal stroke.

Patrick Allen
Director

CC: Linda Ames, Legislative Fiscal Office
Tom MacDonald, Department of Administrative Services
George Naughton, Department of Administrative Services
Ken Rocco, Legislative Fiscal Office