
HB 5202 Budget Note: Behavioral Health Reporting & Work Groups

Presented to Joint Ways and Means Subcommittee on Human Services Subcommittee
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HB 5202 Budget Note #2

The Oregon Health Authority (OHA) shall continue exploring ways to streamline behavioral health provider reporting requirements and remove those that are unnecessary. The agency shall present on the outcome of this work during the 2023 legislative session, including the identification of existing reporting requirements; the reporting requirements the agency has reduced, eliminated, or otherwise changed to streamline reporting processes; and the reporting requirements the agency plans to maintain and how these reports are being used.

OHA shall also review and present similar information and recommendations on the number of behavioral health advisory workgroups, task forces, or similar temporary or permanent bodies that require behavioral health provider and stakeholder involvement.

OHA shall include in its recommendations for both the provider reporting requirements and advisory groups any changes to state law that are necessary to remove unnecessary burdens on behavioral health providers.

Link: [HB 5202 - Budget Notes](#)

Drivers of Reporting Requirements

Data collection and reporting are a standard requirement in providing care and receiving funding

Reporting requirements are established by:

- Oregon statute or rule
- Federal requirements
 - Federal grants
 - Medicaid funding
- Contractual obligations
 - Financial agreements between behavioral health providers and OHA

Actions to Reduce Reporting Requirements

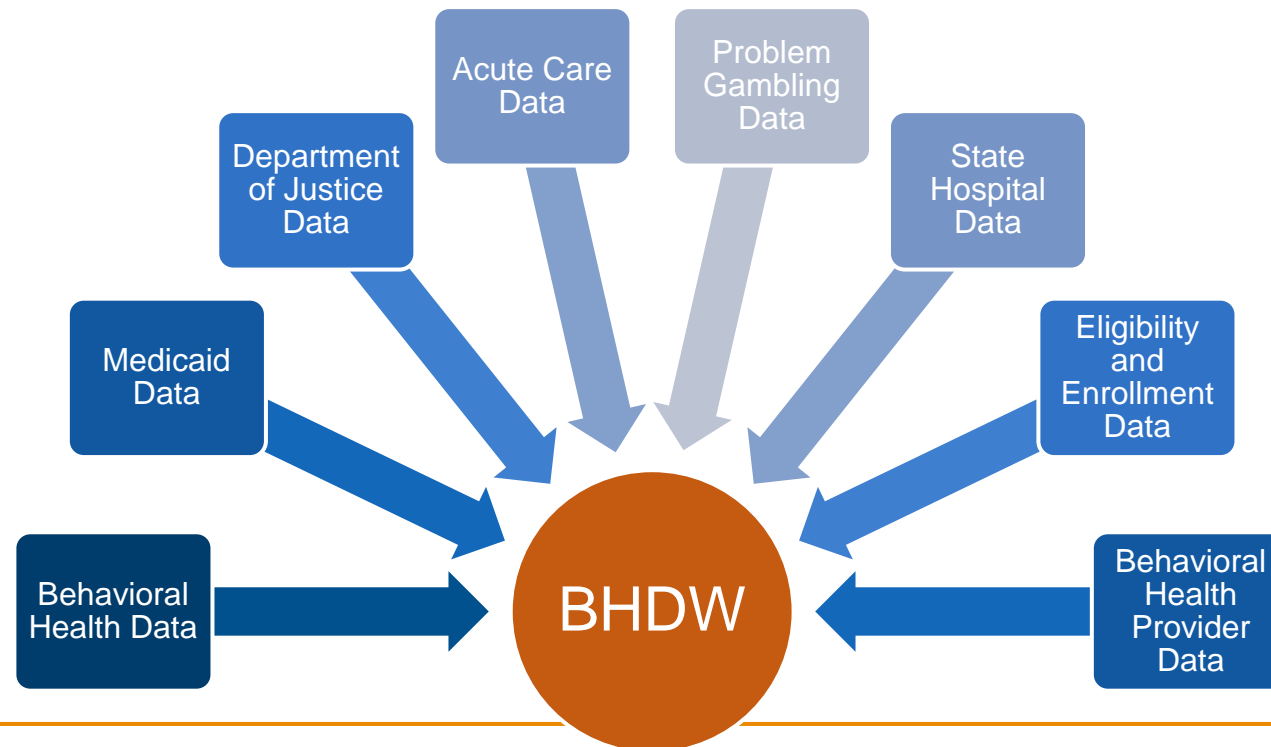
- Continuous review and evaluation
 - Ongoing landscape assessment
 - Phased approach to ensure all aspects of data collection from providers is assessed
- Evaluating the reporting pause declared during the pandemic
 - Systematically assessing what paused reporting components are still necessary and relevant
- Evaluating vendor-collected data

Actions to Reduce Duplicative Reporting

- Assessing the landscape of manual data collection from providers to OHA
 - Over two-thirds of manual reporting is due to aging technology infrastructure
 - Preliminary outcomes include elimination of six reports and scheduled automation for nine reports
- Ongoing evaluation of reporting requirements for automation with IT systems
 - Report tracker developed to inventory and manage the evaluation progress
- Developing tools and process to reduce duplication in the future
- Syncing IT projects to minimize impact on provider staff and delivery of services

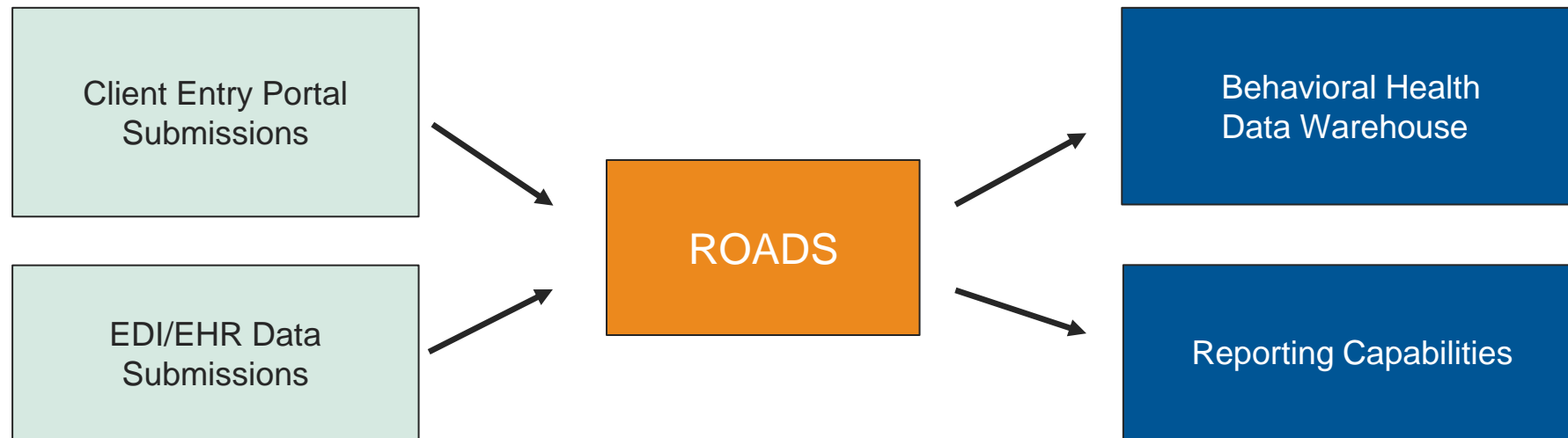
Investment: Behavioral Health Data Warehouse

- Central repository for linking behavioral health data across large, siloed technology systems
 - Unified data collection and data quality across sources
 - Meaningful data connections to increase the value and reusability of data from providers
 - Enhanced capabilities for analysis and reporting by OHA on state, federal, and program initiatives



Investment: Behavioral Health Data Collection System

- The Resilience Outcomes Analysis and Data Submission (ROADS) will become the system of record containing behavioral health data for Oregonians in fourth quarter of 2023
 - Increased flexibility of data collection
 - Improved user-friendly interface
 - Automated data collection
 - Allows provider access to customizable reporting



Community Engagement to Guide the Behavioral Health System

OHA collaborates with system and community partners who hold unique perspectives of our behavioral health system

- People with lived experience
- Payers
- Providers
- Hospitals
- Community based and culturally specific behavioral health organizations
- Community members
- Tribal members

OHA may schedule regular meetings with key partners or be invited to participate in meetings already scheduled in the community

Office of Recovery and Resilience

The Office of Recovery and Resilience works to:

- Ensure that the voices of people with lived experience – including youth, families of youth, and adults - shape all aspects of our behavioral health system
- Direct and guide how OHA approaches community engagement in our advisory groups

Focuses on:

- Centering equity
- Supporting robust representation from those with lived experience and from communities most impacted by health inequities, often over 51%
- Centering the perspectives and needs of those with lived experience
- Addressing barriers to participation and ensuring advisory groups are welcoming and accessible to all

Behavioral Health Advisory Groups

Behavioral health committees, advisory groups, task forces or similar permanent or temporary bodies provide a structured way for community members, providers, payers and partners to collectively think through and offer recommendations or advice to OHA

- Committees and Councils
 - Perform a specific designated function such as study an issue and provide policy recommendations
 - Often represent larger groups.
- Taskforces
 - Experts brought together to accomplish a specific non-routine task
 - Time-limited, on an "as needed" basis
- Advisory Groups
 - Provide advice or insight on a system or program



Overall Behavioral Health

Behavioral Health Committee

- Subcommittee of the Oregon Health Policy Board
- Established by HB 2086
- To develop quality metrics for behavioral health services

Oregon Consumer Advisory Council

- Required by ORS 430.073
- Composed of people with lived experience
- To advise the OHA Behavioral Health Director on the provision of behavioral health services

Crisis System Advisory Workgroup Steering Committee

- Authorized by HB 2417 (2021)
- To implement Oregon's behavioral health crisis system and to refine and move forward recommendations from the previous crisis system advisory workgroup

Children & Youth and System of Care

System of Care Advisory Council

- Established by SB 1 (2019) and SB 4 (2021)
- To improve the effectiveness and efficacy of child serving state agencies and the continuum of care for youth ages 0 to 25, and their families

Alliance to Prevent Suicide

- Required by SB 707 (2019)
- To monitor and implement Oregon's five-year Youth Suicide Intervention and Prevention Plan and evaluate outcomes related to suicide prevention in Oregon

Substance Use Treatment and Recovery

Measure 110 Oversight and Accountability Council

- Required by Senate Bill 755 (2021)
- To oversee and approve grants to implement Behavioral Health Networks (BHRNs)

Opioid Settlement Prevention, Treatment, and Recovery Board

- Required by House Bill 4098 (2022)
- To determine the allocation of settlement funds from a national lawsuit

Alcohol and Drug Policy Commission

- Required by ORS 430.220
- To develop a comprehensive addiction, prevention, treatment and recovery plan for the state

Non-Required Committees

- Integrated Co-Occurring Disorders Advisory Group
- Alcohol and Drug Prevention
- Mental Health Clinical Advisory Group
- Certified Community Behavioral Health Clinics (CCBHC) Steering Committee
- 988/911 Coordination Workgroup
- Older Adults and People with Disabilities Advisory Committee
- ACT Workgroup
- Children's System Advisory Council
- DUII Modernization
- Problem Gambling Services Multicultural Advisory Committee

System Recommendations

- When applicable, use existing committees and council bodies rather than creating new ones
- Streamline and standardize process for establishing new advisory groups
- Establish a sunset date on any new advisory body or committee
- In collaboration with the Oregon Health Policy Board, and OHA's Equity and Inclusion Division, continue to streamline and standardize processes and procedures that are centered in equity
- Create dedicated page on the Office of Recovery and Resilience website of committees, councils and advisory groups
- Standardize committee, council and advisory group compensation and expense reimbursement structure



Thank you



Oregon
Health
Authority

The logo for the Oregon Health Authority is centered within a light blue, curved banner at the bottom of the slide. The word "Oregon" is in a smaller, orange, serif font above the word "Health", which is in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin orange horizontal line is located at the very bottom of the slide.