

Analysis

Item 13: Oregon Health Authority

Behavioral Health Coordination

Analyst: Kim To

Request: Acknowledge receipt of a report on creating a single plan of shared accountability for behavioral health coordination within each geographic service area, as required by a budget note in HB 5026 (2017).

Analysis: During the 2017 session, the Oregon Health Authority (OHA) presented the recommendations from the Behavioral Health Collaborative regarding governance and finance, which envisions a regional governance model for behavioral health. The Legislature expressed its intent that this should not create a new layer of bureaucracy, but rather build on existing relationships, and approved the following budget note:

The Oregon Health Authority shall work with coordinated care organizations, county mental health programs, local Public Health, local mental health authorities, and others, within each geographic area, to create a single plan of shared accountability for behavioral health system coordination that builds on existing structures and partnerships and fosters further innovation and collaboration with other organizations, by July of 2018. The agency shall provide a progress report to the Joint Committee on Ways and Means during the 2018 legislative session, and a final report to the Legislature by December of 2018 on each region's governance model and plan for shared accountability.

For the required final report, OHA narrowed the focus of the regional governance model and plan to only the Portland tri-county region. Earlier in the process, based on recommendations from the Behavioral Health Collaborative Governance and Finance workgroup, the agency identified a single plan of shared accountability named the Regional Behavioral Health Collaborative (RBHC). This plan provides a process for coordinated care organizations (CCOs), county mental health programs, local public health authorities, local mental health authorities, and other partners within a geographic area to come together to form RBHCs, emphasizing partnerships rather than a creation of a new entity. At this time, OHA has decided to partner with health leaders in the Portland tri-county (Multnomah, Washington, Clackamas) region to launch a RBHC. FamilyCare CCO's decision to leave the Medicaid market has illuminated the differing approaches within this region's behavioral health system, identifying opportunities to address the region's ongoing behavioral health challenges. Partners in the tri-county area are willing and ready to move forward in developing a RBHC using a health equity lens to focus on peer-delivered services and substance use disorders. Partners include Health Share of Oregon, county leadership, tribes, individuals with lived experience, providers, culturally specific organizations, and other key system partners in the region. This Portland tri-county RBHC held its kickoff meeting on November 6, 2018. OHA will monitor and evaluate the effectiveness of this RBHC in this region to determine the best way the agency can direct and support regional planning to meet behavioral health needs for the state going forward.

Legislative Fiscal Office Recommendation: Acknowledge receipt of the report.

Request: Report on the Oregon Health Authority’s plan to create a plan for shared accountability for behavioral health coordination across key stakeholders.

Recommendation: Acknowledge receipt of the report.

Discussion: The Oregon Health Authority (OHA) has submitted its second progress report related to planning for a shared system of accountability for behavioral health coordination across regions in Oregon pursuant to the following budget note in House Bill 5026 (2017):

The Oregon Health Authority shall work with coordinated care organizations, County Mental Health Programs, local Public Health, local mental health authorities, and others, within each geographic area, to create a single plan of shared accountability for behavioral health system coordination that builds on existing structures and partnerships and fosters further innovation and collaboration with other organizations, by July of 2018. The agency shall provide a progress report to the Joint Committee on Ways and Means during the 2018 legislative session, and a final report to the Legislature by December of 2018 on each region’s governance model and plan for shared accountability.

This reporting requirement was the outcome of recommendations from the Behavioral Health Collaborative Governance and Finance Workgroup and feedback from the legislature related to the need to leverage existing partnerships as opposed to creating a layer of bureaucracy when establishing a new regional governance model. The formation of Regional Behavioral Health Collaboratives (RBHCs) is the core of the single plan of shared accountability and underscores the need for partnerships versus the establishment of new entities.

In its first report, OHA outlined a process for coordinated care organizations, community mental health programs, local public health authorities, and other regional partners to form RBHCs. At that time, some regions were farther along than others in developing RBHCs. The current progress report highlights the on-going implementation of the regional collaborative in the Portland tri-county region. The following summarizes the recent and anticipated milestones for the tri-county collaborative as described in OHA’s report:

- Summer 2018 – engage stakeholders and develop a first-year focus on peer-delivered services, with an emphasis on addressing substance use disorder;
- Fall 2018 – develop a vision of an equitable peer support system, identify gaps and opportunities, and prioritize areas for short-term and long-term actions; and
- Winter 2018/Spring 2019 – identify short-term actions and a long-term vision during the execution phase.

Apart from the Portland tri-county RBHC, the report does not discuss the status of governance models being developed in other regions, as requested in the budget note. The agency’s first progress report provided a high-level course of action and timeline for establishing all RBHCs. Additional information on the other regions would help gauge if the anticipated statewide timeline and expected milestones remain on track.



Office of the Director

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October 29, 2018

The Honorable Senator Peter Courtney, Co-Chair
The Honorable Representative Tina Kotek, Co-Chair
State Emergency Board
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Dear Co-Chairpersons:

NATURE OF THE REPORT

As requested in the budget note for House Bill 5026 (2017 Regular Session), this report presents an update on 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).

HB 5026 Budget Note

“The Oregon Health Authority shall work with coordinated care organizations, County Mental Health Programs, local Public Health, local mental health authorities, and others, within each geographic area, to create a single plan of shared accountability for behavioral health system coordination that builds on existing structures and partnerships and fosters further innovation and collaboration with other organizations, by July of 2018. The agency shall provide a progress report to the Joint Committee on Ways and Means during the 2018 legislative session, and a final report to the Legislature by December of 2018 on each region’s governance model and plan for shared accountability.”

AGENCY ACTION

Stakeholder Workgroup and Strategic Direction

As reported in the OHA July 3, 2018 report, a single plan of shared accountability has been identified, based on recommendations from the Behavioral Health Collaborative Governance and Finance workgroup, as Regional Behavioral Health Collaboratives.

OHA has laid out a process for coordinated care organizations, local mental health authorities, county mental health programs, local public health authorities and other key system partners within each geographic area to come together to form Regional Behavioral Health Collaboratives (RBHC), focusing on partnerships rather than the creation of a new entity.

To launch this effort, OHA is implementing the RBHC vision in the Portland, tri-county (Multnomah, Washington and Clackamas) region. The Portland Tri-county Regional Behavioral Health Initiative brings together key system partners and people with lived experience to address and prevent behavioral health (mental health and substance use disorder) challenges. OHA is committed to an action-oriented approach via this initiative, emphasizing a focus on strategies that drive measurable and meaningful change.

Implementation Timeline

Summer 2018, Planning Phase

OHA brought together local leaders and partners with the vision for all people in the tri-county area to live, work, play and learn in communities that equitably support behavioral health and optimal quality of life. Stakeholders included the CCO, county mental health, providers, peers, advocates and culturally responsive organizations.

The regional collaborative developed a focus for the first year on peer delivered services, with emphasis on addressing Substance Use Disorders (SUD) and creating a recovery-focused system of care. The strategies used must be trauma informed, culturally and linguistically responsive, evidence-based, recovery oriented and integrated across systems.

During planning for the RBH Initiative, the OHA Office of Equity and Inclusion's staff and the *Health Equity and Inclusion Program Strategies* tool served as an important resource to the initiative. A small group led the development of an equity lens to be incorporated in all work. Particular emphasis for applying the equity lens will be given during the following steps:

- Process and criteria for selection of target outcomes
- Engagement of community in the initiative
- Development of the governance structure
- Development/implementation of metrics, strategies, and an action plan
- Evaluation of progress

Fall 2018, Implementation Phase

Through stakeholder interviews, OHA identified 5 common themes related to gaps in the current system in the tri-county area: funding, populations, resources and support, education and awareness, and transitions. Additionally, an analysis of the certified peer workforce was reviewed. The analysis included wage, turnover, barriers due to criminal background checks, training needs and demographics. This background information will be presented to the collaborative to inform its priorities and action plan.

On November 6, 2018 the tri-county collaborative is holding a kickoff meeting to

- 1) Develop a collective vision of an equitable peer support system for the region;
- 2) Share what's working and identify gaps and opportunities; and
- 3) Prioritize areas for short-term (12 months) and long-term actions/solutions. Guiding principles for the group include equitable access to culturally responsive services; trauma-informed systems and care; a foundational role of social determinants of health and equity; and addressing stigma related to behavioral health.

Winter 2018/Spring 2019, Execution

The Tri-county Regional Behavioral Health Collaborative expects to identify short term actions and a longer-term vision during the execution phase. Possible focus areas include medical settings (PCP, Hospitals, EDs), Public Safety (Jails, Prisons, Community Corrections), Communities of Color, Children, Youth, and Families; and Rural Communities. There are clear expectations of collaborative participants and an eye toward actionable items.

This initiative emphasizes the importance of adopting strategies by region. To move to a system with true shared accountability, we need to identify the appropriate partners to focus on each community's needs. OHA hopes to identify elements of a model for regional behavioral health collaboratives which can be supported by OHA, but locally driven.

ACTION REQUESTED

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

The Honorable Senator Peter Courtney
The Honorable Representative Tina Kotek
October 29, 2018
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LEGISLATION AFFECTED

None.

Sincerely,



Patrick M. Allen
Director

CC: Linda Ames, Legislative Fiscal Office
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