



**LPRO**

LEGISLATIVE POLICY  
AND RESEARCH OFFICE

# Joint Task Force on Regional Behavioral Health Accountability

**Meeting #9**

Monday, November 3, 2025

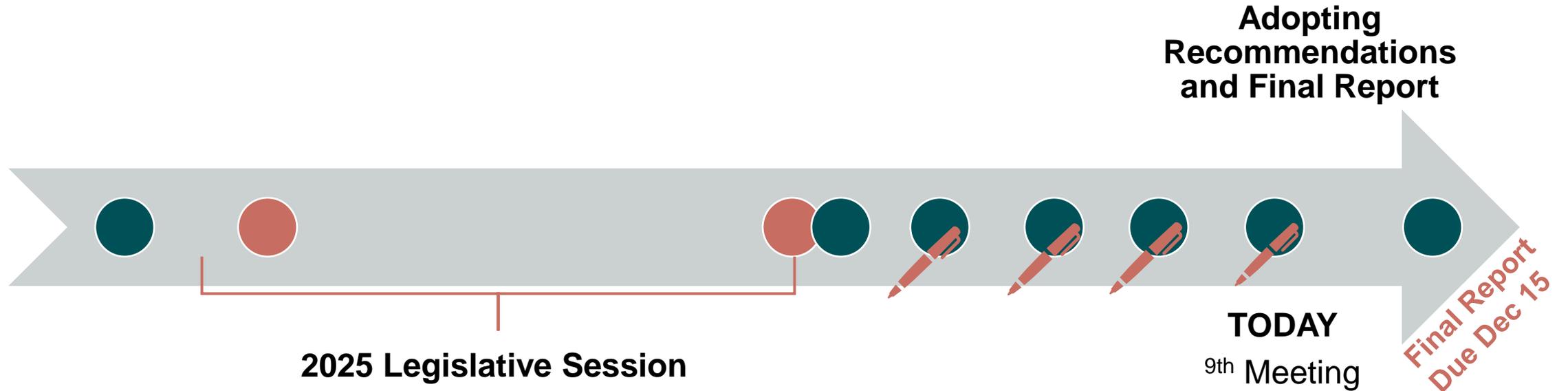
# Agenda

November 3, 2025

- Welcome and Roll Call
- Review Revised Recommendations
- Vote to Adopt Recommendations
- Vote to Submit Final Report
- Next Steps



# Task Force in 2025



# Revised Final Draft Recommendations

LPRO Staff



# Getting to the Final Report

October 6th

## Discuss Draft Recommendations

- Review initial draft recommendation proposals
- Discuss and refine concepts



Today

## Finalize Report

- Review revised draft recommendations
- Review draft final report
- Final feedback to staff
- Adopt report (with revisions as needed)



# Deleted Recommendations

From [September 18 Memo](#) RE: Draft Recommendation Proposal

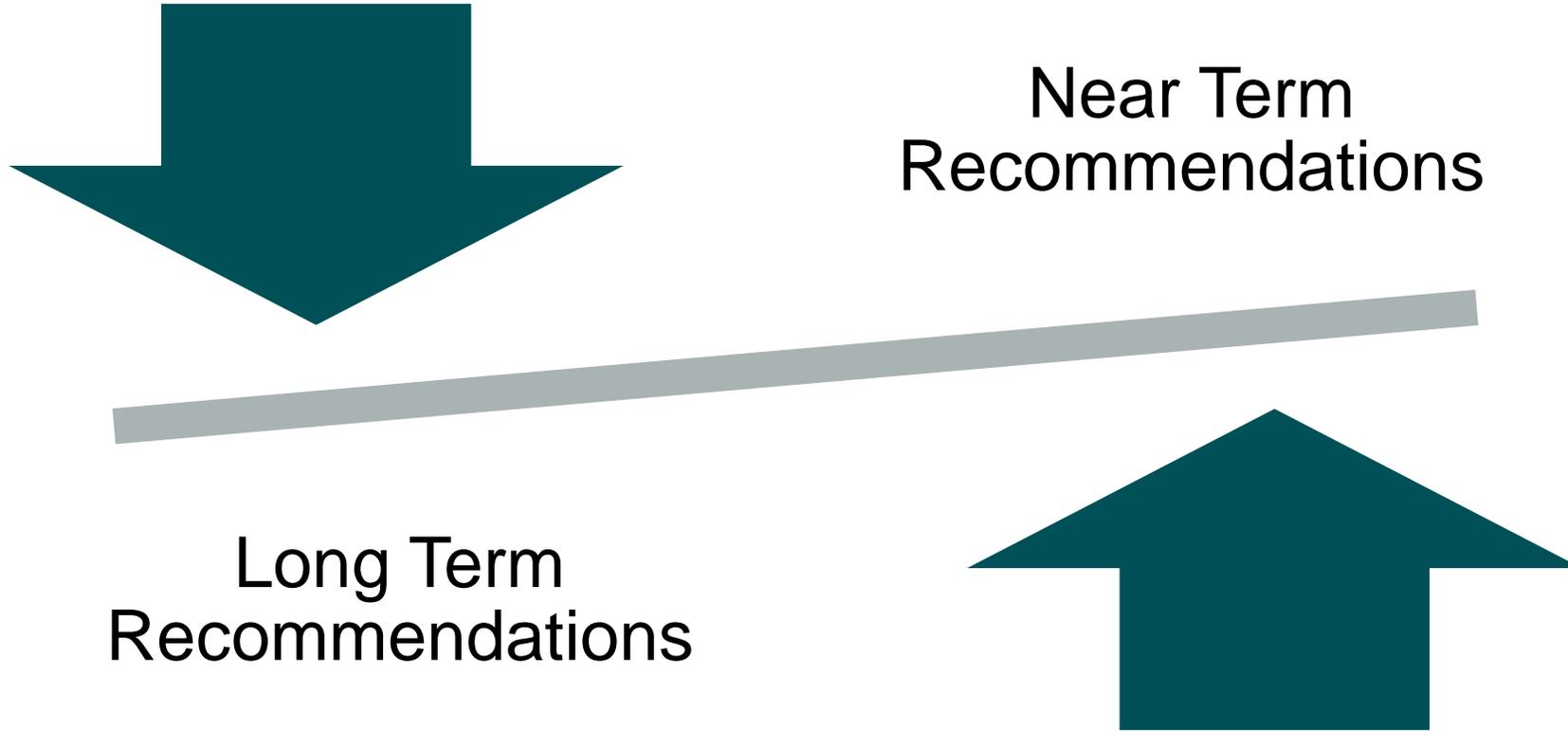
**Deleted Potential Recommendation 1:** Expanding on the guidelines required by HB 2059 to more expressly account for the SMI and court-ordered populations (i.e. are the guidelines requirements specific enough to achieve the desired results).

**Deleted Additional Recommendation 2:** Direct OHA to create a youth-specific managed care organization (MCO), either statewide or local pilot

**Deleted Additional Recommendation 3:** Require more robust reporting on the use of behavioral health conduit funds throughout the behavioral health system



# Task Force Recommendations



# Discussion Prompts

- Do the **changes** to the draft recommendations reflect your intent?
- Do the **new** recommendations reflect Task Force discussion and intent?
- Are any *technical* changes needed to ensure the language reflects intent, as discussed last time?
  - *Note: avoid new or substantively revised concepts at this stage due to inability for other members to review in advance or discuss with their constituencies prior to vote*



# Near Term Recommendation

#1

**October 6 Version:** OHA rulemaking and decision-making around the Residential Behavioral Health Capacity Program should incorporate relevant information from CHIPs.

**Revised Version:** Oregon Health Authority (OHA) rulemaking and decision-making around the Residential Behavioral Health Capacity Program should incorporate relevant information from the County Financial Assistance Agreement (CFAA) local plan.

*Technical change*



# Near Term Recommendation #1

*Does the revised  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

**Revised Version:** Oregon Health Authority (OHA) rulemaking and decision-making around the Residential Behavioral Health Capacity Program should incorporate relevant information from the County Financial Assistance Agreement (CFAA) local plan.



# Near Term Recommendation

#2

## **NEW RECOMMENDATION**

As part of their work related to investigating certain flexibilities for residential treatment services, the House Bill 2015 (2025) work group should look at how to minimize administrative burden and other barriers, including screening requirements, for people to move efficiently to the appropriate level of treatment.



## Near Term Recommendation #2

*Does this recommendation  
reflect your intent?*

*Are any technical changes  
needed?*

### **NEW RECOMMENDATION**

As part of their work related to investigating certain flexibilities for residential treatment services, the House Bill 2015 (2025) work group should look at how to minimize administrative burden and other barriers, including screening requirements, for people to move efficiently to the appropriate level of treatment.



## Near Term Recommendation

#3

**October 6 Version:** CHIP information should also be used to inform other grant appropriations made by OHA related to funding conduits that are not included in the CCO global budget or CFAA.

**Revised Version:** OHA should utilize Coordinated Care Organization (CCO) Community Health Improvement Plan (CHIP) information to inform other grant appropriations related to behavioral health funding conduits not already included in the CCO global budget or CFAA.

*Language clarification*



## Near Term Recommendation #3

*Does the revised  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

**Revised Version:** OHA should utilize Coordinated Care Organization (CCO) Community Health Improvement Plan (CHIP) information to inform other grant appropriations related to behavioral health funding conduits not already included in the CCO global budget or CFAA.



# Near Term Recommendation

#4

**October 6 Version:** Evaluations and recommendations required by HB 2015 should also evaluate how options identified would impact the regional equity of service availability.

**Revised Version:** OHA should include information in the report required by House Bill 2015 (2025) detailing how options identified would impact regional equity of service availability.

*Language clarification*



## Near Term Recommendation #4

*Does the revised  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

**Revised Version:** OHA should include information in the report required by House Bill 2015 (2025) detailing how options identified would impact regional equity of service availability.



## Near Term Recommendation

#5

**October 6 Version:** Regular reporting on updated CFAA implementation during agreements' initial six-year term

**Revised Version:** OHA should provide regular reporting on implementation of new CFAA agreements during the initial term (anticipated to be six years). Reporting should include information on how community mental health programs (CMHPs) are complying with Resilience Outcomes Analysis and Data Submission (ROADS) reporting requirements.

*Language clarification and technical change*



## Near Term Recommendation #5

*Does the revised  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

**Revised Version:** OHA should provide regular reporting on implementation of new CFAA agreements during the initial term (anticipated to be six years). Reporting should include information on how community mental health programs (CMHPs) are complying with Resilience Outcomes Analysis and Data Submission (ROADS) reporting requirements.



## Near Term Recommendation

#6

**October 6 Version:** Direct OHA to consider developing performance metrics that align with CHIP behavioral health plan requirements, ROADS reporting requirements for county mental health programs, and are designed to track coordination of services for members with an SMI diagnosis or with history of court-ordered behavioral health treatment.

**Revised Version:** OHA should align performance metrics across CHIP behavioral health plan requirements and ROADS reporting requirements for county mental health programs, with specific attention to the coordination of services for members with an SMI diagnosis or with a history of court-ordered behavioral health treatment.

*Language clarification*



## Near Term Recommendation #6

*Does the revised  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

**Revised Version:** OHA should align performance metrics across CHIP behavioral health plan requirements and ROADS reporting requirements for county mental health programs, with specific attention to the coordination of services for members with an SMI diagnosis or with a history of court-ordered behavioral health treatment.



# Long Term Recommendation

#1 Transparency

## **NEW RECOMMENDATION**

OHA should leverage reporting required by the updated CFAA to create transparency into behavioral health system expenditures.



# Long Term Recommendation #1

*Does this  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

## **TRANSPARENCY**

OHA should leverage reporting required by the updated CFAA to create transparency into behavioral health system expenditures.



# Long Term Recommendation

#2 Accountability

## **NEW RECOMMENDATION**

OHA should use updated reporting to both efficiently track the financial health of the behavioral health system and hold partners accountable for achieving desired outcomes.



# Long Term Recommendation #2

*Does this  
recommendation reflect  
your intent?*

*Are any technical changes  
needed?*

## **ACCOUNTABILITY**

OHA should use updated reporting to both efficiently track the financial health of the behavioral health system and hold partners accountable for achieving desired outcomes.



# Final Thoughts?



# Vote: Adoption of Recommendations

LPRO Staff



# 1. Vote on Recommendations and Final Report

## Significance of **voting in favor**:



A member's "aye" vote signifies that the proposed report reflects the findings and recommendations agreed upon by the majority of Task Force members.

An "aye" vote does not mean that the member agrees with each individual finding or recommendation.

## Significance of **voting against**:

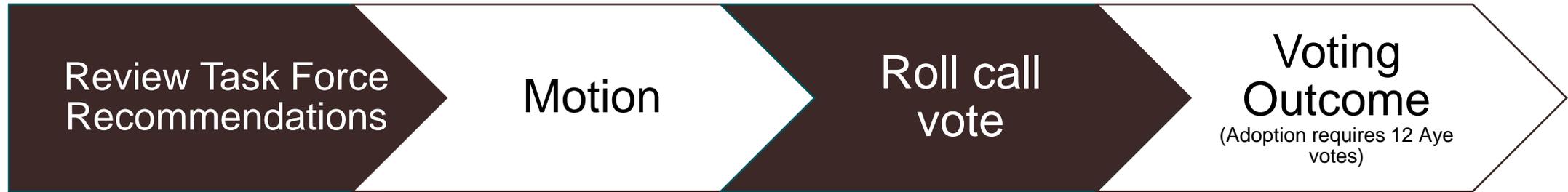


A member's "no" vote signifies that the member does not agree that the report reflects the findings and recommendations agreed upon by the majority of Task Force members.

A "no" vote will be noted within the report with a link to the member's statement of explanation, to be provided within 24 hours of the vote and posted to OLIS.



# Approval of Task Force Recommendations



**Possible Motion:** I move to adopt the Task Force Recommendations as presented

**Possible Motion:** I move to adopt Task Force Recommendation \_\_\_\_ (specific recommendation)



# Work Session: Submission of Report

LPRO Staff



# DRAFT version of Final Report

## Recommendations of the Joint Task Force on Regional Behavioral Health Accountability



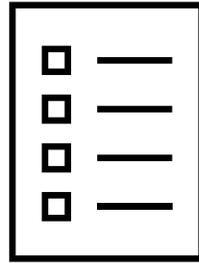
- Drafted by LPRO staff with Co-Chair direction
- Prepared for Interim Legislative Committees related to Health (Behavioral Health and Health Care)
- Addresses requirements from HB 4002 (2024) and conforms with ORS 192.245
- Presents the Task Force’s recommendations along with
  - Select background and information
  - Task Force discussion and context



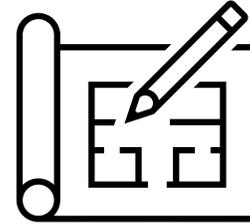
# Finalizing the Report



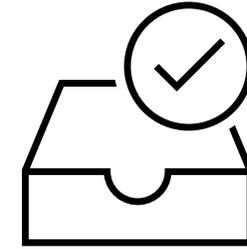
Discuss any final technical fixes



Members adopt 1) recommendations, and 2) report TODAY (with any remaining changes)



Staff revise report to reflect final recommendations; post adopted report to OLIS



Submitted to Interim Legislative Committees by December 15 (or sooner)

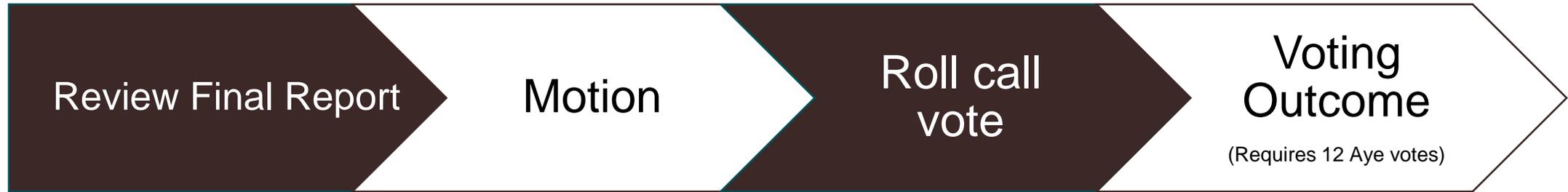


# Vote: Submission of Report

LPRO Staff



# Submission of Task Force Report



**Possible Motion:** I move that the Joint Task Force on Regional Behavioral Health Accountability submit its final report to the Legislature



# Next Steps

- Staff will incorporate any needed changes into the Task Force Final Report
- Final Report will be sent for copyediting and formatting
- Staff will submit final report to the Legislative Assembly no later than December 15
- December 8 meeting status



# Thank you!

