Behavioral Health Collaborative (BHC)

Background

In summer 2016 OHA created the Behavioral Health Collaborative (BHC) to develop recommendations that would "build a 21st century behavioral health system in Oregon." The BHC included Oregonians representing peer support services, advocates, counties, behavioral health providers, courts, Department of Human Services, Oregon's coordinated care organizations (CCOs), hospitals, education, law enforcement, a representative from an Oregon tribe, and an Urban Indian organization. After eight months of work, the BHC published a report with recommendations designed to fully integrate behavioral health with physical and oral health care systems.

The BHC made high-level recommendations to OHA. OHA responded by partnering with existing stakeholder groups to establish workgroups focusing on the following areas:

- Governance and finance
- Standards of care and competencies
- Workforce
- Peer delivered services
- Data and outcomes
- Health information technology and exchange

Please refer to the Behavioral Health Collaborative Report to learn more about the workgroups:

The workgroups for the above areas of focus convened between May and August of 2017. They recommended system changes that OHA can implement to attain the BHC's overarching goal: creating a coordinated, seamless health care system that treats each individual as a whole person and not a collection of problems and diagnoses.

OHA is currently in the process of implementing the most significant recommendations from each of the workgroups:

Governance and Finance Workgroup (G&F)

- *Risk Sharing with Oregon State Hospital*: The G&F workgroup has recommended OHA work in collaboration with coordinated care organizations (CCOs), community mental health providers (CMHPs), and hospitals to identify a risk-sharing model with the state hospital. OHA has convened a Risk Sharing workgroup that includes the listed stakeholders and partners. This work is in progress as the workgroup identifies opportunities, barriers, and impact of implementing this recommendation.
- *Regional BHC*: The G&F workgroup has recommended OHA rename the "single point of shared accountability" referenced in the BHC report to Regional Behavioral Health Collaborative (RBHC). This will avoid the possible interpretation that a new entity is required. RBHCs will be formed by CCOs, community mental health programs (CMHPs), local mental health authorities (LMHAs), local

public health authorities (LPHAs), tribes, individuals with lived experience, and other key system partners in each geographic region of the state to improve individual health outcomes.

OHA will implement the recommendation by establishing an RBHC in the tri-county Metro area. FamilyCare CCO's decision to leave the Medicaid market has illuminated the different approaches within this region's behavioral health system, and has identified the opportunity for timely attention to address the region's ongoing behavioral health challenges. Partners in the Metro area are willing and ready to move forward in developing an RBHC.

CCOs, LMHAs, CMHPs and LPHAs **are not required** to submit a letter to OHA regarding the development of RBHCs by June 1, 2018.

Standards and Competencies (S&C)

- The S&C workgroup has recommended implementation of a standardized suicide risk assessment in Oregon. This recommendation is in alignment with the Zero Suicide Initiative that Oregon committed to in 2016, when the state established the Oregon Youth Suicide Prevention Five-year Plan.
  OHA has convened an internal workgroup to identify options for implementing standardized assessment and reporting by all providers. The options are being vetted through various stakeholder groups such as community mental health providers (CMHPs), substance use disorder (SUD) providers, Oregon Suicide Prevention Alliance, and certified community behavioral health clinics (CCBHCs) and others.

The S&C workgroup recommended that OHA assess the minimum core competencies of behavioral health providers in Oregon: merits, gaps, and minimum requirements for providers in various settings. OHA staff are consulting with the Eugene S. Farley Jr., Health Policy Center from the University of Colorado to develop core competencies for an integrated behavioral health workforce. OHA staff has completed a matrix to identify current requirements for licensed and unlicensed workforce. The Healthcare Workforce Subcommittee has identified a subgroup that will be dedicated to work with OHA and the Farley Center to research and move this work forward. The goal is to identify gaps in basic core competencies for behavioral health providers across the system and recommend key action steps to fill those gaps within an integrated system.

Workforce

- *Behavioral Health Care Workforce Assessment*: The BHC recommended a thorough assessment of Oregon's behavioral health care workforce: licensed, unlicensed, certified, uncertified, and registered. OHA, through a contract with the Eugene S. Farley Jr., Health Policy Center, is conducting this assessment. It will identify gaps in workforce capacity and will be available in report form in February 2019. The Behavioral Health Mapping tool will be updated to reflect the assessment's results.

The workforce assessment will lead to the development of a recruitment and retention plan for the behavioral health workforce. This plan will be completed in spring 2019.

Peer Delivered Services

The Peer Delivered Services Core Team, which was largely made up of peers, consumers and family members, and traditional health care workers, worked over the summer of 2017 on the BHC recommendations. It developed policy recommendations regarding:

- Requirements for supervisors for the peer workforce.
- Standards and infrastructure for the development of statewide peer-delivered services (PDS) system.
- Monitoring for effective and appropriate use of peer services to be implemented through the OHA site review process.
- Technical assistance for OHA-approved treatment and recovery programs, to increase readiness to add PDS to the array of services offered.
- Ongoing PDS training requirement.

Information Exchange and Coordination of Care

Data and Outcomes

OHA reconvened the BHC Data workgroup to identify behavioral health incentive metrics to recommend to the Oregon Health Policy Board Health Plan Quality Metrics Committee. The Data workgroup presented the recommendations to Health Plan Quality Metrics Committee in February and accepted measures are being submitted to the Metrics and Scoring Committee for the next iteration of incentive metrics.

Health Information Technology and Exchange

Behavioral health integration is a core consideration for all core HIT strategies. OHIT is approaching the work with the lens of how to best support behavioral health. The Health Information Technology Oversight Council (HITOC) served as the health information technology and exchange workgroup for BHC. In 2017 OHA's Office of Health Information Technology conducted a survey of behavioral health providers' electronic health record and health information technology status, needs, and barriers. HITOC requested an ad hoc behavioral health workgroup to help HITOC identify specific action steps needed to improve health information exchange and care coordination across the behavioral health spectrum.

Next steps

As OHA makes progress in the BHC implementation process, stakeholder engagement and communication are keys to ensuring transparency and collaboration. For more information about the implementation phase of the Behavioral Health Collaborative, please contact Jackie Fabrick at Jackie.fabrick@dhsoha.state.or.us.

Oregon Health Authority