



TO: Oregon Health Authority
Dave Inbody, CCO Operations Manager
Steve Allen, Behavioral Health Director
Kyleen Zimmer, Behavioral Health Deputy Director

FROM: CCOs and Providers convened by CCO Oregon

DATE: November 4, 2020

SUBJECT: Comprehensive Behavioral Health Plan Timeline Recommendations

CCOs and coordinated care providers support and agree with the emphasis on behavioral health and integration in CCO 2.0 per the direction of Governor Brown and the Oregon Health Policy Board. This increased emphasis provides the opportunity to strengthen health systems and improve the health and wellbeing of Oregonians. The Comprehensive Behavioral Health Plan (CBHP) included as a CCO 2.0 deliverable (Exhibit M, section 12) offered an opportunity for meaningful strategy development and role clarification across payers, providers, and community partners at the regional level, however the absence of the guidance/evaluation criteria document inhibits CCOs' ability to engage in development of the CBHP. Additionally, it is our hope that there may be a collaborative statewide behavioral health plan developed in the next biennium.

The CBHP is currently due on January 2, 2021. While listed in the contract, CCOs first received information about doing the the CBHP on [October 9, 2020 via a memo](#)¹ from Dave Inbody, which indicated that the necessary guidance/evaluation criteria document would be provided by OHA on December 3, 2020. The projected timing and current due date require CCOs to complete this extensive stakeholder engagement, analysis, and strategic planning in under 30 days as all payers, providers, and community partners continue to address COVID, the onset of winter weather and flu season, a local and national economic recession, and wildfire aftermath over the holiday season.

The concerns and timeline recommendations raised here are primarily focused on stakeholder inputs. Our concerns are not necessarily about the evaluation of the plan, but the stakeholder investments necessary to build the plan. To make the CBHP an efficacious plan that evokes action from CCOs and

¹ [OHA memo 10/9/20](#): Exhibit M, Section 12 a. (2) of the contract describes the requirement for the CCO to develop a Comprehensive Behavioral Health Plan (CBHP) for its Service Area/s. The CBHP must be submitted for OHA review and approval by January 2, 2021. The CBHP should be developed in collaboration with the Local Mental Health Authority (LMHA) and other Community partners, such as education/schools, Hospitals, corrections, police, first responders, Child Welfare, Department of Human Services, public health, families, housing authorities, housing providers, and courts.

regional partners, there needs to be meaningful engagement in the development of the plan. And, the current CBHP expectations regarding community engagement and data-based planning necessitates lead-in work that we're beginning too late to make meaningful by January 2, 2021.

We appreciate that from the OHA's perspective, the 2021 CBHP is seen as setting a benchmark but the expectations of what is included in the CBHP calls for stakeholder engagement, analysis, and preparations that will require significant resources from the CCO, coordinated care providers, and community partners. And, we agree that resources should be invested in this work to improve outcomes, maintain costs, support the workforces, and integrate social needs, but we need to ensure these resources are maximized at the right time and that the CBHP is realistic, sustainable, and meaningful for all parties. The CBHP is too important to be a last-minute product.

OHA has said in recent meetings, when asked, that they want to increase their understanding of network adequacy and access through the CBHP. However, the CBHP is a planning document and thus will look forward. CCOs will submit a DSN as well as the [Behavioral Health Annual Report](#) each year of the 2.0 contract, which will provide a statewide view of network adequacy and member access and may be a better document to attain OHA's stated goal. The Annual Report will provide benchmarks that aid state leaders in planning and policy development. And, the Annual Report will likely be a data point CCOs use in the CBHP but the collection of the data for the Annual Report doesn't lessen the immense amount of time the CCO as well as their contracted providers and partners will need to spend pulling together the CBHP to make it meaningful.

Moreover, as previously mentioned, the OHA plans to release the guidance/evaluation criteria for the CBHP to CCOs on December 3. While this is within the 30 days OHA identified, also via memo on October 9, as the minimum amount of time for such notices, it is unclear how CCOs are able to begin the work and draw in the resources of providers and community partners in effective planning and collaboration without these state expectations being set. We understand and empathize with the significant workload challenges that OHA has been confronted with in 2020 that has impacted their ability to produce the guidance/evaluation criteria document earlier in the year. CCOs and their community partners are facing these same challenges and request the same understanding.

The 10/9/20 memo enlists [ORS 430.630\(9\)\(b\)](#)² which calls for coordination in the development of the CBHP with the Local Mental Health Authority (LMHA) and their planning, referred to as the Biennial Implementation Plan (BIP). However, in many cases, LMHAs haven't submitted BIPs to the state since 2012 or 2013; many counties report that the practice ended because the plans weren't being reviewed after submission. Due to this, there aren't necessarily current reports or plans ready to be coordinated with from the LMHAs.

Further, ORS 430.630(9)(b) instructs LMHAs to develop their BIPs in coordination with community health assessments (CHAs) and community health improvement plans (CHPs) developed by their regional CCO with engagement from the Consumer Advisory Council as referenced in [ORS 414.575](#)³. The existing connection between LMHAs and the CHAs + CHPs are further discussed in [ORS 414.577](#)⁴ and [ORS 414.578](#)⁵.

Recommendation

Looking at these CHA and CHP established rules and CCO 2.0 contract deliverables, many of the CBHP expectations for engaged stakeholders, data sources, and process outcomes overlap or are the same as

² [ORS 430.630\(9\)\(b\)](#) Each local mental health authority that provides mental health services shall determine the need for local mental health services and adopt a comprehensive local plan for the delivery of mental health services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services. The purpose of the local plan is to create a blueprint to provide mental health services that are directed by and responsive to the mental health needs of individuals in the community served by the local plan. A local mental health authority shall coordinate its local planning with the development of the community health improvement plan under ORS 414.575 by the coordinated care organization serving the area. The Oregon Health Authority may require a local mental health authority to review and revise the local plan periodically.

³ [ORS 414.575](#) The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan shall include a plan and a strategy for integrating physical, behavioral and oral health care services.

⁴ [ORS 414.577](#) (1) A coordinated care organization shall collaborate with local public health authorities and hospitals located in areas served by the coordinated care organization to conduct a community health assessment and adopt a community health improvement plan, shared with and endorsed by the coordinated care organization, local public health authorities and hospitals, to serve as a strategic population health and health care services plan for the residents of the areas served by the coordinated care organization, local public health authorities and hospitals. The health improvement plan must include strategies for achieving shared priorities.

⁵ [ORS 414.578](#) (1) A community health improvement plan adopted by a coordinated care organization and its community advisory council in accordance with ORS 414.577 (Community health assessment and adoption of community health improvement plan) shall include a component for addressing the health of children and youth in the areas served by the coordinated care organization including, to the extent practicable, a strategy and a plan (3) A coordinated care organization shall involve in the development of its community health improvement plan, school-based health centers, school nurses, school mental health providers and individuals representing:... (h) Community mental health providers...

what is outlined for the CHP + CHA processes. For these reasons and more, we recommend aligning the CBHP with the CHA + CHP in 2021 and future years. In 2021, CCOs will all submit a CHP progress report or a new CHP (if the CCO was new in 2020) which is [due on June 30](#). If our recommendation is implemented, the new due date for the CBHP would be June 30, 2021. This shift in the due date will allow CCOs to have the guidance and evaluation criteria from the OHA in hand as they develop the CBHP, more time for providers and partners to engage with the process as they continue to balance multiple parallel crises, and a logical mutually reinforcing relationship between the CHA and CHP with the CBHP. We believe that our recommendation will also benefit the review, evaluation, dissemination, and meaningful use of the plans submitted. Aligning these deliverables in development and evaluation will provide the OHA and other state leaders with a more complete picture of behavioral health and its integration with overall coordinated care.

In closing, our recommendation acknowledges the current unprecedented capacity and resource challenges providers, partners, CCOs, and the OHA face *and* seeks to maximize the opportunity the goals of CCO 2.0 and the CBHP offer. We all agree these plans are needed -- a statewide plan is needed too -- and we all want the best outcomes in behavioral health and across coordinated care. Our recommendation is a request for you to partner with us and create an environment for us all to do our best work in our respective communities for the collective state.

We appreciate your consideration and the opportunity to find a meaningful resolution to this matter. Please respond in writing (even though it may be discussed at upcoming meetings) and reach out to [Samantha Shepherd](#) at CCO Oregon with any questions or requests.