

COMPREHENSIVE BEHAVIORAL HEALTH PLAN PROGRESS REPORT IMPLEMENTATION GUIDE

Overview

The Oregon Health Authority (OHA) has published the updated Comprehensive Behavioral Health Plan (CBHP) progress reporting format and evaluation process. The reporting format is effective for your 2024 CBHP progress report submission and should cover the reporting period beginning July, 2023 and ending June, 2024. The submission due date is December 31, 2024, unless otherwise indicated by OHA through a formal administrative notice. This deliverable should be submitted through the CCO Deliverables Portal: <https://oha-cco.powerappsportals.us/>

Reporting Format

The dashboard reporting format provides individual sections for CCOs to report on their identified priority areas. CCOs should provide highlights about their work toward the goals of each priority area which has taken place since their last progress report submission. CCOs should also describe how progress toward each goal has been measured as well as any measurable outcomes which have been achieved. Additional slides may be added if CCOs have more than three identified priority areas or if more room is needed to provide the requested information. This includes the dashboard slides, commentary sections, and equity statement. CCOs may include any additional data, reports, or documents as an email attachment when they submit their report. CCOs will report on the following for each of their priority areas:

- **Key Actions, Milestones and Data**

Describe relevant progress toward the goals of your identified priority areas, including any milestones achieved, any new data obtained since the last progress report, and new initiatives undertaken concerning the goals of the priority area. CCOs should provide information about how the goals of each priority will/could be of value to the communities they serve. Be sure to describe how you measured progress toward the goals of your priority area and identify any measurable outcomes you have achieved.

- **Engagement Activities**

- Describe how the CCO has continued to engage with the communities they

serve. Include any regular meetings with the public, service providers, etc. as well as any feedback received regarding the identified priority area. Also, identify any information obtained regarding access and quality of service (positive or negative). This could be from community/consumer feedback, provider feedback, or other mechanisms.

- **Upcoming Dates & Decisions**

- Identify the timeline of any upcoming decisions, initiatives, milestones, etc. associated with your priority area for the coming year. This could include planned meetings to discuss progress toward identified goals, planned engagement with the community, services providers, or other subject matter experts, as well as training or education the CCO plans to participate in or provide.

- **Goals for Next Year**

- Describe how your experience over the past year will inform your CBHP work in the coming year. Include any changes to goals, processes, means of gathering data, and measuring outcomes. If changes to a priority area have been made, describe the reason for the change, the goals of the new priority, and how progress toward these goals will be measured. You can elaborate on this information in the commentary section of the report.

Commentary Section

A commentary section is provided for each priority area. Use this section to provide a narrative explaining what you have observed and experienced through your CBHP work since your last progress report submission. You are encouraged to provide success stories, challenges and feedback received from the communities you serve. Indicate how your work over the past year has impacted or could impact social determinants of health for those seeking out or receiving services. Elaborate on any information provided earlier in the report. You should clearly explain what the goals are for each priority area and how this will be measured. To the extent possible, the CCO should use of specific, measurable, attainable, relevant, and time-based (SMART) objectives. Describe how you will know if progress is being made toward your goals and how you will know when the goal is achieved. Identify any measurable outcomes that have been achieved.

It is especially important to use this section to elaborate on information provided in the Goals for Next Year section of the report if any changes have been made to the identified priority areas since the last CBHP progress report submission. If changes to a priority area, its goals, or the approach to the work have taken place, explain the need for the change, specify what changes were made, and what the new goal/approach will be going forward. Be sure to explain how you will measure progress toward your updated goals.

Equity Statement

OHA aims to eliminate health inequities in Oregon by 2030. We are committed to helping CCOs create a more equitable behavioral health system and value your collaboration to benefit the people of Oregon.

An overarching goal of the CBHP is to reduce behavioral health inequities for minoritized communities. This includes improving access to culturally and linguistically appropriate behavioral health services designed specifically for certain communities. These communities include but are not limited to:

- Racially and ethnically diverse groups
- People who use languages other than English
- The LGBTQIA2S+ community
- People with disabilities
- Individuals involved with the criminal justice system
- Individuals with co-occurring disorders

Because of the unique nature of the communities served by each CCO, we realize progress toward reducing health inequities will look differently for each CCO. During the last reporting period, CCOs were asked to use this section to describe what assets, strengths, and opportunities, both *in the community served by the CCO* and *within the CCO organization*, that are or could contribute to reducing health inequities as it relates to your CBHP work. For this reporting period, please describe how you leveraged these assets, strengths, and opportunities over the past year to measure progress toward improving health equity.

The intent for this equity statement is for the CCO to explain how they work toward advancing equity in the CCO service area, in the context of their CBHP priority areas and overall CBHP work. It's also intended to highlight any areas of their current CBHP work which aims to reduce behavioral health inequities. This could include engaging with community organizations or subject matter experts which serve specific minoritized communities, engaging with individuals belonging to minoritized communities, research the CCO has done regarding service equity, and involvement in current or future equity initiatives. Include any information about how specific minoritized communities have been or will be impacted by work toward the goals of your identified CBHP priority areas. Explain how you measure progress toward reducing health inequities. Identify any barriers that exist in your community or organization to addressing these inequities.

Integration of the Annual Behavioral Health Report

OHA has folded key metrics from the ABHR into the CBHP. As a result, the ABHR has been eliminated as a standalone deliverable. Going forward, CCOs will only be required to submit the following Wraparound data:

- Number of members meeting criteria for Wraparound
- Number enrolled in wraparound from among those determined to meet criteria
- Race: numbers by race
- Ethnicity: numbers by ethnicity
- Language: numbers by language

Data for the following measures specific to individuals experiencing Severe and Persistent Mental Illness (SPMI) **is already collected by OHA** and will be included in a dashboard separate from the CBHP.

Specific Measures:

- Number and percentage of members receiving ACT
- Number and percentage of members receiving Supported Employment
- Number and percentage of members receiving Peer Delivered Services
- Number and percentage of members receiving Secure Residential Treatment Services
- Number and percentage of members receiving Residential Treatment Services (non-Secure)

- Number and percentage of members admitted to ACPHs for MH diagnosis
- Number and percentage of members discharged from ACPHs with documentation of linkages to appropriate behavioral and primary health care prior to discharge
- Number and percentage of members discharged with documentation of Warm Handoffs from ACPHs to a community provider.
- Number and percentage of members who received a follow-up visit within seven (7) days
- Number and percentage of members who are homeless, that are connected to a housing provider with an appropriate documented housing assessment discharged from acute care
- Number and percentage of members who are readmitted within thirty (30) and one hundred and eighty (180) days
- Number and percentage of members admitted to the ED for a MH diagnosis
- ED boarding over 23 hours

OHA Commitment

OHA is committed to maintaining a collaborative relationship with CCOs. We share the same ultimate goal: to improve behavioral health care for the communities we serve. OHA will continue to be available to meet with CCOs to provide technical assistance and support as they go about completing their CBHP progress reports. We recognize that CCOs know their communities, their needs and experiences. CBHP progress reports are an important means for OHA to more fully understand the communities CCOs serve.

We will review the submitted reports based on the evaluation criteria provided to CCOs with this guide. Each CCO can expect a response from OHA within 45 days of the due date for this deliverable. This response will be via the CCO Deliverables Portal (<https://oha-cco.powerappsportals.us/>) and will include the completed evaluation criteria form with the CCOs score and any OHA comments. Within 45 days of the progress report submission, OHA will reach out to any CCOs which require follow up and ask any clarifying questions about the information provided. If we are unable to determine whether a CCO has met an evaluation criterion, we will also discuss these items and collaborate with the CCO to ensure their report meets all required evaluation criteria.