



Comprehensive Behavioral Health Plan Evaluation Criteria

Date of Review	
Name of Reviewer(s)	
Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Background Information:

Coordinated Care Organizations (CCOs) are required to develop a Comprehensive Behavioral Health Plan (CBHP) pursuant to Exhibit M of the CCO Contract. The CBHP has similarities in structure and sequence as the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHP). Like the CHA/CHP sequence, Year One (1) involved the system assessment and the creation of an improvement plan. The following four (4) years involve the completion of a progress report on the improvement plan. Based, in part, on recommendations from CCOs, OHA developed this evaluation criteria for the CBHP progress report submission. The scoring section is scored as “yes/no”, with yes scores indicating the CCOs demonstrated continued progress from the prior year’s evaluation. A “No” score indicates there was no demonstration of continued progress from the prior year’s evaluation. If there is a “No” score marked the CCO will have to update the progress report and resubmit before formal approval. As with the CHA/CHP process, it is expected that each CCO’s development of its CBHP should occur in collaboration with community partners and meaningful consumer and family voice.

Format Specifications:

- The CBHP must be written in 12-point Arial font with single spacing and accessibility standards.
- The CBHP progress report should not exceed a total of three (3) pages per Improvement Project being reported on. CCOs may include supporting documents, such as data and charts, outside of the three (3) page limit, this could consist of include referencing the community health assessment (CHA) or the community health improvement plan (CHP).
- In the narrative portion, please include document names and page numbers where evidence of progress can be found. Documents that are not mentioned in the narrative but are submitted will not be reviewed.
- All file names must clearly reflect the content (e.g., CCOxyz_CBHP_Policy).
- The CBHP and relevant supporting documentation must be submitted to CCO.MCOPDeliverableReports@dhs.oregon.gov by the due date.

For CBHP questions, please contact: Nicholas Lervick at Nicholas.Lervick@dhs.oregon.gov

EVALUATION CRITERIA		CCO NARRATIVE	OHA COMMENTS	SCORE
	Environmental Scan			
1	Did the CCO demonstrate continued progress towards identifying and describing the behavioral health needs and social determinants of health of the community within the service area?			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Did the CCO include data and service-area trends identifying progress towards the community's behavioral health needs and social determinants of health?			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Did the CCO describe progress in identifying and describing the community's behavioral health needs for the populations represented in section 1.1 of the guidance document?			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Did the CCO demonstrate continuous progress towards the engagement with community partners during the Environmental Scan?			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Did the CCO determine continued progress in the level of use and impact decisions may have on the community and stakeholders?			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Did the CCO demonstrate and describe continued progress in the behavioral health system in the CCO's Service Area?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Critical Areas of Concern			
7	Did the CCO demonstrate continued progress of identifying Priority Areas that improve services across the continuum of care?			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Did the CCO demonstrate continued progress in providing evidence of a comprehensive understanding of the BH system and the gaps/critical areas of concern in its Service Area?			<input type="checkbox"/> YES <input type="checkbox"/> NO

9	Did the CCO demonstrate continued progress in determining addressing, and monitoring gaps to reduce health equity for the selected Priority Areas?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Did the CCO demonstrate continued progress towards strong collaboration and partnership with community partners to identify Priority Areas critical for the community?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Plan for Improvement and Progress				
11	To the extent possible, based on the project's status being developed, did the improvement plan demonstrate progress for the selected Priority Areas, and were SMART (specific, measurable, attainable, relevant, and time-based) objectives used?			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Did the CCO demonstrate continued progress in how they are building out their network to support gaps, and using new ideas with the community and stakeholders?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Did the CCO demonstrate continued progress with ongoing meaningful engagement with community partners and members?			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Did the CCO describe the mechanisms and progress development for ongoing monitoring of access and quality of services addressed in the CBHP?			<input type="checkbox"/> YES <input type="checkbox"/> NO