** Comprehensive Behavioral Health Plan Progress Report**

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| ***CCO Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***CCO Contact for this Report:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Instructions:*** The questions below are adapted from the original CCO 2.0 RFA [Attachment 11 - Behavioral Health Questionnaire](https://www.oregon.gov/oha/OHPB/CCODocuments/10-CCO-RFA-4690-0-Attachment-11-BH-Questionnaire%20Final.pdf). Enter your CCO’s response to each item in the adjacent cell highlighted in gray. Please complete the gray cells with an update on the progress to date implementing the plans and activities described in your CCO’s RFA response to Attachment 11.  The progress report should clearly identify your CCO’s accomplishments and challenges in achieving the proposed behavioral health plan described in your CCO’s RFA response. In addition, please respond with a “Yes/No” response if the update includes the elements outlined by OHA. If the response is “No” for any particular element, please provide a rationale or explanation for not including the particular element/s in the progress update. Please note: If your CCO did not respond to one or more of the questions below in its original RFA response, please indicate this in your update and then provide a response to the question.  To inform the progress update, please refer to [individual CCO 2.0 RFA responses](https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0-Contract-Selection.aspx) submitted to Attachment 11 as the basis for the narrative.  Be clear and concise in your responses. Do not exceed 25 total pages for your progress report. Submit your completed progress report to CCO.MCODeliverableReports@dhsoha.state.or.us by Monday, January 4, 2021. This an extension of the original January 2nd due date. | |

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| 1. **Memorandum of Understanding (MOU) with Community Mental Health Program (CMHP)**   CCOs are required by contract to enter into a MOU with Local Mental Health Authority (LMHA) that will be enforced and honored and will result in improved health outcomes and increased access to services through coordination of safety net services and Medicaid services. | |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item C.1*** | |
| 1. Describe how CCO developed or is developing a Comprehensive Behavioral Health plan (CBHP) for CCO’s Service Area. Please include dates, milestones, and Community partners. |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Status update of CBHP with timeline for convening Community partners, LMHA, and CMHP. |  |
| 1. A description of how CCO developed the plan that addresses issues related to the access and prevalence of behavioral health diagnoses, needs related to the availability of providers, and access to specific behavioral health services. |  |
| 1. A description of data sources and other information resources used to inform development of CBHP. |  |
| 1. Update actions taken to determine regional service and provider needs. |  |
| 1. Number of planning meetings and list of participants. |  |
| 1. How are the following demographics specifically addressed: 2. Service area(s) including non-Medicaid population 3. Priority populations including at minimum SPMI, SED, SUD 4. Children in child welfare |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item C.2*** | |
| 2. Describe how CCO collaborated and coordinated with the Local Mental Health Authority in the development of the CHP. Please include dates and milestones. |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. A description of the role and responsibilities of each partner (statutory requirements). |  |
| 1. The dates and milestones in plan. |  |
| 1. Plans to continue collaboration and coordination to monitor deliverables and accountability of each partner. |  |
| 1. Describe how a robust behavioral health model was developed. |  |
| 1. Describe oversight and performance monitoring of the developed plan that ensures quality of services provided by the subcontractors. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item C.4*** | |
| 3. Did CCO experience any challenges or barriers to executing the written plan or MOU extension with the Local Mental Health Authority? If Yes, please describe. |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. A description of systemic barriers for coordination. |  |
| 1. A description of what has been done so far to overcome barriers and increase collaboration. |  |
| 1. A description of technical assistance and support that was requested from OHA to support collaboration. |  |
| 1. A description of how consumer voice and need was prioritized to support need for collaboration and coordination. |  |

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| 1. **Provision of Covered Services**   CCO must monitor its Provider Network to ensure mental health parity for their Members. | |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item D.1*** | |
| 1. Please provide a report on the Behavioral Health needs in CCO’s Service Area. |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Draft report or equivalent document of behavioral health need assessment. |  |
| 1. Description of BH need in the entire service area(s) including non-Medicaid population. |  |
| 1. Plans for priority populations including at minimum SPMI, SED, SUD, children in child welfare. |  |
| 1. Plans utilization of existing resources. |  |
| 1. Description of coordination with CMHP and LMHA to identify the BH needs in the service area. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item D.2*** | |
| 1. Please provide an analysis of the capacity of CCO’s workforce to provide needed services that will lead to better health, based on existing Behavioral Health needs of the population in CCO’s Service Area. |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Method for establishing BH needs of population at all levels of care. |  |
| 1. Link to BH needs report in development of response method for identifying and counting workforce needed to address BH needs of population plan. |  |
| 1. A list of gaps in workforce at all levels of care. |  |
| 1. Description of coordination with CMHP, LMHA, and consumers to create above plan. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item D.3*** | |
| 1. How did CCO work with local communities and local and state educational resources to develop an action plan to ensure the workforce is prepared to provide Behavioral Health services to CCO’s Members? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of CCO's plan to ensure workforce is properly prepared to provide BH services to their Members. |  |
| 1. Timeline and milestones for convening local and state educational representatives to develop plan if a plan doesn't exist already. |  |
| 1. The method for measuring gaps in workforce. |  |
| 1. The strategy to identify and address the educational gaps and create an action plan. |  |
| 1. List of relevant organizations that assist CCOs in creating and implementing the plan. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item D.4*** | |
| 1. What is CCO’s strategy to ensure workforce capacity meets the needs of CCO’s Members and Potential Members? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of CCO’s plan to ensure workforce is properly prepared to provide BH services to their Members. |  |
| 1. The method for measuring gaps in workforce. |  |
| 1. Description of how equity and diversity of workforce is ensured in the plan. |  |
| 1. The strategy for cross-walking gaps in workforce to an action plan to address the educational gaps. |  |
| 1. The strategy used to monitor workforce capacity needs and interim solutions while developing capacity. |  |
| 1. Description of the mechanism used for Member feedback regarding service needs and potential gaps. How will the CCO respond to the Member's need? |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item D.5*** | |
| 1. What strategies does CCO use to support the workforce pipeline in CCO’s area? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Strategies planned to support the Workforce pipeline including identification of workforce pipelines that exist in community. |  |
| 1. Strategies used/planned to support the workforce pipelines identified. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item D.7*** | |
| 1. What Outreach and/or collaboration has CCO conducted with Tribes and/or other Indian Health Care Providers in CCO’s Service Area to establish plans for coordination of care, coordination of access to services (including crisis services), and coordination of patient release? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of Outreach efforts conducted with Tribes and/or Indian Health Care Providers for coordination of care. |  |
| 1. Update on any planning, initiatives or other partnerships with Tribes. |  |
| 1. Any plan developed to engage Tribal governments within the service delivery area in the formation and organization of the Community Advisory Council (CAC). |  |
| 1. Describe established plans for coordination of care (including crisis services) with Tribes and Indian Health Care Providers in the region. |  |

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| 1. **Care Coordination**   CCO is required to ensure a Care Coordinator is identified for individuals with severe and persistent mental illness (SPMI), children with serious emotional disorders (SED), individuals in medication assisted treatment for substance use disorder (SUD), and Members of a Prioritized Population. CCO must develop standards for Care Coordination that reflect principles that are trauma informed, linguistically appropriate and Culturally Responsive. CCO must ensure Care Coordination is provided for all children in Child Welfare and state custody and for other prioritized populations (e.g., intellectual/developmental disabilities). CCO must establish outcome measure tools for Care Coordination. | |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.3.l*** | |
| 1. What steps did CCO take to ensure Care Coordination involvement for Intensive Care Coordination (ICC) for Members while they are in other systems (e.g., Hospital, subacute, criminal justice facility)? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO coordinates care for ICC Members in other systems through coordination with relevant community partners. |  |
| 1. Strategies to coordinate care when Member is in other systems. |  |
| 1. Description of processes for communication and notification to Members, Member supports and providers. |  |
| 1. Details on what is communicated to Members and providers during the transition and the protocol for engaging Members and providers in the monitoring and transition process. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.3.o*** | |
| 1. How does CCO ensure that Member information is available to Primary Care Providers, specialists, Behavioral Health Providers, care managers and other appropriate parties (e.g., caregivers, family) who need the information to ensure the Member is receiving needed services and Care Coordination? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO ensures flow of Member information to and between providers. |  |
| 1. Description of strategies for identifying when a Member has multiple providers. |  |
| 1. Description of strategies used to ensure timely, appropriate information flow in care coordination. |  |
| 1. Update on efforts CCO has made in integrating physical, behavioral and oral healthcare such that the services appear seamless to the Member. |  |
| 1. Information on how potential barriers (billing, reimbursement, policy) are identified and addressed to support the integration of behavioral and physical health. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.3.d*** | |
| 1. How does CCO provide cost-effective integrated Care Coordination (including all health and social support systems)? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. A plan that addresses cost-effective utilization of care coordination efforts that work across the spectrum of care and across CCOs, CMHP, and LMHA. |  |
| 1. Tools to coordinate information/communication and track services across the spectrum of care in coordination with CMHP, LMHA, and local BH Partners. |  |
| 1. Description of how Members experience behavioral healthcare in a seamless manner, so that they are unaware of any differences in how benefits are managed. |  |
| 1. Updated information on development or continuation of tools that guide behavioral health spending based on prevalence, rather than historical regional spending. |  |
| 1. Description of how CCO's mechanism to monitor utilization and cost supports a cost-effective and integrated behavioral healthcare benefit. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.4.a*** | |
| 1. How does CCO work with OHA, other state agencies, and other state funded or operated entities to identify areas where treatment and services for adult Members with SPMI can be improved? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why* | |
| 1. Description of how CCO works with State partners to improve quality of care for adult Members with SPMI. |  |
| 1. Description of strategies used in engagement with advocates, OHA ombudsman and other state agencies. |  |
| 1. Description of other strategies used/being used to improve the quality of care for Members with SPMI. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.4.c*** | |
| 1. How does CCO ensure Members with SPMI receive ICC support in finding appropriate housing and receive coordination in addressing Member’s housing needs? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO Members with SPMI receiving ICC support receive help with housing. |  |
| 1. Detail on how ICC assists with housing needs in coordination with CMHP and other local partners. |  |
| 1. Description of housing plan ICC uses to address Member’s housing needs including partner agencies identified under the plan. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.4.d*** | |
| 1. How does CCO assist Members with SPMI to obtain housing, including Supported Housing, to the extent possible, consistent with the individual’s treatment goals, clinical needs, and the individual’s informed choice? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO assists Members with housing needs that are aligned with their treatment needs. |  |
| 1. A description of strategies for identifying Members in need of housing or Supported Housing assistance. |  |
| 1. Description of how a person-centered plan that aligns housing goals with clinical goals will take into consideration informed choice. |  |
| 1. Information about Supported Housing partners or plan to connect with them. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.4.i*** | |
| 1. How does CCO work with Secure Residential Treatment Facilities (SRTFs) to expeditiously move a civilly committed Member with SPMI, who no longer needs placement in an SRTF, to a placement in the most integrated Community setting appropriate for that person? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO transitions Members from SRTF to community setting when appropriate in coordination with LMHA and CMHP. |  |
| 1. Description of process for identifying Members in SRTF who are eligible for placement in an integrated community setting. |  |
| 1. Details on how CCO participates in discharge planning including assessment, mapping, implementation and follow-up. |  |
| 1. Details for ensuring the Member is placed in the most integrated community setting appropriate. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.4.j*** | |
| 1. How does CCO work with housing providers and housing authorities to assure sufficient supportive and Supported Housing and housing support services are available to Members with SPMI? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. How CCO works with housing providers and housing authorities to assure sufficient supportive and Supported Housing and housing support services are available to Members with SPMI. |  |
| 1. Process for identifying Member housing needs considering individual preferences. |  |
| 1. Process for identification of networks of Supported housing and other housing organizations. |  |
| 1. Process to strategize prioritize and advocate for Members with SPMI. |  |
| 1. Documentation of established MOUs with supportive housing providers. |  |
| 1. Needs assessment developed with housing partners and the strategy developed to address gaps in service. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.5.a*** | |
| 1. How did CCO establish a policy and procedure for developing a management plan for contacting and offering services to each Member who has two or more readmissions to an Emergency Department in a six-month period? The management plan must show how the CCO plans to reduce admissions and readmissions to Emergency Departments (EDs), reduce the length of time Members spend in EDs, and ensure adults with SPMI have appropriate connection to Community-based services after leaving an ED and will have a follow-up visit within three days. |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Management Plan and supporting policies and procedures that manage and track hospital admissions/readmissions. |  |
| 1. The plan for tracking and monitoring ED admissions and multiple readmissions. |  |
| 1. Details for how the plan will reduce admissions and readmissions, reduce length of time spent in ED, ensure adults with SPMI are connected to community-based services on discharge, and include a 3-day follow-up protocol for adults with SPMI. |  |
| 1. Description of roles and responsibilities of CCO, LMHA, CMHP in the plan. |  |
| 1. Update on work to both reduce ED visits and provide rapid access to services for those who enter the ED with a behavioral health need. |  |
| 1. Current and future protocols for monitoring hospital utilization. |  |
| 1. Strategy for rapid Member engagement post-hospitalization. Please describe how service providers are notified of Member follow-up need. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.6.a*** | |
| 1. How does CCO coordinate with system partners as needed regarding Oregon State Hospital (OSH) discharges for all adult Members with SPMI? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO coordinates with system partners on discharges from OSH. |  |
| 1. Description of plan for how care coordination involves other partners when planning for discharge from OSH. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.7.a*** | |
| 1. How does CCO ensure access to Supported Employment (SE) Services for all adult Members eligible for these services, in accordance with OAR 309-019-0275 through 309-019-0295? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO ensures access to Supported Employment services for eligible Members. |  |
| 1. Description of how interested Members are identified and engaged in coordination with relevant partners/CMHP/LMHA. |  |
| 1. The plan for ensuring there are enough providers of SE services in service area(s). |  |

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| 1. **Children’s System of Care**   CCOs are required to fully implement System of Care (SOC) for the children’s system. Child-serving systems and agencies collaborating in the SOC are working together for the benefit of children and families. | |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.8.a*** | |
| 1. What Community resources does CCO use or collaborate with to support a fully implemented System of Care? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. List of resources and description of the level of coordination to support implementation of System of Care. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.8.b*** | |
| 1. How does CCO utilize the practice level workgroup, advisory council, and executive council of System of Care? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO utilizes the Children's System of Care (SOC) workgroups and councils to implement SOC. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.8.c*** | |
| 1. How does CCO track submitted, resolved, and unresolved barriers to a SOC? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Description of how CCO tracks resolved and unresolved barriers to a SOC. |  |
| 1. System to track barriers to SOC and actions taken to resolve in coordination with community partners including roles and responsibility of CCOs, CMHP, and LMHA. |  |
| 1. Process for monitoring/tracking barriers and issues - resolved and unresolved. |  |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item E.8.d*** | |
| 1. What strategies does CCO employ to ensure that the above governance groups are comprised of youth, families, DHS (Child Welfare, I/DD), special education, juvenile justice, Oregon Youth Authority, Behavioral Health, and youth and family voice representation at a level of at least 51 percent? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Update on system to track barriers to SOC and actions taken to resolve in coordination with community partners including roles and responsibility of CCOs, CMHP, and LMHA. Process for monitoring/tracking barriers and issues - resolved and unresolved |  |
| 1. Update on strategies for ensuring that youth, families, DHS (Child Welfare, I/DD), special education, juvenile justice, Oregon Youth Authority, Behavioral Health, and youth and family voice representation is achieved. |  |

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| 1. **Behavioral Health Benefits**   CCO must be fully accountable for the Behavioral Health benefit to ensure Members have access to an adequate Provider Network, receive timely access to the full continuum of care, and access effective treatment. Full accountability of the Behavioral Health benefit should result in integration of the benefit at the CCO level. CCOs may enter into Value-Based Payment arrangements; however, the arrangement does not eliminate the CCO’s responsibility to meet the contractual and individual Member need. CCO must have sufficient oversight of the arrangement and intervene when a Member’s need is not met or the network of services is not sufficient to meet Members’ needs. | |
| ***Based on CCO 2.0 RFA Attachment 11 - Behavioral Health Questionnaire Item A.2*** | |
| 1. How does CCO manage the Global Budget (as defined in ORS 414.025) in a fully integrated manner, meaning that CCO does not identify a pre-defined cap on Behavioral Health spending, nor separate funding for Behavioral Health and physical health care by delegating the benefit coverage to separate entities that do not coordinate or integrate? |  |
| *Does your update include the following elements? Answer with Yes/No. If No, briefly describe why.* | |
| 1. Describe how Global Budget is managed in an integrated manner that prevents pre-defined caps on BH spending. |  |
| 1. Describe how the CCO organizational structure has changed or taken on the role of full responsibility of the benefit. |  |
| 1. Information on staff/org structure/budget and other operational changes that have been put in place. |  |
| 1. Example/s of behavioral healthcare models (stand alone and integrated with physical health) that demonstrate inclusion in the global budget. |  |