BHC Implementation Plan: Standards of Care and Competencies

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## COMPLETE ON-SCHEDULE DELAYED

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Rec #	RECOMMENDATION
2	Standards of care and competencies: Establish and implement minimum standards of care and competencies for both mental health and substance use in multiple settings and at all levels of service both at the point of contact and the point of entry. Standards should emphasize trauma-informed care practices, person-centered planning, culturally and linguistically appropriate services, focus on prevention, the social determinants of health and other research-based, outcome-driven interventions.

Action Item #									
HeIII #	Activity	Start Date	Due Date	Responsible	Status	Progress Notes			
AI-42	Workgroup will establish core competencies for care providers and team based care for each entry point to ensure consistent protocols and expectations for behavioral health identification, health promotion and prevention, assessment, coordination and treatment. These competencies should create a unifying approach to behavioral health services that allows for no wrong entry door.								
AI-59	Review existing competencies and best practices for licensed or certified BH providers working in non-traditional settings (e.g., primary care, schools, police departments, emergency departments,	June 6	Jun 20						

Action Item #	STRATEGIES							
	Activity	Start Date	Due Date	Responsible	Status	Progress Notes		
	hospitals, correctional facilities).  Identify as many points of entry to the BH system as possible, for an individual.  Identify standards and competencies that would work in these settings. Refer to PCPCH, CCBHC etc.  AI 62. Identify current education and licensure or certification requirements for each entry point this must include the non-clinical workforce (e.g., peer support services).							
AI-59	Identify which competencies and evidence based practices will move Oregon forward  AI-45 Identify protocols for identification, assessment, and coordination of care and Tx across entry points, while making sure to reduce trauma.  Recommend ways to continue ongoing research in the long term to keep moving Oregon's BH system forward	June 20	June 25					

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Action Item #	STRATEGIES						
200211	Activity	Start Date	Due Date	Responsible	Status	Progress Notes	
	AI 43 & 44 Leverage success of PCPCH and CCBHC programs and adopt standards. when appropriate.						
AI-61	Prioritize groups/professions, i.e., social workers in hospitals, CMHP direct clinical staff, etc., regarding training curriculum.  For each identified entry point, recommend entity or groups to be trained on stds.	June 25	July 5			Need to link with Workforce Workgroup and AI-56 and AI-62	
	Recommend mechanisms for co-manageme	nt of individuals w	ho require specia	alty BH. Recommend me	ethod by which OHA w	ill enforce this requirement.	
AI-48	Review CCO contracts and use CCBHC as best practices.  Review existing CCO standards for coordination of care for individuals across providers	June 30	July 10				
AI-48	Recommend contract changes for CCO contracts.  Recommend how CCOs can improve on minimum standards requirements. Can use CCBHCs as examples.  Recommend how CCOs can	July 10	July 20				

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Action	STRATEGIES						
Item #							
	Activity	Start Date	Due Date	Responsible	Status	Progress Notes	
	collaborate better with other entities and increase access to BH services.						
SUD Waiver	Review best practices for mult- agency/multi-provider care coordination (MOUs, collaborative policies, joint PIPs, etc)	August 1	August 15				
	<ul> <li>Review the OHA SUD waiver application</li> <li>Review standards. And practices suggested in the waiver for care coordination</li> <li>Recommend which standards and suggested best practices should be implemented moving forward.</li> </ul>						
AI-60	Submit report to Steering Committee with recommendations for requirements for BH clinical staff in each entry point to meet.	August 15	August 31				

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