

ABOUT MID-VALLEY BEHAVIORAL CARE NETWORK

In 1994 the mid-Willamette Valley community mental health directors led an effort to form the Mid-Valley Behavioral Care Network (MVBCN). They understood that managed health care would be coming to the public mental health system and recognized an opportunity to improve community mental health care. They developed the skills and resources to be their own managed care organization, created a tripartite partnership of consumer-advocates, private agencies and the public agencies across the five-county region, and successfully contracted with the state of Oregon for services to people on the Oregon Health Plan. This approach was so successful and exemplary that these founding directors were jointly awarded the Oregon Social Worker of the Year in 1999. "This award (was) given for their design of an innovative and pioneering approach to managed care services that incorporates the best of social work values."

The innovative spirit continues to attract the energy and idealism of the best staff from its partners. Utilizing a "sweat equity" approach, the MVBCN repeatedly engages these idealists to design and launch the exemplary programs for which the MVBCN is known throughout Oregon. MVBCN pursues the following goals, with an emphasis on high-risk populations:

- Promoting individual and community wellness;
- Demonstrating clinical integration of behavioral health and physical health services;
- Maximizing the portion of health care expenditures invested in direct service; and
- Providing a vehicle for effective public/private partnerships.

Now the MVBCN has an annual budget of approximately \$38 million to provide chemical dependency services and a full range of mental health services from prevention to hospital care. Over \$20 M of this budget is received from the state in monthly capitation funds for approximately 60,000 Oregon Health Plan members. The administrative culture of MVBCN is a balance of empowerment and accountability. The tripartite partnership mentioned above designs performance standards and then local regions receive the financial resources to fulfill those standards by local design. A prominent example is the delegation to each county region of the funds and responsibility for outpatient services.