

BACKGROUND

In 2021, Legislative Assembly declared that health equity must be advanced within Oregon's behavioral health system. Mental health and substance use disorders must be detected early and treated effectively. Youth and adults with serious mental illness need timely access to the full continuum of behavioral health care and receive treatment that is responsive to their individual needs and leads to meaningful improvement in their lives.

The Oregon Health Authority has an opportunity to transform, reimagine, and improve the quality of behavioral health service delivery, capacity, and funding while advancing health equity and establishing parity between physical health, mental health, and substance use disorders. The Oregon Health Authority, the Governor, and the Oregon Legislature relied on a multitude of community-based workgroups, task forces, and listening sessions to inform the recommendations that culminated in House Bill 2086. The events in 2020 shaped the approach to this work, including COVID-19, racial reckoning, a series of natural disasters, and the passage of Ballot Measure 110.

GOALS

The Oregon State Legislature passed House Bill 2086 establishing the Behavioral Health Committee ("the Committee") of the Oregon Health Policy Board. The Committee is convened to advance health equity within Oregon's behavioral health system.

The Committee, in collaboration with the Health Plan Quality Metrics Committee, as needed, shall:

- Establish quality metrics for behavioral health services provided by coordinated care organizations, health care providers, counties, and other government entities; and
- Establish incentives to improve the quality of behavioral health services.

As outlined in HB 2086, the quality metrics and incentives shall be designed to:

- Improve timely access to behavioral health care
- Reduce hospitalizations
- Reduce overdoses
- Improve the integration of physical and behavioral health care
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs

The Committee will center and move equity forward by identifying outcomes, metrics, incentives, and system changes that can truly address and eliminate health inequities and disparities in Oregon's behavioral health system that support the health and well-being of all communities across the state.

DELIVERABLES

The Committee will incorporate a person-centered, family-youth, and consumer-driven approach that recognizes community impact, strategies that reflect a holistic approach to recovery, workforce representation, and a reduction in reliance on the criminal justice system for meeting behavioral health needs.

In addition, the Committee will center the perspective and input of people with lived experience and communities historically and currently disproportionately impacted by inequitable policies and practices. By identifying these systemic factors, the Committee will explore needs and outcomes that can be measured as they relate to social determinants of health. This effort will allow the Committee's work to influence and impact other systems to do what works and disrupt those systems that cause harm.

Ultimately, contracts between Oregon Health Authority and coordinated care organizations, community mental health programs or individual providers of behavioral health services must align with the quality metrics and incentives developed by the Behavioral Health Committee and contain provisions that ensure that:

- Individuals must have easy access to needed care,
- Services must be responsive to individual and community needs, and
- Services must lead to meaningful improvement in individuals' lives.

Once metrics are identified, the committee will explore incentives and other system changes that may be needed. Over time, the committee will review Oregon Health Authority's performance to ensure metrics, incentives, and system investments continue to align with and impact key outcomes.

The Committee will provide updates to the Oregon Health Policy Board as requested.

MEMBERSHIP

Membership of the Behavioral Health Committee is guided by House Bill 2086 and members are appointed by the Director of the Oregon Health Authority. The statute permits the Oregon Health Authority Director to add members that the Director deems appropriate. Additionally, the Oregon Health Policy Board may modify the membership of the committee as needed. The Committee includes voting and non-voting members. House Bill 2086 requires specific representations including:

Required Voting Members

1. Health Plan Quality Metrics Committee Chair
2. OHPB Health Equity Committee Chair
3. CCO Behavioral Health Director
4. Community Mental Health Program representative
5. Data Analysis Expert
6. Oregon Consumer Advisory Council Member (ORS 430.073) representing adults with mental illness
7. System of Care Advisory Council representative (ORS 418.978)
8. Ballot Measure 110 (2020) Oversight and Accountability Council member representing adults with addictions or co-occurring conditions

9. System of care (ORS 418.976) representative
10. Consumer representative
11. Tribal Government
12. One representative of an organization that advocates on behalf of individuals with intellectual or developmental disabilities
13. Behavioral Health service providers representative
14. Any other member that the Oregon Health Authority Director deems appropriate.

Required Non-Voting Members

1. Oregon Health Authority's Behavioral Health Director
2. Alcohol and Drug Policy Commission Director (ORS 430.220)
3. State Medicaid Director
4. Department of Human Services representative

The Behavioral Health Committee will meet once a month using a Zoom platform. There will likely be times when members will be expected to review documents, read reports, complete annual required trainings or complete other tasks outside of meeting time. The Behavioral Health Committee may determine if it wants to create time-limited subcommittees to address specific issues or research specific topics to report back to the larger group.

VALUES/PRINCIPLES

The Behavioral Health Committee's work will:

- Be person-centered and peer and family driven.
- Prioritize equity.
- Support individuals, communities, and families to thrive.
- Promote well-being and wellness systemwide, including for providers and administrators.
- Elevate experiences that previously haven't been shared.
- Be community-driven and meet the needs of the community.
- Create promising and best practices from community.
- Foster compassion.
- Transform behavioral healthcare.
- Focus on outcomes that meet individual needs and maximize the opportunity to make systemic changes.
- Promote integration of physical and behavioral health care.
- Explore and promote accountability to community.
- Ensure those who are justice system involved have equitable access to services.

COMMUNITY AGREEMENTS

As the Committee works together, they will adhere to the following community agreements:

- Be curious, open, and respectful – seek to learn about others and their perspectives.
- Lean into discomfort – it's how we grow.
- Every voice is important – take space, make space.
- We take care of ourselves – stretch, eat, drink, use restroom, rest, etc.
- Confidentiality – stories stay, lessons go.

- One mic – one voice at a time.
- Take space/make space – if you are usually quiet, challenge yourself to speak up, and if you share often, please be mindful of leaving room for quieter voices.
- Avoid jargon, acronyms, and industry language – use inclusive language that is accessible for all.
- Expecting it to get messy and staying flexible – learning and growing can be uncomfortable.
- Speak from your own experience – Use “I” statements rather than generalizations.
- Challenge assumptions – learn from each other and respect our differences.
- Be conscious of intent vs. impact – no matter your intention, you’re responsible for your impact.
- Make room for multiple perspectives at once – think beyond binaries.

DECISION-MAKING

The Behavioral Health Committee will use a “thumbs up/sideways/down” model to check for subject matter understanding before moving forward with a motion to do a roll call vote to decision making if we have quorum.

LEADERSHIP AND STAFFING

The Behavioral Health Committee is supported by the Oregon Health Authority’s Behavioral Health Division, Metrics and Committee unit. Staff will support the Behavioral Health Committee through a planning team. This planning team will include and be led by the Chair(s) as nominated and selected by the Committee. In addition, the Chairs will serve on a rolling basis. To advance the Committee’s work, Chairs will provide leadership as well as the following:

- Provide input and reflection on each week’s meeting.
- Provide input to agendas.
- Develop proposals for the Committee to meet its goals.
- Be available for consult in between meetings.
- Assist with Committee member engagement.
- Serve as disruptors to the status-quo.

The Oregon Health Authority also will support the Committee through its Health Policy and Analytics Division, Equity and Inclusion Division, Business Information Services, Medicaid Division, Contracts and Procurements, and other divisions as needed.