

COMMITTEE CHARTER – BEHAVIORAL HEALTH COMMITTEE

This Charter was reviewed, adapted, and approved by the Behavioral Health Committee Members.

BACKGROUND, CHARGE, and DELIVERABLES

Governor Kate Brown signed House Bill 2086 on August 6, 2021, establishing the Behavioral Health Committee (“the Committee”) of the Oregon Health Policy Board. The Committee is convened to increase the quality of services and transform the behavioral health system through outcomes, metrics, and incentives.

House Bill 2086 charges the Behavioral Health Committee with establishing:

- Quality metrics for behavioral health services provided by Coordinated Care Organizations, health care providers, counties, and other government entities; and
- Incentives to improve the quality of behavioral health services.

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

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

The Committee will not limit their scope to metrics that impact the outcomes listed above. The Committee will think broadly and creatively to consider how metrics and incentives can be utilized to challenge assumptions about how services are delivered and accessed, innovate and improve the quality of services, and move the system from one designed to control to a system designed to support those it serves. 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. The metrics and incentives will reflect the Committee’s discussions regarding the purpose of the behavioral health system, the values they support, and the outcomes they hope to see.

In addition, the Committee will identify systemic impacts on individuals, communities, and historically and currently marginalized communities. 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.

To create metrics, the Committee will start by identifying key outcomes for the behavioral health system. The Committee may be asked to review the Oregon Health Authority’s performance over time to ensure that metrics, incentives, and system investments continue to align with and impact outcomes.

Ultimately, contracts between Oregon Health Authority and Coordinated Care Organizations, Community Mental Health Programs or individual providers of behavioral health services will align with the quality metrics and incentives developed by the Behavioral Health Committee. The Behavioral Health Committee will do its work with support as needed from the Health Plan Quality Metrics Committee.

The Oregon Legislature also passed House Bill 5024, which includes multiple investments designed to transform the behavioral health system. This includes a special purpose appropriation of \$49 million to be allocated to the Oregon Health Authority to transform Oregon's behavioral health system into one that aligns outcomes, roles, responsibilities, risk, and incentives. The expectation is that the Committee's recommendations will impact legislative decisions regarding the appropriation.

GOALS

The Behavioral Health Committee seeks to:

- Transform, reimagine, and improve Oregon's behavioral health system;
- Remove barriers to access;
- Increase the quality of services for the behavioral health system in order to be simple, responsive, and meaningful;
- Support the Oregon Health Authority's goal of eliminating health inequities by the year 2030;
- Center the perspective and input of people with lived experience and communities historically and currently impacted disproportionately by inequitable policies and practices;
- Explore and promote accountability to community;
- Ensure those who are part of the justice system have equitable access to services;
- Identify outcomes, metrics, incentives, and system changes that address and eliminate health inequities and disparities in Oregon's behavioral health system to support the health and well-being of all communities across the state.

BACKGROUND

The Oregon Health Authority has an opportunity to transform and improve the quality of behavioral health services while advancing health equity and establishing parity between physical and mental health service delivery, capacity, and funding.

The Behavioral Health Committee's charge, deliverables, and goals are nested in the larger context of transforming and reimaging Oregon's behavioral health system to be simple, responsive, and meaningful: 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.

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. Recent events also have shaped the approach to this work, including COVID-19, racial reckoning, a series of natural disasters, and the passage of Ballot Measure 110 in 2020.

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 can modify the membership of the committee as needed. As such, the Committee includes additional Members as both Voting Members and Non-Voting Members. Voting Members that are appointed are represented by community members with relevant experiences and expertise. House Bill 2086 requires specific representations including:

Voting Members

1. Health Plan Quality Metrics Committee Chair;
2. OHPB Health Equity Committee Chair (if any);
3. CCO Behavioral Health Director;
4. Community Mental Health Program representative;
5. Data Analysis Expert;
6. Consumer Advisory Council member 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 representative;
12. One representative of an organization that advocates on behalf of individuals with intellectual or developmental disabilities;
13. Behavioral Health service providers representative; and
14. Any other member that the Oregon Health Authority Director deems appropriate.

Non-Voting Members

Non-Voting members include a representative from the Oregon Health Policy Board as well as:

1. Oregon Health Authority's Behavioral Health Director
2. Alcohol and Drug Policy Commission Director
3. State Medicaid director
4. Department of Human Services representative
5. Oregon Judicial Department representative

The Behavioral Health Committee will meet for at least two hours each week through March 2022 using an online platform. There will likely be times when members will be expected to review documents, read reports, 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 voices that previously haven't been heard
- Be community-driven and meet the needs of the community
- Create promising and best practices from community
- Foster compassion
- Transform the behavioral health system
- Focus on outcomes that meet individual needs and maximize the opportunity to make systemic changes
- Promote integration of physical and behavioral health

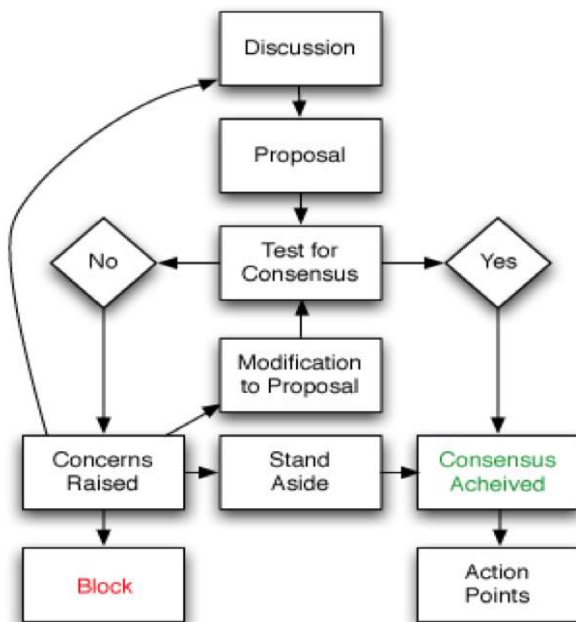
COMMUNITY AGREEMENTS

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

- Be impeccable with your word
- Don't make assumptions
- Don't take anything personally
- Always do your best
- Give space to one another
- Be frank; give and receive direct and honest feedback
- Be aware of power dynamics and power differentials

DECISION-MAKING

The Behavioral Health Committee will use a consensus decision making process, illustrated below. We will use a "thumbs up/down/sideways" model to check for consensus. In the event consensus cannot be achieved, we will vote, as long as we have a quorum of members.



DELIVERABLES

House Bill 2086 requires that the Behavioral Health Committee develop quality metrics and incentives no later than February 1, 2022. The legislation also states that the Oregon Health Authority will report to the legislature on identified barriers, including legislative changes or changes to the demonstration project under the 1115 Waiver that are needed to apply the quality metrics and incentives developed by the Behavioral Health Committee to contracts with Coordinated Care Organizations and counties no later than December 31, 2022. OHA commits to sharing draft reports with the Committee prior to submission to the Legislature or other body.

The Oregon Health Authority will amend contracts no later than October 1, 2022, for the provision of behavioral health services to align with the quality metrics and incentives developed by the Committee. The contracts will go into effect by January 1, 2023.

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

LEADERSHIP and STAFFING

The Behavioral Health Committee is supported by the Office of Behavioral Health Services within the Oregon Health Authority's Health Systems Division. The Oregon Health Authority has contracted with Artemis Consulting and Bailey Associates to assist the agency and the Behavioral Health Committee in meeting the charge of the group and establishing an inclusive, equity-focused process and outcome.

Staff and consultants 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 Tri-Chairs will serve on a rolling basis. To advance the Committee's work, Tri-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, Office of Equity and Inclusion, Business Information Services, Contracts and Procurements, and other divisions as needed.