



MENTAL HEALTH CLINICAL ADVISORY GROUP:
LEGISLATIVE REPORT
DECEMBER 2019

STAFFED BY:
HEALTH POLICY & ANALYTICS DIVISION
OFFICE OF DELIVERY SYSTEMS INNOVATION

BACKGROUND

The Mental Health Clinical Advisory Group (MHCAG) was established in 2017 by the Oregon Legislature with the passage of House Bill 2300. The MHCAG is charged with developing evidence-based algorithms for the treatment of mental health disorders with mental health drugs and making recommendations to OHA and the Pharmacy and Therapeutic (P&T) Committee.

Senate Bill 138, passed in 2019, extends the work of the MHCAG indefinitely. This legislation also established new requirements for the MHCAG, including: posting of MHCAG-approved recommendations within 30 days of approval by the MHCAG membership; changes in membership; and, submission of an annual legislative report. This document intends to fulfill the obligation for an annual report, and includes an overview of the interval work and recommendations made by the MHCAG including:

- Implementation of evidence-based algorithms
- Any changes needed to any preferred drug list used by the authority
- Practice guidelines for the treatment of mental health disorders with mental health drugs
- Coordinating the work of the group with an entity that offers a psychiatric advice line

INTERVAL WORK

The MHCAG held regular meetings on every odd-numbered month and special meetings during each even-numbered. The group reviewed scientific evidence, considered practical practice dynamics encountered by patients and practitioners, and heard public testimony prior to voting to approve content for publication.

The MHCAG has now completed resources focused on schizophrenia. The MHCAG finalized the schizophrenia edition of the “Mental health care guide for licensed practitioners and mental health professionals”ⁱ at the end of 2018 which is published on its website. The MHCAG also presented their clinical practice recommendations for the treatment of schizophrenia to the Pharmacy and Therapeutics Committee.

In December 2019, the MHCAG finalized and published medication algorithms for bipolar I disorder. In addition, the group published a cross-diagnostic compilation of statewide resources for patients, families and natural supports as well as a limited number of white papers to address treatment issues encountered by practitioners in the treatment of bipolar disorders. The group expects to publish an additional series of white papers related to bipolar disorders in the first quarter of 2020 and then begin working on algorithms and white papers for major depressive disorder.

RECOMMENDATIONS

In addition to its work on clinical guidelines related to schizophrenia and bipolar disorder, the MHCAG has considered opportunities for improving mental health outcomes in Oregon with a focus on suicide prevention. The group submits the following three recommendations for consideration:

1. *Enact legislation to establish minimum standards in suicide prevention education for health care professionals and include funding to ensure access to the best available education resources.*
 - *Rationale:* Oregon does not currently have any set expectations for health professional training regarding suicide risk assessment and appropriate treatment; Senate Bill 48 (2017) requires disclosure of suicide education to licensing boards but does not mandate training itself. Washington State has expectations for many types of health care providers regarding suicide prevention education (RCW 43.70.422). California requires suicide prevention education for licensed psychologists (AB 89). There are multiple well-developed trainings that already exist and are available in a variety of formats (e.g., online, in person), however, they are not accessible by all providers due to cost.
2. *Continue to develop a comprehensive Oregon Suicide Prevention Plan for all ages.*
 - *Rationale:* Oregon has a Youth Suicide Prevention Plan (established by the Oregon Health Authority) targeted at individuals aged 10-24, an age group for whom suicide is the 2nd leading cause of death. There is not currently a comprehensive approach to increase the safety of older Oregonians. It is encouraging that the Oregon Health Authority has recently posted a recruitment for an Adult Suicide Prevention Coordinator tasked with creating a state Adult Suicide Prevention and Intervention Plan which will be part of the comprehensive suicide prevention plan.
3. *Continue to support efforts that encourage the use of caring contacts within 48 hours of hospital discharges due to a behavioral health crisis.*
 - *Rationale:* The first week and the first month after a psychiatric hospitalization have been very clearly demonstrated to be a period of “extraordinary suicide risk”ⁱⁱ. Every effort to prevent future self-harm and suicide should be made during the critical period following discharge from an emergency room or inpatient psychiatric hospitalization.

FUTURE MCHAG WORK

The MHCAG has committed to creating 2-3 clinical guidance documents each year. Next, the MHCAG will finish its' work on bipolar disorders by publishing a series of white papers to address common treatment issues encountered by practitioners. Once the work on bipolar disorders is complete, the group will begin to develop algorithms and guidelines for major depressive disorder.

ⁱ Mental Health Clinical Advisory Group. Mental health care guide for licensed practitioners and mental health professionals. Salem, OR: Oregon Health Authority; March 2019. OHA 7548.

ⁱⁱ Chung D, Hadzi-Pavlovic D, Wang M, Swaraj S, Olfson M, Large M. Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalisation. *BMJ Open*. 2019;9(3):e023883.