

BEHAVIORAL HEALTH COMMITTEE

DATE: February 1, 2022

TO: Oregon Health Policy Board
Patrick Allen, Director, Oregon Health Authority
Steve Allen, Behavioral Health Director, Oregon Health Authority

FROM: Behavioral Health Committee

SUBJECT: Review of the Behavioral Health Committee and Continuation Towards Transformation

INTRODUCTION

This report provides updates on the work of the Behavioral Health Committee (Committee) and the plans for the continuation of its work. The Committee Chairs and members of the Committee have contributed to this report.

House Bill 2086 (HB 2086) is part of many legislative efforts beginning in 2021 to support the transformation of Oregon's behavioral health system. In HB 2086, the Committee was created to develop metrics and incentives to improve system accountability and performance across the system. Importantly, these metrics and incentives will be designed to have a positive transformative effect on Oregon's behavioral health system, and to support the Oregon Health Authority's (OHA) goal of health equity by 2030.

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
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs

ENVISIONING TRANSFORMATION

As part of HB 2086, OHA submitted a [report](#) to the Legislature on December 31, 2021, that included an in-depth review of the Committee. The Committee's four meetings since this report have focused on arriving at a consensus view on the fundamental changes needed for the behavioral health system, as this is the outcome toward which the metrics and incentives will be aimed. Summaries of Committee meetings can be found on the [Committee's webpage](#). The [Committee Charter](#) describes the collaborative process by which the members will achieve consensus across the multiple perspectives that are represented in the Committee.

The Behavioral Health Committee came to consensus on the following values and principles, which are reflected in the Committee's Charter. 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

The shared view of the Committee is that the existing ways of measuring and incentivizing will not be transformative enough. The Committee is therefore weighing a number of innovative ideas about outcomes, metrics, incentives, and, ultimately, system accountability, that will effectively create needed change while not losing sight of the needs of the individuals, communities, providers, payors, and the state as a whole. Any framework for measurement and accountability must be consistent with these values and expand to meet all needs of all individuals and communities regardless of engaging or not engaging in the state-funded system.

The Committee is also committed to increased access for communities and community members, health equity, and attention to justice-involved individuals. The Committee expressed ongoing needed attention to culturally and linguistically appropriate behavioral health care, and that the behavioral health outcomes reflect such behavioral health care - inclusive but not limited to - culturally competent and culturally specific behavioral health services and best practices.

The Committee needs more time to digest emerging proposals for outcomes, metrics and incentives. We have met eleven times, finalized a charter, reached consensus on values and principles underlying our work, and have had initial discussions about outcomes, metrics and incentives, with specific focus on agreeing on an outcome or outcomes.

Due to the complexity of the system and the difficulty of this work, we have not had sufficient time to discuss or reach consensus on outcomes, metrics and incentives. We will continue our work and will share our progress as we move forward. We recognize we have many important discussions ahead.