



**EXECUTIVE ORDER NO. 19-06**

**ESTABLISHING THE BEHAVIORAL HEALTH ADVISORY COUNCIL**

Over the last decade, Oregon has made significant strides in transforming and strengthening our overall health care system, but our progress has not been even across all components of the health care delivery system. Behavioral health systems remain largely fragmented and separate from the rest of health care, and we are not getting the outcomes we pay for. We have fallen short of adequately addressing the unique needs of Oregonians with serious and complex behavioral health conditions. This has tragic consequences. Oregon experiences some of the highest rates of serious mental illness, substance use disorders, and suicide in the country. Now is the time to build on Oregon's health care transformation efforts to ensure everyone with serious mental illness, including those with co-occurring substance use disorders, have timely and straightforward access to integrated behavioral health services and supports that are responsive to their needs and lead to meaningful improvements in their lives.

Pursuant to my authority as Governor of the State of Oregon, I find that:

Whereas, too often Oregonians suffering from serious mental illness, including those living with a substance use disorder, are not able to access the services and supports they need to achieve and sustain recovery; and

Whereas, only 45% of Oregon adults experiencing a mental illness in the prior year receive treatment, and only 11% of Oregonians addicted to illicit drugs receive treatment; and

Whereas, one in four adults with serious mental illness have a co-occurring substance use disorder, and too few programs in Oregon are currently providing evidence-based treatment that addresses both conditions; and

Whereas, serious mental illness and substance use disorders carry widespread physical, social, and financial consequences for individuals, their families, and communities; and

Whereas, these consequences also result in significant public and private spending to address avoidable costs in Oregon's health system as well as our criminal justice and social welfare systems; and

Whereas, the Oregon State Hospital has recently experienced a capacity crisis in part due to a lack of community-based behavioral health treatment and appropriate housing; and



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Whereas, hospital emergency departments are acting as a psychiatric safety net as they face increasing difficulty in finding appropriate alternative placements for behavioral health patients, with some rural Oregon hospitals reporting emergency department stays of up to 18 days; and

Whereas, the lack of safe and affordable housing is a significant barrier to recovery, contributing to an ongoing cycle of people moving in and out of homelessness, jails, shelters, and hospitals; and

Whereas, the state shortage of well-trained, stable, and diverse workforce is impeding essential access to responsive and integrated behavioral health care; and

Whereas, improving behavioral health outcomes requires a multifaceted approach requiring a coordination of resources, both public and private; and

Whereas today, too many individuals and families face barriers in accessing care because the system is too difficult to navigate, unresponsive to individuals and families' unique needs, and ineffective in helping individuals create lasting, meaningful changes in their lives; and

Whereas all people of Oregon, including those who struggle with mental illness or substance use disorder, deserve to live a fulfilling, dignified life, regardless of who they are, who they love, and where they're from.

**NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:**

1. The Governor's Behavioral Health Advisory Council (the "Council") is established. The Council shall recommend an action plan for the State of Oregon's behavioral health system that includes concrete actions, policies, and potential investments needed to preserve and improve services and supports for youth and adults with serious mental illness, including those with co-occurring substance use disorders.
2. The Council shall consist of no more than thirty-five (35) members. All members of the Council must have a commitment to improving the behavioral health system. The members shall be selected as follows:
  - a. The Governor or her designee shall be a member;



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- b. The President of the Senate shall appoint two members of the Oregon State Senate, one from the majority party and one from the minority party, in consultation with each party's leadership;
  - c. The Speaker of the House shall appoint two members of the Oregon House of Representatives, one from the majority party and one from the minority party, in consultation with each party's leadership;
  - d. The Director of the Oregon Health Authority or his designee shall be a member;
  - e. An Oregon tribal member shall be a member;
  - f. The Governor shall appoint up to 28 additional members. These members shall include those with knowledge regarding the experience of living with mental illness or the treatment of serious mental illness and substance use disorders, and may include representatives of county mental health programs, representatives with expertise in permanent supported housing and, persons in recovery, family members of affected persons, service providers, representatives from communities of color, business, the criminal justice community, advocacy organizations, Coordinated Care Organizations (CCOs), and others.
3. The Governor shall designate two members of the Council as Co-Chairs.
  4. A quorum for the Council meetings shall consist of a majority of the appointed members. The Council shall strive to operate by consensus; however, the Council may approve measures and recommendations based on an affirmative vote of a majority of the quorum present.
  5. The Council shall provide a final Action Plan to the Governor's Office no later than October 1, 2020. The report shall include the findings and recommendations of the Council and an action plan for the implementation of those recommendations.
  6. The Council shall be staffed by the Oregon Health Authority. In addition, the following state offices and agencies shall provide necessary support to the Council:



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- a. Oregon Health Authority
- b. Oregon Housing and Community Services
- c. Alcohol and Drug Policy Commission
- d. Oregon Department of Corrections
- e. Oregon Youth Authority
- f. Department of Human Services

The Directors of these agencies and Commission shall cooperate by providing information as needed and available, and by meeting with and reporting to the Council as needed.

7. Members of the Council shall not receive per diem for their activities as members of the Council, but may be reimbursed for expenses incurred in attending Council business pursuant to ORS 292.495(2), subject to availability of funds.
8. The Council will make specific recommendations for policy and investments for consideration in establishing agency budget priorities for the 2021-2023 biennium, and for consideration by the Governor and Legislature in order that:
  - a. Health equity is advanced within the state's behavioral health system regardless of race, ethnicity, location, or housing status;
  - b. Mental health and substance use disorders are detected early and treated effectively;
  - c. Youth and adults with serious mental illness, including those with co-occurring substance use disorders, have simple, timely access to the full continuum of behavioral health care with a goal of providing an appropriate level of care, improving outcomes, and decreasing the inappropriate use of hospital levels of care or of emergency departments as a psychiatric safety net;
  - d. Youth and adults with serious mental illness can receive treatment that is responsive to their individual needs and that leads to meaningful improvements in their lives in their communities;



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- e. People with serious mental illness have access to affordable housing that offers the right amount of independence and is located close to providers, community resources, and public transportation, and people experiencing homelessness have meaningful access to appropriate treatment;
  - f. The supply, distribution, and diversity of the behavioral health workforce is improved to provide appropriate levels of care, access to care in the community, and new models of care supporting behavioral health integration.
9. This Executive Order shall expire on December 31, 2020.

Done at Salem, Oregon, this 18<sup>th</sup> day of October, 2019.

A handwritten signature in black ink that reads "Kate Brown".

Kate Brown  
GOVERNOR

ATTEST:

A handwritten signature in blue ink that reads "Bev Clarno".

Bev Clarno  
SECRETARY OF STATE

