

FAQ — Behavioral Health Committee

This document will be updated as necessary – please reference the [Committee's webpage](#) for the most current FAQ document.

Why was the Committee established?

Governor Kate Brown signed [House Bill 2086](#) on August 6, 2021, which was passed by the Oregon State Legislature. The legislation established 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.

What is the purpose of the Committee?

House Bill 2086 includes tasks for the Committee that are described below.

Establishing metrics and incentives

- 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.

Qualifications for quality metrics and incentives

- 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.

Additionally, House Bill 5024 was passed by the Oregon State Legislature, 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.

Is the Committee’s work new?

The State of Oregon has relied on a multitude of community-based workgroups, task forces, and listening sessions to inform the recommendations that culminated in House Bill 2086. The work of this Committee continues and acknowledges that previous work. Recent events also have shaped the approach to this work, including COVID-19, the struggle for racial justice and the traumas that have led to it, a series of natural disasters, and the passage of Ballot Measure 110 in 2020.

How was the Committee convened?

On August 30, 2021, the Oregon Health Authority distributed a [public announcement](#) for community members to apply for the Committee. Applications were received until September 10, 2021. After that date, staff from multiple divisions within the Oregon Health Authority reviewed applications and organized those applications based on a scoring rubric. In early October, applicants were notified of the selections for the Committee’s membership. After those notifications and confirmations from applicants to join the Committee, the Committee began meeting on November 15, 2021.

How were Committee Members selected?

House Bill 2086 requires specific types of participants for the Committee that are described in Attachment A, and additional appointments may be made by the Oregon Health Authority Director. A specific list of Members' names and community roles can be found on the Committee's [webpage](#). The Health Authority also prioritized membership including 51% of individuals with lived experiences of behavioral health.

Once all applications were received, the applications were evaluated using a scoring process. The applications were scored based on relevant experience, knowledge, and skills; service provision experiences; lived experiences; and health inequity impacts. Using the final scores, those scores were matched to the legislatively required member types, and then other applicants were appointed as Members by the Oregon Health Authority Director.

What are the goals of the Committee?

- Transform, reimagine, and improve Oregon's behavioral health system;
- 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 those who have suffered health inequities; and
- Move equity forward by identifying 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.

What is the timeline for the Committee?

House Bill 2086 provides dates for certain reports to be delivered in 2021 and 2022. The Committee will also determine future work to continue its goal of system transformation and increasing the quality of services. A timeline graphic is included as Attachment B.

When are the Committee's meetings?

The Committee meets every Monday from 10am to 12pm. The first meeting occurred on November 15, 2021, and this meeting schedule through March 28, 2022. The Committee will further determine the meeting frequency for meetings after the March 28 date.

Where are the Committee meetings?

The meetings are held virtually with the Zoom platform. Each meeting uses the same link to access the virtual meeting. The meetings also have a phone option.

Zoom link: <https://www.zoomgov.com/j/1607956557?pwd=WkpPYOhFTmFOUnVodk9FYVNsYnZ5Zz09>

Phone: 669-254-5252 (San Jose); 646-828-7666 (New York)

Meeting ID: 160 795 6557

Passcode: 304271

How do I submit public comment?

Members of the public can submit public comment two ways:

1. Attend the meeting and participate in public comment at the end of the meeting; and/or
2. Submit public comment through email to jesse.rawlins@dhsosha.state.or.us.

Where do I request more information or send questions?

Please email Jesse Rawlins, Senior Policy Advisor with the Oregon Health Authority and staff for the Committee, at jesse.rawlins@dhsosha.state.or.us.

ATTACHMENT A – MEMBERSHIP REPRESENTATION REQUIRED BY STATUTE (House Bill 2086)

Voting Members

1. Health Plan Quality Metrics Chair;
2. Oregon Health Policy Board Health Equity Committee Chair;
3. Coordinated Care Organization Health Director
4. Community Mental Health Program representative;
5. Data analysis expert;
6. Consumer Advisory Council Member;
7. System of Care Advisory Council representative;
8. Ballot Measure 110 Oversight and Accountability Council Members;
9. System of Care representative
10. Community member with relevant expertise;
11. Tribal Government representative;
12. One representative of an organization that advocates on behalf of individuals with intellectual or developmental disabilities;
13. Behavioral Health services provider representative;
14. And other Member appointed by the Oregon Health Authority.

Non-Voting Members

1. Oregon Health Authority Behavioral Health Director;
2. State of Oregon Alcohol and Drug Policy Commission Director;
3. Oregon Health Authority Medicaid Director; and
4. Oregon Department of Human Services representative.

ATTACHMENT B – TIMELINE FOR THE COMMITTEE

