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Governor's Behavioral Health Advisory Council
Small Group Discussion Summary: Past Recommendations and the Simple, Responsive, and Meaningful Framework

November 18, 2019
1:00 to 4:00 PM

Introduction

This document summarizes the small group discussions of the Governor's Behavioral Health Advisory Council (GBHAC) at their meeting on November 18, 2019. The GBHAC reviewed past workgroup and report recommendations on behavioral health and attempted to map those recommendations to the GBHAC framework of simple, responsive, and meaningful. The small groups attempted to identify promising strategies and policy proposals, assess gaps in implementation, and build on the work of the past.

General Themes

Staff asked councilmembers to reflect on the process of doing the homework and comment on the issues that came up as they reviewed previous reports and recommendations. They also asked members to identify recommendations or work that aligned with the simple, responsive, and meaningful framework. Several general themes came up both within and outside of the framework. Some members had issues with the framework or had trouble with categorizing recommendations, for example: 1.) members commented that by definition a responsive recommendation is a meaningful recommendation and 2.) a couple of groups struggled with simple – simplicity in access vs. simplicity in design/implementation. Below are some themes that emerged through the exercise.

Anxiety: Members expressed some general anxiety and despair at the large amount of work, time, and resources that went into creating solutions with little result. Past reports had little accountability and funding attached to them. Some members commented that the narrow or siloed scope for some of the work might have led to uneven or fragmented progress. Members expressed fears that past recommendations were driven by changes in leadership and that the parsing of past recommendations with the same people at the table would not result in transformative change. Members feared more of the same – what if we say it all again? However, some members were optimistic about the timeline of the GBHAC and the alignment with the long legislative session and the Governor's budget.

Roles, Responsibility, and Accountability: The groups felt that many of the reports do not assign roles, responsibility, or accountability for recommendations – leading to very little in terms of meaningful outcomes. As mentioned in "Anxiety" – members also noted the lack of attached funding mechanisms that could exacerbate murky roles. Members expressed frustration at not knowing what recommendations were implemented, their progress, and their effectiveness. Members felt that we all play a role in the work, but no one really knows who moves it forward and monitors the progress to ensure we have achieved our aim. Groups recommended building very clear roles and responsibilities for CCOs, counties, commercial insurance carriers, tribes, and the state. Some members suggested annual status reports for recommendations as a way to hold the state/other entities accountable.

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Action and Urgency: Given the anxiety around past recommendations, groups expressed a desire to prioritize action and urgency. One group brought up that while the GBHAC meets, people are in crisis and in need of services -- talking does not move the needle. Members thought the language of recommendations should be clear and concrete with action-based and simplistic verbiage. Members wanted to ensure that recommendations have action steps that actualize or implement strategies. Members expressed a desire to stop playing around the edges. One group suggested putting all of the needs and recommendations on white boards and determining what is transformational and can move system in the right direction.

Peer support and consumer-driven care: Groups brought up the importance of consumer voice in service delivery and oversight – categorizing consumer-centered recommendations as both meaningful and responsive. All groups recommended elevation and funding of peer delivered services and supports. A couple of groups linked peer support with the need for greater workforce development – certification and training of peers. Groups also discussed the need for peers and consumers to help shape recommendations and serve on decision-making bodies at the state and local level (including CCO Consumer Advisory Councils). Members felt the best recommendations come from those receiving the services. One group recommended that counties create offices of consumer engagement. Groups also sought recommendations to decrease stigma and increase trauma informed practice. Members suggested local mental health authorities could have a greater sense of local needs and should take the lead in designing solutions. Finally, members suggested that behavioral health services should mimic physical health services for those with chronic conditions: moving from episodic/acute care to longer term support and engagement with the consumer.

Social Determinants and Equity: Groups acknowledged that the target population's basic needs are not being met and that recommendations that address social determinants/equity had the potential of responsive and meaningful change. Members brought up the importance of investments in prevention, housing, early intervention, language services, and programs that promote community connection. Groups suggested supporting locally led, culturally responsive services and providing funding streams that are flexible enough to cover those services. Members suggested a shared definition of equity.

Simplicity and Transparency in Funding: Some of the groups identified complexity and ambiguity of funding streams limiting the ability to have simplicity of access and meaningful outcomes. Complex and ambiguous funding leads to fragmented, siloed, duplicative and disjointed service delivery. For example, different payers (commercial insurance vs. Oregon Health Plan) create different sets of services and payment – which also creates disparities. Members suggested a need to "follow the money", meaning they wanted more transparency in behavioral health investment – what was effective, what was duplicative, and where are the gaps? Some members expressed a desire not to fall into the narrative of "if we only had more money." One group suggested consumer engagement in assessing the cost-effectiveness of programming.

Integration: Groups brought up the importance of integration and coordination of services in adding to the simplicity and responsiveness of the system. Members would like to see comprehensive health care settings (physical and mental health and addiction services) with navigation services. Members suggested reducing administrative barriers that hamper integration, developing certification standards

for Behavioral Health Homes, working across sectors (examples of crisis response in county jails), and integrating data systems. Members also expressed that services should be integrated in the community, creating opportunities for support and connectedness. Again, local mental health authorities could be best positioned to lead this work.

Workforce: Groups found that recommendations around workforce could increase simplicity of access, increase responsiveness to consumer needs, and produce meaningful outcomes. All groups thought workforce development was necessary for successful systems change. Members brought up credentialing (eliminating wait times for receiving credentials, SUD accreditation, etc.), creating culturally specific trainings, creating certifications for peer supports, training for trauma-Informed practice, incentivizing workforce development in high need areas, increasing wages/payment, reducing administrative burden on providers, and expanding workforce development for other provider types (for example, nurses).

Meaningful data: Groups brought up the importance of collecting meaningful, reliable data that does not add administrative burden to providers. Members expressed frustration that data is collected but nothing is done with it. Members wanted to avoid tracking things to death. Members also expressed a need to define measures of success (example: appointments within 48 hours, etc.).

Reports of Note

The groups identified or noted a few sets of recommendations that they found particularly meaningful:

- The Oregon Health Authority 2016-18 Behavioral Health Strategic Plan
- The Oregon Performance Plan
- The Tribal Behavioral Health Strategic Plan 2019 to 2024
- The Oregon Consumer Advisory Council Recommendations for State Support to Establish Peer Run Programs
- The Behavioral Health Collaborative
- Oregon Veterans' Behavioral Health Services Improvement Study

These reports were meaningful in that they invested or directed the investment to support their strategies, had action steps with clear accountability or responsibility, centered consumer voice, or led with equity.