

Governor's Behavioral Health Advisory Council

Charter

October 24, 2019

I. Charge and deliverable:

The Behavioral Health Advisory Council (BHAC) will develop recommendations aimed at improving access to effective behavioral health services and supports for all Oregon adults and transitional-aged youth with serious mental illness or co-occurring mental illness and substance use disorders. The BHAC will build upon and not replicate previous efforts to improve the behavioral health system. The BHAC will recommend to the Governor specific actions and investments necessary to improve access to behavioral health care that is responsive to people's individual needs and characteristics, and improves health outcomes.

The Council will make recommendations for policy and investments for consideration in establishing agency budget priorities for the 2021-2023 biennium.

The Council will deliver recommendations to the Governor by October 1, 2020.

II. Project Goals:

In order to have a system that is simple to access, responsive to individual needs, and provides meaningful outcomes, the BHAC will focus on the following goals:

1. Health equity is advanced within the state's behavioral health system regardless of race, ethnicity, location, or housing status;
2. Mental health and substance use disorders are detected early and treated effectively;
3. Transitional-aged 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 avoidable use of hospital-level care or of emergency departments as a psychiatric safety net;
4. Transitional-aged 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;
5. People with serious mental illness have access to affordable housing that maximizes independence and is located close to providers, community resources, and public transportation, and people experiencing homelessness have the access they need to appropriate treatment;

6. The supply, distribution, diversity and expertise 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.

III. Scope:

The Council will recommend an action plan for the Oregon's behavioral health system that includes actions, policy recommendations, and potential investments needed to preserve and improve services and supports for transitional-aged youth and adults with serious mental illness, including those with co-occurring substance use disorders.

In scope:

- Population: Adolescents and adults with serious mental illness, including those with co-occurring substance use disorders.
- Evidence-informed strategies and practices that:
 - Improve simplicity of access to supports and services for people who need them;
 - Improve the quality of the services people receive so that they are comprehensive and responsive to each person's individual treatment needs and lead to meaningful and sustained improvements in people's lives;
 - Ensure that Oregon's systems of care are driving toward and are evaluated and, when possible, rewarded for helping people achieve meaningful and sustained improvements in their lives;
 - Broaden and strengthen Oregon's behavioral health workforce across all regions and specialties;
 - Improve access to safe and supportive housing for the project's target population; and,
 - Meet Council principles.
- Development of biennial budget estimates where appropriate.

Out of scope:

- Investments and/or policies aimed beyond the Council's identified target population
- Development of a financing strategy
- Drafting of state or federal legislation
- Development of an advocacy strategy
- Development of implementation plans

The Governor, directly or through her health policy advisor, may provide additional direction to the BHAC on scope or expectations as the group's work evolves.

IV. Membership, meeting participation, and decision making:

- The BHAC is comprised of key stakeholders, including individuals with expertise in behavioral health, providers, consumers, payers, health system representatives, legislators, and advocates.
- Members are expected to attend personally; delegates or proxies are not allowed. Members other than legislators serve at the pleasure of the Governor.
- The Governor shall appoint co-chairs of the Council.
- A quorum for Council meetings will 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. While the goal is to develop a set of recommendations that garner broad support, the Governor is not bound by the Council's recommendations.
- The BHAC is not a "governing body of a public body" under Oregon public meetings laws because it is providing advice and/or making recommendations to the Governor as an individual official. However, Council meetings will be open to the public and materials will be posted on the OHA website.

The membership roster is attached.

V. Staffing:

The Council will be staffed by the Oregon Health Authority. In addition, the following state offices and agencies shall provide support to the Council:

- Department of Human Services
- Oregon Housing and Community Services
- Oregon Youth Authority
- Oregon Department of Corrections
- Alcohol and Drug Policy Commission

The Governor's senior health policy advisor will serve as the Governor's representative and will answer questions about the scope of work and expectations of the Council. Final recommendations and advice will be relayed to the Governor through the policy advisor.

VII. Timeline and Work Plan:

The Council is limited in duration and will conclude its work no later than November 1, 2020. The group will finalize a schedule and work plan at its second meeting. The Council is expected to meet 9-11 times between October 14, 2019 and November 1, 2020. Meetings will alternate between Salem and Portland.