

BEHAVIORAL HEALTH STAKEHOLDER PARTNER ORGANIZATIONS 2019

WORKGROUP	MEMBERSHIP DESCRIPTION	Mandate	Scope
General Health/Behavioral Health Policy			
AMHPAC Addictions and Mental Health Policy Advisory Committee	State agency representatives, providers, consumers, family members, and advocates	Federal Mandate	Advisory group for MH/Addictions promotion & prevention block grant
OCAC Oregon Consumer Advisory Council	Behavioral Health Consumers, including youth, families of youth, and adults with lived experience with SUD, Problem Gambling, and MH	Require in state statute	Advises the OHA Director on the provision of behavioral health services in Oregon; may review, evaluate and provide feedback on all site reviews related to mental health services provided by the Oregon Health Authority.
Oregon Health Policy Board (OHPB)	9 members appointed by the Governor with healthcare, public health and business experience	Require in state statute	Policy making & oversight for OHA on all aspects of healthcare reform, including a new Behavioral Health Workforce subcommittee (Members include a psychiatrist, nurse, peer and LPC).
Health Evidence Review Commission	13 members appointed by the Governor and confirmed by the Senate: 5 physicians licensed to practice medicine in this state who have clinical expertise in the areas of family medicine, internal medicine, obstetrics, perinatal health, pediatrics, disabilities, geriatrics or general surgery, One of the physicians must be a doctor of osteopathic medicine, and one must be a hospital representative or a physician whose practice is significantly hospital-based; 1 dentist with clinical expertise in general, pediatric or public health dentistry; 1 public health nurse; a behavioral health representative who may be a social services worker, alcohol and drug treatment provider, psychologist or psychiatrist; two consumers of health care who are patient advocates or represent the areas of indigent services, labor, business, education or corrections; a complementary or alternative medicine provider who is a chiropractic physician, a naturopathic physician or an acupuncturist; an insurance industry representative who may be a medical director or other administrator; and a pharmacy representative who engages in the practice of pharmacy at a retail drug outlet.	Require in state statute	Prioritized List of Health Services for OHP benefits, evidence-based reports on health services or multisector interventions; Includes a Behavioral Health Advisory Panel that meets annually.
Older Adult BH Advisory Council	Consumers, providers, advocates, family members	Non- Mandated Workgroup	Advise OHA and DHS staff on issues related to Behavioral Health services for older adults.
Tobacco Reduction Advisory Committee (TRAC)	Members from private and state agencies including representatives of the American Cancer Society, American Lung Association, American Heart Association, Oregon Association of Hospitals & Health Systems, Oregon Medical Association, and CCOs.	Require in state statute	Created by Executive Order No. EO-97-10, TRAC assists the OHA Public Health Division in crafting, analyzing, and prioritizing programs which seek to reduce statewide tobacco use. TRAC provides the Tobacco Prevention and Education Program (TPEP) recommendations and guidance on program and budget matters.

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State Health Improvement Plan, BH subcommittee	Members represent OHA (PHD, HSD), DHS, CCOs, CSAC, family members, AOCMHP, ADPC, law enforcement, DCBS, ODE, culturally-specific organizations, LPHAs, service providers, hospital systems, and people with lived experience	Non-Mandated Workgroup	Identify population-wide priorities, outcomes and strategies for improving the health of people in Oregon. Behavioral health is one of five priority areas for the 2020-2024 SHIP and is inclusive of mental health and substance use.
Adult Substance Use			
Alcohol & Drug Policy Commission	The Governor appoints 12-16 members representing DAs, sheriffs, Indian tribes, providers of alcohol and drug abuse prevention and treatment services, Chiefs of police, Alcohol or drug treatment researchers or epidemiologists, Criminal defense attorneys; health insurance industry, hospitals or coordinated care organizations; and Consumers of alcohol and drug abuse prevention and treatment services who are in recovery and the family members of consumers. Also includes nonvoting members: a House Representative and Senator; circuit court judge and OHA BH director.	Require in state statute	Created by the Oregon Legislature to improve the effectiveness and efficiency of state and local substance use disorder (SUD) prevention, treatment and recovery services for all Oregonians, including the development of a comprehensive addiction, prevention, treatment and recovery plan for this state.
ANTECEDENT (partnerships to enhance alcohol screening, treatment, and intervention) Advisory Board group	OHA PHD, Transformation Center, ORPRN, OHSU, SBIRT Oregon (note, OHA does not convene)	Non-Mandated Workgroup	ANTECEDENT (partnerships To Enhance alcohol screening, treatment, and intErveNTion) is a 3-year study, funded by AHRQ, to address unhealthy alcohol use in primary care. ANTECEDENT is aligned with the Oregon Health Authority (OHA) Coordinated Care Organization (CCO) incentive metric for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy alcohol and drug use
Opioid Prescribing Guidelines Task Force	Providers, consumers, peers, pharmacist	Non-Mandated Workgroup	Develop Opioid Prescribing Guidelines for chronic pain, acute pain, dentists, pregnant women, and tapering.
West Coast Collaborative	Representatives of Oregon, Washington, California, and British Columbia health agencies	Non-Mandated Workgroup	Information sharing among jurisdictions about Substance Use Disorder

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Adult Mental Health			
Mental Health Clinical Advisory Group	15 members appointed OHA: 2 psychiatrists with active community practices; One child and adolescent psychiatrist; Two licensed clinical psychologists; One psychiatric nurse practitioner with prescribing privileges; Two primary care providers; Two pharmacists, one of whom must have experience in dispensing to long term care facilities and to patients with special needs; Two individuals, representing statewide mental health advocacy organizations for children and adults with mental illness, who have experience as consumers of mental health services or as a family member of a consumer of mental health services; Two individuals each representing a coordinated care organization; and One consumer of mental health services or one family member of a consumer of mental health services.	Require in state statute	Jointly advises OHA + Oregon Pharmacy & therapeutics committee. Implementation of evidence-based algorithms <ul style="list-style-type: none"> •Any changes needed to any preferred drug list used by the authority •Practice guidelines for the treatment of mental health disorders with mental health drugs
Budget Note MH caseload Workgroup (Temporary)	LFO, DAS, OHA HSD and OSH, AOCMHP, CMHPs, counties	Require in state statute	Make recommendations related to the legally mandated MH caseload (formula, addition of aid and assist, incentives/disincentives)
Oregon Performance Plan (OPP) Stakeholder Advisory Team	Consumers, providers, advocates	Non-Mandated Workgroup	Advise OHA on implementation of Oregon Performance Plan
Children's Behavioral Health			
CSAC Children's System Advisory Council	Representatives from child welfare, developmental disabilities, juvenile justice, education, Coordinated Care Organizations, Behavioral health treatment, peer-run organizations, family members, youth, advocates and providers	Require in state statute	Committee provides oversight of children's mental health system planning, coordination, policy development, fiscal development and evaluation of service delivery/functioning. Also addresses specialized issues and services for transition age youth and young adults.

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System of Care Advisory Council (Forming)	Members will include representatives from DHS, OHA, OYA, ODE, CCOs, Juvenile Justice, Tribes, CMHPs ,an entity that offers commercial insurance, 3 members from agencies that provide different services and supports to youth and families of youth, organizations that advocate for youth, organizations that advocate for families of youth, ; one psychiatrist, one psychologist and one pediatric physician, each of whom must have clinical experience with youth; 2 public members who are family members of: (i) Persons with intellectual or developmental disabilities or mental illness; or (ii) Persons who are currently or were previously in the foster care system or the youth criminal justice system; 2 members of the public who are no more than 25 years of age and who: (i) Are persons with intellectual or developmental disabilities or mental illness; or (ii) Are currently or were previously a ward, youth or youth offender; a representative of Oregon’s federally mandated disability protection and advocacy agency. Member applications accepted until January 2, 2020.	Require in state statute	The purpose of this council is to improve the effectiveness and efficacy of state and local systems of care that provide services to youth by providing a centralized and impartial forum for statewide policy development and planning. The primary duty is to develop and maintain a state system of care policy and a comprehensive, long-range plan for a coordinated state system of care that encompasses public health, health systems, child welfare, education, juvenile justice and services and supports for mental and behavioral health and people with intellectual or developmental disabilities.
State Child Fatality Review Team	Statewide interdisciplinary team with representatives from OHA Public Health Division and Department of Human Services	Require in state statute	Review child fatality cases where child abuse or suicide is suspected, identify trends, make recommendations and take actions involving statewide issues.
ODE Medicaid Advisory Group	ODE/OHA	Other state agency	Works with schools to encourage Medicaid billing of IDEA services provided to students
Oregon Alliance to Prevent Suicide	Alliance members are appointed by the Oregon Health Authority and represent a broad range of subject matter experts including youth, suicide attempt survivors and loss survivors.	Require in state statute	Develop public policy agenda for suicide intervention & Prevention. Oversee implementation of Youth Suicide Intervention & Prevention Plan, evaluate outcomes related to suicide prevention.
Workforce			
Traditional Health Worker Commission	Members of the THW workforce, Dept. of Community Colleges and Workforce Development, Oregon Nurses Association (Community Health Nurse), Home Care Commission, CCOs, labor organization, Oregon Tribes, THW Supervisor at Community-based org, Community-based Org/ agency, consumer of THW services	Require in state statute	The Commission advises and makes recommendations to the Oregon Health Authority, to ensure the program is responsive to consumer and community health needs, while delivering high-quality and culturally competent care.

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HB 2257 SUD Provider Accreditation Advisory Group (Temporary)	Consumers, providers, and tribal members.	Require in state statute	Consider and make recommendations for accreditation of SUD providers
Peer Delivered Services ("PDS") Core Team	Members of the peer delivered services workforce, representatives from peer run organizations	Non-Mandated Workgroup	Innovation hub for PDS in Oregon.
Court Involvement			
IMPACTS Grant Review Committee	Co-chaired by CJC and OHA. Members include: 3 public members with lived experience, DA, county commissioner, MH treatment provider, Police chief, acute care hospital, tribal rep, Defense attorney, SUD treatment provider, and a sheriff.	Require in state statute	Approve criteria and applications for grants to counties, regions and tribes for projects to reduce recidivism of frequent users of jails, Eds, and OSH
Oregon State Hospital Advisory Board	Advocates, consumers, health care professionals, family advocate, members of the public, mental health advocate, legislators	Require in state statute	Reviews state and federal laws concerning OSH policies and procedures related to patient care, safety and security. The board may make recommendations directly to the OSH superintendent, Oregon Health Authority and the Oregon State Legislature.
SB 24 Implementation Workgroup	OHA, OJD and LPRO co-chair. Members include: prosecutors and defense attorneys (circuit and muni court), circuit court judge (Waller), CMHPs, DOJ, OHA HSD and OSH staff, forensic evaluators	Legislative Committee	Identify issues with implementation of SB 24 and make short and long-term recommendations to address issues.
Decriminalization of Mental Illness Legislative Workgroup	Sen Prozanski and Judge Wolke chair; OHA, OJD, psychiatrists, OPPA, consumers, advocates, DOJ, ODAA, defense attorneys	Legislative Committee	Civil commitment, assisted outpatient treatment
PSRB Workgroup	PSRB, OJD, OHA, DOJ, OCDLA, ODAA, DRO, law enforcement, CJC, OPPA, peers	Legislative Committee	Psychiatric Security Review Board and Guilty Except for Insanity issues
Chief Justice's BH Advisory Committee	OJD	Judicial	Chief Justice convened a group of judges to advise on behavioral health issues in the courts.