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# Governor's Behavioral Health Advisory Council Draft Recommendations

Presented to  
Senate Interim Committee on Mental Health  
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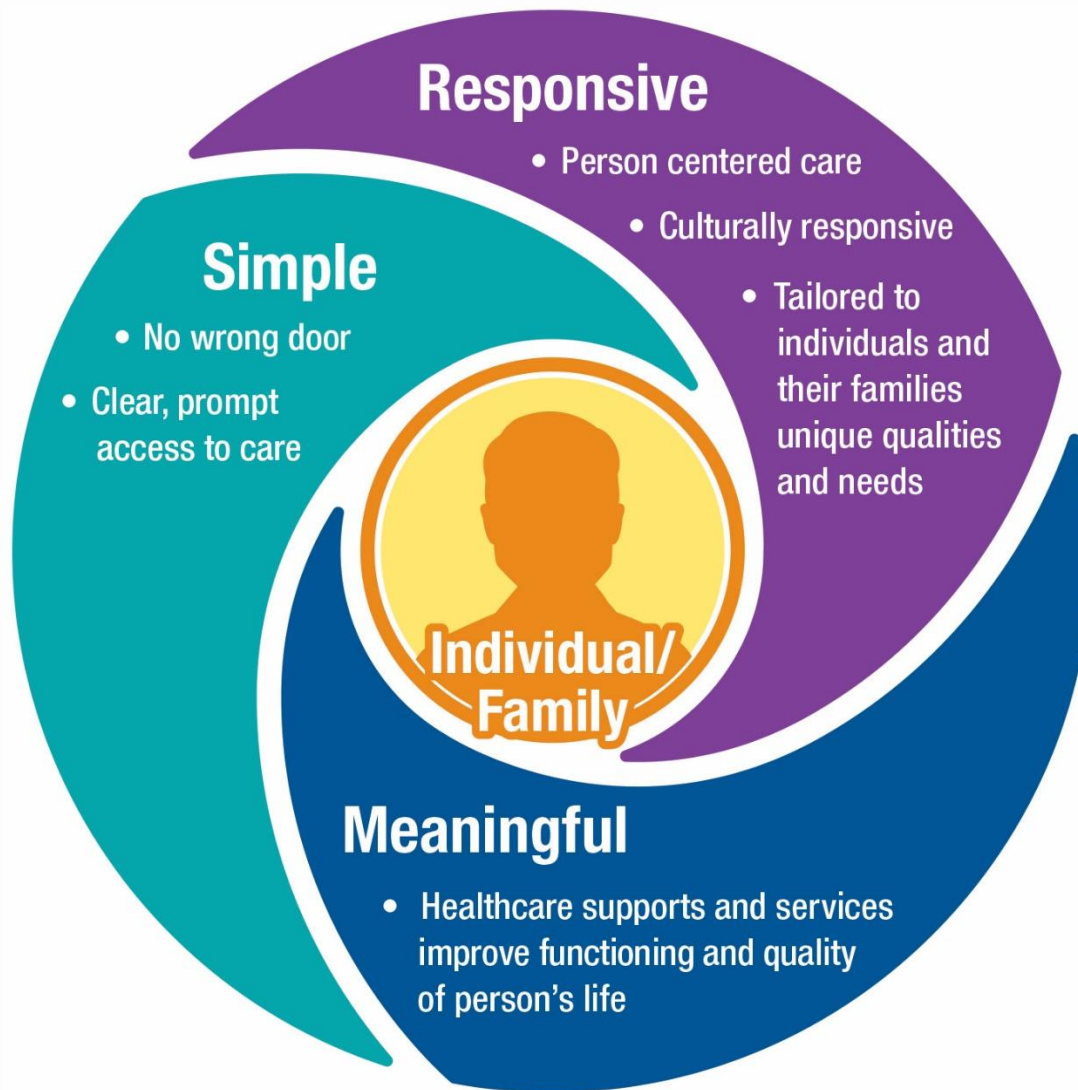
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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font, positioned above the word "Health" in a large, dark blue, serif font. A horizontal line is drawn under "Health", and the word "Authority" is written in a smaller, orange, serif font below the line.

Oregon  
Health  
Authority



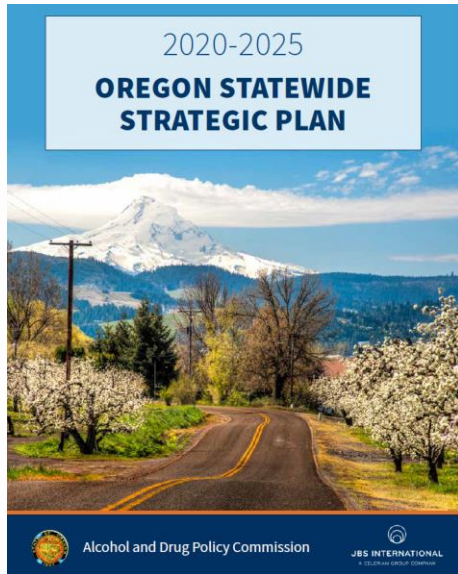
# Governor's Behavioral Health Advisory Council (GBHAC)

- 35 member council (+12 agency members) est. by Executive Order
- Met monthly from October 2019 through September 2020
  - Council timeline interrupted between April and June 2020 due to COVID-19
- Starting in January, engaged persons with lived experience to formulate and deliberate on recommendations.
- **Scope/Target Population:**
  - **Adults with serious mental illness and co-occurring substance use disorders**
  - **Transition-aged youth (age 12+)**

# GBHAC Charge

- Develop recommendations aimed at improving access to effective and responsive BH services and supports for all Oregon adults and transitional-aged youth with serious mental illness or co-occurring mental illness and SUD.
- Provide specific recommendations in order to ensure:
  - Health equity is advanced within the state's behavioral health system
  - Mental health and SUD are detected early and treated effectively
  - Youth and adults with serious mental illness have timely access to the full continuum of behavioral health care
  - Youth and adults with serious mental illness can receive treatment that is responsive to their individual needs and leads to meaningful improvements in their lives
  - People with serious mental illness have access to affordable housing that offers independence and is close to community resources
  - The supply, distribution, and diversity of the BH workforce is improved to provide appropriate levels of care and access to care in the community

# Council Shared Learning: Review of Past Recommendations



Oregon Public Health

## >> State Health Improvement Plan



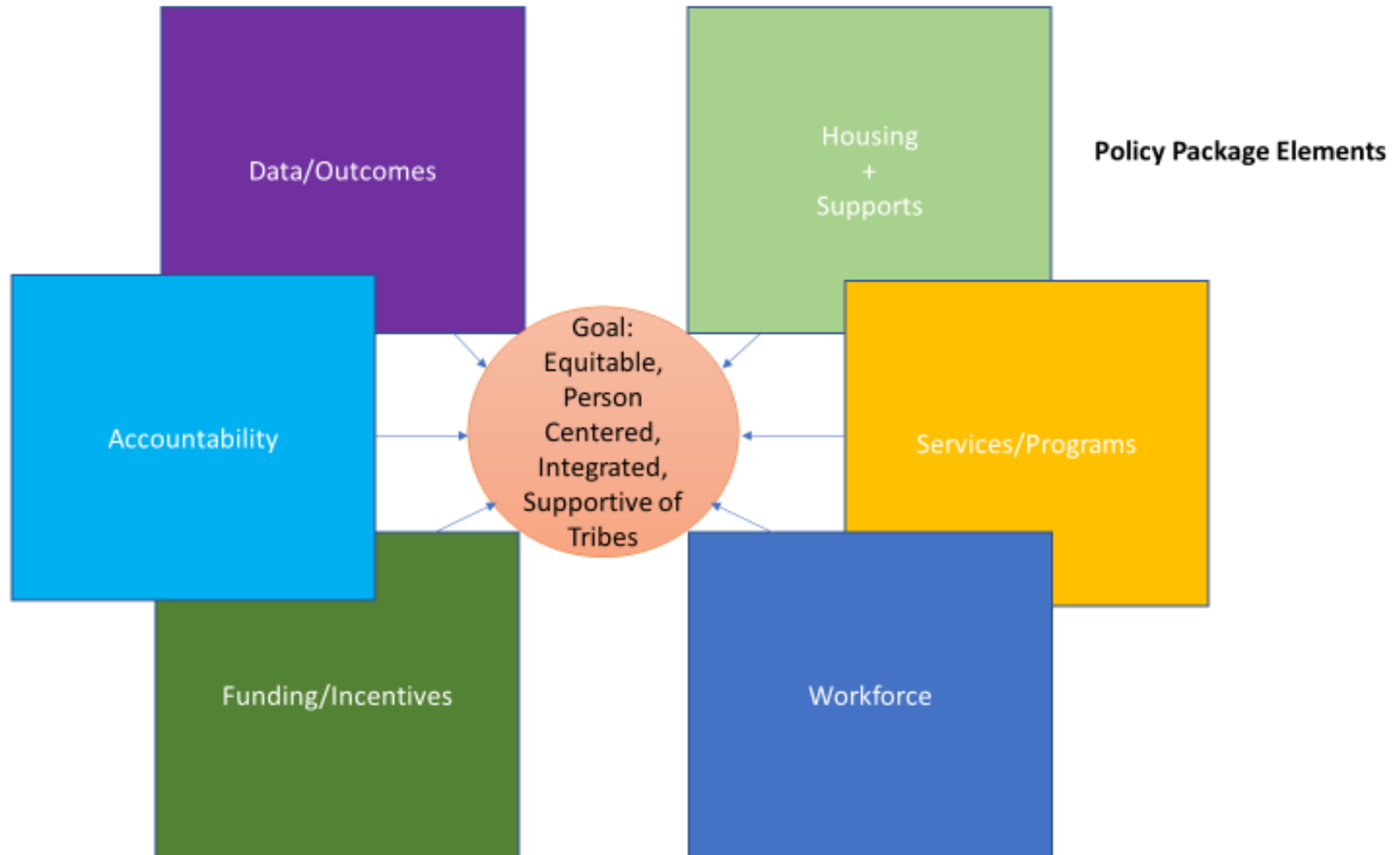
APRIL 2019

## Recruitment and Retention Recommendations for Oregon's Behavioral Health Workforce

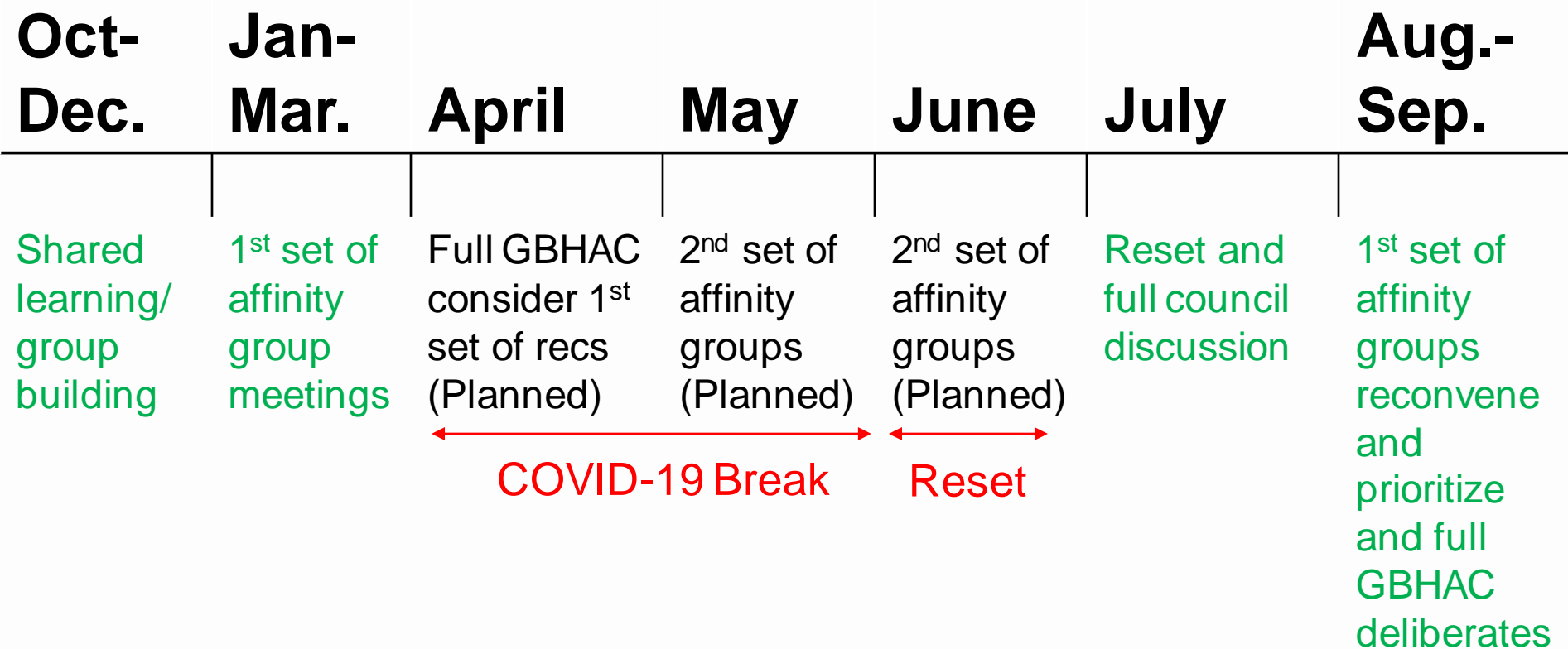
## OREGON HEALTH AUTHORITY

## 2015–2018 BEHAVIORAL HEALTH STRATEGIC PLAN

# The GBHAC's Six Areas of Focus (Affinity Groups)



# COVID-19 Interruption of GBHAC Work



Note: 1<sup>st</sup> set of affinity groups refer to housing, workforce, and programs and services. The 2<sup>nd</sup> set refers to data and outcomes, payment and incentives, and accountability.

# August/September Deliberations

- When the Council returned, the state and nation were in the midst of:
  - COVID-19 disproportionately impacting communities of color and Tribal communities and exposing inequitable distribution of resources and health care
  - National movement and large-scale protests for racial equity
- The Governor's Office formed the Racial Justice Council and directed the GBHAC to center their recommendations on equity and share their recommendations with the Racial Justice Council.
- The GBHAC affinity groups prioritized their recommendations based on racial equity and unknown budget climate.
- The following recommendations came out of those conversations and now have general agreement from the majority of the Council to move the recommendations forward.



# Programs and Services Recommendations

## **Budget Neutral Recs:**

Endorsed OHA's ongoing development of a statewide crisis and behavioral health support tool called Oregon Behavioral Health Access System through CARES Act coronavirus relief funding.

## **Recs with Budget Impact (prioritized in order):**

1. Fund programs that are directly responsive to and driven by persons of color, tribes, and people of lived experience.
  - Expansion of programs for Youth/Young Adults (EASA/Youth HUBS)
  - Funding for Medicaid reimbursement for Tribal Based Practice
  - A state-funded pilot to create three non-clinical peer-run respite centers, including a culturally and/or linguistically specific site.

# Programs and Services Recs Continued

2. Fund the continuation and study of existing Certified Community Behavioral Health Clinic demonstration sites. The agency would work with CCBHC organizations, advocates, CCOs and others to look at a sustainable funding model.
3. Increased support for community restoration and an additional 16-bed secured residential treatment facility for defendants who do not have fitness to proceed in a criminal matter (“aid and assist” defendants).

# Housing Recommendations

## Budget Neutral Recs:

- Transfer the Housing for Mental Health Fund (ORS 458.380) to the Oregon Health Authority from Oregon Housing and Community Services.
- Direct OHA to include CCO requirements for housing navigation and Social Determinants of Health through care coordination.

## Recs with Budget Impact (prioritized in order):

1. Address housing and community-based living needs:
  - Increase OHA funding for Rental Assistance with barrier busting funds and wraparound support
  - Create a flexible housing and community-based living fund to fill gaps in the residential continuum for people of color and tribal communities, including recovery housing.

# Housing Recommendations Continued

2. Develop additional Residential Treatment Facility and Secured Residential Treatment Facility capacity.
  - Expand Young Adult in Transition Residential System with four additional five-bed Residential Treatment Homes (RTH) and a 10-bed Secure Residential Treatment Facility (SRTF) specializing in the young adult population (age 17.5 – 25).
  - Support OHA funding recommendation for three SRTFs to increase the number of facilities to serve the aid and assist population.
3. Support the Peer Respite Pilot as recommended in the Programs and Services priorities.

# Workforce Recommendations

## Budget Neutral Recs:

Revise BH rules to reduce administrative burden and consistency with rules that apply to BH staff in primary care and other settings.

## Recs with Budget Impact (prioritized in order):

1. Create a behavioral health workforce incentive fund for recruitment and retention of the workforce to increase the number of persons from communities of color, tribal communities and rural communities in the behavioral health workforce.
  - Increase capacity through bachelor's and master's level education and retention bonuses
  - Expand funding for/incentivize culturally/linguistically specific peers, THWs, licensed / certified providers, and licensed prescribers
  - Incentive leadership and management training
  - Incentivize all levels of workforce

# Workforce Recommendations Continued

2. Implement and sustain culturally based practices, including promising and non-traditional practices.
3. Training for the behavioral health workforce.
  - All behavioral health workforce should be trained in the following: trauma informed care and workplaces, culturally and linguistically specific/responsive care, anti-racism, equity, interdisciplinary care (including working with peers), leadership and management development, and co-occurring disorders
  - Develop an outcomes-based system to demonstrate anti-racism and equity training.

# OHA Agency Request Budget

OHA's Agency Request Budget includes funding to complement the GBHAC recommendations and provide funding for needed community behavioral health programs:

- Rate increase for treatment of co-occurring mental health and substance use disorders.
- Funding for 2 staff to support ADPC strategic plan implementation.
- Develop Psychiatric Residential Treatment Services Capacity – 47 additional beds.

# Next Steps

- These recommendations represent a starting point in a long-term effort to transform the system.
  - Provide a playbook of options for the Governor's Office and Agency.
  - Provide new and innovative ideas that can that can have meaningful impact on people's lives, for example:
    - Flexible Housing and Community Based Living Funding
    - Peer Run Respite
- The recommendations now move to the Governor's Office and Racial Justice Council. The recommendations will also be considered for alignment with other advisory councils, like the System of Care Advisory Council.



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**Thank You**

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