Meeting Summary

Joint Task Force on Regional Behavioral Health Accountability

Meeting #2
Link to Task Force on OLIS

Date/Time	December 9, 2024 (link to recording) Hybrid meeting
Attendees **Denotes present in-person*	Sen. Kate Lieber, Co-Chair* Sen. Dick Anderson, Co-Chair* Rep. Charlie Conrad Rep. Rob Nosse Marris Alden* Ebony Clarke Annaliese Dolph* Bennett Garner* Ana Gonzalez Amanda Gray* Holly Harris* Heather Jefferis Kimberly Lindsay Alison Noice Korin Richardson Jennifer Sewitsky John Shafer Michele Vowell* Nan Waller Scott Winkels* Lamar Wise Excused: Dee Butler, DeAnn Carr, Andrew Cherry, Melisa Eckstein, Mahad Hassan
Needs Assessment Results and Discussion LPRO Staff	LPRO staff provided an overview of the Task Force Needs Assessment survey summary memo and results. The presentation included initial member thoughts, including member priorities and goals for the work of the Task Force, thoughts on defining key terms and scoping the work, and opportunities for further discussion. Link to Needs Assessment survey PDF. Link to Needs Assessment Summary Memo. Link to staff presentation slides. Task Force members did not engage in any discussion about the Needs Assessment survey results summary.
Oregon Behavioral Health Landscape Overview Ebony Clarke, Director,	Task Force member Ebony Clarke, Director of the Behavioral Health Division of the Oregon Health Authority, provided an overview of the landscape of Oregon's behavioral health system. Major topics covered included: • An overview of the 2020 Governor's Behavioral Health Advisory Council, recommendations, and achievements by focus area (programs and services, workforce, and housing)

Behavioral Health Division, Oregon Health Authority	• An overview of behavioral health system funding, including state and federal funding streams, the 2023-2025 legislative budget, and funding of Oregon Health Plan (OHP) behavioral health services by service type Link to OHA presentation slides. Link to supplemental materials for OHA presentation. Task Force members discussed the following points: • "The trifecta" of payors responsible for paying providers -- coordinated care organizations (CCOs), counties (community mental health programs, CMHPs), and the state – the potential for this as an area for focus for the Task Force, the need for information about restrictions on use for each stream, and breakdown of how funds are spent by area (e.g. mental health and SUD treatment). • Gaps within the behavioral health system and the need to identify and address them, including: limited workforce, higher acuity clients, limited availability of substance use disorder (SUD) treatment, the crisis intervention system, unique needs of youth within the behavioral health system, and regulatory issues that limit ability to develop service capacity in a timely way. • The complicated, siloed nature of how the Oregon public behavioral health system is funded.
Overview of SAMHSA Data on Behavioral Health Care Jesse Helligso, Senior Research Analyst, LPRO	In preparation for Task Force appointments from the Governor's Office, the LPRO research team conducted a preliminary comparative analysis of federally-funded behavioral health spending and outcomes using state-level data available through the Substance Abuse and Mental Health Services Administration (SAMHSA). LPRO research staff presented the initial analysis, which utilized most recent publicly available data from 2022 and 2019 collected in the National Survey on Drug Use and Health, as well as 2022 data on State Mental Health Agency (SMHA) expenditures and clients served as reported in the Uniform Reporting System. Part of the purpose of the preliminary research was to offer the Task Force initial findings that could be used to further define future research direction during the 2025 legislative session. The presentation highlighted state rankings in each of the following areas, and economic efficiency based on the analyzed data: • Prevalence of mental health issues and SUD • Utilization of SMHA provided programs • State expenditures for SMHA programs • Recovery from SUD and mental health issues

Key findings from the nationwide comparison included that:

- There is a high prevalence of SUD and mental health issues in Oregon when compared to other states; however, Oregon also has relatively high access and utilization of SMHA programs.
- Controlling for prevalence, Oregon has relatively high recovery outcomes for SUD and mental health issues.
- Initial multistate comparison indicates opportunities where Oregon may learn from other states with regard to how to improve economic efficiency in this area, reaching a larger number of clients while spending less.

Task Force members discussed the following points:

- Findings offer a high-level, point-in-time snapshot using the most recently publicly available data and are intended to provoke discussion among Task Force, important to consider comparisons between populations and programs.
- Data do not differentiate between individuals with severe SUD or those with severe and persistent mental illness (SPMI) as compared to mild/moderate.
- There are lingering questions about how these data compare to the annual rankings and 2024 State of Mental Health in America report put forth by Mental Health America.
- Task Force members inquired as to whether there could be potential to seek additional data from other states and/or Oregon counties for future analysis. The Task Force needs to engage in discussion about the utility of additional data analyses and how those analyses could support the development of recommendations.

Link to LPRO presentation slides.

Task Force Scoping Discussion	Task Force Co-Chair Lieber led Task Force members in discussion around defining the problem and scoping what the Task Force should address through their recommendations. LPRO staff provided initial discussion questions derived from findings from the initial member priorities identified in the Needs Assessment.
Co-Chair Lieber	Co-Chair Lieber reiterated the complex and siloed nature of funding and the provision of services across Oregon's behavioral health system and need for the Task Force to have manageable goals with actionable items. The Co-Chairs are interested in defining the problem at the systems level and trying to understand how the legislature can support the strategic funding of behavioral health services in Oregon. Three primary concerns were highlighted: determining who is responsible for ensuring adequacy of service availability

across different parts of the behavioral health system, determining responsibility for ensuring adequacy of workforce, and challenges with understanding what metrics are best used to determine whether funds are being allocated and spent strategically.

Task Force members discussed the following points:

- Task Force members identified the following from the list of initial member priorities as of interest to address through their recommendations (text in **bold** was added during discussion):
    - *Achieving a statewide behavioral health system*
        - Make full spectrum of services available to all Oregonians
        - Address barriers to care and service gaps in regionally appropriate ways **accounting for the whole person**
        - Reduce siloes across the continuum to enhance collaboration
    - *Aligning governance and funding structures*
        - Align local, regional, and state governance structures to enhance collaboration
        - Enhance regulatory oversight and accountability for use of resources
        - Streamline funding sources and processes, reduce administrative burden on providers
    - *Increasing system transparency*
        - Map the current system, **gaps in the system**, and investments
        - Identify measurable outcome measures to evaluate improvements **and address gaps**

Additional discussion themes –

- What is it that the Task Force wants to achieve and how will they know it has been done?
- What question is the Task Force trying to answer about coordination? Care coordination from the client perspective or coordination of funding sources from the systems perspective?
- Is focusing on *regional* the best approach for the work of the Task Force? Can the problem be defined by taking a regional approach? Or is the Task Force looking to define regions through which to consider behavioral health systems?
    - How should *regional* be defined? By state trauma regions, counties, CCOs, or something else?
- Understanding and allocating responsibility across the system

- There is a lack of clarity around which entity is responsible for ensuring collaboration at the systems level. How should entities collaborate and through whom? Some gaps in collaboration are tied to siloing of funding streams and not all can be addressed directly.
- Which entity is responsible for care being available to clients when and at the level needed? Who takes priority when two entities share responsibility in a geographic area? Could the Task Force create recommendations in this area to require collaboration and/or clarify who is responsible?
- Various roles of CCOs, counties, and State in establishing and coordinating services

- The challenge of balancing regulatory oversight and administrative burden; and,
- Need to support community and workforce needs in developing recommendations.

Link to LPRO presentation slides.

Public Comment	*None*
Meeting Materials	• 11-1-24 JTFBHA Meeting Summary • JTFBHA staff presentation slides 12.9.24 • JTFBHA Needs Assessment Summary Memo • OHA Presentation – Oregon Behavioral Health Landscape • OHA Presentation – Governor's Behavioral Health Advisory Council • LPRO Presentation – SAMHSA Data on Behavioral Health Care