



Mental Health Clinical Advisory Group Legislative Report

December 2024

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About this Legislative Report

Oregon Revised Statutes 414.359(6) requires the Mental Health Clinical Advisory Group (MHCAG) to provide an annual report to the interim committees of the Legislative Assembly. The report should outline recommendations the MHCAG made to the Oregon Health Authority (OHA) the previous year, and it may include recommendations for legislation. The following report fulfills that requirement. Senate Bill 138, passed in 2019, extends the work of the MHCAG indefinitely.

About the MHCAG

The MHCAG is comprised of 18 mental health professionals, consumers and advocates and has the following statutory obligations:

- Developing evidence-based treatment algorithms and clinical practice guidelines for the treatment of mental health disorders including, but not limited to, mental health drugs.
- Develop evidence-based algorithms for the treatment of mental health disorders with mental health drugs.
- Make recommendations to OHA and advise the [Pharmacy and Therapeutics Committee](#).
- Recommend changes to any preferred drug list overseen by OHA.
- Supporting the [Oregon Psychiatric Access Line](#), which offers a psychiatric advice line for prescribing providers statewide.

In addition, the MHCAG must:

- Publish its approved recommendations within 30 days of approval; and
- Submit an annual report to interim committees of the Legislative Assembly.

Further reading:

- Link: [Recommendations and resources published by MHCAG](#)
- Link: [MHCAG meeting materials and meeting minutes](#)

MHCAG Publications in 2024

The MHCAG publications are sourced from peer-reviewed, evidence-based medical literature. The primary sources of information are high-quality systematic reviews, clinical practice guidelines, and randomized controlled trials. The MHCAG follows systematic [research methodology](#) when developing treatment algorithms and clinical guidance documents. Where there are gaps in evidence, the collective professional judgement from MHCAG membership is used.

The MHCAG met 10 times during 2024 via a virtual meeting platform. With the exceptions of July and December, the MHCAG met for 50 minutes on the first Thursday of every month.

The MHCAG published the following clinical practice resources and recommendation documents in 2024:

- [Treatment of Schizophrenia with Antipsychotic Medications](#): This document explains the evidence behind the revised schizophrenia medication algorithms published by the MHCAG in late 2023. Language was also updated to reflect a patient-centered, recovery-oriented approach when discussing long-acting injectable medications for schizophrenia.
- [Recognition and Management of Antipsychotic-induced Movement Disorders](#): This document differentiates between four types of muscle movement disorders associated with antipsychotic medications. These side effects can be quite distressing to individuals and this document helps guide providers to appropriately recognize and treat each disorder.
- [Treatment of Chronic Insomnia Disorder in Adults](#): This extensive document provides guidance to various treatment modalities that are appropriate to help treat chronic insomnia in adults. It also provides a treatment algorithm for providers as well as several resource recommendations for patients.

MHCAG Consultations in 2024

The Pharmacy and Therapeutics Committee may request consultation and feedback from the MHCAG for mental health treatments at any time. The College of Pharmacy's Drug Use Research and Management faculty at Oregon State University, which contracts with OHA to manage drug policy for the fee-for-service Oregon Health Plan, regularly solicits feedback from the MHCAG on mental health drug policy and presents their recommendations to the Pharmacy and Therapeutics Committee.

In 2024, the MHCAG provided recommendations and feedback to the Pharmacy and Therapeutics Committee on the following topics:

- Policy evaluation for esketamine nasal spray: Esketamine nasal spray is used for major depression that is resistant to standard treatments. The MHCAG reviewed

proposed changes to the current policy for esketamine in the fee-for-service Oregon Health Plan. Specific recommendations reviewed were related to the use of esketamine in patients with suicidal ideation.

- Policy evaluation for use of antipsychotic medications in children: The MHCAG reviewed drug utilization data and proposed clinical prior authorization criteria changes for antipsychotic use in children under six years of age enrolled in the Oregon Health Plan.
- Antidepressants drug class evidence review: The MHCAG reviewed and discussed updated evidence for the antidepressants researched by the College of Pharmacy for the Pharmacy and Therapeutics Committee. The antidepressants are carved out to the fee-for-service Oregon Health Plan. Specific feedback was provided on pediatric use of tricyclic antidepressants for depression.
- Policy evaluation for medications used to treat attention-deficit/hyperactivity disorder (ADHD): The MHCAG reviewed a policy evaluation for ADHD medications. The policy evaluation did not identify harms from off-label prescribing.

In addition, the MHCAG met with the executive director of the Oregon Psychiatric Access Line and discussed opportunities to better collaborate with the MHCAG and leverage the resources available from both groups. Subsequently, the executive director and OHA staff have presented together at a statewide pharmacy convention to promote their work.

In 2024, OHA staff also presented the MHCAG publications (noted above) published during the year to the Pharmacy and Therapeutics Committee.

Pharmacy and Therapeutics Committee information, including meeting minutes, can be found [here](#).

MHCAG and the Health Evidence Review Commission

In 2024, the staff of the MHCAG and the Health Evidence Review Commission (HERC) met quarterly. The goal of these meetings is to identify any points where there may be opportunities for collaboration between the MHCAG and the HERC. Quarterly meetings will continue in 2025.

MHCAG Legislative Recommendations

During the final meeting of the year, the MHCAG reached consensus on the following recommendations they would like the legislature to consider in future sessions:

Problem: Onboarding new providers and other licensed clinical staff is a slow and arduous process due to the length of time it takes to get providers new to Oregon through the licensing process and credentialed with many different payers in the market. It takes a minimum of 3 months, and often longer, between the time a provider accepts a job offer and when they can actually start practicing in Oregon.

- MHCAG recommendation: Support development of interstate compacts for licensure. Create fast-tracks for licensing when an individual has a license in another state in good standing.
- MHCAG recommendation: Appoint a task force to understand where the biggest bottlenecks and greatest needs are; it could be with providers, nurses, or other licensed support staff.
- MHCAG recommendation: Establish a centralized or standard credentialing program for payors with plans in the state. This could relieve significant administrative burden and waste of resources as any provider group has to apply to a multitude of payors to get a new clinician ready to see patients.

Problem: Oregonians who move through Oregon carceral settings (e.g., prisons, jails and detention centers) experience several transitions of care with regard to managing mental health. When moving through carceral settings or between a carceral setting and an acute care setting, it is clinically imperative for consistent and predictable medication formulary options.

- MHCAG Recommendation: Require a consistent medication formulary for psychotropics and substance use disorder treatments across all Oregon carceral settings.

Problem: Early, proactive maternal mental health care reduces the need for adult psychiatric services. The perinatal period is an incredibly vulnerable time period for birthing people in regard to the emergence or relapse of mental health disorders. Half of the maternal deaths in Oregon are due to mental health/substance use, and suicide remains the leading cause of maternal death the first year postpartum. Perinatal

mental health also has profound long-term implications for children. Lack of perinatal mental health care can lead to behavioral disturbances and psychiatric disorders later on in a child's life.

- MHCAG Recommendation: Expand the Oregon Psychiatric Access Line (OPAL) for perinatal access.
- MHCAG Recommendation: Subsidize training and streamline licensing of traditional healthcare workers (THWs) in perinatal mental health (douglas, community health workers, peer supports, tribal THWs).
- MHCAG Recommendation: Change the Nurse Family Partnership to allow home visits to be by THWs that are under the supervision of a RN as opposed to mandating a RN provide the home visit. Other states have used this model to address RN shortages in rural counties.
- MHCAG Recommendation: Prioritize funding for perinatal substance use treatment programs like Project Nurture.

Problem: The lack of coordination between mental health services, intellectual and developmental disability (IDD) services and physical health services leads to fragmented care between payers and providers and missed opportunities to meet the needs of youth and adults with mental health disorders or IDD.

- MHCAG Recommendation: Require the Oregon Department of Human Services and the Office of Developmental Disabilities Services to survey providers of mental health services and IDD services to identify and recommend actionable steps for better care coordination between providers and payers.

Future MHCAG Work

MHCAG has committed to creating multiple clinical guidance documents each year. In 2025, the MHCAG expects to begin work on appropriate management of agitation and aggression associated with dementia.

Special Thanks

OHA wishes to thank the all-volunteer MHCAG membership for their continued commitment to this work and the improvement of Oregon's mental health treatment system.

Health Policy and Analytics
Pharmacy Policy and Programs
500 Summer Street NE, E-65
Salem, OR 97301

OHA.Pharmacy@oha.oregon.gov

<https://www.oregon.gov/oha/HPA/DSI-Pharmacy/Pages/index.aspx>

