

**Health Information Technology Oversight Council**  
**Behavioral Health HIT Workgroup Charter**  
 September 2018

<b>Objective</b>	
<p>The Behavioral Health HIT Workgroup is to provide input and guidance on HIT/HIE initiatives and efforts impacting behavioral health in Oregon, and to provide strategic input to the Health Information Technology Oversight Council (HITOC) and Oregon Health Authority (OHA).</p>	
<b>Panel</b>	
<p><b>Sponsor:</b></p> <ul style="list-style-type: none"> <li>• Susan Otter, Director of Health IT</li> </ul>	<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Marta Makarushka, Lead Policy Analyst</li> <li>• Ivan Kuletz, Policy Analyst</li> </ul>
<b>Members:</b>	
<ul style="list-style-type: none"> <li>• Mark Arcuri, Vice President of Information Technology – Morrison Child and Family Services</li> <li>• Kacy Burgess, Clinical Information Systems Analyst – Deschutes County Health Services</li> <li>• Jeremiah Elliott, Senior Administrative Services Manager – Marion County Health &amp; Human Services</li> <li>• Ashley Furrer, Behavioral Health Data Analyst – PeaceHealth Medical Group</li> <li>• Denise Olson, Treatment Services Supervisor – Josephine County Community Corrections</li> <li>• Craig Rusch, Chief Information Officer – Albertina Kerr</li> <li>• Steve Sanden, Executive Director – Bay Area First Step</li> <li>• Shelly Uhrig, Chief Operations Officer – Options for Southern Oregon, Inc.</li> <li>• Juliana Wallace, Director, Unity Services – Unity Center for Behavioral Health</li> <li>• Jill Whiteford, Director of Quality and Program Evaluation – Catholic Charities of Oregon</li> <li>• Jeremy Wood, Chief Information Officer – Central City Concern</li> </ul>	
<b>Scope</b>	
<p>The BH HIT Workgroup will provide input to OHA and HITOC on how best to support behavioral health stakeholders’ use of HIT. High priority scope for 2018 includes:</p> <ul style="list-style-type: none"> <li>• Review BH HIT Scan Report recommendations, and identify priorities, feasibility considerations, and key opportunities. Input on the BH HIT Scan Report recommendations will be presented to HITOC in late 2018.</li> <li>• Provide input on:             <ul style="list-style-type: none"> <li>○ Development of a potential BH EHR/HIT incentive program (contingent upon funding)</li> <li>○ HIE Onboarding Program, which will support onboarding of key Medicaid clinics, including behavioral health agencies, to community-based HIE</li> <li>○ Development of potential technical assistance for behavioral health agencies related to HIT (contingent upon funding)</li> <li>○ Behavioral health information sharing toolkit and other consent and privacy issues</li> </ul> </li> </ul> <p>The BH HIT Workgroup is intended to be advisory and will not be asked to come to consensus or make formal recommendations as a group. However, its collective input may influence HITOC recommendations or OHA efforts. This group is not tasked with creating technical solutions or making policy recommendations.</p>	
<b>Duration and Schedule</b>	
<p>The BH HIT Workgroup will launch in Fall 2018 and will meet on an ad-hoc basis, which will vary according to the needs and priorities of HITOC and OHA. We will hold three 3-hour meetings before 2019. Meetings will be open to the public, allow for public comment, and follow public meeting and public records rules.</p>	

## Membership

The BH HIT Workgroup is comprised of representatives from a variety of organizations with characteristics that represent the breadth of experiences in Oregon's behavioral health landscape. A guiding principle for panel composition is the inclusion of a broad representation of system types and organizational roles, including technical and operational (e.g., IT Managers, Executive Directors, Behavioral Health Program Managers) when possible. The Workgroup is expected to include representatives from 10-15 organizations. It is expected that an organization's identified representative member will attend and participate consistently over time.

Recruitment will focus on accessing as much of Oregon's Behavioral Health landscape as possible, including:

- Different types of programs: Outpatient Treatment, Residential Treatment, Intensive/Interventional Treatment, Substance Use Disorder Treatment
- Serving different types of populations: children, adults, corrections, Tribal affiliation, Equity focus
- Small, Medium, and Large Organizations, as well as organizations that have one type of program and those that have multiple, diverse programs
- Frontier, Rural, and Urban Locations/Populations
- Physical Health Co-Location/Co-Treatment
- Range of EHR and HIE Interest, Usage, Familiarity, and Satisfaction

Initial recruitment will include organizations who participated in the in-depth interviews conducted in Fall 2017 as part of OHA's BH HIT Scan, as well as additional organizations needed to achieve broad representation in members. Recruitment may be ongoing if needed to ensure that informational gaps are addressed and that a plurality of viewpoints is represented. Technology vendors are not eligible to participate as Workgroup members.

## Guiding Principles

The goal of the BH HIT Workgroup is to provide OHA with input on HIT initiatives that impact behavioral health organizations, as well as discuss direct experiences, barriers, and challenges with HIT/HIE implementation. The Workgroup is expected to put forth suggestions to the HITOC and input to OHA for consideration, however, this group is not tasked with creating technical solutions or making policy recommendations. As such, members do not need to come to consensus.

The BH HIT Workgroup venue is not intended to be used for advertising or marketing products on behalf of vendors or a particular product.