



Joint Ways and Means  
Human Services Subcommittee  
February 28, 2013  
Re: HB 5030 Oregon Health Authority Addictions and Mental Health

Co-Chair Bates and Nathanson and members of the committee:

My name is Anne Stone and I am the Executive Director of the Oregon Pediatric Society. I am speaking in support of funding for an OPAL-K demonstration as put forward in the Oregon Health Authority Addictions and Mental Health budget.

The Oregon Pediatric Society is a child health advocacy organization that represents over 400 pediatricians across Oregon. We have been a founding partner with OHSU, Oregon Council of Child and Adolescent Psychiatry, and Oregon Family Support Network in developing the OPAL-K project. The mission of OPAL-K is to provide timely mental health consultation to pediatric primary care providers of all disciplines in all types of settings when their patients and families need more than they are comfortable delivering in primary care.

Pediatric primary care clinicians have a unique opportunity and growing sense of responsibility to prevent and address mental health and substance abuse problems in the medical home. Families go to their primary care home first before they venture into the mental health system. This is where they have the rapport and it is less scary. The OPS surveyed its members in 2009 regarding social emotional and behavior challenges in their day to day practices and the responses were startling. Depending on the risk of the population they serve some estimated between 30-50% of what walked through the door each day had some mental health components.

OPAL-K was born out of the knowledge that to have this level of mental health assessment and treatment happening in primary care requires much more ready access to psychiatric consultation and professional development of mental health competencies. Providers report having to wait months now to get a psychiatric consultation for their patients. Other states have successful psychiatric consultation services in place and have seen increased efficacy, consistency in care, and report increased provider confidence in managing less complex mental health disturbances in the medical home. And we are beginning to get some return on investment data from one state that suggests we can reduce emergency room visits, psychotropic medication prescribing, and inpatient treatment for children and youth with this approach.

As we develop the CCO delivery system each local region is going to need efficient, consistent, mental health integration into the medical homes for children and youth. Some of this will be accomplished through co-location of mental health providers which will work for some clinics based on scale and geography but likely not for all or even most. But even with these enhancements clinicians will still need access to psychiatry, and for those in rural and smaller scale medical home settings OPAL-K may be all the mental health scaffolding they will receive.

Lastly, it is our belief that this approach can assist in decreasing unneeded psychotropic medication in foster children and other high risk Oregon youth by promoting awareness of available nonmedical evidence-based treatments and limitations and risks of medication interventions.

This funding when secured will create a demonstration of OPAL-K in three regions of the state for two years. The intent is to use this period in partnership with CCO's and Early Learning Hubs to create the model for statewide rollout as part of the system of care in the following biennium. Having each CCO develop its own response to this need makes no sense so we will seek demonstration communities that are ready to embrace the model and support its development as part of a leveraged, consistent statewide system.

Thank-you for your attention and at this time I welcome any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Stone". The signature is fluid and cursive, with a large initial "A" and "S".

Anne Stone MA, MPA  
Oregon Pediatric Society