



Association of Oregon Community  
Mental Health Programs  
local solutions local accountability

April 7, 2015

TO: Chair Keny-Guyer and Members of the House Human Services Committee

RE: Opposition to HB 3364

The Association of Oregon Community Mental Health Programs (AOCMHP) opposes HB 3364, which modifies the definition of “intellectual disability”. By modifying this definition, it will fundamentally change a system that provides services to a group of individuals that meet specific federal definitions of “intellectual disability”.

AOCMHP’s membership includes 32 Community Developmental Disability Programs (CDDPs) across Oregon - often the first contacts in the community for people with intellectual and developmental disabilities (ID/DD). CDDPs are operated by either local government through Community Mental Health Programs, or by non-profit entities that contract with local government or directly with the State. CDDPs help assure the protection and safety of over 22,000 Oregonians with (I/DD) in collaboration with providers and families.

We understand there are individuals who are struggling to access and receive services. Individuals should have access to appropriate and available services, however we do not believe expanding the definition of I/DD will accomplish this goal. There are other alternatives that could be explored prior to making a major change in statute language concerning service - Determine services individuals may qualify for and utilize the ADRCs to determine where to access appropriate services in the DHS system. This bill could be the starting place for a discussion with DHS on how individuals access services.

The primary reasons we are opposed to HB 3364 are: 1) The criteria for ID/DD service eligibility is based on intelligence quotients (IQ) under 70, based on Oregon Administrative Rules and federal statute. Along with IQ, eligibility requires adaptive behavior impairments that must be attributed to the developmental disability, not to mental illness, emotional disturbance or medical condition. If an individual is found not eligible, CDDPs will refer individuals to the appropriate services in that county; 2) Changing this definition to incorporate “a mental illness or an illness, disease or other medical condition” would fundamentally change the DD service system, designed for specialized care to specific populations. This expanded criteria would further complicate a system that is not always easy to navigate for individuals seeking services. Appropriate services already exist for individuals with mental illness, seniors and people with disabilities; 3) Any changes to or expansion of the definition will have a major fiscal impact by increasing the number of individuals accessing the system; and 4) The approval process by Centers for Medicaid and Medicare (CMS) of Oregon waivers will be more complicated than currently, resulting in slower access to new services and may put Oregon waivers in jeopardy.

Our organization is committed to helping individuals with developmental disabilities, mental illness and addictions access services and would be happy to assist in any way we can. We urge you to seek other ways to accomplish the intent of HB 3364.

Sincerely,

*Cherryl L. Ramirez*

Cherryl L. Ramirez  
Director, AOCMHP