



Testimony in opposition to HB 2980 – Contracting out CMHP responsibilities

March 17, 2017

Dear Chair Greenlick and Members of House Health Care Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I would like to express our concern about the premise and subsequent fall out that would ensue from HB 2980, authorizing DHS and OHA to contract with more than one entity to perform Community Mental Health Program (CMHP) and Community Developmental Disabilities Program (CDDP) local system management functions. Although the bill only applies to counties that have declined to operate or contract for a community mental health program, it would set a precedent for loss of local behavioral health and developmental disabilities system management, rather than establishing competition as I believe the bill intends.

As you know, the original health transformation bill, HB 3650, passed in 2011, included the recognition of this system management role through county boards of commissioners, requiring a written agreement between each coordinated care organization and the local mental health authority in the area served. This agreement does not limit CCOs from contracting with other public or private providers for mental health and addictions treatment services. It does acknowledge, however, the unique role of community mental health programs to maintain the safety net system, which applies to community members who have Medicare, commercial insurance, veterans benefits and the uninsured as well as those with Medicaid.

The CMHP is delegated to maintain:

- Efficient and effective management of children and adults at risk of entering or who are transitioning from the Oregon State Hospital or from residential care;
- Care coordination of residential services and supports for adults and children;
- Management of the mental health crisis system;
- Management of community-based specialized services including but not limited to supported employment and education, early psychosis programs, assertive community treatment or other types of intensive case management programs and home-based services for children; and
- Management of specialized services to reduce recidivism of individuals with mental illness in the criminal justice system.

Further, Community Mental Health Programs are responsible in partnership with CCOs and other systems for key performance outcomes in the USDOJ-Oregon Performance Plan related to Assertive Community Treatment (ACT), supported employment, supported housing, jail diversion, crisis services, peer-delivered services, timely discharge of individuals from the

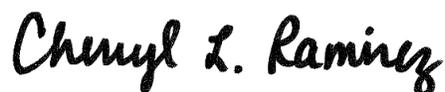
Oregon State Hospital, and working with other system partners on reducing recidivism to emergency departments and jail.

Currently 12 Certified Community Behavioral Health Clinics (CCBHCs) are gearing up for an April 1st launch of a demonstration pilot, which establishes person-centered primary care homes for people with serious mental illness and chronic substance use disorders, children and adolescents with serious behavioral health challenges, and those with co-occurring behavioral health and physical health disorders. This demonstration pilot will help Oregon's health system get to where it needs to go for a smaller population, but one most in need of coordinated, integrated quality care. It is no coincidence that 75% of the CCBHCs in Oregon's demonstration pilot are CMHPs because they are already responsible for the system management functions previously described.

Community Developmental Disabilities Programs (CDDPs) operate in all counties of the state under an Intergovernmental Agreement with the Department of Human Services and may be a division of the CMHP or a separate department or agency. Like CMHPs, CDDPs have system management functions and are responsible for determining eligibility, conducting abuse investigations, planning for delivery of services and providing case management services as authorized under a 1915(b) waiver for persons with intellectual and developmental disabilities. In order to open up case management services beyond CDDPs or brokerages, OHA/DHS would have to obtain CMS approval through a waiver amendment, which is a lengthy process in the best of circumstances.

In summary, it is not efficient or effective to parcel out the system management responsibilities that have been delegated to Community Mental Health Programs and Community Developmental Disabilities Programs in statute. Thank you for the opportunity to provide testimony in opposition to HB 2980.

Sincerely,

A handwritten signature in black ink that reads "Cheryl L. Ramirez". The signature is written in a cursive, slightly slanted style.

Cherryl L. Ramirez
Director, AOCMHP