



## **Testimony in opposition to HB 2980 – Fragmenting CMHP responsibilities**

March 17, 2017

Dear Chair Greenlick and Members of House Health Care Committee,

As the Community Mental Health Program (CMHP) Director for Douglas County Oregon, I am deeply concerned with the potential disruption in safety net mental health services that may result from HB 2980, authorizing DHS and OHA to contract with more than one entity to perform CMHP functions. Douglas County is a community where the county has declined to operate or contract for a community mental health program, and therefore I speak from firsthand experience regarding the challenges of managing a mental health safety net system in such an environment.

As you know, HB 3650 passed in 2011, recognized the need for a system management role through county boards of commissioners, requiring an agreement between each coordinated care organization (CCO) and the local mental health authority. This agreement does not limit CCOs from contracting with other public or private providers for mental health and addictions treatment services. Indeed, in Douglas County, the CCO Umpqua Health Alliance contracts with more than forty mental health providers to serve the OHP population.

HB 3650 also acknowledges the unique role of CMHPs to maintain the safety net system, which applies to community members who have Medicaid benefits and those without Medicaid and those without any benefits. The CMHP is delegated 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.



CMHPs are also responsible in partnership with CCOs for outcomes in the USDOJ- Oregon Performance Plan related to ACT, supported employment, supported housing, jail diversion, crisis services, peer-delivered services, timely discharge of individuals from the Oregon State Hospital, and reducing recidivism to emergency departments and jail.

Adapt assumed management responsibility for the Douglas County CMHP in October of 2016 when it was on a fast track toward bankruptcy. The dire financial situation of the CMHP resulted, in part, from the fragmentation of funding resulting from the extensive network of public and private mental health providers contracted with the CCO. It is challenging to develop and maintain a robust mental health system with such fragmented funding. While, with the support of OHA and the CCO, we are making great gains in stabilizing and improving the CMHP I fear the further parsing of resources proposed by HB 2980 would make it difficult, if not impossible, to maintain an adequate system of care that attends to the safety needs of our community.

In conclusion, it is not safe to parcel out the resources and system management responsibilities delegated in statute to Community Mental Health Programs.

Thank you for the opportunity to provide testimony in opposition to HB 2980.

Sincerely,

Gregory S. Brigham, Ph.D.  
CEO & CMHP Director  
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