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Barb Seatter, MS

Executive Director of Mid-Columbia Center for Living

Testimony for Joint Ways and Means Committee

RE: Support for HB 5026, Oregon Health Authority-Health Systems Division and Health Policy and Analytics budgets.

Co-Chairs Steiner Hayward, Rayfield, members of the committee,

Thank you for this opportunity to testify in support of funding for the local behavioral health system of care.

My name is Barb Seatter, Executive Director of the Mid-Columbia Center for Living, the Community Mental Health Program for Hood River, Wasco and Sherman Counties. MCCFL is an intergovernmental agency with a board of directors consisting of a county commissioner from each county we serve. Our board Chair, Commissioner Karen Joplin, from Hood River has joined me here today.

MCCFL participates as a member of the AOCMHP, and I serve on the Legislative and Operations committees. I also serve on the Community Advisory Committees of our CCO's Pacific Source and Eastern Oregon CCO. MCCFL has also recently been approved by OHA as a Certified Community Behavioral Health Center and we are one of thirteen agencies participating in the state wide demonstration project.

MCCFL has worked collaboratively over the past few years with our CCO's, the OHA, and local community partners, such as schools, hospitals, law enforcement, and primary care providers to develop regional Community Health Assessment's and Community Health Improvement Plans that impact the triple aim of whole health care, better health, lower costs and better access.

With Medicaid expansion and funding, MCCFL has expanded workforce and access to mental health and substance use disorders services, as well as, state investment grant funding that expanded the scope of services we provide. With braided funding from these two sources we are able to provide a continuum of care that includes crisis services, jail diversion, subsidized housing, assertive community treatment, mental health prevention and promotion, outpatient treatments services, including case management and peer delivered services, substance use disorder treatment. We are at risk for all the acute hospitalizations for youth and adults, which our services aim to avoid use of.

Whereas, the system is not perfect, we have been progressing in the direction that was envisioned for health care transformation in Oregon. The Oregon Mapping tool has shown us that Oregon still does not meet all the mental health and substance abuse need in the state. The Certified Community Behavioral Health Center demonstration project that Oregon has been selected as one of 8 in the country, will take transformation to the next level by providing trauma informed, culturally competent, patient centered, integrated behavioral health and physical health services to more Oregonians with mental health and substance use disorders.

Beginning in April, the CCBHC demonstration project will begin and with it the goals the state set out to accomplish to further our progress toward the triple aim by “building upon existing and emerging health system infrastructure central to Oregon’s transformational progress to develop and integrate physical health in behavioral health settings” (OHA demonstration project application).

The demonstration project goals are to provide funding to increase provider capacity of the CCBHC’s so we can continue to improve access to the continuum of services with specific focus on improved access for veterans’, Native Americans’ and for our region, Latino populations. If Oregon Health Plan or state funding is reduced, we may not be able to meet the goals set out by the OHA demonstration application.

CCBHC’s are required to track and report physical and behavioral health data, coordinate care both physically and through the use of electronic medical records, (MCCFL participates and shares information with primary care and other agencies through the Reliance E- Health collaborative), and build the administrative infrastructure and fiscal resources to use the Prospective Payment Model of the CCBHC. The elaborate data and financial tracking will allow for more robust reports on the cost effectiveness of the expanded access and services and provide improved outcome data on both physical and behavioral health metrics.

Since our inception, MCCFL’s mission has been to serve our community in the least restrictive setting possible. To us, that means in their homes, schools, and when they may access other community services, such as hospitals, jails, child welfare and juvenile justice services. We have built on our existing infrastructure to improve our ability to keep people out of high cost institutional settings including acute care, jail, child welfare, and the state hospital. We have improved our ability to coordinate care with our community partners, all of whom have limited resources, to work together to find local solutions for some of our most vulnerable citizens.

With the behavioral health system investments made by the state over the past 5 years, now is not the time to go backwards. Now is the time to continue to build on the success we are seeing with health care transformation. Now is the time to continue to build on the investments that the state needs to complete the DOJ performance plan, and now is the time to support CCBHC demonstration project to be successful and a national example for exceptional integrated health care that bends the cost curve and improves the health of the citizens of Oregon.

Thank you.