

Health Department

Date January 28, 2019

TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care

SUBJECT: SB 134 Requires coordinated care organizations to develop standardized system of care to use when assessing individuals.

Chair Monnes Anderson and members of the committee; I am Devarshi Bajpai of Multnomah County Health Department. I represent the medicaid addictions side of our behavioral health services arm of the Health Department. I am here before you today to testify in support of SB 134, with amendments, to require coordinated care organizations to develop standardized roadmaps of care to use to communicate their philosophy of care.

Last year, Multnomah County Commissioner Sharon Meieran spearheaded an analysis of our mental health system. One big takeaway from the findings report was that the system is confusing, and it is challenging for members to understand access points. Because we have consistently heard this from consumers and advocacy groups as well, we believe Coordinated Care Organizations (CCOs) should articulate and document their philosophy of care by publishing a behavioral health prevention and care roadmap. Our goal with this bill is not to dictate care, but to make CCOs' treatment systems accessible and digestible to the public.

From late 2017 to 2018, Multnomah County, in collaboration with multiple provider partners, Washington and Clackamas Counties, and Health Share of Oregon, developed a set of standards of care for substance use treatment providers. We've worked with our network of providers to promulgate those standards and created a self-assessment tool for providers to identify areas where they need assistance and where they can offer assistance to their peers. Applying a similar process to all behavioral health services would be valuable.

This legislation is of critical importance at this juncture as the next iteration of CCOs comes to fruition. With options for more CCOs to enter and exit regional markets, it will be necessary for each to have clear documentation and experience roadmaps to clarify for both clinicians and consumers how one CCO differs from another. As OHP members consider moving from one CCO to another, having these documents in place will help them choose which CCO better fits their needs.

Testimony: Devarshi Bajpai, Multnomah County

I recognize that the bill language as introduced does not accurately reflect our intent. We have already heard concerns from several stakeholders about the wording in this bill. We are open to changing the language to better reflect our intent and intend to convene stakeholders to aid in this process.

In addition, knowing that disparities continue to exist in underrepresented communities and communities of color, Multnomah County would like to add additional language that requires the engagement of communities of color and other marginalized groups in the development of these guiding documents.

At Multnomah County, improving the Behavioral Health system is a top priority and this legislation will support marked improvement for individuals seeking behavioral health services, as well as ensuring behavioral health clinicians are able to work at the top of their skillset and licensure. This improves job satisfaction, recruitment and retention, which we know has been a strain on the system in general. By CCOs providing their philosophy and roadmaps to clinicians and consumers, it will begin to demystify the system that is commonly considered “difficult to navigate” and will encourage more transparency.

Thank you, committee members, for this opportunity to testify. I would be happy to be a resource if you have any questions.

Devarshi Bajpai, MBA, CADC III

A handwritten signature in black ink, appearing to read 'Devarshi Bajpai', with a long horizontal flourish extending to the right.

Senior Manager- Managed Care and Addictions
Mental Health & Addiction Services Division
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