



AOCMHP Testimony on SB 5525

Behavioral Health System Budget Priorities

March 13, 2019

Dear Co-Chairs Beyer and Nosse and Members of Ways & Means Human Services Subcommittee:

On behalf of the Association of Community Mental Health Programs (AOCMHP), representing the 32 Community Mental Health Programs (CMHPs) across the state designated to operate and manage the local behavioral health system, I would like to recommend strategic investments for improving the statewide behavioral health system. CMHPs have responsibility for a wide array of services and supports, from population-based prevention initiatives and mental health promotion to acute and crisis care. CMHPs assure a safety net for their communities, regardless of an individual's insurance status. Safety net functions include: 24/7 crisis response; cross-system coordination with Public Safety, Criminal Justice, Education, Child Welfare, and other systems; intensive services for complex and chronic mental health and substance use disorders; discharge planning and transitioning people from institutional care and incarceration to community-based care; pre-commitment and abuse investigations; and supported housing, employment and education.

State investment is critical to sustain these essential services and to prevent gaps in levels of care in the community mental health system. In order to remain at current service level, we request funding to fill the current \$16M gap in community mental health, which was backfilled with marijuana tax revenue in 2017, and funding for POP 413 to fill another gap in behavioral health resulting from the shortfall in tobacco tax revenue. It is important to note that while CMHPs provide addictions prevention and treatment services and the original intention behind marijuana tax revenue was to increase resources for these services, CMHPs have previously only received marijuana tax revenues to plug funding gaps, not as additional investment, which is desperately needed.

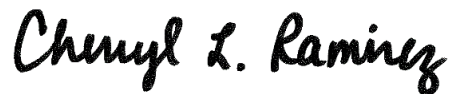
After sustaining essential services, one of our main POP priorities is 402 to support suicide prevention and mental health promotion by expanding behavioral health services, particularly for Oregon youth. CMHPs collaborate with their local schools to provide behavioral health services such as alcohol and drug screening, onsite therapy, consultations, case management, staff skills training, school-based parent education and support, and evidence-based prevention programs like Family Check Up, the Good Behavior Game and Sources of Strength. CMHPs are poised to work with school districts to serve the behavioral health needs of students and their families and to provide training that supports student social and emotional development and promotes wellness, resilience, and suicide prevention.

A second priority is POP 410, which would enable communities to better serve “Aid & Assist” misdemeanor defendants. These resources for community restoration will positively impact the Aid & Assist defendant census at the Oregon State Hospital and prevent the opening of a new wing at Junction City Hospital which would represent a significant ongoing cost to the state. Resource priorities for communities include crisis stabilization centers, Assistant District Attorneys and Qualified Mental Health Professionals dedicated to Aid and Assist defendant cases, respite housing and additional permanent supported housing, secure residential treatment facilities, addiction treatment, and more forensic evaluations. Most importantly, not only will more restoration in communities be possible, but intensive treatment needed for stability and recovery will allow more people to remain in their communities.

At the foundation of the behavioral health system are dedicated and compassionate people. In order to strengthen the behavioral health system, we must value the workforce by increasing our numbers and training opportunities, and pay living wages by increasing behavioral health provider rates.

Investments in the behavioral health system yield significant savings and improved outcomes in Education, Public Safety and Medical systems. While the legislature has many challenging decisions to make this session about where to dedicate resources, we ask that you consider the significant need for behavioral health services across the state and the ways that these services provide Oregonians, including our youth, the opportunity to thrive in their communities.

Sincerely,

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

Cherryl L. Ramirez
Director, AOCMHP

STRATEGIC INVESTMENTS FOR THE COMMUNITY BEHAVIORAL HEALTH SYSTEM

The 2019 Legislature has the opportunity to make a meaningful impact on behavioral health in every part of the state by ensuring the behavioral health system and workforce are supported with adequate resources.*

Areas to Strengthen and Add to Current Service Level

Community Safety Net Infrastructure		Prevention and Early Intervention		Services and Supports		Acute and Crisis Care	
411—Behavioral Health Homes	\$5.4 M	402—Expand Behavioral Health Services, including suicide intervention and prevention, in schools for children and youth; develop adult suicide prevention, intervention and postvention plan	\$13.1 M	408—Continuation of Mental Health Funding (marijuana tax revenue used in 17-19)**	\$16 M	SB 24/410—Aid & Assist misdemeanor defendants—intermediate placement options: <ul style="list-style-type: none"> ■ Secure Residential Treatment Facilities for forensic populations ■ Crisis stabilization centers ■ Respite and other transitional housing ■ Dedicated Aid & Assist DA and QMHP staff ■ More forensic evaluations in communities 	\$7.6 M
SB 22—Certified Community Behavioral Health Clinic (CCBHC) continuation	\$20 M			413—Behavioral Health Funding Shortfall (in tobacco tax revenues)	\$9.1 M		
HB 3095—BH Provider rate increase to support workforce	\$43.2 M	403—Intensive In-Home Behavioral Health Services	\$6.5 M	Supported Housing (Shared OHCS and OHA Budgets)	\$54.5 M		
414—Data Management System modernization and completion	\$6.7 M			HB 2831—Peer Respite Center pilots	\$2.25 M		

Sustain Current Service Level Funding at \$529.7 M

*These categories of safety net services, supports and infrastructure development are not completely covered or not covered at all by Medicaid or other insurance.

**No additional funding from marijuana tax revenues has been added to the OHA budget for addiction prevention and treatment services.

