

March 14, 2019

Dear Co-chairs Nosse and Beyer, Members of the Committee:

My name is Mary Rumbaugh, I am the Director of Clackamas County Behavioral Health and I am providing written testimony on behalf of AOCMHP to discuss the role of Community Mental Health Programs.

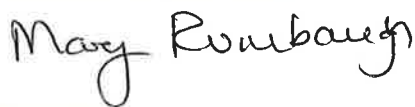
As both the community mental health director and a founding partner of Health Share of Oregon, I am in a unique position to speak to the valuable partnership that can and does exist between CMHPs and the Coordinated Care Organizations. I am responsible for ensuring the delivery of the safety net services for those residents who are uninsured or underinsured and am able to leverage existing resources through our CCO to ensure that all residents, both on Medicaid and those who are not, have access to critical safety net services.

Many of you know that Medicaid recipients roll on and off of OHP and when they do, the counties, in their role as the CMHP, ensure that there is not a gap in services. We do this by contracting with behavioral health providers to serve both those on OHP and who are uninsured. As the safety net provider, we run an urgent mental health walk-in center. Last year, of those served through Clackamas County's urgent mental health walk-in center, 49% were on OHP and 38% were uninsured. This highlights the importance of a solid partnership with CMHPs, CCOs and Behavioral Health providers.

Several programs, such as Assertive Community Treatment and Intensive Care Coordination are a braided funding model with Medicaid and non-Medicaid funding going into a single or complimentary contract so that both OHP members as well as non-Medicaid members, generally Medicare only individuals with a Severe and Persistent Mental Illness, can access those services. CMHPs do not receive enough non-Medicaid funding for a program like ACT, which is paid on capacity, not fee for service and the annual cost of a 50 person Fidelity ACT program is \$1.5 million, so without braided funding, these vulnerable individuals are getting their services, often inappropriately, at the state hospital, or sadly, our jails.

Clackamas County, along with Multnomah and Washington County have a 6 year successful working relationship with Health Share of Oregon, where we receive annual dedicated funding to support our crisis system, through a formal MOU. I believe the partnership between CMHPs and CCOs along with an investment in funding for behavioral health services will result in the best outcomes for vulnerable Oregonians.

Thank you for your time.



Sincerely,

Mary Rumbaugh
Clackamas County Behavioral Health Director