ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS
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AOCMHP Testimony in support of SB 133

All Payers should chip in for crisis services

April 3, 2019

Dear Chair Monnes Anderson and Members of Senate Health Care Committee:

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I am testifying in support of SB 133, which would require all Coordinated Care Organizations (CCOs) and commercial insurance carriers to fund crisis services provided by Community Mental Health Programs (CMHPs) and other behavioral health providers. Crisis services include 24/7 mobile crisis response, crisis stabilization, assessments, respite, and other services that stabilize individuals when they are in a behavioral health crisis and transition them to the most appropriate levels of care and settings, diverting from jail, emergency departments, and institutional care whenever possible.

The Oregon Performance Plan, an agreement between the USDOJ and the Oregon Health Authority to assist Oregonians with serious and persistent mental illness to live in the most integrative settings possible by providing community services to help them avoid institutionalization and incarceration, required OHA to ensure 24/7 mobile crisis services in every county. This became a reality in 2018 when OHA allocated $10M in tobacco tax funds to bring the rest of the rural and frontier counties up to at least a base level of crisis services.

While crisis services are an essential safety net function available in all counties for any community member regardless of insurance status, payers do not contribute equitably into the crisis system. CCOs are more likely to pay for their members, but people who are covered by commercial insurance, Medicare, and VA/Tricare benefits are commonly treated as uninsured when they are in crisis and the cost of their care is supplanted by State and County general funds.

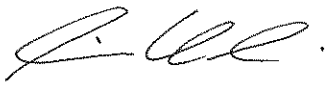
In Yamhill County, for example, our crisis services are funded in the following percentages: 50% Medicaid; 34% State General Fund; 12% County General Fund; 4% fees or other contract payments. While utilization is roughly 50% by Medicaid members, the other tax-funded activity is spread across commercially insured, Medicare only, veterans and indigent populations.

In order to achieve an equitably funded crisis system and find savings for State GF, payers not only need to move away from fee-for-service to capacity-based funding for 24/7 care, they should minimize barriers to funding such as not requiring staff to be paneled to avoid increasing administrative costs to CMHPs and providers from managing high turnover rates. Additionally, it is important for payers to understand that crisis services are often not provided by licensed clinicians and this is a best practice. We use peers, CADCs, QMHAs and QMHPs as well as licensed staff. All of

these services and providers are valuable and should be covered. In fact, we find the peers are often the most successful at diverting people from inpatient care.

Thank you for the opportunity to express our support for SB 133.

Sincerely,



Silas Halloran-Steiner
Yamhill County Health and Human Services Director