



To: The Senate Committee on Mental Health
Chair Roblan
Vice-Chair Boles
Members of the Committee

From: Mary Monnat, CEO, LifeWorks NW

Subject: Update and Request for Support of Senate Bill 1552

Dear Senator,

As an Oregonian who cares deeply about expanding Americans' access to addiction and mental health care, I am writing today to ask for your support of Senate Bill 1552, the bill that will allocate the funds necessary to keep Certified Community Behavioral Health Clinics (CCBHC) operating in Oregon.

At LifeWorks NW, we support people who are working towards a better life through culturally responsive prevention, mental health and addiction services, benefiting children, teens and families, adults, older adults and the community as a whole. We provide services at more than 20 locations in Clackamas, Multnomah and Washington counties, four of which officially participated in the CCBHC federal demonstration program.

Participating in the CCBHC demonstration has enabled us to integrate our current array of mental health, addiction and prevention services with physical health care, and accommodate consumers of all ages in each clinic, improving care coordination and increasing our focus on the whole health of consumers. We added new staff to assist consumers in getting to appointments, access resources to meet their basic needs, and engage in comprehensive wellness plans. By shifting our new patient appointments to an 'open access' model we were able to see consumers when they were ready. No more waiting for a 'scheduled' appointment unless that was the consumer's preference. As a direct result of adding this new appointment model, our consumers wait time for new patient appointments decreased by 25% - with many consumers waiting no more than 48 hours. We were also very successful in increasing our new clients served from 4,360 to 6,540.

Oregon led the nation in integrating health care when it formed the Coordinated Care Organizations. Then, for two years, 2017-2019, behavioral health organizations in Oregon (and in 7 other states) had the opportunity to strengthen this effort to ensure there is no wrong door to health. We were able to begin developing the necessary infrastructure needed to meet the additional staffing, governance, data and reporting required to provide whole-person care for our most vulnerable population. In return, CCBHC sites receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.



But two years is not enough time to fully operationalize and refine this important health care shift; we need 5 consistent years and a commitment/investment on par with other comprehensive health care reforms such as the successful patient centered primary care homes.

Behavioral Health providers serve a population with the greatest physical as well as mental health needs. People with chronic behavioral health disorders die on average 25 years earlier than the general public, largely due to physical health conditions. Additionally, the CDC has reported that US life expectancy has declined over the past few years, primarily driven by deaths from drug overdose and suicide. CCBHCs are a big part of the solution to increasing life expectancy and quality of life for people with behavioral health disorders and for those who suffer from “diseases of despair.”

Why is it critical to sustain CCBHC wrap payments?

- The demonstration has only been implemented for two years and CCBHC clinics have just begun to see progress in the infrastructure and capacity needed to deliver integrated care. Such increased capacity is resulting in demonstrable improvements in targeted services such as comprehensive health screenings and expanded addiction treatment. In order for those changes in access and service capacity to be sustainable and to translate to outcomes—such as improvements in the behavioral and physical health of CCBHC clients—it is imperative funding continues for an established and consistent period.
- We began to see higher rates of participation in both primary care and behavioral health care.
- Increased screening for physical and mental health conditions, including suicide.
- During the two years CCBHC was funded, we increased retention and recruitment of workforce, including staff with addiction specialty, recovery mentors, psychiatrists, care coordinators, and primary care providers. With the loss of that funding, we’ve been forced to reduce staffing and turnover has grown exponentially.
- More veterans are served through the CCBHC model.
- With CCBHC, follow-up after hospitalization and ED visits improved substantially.
- The funding provided through Senate Bill 1552 would enable clinics to build higher use of telehealth, ambulatory detox, MAT, and suicide prevention protocols.

What is happening with the CCBHC funding insecurity?

- The loss of consistent funding forced us to make workforce reductions in a system that is already understaffed and undercompensated. With the “stop-start” process of funding a few months at a time, it is not possible to build a team-based, committed workforce.
- By dismantling Oregon’s first statewide attempt to initiate behavioral health homes we’ve taken a giant step backward, at that same time Oregon is trying to expand and improve care with CCO 2.0.
- The loss of funding means hard-fought gains in improving access, providing an expanded service array, and preventing higher cost care will be lost.
- The termination of the CCBHC demonstration equates to re-establishing wait lists for services, closing programs or eliminating service lines, turning people away from care, losing client access to MAT and other addiction treatment, and failing the population who were promised “no wrong door to health” with the creation of Coordinate Care Organizations in Oregon.

With the continuation of the CCBHC demonstration through SB 1552 we can leverage critical federal funds that will advance the care for Oregon’s most vulnerable populations and improve the health of all our communities. Thank you for your ongoing support of mental health and whole person wellness throughout Oregon.

Sincerely,



Mary Monnat
CEO, LifeWorks NW