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February 18, 2021

To: Oregon House Behavioral Health Committee

From: Chris Siegner, Director Symmetry Care Inc., Harney County Oregon

Re: Support for passage of HB 3123

Dear Chair Sanchez and Members of the Committee,

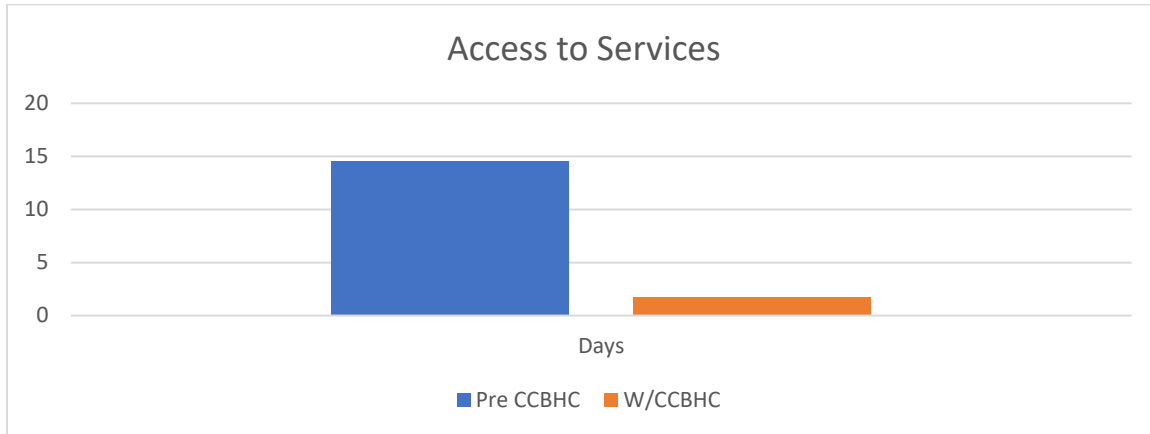
On behalf of Symmetry Care Inc. (SC), I am providing this letter and data report in support of the passage of HB 3123 which would continue funding for CCBHC clinics through the end of the 2021-23 biennium. As you are aware the CCBHC model has frankly been a “game changer” in terms of setting a standard of care for people who have for decades received health care in a piece meal manner with very inconsistent results. Truly integrated care brings a cohesiveness to a delivery system that has often been both fragmented, and lacked coordination with other healthcare providers.

**Why care coordination matters:**

- This past year has been a challenge for Oregon’s behavioral health system as the pandemic has impacted access to care, and created tremendous risk for behavioral health consumers who frequently have underlying health concerns. Because of the CCBHC model, Symmetry Care Inc. medical providers have been able to coordinate with our local Public Health Department ensuring that people being served in our psychiatric facilities have been able to be vaccinated and receive COVID testing. Additionally, behavioral health staff have been able to be vaccinated, offering them protection as they continue to serve vulnerable consumers in crisis and in ongoing treatment. Our CCBHC nurse and nurse practitioner worked directly with our Public Health Department and were able to schedule vaccinations at both clinics in an efficient manner. The Health Department asked our nurse to join their medical staff in providing vaccine injections at the community wide clinic held at our local fairgrounds. This allowed a large number of elderly people to be vaccinated quickly as many were waiting in the cold. With supplies and training from Public Health, we have the ability to rapid test symptomatic consumers in our clinic which reduces the threat of further infections. We are also able to complete referrals to inpatient facilities for substance use disorders of psychiatric care that require COVID testing prior to admission.

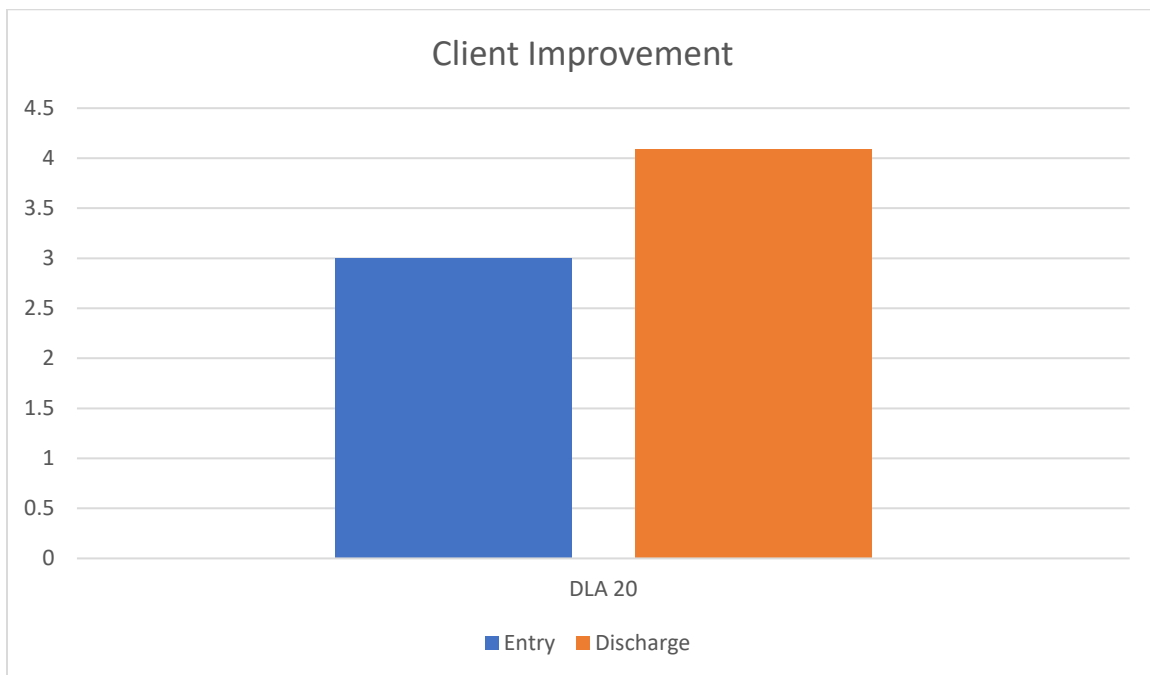
### Consumer access to services:

The chart below illustrates how CCBHC implementation allowed staffing and resources to be dedicated to ensuring same day access to care for all consumers. People were able to enroll, meet with a clinician and feel supported in addressing their behavioral health concerns immediately. This improves engagement in treatment and reduces future no shows.



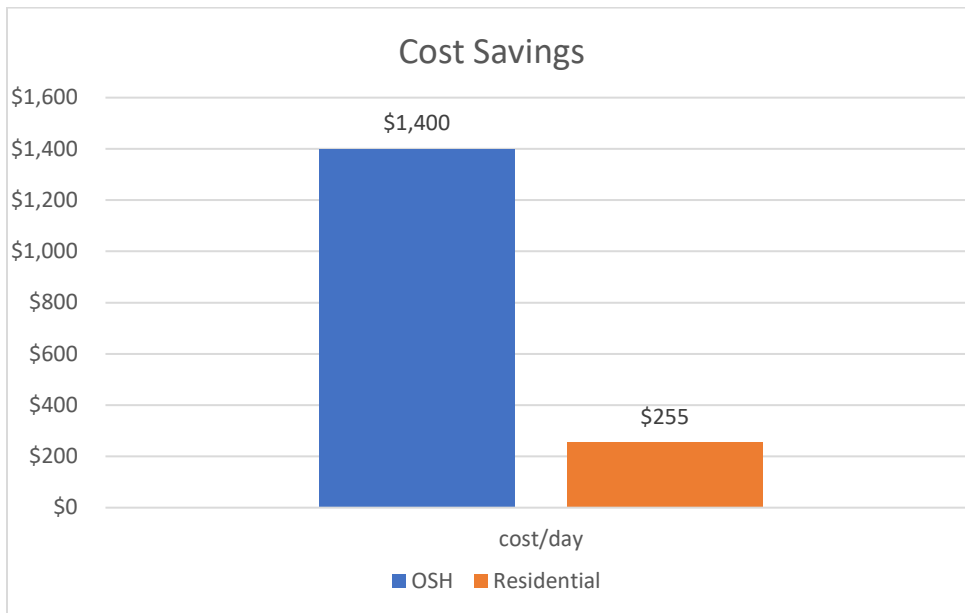
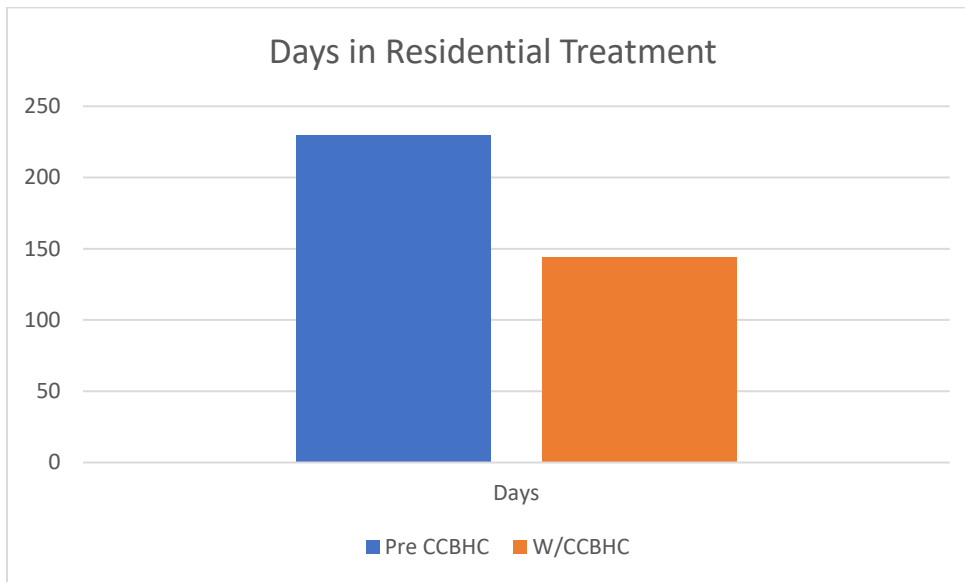
### Improved outcomes:

This chart highlights the important element in CCBHC of requiring outcome data to drive treatment decisions. In this example residents of a psychiatric facility were scored on the DLA 20 measurement tool which assess a person's functionality across 20 life areas. After CCBHC implementation this tool was used to determine how a person was progressing in treatment and when they would be ready for discharge. A score of 4 or higher meant that a person was ready to be discharged to a lower level of care or return to independent living.



## Cost savings:

As this graph illustrates, after CCBHC implementation and the use of the DLA 20 outcome tool, residents at the psychiatric residential facility were able to shorten their stays by an average of 86 days. This resulted in a tremendous savings to the state as people at the Oregon State Hospital were able to transition into these vacancies in the community and at a much-reduced cost.



- \*potential savings of \$1145 per day X 86 days = \$98,470 per person

**Summary:**

Oregon's participation in the CCBHC demonstration project has shown statewide that these clinics are viable across both urban and rural settings. Part of this effort was to show that by providing integrated services people would actually get better and the cost of their care would decrease. Within the Oregon behavioral health network, we have come to an understanding that there is no going back now that we have seen the benefits of this CCBHC model. As Directors and Administrators of our programs, we all feel the sense of responsibility to continue what has been started in spite of uncertain financial support. HB 3123 helps to solidify funding for our programs and allows the ultimate aim of the project to be realized which is a far better behavioral health system at a lower cost. Thank you for your continued support.

Sincerely,

Chris Siegner, LCSW, Director Symmetry Care Inc.