ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

Cherryl L. Ramirez, Executive Director, cramirez@aocweb.org
Diana L. Bronson, Executive Assistant, dbronson@aocweb.org
Andrew J. Smith, Legislative Liaison, asmith@aocweb.org
Sarah Jane Owens, Developmental Disabilities Spec., sjowens@aocweb.org

AOCMHP Testimony on HB 5030

Contact:
Cherryl Ramirez
Director, AOCMHP
(503) 399-7201
cramirez@aocweb.org

Dear Co-Chairs Bates and Nathanson, and Members of Ways and Means Subcommittee,

The Association of Oregon Community Mental Health Programs (AOCMHP) supports HB 5030 and the budget priorities submitted by the Division of Addictions and Mental Health (AMH). AOCMHP appreciates the collaborative relationship with AMH to ensure the best use of resources for maintaining an effective community mental health system. We offer the following information in response to questions that arose concerning county-level administration and program implementation during this week's testimony with AMH.

1) County investment in the community mental health system
Counties are adept at blending funding from federal, state, and local resources to support the programs and services to retain the necessary community safety net programs and services. In the 2011-13 biennium, Counties contributed $48 M in General Funds for Mental Health and $21 M in General Funds for Addictions, and received Direct Federal Match/Awards of $4.5 M for Mental Health and $3.8 M for Addictions through County Administrative Match or grant award. A breakout of these funds by county is attached.

In terms of administrative costs, the intergovernmental agreements allocate 4.5% for administrative expenses, on average, of the total contract. Although this amount is not nearly sufficient to cover all of the responsibilities designated to local mental health authorities by statute, contract, and rule, counties have consistently put their efforts into advocating for more services rather than administrative dollars.

2) Primary and behavioral health integration – how is it working at the local level?

Primary-behavioral health care integration is one of the major requirements of the CCO transformation plans recently submitted to OHA and CMS. Although integrated care is relatively new as a statewide effort, counties have been piloting integration programs before the implementation of CCOs and will continue to serve as the learning laboratories for this key priority of health care transformation. Some of the integration efforts that are being piloted in counties or have already been fully adopted include:

- Embedding behavioral health specialist in primary care offices to support individuals and their physical health providers in identifying strategies to promote recovery
- Embedding physical health providers in behavioral health clinics to deliver primary care for people with chronic mental illness and co-occurring medical conditions
- Implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) to identify addictions problems and improve access to care
- Screening for depression and trauma in primary care
- Improving communication and referral processes between primary and behavioral health care providers
- Team approach to individual care planning – scheduled appointments with nurse to conduct assessment, primary care provider, and mental health specialist during same visit for warm hand-off and 100% follow-up rate; one single, coordinated care plan shared by primary and behavioral care providers.
- Administrative processes created to allow primary care providers to consult with psychiatric providers about individuals whose health concerns are particularly complex.

3) Coordination among systems at the local level

Community mental health programs coordinate with other systems in order to ensure that individuals who have behavioral health problems receive the support services they need to recover and to ensure that individuals involved in multiple systems do not fall through the cracks. Some examples of cross system coordination at the local level include:

- Community Partners – Regularly scheduled forums for young people with high risk and need involving primary care providers, Education, DHS, and Juvenile Justice
- Behavioral health providers embedded within school districts
- Health promotion and partnership between public and behavioral health in school based health centers and other school settings

- Partnering with public safety for crisis services, jail diversion, jail screening/treatment, and specialty courts
- Embedding behavioral health staff in local DHS offices to screen at risk children
- Multiple system planning with Public Safety, Courts, Hospital, Mental Health, CCO, and Public Health to identify gaps in service
- Early childhood coordinating council that encompasses partners who serve children in the 0-8 range, actively defining community needs and joint responses

Thank you for the opportunity to provide feedback on HB 5030 and the county role in the community mental health system. Please contact me if you have questions.

Sincerely,

Cherryl L. Ramirez

Cherryl L. Ramirez
Director, AOCMHP

County General Fund and Direct Federal Contribution to Community Mental Health System 2011-12 and 2012-13

County	FY	MENTAL HEALTH		ALCOHOL & DRUG	
		General Funds	Direct Federal	General Funds	Direct Federal
Baker	2012-13	$ 7,598	$ -	$ 15,000	$ -
	2011-12	$ 9,668	$ -	$ 15,000	$ -
Benton	2012-13	$ 546,344	$ -	$ 382,648	$ -
	2011-12	$ 312,781	$ -	$ 414,538	$ -
Clackamas	2012-13	$ 739,159	$ 126,860	$ -	$ 323,992
	2011-12	$ 702,034	$ 126,860	$ -	$ 323,992
Clatsop	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Columbia	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
COOS	2012-13	$ -	$ 63,840	$ -	$ -
	2011-12	$ -	$ 57,904	$ -	$ -
Crook	2012-13	$ 40,000	$ -	$ -	$ -
	2011-12	$ 40,000	$ -	$ -	$ -
Curry	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Deschutes	2012-13	$ 1,158,079	$ 316,099	$ 2,462,674	$ -
	2011-12	$ 1,225,115	$ 24,298	$ 1,172,912	$ -
Douglas	2012-13	$ 27,399	$ 41,200	$ -	$ -
	2011-12	$ 78,829	$ 105,313	$ -	$ -
Gilliam	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Grant	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Harney	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Hood River	2012-13	$ 22,500	$ -	$ -	$ -
	2011-12	$ 21,625	$ -	$ -	$ -
Jackson	2012-13	$ -	$ -	$ 162,828	$ 180,000
	2011-12	$ -	$ -	$ 162,204	$ 84,000
Jefferson	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Josephine	2012-13	$ -	$ 41,507	$ -	$ -
	2011-12	$ -	$ 24,611	$ -	$ -
Klamath	2012-13	$ 2,029,123	$ 22,579	$ 355,740	$ 554,275
	2011-12	$ 1,411,413	$ 63,161	$ 304,884	$ 642,995
Lake	2012-13	$ -	$ -	$ -	$ 140,650
	2011-12	$ -	$ -	$ -	$ 179,854
Lane	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ 326,525	$ -
Lincoln	2012-13	$ 153,750	$ -		$ -
	2011-12	$ 70,878	$ 138,115	$ 78,145	$ -
Linn	2012-13	$ 14,274	$ -	$ 417,041	$ 37,500
	2011-12	$ 44,168	$ 147,279	$ 417,300	$ 96,036

Source: Association of Oregon Counties Shared Services Survey, Fall 2012

County General Fund and Direct Federal Contribution to Community Mental Health System 2011-12 and 2012-13

County	FY	MENTAL HEALTH General Funds	MENTAL HEALTH Direct Federal	ALCOHOL & DRUG General Funds	ALCOHOL & DRUG Direct Federal
Malheur	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Marion	2012-13	$ 8,129,526	$ -	$ 1,313,308	$ -
	2011-12	$ 6,765,370	$ -	$ 1,466,456	$ -
Morrow	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Multnomah	2012-13	$ 10,865,859	$ 503,072	$ 5,564,146	$ 160,000
	2011-12	$ 10,719,973	$ 507,613	$ 5,205,519	$ 541,750
Polk	2012-13	$ -	$ 833,000	$ -	$ -
	2011-12	$ -	$ 1,148,705	$ -	$ -
Sherman	2012-13	$ -	$ -	$ 4,000	$ -
	2011-12	$ -	$ -	$ 4,000	$ -
Tillamook	2012-13	$ 59,000	$ -	$ -	$ -
	2011-12	$ 59,000	$ -	$ -	$ -
Union	2012-13	$ -	$ -	$ 58,945	$ -
	2011-12	$ -	$ -	$ 58,945	$ -
Umatilla	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Wallowa	2012-13	$ -	$ -	$ -	$ -
	2011-12	$ -	$ -	$ -	$ -
Wasco	2012-13	$ -	$ -	$ 20,000	$ -
	2011-12	$ -	$ -	$ 20,000	$ -
Washington	2012-13	$ 1,436,287	$ -	$ -	$ 243,528
	2011-12	$ 1,436,287	$ -	$ -	$ 124,000
Wheeler	2012-13	$ -	$ -	$ 1,300	$ -
	2011-12	$ -	$ -	$ 1,200	$ 6,000
Yamhill	2012-13	$ 335,053	$ 103,911	$ 298,242	$ 197,602
	2011-12	$ 294,824	$ 100,000	$ 398,552	$ 299,039
TOTAL		**$ 48,738,650**	**$ 4,495,927**	**$ 21,102,052**	**$ 3,811,221**

Source: Association of Oregon Counties Shared Services Survey, Fall 2012