

## ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

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Karla McCafferty, Secretary/Treasurer Options for Southern Oregon, Inc. Josephine County

## Baker County

Mountain Valley Mental Health Programs, Inc. Benton County Health Department Clackamas County Health, Housing & Human Services Clatsop Behavioral Healthcare Columbia Community Mental Health **Confederated Tribes Community** Counseling Center of Warm Springs Coos County Mental Health **Community Living Case Management** Coos, Curry, Douglas, Josephine Counties Crook County Mental Health Lutheran Community Services Curry Community Health **Deschutes County Health & Human Services Douglas** County Community Health Alliance Grant, Morrow, Wheeler & Gilliam Counties **Community Counseling Solutions** Harney County Symmetry Care, Inc. Jackson County Health and Human Services Jefferson County **BestCare Treatment Services** Klamath Basin Behavioral Health Klamath County Developmental **Disabilities** Program Lake County Mental Health Lane County Health and Human Services Lincoln County Health and Human Services Linn County Health Department Malheur and Umatilla Counties Lifeways, Inc. Marion County Health Department Polk County MH & Addiction Services Sherman, Hood River & Wasco Counties Mid-Columbia Center for Living **Tillamook** County **Tillamook Family Counseling Center** Umatilla County Addictions Program/DD Program Union County Center for Human Development, Inc. Wallowa County Wallowa Valley Center for Wellness Washington County Behavioral Health & **Developmental Disabilities Division** 

## Testimony in support of HB 2294 – Oregon Health Information Technology Program and HIT Oversight Council

## To House Health Care Committee February 6, 2015

Dear Chair Greenlick and Members of the House Health Care Committee,

On behalf of the members of the Association of Oregon Community Mental Health Programs (AOCMHP), I would like to express strong support for HB 2294. In our roles as behavioral health partners with primary care and other health system entities, we have experienced firsthand the absolute necessity of sharing health information to successfully coordinate care for the individuals we serve. Health information technology will continue to be a central component of integrating care, and if it works well, will help us reach the health care outcomes we are striving to achieve.

As our health system transformation effort is data driven, we must improve our ability to analyze and use the health data to ensure good health outcomes, and the best and most appropriate care for individuals with complex health problems, including mental health and substance use disorders. This effective use of data will most surely contribute to lowering the cost of health care as well.

Community Mental Health Programs have participated in piloting CareAccord for direct secure messaging with good results. They have also benefitted from the Emergency Department Information Exchange (EDIE), especially useful for individuals with chronic mental illness and substance use disorders who more frequently use emergency departments.

In this next phase of health information technology development we look forward to improving interoperability among health system partners and to cultivating statewide common standards for health information sharing. AOCMHP will gladly partner with OHIT to achieve these goals.

Thank you for the opportunity to provide written testimony in support of HB 2294.

Sincerely,

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