ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

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Testimony in support of SB 787 – Develop changes to statewide system of mental health care and treatment To Senate Human Services & Early Childhood Committee March 24, 2015

Dear Chair Gelser and Members of the Senate Human Services & Early Childhood Committee,

On behalf of the 32 community mental health programs across Oregon, the Association of Oregon Community Mental Health Programs (AOCMHP) supports in concept the initiative to develop improvements to the statewide system of mental health and addictions treatment, and would like to offer our assistance in a comprehensive mapping and analysis of gaps in the community mental health system.

"A vision for a good and modern mental health and addiction system is grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity (p.1)."[1]

"A good and modern mental health and substance use system should be designed and implemented using a set of principles that emphasizes behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover (p.2)."[1]

Building on the "Good and Modern Behavioral Health System" description articulated by John O'Brien, we strongly encourage you to incorporate these guiding principles in order to objectively assess the system and incorporate meaningful transformation:

- Enhance cross-system/jurisdictional alignment-partnership, including public safety, child welfare, health, education.
- Data needs to be central to system and process reform, including client experience of access to care, services provided and follow up.
- Priority outcomes should focus on health, illness prevention, and decreasing inappropriate use of institutional care, including state hospital, jails, and prisons.
- Include treatment services, non-direct service functions and safety net services in analysis.
- Develop models for appropriate funding of the behavioral health system that use prevalence, per capita, and desired utilization to establish the global budget.
- Adopt a wellness focus across public, commercial, and other payers.

- Peers and family advocates should be central to the future model of care.
- The delivery system should be managed locally with providers and consumers driving decisions.

Second, a plan to modernize the community mental health system must be aligned with the USDOJ agreement to resolve the Olmstead investigation. Specific expectations recently outlined by the USDOJ include more Assertive Community Treatment (ACT) programs, with adequate outcomes assessment and achievement, and the availability of appropriate high-intensity services are available for individuals with mental illness in the State's frontier regions; continued increased investments in integrated, community-based supported housing for individuals with serious mental illness; supported employment; and "to further incorporate these services throughout its mental health programs, such as in walk-in centers for crisis stabilization, and through warm-lines utilized for telecare."

The USDOJ also directed the State to work collaboratively with local agencies to develop strategies to prevent the unnecessary hospitalization and incarceration of people with mental illness through a robust array of crisis services. Promising models across Oregon were cited as responding to the USDOJ's concerns and the State was encouraged to help bring the models to scale and to provide these services statewide. There was particular mention of significant gaps in services in the frontier area, especially regarding crisis services, ACT, jail diversion and supported employment. USDOJ urged the State to develop the high-intensity community services and supports necessary for individuals with serious and persistent mental illness to live in the most integrated setting possible.

A third important consideration for improving the community mental health system is to move away from a Fee-for-Service model of payment to a multi-payer agreement to pay for value (health outcomes) rather than encounters. Continuing with Fee-for-Service will not sustain the integrated care model we are trying to implement in Oregon. In order to decrease long term costs to payers and negative health consequences for the people we cover, the delivery system must be able to provide practical models and system reform initiatives that incorporate social wraparound services and emerging or evidence-based practices. Specifically, we must align payment with completion of core performance measures, incorporate case rates for preventive care to avert suicides and other bad outcomes, and address payment structures that create barriers to integration of care, such as policies that prevent same day billing for multiple health care services. There are many examples of services and programs that do not fit in a medical, Fee-for-Service model of payment, but here are a few examples:

- Medication assisted treatment for addictions - Ensure that approved medications for treating addiction are covered in all insurance plans, including naloxone for opioid overdoses. Inappropriate limitations on dosage or duration and outright exclusions of particular medications should be eliminated.
- Discharge and transition services for people experiencing behavioral health crises - Increase coverage for continuity of care to ensure that appropriate services are in place for individuals with behavioral health conditions recently discharged from emergency departments, acute care units, and inpatient psychiatric units. Patients discharged from these settings have been shown to have the highest risk of suicide of any population.

- Early Psychosis intervention (Early Assessment and Support Alliance) case rate coverage – Covering capacity based and health team services will support recovery in the community and prevent crises, higher and more expensive levels of care (e.g., hospitalization), and suicide.

We look forward to working with you as your local public mental health delivery system on sustaining and improving our community mental health system to ensure better outcomes and productive lives for Oregonians.

Thank you,

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[1] Description of a Good and Modern Addictions and Mental Health Service System. John O'Brien, CMS. Retrieved July 9, 2013 from http://www.samhsa.gov/Healthreform/docs/AddictionMHSystemBrief.pdf