

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

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Testimony on SB 832 – To provide grants for integrating mental health and physical health services to CCOs

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 the development of integrated behavioral health care in both primary care and specialty behavioral health settings, and there are many examples where this is working under today's Coordinated Care Organization (CCO) model.

We are unclear, however, on if there is in fact a statewide problem that needs to be solved through this proposed bill. We are able to integrate care under the current system with existing local healthcare contracting options between CCOs, patient centered primary care homes, community mental health programs and other system partners. Within many CCO coverage areas, behaviorists are being placed into primary care settings and coordination of care is taking place that includes shifting payment models to support these services.

We oppose the language that requires a fee for service reimbursement model for these integrated behavioral health services. This is moving Oregon in the wrong direction. CCOs were created to be responsive to local health ecosystems and under this bill they would now be required to pay for care in a manner that might be inconsistent with local strategy or identified need. Instead, we need alternative payment models that cover the cost of care coordination and integrated healthcare in a bundled payment that can be tied to improved health outcomes.

Additionally, we do not support using \$ 1 million of State General Funds for activities that might be better contained within a CCO's global budget and allow for Medicaid funds to be matched so that \$ 1 million could be turned into closer to \$ 3 million. Rather, we support OHA's intent to map out the behavioral health system and feel it would be precipitous to direct limited State General Funds towards something we don't know is a problem.

These issues can be addressed through local system improvements that are allowable under CCO structure today, or through a larger statewide planning process that ensures a balanced approach such as a mental health task force or work group.

Thank you for the opportunity to express our concerns about the consequences of this bill.

Sincerely,

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Silas Halloran-Steiner President, AOCMHP