2/5/2019

OCBH HB 2638 testimony

Thank you Chair Greenlick and Committee Members,

On behalf of Oregon Council for Behavioral Health I submit the following testimony for HB 2627. Oregon Council for Behavioral Health is a statewide Behavioral Health provider association including providers of *Substance use, Mental Health and Behavioral Health integrated care.* OCBH's 41 member organizations serve tens of thousands of Oregonians on their journey to health and wellness annually. Our members contract directly with multiple CCO's, state level partners OHA, DHS, and DOC, regional county government divisions, commercial insurance, grants and community donation in complex braided funding to ensure access to life changing supports that are part of each of their individual missions improving the health of our Oregon communities. We employ thousands of Oregonian's at all levels of Behavioral Health experts peers to medical doctors.

As agile mission driven local businesses, to succeed, we must and do, place value on improved quality of life for those we serve and the investments from our partners.

We greatly appreciate this opportunity to share our support of SB 2627 and its recovery center model (RCO) and also include some brief suggestions for its success within the treatment and recovery continuum. We support the involvement of the ADPC in identifying the need and location of the new programs as part of a statewide service and the inclusion of a peer ROC position within OHA. We highly support HB 2627, and other bills such as HB 2257 which elevate the intentionality of treating SUDs as a chronic illness that will require touch points throughout someone's life creating a system that has no wrong door and supports individuals in their optimal health throughout their lifespan.

OCBH suggests as written in the current proposed amendments that RCO's partnerships reflect the needs of local communities and do not include in statute, operational devices, such as MOU's. As a continuum of care local control at the provider level is imperative to success. Supporting each local community network to work with its strengths and relationships supports further expansion, innovation with flexibility into improving and reducing gaps in care. MOU's are one device to develop partnership and improve care and may not always provide the most effective option to create and improve service delivery. We suggest that narrowing operations

by identify MOU as a requirement will place constriction on system innovation and development. We also suggest in creating a new and much needed element within our fragile SUD system, that as the bill is amended that SUD systems statewide issues of workforce be carefully analyzed to ensure sustainability of the new element and the entire SUD continuum of care. In regards the suggested amended language in the bill that "each RCO shall be organized and managed as a stand-alone entity organized for the express purpose of serving as an RCO with local community leadership and local community control. An RCO may utilize an existing non-profit to serve as its fiscal sponsor." We concur again local control and flexibility at the direct service level is imperative to sustainability and success, we worry that narrowing the business structure in statute may impact long-term viability.

We hope as this conversation for HB 2627 moves forward, that we continue the trajectory of inclusion of a lifespan approach to treatment and recovery, to better serve our most vulnerable Oregonians.

In service,

Heather Jefferis

Executive Director OCBH

heather@ocbh.org

www.ocbh.org