



Testimony on SB 5525

Behavioral Health System Budget Priorities

March 13, 2019

Dear Co-Chairs Beyer and Nosse and Members of Ways & Means Human Services Subcommittee:

I am a licensed clinical Psychologist and a certified substance abuse professional with over 37 years of behavioral health services experience as a researcher, clinician, and administrator. I am here today as the CEO of Adapt, a nonprofit provider of primary care, substance abuse treatment and mental health services, with 400 employees serving over 11,000 southwestern Oregon residents annually. Adapt also serves as the Local Mental Health Authority and the Community Mental Health Program in Douglas County.

I am also here as a member of The Association of Community Mental Health Programs (AOCMHP). And finally, I am here as the President of the Oregon Council for Behavioral Health an association representing substance use disorder treatment programs and residential mental health programs across the state of Oregon.

I would like to highlight several areas of extreme importance to the behavioral health system.

The behavioral health system is completely dependent on Medicaid funding and is extremely vulnerable to any changes in that system. In my own organization Medicaid fees are our single largest source of income and account for over half of our total revenue. The current rates for reimbursement are based on the historical under funding of these services. While expansion of Medicaid inclusion has been the tide that raises all boats, the CCO endeavor to date has largely failed to move a greater proportion of the total healthcare dollar into behavioral health and therefore has largely failed to enact the intent of parity.

Behavioral health programs operate on razor thin margins of revenue over expense and can be easily destabilized by managed care tactics. For example, the all-inclusive rate for 24 hours of residential substance use disorder care including room and board, treatment services, and around the clock supervision and monitoring is reimbursed at a lower rate than an overnight stay at a modest hotel. This has already resulted in the loss of youth residential services capacity.



The chronic under funding of behavioral health services has resulted in Oregon being ranked near or at the bottom in the US on access to care. There simply is not enough funding to attract, hire, and retain an adequate workforce. It is particularly difficult to provide services in certified programs that have the added expenses of complying with state rules, however, it is critical that these programs operate to provide the intensity of services required for the health and safety of our citizens and communities. Without these regulated outpatient programs non-licensed professionals (QMHA's & QMHP's) would not be able to provide services and Oregon would be plunged into an even greater behavioral health workforce crisis.

Oregon has a quality behavioral health provider infrastructure that is worth investing in and without additional investment we are facing even greater deficits in access to appropriate care. Thank you for your service to our state and for your consideration of these concerns.

Sincerely,

Gregory S. Brigham, Ph.D.