

# Health Department

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Date March 14, 2019

TO: The Honorable Senator Lee Beyer, Co-Chair  
The Honorable Representative Rob Nosse, Co-Chair  
Joint Committee On Ways and Means  
Subcommittee On Human Services

SUBJECT: SB 5525 Appropriates moneys from General Fund to Oregon Health Authority for certain biennial expenses.

Co-Chairs Beyer and Nosse, and members of the committee; I am Neal Rotman. I represent Multnomah County, and I work in the Mental Health and Addictions division of our County's Health Department. I am here before you today to testify in support of Oregon Health Authority's behavioral health budget items, particularly policy option packages 402, 410 and 414.

At Multnomah County, improving the Behavioral Health system is a top priority and funding these areas at the full level recommended in each POP will impact the lives of some of our County's most vulnerable residents at their most vulnerable times.

We support POP 402, which will expand behavioral health services, with a focus on preventing youth suicide. In 2014, the Oregon Legislature mandated development of a five-year Youth Suicide Intervention and Prevention Plan. In 2015, the State Health Improvement Plan identified suicide prevention as a health priority. It is now 2019, and we have that plan, and we know this is a priority -- yet suicide remains the second leading cause of death among 10-24 year-olds in Oregon. With no dedicated funding for the plan, it is time to dedicate funding to evidence-based strategies if we are to stop the recent alarming growth of youth suicide. The POP holds the promise of early intervention in multiple settings, including in health care and schools, through \$5.6 million in investments to implement the Plan. In addition, \$7.4 million will equip schools to meet kids much more effectively where they are at, by providing trauma-informed training to school staff. Not only can we reduce suicide, we can also begin to help youth have better mental health and better school outcomes, while reducing the cost of social programs down the road.

POP 410 is critically needed to contain the growth in the number of adults being sent to Oregon State Hospital and lingering there for far too long before being restored to mental competency to stand trial. These funds would enable more people to be restored

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to competency in the community, through the process known as “Aid and Assist.” The program works by enabling individuals to access treatment where they live and maintain stabilizing social connections. Serving people in a community-based rather than an institutional setting is win-win. It costs far less per person, while achieving a better long-term outcome. In addition, for individuals eligible for Medicaid, we are able to leverage additional funding for supports. Multnomah County supports this POP, and we also want to acknowledge the need to serve both misdemeanants and some non-violent felony offenders who could be served in the community, if additional resources were made available to provide a safe community placement.

The final POP I will comment on is POP 414, which provides for a new standardized reporting system to track behavioral health services and outcomes. The existing reporting system, Measurement Outcome Tracking System (MOTS), has been largely defunct since inception. Data input is inconsistent across providers, and there are limited output reports. Most alarmingly, there are no outcomes available, thus preventing any analyses for conclusions or actionable data. Multnomah County supports the legislature funding a functional system so that our programs can be data-informed and our outcomes can be shared with the legislature. Oregon needs an effective behavioral health data system, now more than ever, to help inform and foster the integration of behavioral health that we all envision under health system transformation. Currently, this lack of data is a glaring gap in our system.

Our own data analysis of 62,486 Health Share members in Multnomah County showed that in fiscal year 2017, among the top 50 spenders in physical health, fully 50 percent of these people had a diagnosed substance use disorder, but only two people had gone to treatment during that time. However, for all members and for every type of behavioral health diagnosis, receiving some kind of behavioral health treatment decreased physical healthcare costs, even when adding in the costs of acute care. More study is needed, but these results underscore the need for a stronger behavioral health system as part of our evolving health system.

This leads to my final comment urging the legislature to identify more funding for the behavioral health system as a whole, above and beyond these POPs, especially at a time when the revenue from recreational cannabis sales have exceeded all projections. The voters clearly signaled that their intent for these dollars was to increase funding for substance use treatment and prevention, not to backfill General Fund dollars in the mental health budget, as was done in 2017. Multnomah County requests that cannabis tax revenue be allocated on top of existing prevention and treatment dollars, so that Oregon can begin to make real progress in addiction recovery and prevention.

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Thank you, committee members, for this opportunity to testify. I would be happy to be a resource if you have any questions.

A handwritten signature in black ink, appearing to read 'Neal Rotman', with a stylized flourish at the end.

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