



To: Ways and Means Subcommittee on Human Services  
From Chris Bouneff, Executive Director, NAMI Oregon  
March 8, 2019

**Re: Comments on SB 5525 — Oregon Health Authority Budget**

NAMI Oregon wishes to highlight our support for several budget provisions in the proposed Oregon Health Authority budget and contained in other legislative proposals that we believe will add significant value to Oregon's behavioral health system.

**Among our top priorities is continued Medicaid expansion.** Prior to Oregon expanding its Medicaid program under the Affordable Care Act, tens of thousands of adults living with mental illness and/or substance use disorders did not qualify for any type of insurance coverage and, therefore, had little to no access to any kind of treatment. Without coverage, there can be no access. And without coverage, there isn't the economic leverage to pursue necessary reforms to Oregon's behavioral health system.

Among other reforms and investments, **NAMI Oregon strongly supports the Governor's budget request and other legislation proposed by the Children and Youth with Specialized Needs Workgroup.** This broad, multi-system stakeholder group focused on youth and families with complex needs who are vastly underserved in our current system. The results are kids boarded in emergency rooms, foster-care involved youth placed in hotels and kids transported to other states for treatment services because Oregon lacks appropriate treatment programs.

The Workgroup met over several months and developed an action plan that begins to address this issue before it overwhelms our healthcare system. From the Governor's Recommended Budget, we highlight the following:

- **Intensive In-Home Behavioral Health Services:** This budget item creates and expands intensive community-based services for our most at-risk youth and families. Due to lack of in-home services, many youth are referred to residential care. But evidence suggests that youth are best served in the home communities vs. being removed and placed in institutional care.
- **Interdisciplinary Assessment Teams and stabilization resources:** A chronic problem in Oregon is children and youth lacking thorough clinical and needs assessments when they present in an emergency room or other healthcare setting with an acute or complex need. This investment will lead to more integrated assessments and planning. Regional expertise that includes developmental pediatrics, child psychiatry and neuropsychologists will be developed over time through the use of education, consultation and telehealth supports. This should reduce emergency room boarding and inappropriate out-of-home placements.

From Senate Bill 1 and companion SB 221, we highlight:

- **Expansion of Crisis and Transition Services (CATS):** Oregon currently has a successful program where community providers partner with hospitals to divert youth and families from emergency rooms to short-term community-based intervention and stabilization services. The program increases family stability over time and decreases the likelihood of emergency department visits and youth suicide.

**For the adult mental healthcare system, we highlight Senate Bill 138.** This bill reauthorizes the Mental Health Clinical Advisory Group, which was formed by the 2017 Legislature to create behavioral health treatment algorithms that will help standardize treatment decisions and improve access to effective therapies and supports.

The Advisory Group is composed of clinicians and other stakeholders with specific expertise in mental health treatments and medications. The group started its work in early 2018 and sunset as of Dec. 31, although it continues to meet on a voluntary basis.

NAMI Oregon and OHA are jointly proposing that the group continue. In its budget request, OHA is seeking additional staff support so the group may complete its work more quickly. NAMI Oregon strongly supports SB 138 because it:

- **Focuses on improved prescribing practices coupled with other psychosocial therapies and supports.** The treatment algorithms under development will give Oregon the tools it needs to combine therapies, leading to more comprehensive and informed treatment decisions. Too often, treatment decisions start and stop at prescribing medications and ignore proven therapies that must be used in tandem with medications.
- **Aims Oregon toward true integration and standardization.** SB 138 formally connects the Mental Health Clinical Advisory Group to the Oregon Psychiatric Access Line, which is an OHSU-led consultation service available to primary care clinicians across Oregon. Through OPAL, the Advisory Group's work will lead to more informed treatment decisions at the primary care level, where individuals and families often start when seeking help for mental health conditions.
- **Protects medication access:** SB 138 continues Oregon's long tradition of access to critical mental health medications based on a patient's needs and individual circumstances, increasing the odds that patients will respond to treatment without having to "fail first" on other medications.

Also for adult mental health, **NAMI Oregon highlights our proposal to provide \$20 million in lottery bonds for the Housing for Mental Health Fund** (ORS 458.380), which is a State Treasury Fund and is designed to incentivize the development of new housing for individuals living with serious mental illness and/or substance use disorders.

The Fund was created in the 2017 Legislature and provided \$20 million in lottery bond proceeds. That \$20 million in incentive funding led to \$140.5 million in committed development of new

housing, equating to 676 new housing units. Housing includes crisis respite, housing with treatment/supports on site, and independent and integrated housing.

Finally, **we highlight what is missing in all budget proposals — investments in workforce compensation**. Our workforce treats and supports children, adults, and families at times that they are most vulnerable and most in need. Yet, because we underpay this skilled workforce, we are constantly scrambling to recruit and retain people. Funding expansion of services is meaningless if there isn't anyone available to do the work. And there aren't enough people available to do the work currently.

NAMI Oregon points out that these are but a handful of important budget and policy requests that we believe are vital if Oregon is to vastly improve its behavioral health delivery system and, consequently, improve overall health outcomes. Such investments must be made. Otherwise, our other systems — hospitals, schools, first responders, foster care — will be so overwhelmed that Oregon will be responding to perpetual crises instead of improving long-term health.

Thank you for this opportunity to provide input.