

To: Senate Health Care Committee
Fr: Dr. Benjamin Miller, chief strategy officer, Well Being Trust
March 22, 2019
Re: Support for SB 137 with amendments

Mental health and addictions are some of the most pressing health issues of our times. As a society, we have not done a good job at the things that matter – addressing people’s mental health needs in a timely and comprehensive fashion. We have done a good job at putting temporary solutions on significant problems, which we know is not working. In 2017, over 151,000 people in the United States lost their lives to drug, alcohol, or suicide. This is the most ever on record since these data have been collected (1999). Oregon’s data speak to this – where there was a 4% increase from the previous year (2016) from number of lives lost to drug, alcohol, and suicide (3%, 5%, & 6%, respectively). Trying harder is not going to work – many of the changes needed to address these trends are structural and fall upon policy makers and community leaders to begin to set forward a new vision of mental health – one that is more integrated and responsible to the needs of the Oregon community.

For the record, my name is Dr. Benjamin Miller, and I have had the pleasure and great privilege of working in Oregon for the past several years both as an informal advisor and a contractor with the state on issues related to mental health redesign. Today I am providing this written testimony for SB 137 with amendments. For context, I am a national expert on mental health redesign, focusing most of my time and attention in the policy space. SB 137 with amendments does many things at once – it helps bring forward a clearer vision of what’s expected from Coordinated Care Organizations (CCOs) for mental health while simultaneously providing a structure for how to do the work. My role with this Bill and the group that has helped in its crafting has been to offer content expertise and technical assistance, bring forward the best available evidence or best practices for mental health, and connect these leaders to others who have done the work - leaders like a former state Medicaid Director from Arizona.

Coordinated Care Organizations have always held great promise for advancing mental health – this Bill allows a more thoughtful vision for integrating mental health into the CCO structure to emerge. For communities to feel a better sense of integration within their respective CCO, this Bill addresses many financial, coverage, and delivery provisions, which are essential in achieving a different vision for mental health in Oregon.

Rather than go through the Bill in its entirety, please allow me to call out specific sections and why they are important.

First, in Section 2, we see language that makes the “coordination” part of the CCO name a more practical reality. By using language that helps the CCO assume more of the risk for mental health, this means that the CCO is ultimately responsible for the outcomes expected for mental health provision. No more delegating risk or responsibility to another entity, which often further complicates what families and providers must do to get good mental health care. These recommendations are not created from scratch, but actually modeled after a highly successful and often touted integrated program in Arizona Medicaid. And in the cases where the CCO wishes to deny a service or claim, the CCO is responsible for providing a clear description of why they are denying. Not only will this bring about more clarity for patients and families, it will also create a much clearer sense of rationale and organization around care pathways for people seeking mental health care in a CCO. If what someone in the community needs is not available, the CCO has the responsibility and obligation to find an alternate or matching service.

In section 3, the Bill clearly helps create mechanisms for people to better understand what services can and cannot be accessed within a CCO regardless of where they are or where they live. Essentially this section can help increase the quality and consistency of care as well as what people can expect.

In section 4, the Bill calls for the need for CCOs and counties to share in the financial responsibility to fund a crises response system. With the increase in deaths to preventable causes both in Oregon and the nation, having an adequate and responsive crisis response system is critical. These crisis response systems should take into account the community and provide timely evidence-based interventions when needed.

There is much in SB 137 with amendments that can help solve problems in Oregon. This Bill helps begin to fulfill the promise of the CCOs by better integrating mental health, and most importantly, providing accountability to the CCO for the mental health needs of Oregonians. While there is still work to do, this Bill makes great progress in righting a wrong – bringing mental health more seamlessly into CCOs to help address the whole health needs of the state. I encourage the Legislature to seriously consider these recommendations in this Bill as they come from a place where the problems are clear and the solutions clearer – can Oregon continue to leverage the CCO structure to be a model for the rest of the country? It is my hope the answer is yes.