



Multnomah
County

AOC

Association of
Oregon Counties

February 3, 2020

Senate Committee on Mental Health
Oregon 2020 Legislative Session

Subject: Letter of Support for SB 1552

Dear Chair Roblan, Vice Chair Boles and Members of the Committee,

We strongly support SB 1552 and the opportunity to maintain Oregon's participation in the federal government's Certified Community Behavioral Health Clinics (CCBHCs) pilot program.

As part of SB 1552, the 2020 Legislature should allocate \$15.1 million in state funds for the remaining 18 months of the 2019-21 biennium to get a federal funds match of approximately \$62.7 million. Over the past two years, Oregon has been one of eight states participating in a federal demonstration program intended to show the effectiveness of CCBHCs. 12 CCBHCs across Oregon provide comprehensive services for people with a variety of behavioral health needs, regardless of their insurance coverage.

By continuing Oregon's CCBHC pilots we have the opportunity to get a 4:1 federal match for our precious state general fund. Our contributions of \$15.1 million will yield total funding of \$77.8 million.

Since the federal CCBHC pilot program was launched, 66 CCBHCs have been created in the eight states: Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon and Pennsylvania. Under the program, Congress has established federal definitions and criteria for CCBHCs so that the pilot sites can receive Medicaid reimbursement rates based on their anticipated costs of care. CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine required types of services:

- Crisis mental health services
- Screening, assessment and diagnosis, including risk assessment
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring of key health indicators/health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and family supports

- Intensive, community-based mental health care for members of the armed forces and veterans.

Among other exciting advances, CCBHCs are increasing access to mental health and addiction treatment; expanding capacity to address the opioid crisis; collaborating with partners in hospitals, jails, prisons and schools; and attracting and retaining qualified staff who offer science-based, trauma-informed services – often on the same day patients present for care.

It is also important to note that the outcomes of our current CCBHCs seem to be significantly improving both access and outcomes for some of the most seriously mentally ill individuals in our communities. CCBHCs also will likely decrease the demands being placed on our emergency rooms, jails, and court systems.

Other Key Points:

- If Oregon abandons CCBHCs, we may not be able to get back into this unique federal program; we are only one of eight states involved in the demonstration projects and other states are eager to stake our spot in the program.
- CCBHCs, like similar and proven FQHC and Rural Health Center funding models, are an extremely powerful mechanism to provide care in underserved and/or rural populations.
- This program provides a federal fund match of approximately 80/20 for community based mental services integrated with physical health services. This is exactly the kind of integration we aspire to under CCO 2.0.
- If Oregon walks away from this unique demonstration program we are likely to regret our decision as very short-sighted in terms of achieving better behavioral health outcomes and for leaving a huge match of federal funds on the table.

Thank you for the opportunity to provide testimony on this important issue.



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