AOCMHP ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Testimony on HB 5024 – Behavioral Health

March 2, 2021

Dear Co-Chairs Lieber and Nosse, Members of the Joint Subcommittee on Human Services,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I would like to share our budget priorities in HB 5024 that most positively impact the community behavioral health system and will help more people live, work and recover in their own communities. Adequate resources for community-based care will also divert people from the Oregon State Hospital or incarceration as well as avoid costs for higher levels of care or justice involvement. Together with stable and appropriate housing, we could serve most Oregonians needing mental health and substance use disorder services in the community by prioritizing investments for community-based behavioral health resources.

First, we ask that you keep our system whole, by not cutting and redirecting funding to new initiatives, with the unintended consequence of damaging the current infrastructure, held up by braiding together funding to maintain a safety net for our community members, regardless of their insurance coverage. Cuts also lead to workforce reductions - we've always needed more workforce in the public behavioral health system, and during a pandemic and afterwards, we need more people to do the work than we ever have.

Second, to help relieve the Oregon State Hospital of the disproportionate numbers of Aid & Assist clients to make room for those under civil commitment who truly require the highest level of care, we need significant investments to provide community restoration and treatment services safely in the community - secure residential treatment facilities and capacity to provide the services. To this end, we support the Oregon Health Authority's POP 411 for $19.3M to support community-based Aid & Assist restoration and treatment services.

Third, we support the continuation of our certified community behavioral health clinic (CCBHC) program through the 21-23 biennium. Oregon CCBHCs have demonstrated their value in providing integrated care for community members, regardless of insurance status, showing better health outcomes among their clients and costs savings at higher levels of care. After the end of the demonstration program, we strongly advocate that Oregon rolls out the CCBHC model as the preferred behavioral health home model across the state.

Fourth, we must fairly compensate our behavioral health workforce to improve retention and offer incentives to increase diversity. We recommend funding for scholarships to help our current workforce of qualified mental health associates and peer support workers, who are more diverse as a group than licensed clinicians, to support their pursuit of appropriate bachelor's or master's level clinical degree programs, with the goal of retaining these 'homegrown' workers, especially in rural and frontier Oregon. We also support scholarships for unlicensed clinicians and peers to receive and maintain certification. We know there are several behavioral health policy concepts on the table and our hope is that one collaborative effort among multiple stakeholders will move forward with sufficient funding to invest in our workforce equitably statewide.

We are optimistic that with the right policy bills, like parity improvement, and with substantial investments to support key components of the chronically underfunded behavioral health system, the will of Oregonians to improve access to mental health and addictions treatment in their own communities will become a broader reality for marginalized and underserved populations across the state.

Sincerely,

Cherryl L. Ramirez

Cherryl L. Ramirez, AOCMHP Director