House Committee on Behavioral Health
Chair Sanchez and Members of the Committee
Testimony on HB 3123

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I am Stan Gilbert, the Community Mental Health Director for Klamath County, and CEO of Klamath Basin Behavioral Health.

I am here this morning to ask you to support House Bill 3123, which will extend Oregon's Certified Community Behavioral Clinic demonstration program through December 31, 2023. We were fortunate to be selected as one of Oregon's 12 original CCBHC demonstration sites. I hope to convey in my brief time with you today that as a result of being given this amazing opportunity to participate in the CCBHC project, Klamath County has benefited from a significant increase in new services, people served, improved access, and real cost savings. In addition, as a CCBHC provider we have easily and quickly been able to pivot to provide services specific to individuals adversely affected by the COVID pandemic and last Fall's 242 Wildfire.

The attached data charts illustrate the time frame within which we began to implement the CCBHC Project. We knew in December of 2016 that we were selected to be a demonstration site, and we immediately began to ramp up services, staffing, and data collection to meet the project's requirements (Chart #1).

Prior to CCBHC Klamath County had been the 7th highest per capita utilizer of Oregon State Hospital (OSH) for Aid and Assist restoration, also sometimes referred to as .365 or .370 evaluations. The ability to add additional new services and staff has resulted in significant reductions of our utilization of OSH with a corresponding savings of over $12 million (#2).

Assertive Community Treatment (ACT) is an evidence-based program that delivers intensive community-based services for seriously mentally ill adults. We started our ACT program the year prior to the start of CCBHC using funding allocated to our Coordinated Care Organizations for this program. However, as you can see from Chart #3, CCBHC allowed us to triple the size of the population we serve under this model.

Working with local community partners we began to deliver Corrections-Based Community Services (#4), including substance use, mental health, and jail diversion services (#9). CCBHC has allowed us to greatly expand both the number of individuals we can serve and the array of services we deliver to this high needs population. We have seen a significant decrease in the number of behavioral health related misdemeanor jail incarcerations and our local recidivism rates have fallen, resulting in reduced jail and court costs.

CHOICE (#5) is a service model that promotes the availability of quality, individualized community-based supports for independent living for adults with serious mental illness while also minimizing the use of long-term institutional care. As the chart shows, CCBHC allowed us to rapidly increase the number of individuals we could include in these services.

This is also true of Early Assessment and Support Alliance (#6). EASA, as it is commonly known, provides rapid access to psychiatry and other behavioral health services to youth and young adults experiencing early symptoms of psychosis. It also provides information and a range of supports for these individuals and their families.

We started our Mobile Crisis Services prior to CCBHC, but we did not have sufficient funding or staffing to operate it on a 24/7/365 schedule. CCBHC allowed us to create a fully staffed team of crisis trained, qualified behavioral health professionals available around the clock to respond to psychiatric emergencies across our county (which is geographically larger than the state of Connecticut). Out Crisis Team also provides follow-up care to ensure that ongoing services are available and delivered in a timely and efficient manner (#7).

With CCBHC we began to look for ways to deliver more behavioral health services outside our facilities, in locations where potential consumers might naturally congregate. CCBHC gave us an opportunity to expand our school-based services and embed KBBH behavioral health staff full-time in Klamath Falls schools (#10). It also gave us the ability to embed staff full-time onsite at our local DHS/Child Welfare office (#11). These programs have both been very well received, and we are currently discussing plans with our local DHS office to place our staff within their other departments. This has been possible because of CCBHC.

The COVID pandemic has resulted in a variety of challenges for Community Mental Health Programs. Access to consumers, moving to predominant telehealth services, remote care coordination, communication with staff working from home, financial challenges, protection of our front-line workers and our consumers have been just a few. Last Fall Klamath County also experienced the 242 wildfire event that destroyed homes and displaced families.

CCBHC allowed us more flexibility to quickly pivot to adapt to these challenges. We were able to send our staff to outlying, traditionally underserved areas of our county to provide services to 3000 individuals, focusing on social determinants of health such as access to shelter, housing, food, health care, and potable water. At the same time, we assessed behavioral health needs, provided emergency intervention and arranged ongoing services as needed.

These things were all possible because of the flexibility that additional staff, a broader service array, better data collection, and more resources offered because of the CCBHC project. All Oregonians should have the opportunity to benefit from the ease of access and increased quality of care offered by the CCBC model.

Questions can be directed to:

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