



AFSCME Support
For HB 3123

March 1, 2021

Dear Chair Sanchez, Vice-Chairs Moore-Green and Nosse and Members of the Committee,

Thank you for the opportunity to provide testimony in support of HB 3123, an important bill to continue the program and funding from the state for the federally supported Certified Community Behavioral Health Clinics. AFSCME sees this program not only as a workforce issue in behavioral health but also a way to reduce pressure on other sectors' workforce such as health care, criminal justice and public safety. It is a component of moving away from criminalizing mental illness and substance use disorders by providing critical services in the community.

Oregon AFSCME Council 75 represents around 24,000 members statewide in a variety of employers both public and private. Our largest growth has been in behavioral health sector including the employees of Cascadia Behavioral Health represented by AFSCME Local 1790-4. This growth in membership began with the collaboration between represented and non-represented workers in the field on the *United We Heal Report* that was released in the spring of 2017. The report highlighted the growing needs to provide improved services through better investments and policies that would stabilize and expand the workforce.

The Certified Community Behavioral Health Clinics are important for providing stability and continuity of care by providing investments to employ and keep employed a quality workforce that provide services that respond to people's needs as they need them. Behavioral health, like many other fields is a practice that you grow into as you continue the work - in every job title. Not only is it critical for people to have their behavioral health team consistent because of the trust needed in the recovery process, people just getting established in care also deserve to have experienced and well trained peer support, counselors and therapists. Funding Certified Community Behavioral Health Clinics is one of the ways that we can pay to retain experienced staff.



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The CCBHC approach through the wrap-around services of crisis response, peer support, mental health and substance use services and physical health screenings to connect people to primary care also makes sense in a broader perspective on the intersections of other services. Providing a more holistic approach to behavioral and physical health keeps people from likely requiring the more intensive and expensive services such as frequent hospital emergency department visits, or multiple law enforcement interactions that land people in our jails or prisons and as part of our public defense providers' growing caseloads.

The data reported in the National Council for Behavioral Health report *Hope for the Future: CCBHCs Expanding Mental Health and Addiction Treatment* from both Cascadia Behavioral Health and Klamath Basin Behavioral Health show the cost savings to the both the health care and criminal justice systems. Cascadia Behavioral Health was able to implement care and treatment plans that addressed issues like addiction and chronic pain with patients that were frequent visitors to emergency departments. Through those efforts they reduced the emergency visits by 18%, admissions by 20% and saved the state an estimated \$1.65 million. In Klamath, the report highlights how Klamath Basin Behavioral Health worked with people who had been arrested to connect them with services and provide assessments for determining care and treatment plan needs. These services saved the state an estimated \$2.5 million in prison costs and reduced recidivism rates in the county. These types of connections and supports are known through a variety of programs nationally to reduce recidivism, because giving people the tools needed to address their illnesses is far more effective than punishment for them.

Our members across behavioral health and in health care all see the growing behavioral and mental health and substances use services needs in our community. The already existing housing crisis coupled with the last year of isolation, and economic hardship brought on by the COVID-19 pandemic has our communities experiencing a dramatic increase in substance use and overdoses. They know that to be able to keep up with this growing demand, we'll need to make meaningful investments in programs like Certified Community Behavioral Health Centers. I spoke with CJ Alicandro, one of our members at a secured residential treatment facility that serves people transitioning out of Oregon State Hospital. They pointed out that people receiving



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crisis intervention and treatment services through Cascadia's CCBHC have a greater potential of avoiding re-admittance to OSH as the National Council for Behavioral Health's report suggested. They are hopeful that we will make the level of investments needed to ensure that fewer people need the level of care provided by OSH, thus reducing the incredibly long wait times for finding placements in appropriate levels of care.

As we look to build up and improve our behavioral health, mental health and substance use treatment services in Oregon, continued state funding of the Community Behavioral Clinics to draw down the tremendous federal investments is critical. Not doing it would leave us with a tremendous gap in much needed services and a workforce, the services they provide and the people they serve thrown into even more turmoil than they currently are.

Please pass and fund HB 3123.

Respectfully,

Eva Rippeteau
Political coordinator
Oregon AFSCME Council 75