

February 24, 2022

CareOregon Invited Testimony on the Behavioral Health Workforce Crisis

Chair Nosse, Vice Chairs Moore-Green & Reynolds, and Members of the Committee,

CareOregon is a community non-profit organization serving over 500,000 Oregonians covered by the Oregon Health Plan. CareOregon wholly owns two coordinated care organizations (CCOs), Jackson Care Connect and Columbia Pacific CCO. We also are a founding member of Health Share of Oregon, managing an integrated community network and the behavioral health benefit for all Health Share of Oregon members.

As we speak about the role of the CCO, we recognize that not all CCOs operate the same across the state. We see our CCOs as part of the communities that we serve, and invest where we can to improve the health of not only our members, but their communities. For example, in all our CCO regions, we contribute funding to the crisis and safety net system through capacity funding to ensure sustainability of the system for our members and the community. We value local collaboration and often play the role of convener to bring stakeholders and systems together for driving system improvement. An example of this is in Tillamook County, where we brought in a facilitator to help the community leaders have some difficult conversations about the role of the CCO, the community mental health program, law enforcement, the hospital, and others. The outcome was increased trust and ability to move collectively into developing solutions to local problems.

Other examples of this include the spaces where the CCOs facilitate community processes that include cross system stakeholders and people with lived experience to develop strategies for the community health improvement plans, comprehensive behavioral health plans, health equity plans, health information technology roadmap, traditional health worker capacity building, and leadership of the community advisory councils. We see this as our best opportunities to create health improvement strategies informed by those we serve and those most impacted by health disparities.

While we have a lot here to be proud of, we find ourselves in a crisis today. We are not able to ensure that our members have access to needed services due to a sheer lack of capacity across the system. Much of this is driven by the essential closure of the Oregon State Hospital to civil commitments, which has created a backup across the system. It is now not uncommon for me to participate in a complex case conference for someone who has been in acute inpatient psychiatric care for over a year. That should be unconscionable but is becoming common. The adult residential system continues to constrict, and the children's residential system is almost gone. This leaves us with trying to convince providers in the community to take the risk of providing a community-based level of care to someone who needs much more – when these providers are losing staff daily due to burnout and trauma. Our providers literally will not ask their staff to take on another individual who is at risk for violence or can't meet basic daily needs due to fear of losing more staff. In response to the crisis, CareOregon made a \$7.5 million cash investment in 2021 to help stabilize the behavioral health providers in our communities. These investments alone will not be enough, as without a full continuum of care this pattern is going to continue.

One bright spot on the horizon is from the successful advocacy by CCOs to include support for transitions of care in

the Medicaid waiver application. We believe this will afford us the opportunity to have better coordination of our members through systems such as corrections, the state hospital and through episodes of care with no disruption in coverage. That being said, we do continue to seek clarity from Oregon Health Authority on the roles and accountability for transitions between CCOs and CMHPs. We continue to have overlapping contract requirements for coordination of members in the state hospital and adult residential system. This leads to inefficiencies and sometimes lack of coordination due to no clear accountability. In general, the lack of clarity and undue burden in the regulatory structure is one of the largest barriers to overcoming this current crisis.

CareOregon appreciates the Committee's dedication to improving Oregon's behavioral health system and the investments made over these last two legislative sessions. We are eager partners and will continue engaging with other system stakeholders, and the communities we serve, to develop solutions for the challenges facing the entire continuum of the behavioral health system.

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