

**TESTIMONY ON SB 624
BEFORE THE SENATE COMMITTEE ON HEALTH CARE
FEBRUARY 20, 2023**

**PRESENTED BY: HON. NAN WALLER, JUDGE, MULTNOMAH COUNTY CIRCUIT COURT
OREGON JUDICIAL DEPARTMENT**

Chair Patterson, Vice-Chair Hayden, and Members of the Committee:

My name is Nan Waller, and I am a judge at Multnomah County Circuit Court. The Oregon Judicial Department (OJD) is neutral on SB 624 but offers this testimony to suggest adding language that specifies the role of certified community behavioral health clinics (CCBHCs) to serve justice-involved individuals. I would like to thank Senator Lieber and Representative Nosse for including OJD in the workgroup, and to acknowledge the efforts and aims of the proponents of this bill, which is to improve the delivery of behavioral health care services in Oregon by maximizing the use of Medicaid funding. As outlined in its Strategic Campaign, OJD supports efforts to improve access to justice, which includes improving services and outcomes for people who are underserved, vulnerable, or marginalized.

SB 624 would establish the certified community behavioral health clinic program to ensure that CCBHCs meet criteria to receive supplemental payments for services provided to medical assistance recipients.

The national CCBHC model facilitates necessary integration between the behavioral health and justice systems by requiring that CCBHCs work with criminal justice partners, including police, jails, and courts. Such coordination would increase the number of individuals that could be **deflected** or **diverted** from the justice system, and the collaboration would improve the services of those who must remain **engaged** in the system.

As outlined in the 2021 CCBHC Impact Report by the National Council for Mental Wellbeing, the organization that developed the CCBHC concept, CCBHCs are required to work with law enforcement agencies and other criminal justice partners to reduce incarceration and improve crisis response, and 95% of CCBHCs nationally are engaged in one or more innovative practices in collaboration with police, jails, and courts. Section 223 of the Patients Access to Medicare Act (PAMA) of 2014 lays out the CCBHC statutory requirements and specifically requires partnerships, through formal contracts or otherwise, with juvenile and criminal justice agencies and facilities, including drug, mental health, veterans, and other specialty courts.

Specific ways in which CCBHCs engage in research-based best practices for justice collaborations were described at the 2022 annual meeting of the National Council for Mental Wellbeing and include:

- Participating in mental health court, drug court, or veterans court;
- Training law enforcement or corrections officers in Mental Health First Aid, Crisis Intervention Team (CIT) programs, or other mental health/substance use disorder (SUD) awareness training;
- Providing pre-release screening, referrals, or other activities to ensure continuity of care upon re-entry to community from jail;

- Increasing outreach and/or access to individuals with, or at risk of, criminal justice system involvement;
- Initiating data or information sharing with law enforcement or local jails to support improved collaboration;
- Embedding a clinician or peer specialist with law enforcement officers responding to mental health/SUD calls; and
- Providing telehealth support to law enforcement officers responding to mental health/SUD calls

As we all know, Oregon is in a behavioral health crisis because we are failing to meet the needs of individuals who need help. Judges see these individuals in our state courts every day. It is impossibly difficult to see people with mental health needs cycle in and out of the justice system without getting the help they need. Almost all of the individuals on Oregon's behavioral health dockets are either currently enrolled or eligible for the Oregon Health Plan, which is funded by Medicaid. The enhanced Medicaid rates that are available to CCBHCs make them uniquely situated to maximize Oregon's health care dollars to work with this population.

While OJD understands that the proponents of SB 624 drafted the bill more generally with respect to CCBHC minimum service requirements, express language providing that CCBHCs will collaborate with police, jails, and courts and serve justice-involved individuals would go a long way to ensure fidelity to the national CCBHC model and better care for the marginalized justice-involved population.

OJD was pleased to participate in the legislature's Transforming Behavioral Health Workgroup and its CCBHC subgroup. If these or other workgroups are convened to discuss a potential amendment to SB 624, OJD would welcome the opportunity to take part and provide members with any additional information that may be helpful.

Thank you for your time.