Chair Prozanski, Vice-Chair Thatcher, Members of the Committee,

I am writing on behalf of Oregon Council for Behavioral Health. OCBH is the statewide association of primarily nonprofit providers that deliver treatment for individuals with substance use disorders and mental illness. Our member organizations serve individuals living with the chronic diseases of addiction and mental illness. It is likely the behavioral health providers in your districts are members of OCBH.

We would like to share our support of SB 319. Our behavioral health providers serve folks that are diverted from the Oregon State Hospital or serve individuals that are stepping down out of the Oregon State Hospital. With the current crisis-level lack of access, the sickest Oregonians are often unable to access hospital levels of care. This results in folks turning to our sector to serve people for which our facilities are not designed. These ever-growing pressures to serve the most acute Oregonians are putting our critical sector at risk. It means we are being asked to serve people who may risk the safety of staff or fellow consumers and it means we are being asked to serve people who may damage our physical infrastructure.

To be clear, we want to do this work. However, it is not without growing cost to our organizations at a time when our limited revenue is diverted to retaining staff. We are asking for liability protection and financial relief for organizations like our members to allow us to continue serving vulnerable Oregonians.

In addition to liability protection, we recommend the following support:

1. Additional funding for facilities. This is the only intervention that relieves pressure on the system in a clinically appropriate way: by providing more treatment beds at the appropriate settings for individuals allowing them to step down from OSH/acute hospitals or avoid OSH altogether.
    a. Additionally, MTM, a national organization has prepared a proposal that outlines their ability to consult Oregon on the development of appropriate care settings for our most acute individuals. We would recommend hiring of MTM to develop an RFP for these high acuity placement settings, for which our providers could apply to build settings *specifically designed* to serve this population.
2. The facility expansion listed above will be of no impact without a sustained workforce. We need a mechanism to reimburse this workforce through a rate increase subject to a biennial cost of living adjustment.
3. Providers in residential settings are at risk of losing their ability to acquire insurance. This is in large part because individuals are being currently placed at inappropriate care settings that do not provide the level of care/supervision necessary to ensure safety. If the above recommendations are implemented there will be space in the continuum to serve these folks at a more appropriate level of care and we hope that corresponds with a reduction in challenges acquiring insurance. However, that shift won't happen immediately. Until then we either need state investment to help support the growing cost of insurance or a mandate on insurance providers that eliminates their ability to deny coverage to BH providers.

Thank you,

Heather Jefferis
Executive Director, OCBH