1/18/2023

Chair Nosse, Vice-Chairs Goodwin and Nelson, my name is Heather Jefferis, I am the Executive Director of Oregon Council for Behavioral Health. OCBH is the statewide association of around 65 primarily nonprofit providers that deliver treatment for substance use disorders & mental health concerns. Our member organizations serve individuals living with the chronic diseases of substance use disorder & mental health disorders such Psychosis, Depression & Post Traumatic Stress. While language is evolving in this space, we currently use the term "behavioral health" to encompass both substance use disorder & mental health. It's likely the BH providers in your districts are members of OCBH.

I'll start by explaining a bit about what OCBH providers do and the individuals we serve and to help understanding why providers are struggling right now

- First, OCBH agency members & their BH health workforce predominantly deliver SUD & mental health treatment to individuals across the lifespan on the Oregon Health Plan/Medicaid and to a lesser degree commercial insurance/private pay. The services provided include the full continuum of social services, clinical treatment service and housing with supports. OCBH members comprise a broad array of prevention, crisis hotlines, sobering centers, residential treatment programs mental health and substance use disorder, and substance use withdrawal management sites, as well as myriad of innovative clinical outpatient and counseling services.
    - For example, a typical provider might have a substance use disorder residential program for youth, and operate individual, group and family counseling for individuals with what we call "co-occurring" substance use disorder and mental health needs. The same provider might also have a Medication Assisted Treatment or "MAT" program, which provides regular doses of medications like methadone or naltrexone to lessen cravings and stabilize individuals living with opioid use disorder.
    - Another provider might focus more on mental health treatment, providing different programs along the continuum of mental health care, including secure, or locked, residential treatment facilities, called SRTFs. This type of setting is safe for some of the individuals who might otherwise need to stay at the Oregon State Hospital and is often more patient-centered and less costly than a state hospital visit. This same provider might also offer what

you've heard described as step-down clinical treatment services, like residential treatment facilities that are not secure, and even temporary and or permanent housing such as supportive housing with integrated mental health supports.
  - Many of our providers are developing innovative programming based on national best practices. For example, some residential substance use disorder providers have residential programs that allow a parent to bring the child to treatment with them, understanding that the alternative could mean the child enters foster care. Some SUD providers have staff integrated into hospital settings to assist with mothers experiencing opioid addiction at the time of pregnancy and birth. Our member operate culturally and linguistic specific services examples being a Spanish language men's residential treatment center and Black & African American culturally specific outpatient SUD services.
  - Some of our providers have become Certified Community Behavioral Health Clinics, or CCBHCs, a federally certified model, which means they provide many supportive services, including things like primary care to patients whose primary diagnosis is behavioral health-related which allows them to the stabilize often un-treated chronic illnesses like diabetes or high blood pressure that lead people with behavioral health diagnoses to die much earlier than the average Oregonian.
  - This is just a small sample, and we would very much encourage you to connect with your local provider to better understand the services offered in your district.

- Next, I'll explain a bit about the current challenges faced by providers:
  - The simple fact is that for decades, BH concerns have been stigmatized, leading to a lack of attention and resources dedicated to this very critical work.
  - This underpayment for critical services has compounded over the years, leading providers to have little room to grow and update facilities, with no budget to provide a professional wage to their workforce, and to a workforce left feeling undervalued.
  - As our physical health counterparts were resourced to ensure access to primary and specialty care, behavioral health providers saw little to no changes in the rates paid by Medicaid for decades, until a recent 30% bump in rates was passed by the legislature, in an effort to attempt to make up this lost ground.

- This is the beginning of us digging ourselves out of this crisis, by finally attempting to remedy chronic underpayment, however, it will take many years to see our system recover. The pipeline of workers interested in doing this work has diminished.
- This means programs don't have the capital to expand services. The Health Authority presented during the December Legislative Days that an additional 282 beds are needed in the residential mental health continuum and that we currently have half the substance use disorder services we need. When we talk about this access, we're talking about OCBH members needing to break ground and expand.
- Currently, providers are paid by CCOs for their patients on the Oregon Health Plan, they're contracted with counties for some services, and OHA directly for some services, and they often receive grant dollars for a variety of one-off state and federal programs, like Measure 110 funds or Opioid Settlement dollars. This variety of funding streams come with their own unique, redundant, and costly administrative burdens – in fact providers recently shared with me that they estimate 40-50% of their clinicians' time is spent doing paperwork – not seeing patients. This patchwork funding is not typical to how other healthcare systems are incentivized to serve and left the BH sector behind in its ability to be equitably accessible to delivery it's life-saving healthcare services.

There is reason for hope, recent historic investments should be rolling out from OHA in the coming months and we're having the right conversations as a state to identify where additional investment and capacity is needed.

We hope we leave session with a behavioral health rate and commiserate structure(s) that continues to increase as costs and salaries increase and we hope to leave with an investment in mental health and substance use disorder facilities that finally match our projected need. Currently people at the Oregon State Hospital, in acute care hospitals, and in our criminal justice system who need continued mental healthcare are released to the streets instead of to a bed due to the lack of available space. On the substance use disorder side, people who've on the day they have painstaking decided to make the most challenging decision to engage in withdrawal services and seek treatment for SUD are often told no, due to a lack of beds. This is an obvious and fundamental problem that, until fixed, will mean Oregonians will continue to churn through our systems, instead of recovering.

We look forward to your partnership as we seek to build a system that delivers right service, at the right time, in the right location. Thank you for the opportunity to speak with you today.