

February 6, 2024

House Committee on Behavioral Health and Health Care  
900 Court St. NE  
Salem, OR 97301



Chair Nosse, Members of the Committee:

My name is Ann Ford, I am testifying today in support of HB 4092. I have worked in Oregon's publicly funded health care system for over 20 years in various capacities; first as a clinical provider, then as a corporate compliance officer at a Community Mental Health Program and now as Director of Compliance for our state's largest CCO, Health Share of Oregon.

Our state's current behavioral health system lacks flexibility, doesn't support clinical decision-making, and simply hasn't provided high-quality outcomes. A recent report by the OHA indicates that Oregon needs ~3,000 more residential beds to meet current needs. And to make sure we use these beds effectively we need a system that is ready and able to respond.

Over the past 20 years, I've repeatedly seen the addition of new regulations, developed without the benefit of a cohesive and overarching behavioral health system strategy. We need a formalized process to hold OHA, CCO's, and the Counties through their Local Mental Health Authority accountable for making it just as easy to enter treatment as it is to get Fentanyl.

This legislation will improve many system touchpoints including entry assessments that delay patient access to care for hours or days, clinical providers who spend more than half of their time on administrative tasks that do not benefit patients, and duplicative community planning that leads to systemic confusion and waste. With clarified roles and responsibilities of each system partner, we can use our behavioral health workforce to its fullest potential.

Contained within my testimony is an attachment that details the goals and expectations of this bill. Although fixes to this complex system will be difficult and time-consuming, they remain achievable within the timeframes and structure provided. I urge you to support this bill and move us closer to a more flexible, accountable system with the capacity to meet Oregon's needs.

Thank you!

Ann Ford  
Director, Compliance and Quality Oversight  
Health Share of Oregon

## What HB 4092 will Accomplish

1. **Improved access:** Recommend a streamlined mental health intake process that better serves community members as well as providers and system capacity
2. **Workforce stability:** Recommend improvements to the Certificate of Approval (COA) process, which impacts how clinics and individual providers are certified to deliver services. Specific conversations for the study to include:
  - a. How to increase portability for the behavioral health workforce that allows people to carry their credential with them from employer to employer and setting to setting
  - b. How to revise ORS 430.637 to ensure OHA maintains an accessible databank to eliminate duplicate audits on providers
  - c. Consider accepting a provider's national accreditation
  - d. How may we lessen the burden of the ASAM level of care requirements
3. **Efficient community planning:** Recommend a process that is simple and streamlined for how communities plan for and report on the BH services provided to the general population, Medicaid members, and SUD patients. These are elaborate planning and reporting processes that require capacity from the same system partners in duplicative processes, which is not an effective use of system partner time. Such documents include but are not limited to:
  - a. Hospitals: Community Health Needs Assessment
  - b. Counties and CMHPs: Biennial Implementation Plan, Local Alcohol and Drug Planning, Regional Executive System of Care, Local Public Safety Planning Councils, Local Housing and Homeless Planning Committees, and Biennial Community Correction Plans
  - c. CCOs: Community Health Improvement Plan, Comprehensive Behavioral Health Plan, and Health Equity Plan
4. **Role clarification:** Recommend how to unwind ORS 414.572 (1)(e) and ORS 430.630 (9). ORS 414.572 (1)(e) explicitly states that CCOs shall "Coordinate the delivery of physical health care, behavioral health care, oral health care and covered long-term care services." However, the historical language in ORS 430.630 (9) puts the responsibility for establishing and coordinating a behavioral health system in the hands of Counties.
5. **Mental health parity:** Recommend solutions where a lack of parity between the physical and mental health system is identified through the study