ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

February 11, 2025

RE: Opposition to SB 140

Chair Patterson and Members of the Senate Health Care Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I am writing to express our concerns regarding Senate Bill 140. Community Mental Health Programs (CMHPs) provide critical services to individuals with severe and persistent mental illness, including those undergoing the civil commitment process. While we share the concern of Oregon hospitals that the state lacks sufficient capacity—both at the Oregon State Hospital and in community settings—to serve individuals who have been found to be a danger to themselves or others, or who cannot meet their basic needs due to a mental illness, we do not believe that SB 140 effectively addresses these challenges. Without improving and aligning behavioral health system policies and processes related to Civil Commitment, Aid & Assist, and Guilty Except for Insanity (GEI) populations, SB 140 risks exacerbating existing burdens on community partners rather than resolving capacity issues.

We would like to highlight the following concerns:

1. **Unfunded Mandates for CMHPs**
   While SB 140 increases funding to hospitals through a rate adjustment, it does not provide additional funding for the expanded responsibilities assigned to CMHPs. A recent actuarial analysis conducted by the Oregon Health Authority (OHA) found a $65 million biennial funding gap for services provided to individuals found unable to aid and assist in their own defense or involved in the civil commitment process, and individuals experiencing behavioral health crises. These services are only a subset of the statutory responsibilities CMHPs must fulfill. Without adequate funding, CMHPs will not be able to meet the requirements outlined in SB 140.

2. **Unclear Roles and Responsibilities**
   Over the past two years, significant efforts have been made to clarify the roles of system partners within the behavioral health system. However, SB 140 does not clearly delineate the responsibilities of Coordinated Care Organizations (CCOs), CMHPs, and OHA. This lack of clarity regarding patient assignments and decision-making authority undermines the bill's intended process and outcome improvements.

3. **Trial Visit Requirements**
   Section 2(3)(b) of SB 140 directs OHA, in collaboration with CMHPs, to develop a plan to "require that trial visits, as described in ORS 426.273, are completed." However, ORS 426.273 states that CMHPs "may" place an individual on a trial visit—it does not grant authority to require it. If OHA mandates that CMHPs place all individuals discharged from hospital commitment under trial visits, the number of individuals under CMHP care would increase exponentially. This would impose a significant burden on

CMHPs, requiring them to monitor individuals who may not consent to or cooperate with treatment.

4. **Concerns Regarding a Single Interview Process**
   We support efforts to streamline evaluations and reduce trauma for individuals undergoing behavioral health assessments. Key questions remain about whether a single interview process is feasible, who would conduct the interview, and how responsibilities would be assigned among system partners. We also need further clarification regarding the role of the state's Independent Qualified Agent, Comagine, which determines the level of care reimbursable by Medicaid.

5. **Challenges with Secure Transport**
   Secure transportation of individuals in mental health crises is a statewide challenge that requires broader coordination with law enforcement agencies and secure transport providers. Law enforcement officers in many areas are reluctant to transfer individuals on holds due to liability concerns. Additionally, Medicaid reimbursement for secure transport services is inconsistent, leaving gaps in funding that must be addressed to ensure effective implementation of any new transportation requirements.

6. **Lack of System-Wide Capacity Solutions**
   While we support adequate hospital reimbursement for psychiatric care, increasing hospital payment rates does not expand overall system capacity. Moreover, SB 140 introduces additional administrative burdens for system partners without addressing critical infrastructure needs.

In summary, AOCMHP acknowledges the urgent need to improve capacity and coordination within Oregon's behavioral health system. However, without additional funding, clearer roles, and broader policy refinements, SB 140 falls short of achieving these goals and instead places greater strain on an already overburdened community mental health system. We urge the committee to reconsider this legislation and engage in a comprehensive, stakeholder-driven approach to addressing capacity challenges.

Thank you for your consideration.

Cherryl Ramirez
Executive Director
Association of Oregon Community Mental Health Programs