

Supporting Healthy Lives in the Community by Investing in the Behavioral Health System

AOCMHP

HB 3046

Strengthening and Enforcing Behavioral Health Parity

Every Oregonian deserves access to affordable behavioral healthcare without significant barriers. While there are both state and federal parity laws in place requiring that public and private health plans provide coverage of and access to behavioral health services at parity with physical health, we know Oregon has a long way to go in making this a reality for behavioral health consumers.

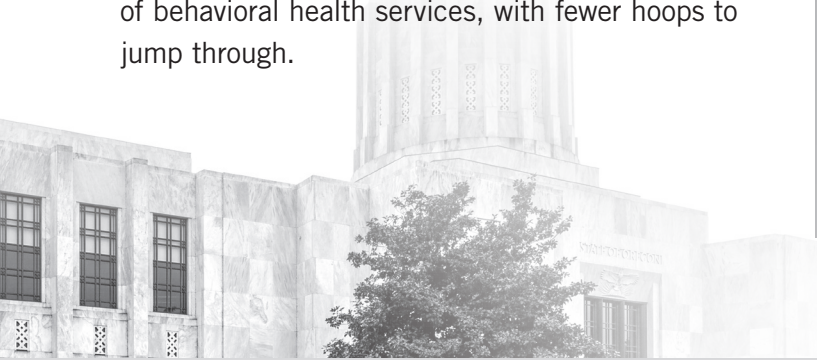
HB 3046 aims to meet the spirit of the federal and state mental health parity laws by requiring health plans to: report on their parity compliance, ensure network adequacy, establish a consistent interpretation of medical necessity statewide, and provide coverage of services based on professional behavioral health industry standards. **HB 3046** will help Oregon achieve true behavioral health parity in our State providing Oregonians with better access to behavioral health clinicians and a wider array of behavioral health services, with fewer hoops to jump through.

HB 2508

Telehealth Services for Safe & Equitable Access to Care

Telehealth expansion is one of the signal successes of COVID-19 response. For nearly a year, health system partners including Community Mental Health Programs have worked together to expand access to health care through video and voice communication, including payment parity. This has allowed individuals to continue to access effective treatment safely. Telehealth use remains well above pre-COVID-19 levels, and has especially expanded access to behavioral health services as the preferred method for many individuals and families across Oregon.

HB 2508 continues the expansion of telehealth at the COVID-19 response level through video and voice communication, including payment parity, as a central means of care. Allowable telehealth options include audio only, video only, and video or text-based media. Clinicians working in behavioral health have observed a significant decrease in no-show rates when utilizing telehealth and have heard from those they work with that this system of care is also helpful in navigating childcare and transportation challenges. Ensuring continued access to telehealth beyond the pandemic is critical for the communities we serve.



Keeping the Behavioral Health System Whole

Community Mental Health Programs (CMHPs) play a critical role in every community in Oregon. These programs provide a range of critical services, from population-based mental health promotion and suicide prevention initiatives to crisis services that support the whole community while helping to keep the total cost of health care down. CMHPs receive funding from the state through contracts with the Oregon Health Authority to deliver these critical services to Oregonians.

In order to provide these services effectively, **the Community Mental Health System must be funded at current service level.** Initiatives like 24/7 mobile crisis, jail diversion and peer-delivered programs rely on the behavioral health infrastructure of CMHPs for success. While there are many places that need investment in the system, we encourage the legislature to first ensure that the community system is fully funded including: funding community mental health programs at current service level, filling budget holes in existing mental health and substance use disorder treatment programs created by Measure 110, and not cutting essential programming.

OHA POP 411: Aid and Assist Community Restoration funding

For too long our state has relied on sending those found to be unable to aid and assist in their own defense to the Oregon State Hospital for evaluation and restoration. This approach has been harmful to individuals taken out of their community to receive care and is expensive for the State in covering the cost of hospital beds at the highest level of

care. Oregon is shifting to a model that will enable Community Mental Health Programs (CMHPs) to instead provide restoration for individuals on Aid and Assist within their own community.

The Oregon Health Authority's policy option package 411 invests more funding into community restoration in order to free up beds at the state hospital for people who need hospital level of care and also fund secure residential treatment facility beds for those who need secure housing in the community for this phase of their recovery. This funding is critical to ensure that CMHPs can effectively and safely provide restoration services to this population in their communities, a much less costly option than state hospitalization.

HB 3123 Certified Community Behavioral Health Clinic (CCBHC) Demo extension

The Federal CCBHC Demonstration program has allowed Oregon to make significant strides toward curbing the opioid epidemic, reducing suicide, and bringing thousands of Oregonians with untreated mental illness or addiction into care—all while improving collaboration with primary care partners and strengthening our state's place as a national leader in integrated care. The Emergency Board recently allocated gap funding to keep the program operational through the end of the current biennium, but in order for Oregon to continue drawing down the program's incredible 4:1 federal match for the '21-'23 biennium, the State must provide additional funding in 2021.

By passing **HB 3123** and providing the necessary state match, Oregon can continue making progress and protect the program infrastructure that has become even more critical during the COVID 19 pandemic.

