



## LC 115: Strengthening Behavioral Health Service Delivery

### *Understanding the True Cost of Services and Increasing Access*

All Oregonians deserve access to a well-coordinated, adequately-resourced and responsive behavioral health system. Our system is made up of skilled and experienced people, committed to providing quality mental health and substance use disorder treatment to community members in need. With increased investments and administrative efficiencies, we can strengthen our public behavioral health system and better meet people where they are. To get there, Oregon must first understand the true cost of providing services in the community and recommend solutions for administrative burdens in statute, rule and contract.

LC 115 will do two things to accomplish these important first steps:

- 1) **Require critical cost analyses:** Community Mental Health Programs (CMHPs) are responsible for providing behavioral health services in all 36 counties in Oregon, to community members regardless of their insurance status including Medicaid, Non-Medicaid and Uninsured. To understand how much funding our public behavioral health system requires and to ensure funding equity across the state, the Oregon Health Authority (OHA) must work with Community Mental Health Programs (CMHPs) to analyze the costs of all the services CMHPs are required to provide. Knowing the cost of these safety net services will help the legislature make decisions about future funding and policy decisions for the behavioral health system. LC 115 requires this analysis to be completed every five years.
- 2) **Reduce administrative complexity and increase efficiencies:** Today's behavioral health system is more diverse with a greater acuity and need for a wide array of specialized services than in the past. Unfortunately, the regulatory structure hasn't kept up. LC 115 requires that a task force, convened by the Legislative Policy and Research Office, identify needed changes prior to the 2025 legislative session. The task force will leverage the expertise and experience of the OHA, CMHPs and other providers, Coordinated Care Organizations (CCOs), hospitals, counties, the judicial system, licensing boards, and advocates with lived experience. By clarifying roles and responsibilities and eliminating unnecessary administrative complexity, the task force will drive towards a framework that maximizes patient access, creates portability with accountability for the workforce, promotes integration, and improves parity between the commercially funded and the publicly funded, including Medicaid, behavioral health system.

We encourage your support of LC 115 to ensure this work remains a priority and leads to major system change that will address the core barriers to access to care for those we all serve and support our behavioral health workforce.

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