



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

Addictions and Mental Health Division

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March 19, 2009

TO: The Honorable Laurie Monnes-Anderson, Chair  
Senate Committee on Health Care and Veterans Affairs

FROM: Madeline M. Olson  
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Oregon Department of Human Services (DHS)  
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SUBJECT: SB 749

Chair Monnes-Anderson and members of the committee, I am Madeline Olson, Deputy Assistant Director for the Addictions and Mental Health Division (AMH) of the Department of Human Services. I am here today to testify on SB 749.

We support the intent of SB 749 and agree that there must be additional transparency and accountability in the addictions and mental health system. We support establishment of uniform criteria for intake and assessments of individuals when appropriate. We agree that quality assurance plans are of vital importance to the system. Other aspects of the bill would also bring additional transparency.

AMH already requires some of the components in the bill or is in the process of implementing changes. As an example, AMH is in the process of revising the division's website to include additional information that this bill requires such as county contracts and results of site reviews. We will be moving forward on providing additional information as soon as possible. AMH already requires a standardized assessment for addiction services.


While AMH supports the goals of a more consistent and transparent system, the devil is in the details. As an example, we agree that we need uniform criteria and standards for mental health and addiction services but requiring a standardized form would preclude AMH from developing or supporting electronic intake and assessment processes. A simple change of language in the bill would allow us to do that.

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A major hurdle would be the requirement for collecting mental health and addictions services expenditure and utilization data. The state stopped collecting mental health and addictions services expenditure data in the 1980s as part of negotiated administrative simplification. Since then, AMH has funded a system that is capacity driven versus a system that funds services for particular clients. Efforts are underway to expand the new Medicaid management system to capture data from community funded services within the next two years.

AMH has also identified other fiscal impacts. We would be happy to work with the committee to identify ways to reach the intent of the bill while minimizing the fiscal impact.

In summary, while AMH believes that additional transparency is needed, we believe some components of the bill need to be amended to fully realize the goals of the bill. The bill does have fiscal impact that is not in the GRB.