

**AOCMHP Testimony in Support of HB 3332**  
**House Human Services and Housing Committee**

**3-25-2013**

Contact:  
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Dear Chair Tomei, Vice Chairs Gomberg and Olson, and Members of the House Human Services and Housing Committee,

I am providing this testimony in support of HB 3332 on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), which represents directors of county-based Community Mental Health Programs and County Health and Human Services departments.

We support the investment in infrastructure development for sub-acute residential care and community-based housing, crisis intervention services, rental subsidies and other housing-related services for individuals with mental illness. Investment in community-based housing is one of the key indicators for preventing individuals with mental illness from entering institutional care and from incarceration.

Based on the national prevalence of adults with SMI (serious mental illness) of 5.8%, or 280 million, and applying national percentages to Oregon, about 40% of adults with SMI live with a family member, another 8% are in jails or prisons, 3% are in inpatient care, and 3% are homeless. The rest, estimated at 46%, should be in cooperative apartments, group homes and other supportive housing arrangements in communities, funded through federal Section 8 housing, State and local sources, and private entities. It is difficult, however, to assess the portion of individuals in this group who are inappropriately or inadequately housed.

Housing is a key component of the State of Oregon's compliance with the integration mandate of Title II of the Americans with Disabilities Act and Olmstead as directed in the USDOJ agreement requirements. Oregon must show improvement in: 1) number of available housing units for individuals with serious and persistent mental illness (SPMI); 2) number of adults with SPMI and percent of all service dollars spent on adults who reside in their own houses, supported and supportive housing, adult foster homes,

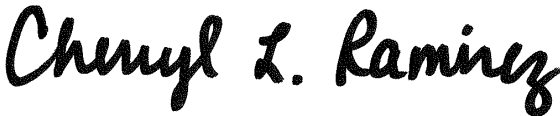
residential treatment facilities, residential treatment homes, and secure residential treatment facilities; 3) number of adults with SPMI who moved from institutional care to independent supported housing; and 4) ability to provide access to adequate housing measured by number of adults with SPMI living in the settings previously listed. Many of us were interviewed by the USDOJ last week on Oregon's progress on the agreement and the first report is due to the USDOJ next Monday.

In addition, we support the approach of this bill to finance housing projects through various funding sources. Counties are all about blending funding and have a long history of braiding local, federal and state dollars to create and maintain critical programs and services in the community.

We are also pleased to be included as a stakeholder in the work group that will advise the Oregon Health Authority in developing and prioritizing the list of housing projects.

Thank you for the opportunity to testify in support of HB 3332.

Sincerely,

A handwritten signature in black ink that reads "Cheryl L. Ramirez". The signature is written in a cursive, flowing style.

Cherryl L. Ramirez  
Director, AOCMHP