

Government Relations

March 14, 2019

Joint Committee on Ways and Means Subcommittee on Human Services
HB 5525 - Behavioral Health

Co-Chairs Nosse and Beyer and members of the committee, for the record, I am Sarah Lochner, Multnomah County Government Relations.

We know that you have difficult choices ahead of you, as there are many worthy programs and not enough money to fund them all. But we also recognize that unless we make a significant investment in community-based behavioral health programs and the workforce to provide those services, the problem will only get worse as our population continues to grow. We can't nickel and dime this very large problem and expect more than a nickel and dime result.

I understand that revenue may need to be raised in order to make these investments, given the current budget environment. Multnomah County encourages you to have discussions with your colleagues to make these solutions a priority, and we are here to help support you in those discussions.

POP 410 to invest \$7.6 million in diverting "Aid and Assist" patients from the State Hospital is a good first step, which as Neal mentioned, we support, but I would propose to you that it would be made many times over more effective if paired with the following companion solutions:

1. **Alternatives to arrest.** We need ways to engage folks in voluntary treatment like Peer-run Respite Centers. We also need a change in our culture around arresting people because they are ill. Jail is the opposite of therapeutic, it's traumatizing. We have to do better.
2. A variety of housing options and **the supportive services to help people succeed in those settings.** For example, in Multnomah County:

\$1 million would buy 165 rental assistance slots for homeless folks with mental illness.

\$1 million would buy 12 FTE of supportive service positions that would

support approximately 200 individuals in permanent supportive housing.

\$1 million would buy 12 Residential Treatment Facility beds per year or 7 Secure Residential Treatment Facility (SRTF) beds per year.

\$1 million would buy 20 dedicated MH crisis shelter beds for those individuals with serious MH issues that currently cannot maintain in public shelters.

\$1 million would buy 10-15 brief stay transitional housing beds per year.

- 3. The ability to recruit and retain a compassionate front line workforce** — these individuals are not currently paid a living wage. We have heard that a number of these professionals are houseless themselves. We cannot expect people to stay in jobs that don't pay the rent.

Thank you for your leadership and for your compassion for these issues. We look forward to working with you to solve this humanitarian crisis. Thank you for the opportunity to testify.