

## Outside in Supports SB 137

Summary: We believe that SB 137 provides some clear paths for us to help these kids access mental health care. The ability to get services in a timely manner, access to mental health professionals and a clear understanding of where to turn to when there are problems or barriers are critical to our mission to move kids to improved health and self-sufficiency.

Details about the population you serve and their health needs:

### **To the Legislature:**

**I am Dr. Brian Little, and I am the Medical Director of Outside In. I have worked with underserved individuals for my entire medical career, and I am urging you to support SB 137. In addition to providing the clinical oversight of our organization, I provide direct clinical care to individuals experiencing houselessness residing on the Springwater Corridor trail, at the Clackamas Service Center.**

**At Outside In, we help homeless youth and other marginalized people move towards improved health and self-sufficiency.**

**Our organization is comprised of two major departments, Youth Services and the Clinic and Health Services.**

### **YOUTH SERVICES**

**There are an estimated 1,500-2,000 homeless youth in Portland, coming from the greater metropolitan area, as well as throughout Oregon. Youth end up on the street for multiple reasons: family poverty, violence, mental and physical illness in their families, sexual minority issues, unemployment, domestic violence, and sexual abuse are just some of the contributing factors.**

**Outside In provides youth with the hope, confidence, and skills necessary to build stable lives. The Youth Department provides mental health treatment and services, drug and alcohol treatment services, and supportive housing for at-risk homeless youth.**

### **CLINIC AND HEALTH MEDICAL SERVICES**

- **As a Federally Qualified Health Center, Outside In provides 28,000 medical visits a year to the most vulnerable members of our community. For those who are unable to come to us, we have two medical outreach vans to provide care right where they are, before medical problems escalate and they end up in the emergency room.**
- **In our school-based healthcare in Clackamas County, we reach out through the schools to at-risk youth and families in the surrounding communities providing upstream**

**interventions, resources and healthcare that can prevent a vulnerable youth from one day ending up on the streets.**

### **Multidisciplinary Care**

**A coalition of medical doctors, naturopathic doctors, interns, acupuncturists, and Chinese herbalists join together to provide relationship-based primary care.**

**The clinic's care includes:**

- **Diagnosis, treatment, and referral**
- **Physical exams**
- **Bridging Psychiatric Care until an individual can become established with Mental Health Services**

Details about struggles you have to access health services for this population

**Outside In supports SB 137. This legislation will provide the changes necessary to prevent the downstream effects, concerning lack of access to essential mental health services, we encounter while assisting the underserved on a daily basis.**

**Although we serve many people who have lost their safety net and support services, we strive to provide interventions to needing individuals as early as possible. Prevention is considerably more effective than interventions for conditions at an advanced stage. Of the Social Determinants of Health which impact our clients the most, housing insecurity, food insecurity, and medical illiteracy are the most impactful. I have personally treated multiple individuals who have experienced houselessness, who if they had received appropriate care early in their course of illness, would not be living on the streets. Once an individual has begun to struggle with one or more of these, their ability to effectively receive appropriate and needed services becomes exponentially more difficult. Early intervention for those struggling with mental health issues and/or substance abuse issues is key in preventing the spiral towards homelessness. Additionally, the likelihood of significant morbidity and mortality increases as well. If we were to take the human aspect out of the equation, from a financial perspective, early interventions and early receipt of mental health and physical health services saves money, period. From the human perspective, everyone deserves basic human dignity and support.**

**When individuals experience the aforementioned social determinants of health, the likelihood of them being able to successfully enroll, or stay enrolled, in the Oregon Health Plan is dramatically decreased. The lack of health coverage limits their access to mental health and physical health services. Once an individual has progressed to not having a stable address, phone number, or simply can't manage making appointments or keeping them, the resources needed to intervene with appropriate care are dramatically increased. These**

individuals frequently become “High ED Utilizers,” sometimes more than 100 emergency room visits in three months, to get their basic needs met. This is not effective care and is significantly expensive. I have personally worked with an individual, who with appropriate mental health treatment and supportive housing, has gone from utilizing the emergency room more than 110 times in three months, to less than one time in the same period. Conversely, we are currently trying to obtain resources for a young individual who recurrently uses the emergency room (more than 80 times in the last three months), due to untreated mental health and substance use issues. If this individual had received earlier intervention, they would not be experiencing this level of extremis. Early intervention is key in preventing individuals from experiencing this dehumanizing and desperate situation.