

Health Department

Date February 8, 2021

TO: The Honorable Tawna Sanchez, Chair
House Committee on Behavioral Health

SUBJECT: HB 2316 Transfers from Housing and Community Services Department to Oregon Health Authority responsibility for administering Housing for Mental Health Fund.

Chair Sanchez and members of the committee; my name is Julie Dodge. I am the Interim Director of the Multnomah County Behavioral Health Division, speaking today on behalf of the County in support of House Bill 2316 to transfer the responsibility of administering the Housing for Mental Health Fund from Oregon Housing and Community Services to Oregon Health Authority.

At its surface, this seems like a relatively minor adjustment. Some might question why it is necessary. Oregon Housing and Community Services are the experts on housing. Why not leave this in their capable hands? Yet for people who are facing mental health and substance use challenges, safe, stable and secure housing is an essential part of moving into recovery and wellness. Housing is health. And it is also complicated.

The State's Housing for Mental Health Fund provides an array of supports for persons with mental health disorders and for those with substance abuse disorders. This continuum includes crisis services, residential treatment, transitional housing, rental subsidies, and other supportive housing services. Our position in the State's most populous county gives us a critical lens by which we can view service quality, capacity, and gaps for our citizens.

- In the mental health arena, Multnomah County provides oversight to 40 residential treatment programs with nearly 350 beds in homes, larger facilities and secure locations. There are 10 Supportive Housing Programs serving 168 individuals and 89 individuals in Adult Care Homes.
- Multnomah County also provides oversight to six organizations which collectively have 460 substance use residential treatment beds, and an additional 65 detox beds.

Testimony: Julie A. Dodge, Multnomah County

- In addition, Choice funds allow us to place individuals in supported housing, hotels, and room and boards, with a capacity of 62 beds at any given time.

That's nearly 1200 beds, which sounds like a lot. But most of these are treatment beds and temporary. By comparison, the *2019 Point in Time Count of Houselessness* (<https://multco.us/file/82568/download>) identified 4,105 people of whom over 75% (or 3,039 individuals) identify as having either a chronic mental health or substance disorder. And that's just the houseless population.

I could share a number of stories about how housing and residential programs make a difference. But I will start with just one. This past June we connected with a 61-year-old African American gentleman who had been houseless for years. Prior to our engagement with him, he'd been to the hospital at least a dozen times in just six months. Our Integrated Crisis Management (ICM) team accessed CHOICE funds to help him move into a room and board home that is culturally specific. He has worked with his ICM team to address his medical and other behavioral health concerns. He has only been to an emergency room one time since, and is beginning to rebuild his life.

We dream of a continuum of programs and housing that includes culturally specific options, allows children to be with their parents, addresses a broader range of medical and behavioral needs, and provides clear pathways to permanent and affordable housing. That means more than buildings. It means having qualified people who can walk alongside people who are struggling. It means coaching people how to live well with severe and persistent mental health conditions. It means teaching people how to take care of their homes and be good neighbors. It means having access to rental and other basic needs assistance while people find their balance and return to their communities.

The Oregon Health Authority understands the complexity of behavioral health treatment, housing and supportive services. Returning the Housing for Mental Health fund to their oversight simply makes sense. It allows OHA to be intentional in sustaining and developing a range of support that makes a positive difference in the lives of Oregonians. We hope that it will allow more opportunity to leverage funds for the full continuum of services. We hope that it will promote more innovation, more open communication and more collaboration, and we are eager to be a partner in this.

Thank you, committee members, for this opportunity to testify. I would be happy to be a resource if you have any questions.



Testimony:

Julie A. Dodge, DMin, LMSW
Interim Division Director
Behavioral Health Division
Multnomah County Health Department

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