



Date: 4/1

RE: HB 2199

Central City Concern (CCC) is a non-profit direct service organization that provides integrated primary and behavioral health care, supportive and affordable housing, and employment services to people impacted by homelessness in the Tri-County area. Central City Concern operates about 2,100 units of affordable housing, serves 9,000 patients annually through our 12 Federally Qualified Health Centers, makes 1,200 job placements annually and operates social services for the community justice programs in Multnomah and Clackamas counties. **Our programs and properties span Senate Districts 17, 18, 21, 22, 23, 24 and 25; and House Districts 33, 36, 42, 43, 44, 45, 46, 47, 48 and 50**

CCC provides transitional housing programs for both reentry and diversion from incarceration. These programs continually work to bridge gaps between housing, health care, economic opportunity and other social services to improve individual outcomes and reduce re-incarceration. Stable housing, access to health care and economic stability are the key drivers to minimizing recidivism and over incarceration.

We have heard from our clients who have recently been released from incarceration that disruption in their continuity of care happens both when they enter incarceration and when they are transitioning back into community. When entering incarceration, people have seen their care plan changed which has included involuntary tapering off of medications they had started with their provider in community; and when people are being released there has been a lack of warm-hand offs particularly for people who have been incarcerated for more than 12 months.

HB 3229 is setting a table is deeply needed to establish a minimum level of commitment for the health care of people who are experiencing incarceration. We hope this advisory council centers the voices of people who have experienced incarceration. It is disappointing that this advisory council does not include a person with lived experience, and we would support an amendment that provides a seat at the table for a formerly or currently incarcerated person who has been impacted by our system's lack of commitment to continuity of care. We can't forget that in up 50% of people incarcerated are Oregon Health Plan (OHP) members and they are 300%-650% more likely than the general OHP population to have a substance use disorder and/or mental illness.

Thank you,
Mercedes Elizalde
Public Policy Director
Central City Concern