To: Oregon House Revenue CommitteeFrom: Chris Wig, Executive Director, EmergenceDate: February 1, 2023Re: House Bill 2089

Dear Chair Nathanson and Members of the Revenue Committee.

House Bill 2089 presents a quandary for behavioral health leaders whose agencies participate in the new Behavioral Health Resource Network (BHRN) system funded by Measure 110.

It's clear the goal of House Bill 2089 is to restore funding to county and municipal governments from the tax on recreational marijuana sales that was reallocated to the BHRNs by Measure 110 and Senate Bill 755. County and municipal governments have legitimate public health and safety needs—many of which have been exacerbated by the proliferation of methamphetamine, heroin, and fentanyl since these substances were decriminalized—which could be addressed by this allocation of funding.

It's also clear that the Oregon Health Authority provided inadequate support and questionable management during the process that established and provided initial funding to BHRNs. OHA's poor performance is very convincingly documented in the recent real-time audit by the Secretary of State Audits Division. There is no need to rehash the details here other than to acknowledge valid skepticism that the new BHRNs are up to the task of reducing drug use because of OHA mismanagement.

However, the Secretary of State's real-time audit also convincingly documented why it is too soon to tell if this new system of decriminalization and treatment through BHRNs will be effective in providing services that reduce drug use and concomitant factors, including homelessness, mental health symptoms, and property crimes. As written, the real-world effect of House Bill 2089 would remove 30 percent of funding from the new BHRN system—a system built to solve an addiction crisis that cannot afford to lose any investment.

As the Executive Director of a non-profit treatment agency that serves approximately 2,000 Oregonians per year who live in Lane and Linn Counties and suffer from substance use, mental health disorders, and disordered gambling, it is my hope that we can both adequately fund the county and municipal governments who provided needed services to our neighbors and provide robust support to treatment, harm-reduction, housing, and other necessary services through our new system of BHRNs.

Oregon ranks among states with the highest prevalence of substance use and among the lowest access to treatment. While the reasons we find ourselves in this position are contested, I hope we can all agree about the urgency of the crisis and that efforts to address a crisis are rarely successful after significant resources are removed.

Behavioral health leaders stand ready to collaborate with our friends and colleagues from the counties and cities where we live to find a solution that provides adequate support to all parties engaged in the effort to reduce drug use in Oregon. For the sake of our neighbors, we cannot afford to fail.

Respectfully submitted,

Cly

Chris Wig Executive Director Emergence