



Comments in Support: House Bill 2463

From Chris Bouneff, Executive Director, NAMI Oregon

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House Behavioral Health and Health Care Committee

NAMI Oregon wishes to express its support for HB 2463, which would create two broad stakeholder workgroups to examine Oregon's statutes and regulatory structure for the state's publicly funded behavioral health system.

As background, NAMI Oregon is a grassroots membership-governed organization with 16 local chapters spread across Oregon. Our membership is almost entirely composed of individuals and families living with mental illness. Through our free education and support programs, we serve about 12,000 Oregonians annually.

HB 2463 was devised by a workgroup formed under the sponsorship of Rep. Rob Nosse and Sen. Kate Lieber that examined perceived and real administrative burdens that prevented the efficient delivery of behavioral health services. During a series of workgroup meetings, it became clear that a voluntary workgroup could only advance the discussion so far.

To make significant and lasting change, a workgroup with a legislative mandate is necessary. Otherwise, we would be stuck in the patterns of the past. A voluntary workgroup highlights issues that need addressing. And the bureaucracy responds half-heartedly given all the other initiatives on its plate. This has been the case under an array of agency and executive leadership when it comes to behavioral health.

Talk of reducing administrative burdens is most audible. What's overlooked is the workgroup that would have the most long-term impact — finally confronting the statutory framework for Local Mental Health Authorities, Community Mental Health Programs, and Coordinated Care Organizations. This is an issue that Oregon danced around when it created CCOs with the promise that behavioral health and its structure would be revisited in the future.

Here we are 12 years later. That future has never arrived. And we continue to pay a price in that whatever we attempt to improve our publicly funded behavioral health system continues to run into insurmountable structural barriers.

Updating statutes is hard work. Given the myriad agency priorities and the governor's office full plate, it's unlikely to be pursued with any vigor or in a comprehensive manner. Rather, it's easier to continue to put off into the future, just as we've done for 12 years. A legislative mandate via HB 2463 guarantees that the effort rises to the top of agendas and is done with enough public accountability as to increase the likelihood that the job is done right.

This is the only time in my 19 years with NAMI that all of us — NAMI, CMHPs, CCOs, providers — are aligned around seeking major structural changes. The fact that we coalesced around this proposal is extraordinary. HB 2463 capitalizes on that alignment, and it would be a shame to miss this moment in time.