

March 14, 2023

TO: Co-Chair Campos, Co-Chair Valderrama, members of the Joint Committee On Ways & Means Subcommittee On Human Services

FROM: Association of Oregon Counties Legislative Affairs Manager, Jessica Pratt

RE: Support SB 5525 (Community Behavioral Health Budget)

Dear Co-Chair Campos, Co-Chair Valderrama and members of the Joint Committee On Ways & Means Subcommittee On Human Services.

On behalf of the Association of Oregon Counties, representing Oregon's county governments, I am writing to you today to urge your support for Senate Bill 5525 to fund the whole continuum of community mental health and addictions services and supports which every community in Oregon needs to thrive. There are large holes in Oregon's behavioral health safety net which can be repaired with your support for state-county shared services. To do this, we must:

- **Increase investments in community based services for individuals who have been civilly committed or found unable to aid and assist in their own defense.** State policy has evolved over the last decade to move some court-ordered 'aid and assist' restoration services outside the walls of the state hospital to community settings where individuals have the best chance to maintain their natural support systems. Today, the number of people being ordered to restoration services has far outgrown both state hospital and community capacity.

Because of this, the Oregon State Hospital is not admitting many people under civil commitment order, and new administrative rules will not allow county programs to drop civil commitments even when there are no appropriate placements. County programs will need more resources than ever for outpatient civil commitments and sufficient residential and supported housing capacity to safely and effectively help people be restored and recover in their communities.

The risk to public and individuals' safety in the absence of needed community service capacity is evident in recent news articles. Additionally, the unprotected liability risk which is shifted from the Oregon State Hospital to counties and service providers, when individuals under court-ordered services cause harm in the

community, has reached a breaking point. Unless that liability risk is adequately mitigated by the legislature this session, county attorneys have signaled that they will advise counties against signing the state's new community behavioral health services contract in July of this year.

- **Fund mobile crisis services to ensure the success of the 988 crisis response system and state retention of enhanced federal matching funds.** Oregon's county-based mobile crisis system has already begun to see increased demand due to community need and the nationwide rollout of the 988 phone number. Counties' community mental health programs have been working closely with the Oregon Health Authority to assess the additional investment needed to meet both the increased demand and the requirements of the federal Crisis Now model. It is likely that more general funds will be needed to ensure that county-based mobile crisis services can effectively operate 24/7 and meet the needs of the new 988 system. There is also a critical statewide need for crisis stabilization centers and non-hospital detox services, to ensure that mobile crisis response teams can connect individuals in need to the appropriate level of care.
- **Continue investment in behavioral health residential treatment.** Ballot Measure 110-funded community outreach is readying thousands of individuals with problem substance use to engage in addiction treatment. Right now, when a person reaches that critical point of readiness to engage, they encounter long wait lists for residential treatment. Oregon is currently ranked 50th in the nation for access to addiction treatment.

At the same time, the number of people being court-ordered to 'aid and assist' restoration services is unmanageable, both at the Oregon State Hospital and in the community, resulting in federal lawsuits and exposing counties and providers to growing liability risk. There is not enough residential treatment capacity available to meet the demand just for court-ordered community treatment. Now because of the federal order limiting length of stay in the Oregon State Hospital, individuals are being discharged from the Oregon State Hospital still in the midst of a mental health crisis, often with no appropriate community placements to receive them.

This shortage of residential treatment and supported housing capacity imperils individuals in crisis and creates an untenable risk of lawsuits to the state, counties and treatment providers. Oregon needs continued investment in residential treatment spaces until this critical need can be adequately met.

- **Continue to invest in behavioral health workforce retention and development.** The Legislature's 2021 behavioral health workforce investment has filled long-standing staff vacancies and allowed community mental health programs to serve people across the state who would have otherwise languished on long waiting lists. Still, the position vacancy remains as high as 50% in some critical areas like crisis intervention and services for people involved in the justice system and staff continue to be drawn away from public service by higher paid positions in private industry. It will take another 5-10 years to recruit and train the additional workforce that does not currently exist, and so a comparable investment in community behavioral health workforce retention and recruitment this session is essential.

AOC urges your support for a complete continuum of community behavioral health care in SB 5525 and we thank you for your support for state-county shared services.