



Comments in Support: House Bill 4092

From Chris Bouneff, Executive Director, NAMI Oregon

February 6, 2024

House Behavioral Health and Health Care Committee

NAMI Oregon wishes to express its support for HB 4092, which would create a broad stakeholder workgroup to examine Oregon's statutes and regulatory structure for the state's publicly funded behavioral health system. In addition, the legislation also directs a study so we finally know what it actually costs Oregon's counties to deliver statutorily defined services.

As background, NAMI Oregon is a grassroots membership-governed organization with 17 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 14,000 Oregonians annually.

HB 4092 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 will 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 task 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 13 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 13 years. A legislative mandate via HB 4092 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 20 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 4092 capitalizes on that alignment, and it would be a shame to miss this moment in time.