



410 NE 18th Ave
Portland, OR 97232

LatinoNetwork

www.latnet.org
503.283.6881

To: Co-Chairs Lieber and Kropf and all the members of the committee on Addiction and Community Safety

Re: Oppose HB 4002

Date: 2/7/2024

Latino Network was founded in 1996 by advocates for the needs of the growing Latinx community in Multnomah County. Since then, these grassroots beginnings have evolved into a continuum of services that support Latinx individuals, families, and communities. Our programs currently focus on education, advocacy & leadership, health & wellness, economic justice, youth empowerment & violence prevention, and arts & culture, engaging nearly 11,000 community members throughout Multnomah, Clackamas, and Washington Counties in the last year. We are the leading culturally-specific provider for Latinx youth, parent, and family services in the Portland area with the goal of serving the nearly 19% of Oregon's population who identify as Latinx or Hispanic.

Latino Network currently provides direct services to youth and families in Senate Districts 13-15 and 19-25 and House Districts 25, 26, 28, 29, 37, 40 and 42-50.

We oppose HB 4002 all bills that call for criminalization of poverty or substance use, and ask that you reject criminalization.

Accountability is not the same as punishment, these are not synonyms. Peer support and mentorship, a community of love and high expectations offers real opportunities for accountability and long-lasting improvements in health and social engagement. There is no guarantee that more criminalization will improve the conditions people are most concerned about - some rightful and most wrongfully connected to poverty and illness - but we can guarantee that there will be racial biased application of new criminal sanctions as there are with current criminal prosecutions and the collateral consequences of that criminalization.

Latino Network does not provide substance use or recovery services, we need Measure 110 providers who specialize in these services to be stable and well supported. This newest round of stigma, fear and outright hatred of people with substance use disorders is being centered and amplified politically, and we risk being driven away from a health care based approach - the only approach we know will work for long-term health and stability. Measure 110 providers offer services free of charge and with or without a diagnosis, 20% of latinos in Oregon are uninsured (that is compared to just 6% of Oregonians total), so our community relies on these community based services more than most.



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All the data and research continually and unequivocally tells us we need to get people into treatment faster and make it easier to stay connected to health and social services. Criminalization accomplishes neither of these things and in fact does the opposite. All you have to do is look to the state hospital to see what a criminalization first approach where the legal system puts itself in the middle of a referral pathway gets us - wait times are longer, not shorter, people have to get sicker and engage in extremely dangerous behavior before they can access care, rather than getting treatment and social support sooner/faster.

If this was really about getting people into treatment, we should be expediting enrollment and lower barriers to access, not widening the gap by putting police and courts in between people and health care. There is nothing stopping police and other criminal legal system staff from making partnerships with their local Behavioral Health Resource Networks and making connections between the people they are meeting on the street and the providers in their community. It does take effort, it's not a paperwork exercise or simply looking to hold others accountable, it's about being an educated, thoughtful and active community partner.

Doing this is just making people navigate both a criminal system and the health system at a time when they should be solely focused on treatment.

Given the current lack of centralized or coordinated communication about how and where to access services, "could not locate a program" should also be a defense. We are sorely lacking a public health education campaign. This was one of those lessons from COVID we seem determined to forget. You have to tell people how to engage in health care, it's not something people just know how to do, providers rarely have funds for communication and insurance providers have minimal incentive to explain to people how to actually use their insurance to get services.

The portion of this bill focusing on eliminating prior authorization and reinvesting in the Certified Community Behavioral Health Clinic initiative are both great ideas that we hope can be passed as standalone items so that their successes isn't diminished by criminalizing the same people who are meant to benefit from removing these regulatory barriers and increasing provider availability.

Please vote NO on HB 4002