

# SB 1557

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## Background

This year, like years before, homelessness and substance abuse remain two of the most critical concerns for Oregonians and lawmakers. Oregon ranks fourth in the nation for its unhoused population, with 40 percent reporting serious mental health disorders and 37 percent reporting substance abuse disorders (Portland Street Medicine, n.d.; Zielinski, 2023). In the 2023 Legislative Session alone, Oregon appropriated billions in funding to address these issues and is slated to spend even more. Efforts continue to pour in on how best to initiate change and move Oregon toward a healthier future. However, we will continue to see these issues multiply when only looking toward solutions that address the need after decades of crisis.

Oregon's Community First Choice Plan Amendment (K-Plan), enacted in 2013, set forth mandates for the state to provide services to youth diagnosed with psychiatric disabilities. However, over the past decade, Oregon has failed to act on this requirement. Despite years of ranking last in regards to mental health prevalence and access to care, the state has made no progress towards compliance, leaving this vulnerable population without access to essential home and community based services.

The majority of psychiatric disabilities, such as schizophrenia, addiction, eating disorders, and obsessive-compulsive disorder are diagnosed in adolescence, with 48 percent of diagnoses occurring before age 14 and 63 percent occurring before age 25 (Ocklenburg, S., 2021). Despite this, funding priorities in Oregon predominantly target support for the adult population. Extensive research demonstrates that early access to care and services significantly enhances outcomes for children with psychiatric disabilities while also reducing costs (see reading list).

According to The White House (2022), the Federal Government spent \$280 billion in 2020 on mental health disorders, with 25 percent being covered by Medicaid. A study conducted in Indiana of 429,407 residents further reported the cost of untreated mental illness to be over \$4 billion per year (Taylor et al., 2023). This financial burden stems from multiple factors including disability, where four of the leading causes of disability are mental disorders (National Alliance on Mental Illness- California, n.d.), productivity losses in education and employment, increased involvement in criminal activities, higher rates of homelessness, co-occurring illnesses, frequent emergency room visits, premature death, and suicide. Access to mental health services is prevented by several

barriers, including affordability, lack of information on how or where to access care, and misconceptions about the necessity of treatment (Conroy & Ghaness, 2020).

In addition to financial costs, the human toll due to the lack of access to mental health services is profound. The Oregon Health Authority reports in 2021, 899 lives were lost due to suicide in Oregon, including 95 children aged 10 to 24. Further, 75 percent of youth who died by suicide were not receiving mental health treatment and 81 percent had an alcohol related problem. Furthermore, in 2022, there were 956 unintentional opioid overdoses, with projections suggesting even higher numbers for 2023 (Oregon Health Authority- Public Health Division, 2024).

Despite significant funding allocations in recent legislative sessions, Oregon continues to face high rates of homelessness, substance abuse, and untreated mental illness. The failure to address the needs of vulnerable youth contributes to ongoing inequities in mental health care access and outcomes, leading to high suicide and opioid overdose rates. Addressing these issues requires prioritizing early intervention, equitable access to care, and comprehensive home and community based services for individuals of all ages.

## Opinion

Senate Bill 1557 is a carefully crafted foundation for addressing the disparities caused by the state's failure to provide the required home and community based services for children experiencing severe psychiatric disabilities and substance abuse. These services such as attendant care, home modifications, and skills training are essential to providing early intervention and support to children and families facing crisis. In addition, the -3 amendment allows for these services to be provided through a Medicaid Waiver, which will add peer support, respite, and wrap-around services.

As emphasized earlier, psychiatric disabilities are most often diagnosed in childhood. When support and treatment are started early, children are able to learn coping strategies and are more likely to continue treatment throughout their lives. Moreover, it empowers families by providing the necessary tools to be successful partners in their child's growth and recovery.

Financial costs remain the most prevalent cause for an individual to delay treatment for their psychiatric disability. By providing services through a waiver, such as with the -3 amendment, we allow for the structure of disregarding parental income in future legislation. This disregard will ensure every Oregon youth with a profound mental or

emotional disability can access vital treatment and support services through Medicaid eligibility.

Currently, all children who meet the institutional level of care are eligible for home and community based Medicaid services via waived parental disregard of income. Unfortunately, this disregard was unable to be included in this session due to fears of cost. The reluctance of upfront investment in our children's futures is a tragic trend within this legislature. Extensive evidence proves that early access to care and support reduces need throughout the lifespan. Investing resources into this critical need will not only reduce the financial burden on the state but will reduce the societal costs as outlined above including homelessness, addiction, and death.

I urge this legislature to pass the base bill of SB 1557 along with the -3 amendment. It brings all of the required structure, value, and support needed to start seeing change within this state. Continuing to dump billions of dollars into a system of care that cannot support our youngest, most vulnerable citizens will do nothing more than return the same results we have seen for decades- it does not work. Why are we waiting until someone's 50-year-old daughter is homeless before we act? Why are we waiting until someone's 30-year-old son arrives at the emergency room due to an opioid overdose before we act? Why are we waiting until our youth suicide rates rise above 100 per year before we act? The data is there, the research is there, the stories are there- Oregon just needs to get there too.

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## Reading List

- Benefits of Early Mental Health Intervention, Mental Health Management Group; <https://mhmgroupp.com/why-early-intervention-for-mental-health-is-important/#:~:text=Early%20intervention%20for%20mental%20health%20can%20help%20prevent%20the%20development,be%20quicker%20and%20less%20painful.>
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