

DATE: February 3, 2026

Dear Chair Pham, Vice-Chairs Edwards and Javadi, and Members of the Committee:

My name is Daniel Isaacson. I'm a past president and current board member of NAMI Lane County, I serve on the Lane County Mental Health Advisory Committee and a founding volunteer with the Trauma Intervention Program with more than 500 hours of service—including over 50 hours in emergency rooms, on street corners, at accident and crime scenes, and with families in the aftermath of trauma and loss.

When someone is in a mental health crisis, they don't need another brochure. They need help. Real, direct, fast help.

But what they get instead is often a maze—one that even professionals struggle to navigate. A patchwork of agencies, waitlists, unclear eligibility requirements, and inconsistent standards that vary by provider. It's not a system. It's a scavenger hunt.

We hear all the time that we need to "fix mental health." But the truth is, most of the people who fall through the cracks in Oregon aren't falling through because of lack of compassion—they're falling through because of lack of coordination.

That's why I'm proud to support the kind of changes addressed by HB4115. It shortens the time it takes for certified professionals to begin the work they're trained to do. It removes bureaucratic delays that don't make anyone safer—and puts qualified care providers where they belong: in the field.

These aren't flashy reforms. But they're exactly the kind of foundational changes that make the difference between someone getting help now—or giving up altogether.

I've seen what happens when the system fails—and what's possible when it works. Our healthcare system should be a house of healing, not a monument to bureaucracy.

Fixing the front door of mental health care means making sure the very first interaction someone has with the system doesn't become their last. That means clarity. That means speed.

HB 4115 moves us in that direction.

Respectfully,



Daniel Isaacson