



March 2, 2021

Attn: Members of the Joint Subcommittee on Human Services

Chairs Nosse and Lieber, and Members of the Joint Committee on Human Services,

My name is Sharon Meieran, I am a Multnomah County Commissioner representing District 1, and an emergency physician. I'm also the Co-Chair of the Health and Human Services Steering Committee at the Association of Oregon Counties, and offer this testimony on behalf of the AOC and Multnomah County. Thank you for the opportunity to testify today on the OHA budget bill (HB 5024), regarding Behavioral Health and the Oregon State Hospital.

Oregon has long recognized the value of preventative *physical* healthcare; we know that investing in upstream preventative services leads to better outcomes and cost savings. The same is true with regard to behavioral healthcare, and yet our funding priorities are backwards; we look first to cut the services that are least expensive and most effective - community based care, while safeguarding exorbitantly costly institutional care. At a biennial cost of more than \$500 million Oregon general fund dollars, the state hospital eclipses any other investment that our state makes towards improving behavioral healthcare.

The Governor's Recommended budget precisely illustrates this short-sighted approach.

For example, the Choice Program dedicates approximately \$10 million (a tiny fraction of the cost of the state hospital) to providing non-Medicaid funded supports, such as housing, to people who would otherwise likely be institutionalized. Rather than spending \$1500 per person per day to provide care at the state hospital, Choice Program funding might cover \$30 per day for rent and help the person access community-based, Medicaid-reimbursed care. Choice funding is often the critical ingredient that enables individuals to get out and stay out of the state hospital. It is a "seed" investment that allows individuals to live fuller lives in their communities, leverages Medicaid-funded behavioral healthcare dollars, and yields long term positive results for individuals and the state budget. This is the model that Oregon should be *building*, not tearing down. Yet, the budget proposes a 50% (\$4.7 million) reduction to the Choice Program.

The Governor's Recommended budget continues to funnel hundreds of millions into institutional settings while shaving small but critical resources from County mental health budgets.

In addition to cuts to the Choice Program, the budget eliminates inflation for non-Medicaid behavioral health treatment. This is not holding community mental health funding "stable" - this is a devastating loss to counties of \$22 million general fund for the 21-23 biennium. In Multnomah County, our adult behavioral health state funding has been flat for at least the last

five years. But the need continues to climb, and has been further exacerbated by the COVID-19 pandemic.

Finally, as a result of the passage of Ballot Measure 110, counties will be losing revenues which support behavioral health services, including substance use disorder treatments. The voters wanted to expand services, not shut down one set of services to open others. Now, we must fortify the Community Mental Health Programs, and bolster our medicaid and non-medicaid behavioral health services to bring about that change. I urge you to backfill the \$16 million cut for County behavioral health services.

If we invest in community-based behavioral healthcare, we can reduce the number of people sent to institutions and reduce the length of time they spend there. Ultimately, we can save money and maximize the impact of what we spend by downsizing and disinvesting from our state institutions. Large, exorbitantly costly psychiatric institutions are only an inevitability if we fail to invest in the alternative.

Thank you for the opportunity to testify today.