



4/8/2023

Co-Chairs Steiner and Sanchez, Members of the Committee,

My name is Alison Noice, and I'm the executive director of CODA, one of Oregon's oldest substance use disorder treatment providers. We provide an array of addictions services across the Tri-county and North Coast of Oregon.

I am here today on behalf of CODA and the Oregon Council for Behavioral Health, to highlight the critical investments in behavioral health proposed this session.

- First, I must acknowledge this body's accomplishments, championing behavioral health investments in recent years. You've seen--first-hand--the consequences of inadequate access to treatment. From suicide rates among youth to record shattering overdose deaths, it is difficult to ignore. You have taken the lead after decades of silence.
- We are grateful, but we are not finished
- This session is another occasion for support, and we ask that you take hold of this opportunity. Investments in behavioral health reach far beyond our sector, and will meaningfully impact many policy issues you're facing
- Some examples:
  - Untreated opioid use disorder drives significant avoidable costs to the Oregon Health Plan when co-occurring health conditions progress to catastrophic stages.
  - Our acute care hospital partners are buckling under the number of individuals in behavioral health crisis that are boarding in emergency departments.
  - Disability Rights Oregon is highlighting the injustice of Oregonians inappropriately held in jail due to a lack of access to treatment placements.
  - District Attorneys are daily faced with the community impact of individuals released from the state hospital and carceral settings to homelessness.
  - OHA spends an untenable amount of their time focused on issues directly traceable to the state hospital capacity crisis.
  - Providers offering safe community placement are at risk of being deemed uninsurable, or of being unable to afford coverage, because of the mismatch between available services and patient acuity.
- These diverse, complicated challenges rest on a single platform: better access to a broad array of behavioral health treatments
- Before you is the opportunity end these decades long challenges by funding the capacity needed. Move the needle by investing in the following:
  - Fund the development of at least 282 Mental Health Residential beds (*\$178M – based on information from [OHA's 12/8/22 report](#)*)

- Fund at least 311 Substance Use Disorder Residential beds (*\$93.3M – based on information from OHSU’s Substance Use Disorder Services Inventory & Gap Analysis*)
  - Fund 943 Supported Housing, Single Room Occupancy, and Shelter beds (*\$235.8M -based on above listed [OHA presentation](#)*)
  - Leverage enhanced federal funds by expanding the Certified Community Behavioral Health clinic model proposed in SB 624
  - Last but definitely not least, support a cost of living adjustment for behavioral health rates. Without assurance of the ability to continuously invest in the necessary workforce, we risk experiencing the same stagnation that got us to this crisis in the first place (*at least \$45.9M – based on information from [OHA’s 2/7/22 report](#)*)
- This is not cheap. These proposed investments total over \$550 million and are detailed further in my written testimony. However, consider that doing nothing will be even more costly.

Thank you for this opportunity to testify.