



February 26, 2025

TO: Joint Committee on Addiction and Community Safety Response

RE: SB 610

Co-Chair Prozanski, Co-Chair Kropf, and Members of the Committee,

Health Justice Recovery Alliance is a statewide advocacy organization that represents community addiction recovery and harm reduction providers across the state to protect their funding and further their work to save lives, help people on their path to recovery, and reduce the harms of criminalization. Our testimony is in opposition to SB 610, the -1 amendment, and its proposed changes to the Oversight and Accountability Council and funding for the Behavioral Health Resource Networks.

We appreciate what Washington County and the proponents of this bill are trying to achieve. We're the first to recognize that the BHRN RFGA process could be improved, and we hope to work with Washington County and other stakeholders to make the future process more streamlined. We can all agree that BHRNs need stable funding, and that they are providing core services in all of our communities.

We oppose this bill because making these changes now would be a betrayal of the trust frontline providers have put in their government to support their lifesaving work. While we agree with Washington County that the process could have been better, and that we must continually look for ways it can be improved for future grant cycles, it would be wrong to change things within this current RFGA cycle. Organizations across the state have already

dedicated substantial time, staff capacity, and financial resources to secure funding under the existing formula. Changing the county allocation formula as stated in the dash 1s would create an entirely new RFGA process, and cause chaos and uncertainty for providers. We can't do that to them.

Implementation to Date

The implementation of BHRNs has been challenging, particularly given revenue declines since the program's inception. The amount of progress that providers have been able to make under difficult circumstances is, by all measures, an incredible accomplishment. Over the course of the program's lifecycle, funding has dropped by \$51.6 million, with total funds falling from an initial level of \$302 million to \$240 million, and current available funding sitting at \$213.5 million. These fluctuations should be expected, as the program is funded through a tax that is subject to market forces. But that isn't solace for our BHRN providers who stood up robust programs in 2022 and experience ongoing funding shortfalls to maintain those initial service levels — all while the demand for those services continues to increase. Thanks to \$40M in law enforcement savings during the last biennium from not criminalizing addiction under Measure 110, BHRNs were able to mitigate the previous shortfall. But due to HB 4002, these funds will no longer be going to the drug treatment and recovery fund and therefore not available to mitigate future budget downturns.

In 2023, the legislature convened a workgroup to assess areas of the program for possible structural and organizational improvements; these were made in House Bill 2513, which strengthened oversight and improved grant processes, by:

- Requiring OHA to hire an Executive Director to provide centralized leadership and accountability, which was completed in late summer 2024 with Abbey Stamp starting in mid October;

- Transferring responsibility for adopting rules for BHRN grants and funding from the Oversight and Accountability Council (OAC) to the Oregon Health Authority (OHA), ensuring a more structured and transparent process; and by
- Establishing an advisory committee composed of a majority of OAC members to provide guidance on grant rule changes, ensuring decisions are informed by those with expertise in behavioral health.

As the advocacy organization that has been working closely with BHRN providers around the state, since they were first awarded funding in 2022, I can attest to the incredible impact that these services are having on our communities. BHRN providers report continued increases in clients served statewide for substance use treatment and other evidence-based recovery supports. The intent of creating these statewide Behavioral Health Resource Networks was to cement them as a critical feature of Oregon's behavioral health system. Providers have demonstrated consistently through their reporting to OHA just how critical the services are that they provide. Since the establishment of BHRNs, client contact has increased steadily, and 20 percent over the last quarter, growing from 248,651 to 299,662 contacts. Supported employment, peer services and housing supports have more than tripled in the 21 months of operation.

While not perfect, the BHRN "Request for Grant Applications" process was strategic and methodical. Prior to launching the most recent RFGA process, OHA and OAC carefully revisited the funding formula allocation.

Adjustments were made to strengthen the program's public health focus and to establish a more sufficient funding floor for rural counties from \$750k to \$2M. These changes were deliberate and well-vetted, providing a fairer, more equitable distribution of funds while maintaining service continuity.

The Oversight and Accountability Council has already finalized its award determinations, and notices are going out this week. I can tell you that many providers have been watching all of these meetings with great anticipation, and the OAC has already had to make hard funding decisions to keep

BHRNs as whole as possible. Requiring providers to repeat the RFGA process would be harmful, unnecessary, and costly. It would divert resources away from direct services and add inefficiencies to a system that is already struggling to meet demand.

Stability

BHRNs play a vital role in providing behavioral health services across Oregon. Stability in funding is essential to ensuring continuity of care, particularly for vulnerable individuals who rely on consistent, long-term support. Frequent changes to funding mechanisms create uncertainty for both providers and clients, potentially leading to service disruptions, staff reductions, and a loss of trust in the system.

Oregon's behavioral health system has worked to prioritize culturally and linguistically-specific services, recognizing that effective treatment must be tailored to the unique needs of Oregon's diverse communities. Many BHRN providers specialize in serving historically underserved populations, including communities of color, tribal nations, LGBTQIA+ folks, and rural areas where specialized care is already difficult to find.

Sustainable funding ensures that these providers can hire and retain staff with shared lived experiences, offer linguistically appropriate services, and build trust within communities that have historically faced barriers to care. A sudden change in funding risks undermining these critical efforts, forcing culturally specific providers to cut programs, reduce staff, or shut down altogether—ultimately deepening disparities in behavioral health access.

Long-Term Planning and Organizational Stability

Organizations depend on predictable funding to make long-term commitments—hiring bilingual and bicultural staff, leasing facilities, taking part in training up the behavioral health workforce, and developing treatment programs tailored to meet their communities' needs. SB 610's proposed formula changes risk destabilizing these efforts by forcing

providers to re-engage in a multi-month grant application and review period. This could force providers to reallocate or cut services, layoff staff, and most certainly limit program expansion. For culturally-specific providers, this instability would be particularly harmful, as trust-building and continuity of care are essential to serving their populations effectively.

Rather than disrupting a system that providers have worked hard to implement, we would ask the Legislature to focus on reinforcing existing programs, ensuring accountability, and providing additional resources where necessary. The proposed changes in SB 610 would disproportionately harm culturally specific and culturally relevant providers, ultimately reducing access to vital, community-driven behavioral health services.

I respectfully urge you to oppose SB 610 and instead support policies that prioritize stability, predictability, and the effective delivery of culturally-responsive behavioral health services in Oregon.

Thank you for your consideration. Tera Hurst
Executive Director