

Chair Nosse and Members of the House Behavioral Health and Health Committee,

Thank you for the opportunity to testify regarding Oregon's residential treatment capacity crisis. I urge this committee to recognize the urgent need to balance investments in severe and persistent mental health care capacity with inpatient behavioral health facilities needs across our state. Oregon's current system is failing to meet the demand for inpatient care in both capacities, leaving thousands of individuals without access to critical treatment.

Expanding inpatient behavioral health capacity for both severe mental illness and SUD treatment is critical to breaking the cycles of untreated illness, homelessness, and incarceration.

### **Severe Mental Health Needs and SUD: A Dual Crisis**

Oregon's inability to meet the demand for inpatient psychiatric care has left hundreds of individuals with severe mental illness languishing in jails, emergency rooms, or on the streets. Disability Rights Oregon recently filed a motion highlighting the state's failure to meet court-mandated deadlines for admitting aid-and-assist patients into the Oregon State Hospital. This failure not only violates legal obligations but also results in tragic human costs, including deaths in custody and worsening conditions for those left untreated.

At the same time, SUD treatment capacity is woefully inadequate. The June 2024 Behavioral Health Residential Facility Study revealed that Oregon needs an additional 2,357 residential SUD treatment beds and 571 withdrawal management beds statewide to meet current demand. These gaps leave individuals without access to critical care at key moments, perpetuating addiction, homelessness, and public safety concerns.

We know these numbers are not just abstractions. Each day hundreds of people living outside encounter outreach workers across our state and those outreach workers have to tell them that even though they may be ready to accept help and know they need care, there is nowhere for them to go.

### **The Role of Inpatient Facilities**

Inpatient facilities are essential for stabilizing individuals with severe mental illness or SUDs who cannot be adequately treated in outpatient settings. They provide critical services such as:

Crisis Stabilization: Immediate intervention prevents unnecessary incarceration or hospitalization.

Withdrawal Management: Safe detoxification is often the first step toward recovery.

Residential Treatment: Intensive support addresses co-occurring disorders and prepares individuals for reintegration into the community.

Without these services, individuals cycle through emergency systems without achieving stability, further straining public resources and leaving them vulnerable to homelessness or incarceration.

### **Balancing Investments Across Needs**

While recovery housing initiatives like those proposed by Sober PDX are vital components of the continuum of care, they must be complemented by robust investments in inpatient behavioral health facilities. Expanding recovery housing alone will not address the root causes of crises faced by individuals with severe mental illness or SUDs if they cannot first access stabilization and intensive treatment services.

### **Recommendations**

To address these challenges, I urge this committee to prioritize a balanced approach that includes:

- **Expanding Psychiatric Inpatient Beds:** Allocate funding to add psychiatric inpatient beds statewide, prioritizing underserved regions such as Eastern Oregon and Columbia Gorge.
- **Increasing SUD Residential Capacity:** Invest in creating additional residential treatment beds and withdrawal management beds.
- **Integrating Services Across Systems:** Ensure seamless transitions between inpatient care, recovery housing, and community-based services.
- **Supporting Workforce Development:** Invest in diversifying the workforce. Currently, we lack culturally-specific residential programs and sufficient personnel in these programs to address the needs of Black, Brown, and Indigenous communities.

### **Funding Alignment**

The Oregon Health Authority estimates that addressing unmet behavioral health needs will require \$500 million over five years. These investments will yield long-term savings by reducing reliance on emergency services and improving public safety outcomes.

While recovery housing expansion is critical, it must be paired with significant investments in inpatient care to create a comprehensive system that meets the needs of all Oregonians.

Oregon's behavioral health system must address both severe mental health needs and SUD treatment gaps with equal urgency. Without immediate action to expand inpatient capacity across these areas, thousands of Oregonians will remain trapped in cycles of untreated illness and homelessness. I urge this committee to act decisively by balancing investments across all levels of care.

Thank you for your leadership on this critical issue. I am available to answer any questions or provide further information.

Respectfully submitted,

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Sober PDX

