



House Committee on Judiciary
RE: Support for House Bill 2467-3

April 3, 2025

Chair Kropf, Vice Chairs Chotzen and Wallan, and members of the House Committee on Judiciary,

Located in Portland, Oregon, Central City Concern (CCC) provides a comprehensive continuum of affordable housing options integrated with direct social services, including health care, recovery, and employment. In 2024, CCC served 15,991 people experiencing or at risk of homelessness by providing affordable and supportive housing, integrated health services, addiction recovery, and employment assistance. CCC is also a member of the Oregon Council for Behavioral Health.

CCC supports NAMI's proposed amendments to House Bill 2467, which will make much needed strategic reform to Oregon's civil commitment statutes. In Oregon, our threshold for civil commitment is vague enough that when courts apply a conservative reading, the determination can be a barrier to help for the individual and safety for those proximate to them, including staff, neighbors and loved ones. Oregonians will benefit from clarifying the definitions of "dangerous to others," "dangerous to self," "serious physical harm," and eliminating the requirement that danger or harm be imminent which has been read the most conservatively by courts. This precedent has had grave outcomes for patients and families around the state.

Additionally, we support the inclusion of additional factors for the court's consideration, especially anosognosia – an individual who does not have awareness or insight into their own medical or mental health condition cannot provide informed consent. If courts do not consider this, we risk continuing a pattern of benevolent neglect.

The intent of this reform is not long-term institutionalization, but rather ensuring that individuals, particularly those unable to recognize the severity of their illness, receive timely and effective treatment. Individuals experiencing psychosis who have repeated incidents in short succession experience something called the Kindling Effect. Each episode can have a progressive impact on the body and brain, resulting in a change to baseline function – meaning each subsequent event requires a smaller spark to ignite destabilization. To delay proper engagement with the adequate level of care does not simply delay healing, it can contribute to exponential worsening of disease and detrimental long-term health impacts and make subsequent treatment more difficult.

To complicate matters, Oregon urgently needs expanded infrastructure across the entire continuum of care, including hospital capacity, secure residential and residential treatment facilities, and permanent supportive housing capacity. Our direct experience at CCC underscores that without these resources, efforts to sustainably house the specific population of individuals with severe mental illness (SMI), particularly when compounded by co-occurring substance use disorders, become unsustainable. Federal Housing and Urban Development standards for permanent supportive housing (PSH) prohibit requiring service engagement, creating untenable

situations where severely ill individuals—who may lack the capacity to engage meaningfully with housing agreements—face adverse outcomes that may ultimately contribute to their eviction. This dynamic not only threatens the wellbeing of individuals and the community in which they live, but it also severely escalates insurance costs and sustainability challenges within the PSH sector. The lack of targeted mental health infrastructure is a direct threat to the sustainability of our permanent supportive housing programs.

Our experience shows that civil commitment, when paired with assertive community treatment (ACT) and a housing-first model, significantly improves housing retention and recovery outcomes. Being able to appropriately commit individuals to necessary care profoundly enhances their ability to remain stably housed, drastically improves the experiences of fellow residents and staff within PSH communities and alleviates the emotional and moral challenges currently experienced by those dedicated to serving this vulnerable population. Too often, staff face chronic moral injury from witnessing preventable declines, repeated homelessness, and even deaths resulting directly from our systemic failure to intervene.

HB 2467 with amendments works in unison with the measures listed below to collectively support stabilization in our mental health continuum and improved public health outcomes across Oregon:

- Reducing administrative burdens (HB 2015 and HB 2022)
- Increasing behavioral health residential facilities (HB 2059)
- Strengthening the workforce (HB 2024)
- Adding more beds to Oregon State Hospital and reforms in Community Restoration (HB 2470)

Together, these form a wholistic approach to a problem that has overwhelmed our state and taken us to the brink of disaster both in behavioral health outcomes and legal action against the state.

HB 2467 with amendments provides clearer guidance and a framework that demonstrates compassion for some of the most vulnerable folks in our community. We urge your support for this bill and related measures.

Thank you for your consideration.

Sincerely,



Dr. Andrew Mendenhall, MD, DABFM, DABPM, FASAM
President and CEO, Central City Concern