



Behavioral Health Division

Office: (541) 766-6767

Fax: (541) 766-6186

530 NW 27th St

P.O. Box 579

Corvallis, OR 97339-0579

health.bentoncountyor.gov

To:

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

From:

Anna Dennis, Program Manager, Benton County Health Department, Behavioral Health Division - Assertive Community Treatment (ACT)

Date:

April 1, 2025

Subject:

Letter of Support for HB 2467

Dear Chair Kropf, Vice-Chairs Chotzen and Wallan, and Members of the Committee,

My name is Anna Dennis, and I am the Program Manager for the Assertive Community Treatment (ACT) Team and the Supported Short-Term Housing (SSTH) Program at the Benton County Health Department. I oversee programs designed to provide intensive community-based support services and housing assistance for individuals with severe and persistent mental illnesses (SPMI), many of whom also have co-occurring substance use disorders (SUD). These individuals often experience the compounded challenges of being unhoused while struggling with complex health conditions, making it difficult for them to access the treatment and housing they need.

ACT is an evidence-based, client-centered model that delivers multidisciplinary, community-based services directly to individuals in their homes, shelters, and other community settings. By meeting clients where they are, ACT provides a comprehensive approach that includes psychiatric services, medication support, case management, substance use treatment, and housing assistance. Our Supported Short-Term Housing (SSTH) program provides temporary housing and intensive support for unhoused ACT participants, working to reduce hospitalizations, law enforcement interactions, and ultimately, homelessness. Through these programs, we strive to help clients achieve long-term stability and independence by connecting them to necessary services, including permanent housing.

I am in favor of HB 2467 because, as I see firsthand in our work, the current system fails many of our most vulnerable individuals. People with mental health and addiction issues, particularly those who are unhoused, are often caught in a repetitive cycle of arrest, hospitalization, and homelessness. This cycle can be broken with clearer legal criteria for civil commitment, better coordination of care, and increased access to housing.

Oregon's current mental health and housing systems are insufficiently integrated and fragmented, which results in inadequate care for individuals with serious mental illness and substance use disorders, especially those who are unhoused. For example, individuals are often caught in a repetitive loop where they are arrested, taken to either the emergency department for an assessment or to jail, and then released back into the community without long-term solutions to their underlying issues. This not only harms the individuals involved but also puts a strain on our emergency services, law enforcement, and hospitals.

For individuals with complex mental health needs, the lack of appropriate housing options is a critical barrier. We often face situations where people are stabilized temporarily in higher levels of care, such as hospitals or acute care, but when it comes time for discharge, they still need a form of higher-level care, such as a residential treatment facility (RTH/RTF). Unfortunately, there is a shortage of these facilities, which often leads individuals back to homelessness. This lack of housing forces individuals back into homelessness, where they are at greater risk of crisis, arrest, and re-hospitalization. This cycle contributes to the overwhelming pressure on our system, and without the right legal framework or housing supports, many individuals continue to suffer.

I would like to share a recent example that highlights the critical gaps in the system.

One individual, after being successfully committed for treatment, stabilized on medications, and showing signs of improvement, was due for discharge from an acute care facility. However, the facility notified us that they planned to discharge this person back to the streets within 48 hours, despite the fact that the individual was not ready to live independently. The individual required ongoing support that the ACT team was not able to provide on its own in a community setting. After intensive advocacy and coordination with the acute care facility, we were able to extend the individual's stay and eventually transfer them to an Adult Foster Home (AFH) in another county, where the local ACT team could provide the necessary care. This success, which is rare, was made possible by concerted effort, but it shouldn't be this difficult. More housing options and clearer legal criteria for care would make it easier to ensure that individuals like this one receive the appropriate care they need when they need it.

Another challenge we face is when individuals are placed on crisis holds due to their immediate danger to themselves but are unable to access long-term acute care due to a failure to commit them. This frequently results in individuals being sent back into the community prematurely, where they are left without adequate support, often ending up in crises that require emergency services or legal intervention.

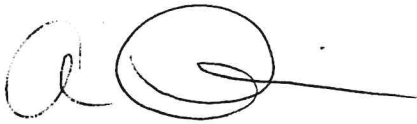
HB 2467 seeks to address these systemic issues by clarifying the criteria for civil commitment, ensuring that individuals receive the necessary care before reaching a crisis point. This legislation will:

1. **Ensure Early Intervention and Appropriate Care:** By providing clear, specific definitions of what constitutes a "danger to self" or "danger to others," the bill allows for early intervention, helping people access care before they reach a crisis or are arrested. This will help reduce unnecessary hospitalizations and prevent individuals from being discharged into unsafe situations without the necessary support in place.
2. **Reduce Strain on Emergency Services and Law Enforcement:** By clarifying the role of mental health professionals and ensuring they are involved earlier in crisis situations; HB 2467 will reduce reliance on police officers and emergency rooms for mental health crises. This allows for a more appropriate response and ensures that individuals receive the care they need in a timely and coordinated manner.
3. **Provide More Consistent, Fair Decision-Making:** The bill's clear criteria for civil commitment will help ensure that courts and clinicians make informed, consistent decisions, which will prevent unnecessary delays in treatment and ensure that individuals receive care when they need it most.
4. **Prevent Unnecessary Incarceration and Hospitalizations:** HB 2467 will reduce the revolving door of incarceration and hospitalization by ensuring that individuals are not sent back into homelessness or unsafe conditions. This bill provides the legal framework necessary for individuals to receive the long-term care and housing supports they need.

While HB 2467 is a critical step forward in addressing the legal gaps in the system, it is equally important to recognize that changes in the legal framework must be accompanied by investments in mental health services and housing infrastructure. Oregon must increase the availability of licensed residential treatment facilities, expand the mental health workforce, and ensure that housing options are available for individuals leaving higher levels of care. Without these investments, legal changes alone will not be sufficient to support those most in need.

Thank you for the opportunity to submit this testimony in support of HB 2467. As demonstrated through our work with individuals who are unhoused and experiencing severe mental health crises, the current system often fails to provide the necessary care and housing that could break the cycle of crisis, arrest, and homelessness. I urge you to support this legislation and continue working toward a more effective, humane, and integrated system of care for individuals in need.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'A' followed by a large 'D' and a horizontal line extending to the right.

Anna Dennis, Professional Counselor Associate, QMHP, CADCI
Program Manager, Assertive Community Treatment (ACT) Team
Benton County Health Department, Behavioral Health Division
anna.dennis-kelly@bentoncountyor.gov