

**Building Healthier Communities Together**

April 16, 2025

Oregon State Legislature  
House Committee on Behavioral Health & Health Care  
900 Court Street NE  
Salem, OR 97301

*Submitted electronically via OLIS.*

**RE: HB 5006 relating to the Oregon state budget**

Co-Chairs Lieber and Sanchez, Co-Vice Chairs Girod, Gomberg and Smith and Members of the Committee:

Thank you for the opportunity to strongly support the Governor's request for a \$90 million investment into building capacity of our behavioral health system. If included in HB 5006, this could create a pathway for the state to move closer to its behavioral health goals and make a significant difference in areas of the state that are underserved. As an example, Trauma Area 2 which includes Benton, Lincoln, and Linn counties has only 51 inpatient psychiatric beds currently available. **An additional 87 beds** are needed in this region alone — a **170% increase**.

As you know, Oregon continues to face a critical shortage of inpatient psychiatric beds. According to the *Behavioral Health Residential+ Facility Study* conducted by the Public Consulting Group (PCG), Oregon currently operates with 1,038 inpatient psychiatric beds statewide — yet an additional **486 beds** are needed to meet demand and stabilize our behavioral health infrastructure – rural areas are in significant need for behavior services.

**Why Local Inpatient Care Matters** - we know from our own data that individuals fare better when they are treated close to home. Local inpatient psychiatric care is associated with:

- Reduced relapse and readmission rates.
- Shorter overall lengths of stay due to improved continuity of care.
- Lower transportation costs and emergency department overuse.
- Improved discharge planning and follow-up care.
- Less cost overall

Additionally, **individuals from rural areas, including the coast, often experience significant barriers and delays to accessing inpatient beds.** Too often, people are forced to wait for admission or must be transported and receive care in urban areas far from their support network.

### **A Regional Approach in Linn, Benton and Lincoln Counties for Collective Impact**

Oregon has an opportunity to leverage local resources with state investments through **regional coordination and readiness.** In Trauma region 2, IHN-CCO has collaborated closely with Samaritan Health Services and the Benton, Lincoln, and Linn County Health departments through the **Regional Behavioral Health Strategy Committee.** This group is not just conceptual — it has been actively:

- Aligning regional priorities,
- Leveraging collective investments,
- Coordinating the development of a regional acute care continuum across three counties

This collaboration has already secured local and partnership funding and begun the development of **three new crisis stabilization centers,** one in each county, all could be operational by the end of Q3 2025 with the investments in HB5006.

These **crisis stabilization centers** will reduce unnecessary emergency department visits and provide a critical alternative from law enforcement and jails. Our anchor hospital in Corvallis **stands ready to bring an additional 10 beds into the regional community network** while also strengthening partial hospitalization capacity to ensure appropriate step-down care. This expansion is shovel-ready and complements the broader crisis system enhancements envisioned by our regional approach.

More than anything, this investment is about improving the lives of our most vulnerable members. Timely access to inpatient care reduces the likelihood of:

- Emergency room overuse.
- Interaction with the criminal justice system.
- Foster care placements for children impacted by parental mental illness.
- Long-term impacts of untreated trauma and the trickle-down effects of intergenerational trauma.

### **In Summary:**

- The **PCG study clearly identifies the need** for more inpatient psychiatric beds across Oregon — especially in our region.
- **Local care saves lives and money,** improving health outcomes and reducing overall system strain.
- Our region has a **proven, collaborative infrastructure** ready to integrate new beds with crisis services.
- The **GSRMC 10-bed expansion is shovel-ready,** aligned with statewide goals, and will have long-term returns for the State of Oregon.

HB 5006 has the potential if used wisely to reduce Oregon's behavioral health crisis by building out critical infrastructure to serve those in acute need. We encourage the committee to support those investments that

support a regional approach, especially in underserved areas – we have a Real opportunity to make a Real difference for Real Oregonians through Real regional solutions.

Thanks for your time and consideration and am happy to answer any questions now or provide more information about regional behavioral health solutions.

Todd Jeter, LCSW, CADC III  
Associate Vice President, Health Equity & Member Advocacy  
InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

About Samaritan Health Services, IHN-CCO and the Regional Behavioral Strategy Committee

**Samaritan Health Services** is a nonprofit regional health system offering care to Oregonians in Benton, Lincoln, Linn and portions of Marion and Polk counties. Driven by its mission of building healthier communities together, it brings together community hospitals, physician clinics and health insurance plans to serve more than 275,000 residents of the mid-Willamette Valley and central Oregon Coast.

**InterCommunity Health Network (IHN) CCO** is woven into the fabric of Samaritan Health Services and our communities. IHN-CCO partners with organizations foundational to community well-being and provides coordinated care for 87,000 people comprised of our friends, neighbors, and community boosters.

**Regional Behavioral Strategy Committee** brings together local Medicaid payor, delivery system, and Community Mental Health Programs to improve behavioral health access and overall health and wellbeing in the region by defining areas of strength and community to create a long-range vision for the region that leverages skills, knowledge, and resources to meet the full array of behavioral health needs of our community members.

# A strategic approach to regional behavioral health

Regional acute care continuum: Improving inpatient capacity and crisis stabilization in Benton, Lincoln and Linn counties

## 1 Good Samaritan Acute Care Beds

Location: Corvallis

- ▶ Currently 10 occupied acute care beds, expanding to 20 (licensed for 28 total beds).
- ▶ Partial hospitalization capacity (expansion).

Balance needed for remodel: **\$7.35 million**

## 2 Benton County Crisis Center

Location: Corvallis (opening July 2025)

- ▶ Voluntary walk-in treatment facility that may serve as an alternative to the ER.
- ▶ Provides inclusive stabilization for anyone experiencing a mental health crisis.
- ▶ Open 24/7 with no appointment, regardless of ability to pay.
- ▶ 5 stabilization recliners and 6 respite beds in trauma-informed environment.
- ▶ Connected to ongoing treatment and community resources upon discharge.

Construction cost: \$9 million (funded)

## 3 Lincoln County Crisis Stabilization Center

Location: Lincoln City

Model: 23-hour crisis resolution center to divert adults in crisis away from ER and jail.

- ▶ Building suited for 5 guests.
- ▶ Modified van can respond to crisis in community.

Funds already invested: \$725,000

Balance needed for remodel: **\$325,000**

Anticipated opening: January 2026

## 4 Linn County Crisis Stabilization Center

Location: Albany

Model: Respite room with 5 personal reclining chairs, showers and laundry.

- ▶ Includes separate entrance for law enforcement and dedicated youth and family areas.

Linn County Investment: \$2.3 million

IHN-CCO Investment: \$1.075 million

Balance needed for remodel: **\$2.5 million**

Anticipated opening: January 2026

