

**Building Healthier Communities Together**

March 25, 2025

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

*Submitted electronically via OLIS*

**RE: HB 2059 relating to behavioral health facilities**

Chair Nosse, Vice Chairs Javadi and Nelson and Members of the Committee:

Thank you for the opportunity to provide testimony in strong support of the Governor's request for a \$90 million investment into the capacity building of our behavioral health system. If passed, HB 2059 could create a pathway for Trauma Area 2 to further buildout its regional vision to meet patient needs through a remodel and expansion of inpatient psychiatric services at Good Samaritan Regional Medical Center (GSRMC) in Corvallis. This is one concrete example of the capacity expansion that is needed in our region, that these funds can assist to accelerate and meet capacity need across the state.

**The Need for More Inpatient Capacity**

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. In **Trauma System Area 2**, which includes Benton, Lincoln, and Linn counties, only 51 inpatient psychiatric beds are currently available in general hospitals. The PCG report projects that **an additional 87 beds** are needed in this region alone — a **170% increase**.

**Why Local Inpatient Care Matters**

At IHN-CCO, we know from our own claims 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.

Additionally, our data shows that **individuals from rural areas, including the coast, often experience significant barriers to accessing inpatient beds**. Too often, these individuals are forced to wait for admission while more accessible urban populations are served first — for example, someone living unsheltered in Portland may receive acute care faster than someone transported from Lincoln City.

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

What makes our funding request unique is the depth of **regional coordination and readiness**. For the past three years, 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.

This collaboration has already secured funding and begun the development of **three new crisis stabilization centers**, one in each county, all anticipated to be operational by the end of Q3 2025 upon meeting final funding goals. These centers will reduce unnecessary emergency department visits and provide a critical diversion from law enforcement and jails. The committee is also working closely to ensure integration between the crisis centers and the five Samaritan hospitals across the region.

### **GSRMC Remodel: A Shovel-Ready Project**

GSRMC is currently licensed for 28 psychiatric beds, of which 10 are operational. **GSRMC stands ready to bring 10 additional beds online, expanding operational capacity to 20 beds**, while also strengthening partial hospitalization capacity to ensure appropriate step-down care. This expansion is shovel-ready and complements the broader crisis system enhancements already underway.

### **Impact on Vulnerable Oregonians**

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.

The statewide Mobile Crisis Intervention Services report from Q4 2024 shows **a disproportionate number of crisis dispatches in rural areas**, yet frontier and rural residents often face the **longest wait times and least access to acute services**.

### **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 2059 invests necessary resources to build out critical infrastructure to serve those in acute need. We hope that you will join us in supporting this bill and funding regional projects that will begin to move the needle on meeting the behavioral health capacity needs.

Respectfully submitted,

Todd Jeter, LCSW, CADC III  
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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.