

Dear Chair Greenlick and members of the committee.

Thank you, for the opportunity to provide testimony in support of HB 2621. My name is Stephanie Sireix. I am a member and steward of AFSCME Local 173 and work at Polk County as a correctional behavioral health counselor. I am a certified alcohol and drug counsellor 3 and a licensed professional counselor. My current caseload includes people who are currently in jail and people I worked with in my previous role at the county as a dual diagnosis/co-occurring illnesses counsellor.

In my almost 9 years of service, I have worked with countless people experiencing mental health illness and substance use disorder. There isn't a day where connecting the people I work with to the services they need is easy. It should be the easiest part of getting help. For example, a person on Medicare can't access addictions treatment if they are not already in the hospital, thus creating a situation where they have to wait weeks or months to get on Medicaid or otherwise have something that would require hospitalization. People in crisis can't get to residential care because they aren't in the criminal justice system, and for those who do qualify for residential care treatment, the wait is long and when a bed does open, it likely is in a community other than their own. People leaving treatment centers aren't assured access to housing, putting them back on the street and at risk for relapsing. Having the services outlined in HB 2621 are much needed in making connections for people who don't have weeks or months to wait to get the treatment they need, my only concern is this is only one part of the connection problem.

In the last few months, I have worked with 3 people that highlight the need for the crisis services outlined in HB 2621 or other gaps that should and could be addressed if the "crisis line" were expanded to include those leaving treatment centers and jails.

Just this week, I helped a young person get connected with services and then home after he was released from jail without medication, no longer on OHP or transportation options. When a person on the Oregon Health Plan goes to jail they lose OHP which provides their medication, they then lose that medication that is keeping them stable. That person is then released without connection to services and likely experiencing the "bounce back" symptoms of their mental illness or even additional symptoms from the withdraw of the medication, putting them back into crisis. Their parole officer doesn't connect them with the services they need, but simply sends them on to the next stop on a list of stops that includes all the various types of supports they need, health care, treatment and mental health supports, connections to housing. Many times, the person will have to wait weeks or months for an appointment with a counselor or a medication provider or getting connected to other services to help keep them stable. There aren't enough of us doing the work and there aren't enough services/beds/options for those in need.

One of my clients has recently been released from a 90 day substance use disorder treatment program and because this person isn't also in the criminal justice system, as they transitioned from that treatment program, they weren't given critical wrap-around services that include access to housing. Now this person is back out on the streets where on really cold and rainy nights their only option for a dry and warm place to sleep may be the trap house where they used drugs before their treatment.

Ensuring all who are leaving these programs have a plan and a place to go and someone to help navigate that would go a long way to helping prevent that person from relapsing, risking their life and needing more intensive care services.

Most heartbreaking was my client who was in crisis and could have been helped by the proposed crisis services in HB 2621. She was in and out of the hospital emergency department, yet not able to get connected with immediate services because she wasn't in the criminal justice system. Her interactions with law enforcement were solely in response to her "disruptions" to the community. She was not a threat to others and had not been perceived as someone who would harm herself. She was scheduled to see a prescribing provider however, her appointment to get her the help she needed wasn't soon enough and she wasn't able to wait and ended her life.

While I'm wholly supportive of this approach and program, I think it is important to acknowledge that there are not enough of us doing the work and there is a great disparity in pay for those of us who do the work. Without a robust behavioral health workforce development program that gives people at every level of care affordable access to training and educational opportunities we won't be able to quickly build up and support these critical programs. We also need to ensure those doing this work are supported through pay that supports the level of training, education and experience a person has, as well as other supports including time off and access to their own behavioral health supports and self care.

As I mentioned before, getting access to the wrap around services and supports people need to succeed should be the easiest part of their treatment. I hope that you will consider adding people leaving residential treatment facilities and jails to be included along with those who are in hospitals in mandating care contacts. Let's build a system that helps people get on the path to success and not make getting those supports the hardest part of receiving treatment. Please pass HB 2621.