To: Members of the House Committee on Behavioral Health

From: Michael Hlebechuk

1685 SE Umatilla St, Apt 414

Portland OR 97202

Dear Members of the Committee:

I am providing this testimony to support passage of SB 721A. Passage of this bill will allow the Oregon Consumer Advisory Council (OCAC) to function according to its intended purpose, to inform OHA Behavioral Health on matters of policy from the perspective of individuals who it is in place to serve, individuals with lived experience, also known as either consumers or peers. I served as the first OHA Office of Consumer Activities Director from 2015 to 2017 when I retired for medical reasons related to chronic kidney disease.

Peers drafted the concepts for the 2019 session SB 731 that formalized OCAC in statute. The intent of that bill was to ensure a peer voice in OHA Behavioral Health remained after Bob Nikkel retired as its administrator. Mr. Nikkel had formed an informal body composed of mental health consumers to inform his decision-making process. I remember him saying, "You know, Mike, NAMI has a front door to provide me it's perspective, and I would like consumers to have a similar avenue to inform my decision." This culminated with the formation of the Oregon Consumer/Survivor Council that held its first meeting in September 2002. I served as chair of that body for all except its first three monthly meetings. I was working at Oregon Mental Health and Addictions Services--later rebranded as Behavioral Health Division--as its Real Choice Systems Change Grant Coordinator in 2002. It was our belief that OCAC would operate similarly, as a peer driven body. My, how mistaken we were.

Policy and OARs for the formation of OCAC that required members of OCAC to be appointed by the Director of OHA or their designee. An application for board membership included a rubric system to ensure equal representation across the State. Addictions and Mental Health (Behavioral Health Division) interpreted OARs and policy to allow people to be removed from this body for conduct it deemed inappropriate. As a result, AMH removed one of the strongest peer voices in Oregon, Robert Drake Ewbank, for his protestations regarding the oversight of OCAC that limited the peer voice, and its intended peer-driven nature. I was working as a residential development coordinator at AMH and could not be a member of the board during that time. My efforts to advocate for Mr. Ewbank's reinstatement on OCAC fell flat.

In addition, the Behavioral Health Division rarely responds to OCAC requests or actions. In effect, OCAC cannot inform the Division because the Division itself does not seek true peer input into service delivery and policy. This must change.

I strongly believe that a peer informed decision-making process is vital for the Behavioral Health Division to achieve its mission; and I strongly endorse SB 721A to remove the unintended handcuffs from OCAC.

Thank you for your close attention to this matter.

Best Regards,

Michael J. Hlebechuk