

Chairs Lieber and Kropf, members of the Committee, for the record my name is Shannon Jones Isadore and I'm a resident of Portland, OR.

I am the CEO and founder of Oregon Change Clinic, the only culturally specific Substance Use Disorder and Mental Health treatment center specializing in working with African American/Black populations and Veterans in Portland

Forced treatment does not work. Treatment works best when people are ready for it. We have a moral and public health imperative to make treatment available to everyone who needs it. It doesn't make any sense to create new laws and mandates that will be ineffective and put people at risk. If forced into treatment, people can grit their teeth long enough to check the boxes needed for release but will go right back to using again because they just weren't ready. For these people, post-release is a very dangerous time because their tolerance is low and they are at an exponentially higher risk of overdose.

A better solution is to dramatically increase our street services and outreach and make sure there's adequate care available. Slapping handcuffs on people already in trauma and hauling them away - as some people are proposing - would be cruel and we shouldn't force our police into that role.

That does not mean, however, that there should be no accountability. I am a United States Marine. I understand accountability. Our programs are highly structured, supportive and hold people accountable.

Clients attend several group and individual treatments throughout the day and week, they are required to show up on time (can not be more than 10 mins late) and must participate, which is a commitment to their signed treatment plan. Groups consist of yoga, substance use disorder, mental health, life skills training and the recovery gym. New clients have a buddy and are paired up when they need to go somewhere other than the clinic or housing. Clients will have 2 weekly urinalysis and more if needed. If a client is going to miss a treatment due to an appointment, they must show documentation which will be verified.

Our housing is mostly managed by Certified Recovery Mentors. There are room inspections weekly and a 'military' level inspection monthly (Where I show up and personally conduct inspection with the Peer Mentor. This is a wellness inspection, the room must be tidy, clean, organized, bed made with military wool blanket on top of bunk and military corners.

Everyone has a curfew between 9pm-11pm depending on which treatment phase they are in. After 60 days, clients can discuss employment with our Clinical Manager. If approved, clients must provide a work schedule that prioritizes treatment hours and their supervisors name and contact information. All clients have a roommate until they have reached 91 days in the program, at which point they can choose a single occupancy room upstairs for the remainder of treatment.

With Measure 110 funding we have been able to substantially expand our services. We have remodeled a dilapidated hotel in Portland that is now providing six months of housing for people in intensive outpatient treatment. When they graduate from this program they go on to stable housing, employment and the tools they need to continue their long term recovery. With expanded capacity, we could treat more people, provide more housing and extend our services that help stabilize people in crisis.

We cannot go back to the failed policies of the War on Drugs. Arrest records increase risk of homelessness, reduce job opportunities, and exacerbate cycles of poverty. Unfortunately, Portland police arrest Black people at a rate of 4X higher than white people and have the 5th

arrest disparities in the nation and our state has some of the deepest incarceration disparities in the country.

The reliance on punishment and prison hasn't worked for any of us. We need to invest in proven solutions like mental health and addiction services. We cannot arrest ourselves out of this crisis. We must demand our leaders advance real solutions that increase access to care.

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