



February 7, 2023

Chair Nathanson, Vice-Chairs Reschke and Walters, Members of the Committee,

Please consider my written testimony in **opposition** to HB 2089 as a resident of Oregon House District 18, as a mother and grandmother, as a person in long term recovery from drug addiction and as a substance use service provider.

In November of 2020, Oregonians were given the opportunity to make a difference and fight back against the “war on drugs” which is what we did. We sent a clear message that the we wanted and **needed** change when we passed Measure 110. I knew, and assume many others knew, that the needed change would not happen overnight since we didn’t get to the place we are at overnight. Nixon waged his public “war on drugs” as “public enemy number one” in June 1971. Ironically, 30 years later in June 2021 Senate Bill 755 was passed allowing for the framework and funds to support the needed changes. Once the foundation was set (18 months after initial M110 was passed) there was still more work to be done before the funds could be put out into the community to serve those with the greatest. Grant applications were submitted by organizations in every county across the state with a directive to focus on low barrier screenings, assessments, intervention planning, mobile outreach, peer services, housing, and harm reduction, all of the things known to actually work with supporting recovery. After another year of application reviews, oversight, public meetings and limited OHA oversight and support the funds were finally put into the hands of the providers.

In July 2022, approved SUD providers started to get the necessary funding to employ staff, rent/purchase buildings, coordinate and build connections within our respective Behavioral Health Networks (BHRNs) and to begin putting into motion the work that was asked for initially in November of 2020. There have without a doubt been hurdles along the way to get us (BHRNs) to where we are today and will likely be more hurdles to get over as we move forward. We, as the providers, are 6 months into a process that is tasked with undoing a mess that took our country 30 years and trillions of dollars to create...I want to say it again...Boots on the ground providers are only 6 months on the job and motivated to provide Oregonians with the support and hope they need to recover. The early data numbers in the recent Secretary of State Audit even reflect that it is too early to decide if what we are doing is working or not, so it does not make sense to start pulling funding.

As a program director of an adolescent substance use program I want to share some information that was not captured in the recent audit to hopefully demonstrate what just one program has been able to do since July of 2022. We have increased our clinical staff from 4 CADC’s to 8, increased Peer support from 1 to 2 PSS’s and have added 2 case managers. We have able to screen perspective clients within 24 hours of first contact and get them scheduled for an alcohol and drug assessment within 5 days, often times sooner. We do not have a wait list to enter our program and have not had to turn away a single youth or family seeking support since July. We are able to have peer support in place prior to the assessment to support the youth through the process and build motivation for change. Our case managers are able to support youth and their families with much needed resources through one of our various internal programs or by connecting them to other programs in the community. Our entire team is 100 % mobile and we are able to reach youth in rural parts of Clackamas County where substance use/abuse services are not available. We have been able to provide youth and families with Naloxone and lock boxes to reduce the risk of harm and prevent overdoses. We have strong relationships with most of the school districts in Clackamas County and are able to provide prevention services to youth who have not yet started experimenting with substances without impacting our ability to provide direct care to those in need. We have doubled our client census in our 3rd and 4th quarter of this year in comparison to the previous

year and will likely triple our client census for the 1st and 2nd quarter of this year compared to last. The BHRNs have also opened up wonderful lines of communication with other community partners and we are all working together to support each other and the people we serve. All of this has been possible due to the ability to employ more staff and focus on the care and not the billable hours.

For the first time in 18 years as a provider working in the substance abuse services field, I too have hope because of M110 and the funding made available for services. I have hope that youth across the state will be supported in a way that promotes physical and emotional wellness combined with support around substance use and/or thoughts of substance use. I have hope that M110 will help to end the stigma around substance use disorders, harm reeducation services and help to start the conversations we should have started to have 30 years ago, instead of institutionalizing people. I have hope that people will be able to find the services they need, in every county in the state of Oregon, to make the changes they want to make, when and where they are ready to make them. I have hope that people won't have to experience the loss of a friend, sibling or family member to an opioid overdose because there will be more Naloxone available to people than opioids.

Again, I ask you to consider my testimony in opposition to HB 2089 to help keep the hope alive not only for providers like myself, but also for the people we serve.

Respectfully,

Michele Bradfute

Michele Bradfute BS, CADC II

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