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IN SUPPORT OF THE SENATE BILL 432-1
“The Consumer Engagement Act of 2023”

March 3, 2023

Senate Health Committee
Oregon Legislature
Salem, OR 97301

Dear Senate Health Committee and Chair Patterson,

Please find here my letter (in addition to short testimony and another posting of a resolution of the State of Oregon mental health Consumer Advisory Council) in support of SB 431. As a disclaimer I am the Chair of the State Consumer Council though I am appearing here as an individual, as the Bill was not ready to be endorsed due to timing of our statewide meetings - other than our Council’s earlier recommendations to support such actions that will create robust consumer networks in the state as well as re-vitalize the drop in and club house system as a way of creating empowered communities that persons can access for socialization and other supports, as well as obtain the basics of trying to provide peer support.

This will complete my testimony that was shortened due to available time limitations and contains some points that did not get full coverage in the live hearing and likely deserved mention.

The acute care system and the hospitals in the state are perennially complaining about resources, staffing issues, and a lack of appropriate community supports and referrals when person are either at risk or are exiting acute care or the state hospital system.

For years the state has ignored and underfunded a wide net of serious outreach to support people in their homes and communities, and almost eliminated most successful peer networks and organized consumer efforts to provide less expensive, recovery based, explicitly humanized, and socially engaged services and supports.

This has led to a system that is basically comprised of drugs and some counseling with an expensive crisis back up and hospitalization component that is failing on a daily basis to make a difference in the lives of consumers and persons with mental health labels.

I see SB 432 as a way that for a fraction of the costs of licensed care elsewhere, that the state can make an investment that will rekindle and re-energized community based supports for persons that both want to advocate for better and more appropriate care, they wish to participate in their own recovery and mental health prospects, and do so with persons and institutions that will respond to their needs in a way that can truly make a difference. The concept of warm lines, outreach, drop in centers, technical support, conduits of funding access, and various models of peer run enterprises that serve those specific needs in a highly attractive and empowered way would create progress that has so far been lacking since the last iterations of this concept were defunded due to budgets and actions of the Emergency Board (E-Board) out of session after the funding survived six separate budgetary votes and brought 300-400 consumers to the capital in support.

Simply put, if you want to make a difference in people's lives and you want to improve outcomes, the system must resolve to allow some of its resources to flow to those that truly want to and will make a difference in people's lives.

The person that consumes the least amount of resources and the most efficient amount attention from your clinical and acute care system is the person that is actively engaged in meaningful activities and actively engaged in

The Bill's activities in its first year will see and assist more consumers and patients than are served by all of the acute care facilities in the state as well as the state psychiatric hospitals. Just the cost of operating the Junction City hospital is approximately 40-50 million dollars a year -not- counting the cost of getting the people into the hospital, which includes law enforcement, courts, community and business disruptions, emergency room and crisis services visits, as well as the cost of the Counties executing the commitment process to deprive the person of the civil liberties based on their acute care needs.

The cost of one year of statewide technical assistance and networking of peers and resources is less than one million dollars, and will facilitate a myriad of advantages and empowering alternatives in the community not to mention facilitating the economy of input from advocates and consumers who are looking again, to change people's lives, save them from being warehoused as society's non functioning driftwood, and create real measurable outcomes in terms of empowerment and ability to live lives that have importance to the individual – as contrasted with their being essentially monitored for compliance and programmed for maintenance... rather than recovery and the re-discovery of their life projects and possibilities.

I urge you to re-start the investment in those that know what they need best as they both grow, organize themselves, and can benefit from a centralized independent peer agency that is dedicated to improving their lives and the help that is available to them. The SB 432-1

amendment is the correction of the early mistaken Legislative Counsel wording to reflect that this should be a statewide and centralized resource able to reach out from one stop to all of the services and agencies in the state.

I strongly encourage you to take a modest progressive step likely to have a large impact on what is an underserved area whose most interesting feature is that these are services that are self sustaining and will perpetuate their benefit due to the involvement of people in having control of their own lives, their own policy points of view, and an empowerment to make coherent and positive choices about what works for them – instead of a clinical model that is growing exponentially in expense while being overwhelmed and returning fewer and fewer real results.

Thank you for your time,

R Drake Ewbank [electronically signed]

R Drake Ewbank, QMHA, PSS, PSW, PWS, PCA

Member:

Lane Consumer Council;

State of Oregon Consumer Advisory Council, and;

Pacific Source Community Advisory Council.

(Part of the advisory committees of the CCO's

Trillium and Pacific Source Community Solutions - OHP Medicaid)