

Submitter: Jerry OSullivan
On Behalf Of:
Committee: Joint Committee On Ways and Means
Measure: SB5506

Thank you, Co-Chair Steiner and Co-Chair Sanchez and the members of the committee, I am Jerry O'Sullivan Chief of Regional Business Operations for Adapt Integrated Health Care. Included in our services are outpatient and residential addiction treatment for addiction across four counties in Southwestern Oregon: Douglas, Josephine, Curry, and Coos Counties. Our services also include primary care with integrated behavioral health and community mental health programs (CMHP).

Funding through Measure 110 and the BHRN Grants has allowed us to add 26 Peers to do outreach to the unhoused to connect them to treatment (across 4 counties) , invest in a Regional Residential Addiction Treatment and Detox Facility, add housing for people who are unhoused and want treatment/services, and to develop an Academy to train Peers and certified alcohol and drug counselors (CADC) to increase our workforce so we can fill the positions we are adding.

- Outreach is not billable and needs to be supported through a funding mechanism to get the work done. This funding has done that.
- Investment in residential capacity has been lacking for decades in Oregon and this funding has allowed programs like ours to invest in this.
- All Housing is in short supply and Behavioral Health housing in particular is more difficult to come by. This funding provides both emergency gap housing and investment in projects that help people transition from treatment into stable recovery where they are supporting themselves.
- The Behavioral Health Workforce is the greatest unmet need we have faced in the last 5 years and this funding has allowed us to develop some resources to address this issue.

The grants that came out of the Measure 110 process were challenging due to the lack of definition that accompanied some of them, but they also allowed a lot of flexibility in the way proposals were designed. We were able to include programing, services, infrastructure, and training.

The infrastructure work will take longer, and its impact will be even more impressive. Residential Treatment Capacity is a known gap in the state with wait-lists everywhere. Allowing programs like ours to include some funding for larger facilities, this allow for an update and increase in capacity that is long overdue. Our work on the Regional Residential Campus will break ground this year and continue over the next 2 years, with 50 units of housing included as part of the plan. Other housing plans in other counties will come online over the next year.

Increasing residential treatment capacity and moving people into housing as they complete residential treatment and transition to outpatient treatment. That eliminates a major barrier to remaining engaged. Each transition is a risk to recovery and if there

is a barrier put in the way of a client, they are far less likely to make it all the way through. The transition a person goes through from residential to outpatient is one of the riskier ones because there is a need for housing that a client may not have. Programs that can include a housing component have become a game-changer for clients without housing resources.

Continued support for these services and investments in infrastructure like this will allow these projects to provide a continuing benefit for the foreseeable future. It is an investment in the future of treatment in Oregon.