



Oregon State
University

College of Health
Extension Family and Community Health
Oregon State University
125 Ballard Extension Hall
Corvallis, Oregon, 97331
Desk 541-737-8712 | **Cell** 919-593-5822

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Joint Committee on Addiction and Community Safety Response
Oregon State Legislature
900 Court St. NE
Salem Oregon 97301

Dear Co-Chairs Kropf and Leiber and Members of the Committee,

My name is Allison Myers and I serve as the Associate Dean for Extension and Engagement at the College of Health at Oregon State University (OSU). In this role I lead the Family and Community Health Program of the Oregon State University Extension Service. The Extension Service is the outreach and engagement arm of your land grant university, and we provide information and expertise to help meet local challenges and help every Oregonian thrive.

With this written testimony, I am writing to provide information relating to the -18 amendment to House Bill 4002 requested by Representative Mannix.

The -18 amendment asks the Oregon State University Extension Service to “oversee a project to accelerate the promotion of behavioral health in Oregon by (1) Convening local committees from across the behavioral health sector to develop a plan to promote behavioral health; (2) Facilitating community conversations about mental health and substance use; and, (3) Contributing to any follow-up actions taken by counties or regions that choose to participate in the project.”

Our team at OSU Extension would be happy to convene, facilitate, and contribute to the follow up from additional *Community Conversations about Mental Health* that are described in the -18 Amendment.

The -18 Amendment efforts would build on OSU Extension’s grant-funded behavioral health work. Since 2019 and with *only* external funding, Oregon State University Extension has been working to promote mental health, and to prevent disordered substance use and deaths of despair from suicide and overdose with programs such as [Coast to Forest](#), [Farm and Ranch Stress Assistance](#), [Combating Overdose through Community-Level Intervention](#), and the [AgriStress Helpline for Oregon](#) (2023 SB 955). Broadly, the work has involved education and training, promoting local resources, convening of cross-sector partners, and building workforce capacity. As you know, all of our work at OSU Extension supports the implementation of evidence-based interventions – or “doing what we know works” to improve health behaviors and outcomes.

Our convening and community planning work involves the evidence-based practice called *Community Conversations about Mental Health*, and we have led this effort in six Oregon counties: Columbia, Clatsop, Malheur, Tillamook, Umatilla and Union. This is a structured series, with four 90-minute work sessions, that was launched by the US Substance Abuse and Mental Health Services Administration nearly two decades ago, and that our team has adapted for impact in rural and remote Oregon.

It is important to note, that during [our 2022 needs assessment](#) interviews with 27 public health and public safety leaders in the Oregon-Idaho High Intensity Drug Trafficking Area, the largest need identified [in the Measure 110 context](#) was to foster “a full-spectrum collaborative effort,” that would be strengthened by bringing partners together.

The *Community Conversations about Mental Health* process takes a set of diverse and committed community stakeholders from (1) sharing experiences, through (2) building a prevention-treatment-recovery system map and (3) assessing gaps in the system, to (4) planning for solutions/action. The goal is to build on community strengths to address gaps, and to make informed decisions about resource allocation. Following the Conversations, counties have:

- Improved understanding of the local situation, including the prevention, treatment and recovery activities and resources that exist, along with those that are missing.
- More knowledge of one another’s roles and responsibilities and stronger working relationships.
- A written action plan that can be followed to address gaps and implement innovative practices.

As an example, Tillamook County Community Conversations about Mental Health have contributed to securing grant funding, sharing information, coordinating programs and services, filling gaps and working toward prevention among behavioral health, health care, public health and public safety partners. Partners in Tillamook have added peer-support programs at multiple agencies; are offering new, more frequent harm reduction services; have trained doctors on prescribing practices; and conduct treatment court. Here are examples of Community Conversations about Mental Health reports from [Tillamook](#) and [Union](#).

As of this writing, in Malheur County, leaders across the public health, public safety, healthcare, and education sectors have prioritized (1) an interagency coordinated task force, (2) a youth mentoring program with safe places to be, to prioritize upstream prevention, and (3) a crisis stabilization center in the area.

OSU Extension is ready to help accelerate behavioral health promotion in Oregon by convening local cross-sector planning committees, facilitating the four-part “Community Conversations about Mental Health” planning series, and contributing to follow-up actions in Oregon counties or regions that invite us to join the work.

I am happy to answer questions at any time. Thank you for all you do.

Sincerely,



Allison E. Myers, PhD, MPH
Associate Dean for Extension and Engagement
Program Leader, Extension Family and Community Health
allison.myers@oregonstate.edu