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Senator Laurie Monnes Anderson, Chair, Oregon Senate Human Services Committee.
Senator Dennis Lithicum, Vice-Chair
Senator Lee Beyer, Member
Senator Shemia Fagan, Member
Senator Tim Knopp, Member

RE: Senate Bill 138

Senator Monnes Anderson, Senator Lithicum, and other Committee Members,

Please reject or amend Senate Bill 138.

I am a retired Psychologist and program administrator now providing mental health consultation, training, and support services to organizations and individuals. I managed the Linn County Mental Health services for four years, and have provided clinical services in four additional states, and have also managed programs in three of those states.

Oregon Senate Bill 138 addresses the re-establishment of the Mental Health Clinical Advisory Group and its goal of establishing medication algorithms. Over the past several years, much national and international research has accumulated to provide guidance about the utility of guidelines and medication algorithms, some supportive and some not. There have been demonstrated benefits from the use of medication algorithms within efficacy research conditions (controlled "laboratory" conditions), but limited benefits and some difficulties when investigated within effectiveness research conditions (real-life use of the algorithms in real-world clinical environments while facing the challenges of daily practice conditions).

I am proposing the following issues be addressed and reflected in either a rejection of the proposed re-establishment of the Mental Health Clinical Advisory Group, or a modification of its requirements for re-establishment and functioning:

1. What is the need for Oregon time and money to develop medication algorithms given the now-prevalent national and international medication algorithms?
2. Do not create new algorithms unless they would fill a gap in guidelines unique to the needs of Oregonians which existent algorithms do not address;

3. Require that the algorithms lead to a reduction in documented patterns of overprescribing;
4. Include existent algorithms for deprescribing medications based on current research confirming negative health effects from the unnecessarily prolonged use of the medications;
5. Essential inclusion of an actual consumer of psychiatric medication therapy; and only the supplemental inclusion of a proxy representative of a direct consumer, e.g. a family or support individual.

Thank you.

Jacek/Jack Haciak, Psy.D.