Co-Chairs Beyer and Nosse and members of the committee,

My name is Stephanie Siriex, I am a member and steward of AFSCME Local 173 and work at Polk County as a correctional behavioral health counselor. I am a certified alcohol and drug counsellor 3 and a licensed professional counselor. My current caseload includes people who are currently in jail and people I worked with in my previous role at the county as a dual diagnosis/co-occurring illnesses counsellor. I appreciate this opportunity to provide testimony in support of increased funding for behavioral health services in the OHA budget, SB 5525.

We have a broken system, that is difficult to access, doesn't seamlessly connect people to the services they need and we don't have enough programs or workforce to support the need. In my almost 9 years of service, I have worked with countless people experiencing mental health illness and substance use disorder. There isn't a day where connecting the people I work with to the services they need is easy. It should be the easiest part for them getting help. For example, a person on Medicare can't access addictions treatment if they are not already in the hospital, thus creating a situation where they have to wait weeks or months to get on Medicaid or otherwise have something that would require hospitalization. People in crisis can't get to residential care because they aren't in the criminal justice system, and for those who do qualify for residential care treatment, the wait is long and when a bed does open, it likely is in a community other than their own. People leaving treatment centers aren't assured access to housing, putting them back on the street and at risk for relapsing.

In January, I helped a young person get connected with services and then home after he was released from jail without medication, no longer on OHP and with no transportation options. When a person on the Oregon Health Plan goes to jail they lose OHP which provides their medication, they then lose that medication that is keeping them stable. That person is then released having to reapply for OHP and wait at least 30 days without connection to a prescribing provider and likely experiencing the "bounce back" symptoms of their mental illness and likely additional symptoms from the withdraw of the medication, putting them back into crisis. Their parole officer doesn't connect them with the services they need, but simply sends them on to the next stop on a list of stops that includes all the various types of supports they need, health care, treatment and mental health supports, connections to housing. Many times, the person will have to wait weeks or months for an appointment with a counselor or a prescribing provider or getting connected to other services to help keep them stable. There aren't enough of us doing the work and there aren't enough services/beds/options for those in need.

Another client from my previous caseload was recently released from a 90 day substance use disorder treatment program and because this person isn't also in the criminal justice system, as they transitioned from that treatment program, they weren't given critical wrap-around services that include access to housing. Now this person is back out on the streets where on really cold and rainy nights their only option for a dry and warm place to sleep may be the trap house where they used drugs before their treatment.

Most heartbreaking was my client who was in crisis last fall. She was in and out of the hospital emergency department, yet not able to get connected with immediate services because she wasn't in

the criminal justice system. Her interactions with law enforcement were solely in response to her "disruptions" to the community. She was not a threat to others and had not been perceived as someone who would harm herself. She was scheduled to see a prescribing provider however, her appointment to get her the help she needed wasn't soon enough and she wasn't able to wait and ended her life.

While I'm supportive of Policy Option Packages to invest in improving the infrastructure of our behavioral health system, I think it is important to acknowledge that there are not enough of us doing the work and there is a great disparity in pay for those of us who do the work. Without a robust behavioral health workforce development program that gives people at every level of care affordable access to training and educational opportunities we won't be able to quickly build up and support these critical programs. We also need to ensure those doing this work are supported through pay that supports the level of training, education and experience a person has, as well as other supports including time off and access to their own behavioral health supports and self-care.

I know that you have very difficult budget decisions to make about so important services and I realize the need is much greater than the resources. But investments in ensuring people have connections to the behavioral health services and wrap around supports they need will provide for cost savings in reduced law enforcement interactions, and housing people in jails and emergency departments. Investments is supporting a stable workforce will help provide for better outcomes for the people they work with.  Please invest in behavioral health services.

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**Medicare does not cover**

- Addictions treatment unless the person is hospitalized.
- Mental health unless treatment is provided by LCSW- this leaves out LPCs (who are equally qualified with possibly a more intense licensing process) creating shortages in providers across the board.

**Severe deficits in programs for acute care**

- Transportation through OHP requires 24-72 hours' notice. What about for crisis?
- No level of treatment between outpatient and residential treatment. Acute day treatment with peer support, transport, meals are needed.

**Homeless clients**

- Housing lists are scattered vs centralized.
- Many restrictions for shelters such as religious preference= discrimination against LGBTQ
- No supports for those getting out of jail, residential treatment, hospital. Clients resource navigators ASAP.
- Homelessness often prevents client from prioritizing treatment creating a bigger problem with MH/ wellness.

**Stability of Oregon Health Plan**

- Clients get kicked off of OHP when they go to residential treatment or jail.
- Client must reapply and wait sometimes months before coverage is reactivated.
- The assumption OHP makes is medical is taken care of at the jail. Jail charges $10 minimum for each medical visit. If client has no money on books, treatment may not be provided.

**Mobility**

- Pay gaps for providers create accessibility problems for both clients and providers.
- Comparison of wages; Pay can be lower in cities than rural counties where population is lower/ need is lower.
- Limits mobility of behavioral health workers. Cannot go to where the "need" is if counselor cannot meet their own needs.

**Disabilities services**

- 31% of clients assessed at Polk County since 2012 have reported head injury.
- Clients with traumatic brain injury do not qualify for developmental disabilities services because they were not "born with it".
- Client with TBI blow out of mainstream classes and treatment because their needs are not addressed.