

Testimony

Chairperson Prozanski, Vice Chair Thatcher and members of the committee:

Thank you for allowing me to present today. My name is Amy Ashton-Williams. I am the Executive Director of Oregon Washington Health Network, known as OWhN. We operate in Union, Umatilla, Morrow Counties in Oregon and in Walla Walla county in Washington. As a network, we have health providers in all counties, including Yellowhawk Tribal Health Center, working together to identify health gaps and as a network we strive to fill those gaps.

I am here today to talk to you about the needs of rural Eastern Oregon. As you know, our rural communities have limited resources, a lot of miles between each city and a scant transportation system. Additionally, services that are linguistically and culturally specific are almost non-existent in rural Oregon and if there is a program that is linguistically specific, often those services are modeled around a pre-existing system that does not account for cultural differences. Umatilla County's Hispanic/Latino population makes up 23.9% of the total population (one of top five highest rates in the state).

Through Federal funding, our network has researched and implemented services that were shown to be the largest needs in our network: more Medication Assisted Treatment Providers and a substance use disorder crisis/respice center that is fully staffed by peer mentors. This center allows law enforcement and other agencies to refer and "drop off" individuals in need of substance use disorder related services. This is an alternative to jail, emergency departments, detox facilities or mental health facilities.

I wanted to share this history with you so that you are aware of the work that is being done in rural Oregon but this is not work that can persist without state support. Here me when I say this, we are small! We have 3 full time peers that service all of Umatilla County, which includes 2 hospitals AND we operate 24 hours a day, 7 days a week. We are busy, all day, most nights and with our federal funding ending in about a year, we worry that without more consistent funding, the individuals we serve will be jailed or hospitalized.

I also need you to hear the impact that peers are having in our communities. Our peers have one goal in meeting with individuals: create a positive, kind and caring relationship with everyone we encounter. Our peers do this by meeting with individuals during tough or stressful times and offer hope. This positive engagement provides us the opportunity to have an impact with each individual we serve. We know that many people that we meet in the emergency department, in our clinic, at the free lunch line, in jail, at an outreach event, etc, have a variety of needs, substance use disorder treatment may be one of those needs. Our concern, first and always, is creating a positive, kind and caring relationship with them. Then we ask, "How can we be helpful?" This may be that we help them get food or clothing. It may be that we help get them an appointment with our Medication Assisted Treatment provider or get them in to see a dentist. It may simply be to sit with them while in the emergency department because they have no family and they are scared and lonely. This is our peers doing a full health screening! We

do all of this work, because we know that when these individuals are ready to engage in substance use disorder treatment or engage in Medication Assisted treatment or have any need, they will call us. How do I know this? Because I have witnessed this over and over again. Why does this matter? Because we all need someone and someplace in this world that accepts us and helps us.

We cannot wait for future funding and the citizens of rural Oregon in need of Substance Use services cannot wait. We cannot further penalize individuals suffering with a chronic health condition of substance use disorder. We cannot jail or incarcerate individuals suffering. We must start using our scientific lens and understanding substance use disorder as a medical condition, much like heart disease or diabetes, and offering kind, caring and compassionate services. I hope you don't hear harshness in my words, but rather a pleading or a call to say we must stand up for those that are unable to stand up for themselves.

Further, we must create a more robust substance use treatment system in rural Oregon. One that encompasses entire families and must be linguistically and culturally specific. The only way to do this is to get funding out immediately to agencies that are already integrated in our communities. Measure 110 was designed specifically to get this funding out and serve our citizens. Thank you for understanding the urgency and desperate needs that exist.