Good morning, Madam Chair, Vice Chair, and Committee Chair Members

My name is Carrie Luke and I work as a Mental and Behavioral Health Specialist for Eastern Oregon Center for Independent Living. Although, I am testifying as an individual in opposition of HB2089. I work 10 hours a week serving Umatilla County for the BHRN grant. I am here today requesting that Measure 110 be fully funded to continue to serve as low-barrier access to SUD and Mental Health Services.

In the past 8 months, working 10 hours a week for this grant, I have been able to serve 57 individuals (the vast majority with comorbidity) in a multitude of services. I provide two classes in two different locations to provide access to more participants (one focused on mental health and one focused on SUD). Through offering those classes, I have been able to engage with individuals and provide educational opportunities and continued engagement with them. This has led to individuals seeking individual services to address, diagnose and be referred for a multitude of services provided by our agency, BHRN partners, and other community organizations. Some of these services have included harm reduction, reduced use, access to peer support services, obtaining a diagnosis and getting referred to see a mental health prescriber, which has led to a decreased need to self-medicate with substances. Some of these clients have also chosen to participate in inpatient treatment. The importance of continued contact and more immediate access to services is key in providing services at the time the individual is ready to address the issues. This has given me the opportunity to work at their pace, to do ongoing work to address casual issues, and to work on their readiness to change. We have served clients as a walk-in basis, referral from community partners, self-referrals from classes, and now are receiving referrals from clients who have previously accessed services (are maintaining recovery) and referring others in need. Honestly, the need is quickly surpassing current resources and we could benefit from having additional clinicians to address the need.

One example of this is an individual who was in inpatient treatment and stalled in his progress. In working closely with our amazing BHRN partners, they requested I meet with the individual to address potential MH conditions. After one session, it was quickly identified the client had an untreated MH condition. I was able to quickly diagnose him, and we were able to have him seen for his MH condition to be treated with medication. He quickly made progress in treatment and is now stable in recovery. This would not have been the likely outcome if he was waiting to be treated by traditional means.

To address HB2089, I would like to say, I have worked in law enforcement for 10 years. I worked as a Correctional Sergeant for Oregon Department of Corrections. In that time frame, I would see individuals come into the system with drug charges, and while serving time be exposed to criminal thinking patterns which would make them recidivate and come back with higher severity crimes. Essentially, we are sending substance users to criminal school. The criminal justice model, the “War on Drugs” has been in effect for my entire life (and I am expecting my third grandchild…if that gives you any idea how long this has been going on) and has failed at decreasing substance use and has led to an overcrowding and robust prison system and unmet mental health needs. I don’t know if anyone hearing this testimony has spent much time in prison, but I can tell you it is anything but a therapeutic environment. Most of the time, staff are outnumbered as 75:1 and sometimes 100’s:1. While many of the staff members truly try their best to create a pro-social environment, they are simply completely outnumbered to offset the 74 other people role modeling antisocial behavior. Additionally, anyone who has worked in a jail or prison know individuals with mental health issues are some of the most susceptible to extortion and continued

abuse. As a Behavioralist, I know long-term behavior change is not effective by punitive measures, if this were the case, we would no longer have the need for jails/prisons. It has truly never made sense to me, when we know substance use is an illness to think that we can use punitive measures to coax them out of their illness. It would no more make sense to round up everyone struggling with diabetes, throw them in jail and expect at the end of their sentence to be able to manage their blood sugar better. The point being, we haven't had adequate mental health funding since the Carter administration and we are reaping what we have sowed. We must fund mental health and substance use programs to tackle mental health and substance use issues. Largely, healthy people don't use…sick people use, people that have high ACES scores (people who have been victims) are the people I see in my office every day.

I am urging you keep funding streamlined to providing mental and behavioral health services which can address the root causes of addiction. Those of us working in the MH/SUD field know comorbidity is the rule, not the exception. We need to focus our energies on the reasons people feel the need to self-medicate and treat organic mental health conditions, trauma, root causation. If we want any chance, at all, to tackle substance use, we must focus on mental health.

Thank you for your time.