

Karena Bayruns
Portland, Oregon
2/28/2023

Dear Chair Patterson and Members of the Committee,

I am writing to encourage you to support Senate Bill 432-1 (with amendment 1). The behavioral health consumer-run technical assistance center established by this bill would have two main consumer engagement functions that would strategically advance truly patient-centered care in Oregon on different levels:

- (1) providing information, outreach and training to consumers of public behavioral health services so they can learn how to find opportunities and be more prepared participants in policy and service planning meetings, and
- (2) providing information, training and consulting to grassroots peer-run service providers that need guidance on management best practices, constructive board development, and funding stream guidance.

Most of the information resources about the technical aspects of service delivery currently available are geared towards large organizations with payroll for multiple executives with M.P.H., M.P.A., M.B.A., and J.D. degrees. Formal education paths can often be hindered or derailed either temporarily or permanently for people who have behavioral health challenges, and this technical assistance center would be an equitable hub for information for people with challenges who have valuable insights to contribute to advisory committee meetings, boards, or as role models on the staff of peer-run organizations, even if they got their master's degree from the "school of hard knocks."

I have previous experience working for a national consumer technical assistance ("TA") center based in Pennsylvania that was funded by a federal grant, and I regularly provided information and referrals to consumers and state-level consumer TA centers across the country like the one that would be created by this bill. So, I have seen first-hand how state-wide consumer-run TA centers have made a dynamic difference in many different states. Patient-centered service delivery can flourish when bureaucratic concepts and structures are explained in layman's terms without the inadvertent condescension and assumptions that can awkwardly come from people without lived experience of discrimination and stigma. Let the TA center this bill would establish develop the explanations and outreach Oregon needs for behavioral health consumers, so the executives of all those behavioral health agencies and the consumers with whom they connect can feel confident working together productively in meetings despite power imbalances and other cultural considerations.

I work in a university downtown and when I go to work every week, it is obvious that the current behavioral health services available in Oregon are insufficient. *The State of Mental Health in America* published annually by Mental Health America also substantiates those observations by ranking Oregon near the very bottom of its ranked lists of states for a number of years. In this year's MHA report, Oregon is ranked 50th for "[overall mental health](#)" and ranked 48th for "[adult mental health](#)" and ranked 30th for "[access to services](#)". Oregon has many compassionate, talented service provider staff members who are working really, really hard, but it appears the services consumers are accessing are not meeting needs and not leading to good outcomes. We need more engagement with the consumers who use the public behavioral health services in an on-going way during service and policy planning in order to explore and troubleshoot the many, various, complex, catch-22 nuances of what can and must be improved systemically. Consumer input has to be more than talking to middle-class consumers with lived experience of employer-based private behavioral health services, and has to be more than multiple choice consumer surveys. Clinical providers also need stronger peer support service provider partners to assist more with the social determinants of health that make clinical services more sustainable. This bill will operationalize and make real an inclusion bridge Oregon needs for increasing knowledgeable and timely input from behavioral health service consumers with diverse backgrounds (e.g. folks with low incomes who currently use public mental services, criminal justice system experience, BIPOC communities, dual diagnoses, LGBTQI2S+ communities, different age groups, veterans, and all geographic areas in Oregon, etc.). Please support this bill to make hearing representative voices of consumers logistically feasible with effective, on-going outreach and education and not just something nice to say in a meeting. Thank you for reading this letter and making time to hear about this bill.

Sincerely,

Karena Bayruns
Board member, Oregon Mental Health Consumers Association