

Dear Chair Patterson and Members of the Senate Health Committee,

As a long-time systems advocate, I am writing to express my support for Senate Bill 432.1 that seeks to expand consumer engagement and equitable participation in behavioral health services planning and policy development. This legislation is crucial in improving the quality and accessibility of behavioral health services for individuals across Oregon.

Here are highlights that illustrate the value and importance of this bill:

1. The technical assistance (TA) center will increase consumer engagement and equitable participation in behavioral health services planning and policy development. This will ensure that the voices of individuals who access behavioral health services are heard and incorporated into decision-making processes.
2. Peer-run organizations play a critical role in supporting individuals with behavioral health needs. SB 432.1 will add resources to improve services and supports for these organizations, which will help them better serve their communities. In addition, individuals who receive services from peer-run organizations tend to have improved mental health outcomes, more satisfying lives, and often move along the road to mental health recovery more smoothly. This results in better lives with lower mental health resources utilization.
3. Many individuals are unfamiliar with how governmental processes work or how to find and work effectively with other funding sources. This legislation will provide guidance and support to help individuals navigate these systems.
4. The TA center will be led and staffed by individuals who have accessed behavioral health services. This will leverage their insights into accommodations and strategies that helped them achieve recovery and ensure that individuals with lived experience are at the forefront of service provision.
5. Developing skills in advocacy and self-advocacy is critical for individuals living with disabilities, trauma challenges, discrimination and stigma, and other diversity and inclusion hindrances. SB 432.1 will help individuals develop these skills while coping with their own challenges.
6. The TA center will offer ongoing recruitment, training, mentoring, and information to those who are interested in better understanding the jargon, acronyms, and how our services are organized before taking the next steps. This will ensure that individuals are equipped with the knowledge and skills to engage meaningfully in service planning and policy.
7. The center will provide crucial input and feedback from individuals who have

experience developing their own supports and using a variety of public services. This will help ensure that services respond to the needs of individuals and are tailored to their unique circumstances.

8. SB 432.1 seeks to include individuals with diverse backgrounds such as being formerly incarcerated, of different ages, and from BIPOC communities, as well as those with dual diagnoses, veterans, and those from the LGBTQ2S+ community. This will ensure that all individuals have a seat at the table and their perspectives are valued.

9. The TA center will train and educate individuals accessing behavioral health services on the technical aspects of service systems and policy. This will help individuals better understand the services available to them and the policies that shape service provision.

10. Finally, the TA center will be a stable, ongoing, and nimble source of support, training, and outreach to the 250,000+ person population of public behavioral health service consumers in Oregon. This will ensure that individuals have access to the resources they need to achieve recovery and resilience.

In conclusion, Senate Bill 432.1 is a critical piece of legislation that will improve the quality and accessibility of behavioral health services for individuals across Oregon. I urge you to support this bill and ensure that all individuals have access to the resources they need to achieve recovery and resilience.

Thank you for your attention to this important matter.

Sincerely,

Michael J. Hlebechuk