



Written Testimony of
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Regarding
**Support of SB 920, Accelerating the Promotion of Behavioral Health in Oregon with Health
Extension**

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Thank you to Chair Reynolds, Vice-Chair Anderson, and members of the Senate Committee On Early Childhood and Behavioral Health for considering testimony in support of SB 920.

I currently lead the Coast to Forest program at OSU and have been a member of the Coast to Forest team since 2019. As others have shared, our team has been braiding public and private funding to address behavioral health needs across Oregon (but especially in rural counties) for over 5 years. I led the implementation of *Community Conversations about Behavioral Health* in Umatilla County and supported the planning or evaluation in other counties. I have also conducted needs assessments in Oregon that indicate the continued need for supporting local leaders to collaboratively address behavioral health challenges.

In 2022, Dr. Allison Myers and I interviewed public safety and public health partners in 12 Oregon counties which are in the Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) about drug overdose efforts and needs; more than half of these counties are considered rural or frontier. With the current level of the substance use disorders and in the middle of the fentanyl crisis, local partners were overwhelmed by overdose response and inadequate intervention/treatment options. Due to system overwhelm, they lacked bandwidth to do relationship building and planning activities to address system-wide issues and “up-stream” prevention, although they valued and desired such work. Our key takeaway was that our public safety and public health partners could use an assist in bringing all partners together to foster “a full-spectrum collaborative effort.” This needs assessment directly led to funding *Community Conversations* in Umatilla and Malheur Counties. (The report can be accessed [here](#).)

During the Umatilla County *Community Conversations* held in late 2023, I listened as local partners discussed their unique challenges to prevent overdose fatalities, and to provide intervention and treatment in a system with many gaps and that was persistently under-resourced. The unique geography of the county made system coordination and transportation challenging. As each participant shared unique perspectives (which were often siloed), the group reached a common understanding of both local challenges and priorities for action. Participants galvanized around the need for affordable and available housing solutions not only for individuals with SUD but also to attract and maintain a qualified behavioral health workforce.

Since the Umatilla County *Community Conversations*, I have conducted needs assessment activities for other projects (including the 2025 Oregon Maternal, Child, and Adolescent Health Needs Assessment for Title V funding), convening listening sessions with adults and youth in rural Oregon counties. Consistent with our 2022 HIDTA needs assessment, there continues to be frustration about services, policies, and systems that are inaccessible or do not exist in a reachable distance, or are designed to reach urban audiences, or are misaligned to the needs of rural populations. Rural youth are concerned about mental health and substance use, which they see in both peers and adults. A recent

listening activity of youth in Malheur County indicated that youth both need and want a safe place to go, healthy activities to do, and adults who care about them. Developing a program for youth is a priority that came out of the Malheur County *Community Conversations*.

Community Conversations about Mental Health can create circumstances for local leaders to galvanize around locally grown solutions. In a context where state policies feel misaligned to, and imposed upon, them, reaching consensus around local created solutions feels empowering and restores sense of agency to both leaders and member of the behavioral health workforce (our team has seen this happen in real time).

Our team, along with our regional collaborators at Washington State University, is positioned to train others in replicating *Community Conversations about Mental Health* in Oregon and the Pacific Northwest. Funding from the [Northwest Rural Opioid Technical Assistance Collaborative](#) supported the creation of an on-demand training and toolkit to prepare others to implement *Community Conversations* in their communities.

In conclusion, thank you for considering my perspectives about what *Community Conversations* can do in Oregon communities. Still, it is one intervention when Oregon needs a comprehensive set of interventions, systems, and a qualified workforce to implement them. Oregon's behavioral health crisis is occurring in addition to other persistent health issues, all of which require coordinated effort to address. OSU Extension is uniquely qualified to work in this area due to deep trust in community and multiple areas of subject area expertise. I advocate for your support of SB 920 as well as for your support of SB 779, which will support the Agristress Helpline for Oregon, and HB 2408, which funds the OSU Extension Service and the Health Extension program.