

**Stand Alone Consumer Coalition Office POP: approximately \$1,050,000
(this includes about \$600,000 of peer delivered services)**

2 Basic Components

1. Establish Office of Consumer Affairs

AMH consumer affairs positions (\$392,000 for 2 FTE AMH PA3 staff, one for Addictions (to support recovery centers), one for MH); these positions would also provide technical assistance to ensure effective implementation SB 374 (20% consumer membership requirement).

Oregon is one of fewer than 10 states that do not have an Office of Consumer Affairs. Within AMH, and through four legislative bills, Consumer leaders in Oregon have petitioned the state to establish an Office of Consumer Affairs to address many issues important to individuals who receive mental health services, known henceforth as consumers or peers. Among these issues are: the absence of a designated, consumer voice within the Addictions and Mental Health Division (AMH); a need for state-provided technical assistance to aid in the establishment of consumer-run programs; and the development of a statewide network of consumer operated service programs to facilitate their mutual support and sharing of ideas. In addition, in its 2001 executive summary to *Offices of Consumer Affairs*, the National Association of Mental Health Program Directors encourages all “state mental health agencies to consider establishing an Office of Consumer Affairs as a mechanism to help ensure that consumers have a strong voice in state mental health policy development, planning and practice.” The establishment of an Office of Consumer Affairs would provide consumers a voice within AMH and address core issues among the Oregon’s consumer leadership.

An Office of Consumer Affairs would help achieve the following:

- ensure that consumers have a strong voice in state mental health policy development, planning and practice;
- monitor consumer-operated service programs for fidelity as an evidence based practice;
- provide technical assistance to consumer-operated programs that provide peer-delivered services;

- **oversee and monitor the certification of consumer-operated programs that bill Medicaid to ensure that Medicaid and state rules are followed;**
- build a statewide network of consumer-operated service programs to facilitate the sharing of ideas, policies and procedures; and
- provide technical assistance as needed to ensure at least 20 percent of the membership of all task forces, commissions, advisory groups and committees established by a public body, as defined in ORS 174.109, shall be consumers, with representation balanced by age. The membership of many such task forces, commissions, advisory groups and committees is composed of fewer than 20 percent consumers.

- The President's New Freedom Commission Report on Mental Health states establishing a service delivery system that promotes recovery needs to be the highest priority and envisions a day when all people with mental illness will recover. The establishment of the Office of Consumer Affairs as outlined above would be the cornerstone toward systemic change toward reshaping policies and mental health delivery toward a recovery-based system of care.

2. Expand MH peer delivered services

- \$100,000 for a statewide 24/7 warm line,
- \$300,000 for peer delivered services benefiting 300 people with serious mental illness, and
- \$258,000 for hospital-community peer bridgers assisting 90 people transiting to community settings);