



Testimony in Strong Support of SB 762

TO: Senate Committee on Judiciary
FROM: Treatment Advocacy Center
HEARING: Friday March 29, 2019 at 9:30 am, Hearing Room C

Dear Chair Prozanski, Vice-Chair Thatcher, and members of the Committee on Judiciary:

I previously wrote to the Committee on Judiciary voicing the Treatment Advocacy Center's support for extending the duration of an involuntary psychiatric hold for stabilization. During discussions with stakeholders participating in the work group to decriminalize mental illness in Oregon, psychiatrists with the most direct and relevant experience agreed that patient care would be improved by having the authority to treat and monitor an individual following a crisis for a longer period of time than current law allows. Specifically, by focusing treatment at this early point in a continuum of care and by having more time to stabilize and arrange for post-discharge services, many patients can avoid re-hospitalization and the eventual need for long term inpatient care in the future.

Each state adopts its own procedure for emergency evaluation and treatment, and thus there are fifty other models to examine in deciding the best course forward for Oregonians. SB 762 authorizes a period of custody for stabilizing a person in psychiatric crisis that is well within the range of what is authorized in other states. In *Grading the States: An Analysis of Involuntary Psychiatric Treatment Laws* (2018), we document the initial hold period by state but this captures only a part of the picture as most states provide for additional periods of involuntary hospitalization during which treatment can continue as doctors assess whether a petition for longer term inpatient treatment is warranted.

It is for Oregonians to decide what the best procedure for emergency treatment of psychiatric crisis should be, but I write to support a change to the current law based upon hearing from many family members that their loved are being discharged when they are not stabilized and still in crisis. Sedating an individual is not stabilization. Very sick individuals are being discharged and there is little families or psychiatrists can do about it under the current status of the law.

Emergency admissions are opportunities to intervene and stop a terrible cycle. Research shows that failure to adequately stabilize increases the risk of suicide after discharge. Oregon should listen to its medical community and give them the tools they need to capitalize on the chance to succeed and prevent heart-breaking outcomes.

The Treatment Advocacy Center collects and analyzes data for each state's involuntary treatment laws. We are happy to provide information to the legislature on how other states structure their emergency evaluation and treatment procedures for comparison at any time.

We thank you for your measured examination of these critical issues for very vulnerable Oregonians, their families and loved ones.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Dailey".

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