

Thank you, Senators for hearing this bill, and thank you to my friend Kevin Fitts for inviting me to speak.

My name is Lisa Morrison, I have the good fortune to live in Senate District 22 in North Portland, I've been an Oregonian for more than 30 years, I'm a healthcare worker, I'm a trained educator for NAMI's Family-to-Family program and a member of a NAMI family support group. I'm here in a personal capacity in support of Senate Bill 680, speaking to you as a family member whose loved one's acute symptoms has resulted in 2 hospitalizations so far.

My loved one's first hospitalization was dehumanizing: 5 nights on a stretcher in a hallway in an ER, forced along with other behavioral health patients to wear a set of scrubs in a distinctive color so they were easy to pick out from the other patients. Forced to give up their phone; accompanied by security personnel, not healthcare workers, to use the bathroom. Their second hospitalization was in a psychiatric facility, was lengthier, was even more restrictive for both our loved one and for us when we visited and was too large for staff to prevent them from being victimized.

This isn't therapeutic. This isn't healthcare. It's isolation from community life. It's prison with medication. The result is that now, at a time when they need inpatient care again, my loved one not only doesn't see how it can help but is terrified of the thought of it. As I would be. As you would be.

The alternative, beside living on the street (over my dead body) is to survive this crisis in our home. We have education and support, but we aren't mental health professionals and we can't provide the healthcare services our love one needs and deserves. And frankly, we're exhausted, and worried we're causing more harm than good. The strain on family life is intense and it's affecting our health and my job performance. Can you name another major illness our healthcare system abandons people in this way? I cannot.

You know as well as I do all the ways our behavioral healthcare system is broken. Certainly, if a bed can be found, there are times when a traditional hospitalization can be beneficial, to a point. Peer respite, as described in SB 680, is a missing piece in the continuum of care that we desperately need. Peer Respite will give people a more human, more humane, more therapeutic, and for the state, more affordable place to rest and heal after the intense trauma of an acute episode of illness, and by all accounts from successful programs, may reduce the intensity and length of the episode, and return people sooner than traditional care to a stable and satisfying life. Please support the passage of SB 680.

Thank you.

Lisa Morrison
Portland OR
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