

My name is Scott Spicer and I live in senate district 21 and House district 41 in Milwaukie, Oregon. I am opposed to SB 171 and HB 2467 and am urging you to stop committee review of this bill. I have lived experience with involuntary psychiatric treatment and I have worked as a Peer Support Specialist providing support to those who have gone through it as well.

You may have received evidence on why force is effective and I'm here to tell you that it is wrong. While force gets people into treatment and in many cases off the streets, it creates a power dynamic that from where you sit as a legislator only results in increased cost both by the amount of care required to implement forced treatment and the long term impact of folks who are told they can't work, they must take harmful doses of psychotropic drugs that disable them and the only way they can function is by remaining unemployed, system dependent, with no other hope for a better future.

I first experienced force in the final year of my Master's degree program. I was lucky though, I had family, was able to access good care and I found a way to get my life on track. However, as soon as I finished my required year of therapy after my involuntary commitment, the last thing I wanted to do was to make my mental health my highest priority. I had been harmed and carried those painful memories with me. I felt less than because of my diagnosis and I spent the better part of a year after my commitment in a deep depression, lost in how I would get past these experiences.

Once again, I was lucky. I had strong family support to advocate with doctors and get me off of antipsychotics that were disabling me and making it hard for me to function. Had this not occurred I would likely now be unemployed and system dependent. Many family members are told the only way to keep their loved ones well is by force. This will diminish anyone's capacity to feel they can take power over their wellness and to trust a system, including family members, that have harmed them. All of this to say, I do seek care for my mental health and I have since my experience with force. It took years for me to get to the point of making more of an investment in doing so at my own free will and with providers I can trust. Force did not help this, peer support did.

Just over 3 years later from my experience with force, after being harmed by an employer that did not know how to support someone like me and violated the ADA in the process, I began working as a peer support specialist. Through this journey I worked in various facets of the community mental health system, including in a case management program where I had to participate in the peers I supported, being forcibly committed psychiatrically. I saw how much it harmed their self esteem, physical functioning and the paradigm of a disabling system which was intended to help. When we say help though, we imply there is a problem.

If force requires someone else to dictate what the problem is simply by subjective observations and a signature on a few forms determines their fate, how is this different from sending someone to jail for a crime?

Having a mental health condition, being in an extreme mental state or whatever someone wants to call it, is not a crime. Nor should we be supporting bills like this that give power to mental health clinicians fresh out of graduate school, sometimes with very little real world experience, to make these decisions.

If you go into the emergency department for a heart attack and a doctor says if you don't take this medication you will die, and you say no - can that doctor involve the court to force you to be admitted to the hospital and follow their treatment protocol without being able to consent? No, not when the person willingly and consciously says no. This should be the same for mental health. Presuming someone is incapable of making decisions for themselves because they are presenting with symptoms of a mental illness is as unethical of saying, I sat and observed you, looked at a few notes and now because I believe you could die from a heart attack you will be admitted to the hospital against your will.

I know first hand it is challenging to be in an extreme mental state and be willing to seek care. However, instead of immediately starting the notice of mental illness process, coercing someone to stay in the emergency department and having a few brief encounters before signing the paper work to involuntarily commit them - utilize peer support. Someone like me who has lived experience that can sit with a person. The living room model out of Illinois has evidence based research on this and it is being implemented at Unity Center for Behavioral Health. It can be expanded to crisis centers that have opened in different parts of the state and in other programs that we'd be happy to discuss with you.

These are more cost effective with long term positive outcomes and there is federally funded research to show that. State of Oregon has been investing in expanding peer support within addiction treatment services. Mental health services deserve the same and these funds need to be directed to similar peer run organizations for peer run respite, warm lines, peers at crisis centers etc. Many individuals who suffer from a drug induced psychosis are forceably committed yet are any Measure 110 dollars going to expand less costly, more effective services that are sustainable in the long term? This would cost way less than putting more power in the hands of clinicians and removing the option for consenting adults to seek care with more humane and person centered support.

I've worked in the jail system as well and saw first hand how harmful our current methods to "treat people" can be through the Aid & Assist Program. There are many good and caring people doing this work. However, we are spending a lot of time and money trying to fix people that will continue to refuse and once their time is up, they are released to the streets with nothing. I saw this first hand week after week, working for Multnomah County. Instead we can utilize peers to engage with these individuals - not lock them up, coerce them and then have them return to jail from the state hospital and immediately refuse treatment. This is because they were never able to give consent.

I know the task we have at hand is not an easy one and you have been listening to experts who are telling you that we don't have enough doctors to sign off on paperwork, we need to get

people into care faster and we need ways to keep people engaged in services. I have worked with those same people and I have had to advocate as one peer on a team of clinicians, which all they knew was to use what resources they had to try to support their clients.

For me as a peer- I had a magic bullet that in most cases caused folks eyes to light up or their chin to lift up and make eye contact - I told them I had been diagnosed with a mental illness and I might be able to relate to what they've been through. Numerous times while visiting people at a psychiatric unit, they would hear my brief elevator speech and all the sudden they would look up and listen. Let's figure out how we can do more of this in Oregon. Let us who have been in the system and worked with the system provide input and solutions together to reach our common goals. More policy and procedure and additional power in the hands of those who get to go home after work and not worry about whether they'd be sent back to the hospital for not following someone else's orders, is not the answer.