

Submitter: Dvorah Maya  
On Behalf Of:  
Committee: House Committee On Judiciary  
Measure, Appointment or Topic: HB2467

My name is D'vorah Maya, and I supervise a team of mobile mental health crisis counselors and peers in Multnomah County. This testimony was written with their input and draws on our collective experience working within the civil commitment process in Oregon.

The general consensus among most of our group is that the threshold for civil commitment in Oregon is currently so high, we're ultimately unnecessarily harming those we could be helping while laying waste to our economy and public health. We've seen countless instances where, due to this high threshold, clients are restricted from accessing needed supports until they've reached a point where untold devastation is wrought on their lives and those around them. Even when clients do meet the threshold and we are able to get them to the hospital on a director's custody hold, we've seen hundreds upon hundreds of clients be released within hours, over and over again, because the criteria are so high and treatment options so scarce that hospitals are ill-equipped to hold all but those who are well past meeting the threshold, and there's simply nowhere else for folks to go.

We've worked with police officers, paramedics and hospital staff who spend untold amounts of hours and resources responding to crisis calls, bringing people back to the hospital and providing temporary treatment only to repeat the process all over again the next day or week. While we haven't seen exact figures, it goes without saying that the economic impact of this seemingly endless treadmill is likely staggering. If we were to devote even a fraction of that loss toward lowering barriers and expanding treatment, as NAMI Oregon's proposal does, the savings to local economies and the state of Oregon as a whole would doubtless be more than significant.

But those who suffer the most from this tragic and wasteful cycle are our clients in crisis, who are often unable to access needed treatment until significant damage has been done to their relationships, physical health and ability to retain basic needs such as shelter and employment. Being repeatedly subjected to hospitalization for hours at a time traumatizes clients and erodes their trust in health systems as a whole, making it far less likely that they will seek or remain in future treatment.

It doesn't have to be this way. NAMI Oregon's proposal, if enacted with support from law enforcement and medical staff, could save untold amounts of lives, relationships and resources. It would place our civil commitment laws more in line with those of neighboring states. More than anything else, it could help restore the health and

autonomy of those who are currently being prevented from doing so due to being deemed “not sick enough” to warrant the proper level of care. We implore our decision makers in Oregon’s legislative body to pass this legislation and help us provide the care our clients and communities need to be functional, healthy and prosperous.