

IMPACTS TESTIMONY—Wil Berry

Thank you for the opportunity to testify today. My name is Dr. Wil Berry and I am a forensic and community psychiatrist working for Lane County Behavioral Health.

I'd like to share about the Forensic Intensive Treatment Team (FITT) that I work with here which has been supported by IMPACTs grant funding. The FITT team is a multidisciplinary team which consists of a psychiatrist, therapists, case managers, and peer support specialists, who are able to provide direct clinical services to persons who are high utilizers of forensic or other crisis services. Additionally, several of our staff are embedded along with the services we are seeking to come alongside of – we have two case managers whose workstations are based in the Lane County jail in downtown Eugene, and one of our therapists co-responds with the Eugene Police Department's downtown team (this is funded through EPD and not IMPACTS).

Our team works with clients who are high utilizers of criminal justice or crisis services, evidenced by several jail bookings in the previous year, several emergency room or crisis contacts, or commonly a combination of all of the above. However, despite being recipients of large amounts of services and resources, these clients often remain at risk, suffering from severe and untreated mental illness, and are likely to end up arrested again or worse. For those who do end up caught in a cycle of homelessness, jail bookings, and brief ER or hospital visits, the cycle soon begins to add additional and familiar chapters – an inability to aid and assist and costly trips to the Oregon State Hospital being common examples.

Many of these individuals get caught in a gap that is all too familiar to our colleagues in law enforcement and working in correctional facilities. This gap is characterized by severe and chronic mental illness, often to a degree where people's symptoms prevent them from realizing they need help, or make them incapable of seeking it. Additionally, the bar for psychiatric hospitalization in Oregon is high; any police or correctional officer in Oregon will tell you that most people whose symptoms of mental illness are leading to an arrest will not meet criteria for a hospital stay or civil commitment.

This gap presents tremendous opportunity for intervention. Because our team is directly embedded with law enforcement and the jail, we are able to accept referrals directly from the agencies who are being called to intervene with persons who are falling through the cracks and getting caught in the gap I described. And, crucially, we are able to provide services longitudinally with a goal of treatment and stabilization. While crisis intervention is an important and life-saving service – and is conducted by police officers, mobile crisis workers, and integrated teams across the state – such services are interventional in nature and are not able to provide the sustained treatment needed to, for example, stabilize a person in the throes of a psychosis who is unhoused and sleeping on the street.

This sustained treatment is what our team is able to do; most of the services we provide are given in the community, wherever they are needed. Such treatment often begins with a slow process of engagement and relationship building, literally and figuratively meeting the client wherever they are at. In the 3 months I have been with our team, I've sat with one of our peer provider support specialists as he told his story of recovery to one of our clients in a shelter; I've coordinated with our staff in the jail to assist a woman who had been arrested the night before as she made her way

back to her camp across town; and I've gone with our therapist to directly give medication to a woman living in a parking lot who was being tortured by voices and too impaired to remember to take it on her own.

These clients need our help and they require of us a clear commitment – to adapt our model of care to meet their needs where they are and to construct a model of effective care they are capable of receiving and participating in. I know we are all hoping to build a system of care in the state that is more thorough, more comprehensive, and ultimately more compassionate than what exists. I hope that our FIT team can be a model for how, until that future is realized, we can bridge that gap.