April 3, 2025

Dear Judiciary Committee:

Thank you for your service to Oregonians and for your interest in mental health.

I came today to testify in person on HB2467 and oppose it. There are ideas that might work in Oregon written in it. Currently, HB2467, if approved and enacted by the legislature in its entirety, will cause more harm than good.

I am beyond exhausted and disappointed that the scheduling for the hearing did not allow all of us (including me) to be heard. This is not the Oregon government I am accustomed to encountering. This type of treatment at the legislature of voters does not seem to promote real citizen involvement or opportunity for examination of all solutions. I appreciate that Chair Knopf for sitting down to listen to me for 3 minutes in the hall after the meeting. That was an exceptional act that did not include the other legislators. I have seen far more inclusive and fair legislative processes in the past 20 years. I hope we return to that in the future.

Here are some important facts about civil commitment in Oregon:

1. In 2024, the Oregon Health Authority quietly changed (dramatically) almost all of the rules for the statutes in civil commitment in the last year. Only certain people were invited to join these committees. We (those who have experienced commitment) are generally never invited and by the time it went to public comment, it's too late. OHA did not change anything after many comments were submitted orally during review (after the committee) meetings. So, there are a lot of rule changes already, so parts of this bill are actually not needed.

Due to these rule changes, one of the most impactful practices right now (starting in July 2024), is that psychology and psychiatry students (not licensed professionals) are being assigned to decide and review commitment and re-commitment of humans in Oregon hospitals. They are under the guidance of a doctor who is paid. There is no review of the work of these students and if they make a mistake, there is no way to question. The students are not paid at all themselves. Under these new rules, these students, with this incredible decision-making power over people's lives, do not and cannot be subjected to any consequences for faulty work or decisions or held accountable. The guiding doctor gets thousands of dollars for each case that their students work on. Thus, there is no accountability in this at all at this time.

2. The health care and administrative workforce needed to implement the plans in HB2647 do not exist currently. The labor resources probably will not be realistically available in Oregon as there is a shortage.

Also, not enough students are studying the subjects needed to get the skills to fill the roles to support more civil commitments and hospitalizations required by HB2467.

So, the changes that HB2467 are calling for are not feasible at this moment in this Oregon reality under our current circumstances.

3. What will work is peer support for individuals and families during and after the civil commitment process, self-directed services, Open Dialogue services for people and their families and a change in the status of people with lived psychiatric experiences. We are simply still not believed in Oregon even as we speak our truth. This is not included in HB2467.

4. As one speaker said today, coming out of commitment is traumatic. From experience I know it was the loneliest times on earth I have encountered. The medications I was forced on in the hospital and subsequent home trial visit made me gain 40 pounds in one month, made my ankles swell up by inches, left me drooling, took away my period for years and I couldn't think clearly and speak coherently for months. That caused me to be lonelier and feeling even more disconnected with the public and life. My self-esteem was taken away by the way the staff treated me. I was also given the $40,000 hospital bill to pay myself.

5. Judges in these realms need some sort of basic mental health training. Right now, they receive none and are making medication and medical decisions without the skills to do so.

6. Western-style thinking-based mental health medical models (including hospitals, psychologists, psychiatrists, etc.) and Oregon civil commitment can be devastatingly destructive to populations who are not coming from western-type based cultures. For example, I know of friends from Somali, Russia and Kurdistan who were committed or forced into hospitals. It didn't work for them at all and caused more personal damage to them and their families. This is due to the cultural context not being addressed or recognized. Their needs were not met or a match to the western-style medical model (current psychiatric) staff thinking at all. One almost died due to allergic reactions to a medication given to them in a hospital. One of the young refugees I helped raise from the age of 4 is now dead due to the

deep cultural misunderstandings of the Oregon system and their culture of origin. I did my best to mitigate all of the systems and humans involved with all of the contacts I have. She is dead and there was no support for the community after her death shocked them. They are used to experiencing people dying in war and not their loved ones dying due to a medical system. It was quite a shock.

7. Families need programs to support them. This is especially true for families with adult children who encounter mental health challenges.

8. The NAMI committee creating this bill did not include the voices of those of us who have the experience of been committed. It is one-sided planning and thus not good policy change.

To create real solutions, we all need to at the planning, implementation, and quality assurance stages. I have been a volunteer at NAMI Oregon and NAMI Multnomah since 2003 and their leadership knows how to find me to ask for input or get contact information from others who are subject matter experts with lived experience from me. We, the ones with direct lived systems experience continue to be shut out of these committees organized by NAMI and the state including the Department of Justice to address civil commitment solutions and problems.

To return to the recent testifying experience:

Those of us in poverty pay a high price to get to Salem to testify. To just be turned away with "there is no time" after watching myriads of people at the beginning speak as long as they like for hours hurts. It is painful to put so much effort into physically getting to place of government testimony far from my home, be traumatized by stories that do not bring logical solutions, sacrifice my time and money, and then be turned away.

If civil commitment and the hospital systems in Oregon actually worked, then we would not be in such a mess with people avoiding hospitals.

I often state "Mental health healing is an inside job." People can and do recover. It is best done in a place where the person is supported non-judgmentally and not in a system where the power is not understood or brokered among healer (staff) and those working on healing.

All of the sad stories from the families given at the legislature I have seen over the 20 years of attending these hearings generally with them talking about that commitment could have been the answer.

That is only a conjecture. We have no way of knowing if commitment or hospitalization would have helped their family members at all. There is deep trauma that many of us

encounter in systems where the customer (patient) is not believed. One aspect these testifiers never go into while testifying is why their family members ran away from the medical system or avoided it. The pubic who does not have experience with these systems assumes the medical model will "help" them. This is not true for thousands of people in Oregon.

We can create a hospital that allows people to heal and places they want to go to such as CATC in Portland in Multnomah County. Inpatient hospitals are not safe for women.

More women-only psychiatric units are needed. Why are men and women together in these units in private hospitals? Civilly committed women are not given the choice to get away from other patients who may harass, touch or do other things to their bodies that they do not want. Nurses and doctors in inpatient settings often do not believe the inpatient women who report these challenges. If more commitment is to happen, then women need to be in places that are safe and healing for them.

In essence, the Oregon government showed the ugly side of its stigma, or prejudice against people with mental health issues today. Those who come with a mental health background and lived experience were pushed to the end. Stigma has a large influence in the organizing and administration of the planning committees and that Is why all voices are not invited to those table. Years and years of committees are held without the ones with direct lived expertise. This making of this bill is no different. Its planning committee made by people who are never encountered being locked up themselves. It is made up of people who are safe from having their lives shifted against their will in that way. Where are the young people? This is their future.

I am asking these items to be considered as action items:

1. Fund and create a program for the parents and siblings of those in and out of the jail and hospital systems. Every year in the legislature since 2005 I have heard horror stories from families at such Oregon hearings. I have not seen anything created by the counties, state or non-profits to make tangible programs to support these families at all. I am asking that some action be done for them, their trauma and grief. When the families are supported, the person in question as having "a mental illness" can do better.

2. Make space for a few breaks during these hearings. These legislative hearings are always traumatic and even more traumatic for those of us who have been in those extreme states. Extreme stories are told each year. I am happy to see that it was in the afternoon today and not at 8am as they used to be.

3. Another important public service in regard to civil commitment is to have the Commitment Quarterly Meetings organized by Mr. Thornhill of the Oregon Health Authority recorded and that recording open to the public to view or listen to. Then they could understand how most counties are struggling to handle commitments and often work in confusion. More changes will make it harder for more counties and hospital personnel. The next meeting is this Monday, April 7, 2025, on Microsoft Teams. Subsequent meetings will be on July 7, 2025, October 6, 2024, and January 5, 2026. The link is **Join the meeting now**

Meeting ID: 254 243 301 689

Passcode: U2opPJ

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4. Another aspect to improving the civil commitment systems is to realize that in the past 5 years, addictions-based thinking and addictions style processes are strongly influencing and taking over mental health program creation, and not for the better. They are two very different distinct cultures with different practices, vocabulary, training and philosophies.

Civil commitment in Oregon has become as complicated as rocket science. There is a 28 - minute film for reference on the civil commitment process in Multnomah County available to be seen at https://vimeo.com/341263016

I am looking forward to seeing Oregon bringing all together to create the mental health solutions that save lives and the financial situation of our state and our medical and legal systems.

Thank you for your consideration,

Ann

Ann Kasper, MA, CPSS ann@kasperconnects.com