

Chair Prozanski and members of the committee, my name is Judy Thompson and I live in Saint Helens. I serve as Chairperson for NAMI Columbia County and I have an adult son who lives with schizoaffective disorder. Since being diagnosed with mental illness in 1999, he has had multiple hospitalizations and many arrests due to his illness.

My son has been a client with the same Medicaid provider since the time he was diagnosed. When he is actively in psychosis, he is severely paranoid, has delusions, and engages in reckless behavior. It has been nearly impossible to get help for him during these episodes because he has not been deemed “sick enough” to be civilly committed. And he does not believe, in those moments, that he is sick.

I want to share an episode we are still working through that started in fall 2019, which I believe was entirely preventable. Due to a series of missteps from the mental health agency where he is a client – including prescription errors, cancelled appointments, a revolving door of case workers, and a toxic dose of one medication – my son lost faith in his care. He determined that he could make his own decisions regarding his medication, and eventually stopped taking it. He experienced escalating psychosis, and our attempts to get help from his providers were not successful.

After months of terrifying behavior, my son plunged into even deeper psychosis. On May 26, 2020, he led Oregon State Police on a high-speed chase along Highway 30, tracking him at 114 miles per hour. He ended up causing a multi-vehicle, multi-injury rollover accident in which two people were hospitalized. We are lucky everyone survived. He told the state patrol officers that he was a US Marshall on a mission to rescue his father. The officers said he was laughing oddly and seemed to have no recollection of the accident; he was arrested and they assumed he was intoxicated. Later, toxicology labs indicated there were no drugs or alcohol in his system.

At this point, having injured two others and himself in a high-speed car chase, I was sure he would be placed on a psychiatric hold. Clearly, this incident proved he was a danger to himself and others. However, the clinical director at his provider disagreed. I proceeded on my own to engage in civil commitment proceedings. Three weeks later, his civil commitment trial determined that my son needed inpatient mental health treatment.

After two months of intensive treatment, my son was allowed to return to his home. He now has a different prescriber, a competent caseworker, is compliant with medications and his treatment plan.

Legal proceedings are still in process. At this point it looks like he will be under Psychiatric Security Review Board (PSRB) with a non-criminal felony.

Sadly, pursuing a civil commitment was what it took to help my son recover. Once he resumed taking medication, he quickly responded, his mind calmed, and he recovered. It is beyond gut-wrenching and cruel to stand by and watch a person decompensate into severe psychosis, knowing that the longer someone stays in this severity of illness, they are risking a chance at a better outcome to stability. Getting care saved our son's life.

Early intervention is key for treating someone slipping into psychosis. It would be of great benefit to have effective laws that would assist individuals, families, and agencies when an individual is in the grips of severe psychosis that a period of inpatient time be mandated to evaluate needed care. None of what happened to our son should have happened.

I am asking on behalf of my family and so many others to please widen the window of opportunity for us to get help for individuals who are demonstrating psychosis and do not think they are sick.

Thank you for allowing me to speak today on behalf of SB 187.