



Sharon Meieran
Multnomah County Commissioner, District 1

To: House Committee On Health Care
From: Sharon Meieran, Multnomah County Commissioner
Date: March 7, 2019
Re: Support for House Bill 2831

Chair Salinas, Vice Chairs Hayden and Nosse, and Members of the Committee,

My name is Sharon Meieran, I'm a Multnomah County Commissioner and a practicing emergency physician, and I am very pleased to offer testimony in support of House Bill 2831.

When I came into office a little over two years ago, my top priority from the outset was to improve our mental health care system. This priority was driven, in part, by my experiences in the emergency room -- I cannot think of a single shift I have ever worked where I do not see at least one person in the ER who is there because of a mental health crisis. We know that the emergency department is one of the least effective, most expensive places to meet a person's mental health care needs and yet, we continue to see people come to the hospital because there often isn't an earlier intervention or support available.

Peer-delivered respite, crisis prevention, and support services are an evidence-based, cost-effective, smart alternative to the clinical and crisis-oriented services we more frequently invest in. Peer-staffed crisis respite is *proven* to reduce rates of Medicaid-funded hospitalizations and health expenditures for people who access the respite.¹ We should consider these kinds of services an essential part of our system of care that make other services more effective and appropriately used.

While my focus on mental health was first sparked by my experiences in the ER, what keeps this a top priority for me now is the passion and voice of people with lived experience. Consumers, peers, and advocates have told us for years what they need, and I think our serious consideration of funding more peer-delivered services today is a reflection of that powerful work. This issue and need is not unique to Multnomah County, and I am particularly supportive of this bill's direction to support peer respite in several communities across the state.

As a policy-maker, I am committed to listening to people with lived experience and weighing that perspective with other sources of evidence. The case for peer respite is a compelling one, and I am proud to lend my strong support for House Bill 2831.

Respectfully submitted,

Sharon Meieran

¹ Bouchery, E., et al. (2018) The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization. *Psychiatric Services*, 69:10.