



Comments in Support of Senate Bill 763
From Chris Bouneff, Executive Director, NAMI Oregon
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Senate Judiciary Committee

NAMI Oregon wishes to express its support for Senate Bill 763. Adding definitions to Oregon’s civil commitment statute is a modest and reasonable change that we hope addresses an ongoing problem that we encounter daily as an advocacy organization that helps individuals and families affected by mental illness.

Whether through legitimate interpretation of case law or the misunderstanding of case law, too often the clinicians, commitment investigators, and others to whom we turn for help throw up their hands and abdicate their responsibilities, saying to us at a moment we’re most in need that there’s nothing they can do. That is routinely followed by what is unacceptable advice to us — that an individual with high acuity has to be arrested to access mental health care.

As The Oregonian demonstrated in its recent coverage on “aid and assist,” this is an expensive and ineffective intervention that serves no long-term health care goal.¹ Rather, we spend a lot of money — all of it health care dollars — simply to process someone through the criminal justice system. And all of this has real consequences for real people that others testifying today can better describe. Our hope is that SB 763 leads us to a rational and uniform commitment system in which individuals who, as a last resort, need an intensive but intrusive intervention get that intervention rather than a blind eye.

NAMI notes that it supports this legislation with a great deal of trepidation and humility, and we leave the committee with two words of caution. Oregon does not have a good track record with civil commitment. There is no Golden Age that we can point to and conclude we did this well — that people were humanely treated and that they received quality mental health care focused on recovery.

It was just 13 years ago that the U.S. Department of Justice concluded that our system was violating the fundamental civil rights of patients in the state’s care. Thirteen years later, the federal government is still here because we haven’t improved much. If this legislation is successful, it is contingent upon the Legislature, the court system, the health care system, and we as advocates to get it right this time.

NAMI also cautions that this legislation alone will change very little if we do not continue to press for reforms in our broader behavioral health care system. In fact, this legislation will be for naught if we don’t make new investments across the board and insist that all payers and all

¹ See coverage at: <https://expo.oregonlive.com/news/g661-2019/01/a646cacb3c6955/costly-ineffective-cruel-how-oregon-ensnares-mentally-ill-people-charged-with-lowlevel-crimes.html>

providers do better. We must do better at preventing people from ever reaching this level of acuity because we will never be able to build enough facilities nor afford the accompanying high-end services if demand for these services continues unabated.

NAMI and its partners have been successful in recent legislative sessions in passing legislation that required hospitals and payers to do better. We also were successful at turning a \$20 million state investment into \$140.5 million in new housing for people living with mental illness and/or substance use disorders. And the Legislature has been wise in recent sessions to make new investments across our system.

The 2019 session has seen a plethora of legislation that is vital — more payer accountability, investments in crisis and peer respite, investments in housing, and investments in children and youth. NAMI urges the Committee to join with your colleagues in health care and education in their efforts to push the state forward. Only by making concurrent policy changes and investments will we ever address the problems that plague us now.

Thank you for your time and for this opportunity to provide input on SB 763.