



Sharon Meieran
Multnomah County Commissioner, District 1

To: Senate Committee On Judiciary
From: Sharon Meieran, Multnomah County Commissioner
Date: March 18, 2019
Re: Support for Senate Bill 763

Chair Prozanski, Vice Chair Thatcher, and Members of the Committee,

My name is Sharon Meieran, I'm a Multnomah County Commissioner and a practicing emergency physician, and I am grateful to this committee for considering Senate Bill 763.

As an ER doctor for over a decade, I have seen thousands of people who have come to the ER in a mental health crisis. Some people are brought to the hospital by a loved one, often at a tenuous and fragile moment where there is a brief window of opportunity, a willingness to seek support. Too often, we see the same people over and over, because their circumstances leave them cycling through the streets, jail, and the emergency department. And in *so* many of these cases, families and supporters of those experiencing crisis express to me their sense of frustration, helplessness and despair in seeing someone they love whose struggles propel them far into the margins, but not quite far enough to get help.

This dynamic is one that I am deeply familiar with from my work in the emergency room, but it was brought into renewed focus for me when I became a County Commissioner. In early 2017, Multnomah County experienced a record spell of snow and freezing weather. Temperatures hovered in the teens for days. On January 7th, 2017, in the middle of the day in a downtown Portland parking garage, a 52 year old woman named Karen Batts froze to death. Nearly two months after her death, I sat in my office with Karen's family and I learned more about her, about them, and about her struggles throughout the years with mental health challenges. I learned about all of the systems that Karen had come into contact with, the supports she had available, all of the things that went "right." What strikes me is that, even with all of these supports and interventions and touchpoints with the right services, Karen still slipped through a major and devastating crack in our system.

Oregon currently has one of the strictest laws in the country in terms of when someone can be civilly committed, including when they can be required to take medications, and what authority providers have to direct their care. This high bar exists for a reason, and I do not take lightly the fundamental importance of civil rights and self-determination. But I think that we must do better by one another. I believe we can better balance an individual's rights to self-determination with their right to receive assertive, compassionate care when they are not able to provide it for themselves.



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Senate Bill 763 provides an opportunity to shift this balance, thoughtfully and intentionally, toward a legal framework that is better able to meet the needs of people in crisis. I appreciate the hard work, challenging discussions and honest debate that has been part of the process to produce this legislation. I also appreciate the steadfast vigilance of advocates and people with lived experience in this discussion, who remind us that we must not loosen the statutory threshold for involuntary treatment without simultaneously improving the availability and accessibility of less restrictive mental health services in communities across our state. Whether people receive treatment voluntarily or involuntarily, we know that they do better when they have the benefit of social and community supports.

I cannot say whether or not the changes in Senate Bill 763 would have made a difference for Karen Batts. However I can say that this measured change in how we assess, understand, and respond to risk of harm *will* make a meaningful difference for others in the future. Thank you for your consideration of this important legislation, and I urge you to support Senate Bill 763.

Respectfully submitted,

Sharon Meieran