

Angela Kimball
6127 Donival Sq
Alexandria, VA 22315
March 25, 2019

Senator Laurie Monnes Anderson, Chair
Senator Dennis Linthicum, Vice-Chair
Senate Committee on Health Care
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

RE: Testimony in Support of SB 137—improving coordinated care organization behavioral health services

Chair Monnes Anderson and Members of the Committee, thank you for the opportunity to testify in support of SB 137.

For the record, my name is Angela Kimball and, for the past 3 ½ years, I have lived in Alexandria, VA. I am the national director of policy at NAMI, the National Alliance on Mental Illness. Prior to moving to Virginia, I was a mental health advocate in Oregon for several years.

Today, I'd like to share my story in which, even as a seasoned advocate, I was unable to get my 32-year-old son the treatment he needed.

My son, whom I'll refer to as Andrew, has lived with bipolar disorder since he was young. Fortunately, with the right treatment, he grew up, found success as an artist, and managed his mental health condition.

But by December 2017, things had changed. Andrew was irritable and suspicious. He wasn't sleeping.

By February last year, he had grandiose thoughts, followed by rages and suicidal thoughts. His dad and friends had been trying to manage him for weeks. Desperate, they asked me to intervene.

The next morning, I flew to Portland, walked into his house and found he'd torn out the kitchen cabinets and destroyed the stove. He believed the FBI was spying on him and thought I had convinced them to surveille him. I texted a friend, who called the crisis response team.

The CIT officers were phenomenal. They were calm, compassionate and understanding. Amazingly, they got Andrew to agree to go to a psychiatric hospital where I hoped he

would get treatment for his mania and psychosis. But over the next 20 days, the hospital offered little treatment.

As his discharge approached, I pleaded to be involved with discharge planning. Staff agreed, but never called a meeting until the day of discharge. Their plan? An outpatient follow-up appointment. I asked if there was an intensive outpatient program where he'd get more treatment. They said there was and arranged a referral.

At the intensive outpatient program, staff said they looked forward to Andrew joining them. For a moment, I felt hopeful, and so did he. But the next day, OHP denied the program. When my son and I called, we were rebuffed and told, "You'll get a notice in a week or two."

With the help of Chris Bouneff, the denial was overturned. But it was too late. Andrew was discouraged by the denial. He became more manic and paranoid and thought his medications were poison.

Two days later, he called and repeatedly screamed that he was going to kill himself. He revved the engine of a car he had driven inside his art studio. He threatened to light the car on fire and blow himself up.

The next thing I heard was the sound of a blowtorch. Another crisis team was headed his way and so was I.

The ambulance crew took Andrew back to the hospital. This time, a psychiatrist said, "Andrew needs the long-acting injectable form of Risperdal, so he'll have more stability." The staff responded that OHP won't cover injectables, so they couldn't provide it, even though there are laws in place to protect access to medications.

And after 5 days, Andrew was discharged, again, to an intensive outpatient program. This time, I begged for a warm handoff from hospital to outpatient staff. "Sorry," they told me, "we can't do that."

Andrew never made it to the intensive outpatient program. He got worse, so I called OHP to ask about Assertive Community Treatment, or ACT. I was told, "We reserve ACT for the homeless."

A few days later, Andrew threatened, in detail, to kill himself and the stranger he swore was living in his back yard. By the time the crisis team arrived, Andrew was walking down the street. He seemed calm and articulate, so they let him go. But by nightfall, he'd hitched a ride to LA, thinking Netflix wanted to film him.

Fortunately, Andrew's safe and stable now, but I lost a bit of him that never quite came back.

This brings me to the bill before you today, SB 137, which will help clarify expectations of coordinated care organizations for behavioral health care.

On behalf of all your constituents who struggle with mental illness, I urge you to pass this bill out of committee.

Sincerely,


Angela Kimball