

Julie Magers Testimony – April 3, 2017  
Oregon House Health Committee

Good afternoon Chair Greenlick, Vice-Chairs Hayden and Nosse and esteemed members of the committee. My name is Julie Magers. I work as a family support specialist, navigator and educator for families who have children living with mental and emotional health challenges. I serve on the Children's System Advisory Council (CSAC) and the Oregon Youth Suicide Prevention Alliance of OHA. I'm a mother with two young adults, now ages 22 and 26.

I'm here to testify in support of House Bills 3090 and 3091 and to share not only my insights gained from navigating health services for my daughter when she was in desperate need of compassionate and skilled health care, but also my experiences working with stakeholders to craft legislation that may serve as a guide for all of us and stem the tide of losing our children and young adults to suicide.

Looking back at the successes we had in 2015 in passing HB 2023 and 2948, I think we can embrace the power of collaboration to improve upon practices that leave people at elevated risks. The bills we're discussing today include pieces that were not successfully addressed two years ago. Since that session, I've had the honor to fill a leadership role on Rep Keny-Guyer's mental health workgroup and to be a part of that group, working in good faith to arrive at today's bills.

It was 6 years ago this season that my daughter missed over 60 days of school, living in the despair of her depression, anxiety, suicidal ideation and a long series of professionals who were not working well enough together to give her hope that her conditions were treatable and that life could get better for her. This left our family lost and scared and it left her thinking suicide was the only answer to her pain.

I can't point to one single thing that seemed broken in the system – as we all know, mental health conditions can be highly complex to treat and our health care system can be highly complex to navigate.

We have systemic barriers that I know we're in a continual process to improve. We also have other barriers that are intrinsic to our being human. These include personal bias and varying beliefs about suicide and behavioral health, even among our most educated health workers. Without the guideposts we're asking to be provided in law, we're not seeing uniform practices and responses to crisis across our state or even from hospital to hospital. I've been immersed in the OHA-funded ED Pilot programs for the past two years and I can attest to the lack of consistency that families experience.

Some are saying that statute is not the place for some of what we're asking and that voluntary health practice improvements ought to be given the chance to develop. As a former regulatory employee at DEQ, I agree that voluntary is often better. However, there are a couple areas that I believe we need more uniform guidance. The parts of the testimony that Jerry Gabay and I made in fall 2014 that have not quite made it into consistent practice are based on research and ought to be considered a standard response to those in crisis, seeking help from our health care system:

- Research-based assessments so that every hospital is meeting a basic standard,
- Safety planning for individuals that involves their supports (be that family or other lay caregivers),
- Counseling on lethal means,
- 48-hour check-ins to determine whether people have gotten connected successfully with their follow-up care providers,
- Reasonable assurances that services to help people who need assistance with coordinating their care will be readily provided and will be paid for by their insurance.

I hope all of you continue to support and to the extent you're able, require the collaborative process being led by Representative Keny-Guyer until we arrive at agreeable language in the amendments for both bills without weakening the intent we've established for the most effective care we can provide in our state.

Thank you.