

Julie Magers Testimony – May 17, 2017
Senate Committee on Human Services

Good Afternoon Chair Gelser, Vice Chair Olsen and Members of the Committee.

My name is Julie Magers. I work as a family support specialist, health systems navigator and educator for families who have children living with mental and emotional health challenges, including those at heightened risk of suicide. I serve on the *Children's System Advisory Council (CSAC)*, the steering committee that developed the *Youth Suicide Intervention & Prevention Plan*, and I'm a member of the *Oregon Alliance for Youth Suicide Prevention*. I also established the family support services workflow for the Emergency Department Diversion Pilot in Multnomah County.

I'm here to testify in support of House Bills 3090 and 3091 and to share insights I've gained while navigating health services for my own daughter, as well as my experiences supporting many dozens of families facing similar circumstances.

While we had successes in the 2015 session when we passed HB 2023 and 2948, the bills we're discussing today include elements of crisis care that were not successfully addressed in those bills. I've had the distinct honor to fill a leadership role on Rep Keny-Guyer's mental health workgroup with a widely diverse set of stakeholders, working in good faith to arrive at today's bills.

I come to this work because of the terrifying and traumatic experiences I had, fighting to get my teenage daughter effective health care. It was 6 years ago this season that my daughter had already missed over 60 days of her junior year in high school - living in the despair of her depression and anxiety and a long series of professionals who were not working well enough together to give her hope that her conditions were treatable or 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.

Even though mental health conditions can be highly complex to treat and our health care system can be highly complex to navigate, there ought to be some uniformity of care for patients who present at our hospitals in crisis.

In addition to systemic barriers, families also face barriers that contribute to the stigma of mental illness, such as 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 across our state or from one hospital to the next.

What is described in these bills is based on research and aims to establish a shared basic standard of care, for those in crisis, seeking help from our health care system:

- Research-based assessments and evaluations;
- Safety planning for individuals that involves their natural supports (*be that family or other lay caregivers*);
- Counseling on lethal means;
- Incorporating family and/or peer support providers, where available;
- 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 want to thank Representative Keny-Guyer for her leadership on these bills and for convening the mental health workgroup for the past 2½ years, and to those of you who I know are sponsoring other mental health improvement bills this session. I hope you will move these bills forward with a strong do-pass recommendation.

Thank you so much for this opportunity to speak with you today.