HOUSE COMMITTEE ON

HEALTH AND HUMAN SERVICES

January 31, 2005 Hearing Room D

8:30 AM Tapes 18 - 20

MEMBERS PRESENT:	Rep. Billy Dalto, Chair
Rep. Bob Jenson, Vice-Chair	
Rep. Gordon Anderson	
Rep. Deborah Boone	
Rep. Tom Butler	
Rep. Mitch Greenlick	

MEMBER EXCUSED: Rep. Carolyn Tomei, Vice-Chair

STAFF PRESENT: Sandy Thiele-Cirka, Committee Administrator

Pamella Andersen, Committee Assistant

MEASURES/ISSUES HEARD:

HB 2351- Public Hearing

Introduction of Committee Bills - Work Session

Public Comment on Mental Health Delivery Systems

These minutes are in compliance with Senate and House Rules. <u>Only text enclosed in quotation</u> marks reports a speaker's exact words. For complete contents, please refer to the tapes.

TAPE 18, A

004	Chair Dalto	Calls the meeting to order at 8:40 a.m. Opens a public hearing on HB 2351.
<u>hb 2351 – r</u>	oublic hearing	
010	Sandy Thiele-Cirka	Administrator. Explains the response from the Department of Consumer and Business Services (DCBS) (exhibit a) on questions raised in the January 24 meeting.
028	Rep. Gary Hansen	House District 44. Introduces Ms. Rhoads.
045	Gabrielle Ferrera Rhoads	Citizen. Submits and reviews testimony of her personal experience of assault while a patient in the hospital (exhibit b). Explains this was not an isolated situation. In response to committee questions, explains the perpetrator was acquitted on her charges and has others pending. States HB 2351 would have brought a quicker response to the situation and notes additional impacts. Relates the hospital said they would handle everything, and expressed their concern for protecting the perpetrator's privacy and confidentiality. Reports her own testimony before the Grand Jury and criminal court.
081	Rep. Boone	Relates personal observation of the ease in accessing patient rooms in a hospital.
123	Chair Dalto	Questions whether the hospital did an internal review, and what position the perpetrator held.
125	Ferrera Rhoads	Replies he is a phlebotomist still working with patients at the hospital.
137	Rep. Butler	Requests information on how HB 2251 would keep this situation from happening in the future, and how patient concerns can be addressed, while protecting patient and employee rights.
160	Rep. Hansen	Relates the purpose of the bill is to bring the same protection to hospital patients as that received by children and the elderly.
189	Rep. Anderson	Asks if the police investigation was thorough.

190	Ferrera Rhoads	Responds yes, they did an outstanding job.
194	Chair Dalto	Closes the public hearing on HB 2351. Opens a work session on introduction of committee bills.
<u>Introducti</u>	ons - work session	
196	Rep. Anderson	Moves en bloc LC's 921, 1079, 1130, 1258, 1259, 1260, 1261, 1262, 1964, 2262, and 2263 be entered as committee bills for referral (exhibitS c - M).
218	Rep. Greenlick	Supports the motion, but points out concern with a provision of LC 921 relative to records access.
243	Rep. Butler	Questions what groups or agencies have requested these bills.
265	Chair Dalto	Notes two of the bills were requested by associations and at least two others are from state agencies.
273		VOTE: 5-0-2
		EXCUSED: 2 - Jenson, Tomei
	Chair Dalto	
276	Chair Dalto Chair Dalto	EXCUSED: 2 - Jenson, Tomei
	Chair Dalto	EXCUSED: 2 - Jenson, TomeiHearing no objection, declares the motion CARRIED.Closes the work session. Opens the meeting to public comment on
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276 public con	Chair Dalto nment	 EXCUSED: 2 - Jenson, Tomei Hearing no objection, declares the motion CARRIED. Closes the work session. Opens the meeting to public comment on the mental health system. Board member, National Alliance for the Mentally Ill (NAMI). Submits and reviews written testimony (EXhibit N) on safe, affordable housing and medication for persons with mental illness. Offers guidelines for saving money while serving the needs of the

414	Chair Dalto	Questions whether neighborhood tension can be avoided by introducing them to future tenants.
431	Redler	Responds. Notes other groups they have partnered with on housing projects.
462	Rep. Anderson	Questions details of the apartments and what services are included.
465	Redler	Displays pictures of apartments and explains the design and intent. Reiterates the stability of the clientele and financial savings.
TAPE 19,	Α	
030	Rep. Boone	Requests a cost comparison between hospital care and the apartments.
033	Redler	Requests response from audience member. Notes living independently is better medicine than being in a hospital, but getting the right medication is crucial, too.
071	Rep. Anderson	Questions whether the apartments can take married couples.
076	Redler	Responds, yes, but is unsure if there is a cost difference.
087	Rep. Anderson	Inquires about on-site services.
090	Redler	Explains all tenants are working with Clackamas County Mental Health, and services come through them.
099	Rep. Greenlick	Asks if Redler has a recommendation on mental health preventive services.
117	Redler	Reports early identification is valuable. Elaborates on available programs.
128	Rep. Greenlick	Asks if early identification programs are covered by health insurance.
133	Redler	States the need to consider coverage by both the Oregon Health Plan (OHP) and private health plans.

148	Chair Dalto	Inquires who paid for the construction of the apartment buildings.
149	Redler	Reports the majority of funds came from the Department of Housing and Urban Development, and the county NAMI group had a fundraising program.
158	Chair Dalto	Requests more information.
185	Gregg Swan	Submits and reviews written testimony (EXhibit O) stating in addition to funding, access to services is a key issue for the mentally ill.
255	Don Moore	Relates his experience with his daughter and her need for mental health services. Discusses the insurance needs, coverage changes, provider limitations and prescription complications for the mentally ill.
334	Richard Turnoy	Reports he lives in an apartment complex designed for people with mental disorders. Relates his positive experiences there. Notes the two difficult issues for the mentally ill: medication costs and medical insurance. Tells the story of Troy, who was evicted from his home for talking to his voices.
420	Rep. Butler	Inquires what key impediments kept Troy from getting on the OHP.
425	Turnoy	Speculates lack of social skills.
432	Chair Dalto	Comments the OHP is closed to new applicants at the moment.
440	Rep. Greenlick	Mentions SSI income frequently puts people just above the allowable income line for the OHP.
American Federation of State, County and Municipal Employees (AFSME) panel		

471	Mary Botkin	American Federation of State, County and Municipal Employees
		(AFSME). Submits and reviews written testimony (EXhibit P),
		introducing panel members who represent the mental health system's
		front line of defense in Oregon.

TAPE 18, B

008	Botkin	Continues testimony, emphasizing the necessity of an integrated mental health system.
058	Scott Webb	Correctional Officer, Snake River Correction Institute. Reviews next portion of written testimony (EXhibit P) discussing need for training in self-defense.
120	Tina Turner Morfitt	Correctional Officer, Coffee Creek Correctional Facility. Submits and reviews written testimony (EXhibit Q). Mentions need for training that helps correctly identify behaviors that flag the onset to crisis episodes.
176	Joe Thurman	Registered Nurse, Oregon State Hospital (OSH). Submits and reviews written testimony (Exhibit R). Relates the hospital is the destination of many people with issues other than mental illness, including criminality and drug addiction. Recommends an integrated hospital with forensics and medicine as a possible solution. Discusses additional needs and recommendations.
245	Rep. Greenlick	Agrees prisons should no longer be the first resort for the mental health system. Questions whether mental health facilities could be created within the prison system – moving the forensic ward from the state hospital to correctional facilities.
297	Turner Morfitt	States such a unit currently exists, but the staff needs to be adequately trained.
305	Thurman	Raises concern the two be appropriately integrated with a hospital base, and questions the difficulty in attracting professionals to outlying areas.
318	Botkin	Discusses two groups: the criminally insane and civil commitments, and the need for treatment tools that prevent people from deteriorating further. Addresses specific needs.
378	Turner Morfitt	Suggests the committee review the ten recommendations listed in the AFSCME testimony.
380	Rep. Butler	Maintains patients and prisoners also have rights. States concern a balance be found within existing resources to meet the needs of each population without overmedicating the criminally inclined and mentally deficient.

428	Rep. Jenson	Observes many recommendations are based on good theory but are sold on the guise of saving money. Reports his pessimism toward anything that will be cheaper.
TAPE 19,	В	
009	Rep. Boone	Recommends consideration of a mental health summit.
018	Botkin	Assures the committee the union will make available appropriately expert people to assist in any research or development of solutions.
037	Bruce Bishop	Oregon Association of Treatment Centers. Submits and reviews the 2005 Legislative Planks for treatment centers (Exhibit S). Explains the group the association represents and discusses day treatment provider recommendations for the children's system change initiative. Comments the legislature needs to address specific budget issues within the entire system of services to children.
093	Rep. Jenson	Requests working figures on costs.
097	Bishop	Responds the association does not have those figures, but recommends the different pots be managed together, using a system wide approach.
114	Rep. Jenson	Requests clarification the money is already being spent, just not in an integrated way.
115	Bishop	Confirms, yes.
116	Rep. Greenlick	Asks if integrated services would move people out of intensive services quicker and more efficiently, freeing those services for others.
130	Bishop	Reports there are examples around the state where people are making it happen, but has only begun. Focuses on the integration of the mental health system, referencing HB 2362 which proposes coordination of services and integrated funding, and recommends it as a next step.
177	Beckie Child	Mental health services client and advocate. Submits and reviews written testimony (EXhibit T) addressing the value and funding needs of the OSH Office of Investigation and Training. Believes de-

institutionalizing would not have been seen as a failure if the money had followed the patients. Reports client difficulties related to the Psychiatric Security Review Board (PSRB).

245	Chair Dalto	Asks what Child means by her reference to social control.
246	Child	Elaborates on client experiences that implied social control.
272	Chair Dalto	Questions whether the process within the PSRB is effective to work through concerns.
274	Child	States she is not clear on those administrative processes.
279	Chair Dalto	Questions Child's client being unable to leave Washington County.
280	Child	Explains restrictions and client fears. Continues testimony discussing the effectiveness of peer-operated services.
317	Chair Dalto	Closes the meeting to public comment on the mental health system. Reopens the public hearing on HB 2251.
<u>HB 2351 -</u>	- Public hearing	
<u>HB 2351 -</u> 319	<u>- Public hearing</u> Beckie Child	Mental health services client and advocate. States she is neither in support of, nor opposed to HB 2351. Questions how the bill will be different from what is currently in place. States abuse statutes are different depending on the population you are in, and whether or not you are receiving public assistance. States the need for broader discussion on the bill.
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319	Beckie Child	support of, nor opposed to HB 2351. Questions how the bill will be different from what is currently in place. States abuse statutes are different depending on the population you are in, and whether or not you are receiving public assistance. States the need for broader discussion on the bill. Requests Child forward specific recommendations on HB 2351 to

public comment

377	Robert Drake Euban	kCitizen. Notes his involvement in the peer-run non-profit, Safe, Inc. States the present system is designed by professionals based on theories rather than being designed by those receiving services. Reports the effectiveness of clients making their own housing choices. Gives example of taking a client shopping with a spending limit.
TAPE 20,	Α	
005	Eubank	Continues testimony. Addresses imbalance of resources and the costs and number of patients served at the OSP compared to those served in communities. Notes Safe is able to return excess funds to clients. Discusses the issue of recovery and the revolving door of acute care at the OSH.
088	Chair Dalto	Requests Eubank provide staff more information about the Safe program in Eugene, and his recommendations on issues the Governor's task force addressed.
100	Eubank	Mentions legislative concept created by the state consumer council related to self-determination and brokerage by consumers, which is a policy bill he hopes will be authored by someone during this session.
120	Bob Joondeph	Director, Oregon Advocacy Center. Submits and reviews reports on the HB 2362 task force (exhibit U). Mentions changes in funding placement and discusses funding streams.
181	Ken Stockamp	Former mental health client. Relates his treatment experiences stating his belief the more medications given, the greater our societal problems. Notes autism patient who believes he was medicated because of the side effects of his difficulty. Discusses parity and the question of who will be paying the bill. States need for accurate differential diagnosis that includes medical diagnosis. Comments on the impacts of toxins in the workplace on mental health issues.
The following written testimony is submitted without public testimony:		
	Ray Burleigh	Executive Director, Olalla Center. Written email testimony on mental health services to children (exhibit V).
287	Chair Dalto	Closes the meeting to public comment. Adjourns the meeting at 10:55 am.

EXHIBIT SUMMARY

- A. Insurance, Health, report, Joel Ario, 7 pp
- B. HB 2351, written testimony, Gabrielle Ferrara Rhoads, 3 pp
- C. Introductions, LC 921, staff, 2pp
- D. Introductions, LC 1079, staff, 10 pp
- E. Introductions, LC 1130, staff, 4 pp
- F. Introductions, LC 1258, staff, 3 pp
- G. Introductions, LC 1259, staff, 4 pp
- H. Introductions, LC 1260, staff, 4 pp
- I. Introductions, LC 1261, staff, 2 pp
- J. Introductions, LC 1262, staff, 1 p
- K. Introductions, LC 1964, staff, 2 pp
- L. Introductions, LC 2262, staff, 3 pp
- M. Introductions, LC 2263, staff, 2 pp
- N. Mental Health Delivery Systems, written testimony, Judy Redler, 5 pp
- O. Mental Health Delivery Systems, written testimony, Gregg Swan, 1 p
- P. Mental Health Delivery Systems, written testimony, Mary Botkin, 4 pp
- Q. Mental Health Delivery Systems, written testimony, Tina Turner-Morfitt, 1 p
- R. Mental Health Delivery Systems, written testimony, Joe Thurman, 2 pp
- S. Mental Health Delivery Systems, 2005 Legislative Planks, Bruce Bishop, 2 pp
- T. Mental Health Delivery Systems, written testimony, Beckie Child, 2 pp
- U. Mental Health Delivery Systems, report, Bob Joondeph, 4 pp

The following written testimony is submitted without public testimony:

V. Mental Health Delivery Systems, email written testimony, Ray Burleigh, 1 p