

**HOUSE COMMITTEE ON**  
**HEALTH AND HUMAN SERVICES**

**March 14, 2005 Hearing Room D**

**8:30 A.M. Tapes 53 - 55**

**MEMBERS PRESENT:           Rep. Billy Dalto, Chair**

**Rep. Tom Butler, Vice-Chair**

**Rep. Carolyn Tomei, Vice-Chair**

**Rep. Gordon Anderson**

**Rep. Deborah Boone**

**Rep. Kevin Cameron**

**Rep. Mitch Greenlick**

**GUEST MEMBER:           Rep. Susan Morgan**

**STAFF PRESENT:           Sandy Thiele-Cirka, Committee Administrator**

**Pamella Andersen, Committee Assistant**

**MEASURES/ISSUES HEARD:**

**HB 2080 – Public Hearing**

**Oregon State Hospital - Informational Meeting**

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

**TAPE/#      Speaker                      Comments**

**TAPE 53, A**

004              Chair Dalto                      Calls the meeting to order at 8:32 a.m. Opens the public hearing on HB 2080.

**hb 2080 – PUBLIC HEARING**

020              Rep. Susan Morgan              House District 2. Offers testimony in support of HB 2080. Mentions amendments that will be introduced. Introduces former Rep. Bill Markham.

035              Bill Markham                      Former House District 2 State Representative. Submits and reviews written testimony (**exhibit a**). Relates history of his participation in health issues. Explains purpose and value of the bill. Mentions Tacoma Times article on state paying for malpractice insurance for doctors working in volunteer capacity (**exhibit b**). Recommends Oregon self-insure volunteer doctors. Provides statistics on differing medical impacts between those insured and uninsured. Mentions pending amendments. Mentions additional ideas being investigated in the Senate. Lists beneficiaries of the bill.

284              Barney Speight                      Medical Assistance Program, Department of Human Services (DHS). Reviews the -1 amendments (**exhibit c**), which represent consensus of feedback received from both chambers. Notes the Oregon Trial Lawyers Association is in agreement with the amendment.

344              Bruce Bishop                      Oregon Association of Hospitals and Health Systems. Supports HB 2080 with the -1 amendments.

352              Rep. Tomei                          Requests explanation of how the -1 amendments absolve charitable corporations from liability.

365              Speight                                  Explains current law provides immunity from actions /damages of a health care provider volunteering in charitable organizations. This is being extended to include the clinic where that person volunteers.

386              Rep. Boone                          Asks if volunteer mental health providers are also included.

390              Speight                                  References (**exhibit a**) where providers are listed.

445 Chair Dalto Mentions written testimony received from Joy Soares (**Exhibit D**). Closes the public hearing on HB 2080. Opens the information meeting on the Oregon State Hospital.

#### **TAPE 54, A**

##### **Oregon state hospital - informational meeting**

010 Barry Kast Assistant Director for Health Services, DHS. Reviews history of the Oregon State Hospital (OSH). Notes philosophical differences between an asylum or treatment and cure; security or therapy; and state or county responsibility. References The Doctor in Oregon by Olaf Larsell, MD, published in 1924. Notes the state asylum opened in 1883, and developmentally disabled people were moved to Fairview in 1908. A ward for insane criminals was developed in 1928 in the state prison. Mentions development of long term psychiatric hospital in the late 1950's (Dammasch), the population shift from a high of 5000, to the present 750, and the creation of the Psychiatric Security Review Board (PSRB) in 1978.

328 Bob Nikkel Administrator, Office of Mental Health and Addiction Services, DHS. Gives overview of how information will be provided to the committee over the week and the other managers that will speak. Clarifies Oregon doesn't have a state hospital, but a system. Comments Oregon is nearing a crisis as the system is a number of beds over budget. Explains Oregon is different from other states in that Oregon mental health patients are 60-70 percent forensics compared to 20-30 percent in other state systems.

474 Chair Dalto Asks if people in other states are languishing in prison that should be in mental health care facilities.

477 Nikkel Responds that is true in all states, including Oregon.

#### **TAPE 53, B**

008 Rep. Greenlick Questions per capita figures of the state hospital compared to other states.

010 Nikkel Offers to get the comparison. Mentions staff commitment to patients and the increase of advocacy by patients and their families.

048 Chair Dalto Asks Nikkel to elaborate on contact he has with families, etc.

055	Nikkel	Notes his phone number and email address are common knowledge; he has organized meetings with consumers and advocates; and has formed a council of consumer advocates.
075	Rep. Butler	Requests data on Oregon's mental health community and how the Oregon Plan works compared to other states.
090	Chair Dalto	Asks what is driving the growth on the criminal side, and what is the census at the Eastern Oregon facility.
098	Nikkel	Responds it is a combination of issues including cuts in treatment programs, impact on the working poor, the methamphetamine epidemic, and lack of safe, affordable housing. Reports the census at the Eastern Oregon facility in Pendleton is capped at 60 civil commitment beds.
150	Rep. Boone	Mentions Sen. Westlund recently sent out a memo to members commenting they need to address the 14,000 beds still needed.
170	Marvin Fickle	Superintendent, OSH. Reports Oregon is now addressing the same issues as in the beginning of mental health care in Oregon. Comments on closing of Dammasch in the 1980's, moving care to the communities. Questions whether there might be a need for separate forensic and civil hospitals. Discusses joint accreditation. Elaborates on the psychiatric recovery programs, the forensic psychiatric programs, and the forensic evaluation service.
272	Rep. Greenlick	Discusses lack of acute beds and the mentally ill he found staying in emergencies rooms of hospitals.
279	Fickle	Notes entire system is backed up due to the lack of beds. Continues testimony. Reports different parts of the state have differing needs due to availability of facilities and care providers.
320	Nikkel	Comments the inequity of funding in counties impacts how people are served.
337	Fickle	Mentions civil commitments are a maximum of 180 days. Notes the two primary types of patients in the care of the hospital. Explains the two-prong test of criminal responsibility which impacts how many people are able to be found guilty except for insanity. Mentions overcrowding in both Salem and Portland campuses.

**TAPE 54, B**

- 013 Fickle Continues testimony. Discusses humanizing the hospital environment, and recovery-oriented treatment. Elaborates on how staff is achieving these goals.
- 054 Rep. Tomei Questions makeup of treatment team.
- 055 Fickle Confirms team consists of physician and psychiatrist. Continues testimony. Mentions types of patients have changed over time, and psychiatric disorders are not as severe. Reports public safety issues keep people in treatment longer than psychiatric issues require. States the necessity of long term planning as overcrowding will continue for at least the next five years even if changes were begun today.
- 131 Rep. Butler Asks what other states are doing about census growth.
- 136 Nikkel Mentions 30 beds added in Utah, 30 beds added in Connecticut. Notes most states are experiencing this problem. Eight to ten states are in planning or construction stages of facilities. Mentions costs.
- 149 Fickle Relates experience of Washington State which rebuilt their state hospital, and by the time it was completed, they were already in fiscal crisis and the facility was completely full.
- 169 Rep. Tomei Questions whether the increase in Oregon's mental hospital population was influenced by the decrease in Oregon Health Plan and crisis funding.
- 179 Nikkel Responds yes, when front-line funding is reduced, people's needs are not addressed until escalated. Mention the East Project as an example to move toward.
- 192 Rep. Greenlick Asks if the planning process to be presented is intended to provide recommendations for this legislative session.
- 196 Fickle Explains on May 16, the Master Plan will be presented to the legislature with intentions of presenting to the Emergency Board within twelve months.
- 218 Rep. Greenlick Questions the cost of tearing down the Center Street facility.

223	Nikkel	Offers to review and provide the numbers.
227	Rep. Greenlick	Asks how close DHS came to closing the state hospitals completely, as promised.
239	Nikkel	Reports the department delivered a good portion of what they should have promised and that was done in a fiscal crisis environment.
251	Fickle	Explains the relationship between community services and the number of state hospital beds. Mentions New York and their commitment to spend state dollars for every dollar reduced in community services.
255	Rep. Greenlick	Relates the federal government intended to assist states in building community mental health systems.
282	Nikkel	Reports the federal block grant went to those who were not Medicaid eligible. The big federal participation was with Medicaid, the future of which is unsure.
300	Rep. Boone	Comments on the costs of not addressing issues such as child abuse early on, before they develop into full-blown mental health issues.
321	John Keogh	Director, OSH Forensic Psychiatric Service. Testifies his team works with people pre-trial, when the judge has determined they are not fit to proceed with trial. Mentions numbers they serve and turnover, with clients on an approximate 85-day cycle. Notes people can choose to go into the state mental health system, or plead guilty and remain in the criminal system.

**TAPE 55, A**

002	Keogh	Continues testimony. Mentions development of relapse prevention plans for patients.
019	George Bachlik	Director of Social Work, OSH. Reports number of patients discharged this year, and those in discharge process. Explains the discharge process which takes about six months, and the complications of getting a patient back into the community.
090	Fickle	Explains the development of community homes that specialize in difficult medical issues, and other atypical complications. Relates the

hospital is reviewing the possibility of medical trusts for those ineligible for medical cards, as some counties won't accept people without a medical card.

121            Chair Dalto            Closes informational meeting. Adjourns the meeting at 10:38 a.m.

### **EXHIBIT SUMMARY**

- A. **HB 2080, written testimony, Bill Markham, 3 pp**
- B. **HB 2080, Tacoma Times article, Bill Markham, 2 pp**
- C. **HB 2080, -1 amendment, staff, 1 p**
- D. **HB 2080, written testimony of Joy Soares, Rep. Billy Dalto, 1 p**