HOUSE COMMITTEE ON

HEALTH AND HUMAN SERVICES

March 16, 2005 Hearing Room E

4:00 P.M. Tapes 56 - 59

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

MEMBERS EXCUSED: **Rep. Mitch Greenlick**

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

Pamella Andersen, Committee Assistant

MEASURES/ISSUES HEARD:

HB 2059 - Work Session

HB 2061 – Work Session

HB 2102 – Work Session

Oregon State Hospital - Informational Meeting (cont.)

Public Comment

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 56, A		
004	Chair Dalto	Calls the meeting to order at 4:00 p.m. Invites Rep. Butler to introduce special guests.
017	Rep. Tom Butler	House District 60. Introduces Director General Robert Chen, his wife and his staff assistant Stephen Tai. Mentions HJM 8 which will be heard in this committee and is a health memorial encouraging the World Health Organization to recognize the efforts of Taiwan for their remediation contributions to world health.
052	Chair Dalto	Opens the work session on HB 2059.
hb 2059 – WORK SESSION		
053	**Rep. Butler**	**MOTION: Moves HB 2059 to the House General Government Committee without RECOMMENDATION to passage.**
057		**VOTE: 4-0-3**
		EXCUSED: Boone, Greenlick, Tomei
	Chair Dalto	**Hearing no objection, declares the motion CARRIED.**
058	Chair Dalto	Closes the work session on HB 2059. Opens the work session on HB 2061.
hb 2061 – WORK SESSION		
060	**Rep. Butler**	**MOTION: Moves HB 2061 to the House General Government Committee without RECOMMENDATION to passage.**
063		**VOTE: 4-0-3**

		EXCUSED: Boone, Greenlick, Tomei
	Chair Dalto	**Hearing no objection, declares the motion CARRIED.**
065	Chair Dalto	Closes the work session on HB 2061. Opens the work session on HB 2102.

hb 2102 – WORK SESSION

066	**Rep. Butler**	**MOTION: Moves HB 2102 to the House General Government Committee without RECOMMENDATION to passage.**
070		**VOTE: 4-0-3**
		EXCUSED: Boone, Greenlick, Tomei
	Chair Dalto	**Hearing no objection, declares the motion CARRIED.**
071	Chair Dalto	Closes the work session on HB 2102. Opens the informational meeting on the Oregon State Hospital as a subcommittee.

oregon state hospital (osh) – informational meeting

073	Jonathan Ater	Co-Chair, Governor's Task Force on Mental Health. Submits and highlights points from the task force report (**exhibit a**). Discusses the Health Policy Commission, its purpose and goals. Provides overview of the task force. Mentions the methods used to develop the report, and the value of process engineering in mental health systems. Shares details of visit to a secure facility in Portland, which he highly praised. Confirms the desire to make wise changes rather than apply band aids.
253	Rep. Anderson	Asks if the facility in Portland has an attitude or spirit that can be replicated elsewhere in smaller units, using programs that aim at restoring the person.
278	Ater	Mentions Virginia Mason Hospital and their pursuit of Toyota's methodology, breaking everything down into a series of small steps. Comments on the value of innovative thinking. Notes he can envision how the land already owned by the state could be redesigned for functionality and to benefit from federal funding.

347	Satya Chandragiri	Chief Medical Officer, Eastern Oregon Psychiatric Center (EOPC). Submits and references (**exhibit b**). Discusses EOPC and the recovery model they have developed based on their resources. Mentions obstacles, existing items evaluated, staff retraining, and the technical assistance they received.

TAPE 57, A

003	Chandragiri	Continues testimony. Reviews their adaptation to change. Discusses steps of the process they went through, and particularly useful changes they have made. Relates the changes in the phone call process for patients, and the increased access to care, which resulted in increased admissions for the year. The number of patient contacts per month have increased, and they now have the highest rate of admissions and discharges of any hospital in Oregon. Lists locations where they have presented their model. Discusses their pursuit of results-oriented treatment.
173	Chair Dalto	Asks about Chandragiri's sharing of his learnings on collecting data in treatment planning.
177	Chandragiri	Elaborates on the other groups to whom he has had the opportunity to present.
209	Chair Dalto	Questions successes being based on the increase in admissions and discharges rather than in terms of people not needing treatment or not returning.
218	Chandragiri	States their measurements must be in terms of new cases and the readmission rate.
227	Chair Dalto	Asks if Chandragiri is sharing strategies with Umatilla County on how they can catch people before crisis.
229	Chandragiri	Confirms yes and elaborates.
239	Bob Nikkel	Office of Mental Health & Addiction Services, Dept of Human Services (DHS). Reports the Eastern Oregon facility is unique in that it also provides acute care for all of eastern Oregon. Cross comparisons to other state facilities do not work. Mentions the major changes taking place in Umatilla County due to their inability to provide the necessary standard of care.

263	Rep. Tomei	Inquires regarding the readmission rate, and what percentage of his patients are from eastern Oregon.
264	Chandragiri	Offers to provide the readmission figures. Notes all acute admissions (65 percent) are from eastern Oregon, with extended care patients also coming from the valley.
274	Rep. Tomei	Asks how long acute care and extended care patients would be in the facility.
278	Chandragiri	Reports acute care patients stay 30 to 50 days, and some extended care patients stay for more than a year, although most stay six months to a year.
286	Rep. Tomei	Questions if patients requiring longer term care would be sent to Salem.
287	Nikkel	States patients are placed where beds are available. Staff attempts to keep patients in their home location unless they are in a special program that requires a move.
309	Rep. Cameron	Requests clarification of Chandragiri's statement they changed the way they welcome people.
311	Chandragiri	Compares their old procedures to their new procedures with respect to admissions policies, patients not being admitted in handcuffs; group orientations; allowing substance abusers; and providing support while people are waiting for an available bed.
359	Rep. Boone	Comments these procedures would be helpful to share with other hospitals.
373	Nikkel	Reports key executive staff of all the state hospitals teleconference bi-weekly and share learnings. Each population has differences so not everything is transferable.
404	Maynard Hammer	Deputy Superintendent, Oregon State Hospital (OSH). Reviews the master plan and provides an update on the OSH physical plant (**exhibit c**). Reviews portions of the Center Street facility that are useable and unusable. Mentions the lease for the Portland facility, noting it is the best and most modern treatment space.

TAPE 56, B

003	Hammer	Continues testimony. Reviews facility capacities and details. Discusses the master plan review and their intent. Notes the two phases of the master plan.
166	Chair Dalto	Asks what the timeline would be if a plan for the future came out of this process.
172	Hammer	Reports development and replacement of a major facility would take about eight years if were started today. This would include a transition plan for existing patients from the present facility.
194	Chair Dalto	Asks about the shaded areas on the state hospital grounds map.
196	Hammer	Responds and continues testimony. Reviews the LAN expansion project status. Notes when the hospital expects to have connectivity. Discusses existing programming challenges due to lack of connectivity.
298	Mary Botkin	American Federation of State, County and Municipal Employees (AFSCME). Reports the OSH employees believe maintaining the state hospital is essential. States Oregon needs a long term solution that has a system of care at every level, one that breaks down artificial barriers and clarifies how the mentally ill are treated. Emphasizes the need for stable long-term financing for those in custody and those discharged. Relates necessity of determining what the states needs and what it will cost so it can be requested. Introduces employee panel.
419	Joe Thurman	OSH, AFSCME. Submits and reviews written testimony (**exhibit d**). Notes difficulties when the court system makes determinations regarding the mentally ill rather than mental health professionals. States victimizers should not be placed with the mentally ill.

TAPE 57, B

003	Thurman	Continues testimony. Mentions assault rates on staff, daily. Elaborates on levels of and need for security. Notes support of current hospital administration. Mentions false, inaccurate tests that bring patients back to the hospital when they should be in a community program.

103	Lorre Worthington	OSH, AFSCME. Submits and reviews written testimony (**exhibit e**). Relates her personal experiences working in the state mental health system.
148	Jeanne Dalton	OSH, AFSCME. Submits and reviews written testimony (**exhibit f**). Discusses geriatric program needs and challenges.
209	Rep. Tomei	Asks if most of the people have Alzheimer's.
210	Dalton	States most have dementia, some of which is Alzheimer's.
218	Rep. Tomei	Questions if most are not going to be getting well, but worse.
219	Dalton	Responds yes, most are progressive, some are static.
232	Rep. Tomei	Asks if these patients need a more secure facility than a regular nursing home.
234	Dalton	Reports locked Alzheimer's units can address those needs.
239	Chair Dalto	Asks why geropsychiatric patients would be discharged.
242	Dalton	Reports those with bipolar or who are manic can be stabilized with medication.
254	Chair Dalto	Questions why they would need to enter the hospital unit at all.
256	Dalton	Replies schizophrenia and bi-polar are life-long illnesses, and age can cause these to worsen, sending patients back to acute care. Comments medical and psychiatric issues go hand in hand with the elderly. States dementia can also lead people to become more confused, violent and dangerous to themselves or others. Continues testimony. Reports the state hospital is a safety net for the elderly and disabled. Notes need for more mental health clinicians trained in geriatrics.
351	Lonna Chase	OSH, AFSCME. Submits and reviews written testimony (**exhibit g**). Notes jails need to require medications be taken faithfully by patients just as is done when they are in the hospital. Reports failure to take medications is what usually brings patients back to the hospital. States some counties don't support certain mediations.

461	Rep. Boone	Requests explanation of acronyms.
464	Chase	Explains axis diagnoses.
477	Rep. Boone	Asks if Chase believes personality disorders are not mental illness.
479	Chase	Responds it depends on the disorder.

TAPE 58, A

002	Marilyn Gordon	OSH, AFSCME. Submits and reviews written testimony (**exhibit H**). References reports (**exhibit d**), discussing specific patient violence incidents. Notes if injured, staff has to find their own transportation to the hospital.
119	Rep. Boone	Asks if the employee can call 911.
120	Gordon	States if the injury is bad enough, 911 can be called, but the staff member's personal insurance must be charged, and they are not paid while they are waiting in the emergency room.
128	Thurman	Comments on the fact there is no counseling or trauma response team for staff who are injured.
134	Rep. Boone	Asks if staff is able to access the Employee Assistance Program (EAP), and about the role of supervisors in assisting staff.
137	Thurman	Reports the EAP program can be used, but when traumatized, employees don't think clearly about these things. Notes after a traumatic event, there is a need to vent, etc. but the hospital is so short-staffed it is not possible to go home. States there are no supervisors on the swing shift.
139	Rep. Anderson	Requests a compendium of recommendations to address these difficult situations be prepared and submitted. Asks if these events are addressed with lock downs for the patients.
163	Thurman	Responds there is seclusion and restraint after the act.
166	Rep. Anderson	Asks how often there are female nurses working on an all-male floor.

168	Thurman	States this is frequent, sometimes as much as 50 percent of staff are female in such a ward.
171	Chair Dalto	Elaborates on what he has seen at the hospital, noting this is a huge issue.
181	Gordon	Notes the primary concerns are development of a trauma response team, and a security team.
205	Daniel Smith	OSH, Service Employees International Union (SEIU). Mentions people who are sent to the state hospital who do not belong there. Discusses the (**exhibit I**) understaffing issue and people who are required to work immediate second shifts.
327	Lewis Cronenberg	OSH, SEIU. References (**exhibit i**) noting the injuries reported are from one unit in one year that houses 34 men. Comments on the increase in patients with no increase in staff. Notes room overcrowding and not enough time to counsel patients one-on-one. States Oregon's seclusion and restraint level is lower than the national average. Reports the state hospital is a needed safety net for dangerous people.
435	Chair Dalto	Relates his personal experiences and exposure to the activities at the state hospital.

TAPE 59, A

009	Cronenberg	Expresses gratitude to the new administration for being allowed new freedoms, stating he looks forward to work because of his coworkers and the patients.
026	Jackie Pierce	OSH, SEIU. Submits and reviews written testimony (**exhibit j**). Works in geropsychiatric program. Addresses difficulty of getting patients back in the community when they are ready. Notes why patients who have been placed are returned to the hospital.
135	Chair Dalto	States the record will be left open for more submissions of written public testimony.

The following prepared testimony is submitted for the records without public testimony:

	Bob Nikkel	Oregon State Hospital Fact Sheet (**exhibit k**)

	Bob Nikkel	Oregon State Hospital Background on Forensic Census Issues (**exhibit l**)
148	Chair Dalto	Closes the work session on HB 2102. Adjourns the meeting at 6:35 p.m.

EXHIBIT SUMMARY

A. **Oregon State Hospital, excerpts from Governor's Task Force on Mental Health Report, Jonathan Ater**
   a. **Values and Principles, 7 pp**
   b. **Appendix E - Community Development Costs to Reduce Sate Hospital Census, 2 pp**
B. **Oregon State Hospital, Satya Chandragiri**
   a. **Written testimony, 21 pp**
   b. **Report, 22 pp**
C. **Oregon State Hospital, Maynard Hammer**
   a. **OSH Grounds Map, 1 p**
   b. **Professional Services Contract, 3 pp**
   c. **Steering Committee, 4 pp**
   d. **Stakeholders Contact List, 3 pp**
   e. **Local Area Network Expansion Project, Project Status, 1 p**
D. **Oregon State Hospital, Joe Thurman**
   a. **Written testimony, 2 pp**
   b. **Reports, 24 pp**
   c. **Articles, 5 pp**
E. **Oregon State Hospital, written testimony, Lorre Worthington, 1 p**
F. **Oregon State Hospital, written testimony, Jeanne Dalton, 2 pp**
G. **Oregon State Hospital, written testimony, Lonna Chase, 1 p**
H. **Oregon State Hospital, written testimony, Marilyn Gordon, 3 pp**
I. **Oregon State Hospital, reports and commitments, Daniel Smith, 13 pp**
J. **Oregon State Hospital, written testimony, Jackie Pierce, 2 pp.**

The following prepared testimony is submitted for the records without public testimony:

K. **Oregon State Hospital, Fact Sheet, Bob Nikkel, 5 pp**
L. **Oregon State Hospital, Background on Forensic Census Issues, Bob Nikkel, 5 pp**