HOUSE COMMITTEE ON

HEALTH AND HUMAN SERVICES

March 18, 2005 Hearing Room D

9:00 A.M. Tapes 60 - 63

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

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

Pamella Andersen, Committee Assistant

MEASURES/ISSUES HEARD:

Oregon State Hospital – Informational Meeting (cont.)

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 60, A

004	Chair Dalto	Calls the meeting to order at 9:03 a.m. Opens the informational meeting on the Oregon State Hospital.
011	Sandy Thiele-Cirka	Administrator. Mentions distribution of reports and articles (**Exhibit c**) from Mary Botkin.

Oregon state hospital – INFORMATIONAL MEETING

021	Gina Firman	Executive Director, Association of Oregon Community Mental Health Programs. Submits and reviews written testimony (**exhibit a**). Addresses county community projects including housing, geropsychiatric programs, early intervention programs, crisis resolution centers, and group homes. Discusses continuing challenges and need of adequate funding.
108	Rep. Greenlick	Notes his work with substance abuse providers. Requests explanation of the state contract bidding process.
130	Firman	Reports the counties or communities decide who is qualified to bid on their contracts. Private providers have to go through the counties. States only Douglas County has a direct contract with the state.
151	Rep. Butler	Mentions counties that have federal block grant subsidies. Expresses concern with the amount of funding going into the local programs. Asks how counties fund local programs, and why Douglas County contracts directly with the state.
162	Firman	States the federal block grants are an experiment; crisis resolution centers are a mix of state, local and private funds; and due to claiming the first right of refusal, Douglas County has contracted with the state.
185	Rep. Anderson	Asks if there is a way to have a mental health therapy wing in prisons.
198	Firman	Mentions KMD architects and the options they are considering.
205	Rep. Tomei	Questions if there is anything the legislature can do to facilitate getting more Medicaid money to help the working poor.
213	Firman	Confirms yes, by moving people to 16-bed-or-less facilities. Reports the master plan is moving in that direction. Recommends starting pilot projects now, such as five crisis resolution centers regionally, and EAST projects in new areas.

255	Chair Dalto	Asks if there is a special enhancement to the Medicaid match for special populations.
263	Firman	Responds the federal government is working on a number of possibilities now, but nothing is available at this time.
273	Rep. Greenlick	States there is a match in the children's mental health program.
282	Rep. Tomei	Asks how the legislature can help change the loss of Medicaid benefits when a party is sent to prison.
288	Firman	Recommends support of the state-level bill to suspend benefits rather than cut them off.
308	Rep. Anderson	Questions if volunteer work can extend the benefits provided by paid professionals, and how federal money relates to this.
321	Firman	Mentions the issues of HIPAA compliance and confidentiality. Notes there is a bill this session cutting through the red tape for physicians and others. Mentions drop-in center where patients in recovery help others.
342	Bob Nikkel	Administrator, Office of Mental Health and Addiction Services (OMHAS), Department of Human Services (DHS). Reports in the governor's recommended budget 274 additional community placements are planned with Medicaid support.
364	Chair Dalto	Asks how many people in the state hospital have completed treatment and are awaiting release.
366	Nikkel	Responds with the number of criminal patients released pending placement and those civil patients in active discharge planning. States it is critical to have community placements ready when patients are ready for discharge.
405	Chair Dalto	Asks who makes determinations on the civil commitments.
416	Nikkel	Reports that is made jointly between the community programs and the state hospital.

418	Rep. Butler	Inquires what will happen to the eastern Oregon facility, the people who are presently there, and any future commitments in that area.
431	Nikkel	Reports it is expected that 30 beds will close by November, 2006, with 30 beds remaining. The question of acute care is still being reviewed.

TAPE 61, A

002	Rep. Butler	Requests report on the concluded intentions. Questions security issues in moving patients to a far away location.
012	Nikkel	Mentions ideas that are being considered.
017	Chair Dalto	Inquires if there is a plan in the Ways and Means process for buying back lost beds.
019	Nikkel	States that will be discussed.
022	Chair Dalto	Requests list of people OMHAS is serving that are benefiting from Medicaid.
032	Nikkel	Offers to provide numbers. Mentions SB 913 and notes there will be a fiscal impact.
037	Rep. Greenlick	Asks what barriers might prevent the 16-bed facilities from opening.
043	Nikkel	Lists barriers such as capital to construct, complex finance packages, staff time to prepare the development package, and neighborhood concerns.
066	Rep. Greenlick	Inquires how many presently exist and how many are needed.
069	Nikkel	Notes the number of new beds created this biennium, in the last few years, and the impact of the master plan on the size of the state hospital in the future.
082	Rep. Tomei	Asks if it would be appropriate to change the 30 beds left in the eastern Oregon facility to two 16-bed facilities in order to get federal money.

090	Nikkel	Mentioned that will probably be one of the options they consider, however, there will always be a need for the larger state hospital.
112	Rep. Greenlick	Comments on the impact on planning of the possible Medicaid changes.
115	Nikkel	Explains the difficulties the department is experiencing from cuts in federal funding and the pending waiver request.
125	Rep. Greenlick	Asks why Oregon has a pending waiver request.
128	Nikkel	Clarifies details of compliance issue.
138	Mary Claire Buckley	Executive Director, Psychiatric Security Review Board (PSRB). Submits and reviews portions of (**exhibit b**). Reports on the PSRB history, interrelation with other agencies within DHS, and their public safety mandate. Notes board is considered a model nationally. Elaborates on commitment to placement. Explains terms of treatment.
252	Rep. Tomei	Requests confirmation patients cannot be committed longer than they would have been sent to prison.
256	Buckley	Confirm yes, for the maximum sentence.
262	Rep. Greenlick	Questions whether once the criminal sentence expires, patients can then be subject to civil proceedings.
265	Buckley	Confirms, yes. Continues testimony reviewing graphs. Reports schizophrenia is the primary diagnosis of forensic patients. Discusses timeframes within treatment and releases.
350	Rep. Greenlick	Questions county map on (**exhibit b**) and the strong numbers for Malheur County.
356	Buckley	States Malheur County has developed a very good program for their clients. Notes the PSRB is soliciting other communities to pursue their lead, but all counties don't have the same resources.
390	Rep. Tomei	Asks how many clients are civilly committed once their criminal commitment is served.

405	Nikkel	Reports it is a very small number and they will provide the figures to the committee.
416	Rep. Boone	Questions if a sentence can be changed from a criminal to a civil commitment.
422	Buckley	States sentences are not switched. Patients can request an early termination if they no longer meet the legal criteria. Relates details on civil commitment determination.
437	Rep. Tomei	Asks if it is ever determined someone is not mentally ill but is a danger to society, and how that is addressed.
443	Buckley	Reports that happens on occasion and the board is then obligated to discharge them (they don't go to prison).
456	Chair Dalto	Questions if that is a common occurrence with meth-psychosis.
460	Buckley	Notes only those with psychoses are admitted, but occasionally, once patients have been in the hospital for a while, some are left with only a substance abuse diagnosis.

TAPE 60, B

002	Buckley	Continues with substance abuse diagnoses. Reviews details of various individual decisions.
023	Rep. Greenlick	Suggests the legislature might want to consider a bill that could transfer patients to prison for their offence if their psychosis diagnosis is reversed.
036	Buckley	States that would eliminate the insanity defense, but might be considered for substance abuses cases only.
042	Chair Dalto	Questions the significant rise in conditional releases on Slide 6.
053	Buckley	Explains the advocacy center lawsuit and its impact on the PSRB. Continues testimony. Discusses patient monitoring after release.
105	Chair Dalto	

		Questions the differing perspective of hospital staff on these issues, particularly as they have the ability to observe patients daily.
108	Buckley	Responds staff is frustrated with the severe overcrowding, and any new patient is a concern. Elaborates on a specific case and the procedures taken with the individual.
146	Chair Dalto	Questions whether staff has access to such reports.
149	Buckley	States the reports are provided to the hospital, but the PSRB has no information on whether the reports are made available to all hospital staff. Says the PSRB can initiate a process to assure staff receives the reports.
174	Chair Dalto	Comments on the fundamental role of trust in recovery and in order for staff to retain earned trust and address issues, they need to have the full picture.
191	Buckley	Continues testimony. Notes the board's role in ensuring clients are not left out in the community if they become unstable.
262	Rep. Greenlick	Questions conditional release figure of 98.7 percent.
266	Buckley	Clarifies there are 300 patients on conditional release, today.
267	Chair Dalto	Asks if the PSRB can relieve pressure from the hospital census crisis by moving people ready for conditional release out into the community.
283	Buckley	Responds the hold up is lack of appropriate placements in the community. People have been approved to be released, but there is no place in the community for them to go and be adequately treated.
312	Chair Dalto	Questions the 43 people ready to be released.
314	Buckley	Confirms yes, noting more will be approved by June.
356	Chair Dalto	Asks if all those awaiting placements have the same degree of needed structure and services.

368	Buckley	Notes a variety of treatment places are used to address each client's particular needs.
389	Chair Dalto	Requests confirmation no appropriate treatment centers are available for the 43 patients awaiting release.
394	Buckley	Elaborates on appropriate living situations, noting the communities also require the appropriate arrangements.
436	Chair Dalto	Reiterates belief there must be some appropriate available arrangement.
457	Buckley	States the board shares his frustration, but the client is not served if they are released without the services they need.

TAPE 61, B

005	Rep. Tomei	Asks about treatment progression.
011	Buckley	Explains how the treatment settings are used.
017	Rep. Tomei	Comments on large percentage living independently or with their families.
020	Buckley	Responds patients gradually earn that ability.
027	Chair Dalto	Requests specifics on the board, itself.
037	Buckley	Lists each individual member and their experience on the board. Reports it is a seasoned board, but by next year all members will be new. States it will be difficult to replace the psychiatrist member, partly due to the limited per diem. Notes the board meets three times a month for a full day each time.
092	Chair Dalto	Questions term rotation status and whether more funding has been requested for per diems.
100	Buckley	Responds they have been reviewing with the Governor's Office.
111	Chair Dalto	

		Asks if patients are being sent to the state hospital because there is no other appropriate placement available.
115	Buckley	Responds they would continue on in the hospital where they already were.
142	Chair Dalto	Inquires about the PSRB in relationship to DHS, and in collaboration with the counties.
143	Buckley	Elaborates on collaborative methods, noting funding impacts on such.
180	Chair Dalto	Asks about PRSB's relationship with DHS.
182	Buckley	States they work closely and well together. Mentions relational intensity due to pressures.
214	Dalto	Remarks recidivism rate is extremely low. Request Buckley's perspective on the complaint the PSRB is heavy handed and holding patients too long in state custody.
240	Buckley	Explains and elaborates on process for releases. Gives generic example. States the board does not take independent action in terms of revocation or modification of releases unless requested by another party.
287	Chair Dalto	Questions whether one of the board's responsibilities might be to reduce the level of structure for a patient, if warranted, and whether the board should be more proactive in that regard.
308	Buckley	States the board moves people through the system as noted in the chart (**exhibit b**).
313	Chair Dalto	Inquires if the board waits for a community provider to recommend lesser structure rather than proactively pursuing such.
322	Buckley	Mentions staffing resource needs to institute such review, reporting presently it is not the purview of the board to review cases for levels of care except when a hearing is requested. Questions which agency should have responsibility to review and bring recommendations to the board.

382	Rep. Tomei	Asks if more staff would accelerate releases.
393	Buckley	Responds, yes, to a degree. The board monitors patients in the community and the more released, the more staff are needed to manage the increased workload.
444	Chair Dalto	Asks how the working relationship between the PSRB and the DHS Mental Health and Additions Office could be improved.
452	Buckley	Thinks it is working quite well with healthy tension coming from their differing responsibilities. Gives example of releasing people into independent living situations.

TAPE 62, A

002	Buckley	Continues, noting possible situations where the two groups might disagree. Lists some semi-independent housing locations.
042	John Lipkin	Oregon Psychiatric Inpatient Committee. Relates specific situation of sending a patient elsewhere when their beds were full. Notes available beds aren't sufficient to meet the need. Discusses bed rotation. Mentions situations where the state hospital refuses patients and community hospitals are required to respond. Discusses hospital emergency rooms as the first line of care. Notes how community hospitals are picking up a larger portion of indigent care. Elaborates on the existing process and resultant problems. Expresses desire to see better collaboration and management of funds.
192	Rep. Boone	Asks how many emergency hospital beds are being used by patients that should be in community mental health care or the state hospital.
205	Lipkin	Clarifies the numbers and processes that leave people sitting in the county beds, bumping the back-up into emergency room beds.
240	Rep. Butler	Asks what percentage of clients have addiction issues, and what best practices we can borrow from other states.
252	Lipkin	Reports those with addiction issues usually go to medical treatments. Comments some other states have moved to mental health parity. Notes the category of pharmaceuticals is another problem in which other states have not surpassed us. Relates it is cheaper to pay for maintenance drugs that keep people in hospitals.

305	Rep. Butler	Asks if allowed, could psychologists be helpful in dispensing psychotropic drugs.
322	Lipkin	Opposes current legislation allowing the Board of Psychologists such responsibility. Recommends breaking up participation groups.
342	Rep. Boone	Questions the impact of mental health parity.
345	Lipkin	Replies parity allows people to seek coverage and lowers hospital expenses, saving on inpatient costs.
379	Rep. Boone	Questions the insurance industry's argument parity will bankrupt the system.
401	Lipkin	Mentions cases in autoworkers union, stating the insurance industry is using scare tactics.
413	Rep. Tomei	Requests clarification costs are equal when keeping people out of the hospital and in the hospital.
420	Lipkin	Confirms and clarifies this is true for major chronic and severe illnesses, though community care is more beneficial even though there is not a huge cost savings. Reports routine care is cheaper on an outpatient basis.

TAPE 63, A

004	Sandra Sheetz	Oregon Psychiatric Inpatient Committee. Addresses others states' programs and those that are worth the investment. Discusses transition teams and their value. Mentions the necessity of housing programs to prevent recycling patients back into hospitals.
030	Rep. Tomei	Mentions Oregonian article on suicide and the need to look at the loss society suffers from mental illness.

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

	Mary Botkin	Oregon State Hospital articles and reports (**exhibit c**).
038	Chair Dalto	

Closes the informational meeting on Oregon State Hospital. Adjourns the meeting at 11:32 a.m.

EXHIBIT SUMMARY

A. **Oregon State Hospital, written testimony, Gina Firman, 3 pp**
B. **Oregon State Hospital, articles and reports, Mary Claire Buckley. 15 pp**
C. **Oregon State Hospital, articles and reports, Mary Botkin, 102 pp**