

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES

March 30, 2005 Hearing Room D

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES

March 31, 2005 Campbell Senior Center, Eugene, Oregon

5:30 P.M. Tapes 74 - 76

MEMBERS PRESENT: Rep. Billy Dalto, Chair

Rep. Carolyn Tomei, Vice-Chair

Rep. Gordon Anderson

Rep. Deborah Boone

Rep. Kevin Cameron

Rep. Mitch Greenlick

MEMBERS EXCUSED: Rep. Tom Butler, Vice-Chair

STAFF PRESENT: Sandy Thiele-Cirka, Committee Administrator

Pamella Andersen, Committee Assistant

MEASURES/ISSUES HEARD:

HB 2500 – Public Hearing

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
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TAPE 74, A

004	Chair Dalto	Calls the meeting to order at 5:40 p.m. Thanks all who have come to participate. Notes the committee's visit to the Willamette Treatment Center. Opens the public hearing on HB 2500.
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HB 2500 – PUBLIC HEARING

040	Damiana Merryweather	Alcohol and Drug Abuse Association of Oregon. Testifies in support of HB 2500. Relates differences in requirements of treatment providers between corrections placements and other placements. Mentions the county mental health program representatives and the Department of Corrections support closing this discrepancy.
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099	Chair Dalto	Thanks Merryweather for coordinating the field trip to Eugene.
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103	Rick Treleaven	Best Care Treatment Services, Central Oregon. Submits and reviews written testimony in support of HB 2500 (exhibit a). Explains what is involved in becoming approved as a treatment center. Discusses initial and re-inspection processes. Comments on the value of regulating quality control. Notes agencies and groups that would be
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impacted by HB 2500. Reports there is no cost to implementing HB 2500.

- 221 Rep. Cameron Inquires how many would need the certification.
- 224 Treleaven Relates he does not have that information, but anticipates approximately two to four centers.
- 234 Rep. Tomei Comments in support that well-designed and professionally-delivered treatment helps most people.
- 239 Rep. Anderson Questions why some programs come and go.
- 248 Treleaven Believes inadequate management is the primary driver: deficiency in either watching the financial bottom line, delivering quality services or maintaining community relationships. Notes some programs have merged, and parts of some programs have been closed due to past budget cuts.
- 284 Rep. Anderson Asks if it is difficult to find qualified people, and where the good training programs are.
- 290 Treleaven Reports community colleges have good training programs. States the problem is pay is very low, with some only offering \$12 per hour for a master's degree.
- 314 Bruce Piper Chief Executive Officer, Adapt. Submits and reviews written testimony in support of HB 2500 (**exhibit b**). Mentions past association meetings dominated by frustration over the amount of documentation required by the administrative rules, resulting in a request for the Office of Drug and Alcohol Treatment to streamline the rules to define the acceptable level of treatment. Relates the intent of HB 2500 is to close the loophole that allows centers receiving state funding outside of DHS to operate without being certified. Answers Rep. Cameron's question stating he has observed eight to ten centers that have not received certification.

TAPE 75, A

- 003 Piper Continues testimony. Discusses impacts of methamphetamine use. Relates few unincarcerated men can access treatment.
- 066 Rep. Greenlick Asks Piper to explain the issues in bidding for services.
- 073 Piper Relates details of issue: to allow any non-profit to bid on providing services; presently only tribes or counties can bid. States he would like the opportunity to bid.
- 095 Rep. Cameron Questions the process on inspections for certification, and whether DHS is responsible and would require additional staff to process certifications.
- 102 Piper States the number of new programs to be inspected would probably equal those going out of business.
- 107 Rep. Cameron Asks if there is a cost to the individual organization requesting inspection.
- 110 Treleaven Responds no, but they work hard to ensure they meet the standards.
- 114 Rep. Tomei Requests clarification of earlier statement on bidding for state funds.
- 120 Piper Confirms private treatment centers are ineligible to bid for state funds.
- 133 Merryweather Reports Rep. Greenlick is seeking a vehicle to remedy this situation, since it is too late to introduce bills for this session.

138	Rep. Tomei	Requests clarification regarding statement more people should be sent to drug courts rather than jailed.
146	Piper	States the focus should be on reduction rather than interdiction.
165	Chair Dalto	Comments on his desire to proactively partner with community professionals rather than address problems reactively. Questions whether one of the benefits of drug court is the longer length of time to influence offenders.
196	Piper	Explains drug court is the constellation of resources, the demand for a high level of accountability and to provide sanctions and rewards. Elaborates on advantages.
245	Chair Dalto	Asks if there is a comprehensive plan.
249	Treleaven	States he served on the Methamphetamine Task Force which produced a comprehensive blue print with three components: law enforcement, prevention and treatment.
264	Chair Dalto	Questions overall plan beyond methamphetamine.
276	Piper	Comments it is refreshing to have someone ask about a plan.
288	Rep. Greenlick	Notes his proposal to create a drug policy coordinator that would cross agency and program barriers. Questions if that would be useful.
294	Treleaven	Responds to Chair Dalto there have been comprehensive plans in the past, but recently the focus has been about entrenchment and survival. Answers Greenlick, that a cabinet-level position no longer exists, and the others have extensive commitments; therefore it would be advantageous to have someone monitor all three components and navigate cross-functionally.
337	Rep. Boone	Requests advice on prevention.
345	Treleaven	Defers to Judge Darryl Larson. Notes they are reviewing evidenced-based practices. Comments on the effectiveness of prevention coordinators to organize volunteer community groups.
381	Piper	Comments treatment for pregnant women addicted to methamphetamine is one of the most effective forms of prevention.
398	Chair Dalto	Wonders what the treatment landscape is for minority populations.
448	Darryl Larson	Circuit Court Judge. Notes previous work in corrections. Testifies in support of HB 2500. Relates experiences at a drug court conference.

TAPE 74, B

003	Larson	Continues testimony. Mentions and recommends Kaylene Deathridge as a resource. Relates factors contributing to methamphetamine use. Reports the state cannot arrest its way out of the problem, but needs to develop a public safety outcome that produces optimal results for the public and the offender. States jail is extremely expensive and will slow down addiction, but is only useful if followed by treatment. Reports Oregon ranks fourth from the bottom in terms of treatment access by state. Mentions the high rate of counselor turnover in drug court due to low pay, and the necessity of counselor continuity for effectiveness.
205	Rep. Anderson	Asks if the state can access the assets of those convicted of drug charges to help fund treatment.
208	Larson	States addicts don't have assets. Reports while people are in treatment they are asked for small payments. Comments treatment is cheaper than building a new penitentiary.

250	Rep. Tomei	Questions how people are kept in treatment.
251	Larson	Lists some of the means used: encouragement, praising successes, addressing personal desires for progress, dreams, and relationships, focusing them on the value of success, telling stories, and threatening.
273	Rep. Tomei	Asks what threats or negative sanctions can be imposed.
277	Larson	Notes sanctions, such as jail for a day for every treatment day missed.
297	Rep. Cameron	Comments on experience attending a drug court in Marion County.
301	Larson	Mentions DHS drug court sheet (exhibit c). States the best use of committee energies would be to support the drug court program.
340	Chair Dalto	Mentions his attendance at a drug court graduation.
348	Larson	Encourages members to support the drug court model.
377	Chair Dalto	Recesses from 6:50p.m. to 6:55 p.m.
381	Lucy Zammarelli	Director, Adolescent and Research Programs, Willamette Family Treatment. Testifies in support of HB 2500. Requests the committee support the standards to maintain the best programs for children.

TAPE 75, B

024	Tom McKee	Executive Director, Rimrod Trails Adolescent Treatment Services. Submits and reviews written testimony in support of HB 2500 (exhibit d). Discusses costs of services compared to payments received, and the financial difficulties. States programs serving only adolescents will soon close as they have no funding options and the DHS suggested rate is not adequate. Relates his own recovery story. Discusses connection between alcohol and methamphetamine use, percentages of youth in treatment who have used methamphetamine, the affect of methamphetamine on brain chemistry, and dual diagnoses. Compares the costs of residential treatment facilities to that of outpatient treatment centers.
158	Rep. Boone	Asks how many people are in McKee's program.
159	McKee	Explains the number of residential and additional beds. States those paying with private insurance allow them to remain open, and urges support of parity. Relates they keep youth in treatment as long as they need it, even if their insurance has expired.
183	Rep. Boone	Inquires about McKee's success rate.
185	McKee	Responds the success rate is hard to measure. Notes national statistics indicate a third entering treatment will relapse during the first year of recovery, another third will relapse several times and the final third stay in the recovery process.
214	Rep. Tomei	Asks what would be helpful to know about prevention.
219	McKee	Relates intervention is crucial, and allows the issues of the entire family to be addressed.
241	Chair Dalto	Questions whether a parent will seek treatment if the child has health insurance.
249	McKee	Reports that happens occasionally.
256	Zammarelli	Comments with an adolescent client, you address whatever addicted persons are in their family, which is one of the reasons their treatment is so expensive.

277	Rep. Tomei	Requests information on the prevention process before a family gets involved in drugs.
287	Zammarelli	Reports drug-addicted families and individuals are in a hidden culture receiving limited information and learning, and they want knowledge and opportunity.
325	Rep. Boone	Asks how homeless youth hear about and connect with Zammarelli's programs.
330	Zammarelli	States they are referred for residential treatment from other programs or they receive information from adults.
353	Rep. Boone	Questions how to address the methamphetamine bills in the 2005 session to preclude an increase in load on adolescent treatment programs.
368	Zammarelli	Recommends setting policy for programs with committed resources.
372	Rep. Greenlick	Questions the link between methamphetamine and adolescents in the sex trade.
388	Zammarelli	Discusses specific behaviors taught in dysfunctional home environments which expose children to the sex industry.
436	McKee	Reports his program makes three to four reports monthly on sexual abuse.
449	Rep. Boone	Asks how to pursue the people preying on the kids.
464	Zammarelli	Reiterates coordinating policy, education and services.

TAPE 76, A

010	Zammarelli	Notes success rates with their treatment.
027	Ron Schwarzler	Medical Director, Serenity Lane Health Services. Testifies in support of HB 2500. Relates story of personal addiction that developed in Viet Nam. Discusses the number of patients primary care physicians see daily that are impacted by addiction. States one of the best prevention strategies is for people in recovery to show this is a treatable disease by sharing their stories.
083	Chair Dalto	Closes public hearing on HB 2500. Adjourns the meeting at 7:40 p.m.

EXHIBIT SUMMARY

- A. **HB 2500, written testimony, Rick Treleaven, 2 pp**
- B. **HB 2500, written testimony, Bruce Piper, 1 p**
- C. **HB 2500, Drug Court: Facts and Figures, Darryl Larson, 2 pp**
- D. **HB 2500, written testimony, Tom McKee, 2 pp**

8:30 A.M. Tapes 71 - 73

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 Alliance for Child Advocacy - Informational Meeting

HB 2640 – Public Hearing

HB 2362 – Public Hearing

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
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TAPE 71, A

004	Chair Dalto	Calls the meeting to order at 8:36 a.m. Opens the informational meeting on Oregon Alliance for Child Advocacy.
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Oregon Alliance for child advocacy – INFORMATIONAL MEETING

013	Mary Monnat	President, Oregon Alliance for Child Advocacy. Explains the Alliance and its services.
053	Janet Arenz	Executive Director, Oregon Alliance for Child Advocacy. Submits and reviews written testimony on child advocacy (exhibit a). Introduces Clark Luster, explaining his background and work.
080	Clark Luster	President and CEO, Kansas Children's Service League. Relates his experience that children's issues cross party lines. Discusses his experiences in Kansas, stating desperation combined with strong leadership provokes change. Notes large, tripled increase in adoptions with a dissolution rate of less than two percent compared to twelve percent nationally.
175	Chair Dalto	Inquires why adoptions fall apart.
176	Luster	Reports there are many possibilities, noting the average age of adopted children is eleven years old, sibling groups need to be kept together, sometimes there is a poor match, families dissolve, people don't understand the challenges and commitment, etc. Reports Kansas case workers now provide 24-hour responses and foster parents are paid at a rate double the previous amount. Comments one critical outcome is kids are no longer in mental health programs and groups homes, but are in foster care and are adopted.
224	Chair Dalto	Questions how much the amount paid to foster families influences the outcomes.
230	Luster	States people do this type of work because of their heart. Notes the goal is to pay enough money that the foster parents don't want to walk away when things get tough. Reports paying a foster parent costs less than a treatment program and allows children to remain connected to their daily lives. Discusses structure of the Kansas system, noting costs were not reduced, but they have better outcomes. Relates the mechanics of the Kansas process and creative components that have been introduced into the system to move children toward permanency. Explains the system is designed around achieving outcomes, and explains how the contractor's rate is reduced based on how long it takes for a child to be released from the system. Discusses the portrait gallery the League moves around the state to motivate people to consider adoption.

403 Rep. Butler Asks if Kansas was the first state to enter into a pilot program with federal funds.

425 Luster States he is unsure.

435 Rep. Butler Asks about medical provisions for special needs children in foster care.

437 Luster Responds each child has a Medicaid card, the Department of Education takes care of special education, and mental health costs and in-patient residential costs will be paid by Medicaid in the future.

TAPE 72, A

003 Rep. Butler Questions whether there is a warning system if the state does not see the outcomes they are seeking from a contractor.

010 Luster Reports the contractors meet quarterly with the state and the state can take corrective action if needed.

019 Rep. Butler Inquires about therapeutic foster care.

021 Luster States the League created a model of trained families who can take tough kids and increased payment to them, intensified training, and reduced their caseworker's workload.

037 Arenz Clarifies the Alliance is not promoting a particular model, but seeking to look at ideas and pitfalls and develop reasonable expectations for outcomes. States in Kansas the private sector assumes all the risks and must demonstrate effectiveness.

099 Chair Dalto Asks Luster what role methamphetamine plays in Kansas.

101 Luster Relates methamphetamine is a serious problem particularly in the rural areas. Elaborates on responses within their state.

115 Chair Dalto Requests comparison between Kansas and Oregon in terms of the number of methamphetamine-affected kids that enter the foster care system and how their needs are addressed within the League's model.

114 Luster Reports their program is geographical, so all problems within their area have to be addressed.

122 Rep. Cameron Asks what issues Florida encountered.

140 Luster States Florida erroneously thought they had trained people to do the work when they privatized. Notes the new, inexperienced staff created chaos, judges were brought into the process too late, and state workers remained state employees rather than becoming contractors. Changes have been made to balance the program, and state employees are doing prevention, now. Reiterates the importance of communicating with all parties early, and to ensure there is a prepared workforce.

170 Arenz Interjects some non-profit organizations failed as a result of this process.

179 Rep. Anderson Questions whether private contracts work.

186 Luster Believes they work in terms of outcomes, but transitions are difficult. States motivators and incentives are necessary.

194 Rep. Anderson Inquires regarding the categories of children that were adopted and requests a comparison to Oregon.

203 Luster Discusses Kansas numbers. Explains the changes the new contract will make with caseworker stability and contractor follow-up.

226	Arenz	Provides comparison with Oregon, stating she does not know the number of children facing adoption.
236	Rep. Anderson	Asks who the private adoption and foster care contractors are.
237	Arenz	Elaborates there are options through the juvenile justice system, and Department of Human Services (DHS). Mentions three agencies in Portland that have private foster care beds.
247	Rep. Greenlick	Inquires how much money was added to the Kansas system by caseworkers handling both child protective services and adoption.
257	Luster	Replies the state-side staff has been reduced by attrition and re-directed toward prevention, but he is unsure of the dollars.
270	Rep. Greenlick	Requests an idea of the magnitude of dollars.
275	Luster	States Kansas has \$125 million in total contracts. Elaborates.
281	Rep. Greenlick	Asks if Oregon could provide a more effective adoption model if they found that much money.
298	Arenz	Lists other services Kansas also provides to children.
323	Chair Dalto	Closes the informational meeting on Oregon Alliance for Child Advocacy. Opens the public hearing on HB 2640.

hb 2640 – PUBLIC HEARING

329	Sandy Thiele-Cirka	Administrator. Summarizes HB 2640.
340	Bruce Bishop	Oregon Association of Treatment Centers (OATC). Submits and reviews written testimony in support of HB 2640 (exhibit b), noting it will treat residential and day treatment providers alike with respect to accessing liability insurance.
373	Rep. Tomei	Requests clarification of the existing situation.
376	Bishop	Explains it would allow them to join a pool to access lower cost coverage.
385	Chair Dalto	Reports there is no known opposition to this bill, and the committee will be seeking to remove the subsequent referral.
405	Larry Tang	Polk Adolescent Day Treatment. Mentions the present substantial rate increases this will preclude.
408	Thiele-Cirka	Requests clarification regarding the reference to HB 2254 on Bishop's written testimony.
412	Bishop	Clarifies his wish to connect this testimony to the original bill, to bring continuity.
418	Chair Dalto	Charges Bishop to seek rescindment of the referral.
427	Chair Dalto	Closes the public hearing on HB 2640. Committee stands at ease from 9:30 a.m. to 9:45 a.m. Opens a public hearing on HB 2362.

hb 2362 – PUBLIC HEARING

455	Bob Joondeph	Executive Director, Oregon Advocacy Center. Submits and reviews written testimony in support of HB 2362 (exhibit c).
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- 002 Joondeph Continues testimony. States the goal is to develop a task force to review how funding and resources can be redesigned with integration for greater efficiency.
- 026 Mark McKechnie Social Worker, Juvenile Rights Project. Submits and reviews written testimony in support of HB 2362 (**exhibit d**). Discusses Wraparound Milwaukee. Notes the Project works with children with complicated issues, and does so with lower costs due to outcomes and the drastic reduction in hospital care. Discusses costs of three specific clients who have been institutionalized.

Committee stands at ease 9:55 to 10:05 a.m.

- 173 Rep. Greenlick States HB 2362 creates a task force, and asks the purpose in creating a task force rather than just making suggestions to change the system.
- 186 McKechnie Relates the objective is to have a group design changes and complete the task, not study the problem.
- 208 Joondeph Confirms need for a firm plan with support of governmental leaders.
- 223 Rep. Greenlick Reiterates need for a bill that moves in a direction to improve the system.
- 225 McKechnie Mentions submitted written testimony of Judge Nan Waller (**exhibit e**), who is also interested in developing a similar approach to Wraparound Milwaukee.
- 275 Rep. Boone Requests explanation of the Wraparound program.
- 277 McKechnie Explains the program and the incentives to provide preventive services earlier.
- 295 Jim Russell Director, Mid-Valley Behavioral Care Network (BCN). Testifies in support of HB 2362. Notes need of collaboration and removal of barriers.
- 334 Rep. Greenlick Requests an explanation of what the coordinated plan will look like.
- 368 McKechnie Notes the pooled fund in Minnesota and the need to borrow benchmarks from other states on how to coordinate services and funding effectively.
- 408 Rep. Butler Asks if there is a state with an effective model Oregon can borrow while the study is being conducted.
- 418 McKechnie Replies each state is unique in how they address these issues and some models could not be adapted to Oregon.
- 445 Joondeph Discusses statutory structures of other states, and need to obtain buy-in from agencies involved.

TAPE 72, B

- 003 Rep. Butler Asserts if Oregon's statutory structure is not designed to accomplish the job, changes need to be made.
- 028 Rep. Anderson Reads into record a recommendation by George Longden (**exhibit F**).
- 054 Madeline Olson Assistant Administrator, Office of Mental Health & Addiction Services (OMHAS), Department of Human Services (DHS). Submits and reviews written testimony on HB 2362 (**exhibit g**), noting concern regarding the necessary funding for staff to implement the requirements. Because of the intricacies of funding and the federal strings attached, the Director would need additional staff expertise.
- 112 Kristen Anderson

Parent of mentally ill child. Submits and reviews written testimony in support of HB 2362 (**exhibit h**). Relates mental health issues of her nine-year-old son. Notes the costs to the community and that lack of coordination of services prevents her son from receiving the services he needs. Recommends the bill be amended to design coordination rather than study the issue.

- 161 Jimmy Boyer Uncle of mentally ill youth. Reads testimony of mentally ill niece and her experiences (**exhibit i**). Supports HB 2362.
- 237 David Hitt Brother of mentally ill adult. Submits and reviews written testimony in support of HB 2362 (**exhibit j**). Shares story of personal and family recovery following drug use and loss of parental rights. Notes the people who helped them through recovery. Relates the experience of his mentally ill brother who has been in and out of the mental health system with no coordination of treatment, no continuing team and no structure.
- 358 Bruce Bishop Oregon Association of Treatment Centers. Testifies in support of HB 2362. Recommends an amendment.
- 416 Angela Kimball Parent of mentally ill child. Submits and reviews written testimony in support of HB 2362 (**exhibit k**). Relates personal experiences.
- 446 Jeanne Schultz Director, Oregon Family Support Network. Submits and reviews written testimony in support of HB 2362 (**exhibit l**). Lists valuable outcomes of streamlining.

TAPE 73, a

- 015 Chris Krenk President and CEO Albertina Kerr Centers. Submits and reviews written testimony in support of HB 2362 (**exhibit m**). Elaborates on the possible outcomes of the task force.
- 056 Janet Urton Parent of mentally ill children. Submits and reviews written testimony in support of HB 2362 (**exhibit n**). Notes her experiences as a parent of mentally ill children and an educator.
- 075 Chair Dalto Inquires how HB 2362 will further coordination of services for her children.
- 082 Urton States the bill would allow creation of a blueprint for action that allows flexibility of funding and programming.
- 105 Jessica Stevens Service Employees International Union (SEIU). Testifies in support of HB 2362. Recommends a representative of employees be included in the task force. Addresses Rep. Butler's earlier question about the intervening 18-month period. Discusses concept of funding following children rather than individualized contracts.
- 125 Randy Franke Coalition of County Children and Families Commissions. Testifies coalition has not taken a position on HB 2362. Recommends legislative team makeup. Notes there is no coalition member on the committee in the bill.
- 165 Chair Dalto Closes the public hearing on HB 2362. Adjourns the meeting at 11:00 a.m.

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

- Angela Kimball Written testimony from Catherine Mains in support of HB 2362 (**exhibit o**).
- Angela Kimball Written testimony from Association of Oregon Community Mental Health Programs in support of HB 2362 (**exhibit p**).
- Janet Arenz Written testimony in support of HB 2362 (**exhibit q**).

EXHIBIT SUMMARY

- A. Oregon Alliance for Child Advocacy, written testimony, articles and reports, Janet Arenz, 10 pp
- B. HB 2640, written testimony, Bruce Bishop, 1 p
- C. HB 2362, written testimony, Bob Joondeph, 2 pp
- D. HB 2362, written testimony, Mark McKechnie, 5 pp
- E. HB 2362, written testimony of Judge Nan Waller, Mark McKechnie, 3 pp
- F. HB 2362, email testimony of George Longden, Rep. Gordon Anderson, 1 p
- G. HB 2362, written testimony, Madeline Olson, 2 pp
- H. HB 2362, written testimony, Kristen Anderson, 2 pp
- I. HB 2362, written testimony of his niece, James Boyer, 1 p
- J. HB 2362, written testimony David Hitt, 2 pp
- K. HB 2362, written testimony, Angela Kimball, 2 pp
- L. HB 2362, written testimony, Jeanne Schultz, 1 p
- M. HB 2362, position paper of Children's Array of Psychiatric Programs, Chris Krenk, 2 pp
- N. HB 2362, written testimony, Janet Urton, 2 pp

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

- O. HB 2362, written testimony of Catherine Mains in support, Angela Kimball, 1 p
- P. HB 2362, written testimony of Association of Oregon Community Mental Health Programs in support, Angela Kimball, 1 p
- Q. HB 2362, written testimony, Janet Arenz, 1 p