Mental Health Alliance

Position on House Bill 3069
May 23, 2021

To Members of the Oregon House Revenue Committee,

Chair Representative Nancy Nathanson
Vice-Chair Representative Khanh Pham
Vice-Chair Representative E. Werner Reschke
Member Representative Bobby Levy
Member Representative Pam Marsh
Member Representative Greg Smith
Member Representative Andrea Valderrama

Mental Health Alliance is concerned with the wellbeing and treatment of people with mental illness and addiction and reducing their interaction with law enforcement. While we support new funding to address the current gaps in resources, we have questions and concerns about the proposed crisis stabilization centers (CSCs) which need full answers before we can support HB 3069. In general, as presented HB 3069 is insufficient and continues a patchwork effort to serve Oregon's most complex and difficult-to-treat constituents. Without significant additional structure, CSCs as defined by HB 3069 may just be a warm handoff to the next crisis.

HB 3069 must define crisis
As the Oregon Health Authority (OHA) considers statewide solutions, it is imperative it identify what is intended to be solved in regards to crisis intervention and stabilization:

- What is the criteria for someone to be voluntarily admitted to a CSC?
- What criteria will law enforcement use to determine if a CSC versus a hospital is the right place to take someone?
- Law enforcement should not transport people in medical distress - including addiction or mental illness. What medical transportation to CSC is planned by OHA?

We urge members of the Ways and Means Committee to amend HB 3069 to define what a crisis is with specificity and from the point of view of the patient, and not the facility.

HB 3069 must define stabilization
While OHA must provide rapid responses to psychiatric and addiction emergencies, it cannot put the same expectation on treatment. Herein lies the greatest oversight of HB 3069.

- Symptoms related to mental illness, specifically suicidality, mania, and psychosis, cannot be stabilized in a matter of days.
    - What evidence of medical best practice shows acute symptoms for any mental illness is treated in 2 - 4 days?

- Stability of location and treatment providers is paramount to stability of mind. Relocating someone experiencing aforementioned symptoms--for example, when their time at a CSC is scheduled to end--is disorienting at best and traumatizing at worst.
    - Will patients held involuntarily beyond 4 days be transferred to another facility?
    - Considering wait times for first outpatient appointments in Oregon are often weeks from first contact, what interim service will be provided to assure a new crisis does not occur?
- Addictions are chronic lifelong disorders. The proposal does not allow adequate time for detoxification or a successful referral to continuing treatment for addiction
    - What evidence of medical best practice shows acute symptoms for any of these illnesses is treated in 2 - 4 days?
    - What Oregon-based treatment providers have available treatment services for addiction within a week?
- CRCs must accept direct transfers from jails and courts.
- When a patient is discharged from a CSC how will they return home? What transportation will be provided?
- What training about CSCs will be provided to law enforcement and through what agency?

We urge members of the Ways and Means Committee to amend HB 3069 to expand the maximum duration of stay at CRCs to be at least 14 days.

HB 3069 must provide an effective service
Creating a clear treatment plan for the short- and long-term is essential for healing and recovery of affected individuals and families:

- What is the capacity of a CSC? Are they large or small? Are they different in different communities or when managed by different operators?
- What are the estimated costs of opening a CSC and then operating it year after year? Is there funding available in addition to new tax funding?
- Is there agreement between OHA and coordinated care organizations and local mental health authorities for implementation of CSCs?
- If patients can't be stabilized within 2 - 4 days, what plan is in place to determine where those patients are transferred? Which model of discharge planning will CSC staff use?
- If needed, how will CSCs interface with local hospitals to extend a patient's care? What integration will be provided with area medical and psychiatric services, or the patient's own treatment provider? Will each regional location be responsible for signing their own agreements with nearby facilities?
- Will CSCs serve youth and children? If so will there be separate entrances and treatment areas?
- How will each CSC be adequately staffed, especially in rural and frontier counties?
- How will OHA ensure people with lived experience of mental illness and / or addiction be included in all staffing arrangements?
- Will CSCs be able to bill commercial insurance? Medicaid? Medicare?
- Will training be required in trauma-informed care or recovery from addiction? What training will be provided to recognize signs of crises resulting from prescribed medication withdrawal such as dopamine supersensitivity, agitation, and suicidal tendencies from antidepressants?

- How will CSCs manage capacity to ensure a 90% acceptance for all referrals?
- What specific services will CSCs provide to address mental illness and addiction crises?
- Has the OHA identified a contractor, or set of contractors, to build, staff, and operate these facilities, or does the OHA plan to own and operate them?

HB 3069 raises more questions than the text summary of the proposed amendments to law provide. We urge members of the Ways and Means Committee to work with staff of the OHA to answer the questions by testimony above before proceeding to vote on HB 3069.

Sincerely,

Members of the Mental Health Alliance Work Group

- Rochelle Silver PhD, spent her career treating patients at Dammasch and Oregon State Hospitals
- Patrick Nolen is an advocate for people who are homeless
- Juan C. Chavez JD, is Civil Rights Project Director for the Oregon Justice Resource Center
- Meredith Mathis is a first year law student at Lewis & Clark Law School
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- Julia Baker is a yoga teacher and trainer for teens with mental illness and prisoners

Organizational Members of the Mental Health Alliance

- Oregon Justice Resource Center
- Disability Rights Oregon
- Mental Health Association of Portland
- Portland Interfaith Clergy Resistance

For more information about the Mental Health Alliance, find us at www.mentalhealthalliance.org

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