



Comments on Senate Bills 421 and 426
From Chris Bouneff, Executive Director, NAMI Oregon
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Senate Judiciary Committee

Thank you for the opportunity to provide testimony today on the combination of Senate Bills 421 and 426, which alter the landscape of civil commitment proceedings and commitment periods for individuals who are accused of a crime but who may never be restored to capacity to participate in the legal proceedings against them.

These bills place an organization such as NAMI in a difficult position. On the one hand, we acknowledge the families and others who have experienced loss and trauma and their valid interests to extend the period of time between mandated civil commitment hearings. And if that is all these bills accomplished, NAMI Oregon would be here expressing its general support with some suggested changes.

Unfortunately, these bills do much more. They place the legitimate desires of these families in direct competition with the thousands of Oregonians who cannot access mental health treatment in this state, in large part because we spend an inordinate amount of our mental health dollars on expensive institutions such as the Oregon State Hospital. And because Senate Bills 421 and 426 will cause our underfunded system greater harm, we must express our opposition today to both bills.

The bills before this committee are all or nothing proposals. They either place someone in the Oregon State Hospital for up to five years, or make the assumption that the individuals in question are set free. These bills set up the Oregon State Hospital to be a long-term correctional facility, and an expensive one at that. The cost for housing someone at OSH is between \$200,000 and \$300,000 per year. But these are not correctional general funds. Rather, these are mental health treatment dollars — general funds that are supposed to be available to help Oregon families in need of mental health treatment and supports.

Combined, the bills essentially give 36 different counties a blank check to spend mental health treatment dollars. Oregon will have up to 36 different district attorney's offices and 36 different judicial jurisdictions establishing 36 different sets of standards as to how they will cash that blank check. And if the past is any guide, what are a handful of cases today will eventually become a flood of cases in the future as prosecutors utilize the new tool that these bills grant them.

We acknowledge the grief and trauma of families that prompted a legislative response, and we share the desire to ensure that these families don't have to endure a hearing every six months when clinical evidence concludes a lengthier commitment period is justified.

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We also hope that committee members acknowledge that once you place a lock on expensive hospital resources as these bills do, you deny our treatment system the ability to respond to the needs of thousands of Oregonians who would benefit from treatment. If these bills pass as-is, Oregon will experience more cases such as the ones discussed today because we will continue to starve Oregon's mental health care system — ensuring that only those who reach a major crisis receive some form of intervention.

We at NAMI know this all too well, because that's the system we have today. We receive dozens of calls each week from families and individuals who want help for themselves or their loved ones. Generally the answer we have for them is the same. Good luck. About the only guarantee is that if your loved one commits a crime, there's a chance that there will be some sort of intervention. And if they're lucky, maybe they'll get stuck at OSH, where they'll get some form of treatment and housing. Of course, they may never get out. But at least they'll be safe.

In recent years, this legislative body has taken steps to reverse this — to recognize OSH as the precious resource that it is. To ensure that OSH is just that, a hospital, and to grant the system the flexibility to meet treatment and public safety needs as complementary interests. These reforms are encouraging because we increase the system's ability to prevent crises of the types referenced today — as well as preventing the thousands of crises that have gone unmentioned this morning. The types of crises that NAMI hears about daily around our state.

An organization such as NAMI feels stuck in the middle of this discussion. We are sympathetic to this issue. But these bills place the legitimate interests of some families in direct competition with the thousands of families we represent — the thousands of families who cannot access early treatment because this state has both chronically underfunded mental health and spent a large portion of that funding on our most expensive level of care.

These should not be competing interests. We should not pit personal grief vs. the health of our treatment system. Rather than compete, we believe these interests can complement one another. As such, NAMI recommends:

- A commitment period of up to two years for those deemed, with medical certainty, as unable to aid and assist.
- Commitment be granted to the Oregon Health Authority without mandates that individuals be housed at our most expensive level of care, which grants our system the ability to place individuals in other care levels that meet treatment and public safety needs.
- Language granting the health authority the ability to initiate discharge from civil commitment with ample notice to all parties.
- Utilization of current definitions and standards for civil commitment.

- The exclusion of minors from mandated institutional care, which isn't a suitable long-term environment in Oregon.

We believe adoption of these points will grant families who have suffered tremendous loss relief from hearings every six months. And they will grant the treatment system the flexibility to meet treatment needs and public safety needs at the most cost-effective level of care. If individuals don't need access to OSH's 24-hour medical care, for example, then we should be able to move them to an environment that meets their supervisory and treatment requirements.

We have to find ways to help more people, not fewer. On behalf of the thousands of Oregonians desperate to access services, we urge you to make the changes we suggest to ensure our scarce general fund resources for mental health treatment are used wisely. Thank you again for this opportunity to provide input.