



ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor



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TO: The Honorable Senator Prozanski, Chair
Senate Judiciary Committee

From: Michael Morris, Behavioral Health Policy Administrator
Oregon Health Authority

Subject: HB 2420: Addictions and Mental Health Aid and Assist

Chair Prozanski and members of the committee, I am Michael Morris, Behavioral Health Policy Administrator for the Oregon Health Authority (OHA), Addictions and Mental Health Division (AMH). I am here to testify in support of HB 2420.

The number of adults that have been found unable to aid and assist in their own criminal defense has risen from 89 patients at Oregon State Hospital (OSH) at the beginning of 2011 to 151 at the end of 2014. That is an increase of nearly 70% in 3 years. As you can see from the graph, we have seen a spike in this population during March bringing the population to 168 and exceeding our unit capacities. If we continue at this rate, we will reach 195 patients by spring of 2017 – creating further pressure on the hospital and on the rest of the mental health system.

Approximately 40% of these patients are charged with a misdemeanor as the highest level offense. Many of these individuals could receive restoration services in the community. When an individual is placed at the state hospital they are removed from their home, community and supports and individuals with Medicaid have their benefits suspended. Upon discharge the patients have to start from the beginning to integrate back to the community.

As I mentioned, these patients being housed at OSH creates pressures on the rest of the mental health system. Currently, approximately 20 civilly committed patients approved for state hospital admission are waiting in acute care hospitals for a bed to open up at the state hospital. This limits the availability of acute care beds in the community which result in long waits in emergency departments for an acute care bed to become available.

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Reducing referrals to the state hospital for inability to aid and assist will improve individuals' opportunity to recover in the community and reduce the log jam in the civil commitment and acute care system.

HB 2420 would increase the likelihood that individuals unable to aid and assist will receive restoration services in the community instead of the state hospital. Current statute permits the court to divert someone to the community for restoration if the proper services and supports in the community allow for safe restoration in the community. AMH has found that even those communities that have the resources are not contacted until after an individual is admitted to the state hospital. This bill requires the court to contact the community mental health program director or designee to consult with the defendant to determine if the necessary services and supports are available in the community. The findings of the consultation are then submitted to the court. This requirement will improve overall communication between the court and the local mental health program and provide more opportunities for community restoration.

To complement this bill, the Governor's Recommended Budget includes \$4 million to increase community services and supports for individuals found unable to aid and assist. If the legislature approves this request, AMH will use these funds to target the highest referring 2 to 4 counties to decrease referrals to the state hospital.

This bill will increase the number of community restorations and provide the best opportunity for recovery for the citizens of Oregon that have struggles with mental illness. Thank you for the opportunity to testify on this bill and I am available for any questions you might have.

Projected Aid and Assist census trends

OSH Aid and Assist (ORS 161.370) patient monthly census
 Since 2010 with two-year projection based on seasonal trends

