



Testimony for HB 4013 – Elderly or vulnerable person fatality review team

February 9, 2016

Dear Chair Barker and Members of House Judiciary Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP) I would like to express our support for the general concept of a fatality review team for adults and vulnerable people. However, we have some suggestions to make HB 4013 more workable.

Although the establishment of a multidisciplinary fatality review team is permissive, the bill language states that it shall include representatives from 12 entities. This may be a difficult requirement, especially for smaller communities, and will likely discourage the formation of review teams or the result will be that most teams will be out of compliance. We would also encourage utilizing the older adult behavioral health specialists as representatives of the community mental health programs and community developmental disabilities program staff to serve on multidisciplinary fatality review teams.

As an alternative, we suggest considering county multidisciplinary teams (*ORS 430.739*) or to use the model for child fatality review teams (*ORS 418.785*) to serve the purpose of this bill. These models are not overly administrative and some of the members from these teams would also be tapped to serve on this new fatality review team anyway, especially in smaller counties.

Concerning the scope of authority outlined in Section 2 (8), the access and subpoena power is too broad. There should be a specified position on the team who has access and authority, e.g., “review teams shall designate a records coordinator who will have the authority to obtain...” all of the records and data listed. The designated individual should also be HIPAA trained.

Concerning the allowance for each fatality review team member to share information with other team members in Section 2 (9), if the investigation involves an individual with a substance use disorder, the state statute is not going to override 42 CFR, Part 2, which is more restrictive about sharing this information. While (10) covers the voluntary nature of disclosure, (9) sets agencies up for friction when community mental health programs are not able to share all of the information concerning the victim who is the subject of the review.

Thank you for the opportunity to provide feedback on HB 4013.

Sincerely,

Cheryl L. Ramirez
Director, AOCMHP