



Date April 12, 2017

Representative Mitch Greenlick, Chair  
House Committee on Health Care  
Oregon State Legislature  
900 Court Street NE  
Salem, OR 97301

Representative Greenlick and Committee Members,

The Oregon Psychological Association (OPA) is the largest organization in Oregon advocating for psychologists. OPA strongly supports inclusive and culturally appropriate services to all Oregon mental health consumers. Having reviewed House Bill 3415, we support the overall goals of the bill, though we do have concerns regarding unintentional consequences from the bill as currently written. Examples of these consequences include needing to revise all mental health practice act statutes to allow for the provisions of this bill, creating conflicting legal requirements, and ensuring that there is sufficient access to properly licensed and certified specialty providers such as forensic evaluators and sex offender therapists, both of which are required to have additional certification under Oregon statute.

Given that Oregon's mental health system is large, complex, and unique, OPA would propose a legislative work group be convened to develop proposals for the provision of mental health services to Deaf, DeafBlind, and hard of hearing Oregonians and their families. The goals of the work group would be to ensure that a comprehensive system of care is developed to ensure that culturally and linguistically appropriate services are provided to this diverse population in a way that protects the public, is sustainable, and provides services equivalent to those provided to Oregonians without hearing loss. We would recommend that this group would be most effective with the inclusion of individuals that possess expertise in Oregon mental health systems, deafness, provision of mental health services to Deaf, DeafBlind, and hard of hearing Oregonians, and interpreting in mental health, legal, and forensic mental health settings. As such, we would propose the inclusion of at least the following:

- A representative of the Deaf, DeafBlind, and hard of hearing community
- A representative of the Oregon Health Authority that is familiar with the Oregon mental health system of care
- A psychologist licensed in Oregon that possesses training and experience in working with Deaf, DeafBlind, and hard of hearing clients



- A Clinical Social Worker licensed in Oregon that possesses training and experience in working with Deaf, DeafBlind, and hard of hearing clients
- An Oregon-Licensed Professional Counselor or Licensed Marriage and Family Therapist that possesses training and experience in working with Deaf, DeafBlind, and hard of hearing clients
- A board-certified psychiatrist
- A representative of a coordinated care organization
- A sign language interpreter with experience in mental health and forensic mental health contexts

OPA believes that a work group convened at the direction of the Oregon Legislature could develop the most comprehensive, effective, and sustainable solution to providing for the unique mental health service needs of the Oregon Deaf, DeafBlind, and hard of hearing community.

Should the committee decide to advance HB 3415, we would respectfully request the committee consider the following amendments:

- P.2, lines 14-16 replace current text with "must provide for each individual who is deaf or hard of hearing the most accessible mental health services..." as the provider should not necessarily be the one making the decision of what is most effective as that is not consistent with the Americans with Disabilities Act. Additionally, it serves to disempower the d/Deaf person by making the decision for them.
- P.3 lines 11-13 strike everything after "individual" on line 11.
- P.3 lines 18-26 add (starting on line 22): psychiatrists, licensed psychologists, & licensed professional counselors.
- P.3 line 26 add "licensed clinical" in front of "social workers" in order to be consistent with profession titles contained in Oregon statute.
- P.3 line 34-36 replace current text with "Monitoring of mental health programs, including but not limited to: school-based mental health services, inpatient and residential services, services related to restoration of child custody, chemical dependency services for all ages, prevention and psychoeducational programs for all ages, and senior citizens in need of elder care services."
- P.3 line 42-44 strike everything from "including" on, as license requirements for practice should not be weakened.
- P.4 lines 1-2 strike everything after "services" as license requirements for practice should not be weakened.
- P.5 lines 6-9 suggest replacing that text with either a centralized state-run unit at the Oregon State Hospital (OSH) or suggesting something that does not require every inpatient unit in the state to have "culturally and linguistically appropriate" services as that is likely neither fiscally nor practically feasible.
- P.5 lines 24-27, on line 27 add "if the individual is unable or unwilling to sign the waiver, the practitioner shall document the refusal in the record as well as describe the manner in which the individual indicated their refusal."
- P.5 lines 28-31 there are not sufficient resources currently to completely bar interpreted psychological testing/evaluation (e.g. There is only one forensic psychologist in the state to



provide culturally and linguistically appropriate services). We suggest a certification program for evaluators who must use sign language interpreters. The document that formed the basis for this bill included interpreted evaluations as acceptable.

- We request clarification regarding Section 7 and the proposed sanctions. For example, it is not clear whether the proposed sanctions are in addition to licensing board sanctions for unethical practice and Bureau of Labor and Industries (BOLI) sanctions for violation of disability accommodation laws. It seems that licensing board and BOLI sanctions may be sufficient without an additional substantial fine. We are concerned that this combination of sanctions could combine to rise to the level of bankrupting a practitioner for a potentially minor infraction.

The Oregon Psychological Association thanks the committee for your consideration of these issues and for your support to ensure that the Deaf community has appropriate access to critical services equal to that available to other Oregonians.

Sincerely,