

MEETING MINUTES
Marion County Public Safety Coordinating Council
at Oregon State Hospital
2600 Center St NE, Salem, OR
December 13, 2011

Attendees: Commissioner Patti Milne, Walt Beglau, Jayne Downing, Tom Ewing, Faye Fagel, Don Frederickson, Courtland Geyer, Alison Kelley, Pete McCallum, Ed McKenney, Jason Myers, Anna Peterson, Bob Royer, Mike Runyon, Scott Russell

Guest: Paige Clarkson, District Attorney, and Chief Rick Sebens, Stayton Police Department

Hosts: Oregon State Hospital officials Superintendent Greg Roberts, Director of Forensic and Legal Affairs Arthur Tolan, MD, Chief Medical Officer Rupert Goetz, MD and Transition Coordinator Nichole Bathke

Staff: Don Russo

Chair - action items and comments

Chair Patti Milne called the meeting to order at 4:05 P.M. Quorum achieved with 15 council members present. She thanked Greg Roberts for hosting the council at the new Oregon State Hospital.

Minutes of the November 8 meeting were approved as presented.

Commissioner Milne said that members of the council can expect to receive an updated matrix of the Strategic Plan with council members assigned to the different actions planned in 2012. She also reminded the council that the next meeting on January 10 will be held at McLaren Youth Correctional Facility in Woodburn, hosted by Mike Runyon.

Governor's Commission on Public Safety

Sheriff Myers reported that he attended a subcommittee meeting on adult and juvenile crime to look at draft findings. The commission's final report due date has been pushed back to December 22. He said the commission is moving in a general direction to codify the Public Safety Commission as a permanent committee of the legislature in order to continue its work. District Attorney Walt Beglau added that the committee will be expanded to add a district attorney, police chief, sheriff and judge. They will not create legislation in the February session, but will take the time to further their work with a goal to create legislation in 2013. Jayne Downing added that she wants the commission to add a member who represents victim rights.

Oregon State Hospital

Superintendent Greg Roberts welcomed the Public Safety Coordinating Council as the first public group to meet in the new hospital. He came fourteen months ago after spending thirty years working in the New Jersey mental health system. He stated the hospital is heading in a positive direction, focused on providing meaningful active treatment that helps patients stabilize, recover and return to their communities. Patients only enter the hospital if their conditions cannot be treated in a less restrictive setting. Staff assess each new patient and develop a treatment plan to help patients recover.

Patients who have been convicted of a crime but asserted the mental illness defense fall under the jurisdiction of the Psychiatric Security Review Board (PSRB). These patients comprise a high percentage of the patients in Salem. PSRB determines which offenders come to the hospital in Salem, or to a less restrictive setting. Starting in

January 2012, state law changes because of SB 420. All who commit Measure 11 crimes remain under PSRB; less serious offenders now come under the jurisdiction of the Oregon Health Authority, except when they are in the state hospital. That's why he established a new department to implement SB 420. There are 425 current patients who are non-Measure 11 offenders, he said, and staff work closely with PSRB to evaluate them and determine the most appropriate level of care. About 75% of all patients at OSH are forensic patients, he said; other patients are neuro-geriatric psychiatric patients who are admitted either through civil commitment or voluntary commitment made by guardians.

Patients still housed in buildings across Center Street from the main hospital will eventually move into the new hospital, which is divided into facility units called Harbors (most restrictive), Trails (intermediate), Bridges (transition) and Springs (neuropsychiatric); the Kirkbride Building is used for administrative functions. He explained that treatment malls are centralized areas in each facility unit where 80-90% of the patients spend the majority of their day participating in treatment activities and training programs. This is very different from prior use where patients were held principally in custodial care. Mr. Roberts said he is also responsible for a 92-bed facility in Portland and a 60-bed facility in Blue Mountain. The state cannot renew its lease for the Portland facility, and the 174-bed facility planned for Junction City is intended to replace those beds.

An Oregon State Hospital open house is set for March 2, 1:00pm to 7:00pm, to show the new hospital's two newest units and the medical clinic.

Mayor Peterson asked about staffing levels. Mr. Roberts explained the staffing plan calls for 2,100 staff, including the Portland facility. The staff : patient ratio is about 3:1 because the facility operates 24 hours daily and requires staff in clinical areas as well as support areas. The budget allows for 2,038 staff and current staff number about 1,900. Nursing staff is nearly full. He needs 41 psychiatrists, with about 34 working here now.

Sheriff Myers asked if the average yearly cost per patient is about \$200,000 and Mr. Roberts confirmed that cost figure as very close to actual OSH cost. The highest cost is for employees. Virtually no other sources of revenue exist except the state general fund. His objective is to protect the safety of patients and staff as well as to provide effective care. He also discussed budget pressures due to lower tax revenues collected by the state.

Faye Fagel asked if there was a population forecast of future bed needs, and Mr. Roberts said a forecast was used to develop the design plans. If the community health budget is cut in coming years, however, serious difficulties arise because patients who could be treated in the community would come to the more expensive setting of the hospital. He expressed that adequate budgets for both the hospital and community settings is needed to assure public safety.

He was asked to explain the cost of new construction and how it was financed. To build the two new hospitals, \$458 million was appropriated by the state legislature, funded by certificates of participation (debt). February 2012 is a critical time to decide about building in Junction City, he said, because that is the latest he can delay before the Portland facility lease expires in March 2015.

Dr. Arthur Tolan said the hospital's job is to mitigate the risks of patients adjudicated by PSRB. A review team has been formed to assess risk so that at the time of a PSRB hearing, the team has documented its assessment of future risk exposure if a patient is released. A hearing is held for every patient before a decision is made to release someone to a less secure facility like a group home or semi-independent living. The hospital holds responsibility for public safety, so must be careful in making risk assessments, he said.

Tom Ewing asked if the hospital is still under pressure from federal authorities for treatment standards. Mr. Roberts said the federal agencies are satisfied; new concerns at the federal level are more focused on community living standards. No patients are admitted under age 18, with no upper age limit. Dr. Toler explained that

overcrowding was one of the major objections of the federal officials. If the hospital is full, new patients must wait for an open bed.

Mr. Beglau stated that SB 420 has helped define part of the gate keeping rules about who is accepted. He also commented that he sees a positive change in the culture of the hospital; it is easier to work with staff. Grand jury toured recently as part of its legal obligation and was impressed with the tour. Set for 90 minutes, the grand jury stayed for four hours. When external groups say positive things, it means a great deal to us, Roberts said. The hospital is much better than it was in 2009 and 2010, but speaking objectively it is not yet at the national level of standards he wants to reach.

Hope, safety and recovery are the hospital's mission, said Dr. Goetz. In his recruiting efforts, he encounters more people who want to work here, he said, as they see and hear about the new hospital and the cultural shift we have achieved. He wants the community to feel proud of the hospital and the hospital wants to act as good neighbors.

Mayor Peterson said she now feels optimistic. Two issues of concern for her: she seeks a more collaborative effort with local law enforcement, both in minimizing risk in the community and working as a team; she also expressed concern for the many people who walk the streets with mental illness. She hopes as the hospital recruits more professionals that maybe staff can also involve themselves with community issues that effect law enforcement, schools, youth programs and our families. Mr. Roberts said they are restructuring many hospital committees and hopes to expand some committee work outside the walls. Dr. Goetz said he is starting to see others notice the recovery work in the hospital for its value when patients return to their communities. A move to the community should be seen as a step forward.

Sheriff Myers expressed an interest in collaborating. Paige Clarkson also stated that her staff are working for more cooperation. Her office meets quarterly at the hospital to review all crimes committed by patients, staff, escapes and all safety issues that occur. Her efforts are meant to respond to crime but also to prevent problems by taking a more proactive role. Trainings for staff on how to handle crime scenes, for example, are making improvements in communication and collaboration.

Adjourned

The meeting adjourned at 6:05 pm. Nichole Bathke led the group on a tour of the new facility.

Next meeting

The Public Safety Coordinating Council will meet Tuesday, January 10 at 4:00 pm at McLaren Youth Correctional Facility in Woodburn, hosted by Mike Runyon.

Minutes by Don Russo