

January 23, 2019

Daniel Kouns
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RE HB 2215

Chair Representative Greenlick
Vice-Chair Representative Hayden
Representative Alonso Leon
Representative Drazan
Representative Mitchell
Representative Prusak

Vice-Chair Representative Nosse
Representative Boles
Representative Keny-Guyer
Representative Noble
Representative Salinas

I am a consumer of mental health services in the State of Oregon, a member of the Oregon State Hospital Advisory Board, a current resident of Oregon State Hospital, and a peer activist. I come before the Committee today to make a brief statement concerning the importance of the passing of HB 2215.

The Oregon State Hospital has undergone many major changes in the last 18 months in order retain accreditation and to conform to the new interpretations of Centers for Medicare/Medicaid Services standards. While the population of the hospital was told that the changes implemented were motivated by safety and security (specifically ligature risk mitigation), the way that they came down left many questioning. Few of the changes implemented have had positive effects in actually making the environment physically safer. Many of the changes have had negative effects on the resident's overall quality of life.

A large portion of the hospital was required to turn over a good amount of personal property that was no longer deemed safe for them to possess. These included belts, shoelaces, charging cords, tv antennae, purses, scarves, and the list goes on. To its credit, OSH did attempt to offer some kinds of exchanges for property, however the overall feeling has been in the months since that the items offered were insufficient. As I worked with Peer Recovery Services through the period that property was collected by hospital staff, a good part of my job was listening to the complaints of very distressed individuals. Many of these complaints had a common theme.

Being stripped of some of these basic personal possessions left many with a feeling of loss of dignity. Some even used words akin to "belts and shoelaces made us feel like real people". In addition to the loss of property, heavy restrictions were set upon the use of OSH tub rooms because of 14 identified potential ligature points. At their worst, these restrictions included two staff maintaining constant visual contact with a patient while bathing. This humiliating protocol caused resident use of hospital tub rooms to sharply decline. Parallel to this, the Joint Commission questioned the Oregon State Hospital's use of shower curtains in patient bathrooms.

Because of the overwhelming negative response from patients - many of whom are survivors of sexual trauma - the OSH administration stood its ground on patient privacy. While their stance is appreciated, it can only be protected if protected by statute. It is for this reason that on behalf of those who would be most affected by this bill, I urge the legislature to vote yes on HB 2215 and amend the rights of persons with mental illness committed to Oregon Health Authority to include reasonable privacy for hygiene activities.

Thank you for your time and consideration.