

**UN SOUND, from page 8**

Advocates say HB 3100, as Bouneff puts it, "does so very little."

Buckley estimates approximately 15 to 20 people at the hospital — out of almost 700 — have committed misdemeanors and Class C felonies.

Bouneff and Joondeph introduced amendments to the bill to deal with the hospital's "back door," or how patients, once at the hospital, are eventually released. They were rejected, and SB 420 and HB 2701 were crafted.

SB 420 would take away the PSRB's jurisdiction of hospital's patients and give it to the Oregon Health Authority. The PSRB would continue to have jurisdiction over conditionally released patients.

Originally applying to all patients, a compromise was reached to exclude patients who committed Measure 11 crimes — violent person crimes. They would continue to be under the board's jurisdiction, should the bill pass.

The hospital's doctors and clinicians, not the PSRB, would determine when hearings are held, and when patients are released. "The hospital (would have) some control over who comes in and leaves. Right now, they have no control," Bouneff says.

The argument is that the doctors and clinicians working with the hospital's patients are the people best to decide whether an individual's mental illness is managed and they are capable of living independently.

"It isn't the board's expertise to know when a person needs hospital level care," Joondeph says. "What PSRB's expertise is in is supervising people in community settings."

"It's Senate Bill 420 that would benefit patients the most," Goldstein believes.

A third measure, House Bill 2701, would require the hospital superintendent to notify the PSRB when a patient is ready for release. Once the PSRB receives that notice, they have 60 days to hold a hearing and conditionally release the patient.

The bill also requires the Oregon Health Authority to prepare treatment plans and clinical assessments, and appropriate timelines for providing treatment and assessment.

Patients, once at the hospital, already are given three assessments, for health, drug and alcohol and risk. But when they are given, patients and advocates say, is not standardized, which directly affects a patient's treatment plan.

Goldstein says he was given the risk assessment within two weeks of coming to the Hospital. But getting the other two took a year and a half. "I didn't even know about them for the first year," he says.

Kirby and Goldstein have become forceful patient advocates in favor of the two bills. They have met with multiple state legislators, testified in front of policy committees, and collected over 100 signatures of patients in a letter sent to Governor

John Kitzhaber.

"I've never seen a patient at the state hospital more empowered to speak on their own behalf than at this session," Bouneff says.

"I really, really hope that we will have systemic change," Kirby says. "Most people get completely defeated (here)."

But HB2701 has sat in the House Rules Committee since late April. Opponents say additional staff are required to ensure assessments are given within the specified time frame. Called "unimplementable," it will likely die this session.

SB420 has some traction. It received a public hearing on May 31 in the Joint Ways and Means Subcommittee on Public Safety but came under multiple objections from the Oregon District Attorneys Association and the Oregon Psychiatric Association.

**D**r. Joseph Bloom, a psychiatrist at Oregon Health & Science University, criticized the SB420 because it doesn't specify the hearing procedure that the Oregon Health Authority would follow before releasing a patient. "It should not leave everything up to administrative rule [making]," he said.

Mazaratto, who believes the PSRB needs to change to allow patients to be released more often, surprisingly agrees. He calls the legislation "a big gamble" because it doesn't fully address what giving jurisdiction to the Health Authority would look like. "Will people be entitled to counsel?" he asks. "Who will be there on the board? Would it be just the superintendent? Who would pick these people?" Letting the hospital decide who's released may actually backfire. "This hospital has had some very conservative superintendents who were very fearful of any kind of liability and really went out of their way to discourage releases," Mazaratto said.

There's also a potential conflict of interest. The Oregon Health Authority is responsible for the hospital's budget, meaning that hearings may become budget-driven.

"The protection of the public will not be the primary concern," Buckley said. "(And) it's not an independent review."

Hovering like a specter over the hearing was the fear that public safety will be compromised, that the hospital's patients are dangerous criminals that, once released, could destabilize and once again offend.

"These are our most dangerous people," said Elizabeth Cushwa, the executive director of the district attorney's association, at the hearing. Despite the compromise concerning Measure 11 offenders, her organization and other public safety organizations continue opposing the bill.

"Why do you want to change something that has been successful for 33 years and has a two percent recidivism rate?" Sen. Joanne Verger

asked Joondeph during the hearing.

"We think (the board) has been overly restrictive, and this has been a detriment in terms of the amount of time people have to spend in the hospital," he responded.

Buckley strongly disagrees that the PSRB intentionally keeps patients in the State Hospital longer than needed. "People should only be in the hospital for as long as necessary," she says. "We don't deny that there are people right now who could be out."

What a patient's release depends on, she says, is whether resources are available at the community level. She points to five years between 2003 and 2008 when the Additions and Mental Health Division funded and created more resources at the community level. The PSRB released an additional 104 people to the community, a 40 percent increase.

"That was a significant upsurge correlated directly with the increase in community resources," she said.

Matarazzo and others are skeptical that the existence of community beds solely drives the PSRB's decisions. Matarazzo says that many beds designated for PSRB patients are used for other mentally ill populations, because the PSRB does not use them.

"They were lost to a bigger system," he says, calling it "one of the greatest tragedies" concerning how the PSRB works.

**K**irby came to the Hospital two years ago suffering from severe depression and a drug addiction. While under the throes of his mental illness, he committed a Class A Felony, Burglary I.

He says he regained control over his depression the first six to eight weeks he was at the hospital. He is also recovering from his addiction. "I am completely grateful for my stay here," he says.

But he may end up staying at the hospital for another 18 years — the maximum prison sentence for his crime, sentencing guidelines the PSRB also follows, unless a patient is released earlier.

"One would think that because this is a hospital, you receive treatment, then you are discharged. It's just not that way," Goldstein says. "You're in such a hopeless situation with such an insanely long sentence."

Kirby and Goldstein, as well as the advocates lobbying in the Legislature's halls on their behalf, are convinced that if legislation is not passed to change the PSRB, patients will continue to languish and receive unnecessary and costly care, their lives at a permanent standstill. And the effects of institutionalization will be long-lasting, well past when they are released.

"They are kept out of their community," Joondeph says. "This leads to hopelessness, and a level of despair that these folks are doing everything they're supposed to do, and it never leads anywhere."

**For the girl who jumped**

By Heather H.

I feel so bad, for the girl who jumped  
For she won't feel what today felt like  
Whether it is rain or shine  
She won't hear her favorite song, or  
Get a phone call.  
Maybe she had a favorite color, we'll never know.

For the girl who jumped  
Why, who knows?  
A deep mystery  
The girl who jumped floating with her soul  
Peace was not freely given.

For the girl who jumped  
I cannot forget your creamy flesh  
I won't forget the confusion that suffocated us.  
Your lingering presence haunts me  
You are a story that's talked about  
A reminder of life, precious  
Easily diminished in an instant.

For the girl who jumped.  
I know God is with you.

**The Orange Coat**

By Mary Lou McAuley

Wearing an orange coat  
with her dancer's stride  
she blows down the sidewalk  
like every young wing  
red hair sparking the  
candle of her slim body.

Forty years ahead,  
she waits,  
stands,  
in a pale down jacket,  
knit hat pulled low, brown slacks  
high at the ankle.

Two loaded plastic sacks  
bear down on curved fingers  
but pinch no ring.

She waits with her burden  
for the light to change  
orange to white  
she crosses.

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