



DISABILITY RIGHTS OREGON

November 23, 2016

Ms. Jana Fussell
Certificate of Need Coordinator
Public Health Division
Oregon Health Authority
800 NE Oregon Street, Suite 465
Portland OR 97232

Re: In the Matter of the Application of NEWCO Oregon, Inc., CN #675

Dear Ms. Fussell:

Thank you for this opportunity to supplement my oral testimony given on November 17, 2016.

The question of whether the Portland region needs another private, for-profit psychiatric facility should depend on broad-based planning that encompasses all aspects of mental health funding and services. Unlike some areas of medical and social services, behavioral health resources can be effectively targeted to preventive and crisis response services for the purpose of maintaining health and safety and preventing the greater expense of in-patient treatment. When public and private insurance dollars are unnecessarily spent on institutional care, the cost of insurance increases and the allocation of public resources for other purposes decreases. On the public side, Oregon has already attracted criticism from the U.S. Department of Justice for spending a high percentage of its behavioral health dollar on institutional care.

The NEWCO proposal has not been considered within the context of the Oregon Health Authority's public planning process for behavioral health services. Its model of services has apparently not been tailored to meet public need in the manner that the new Unity Center developers undertook when consolidating institutional level care. It seems to present itself along the model of an antiquated stand-alone psychiatric facility that is large (100 beds), sited near a prison, and presented as not an ingredient in a continuum of care, but as a solitary player that promises to cooperate with others in the future.

In reviewing materials provided by OHA and NEWCO, I was unable to find a direct defense of the applicant's corporate facilities in other states. I would have preferred a direct explanation of the problems and how they were corrected, rather than pronouncements of general effectiveness, certification and recognition. This approach led me to not expect transparency and openness in the future.

NEWCO materials stated that the proposed facility would not serve individuals with intellectual disabilities because they wouldn't benefit from cognitive therapy. However, it does plan to serve individuals with dementia. I'm not sure that I appreciate the difference but am concerned that people with IDD will experience discrimination under this plan.

NEWCO contends that its facility will address the "boarding" problem in Oregon. In public planning processes in which I have participated, building new inpatient beds has not been raised as an option to solve the problem. Instead, planners are creating new crisis services, diversion systems, supported and supportive housing, police training and facility models like the Unity Center to lessen the demand on hospital emergency departments. As in Oregon's health care reform efforts generally, more attention is being given to managing chronic conditions in the community rather than constructing more expensive and less desired facilities that respond to the failures of community treatment. As noted above, the NEWCO approach appears to be "old school" and expensive for the public and insurance purchasers.

For youth, the same cost and lack of more effective community-based service concerns exist as well as the well-known lack of trained and certified professionals and staff for this service. Will this service be properly regulated, with attention to safety and continuity of care?

Thank you for this opportunity to supplement my oral testimony.

A handwritten signature in black ink, appearing to read "Bob Joondeph". The signature is fluid and cursive, with a long horizontal stroke at the end.

Bob Joondeph
Executive Director