Oregon Health Authority
Oregon State Hospital

Presented to
Joint Committee on Ways and Means
Subcommittee on Human Services
March 12, 2019

Patrick Allen, Oregon Health Authority Director
Dolly Matteucci, Superintendent, Oregon State Hospital

Why OSH

What OSH Does

How OSH Does It

Challenges and Strategies

Proposed Budget

Why OSH

- Oregon is working toward a robust and integrated behavioral health system with sufficient community prevention, treatment, diversion and crisis services

- Oregon State Hospital:
  - Plays a vital role in the system's continuum by treating people with complex conditions who are at risk of harm to self or others
  - Serves people with severe mental illness from all 36 counties
  - Exists to provide treatment, stabilization, safety and successful community re-integration

Patients Admitted to OSH 2016-18
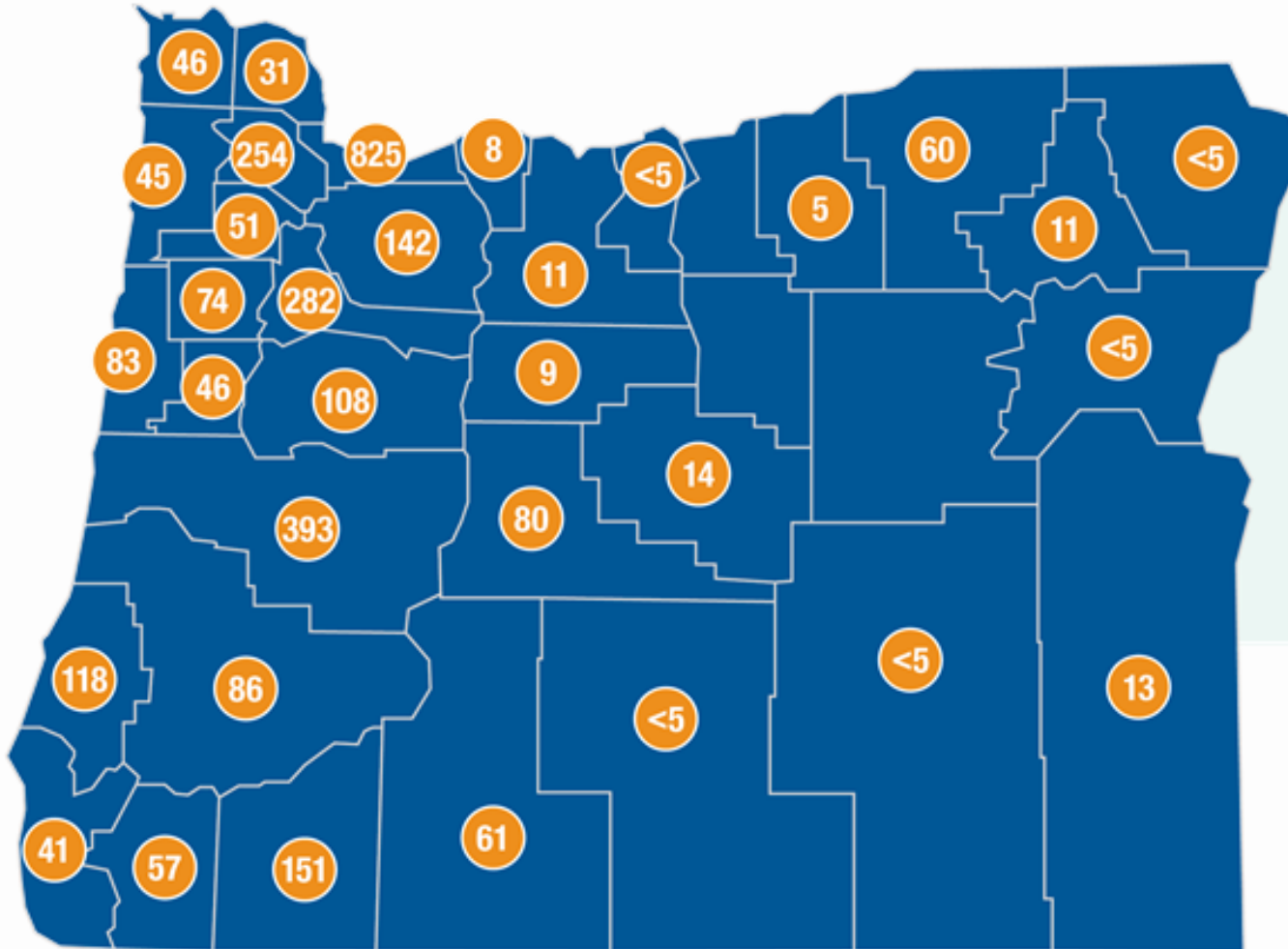
OREGON HEALTH AUTHORITY
Oregon State Hospital

2018 Census

In 2018, Oregon State Hospital provided treatment for 1,565 people committed by the courts or the Psychiatric Security Review Board

2018 Patient Statistics							
Commitment Type	Average daily population			Percent of pop.	Total Admits	% of Admits	Median length of stay
	Salem	Junction City	Total				
Civil (civil commitment, voluntary, voluntary by guardian)	124.3	29.6	153.9	25.9%	332	29.6%	117.5
Guilty except for insanity	160.9	49.6	210.5	35.5%	65	5.8%	895
Aid and assist (ORS 161.370)	227.8	0.5	228.3	38.5%	720	64.2%	77
Other (corrections, hospital hold)	0.2	0.6	0.8	0.1%	5	0.4%	28
Total	**513.2**	**80.3**	**593.5**	**100.0%**	**1122**	**100.0%**	**89**

The Triple Aim Vision For Oregon

1 **Better health**

2 **Better care**

3 **Lower costs**

Oregon Health Authority

Why OSH

What OSH Does

How OSH Does It

Challenges and Strategies

Proposed Budget

Oregon State Hospital

Vision

- We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all

Mission

- Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration, all in a safe environment

Oregon
Health
Authority

Who We Are

- Hospital level of care:
  24-hour on-site nursing and psychiatric care
  - Credentialed professional and medical staff
  - Treatment planning
  - Pharmacy, laboratory
  - Food and nutritional services
  - Vocational and educational services

- Accredited by the Joint Commission and certified by the Centers for Medicare and Medicaid

Oregon Health Authority

People We Serve

Civil commitment

- Patients civilly committed or voluntarily committed by a guardian

- Those who are imminently dangerous to themselves or others, or who are unable to provide for their own basic needs due to their mental illness

Guilty except for insanity (GEI)

- People who committed a crime related to their mental illness

- Patients are under the jurisdiction of a separate state agency: Psychiatric Security Review Board (PSRB)

People We Serve

Aid and assist (.370)
(Salem only)

- People ordered to the hospital by circuit and municipal courts under Oregon law (ORS 161.370)

- Treatment enables patients to understand the criminal charges against them and to assist in their own defense

Neuropsychiatric services

(Salem only - all commitment types)

- People who require hospital-level care for dementia, organic brain injury or other mental illness

- Often with significant co-occurring medical issues
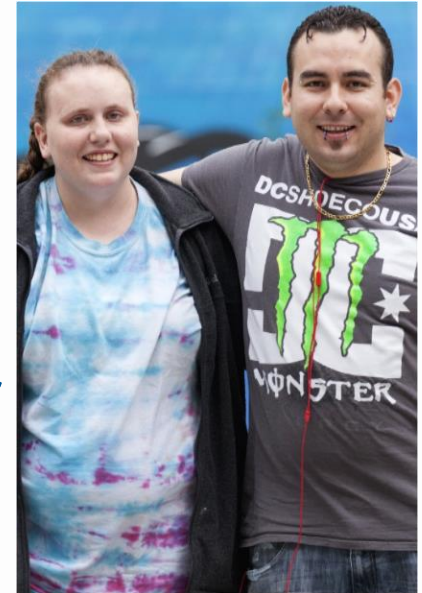
Oregon Health Authority

Salem Campus

Junction City Campus

Pendleton Cottage

Why OSH

What OSH Does

How OSH Does It

Challenges and Strategies

Proposed Budget

OREGON HEALTH AUTHORITY
Oregon State Hospital

OSH Organizational Structure

Treatment Design

COMMUNITY INTEGRATION

CENTRALIZED SERVICES

PROGRAM

UNIT

PERSON

OREGON HEALTH AUTHORITY
Oregon State Hospital

Oregon Health Authority
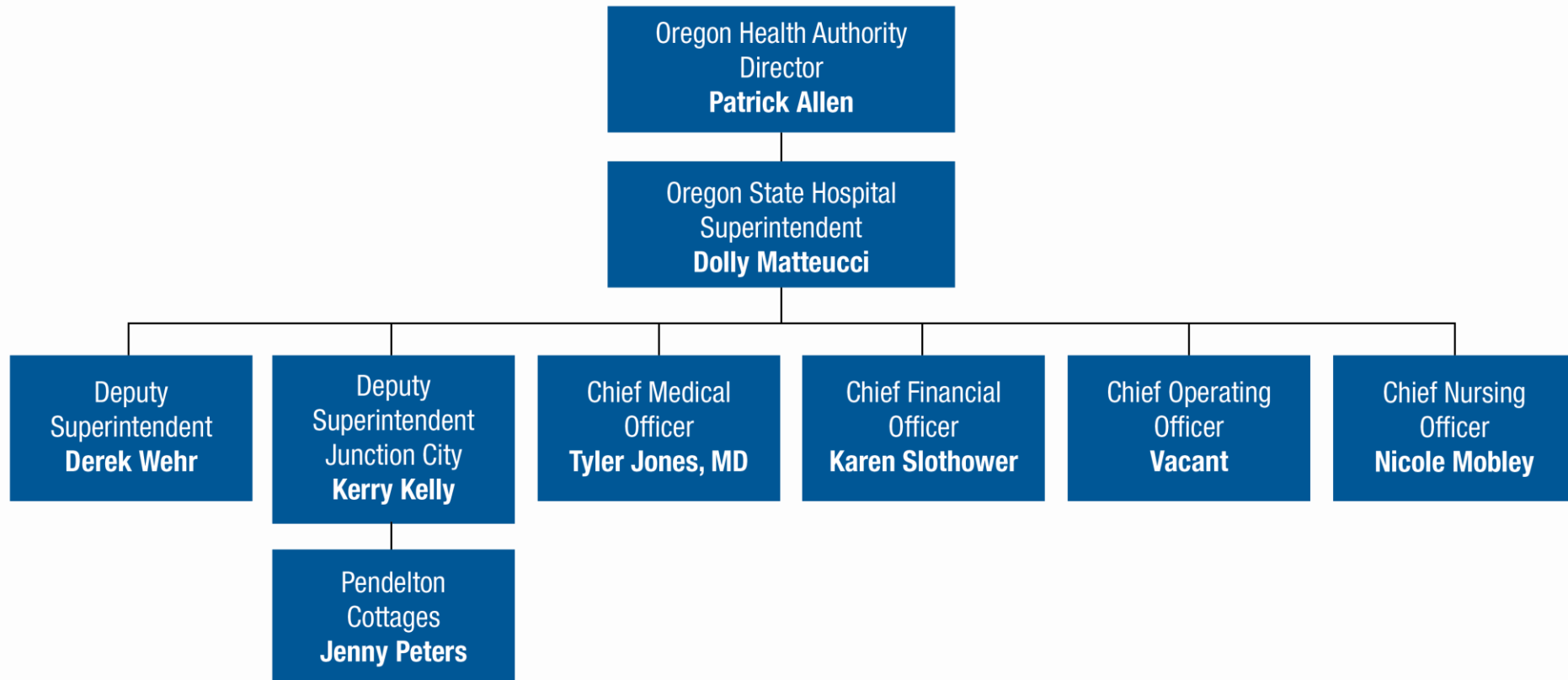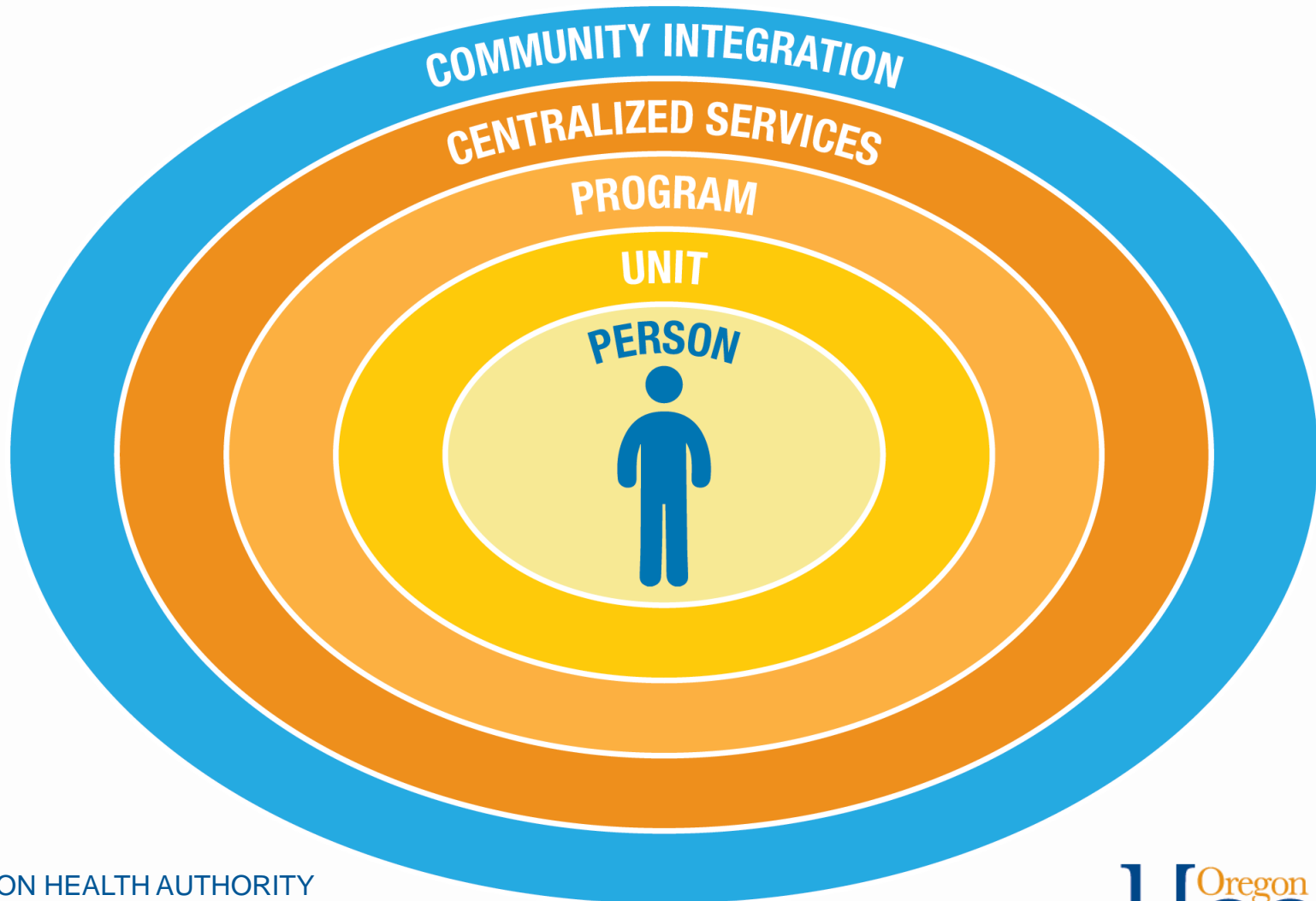
How We Deliver Treatment

Assessments and Treatments

Medicine
- Dental Clinic
- Infection Prevention
- Lab
- Medical Clinic
- Pharmacy
- Radiology

Peer Recovery

Rehabilitation
- Treatment Malls
- Creative Arts Therapy
- Occupational Therapy
- Recreational Therapy
- Spiritual Care
- Vocational Rehabilitation
- Supported Education

Legal Affairs
- Forensic Evaluation

Treatment Teams
- Nursing
- Psychiatry
- Psychology
- Social Work
- Treatment Care Plan Specialist

Treatment

Patient Type	Days	Medical/Vision/Dental Care	Assessment	Diagnosis/Formulation	Medication Management	Group and Individual Treatment	Community Integration	Competency Restoration	Discharge Planning
Civil	117.0	✔	✔	✔	✔	✔	✔		✔
Guilty Except for Insanity	895.0	✔	✔	✔	✔	✔	✔		✔
Aid & Assist	77.0	✔	✔	✔	✔	✔		✔	*

Treatment

Treatment Care Plans

- Patient is primary team member, staff are partners

- Updated regularly with short- and long-term goals for treatment and discharge

- Treatment includes:
    — Individual therapy
    — Treatment groups – treatment malls
    — Medication management
    — Vocation/work
    — Community integration

Oregon
Health
Authority

Treatment

- Designed for patients to learn to manage symptoms and build skills

- Treatment Mall groups
  - Centralized active treatment
  - Groups selected to meet patients' needs and interests

- Vocational Rehabilitation*

- Supported Education*

*Civil and GEI only

Performance Management for Performance Excellence

- Lean Daily Management System as foundation – set of tools work groups use to consistently manage and improve processes
- Staff closest to the problem propose the solutions
- Align daily work with hospital goals using Fundamentals Map
- Staff track daily metrics aligned with hospital goals
- Metrics tracked at unit level, program level and then hospital wide
- Leadership analyzes results at Quarterly Performance Reviews
- Accountability, transparency, business rigor, best practices

Oregon Health Authority

Celebrating Success

"**Top 5%** of hospitals in the nation for environment of care and life safety issues."

"The patients are so well taken care of, people know everybody, this is definitely **a place I would want to work.**"

"We've never surveyed a hospital that has such a **robust performance improvement and data management system** in place."

"Against all hospitals, including academic medical centers, **this is a very special place.**"

Surveyors' quotes from The Joint Commission on Accreditation of Healthcare Organizations, 2018 Site Review of OSH

Oregon
Health
Authority

Why OSH

What OSH Does

How OSH Does It

Challenges and Strategies

Proposed Budget

Oregon Health Authority

Challenge: US Dept. of Justice Oregon Performance Plan

Reduce length of stay for patients with civil commitments

- Target – *Discharge 90% of patients within 120 days of admission*
  - Year 1 (FY17) Rate – 46.9%
  - Year 2 (FY18) Rate – 54.1%
  - Year 3 (FY19) Rate – TBD
- April 2018 – third-party contractor Kepro begins performing clinical reviews to identify patients who meet criteria for continued hospital-level care
- April-December 2018 – Rate is 93.0% by removing from calculations the patients who continue to need hospital-level care

Challenge: US Dept. of Justice Oregon Performance Plan

Discharge patients when they no longer need hospital-level care
OSH will reduce the time between when people are deemed ready to transition to the community and when they are discharged

- Year 1 Target – 75% within 30 days of "ready to transition"
  - Year 1 (FY17) Rate – 61.3%

- Year 2 Target – 80% within 25 days of "ready to transition"
  - Year 2 (FY18) Rate – 48.4%

- Year 3 Target – 90% within 20 days of "ready to transition"
  - Year 3 (FY19) Rate – TBD

OREGON HEALTH AUTHORITY
Oregon State Hospital

Strategies for Performance Plan Compliance

- Continue move away from long length-of-stay paradigm to episode-of-care model that includes both OSH and community treatment

- Clarified the roles and responsibilities of HSD, OSH and Choice Model Contractors for the discharge process

- Standardized criteria and process for treatment teams to identify patients who are Ready To Transition (RTT) designation

- Collaborating with acute-care providers to clarify processes related to the Performance Plan and revised OAR to ensure continuity of care and reduce length of stay at OSH

- Person Directed Transition Team works with patients lacking the skills required for living in the community

- Focusing on coordination of services with Multnomah, Clackamas and Washington counties

OREGON HEALTH AUTHORITY
Oregon State Hospital

Challenge: Managing Population Trends

2012–18 Census (trends) — All populations
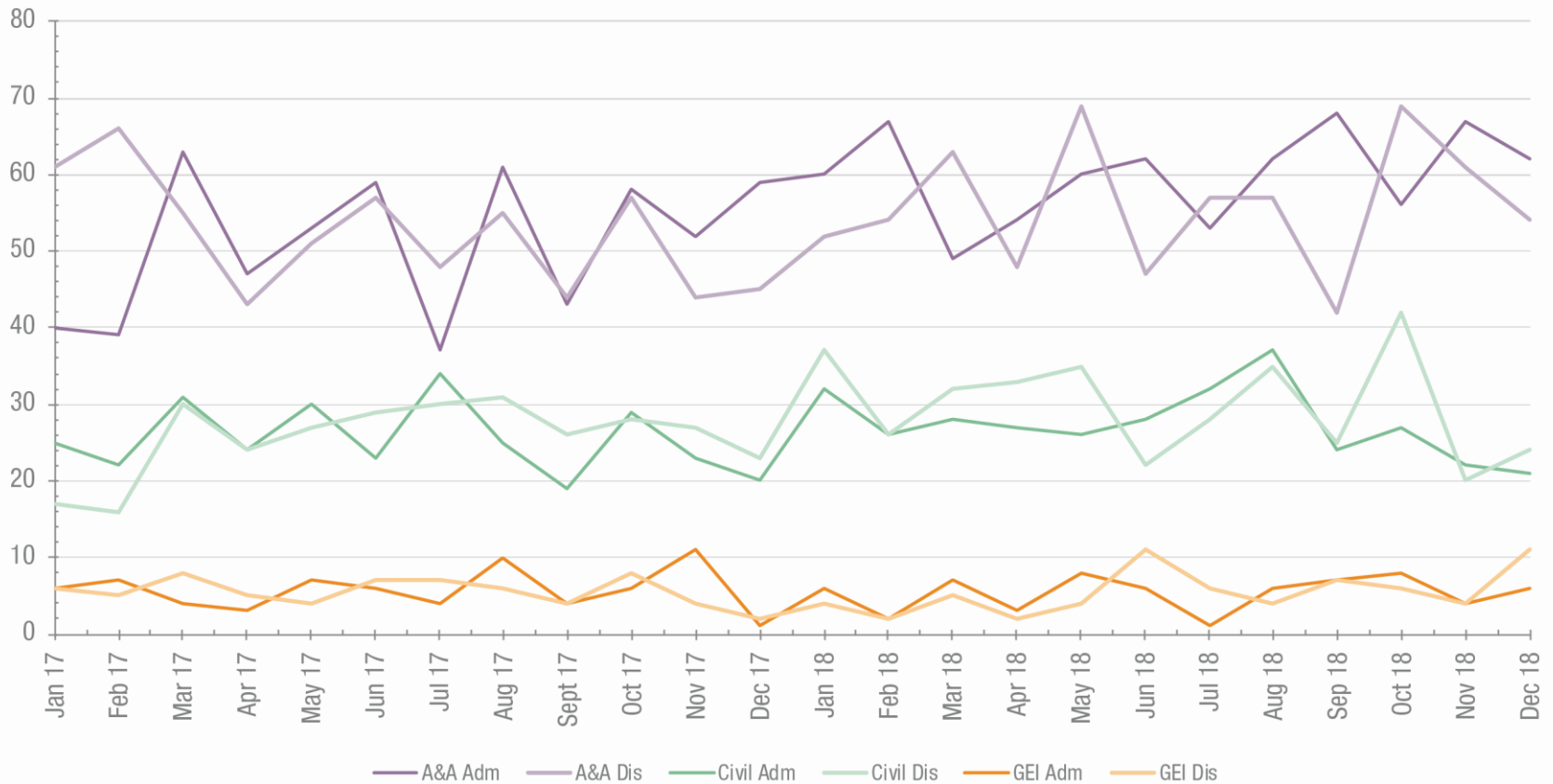
OSH Average Daily Population (ADP) since 2012
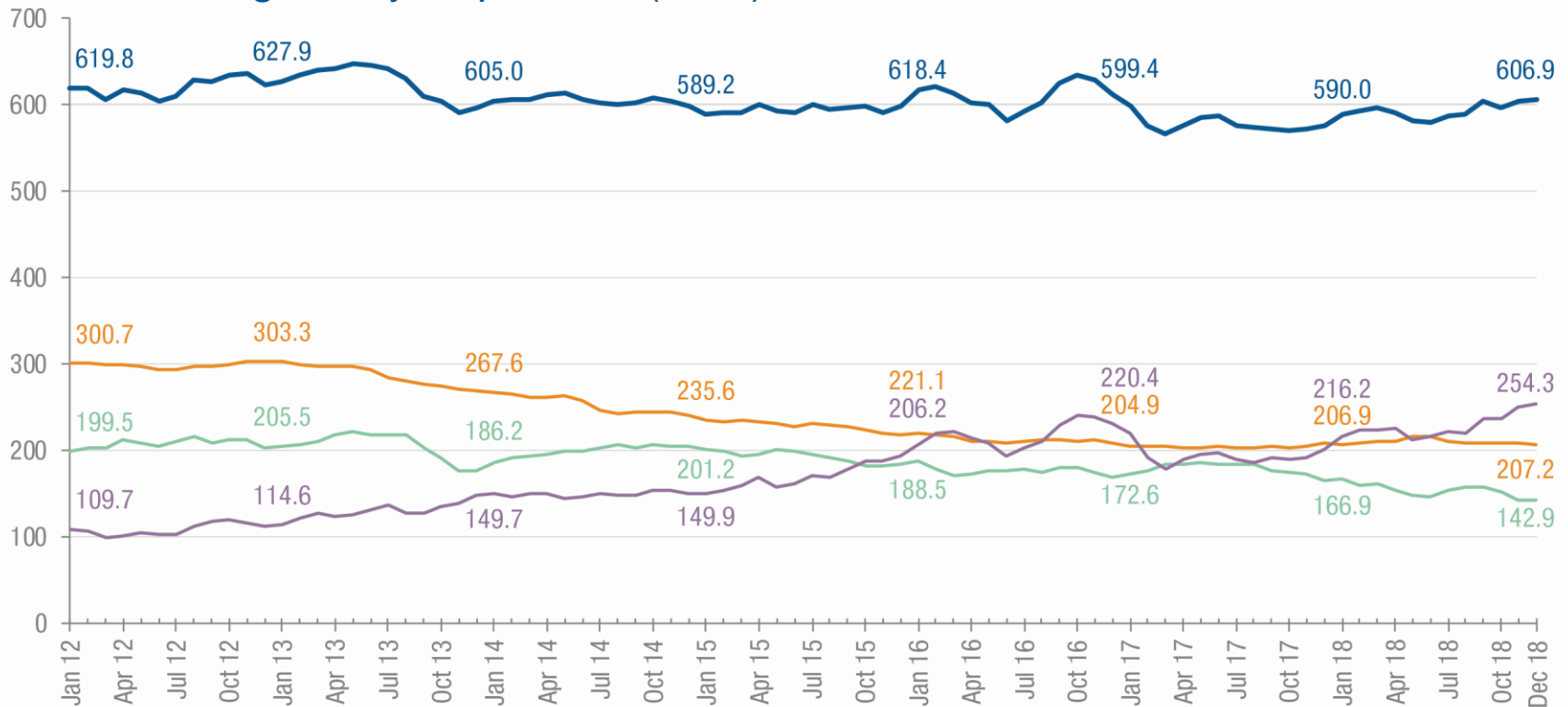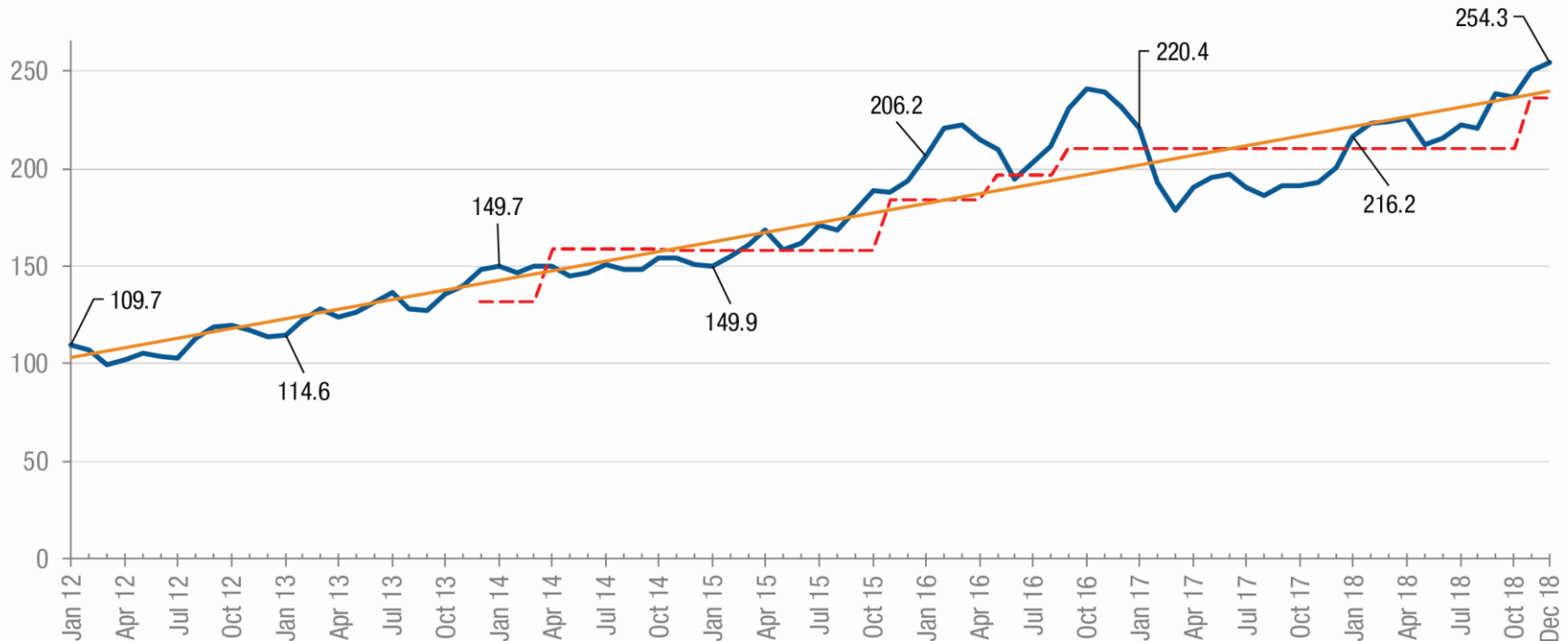
Challenge: Admissions and Discharges

Monthly Patient Admissions and Discharges by Legal Status

Challenge: Increasing Aid & Assist Census

2012–18 Census (trends) — Aid and Assist

OSH Aid and Assist (ORS 161.370) patient Average Daily Population (ADP) and Bed Capacity

Strategies for Managing Aid & Assist Orders

- Developed assessment and treatment strategies for efficient and effective treatment while maintaining the median length of stay

- Added two additional certified evaluators in Forensic Evaluation

- Ongoing competency evaluations exceed court requirements for early identification of when a patient is able to assist

- Increased capacity from 132 beds in 2013 to 236 in October 2018

- Continue to exceed designated capacity by placing people under Aid & Assist orders in non-Aid & Assist units across the hospital

- Provide ongoing training and consultation with district attorneys, defense attorneys, judges, jail commanders, and other community partners regarding options and laws applicable to defendants with mental illness

Strategies for Managing Aid & Assist Orders (continued)

- OHA and OSH have been working with community partners to address the state-wide need for alternative services in the community behavioral health system

- Redirection of e-board funding to support community restoration in counties that send more .370 orders at a higher than per-capita rate: Multnomah, Lane and Coos

SB 24 (LC 383) – Aid & Assist Fixes

Seeks to reduce OSH Aid & Assist census in two ways:

1. Encourage community restoration when appropriate
   - For .370 orders, requires community mental health program (CMHP) consult and provide information re: possible community restoration
   - Defendants charged with municipal violations or misdemeanors as highest violation
     - Requires community treatment
     - Exceptions for people who need hospital-level care

SB 24 (LC 383) – Aid & Assist Fixes

(continued)

2. Ensure efficiency

- .315 and .365 evaluations
  - Specifies that initial fitness evaluations are only one-day
  - Evaluees are either returned to jail or admitted up to 30 days at hospital's discretion
  - Explicitly authorizes treatment if admitted
- Evaluation reports must be shared with CMHP
- Misdemeanants must get credit for days spent in jail toward maximum time allowable

OREGON HEALTH AUTHORITY
Oregon State Hospital

Oregon
Health
Authority

SB 25 (LC 384) – Forensic Evaluation Efficiencies

- Requires organizations (e.g. health providers) to release records to OSH to be used for evaluations; no need for the defendant to sign a release

- Courts must send .370 orders to OSH within one judicial day

- Permits OSH to submit evaluations electronically

- Reinforces the confidentiality of the defendant's evaluation while allowing courts and partners to receive and utilize it

SB 26 (LC 385) – Substantiated Abuse Requires Dismissal

- Requires OHA to terminate employment for staff who have been substantiated for physical or sexual abuse

Challenge: Staff Safety

SAIF Claims 2014 - 2018 (calendar year) Accepted Worker's Compensation Claims Due to Patient Assault or Patient Control:
Missed Work Days* and Incurred Costs**

YEAR	Missed Work Days*	Accepted Claims	Change from Prior Year - Claims	# of Injured Staff	Total Incurred Costs**	Change from Prior Year - Cost
2014	1,961	121	11% decrease	103	$ 666,557	18% decrease
2015	2,836	172	42% increase	145	$1,255,459	88% increase
2016	2,357	156	9% decrease	143	$968,620	22% decrease
2017	2,232	163	5% increase	133	$784,315	19% decrease
2018	1,984	305	87% increase	235	$882,069	12% increase

*=Data as of 1/31/2019   **=Data as of 2/14/2019

Strategies to Improve Safety and Support

Staff training

- Collaborative problem solving
- Safe Communication, Safe Together, Safe Containment

Clinical interventions

- Risk assessments
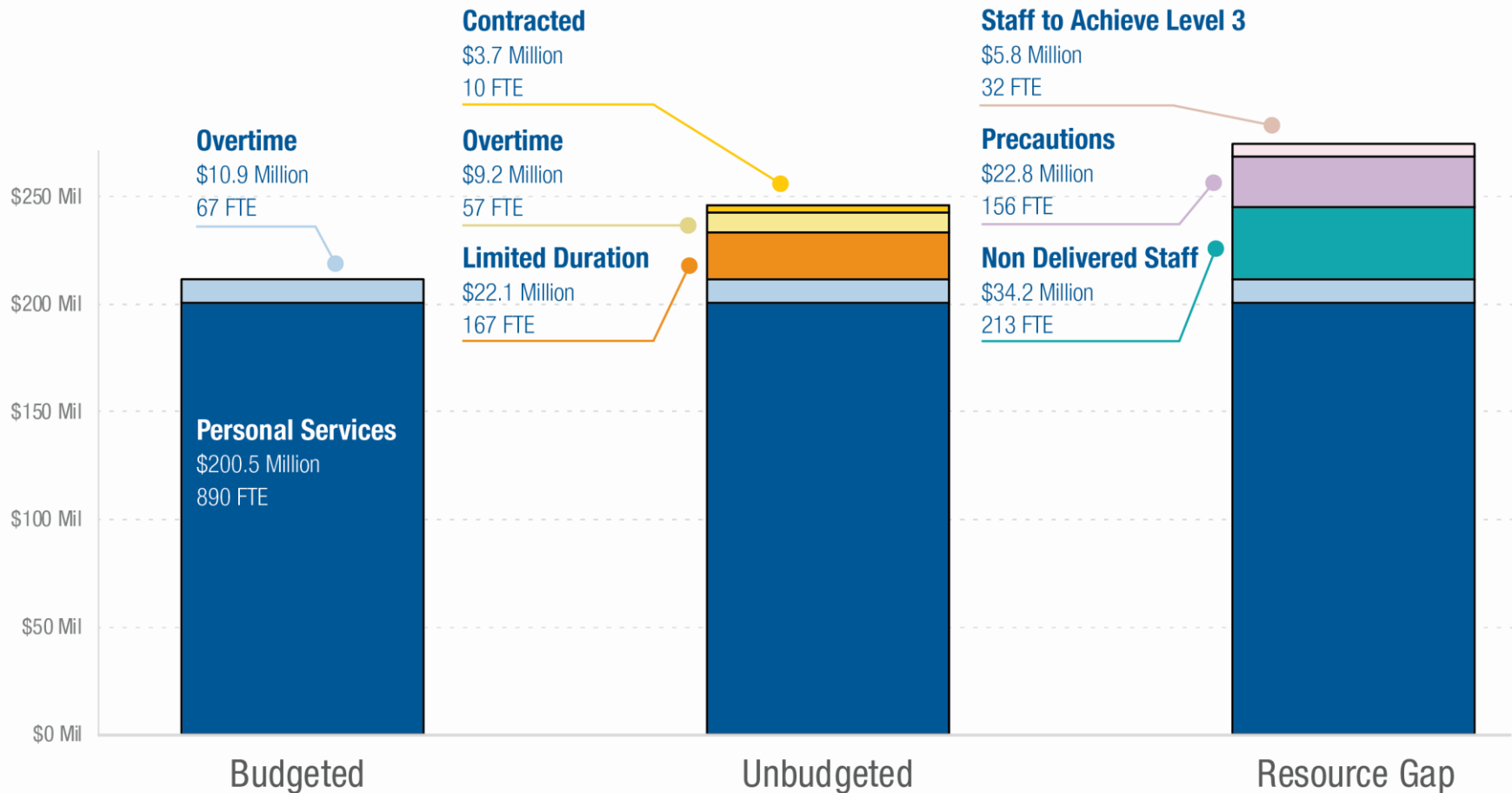- Patient care conferences
- Incident debrief

Staff support

- Expanded Hospital Employees Assistance Response Team (HEART)
- Extended trauma-informed approach applied to staff experience

Challenge: Staffing Three Shifts – 24/7, 365

- Recruiting and retaining appropriate number and mix of Nursing staff: RNs, LPNs, CNAs, MHTTs
- Real-time alignment of available resources to fluctuating patient needs and unit acuity
- Enhanced Supervision generates need for additional direct-care resources
- Staffing requirements generate need for overtime (voluntary and mandatory), utilization of limited-duration and agency nursing staff
- Requirements of SB 469 (2017) - Nurse Staffing Schedules

OREGON HEALTH AUTHORITY
Oregon State Hospital

Challenge: Direct Care Cost and FTE

Budgeted

Overtime
$10.9 Million
67 FTE

Personal Services
$200.5 Million
890 FTE

Unbudgeted

Contracted
$3.7 Million
10 FTE

Overtime
$9.2 Million
57 FTE

Limited Duration
$22.1 Million
167 FTE

Resource Gap

Staff to Achieve Level 3
$5.8 Million
32 FTE

Precautions
$22.8 Million
156 FTE

Non Delivered Staff
$34.2 Million
213 FTE

$250 Mil
$200 Mil
$150 Mil
$100 Mil
$50 Mil
$0 Mil

Oregon Health Authority

Staffing Strategies

Staffing

- Continuous RN, LPN, CNA and MHT recruiting

- Staff redistribution to match staffing needs in each program

- Relief pool composed of 57 limited-duration staff meet real-time staffing needs

- Trained non-nursing clinical staff, managers and supervisors to be able to work overtime to maintain staffing levels

- Collaborate with union leaders to preplan for critical staffing days

- Exploring utilization of rovers and transport staff, including a rapid process improvement event for transporting patients across campus

- Nursing leadership is partnering with Performance Improvement to launch a rapid process improvement event to develop program-based staffing
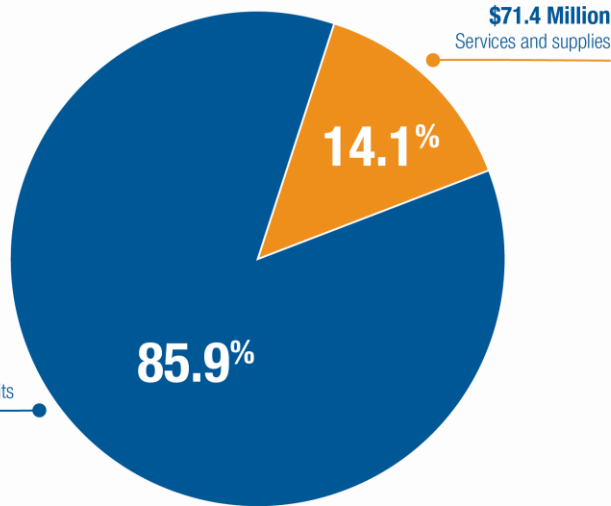
Staffing Strategies

Clinical interventions

- Focus on patients needing enhanced supervision
  - Nursing leadership is collaborating with MHTs and RNs to propose a staffing strategy to reduce use of behavioral enhanced supervision (versus medical)
- Patient care conferences
- Collaborative problem solving

Why OSH

What OSH Does

How OSH Does It

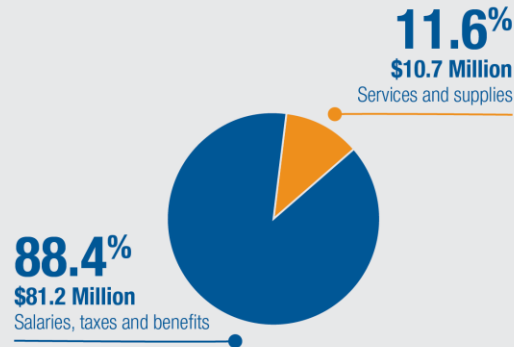# Challenges and Strategies

Proposed Budget

Oregon State Hospital
2019–21 Governor's Budget by Campus
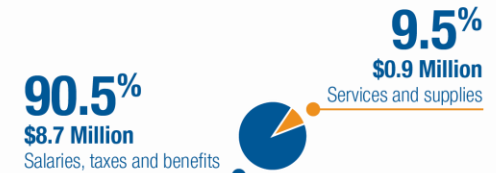

Salem campus
$505.1 Million

$71.4 Million
Services and supplies

14.1%

85.9%

$433.7 Million
Salaries, taxes and benefits

Positions: 1,886
FTE: 1,885.82

Junction City campus
$91.9 Million

11.6%
$10.7 Million
Services and supplies

88.4%
$81.2 Million
Salaries, taxes and benefits

Positions: 417
FTE: 386.5

Pendleton Cottage
Secure Residential Treatment Facility
$9.6 Million

9.5%
$0.9 Million
Services and supplies

90.5%
$8.7 Million
Salaries, taxes and benefits

Positions: 42
FTE: 42

Oregon
Health
Authority

Thank You