
Oregon Health Authority Oregon State Hospital

Presented to
Joint Ways & Means Subcommittee on Human Services
February 25, 2020

Patrick Allen, Director
Dolly Matteucci, Oregon State Hospital Superintendent

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned below the "Health" text, extending from the left side of the "H" to the right side of the "t".

Oregon
Health
Authority

Why OSH

What We Do

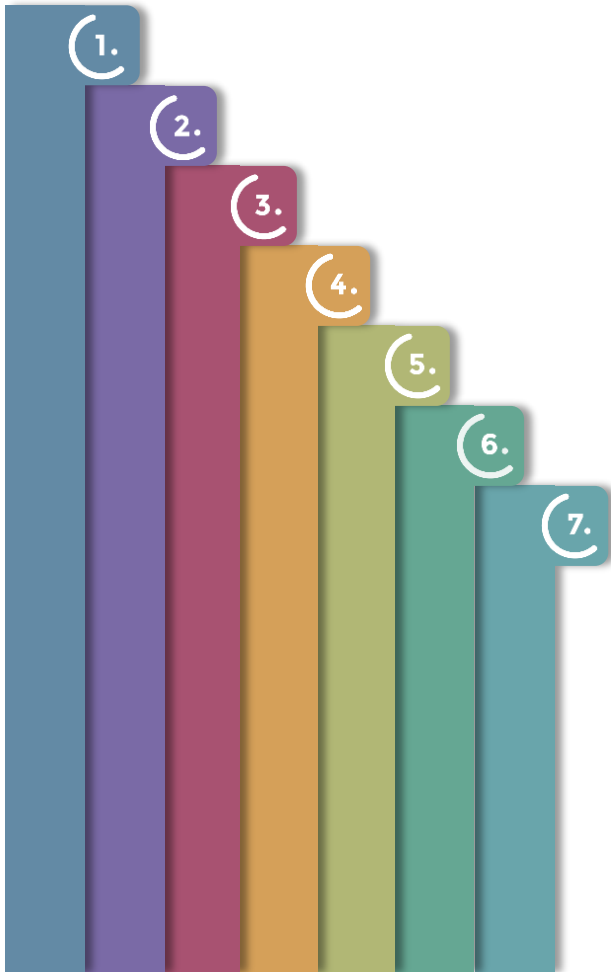
How We Do It

COVID-19 Response

Successes

Challenges

Proposed Budget



The Triple Aim

1 Better health

2 Better care

3 Lower costs

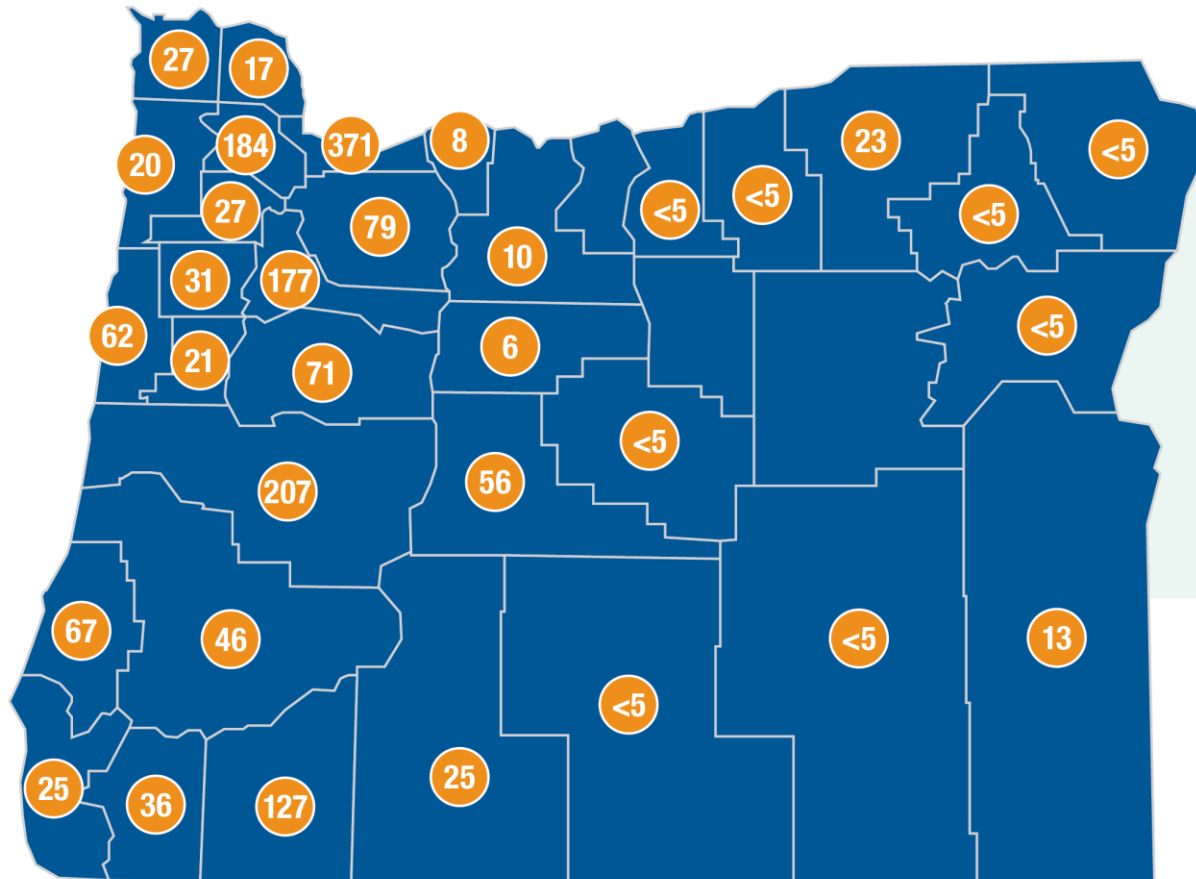
OSH in the Behavioral Health Continuum

- Oregon is working toward a robust and integrated behavioral health system with sufficient community prevention, treatment, diversion and crisis services
- OSH 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
- OSH exists to provide treatment, stabilization, safety, and successful community re-integration
- OSH serves people with severe mental illness from all 36 counties



Patients Served

- Patients admitted to Oregon State Hospital by county, 2019-2020



Why OSH

What We Do

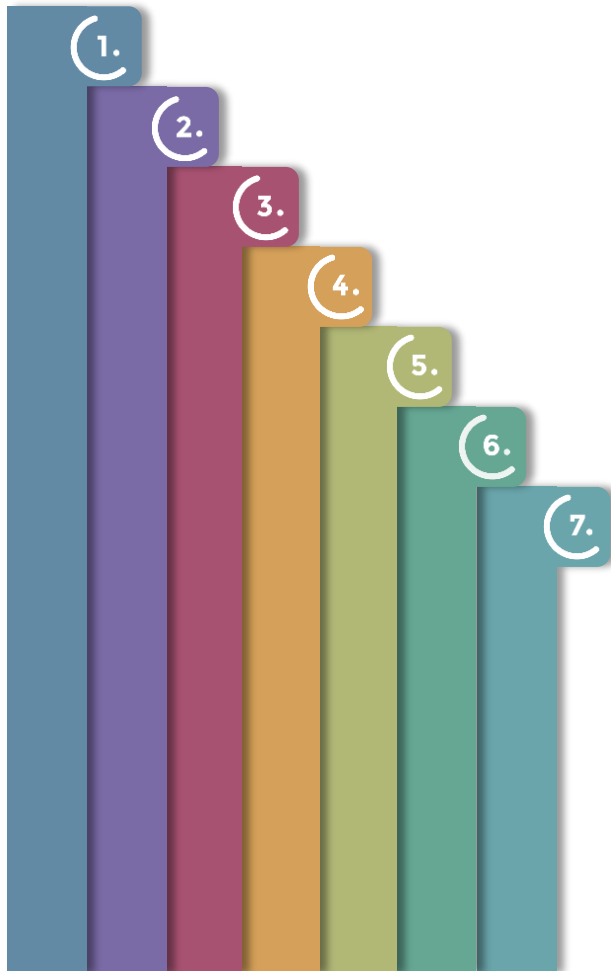
How We Do It

COVID-19 Response

Successes

Challenges

Proposed Budget



Providing Hospital-level Care

- 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 CMS
- Helping patients achieve a level of functioning that allows them to successfully transition back to the community



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)



Providing Hospital-level Care

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



2020 Census

In 2020, Oregon State Hospital provided treatment for 1,329 people committed by the courts or the Psychiatric Security Review Board

2020 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)	39.6	28.3	68.0	11.3%	61	8.0%	154
Guilty except for insanity / PSRB	176.0	70.4	246.4	40.9%	69	9.1%	800
Aid and assist	284.5	0.0	284.5	47.2%	627	82.6%	91
Other (corrections, hospital hold)	2.3	1.2	3.5	0.6%	2	0.3%	290
Total	502.4	100.0	602.4	100.0%	759	100.0%	118

Partnerships



Advocates

- Disability Rights Oregon
- National Alliance on Mental Illness – Oregon



Community Partners

- Community Mental Health Programs
- Coordinated Care Organizations
- Acute care hospitals
- Circuit and municipal courts
- County jails
- Psychiatric Security Review Board



Within OSH

- Patients – Peer Advisory Council
- AFSCME – Nurses
- AFSCME – Physicians
- SEIU
- OHA
 - Health Systems/ Behavioral Health
 - Public Health
 - Office of Equity & Inclusion
 - External Relations

Salem Campus



Junction City Campus



Pendleton Cottages



Why OSH

What We Do

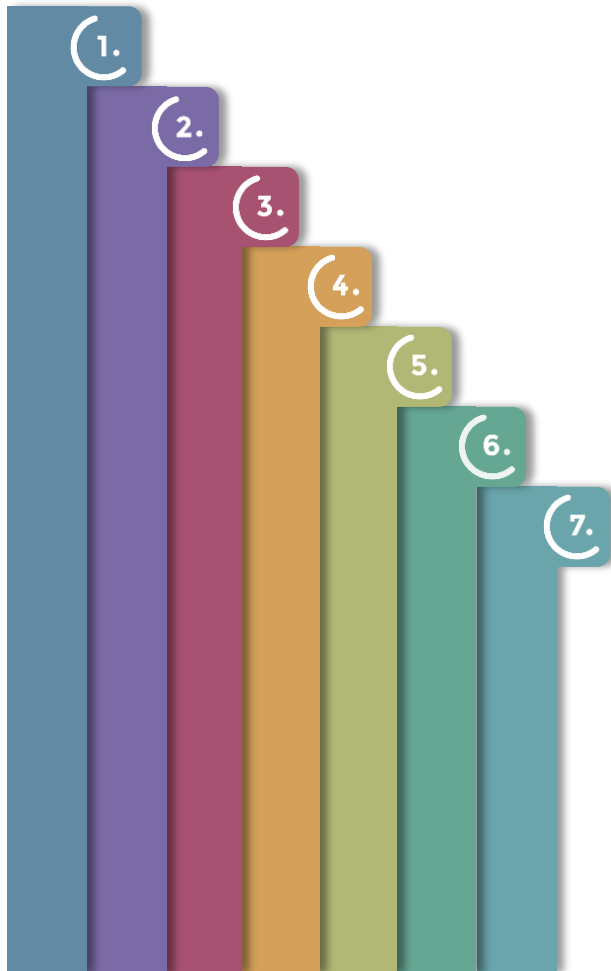
How We Do It

COVID-19 Response

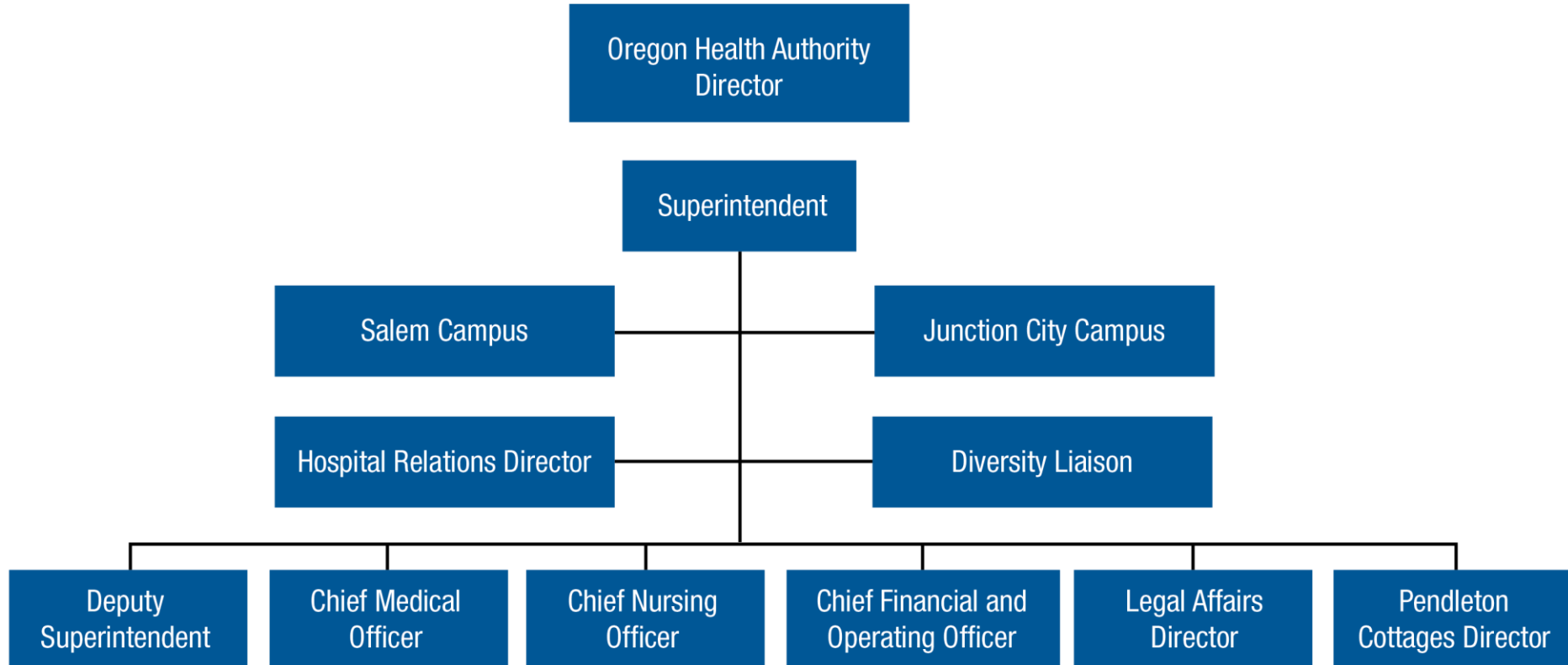
Successes

Challenges

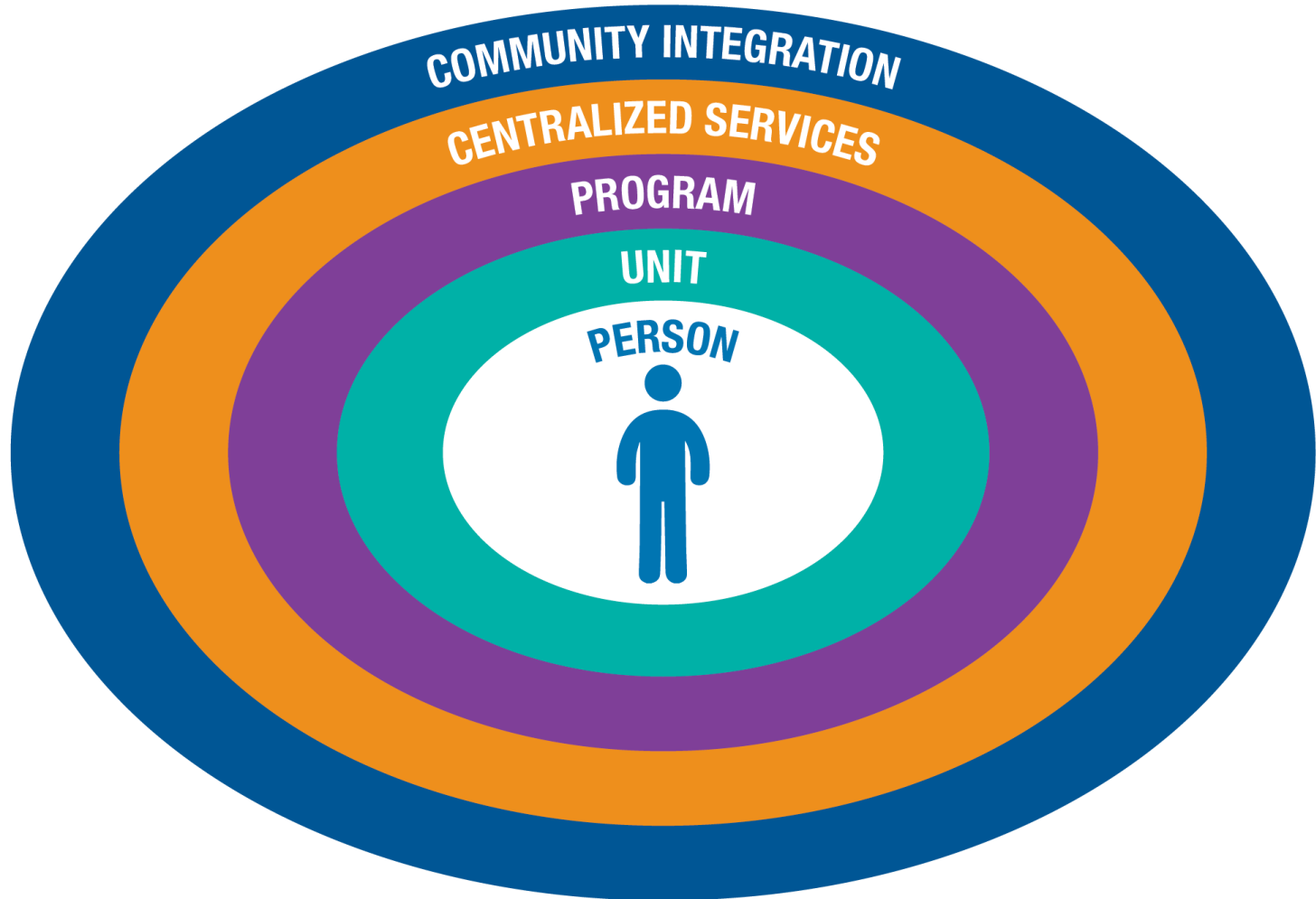
Proposed Budget



Oregon State Hospital Structure



Treatment Design



Treating the **Whole** Person

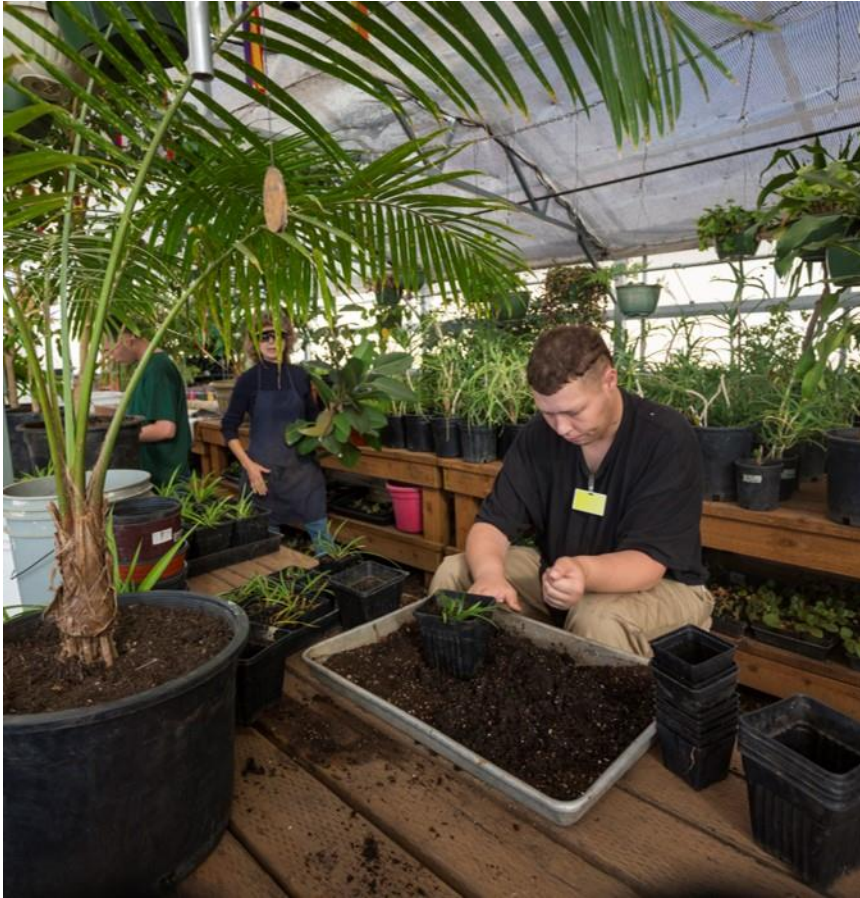


Treatment Care Plans

- 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
 - Medication management
 - Vocation/work
 - Community integration



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

Why OSH

What We Do

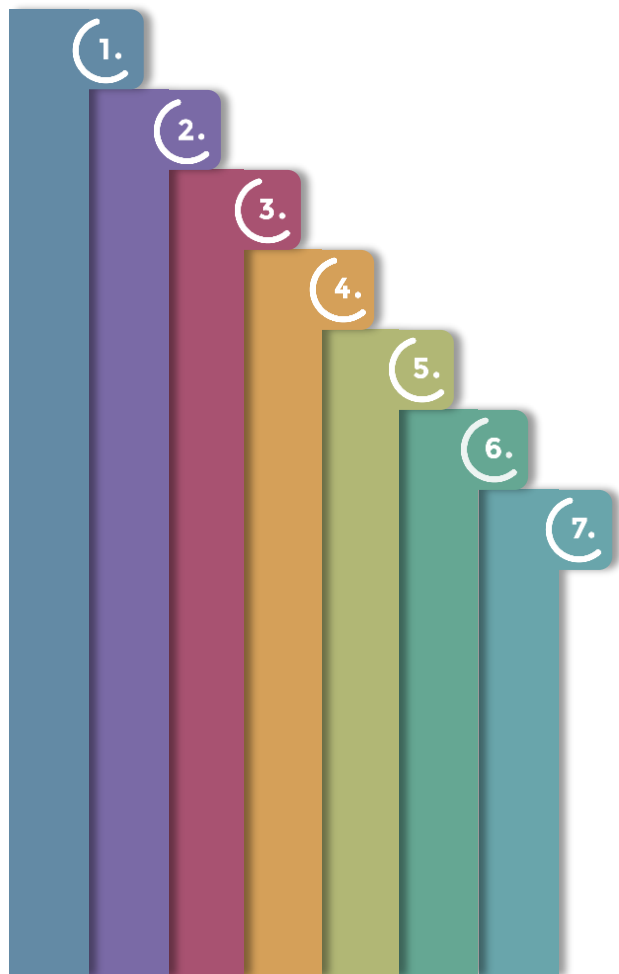
How We Do It

COVID-19 Response

Successes

Challenges

Proposed Budget



Foundational Principles of Response

- Protect the health and safety of patients and staff
- Consult regularly with state epidemiologists
- Maintain an Emergency Operation Center supported by the Incident Management System
- Ensure patients continue to receive care and treatment by redeploying staff resources



Oregon State Hospital's
COVID-19 Response

Patient Experience

Oregon
Health
Authority



Oregon State Hospital's
COVID-19 Response

Staff Experience

Oregon
Health
Authority

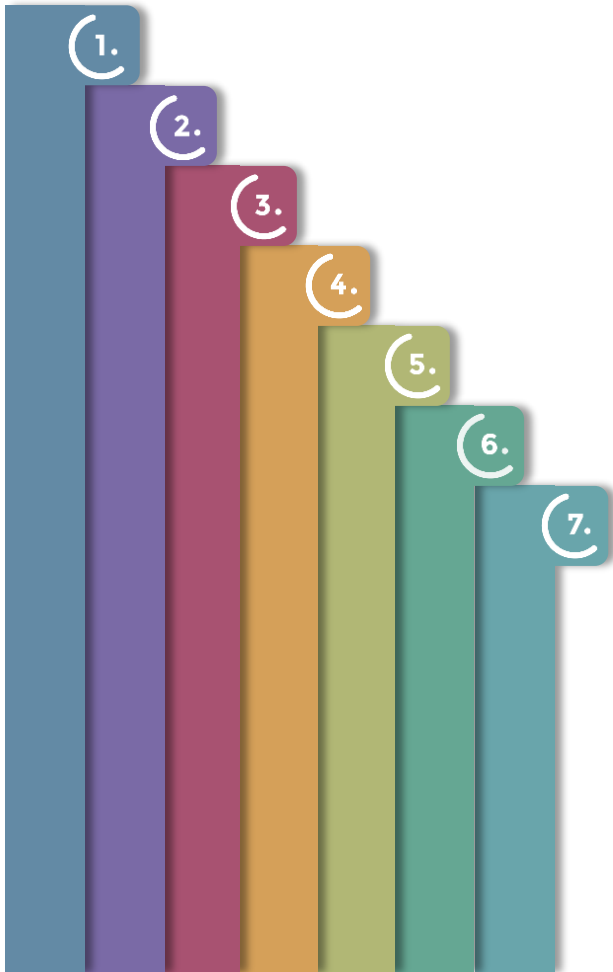


Oregon State Hospital's
COVID-19 Response

Vaccines

Oregon
Health
Authority

Why OSH
What We Do
How We Do It
COVID-19 Response
Successes
Challenges
Proposed Budget



SB 24 Implementation

Reduction in admissions with misdemeanor-only charges

- Pre-SB 24 38.7%
- Post-SB 24 27.2%

Discharging people for community restoration/charges dropped

- Pre-SB 24 48.5%
- Post-SB 24 60.3%

Other Successes

- Streamlined treatment care plan to empower patients
- Refined enhanced supervision to all but eliminate 2:1 precautions
- Preparing for race, ethnicity, language and disability (REAL D) data collection
- Established Rivers Run program to expand capacity
- Supported partner hospitals during wildfire evacuations

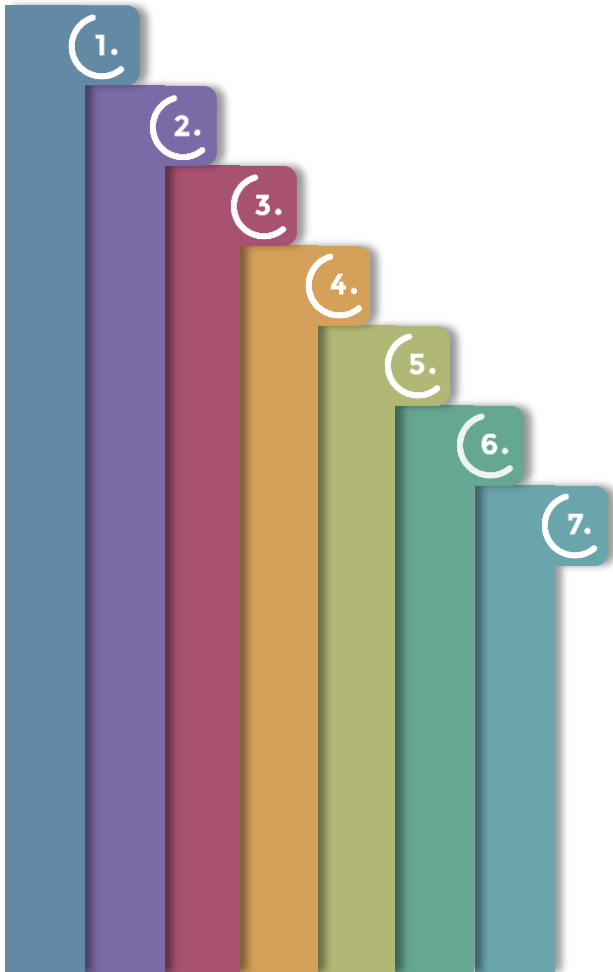


Efforts Funded in the 2019-21 Biennium

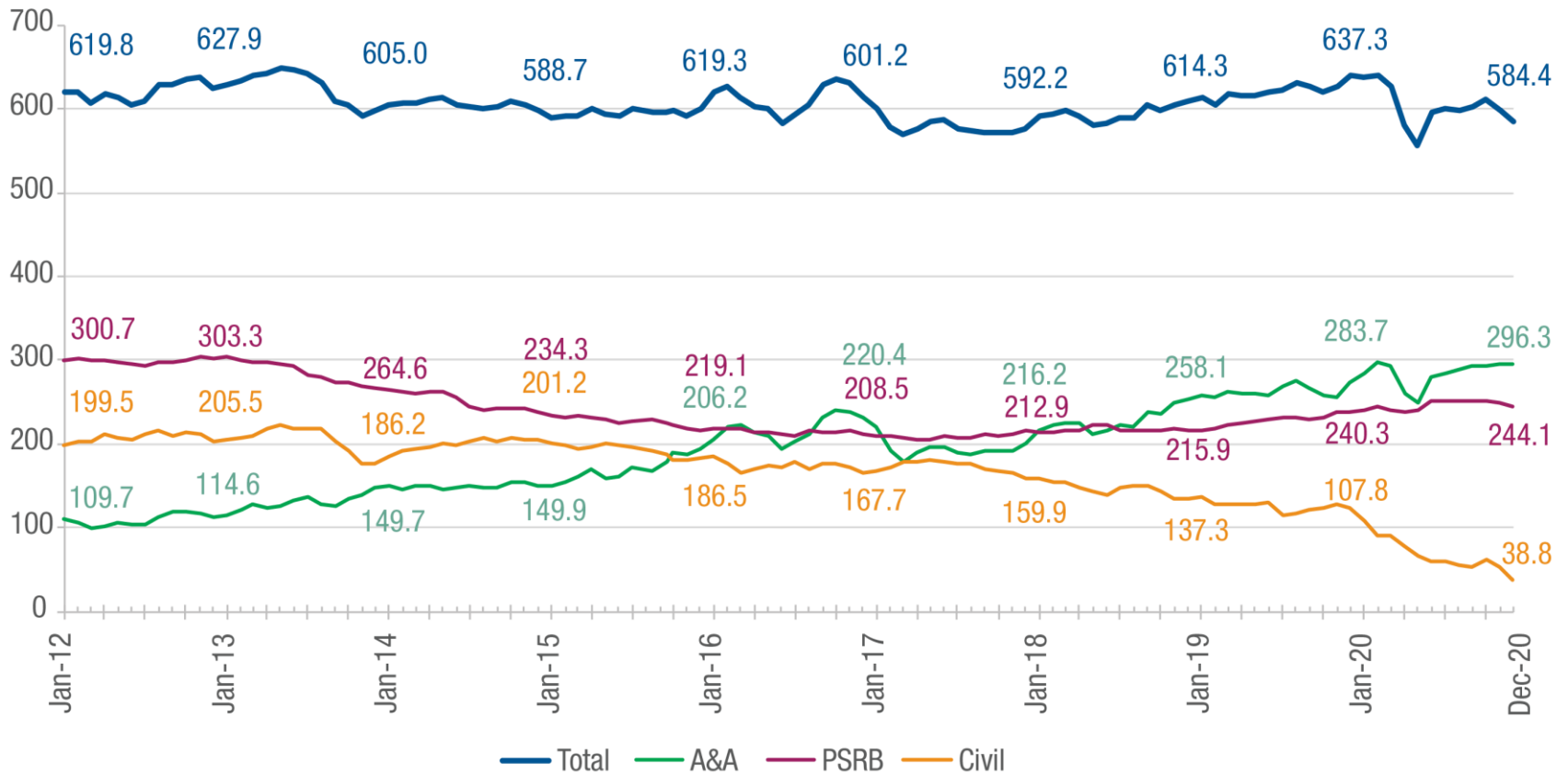
- Rivers Run, a 16 bed Residential Treatment Facility
- Replacement Personal Mobile Transmitters (PMTs) at the Salem campus
- 25 Nursing positions to meet minimum staffing levels



Why OSH
What We Do
How We Do It
COVID-19 Response
Successes
Challenges
Proposed Budget



Population Management



OSH Average Daily Population (ADP) since 2012

Population Management

People served per bed by median length of stay (LOS)

GEI



1 Guilty Except for Insanity (GEI) – 800 Day LOS

Civil



5 CIVIL – 154 Day LOS

A&A



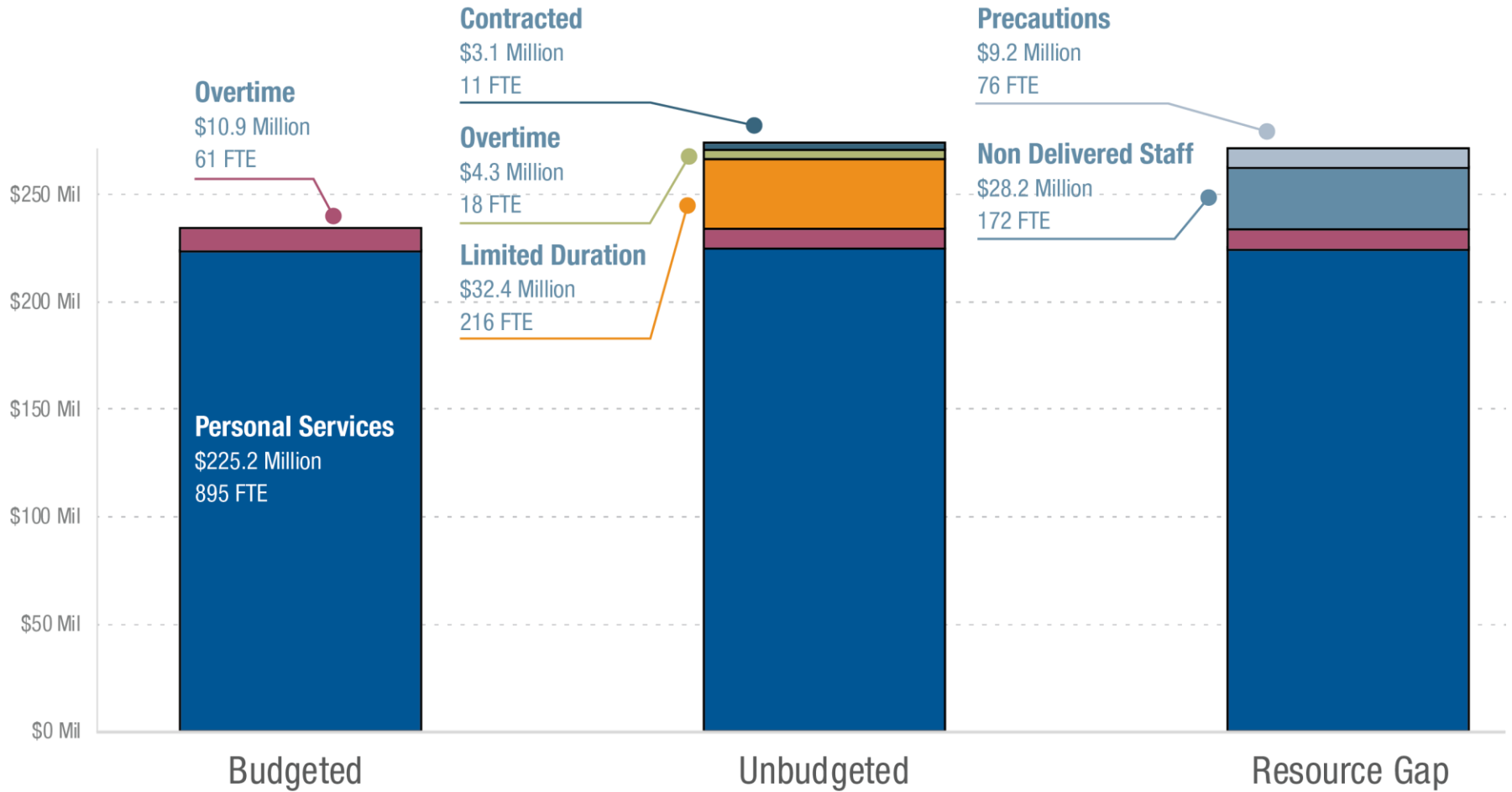
9 Aid & Assist (A&A) – 91 Day LOS

Staffing Strategies

- Relief pool of 195 limited-duration staff
- Collaboration with union leaders
- Reallocation of staff resources
 - Clinical and Security work overtime on units
 - Manager on-call rotation supports critical staffing needs
- Focus on data to drive staffing decisions, including quarterly reviews



Direct Care Cost and FTE

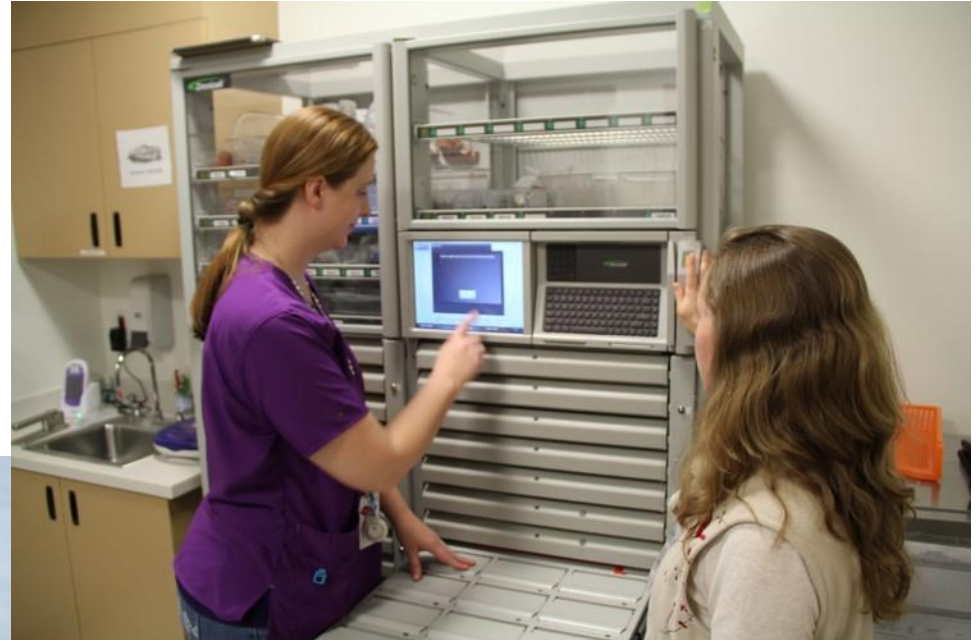


Safety: SAIF Claims

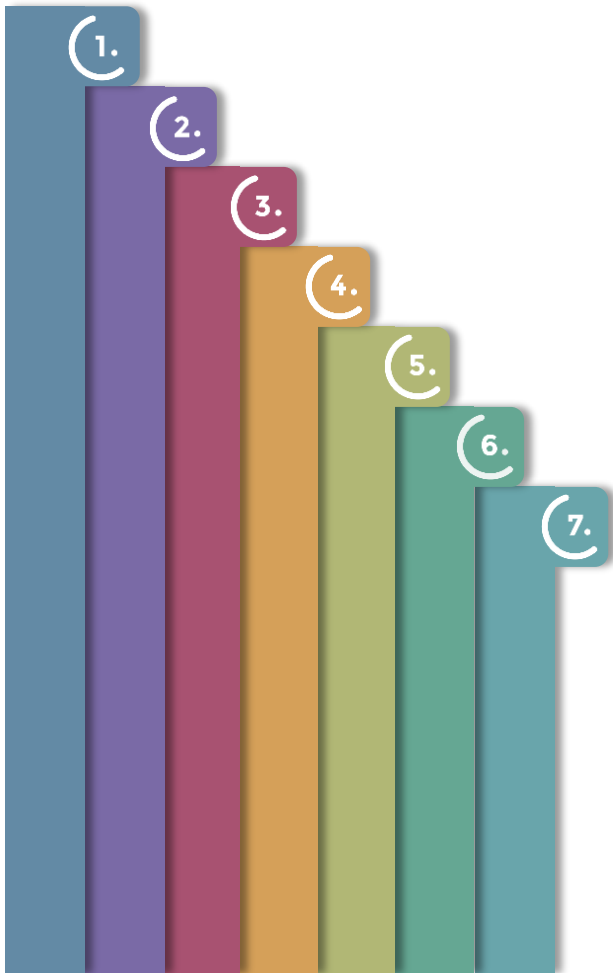
Year	Number of Claims	Number of Staff	Number of Lost Workdays	Number of Light-duty Days
2018	459	361	4643	6137
2019	367	285	4519	5451
2020	386	315	3116	5991

Operational Maintenance

- Physical plant
- Technology



Why OSH
What We Do
How We Do It
COVID-19 Response
Successes
Challenges
Proposed Budget

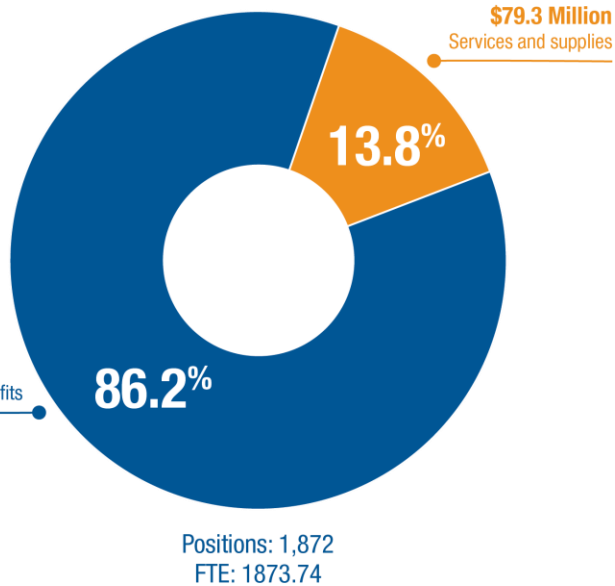


Budget Themes

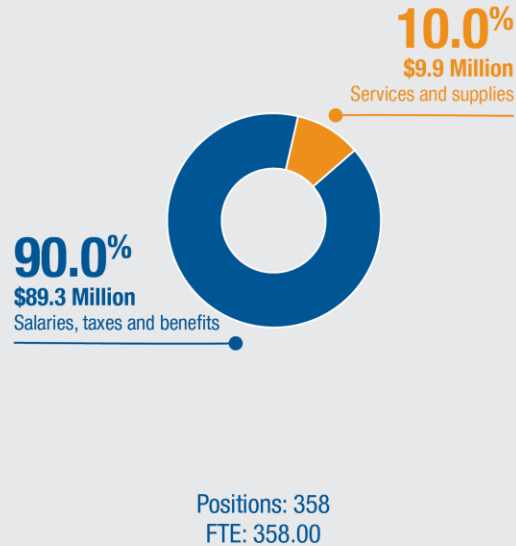
- Improve health equity and lessen the impact on tribal communities and communities of color
- Preserve those services and supports required by law and statute
- Consolidate and restructure service delivery to minimize patient and staff impact
- Retain trauma-informed care and person-centered approach to treatment

2021-23 Governor's Budget

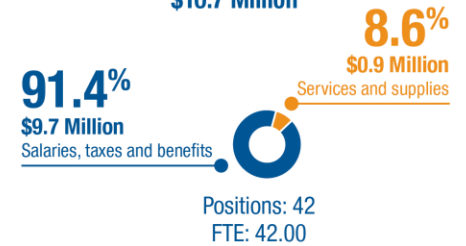
Salem campus
\$575.2 Million



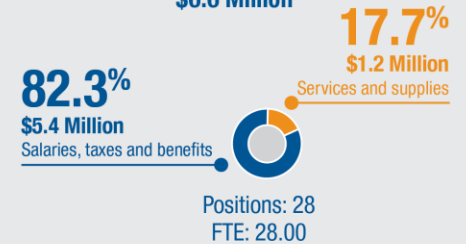
Junction City campus
\$99.3 Million



Pendleton Cottage
Secure Residential Treatment Facility
\$10.7 Million



Rivers Run
Residential Treatment Facility
\$6.6 Million



POP 421: Deferred Maintenance

- Salem Campus
 - Purchase a backflow preventer system
 - Replace non-functioning security cameras
- Pendleton Cottages
 - Demolish an unused, unsafe building
 - Construct a much-needed parking lot
 - Replace sidewalk

	General Fund	Other Funds	Total Funds	Positions
POP 421	\$ 0.19 M	\$1.43 M	\$1.62 M	0

POP 422: Asset Replacement

- Dental clinic equipment
- Courtroom microphones and recording system
- Food service equipment
- Physical plant equipment
- Warehouse forklift

	General Fund	Other Funds	Total Funds	Positions
POP 422	\$ 0.62 M	\$4.43 M	\$5.05 M	0

POP 423: Capital Improvement

- Potable water storage facility at the Salem campus
 - To allow for self-sustainability in the event of a water contamination or city service failure
- Physical plant renovations to increase both treatment space and usable office space for treatment providers
 - Converts unused spaces to locate clinical providers closer to their patients and treatment environments
 - Constructs additional space within the secure perimeter
- One limited duration project manager (no position authority)

	General Fund	Other Funds	Total Funds	Positions
POP 423	\$ 0.72 M	\$6.98 M	\$7.70 M	0

POP 433: Technology Modernization

- Update older or obsolete video conferencing equipment in the hearing rooms
- Improve service delivery within the new operational parameters resulting from COVID-19

	General Fund	Other Funds	Total Funds	Positions
POP 433	\$ 0.01 M	\$0.06 M	\$0.07 M	0

Budget Reductions

Reductions total **37 positions and \$9.2 Million** in General Funds

- **Continued** from 2019-21: 21 positions
 - Reduced and restructured Utilization Management Dept. – 6 positions
 - Reduced Hospital Systems Analysis and Management – 2 positions
 - Eliminated a Program Executive Team – 2 positions
 - Reduced Risk Management capacity – 1 position
 - Eliminated the Patient Incentive Program – 6 positions
 - Reduced Facility Operations – 3 positions
 - Reduced Legal Services – 1 position
- **New reductions** in 2021-23: 16 positions
 - Reducing program support – 2 positions
 - Restructuring the Psychology Department – 7 positions
 - Reducing Nursing management and administrative – 7 positions

Oregon Health Authority Wrap Up



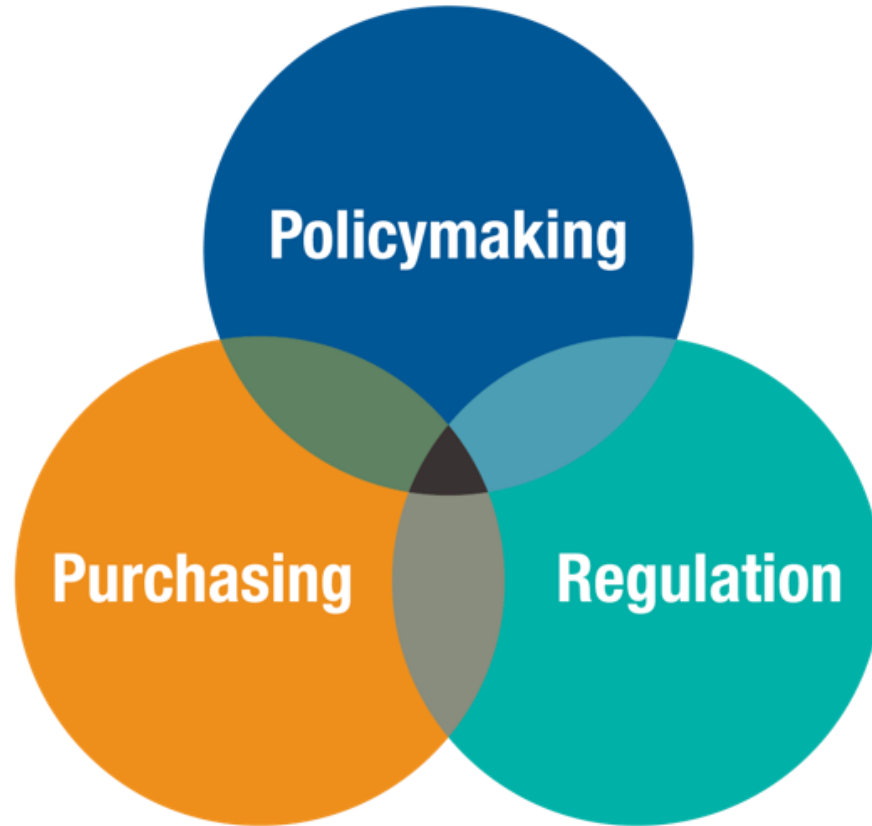
The Triple Aim Vision for Oregon

1 Better health

2 Better care

3 Lower costs

OHA's Tasks

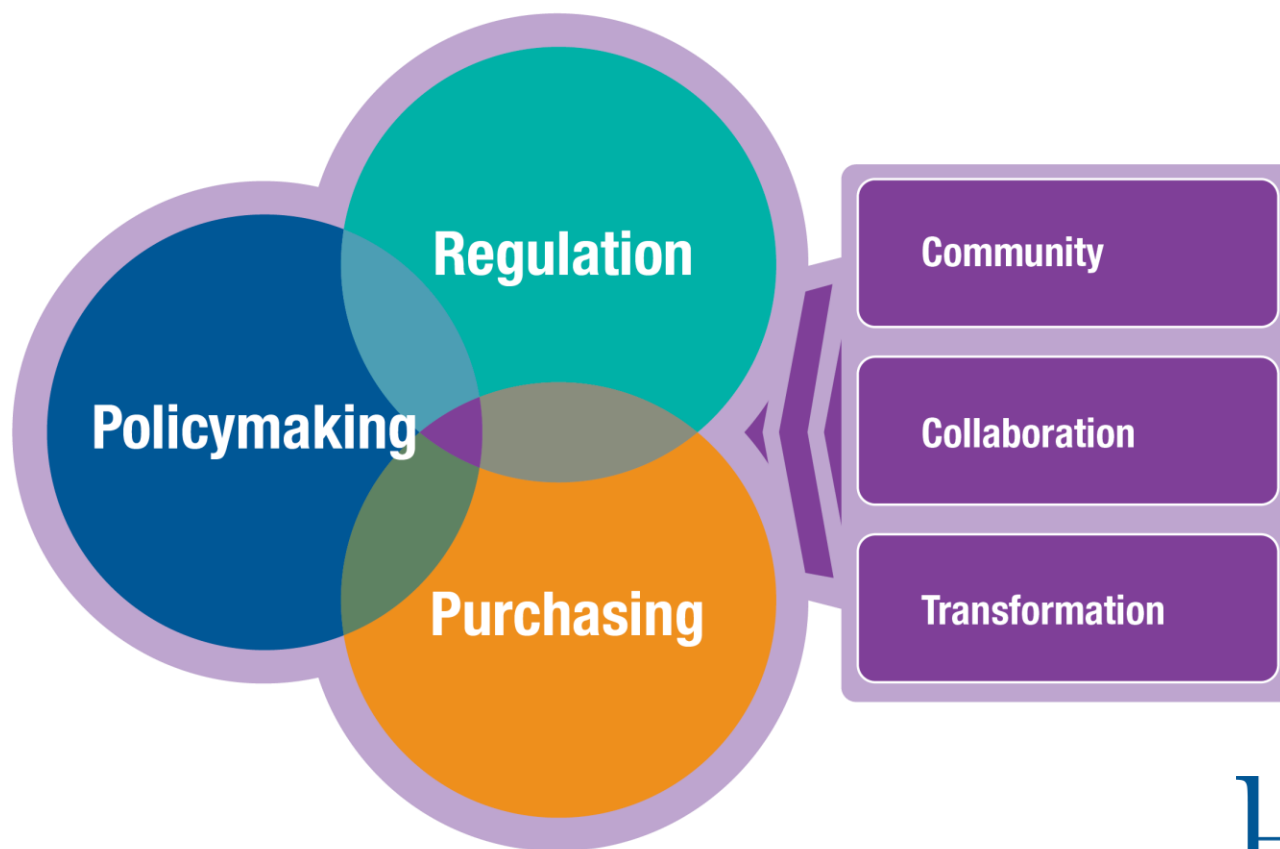


OHA's Strategic Goal

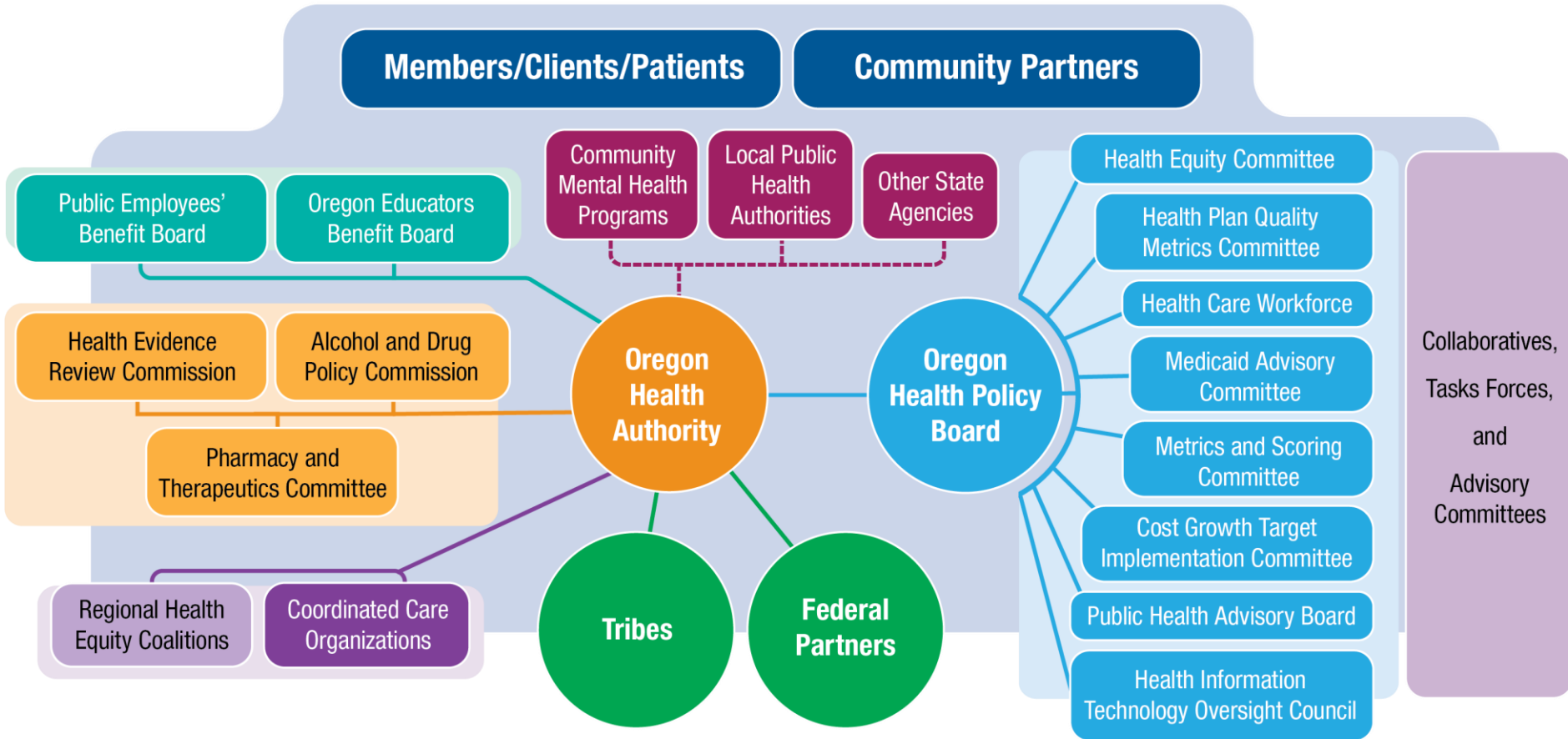
**Eliminate health inequities in
Oregon by 2030**

OHA Tasks *and* Strategic Goal

- OHA's work is different when done within a framework of eliminating health inequities in Oregon by 2030



OHA Partnerships and Collaboration



Beyond COVID-19

Just as the pandemic has changed our state, it has changed OHA

- Staff redirected from existing duties to COVID-19 response
- Broader operational and policy changes
- Better operational awareness of health equity by all parts of OHA

The post-COVID world will not be – *and should not be* – merely back to the way things were

- Hold onto positive changes that happened during COVID-19 but go further to transform the health system
- Ground all our work in a health equity framework
- Strengthen behavioral health infrastructure to provide greater resiliency, for both the system and individuals

Challenges

- Lack of data and infrastructure for health equity
- Increasing behavioral health concerns from COVID-19, stressing a behavioral health system that was already not meeting the need
- Climate change creating more and different health risks
- Continued rise in health care costs
- Some people in Oregon who still do not have health care coverage

OHA Budget Priorities

- Advance health equity
- Strengthen behavioral health services
- Modernize public health
- Contain health care costs
- Advance health system transformation

Thank You

Health
Oregon
Authority