Oregon Health Authority
Oregon State Hospital

Presented to

House Committee on Behavioral Health

May 3, 2021

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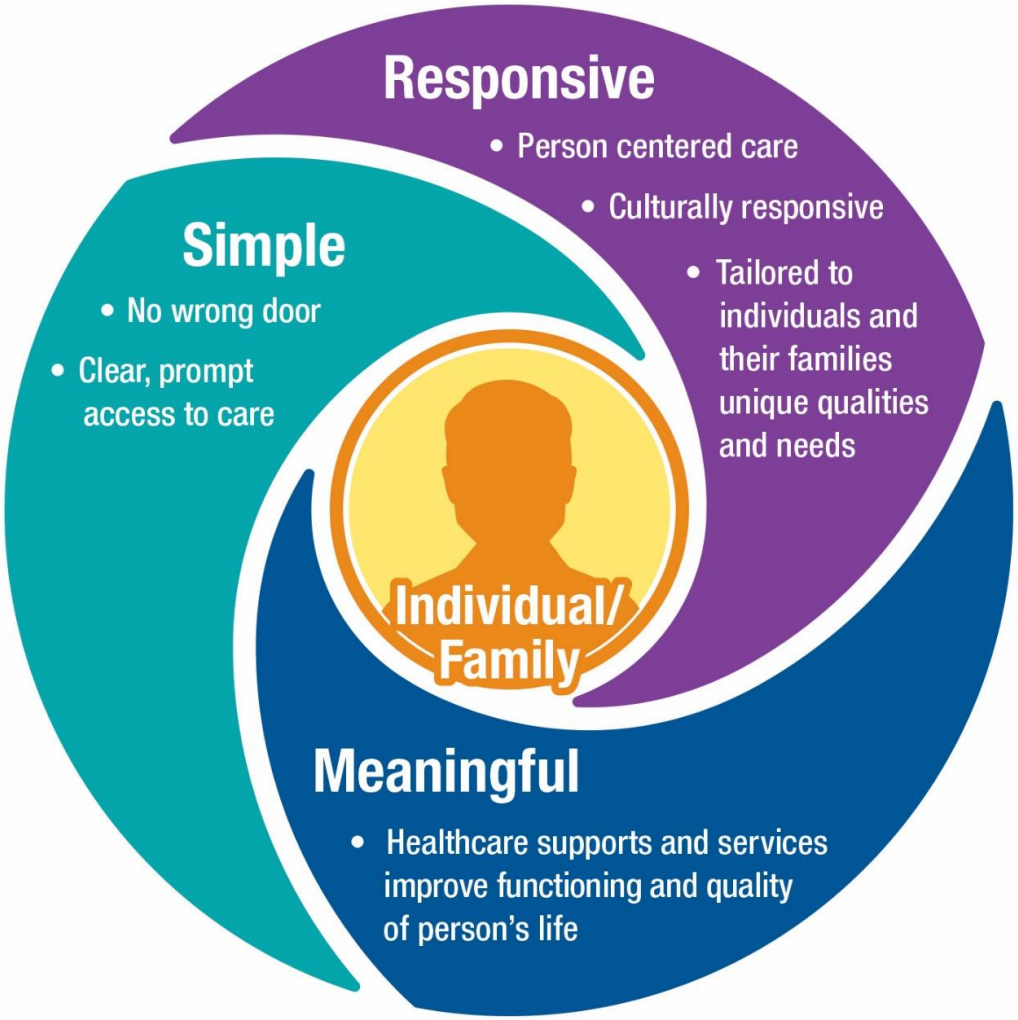
Behavioral Health System Transformation



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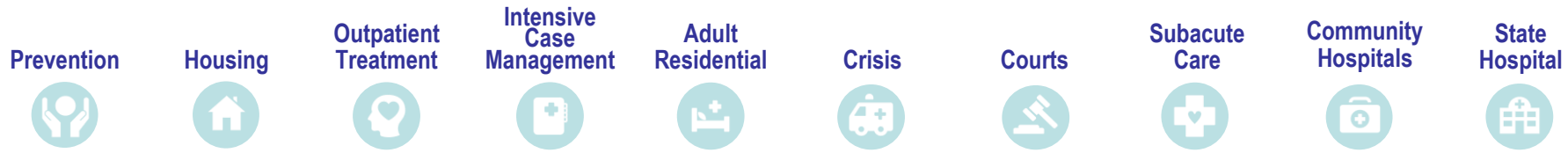
Behavioral Health continuum of care



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The role of OSH within the 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.

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 the Centers for Medicare & Medicaid Services (CMS)
- Helping patients achieve a level of functioning that allows them to successfully transition back to the community

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People we serve

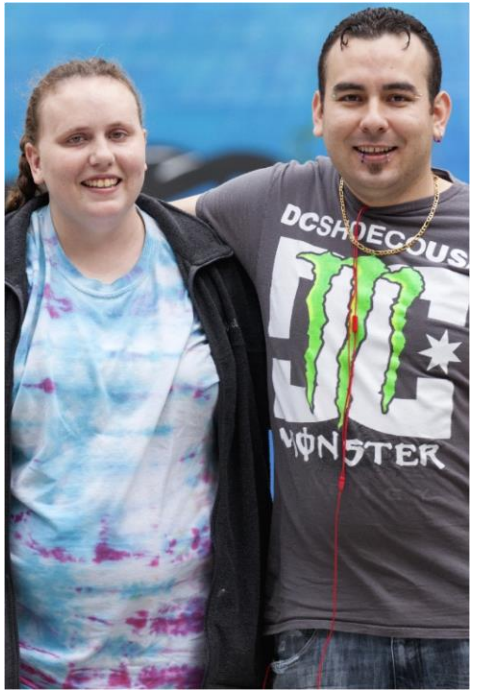
Civil commitment - Judge

- 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) - PSRB

- 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) – Judge
(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

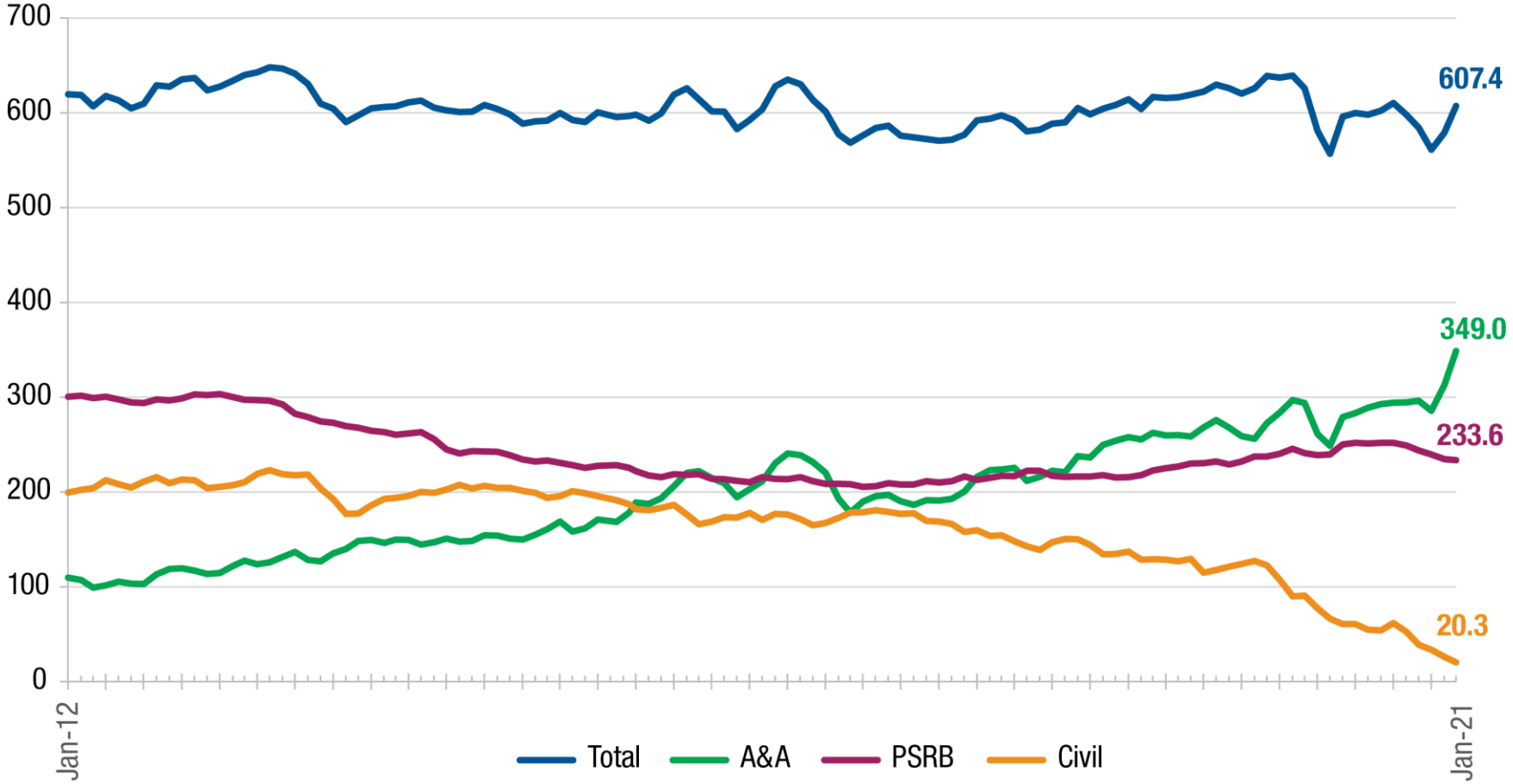
Timeline

- **2002 –** Federal court ruling in Oregon Advocacy Center v. Mink
- **2005 –** Oregon State Hospital Master Plan
  - Salem – 620 beds
  - Linn County – 360 beds
  - Close Blue Mountain Recovery Center
  - Close Portland Campus
- **2007 –** Legislature approves funding Salem and Junction City
- **2011** – Plans for Junction City campus reduced to 168 beds
  HB 3100 standardizes Aid and Assist evaluations
- **2012** – Aid and Assist population begins to rise past established capacity
- **2013** – First presentation to the Legislature on rising Aid and Assist population
- **2019** – SB 24 requires community restoration unless hospital-level care is needed

Salem Campus

Junction City Campus

Population management



2012–21 Census (trends) — All populations

OSH Average Daily Population (ADP) since 2012

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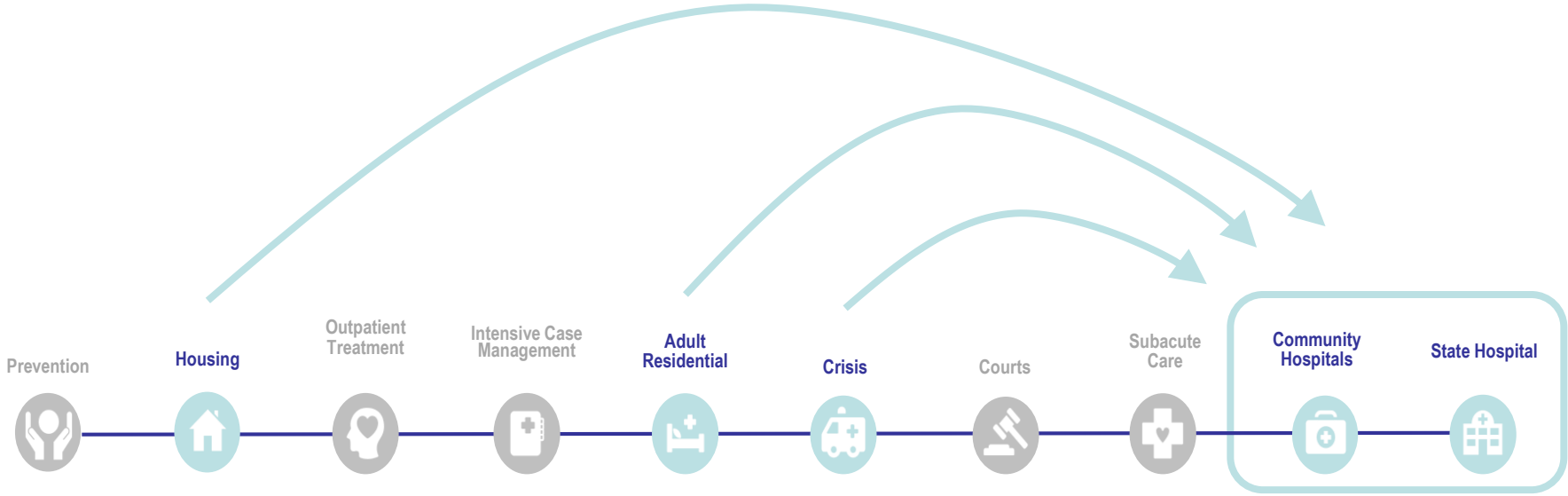
Census drivers

- Laws and legal requirements give priority to:
  - People under Aid and Assist orders
  - People committed by the PSRB who have pleaded GEI, including revocations for violations of conditional release requirements
- Increase in demand for Aid and Assist orders, up **218%** since 2012
- Increasing GEI population, which has the longest length of stay
- Admissions driven by:
  - Demand from circuit and municipal courts
  - Lack of access diversion community services
- Discharges impacted by:
  - Aid and Assist must go through the courts
  - Lack of access to community placement beds and/or support services

Impact of lack of timely access to crisis care, housing and residential-level care



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Current state – 2021 Census

In the first three months of 2021, Oregon State Hospital provided treatment for 823 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)	14.0	12.8	26.9	**4.6%**	1	0.4%	**209**
Guilty except for insanity / PSRB	155.1	81.0	236.1	**40.5%**	14	5.6%	**1222**
Aid and assist	316.1	0.0	316.1	**54.2%**	236	93.7%	**110**
Other (corrections, hospital hold)	2.8	0.9	3.7	**0.6%**	1	0.4%	**N/A**
Total	488.0	94.7	582.6	**100.0%**	252	100.0%	**154**

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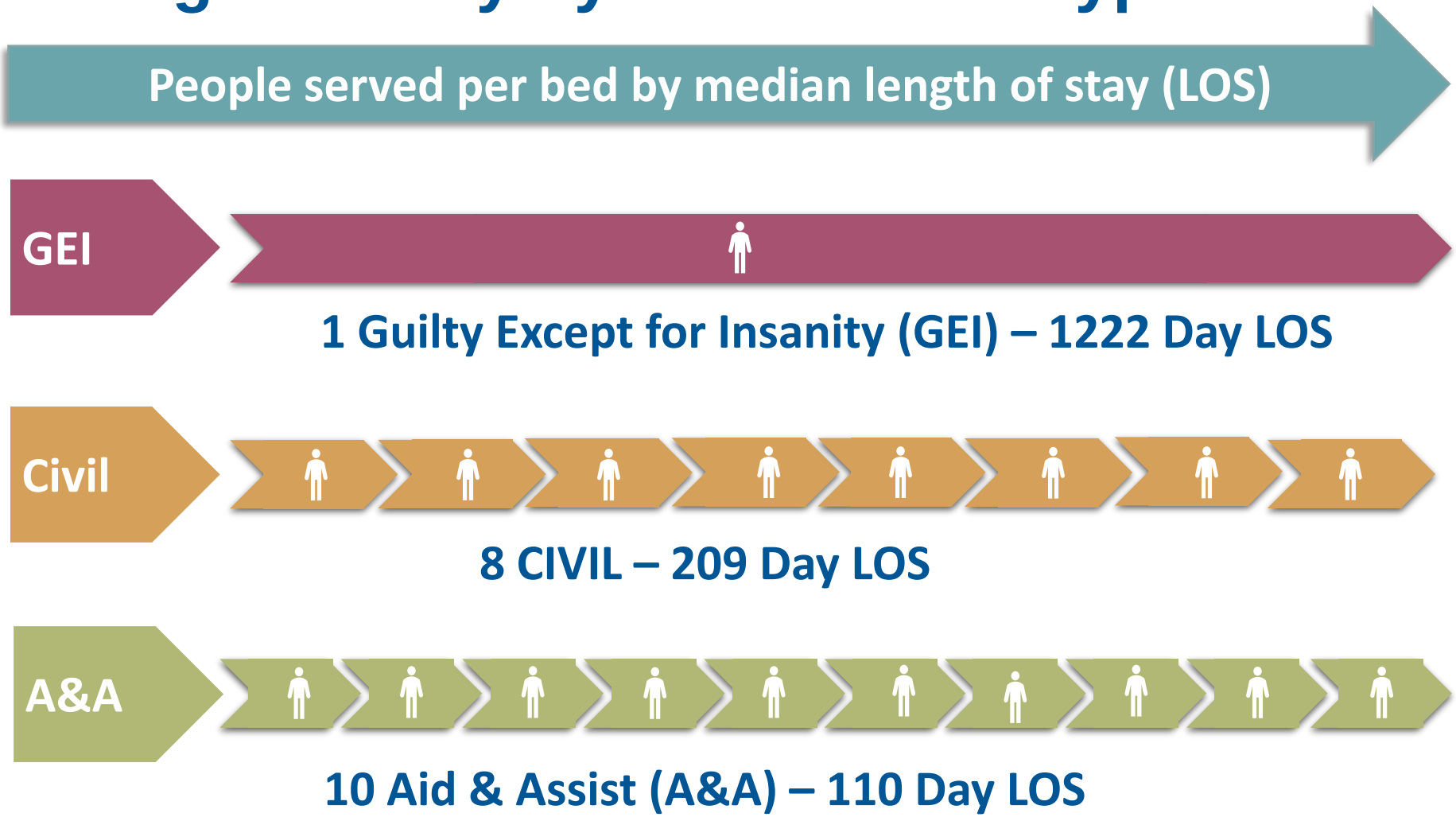
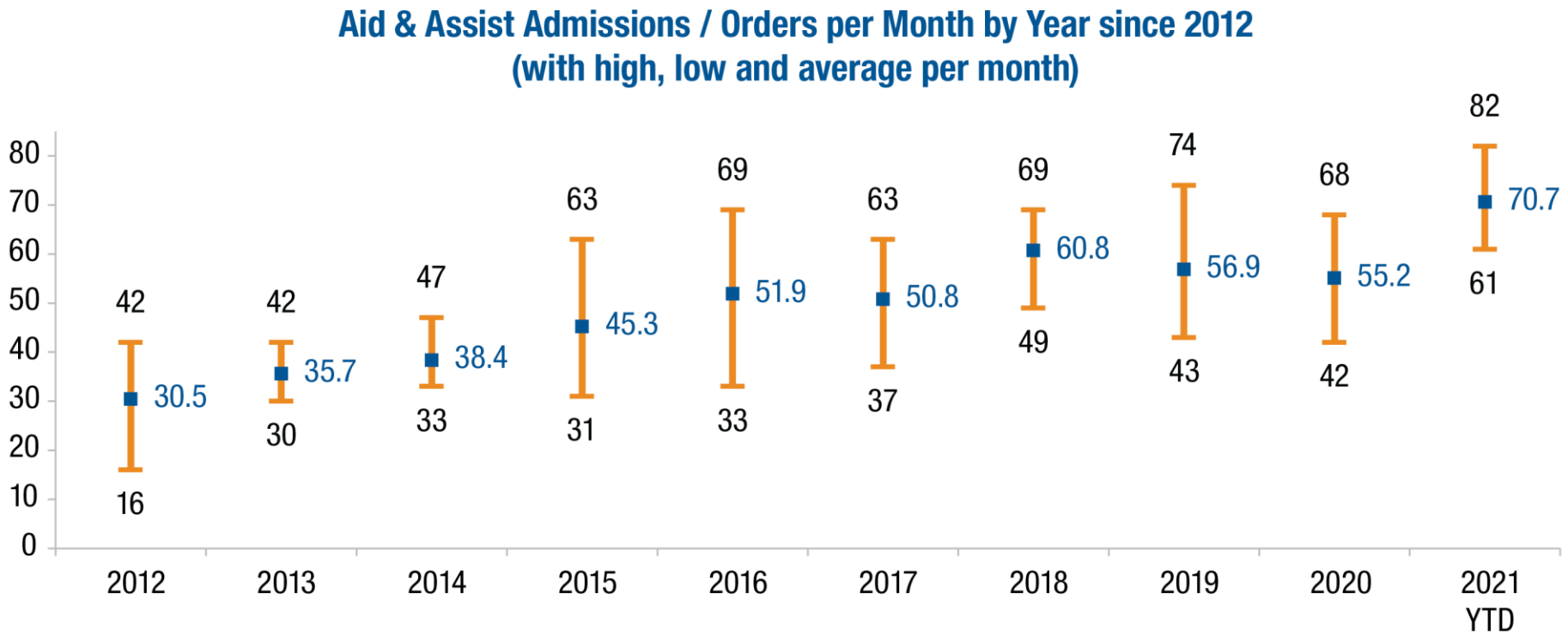
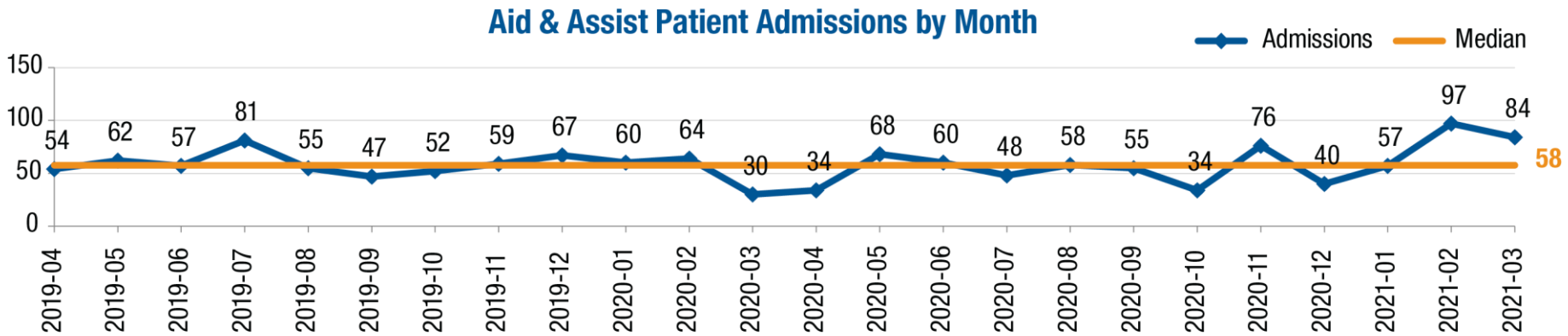
Length of stay by commitment type

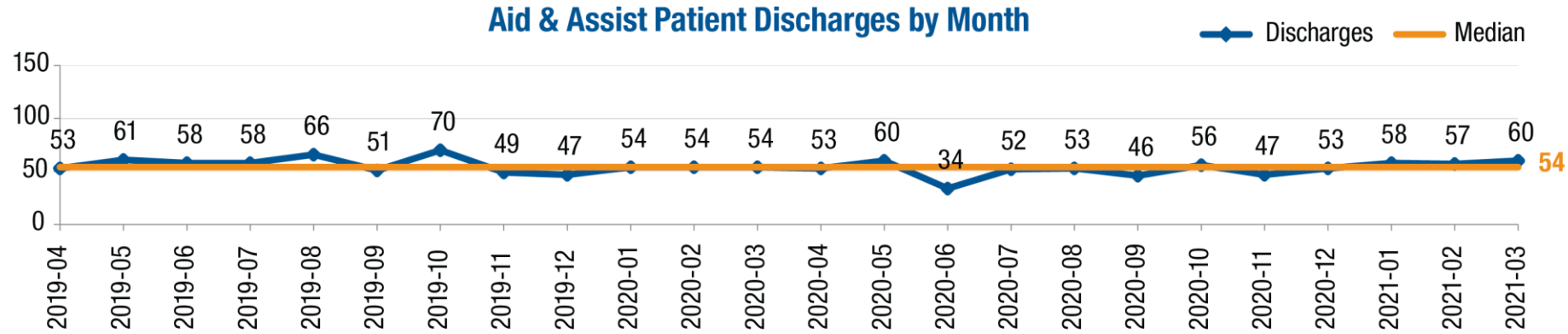


Aid and Assist Orders per month by year



Aid & Assist Admissions and Discharges





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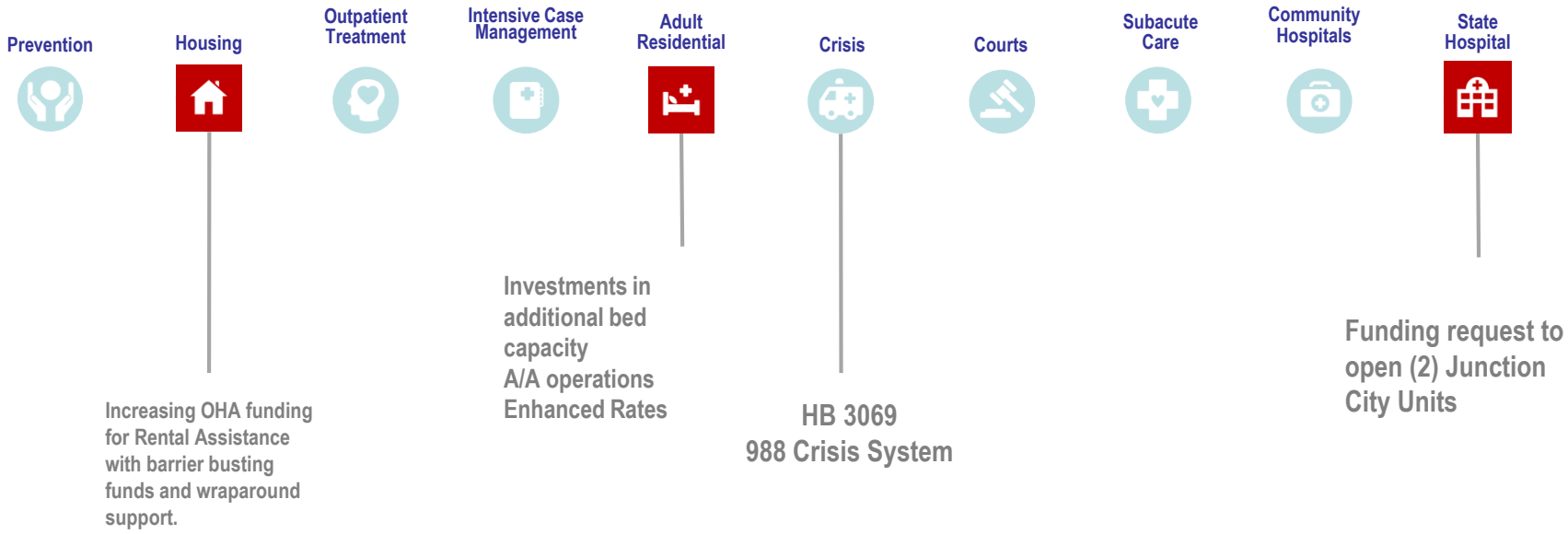
Key investments needed to simplify access to supports and services



Workforce: HB 2949 (Representatives Bynum, Alonso Leon, Schouten)
GBHAC Recommendations: HB2086 (OHA Departmental Legislation)

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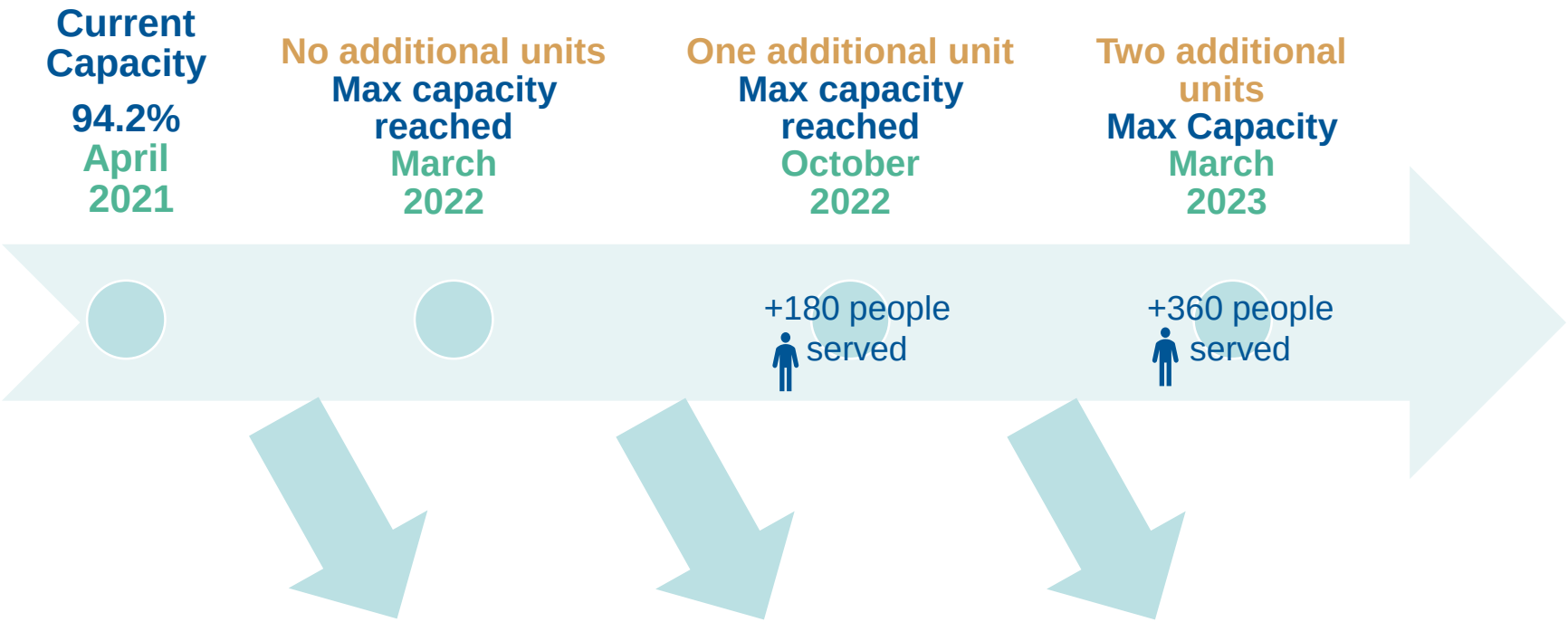
Projected capacity – the path we're on



Timely investment in OSH allows us to treat more people needing hospital-and SRTF-level care while we create the offramps:

- Long-term investments develop community services and workforce
- We build accountability within the system

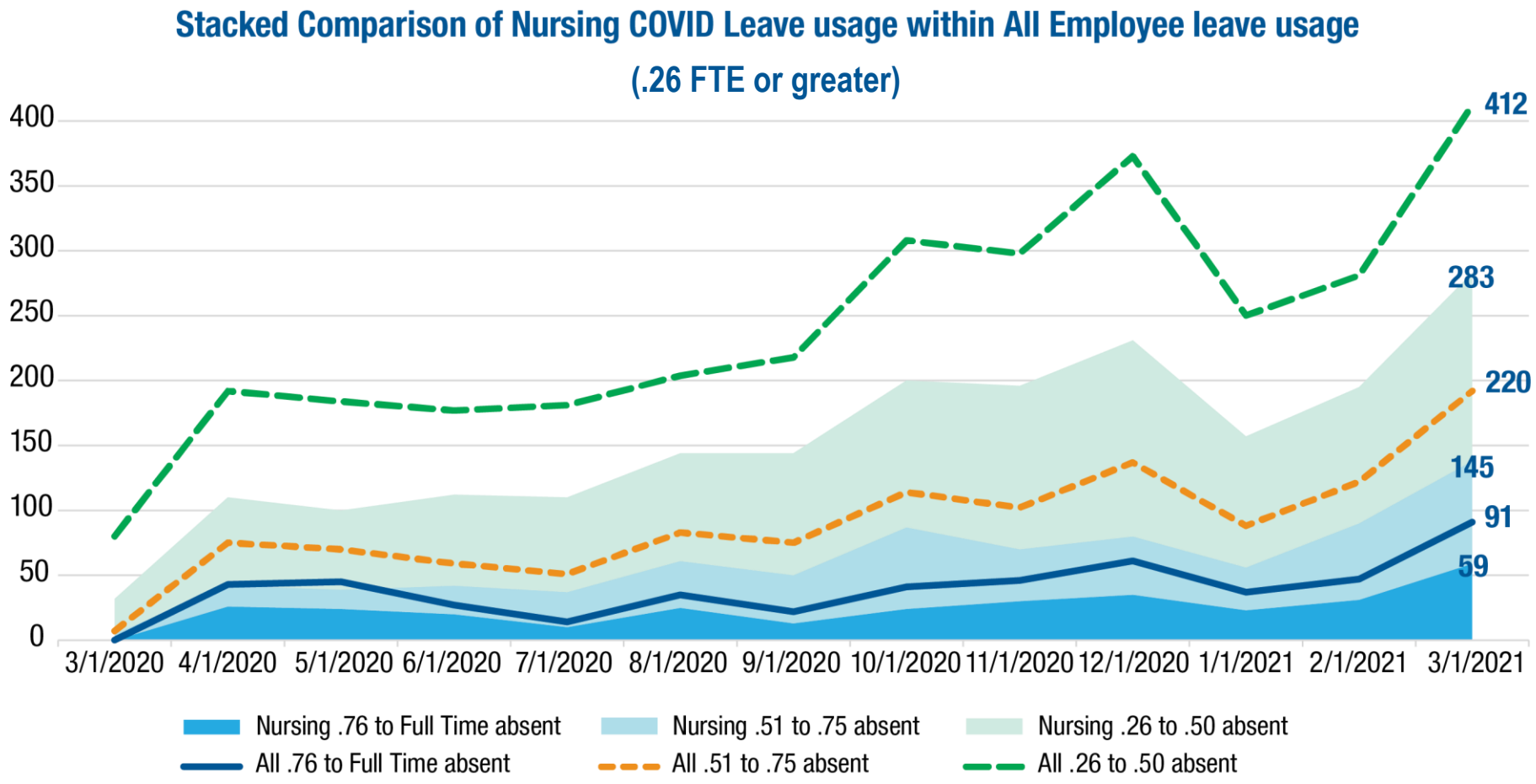
COVID-19 response

- **Three protected units** for patients at highest risk due to age or underlying medical conditions
- **One** designated a **quarantine unit** for patients who either have symptoms and have tested positive for COVID-19
- **Three admission monitoring units**, where patients are admitted in isolated cohorts, tested and only transferred to the general population until we confirm they do not have the virus
- **Each unit is a 'household,'** which means they do not attend groups or activities with patients from other units
- **Multi-wave Emergency Staffing Plan** developed in preparation for pandemic's likely impact on staff availability
- Since March 2020, there have been **three patient outbreaks**, all of which were confined to the unit and **contained quickly** thanks to preventative efforts in place
- To date, 30 patients and 120 staff have tested positive

COVID-19 challenges

- Restricted admissions and temporary capacity limitations during quarantine/outbreaks
- Patients no longer able to visit face-to-face with loved ones
- Patients are not allowed on outings other than to visit community providers for placement purposes
- Staff wear PPE and screened for symptoms each day
- Multiple changes in treatment delivery for infection prevention have impacted both patients and staff
  - Screening all patients twice a day for symptoms
  - Deliver treatment on the units for patients who can't leave the unit
  - Offer unit-based (rather than centralized) treatment groups and still meet each individual's unique needs
  - Ensure safe dining for all, as eating together has been identified as a high-risk activity
- Covid-19-related absences put significant strain on staffing resources and impacts our ability to provide adequate treatment and a safe environments

COVID-19-related leave



Staffing strategies

- Multi-wave emergency staffing plan
- Paused several organizational improvement initiatives
- Unit-based treatment model
- Accelerating our hiring and onboarding process for the relief pool
- Hiring as many nurses through contract agencies as possible
- Contacting staff who are out on child-care leave to discuss what support they need to come back to work
- Discussions with OHA for possible deployment of managers
- Discussions with the National Guard

How you can help

- Support opening the two remaining available units on the Junction City Campus
- Support the long-term solutions of investing in community services and the behavioral health workforce
- Support continued position management options, such as:
  - Converting temporary and limited duration positions to permanent positions to help manage the Nursing float pool
  - Establishing a “relief factor,” which is a hospital best practice for covering regular staff absences in a 24/7 organization
- Continue dialogue as we strive to accommodate the increasing acuity needs (behavioral and medical complexity) of our patient population
- Continue working with us – we need your partnership, collaboration and dedication to improve the entire behavioral health continuum

Thank You

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