



March 2, 2021

Senator Kate Lieber, Co-Chair  
Representative Rob Nosse, Co-Chair  
Joint Committee On Ways and Means Subcommittee On Human Services  
Oregon State Capitol  
Salem OR 97301

RE: Oregon State Hospital funding

Dear Senator Lieber, Representative Nosse, and Members of the Subcommittee:

Continuing our tradition of compassion, especially for the poor and vulnerable, Providence has stepped in to fill a significant gap in access to services provided by the Oregon State Hospital (OSH). In order for patients with severe mental health issues to get the care they need, the Oregon legislature must ensure the financial sustainability of OSH and make certain that OSH is providing the care they are required to by law.

OSH stopped admitting patients that met the criteria for civil commitment in February 2020 due to a court decision impacting the Aid and Assist population. That decision was extended into the pandemic, with the closure of many units to accommodate “isolation wards” for admitting new patients. In June 2020, OSH took seven patients from Providence and five from Unity, and again in September, they took another five from Providence and seven from Unity. After that, OSH and the Oregon Health Authority (OHA) communicated that there would be no more admissions “for the foreseeable future.” There has been no updated communication other than a plan for “expedited admissions” to be used with “extraordinary” cases. To date, Providence has submitted three patients for consideration under these new guidelines. None have been accepted for admission.

As a result, it has been the burden of Oregon hospitals to care for the civil commitment population; a burden that is intensified because of the COVID-19 pandemic. The following data points highlight the scale of this issue at Providence hospitals in Oregon:

- 46 individuals on the OSH wait list, for a total of 3,670 days
- Length-of-stay of wait list patients last 12 months: 79.8 days
  - In the last six months there has been a 26% increase in length-of-stay (87.7 days vs 69.6 days in previous six months)
- Number we actually got into OSH last year: 12 individuals—just 31% of the total accepted to the wait list by OSH
- 27 individuals discharged to the community from the OSH wait list—with 23 subsequent emergency department (ED) visits post discharge at Providence hospitals
  - Nine individuals returned to Providence for readmission post discharge
- Seven individuals currently accepted to the wait list, with an average length of stay of 102.6 days and counting
- 32% increase in ED boarding of acute psychiatric patients over the last six months

This unilateral decision by OSH, without any input from the Oregon legislature or Oregon hospitals, has been detrimental to patients who are left with no adequate discharge options. Community hospitals with acute inpatient psychiatric units have a workforce, protocols, and intervention strategies intended for stabilization of an acute mental health episode, not for these longer lengths of stay. Misplacing Oregonians who meet civil commitment criteria leads to regressive outcomes, higher costs to the system per day, staff burn out, and safety risks for communities, staff, and other patients. It also leads to fewer acute care beds to meet community needs. Over the last year at Providence, OSH wait list patients occupied, on average, ten psychiatric beds every day. That's ten beds that were not available to care for individuals in acute psychiatric distress—every single day.

Thank you for the opportunity to provide comment. We hope you will join us in advocating for patients currently being denied access to the Oregon State Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin Henderson". The signature is fluid and somewhat cursive, with the first name being more prominent.

Robin Henderson, PsyD  
Chief Executive, Behavioral Health  
Providence Health & Services - Oregon