

March 3, 2021

Oregon State Legislature  
Joint Committee on Ways and Means Subcommittee on Human Services  
900 Court Street NE  
Salem, OR 97301

**Re: House Bill 5024 – Oregon State Hospital Budget (Oregon Health Plan)**

Co-Chairs Lieber and Nosse, and members of the Subcommittee on Human Services:

On behalf of Oregon's community hospitals and the patients they serve, the Oregon Association of Hospitals and Health Systems (OAHHS) appreciates this chance to provide comments on the Oregon State Hospital (OSH) budget, within House Bill 5024. The OSH is not caring for the civilly committed patients that they are required to care for which leads to regressive outcomes, higher costs to the system per day, staff burn out, and safety risks for communities, staff, and other patients.

You have heard from the OSH that the aid & assist population is increasing, and that the civil commitment population is decreasing. What you did not hear is that there are some Oregonians who have been civilly committed and awaiting transfer from a community hospital to the OSH for more than 100 days (length of stay). We acknowledge that the Oregon Health Authority (OHA) is in a difficult position as they mitigate safety risks and COVID transmissions and, at the same time, comply with the Mink Order to ensure Aid & Assist Oregonians do not languish in jail. However, this should not preclude the OHA from admitting the small population in need of OSH-level of care. For these individuals, civil commitment may be the difference between life and death, and we ask that they are admitted immediately to the OSH.

Oregon's behavioral health system must serve all Oregonians in need of services at all levels of care, including those that meet the criteria for civil commitment. Community hospitals need throughput to other levels of care, like the OSH. 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. Further, there is a lack of adequate discharge options for individuals in need of transitions to longer term services and supports. With appropriate throughput to other levels of care once the acute episode is stabilized, community hospitals would have the capacity to adequately meet the demand of current volumes.

While our immediate request is for the OHA to admit all people who meet the criteria of civil commitment to the OSH, we know there are many additional short and long-term issues to resolve, such as the need for more community-based step-down residential options and a wide array of services and supports to better serve people with severe mental illness. We look forward to collaborating with state leadership and developing an implementation strategy to address the immediate need for the civil commitment population and longer-term behavioral health system challenges.

Thank you,



Danielle Meyer  
Director of Public Policy  
Oregon Association of Hospitals and Health Systems