

February 17, 2022

Chair Rob Nosse
House Committee on Behavioral Health
900 Court Street NE
Salem, OR 97301

Re: OHA Progress Report (Jan. 30, 2022) Regarding the Consolidated Mink and Bowman Cases

Chair Nosse, Vice Chair Moore Green, Vice Chair Reynolds, and members of the House Committee on Behavioral Health:

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 report and recommendation to address capacity issues at the Oregon State Hospital. The recommendations required by this order delineates that the report shall include "suggested admissions protocol that addresses the admission of patients found unable to aid and assist in their own defense under ORS 161.370 (.370 patients) as well as patients found to be Guilty Except for Insanity (GEI patients)". While we are supportive overall of the recommendation, they do not address the civilly committed patients. The Oregon State Hospital is not caring for the civilly committed patients that they are required to care for. Civilly committed patients are spending longer in community hospitals that leads to safety risks for staff, staff burn out, and other patients and higher costs to the system.

Oregon State Hospital has stated that the aid & assist population is increasing, and that the civil commitment population is decreasing. What is not being shared, is that there are some Oregonians who have been civilly committed and awaiting transfer from a community hospital to the Oregon State Hospital for more than a year (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 & Bowman orders to ensure individuals found incompetent to stand trial (unable to aid and assist) and individuals adjudicated Guilty Except for Insanity (GEI) do not languish in jail. However, this should not preclude the OHA from admitting the small population in need of Oregon State Hospital-level of care.

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. Patients need access to other levels of care, like the Oregon State Hospital. 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 where the patient is better suited for Oregon State Hospital. Further, there is a lack of adequate discharge options for individuals within the Oregon State Hospital who are in need of transitions to longer term services and supports. With appropriate throughput to other levels of care once the acute episode is stabilized, patients would be best served, and our workforce could best serve those that come through our members doors.

While our immediate request is for the OHA to admit all people who meet the criteria of civil commitment to the Oregon State Hospital, we know there are many additional short and long-term issues to resolve. Increasing accessibility for more community-based step-down residential options and a wide array of services and supports to better serve people with severe mental illness where

they are at is one solution. 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
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Oregon Association of Hospitals and Health Systems