

February 6, 2025

Senator Lisa Reynolds, Chair
Senate Committee on Early Childhood and Behavioral Health
900 Court Street NE
State Capitol
Salem, OR 97301

**SUBJECT: Senate Committee on Early Childhood and Behavioral Health –
February 4th Follow Up**

Dear Chair Reynolds and Committee Members,

Thank you for the opportunity to present to the Senate Committee on Early Childhood and Behavioral Health on February 4th on Secure Residential Treatment Facilities (SRTFs). Please find responses to your questions below.

1. What is the average length of stay in an SRTF?

It is complex to respond to the request for average length of stay in SRTFs with accuracy. This average stay can vary depending on the patient, and whether symptoms are acute or chronic. Additionally, SRTFs historically have served specific populations, such as for Crisis Respite where there is a 30 day maximum stay. Some SRTFs provide longer term care only while others provide that and Crisis Respite. Some SRTFs are focused on specific populations with no control over the length of stay, as they have been adjudicated (i.e., ordered into treatment by a court) and are under a supervisory entity.

Currently, Oregon has 29 licensed SRTFs. OHA's Health Policy and Analytics team analyzed data for length of stay for adult OHP Members (18 years and older) in 12 SRTFs from November 2023- October 2024. For the reporting period, the average length of stay for individuals residing at a SRTF was 861 days, while the average length of stay for individuals discharged during that

time from a SRTF was 727 days. The median stay was noticeably shorter, which may indicate that a few very long term stays are raising the average. The following tables provide more detailed data for reference. ⁱ

Table 1: Unique Count of Persons and Average Length of Stay for All Members vs Only Members Discharged During the Report Period (November 2023- October 2024)

Measure	Number of Persons	Average Length of Stay in Days	Median Length of Stay in Days
Persons residing at a SRTF during the report period	230	861	531
Persons discharged from a SRTF during the report period	146	727	467

Table 2: Unique Count and Rate of SRTF Stays by Length of Stay (November 2023- October 2024)

Measure	Number of Persons	Denominator	Rate
Length of stay less than or equal to 90 days	28	233	12.0%
Length of stay between 91 and 180 days	21	233	9.0%
Length of stay between 181 days and 1 year	46	233	19.7%
Length of stay between 1 and 2 years	59	233	25.3%
Length of stay greater than 2 years	79	233	33.9%

2. How many children are on a waiting list for an SRTF? How long are they waiting? Where are they waiting? How many are waiting in an emergency room?

The following data was collected by the Referral and Capacity Management tool (RCM). RCM is a secure web-based platform developed by Oregon Health Authority’s (OHA) Information Technology teams (Compass and OIS), in collaboration with the OHA Child and Family Behavioral Health unit and referral and intake staff from youth residential programs in Oregon. Its purpose is to

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collect data on referrals and program capacity in order to fulfill the directive of House Bill 2086, Section 13, from the 2021 legislative session.

RCM was designed not only to collect data for OHA, but to be a referral management and tracking tool for providers to manage and organize their referrals and waitlists. The success of RCM is heavily dependent on provider participation, so it was imperative to find a tracking method that would both reduce the administrative burdens of tracking data for OHA and give our providers a sophisticated platform to use as part of their daily referral management. Residential children's providers began using RCM in 2024 and continue to partner with OHA by providing user feedback on RCM so that it can continue to be improved.

For children's Psychiatric Residential Treatment Programs, between January 1, 2025 and February 4, 2025, 268 referrals were made. Of these referrals:

- 68 approved for residential, 36 are still awaiting residential
- 13 referrals for denied for various reasons
- 86 referrals were canceled before a determination was made.
- 101 referrals were still active and waiting on a determination.

(Note that the numbers below do not match the totals because, as standard procedure to protect privacy, data has been omitted for categories of referrals with less than 10 individuals counted.)

Of the 36 referrals approved and awaiting an opening:

- 12 have been waiting for 0-10 days
- 15 have been waiting 11-32 days

Of 101 referrals that are still active and awaiting a determination:

- 41 have been waiting for 8 days or less
- 21 have been waiting for 11-20 days
- 16 have been waiting for 21-32 days
- 23 of these referrals are missing wait time data

Of these same 101 referrals:

- 14 were in the emergency department when referred (they are likely still there)

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- 12 were at a psychiatric acute inpatient unit (5 of which were out-of-state hospitals; it is unclear at this time if these youth are Oregon residents or not)
- 21 were in a community setting (home with family, group home, etc.) when they were referred.
- 48 of the active referrals did not include information on the child's location, so we are unable to clearly identify if the child is in the emergency department, residential facility, or the community

Oregon Department of Human Services and Oregon Health Authority author an annual memo on the capacity of these programs and identified barriers and needs. The most recent memo can be found [here](#). Previous memos can be found [here](#).

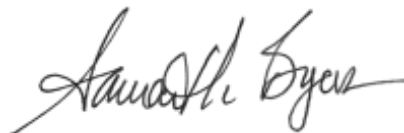
In addition, during the provider presentation that followed OHA, there was mention of issues around what is known as the Institutes of Mental Disease (IMD) rules, and we wanted to provide an update. It is important to note that the IMD rules only apply to facilities that serve adults 21-64 years of age. *[This letter was updated on February 12, 2025, to correct the age range in the previous sentence.]* The Behavioral Health Division is in the process of vetting a brief for public dissemination to clarify issues applicable to IMDs and Residential Treatment Settings that include investments made to increase treatment capacity by the Behavioral Health Investments team, including: 1) The maximum allowable number of beds (i.e., capacity); and 2) The definition of a campus for IMD (which relates to the distance between facilities). OHA will submit the brief to this Committee upon completion.

Thank you again for the opportunity to present on Oregon's behavioral health system.

Sincerely,



Chelsea Holcomb
Child and Family Behavioral Health
Director



Samantha Byers
Adult Behavioral Health Director

ⁱ U.S. Department of Human Services, Medicaid Management Information System (MMIS) data warehouse (DSSURS), retrieved February 5, 2025.