



**Oregon Health Authority – Addictions and Mental Health Division, Oregon State Hospital
Responses to Joint Committee on Ways and Means, Human Services Subcommittee
March 23, 2015**

Senator Winters – In regards to the Aid and Assist patients:

- **How many have public defender vs. private counsel?**

The state does not track this information. The system does not indicate whether a patient’s attorney is public or private.

- **How many of those are minorities vs. not?**

The following table lists the racial breakdown of the 685 Aid and Assist admissions between July 2013 and December 2014.

Race	Percent of Admissions
African-American	11.8%
American Indian	1.5%
Asian	1.3%
Asian/Pacific Islander	0.1%
Caucasian	76.0%
Hawaiian/Pacific Islander	0.9%
Other	7.6%
Unknown	0.4%
Declined to Answer/No entry	0.2%

- **When did the curve of the trend line begin to go up from a historical perspective?**

Please see the attached graph, Appendix A (page 8), that shows the upward trend in the Aid and Assist population at Oregon State Hospital. While the Aid and Assist population has seen an overall increase of 68% over the last five years (2010-2014), the majority of that increase took place during 2011 and 2013. In 2011, there was an increase of 29%, and in 2013, there was another increase of 32%. The first few months of 2015 (through March 26) have already shown an additional increase of 11%, continuing the pattern of substantial increases every other year.

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Representative Nathanson – How does Oregon's experience with median days at hospital for aid and assist population compare to other states that have a similar process?

Unfortunately, the data from the other 23 hospitals in the Western Psychiatric State Hospital Association (WPSHA) does not offer a valid comparison. Only 16 of the 24 WPSHA hospitals report their populations broken out by forensic and non-forensic categories. Of the 16 state hospitals who do report forensic admissions, the data is not broken out by the different types of forensic patients they serve. Patients in the forensic category included both patients receiving Aid and Assist services and those who are guilty or not guilty by reason of insanity.

Even if the data was broken out for patients receiving Aid and Assist services, we do not know how closely the other states' statutes are aligned with our own ORS 161.370. Therefore, comparing our forensic admissions to the other WPSHA hospitals would be an "apples to oranges" comparison.

Senator Steiner Hayward – Regarding the float pool: How many temporary staff end up not getting benefits, or a permanent position with the hospital? How long does a temp stay a temp?

The bulk of OSH hiring for the nursing float pool has been for limited duration employees, with fewer people hired as temporary employees. On average there are 78 people in the float pool, of which 52 are limited duration and 26 are temporary. Temporary employees may only work up to six months or 1039 hours, whichever comes first. The majority of the temps in the float pool moved either into full time or limited duration positions within that time period. Both limited duration and full-time employees receive full state benefits. The few people who do not move from temporary employment to either limited duration or full time positions are generally those whose assignments were ended early due to poor performance purposes or who decided that working at the hospital wasn't for them.

Between January and October 2014, 33 temporary workers were hired as limited duration or full time, three were asked to leave, and six voluntarily quit. Two did not apply for limited or full time positions, and their assignments timed out.

Senator Bates – Do we have the same data on patients at Junction City as was provided for the patients in Salem?

Yes, OSH is now tracking the same data for the patients at the Junction City campus as the Salem campus. However, the data reported during Oregon State Hospital's presentation to the Ways and Means subcommittee was been collected before patients moved in to the new facility on March 11. The data presented reflect the hospital when it was still operating Portland and Salem campuses, and some include Blue Mountain Recovery Center, which closed in March 2014.

Senator Winters – Do we have a total cost of what the OSH Replacement Project came to? By total, meaning from the beginning of the project in 2005 until today.

The approved Bond Authority for the Oregon State Hospital Replacement Project was for \$508.5 million, \$504 million of which was sold (leaving \$4.5 million unsold). The \$504 million total bonds sold, plus interest, was spent on the construction of both facilities in Salem and Junction City, as well as the hospital’s new electronic health record system. Final numbers will continue to fluctuate through December 2015 which is when the warranty period and oversight of our contractors will be come to an end.

Representative Boone – In Master Plan Task Force, we talked about creating community units? What happened to those? We talked about having some on the coast and in the east of the state. Is that still part of the plan?

The *State Hospital Master Plan Phase II Report* recommended the development of two Secure Residential Treatment Facilities in Eastern Oregon and an additional 419 residential beds by 2011. The Addictions and Mental Health Division uses funding through mandated caseload growth to develop residential facilities. The type of facilities and the location of facilities are determined through a needs assessment and responses to Requests for Proposal. Since 2005, there have been a total of 93 programs with a total of 652 beds developed. The following table details the development of these programs.

Facility Type	Total Statewide Projects	Total Statewide Beds	Eastern Oregon		Oregon Coast	
			Projects	Beds	Projects	Beds
Residential Treatment Home	50	216	6	30	2	10
Residential Treatment Facility	22	209	3	30	1	6
Secure Residential Treatment Facility	18	198	4	55	0	0
Crisis Facility	3	29	1	5	0	0
TOTALS	93	652	14	120	3	16

- Residential Treatment Home – A residential program in a licensed facility that has five beds or less
- Residential Treatment Facility – A residential program in a licensed facility that has six or more beds
- Secure Residential Treatment Facility – A licensed residential program in a locked facility that has six or more beds
- Crisis Facility – A crisis program in a residential treatment facility that can be either secure or not secure (note: This new category started in 2013)

Representative Keny-Guyer – Show OSH capacity with closures and opening Junction City.
 Here is the capacity of the state hospital system comparing 2010 to present.

Location	2010 Capacity	2015 Capacity*
Salem Campus	549	620
Portland Campus	92	0
Junction City Campus	0	174
Blue Mountain Recovery Center	63	0
Total	704	794

*Note: Oregon State Hospital is currently operating only 659 beds. The operational cost for an additional 25 beds (the fourth unit in Junction City) is included in the 2015-17 Governor's Budget.

Senator Winters – Re: SB420 – Please break out the changes that have occurred by county as it relates to GEI patients.

To answer this question, we compared the guilty except for insanity (GEI) census from January 2012, when SB 420 went into effect, and March 2015. This information is reported by county in Appendix B (page 9).

Senator Bates – How many of these GEI patients have reoffended or come back into the system, and that means going into corrections as well as the state hospital. And how serious were those re-offenses?

The response to this question comes from Juliet Britton, Executive Director of the Psychiatric Security Review Board (PSRB) – Since 2011, the Board has monitored an average of 475 adult clients on conditional release each year. During that same time frame, on average, fewer than four of those clients have committed crimes for which they were later convicted or found guilty except for insanity (GEI), yielding a cumulative rate of 0.77%. These individuals were still under PSRB supervision, but some also were joint jurisdiction with DOC/community corrections for the new offenses (if they pled guilty instead of GEI).

	New Convictions or GEI's	Clients on CR	Annual Recidivism Rate
2011	2	483	0.41%
2012	5	485	1.03%
2013	4	457	0.88%

The new crimes which resulted in a conviction or GEI included: Escape II (3), Theft I (2), Murder, Resisting Arrest, Robbery III, Stalking, Unlawful Use of a Weapon, Unlawful Use of a Weapon-Domestic Violence.

Senator Steiner Hayward – What is the variability across counties with Aid & Assist admissions having significant increase and others showing a decrease? Help me understand why we have some counties going up significantly and others going down a lot.

There is no one factor we can point to with the data. However, there are several factors that impact how many people are sent to Oregon State Hospital for Aid & Assist:

- Level of mental health services and resources available (e.g., mobile crisis) in each county and how they are used;
- Socio-economic status – counties with higher socio-economic status tend to send fewer Aid and Assist patients to OSH;
- Availability of qualified certified evaluators – These are often not available in smaller, predominantly rural counties; therefore, the quality of evaluations is lower and the threshold from the courts to send someone to Oregon State Hospital is much lower;
- Individual courts' approach to this statute – some counties are very rigorous in screening out those people who do not appear to have a mental illness; in these courts, especially the district attorneys, are less inclined to stipulate to and order for Aid and Assist.

Oregon State Hospital's Forensic and Legal Services has endeavored to better educate the officials at the county level about the Aid and Assist process. Staff have:

- Started an education campaign in 2012, including county judges, district attorneys, defense attorneys, county sheriffs and the county mental health programs;
- Developed an OSH Forensic and Legal Services web site which contains information and links to statutes, available programs, resources and templates for court orders;
- Provided direct feedback to the committee overseeing the certification of psychiatrists and psychologist performing forensic evaluations in order to improve the quality of these evaluations and to ensure that these evaluations meet the proper standards.

Senator Winters – Bring back the staffing and supervisory ratio, how that's fitting in with the co-chairs' mandate? What was it before we built the facility and what is it today?

- The current supervisor to staff ratio is 1:10.29.
- The current patient staff ratio is 1:3.7, with 592 patients and 2210.6 staff, including temporary, limited duration, etc. We expect this ratio to get closer to 1:3 when the hospital opens the fourth unit in Junction City, as the only staff left to hire would be direct-care nursing staff. All of the administration, treatment mall and operations staff are already working.
- In 2010, before any patients moved into the new hospital, the staff to patient ratio was 1:2.4, with 602 patients and 1448.1 staff.

Senator Winters – How many staff vacancies and the length of time that they've been vacant?

Over the last year, OSH has maintained vacancy rate of 4% or less. This is equivalent to 90 vacancies or less. Most of these vacancies are related to normal turnover and are generally filled within 60 days. There are a few classifications which are more difficult to fill, including psychiatrists, psychologists and supervising psychiatrists. Psychiatry positions generally take minimally six months to fill and sometimes much longer due to a national shortage of psychiatrists. Psychology positions generally take up to three to six months to fill, depending on any specialty requirements.

Senator Steiner Hayward – Why is the staffing ratio that you hold as your benchmark is the best one? Why is it cheaper to do a week's worth of OT than hiring the additional FTE?

The overall staff-to-patient ratio of three-to-one is a guideline, not a requirement, of the United States Department of Justice. Oregon State Hospital has established staff-to-patient ratios for each unit and shift based on patient census and acuity levels. Strict adherence to these nursing/direct care ratios has been a key factor in the reduction of overtime during 2014.

It is not cheaper to use overtime in lieu of an additional FTE. Comparing the hourly cost for a full time staff for the average hours they are on duty (excluding vacation, holidays, sick, family, and other leave time), the cost per hour at their post is very close to their overtime rate.

Currently, OSH averages approximately the equivalent of 115 FTE in overtime hours per month. We would prefer to have sufficient FTE resources to staff positions at the hospital 100% of the time to avoid staff fatigue.

OSH is currently working hard to reduce its overtime by providing training for direct-care staff, such as Collaborative Problem Solving and Safe Containment. These trainings help staff appropriately address problematic behavior and reduce the need for seclusion and restraint or precautions, where one to three staff may be assigned to an individual patient at all times. If successful, the training will reduce overtime by reducing the number of staff needed to maintain a safe environment.

OSH has been using limited duration and temporary positions in a float pool to offset overtime. The 2015-17 Governor's Budget converts these 53 float pool positions to full time permanent ones, but it does not increase the number of staff in the float pool.

Representative Keny-Guyer – Dr. Fritz shared a concern on the use of MOU with OHSU prior to his death, what is the update on this concern and how is it proceeding? Please include information on the use of OHSU doctors, MOU costs, and work arrangements.

Oregon State Hospital (OSH) contracts with Oregon Health Sciences University (OHSU) for psychiatric services. A bill that seeks to end this contracting relationship may soon be referred to the House Health Care Committee. Here is the information we gave Chair Greenlick:

- There is a nationwide shortage of psychiatrists, and the contract with OHSU helps OSH recruit and retain board-certified psychiatrists within this competitive market.
- Association with OHSU is attractive to doctors because of the academic affiliation; imbedded teaching and research opportunities; and prestige.

OSH's link with OHSU provides:

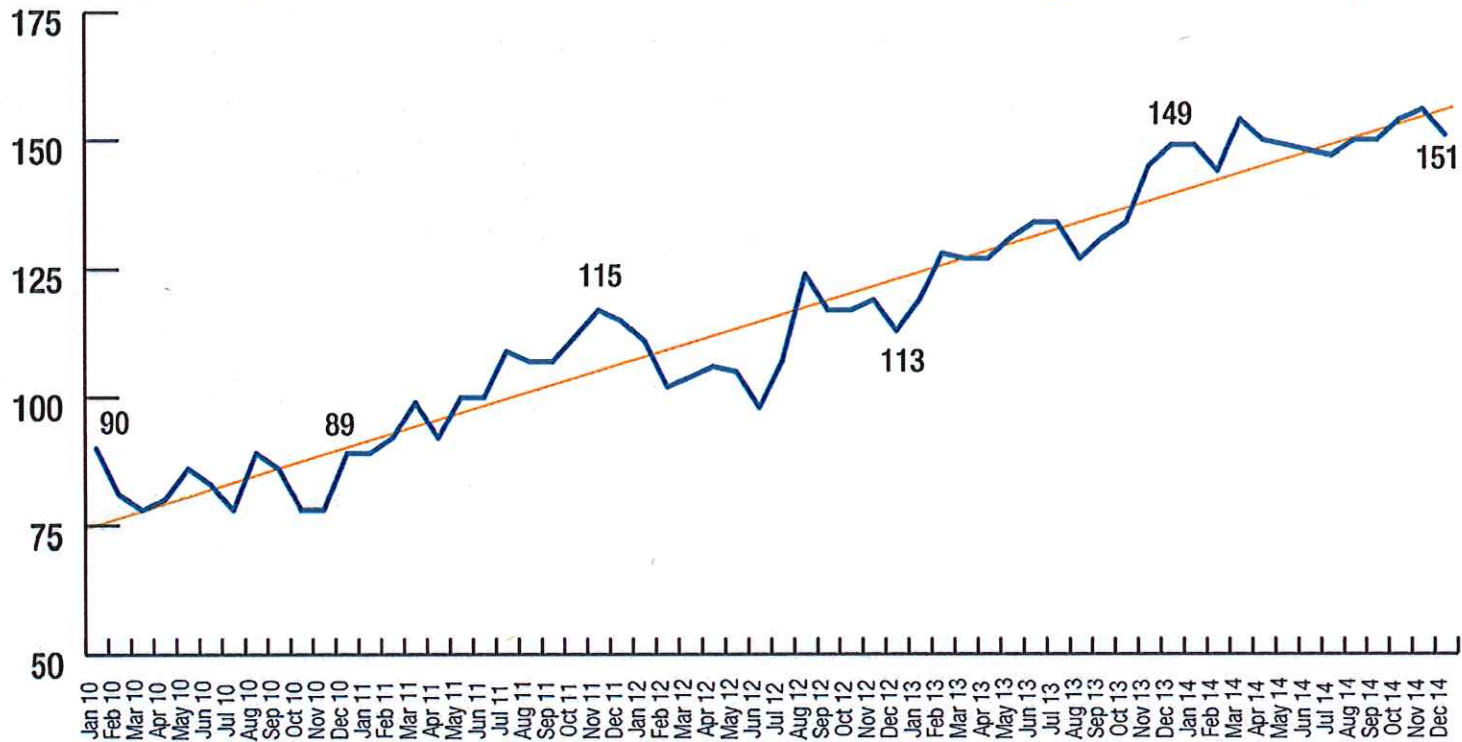
- Continuing education opportunities for all OSH doctors;
- Access to medical students;
- Highly qualified professionals to care for a complicated forensic population;
- Improved psychiatrist retention;
- Improved client/staff ratios; and
- 14 board certified psychiatrists (more than any other state hospital in the country).

Norwood Knight-Richardson is the head of the program at OHSU and can provide the University's perspective.

Appendix A

2010–14 Census (trends) Aid and assist

Aid and assist (ORS 161.370) Patient monthly population since 2010
(Based on the census count on the last day of each month)



Appendix B

OSH Guilty Except for Insanity (GEI) Patient Census by County (Comparing census counts from January 1, 2012, and March 1, 2015)

County	Population (2010 Census)	% of State Pop.	Census 1/1/2012	Census 3/01/2015	Census Change	Percent Change
Multnomah	735,334	19.2%	59	37	-22	-37.3%
Washington	529,710	13.8%	14	12	-2	-14.3%
Clackamas	375,992	9.8%	13	11	-2	-15.4%
Lane	351,715	9.2%	29	29	0	No Change
Marion	315,335	8.2%	46	35	-11	-23.9%
Jackson	203,206	5.3%	8	13	5	+62.5%
Deschutes	157,733	4.1%	9	5	-4	-44.4%
Linn	116,672	3.0%	13	14	1	+7.7%
Douglas	107,667	2.8%	7	8	1	+14.3%
Yamhill	99,193	2.6%	9	6	-3	-33.3%
Benton	85,579	2.2%	5	2	-3	-60.0%
Josephine	82,713	2.2%	5	6	1	+20.0%
Umatilla	75,889	2.0%	10	9	-1	-10.0%
Polk	75,403	2.0%	4	5	1	+25.0%
Klamath	66,380	1.7%	19	12	-7	-36.8%
Coos	63,043	1.6%	4	6	2	+50.0%
Columbia	49,351	1.3%		1	1	+100.0%
Lincoln	46,034	1.2%	10	7	-3	-30.0%
Clatsop	37,039	1.0%	7	2	-5	-71.4%
Malheur	31,313	0.8%	1	1	0	No Change
Union	25,748	0.7%	1	1	0	No Change
Tillamook	25,250	0.7%	2	1	-1	-50.0%
Wasco	25,213	0.7%	3	3	0	No Change
Curry	22,364	0.6%	1	0	-1	-100.0%
Hood River	22,346	0.6%			0	No Change
Jefferson	21,720	0.6%	1	0	-1	-100.0%
Crook	20,978	0.5%		1	1	+100.0%
Baker	16,134	0.4%		1	1	+100.0%
Morrow	11,173	0.3%			0	No Change
Lake	7,895	0.2%	3	4	1	+33.3%
Grant	7,445	0.2%	1	1	0	No Change
Harney	7,422	0.2%			0	No Change
Wallowa	7,008	0.2%	1		-1	-100.0%
Gilliam	1,871	0.0%			0	No Change
Sherman	1,765	0.0%			0	No Change
Wheeler	1,441	0.0%			0	No Change
<i>None Listed</i>			3	3	0	No Change
Total	3,831,074	100.0%	288	236	-52	-18.1%