
Addictions and Mental Health Oregon State Hospital 2015–2017 Governor’s Budget Phase II

Presented to the Human Services Legislative Subcommittee
On Ways and Means
April 14, 2015

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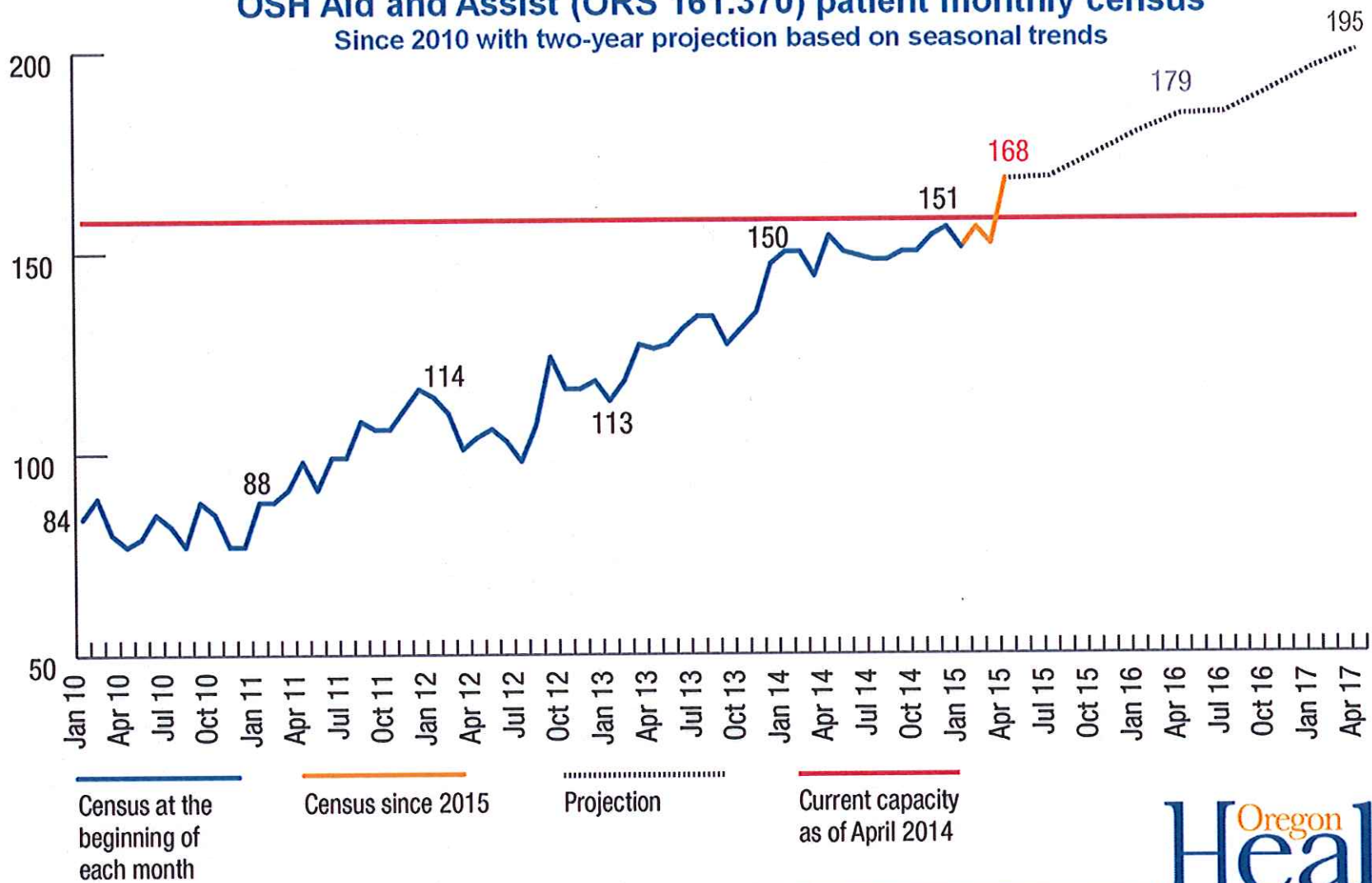
Greg Roberts, Superintendent Oregon State Hospital

John Swanson, Chief Financial Officer Oregon State Hospital



Projected Aid and Assist census trends

OSH Aid and Assist (ORS 161.370) patient monthly census
 Since 2010 with two-year projection based on seasonal trends



Aid and Assist admissions March 2015

Charge	Admissions	Needed hospital-level care*
Felony A	10	10
Felony B	7	6
Felony C	19	19
Misdemeanor A	16	9
Misdemeanor B	2	2
Misdemeanor C	2	2
Total	56	48

*according to forensic evaluator/treatment team

Current waitlist for Aid and Assist - As of April 10, there are:

- 16 people on the list
- 9 of whom have already been waiting 7 days or more
- 7 have misdemeanors as their highest charge

Waiting for Aid and Assist services

- **2003 Oregon Advocacy Center v. Mink** – the state must transfer people who need Aid and Assist services to Oregon State Hospital **within 7 days** of the signed order
- **March 2015** – the average wait was **8.93 days** from the date the order was signed, with some waiting up to 15 days
- To reduce the wait time, OSH is:
 - Expediting evaluations for patients, regardless of their attorneys ability to attend
 - Housing patients receiving Aid and Assist services on units for patients who have been civilly committed; this will increase the civil wait list
 - Transferring patients who have pled guilty except for insanity to less “hardened” units
 - Temporarily reassign Collaborative Problem Solving coaches to teach legal skills classes so there are enough groups available for all patients receiving Aid and Assist services

Possible 2015 legislative impact on census

Aid and Assist

- ↓ HB 2420 – Requires judge to consult with community mental health programs to see if restoration services can be provided in the community before sending defendants to Oregon State Hospital
- ↑ HB 2382 – Adds probation violators to Aid and Assist statute (ORS 161.370)

Civil Commitment

- ↑ HB 3347: Expands criteria for civil commitment to include “gravely disabled”
- ↑ HB 3502: Limits acute care for people who have been civilly committed to seven days, applies to those not approved for Oregon State Hospital
 - Sends acute care patients who still need hospital-level care after seven days to the State Hospital

Options and costs

- **July 2015** – Open fourth unit in the Junction City
\$9.9 million for 24 months (already in Governor’s Budget)
 - Transfer guilty except for insanity (GEI) unit from Salem, rather than admit patients from the eight southern counties as intended
 - Use vacant unit in Salem to serve Aid and Assist
- **July 2016** – Open last vacant unit in Salem to serve Aid and Assist
\$4.6 million for 12 months (not budgeted)
 - Unit will be full by April 2017 based on current population trend

Note: Cost for keeping people on Civil waitlist

- \$797.14 per day per person
- Average of 20 people on the waitlist for September 2014 through February 2015

Partnership with Oregon Health & Science University (OHSU)

Benefits of contract between Oregon State Hospital and OHSU

- Helps recruit and retain board-certified psychiatrists during nationwide shortage of psychiatrists
- Attracts doctors with academic affiliation, embedded teaching and research opportunities, and prestige
- 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
- Additional forensic board-certified psychiatrists

Cost comparisons for psychiatrists OSH, OHSU and Locum Tenens

Class	Annual Amount*	Annual Variance
OHSU supervising physician	\$348,275	\$12,147
OSH supervising physician	\$336,128	
OHSU physician (average rate)	\$316,719	\$(8,634)
OSH physician	\$325,354	
Locum Tenens (contract) physician	\$438,880	

*includes salary and benefits

Improving Federal and other revenue

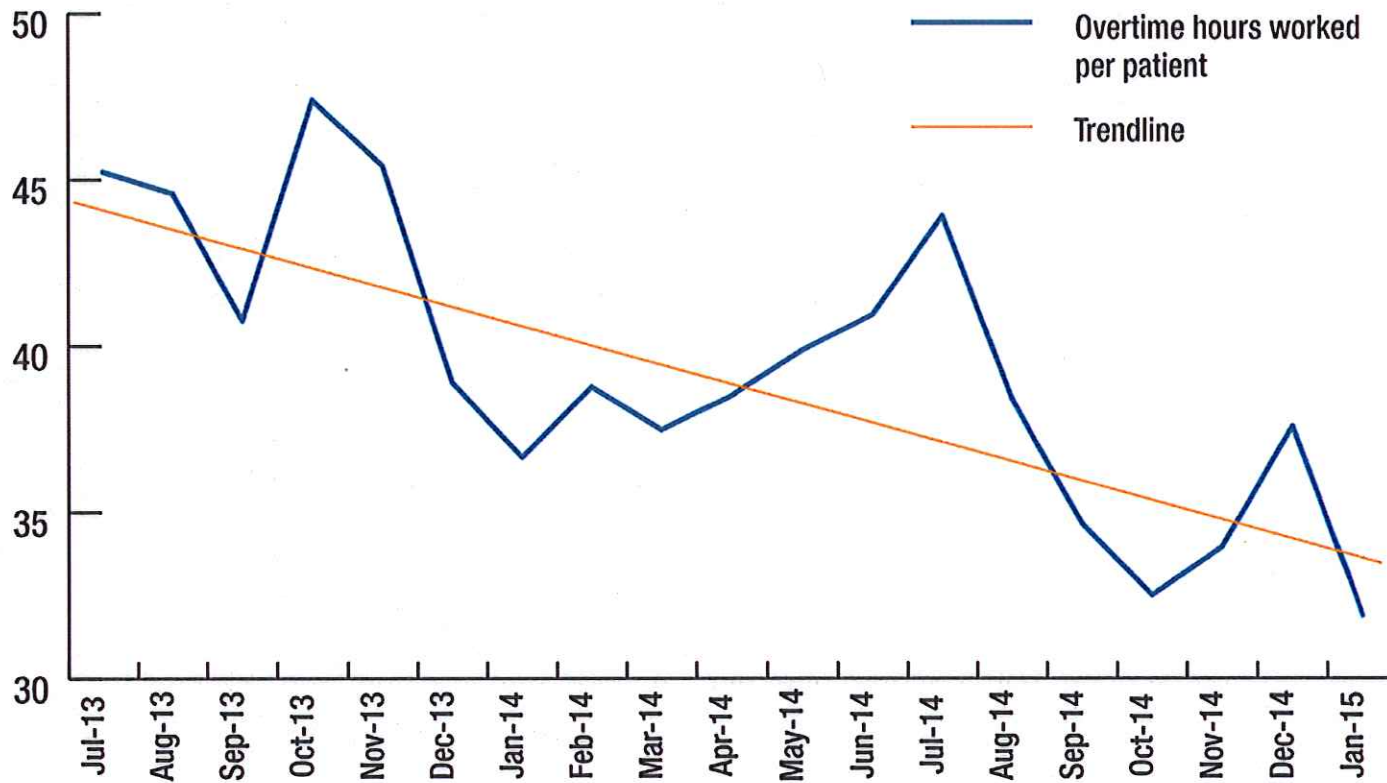
Optimizing infrastructure

- Staff – hiring and development
- Modernizing billing system
- Partnering with community mental health and Medicaid policy team
- Improving documentation of medical need and services

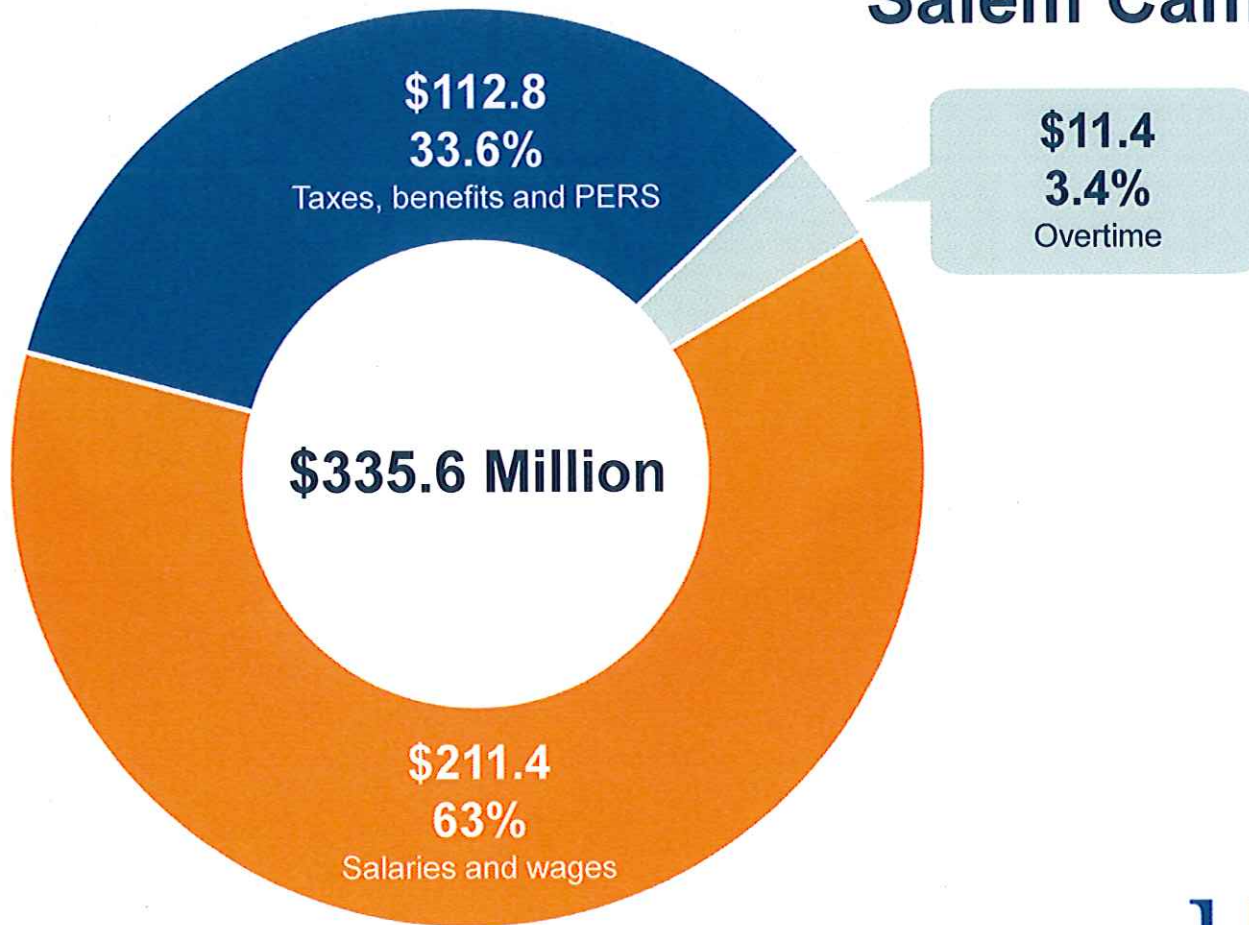
Opportunities

- Expand CMS certification to more units
- Increase ability to bill Medicaid for administrative services
- Add state hospital inpatient psychiatric services to CCO coverage

2013–15 average nursing overtime hours



2015–17 Governor’s Budget for Salaries, Overtime, Taxes and Benefits Salem Campus

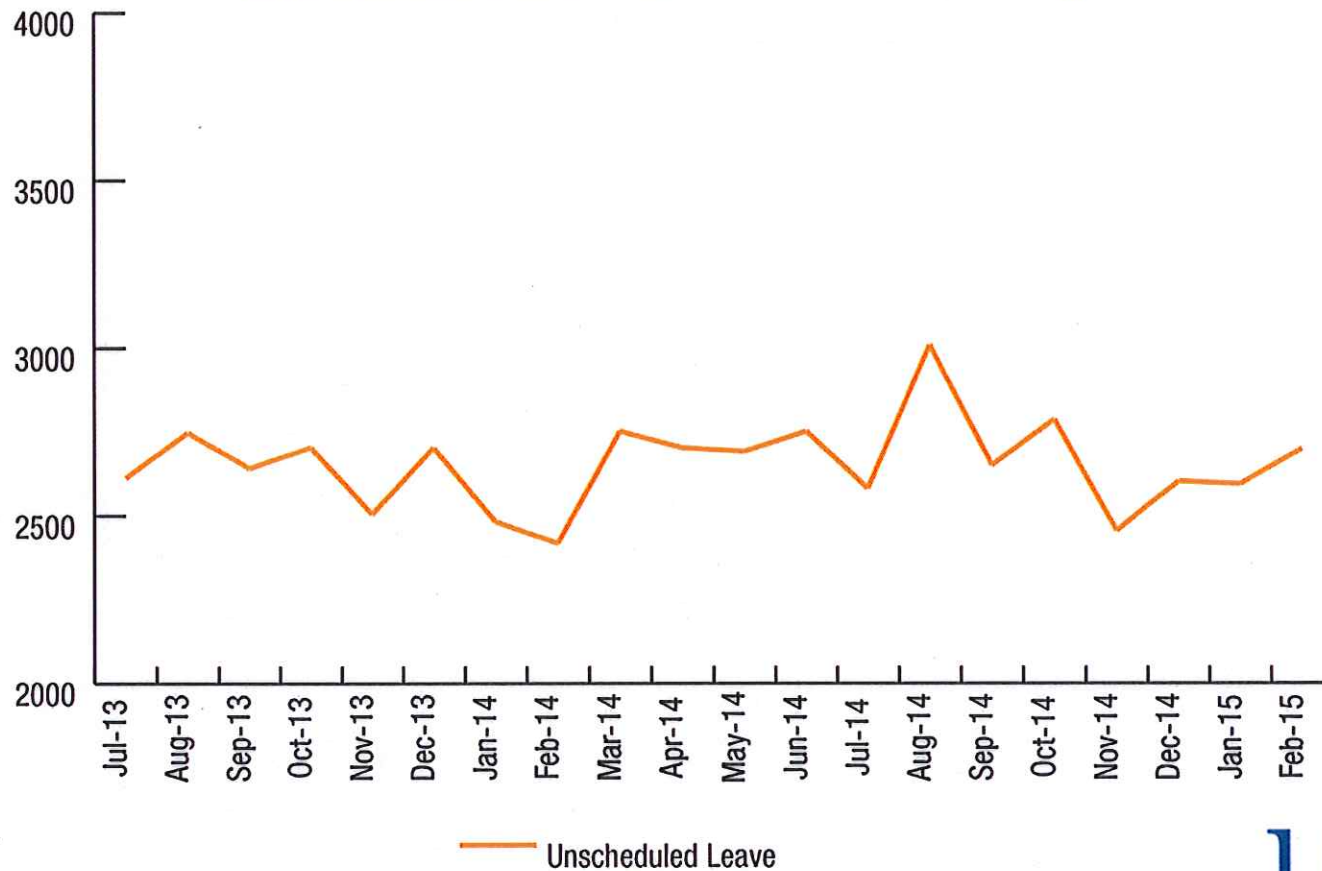


Efforts to reduce overtime

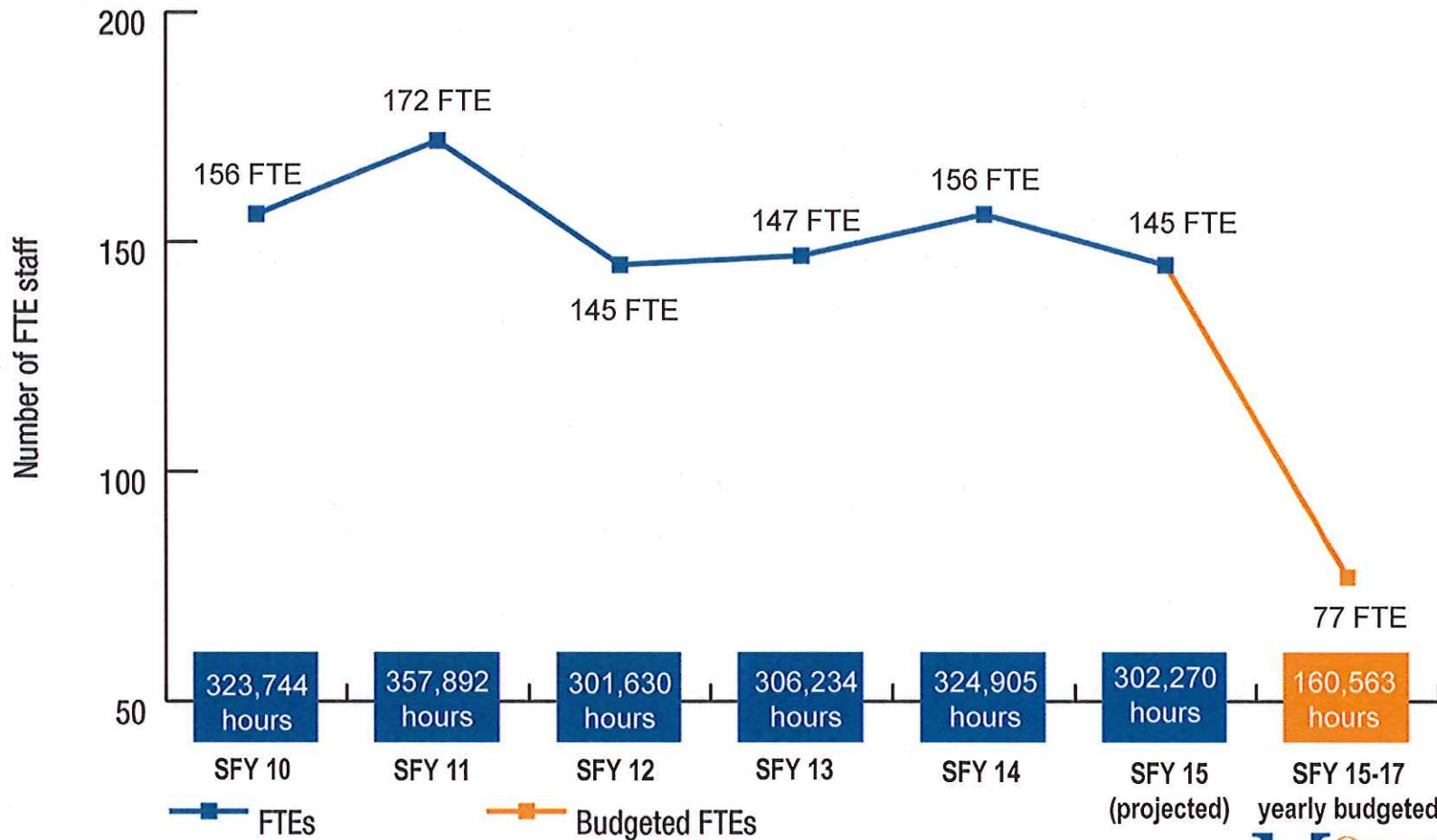
- Hired more staff
- Redistributed staff
- Implemented new schedule to increase coverage and eliminate mandatory overtime
 - Monday to Friday, five eight-hour shifts
 - Friday to Sunday or Saturday to Monday, three 13-hour, 20 min. shifts
- Created a float pool – 53 limited duration and temporary positions
- Streamlined the internal transfer process to reduce time positions are vacant
- Initiated regular nurse management meetings to review adherence to staffing ratios
- Began procedure for supervisors to follow up with staff who have more than two call-outs per month

Unscheduled leave and overtime by month

Oregon State Hospital
Unscheduled leave and overtime shifts by month



Overtime hours/Full-time equivalent (FTE)



Paying overtime v. hiring more staff

Difference in cost to hospital for on-post full-time equivalent (FTE)

- Registered nurse – 12% more than overtime
- Licensed practical nurse – 3.3% more than overtime
- Mental health technician – 0.4% less than overtime

13–15 Governor's Budget

- Converts 53 limited duration float pool positions to full time permanent, but does not increase number
- \$11.4 million for overtime in GB, projected need is greater, may have to come from services and supplies

Options for overtime alternative

- \$5.64 million to hire 39 more permanent FTE for the float pool

Changing the way we do business

Staff training

- Trauma informed care
- Collaborative problem solving
- Short term assessment of risk treatability (START)
- Case formulation
- Treatment care planning
- Safe communication
- Psychiatric emergency response teams (PERT)
- Safe containment



Thank you