

## Analysis

### Item 11: Oregon Health Authority

#### Oregon State Hospital

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**Analyst:** Linda Ames

**Request:** Allocate \$2,714,077 from the Emergency Fund and authorize the establishment of 61 new full-time positions (12.71 FTE) to open a new unit at the Oregon State Hospital to accommodate the increased number of Aid and Assist patients.

**Analysis:** The Aid and Assist population at the Oregon State Hospital (OSH) continues to be much higher than anticipated when the budget was approved. Aid and Assist patients are sent by the courts to be stabilized at the hospital so they can aid in their own defense. The hospital is required to accept these patients within seven days. Up until late October, the hospital had a planned capacity for 210 Aid and Assist patients, but in October the actual population reached a high of 256 patients. The census has been over the 210 capacity since January 2018. As a result, the hospital has had to place Aid and Assist patients in other commitment-type beds, which is disruptive for patients and creates a management issue for the hospital.

This is not a new issue for OSH. The Aid and Assist population has more than doubled since 2012. A similar increase occurred in the fall of 2016, and OSH opened an additional ward for Aid and Assist patients early in 2017, after receiving funding from the Emergency Board. By the beginning of the 2017-19 biennium, numbers were down below planned capacity again. In addition, a policy package for \$4.1 million General Fund was approved to assist counties to maintain Aid and Assist patients within the counties.

There are two issues with this requested approach. First, OSH took management actions in late October to create 26 additional beds for Aid and Assist patients by converting a civil unit in Salem over to Aid and Assist. This was made possible by a reduction in the number of civilly committed patients at OSH, partially because of progress made in placing these patients back into the community more quickly. The total Aid and Assist planned capacity is now 236 beds, which is still a little less than a recent actual census of 248. But this does not require a full ward to be opened, and is probably within the range where the hospital can manage it. The second issue with this approach is that the two vacant wards in Junction City are not hospital level of care beds, and hence not appropriate for the civil population. They are secure residential treatment facilities intended for transitional populations. Using one of these wards for civilly committed individuals would require both a waiver from Public Health, as well as approval by the Centers for Medicare and Medicaid Services. Both will take time, and neither are guaranteed.

The Legislative Fiscal Office instead recommends additional resources to be used in communities to focus on reducing the number of Aid and Assist patients sent to the hospital. Although on a very short timeline, the agency has been working with a number of counties who contribute to the problem at OSH and have identified the following as best practices in serving this population in their home community, as well as a specific need in these counties:

- Designated Aid and Assist Coordinator in the community
- Designated District Attorney or Judge

- Additional neutral forensic evaluation capacity in the community
- Jail diversion services
- Crisis housing

The agency's 2019-21 budget request includes a package of \$7.6 million to address these same issues, which has been included in the Governor's budget. While funding is certainly not guaranteed for 2019-21, this six months of funding in 2017-19 could provide a head start on putting 2019-21 programs into place.

**Legislative Fiscal Office Recommendation:** Allocate \$1,500,000 from the special purpose appropriation made to the Emergency Board for the Oregon Health Authority or the Department of Human Services for caseload costs or other budget challenges, to invest in community programs aimed at reducing the number of Aid and Assist patients sent to the Oregon State Hospital.

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Oregon Health Authority  
MacDonald

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**Request:** Allocate \$2,714,077 from the State Emergency to establish 61 permanent positions (12.71 FTE) to support the opening of a new unit at the Oregon State Hospital.

**Recommendation:** Approve the request with the following modification: allocate \$2,714,077 from the State Emergency Fund and establish 61 limited-duration positions (12.71 FTE).

**Discussion:** The Oregon State Hospital (OSH) continues to experience a prolonged increase in the number of Aid and Assist patients. At the time of this writing, the hospital's Aid and Assist census totals 245, which is a 26 percent increase from the same time in November 2017. The Oregon Health Authority (OHA) requests opening a new unit at the OSH Junction City campus to provide the capacity to admit the number of patients who need treatment.

These patients represent defendants whose fitness to proceed in a trial has been called into question and are subsequently determined by the court to need mental health treatment in order to “aid and assist” in their own defense. Upon orders that an Aid and Assist patient must receive treatment at OSH, the hospital is required under a federal court order to commit the patient within seven days. This timeliness requirement, combined with the elevated census level, has resulted in the placement of Aid and Assist patients in other commitment-type beds and, consequently, delays in other commitment types being admitted to OSH for treatment.

The two OSH campuses have the maximum capacity to serve up to 766 patients, with 592 beds in Salem and 174 beds in Junction City. However, OSH only has the budget to operate a total of 692 beds since not all of the capacity at Junction City is funded. OSH has 236 beds available to treat Aid and Assist patients, meaning the number of Aid and Assist patients above this amount are being treated in units designated for other commitment types. The current number of Aid and Assist beds includes 26 beds in a Civil Commitment unit the hospital was able to convert to treat Aid and Assist patients in October 2018.

An important factor in the current challenge is the available capacity in local communities to treat patients instead of sending them to OSH. Consistent with an agreement with the U.S. Department of Justice, the state must seek to decrease hospitalization and jail time, and establish more opportunities for patients to receive community-based treatment. OHA has taken multiple steps to divert and treat more patients in the community, such as increasing mobile crisis services, jail diversion services, and community consultations. The state also made a \$4.1 million investment in 2015-17 to increase community restoration services in order to reduce the number of people committed to OSH.

OHA's 2017-19 proposal addresses the immediate issue by opening a 25-bed unit at the Junction City campus to treat Civil Commitment patients who are currently being treated at the Salem campus. In turn, this would free-up space at the Salem campus to treat more Aid and Assist patients in the appropriate treatment settings. The proposal includes funding for 61 positions, which is OSH's standard staffing configuration for a 24-hour Civil Commitment unit.

This proposal advances the approach in the 2019-21 Governor's Recommended Budget (GRB), which addresses the problem in two key ways. First, the new unit at Junction City is recommended to be funded through the first year of the 2019-21 biennium as a stop-gap measure

to alleviate the immediate treatment needs for the high number of Aid and Assist patients. Second, the recommendation includes an increased investment to expand capacity in the community to treat additional patients. Ensuring that community investments create additional permanent placement options will be imperative in addressing the underlying issues currently disrupting the continuum of care.

Consistent with the 2019-21 GRB, the Chief Financial Office recommends supporting the 2017-19 request, but to authorize limited-duration positions instead of permanent positions in light of the recommendation to maintain the new unit only through the first half of 2019-21. Additionally, OHA continues to explore ways to increase community capacity to mitigate the need to open a new unit in Junction City and maintain the state's goals of treating patients in community settings when possible as opposed to hospitalized level of care.

**Legal Reference:** Allocation of \$2,714,077 from the State Emergency Fund to supplement the appropriation made by chapter 545, section 1(1), Oregon Laws 2017, for the Oregon Health Authority for the 2017-19 biennium.



Office of the Director

Kate Brown, Governor

Oregon  
**Health**  
Authority

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October 29, 2018

The Honorable Senator Peter Courtney, Co-Chair  
The Honorable Representative Tina Kotek, Co-Chair  
State Emergency Board  
900 Court Street NE  
H-178 State Capitol  
Salem, OR 97301-4048

Dear Co-Chairpersons:

### **Nature of the Emergency / Request**

The Aid and Assist population at the Oregon State Hospital continues to increase. The hospital has a capacity for 210 Aid and Assist patients; however, recent census for this group has reached 256 patients. As a result, the hospital has had to place Aid and Assist patients in other commitment-type beds and delay accepting new Aid and Assist patients from the courts in a timely manner.

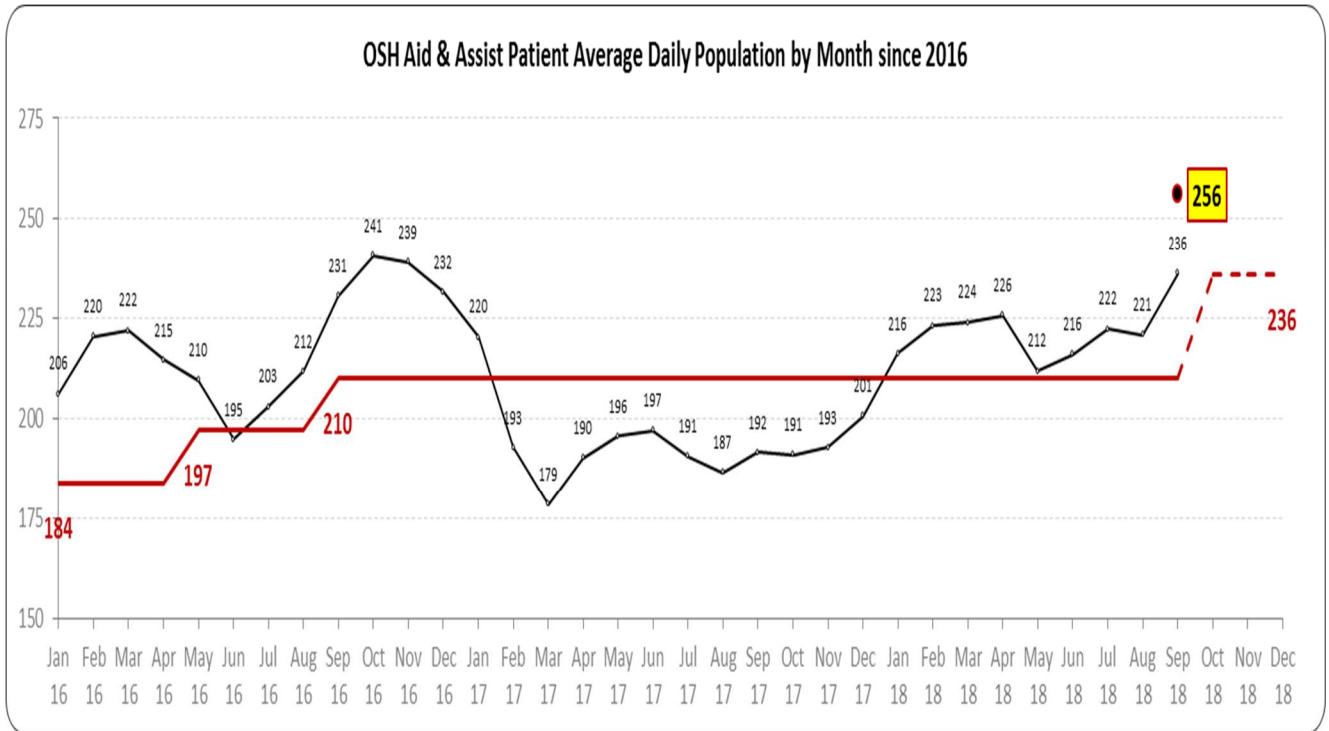
To meet its legal requirements and more adequately meet the need, OHA respectfully requests positions authority and funding to increase staffing to open an additional 25-bed unit in Junction City. The hospital would use this new unit for civil commitment patients, freeing up capacity at the Salem campus for Aid and Assist patients.

### **Agency Action**

For the Oregon State Hospital to meet its legal requirements to accept Aid and Assist patients, the hospital would open one additional 25-bed Civil Commitment unit at the Junction City campus and transfer Civil Commitment patients from the Salem campus to the Junction City facility. This would create additional capacity for Aid and Assist patients at the Salem campus.

This Junction City unit was designed as a Secure Residential Treatment Facility (SRTF) rating. OHA would seek a licensure/certification variance to operate it as a Hospital Level of Care (HLOC) unit.

To provide a historical perspective, the following graph illustrates the history of Aid and Assist average daily census at the Oregon State Hospital since 2016.



### Action Requested

Based on the increased need to serve Aid and Assist patients, OHA respectfully requests position authority and funding as follows:

Total position request: 61 total permanent full-time positions for six months (12.71 FTE)

- 9 – Mental Health Registered Nurse
- 9 – Mental Health Therapist 2
- 9 – Mental Health Therapy Tech
- 8 – Licensed Practical Nurse
- 5 – Mental Health Security Tech
- 2 – Physician Specialist
- 2 – Clinical Psychologist 2
- 2 – Psychiatric Social Worker
- 1 – Custodian
- 1 – Office Specialist 2

- 1 – Nurse Manager
- 1 – Program Analyst 1
- 1 – Program Analyst 2
- 1 – Behavior Health Specialist 2
- 1 – Mental Health Supervising RN
- 1 – Administrative Specialist 1
- 1 – Activities Coordinator
- 1 – Pharmacist
- 1 – Occupational Therapist
- 1 – Rehabilitation Therapist
- 1 – Manual Arts Instructor
- 1 – Facility Maintenance Specialist
- 1 – Clinical Dietician

Total 2017-19 funding request for positions:

- \$2,714,077 General Fund/Total Funds

**Legislation Affected**

Oregon Laws 2017, chapter 545, section 1, subsection 1.

Sincerely,



Patrick M. Allen  
Director

CC: Linda Ames, Legislative Fiscal Office  
Tom MacDonald, Department of Administrative Services