
Oregon State Hospital 2017 – 2019 Governor's Budget

Presented to the Human Services Legislative Subcommittee
On Ways and Means
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OHA Mission: Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

Oregon State Hospital

Vision

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.



Mission

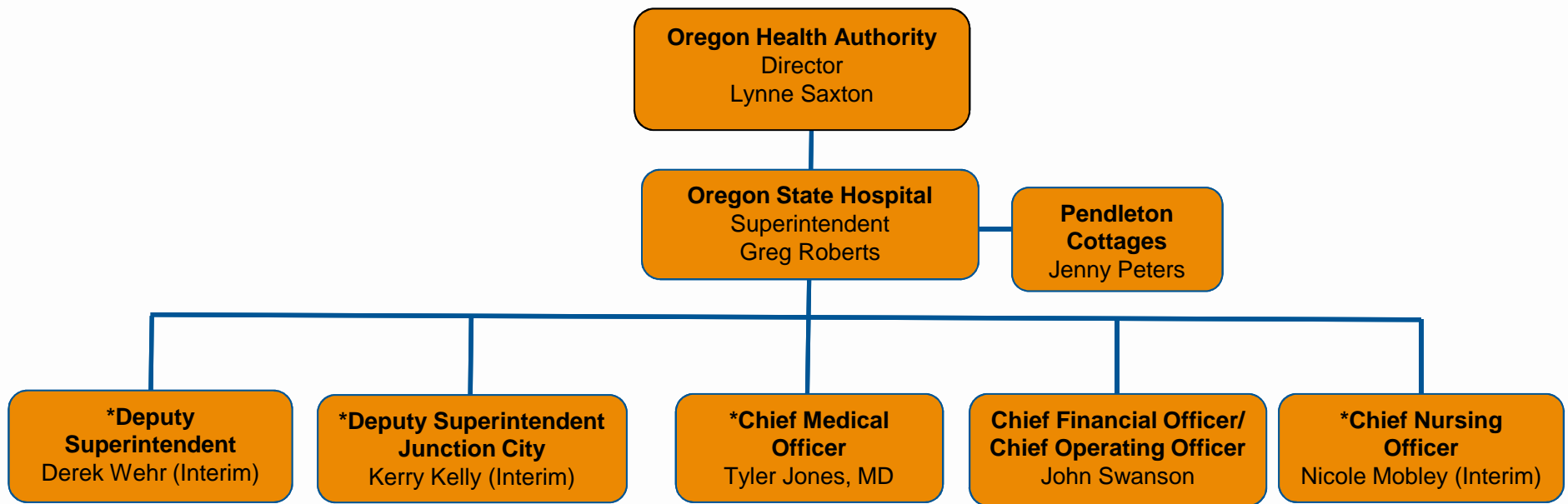
Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration, all in a safe environment.

Who we are

- Serving adults needing intensive psychiatric treatment for severe mental illness
- Providing hospital level of care:
 - 24-hour on-site nursing and psychiatric care
 - credentialed professional and medical staff
 - treatment planning
 - pharmacy, laboratory
 - food and nutritional services
 - vocational and educational services
- Helping patients achieve a level of functioning that allows them to successfully transition back to the community



Oregon State Hospital Organizational chart



*Interim

Who we serve

Guilty except for insanity (GEI)

- People who committed a crime related to their mental illness. Depending on the nature of their crime, patients are under the jurisdiction of:
 - Psychiatric Security Review Board (PSRB, Tier 1)
 - Oregon State Hospital Review Panel (SHRP, Tier 2)



Civil commitment

- Patients civilly committed or voluntarily committed by a guardian
- Those who are imminently dangerous to themselves or others, or who are unable to provide for their own basic needs due to their mental illness

Who we serve

Aid and assist (.370)

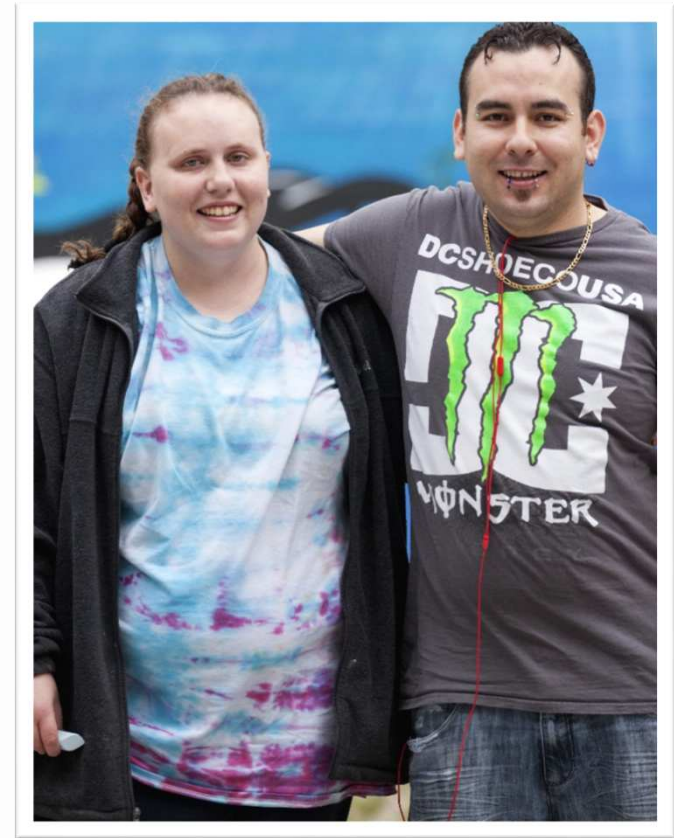
(Salem only)

- People ordered to the hospital by circuit and municipal courts under Oregon law (ORS 161.370)
- Treatment enables patients to understand the criminal charges against them and to assist in their own defense

Neuropsychiatric services

(Salem only - all commitment types)

- People who require hospital-level care for dementia, organic brain injury or other mental illness
- Often with significant co-occurring medical issues



2016 Census

In 2016, Oregon State Hospital cared for 1,506 people who could not be served in the community.

2016 Patient Statistics							
Commitment Type	Average daily population			Percent of pop.	Total Admits	% of Admits	Median length of stay
	Salem	Junction City	Total				
Guilty except for insanity	173.9	39.4	213.2	34.9%	68	6.8%	691
Civil (civil commitment, voluntary, voluntary by guardian)	141.0	36.2	177.1	29.0%	313	31.1%	154
Aid and assist (ORS 161.370)	218.6	0.1	218.7	35.8%	623	61.9%	74
Other (corrections, hospital hold)	1.1%	1.1%	2.2	0.4%	2	0.2%	329
Total	534.5	76.7	611.2	100%	1006	100.0%	106

Where we started

Timeline



- **2004** – Senate President Peter Courtney tours hospital
- **2005** – *Oregonian* editorial series
 - Oregon State Hospital Master Plan
- **2006** – USDOJ begins investigation
 - First treatment mall opens
- **2007** – Legislature approves Salem and Junction City locations
- **2008** – USDOJ issues findings
- **2010** – Liberty Healthcare Report
 - Greg Roberts becomes superintendent

Timeline

- **2011** – First patients move into new Salem facility
- **2012** – Salem campus fully operational
- **2013** – Performance System launches
- **2014** – Blue Mountain Recovery Center closes
- **2015** – Portland campus closes
 - Junction City campus opens
 - Successful site review by The Joint Commission
- **2016** – (USDOJ) Oregon Performance Plan
 - Cottage program closes



Performance system

Data-informed decision making

- Lean Daily Management System as foundation – set of tools work groups use to consistently manage and improve processes
- Staff closest to the problem propose the solutions
- Align daily work with hospital goals using Fundamentals Map
- Staff track daily metrics aligned with hospital goals
- Metrics tracked at unit level, program level and then hospital wide
- Leadership reviews results at Quarterly Performance Reviews

Where are we now

Salem campus



Salem campus

Quick Facts:

- Capacity – 24 units, 6 cottages (620 beds)
- Budgeted/operating – 24 units, 0 cottages (578 beds)
- Average census – 535
- Position authority – 1,970
- 2017-19 Governor's Budget – \$485.4 million

Junction City campus



Junction City campus

Quick Facts:

- Capacity – 6 units, 3 cottages (174 beds)
- Budgeted/operating – 4 units, 0 cottages (100 beds)
- Average census – 78*
- Position authority – 357
- 2017-19 Governor's Budget – \$41.5 million (based on July 2018 closure)

*Average census has been 81 since opening the fourth unit in June 2016

Pendleton Cottage



Pendleton Cottage

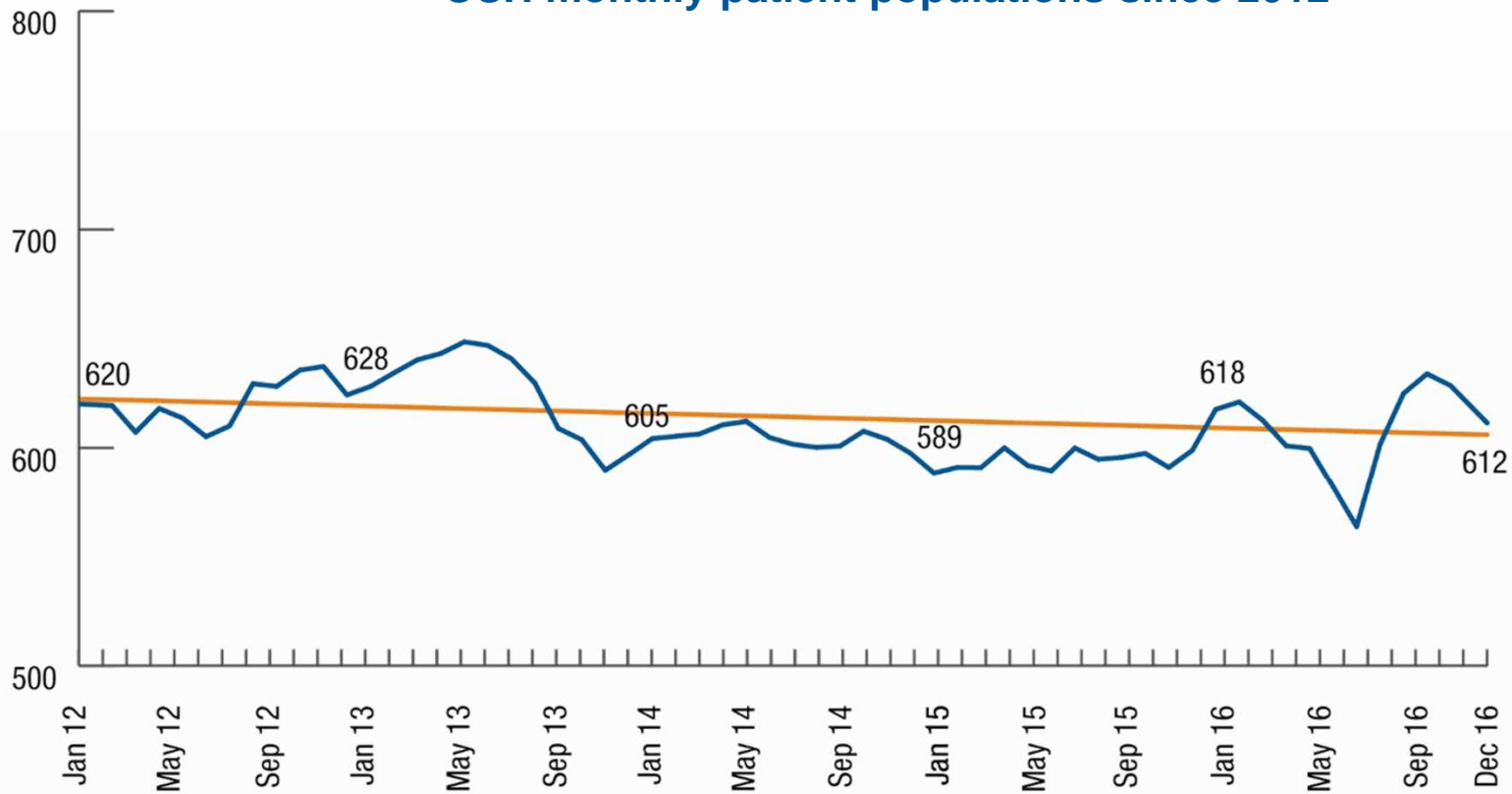
Quick Facts:

- State-operated Secure Residential Treatment Facility (SRTF)
- Capacity – 16 beds
- Average census – 16
- Position authority – 42
- 2017-19 Governor's Budget – \$9.0 million

Patient Population Trends

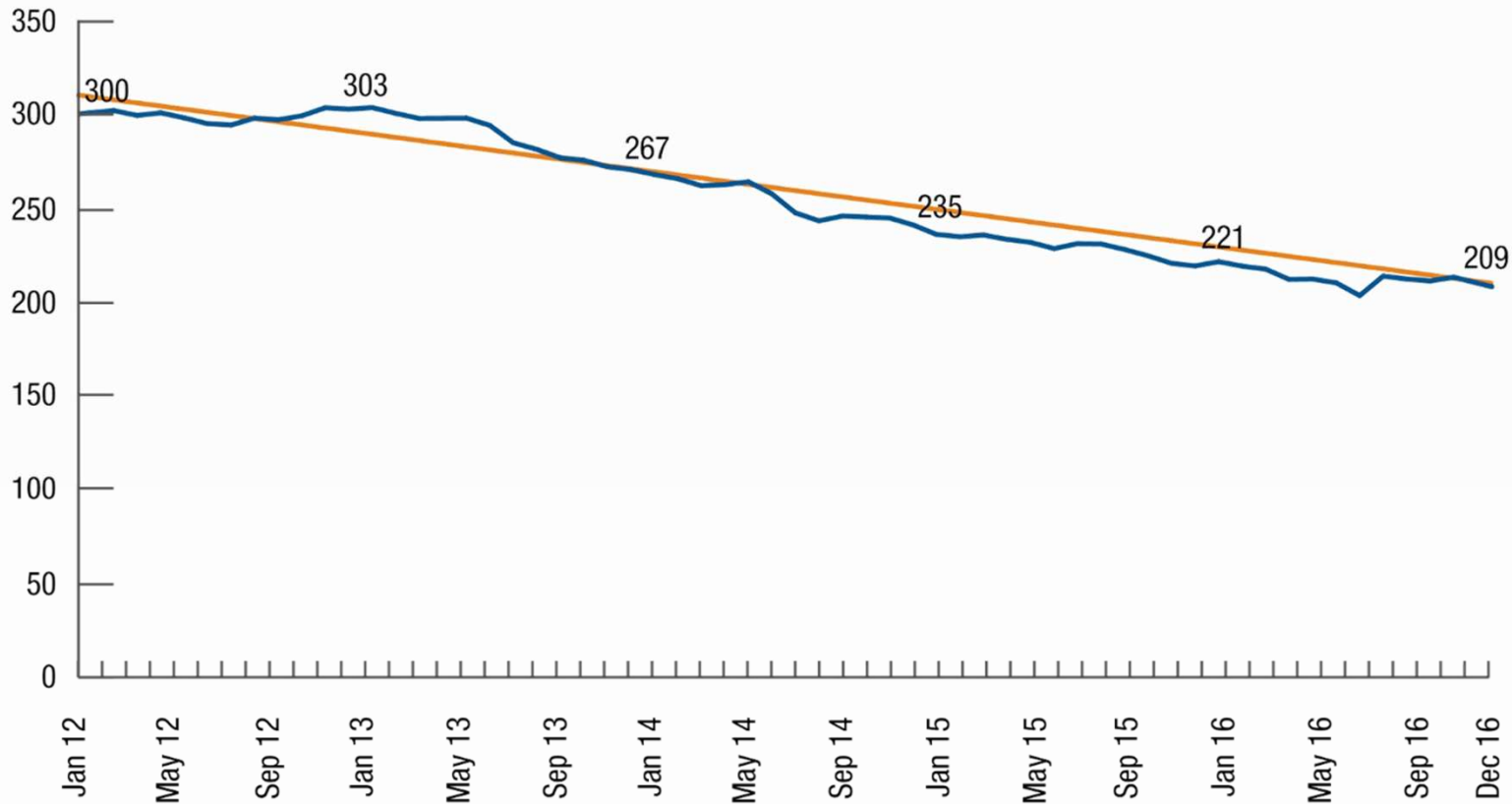
2012–16 Census (trends) Total population

OSH monthly patient populations since 2012



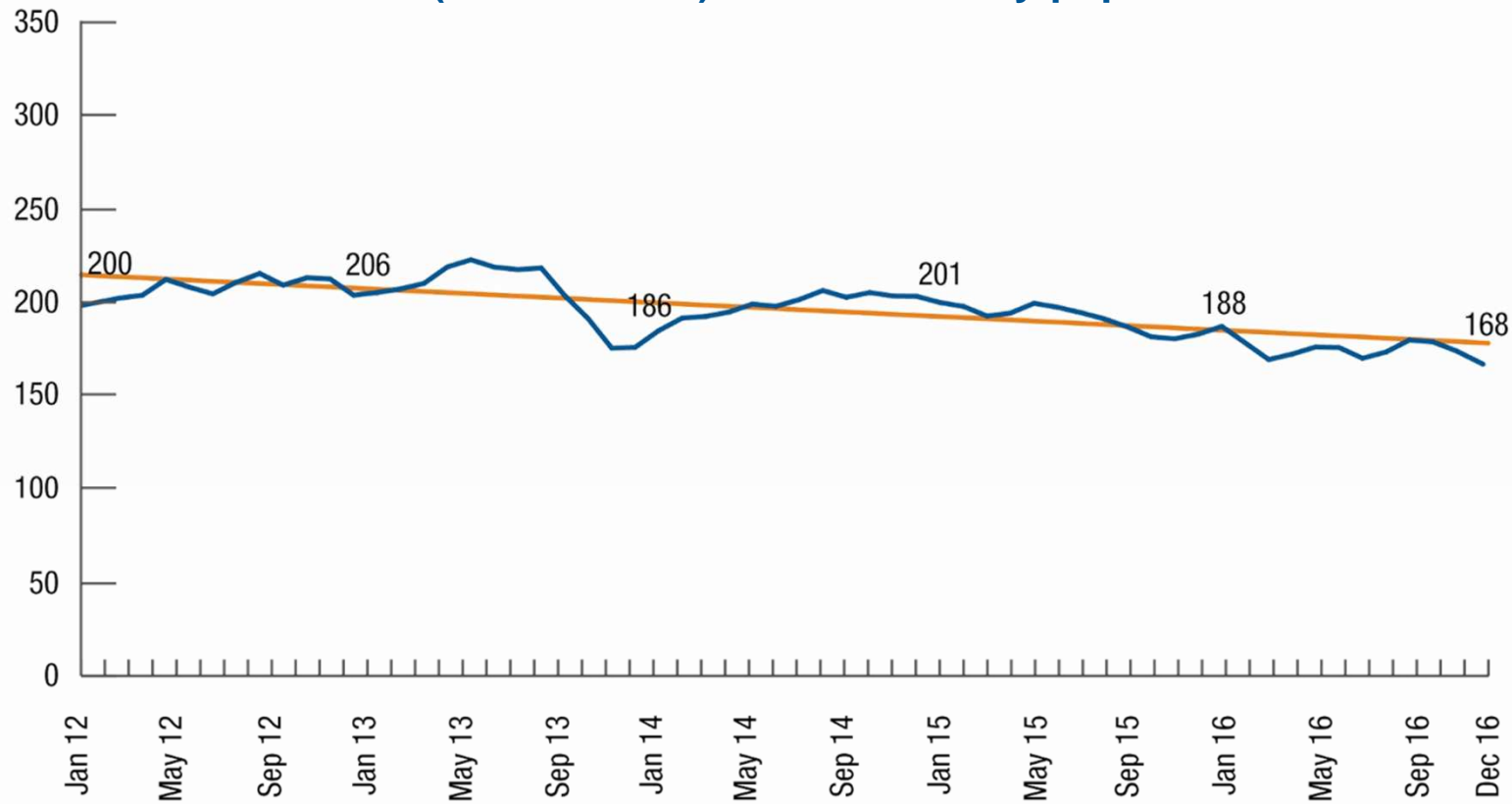
2012–16 Census (trends) Guilty except for insanity (GEI)

Guilty except for insanity (ORS 161.327) patient monthly population since 2012



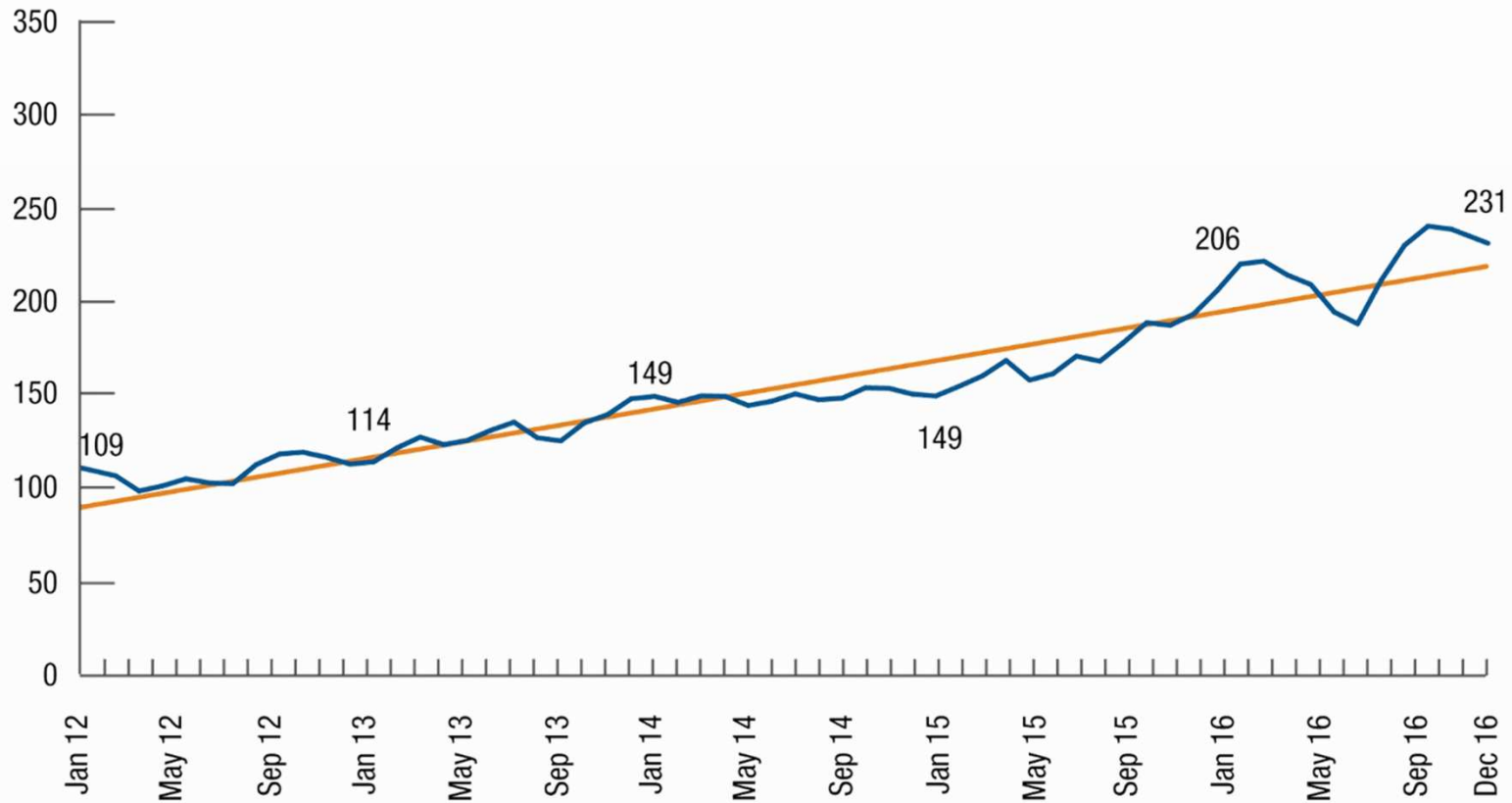
2012–16 Census (trends) Civil

Civil (ORS 426.130) Patient monthly population since 2012



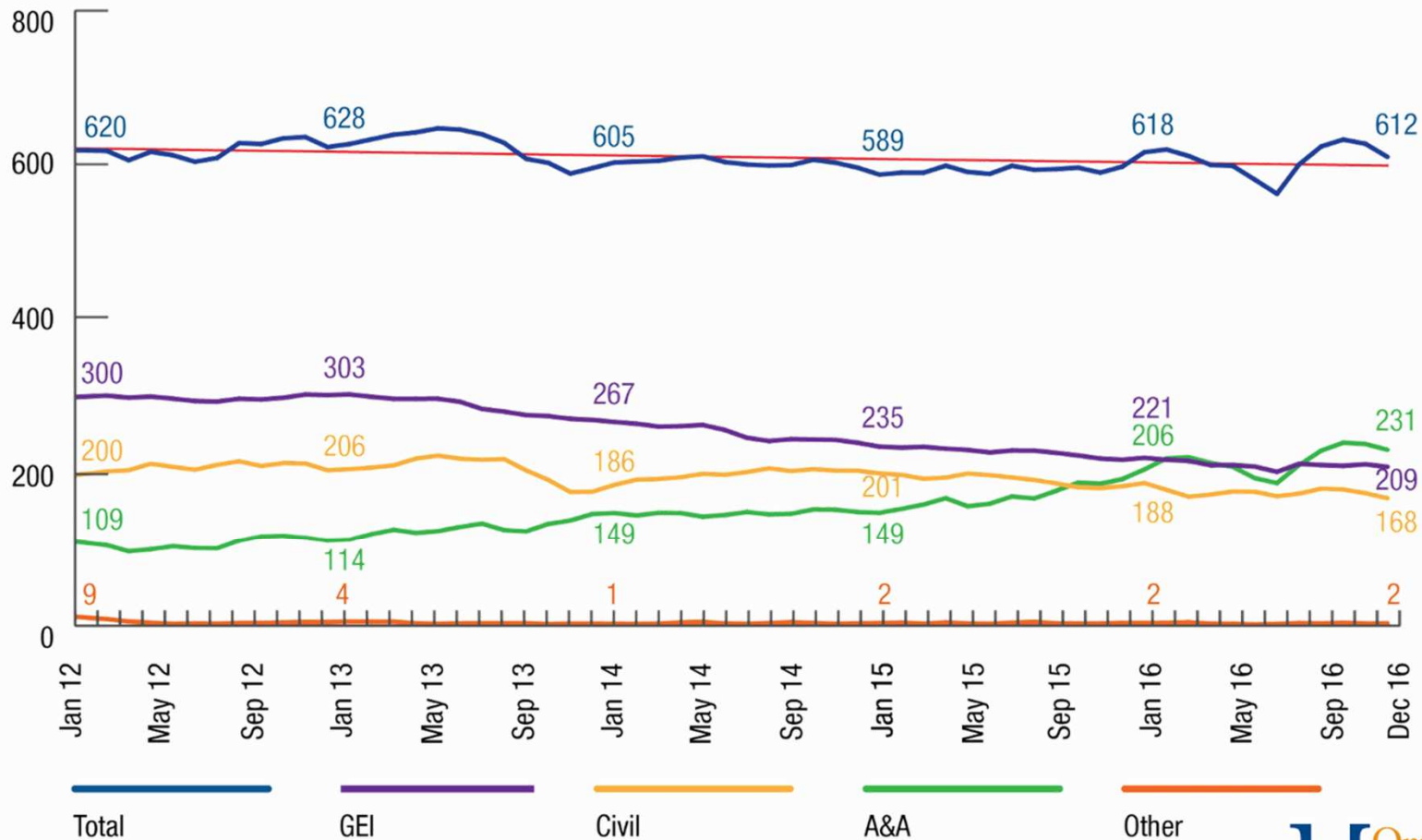
2012-16 Census (trends) Aid and Assist

OSH Aid and Assist (ORS 161.370) patient monthly census



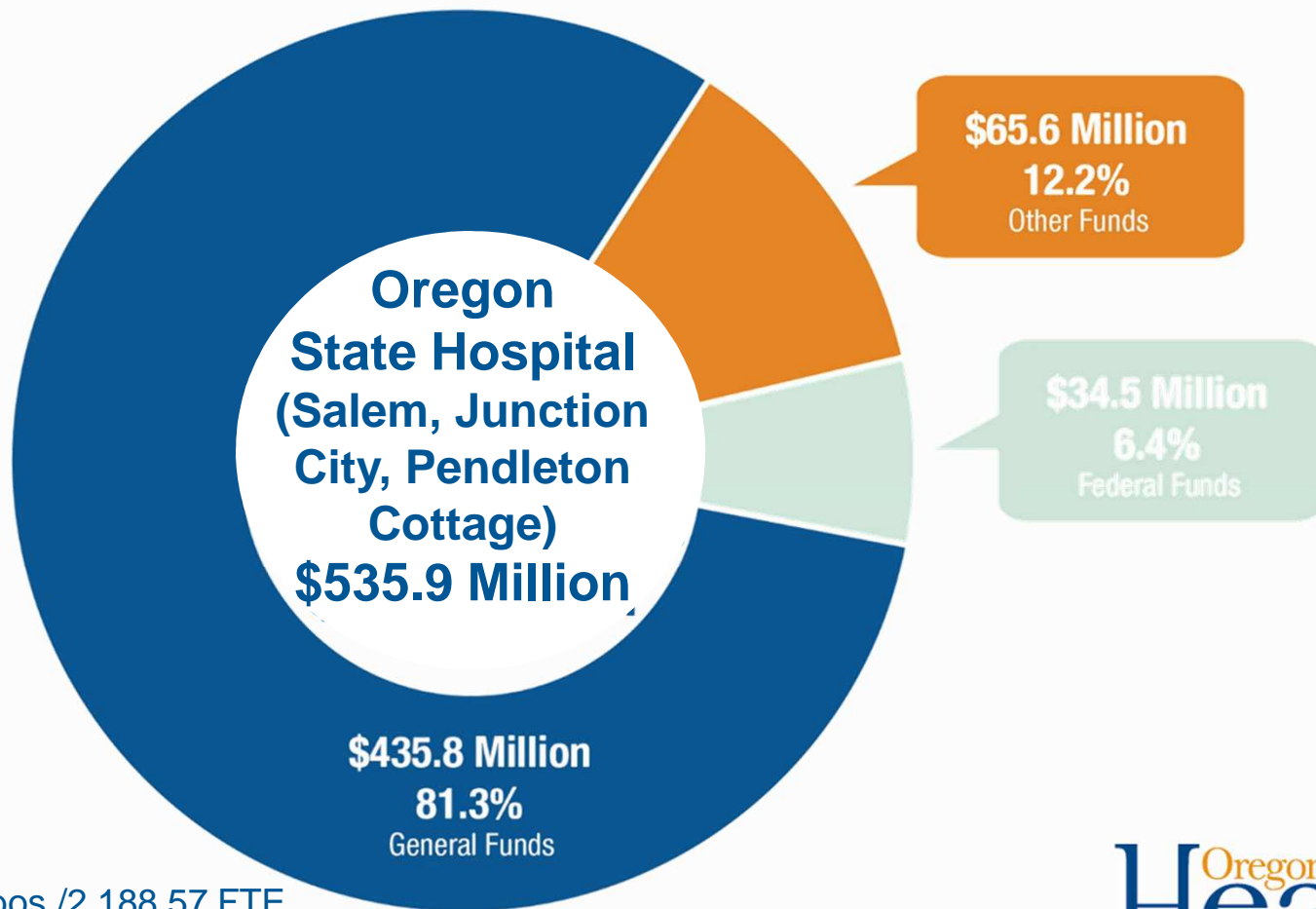
2012–16 Census (trends) All populations

OSH monthly patient populations since 2012



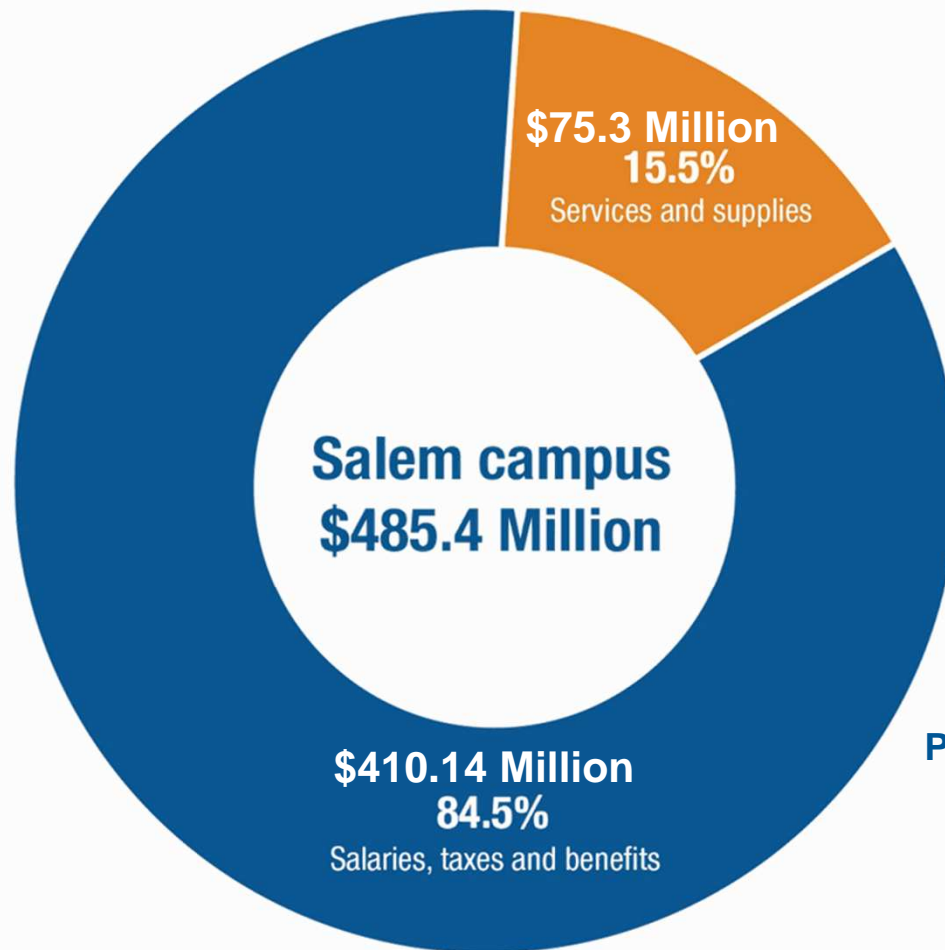
Oregon State Hospital 2017-19 Budget

Oregon State Hospital 2017–19 Governor’s budget by Fund Type



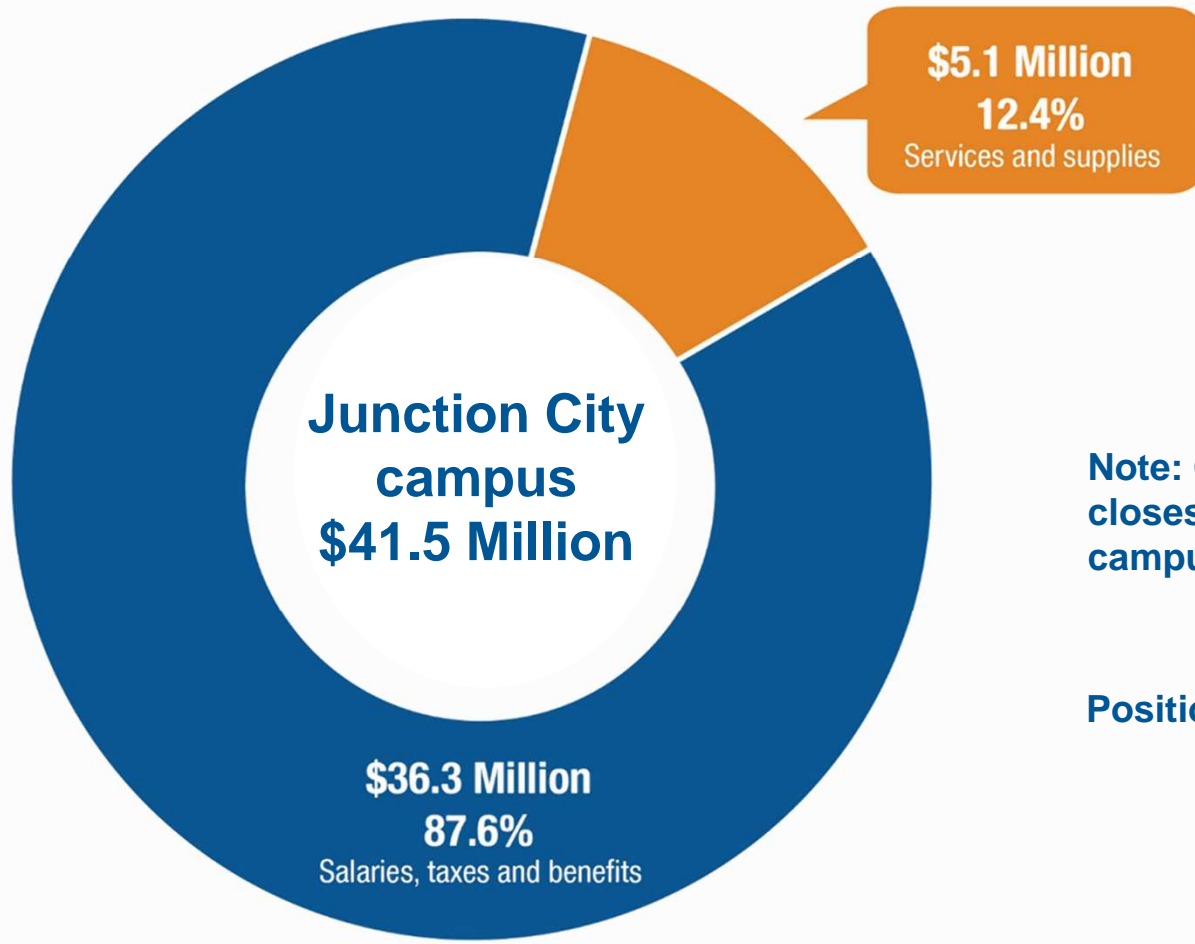
OSH 2,369 pos./2,188.57 FTE

Oregon State Hospital Budget 2017–19 Governor’s budget



Positions: 1,970 FTE: 1,968.32

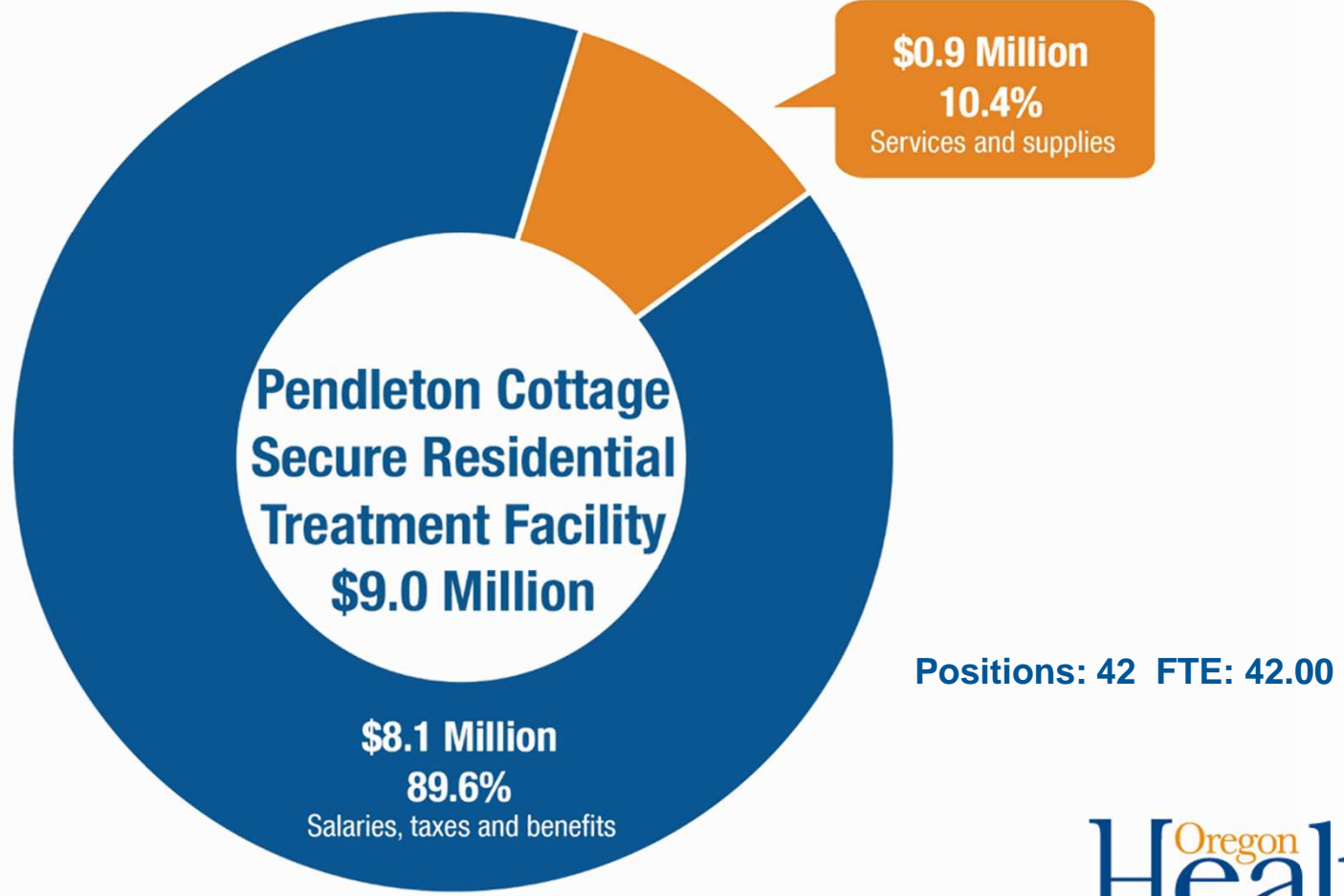
Oregon State Hospital Budget 2017–19 Governor’s budget



Note: Governor’s Budget closes the Junction City campus in July 2018

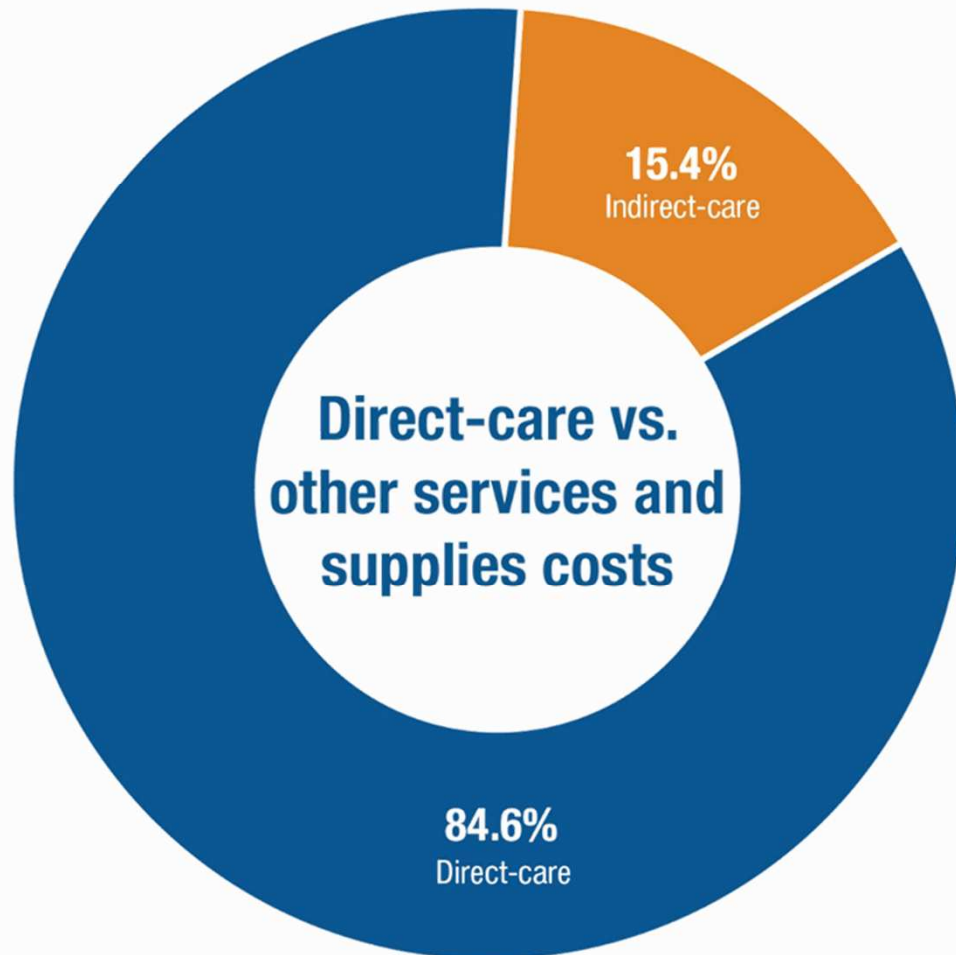
Positions: 357 FTE: 178.25

Oregon State Hospital Budget 2017–19 Governor's budget



2017-19 Governor's budget

Direct-care vs. other services and supplies costs Salem and Junction City campuses



Direct-care costs include:

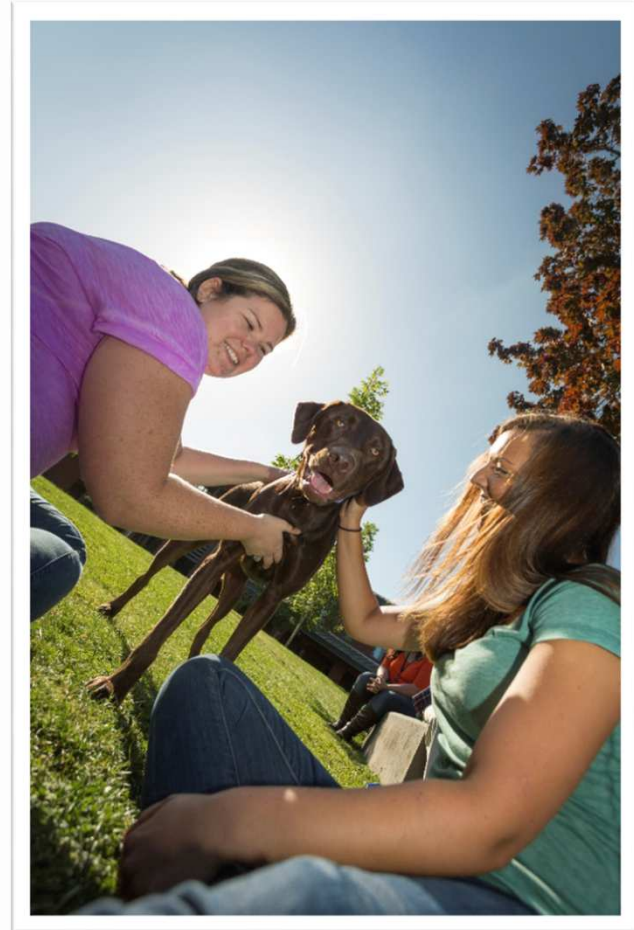
- Medical services and supplies
 - Contracted professional staffing
 - Outside medical costs
 - Medications
 - Durable medical equipment
- Food and kitchen supplies

Indirect-care costs include:

- Recruitment
- Training and travel
- Non-clinical contractors
- Uniforms for specific staff
- Recycling and garbage services

2015-17 Fiscal Improvements

- ✓ Expanded hospital-licensed beds that are Medicare and Medicaid reimbursable from 115 to 569
- ✓ Expanded medical coding to bill for reimbursement for all medical services
- ✓ Improved and modernized billing portion of the electronic health record (EHR) and added a health care clearinghouse



2017-19 Policy Option Package

GB-410: Reduce General Fund reliance for OSH funding

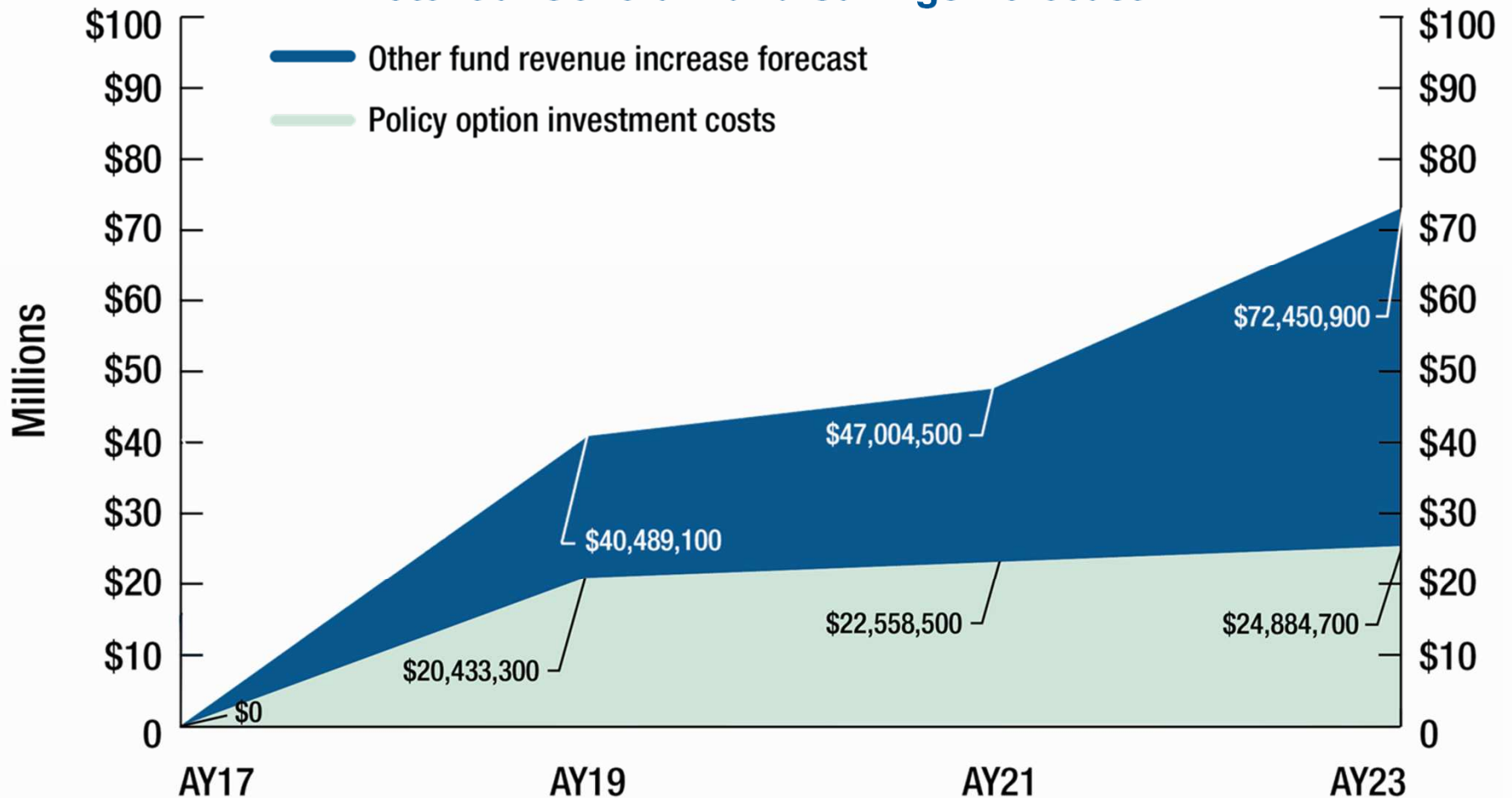
- Increases non-General Funds by \$40 million
- Invests in hospital's ability to secure and maintain this increase through:
 - ✓ Timely and proper documentation of patient care
 - ✓ Accurate billing for federal and third-party reimbursement

Further investments needed to mitigate risk and maintain additional funds by expanding capacity for:

- Utilization management
- Clinical documentation improvements
- Meeting and reporting on CMS quality standards
- Ensuring compliance with CMS standards

2017-19 Policy Option Package

Return on Investment Potential General Fund Savings Forecast



How we deliver services

Interdisciplinary Treatment Teams

- Assigned to each patient
- Composed of members from each clinical discipline
- Collaborate with patients to develop an individualized treatment care plan based on their own unique strengths, needs and aspirations

Treatment Care Plans

- Updated regularly with short- and long-term treatment goals
- Treatment includes:
 - Individual therapy
 - Treatment groups – treatment malls
 - Medications
 - Community integration
 - Vocation/work

Treatment malls

- Centralized active treatment – many opportunities in one place
- Twenty hours during weekdays
- Mimic work or school-day routines
- Help patients learn to manage illness and build skills
- Groups selected to meet patients' needs and interests
- Focus on preparation for community reintegration



Treatment mall groups - examples

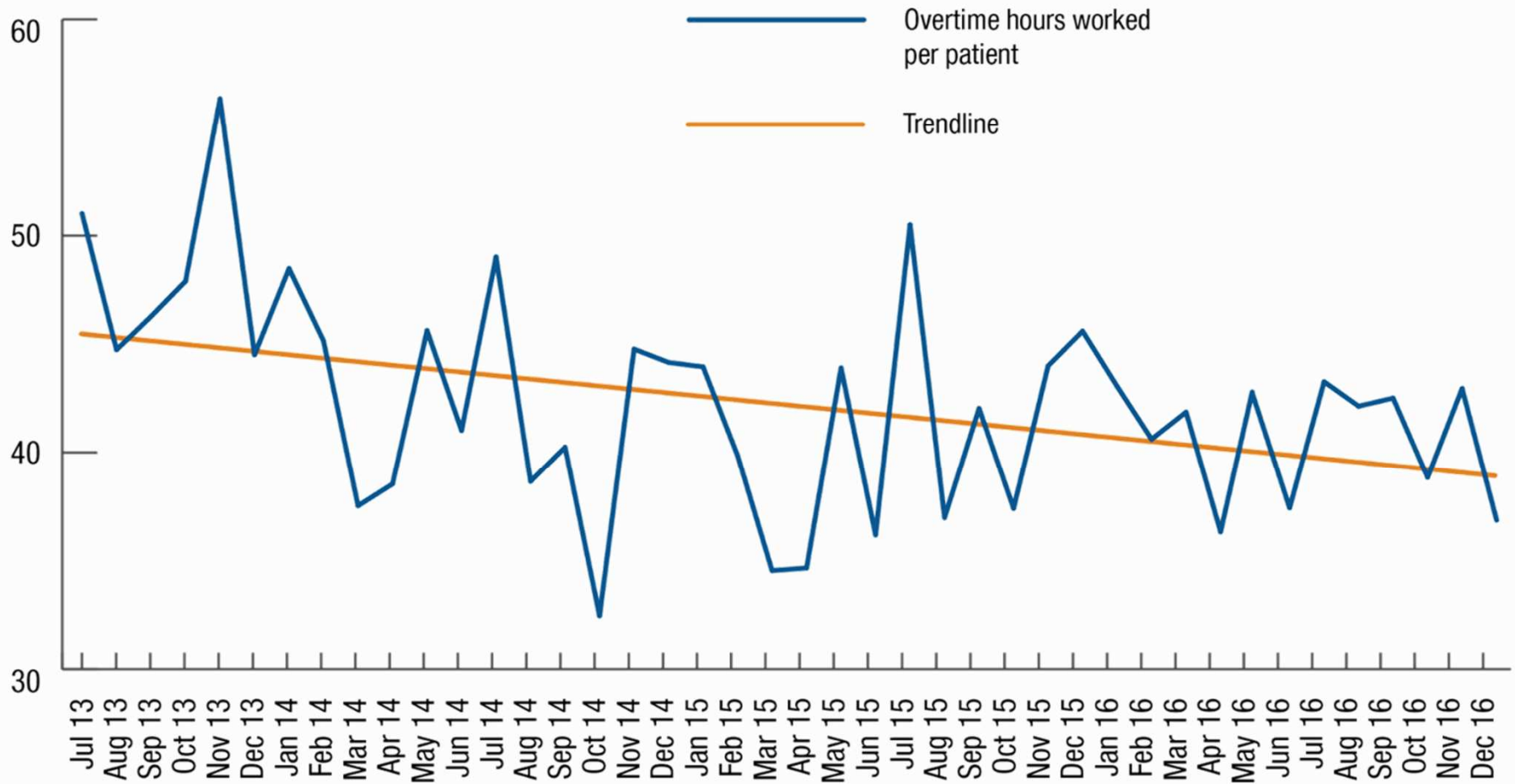


- Vocational rehabilitation
 - Food service
 - Furniture making
 - Grounds keeping
- Supported education
- Art therapy
- Music therapy
- Mindfulness
- Peer-delivered services
- Co-occurring disorders
- Legal skills
- Cooking and menu planning
- Community volunteering

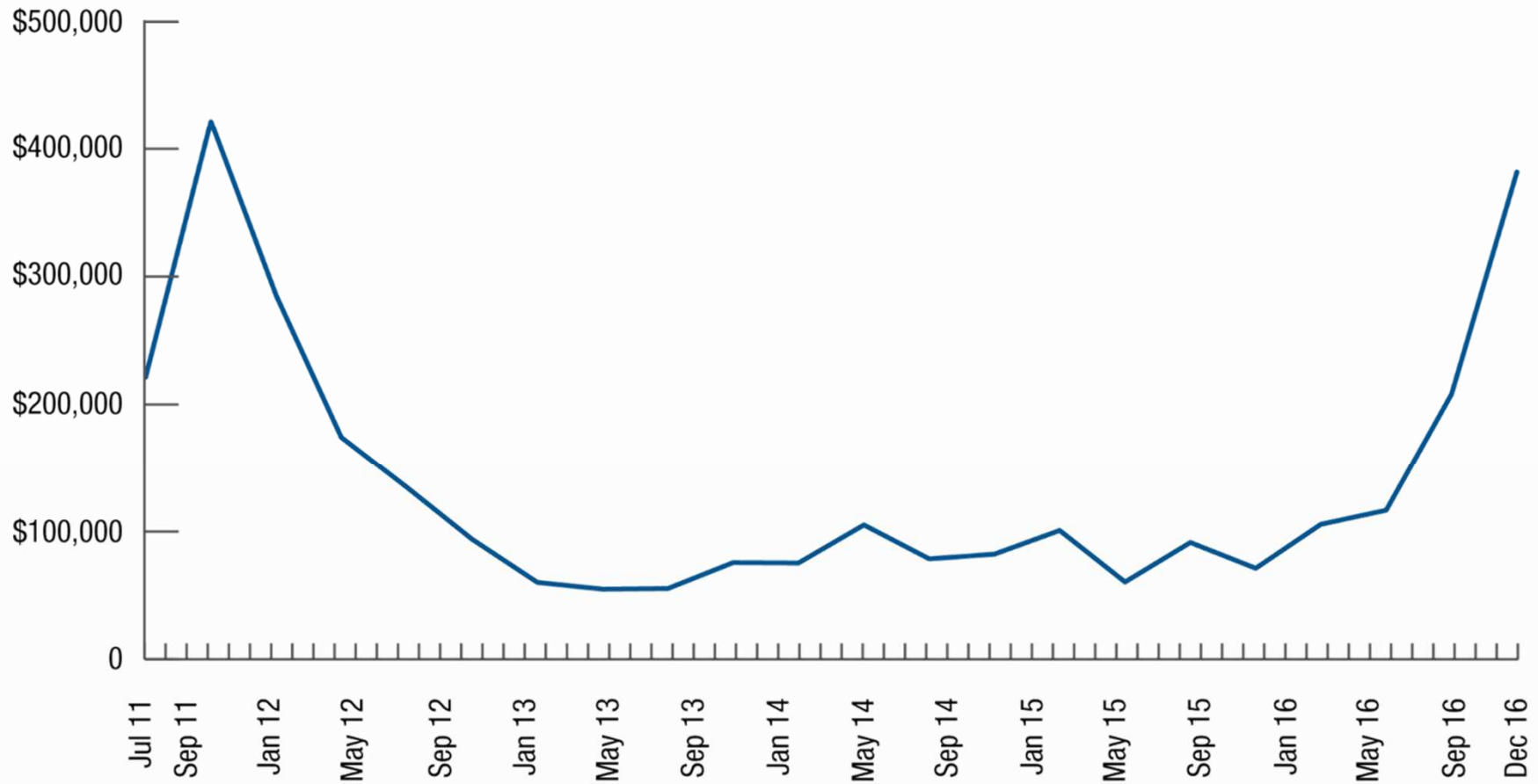
Needs for staffing 24/7 onsite care

- Salaries, taxes and benefits – 82.4% of 2017-19 Governor's Budget
- Total staff budgeted – 2,369 for all campuses
- Staff who provide direct care – 1,729 (73%)
 - Nurses
 - Psychiatrists
 - Psychologists
 - Treatment care plan specialists
 - Social workers
 - Rehabilitation/occupational specialists
- Unit staffing is based on:
 - Safety
 - Level of care (acuity) – severity of symptoms, how much care patients need
 - Commitment type – Civil, Guilty Except for Insanity, Aid and Assist
 - Agreements between hospital and union leadership
 - SB 469 Requirements

2013–16 Average nursing overtime hours



2011–16 Nurse agency expenses



Where we are going

2017-19 Priorities

- Decrease reliance on General Fund
- Provide comprehensive, effective staff training
- Expand use of Collaborative Problem Solving model
- Increase peer-delivered services
- Trauma informed approach
- Reduce or eliminate the civil waitlist
- Decrease the number of Aid and Assist admissions
- Reduce the length of stay for patients who are civilly committed
- Discharge patients who have been civilly committed within 30 days of designation as “ready to place”
- Pursue Malcolm Baldrige National Quality Award



US Dept. of Justice Oregon Performance Plan



Patients who have been civilly committed

- **Reduce the length of stay**
 - ✓ OSH will discharge 90% of patients within 120 days of admission – unless they continue to require hospital-level care beyond that length of time
- **Discharge patients when they no longer need hospital-level care**
 - ✓ During the next three years, OSH will reduce the time between when people are deemed ready to transition to the community and when they are discharged.
 - June 30, **2017** – 75% within 30 days of “ready to place”
 - June 30, **2018** – 85% within 25 days of “ready to place”
 - June 30, **2019** – 90% within 20 days of “ready to place”

Thank you for your service!



Questions?