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Testimony before the Senate Health Care Committee

January 28, 2019

SB 141 OHA Crisis Line

Chair Monnes Anderson and members of the committee, please accept this testimony for the record on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency health care for all Oregonians.

OR-ACEP conceptually supports SB 141, which would require OHA to develop or contract for a statewide crisis hotline for hospital staff to facilitate caring contacts for patients who presented with a behavioral health crisis. It would also provide follow up services for patients to transition to outpatient services. This must be done within a timeline of 48 hours.

Improving care for people in mental health crisis is a top priority for emergency physicians. The chapter participated in the workgroups led by Rep. Keny Guyer and Sen. Frederick to address emergency department discharge plans and continuity of care for people in behavioral health crisis. All members of the workgroup supported the goal: to improve care for some of the state's most vulnerable patients especially at the critical point of crisis where they turned to the emergency department for help. However, counties and hospitals in the state vary considerably in their ability to provide psychiatric care, both inpatient and outpatient, and each patient's case presents individual challenges.

The gap in resources is especially acute in rural areas. At Rogue Regional Medical Center, they have an 18-bed inpatient psychiatric facility with 4 secure beds. The facility is full 24-7. As a result, their Emergency Department has an average of just over 100 psychiatric patients per month. Three to six per day are psychiatric boarders. They being held in acute care beds in the ER because there are

no psychiatric beds and there is no other inpatient psychiatric bed available in the state. Some of these patients spend up to three weeks just waiting for placement with no therapy ongoing. Some of these patients are children.

A first step might be to adequately develop a continuum of resources. The establishment of a crisis line will not solve the problem if there's nowhere to send people who are discharged from the emergency department. Appropriate follow-up care is another issue. For example, scheduling an outpatient appointment in a week is a blanket rule but this is not necessarily appropriate for everyone, or even the majority of patients seen in the emergency department. Although more inpatient beds are needed, what would really benefit patients is a full continuum of services; secure residential, residential, respite, detox, dual diagnosis treatment. There are huge gaps in the continuum where there are virtually no services and even when there are services, there are not nearly enough.

The problems are critical, the resources are scarce and the lives of patients hang in the balance. Solutions will need careful consideration and crafting and they will need to be funded. OR-ACEP can help with the discussion.

Thank you for the opportunity to testify.