

Oregon Health Authority
Oregon State Hospital

OSH Update

Presented to

House Behavioral Health Committee

September 22, 2022

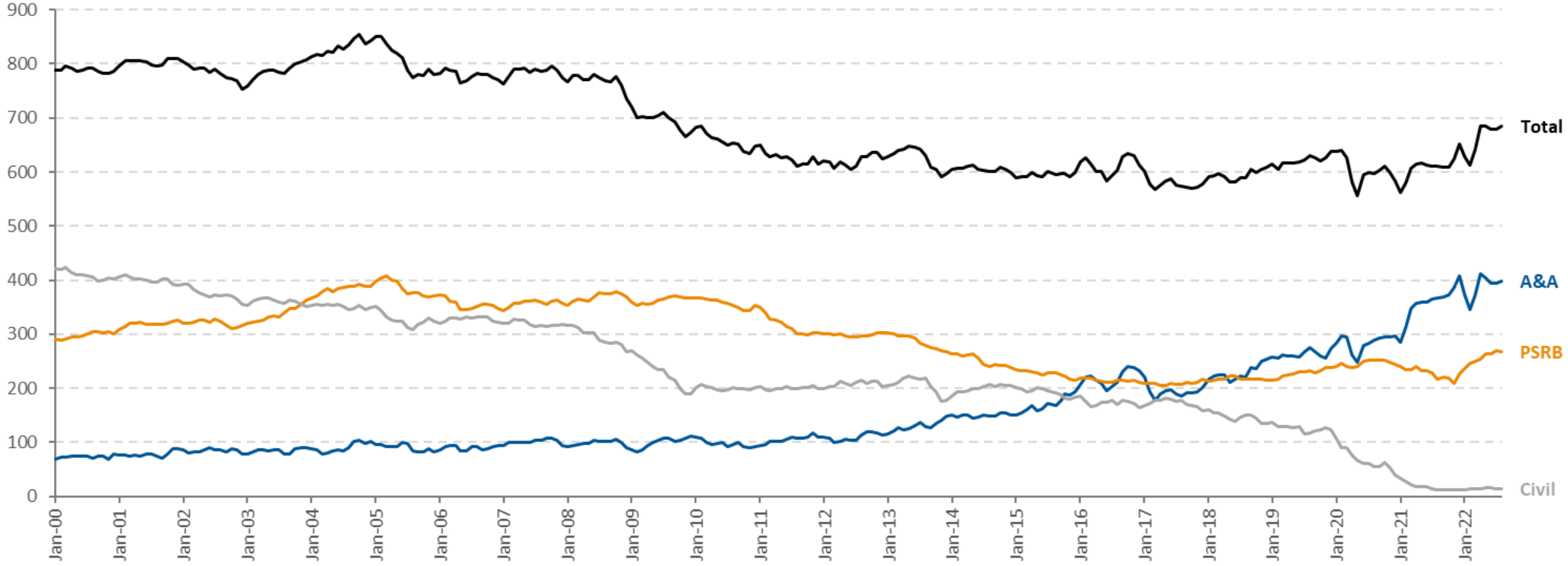
Patrick Allen, OHA Director

Dolly Matteucci, OSH Superintendent

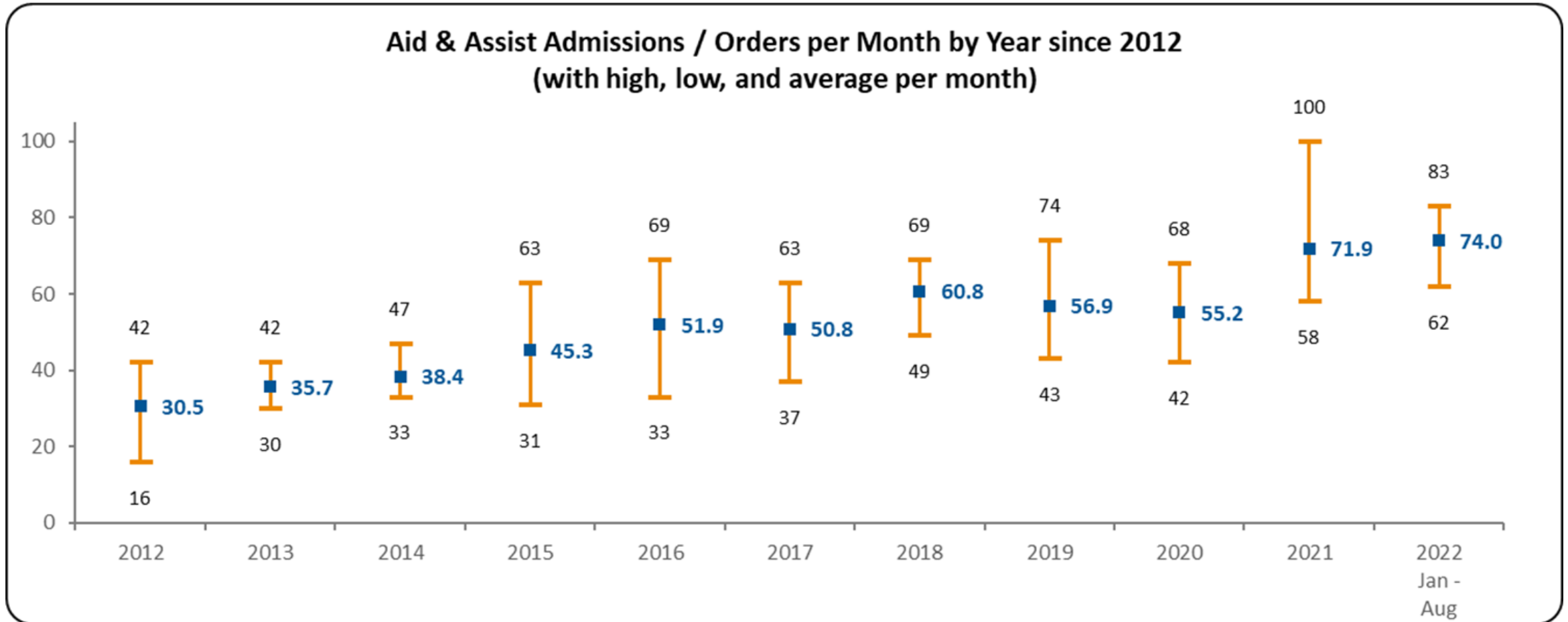


Oregon State Hospital Capacity

OSH Average Daily Population by Month and Legal Status Type since 2000



Aid and Assist orders



OR-OSHA Violations and Response

September 7, 2022

- Three violations related to workplace violence and injuries
 - Documentation
 - Thorough investigation
 - Response
- Three hazard letters
 - Documentation
 - Committee function



Litigation Against OHA/OSH re: Admissions/Discharges

- May 2002 - Federal injunction (Mink order) issued requiring OSH to admit every aid and assist patient within 7 days of circuit court order
- April 2019 to present - 74 contempt actions brought against OSH from various Oregon counties
- May 2020 - Mink order modified to permit OSH to slow down admissions to implement Covid restrictions
- Nov. 2021 - Bowman (Guilty Except for Insanity) case consolidated with Mink case
- Dec. 2021- Covid modification to Mink order lifted
- Sept. 2022 - Judge Mosman issues order in Mink case requiring OSH to discharge aid and assist patients within specific time-frames



Dr. Pinals Timeline

- December 21, 2021 – Federal Court Judge Michael Mosman appointed Dr. Debra Pinals as a neutral expert
- January 30, 2022 – Dr. Pinals submitted first report (short term recommendations)
- June 5, 2022 – Dr. Pinals submitted second report (longer term recommendations)
- September 15, 2022 – Dr. Pinals submitted third report (update of changes since second report)



Dr. Pinals' Recommendations, June Report- Actions Taken

- The data dashboard was expanded to report admissions and discharges in aggregate and by county enabling timely information sharing
- OSH modified the expedited admission processes to emphasize consultative availability upon request regardless of referral source
- The Hospital Level of Care Assessment conducted and filed with court and parties on Day 10 of stay versus previous 30-day timeline



Dr. Pinals' Recommendations, June Report- Actions Taken

- OSH has identified staff to assist patients with intellectual and developmental disabilities service applications for improved care coordination
- Managers of OSH Forensic Evaluation Services (FES) collaborating with Dr. Pinals regarding standardized elements for Aid and Assist progress reports.
- Forensic Certification Program (FCP) Coordinator convening a Rules Advisory Committee (RAC) to implement Administrative Rule changes.



2021-2022 Legislative investments

Community Mental Health Programs (CMHPs)

- **\$15M increase in Aid and Assist dedicated funding** (*flexibility encouraged if program design needs to be changed/refined*)
- **\$100M** in housing and treatment infrastructure
- Doubling of mobile crisis funding (\$15m obligated/spent to date)
- By County Innovations (*e.g. Washington Co's New Narrative program bridge services from hospital and jail*)

M110 Behavioral Health Resource Networks

- Contracts have been executed state-wide, implementation will vary by county/region
- **All M110 BHRN monies obligated or spent (\$302m)**

Other legislative investments

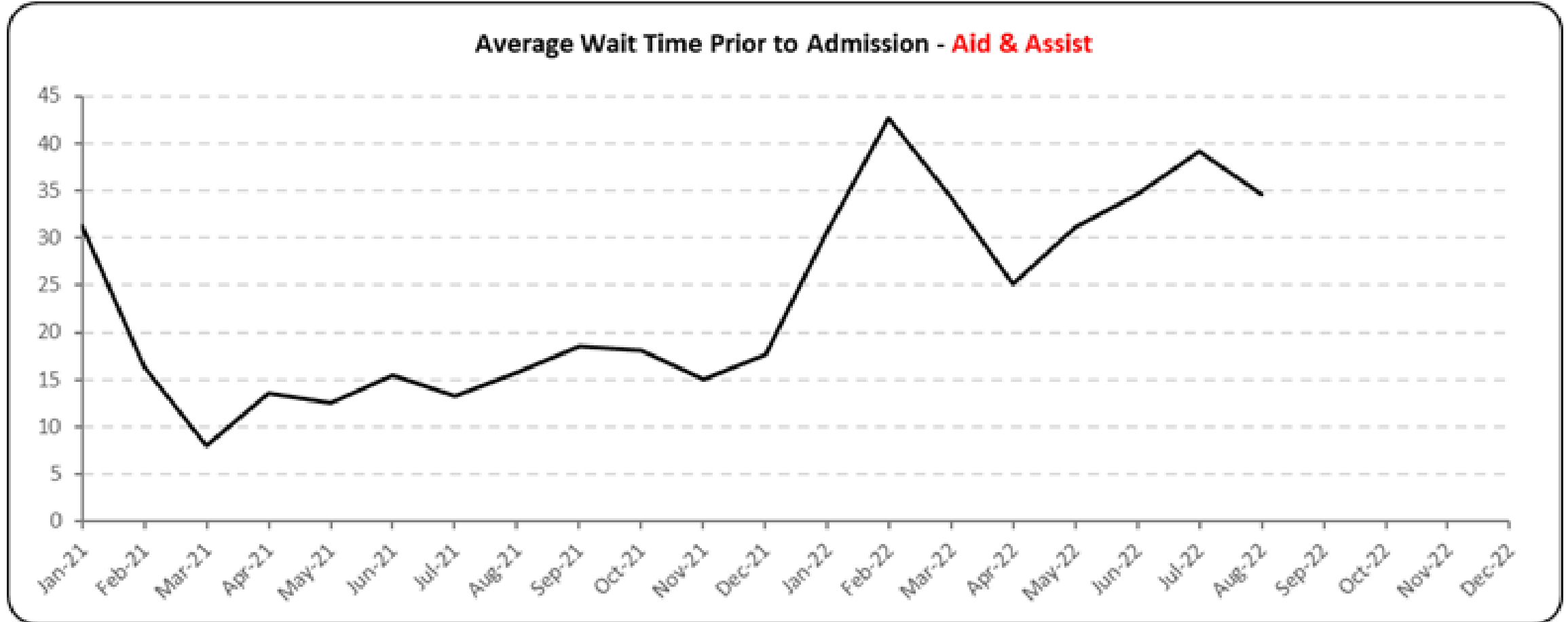
- **\$130M in housing and treatment infrastructure**
 - Current RFGA for Supportive Housing and Residential expansion
- Improving Peoples Access to Community-based Treatment (**IMPACTS**) program – grants awarded to counties

Medicaid funded services (*upon Medicaid enrollment/activation*)

- Assertive Community Treatment (ACT)
- Intensive Care Coordination



Admission Wait Times – Through August 2022



Intent of Federal Court Order

- Designed to reduce time to admission for people waiting for hospital care while in jail by
 - Prioritizing forensic admissions until the hospital reaches compliance with Mink/Bowman
 - Limits length of restoration in alignment with national data and clinical averages for restoration timelines.
- Mediate State court litigation



What Does Federal Court Order Do?

OSH admissions framework:

- GEI and A&A patients to be admitted per place on waitlist, unless expedited admissions criteria met.
- Precludes admissions of civilly committed patients, unless expedited admissions criteria met.
- Allows admissions of PSRB GEI revocations and persons pursuant to ORS 426.701 (extremely dangerous persons).

Limits restoration timelines at OSH:

- Limits length of restoration (LOR) for A&A patients charged with **misdemeanors to 90 days.**
- Limits LOR for A&A charged with **non-M11 felonies to six months.**
- Limits LOR for A&A charged with **M11 felonies to one-year.**



Will Impact Counties Differently

- Rates of Aid and Assist orders vary widely among counties
- Mix of misdemeanor and felony charges vary among county Aid and Assist admissions
- Counties vary in resource development to support people with complex behavioral health conditions



No change for approx. 70% of aid and assist patient discharges

- **Discharges occur as usual for:**

- People found able or not able to aid and assist
- People found to no longer need hospital level of care
- People with their charges dismissed

- Approx. 67 patients discharged / month
- 74.1% of patients charged with non-violent felonies discharged before reaching 180 days



Cohort 1: Patients newly admitted to OSH on or after 9/1/22

- OSH will apply the new Federal Court Order restoration time limits:
 - People charged with misdemeanor: up to 90 days
 - People charged with non-M11 felony: up to 6 months
 - People charged with M11 felony: up to 1 year
- Notices will be sent to the courts 30 days prior to the date the restoration time limit is reached



Cohort 2: Patients at OSH at the time of the Federal Court order

- **OSH will stagger discharges over the next several months for patients who meet new Federal Order criteria using the following sequencing:**
 - Misdemeanors on 9b/RTP list
 - Non-M11 felonies on 9b/RTP list
 - Misdemeanors not on 9b/RTP list
 - Non-M11 felonies not on 9b/RTP list
 - M11 felonies not on 9b/RTP list
- **Notices will be sent to the courts 30 days prior to discharge**
- **Approx. 120 patients will be discharged through this process**



OHA Discharge Coordination

- OSH Social Work services – Engage with community partners such as CMHPs, CCOs and Medicaid, throughout patient's stay to best prepare for discharge
- Benefit Coordination – Creating a regional Social Security expert liaison to expedite access to benefits. Medicaid eligible will have benefits from discharge for 3 months to help planning. Pilot project with CCOs on aid and assist notification
- OSH Admission and discharge services – Coordinating admissions with county jails and acute care hospitals. Coordinating discharges with courts, attorneys, jails and CMHPs in each county



OSH Resource Needs

- OSH must accomplish the restoration of persons committed to the hospital in less time
- Approximate increase in both patient discharges and admissions estimated at 27 persons per month, from 10/22 to 9/23
- Staffing must increase to treat patients at the same level of care in the abbreviated timeframes



Thank you.



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