

Behavioral Health Transformation:
Human Services Co-Chair
Recommendations

Behavioral Health Continuum of Care

Prevention



Housing



Outpatient
Treatment



Intensive
Case
Management



Residential



Crisis



Courts



Subacute
Care



Community
Hospitals



State
Hospital

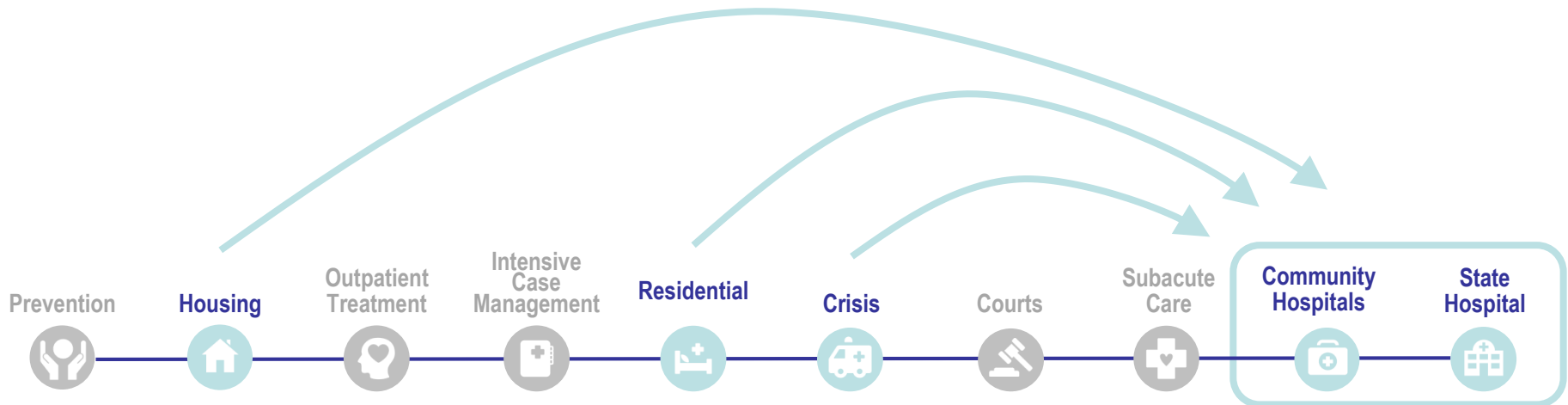


Problems in Behavioral Health:

- Patients are waiting for beds at the State Hospital (OSH)
 - These people are stuck in Community Hospitals, stuck in jail, and otherwise stuck at inappropriate levels of care
- Conversely some OSH patients need lower levels of care, but there are insufficient community placements for them to step down to
- Too little spent on prevention
- Poor accountability
 - Lack of transparency around spending and services
 - Misaligned systems and risk
 - Poor coordination across service providers, and siloing of funds and services
 - Limited accountability for patient outcomes
- Poor outcomes for patients
 - High rates of SUD and suicide
 - Insufficient metrics

Problems in Behavioral Health:

Lack of timely access to crisis care, housing and residential level of care are contributing to a crisis in Oregon's hospital systems



Lack of community services creates bi-directional problems:

- People don't get the care they need, acuity levels rise, and reliance on hospital care grows
- ← People who are ready to be discharged to less restrictive care don't have community resources to access, remain in hospitals, and access is lost there for folks who need it

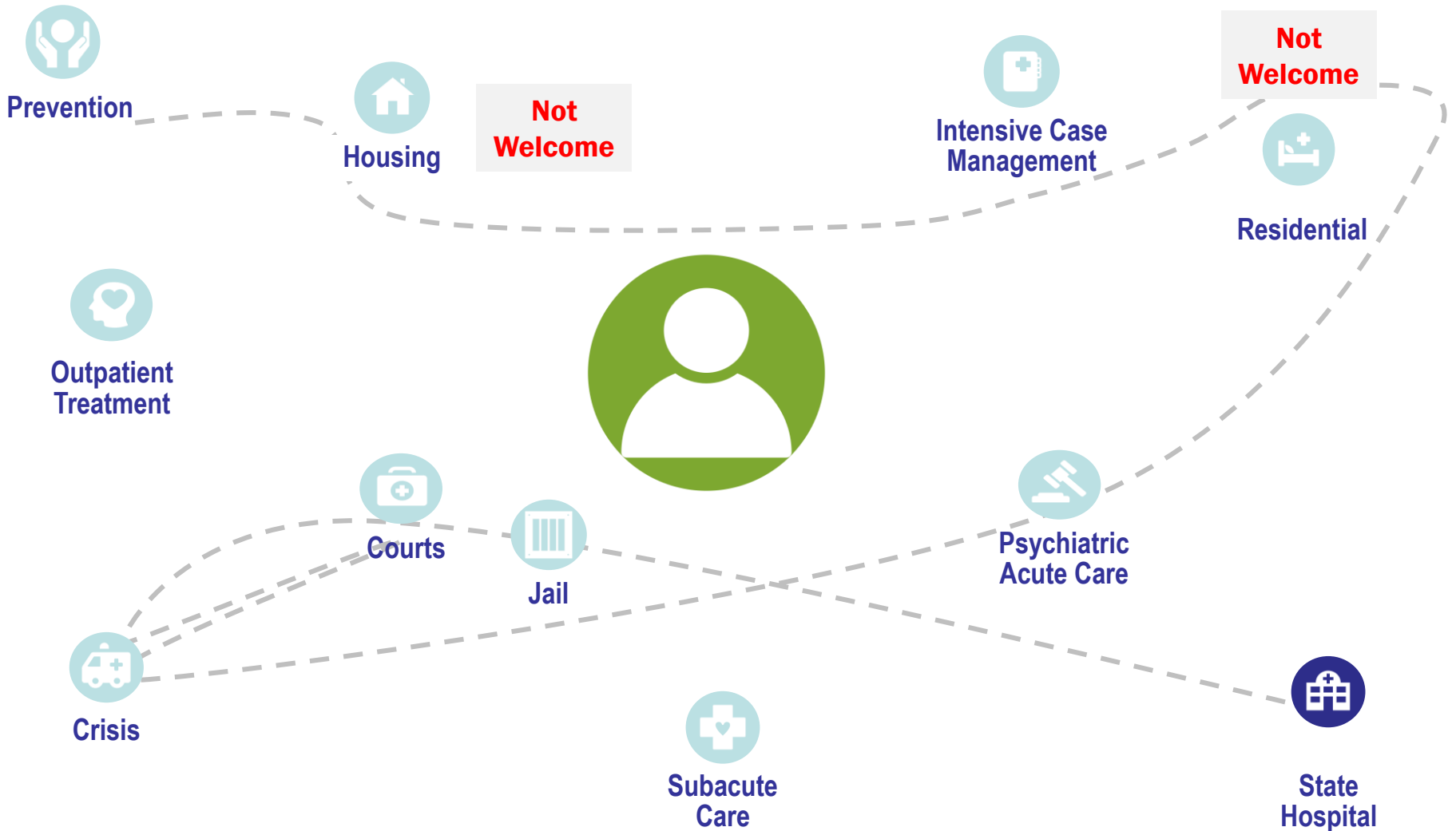
OSH Census

In 2020, Oregon State Hospital provided treatment for 1,329 people committed by the courts or the Psychiatric Security Review Board

2020 Patient Statistics							
Commitment type	Average daily population			Percent of pop.	Total Admits	% of Admits	Median length of stay
	Salem	Junction City	Total				
Civil (civil commitment, voluntary, voluntary by guardian)	39.6	28.3	68.0	11.3%	61	8.0%	154
Guilty except for insanity / PSRB	176.0	70.4	246.4	40.9%	69	9.1%	800
Aid and assist	284.5	0.0	284.5	47.2%	627	82.6%	91
Other (corrections, hospital hold)	2.3	1.2	3.5	0.6%	2	0.3%	290
Total	502.4	100.0	602.4	100.0%	759	100.0%	118

How did it get this bad?

The behavioral health “system” is too often siloed across multiple providers, programs and agencies that does not serve people well



Community Developed Solutions:

We have had strong engagement with stakeholders across the state and system including:

- Community Mental Health Providers
- NAMI
- Certified Community Behavioral Health Centers
- CCOs
- Hospitals (including Unity and Providence Psych Hospitals)
- OHSU, PSU and other workforce partners
- OHA and the State Hospital
- Oregon Judicial Department
- Health Justice Recovery Coalition (M110 Advocates)
- Physician Associations, SEIU, AFSCME and ONA

Broad Consensus: We Need A Behavioral Health System Transformation

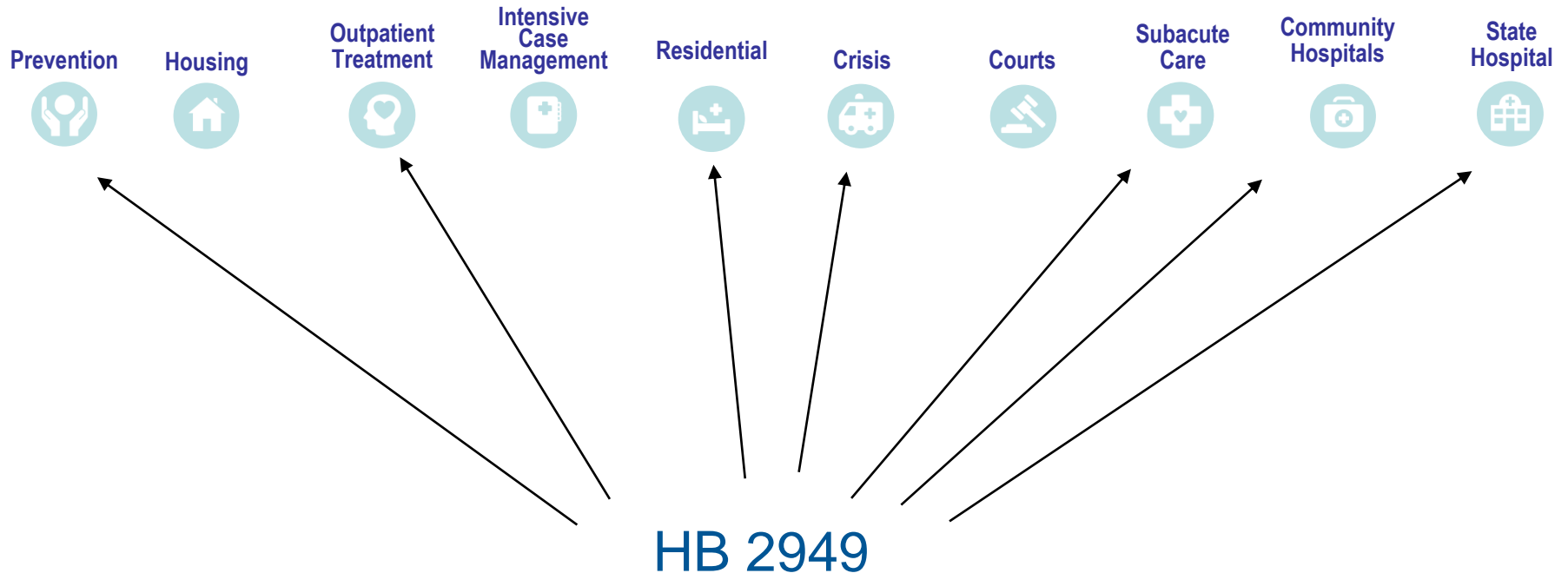
We need more capacity across the continuum:

- Oregon State Hospital Beds
- Housing & Adult Residential
- Out-patient services
- Workforce

We also need investment and transformative thinking around:

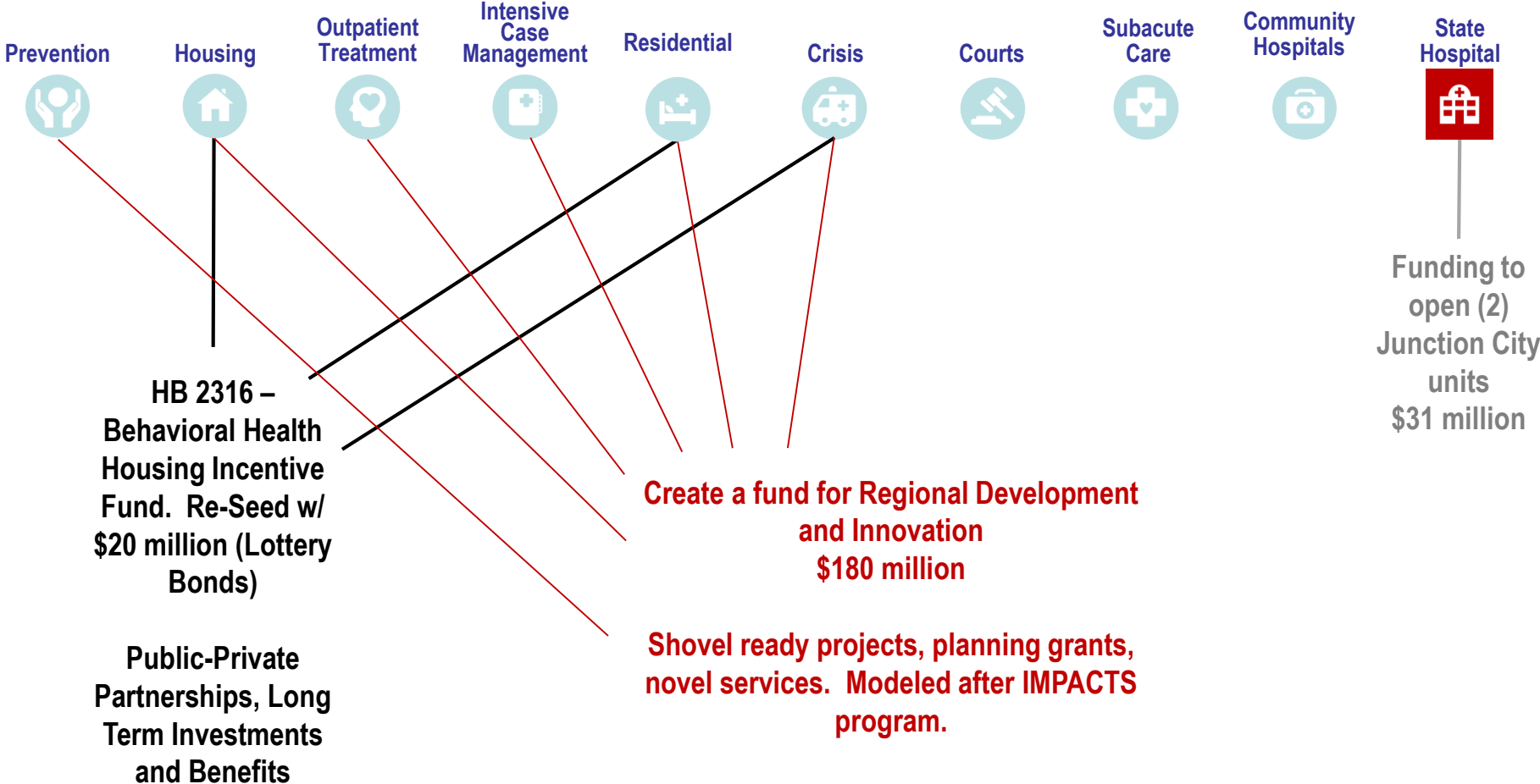
- System Accountability
- Service Coordination
- Regional Planning
- Incentive Realignment

Needed Investments: Workforce \$100 million



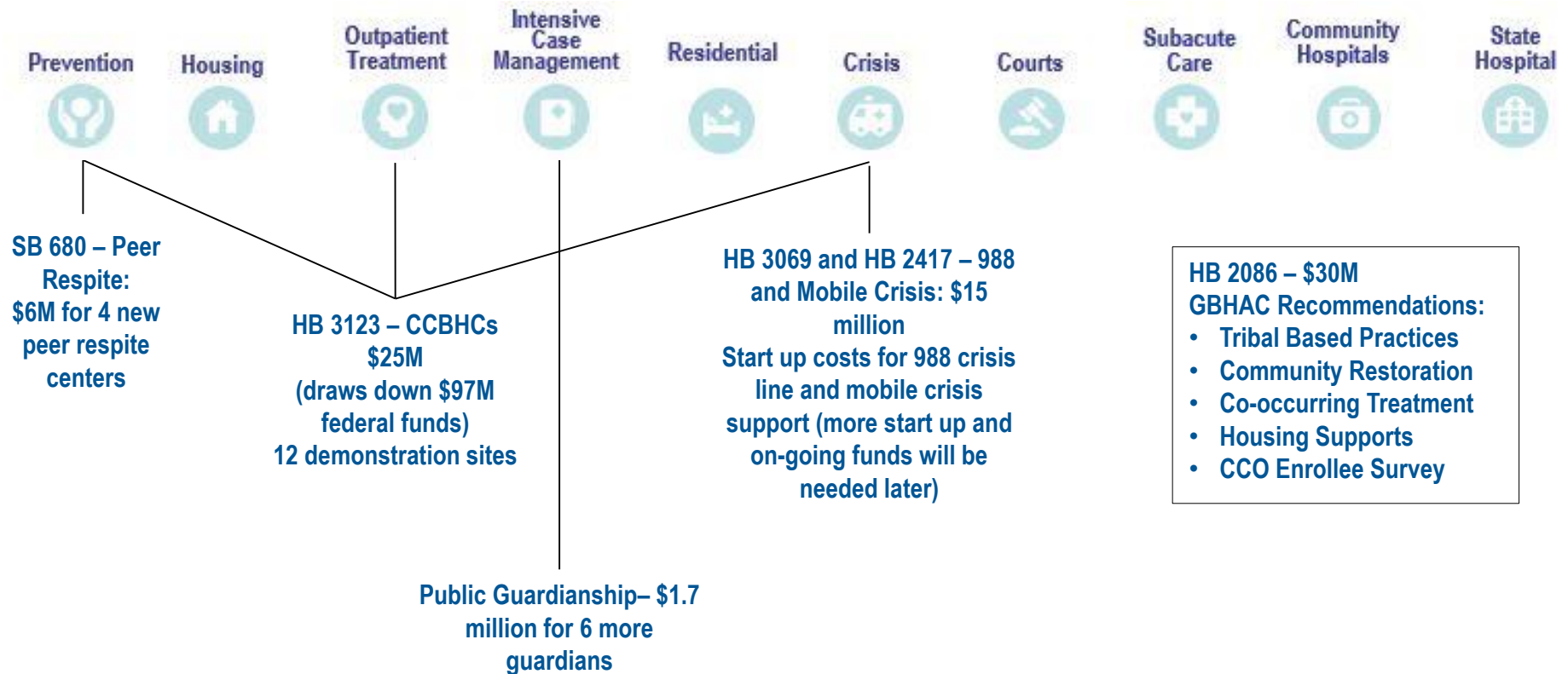
A one-time workforce surge will help increase system capacity, and improve outcomes with greater cultural competence

Needed Investments: In-Patient, Housing and Residential Placements \$231 million



Needed Investments: System Capacity and Alignment

\$190 million



HB 3046 - Behavioral Health Parity: \$1.6M (fees no GF)
Increasing accountability and service availability

Accountability – \$100M
Aligning accountability, outcomes & risk, and increasing transparency
LPRO led workgroup to provide recommendations

HB 3377 – SUD Task Force
\$350k

Overview- Direct Allocations & Special Appropriations

