Oregon Health Authority Oregon State Hospital

Presented to

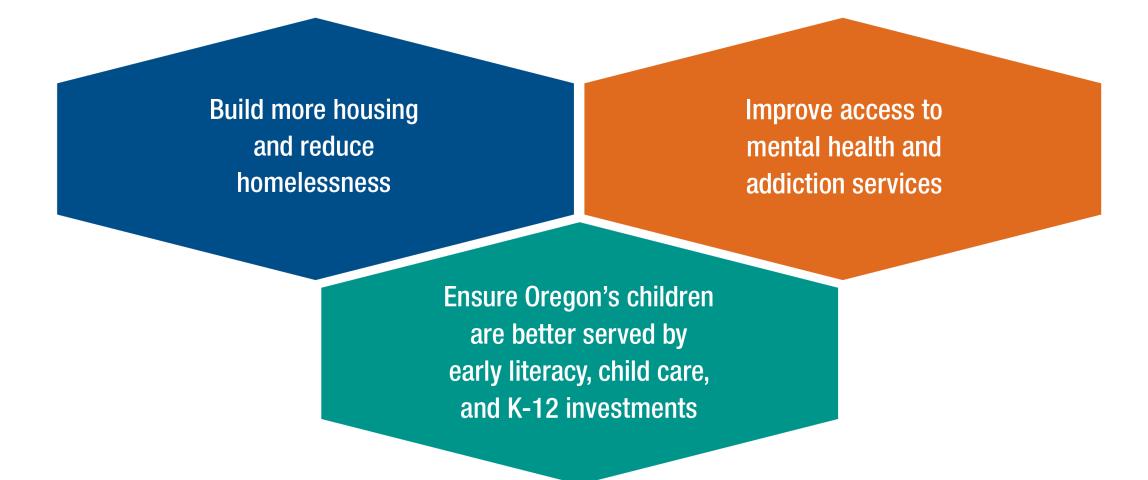
Joint Ways & Means Subcommittee on Human Services Wednesday, March 15, 2023

Dolly Matteucci, Oregon State Hospital Superintendent



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Governor Kotek's Budget Priorities



Oregon State Hospital (OSH) in the Governor's Budget

- Safe Staffing: Increase positions at the state hospital to support a sustainable 24/7 staffing model
- Health Equity: Establish a dedicated Health Equity Unit at the state hospital to address the needs of staff
- Complex Case Management Unit to meet the needs of patients with complex needs and ensure the safety of staff and patients
- Upgrades to OSH facilities to improve patient recovery and safety of both patients and staff



1.

Why OSH

What We Do

How We Do It

Successes

Challenges

Proposed Budget





OHA's Strategic Goal

Eliminate health inequities in Oregon by 2030





The Triple Aim

- Better health
- Better care
- 3 Lower costs





OSH in the Behavioral Health Continuum

- Treats people with complex conditions who are at risk of harm to self or others
- Provides stabilization, treatment, safety, and successful community re-integration
- Available resource to people from all 36 counties

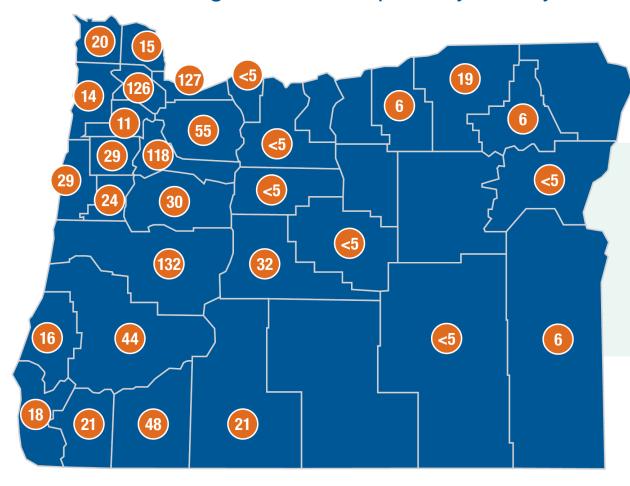






Patients Admitted in 2022

Patients admitted to Oregon State Hospital, by county







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Provide Hospital-level Care

- 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
- Accredited by The Joint Commission and certified by CMS
- Helping patients achieve a level of functioning that allows them to successfully transition back to the community





People 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 participate in their own defense

Guilty except for insanity (GEI)

- People who committed a crime related to their mental illness
- Patients are under the jurisdiction of a separate state agency – Psychiatric Security Review Board (PSRB)





People We Serve

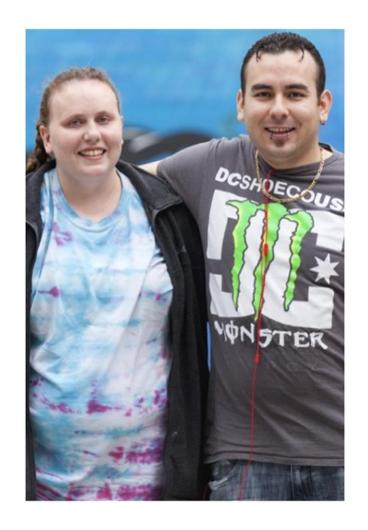
Civil commitment

- 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

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





2022 Census

In 2022, Oregon State Hospital provided treatment for 1,530 people committed by the courts or the Psychiatric Security Review Board

2022 Patient Statistics							
Commitment type	Average daily population			Percent of	Total	% of	Median
	Salem	Junction City	Total	pop.	Admits	Admits	length of stay
Aid and Assist	391.2	0.0	391.2	58.4%	889	90.5%	105
Guilty Except for Insanity / PSRB	128.1	134.5	262.7	39.2%	81	8.2%	1257
Civil (civil commitment, voluntary, voluntary by guardian)	11.1	3.1	14.1	2.1%	11	1.1%	436
Other (corrections, hospital hold)	0.1	2.3	2.3	0.3%	1	0.1%	21
Total	530.5	139.9	670.4	100.0%	982	100.0%	119



Partnerships



Advocates

- Disability Rights Oregon
- National Alliance on Mental Illness Oregon



Community Partners

- Community Mental Health Programs
- Coordinated Care Organizations
- Acute care hospitals
- Circuit and municipal courts
- County jails
- Psychiatric Security Review Board



Within OSH

- Patients Peer Advisory Council
- AFSCME Nurses
- AFSCME Physicians
- SEIU
- OHA
 - Health Systems/Behavioral Health
 - Public Health
 - Equity & Inclusion Division
 - External Relations

Salem Campus





Junction City Campus

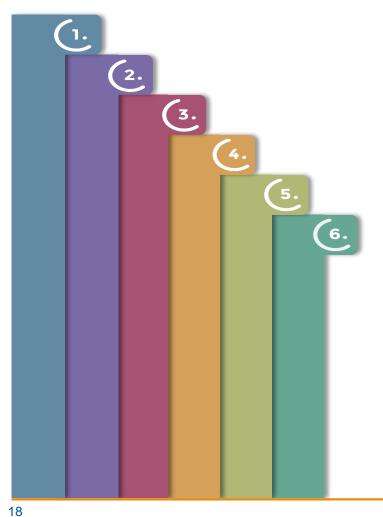




Pendleton Cottages







Why OSH What We Do

How We Do It

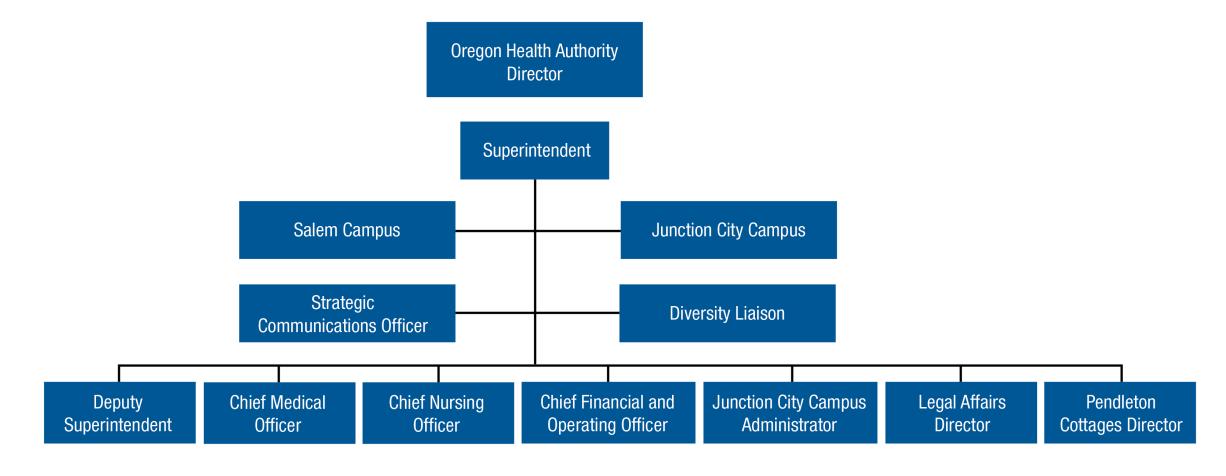
Successes

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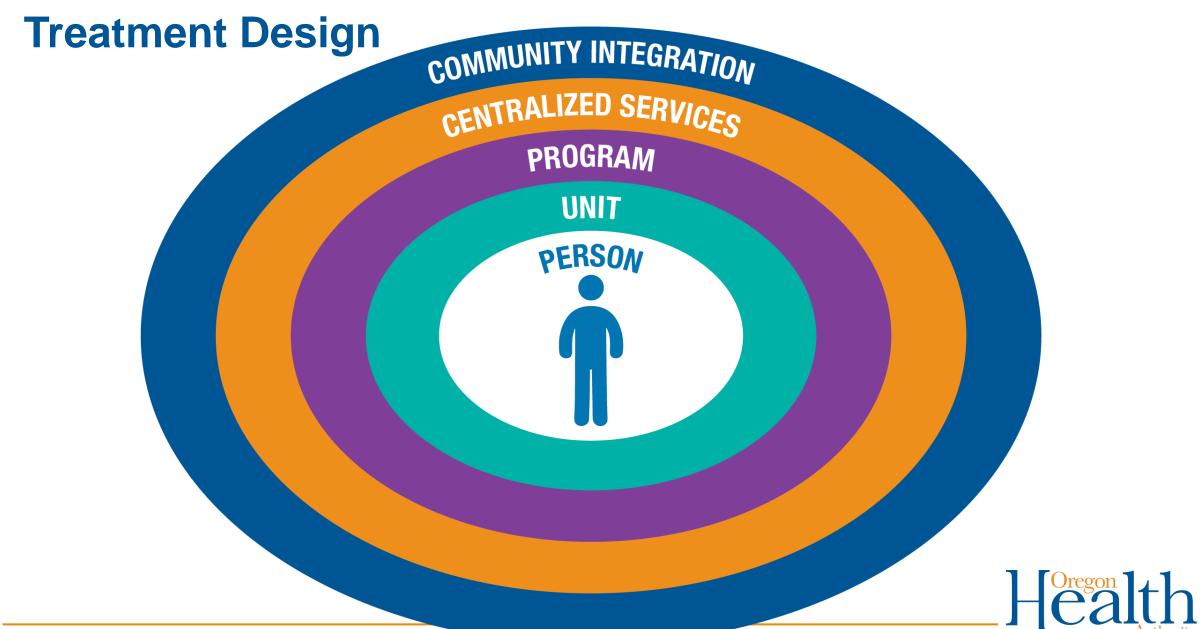
Proposed Budget

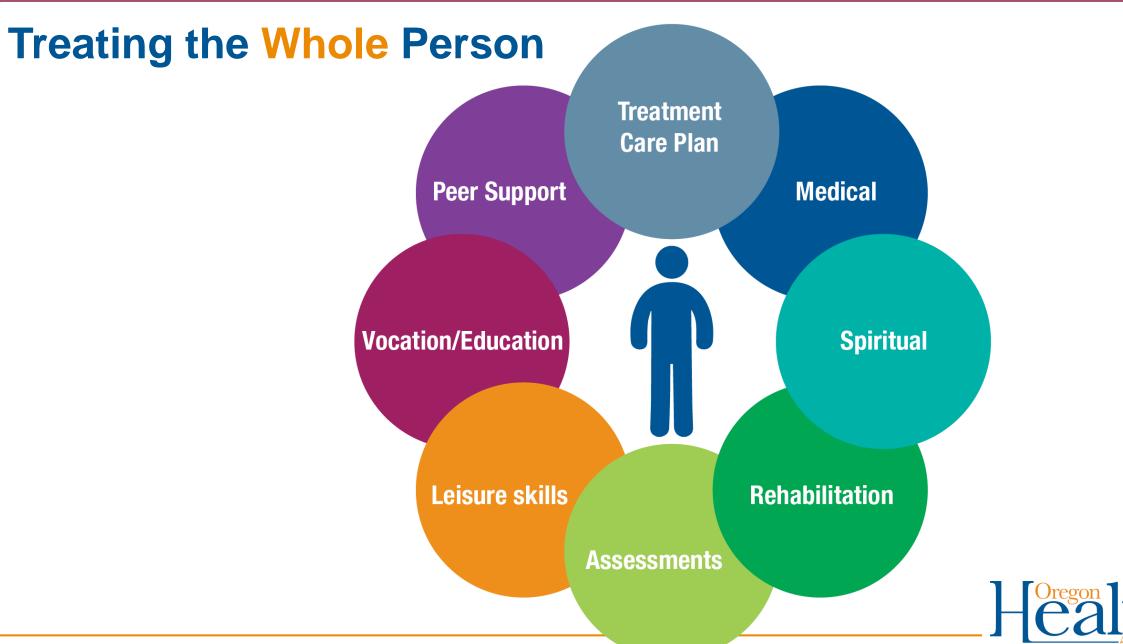


Oregon State Hospital Structure









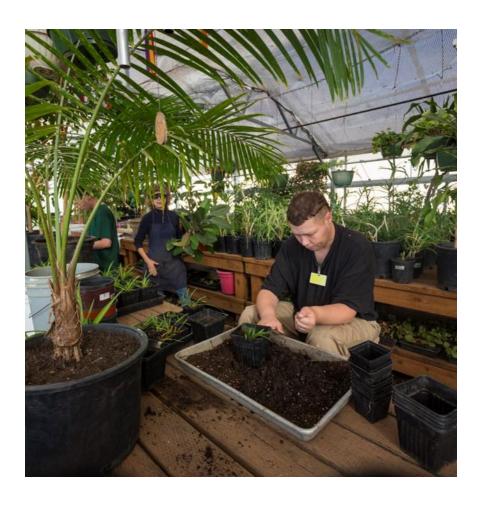
Treatment Care Plans

- Patient is primary team member, staff are partners
- Updated regularly with short- and long-term goals for treatment and discharge
- Treatment includes:
 - Individual therapy
 - Treatment groups
 - Medication management
 - Vocation/work
 - Community integration





Treatment



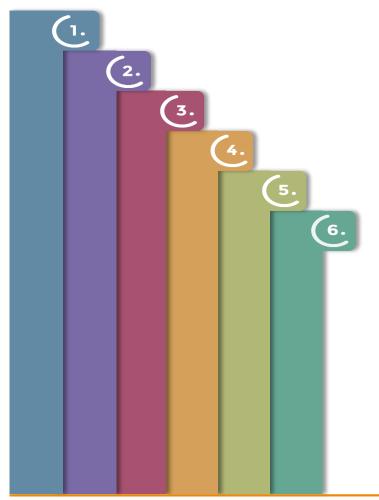
- Designed for patients to learn to manage symptoms and build skills
- Treatment Mall groups
 - Centralized active treatment
 - Groups selected to meet patients' needs and interests
- Vocational Rehabilitation*
- Supported Education*
 *Civil and GEI only



Performance Management for Performance Excellence

- 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 analyzes results at Quarterly Performance Reviews
- Accountability, transparency, business rigor, best practices





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Successes

- COVID-19 response
- Junction City unit opens
- Investment in staffing
- CMS response
- Gender-affirming care
- Increased discharges
- OR-OSHA response



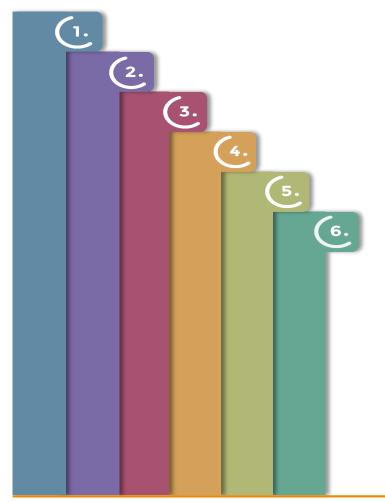


COVID-19 Response

Foundational Principles

- Protect the health and safety of patients and staff
- Consult regularly with state epidemiologists
- Maintain an Emergency Operation Center supported by the Incident Management System
- Provide current vaccines and boosters to staff and patients





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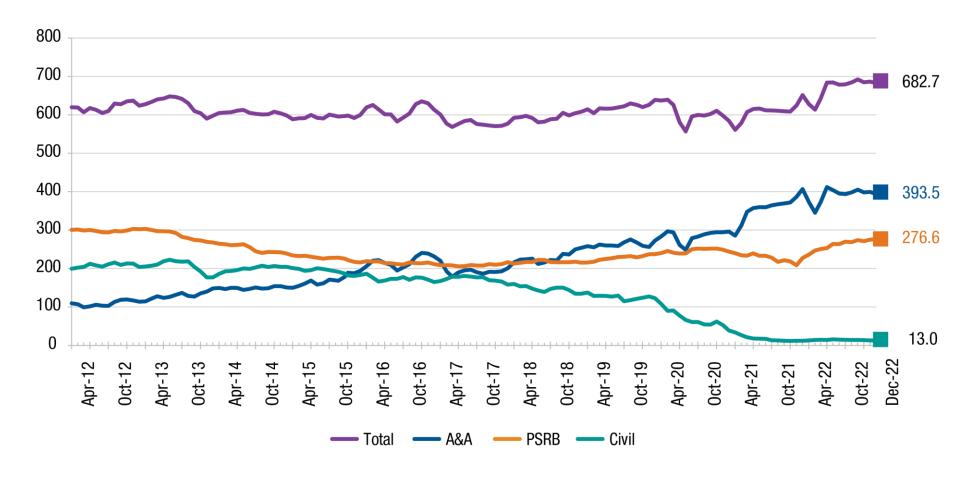
Challenges

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Population Management







Population Management

- Growing demand
- Increased wait times for patients
- Increased patient acuity
- Change in treatment focus



Federal Court Order

OSH admissions framework:

- Patients under aid and assist or GEI orders 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 effective 9/1/22:

- Limits length of restoration (LOR) for patients under aid and assist orders charged with misdemeanors to 90 days.
- Limits LOR for patients charged with non-M11 felonies to six months.
- Limits LOR for patients charged with M11 felonies to one-year.



Discharge Process

Discharges occur as usual for:

- People found able or never able to aid and assist
- People found to no longer need hospital level of care
- People with their charges dismissed

Discharge Coordination:

- OSH Social Work Services Engage with community partners to best prepare for discharge.
- Benefit Coordination Social Security expert liaison, Medicaid eligible for 3 months, CCO pilot project
- OSH Admission & Discharge services Coordination with jails, hospitals, courts, attorneys,
 CMHPs



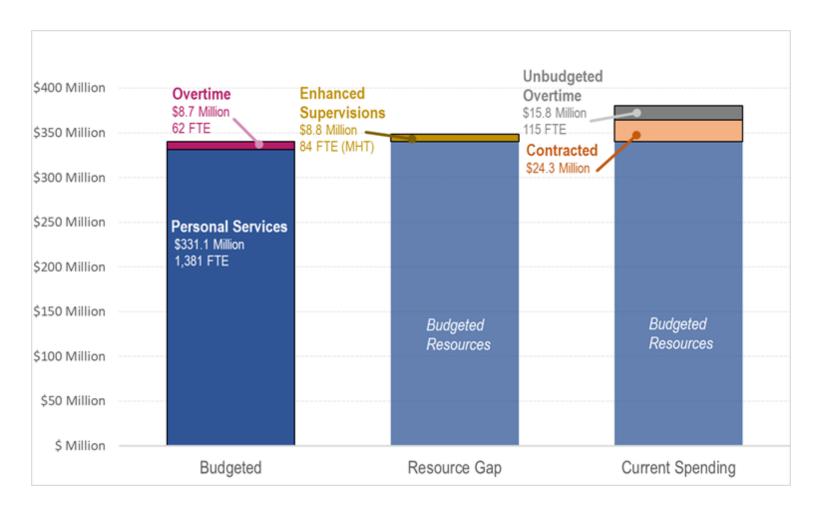
Staffing Strategies

- Conversion of limited-duration positions to permanent to address acuity throughout OSH
- Collaboration with union leaders
- Letters of Agreement for incentive pay
- Reallocation of staff resources
 - Clinical and Security work overtime on units
 - Manager on-call rotation supports critical staffing needs
- Agency Nurse Staffing
- Focus on data to drive staffing decisions, including quarterly reviews





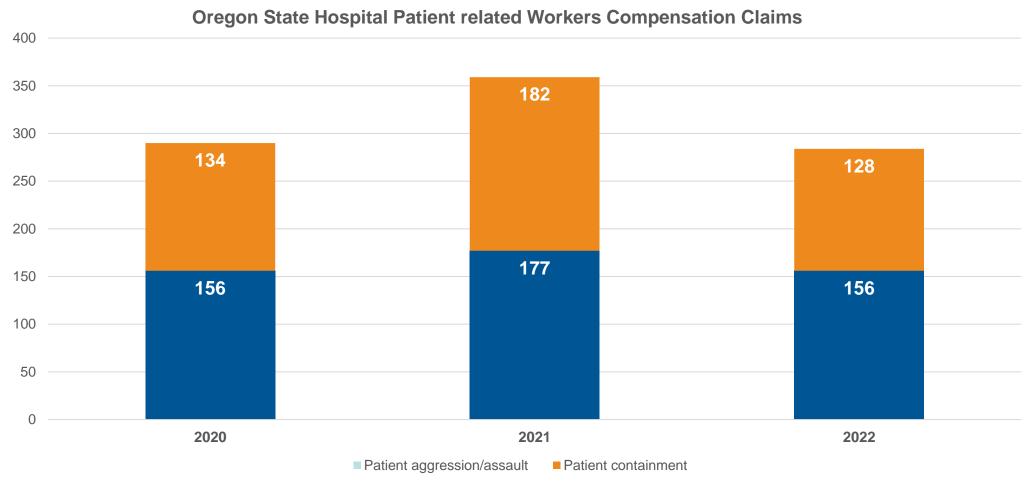
Nursing Direct Care Cost and FTE







Workplace Safety







Operational Maintenance

Physical plant

Technology

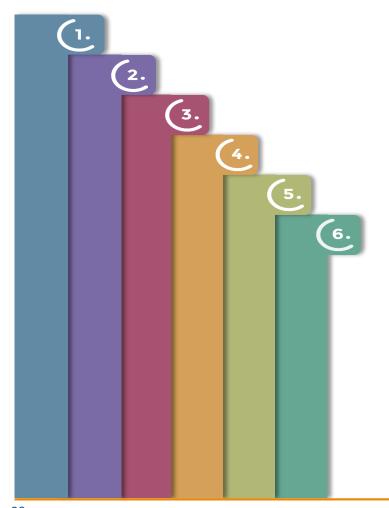


Rebuilding Community

- Staff stability
- Reconnecting with staff
- Enhanced communication methods
- Returning to basics
- Opportunities to celebrate in person







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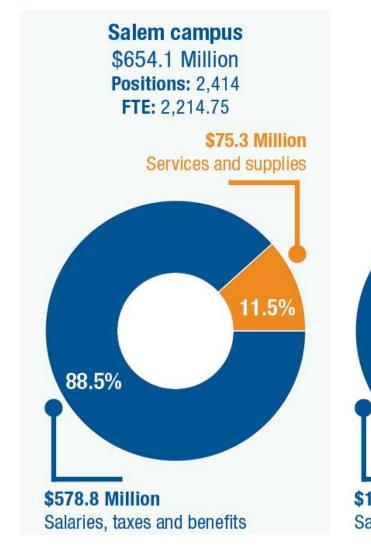
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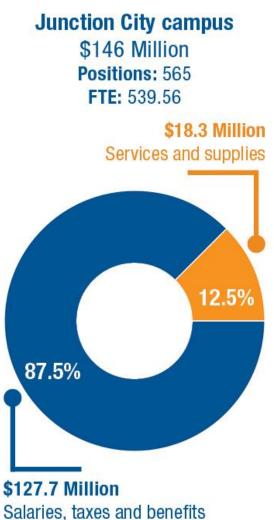
Budget Themes

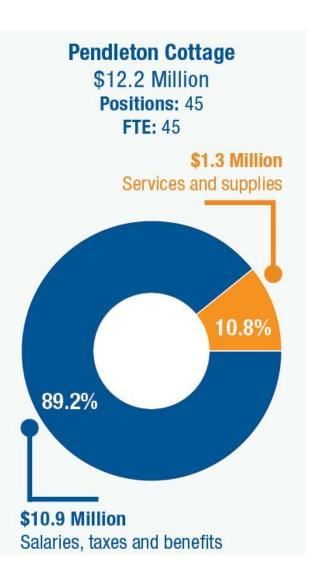
- Improve health equity and lessen the harm on tribal communities and communities of color
- Preserve those services and supports required by law and statute
- Consolidate and restructure service delivery to minimize patient and staff impact
- Retain trauma-informed care and person-centered approach to treatment



2023-25 Governor's Budget







POP 402: Specialized Treatment Services and Supports

- Recognizes, supports and promotes initiatives that contribute to the advancement of equity and inclusion
- Provides resources to support culture change needed to meet goal of eliminating health inequities within provision of national CLAS standards of care
- Helps patients from diverse backgrounds connect with community for successful recovery and reintegration

	General Fund	Total Funds	Positions
POP 402	\$ 3.50 M	\$3.50 M	27



POP 411: Safe and Sustainable Staffing

- Represents the implementation of the Special Purpose Appropriation partially granted to OSH in the 2021-23 biennium by House Bill 5202 in 2022
- Provides a consistent level of care for OSH patients while maintaining a safe and conducive environment for that care
- Patients and staff should see an environment that better promotes treatment goals, safety, and improved physical and mental health

	General Fund	Total Funds	Positions
POP 411	\$ 34.47 M	\$34.47 M	304



6. Pro

POP 439: Equipment Replacement

- Programmable Logic Controller (PLC) system, a single, unified software platform integrated throughout multiple critical hospital systems
- At the Salem Campus
- \$3M bond financed

	General Fund	Total Funds	Positions
POP 439	\$ 0	\$ 3.0 M	0



Complex Case Management

- Complex Case Management Unit
 - Positions to provide the care and treatment for an extremely complex patient, while ensuring the safety of staff and patient
 - \$4.2M, continuation of 2022 Emergency Board request
- Construction at the Junction City Campus
 - Provides a single capacity unit for patients exhibiting symptoms that cannot be treated within the overall patient population and require specialized care
 - \$5M bond financed



Thank You

