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Youth Psychiatric Emergency Department Boarding

Presentation to the Senate Committee on Early Childhood and Behavioral Health

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Emergency Department Data

OHSU Versus OHA Emergency Department (ED) data report

OHSU report uses a very different methodology and population. Numbers from the article are **not** directly comparable to data OHA is sharing.

Key differences:

- Definition of “ED Boarding”
 - OHA defines ED boarding as stays over 24 hours, whereas the article defines ED boarding as “a visit spanning 2 to 6 midnights (length, 3-7 days).”
- Diagnoses used
 - The article looks at mental health related visits only, while the OHA ED boarding report looks at both substance use disorder (SUD) and mental health related visits.
- Population
 - The article looks at Medicaid only and excludes dual eligible. OHA ED boarding report looks across all payers.
 - The article looks at ages 5 to 17 only while the OHA ED boarding report uses ages 0 to 25.

What is emergency department (ED) utilization data used by OHA?

- The data includes all patients, regardless of insurance, admitted to the ED who:
 - Are “treat and release” discharges with an applicable behavioral health (substance use or mental health) **primary diagnosis code**
 - Are ages infancy through 25
 - Transferred to another hospital as an inpatient
 - Mental health or substance use codes were the **primary diagnosis**
- It does not include patients admitted to the ED who are then admitted to the **same** hospital as an inpatient.

What is ED boarding?

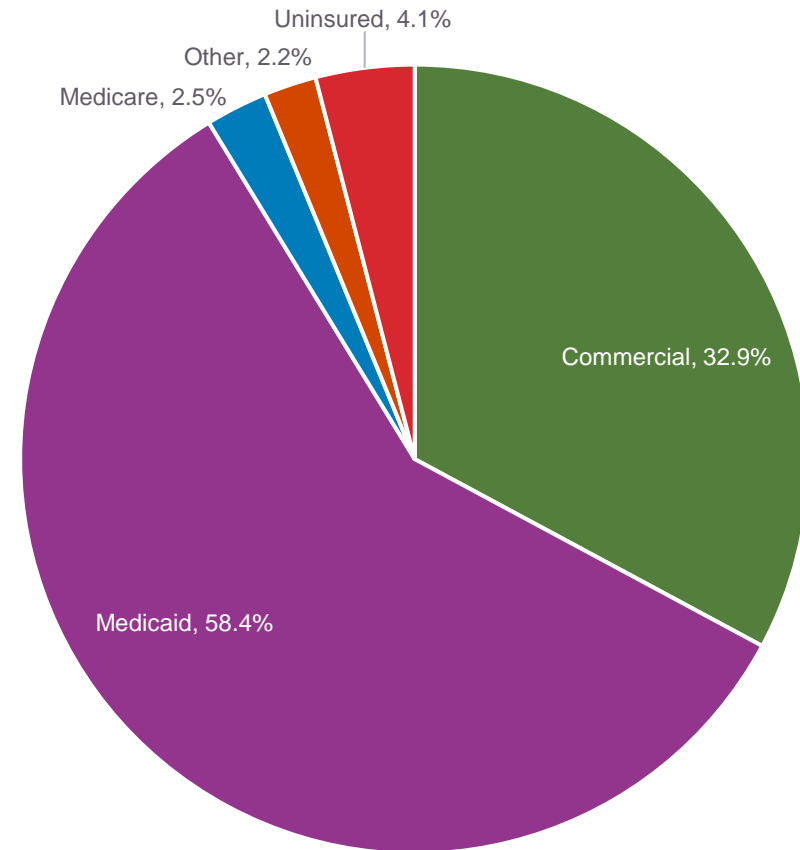
- ED boarding is time spent in the ED before discharge.
 - **Visit 0 to 23** means a length of stay between 0 and 23 hours, inclusive of 0 and 23 hours before discharge.
 - **Boarded 24+** means a length of stay of 24 hours or longer before discharge.

Note: This definition was agreed after consultation with community in 2023. It aligns with the adult system definition.

Insurance coverage for mental health ED visits, ages 0-25, FY2023

Medicaid is the largest insurer of mental health and substance use ED discharges.

Since 2019, Medicaid has covered 58%+ of mental health ED visits each year.



Total ED discharges by fiscal year: mental health and substance use, ages 0-25, FY2020-2023

- The number of mental health discharges has decreased by 26.4% from 2020 - 2023
- The proportion of those experiencing ED boarding stayed at 11% over the last 4 years
- The number of substance use discharges increased for the first time in 2023



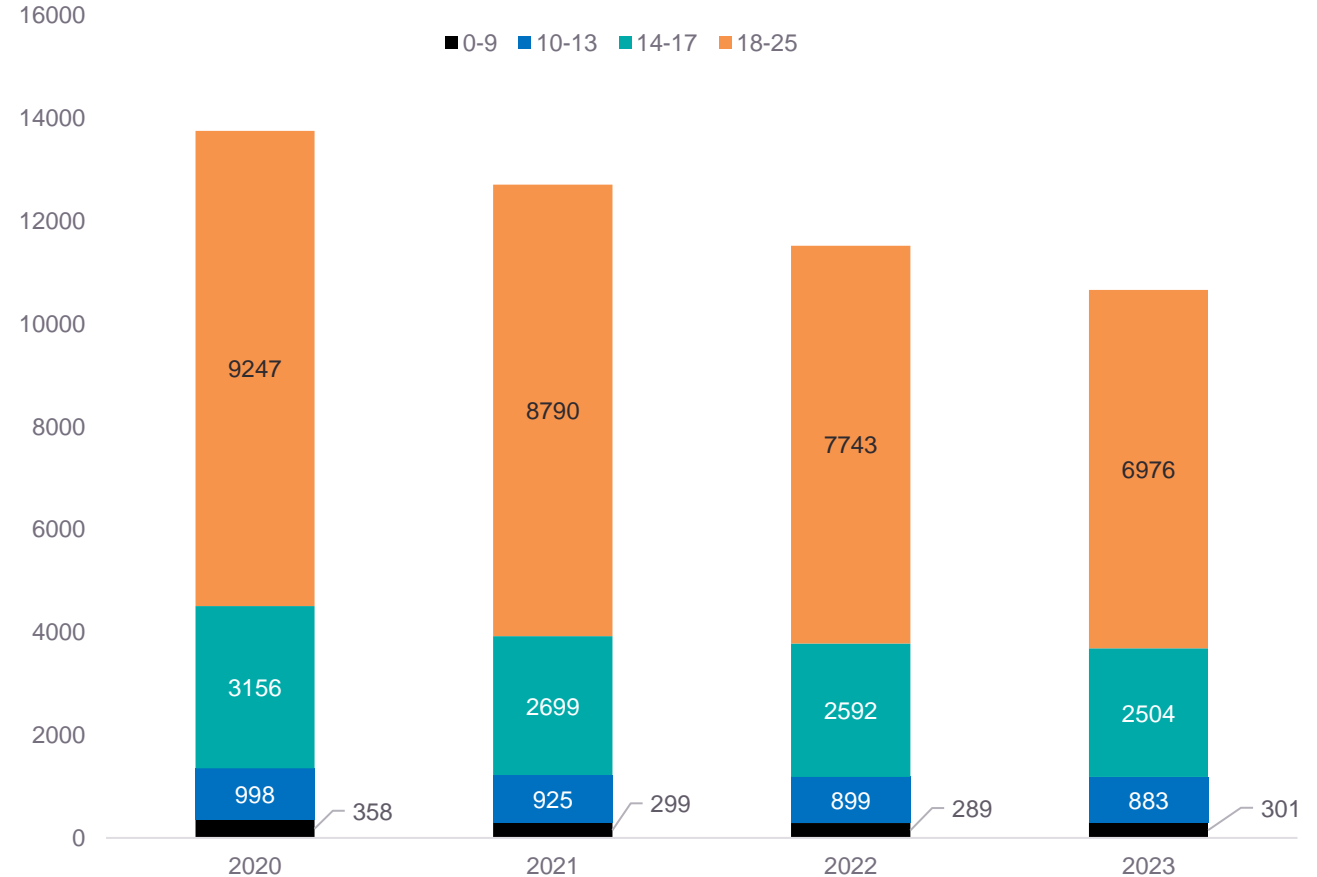
Total ED discharges by age, mental health and substance use, ages 0-25, FY 2023

Children, ages 0 – 9,

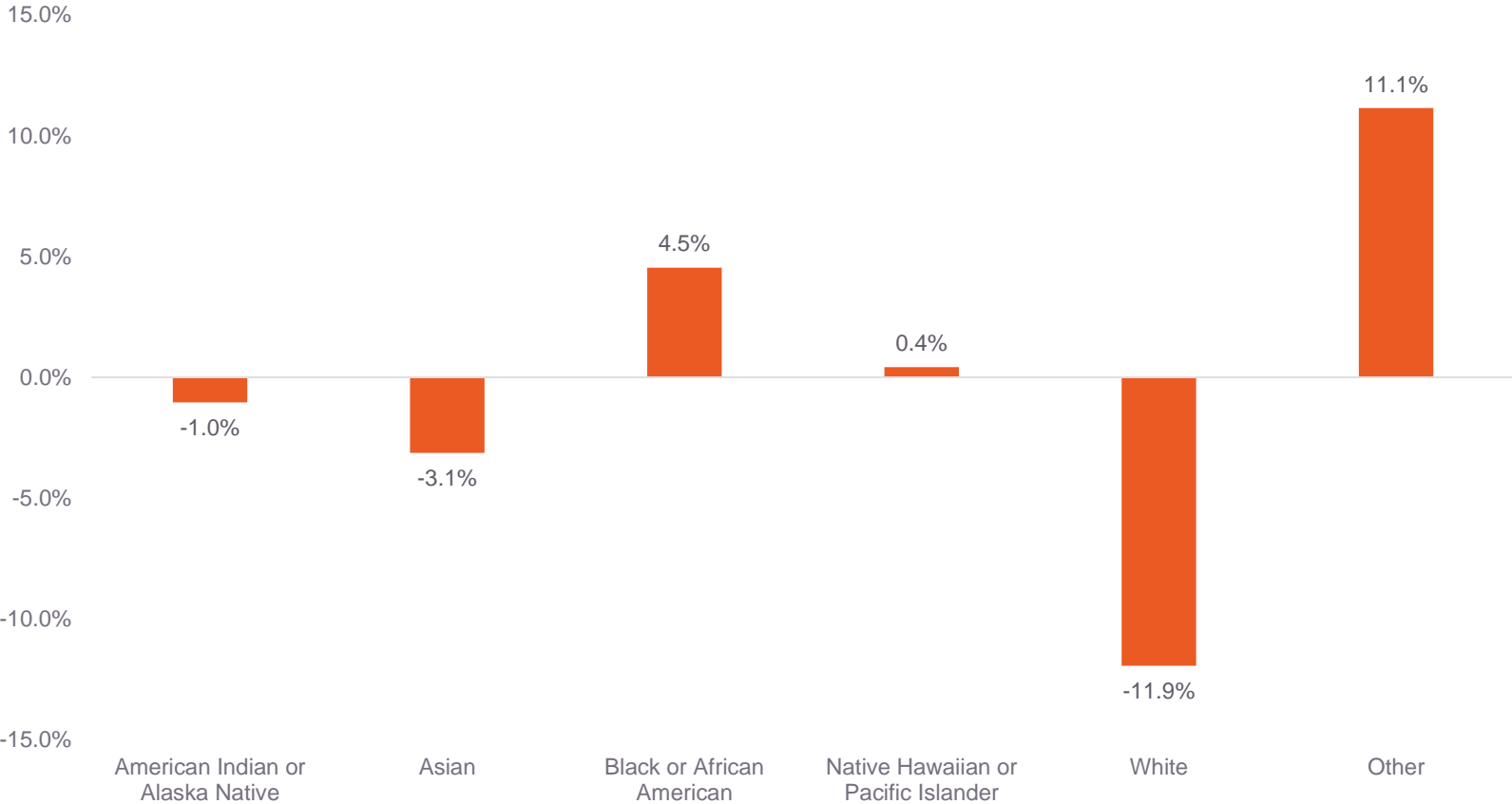
- Represent the smallest number of young people in an ED

Young adults, ages 18-25

- Had the most ED discharges
- Were most likely to be readmitted within 30 days (15.8%)



Percentage point difference between youth boarded 24+ hours and total Oregon population, by race: Mental Health, ages 0-25, FY2023



Racial disparities appear to be an indicator of ED boarding

Note: Other category includes Native Hawaiian or Pacific Islander, Patient Refused and Unknown. Not all race data collected during this reporting period was REALD compliant. Collecting REALD compliant data is a priority and continuing to be implemented.

Data Sources: 2020 US Bureau Census; Oregon Health Authority Hospital Reporting Program (2022). Emergency Department Discharge Data



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After the Emergency Room

After the Emergency Room

Return to community

- Provided with links to resources and supports
- Linked to Mobile Response and Stabilization Services
- Intensive In-home Behavioral Health Treatment Services (OHP only)
 - Intensive services designed to support youth staying in the community
- Day treatment
 - 18 programs available across parts of Oregon
- Other services

Inpatient

- Hospital
- Psychiatric Residential Treatment Services



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Psychiatric Residential Treatment

OHA Licensed Residential Treatment Programs

Current Capacity

Residential Program Type	Number of Agencies	Number of programs	Total program beds
Psychiatric Residential Treatment Facility (PRTF)	8	13	266
Substance Use Disorder (SUD)	4	4	66
Young Adult in Transition (YAT) Residential Treatment Home	5	8	34

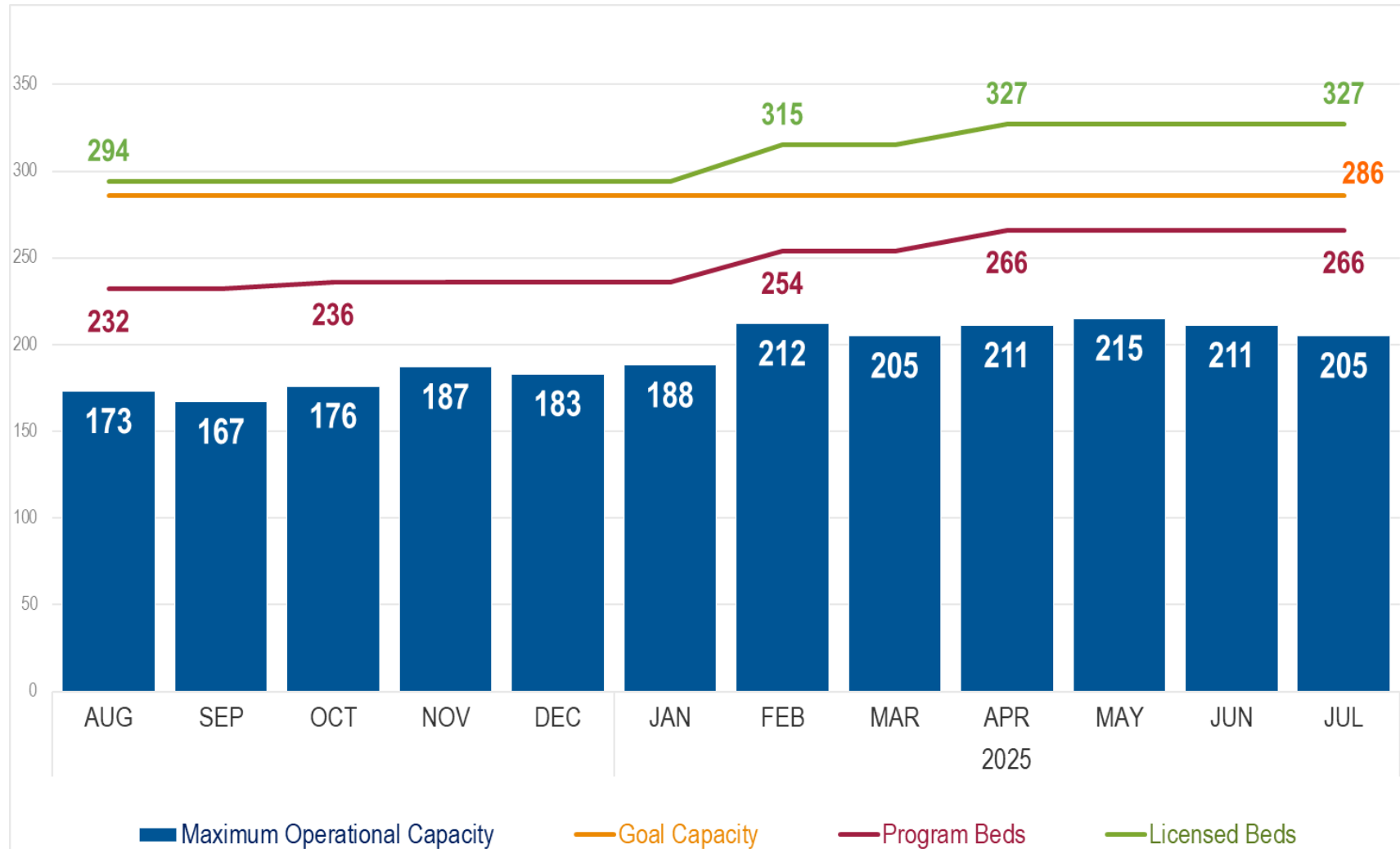
Current state

On average, providers fill 68% of PRTF beds.

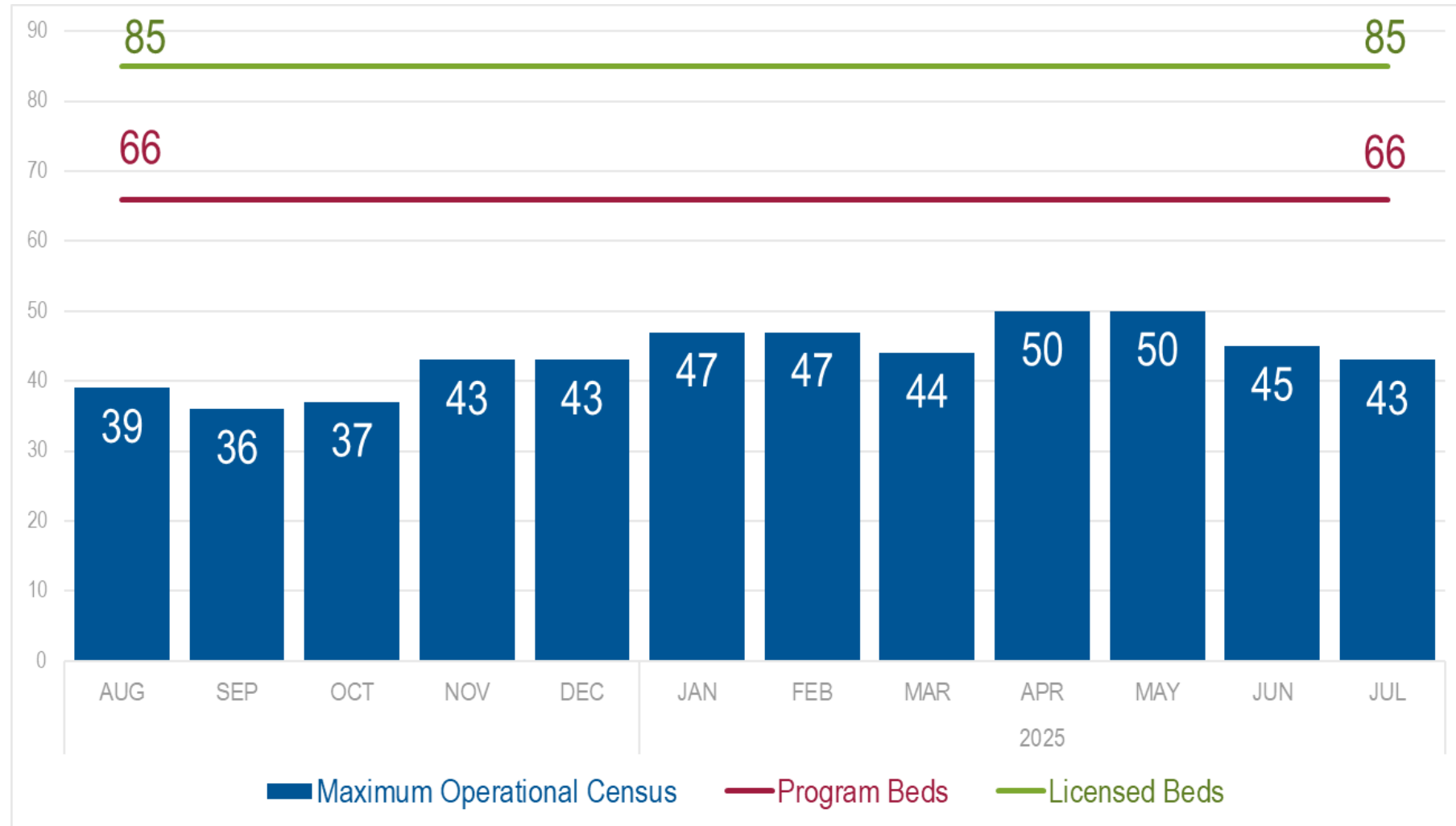
Barriers to filling the other 32%:

- Continued staffing shortages, in particular, nursing coverage, direct care staff, therapists; client acuity requiring higher staffing ratios.
- Level of acuity and mix in the milieu.

Bed Capacity for Youth Psychiatric Residential Treatment & Integrated Psych/SUD Residential Treatment Programs



Bed Capacity for Youth Substance Use Disorder (SUD) & Integrated Psych/SUD Programs

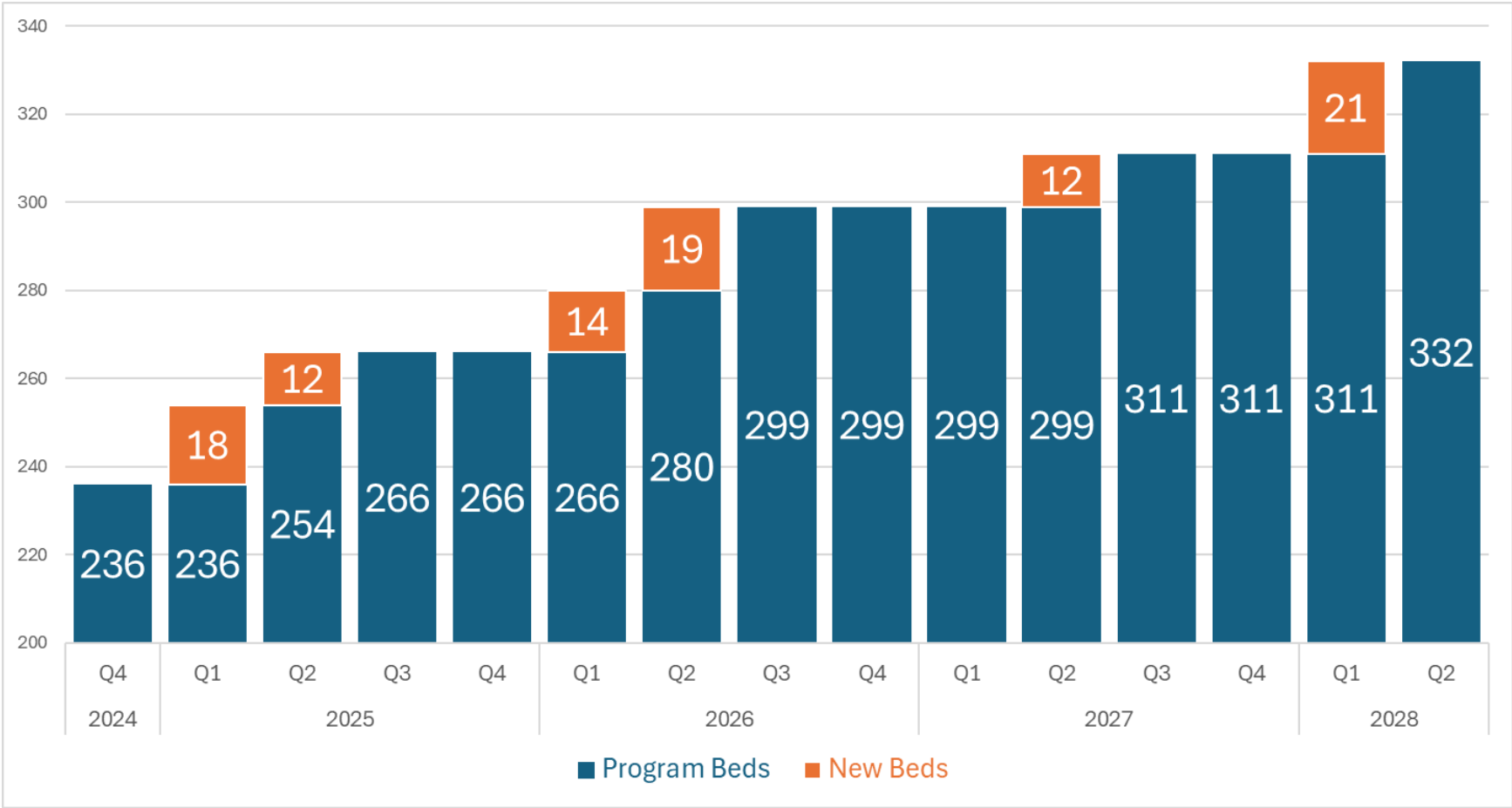


Projected Expansion for Psychiatric Residential Treatment & Integrated Psychiatric & SUD (IPSR) Residential Programs

New bed numbers shown are projected estimates based on provider report.

Additional Estimated Beds:
22-26 new beds estimated based on RFI responses.

Deschutes County PRTF Project bed count TBD.

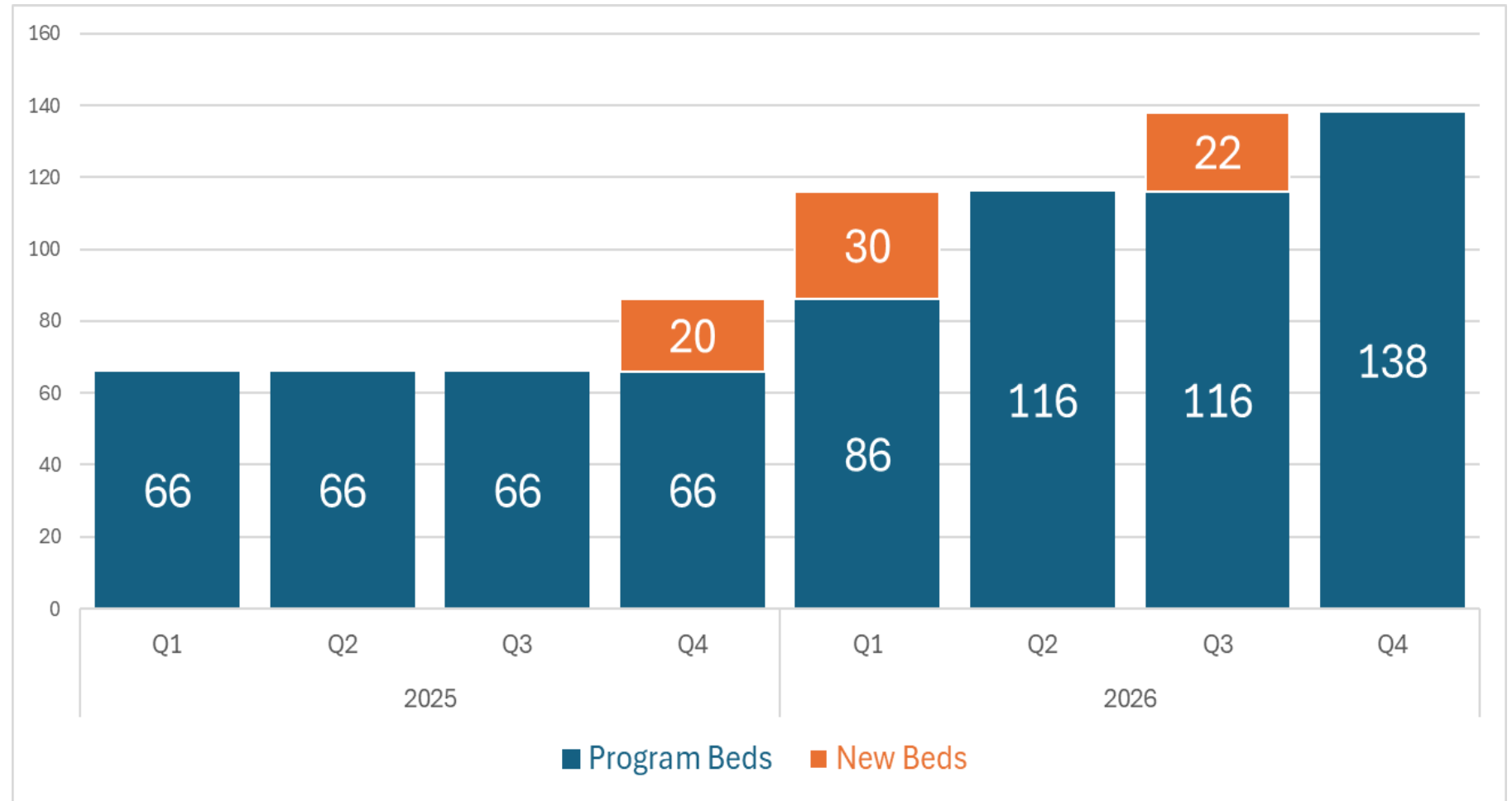


Projected Expansion for Substance Use Disorder Residential Programs

New bed numbers shown are estimates based on provider report.

Not included:

21 Integrated psychiatric/SUD residential beds



PRTF and SUD Res: Capacity Expansion Projects

Program	Projected Beds	Program Type; Specialty	Estimated Opening
Parrott Creek – Oregon City, OR	20	SUD Residential (In addition to 20 BRS beds)	September 2025
Community Counseling Solutions – Boardman, OR	14	Psychiatric Residential	October 2025
Live, Grow, Share – Eugene, OR	2-7	Psychiatric Residential; Small Home model	Spring 2026
Nexus Family Healing – Eugene, OR	12	Psychiatric Residential, youth forensic, secure inpatient	May 2026
Adapt, Inc	22	SUD Residential; 22 adolescent beds & 16 Parent/ Child, 6 adolescent detox	Fall 2026
Trillium Family Services – Portland, OR	12	Psychiatric Residential	June 2027
Jackson House – Deschutes Co., OR	TBD	Psychiatric Residential	TBD
Madrona Recovery – Lake Oswego, OR	21	Psychiatric and SUD Residential	TBD
NARA NW	16	SUD Residential	TBD
4D Recovery	14	SUD Residential, also developing 8 beds young adult recovery housing	TBD
Anticipated Psych Res Increase	61-66		
Anticipated SUD Res Increase (including Madrona)	93		
Anticipated SUD Res Increase (excluding Madrona)	72		

Young Adults in Transition Residential Treatment Homes: Expansion Projects

Program	Projected Beds	Estimated Opening	Ages Accepted
Live.Grow.Share: Restwell House – Eugene, OR	5	September 2025	17-25
Parrot Creek: Clackamas County	5	12/31/2025	17-25
Trillium Family Services: Juniper House – Albany, OR	5	Fall 2025	17-25
Trillium Family Services: Sender House – Albany, OR	1	Fall 2025	17-25
New Provider: Washington County	5	Spring 2026	17-25
New Provider: Multnomah County	5	Spring 2026	17-25
New Provider: Clackamas County	5	Spring 2026	17-25
New beds 2025 – 2026	31		
New YAT RTH total beds	70		

Future improvements

Emergency Department

- OHA is seeking to understand youth who are using the major ED multiple times through a study with OHSU.
- OHA is monitoring and evaluating usage and boarding rates annually.

After the Emergency Department

- Mobile Response and Stabilization Services (MRSS) capacity is growing.
- 988 awareness is growing - this is the primary gateway to MRSS.
- Intensive In-Home Behavioral Health capacity is growing, additional \$7M expansion and Mental Health/SUD pilot.
- Residential capacity is increasing.

Thank you

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