



Oregon State Hospital



Today's topics

- Oregon State Hospital – what we do, who we serve, and how we fit within the Behavioral Health continuum
- Types of patients committed to OSH
- Changing population over time
- Impact of Mink-Bowman and HB 2005
- Sentinel event reporting and regulatory compliance
- Q&A

Oregon State Hospital



- Provides the highest level of psychiatric care in the state to adults who have been committed to OSH or meet certain legal criteria under the federal order, whose safety and treatment needs cannot be met in their communities.
- OSH provides psychiatric, medical and psychosocial treatment and skill-building to help patients successfully return to their communities or return to jail to stand trial.
- OSH is accredited by The Joint Commission and certified by the Centers for Medicare and Medicaid Services.

OSH Within the Behavioral Health Continuum



Specialized Services for Acute Mental Health

For patients committed to OSH:

Provides hospital level of care:

- 24-hour on-site nursing and psychiatric care
- Psychiatric evaluation, diagnosis & treatment
- Medication stabilization
- **Competency restoration treatment**
- **Forensic evaluation services**

Serves adults with diagnosed or suspected mental disorders:

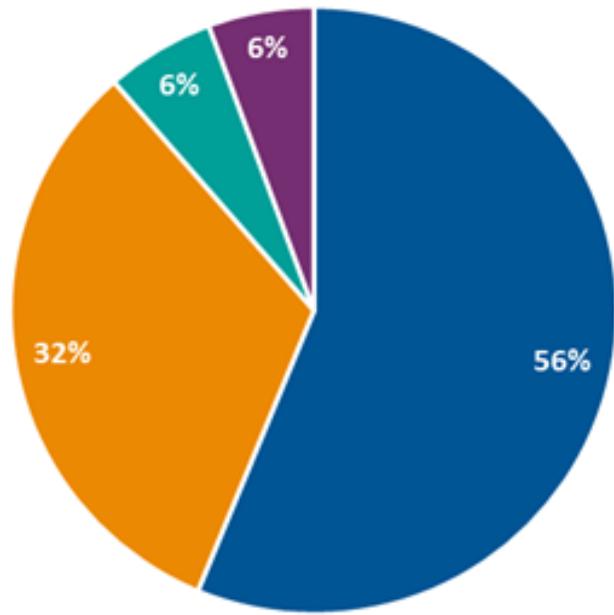
- Substantial percentage also have substance use disorder

Provides two Secure Residential Treatment Facilities (SRTF) within the larger facilities

- Salem campus: Bridge units
- Junction City campus: Forest units

Current OSH Patient Population

Oregon State Hospital Patient Population
2025



- Aid and assist
- Guilty except for insanity
- Civilly committed/Voluntarily committed
- Extremely dangerous person

Population by commitment type



Aid & Assist Patients (Salem Campus Only)

How do they get here

Circuit and municipal courts can order defendants found not competent to aid & assist their attorney to OSH for restoration to regain competency for persons charged with person Class A Misdemeanors and Felonies.

How are they served at OSH

OSH provides aid and assist patients with treatment and restoration to competency to stand trial (i.e., able to aid and assist their attorney in their own defense), legal skills education, forensic evaluations by certified evaluators, and medication stabilization.

How do they discharge

A finding of able, never able by a forensic evaluator will have different discharge courses for the patient but begin with the patient being returned to jail for further court proceedings. A patient may discharge to the community on a ready-to-place notice when the court agrees a HLOC is not needed and can be served in the community.

Median length of stay: 90 days

Guilty Except for Insanity Patients (GEI)

How do they get here

Courts find defendant Guilty Except for Insanity for the crime the person committed while mentally ill. While at OSH, GEI patients who have been found GEI for felonies are under the jurisdiction of a separate state agency, the Psychiatric Security Review Board (PSRB), which must approve and order any discharge to the community.

How are they served at OSH

OSH provides GEI patients with long-term stabilization and risk mitigation to no longer be a danger to themselves or others. This is achieved through medication stabilization, symptom management, treatment groups, and vocational opportunities.

How do they discharge

GEI patients may be discharged to community placements under the supervision of the PSRB (generally an SRTF), to DOC if the court has imposed a DOC sentence, or released to the community at end of jurisdiction or jurisdictional discharge.

Median length of stay: 3.2 years

Maximum Stay: Maximum sentence for the referring crime

Civil Commitment Patients

How do they get here

Courts civilly commit patients to OHA due to dangerousness to themselves or others or inability to provide for their own basic needs due to mental illness.

Patients typically go to acute care hospitals first, which then may refer patients to OSH if they meet expedited admissions criteria per Mink-Bowman. Voluntary by Guardian commitments must also meet the expedited admissions criteria.

How are they served at OSH

OSH provides civilly committed patients with short-term stabilization to no longer be a danger to themselves or others, and/or to be able to provide for their own basic needs. This is achieved through medication stabilization, symptom management, treatment groups, and vocational opportunities.

How do they discharge

Civil commitments discharge to community placements, generally in a residential facility or home, group home or with family.

Median length of stay: 6-7 months

Maximum Stay: Maximum sentence for the referring crime

Extremely Dangerous Civil Commitments

How do they get here

Courts commit a defendant with specific serious charges or alleged conduct to be treated at OSH under a specialized type of civil commitment (ORS 426.701). While at OSH, patients are under the jurisdiction of the PSRB for the purposes of approving discharge to the community.

How are they served at OSH

OSH provides civilly committed patients with short-term stabilization to no longer be a danger to themselves or others, and/or to be able to provide for their own basic needs. This is achieved through medication stabilization, symptom management, treatment groups, and vocational opportunities.

How do they discharge

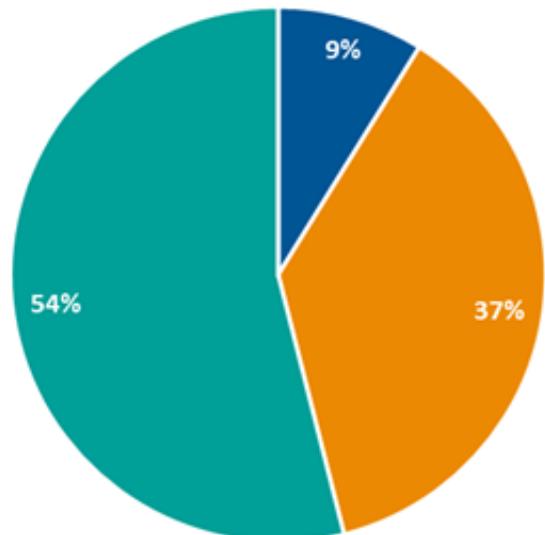
At the end of a 2-year commitment, a hearing is held and PSRB advises if the patient is still extremely dangerous and suffers from a mental disorder resistant to treatment. If not recommitted, the patient will discharge to an appropriate placement such as an SRTF, or residential treatment facility or home.

Median length of stay: 2.75 years

OSH Patient Population Changes

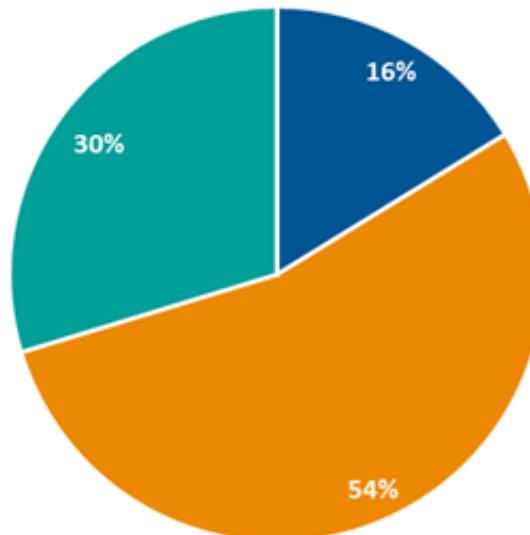
Oregon State Hospital Patient Population

2000



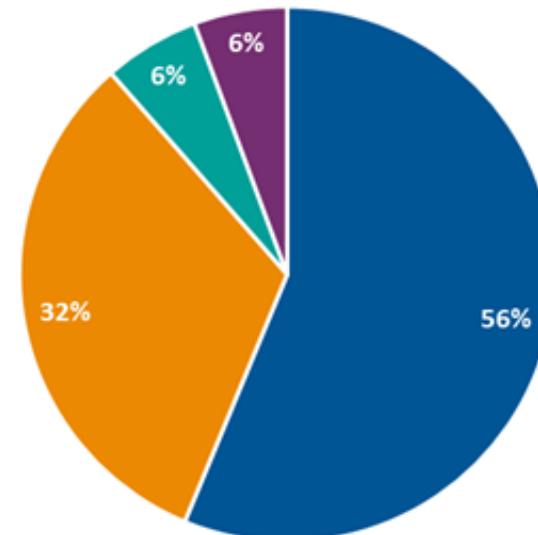
Oregon State Hospital Patient Population

2010



Oregon State Hospital Patient Population

2025



- Aid and assist
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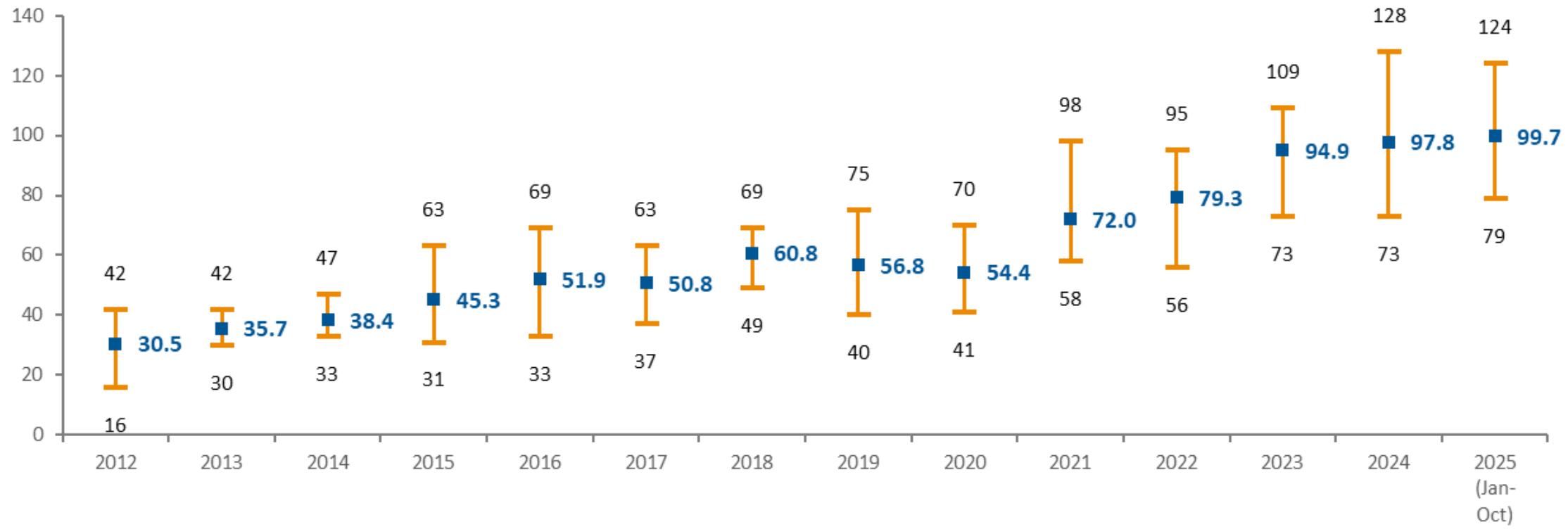
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OSH Population Trends and Pressures

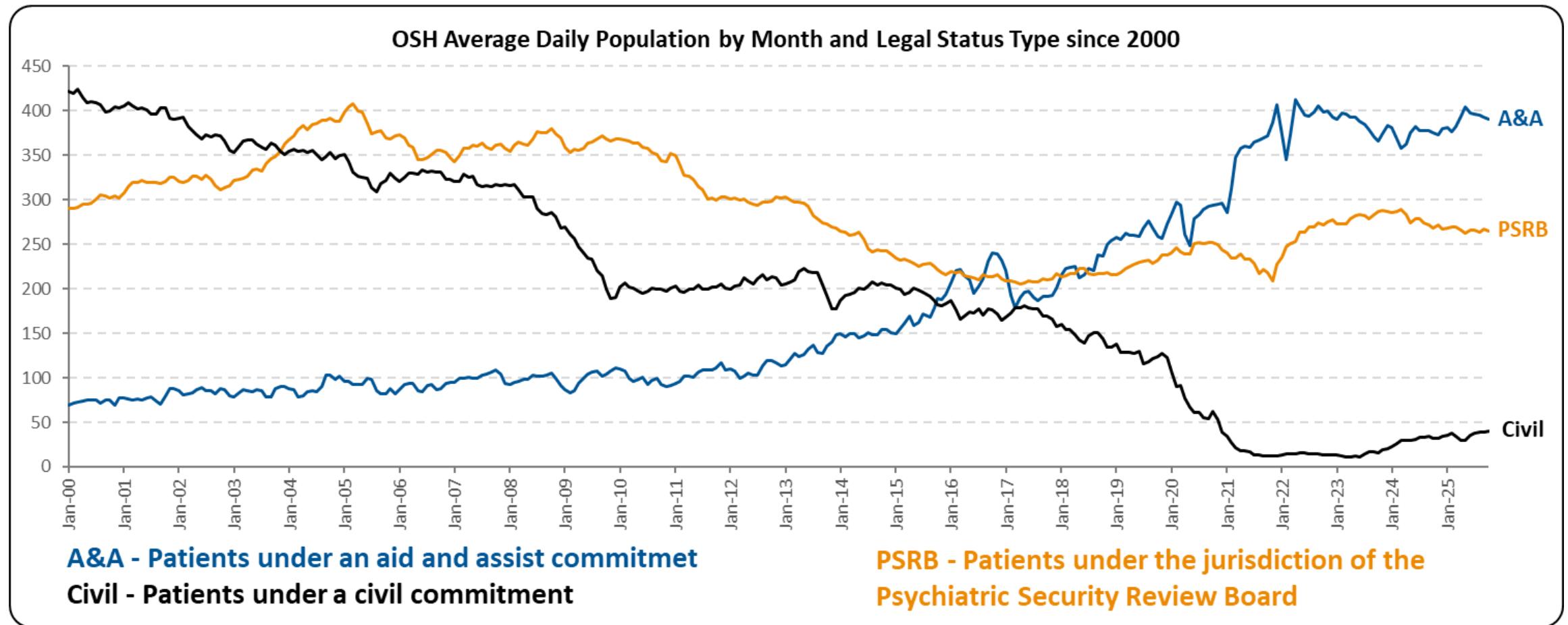
- Growing number of aid and assist admissions are driven by increasing court orders
- Waitlists and admission delays have expanded
- Legal actions and lawsuits push for shorter admission timelines
- Shift toward higher acuity patients as civil admissions decline and aid and assist admissions increase

Aid and Assist Orders Continue to Climb

Aid & Assist Orders per Month by Year since 2012
(with high, low, and average per month)



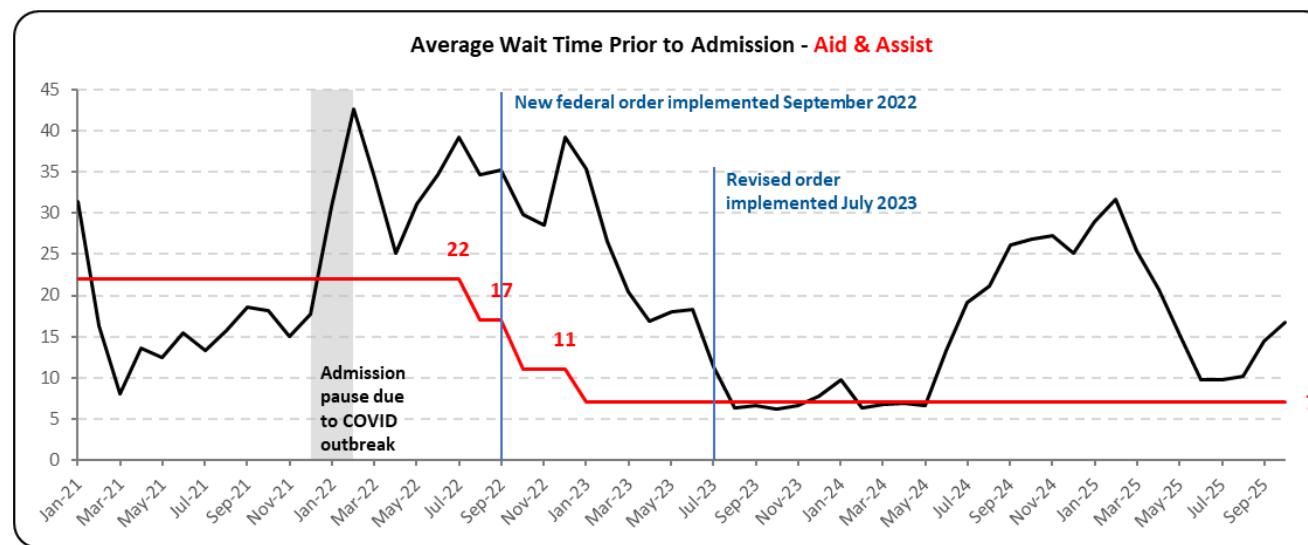
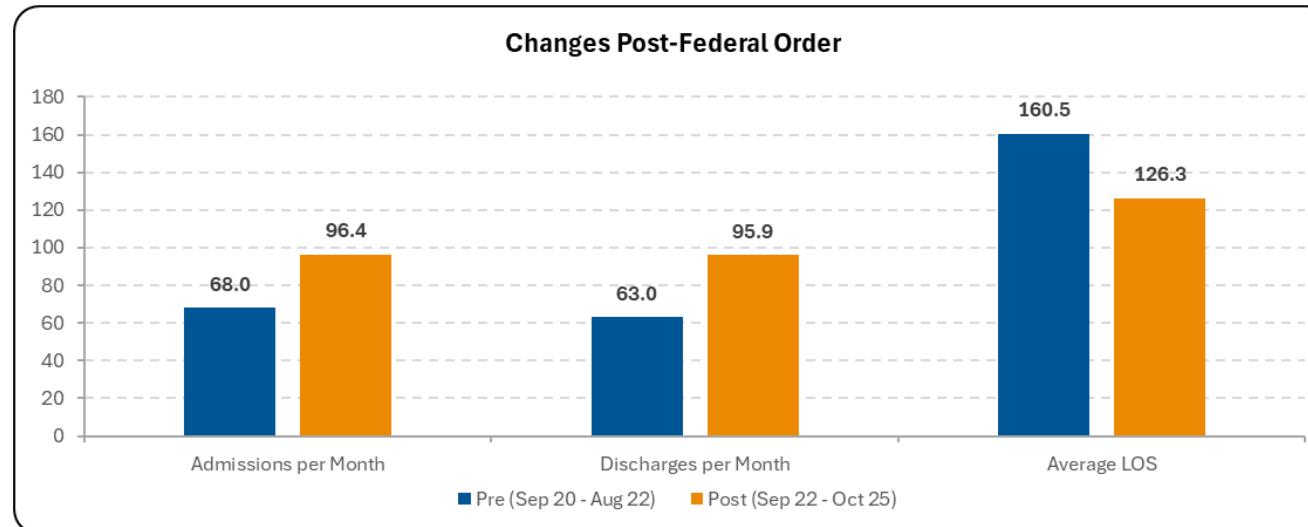
Changes in commitment type



Litigation Against OHA/OSH in Response to Admission Wait Times

- May 2002 – Federal injunction (Mink order) requires OSH to admit in custody defendants under aid and assist orders within 7 days of court order
- May 2020 – Mink order modified to permit OSH to slow 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
- **Sep. 2022 – Federal court in Mink case orders OSH to discharge aid and assist patients within specific time-frames**
- July 2023 – Federal court modifies Mink order to further limit admissions, and to allow "safety valve" extensions: 30 days for discharge planning, and 180-day "violent felony" extensions
- June 2025 – With further increases in aid and assist orders, and continued waits before admission, federal court holds OHA/OSH in contempt

Impact of Restoration Limits



The federal order took effect immediately. Beginning in September 2022, OSH saw an approximately 30% increase in the number of patients admitted and discharged each month.

This brought down both wait times before admission and average length of stay for patients under aid and assist orders.

Since, May 2024 wait times have risen due to the number of commitment orders.

House Bill 2005

Effective September 29, 2025:

- Changes inpatient competency restoration time limits
- Allows for various extensions to these time limits
- Creates new and separate restoration time limits for community restoration (i.e.outside of OSH)

Effective January 1, 2026:

- Modifies civil commitment and extremely dangerous civil commitment criteria
- Revises how courts handle persons in community restoration, including allowing re-commitment to OSH
- Updates procedures for when OSH determines a hospital level of care is no longer needed

House Bill 2005/Mink Bowman Interactions



Restoration Timelines and Extensions

OSH is required to comply with the inpatient restoration timelines and allowed extensions outlined in the federal court order.



Forensic Evaluation Services (FES)

HB 2005 does not require that FES is responsible for completing community fitness-to-proceed evaluations. However, courts are ordering and requiring OSH to perform these evaluations which is stressing FES.



DOJ Reports

OSH Admissions makes referrals to DOJ to file a report with the court when state-court orders conflict with the federal order.



Ready-to Place

HB 2005 makes many changes to the ready-to-place process at OSH, which will stress OSH's capacity, contrary to the aim of the federal order.

Overview of Sentinel Event Reporting

Sentinel Event

- A “sentinel event” is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm).

Survey

- OSH is a self-reporter of sentinel events to CMS and TJC.
- Surveyors from each body may make an unannounced visit to the hospital.

Findings

- After the surveys, CMS and TJC may issue findings.
- CMS and TJC findings focus on the issues that led to the survey, along with reviewing leadership and hospital governance.
- OSH makes changes as needed to address the findings, subject to review and approval by CMS and TJC.

Thank you

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