

February 12, 2025

Senator Wlnsvey Campos, Co-Chair  
Representative Andrea Valderrama, Co-Chair  
Joint Ways and Means Human Services Sub-Committee  
900 Court Street NE  
State Capitol  
Salem, OR 97301

**SUBJECT: February 10 Committee Questions**

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Ways and Means Human Services Sub-Committee at the February 10 Informational Meeting on the Oregon State Hospital (OSH).

**1. Is it possible to get a waiver to use Medicaid funding for the state hospital?**

Under a Section 1115 waiver, it is possible for states to receive federal match for Medicaid funds for services provided at an Institute for Mental Disease (IMD) in some circumstances, but not in any circumstances currently applicable to OSH.

Several states receive funding for substance use disorder (SUD) treatment services at IMDs. This does not apply to OSH because OSH is not a licensed SUD treatment facility. (OSH does address co-occurring disorders – mental illness and SUD together – as needed.) Also, CMS only covers stays in IMDs up to 60 days. CMS has not approved coverage for stays at OSH because the average length of stay at OSH is significantly longer, varying between approximately 120-1300 days depending on commitment type. With this average length of stay, the previous CMS administration would not consider approving Medicaid coverage for the first 60 days of a patients' stay.

In 2022-23, OHA requested a Section 1115 waiver to cover Medicaid services for patients being discharged from OSH. Specifically, OHA requested that Medicaid-eligible individuals determined “ready to place” (RTP) and Guilty Except for Insanity (GEI) persons (and potentially additional populations later) be covered for care coordination and navigation services, clinical services including telehealth appointments, 60 days of prescription medication, and medication assisted treatment (MAT). CMS did not approve the request for pre-release services and did not provide any further specifics on what they would approve.

CMS did approve eligibility for individuals transitioning out of an IMD for health-related social needs (HRSN) supports, if they also meet the required clinical and social risk factors.

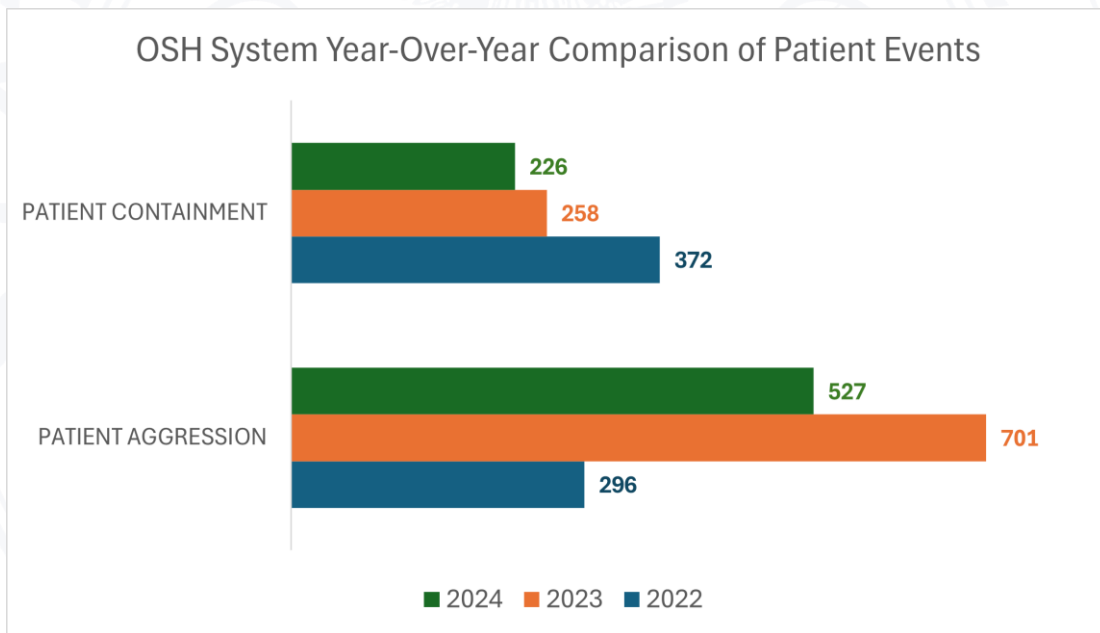
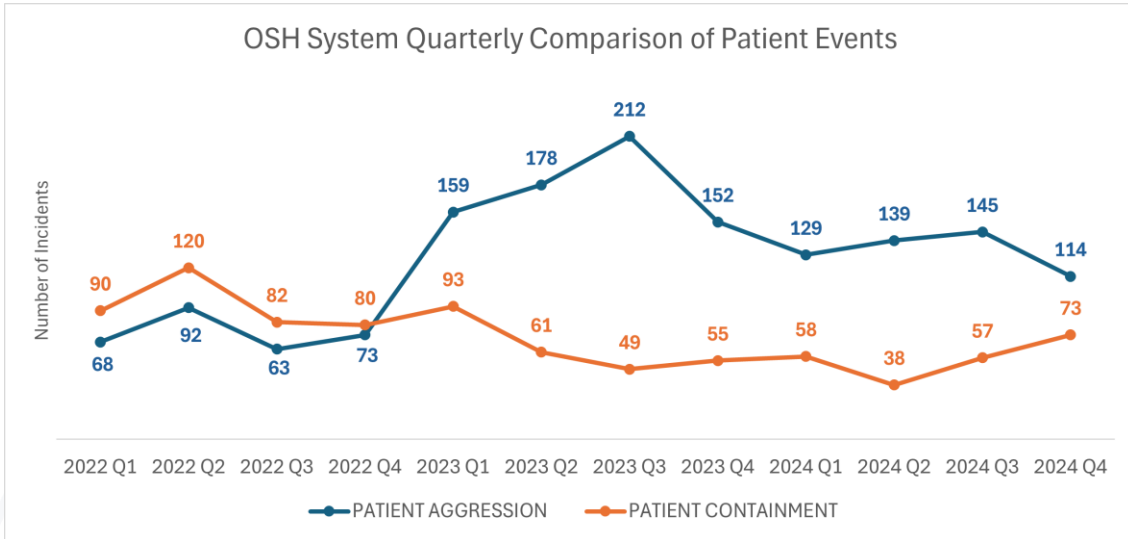
**2. What is the current status of workplace violence at the hospital?**

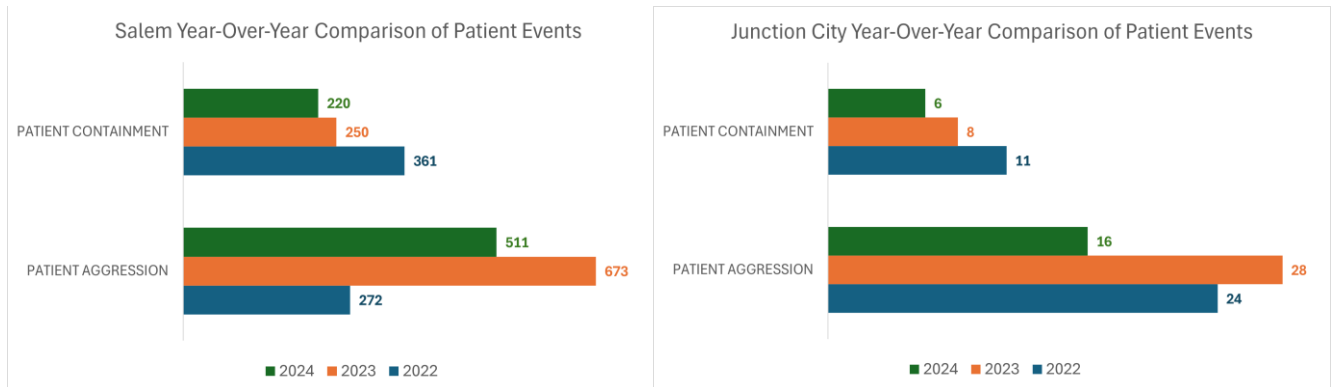
After a rise in patient aggression incidents in 2023, OSH saw a gradual reduction in patient aggression incidents into 2024, while patient containment incidents remained stable from 2022 to 2024. A containment incident means an injury that occurred during restraint of a patient that did not result directly from an assault.

The quarterly data and year over year comparison in the tables below show the trends in patient aggression and patient containment incidents at the hospital over the past 3 years. During this time, OSH has made some substantial changes to improve reporting, increase training and implement corrective action plans across the hospital, which is reflected in this data. This data reflects patient to staff aggression, recognizing that there is an area of overlap in patient to staff and patient to patient aggression incidents.

Note that the time period of this data overlaps the 30% increase in patient admission and discharge rates which occurred immediately following the federal court order limiting length of hospital restoration services in September 2022.

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In 2022, baseline levels of reported patient aggression and containment incidents were established with no major spikes in numbers throughout the year. In November 2022, OSH adjusted incident classifications to ensure proper classification reporting during 2023. The reclassification resulted in each incident being reviewed to identify if it met the definition of assault in ORS 163.160, meaning that the person intentionally, knowingly or recklessly caused physical injury to another person. At the same time OSH was improving its reporting process, which resulted in an increase in compliance for reporting minor injuries.

In 2023, both campuses reported increases in aggression cases and decreases in containment incidents as a result of the reclassifications and process improvements OSH made. The impact of these changes was less significant on the Junction City Campus only because they have significantly fewer aggressive incidents.

During this time, OSH's Assault Mitigation Workgroup conducted deeper and more detailed investigations and root cause analyses for each injury and provided corrective action plans to the Workplace Violence Prevention Subcommittee to address underlying issues. The Workplace Violence Prevention Subcommittee has played a key role in driving communication, monitoring corrective action implementation, and sustaining hospital-wide safety improvements.



In 2024, the trends show a gradual reduction in patient aggression. The Assault Mitigation Workgroup's responses to incidents with corrective action plans, clinical workgroup engagement, and unit-specific intervention influenced the stabilization of these incidents.

In addition, in 2024 OSH piloted a new staffing and milieu management structure on one high-acuity unit, which has historically had higher rates of aggression and containment incidents than other units. The new structure contributed to a measurable reduction in injuries, demonstrating the effectiveness of targeted safety interventions. Instead of unit staff being assigned to observe individual patients at a 1:1 ratio to respond to behavioral emergencies, the new staffing plan assigned patients to hallways based on their acuity, which allowed staff to monitor the hallway and engage with patients instead. Rates of aggression and containment incidents on that unit dropped because additional staff were available to provide essential services. OSH plans to expand this concept to other high-acuity units within the next few months.

Due to the adjustments in incident classifications and improved safety strategies, containment cases have continued to decline or stabilize across the hospital in 2024.

**3. Is OSH collaborating with Department of Corrections (DOC) to save money?**

OSH and DOC collaborate on issues that cross over agencies on a regular basis. To date, OSH has not ventured into shared procurements on safety services but are attempting to do so for things such as commissary supplies. The safety equipment OSH currently has, and will obtain in the future with budget support, is primarily stationary. Additionally, the security services contract will be secured from a state-wide price agreement secured by the Department of Administrative Services. As OSH looks to purchase the frictionless scanners that will assist in detecting contraband, OSH will coordinate with DOC to determine their interest in obtaining similar equipment.

**4. How many nurses does the hospital have?**

The data below shows the current total number of nursing positions at OSH for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), including the number of filled and vacant positions, and the vacancy percentage across both campuses.

<b>OSH System</b>	<b>Total</b>	<b>Filled</b>	<b>Vacant</b>	<b>Vacancy %</b>
Licensed Practical Nurse	169	118	51	30.2%
Mental Health Registered Nurse	265	233	32	12.1%
<b>System Total</b>	<b>434</b>	<b>351</b>	<b>83</b>	<b>19.1%</b>

The following table shows a further breakdown of this data between the Peter Courtney Salem campus and the Junction City campus. The largest area of vacancy for both campuses is LPNs. As noted during the subcommittee meeting, there is a large shortage of LPNs in Oregon overall, making these positions more difficult to fill. More positively, the OSH nursing department has made efforts to build relationships with nursing schools to encourage mental health experience in the nursing profession and to help staff these positions.

<b>Peter Courtney Salem Campus</b>	<b>Total</b>	<b>Filled</b>	<b>Vacant</b>	<b>Vacancy %</b>
Licensed Practical Nurse	109	84	25	22.9%
Mental Health Registered Nurse	212	184	28	13.2%
<b>Salem Subtotal</b>	<b>321</b>	<b>268</b>	<b>53</b>	<b>16.5%</b>

<b>Junction City</b>	<b>Total</b>	<b>Filled</b>	<b>Vacant</b>	<b>Vacancy %</b>
Licensed Practical Nurse	60	34	26	43.3%
Mental Health Registered Nurse	53	49	4	7.5%
<b>Junction City Subtotal</b>	<b>113</b>	<b>83</b>	<b>30</b>	<b>26.5%</b>

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,



Sara Walker, MD

OSH Chief Medical Officer & Interim Superintendent