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# Addictions and Mental Health Oregon State Hospital 2015 – 2017 Governor's Budget

Presented to the Human Services Legislative Subcommittee  
On Ways and Means  
March 23, 2015

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The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health". A thin blue horizontal line is positioned below "Health" and above "Authority".

Oregon  
Health  
Authority

# Who we are

## Vision

We are Oregon's adult psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

## Mission

To provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.



# Who we are

## State hospital services

- Intensive psychiatric treatment for adults with severe and persistent mental illness who are civilly or criminally committed for mental health treatment
- Oregon State Hospital and Blue Mountain Recovery Center cared for 1,386 people in 2014 who could not be served in the community
- Hospital level of care: 24-hour nursing and psychiatric, on-site credentialed medical staff, treatment planning, pharmacy, laboratory, on-site food and nutritional services, and vocational and educational services
- Services are essential to restore patients to a level of functioning that allows a successful transition back to the community



# Who we are

## Civil program

- Patients civilly committed or voluntarily committed by a guardian.
- Those who are dangerous to themselves or others, or who are unable to provide for their own basic needs due to their mental illness.



## Neuropsychiatric program

- Patients who require a hospital level of care for dementia, organic brain injury or other mental illness, often with co-occurring significant medical issues.

# Who we are

## Guilty except for insanity (GEI)

- People convicted of a crime related to their mental illness. Depending on the nature of their crime, patients are under the jurisdiction of:
  - Psychiatric Security Review Board (PSRB, Tier 1)
  - Oregon State Hospital Review Panel (SHRP, Tier 2)



## Aid and assist (.370)

- Ordered to the hospital by circuit and municipal courts under Oregon law (ORS 161.370) for mental health treatment that will enable them to understand the criminal charges against them and to assist in their own defense.

# 2013–14 Census

## Oregon State Hospital (OSH) and Blue Mountain Recovery Center (BMRC) July 2013 through December 2014

Patient type	Avg. daily census	Admissions	Discharges	Median days at hospital*
Guilty except for insanity (includes juvenile PSRB)	256.5	105	146	870
Aid and assist (ORS 161.370)	156.5	685	667	71
Civil (civil commitment, voluntary, voluntary by guardian)	139.3	361	374	189
Neuropsychiatric/Geriatric	51.5	79	93	190
Other (corrections, hospital hold, other)	4.1	17	17	94
<b>Total</b>	<b>608.0</b>	<b>1,247</b>	<b>1,297</b>	<b>232</b>

\*Median days at hospital based on current patients as of 12/31/14.

# Where we started



# USDOJ findings (2008)

## **A. Inadequate protection from harm**

1. Inadequate incident management
2. Inadequate quality management
3. Failure to provide a safe living environment

## **B. Failure to provide adequate mental health care**

1. Inadequate psychiatric assessment and diagnoses
2. Inadequate behavioral management services
3. Inadequate medication management and monitoring

## **C. Inappropriate use of seclusion and restraint**

1. Planned seclusion and restraint (S & R)
2. Use of S & R as informal alternatives to treatment and as punishment
3. Use of ad hoc restrictive measures
4. Failure to assess patients in seclusion and restraint

# USDOJ findings (2008) cont.

## **D. Inadequate nursing care**

1. Staffing
2. Failure to provide basic care
3. Failure to provide feedback to treatment teams
4. Medication administration
5. Infection control

## **E. Inadequate discharge planning and placement in most integrated setting**

# Liberty Healthcare Report (2010)

Key findings	Resolved
Staff compliance vs. quality improvement	✓
Need for stronger front-line engagement by Cabinet and leadership	✓
Need for clear and decisive authority	✓
Proliferation of committees and diffusion of leadership authority	✓
Health Information Group and Quality Management disorganized and ineffective	✓
Rectify causes of 1:1 which drives excessive overtime	✓
Perception management cannot dismiss poor performers	✓

Liberty Healthcare Corporation is an international consultant on comprehensive clinical programs and health care facilities management.

# Timeline

- **2005** – Oregon State Hospital Master Plan
- **2006** – First treatment mall opens
- **2007** – Legislature approves Salem and Junction City
- **2008** – USDOJ findings
- **2010** – Liberty Healthcare Report  
Excellence Project begins
- **2011** – First patients move into new Salem facility
- **2012** – Salem campus fully operational
- **2015** – Junction City campus opens

# Excellence Project – Kauffman Global

Task	Completed
Assess cultural norms and identify strategies for change	✓
Establish objectives and measures that define success	✓
Streamline continuous improvement projects	✓
Develop a model organization and work structure	✓
Develop a change management plan	✓
Develop a communication strategy	✓
Identify business processes and workflow	✓
Develop a plan for staff training	✓

Through the Excellence Project, consulting firm Kaufman Global helped Oregon State Hospital initiate the culture change necessary to execute its continuous improvement plan.

# Treatment malls

- Centralized active treatment – many opportunities in one place
- Twenty hours during weekdays
- Mimic work or school-day routines
- Helps patients learn to manage illness and build skills
- Groups selected to meet patients' needs and interests
- Focus on preparation for community reintegration



# Treatment mall groups



- Vocational rehabilitation
  - Food service
  - Furniture making
  - Grounds keeping
- Supported education
- Art therapy
- Music therapy
- Mindfulness
- Peer-delivered service
- Co-occurring disorders
- Legal skills
- Dual diagnosis
- Community volunteering



# Performance system

- Use data to inform decisions
- Use Lean Daily Management System as foundation – set of tools to help provide the structure and focus for work groups to consistently manage and improve processes
- Align daily work with hospital goals using Fundamentals Map
- Review results at Quarterly Performance Reviews



# Lean Daily Management System

- Seventy-nine worksites throughout hospital
- Fifty-four lean projects completed since 2011
- Twenty-nine lean projects in progress
- Staff track daily metrics aligned with hospital goals
- Metrics are linked to OSH Performance System



# Where we are now



Salem campus

# Where we are now



Junction City campus

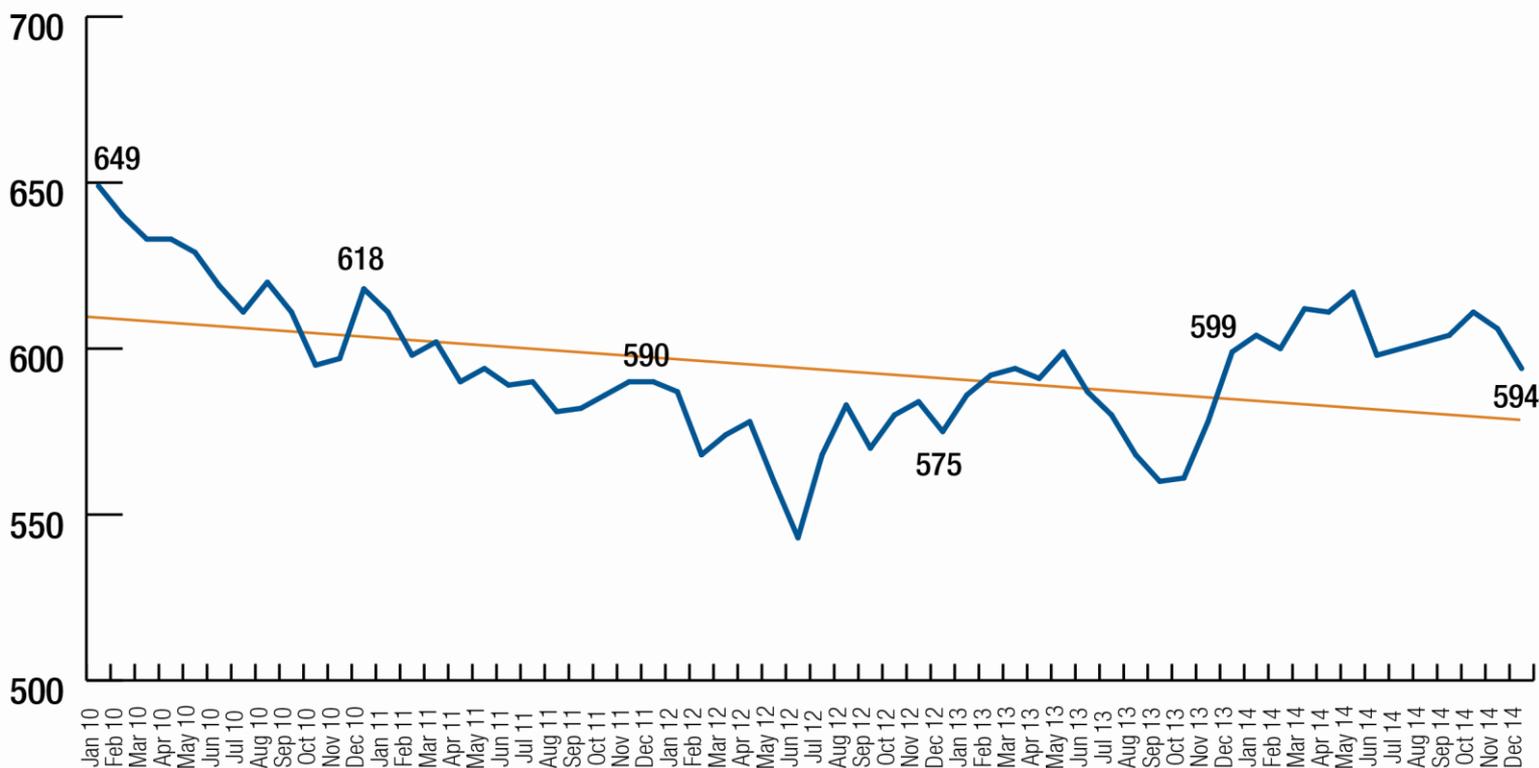
# Transition between facilities

- Blue Mountain Recovery Center closed March 2014
  - Increased average daily population at Oregon State Hospital by 55
  - Required OSH to open two additional units
- Junction City opened March 2015
  - Total capacity: six 25-bed units, three eight-bed cottages, up to 174 people
  - March 2015: Operating three units, capacity to serve 75 people
  - 2015–17 Budget: Operating four units, capacity to serve 100 people
- Portland closing March 31
  - Three units, capacity to serve 72 people
  - Patients and staff will relocate to Salem campus as intact units
- Salem campus after March 31
  - Total capacity: 24 units, six cottages, up to 620 people
  - 2015–17 Budget: Operating 23 units, four cottages, up to 594 people

# 2010–14 Census (trends)

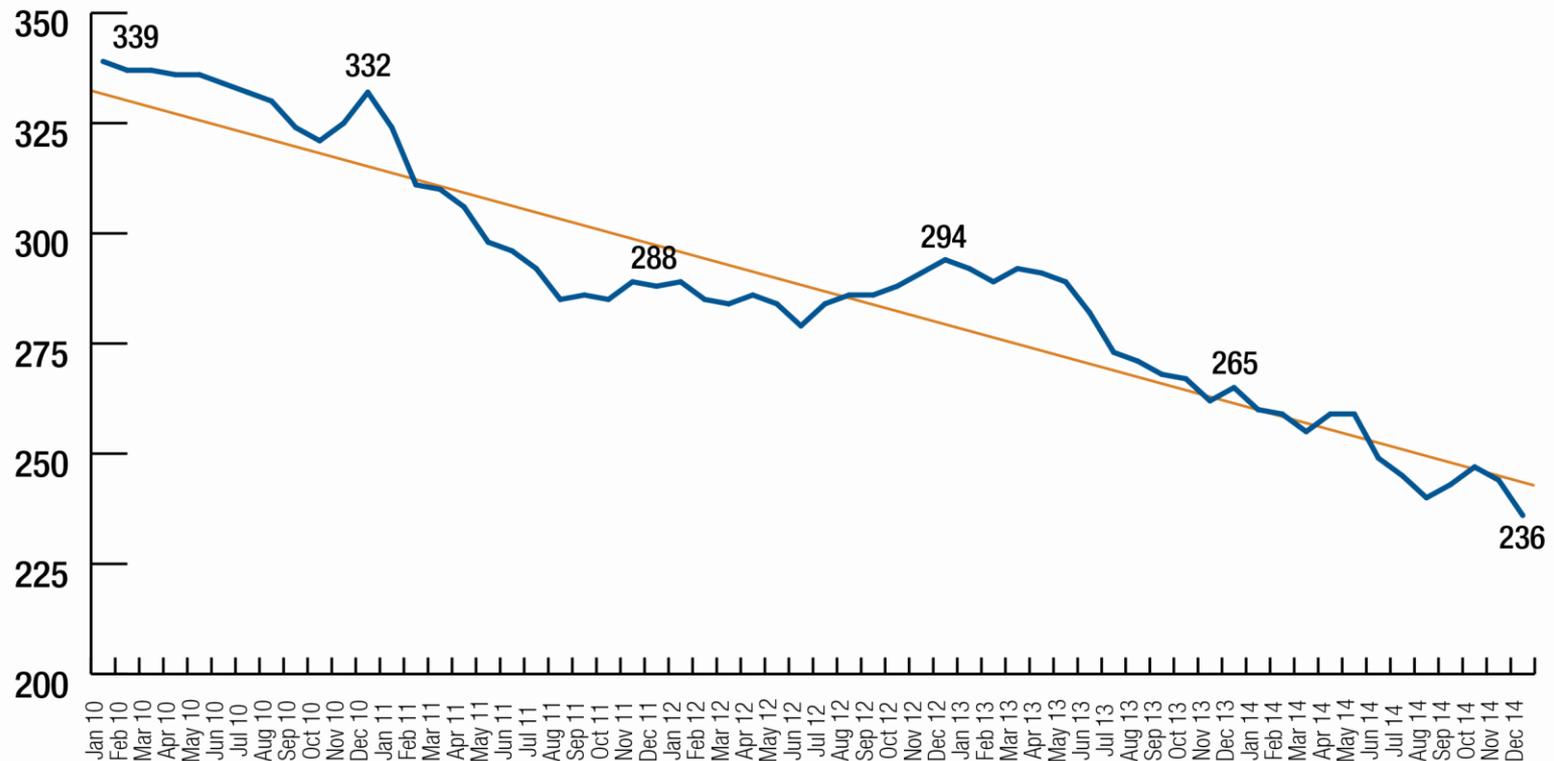
## Total population

OSH monthly patient populations since 2010  
 (Based on the census count on the last day of each month)



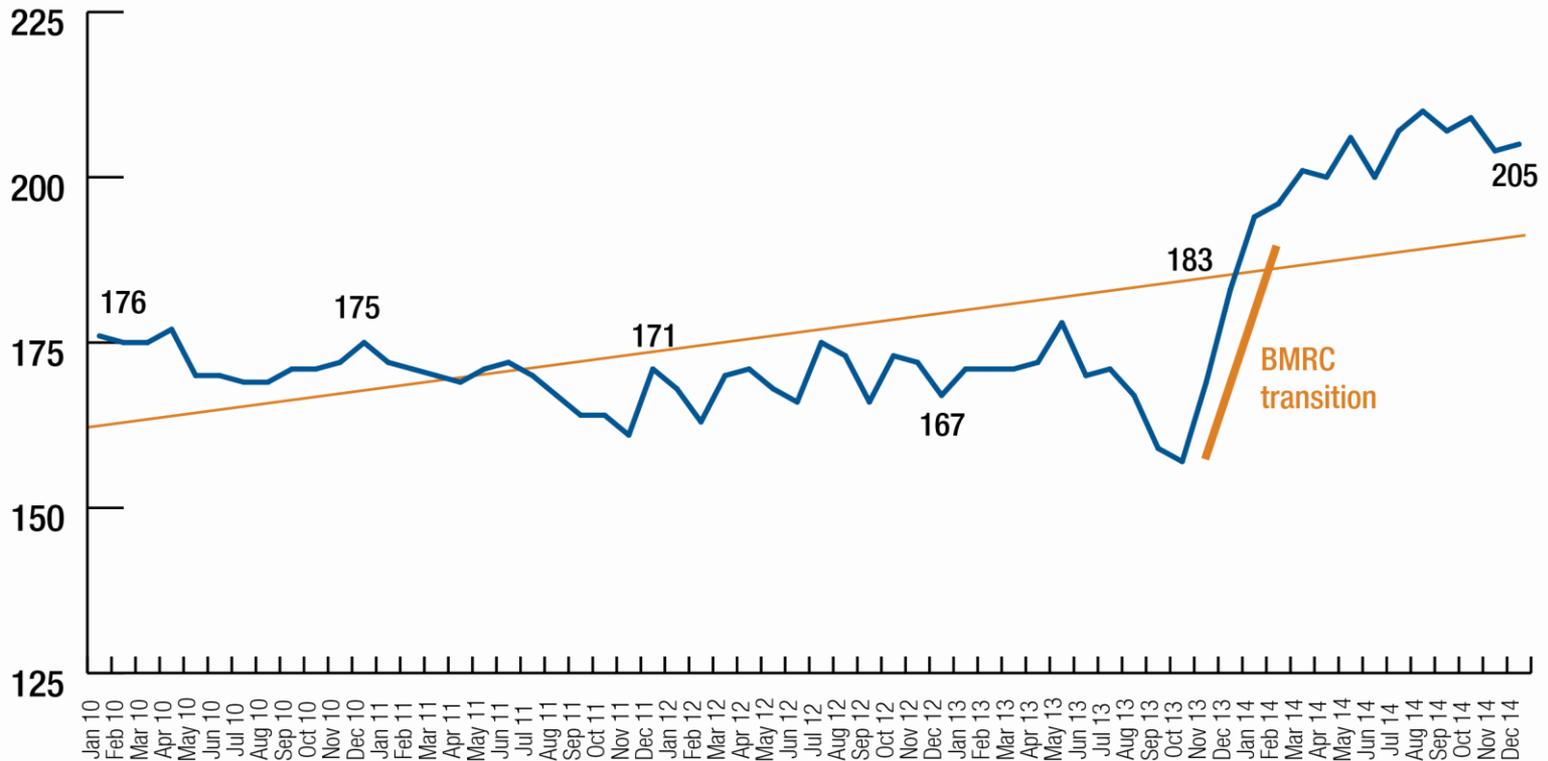
# 2010–14 Census (trends) Guilty except for insanity (GEI)

Guilty except for insanity (ORS 161.327) patient monthly population since 2010  
(Based on the census count on the last day of each month)



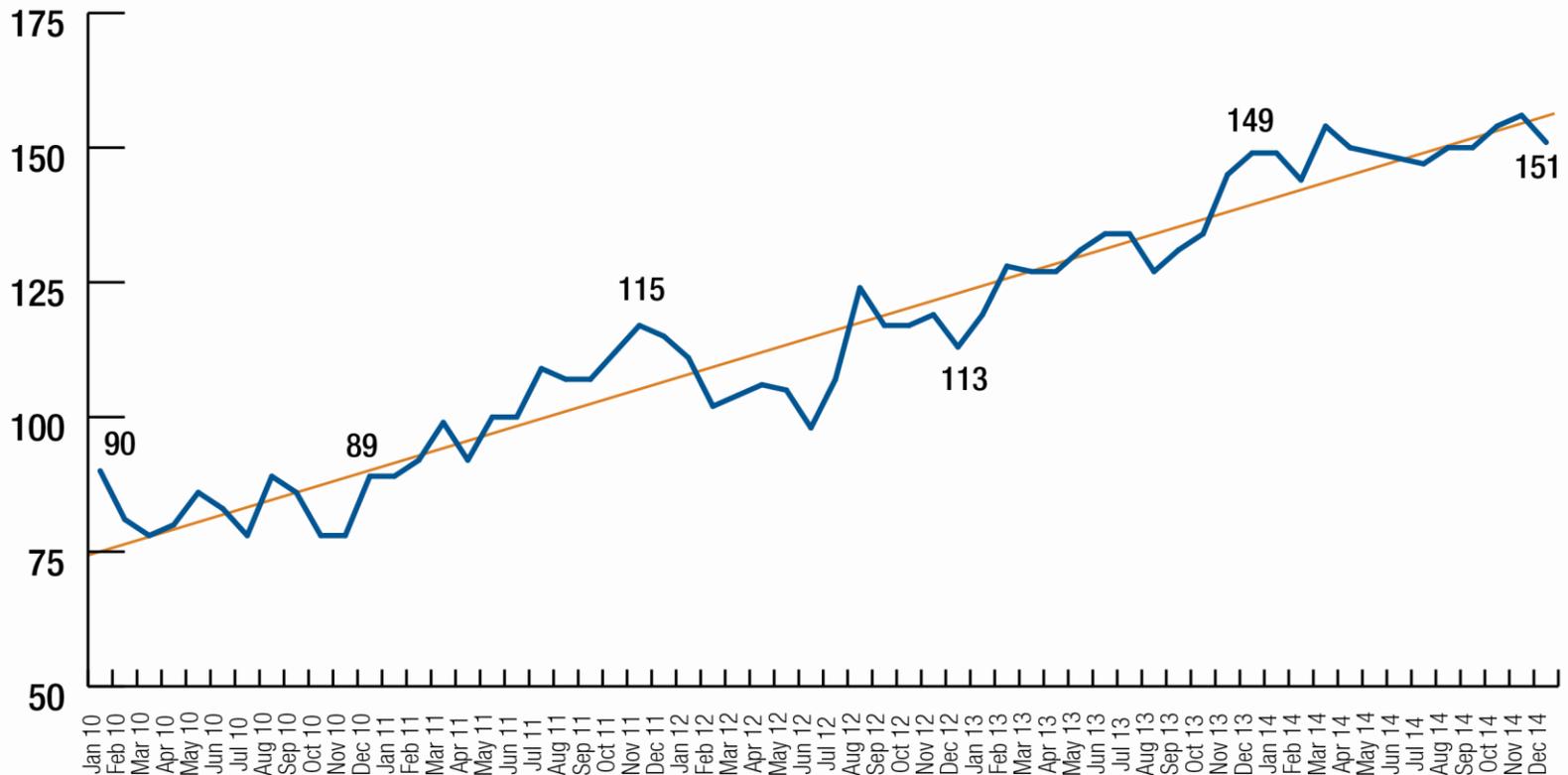
# 2010–14 Census (trends) Civil

Civil (ORS 426.130) Patient monthly population since 2010  
(Based on the census count on the last day of each month)



# 2010–14 Census (trends) Aid and assist

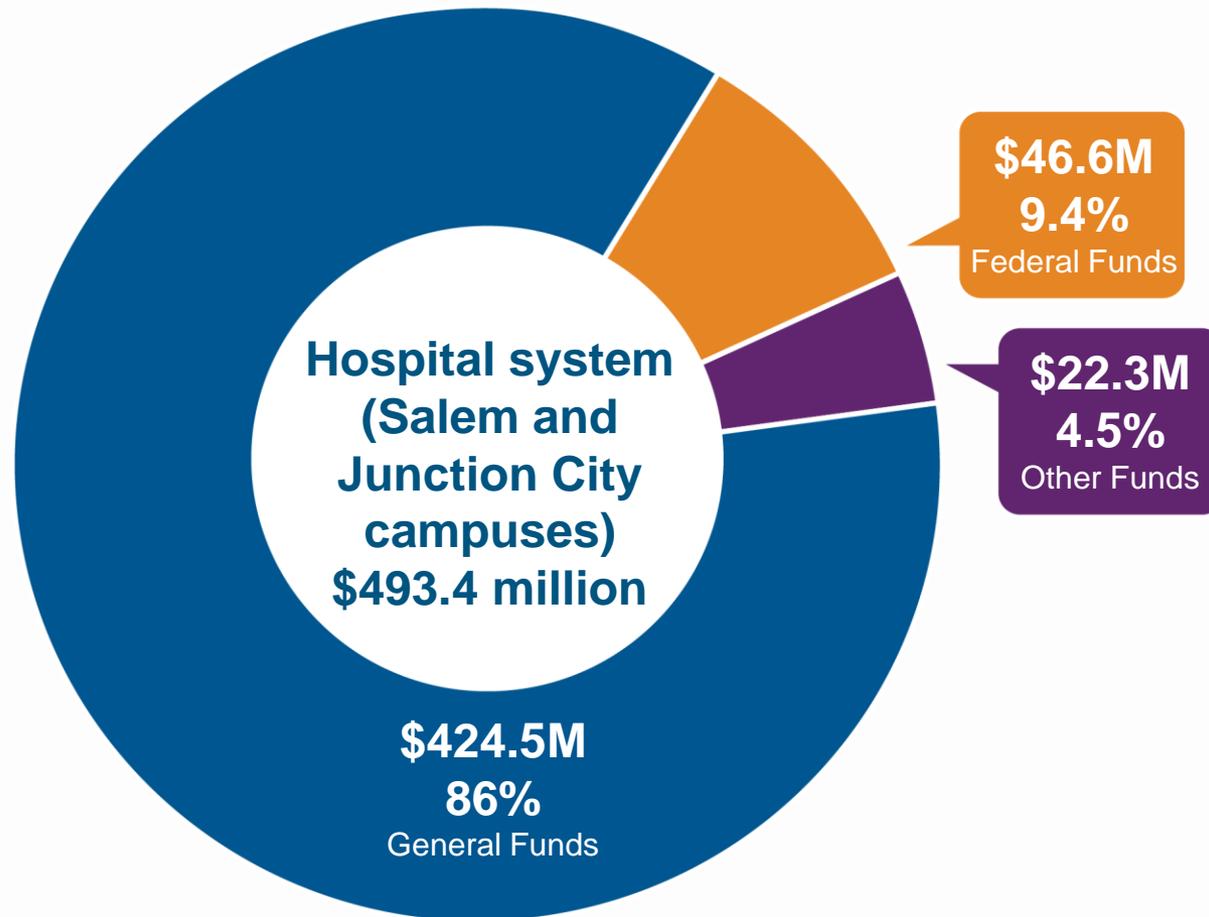
Aid and assist (ORS 161.370) Patient monthly population since 2010  
(Based on the census count on the last day of each month)



## OSH .370 Patient census by County as of 12/31/2014 for counties with more than 3 patients

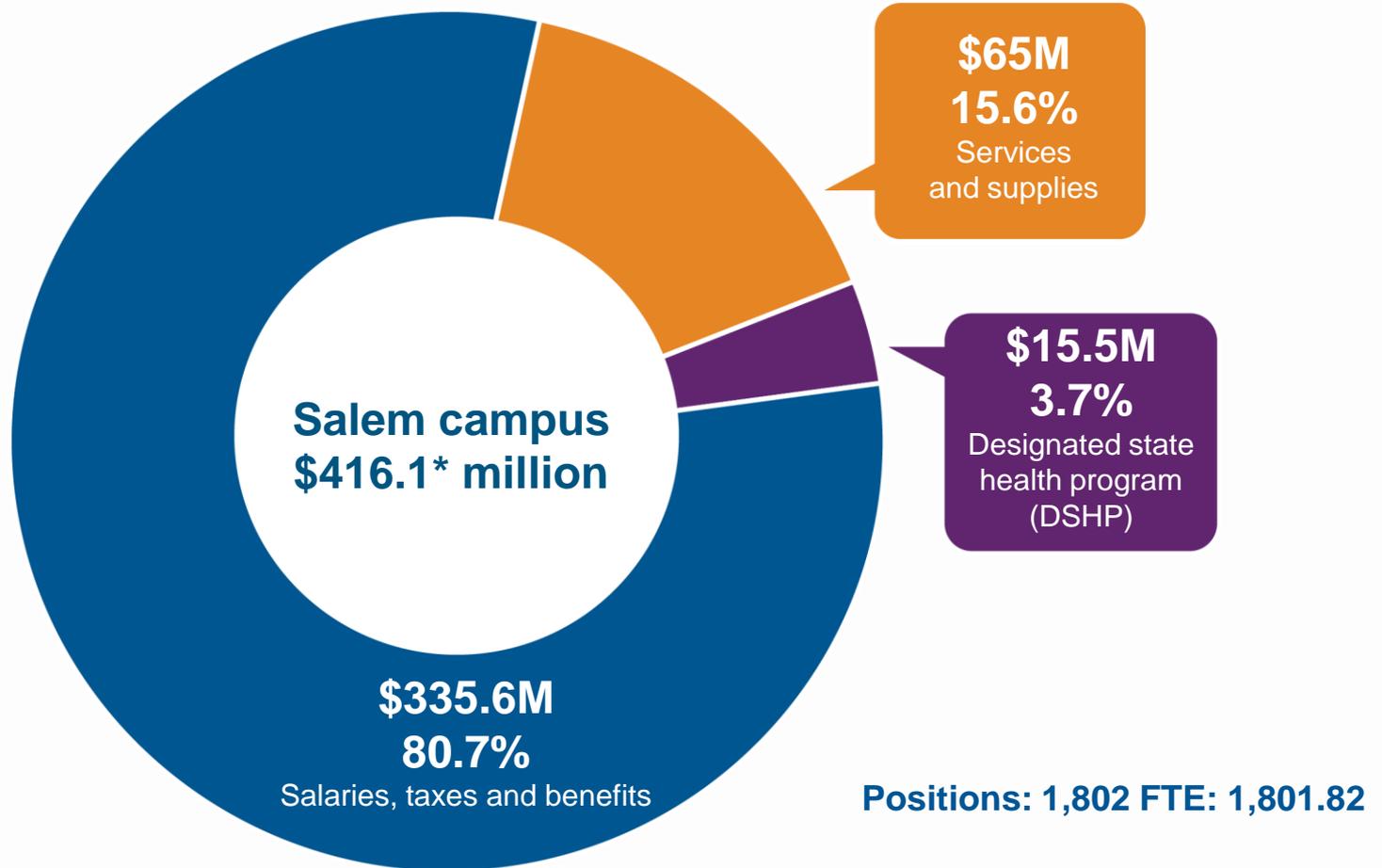
	County Population (2010 census)	Patient census	Rate per 100,000 population
Lincoln	46,034	6	13.03
Lane	351,715	25	7.11
Marion	315,335	22	6.98
Douglas	107,667	5	4.64
Washington	529,710	22	4.15
Multnomah	735,334	28	3.81
Deschutes	157,733	6	3.80
Linn	116,672	4	3.43
Jackson	203,206	5	2.46
Clackamas	375,992	4	1.06
Statewide	3,831,074	151	3.94

# 2015–17 Governor's budget



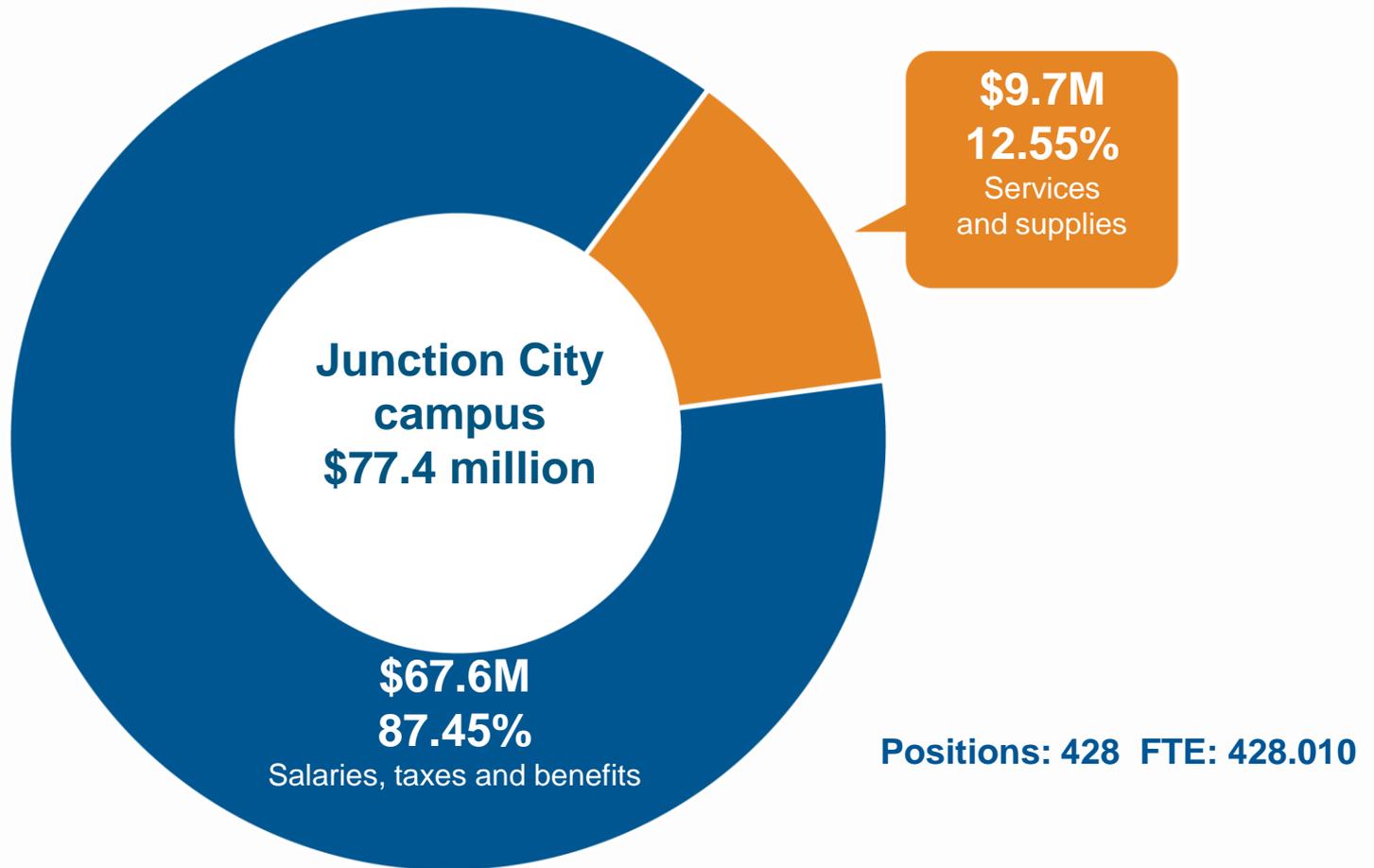
OSH 1,802 pos./1,801.82 FTE  
J/C 428 pos./ 428.00 FTE

# 2015–17 Governor's budget



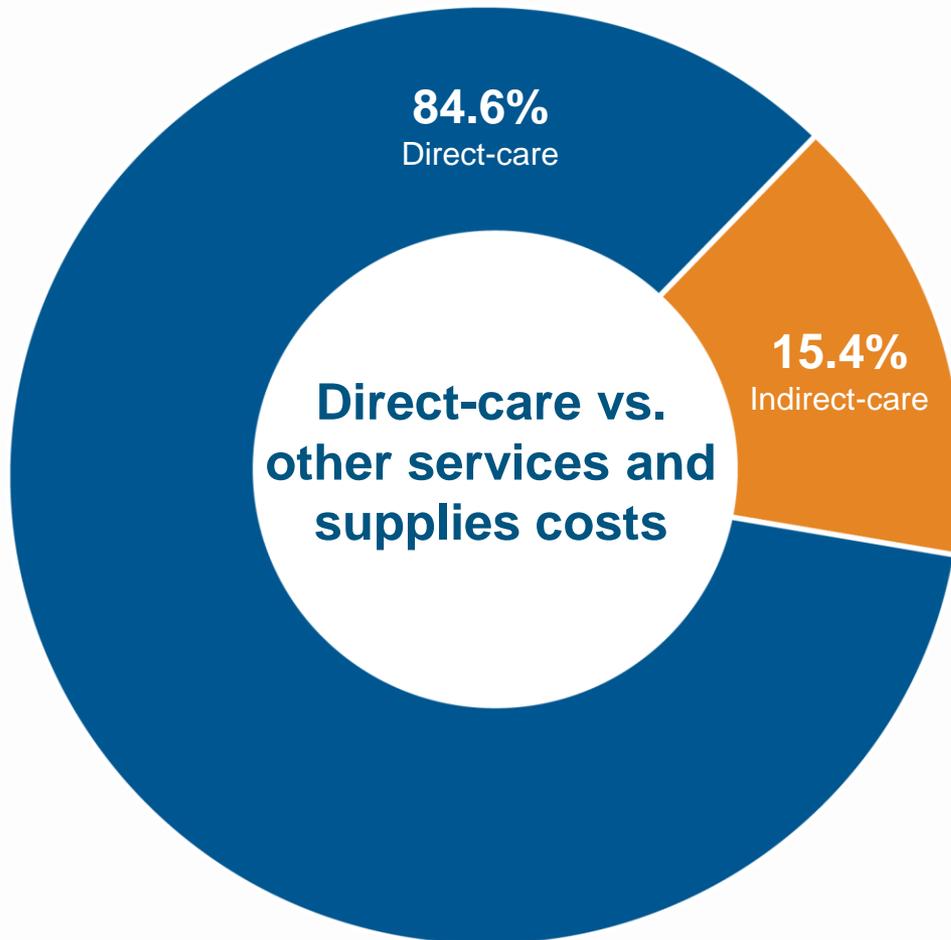
\* OSH – Salem 2015–17 Governor's Budget excluding DSHP = \$400.6M

# 2015–17 Governor's budget



# 2015–17 Governor’s budget

## Direct-care vs. other services and supplies costs



### Direct-care costs include:

Medical services and supplies

--Contracted professional staffing

--Outside medical costs

--Medications

--Durable medical equipment

Food and kitchen supplies

### Indirect-care costs include:

Printing of medical and billing forms

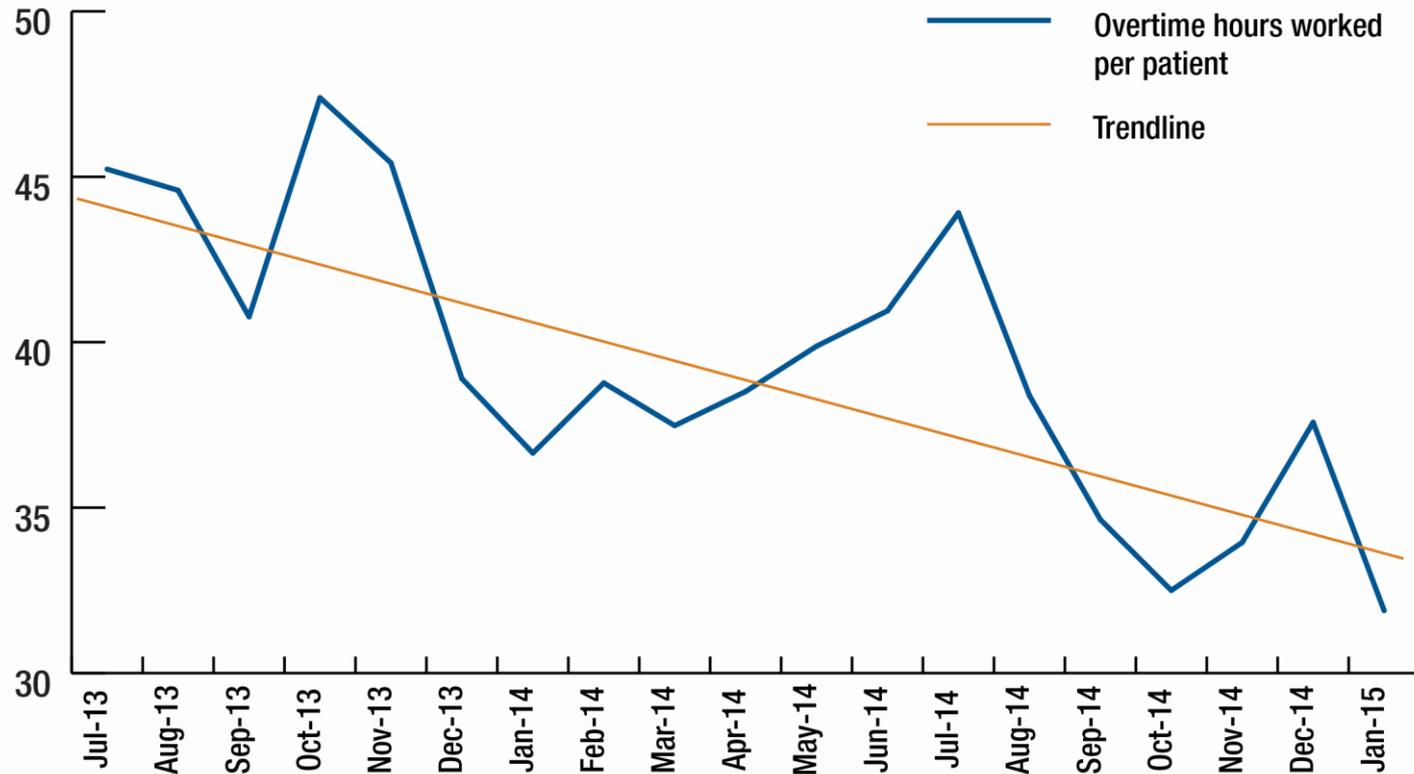
Uniforms for specific staff

Consulting services

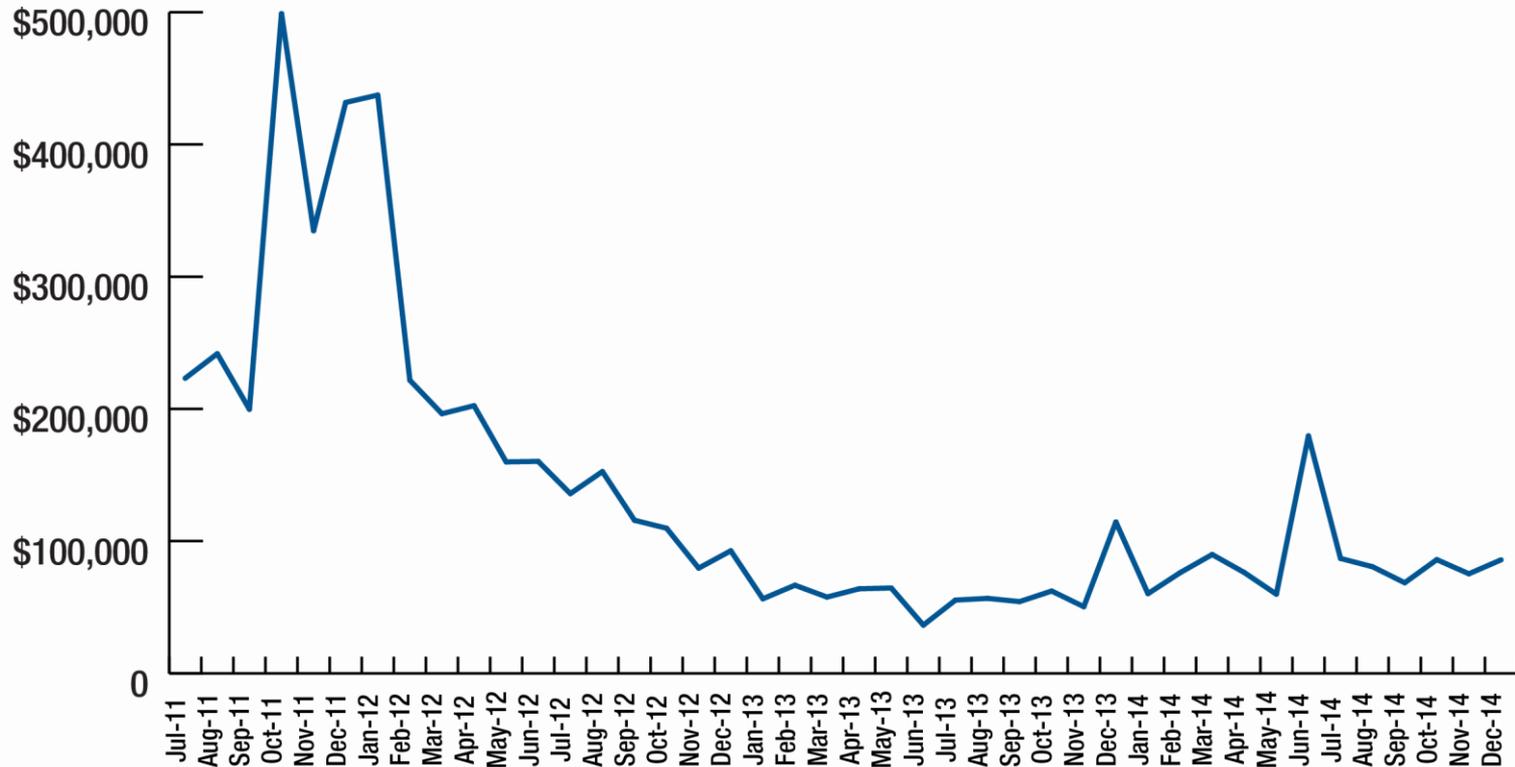
Office supplies

Recycling and garbage services

# 2013–15 Average nursing overtime hours

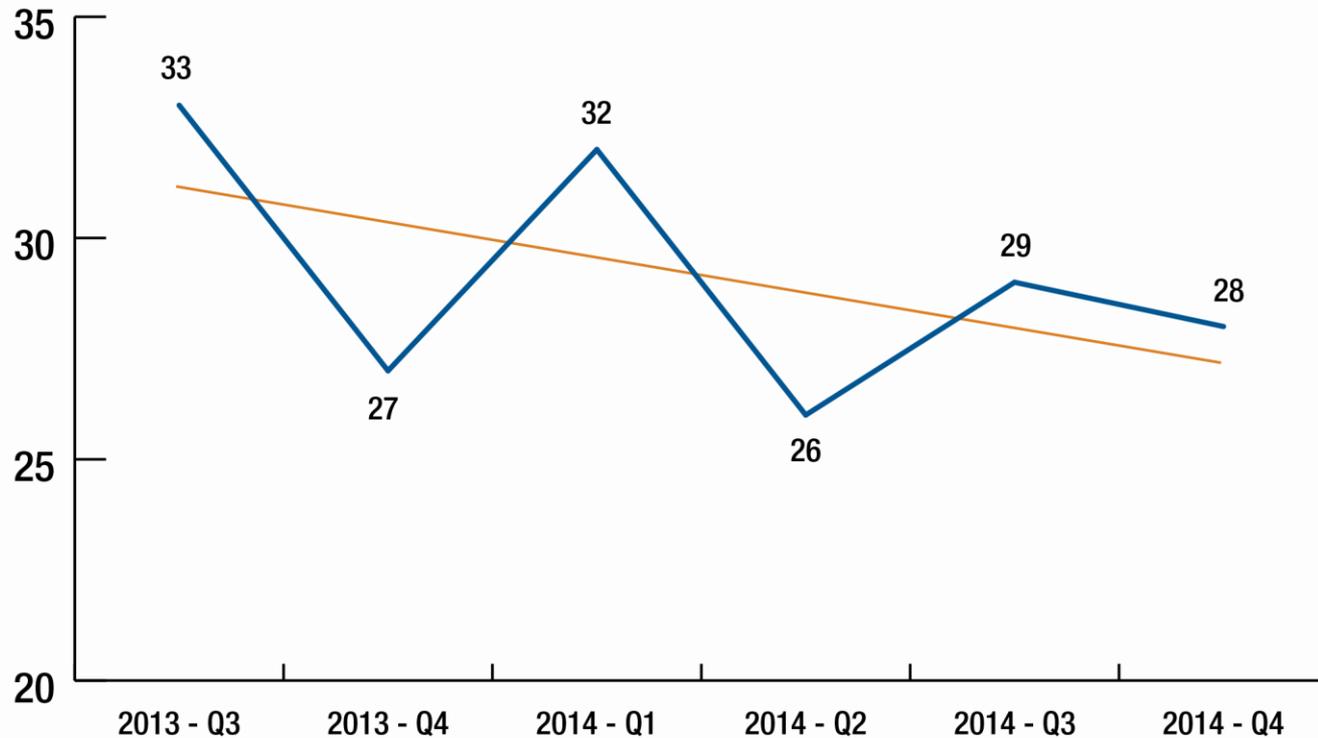


# 2011–14 Nurse agency expenses



# Staff injuries related to patient aggression

Accepted SAIF claims since July 2013  
(All units, Salem and Portland campuses combined)



# 2013–14 Workers' comp claims

## Patient assault/control days lost and cost

Year	Lost work days	Change from prior year	Total incurred costs	Change from prior year
2012	1,857	-	\$182,204.61	-
2013	1,757	-5%	\$150,844.86	-17.2%
2014	1,023	-42%	\$127,376.71	-15.5%

*\*Data as of Feb. 20, 2015, days lost and incurred costs will continue to accrue for open claims*

# Where we are going

## Recovery defined by Substance Abuse and Mental Health Services Administration (SAMHSA)

- Hope
- Person-driven
- Many pathways
- Holistic
- Peer support
- Relational
- Part of the culture
- Addresses trauma
- Based on strengths and responsibilities
- Respect



# Where we are going

## Staff training

- Trauma informed care
- Collaborative problem solving
- Short term assessment of risk treatability (START)
- Case formulation
- Treatment care planning
- Safe communication
- Psychiatric emergency response teams (PERT)
- Safe containment



# Where we are going

## 2015–18 Behavioral Health Strategic Plan

Raising system-wide expectations to focus on the **right care, right place, right time**

- Reduce or eliminate the civil waitlist
- Reduce the length of stay for patients who are civilly committed
- Discharge patients who have been civilly committed within 30 days of being determined “ready to place/transition”
- Decrease the number of people admitted under ORS 161.370

**Thank you**