Addictions and Mental Health
Oregon State Hospital
2015–2017 Governor’s Budget
Phase II

Presented to the Human Services Legislative Subcommittee
On Ways and Means
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Projected Aid and Assist census trends

OSH Aid and Assist (ORS 161.370) patient monthly census
Since 2010 with two-year projection based on seasonal trends
## Aid and Assist admissions
### March 2015

<table>
<thead>
<tr>
<th>Charge</th>
<th>Admissions</th>
<th>Needed hospital-level care*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felony A</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Felony B</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Felony C</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Misdemeanor A</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Misdemeanor B</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Misdemeanor C</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>

*according to forensic evaluator/treatment team

**Current waitlist for Aid and Assist** - As of April 10, there are:
- 16 people on the list
- 9 of whom have already been waiting 7 days or more
- 7 have misdemeanors as their highest charge
Waiting for Aid and Assist services

• **2003 Oregon Advocacy Center v. Mink** – the state must transfer people who need Aid and Assist services to Oregon State Hospital within **7 days** of the signed order.

• **March 2015** – the average wait was **8.93 days** from the date the order was signed, with some waiting up to 15 days.

• To reduce the wait time, OSH is:
  - Expediting evaluations for patients, regardless of their attorneys’ ability to attend.
  - Housing patients receiving Aid and Assist services on units for patients who have been civilly committed; this will increase the civil wait list.
  - Transferring patients who have pled guilty except for insanity to less “hardened” units.
  - Temporarily reassign Collaborative Problem Solving coaches to teach legal skills classes so there are enough groups available for all patients receiving Aid and Assist services.
Possible 2015 legislative impact on census

**Aid and Assist**
- ↓ HB 2420 – Requires judge to consult with community mental health programs to see if restoration services can be provided in the community before sending defendants to Oregon State Hospital
- ↑ HB 2382 – Adds probation violators to Aid and Assist statute (ORS 161.370)

**Civil Commitment**
- ↑ HB 3347: Expands criteria for civil commitment to include “gravely disabled”
- ↑ HB 3502: Limits acute care for people who have been civilly committed to seven days, applies to those not approved for Oregon State Hospital
  - Sends acute care patients who still need hospital-level care after seven days to the State Hospital
Options and costs

- **July 2015** – Open fourth unit in the Junction City
  $9.9 million for 24 months (already in Governor’s Budget)
  - Transfer guilty except for insanity (GEI) unit from Salem, rather than admit patients from the eight southern counties as intended
  - Use vacant unit in Salem to serve Aid and Assist
- **July 2016** – Open last vacant unit in Salem to serve Aid and Assist
  $4.6 million for 12 months (not budgeted)
  - Unit will be full by April 2017 based on current population trend

**Note:** Cost for keeping people on Civil waitlist
- $797.14 per day per person
- Average of 20 people on the waitlist for September 2014 through February 2015
Partnership with Oregon Health & Science University (OHSU)

Benefits of contract between Oregon State Hospital and OHSU
- Helps recruit and retain board-certified psychiatrists during nationwide shortage of psychiatrists
- Attracts doctors with academic affiliation, embedded teaching and research opportunities, and prestige
- Continuing education opportunities for all OSH doctors
- Access to medical students
- Highly qualified professionals to care for a complicated forensic population
- Improved psychiatrist retention
- Improved client/staff ratios
- Additional forensic board-certified psychiatrists
# Cost comparisons for psychiatrists

OSH, OHSU and Locum Tenens

<table>
<thead>
<tr>
<th>Class</th>
<th>Annual Amount*</th>
<th>Annual Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU supervising physician</td>
<td>$348,275</td>
<td>$12,147</td>
</tr>
<tr>
<td>OSH supervising physician</td>
<td>$336,128</td>
<td></td>
</tr>
<tr>
<td>OHSU physician (average rate)</td>
<td>$316,719</td>
<td>$(8,634)</td>
</tr>
<tr>
<td>OSH physician</td>
<td>$325,354</td>
<td></td>
</tr>
<tr>
<td>Locum Tenens (contract) physician</td>
<td>$438,880</td>
<td></td>
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</tbody>
</table>

*includes salary and benefits
Improving Federal and other revenue

Optimizing infrastructure
- Staff – hiring and development
- Modernizing billing system
- Partnering with community mental health and Medicaid policy team
- Improving documentation of medical need and services

Opportunities
- Expand CMS certification to more units
- Increase ability to bill Medicaid for administrative services
- Add state hospital inpatient psychiatric services to CCO coverage
2013–15 average nursing overtime hours

[Graph showing the trend of overtime hours worked per patient from July 2013 to January 2015, with a trendline indicating a decreasing pattern.]
2015–17 Governor’s Budget for Salaries, Overtime, Taxes and Benefits

Salem Campus

$335.6 Million

$112.8
33.6%
Taxes, benefits and PERS

$211.4
63%
Salaries and wages

$11.4
3.4%
Overtime
Efforts to reduce overtime

- Hired more staff
- Redistributed staff
- Implemented new schedule to increase coverage and eliminate mandatory overtime
  - Monday to Friday, five eight-hour shifts
  - Friday to Sunday or Saturday to Monday, three 13-hour, 20 min. shifts
- Created a float pool – 53 limited duration and temporary positions
- Streamlined the internal transfer process to reduce time positions are vacant
- Initiated regular nurse management meetings to review adherence to staffing ratios
- Began procedure for supervisors to follow up with staff who have more than two call-outs per month
Unscheduled leave and overtime by month
Oregon State Hospital
Unscheduled leave and overtime shifts by month
Overtime hours/Full-time equivalent (FTE)

- SFY 10: 323,744 hours, 156 FTE
- SFY 11: 357,892 hours, 172 FTE
- SFY 12: 301,630 hours, 145 FTE
- SFY 13: 306,234 hours, 147 FTE
- SFY 14: 324,905 hours, 156 FTE
- SFY 15: 302,270 hours, 145 FTE
- SFY 15-17 projected: 77 FTE

Yearly budgeted hours:
- SFY 10: 323,744 hours
- SFY 11: 357,892 hours
- SFY 12: 301,630 hours
- SFY 13: 306,234 hours
- SFY 14: 324,905 hours
- SFY 15 (projected): 302,270 hours
- SFY 15-17 yearly budgeted: 160,563 hours
Paying overtime v. hiring more staff

Difference in cost to hospital for on-post full-time equivalent (FTE)
• Registered nurse – 12% more than overtime
• Licensed practical nurse – 3.3% more than overtime
• Mental health technician – 0.4% less than overtime

13–15 Governor’s Budget
• Converts 53 limited duration float pool positions to full time permanent, but does not increase number
• $11.4 million for overtime in GB, projected need is greater, may have to come from services and supplies

Options for overtime alternative
• $5.64 million to hire 39 more permanent FTE for the float pool
Changing the way we do business

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
Thank you