

# Oregon State Hospitals

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# Themes

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- State hospital is making significant progress
- Quality of care is improving
- Staff recruitment is exceeding expectations

## State hospital services

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- Adults needing long-term intensive psychiatric treatment for severe and persistent mental illness who are civilly or criminally committed to DHS receive treatment at:
  - Oregon State Hospital campuses in Salem and Portland
  - Blue Mountain Recovery Center in Pendleton
- A total of 1,600 people received treatment in 2007-2008
- These services are essential to restore patients to a level of functioning that allows successful community living

# Oregon State Hospital

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- **Adult treatment services**
  - 144 beds in Salem
  - 92 beds in Portland
  - Civilly committed individuals 18 and older
  - Neuro-psychiatric services
  - 114 beds in Salem
  - Elderly persons with mental illness
  - Neurologically impaired adults of all ages
  
- **Forensic psychiatric services**
  - Hospital services
    - 369 beds on 11 units in Salem
  - Residential transitional services
    - 36 patients living in 6 cottages

# Blue Mountain Recovery Center

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- 60 beds in Pendleton
- Civilly committed clients
  - 236 admissions per year on average
  - Serves as primary state hospital in central and eastern Oregon
  - Close working relationship with St. Charles

# Demographics

Racial and Ethnic Distribution Across AMH Program Areas							
Program Area	Asian	African American	Hispanic	Native American	Hawaiian/Pacific Islander	White	Other/Unknown
General Adult Population	2.8%	1.8%	11.4%	1.3%	0.3%	82.4%	
<b>State Hospital</b>	2.5%	7.3%	5.6%	2.0%	0.2%	80.7%	1.6%
Mental Health-Adults	2.8%	4.1%	4.5%	2.0%	0.1%	83.6%	2.8%
Addictions-Adults	1.1%	3.8%	10.8%	4.8%	0.5%	77.9%	1.1%
Problem Gambling Treatment	3.2%	2.7%	4.0%	2.7%	0.4%	85.5%	1.5%
General Children/Youth Population	2.7%	1.6%	7.3%	1.5%	0.3%	86.6%	
Mental Health-Children/Youth	0.8%	5.0%	8.1%	3.7%	0.2%	76.1%	6.1%
Addictions-Children/Youth	1.0%	4.4%	11.5%	5.2%	0.5%	75.6%	1.8%

AMH Prevention Services: Race and Ethnicity Distribution			
	Indicated	Selected	Universal
American Indian/Alaskan Native	6.1%	8.1%	8.6%
Asian	2.4%	0.9%	1.1%
African American	3.9%	10.5%	1.0%
Native Hawaiian/Pacific Islanders	0.2%	0.3%	0.6%
White/Caucasion	87.3%	80.2%	88.7%
Hispanic/Latino	20.0%	24.6%	17.3%
Not Hispanic/Latino	80.0%	75.4%	82.7%

## OSH compliance with DOJ, CMS, TJC

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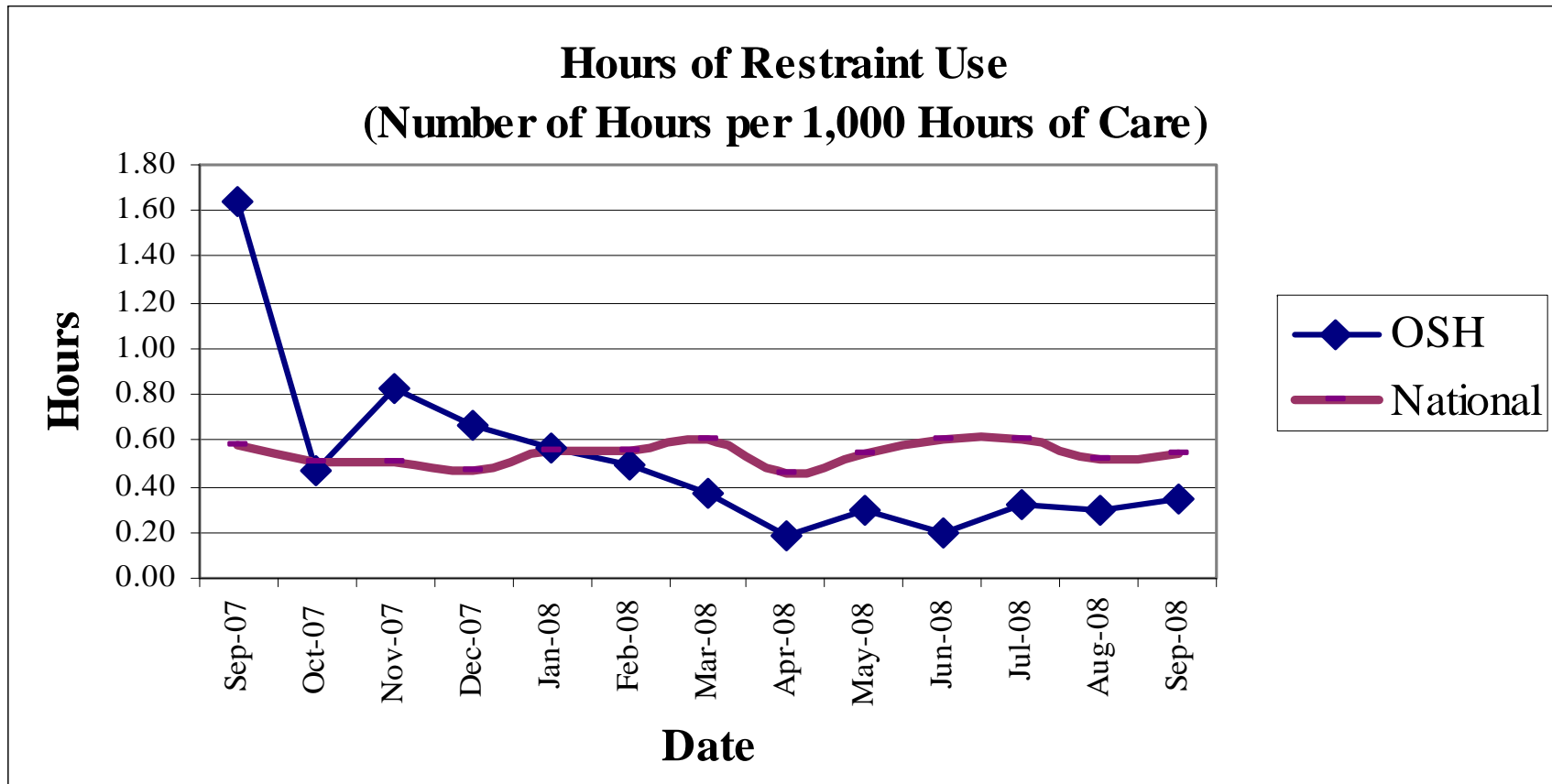
- OSH created a Continuous Improvement Plan (**CIP**) in January 2008
- The CIP, an ongoing effort, is guiding improvements in the following areas:
  - **Protecting patients and staff from harm**
  - Provision of **psychiatric and psychological care**
  - Standards for **use of seclusion and restraints**
  - Providing **adequate nursing care**
  - Providing **discharge planning and appropriate placement**

## OSH: Recent successes in improving patient care

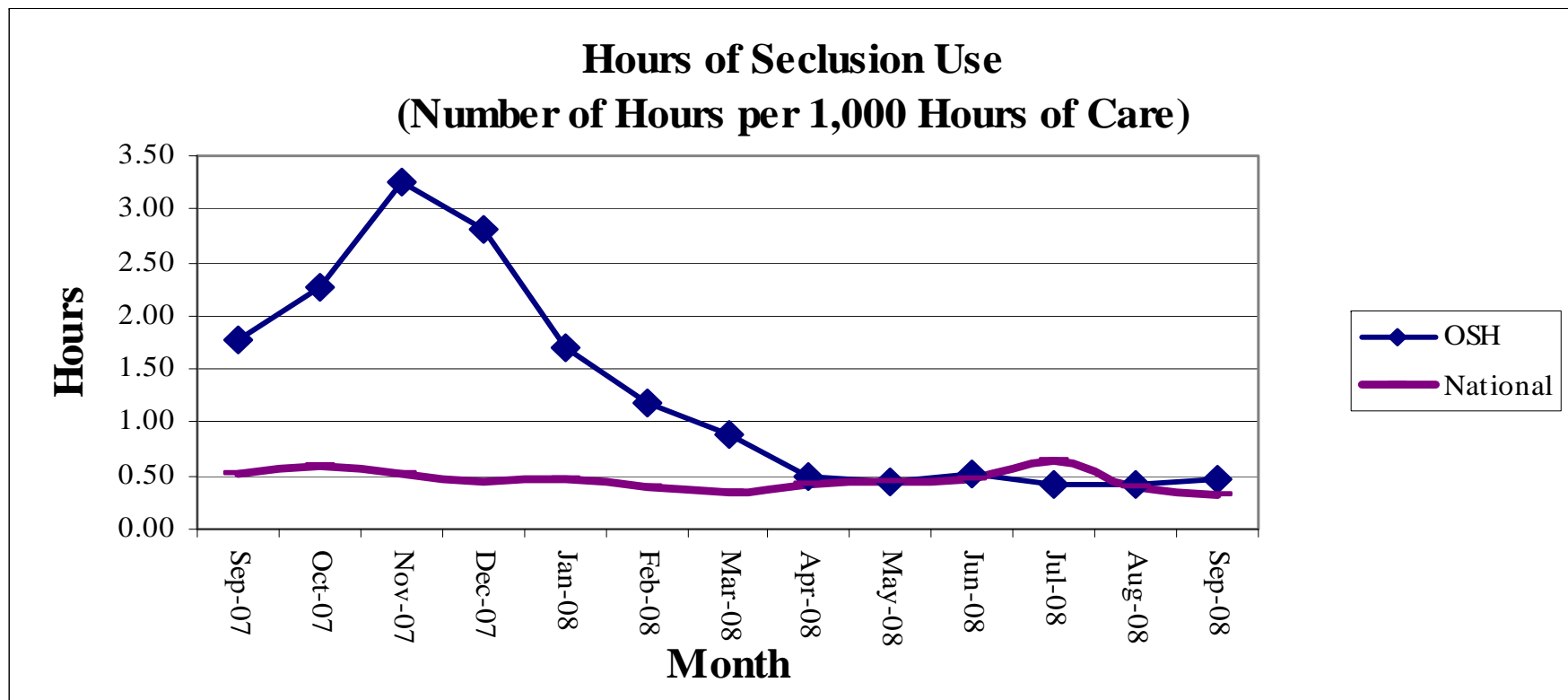
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- Improving quality of care as demonstrated by:
  - Reducing use of patient restraint
    - 75 percent since late 2007
  - Reducing patient seclusion
    - 80 percent since late 2007
  - Reducing patient falls in 2008
    - 16 percent reduction from 2007 levels

# OSH: Restraint reduction



# OHS: Seclusion reduction



## OSH: Quality and efficiency improvements

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- **Peer involvement**
  - Peer Bridger Program
- **Critical staff additions**
  - Direct care
  - Leadership
- **Increased use of behavioral support plans**
  - Reducing patient aggression
- **Transformation initiatives**
  - Registered nurse hiring cycle
  - Dietary consults

## OSH: Peer involvement via Peer Bridger Program

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- OSH has established a “Peer Bridger Program” to use mental health consumers in support to OSH patients as they transition to the community
- Peer Bridgers develop relationships with patients during their stay at the hospital and continue to provide peer support after discharge
- Three staff have been hired to implement this program
- Expected benefits include:
  - Shorter hospital lengths of stay
  - New peer-led support groups
  - One-to-one counseling to assist patients in their recovery

## OSH: Staff additions

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- **OSH has hired 115 of the 211 CIP new positions** approved by the February 2008 Supplemental Legislative Session
- In addition to the CIP hires, **172 additional staff positions have been filled** by new staff during the first nine months of the year
- **Chronic understaffing** continues to drive dependence on overtime and contract personnel
  - Compromising employee job satisfaction
  - Safety concerns

## OSH: Staff additions

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- Providing **new leadership at OSH**, several key positions have been filled, including:
  - Chief Financial Officer
  - Director of Strategic Planning
  - Director of Pharmacy
  - Director of Security
  - Chief Nursing Officer (April)
  - Superintendent
- The hospital also has added:
  - **Supervising psychiatrists** and other physician specialists
  - **Supervising psychologists** to improve clinical outcomes

## OSH: Improved physician recruitment

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- Agreement with Oregon Health and Science University (**OHSU**) to provide a **chief psychiatrist and additional psychiatrists** to strengthen the psychiatric services at OSH
- OSH has **three more physicians starting this summer** and **eight more interviews scheduled**
- Additionally, OSH has hired a **metabolic physician specialist** who will begin in March
- **Two Chief Medical Officer candidates** are interviewing

## OSH: Registered Nurse Training Program

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- Partnership with the **Oregon Health Career Center** in offering current OSH employees the opportunity to become registered nurses
  - To date, OSH has had **six hospital employees** participate in the training program and they now work for OSH as nurses
  - **Agreement to work at least two years at OSH**
  - **Second group of six** already under way

## OSH: Registered nurse hiring process

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- OSH has developed a new hiring process for RNs
  - Reduced overall steps involved in hiring RNs by 45 percent
  - Reduced the RN hiring timeframe from an average of 80 days to 7 days
  - The plan is to reduce the RN vacancy rate from 22 percent to 10 percent by August 2009
- OSH is committed to having sufficient nursing staff to provide the care needed by patients, including requirements for active treatment
  - Filling vacancies more quickly helps OSH meet those goals

## OSH: Dietary consults

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- OSH has refined the process for a dietary consultation
- The new process:
  - Reduces the overall time to complete and implement dietary consults
  - Increases the percentage of dietary recommendations that are implemented to 100 percent
- This outcome will improve the health of patients by ensuring they receive the appropriate diet to meet their health needs

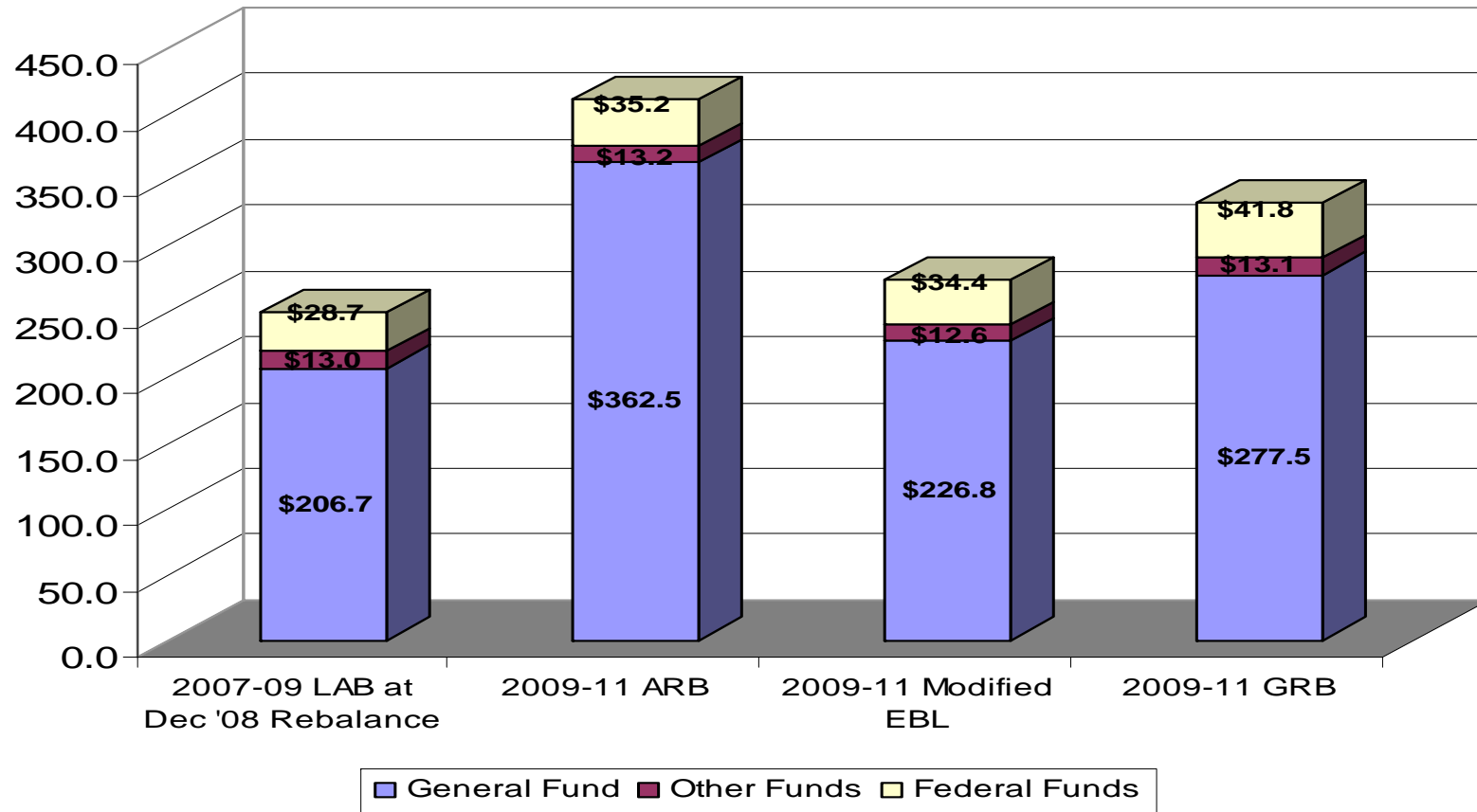
## OSH: Continuing challenges

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- Insufficient staff within the state hospital system to:
  - **(Quality)** – provide appropriate treatment
  - **(Safety)** – for patients and staff
  - **(Fiscal)** – dependence on overtime and contract staff
- Admission of many patients is beyond control of OSH
- PSRB controls a majority of discharges to the community
- Need for **culture change**
  - Implementing new program systems
  - Changing from “**make-do**” to “**can-do**”

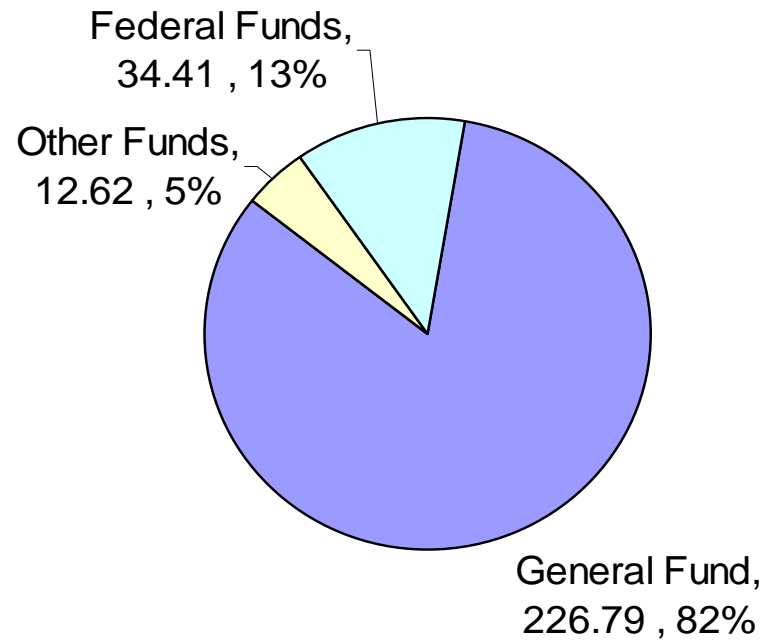
# OSH: 2009-2011 budget comparisons by fund type

**2009-11 Budget Comparisons by Fund (millions)  
Oregon State Hospital**



## OSH: Budget by fund type at modified EBL, \$273.8 million

### Oregon State Hospital



## OSH: 2009-2011 base to modified EBL budget “build”

	General Fund	Lottery Funds	Other Funds	Federal funds	Total Funds	Pos	FTE
<b>Base Budget</b>	211,528,610	-	12,513,090	32,398,505	256,440,205	1,303	1,255.77
<b>Essential Packages:</b>							
Package 010 - Vacancy and Non-PICS PS	10,594,344	-	51,767	(208,358)	10,437,753	-	-
Package 021 - Phase-in (Roll-up costs)	704,557	-	-	-	704,557	-	-
Package 022 - Phase-out (programs, policies,	-	-	-	-	-	-	-
Package 030 - Inflation - cost of goods & svcs	4,655,196	-	56,381	1,550,136	6,261,713	-	-
Package 040 - Mandated Caseload	-	-	-	-	-	-	-
Package 050 - Fund Shifts (Change in FMAP)	(669,991)	-	-	669,991	-	-	-
Package 060 - Technical Adjustments	(26,712)	-	-	-	(26,712)	-	-
<b>2009-11 Total Essential Budget Level (EBL)</b>	<b>226,786,004</b>	<b>-</b>	<b>12,621,238</b>	<b>34,410,274</b>	<b>273,817,516</b>	<b>1,303</b>	<b>1,255.77</b>
Package 070 - Revenue Shortfalls	-	-	-	-	-	-	-
<b>2009-11 Total Modified EBL</b>	<b>226,786,004</b>	<b>-</b>	<b>12,621,238</b>	<b>34,410,274</b>	<b>273,817,516</b>	<b>1,303</b>	<b>1,255.77</b>

## OSH modified EBL key drivers

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- Package 010 – Vacancy and non-PICS personal services:
  - Extraordinary inflation exception granted to normalize overtime and holiday pay, as well as shift differentials within the state hospitals (\$8.6 million Total Funds)
- Package 031- 033 – OSH inflation packages:
  - Standard inflation at 2.8 percent (\$1.6 million Total Funds)
  - Medical inflation incremental rate to 4.4 percent (\$0.476 million Total Funds)
  - Allowance for incremental inflation to 12.71 percent rate applied to medical services and supplies (\$3.8 million Total Funds)
  - Incremental inflation increase for food supplies (1.6 percent) and fuels and utilities (6.9 percent)

## OSH: 2009-2011 modified EBL to GRB budget “build”

	General Fund	Lottery Funds	Other Funds	Federal funds	Total Funds	Pos	FTE
<b>2009-11 Total Modified EBL</b>	226,786,004	-	12,621,238	34,410,274	273,817,516	1,303	1,255.77
<b>Adjustments to achieve GRB</b>							
Package 081 - June E-board roll-up	2,660,359	-	-	-	2,660,359	22	22.00
Package 082 - September E-board roll-up	21,137,086	-	-	-	21,137,086	168	168.00
Package 084 - December E-board roll-up	-	-	-	-	-	-	-
Package 090 - Reductions	(8,359,973)	-	(11,002)	7,012,999	(1,357,976)	1	1.00
Subtotal Pre-POPs GRB	242,223,476	-	12,610,236	41,423,273	296,256,985	1,494	1,446.77
<b>Policy Option Packages in GRB</b>							
Package 188 - New Facility Staffing	25,784,491	-	496,578	275,365	26,556,434	357	202.26
Package 198 - CIP Staffing	9,442,130	-	-	94,542	9,536,672	170	78.43
<b>Governor's Recommended Budget</b>	277,450,097	-	13,106,814	41,793,180	332,350,091	2,021	1,727.46

## OSH: Modified EBL to GRB budget key drivers

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- Package 081 – June Emergency Board roll-up:
  - OSH Continuous Improvement Plan – 22 positions released and funded by special purpose appropriation in June 2008
  - Rolled-up for 2009-2011 at \$2.6 million Total Funds
- Package 082 – September Emergency Board roll-up:
  - OSH Continuous Improvement Plan – remaining 168 positions of requested 211 positions under the CIP released and funded by special purpose appropriation in September 2008
  - Rolled-up for 2009-2011 at \$21.1 million Total Funds

## OSH: GRB proposed investments

<b>Oregon State Hospital Staffing and CIP</b>	<b>General Fund</b>	<b>Lottery Fund</b>	<b>Other Fund</b>	<b>Federal Fund</b>	<b>Total Fund</b>
<b>Staffing of new Oregon State Hospital:</b> Staffing, equipment and supports to open and operate a new state-of-the-art psychiatric treatment and recovery facility to replace Oregon State Hospital are supported with this package. These resources will allow progress toward the goal of 20 hours of active psychiatric treatment for each patient each week, but will not allow OSH to achieve the 20 hours per week called for in the Continuous Improvement Plan as soon as was initially anticipated. This will assist patients toward timely recovery and successful community transitions.	42.4	-	0.5	0.4	43.3

## Blue Mountain Recovery Center

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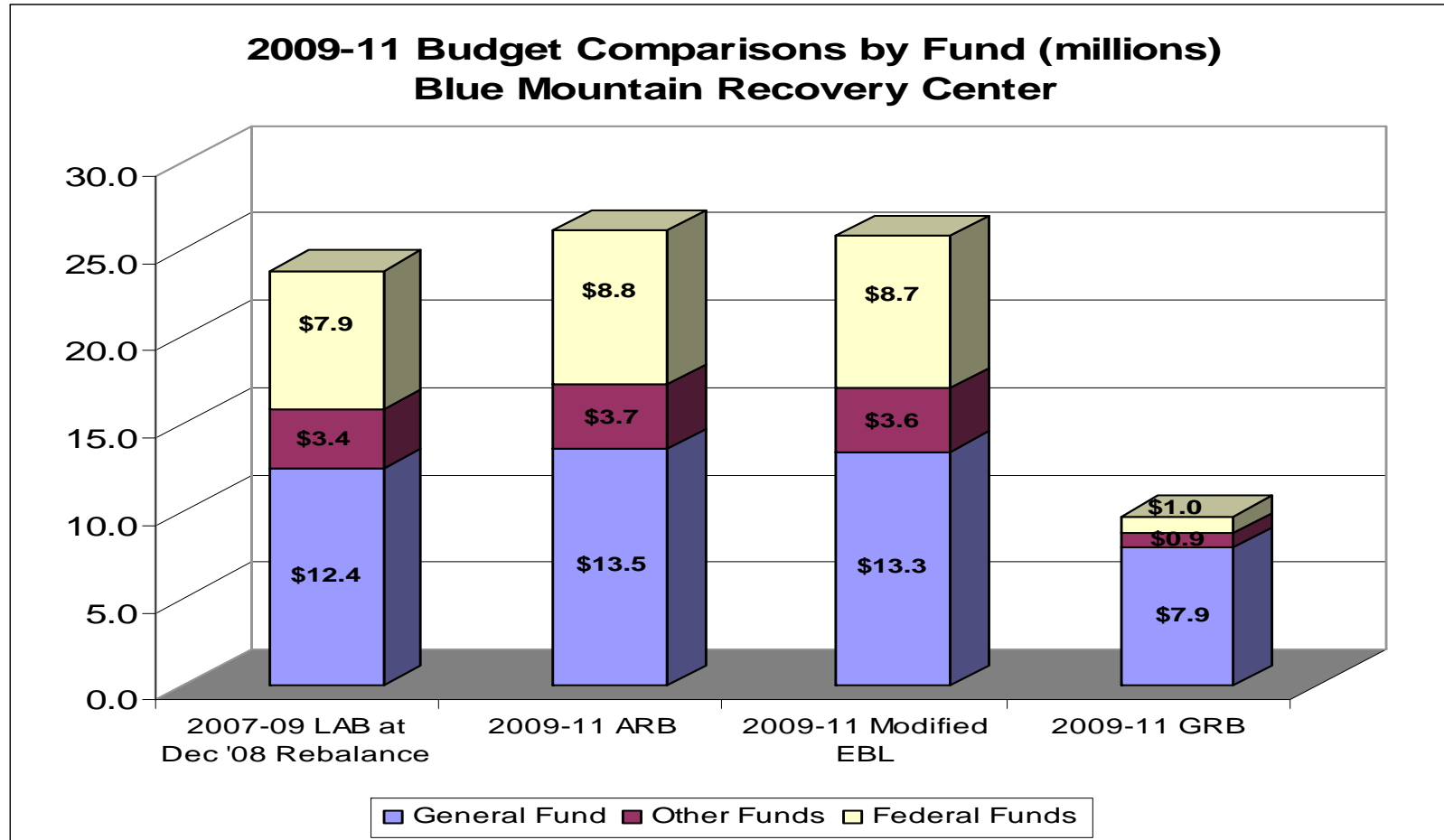
- BMRC includes two 30-bed units with groups and activities throughout the facility
- BMRC provides treatment for civilly committed clients
- Clients learn how to take charge of their lives and return to the fullest possible participation in their families, jobs and community as quickly as possible

## Blue Mountain Recovery Center

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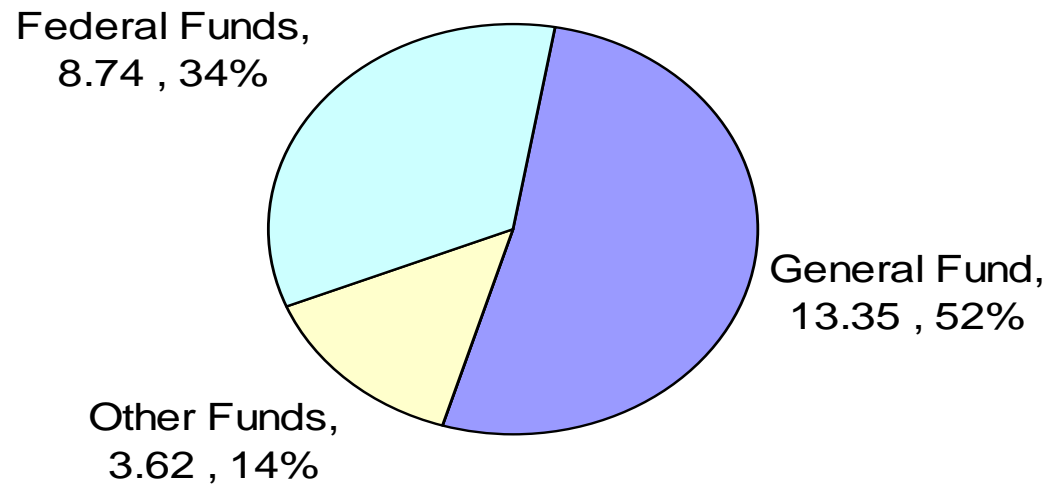
- Since 2000 BMRC has averaged at least 236 admissions and discharges per year, representing more than 20,000 in-patient days per year
- BMRC is the primary state hospital resource for central and eastern Oregon
- Clients from St. Charles Bend are given preferential admission to maintain open acute psychiatric beds in the region
  - St. Charles is the only acute care hospital east of the cascades with dedicated in-patient psychiatric services

# BMRC: 2009-2011 budget comparisons by fund type



## BMRC: Budget by fund type at modified EBL: \$25.7 million

### Blue Mountain Recovery Center



## BMRC: 2009-2011 base to modified EBL budget “build”

	General Fund	Lottery Funds	Other Funds	Federal funds	Total Funds	Pos	FTE
<b>Base Budget</b>	12,449,617	-	3,586,011	8,556,077	24,591,705	126	133.08
<b>Essential Packages:</b>							
Package 010 - Vacancy and Non-PICS PS	672,572	-	21,287	(104,623)	589,236	-	-
Package 021 - Phase-in (Roll-up costs)	18,261	-	-	-	18,261	-	-
Package 022 - Phase-out (programs, policies,	-	-	-	-	-	-	-
Package 030 - Inflation - cost of goods & svcs	417,931	-	10,529	75,750	504,210	-	-
Package 040 - Mandated Caseload	-	-	-	-	-	-	-
Package 050 - Fund Shifts (Change in FMAP)	(211,598)	-	-	211,598	-	-	-
Package 060 - Technical Adjustments	-	-	-	-	-	-	-
<b>2009-11 Total Essential Budget Level (EBL)</b>	<b>13,346,783</b>	<b>-</b>	<b>3,617,827</b>	<b>8,738,802</b>	<b>25,703,412</b>	<b>126</b>	<b>133.08</b>
Package 070 - Revenue Shortfalls	-	-	-	-	-	-	-
<b>2009-11 Total Modified EBL</b>	<b>13,346,783</b>	<b>-</b>	<b>3,617,827</b>	<b>8,738,802</b>	<b>25,703,412</b>	<b>126</b>	<b>133.08</b>

## BMRC: Modified EBL key drivers

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- Package 010 – Vacancy and non-PICS personal services:
  - Extraordinary inflation exception granted to normalize overtime and holiday pay, as well as shift differentials within the state hospitals (\$.6 million Total Funds)
- Package 031- 033 – BMRC inflation packages:
  - Standard inflation at 2.8 percent (\$119,000 Total Funds)
  - Medical inflation incremental rate to 4.4 percent (\$42,000 Total Funds)
  - Allowance for incremental inflation to 12.71 percent rate applied to medical services and supplies (\$337,000 Total Funds)

## BMRC: 2009-2011 modified EBL to GRB budget “build”

	General Fund	Lottery Funds	Other Funds	Federal funds	Total Funds	Pos	FTE
<b>2009-11 Total Modified EBL</b>	13,346,783	-	3,617,827	8,738,802	25,703,412	126	133.08
<b>Adjustments to achieve GRB</b>							
Package 081 - June E-board roll-up	-	-	-	-	-	-	-
Package 082 - September E-board roll-up	-	-	-	-	-	-	-
Package 084 - December E-board roll-up	-	-	-	-	-	-	-
Package 090 - Reductions	(5,484,290)	-	(2,758,961)	(7,780,106)	(16,023,357)	-	(109.36)
Subtotal Pre-POPs GRB	7,862,493	-	858,866	958,696	9,680,055	126	23.72
<b>Policy Option Packages in GRB</b>							
Package 188 - New Facility Staffing	-	-	-	-	-	-	-
Package 198 - CIP Staffing	-	-	-	-	-	-	-
<b>Governor's Recommended Budget</b>	7,862,493	-	858,866	958,696	9,680,055	126	23.72

## BMRC: GRB proposed reductions

<b>BMRC Closure</b>	<b>General Fund</b>	<b>Lottery Fund</b>	<b>Other Fund</b>	<b>Federal Fund</b>	<b>Total Fund</b>
<p><b>Closure of Blue Mountain Recovery Center (BMRC) on 1-1-10</b> - Clients will be transitioned to community settings over a six-month period beginning July 31, 2009. Costs for preparing the facility for closure and mothball expenditures are included in the pricing. In addition, costs for development of community beds and ongoing treatment costs are included. This results in the loss of 60 beds of state hospital level of care that serves the eastern region as well as residents of western Oregon. While the plan includes services for people residing at BMRC as of the date of closure, there is a loss of state hospital level of care.</p>	(4.9)	-	(2.8)	2.4	(5.3)

# Themes

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- State hospital is making significant progress
- Quality of care is improving
- Staff recruitment is exceeding expectations