## **Brown Ashley R**

From: Matteucci Dolores (Dolly)

Sent: Monday, October 18, 2021 5:10 PM

**Subject:** UPDATED DIRECTIVE- Assessing patients under 370 order for HLOC

This message is intended for Salem Campus IDT members and all those involved and interested in the HLOC Process.

Dear OSH Team,

Following my July 2019 directive, we began assessing patients under Aid and Assist orders (ORS 161.370) for continuing need for treatment at a Hospital Level of Care (HLOC). With rare exceptions, these were patients whose charges were limited to misdemeanors. Since then, we have discharged many patients to the community to continue to receive treatment and restoration services.

The OHA Health Systems Division and OSH continue to work diligently to increase the capacity for community-based competency restoration. A critical element of success for these efforts is the hospital's ability to identify patients under Aid and Assist orders who no longer need to be in the hospital and can be restored in the community.

In the 2021 legislative session, <u>Senate Bill 295</u> made changes to ORS 161.370. These changes permit OSH to determine that "a hospital level of care is no longer necessary due to present public safety concerns and the acuity of symptoms of the defendant's qualifying mental disorder" for patients with misdemeanor or felony charges, and file notice with the court for consideration of community-based competency restoration. These changes coincide with the opening of a new unit in Junction City and the need to identify patients under Aid and Assist that can reside at Secure Residential Treatment Facility (SRTF) level of care in the Bridges units.

Therefore, effective November 1, 2021, it is my directive that the following changes be made to our HLOC assessment process, also known as "Ready To Place" (RTP):

- In addition to patients with misdemeanor-only charges, treatment teams will also assess patients whose highest charge is a non-person-to-person felony C.
- Patients will be provisionally assessed within 10 days of admission. That assessment will be finalized at the 30-day Treatment Care Plan (TCP) meeting, and patients will be reassessed at minimum every 30 days during the TCP meeting.

 Patients must also be assessed, regardless of charges, within five judicial days of receipt of court order or Community Mental Health Program (CMHP) request.

Trainings on the HLOC process will be provided to teams new to the process. Should you have any questions regarding the process, please contact your Associate Director of Social Work.

You will find all documents associated with the Hospital Level of Care Process on the <u>Assessing</u> for a Hospital Level of Care OWL page. These include:

- Hospital Level of Care Standard Work
- Hospital Level of Care Process Map
- Example- Clinical HLOC Assessment
- LOCUS AVATAR Tip Sheet
- Ready to Place Checklist

For those already familiar with the process, the following changes have been made:

- Treatment Care Plan Specialists (TCPS) will be provided a daily list of patients whose highest charge is a non-person-to-person felony C to supplement the current report and allow the TCPS to identify which patients to assess for HLOC.
- TCPSs will save the HLOC Assessment from the 10-day Treatment Care Plan *in draft*. This will be reviewed and finalized at the patient's first 30-day Treatment Care Plan review.
- Patients assessed as no longer needing HLOC, or "Ready to Place," will be eligible to transfer to Bridges units.
- Social workers will notify the treatment team of any 370 Liaison requests or court orders for a HLOC Assessments for patients that would not normally be reviewed due to their highest-level charge.
- Social workers will enter Detailed Legal information into AVATAR within one business day of admission.
- Social workers will complete the LOCUS independently, and only if a patient is assessed as "Ready to Place."
- The documents associated with the HLOC process, known as the "Ready to Place Packet," will be e-signed and transmitted for review electronically.

This directive replaces the previous Assessing Aid and Assist Patients for a Hospital Level of Care (HLOC) directive and will remain in effect until <u>OSH Policies and Procedures</u> are updated or the directive is otherwise rescinded.

Sincerely,

Dolly

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