



Office of the Director

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January 27, 2012

The Honorable Senator Peter Courtney, President
The Honorable Representative Bruce Hanna, Co-Speaker
The Honorable Representative Arnie Roblan, Co-Speaker
900 Court Street NE
S-201, H-269 State Capitol
Salem, OR 97301-4048

Re: SB 5529 (2011) Budget Note Report

Dear President Courtney and Co-Speakers Hanna and Roblan:

During the 2011 session, a budget note to SB 5529 directed that the Oregon Health Authority (OHA) work with the Psychiatric Security Review Board (PSRB) to determine the need for community placements for PSRB patients at the Oregon State Hospital for whom a hospital level of care is not necessary on an on-going basis. The note also directed OHA to develop recommendations for the potential need for additional 16-bed residential facilities as well as other types of facilities. This report is a joint report between OHA and PSRB.

The report is attached and is also available at: www.oregon.gov/OHA/legactivity/

Summary

This work was completed by the Addictions and Mental Health (AMH) Division in collaboration with the Psychiatric Security Review Board. In order to complete this work, AMH convened a work group to review data on forty-three patients eligible for conditional release and facilities from a snapshot of time of September 1, 2011. The findings are as follows:

1. No additional 16-bed Secure Residential Treatment Facilities (SRTFs) are needed at this time. Based on the data reviewed, there is not a need to add additional SRTFs to the current capacity due to the patients' needs for placement upon discharge.
2. There is an immediate need for additional residential medical facilities to serve those persons who have significant medical needs. Future residential medical facilities will need the appropriate staff possessing the medical skills necessary for treatment of those consumers receiving

services. Future development will need to assure that the medical needs of those persons leaving OSH are met, proportionate to the number of those persons moving to community based care.

3. There is a need for development of additional Residential Treatment Facilities (RTFs)/Residential Treatment Homes (RTHs) in proximity to the current SRTFs to assist in moving people to a lower level of care. Currently there are areas in the state where these facilities do not exist.
4. There is a need for current facilities and community residential providers to provide specific and specialized treatment (e.g. sex offender treatment) in facilities that currently treat other mental health needs. This will allow current providers to meet the needs of those being discharged while simultaneously meeting the community demand for services.
5. There is an immediate need for dedicated "crisis respite" facilities as part of the continuum of care located regionally at a minimum and preferably by county in those counties serving the greatest numbers on conditional release. This would allow the PSRB to use these facilities to avoid revocation, thereby maintaining people in the community with the necessary services and supports.
6. There is a need for additional Intensive Case Management and Assertive Community Treatment and the associated community supports and housing.

OHA will use these recommendations in future budget planning and will develop strategies to implement the recommendations identified by the workgroup. If you have any questions, please do not hesitate to call me, Mary Claire Buckley or Linda Hammond, Interim Director of the Addictions and Mental Health Division.

Sincerely,



Kelly Ballas
Chief Financial Officer
Oregon Health Authority



Mary Claire Buckley
Director
Psychiatric Security Review Board

CC: Co-Chairs, Joint Ways and Means Committee
Co-Chairs, Joint Ways and Means Subcommittee on Human Services
Linda Ames, Legislative Fiscal Office
Kate Nass, DAS Budget and Management

**Oregon Health Authority (OHA)
Addictions and Mental Health Division (AMH)
and
Psychiatric Security Review Board (PSRB)**

**Report on SB 5529 Budget Note:
Need for Community Placement of PSRB Patients**

January 27, 2012

Background

The budget note directs the Oregon Health Authority (OHA) to determine the need for community placements for PSRB patients at the Oregon State Hospital (OSH) who are no longer in need of hospital level care. This work was completed by the Addictions and Mental Health (AMH) Division in collaboration with the Psychiatric Security Review Board. In order to complete this work, AMH convened a work group to review data on forty-three patients eligible for conditional release and facilities from a snapshot of time of September 1, 2011.

As of September 1, 2011 there were a total of 726 persons under the jurisdiction of the PSRB; 43 of whom were eligible for conditional release but still residing in OSH and 401 who were on conditional release in various settings by the following percentages:

- 18.3 % - secure residential treatment facilities
- 3.3% - foster homes in Developmental Disability office
- 30.5% - residential treatment facilities/homes
- 8.7% - adult foster homes
- 17.3% - semi-independent or supported housing
- 4.6% - intensive case management
- 17.3% - independent living (alone, with family or others)

The current PSRB-funded residential capacity is approximately 287 beds distributed over four levels of licensed care with additional intensive case management services and supported housing services with a vacancy rate of less than 5% at any given point in time.

Persons under the jurisdiction of the PSRB are determined ready for community living after successfully completing prescribed treatment in OSH as ordered by the PSRB. Upon treatment completion, the PSRB authorizes persons to be interviewed by county staff from the proposed county of residence. Community mental health treatment providers and residential treatment providers also interview the prospective resident. Once agreement is determined by the PSRB, OSH treatment team, community provider, county and person being transitioned from OSH, a conditional release hearing is scheduled with the PSRB to review the conditional release proposal. Although

consensus is not statutorily mandated, agreement by all parties is the goal in order to provide the greatest chances for the conditional release plan to succeed.

Workgroup Methodology

To assure a representation of the mental health community, the workgroup was comprised of consumers, consumer advocates, county mental health directors, community residential treatment providers and staff from the PSRB, OSH and AMH. Data were collected using a standardized patient assessment tool measuring critical domains for discharge. The assessment tool used was the Individual Needs for Discharge Assessment (INDA). The assessment identifies the needs for community placements for PSRB patients at Oregon State Hospital (OSH) for whom a hospital level of care is not necessary on an ongoing basis. The workgroup recommendations were based on a “snapshot in time” of those needs. All the assessments were reviewed by OSH staff to assure reliability and provide consistent chart reviews. Prior to the initial meeting, workgroup members were provided with the results of the chart review showing individual needs as of September 1, 2011, a statewide map of mental health facilities by residential type and size for adults under the jurisdiction of the PSRB, a map of the number of adult PSRB clients on conditional release in each county in the state and a statewide list of facility vacancies for PSRB clients as of September 30, 2011.

The data analyzed included:

- The individualized needs of the 43 persons who were eligible for conditional release as of September 1, 2011. (with identifying information redacted)
- OSH conditional release referral list as of September 1, 2011.
- A statewide map of mental health facilities by type and size for adult residents under PSRB
- A map of the number of adult PSRB clients on conditional release in each county in the state of Oregon
- A statewide list of facility vacancies for PSRB clients as of September 30, 2011

The workgroup met twice (November 1, 2011 and November 9, 2011) and the following recommendations are the result of those meetings. Recommendations were based on this “snapshot in time” of September 1, 2011.

Recommendations

The recommendations of the group are as follows:

1. No additional 16-bed Secure Residential Treatment Facilities (SRTFs) are needed at this time. Based on the data reviewed, there is not a need to add

additional SRTFs to the current capacity due to the patients' needs for placement upon discharge.

2. There is an immediate need for additional residential medical facilities to serve those persons who have significant medical needs. Future residential medical facilities will need the appropriate staff possessing the medical skills necessary for treatment of those consumers receiving services. Future development will need to assure that the medical needs of those persons leaving OSH are met, proportionate to the number of those persons moving to community based care.
3. There is a need for development of additional Residential Treatment Facilities (RTFs)/Residential Treatment Homes (RTHs) in proximity to the current SRTFs to assist in moving people to a lower level of care. Currently there are areas in the state where these facilities do not exist.
4. There is a need for current facilities and community residential providers to provide specific and specialized treatment (e.g. sex offender treatment) in facilities that currently treat other mental health needs. This will allow current providers to meet the needs of those being discharged while simultaneously meeting the community demand for services.
5. There is an immediate need for dedicated "crisis respite" facilities as part of the continuum of care located regionally at a minimum and preferably by county in those counties serving the greatest numbers on conditional release. This would allow the PSRB to use these facilities to avoid revocation, thereby maintaining people in the community with the necessary services and supports.
6. There is a need for additional Intensive Case Management and Assertive Community Treatment and the associated community supports and housing.

Next Steps:

AMH will use these recommendations in future budget planning and will develop strategies to implement the recommendations identified by the workgroup.