June 7, 2019

The Honorable Kate Brown
Governor, State of Oregon
254 State Capitol
Salem, OR 97301

RE: Actions to address capacity crisis at the Oregon State Hospital

Dear Governor Brown:

Oregon State Hospital is straining to maintain a safely manageable patient population due to the escalating number of “aid and assist” orders from local jurisdictions. I am writing to update you on the actions I have asked the Oregon Health Authority’s state hospital and behavioral health leaders to take to address the capacity crisis at Oregon State Hospital and the deadlines I have established to pursue these urgent steps.

Currently there are more than 260 patients at Oregon State Hospital under an “aid and assist” order. The “aid and assist” population accounts for more than four in 10 state hospital patients. There are approximately 40 people under “aid and assist” orders on an admissions list, and the state hospital is unable to admit that many patients within the seven-day timelines set under the federal Oregon Advocacy Center v. Mink decision. On June 4, 2019, a Washington County court held the state in contempt for not meeting the seven-day requirement for four “aid and assist” admissions.

The capacity crisis at the state hospital is due to three factors:

- **A dramatic increase in “aid and assist” orders**: Since 2012, patients admitted to Oregon State Hospital under an “aid and assist” order by courts have more than doubled. This demand coincides with a statewide housing crisis and increased arrests of people who are homeless and mentally ill. (For years 2017 and 2018 60 percent of “aid and assist” patients admitted to the state hospital were homeless at the time of their arrest.)

- **Need to expand community restoration and other local behavioral health services**: Community restoration services allow mentally ill defendants to be evaluated, treated and restored to competency close to home, where they have more supports and better chances for long-term stability. Community-based treatment is often the most effective intervention for people with serious mental illness. Local providers can help patients avoid crises that can bring them into contact with their local justice systems.
Delays in counties returning patients back into their communities: Currently, 28 people under “aid and assist” orders at the hospital have been stabilized so they no longer need hospital-level care. This means they could continue their competency restoration in their own community, but they cannot leave because counties have been unable to coordinate timely and effective transition plans.

To address these issues, I’ve directed Health Systems Division and the Oregon State Hospital leaders to complete a set of urgent actions, which they are currently pursuing within specific timeframes, to 1) Reduce the amount of time people are waiting for admission to the Oregon State Hospital; 2) Reduce the length of stay for current patients to make room for new admissions; 3) Increase community services for those who do not need hospital-level care to divert them from the hospital. These actions include:

1. Prioritize the admission of patients who are committed to Oregon State Hospital under “aid and assist” orders, recognizing the impact this policy change will have on access to hospital services for patients who have been civilly committed.

2. Work with counties to speed the release of patients who can be restored to competency in the community and no longer need hospital-level care.

3. Support and implement legislation to reduce potentially inappropriate “aid and assist” orders, such as defendants who are charged with minor offenses or do not need hospital-level care. These statutory changes would free beds for defendants who have more severe mental illness or pose a greater risk to themselves or their communities.

4. Increase capacity for community restoration services through $7.6 million received through the Aid and Assist Policy Option Package, if approved by the Legislature, and assess other options to expand community-based services, such as using the Northwest Regional Re-entry Center and reallocating funds left from de-commissioning the Dammasch State Hospital to support community restoration.

5. Help counties reduce arrests of people with mental illness by supporting jail diversion and crisis treatment services for people with mental illness. Implement the Behavioral Health Justice Reinvestment Project to expand treatment and supported housing for people with mental illness who are frequently involved in local health care and justice systems.

These steps will help Oregon State Hospital alleviate the “aid and assist” population pressure. However, the state hospital cannot solve this capacity crisis on its own. We look forward to continuing to work with legislators and local leaders to adopt more effective solutions that prevent people with mental illness from being arrested, keep them out of jail, divert those who don’t need acute treatment from the state hospital and offer them housing and treatment in their own communities.