2009 AOCMHP Policy Statement:
Relieving Pressure on the Oregon State Hospital

Oregon is moving toward an integrated "Recovery Model" system of mental health care. That's exciting news for the approximately 172,000 people that cope with major mental illness in Oregon. Oregon should have a fully funded continuum of choices for modern treatment and recovery options so that people get just the right level of care to match their needs. Community Mental Health Programs in partnership with the Addictions and Mental Health Division (AMH), Mental Health Organizations (MHO's), community hospitals and mental health consumers have had dramatic success in building this recovery model and reducing the utilization of the State Hospital for civil purposes. Less than 30% of OSH beds were utilized for civil purposes in 2007! Treating the first signs of mental illness and providing complete wrap around services tailored to the individual's needs in the community is the most cost effective way to divert more expensive hospital care. The cost for institutional care is expensive and unsustainable.

Hospitalization

- A single 10-day episode of acute psychiatric hospitalization costs more than $10,000.
- An average per-patient cost at the Oregon State Hospital is about $164,000 a year.

-vs.-

Community Solutions

- The average yearly cost per person of treating a youth in the Early Assessment and Support Team (EAST) program for early psychosis is $12,000. This service for 2-3 years saves a lifetime of disability and institutional care for most of the young adults enrolled.
- The average cost of a statewide full time peer-run warm line is $101,000 a year. A small pilot project begun in Morrow-Wheeler Counties in January 2008 was so successful in averting crises that more counties joined in to sponsor it and extend its hours of operation.
- The average cost of Assertive Community Treatment per patient is about $14,000 a year.
- The average cost per person, per year residing in community residential treatment care is $61,278. (only 40% is General Fund)

We have a challenged system because we are only funding bits and pieces of the system. We know what works. We know what the continuum should look like. We have a road map for funding it: the Community Services Workgroup Report 2008, Children's Wrap-around Report 2008, and the Community Addiction Services Investment Strategy Report 2008. We need to provide adequately funded community prevention, treatment, and recovery programs along with housing supports to greatly reduce our dependence on more expensive hospital and incarceration placements. **Oregon State Hospital services are predominately funded by state General Fund whereas community inpatient and outpatient services leverage other funding including Medicaid.**

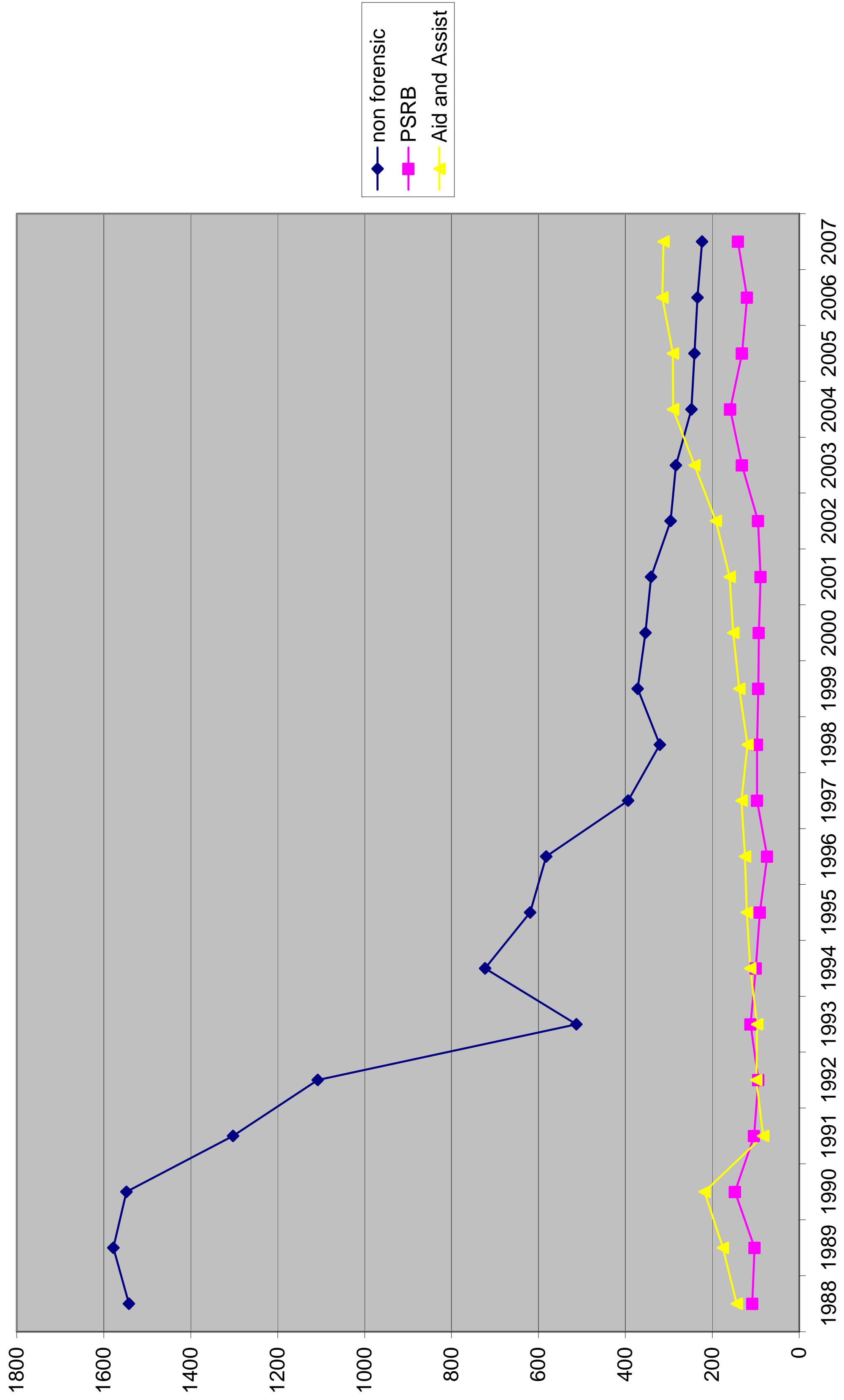
It is imperative that the 2009 Oregon Legislature create funding mechanisms to support the plans that are already complete for a humane and cost effective community based service continuum.

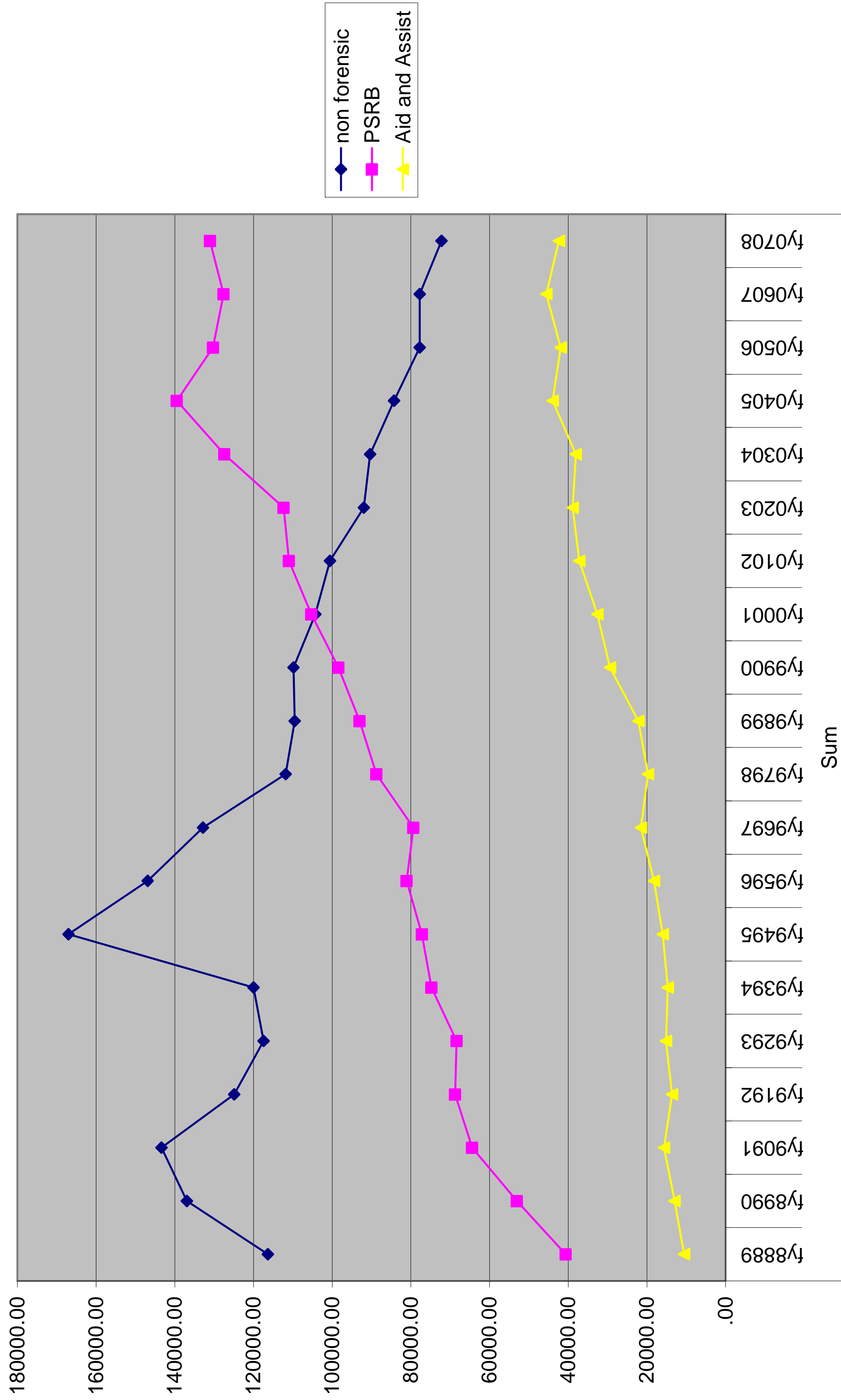
The following charts[1] show how the state hospital has over time become a forensic hospital. The increases in PSRB[2] and "Aid & Assist"[3] commitments since 2002 can be directly related to the effects of budget cuts in the early 2000's that significantly reduced capacity for Substance Abuse Treatment and that eliminated mental health coverage for OHP Standard.

- The average daily census of *non-forensic* patients has steadily decreased from a high of 457 (64%) in 1994 to 197 (29%) in 2007. This can be attributed to the advent of the Oregon Health Plan and the success of counties and MHO's in improving community programs, developing alternatives to hospitalization, and developing new housing alternatives.
- *Forensic* (PSRB) admissions averaged fewer than 100 per year from 1988 through 2002. From 2003 through 2007 they have significantly increased by 37%.
- PSRB bed days have steadily increased due to the combination of increased admissions and to the long-term length of stay.
  - The percentage of beds housing PSRB patients has increased from under 25% (1988) to 30% (1994) to 41% (1998) to 46% (2002) to **53% in 2007**.
- In 2001-02 there were 160 "Aid & Assist" admissions. These required 37,207 bed days. By 2007-08 the number of Aid & Assist admissions had nearly doubled (to 312) and accounted for 42,368 bed days (17%).

The Oregon State Hospital total population has remained fairly constant. Mental illness is a predictable percentage of the population and it is impressive that the state hospital population was steady from 1988 to 2008 while Oregon's population grew by 37% over the same 20 year period. Without community programs that would have resulted in a need for about 250 beds in addition to the 650+ that we have currently.

[1] Data & charts provided by the Oregon DHS, Addictions and Mental Health Division, 2008.
[2] Psychiatric Security Review Board (PSRB). Persons who receive a judicial finding of "guilty except for insanity" are remanded to the custody of the PSRB, which monitors the course of their recovery and has authority over where and for how long they are placed for psychiatric care.
[3] "Aid and Assist" commitments (ORS 161.370) are ordered by judges for persons who are deemed unable to assist in their own defense due to mental health issues. These persons receive care until they are stabilized and deemed able to assist in their defense.


Admissions to OSH by Type
non forensic
PSRB
Aid and Assist
1800
1600
1400
1200
1000
800
600
400
200
0
1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007



OSH Bed Days By Type
non forensic
PSRB
Aid and Assist
180000.00
160000.00
140000.00
120000.00
100000.00
80000.00
60000.00
40000.00
20000.00
.00
fy8889
fy8990
fy9091
fy9192
fy9293
fy9394
fy9495
fy9596
fy9697
fy9798
fy9899
fy9900
fy0001
fy0102
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fy0405
fy0506
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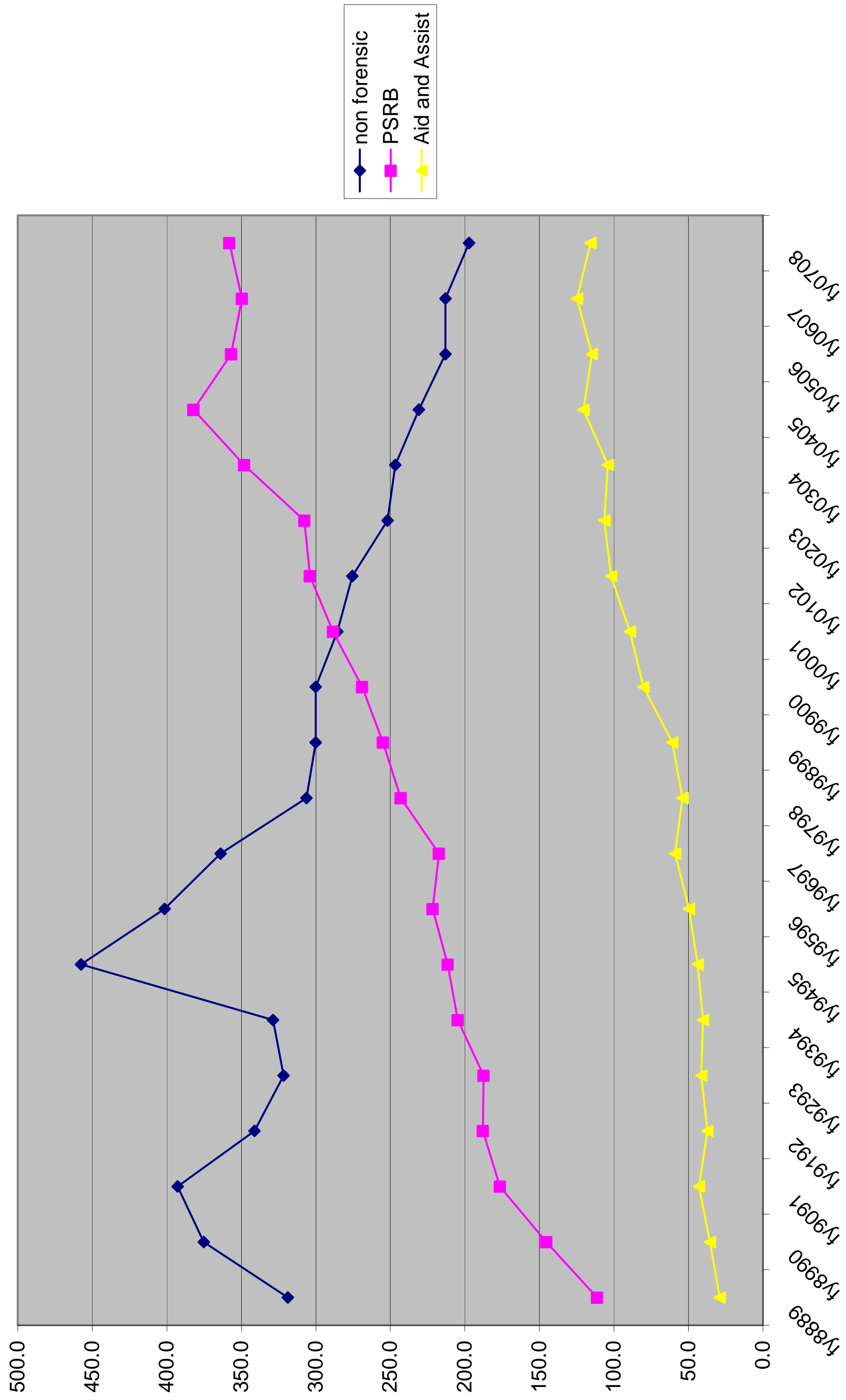

OSH Average Daily Census By Type
non forensic
PSRB
Aid and Assist
500.0
450.0
400.0
350.0
300.0
250.0
200.0
150.0
100.0
50.0
0.0
fy8889
fy8990
fy9091
fy9192
fy9293
fy9394
fy9495
fy9596
fy9697
fy9798
fy9899
fy9900
fy0001
fy0102
fy0203
fy0304
fy0405
fy0506
fy0607
fy0708