The 1988 Governor's Commission on Oregon's Psychiatric Inpatient Services: What Happened?

Office of Mental Health and Addiction Services
February 12, 2003

Governor Neil Goldschmidt appointed a 14-member commission to examine the provision of psychiatric inpatient care to persons with severe and chronic mental illness and to recommend a comprehensive plan for the development of improved services. He noted the erosion of the quality of care in state hospitals and cited the current crisis in state and local mental health services.

The Commission made 6 recommendations:

1. Establish long-range planning and budgeting;
2. Enhance the state hospital programs;
3. Establish local or regional acute inpatient programs;
4. Increase community services like residential, crisis, outpatient and dual diagnosis programs;
5. Add 168 beds for forensic patients by 1995; and,
6. Reconstruct and remodel state hospital facilities using a prioritized schedule.

These improvements were to be accomplished by increasing the state General Fund investment in mental health by about 50%.

The report predicted measurable benefits as follows:

1. All state hospital units will be accredited and certified to make more federal resources available;

2. Increased state hospital staffing will reduce injuries to patients and staff;

3. Persons with serious mental illness will regain access to voluntary inpatient care;

4. Local or regional acute care programs will serve between 4,000 and 5,000 individuals per year and state hospital admissions will decrease by 60% as a result;

5. Length of stay for acute care will be reduced from 40 days to 10 days; and,

6. More than 1,000 new individuals will receive outpatient care in community programs.

What Happened?

1. Planning: The Division developed a series of 3 statewide mental health plans in the early 1990s. Federal block grant requirements have added annual plans for a number of years but because the plans are driven by multiple priorities, some of which are federally established, the plans have lacked focus on the state hospital itself and community system interface.

   HB 3024 was passed by the 2001 Legislature to ensure comprehensive local planning but before the plans could be implemented, the current budget crisis overrode any hopes that the plans could realistically contribute to state hospital and community system improvements. Most planning for changes in these areas have been ad hoc based on fiscal crises such as Measure 5, state hospital census pressures, and some short-term biennial budget planning.

2. State hospital programs: State hospitals have focused on the needs of extended care patients since the development of the acute care hospitals. Treatment malls at EOPC and OSH are examples of creative adaptations in addition to specialized units for serving geropsychiatric patients, head-injury patients, high-security need forensic patients, and long-term civil commitment patients. However, many of the needed improvements in state hospital staffing and facilities, which the Report described as necessary, did not occur.

3. Local or regional acute inpatient programs: There are 15 local acute care units which have either been established, enhanced or re-opened primarily as a result of the acute care initiatives starting in 1990. Approximately 200 beds are available on a daily basis for local or regional acute care. Only one unit at EOPC admits acute care patients to a state hospital setting.

4. Increase community services: Since 1988, nearly 600 new enhanced or extended care placements have been created. These represent a range of intensive services that did not exist at the time of the Governor's Commission Report. They include intensive supported housing, employment, secure residential treatment, enhanced adult foster care, and

other specialized services such as dual diagnosis residential treatment. The Oregon Health Plan significantly increased access to outpatient care beginning in 1995 so that the estimate of un-served adults is now down to less than 20% rather than the 50% estimated in 1988.

5. Add 168 beds for forensic patients. Since 1990, OSH has closed four DOC/forensic wards and one PSRB/forensic ward. In that time, OSH has opened one PSRB/forensic ward and one "370"/forensic ward. Apart from the DOC wards, the net increase in forensic beds has been 44.

6. Reconstruct and remodel state hospital facilities: Remodeling of the 50 building at OSH, closure of Dammasch with its replacement in a leased 68 bed modern building in Portland, the development of the Secure Children's Inpatient Program in Portland for children 13 years and younger, and other improvements have been made. However, capital improvements on many other of the state hospital facilities have lagged far behind and deferred maintenance on many units are an increasing concern.

Measurable benefits achieved:

1. OSH is JCAHO accredited overall and CMS certified in its distinct part (adolescent and geropsychiatry). EOCP is CMS certified.

2. State hospital staffing has improved. Injuries and the use of seclusion and restraint have declined significantly.

3. Persons with serious mental illness have regained access to acute inpatient care on a voluntary basis--40% of local acute care admissions are voluntary.

4. Local acute care programs now admit over 6,000 patients per year, exceeding the 4,000-5,000 goal of the 1988 Report.

5. Length of stay for acute care has been reduced from 40 days to 11.2 days.

6. Largely because of the Oregon Health Plan, the number of children served has soared to nearly 40,000 and the number of adults served to nearly 70,000, far exceeding the goal of 1,000 new patients for outpatient care envisioned by the 1988 Report.

Things That Have Happened That We Had Not Anticipated

Positive:

1. The development of an entire system of Extended and Enhanced Care Services with the Extended Care Management Unit serving as the primary gatekeeper for admissions to state hospital wards for civilly committed adults and admissions/discharges to the nearly 600 community-based alternative beds.

2. The infusion of Medicaid funding through the Personal Care Option as a major federal contribution to the increased development of adult foster care (both regular and enhanced care) and residential treatment homes and facilities.

3. The availability of additional funding through the Oregon Health Plan and through Department funds available as a result of welfare reform at several critical Rebalancing Plans.

4. The development of the Secure Children's Inpatient Program as an alternative to children and young adolescents being served in the state hospital, resulting from the closure of the children's ward at OSH.

5. The development of the Post Acute Intermediate Treatment Service concept at Heeran Center and Telecare Recovery Center as a viable option for extended care patients who would otherwise have stayed in acure care waiting for a state hospital bed.

6. The ability to decrease geropsychiatric beds to 109, largely through active treatment and the efforts of the Geropsychiatric Outreach Team and the Enhanced Care facilities.

7. The growing recognition of Evidence-Based Practices as a more refined and outcome-oriented approach to focusing resources on adults with severe and persistent mental illness.

8. The development of the Early Assessment and Support Treatment Program which is demonstrating the effectiveness of early intervention for youth and families experiencing a first psychotic illness episode.

9. The economy boomed (except for the current economic downfall) making for an overall prosperous state economy to allow for program expansions such as the Oregon Health Plan.

10. Participation by EOPC and OSH in JCAHO's ORYX initiative, which evaluates performance on critical patient care indicators at a national level through NRI (National Research Institute). Participation by EOPC and OSH in the Western Psychiatric State Hospital Association, which evaluates state hospital operations in a best practices model.

11. The introduction of new anti-psychotic medications played a major role in the above described successes.

Mixed:

1. The loss of adult civil commitment beds through the closure of Dammasch. For seven years, we have managed with only 188 beds in Adult Treatment Services while population growth has surged by 15%.

2. We accomplished all of the above despite giving up over $10 million in State GF during the first few years of the Measure 5 adjustments.

3. The Oregon Health Plan expanded access to services but also detracted somewhat from the community mental health system's focus on persons most at risk of state hospital services. This effect was balanced to some degree by the requirement that Mental Health Organizations were responsible for the costs of local acute psychiatric care.

4. The public's continued concern for public safety that leads to difficulties in discharging "risky" patients.

Negative:

1. Measure 5 shifted State GF dramatically toward K-12 public education and away from other state services.

2. A general decline in trust in government.

3. Despite one of the most cost-effective and successful state initiatives to increase affordable housing for adults with mental illness, the cost of housing has continued to rise. Housing costs are estimated to be 76% of household budgets for low income people.

4. The continued exposure of youth and young adults to the effects of alcohol and other drugs; the methamphetamine epidemic has produced an unexpectedly large number of psychiatric casualties.

5. The dramatic increase in health care costs' driven by the cost of pharmaceuticals and hospitals--and the negative effect on the sustainability of health care in general.

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