Ensuring access to equitable and effective behavioral health services

Oregon's behavioral health system must serve all Oregonians in need of services at all levels of care, including those that meet the criteria for civil commitment. The Oregon State Hospital (OSH) and acute care facilities struggled to maintain sufficient capacity before the pandemic and these access and transition of care challenges have only been exacerbated over the past year; in particular, the OSH's closure to civil commitment admissions has severely limited access to necessary treatment services. Community Mental Health Programs (CMHPs), Coordinated Care Organizations (CCOs), and Hospitals are on the frontlines providing treatment services and coordinating care for these Medicaid and non-Medicaid community members. We are working on solutions to appropriately provide treatment services to individuals who require OSH-level of care because they are a danger to themselves and/or others, but we need help.

We acknowledge that the Oregon Health Authority (OHA) is in a difficult position as they mitigate safety risks and COVID transmissions and, at the same time, complying with the Mink Order to ensure Aid & Assist Oregonians do not languish in jail. However, this does not preclude the OHA from admitting the small population in need of OSH-level of care. For these individuals, civil commitment may be the difference between life and death and we ask that they are admitted immediately to the OSH.

When Oregonians who meet civil commitment criteria cannot access the OSH or another appropriate treatment setting, they are experiencing long lengths of stay in community hospitals while awaiting transfer to either long term care at OSH, an SRTF/RTF, or other intensive care environment. Community hospitals with acute inpatient psychiatric units have a workforce, protocols, and intervention strategies intended for stabilization of an acute mental health episode, not for these longer lengths of stay. Further, there is a lack of adequate discharge options for individuals in need of transitions to longer term services and supports. With appropriate throughput to other levels of care once the acute episode is stabilized, community hospitals would have the capacity to adequately meet the demand of current volumes. Misplacing Oregonians who meet civil commitment criteria leads to regressive outcomes, higher costs to the system per day, staff burn out, and safety risks for communities, staff, and other patients.

While our immediate request is for the OHA to admit all people who meet the criteria of civil commitment to the OSH, we know there are many additional short and long-term issues to resolve, such as the need for more community-based step down residential options and a wide array of services and supports to better serve people with severe mental illness. If we do not adequately fund community-based options and invest in the workforce, we will not effectively serve those under civil commitment and this disparity will continue to impact the overall behavioral health system.

We look forward to collaborating with state leadership and developing an implementation strategy to address the immediate need for the civil commitment population and longer term behavioral health system challenges.

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