



Tina Kotek, Governor



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January 31, 2023

Senator Deb Patterson, Chair  
Senator Cedric Hayden, Vice-Chair  
Senate Health Care Committee

Representative Rob Nosse, Chair  
Representative Christine Goodwin, Vice-Chair  
Representative Travis Nelson, Vice-Chair  
House Behavioral Health and Healthcare Committee

900 Court Street NE  
State Capitol  
Salem, OR 97301

SUBJECT: Oregon State Hospital Advisory Board Annual Report

Dear Chairs, Co-Chairs, and Members of the Committees:

In 2009, at the request of the Joint Interim Committee on Oregon State Hospital Patient Care, [SB 25](#) established the Oregon State Hospital Advisory Board (the Board). Upon passage, the bill was codified in [ORS 179](#).

The statute directs the Board to periodically conduct a comprehensive review of federal and state laws concerning, and administrative rules, policies, procedures and protocols of, the Oregon State Hospital related to the safety, security and care of patients. It authorizes the Board to make recommendations directly to the superintendent of the Oregon State Hospital (OSH), the Director of Human Services, the Legislative Assembly or interim committees of the Legislative Assembly concerning: federal and state laws concerning, and administrative rules, policies, procedures and protocols of, the hospital related to, the safety, security and care of patients; performance measures related to the safety, security and care of patients; goals for improvement in the safety, security and care of patients of the hospital and improvements that are under way; and potential legislative proposals or budget packages related to the hospital.

Finally, it directs the Board to report annually to an appropriate committee of the Legislative Assembly regarding the activities of the board. As chair of the Board, I am submitting this letter to the Senate Health Care Committee and the House Behavioral Health and Health Care Committee as the board's annual report.

First, I would like to take a moment to acknowledge the late Representative Mitch Greenlick for his commitment to the well-being of patients at OSH. I would also like to thank recently retired Senate President Peter Courtney for his consistent support. Further, the Board appreciates that Representative Prusak championed our efforts to have a stronger voice at the OSH and Senator Lieber will continue that advocacy.

The Board was initially envisioned to be an independent oversight board for OSH. However, the legislation as originally proposed was weakened significantly, and the Board was never allowed to develop into a meaningful source of governance and support for OSH. Given the current challenges facing OSH – including increasing staff and patient injuries, decreased staff satisfaction, workforce hiring and retention issues, and reports of increasing episodes of violence, harassment, racism and bigotry against staff and patients – it is clear to the Board that OSH would benefit from an empowered board that provided governance, support and strategic direction.

Additionally, the ongoing legal challenges facing the Board that now dictate admissions, populations served, and ongoing policies will continue to plague OSH. This will require additional vocal support for the underlying mission of OSH, which has been lost these last few years in a plethora of legal wrangling. OSH opened a new, state-of-the-art campus about a decade ago, yet the care now provided focuses primarily on the restoration of individuals unable to aid and assist in their own defense, and is no longer focused on the long term recovery of individuals with serious, persistent mental illness. The Board needs to be empowered to take an active role in strategic planning for the future of the Salem Campus, Junction City Campus, and the development of other community services and supports that will enable OSH to help individuals recover and thrive, meeting their full potential.

The members of the Board hope OHA will support legislation giving the Board true governance to support OSH in their mission.

Attached below, please find:

- A list of current Board members; please note several current vacancies
- Information on Board meetings and topics
- Challenges identified by the Board
- Accomplishments
- Current projects
- Areas of concern, and
- Further recommendations from the Board.

Further information about the Board is available on our [webpage](#). Please let me know if you have any questions regarding the work of, or recommendations from, the Board. Thank you.

Sincerely,

*s/ Javonnie Shearn*

Javonnie Shearn, Chair  
Oregon State Hospital Advisory Board

## Oregon State Hospital Advisory Board Members

<u>Name</u>	<u>Position</u>	<u>Voting or Non Voting</u>
Senator Kate Lieber	Senate President's Appointment	Non voting
Representative Rachel Prusak	House Speaker's Appointment	Non voting
** VACANT **	Advocate	Voting
** VACANT **	Advocate	Voting
Javonnie Shearn	Advocate	Voting
** VACANT **	Health Care Professional	Voting
Alice King	Health Care Professional	Voting
Joshua L. Ferreira	Health Care Professional	Voting
Filled	Consumer	Voting
Paul Ruggles	Consumer	Voting
Kimberly Wrolstad	Family Advocate	Voting
** VACANT **	Public Member	Voting
** VACANT **	Public Member	Voting
** VACANT **	PEBU - Physician	Non voting
** VACANT **	PEBU - Nursing	Non voting
Kim Thoma	PEBU - Direct Care Svcs	Non voting

### Board Meetings and Topics

- The Board meets every two months, for a total of six times in 2022.
- Topics in 2022 included:
  - The federal court order regarding OSH
  - Peer recovery staffing
  - Patient property and access
  - Patient grievance committee
  - COVID-19 protocols, testing, and visitations

### Challenges Identified by the Board

- Low Board membership turnout.
- Multiple changes to the Board itself.
- The loss of OSH staff representation.
- Lack of dedicated staff to support the Board.
- Inadequate recruiting of new members for the Board.
- Board not feeling valued by OSH leadership.
- Lack of transparency from OSH leadership in a timely fashion.

### Accomplishments of the Board

- Overcoming the challenges to coordination and meeting during an unprecedented pandemic.
- Refocusing our efforts in identifying areas where we can make an immediate and impactful difference in the lives, quality of care and treatment of not only the patient population, but of the staff at OSH.
- Continuing to strategize on longer term goals of becoming more ingrained in the development and implementation of policy and procedures at OSH.
- Advocating for two separate staff concerns about mistreatment and discrimination and raising it to the superintendent's and Governor's attention through a formal letter drafted by OSHA.

### **Current Projects of the Board:**

- Addressing the reports of inequitable treatment for POC and marginalized populations, both staff and residents, at the hospital.
- Becoming more involved and learning more about policy development, resources, DEIJ policy and client/staff treatment at the hospital.
- Updating the makeup of the Board.
- Developing routine access to data impacting hospital operations including population data, staff and patient injuries, census and other factors affecting the population.

### **Areas of Concern to the Board**

- The lack of access to proper level of care for the Aid & Assist population in the community.
- Re-evaluating the role of the Psychiatric Security Review Board and their role in the larger system. Their decisions impact the entire system, so if they do not discharge a patient due to lack of beds in community, the state hospital bed cannot be filled by someone who needs it.
- How the new federal court ruling will affect the processes for admissions and discharges at OSH.
- The lack of beds for the civil commitment population who at last count had a total of 14 clients in OSH.
- Staffing, including increasing staff injuries.
- Lack of discharge planning with residential and outpatient resources.
- Lack of coordination with the community hospitals currently housing civilly committed individuals.
- Lack of attentiveness and timely response from the superintendent in response to our questions and efforts to be more active in workgroups/hiring process/grievance and complaint review.
- Lack of transparency of communication with the OSHAB on key issues and developments.

### **Recommendations From the Board Regarding OSH and Oregon Health Authority**

- Have a member of the OSHAB be on a review panel for all grievances filed by staff or clients that have been raised above a certain predetermined level. (For example, for complaints of workplace discrimination or client reports of mistreatment/abuse, but not for lesser complaints such as the type of laundry detergent being used for bedding.)
- Encourage the development of an outcome tracker for recidivism of Aid & Assist clients who will now be "fast tracked" through OSH, to determine if there is a sharp rise in the number of people who do not follow through with restoration orders after discharge and are arrested again.
- Investments in community-based care to manage and assist the Serious and Persistent Mental Illness population, regardless of designation (Civil, PSRB, or Aid & Assist).
- Staff the Board with a Manager, Policy Analyst and Administrative Assistant to assist with the duties of the Board.

### **Recommendations From the Board Regarding the Board**

- Improve and stabilize membership of the Board by quicker review of potential applicants and review of the current make-up of the Board.
- Mandate that certain organizations (Oregon Psychiatric Physicians Association, Oregon Psychologist Association, Oregon Nurses Association, etc.) provide a representative to the Board to ensure adequate representation.
- Establish agency staff support for the Board.

- Statute requires the Board have OHA staff support, but this has not always happened. Discussions with OHA on need for staff as law states
- Support in needed for this annual report moving forward.
- Change the Board membership changes via legislation.
  - Change one of the Advocates to Family Advocate.
  - Change one of the Health Care Professionals to Consumer. We feel this change will balance out the representation on the Board.
  - Expand the qualified area for “Public Member” to the entire State of Oregon, rather than only the two counties closest to the Salem campus. The population at both the Junction City and the Salem campuses are composed of patients from all counties, so members of the public in all counties should have a voice at the table.
  - Change to get the hospital employee positions on the Board filled and made a priority for the hospital administration. Options include:
    - Authorize the union to select its representative, or at least have a union representative as a substitute or alternative voice at the table.
    - Offer those who attend “flex” time for the hours at the meeting to make it more appealing.