



Date: January 11, 2024

To: The Honorable Tina Kotek  
Governor of Oregon

From: Ebony Clarke, Behavioral Health Director, Oregon  
Health Authority  
Aprille Flint-Gerner, Child Welfare Director, Oregon Department of Human Services

Subject: Update on children's Psychiatric Residential Treatment Facility (PRTF) capacity

Our workgroup is prepared to apprise the Governor and her Cabinet of current status, progress made, and challenges encountered with children's PRTF capacity in the past year.

### Background

In a [memo](#) dated January 7, 2020, Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) jointly recommended adding beds<sup>1</sup> at the PRTF level of care. ODHS and OHA reached this joint recommendation in response to the 2019 directive of the Child Welfare Oversight Board.

### Expanding bed capacity: Successes in 2023

In 2023 ODHS and OHA focused efforts on keeping open as many PRTF beds as possible and making as many additional or new beds as possible available to youth in need. Key achievements specifically related to bed capacity are summarized below.

1. Two programs have been able to reopen beds previously unavailable due to issues related to the COVID-19 pandemic.
  - In May, Trillium Family Services reopened three beds on the Portland Campus.
  - In June, Jasper Mountain re-opened their Crystal Creek program after it temporarily closed during the pandemic. Crystal Creek reopened in June with three additional beds, bringing the total PRTF bed count to nine for this provider.

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<sup>1</sup> Initially it was thought that 47 additional beds were needed, and both agencies agreed, but over time but this number did not keep pace with changing availability. Due to fluctuations in licensed facilities over time, reduction and addition of new facilities and the pandemic happening soon after this had been documented in late 2019, there were continual changes, which ebbed over the next several years. The pandemic exacerbated existing workforce capacity and rates were adjusted, but there are still significant workforce issues and beds which cannot be filled. Current goal capacity is reflected in the graphic on page 5 of this document. OHA is anticipating that RCM and other strategies being put in place (mentioned later in the memo) will contribute to system stabilization. The goal is to have the right capacity for children and families.

2. In 2021, OHA provided funding to Looking Glass Community Services for a facility remodel (upgrade) to meet requirements for PRTS. Looking Glass encountered significant delays stemming from the COVID-19 pandemic, but completed the remodel in November 2022, and achieved full staffing in July 2023.
  - ODHS provided onboarding funding and continues to support operational costs to ensure prioritized assessment, as well as psychiatric residential and subacute capacity, for children in the care of Child Welfare.
  - This program expanded by eight beds in 2023 for a total of 20 PRTF beds across the campus.
3. Madrona Recovery, a residential substance use treatment facility, which is becoming a PRTF, adds 18 beds for youth with co-occurring conditions (psychiatric and substance use dual diagnoses) starting February 2024.
  - This project was the result of a behavioral health housing grant agreement, supported by House Bill (HB) 5024 (2021). HB 5024 increased OHA funding to assist Madrona for expansion and licensing as a PRTF.
  - The licensing application was approved in November 2023. The provider has scheduled an open house for January 2024, with plans to begin admitting youth in February 2024.
4. OHA successfully conducted a nationwide search for a new Secure Inpatient Program provider to support youth needing Juvenile Fitness to Proceed Restorative Services (RS).
  - Through this search, OHA's Child and Family Behavioral Health (CFBH) team identified and developed a strong relationship with Nexus Family Healing (Nexus) and finalized a contract in December 2023. Nexus will open a six-bed secure inpatient facility in March 2024.
  - This facility will be on the Albertina Kerr Campus and will provide services exclusively to youth ordered into inpatient RS treatment.
5. In total, these newly finalized PRTF contracts and one completed expansion project described above are resulting in an increase of 32 beds, all of which will be in service by April 2024.

### Enhancing broader system capacity: Progress made in 2023

Expanding PRTF bed capacity will not resolve all the access to care issues for youth involved with Child Welfare. Continued collaboration with consumers, agencies and interested parties will be necessary to build sustainable practices for access to the right care, at the right time, and for the right duration. OHA and ODHS have made the following progress in the past year:

#### ***Behavioral health rate study***

OHA, with the support of ODHS, completed a comprehensive rate study for multiple levels of care, including PRTF and levels of care that reduce the need for PRTF, such as Behavioral Rehabilitation Services (BRS) and Intensive In-Home Behavioral Health Treatment (IIBHT). The study included an examination of current rates and determined increases were required

across the system to ensure an adequately compensated and supported workforce. This process is in line with HB 4012 (2022).

OHA published the [full rate study report](#), including the PRTF work, in February 2023. After collecting data from multiple sources, the authors recommended significant rate increases which OHA implemented. The rate increases went into effect in 2022 and 2023.

### ***Ongoing ODHS/OHA workgroups***

In 2022, OHA and ODHS began meeting to come to mutual agreement on roles and responsibilities in PRTF capacity-building and monitoring efforts. These agreements were documented in an ODHS/OHA Interagency Agreement. To carry out the agreement, teams from both agencies meet regularly in two separate but related forums:

- *ITS/PRTF Capacity Workgroup*: This group meets twice a month to discuss progress and strategize around the collaborative efforts outlined in the interagency agreement to improve and expand Intensive Treatment Services (ITS)/PRTF access for young people in Oregon.
- *Interagency Capacity Data Workgroup*: This group meets quarterly and continues its focus on clarifying and aligning the data collection and analysis methodology for tracking PRTF bed capacity in Oregon.

### ***SOCAC Safety Workgroup report***

In ongoing participation and support of the System of Care Advisory Council (SOCAC), both OHA and ODHS contributed and consulted on the Safety Workgroup [report](#) published in May 2023.

Resulting from the work of a group of professionals and family members with lived experience, the report is a concise set of recommendations to (1) improve outcomes for youth with a recent history of aggression who need residential care and (2) ensure safety for those youth and the providers who work with them.

ODHS and OHA are carefully reviewing these recommendations and the ongoing work of this group, as it informs shared agency objectives to support best practices in psychiatric residential treatment for youth.

### ***Pilot to enhance transition supports***

ODHS continued development of a pilot project to provide enhanced transition supports to youth in Child Welfare experiencing a PRTF stay. Currently the project serves children in Multnomah, Clackamas and Washington counties.

- The Child Welfare Treatment Services team facilitates regular staffing to support intentional aftercare planning. This team has contracted with an external agency for assistance providing these supports to a larger number of children.
- ODHS, in collaboration with OHA, is identifying system gaps, practice issues and local service challenges that need to be addressed to support a child's transition out of a PRTF.

### ***Residential Transformation Project***

- This past summer, ODHS began a partnership with the [Building Bridges Initiative](#) (BBI) and the [Oregon Alliance/Center for Excellence](#) to sponsor a quality improvement-focused pilot project in Oregon. ODHS is funding this initiative, and OHA joined planning efforts in the fall 2023.
- The Residential Transformation Project is a collaboration between university researchers and national experts to apply and further study best practices in the field of children's psychiatric residential care.
- The project will cultivate a community of practice among youth residential providers throughout Oregon.
- OHA and ODHS encourage providers to participate in this year-long pilot, which will include nationally recognized training and coaching.
- The informational kick-off meeting for this pilot is January 9, 2024.

### ***New hire: Intensive Treatment Specialist***

In August 2023, OHA successfully hired a new CFBH team member to fill the position of Children's Intensive Treatment Specialist, which had been vacant since June. The qualifications and experience of this incoming leader promise to bring fresh eyes and beneficial contributions to the challenges Oregon faces in efforts to build and sustain children's intensive services capacity.

### ***Newly developed system for collecting capacity data***

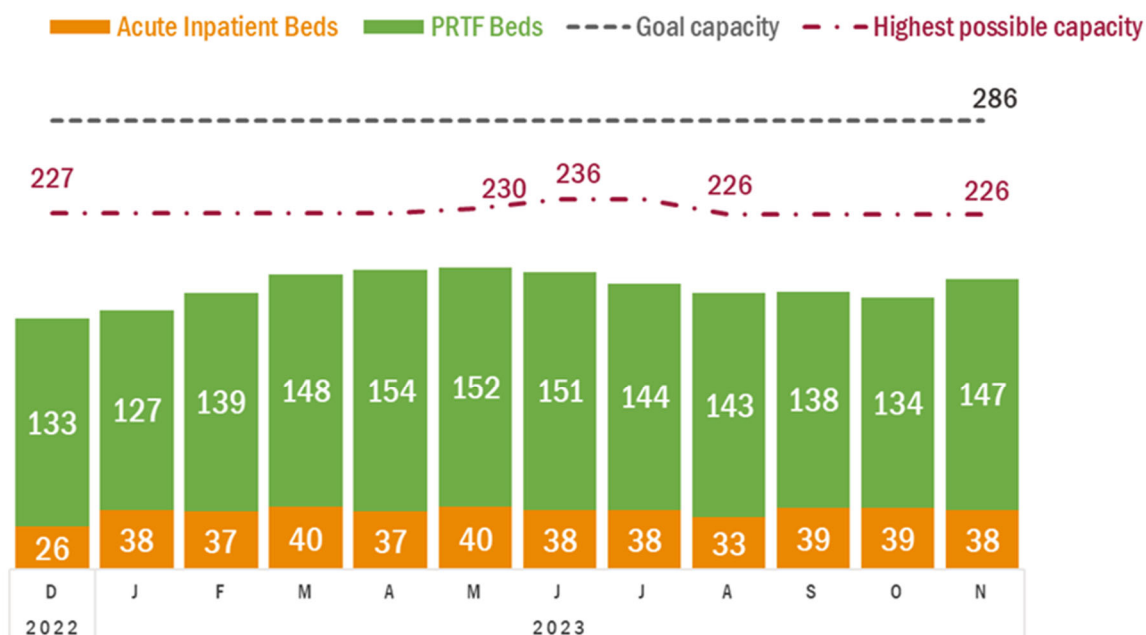
HB 2086 (2021) was a significant bill addressing behavioral health programs and services, workforce (and rates), housing, and data capacity. In response to HB 2086 (2021)<sup>2</sup>, OHA continued efforts to improve infrastructure and quality of data collection on capacity metrics for PRTFs. These efforts have advanced significantly over the last two years. [HB 2086 \(2021\) Report \(Sections 13 - 15\): Intensive Behavioral Health Treatment Services for Children and Adolescents: Capacity and Demand](#) (published December 2022) describes these initial advances in depth.

In 2023, OHA expanded these efforts, and brought us close to readiness to begin trials of the new Referral and Capacity Management data collection system and in strengthening our partnerships with providers related to data sharing.

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<sup>2</sup> <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2086>

## PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY & ACUTE INPATIENT BEDS, DEC. 2022 - NOV. 2023



### Data collection and analyses: PRTF programs

ODHS licensed capacity (of PRTF programs) is a number that generally exceeds the number of youth that can be served, for a variety of factors explained below. Throughout 2023, PRTF programs have partnered with OHA to submit weekly data on their functional<sup>3</sup> and operational<sup>4</sup> capacity changes. This information gives a monthly snapshot of Oregon’s entire PRTF capacity, as displayed in Figure 1.

- The **grey** line on the chart represents the *capacity goal set in 2019* by ODHS and OHA. The Interagency Capacity Data Workgroup is continually working to align methods for assessing and tracking changes in the statewide need for PRTF beds.
- The second **red** line from the top shows *the highest possible (functional) capacity*, which refers to the number of available beds that month, given full staffing and without high acuity concerns among a given milieu in any facilities.
- The **columns** represent the actual *beds used or open for use* (operational) each month. The largest impact on operational capacity in the past 12 months has been the ongoing struggle to fill workforce vacancies and manage staffing levels.

<sup>3</sup> Functional bed capacity refers to the total number of PRTF beds that exist and would be available with no barriers, such as acuity, disease outbreak, etc., interfering. *This may vary from numbers of program beds that are licensed through ODHS.*

<sup>4</sup> Operational bed capacity is the number of beds in use or open for use and may differ from a facility’s functional capacity due to staffing issues, or other milieu-related clinical or managerial decisions.

- Acute (hospital) inpatient beds often become a holding place for youth awaiting secure inpatient program (SIP), subacute, and psychiatric residential treatment service (PRTS) beds, which are all considered PRTF beds and are included in these data.
- 44 total acute inpatient beds are accounted for in the highest possible capacity (red) line in Figure 1. **Acute inpatient beds** and PRTF beds are distinguished by the *orange* and green columns respectively, in Figure 1.
- The following programs participate in OHA’s capacity tracking for youth psychiatric beds in Oregon:
  - Trillium Family Services,
  - Albertina Kerr,
  - Looking Glass Community Services,
  - Jasper Mountain,
  - Unity Center for Behavioral Health, and
  - Providence Willamette Falls Hospital: Child & Adolescent Psychiatric Unit (CAPU)
- OHA continues to build relationship with Clementine (Monte Nido), Nexus Family Healing and Madrona Recovery to invite and gain the participation in this data collection effort.

**Data Collection and Analyses: SUD residential programs**

Similar to the PRTF programs, Oregon’s substance use disorder (SUD) residential programs for youth have faced significant staffing shortages, shown below in Figure 2.

2023 Substance Use Disorder Residential Bed Capacity  
**Maximum operational capacity** compared to highest possible capacity



Figure 2: SUD bed capacity

**New Referral and Capacity Management System**

The weekly PRTF and SUD capacity tracking approach (displayed in Figures 1 and 2) was intended to be temporary until OHA could find a more robust and permanent solution. The

solution needed to provide OHA with accessible, timely data and be a workable task for the PRTF providers who would be asked to submit these data.

In years past, capacity data collection requests from OHA have been cumbersome, labor-intensive, and ultimately unsustainable for PRTF programs. The CFBH unit has spent the last 12 months collaborating with internal and external partners to develop a sustainable solution.

This collaboration has led to the development of a new innovative referral tracking system entitled Referral and Capacity Management (RCM) coming in first quarter 2024. RCM is a secure web-based platform for providers to manage referrals, monitor waitlists to their programs, and track census.

- RCM has been designed by CFBH staff in close partnership with PRTF providers, OHA's Community Outcome Management and Performance Accountability Support System (COMPASS) unit and ODHS/OHA Office of Information Systems (OIS). More information about RCM is in this [memo](#) and this [FAQ page](#).
- Each participating PRTF program will integrate RCM into their referral workflows and processes. By adding referral, admission, and discharge information to RCM in real time, providers will generate data and reports that accurately reflect the use, capacity, and demand of PRTF beds.
- While each program will only have access to their own data, OHA will be able to produce reports on capacity and the demand for PRTF beds across all participating programs.

OHA will initially focus on three metric categories: referral and admission timelines, reason for referral and clinical presentation, and referral decisions and outcomes. With this information, OHA will be able to:

- Analyze average wait time for services.
- Identify barriers preventing timely review of referrals and admission processes.
- Monitor and analyze data for associations between factors such as referral reasons and referral decisions.
- Monitor for any bias or inequitable trends in decision making procedures.
- Determine the amount of additional ITS capacity needed in Oregon.

The COMPASS and OIS teams are currently updating RCM based on provider feedback sessions in the summer and fall of 2023. In September 2023, OHA announced an RCM pilot including four PRTF programs. OHA anticipates having participating PRTF providers trained and ready to begin using RCM within the first quarter 2024. After a successful pilot, OHA plans to expand use of RCM to all ITS programs statewide.

### **Challenges faced in 2023**

As in the past several years, PRTF operational bed capacity remained significantly lower than functional bed capacity in 2023. These challenges are driven by:

- COVID-19 outbreaks that, while diminishing in frequency and magnitude, are still causing staff to take sick leave and providers to suspend admissions to new clients periodically.

- Difficulty in hiring direct care staff, clinicians, supervisors and nurses due to lack of qualified applicants.
- Concerns outlined in the System of Care Advisory Council report mentioned above.
- Challenges in retaining direct care staff due to lack of competitive wages and benefits, and extensive training requirements accompanied by the highly stressful nature of these work environments.
- In October 2023, Discovery Behavioral Health closed their six-bed PRTF in Oregon due to ongoing difficulties in hiring and retaining staff and low referral rate. Discovery Behavioral Health's data was not included in OHA's capacity tracking and is not reflected in the numbers presented above.

### ***Supporting the workforce***

ODHS and OHA workgroups continue to meet regularly and in ad hoc sessions to strategize solutions to workforce challenges. To support our PRTF providers in addressing workforce related challenges, we have implemented the following:

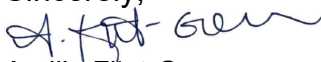
1. OHA implemented multiple initiatives designed to address the unique stresses impacting the behavioral health workforce during the COVID-19 pandemic. OHA provided temporary residential rate increases to help support staff, encouraging agencies to direct funds to their staff and to provide retention bonuses. In addition, residential providers were paid for open beds due to COVID decreases in capacity, to support the agencies and allow staff to take time as needed to recover when ill.
2. OHA made additional trainings available for the behavioral health workforce across Oregon through the contract with Trauma Informed Oregon. This contract, held by the CFBH unit, provides a wide variety of training and supports. Topics include burnout, secondary trauma, and a focus on the intersection of trauma and anti-racism work.
3. OHA has worked with the legislature to increase behavioral health rates, targeting residential treatment rates specifically, with an average 30 percent increase across codes. This work has included community input through a racial equity lens to specifically address underfunding of culturally specific providers.
4. OHA developed a unit to lead the Behavioral Health Workforce Initiative. This team has begun work on several specific incentive projects:
  - Clinical Supervision: This incentive aims to make acquisition of supervision easier for behavioral health professionals. This incentive also aims to address recruitment and retention within communities of color and indigenous communities.
  - Loan Repayment: This incentive seeks to help individual professionals with student debt incurred, and to encourage practitioners to serve in areas with limited current staff available.
  - Housing: An incentive is currently in development to provide housing supports for behavioral health staff.
  - Childcare: Childcare incentives will be made available to eligible behavioral health practitioners to help defray some of the costs of childcare.
  - Pipeline Development: Currently in development is exploration of existing barriers to recruiting and encouraging people to enter the field (e.g., required credentials), and to examine factors contributing to professionals exiting the field (e.g., due to lack of upward mobility).



Governor Tina Kotek announced a \$25 million partnership with Coordinated Care Organizations (CCOs) across the state, with a focus on expanding youth behavioral health services. The partnership was officiated through a Memorandum of Understanding between CCOs, providers, and the Oregon Health Authority, which were signed by all parties as of January 4, 2024. We are energized to be working with the CCOs and Governor Kotek on these projects.

ODHS and OHA look forward to continuing this work in 2024 and taking exciting steps toward building a stronger psychiatric residential treatment system for Oregon's youth and families. We welcome any questions or requests for additional information.

Sincerely,

  
Aprille Flint-Gerner

  
Ebony Clarke