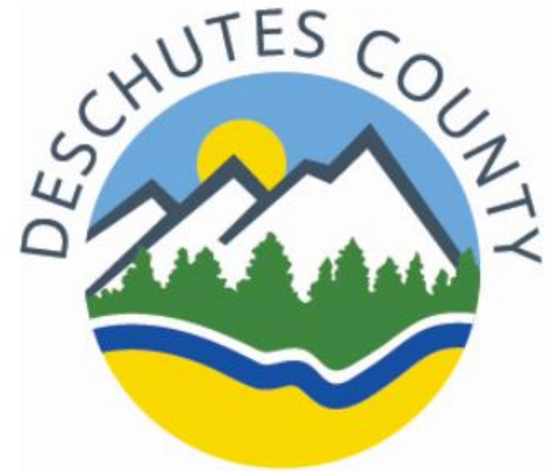
Deschutes County Health Services Behavioral Health

Regional Treatment Housing Challenges & Opportunities



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Intensive Adult Services

What is Residential Treatment?

- Residential Treatment provides room, board and treatment support to adults diagnosed with a qualifying mental illness

- Residential Treatment:
  - Requires 24 hour, onsite skilled staffing
  - Primarily serves individuals with serious and persistent mental illness (SPMI)
  - Provides 4 levels of support from less to more intensive
  - Is reimbursed through Medicaid rates which often do not cover costs, especially for less intensive individuals

Types of Residential Treatment

- **AFH – Adult Foster Home:** Provides support with daily tasks and medication monitoring; no other onsite treatment. Limited staff training
- **RTH – Residential Treatment Home:** Provides support with daily tasks, medication monitoring; some onsite treatment (case management, skills training, groups). Paraprofessional trained staff
- **RTF – Residential Treatment Facility:** Support with daily tasks, medication monitoring / management and most treatment provided onsite (groups, individual therapy, case management, skills training). Employs professional staff and have higher staffing ratios
- **SRTF – Secure Residential Treatment Facility:** Locked facilities that provide the full spectrum of treatment and support onsite (psychiatry, nursing, groups, therapy, and case management). Employs professional staff and have the highest staffing ratios

Current Resources in Deschutes County

Current Beds – 41 Total

3 AFH = 15 beds

2 RTH = 10 RTH

1 SRTF = 16 beds

(8 are dedicated to PSRB)

***PSRB** = Psychiatric Services Review Board. Individuals originally committed based on insanity plea, released to SRTPs in community for required supervision*

Lost Capacity

In 2018 a 5 bed RTH serving PSRB clients closed due to not being fiscally viable. This resulted in:

- Fewer step down options for PRSB clients and more competition for fewer beds
- Longer stays in SRTF levels of care for PSRB Clients

CMHP Responsibilities in Residential Treatment Spectrum

- Coordinate placements and waitlists; required to prioritize OSH discharges
- Monitor and facilitate discharges and step downs when clients are ready
- Provide treatment services for AFH and RTH clients (e.g. medication management, therapy/skills groups, case management & care coordination)
- Provide support to individuals and take over all services when individual transitions to independent living
- Contract with providers and manage pass through money from the state for indigent clients
- Provide crisis services to these residential settings

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Critical Gaps

Inadequate number of placements to meet current need results in…

- Acute clients (including civil commitment, guardianships, and Aid & Assist) not able to access needed structured treatment
  - Treating acutely ill clients without adequate structures, i.e. in motels, shelters, and homelessness
  - Individuals re-cycling through acute care settings, e.g. ED, OSH, jail
  - Longer stays in Acute care settings (Sageview, Brooks Respite, etc.)
  - Inability to increase appropriate levels of support to decompensating individuals in the community
  - Increased burden on crisis services, law enforcement, and acute care
  - Increased pressure on DCHS mental health teams to support a more acute population in the community
- Ever Increasing number of Aid & Assist clients taking state hospital and residential placements
- Staffing for residential treatment, CMHP, and OSH is fragile

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What DCHS is Doing Now

- Implementation of expanded Crisis Services – MCAT and Stabilization
- Utilization of intensive teams to highlight and address housing instability and intensive supports
- Contract with Bethlehem Inn for shelter beds
- Mobilization of a Forensic Assertive Community Treatment (FACT) team to provide increased capacity to serve Aid & Assist population
- Increased capacity to coordinate with OSH on discharge planning
- Exploration of options for expanding capacity in the region through OHA Housing RFP and Legislative BH Housing dollars

On the Horizon: Next Steps in Treatment Housing Planning

Behavioral Health Housing Funds

- Appropriated during Oregon 2022 Legislative Session
- 100 million in one-time funding
- Distributed through CFAA or an IGA to CMHPs
- Must be spent by June 30, 2023 – but can be planned or encumbered in contracts
- Can be informed by OHA Residential Treatment Planning Grants
- Can fund projects also eligible for additional OHA Residential Treatment Grants

Must Be Applied To:

- **Repurpose or build new SRTP, RTH, AFH, and supportive housing units.**
- **Planning, coordination, siting, purchasing buildings/land (pre-build or renovation activities)**
- Operational and administrative costs to manage housing
- Housing support services
- **Subsidy for short term shelter beds**
- Long term rental assistance
- **Outreach and engagement items such as food or clothing to meet immediate needs for houseless individuals**

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Current Status

Current Planning Partners

- Direct Planning:
    - Central Oregon CMHPS
    - Telecare (SRTP)
    - Rimrock Trails (Youth)
- Additional Possible Partners:
    - Trillium (Youth/Children)
    - Regional Shelters
        - The Loft
        - Bethlehem Inn
        - Others
    - COHC & CBOs

Current Goals

- Establish additional up to 16 bed SRTP in north County
- Enhance Youth SUD Treatment Provider capacity to serve youth in secure setting
- Purchase additional youth and adult shelter beds
- Explore range of possible intensive OP /residential treatment for youth/children

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Questions?