



July 29, 2019

Submitted via email to:
OHA.DirectorsOffice@state.or.us

Patrick Allen, Director
Lillian Shirley, Public Health Director, Public Health Division
Oregon Health Authority
800 NE Oregon Street, Suite 465
Portland OR 97232

**RE: Support for NEWCO/Universal Health Systems' Revised Application for
Proposed Willamette Valley Behavioral Health Project in Wilsonville**

Dear Mr. Allen and Ms. Shirley:

The City of Wilsonville City Council supports the application by NEWCO/Universal Health Systems (UHS) to build and operate the proposed Willamette Valley Behavioral Health Project in Wilsonville. The City understands that the Public Health Division of the Oregon Health Authority (OHA) decided in May 2019 that a full certificate of need review is to be conducted for UHS' revised application of March 2019 to operate a 100-bed psychiatric hospital in Wilsonville.

The City of Wilsonville supports the proposed application from a local-government position for several reasons. First, our town has a decades-long relationship with the mental-health community of Oregon, principally through the Dammasch State Hospital that operated in Wilsonville from 1961 to 1995. After Dammasch ceased operations, as a part of negotiations with the State for the development of the Villebois urban-village community, the City agreed to accommodate mental-health housing facilities that today are seamlessly integrated into the neighborhood. The community of Wilsonville is proud of our heritage of welcoming institutions seeking to improve the physical and mental health and well-being of our citizenry.

During the land-use approval process in 2016 for siting the proposed UHS facility in the City's Coffee Creek urban growth boundary (UGB) area, the City found UHS to be responsive to City suggestions and issues of concern. Specific examples of the high-level of cooperation and engagement include UHS's willingness to address building/site design and layout issues to make the facility more welcoming and accessible, while still keeping patient safety and security as a top priority. The City's Development Review Board and City Council held public hearings respectively in February and March 2016 during which there was *no public testimony in opposition* to the proposed facility. Both the Development Review Board and City Council unanimously approved the UHS land-use application.

During the prior OHA certificate of need application process in 2016-17, concerns were raised about public-transit access to the proposed facility. The City's South Metro Area Regional Transit (SMART) public-transit agency provides regular *free, no-cost* regular fixed-route bus service from the Wilsonville Transit Center to locations within the City, as well as fare-based

rides to neighboring communities of Tualatin, Canby, Salem and Portland. The SMART Transit Master Plan confirms the City's intention to provide robust transit service to new developments within the Coffee Creek UGB area, where UHS proposes to locate, as these sites annex into the City and businesses open their doors.

TriMet's Westside Express Service (WES) train utilizes the Wilsonville Transit Center, providing direct WES connections to the Tualatin, Tigard and Beaverton transit centers, and access to the entire TriMet Portland-metro area light-rail and bus system. Additionally, SMART provides ADA/paratransit on-demand transit service within Wilsonville from Wilsonville to medical facilities in Tualatin and Portland. Thus, the City has the capability and plans to work with UHS and other new businesses in the Coffee Creek area to provide regular, fixed-route service that connects to the Wilsonville Transit Center for access to all SMART routes, TriMet's WES for access to Portland metro locations, and regular fixed-routes serving Canby, Salem, Tualatin and Portland.

The City has demonstrated good-faith efforts to advance development of the Coffee Creek area as a Metro-designated employment area that can accommodate a wide variety of family-wage, traded-sector business employment opportunities, including a facility like UHS. The City is now investing over \$3.5 million to improve Garden Acres Road, as the key access road to the Coffee Creek area, and is working with other developers on prospective building plans for Coffee Creek.

Finally, we cannot help but notice the many media reports over the past two years about severe problems with Oregon's capacity to adequately deal with behavioral health facilities and provide critically required mental-health services to those in need. A recent news article, "UHS reapplies for 100-bed Portland-area psychiatric hospital, 2 years after rejection," relates the following:

"The Oregon State Hospital has recently suffered from a capacity crisis, with dozens of people waiting for admission, driven by an escalating number of 'aid and assist' orders from local courts.

"The Unity Center dealt with patient and staff safety issues last year that nearly cost it the ability to receive reimbursement from Medicare and Medicaid. Transfers to UHS' Cedar Hills Hospital from Unity Center have tripled, [UHS Project Director Ron] Escarda said."

Portland Business Journal, July 12, 2019

This information strongly indicates that both the Portland metro area and North Willamette Valley are in dire need of more capacity to improve mental-health services to our citizens. UHS' proposed Willamette Valley Behavioral Health Project provides Oregon with much-needed mental-health treatment resources and would be an excellent complement to existing behavioral health treatment facilities. Thank you for your time and consideration.

Sincerely,


Tim Knapp, Mayor

cc: Office of Governor Kate Brown
Senator Kim Thatcher
Representative Courtney Neron

Ginger Fitch

Attorney At Law
P.O. Box 2656
Wilsonville, OR 97070

cell 503.954.9829
gingfitch@gmail.com

August 25, 2019

Matt Gilman
Facilities Planning & Safety Program Manager
Oregon Health Authority
Public Health Division
via electronic mail to Matt.S.GILMAN@dhsosha.state.or.us

Re: NEWCO Certificate of Need application

Dear Mr. Gilman:

The purpose of this letter is to provide you with my perspective on the need for more psychiatric in-patient beds in Clackamas County. I am a twenty-year member of the Oregon State Bar. I represent the majority of patients in Clackamas County facing involuntary civil commitments. I also have lived in Wilsonville for twenty years.

In the last two years, I have seen an increased need for in-patient psychiatric beds for my clients. I have had occasions where a hospital with only transfer authority has held my client for several days beyond their statutory authority. Increasingly, my clients have spent three to five days in an emergency room without a proper therapeutic environment because there were no beds on an in-patient psychiatric unit. Even Unity Behavioral Health is having to keep my clients up to three days in their psychiatric emergency services unit because there are no beds in other units.

Clackamas County Behavioral Health should be able to tell you how often we are scheduling hearings for clients on a medical floor or in an emergency room. Even before the last two years, I have had clients taken to a non-psychiatric hospital and spent several days without proper psychiatric care. There are a number of adverse impacts on my clients including the increased possibility of restraints, deteriorating mental health, delay to community release and even an involuntary commitment.

Clackamas County has only the Senior Psychiatric Unit at Providence Milwaukie.

Especially with the commitment to keep mental health housing at the old Dammasch State Hospital property in Wilsonville, we have an increasing need for mental health services in south Clackamas County. We have no south county mental health services for adults and adolescents. The Clackamas County urgent mental health services are way up in Happy Valley near Clackamas Town Center. My clients often come from Canby, Wilsonville, West Linn, and Oregon City.

I am writing because I understood that the Oregon Health Authority believed in 2017 that Unity Behavioral Health would have enough beds to serve the Clackamas County population. It does not and it has not. My experience is with a slice of those needing in-patient services on an involuntary because they are a danger to themselves or others. There is no reason to believe that what I experience is not similar to those seeking in-patient care voluntarily.

My understanding is that the application before you is from the same organization that runs Cedar Hills Hospital. Sometimes I find that location chaotic and appearing to be understaffed. However, the need for a hospital is different from the oversight that the Oregon Health Authority would provide in its management. There is no question in my mind that we need another in-patient mental health facility. There is no question in my mind that Wilsonville is a good location for that facility.

As you are aware, I contacted your office a couple of weeks before I heard back from you. I am surprised that the Oregon Health Authority does not appear to seek information from those who would naturally have information about the mental health needs and shortfalls in Clackamas County. I only learned of the new filing by NEWCO in the local paper. Please feel free to contact me.

Sincerely,

Ginger Fitch

Ginger Fitch

The Honorable Kate Brown
Office of the Governor
900 Court Street NE, Suite 254
Salem, OR 97301-4047

Dear Governor Brown,

Oregon's mental health system has been in crisis long before the COVID-19 pandemic. Rankings of state readiness to treat mental health consistently place our state at or near the bottom of the nation, and Oregonians suffer from higher than average levels of suicide, depression and anxiety.

The lack of inpatient bed capacity in Oregon is evident across our state, with emergency departments, jails and frontline responders bearing the brunt of the shortfall. The pressure is straining our entire system, with facilities like Cedar Hills Hospital, Unity Center for Behavioral Health and the Oregon State Hospital regularly operating at or near full capacity.

For patients and families seeking resources and access to care, the lack of available beds is evident. Dozens of newspaper articles and independent reports over the last several years have highlighted the challenges Oregonians face in getting the care they need. This lack of treatment options is contributing to our persistent challenges in homelessness, student mental health, suicide, substance abuse and recidivism.

The COVID-19 pandemic has further exposed the capacity limits of our healthcare system. The Oregon Health Authority has made clear that we don't have enough hospital beds to meet our basic needs in this moment. Emergency departments are closing to all but the most serious cases, which has left Oregonians in mental health crisis without anywhere to receive safe treatment.

As you are aware, the City of Wilsonville has fully approved plans submitted by Universal Health Services for a 100-bed mental health treatment facility, yet the Oregon Health Authority has withheld the Certificate of Need necessary to begin construction. In light of Oregon's persistent mental health crisis and the expected 18-month length of the COVID-19 pandemic, the need for this facility could not be more clear.

This shovel-ready project would provide a \$40 million infusion in private, out-of-state investment at a fragile economic time and create hundreds of construction and healthcare jobs. It would also provide vital revenues to the state and local governments through the payment of property, income and corporate taxes.

With the capacity of our mental health and hospital systems already so far behind, Oregonians in crisis do not have time to wait. Through your emergency declaration, you have the authority to waive the Certificate of Need requirement for this facility so that it can immediately begin construction. We strongly urge you to do so.

Sincerely,

Organizations and Businesses

- Portland Business Alliance
- Clackamas County Business Alliance
- Wilsonville Chamber of Commerce
- Union Gospel Mission
- Dual Diagnosis Anonymous
- Cascade AIDS Project
- Beyond Well Solutions
- Oregon Harbor of Hope
- Oregon Integrated Health & Dr. Vanessa Esteves
- Oregon Recovers
- Basic Rights Oregon

Government entities

- City of Wilsonville

Elected officials

- Kurt Schrader, Congressman
- Lynn Peterson, President of Metro
- Sam Chase, Metro Councilor
- Tim Knapp, Mayor of Wilsonville
- Denny Doyle, Mayor of Beaverton
- Kent Studebaker, Mayor of Lake Oswego
- Senator Mark Hass, District 14, candidate for Oregon Secretary of State
- Senator Brian Boquist
- Senator Kim Thatcher
- Senator Tim Knopp
- John Wendland, Lake Oswego City Councilor
- Mary Starrett, Yamhill County Commissioner
- Dick Schouten, Washington County Commissioner

- Dr. Satya Chandragiri, past president Oregon Psychiatric Association, Salem-Keizer School Board Member



CITIZENS COMMISSION ON HUMAN RIGHTS

INTERNATIONAL

21 April 2020

Governor Kate Brown
Office of the Governor
900 Court Street NE, Suite 254
Salem, OR 97301-4047

UNIVERSAL HEALTH SERVICES APPLICATION TO BUILD NEW PSYCHIATRIC HOSPITAL AT WILSONVILLE, WAIVING CERTIFICATE OF NEED UNDER COVID-19 EMERGENCY DECLARATION SHOULD BE REJECTED

Dear Governor Brown,

As a 50-year mental health watchdog organization, Citizens Commission on Human Rights (CCHR) appreciates the need for better care for those in the system during and in the wake of the COVID-19 pandemic. While we understand some legislators concerns about mental health services, accepting another application by Universal Health Services (UHS) to build a 100-bed inpatient psychiatric facility in Wilsonville could be hazardous. As we understand, the Oregon Health Authority usually must issue a certificate of need before UHS can start building but some state legislators want that waived under the state's COVID-19 emergency declaration—concerned by an already overburdened healthcare system due to the virus. This is understandable but agreeing to a UHS-owned behavioral facility is no guarantee of helping current concerns or providing proper care.

It would be the second time UHS has tried to circumvent the state's evaluation process, according to an Oregon Live article on April 14.¹

As we've previously written to members of the Oregon legislature, the Wilsonville plan drew opposition from mental health advocates, organized labor and competing healthcare companies. Concerns raised included the quality of care at some UHS institutions.²

UHS officials once told investors that reducing staffing costs and keeping occupancy rates high in its behavioral health division, helped generate robust profits.³ Two dozen current and former employees from 14

UHS facilities in the U.S. also told *BuzzFeed News* in 2016 that the rule was to keep patients until their insurance ran out in order to get the maximum payment.⁴

On April 3, 2020, *The Philadelphia Enquirer* reported, "As coronavirus spreads, some Philly hospitals are forcing nonmedical staffers to come to the office." It cited Friends Hospital, a Northeast Philadelphia behavioral facility run by UHS, where employees in departments such as marketing, finance, and human resources were told they could use vacation days, apply for a leave of absence, *or go unpaid* if they wanted to stay home during the COVID-19 pandemic. Exceptions were also not noted for employees over age 65 or those with medical conditions that could make them especially vulnerable to complications from COVID-19.⁵

Last year, UHS's behavioral sector agreed to pay \$127 million to settle a Federal Department of Justice civil investigation into its Medicare and Medicaid billing practices.⁶ As part of that agreement, the DOJ dropped their criminal investigation. However, that doesn't mean the behavioral sector's operating bases have changed or that patients aren't at risk. It has a "bad history," as one attorney told media [see below].

Consider that:

- The serious allegations reported by *BuzzFeed News* were not much different to those made in 2016 when SEIU, which represents healthcare workers and professionals, objected to UHS's Oregon application to build. That objection pointed out: "Unfortunately, UHS has a demonstrated record of failing to comply with basic patient health and safety requirements expected of all hospitals in communities across the U.S. In fact, many of the troubling issues seen in UHS facilities across the country mirror those that sparked the 2006 DOJ investigation into Oregon's mental health system... These issues include: inadequate protection of patients from harm, high level of assault and self-harm incidents, failure to provide a safe living environment free from hazards, inadequate staffing, and inadequate remedies for such issues."⁷
- In 2017, UHS's Anchor Hospital in College Park in Georgia was accused of negligence after a 16-year-old sexual assault victim said she was raped. Her mother's attorney, Chris Stewart said: "*Once we started digging into it, we just saw how bad their history is over there.*" The lawsuit said the hospital has a *history of failing to have adequate staff* and has been cited by the federal government for violations. People who are abused "shouldn't be tortured at a place that they go to get help," Stewart stated.⁸

- **Oregon:** In March 2019, the U.S. Marshals Fugitive Task Force and the Washington County Sheriff's Office arrested Christopher Zeisler who was working as a mental health technician at UHS's Cedar Hills Hospital in Beaverton when he allegedly forcibly sexually abused a female patient he was caring for while he worked the night shift in December 2018.⁹ He was charged with first-degree sexual abuse.¹⁰
- **Oregon:** In November 2018, Christopher Adrian Garcia, a patient at Cedar Hills, escaped and shortly afterwards took his own life.¹¹ In 2017, health inspectors determined that the hospital "failed to fully implement policies and procedures related to the identification, investigation, and response to patient incidents to ensure patient protection from abuse, neglect, or mistreatment."¹²
- In October 2018, a lawsuit was filed in federal court on behalf of nine plaintiffs against UHS, its Millwood hospital, Hickory Trail Hospital and Behavioral Health Connections, Inc., alleging, among a number of allegations: "The enterprise works to admit people to facilities, whether they need to be admitted or not. Then, once admitted, the enterprise goes to extraordinary lengths to ensure that a patient is kept as long as a payer will pay or, upon suspicion and belief, until such time as a replacement patient or set of patients can be obtained. In furtherance of this scheme, admission documents are forged; documents to secure that a patient will remain in a facility are falsely notarized and then filed into the state court system; and, in some cases, a person's medical record is written to reflect that services were provided or that certain events occurred, when, in fact, they did not occur." Further: "UHS and its affiliates will enter in clandestine joint ventures with physicians, predicated upon increasing referrals, increasing admissions and increasing lengths of stay."¹³
- On 12 April 2019, *Becker's Hospital Review* warned that UHS "can't dodge claims it held patients illegally, investors say."¹⁴
- In March 2020, BBC in the UK reported that a UHS-owned psychiatric hospital, Whorlton Hall, was closed in Durham after the BBC's *Panorama* went undercover and filmed staff abusing patients there.¹⁵ *BBC Panorama* recorded horrific patient abuses at the facility, which were branded by the UK Labor Party as "tantamount to psychological torture."¹⁶ Six care workers told an undercover reporter that they had deliberately hurt patients—including one who described banging a patient's head against the floor, and another who spoke about flooring a patient with an outstretched arm, something he called "clotheslining." In one episode of restraint, a patient was held on the ground for nearly 10 minutes with one member of staff restraining

him, while handing out chewing gum to colleagues. A police investigation was launched and 16 staffs were suspended.¹⁷

- The UK's oversight agency, Care Quality Commission (CQC) chief inspector of hospitals, Dr. Kevin Cleary, found the care at the UHS's Cygnet Acer Clinic in Derbyshire, "fell well below" the standard that people should expect to receive. Further: "The number of incidents of self-harm by patients had increased in the three months leading up to our inspection and almost half of the incidents involved patients using a ligature."¹⁸
- A review of lawsuits and allegations against about 20 UHS facilities between April 2017 and October 2018 alone³ revealed allegations of:
 - Child Abuse, including abuse of foster care children; internal surveillance videos showed foster children being tackled, dragged, and choked by staff members.
 - The rape of two girls aged 13 and 16; a 12-year-old boy sexually assaulted; a sexual abuse patient roomed with a known sex offender; assault and battery of an 11-year-old girl; and the restraint death of a 15-year-old boy.
- UHS behavioral facilities' use of involuntary commitment laws has also came under scrutiny when a woman went voluntarily to a UHS facility but once there was involuntarily committed for longer than the legal 72-hour hold and her insurance company charged thousands of dollars. She told reporters "You sat around all day doing absolutely nothing. I can say I'm actually worse. It was very traumatic."¹⁹
- A WFAA News in Texas expose, "Against Their Will," alleged that a mother took her 11-year-old son to UHS's Millwood and the hospital detained him without her consent. As WFAA News detailed: "[T]he door locks behind you. You're told you can't leave. Stripped of your clothes, given a new bed. You have no idea when you'll see your family again." The facility billed his mother's insurance company more than \$11,000 for the unwanted stay.²⁰

As The Dallas Morning News reported following its investigation into UHS facilities in Texas, "patient complaints against the company [UHS] aren't just isolated to one region, but extend across the country."²¹

Is this truly what Oregon needs? The alleged systemic abuse reported in UHS's behavioral sector should prompt stronger, not less legislative oversight and endorsement. In the interests of decent, effective and safe care—which those seeking mental health care need—CCHR strongly opposes

UHS's application to build any psychiatric facility in Oregon and the wavering of any certificate of need for this reason.

Sincerely,

Ivana Foley
Legal Coordinator
Citizens Commission on
Human Rights International
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Fax: 323-467-3720
Email: ivanaf@cchr.org

cc: Tina Edlund, Health Policy Advisor
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Salem, OR 97301-4047

Matt Gilman, Certificate of Need Program
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john.r.adams@state.or.us

References:

- ¹ <https://www.oregonlive.com/business/2020/04/oregon-officials-call-for-governor-to-use-coronavirus-related-powers-to-fast-track-mental-health-beds.html>
- ² Jeff Manning, "State turns thumbs-down on Wilsonville psychiatric hospital," *The Oregonian*, 24 Feb. 2017, http://www.oregonlive.com/business/index.ssf/2017/02/state_turns_thumbs_down_on_wil.html.
- ³ <https://www.cchrnt.org/pdfs/healthcare-fraud-by-the-for-profit-behavioral-industry.pdf> citing, <http://uhsbehindcloseddoors.org/about/>, citing UHS at RBC Capital Conference, 3/2/11, UHS at J.P. Morgan Conference, 1/15/14, p. 4.
- ⁴ <https://www.cchrnt.org/pdfs/healthcare-fraud-by-the-for-profit-behavioral-industry.pdf>, citing "Intake: Lock them in. Bill their insurer. Kick them out. How scores of employees and patients say America's largest psychiatric chain turns patients into profits," *BuzzFeed News*, 7 Dec. 2016, <https://www.buzzfeednews.com/article/rosalindadams/intake>
- ⁵ "As coronavirus spreads, some Philly hospitals are forcing nonmedical staffers to come to the office," *The Philadelphia Inquirer*, 3 Apr. 2020, <https://www.inquirer.com/health/coronavirus/hospitals-acadia-uhs-belmont-friends-psychiatric-mental-health-essential-worker-covid19-coronavirus-wolf-20200403.html>
- ⁶ "UHS agrees to \$127M DOJ to settle behavioral health investigation," *MedCity News*, 28 July 2020, <https://medcitynews.com/2019/07/uhs-agrees-to-127m-doj-to-settle-behavioral-health-investigation/>
- ⁷ <http://www.mentalhealthportland.org/wp-content/uploads/2016/10/SEIU-Comment-re-UHS-NewCo-CON-Wilsonville-final.pdf>
- ⁸ <https://www.cchrnt.org/pdfs/healthcare-fraud-by-the-for-profit-behavioral-industry.pdf>, citing: "Lawsuit: Psychiatric hospital negligence led to rape," *Rome News-Tribune*, 16 Sept. 2017, http://www.northwestgeorgianews.com/lawsuit-psychiatric-hospital-negligence-led-to-rape/article_feeea980-881f-5a7c-bbaa-9c674ac83136.html
- ⁹ "Mental health technician accused of sexually abusing patient at Cedar Hills Hospital," KATU News, 28 Mar. 2019, <https://katu.com/news/local/deputies-arrest-man-accused-of-sexually-abusing-patient-at-cedar-hills-hospital>
- ¹⁰ <https://legalherald.com/washington-county-oregon-cedar-hills-hospital-mental-health-worker-christopher-zeisler-charged-with-sexually-abusing-patient/>
- ¹¹ <https://pamplinmedia.com/pt/9-news/411652-309986-mans-death-while-in-custody-raises-mental-health-system-flags->
- ¹² <http://www.hospitalinspections.org/report/24112;>
<http://www.hospitalinspections.org/hospital/cedar-hills-hospital-384012>
- ¹³ <http://www.psychsearch.net/wp-content/uploads/MEIER-vs.-UNIVERSAL-HEALTH-SERVICES-INC.-Copy.pdf>.
- ¹⁴ https://www.cchrnt.org/2019/04/26/a-z-update-on-for-profit-psychiatric-industry-abuse/#_edn3 citing: "UHS can't dodge claims it held patients illegally, investors say," *Becker's Hospital Review*, 12 Apr. 2019, <https://www.beckershospitalreview.com/legal-regulatory-issues/uhs-can-t-dodge-claims-it-held-patients-illegally-investors-say.html>.
- ¹⁵ <https://www.bbc.com/news/uk-england-tees-51949361>
- ¹⁶ <https://www.cchrnt.org/2019/11/05/uk-legislators-called-on-to-increase-oversight-and-criminal-accountability/> citing: Joe Plomin, "Whorlton Hall hospital abuse and how it was uncovered," BBC News, 22 May 2019, <https://www.bbc.com/news/health-48369500>; Jasmine Andersson, "Whorlton Hall: BBC Panorama investigation shows care staff abusing vulnerable adults in County Durham hospital," iNews, 23 May 2019, <https://inews.co.uk/news/whorlton-hall-panorama-bbc-county-durham-hospital-abuse-vulnerable-adults-video-501520>; "Whorlton Hall abuse: Care watchdog publishes report," BBC News, 10 June 2019, <https://www.bbc.com/news/uk-england-tees-48585903>

¹⁷ "Whorlton Hall: Hospital 'abused' vulnerable adults," BBC, 22 May 2019, <https://www.bbc.com/news/health-48367071>

¹⁸ <https://www.cchrint.org/2019/11/18/sexual-assault-restraint-abuse-deaths-and-children-put-at-risk/> citing: "Patients banging on windows to get staff's attention at Cygnet hospital," Derbyshire Live, 14 Nov. 2019, <https://www.derbytelegraph.co.uk/news/local-news/patients-banging-windows-staffs-attention-3533926>

¹⁹ "Jacksonville mental health facilities dodge questions about fraud allegations," CBS 47 News, 8 Dec. 2016, <http://www.actionnewsjax.com/news/local/jacksonville-mental-health-facilities-dodge-questions-about-fraud-allegations/474443651>

²⁰ Charlotte Huffman, Mark Smith, Jason Trahan, "Against Their Will: Locked away in a mental hospital after voluntarily seeking help," WFAA News 8, 29 Jun. 2018, <https://www.wfaa.com/article/news/local/investigates/against-their-will-locked-away-in-a-mental-hospital-after-voluntarily-seeking-help/287-520570575>.

²¹ "Danger in the psych ward: Safety issues plague a chain of mental-health hospitals in Texas and across the United States," *The Dallas Morning News*, 18 Mar. 2016, <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>

From: [Krecklow Pam L](#)
To: [Krecklow Pam L](#)
Subject: FW: I am so encouraged to hear about the proposed psychiatric 100 bed hospital in Wilsonville.
Date: Monday, March 15, 2021 9:15:49 AM

-----Original Message-----

From: Cherie W [REDACTED]
Sent: Thursday, March 11, 2021 7:11 PM
To: pam.l.krecklow@state.or.us

Subject: I am so encouraged to hear about the proposed psychiatric 100 bed hospital in Wilsonville. I believe it has been needed for years. I visited a patient in the 1960s that was at the facility in that area. Without it she did poorly on her own. She suffe...

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Sent from my iPhone

From: [REDACTED]
To: pam.l.krecklow@state.or.us
Subject: One help: Public comments sought for proposed 100-bed psychiatric hospital in Wilsonville
Date: Thursday, March 11, 2021 10:23:27 AM

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Please be sure to let people know that this isn't where patient's get to wander around outside the building looking for trouble. Good luck. Wish you the best.

From: Oregon Health Authority <oha@service.govdelivery.com>
Sent: Thursday, March 11, 2021 10:19 AM
To: [REDACTED]
Subject: Public comments sought for proposed 100-bed psychiatric hospital in Wilsonville

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[Oregon Health Authority Public Meeting Notice](#)



March 11, 2021

Contact: Jonathan Modie, 971-246-9139, PHD.Communications@state.or.us

Public comments sought for proposed 100-bed psychiatric hospital in Wilsonville

What: A meeting to receive public comments on NEWCO Oregon, Inc's Certificate of Need Application #682, for a freestanding, 100-bed inpatient psychiatric hospital. The hospital will be located in Wilsonville at the intersection of Southwest Day Road and Boones Ferry Road.

Agenda: Receive public comments on the proposed Certificate of Need Application #682.

When: Thursday, April 15, 2021, 1 p.m. The meeting is open to the public.

Where: ZoomGov meeting: <https://www.zoomgov.com/j/1619291932?pwd=TGhqbnZGUUVZdFJPQ2Q5bENHd25hQT09>

Meeting ID: 161 929 1932

Passcode: 919642

Join by phone: 669-254-5252

Background: The purpose of the Certificate of Need program is to provide reasonable access to quality health care, at a reasonable cost and control health care capital expenditures

Program Contact: Pam Krecklow, 971-334-6377, pam.l.krecklow@state.or.us

###

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provided free help. Some examples of the free help OHA can provide are:

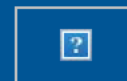
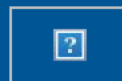
- Sign language and spoken language interpreters
- Written material in other languages
- Braille
- Large print
- Audio and other formats.

If you need help or have questions, please contact Pam Krecklow, at 971-334-6377, 711 TTY, or pam.l.krecklow@state.or.us at least 48 hours before the meeting.

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From: [Deborah G \[REDACTED\]](#)
To: pam.l.krecklow@state.or.us
Subject: Mental Illness
Date: Thursday, March 11, 2021 10:18:09 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

As a mother with a son with serious mental illness, I think this a great step forward, and a very necessary need in this community.

Deborah G [REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
To: pam.l.krecklow@state.or.us
Subject: good idea
Date: Thursday, March 11, 2021 11:54:44 AM

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With the number of mental health issues among the homeless population, it is vital to give care to those who need it, and weed out the homeless who LIKE being idle and homeless and Like to be given free access to meals, etc. To many of them spend any time or money they get on getting high. We need more and better access to facilities in our state to address those folks who are impaired through no fault of their own. It is sadly lacking at this time.

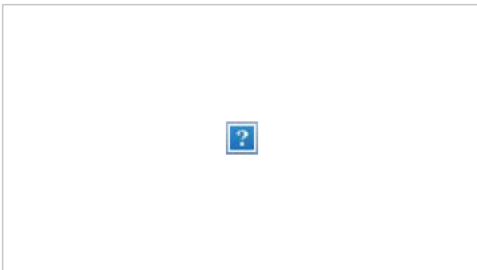
--

Kathleen H [REDACTED]

From: [REDACTED]
To: pam.l.krecklow@state.or.us
Subject: Mental Health Bed need and link to article--poor mental health outcomes with lack of mental health beds
Date: Thursday, March 11, 2021 3:16:24 PM

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<https://centraloregondaily.com/jeff-co-da-says-officers-use-of-deadly-force-on-jan-6-was-justified/>



Jefferson Co. DA says officer's use of deadly force justified in Jan. 6 arrest - Central Oregon Daily

The Jefferson County District Attorney said Tuesday an officer was justified in firing his gun at a car during an arrest in Madras on Jan. 6. DA Steven Leriche conducted the investigation and issued the ruling in a lengthy statement detailing the events from that night.

centraloregondaily.com

From: [REDACTED]
To: pam.l.krecklow@state.or.us
Subject: New Wilsonville facility
Date: Thursday, March 11, 2021 10:41:57 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Ms Krecklow,

Will there be a place to submit written comment on the proposed facility or will it be just via the Zoom meeting? Oregon is in dire need of more mental health beds, we literally can't bring them online fast enough. Too many detainees & short term inmates are inappropriately housed in county jail facilities because of the wait for beds. This situation is harmful to both the patients and the other detainees/inmates, as well as potentially hazardous to jail staff.

Thank you,

Shandy L V [REDACTED]

From: [REDACTED]
To: pam.l.krecklow@state.or.us
Subject: Public comment for Wilsonville hospital proposal
Date: Thursday, March 25, 2021 10:19:06 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Thank you for the opportunity to make a public comment. I am writing as a resident of Oregon and in addition, I am the Associate Director of the Portland DBT Institute, am a licensed psychologist in the State of Oregon (and Washington), and am board certified in both Cognitive Behavior Therapy and Dialectical Behavior Therapy.

I do not support the creation of a 100 bed psychiatric hospital in Wilsonville. The data regarding hospitalization of individuals who are suicidal is clear and comprehensive- psychiatric hospitalization for suicide increases the risk of suicide for adults and adolescents (see, for example Tishler, 2008; Crawford, 2004; Large & Kapur, 2018; Goldman-Mellor, Lidon-Moyano & Schoenbaum, 2019; Qin & Nordentoft, 2005, Asarnow, Babeva, & Horstmann, 2017; Czyz, Berona, & King, 2016; Coyle, Shaver, & Linehan, 2018). Creation of more inpatient hospital beds (especially within a for profit system) is not in line with evidence based practice for high risk individuals and does not help these individuals move towards a life worth living. Simply put, there is not research supporting hospitalization as a treatment for high risk mental health issues.

Money spent on inpatient hospitalization is better invested in expansion of robust evidence base practice to individuals who experience barriers to accessing effective mental health services. Investment in the expansion of evidence based practices such as Assertive Community Treatment, Good Psychiatric Management, Dialectical Behavior Therapy, Cognitive Behavior Therapy for Suicide, Cognitive Behavior Therapy Relapse Prevention for Substance Abuse, Prolonged Exposure for PTSD, and Exposure and Response Prevention (to name a few) will have far more positive benefit for the community than the creation of inpatient beds within a for-profit system which is not anchored around evidence based practice.

Thank you for your time reading these comments.

Best-

.....
Andrew White, PhD, ABPP
Associate Director
Board Certified in Behavioral and Cognitive Psychology
DBT-Linehan Board of Certification, Certified DBT Clinician
Licensed Clinical Psychologist
Portland DBT Institute

(503) 290.3281 (phone)
(503) 231.8153 (fax)

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Tara Candela.JD, MSN, PMHNP-BC

April 2, 2021

OREGON HEALTH AUTHORITY
Public Health Division
C/O Pam Krecklow, Certificate of Need Coordinator

RE: NEWCO, Oregon, Inc's Certificate of Need Application #682

To Whom it May Concern:

I am writing to express concern about Universal Health Services being granted a Certificate of Need to build a new psychiatric facility in Wilsonville. I have concerns that relate to the economic impact on other hospitals in Oregon and upon Oregon Health Plan. And I also have serious concerns about the quality and safety of the care provided to Oregonians. Further, Oregon should seek to create the resources actually needed, such as meaningful community level programming and access to supportive housing, instead of patching its substantial and systemic problems with a second-rate, soggy bandaid.

My concerns come from my experience as a psychiatric registered nurse, a former plaintiff's medical malpractice attorney, and also as a new psychiatric nurse practitioner who, in all likelihood, will need to seek inpatient care or other resources for my future patients.

Economic Concerns

Universal Health Services operates Cedar Hills Hospital in Beaverton, OR. Upon moving to Oregon from the east coast I secured a position there. Though the clinical staff are nothing but wonderful, I found the business practices to be very concerning, unethical, and contrary to compliance rules. I eventually worked in the admissions department where I felt their directives violated EMTALA. These directives came directly from corporate and were placed in our training binder in the department. Essentially, they gave directives to cherry pick patients out of Oregon emergency rooms according to insurance status. Those who were uninsured or Medicaid waited for beds that would only come after all the insureds were placed, if ever. It was my understanding that choosing patients for admission on the basis of insurance status was a violation of the Medicare Conditions of Participation (COP). Sometimes, when they did accept uninsured or Medicaid OHP patients, they would only assign them to beds on the most acute unit, which posed ethical concerns for many working there. Someone coming for suicidality and depression does not belong on a high acuity unit. They would do this if even other beds were available, or would not allow acceptance unless the bed was on the high acuity unit. To be clear, the physicians did not take part in this to my knowledge because they are not aware of the status of transfer requests.

I filed an EMTALA complaint with CMS which apparently resulted in Cedar Hills being placed on the Medicare termination track (findings attached and be in on page 57 of the numbered pages) for the above described behavior. Though this was addressed, I remain suspect of current compliance according to knowledge I have from speaking to others familiar with current transfer issues.

This is a company that runs more behavioral healthcare facilities than any other. Any suggestions they did not know this was a patent violation of compliance requirements is unreasonable and unlikely at the very minimum. My opinion is that this is a business strategy. Thus, I am writing this to encourage that any decisions made, be made with extreme caution.

When a hospital cherry picks psychiatric patients out of the ED, that means that only the cherry picking hospital is able to sustain financially. Cherry picking is known as "reverse dumping" in the EMTALA world. All other hospital systems then bear the brunt of these actions because they will be forced to care for a very large majority of unfunded and Medicaid OHP patients which reimburse at a lower rate. And then they run the risk of further financial decline. That is to say, cherry picking facilities look for all the insured and Medicare patients (they particularly like the latter because no pre-authorization is required from what I understand). And then they leave the rest sitting in EDs and waiting for beds that take far too long to come, if they ever do. Sadly, this process often leaves those who need help the most waiting the longest.

The impact on OHP may be seen through the fact that patients receiving care there will not receive the care needed, thus requiring more frequent hospitalizations and more instances of higher levels of care. I don't have numbers on this, but this makes sense when considering the level of care that is provided there as compared to other psychiatric facilities in the Portland area. I will provide examples.

When I worked at UHS, it was severely understaffed. It wasn't that they couldn't find nurses or ancillary staff. It's that their staffing plan and administrative structure is woefully insufficient. As an example, a 25 bed unit may have 2 RNs, an LPN, and one or two "mental health techs" the educational requirement for which is a high school diploma or its equivalent. The providers often have full outside practices and swing through to see patients ... as many as 20-25 because some may cover a full unit. The social workers do discharge planning and provide group therapy leaving little, if any, time to do either role well. There is a chief nurse officer, whose experience often begins with UHS so they don't know best practices, and there are no full time unit managers or assistant managers. They have nursing supervisors, which at the time I was there was a role in addition to staff nurse.

As a nurse on the floor there, I never knew my patients. However, had I never moved to admissions, I may never have known how truly bad it was. And if I had never moved on, I would never know how good it could be.

Compare that situation at UHS to a 25 bed unit with 6 RNs, which includes a free charge nurse. Two behavioral health therapists, a position which requires a bachelors degree in a behavioral health field and two years of experience. Then there are social workers who exclusively do discharge planning, and therapists of various types who coordinate and run group activities (e.g., process groups, art, music, or horticulture). There is a medical team available with lab and EKG

capability, dietitians involved in care, physical therapy, and peer support. Further, the providers there have one job, and are limited to 7-9 patients a day in most circumstances. They are present and available all day.

In this environment, I personally thrived as a nurse. I learned, which increases my ability to provide appropriate psychiatric care and maintain a safe and therapeutic environment. I have the ability to know my patients well and I have the opportunity to meet their unique needs in the acute care environment more days than not. In this environment, interdisciplinary team meetings focus on unique patient needs rather than number of days left for insurance to pay. This is the type of inpatient care we should strive for and the type of care you would want for your own family members.

In addition to the substandard care, this is a company that has recently paid \$127 million dollars to settle Medicare fraud allegations. Of course, they admitted no wrongdoing, but that's how settlements work. And that's peanuts to them. Merely the cost of doing business. And you all already know this company has abhorrent track records, which was kept quite well at uhsbehindcloseddoors.org by the SEIU for a long time. That site is gone now, but maybe you've seen it. Much of the detail is likely contained in their 45-page opposition to this application.

What Should Be Done

We undoubtedly need to fix the problems rampant in behavioral healthcare throughout the state of Oregon. But a bad psychiatric hospital does not add anything of value. It takes away money from places providing the best care they can and merely opens another revolving door, that not only provides substandard care, it places much needed financial resources in the wrong place, and it puts the good hospitals in harms way. The way we provide care to those with mental illness is absolutely a big issue to tackle. Look at length of commitments, lack of resources, underutilized state hospital space, failure to provide good mental health care in the correctional system, failure to provide a sufficient number of group homes, substance use treatment programs, lack of use of assisted outpatient treatment, and inadequate level of community support teams for those with SMI... I see the same people over and over again in the acute inpatient setting. Some stay for months at a time. Yet upon discharge, nothing has been fixed and with near certainty, they will be back.

This Certificate of Need is supposed to be about providing reasonable access to quality healthcare at a reasonable cost. There is nothing about granting this CON that moves the needle towards reaching that goal or improving Oregon's standing as the worst in the nation. There is other important work to be done here that can truly make a difference. Please say no.

Thank you,

A handwritten signature in black ink, appearing to read "Tara Candela", with a large, stylized loop at the end.

Tara Candela, JD, MSN, PMHNP-BC

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Western Division of Survey and Certification
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS RX-400
Seattle, WA 98104



July 2, 2019

Administrator
Cedar Hills Hospital
10300 SW Eastridge Street
Portland, OR 97225

**Re: CMS Certification Number: 38-4012
EMTALA (OR00017925) Plan of Correction Accepted
Termination Action Suspended – Termination Date extended to July 30, 2019**

Dear Administrator:

After careful review of the revised plan of correction that you recently submitted, CMS and Oregon Health Authority (State survey agency) determined that it is acceptable. You stated in your plan that you will implement corrective actions within the specified timeline. CMS will suspend its termination action pending results of a follow up survey to be conducted by Oregon Health Authority. This will be an unannounced survey.

Many thanks to you and your staff for your cooperation and all the hard work that was put into this plan of correction. If you have any questions, please contact me via email at CMS_RO10_CEB@cms.hhs.gov, attention Karen Roe.

Sincerely,

Karen W. Roe

Karen W. Roe, RN, MHA
Nurse Consultant
Division of Certification & Enforcement
CMS Regional Office - Seattle

Cc: Oregon Health Authority

THIS SERVES AS OFFICIAL NOTICE SENT VIA EMAIL OR FACSIMILE PURSUANT TO 42 CFR §488. NO HARD COPY TO FOLLOW



CEDAR HILLS HOSPITAL

July 1, 2019

Julius P. Bunch, Jr., Manager
Seattle Regional Office
Certification & Enforcement Branch
Centers for Medicare & Medicaid Services
701 Fifth Avenue, Suite 1600
Seattle, WA 98104
ATTN: Ms. Karen Roe (CMS_RO10_CEB@cms.hhs.gov)
Ms. Karyn Thrapp (karyn.l.thrapp@dhsosha.state.or.us)

Re: CMS Certification Number 38-4012
OR00017925 (EMTALA)

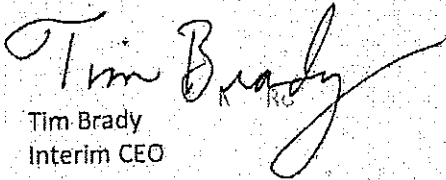
Dear Mr. Bunch, Ms. Roe, and Ms. Thrapp:

This letter and the enclosed revised plan of correction respond to the June 27th email from Ms. Thrapp requesting revisions and clarifications to the revised plan of correction we submitted on June 19, 2019 with regard to the EMTALA survey completed on April 19, 2019. We have included responses to Ms. Thrapp's questions and direct you to the fully revised A2406 response and the specific monitoring sections for A2405, A2406, A2409 and A 2411. No other changes were made to the plan of correction submitted on June 19th.

We trust you will find this plan of correction acceptable and authorize a prompt resurvey.

Please let me know if you have any questions or need further clarifications. Thank you for your help with this process.

Sincerely,



Tim Brady
Interim CEO

Enclosures
Via Electronic Mail and Overnight Delivery

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2019
FORM APPROVED
OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 384012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2019
NAME OF PROVIDER OR SUPPLIER CEDAR HILLS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SW EASTRIDGE STREET PORTLAND, OR 97225		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	INITIAL COMMENTS This report reflects the findings of an unannounced, onsite Federal EMTALA complaint investigation of complaint OR17925 during which two separate onsite visits were conducted on 03/19/2019 through 03/20/2019 and on 04/16/2019 through 04/19/2019. The investigation of OR17925 was initiated onsite on 03/19/2019 in response to a complaint that alleged the hospital had failed to meet its EMTALA Recipient Hospital Responsibilities. Information gathered during the initial onsite visit reflected that this psychiatric hospital, although it did not have an ED, may meet the definition of a "dedicated ED" as described in CMS Appendix V. The CMS RO subsequently authorized an extension of the investigation and directed the SA to conduct a second onsite visit to evaluate whether or not the hospital met the definition of "dedicated ED" and was therefore required to comply with all of the EMTALA requirements. In accordance with CMS Appendix V, if a hospital without an ED meets the "one-third requirement" the hospital is determined to meet the definition of a "dedicated ED." CMS Appendix V directs that cases be selected from the hospital's log, appointment rosters, and other appropriate sources to identify individuals who presented to the hospital during the previous calendar year. The sample cases are reviewed to determine if patients had an emergency medical condition and received stabilizing treatment. If at least one-third of the sample cases reviewed were for the treatment of EMCs on an urgent basis without requiring a previously scheduled appointment, the area being evaluated is a dedicated emergency.	A 000	By submitting this Plan of Correction, the Hospital does not agree that the facts alleged are true or admit that it violated the rules. The Hospital submits this Plan of Correction to document the actions it has taken to address the citations.	7-1-19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

CEO

7-1-19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 000	Continued From page 1 department, and therefore, the hospital has an EMTALA obligation. Hospitals that may meet this one-third criterion may be specialty hospitals (such as psychiatric hospitals), hospitals without 'traditional' emergency departments..." During the second onsite visit conducted on 04/16/2019 through 04/19/2019 the hospital's "EMTALA log," "Intake Activity Log," and electronic intake & admission appointment calendar were reviewed for the months of January 2018 through December 2018 and the following information was revealed: * 528 individuals, at a minimum, were "walk-ins" and presented to the hospital without a previously scheduled appointment during calendar year 2018. The facility averaged 44 "walk-ins" per month during 2018. * 279 of those 528 individuals presented to the hospital with psychiatric or psychiatric & chemical dependency chief complaints (versus strictly chemical dependency chief complaints). * 21 of 31 sample records of individuals who were "walk-ins" and presented to the hospital without an appointment were identified as having an EMC and required stabilizing treatment that was provided either at CHH or at another hospital where the patient was sent or transferred (Patients 11, 12, 15, 16, 18, 19, 21 - 26, 29, 31 - 34 and 36 - 39). That represents more than one-third of the sample cases. Further, a hospital marketing document dated "12/18" reflected it's programs included: "24/7/365 assessments and admissions, both scheduled and walk-ins...We are available 24/7." Based on this information it is determined that the hospital meets the definition of a "dedicated ED"	A 000			

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A 000	Continued From page 2 and is required to comply with all EMTALA requirements. The hospital was evaluated for compliance with the EMTALA requirements set forth at CFR 489.20 and CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases, and described in CMS Appendix V. The original complaint allegations were substantiated, the hospital has been determined to meet the definition of a "dedicated ED," and the deficiencies identified are contained in this report The following abbreviations, acronyms and definitions may be used: ADLs - Activities of Daily Living Adm - Admit ADMT - Admitted AFH - Adult Foster Home AM - morning AOC - Administrator on Call APRN - Advanced Practice Registered Nurse BCBS - Blue Cross Blue Shield insurance B/P - Blood Pressure CBG - Capillary Blood Glucose CD - Chemical Dependency CFR - Code of Federal Regulations CHH - Cedar Hills Hospital CMS - Centers for Medicare & Medicaid Services CPR - Cardiopulmonary Resuscitation CSU - Crisis Stabilization Unit CY - Calendar Year D2D - Doctor to Doctor DCS - Director of Clinical Services DOB - Date of Birth DPI - Director of Performance	A 000			

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A 000	Continued From page 3 Improvement/Compliance and Privacy Officer DSM-V - Diagnosis Codes ED/ER - Emergency Department EDP - Emergency Department Physician EKG - Electrocardiogram EMC - Emergency Medical Condition EMTALA - Emergency Medical Treatment and Active Labor Act ETOH - Alcohol HI - Homicidal Ideation H/O - History of IDI - Interim Director of Intake IP - Inpatient Ins - Insurance KWMC - Kaiser Westside Medical Center LCSW - Licensed Clinical Social Worker LIP - Licensed Independent Practitioner LMPMC - Legacy Meridian Park Medical Center LMSW - Licensed Master Social Worker LNW - Lifeworks Northwest LPC - Licensed Professional Counselor M/F - Male/Female MD - physician MDD - Major Depressive Disorder MMC - Mercy Medical Center meds - medications MOT - Memorandum of Transfer MRI - Magnetic Resonance Imaging MS4 - Intake Activity Log MSE - Medical Screening Exam MSW - Social Worker N2N - Nurse to Nurse N/A - Not Applicable NMI - Hold NOBED - No Beds Available NP - Nurse Practitioner OD - Overdose OHA - Oregon Health Authority OHSU - Oregon Health & Sciences University	A 000			

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A 000	Continued From page 4 Hospital OP - Outpatient Oreg - Oregon P - Pulse PA - Physicians Assistant PHSWMC - PeaceHealth Southwest Medical Center PHSJMC - PeaceHealth St. Joseph Medical Center PMH - Providence Milwaukie Hospital PSVMC - Providence St. Vincent Medical Center PSY - Psychiatric Pt. - Patient PTSD - Post Traumatic Stress Disorder QMHP - Qualified Mental Health Professional QMP - Qualified Medical Person R - Respirations RN - Registered Nurse RO - CMS Regional Office SA - State Agency designated as CMS's representative in Oregon - Oregon Health Authority SI - Suicidal Ideation T - Temperature TC - Transfer Coordinator UA - Urinalysis UDS - Urine Drug Screen Unk - Unknown VA - U.S. Department of Veterans Affairs	A 000			
A2400	COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on observation, interview, review of documentation in 31 of 31 medical records of	A2400	Corrective Actions: The Interim Director of the Assessment Center , Director of PI, and CEO reviewed and revised the following policies/plans to ensure consistency between the documents and to ensure the facility policies clearly outlined the expectations for compliance with the EMTALA regulations.	7-1-19	

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A2400	Continued From page 5 patients who presented to the hospital for emergency services without a scheduled appointment during CY 2018 (Patients 10 - 16 and 18 - 41), review of transfer request documentation for 9 of 9 patients for whom other hospital EDs requested transfer to CHH for specialty psychiatric services who were not accepted for transfer (Patients 1 - 9), review of central log documentation, and review of hospital policies and procedures and other documents, it was determined that the hospital failed to fully develop and enforce EMTALA policies and procedures to ensure compliance in the following areas: * EMTALA policies and procedures, and medical staff bylaws and rules and regulations, were incomplete and unclear and did not ensure EMTALA compliance. * Appropriate MSEs by LIPs to determine whether an EMC existed were not conducted for patients who presented to the hospital. * Appropriate transfers were not affected for patients transferred to other hospitals from CHH for further exam and stabilizing treatment of an EMC. * Central log information was recorded on three different logs and was fragmented, incomplete, and unclear. * EMTALA signage contained incomplete and unclear information and was not posted so that it could be easily viewed in all areas patient and their representatives waited for exam and treatment. * Recipient hospital obligations were not met as patients were not accepted for transfer by CHH in the order in which they were received at the time of the requests, but rather were evaluated for acceptance based on insurance and ability to pay.	A2400	Continued from Page 5 • Medical Staff Bylaws • Medical Staff Rules and Regulations The following policies were deleted and replaced by new policies outlined further in this plan of correction: • Medical Transfers, IP • Hospital to Hospital • Medical Exclusionary Criteria • Admission Criteria • Emergency Medical Screening All new and revised policies and plans were approved by the Medical Executive Committee and Governing Body. The job descriptions for all Assessment Center staff, including the Intake nurses, Transfer Coordinator, and Intake Counselors were reviewed and revised to include more specific expectations related to compliance with the EMTALA regulations, management of walk-in patients, management of transfers to and from the facility, and documentation expectations. Please see also corrective actions in A2402, A 2405, A 2406, A 2409 and A 2411		

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A2400	Continued From page 6 Findings include: 1. Regarding the posting of signs refer to the findings identified under Tag A2402, CFR 489.20(q). 2. Regarding the central log refer to the findings identified under Tag A2405, CFR 489.20(r)(3). 3. Regarding the provision of MSEs refer to the findings identified under Tag A2406, CFR 489.24(a) & (c). 4. Regarding appropriate transfers refer to the findings identified under Tag A2409, CFR 489.24(e)(1)-(2). 5. Regarding recipient hospital responsibilities refer to the findings identified under Tag A2411, CFR 489.24(f).	A2400			
A2402	POSTING OF SIGNS CFR(s): 489.20(q) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to post conspicuously in any emergency department or in a place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than traditional emergency departments (that is, entrance, admitting area, waiting room, treatment area) a sign (in a form specified by the Secretary) specifying the rights of individuals under section 1867 of the Act with respect to examination and treatment for emergency medical conditions and women in labor; and to post conspicuously (in a	A2402	Corrective Action: The Interim Director of the Assessment Center and Director of PI developed a new policy, "EMTALA Rights Notification of Prospective Patients," that includes the requirement to notify individuals seeking emergency services of the facility's obligation to provide medical screening examinations and stabilizing treatment through the use of signage posted in critical areas and readable from at least 20 feet. The policy was approved by the Medical Executive Committee and Governing Board. The Interim Director of Assessment Center updated the EMTALA Signage to clarify the rights of individuals seeking emergency services using the language that CMS (HCFA at the time) promulgated in the 1994 EMTALA regulations.	06-20-19	

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A2402	Continued From page 7 form specified by the Secretary) information indicating whether or not the hospital or rural primary care hospital (e.g., critical access hospital) participates in the Medicaid program under a State plan approved under Title XIX. This STANDARD is not met as evidenced by: Based on observation, interview and review of policies and procedures it was determined the hospital failed to develop and enforce EMTALA policies and procedures that ensured the posting of signage, that clearly and accurately specified individuals' EMTALA rights with respect to examination and treatment for emergency medical conditions and women in labor, in all areas likely to be noticed and where individuals or their representatives waited for examination and treatment. Findings include: 1. On 04/16/2019 at 0900 an 8 1/2" x 11" EMTALA sign was observed posted on the wall behind the hospital's front lobby counter. In order to read the sign one had to stand and lean over the end of the counter that was attached to the wall. The sign was not readable from the chairs in the lobby waiting area. There were no other EMTALA signs posted in the lobby waiting area or areas where individuals or their representatives waited for exam or treatment. The posted sign consisted of the following language: "IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR, YOU HAVE THE RIGHT TO RECEIVE, within the capabilities of this hospital's staff and facilities: * An appropriate MEDICAL SCREENING	A2402	Continued from Page 7 The Interim Director of the Assessment Center obtained and posted larger EMTALA signage in the main lobby, Intake waiting area, and each Intake interview room. Interview rooms signs are now 11x17 inches and signs in the main lobby and Intake waiting area are now 24 x 36 inches to ensure they are readable from anywhere in the room and within 20 feet in the main lobby. The signage in the main lobby was moved from behind the switchboard to a more open area immediately inside the main door. <i>Monitoring</i> The Director of PI revised the Leadership surveillance rounds form to include the presence of the correct EMTALA signage in the lobby areas and Assessment Center interview rooms. This form is utilized at least monthly by a member of senior management with aggregated results reported quarterly to the PI Committee and Governing Body. <i>Responsible Staff:</i> Interim Director of Assessment Center		

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A2402	Continued From page 8 EXAMINATION * Necessary STABILIZING TREATMENT (including treatment for an unborn child) and, if necessary, * An appropriate TRANSFER to another facility EVEN IF YOU CANNOT PAY or DO NOT HAVE MEDICAL INSURANCE or YOU ARE ENTITLED TO MEDICARE OR MEDICAID. This hospital DOES NOT participate in the Medicaid Program." The language in the sign was not clear or accurate as follows: * It did not clearly reflect that the requirements applied to individuals who presented to the hospital seeking medical or psychiatric emergency services and were not inpatients of the hospital already. * The language stated that individuals had the right to an appropriate transfer regardless of ability to pay. However, it did not reflect the hospital's obligation to provide MSEs and stabilizing treatment regardless of individuals' ability to pay. * The sign reflected that services would be provided if individuals' were "entitled to medicare of medicaid." However, it then stated that the hospital did "not participate in the Medicaid Program." 2. Review of policies and procedures revealed none related to EMTALA signage. 3. During interview on 04/19/2019 at 0940 the DCS stated that the hospital did accept Medicaid clients.	A2402			
A2405	EMERGENCY ROOM LOG CFR(s): 489.20(r)(3)	A2405	Corrective Action: The Interim Director of the Assessment Center and Director of PI	6-20-19	

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A2405	Continued From page 9 [The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain a central log on each individual who comes to the emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. §489.24 The provisions of this regulation apply to all hospitals that participate in Medicare and provide emergency services. This STANDARD is not met as evidenced by: Based on interview, central log and medical record documentation for 10 of 12 individuals reviewed who presented to the hospital for emergency services without a scheduled appointment (Patients 13, 20, 27, 28, 34, 35, 36, 37, 38 and 39), review of three different logs provided and review of hospital policies and procedures it was determined that the hospital failed to fully develop and enforce EMTALA policies and procedures to ensure a central log was maintained to reflect complete and accurate information about the individuals who presented to the hospital for emergency services. There were three logs maintained that did not accurately and consistently identify those individuals that presented to the hospital on an unscheduled or "walk-in" basis and the dates and times they presented. Findings include: 1. The policy and procedure titled "Hospital to Hospital Transfer, IP" dated as last reviewed	A2405	Continued from Page 9 developed a new policy "Log of Individuals Presenting for Emergency Services" which outlines the required elements of the log and expectations for how the log is completed, reviewed by management staff, and maintained for future reference. The Interim Director of Assessment Center revised to the current Emergency/EMTALA electronic log to include the following information so that all information is included in this one central log: • A column to define if the individual was a transfer from another facility, a scheduled assessment appointment, a scheduled military admission, or a walk-in. • A column for the presenting chief complaint • A signature line was added for the daily review by the Intake Director and/or designee to ensure that all data has been entered correctly. • Disposition (on previous log as well) Use of the "Appointment Calendar" and the "Intake Activity Log" have been incorporated into an Assessment Activity Tracker which is used to document the current status of patients being assessed to track the completion of each element of the assessment process in real time. Notations of anticipated appointments are present on the tracker, but only for real-time planning of use of the assessment rooms. The Interim Director of Assessment Center provided training to all Intake staff on the correct completion of the Emergency/EMTALA log to include entry of each		

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A2405	Continued From page 10 06/22/2017 was reviewed and also was not clear to applicability as the content of the policy included processes other than transfers including MSEs and a Central Log. It reflected "This policy applies to all individuals who are at Cedar Hills Hospital...for examination, emergency care, or treatment..." The policy reflected that its purpose was to "ensure that Cedar Hills Hospital...is in compliance with the provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA)...in providing for the evaluation, treatment and/or transfer of persons presenting for examination or treatment for an emergency medical condition (EMC)." In regards to the Central Log the policy reflected that: * "Each individual presenting at CHH for examination or treatment of an emergency medical condition (EMC) will be provided a Medical Screening Examination." * "A central log is maintained in the Assessment Center noting each individual who comes to the hospital seeking treatment. Log entries document whether the individual: Refused treatment; Was refused treatment; Was transferred, admitted and treated, or stabilized and transferred; Was discharged; and Any other significant related information." 2. Documentation that identified all individuals who presented to the hospital on an unscheduled or "walk-in" basis was presented in three "log" formats. Those were: * An "EMTALA Log." * An "Intake Activity Log." * A printed, electronic "appointment calendar."	A2405	Continued from Page 10 individual on the log and the correct and thorough completion of each column in the manner outlined in the policy. Understanding of expectations was verified by signed attestation and completion of a sample log entry. <u>Monitoring</u> The Interim Director of the Assessment Center or designee is reviewing 100% of the EMTALA logs on a daily basis to ensure that all individuals seeking services are correctly and thoroughly entered into the log, including the correct classification of the individual as a transfer/scheduled assessment or admission/walk-in, presenting chief complaint and the correct determination of the presence of an emergency medical condition based on the medical screening examination. This daily review will be an ongoing process. Any staff member making incorrect or incomplete entries into the log will receive additional retraining and/or disciplinary action as indicated. Aggregated data on correct completion of the EMTALA log will be reported monthly to the PI Committee and Medical Executive Committee and quarterly to the Governing Body for a period of at least 12 months or until 90% compliance is maintained. Thereafter, results of EMTALA Log monitoring will be reported to the PI Committee, MEC and Governing Body on a quarterly basis as part of the ongoing PI indicator for the Assessment Center to ensure sustainability of the corrective actions. <u>Responsible Staff:</u> Interim Director of Assessment Center		

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A2405	Continued From page 11 3. The "EMTALA Log" contained the following columns: Date, Arrival Time, Arrival Mode, Complaint, Emergency Medical/Psych Condition, Departure/Admit Time, Disposition, Departure Mode, MOT. * The log did not contain all of the elements required by the policy and procedure identified under Finding 1 above. * The log did not clearly identify those individuals who presented on an unscheduled or "walk-in" basis. - The log identified individuals under "Arrival Mode" as "walk-in." - The log identified individuals under "Arrival Mode" as "car/pedestrian." During interview with staff they indicated those entries reflected both scheduled and un-scheduled appointments. - The log identified individuals under "Arrival Mode" as "secure transport" and "Military transport." During interview with staff they indicated that those entries reflected scheduled appointments or planned admissions from other hospitals, military installations or facilities. * The log did not clearly reflect the individual's chief complaint. Under the "Complaint" column the entries were either "CD," "PSY," or "PSY/CD." * The "Emergency Medical/Psych Condition" column entries were either "yes" or "no." During interview with the DCS on 04/16/2019 at 1115 he/she indicated that if the individual was admitted to CHH staff enter "yes" on the log. If the individual was "referred out" back to the community the staff enter "no." The DCS acknowledged that those answers did not reflect	A2405			

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A2405	Continued From page 12 whether an EMC existed but rather whether the individual met "admission criteria." 4. Information about individuals who presented to the hospital on an unscheduled or "walk-in" basis was inconsistently reflected on the three logs. For example: a. For the CY 2018 the total number of individuals identified as "walk-in" were: - EMTALA Log recorded 320 - Intake Activity Log recorded 151 - Appointment calendar recorded 513 b. For the month of May 2018 the number of individuals identified as "walk-in" on each log were: - EMTALA Log recorded 33 - Intake Activity Log recorded 10 - Appointment calendar recorded 39 c. For the month of June 2018 the number of individuals identified as "walk-in" on each log were: - EMTALA Log recorded 39 - Intake Activity Log recorded 18 - Appointment calendar recorded 40 d. For the month of November 2018 the number of individuals identified as "walk-in" on each log were: - EMTALA Log recorded 26 - Intake Activity Log recorded 9 - Appointment calendar recorded 41 e. For the month of December 2018 the number of individuals identified as "walk-in" on each log were: - EMTALA Log recorded 43	A2405			

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A2405	Continued From page 13 - Intake Activity Log recorded 4 - Appointment calendar recorded 42 5. Refer to Tags A2406 regarding MSEs and A2409 regarding transfers that include findings related to inaccuracies and omissions on the logs for Individuals and Patients 13, 20, 27, 28, 34, 35, 36, 37, 38 and 39.	A2405			
A2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2)	A2406	<u>Corrective Action:</u> Hospital leadership reviewed and confirmed that the EMTALA rules require hospitals with an emergency department to provide individuals coming to the emergency department with a) "an appropriate medical screening examination within the capability of the hospital's emergency department," b) "conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations," and c) "including ancillary services routinely available to the emergency department" d) to determine whether an emergency medical condition exists. 42 C.F.R. § 489.24(a)(i). <u>Capability of the Hospital's Assessment Center:</u> Although the hospital does not offer or provide emergency services like an acute care hospital emergency department, leadership reviewed and confirmed that it has processes for responding to an emergency that arises in the hospital, including in the Assessment Center.	07-01-19	

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A2406	Continued From page 14 of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1) (B) of the Act. (c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition. This STANDARD is not met as evidenced by: Based on interview, review of documentation in 31 of 31 medical records of patients who presented to the hospital for emergency services without a scheduled appointment during CY 2018 (Patients 10 - 16 and 18 - 41), review of medical	A2406	Continued from Page 14 The Medical Screening Examination Part 1— Medical form was revised to remove the portion that was completed by the Patient. In addition, the Director of Nursing confirmed the medical screening examination documentation form includes sections to document a physical examination, Review of Systems and review of current symptoms. Depending on a patient's condition and needs, the MSE may include the following services consistent with what is available for all inpatients: • Lab Services provided by contract • X-Ray Services provided by contract • Emergency Medications- Narcan or Epipen Inpatients receive all other ancillary services through a transfer agreement with a local acute care hospital. Any Assessment Center patients would be transferred for such services as needed. Laboratory and X Ray services have varying response times. If an inpatient, or an individual in the Assessment Center, requires more emergent or urgent lab or radiology services, emergency transfer will be arranged in compliance with all applicable EMTALA rules and Conditions of Participation. Likewise, the hospital has limited emergency medications besides behavioral health medications.		

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A2406	Continued From page 15 staff bylaws and rules and regulations, review of job descriptions, review of appointment and intake logs and review of policies and procedures it was determined that the hospital failed to develop and enforce policies and procedures to ensure the provision of complete, accurate, and appropriate MSEs by LIPs to all individuals who presented without regard of ability to pay: * MSEs for individuals who presented to the hospital for services, as unscheduled or "walk-in" patients, were not conducted by LIPs, but rather by RNs and QMHPs not qualified to perform MSEs. * Attempts were not made to advise patients of the risks of leaving the hospital before the evaluation for an EMC was completed. * There was lack of assurance that staff did or said nothing to dissuade patients from staying at the hospital to be evaluated for an EMC, including inquiring about financial status or payment source. Findings include: 1. Policies and procedures and bylaws and job descriptions did not contain a clear MSE process that ensured each individual who presented to the hospital on an unscheduled or "walk-in" basis for emergency services received an appropriate MSE by a LIP to determine whether an EMC existed, without regard of ability to pay, and further received stabilizing treatment within the hospital's capabilities and capacity. Those documents contained inaccuracies and contradictions and omissions related to the EMTALA MSE requirements and were not followed. a. The policy and procedure titled "Emergency	A2406	Continued from Page 15 The emergency medications are Epipen and Narcan. If a patient requires other emergency medications, transfer will be arranged as described above. The Interim CEO, Interim Director of the Assessment Center, and Director of PI reviewed and confirmed the accuracy of two existing policies (Code Blue Patients, Change in Condition MOT). These policies address all components of the medical emergency response including the provision of CPR, basic life support and determination of the need for a transfer to a Medical Surgical Emergency Department. These policies cover the process in the Assessment Center and on the inpatient unit, consistent with the facility's responsibility under EMTALA and the applicable Conditions of Participation. Hospital leadership reviewed its processes in the Assessment Center department in light of its capability and enhanced them as further described below: <i>Designation of Qualified Medical Professionals</i> The Medical Director, Interim CEO, Interim Director of the Assessment Center, and Director of PI reviewed and revised Medical Staff Rules and Regulations to more clearly define the qualifications of who can conduct a medical screening examination (MSE). Because the medical screening examinations performed in our facility necessarily have two components (mental health and medical),		

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A2406	Continued From page 16 Medical Screening, IP" dated as last reviewed 11/11/2016 reflected it applied "to any person on the Cedar Hills Hospital...campus who is seeking services...It is the policy of Cedar Hills Hospital to perform an emergency medical screening on persons presenting at the hospital seeking services." The procedures were described in their entirety as follows: * "Each person presenting at the hospital seeking services, upon arrival, will be asked to complete the Intake Assessment Patient History Form." * "The completed form is reviewed to triage the individual's need for emergency medical care." * "If the individual seeking care answers 'Yes' to any of the following screening questions, they will be immediately assessed by a Registered Nurse: - Do you have any wounds or sores right now? - Are you having any other physical problems right now? - Have you had the flu or been in contact with anyone with the flu in the last two weeks?" * If the individual seeking care answers 'Yes' to any of the following screening questions, they will be immediately assessed by an Assessment Counselor: - Are you feeling suicidal? - Are you feeling like hurting anyone else? * Based on this assessment, the assigned clinician will initiate interventions to assure that the individual's need for emergency medical care is met. These interventions include but are not limited to: - Arranging for the individual to be transferred to an appropriate medical facility should the individual's need for emergency medical care be beyond the scope of services offered at Cedar Hills Hospital [example: the individual is reporting symptoms suggestive of a heart attack or stroke.];	A2406	Continued from Page 16 the Medical Staff Rules and Regulations needed to address the different types of health professionals who may conduct these two components. The following changes to the Medical Staff Rules and Regulations were made: • The following health care professionals are Qualified Medical Professionals (QMPs) who complete the Medical Component of the MSE (Part 1): o Registered nurses (RNs); o Nurse Practitioners; and o Physicians. • The following mental health professionals are Qualified Mental Health Professionals (QMHPs) who may complete the more extensive mental health component of the Medical Screening Examination (Part 2) to determine whether a person has an "emergency medical condition" related to a mental health condition: o RNs; o Professionals with a master's degree or above in one of the following areas: ▪ Social Work; ▪ Psychology; or ▪ Counseling. o Nurse Practitioners; and o Physicians. The Medical Executive Committee and Governing Board approved the revisions to the Medical Staff Bylaws and the Rules and Regulations on Friday, 6/14/2019. The Chief Nursing Officer, Director of PI, and Medical Director/Designee provided all current QMPs and all current QMHPs with retraining on the obligations under EMTALA,		

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A2406	Continued From page 17 - Initiating appropriate precautions if the individual is reporting symptoms of infectious illness; and - Initiating safety protocols for individuals who are potentially suicidal or homicidal." * References / Citations - Emergency Medical Treatment & Active Labor Act (EMTALA). The "Intake Assessment Patient History Form" specified in the policy was not evident in the records reviewed during this survey. There were no requirements for completion of vital signs or other assessment data by the RN. The policy and procedure described a partial triage process by RNs and QMHPs and not a MSE by LIPs that included medical history, physical exam and diagnostic testing. Although the policy and procedure referred to an "assigned clinician" to initiate interventions, it did not specify what was meant by "assigned clinician," what the credentials of a "clinician" were, how they were "assigned," where they were located and what role they had in an MSE prior to determining "interventions." b. The policy and procedure titled "Hospital to Hospital Transfer, IP" dated as last reviewed 06/22/2017 was reviewed and also was not clear to applicability as the content of the policy included processes other than transfers including MSEs and a Central Log. It reflected "This policy applies to all individuals who are at Cedar Hills Hospital...for examination, emergency care, or treatment, with the following exception: This policy does not govern the transfer of a stable patient (who also remains stable during transport to and from hospitals and during testing) transferred from Cedar Hills Hospital to another hospital for tests and/or diagnostic procedures if	A2406	Continued from Page 17 the revised MSE forms, and how to complete the MSE, as described further below. They placed documentation of each individual's training in that individual's credentialing file. <i>Privileging QMP's/QMHP's</i> The facility created a mechanism for RNs to request Medical Staff approval and credentialing to be designated as QMPs with appropriate privileges to complete the medical component of the medical screening examination. Each RN and Nurse Practitioner completed a delineation of privilege form. The Medical Executive Committee and Governing Board met and granted privileges as allowed by the Bylaws. The credentialing process includes details from the RN's personnel file as well as the specific requirements as a QMP. The Bylaws and Rules and Regulations were revised to specifically state that appropriately trained RNs could function as QMPs. The facility created a mechanism for RNs and masters prepared clinicians in Social Work, Counseling, or Psychology to request Medical Staff approval to be designated as QMHPs with appropriate privileges to conduct the mental health component of the medical screening examination. Each QMHP completed a delineation of privilege form. The Medical Executive Committee and Governing Board met and granted privileges as allowed by the Bylaws. The credentialing process includes details from the personnel files as well as the specific requirements as a QMHP.		

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A2406	Continued From page 18 the understanding and intent of both hospital is that the patient is going to the second hospital only for tests, the patient will not remain overnight at the second hospital, and that the patient will return to Cedar Hills Hospital." The policy reflected that its purpose was to "ensure that Cedar Hills Hospital...is in compliance with the provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA)...in providing for the evaluation, treatment and/or transfer of persons presenting for examination or treatment for an emergency medical condition (EMC)." The policy contained the following referenced to MSEs: * "Each individual presenting at CHH for examination or treatment of an emergency medical condition (EMC) will be provided a Medical Screening Examination." * "The Medical Screening Examination is performed by a physician who is present in the hospital at the time the individual presents for care, by a physician who is on-call and available to arrive at the hospital within one hour, by an Nurse Practitioner (NP) who subsequently consults with a physician; or by a Registered Nurse who subsequently reviews their assessment findings with the on-call physician by telephone." * "The purpose of the Medical Screening Examination is to determine" included "Is the individual presenting with an unstable emergency medical condition." * "After conducting a Medical Screening Examination an/or receiving the report from the Registered Nurse regarding the subject's condition, if the physician determines that an immediate transfer is medically appropriate and	A2406	Continued from Page 18 The Bylaws and Rules and Regulations were revised to specifically state the individuals who are designated as QMHPs. The Chief Nursing Officer, Director of PI, and Medical Director confirmed that all RNs and masters-prepared clinicians hired to do assessments in the Assessment Center department have received training on EMTALA, the assessment forms, and the assessment process, and on how to perform an MSE before they begin work. They further implemented annual refresher training with demonstration of competency on conducting the MSE for personnel working as QMPs and QMHPs. <i>Staffing of the Assessment Center Department</i> The Interim CEO, Interim Director of the Assessment Center, Director of PI, and Medical Director reviewed the volume of individuals coming to the intake department for assessment or admission, whether by transfer, appointment, or walk-in. They confirmed the following general framework for staffing the intake department to manage assessments and direct admissions: • On site: - o Most individuals present seeking assessment during weekday daytime hours. At that time, the Assessment Department is typically staffed with one or two RNs to who act as QMP/QMHP and coordinate transfers as needed; two or more QMHPs who complete the mental health part of the MSE; and an assessment center tech assists the process by obtaining vital signs and monitoring of patients in the intake department.		

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A2406	Continued From page 19 necessary the physician may provide orders for the transfer." c. The undated CHH "Medical Staff Bylaws" were reviewed. Interview with the CEO on 04/16/2019 at 1000 revealed that the "Medical Staff Bylaws" were last approved and signed as adopted in 2015. Those bylaws included the following: * Article 5.3.5 reflected "only Physicians, Licensed Psychologists, Psychological Associate, Licensed Masters Social Workers, Licensed Professional Counselors, Psychiatric Mental Health Nurse Practitioners, Registered Nurses, Licensed Social Workers, Licensed Marriage and Family Counselors, (collectively, 'Qualified Mental Health Professional') and Physician Assistants shall have the Prerogative to perform assessments as appropriate to their license and Privileges. All Qualified Mental Health Professionals and Physician Assistants may perform pre-admission assessments. Final determination of the need for services may be assessed by appropriately privilege Staff Members only." There were no references in the bylaws to provision of services to unscheduled or "walk-in" patients who presented to the hospital with medical or psychiatric complaints, no references to EMTALA requirements, and no references to the provision of MSEs, including the credentials and qualifications of LIPs approved to provide MSEs. d. The undated CHH "Rules and Regulations of Medical Staff" were reviewed. Interview with the CEO on 04/16/2019 at 1000 revealed that the "Rules and Regulations of Medical Staff" were last approved and signed as adopted in 2015. Those rules and regulations included the	A2406	Continued from Page 19 - o During nighttime and weekend hours, there are usually no appointments and very few, if any, walk-ins. The main focus at night is the arrival of patients being transferred from acute care hospitals. At that time, typically one QMHP staffs the Assessment Center department and calls the RN Nursing Supervisor to come to the department to perform the MSE as needed along with providing nursing support when transfer patients arrive. • On call: - o A psychiatrist is on call 24/7 for both the Assessment Center department and the inpatient units. ▪ In accordance with the Medical Staff Bylaws, an on-call physician must respond to the hospital by phone within 15 minutes of receiving a call from the hospital, and must arrive on site within 30 minutes after being asked to come to the hospital. ▪ The intake staff discuss every assessment with the on-call psychiatrist at least by phone and obtain orders for disposition (as described further below). They may request the on-call psychiatrist come to the hospital to see a patient in the Assessment Center when needed. Typically, the only times the on-call psychiatrist comes to the hospital to see a patient personally is when he or she is initiating an involuntary hold as authorized/required by Oregon law. Otherwise, a patient with an emergent psychiatric condition is admitted to an inpatient unit where treatment begins.		

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A2406	Continued From page 20 following: * Article 2.3 reflected "Patients whose illness cannot be treated with the capability of the Facility shall not be admitted to the Facility. If such a patient presents with an 'emergency medical condition' as defined in the Facility's EMTALA policy, such patient will be stabilized to the extent possible and, transferred to a facility equipped to treat their condition, in accordance with the Facility's policies with respect to EMTALA." * Article 2.4 reflected "'Emergency' in this context means a condition in which serious or permanent harm could result to an individual or an unborn child or in which the life of an individual or unborn child is in imminent danger." * Article 2.9 reflected "Persons who present to the Facility with an 'emergency medical condition,' as set forth in the Facility's EMTALA policy, shall be seen immediately by a Qualified Medical Person ('QMP'), as defined in the Facility's Medical Staff Bylaws. If the QMP giving the medical screening exam is not a physician, the QMP shall contact the physician on call, to request that the physician come to the hospital to see the person if necessary, or authorize immediate admission of the person to the Facility, or initiate a transfer of the patient to another facility if the facility does not have capability to treat the person." * Article 5.4.3 reflected "Only Physician's, APRNs and PAs with privileges may write orders..." * Article 9 titled "On-Call" reflected "There is a psychiatrist on-call to the Facility on a 24-hour basis to cover assessments, admissions and emergencies...Each attending Member is responsible for arranging adequate medical coverage in his absence...On-call Members are required to respond to calls/pages by the Facility within 15 minutes and, if necessary, to be physically present at the Facility within 30	A2406	Continued from Page 20 o Internal medicine or family medicine physicians are available for telephone consult 24/7. They present to the hospital to perform history and physical examinations on a scheduled basis. They do not come to the hospital on an emergency basis to see any patients (inpatients or assessment patients) because that would delay emergency care. If an inpatient or assessment patient is having a medical emergency the hospital arranges for appropriate transfer to an acute care hospital emergency department with the capability to evaluate and treat medical emergencies. <u>The MSE Process</u> The CEO, Interim Director of the Assessment Center, and Director of PI revised the policy "Assessing an Emergency" to more clearly outline how MSEs are provided within the capability of the facility. The policy provides: - As soon as a patient presents to the hospital, the Assessment Center department staff do triage, and a tech or RN takes the patient's vital signs and document the patient's presenting complaint and legal status. - A QMP completes Part 1 of the Medical Screening Examination on all individuals who walk in seeking treatment to determine if an emergency medical condition does or does not exist. This portion of the MSE consists of checking the patient's vital signs, taking a breathalyzer reading if indicated,		

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A2406	Continued From page 21 minutes." * Article 17.1 reflected "Persons presenting at the Facility potentially seeking treatment for an emergency medical condition (an 'Emergency Patient') shall be appropriately medically screened and treated in accordance with the Facility's EMTALA policy, to the extent of the Facility's capabilities." * Article 17.2 reflected "Physicians or Allied Health professional who are on-call are responsible for returning to the Facility when requested by a Qualified Medical Person to provide necessary screening and stabilizing treatment to Emergency Patients. All transfers of Emergency Patients shall be in accordance with the Facility's EMTALA policy. The decision to transfer a person who has presented to a Facility with an 'emergency medical condition' (as such term is defined in the Facility's EMTALA policy) that has not been stabilized shall in all cases remain with a physician Member of the Medical Staff, and a written order will be obtained." * Article 17.3 reflected "Following assessment and treatment to address an emergency medical condition, the physician or Allied Health Professional attending to the Emergency Patient shall complete an assessment of the patient's diagnosis/recommendations and implement appropriate orders for follow-up treatment." * Article 21 reflected "Definition of Qualified Medical Person - In addition to physicians, the following classes of practitioners are granted authority, within the scope of clinical privileges or prerogatives for which they have been approved, to conduct medical screening examination as required under the facility's EMTALA policy as a 'Qualified Medical Person' or 'QMP': nurse practitioners, physician assistants, RNs with specified training."	A2406	Continued from Page 21 measuring oxygen saturation, reviewing current medical symptoms and significant medical history, and concluding whether the patient had an emergency medical condition (as opposed to psychiatric condition). • If the QMP concludes the patient may have an emergency medical condition, the QMP discusses the findings and concerns with the on-call psychiatrist and, if the psychiatrist concludes it is necessary, the psychiatrist gives an order to transfer the patient to an acute care emergency department for further evaluation and treatment of the possibly emergent medical condition. The QMP then arranges an appropriate transfer to the emergency department. • The Assessing an Emergency Policy includes criteria for identifying emergency medical conditions. • Examples of Emergency Medical Conditions criteria include but are not limited to: ▪ Vital Signs: BP: Systolic > 180 Diastolic > 110; Systolic < 70 Diastolic < 40 Temp > 101 F Pulse Ox < 89% Resp < 10 HR > 110 ▪ Pregnant patient with contractions or complications ▪ Active GI Bleed ▪ Report of Blood in Urine or Sputum ▪ Recent convulsion/seizure within last 72 hours ▪ Patients with difficulty breathing ▪ Patients presenting with abdominal pain ▪ Overdose patient		

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A2406	Continued From page 22 Article 2.9 of the rules and regulations required that each individual who presented "be seen immediately" by a QMP as defined in Article 21 above, and if the QMP was not a physician, that the on-call physician be called to come into the hospital or authorize admission or initiate transfer. e. The "Medical Screen" form was described as the documentation of the MSE. That form did not contain documentation to reflect an adequate MSE to determine whether a medical or psychiatric EMC existed for individuals who presented, rather the form reflected a "triage" process. * The first two pages of the form was to be "Completed by Patient or Patient Representative" and was a questionnaire with the following headings: - "Reason for Assessment / Admission" - "Recent Substance Use History" - "Medical Issues - Using the table below, identify all medical conditions you are experiencing or have experienced in the past." * The third page of the form was to be "Completed By Assessment Center Staff" and consisted of two sections: - "Vital Signs" - "Details of Affirmative Responses / Issues Noted in Medical Screen (Part 1)." f. Review of the "Assessment Center Nurse" Job Description dated "Revised 1.21.15" reflected the following: * "The Assessment Center Nurse is a registered professional nurse with demonstrated experience in the triage and assessment of potential patients with mental health and/or chemical dependency treatment needs. The RN must possess the	A2406	Continued from Page 22 ▪ Patient presents intoxicated— Breathalyzer results of greater than 0.25 ▪ Recent chest pain ▪ Symptoms of stroke ▪ Any history of untreated trauma within past week: e.g. head injury, broken bones, sprains, bruises ▪ Signs and Symptoms of hypo or hyperglycemia ▪ Medical Detox with severe symptoms including: syncope, diaphoresis, sudden confusion, weakness, vomiting or other neurological changes. ▪ New onset change in mental status ▪ Patient that is violent or combative ▪ Possible contagious disease: chicken pox, measles, mumps, pneumonia ▪ Lacerations requiring suturing or bleeding control ▪ 24 hours post-partum ▪ Ingestion of chemicals • If no emergency medical condition exists that would require immediate transfer to a med/surg emergency department, the QMP or a QMHP completes the mental health portion of the MSE. At the conclusion of the MSE, the QMP or QMHP discusses the MSE findings with the on-call psychiatrist and obtains orders for appropriate disposition. • The policy also clarifies: - o the medical screening examination is provided regardless of the individual's ability to pay - o if an individual declines to stay for the full completion of the MSE, every attempt will be made to dissuade the individual from leaving prior to completion and the benefits of treatment and risks of leaving will be provided		

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A2406	Continued From page 23 ability to assess the medical stability and appropriateness of the patient for admission to Cedar Hills Hospital. The Assessment Center Nurse must have working knowledge of the functions of the Assessment Center and provide back-up clinical assessments as directed when not engaged in nursing functions." * "Required Knowledge, Skills, Licensure and Training" were identified as: - "Education: Graduate from an accredited program of professional nursing required; Bachelor's Degree preferred." - "Experience: A minimum of three (3) years experience in a psychiatric healthcare facility preferred." - "Licensure: Currently licensed to practice as an RN by the Oregon State Board of Nursing." - "Additional Requirements: Must pass a medication administration exam. Must have a working knowledge of the DSM-V and the Mental Status Exam. Must have a working knowledge of the Addiction and Recovery field." - "Training: Successful completion of the CPR, Crisis Management and Service Excellence Training must occur within 90 days of employment and prior to assisting in any restraining procedures." * "Essential Job Functions" identified included, but were not limited to: - "Conduct medical screenings on all potential patients within 15 minutes of their arrival at Cedar Hills Hospital and evaluate them for: urgent medical issues requiring intervention, and medical appropriateness for admission to the hospital's programs." - "Facilitate and document hospital-to-emergency room transfers for: patients with suspected medical conditions requiring treatment prior to admission, and patients needing medical	A2406	Continued from Page 23 o documentation of the MSE and additional information will be thoroughly documented on the Medical Screening Examination form and supplemental documents, as indicated o how the results of the MSE will be utilized to determine the next step(s) in the process if an emergency medical condition exists - the provision of stabilizing treatment which may include admission for psychiatric/substance abuse issues - arranging for appropriate transfer if a medical emergency condition exists that is outside the capability of the organization to treat The Interim Director of the Assessment Center and Medical Director revised Part 1 of the Medical Screening Examination completed by the QMP RN to more specifically address the assessment for the presence of an emergency medical condition related to medical or detox status issues and to document that determination, as well as further actions to be taken related to the determination. The Medical Director/Designee, DON, and Interim Director of the Assessment Center provided training to all RNs assigned to the Assessment Center and those RNs who may conduct Part 1 of the MSE examinations intermittently such as nursing leaders. The training included the proper manner to conduct a Medical Screening Examination, the EMTALA rules regarding the MSE, the responsibility of the facility to provide stabilizing treatment and arranging for appropriate transfer if indicated. Competency was assessed via post-test.		

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NAME OF PROVIDER OR SUPPLIER CEDAR HILLS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SW EASTRIDGE STREET PORTLAND, OR 97225		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A2406	Continued From page 24 clearance prior to admission." - "Conduct nurse-to-nurse medical reviews of potential patients transferring from/to other hospital emergency rooms." - "Call medical providers to obtain/document the various admission orders." - "Conduct a skin assessment and contraband search on admitting patients prior to transferring the patient to the care of the Unit Nurse." - "Communicate relevant clinical information on admitting patients with the Unit Nurse accepting the patient at the time of the patient hand-off." - "Take direction of the Assessment Center Lead Counselor in triaging and prioritizing the needs of both patients and the Assessment Center." - "Patients are clinically assessed and stabilized prior to leaving the hospital...or...the patient's admission to a hospital is arranged." - "Conduct / document thorough and knowledgeable intake assessments to assure appropriate disposition." - "Conduct/document appropriate safety plans for patient that are referred out from Cedar Hills Hospital." The Job Description contained no references to provision of services to unscheduled or "walk-in" patients who presented to the hospital with medical or psychiatric complaints, no references to EMTALA requirements, and references to the provision of "medical screenings" and the other essential functions identified were contrary to, not consistent with, nor ensured compliance with, the EMTALA requirements. Further, in regards to Article 21 of the Medical Staff Rules and Regulations that "RNs with specified training" were considered QMPs who could perform MSEs, there was no evidence of	A2406	Continued from Page 24 The DON and HR Director have added the training to the orientation for any RN who is assigned to or who may intermittently assist in the Intake Department. The Interim Director provided retraining to all QMHPs to reinforce EMTALA requirements, full completion of the mental health assessment form, and the requirement to discuss the findings of each MSE with a physician, and to note the date and time of that conversation on the form. Competency was assessed via post-test. <u>Monitoring</u> The Interim Director of the Assessment Center or designee is reviewing 100% of the MSEs to ensure they are completed timely and are thorough and accurate. Additionally, the audit also reviews any cases where the patients refused the MSE. In those cases, the audit reviews documentation regarding attempts to dissuade the individual from leaving without the MSE and that the benefits of treatment and risks of leaving were explained. Any staff member making incorrect or incomplete entries on the forms, including failure to document consultation with the on-call physician, will receive additional retraining and/or disciplinary action as indicated. Aggregated data on correct completion of the MSEs will be reported monthly to the PI Committee and Medical Executive Committee and quarterly to the Governing Body for a period of at least 12 months or until 90% compliance is maintained.		

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A2406	Continued From page 25 written description of that training. g. Review of the "Assessment Referral Counselor" Job Description dated "Revised 6.28.16" reflected the following: * "The Assessment and Referral Counselor is responsible for assisting in the process of responding to referrals and other requests for services and information." * "Required Knowledge, Skills, Licensure and Training" were identified as: - "Education: Registered Nurse or Master's Degree in a human relations field." - "Experience: Preferably two or more years experience in intake assessment activities within an acute psychiatric setting. A minimum of two (2) years experience in a psychiatric hospital setting including customer contact." - "Licensure: Licensed to practice in the State of Oregon as a mental health professional." - "Additional Requirements: A working knowledge of the DSM-IV and the Mental Status Exam. A working knowledge of the Addiction and Recovery field. Successful completion of Crisis Management and Service Excellence training must occur within 90 days of employment and prior to assisting in any restraining procedures. May be required to work occasional overtime and flexible hours." * "Essential Job Functions" identified were broad and non-specific and included, but were not limited to: ." - "Completes pre-certifications as needed." - "Assist in arranging for admission of patients, including alerting the business office staff to begin the verification of benefits, initiating calls to physicians and other related tasks as directed by the Case Manager. On call doctor is notified and assisted with patient interview."	A2406	Continued from Page 25 After the initial monitoring period, the data will be reported quarterly to the PI Committee, MEC, and Governing Body to ensure sustainability with the corrective actions <u>Responsible Staff:</u> Interim Director of the Assessment Center		

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A2406	Continued From page 26 - "Patient are assessed and stabilized prior to leaving hospital or admission to hospital arranged." - "Medication is obtained after hours as ordered by the physician with proper documentation of drugs removed and accountability maintained." The Job Description contained no references to provision of services to unscheduled or "walk-in" patients who presented to the hospital with medical or psychiatric complaints, no references to EMTALA requirements, no references to the provision of MSEs or the Assessment Referral Counselor's role relative to MSEs. 2. a. The "EMTALA Log," the "Intake Activity Log" and the "appointment calendar" reflected Individual 41 presented to the hospital on 12/13/2018 at 0900 and 0905 as an unscheduled "walk-in." b. The "Face Sheet" form completed by Individual 41 reflected "Arrival Time" was 0900 on 12/13/2018. The form contained direction for the individual to "Complete ALL Sections" of the form. The sections of the form and information on the form included: * "Patient Demographics." * "Guarantor/Legal Guardian" was blank. * "Primary Insurance Information" was blank. * "Secondary Insurance" was blank. * "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." c. Pages 1 and 2 of the "Medical Screen" form	A2406			

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A2406	Continued From page 27 completed and signed by the individual on 12/13/2018 reflected: * "Are you feeling suicidal or feel like harming yourself in any way?" to which the recorded answer was "Yes." * "Are you feeling like hurting anyone else?" to which the answer recorded was "Yes." * The "Medical Issues" section of the form had not been completed. d. Page 3 of the "Medical Screen" form was signed by an RN and dated 12/13/2018 at 0925 and contained the following: * The individual's vital signs, height, weight, allergies and medication list. * A note that "detox" was completed "3 days ago" for "heroin (sic)" and "meth." * A note that "SI/HI - rageful." There was no other documentation recorded by the RN. e. A "Clinical Intake Screen" form completed and signed by a LPC on 12/13/2018 at 1804, nine (9) hours after Individual 41 presented to the hospital, reflected the following: * The "time" of the "screen" was blank. * The individual was a "Walk-in." * "Chief Complaint" included "I want to hurt others...My ex-[boy/girl]friend." * "The CSSRS information included "I'm thinking about injecting air in my veins. Pt has hx of attempts...Overdoses, 'tried to hang myself.'" * "Risk Factors" were identified as "History of suicide attempts" and "Possession or access to gun - 'I can get a gun from a gang member.'" * "Response Protocol" was identified as "Notify provider; Place on Suicide Precautions; Consider increased Level of Observation; Inform Staff During Handoff."	A2406			

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A2406	Continued From page 28 * "High Risk Factors" were identified as "Suicide Ideation" and "Suicide Plan," and "Homicide Ideation." * "Issues to Address on Treatment Plan" were recorded as "Pt is not admitting, due to [his/her] presentation, which is at [his/her] baseline...Pt was sent to [his/her] outpatient provider, Lifeworks NW, in a Taxi. [LPC] spoke to [LNU] mental health clinician of the day, who said a clinician would be able to see [Individual 41] when [he/she] arrived." * The "Level of Care Determination" was recorded as "Outpatient - Referred to Community." * Although "High Risk Factors" related to suicide and homicide were identified in the "screen," the "High Risk Discharge Issues / Needs" section of the form asked "Are There Any High Risk Issues To Address If Patient Discharges Before Treatment Is Complete?" that was answered with an "N/A." * A space for "Reviewed w/ Physician" was completed with a physician's name and the date and time 12/13/2018 at 1122. * The "screen" also reflected "Medical Issues to Address" were "none." However, the individual had not completed the "Medical Issues" section of the "Medical Screen" form and there was no documentation to reflect that a medical history or physical examination by an LIP had been conducted. The date and time the individual was discharged from the hospital in a Taxi was not recorded and there was no documentation that the individual received written discharge instructions. However, the "Patient Observation Rounds, IP" reflected that the individual "Left" at 1220.	A2406			

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A2406	Continued From page 29 f. There was no documentation in the record to reflect that an MSE had been conducted by a LIP to determine whether an EMC existed, nor that stabilizing treatment for the suicidal ideations and plans, and homicidal ideations had been provided. g. During interview with the DCS on 04/18/2019 at 1530 he/she confirmed that there were no discharge instructions and there was "No crisis safety plan" that should have been obtained. 3. a. Individual 35 was not identified on the "EMTALA Log" for the dates 11/15/2018 through 11/17/2018. Individual 35 was identified on the "appointment calendar" as a "walk-in" on 11/16/2018 at 1300 and on the "Intake Activity Log" as a "walk-in" on 11/16/2018 at 1448. b. The only documentation by hospital staff in the record was a "Clinical Assessment" dated and signed by a MS on 11/16/2018. The MS did not record the "Time" of the "Assessment" nor the "Time" of his/her signature. The "Assessment" included the following: * "Pt. has passive SI and will not safety plan. States that [he/she] can't afford to buy a gun but that Steele (sic) Bridge seems easy enough to jump. Does not want to pick up meds from pharmacy and is not willing to go to OP. Pt. unable to state that [he/she] will remain safe." * "Overall Assessment of Risk" was identified as "Moderate...Pt expresses persistent SI w/ Hx of a gesture several years ago." * "Disposition" was recorded as "To Admit to IP Care Today." * The space for "Case Reviewed with MD / NP" was blank. * "Discharge Needs Assessment" was recorded	A2406			

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A2406	Continued From page 30 as "Exhibits behavior no longer dangerous to self / others." c. There was no "Medical Screen" form to be completed by the individual and the RN and there was no other documentation by an RN. d. There was no documentation in the record to reflect that an MSE had been conducted by a LIP to determine whether an EMC existed, nor that stabilizing treatment for the suicidal ideations and plans had been provided. There was no other documentation related to Individual 35's encounter at the hospital nor the disposition of Individual 35 who "will not safety plan." The date and time the individual left the hospital, the mode of transportation, and where he/she was going was not recorded and there was no documentation that the individual received written discharge instructions. Further, there was no documentation in the record to reflect that Individual 35 was apprised of the risks of leaving the hospital prior to receiving a MSE by a LIP to determine whether an EMC existed. e. Documentation on the "appointment calendar" log that was not in the medical record reflected in the "MD" column of Individual 35's entry that he/she was "Sent to [PSVMC]" and an entry in the "Notes" column was recorded as "NO [INSURANCE]." 4. a. The "EMTALA Log," the "Intake Activity Log" and the "appointment calendar" reflected Individual 30 presented to the hospital on 08/30/2018 at 1125 as an unscheduled "walk-in."	A2406			

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A2406	Continued From page 31 b. The "Face Sheet" form completed by Individual 30 reflected "Arrival Time" was 1127 on 08/30/2018. The form contained direction for the individual to "Complete ALL Sections" of the form. The sections of the form and information on the form included: * "Patient Demographics." * "Guarantor/Legal Guardian" was blank. * "Primary Insurance Information" contained insurance information. * "Secondary Insurance" was blank. * "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." c. Pages 1 and 2 of the "Medical Screen" form completed and signed by the individual on 08/30/2018 that reflected: * "Reason for Assessment / Admission:" "My [spouse] doesn't believe that I am lucid." * "Medical Issues" identified included "Current High Blood Pressure" and "Current Frequent Headaches." d. Page 3 of the "Medical Screen" form was signed by an RN and dated 08/30/2018 at 1145 and contained only the following: * Vital signs, height and weight. * The "Details" section of the form was blank. There was no other documentation by an RN. e. A "Clinical Assessment" was dated as conducted on 08/30/2018 at 1156 and signed by an LPC at 1408. The "Disposition" documentation reflected "Recommended OP services provided	A2406			

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A2406	Continued From page 32 info on finding an appropriate provider. Crisis plan attached." The LPC documented that the "Case reviewed with MD" at 1319. f. A "Referral Recommendations / Crisis Safety Plan" form was dated 08/30/2018 and signed by Individual 30 and the LPC. The time the information was reviewed and signed was not recorded. The form contained the following: * "Referral Recommendations" were identified as "Agency/Organization: psychology today.com." There were no other referrals. * "The manner in which the Assessment and Referral Center recommends referrals for patient is based on clinical judgment, geographic proximity, and any special needs or concerns evidenced in the assessment. Referrals are also made on clinically appropriate rotational basis, from a selected list of providers." However, there were no providers identified for this individual. The time the individual left the hospital was not documented. g. There was no documentation in the record to reflect that an MSE had been conducted by a LIP to determine whether an EMC existed. Further, there was no documentation in the record to reflect that Individual 30 was apprised of the risks of leaving the hospital prior to receiving a MSE by a LIP to determine whether an EMC existed. 5. a. The "EMTALA Log" and the "appointment calendar" reflected Individual 28 presented to the hospital on 08/17/2018 at 0950 as an unscheduled "walk-in." Individual 28 was not entered on the "Intake Activity Log" for the dates	A2406			

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A2406	Continued From page 33 of 08/16/2018 through 08/18/2018. b. The "Face Sheet" form completed by Individual 28 reflected "Arrival Time" was 1014 on 08/17/2018. The form contained direction for the individual to "Complete ALL Sections" of the form. The sections of the form and information on the form included: * "Patient Demographics." * "Guarantor/Legal Guardian" was blank. * "Primary Insurance Information" was blank. * "Secondary Insurance" was blank. * "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." c. The only other documentation in the record was the following: * An "Assessment Service Disclosure Statement and Consent to Assessment" form. * A "Consent to Release Information." * A "Notice of Privacy Practices." * A one-page "Leisure Interests Screening" form. * A "Patient Observation Rounds, IP" form. d. There was no "Medical Screen" form to be completed by the individual and the RN and there was no other documentation by an RN. e. There was no documentation in the record to reflect that an MSE had been conducted by a LIP to determine whether an EMC existed. There was no other documentation related to Individual 28's encounter at the hospital nor the disposition of Individual 28. Although an entry on	A2406			

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A2406	Continued From page 34 the "Patient Observation Rounds" form reflected that the individual "left" at 1113, why he/she left, the mode of transportation and where he/she was going was not recorded. Further, there was no documentation in the record to reflect that Individual 28 was apprised of the risks of leaving the hospital prior to receiving a MSE by a LIP to determine whether an EMC existed. 6. a. The "EMTALA Log" and the "appointment calendar" reflected Individual 27 presented to the hospital on 07/23/2018 at 2024 as an unscheduled "walk-in." Individual 27 was not entered on the "Intake Activity Log" for the dates of 07/22/2018 through 07/23/2018. b. The "Face Sheet" form completed by Individual 27 reflected "Arrival Time" was 2000 on 07/23/2018. The form contained direction for the individual to "Complete ALL Sections" of the form. The sections of the form and information on the form included: * "Patient Demographics." * "Guarantor/Legal Guardian." * "Primary Insurance Information" was completed to reflect the individual had State Medicaid coverage. * "Secondary Insurance" was blank. * "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." c. Pages 1 and 2 of the "Medical Screen" form completed and signed by the individual on	A2406			

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A2406	Continued From page 35 07/23/2018 reflected: * "Reason for Assessment / Admission:" "Anxiety/Panic - Paranoia - Dissasocation (sic)." * "Medical Issues" were identified as "Current Frequent Headaches." d. Page 3 of the "Medical Screen" form was signed by an RN and dated 07/23/2018 at 2140 and contained the following: * The individual's vital signs. * A note that reflected "Pt declined to stay for assessment. Pt denied SI/HI. Explained to pt that therapist may evaluate appropriateness of admission [after] assessment, however, pt declined to stay." Although the note also reflected "Pt had friends waiting and wanted to accommodate them," it was unclear whether the EMTALA sign posted in the hospital lobby that reflected "This hospital DOES NOT participate in the Medicaid Program" had any bearing on the individual's decision to leave as the "Face Sheet" he/she completed indicated he/she was a Medicaid client. e. The "Patient Observation Rounds, IP" reflected the individual "left" the hospital at 2158. f. Further, there was no documentation in the record to reflect that Individual 27 was apprised of the risks of leaving the hospital prior to receiving a MSE by a LIP to determine whether an EMC existed. 7. a. The "EMTALA Log" reflected Individual 20 presented to the hospital on 03/31/2018 at 2009 by "car/pedestrian" and did not reflect whether he/she had an appointment. However, the "appointment calendar" reflected Individual 20	A2406			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 384012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2019
NAME OF PROVIDER OR SUPPLIER CEDAR HILLS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SW EASTRIDGE STREET PORTLAND, OR 97225		
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A2406	Continued From page 36 was a "walk-in" on 03/31/2018 at 2000. Individual 30 was not entered on the "Intake Activity Log" for either 03/30 or 03/31/2018. b. The "Face Sheet" form completed by Individual 20 reflected "Arrival Time" was 2010 on 03/30/2018. The form contained direction for the individual to "Complete ALL Sections" of the form. The sections of the form and information on the form included: * "Patient Demographics." * "Guarantor/Legal Guardian" was blank. * "Primary Insurance Information" contained insurance information. * "Secondary Insurance" was blank. * "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." c. Pages 1 and 2 of the "Medical Screen" form completed and signed by the individual on 03/30/2018 that reflected: * "Reason for Assessment / Admission:" "drug use / depression...body hurts." d. Page 3 of the "Medical Screen" form to be completed by the RN was blank and there was no other documentation by an RN. e. There was no documentation in the record to reflect that an MSE had been conducted by a LIP to determine whether an EMC existed. There was no other documentation related to Individual 20's encounter at the hospital nor the disposition of Individual 20. An entry on the	A2406			

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A2406	Continued From page 37 "Patient Observation Rounds" form reflected the last observation of the individual was at 2130, however, there was no documentation to reflect what happened to the individual after that. Further, there was no documentation in the record to reflect that Individual 20 was apprised of the risks of leaving the hospital prior to receiving a MSE by a LIP to determine whether an EMC existed. 8. a. The "EMTALA Log" did not reflect whether Individual 13 presented with or without a scheduled appointment on 01/16/2018. However, the "appointment calendar" reflected Individual 13 was a "walk-in" on 01/16/2018 at 0115. b. The "Face Sheet" form completed by Individual 13 reflected "Arrival Time" was 0115 on 01/16/2018. The form contained direction for the individual to "Complete ALL Sections" of the form. The sections of the form and information on the form included: * "Patient Demographics." * "Guarantor/Legal Guardian" was blank. * "Primary Insurance Information" reflected the individual was a State Medicaid client. * "Secondary Insurance" was blank. * "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." c. Pages 1 and 2 of the "Medical Screen" form had been completed but were not dated and signed by the individual who completed them. Those pages reflected:	A2406			

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A2406	Continued From page 38 * "Reason for Assessment / Admission:" "Suicidal...Left wrist cut, Right hand broke 2 places..." * "Are you feeling suicidal or feel like harming yourself in any way?" to which the recorded answer was "Yes." * The "Medical Issues" section of the form reflected numerous "Current" issues that included "Head injury...Heart Attack/Pain...High Blood Pressure...Difficulty Breathing..." d. There was no Page 3 of the "Medical Screen" to be completed by the RN and there was no other documentation by an RN. e. There was no "Clinical Assessment" conducted by a QMHP. However, a typed narrative note dated and signed by an Assessment Counselor on 01/16/2018 reflected that the individual presented feeling "depressed...just needs someone to talk to." However, that was not consistent with the "Suicidal" chief complaint recorded on the "Medical Screen." The note reflected that the Counselor telephoned another psychiatric facility about the individual who reported that the individual had been discharged from that facility on 01/15/2018 secondary to "chronic suicidality...malingering." The Counselor also called the CHH physician who did not come in to evaluate the individual but rather "recommended not admitting the pt as there were no appropriate inpatient beds available." The Counselor's note reflected that Individual 13 completed a "safety plan" and was subsequently "given a bus pass and left CHH @ approximately 05:15." f. There was no documentation in the record to reflect that an MSE had been conducted by a LIP	A2406			

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A2406	Continued From page 39 to determine whether an EMC existed. Further, there was no documentation in the record to reflect that Individual 20 was apprised of the risks of leaving the hospital prior to receiving a MSE by a LIP to determine whether an EMC existed. 9. a. The "EMTALA Log" and the "appointment calendar" reflected Individual 39 presented to the hospital on 12/06/2018 at 2049 as an unscheduled "walk-in." However, the "Intake Activity Log" reflected that he/she presented as a "walk-in" the following date on 12/07/2018 at 2341. b. The "Face Sheet" form completed by Individual 39 reflected "Arrival Time" was 2049 on 12/06/2018. c. Page 1 of the "Medical Screen" form completed and signed by the individual on 12/06/2018 reflected that he/she was feeling suicidal or like harming him/herself. d. Page 3 of the "Medical Screen" form was undated and unsigned and contained only two sets of vital signs, a height and a weight. There was no other documentation on the form. e. A "Clinical Intake Screen" was completed and signed by a QMHP on 12/07/2018 at 0515 and reflected the patient was "High Risk" for suicide. The QMHP documented that he/she "Reviewed w/ Physician" however the "Date / Time" was not recorded nor was the substance of the "review." f. There was no documentation in the record to reflect that an MSE had been conducted by a LIP	A2406			

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A2406	Continued From page 40 to determine whether an EMC existed. 10. a. The "EMTALA Log" reflected that Individual 34 presented to the hospital on 11/12/2018 at 0916 but did not specify whether he/she was scheduled or unscheduled. The "Intake Activity Log" reflected he/she presented on 11/12/2018 at 0811 but did not specify whether he/she was scheduled or unscheduled. The "appointment calendar" reflected that Individual 34 presented to the hospital as an unscheduled "walk-in" the following day on 11/13/2018 at 0916. b. Page 1 of the "Medical Screen" form completed and signed by the individual on 11/12/2018 reflected that he/she came to the hospital for an assessment because he/she was "Suicidal." However, in response to the question "Are you feeling suicidal..." the patient responded "No." c. Page 3 of the "Medical Screen" form was signed and dated by an RN on 11/12/2018 at 0928 and contained one set of vital signs and the following: * "feeling suicidal" * "NKDA" * "Walgreens Capitol Hwy" * "[No] ETOH" * "gave Ativan 1 mg and Zyprexa 5 mg at 1048 per [physician] order." * "Pt reports [he/she] does not want to take any meds other than Trazodone." * "Ativan 1 mg BID scheduled" * "Zyprexa 5 mg BID scheduled" There was no documentation to reflect why medications were administered or by whom they were administered. In addition, another RN had recorded a signature	A2406			

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A2406	Continued From page 41 along the margin of the document. d. A "Clinical Assessment" was completed and signed by a QMHP on 11/12/2018 at 2005 and reflected the patient was a "Moderate Risk" for suicide and recorded "Disposition - To Admit to IP Care Today." The space for "Case Reviewed with MD / NP" was blank. e. There was no documentation in the record to reflect that an MSE had been conducted by a LIP to determine whether an EMC existed. A "Circuit and District Court of the State of Oregon Notification of Mental Illness" form was completed and signed by a physician and indicated "You are hereby notified that on 11/12/18, the undersigned, a physician...after completing a face-to-face examination of the above-named person..." Although the form indicated that the physician had conducted a "face-to-face examination" of Patient 34, it did not reflect when that was done and what the examination consisted of and there was no other documentation by that physician to reflect a MSE had been conducted. Further, the patient's encounter from the time he/she presented at 0916 through the time he/she was admitted to the hospital was not clearly documented by the RN or the QMHP. f. During interview with the CEO on 04/18/2019 at 1645 he/she confirmed that the physician who did the "face-to-face" exam on 11/12/2018 did not document an MSE. 11. During interview with the DCS on 04/16/2019 at 1115 he/she provided the following information: * Individuals who present to CHH are assessed by an Assessment Counselor to evaluate whether	A2406			

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A2406	Continued From page 42 the individual meets inpatient or outpatient level of care criteria. The Assessment Counsel reports those findings to the on-call physician, generally via phone and the physician gives the final approval for the disposition. A RN does a "medical screening to rule out medical issues." The "Medical Screening" done by the RN is considered the EMTALA MSE. * The "EMTALA Log" column titled "Emergency Medical/Psych Condition" is answered for each individual as either "yes" or "no." If the individual is admitted to CHH staff enter "yes" on the log. If the individual is "referred out" back to the community the staff enter "no." The DCS acknowledged that those answers did not reflect whether an EMC existed but rather whether the individual met "admission criteria." During interview with the DCS on 04/17/2019 at 1050 he/she provided the following information: * The RNs who conduct the "medical screenings" for individuals who present to the hospital are "specially trained" for their specific duties. However, the DCS did not know how they were "specially trained" and what that training was. * The RNs "gather information" about whether the "patients meets exclusionary criteria" and call the physician who makes the final determination related to disposition of the patient. * The RN and physician communication is done on the telephone. * The physician "may come in...for example" to initiate a "hold" if a patient presenting is at risk of self-harm. * The QMHP, RN and MD together make a decision about an EMC. In response to the interview earlier that day, during interview with the DCS on 04/17/2019 at	A2406			

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A2406	Continued From page 43 approximately 1545 he/she provided the following documents and stated that the training for the RNs for the provisions of "MSEs" consisted of the RN's review of those documents. * The "Medical Screen" form. * The "Emergency Medical Screening" policy and procedure dated as last reviewed 11/11/2016. * The "Medical Exclusionary Criteria" policy and procedure dated as last reviewed "02/2018." * The "Medical Clearance" policy and procedure dated as last reviewed 11/09/2016. * The "Admission Criteria" policy and procedure dated as last reviewed "01/2017." During the interview that began at 1545 the DCS also provided the following information: * The RN Supervisor or the DCS reviewed those documents with new RNs and then on-the-job training is provided, the length of which is determined for each RN on a case-by-case basis. * The "medical screening" conducted by the RNs is the MSE to determine whether an EMC exists. * The RN sees the individuals first for the MSE then the QMHP sees the individual and the RN and QMHP collaborate to determine whether an EMC exists. * The RN can't order laboratory or other testing and only the physicians can provide orders. * There was no documentation of the "special training" review of documents or on-the-job training and no documentation of any MSE training for the RNs. During interview with the DCS on 04/18/2019 at 1040 he/she confirmed that whether an individual has an EMC should be documented by the RN on the "Medical Screening" form. He/she stated the EMC is determined in part by the individual's answers to the questions on Pages 1 and 2 of	A2406			

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A2406	Continued From page 44 that form, the vital signs taken by the RN and the QMHP assessment. The DCS stated that the RN does "triage" and the QMHP "further assessed to determine EMC." During interview with the DCS on 04/18/2019 at 1530 he/she stated that all individuals who present for services are given a packet of forms on a clipboard when they arrive and are directed to start completing those forms while they wait for triage vital signs and assessment. The forms provided are: * A "Face Sheet" form that included demographic and insurance information and the following statement: "All requested information must be completed for insurance claims to be correctly processed. Exclusions of insurance policy information may result in an insurance denial in which case you will be totally responsible for your bill." * An "Assessment Service Disclosure Statement and Consent to Assessment" form. * A "Consent to Release Information." * A "Notice of Privacy Practices." * Pages 1 and 2 of the "Medical Screen." 12. Refer also to the findings identified under Tag A2409 related to transfers that reflects that Patients 36, 37 and 38 did not receive a MSE by a LIP prior to transfer from CHH. 13. Similar findings related to the lack of MSEs by LIPs were identified in the records of Patients 10 - 12, 14 - 16, 18, 19, 21 - 26, 29, 31 - 33, and 40. Although 17 of those patients were identified on the logs and in the medical records as having EMCs and were admitted for inpatient care, they did not received MSEs by LIPs.	A2406			

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A2409 A2409	Continued From page 45 APPROPRIATE TRANSFER CFR(s): 489.24(e)(1)-(2) (1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification	A2409 A2409	<i>Corrective Action:</i> The Interim Director of the Assessment Center and Director of PI developed a new policy entitled "Patient Transfer to Another Facility from Intake" to more clearly outline the facility's responsibilities in relationship to the transfer of patients from the Intake Department. The policy outlines the transfer criteria and processes that ensure that the facility provides appropriate medical screening and any stabilizing treatment within the capability of the facility, and appropriate transfer of patients with emergency medical conditions outside the capability/capacity of the facility or per patient request or court order. The policy includes: • Requirement for conducting a medical screening examination • Consultation with a physician to determine if a transfer is appropriate • The provision of stabilizing treatment within the capability of the facility • Explanation to the individual of the risks and benefits of transfer • The contact of the receiving facility to obtain acceptance for transfer • The provision of appropriate method of transportation to the receiving facility to provide medical oversight of the individual • Medical record documentation to be provided to the receiving facility • Memorandum of Transfer documentation that includes: the physician certification that the benefits of transfer outweigh the risks, or the QMP signature on the certification after consulting with the physician if the physician ordering the transfer is not on site at the time of the certification, with physician	06-20-19	

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A2409	Continued From page 46 described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based. (2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical	A2409	Continued from Page 46 countersignature on the certification within 48 hours as required in the Rules and Regulations. - Required documentation of the assessment and transfer process in the medical record and in the Emergency/EMTALA log. The policy was approved by the Medical Executive Committee and the Governing Board. The Memorandum of Transfer (MOT) form was reviewed and updated to include all required elements. The Interim Director of the Assessment Center provided training to all Assessment Center staff on the requirements of the new policy and expectations for documentation thoroughness. Training included: - A review of the new policy "Patient Transfer to Another Facility from Intake" - Criteria for transfer of patients from the Intake department to other facilities - Process steps for transfer including completion of MSE, consultation with physician, contact/acceptance by receiving facility, review of risks/benefits with patients, and arranging appropriate method of transport. - Medical record documentation to be sent to the receiving facility - Memorandum of Transfer documentation that includes: the physician certification that the benefits of transfer outweigh the risks, or the QMP		

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A2409	Continued From page 47 records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer. This STANDARD is not met as evidenced by: Based on interview, documentation in 3 of 3 medical records of patients who were reviewed for transfers from CHH to another hospital for services not available at CHH at that time (Patients 36, 37 and 38) and review of hospital policies and procedures, it was determined that the hospital failed to fully develop and enforce EMTALA policies and procedures to ensure that it affected appropriate transfers for patients for whom an EMC had not been ruled out, removed or resolved. The following required appropriate transfer elements were not met: * MSE's were not conducted prior to transfers. * It was unclear whether stabilizing treatment within the hospital's capability had been provided. * It was unclear whether the receiving hospital had agreed to accept the patient for further examination and stabilizing treatment. * There was no certification by a physician that the medical benefits outweighed the risks of transfer and the risks of transfer were not identified. * Medical records were not sent to the receiving hospital. Findings include: 1. Policies and procedures did not contain clear	A2409	Continued from Page 47 signature on the certification after consulting with the physician if the physician ordering the transfer is not on site at the time of the certification, with physician countersignature on the certification within 48 hours as required in the Rules and Regulations. • Documentation required including medical record, Memorandum of Transfer forms and EMTALA log Understanding of expectations was verified by post-testing. The Interim Director of the Assessment Center and Director of Human Resources have modified the orientation for new intake staff to include the transfer policies and documentation expectations. <u>Monitoring</u> The Interim Director of the Assessment Center or designee is reviewing 100% of all transfers from the Intake department to ensure there is full adherence to the policy and thorough documentation. Specific indicators include: • completion of the MSE (at least the medical/detox status portion of the MSE in the case of an emergent medical condition that requires more urgent transfer), • consultation with a physician by the QMP or QMHP for determination of need for transfer based upon the MSE and facility capacity review • documentation of rationale for transfer in compliance with policy and EMTALA regulations;		

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A2409	Continued From page 48 transfer criteria and processes that ensured each individual who presented to the hospital on an unscheduled or "walk-in" basis for emergency services and who, after an MSE, required further exam or stabilizing treatment not within the capacity or capability of CHH, received an appropriate transfer to another hospital. Those policies and procedures contained inaccuracies and contradictions related to the EMTALA transfer requirements and were not followed. a. The policy and procedure titled "Medical Transfers", IP' was dated as last reviewed 11/09/2016 was reviewed. It's applicability was unclear as it reflected it "applies to Inpatient Services at Cedar Hills Hospital" however, it also indicated "Patients who present with the following emergent conditions will be transferred..." b. The policy and procedure titled "Hospital to Hospital Transfer, IP" dated as last reviewed 06/22/2017 was reviewed and also was not clear to applicability as the content of the policy included processes other than transfers including MSEs and a Central Log. It reflected "This policy applies to all individuals who are at Cedar Hills Hospital...for examination, emergency care, or treatment, with the following exception: This policy does not govern the transfer of a stable patient (who also remains stable during transport to and from hospitals and during testing) transferred from Cedar Hills Hospital to another hospital for tests and/or diagnostic procedures if the understanding and intent of both hospitals is that the patient is going to the second hospital only for tests, the patient will not remain overnight at the second hospital, and that the patient will return to Cedar Hills Hospital."	A2409	Continued from Page 48 - documentation of receiving facility acceptance, - correct medical record documentation forwarded to receiving facility, - signature and countersignature on the physician certification that benefits of transfer outweigh the risks (when indicated), - correct completion of MOT including risks/benefits of transfer, and - thoroughness and accuracy of all documentation. Staff not in compliance with expectation will receive further training and/or disciplinary action as appropriate. Aggregated data is reported monthly to the PI Committee and Medical Executive Committee and quarterly to the Governing Board. This monitoring will be an ongoing process that will be part of the Assessment Center's routine PI monitoring to ensure consistent compliance for a period of 12 months or until 90% compliance is obtained. Data will be reported monthly to the PI Committee, MEC and the Governing Body during this period with appropriate actions taken based upon the results. After the initial period, monitoring data will be reported quarterly to the PI Committee, MEC, and Governing Body to ensure sustainability with the corrective actions. <u>Responsible Staff:</u> Interim Director of the Assessment Center		

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A2409	Continued From page 49 The policy reflected that its purpose was to "ensure that Cedar Hills Hospital...is in compliance with the provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA)...in providing for the evaluation, treatment and/or transfer of persons presenting for examination or treatment for an emergency medical condition (EMC)." The policy reflected that: * "Each individual presenting at CHH for examination or treatment of an emergency medical condition (EMC) will be provided a Medical Screening Examination." * "The purpose of the Medical Screening Examination is to determine" included "Is the individual presenting with an unstable emergency medical condition." * "After conducting a Medical Screening Examination an/or receiving the report from the Registered Nurse regarding the subject's condition, if the physician determines that an immediate transfer is medically appropriate and necessary the physician may provide orders for the transfer." * "Transfer of patients who have emergency medical conditions, as determined by a physician/NP, shall be undertaken for medical reasons only." * "Cedar Hills Hospital shall not transfer a patient who is not psychiatrically stabilized unless: - The patient or the legally responsible person acting on the patient's behalf, after being informed of the hospital's obligation and of the risks and benefits of transfer, requests transfer to another hospital in writing: - A physician/NP has provided documentation in the medical record which includes a summary of the risks and benefits of the transfer, i.e. that	A2409			

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A2409	Continued From page 50 based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital outweigh the increase risks to the patient if transferred; or - A qualified medical person documents the summary of risks and benefits after consultation with the physician/NP because the physician/NP who made the determination to transfer a patient with an emergency condition is not physically present in the hospital at the time of transfer." * "Prior to each transfer, the physician/NP who authorized the transfer shall personally examine and evaluate the patient to ensure that the proper transfer procedures are used." * "Prior to the transfer, the transferring physician/NP shall secure a receiving physician and a receiving hospital that are appropriate to the medical needs of the patient and that will accept responsibility for the patient's medical treatment and hospital care." * "A copy of those portions of the patient's medical record which are available and relevant to the transfer and to the continuing care of the patient shall be forwarded (with the patient) to the receiving physician and receiving hospital. At a minimum, the medical record shall contain: the individual's emergency condition; a brief description of the patient's medical history and physical exam; a working diagnosis and recorded observations of physical assessment...; the reason for the transfer; the results of all diagnostic tests; pertinent X-ray films and reports; and any other pertinent information." The sections of the policy titled "Transfer of Patients Who Do Not Have Emergency Medical Conditions" and "Transfer of Patients Who Are On A Hold / Diversion / Commitment" were	A2409			

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A2409	Continued From page 51 additionally unclear as it did not specify whether those were for transfers of patients who presented to the hospital on an unscheduled basis or for transfers of inpatients. Further, regarding the "Transfer of Patients Who Are On A Hold / Diversion / Commitment" section it provided steps and processes that did not clearly include the EMTALA requirements and ensure EMTALA compliance should those patients present to the hospital on a unscheduled basis. 2. The "EMTALA Log" and the "appointment calendar" reflected Patient 38 presented to the hospital on 11/28/2018 at 2115 as an unscheduled "walk-in." The "Intake Activity Log" reflected the patient presented on 11/28/2018 at 2139 but did not specify whether he/she was scheduled or unscheduled. The medical record of Patient 38 reflected he/she presented to the hospital on 11/28/2018, however, the time of arrival was not recorded. Documentation on the "Medical Screen" form contained only a set of vital signs, a height and weight, and a notation "'mon', last week." It was not clear what that meant. There was no other documentation on the form and it was not dated or signed. There was no documentation to reflect that the patient was seen by a LIP, that an MSE was conducted and stabilizing treatment provided. Although there was no documentation to reflect why the patient presented and details about the patient's condition, or that an MSE was conducted, the record contained transfer documents. The handwriting on those forms was the same handwriting on the "Medical Screen" form above. The documentation on the	A2409			

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A2409	Continued From page 52 "Memorandum of Transfer" form, signed with an unclear signature, reflected the following: * "Reason for Transfer" was recorded as "Unavailable Resources...SI and not contracting for safety." * The patient's "Primary Diagnosis" was recorded as "MDD." * The "History of Medical Diagnosis" was blank. * Documentation to reflect that the patient was accepted by the receiving hospital was unclear. The "Name of the Transferring Nurse" was a first name that did not match the unclear signature of the author of the form. Although there was a first name for an "Accepting Nurse," the name of the "Accepting Physician" was blank, and the "time" the patient was accepted was also blank. * The "Certification of Transfer" reflected that "I certify that - based upon the information available at the time of transfer - the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk, if any, to the individual's medical condition...This certification is based upon the following risks and benefits of the patient's condition." * The "Risks" of transfer section under the "Certification of Transfer" was blank. * The "Benefits" of transfer recorded were "Other: Pt has a bed to stay in due to SI." * The "Certification" was signed with an unclear signature on 11/28/2018 at 2010. * The "Documents Transmitted to Receiving Hospital" had not been completed. However, another document titled "Hospital-To-Hospital Transfer" reflected that "Face Sheet / Patient Demographics" was "provided" Yet, there was no evidence of that document found in the patient's record. * The form was signed with an unclear signature	A2409			

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A2409	Continued From page 53 on 11/28/2018 at 2009. * It was unclear whether the signature belonged to a physician, LIP, RN or other individual. The time the transfer documents were signed on 11/28/2018 at 2009 and 2010 was prior to the time the logs recorded the patient's arrival to the hospital on 11/28/2018 at 2139 and 2215. During interview with the DCS on 04/19/2019 at 1700 he/she stated that Patient 38 was "sent to the ED because likely we didn't have a bed." 3. Patient 37 was not identified on the "EMTALA Log" for the dates 11/20/2018 through 11/22/2018. The patient was identified on the "appointment calendar" on both 11/20/2018 and 11/21/2018 at 0033 as an unscheduled "walk-in." The "Intake Activity Log" reflected the patient presented on 11/21/2018 at 0033 as a "walk-in." The medical record of Patient 37 reflected he/she presented to the hospital on 11/21/2018. The "Patient Observation Rounds, IP" form reflected the patient "arrived" at 0033 on that date. Documentation on the "Medical Screen" form reflected that the patient expressed feeling suicidal and he/she stated "way more homicidal (sic) but I have to watch what I say" and regarding feeling like hurting others he/she stated "If they try to get me." The record contained no vital signs, no history, no physical exam, no mental health assessment. There was no documentation to reflect that the patient was seen by a LIP, that an MSE was conducted and stabilizing treatment provided. Documentation by the RN dated 11/21/2018 at 0130 reflected that although an MSE was not	A2409			

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A2409	Continued From page 54 conducted "CHH did not have an appropriate bed available...MD on-call notified of pt presentation. Pt presenting irritable, aggitated (sic) delusional sounding gang violence and thoughts of 'they' coming to 'get me.' MD suggested attempting to crisis safety plan and arrange for an intake appointment in the A.M. When pt was informed pt continued to yell at staff...Pt demanded to be transferred to Providence for evaluation. This RN notified oncall provider who ordered to be transferred due to no appropriate beds. [Nurse-to-Nurse & Doctor-to-Doctor] completed. Pt. accepted at Providence St. Vincents. Metro West contacted for transfer. The documentation on a "Memorandum of Transfer" form was completed by an RN and reflected the following: * The patient's "Primary Diagnosis" was recorded as "N/A." * The "History of Medical Diagnosis" was recorded as "N/A." * The name of the "Transferring Physician" and the name of the "Accepting Physician" with a date and time recorded of 11/21/2018 at 0110. However, it was unclear who spoke with the "accepting physician" at 0110 as the RN had documented in the narrative note that he/she had completed the "[Doctor to Doctor]." * The "Risks" of transfer section under the "Certification of Transfer" was blank. * The "Benefits" of transfer recorded were "Stabilization of medical condition: Pt demanding to be sent to providence." * The "Certification" was signed by an RN on 11/21/2018 at 0100 and not by a LIP. * The "Documents Transmitted to Receiving Hospital" were "Other: Nursing Assessment." However, there was no "Nursing Assessment"	A2409			

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A2409	Continued From page 55 found in the patient's record. * The form was signed by the RN on 11/21/2018 at 0100. * There was no physician or LIP signature on the form. 4. Patient 36 was not identified on the "EMTALA Log," the "appointment calendar" or the "Intake Activity Log" for the dates 11/17/2018 through 11/19/2018. The medical record of Patient 36 reflected he/she presented to the hospital on 11/18/2018. The "Patient Observation Rounds, IP" form reflected that patient "arrived" at 2255 on that date. Documentation on the "Medical Screen" form reflected that the patient expressed feeling suicidal, hurting self and hurting others. The "Medical Screen" form dated and signed by the RN on 11/18/2018 at 2330 contained one set of incomplete vital signs that lacked a temperature and a note that reflected "Pt endorsed SI & HI presenting [with] paranoid (sic) delusions surrounding gang violence. Pt. disorganized in speech. MD on call notified ordered to transfer pt due to no appropriate beds at this time. Providence St. Vincents notified [Nurse-to-Nurse] completed." The record contained no history, no physical exam, no mental health assessment. There was no documentation to reflect that the patient was seen by a LIP, that an MSE was conducted and stabilizing treatment provided. Although a MSE had not been conducted the patient was transferred to another hospital. The documentation on a "Memorandum of Transfer" form was completed by an RN and reflected the following: * The patient's "Primary Diagnosis" was recorded	A2409			

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A2409	Continued From page 56 as "N/A." * The "History of Medical Diagnosis" was recorded as "N/A." * The "Certification of Transfer" section of the from that contained transfer risks and transfer benefits had not been completed, was crossed out with a slash mark and "N/A" recorded above the slash mark, and was signed by the RN on 11/18/2018 at 2315. * The "Documents Transmitted to Receiving Hospital" had not been completed. However, another document titled "Hospital-To-Hospital Transfer" reflected that "Admission paperwork" was "provided" Yet, it was not clear what "Admission paperwork" referred to as there were no documents identified as "Admission" documents. * The form was signed by the RN on 11/18/2018 at 2315. * There was no physician or LIP signature on the form.	A2409			
A2411	RECIPIENT HOSPITAL RESPONSIBILITIES CFR(s): 489.24(f) A participating hospital that has specialized capabilities or facilities (including, but not limited to, facilities such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers, which, for purposes of this subpart, means hospitals meeting the requirements of referral centers found at §412.96 of this chapter) may not refuse to accept from a referring hospital within the boundaries of the United States an appropriate transfer of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual. This requirement applies to any	A2411	<i>Corrective Action:</i> The CEO, Medical Director, Interim Director of the Assessment Center, and the Director of PI developed a new policy "Admission and Exclusionary Criteria for Inpatient Treatment" that more clearly defines the criteria for admission by each inpatient unit and the exclusionary criteria to be utilized in determining if the facility has the capability and capacity to treat a potential transfer. Exclusionary criteria including both medical and cognitive issues, as well as unit specific criteria, are identified in the policy. Cognitive exclusionary criteria focus on the patient's ability to participate in or benefit from treatment provided at the facility, rather than the psychiatric symptoms.	06-20-2019	

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A2411	Continued From page 57 participating hospital with specialized capabilities, regardless of whether the hospital has a dedicated emergency department. This STANDARD is not met as evidenced by: Based on interviews, review of transfer request documentation for 9 of 9 patients for whom other hospital EDs requested transfer to CHH for specialty psychiatric services who were not accepted for transfer (Patients 1 - 9), review of intake activity log documentation, and review of hospital policies and procedures and other documents, it was determined that the hospital failed to develop and enforce EMTALA policies and procedures to ensure its compliance with recipient hospital responsibilities. * Recipient hospital obligations were not met as patients were not accepted for transfer by CHH in the order in which they were received at the time of the requests, but rather were evaluated for acceptance based on insurance and ability to pay. Findings include: Policies and procedures, transfer request documents, job descriptions, training documents, and other documentation did not contain a clear process that ensured the hospital upheld its recipient hospital obligations, and ensured acceptance of patient transfers was not evaluated and based on insurance and ability to pay. 1. a. An undated flowsheet document titled "Revised Tracking Form Trial" was provided by the IDI on 03/19/2019 at 1825. The IDI stated the flowsheet reflected the hospital's process for managing transfer requests or "referrals" from other hospital EDs. The flowsheet included steps	A2411	Continued from Page 57 The policy does not include any exclusionary criteria related to patient status related to restraint and/or seclusion. A category of "red flags" was also identified in the policy to prompt the nurse and physician to gather more information to determine the facility's capability to manage certain medical conditions in which there is variability of patient presentation. The new policy was approved by the Medical Executive Committee and the Governing Body. The Interim Director of the Assessment Center and the Director of PI developed a new policy "Patient Transfer from Another Facility" to more clearly outline the process for obtaining and accepting transfer of patients from the Emergency Departments of other facilities. Specific guidelines in the policy include receipt of transfer requests, handling transfer requests in the order received and without consideration of payer status, and the process for determining acceptance of the patient based upon their symptoms and the facility's current capability and capacity, and notification of the requesting hospital of the acceptance determination and the rationale for the decision. Within the policy, the use of the Hospital Transfer Tracking form was addressed to ensure that all transfer requests are managed per policy and regulatory requirements and include thorough documentation of the entire process. The Interim Director of the Assessment Center modified the recently implemented Hospital Transfer Tracking form to include more space to document any rationale for the patient not being accepted as transfer.		

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A2411	Continued From page 58 to be taken in response to yes/no questions as follows: - "Assessment Counselor Receives Transfer Request" - "Screen against Admission and Exclusionary Criteria" - "Questions about Medical Status?" with "Yes" and "No" choices. If "No" response "Meets Criteria?" If "Yes" response Consult with Assessment RN or RN Supervisor" - "Meets Criteria?" with "Yes" and "No" choices. If "No" response "Decline Transfer." If "Yes" response "Determine Potential Program/Unit." - "Requires CSU or 1:1..." with "Yes" and "No" choices. If "No" response "Contact MD." If "Yes" response "Consult RN Supervisor re: bed/staffing" - "Can Accommodate?" with "Yes" and "No" choices. If "No" response "Decline Transfer." If "Yes" response "Contact MD...Send Clinical Documentation to MD...Doc to Doc...MD Calls Assessment RN" - "Accepted Transfer?" with "Yes" and "No" choices. If "No" response "Notify AOC." If "Yes" response "MD Gives Initial Admit Orders...Assessment RN Does RN to RN...Assessment RN Confirms transport (sic)...Patient Arrives..." b. The policy and procedure titled "Medical Exclusionary Criteria, IP" dated revised "01/2018" was reviewed. It stipulated: *"Each potential admission to Cedar Hills Hospital will be screened on an individual case basis to assure they meeting (sic) applicable admission criteria and that the services they require are within the scope of care provided at Cedar Hills Hospital." * "The following criteria may prevent admission to	A2411	Continued from Page 58 This form is completed for each individual request for acceptance of a transfer. The policy also includes the process of conducting a Nurse to Nurse report as part of the transfer process. The Nurse to Nurse Report form was revised by the DON and Interim Director of Assessment Center to include specific information about vital signs, critical laboratory/radiology reports, medical issues/diagnoses including communicable diseases, assistive or other medical devices, and functional status. The RN utilizes this information to determine if the patient being transferred has any exclusionary medical criteria and/or to determine if the facility has the capability of managing the individual's medical/physical health needs in the beds/units available. The Interim Director of the Assessment Center developed and implemented a Transfer Request Log onto which each transfer request is entered by the staff. The log includes the date/time of the request, hospital requesting the transfer, person making the request, chief complaint, completion of the Nurse to Nurse report, date/time of review with the on-call physician, acceptance or refusal time, and a brief description of the reason for refusal, if needed. The Interim Director of the Assessment Center provided training to all Intake Staff on the expectations for adhering to the new policy for reviewing and accepting transfers as outlined in the new policies and thorough documentation of all elements. Training specifically covered:		

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A2411	Continued From page 59 Cedar Hills Hospital's Inpatient Programs: "General exclusionary criteria... Younger than 18 years of age... Cognitive exclusions... Diagnosed dementia with mini-mental score [less than] 18... Intellectual capacity that will not allow patient to benefit from process oriented group therapy." "Functional Exclusions... Inability to independently perform activities of daily living... Requires two people to transfer from bed to chair or bathroom... Requires hospital medical bed (exclusion cannot be waived)..." "Infectious Disease Exclusions... Active tuberculosis... Conditions requiring isolation or quarantine... Medical Instability Exclusions (requires medical clearance for admission)... Unstable vital signs... Overdose without medical clearance... Current cardiac symptoms... Head injury within past 72 hours without CT... Stimulant abuse with history of cardiac problems or seizures... CBG [greater than sign] (Transfers)... Critical abnormal laboratory values (Transfers)... Care exclusions (Has need of medical devices, equipment, or specialized care beyond the scope of Cedar Hills Hospital)... Less than 48 hrs post-op... Open and weeping wounds... sterile dressings... suctioning... IV therapy... heparin locks... subclavian lines... mediports... Implanted medication pump... O2 therapy... dialysis... physical therapy... High Risk for Medical Decompensation Exclusions... severe sleep apnea... and requiring detox from alcohol or opiates... Pregnant, third trimester, and requiring CSU... Behavior Exclusions... If seclusion/Restraint was required in referring agency, must have demonstrated at least 6 hours free of restraint/seclusion prior to transfer." c. The policy and procedure titled "Admission	A2411	Continued from Page 59 - Entering receipt of transfer requests on the Transfer Request Log - Implementation of a Hospital Transfer Tracking form upon receipt of transfer requests and thorough completion throughout the process - Thorough completion of the Hospital Transfer Request form including specific dates/times of requests, brief patient clinical information, completion of nurse to nurse review, review of clinical presentation with the physician if beds are available, and documentation of transfer decisions including the rationale for any refusals - Review of the admission and exclusionary criteria for each unit - Expectations for accuracy and thoroughness in documentation. Understanding of expectations was verified by signed attestation and completion of a post-test. The Interim Director of the Assessment Center and HR Director added this training to the departmental orientation training for new employees. The DON and Medical Director provided training to all RNs who work in the Assessment Center and supervisory nurses who may complete the Nurse to Nurse Reviews on the expectations for those reviews. Training covered: - Timely response to requests for transfer - Medical Exclusionary criteria and "red flags" to explore for appropriateness of admission in light of the hospital's capability		

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A2411	Continued From page 60 Criteria, IP" dated revised "01/14" was reviewed. It stipulated: * "It is the policy of Cedar Hills Hospital to follow criteria for admission to all programs to ensure that each patient is treated in the least restrictive environment that will allow them to attain an optimal functional level." * "At least one of the following must be met...Behavior which is life threatening, destructive or disabling to self or others...Symptoms/behaviors indicative of need for 24 hours monitoring and assessment of the patient's condition...Active psychiatric disorder with potential to interfere with treatment of serious medical condition...Failure at outpatient or partial hospitalization treatment evidenced by clinical instability of a MD consult indicates a condition which precludes safe treatment at a lesser level of care...Severe deterioration of level of functioning..." 2. a. Undated staff training materials titled "EMTALA Emergency Medical Treatment and [Active] Labor Act" were reviewed and reflected: "...Transfer requests: EMTALA applies. If another hospital has determined an EMC exists and they don't have capability or capacity to treat, then we are obligated to accept the patient as a transfer..." b. Undated staff training materials titled "EMTALA The Emergency Medical Treatment and Labor Act" were reviewed and reflected: "Medicare-certified psychiatric hospitals are considered 'hospitals with specialized capabilities.' Therefore, they must...Accept appropriate transfers of emergent individuals needing their specialized services when the transferring hospital does not provide those services...Provide the individuals with necessary	A2411	Continued from Page 60 - Obtaining key information on medical conditions, medical assistive devices/equipment, functional status, and key laboratory and radiology results - Expectations for thorough completion of the Nurse to Nurse Review form. Understanding of expectations was verified by signed attestation and completion of a post-test. The Interim Director of the Assessment Center, DON, and HR Director added this training to the departmental orientation training for new employees in these positions. The Interim Director of the Assessment Center and CEO provided education to all physicians who provide on-call coverage to familiarize them on the revised processes related to receiving and managing transfer requests from other facilities. <u>Monitoring</u> The Interim Director of the Assessment Center or designee is reviewing 100% of the Hospital Transfer Request forms, Nurse to Nurse Reviews, and the Transfer tracking logs on a daily basis to ensure that all transfer requests are correctly and thoroughly entered into the log, transfer requests are entered and handled properly, that Hospital Transfer Request forms are correctly completed, and if the patient is not accepted for transfer, the specific correct rationale is documented. This daily review will be an ongoing process that will be part of the PI process for the Assessment Center.		

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A2411	Continued From page 61 stabilizing treatment within the Hospital's capabilities; and...Make a decision about whether they can treat the individual without delay or regard to the individual's ability to pay... EMTALA does not allow a hospital to refuse such transfer just because it is not the closest psychiatric hospital to the transferring hospital...All emergency services provided at Medicare-certified psychiatric hospitals must be performed in accordance with written policies and procedures...Be sure you are doing what your policy requires, or if appropriate, revise your policy to correspond to what you are doing (as long as the procedure complies with EMTALA!)...The duty to provide necessary stabilizing treatment is limited to the hospital's capacity to render such treatment...The capacity to render care is not reflected simply by the number of persons occupying a specialized unit, the number of staff on duty, or the amount of equipment on the hospital's premises...Capacity includes whatever a hospital customarily does to accommodate patients in excess of its occupancy limits..." 3. During an interview with the IDI on 03/19/2019 at 1355 a blank "Hospital Transfer Tracking" form was provided. The IDI stated the transfer tracking form was used to document transfer requests, also called "referrals" from other hospital EDs. He/she stated the transfer tracking form was the only documentation that reflected an evaluation and determination of the hospital's capability and capacity to accept a patient for transfer. 4. a. Transfer request documents for Patient 1 that included a "Hospital Transfer Tracking" form and fax'd ED records from KWMC were reviewed.	A2411	Continued from Page 61 Any staff member making incorrect or incomplete entries into the log or on the forms will receive additional retraining and/or disciplinary action as indicated. Aggregated data on correct management of transfer requests will be reported monthly to the PI Committee and Medical Executive Committee and quarterly to the Governing Body for a period of at least 3 months or until 95% compliance is maintained. Actions taken as a result of the data will be documented as required. After the initial monitoring period, the sample size will be reduced to 30% of all Transfer Request forms and the data will be reported quarterly to the PI Committee, MEC, and Governing Body. Coaching and disciplinary action will occur for any repeated deviations of accepted practice. This monitor will continue quarterly to ensure sustainability with the corrective actions. <u>Responsible Staff:</u> Interim Director of the Assessment Center		

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A2411	Continued From page 62 The "Hospital Transfer Tracking" had an extensive list of approximately 20 items or questions to be completed or answered. Those included: * "Appropriate Unit (s): with the following choices "CSU(...single)," "South," and "North/West 1" * "Patient Name:" * "Open Date/Time:" * "Hospital:" * "SW Contact...Nurse Contact...MD Contact:" * "Info received...Facesheet...Clinicals...Labs... Reconciled med list...NMI/hold" * "Communication With Hospital:" * "[Verification of Benefits]" * "MS4" * "Appointment Board" * "Voluntary...Hold...NMI" * "Seclusion/Restraint/Aggression...Pt in: Seclusion/Restraint? Date/Time In... Time out...Medication Given...Pt Aggressive...YES...NO Details" * "Level of Care...Dementia with Mini Mental [less than] 18...YES...NO...Developmental Delay/Intellectual Capacity that will not allow Pt to benefit from group?...YES...NO...Can Pt perform their own ADLs?...YES...NO" * "Closed Status...Accepted...Closed: Date/Time:...Patient D/C...Patient referred elsewhere...Hospital Capacity/Staffing...No Appropriate Bed: M/F/Single Bed...No Appropriate Bed: CSU...Medical Exclusionary: (specify)...Other..." The only sections on Patient 1's transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake information as follows: * "Patient Name: [Patient 1]" * "Open Date/Time: 12/14 [at] 0836"	A2411			

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A2411	Continued From page 63 * "Hospital: [KWMC]" * "SW Contact: [phone number]" * "...[Verification of Benefit] was not checked and followed by "n/a" * "MS4" and "Appointment Board" were checked. * The "Closed Status:" section reflected "...Closed Date/Time: 12/19" The other sections on the form were blank. The ED records from KWMC for Patient 1 dated received by fax at CHH on 12/14/2018 at "09:21" reflected: * The KWMC LCSW "Mental Health Emergency Evaluation" dated 12/13/2018 at 2330 reflected "...Pt endorses SI with plans, reports beliefs that AFH staff are trying to 'overdoes me and kill me,'...found lying face down on the floor...refused to move for hours until EMS arrived...impulsive, irritable...AFH provider...reports pt is 'worse'...Will seek acute inpatient psychiatric admission..." * The KWMC Physician "ED Notes" dated 12/14/2018 at 0713 reflected "[Patient 1]...with h/o bipolar disorder, schizophrenia...Workup grossly unremarkable with no acute medical process...Suspect psych component..." b. An electronic "Intake Activity Log" provided in response to a request for the hospital's log, records of calls, and any documentation of calls received from other hospitals seeking to transfer patients from their EDs was reviewed. It reflected the following entries related to Patient 1: * "Call Date, Time... 12/14/2018 8:36" * "...Referral Source Name...E.D. [KWMC]" * "Primary Payer" and "Secondary Payer" sections were blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected	A2411			

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A2411	Continued From page 64 "[Returned to Referral Source]" and "[Refused Action Other]" The log reflected the patient was not admitted and the reason was "Refused Action Other." There was no documentation that reflected what was meant by "Refused Action Other." There was no further documentation that reflected the reason this patient who was suicidal and needed inpatient psychiatric services was not accepted for transfer. c. The electronic "Intake Activity Log" reflected the following entries related to a self "referral" for another patient on 12/14/2018. That request reflected the following: * "Call Date, Time..." reflected "12/14/2018 18:39" * "...Referral Source Name" reflected [Referred Self] * "Primary Payer" reflected "Medicare Inpatient" * "Secondary Payer" reflected "Washington Medicaid" * "ADMT" * "Admit Date, Time" reflected "12/14/2018 18:45" The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for another patient on 12/14/2018. That request reflected the following: * "Call Date, Time..." reflected "12/14/2018 21:08" * "...Referral Source Name" reflected [PSVMC]" * "Primary Payer" reflected "BCBS Federal Program" * "Secondary Payer" reflected "Self Pay After Insur" * "ADMT" * "Admit Date, Time" reflected "12/15/2018 [no time recorded]" The intake activity log reflected the following:	A2411			

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A2411	Continued From page 65 Patient 1 had no payer source (insurance), and was not accepted for transfer. However, the other 2 patients whose transfer/referral requests were received after Patient 1, had a payer source and were accepted for transfer/admission. Additional entries on the intake activity log for 12/14/2018 reflected: * The "Caller/Patient Information" and "Referral Information" columns reflected the names of 29 patients referred for admission, including 19 transfer requests from other hospital EDs. * The spaces for "Primary Payer" and "Secondary Payer" were blank and reflected no payer source for 11 of the patients. All of the other patients had a payer source entered on the log. * Six of the patients referred for admission were admitted, all of whom had a payer source entered on the log. None of the patients without a payer source were admitted, including patient 1. d. During an interview with the TC on 03/20/2019 at 1125 the KWMC ED record and "Hospital Transfer Tracking" form for Patient 1 was reviewed. The following information was provided: * The hospital received a transfer request from KWMC ED for Patient 1 on 12/14/2018. * The "Hospital Transfer Tracking" form was initiated on 12/14/2018 at 0836. The TC confirmed the tracking form was not completed as reflected above. * The TC stated Patient 1's diagnosis was SI. The TC stated "I believe we had capability. [He/she] would've been appropriate for our South unit or sometimes we admit psych on West Unit." * The TC stated the hospital had a bed available but did not accept the patient for transfer because a "pre-arranged VA patient" was planned for	A2411			

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A2411	Continued From page 66 admission the next day. * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 1 for transfer. e. During an interview with the TC and IDI on 03/20/2019 at 1305, the TC stated that "military patient" admits were "pre-arranged, usually 3-5 days in advance." The TC stated "Technically, the bed is held for the military patient even if a psychiatric patient from an ED needs to transfer. The TC stated that "once we've accepted the [military] patient they have priority for that bed." f. During an interview with the IDI on 03/20/2019 at 1355, the IDI stated that on the "military unit" a patient has to have insurance that is authorized through TriCare or VA in order to be transferred from another hospital's ED to that unit. The IDI stated that if the patient has no insurance "we check with the VA hospital first to make sure they have no available beds...if the VA has available beds, we decline the transfer but then help coordinate the patient's transfer from the requesting hospital's ED to the VA." The IDI stated this was the process even if CHH had capability and capacity to care for the patient. g. An untitled and untimed electronic "bed board" document with "12/14/18" handwritten on it was provided to demonstrate the hospital's bed availability on 12/14/2018. Review of the document reflected it included patient census and bed activity information such as: "Internal Bed Transfer...Open [beds]...Tentative Pt...Definite	A2411			

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A2411	Continued From page 67 Discharge...Possible Discharge...MOT...Waitlist...Military Waitlist...Discharges...No Roommate...pt's with orders to move/UNIT...[Incoming] transfer pt...High aggressivity" However, there was no documentation that reflected the time the report was generated or the times of the various census changes and activities. For example, the "Discharges" section reflected a list of 9 patients but no information that reflected if or when the patients were discharged. h. During an interview with the TC on 03/20/2019 at 1300, the bed board document above was reviewed. The TC stated that a bed board document was saved and copied once per day from an electronic bed tracking system. The TC acknowledged the "bed availability" information on the daily bed board document was "unclear" and did not provide clear and accurate information about the hospital's capacity throughout the day. 5. a. Transfer request documents for Patient 2 that included a "Hospital Transfer Tracking" form and fax'd ED records from MMC were reviewed. The "Hospital Transfer Tracking" form had the same 20 items or questions to be completed or answered as reflected above. The only sections on the transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake tracking information as follow: * "Patient Name: [Patient 2]" * "Open Date/Time: 12/17/18 1718" * "Hospital: [MMC]...SW Contact: [phone number]" * "[Verification of Benefits] Unfunded" * "MS4" and "Appointment Board" were checked. * The "Closed Status:" section reflected:	A2411			

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A2411	Continued From page 68 - "...Closed Date/Time: 12/21 [at] 1330" - "Patient D/C" was checked. - "...No Appropriate Bed: M/F/Single Bed" had "Unk" hand written above it. All other sections on the form were blank. The ED records from MMC for Patient 2 dated received by fax at CHH on 12/17/2018 at "4:49PM" reflected: * The MMC Physician "Emergency Department Document" dated 12/13/2018 reflected "...patient...presents to the ED brought in by police for suicidal ideation...reports long history of suicidal ideation and was thinking tonight about cutting [his/her] wrist or hanging [himself/herself]..." * The MMC RN "Patient Notes" on 12/17/2018 at 1526 reflected "...[Physician] has seen and evaluated pt, recommendation is to seek [inpatient] psychiatric care at this time." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 2: * "Call Date, Time..." reflected "12/17/2018 17:21" * "Agency Name" reflected [MMC]" * "Primary Payer" and "Secondary Payer" sections were blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[Refused Action Other]" c. The electronic "Intake Activity Log" reflected entries related to a transfer request "referral" for another patient on 12/17/2018. That request reflected the following: * "Call Date, Time..." reflected "12/17/2018 19:23"	A2411			

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A2411	Continued From page 69 * "...Referral Source Name" reflected [PHSJMC]" * "Primary Payer" reflected "Medicare Inpatient" * "Secondary Payer" reflected "Medicaid Oregon Open" * "ADMT" * "Admit Date, Time" reflected 12/18/2018 19:14" The intake activity log reflected the following: Patient 2 had no payer source (insurance), and was not accepted for transfer. However, the other patient whose transfer request was received after Patient 2, had a payer source and was accepted for transfer. Additional entries on the intake activity log for 12/17/2019 reflected: * The "Caller/Patient Information" and "Referral Information" columns reflected the names of 27 patients referred for admission, including 19 transfer requests from other hospital EDs. * The spaces for "Primary Payer" and "Secondary Payer" were blank for 14 of the patients. All of the other patients had a payer source entered on the log. * Eight of the patients referred for admission were admitted, all of whom had a payer source. None of the patients without a payer source were admitted, including patient 2. d. During an interview with the TC on 03/20/2019 at 1400 the MMC ED record and "Hospital Transfer Tracking" form for Patient 2 was reviewed. The following information was provided: * The hospital received a transfer request from MMC ED for Patient 2 on 12/17/2018. * The "Hospital Transfer Tracking" form was initiated on 12/17/2018 at 1718. The TC confirmed the tracking form was not completed	A2411			

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A2411	Continued From page 70 as reflected above. * The TC stated Patient 2's diagnosis was SI. The TC stated the hospital had capability to care for Patient 2. The TC stated "[He/she] would be appropriate for admission." * The TC was asked if the hospital had capacity to accept the patient for transfer and he/she stated "I don't know what I had." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 2 for transfer. e. An untitled and untimed electronic bed board document provided with handwritten "12/17" on it was reviewed. The document reflected similar unclear bed activity as reflected above. This was confirmed with the TC at the time of the bed board document review. 6. a. Transfer request documents for Patient 3 that included a "Hospital Transfer Tracking" form and fax'd ED records from KWMC were reviewed. The "Hospital Transfer Tracking" form had the same 20 items or questions to be completed or answered as reflected above. The only sections on the transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake information as follow: * "Patient Name: [Patient 3]" * "Open Date/Time: 12/21 1548" * "Hospital: [KWMC]" * "MS4" and "Appointment Board" were checked. * "[Verification of Benefits] was followed by "N/A"	A2411			

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A2411	Continued From page 71 * The "Communication With Hospital" section reflected "discharged - 12/25" * The "Closed Status:" section reflected: - "...Closed Date/Time: 12/25 [illegible time]" and "Patient D/C" was checked. All other sections on the form were blank. The ED records from KWMC for Patient 3 dated received by fax at CHH on 12/21/2018 at "17:17" and 12/23/2018 at "09:14" reflected: * The KWMC Physician "ED Notes" dated 12/21/2018 at 0808 reflected "[Patient 3]...brought to the ED by Hillsboro PD with a behavioral problem and altered level of consciousness...Per PD: Patient has been found wandering the streets multiple times by police...may have schizophrenia...Upon patient's arrival in the ED, [he/she] is yelling...[he/she] 'loves psychedelics, my favorite drug is acid and mushrooms.'...Active Problems...Polysubstance abuse...Hallucinogen psychosis..." * The KWMC "Mental Health" notes dated 12/23/2018 at 0759 reflected "...psychotic...Psychosocial: homelessness...has been in the ED [approximately] 48 hours...Patient remains on the list for...Cedar Hills..." * The KWMC RN "ED Notes" dated 12/23/2018 at 0801 reflected "...Pt started...trying to be intimidating...in seclusion until meds help [him/her] relax..." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 3: * "Call Date, Time..." reflected "12/21/2018 13:17" * "...Referral Source Name" reflected "E.D. [KWMC]" * "Primary Payer" and "Secondary Payer" were blank.	A2411			

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A2411	Continued From page 72 * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[Not Clinically Qualified Lacks Acuity]" The intake activity log reflected the patient was not accepted for transfer due to "Not Clinically Qualified Lacks Acuity." However, there was no documentation that reflected how that determination was made for this patient with possible schizophrenia and psychosis who required seclusion. c. The electronic "Intake Activity Log" reflected entries related to a "referral" for another patient on 12/21/2018. That request reflected the following: * "Call Date, Time..." reflected "12/21/2018 16:13" * "Agency" reflected [CHH]" * "Comments" reflected "Drinking 2 bottles wine daily...also suicidal..." * "Primary Payer" reflected "BCBS" * "ADMT" * "Admit Date, Time" reflected 12/21/2018 19:33" The intake activity log reflected the following: Patient 3 had no payer source (insurance), and was not accepted for transfer. However, the other patient whose "referral" was received after Patient 3 was accepted for admission. Additional entries on the intake activity log for 12/21/2018 reflected: * The "Caller/Patient Information" and "Referral Information" columns reflected the names of 21 patients referred for admission, including 12 transfer requests from other hospital EDs. * The spaces for "Primary Payer" and "Secondary Payer" were blank for 9 of the patients. All of the	A2411			

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A2411	Continued From page 73 other patients had a payer source entered on the log. * Six patients were admitted, all of whom had a payer source. None of the patients without a payer source were admitted, including Patient 3. d. During an interview with the TC on 03/20/2019 at 1435 the KWMC ED record and "Hospital Transfer Tracking" form for Patient 3 was reviewed. The following information was provided: * The hospital received a transfer request from KWMC ED for Patient 3 on 12/21/2018. * The "Hospital Transfer Tracking" form was initiated on 12/21/2018 at 1548. The TC confirmed the tracking form was not completed as reflected above. * The TC stated Patient 3's diagnosis was psychosis and the hospital had capability to care for him/her. The TC stated "We could take [him/her] in CSU." * The TC was asked if Patient 3 was accepted for transfer and he/she stated "No." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 3 for transfer. e. An untitled and untimed bed board document provided with handwritten "12/21" on it was reviewed. The document reflected similar unclear bed activity as reflected above. This was confirmed with the TC at the time of the bed board document review. 7. a. Transfer request documents for Patient 4	A2411			

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A2411	Continued From page 74 that included a "Hospital Transfer Tracking" form and fax'd ED records from OHSU were reviewed. The "Hospital Transfer Tracking" form had the same 20 items or questions to be completed or answered as reflected above. The only sections on the transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake information as follow: * "Patient Name: [Patient 4]" * "Open Date/Time: 12/18 [at] 1704" * "Hospital: [OHSU]" * "SW Contact [phone number]" * "[Verification of Benefits]" was checked. * "MS4" and "Appointment Board" were checked. * The "Closed Status:" section reflected "...Closed Date/Time: [12/19/2018] 1850" and "Patient D/C" was checked. The other sections on the form were blank. The ED records from OHSU for Patient 4 dated received by fax at CHH on 12/19/2018 at "12:33:39 AM" reflected: * The OHSU "ED Provider Notes" dated 12/18/2018 at 0921 reflected "[Patient 4]...h/o depression and SI...reports that [he/she] ingested 4 corona beers and 10 ambien tablets approximately 2 hours prior to arrival..." * The LCSW "ED Notes" dated 12/18/2018 at 1447 reflected "Suicide Risk: Patient appears at high risk of suicide due to a serious or nearly lethal suicide attempt...Recommendation...Patient will be referred to inpatient psychiatric care, Cedar Hills..." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 4: * "Call Date, Time..." reflected "12/18/2018 17:04"	A2411			

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A2411	Continued From page 75 * "Agency Name" reflected "OHSU ED" * "Primary Payer" and "Secondary Payer" was blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[Refused Action Other]" c. The electronic "Intake Activity Log" reflected entries related to a transfer request "referral" for another patient on 12/18/2018. That request reflected the following: * "Call Date, Time..." reflected "12/18/2018 21:46" * "Referral Source" reflected "[LMPMC]" * "Primary Payer" reflected "Medicare Inpatient" * "Secondary Payer" reflected "Health Share of Oreg" * "ADMT" * "Admit Date, Time" reflected 12/20/2018 23:56" The intake activity log reflected the following: Patient 4 had no payer source (insurance), and was not accepted for transfer. However, the other patient whose transfer request was received after Patient 4 was accepted for transfer. Additional entries on the intake activity log for 12/18/2018 reflected: * The "Caller/Patient Information" and "Referral Information" columns reflected the names of 32 patients referred for admission, including 10 transfer requests from other hospital EDs. * The spaces for "Primary Payer" and "Secondary Payer" were blank for 14 patients. All of the other patients had a payer source entered on the log. * Eleven patients were admitted, all of whom had a payer source. None of the patients without a payer source were admitted, including the	A2411			

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A2411	Continued From page 76 transfer request for Patient 4. d. During an interview with the TC on 03/20/2019 at 1445 the OHSU ED record and "Hospital Transfer Tracking" form for Patient 4 was reviewed. The following information was provided: * The hospital received a transfer request from OHSU ED for Patient 4 on 12/21/2018. * The "Hospital Transfer Tracking" form was initiated on 12/18/2018 at 1704. The TC confirmed the tracking form was not completed as reflected above. * The TC stated Patient 4's diagnosis was suicide attempt and the hospital had capability to accept Patient 4. The TC stated, "Yes, we were capable of taking [him/her] on the unit." * The TC stated the hospital had capacity to accept Patient 4. The TC stated, "We had a CSU bed available." * The TC was asked if Patient 4 was accepted for transfer and he/she stated, "No." * The TC was asked why Patient 4 was not accepted for transfer. The TC stated, "It doesn't say." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 4 for transfer. 8. a. Transfer request documents for Patient 5 that included a "Hospital Transfer Tracking" form and fax'd ED records from OHSU were reviewed. The "Hospital Transfer Tracking" form had the same 20 items or questions to be completed or answered as reflected above.	A2411			

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A2411	Continued From page 77 The only sections on the transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake information as follow: * "Patient Name: [Patient 5]" * "Open Date/Time: 3/12/19 1340" * "Hospital: OHSU" * "[Verification of Benefits]" was checked. * "MS4" and "Appointment Board" were checked. * The "Closed Status:" section reflected: - "Closed Date/Time: 3/15/19 1706" - "Patient D/C" was checked. The ED records from OHSU for Patient 5 dated received by fax on 03/12/2019 at "7:21:45 PM" reflected: * The OHSU "ED Provider Notes" dated 03/11/2019 at 2011 reflected "[Patient 5]...history of psychosis and depression who presents with suicidal ideation...I placed the patient on a psych hold because of [his/her] suicidal ideation...We considered medical etiologies...There was no indication of significant trauma...no neurologic deficits...no signs/symptoms suggesting infection..." * The OHSU LCSW "ED Notes" dated 03/12/2019 at 1136 reflected "... Social Worker did not meet with pt due to seclusion...high risk of harm towards others...Pt is living with Schizophrenia, PTSD, chronic SI..." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 5: * "Call Date, Time..." reflected "03/12/2019 13:40" * "Agency Name" reflected "OHSU ED" * "Primary Payer" and "Secondary Payer" were blank. * "Assessment Date, Time" reflected	A2411			

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A2411	Continued From page 78 "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[Refused Action By Patient]" The log reflected the patient was not accepted for transfer due to "Refused Action By Patient." However, there was no documentation that reflected how that was determined for this suicidal patient who was on a hold. c. During an interview with the TC on 03/20/2019 at 1530 the OHSU ED record and "Hospital Transfer Tracking" form for Patient 5 was reviewed. The following information was provided: * The hospital received a transfer request from OSHU ED for Patient 5 on 03/12/2019. * The "Hospital Transfer Tracking" form was initiated on 03/12/2019 at 1340. The TC confirmed the tracking form was not completed as reflected above. * The TC stated Patient 5's diagnosis was schizophrenia. The TC stated "We had a bed for [him/her] but we didn't accept [him/her] because [he/she] was in restraints." * The TC was asked if Patient 5 was accepted for transfer and he/she stated "No." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 5 for transfer. d. During an interview with the TC on 03/20/2019 at 1455, he/she stated "I've done that many times, declined a transfer because they haven't been free of restraints or seclusion for at least 6	A2411			

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A2411	Continued From page 79 hours." e. During an interview with the DPI on 03/20/2019 at 1745, he/she confirmed the hospital did not accept patient transfers from other hospital EDs if the patient was in restraints or seclusion. The DPI stated that even if the hospital had a seclusion room available they would not accept the patient unless the patient was free of seclusion. f. A document provided to reflect the hospital's scope of services titled "Cedar Hills Hospital" reflected "Our inpatient programs include...Acute psychiatric crisis stabilization for adults...Mental health and substance use disorder treatment...Medically managed detoxification...for drugs and alcohol...24/7/365 assessments and admissions..." "Cedar Hills Hospital is here for people facing an acute behavioral health crisis..." However, this information was contradictory to the stated practice of refusing patient transfers until patients were free of restraints and seclusion for at least 6 hours as it is not unusual for patients experiencing an acute psychiatric crisis to require restraints and/or seclusion. g. An untitled and untimed bed board document with handwritten "12/21" on it was reviewed. The document reflected similar unclear bed activity as reflected above. This was confirmed with the TC at the time of the bed board document review. 9. a. Transfer request documents for Patient 6 that included a "Hospital Transfer Tracking" form and fax'd ED records from PMH were reviewed. The "Hospital Transfer Tracking" form had the same 20 items or questions to be completed or answered as reflected above. The only sections on the transfer tracking form	A2411			

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A2411	Continued From page 80 that contained documented responses were primarily related to insurance verification and initial intake information as follow: * "Patient Name: [Patient 6]" * "Open Date/Time: 12/18 [at] 1854" * "Hospital: [PMH]" * "[Verification of Benefits]" was checked. * "Appointment Board" was checked. * The "Closed Status:" section reflected: - "...Closed Date/Time: 12/19 [at] 1040" - "Patient D/C" was checked with "Unk" handwritten below it. The ED records from PMH for Patient 6 dated received by fax at CHH on 12/18/2018 at "6:47:47 PM" reflected: * The PMH Physician "ED Notes" dated 12/18/2018 at 1600 reflected "[Patient 6]...history of...PTSD and depression...reports that [he/she]...was getting an outpatient [X-ray] and expressed suicidal ideation to staff...previous attempts with hanging and cutting [his/her] wrists...MSW evaluated the patient and [he/she] does appear to be a threat to [himself/herself] at this time with constant thoughts of hanging [himself/herself]...The patient was medically cleared and MSW is working on an inpatient psychiatric bed." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 6: * "Call Date, Time..." reflected "12/18/2018 1854" * "Agency Name" reflected "[PMH]" * "Primary Payer" was "Providence Behaviora (sic)" * "Secondary Payer" was blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank.	A2411			

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A2411	Continued From page 81 * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[Information Only]" c. During an interview with the TC on 03/20/2019 at 1500 the PMH ED record and "Hospital Transfer Tracking" form for Patient 6 was reviewed. The following information was provided: * The hospital received a transfer request from PMH ED for Patient 6 on 12/18/2018. * The "Hospital Transfer Tracking" form was initiated on 12/18/2018 at 1854. The TC confirmed the tracking form was not completed. * The TC stated Patient 6's diagnosis was "suicidal, anxiety" and the hospital had capability to care for Patient 6. * The TC stated the hospital had 2 beds on the CSU that were appropriate for Patient 6 with the exception that the patient needed a [male/female] room. The TC stated sometimes the hospital moved patients from one room to another to accommodate gender needs or for other reasons in order to make room for patients who need to be transferred, but he/she didn't know if that was done for Patient 6. * The TC was asked if Patient 6 was accepted for transfer and he/she stated "No." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 6 for transfer. d. An untitled and untimed bed board document provided with handwritten "12/18" on it was reviewed. The document reflected similar unclear	A2411			

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A2411	Continued From page 82 bed activity as reflected above. This was confirmed with the TC at the time of the bed board document review. 10. a. Transfer request documents for Patient 7 that included a "Hospital Transfer Tracking" form and fax'd ED records from PMH were reviewed. The only documented responses on the tracking form were as follows: * "Patient Name: [Patient 7]" * "Hospital: [PMH]" * "Open Date/Time: 1/5/19 [at] 1209]" * The "Closed Status:" section reflected: - "Closed Date/Time:" was checked and followed by a blank line. - "Patient D/C" was checked. The other areas were not completed. The ED records from PMH for Patient 7 dated received by fax at CHH on 01/05/2019 at "12:08AM" reflected: * The PMH Physician "Emergency Department Encounter" dated 01/04/2019 at 1907 reflected "...[Patient 7] with history of anxiety, developmental disability and schizophrenia disorder...depression and anxiety with complaint of auditory hallucinations and SI...seen by MSW and...felt suitable for voluntary psychiatric inpatient placement for depression and SI." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 7: * "Call Date, Time..." reflected "01/05/2019 12:09" * "Agency Name" reflected [PMH]" * "Primary Payer" and "Secondary Payer" were blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank.	A2411			

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A2411	Continued From page 83 * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[No Beds Available]" The log reflected the patient was not admitted and the reason was "No Beds Available." However, there was no documentation that reflected how and when that determination was made for this patient with schizophrenia and SI. c. During an interview with the TC on 03/20/2019 at 1600 the PMH ED record and "Hospital Transfer Tracking" form for Patient 7 was reviewed. The following information was provided: * The hospital received a transfer request from PMH ED for Patient 7 on 01/05/2019. * The "Hospital Transfer Tracking" form was initiated on 01/05/2019 at 1209. The TC confirmed the tracking form was not completed. * The TC stated the Patient 7's diagnosis was SI and the hospital had capability to care for the him/her. The TC stated "We would've been able to care for [him/her]. [He/she] would've needed South [Unit] or CSU." * The TC was asked if Patient 7 was accepted for transfer and he/she stated "No." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept the patient for transfer. d. An untitled and untimed bed board document provided with handwritten "1/5/19" on it was reviewed. The document reflected similar unclear bed activity as reflected above. This was confirmed with the TC at the time of the bed	A2411			

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A2411	Continued From page 84 board document review. 11. a. Transfer request documents for Patient 8 that included a "Hospital Transfer Tracking" form and fax'd ED records from OHSU were reviewed. The only sections on the transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake information as follow: * "Patient Name: [Patient 8]" * "Open Date/Time: 2/5/19 1800" * "Hospital: OHSU" * "[Verification of Benefits]" was checked" * "MS4" and "Appointment Board" were checked. * The "Closed Status:" section reflected: - "Closed Date/Time: 2/8 [at] 1152" - "Patient D/C" was checked. The ED records from OHSU for Patient 8 dated received by fax at CHH on 02/06/2019 at "12:54:53 AM" reflected: * The OHSU "ED Provider Notes" dated 02/05/2019 at 1121 reflected "[Patient 8]...feeling depressed today...went to the Sellwood bridge and considered jumping...then called the helpline and was brought...to the emergency department...was seen by social work...suggest inpatient admission..." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request "referral" for Patient 8: * "Call Date, Time..." reflected "02/05/2019 19:03" * "...Referral Source Name" reflected "ED OHSU" * "Primary Payer" and "Secondary Payer" were blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected	A2411			

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A2411	Continued From page 85 "[Returned to Referral Source]" and "[No Beds Available]" The log reflected the patient was not accepted for transfer due to "No Beds Available." However, there was no documentation that reflected how and when that determination was made for this suicidal patient. c. The electronic "Intake Activity Log" reflected a transfer request "referral" for another patient on 02/05/2018. That request reflected the following: * "Call Date, Time..." reflected "02/05/2019 19:12" * "...Referral Source Name" reflected [PSVMC]" * "Primary Payer" reflected "Medicare Inpatient" * "Secondary Payer" reflected "Self Pay After Medic" * "ADMT" * "Admit Date, Time" reflected 02/06/2019 19:13" The intake activity log reflected the following: Patient 8 had no payer source (insurance), and was not accepted for transfer. However, the other patient whose transfer request was received after Patient 8 was accepted for transfer. Additional entries on the intake activity log for 02/05/2019 reflected: * The "Caller/Patient Information" and "Referral Information" columns reflected the names of 21 patients referred for admission, including 9 transfer requests from other hospital EDs. * The spaces for "Primary Payer" and "Secondary Payer" were blank for 11 of the patients. All of the other patients had a payer source entered on the log. * Eight of the patients referred for admission were admitted, all of whom had a payer source. None of the patients without a payer source were admitted, including patient 8.	A2411			

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A2411	Continued From page 86 c. During an interview with the TC on 03/20/2019 at 1540 the OHSU ED record and "Hospital Transfer Tracking" form for Patient 8 was reviewed. The following information was provided: * The hospital received a transfer request from OHSU ED for Patient 8 on 02/05/2019. * The "Hospital Transfer Tracking" form was initiated on 02/05/2019 at 1800. The TC confirmed the tracking form was not completed as reflected above. * The TC stated the patient's diagnosis was suicidal ideation and the hospital had capability to care for the patient. The TC stated "We would've been appropriate for North [unit]." * The TC was asked if the patient was accepted for transfer and he/she stated "No." * The TC stated the reason the patient was not accepted for transfer was because the hospital had no beds. However, the TC stated he/she had no documentation that reflected the lack of bed availability. He/she stated, "We don't document that." * The TC stated he/she had no documentation that reflected the hospital's "Revised Tracking Form Trial" process was followed. * The TC confirmed there was no documentation that reflected the hospital lacked capability and/or capacity and therefore was not obligated under EMTALA to accept Patient 8 for transfer. d. An untitled and untimed bed board document provided with handwritten "2/5/19" on it was reviewed. The document reflected similar unclear bed activity as reflected above. This was confirmed with the TC at the time of the bed board document review.	A2411			

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A2411	Continued From page 87 12. a. Transfer request documents for Patient 9 that included a "Hospital Transfer Tracking" form and fax'd ED records from PHSWMC were reviewed. The only sections on the transfer tracking form that contained documented responses were primarily related to insurance verification and initial intake information as follow: * "Patient Name: [Patient 9]" * "Open Date/Time: [03/06/2019] 0022" * "Hospital: [PHSWMC]" * "[Verification of Benefits]" was checked. * "MS4" and "Appointment Board" were checked. * The "Communication With Hospital" section reflected "Pre-emptively informed fax was coming" * The "Closed Status:" section reflected: - "Closed Date/Time: 3/6 [at] 1245" - "Patient referred elsewhere" was checked with "Fairfax" hand written next to it. There was no further information that reflected what that meant, including who referred the patient elsewhere. The ED records from PHSWMC for Patient 9 dated received by fax at CHH on 03/05/2019 at "23:56" reflected: * The PHSWMC MSW "ED Care Manager initial assessment" dated 03/05/2018 at 1042 reflected "...BIB EMS...for active SI...attempted to jump out of the ambulance taking [him/her] to the hospital...currently...having thoughts of tying [his/her] hospital socks together in the bathroom and strangling [himself/herself]...Recommendation...IP psychiatric hospitalization. Discussed with EDP who is agreeable with plan." b. The electronic "Intake Activity Log" reflected the following entries related to a transfer request	A2411			

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A2411	Continued From page 88 "referral" for Patient 9: * "Call Date, Time..." reflected "03/06/2019 2:13" * "...Referral Source Name" reflected [PHSWMC] * "Primary Payer" and "Secondary Payer" were blank. * "Assessment Date, Time" reflected "00/00/0000" and "Completed by?" was blank. * "Disposition/Reason Non-Admit" reflected "[Returned to Referral Source]" and "[Refused Action Other]" Additional entries on the "Intake Activity Log" for 03/06/2019 reflected: * The "Caller/Patient Information" and "Referral Information" columns reflected the names of 25 patients referred for admission, including 13 patients who were from other hospital EDs seeking transfer. * The spaces for "Primary Payer" and "Secondary Payer" were blank and no payer source was identified for 15 of the patients. All of the other patients had a payer source entered on the log. * Six of the patients referred for admission were admitted, all of whom had a payer source entered on the log. None of the patients without a payer source were admitted, including Patient 9. c. An untitled and untimed bed board document provided with handwritten "3/6/19" on it was reviewed. The document reflected similar unclear bed activity as reflected above. This was confirmed with the TC of the time of the bed board review. 13. During an interview on 03/19/2019 at 1800, the TC stated he/she was responsible for coordinating patient transfer requests from other hospital EDs and had worked in the position for	A2411			

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A2411	Continued From page 89 18 months. The TC was asked for the hospital's policies and procedures that described how capability and capacity was determined for transfer requests from other hospital EDs. The TC stated he/she looked at the bed board to determine if the hospital had an available bed and "we usually use the medical exclusionary criteria to decide who to admit." The TC stated he/she did not have any other policies and procedures that addressed how the hospital evaluated and determined capability and capacity for transfer requests. During an interview with the DPI on 03/20/2019 at 1110, he/she confirmed this lack of policies and procedures. 14. The "Transfer Coordinator-RN" job description reflected "Position Summary: This position is responsible for assessing, planning, implementing and coordinating transfers for Cedar Hills Hospital Inpatient. This position evaluates options and services available to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. Responsible for coordinating the screening, referral and admission process for inpatient, or refer to outpatient programs including: Reviewing referral packets Screening/Intakes and other needed interviews. Triage calls coming into the call center to determine level of care and arranging for admissions and transfers..." Although the job description contained information about "cost effective outcomes" there was no information about the hospital's recipient hospital responsibilities, nor any reference to EMTALA requirements. 15. During an interview with the DPI on	A2411			

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A2411	Continued From page 90 03/20/2019 at 1110 he/she stated the hospital had no EMTALA recipient hospital policies and procedures. 16. A list of patients admitted to CHH from 12/01/2018 through 03/19/2019 was reviewed. The list was provided in response to a request for a list of patients transferred from other hospital EDs and their insurance. * The list had columns that included patient name, admit date, referral agency, primary payer, secondary payer, and principal diagnosis. * The list reflected approximately 700 patients who were admitted to CHH, including patients transferred from other hospital EDs. * Three of the patients had payer sources identified as "Unfunded..." or "Self pay No Ins(True Self Pay)..." * All of the other patients on the list had a primary and/or a secondary payer source identified.	A2411			



WASHINGTON COUNTY OREGON

April 15, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

RE: Wilsonville NewCo Psychiatric Hospital

Dear Ms. Krecklow:

Washington County Health and Human Services (HHS) would like to provide comments related to the Certificate of Need Application #682 submitted by Universal Health Services to develop a 100-bed psychiatric hospital in Wilsonville. The County acknowledges that inpatient care can be difficult to access in the Portland metropolitan area, however we have concerns that this proposal will further strain the system of care rather than providing the right solution. Washington County HHS believes our current challenge of accessing inpatient care is due to two primary issues, lack of access to state hospital beds and not having the right community-based care available.

Currently, local inpatient psychiatric units are supporting many individuals who would otherwise be transferred to the Oregon State Hospital for long-term stabilization. The State Hospital has drastically reduced civil admissions in recent years due to the increase of forensic admissions. This has resulted in many individuals who are approved for state hospital admission instead staying months in local units, either waiting for a state hospital bed to become available or for a bed to open up in licensed residential care. Washington County HHS believes-maintains that increasing options for people to be supported in community-based care is the right approach. We believe new investments should be focused on creating intensive community supports to allow people to transition more rapidly out of the state hospital and local inpatient psychiatric units as well as reducing the need for admissions. Adding inpatient beds does not address the challenges faced by local units of having few disposition options for individuals in their units. This is a throughput issue, not a capacity issue.

Another area of concern is that adding the hospital will create additional strain on the workforce of community behavioral health providers. Community behavioral health agencies report severe challenges in recruiting and retaining a workforce to support individuals who have a behavioral health condition in community settings. Universal Health Services states the hospital would create more than 300 jobs. ~~However,~~ the local workforce is already inadequate to support the existing system of care. Developing intensive, community-based services that emphasize the use of certified peer support workers would help address the workforce strain rather than exacerbate it.

Additionally, Washington County [HHS](#) is concerned that the new proposed hospital would not serve individuals with the most challenging presentations. Information provided to Washington County by Universal Health Services indicates the inpatient program will serve adults and adolescents for depression, anxiety, PTSD and co-occurring disorders. There is no reference to serving individuals with acute psychosis, who are often the individuals in local psychiatric units waiting for state hospital beds. With the Oregon State Hospital operating at limited capacity to support civil admissions, the need is to increase supports for community members with severe mental illnesses who would otherwise qualify for state hospital care.

Washington County [HHS](#) believes investments should be made in increasing intensive community-based services and expanding the local workforce, not adding a new psychiatric hospital that would not effectively address the current system challenges. We believe the current access issues can be solved by addressing the flow of clients through the system of care. The focus should be on developing alternatives to inpatient care such as intensive outpatient supports and residential programs that can support challenging clinical presentations, resources designed to support people outside of the local psychiatric units. This approach would free up existing beds to support acute presentations and ensure resources are directed toward community-based care rather than expensive inpatient care.

Thank you for your consideration.

[Nicholas Ocon, LCSW](#)
[Behavioral Health Division Manager](#)

[Contact: Paige Spence](#)
[Government Relations Manager](#)
[\(503\) 839-9360](#)
paige_spence@co.washington.or.us

Krecklow Pam L

From: Bethany R [REDACTED]
Sent: Monday, April 12, 2021 5:50 PM
To: Krecklow Pam L
Subject: UHS

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I was a former employee of UHS 2x in the state of Virginia in the last 15 yrs. At the adult facility, I did intake and urgent care. The administration kept a "black book" of people to not admit even to a Medicaid or free bed if they showed up on premises in crisis. This is against EMTALA.

The kitchen staff left food in the fridge for us to bribe them to "go away" with.

When I registered this as a concern, I got a conference call from my boss and a corporate person who threatened to black mail me out of the field in this region.
I quit and told them they were shameful.

Then, unwittingly I took a job at a children's psych center and it was run by the same parent company.
My first days on the job were met with special needs kids being jammed into walls by more than one adult just for being loud. They were not violent & cowered when attacked.
I could not morally be a part of that.
I would never work for or send a client to UHS.
This is ALL we have. UHS is designed for profit, not mental restoration. It is abusive to its patients and its employees who speak up.

Respectfully,
Bethany R [REDACTED]

[REDACTED]

Krecklow Pam L

From: Gina N [REDACTED]
Sent: Monday, April 12, 2021 12:21 PM
To: Krecklow Pam L
Cc: patrick.allen@dhsosha.or.us
Subject: TESTIMONY regarding Cedar Hills 100 bed psychiatric hospital in Wilsonville

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Pam,

Thank you for the opportunity to submit testimony. As a Wilsonville resident and a mental health professional for over 40 years I would love to have more services in Wilsonville. A 100 bed in patient hospital, doing business as usual, with the average length of stay of 10 days, is a set up for, again, over medicating and creating a revolving door. What we need is more intensive outpatient and community services, peer supports and a sanctuary model of care that is trauma informed. If the Wilsonville facility could be modeled with a more compassionate, comprehensive healing model (such as Arizona's Connections AZ) that would be a step in the right direction.

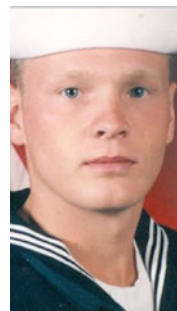
Also, housing with wrap around supports is a critical need as well. Oregon started this in Wilsonville (Villebois almost 20 years ago), but it was never built out fully, the way it was intended, because of the 2008 recession.

Thank you,

Gina N [REDACTED]
[REDACTED]
[REDACTED]

Dear Oregon Health Authority,

Derek was one of five people who died in UHS owned Arbour Hospital Jamaica Plain, MA. Derek was found unresponsive having over dosed on drugs smuggled into the hospital. A video revealed staff did not check on Nally every 15 minutes, as required and that no one tried to give him CPR during his Cardiac Arrest. The staff on that night didn't know or weren't qualified to save him. Two weeks later, inspectors declared the hospital an "immediate jeopardy" to patients because the hospital had not scheduled staff retraining on proper emergency procedures.



Derek Nally Written by Cathy [REDACTED] B [REDACTED] Derek's sister,
Derek was the baby of five. Our brother was full of energy and charm. He was class president, enjoyed fishing, writing and spending time with his nieces and nephews. Derek had struggles with depression and anxiety but when our parents passed in their sixties Derek turned to drugs to kill his pain. Derek entered Arbour Hospital Jamaica Plain seeking treatment for his mental health and addiction. About a week of being there Derek overdosed. The hospital was negligent. Shortly after his passing we found out he was going to a Dad of twin girls who he would never know. We will never know with the right help which he wanted, what his future could be like today.

DEREK NALLY

Jan 22, 1972-July 3, 2011

Age 39

Sincerely,

Cathy [REDACTED] B [REDACTED] -Derek's Sister
[REDACTED]

Dear Oregon Health Authority,

Erin was 19 when she died in UHS Owned Arbour Hospital JP, MA. After the death of Erin's premature twins, Erin was admitted to Arbour Hospital to receive mental health treatment. She was prescribed a number of medications during her stay. She was evaluated, provided with an after-care treatment plan and discharged. The following day, Erin died as the result of "acute mixed drug intoxication". No street drugs were found in her system.



ERIN CLIFFORD
Feb 10, 1993-July 7, 2012
Age 19

Sincerely,
Denise C [REDACTED] -Erin's Aunt
[REDACTED]

Dear Oregon Health Authority,

*I am sharing this information with you to encourage you not to allow a UHS Hospital to open in the state Oregon. My Neice Amber Mace Died at age 22 in a UHS Hospital in MA. Despite **not** being an addict and having come directly from an ER where she had been for 5 days she was prescribed:*



- 1. **Suboxone, (Addiction, Pain)***
- 2. Thorazine (Anti-psychotic, SEDATING)*
- 3. Valium (Anxiety, SEDATING)*
- 4. Tenex (ADHD Or High Blood Pressure) (Reduces nerve impulses in your heart)*

On top of these medications she was already taking:

- 1. Abilify (Anti-psychotic, SEDATING)*
- 2. Lithium (Bipolar Disorder, SEDATING)*
- 3. Topimax (Seizure, Migraine)*
- 4. Lexapro (Depression)*
- 5. Prazosin (High Blood Pressure, SEDATING)*

Many drugs prescribed are notoriously known to lead to a Fast Heartbeat and can be life-threatening or fatal due to sudden cardiac death. COD: Lymphatic Myocarditis (Inflammation of the Heart) Probable Cardiac Arrhythmia.

Saturday night after her mom's visit Amber went to bed without taking her medications, at her mother's request. Her mother was concerned about Amber's disoriented condition so she asked to speak with Amber's Doctor. She was told that the Doctor wasn't available until Monday. Amber didn't make it past Sunday! When they tried to wake her at 10PM that night to give her the medication (the same medication her mother requested she not be given) she was unresponsive. Despite Amber's Vitals having been outside normal limits, the nurse decided to wait until she woke up on her own. Throughout the night, staff did not do 15 minute checks as required. Amber was found in full rigor at 5am the

following morning, meaning she had been deceased for hours. Amber was an angel who touched the hearts of all she met! She is missed by so many!

AMBER "PEACHEZ" MACE

Dec 7, 1994-Aug 30,2015

After Amber's death I did some research and found a long history of abuse, Neglect and death. UHS is a for-profit fortune 500 company who puts profits before patients! The following is a list of individuals who died in relation to their care at a UHS Facility.

See Individual Letter/Testimony 1-7

1. AMBER MACE Pembroke Hospital, MA
2. Derek Nally Arbour Jamaica Plain, MA
3. Monique Payne Westwood Lodge, MA
4. Sarah Westwood Lodge, MA
5. Michael Bakios Westwood Lodge, MA
6. Erin Clifford Arbour Jamaica Plain, MA
7. Lori Durant Arbour HRI, MA

8. 54 Yr Old Pembroke Hospital, MA

Found Unresponsive. Delayed Resuscitation.

9. 47 Yr Old Arbour Jamaica Plain, MA

Given Medication Restraint despite documented allergy.

10. Dennis Satterthwaite Westwood Lodge, MA

Hung Himself After Early Release/still suicidal.

11. Kaitlyn Kennedy Westwood Lodge, MA

Hung Herself in her families garage after early release/still suicidal.

12. John Duggie Arbour Jamaica Plain, MA

Murdered by Another Patient.

13. Darcil Berry- Arbour Fuller

Found Unresponsive covered in bruises while under one on one with staff. COD Blunt Force Trauma.

14. Jason Chesley- Arbour Jamaica Plain, MA **Found Unresponsive.**
Over Medicated with a dangerous dose of Fentanyl. Not Opiate Addict.

15. 18 Yr Old- Westwood Lodge, MA

Hung Himself from a vent in his room.

16. Yarushka Rivera- Arbour Clinic, MA

Improper Medication. 23 Unlicensed Clinicians on staff.

17. Arron Gower University Behavioral Health, TX

See Individual Letter.

18. Jayme Rachelle Cox Cypress Creek Hospital, Houston, TX

Over Medicated ---COD Zyprexa Toxicity.

19. Brittney Bennetts Timberlawn

Hung herself from a doorknob with a bed sheet.

20. John Williams Timberawn, TX

Released while suicidal. Committed suicide 4 days later.

21. Dr. Ruth Anne MarDock Timberlawn

Attacked and murdered by patient.

22. Andre Thomas Texoma Mental Health Ctr.

Escaped, Murdered ex-wife Laura Thomas and kids Andre Boren & Leyha Hughes with a knife following day.

23. ? Name Jan 21 2015 age 33 Texoma Mental Health Ctr.

Discharged while still under suicide precaution. Left at Bus stop. Suicide.

24. ? Name admitted on 11/15/2012 Glen Oaks Hospital, Tx

Untreated Fall.

25. ?Name January 28, 2013 Glen Oakes Hospital, Tx

Untreated Fall.

26. Noe Martinez Sr. McAllen (Nursing)?? Center, TX

Noa was on a diet of pureed foods. The nurse didn't check file and gave him peanut butter sandwich w/o water. Noa choked on the sandwich and suffered a heart attach.

27. Beverly Campbell Kingwood Pines Hospital, Tx

Prescribed 17 medications in 4 days. Failure to monitor.

28. Mario Vidaurre West Oakes Psych Hosp, West Houston, TX

Beaten to death by staff member assigned to watch him.

29. Alan Chambers West Oakes Psych Hosp, West Houston, TX

Left in his room unsupervised long enough to tear up, braid sheets and hang himself.

30. Raymond Sanchez The Vines Hospital, Ocala, FL

Patient described as uncontrollable left behind closed doors for two hours with his roommate whom he Raped and Murdered.

31. Alice R. Tomlinson Central Florida Behavioral Hospital, FL

Oxycontin Intoxication in hospital.

32. Sean Lanford or Gonzalez Central Florida Behavioral Hospital, FL

Found Unresponsive after being given excessive sedatives. Checks were done improperly.

33. Joley Clements Rivendell Behavioral Healthcare, AK

Male nurse invited to apartment. Three days later she was found with a syringe in neck

34. Don Boudreau Wekiva Springs Center, Jacksonville FL

Found Unresponsive – Felt ill after medication changes un-monitored.

35. Ed Young-Video buzzfeed Hill crest Behavioral health, AL

Beaten by staff – three shots Haldol 5mg, Thorazine 100mg & Benadryl.

36. Bryan Demetrius Montgomery National Deaf Academy Mount Dora FL

Improper Diabetes Management.

37. Corey Keith Hill Crest Behavioral health

Suicide after Early release.

38. John Paul Millar The BridgeWay Inc. Arkansas

Released while suicidal—Suicide same day.

39. Alysia Ashley The BridgeWay Inc. Arkansas

Left unobserved and escaped. Went to the nearby I430 overpass where she jumped

40. Deborah Varela Coronoa Reginal Medical Ctr, CA

Went in for sob-Given Morphine that exasperated resp problems.

41. Carson Magines Highland behavioral health systems, CO

Carson was over-medicated with the drug fentanyl, not properly monitored, and had been dead for hours when it was finally discovered he was not breathing. COD: Med. Toxicity.

42. Clay McInnis Rockford Center, Stanton DE

Committed suicide outside hospital after being denied admittance.

43. Austin Skidmore Laurel Heights, Atlanta GA

Improper Restraint choked on own vomit. Ruled Manslaughter.

44. Kristine Jensen Riveredge Hospital, Forest Park, IL

Suicide in Hospital Hanged from Vent.

45. Rodolfo Lopez Riveredge Hospital, Forest Park, IL

Undiagnosed Medical conditions. Improper hydration, pneumonia and Sepsis.

46. Spencer Chisholm Arbour Jamaica Plain, MA

Discharged with inadequate discharge plan. Committed Suicide.

47. Muhammed Hashim Arbour Counseling Services, Woburn, MA

Discharged while still suicidal. Seven days later he jumped in front of a truck on I93 lawsuit

48. Dan Markingson West St Paul Group Home, MN

Unethically forced into Drug Trial by Dr. running the trial.

49. Tristan Sovern Charter Pines Behavioral Systems, NC

Restrained with a bed sheet and towel over his mouth and nose causing Tristan to suffocate. Staff told investigators mouth coverings were used 80% of time in the adolescent wing when transporting to seclusion.

50. William Todd Crawford Charter Pines Behavioral Systems, NC

Wrongful death

51. William Avant Three Rivers Behavioral Health, SC

Improper Restraint—Suffocated.

52. Omega (Manny) Leach Chad Youth Enhancement Center TN

Improperly Restrained. Restraint Asphyxia.

53. Linda Harris Chad Youth Enhancement Center TN

Improperly Restrained. Restraint Asphyxia.

54. Matthew Goodman Lakeside Behavioral Health, TN

Hung himself with a belt.

55. Chelsey Elizabeth Kay Helwig Rolling hills hospital, nashville, TN

Found Unresponsive.

56. Kendall Oates Woodland Hills, Nashville, TN

Suffered Seizure disorder-layed sick in his room when found unresponsive.

57. Crystal Marshall Cumberland Hospital, New Kent, VA

Crystal was having an extreme seizure when blood soaked through her pants, but staffers took almost an hour before they called for paramedics.

Cumberland Hospital, New Kent, VA

58. Jeremiah Flemming North Spring Behavioral Healthcare, Leesburg, VA

Improper restraint caused positional Asphyxiation(Smothered to death)

North Spring Behavioral Healthcare, Leesburg, VA

Please don't allow UHS to ruin and take the lives of patients and their Families!

Sincerely,

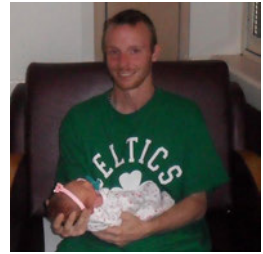
Amber's Aunt Elisa H

[Redacted]

[Redacted]

Dear Oregon Health Authority,

Michael Bakios was one of five deaths in UHS owned Westwood Lodge in MA. During Michael's 16 day stay at Westwood Lodge he was given in excess of 12 Psychiatric medications 9 of which were sedating and known to cause Cardiac Arrhythmia. He was also administered a medication restraint in violation of state regulations. This was part of a pattern of medicating to the point of senselessness leading to increasingly severe episodes of agitation with no treatment plan being implemented. He was on 5 minute observational rounds that clearly had not been conducted properly. When the code blue was called the life-saving equipment failed to work properly. When the EMT's arrived on the scene they estimated that Michael had been dead for a considerable amount of time.



Michael Bakios Written by Katie-ann L [REDACTED] Michael's Sister-in-Law,

Mike was an outgoing, loving, funny, caring person. He was a great Uncle, Brother, and friend to all who knew him. Always had a shoulder to lean on, an ear to listen. A loss of someone like him is hard, heartbreaking. The broken connections, every one of them due to his loss are the hardest. He always helped Brandon, me and our kids as I also struggle with PTSD, anxiety and depression. We connected through this. So much has been lost. Future laughter, love, growth, fun. The good, the bad, everything. We lost someone who through his own struggles, on a bad day for someone else, would make you laugh and remind you that it would all be okay in the end. He would go with me everywhere, from doctor appointments to runs to the store. Easing my nerves when Marissa needed surgery. He would give the shirt off his back in the middle of winter if needed. Michael is no more, an uncle and a brother. There is a hole in our community, he was there for so many. Everyday we miss him, his laughter the most for me. My children miss their uncle. One of the hardest for me for me are the questions I ask myself now that he is gone. Was I there enough? Could I have been there more for him? It's scary to think that on the outside everything is okay, everything looks good but on the inside there is pain and despair. I know deep down he knows we did try to the best of our abilities.

MICHAEL BAKIOS

July 26, 1982-April 25, 2015

Age 32

Sincerely,

Katie-ann L [REDACTED]
[REDACTED]

Krecklow Pam L

From: Lupe B [REDACTED]
Sent: Tuesday, April 13, 2021 3:20 AM
To: Krecklow Pam L
Subject: Mental health hospitals.

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

So are you saying having one RN and two techs is unsafe? Maybe you should shop around, and report what other hospitals have. If not the same, maybe even less. Another thing is, someone needs to help these patients ASAP. Why is there no funds for this, but we're sending money to other countries!!!

Sent from my iPhone

Dear Oregon Health Authority,

Jayne was 22 when she died in UHS owned Cypress Creek Hospital, TX. When Jayme admitted herself to Cypress Creek. her medications were Effexor XR, Eskalith, Adderall, Campral, Zyprexa, Provera, Topamax, and Xanax. Additional Medications added: Ambien CR and hydrocodone for pain. Jayme was found unresponsive by another patient. When notified the nurse went into Jayme's room and discovered that she had no pulse. COD: Zyprexa toxicity and related respiratory and cardiac arrest.



JAYME RACHELLE COX

Died May 4, 2006

Age 22

Sincerely,

Marshielia H [REDACTED] -Jayme's Mother

[REDACTED]

Dear Oregon Health Authority,

Lori Durant died in a UHS Facility due to neglect. Lori was admitted to the Arbour-HRI Hospital in MA to have her psychiatric medications adjusted. Despite her medical records indicating she had Sleep Apnea there is no record it was addressed. She passed from cardiac arrest in her sleep. An autopsy showed there were high levels of some drug they gave her.



Dr. Sheldon Schwartz, an internist who worked at Arbour-HRI for several years, said in an interview that he repeatedly called state regulators earlier this year to express concern about patient safety at the hospital. He said administrators were cutting corners and failing to provide timely care to patients. The recent death of Lori Durant proves this to be true. He also complained to hospital administrators, but said nothing changed. Schwartz was suspended from his part-time work at the hospital and later resigned.

Lori was a champion freestyle roller-skater for many years, earning numerous awards and trophies. She was a 1985 graduate of New Bedford Regional Vocational High School and later attended Bristol Community College. She was a Postal Carrier in Fairhaven and worked as a Receptionist for her father at the Independent Business Machine Service Company on Acushnet Avenue for many years.

Daughter of John and Joan A. [REDACTED] D [REDACTED]

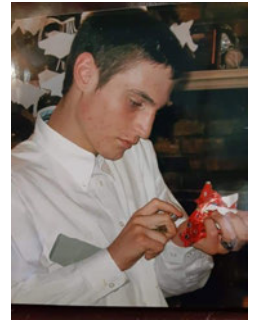
Sincerely,

Mike D [REDACTED]-Brother

[REDACTED]

Dear Oregon Health Authority,

Aaron Gower was only 22 years old when he died due to the neglect of UHS staff. Aaron's progress notes during his time at Universal Health Service's, University Behavioral Health in Texas reflected his vitals were outside normal limits on a daily basis with no follow up notes indicating the Nurse provided intervention or rechecks of Aaron's vitals at any time. This was a pattern that continued throughout his time at UBH. His record also indicated other problems with no follow up.



Jan. 29-Aaron's record notes " Patient outside smoking, became dizzy and dropped his cigarette. No follow up.

Jan. 30-Aaron's record notes "Aaron Vomited during smoke break no food content. Encouraged to eat." No follow up.

Feb. 1-"Aaron complained of being drowsy and stayed in his bed majority of the shift." No follow up.

Feb. 2-The nursing staff found him unconscious with vomit in his mouth. His family was advised he had suffered severe brain damage due to a lack of oxygen for an extended period of time.

AARON GOWER

Aug. 20, 1990 -Feb. 6, 2013

Age 22

Written by Sandra [REDACTED] C [REDACTED], Aarons Grandmother(Nenaw),

I want to tell you what my grandson Aaron Gower meant and still means to me but this would fill a small book. Aaron was the light of my life. He had a lot to offer all of us, smart, humble, gentle soft spoken and kind. This was my Aaron. He lived with his grandpa and I and filled our days with happiness and hope. The hope was to see him graduate from college. He was a shining beacon of hope in the field of science. Hopefully someday he would find that special girl to marry. Hope that I would buy the loveliest gown from New York to be escorted down the aisle at his wedding. I hoped that in later years he would be there for his grandpa and me as we aged. Someone to count on that would check on us as I know he would. Aaron was a person I wanted to be like. He was quiet, not quick to be annoyed and peaceful. Aaron was all that I wanted to be and he taught me so much as I watched him grow. I loved him like a son. I wanted all the best this world had to offer him and I knew he was going to achieve it some day. My life now is full of hurting and hate for what was done to my blue eyed boy. I want to forgive but I believe somethings are just not forgivable! All I can do now is try to prevent what happened to Aaron from happening to anyone else's loved ones. I pray I can make a difference in the memory, in honor of Aaron Gower. I hope you pray for me that I can help achieve it. In one sentence "Aaron Gower was my hero!"

Sincerely,

Sandra [REDACTED] C [REDACTED]-Aaron's Grand Mother

Dear Oregon Health Authority,

Monique was only 14 years old when she died in UHS owned Westwood Lodge in MA. While she was a patient at the Westwood Lodge psychiatric hospital Monique Payne complained about headaches of increasing severity. She began vomiting and hyperventilating and begged for help. A Westwood nurse thought she was faking and gave her cold medicine. They were aware Monique had a known brain tumor but Westwood Lodge was understaffed and her cries for help were ignored. The pressure in her head got worse and worse for hours without a call to her doctor. It compressed, herniated, her brain stem causing her death. By the time she got to Boston, she had died from complications of a brain tumor.



Monique Payne Written by Ashley [REDACTED] D [REDACTED], Monique's Sister,
I remember how much fun we had whether we were playing house, barbies, or dancing to old school music. Oh how I miss those days, I miss you. You always poured your heart & soul into everything you did. You were full of life, spirited, out going but most of all you were driven. I love you & miss you dearly. I live everyday with a broken heart, the pain never goes away but I have found better ways to cope with my pain. My first born child, daughter has been blessed to share your name, Monique. My only hope is people know & remember your name. As long as I'm alive your memory will live on. Through me & through my children. I'm not sure where my life will take me but my goal is it will take to places where I can help people in need. In addition allowing me to be apart of systemic changes of care of people in.

MONIQUE PAYNE

Aug 14, 1991-Feb 11, 2006

Age 14

Sincerely,

Theresa P [REDACTED] -Monique's Mother
[REDACTED]



April 13, 2021

By Email Matt.S.Gilman@dhsosha.state.or.us

Matt Gilman
Facilities Planning & Safety Program Manager
Oregon Health Authority
Public Health Division

Re: NEWCO Oregon Inc.'s CON Application - Wilsonville

Dear Mr. Gilman:

Willamette Valley Medical Center in McMinnville ("WVMC"), with regard to the Certificate of Need Application referenced above, wishes to submit the following written comment with respect to the upcoming public hearing in this matter.

NEWCO states in its application that "the proposed facility will not capture a disproportionate share of commercially insured patients from existing providers" nor "will the proposed facility skirt its responsibility to treat under-insured patients." (Application at 38).

At this time, WVMC's principal concern is for the facility's approach to needy patients, and WVMC's goal with respect to the application is to ensure that the statements quoted above become true in implementation, such that Medicaid and charity patients are appropriately welcomed into the facility if a CON is approved by OHA. We note that in the pending IRF hospital proceedings, OHA has imposed on both applications a condition that admissions must not be restricted based on insurance or patient ability to pay, with the protection that the applicants must provide OHA with information for each patient, the patient's payor, and the principal reason for the patient's admission, quarterly for a period of three years: WVMC requests that any proposed decision to grant a certificate of need in the NEWCO matter contain these same requirements.

Very truly yours,

Lori J. Bergen
Chief Executive Officer

cc: Arden J. Olson, Attorney, Harrang Long Gary Rudnick, PC



April 13, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

Dear Ms. Krecklow,

I am writing to express my strong opposition to Universal Health Services, Inc. (UHS)'s state licensing application. I understand that they are seeking to open a second psychiatric hospital in the Portland Metro area, and I feel this will be another detriment to supporting the community-based behavioral health services that are much needed in our communities.

As President and CEO of Cascadia Behavioral Healthcare, I am a member Unity's advisory council. I see that Unity is on the front lines during this time of inadequately funded and over-extended community behavioral health services. We all realize there is a need for more behavioral health support, but this should be invested at the community health level, not in the most costly level of care in the health care continuum.

There are many questions to consider in granting this application. What is the RN-to-patient ratio at a for-profit hospital vs. a non-profit community inpatient provider? How will this new facility handle patients with medically and psychiatrically complex challenges? How will opening another acute inpatient facility help the patients already stuck in inpatient facilities without more community supports like ACT, secure residential, and housing options?

Bringing more for-profit care to our State is not the solution. We need the State to invest time and money into the struggling community-based services. Investing in our employees, programs, and the people we serve.

Please consider these concerns as you review their licensing application, and how we might better serve the people in our communities who need our support.

Sincerely,

Derald Walker, PhD
President & CEO
Cascadia Behavioral Healthcare

April 14, 2021

To the Oregon Health Authority's Certificate of Need committee:

My name is Doyal Smith, and I am a man in long-term recovery from severe and persistent mental health and addiction issues who is now successfully working in the business of helping others like me.

I am writing you because the mental health crisis in Oregon has reached a breaking point. The system is not equipped to handle the ongoing demand that has been building for the last decade, let alone accommodate a growing population that requires considerable resources. Today, the Oregon Health Authority (OHA) will hear elected officials, community leaders, advocates, patients, and family members speak about a proposed behavioral health facility that requires a Certificate of Need.

I support the proposed facility and urge OHA to grant the certificate for several reasons:

- Over 1,000 Oregonians died by fatal overdose or poisoning in 2018. The proposed facility would offer an inpatient substance abuse program, as well as outpatient programs that treat co-occurring disorders, as well as DUII education and treatment.
- 816 Oregonians died by [suicide in 2020](#). This hospital would have a dedicated inpatient crisis stabilization unit and acute adult and adolescent care programs.
- WVBH would offer much-needed inpatient and outpatient services.
- The inpatient program would serve both adults and adolescents and treat depression, anxiety, PTSD, and co-occurring disorders.
-

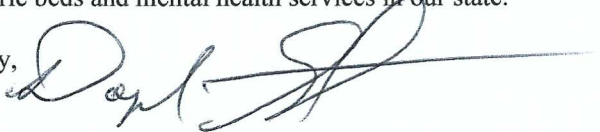
All of the proposed programs are desperately needed. Those living with mental illness and addiction are forced to agonize in jail for weeks before they're able to receive treatment. Our emergency departments are flooded with those in crisis who have nowhere to go. They can be boarded in emergency rooms for days while waiting for an acute care bed to open up.

More and more of our children report experiencing anxiety or depression, and Oregon's youth suicide rate remains well above our country's average. According to Mental Health America, over 16 percent of young people in Oregon reported having at least one major depressive episode in 2020, the highest in the nation. (Half of them didn't receive treatment for that episode.) Our young people are asking for help – everything from increasing the number of therapists available for adolescents to ensuring that inpatient beds are available to ensure no school ever again has to mourn a student's death that dies by suicide.

Oregon [ranks last](#) in the nation when it comes to the prevalence of mental illness and 49th in the nation when it comes to comparing the prevalence of mental illness with access to care. Tragically, this ranking has barely changed in the last decade. We know our system is not working. This facility is not a silver bullet solution to our systemic problem; rather, we ask OHA to approve a new behavioral health facility that would relieve pressure from the system and be a critical resource for all Oregonians. An additional facility would allow other similar hospitals-Unity, Providence, Kaiser, etc.- to operate as intended, support the mission of the state hospital and OHA, and treat people from all over the state who can't find help.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,



Doyal Smith
Executive Director,
DDA of Oregon

Krecklow Pam L

From: Ethan B [REDACTED]
Sent: Tuesday, April 13, 2021 10:23 PM
To: OHA.DirectorsOffice@state.or.us; Krecklow Pam L
Subject: Certificate of Need for NEWCO/Universal Health Systems hospital in Wilsonville

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority or To Whom It May Concern:

I am writing today in response to the question of whether to grant a Certificate of Need to NEWCO/Universal Health System to build a new psychiatric hospital in Wilsonville. In my opinion a new for-profit hospital run by NEWCO/UHS would not meet the actual needs of mental health patients in Oregon. I have met patients who have been treated at Cedar Hills hospital who felt that they received very low quality care. They have frequently been prescribed controlled substances with high potential for addiction that reflect a "quick fix" approach to their problems rather than substantive treatment. The hospital is notorious for failing to work closely with community partners (for example, other healthcare providers have much more difficulty accessing medical records from Cedar Hills compared to other hospitals). There is no reason to expect that a new facility operated by NEWCO/UHS would do any better. I am confident that a new NEWCO/UHS hospital will add cost without value to our healthcare system.

I have heard former Cedar Hills employees describe psychiatric units at that hospital that were understaffed with not enough psychiatrists to provide good coverage for the patients at the hospital. If NEWCO/UHS cannot adequately staff Cedar Hills how will they be able to staff another hospital in addition to the hospital that they already operate?

It is true that the number of inpatient psychiatric beds in Oregon will likely need to increase over time to keep pace with growth of the general population. If it is determined that there is sufficient need to justify an inpatient psychiatric hospital in the Wilsonville area I would still not support NEWCO/UHS as the organization to build, staff, and maintain such a hospital. A for-profit corporation, by definition, tries to charge more money for goods and services than what it costs to provide those goods and services. I believe that the Oregon Health Authority could work with existing healthcare systems that are not profit-driven to provide higher value care than what NEWCO/UHS would offer. I also share concerns mentioned by other commenters about the potential for another NEWCO/UHS hospital to undermine the payer mix at other psychiatric hospitals which could potentially cause other units to fail financially which could further compound our already challenged system.

While I appreciate many of the points made by Wilsonville Mayor Tim Knapp and others in their letters supporting this certificate, I would respectfully note that few if any of their points are specific to this particular entity operating a psychiatric hospital and most or all of their points in support would apply to another organization with similar goals of operating a psychiatric hospital. For example, Mayor Knapp's comments about free, no-cost public bus service within the city are not unique to the NEWCO/UHS certificate of need proposal--the bus system is just free in Wilsonville, this isn't really a pertinent point to the question of whether NEWCO/UHS can provide high-quality, high-value mental health care to meet the needs of Wilsonville or Oregon.

I urge you not to approve a certificate of need for a new NEWCO/UHS hospital in Oregon.

Sincerely,
Ethan B [REDACTED]
Concerned citizen

Corvallis, Oregon

██████, Cindy

To: The Oregon Health Authority's Certificate of Need Committee:

As a mother with a child who has special needs, I urge the committee to open the proposed facility for Oregon, as our youth are in desperate needs of mental health. During the COVID crises, I have noticed that more of our children have been experienced a high level of anxiety and depression. I have seen firsthand family members and friends whom fell victim to their own demons.

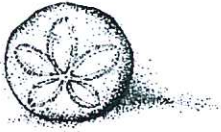
I have heard that Oregon has ranked last in the nation when it comes to prevalence of mental illness and access to care, and I believe this facility will be a critical resource to the community. I would recommend and support to get the Certificate of Need for our children, and their future.

Sincerely,

Cindy C ██████

██████████

████████████████████



Coastal Center, LLC

125 W. Central Ave., Suite 290
Coos Bay, OR 97420
(541) 267-2113
FAX (541) 267-5071

April 15, 2021

To the Oregon Health Authority's Certificate of Need committee:

The mental health crisis has reached a breaking point. The system is not equipped to handle the ongoing demand that has been building for the last decade, let alone accommodate a growing population that requires considerable resources. Today, the Oregon Health Authority (OHA) will hear elected officials, community leaders, advocates, patients and family members speak about a proposed behavioral health facility that requires a Certificate of Need.

I support the proposed facility and urge OHA to grant the certificate for several reasons:

- As a private insurance pediatric/adolescent provider, many encompassed in this population are frequently and very underserved, especially coming from rural areas. Public health pediatric populations generally have local resources (such as county mental health services) that can provide higher level care to those families and youth in need. Private insurance does not offer that, leaving many families to utilize only outpatient counseling and/or hospitalization. Frequently, there are no beds available to private insurance youth or the waiting list is too long. Hospital ED's are unable to hold the youth, thus returning them home to families unable to provide necessary care. Outpatient mental health and pediatric physicians are unable to see the youth at the intensity that they demand, given the needs of the patient.
- As a private provider in the industry for over 20 years, the frustration felt by myself and others like myself, the families, patients and other providers involved in youth care is immense and ongoing. In Coos County, we have a disproportionate level of mental illness and addiction in our population coupled with a significantly poor number of providers able to care for either of those populations in a timely way. Our youth are frequently underserved both in their mental health and co-occurring disorders. As it is difficult to recruit and retain providers, we often have providers leaving the area or struggle to get providers to move to the area.
- Many of our families are in either acute or chronic crisis and have very limited options. Private insurance does not have the flexibility or looser parameters for inpatient care, so families are generally very desperate by the time they arrive in our offices. Psychiatric care, as in psychiatrists for adolescents and young children, is almost absent here in Coos. Almost always we must refer out of the area, which then creates additional hardships on the family and decreases continuity of care. Coordination of care is essential to help maintain the progress youth have made while in facilities. Likewise, identifying agencies for these patients to attend and then return treated to the community would have immediate and longer lasting effects for them.
- Many times, we are having to refer our older youth with mental health struggles to the juvenile justice systems so they can receive some level of help. Criminalizing mental health is never an

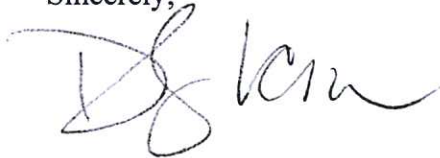
acceptable option because there are not enough beds available in Oregon for our private insurance youth.

All of the proposed programs are desperately needed. The mentally ill, even those who are accused of minor crimes, are forced to agonize in jail for weeks before they're able to receive treatment. Our emergency departments are flooded with those in crisis who have nowhere to go. They can be boarded in emergency rooms for days while they wait for a bed to open up. More and more of our children report experiencing anxiety or depression, and Oregon's youth suicide rate remains well above our country's average. According to Mental Health America, over 16 percent of young people in Oregon reported having at least one major depressive episode in 2020, the highest in the nation. (Half of them didn't receive treatment for that episode.) Our young people are asking for help – everything from increasing the number of therapists available for adolescents, to ensuring that inpatient beds are available to ensure no school ever again has to mourn the death of a student that dies by suicide.

Oregon [ranks last](#) in the nation when it comes to prevalence of mental illness, and 49th in the nation when it comes to comparing prevalence of mental illness with access to care. Tragically, this ranking has barely changed in the last decade. We know our system is not working. This facility is not a silver bullet solution to our systemic problem, rather, we are asking OHA approve a new behavioral health facility that would relieve pressure from the system and be a critical resource for all Oregonians. An additional facility would allow Unity to operate as intended, support the state hospital and OHA, and treat people from all over the state who can't find help.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,

A handwritten signature in dark ink, appearing to read 'DK Kirby', written in a cursive style.

Debbie K. Kirby, LCSW



April 14, 2021

Ms. Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

Re: Wilsonville NEWCO Psychiatric Hospital Application

Dear Ms. Krecklow,

Disability Rights Oregon (DRO) is grateful for the opportunity to participate in the discussion around Universal Health Services' renewed application to build a 100-bed psychiatric hospital in Wilsonville. In 2016, DRO expressed concerns regarding the NEWCO proposal, and those concerns remain. Given multiple limitations on resources and the incredible need in our community, it is vital that behavioral healthcare planning take into account the existing resources in the community and prioritize preventive services to avoid the expense of inpatient treatment whenever possible. Directing our limited behavioral healthcare resources to duplicative services will only increase the strain on our system and on existing institutions serving these populations.

Troubling allegations against NEWCO's parent company, Universal Health Services (UHS), and their other facilities should give you pause in reviewing this application. UHS's apparent focus on maximizing profit to the detriment of quality of care comes across in allegations of insufficient staffing, large settlements over allegations of Medicare fraud, and accusations of cherry picking well-insured patients for their services and leaving those who are uninsured or insured through Medicaid to be treated disproportionately by existing programs, placing them under potentially untenable financial strain. Rather than providing beds for those who need them, NEWCO runs the risk of only treating those who already would have been treated elsewhere while doing irreversible damage to the existing behavioral health resource network that has been more carefully and thoughtfully built up over the years.

DRO recognizes the incredibly need in our community for additional supports and services for people living with mental illness, particularly as the overlapping housing crisis and pandemic push many even further towards the fringes. But we remain unconvinced that the proposed NEWCO facility would serve that need, and we are concerned that by focusing its services on the most profitable populations it will do far more harm to our system than good. We continue

to believe that the solutions that our community needs are more access to crisis services, community treatment, and supportive housing, and NEWCO's large and unnecessary expansion of inpatient psychiatric services is the wrong direction to go. Thank you for this opportunity to express DRO's opposition to the application.

Sincerely,

KC Lewis
Managing Attorney, Mental Health Rights Project
Disability Rights Oregon

To the Oregon Health Authorities Certificate of Need Committee:

As a person who has struggled with mental health almost my whole life and an advocate for mental health in my home state of Oregon, I truly believe in and support the proposed facility and urge OHA to grant the certificate of need for these reasons:

1. WVBH would offer much-needed inpatient and outpatient series.
2. The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
3. The proposed hospital will accept Tricare, serving veterans and their families, and never turn a patient away based on insurance status or ability to pay.
4. The facility intends to offer programs that treat substance use disorders, PTSD, crisis stabilization and medical stabilization.

As a student at Portland State University I personally have experienced and witnessed students, family, and friends go through mental health issues in the state of Oregon. I wholeheartedly support and urge for the approval for the Certificate of Need to the proposal facility to address the ever growing need for mental health services and the inpatient program in our state.

Respectfully,

Geoff H. [REDACTED] PSU Student Applied Health and Fitness
[REDACTED]



Hood River County Veterans' Services

601 State Street, Hood River OR 97031

Eric Akin, County Veterans' Service Officer
(541) 386-1080 • eric.akin@co.hood-river.or.us
<http://www.co.hood-river.or.us>

15APR2021

Oregon Health Authority
500 Summer St. NE, E20
Salem, OR 97301-1097

To: The Oregon Health Authority's Certificate of Need Committee:

My name is Eric Akin, and I am the County Veteran Service Officer for Hood River County. I am also an OEF (Afghanistan war) Army Combat Veteran, a son/grandson/nephew/cousin of Veterans who are all Oregonians also. I feel strongly that there is an ever-growing need for mental health in Oregon.

That is why I support the proposed facility and urge OHA to grant the certificate of need for these reasons:

- WVBH would offer much-needed inpatient and outpatient series.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The proposed hospital will accept Tricare, serving veterans and their families, and never turn a patient away based on insurance status or ability to pay.
- The facility intends to offer programs that treat substance use disorders, PTSD, crisis stabilization and medical stabilization.

As a veteran, advocate for veterans, and veteran service officer, I support and urge for the approval for the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Very Respectfully,

Eric Akin, Hood River County Veteran Service Officer

OEF Army Combat Veteran

Greetings,

I am a proud Veteran. A Veteran that had to learn to manage PTSD in what I would consider one of the most non-friendly places in the States, the Pacific Northwest. No, there are not many bases or installations, which is the reason I am given for there not being many resources for Veterans here, but that does not negate the need for more resources for Veterans.

Seven percent of the US population has served. Many of those Veterans have not received adequate mental health support. Opening a mental health hospital in Wilsonville doesn't only provide a place for help and support, it provides an opportunity to teach our elected officials and neighbors about the needs of our Veterans that are not being met.

I have served Veterans in crisis at a local nonprofit. I have served as a Veteran in a mental health crisis. I am proud of my 8 years of service to my country, neighbors, friends, and family as a Petty Officer in the United States Coast Guard, and I know the challenges that every Veteran faces during and after service.

I beg you now to help my fellow Veterans; to serve those that have served you. For those reading this that have served, I ask you to stand with your fellow Vets in support.

The more we normalize mental health treatment, the more lives we can save.

V/r

Jonathan F. [REDACTED]

[REDACTED]

[REDACTED]

OS1(EXW) T Michael
NCHB5 Bravo Battalion

To: The Oregon Health Authority's Certificate of Need Committee:

As a veteran and an Oregonian mental health advocate, I support the proposed facility and urge OHA to grant the certificate of need for these reasons:

- WVVBH would offer much-needed inpatient and outpatient series.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The proposed hospital will accept Tricare, serving veterans and their families, and never turn a patient away based on insurance status or ability to pay.
- The facility intends to offer programs that treat substance use disorders, PTSD, crisis stabilization and medical stabilization.

As a veteran whom has seen my fair share of mental health crises in the military community and Oregon, I support and urge for the approval for the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Very Respectfully,

Michael T OS1(EXW) United States Navy

[REDACTED]

[REDACTED]

To: Oregon Health Authority, Pam Krecklow, pam.l.krecklow@state.or.us
From: Sharon Meieran, Multnomah County Commissioner
Date: April 15, 2021
Re: Opposition to proposed Certificate of Need Application #682, NEWCO Oregon, Inc

As a Multnomah County Commissioner, emergency physician and former president of the Oregon Chapter of the American College of Emergency Physicians, I bring the perspective of a policymaker and frontline healthcare provider to inform my opinions on the Certificate of Need Application submitted by NEWCO Oregon, Inc.

Many things are needed to improve behavioral health systems in Oregon, as concluded by myriad committees over decades, most recently the Governor's Behavioral Health Advisory Council. We have an immense, unmet need for supportive housing, more culturally responsive and peer providers, and a continuum of services to keep people with behavioral health challenges out of crisis. We also urgently need a rational approach to decreasing the utilization of the Oregon State Hospital, where much of the dysfunction of our current inpatient system originates. The one thing that has *not* surfaced as a need in all of these meetings of experts, frontline workers and people with lived experience of mental illness is an increased inventory of inpatient psychiatric beds.

As an ER doctor, I see the impact of our inadequate behavioral healthcare system during every single shift. I often treat people in the emergency department because they couldn't access the care they needed to prevent crisis, and once in crisis, there was nowhere for them to go. It can be so tempting to believe we could solve this problem if only we had more inpatient beds, but an inpatient unit is most often *not* what people need! They could use supportive housing, substance use treatment, residential treatment for people with co-occurring disorders, peer respite, transitional housing, intensive outpatient therapy, an ACT team, and/or many other supports. We have the inpatient beds we need, especially if the Aid and Assist population at the Oregon State Hospital were reduced, allowing existing hospitals to move their civilly committed patients out of inpatient units and through the system.

A new inpatient hospital is a shiny object that feels like it will make a difference when, in fact, it won't - at least not the difference we need. I know and feel the temptation of wishing for this shiny object, but I have learned through decades of experience and listening to the true experts in the system that this is not the answer.



Sharon Meieran
Multnomah County Commissioner, District 1

The voices of people who use, work in and understand our system in Oregon have made clear that the state does not need an increase in acute inpatient psychiatric beds. Particularly in a large, for-profit institution that does not serve Medicaid patients and will entrench a two-tiered system and increase disparity, managed by a multinational company with a questionable track record on patient rights, care, and safety. This is not the change Oregon needs.

I appreciate the opportunity to provide testimony.

Respectfully submitted,

Sharon Meieran

Providence Health & Services
4400 N.E. Halsey St., Building 2
Suite 599
Portland, OR 97213
www.providence.org/oregon



April 15, 2021

Pam Krecklow
Certificate of Need coordinator
Public Health Division, Oregon Health Authority
800 NE Oregon Street
Portland, Oregon 97232

RE: Certificate of Need submitted by NEWCO Oregon Inc.

Dear Ms. Krecklow:

Providence Health & Services appreciates the opportunity to outline our serious concerns about the certificate of need application submitted by NEWCO Oregon Inc. A for-profit, 100-bed in-patient psychiatric facility that primarily serves commercial patients is not going to address any of the issues our communities face. We respectfully request that the Oregon Health Authority join Providence and a diverse coalition of provider and community advocates in developing long-term, patient and family centered solutions.

Providence Health & Services is Oregon's largest behavioral health provider. Our comprehensive, statewide services include: 107 acute psychiatric beds with specialized units dedicated to children, adolescents and seniors; emergency psychiatric services in our eight emergency departments, and telepsych throughout the state; partial hospitalization and outpatient treatment for adult and adolescent patients needing services for psychiatric disorders including special services for eating disorders; a continuum of providers including psychiatrists, psychologists, psychiatric nurse practitioners and licensed therapists that develop care plans, manage medications and provide therapy; and behavioral health providers integrated as members of our primary care medical homes.

The scope of our services and expertise, coupled with our reach across communities statewide, gives Providence a comprehensive understanding of our current system, its complexities, and the barriers to timely, appropriate access to mental health services. Capacity and access issues in Oregon will not be solved by building non-Medicaid, in-patient psychiatric facilities proposed by NEWCO Oregon Inc. cited in Wilsonville. In fact, this model will only perpetuate Oregon's systematic issues.

NEWCO Oregon Inc. has not considered Oregon's needs as part of this proposal

Providence has been part of the Governor's Behavioral Health Advisory Council, the Children and Youth with Special Healthcare Needs Task Force, the current Governor's 988 Task Force, and the Children's System of Care Council - all efforts aimed at stabilizing and improving Oregon's mental health system over the last five years. In all of these conversations, and many others, no one has ever recommended additional acute psychiatric beds as a solution - especially 100 beds in Wilsonville, OR with no ability to take Medicaid patients, medically compromised patients, or individuals who are diverted from jail. Even Universal Health Services' existing Oregon facility, Cedar Hills Hospital, has not participated or presented this as a solution to the community providers, advocates, consumers, and

families who have spent countless hours reviewing data and developing systems that supports what Oregon truly needs.

CON approval will further restrict access for all Oregonians, including those on Medicaid

Building out the highest, most expensive level of psychiatric care in the state is not Oregon's solution. Our goal should be to have our existing systems and structures working properly. The current backlog of civilly committed patients, that should be accepted into the Oregon State Hospital, will continue to exist. We know this because Cedar Hills Hospital is not part of the solution and has not been a resource to host patients waiting for care at the Oregon State Hospital. Given that NEWCO Oregon Inc. will operate under the same restrictions, it is presumed they will not be a solution either. Oregon needs to focus on alternatives for community-based aid and assist programs, not additional acute psychiatric beds that cannot meet that need. As has been recommended by multiple task forces and councils, our focus should be on building-out access and contracting for community-based treatment options and secure residential beds.

NEWCO Oregon Inc. will not help Oregon's Emergency Department Boarding crisis

According to the current NEWCO Oregon Inc. certificate of need application, Cedar Hills Hospital takes neither Law Enforcement Agency nor direct ambulance patients without first sending them to another emergency department for "medical clearance" (see page 127). These are two of the prominent ways in which patients find their way to care during a mental health crisis. A 2014 article detailing the practice of ED boarding in Oregon states, "People coming to the ED with a psychiatric emergency are **typically brought in by ambulance, police or a concerned family member.**" The Cedar Hills Hospital and proposed NEWCO facility do not accept ambulance or police transfers, creating an additional burden on regional EDs to first triage these cases then "present" them to Cedar Hills Hospital for admission. This allows Cedar Hills to screen admissions for acuity, insurance and many other factors prior to admission - something EMTALA does not allow acute psychiatric facilities in general hospitals to do. Their own procedure, outlined in the CON application states that "patients will arrive three (3) possible ways: transfers from Emergency Departments, scheduled appointment and walk-ins." This is not how individuals typically present in acute psychiatric crisis.

Oregon's financial investments should go toward direct patient care, not for-profit entities

Oregon has limited mental health resources, especially for crisis care, peer respite and residential levels of care. The NEWCO project will take critical resources from the broader system without improving access to care and patient outcomes - especially for the most poor and vulnerable individuals we serve. We need to be investing in solutions that address the mental health crisis in our state - solutions that have been vetted and recommended by the Governor's Behavioral Health Advisory Council, the Governor's 988 Task Force, and the Children's System of Care Council. By not accepting a fair share of Medicaid and civilly committed patients, there will be an increased burden on community providers, specifically resources for psychiatrists, psychiatric RNs and therapists - creating a system of programs for people of means, and a system for those who are poor. By not accepting patients directly on police holds, they are far less likely to have patients who become committed and end up on the Oregon State Hospital wait list, again shifting the burden on existing facilities. Their policy of "scheduled admissions" doesn't support the type of urgent and emergent care needed to support our most vulnerable citizens.

The NEWCO project does not meet applicable regulatory requirements

There are significant flaws in NEWCO's assumptions regarding the populations it intends to serve. Cedar Hills Hospital, operated by the same parent company, has not demonstrated that any "unusual" circumstances exist to warrant approval of non-Medicaid or non-aid-and-assist beds. The state should review existing certificate of need applications with the organization and ensure that they are meeting existing commitments prior to allowing their services to expand. There is no documentation to support

adding 100 psychiatric beds to the greater Portland Service area, which already has more than 300 beds to begin with.

Specific to appropriate service area relationships and requirements for patient transfer agreements as outlined in OAR 333-525-0000, section (2)(b), a hospital classified as mental or psychiatric unit shall: (have) “Doctors of medicine or osteopathy and other appropriate professional personnel available to provide necessary medical and surgical diagnostic and treatment services. **If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital must have an agreement with an outside source of these services to ensure that they are immediately available or a satisfactory agreement must be established for transferring patients to a licensed hospital.**”

UHS suggests that they expect to utilize the same relationships established through operation of Cedar Hills Hospital through the transfer agreement signed in 2018 with Providence St Vincent Medical Center. We would like to clarify that while Providence St. Vincent Medical Center does have a patient transfer agreement with Cedar Hills Hospital, both parties have acknowledged that the agreement will not extend to the NEWCO Oregon Inc. facility. There are other hospitals closer in proximity that would be equally qualified to serve in this capacity. The current application does not appear to have a hospital transfer agreement for the proposed facility, which is in violation of Oregon Administrative Rules.

Quality and patient safety needs to be examined

NEWCO, Inc. is wholly owned by Universal Health Services, Inc., a company which has had numerous quality issues at its facilities in the recent past, raising concern regarding the quality of its operations. The proposed free-standing facility would have no on-site intake for unscheduled admissions or emergency medical capability. This raises series concerns about the appropriateness for serving adolescents and vulnerable seniors who are best served in co-located hospital facilities.

Additionally, the existing Cedar Hills facility continues to struggle with multiple complaints and concerns. A recent CMS Survey completed Feb. 28, 2019 states, “Uncorrected deficiencies were identified” and notes that three of the complaints were “substantiated” with a fourth complaint “unsubstantiated” but noting several other “findings of deficient practice related to that patient.” These findings resulted in a 90-day termination survey. The initial survey on Dec. 13, 2018 resulted in a situation of “immediate jeopardy” that Cedar Hills was able to present an acceptable mitigation plan for, and uncovered other issues of concern throughout the visit. Some of the findings include:

- “29 of 40 patient records reviewed indicated that the hospital failed to fully develop and implement policies and procedures that assured the provision of safe and appropriate care of patients that complied with the Conditions of Participation.”
- “Patients were not provided care in a safe physical environment that was free of ligature risks and unsafe items and contraband that created risk for self-harm and fire.”
- “On admission and on re-entry to the facility door security procedures and patient search procedures were not followed to prevent elopement and to ensure that unsafe items and contraband were not transported to patient units.”
- “Investigations of, and response to, actual or potential abuse or neglect were not timely, clear, complete or accurate to ensure those incidents and events did not recur.”
- “Patients were not ensured safe care when they experienced skin alterations, changes of condition, falls and during medication administration.”

The full report details several significant patient incidents that are concerning about seclusion/restraint use and the use of chemical restraints in settings when video observation did not indicate use of said techniques was warranted. There are also several contraband incidents noted, along with many other concerning findings. This is just one of the many reports about Cedar Hills and other UHS facilities.

Providence remains opposed to the proposed NEWCO Oregon Inc. certificate of need for a 100-bed psychiatric facility in Wilsonville, OR. This facility is not responsive to the needs identified by every Governor's Task Force in the last five years. The lack of medical facilities put vulnerable Oregonians at risk, especially with the absence of a Hospital Transfer Agreement. Without access to public transportation, the outpatient services listed in their application will be inaccessible to many individuals seeking care. In short, this proposal seeks to solve a problem that only UHS has identified, and not the problem Oregon's mental health experts, advocates, consumers, families and long standing providers have clearly outlined in the many reports and legislative efforts of the last four years. The proposal is inconsistent with identified needs, and only distracts from the real work Oregon needs to engage in.

Thank you for the opportunity to provide comment.

Respectfully,

A handwritten signature in black ink, appearing to read 'Robin Henderson', with a stylized, cursive flourish.

Robin Henderson, PsyD
Chief Executive, Behavioral Health
Providence Health & Services - Oregon



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April 15, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232
via email: pam.l.krecklow@state.or.us

Re: Public comment in opposition of NEWCO Oregon, Inc. Certificate of Need Application (CN #682)

Dear Ms. Krecklow:

On behalf of more than 65,000 workers represented by SEIU Locals 49 and 503, including more than 36,000 in healthcare professions, we write to oppose the Certificate of Need Application (CN #682) submitted by Universal Health Services, Inc. (UHS) and its subsidiary NEWCO Oregon, Inc., to establish a 100-bed psychiatric Hospital in Wilsonville, Oregon.

SEIU represents the interests of healthcare workers and their families, as well as the patients our members serve in Oregon. Our members act as both direct healthcare providers and as consumers of healthcare services, including at existing mental health facilities. SEIU members represent one of the largest classes of healthcare consumers in the state and are impacted as purchasers, patients, and providers.

As dedicated caregivers, we have committed our professional lives to delivering healthcare in accordance with the highest quality standards and championing patient and worker safety. We expect UHS, the nation's largest provider of inpatient behavioral health services, to share in this mission.

Unfortunately, UHS has a demonstrated record of failing to comply with patient health and safety requirements expected of all hospitals. Working in a psychiatric hospital is challenging enough as it is—and it is even more challenging when workers do not have the ability to speak for and bargain for themselves to address workplaces safety concerns and other issues that impact the quality of patient care.

We agree that urgent improvements and additional capacity are needed to meet the behavioral health needs of Oregonians. However, we are deeply concerned that NEWCO Oregon's Application (CN #682) will not provide the solutions we need and instead exacerbate our problems.

Our concerns with the application under review are numerous. We outline them for your review here:

Application #682 fails to align with the system of care Oregon needs and patients deserve.

At the heart of the NEWCO application is a misalignment with Oregon's vision for care in our state. Oregon's current Behavioral Health Quality and Performance Improvement Plan (BHQPIP) has a clear goal and vision: "The Plan was developed to ensure delivery of

community services that help adults with severe and persistent mental illness (SPMI) live in the most integrated setting appropriate to their needs, achieve positive outcomes, and prevent their unnecessary institutionalization."¹

In the applicant's supplemental response from September 19, 2019, the company states, "that its inpatient care will drive demand for outpatient services." The state's vision and Application #682 are clearly out of sync. NEWCO's proposed project will not prevent unnecessary institutionalization as that is not the goal of the facility and its services.

Moreover, this mismatch was at the heart of the DOJ investigation into Oregon's mental health system and compliance with the Olmstead Act. Care must be provided in the most integrated setting with a focus on helping people with serious and persistent mental illness achieve positive outcomes through the provision of critical community services. Application #682 is at odds not just with the vision for care, but the legal obligations for care.

Quality concerns plague UHS's track record, even here in Oregon.

Setting aside concerns about alignment with the vision for care in Oregon, one cannot set aside metrics. The data metrics used by our state originated from the DOJ-mandated performance improvement plan. One of the metrics tracked under the BHQPIP is Acute Care Psychiatric Facility 30-day and 180-day readmission rates. The readmission rates by hospital are reported based on the hospital where the first admission occurred. For the period between July 1, 2019 and June 30, 2020, UBH of Oregon (Cedar Hills), UHS's facility in Oregon, has a higher 30-day and 180-day readmission rate than all other acute care psychiatric facilities in Oregon, including the Unity facility.²

Not only is NEWCO proposing to provide a service that is out of sync with the system of care Oregon wants to build, but its current facility appears to struggle to keep people out of inpatient care.

The proposed project will be challenged to serve Medicaid patients and low-wage populations.

Between not having any contracts with CCOs and being in a location that is difficult to access by public transportation, the NEWCO project will have a hard time meeting the needs of Medicaid patients and low-wage populations.

While Wilsonville is relatively close to the densely populated metro area of Portland, the facility will be difficult for anyone to reach who does not own a car. The company states, "The location is served by bus route 96 and is a no-cost, twenty (20) minute bus ride from the Smart Transit Center in Wilsonville, making the site easily accessible for patients needing public transportation." Most of Portland's population does not live along the 96 bus route; a route requiring multiple buses, transfers and lasting well over an hour each way, is not "easily accessible."

These access challenges are exacerbated when considering the outpatient services NEWCO has proposed. Any patient without a personal car, especially low-wage and Medicaid patients, will

¹ <https://www.oregon.gov/oha/HSD/BHP/Pages/BHQPIP.aspx>

² <https://www.oregon.gov/oha/HSD/BHP/BHQPIPResources/Narrative-Report0321.pdf>

face added barriers trying to access outpatient services at the NEWCO facility, diminishing likelihood of avoiding inpatient admission by utilizing such services, and increasing the possibility of readmission due to challenges of accessing follow up care.

The location is simply unlikely to meet the outpatient and inpatient needs of prioritized populations and will exacerbate health inequities in the state.

If unable to serve all populations equitably, the project could negatively impact current providers.

Without serving the bulk of the Medicaid population and being functionally inaccessible to many walk-in, no-pay patients, the NEWCO facility could attract a disproportionate share of more lucrative patients with private insurance. This could alter the payor mix of current providers, especially those who serve a significant number of Medicaid patients and already operate at a financial loss.

Calculation of bed need should not be altered, as this project will fail to relieve the strain.

We believe that, like its prior and very similar CN application, NEWCO continues to fail in meeting the criteria required under Oregon law. The company argues that unusual and extenuating circumstances justify the construction of the proposed hospital. We disagree. Honoring alternate methodologies in order to accept an otherwise unqualified provider and facility may appear to meet health needs on paper; in reality, it will fail and create more problems for the State of Oregon and patients.

We believe the project will result in additional beds, but not additional capacity to meet the needs of Oregonians for multiple reasons. First, NEWCO fails to address how it will help meet the bed need created by the Aid and Assist population of patients, which represents a significant portion of patients in need and occupying beds at the Oregon State Hospital. Second, the project as proposed will not meet the needs of individual with acute psychosis. Third, without an emergency room, patients with co-occurring health conditions are unlikely to be treated at the NEWCO facility.

Even if we accept bypassing historical precedent for calculating bed need, we are compelled to highlight that the prior application failed to meet seven of the eight criteria. Concerns regarding most effective and least costly alternative, the impact on cost of care, and improved access to care remain. The company continues to have no CCO contracts and therefore will struggle to serve Medicaid patients and further siphon wealthier patients from other providers. Moreover, centering inpatient care is in stark contrast to the state's vision for addressing behavioral health needs *in* communities.

That said, we recognize that the Aid and Assist population and other challenges have placed a huge strain on our state's systems, and that our current capacity has not been able to meet demand. While we have deep reservations about UHS's track record, if the state does feel it must move forward with this application, significant conditions must be put into place. Therefore, we propose the following conditions to safeguard the interests of Oregon patients, consumers, and the people delivering the care:

Incorporate Community and Worker Input into Hospital Design

1. Create a formal process by which workers and community members can meaningfully inform the design and construction of the hospital to ensure the safety of employees and the treatment and rehabilitation of patients are the top priority.

- Similar efforts have been undertaken in recent years at Kaiser Westside Hospital, Oregon State Hospital, Penn Medicine and University of Texas Southwestern Medical Center (among many others) that put staff at the center of the design process for new hospital facilities and incorporate leading research about how facility design affects patient outcomes.

Collaborate with Providers to Coordinate Care and Further Oregon's Focus on Community-Based Care

2. Develop a clear, measurable plan regarding how UHS's new facility will coordinate its efforts with existing service providers and more broadly support the state's goal of moving toward outpatient and community-based services.
 - This plan should be developed in concert with and approved by key community and behavioral health stakeholders (e.g., NAMI, Disability Rights Oregon, Washington County Health and Human Services, Oregon Health Authority).
 - The plan should include a minimum percentage of operating revenue (30%) dedicated to outpatient and community-based services, a minimum capacity list concerning outpatient services that will be offered/supported by the new facility, and minimum levels of outpatient services dedicated to Medicaid-qualifying patients.

Ensure the Well-Being and Safety of Workers

3. Establish and support ongoing committees comprised of an inclusive set of voices to maximize quality patient care and minimize workplace violence. The majority of committee members should be elected worker representatives; committees should have the authority to make binding recommendations. They should meet monthly and be empowered to address issues regarding:
 - Staffing: authority to advise, set and monitor staffing ratios; staffing ratios cannot fall below the national average. (The national average is defined as the average staffing ratio for non-UHS-operated, non-government-owned, freestanding Inpatient Psychiatric Facilities that are Medicare-certified and have submitted Medicare Cost Reports.)
 - Worker Safety: authority to make policy and procedures regarding keeping staff and patients safe.
4. In the aftermath of COVID-19, ensure all staff have sufficient paid sick days, so they are not incentivized to come into work ill and potentially infect staff and patients. Ensure that staff and patients can receive free COVID-19 (or other pandemic-related) testing at least once a week.
5. Employees should be paid a living-wage and have access to affordable health benefits so that their own physical and mental health is not diminished.

Serve All Community Members in Crisis

6. Admissions policy should be submitted to the Agency for approval and should include language to ensure that any patient requiring care will be accepted for treatment regardless of race, creed, gender, national origin or religious preference.
7. Provide veterans first access to available beds and reserve 40% of beds for veterans.
8. Require the facility to treat any patient who presents at the facility and meets admission criteria regardless of ability to pay.
9. Submit for review and approval to the Agency a financial assistance policy that is in alignment with ORS 442.614.
10. Establish an appropriate annual minimum for charity care spending, of at least 10% of gross revenues (this would include community and Medicaid-focused outpatient services for cases where the facility is unable to receive payment due to the IMD exclusion).
11. Ensure the applicant will re-admit patients who were released to attend a civil commitment hearing and civilly committed.

12. Ensure the applicant will accept admissions and transfers of patients without quotas, limits or other restrictions based upon payor source or the ability to pay. The applicant will also provide care to the uninsured in the same proportion as the psychiatric inpatient units of community hospitals located in the service area.

Ensure there are No Additional Strains on County or State Resources

13. Ensure the applicant fully participates in protocols that will make the hospital an integrated part of the county and Metro area emergency management and pre-hospital emergency care delivery systems.
14. Ensure the applicant fully participates with regional law enforcement agencies in the care and treatment of uninsured patients.
15. If necessary, the applicant should be charged fees for any excessive police calls.

Despite offering these suggestions for conditions, we maintain that UHS does not meet the standard of care that our communities deserve and need. The application before you today is largely similar to Application #675 that was considered, and denied, years ago.

Considering that the applicant has chosen to change very little in its proposal and supporting evidence, we submit for the record a copy of our concerns and objections from November 2016. The State of Oregon found in 2017 that the NEWCO application failed to meet seven of the eight criteria. We believe the same concerns remain with the application before you today. Therefore, we urge the Oregon Health Authority to deny UHS/NEWCO's Certificate of Need application (CN #682).

Thank you for your consideration.

Sincerely,



Melissa Unger
Executive Director, SEIU Local 503



Meg Niemi
President, SEIU Local 49

UHS' CON proposal fails to demonstrate bed need under the State of Oregon's need criteria.

Bed Need Criteria (333-580): Does the service area population need the proposed project?

UHS' proposed facility fails to meet the State of Oregon's bed need criteria for several key reasons. The most evident of which is that UHS' own calculations from the statutorily-required, multi-step bed need calculation methodology, as specified in the Oregon Administrative Rules (OAR) 333-590-0050 (hereinafter "OAR 590"), showed there is no need for its proposed facility. Secondly, after UHS failed to demonstrate bed need using the regulatory regime specified in OAR 590, UHS adopted its own methodology in order to justify need for its proposed facility. Thirdly, UHS fails to meet the bed need criteria specified in the Oregon Administrative Rules (OAR) 333-615-0000 (hereinafter "OAR 615"). Oregon's certificate of need (CON) administrative rules specify that the "Burden of proof for justifying need and viability of a proposal rests with the applicant,"¹ but UHS repeatedly fails to meet this burden of proof. For these reasons, UHS' CON application should be denied.

I. UHS' own calculations from the methodology specified in the Oregon Administrative Rules (OAR) 333-590-0050 repeatedly fail to demonstrate need for its proposed facility.

According to several CON application document submissions from UHS, the company's calculations from the bed need methodology specified in OAR 590 have repeatedly failed to demonstrate need for the proposed facility in Clackamas, Multnomah, and Washington Counties.²

UHS' CON application submission from January 5, 2016, concluded that its proposal fails to meet the CON review criteria specified in OAR 590 by showing a bed surplus in the proposed service area. UHS' application notes that there would be overcapacity in the service area until 2030, nearly 15 years from now. UHS *states* "If the peak census methodology is utilized, then without the project there is a surplus of beds (38) in the Service Area by 2030." Additionally, UHS' own projections also showed a projected surplus of 562 beds in year 2020, before NewCo beds are even added.³

UHS' CON document submissions from March 11, 2016 also show that the company's proposed facility does not satisfy the need criteria in OAR 590. Following the submission of its January 2016 CON application, the Oregon Health Authority's (OHA) CON office asked UHS to revise its bed need calculations to include utilization data from its Cedar Hills facility.⁴ Even after UHS revised its bed need model, the company again failed to demonstrate bed need for its proposed facility noting that "...the acute model in Step 11 [of OAR 590] does not demonstrate need for general acute care inpatient beds..."⁵

UHS is proposing a hospital that will serve all adolescent and adult populations; UHS should therefore be able to demonstrate need for all of the populations it intends to serve. Oregon's CON administrative rules specify that the "Burden of proof for justifying need and viability of a proposal rests with the applicant."⁶ Yet, UHS' calculations, from the bed need methodology set forth in OAR 590, clearly show that UHS has not met the burden of proof establishing bed need for its proposed 100-bed inpatient facility.

II. UHS' CON proposal fails to meet Oregon's bed need criteria, as specified in OAR 333-590-0050, due to UHS' use of an alternate bed need calculation methodology rife with inconsistencies.

After UHS failed to demonstrate bed need using the regulatory regime methodology specified in OAR 590, UHS adopted its own methodology that deviates from, and in effect, bypasses, the state methodology specified in OAR 333-590-0050. UHS states in its CON application, "We follow OAR 333-590-0050, but in our opinion, the better methodology is one that focuses on demand and supply of inpatient psychiatric care..."⁷

But even after UHS was questioned about this method by the state CON office, UHS stated, *“it is our opinion [that] the analysis in OAR 333-590...will generate incorrect conclusions... we believe the superior methodology to establish whether there is projected net need for inpatient psychiatric beds is to specifically analyze the demand and supply of inpatient psychiatric services within the Service Area.”*⁸ It is highly suspicious that UHS could only conclude that there was a demonstrated need by utilizing its own adopted methodology. Even still, UHS’ bed need methodology contains many inconsistencies and misrepresentations. This raises serious doubts as to whether UHS’ calculations accurately reflect the bed need in the proposed service area.

1) The reliability of UHS’ alternative methodology is questionable because it inappropriately applies outdated elements from a bed need calculation method used in 2008.

UHS’ alternative methodology utilized the average daily census forecast and applied a 74.3 percent occupancy standard to the forecast, rather than using the peak daily census forecast for the service area. UHS justifies use of this method because it was the method used in 2008. However, while this methodology may have been appropriate in 2008, this may no longer be the case.

Since 2008, many events have occurred that contradict UHS’ statement that *“the current application’s service area is identical to Cedar Hill Hospital’s”* and that *“it is assumed that the alternate methodology [used in Cedar Hills’ case] can be applied to the current application.”* Since 2008 several major changes have reshaped the healthcare landscape, including the passage of the Patient Protection and Affordable Care Act and related Medicaid expansion in Oregon, as well as the Mental Health Parity and Addiction Equity Act of 2008, resulting in more people receiving coverage for psychiatric services provided in less restrictive therapeutic environments. For example, more people now have mental healthcare coverage and access to preventative services such as depression and alcohol misuse screenings for adults and adolescents, as well as behavioral assessments and autism screenings for children.⁹ These early detection services can provide effective treatment before mental health issues manifest into more serious conditions,¹⁰ thereby diminishing the need for intensive services in more restrictive environments like inpatient care and hospitalizations.¹¹

In fact, UHS could only conclude that there was a demonstrated need by utilizing its own methodology. UHS states in its January 5, 2016 CON application submission that, *“If the peak Census methodology is utilized (the state method), then without the project there is a surplus of 38 beds in the service area by 2030.”* UHS further states, *“if the alternate methodology is used, with a 74.3 percent occupancy standard, then there is demonstrated need for 425 beds, without the project, and 325 beds after the proposed 100 bed project is added to supply” by the year 2030.*¹² UHS’ decision to ignore a well-defined regulatory regime and substitute with their own methodology, led to a bed need swing of nearly 500 beds.

2) Perhaps one of the biggest problems with UHS’ alternative bed need calculation methodology is that it fails to demonstrate future need for acute care inpatient beds.

UHS’ own calculations from its alternative methodology, as illustrated in its January 5, 2016 CON submission, showed that there’s no immediate need for its proposed facility. UHS claims that there’s a supposed need for 61 beds in year nine, or 2024. It is not until the following year, in 2025, that there’s a need for 132 beds in the service area.¹³ Given that there is not an immediate need for beds by UHS’ own admission, there are serious doubts about UHS’ claims – particularly the claim that *“there are significant current (2015) shortages of inpatient psychiatric beds, well in excess of our request.”*¹⁴

Service Area, Net Acute Care, Inpatient Bed Need, 2015 – 2030 (Continued).

	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
	2023	2024	2025	2026	2027	2028	2029	2030
Service Area Peak ADC	2,989	3,044	3,105	3,153	3,201	3,251	3,301	3,356
Total Service Area Bed Supply	3,394	3,394	3,394	3,394	3,394	3,394	3,394	3,394
Net Bed Need (Surplus) - Before Project	-405	-350	-289	-241	-193	-143	-93	-38
Proposed Newco Beds	100	100	100	100	100	100	100	100
Net Bed Need (Surplus) - After Project	-505	-450	-389	-341	-293	-243	-193	-138
Alternative Methodology (Using Non-Peak ADC With 74.3% Occupancy Standard)								
Service Area ADC	2,519	2,567	2,620	2,661	2,703	2,746	2,790	2,838
Gross Bed Demand (ADC Divided by Occupancy Standard)	3,390	3,455	3,526	3,582	3,638	3,696	3,755	3,819
Total Service Area Bed Supply	3,394	3,394	3,394	3,394	3,394	3,394	3,394	3,394
Net Bed Need (Surplus) - Before Project	-4	61	132	188	244	302	361	425
Proposed Newco Beds	100	100	100	100	100	100	100	100
Net Bed Need (Surplus) - After Project	-104	-39	32	88	144	202	261	325

Source: CON app packet pdf 116

UHS' claims about dire shortages of inpatient psychiatric beds are also questionable, in light of UHS' revised bed need model from March 11, 2016. UHS' revised, 15-year forecast calculation failed to demonstrate any bed need in the proposed service area using its alternative need methodology.

Table 56. Service Area, Net Acute Care, Inpatient Bed Need, 2015 – 2030.

	Base Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
	2015	2016	2017	2018	2019	2020	2021	2022
Service Area Peak ADC	2,717	2,768	2,821	2,876	2,933	2,998	3,050	3,103
Total Service Area Bed Supply	4,298	4,318	4,318	4,318	4,318	4,318	4,318	4,318
Net Bed Need (Surplus) - Before Project	-1,581	-1,550	-1,497	-1,442	-1,385	-1,320	-1,268	-1,215
Proposed Newco Beds			100	100	100	100	100	100
Net Bed Need (Surplus) - After Project			-1,597	-1,542	-1,485	-1,420	-1,368	-1,315
Alternative Methodology (Using Non-Peak ADC With 74.3% Occupancy Standard)								
Service Area ADC	2,272	2,316	2,362	2,410	2,460	2,516	2,561	2,608
Gross Bed Demand (ADC Divided by Occupancy Standard)	3,057	3,117	3,179	3,243	3,310	3,387	3,447	3,510
Total Service Area Bed Supply	4,298	4,318	4,318	4,318	4,318	4,318	4,318	4,318
Net Bed Need (Surplus) - Before Project	-1,241	-1,201	-1,139	-1,075	-1,008	-931	-871	-808
Proposed Newco Beds			100	100	100	100	100	100
Net Bed Need (Surplus) - After Project			-1,239	-1,175	-1,108	-1,031	-971	-908

Service Area, Net Acute Care, Inpatient Bed Need, 2015 – 2030 (Continued).

	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
	2023	2024	2025	2026	2027	2028	2029	2030
Service Area Peak ADC	3,158	3,214	3,276	3,325	3,374	3,425	3,476	3,532
Total Service Area Bed Supply	4,318	4,318	4,318	4,318	4,318	4,318	4,318	4,318
Net Bed Need (Surplus) - Before Project	-1,160	-1,104	-1,042	-993	-944	-893	-842	-786
Proposed Newco Beds	100	100	100	100	100	100	100	100
Net Bed Need (Surplus) - After Project	-1,260	-1,204	-1,142	-1,093	-1,044	-993	-942	-886
Alternative Methodology (Using Non-Peak ADC With 74.3% Occupancy Standard)								
Service Area ADC	2,655	2,704	2,759	2,801	2,844	2,888	2,932	2,981
Gross Bed Demand (ADC Divided by Occupancy Standard)	3,574	3,640	3,713	3,769	3,827	3,886	3,947	4,012
Total Service Area Bed Supply	4,318	4,318	4,318	4,318	4,318	4,318	4,318	4,318
Net Bed Need (Surplus) - Before Project	-744	-678	-605	-549	-491	-432	-371	-306
Proposed Newco Beds	100	100	100	100	100	100	100	100
Net Bed Need (Surplus) - After Project	-844	-778	-705	-649	-591	-532	-471	-406

Source: UHS responses to OHA questions, 3/11/16, p.77

By adopting its own alternative bed need calculation methodology, UHS decided to substitute its own judgment for 'need' while ignoring the state's carefully crafted statutory and regulatory regime. Not only does UHS bypass the state-required methodology, but the methodology they substituted, as discussed above, fails to adequately demonstrate need in order to justify the approval of its proposed facility.

III. UHS fails to satisfy a majority of the bed need criteria specified in OAR 615.

UHS fails to satisfy the review criteria specified in OAR 615 because firstly, the need for its proposed facility is not justified by OAR 590. Secondly, UHS' explanations of "suppressed demand," for the purpose of demonstrating bed need, are highly problematic. Thirdly, after failing to meet the state of Oregon's statutorily-mandated bed need methodology, UHS inappropriately applies an out-of-state bed need methodology in an attempt to illustrate need for its proposed facility.

1) UHS fails to meet the bed need demonstration criteria, as specified in OAR 333-615, because it failed to meet the bed need threshold specified in OAR 590.

Oregon Administrative Rule 333-615-000 specify that a proposal for new psychiatric beds cannot be approved unless it also meets the bed need demonstration criteria specified in OAR 590. Specifically,

"As with hospital inpatient beds in general and in other specialties, new psychiatric beds, whether general or subspecialty, except under unusual circumstances with respect to non-availability, access and less costly alternatives, shall not be approved if the net effect of the project would be additional licensed short-term acute inpatient capacity ... in the psychiatric service area, unless additional acute hospital beds are justified in that area by the criteria for acute inpatient beds in division 590 of this Chapter."¹⁵

As discussed above, UHS failed to show that it meets the bed need demonstration criteria specified in OAR 590.

2) UHS attributes its failure in demonstrating bed need, as specified in OAR 590, to “suppressed demand” – however, its justifications of “suppressed demand” are questionable.

UHS states in its January 5, 2016 CON application submission that *“utilization rates have been decreasing both in the Service Area and across the entire State of Oregon”* and in particular, use rates for inpatient psychiatric care have been constant in recent years.¹⁶ Yet, UHS argues that there is a need for its proposed facility by making blanket statements about how there is a significant “suppressed demand,” which UHS speculates *“is likely the result of hospitals’ capacity constraints, not reduced demand for inpatient psychiatric care.”*¹⁷ Despite requests by the OHA CON office for UHS to demonstrate “suppressed demand” for their proposed facility following its initial application submission,¹⁸ UHS failed to provide any objective evidence illustrating a “suppressed demand” for geriatric and adolescents inpatient psychiatric beds in the service area or state.

UHS relies on two main studies to show there is a “suppressed demand” for psychiatric care and for its proposed facility in particular. However, these studies are rife with inconsistencies and limitations, making any conclusions or extrapolations drawn from them highly questionable and warranting close examination. For example, UHS uses a Substance Abuse and Mental Health Services Administration (SAMHSA) report from 2008 to justify the need for its proposed facility. This study is problematic because it does not discuss suppressed demand for the service area or for the state, with UHS even admitting that the report “is not Oregon-specific.”¹⁹ UHS also draws inappropriate conclusions from the 2008 SAMHSA report. UHS claims that “this report states that just over half of those with a serious mental illness received treatment for a mental health program.” Therefore, UHS concludes that utilization data will not reflect actual need for psychiatric care. However, UHS fails to mention that the study was released in 2008 and was based on data from 2004-2008.²⁰ Since 2008, there have been several changes in the healthcare system, including the passage of the Patient Protection and Affordable Care Act (ACA) and Mental Health Parity laws that have increased access to care.²¹

New, innovative models of treatment may impact the provision of mental healthcare.

Academics have noted that most proposed solutions for increasing psychiatric care have focused solely on increasing available inpatient psychiatric hospital beds,²² rather than emergency care alternatives that could provide prompt access to treatment and reduce the need for many hospitalizations.²³ In fact, academic studies have found that the availability of inpatient beds is not the sole factor in determining whether behavioral health patients receive the optimum level of care best suited to their needs.²⁴

The treatment model at the Unity Center in Portland, Oregon, which is set to open in early 2017,²⁵ is based on a proven successful model that aims to avoid psychiatric hospitalization altogether by focusing on immediate treatment at the outpatient level of care.²⁶ The Unity Center follows the “Alameda Model,” a behavioral health initiative implemented at five community hospitals in Alameda County, California.²⁷ A study conducted on the Alameda Model found that psychiatric emergency services provide assessment and treatment that may stabilize over 75 percent of the crisis mental health population at this level of care, resulting in reduced demand for inpatient psychiatric beds²⁸ – the exact type of beds UHS proposes with its new facility.

As the state continues to adopt new and innovative treatment initiatives like the Alameda Model and other regional dedicated psychiatric EDs, resident populations can receive treatment for mental and behavioral health needs earlier in the continuum of care process, before their behavioral health needs manifest into more serious conditions. These innovations will allow Oregon to maintain a balanced system of care.

3) After finding that the methodology specified in OAR 590 did not show a need for its proposed facility, UHS attempts to circumvent Oregon State's CON regulatory regime by employing a methodology used in Washington State.

Oregon Administrative Rule (OAR) 333-615-000 specifies that a proposal for new psychiatric beds cannot be approved unless it also meets the bed need demonstration criteria specified in OAR 590. Specifically,

"As with hospital inpatient beds in general and in other specialties, new psychiatric beds...shall not be approved ... unless additional acute hospital beds are justified in that area by the criteria for acute inpatient beds in division 590 of this Chapter."²⁹

As discussed above on pages 4-7, UHS failed to show that it meets the bed need demonstration criteria specified in OAR 590. Only after UHS determined that the state mandated methodology specified in OAR 590 did not support the need for its proposed facility did UHS utilize an out-of-state methodology (from Washington) in an attempt to circumvent Oregon rules and cobble together a justification for its proposed facility.

According to UHS, the methodology employed by Washington is based upon four main steps: 1) Estimating the service area population; 2) using a "reasonable" bed-to-population ratio, multiplying the population from step one; 3) compiling the bed counts from existing providers for similar services; and 4) subtracting the supply from the estimated need calculations in step 2.³⁰

UHS' application of Washington's bed need determination methodology to an application in Oregon is inappropriate and problematic. The Washington method is based upon a "bed-to-population" ratio that is very specific to Washington, which should be enough of a reason to reject the use of this ratio in a completely different service area. This ratio also takes into account "suppressed need" that may exist in Washington but may not exist in Oregon. Additionally, the projections of bed supply and bed need in the service area using the Washington methodology does not take into consideration the historical utilization of those beds at existing provider facilities, as laid out in the Oregon rules, and ignores occupancy rates of those beds.³¹

As stated earlier, in the face of failure of the proposal to meet the established rules in Oregon, UHS has chosen to completely ignore Oregon's regulatory regime. Rather, UHS has chosen to reference inapplicable rules from a different state in a vain attempt to justify the construction of its proposed facility in Oregon. UHS is applying for approval to establish a psychiatric facility in the state of Oregon, not Washington, and should therefore follow the regulatory regime used in Oregon. UHS concedes that their proposal fails to meet the Oregon rules on several levels and therefore the proposal should be denied.

IV. Given UHS' poor quality of care record, UHS fails to provide reasonable assurances that its proposed facility will provide "quality psychiatric inpatient care," and therefore fails to meet the criteria specified in OAR 615.

Quality of Care Criteria (333-615): *In evaluating the relationship of any proposed project to the existing health care system of the service area, the division shall address possible compromising of quality of care. The division shall consider the conformity to state safety and program standards of both the proposed project and existing, related health services now provided to the population of the service area...and the feasibility that the proposed project will be sufficiently efficient to maintain quality standards at reasonable cost...*

All proposed psychiatric beds must meet the licensure, certification and accreditation criteria of the Public Health Division, Medicare and the Joint Commission on Accreditation of Health-care Organizations, as appropriate...

Oregon regulations note that *“due to Oregon’s population size and distribution, the need for subspecialty services is limited, and the need for local access to quality general psychiatric inpatient care is great. Therefore, the number of large, multispecialty, freestanding units feasible in Oregon is limited.”*³² The emphasis on whether UHS will provide quality care at the proposed facility is essential in reviewing its CON application.

UHS’ application emphasizes the need for services, and states that *“current psychiatric facilities are significantly overburdened and as such, cannot reasonably be expected to provide sufficient, essential services to current and new patients in a timely manner...and there is only one solution for inpatient bed shortages: add beds...”*³³ However, UHS fails to provide any details on the quality of services it will provide to the populations who will fill these beds.

As the largest provider of inpatient behavioral health services, UHS sets the standard for quality patient care and that standard unfortunately, is unacceptably low. UHS has a disturbing record of failing to meet state licensure and certifications and Medicare program standards. What’s more, its Joint Commission-accredited facilities have had serious quality of care breakdowns. UHS’ breakdowns in care have been so troubling, that even other healthcare providers have taken notice and spoken out publicly about them.

1) UHS facilities in communities across the country have a record of failing to comply with state safety and program standards and licensing requirements.³⁴

UHS states in its CON application that, *“Due to our experience...UHS is confident that we are capable of meeting patient needs in a timely, efficient, and cost-effective manner, and most importantly, delivering accessible, high quality care.”*³⁵ However, a close examination of UHS’ record of noncompliance with state safety requirements is troubling.

In a review of UHS operations across the country, it is clear that many UHS facilities have violated state licensing requirements related to safety and patient care, and have risked license revocations for noncompliance. Examples include:

- Virginia: UHS’ Poplar Springs Hospital in Petersburg, VA, has had the highest number of licensing violations among all private, freestanding psychiatric hospitals in Virginia during the period of Jan 1, 2012 through March 15, 2016. In 2015 alone, the facility was repeatedly cited for violations related to: patient attempted suicides, failure to provide one-to-one observation when indicated, failure to provide routine 15 minute observations as suicide risk assessment indicated, failure to provide self-harm treatment plans, and failure to timely complete suicide risk assessment when patients presented positive for suicide ideation with a plan.³⁶
- Texas: UHS’ Timberlawn Mental Health System in Dallas, TX, is another notable example. In March 2016, the Texas Department of State Health Services moved to revoke the facility’s license and impose a record \$1 million fine. These rare, drastic enforcement actions were taken only after regulators worked with Timberlawn for years to give the facility multiple chances for improvement. State officials said safety problems at Timberlawn, including a suicide and violent fights among patients, left them little choice but to revoke its license. State officials went on to say *“The list of serious issues kept stacking up, and we had to draw the line...it’s rare that we get to this point with a hospital. Safety has to be paramount.”*³⁷ These patient safety issues included several failures in patient supervision that led to a suicide, outbreaks of violence, and an incident in which the hospital

lost track of six patients.³⁸ Failures in addressing these patient safety issues were serious enough to prompt the Centers for Medicare and Medicaid (CMS) to terminate Timberlawn's participation in the Medicare program in August 2015.³⁹ It is clear that providing a therapeutic environment and providing appropriate services can be difficult for this patient population, however health systems can do this without having incidents such as those at Timberlawn. For example, the nonprofit Johns Hopkins Hospital in Baltimore has admitted at least 100,000 patients over nearly four decades, but not one has committed suicide at the facility. This is because the hospital has invested millions of dollars over many years to boost staffing so that it can screen and constantly monitor patients deemed at high risk for suicide.⁴⁰ In contrast, UHS has repeatedly been the subject of news reports, lawsuits, and state and federal regulatory citations for failing to provide a safe care setting to prevent suicide incidents within their facilities.⁴¹

- North Carolina: Before UHS voluntarily closed Keys of Carolina residential treatment facility in Charlotte, NC, in February 2013, the facility was facing a list of violations from the North Carolina Department of Health and Human Services and a \$6,000 administrative fine for violations of laws regarding the "protection from harm, abuse, neglect or exploitation" of patients. State officials said conditions in the facility were "found to be detrimental to the health and safety of the clients" and were in the process of revoking the facility's license.⁴²
- Pennsylvania: UHS' Friends Hospital's inpatient program in Philadelphia, PA, located less than an hour from UHS corporate headquarters, is operating under a provisional license through September 2016 due to deficiencies under regulations governing adequate treatment and treatment plans, upholding patient rights to a "humane physical and psychological environment," and staff training and background checks.⁴³ Provisional licenses, which are valid for a period of no more than six months, are issued when there are numerous deficiencies or a serious specific deficiency in compliance with applicable statutes, ordinances or regulations.⁴⁴ A provisional license cannot be renewed more than three times.⁴⁵ If a healthcare provider receives three consecutive provisional licenses and noncompliance continues thereafter, the state can initiate a licensure revocation action for failing to meet the conditions set forth in the provisional licenses.⁴⁶

Other UHS facilities in UHS' home state of Pennsylvania have also had a history repeated licensure issues. Fairmount Behavioral in Philadelphia, PA, was issued a third consecutive provisional license in November 2014 after an unsupervised patient eloped.⁴⁷ Previously in December 2013 the facility was issued a provisional license for patient rights and treatment plans and care violations,⁴⁸ while in June 2014, Fairmount was issued another provisional license for repeat deficiencies related to adequate treatment, treatment plans, and patient rights.⁴⁹

Given these examples of license compliance issues, UHS' ability and willingness to comply with all state laws and regulations designed to ensure quality patient care and patient and worker safety are highly questionable. The sheer number of times regulators had to expend time and resources via site inspections and corrective action planning to ensure UHS followed basic health and safety standards is troubling.

UHS also cannot provide reasonable assurances that, in the event of breakdowns in care that compromise patient and worker health and safety, UHS will immediately and adequately address the issue. For example, UHS' responses to the Oregon Health Authority's (OHA) inquiries about "dangerously poor care and unsafe conditions at Universal Health Services (UHS) facilities around the country" are very telling. When the OHA asked UHS to address a *Dallas Morning News* report, "Danger in the Psych Ward" which profiled breakdowns in care at UHS-operated facilities nationwide, some involving patient deaths, UHS denied and downplayed the seriousness and shocking nature of the problems profiled. UHS stated, "*The reporter took isolated matters at a small, minority of facilities and attempted to aggregate such data to form a conclusion which is*

not accurate nor supported by an objective view of all the data relating to UHS...⁵⁰ UHS went on to say "...irregular and unpredictable events occasionally occur including instances of alleged non-compliance with regulatory requirements. Due to the large number of UHS facilities, we are subject to hundreds of surveys per year by regulatory agencies..."⁵¹

Dr. Peter Breggin, a New York-based psychiatrist who has consulted for the National Institute of Mental Health and the commission that accredits hospitals, disagrees and commented about UHS: *"The large number of investigations aimed at misconduct within this hospital system is appalling."* He added that, *"It is especially frightening that these deviations are occurring in the largest network of psychiatric hospitals in the country."*⁵²

Given these findings, there is reason to believe that UHS will continue this troubling pattern of conduct at its proposed facility in Oregon, thus, giving rise to serious doubt whether UHS' proposed facility will deliver healthcare in accordance with all applicable state requirements to ensure safe and effective care to the public.

2) UHS facilities in communities across the country have a record of failing to comply with the conditions of Medicare program participation.

UHS states in its CON application that *"Cedar Hills Hospital has CMS (Center for Medicare and Medicaid Services) and state accreditation"* which are *"important for measuring standardized care delivery and quality of care."*⁵³ However, a close examination of UHS' record shows a disturbing pattern of serious noncompliance with Medicare and Medicaid program standards at UHS facilities across the country. This noncompliance is disturbing, given that these are basic safety standards expected of all hospitals receiving federal funds to care for society's most vulnerable populations, including the poor, the elderly, and disabled. Most disturbing of all is that UHS has shown that, despite being given multiple chances for improvement, UHS management has been unable and/or unwilling, to remedy identified patient care or regulatory deficiencies at its troubled facilities.

In response to quality of care concerns raised by Congressmen Davis (D-IL) and Kennedy (D-MA), CMS revealed that in the past four years, 44 UHS facilities were cited by government inspectors for dangerously poor care or unsafe conditions.⁵⁴ *"Since January 2012, CMS has identified 50 Condition-level findings of non-compliance and eight (8) findings of ... immediate jeopardy in 44 UHS Medicare-certified hospitals. The findings were identified during [state agency] reviews in response to complaints received from the public about the quality of care provided in a particular facility."*⁵⁵ Condition-level findings mean that serious deficiencies in quality of care and/or safety were identified, while immediate jeopardy findings involved situations in which the provider's non-compliance has caused, or is likely to cause, serious injury, harm, impairment or death.⁵⁶ According to an analysis by *The Dallas Morning News*, these 44 facilities, spanning 23 states, represented more than a quarter of the 154 UHS hospitals receiving taxpayer money to treat the poor and elderly.⁵⁷ Some notable examples have been described below.

- Texas: On August 14, 2015, the Centers for Medicare & Medicaid Services (CMS) terminated UHS' Timberlawn Mental Health System, a facility owned by UHS since 1996 located in Dallas, TX, from the Medicare program for "chronically unsafe conditions that posed "an immediate jeopardy to patient health and safety."⁵⁸ David Wright, CMS administrator for Region 6 which oversees Texas, stated, "We have an obligation to not continue to fund a facility that fails to meet the basic obligations for safety."⁵⁹ Wright further stated that it is "very, very rare" for a healthcare provider to be terminated from the Medicare program...Probably over 99 percent of the facilities that we issue notice of termination come back into compliance."⁶⁰ Yet in Timberlawn's case, despite multiple chances for improvement, CMS continued to find violations at Timberlawn, including inadequate supervision of suicidal patients,⁶¹ failures in removing ligature risks (which resulted in a patient death),⁶² unsafe

boarding of patients,⁶³ understaffing,⁶⁴ and patient-on-patient assaults.⁶⁵ The Texas Department of State Health Services also took serious issue with Timberlawn's chronic safety and patient care issues and in March 2016, moved to revoke the facility's license and impose a record \$1 million fine.⁶⁶

- Texas: UHS' Texoma Medical Center, a facility owned by UHS since 2007 located in Denison, TX, narrowly avoided termination from the Medicare and Medicaid program⁶⁷ by entering into a "Systems Improvement Agreement" (SIA) with CMS in early 2015.⁶⁸ An SIA is a type of stopgap measure for avoiding Medicare termination and loss of federal funding, in which the healthcare provider agrees to make improvements within a specified time period using independent safety monitors.⁶⁹ Texoma's agreement aimed to address serious deficiencies identified during a January CMS inspection, which found that Texoma's patient care and discharge procedures posed an "immediate jeopardy" to patient health and safety. The deficiencies refer to an unsafe discharge of a patient, who during his hospitalization at Texoma had expressed a plan of jumping off a bridge. Despite this, upon release the patient was directed by UHS to take a 200-mile bus ride home to Longview, Texas. According to a CMS report, the patient was found deceased under a bridge in Dallas after falling or jumping off within 24 hours of discharge.^{70,71}
- Missouri: In April 2011, CMS notified UHS' Two Rivers Psychiatric Hospital, a facility owned by UHS since the 1990's located in Kansas City, MO, that the facility would be terminated from the Medicare program due to identified deficiencies of such a serious nature that placed patients' health and safety at risk.⁷² The termination stemmed from a patient suicide incident, in which CMS faulted the facility for failing to monitor a suicidal patient, failures in providing life-saving interventions, and failures in safeguarding patients from potentially hazardous items and devices.⁷³ Two Rivers was able to abate the termination through court proceedings and by agreeing to a second "systems improvement agreement" (SIA) in just three years. Problems at this facility stemmed back to 2008, when Two Rivers first faced termination following an army soldier's suicide. Two Rivers fought the first termination decision in court, received an SIA as part of the settlement, but failed to achieve compliance under the first SIA.⁷⁴

Despite the alarming number and range of safety and patient care failures at UHS facilities across the country,⁷⁵ a sampling of which have been highlighted above, UHS refuses to acknowledge the seriousness of its breakdowns in care and characterizes them as "highly isolated" incidents. UHS states that its patient safety and care issues are "ill-supported by documented evidence,"⁷⁶ even though numerous incident and deficiency reports have been issued to its facilities for serious violations of state and federal patient care and safety rules and regulations.⁷⁷ Furthermore, UHS states that such regulatory actions and incidents are not unique to UHS facilities.⁷⁸ According to an independent analysis by *The Dallas Morning News*, however, federal data suggests that UHS has a higher-than-average rate of problems. For example, federal inspectors investigating complaints found serious problems and violations at 8.4 percent of UHS facilities in 2014,⁷⁹ which is nearly three times the national average of 3 percent.⁸⁰

3) UHS' Joint Commission-accredited facilities have had serious breakdowns in patient care, with some incidents even involving patient deaths.

UHS states in its CON application that NewCo will voluntarily apply for and maintain Joint Commission accreditation, which requires the accredited hospital to maintain policies and procedures assuring coordination of care and treatment and discharge planning to assure patients receive the least restrictive and appropriate level of care, based on their needs.⁸¹ However, serious breakdowns in care at UHS' Joint Commission-accredited facilities raise serious concerns about whether UHS' proposed facility will ensure safe and adequate care to the public.

For example, UHS' NDA Behavioral Health System (FKA the National Deaf Academy in Mount Dora, FL) closed in the spring of 2016, following several civil lawsuits alleging negligence and abuse of children at the facility, and investigations by the U.S. Dept. of Health and Human Services Office of the Inspector General (OIG), U.S. Dept. of Justice (DOJ), and the Federal Bureau of Investigation (FBI).⁸² Three NDA patients died between 2009 and 2014 in allegedly negligent circumstances, and one former NDA employee told reporters she called an abuse hotline a dozen times in just one six-week period. Another former employee told reporters about a severely disabled boy so desperate to communicate what was happening at the facility that he wrote, "Mom, please help" in a card he sent home for Mother's Day.⁸³ However, despite these highly disturbing developments, this facility was accredited by The Joint Commission in 2013 and remained accredited until its closure earlier this year.

UHS also touts its "respected" quality of care record by asserting that a number of UHS facilities have achieved "Top Performer status" from the Joint Commission.⁸⁴ This status recognizes accredited hospitals that "attain excellence on accountability measure performance" on a small set of clinical processes.⁸⁵ However, we note that the Joint Commission itself advises consumers that "Top Performer status" is not "a reflection of the overall care at an organization" and does not ensure patient outcomes.⁸⁶ In fact, since January 2012, CMS has identified fifty (50) Condition-level findings of non-compliance and eight (8) findings of immediate jeopardy in 44 UHS Medicare-certified hospitals. The findings were identified during Survey Agency reviews in response to complaints received from the public about the quality of care provided in a particular facility.⁸⁷ Condition-level findings mean that serious deficiencies in quality of care and/or safety were identified, while immediate jeopardy findings involved situations in which the provider's non-compliance has caused, or is likely to cause, serious injury, harm, impairment or death.⁸⁸ Of those 44 UHS facilities, more than half (or 25 facilities) have been given "Top Performer status" at one point or another since 2012.⁸⁹ We only have to look to two "Top Performer" UHS facilities in Texas to see that "Top Performer" status does not ensure high quality care for patients.

UHS' Timberlawn Mental Health System, which has been discussed above, received Joint Commission Top Performer status in 2013⁹⁰ and 2014⁹¹ but was terminated from Medicare due to patient safety issues on August 14, 2015. The *Dallas Morning News* reported that the facility had "chronically unsafe conditions that have led to one woman's death and other patients' assaults," despite multiple chances to pass inspections between December 2014 and July 2015.^{92,93}

Texoma Medical Center (TMC) also achieved Joint Commission Top Performer status in 2013.⁹⁴ It even received a UHS Quality Award for "Overall top performance in core measures and patient satisfaction."⁹⁵ However, as discussed above, the facility was under a Systems Improvement Agreement with CMS in lieu of being terminated from the Medicare program,⁹⁶ which was only lifted in July 2016.⁹⁷ In addition to the patient who was discharged with a 200-mile bus ticket and was found less than 24-hours later dead under a bridge, CMS also cited TMC Behavioral Health Center for deficiencies related to two suicide attempts in the facility in September and July of 2014.⁹⁸ A CMS representative said that in order to avoid termination, TMC Behavioral Health Center was required to "make sustainable improvements in complex quality, cultural, policy and procedural deficiencies."⁹⁹

Many of UHS' facilities designated as Joint Commission "Top Performers" on quality are also currently facing a coordinated federal fraud investigation by the U.S. Department of Health and Human Services and the U.S. Department of Justice. This investigation includes both a civil and criminal component, and in February of 2015, UHS disclosed that the civil aspect of the coordinated probe is a False Claims Act investigation focused on billings submitted to the government.¹⁰⁰ In 2015, a total of 38 UHS behavioral facilities were given a Joint Commission "Top Performer designation." Of those 38, nearly 20 percent (7 facilities) are involved in ongoing fraud investigations. The facilities under investigation include: Wekiva Springs in Florida; Hartgrove

Hospital, Riveredge Hospital, and Streamwood Hospitals in Illinois; Friends Hospital, Roxbury Treatment Center, and Meadows Psychiatric Center facilities in Pennsylvania.¹⁰¹

UHS' patient care and safety record at its Joint Commission-accredited facilities is troubling, since the company often touts Joint Commission-accreditation as a marker of quality care. Equally troubling is the fact that UHS fails to address care breakdowns at its Joint Commission-accredited facilities, all the while using the veil of Joint Commission-accreditation or Joint Commission "Top Performer" designation to justify its "compassionate" and "high" quality of care. For example, in June 2016 UHS stated *"Over the past four years, 83 UHS facilities (both acute and psychiatric) have been designated Top Performers in Key Quality Measure by the Joint Commission. This list included 19 UHS facilities in Texas..."*¹⁰² Yet, in recent cases involving UHS' facilities in Texas, UHS failed to correct cited deficiencies identified by regulators until the facilities were faced with revocation of state and federal funding for failing to meet basic health and safety requirements.^{103, 104} For these reasons, we remain unconvinced that UHS and its proposed facility will take the appropriate actions necessary to immediately and effectively remedy any quality of care issues that should occur at its proposed facility, regardless of whether the facility will be Joint Commission-accredited.

4) Other Healthcare Providers have raised serious concerns about UHS as an operator.

Even other healthcare providers have raised concerns about UHS' quality of care record. For example, UHS recently sought CON approval from Washington to establish a 100-bed psychiatric facility in Spokane, Washington. During that CON review process, experienced behavioral health organizations raised serious concerns about UHS' patient care and legal compliance record. Signature Healthcare, for example, raised the issue of UHS' "failure to disclose [an] adverse history of poor quality of care."¹⁰⁵ Signature stated, "UHS describes their operation as having an 'impressive record of achievement.' However,

"[T]here were required disclosures by Fairfax Behavioral Health of CMS actions resulting in suspension of Medicare and Medicaid funding, probation for several hospitals and notice that Universal Health Services is the subject of ongoing civil and criminal investigations involving approximately 20 hospitals by the Department of Justice. Attachment 20 provides examples of actions that should have been reported by Providence Health System-Fairfax Behavioral Health. Certificate of Need rules require that applicants disclose such activities as well as providing an action plan on how such deficiencies can be avoided in proposed projects."¹⁰⁶

Another behavioral health organization, Springstone, LLC, also raised similar concerns. Springstone stated,

"[UHS'] NEWCO neglected to inform the Department about federal sanctions and settlements [that] have been imposed on or entered into for each of its members. Failure to disclose means that the Department cannot at this time ask questions to clarify, and more importantly means that the Department cannot find that the project meets applicable quality standards."¹⁰⁷

UHS' record of failing to meet state licensure and certifications and Medicare program standards, as well as the troubling quality of care breakdowns at its Joint Commission-accredited facilities, coupled with its history of failing to disclose these issues to state authorities when seeking Certificates of Need (CON), is highly disturbing. As noted above, these violations of safety rules and standards often have devastating effects on the patients entrusted in UHS' care. These repeated breakdowns in care raise further doubt about whether UHS and its proposed facility will be equipped to deliver healthcare in accordance with all applicable state and federal requirements designed to ensure the safety and well-being of patients, workers, and surrounding communities.

Given UHS' operating record, the UHS CON proposal will not result in an improvement in patients' reasonable access to care.

Access to Care Criterion (333-580): Will the proposed project result in an improvement in patients' reasonable access to services? The applicant will identify any potential problems of accessibility including traffic patterns; restrictive admissions policies; access to care for public-paid patients; and restrictive staff privileges or denial of privileges...¹⁰⁸

UHS claims in its CON application that approval of their proposal “will improve access for psychiatric patients in the Service Area and will also act to relieve capacity constraints now being observed [at existing providers].”¹⁰⁹ However, UHS’ record as an operator, especially with regard to fulfilling charity care requirements,¹¹⁰ denying behavioral healthcare to those in need,¹¹¹ and shuttering of facilities¹¹² in low income areas, highlights concerns about “potential problems of accessibility” at the proposed facility.

I. UHS’ CON application fails to adequately explain how the facility will treat indigent, uninsured, and public-pay patients.

UHS fails to address how its proposed facility intends to treat patients who cannot pay or have difficulties paying for care. The issue of facility accessibility becomes even more salient in light of UHS’ vague responses when pressed by the OHA about how it would address providing care to lower income patients such as Medicaid or indigent populations. The most notable example of this was when UHS stated that it “fully intend[s] for [their] proposed facility to operate in the same manner as Cedar Hills,”¹¹³ but provided scant discussion about what this actually means for care accessibility for all populations regardless of their ability to pay.

In fact, UHS fails to adequately disclose Cedar Hills Hospital’s operational record in providing care to low income populations. For example, UHS states that the majority of Cedar Hills Hospital’s patient population is comprised of adults aged 18-64 years.¹¹⁴ Given that this patient population has historically been precluded from being covered by Medicaid, due to the Federal IMD (“Institution for Mental Diseases”) exclusion,¹¹⁵ the care provided to this population should therefore either be covered by private insurers or by UHS through charity care. However, UHS’ CON application submissions fail to provide any data, or any objective evidence, showing Cedar Hills Hospital’s historical payor mix, or the amount of charity care it has provided for its patient populations, compared to its peers. UHS’ failure to disclose this data, or provide any substantive discussion addressing these topics, raises serious concerns that Cedar Hills’ payer mix may be dominated by insured patients, or those with coverage from payers such as private insurers or Medicare. We have serious concerns that Cedar Hills Hospital caters primarily to insured patients, who likely have greater access to care by simply being insured.

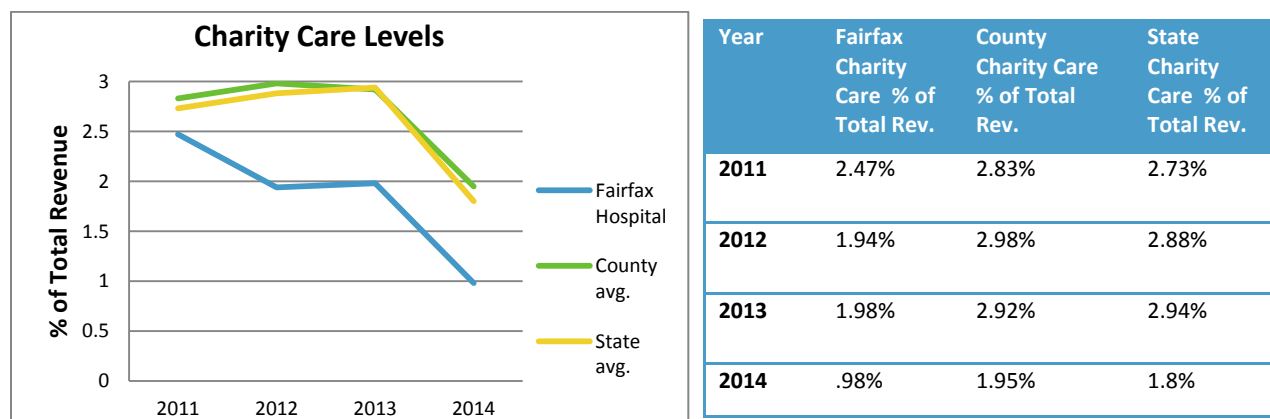
Additionally, throughout its CON application UHS makes vague blanket statements that its proposed facility will alleviate capacity constraints experienced by existing providers,¹¹⁶ all while providing great detail about how the proposed facility will actually benefit the current operations of its own facility, Cedar Hills Hospital. UHS states in its CON application that “Cedar Hills...has a 93 percent occupancy...at these occupancy levels not all patients needing access receive it. The new hospital would improve this...and...will have no adverse financial impact on Cedar Hills.”¹¹⁷ This statement suggests that the purpose of this new facility is to capture the overflow of patients from Cedar Hills.

In light of UHS’ statements about how the new facility will alleviate Cedar Hills’ high occupancy,¹¹⁸ coupled with the vicinity of the proposed facility to Cedar Hills,¹¹⁹ as well as our concerns regarding Cedar Hills Hospital’s patient and payer mix, we have reason to believe that UHS will likely funnel patients from its Cedar Hills facility to the new facility. As a result, we are concerned that the proposed facility will enable UHS to continue serving those patients who can pay for services, while neglecting all others. Thus, UHS will avoid providing its fair share of indigent care for service area populations. Despite UHS representations in its CON application submissions, its proposed facility will do little to provide care to those populations who do not have access to care but need it the most, including indigent and homeless populations in the service area.

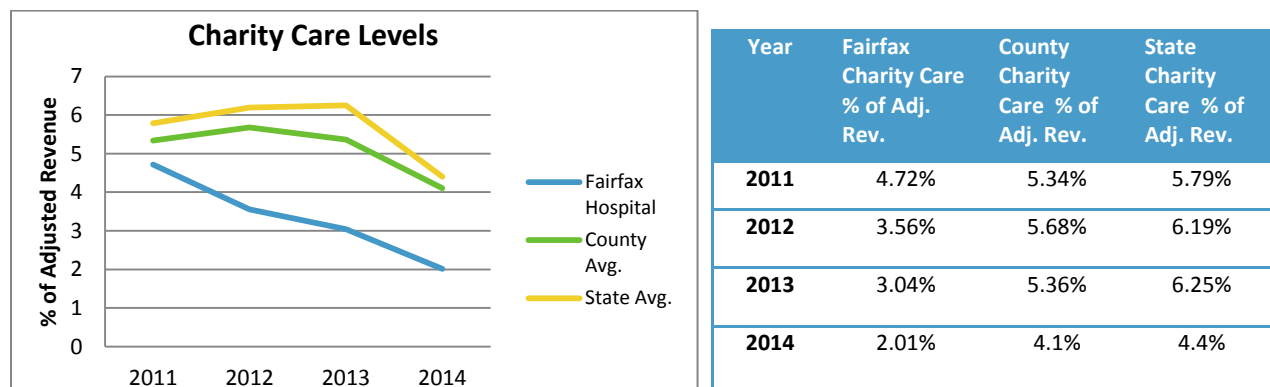
II. UHS provides less charity care than their CON application and policies suggest, raising doubt about its willingness to care for indigent patients.

UHS states in its CON application that the proposed facility's charity care policy will mirror that of its Fairfax facility in Kirkland, Washington, noting that "NewCo's charity care policy will follow the same form and include similar content."¹²⁰ However, a closer examination of Fairfax's provision of charity care suggests that the facility has not been adequately fulfilling its charity care requirements. In fact, UHS facilities have a record of providing little charity care, and refusing to take responsibility for indigent patients.

While UHS has previously claimed that its Fairfax Hospital provided charity care – defined by Washington regulations as the percentage of total revenue¹²¹ and the percentage of adjusted revenue¹²² – above its regional averages for the last several years,¹²³ a closer examination suggests otherwise. Despite citing Washington Department of Health Charity Care Report data to support their charity care claims, UHS actually omits charity care data from Harborview Hospital, a public hospital, in order to arrive at their conclusion. When the charity care figures from Harborview Hospital are included, the level of charity care provided by Fairfax Hospital between 2011 and 2014¹²⁴ is actually well below its County and State averages. As you can see in the figure below, Fairfax's level of charity care, as a percentage of its adjusted revenue, is notably lower than its County and State averages.¹²⁵

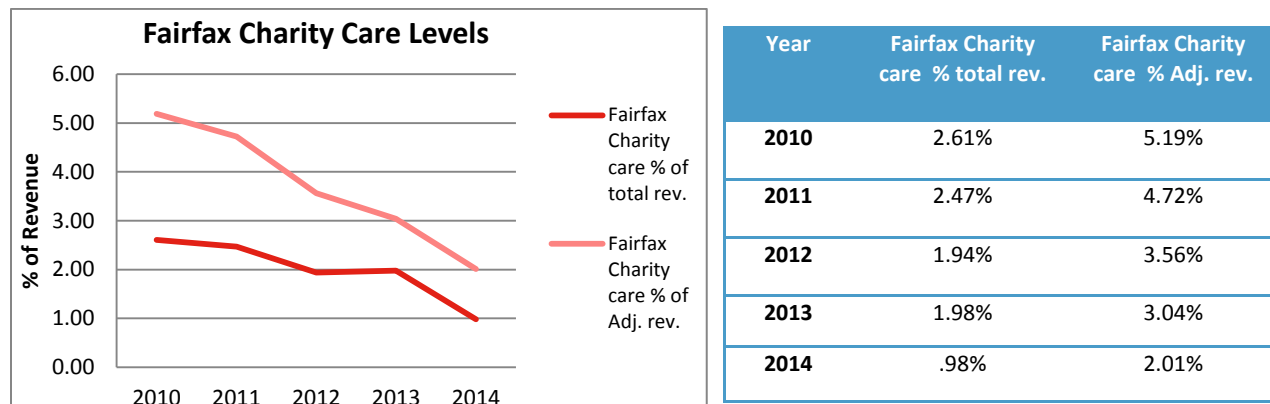


Note: There was a notable drop in 2014 charity care levels for the state as a whole, which the state of Washington attributes to ACA implementation. Despite the downward trend, Fairfax's charity levels were again well below the county and state averages.



Source: WA Department of Health's Charity Care Report data from 2011-2014

Further examination of the Washington Department of Health's Charity Care Report data also shows that since UHS' takeover of Fairfax Hospital's operations in November 2010, the level of charity care provided by Fairfax has been declining.



It is surprising that UHS' charity care expenditures are so small, especially since the company has more than enough financial capacity to exceed state and local average levels of charity care at its facilities across the country. UHS' behavioral healthcare business line is highly profitable. In 2015 alone, UHS reported \$9.0 billion in revenue and more than \$680 million in net profit.¹²⁶ For every dollar that the behavioral health business line generates in revenue, UHS takes nearly a quarter of that in profit.¹²⁷ UHS has the financial ability to support, and even exceed, levels of charity care in the communities in which its facilities are located. Yet, it has chosen not to do so.

This pattern of behavior, coupled with UHS' statements that the proposed facility's charity care policy will mirror that of its Fairfax facility in Kirkland, Washington, is troubling. These concerns raise serious questions as to whether the proposed facility will provide adequate amounts of charity care to our community's indigent populations.

III. UHS facilities have been at the center of troubling regulatory citations for turning away patients in need of care from its facilities.

In order to determine whether residents would have adequate access to the proposed services, the department will review the applicant's charity care policies. These policies present the proposed facility's guiding principles around accepting patients for admission, and aim to provide assurances regarding access to treatment. Yet, UHS' policies raise serious concerns whether all persons in need of medically necessary care will have access to it regardless of ability to pay.

The State CON office even questioned UHS' policies. Specifically, the wait-listing policy currently utilized at Cedar Hills raises concerns. The CON office stated,

"Basically patients are sent away with a signed "Crisis/Safety" form and told to come back for an appointment the next day. It contains the following provision: "if it appears that there will not be a bed available within 48 hours, or the patient is in need of immediate services, the Assessment Counselor will work with him/her to find an alternative placement." If adopted by the proposed hospital, it appears that this would not fulfill its duties under EMTALA."¹²⁸

The state's questioning of these policies is reflective of UHS' general failures in fulfilling its obligations under EMTALA.

In fact, in the last few years, federal regulators have cited several UHS facilities in communities across the country for violating provisions of the federal Emergency Medical Treatment and Labor Act (EMTALA), which is federal law that aims to ensure that all hospital providers receiving federal funds provide emergency or stabilizing treatment to patients regardless of their ability to pay.¹²⁹ CMS issued these citations after finding that UHS denied or delayed behavioral health care to patients in need of those services. This is deeply concerning since many of the policies and practices governing the day-to-day operations of the proposed facility are modeled after existing UHS facilities. Examples include:

- Florida: In May 2016, UHS' Sun Coast Behavioral Health in Bradenton, FL, was issued a \$1,000 state fine from the Agency for Healthcare Administration for turning away a patient in need of care. The fine was issued in relation to an incident in which the "facility failed to ensure emergency services and care was provided to patients presenting to the hospital..." The facility's Risk Manager and Administrator were interviewed and confirmed that the facility failed to provide assessment and treatment of the patient.¹³⁰
- Texas: In May 2013, CMS cited UHS' Cypress Creek Hospital in Houston, TX, for EMTALA violations after the facility turned away four patients by informing them they did not have any open beds. Three of the four patients had even notified staff of their suicidal ideations upon presenting to the facility. CMS found that the facility failed to assess the patients to determine whether they had emergency medical conditions.¹³¹
- Georgia: In October 2012, CMS cited UHS' Peachford Behavioral Health System in Atlanta, GA, for delaying a patient's examination or treatment in order to seek additional information on the patient's insurance/payor source, and refusing to accept the patient even when the facility had the specialized capabilities and capacity to treat his/her emergent psychiatric condition.¹³²
- Texas: In May 2011, CMS cited UHS' West Oaks Hospital in Houston, TX, for failing to abide by EMTALA provisions when it failed to conduct a medical screening exam for a patient (who had overdosed, fallen on his head, and started foaming at the mouth) after he arrived in the hospital's parking lot. Hospital personnel went outside to assess the patient, but despite the patient's emergent conditions, CMS found that *"[t]here was no attempt to escort the patient inside the hospital for a medical exam nor was there any attempt to get a physician to come out to the SUV to assess the patient. Instead, they depended on 911."* CMS also cited the facility after finding that the facility failed to certify the risks and benefits of the patient's transfer and failed to ensure that the receiving hospital would accept the patient.
- Florida: In April 2011, CMS cited UHS' Fort Lauderdale Hospital in Fort Lauderdale, FL, for noncompliance with EMTALA regulations requiring hospitals to perform emergency medical screenings and treatments regardless of patients' insurance status or ability to pay. CMS found that an autistic child exhibiting aggressive behaviors was denied an emergency medical exam and stabilizing treatment because the child's insurance provider did not contract with the hospital. The hospital also did not provide the child with an appropriate transfer to an alternate facility for care.¹³³

In the examples above, UHS facilities were cited by regulators for violating various provisions of EMTALA, which aims to ensure that all hospital providers receiving federal funds provide emergency or stabilizing treatment to patients regardless of their ability to pay.¹³⁴ These regulatory violations and deficiencies in providing this vital treatment do not give the community reasonable assurance that UHS will provide

adequate access to treatment, and thus, raise concerns about the suitability of UHS as a provider to fulfill the psychiatric bed need of the proposed service area of Multnomah, Clackamas, and Washington.

IV. UHS' record of shuttering behavioral health facilities raises concerns about its commitment to maintaining services and providing healthcare access for medically needy communities.

UHS has a record of shutting down facilities after regulators have identified patient safety or other care breakdowns.¹³⁵ Some of these facilities are located in low income areas, with high percentages of “public-paid patients.”

UHS' record of choosing to close, or threatening to close, its behavioral health facilities after regulators uncover serious patient care problems is highly troubling. Between 2011 and 2015 alone, UHS closed or sold (at least) 23 of its behavioral health facilities,¹³⁶ many of which abruptly ceased operations after state or federal regulators found patient care or other regulatory compliance issues.¹³⁷ Over the same 5-year period, UHS' behavioral health facilities generated an average annual income before taxes (or profit) of \$886 million,¹³⁸ which suggests UHS had the resources to address its cited deficiencies.

Troubling still, is that some of these shuttered facilities were often located in communities with vulnerable patients, large numbers of uninsured, and high levels of poverty. These practices raise significant questions about whether UHS will be an appropriate provider to provide additional psychiatric services in Multnomah, Clackamas, and Washington counties. Previous examples include:

- Texas: On August 14, 2015, the Centers for Medicare and Medicaid Services (CMS) terminated Timberlawn Mental Health System in Dallas, TX, from the Medicare program due to “deficiencies that represented an immediate jeopardy to patient health and safety”¹³⁹ and repeated failures in remedying safety risks.¹⁴⁰ Shortly thereafter, Timberlawn filed a letter under the Federal Worker Adjustment and Retraining Notification Act, or WARN, disclosing it could close its operating units and all affiliated programs and permanently lay off 160 employees.¹⁴¹ CMS argued that Timberlawn could bear the expense of keeping the facility in operation following termination from Medicare due to its parent company's, or UHS' remarkable profitability. In fact, in 2015 alone, the UHS reported over \$9 billion in revenue and more than \$680 million in net profit.¹⁴² Yet Timberlawn officials said “it does not matter...that the parent company can afford to fund the hospital, if it will not...”¹⁴³ This potential closure would have had a dramatic impact upon the community it serves. *The Dallas Morning News* reported “it is one of the few psychiatric hospitals in Dallas that accepts the poor and uninsured, and has been one of three city institutions where police have routinely sent people for mental-health evaluations.”¹⁴⁴ Dallas also has significantly higher levels of poverty and uninsured populations than the state averages,¹⁴⁵ with a poverty level of 24.1 percent, compared to the state average of 17.2 percent, and an uninsured rate of 32.1 percent, compared to the state average of 21.3 percent.¹⁴⁶
- Illinois: UHS' Rock River Academy in Rockford, IL, closed in April 2015 following a December 2014 *Chicago Tribune* investigation, which described the facility as “violent, chaotic and under-resourced.”¹⁴⁷ The *Tribune* found that many residents were fleeing the facility and some were being drawn into prostitution. State officials suspended new admissions to Rock River in December 2014 and ordered its administrators to take corrective action, but UHS decided to close the facility instead.¹⁴⁸ This facility served low-income and disadvantage youth, including state wards placed by the Illinois Dept. of Children and Family Services.¹⁴⁹ The facility was also located in an area with high levels of poverty and uninsured and disabled populations. Rockford, IL has a poverty rate of 25.4 percent compared to state average of 14.4 percent,¹⁵⁰ an uninsured rate of 15.9 percent compared

to state average of 11.1 percent, and disability rate of 10.5 percent compared with state average of 7 percent.¹⁵¹

- Virginia: When UHS' Marion Youth Center in Marion, VA, closed in early 2012, UHS claimed it was shutting down because the facility had lost its lease.¹⁵² But two-and-a-half months later, UHS reached a \$6.85 million deal with the U.S. Department of Justice to settle charges that the center did not provide the therapeutic level of care it claimed. Upon settling the suit, Daniel R. Levinson, inspector general of the Department of Health and Human services, said, "Any organization providing substandard health services then sending inflated bills to taxpayers, as UHS is alleged to have done, can expect intense scrutiny by government investigators."¹⁵³ This facility was also located in an area with high levels of poverty and uninsured and disabled populations. Marion, VA, has a poverty level of 23.2 percent compared with the state average of 11.8 percent,¹⁵⁴ an uninsured population rate of 19.4 percent compared to state average of 12.5 percent, and a disability rate of 17.8 percent compared to state average of 7.6 percent.¹⁵⁵

With an average annual income before taxes (or profit) of \$886 million during the years in which the above violations occurred,¹⁵⁶ UHS has the resources at its disposal to address any regulatory and quality of care deficiencies. However, the examples above suggest that UHS would prefer to close facilities, rather than spend the resources needed to correct problems at troubled facilities and continue providing care in medically needy communities. Taken together, these practices raise concerns about UHS' claims in its CON application that it "will provide all necessary working capital to ensure the [proposed] facility can continue to provide quality psychiatric healthcare to its patients."¹⁵⁷

UHS' proposal fails to meet the state's "Availability of Resources and Alternative Uses of Those Resources" CON Review Criteria.

UHS' proposal does not meet the sub-criteria under the "Availability of Resources and Alternative Uses of Those Resources" CON Review Criteria due to a host of factors. Firstly, UHS' proposal is not "the most effective and least costly alternative," given that UHS is facing investigations for potential criminal and civil billing fraud, and the company's record of high utilization of public law enforcement and EMS services at its facilities. Secondly, the company has a poor record on properly staffing its facilities, as evidenced by low staffing ratios, cuts in staffing costs, difficulties in recruiting staff, and its practice of employing unqualified and untrained staff, which raises serious doubt that the proposed facility will have "sufficient qualified personnel... available to develop and support the proposed project." Additionally, we have reason to believe that the UHS proposal will not "have an appropriate relationship its service area," given the proposal's impact on community-based providers, as well as the facility's deficiencies with establishing and maintaining appropriate support and ancillary services. Lastly, the proposed facility will not "conform to relevant state physical plant standards," due to the company's poor record on physical plant maintenance, as well as its history of unsafe patient boarding. For these reasons, the proposal does not meet the "Availability of Resources and Alternative Uses of those Resources" CON review Criteria; therefore UHS' request for CON application approval should be denied.

"Most Effective and least Costly" Criterion (333-580)- Does the proposed project represent the most effective and least costly alternative, considering all appropriate and adequate ways of meeting the identified needs?

UHS' proposed facility does not represent the most effective and least costly alternative for fulfilling psychiatric bed need in the proposed service area of Multnomah, Clackamas, and Washington counties, given its troubling record around the delivery of therapeutic care and federal investigations for potential criminal

and civil fraud,¹⁵⁸ and track record of posing a burden on local resources due to its high utilization of public law enforcement and EMS services.^{159, 160}

I. UHS' troubling legal compliance record and current federal investigations for potential fraud raises serious concerns about whether UHS will provide cost-effective, efficient care.

UHS' proposed project does not represent the most effective and least costly alternative, given UHS' troubling legal compliance record around the delivery of therapeutic care.

Regulator documents and media reports show that UHS facilities have a record of failing to provide patients with necessary levels of care and treatment.^{161,162} In the past few years, UHS has paid millions of dollars to settle charges by the U.S. Department of Justice that the company did not provide the therapeutic level of care it claimed.¹⁶³ Specifically, UHS reached a \$6.85 million deal with the U.S. Department of Justice to settle charges that Marion Youth Center (Marion, VA), which closed in early 2012,¹⁶⁴ allegedly provided "substandard health services" and then sent "inflated bills to taxpayers."¹⁶⁵ Despite the regulatory enforcement, the issue of failing to provide appropriate levels of therapeutic care appears to be ongoing at UHS facilities in Virginia. For example, Harbor Point Behavioral Health Center (FKA The Pines Residential Treatment Center) in Portsmouth, VA, has had nearly 600 reports of abuse incidents and nearly 400 reports of serious injuries since 2014.¹⁶⁶

What's even more troubling is that Harbor Point, along with UHS and several of its behavioral facilities are being investigated by federal authorities for potential civil and criminal fraud. UHS has disclosed that the nature of ongoing federal investigations focuses on potential false claims for services. The UHS corporate entity and twenty-three (23) of its facilities across the country are the focus of an ever-widening federal investigation that includes the Department of Justice Criminal Frauds Section and the U.S. Health and Human Services Office of the Inspector General.¹⁶⁷ In addition to these 23 facilities under a coordinated investigation, it appears that UHS is facing at least two separate federal investigations at facilities in Texas. According to UHS disclosures, El Paso Behavioral Health has been subpoenaed for issues related to potential Stark Law violations and South Texas Health System has been subpoenaed related to potential False Claims Action violations concerning physician contracts. In addition to these investigations, at least two other UHS facilities (Friends Hospital in Philadelphia, PA, and Riveredge Hospital in Chicago, IL,) have received federal subpoenas for unknown reasons. Since February 2013, UHS has disclosed expansion of the federal investigation, including additional subpoenas, payment suspensions and criminal fraud investigation.¹⁶⁸ All of which suggests federal law enforcement continues to identify potential issues.

UHS has disclosed that the civil aspect of the coordinated probe is a False Claims Act investigation focused on billings submitted to the government.¹⁶⁹ UHS' corporate office is the subject of a related criminal fraud investigation by the U.S. Department of Justice. UHS' River Point Behavioral Health facility (Jacksonville, FL), has also had its payments suspended by Medicare and Medicaid pursuant to the investigations.¹⁷⁰ Several of those investigations began more than two years ago and UHS executives have said that the investigation is "not necessarily in its end stages [and] may go on for a while."¹⁷¹

The underlying conduct that may have sparked these ongoing civil and criminal fraud investigations involving the corporate parent and twenty-three (23) of its behavioral health facilities should raise doubts about whether UHS is the type of provider that Oregonians can trust to provide cost-effective care, as well as safe and adequate care to the public in accordance with applicable federal and state laws, rules, and regulations.

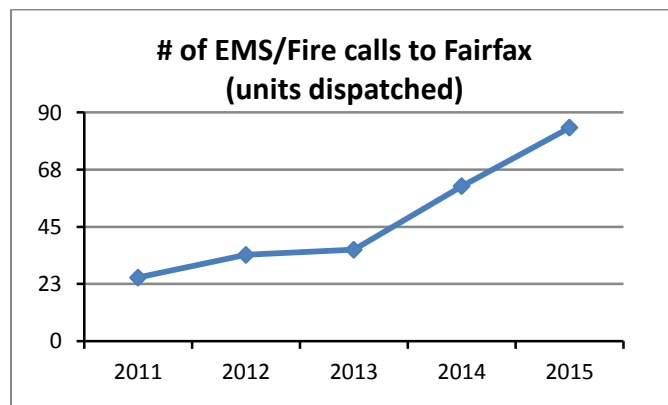
II. UHS' proposed project does not represent the most effective and least costly alternative, given the demonstrated pattern of high utilization of local law enforcement and emergency medical resources by UHS facilities in Washington and across the country.

We are concerned that UHS' proposed facility would impose a burden on the levels of public services maintained by local law enforcement and emergency medical services, given the safety and security issues at its facilities in Washington as well as the high utilization of these public services by UHS facilities in communities across the U.S.

1) The high utilization of public law enforcement services, and volume of facility violence incidents, indicates UHS is ill-equipped to provide proper security at its facilities.

A review of law enforcement records involving UHS' Fairfax Hospital (Kirkland, WA), the policies and operational standards of which UHS says the proposed facility will mirror,¹⁷² shows that UHS facilities are disproportionately reliant on local law enforcement services for security and safety-related issues.

UHS acquired Fairfax in November 2010 and since 2011, the first full year of UHS ownership, the number of units dispatched to Fairfax Hospital for emergency medical/fire services has steadily increased. In 2011, 25 EMS/fire units were dispatched to the facility; this number increased to 84 in 2015.¹⁷³

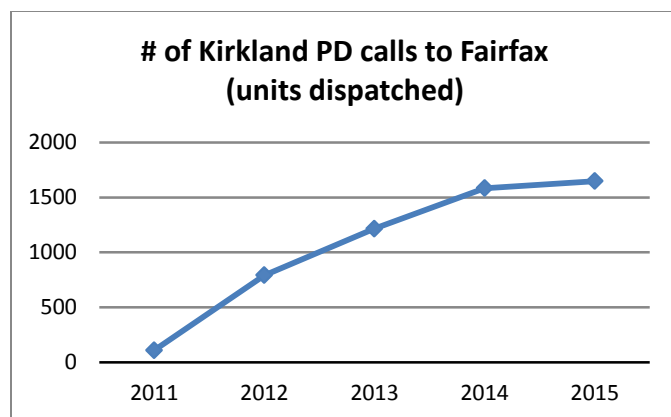


Year	# EMS Calls (w units dispatched)
2011	25
2012	34
2013	36
2014	61
2015	84
Total	240

Source: NORCOM Records.

Note: These figures depict the raw # of EMS/Fire Dept. units dispatched to Fairfax Hospital, not the number of incident reports resulting from the calls for service.

The volume of law enforcement, or Kirkland Police Department, units dispatched to Fairfax Hospital resulting from calls for service has also followed this upward trend, with 109 units dispatched in 2011 and jumping to 1,648 units dispatched in 2015. This figure amounts to nearly 5 police unit dispatches per day to Fairfax Hospital in 2015 alone.¹⁷⁴



Year	# of Police Calls (with units dispatched)
2011	109
2012	791
2013	1,215
2014	1,584
2015	1,648
Total	5,347

Source: NORCOM Records

Note: These figures depict the raw # of Kirkland PD units dispatched to Fairfax Hospital, not the number of incident reports resulting from the calls for service.

Furthermore, when looking at law enforcement records from just the last two years,¹⁷⁵ the types of incidents for which law enforcement officers were dispatched to Fairfax Hospital are highly troubling. For example, during 2013-2015 there were approximately 110 incident reports associated with calls for service/assistance from the Kirkland Police Department. More than half of those 110 reports involved incidents of assault within the facility, either between patients or staff members and patients.

# Kirkland PD Calls for Service at Fairfax Hospital, 2013-2015		
Incident Type	# of Calls (w/ units dispatched)	percent of Total
Assault	59	53.6 percent
Suicide	15	13.6 percent
Disturbance	13	11.8 percent
Escape	11	10.0 percent
Missing adult	5	4.5 percent
Missing juvenile	4	3.6 percent
Rape	2	1.8 percent
Sex Offense	1	0.9 percent
Grand Total	110	100 percent

Source: NORCOM Records

The following assault incidents give a glimpse of the seriousness of patient and worker safety issues at UHS' Fairfax Hospital:

- On 8/25/2015, the Kirkland PD responded to disturbance call at Fairfax Hospital, in which a patient began destroying her room and the staff station, threw a chair through the glass window, and struck another patient in the head. Staff had to evacuate the unit as a result. The patient was subsequently subdued and taken into custody because she caused several thousand dollars of damage to property and office equipment.¹⁷⁶
- On 3/19/2014, the Kirkland PD responded to a call for service at Fairfax Hospital after a patient struck and injured a staff member. The patient then started damaging several items in the dayroom, hallway, and nurses' station and caused the section of the hospital to stop operations for over an hour.¹⁷⁷

- On 10/22/2014, the Kirkland PD responded to a call for service at Fairfax Hospital when a patient punched a peer, who was instantly knocked unconscious and suffered a skull fracture when hitting the ground. The victim was transported to a local hospital, while the attacker was kept in a locked psychiatric unit with 1:1 supervision. He/she was arrested for 2nd degree assault.¹⁷⁸

Since the beginning of 2016, Fairfax Hospital has been in the local Kirkland Reporter police blotter nearly once a month for incidents in which staff were physically assaulted.^{179, 180, 181} This suggests that the facility has continued to have serious safety issues, especially for workers.

2) UHS has a pattern of high reliance on local law enforcement in other markets.

Given other communities' experiences with UHS facilities, there is serious cause for concern that UHS' proposed facility will repeat this pattern of disproportionately relying on the resources of local public safety agencies to address security and safety-related issues.

In Massachusetts, for example, where UHS runs the largest private behavioral health system in the state under the name of Arbour Health System,¹⁸² one community has expressed frustration over the local UHS facility's impact on its community. In Westwood, Massachusetts, community members have expressed concerns about the "long, distressing history" of security lapses at UHS' Westwood lodge facility, while local officials said these *"steady stream of issues have caused 'an inordinate drain' on the resources of public safety agencies not only in Westwood but also in surrounding communities and the state."*¹⁸³

In Florida, one of UHS' largest markets with nearly 20 facilities,¹⁸⁴ UHS-operated facilities also have a pattern of high utilization of law enforcement and emergency medical services. Examples include:

- In Pinellas County (FL), UHS' Windmoor Healthcare of Clearwater is the top user of the County's EMS services. In 2013 alone, Windmoor Healthcare had the most calls for service in the county with 968 calls, which is significantly higher than the Pinellas County Jail, the second highest user of EMS services with 576 calls.¹⁸⁵
- In Marion County (FL), the Ocala Police Department reported receiving 772 calls for service at UHS' Vines Hospital since Jan. 1, 2011. Of these calls, 57 were related to criminal activity including battery, assault, and attempted homicide and homicide, among others.¹⁸⁶
- In Lake County (FL), police have regularly responded to the National Deaf Academy (AKA NDA Behavioral Health) over the years for calls including reported sex crimes, fights, abuse and suicide attempts, before the facility closed during March/April 2016.¹⁸⁷ Mount Dora Police reportedly received 506 "calls for service" from UHS' NDA Behavioral Health facility (AKA the National Deaf Academy) between 2008 and 2013. These calls reportedly included everything from staffers reporting runaways to patients alleging abuse. While a list of 54 investigations between 2008 and 2014 provided by Mt. Dora police noted that 15 involved alleged battery, 10 involved alleged abuse, and three involved alleged sexual abuse.¹⁸⁸ In the past two years, Mount Dora police were dispatched to the academy 162 times, records show. Twenty-three calls were for child abuse and seven were for sex crimes, records show.¹⁸⁹
- In Okaloosa County (FL), law enforcement had to respond to a riot at UHS' Gulf Coast Youth Academy in 2013, a detention center for youth, in which 30 teenagers were reportedly "throwing chairs and flipping tables over, causing property damage and assaulting staff members."¹⁹⁰

The troubling security and safety records of some of UHS' existing facilities, especially those located in markets where UHS has a large market presence including Massachusetts and Florida, raises serious doubts

about UHS' ability to effectively address the issue of high utilization of law enforcement and emergency medical services by its facilities.

Currently, UHS does not have a large footprint in Oregon, operating only one facility in the state. If UHS is permitted to expand, we have reason to believe that UHS will become increasingly reliant on the resources of local public safety agencies to handle security and safety-related issues, or other incidents related to breakdowns in care. This is of particular concern, because UHS' Cedar Hills Hospital is already reliant on these public services. For example, between 2013-2016 the Washington County Sheriff's Office has responded to calls for service at UHS' Cedar Hills Hospital (Beaverton, OR) related to rape, assault, attempted suicide, missing persons, and even a death investigation.¹⁹¹

For these reasons, we have serious concerns that if UHS is permitted to expand its market presence in Oregon with its proposed 100-bed psychiatric facility, it will have the unfortunate consequence of imposing a burden on local and municipal public services and resources.

3) OSHA violations and other safety issues at UHS facilities demonstrate that UHS management decisions lead to safety problems at facilities, requiring more intervention by local first responders.

When UHS was asked by the OHA CON office to describe how its proposed facility would ensure patient, staff, and public safety, given the recent troubling safety breakdowns at UHS-operated facilities across the country, UHS provided an inadequate response. UHS stated that they employ "clinical oversight at the corporate level" as well as "best practice methods" in order to "ensure that [they] have the safest facilities possible."¹⁹² These claims are highly suspect, given that UHS facilities have repeatedly been under regulatory scrutiny for their lax safety measures. We understand that UHS provides services to a difficult patient population, which is precisely why regulatory agencies such as OSHA and other state and federal regulators require safety measures. In many UHS hospitals, the dangerous mix of inadequate safety protocols, inadequate staffing and high occupancy, has had predictably terrible results, as discussed below. These examples clearly raise doubts about the UHS claims that "patient and staff safety are foundational elements at UHS."¹⁹³

- Oregon: On several occasions, state regulators have found inadequacies with Cedar Hill's security and safety plans, which the facility is required to submit annually pursuant to CON Order Condition #7 for UBH of Oregon LLC dba Cedar Hills Hospital. In 2012, state regulators found that there was an absence of a secure area for triage and admission screening of potential patients (including involuntary hold patients), as well as an absence of any agreements outlining medical transfers to other hospitals in the case of emergencies, among other deficiencies.¹⁹⁴ Additionally, state regulators found issue with Cedar Hills Hospital's most recent safety plan from 2015, which lacked an "annual plan for monitoring and evaluating services" addressing among other things, "the care of patients served" and "accidents, injuries, safety of patients, and safety hazards..."¹⁹⁵ In fact, Cedar Hills has continued to have safety and security issues, most recently as of the first half of 2016. In March and May of 2016, the facility had two separate incidents of patient elopements. In the March incident, an involuntary patient was able to break through two sets of magnetically locked doors and escape. In the May incident, a voluntary patient eloped from the facility during a monitored outdoor break due to inadequate staffing.¹⁹⁶
- California: UHS-owned Fremont Hospital in California was cited for failing to provide an effective communication system to summon help during incidents of patient violence, as required under state law.¹⁹⁷ Fremont Hospital spent more than three years fighting this violation, along with the \$560 fine, first in front of the California OSHA Appeals Board¹⁹⁸ and then in California Superior Court.¹⁹⁹

The case was decided in favor of the OSHA Appeals Board²⁰⁰ and the OSHA case was closed on April 25, 2016.²⁰¹

- Massachusetts: One of the most telling cases of UHS refusing to adequately address its safety problems, with often tragic results for patients and workers, involves recent events at UHS' Pembroke Hospital in Massachusetts. The *Patriot Ledger*, a local newspaper, reported on March 2, 2016 that "*Pembroke Hospital has ignored several requests from the Occupational Safety and Health Administration since October to respond to the agency's hazard alert letter that flagged the number of workers injured by violent patients and called for improved staffing and safety measures [such as panic buttons for staff caring for violent patients] at the 120-bed psychiatric hospital.*"²⁰² According to OSHA, inspectors noted that Pembroke Hospital had recorded 13 injuries to workers from aggressive patients in the first five months of 2015. In 2014 there were 24 injuries of hospital workers from violent attacks, a 41 percent increase over 2013.²⁰³ The weekend after that March 2, 2016 *Patriot Ledger* article was published, police officers responded to another savage attack on March 5, 2016, during which "a patient nearly tore off a nurse's ear and attempted to gouge out her eye."²⁰⁴ Despite all of this,²⁰⁵ Pembroke Hospital's CEO has refused to provide personal panic alarms to employees – as suggested by OSHA – relying instead on walkie-talkies carried by two employees per unit.²⁰⁶

Another former worker also spoke to local press about her experiences with workplace violence at Pembroke Hospital, stating, "I had bruises all over me. He dropkicked me on my new knee, and he ripped a handful of hair out of my head...I don't think I can go back there... I have nightmares..." At the time of the incident, she says she and only two other workers had been covering 20 patients, some of them very violent and that the "staff-to-patient ratio at the 120-bed hospital is dangerous." She further stated, "Somebody's going to get killed there...In that situation, it was me and them two trying to save me."²⁰⁷

- Texas: One of the most tragic cases of workplace violence occurred at Timberlawn Mental Health System, a UHS-operated facility in Dallas, TX. In June 2016, a physician died after being attacked by a patient. The patient "violently tackled" the psychiatrist, who struck her head, lost consciousness and died two days later.²⁰⁸ The facility is also under regulatory scrutiny for serious safety violations, with the Centers for Medicare & Medicaid Services terminating the hospital's participation in Medicare and state regulators moving to revoke its facility license and imposing a \$1 million fine.²⁰⁹

In effect, UHS' use of local law enforcement to respond to assaults and other incidents at some of their facility campuses, as well as its refusal to respond to regulator recommendations for safety improvements, as in the case with Pembroke Hospital, demonstrates UHS does not have the capability to manage its patient population and protect its workforce. Taken together, these factors raise serious concerns about whether UHS has enough security staff, or takes any protective measures to ensure a safe environment for its patients and staff. Given UHS' track record on the use of these public services, coupled with its record on security, we have reason to believe that the proposed facility would impose an unnecessary burden on the levels of service maintained by local law enforcement and emergency service agencies.

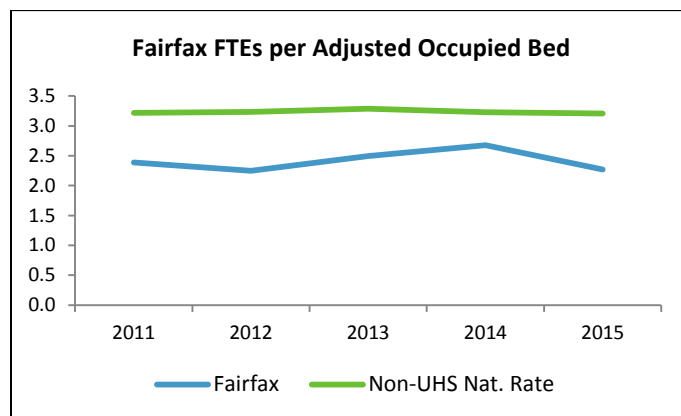
Staffing Criterion (333-580): Will sufficient qualified personnel...be available to develop and support the proposed project? The applicant must demonstrate that there are, or will be sufficient physicians in the area to support the proposal; sufficient nurses available to support the proposal; sufficient technicians available to support the proposal.

UHS fails to adequately demonstrate in its CON application submissions, that it will provide sufficient, qualified personnel to support its proposed facility.

In fact, UHS fails to disclose that UHS-operated facilities often present lower staffing ratios than their peers. UHS has cut staffing costs in its behavioral health business division while keeping occupancy high. Additionally, the company has a track record of employing unqualified and untrained staff, and has admitted to having difficulties in recruiting sufficient numbers of qualified mental health staff.

I. UHS facilities often present low staffing levels.

UHS' Fairfax Hospital in Kirkland, Washington, is a notable example of UHS facilities presenting low staffing levels. The prevalence of safety and security and workplace violence issues at Fairfax Hospital discussed above on pages 23-24, suggests that UHS' staffing of the facility is not adequate to prevent repeated occurrences. Medicare Cost Report data shows that, since UHS began operating the facility in November 2010, the staffing ratios (defined as full time equivalents, or FTEs, per adjusted occupied bed) for the facility have been lower than the state and national averages for freestanding inpatient psychiatric facilities.²¹⁰ In 2015, Fairfax Hospital's FTE rate was 29 percent lower than the national non-UHS average, meaning the facility had nine (9) fewer FTEs available for every ten (10) patients. Fairfax Hospital's FTE rates between 2011-2015 are as follows:

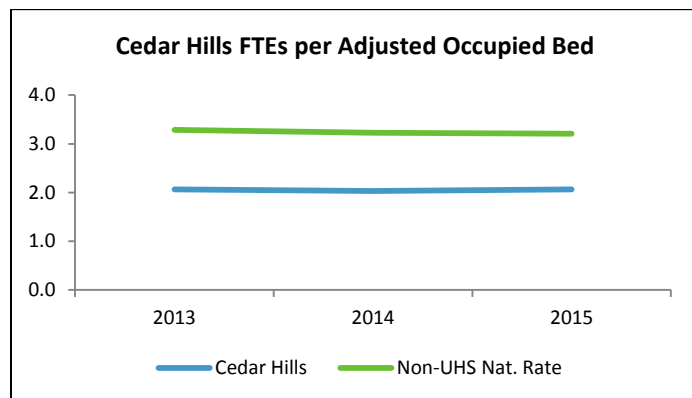


Source: Medicare Cost Reports

Year	Fairfax FTE Rate	Non-UHS Nat. FTE Rate
2011	2.4	3.2
2012	2.3	3.2
2013	2.5	3.3
2014	2.7	3.2
2015	2.3	3.2

These low staffing ratios suggest that Fairfax Hospital does not have the adequate staffing resources to provide adequate care and security for the populations in their care. As a result, adverse incidents, including incidents of assault discussed above, may be occurring at a much higher rate than would be expected from well-staffed facilities.

What's also troubling is that UHS states in its CON application that the staffing at its proposed facility will be reflective of its current Oregon facility, Cedar Hills Hospital. UHS states "UHS operates Cedar Hills, a facility that is virtually the same in terms of staffing as that planned for NewCo, with the exception that NewCo will provide care for adolescent patients."²¹¹ This statement is highly concerning because Cedar Hills Hospital also presents lower staffing ratios than its peers. Medicare Cost Report data shows that the staffing ratios for Cedar Hills Hospital have also been consistently lower than national non-UHS averages between 2013 and 2015.

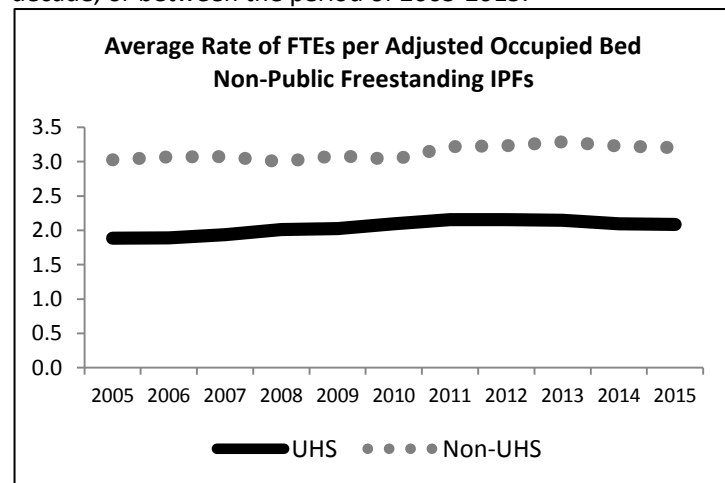


Source: Medicare Cost Reports

Year	Cedar Hills FTE Rate	Non-UHS Nat. FTE Rate
2013	2.1	3.3
2014	2.0	3.2
2015	2.1	3.2

UHS also states in its CON application that, “Once it is fully operational, our proposed facility will have approximately 188 full-time employees”²¹² for its 100-bed facility. Assuming a 100 percent occupancy rate, this amounts to just 1.88 FTEs per bed. This ratio is far below the national non-UHS average FTE rate of 3.2 for 2015.

This pattern of low staffing ratios is not isolated to Fairfax Hospital and Cedar Hills Hospital. In fact, Medicare Cost Report data shows that the staffing ratios for UHS’ behavioral health system as a whole, have been consistently below the averages for non-UHS²¹³ freestanding inpatient psychiatric facilities (IPFs) for over a decade, or between the period of 2005-2015.



Year	UHS' FTE Rate	Non-UHS FTE Rate
2005	1.9	3.0
2006	1.9	3.1
2007	1.9	3.1
2008	2.0	3.0
2009	2.0	3.1
2010	2.1	3.0
2011	2.2	3.2
2012	2.2	3.2
2013	2.1	3.3
2014	2.1	3.2
2015	2.1	3.2

Note: The overall number of IPFs included in any given year is around 300; by 2015, UHS-operated facilities account for approximately 30% of these facilities. For this reason, the "Non-UHS" rate is used (as opposed to the national average) because the national average would be heavily influenced by UHS' facilities.

Low staffing ratios suggest that UHS facilities have less staff to provide care for the vulnerable populations (who often have complex medical needs) entrusted in their care. It also suggests that inadequate staffing, especially security staff, can create an unsafe environment for patients and facility staff.

II. High occupancy and low staffing maintain the company’s profitability, but have implications for patient care.

Low staffing ratios are especially disturbing, given that UHS executives have told investors that keeping occupancy rates high and cutting staffing costs helps the company stay profitable.²¹⁴ UHS Chief Financial Officer Steve Filton has acknowledged that the company sees full facilities as profitable ones, saying, *“We operate this business at fairly high occupancy rates and operating margins. I think those two things are tied together.”*²¹⁵

Filton also had this to say about staffing costs:

“The bottom line... is when you look at the behavioral business model and you look at our financial statements, you will see that at least 50 percent of our expenses are salary and wages and salary-related, and probably the next biggest functional expense line is maybe 5 percent of expenses...” [To make up the] “gap in our margins, a good chunk of that has to come from a more efficient use of people, headcount, people in the right positions, etc., and frankly, that’s a big part of our focus going into it.”²¹⁶

In practice, UHS cut staffing costs in its behavioral health division in 2014 to their lowest level in the last decade, with just 48.6 percent of revenue going to salaries, wages, and benefits (SWB).²¹⁷ Yet, for every dollar that UHS’ behavioral business generates in revenue, a quarter goes into profits rather than patient care.²¹⁸

Repeated cuts to staffing costs, as well as low staffing ratios, may be taking a toll on patient care and can be dangerous for patients, workers, and communities, as evidenced by repeated regulatory citations related to unsafe staffing at UHS facilities.²¹⁹

UHS’ University Behavioral Center in Florida is a telling example of how unsafe staffing levels place patients and staff at risk. When state agency officials visited the facility in 2012, they found that the facility had failed not only to provide front line staff with effective communication equipment but also to employ enough staff to care for its young patients. One nurse described a “near riot” among boys in the facility during a period of understaffing. The facility’s CEO reported receiving calls about staff needing help but said he was frustrated a nurse called him rather than a weekend supervisor.²²⁰

UHS facilities’ demonstrated pattern of understaffing is particularly concerning because psychiatric staffing levels must take into account patients’ risk of violence and suicide as well as their medical needs, which tend to be higher than the general population. While UHS claims that it will “optimize capital and operating expenses” to allow for “lower priced services” within the Planning Area,²²¹ we have serious concerns that, since UHS has repeatedly failed to provide the adequate staffing resources, the proposed facility will be ill-equipped to adequately address patient needs, and to ensure sufficient safety and security for patients, workers, and surrounding communities.

III. UHS often employs unqualified and untrained staff at its facilities, with often troubling, and even tragic, outcomes.

UHS touts in its CON application that the company “can leverage [its] experience to successfully recruit, train, and employ staff for its NewCo operations.”²²² UHS also states that it would plan to “utilize only Board-eligible or “Board-certified” psychiatrists to treat its patient populations²²³ Yet, again and again administrative agencies charged with overseeing UHS facilities have found many staffing violations in recent years, including in the areas of licensing and other job qualifications, training and supervision, and unsafe staffing levels. Inspectors have found such violations at UHS facilities in (at least) California, Connecticut, Florida, Georgia, Kentucky, Missouri, North Carolina, Ohio, Louisiana, Pennsylvania, Texas, Virginia, and Washington since 2009.²²⁴

One of the most notable cases of UHS’ failures in the area of unlicensed and unsupervised staff was heard before the Supreme Court of the United States on April 19, 2016 in *Universal Health Services, Inc. v. United*

States ex rel. Escobar. The family in the case sought to hold UHS accountable under the False Claims Act (FCA) for claiming Medicaid payments even though UHS' care failed to meet minimum licensure and supervision requirements for mental health services. The family's teenage daughter tragically passed away while under the care of unlicensed and unsupervised staff at Arbour Lawrence, a UHS provider in Massachusetts. Yarushka Rivera was a 17-year-old girl living with a psychiatric disability who sought care at a UHS facility. The teen was treated by unlicensed and inadequately supervised staff. UHS' staff prescribed a medication for Ms. Rivera that allegedly led her to develop seizures and she died a few months later of a seizure. UHS then billed the Massachusetts Medicaid program for the girl's care. Upon investigation of these events, the state's Department of Public Health and Division of Licensure (DPH) confirmed that care was provided by unsupervised staff in violation of state law.²²⁵ The Clinical Director of the UHS provider even admitted to the DPH that he was "unaware that supervision was required to be provided on a regular and ongoing basis."²²⁶

UHS facilities nationwide have also been subject to inspection report citations for breakdowns in care due to untrained staff.²²⁷ In Ohio, for example, inspectors in 2014 twice found inadequately trained staff providing care at UHS' Foundations for Living facility. Even after warning Foundations that untrained staff could not physically restrain patients, inspectors returned to find that an untrained staff member had pushed a patient against a wall and bent his arm behind his back.²²⁸

IV. UHS discloses difficulties in recruiting staff, which raises further doubt about UHS' ability to provide adequate staffing resources at its proposed facility to meet patient needs.

UHS also states in its CON application that it "...can leverage that experience to successfully recruit, train and employ staff for its NewCo operations."²²⁹ UHS goes on to say that "UHS has a dedicated corporate recruitment office that employs national searches for physicians and nurse practitioners."²³⁰

What UHS fails to disclose in its CON application and additional submission materials is that the company has had trouble recruiting staff. In fact, UHS executives disclosed to investors, but not the Oregon CON office, issues the company is having with staffing shortages. UHS CFO Steve Filton stated, "*In many of our markets we're actually turning patients away, and we're turning them away because we simply don't have the number of qualified personnel, clinical personnel that would include psychiatrists, nurses, other clinical personnel that we need.*"²³¹ Filton goes on to say that, "*the nursing shortage, I think, on the behavioral side is a little bit more problematic. First of all, physically, we don't have as many options to replace nurses. We physically need nurses at the bedside...*"²³² As a result, "*in some markets, that's causing us to not be able to treat all the patients who present themselves for admission.*"²³³

This raises serious concerns about UHS' ability to recruit and employ sufficient numbers of staff to provide care for the vulnerable populations, who often have complex medical needs, that will be entrusted in their care at the proposed facility.

Appropriate relationship to its service area: Impact on other providers Criterion (333-580)-Will the proposed project have an appropriate relationship to its service area, including limiting any unnecessary duplication of services and any negative financial impact on other providers?

UHS failure in discussing how its proposed facility will impact existing hospital providers raises concerns about UHS' willingness to work with providers to coordinate care and control costs.

UHS states in their application that its proposed facility "will not impact existing providers, with the exception of alleviating the burden of a growing population desperately needing quality inpatient psychiatric health services."²³⁴ However, its application fails to provide any additional details, or explanations, about the impact

of its proposed facility on existing providers. Rather, UHS only discusses how the proposed facility is expected to benefit its own operations, and specifically the UHS-owned Cedar Hills Hospital:

“Cedar Hills has opened 52 additional beds over the past four years and yet has maintained occupancy rates over 85 percent, and currently, has a 93 percent occupancy. At these occupancy levels, not all patients needing access to care receive it. The new hospital would improve this lack of access and, from UHS’ perspective as the largest current provider of psychiatric care in the Service Area, NewCo will have no adverse financial impact on Cedar Hills.”²³⁵

UHS’ failure to include any substantive discussion of existing providers, other than those owned by UHS, is not entirely surprising given that the proposed facility will be an outlier in a market otherwise filled with integrated care providers. UHS’ proposed facility is a for-profit, standalone hospital offering specialty services. As a for-profit, standalone hospital, its main priority will be to employ strategies to achieve its projected margins of 30 percent.²³⁶ This raises serious concerns about UHS’ willingness to work with other providers in order to coordinate care and control costs, given that it will have very little incentive to do so.

Yet coordinating and integrating care is crucial because the prevalence and interacting effects of comorbid mental illness, substance use disorders, and physical health conditions are well documented, as is the high cost of care for individuals with comorbid physical and behavioral health conditions.²³⁷ According to Arpan Waghray, Swedish Health Services System’s medical director for behavioral health, “*When people have chronic medical illnesses, they tend to have co-occurring behavioral health conditions...When there is a combination of medical illness and behavioral health concern, we know that there are poor outcomes on both sides. We know there’s increased functional disability in our patients, and we know there is increased inappropriate utilization of healthcare resources.*”²³⁸

The State of Oregon’s guiding principles for interpreting its CON review criteria even note that standalone inpatient psychiatric hospitals are the state’s least desirable method for fulfilling bed need.²³⁹ It states, “*The methods of meeting acute psychiatric bed need, in order of preference, shall be: (a) Conversion of existing licensed space to purposes of psychiatric treatment; (b) A project resulting in the smallest feasible net increase in acute licensed capacity within an existing general hospital or specialty hospital license; and (c) A separately licensed new psychiatric hospital, not part of a general hospital.*”²⁴⁰

In light of these findings, we have serious concerns that UHS’ proposed standalone facility will perpetuate the care delivery model in which physical and behavioral health care systems operate independently. Inadequate coordination and integration between these two systems can result in gaps in care, inappropriate care, and increased costs.²⁴¹

Appropriate relationship with its service area: Necessary Support Service Criterion (333-580) - The applicant must demonstrate that all necessary support services and ancillary services for the proposal are available at acceptable levels to insure that patients will have the necessary continuity in their health care.

UHS claims in its CON application that it has the necessary support services for its proposed facility, because these relationships have already been established through the *operation of its Cedar Hills facility*. UHS states, it “*has established relationships with other healthcare providers in the planning area, including hospitals...We would expect to utilize those same relationships at the outset...*” However, a closer examination reveals serious inadequacies in these “established relationships,” as well as its proposed plan to “utilize those same relationships at the outset.”

In fact, state regulators have continued to find issue with Cedar Hills Hospital and its failure to establish the necessary arrangements with acute care hospitals for timely ED transfers. For example, in 2012, state regulators found deficiencies with Cedar Hills Hospital's safety plan that the facility is required to submit annually as a condition of its CON approval, because the annual safety plan lacked an agreement outlining medical transfers to other hospitals in the case of emergencies—specifically hospitals that are close in proximity to Cedar Hills.²⁴² As of April 2016, Cedar Hills still does not have such a medical transfer agreement with nearby hospitals.²⁴³

UHS goes on to say that it currently has an ED transfer agreement with Tuality Hospital and that its proposed facility, NewCo, “would develop the same type of agreements with the same or similar providers.”²⁴⁴ The fact that UHS anticipates using Tuality Hospital in ED transfers for its proposed NewCo facility is highly concerning, given that these facilities are located more than 20 miles (and up to an hour away depending on traffic) away from one another. UHS also states that it is in talks with Providence St. Vincent's for possible new transfer agreements,²⁴⁵ but again this facility is located nearly 20 miles from the proposed facility site—raising questions as to where UHS would send patients in the event of an emergency situation.

For these reasons, we are seriously concerned that UHS' proposed facility will not be equipped to deal with the medical emergencies and medical complexities that naturally arise in the populations it anticipates to serve, such as geriatric populations. Given that UHS has clearly failed to demonstrate that it has the necessary services in place that are crucial to supporting its operations, UHS does not meet this review criterion.

Physical plant Criterion(333-580)-Does the proposed project conform to relevant state physical plant standards, and will it represent any improvement in regard to conformity to such standards, compared to other similar services in the area?

I. UHS has an abysmal record on physical plant maintenance.

UHS claims in its CON application that it “has a long, successful history of building and operating freestanding psychiatric facilities throughout the country. UHS is familiar with state licensing, architectural and fire code standards based on its extensive experience in the healthcare industry. To ensure compliance with all necessary state building standards, UHS has engaged state-certified architects and engineers.”²⁴⁶ In truth, UHS has a record of failing to ensure a safe environment for its patients, as evidenced by lawsuits and health inspection report citations at UHS facilities across the country.²⁴⁷ Regulators have cited tragic cases of patient deaths for failure to remove suicide hazards, or other physical plant violations and deficiencies that have placed patients' safety at risk.²⁴⁸

UHS' failure to follow state and federal safety regulations can have tragic consequences for patients, as demonstrated by the following examples:

- West Virginia: In 2012 UHS' River Park Hospital was cited by CMS for physical plant safety risks that violated state licensure rules and CMS conditions of participation. The facility moved its forensic inpatients into an area of the hospital which had previously been used as an adolescent outpatient program in the 1990's and then as the facility's billing office. River Park renovated this area before moving the patients, but did not submit its plans to the Office of Health Facility Licensure and Certification (OHFLAC) for approval. In its response, the facility wrote that it had considered the conversion to be “face-lifting” a unit to re-open it, which did not require approval from OHFLAC. However, CMS found that the construction done in the conversion did not meet the minimum standards for health care facilities. The unit contained door hinges, door knobs and faucet handles that should have been replaced because they were not safe for suicidal patients. CMS found that

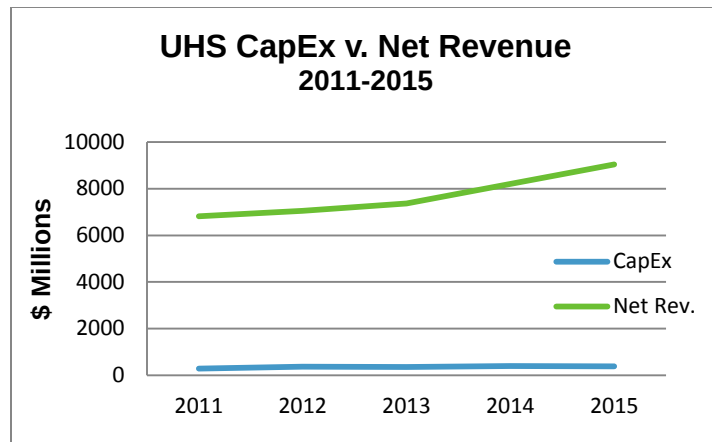
looping and ligature suicide hazards were not limited to just this unit, but were present in all eight patient care units of the hospital.²⁴⁹

- Illinois: In 2013, CMS found that UHS' Riveredge Hospital in Chicago violated the Medicare condition of participation of patient rights and placed a patient in "immediate jeopardy" by failing to ensure that suicide hazards were removed from its patient units. A suicidal patient was placed in a room with an accessible ceiling vent cover, which she used to hang herself. CMS found that these vent covers were present in other units, which posed potential risks to 40 patients in the facility.²⁵⁰ A wrongful death suit was also filed by the decedent's husband as a result, alleging the patient was placed on "routine" 15-minute observation when admitted, the lowest observation level possible, despite showing several risk factors for suicide. The suit also alleged that the State had identified the air vents as dangerous, and had mandated they be modified, five years prior to the decedent being admitted to the facility.²⁵¹
- Texas: In December 2014, a patient seeking treatment at UHS-owned Timberlawn Mental Health System in Dallas committed suicide by hanging herself from a doorknob in the trauma unit. Despite the facility's knowledge of the patient's history of attempted suicides and the patient's placement on assault/suicide precautions and 15-minute observation, this event occurred due to the hospital's failures in correcting its "hospital plant anomalies." CMS inspectors found an internal facility document titled "Hospital Plant Anomalies" from May 2014 (7 months prior to the patient suicide) which identified, *"Trauma unit...patient door handles and closet door handles could be a ligature risk..."* A CMS interview with a staff member further revealed that no action was taken to remove the risks until after the suicide event, and that patients continued to be admitted to the rooms with the existing doorknobs even after the patient suicide event. Two months following the patient suicide, a CMS facility inspection was again conducted, which *"Revealed the continued presence of unsafe items accessible to psychiatric patients for potential harm which included, plastic liners in trash cans, electrical cords and phone cords."*²⁵² Despite the tragic death and CMS' findings mentioned above, Timberlawn's CEO at the time Shelah Adams told *the Dallas Morning News* in June 2015, that "the doorknobs in question did not violate any regulations."²⁵³

The disturbing cases discussed above are the tragic result of UHS' focus on profits over patient care. Even after a patient died within its care, as in the case of Timberlawn, UHS still failed to take any meaningful actions to prevent the accessibility of unsafe items to the psychiatric patients entrusted in their care.

In fact, with the exception of a slight bump in capital expenditures following its acquisition of PSI, Inc. in 2011, capital expenditures by UHS have remained flat since 2012, while revenues have grown substantially.²⁵⁴

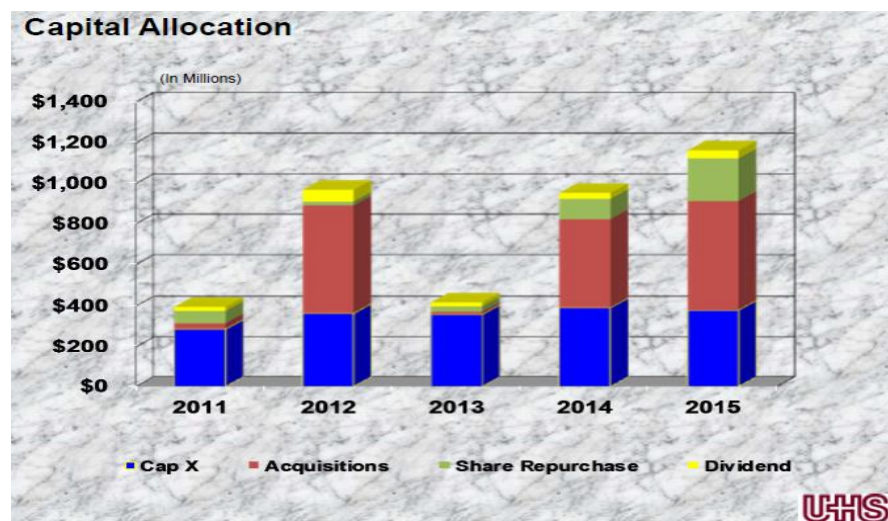
UHS has had remarkable annual growth in net revenues; yet, capital expenditures as a percentage of net revenues have been in steady decline each year since 2012. Between the 5-year period of 2011-2015, UHS only spent an annual average of \$355.4 million on capital expenditures (for all facilities operated by the company), while during the same period, UHS took in average annual net revenues of \$7.7 billion. In fact, just to give a sense as to how profitable UHS has been, UHS' behavioral health facilities alone generated an average annual income before taxes (or profit) of \$886 million between 2011-2015.²⁵⁵



Source: UHS10K Filing for year ending 12/31/15, pg36

Year	CapEx (\$ millions)	Net Revenue (\$ millions)	% of Net Revenue
2011	286	6,812	4.20%
2012	363	7,054	5.15%
2013	358	7,370	4.86%
2014	391	8,210	4.76%
2015	379	9,040	4.19%

What's more, UHS' own investor presentation materials show that while the company's investment in capital expenditures remained flat between 2011 and 2015, its capital allocation towards acquisitions and share repurchases have followed a generally upward trend.



Source: UHS Investor Presentation 5/4/16

This information leads one to conclude that rather than spending profit on fixing up dilapidated facilities and known safety risks, management has decided to prop up the share price for investors and buy more facilities. UHS' deployment of cash runs counter to what is expected of healthcare facilities. Healthcare facilities require significant investments in brick and mortar, equipment, and human capital to operate.²⁵⁶ Due to UHS' remarkable profitability year after year, one would expect that the company would allocate more resources to continually update their existing plants and bring them up to state and federal standards.²⁵⁷ Unfortunately, UHS' failure to do so has been tied to tragic patient outcomes, as discussed above.

Given UHS' demonstrated pattern of failing to adequately adhere to state and federal physical plant standards, coupled with its failure to prioritize capital spending on its existing facilities, we question UHS' ability to abide by relevant physical plant standards in order to ensure the safety and well-being of patients and staff.

II. History of unsafe patient boarding, or co-mingling of distinct patient populations without regard to their specific needs, raises doubts about UHS' conformance with physical plant regulations.

UHS also states in its application how its proposed hospital *"will be built to involuntary patient safety and restraint licensure standards, and the number of voluntary/involuntary patient bed spaces will be flexible to meet patient needs, which are expected to vary over time."*²⁵⁸ Yet, after the OHA CON office raised concerns with this, and noted that state administrative rules (OAR 333-5335-0061(8)(d)) require that *"child and adolescent care units are physically and visually separate from each other and from adult units,"* UHS backtracked and gave completely contradictory response stating, *"As a matter of clinical practice ...we never co-mingle adult and children and adolescent patients."*²⁵⁹ UHS' conflicting responses to the OHA CON office, coupled with its record on unsafe patient boarding at its facilities nationwide, raises serious safety concerns. Examples include:

- Texas: In April 2015, the CMS conducted an unannounced, facility inspection at Timberlawn Mental Health System and found that the facility failed to secure proper unit placements for patients. CMS found that the facility's adolescent unit serves the dual role of housing mentally ill patients, while also providing care to individuals apprehended by police officers without a warrant (APOWW), some of whom may be adults. Most of the adolescent APOWWs may not require hospitalization and staff estimated that about half are sent out of the facility after an initial evaluation. CMS found that *"[t]hroughout the day seriously mentally ill persons may be sharing meals, groups, etc. with persons not seen as mentally ill. The potential for harm to the acutely ill patients is therefore quite high."* CMS also noted that: *"There may also occur APOWW persons who are adults. Administrator estimates that 10 percent to 20 percent of these persons are assessed as not requiring acute care hospitalization yet are present throughout their stay with acutely mentally ill patients. There is a likelihood that other patients may be victimized by these persons who are not patients."*²⁶⁰
- Florida: In March 2014, River Point Behavioral Health was cited by the Florida Agency for Health Care Administration (AHCA) after the facility failed to have an organized and separate unit for their adult substance abuse patients, even though state regulations require that *"the beds assigned to the program must be physically separate from and not commingled with beds not included in the unit."* AHCA found that instead of separating its substance abuse patients from its psychiatric patients, River Point Behavioral used rubberized mattresses on the floor of patient rooms for *"overflow patients"* without regard to whether they were substance abuse or psychiatric patients. Rather than directly addressing its cited deficiencies by designating separate units for its substance abuse and psychiatric disorder patients, River Point ceased the admission of substance abuse patients.²⁶¹
- Texas: In December 2010, Hickory Trail Hospital was cited by CMS after the facility failed to ensure that children under 12 were provided safe, secure sleeping quarters separate from adolescents. It was found that a 10 year old male resided in a 4-patient bedroom with 12, 14, and 16 year old males. CMS wrote, *"Failure to provide separate sleeping quarters for child and adolescent patients potentially compromises the younger child's safety and is incongruent with the growth and developmental needs of both children and adolescents."*²⁶²
- Pennsylvania: In December 2010, the Department of Health also found violations of cross-boarding regulations at UHS Meadows Psychiatric Center. One staff member reported feeling uncomfortable with cross-boarding, in part, because of a specific incident in which younger children slept in the adolescent unit which the staff member believed had housed two *"known pedophiles."* The staff member felt that the administration was not responsive to employees' concerns.²⁶³

UHS' proposal fails to meet the "Economic Evaluation" Criteria (OAR 333-580-0060) due to its record on having high costs of care.

Impact on health care costs criterion: Will the impact of the proposal on the cost of health care be acceptable? (a) The applicant must discuss the impact of the proposal both on overall patient charges at the institution and on charges for services affected by the project: An applicant must show what the proposal's impact will be on the gross revenues and expenses per inpatient day and per adjusted patient day...

UHS claims in its CON application that the "proposal for a new 100-bed psychiatric facility will alleviate the burden on existing facilities and provide necessary access to psychiatric services. This will result in a lower cost of healthcare delivery."²⁶⁴ UHS also states that since "there is no history for NewCo,"²⁶⁵ the expected "financial model is driven off Cedar Hills' actuals for the most recent period available" but UHS acknowledged that "there is no public data available in Oregon that we are aware of that allows comparison to other providers' charges and expenses on a per statistic basis."²⁶⁶

When asked by the OHA CON office to provide specific information to support UHS' claims about the cost of care at its current Cedar Hills Hospital, UHS fails to do so and says it cannot reproduce that information because it is proprietary. Rather, UHS makes blanket statements that it is "the lowest cost provider of psychiatric care when compared with other inpatient psychiatric unit providers" in Oregon without any objective evidence to back up its claims.²⁶⁷ If the proposed facility's "proposed charges for services offered at the Wilsonville facility are based on actual charges at [the] Cedar Hills facility,"²⁶⁸ then we must take a closer look at UHS Cedar Hills facility.

According to Medicare data²⁶⁹ in 2013 and 2014, or since UHS began operating Cedar Hills Hospital in October 2012, Cedar Hills has had the highest charge-to-cost ratios and payment-to-cost ratios compared to its Oregon peers. In 2014 for example, Cedar Hills had the highest charge-to-cost ratio of 377 percent, compared to the second highest of 239 percent. To put this figure into context, Cedar Hills' charge-to-cost ratio was not only significantly higher than its peers, but also higher than the Freestanding IPF national average of 262 percent. Cedar Hills' payment-to-cost ratios also follow similar trends. Cedar Hills' payment-to-cost ratio for 2014 was 125 percent, compared to the second highest which was 78 percent.²⁷⁰ Once again, Cedar Hills' payment-to-cost ratio was higher than the Freestanding IPF national average of 118 percent in FY 2014.

Given these high charges at Cedar Hills, and the fact that UHS states that their "proposed charges for services offered at the Wilsonville facility are based on actual charges at [the] Cedar Hills facility,"²⁷¹ it is no wonder that UHS' projected profit margins for the proposed facility are astoundingly high. UHS states, "NewCo is projected to...become profitable thereafter, as volumes are realized and resources are more efficiently utilized...From year three thereafter, operating margin is forecast to rise above 30 percent and stabilize at 36 percent (year four)."²⁷²

These high charges are not isolated to Cedar Hills. In fact, similar healthcare cost trends can also be found at its Fairfax Hospital in Kirkland, Washington. In 2014, Fairfax Hospital had the highest charge-to-cost ratios, and the second highest payment-to-cost ratios compared to its peers in Washington. In 2013, Fairfax Hospital had the highest charge-to-cost ratios, and the highest payment-to-cost ratios compared to its peers.

These high charges are due, in part, to the fact that UHS is a for-profit provider. According to a recent *Health Affairs* study co-authored by Gerard Anderson, a professor of health policy and management at Johns Hopkins University, for-profit hospitals generally had higher surpluses per adjusted discharge than other

types of hospitals and that a large majority of hospitals with high charge-to-cost ratios and high profitability were for-profit facilities.²⁷³ All of these factors raise serious concerns that UHS' proposed facility will have an unacceptable impact upon the cost of healthcare due to its focus on profits rather than patient care. Thus, the UHS proposal to establish a for-profit behavioral health facility in Wilsonville, Oregon, should be denied.

Conclusion

It is essential that the healthcare providers who will be entrusted to provide vital psychiatric services to our communities meet the highest standards of quality patient care, cost-containment, and legal compliance. Only then, will we be able to achieve our state's goals of improving mental health services for our communities. However, as discussed above, UHS' troubling operational record shows that UHS-operated facilities have repeatedly failed to meet basic standards of quality care, patient and worker safety, and legal and regulatory compliance.²⁷⁴ What's more, UHS' proposal fails to meet a majority of the state's CON review criteria regarding bed need, quality of care, access to care, availability of resources, and economic evaluation. For these reasons, we urge the Oregon Health Authority to reject UHS' proposal to build a 100-bed psychiatric Hospital in Wilsonville, Oregon.

¹ Oregon Administrative Rules, OAR 333-580-0000 - http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_580.html

² UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 114-116;

UHS responses to OHA questions dated March 11, 2016, p24

³ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 116-117

⁴ UHS responses to OHA questions dated March 11, 2016, pdf 24

⁵ UHS responses to OHA questions dated March 11, 2016, pdf 25, 78

⁶ Oregon Administrative Rules, OAR 333-580-0000 - http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_580.html

⁷ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 80

⁸ UHS responses to OHA questions dated March 11, 2016, p23-24

⁹ <https://www.mentalhealth.gov/get-help/health-insurance/>; <https://www.healthcare.gov/preventive-care-adults/>;

<https://www.healthcare.gov/preventive-care-children/>

¹⁰ <http://www.urban.org/urban-wire/povertys-toll-mental-health>

¹¹ US HHS. "5 Years Later: How the Affordable Care Act is Working for Oregon." - <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-oregon/index.html>

¹² UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 117

¹³ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 116

¹⁴ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 1

¹⁵ OAR 333-615-0030 Estimates of Need - http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_615.html

¹⁶ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 102

¹⁷ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 32

¹⁸ UHS responses to OHA CON office questions dated March 11, 2016

¹⁹ UHS responses to OHA CON office questions dated March 11, 2016, pdf 6

²⁰ NIH "Use of Mental Health Services and Treatment Among Adults" - <http://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-adults.shtml>

²¹ US HHS. "5 Years Later: How the Affordable Care Act is Working for Oregon." - <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-oregon/index.htm>

²² "Alameda Model" Breakthrough Study Shows 80% Reduction in Delays for Psychiatric Care; Prevents ER Boarding of Psychiatric Patients. 15 Oct 2013. - <https://globenewswire.com/news-release/2013/10/15/580533/10052370/en/Alameda-Model-Breakthrough-Study-Shows-80-Reduction-in-Delays-for-Psychiatric-Care-Prevents-ER-Boarding-of-Psychiatric-Patients.html>;

Zeller, et al. "Effects of a Dedicated Regional Psychiatric Emergency Service on Boarding of Psychiatric Patients in Area Emergency Departments."

https://www.researchgate.net/publication/260431777_Effects_of_a_Dedicated_Regional_Psychiatric_Emergency_Service_on_Boarding_of_Psychiatric_Patients_in_Area_Emergency_Departments

²³ "Alameda Model" Breakthrough Study Shows 80% Reduction in Delays for Psychiatric Care; Prevents ER Boarding of Psychiatric Patients. 15 Oct 2013. - <https://globenewswire.com/news-release/2013/10/15/580533/10052370/en/Alameda-Model-Breakthrough-Study-Shows-80-Reduction-in-Delays-for-Psychiatric-Care-Prevents-ER-Boarding-of-Psychiatric-Patients.html>;

Zeller, et al. "Effects of a Dedicated Regional Psychiatric Emergency Service on Boarding of Psychiatric Patients in Area Emergency Departments."

https://www.researchgate.net/publication/260431777_Effects_of_a_Dedicated_Regional_Psychiatric_Emergency_Service_on_Boarding_of_Psychiatric_Patients_in_Area_Emergency_Departments

- ²⁴ Little-Upah, Pat et al. "The Banner Psychiatric Center: A Model for Providing Psychiatric Crisis Care to the Community While Easing Behavioral Health Holds in Emergency Departments." *The Permanente Journal* 17.1 (2013): 45–49. PMC. Web. 20 Sept. 2016. - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3627782/>
- ²⁵ <http://unityhealthcenter.org/>
- ²⁶ Bernstein, Maxine. "Four major healthcare providers work to open psychiatric ER in Portland called 'Unity Center for Behavioral Health' - *The Oregonian*. 5 Feb 2015. - http://www.oregonlive.com/portland/index.ssf/2015/02/four_healthcare_providers_sign.html
- ²⁷ "Alameda Model" Breakthrough Study Shows 80% Reduction in Delays for Psychiatric Care; Prevents ER Boarding of Psychiatric Patients. 15 Oct 2013. - <https://globenewswire.com/news-release/2013/10/15/580533/10052370/en/Alameda-Model-Breakthrough-Study-Shows-80-Reduction-in-Delays-for-Psychiatric-Care-Prevents-ER-Boarding-of-Psychiatric-Patients.html>;
- Zeller, et al. "Effects of a Dedicated Regional Psychiatric Emergency Service on Boarding of Psychiatric Patients in Area Emergency Departments." - https://www.researchgate.net/publication/260431777_Effects_of_a_Dedicated_Regional_Psychiatric_Emergency_Service_on_Boarding_of_Psychiatric_Patients_in_Area_Emergency_Departments
- ²⁸ "Alameda Model" Breakthrough Study Shows 80% Reduction in Delays for Psychiatric Care; Prevents ER Boarding of Psychiatric Patients. 15 Oct 2013. - <https://globenewswire.com/news-release/2013/10/15/580533/10052370/en/Alameda-Model-Breakthrough-Study-Shows-80-Reduction-in-Delays-for-Psychiatric-Care-Prevents-ER-Boarding-of-Psychiatric-Patients.html>
- ²⁹ OAR 333-615-0030 4(a) Estimates of Need - http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_615.html
- ³⁰ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 29
- ³¹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 42
- ³² OAR 333-615-0000 - http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_615.html
- ³³ UHS/NewCo initial CON application submission pack Jan 5, 2016, pdf 55-56
- ³⁴ <http://uhsbehindcloseddoors.org/tag/licensure/>
- ³⁵ UHS/NewCo initial CON application submission pack Jan 5, 2016, pdf 2
- ³⁶ DBHDS Office of Licensing, Investigation Findings Report, incident date 11/4/15; Corrective Action Plan, inspection date 9/8/15; Corrective Action Plan, inspection date 6/9/15. Public records request, available upon request
- ³⁷ Moffeit, Miles. "Safety woes could shut down Timberlawn, Dallas' largest psychiatric hospital." *Dallas Morning News*. 3 Mar 2016. - <http://www.dallasnews.com/investigations/20160303-state-seeks-to-close-east-dallas-timberlawn-psychiatric-hospital-over-safety-problems.ece>
- ³⁸ Moffeit, Miles. "Is Texas too easy on troubled Dallas Psychiatric Hospital?" *Dallas Morning News*. 1 Sept 2016 - <http://www.dallasnews.com/investigations/headlines/20160901-is-texas-too-easy-on-troubled-dallas-psychiatric-hospital.ece>
- ³⁹ Huseman, Jessica. "Timberlawn mental hospital cut off from federal funding over safety issues." *Dallas Morning News*. 24 July 2016. <http://www.dallasnews.com/news/community-news/dallas/headlines/20150724-timberlawn-mental-hospital-cut-off-from-federal-funding-over-safety-issues.ece>
- ⁴⁰ Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016. - <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>
- ⁴¹ <http://uhsbehindcloseddoors.org/tag/suicide/>
- ⁴² Sheldon, Linzi. "Psychiatric facility closing doors in February." 7 Dec 2012. - <http://www.wsocvt.com/news/news/local/psychiatricfacility-closing-doors-february/nTQLR/>
- ⁴³ Office for mental health and substance abuse services letter to Friends Hospital regarding provisional license. Feb 2, 2016. - http://services.dpw.state.pa.us/Resources/Documents/Pdf/ViolationReports/20151130_10438.pdf
- ⁴⁴ PA DPH Rules and Regulations - http://www.health.pa.gov/migration/Documents/028_0101.pdf, p24
- ⁴⁵ PA DPH Rules and Regulations - http://www.health.pa.gov/migration/Documents/028_0101.pdf, p26
- ⁴⁶ PA DPH Rules and Regulations - http://www.health.pa.gov/migration/Documents/028_0101.pdf, p26-27
- ⁴⁷ PA DPH Letter to Fairmount Behavioral Health re: Licensing Inspection 2/19/15 - <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/03/PA-Fairmount-Behavioral-Health-2014.11.03-DHS.pdf>
- ⁴⁸ PA DPH letter to Fairmount Behavioral Health re: licensing noncompliance 3/27/14 - <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/03/PA-Fairmount-Behavioral-Health-2013.12.11-DHS.pdf>
- ⁴⁹ PA DPH letter to Fairmount Behavioral Health re: licensing noncompliance 7/28/14 - <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/03/PA-Fairmount-Behavioral-Health-2014.06.02-DHS.pdf>
- ⁵⁰ UHS response to Oregon Health Authority (OHA) questions pertaining to its CON application, dated 6/28/2016, p4
- ⁵¹ UHS response to Oregon Health Authority (OHA) questions pertaining to its CON application, dated 6/28/2016, p3-4
- ⁵² Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016. <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>
- ⁵³ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 46
- ⁵⁴ Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016. <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>
- ⁵⁵ CMS letter to Rep Joe Kennedy dated Sept 9, 2015. - Since 2012, CMS onsite reviews of UHS facilities for compliance with Medicare health and safety requirements identified 50 condition-level findings of non-compliance and eight findings of "immediate jeopardy" noncompliance at 44 UHS facilities.
- ⁵⁶ CMS letter to Rep Joe Kennedy dated Sept 9, 2015.
- ⁵⁷ Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016. - <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>; <http://www.dallasnews.com/opinion/editorials/20160322-editorial-chains-failure-to-safeguard-mental-health-patients-is-appalling.ece>

- ⁵⁸ Hethcock, Bill. "Troubled Timberlawn psychiatric system to close Dallas, Garland hospitals and lay off 160." *Dallas Business Journal*. 31 Aug 2015-<http://www.bizjournals.com/dallas/news/2015/08/31/exclusive-troubled-timberlawn-psychiatric-system.html>
- ⁵⁹ Dunklin, Reese. "Timberlawn hospital, under safety scrutiny, asks court to keep its funding." *Dallas Morning News*. 11 Aug 2015.-
<http://www.dallasnews.com/news/metro/20150811-timberlawn-hospital-under-safety-scrutiny-asks-court-to-keep-its-funding.ece>
- ⁶⁰ Goodman, Matt. "CMS Pulls Funding From Timberlawn For Violations, A 'Very, Very Rare' Decision." 24 Jul 2015-
<http://healthcare.dmagazine.com/2015/07/24/cms-pulls-funding-from-timberlawn-for-violations-a-very-very-rare-decision/>
- ⁶¹ Timberlawn Statement of Deficiency 2.25.15-<http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.02.25TX-Timberlawn-SOD.pdf>; CMS letter to Timberlawn <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.05.29-TX-Timberlawn-CMS-continued-noncompliance-letter.pdf>
- ⁶² Timberlawn Statement of Deficiency 2.25.15-<http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.02.25TX-Timberlawn-SOD.pdf>; CMS letter to Timberlawn <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.05.29-TX-Timberlawn-CMS-continued-noncompliance-letter.pdf>
- ⁶³ Timberlawn Statement of Deficiency, 4/22/15-<http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.04.22-TX-Timberlawn-SOD-b-tags.pdf>; <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.05.29-TX-Timberlawn-CMS-continued-noncompliance-letter1.pdf>
- ⁶⁴ Timberlawn Statement of Deficiency, 4/22/15-<http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.04.22-TX-Timberlawn-SOD-b-tags.pdf>; <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.05.29-TX-Timberlawn-CMS-continued-noncompliance-letter1.pdf>
- ⁶⁵ Timberlawn Statement of Deficiency, 4/22/15-<http://uhsbehindcloseddoors.org/wp-content/uploads/2015/06/2015.04.22-TX-Timberlawn-SOD-a-tags.pdf>
- ⁶⁶ Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016.- <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>; <http://www.dallasnews.com/opinion/editorials/20160322-editorial-chains-failure-to-safeguard-mental-health-patients-is-appalling.ece>
- ⁶⁷ Both UHS hospitals in TX have faced termination from the Medicare program only. But Medicare rules in (PART 482—CONDITIONS OF PARTICIPATION FOR HOSPITALS) specify that hospitals receiving payment under Medicaid must also meet the requirements for participation in Medicare -http://www.ecfr.gov/cgi-bin/text-idx?SID=3de9d0b51a1beea7e37a1a815254b702&mc=true&node=pt42.5.482&rgn=div5#se42.5.482_111
- ⁶⁸ UHS SEC 10Q, filed August 7, 2015. p57-58- <https://www.sec.gov/Archives/edgar/data/352915/000119312515281740/d941004d10q.htm>
- ⁶⁹ Moffeit, Miles. "Rare agreement puts independent monitors inside Parkland." *Dallas Morning News*. 24 Sept 2011. -
<http://www.dallasnews.com/investigations/patient-safety/headlines/20110924-rare-agreement-puts-independent-monitors-inside-parkland.ece>
- ⁷⁰ Hutchins, Michael. "Problems at TMC Behavioral Health Center trigger improvement agreement with CMS." *Herald Democrat*. 16 Aug 2015. -
<http://heralddemocrat.com/news/local/problems-tmc-behavioral-health-center-trigger-improvement-agreement-cms#sthash.IFKzqq4M.dpuf>
- ⁷¹ CMS statement of deficiency, Texoma Medical Center January 29, 2015. p1-2- http://uhsbehindcloseddoors.org/complaint_type/suicidal-patient-found-dead-under-bridge-less-than-24-hours-after-release-from-texoma-medical-center-facility-entered-into-agreement-with-cms-to-avoid-termination/; <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/08/TX-SOD-Texoma-Medical-Center-CMS-letter-to-Texoma-2015.03.17.pdf>
- ⁷² CMS termination letter to Two Rivers Psychiatric Hospital April 11, 2011- <http://uhsbehindcloseddoors.org/wp-content/uploads/1970/01/MO-Two-Rivers-CMS-program-termination-letter.pdf>
- ⁷³ Two Rivers Statement of Deficiency -<http://uhsbehindcloseddoors.org/wp-content/uploads/1970/01/MO-Two-Rivers-Behavioral-Health-2011.03.18-CMS.pdf>
- ⁷⁴ Miles Moffeit. "Rare agreement puts independent monitors inside Parkland." *Dallas Morning News*. 25 Sept 2011.
- ⁷⁵ <http://uhsbehindcloseddoors.org/abuse/>; <http://uhsbehindcloseddoors.org/staffing/>; <http://uhsbehindcloseddoors.org/newsroom/>
- ⁷⁶ 10/21/15 UHS letter to Oakland Park city manager,p2
- ⁷⁷ <http://uhsbehindcloseddoors.org/>
- ⁷⁸ 10/21/15 UHS letter to Oakland Park city manager,p3
- ⁷⁹ 2014 is the most recent full year for which data is available according to the DMN
- ⁸⁰ Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016.-<http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>; <http://www.dallasnews.com/opinion/editorials/20160322-editorial-chains-failure-to-safeguard-mental-health-patients-is-appalling.ece>
- ⁸¹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 45
- ⁸² Nadi, Aliza. "National Deaf Academy, Hit with Abuse Allegations, Is Closing." *NBC News*. January 15, 2016. -
<http://www.nbcnews.com/news/us-news/national-deaf-academy-hit-abuse-allegations-closing-n497516>
- ⁸³ Nadi, Aliza. "'Mom, Please Help': FBI Probing Alleged Abuse of Deaf, Autistic Kids." *NBC News*, September 14, 2014. - <http://www.nbcnews.com/news/investigations/mom-please-help-fbi-probing-alleged-abuse-deafautistic-kids-n193846>
- ⁸⁴ 10/21/15 UHS letter to Oakland Park city manager, 3-4
- ⁸⁵ http://www.jointcommission.org/accreditation/top_performers.aspx
- ⁸⁶ "Facts about Top Performer on Key Quality Measures® Program." The Joint Commission. November 13, 2014 -
http://www.jointcommission.org/facts_about_the_joint_commissions_top_performers_on_key_quality_measures_program/
- ⁸⁷ CMS letter to Rep Joe Kennedy dated Sept 9, 2015.
- ⁸⁸ CMS letter to Rep Joe Kennedy dated Sept 9, 2015.
- ⁸⁹ Analysis of CMS data on UHS facility noncompliance since 2012 and UHS top performer facilities, data available upon request
- ⁹⁰ "Awards and Accolades." UHS, Inc. web page - <http://www.uhsinc.com/about-us/uhs-news-fall-winter-2014/awards-and-accolades/>

- ⁹¹ "Hospital List of The Joint Commission's Top Performer on Key Quality Measures®." The Joint Commission. November 13, 2014 - p.28 - http://www.jointcommission.org/assets/1/6/TP_state_list_2014.pdf
- ⁹² Dunklin, Reese. "Hours after judge's ruling, feds officially axe Timberlawn psych hospital from Medicare." *The Dallas Morning News*. August 14, 2015 - <http://watchdogblog.dallasnews.com/2015/08/hours-after-judges-ruling-feds-officially-axe-timberlawn-from-medicare.html/>
- ⁹³ Dunklin, Reese. "Regulators to halt Timberlawn psych hospital's funding after judge's ruling." *The Dallas Morning News*. August 13, 2015 - <http://watchdogblog.dallasnews.com/2015/08/regulators-to-halt-timberlawn-psych-hospitals-funding-after-judges-ruling.html/>
- ⁹⁴ UHS Press Release: "48 UHS Facilities Recognized by the Joint Commission." October 30, 2013- <http://www.uhsinc.com/news/48-universal-health-services-facilities-recognized-by-the-joint-commission/>
- ⁹⁵ "The UHS Chairman's Council." UHS, Inc. web page - <http://www.uhsinc.com/about-us/uhs-news/thirty-five-years-of-leadership-excellence/the-uhs-chairmans-council/>
- ⁹⁶ UHS SEC Form 10-Q for the period ending June 30, 2015. p.14 - <https://www.sec.gov/Archives/edgar/data/352915/000119312515281740/d941004d10q.htm>
- ⁹⁷ UHS SEC Form 10-Q for the period ending June 30, 2016, p14
- ⁹⁸ Hutchins, Michael. "Problems at TMC Behavioral Health Center trigger improvement agreement with CMS." *Herald Democrat*. August 16, 2015 - <http://heralddemocrat.com/news/local/problems-tmc-behavioral-health-center-trigger-improvement-agreement-cms>
- ⁹⁹ Hutchins, Michael. "Problems at TMC Behavioral Health Center trigger improvement agreement with CMS." *Herald Democrat*. August 16, 2015 - <http://heralddemocrat.com/news/local/problems-tmc-behavioral-health-center-trigger-improvement-agreement-cms>
- ¹⁰⁰ <http://uhsbehindcloseddoors.org/investigations/>
- ¹⁰¹ [http://www.uhsinc.com/news/46-universal-health-services-facilities-recognized-by-the-joint-commission-\(1\)/](http://www.uhsinc.com/news/46-universal-health-services-facilities-recognized-by-the-joint-commission-(1)/)
- ¹⁰² <http://uhsbehindcloseddoors.org/investigations/>
- ¹⁰³ UHS response to Oregon Health Authority (OHA) questions pertaining to its CON application, dated 6/28/2016, p3
- ¹⁰⁴ Dunklin, Reese. "Regulators to halt Timberlawn psych hospital's funding after judge's ruling." *The Dallas Morning News*. August 13, 2015 - <http://watchdogblog.dallasnews.com/2015/08/regulators-to-halt-timberlawn-psych-hospitals-funding-after-judges-ruling.html/>
- ¹⁰⁵ CMS letter to Texoma March 17, 2015- http://uhsbehindcloseddoors.org/complaint_type/suicidal-patient-found-dead-under-bridge-less-than-24-hours-after-release-from-texoma-medical-center-facility-entered-into-agreement-with-cms-to-avoid-termination/
- ¹⁰⁶ State of Washington CON #15-26, 15-27, 15-32 comparative review- Signature Healthcare rebuttal testimony 12/21/2015, p8
- ¹⁰⁷ State of Washington CON #15-26, 15-27, 15-32 comparative review- Springstone rebuttal testimony 12/24/2015, p11
- ¹⁰⁸ State of Washington CON #15-26, 15-27, 15-32 comparative review- Springstone rebuttal testimony 12/24/2015, p10
- ¹⁰⁹ OAR 333-580-0040 (3) Need Criteria-http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_580.html
- ¹¹⁰ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 14
- ¹¹¹ Analysis of Washington State Charity Care reports
- ¹¹² <http://uhsbehindcloseddoors.org/?s=emtala>
- ¹¹³ <http://uhsbehindcloseddoors.org/shut-down-a-count-of-uhs-closed-facilities/>
- ¹¹⁴ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 15
- ¹¹⁵ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 15
- ¹¹⁶ <https://www.macpac.gov/publication/the-medicaid-institution-for-mental-diseases-imd-exclusion/>
- ¹¹⁷ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 14
- ¹¹⁸ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 55
- ¹¹⁹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 55
- ¹²⁰ According to Google Maps, Cedar Hills Hospital is about a 30 min. drive to the proposed facility in Wilsonville
- ¹²¹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 46-47
- ¹²² Defined as all charges billed to patients, <http://www.doh.wa.gov/Portals/1/Documents/5300/2013CharityCareReport.pdf>, p5
- ¹²³ Defined as Medicare and Medicaid patient service revenue subtracted from total patient service revenue , <http://www.doh.wa.gov/Portals/1/Documents/5300/2013CharityCareReport.pdf>, p5
- ¹²⁴ UHS Fairfax Hospital and Providence Healthcare CON application to establish a 100-bed psych hospital in Spokane County, WA, pdf 50
- ¹²⁵ In 2014, charity care levels for the state as a whole trended downward, which the state of Washington attributes to ACA implementation.- <http://www.doh.wa.gov/Portals/1/Documents/5300/2014CharityCareReport.pdf>, p6
- ¹²⁶ WA Department of Health's Charity Care Reports for FY2011 (p 11,13); FY 2012 report (p11, 13); FY 2013 report (p13, 15); FY 2014 report (p5,12)
- ¹²⁷ "Net revenues" and "Net income." Consolidated Statements of Income. UHS Form 10-K for the period ending December 31, 2015. Filed February 25, 2016. p.85.
- ¹²⁸ UHS Form 10-K for the year ending December 31, 2015. Filed February 25, 2016, p.51
- ¹²⁹ UHS responses to OHA CON office questions dated March 11, 2016, pdf 28
- ¹³⁰ <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>
- ¹³¹ AHCA Final Order Issued against Sun Coast Behavioral-<http://uhsbehindcloseddoors.org/wp-content/uploads/2016/06/FL-Sun-Coast-Behavioral-AHCA-Fine-2016.05.13.pdf>, p3-5
- ¹³² CMS Statement of Deficiency, Cypress Creek Hospital. May 23, 2013.- http://uhsbehindcloseddoors.org/complaint_type/hospital-turns-away-4-patients-seeking-emergency-treatment-without-assessments/
- ¹³³ CMS Statement of Deficiency, Peachford Behavioral Hospital. Oct 24, 2012- http://uhsbehindcloseddoors.org/complaint_type/hospital-refuses-to-treat-patient-until-insurance-can-be-verified/
- ¹³⁴ CMS Statement of Deficiency, Fort Lauderdale Hospital. Apr 15, 2011-http://uhsbehindcloseddoors.org/complaint_type/autistic-child-denied-emergency-medical-care-due-to-insurance/
- ¹³⁵ <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>
- ¹³⁶ <http://uhsbehindcloseddoors.org/shut-down-a-count-of-uhs-closed-facilities/>

¹³⁶ <http://uhsbehindcloseddoors.org/shut-down-a-count-of-uhss-closed-facilities/>; http://www.dailycommercial.com/news/article_099e6596-f013-597b-9ef2-71a1b2925833.html

¹³⁷ <http://uhsbehindcloseddoors.org/shut-down-a-count-of-uhss-closed-facilities/>

¹³⁸ UHS 10K for year ending December 31, 2015 , p51; UHS Whitepaper p 11

¹³⁹ Dunklin, Reese. "Regulators to halt Timberlawn psych hospital's funding after judge's ruling." *Dallas Morning News*. 13 Aug 2015. - <http://watchdogblog.dallasnews.com/2015/08/regulators-to-halt-timberlawn-psych-hospitals-funding-after-judges-ruling.html/>

¹⁴⁰ Defendant's Response to Plaintiff's Motion for Temporary Restraining Order, *Timberlawn v. Burwell* (N.D. Tex. 3:15-cv-02556-M), p4-6

¹⁴¹ "Troubled Timberlawn psychiatric system to close Dallas, Garland hospitals and lay off 160." *Dallas Business Journal*. 31 Aug 2015.- <http://webcache.googleusercontent.com/search?q=cache:lw2PwfpwX9MJ:www.bizjournals.com/dallas/news/2015/08/31/exclusive-troubled-timberlawn-psychiatric-system.html+&cd=1&hl=en&ct=clnk&gl=us>

¹⁴² UHS 10K for year ending December 31, 2015, p85

¹⁴³ Plaintiff's Memorandum on Jurisdiction for Limited Purpose of Issuance of TRO, *Timberlawn v. Burwell* (N.D. Tex. 3:15-cv-02556-M),p8-9

¹⁴⁴ Moffeit, Miles. "Safety woes could shut down Timberlawn Dallas' largest psychiatric hospital." *Dallas Morning News*. 3 Mar 2016.- <http://www.dallasnews.com/investigations/20160303-state-seeks-to-close-east-dallas-timberlawn-psychiatric-hospital-over-safety-problems.ece>

¹⁴⁵ <http://www.census.gov/quickfacts/table/INC110213/00,4819000,48>

¹⁴⁶ <http://www.census.gov/quickfacts/table/DIS010213/00,4819000,48>

¹⁴⁷ "We felt caged: Seven stories of Rock River Academy," *Chicago Tribune*, 12/3/14.

¹⁴⁸ "Center for troubled girls will close: cites decision by DCFS," *Chicago Tribune*, 1/28/15.

¹⁴⁹ "DCFS stops placements, steps up monitoring at living center for youths." *Chicago Tribune*. 15 Dec 2016.- <http://www.chicagotribune.com/news/watchdog/rct/ct-youth-treatment-rock-river-met-20141215-story.html>

¹⁵⁰ <http://www.census.gov/quickfacts/table/INC110213/00,17,1765000>

¹⁵¹ <http://www.census.gov/quickfacts/table/DIS010213/00,17,1765000>

¹⁵² "Rick Santorum-Linked Universal Health Services Facility: Fraud, Assault And Alleged 'Exorcism,' " *The Huffington Post*, 1/6/12.

¹⁵³ "Residential Youth Treatment Facility for Medicaid Recipients in Marion, Virginia Agrees to Resolve False Claims Act Allegations," U.S. Department of Justice Press Release, 3/28/12

¹⁵⁴ <http://www.census.gov/quickfacts/table/INC110213/00,51,5149464>

¹⁵⁵ <http://www.census.gov/quickfacts/table/DIS010213/00,51,5149464>

¹⁵⁶ UHS 10K for year ending December 31, 2015 , p51; UHS 10K for year ending December 31, 2014 , p61; UHS 10K for year ending December 31, 2013 , p61; UHS 10K for year ending December 31, 2012 , p61

¹⁵⁷ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 60

¹⁵⁸ UHS SEC 10K filing for the period ending Dec 31, 2015, p114-116-<http://ir.uhsinc.com/phoenix.zhtml?c=105817&p=irol-SECText&TEXT=aHR0cDovL2FwaS50ZW5rd2I6YXJkLmNvbS9maWxpbnmcueG1sP2lwYWdlPTEwNzcxNzIzJkRTRVE9MCZTRVE9MCZTUURFU0M9U0VDVEIPTI9FTIRJUKUmc3Vic2lkPTU3>

¹⁵⁹ Bolton, Michele Morgan. "Public meeting March 5 on security at Westwood Lodge psychiatric facility.- <https://www.bostonglobe.com/metro/regionals/south/2012/03/04/public-meeting-march-security-westwood-lodge-psychiatric-facility/1CPvOngYEt2m2qUUBt2TJ/story.html>

¹⁶⁰ Lindberg, Anne. "Safe Harbor is a prime user of Pinellas' EMS system. *Tampa Bay Times*. 31 May 2014.- <http://www.tampabay.com/news/localgovernment/safe-harbor-is-a-prime-user-of-pinellas-ems-system/2182409>; Lindberg, Anne. "New idea hopes to lighten load in key area." *Tampa Bay Times*. 12 Feb 2015. -<http://www.tampabay.com/news/localgovernment/new-idea-hopes-to-lighten-ems-load-in-key-area/2217426>

¹⁶¹ Jackson, David. "Workers at Rockford Girls Center: Therapy Included Cartoons, Faked Records. *Chicago Tribune*. 20 Feb 2015.- <http://www.chicagotribune.com/news/watchdog/rct/ct-rock-river-records-met-20150220-story.html#page=2>

¹⁶² <http://uhsbehindcloseddoors.org/wp-content/uploads/2014/07/FL-Lake-Co.-2014-Montgomery-v.-Natl-Deaf-Academy.pdf>; <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/02/FL-SOD-Emerald-Coast-Behavioral-Hospital-2013.03.20.pdf>; <http://uhsbehindcloseddoors.org/wp-content/uploads/2015/04/PA-Roxbury-Treatment-Center-2014.10.27-DHS.pdf>

¹⁶³ "Residential Youth Treatment Facility for Medicaid Recipients in Marion, Virginia Agrees to Resolve False Claims Act Allegations," U.S. Department of Justice Press Release, 3/28/12

¹⁶⁴ "Rick Santorum-Linked Universal Health Services Facility: Fraud, Assault And Alleged 'Exorcism,' " *The Huffington Post*, 1/6/12.

¹⁶⁵ "Residential Youth Treatment Facility for Medicaid Recipients in Marion, Virginia Agrees to Resolve False Claims Act Allegations," U.S. Department of Justice Press Release, 3/28/12

¹⁶⁶ Public records request of reports from the VA Dept. of Behavioral Health and Disability Services, available upon request

¹⁶⁷ Universal Health Services, Inc. Form 8-K. Filed March 31, 2015. p. 2,3; UHS SEC Form 10K for the FY ending December 31, 2015, filed February 25, 2016.

¹⁶⁸ UHS SEC Form 10-K for the fiscal year ended December 31, 2015, Filed February 25, 2016, p.29-30.

¹⁶⁹ UHS SEC Form 10-K for the fiscal year ended December 31, 2014, Filed February 26, 2015, p.35, 36.

¹⁷⁰ UHS Form 10-K for the year ending December 31, 2014. Filed February 26, 2015. p.35.

¹⁷¹ Q1 2015 Universal Health Services Inc. Earnings Call April 28, 2015, p4-5

¹⁷² UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf15

¹⁷³ According to records requests from NORCOM (the North East King County Regional Public Safety Communication Agency), which is in charge of record keeping for calls of service for EMS , Fire, and Police services, available upon request

¹⁷⁴ According to records requests from NORCOM (the North East King County Regional Public Safety Communication Agency), which is in charge of record keeping for calls of service for EMS , Fire, and Police services, available upon request

- ¹⁷⁵ There were 110 incidents for which there were Call for Service Detail reports for the time period of 2013-2015. Incident Report Records were obtained from NORCOM via public records requests; available upon request
- ¹⁷⁶ WA Norcom Dispatch Incident Report Document #: 2015-35276, 8/25/15
- ¹⁷⁷ WA Norcom Dispatch Incident Report Document #: 2014-13298, 3/19/14
- ¹⁷⁸ WA Norcom Dispatch Incident Report Document #: 2014-50089, 10/22/14
- ¹⁷⁹ Woman arrested after punching nurse | Kirkland Police Blotter- <http://www.kirklandreporter.com/news/368548941.html>
- ¹⁸⁰ Juvenile assaults adult after his cell phone was taken away | Kirkland Police Blotter- <http://www.kirklandreporter.com/news/369155451.html>
- ¹⁸¹ Malicious mischief, shoplifting energy bars, assault at a hospital | Kirkland Police Blotter- <http://www.kirklandreporter.com/news/376723181.html>
- ¹⁸² <http://www.arbourhealth.com/letter-from-our-ceo/>
- ¹⁸³ Bolton, Michele Morgan. "Public meeting March 5 on security at Westwood Lodge psychiatric facility.- <https://www.bostonglobe.com/metro/regionals/south/2012/03/04/public-meeting-march-security-westwood-lodge-psychiatric-facility/1CPvOngYEt2m2qUUZBt2TJ/story.html>
- ¹⁸⁴ UHS Form 10-K for the year ending December 31, 2015. Filed Feb. 25, 2016. p. 24-28
- ¹⁸⁵ Lindberg, Anne. "Safe Harbor is a prime user of Pinellas' EMS system. *Tampa Bay Times*. 31 May 2014.- <http://www.tampabay.com/news/localgovernment/safe-harbor-is-a-prime-user-of-pinellas-ems-system/2182409>; Lindberg, Anne. "New idea hopes to lighten load in key area." *Tampa Bay Times*. 12 Feb 2015.- <http://www.tampabay.com/news/localgovernment/new-idea-hopes-to-lighten-ems-load-in-key-area/2217426>
- ¹⁸⁶ Warren, April. "Vines Hospital Faces Challenges." *Ocala Star Banner*. 31 Jan 2015- <http://www.ocala.com/article/20150131/ARTICLES/150139951>
- ¹⁸⁷ Gillespie, Ryan. "National Deaf Academy in Mount Dora to Close" *Orlando Sentinel*. 14 Jan 2016.- <http://www.orlandosentinel.com/news/lake/os-mount-dora-deaf-academy-closes-2-20160114-story.html>
- ¹⁸⁸ Nadi, Aliza. "Mom, Please Help: FBI Probing Alleged Abuse of Deaf Autistic Kids." *NBC News*, 14 Sept 2014.- <http://www.nbcnews.com/news/investigations/mom-please-help-fbi-probing-alleged-abuse-deaf-autistic-kids-n193846>
- ¹⁸⁹ Gillespie, Ryan. "National Deaf Academy in Mount Dora to Close" *Orlando Sentinel*. 14 Jan 2016.- <http://www.orlandosentinel.com/news/lake/os-mount-dora-deaf-academy-closes-2-20160114-story.html>
- ¹⁹⁰ McLaughlin, Tom. "Two employees fired after Youth Academy Melee." 27 Sept 2013- <http://www.nwfdailynews.com/article/20130927/NEWS/309279981/?Start=1>;
"Teens Charged with inciting a riot at detention facility." 15 Sept 2013- <http://www.nwfdailynews.com/article/20130915/news/309159999>
- ¹⁹¹ Log of incident reports (2013-2016) for Cedar Hills Hospital from the Washington County Sheriff's office, available upon request
- ¹⁹² UHS responses to OHA CON office questions, June 28, 2016, Pdf 5
- ¹⁹³ UHS responses to OHA CON office questions, June 28, 2016, Pdf 5
- ¹⁹⁴ Cedar Hills Hospital letter to Keith Breswick RE: site review findings, dated Jan 15, 2013
- ¹⁹⁵ Email correspondence RE: Newco Safety related questions dated 4/12/16
- ¹⁹⁶ UHS responses to CON office questions 8/2/2016
- ¹⁹⁷ Denial of Petition for Reconsideration in the matter of the appeal of BHC Fremont Hospital before the State of California Occupational Safety and Health Appeals Board. Docket No. 13-R1D2-0204. Filed May 30, 2014. p.1.- [https://www.dir.ca.gov/oshab/decisions/BHC-Fremont-Hospital.\(13-0204\).pdf](https://www.dir.ca.gov/oshab/decisions/BHC-Fremont-Hospital.(13-0204).pdf)
- ¹⁹⁸ Denial of Petition for Reconsideration in the matter of the appeal of BHC Fremont Hospital before the State of California Occupational Safety and Health Appeals Board. Docket No. 13-R1D2-0204. Filed May 30, 2014. p.1.- [https://www.dir.ca.gov/oshab/decisions/BHC-Fremont-Hospital.\(13-0204\).pdf](https://www.dir.ca.gov/oshab/decisions/BHC-Fremont-Hospital.(13-0204).pdf)
- ¹⁹⁹ BHC Fremont Hospital, Inc. vs the Occupational Safety and Health Appeals Board. Case No. RG14731145. Filed June 30, 2014.- <http://uhsbehindcloseddoors.org/wp-content/uploads/2016/05/CA-Alameda-BHC-Fremont-v.-Occu-Petition-for-writ-of-mandate.pdf>
- ²⁰⁰ BHC Fremont Hospital, Inc. vs the Occupational Safety and Health Appeals Board. Case No. RG14731145. Notice of entry of judgment and order denying petition for writ of mandamus. Filed April 29, 2015.- <http://uhsbehindcloseddoors.org/wp-content/uploads/2016/05/CA-Alameda-BHC-Fremont-v.-Occu-Notice-of-entry-of-judgment.pdf>
- ²⁰¹ OSHA Inspection Information for Inspection No. 316562701 - Bhc Fremont Hospital, Inc. - https://www.osha.gov/pls/imis/establishment.inspection_detail?id=316562701
- ²⁰² Burrell, Chris. "Hospital brushes off calls from federal agency to address problem of workers attacked by violent patients." *Patriot Ledger*. 2 Mar 2016. -<http://pembroke.wickedlocal.com/news/20160302/hospital-brushes-off-calls-from-federal-agency-to-address-problem-of-workers-attacked-by-violent-patients>
- ²⁰³ Burrell, Chris. "Hospital brushes off calls from federal agency to address problem of workers attacked by violent patients." *Patriot Ledger*. 2 Mar 2016. -<http://pembroke.wickedlocal.com/news/20160302/hospital-brushes-off-calls-from-federal-agency-to-address-problem-of-workers-attacked-by-violent-patients>
- ²⁰⁴ Burrell, Chris. "Police Describe Savage Attack on nurse at Pembroke Hospital." *Patriot Ledger*. 7 Mar 2016.- <http://pembroke.wickedlocal.com/article/20160307/NEWS/160306509/?Start=1>
- ²⁰⁵ Burrell, Chris. "Pembroke cops describe savage hospital attack." *The Patriot Ledger*. March 7, 2016.- <http://pembroke.wickedlocal.com/article/20160307/NEWS/160306509/?Start=1>
- ²⁰⁶ Burrell, Chris. "Pembroke Hospital equips some staff with walkie-talkies to call for help." *The Patriot Ledger*. May 6, 2016 - <http://www.patriotledger.com/article/20160506/NEWS/160506866/0/SEARCH>
- ²⁰⁷ McCarthy, Christine. "OSHA Investigates brutal attacks on Pembroke Hospital nurses." *Fox 25*. 8 Mar 2016.- <http://www.fox25boston.com/news/local-nurses-say-pembroke-hospital-is-dangerous-work-environment/151486849>

- ²⁰⁸ Lowes, Robert. "Physician Dies After Patient Attack in Dallas Hospital." MedScape. 8 Jul 2016.-
<http://webcache.googleusercontent.com/search?q=cache:BdkRFHq8kGoJ:www.medscape.com/viewarticle/865889+&cd=1&hl=en&ct=clnk&gl=US>
- ²⁰⁹ Danger in the Psych Ward. Dallas Morning News. March 18, 2016 - <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>
- ²¹⁰ Analysis of Medicare Cost Report data
- ²¹¹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 53
- ²¹² UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 15; UHS responses to OHA questions dated 8/2/16, p4
- ²¹³ This staffing ratio analysis is limited only to non-government-owned, freestanding Inpatient Psychiatric Facilities ("IPFs") that are Medicare-certified and have submitted Medicare Cost Reports. The overall number of IPFs included in any given year is around 300; by 2015, UHS-operated facilities account for approximately 30% of these facilities. For this reason, the "Non-UHS" rate is used (as opposed to the national average) because the national average would be heavily influenced by UHS' s facilities.
- ²¹⁴ UHS at RBC Capital conference. March 2, 2011. p.4.; UHS at JP Morgan Conference. January 15, 2014. p.4.
- ²¹⁵ UHS at JP Morgan Conference. January 15, 2014. p.4.
- ²¹⁶ UHS at RBC Capital conference, 3/2/11, p. 4.
- ²¹⁷ Data compiled from UHS SEC filings
- ²¹⁸ UHS Form 10-K for the year ending December 31, 2014. Filed February 26, 2015. p.61.
- ²¹⁹ <http://uhsbehindcloseddoors.org/tag/staffing/>
- ²²⁰ Amici brief filed by the Bazelon Center, Mental Health America, and SEIU in support of respondents in *UHS v. US ex rel. Escobar*, pdf 38
- ²²¹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 127
- ²²² UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 53
- ²²³ UHS responses to CON Office Questions dated 3/11/16 pdf33
- ²²⁴ Amici brief filed by the Bazelon Center, Mental Health America, and SEIU in support of respondents in *UHS v. US ex rel. Escobar*, p10
- ²²⁵ <http://www.seiu.org/2016/03/uhs-v-united-states-ex-rel-escobar-mental-health-advocates-seiu-urge-u-s-supreme-court-to-protect-mental-health-patients-and-whistleblowers>
- ²²⁶ 2nd Amended Complaint, *US ex rel Escobar v. UHS*, p28- <http://uhsbehindcloseddoors.org/wp-content/uploads/2014/04/US-ex-rel-Escobar-v-UHS-second-amended-complaint.pdf>
- ²²⁷ <http://uhsbehindcloseddoors.org/tag/staff-training/>
- ²²⁸ OMAS Letter to Foundations for Living Dated May 12, 2015-<http://uhsbehindcloseddoors.org/wp-content/uploads/2015/11/OH-SOD-foundations-for-living-Noncompliance-letter-2014.05.12.pdf>
- ²²⁹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 53
- ²³⁰ UHS responses to CON office questions June 28, 2016 pdf19
- ²³¹ CFO Steve Filton, UHS at UBS Conference 5/23/2016, p2-3
- ²³² CFO Steve Filton, UHS at UBS Conference 5/23/2016, p2-3
- ²³³ UHS Q4 2015 earnings transcript, February 26, 2016
- ²³⁴ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 57
- ²³⁵ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 55
- ²³⁶ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 61
- ²³⁷ "State Strategies for Integrating Physical and Behavioral Health Services in a Changing Medicaid Environment" - http://www.commonwealthfund.org/~media/files/publications/fund-report/2014/aug/1767_bachrach_state_strategies_integrating_phys_behavioral_hlt_827.pdf, p9
- ²³⁸ Valentino, Tom. "Seattle providers bring seamless care to new behavioral unit." *Behavioral Healthcare Magazine*. 2 Jun 2016.=http://www.behavioral.net/article/seattle-providers-bring-seamless-care-new-behavioral-unit?utm_campaign=Enews&utm_source=hs_email&utm_medium=email&utm_content=30454652&_hsenc=p2ANqtz-8gRPnIwOwrsTDWY2FF0xXmxptLNNrvOa9yT-YXb_JNZFioUxvF2VT0DvKxH5XVdN1ViHR5fJofUr0EyAw52XDTdc6DWg&_hsmi=30454652
- ²³⁹ Oregon Admin. Rules 333-615-0040- http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_615.html
- ²⁴⁰ State of Oregon Psych bed review criteria 333-615-0040-http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_615.html
- ²⁴¹ "Integrating Physical and Behavioral Health Care: Promising Medicaid Models. 12 Feb 2014- <http://kff.org/medicaid/issue-brief/integrating-physical-and-behavioral-health-care-promising-medicare-models/>
- ²⁴² Cedar Hills Hospital letter to Keith Breswick RE site review findings, dated Jan 15, 2013
- ²⁴³ Email correspondence RE Newco Safety related questions dated 4/12/16
- ²⁴⁴ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 58
- ²⁴⁵ UHS responses to CON office questions dated March 11, 2016
- ²⁴⁶ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 58
- ²⁴⁷ <http://uhsbehindcloseddoors.org/tag/facility-maintenance/>
- ²⁴⁸ http://uhsbehindcloseddoors.org/complaint_type/timberlawn-poses-immediate-jeopardy-to-health-and-safety-of-patients-hospital-plant-anomalies-attributed-to-patient-suicide/; <http://uhsbehindcloseddoors.org/tag/facility-maintenance/>
- ²⁴⁹ River Park Statement of Deficiency Jan 25, 2012-http://uhsbehindcloseddoors.org/complaint_type/unlicensed-renovation-fails-to-meet-minimum-safety-standards-looping-hazards-found-throughout-hospital/
- ²⁵⁰ River Edge CMS Statement of Deficiency Jun 19, 2013- http://uhsbehindcloseddoors.org/complaint_type/patient-hanged-herself-in-unsafe-room/
- ²⁵¹ Jensen v. Riveredge Hospital Inc et al -http://uhsbehindcloseddoors.org/complaint_type/family-filed-wrongful-death-suit-after-suicidal-patient-was-placed-in-unsafe-room-with-lowest-level-of-observation/
- ²⁵² Timberlawn Statement of Deficiency Feb 25, 2015, -http://uhsbehindcloseddoors.org/complaint_type/timberlawn-poses-immediate-jeopardy-to-health-and-safety-of-patients-hospital-plant-anomalies-attributed-to-patient-suicide/

-
- ²⁵³ Huseman, Jessica. "Timberlawn psych hospital's funding at risk after patient hangs herself." *Dallas Morning News*. 5 Jun 2015.- <http://www.dallasnews.com/investigations/20150605-timberlawn-psych-hospitals-funding-at-risk-after-patient-hangs-herself.ece>
- ²⁵⁴ UHS 10K filing for year ending Dec 31, 2015, p36
- ²⁵⁵ UHS 10K for year ending December 31, 2015 , p51; UHS Whitepaper p.11
- ²⁵⁶ Schroeder, Kerri. "Considerations for capital spending to maximize returns." *Healthcare Finance*. 28 Aug 2015.- <http://www.healthcarefinancenews.com/blog/considerations-capital-spending-maximize-returns>
- ²⁵⁷ <https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/LSC.html>
- ²⁵⁸ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 14
- ²⁵⁹ UHS responses to CON office questions June 28, 2016, pdf5
- ²⁶⁰ Statement of Deficiency Timberlawn Mental Health System. Apr 22, 2015-http://uhsbehindcloseddoors.org/complaint_type/timberlawn-continues-to-violate-medicare-conditions-of-participation-cited-for-inadequate-treatment-inadequate-staffing-unsafe-patient-boarding/
- ²⁶¹ Statement of Deficiency RiverPoint Behavioral. Mar 19, 2014-http://uhsbehindcloseddoors.org/complaint_type/river-point-behavioral-dodges-correction-of-ahca-citation-by-ceasing-substance-abuse-patient-admissions/
- ²⁶² Statement of Deficiency Hickory Trail Hospital. Dec 15, 2010.- http://uhsbehindcloseddoors.org/complaint_type/nurse-said-hospital-was-too-liberal-with-emergency-medication-and-children-placed-in-rooms-with-adolescents/
- ²⁶³ Statement of Deficiency The Meadows Psychiatric Center. Dec 30, 2010.- http://uhsbehindcloseddoors.org/complaint_type/hundreds-of-serious-incidents-not-reported-and-younger-children-boarded-with-known-pedophiles/
- ²⁶⁴ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 70, 71
- ²⁶⁵ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 70
- ²⁶⁶ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 70
- ²⁶⁷ UHS responses to CON office questions June 28, 2016, pdf16
- ²⁶⁸ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 53
- ²⁶⁹ This includes Medicare Cost Report data and Medicare Standard Analytic File.
- ²⁷⁰ Analysis of Medicare Cost Report Data
- ²⁷¹ UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 53
- ²⁷² UHS/NewCo initial CON application submission pack Jan 5, 2016 pdf 61
- ²⁷³ Meyer, Harris. "For Profit Hospitals blaze separate path to efficiency, quality." *Modern Healthcare*. 28 May 2016.- <http://www.modernhealthcare.com/article/20160528/MAGAZINE/305289981>
- ²⁷⁴ Moffeit, Miles. "Danger in the Psych Ward." *Dallas Morning News*. 18 Mar 2016.- <http://interactives.dallasnews.com/2016/danger-in-the-psych-ward/>; <http://uhsbehindcloseddoors.org/investigations/>

Krecklow Pam L

From: S [REDACTED] C [REDACTED]
Sent: Thursday, April 15, 2021 11:33 AM
To: pam.l.krecklow@state.or.us
Subject: Comment regarding Cert of Need for Wilsonville facility

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April 15, 2021

To whom it may concern,

I am writing in regard to UHS' application to open a new psychiatric inpatient facility in Wilsonville - specifically, writing to advise *against* granting the Certificate of Need.

For the record, I do not write on behalf of any organization or employer past or present, but I do want to highlight that I have worked in different parts of Oregon's behavioral health system for the last 7 years and am informed by that perspective. But perhaps more importantly, I also speak as a consumer - as someone who is autistic and who has anxiety and ADHD. And in June 2020, I experienced my first - hopefully last - inpatient psychiatric stay at Cedar Hills Hospital, owned and operated by UHS.

Two starting statements:

- 1) Oregon desperately needs more behavioral health resources, both inpatient and outpatient.
- 2) UHS has a long and well-documented history of abusive practices nationwide.

This leads me to the main question: is poor care better or worse than no care?

After my experience at Cedar Hills, I began researching UHS, and was dismayed at how many things I thought were perhaps anomalies I experienced were standard practice.

I experienced and witnessed sexual harassment and assault, which was not effectively dealt with, despite staff knowledge.

I witnessed medical neglect, where it fell to patients to watch out for each other and try to force staff to assist - for example, when a patient who had been very physically ill was unable to get out of bed and needed help, I went to the nurse station for her. They said they would go to her. They never did. Twenty minutes later, she had to drag herself down the hall to them.

There was a lack of access to very basic services. Despite saying individual therapy was offered, if one wanted to speak with a therapist, the only option given was to chase one down after group therapy and see if they had time for you. I managed this once in six days. Group therapy was only twice a day, and capped so that not everybody can go.

Patients were denied very basic comforts and communication. For example, it was so cold I couldn't sleep the first night. Both myself and my assigned doctor requested an extra blanket, and staff said that wasn't allowed. I then asked if I could have warmer clothes from my bag, as they had picked out only shorts and t-shirts from my bag and hadn't given

me an option to weigh in on what I needed. It took nearly 3 days for them to fulfill this request. When admitted, they didn't tell me I wouldn't see my bag again - even the items approved for use inside - and that they would decide exactly what came in when. My list of phone numbers - my family, my peer support, my therapist - was in there. I asked for it, and they refused to get it for me until the end of the second day. When I was in a great deal of distress - mostly fear and anxiety, after being dumped on the floor without any instruction as to what happened next, any information about where to go or what to do - there was no staff to speak with, nor could I make phone calls. They offered a sedative instead. These may seem like little things, but being put in a position of absolute powerlessness and confinement, they become big things. It basically came down to if staff **wanted** to help you or not.

Schedules were nonexistent. Your psychiatrist showed up whenever they showed up; they would pull you out of group if it was when they wanted to see you (despite, again, only two groups a day and hard to get into). On discharge day, I stalked the hallway for hours to make sure the discharge coordinator met with me and I didn't have to stay another night - because there was no schedule, and if they left before seeing me, there was no option. It was made clear they would not be called back.

Policies and enforcement varied by staff members, and much was unwritten and seemingly at individual whim.

I witnessed discriminatory behavior by perceived race and economic status. An example - my discharge was planned several days in advance. On the day of, the psychiatrist said they were not sure if the discharge coordinator would have time for me, acted surprised that I was discharging (despite the fact that I had been deemed ready already), and tried to get me to stay another night. 20 minutes later, one of my fellow patients came to me very upset. He had not had any discharge planning yet, and he had just been told he was leaving that day. When he reminded the psychiatrist - the same one who had just told me the discharge coordinator was probably too busy for me - that he lived several hours away and would need time to have someone come get him, she told him to just go to a homeless shelter.

I am white and had excellent private health insurance. The other patient was BIPOC and based upon the personal circumstances they described, likely uninsured or on Medicaid. I am not privy to all the ins and outs of his care and diagnosis versus mine, but this seemed incredibly blatant.

Along similar lines, I witnessed billing "padding" - encouraging unnecessary nights and threatening patients if they requested earlier discharges with converting their stay from voluntary self-admission to involuntary commitment.

When all was said and done, it would have been more therapeutically beneficial for me and cheaper for both myself and my insurance to check myself into a hotel for a few days and call up my outpatient therapist for a couple sessions.

The best care came from fellow patients - frankly, being so powerless and at the arbitrary whims of others has a bonding effect.

Ten minutes on Google searching for news regarding UHS nationwide will show many similar stories as to what I experienced and witnessed at Cedar Hills - far more than a handful of "mistakes" or a few "bad apples," a lack of accountability, substandard care, low staffing, discriminatory behavior, and financial misdeeds appear to be integral to their company culture, given how many of their individual hospitals have been exposed in these areas.

As a consumer and as someone with professional knowledge of the field and of Oregon's behavioral health landscape, *I cannot endorse UHS' proposal*. I do urge OHA to reconsider and to seek out new, more humane, more professional entities to offer additional behavioral healthcare. We absolutely need more capacity, at *every* level of care; Oregon is far behind where it should be to begin with, and a year of COVID has not improved the situation. But this is not the solution.

Sincerely,

S.

Mental health consumer, professional, and concerned citizen

Portland, Oregon

(Please keep my name besides first initial, and my entire email address, redacted in the public record.)

Daniel Fender
9100 SW 135th Ave.
Beaverton, OR 97008



April 14th, 2021

To the Oregon Health Authority's Certificate of Need Committee:

There is an increased need for those suffering from a wide variety of mental health issues throughout Oregon. The causes are wide and varied and there are many who are seeking to help those struggling with depression and anxiety, addictions and suicidal thoughts. Just yesterday, our pastoral team at SW Hills met with numerous individuals struggling with depression and struggling to make it through daily life. I know of multiple teens who have friends who have taken their lives suddenly and tragically. 816 Oregonians died by suicide in 2020 alone. The need is clear.

There are things that I can do, through God's mercy and grace, as a pastor to help with this increased mental health crisis, but there are times when the proposed Willamette Valley Behavioral Health facility also becomes essential. This is such a time.

I support the proposed facility and urge OHA to grant the certificate for a few reasons:

- WVBH would offer much-needed inpatient and outpatient services.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,

Pastor Daniel Fender, M. Div., TH.M.

A handwritten signature in blue ink that reads "Daniel J. Fender". The signature is fluid and cursive, with the first name "Daniel" being more prominent.

(503) 999-9414
daniel@southwesthills.org

Krecklow Pam L

From: William F [REDACTED]
Sent: Thursday, April 15, 2021 1:47 PM
To: pam.l.krecklow@state.or.us
Subject: Public Comment regarding Wilsonville Psychiatric Hospital

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Ms. Krecklow,

My name is William F [REDACTED]. I am a psychiatrist employed by the Boise VA Medical Center. I previously provided weekend psychiatric coverage for approximately one and a half years at Cedar Hills Hospital in Portland, Oregon. I completed my psychiatric residency at Oregon Health and Science University. I have worked at various mental health facilities in and around Portland over the past five years while completing my psychiatric residency and fellowship in forensic psychiatry, including the Oregon State Hospital, Unity Center for Behavioral Health, and inpatient psychiatric services provided at OHSU prior to their closure with the opening of Unity. I am writing to voice my opposition to the opening of a psychiatric hospital in Wilsonville, OR, by Universal Health Services. Compared to my experience working at other psychiatric facilities, Cedar Hills was understaffed relative to other psychiatric facilities during the time I worked there. I am concerned this would be the case if a psychiatric hospital were to open in Wilsonville and would result in substandard care for the individuals treated there.

Respectfully

William F [REDACTED]

April 16, 2021

Pam Krecklow
Certificate of Need Coordinator
Public Health Division, Oregon Health Advisory
800 NE Oregon Street
Portland, OR 97232

RE: Certificate of Need submitted by NEWCO Oregon, Inc.

To Whom It May Concern:

Health Share of Oregon does not support the proposed 100-bed acute inpatient psychiatric hospital operated by Universal Health Services. While we recognize the current and serious capacity issues at the Oregon State Hospital, we do not see this proposal as a viable solution.

We believe the best option for our members is better utilization of existing beds. The problem is not a lack of capacity. Rather, the solution is more resources allocated to move people out of the state hospital. This will decrease the logjam on current psych units. Secure residential treatment facilities, additional funding for Assertive Community Treatment, supportive housing, and other permanent housing options are all avenues toward better outcomes for our community. We know this is achievable. Recent analysis done by RI International show that implementation of this model reduced the need for acute care beds by up to 75%.

Beyond that, the timing on such a change is poor. Current workforce challenges across the entire behavioral health system are having profound impacts. The COVID-19 pandemic continues to create broad and significant disruptions to daily life. We are concerned that adding another hospital will strain these resources even further at a critical juncture. This could exacerbate challenges for community treatment providers in staffing their programs, especially psychiatry. With a finite amount of funding available, we are concerned that additional inpatient care could divert resources from lower levels of care.

At Health Share of Oregon, we work with partners across our communities — in education, housing, transportation, and social services as well as health care — with the shared goal that every Oregonian, at every stage of their life, has the access and opportunity to be well. In that endeavor, we believe we will be much more successful working with existing state and local partners to fill the gaps in the community-based services continuum to improve the current backlog and the overall system of care. We recognize the challenges that are trying to be addressed. At the same time, it is our hope that resource solutions will be explored more fully before committing to an entirely new facility. Thank you for your consideration.

Respectfully,



James Schroeder
Chief Executive Officer



April 20, 2021

Pam Krecklow
Health Facilities Consultant & Certificate of Need Coordinator
Oregon Health Authority
800 NE Oregon Street,
Portland OR 97232

RE: Public Comment Regarding NEWCO's Request to Establish a 100-Bed Inpatient Psychiatric Hospital in Wilsonville (CN #682)

Dear Ms. Krecklow:

On behalf of UHS, I am pleased to provide summary comments supporting our request to develop and operate a 100-bed freestanding psychiatric hospital---NEWCO Oregon, Inc., DBA Willamette Valley Behavioral Health ("WVBH")--in Washington County, Oregon.

Project Description

The proposed Wilsonville Valley Behavioral Health project will be licensed as a 100-bed psychiatric hospital, with inpatient services and several targeted mental health programs for adolescents 12 to 17 years old, adults 18 to 64 years old, and older adults ages 65 years and older. The proposed facility will serve and benefit Oregon residents with behavioral health services, where there is a documented unmet need.

In addition to inpatient psychiatric services, Willamette Valley Behavioral Health will provide the following outpatient programs for adolescents 12 to 17 years old and adults 18 years and older:

- Partial hospitalization program ("PHP"). Outpatient services for patients who may need group therapy and/or medication management five days a week.
- Intensive outpatient program ("IOP"). Outpatient services for patients who want to maintain their everyday life but also need more intensive therapy than traditional once a week counseling. This level of care allows patients to progress through treatment with minimal impact on daily life, including a choice of groups during the day or evening.
- Chemical Dependency program
- Co-Occurring Disorders Program
- Medication-assisted treatment
- Mood disorder programs
- Women's Only Program

- Specialty programs for LGBTQ persons
- Telemedicine and telehealth.

As detailed above, WVBH will offer both inpatient and complementary outpatient care services, tailored to adolescent, adult, and older adult age cohorts. The services proposed under WVBH will provide community access to a comprehensive array of services along the behavioral health continuum.

Inpatient Psychiatric Bed Projections and Net Need

WVBH has identified a substantial, unmet need for adult inpatient psychiatric beds within the proposed Service Area of Clackamas and Washington counties, as well as for adolescent and older adult inpatient psychiatric beds within the Clackamas, Multnomah, and Washington counties.¹

We carefully reviewed inpatient psychiatric utilization statistics for service area residents and prepared reasonable inpatient psychiatric bed need forecast models for adolescent, adult, and older adults. At the time of submitting the WVBH application in 2019, we estimated a shortage of 130 inpatient psychiatric beds in 2019, increasing to forecasted shortages of 146 beds in 2022 (three year projection) and 185 in 2029 (ten year projection).² These shortages are estimated by comparing the existing supply of inpatient psychiatric services in the service area and comparing it to a target bed ratio of 32.5 beds per 100,000 residents. This target bed ratio of 32.5 is based on actual bed count averages across the pacific northwest states of Oregon, Alaska, Idaho, Washington, and Montana. These net need projections are conservative when compared to the bed-to-population ratio of 0.40 beds for the 1,000-person standard established in OAR 333-615-0020(5) and OAR 333-615-0030(2).

There is significant demand for inpatient psychiatric care by both the most seriously ill individuals who are often involuntarily detained or committed, as well as for adolescents, adults, and older adults with less severe diagnoses that nonetheless require inpatient psychiatric care. Our application to develop and operate a 100-bed psychiatric hospital recognizes the pressing demand for inpatient psychiatric services and will provide access to a comprehensive suite of outpatient services.

Unusual Circumstances

In 2017, the Oregon Health Authority (OHA) denied UHS' original application to develop and operate a 100-bed psychiatric hospital.

"The applicant has not demonstrated that the proposed facility is needed or the most effective and least costly alternative considering all appropriate and adequate way of meeting the population's need for services. For the reasons previously discussed, the proposed facility would add unneeded inpatient hospital beds to the service area. Hospital care is the most expensive level of care in the-mental health system. Less costly and more effective alternatives to the

¹ As identified in OAR 333-580-0040, the selected Service Area for adult inpatient psychiatric beds is Clackamas and Washington counties, whereas the subspecialty adolescent and older adult inpatient psychiatric beds also includes Multnomah County.

² Net need is estimated by comparing the existing bed supply of inpatient psychiatric services in the service area and comparing it to a target bed ratio of 32.5 beds per 100,000 residents based on actual bed count averages from other states in the region, including Oregon, Alaska, Idaho, Washington, and Montana.

building of more resource intensive inpatient psychiatric beds are preferable. Consequently, the impact of this proposal on the cost of health care is not acceptable.”³

As part of its denial, OHA argued that inpatient care was unneeded due to supposed availability of alternatives and other community investments in outpatient care. However, even after implementation of several of the alternatives referenced in OHA’s denial, Oregon has continued to be in a state of crisis with respect to mental health and substance abuse. This has been due in large part to the continued lack of access to a sufficient supply of inpatient psychiatric beds.

Following the 2017 denial, OHA approved Lifeways, Inc. in 2018 to develop and operate a new 16-bed psychiatric unit in Hermiston. Despite not finding need for general acute care beds, OHA approved the project due to its demonstration of ‘Unusual Circumstances’ of non-availability, access, and less costly alternatives.⁴

UHS submits that unusual circumstances warrant the approval of the proposed WVBH despite the absence of need for general acute care beds under the OAR 333-590-0050 acute care need methodology. These factors include: (1) the Oregon mental health crisis; (2) the COVID-19 impact on mental health; (3) the fact that the Service Area inpatient psychiatric health system is at capacity; (4) the Emergency Department (“ED”) boarding crisis; and (5) the failure of the Unity Center to resolve persistent problems of too few inpatient psychiatric beds, despite operating since 2017. *These five factors clearly point to non-availability, lack of access and lack of available alternatives, certainly demonstrating Unusual Circumstances.* Each of these factors is detailed below.

Oregon Mental Health Crisis

Each year the community-based nonprofit Mental Health America publishes a report titled “The State of Mental Health in America.” This report uses responses from the National Survey on Drug Use and Health to rank states according to the prevalence of mental illness, access to mental health care, adults reporting unmet mental health needs, and other indicators of the state of mental health treatment across the United States. In the 2020 overall rankings, Oregon ranked 51 out of 51 states (Washington D.C. is considered a state for survey purposes), with a summary adult ranking of 51st and summary youth ranking of 47th. In the 2021 update, Oregon marginally increased its performance with a summary adult ranking of 49th and summary youth ranking of 41st.

In October 2020, Oregon’s Secretary of State’s Audits Division issued a report titled “Chronic and Systemic Issues in Oregon’s Mental Health Treatment System Leave Children and Their Families in Crisis.”⁵ As a supplemental presentation summarized, “Auditors identified interrelated findings: data shortfalls, statutory weaknesses, workforce capacity and high employee turnover challenges, poor

³ High, Jere ND. Re: NEWCO Oregon, Inc., Final Decision on CN Application #675. Oregon Health Authority (OHA) - Public Health Division - Certificate of Need Program. July 6, 2017. p. 8

⁴ Selover, Dana MD, MPH. DEFAULT FINAL ORDER APPROVING CERTIFICATE OF NEED APPLICATION (CN#677). OHA. May 25, 2018. p. 4.

⁵ Oregon Secretary of State Audits Division. “Oregon Health Authority: Chronic and Systemic Issues in Oregon’s Mental Health Treatment System Leave Children and Their Families in Crisis.” (Full Report 2020-32). September 2020.

county oversight practices, and foundational governance issues”⁶ and “Oregon’s need for services outpaces its capacity.”⁷

COVID-19 Impact on Mental Health

The COVID-19 pandemic has had a significant impact on mental health. Mental Health providers and professionals anticipate a large surge in mental healthcare demand, as COVID-19 survivors will likely face similar struggles to those faced by SARS survivors,⁸ which included long-term mental health morbidities.⁹ Furthermore, the prolonged physical and social distancing necessitated by the pandemic is expected to have significant mental health consequences.¹⁰ A September 2020 JAMA Network study found prevalence of depression symptoms in the US was more than 3-fold higher during COVID-19 compared with before the pandemic.¹¹ An April 2021, Lancet Psychiatry study found 34% of Covid-19 survivors received a diagnosis for a neurological or psychological condition within six months of their infection.¹² Given the scale of the pandemic and chronic nature of the mental health conditions, this signals a current and future surge in demand for mental health services across the continuum of care, including inpatient psychiatric capacity. Oregon providers and the OHA should begin preparing immediately by increasing inpatient psychiatric capacity to meet this coming demand.

The nonprofit Mental Health America also released a report detailing the increased mental health burden during the COVID-19 pandemic. The executive summary of key findings from Mental Health America’s report is provided below.

MENTAL HEALTH AMERICA

Spotlight 2021 - COVID-19 and Mental Health: A Growing Crisis¹³

Executive Summary

From January to September 2020, 1,560,288 people took a screen and accessed immediate resources and supports through the MHA Online Screening Program.

From those screens, we have found:

⁶ Oregon Secretary of State Audits Division. “Oregon Health Authority: Chronic and Systemic Issues in Oregon’s Mental Health Treatment System Leave Children and Their Families in Crisis.” (Presentation on Report 2020-32). October 2020.

⁷ Ibid.

⁸ S. Johnson, “COVID Drives Up Demand for Mental Healthcare, Further Crimping Access,” Modern Healthcare, June 22/29, 2020.

⁹ Lam, M., C. Leung, A. Kong, S. Fong. “Mental Morbidities and Chronic Fatigue in Severe Acute Respiratory Syndrome Survivors.” Arch Intern Med. 2009, Vol. 169(22): pp. 2142-2147.

¹⁰ Galea, S, R. Merchant, and N. Lurie. “The Mental Health Consequences of COVID-19 and Physical Distancing.” JAMA Internal Medicine, Published Online April 10, 2020.

¹¹ Ettman et al. “Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic” JAMA Network, Published Online September 2, 2020.

¹² Taquet et al. “6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records.” Lancet Psychiatry. April 6, 2021.

¹³ Mental Health America. “Spotlight 2021 - COVID-19 and Mental Health: A Growing Crisis”. P. 2.

•**The number of people looking for help with anxiety and depression has skyrocketed.** From January to September 2020, 315,220 people took the anxiety screen, a 93 percent increase over the 2019 total number of anxiety screens. 534,784 people took the depression screen, a 62 percent increase over the 2019 total number of depression screens.

•**The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19.** In September 2020, the rate of moderate to severe anxiety peaked, with over 8 in 10 people who took an anxiety screen scoring with moderate to severe symptoms. Over 8 in 10 people who took a depression screen have scored with symptoms of moderate to severe depression consistently since the beginning of the pandemic in March 2020.

•**More people are reporting frequent thoughts of suicide and self-harm than have ever been recorded in the MHA Screening program since its launch in 2014.** Since the COVID-19 pandemic began to spread rapidly in March 2020, over 178,000 people have reported frequent suicidal ideation. 37 percent of people reported having thoughts of suicide more than half or nearly every day in September 2020.

•**Young people are struggling most with their mental health.** The proportion of youth ages 11-17 who accessed screening was 9 percent higher than the average in 2019. Not only are the number of youth searching for help with their mental health increasing, but throughout the COVID-19 pandemic youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.

•**Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth.** In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks. From January to September 2020, 77,470 youth reported experiencing frequent suicidal ideation, including 27,980 LGBTQ+ youth.

•**People screening at risk for mental health conditions are struggling most with loneliness or isolation.** From April to September 2020, among people who screened with moderate to severe symptoms of anxiety or depression, 70 percent reported that one of the top three things contributing to their mental health concerns was loneliness or isolation.

•**People who identify as Asian or Pacific Islander are searching for mental health resources more in 2020 than ever before.** The proportion of screeners identifying as Asian or Pacific Islander increased 7 percent, from 9 percent of screeners in 2019 to 16 percent in 2020.

•**While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences in those changes over time.** Black or African American screeners have had the highest average percent change over time for anxiety and depression, while Native American or American Indian screeners have had the highest average percent change over time

for suicidal ideation.

Existing Service Area Inpatient Psychiatric Health System is at Capacity

In Clackamas and Washington counties, which in 2019 had a population of over one million residents, there are currently two hospitals, Cedar Hills Hospital and Providence St. Vincent, with adult inpatient psychiatric beds. As of 2017, these two facilities accounted for 127 beds and had an average occupancy of 81%. Cedar Hills Hospital has added additional beds over the past four years but not enough to keep up with the escalating demand. Thus, both Cedar Hills and the Providence St. Vincent are effectively at capacity. For adolescents, there are only two hospitals in the Clackamas-Multnomah-Washington county area, Providence Willamette Falls Medical Center and the Unity Center for Behavioral Health (“Unity Center”), which provide adolescent inpatient psychiatric beds (16 and 22 beds, respectively). These also represent the only two adolescent care facilities within Oregon State. Older adults face similar shortages, with two hospitals within the Clackamas, Multnomah, or Washington counties (Providence Willamette Falls and Tuality). By any standard, there is a shortage of inpatient psychiatric beds given capacity constraints with the current supply of beds.

Ongoing ED Boarding Crisis

Emergency Department boarding has long plagued the Oregon mental health sector, documented in a 2016 report by Oregon State University’s College of Public Health and Human Sciences. The report finds that an insufficient supply of inpatient psychiatric beds, combined with limited community alternatives and mental health workforce shortages has led to significant rates of ED boarding in Oregon hospitals. Unfortunately, ED boarding remains persistent, as documented in several news articles over the years, including the Secretary of State’s Audit of the child and adolescent mental health system in Oregon in 2020.¹⁴ This speaks both to the lack of inpatient psychiatric beds, as well as the lack of suitable alternatives to inpatient psychiatric care [or their capacity]. This is especially true of the tragic experience of ED boarding, which includes circumstances where there is every incentive by the patient, providers, and others to find any possible appropriate alternative. This further demonstrates the fact that acute inpatient psychiatric care is a specialized set of services which complements rather than substitutes other services along the behavioral health continuum. The services proposed under WVBH, which includes inpatient psychiatric care and a comprehensive set of outpatient services, will help counter this trend and provide community access to a comprehensive suite of services along the behavioral health continuum.

Failure of the Unity Center

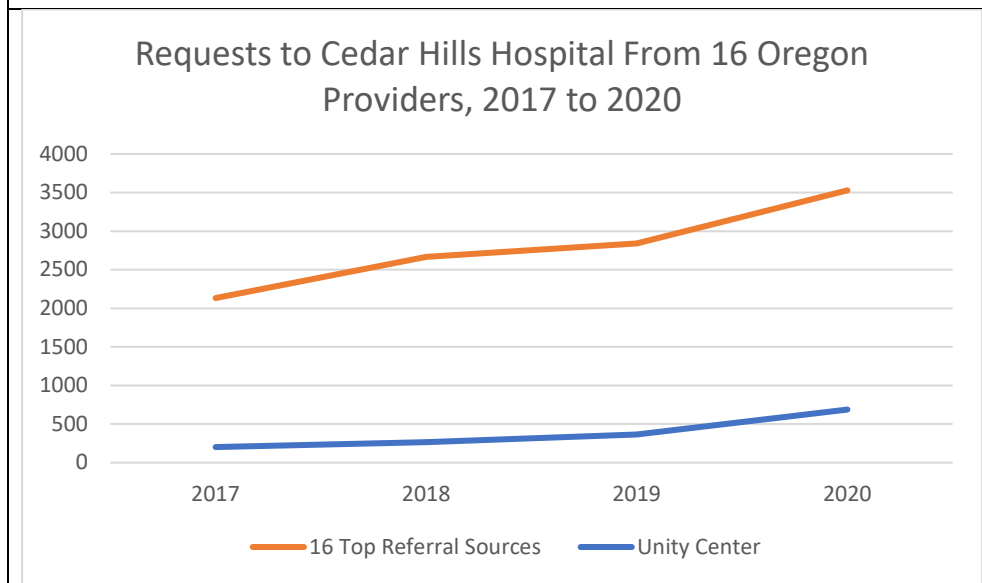
In 2017, Legacy Emmanuel Medical Center, together with Legacy Good Samaritan Medical Center, Oregon Health Sciences University, and Portland Adventist Medical Center relocated their existing behavioral health acute inpatient beds to the new Unity Center for Behavioral health. As planned, the center was built to include a large “living room” where patients wait for evaluation in 40 reclining chairs, 8 calming rooms for patients needing seclusion, 80 adult inpatient beds (later increased to 85), and 22 adolescent inpatient beds.

¹⁴ Oregon Secretary of State Audits Division. September 2020. pp. 13, 17, 19,

The Unity Center was supposed to alleviate if not solve the problem of ED boarding in the larger Portland area through its Psychiatric Emergency Services.¹⁵ This was always a questionable claim given that the Unity Center was not a new hospital reflecting new inpatient psychiatric capacity, but rather a consolidation of four independent facilities into a single psychiatric facility. As a result, the opening of the Unity Center did not increase the actual supply of inpatient psychiatric beds.¹⁶ Its ability to alleviate the problem of ED boarding in Oregon thus rested on the assumption that the Unity Center's Psychiatric Emergency Service would reduce the overall demand for inpatient psychiatric care through shifting individuals to lower acuity care types.

This assumption has been shown to be false. The Unity Center's deployment of its Psychiatric Emergency Service has not reduced demand for inpatient psychiatric care. Relying on the experience of Cedar Hills Hospital, as of the end of 2020, requests for inpatient psychiatric care have increased by 65 percent since the Unity Center opened in 2017. Presented in Figure 1 below are requests to Cedar Hills Hospital inpatient psychiatric care by year from 16 Oregon providers, including the Unity Center.

Figure 1: Requests to Cedar Hills Hospital From 16 Oregon Providers, 2017 to 2020



¹⁵ Farentinos, Chris. (2017) Redirecting crisis cases to dedicated services outside the ED" <https://olis.leg.state.or.us/liz/201711/Downloads/CommitteeMeetingDocument/138229>, Last Accessed April 5, 2021

¹⁶ With the opening of the Unity Center, Legacy Emmanuel Medical Center, Legacy Good Samaritan Medical Center, Oregon Health Sciences University, and Portland Adventist Medical Center closed their inpatient psychiatric facilities. These four facilities represented 90 adult inpatient psychiatric beds and 16 adolescent inpatient psychiatric beds.

Source: CHH Internal Data

Notes: The 16 providers include Unity Center, Adventist, Legacy Good Sam, Legacy Emanuel, Legacy Meridian Park, Prov Portland, Prov St. V, Prov Milwaukie, Prov Hood River, Prov Medford, Prov Newberg, Prov Seaside, Prov Willamette Falls, Tuality, Kaiser Sunnyside/EPS, and Kaiser Westside.

At least a third of the increase shown in Figure 1 above is directly attributable to requests from the Unity Center itself.¹⁷ The Unity Center has thus not resulted in reduced demand for inpatient psychiatric care, and its CMS Condition Level violations have exacerbated problems stemming from the constricted supply of inpatient psychiatric beds in Multnomah, Clackamas, and Washington counties. Further, as Dr. George Brown, the former President and CEO of Legacy Health during the development and implementation of the Unity Center, commented in 2018, well past a year after the Unity Center opened:

“The Unity Center for Behavioral Health, which opened in early 2017, is approaching 10,000 patients a year and operating at a loss, he said.

Portland needs ‘at least two or three additional facilities to manage the challenge we have in Portland,’ Brown said”¹⁸

Estimated Economic Benefit to Community

The proposed behavioral health hospital will have an estimated total impact on income of nearly **\$87.2 million** throughout all businesses and industries for the Tri-County Washington region (Clackamas, Washington, Multnomah).¹⁹ For every \$1 of income generated by the proposed behavioral health hospital, another estimated \$0.36 is generated in other businesses and industries.

Key economic benefits to the local community include:

- **195-250 jobs:** The proposed behavioral health hospital will employ over 195-250 individuals including physicians, nurses, clinicians, mental health technicians and support staff.
- **Compensation:** Annually, the proposed behavioral health hospital will generate \$13.8 million in compensation paid to hospital employees.
- **Boost Local Household Expenditures:** The construction and operations of the proposed behavioral health hospital will boost local household expenditures by more than \$30.5 million.

¹⁷ In 2017, the top 16 referral sources submitted 2,133 requests to Cedar Hills Hospital for inpatient psychiatric care. This included 202 requests from the Unity Center. In 2020, these providers submitted 3,529 requests, including 688 requests from the Unity Center.

¹⁸ Hayes, Elizabeth. Legacy's Dr. Brown on the high cost of medical school and what else ails the health system. Portland Business Journal. May 24, 2018

¹⁹ *Data based on RIMS II calculator using Bureau of Economic Analysis Industry Multipliers for Clackamas-Washington-Multnomah co., WA MSA



- **Contribute to Local Economy:** The proposed behavioral health hospital will contribute an estimated \$50.2 million to the Gross Area Product (GAP) of the Tri-County region.

Mission and Vision of Willamette Valley Behavioral Health

The mission and treatment philosophy at WVBH will be to continue the guiding principles of caring for patients who need mental health services with compassion, kindness, dignity, excellence, and respect, while providing a supportive environment and treatment to help patients heal.

WVBH's vision is to be recognized as the premier regional provider of innovative and compassionate behavioral health services, enhancing the overall health of the community. WVBH will exceed the expectations of those served, maintain the highest standards of excellence, and promote a rewarding work environment. In addition, the new psychiatric hospital will continue to optimize the collaborative relationship that has been formed in recent years by Cedar Hills with other community providers and partner organizations in the region to provide a seamless continuum of care.

The confluence of factors presented above resulted in strong support from Wilsonville officials and many others within the local community. As an organization and existing provider in the community, we strongly urge OHA to approve the proposed project.

Thank you in advance regarding this important certificate of need request.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Escarda", is positioned above the printed name.

Ron Escarda

CEO & Group Director of the Pacific Northwest

Universal Health Services

Krecklow Pam L

From: Sorensen, Michael <Michael.Sorensen@uhsinc.com>
Sent: Thursday, April 22, 2021 9:03 AM
To: pam.l.krecklow@state.or.us
Subject: FW: [External] Letter of Support for NEWCO

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Please find the letter at the bottom of this email for inclusion in the CON record and on the public site.

Michael Sorensen, MPA
Director of Business Development
O: 971.228.8000 x250 | C: 971.322.4619
Email: michael.sorensen@uhsinc.com
10300 SW Eastridge St, Portland OR 97225

This message has been sent as a part of discussion between Michael Sorensen and the addressee whose name is specified in this email. Should you receive this message by mistake, we would be most grateful if you informed us that the message has been sent to you in error. In this case, we also ask that you delete this message from your mailbox, and do not forward it or any part of it to anyone else. Thank you for your cooperation and understanding. [https://urldefense.com/v3/__http://www.cedarhillshospital.com__;!!OxGzbBZ6!ICoo9z7X2YcppsEsLpD1ZAUXTGylkdQVYRPAH3UKwpQUPGfI-V5aHSMypMbHqrcb77ORCAshcBAQw\\$](https://urldefense.com/v3/__http://www.cedarhillshospital.com__;!!OxGzbBZ6!ICoo9z7X2YcppsEsLpD1ZAUXTGylkdQVYRPAH3UKwpQUPGfI-V5aHSMypMbHqrcb77ORCAshcBAQw$)

Dear Director Patrick Allen

As a mental health therapist, I would like to advocate for more beds and more services for those in the state of Oregon to receive the mental health services they need. This has been a concern for some time, and will continue to be. Building this facility will help with that and serve the people of Oregon. Thank you.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Cori Lydic

[User's postal address was included here]

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Krecklow Pam L

From: Sorensen, Michael <Michael.Sorensen@uhsinc.com>
Sent: Thursday, April 22, 2021 9:27 AM
To: Krecklow Pam L
Subject: FW: Letter of Support/Trillium Family Services

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Please find the letter of support below

Michael Sorensen, MPA
Director of Business Development
O: 971.228.8000 x250 | C: 971.322.4619
Email: michael.sorensen@uhsinc.com
10300 SW Eastridge St, Portland OR 97225



This message has been sent as a part of discussion between Michael Sorensen and the addressee whose name is specified in this email. Should you receive this message by mistake, we would be most grateful if you informed us that the message has been sent to you in error. In this case, we also ask that you delete this message from your mailbox, and do not forward it or any part of it to anyone else. Thank you for your cooperation and understanding. www.cedarhillshospital.com

04/20/2021

To: The Oregon Health Authority's Certificate of Need Committee:

As someone who has worked in child mental health for over six years I support the proposed facility and urge OHA to grant the certificate of need for these reasons:

- WVBH would offer much-needed inpatient and outpatient series.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The proposed hospital will accept Tricare, serving veterans and their families, and never turn a patient away based on insurance status or ability to pay.
- The facility intends to offer programs that treat substance use disorders, PTSD, crisis stabilization and medical stabilization in adults and children.

I have worked six and a half years in child mental health in Oregon. This has given me a front row seat observing the crisis in mental health in Oregon. Due to this I support and urge for the approval for the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Very Respectfully,

Keziah Carter

503-853-1131

kezcarter90@gmail.com

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Krecklow Pam L

From: Christina C [REDACTED]
Sent: Friday, April 23, 2021 8:02 PM
To: Krecklow Pam L
Subject: Do not bring UHS into your state

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Pam Krecklow,

I am writing as now is an adult who was once a victim of the UHS system. As a teen I was kidnapped and forced to go to Provo Canyon School in Utah. I was confined there for 11 months. I am now a psychologist who provides mental health services for youth and their families. As a child I had known that what was happening to me and the other girls at that facility was wrong. However, I did not realize that the practices they were employing to change behavior was psychologically damaging until I started studying psychology in college. I can say now with certainty that what UHS does in their schools is not healthy. It is not healthy for the child, their families, or community.

The experience at Provo canyon School opened my eyes to a hidden world of private residential treatment centers. UHS and companies like this prey upon desperate families who are seeking solutions. They promise safety, security, and mental health. Parents who are overwhelmed and don't know what to do become desperate and seek professional help. So when a company like this advertises their services in a way that tells parents that all their child's needs are going to be met, a parent listens. UHS preys upon family vulnerabilities.

As I said, I was there for 11 months. Knowing what I know now, that should have never occurred. I should have never been held at that level of care for that long. I was not experiencing a severe mental illness or emotional or behavioral symptoms enough to justify keeping me at that level of care. I was kept there because I was not acting like the perfect vision of what an obedient child looked like from there ethnocentric perspective.

Please contact me to learn more about what it is like as a teen patient in one of those facilities. I've had the great opportunity of interviewing 10 other people who had went through the a similar experiences at these private residential facilities. In fact I wrote my doctoral dissertation on the topic for Rutgers University.

There is a reason why there are reddit forums and Facebook groups dedicated to survivors of Provo canyon School and other UHS facilities. Please reach out to the victims of these places to understand why you do not want UHS in your state. Stop perpetrating abuse and stop systematic and institutionalized harm to children.

Thank you,
Christina C [REDACTED]



8443 N Kerby Avenue
Portland, Oregon 97217
(503) 256-8552 FAX (503) 256-2616

April 15, 2021

To the Oregon Health Authority's Certificate of Need committee:

The mental health crisis in Oregon has reached a breaking point. The system is not equipped to handle the ongoing demand that has been building for the last decade, let alone accommodate a growing population that requires considerable resources. Today, the Oregon Health Authority (OHA) will hear elected officials, community leaders, advocates, patients and family members speak about a proposed behavioral health facility that requires a Certificate of Need.

I support the proposed facility and urge OHA to grant the certificate for several reasons:

- WVBH would offer much-needed inpatient and outpatient services.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.

All of the proposed programs are desperately needed. Those living with mental illness and addiction, are forced to agonize in jail for weeks before they're able to receive treatment. Our emergency departments are flooded with those in crisis who have nowhere to go. They can be boarded in emergency rooms for days while they wait for an acute care bed to open up.

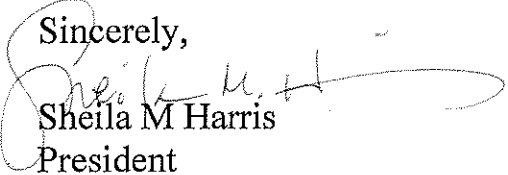
More and more of our children report experiencing anxiety or depression, and Oregon's youth suicide rate remains well above our country's average. According to Mental Health America, over 16 percent of young people in Oregon reported having at least one major depressive episode in 2020, the highest in the nation. (Half of them didn't receive treatment for that episode.) Our young people are asking for help – everything from increasing the number of therapists available for

adolescents, to ensuring that inpatient beds are available to ensure no school ever again has to mourn the death of a student that dies by suicide.

Oregon ranks last in the nation when it comes to prevalence of mental illness, and 49th in the nation when it comes to comparing prevalence of mental illness with access to care. Tragically, this ranking has barely changed in the last decade. We know our system is not working. This facility is not a silver bullet solution to our systemic problem, rather, we are asking OHA approve a new behavioral health facility that would relieve pressure from the system and be a critical resource for all Oregonians. An additional facility would allow other similar hospitals- Unity, Providence, Kaiser, etc.- to operate as intended, support the mission of the state hospital and OHA, and treat people from all over the state who can't find help.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,



Sheila M Harris
President

April 15, 2021

To the Oregon Health Authority's Certificate of Need committee:

Portland Public Schools supports the proposal for Cedar Hills Hospital to bring much needed psychiatric and substance use services to our state. Nationally, Oregon currently ranks 47th in substance abuse treatment (<https://www.oregonrecovers.org>). This results in adolescents being placed in treatment facilities that are hundreds of miles away from their families, which only adds to the difficulty and stress of accessing treatment.

Portland Public Schools urges the Oregon Health Authority to grant the certificate for several key reasons:

- Our state needs additional resources for students and families in need of youth psychiatric and substance use treatment services.
- Portland Public Schools wants to highlight WVBH commitment to developing and offering culturally responsive services for students and families of color, as well as students identifying as LGBTQI+.
- Portland Public Schools recognizes and is concerned about the lack of adequate programming for youth struggling with anxiety, depression, substance use issues and other mental health diagnosis in the metro area and the state.
- WVBH will serve students with medicaid coverage, which will increase access for our students impacted by poverty.

More and more of our children report experiencing anxiety or depression and that is only expected to increase as students return to in-person learning after more than a year of being cut off from caring adults and the mental health supports that are available in schools. Additionally, Oregon's youth suicide rate remains well above our country's average. According to PPS's most recent Youth Risk Behavior Survey data more than one third of students reported feeling sad or hopeless for an extended amount of time in the last year, and 17% seriously considered attempting suicide. Our young people are asking for help. Help includes everything from increasing access to prevention opportunities that build on interests & identities, therapists that mirror the adolescents they are serving, & ensuring that inpatient beds are available when clinically recommended to ensure no school ever again has to mourn the death of a student that dies by suicide.

We are asking OHA to approve a new behavioral health facility as a step towards increasing resources and services that could be another option for students and families that are in crisis and needing help.

We ask you to consider the Certification of Need for the proposed facility to address the growing need for inpatient youth psychiatric beds and substance use services in our state.

Respectfully submitted,

Brenda Martinek ,

Chief of Student Support Services



April 15, 2021

To the Oregon Health Authority's Certificate of Need committee:

We at Prism Health / Cascade AIDS Project (CAP) are acutely aware of the need for mental health services and the lack of availability of mental health providers in Oregon. The system is currently unable to accommodate the ongoing increase in demand for services. Today, the Oregon Health Authority (OHA) will hear elected officials, community leaders, advocates, patients and family members speak about a proposed behavioral health facility that requires a Certificate of Need.

Prism Health / CAP support the proposed facility and urges OHA to grant the certificate for several reasons:

- Willamette Valley Behavioral Health (WVBH) would offer much-needed inpatient and outpatient services.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.

Oregon desperately needs the proposed programs to manage the increasing demand for services. At Prism Health, the demand for outpatient behavioral health services outstrips our ability to provide them. The other LGBTQ+ competent behavioral health providers where we normally refer our clients when we are at capacity are also full. We have a long wait list for potential patients to see our providers, and our providers have struggled to assist those patients who need a higher level of care in finding the services they need. This puts pressure not just on our potential patients, but also on our behavioral health providers, who are responsible for helping our patients identify and engage in services that will help them. When we attempt to refer clients to a higher level of care, we have found a gap in the services offered to the community. WVBH will help in closing this gap between outpatient behavioral health and emergency crisis services.

We know that instances of anxiety, depression, substance use, and suicide are on the rise in Oregon, especially over the past year of the pandemic. Our community members are coming to us for help, and we do not have the capacity to provide it. Inevitably, some people will slip through the cracks and not receive the services they need to get well. This behavioral health facility will not be a silver bullet solution to the systemic problem we are facing. However, it can be an important piece to the much larger puzzle of providing equitable access to behavioral health care for all Oregonians by relieving some pressure on the current system and acting as a critical resource for those in need.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,

Tyler TerMeer

Tyler TerMeer
CEO
Cascade AIDS Project / Prism Health

A. Mike Duncan, PsyD
Behavioral Health Team Lead
Prism Health

Chief Executive Officer

Tyler TerMeer, PhD

Board of Directors

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Miguel Villarreal
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Member at Large

Kris Young
Nike

Tracy A. Curtis

Wells Fargo Bank

Eric Garcia

Multnomah County

Paul Hempel

Community Volunteer

James C. Hess

Opus Search Partners

Andy Jamison-LeGere

OnPoint Community Credit Union

Jordan Olson

Community Volunteer

Rhodes Perry

Rhodes Perry Consulting, LLC

Paul Southwick

Paul Southwick Law, LLC

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April 9, 2021

Oregon Health Authority Certificate of Need Committee:

The mental health crisis in Oregon has reached a breaking point. Oregon's system is not equipped to handle the ongoing demand that's been building this past decade, let alone accommodate a growing future population. Today, your Oregon Health Authority Certificate of Need Committee (OHA Committee) will hear elected officials, community leaders, advocates, patients and family members speak in support of a Certificate of Need for the proposed Willamette Valley Behavioral Health Facility (WVBH Facility). I am proud to join the chorus of support for several reasons:

- The WVBH Facility would offer much-needed inpatient and outpatient services.
- It's inpatient program would serve both adults and adolescents, and treat depression, anxiety, post-traumatic stress disorder and co-occurring disorders.
- The Facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.

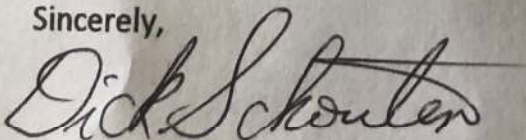
All of the above programs and services are desperately needed. Those living with mental illness and addiction, are forced to agonize in jail for weeks before they're able to receive treatment. Our state's emergency departments are flooded with those in crisis with nowhere to go - boarded in emergency rooms for days while they wait for an acute care bed to open up.

More and more of our children report experiencing anxiety or depression, and Oregon's youth suicide rate remains well above the country's average. According to Mental Health America, over 16 percent of young Oregonians reported at least one major depressive episode in 2020. This is the highest rate in the nation. (And half of them didn't receive treatment for that episode.). Our young people need help. We need to increase the number of therapists available for adolescents, and have more inpatient beds available - so no school ever again has to mourn a student's suicide.

Oregon currently ranks last in the nation with the highest prevalence of mental illness, and 49th for access to mental illness care. These abysmal rankings have barely changed in the last decade. The WVBH Facility will not solve all of the state's mental health problems, but it would relieve some of the terrible pressures. A WVBH Facility would: allow other similar hospitals - Unity, Providence, Kaiser, etc., to operate as intended; support the mission of the state hospital and Oregon Health Authority; and treat people from all over the state who currently can't get help.

I urge you to approve the Certificate of Need for the proposed WVBH Facility. We desperately need this facility to address our growing demand for inpatient psychiatric beds and mental health services.

Sincerely,



Dick Schouten

Recently retired Washington County Commissioner

Chair Boquist and Members of the Committee,

Thank you for the opportunity to submit support for SB 1054. I am writing on behalf of IBEW Local 48. We represent over 4000 workers in the electrical industry in Northwest Oregon and Southwest Washington and it is on their behalf that we seek support for this Veteran's health facility.

We have noted a lack of bills in this session focused on and creating jobs in Oregon. While this is somewhat understandable in a time of high employment and scarce resources, we maintain the importance of creating high paying job opportunities for every Oregonian. This bill does not require any financial support from the State, but will create many family wage jobs through the construction process. Not to mention the good jobs in perpetuity for the workers in the facility. Please support these workers and allow this facility to be built.

Sincerely,

Gary Young

Business Manager

IBEW Local 48



Please vote yes on SB 1054!

Management and Labor of the NECA/IBEW partnership agree that SB 1054 will make a positive impact in terms of our state's treatment of mental illness, and it will create good family-wage jobs in the process. We represent over 200 small businesses that employ 4,000 workers in the electrical industry, and we urge you to support this mental health facility by passing SB 1054.

In a time of scarce resources, this bill is especially notable because it does not require any financial support from the State of Oregon. SB 1054 will create a substantial number of family wage jobs through both the construction process and permanent workers in the facility once construction is completed.

**Please support these businesses and workers by voting
Yes on SB 1054.**

April 1, 2021

To the Oregon Health Authority's Certificate of Need committee:

The mental health crisis in Oregon has reached a breaking point. The system is not equipped to handle the ongoing demand that has been building for the last decade, let alone accommodate a growing population that requires considerable resources. Today, the Oregon Health Authority (OHA) will hear elected officials, community leaders, advocates, patients and family members speak about a proposed behavioral health facility that requires a Certificate of Need.

I support the proposed facility and urge OHA to grant the certificate for several reasons:

- WVBH would offer much-needed inpatient and outpatient services.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.
- We actively work with discharge planners and patients in common from CHH and have had a stellar experience.
- Our offices in Lane and Multnomah counties serve nearly 100% OHP patients and depend on having access to acute care beds for our crisis patients and would welcome a new resource that is easily accessible for all.

All of the proposed programs are desperately needed. Those living with mental illness and addiction, are forced to agonize in jail for weeks before they're able to receive treatment. Our emergency departments are flooded with those in crisis who have nowhere to go. They can be boarded in emergency rooms for days while they wait for an acute care bed to open up.

More and more of our children report experiencing anxiety or depression, and Oregon's youth suicide rate remains well above our country's average. According to Mental Health America, over 16 percent of young people in Oregon reported having at least one major depressive episode in 2020, the highest in the nation. (Half of them didn't receive treatment for that episode.) Our young people are asking for help – everything from increasing the number of therapists available for adolescents, to ensuring that inpatient beds are available to ensure no school ever again has to mourn the death of a student that dies by suicide.

Oregon ranks last in the nation when it comes to prevalence of mental illness, and 49th in the nation when it comes to comparing prevalence of mental illness with access to care. Tragically, this ranking has barely changed in the last decade. We know our system is not working. This facility is not a silver bullet solution to our systemic problem, rather, we are asking OHA approve a new behavioral health facility that would relieve pressure from the system and be a critical resource for all Oregonians. An additional facility would allow other similar hospitals- Unity, Providence, Kaiser,

etc.- to operate as intended, support the mission of the state hospital and OHA, and treat people from all over the state who can't find help.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Esteves', with a stylized flourish at the end.

Vanessa Esteves, ND., MBA.

Owner/Physician

Oregon Integrated Health

direct: 503.972.0235 x2106

mobile: 503.341.0020

oregonih.com/



April 8, 2021

To the Oregon Health Authority's Certificate of Need committee:

The Oregon School Social Work Association (OSSWA) believes that the mental health crisis in Oregon has reached a breaking point. Our current system is not equipped to handle the ongoing demand that has been building for the last decade, let alone accommodate the significant increase in need that has been precipitated by the upheaval of the last year.

OSSWA supports the proposed facility and urges OHA to grant the certificate for several reasons:

- WVBH would offer much-needed inpatient and outpatient services for adolescents and their families.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.
- The program will accept Medicaid thereby meeting the needs of students living in poverty, which is a high priority for OSSWA.

All of the proposed programs are desperately needed. Often school social workers and other school mental health staff are forced to send students to the emergency department, because there are no other options when our kids are experiencing a mental health crisis or a severe reaction from substance use. Sometimes, these young people even end up being held in emergency rooms for days while they wait for an acute care bed to open up.

More and more of our children report experiencing anxiety or depression and that is only expected to increase as students return to in-person learning after more than a year of being cut off from caring adults and the mental health supports that are available in schools.

In addition, Oregon's youth suicide rate remains well above the national average. According to Mental Health America, over 16 percent of young people in Oregon reported having at least one major depressive episode in 2020, the highest in the nation. (Half of them did not receive treatment for that episode.) Our young people are asking for help and this includes increasing the number of social workers in schools to ensuring that inpatient beds are available, so that no school ever again has to mourn the death of a student that dies by suicide.

We know our system is not working and OSSWA is asking OHA to approve a new behavioral health facility that would relieve pressure from the system and be a critical resource for all of Oregon's young people.

We urge you to approve the Certificate of Need to the proposed facility and help solve the growing need for inpatient psychiatric beds and mental health services in our state for Oregon's students.

Respectfully submitted,

Mary Krogh, LCSW
The Oregon School Social Work Association



Testimony in Support of SB 1054
Senate Committee on Veterans and Emergency Preparedness

April 13, 2017

Chair Boquist and Members of the Committee,

In February 2016, the Wilsonville City Council voted unanimously to approve the siting of Willamette Valley Behavioral Health, a 100-bed mental health facility. It is a well-designed project with an estimated cost of \$35 million.

The Oregon State Building and Construction Trades Council supports this project as an important and necessary economic development project in the Portland-Metro area. The construction and operation of Willamette Valley Behavioral Health will support a sizeable number of family-wage jobs.

The delay in issuing the Certificate of Need has prevented our members from being able to begin this project. SB 1054 addresses that issue with a limited exemption that sunsets in two years. We urge the committee to pass this bill, which will support projects like Willamette Valley Behavioral Health.

Thank you for your thoughtful consideration of our request and for your support of SB 1054.

Sincerely,

Tim Frew
Oregon State Building and Construction Trades Council



People of Purpose and Associates

Stop Pointing a finger and Lend a Hand

People of Purpose & Associates • P.O. Box 5232 • Portland, OR 97208 • (503)2870370

April 15, 2021

To the Oregon Health Authority's Certificate of Need committee:

The mental health crisis in Oregon has reached a breaking point. The system is not equipped to handle the ongoing demand that has been building for the last decade, let alone accommodate a growing population that requires considerable resources. Today, the Oregon Health Authority (OHA) will hear elected officials, community leaders, advocates, patients and family members speak about a proposed behavioral health facility that requires a Certificate of Need.

I support the proposed facility and urge OHA to grant the certificate for several reasons:

- WVBH would offer much-needed inpatient and outpatient services.
- The inpatient program would serve both adults and adolescents, and treat depression, anxiety, PTSD and co-occurring disorders.
- The facility also intends to offer programs that treat substance use disorders, crisis stabilization and medical stabilization.

All of the proposed programs are desperately needed. Those living with mental illness and addiction, are forced to agonize in jail for weeks before they're able to receive treatment. Our emergency departments are flooded with those in crisis who have nowhere to go. They can be boarded in emergency rooms for days while they wait for an acute care bed to open up.

More and more of our children report experiencing anxiety or depression, and Oregon's youth suicide rate remains well above our country's average. According to Mental Health America, over 16 percent of young people in Oregon reported having at least one major depressive episode in 2020, the

highest in the nation. (Half of them didn't receive treatment for that episode.) Our young people are asking for help – everything from increasing the number of therapists available for adolescents, to ensuring that inpatient beds are available to ensure no school ever again has to mourn the death of a student that dies by suicide.

Oregon ranks last in the nation when it comes to prevalence of mental illness, and 49th in the nation when it comes to comparing prevalence of mental illness with access to care. Tragically, this ranking has barely changed in the last decade. We know our system is not working. This facility is not a silver bullet solution to our systemic problem, rather, we are asking OHA approve a new behavioral health facility that would relieve pressure from the system and be a critical resource for all Oregonians. An additional facility would allow other similar hospitals- Unity, Providence, Kaiser, etc.- to operate as intended, support the mission of the state hospital and OHA, and treat people from all over the state who can't find help.

I urge you to approve the Certificate of Need to the proposed facility to address the growing need for inpatient psychiatric beds and mental health services in our state.

Sincerely,

A handwritten signature in black ink that reads "Larry A. Collins". The signature is written in a cursive, flowing style.

Larry Collins
Board Chairman

9 April 2010

Friday, April 9, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I cannot imagine being in a position of having a mental health crisis, and going to the hospital, only to be turned away. Having this new hospital would open up beds, not only for adults, but for children too. An additional mental health facility that can take a child who is struggling with suicidal thoughts, or addiction issues should be a no-brainer.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Leo Benavidez

12600 SW Crescent St Unit 416
Beaverton, OR 97005

Friday, April 9, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: PORTLAND

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kerry Kurth
3822 SE Oatfield Ct
Portland, OR 97267

Friday, April 9, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Michael Tu
2548 Edgewater Dr
Woodburn, OR 97071

Saturday, April 10, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Patty Turner
5730 SE 44th Ave
Portland, OR 97206

Saturday, April 10, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kealie Clark
3280 SW 170th Ave
Beaverton, OR 97003

Sunday, April 11, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Portland

Dear Director Allen:

I work in Mental Health as an instructor for the Basic Police Academy in Salem. I train officers in mental health and crisis deescalation. The worst part of my job is telling them that the system does not have enough beds for those who need it. We need all the beds and access to resources that we can get!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Melissa Trombetta
3223 NE 133rd Ave

Portland, OR 97230

Tuesday, April 13, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a clinical social worker in a rural community mental health program. We are constantly in need of more acute resources in Oregon and too often, our clients are discharged back to the community before they are ready because of the ongoing need for hospital beds. We have clients who are diverted from Unity to a medical hospital when they are in need of mental health crisis support that other area hospitals can't provide. Please approve this new hospital and give our residents support they need.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Katie Stephens
1416 N Watts St
Portland, OR 97217

Tuesday, April 13, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: I Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Dr. Bruce Goldberg, former head of the Oregon Health Authority, told The Oregonian/OregonLive that the need for more mental health facilities is clear.

“Oregon desperately needs more outpatient behavioral health treatment services, more mental health crisis services, more preventive services, more peer services and more psychiatric inpatient beds,” he said. “Sadly we continue to incarcerate more individuals with mental health problems than we hospitalize.” (Jeff Manning | The Oregonian/OregonLive)

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Lisa Stewart
10706 SW Capitol Hwy
Portland, OR 97219

Tuesday, April 13, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

The Portland Metro Area is suffering a huge influx of homeless and mentally ill. Something needs to be done. How can we claim to be a civilized society if we do nothing to help those in need?

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Christine Mayo Powers
8617 NW Wood Ave
Portland, OR 97231

Wednesday, April 14, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Portland

Dear Director Allen:

Oregon needs to make treatment available to all as part of a basic human right. This has been known for years. There is no reason Oregon should rank at the bottom of so many studies on mental health care in the U.S. It's a crisis of compassion.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Eric Bray
4030 SE Gladstone St Apt 6

Portland, OR 97202

Wednesday, April 14, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

My name is Tanis and I am a grateful woman in recovery from substance abuse who also suffers from severe anxiety and depression. Unfortunately, I was unable to receive the mental health services I needed 6 years ago for my postpartum depression so I was required to leave the state of Oregon to receive the help that I needed to get healthy and sober. Plain and simple, Oregon needs more mental health resources, I am in full supportive of getting those resources any way that we can. I currently work as a professional in the field of addiction treatment for a program called Awakenings By The Sea. We have a great relationship with Cedar Hills hospital and support the proposed new Willamette Valley Behavioral Health hospital in Wilsonville. Please approve this much needed resources for our community.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Tanis Hayden
26415 SW Petes Mountain Rd
West Linn, OR 97068

Wednesday, April 14, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Barbara Holler
3275 NE Azalea St
Hillsboro, OR 97124

Wednesday, April 14, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

About 6 years ago experience to major mental health crisis. I was fortunate in that had great insurance, a fantastic employer let me take time off, and wonderful support around me. All of these supports I still struggled in teetered on the brink of what I thought was a major breakdown. Oregon needs this hospital. .

Yesterday!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Bob Gray

1500 Norkenzie Rd Apt 55
Eugene, OR 97401

Thursday, January 9, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a suicide survivor. I work and live in Portland. I read the news. I see the struggles created by economic disparities, drug use, and a society that has forgotten it's most vulnerable. Jail or a hospital bed is the only reset available to those who have hit the floor of our potential. The state has the worst access to mental health care rating in the country. This crisis stabilization hospital and companion outpatient programs brings new capacity and real investment- not asking for donations or government subsidies to build or run- it will improve our ability to respond to the needs of folks in crisis while adding jobs and vitality to our economy.

I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country.

Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient crisis stabilization and community-based outpatient programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient crisis beds in the state, with many being boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility- often in restraints and or over-sedated.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. It is central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations.

I urge you to approve the proposed facility in the Willamette Valley to address the overflowing need for inpatient psychiatric crisis stabilization beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Michael Sorensen
12600 SW Crescent St Unit 416
Beaverton, OR 97005

Friday, January 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Portland

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Marci Taylor
4483 SW Garden Home Rd
Portland, OR 97219

Friday, January 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a BH provider who can never find quality IOP or PHP levels of care for folks in need.
I HOPE you will also consider adding a teen based program!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

beth rossi
315 E Main St Ste 208
Hillsboro, OR 97123

Friday, January 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

We have a shortage of mental health resources for those in crisis. Facilities are full, and have pattern divert status. We need more resources so people aren't boarded in Emergency Rooms.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Caden Stolz
13650 SE Wiese Rd
Damascus, OR 97089

Saturday, January 11, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Without long-term, female-specific substance use treatment given to me even though I could not pay in Memphis, TN, I would be dead. I support this wonderful initiative!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Anne Haynes
1715 Aspen Ct
Lake Oswego, OR 97034

Monday, January 13, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a Child & Family Therapist who works with OHP families, and strongly advocate for reliable, accessible inpatient and intensive mental health care. Currently the only way to access these services for my clients is to involve law enforcement or the hospital emergency room, which further traumatizes my clients and their family.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Elizabeth Bentz
631 Jason St NE

Salem, OR 97301

Wednesday, January 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Too many people need these services. There are not any around. Please pass this through asap. This is the 1st step in helping homelessness, addiction, mental health, and crisis that so many are afflicted with.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Marie Price
2283 SW Sturges Ln
Troutdale, OR 97060

Saturday, January 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Much needed

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Mike Wilson
305 NW 9th St
Newport, OR 97365

Friday, January 24, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Arial Pappas
15433 NE Alton St
Portland, OR 97230

Monday, February 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I have watched a family go through one of the most horrible things in their lives because their brother did not have the support that he needed after serving his tours. Since then, I have watched other families struggle with mental health facilities not being available to help those in need. I feel that those who have served our country deserve as much help as they can receive after their tours are over. They have given their lives for you. Whether they come home to a different world than they know and need to relearn how to communicate and love themselves, they have given themselves to this world we live in for you. They deserve a chance at a healthy life.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Renee Thompson
PO Box 729
Beavercreek, OR 97004

Monday, February 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

It's high time we had more Accessible treatment for our veterans with service-related mental health issues.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Linda Mendel
3718 SE Kelly St
Portland, OR 97202

Monday, February 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

This is critically important to save lives.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Jeana Gonzales
19457 Prospector Ter
Oregon City, OR 97045

Monday, February 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

April Stephenson
10155 NW Curtis St
North Plains, OR 97133

Tuesday, February 11, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Debra Dailey
910 SE 32nd Ave
Hillsboro, OR 97123

Tuesday, February 11, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I work in an emergency room. The amount of psych we get is unreal. But these people need help. Psych pts that are children are growing. And they need help. Half the time their parents don't even care.. someone needs to. My mom is also a mental health patient and let me tell you. Growing up with taking care of her and dealing with it all is rough and I would not have been able to do it alone. My sisters and I are so grateful for the help we have received. And I know many others are too. But we are not giving this crisis as much of attention as we should be.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Christan Riddle
882 SE 43rd Ave
Hillsboro, OR 97123

Tuesday, February 11, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I lost my son to suicide 2 ½ years ago and it feels like yesterday. Please approve this new hospital, save someone's loved one! He was an Oregon National Guard soldier these men and women protect your families by serving, it is Oregon's turn to give back.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Susan McIntosh
3613 NW 114th St

Vancouver, WA 98685

Wednesday, February 12, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a psychiatrist, I have been serving Oregon for the 19 years and have been practicing for the last 31 years. I serve our state from Harney County to Douglas County and have been a superintendent and chief medical officer of a state hospital, medical director of psychiatry department at Salem Hospital, served Oregon state hospital, have private practice, serve in ECF, served at the VA clinic. I am also an elected school board director of Salem-Keizer school district. Our current approach to serving Children, adults, veterans and seniors experiencing mental illness, or in the midst of mental health crisis is not working. We are losing too many to suicide, or end up in the cycle of trans institutionalization, under criminal justice system. Today our state hospital can. It even serve those who need longer mental health treatment and are civilly committed. It is open to only those who have committed a crime and have mental illness! It has become a de facto prison or place where the focus is to prepare for trial. The downstream impact of this is felt all across mental health and Adults with disabilities system. Children are suffering. Children and adults from eastern Oregon go to Idaho for hospitalization as there is no resources.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient

psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Satya Chandragiri
3231 Cole Rd S
Salem, OR 97306

Thursday, February 13, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a retired Army psychiatrist. I was Chief, Department of Psychiatry from 1988-1992. Our department ran and maintained 108 inpatient beds. The majority of our patients were first episode of psychosis (Schizophreniform Disorder). The time needed for these patients to stabilize (or even go into remission) was 3-4 weeks. I'm concerned that current policy doesn't allow for an adequate length of stay for many psychiatric patients.

In any event it is obvious that Oregon (and the US) needs more psychiatric inpatient facilities. Inpatient treatment can offer a safe and healing environment.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Harlan Bridenbaugh
2642 SW Sherwood Pl
Portland, OR 97201

Saturday, February 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Janice Graham
1414 SE Washougal River Rd
Washougal, WA 98671

Saturday, February 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Heather Wilkerson
3361 SW Redfern Pl
Gresham, OR 97080

Saturday, February 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

John Peterson
230 SE Evans St Apt 19
McMinnville, OR 97128

Saturday, February 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a mother whose young adult child eventually received services from Unity, Providence St. Vincent as well as Cedar Hills Hospital and OHSU. He was diagnosed with bipolar 1 and as parents we were and are highly proactive with his care. Why we had to go to several different facilities isn't a mystery. No beds available in time of crisis put our family in dire straits. We were/are not psychiatric professionals. My child's untreated mental health behaviors consequently led him to commit a crime. Jails are not a place for those clearly in need of mental health care, but because of lack of facilities and no space we played a roller-coaster ride with a broken system. Please approve this new facility and become a part of the solution to this crisis. The mental health of all is at stake.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Lisa Tutmark
15852 NW West Union Rd Apt 140
Portland, OR 97229

Saturday, February 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

The need for these beds outweighs Unity's abilities. Please approve this investment into our communities continuing mental health services.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Bill Ashenden
3312 Sabina Ct
Lake Oswego, OR 97035

Saturday, February 15, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Rebecca Marshall
5325 NE 41st Ave
Portland, OR 97211

Sunday, February 16, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Tammie Coelho
3411 SE 177th Ave
Vancouver, WA 98683

Sunday, February 16, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

This needs to happen now! Please move this project forward.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Noel Foeller
230 E Jersey St
Gladstone, OR 97027

Sunday, February 16, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Our moral and soul responsibility as humans is to care for those who cannot care for themselves. I think with appropriate safeguards to protect patient rights, psychiatric hospitals need to become a part of the overall healthcare lexicon.

Sincerely,

Jeanne Giles
4832 NE 24th Ave
Portland, OR 97211

Sunday, February 16, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Mary Gregoire
6 Morningview Cir
Lake Oswego, OR 97035

Monday, February 17, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

We have so many I'll people roaming aimlessly.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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Thank you,

Sincerely,

Ga Nelson
315 NW 3rd St
Pendleton, OR 97801

Monday, February 17, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Back in 2014 I came to a point in my life where I felt Worthless and hopeless. I wouldn't wish that feeling on my worst enemy and I pray that none of you reading this message ever have to experience. I attempted to commit suicide with pills and alcohol. I was not successful and when I came to the next day with my daughters all around me I knew I had to get help. With My customer service management skills, I felt confident that I would be successful at finding the help that I needed. I was so wrong. After hours and hours of talking to my insurance company, I had no other option but to go to the emergency room. I was at this point thinking of Suicide again. They put me in a ER room And came and took my vitals. I told the ER Nurse I was contemplating Suicide again and they made a note in my file then left me alone for an hour. No one was qualified to handle a mentally unstable patient. NO ONE. I was a patient of the ER room for Two day's because there were no rooms available for me. I was sent Upstairs to the Psych ward. My experience was very traumatic. No psychiatrist or therapist wouldn't touch me with a ten foot pole. Saying I was too high risk of Suicide. So I had no one to regulate my meds. It was a nightmare.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Mary Roberts
27710 S Ringo Rd
Mulino, OR 97042

Monday, February 17, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Barbara Robertson
PO Box 7146
Beaverton, OR 97007

Monday, February 17, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Laurie Eng
62 NW Chastain Pl
Gresham, OR 97030

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Director Allen,

I'm the Policy and Advocacy Director for Oregon Recovers.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Andrew Swanson
7503 SE Woodstock Blvd

Portland, OR 97206

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kristina Salaz
3626 Aldous Ave S
Salem, OR 97302

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Evan DeZeeuw
45 Eagle Crest Dr
Lake Oswego, OR 97035

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

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Thank you,

Sincerely,

Jim Bunker
2105 NE 61st Ave
Portland, OR 97213

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Breeze Powell Spivey
1147 SW Mark St
Newport, OR 97365

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

marv sannes
640 15th St NE
Salem, OR 97301

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Worked with several adolescences In need of services

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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Thank you,

Sincerely,

Frank Schreckenberger
2624 SE HARRISON ST
PORTLAND, OR 97214

Tuesday, February 18, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

We have more and more people needing mental health services. There is a huge shortage in Salem alone for mental health prescribers. We need more resources for people in crisis to get the help they need. Please stand up and support this project to help those in need.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Lyndee Bahr
221 Grand St

Independence, OR 97351

Wednesday, February 19, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an ER nurse in Springfield, I know the need for psychiatric care in Oregon is great. There are not enough psych beds in the state of Oregon. We have patients who stay in the ER for days on end, waiting for a bed. Waiting for help. Many get frustrated with the wait and leave before we can get them the help that they need... or they act out, creating a violent situation for themselves, staff, and innocent bystanders (other ER patients). By having more beds available, the wait time for these patients to get the help they need would dramatically decrease. Cedar Hills is an amazing psych hospital, they have accepted many of our patients as soon as they had a bed available (sadly sometimes days after the initial request for a bed).

Please grant the certificate of need for the behavior health hospital. Oregon needs it.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Tori Ketterling
5481 Demarco Ave
Eugene, OR 97402

Wednesday, February 19, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I've studied the mental health crisis at the local and national level for the last four years , please do the right thing and place more beds in our community. It desperately needs it.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Majestik De Luz
2043 College Way
Forest Grove, OR 97116

Wednesday, February 19, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Lincoln City

Dear Director Allen:

I feel the proposed Willamette Valley Behavioral Health hospital is a very necessary facility. My daughter was diagnosed with Schizophrenia/Bipolar nearly 10 yrs ago. She's currently in treatment (hospitalized) for her condition. This is the 5th time she's needed hospitalization (crisis intervention) in 10 years. She had a remission period of 6 yrs; 2012-2018 while receiving a once monthly injection of her prescribed medication. Each time she's been in our local hospital's Emergency department, the doctors & Mental Health Crisis team member have had to search for a bed for her in Oregon for stabilizing treatment. Each time there's been a wait time of 24 to 72 hours. The government (State of Oregon I believe) no longer allows clients to be held in Emergency departments without designated "hold rooms" for more than 24 hours, I've been told by Mental health crisis worker. Also there is a \$50,000 fine to hospitals who violate this policy or law. I believe the proposed Willamette Valley Behavioral Health hospital is VERY much needed in Oregon to better serve citizens with Mental Health treatment needs. Please DO authorize and/or approve funding for this much needed hospital.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Gail Faulkner
3109 NE 26th St Apt 204
Lincoln City, OR 97367

Thursday, February 20, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Wendy Patzke
1289 16th St SE
Salem, OR 97302

Thursday, February 20, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: The public needs your help!

Dear Director Allen:

This topic reaches all of us. It effects people that we love, that we work with, people we see everyday living in the street, people in our jails and courtrooms, and people who may just need a few days of help to get through a crisis. We need more services, as the demand is greater now than ever. Help us.

I Amin support of the proposed Willamette Valley Behavioral Health hospital. I understand this is a complicated issue, but the price for the entire state is going to keep going up the longer we fail to address the needs of our own citizens. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction. Please consider it!!!

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Alexis Fisher

200 Greenridge Dr Apt 303
Lake Oswego, OR 97035

Friday, February 21, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Mackenzie Jenkins
2021 SW Main St Unit 14
Portland, OR 97205

Wednesday, March 4, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Please build it to accommodate more patients!!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Amye Johnson
2478 Marylview Ct
Lake Oswego, OR 97034

Thursday, April 9, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a professional who works in the mental health field I know first hand about the lack of resources our state has when it comes to resources available for mental health care. Another inpatient hospital would be moving in the right direction to provide beds and clinicians to support Oregonians when they need it the most.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kimberly Gerhardt
4231 NE 66th Ave

Portland, OR 97218

Tuesday, April 21, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

The need for resources is greater than ever in Oregon. Adding more hospital beds for people suffering from mental health and addiction issues is critical. Freeing up beds in the hospitals that are treating COVID-19 patients is the most logical answer to the crises our health care system is facing right now. The decision to allow this through should be an easy one.

Please consider your stance on this and grant the Certificate of Need for the Willamette Valley Behavioral Health Hospital.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Odilio Allgeier
50 Kerr Pkwy Apt 73
Lake Oswego, OR 97035

Monday, May 4, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Bob Gray
1500 Norkenzie Rd Apt 55
Eugene, OR 97401

Tuesday, May 5, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As someone who lives with mental health challenges, and has worked with my community experiencing them as well, I fully advocate for additional mental health support. Especially during this time of greta need.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Katy Byrtus
8027 NE Beech St
Portland, OR 97213

Monday, August 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital and increased funding for mental health services

Dear Director Allen:

As a member of the Value Based Payment Subcommittee of the Health Evidence Review Board, I am aware that funding for health care for Oregonians is a challenge. However, the ranking of Oregon in last place for mental health services (high need, low availability) by Mental Health America is an indicator that increased funding for mental illness is needed in our state.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Regina Dehen
3414 SE Crystal Springs Blvd
Portland, OR 97202

Monday, August 10, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Mental Health is part of overall health. As a Naturopathic physician licensed for 15 years in Oregon I have seen my patients need for more affordable access to health care, especially when they live far from the metro areas of Oregon. As we continue to be facing the COVID pandemic, we need more mental health services not less. --Dr. Cat Gurski, ND, LAc.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Catherine Gurski

1962 NW Kearney St Ste 203
Portland, OR 97209

Tuesday, September 22, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Approve Wilsonville CON

Dear Director Allen:

Oregon's persistent failures to serve people experiencing mental illness reflect a moral failing on the part of our state. The SOS audit, MHA ranking (50th!) and Treatment Advocacy Center report on lack of inpatient capacity all independently confirm that OHA is not meeting the behavioral health needs of Oregonians.

With multiple cycles of budget cuts on the horizon, OHA does not have the ability to credibly tell Oregonians that this problem is being solved. Please allow the private sector to be a positive contributor toward a solution and approve the CON for Willamette Valley Behavioral Health!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Chris Edmonds
4186 Lakeview Blvd
Lake Oswego, OR 97035

Monday, November 9, 2020

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a mental health clinician serving those with SMI and SPMI, I can attest that there are not enough inpatient services for individuals. While the premise of an individual being placed in the lowest level of care is admirable, it is not feasible or practical. Longer term stays in inpatient treatment are necessary to increase the likelihood of stabilization once discharged versus discharging individuals once not at risk. This is causing the proverbial revolving door of acute care, police contact, jail and inpatient treatment. We are trying to make SMI and SPMI individuals live in a world that does not work for them. Additionally, I do believe that there needs to be long term and permanent secure settings for many of the individuals we all serve in Oregon - it is not inhumane but rather humane to allow individuals to live safely as well as respecting the communities and residents that are affected.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Whitney Struse
14800 NW Cornell Rd Apt 6J
Portland, OR 97229

Monday, March 15, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Having worked in mental health services for over 25 years, I am fully aware of the crisis in Oregon and the woefully underfunded resources available to this population.

As an Oregonian and mental health clinician, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Linda McCullough
5008 Hampton Ct
Lake Oswego, OR 97035

Monday, March 15, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kira Wehn
97 KINGSGATE RD # 31
LAKE OSWEGO, OR 97035

Monday, March 15, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I have worked in inpatient mental health for over 30 years. We are in desperate need of more beds in our area. The current mental health system is as bad as I have ever seen it and with Covid related issues more people than ever need access.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

William Curley
5008 Hampton Ct

Lake Oswego, OR 97035

Tuesday, March 16, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I work in the mental health field. We need more acute hospital beds!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kirsten Peterson
8951 N Van Houten Ave
Portland, OR 97203

Wednesday, March 17, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a mental health nurse educator, it is a very sad statistic to share with my students that we rank 50th in terms of mental health care. The need for mental health care is paramount; more so now than ever with the ever-growing homeless population, many of whom suffer from mental illness and/or substance use disorders.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Carol Dodson
5723 SE 20th Ave

Portland, OR 97202

Wednesday, March 17, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Oregon city

Dear Director Allen:

Hello, my name is Sierra Meier. I am nursing student at Clackamas Community College. Someone very close to me struggles with mental health and it has been a battle to seek treatment for him. It has taken months and so much research to be able to find care. Fortunately, during his crisis periods he has a loving and supportive family that is able to watch him and protect his safety. I know this is not the case for many families and they have to reach out to hospitals for the simple privilege of safety for their loved one . Oregon needs to made access to preventive and crisis mental health service easier. This would not be a solution but a step in the right direction. Thank you.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Sierra Meier
20077 Reflection Ln
Oregon City, OR 97045

Friday, March 19, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

My name is Natalie Sawyer. I am currently a nursing student at Clackamas Community College. Not only have I been learning about mental health and how it affects a person's overall health, I've also experienced mental health challenges first hand. I am privileged to have had access to mental health services throughout my journey of life thus far, but many Oregonians are not in a position that allows them easy access to such services. Mental health is similar to a bowling ball, and the bowling pins are all other aspects of health. One simply cannot hit the pins without a well-rounded bowling ball. All other aspects of health cannot be well managed without well-rounded mental health. With that said, mental health services should be considered a priority and should be accessible to anyone who needs it. Oregon depression rates are highest compared to other states, so there is obviously a need for access to services. For a happier and healthier Oregon, we need to start prioritizing mental health services.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Natalie Sawyer
11407 SW Davies Rd Apt 1209
Beaverton, OR 97007

Monday, March 22, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Access to mental health care needs to be available to all who seek it. Limiting the number of patients is devastating and cruel. Clearly our area needs more care with the number of houseless Oregonians suffering from mental health issues. I'm disappointed that OHA hasn't been more aggressive in taking care of every Oregonian.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,
Heather

Sincerely,

Heather John
1675 NW 138th Ave
Portland, OR 97229

Wednesday, March 24, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a medical provider, it is disturbing that I often can find no mental health program for my pt esp in-patient treatments. This facility would be a godsend.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Susi Cunningham FNP
6799 SW WILSONVILLE RD
WILSONVILLE, OR 97070

Thursday, March 25, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Wilsonville

Dear Director Allen:

This service is much needed. I volunteer with the low-income and homeless population and I know there is a huge need. There is also a shortage of adolescent counseling available. We have limited ability to help those who need mental health and/or addiction issues presently. Please move forward with this project. Wilsonville is a great location with easy access from I5.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Jenni Jeronimo

33140 SW Ladd Hill Rd
Wilsonville, OR 97070

Thursday, March 25, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Lori Hovenden
2298 Timothy Dr NW
Salem, OR 97304

Thursday, March 25, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a public servant, who works closely with elderly persons who have dementia, mental health crises, and harmful behavioral episodes, we NEED more in-patient beds for medication stabilization, co-morbidity stabilization, and community support.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Nichelle Fromm
5240 NE Elam Young Pkwy Ste 200

Hillsboro, OR 97124

Thursday, March 25, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Portland

Dear Director Allen:

Hi there - I am an LCSW in Portland OR serving adolescents the past 20 years. There have been way too many cases where youth were sent to the hospital only to be released too early due to lack of available beds. This is frustrating to the families and the providers. The youth mental health crisis in Oregon is undeniable. We need more resources.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Kate Allen

5621 NE 28th Ave
Portland, OR 97211

Thursday, March 25, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Portland

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Daniel Stinea
7111 SE 63rd Ave
Portland, OR 97206

Friday, March 26, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am writing to you to talk about my support for this new facility. I work in the field of Mental Health and Addiction Housing, but I also have been struck by personal grief this year, with my brother years old that committed suicide by hanging himself outside on the side of building on December 12th. He has struggled with Mental health most of his adult life, which led him to self-medicate with Drugs and Alcohol. He was a son, father and brother and loved by many, but he lived with no hope for any solutions to his serious mental health issues. Our system is not set up to help people in Oregon unless they are a current harm to self or others. We need places for these people to go to get the support they need with the many things they suffer from. I am very frustrated that anyone has to die because we just don't have the capacity to help support people in getting better. We have to do better!!!!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Melissa Bishop
5035 NE 70th Ave
Portland, OR 97218

Sunday, March 28, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

For a very long time, Oregonians have had a hard time getting mental health services when they need it due to lack of facilities and personnel. I support the proposed new behavioral health hospital. Please build it and hire highly qualified people.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Barb Belknap
32789 SW Ladd Hill Rd

Wilsonville, OR 97070

Monday, March 29, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Portland

Dear Director Allen:

Children and adults are facing long wait times in Oregon for inpatient mental health care. Our community needs improved access for this vital service, and the leaders of Cedar Hills have pledged to provide access to Medicaid patients.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

ROBIN MOODY
7131 SW 10th Ave

Portland, OR 97219

Monday, March 29, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Rebecca Larson
2111 Exchange St
Astoria, OR 97103

Tuesday, March 30, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a director of intake at a mental health facility in the Portland area I would like to advocate for the construction of Willamette Valley Behavioral Health. When Unity was built it actually reduced the overall inpatient beds in the community. We consistently are sent requests for patients to transfer from emergency rooms and then are "accepted" to unity only to be re-referred out again to our hospital the following day. Patients are hopping from one place to another without actually being provided adequate treatment. Once they finally do make it to a treatment program they are more hopeless and more frustrated at the hassle and stress of being moved around. Our community would also benefit from this new hospital offering geriatric services as these are also very limited in the community and we tend to deflect quite a few patients due to inability to manage their medical issues in conjunction with their mental health or substance abuse. This hospital would allow for more placement of the patients who wait in ED's only to be discharged home without any support or treatment and inevitably end up right back in the hospital within a week. We must do better as a community and we need to hold health share/Care OR responsible for providing services to their insured members. Willamette Valley Behavioral Health could provide more and better opportunities for Medicaid patients to get placement. This hospital should also have the ability to manage more higher acuity patients with higher security.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Mental Health Professional
10801 NW MAIN ST
NORTH PLAINS, OR 97133

Wednesday, March 31, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: newberg

Dear Director Allen:

Please approve this! It is vitally needed. I have been working in mental health for 26 years, primarily with acute mental health and trauma issues, and the Portland area is one of the neediest in terms of these resources. Please approve!

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Jory Smith
30450 SW Rogue Ln Unit 2901

Wilsonville, OR 97070

Wednesday, March 31, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

I am a Mental Health and Substance Use Counselor who has way too often not been able to help a patient who needed a higher level of care due to mental health facilities being full. We are in need of more inpatient beds for individuals with severe and persistent mental illness (SPMI). I just recently saw a former patient of mine with SPMI in jail, if he would have had access to an inpatient hospital he would not be in jail right now.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Staci Donley

2367 S Roosevelt Dr
Seaside, OR 97138

Wednesday, March 31, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Cydney Heims
2367 S Roosevelt Dr
Seaside, OR 97138

Friday, April 2, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Lake Oswego

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Patricio Riquelme
6310 Alyssa Ter
Lake Oswego, OR 97035

Tuesday, April 6, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a mental health therapist, I have done both outpatient and now inpatient. I have worked with children, adolescents, and adults. While doing outpatient on the Oregon coast, I also did crisis work and while it is hard to get someone from the local areas into a mental health bed sometimes on the coast patients will sit in small ED's for days while the crisis worker attempts to get them into someplace for appropriate care. While working with children, I helped to get some into beds at facilities that are now closed down, thus limiting the available beds needed to help them.

While opening another facility does not solve everything it does help to start making more of a difference. While it is a fact that our state rates as one of the worst in the country for mental health, it does not mean we just have to stay there. Every inpatient facility, outpatient clinic and every provider should feel the need to see the mental health system improve in our state for every single person in our state.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Barbara Gonzalez
17442 SW Roger Ln
Beaverton, OR 97078

Tuesday, April 6, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Baker City

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Amy Powell
3425 13th St
Baker City, OR 97814

Tuesday, April 6, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Salem

Dear Director Allen:

These beds are desperately needed to help those in our community who need help so badly. Please consider this.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Jeff Duncan
2575 Center St NE
Salem, OR 97301

Wednesday, April 7, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Sam Carl
7321 Sarah Ln S
Salem, OR 97306

Wednesday, April 7, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

Families navigating the mental health system in Oregon are in CRISIS daily with nowhere to turn while feeling isolated and ashamed. At the age of 15, we woke our daughter up in the middle of the night to send her with two strangers to take her to a treatment facility in Utah. This was her second stint in treatment. We ended up paying \$300,000 out-of-pocket to save her from suicide, claims that were denied by our private insurer, Pacific Source. I blame our mental health system in Oregon for her mental health deteriorating to a place that she was about to take her life. We were desperate for help and resources, yet NOTHING was available - not through the schools, community, doctors, insurance, NOWHERE. Families in crisis in Southern Oregon send their youth to Portland for in-patient treatment and it usually takes at least a week to find them a bed. With suicide being the leading cause of death among youth in Oregon and this state dead last with the highest prevalence of mental illness and lowest available resources, it should be a no-brainer that Willamette Valley Behavioral Health is approved for a Certificate of Need. For more about my family's story and to learn about our advocacy efforts, please visit www.thelemonadeproject.com. To your best mental health and wellness, Andrea Childreth.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient

psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Andrea Childreth
1580 Ridge Way
Medford, OR 97504

Thursday, April 8, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Debra Stokes
14785 NW Perimeter Dr
Beaverton, OR 97006

Thursday, April 8, 2021

Patrick Allen
Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Support the proposed Willamette Valley Behavioral Health hospital

Dear Director Allen:

As a primary care nurse practitioner, in the greater Willamette Valley region, I can attest to the need for more behavioral health services. I am not a psychiatric mental health nurse practitioner but often feel my skills being stretched into caring for patients struggling with behavioral health issues as they have long waits to be seen locally for their psychiatric and/or addiction needs. I am educating myself as best I can but we need more specialty care for these individuals at the time of their need not after the crisis has passed. The emergency department or regular hospital setting is not conducive to adequate care of these serious health conditions and just waiting it out does not often work when someone is in need of behavioral health care.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

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I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Andrea Nutt
432 SW 1st St
Sheridan, OR 97378

Krecklow Pam L

From: Christina C [REDACTED]
Sent: Friday, April 23, 2021 8:02 PM
To: Krecklow Pam L
Subject: Do not bring UHS into your state

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Pam Krecklow,

I am writing as now is an adult who was once a victim of the UHS system. As a teen I was kidnapped and forced to go to Provo Canyon School in Utah. I was confined there for 11 months. I am now a psychologist who provides mental health services for youth and their families. As a child I had known that what was happening to me and the other girls at that facility was wrong. However, I did not realize that the practices they were employing to change behavior was psychologically damaging until I started studying psychology in college. I can say now with certainty that what UHS does in their schools is not healthy. It is not healthy for the child, their families, or community.

The experience at Provo canyon School opened my eyes to a hidden world of private residential treatment centers. UHS and companies like this prey upon desperate families who are seeking solutions. They promise safety, security, and mental health. Parents who are overwhelmed and don't know what to do become desperate and seek professional help. So when a company like this advertises their services in a way that tells parents that all their child's needs are going to be met, a parent listens. UHS preys upon family vulnerabilities.

As I said, I was there for 11 months. Knowing what I know now, that should have never occurred. I should have never been held at that level of care for that long. I was not experiencing a severe mental illness or emotional or behavioral symptoms enough to justify keeping me at that level of care. I was kept there because I was not acting like the perfect vision of what an obedient child looked like from there ethnocentric perspective.

Please contact me to learn more about what it is like as a teen patient in one of those facilities. I've had the great opportunity of interviewing 10 other people who had went through the a similar experiences at these private residential facilities. In fact I wrote my doctoral dissertation on the topic for Rutgers University.

There is a reason why there are reddit forums and Facebook groups dedicated to survivors of Provo canyon School and other UHS facilities. Please reach out to the victims of these places to understand why you do not want UHS in your state. Stop perpetrating abuse and stop systematic and institutionalized harm to children.

Thank you,
Christina C [REDACTED]

Krecklow Pam L

From: W [REDACTED]
Sent: Monday, April 26, 2021 12:56 PM
To: pam.l.krecklow@state.or.us
Subject: Opposition to CN 682

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authorities Certificate of Need Committee:

I urge that the Committee reject the application of need (CN #682) for NEWCO Oregon Inc. is a wholly-owned subsidiary of Universal Health Services (UHS). I hope that my testimony and sharing my experience will encourage this committee to deny the certification of need and instead address mental health needs through community and evidence-based health care.

I attended Provo Canyon while it was owned by Charter Health Services, and UHS purchased this facility in 2001. It is concerning UHS purchased and continued to run a facility when they could obtain information about allegations of child abuse and medical neglect. Survivors of what is colloquially called the "troubled teen industry" have spoken out to journalists who have extensively reported on the abuse allegations and violations of clinical standards in this industry as part of an emergent social movement and organization called Breaking Code Silence. Recent legislation in Utah, SB 127, was passed to address allegations of abuse that occurred in Utah facilities such as psychiatric acute care, residential treatment centers, and wilderness programs. Some of the allegations featured by multiple journalists have included UHS owned facilities Provo Canyon School and Copper Hills Youth Center. I believe the survivors who have attended their Copper Hills Youth Center facility and those who have attended Provo Canyon since UHS' purchase and have shared their experiences.

I hope the committee will listen to survivors and read the local reporting about the allegations and concerns regarding UHS operations, including Provo Canyon and Copper Hills. I hope these concerns about NEWCO Inc. and UHS are considered by the committee. Investing in local and community resources to provide evidence-based practices is something that should continue in Oregon.

Thank you for your time and consideration.

Respectfully,

W. [REDACTED] S. [REDACTED]

Sent from my T-Mobile 5G Device



April 23, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

Subject: Support for the Proposed Willamette Valley Behavioral Health Hospital

Dear Pam,

Oregon has long been a national leader in health care reform. The CCO model of providing collaborative, patient-centered care has proven successful at improving access to care, health outcomes and patient wellbeing while reducing costs. We have made tremendous gains in achieving health integration, and now we have an important opportunity to further invest in the behavioral health system to better meet the needs of vulnerable Oregonians and Oregon Health Plan members.

Oregon invests more in the mental health care system than 30 other states. Still, data show that capacity and access to inpatient care continues to be a barrier for many Oregonians. Building on our past history and successes, now is the time to further expand our capacity to treat patients across the continuum of care. That is why we are urging you to approve the certificate of need for Willamette Valley Behavioral Health Hospital.

When families and children are in crisis and seeking help, we have a responsibility to provide quality mental health treatment and services. Currently, the state's housing crisis and the COVID-19 pandemic have helped compound the need for additional supports and services for people living with mental illness. As a coordinated care organization, we are proud to be part of Oregon's innovative health care delivery system and we are committed to supporting developments that ensure the continuum of care meets the needs of our members and our local communities.

As one of the most respected health care companies in the country, Universal Health Services has been committed to providing quality care to our Oregon Health Plan members. Enhancing capacity with the addition of Willamette Valley Behavioral Health Hospital will continue to center Oregon as a health care leader and improve our care delivery model in service of all Oregonians.

Thank you for your consideration of their proposal.

A handwritten signature in black ink, appearing to be "CH", is written above the typed name.

Sincerely,
Chris Hummer, CEO
Trillium Community Health Plan

Krecklow Pam L

From: Sorensen, Michael <Michael.Sorensen@uhsinc.com>
Sent: Monday, April 26, 2021 8:55 AM
To: pam.l.krecklow@state.or.us
Cc: Molly McGrew
Subject: FW: [External] Support the proposed Willamette Valley Behavioral Health hospital

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Please add the following letter/email to the list of commenters.

Michael Sorensen, MPA
Director of Business Development
O: 971.228.8000 x250 | C: 971.322.4619
Email: michael.sorensen@uhsinc.com
10300 SW Eastridge St, Portland OR 97225

This message has been sent as a part of discussion between Michael Sorensen and the addressee whose name is specified in this email. Should you receive this message by mistake, we would be most grateful if you informed us that the message has been sent to you in error. In this case, we also ask that you delete this message from your mailbox, and do not forward it or any part of it to anyone else. Thank you for your cooperation and understanding. [https://urldefense.com/v3/__http://www.cedarhillshospital.com__;!!OxGzbBZ6!LclVt0AE8WVv1SZ1AWNbgg2k1vIRzhsTT7-c-Md7QFZYEW3uqSuHmqYzXsdejNvcGlpI65OG9Rfmzg\\$](https://urldefense.com/v3/__http://www.cedarhillshospital.com__;!!OxGzbBZ6!LclVt0AE8WVv1SZ1AWNbgg2k1vIRzhsTT7-c-Md7QFZYEW3uqSuHmqYzXsdejNvcGlpI65OG9Rfmzg$)

*

Director Patrick Allen

Please help our community and Oregonian's access to mental health treatment. I am a nursing supervisor at Cedar Hills Hospital and I can tell you we are turning patients away all the time! Our sickest patients stay the longest in places like our crisis stabilization unit, and these are the patients getting turned away and sitting in our communities emergency rooms for sometimes several days. These are the individuals with the most need for care and who stand to benefit the most. I see it every week, transfer requests from all over the state of Oregon and SW Washington where the sickest individuals are stuck in Emergency Rooms on county NMI holds or stuck in a recliner at Unity's PES (psychiatric emergency services) awaiting an appropriate bed. With what we are seeing it is hard to understand why this is not a bigger priority for OHA.

As an Oregonian and mental health advocate, I urge you to grant a Certificate of Need for the proposed Willamette Valley Behavioral Health hospital. We are in the midst of a crisis, and Oregon now boasts the highest prevalence of mental illness in the country. Unfortunately, we lack the proper resources to treat and heal those who need help the most. While approving the Certificate of Need isn't the single solution to this systemic and enduring problem, it would be a step in the right direction.

According to Mental Health America, Oregon currently ranks last in the nation when it comes to those in crisis being able to access the mental health services they need. In Portland, suicide rates are three times the national rate. Both data and common sense tell us that there is a demonstrable need for more inpatient and outpatient services across the state.

To deny the Certificate of Need is to deny patients, their families and their friends the ability to seek help. Inpatient and community-based programs, treatments and services all play a role in solving the mental health problem. We have a shortage of inpatient beds in the state, with many in crisis boarded in hospital emergency departments, temporarily seen by doctors and nurses who have little training and experience in supporting someone in crisis. Patients sometimes are forced to wait days until a bed becomes available at a psychiatric facility. We owe it to our community to provide quality mental health treatment and services.

The new hospital will provide over 100 inpatient beds for those in crisis and serve all Oregonians. Its central location in Wilsonville will serve the tri-county area, the Oregon Coast and individuals east of the Cascades. Opening a behavioral health care facility on the I-5 corridor will provide access to underserved populations. A new center that offers new programs that are tailored to certain populations will help everyone receive the help they need.

I urge you to approve the proposed facility in the Willamette Valley to address the growing need for inpatient psychiatric beds and mental health services in the state of Oregon.

Thank you,

Sincerely,

Matthew Rose

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Health Department



Behavioral Health Division – Metro Acute Care Advisory Council (MACAC)

April 27, 2021

Pam Krecklow

Health Facilities Consultant &
Certificate of Need Coordinator
OREGON HEALTH AUTHORITY
Public Health Division
Facilities Planning & Safety Team
pam.l.krecklow@state.or.us

RE: NEWCO Oregon Inc.'s Certificate of Need Application #682

To Whom It May Concern:

The Metro Acute Care Advisory Council (MACAC) Executive Committee offers the following comment regarding the NEWCO Oregon Inc.'s Certificate of Need Application #682 for an inpatient psychiatric hospital in Wilsonville.

We, like others throughout the state, recognize that we are experiencing a crisis in terms of acute care services. However, we wonder if we are asking the right questions about the source of the crisis and as a result, not addressing the appropriate response.

The Oregon State Hospital has been impacted by increased forensic commitments leading to a reduction in space for persons who have been civilly committed. This in turn has created higher populations of persons in psychiatric, inpatient hospitals. However, hospitals report that the greater challenge is not always in helping individuals access higher levels of care or continuing hospitalization, but in having appropriate lower levels of care. This includes secure and non-secure residential treatment facilities, permanent supportive housing, peer-run respite, and other community based placements.

The proposed facility also does not include the capacity for services which are an essential part of the acute care system including:

1. Behavioral Health Emergency Department
2. Physical Healthcare
3. Substance Use and/or Co-occurring Disorder Capacity
4. Capacity to receive transfers from law enforcement
5. Focused capacity for community residents (not out-of-state, payer driven placements)

Psychiatric hospitals are costly. Investing the already limited resource pool in a hospital depletes resources that could be invested in community care. We assert that the greater need for the Metro area is expanding capacity for the full continuum of residential and alternative housing models, including culturally specific homes. This also aligns with the priorities listed by the Governor's Behavioral Health Advisory Council.

Respectfully,

MACAC Executive Committee Co-Chairs

/esig/ *Elaine Thompson*

Elaine Thompson
Clackamas County Behavioral Health Division

/esig/ *Monta Knudson*

Monta Knudson
Bridges to Change

JJ

Krecklow Pam L

From: Danielle G [REDACTED]
Sent: Tuesday, April 27, 2021 2:25 PM
To: Krecklow Pam L
Subject: CN #682

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I urge the Committee to reject the application of need (CN #682) as a survivor who attended a troubled teen program, and as an Oregon Resident. NEWCO Oregon Inc. is a wholly owned subsidiary of Universal Health Services (UHS). I'm dismayed to hear that this is even being considered as a feasible option for our state. I was recently given the opportunity by Senator Gelser to give testimony about my experiences of abuse in these facilities in two recent senate committee meetings. I hope that my testimony and sharing my experience will encourage this committee to deny the certification of need and instead address mental health needs through community and evidenced- based health care.

I strongly oppose their application of need. Survivors of what is colloquially called the "troubled teen industry" have spoken out to journalists who have extensively reported on the abuse allegations and violations of clinical standards in this industry as part of an emergent social movement and organization called Breaking Code Silence. Recent legislation in Utah, SB 127, was passed to address allegations of abuse that occurred in Utah facilities such as psychiatric acute care, residential treatment centers, and wilderness programs. Some of the allegations featured by multiple journalists have included UHS owned facilities Provo Canyon School and Copper Hills Youth Center. I believe these survivors.

Investing in local and community resources to provide evidence-based practices is something that should continue in Oregon.

Thank you for your time and consideration.

Best Regards,
Danielle G [REDACTED]

Krecklow Pam L

From: Seven B [REDACTED]
Sent: Tuesday, April 27, 2021 4:10 PM
To: Krecklow Pam L
Subject: Public comment

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I'm an Oregon resident who strongly opposes the 50 million dollar UHS expansion.

Thank you,
Seven [REDACTED]
[REDACTED]

Krecklow Pam L

From: Solis P [REDACTED]
Sent: Wednesday, April 28, 2021 5:56 AM
To: pam.l.krecklow@state.or.us
Subject: Opposition to CN 682

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I urge that the Committee to reject the application of need (CN #682) as a survivor who attended a troubled teen program, and as an Oregon Resident. NEWCO Oregon Inc. is a wholly owned subsidiary of Universal Health Services (UHS). I hope that my testimony and sharing my experience will encourage this committee to deny the certification of need and instead address mental health needs through community and evidenced-based health care.

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Investing in local and community resources to provide evidence-based practices is something that should continue in Oregon.

Thank you for your time and consideration.

Best Regards,
Oregon Resident Solis Papagian

--

Thank you,
Solis P [REDACTED]

Krecklow Pam L

From: [REDACTED]
Sent: Wednesday, April 28, 2021 8:50 AM
To: pam.l.krecklow@state.or.us
Subject: UHS hospital

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

This is a corporation who has monopoly over where I live. Denton County Texas. I have personally spoke to two young women who had been raped inside their facility and nothing was done about it. These are two young woman who were greatly traumatized by these horrible events. One was raped by a male patient and she told the staff he was coming into her room. The staff gave her a cup full of pills and told her to be calm. The staff took her clothing after the actual rape and they were never seen again.

The second young woman told me she was raped 5 nights in a row by a [REDACTED] nurse. He gave her a medicine cup full of night time pills that incapacitated her. Then he had sex with her when she was too doped up to move. My grandson was not looked after every fifteen minutes in the CSU unit. He was found after hours in his room barely breathing. He was brain dead at that time. Aaron Gower was just 22 years old in Feb. 2013. They murdered him after he told RN on duty he had a bad headache. [REDACTED] RN sent him to his room where a blood clot burst. My name is Sandra [REDACTED] C [REDACTED]. This is all true and I have more incidences not noted here. My address is [REDACTED] [REDACTED]. phone [REDACTED]. If anyone would like to contact me, thank you.

Sent from my Verizon, Samsung Galaxy smartphone



April 27, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program

VIA EMAIL

Ms. Krecklow:

NAMI Oregon submits this written testimony as follow-up to our brief oral testimony from April 15, 2021, concerning the certificate of need application from NEWCO Oregon Inc. (CN #682).

NAMI Oregon is a grassroots, membership-governed organization that offers free education, support, and advocacy services to individuals living with mental illness and their families and other loved ones. NAMI has 15 chapters across Oregon that annually serve about 10,000 Oregonians through our programs and workshops. Our members have direct lived experience with mental illness — as individuals living with illness, as family members or friends of individuals living with mental illness, as parents raising school-age children with behavioral health challenges, or as some combination of all three.

NAMI Oregon does not take a position in favor or in opposition to the application to develop a freestanding hospital in Wilsonville. Rather, in this circumstance we defer to the state agencies with the expertise to evaluate certificate of need applications to make a sound decision.

However, during our deliberations and evaluation of the application, we identified several factors that should carry considerable weight in the state's decision-making process. We outline these questions and statements below:

- How does adding 100 inpatient hospital beds for the Portland metropolitan area fit within current efforts to roll out the 988 crisis call system and accompanying crisis services across Oregon? A major goal of 988 implementation is to divert people from inpatient care by providing more effective community interventions during crises, thereby mitigating demand for inpatient psychiatric care.
- NAMI Oregon believes a major factor to consider is the number of inpatient psychiatric hospital beds in the Portland area being utilized by patients on the Oregon State Hospital wait list. On any given day, between 50 and 80 beds are occupied by patients on civil commitment or under guardianship awaiting placement to a suitable long-term care environment. Given this, the state should examine the need for 100 additional short-term

hospital beds in the context of efforts to free current inpatient capacity so that such capacity is utilized for its intended purpose.

- Will the proposed hospital accept all payers, including commercial insurance, Medicaid, and Medicare? And will it accept a full range of acuity? If the proposed hospital is unable to serve Medicaid and Medicare or must balance its payer mix in order to meet profit expectations, this will preclude many individuals from receiving care and financially destabilize our current inpatient providers. Moreover, the hospital must accommodate people at high acuity who have been civically committed and are awaiting placement at the Oregon State Hospital or other long-term placement without regard to how doing so impacts the hospital's payer mix or bottom line.

- Can the applicant demonstrate that it already provides or will provide an appropriate level of community benefit spending for those who do not have insurance coverage or who have minimal or insufficient coverage? This is of significance to our population, which falls through the cracks despite Oregon's aggressive efforts to cover all Oregonians. About 17 percent of the callers to our statewide Helpline report that they do not have insurance coverage.

- What impact will the proposed hospital have on the financial stability of the existing acute care system in the Portland area? Will the hospital truly add capacity, or will it supplant capacity because other inpatient providers will reduce or eliminate their current services? Our acute care system is financially tenuous under current market and payer conditions. The proposed hospital should not impact the system in such a way that we simply relocate resources from one facility to another because current inpatient providers are dissuaded economically from offering psychiatric inpatient services.

- Will the proposed hospital have a financial impact on the rest of Oregon's mental health system? Hospital care is a necessary service, but it represents the most expensive level of care in our mental health system. We already spend an inordinate amount on hospital-level of care. Would additional spending reduce our ability to maintain and expand community services that are less costly and critically necessary to keep people out of acute care? If it does reduce our ability to invest in community care, we will quickly overwhelm any capacity that the proposed hospital adds.

- Does the applicant have a history of quality care? In this instance, the applicant has a broad national and international footprint of providing psychiatric care through free-standing psychiatric institutions, youth facilities, and other care environments, including an existing facility in Oregon. What is the applicant's history, and does it demonstrate consistent quality and improved outcomes in line with the Triple Aim?

- Does the applicant demonstrate strong connections to the community treatment services that patients need once they discharge from the hospital? For example, can they demonstrate that they refer to programs and providers serving a variety of payers, from individual licensed therapists to services such as Assertive Community Treatment Teams? Free-standing hospitals generally carry the reputation of being divorced from the

rest of the treatment system. Demanding that the applicant clearly demonstrate that it already has robust community partnerships is warranted.

- Can the applicant demonstrate existing and meaningful links with the many other community resources that are vital to recuperation and long-term recovery? This includes organizations such as NAMI, Northstar, Depression Bipolar Support Alliance, Dual Diagnosis Anonymous of Oregon, and various other entities and programs that serve individuals living with mental illness and their families and other loved ones. We note here that Cedar Hills Hospital and NAMI Oregon maintain a strong partnership, which is an indication that such partnerships may be likely with the new hospital.
- Does the applicant have in place formal partnerships with Oregon's network of Patient-Centered Primary Care Homes (PCPCH)? The state of Oregon has invested in building a network of PCPCHs, which are intended to serve as a hub for coordinating health care, including for individuals and families living with mental illness and addictions. Such a demonstration also should include whether the applicant partners with Community Behavioral Health Homes in Oregon.
- Can the applicant clearly demonstrate a thoughtful and predictable discharge planning process as required by House Bill 2023 from the 2015 legislative session? The discharge process, and the ability to engage families, lay caregivers, and other support networks, are vital to ensuring that people continue to recuperate after hospitalization.
- Is the proposed hospital located within a reasonable distance to the patients and families who will be served? Already, individuals and families travel long distances to access inpatient care, which precludes families and other support networks from even visiting a loved one. Services should be located within the communities being served so that families or identified lay caregivers can support their loved ones, and so that coordination with other community care providers actually occurs.

Thank you for this opportunity to offer NAMI Oregon's perspective on the proposed hospital in Wilsonville.

Best wishes,



Chris Bouneff
Executive Director



April 29, 2021

Pam Krecklow
Health Facilities Consultant & Certificate of Need Coordinator
Oregon Health Authority
800 NE Oregon Street,
Portland OR 97232

RE: Responses to Public Comments Regarding NEWCO's Request to Establish a 100-Bed Inpatient Psychiatric Hospital in Wilsonville (CN #682)

Dear Ms. Krecklow:

On behalf of UHS, I have provided summary responses to public comments regarding our request to develop and operate a 100-bed freestanding psychiatric hospital---NEWCO Oregon, Inc., DBA Willamette Valley Behavioral Health ("WVBH")--in Washington County, Oregon.

Thank you in advance regarding this important certificate of need request.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Escarda", is written over a faint, light blue circular watermark that matches the Fairfax Behavioral Health logo.

Ron Escarda
CEO & Group Director of the Pacific Northwest
Universal Health Services

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1. Introduction

In September 2019, NEWCO Oregon, Inc., DBA Willamette Valley Behavioral Health (“WVBH”) submitted Certificate of Need Application #682 to develop and operate a 100-bed freestanding psychiatric hospital in Washington County, Oregon. The proposed Willamette Valley Behavioral Health project will be licensed as a 100-bed psychiatric hospital, with inpatient services and several targeted mental health programs for adolescents 12 to 17 years old, adults 18 to 64 years old, and older adults ages 65 years and older. The proposed services are described in detail in the WVBH application and responses to OHA completeness letters.¹

On April 15th, the Oregon Health Authority (OHA) held a public hearing to receive public comments on the proposed WVBH request (Certificate of Need Application #682). In addition to the public meeting, as of April 28, 2021, over 100 letters of support and 24 letters of opposition have been submitted to OHA related to the proposed project. For those letters of opposition, the primary themes identified in the public comments voicing opposition to WVBH include the following:

- ***Access***
- ***Need***
- ***Community Engagement***
- ***Staffing / Workforce Availability***
- ***Quality of Care***

Responses to each of these opposition themes within the public comments are provided below.

¹ See NEWCO Application, July 2, 2019, p. 9 and NEWCO Supplemental Response, August 18, 2020, pp. 2-4.

2. Access

In the public comments submitted to the OHA, three organizations (SEIU, Providence, and Washington County HHS) and three individuals (Bethany R, Ethan B, and Commissioner Sharon Meieran) raised concerns related to the impact of the proposed psychiatric hospital on access to psychiatric services for the residents of Clackamas, Multnomah, and Washington counties. These concerns, and the parties which raised them, include:²

1. Willamette Valley Behavioral Health (WVBH) will not treat or will treat too few Medicaid patients (SEIU, Providence, Bethany R, Ethan B, and Commissioner Sharon Meieran)
2. WVBH will not have any, or very few CCO contracts (SEIU)
3. The proposed facility, located in Wilsonville, will not have adequate access to public transportation (SEIU, Providence)
4. WVBH will not treat patients with acute psychosis (Washington County HHS, SEIU).³
5. The proposed facility is not located within an acute care hospital and does not have a patient transfer agreement with a local hospital, so will be unable to treat patients with co-occurring health conditions (SEIU, Providence)

None of the above criticisms have merit, and most have been addressed within the WVBH application and responses to OHA completeness questions. We further detail additional responses below.

Access Concern 1: Willamette Valley Behavioral Health (WVBH) will not treat or will treat too few Medicaid patients

This repeated concern ignores the data captured in the Oregon Behavioral Health Quality Performance Improvement Plan (“OBHQPIP”), which is a crosswalk of datasets from the USDOJ independent consultant report. The OBHQPIP data highlights measurements for the Medicaid SPMI (“serious or

² Given the volume of public comments, many of which were very similar in content, we have done our best to properly attribute the different criticisms but apologize and request understanding if we have missed parties which also raised these issues.

³ The argument is that acute psychosis relating to drug overdose without presentation as a harm to self or others is not an appropriate patient condition for acute psychiatric inpatient care and would be more appropriately cared for in an intensive outpatient community center that provides detoxification. This, of course, presumes no other co-morbidities. It is also argued that patients who are medically cleared and meet the diagnostic criteria for acute psychosis without substance use are not appropriate patients for acute psychiatric inpatient treatment as that may require additional testing to determine what medical condition may be contributing to the person’s acute psychosis.

persistent mental illness”) population. Based on the limited data capture between July 2019 to June 2020, data for Cedar Hills Hospital demonstrated that it cared for Medicaid patients.⁴

Further, this payer mix issue and care for underserved populations, and specifically care for Medicaid-sponsored patients, has been asked a number of times by the OHA. The OHA questions related to the payer mix of the proposed facility or its availability to indigent individuals included two questions from its July 25, 2019 completeness letter, three questions from its January 28, 2020 completeness letter, and one question from its June 19, 2020 completeness letter. These questions were as follows:

- July 25, 2019 Completeness Letter, Q21: “Page 49, Payer Mix Projection - Medicaid is estimated to be 12.8% of Gross Revenues. What data or assurances are there to support the increase in Medicaid over Cedar Hills (Table 10) of 8.7%?”⁵
- July 25, 2019 Completeness Letter, Q25. “Page 8 of the application states UHS has "successfully operated Cedar Hills Hospital in Washington County". However, Cedar Hills Hospital has had significant compliance issues in 2018 and 2019. Cedar Hills Hospital is currently in the process of returning to compliance following the most recent investigations. In addition, HCRQI substantiated complaints or compliance issues at this facility in May and August 2011, November 2012, June 2016, and December 2017. Please explain how WVBH will be managed differently to make it successful.”⁶
- January 28, 2020 Completeness Letter, Q3: “Table 4 in the November 15 response letter shows that patients who are "self-pay" or "unfunded" have a higher rate of deflection than any other payer source. Please explain why this category has a higher deflection rate and how their admission request demographics compare to those patients who were accepted for a bed.”⁷
- January 28, 2020 Completeness Letter, Q4: “According to a 2016 report titled "ED Boarding of Psychiatric Patients in Oregon", a substantial number of patients who are boarded in emergency departments due to unmet behavior health needs are Medicaid or Medicaid-eligible. Please explain how the proposed facility will meet the needs of these patients, especially in light of the "deflections" seen at your currently licensed hospital Cedar Hills.”⁸
- January 28, 2020 Completeness Letter, Q8: “What conditions, if any, would the applicant be willing to accept, to ensure that this new facility takes its share of Medicaid eligible patients?”⁹
- June 19, 2020 Completeness Letter, Q2: “An element of adequately serving the behavioral health needs in Oregon is the ability to find appropriate community placement after inpatient psychiatric hospitalization. This can be particularly difficult for Medicaid and Medicaid-eligible

⁴ <https://www.oregon.gov/oha/HSD/BHP/BHQPIPResources/Narrative-Report0321.pdf> March 24, 2021

⁵ OHA Application Incompleteness Letter, July 25, 2019, p. 4.

⁶ *Ibid*, p. 5.

⁷ OHA Application Incompleteness Letter, January 28, 2020, p. 1.

⁸ *Ibid*, p. 2.

⁹ *Ibid*.

clients. UHS maintains both inpatient and outpatient programs in a number of states. To facilitate the certificate of need evaluation of the criteria described above, and in light of the certificate of need criteria focus on access by public-paid patients, please provide detailed information as follows:

- What strategies will be used to increase the percentage of Oregon Health Plan psychiatric admissions to assure the patient mix at the proposed facility would be in line with other metro area psychiatric hospitals?”¹⁰

Our response to this “payer mix strategy” question first and foremost must reflect the fact that other hospital systems, including Legacy, Providence and OHSU all have Medicaid contracts with CCOs as well as commercial plans and self-insured products for their employees. To determine whether or not WVBH (or Cedar Hills Hospital) will be able to provide as much care to these specific populations as other hospitals in the Portland area that have a very significant contract advantage with multiple CCOs, presumes we know what future contracts with CCOs will be in place. As the OHA is already aware, IMD facilities with more than 16 beds are disadvantaged in contracting with CCOs because the current IMD exclusion limits the number of Medicaid contracts with Cedar Hills and WVBH. This exclusion is addressed in the current 1115 SUD waiver and will provide an incentive for CCOs to contract with our facilities.

Second, the focus of the approval of WVBH should be the improvement of access to psychiatric care for all residents, including Medicaid-sponsored patients, financially indigent persons and all others. We will provide inpatient psychiatric care and SUD services to everyone who seeks access to psychiatric care.

Third, and in reference to these OHA questions we have referenced above, our responses are publicly available,¹¹ so we summarize rather than replicate them here. Within these responses and our application, we have stated, and provided extensive data documenting, that Cedar Hills Hospital, as proxy for the proposed project, serves significant numbers of Medicaid sponsored patients, and per EMTALA, is blind to patient insurance status and financial situation in its assessment process. A payer mix table for 2019 and 2020 Cedar Hills Hospital admissions is presented in Table 1.

Payer Category	2019		2020	
	Patient Days	Percentage	Patient Days	Percentage
Medicaid	4,762	16.4%	7,732	26.9%
Medicare	8,810	30.4%	6,699	23.3%
Commercial	5,208	18.0%	4,957	17.3%
VA/TriCare	9,699	33.4%	8,790	30.6%
Self-Pay/Unfunded	521	1.8%	549	1.9%
Total	29,000	100.0%	28,727	100.0%

¹⁰ OHA Application Incompleteness Letter, June 19, 2020, p. 1.

¹¹ See “NEWCO Responses,”

<https://www.oregon.gov/oha/PH/ProviderPartnerResources/HealthcareProvidersFacilities/CertificateNeed/Pages/index.aspx> (Last Accessed April 23, 2021)

From Table 1, Cedar Hills Hospital patient days reflect a large and growing proportion of Medicaid patients. In 2020, Medicare and Medicaid sponsored patients comprised over half of all patient days at Cedar Hills Hospital. As Cedar Hills Hospital has obtained access to CCO contracts in Oregon, its payer mix has approached that of the UHS facilities in Washington State. As stated in our application and responses to OHA completeness questions, UHS facilities provide a significant amount of care to Medicaid insureds when it can contract with Medicaid programs.¹²

Concerns that WVBH will treat too few Medicaid patients are based on anecdotal recollections of two former employees, a CMS investigation in 2019 which identified corrections needed in CHH policies, and the incorrect assumption that Medicaid sponsored patients necessarily represent patients with substantially lower reimbursement, and as such will be actively avoided by any for-profit psychiatric hospital. For some types of care, Medicare and Medicaid does offer lower reimbursement than commercial payers. This is the case, for example, with outpatient surgical procedures. However, outpatient mental health and psychiatric care, for example, is often covered more generously under Medicare and Medicaid sponsored plans. Furthermore, for reasons relating to the insurance effect and plan demographics, demand for and use of inpatient psychiatric care will vary across payers. Thus, characterizing commercial patients as “lucrative” and Medicare and Medicaid sponsored patients as “not-lucrative” is oversimplifying and often incorrect, in other words, the assumption that a for-profit hospital will naturally avoid Medicare and Medicaid sponsored patients is simply wrong.

With regards to the allegations levied by former employees, we disclosed in our response to the July 25, 2019 completeness letter; in February 2019, CMS received an anonymous complaint about not following EMTALA regulations. The surveyors found noncompliance with several requirements under EMTALA. These included EMTALA policies and procedures which were not sufficiently developed and incomplete or unclear signage regarding EMTALA patient rights, incomplete and undeveloped patient log information, insufficient medical screening exams, and policies and procedures which did not contain a clear process that ensured the acceptance of patient transfers was not evaluated and based on insurance and ability to pay.¹³ Cedar Hills Hospital submitted its Plan of Correction; it was accepted and approved, and it is no longer being monitored by CMS

Rather, the fact that Cedar Hills Hospital has historically treated a smaller number of Medicaid sponsored patients relative to other planning area providers is because it has historically been shut out of the CCO referral and reimbursement structures, which only serves to hurt Medicaid patients. However, as we detail below, this is changing.

¹² See, for example, NEWCO Supplemental Response, August 18, 2020, p. 5; NEWCO Supplemental Response, September 18, 2019, p. 13.

¹³ CMS Survey of Cedar Hills Hospital, April 19, 2019.

Access Concern 2: WVBH will not have any, or very few CCO contracts

Many of the public comments cited a lack of CCO contracts as a concern and reason for opposition to the proposed WVBH hospital. These comments are exemplified by those of SEIU, which stated “The company continues to have no CCO contracts and therefore will struggle to serve Medicaid patients and further siphon wealthier patients from other providers.”¹⁴ SEIU and OHA are aware that we have some Medicaid contracts and are trying for more.

The statement that Cedar Hills Hospital holds no CCO contracts is false. As stated in the NEWCO Supplemental Response on August 18, 2020, as of 2020, Cedar Hills Hospital held contracts with Yamhill and Trillium South CCOs.¹⁵ Since that date, Cedar Hills Hospital has added CCO contracts with Intercommunity Health Network and Trillium North. Given that Cedar Hills Hospital currently holds four CCO contracts, and is working towards obtaining more, concerns that a lack of CCO contracts will hinder the ability of the proposed hospital to treat Medicaid sponsored individuals are unfounded.

Access Concern 3: The proposed facility, located in Wilsonville, will not have adequate access to public transportation

Transportation access in the Portland Metro area is a problem whether transporting from one facility on the east side to another on the west side and can take as long as 45 minutes depending on the day. During the pandemic, light rail service was shut down and remains intermittent in parts with exceedingly low ridership resulting from social distance measures. Similarly, these constraints have impacted bus transportation as well.

Transportation between the I-5 corridor whether coming from Tualatin-Sherwood or Happy Valley to Wilsonville will also have similar traffic challenges as exists with going from one side of Portland to the other. However, once off of the freeway, the facility was designed with multiple points of access in mind.

As stated in our application, the proposed location in Wilsonville, OR “is less than five (5) minutes driving distance from I-5, the major arterial in the area. It is also located on a State Highway (SW Boones Ferry Road). The location is served by bus route 96 and is a no-cost, twenty (20) minute bus ride from the Smart Transit Center in Wilsonville, making the site easily accessible for patients needing public transportation.”¹⁶ Furthermore, as explained by Wilsonville Mayor Tim Knapp, “TriMet’s Westside Express Service (WES) train utilizes the Wilsonville Transit Center, providing direct WES connections to the Tualatin, Tigard and Beaverton transit centers, and access to the entire TriMet Portland-metro area light-rail and bus system. Additionally, SMART provides ADA/paratransit on-demand transit service within Wilsonville from Wilsonville to medical facilities in Tualatin and Portland.”¹⁷

SEIU, Providence, and others criticize the proposed project for its location in Wilsonville, which is not downtown Portland and further away from individuals living in downtown Portland than, for example, the Unity Center for Behavioral Health. However, there already exists a concentration of mental health

¹⁴ SEIU Public Comments, April 15, 2021, p. 3.

¹⁵ NEWCO Supplemental Response, August 18, 2020, p. 4.

¹⁶ NEWCO Application, p. 27.

¹⁷ Wilsonville Public Comments, July 29, 2019, p. 2.

providers in downtown Portland, which itself it relatively difficult to access by car for individuals from outside the downtown area. In fact, as other mental health providers such as Providence are certainly aware, most inpatient psychiatric patients arrive by secure transport or car. Many insurance plans, including OHP, cover transportation services for their members, who, if they are experiencing mental distress, may avoid public transport and the associated crowds.

The arguments that the proposed location in Wilsonville will hinder access by Medicaid and other low-income population are thus without merit. The facility is not located in downtown Portland, but is accessible by Wilsonville public transportation, and lies on the Westside Express Service train line. Most importantly, the proposed location is easily accessible by automobile, which covers most patient arrivals, and is more accessible for individuals driving from Grants Pass, Coos Bay, or other cities south of Portland.

Access Concern 4: WVBH will not treat patients with acute psychosis

Although WVBH will be a psychiatric hospital offering inpatient programs which include psychiatric, crisis stabilization, and chemical dependency, both Washington County HHS and SEIU express concerns that WVBH will not treat patients with acute psychosis.¹⁸ None of the public comments explain the rationale behind this concern, aside from the statement from Washington County HHS that “Information provided to Washington County by Universal Health Services indicates the inpatient program will serve adults and adolescents for depression, anxiety, PTSD and co-occurring disorders. There is no reference to serving individuals with acute psychosis...”¹⁹

However, as stated in our application, the proposed facility will accept patients aged 12 and over based on medical need and requiring inpatient and/or outpatient care.²⁰ Furthermore, conditions associated with acute psychosis are listed in the WVBH application admissions criteria, so we are unsure where these concerns originate. Over the course of the three application completeness letters, these concerns were not shared by the OHA.

Access Concern 5: The proposed facility is not located within an acute care hospital, and does not have a patient transfer agreement with a local hospital, so will be unable to treat patients with co-occurring health conditions

Multiple organizations and individuals raise the concern that the proposed hospital is a freestanding psychiatric facility and is not located within an acute care hospital and therefore will not be able to treat patients with co-occurring medical conditions. In fact, UHS has a history of co-locating operations with other non-profit hospital partners to staff or manage psychiatric patients in acute care facilities.²¹

¹⁸ Washington County HHS Public Comments, April 15, 2021, p. 2; SEIU Public Comments, April 15, 2021, p. 3.

²⁰ NEWCO Application, p. 99.

²¹ <https://www.uhsinc.com/working-improve-mental-health-services-together/>; integration partnerships

In addition, Providence argues since the proposed freestanding psychiatric hospital does not currently hold a transfer agreement with another acute care hospital, it should be rejected on regulatory grounds. Providence's arguments regarding the relative benefit of psychiatric care taking place in an acute care setting are disingenuous, at best, given it is an acute care provider with inpatient psychiatric beds, yet it has done very little to expand bed capacity in the face of current and growing inpatient psychiatric bed shortages. This reluctance has compounded access problems.

With regards to the Providence argument that a proposed facility such as WVBH must currently hold a transfer agreement, Providence seems to misunderstand the Oregon Administrative Rules. Providence correctly cites OAR 333-525-0000, however this applies to existing facilities, while the proposed facility remains a proposed facility. There is nothing in the OARs which require applicants to obtain transfer agreements as part of their CN applications, and the OHA has not required this of past applicants for similar services.²² Should this application be successful and OHA deem it necessary, WVBH would accept the condition of having an active transfer agreement prior to opening.

3. Need

In the public comments and public hearing testimony submitted to the OHA, the following organizations and individuals submitted comments concerned that the proposed facility will not address the community's need: SEIU, Providence, Legacy Health, Washington County HHS, Disability Rights Oregon, Cascadia Behavioral Healthcare, Health Share of Oregon, NAMI, FolkTime, Tara Candela, Commissioner Sharon Meieran, and Jacek Haciaak. These arguments include:

1. There is a surplus of general acute care beds. Therefore, the proposed facility cannot be approved.
2. Inpatient care does not solve the mental health crisis. Funding should be directed to community-based services, not hospital-based inpatient care.
3. There is no need for additional inpatient beds.

Need Concern 1: There is a surplus of general acute care beds. Therefore, the proposed facility cannot be approved.

SEIU continues to oppose the proposed facility and resubmitted its prior 2016 comments which concentrated on the acute care bed need methodology and the resulting bed surplus that model presents.²³ In its 2021 public comment, SEIU mischaracterizes WVBH's argument for OHA to approve additional inpatient psychiatric beds despite a bed surplus for general acute beds due to unusual circumstances as an alternate methodology:

"Calculation of bed need should not be altered, as this project will fail to relieve the strain.

²² See, for example, Lifeways Application, CN #677.

²³ SEIU Public Comments, April 15, 2021, pp. 3, 6-11.

We believe that, like its prior and very similar CN application, NEWCO continues to fail in meeting the criteria required under Oregon law. The company argues that unusual and extenuating circumstances justify the construction of the proposed hospital. We disagree. Honoring alternate methodologies in order to accept an otherwise unqualified provider and facility may appear to meet health needs on paper; in reality, it will fail and create more problems for the State of Oregon and patients.”²⁴

SEIU’s blanket statement of failure to meet bed need criteria is unfounded and incorrect. The 16-bed Lifeways project which had to meet the same criteria as our hospital, and was approved based on “unusual circumstances,” was unable to obtain CMS certification in Hermiston and failed despite a similar rationale that SEIU is providing here. It is incorrect to state WVBH’s argument for unusual circumstances is an alternate methodology and not consistent with criteria required under Oregon Law. Rather, unusual circumstances are directly mentioned in OAR 333-615-0030(4) and described as a formal method for evaluating and approving additional inpatient psychiatric beds despite a lack of general inpatient bed need. This is further supported and referenced in OHA’s 2018 approval of Lifeways Inc.:

“Under OAR 333-615-0030(4)(a), additional psychiatric beds may not be approved if there is no demonstration under OAR 333- 590 of a need for additional general inpatient beds, except under unusual circumstances of non-availability, access, and less costly alternatives.”²⁵

WVBH’s approach in its application and in multiple rounds of supplemental responses clearly outlined and described the unusual circumstances to support approval for its project, consistent with criteria required under Oregon Law. SEIU’s reliance on invoking the general acute bed need methodology as the grounds for denying WVBH is not consistent with the plain language of the Oregon Administrative Rules for certificate of need approval for inpatient psychiatric services and with prior OHA decisions. Furthermore, this SEIU criticism does not reflect the change in population demographics in the Portland Metro area, which also further justifies the need to address the psychiatric bed shortage.

Need Concern 2: Inpatient care does not solve the mental health crisis. Funding should be directed to community-based services, not hospital-based inpatient care.

Several public comments centered around the need for additional community-based health services and other support, including secure residential treatment, crisis stabilization, and services supporting aid and assist supportive housing, among many others. Presently, the hospital providers opposing this project provide acute care beds as part of the community-based support structure. WVBH fully supports Oregon State’s investments and funding into these community-based services that focus on prevention, secured housing and enhanced monitoring and care management.

Several of the public comments framed evaluation of WVBH’s inpatient services with OHA’s strategic initiatives of funding community-based services in a competitive, zero-sum fashion. However, we view WVBH and community services as necessary complements that address several significant gaps across the continuum of care. Yamhill Board Commissioner Mary Starrett, who voiced support in favor of WVBH

²⁴ SEIU Public Comments, April 15, 2021, p. 3

²⁵ Selover, Dana MD, MPH. DEFAULT FINAL ORDER APPROVING CERTIFICATE OF NEED APPLICATION (CN#677). OHA. May 25, 2018. p. 4.

at the April 15th public hearing, recognized that WVBH represents a shovel ready project which requires no tax dollars and is a major opportunity for the community. Portions of property taxes from CHH presently supports EMS as well as the Metro housing fund, and WVBH will provide that tax support, as well. These types of ongoing annual tax revenues contribute to the community-based programs needed to support this project.

SEIU portrays WVBH as fundamentally misaligned with Oregon’s strategic vision for behavioral health:

“At the heart of the NEWCO application is a misalignment with Oregon’s vision for care in our state. Oregon’s current Behavioral Health Quality and Performance Improvement Plan (BHQPIP) has a clear goal and vision: “The Plan was developed to ensure delivery of community services that help adults with severe and persistent mental illness (SPMI) live in the most integrated setting appropriate to their needs, achieve positive outcomes, and prevent their unnecessary institutionalization.”²⁶

Oregon’s BHQPIP is designed for the behavioral health patients who will need lifelong care, housing, and support. This is not what most Oregonians need. Furthermore, the BHQPIP plan was designed to benefit the existing failed system of care and services. A hospital in the community with access to acute care beds as well as outpatient programs is not institutional care. It is designed to serve the needs of Oregonians in an acute mental health crisis, providing rapid stabilization and integration into lower-level systems of care once they are stabilized. Institutionalization is the result of an underfunded safety net of acute care beds, services, housing, and programs which is not what the CON application is asking of UHS to address.²⁷

Need Concern 3: There is no need for additional inpatient beds.

In its public comment letter, Providence states:

“Providence has been part of the Governor’s Behavioral Health Advisory Council, the Children and Youth with Special Healthcare Needs Task Force, the current Governor’s 988 Task Force, and the Children’s System of Care Council - all efforts aimed at stabilizing and improving Oregon’s mental health system over the last five years. In all of these conversations, and many others, no one has ever recommended additional acute psychiatric beds as a solution...”²⁸

Similar statements were made during the public hearing meeting by Lynnea Lindsey with Legacy Health and Dr. Sharon Meieran of the of the Multnomah County Board of Commissioners. WVBH recognizes

²⁶ SEIU Public Comments, April 15, 2021, pp. 1-2

²⁷ SEIU also makes comments referencing the DOJ investigation into Oregon’s mental health system and compliance with the Olmstead Act. However, that case concerned Oregonians with intellectual and developmental disabilities (I/DD) where it was alleged that “Oregon’s employment services system unnecessarily placed people with I/DD in, or at risk of entering, sheltered workshops instead of in integrated jobs in the community, in violation of the ADA.” See the Department of Justice’s Office of Public Affairs’s December 30, 2015 public release titled “Justice Department Reaches Landmark Settlement Agreement with State of Oregon Regarding Americans with Disabilities Act”.

²⁸ See Providence Public Comment. April 15, 2021. P. 1.

there is no single point along the continuum that can solve all systemic issues that Oregon faces. That there is no silver bullet solution is evident from the inability of Unity's psychiatric emergency services to solve the ED boarding problem or demand for inpatient services. But what WVBH does help address is the inadequate supply of psychiatric inpatient beds in the community for those requiring acute inpatient psychiatric services.

There continues to be an insufficient supply of inpatient psychiatric services to meet demand, even after several years since the opening of Unity's inpatient and psychiatric emergency services and Oregon State's investment in community-based mental health resources. As identified in Ron Escarda's Letter dated April 21, 2021, requests for inpatient psychiatric care at Cedar Hills Hospital has increased by 65 percent since 2017.²⁹

Quantitative analysis of population growth and existing inpatient psychiatric bed supply demonstrates the service area is severely under-bedded, with a current shortage of 130 beds. This shortage is expected to grow to 185 beds by 2029. Those bed shortage estimates are based on a target bed ratio of 32.5 beds per 100,000 residents and is robust to alternative bed ratio specifications as detailed in our September 2019 responses.³⁰ The need forecasts are conservative when compared to the 0.4 bed per 1,000 resident (40 bed per 100,000 residents) identified in OAR 333-615-0030(2)(a) and the Treatment Advocacy Center's consensus bed target of 50 beds per 100,000 people developed from 15 experts on psychiatric care in the US that were gathered in its 2008 report.³¹ Therefore, even if the need for inpatient services on a per capita basis is significantly reduced due to advances in community-based services, expert-guided target bed ratios still demonstrate there is enough need to fully support WVBH's 100 bed hospital proposal.

Overall, it is the combination of community-based outpatient mental health programs and the proposed WVBH facility that will ensure access and availability to medically necessary behavioral health services.

4. Community Engagement

Many of the public comments critical of the proposed psychiatric hospital argue that UHS and Cedar Hills are not sufficiently integrated or involved in the local community, and so are not equipped to provide mental healthcare in line with the vision of Oregon Public Health.³² We disagree, and reference the public comments from 15 organizations, 13 individuals, and an additional 96 letters of support submitted by Cedar Hills Hospital.

Furthermore, as part of our April 15, 2020 response to the January 27, 2020 OHA incompleteness letter, we listed over 30 local organizations with which Cedar Hills Hospital and UHS has been in contact with or formed relationships with. As also detailed in that response, in addition to those meetings and discussions, Cedar Hills Hospital and UHS are engaged in the community on many other levels. Our community partnership liaisons make 400+ contacts a month with mental health and SUD professionals,

²⁹ UHS-Fairfax Behavioral Health, April 21, 2021. pp. 7-8.

³⁰ NEWCO Response. September 18, 2019. pp. 7-9.

³¹ Torrey, E. F., Entsminger, K., Geller, J., Stanley, J., Jaffe, D. J. (2008). The shortage of public hospital beds for mentally ill persons. Arlington, VA: Treatment Advocacy Center.

³² See, for example, SEIU Public Comments, April 15, 2021, pp. 1-2 and Providence Public Comments, April 15, 2021, pp. 1-2.

hospital social workers, community health workers, primary care providers, law enforcement, policy makers, and various other healthcare workers. As noted above, we are a sponsor of several important community agencies and actions. We also assist the professional body by offering educational courses approved by the National Association of Social Workers at no cost. The most recent was on “Caring for Trans and Non-binary Patients.” Finally, we volunteer with organizations like Do Good Multnomah where we helped secure hygiene supplies and Potluck in the Park where we sponsored and served a Sunday supper for 400. These community investments will double when the new hospital is operational.

5. Staffing / Workforce Availability

Comments from Cascadia Behavioral Health and Disability Rights Oregon at the April 15th public hearing suggested that there will be negative impacts on staffing of community based behavioral providers if WVBH is approved. These comments claim that WVBH will poach the community-based providers’ staff, thereby impacting workforce availability. These comments ignore the fact that WVBH will be able to recruit and increase the overall pool of qualified and skilled behavioral health practitioners. In WVBH’s April 2020 responses, it identifies several personnel programs and strategies to support the staffing of its proposed program. A subset of that list of those programs that add to the overall pool of candidates are included below:

- “The recruitment program at Cedar Hills Hospital includes “growing our own” nursing staff through an incumbent worker program and internships with all area nursing and counseling programs.
- ...
- Universal Health Services Human Resources Department assists CHH by providing national recruiting personnel to locate/recruit both nursing staff and physicians. This recruitment occurs regionally, nationally and even internationally, as required.
- ...
- UHS encourages transfers within the organization and more than 90,000 UHS employees would be eligible to transfer to the new hospital.”

6. Quality of Care

Several of the public comments reflect concerns with WVBH’s parent company, Universal Health Services (UHS). A representative remark is that from Disability Rights Oregon: “UHS’s apparent focus on maximizing profit to the detriment of quality of care comes across in allegations of insufficient staffing, large settlements over allegations of Medicare fraud, and accusations of cherry picking well-insured patients for their services and leaving those who are uninsured or insured through Medicaid to be

treated disproportionately by existing programs, placing them under potentially untenable financial strain.”³³

These comments mischaracterize and amplify a small number of regulatory citations, isolated incidents, and legal matters involving a non-representative number of UHS affiliate facilities occurring over nearly a decade during which time our 400+ facilities successfully treated millions of patients in need of psychiatric services. These comments draw unsupported conclusions regarding the quality of care, compliance procedures, and staffing at UHS subsidiary facilities based on its cherry picked and isolated examples in order to portray UHS’ entire operations in a negative light.

While UHS facilities constantly strive for excellence, we are mindful that over the course of treating millions of patients per year (acute and behavioral), irregular and unpredictable events occur which negatively impact patients in UHS facilities. In those situations where surveys do determine non-compliance, UHS works to proactively remediate deficiencies with the goal of sustained compliance. This occurs even in situations where we may disagree with the allegations.

An unbiased, fact-based review of our record clearly demonstrates that UHS has many more success stories to its credit than the distorted portrayal by several public comments.

About UHS

Founded in 1979, Universal Health Services is one of the largest and most respected providers of hospital and healthcare services in the U.S. and the United Kingdom. A pioneer and leader in the industry, UHS attributes its longevity and success to an unwavering commitment to putting patients first in all the communities we are proud to call home.

UHS and its affiliates provide superior quality care across 400 acute care hospitals, behavioral health facilities, outpatient facilities and ambulatory care access points across the U.S., Puerto Rico and the United Kingdom.³⁴ UHS strives to be a provider and employer of choice and we are committed to continually enhancing our programs and service offerings to meet the needs of our patients, staff and partners. To this end, UHS consistently invests (including \$2.0 billion in the past three years) in facility and technology upgrades to drive innovation, improve safety, and optimize the patient experience.

We also provide hundreds of millions of dollars annually in uncompensated/charity care, while also supporting and volunteering time with numerous philanthropic organizations nationally and locally.

UHS Clinical Quality Reputation, Accomplishments and Awards:

UHS has a longstanding, independently validated, and evidence-based record of providing quality healthcare services to patients and their families. All UHS hospitals are fully accredited by independent organizations including The Joint Commission (TJC) and/or Commission on Accreditation of Rehabilitation

³³ See Disability Rights Oregon Public Comments. April 15, 2021. P. 1.

³⁴ UHS owns and operates: 26 Inpatient Acute Care Hospitals, 17 Freestanding Emergency Departments, 6 Ambulatory Surgery Centers and 1 surgical hospital, 334 Inpatient Behavioral Health Facilities, 15 Outpatient Behavioral Health Facilities.

Facilities (CARF), whose rigorous clinical assessment protocols are widely respected throughout the healthcare industry. Many facilities also hold advanced specialty accreditations.

Behavioral Health Division

- UHS BH facilities continue to routinely exceed the national average in TJC's Hospital-Based Inpatient Psychiatric Services (HBIPS) scores while also receiving other laudable distinctions. For example, in 2019, Hartgrove Hospital was the first hospital in the nation to be awarded a rigorous Disease-Specific Certification for Trauma-Informed Care from TJC.
- All UHS BH hospitals participate in CMS' Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) used by over 1,00 BH hospitals across the U.S. to measure a broad set of evidence-based clinical practices linked to positive patient outcomes and are published on CMS' Hospital Compare web site. **UHS BH hospitals' aggregated results regularly exceed national averages and the scores of its major BH multi- facility competitors.**
- In 2020, more than 330,000 UHS BH patients completed anonymous patient satisfaction surveys. On a five-point scale (1 being low and 5 being high), **UHS patients rated their overall satisfaction during this period at 4.5, with 91% indicating that they felt better after care¹.**
- In 2020, 168 UHS BH facilities representing 867 distinct treatment programs captured evidence-based clinical outcomes measures for 257,650 patients. UHS continues to dramatically expand use of these tools to benchmark performance and enhance our patients' quality of life. **We are pleased that UHS can demonstrate that of patients measured, 77% of our BH patients exhibited statistically meaningful improvement on patient self-reporting rating scales¹.**
- Between 2015 and 2019, UHS Behavioral Health (BH) facilities underwent 600+ TJC surveys with all achieving and maintaining accreditation.
- **Garfield Park Behavioral Hospital** was winner 2019 Quality Excellence Achievement Award for Patient and Family Engagement Award from Illinois Health and Hospital Association (IHA) based on presentation of evidence-based practices and quality outcomes.
- **Arrowhead Behavioral Health (OH), Calvary Healing Center (AZ), La Amistad (FL), Schick Shadel Hospital (WA), Summit Oaks Hospital (NJ), University Behavioral Center (FL), Wekiva Springs (FL)** earned Horizon Blue Cross Blue Shield's Blue Distinction® Center for Substance Use Treatment and Recovery.
- **Texas NeuroRehab** earned Joint Commission's Gold Seal of Approval® for Brain Injury Rehabilitation by demonstrating continuous compliance with its performance standards. The Goal Seal is a symbol of quality that reflects the facility's commitment to providing safe and quality patient care.
- Cygnet Meadows Mews and Cygnet Heathers gained Approved Provider accreditation with Headway, the Brain Injury Association.

Acute Care Division (medical-surgical hospitals and outpatient centers)

Many quality awards and recognitions have been attained by our hospitals in the past 3 years, including:

- **Centers for Medicare & Medicaid Services (CMS)** 5-star Medicare Hospital Compare Rating, the highest rating for quality from this organization
- **Leapfrog Group** “A” Hospital Safety Grade, Top General and Top Teaching Hospital designations
- **U.S. News & World Report’s** Best Regional Hospital
- **Healthgrades®** Patient Safety Excellence Award™ recognizing hospitals in the top 10% in the nation for patient safety, with lowest occurrences of 14 preventable patient safety events
- **Healthgrades®** America’s 50 Best Hospitals for Cardiac Surgery and America’s 100 Best Hospitals for Cardiac Care, General Surgery, Joint Replacement and Prostate Surgery
- **The Joint Commission** and the **American Heart Association®/American Stroke Association®** Comprehensive Stroke Center, one of about 4% of U.S. hospitals
- **American Heart Association®/American Stroke Association’s®** Get with The Guidelines® Target: Stroke Honor Roll Elite Plus
- **American Heart Association®/American Stroke Association’s®** Get with The Guidelines® Gold Plus Stroke Quality Achievement Award
- **American Heart Association®/ American Stroke Association’s®** Heart-Check Mark for Advanced Primary Stroke Center Certification
- **American Heart Association® Mission: Lifeline® Gold Plus STEMI Receiving Center Quality Achievement Award**
- **American College of Cardiology’s** NCDR Chest Pain – MI Registry Silver Performance Achievement Award, an honor given to only 124 hospitals nationwide
- **National Hospital Organ Donation Campaign Award**
- **Healogics®**, Center of the Year
- **World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF)**
- **Baby-Friendly Hospital Initiative (BFH)**, a global program to recognizing hospitals that offer an optimal level of care for infant feeding and mother/baby bonding
- **International Board of Lactation Consultant Association®** Examiner’s Award of Excellence in lactation
- **TJC’s** Gold Seal of Approval for Total Hip and Total Knee Replacement
- **TJC’s** Disease-Specific Certification for Trauma-Informed Care, making UHS the first to receive the award in the U.S.

- **Women's Choice Awards** for America's Best Hospitals Patient Safety, America's Best Hospitals for Bariatric Surgery, America's Best Hospitals for Emergency Care, America's Hospitals for Obstetrics, and America's Best Stroke Centers
- **Blue Cross Blue Shield's** Blue Distinction Center / Blue Distinction Center + Designation – Knee and Hip Replacement
- **Blue Cross Blue Shield's** Blue Distinction Center / Blue Distinction Center + Designation – Maternity Care
- **Blue Cross Blue Shield's** Blue Distinction Center / Blue Distinction Center + Designation – Bariatric Surgery
- **Blue Cross Blue Shield's** Blue Distinction Center – Spine Surgery

April 30, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

Re: Public comment in opposition of NEWCO Oregon, Inc. Certificate of Need Application (CN #682)

To the Oregon Health Authorities Certificate of Need Committee:

I urge the Committee to reject the application of need (CN #682) for NEWCO Oregon Inc. a wholly owned subsidiary of Universal Health Services (UHS). I hope that my public comment and sharing my experiences will encourage this committee to deny the certification of need.

I attended Provo Canyon School in Provo, Utah. Provo Canyon was owned by Charter Behavioral Health Services when I attended, and UHS purchased this facility in 2001. It is concerning UHS purchased and continued to run a facility that produces serious allegations of child abuse and medical neglect. UHS continued to employ a staff member who was abusive towards me. This person regularly violated my privacy rights for over 20 years by disclosing her mistreatment of me to other children at this UHS facility, saying “she was the one who broke Paris Hilton.” That is not something a staff member should be proud of, and this comment speaks to the abusive environment that occurs in this facility among other UHS facilities. This staff member was fired around October 2020 after I publicly shared my experiences - 20 years after I had left and 20 years after UHS took over Provo Canyon School.

I am a survivor and part of a social movement called Breaking Code Silence. We have successfully pursued legislation in Utah to address the “Troubled Teen Industry” with the passage of SB 127, and I am proud to have publicly testified in favor of this new law along with other survivors. SB 127 was passed to address allegations of abuse that occurred in Utah congregate care facilities. This legislation is an important step to prevent child abuse in congregate care settings. Two UHS owned facilities were referenced during this legislative campaign, one of which is Provo Canyon School, and the other being Copper Hills Youth Center in West Jordan, Utah. Information was shared in these public hearings included reports about

dangerous situations occurring at UHS owned facilities such as: unsafe situations due to understaffing, extended periods of isolation for days at a time, staff physically assaulting children, sexual abuse, over-medicating children, and the over-usage of chemical, mechanical, and physical restraints. I hope the committee will listen to survivors and review publicly available information regarding UHS.

I have provided a few articles that covered SB 127 and UHS owned facilities for the committee's reference:

- Jessica Miller. Inside Utah's troubled teen industry: How it started, why kids are sent here and what happens to them. The Salt Lake Tribune. August 30, 2020, updated April 15, 2021. <https://www.sltrib.com/news/2020/08/30/inside-utahs-troubled/>
- Videos Show The Dark Side Of Shadow Mountain Youth Psych Facility, owned by Universal Health Services:
<https://www.buzzfeednews.com/article/rosalindadams/shadow-mountain#.kwyRK1wNE>
- Families of 20 Former Patients at [Cumberland Children's Hospital in New Kent County File \\$127-Million Civil Suit In Richmond](#) Circuit Court Against the Treatment Center, Its Pennsylvania-Based Owner, its Medical Director and a Psychotherapist, Alleging Sexual Assault, Physical Abuse and Fraud
<https://www.breitbart.com/blog/families-of-20-former-patients-at-cumberland-childrens-hospital-in-new-kent-county-file-127-million-civil-suit/>
- Child Abuse Allegations in the Behavioral-Psychiatric Industry: Universal Health Services (UHS):
<https://www.cchrint.org/2020/10/30/child-abuse-allegations-in-the-behavioral-psychiatric-industry-universal-health-services-uhs/>

Investing in community resources to provide evidence-based practices is something that should continue in Oregon. UHS is not the answer. Thank you for your time and consideration.

Sincerely,

Paris H 



Legacy Health
1919 N.W. Lovejoy Street
Portland, Oregon 97209
(503) 415-5600 *phone*
(503) 415-5777 *fax*

April 30, 2021

Matt Gilman, MPPA
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Public Health Division
Oregon Health Authority
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Pam Krecklow
Certificate of Need Coordinator
Public Health Division
Oregon Health Authority
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*RE: Certificate of Need submitted by NEWCO Oregon, Inc., Universal Health Services,
dba Willamette Valley Behavioral Health*

Dear Mr. Gilman and Ms. Krecklow:

After receiving a denial from the Oregon Health Authority (OHA) related to its 2016 Certificate of Need (CN) application which proposed to establish a new psychiatric hospital in Wilsonville, NEWCO chose to submit a another, very similar, application in July of 2019. Legacy Health has reviewed the public record on this current application. It continues to fail a number of the criteria for issuance of a CN.

Legacy Health respectfully requests that the application be denied. We use this public comment opportunity to enter information and data into the record confirming that there is no numeric need for additional acute or psychiatric beds in Washington County; the project will not result in any genuine improvement in patients' reasonable access to services; the project does not represent the most efficient and least costly alternative; there will be challenges in identifying sufficient qualified personnel to support the project; the project does not have an appropriate relationship to its service area; the project does not have an acute care backup; and the project will have an unacceptable

impact on the cost of healthcare. We further use this opportunity to demonstrate that the proposal is contrary to the Governor's Council's vision related to the delivery of a comprehensive behavioral health network in the State; to assure that the record correctly states the role and benefit of the Unity Center for Behavioral Health and restates the quality and access concerns raised to date in public comment regarding NEWCO's Oregon sister organization and its parent so that these issues can be fully vetted by OHA before issuing its proposed decision.

Legacy Health will continue to monitor the public record and will submit additional information should we deem it necessary.

1. There is No Need for New Hospital Acute Inpatient Beds or Psychiatric Beds in Washington County, and per OAR, the Project Should Be Denied.

The rules for assessing the need for beds "build upon" each other. First applicants need to determine if there is need for more general acute inpatient beds. [333-590-0010](#) states:

*(1) "Acute Inpatient Care" means care provided in hospital beds, involving at least one overnight use of a bed. Acute inpatient care does not include skilled nursing facility, intermediate care facility, long-term care or supportive routine care for chronic disease or disability, convalescent care, or rest cures. Neither does acute inpatient care include outpatient or clinic care, emergency room care, outpatient laboratory tests, or ambulatory surgery. **Acute inpatient care does include general medical/surgical care and short-stay specialty and sub-specialty acute care, including but not limited to gynecological, obstetrical, pediatric, ICU/CCU, psychiatric, alcoholism, chemical dependency, and rehabilitation care.***

Since at least 1994, OHA's Chapter 333, [Division 590](#) has included a prescribed methodology for determining the need for new hospitals (OAR 333-590-0050). OAR 333-580-0000(8) states that *the burden of proof for justifying need and viability of a proposal rests with the applicant.*

In each of the Division's prior evaluations of new psychiatric hospitals, (Ascend in 2007, Universal Health in 2017 and LifeWays in 2018), it first calculated need for new acute care beds in the defined service area. In its 2019 application, NEWCO proposes to locate in, and defined its service area as Washington County. Its 2017 application used the Tri-County service area. NEWCO itself, at page 432 of its current application, noted that the methodology identified no numeric need. Specifically, the calculation of bed need put forth by NEWCO identified a surplus of more than 350 beds in 2019 and projected a surplus of beds through 2029. OAR 333-590-0050(14) explicitly states that:

*If the number of beds proposed at the applicant facility cannot be justified under these general acute inpatient rules, a **certificate of need for new specialty beds will not be issued** unless an adjustment is indicated because conversion of other beds to sufficient specialty beds to meet calculated specialty bed need is not architecturally and economically feasible.*

Psychiatric beds are specialty beds. Division 615 -Demonstration of Need for Psychiatric Inpatient Beds, provides insight into the legislative policies intended to guide new psychiatric beds as well as direct guidance for CN application. This project is fundamentally inconsistent with these rules, some of which are restated below.

333-615-0000 (5): To be ruled complete, an application for psychiatric beds must include an analysis under division 590, the rules for acute hospital beds in general;

333-615-0020: It is legislative policy under ORS 430.610(3) that to the greatest extent possible, mental health services be delivered in the community where the person lives in order to achieve maximum coordination of services and minimum disruption in the life of the person. Under ORS 430.021(3), it is state policy to encourage and assist community general hospitals to establish psychiatric services. Consistent with legislative policy, priority is given in this division to establishment of access to local hospitalization in geographically distributed, quality psychiatric units, within community hospitals; and ***hospitalization is to be utilized only when an individual's needs cannot be safely and effectively met by less costly alternatives.*** The following principles, therefore, are applicable to this division:

(4) The development of a number of psychiatric units, of economically and programmatically viable size, in general hospitals, **rather than the development of a few large, multispecialty, freestanding facilities, shall be emphasized.**

333-615-0030 (4): General considerations applicable to review of need for psychiatric inpatient beds include the following:

- (a) As with hospital inpatient beds in general and in other specialties, new psychiatric beds, whether general or subspecialty, except under unusual circumstances with respect to nonavailability, access and less costly alternatives, shall not be approved if the net effect of the project would be additional licensed short-term acute inpatient capacity (other than state Addictions and Mental Health Division operated or federal hospital beds) in the psychiatric service area, unless additional acute hospital beds are justified in that area by the criteria for acute inpatient beds in division 590 of this chapter. The principles and methods in division 590 shall apply in reviewing applications for psychiatric beds to the extent that the issues involved are not addressed in this division;
- (b) Unusual circumstances shall be determined in relation to an evaluation of the feasibility of meeting service area needs by the higher priority methods indicated in OAR 333-615-0040;

333-615-0040: Availability of Alternative Uses for Resource

(1) The methods of meeting acute psychiatric bed need, in order of preference, shall be: (a) Conversion of existing licensed space to purposes of psychiatric treatment where such conversion is feasible to provide an adequate inpatient program at less cost than building new licensed space, especially when the average daily census for the facility as a whole for the most recent year ending September 30, converted to expected peak occupancy under the methods of OAR 333-590-0050(8) and (9), does not exceed the current licensed number of beds at the facility; (b) A project resulting in the smallest feasible net increase in acute licensed capacity within an existing general hospital or specialty hospital license, especially when the average daily census to the facility as a whole, for the most recent year ending September 30, converted to expected peak occupancy under the methods of OAR 333-590-0050(8) and (9), equals or exceeds the current licensed number of beds at the facility; (c) A separately licensed new psychiatric hospital, not part of a general hospital, that will provide adequate psychiatric inpatient care at the most reasonable charges per day and per spell of treatment, for care that must be rendered on an inpatient basis, taking into consideration the factors in OAR 333-615-0000(2).

(2) A proposed psychiatric inpatient bed project shall be related to alternatives, as defined in OAR 333-615-0010(1), with preference given in the following order: (a) Projects which include development of alternative care resources as part of the project, if an unmet need for such resources in the service area is demonstrated.

2. The project is fundamentally inconsistent with the October 2020 recommendations of the Governor’s Behavioral Health Advisory Council, and if approved would render achieving the vision more challenging.

The Council was established by Executive Order in October of 2019 and included representation from behavioral health systems (including Legacy), consumers with lived experience and clinicians. It was charged with “the development of recommendations aimed at improving access to effective behavioral health services and supports for all Oregon adults and transition-aged youth with serious mental illness or co-occurring mental illness and substance use disorders.” It was further charged with recommending to the Governor specific actions and investments necessary to improve access to behavioral health care that are responsive to people’s individual needs and characteristics, and to improve health outcomes.

The final report included recommendations in three areas: programs and services, workforce and housing and housing supports. There is no recommendation for new acute care beds or for a dedicated psychiatric hospital.

The “bricks and mortar” and program recommendations are very targeted and include:

- Non-clinical peer-run respite centers, including a culturally and/or linguistically specific program designed to provide services and supports to people of color.
- Continued operations and study of existing Certified Community Behavioral Health Clinic (CCBHC) demonstration sites.
- An additional 16-bed secure residential treatment facility for defendants who do not have fitness to proceed in a criminal matter (“aid and assist” defendants).
- Design of a statewide crisis system through OHA’s ongoing development of a statewide crisis and behavioral health support tool called Oregon Behavioral Health Access System.
- Development of additional Residential Treatment Facility and Secure Residential Treatment Facility capacity.

At the recent public hearing on this proposal, Multnomah County Commissioner Sharon Meieran, who is also an emergency room physician, testified that she witnesses the impact of the current behavioral health system during every shift she works as an emergency room physician. According to her testimony, more inpatient beds is not what is needed; rather the need is for more supportive housing, substance use treatment, residential treatment, peer respite, transitional housing, and intensive outpatient therapy. Commissioner Meieran concluded her comments by stating that NEWCO *“is a shiny new object that feels like it would make a difference. It won’t, this is not the answer.”*

Washington County has also expressed concerns. Its April 15 letter notes that it is concerned that the project will “further strain the system of care rather than providing the right solution”. The letter also notes that it has concerns that the new hospital would not serve individuals *“with the most challenging presentations.”*

NEWCO’s application does not adequately address the federal regulation, commonly referred to as the IMD (“Institution for Mental Diseases”) exclusion, which prohibits the use of Medicaid funds for free-standing psychiatric inpatient services for adults aged 18-64 if there are more than 16 individuals in the facility. In NEWCO’s application:

- i. The majority of beds it is requesting (60) are for adults 18-64
- ii. No data in its pro-forma suggests that it will provide free care or charity at a level needed to achieve the proposed census.

A number of states have sought and secured a federal exemption to this rule, which essentially requires the State to pay 100% of the Medicaid cost (versus the typical 50%). Oregon has not. For these reasons, NEWCO’s project fails the criterion in OAR 333-580-0050(1) and 333-580-060(2).

Further, the lack of confirming data and missing underlying assumptions regarding payer mix also renders it impossible to determine the project's conformance to applicable financial feasibility criteria in rule. See OAR 333-580-0060.

For these reasons, NEWCO's project fails the criterion in OAR 333-580-0040(3) and 333-580-050(3).

- 3. The NEWCO application record includes a number of misstatements regarding the impact of the Unity Center for Behavioral Health (Unity). Legacy uses this opportunity to assure the record is accurate. Despite, NEWCO's suggestions to the contrary, Unity has made a positive difference in the Tri County area. There has been no loss of inpatient beds, and available data suggests that the establishment of the Psychiatric Emergency Services (PES) has resulted in less boarding in hospital Emergency Departments.**

Unity opened in 2017 to provide compassionate mental health care with the goal of providing care for all those in need through a combination of emergency, inpatient, and outpatient services. It is an unprecedented collaboration between Adventist Health, Kaiser Permanente, Legacy Health and Oregon Health & Science University. Unity operates under the license of Legacy Emanuel, and Legacy Health is the Managing Partner of Unity. It is committed to serving all patients, including those who have Medicaid or are uninsured. Over the past several years, on average, over 59% of the patients seen in the PES are insured by Medicaid and over 5% are uninsured or underinsured.

- a. There has been a decrease in boarding/length of stay in Hospital EDs post the opening of Unity.**

NEWCO states that Unity has not improved patients waiting in acute care hospital emergency rooms for admission. For Legacy Health patients, this is not true. A recent study entitled **Analysis of the Impact of the Unity Center Opening on Legacy's Emergency Departments**, by Megan Cahn, PhD, MPH, Delivery System & Population Health Research Scientist, Legacy Research Institute found that while the number of emergency room visits did not decrease after Unity opened, the average length of stay in Legacy's emergency departments decreased by 48 minutes ($\beta_2 = -0.8$ hours) ($p < 0.001$). For patients and families, this decrease is real and meaningful and for the larger delivery system it means that the rooms in the emergency departments can be "turned over faster" and more patients cared for in the same physical space.

However, even at Unity, there are cohorts of patients that experience longer boarding and LOS than is desirable. The Legacy Research Institute, Oregon State University, Legacy Health, and OHSU also undertook a study in 2019 to understand patient characteristics that impact boarding and ED length of stay at Unity. It found that 74% of Unity's PES patients are discharged without an inpatient hospitalization, and patients spend, on average, less than 24 hours in the PES. The average boarding time was less than 4.5 hours. The study also found that patients with severe or substance use diagnosis and the homeless were more likely to board. For patients who had Medicare as a payer (due to co-morbid physical

health conditions), there was also continued extended boarding time. NEWCO will not accept any of these patient types.

b. There has been no loss of psychiatric beds in the region, in fact beds have increased.

NEWCO also states that there has been a loss of community psychiatric beds since Unity's opening. This is not accurate. Pre-Unity, UHS's own 2016 application notes that there were 305 acute care psychiatric beds in the tri-county area and another 20 planned by Providence. Today, there are a total of 333 beds, with the additional beds added by Cedar Hills in 2018.

c. Available Unity data suggests that Cedar Hills makes decisions on which patients to admit based on payer status.

Cedar Hills states that it can only accept a few of the referrals made to it weekly due to high census. Unity's experience is that Cedar Hills disproportionately accepts commercial referrals over Medicaid and charity care referrals. This was validated by a chat comment at the virtual hearing made by Michael Sorenson, a Cedar Hills employee who wrote that Cedar Hills is 27% Medicaid. By comparison, Unity is about 60% Medicaid and another 5%, on average, are charity care.

It is the practice of Unity to send packets to every psychiatric provider in the region for patients needing an acute psychiatric hospitalization. However, we have been told that Cedar Hills prefers commercial packets over Care Oregon packets and that they are not able to accept our most acute PES patients or those with a dual diagnosis.

4. NEWCO's parent, UHS, has not lived up to certain commitments required as part of the Certificate of Need approval of Cedar Hills Hospital.

The 2008 Final Order Issuing a Certificate of Need with Conditions to Cedar Hills required certain ongoing compliance with seven conditions, including, among others:

Condition 1- Reasonable efforts will be made to make it widely known to the public that emergency psychiatric treatment is available regardless of ability to pay if a patient presents at the hospital and requires stabilization.

Condition 5- The applicant will accept admissions and transfers of patients without quotas, limits or other restrictions based upon payer source or ability to pay. The applicant will also provide care to the uninsured in the same proportion as the psychiatric inpatient units of community hospitals located in the Service Area. Beginning one year after commencement of operation of this facility, and on an annual basis thereafter, the applicant will submit a comprehensive report to the CN Program detailing the amount of care provided to uninsured individuals and to Medicaid eligible individual for whom the facility cannot receive payment because

of the IMD exclusion. The department will evaluate this information against the experiences of other psychiatric inpatient units located in the Service Area.

Related to Condition 1, and as documented in CMS’s findings related to EMTALA surveys conducted at Cedar Hills in March and April of 2019, the hospital, even though it did not have a physical ED, met the one-third requirement. Under CMS rules a hospital meeting the one-third requirement (at least one third of patients arrived on an urgent basis without a previously scheduled appointment) is a “dedicated ED” and is required to provide patients presenting with an emergency medical screening evaluation and stabilizing treatment.

CMS further found (see page 6 of 91 of its July 2, 2019 letter re: EMTALA Plan of Correction Accepted, Termination Actions Suspended), at the time of survey *“recipient hospital obligations were not met as patients were not accepted for transfer by CHH in the order in which they were received at the time of the requests, but rather were evaluated for acceptance based on insurance and ability to pay”*.

Even today, Legacy does not believe that it is widely known that that emergency psychiatric treatment is available at Cedar Hills regardless of ability to pay if a patient presents at the hospital and requires stabilization. Cedar Hills does not have 24/7 in-house physician coverage to medically evaluate patients. It does not operate with an “open front door” for emergency patients and, when it does receive an urgent patient, our experience is that it calls EMS or the police to transfer elsewhere. Cedar Hills is not meeting Condition 1 of its CN approval.

Specific to Condition 5, because Cedar Hills does not participate in OAHHS’s inpatient data base, there is no public data to substantiate its ongoing conformance to the requirement. Legacy reviewed the available reports that Cedar Hills submits to the Division related to compliance. We also reviewed its recent Medicare Cost Reports and its Form S-10 (uncompensated and indigent care). It appears that Cedar Hills is likely not complying with this condition either. UHS has operated Fairfax Hospital in Kirkland since 2011 and received CN approval in Washington State to open two new hospitals, one in Everett and one in Monroe in 2012 and 2014. Each of those CNs was issued with a condition requiring that UHS use “reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Puget Sound Region.” As shown in Table 1 below, neither of the new hospitals nor its existing Kirkland Hospital operates anywhere near the regional average for charity care. This is critically important because Cedar Hills, the hospitals in Washington and NEWCO have the same parent.

Table 1
UHS Charity Care in Washington State

	UHS/BHC Fairfax Hospital	UHS/BHC Fairfax Hospital - Monroe	UHS/BHC Fairfax Hospital - North
2015			
UHS % of Total Revenue	0.59%	Not Open	0.10%
Regional % *	0.73%	0.92%	0.92%
2016			
UHS % of Total Revenue	0.39%	0.00%	0.10%
Regional % *	0.83%	0.91%	0.91%
2017			
UHS % of Total Revenue	0.16%	0.20%	0.15%
Regional % *	1.03%	1.23%	1.23%
2018			
UHS % of Total Revenue	0.29%	-0.01%	0.09%
Regional % *	1.12%	1.44%	1.44%
2019			
UHS % of Total Revenue	0.08%	0.17%	0.00%
Regional % *	NA	NA	NA

*Source: WA State Department of Health Year End Reports, * regional average excludes Harborview Medical Center. ** the regional average does not include the BHC hospitals as they were late in reporting data to DOH.*

5. The Public Comment-written and oral—received to date regarding NEWCO includes numerous concerns related to quality and to access for its sister Portland hospital that must be fully vetted by the Division.

Oregon State Senator Gelser, Chairperson of the Senate Committee on Human Services, Mental Health and Recovery, testified regarding her recent visit to a UHS owned adolescent facility, Provo Canyon School, in Utah that Oregon currently refers some adolescents to for care. According to Senator Gelser's testimony, this facility that has experienced a number of critical incidents including understaffing and physical and emotional abuse.

Providence noted in its public comments that the existing Cedar Hills facility continues to struggle with multiple complaints and concerns. It stated that a recent CMS Survey completed Feb. 28, 2019 states, "Uncorrected deficiencies were identified" and notes that three of the complaints were "substantiated" with a fourth complaint "unsubstantiated" but noting several other "findings of deficient practice related to that patient." These findings resulted in a 90-day termination survey. The initial survey on Dec. 13, 2018 resulted in a situation of "immediate jeopardy" that Cedar Hills was unable to present an acceptable mitigation plan for and uncovered other issues of concern throughout the visit. Some of the findings include:

- “29 of 40 patient records reviewed indicated that the hospital failed to fully develop and implement policies and procedures that assured the provision of safe and appropriate care of patients that complied with the Conditions of Participation.”
- “Patients were not provided care in a safe physical environment that was free of ligature risks and unsafe items and contraband that created risk for self-harm and fire.”
- “On admission and on re-entry to the facility door security procedures and patient search procedures were not followed to prevent elopement and to ensure that unsafe items and contraband were not transported to patient units.”
- “Investigations of, and response to, actual or potential abuse or neglect were not timely, clear, complete or accurate to ensure those incidents and events did not recur.”
- “Patients were not ensured safe care when they experienced skin alterations, changes of condition, falls and during medication administration.”

The full report details several significant patient incidents that are concerning about seclusion/restraint use and the use of chemical restraints in settings when video observation did not indicate use of said techniques was warranted. There are also several contraband incidents noted, along with many other concerning findings. This is just one of the many reports about Cedar Hills and other UHS facilities.

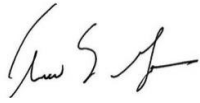
SEIU’s public comment (See pages 10-15) also reference significant concerns and citations. Similar concerns were also expressed by Health Share of Oregon, which oversees Medicaid insurance for more than 300,000 in the Tri-County area, and Disability Rights Oregon Citizens Commission on Human Rights.

Legacy, as the managing partner of Unity fully acknowledges the challenging nature of behavioral health care. After some initial start-up issues, Unity operates in full compliance with all licensing and certification requirements. To the contrary, Cedar Hills has been operated by UHS for nine years and continues to experience concerning surveys as well as failing to meet its CN conditions.

In conclusion, the project is not needed, will not benefit the community, and will likely have an unacceptable impact on the cost of healthcare. It will detract from the work being undertaken in our state to create a comprehensive behavioral health delivery network that emphasizes housing and lower-level services which have been proven to reduce the demand for hospital level services.

Thank you for the opportunity to submit this public comment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Trent Green', with a stylized, cursive script.

Trent Green,
Senior Vice President and Chief Operating Officer

April 30, 2021

Pam Krecklow
Oregon Health Authority
Certificate of Need Program
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

Re: Opposition to Wilsonville NEWCO Psychiatric Hospital Application
SENT - via email to PAM.L.KRECKLOW@dhsosha.state.or.us

Dear Pam,

The Mental Health Association of Portland is an affected party in the certification application for NEWCO Oregon, Inc. / Universal Health Systems / Willamette Valley Behavioral Health 2021 Application to the Oregon Health Authority. The Mental Health Alliance, consisting of organizational members and individual members is affected by this application.

Organizational members of the Mental Health Alliance, in addition to the Mental Health Association of Portland, include the Oregon Justice Resource Center, Disability Rights Oregon, and Portland Interfaith Clergy Resistance. Disability Rights Oregon has submitted their own comment on the application and concur with this one as well. Individual members of the Alliance are listed below.

Members of the Alliance read the application and associated documents, viewed the public hearing and testimony from the public, and reviewed the materials from the 2017 application by NEWCO Oregon, Inc. / Universal Health Systems / Willamette Valley Behavioral Health. Members of the Alliance also met with senior staff from Cedar Hills Hospital / Universal Health Systems who gave additional information and answered questions.

The Alliance opposes the Oregon Health Authority awarding a certificate of need for this application based on many grounds. Here are four reasons.

1. We are concerned NEWCO / UHS will not be able to form a contractual agreement with a nearby hospital to provide emergency, urgent, or primary medical care for their patients.

2. We are concerned NEWCO / UHS will not be able to come to a contractual agreement with Oregon's Coordinated Care Organizations to provide care for people in Medicaid.
3. We are concerned about the location of the proposed NEWCO / UHS facility. There is no public transportation on weekends or holidays in the area. We did not see planning for transporting patients or staff to or from the facility.
4. We are unclear about whether the proposed facility would accept patient transfers from county jails or other Oregon locked facilities, from law enforcement, or from ambulance services.

Thanks for hosting this public discussion and providing all certification application materials online.

This statement was written by the [Mental Health Alliance Work](#) Group

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Organizational Members of the Mental Health Alliance

[Oregon Justice Resource Center](#)
[Disability Rights Oregon](#)
[Mental Health Association of Portland](#)
The Portland Interfaith Clergy Resistance

The Mental Health Alliance is represented in courts by Juan C. Chavez and Franz Bruggemeier of the [Oregon Justice Resource Center](#). You can contact Mr. Chavez at [jchavez @ ojrc.info](mailto:jchavez@ojrc.info)

RC: UHS Cert of Need 100 Bed Facility.
En 4/15/21

RECEIVED

MAY 04 2021

BY:

March 30, 2021

my name is Sandra [REDACTED] C [REDACTED] my grandson Aaron Bower was in UBH hospital Denton Texas where he died there. Aaron was having severe depression and also he was smoking pot. I encouraged him he needed to sign himself in. That they would take care of him. We talked to the head nurse on duty that night. When the admissions girl came with the papers for Aaron to sign he was hesitant to sign. When they thought he might not sign they said they would get an order from a judge in the AM and the Sheriff or police would just come and pick him up to bring back to UBH. They did not let us know Aaron had hypertension while in there and he was not given blood pressure medication until 2 days before he died. I got this from his medical records we obtained after his death. He was on the CSU while in there. In that unit they are suppose to check on the patients every fifteen minutes, which they did not. CSU is the Critical Stabilizing Unit where checks usually were to be made. The morning of Aarons

death he told the RN on duty [REDACTED]
[REDACTED], that he felt bad and had
a bad headache. She gave Aaron two
aspirin and sent him to his room. They
never checked on Aaron again until
around noon when he did not go
to the cafeteria for lunch. They found
Aaron unresponsive, with dried
vomitus on his face and in his throat.
Aaron had agonal breathing. He was
left unchecked from approximately 8:00
AM until found at noon. He had
sustained a Cerebral Sinus Thrombosis
(blood clot). If the nurse had sent
him that AM to the ER they
could have removed the clot before
it ~~burst~~ ruptured. I was a nurse
so I know this was gross neglect
on the nurse. Aaron died that day.
He was brain dead. He was kept on
life support but without the ventilator
he could not breathe, Aaron could not
live. He died at this facility that AM
Aaron was my boy only 22 years old.
It has destroyed my family. Aaron
should be here with me today

but instead he is buried in a cemetery. UBH killed my boy. I believe his hypertension was due to the medications they were missing and giving him and blood pressure checks done only one time a day and no medications for it for approximately 2 weeks. They never let us know his blood pressure was running high. He had never had hypertension before he went into UBH. They killed Aaron. He went in Jan 16 2013 and died Feb 2, 2013. Please don't let your children be put in UHS owned facilities. They may not come home again. I have more to add about two women who were raped there and they told me personally ~~about~~ about raped by a night nurse and [REDACTED] was raped by another patient [REDACTED] after she told the staff that he was coming into her room. After he finally did rape [REDACTED] they took her clothes she had on and the clothing was never seen again. The other woman I spoke with in person said the male night nurse would come in and

giver her a cup of pills & told her she had to take them. After a little while she could not really move she was so drugged. Then the male nurse proceeded to rape her every night for five nights nothing was done. They just gave her more pills and said she needed them to calm her down. That it never happened the staff told both rape victims. I really pray to God you take heed to what I have told here in this letter. All true. This place for profit needs to be shut down I hate to think how many more have been harmed and not helped by UBH / UHS. This is a true testimony

Sincerely
Gandra





May 17, 2021

Pam Krecklow
Health Facilities Consultant & Certificate of Need Coordinator
Oregon Health Authority
800 NE Oregon Street,
Portland OR 97232

RE: Additional Responses to Public Comments Regarding NEWCO's Request to Establish a 100-Bed Inpatient Psychiatric Hospital in Wilsonville (CN #682)

Dear Ms. Krecklow:

On April 29, 2021, we provided responses to public comments as of that date. Since then, the Oregon health Authority ("OHA") has posted additional public comments. It is our understanding the OHA permits us the additional opportunity to respond to these newer comments until the date of its proposed draft decision in early June 2021. In this context, and on behalf of UHS, I have provided additional, summary responses to these public comments regarding our request to develop and operate a 100-bed freestanding psychiatric hospital---NEWCO Oregon, Inc., DBA Willamette Valley Behavioral Health ("WVBH") --in Washington County, Oregon.

Thank you in advance regarding this important certificate of need request.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Escarda", is written over a light blue circular background.

Ron Escarda
CEO & Group Director of the Pacific Northwest
Universal Health Services

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1. Introduction

On April 15th, the Oregon Health Authority (OHA) held a public hearing to receive public comments on the proposed Willamette Valley Behavioral Health (WVBH) request (Certificate of Need Application #682). In addition to the public meeting, as of April 28, 2021, over 100 letters of support and 24 letters of opposition were submitted to OHA related to the proposed project prior to April 23. We provided responses to these opposition letters in our April 29, 2021 public comment. Since that date, the OHA has reported additional public comments from the organizations Trillium, NAMI Oregon, Legacy Health, and the Mental Health Alliance, as well as several individuals. The public comments from Trillium support the WVBH proposed project, while those from NAMI Oregon, Legacy Health, and the Mental Health Alliance oppose it. These points of opposition largely mirror those already provided by other organizations reflected in our April 29, 2021 letter, however in some cases differ in tone or phrasing, so we feel it is important to nevertheless respond to the individual concerns. Furthermore, Legacy Health has submitted public comments which misunderstand the OARs, present incomplete arguments, and attempt to deflect the issues surrounding the Unity Center, which as we outlined in our application and completeness letters, has contributed to the mental health crisis in Clackamas, Multnomah, and Washington counties.

We respond to the concerns and issues raised by each of these organizations below.

2. NAMI Oregon

On April 27, 2021, NAMI Oregon submitted public comments on the proposed WVBH project. Although NAMI Oregon does not commit to a position for or against the proposed project, it is clear from its public comments that NAMI Oregon believes (1) there exists no need for inpatient psychiatric care in Oregon; (2) that the proposed project will not treat or treat too few indigent individuals; (3) WVBH may struggle with integrating with existing community providers and organizations; and that (4) patients treated at WVBH will risk quality of care issues. We detail our responses below.

NAMI Oregon Concern 1: There exists no need for inpatient psychiatric care in Oregon and Wilsonville, OR is too far away from Portland, OR.

NAMI Oregon expresses a belief, reflected in bullet points 1 and 2 of its public comments, that need for inpatient psychiatric care does not exist in Oregon, or if it does, that its presence is only a reflection of the lack of effective community resources.

This concern mirrors that expressed by the SEIU and others that inpatient psychiatric care and community-based care is a zero-sum game, and that inpatient psychiatric care is institutionalization. We share the belief that there exists need for additional behavioral health services beyond inpatient care, as well as the concern that mental health patients are being unnecessarily institutionalized. It is these beliefs which have informed our application to construct a new inpatient psychiatric hospital, which will provide rapid stabilization and integration into lower-level systems of care. Institutionalization of mental health patients is the result of many different factors, including deficient access to mental health

professionals and an underfunded safety net. This project will not solve all these issues, but it can provide increased access to individuals in need of inpatient psychiatric care and complement the existing community services in Clackamas, Multnomah, and Washington counties. WVBH fully supports Oregon State's investments and funding into these community-based services that focus on prevention, secured housing and enhanced monitoring and care management, and hopes that its proposed project can help address the significant need for inpatient psychiatric care along this continuum.

NAMI Oregon also raises the question in bullet point 12 about location of the proposed hospital. As stated in our application, the proposed location in Wilsonville, OR "is less than five (5) minutes driving distance from I-5, the major arterial in the area. It is also located on a State Highway (SW Boones Ferry Road). The location is served by bus route 96 and is a no-cost, twenty (20) minute bus ride from the Smart Transit Center in Wilsonville, making the site easily accessible for patients needing public transportation."¹ Furthermore, as explained by former Wilsonville Mayor Tim Knapp, "TriMet's Westside Express Service (WES) train utilizes the Wilsonville Transit Center, providing direct WES connections to the Tualatin, Tigard and Beaverton transit centers, and access to the entire TriMet Portland-metro area light-rail and bus system. Additionally, SMART provides ADA/paratransit on-demand transit service within Wilsonville from Wilsonville to medical facilities in Tualatin and Portland."²

NAMI Oregon Concern 2: The proposed project will not treat or treat too few indigent individuals.

NAMI Oregon is of the opinion that the proposed project will not provide sufficient access for indigent individuals. This opinion is reflected in bullet points 3, 4, 5, and 6 of its public comments. This concern was expressed in different ways, relating to whether the proposed project will accept all patients in need regardless of insurance status or acuity and how the proposed project will impact other providers' financial viability.

As outlined in our April 29, 2021 public comments, this issue was also raised by the OHA multiple times and in multiple ways across its three completeness letters. Within these responses and our application, we have stated, and provided extensive data documenting, that Cedar Hills Hospital, as proxy for the proposed project, serves significant numbers of Medicaid sponsored patients, and per EMTALA, is blind to patient insurance status and financial situation in its assessment process. As documented in our April 29, 2021 public comments, Cedar Hills Hospital patient days reflect a large and growing proportion of Medicaid patients. In 2020, Medicare and Medicaid sponsored patients comprised over half of all patient days at Cedar Hills Hospital. As Cedar Hills Hospital has obtained access to CCO contracts in Oregon, its payer mix has approached that of the UHS facilities in Washington State. As stated in our application and responses to OHA completeness questions, UHS facilities provide a significant amount of care to Medicaid insureds when it can contract with Medicaid programs.

NAMI Oregon Concern 3: WVBH may struggle with integrating with existing community providers and organizations.

¹ NEWCO Application, p. 27.

² Wilsonville Public Comments, July 29, 2019, p. 2.

NAMI Oregon raises questions relating to the ability of a free-standing hospital to integrate with existing community-based providers and organizations. These are reflected in bullet points 8, 9, 10, and 11 of its public comments. As NAMI Oregon also states, “Cedar Hills Hospital and NAMI Oregon maintain a strong partnership, which is an indication that such partnerships may be likely with the new hospital.”³ Furthermore, as evidence of the ability of WVBH to integrate with existing community providers and organizations, we reference the letters of support from 15 different organizations, including Trillium, Dual Diagnosis Anonymous of Oregon, People of Purpose and Associates, Coastal Center LLC, Oregon School Social Work Association, and PRISM Health. Furthermore, as part of our April 15, 2020 response to the January 27, 2020 OHA incompleteness letter, we listed over 30 local organizations with which Cedar Hills Hospital and UHS has been in contact with or formed relationships with.

NAMI Oregon Concern 4: Patients treated at WVBH will risk quality of care issues.

NAMI Oregon, in bullet point 7 of its public comments, asks about the history of quality of care at UHS facilities. A longer discussion of UHS facilities is provided in our April 29, 2021 public comments, but emphasize UHS has a longstanding, independently validated and evidence-based record of providing quality healthcare services to patients and their families. All UHS hospitals are fully accredited by independent organizations including The Joint Commission (TJC) and/or Commission on Accreditation of Rehabilitation Facilities (CARF), whose rigorous clinical assessment protocols are widely respected throughout the healthcare industry. Many facilities also hold advanced specialty accreditations.

3. Mental Health Alliance

On April 30, 2021, Mental Health Alliance (MHA) submitted public comments on the proposed WVBH project. MHA outlined four concerns related to access to the proposed project by persons in need of inpatient psychiatric care. These included (1) WVBH will not obtain a transfer agreement with a nearby hospital for emergency services; (2) WVBH will not have contracts with Oregon’s CCOs; (3) The location in Wilsonville, OR is difficult to access via public transportation, especially on weekends or holidays; and (4) Whether WVBH will accept patient transfers from county jails, other Oregon locked facilities, from law enforcement, or from ambulance services. We detail our responses below.

MHA Concern 1: WVBH will not obtain a transfer agreement with a nearby hospital for emergency services.

As stated in our April 29, 2021 public comments, we again emphasize there is nothing in the OARs which require applicants to obtain transfer agreements as part of their CN applications, and the OHA has not required this of past applicants for similar services. Should this application be successful and OHA deems it necessary, WVBH would accept the condition of having an active transfer agreement prior to opening. There exist multiple hospitals within a 15-mile radius of the proposed Wilsonville location which WVBH could contract with to provide emergency services.

³ NAMI April 27, 2021 Public Comments, p. 3.

MHA Concern 2: WVBH will not have contracts with Oregon's CCOs.

As stated in the NEWCO Supplemental Response on August 18, 2020, as of 2020, Cedar Hills Hospital held contracts with Yamhill and Trillium South CCOs.⁴ Since that date, Cedar Hills Hospital has added CCO contracts with Intercommunity Health Network and Trillium North. Given that Cedar Hills Hospital currently holds four CCO contracts, and is working towards obtaining more, concerns that a lack of CCO contracts will hinder the ability of the proposed hospital to treat Medicaid sponsored individuals are unfounded. For those we do not have a contract with, we would invite MHA to assist us in gaining them for the sake of access to mental health care for all.

MHA Concern 3: The location in Wilsonville, OR is difficult to access via public transportation, especially on weekends or holidays.

As stated in our application and in our response to the public comments from NAMI above, the proposed location in Wilsonville, OR “is less than five (5) minutes driving distance from I-5, the major arterial in the area. It is also located on a State Highway (SW Boones Ferry Road). The location is served by bus route 96 and is a no-cost, twenty (20) minute bus ride from the Smart Transit Center in Wilsonville, making the site easily accessible for patients needing public transportation.”⁵ Furthermore, as explained by former Wilsonville Mayor Tim Knapp, “TriMet’s Westside Express Service (WES) train utilizes the Wilsonville Transit Center, providing direct WES connections to the Tualatin, Tigard and Beaverton transit centers, and access to the entire TriMet Portland-metro area light-rail and bus system. Additionally, SMART provides ADA/paratransit on-demand transit service within Wilsonville from Wilsonville to medical facilities in Tualatin and Portland.”⁶

MHA is correct that Wilsonville’s public transportation is limited on weekends and holidays. This includes the WES commuter rail and some of the SMART bus lines. However, Route 4 (which runs East-West) and Route 2x (which runs North-South) do operate on weekends and holidays. Furthermore, this concern from MHA is applicable to any provider of mental health or other medical services outside of the Portland TriMet light rail system. Based on this concern, MHA would necessarily oppose any project outside of a downtown city center.

Since most inpatient psychiatric patients arrive by secure transport or car, we believe that locating the proposed hospital in Wilsonville offers the most positive impact on access to inpatient psychiatric services. Many insurance plans, including OHP, cover transportation services for their members, who, if they are experiencing mental distress, may avoid public transport and the associated crowds.

MHA Concern 4: It is unclear whether WVBH will accept patient transfers from county jails, other Oregon locked facilities, from law enforcement, or from ambulance services.

⁴ NEWCO Supplemental Response, August 18, 2020, p. 4.

⁵ NEWCO Application, p. 27.

⁶ Wilsonville Public Comments, July 29, 2019, p. 2.

The entities referenced by MHA, including county jails, Oregon locked facilities, law enforcement, and ambulance services, all have their own internal processes by which they respond to Mental Health crises, and will be able to contact WVBH for support. WVBH will operate within its future license as an inpatient psychiatric hospital and accept all medically-cleared and programmatically-appropriate patients regardless of source. If any of these entities contact the hospital, the assessment center staff will complete the call screening and, if appropriate, schedule a face-to-face or TeleHealth assessment. At that point, they would complete the assessment with the individual and recommend an appropriate level of treatment, which could lead to admission. If a law enforcement officer or an ambulance (which we know is rare because they work first and foremost through Emergency Departments) were to come directly to the facility, WVBH would complete an assessment as with any individual, and recommend an appropriate level of treatment, which could also lead to admission. Because every hospital is governed under E.M.T.A.L.A., WVBH would respond appropriately to these types of transfers regardless of how the transfer occurred or regardless of prior knowledge of that the hospital would receive such transfers.

As an example, Cedar Hills Hospital received a transferred patient from a county sheriff department during the week of May 2 to May 7. The patient was received, medically screened, assessed, and admitted. This is the way in which any transfer would be processed, and the patient supported. If necessary, the patient would be transferred to a higher level of medical treatment, or if reasonable, referred to a lower level of care (e.g., Partial Hospitalization, Intensive Outpatient services, or other Outpatient treatment).

Hospital referrals (locked facility) are a main referral source for Cedar Hills Hospital at present. Ambulances (secure transport) drop such patients off at Cedar Hills after patients are medically cleared at the referring hospital. Individuals seeking care can self-refer by calling to make an assessment appointment or merely walking in, 24/7.

4. Legacy Health

On April 30, 2021, Legacy Health submitted public comments on the proposed WVBH project. Legacy outlined four concerns related to need, access, and quality of care of the proposed project, as well as a defense of the Unity Center's record, which Legacy owns. None of the arguments presented by Legacy have merit. We detail our responses below and overview the impact of and recent events involving the Unity Center.

Legacy Concern 1: There is No Need for New Hospital Acute Inpatient Beds or Psychiatric Beds in Washington County.

In its public comments, Legacy states "The rules for assessing the need for beds 'build upon' each other. First, applicants need to determine if there is need for acute inpatient beds."⁷ Legacy adds that "In each of the Division's prior evaluations of new psychiatric hospitals, (Ascend in 2007, Universal Health in 2017 and LifeWays in 2018), it first calculated need for new acute care beds in the defined service area."⁸ We

⁷ Legacy April 30, 2021 Public Comments, p. 2.

⁸ Ibid.

agree with this assessment of the OARs, and it was for this reason WVBH first estimated the need for acute inpatient beds, and then laid out arguments for unusual circumstances. As referenced by Legacy, based on the OHA acute inpatient bed need methodology, within the Clackamas and Washington service area for adults, and Clackamas-Multnomah-Washington service area for adolescents and the elderly, there exists a surplus of acute care adult inpatient beds.⁹

Legacy then states that “Psychiatric beds are specialty beds. Division 615 -Demonstration of Need for Psychiatric Inpatient Beds, provides insight into the legislative policies intended to guide new psychiatric beds as well as direct guidance for CN application. This project is fundamentally inconsistent with these rules, some of which are restated below.”¹⁰ These two statements, that ‘the rules for beds build upon each other,’ and ‘This project is fundamentally inconsistent with these rules’ constitute the entirety of Legacy’s argument for why no need exists for inpatient psychiatric beds in the Clackamas-Washington and Clackamas-Multnomah-Washington service areas. Although Legacy references the section and the Lifeways application, they appear to have missed both the 333-615-0030(4)(b) relating to unusual circumstances, as well as the fact the Lifeways 2018 application was approved based on demonstrating need through unusual circumstances.¹¹ Legacy has offered no arguments for why unusual circumstances are not applicable to the proposed project nor countered any of the arguments presented in the NEWCO application or completeness letters. These arguments include:

1. There exists a behavioral health crisis in Oregon, and Oregon residents faces significant access problems related to mental illness and substance abuse, which often occur together. Access to inpatient psychiatric beds and outpatient psychiatric programs is critical, and the proposed project would increase access to both.
2. ED boarding of mentally ill patients is a persistent problem nationwide, in the State of Oregon generally, and in the counties of Clackamas, Multnomah, and Washington. In this region, highly acute mental health patients are boarded in hospital based EDs because there are insufficient beds at existing inpatient psychiatric care facilities.
3. The Unity Center has not alleviated the need for inpatient psychiatric beds, and the failure of the Unity Center to provide a safe and stable environment nearly led to it losing its CMS certification in 2018 and again in 2020.
4. There exists a shortage of inpatient psychiatric beds, to the point that Oregon ranks at the bottom of U.S. states for access to inpatient psychiatric beds.

Legacy Concern 2: The proposed WVBH is inconsistent with the October 2020 recommendations of the Governor’s Behavioral Health Advisory Council, and if approved would render achieving the vision more challenging.

⁹ NEWCO Application, Table 7, p. 24.

¹⁰ Legacy April 30, 2021 Public Comments, p. 3.

¹¹ Oregon Health Authority, “In the Matter of the Application by Lifeways, Inc., for a new 16-bed Psychiatric Hospital (CN #677); Proposed Decision Approving Certificate of Need Application,” March 14, 2018, p. 4.

Legacy summarizes the Governor’s Behavioral Health Advisory Council (GBHAC) recommendations related to investments in behavioral health programs and services, and correctly indicates these recommendations were limited to non-clinical centers, community behavioral health clinics, design of a behavioral health support tool, and an additional 16-bed residential treatment facility. Furthermore, there contains no reference to inpatient psychiatric capacity at all in the entire GBHAC report. This is no surprise, given that multiple members of the GBHAC, including Providence, Legacy, and Shannon Meieran, publicly opposed both UHS’ 2017 application and its 2019 applications. Legacy thus presents a tautological argument, where it opposes the project because the project is not recommended by a document that it helped create.

Legacy further argues that because the proposed project was not included as a specific recommendation in the GBHAC, it will make achieving the goals of the GBHAC more challenging. As discussed in our application, completeness letters, and April 27, 2021 public comments, WVBH and community services are necessary complements which address separate gaps along the continuum of care. A hospital in the community with access to inpatient psychiatric beds as well as outpatient programs will help serve the needs of Oregonians in an acute mental health crisis, providing rapid stabilization and subsequent integration into lower level lower-level systems of care.

Legacy Concern 3: Cedar Hills Hospital does not accept all patients regardless of ability to pay.

Legacy argues that because of the IMD exclusion, WVBH will not provide sufficient access to the Medicaid population, and “No data in its pro-forma suggests that it will provide free care or charity at a level needed to achieve the proposed census.”¹² Within the WVBH application, it is assumed approximately 12.8% of patients and Gross Revenues will originate from Medicaid-sponsored individuals.¹³ As stated in the WVBH September 18, 2019 completeness response, “We fully expect that WVBH will be able to be reimbursed by Oregon Medicaid fee-for-service and managed care for adolescent and older adult patient care, but not for patients 18-64 years.”¹⁴ As Legacy correctly references, of the 100 beds at the proposed hospital, 60 are allocated to adults between the ages of 18 and 64. Historically these would not have been eligible for any Medicaid reimbursement under the IMD exclusion referenced by Legacy. However as of April 8, 2021, Oregon’s Substance Use Disorder 1115 Demonstration waiver allows Medicaid reimbursement for patients admitted for SUD treatment.¹⁵ Furthermore, there exist 24 beds for elderly individuals and 16 beds for adolescents which would be eligible for Medicaid reimbursement regardless of program.¹⁶ Thus, at least 40% of the inpatient psychiatric bed capacity is not subject to the IMD exclusion referenced by Legacy in its public comments, and likely more depending on the proportion of Medicaid-sponsored adults admitted for SUD treatment, as described above. To meet the expected 12.8% of Medicaid patients, it would only be necessary that approximately a third of the adolescent and elderly patients were Medicaid-sponsored.¹⁷

¹² Legacy April 30, 2021 Public Comments, p.5.

¹³ NEWCO Application, p. 49.

¹⁴ NEWCO Supplemental Response, p. 13.

¹⁵ <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/SUD-Waiver.aspx>, Last Accessed May 13, 2021.

¹⁶ NEWCO Application, p. 446

¹⁷ 13 divided by 40 is equal to 32.5%.

This amount is consistent with the proportion of Medicaid patients treated in the UHS facilities in Washington State, where the IMD exclusion does not apply.

Within the responses to the OHA completeness letters, the original application, and its public comments provided in April of this year, UHS has provided extensive data documenting that Cedar Hills Hospital, as proxy for the proposed project, serves significant numbers of Medicaid sponsored patients, and per EMTALA, is blind to patient insurance status and financial situation in its assessment process. Furthermore, Cedar Hills Hospital patient days reflect a large and growing proportion of Medicaid patients. In 2020, Medicare and Medicaid sponsored patients comprised over half of all patient days at Cedar Hills Hospital.

Legacy cites results from a 2019 CMS survey as proof that Cedar Hills pushes away patients based on payer status. As we disclosed in our response to the July 25, 2019 completeness letter, in February 2019 CMS received an anonymous complaint regarding Cedar Hills not following EMTALA regulations. The surveyors found noncompliance with several requirements under EMTALA. These included EMTALA policies and procedures which were not sufficiently developed and incomplete or unclear signage regarding EMTALA patient rights, incomplete and undeveloped patient log information, insufficient medical screening exams, and policies and procedures which did not contain a clear process that ensured the acceptance of patient transfers was not evaluated and based on insurance and ability to pay.¹⁸ Cedar Hills Hospital submitted its Plan of Correction; it was accepted and approved, and it is no longer being monitored by CMS.

Rather, the fact that Cedar Hills Hospital has historically treated a smaller number of Medicaid sponsored patients relative to other planning area providers is because it has historically been shut out of the CCO referral and reimbursement structures. However, as Cedar Hills Hospital has obtained access to CCO contracts in Oregon, its payer mix has approached that of the UHS facilities in Washington State. As stated in our application and responses to OHA completeness questions, UHS facilities provide a significant amount of care to Medicaid insureds when it can contract with Medicaid programs.

The arguments raised by Legacy are without merit, and the proposed project is consistent with OAR 333-580-0040, 333-580-0050, and 333-580-0060.

Legacy Concern 4: There exist quality of care concerns at Cedar Hills Hospital, and these quality-of-care concerns extend to all UHS behavioral health hospitals.

As disclosed in the application and restated in the supplemental responses, there were two issues at Cedar Hills Hospital in 2018 and 2019 that triggered CMS site surveys: An Elopement / Suicide incident in October 2018 and the EMTALA complaint in February of 2019 referenced and discussed above. OHA and CMS surveyed Cedar Hills for the Elopement / Suicide incident. Surveys continued until July of 2019. Cedar Hills staff submitted Plans of Correction (POC), which were accepted and approved by both OHA and CMS and are no longer being monitored. Although Cedar Hills Hospital is no longer being monitored by CMS, it is still in the process of self-auditing and monitoring our compliance with our POCs that were submitted.

¹⁸ CMS Survey of Cedar Hills Hospital, April 19, 2019.

As discussed in the application, supplemental responses, and public comments, UHS has a longstanding, independently validated, and evidence-based record of providing quality healthcare services to patients and their families. All UHS hospitals are fully accredited by independent organizations including The Joint Commission (TJC) and/or Commission on Accreditation of Rehabilitation Facilities (CARF), whose rigorous clinical assessment protocols are widely respected throughout the healthcare industry. Many facilities also hold advanced specialty accreditations.

Legacy Defense of the Unity Center: The Unity Center has made a positive difference in the Tri County area, and since its opening, ED boarding has been reduced and the number of inpatient psychiatric beds in the region have increased but suffers due to Cedar Hills Hospital not accepting certain patients the Unity Center has attempted to transfer.

Legacy Health devotes a significant portion of its public comments to a defense of its Unity Center, ignoring the numerous and serious quality of care issues which have occurred at its facility since its opening, and presents this whitewashed record as contrast to the quality-of-care issues Legacy attributes to Cedar Hills Hospital.

The NEWCO application provided an overview of the Unity Center’s statements contrasted with the reality of the facility. Since then, the Unity Center has continued to struggle with providing a safe and stable environment for its patients and has passed off an increasing number of its patients to Cedar Hills Hospital. With that in mind, we revisit the reality of the Unity Center.

In 2017, Legacy Emmanuel Medical Center, together with Legacy Good Samaritan Medical Center, Oregon Health Sciences University, and Portland Adventist Medical Center relocated their existing behavioral health acute inpatient beds to the new Unity Center for Behavioral health. As planned, the center has a large “living room” where patients would wait for evaluation in 40 reclining chairs, 8 calming rooms for patients needing seclusion, 80 adult inpatient beds (later increased to 85), and 22 adolescent inpatient beds.

Since opening, the Unity Center has failed to consistently provide a safe and stable environment. While there are inherent risks associated with treating persons needing inpatient psychiatric care, the Unity Center’s failure has occurred across multiple dimensions, culminating in multiple investigations by the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid (CMS). The second report from the first investigation, delivered on July 30, 2018, documents a facility with poor leadership, poor training, and unsafe conditions for staff and patients. In its review, it states that the “...governing body failed to ensure the provision of safe and appropriate care to patients in the hospital...”, and goes on to describe the failure of the Unity Center to protect patient rights, properly administer drugs, appropriately supply nursing services, or provide a safe physical environment.¹⁹ These failures are significantly more serious than the Legacy characterization as “some initial startup issues.”²⁰ The HHS July 30 report attributes the failures of the Unity Center to the specific institution, and not necessarily a result of the overall design of the Unity Center’s Psychiatric Emergency Service. However,

¹⁹ HHS. (2018). OMB NO. 0938-0391, Survey Completed July 30, 2018.

²⁰ Legacy April 30, 2021 Public Comments, p. 10.

patient reviews (Yelp 2019) and media interviews with former staff identify Unity Center's "living room" PES model as responsible for many of the institutional failures.²¹

The failure of the Unity Center to provide a safe and stable environment nearly led to it losing its CMS certification in 2018 but after a series of reforms, it kept its certification. The Unity Center continues to operate, although problems for the center and individuals associated with it have continued. In April 2019, a county mental health inspector sued Multnomah County, Legacy Health, and the Unity Center for having been pressured to retire early after raising concerns of abuse at the Unity Center.²² In 2019, multiple lawsuits were filed against Unity Center relating to nurses being terminated or forced to quit after raising patient safety concerns,²³ and Unity Center nurses have fought with Legacy Health over their unionization rights, driven by the safety and management failures at the center and fear of retaliatory actions when concerns are communicated.²⁴

In May 2020, HHS and CMS again found the Unity Center in serious violation of federal regulations, identifying Condition-Level deficiencies associated with the facility's Governing Body, Nursing Services, Patient Rights, and Quality Assessment and Performance Improvement. These included:

- "Staff failures to prevent patient access to unsafe items, failures to prevent elopement, failures to provide supervision, failures to appropriately manage behaviors and prevent unnecessary restraint use, and failures to protect patient privacy resulted in actual and potential harm to patients, and investigations to ensure such incidents did not recur were not timely or complete."²⁵
- The hospital's failure "...to fully develop and implement policies and procedures that ensured that patients' rights to safe care, freedom from abuse and neglect, freedom from restraint, and privacy and dignity were recognized, protected and promoted. As a result, patients experienced actual and potential harm..."²⁶
- The hospital's failure "...to fully develop and implement policies and procedures that ensured that patients' rights to privacy were recognized, protected and promoted..."²⁷

²¹ Budnick, Nick. (2018) "New Complaint Highlights Legal Woes at Legacy's Unity Center." The Portland Tribune. <https://pamplinmedia.com/pt/9-news/414283-314687-new-complaint-highlights-legal-woes-at-legacys-unity-center>. Accessed 25 January 2019.

Floum, Jessica. (2018) "Violence at Unity Center for Behavioral Health Draws Financial Questions." The Lund Report. <https://www.thelundreport.org/content/violence-unity-center-behavioral-health-draws-financial-questions>. Accessed 17 January 2019.

²² AP News. "Unity Whistleblower Sues County, Unity for \$1.1M." AP News, April 3, 2019. Floum, Jessica. "Whistleblower Sues Multnomah County, Unity Center for Retaliation." The Lund Report, April 2, 2019.

²³ Hayes, Elizabeth. "Legacy Health hit with a lawsuit by former Unity Center nurse." Portland Business Journal, May 16, 2019; Budnick, Nick. "Legacy Health's Unity Center Remains Embroiled in Lawyering." The Portland Tribune, June 18, 2019.

²⁴ Harbarger, Molly. "Nurses at embattled Portland psychiatric center intend to unionize." The Oregonian, May 15, 2019; Whitol, Christian. "Legacy Fights Unionization Thrust at Unity Center." The Lund Report, July 17, 2019.

²⁵ Department of Health and Human Services Survey of Legacy Emanuel Medical Center, May 6, 2020, OMB No. 0938-0391, p. 5.

²⁶ *Ibid*, p. 6.

²⁷ *Ibid*, p. 8.

- The hospital's failure "...to fully develop and implement policies and procedures that ensured that patients' rights to safe care were recognized, protected and promoted, and patients experienced actual and potential harm..."²⁸
- The hospital's failure "...to fully develop and implement policies and procedures that ensured that patients' rights to freedom from abuse and neglect were recognized, protected and promoted..."²⁹
- The hospital's failure "...to fully develop and implement policies and procedures that ensured that patients' rights to freedom from restraint and seclusion were recognized, protected and promoted..."³⁰
- The failure of hospital staff "...to complete training in techniques to identify, prevent and manage patients' aggressive behaviors in accordance with policies and procedures to ensure patients' rights to receive safe care by trained staff..."³¹
- The hospital's failure "...to fully develop and implement policies and procedures that ensured that an RN was responsible for the supervision and evaluation of each patient to ensure the provision of safe care and the recognition, promotion and protection of patients' rights..."³²
- The hospital's failure "...to ensure the physical plant environment was maintained to ensure the safety and well-being of patients..."³³

A follow up survey in December 2020 determined that after implementing its plan of correction, the Unity Center was back in compliance with the CMS Conditions of Participation.³⁴ The repeated CMS Condition-Level violations evidences the Unity Center's constant struggle since its opening to provide a safe and stable environment for mental health patients. It is not possible to know whether the Unity Center will continue to struggle in its provision of mental health care, however, if what is past is prologue, these failures will likely continue.

The Unity Center was and continues to be advertised as "A revolutionary approach to behavioral and mental health emergencies"³⁵ which, through its Psychiatric Emergency Service, would alleviate if not solve the problem of ED boarding in the larger Portland area.³⁶ This was always a questionable claim given that the Unity Center was not a new hospital reflecting new inpatient psychiatric capacity, but rather a collapse of four independent facilities into a single psychiatric facility. As a result, the opening of the Unity Center did not increase the actual supply of inpatient psychiatric beds.³⁷ Its ability to alleviate

²⁸ *Ibid*, pp. 14-15.

²⁹ *Ibid*, p. 55.

³⁰ *Ibid*, p. 57.

³¹ *Ibid*, p. 116.

³² *Ibid*, p. 124.

³³ *Ibid*, p. 125.

³⁴ Department of Health and Human Services Survey of Legacy Emanuel Medical Center, January 1, 2021, OMB No. 0938-0391, p. 1.

³⁵ Unity Center. (2019) <https://unityhealthcenter.org/>, Last Accessed, April 5, 2021.

³⁶ Farentinos, Chris. (2017) Redirecting crisis cases to dedicated services outside the ED" <https://olis.leg.state.or.us/liz/201711/Downloads/CommitteeMeetingDocument/138229>, Last Accessed April 5, 2021

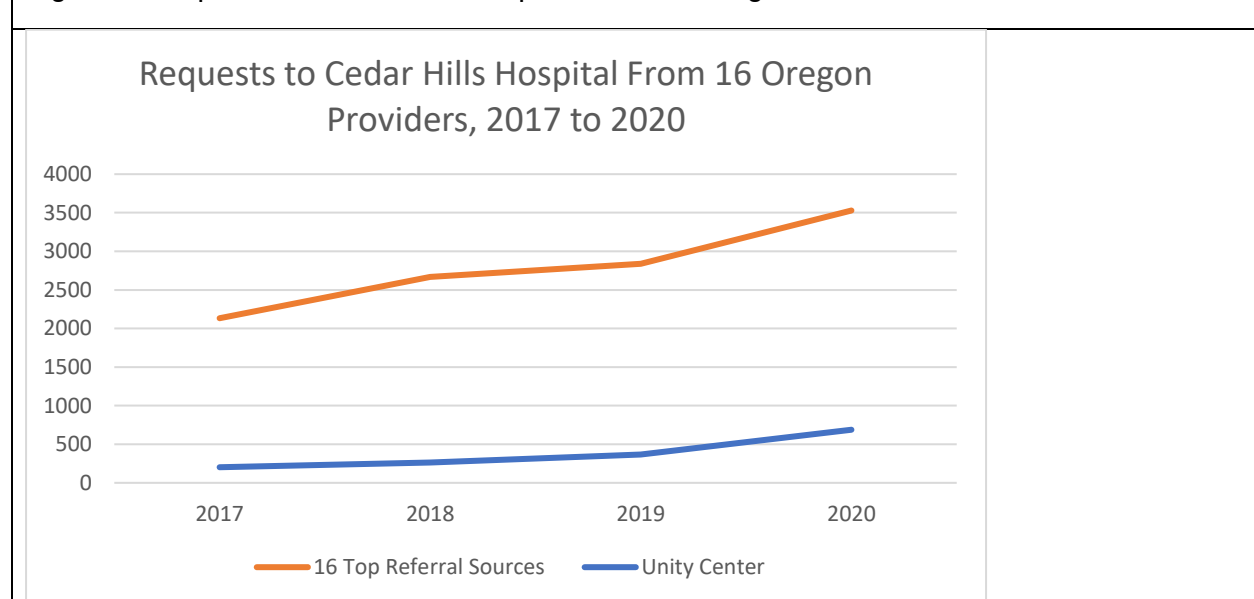
³⁷ With the opening of the Unity Center, Legacy Emmanuel Medical Center, Legacy Good Samaritan Medical Center, Oregon Health Sciences University, and Portland Adventist Medical Center closed their inpatient

the problem of ED boarding in Oregon thus rested on the assumption that the Unity Center’s Psychiatric Emergency Service would reduce the overall demand for inpatient psychiatric care through shifting individuals to lower care types.

This assumption has been revealed as false. The Unity Center’s deployment of its Psychiatric Emergency Service has not reduced demand for inpatient psychiatric care, and instead has been associated with the patient care failures documented above. Relying on the experience of Cedar Hills Hospital, as of the end of 2020, requests for inpatient psychiatric care have increased by 65 percent since the Unity Center opened in 2017. At least a third of this increase is directly attributable to requests from the Unity Center itself.³⁸ As an aside, it is either disingenuous or a betrayal of its mission to simultaneously allege quality of care issues at Cedar Hills while sending hundreds of patients there for psychiatric care. The Unity Center has thus not resulted in reduced demand for inpatient psychiatric care, and its CMS Condition Level violations have exacerbated problems stemming from the constricted supply of inpatient psychiatric beds in Multnomah, Clackamas, and Washington counties.

We present requests for Cedar Hills Hospital inpatient psychiatric care by year from 16 Oregon providers, including the Unity Center, in Figure 1 below.

Figure 1: Requests to Cedar Hills Hospital From 16 Oregon Providers, 2017 to 2020



Source: CHH Internal Data

Notes: The 16 providers include Unity Center, Adventist, Legacy Good Sam, Legacy Emanuel, Legacy Meridian Park, Prov Portland, Prov St. V, Prov Milwaukie, Prov Hood River, Prov Medford, Prov Newberg, Prov Seaside, Prov Willamette Falls, Tuality, Kaiser Sunnyside/EPS, and Kaiser Westside.

psychiatric facilities. These four facilities represented 90 adult inpatient psychiatric beds and 16 adolescent inpatient psychiatric beds.

³⁸ In 2017, the top 16 referral sources submitted 2,133 requests to Cedar Hills Hospital for inpatient psychiatric care. This included 202 requests from the Unity Center. In 2020, these providers submitted 3,529 requests, including 688 requests from the Unity Center.

The data on transfer requests from the Unity Center itself evidences the need for additional inpatient psychiatric capacity in Clackamas, Multnomah, and Washington counties. Since 2013, Cedar Hills Hospital has operated at above 80% occupancy, so if Legacy Health wishes to continue the trend of sending more and more Unity Center patients to UHS facilities, it should support rather than oppose the proposed project.

May 30, 2021

Attn: Pam L. Krecklow
Oregon Health Authority
800 NE Oregon St., Suite 465
Portland, OR 97232

RE: Approval of UHS Proposal for Psychiatric Hospital in Wilsonville, OR

Dear Ms. Krecklow:

I am writing to urge you to approve Universal Health Services' proposal of a new inpatient psychiatric facility in Wilsonville, as described in the recent Lund Report article entitled "**Critics, Including Providence, Legacy, Pan Proposed Wilsonville Psychiatric Hospital**" by Christian Wihtol. I would like to make a few counterpoints against the critics' dismissal of the need for a new comprehensive-care facility.

As noted in the Lund article, state regulations "encourage and assist community general hospitals to establish psychiatric services." This is precisely what the establishment of the Unity Center *did not do*. It promised that it would open enough crisis care beds for mentally ill people in all of the Portland metro area, but then every hospital involved in its establishment (Legacy, Providence, and especially OHSU) closed their inpatient psychiatric wards, assuming Unity would pick up the slack.

Unity did pick up the slack – and was promptly pulled over a cliff by it. The crisis in care simply moved from those hospitals to Unity, which was 1) overwhelmed by the volume of patients, 2) inadequately staffed (in terms of both numbers and training – from the Medical Director all the way down to the MAs), and 3) hampered in adapting their model of care to meet the need by their preconceived ideas. Investigative reporting by *The Oregonian* and others gave ample documentation of overcrowding leading to chaos in admissions, undertrained Unity staff who both doled out and suffered violence, and (unsurprisingly) horrific outcomes for patients seeking treatment.

The Lund article also relates the SEIU Local 47's complaints that Wilsonville is too far from the Portland metro area and a psychiatric hospital there would result in "inequities" in the delivery of behavioral health care services. This complaint makes huge, unfounded assumptions: namely, that 1) everyone who requires mental health care in the state of Oregon lives in the Portland metro area, and 2) most (if not all) Medicare/OHP recipients will have to travel south via bus lines to get there. Is the SEIU so certain there are no people in Medford or Eugene who are low-income and need mental health treatment? How about Bend, or Coos Bay? Yes, people may have to travel to get to the hospital; this is not a new problem. But, if someone on OHP

breaks their leg in Albany, at least they don't have to be Life-Flighted all the way to Portland for treatment.

I remember the days when Portland's mental health resources included the Crisis Triage Center at Providence Portland Medical Center and every local hospital had a dedicated psychiatric ward. Washington County had dedicated funding to provide subsidized and supportive housing, individual therapy, group therapy, and skills training/vocational rehab. There are a lot of reasons why these resources have all dried up, but whoever you choose to blame (Ronald Reagan, property tax limitation, NIMBYism, etc.), we currently have a need for *all* – **ALL** – of the types of resources listed above.

The evidence proving this need is all around us, but I will mention one situation in particular: Last week, I was watching KGW's local news broadcast and saw a segment on the Oregon State Hospital. **They were calling for VOLUNTEERS to come to Salem and help care for psychiatric patients**, since they were short-staffed. Training or remuneration of any kind was not mentioned. My jaw was nearly on the floor. Whether the reason was COVID (as they claimed) or not, when a state agency is desperate enough to ask the public to come volunteer at the hospital, there seems to be a need for more care, yes? Call me crazy – but that situation is way more crazy than I am.

.....

I debated with myself whether to tell my own family story in response to the Lund article... I think I will hit the highlights, so you will understand my perspective:

My family and I have lived in Portland since 1968. Both my parents worked in the mental health field in the Portland metro area from approximately 1971 to 2002. My father, Elmore E. Duncan MD, was a past president of the Oregon Psychiatric Association; he also spent a year as Medical Director of Legacy Behavioral Health Services, and both he and my mother Elizabeth (RN, MN, PMHNP) had thriving practices as part of Northwest Resource Group.

By way of cosmic irony, my older brother had a psychotic break at school in 1974 and was diagnosed with paranoid schizophrenia at the age of 14. He was able to take advantage of all of the mental health resources that were available in the community at that time (due to my parents' connections, possibly), and they were adequate and effective. With medication, institutional support, and the support of our family, my brother reached a high level of functioning in his 20s and 30s; if you had met him at that time, you would not have noticed he was mentally ill, aside from the slightly flat affect from his medication. He lived on his own; he had a job; he handled his own finances; he drove; he had his own social circle.

However, since he turned 40 (~2000), he has been on a decompensating slide. Over the past 20 years, he has lost all of the independence and skills he had gained; we

and his doctors are unsure whether this is due to a worsening or the natural trajectory of his illness, medication is inadequate/no longer working, or what. In any case, he now lives in a residential care facility managed by Cascadia Behavioral Health (which, I will just mention in passing, nearly had to declare bankruptcy in 2008 and just asked the OHA for a \$4 million bailout in January).

When he first moved in back in 2010, there were 5 staff members there during the day and no fewer than 2 staff overnight. Now, there are 2 (sometimes 3) staff members there during the day and only one at night, for a total of 29 residents. The overworked staff (who also function as residents' Medicare case managers) rely for monitoring and companionship on caregivers provided by an outside home care agency, who are paid under the DHS 1915i program. He gets precious little of the staff and caregiver time he qualifies for, and with COVID it's been even worse. His paranoia has been exacerbated by the isolation, and his circle of trusted caregivers (both family & staff) is tightening day by day. He does 'check in' by phone and talk regularly with us throughout the day; for the past 10 years, I've fielded an average of 3 calls a day from him, with about 90% delusional thought content. That's how lonely and idle he is.

Simply put, if my brother's illness continues to worsen, he is going to need this hospital. Though I believe in community-based care, I don't give a flying fig about SEIU's or Washington County DHS' concerns about making sure they get their state money - and I will be damned if I'm going to send my brother to Unity, where he may wait in chairs for **days** to be seen by an **inept, overworked** provider while he's surrounded and threatened by other psychotic people. That is Not. Happening.

This hospital is most definitely, desperately needed as a part of the restoration of mental health care resources in Oregon. Please don't stand in its way; please don't make my job as a family caregiver more difficult at this stage than it already is.

I beg you.

Yours sincerely,

Kathleen L [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



Legacy Health

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June 22, 2021

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RE: Certificate of Need submitted by NEWCO Oregon, Inc., Universal Health Services, dba Willamette Valley Behavioral Health

Dear Mr. Gilman and Ms. Krecklow:

On April 30, 2021, Legacy Health submitted comment on the Certificate of Need (CN) application of NEWCO Oregon, Inc. which proposes to establish a new psychiatric hospital in Wilsonville. After review of all public comment to date, including NEWCO's April 29 letter and May 17, 2021 response to our original April 30 letter, Legacy Health here within provides additional comment. This additional public comment responds only to the two NEWCO letters. Legacy Health's interest is in assuring that the record is correct and complete.

Legacy Health notes that the record as of June 15 contains about 168 letters. 36 of these letters oppose the project and are offered mostly by providers and policy leaders in the State. The letters provide substantive data and rationale detailing the concerns with the NEWCO proposal. In contrast, of the approximately 130 remaining letters, 99, or 75% are nearly identical form letters and do not add to the data or substance needed for OHA to perform its review. Further, another 33 of the letters, including 9 that are counted within

the 99 form type letters, have signatures that are redacted. We understand and respect that the authors request privacy but are concerned because the authenticity and provenance of these letters cannot be verified.

The bottom line is that the current NEWO proposal continues to fail the criteria for issuance of a CN. Specifically, there is no numeric need for additional acute or psychiatric beds in Washington County; the project will not result in any genuine improvement in patients' reasonable access to services; the project does not represent the most efficient and least costly alternative; there will be challenges in identifying sufficient qualified personnel to support the project; the project does not have an appropriate relationship to its service area; the project does not have acute care backup; and the project will have an unacceptable impact on the cost of healthcare. The project is also contrary to the Governor's Council's vision for the delivery of a comprehensive behavioral health network in the State. The data and facts to substantiate these deficiencies were included in Legacy Health's April 30 submittal. Other than arguing that OAR 333-590 allows for certain projects absent numeric need, neither the April 29 letter (which predates the Legacy submittal) nor the May 17 letter refute that the project is inconsistent with OAR requirements and the Governor's Council explicit vision and priorities.

A. Responses to NEWCO's April 29, 2021 Letter

NEWCO's April 29 letter was written and submitted prior to Legacy's April 30 submittal. The letter contains comments in five areas: access, need, community engagement, staffing/workforce availability, and quality of care. In this letter, we limit our comments to Access and Need.

i. Access

a. Underservice to Medicaid

NEWCO states (page 6) that it is disadvantaged in entering into agreements with payers related to Medicaid for two reasons. First, it is an IMD, and that designation limits its ability to serve residents aged 18-64, and secondly, CCOs have generally not been interested in contracting with Cedar Hills, and have not expressed interest in the proposed Wilsonville hospital.

NEWCO suggests that the newly approved State SUD (Substance Use Disorder) 1115 waiver will allow it to serve more Medicaid patients. The Medicaid Policy section of OHA's website declares the State's SUD as follows:

We believe substance use disorder is a chronic condition that needs long-term comprehensive care and support. Oregon envisions a person-centered and recovery-oriented system that supports prevention, treatment and ongoing support for sustained recovery.

The website further states that pre-waiver Oregon could not use Medicaid funds to pay for residential treatment in facilities with more than 16 beds. Most of Oregon's residential treatment facilities are more than 16 beds and solely state-funded.

Per the waiver application:

*To transform Oregon's SUD system, the state is requesting a five-year waiver demonstration project for its SUD delivery system under section 1115 of the Social Security Act, entitled "Oregon Health Plan SUD Demonstration." Oregon is requesting approval from CMS through this waiver application to claim Federal Financial Participation **for services provided at SUD residential settings (emphasis added)** that have been designated as IMDs. This will ensure continued access to treatment and continuity of care for individuals with the most intensive treatment needs who reside in IMDs.*

This demonstration project will build on Oregon's efforts to develop the SUD continuum of care throughout the state and show the impact of the full continuum of care for SUD individuals, from pretreatment and crisis intervention, through active treatment, and into recovery support, including those in need of intensive residential and withdrawal settings, and post treatment through recovery support services.

The intent of the SUD 1115 waiver is to fund residential supports, programs and facilities (regardless of bed size). And, although this waiver "allows" the use of Medicaid funds for residential SUD facilities with greater than 16 beds, it does not require that CCOs contract with those facilities.

NEWCO is not proposing to be a residential facility, and the record contains no information suggesting that it is proposing to care for patients with a primary substance use disorder. The NEWCO application is for an acute psychiatric hospital. The SUD 1115 waiver should have no bearing on the Application that is the subject of this public comment. There are no assumptions in the current CN record about a dedicated substance use program, which are under OAR 333-600, not OAR 333-615. There is no description regarding SUD programming or staffing, there are no estimates of beds needed for this population, and there are no financial assumptions in support of such a program. Further, because NEWCO does not have a dedicated Emergency Room or medical directorship, there is no reference to medical detox.

Should NEWCO desire, at this late point in time, to change its application, it should be required to withdraw and re-start the process. If it chooses not to, the OHA must find that the application does not contain sufficient data to confirm need or financial feasibility. Conversely, NEWCO could avoid CN review and become an intensive residential and withdrawal setting.

Table 1 of NEWCO's April 29 letter also suggests that in one year, Cedar Hills increased its patient days from 16% Medicaid to nearly 27%. The record (page 8) suggests that Cedar Hills currently has CCO contracts in place with Yamhill CCO, Trillium South CCO (Lane,

Western Linn, and Douglas County), Intercommunity Health Network (Linn, Benton, and Lincoln Counties) and Trillium North (a small portion of the metro area). However, these CCOs do not represent the majority of people covered by Medicaid in the Service Area for either Cedar Hills *or* NEWCO's proposed hospital. There are no agreements in place with the CCOs covering the majority of Multnomah, Clackamas and Washington counties and also Marion and Polk counties, and so its ability to serve Medicaid remains questionable. Further, we have questions about this table. Without answers, neither Legacy Health nor the general public can fully comment on the application. Importantly, OHA also will find that it cannot fully evaluate the project.

Questions include (without limitation):

- What percentage of these patients are from Oregon?
- Which CCO or other organization are the payers in both 2019 and 2020 for the patients categorized as Medicaid?

ii. Need

- a. There is a Surplus of General Acute Care Beds and Adding More Inpatient Behavioral Health Beds will not Resolve the Current System Issues.*

At page 11, NEWCO concedes that there is no numeric need under OAR 333-590, but argues that “unusual circumstances of non-availability, access and less costly alternatives” allow OHA to approve the project. NEWCO further argues in vain that a new inpatient psychiatric hospital is not “fundamentally misaligned with Oregon’s strategic vision for behavioral health”. A key metric it uses to suggest need (p. 13) is a target bed ratio of 32.5 beds per 100,000 residents. This ratio significantly overstates the actual west coast bed to population ratio and ignores the preference and vision for the State of Oregon.

NEWCO's April 2021 response indicates that information regarding the source for the 32.5 bed to population ratio came from pages 7-9 of its 9/18/2019 completion response. The 32.5 is overstated because it is based on a simple average of the five States. By not weighting the data by actual population counts, NEWCO has overstated the average ratio. A corrected ratio is 23.2 beds per 100,000 population and using the NEWCO data found in the 9/18/2019 response, Oregon is actually *14% higher* than the five state average ratio and NEWCO's rationale must be rejected.

More importantly, NEWCO misinterprets OAR 333-590 and OAR 333-615. The pertinent sections of OAR 333-590 state:

[333-590-0050](#)

Bed Need Methodology for Proposed New Hospitals.

...

(12) If the result of section (11) of this rule indicates that added beds may be needed in the proposed hospital service area, an applicant for a new facility shall weight its against the availability of beds at other facilities within 50 miles by road of the proposed facility's location and against the feasibility of alternative health care services, under OAR 333-590-0060.

(13) A certificate of need will be issued to meet the indicated need based on sections (11) and (12) of this rule, if supported by provisions of OAR 333-590-0060 and the division's findings on the criteria in division 580.

(14) If the number of beds proposed at the applicant facility cannot be justified under these general acute inpatient rules, a certificate of need for new specialty beds will not be issued unless an adjustment is indicated because conversion of other beds to sufficient specialty beds to meet calculated specialty bed need is not architecturally and economically feasible.

And

[333-590-0060](#)

Relationship of Proposed New Hospitals to Existing Health Care System

*An applicant proposing a new acute inpatient facility, rather than replacement or expansion of an existing facility, must weigh its plans against the availability of beds at existing, reasonably accessible facilities, especially those within the proposed service area of the applicant; **and against the feasibility of development of alternative facilities and services.** To develop a quantitative estimate of the situation, the following methodology will be used. . . .*

(11)... the division may consider proposed findings of need and feasibility, taking into account such factors as:

(a) At least 70 percent of the population to be served is more than 50 miles by road from the nearest hospital with 45,000 patient days or more in the most recent year for which data are available;

(b) Population base sufficient to sustain the new facility or service;

(c) Community effectively isolated from reasonable access to acute care services, given road and weather conditions;

(d) Financial condition of applicant adequate to handle consequences of failure of facility or service to open or to stay open, without financial impact on proposed population to be served;

(e) Whether the proposed service(s) and bed capacity(ies) represent the least costly approach, in relation to capital and operating expenses, to meet acute inpatient care need;

(f) Whether the facility, sized as required under subsection (e) of this section, is designed so that future expansion would be architecturally feasible;

(g) Restrictive admissions policies;

(h) Access to care for public paid patients;

(i) Restrictive staff privileges and/or denial of privileges at existing and proposed facilities.

NEWCO has made no arguments about distance, physical isolation or about restrictive admission policies, access to Medicaid, and restrictive staff privileges at existing providers.

In a very recent Administrative Proceeding, OHA program staff (Steve Robison) confirmed that 590 requirements are integral to a new psychiatric hospital being approved¹.

Q You testified that you reviewed approximately 20 certificate of need applications. Did any of those involve the application of a specialty inpatient facility like we have -- I mean, not the exact type, but another general acute patient inpatient care facility?

*A Yes. That's -- psychiatric would be the most recent of that. I've done one that's complete and one that is still outstanding for psychiatric. That's an application of specialty rules. So, that, in some ways, is difficult to apply the lessons from that, because for behavioral healthcare, we have evidence that community-based care, family-based care, local care is superior in outcome as opposed to something like stroke where, you know, this is a highly specialized medical service, you don't want it diffused out locally. You want it done at centers of excellence, locations with a lot of resources and specialists. So, that -- that's a difference. The other thing is how the specialty bed needs for psych treat, looking at the 590 rules, the psych specialty rules pretty much tell you to go exactly through the 590 methodology. It's not the language of 645 for rehab that says consistent where applicable, and it just tells you to do the 590 analyses. **And then if the 590 analysis doesn't return a need for that general bed, a psych bed is a general bed, there's some other special considerations and hoops to jump through to consider approving an application...***

Those “hoops to jump through” can be found at OAR 333-615, Demonstration of Need for Psychiatric Inpatient Beds. For additional comment and reference, please refer to Section B of this letter.

¹ Transcript of Video Teleconference Proceedings In the Matter of OAH Case No.2020-OHA-11952, CN #680, 2020-OHA-11950; CN #679” (“Transcript”), See Robison, Transcript 180-181.

B. Response to NEWCO's May 17, 2021 Letter

Section 4 of NEWCO's May 14 letter contains its response to the Legacy Health April 30 letter. While NEWCO dismisses Legacy Health's arguments as having no merit, the facts speak for themselves, and both individually and collectively demonstrate that the project should be denied.

a. Lack of Need

Here, as it did in its April 29 letter, NEWCO agrees that the required application of OAR 333-590 demonstrates no need. On page 8, NEWCO alludes that there are "unusual circumstances" that would allow the project to be approved. While not referencing OARs, Legacy Health assumes that NEWCO is referencing OAR 333-615-0030, and specifically:

(4) General considerations applicable to review of need for psychiatric inpatient beds include the following:

*(a) As with hospital inpatient beds in general and in other specialties, new psychiatric beds, whether general or subspecialty, **except under unusual circumstances with respect to nonavailability, access and less costly alternatives, shall not be approved if the net effect of the project would be additional licensed short-term acute inpatient capacity (other than state Addictions and Mental Health Division operated or federal hospital beds) in the psychiatric service area, unless additional acute hospital beds are justified in that area by the criteria for acute inpatient beds in division 590 of this chapter.** The principles and methods in division 590 shall apply in reviewing applications for psychiatric beds to the extent that the issues involved are not addressed in this division;*

(b) Unusual circumstances shall be determined in relation to an evaluation of the feasibility of meeting service area needs by the higher priority methods indicated in OAR 333-615-0040;

OAR 333-615-0040, Availability of Alternative Uses for Resource, identifies the OHA's principles for meeting any identified bed need, and the development of a new hospital is the lowest priority.

1) The methods of meeting acute psychiatric bed need, in order of preference, shall be:

(a) Conversion of existing licensed space to purposes of psychiatric treatment where such conversion is feasible to provide an adequate inpatient program at less cost than building new licensed space, especially when the average daily census for the facility as a whole for the most recent year ending September 30, converted to expected peak occupancy under the methods of [OAR 333-590-0050 \(Bed Need Methodology for Proposed New Hospitals\)](#)(8) and (9), does not exceed the current licensed number of beds at the facility;

(b) A project resulting in the smallest feasible net increase in acute licensed capacity within an existing general hospital or specialty hospital license, especially when the average daily census to the facility as a whole, for the most recent year ending September 30, converted to expected peak occupancy under the methods of [OAR 333-590-0050 \(Bed Need Methodology for Proposed New Hospitals\)](#)(8) and (9), equals or exceeds the current licensed number of beds at the facility;

(c) A separately licensed new psychiatric hospital, not part of a general hospital, that will provide adequate psychiatric inpatient care at the most reasonable charges per day and per spell of treatment, for care that must be rendered on an inpatient basis, taking into consideration the factors in [OAR 333-615-0000 \(General\)](#)(2).

NEWCO offered the following as unusual circumstances:

- A behavioral health crisis and access to inpatient beds and outpatient psychiatric programs.
- ED boarding of mentally ill patients.
- Unity has not alleviated the need for inpatient psychiatric beds.
- The shortage of inpatient psychiatric beds in the State.

However, NEWCO did not fully address OAR 333-615, including OAR 333-615-0040 (Availability of Alternatives) and 333-615-0050 (Quality and Costs). The fact is, other than the Service Area (which is now smaller), NEWCO has put forth a nearly identical argument as to what it offered in its application that OHA denied in 2017. The denial was predicated on a lack of need. The excerpt below is from the OHA's July 6, 2017, Final Decision on the NEWCO original CN filing:

I. *Need for the Proposed Facility: OAR 333-580-0040*²

1. *Criterion: Does the service area population need the proposed project? OAR 333- 580-0040(1).*

OHA Findings: No, the service area population does not need the proposed project.

This criterion requires the applicant to use particular indicators and specific standards and methodologies to determine the appropriate service area and to determine whether there is a need for both general acute care beds and psychiatric beds within the service area.

The applicant has not met its burden with regard to either identifying the population to be served or the bed-need within the proposed service area. The applicant has proposed a service area that for general acute care beds is too large given the likely market share. With regard to the

² Only the applicable criteria in the CN rules are called out in the summary.

service area for psychiatric beds, the proposed tri-county area of Multnomah, Washington and Clackamas Counties is also too large and the more appropriate service area would be a single county service area.

The applicant concedes there is no need for general acute care beds in its identified service area. In determining whether there is a need for inpatient psychiatric beds, there is a preference under the state law that these beds be in local community hospitals. OAR 333-615-0020. In addition, the applicant must meet its burden of showing why there are not alternative ways to meet the need for psychiatric services, other than inpatient beds. The applicant has not met its burden for all the reasons more fully set out in the attached analysis, but in sum:

- *The state is concentrating efforts on community-based care for the mentally ill and de-emphasizing hospitalization.*
- *The opening of the Unity Center in Portland, with a psychiatric emergency department will alleviate the need for transfers to a new inpatient psychiatric facility.*
- *There is no foreseeable general inpatient bed need in the service area.*
- *The applicant has not demonstrated that there is a lack of alternatives to its proposal.*
- *There is a lack of support from Coordinated Care Organizations (CCOs) for the proposed project.*

Each of these reasons for denial are still relevant today. What NEWCO continues to fail to recognize is that the “crisis” has to do with a critical lack of lower level/less intensive services and facilities, not inpatient hospital beds. This factor, coupled with the DOJ’s Performance Plan related to civil commitments, and the lack of an Emergency Department at Cedar Hills, has pushed the system to the limit. But more inpatient beds are not the answer: The answer is more beds for civilly committed and more residential options; as the report to the Governor states, only when these exist will demand for inpatient beds decrease.

The data Legacy Health submitted with its April 30 letter demonstrates that Unity has reduced ED waiting times throughout the region. The current high occupancy at Unity is wholly attributable to civilly committed patients occupying beds because there are no available discharge options. This in turn, means that Unity daily sends out requests for new admissions to every acute psychiatric provider (explaining why Cedar Hills reports a high increase in referrals). As noted in our April 30 letter, Cedar Hills has a low rate of acceptance of our patients, and particularly with the patients that have are Medicaid or charity care referrals. To state this more succinctly, Unity’s front door (the emergency room) is always open, and the sole reason that its inpatient beds are full or closed is because they are filled with civilly committed patients. A back-door, or discharge

disposition of residential options and options for civil commitments, would end the high occupancy problem at Unity overnight.

NEWCO also discusses that a new hospital will allow it to expand its outpatient offerings. Outpatient services do not trigger prior CN review and NEWCO's parent could expand its outpatient services at Cedar Hills.

a. Cedar Hill's Limitations on Admissions by Payer

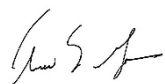
NEWCO argues that Cedar Hills has historically been shut out of the CCO referral and reimbursement, but it fails to connect that this has occurred because of cost and quality concern. It also alludes that Unity Center, for which 54% of its patient days are Medicaid, has quality issues.

Figure 1 on page 14 of the letter is misleading in that it is the practice of Unity to send packets to every psychiatric provider in the region for patients needing an acute psychiatric hospitalization. However, we have been told that Cedar Hills prefers commercial packets over Care Oregon packets and that they are not able to accept our most acute PES patients or those with a dual diagnosis.

Unity Center is substantially different than Cedar Hills; and it has made a difference. Its PES has reduced demand for inpatient care. Inpatient psychiatric care presents operational challenges daily; and both Unity and Cedar Hills have been cited by Medicare. That said the two facilities could not be more different: Unity has a 24/7 emergency department and accepts all. Unity is urban and serves a disproportionate share of the chronically and persistently mentally ill, as well as those that are homeless or housing insecure. Unity also receives a disproportionate share of civilly committed patients. In contrast, Cedar Hills is suburban and does not appear to have high volumes of those that homeless or those that are chronically and persistently mentally ill; as we know from the daily requests sent from the Unity ED, it is selective in the patients it accepts. It has no ED (and therefore does not receive admissions directly from the police or from EMS). These differences mean that the population served does not match the population of highest need across the local community. Thus, a new UHS facility would not address the current population mix of those needing care including those who are civilly committed. It would place an undue burden upon the hospital-based facilities in the acuity of the patient mix, the lengths of stay and skew the payer mix.

Thank you for the opportunity to submit this additional public comment.

Sincerely,



Trent Green,
Senior Vice President and Chief Operating Officer



July 14, 2021

Pam Krecklow
Health Facilities Consultant & Certificate of Need Coordinator
Oregon Health Authority
800 NE Oregon Street,
Portland OR 97232

RE: Additional Responses to Legacy June 22, 2021 Public Comments Regarding NEWCO's Request to Establish a 100-Bed Inpatient Psychiatric Hospital in Wilsonville (CN #682)

Dear Ms. Krecklow:

On April 30, 2021 and May 17, 2021, we provided responses to public comments received as of those dates. Since then, the Oregon health Authority ("OHA") has posted additional public comments from Legacy Health. It is our understanding the OHA permits us the additional opportunity to respond to these newer comments until the date of its proposed draft decision. In this context, and on behalf of UHS, I have provided additional, summary responses to these public comments regarding our request to develop and operate a 100-bed freestanding psychiatric hospital---NEWCO Oregon, Inc., DBA Willamette Valley Behavioral Health ("WVBH") --in Washington County, Oregon.

Thank you in advance regarding this important certificate of need request.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Escarda". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Ron Escarda
CEO & Group Director of the Pacific Northwest
Universal Health Services

1. Introduction

On April 15th, the Oregon Health Authority (OHA) held a public hearing to receive public comments on the proposed Willamette Valley Behavioral Health (WVBH) request (Certificate of Need Application #682). In addition to the public meeting, as of June 1, 2021, over 100 letters of support and 36 letters of opposition were submitted to OHA related to the proposed project prior to April 23. Of these 36 letters of opposition, 25 came from anonymous individuals, 6 from healthcare organizations, and 5 from mental health or other lobbying groups. We provided responses to these opposition letters in our April 29, 2021 and May 17, 2021 public comments. Since that date, the OHA has reported additional public comments from Legacy Health (“Legacy”). These points of opposition echo those in the April 30, 2021 public comments from Legacy, however continue to push false arguments to which we feel are important to respond. As we discuss below, Legacy Health presents arguments which misunderstand the OARs and the WVBH proposed project and arguments, ignores the importance of state-level rules and regulations in determining inpatient psychiatric bed supply, and presents a Panglossian view of its Unity Center which, contrary to the evidence-less assertions from Legacy, has not improved access to inpatient psychiatric services. We list the additional arguments of opposition from Legacy below along with our response.

Legacy Assertion 1: WVBH has too few CCO contracts, and the newly approved Oregon SUD 1115 waiver would not apply to the proposed project so would not allow it to serve more Medicaid patients.

The assertion from Legacy that the proposed project will not treat enough Medicaid-sponsored patients is a reproduction of prior questions from the earlier public comments. As outlined in our April 29, 2021 and May 17, 2021 public comments, this issue was raised by the OHA multiple times and in multiple ways across its three completeness letters. Within these responses and our application, we have stated, and provided extensive data documenting, that Cedar Hills Hospital, as proxy for the proposed project, serves significant numbers of Medicaid sponsored patients, and per EMTALA, is blind to patient insurance status and financial situation in its assessment process. Within our April 29, 2021 public comments, we provided additional data showing documenting Cedar Hills Hospital patient days reflect a large and growing proportion of Medicaid patients. In 2020, Medicare and Medicaid sponsored patients comprised over half of all patient days at Cedar Hills Hospital. As Cedar Hills Hospital has obtained access to CCO contracts in Oregon, its payer mix has approached that of the UHS facilities in Washington State.

Legacy asserts that the CCOs which Cedar Hills Hospital has contracts with “do not represent the majority of people covered by Medicaid in the Service Area for either Cedar Hills or NEWCO’s proposed hospital” and so the ability of the proposed project to serve Medicaid patients remains questionable.¹ However, between these CCO contracts, care to individuals aged 65+, and non-reimbursed care, Medicaid-sponsored patients accounted for 16.4% of all patient days in 2019 and 26.9% of all patient days in 2020 at Cedar Hills Hospital.²

¹ Legacy June 22, 2021 Public Comments, p. 4.

² Fairfax Behavioral Health April 29, 2021 Public Comments, p. 6.

Contrary to the implication from Legacy, most of these patient days were for Oregon residents. For 2019, of the 4,762 patient days for Medicaid-Sponsored patients, 4,318 (90%) were from Oregon residents. These included individuals sponsored by Willamette Valley Comm Health, Yamhill CCO, HealthShare of Oregon, Western Oregon Advanced Health, Intercommunity Health Network CCO, Allcare CCO, Trillium Community Health Plan, Columbia Pacific CCO, Jackson Care Connect, Eastern Oregon CCO, Umpqua Health Alliance, Cascade Health Alliance, and Oregon Medicaid Open Card. For 2020, of the 7,732 patient days for Medicaid-Sponsored patients, 7,162 (93%) were from Oregon residents. These included individuals sponsored by Yamhill CCO, HealthShare of Oregon, Advanced Health, Intercommunity Health Network CCO, Allcare CCO, Trillium Community Health Plan, Columbia Pacific CCO, Jackson Care Connect, Eastern Oregon CCO, Umpqua Health Alliance, Pacific Source CCO, Cascade Health Alliance, and Oregon Medicaid Open Card.

As stated in our May 17, 2021 public comments to a similar question by Legacy Health, we expect that WVBH will be able to be reimbursed by Oregon Medicaid fee-for-service and managed care for adolescent and older adult patient care, but not for patients 18-64 years. Since there exist 24 beds for elderly individuals and 16 beds for adolescents which would be eligible for Medicaid reimbursement regardless of program, at least 40% of the inpatient psychiatric bed capacity is not subject to the IMD exclusion referenced by Legacy in its public comments, and likely more depending on the proportion of Medicaid-sponsored adults admitted for SUD treatment, as described above. To meet the expected 12.8% of Medicaid patients, it would only be necessary that approximately a third of the adolescent and elderly patients were Medicaid-sponsored.³

The counterargument from Legacy in its June 22, 2021 public comments, that “The SUD 1115 waiver should have no bearing on the Application that is the subject of this public comment,”⁴ completely misses the point. Based on our understanding of the Section 1115 Waiver Application, the waiver would also apply to the proposed project, as the waiver is permissive of Cedar Hills Hospital participating.⁵ However, the applicability of the waiver is not necessary for either the proposed project to hit the assumed Medicaid proportion of patients of 12.8%, nor is it necessary for the proposed project to meet the OAR requirements related to access.

Legacy Assertion 2: The proposed project relies on a target bed ratio which should be weighted by population.

Legacy asserts that the target bed ratio used by WVBH in its application and completeness responses “significantly overstates the actual west coast bed to population ratio and ignores the preference and vision for the State of Oregon” because it is based on a simple average of the five States and not weighted by population counts.⁶

However, Legacy does not explain why it believes it is necessary to weight the bed ratios by population. The method proposed by Legacy of weighting by state populations aggregates all beds across the five NW States (3,440), then divides by the total population across those states (14,851,3681). This method

³ Fairfax Behavioral Health May 17, 2021 Public Comments, p. 9.

⁴ Legacy June 22, 2021 Public Comments, p. 3.

⁵ Legacy’s comments regarding OAR 333-600 do not apply. WVBH is proposing a 100-bed inpatient psychiatric hospital which will also be capable of providing substance abuse treatment for dual-diagnosis patients.

⁶ Legacy June 22, 2021 Public Comments, p. 4.

of a population-weighted average proposed by Legacy is not appropriate for two reasons. First, bed to population ratios tend to be higher in less densely populated states. As such, weighting by population will amplify the bed ratios in relatively densely populated states and mute the bed ratios in relatively sparsely populated states. Second, this method ignores the importance of state administrative rules and regulations, and the impact of those regulations on the supply of inpatient psychiatric beds. For these two reasons, the simple average across states is a more reliable benchmark than the population-weighted average proposed by Legacy.

Legacy Assertion 3: The proposed project misinterprets OAR 333-590

Legacy posits WVBH misinterpreted OAR 333-590, citing sections from OAR 333-590-0050(12)-(14) and OAR 333-590-0060(11) that it claims WVBH failed to adequately address.

OAR 333-590-0050

“(12) If the result of section (11) of this rule indicates that added beds may be needed in the proposed hospital service area, an applicant for a new facility shall weight its against the availability of beds at other facilities within 50 miles by road of the proposed facility’s location and against the feasibility of alternative health care services, under OAR 333-590-0060.”

Legacy does not acknowledge WVBH’s response to OAR 333-590-0050(12) provided in Application Exhibit 11, stating: “This step is not applicable as the findings presented in Table P does not show need for additional acute care beds.”⁷ Legacy’s comments repeatedly mention how the quantitative methodology under OAR 333-590 does not show need for additional acute beds, yet it criticizes WVBH for stating a question is not applicable because the OAR clearly states that it is only for instances where the quantitative methodology returns an indication of need.

“(13) A certificate of need will be issued to meet the indicated need based on sections (11) and (12) of this rule, if supported by provisions of OAR 333-590-0060 and the division’s findings on the criteria in division 580.

(14) If the number of beds proposed at the applicant facility cannot be justified under these general acute inpatient rules, a certificate of need for new specialty beds will not be issued unless an adjustment is indicated because conversion of other beds to sufficient specialty beds to meet calculated specialty bed need is not architecturally and economically feasible.”

OAR 333-590-0050 (13)-(14) is for OHA’s review based on the totality of information provided in an applicant’s application and responses. For example, OAR 333-590-0050 (13) references the other sections to be used by OHA to evaluate this subcriterion (e.g. OAR 333-590-0060 and OAR 333-580). Further, throughout the CN application process WVBH has repeatedly provided information and documentation relevant to OAR 333-590-0050 (14) for OHA to determine that conversion of other beds to sufficient levels of inpatient psychiatric beds are not feasible. As summarized in Application Exhibit 11, “In summary, general acute care and psychiatric care require fundamentally different resources and care delivery models; they are not interchangeable.” In 2008, OHA approved 36 beds for Cedar Hills

⁷ WVBH Application. p. 432.

Hospital, finding that "[t]he applicant has demonstrated ... a finding of need for further psychiatric inpatient beds in the proposed Service Area ... to ensure the continued availability of psychiatric beds on demand in the tricity area ... the applicant is proposing to serve a presently unmet need that is likely to continue into the future."⁸ Available data demonstrates there has been no significant adult inpatient psychiatric bed expansion in recent years with the exception of Cedar Hills. WVBH's demonstration of 'Unusual Circumstances' of non-availability, access, and less costly alternatives of inpatient psychiatric beds used in its analysis of OAR 333-615 is also integrally linked to demonstrating the supply and configuration of inpatient beds in the region cannot feasibly address inpatient psychiatric beds needed by the community in the future.

OAR 333-590-0060

Legacy either failed to recognize that WVBH completed 333-590-0060 in Application Exhibit 11 or it misconstrues the OARs to artificially depict the WVBH application as being incomplete. In its June letter, Legacy listed supposed missing arguments from WVBH's application.

"NEWCO has made no arguments about distance, physical isolation or about restrictive admission policies, access to Medicaid, and restrictive staff privileges at existing providers."

However, upon review of what WVBH included in its Application Exhibit 11, it is clear that Legacy's assertions are misleading and unsupported by the actual application record. Using the topic of "distance" as an example, see 333-590-0060(11)(a) below.

OAR 333-590-0060(11) "(a) At least 70 percent of the population to be served is more than 50 miles by road from the nearest hospital with 45,000 patient days or more in the most recent year for which data are available;"

Legacy states that WVBH did not address this issue, but that is incorrect. WVBH states in Application Exhibit 11 that 333-590-0060(11)(a) "...is not applicable". As shown in Table Q from Application Exhibit 11 used in the 333-590-0060 analysis, Providence St. Vincent Medical Center provided 104,591 patient days in 2017---the most recent acute care data available at the time of the application. Further, there are several other hospitals in Multnomah County with patient days above 45,000 (e.g. Legacy Emanuel Medical Center, OHSU Hospital, etc.). Therefore, this subsection is not applicable as the population served is not more than 50 miles by road from the nearest hospital with 45,000 patient days.

Similar findings can be found when reviewing the other elements highlighted by Legacy. For example, "access to Medicaid" is addressed in WVBH's OAR 333-590-0060 analysis by referencing discussion included in 333-580-0050(3)(b). Regarding "restrictive admission policies" and "restrictive staff privileges", WVBH also addressed those in its 333-590-0060 analysis by providing admission policies and discussion of staff privileges for UHS, which includes both the existing Cedar Hills facility in the community as well as the proposed WVBH facility.

⁸ Oregon Department of Human Services, Public Health Division, Review of Ascend Health Corporation CN #654, May 5, 2008. Page 16.

Steve Robison Testimony

Following its statements regarding OAR 333-590-0060, Legacy's cites testimony from OHA program staff, Steve Robison, concerning OAR 333-590 and its applicability to application proposing development of inpatient psychiatric hospitals. Replicated below is the bolded section of Steve Robison's testimony from Legacy's June 2021 comments.

"And then if the 590 analysis doesn't return a need for that general bed, a psych bed is a general bed, there's some other special considerations and hoops to jump through to consider approving an application..."

WVBH agrees with Mr. Robison's testimony which is why it completed the application in the manner it did. WVBH's application is entirely consistent with Steve Robison's testimony:

1. WVBH completed the 590 analysis and found it didn't return quantitative estimates of need for general inpatient acute care bed; and
2. WVBH proceeded to complete its analysis for OAR 333-615 demonstrating need for inpatient psychiatric beds (i.e. 'hoops to jump through'). See the following section, *Legacy Assertion 4*, for a discussion of Legacy's comments on WVBH's adherence to OAR 333-615.

Legacy Assertion 4: The proposed project did not fully address OAR 333-615, including OAR 333-615-0040 (Availability of Alternatives) and 333-615-0050 (Quality and Costs)

As outlined in OAR 333-615-0040, the methods of meeting acute psychiatric bed, in order of preference, are:

1. Conversion of existing licensed space to purposes of psychiatric treatment;⁹
2. A project resulting in the smallest feasible net increase in acute licensed capacity within an existing general hospital or specialty hospital license;¹⁰
3. A separately licensed new psychiatric hospital, not part of a general hospital, that will provide adequate psychiatric inpatient care at the most reasonable charges per day and per spell of treatment, for care that must be rendered on an inpatient basis.¹¹

Within our application and completeness responses, and as cited by Legacy in its public comments, we have provided multiple reasons and evidence for why the conversion of existing licensed space or expansion of an existing hospital are not available alternatives to the proposed project. For clarity and convenience, we summarize these statements under each of the above alternatives.

Alternative 1: Conversion of existing licensed space to purposes of psychiatric treatment

Since neither Fairfax Behavioral Health nor UHS operate acute care hospitals within the planning area, this alternative relates to the ability and willingness of other planning area providers to convert existing inpatient acute care beds to inpatient psychiatric beds. As documented in our application and completeness responses, in 2019 there existed a 357-bed surplus for acute care beds in Washington

⁹ OAC 333-615-0040(1)(a)

¹⁰ OAC 333-615-0040(1)(b)

¹¹ OAC 333-615-0040(1)(c)

County.¹² However, the existing planning area providers have either been unwilling or unable to convert this existing surplus acute care capacity to inpatient psychiatric capacity. We do not know why planning area providers such as Legacy Health have been unable or unwilling to convert existing inpatient acute care capacity to inpatient psychiatric capacity despite the need for additional inpatient psychiatric beds. As stated in our application, “The ED boarding crisis serves as one example that there are not suitable alternatives to care. The presence of ED boarding exists despite every incentive by the patient, providers, and others to find any possible appropriate alternative. This further validates the position that acute inpatient psychiatric care is a specialized set of services that is complemented, but not substituted, by other services comprising the behavioral health continuum.”¹³

Traditionally, the OHA, and apparently Legacy Health, hold the position that inpatient psychiatric bed need can be met by conversion of existing acute care inpatient bed capacity and evaluates Certificate of Need applications for inpatient psychiatric facilities against this assumption. However, as documented in our application, completeness responses, and public comments, experiences of recent years have exposed the falsity of this assumption, and its employment has contributed to the current mental health crisis which Oregon State now faces. Under this standard, because all acute care providers maintain excess acute care bed capacity, no new inpatient psychiatric facilities qualify for Certificate of Need approval without showing the “unusual circumstance” of provider inability or unwillingness to convert existing acute care beds to inpatient psychiatric beds. The approval or disapproval of all certificates of need for inpatient psychiatric beds within the last ten years has rested on the applicant’s ability to demonstrate these unusual circumstances.

This at least partially informs the failure of inpatient psychiatric bed supply to respond to present and increasing excess inpatient psychiatric bed demand, which we document below. Despite the current acute care bed capacity, which in principle could be converted to inpatient psychiatric bed supply, there exist unusual and extenuating circumstances preventing that from happening. Legacy has provided no evidence to rebut these arguments, or explanation for why its own acute care hospitals have been unable to convert a relatively large acute care capacity to inpatient psychiatric care.¹⁴ Based on 2017 Oregon discharge data, we calculate occupancy rates equal to 55% for Legacy Emanuel, 26% for Legacy Good Samaritan, 54% for Legacy Mount Hood, and 59% for Legacy Meridian Park.¹⁵ This same year, Cedar Hills Hospital and Legacy Unity Behavioral Health had occupancy rates over 80%.¹⁶

Lastly, as discussed in our August 18, 2020 completeness response, COVID-19 has exacerbated this issue, emphasizing the non-substitutability between inpatient acute care and inpatient psychiatric beds. Overburdened acute care hospitals were not particularly likely to allocate their extra capacity to inpatient psychiatric care prior to the COVID-19 crisis, and completely unable to do so during the pandemic.¹⁷

¹² WVBH Supplemental Response, p. 10.

¹³ WVBH Application, p. 34.

¹⁴ Based on 2017 Oregon discharge data, we calculate occupancy rates equal to 55% for Legacy Emanuel, 26% for Legacy Good Samaritan, 54% for Legacy Mount Hood, and 59% for Legacy Meridian Park.

¹⁵ 2017 Oregon Discharge Data. Bed counts based on bed equal to 554 for Legacy Emanuel, 539 for Legacy Good Samaritan, 115 for Legacy Mount Hood, 107 for Legacy Unity Behavioral Health, and 150 for Legacy Meridian Park.

¹⁶ WVBH Application, p. 88 and 2017 Oregon Discharge Data.

¹⁷ WVBH August 18, 2021 Completeness Response.

Alternative 2: Expansion of an existing general hospital or specialty hospital license

We discussed this alternative on pages 28 to 29 of our application, which we reproduce for convenience below:

“In our opinion, internal alternatives involve (1) expansion of existing facilities and/or (2) care redesign to redirect care to other, non-inpatient modalities. These will be discussed in turn.

- *Expansion of existing facilities.*
 - *Above, we have provided data that shows Cedar Hills has internally expanded its licensed bed counts from 37 beds to 94 beds, a significant increase since it opened nearly a decade ago, and its 2018 and YTD 2019 occupancy levels indicate it is virtually full.*
 - *In the case of Cedar Hills, further expansion is not an option as we have achieved full occupancy of the building envelope. UHS has undertaken due diligence to evaluate whether to build additional space at Cedar Hills or build new space elsewhere. Several key factors drove the decision to request approval for 100 beds at Willamette Valley Behavioral Health and not further expand Cedar Hills, an internal alternative. These include:*
 - 1) *It would cost roughly the same for either build-out option on a per unit basis, since Cedar Hills’ expansion would require an additional building. Furthermore, there is no available land in the current site that would accommodate any additional expansion.*
 - 2) *There is pressing need for adult inpatient beds, as well as adolescent beds for both voluntary and involuntary inpatients and suite of outpatient services.*
 - 3) *The Clackamas-Washington Service Area covers a large geographic area that includes Cedar Hills Hospital roughly 13 miles to the north of the planned site for Willamette Valley Behavioral Health. However, Cedar Hills is not on the I-5 corridor, thus not as accessible to residents in counties to the south, including Clackamas and much of Multnomah County as would be the proposed site for Willamette Valley Behavioral Health. The proposed location is on the border of Washington and Clackamas counties and adjacent to I-5, the state’s north-south transport corridor. Expansion at the Cedar Hills site would not provide these same geographic and transport corridor benefits.*
 - *In summary, Cedar Hills has increased its capacity, but now faces physical plant and site restrictions, thus, cannot add any additional capacity. Further, there are preferred access benefits to a site further south, and adjacent to I-5. In our opinion, internal alternatives have not and likely will not meet current and forecast unmet need.*

- *Care redesign and/or use of increased outpatient services.*
 - *Theoretically, if all needed psychiatric care could be delivered on an outpatient basis, we would expect to see providers moving that direction, given its much lower delivery cost. As discussed elsewhere, Adventist Health, Kaiser Permanente, Legacy Health and Oregon Health & Science University consolidated most of their former inpatient psychiatric beds to the Unity Center for Behavioral Health—an inpatient and emergency psychiatric facility for individuals experiencing a mental or behavioral health crises. However on net, this consolidation essentially held the regional bed supply constant, and has not eliminated the need for additional inpatient psychiatric beds as originally argued. This is because some psychiatric care must be delivered in an inpatient environment, and some patients are sufficiently ill to warrant involuntary inpatient care under NMI rules.*
 - *UHS has significant experience in behavioral health with knowledge of the optimum balance between inpatient and outpatient care. Clinical care delivery quality is its primary goal, followed by access, balanced by efficient, low cost delivery systems. This has been its operating model in Cedar Hills, its hospitals in Washington State and across the broader U.S. Finally, UHS delivers both inpatient and outpatient care, given the two elements are necessary complements to its integrated behavioral health programmatic strategy.*
 - *To summarize, care redesign and shifting care to outpatient settings is an important element of care delivery, but it must be balanced with robust inpatient resources. As summarized above, these inpatient resources are simply not sufficiently available in the Service Area. Further, WVBH will not only provide inpatient, but outpatient services in an integrated behavioral health model very similar to Cedar Hills Hospital.”¹⁸*

The OHA, in its completeness questions, requested more information on the ability to provide additional services at Cedar Hills Hospital.¹⁹ For convenience, our September 18, 2019 response is given below:

Given (1) the unusual circumstances outlined in our response to Question 16 and discussed in our Application on pages 10 through 13 and pages 60 through 72, and (2) the very high estimated net need for additional inpatient psychiatric beds, we see only three alternatives to the construction of a new hospital. These include:

- *Additional expansion of existing facilities at Cedar Hills Hospital;*
- *Redirection of care to other facilities; and/or*
- *Redirection of care to other non-inpatient care modalities.*

In the case of Cedar Hills, further expansion is not an option as we have achieved full occupancy of the building envelope, and there is no additional space for further building out the site. In terms of inpatient care at other inpatient facilities, there has been little indication or response by any other of the existing providers of inpatient psychiatric care.²⁰ 14 Redirection of care to noninpatient modalities has been

¹⁸ WVBH Application, pp. 28-30.

¹⁹ OHA Completeness Letter, July 25, 2019.

²⁰ As referenced in our Application on pages 71 and 72, since 2015 there has been no increase in the number of adult inpatient psychiatric beds, an increase of one geropsychiatric bed at Tuality Healthcare,

*taking place in Oregon, as evidenced by the development/use of the Unity Center for Behavioral Health. However, all available evidence shows these actions have not eliminated or even reduced the need for additional inpatient psychiatric beds as originally presumed. As documented in the Oregon media and the community response to Senate Bill 140 A for an Emergency Department Boarding Pilot Project in OHA, the longstanding shortage of inpatient psychiatric beds and consequent ED boarding is a crisis that continues to persist.*²¹

Some psychiatric care must be delivered in an inpatient environment, and some patients are sufficiently ill to warrant involuntary inpatient care under NMI rules. The construction of a new hospital thus represents the best solution among these alternatives. In principle, another alternative would be the construction of a smaller hospital, such as the facility included in the recent CN approval for Lifeways Inc. However, based on our net bed need estimates, there is current net need for a larger facility than the one we have requested, let alone a facility the size of the Lifeways project.

*There is also a theoretical alternative of multiple, small-sized hospitals, not a single large one, as we have requested. However, based on its experience, UHS has found small hospitals are not cost effective, given the inability to capture economies of scale.”*²²

As documented above, Legacy is simply wrong that we have not fully addressed OAR 333-615-0040 and 333-615-0050. The present application proposes a similar project to that which was previously denied, but the application itself presents additional arguments for approval of the proposed project. Importantly, none of the factors listed by the OHA as reasons for denial remain applicable. Community-based care is a complement to inpatient psychiatric care, which remains a significant need within the planning area.²³ The opening of the Unity Center did not alleviate the need for transfers to a new inpatient psychiatric facility.²⁴ General inpatient beds are not adequate substitutes for inpatient psychiatric beds, as demonstrated by the recent COVID-19 crisis and its impact on planning area healthcare systems.²⁵ There exist no viable alternatives to expanding inpatient psychiatric capacity within the planning area to the proposed project.²⁶ And the proposed project has received support from Coordinated Care Organizations (CCOs).²⁷

and an increase of six adolescent inpatient psychiatric beds (closure of the 16 adolescent beds at Legacy Emanuel Medical Center and opening of 22 adolescent beds at the Unity Center for Behavioral Health).

²¹ For references in the Oregon media, see for example, Jessica Floum. "Boarded in the ER: Oregon's mental health crisis." The Lund Report | Salem Reporter. Apr. 18, 2019., <https://www.thelundreport.org/content/boarded-er-oregon%E2%80%99s-mental-health-crisis>, Accessed August 6, 2019. For community testimony to referencing ED boarding, see Oregon State Legislature - 2019 Regular Session - SB 140 A - Meeting Materials/Exhibits., available at [https://olis.leg.state.or.us/liz/2019R1/Measures/Exhibits/SB 140](https://olis.leg.state.or.us/liz/2019R1/Measures/Exhibits/SB%20140), Accessed August 6, 2019.

²² WVBH September 18, 2019 Supplemental Response.

²³ Fairfax Behavioral Health April 29, 2021 Public Comments, p. 11; WVBH Application, pp. 60-69; WVBH Completeness Response, p. 3.

²⁴ WVBH Application, pp. 69-71; Fairfax Behavioral Health May 17, 2021 Public Comments pp. 11-15.

²⁵ See discussion to Alternative 1 above.

²⁶ See discussion to above.

²⁷ Fairfax Behavioral Health April 29, 2021 Public Comments, p 8; Trillium April 23, 2021 Public Comments.

From: [Jacek Jack Hacia](#)
To: [GILMAN Matt S](#)
Cc: [Pam Kreklow](#)
Subject: Public comment: UHS Certificate of Need approval process for the Wilsonville NEWCO hospital
Date: Thursday, September 30, 2021 11:31:36 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Good morning,

I am writing to voice my opposition to the OHA Certificate of Need approval for the proposed UHS NEWCO hospital in Wilsonville.

My familiarity with Oregon's mental health services and needs has been the result of my work in Oregon since 1990 ranging across Mental Health Director, Licensed Psychologist, Oregon Board of Psychologist Examiner Licensing Examiner, member of many official state bodies, legislative consultant, mental health activist, and now owner of my own consultation service.

I attended the Monday, September 20, informal hearing and have consulted with OHA officials, community providers, and legislators about the factors involved in the proposed NEWCO hospital.

As Providence Hospital and Legacy Hospital officials testified on 9/20, there are no valid data showing a need for this specific hospital in this specific location for its proposed specific functions. As the NAMI official also testified, there may be needs for additional acute mental health service beds in select locations outside of the Portland Metro area, but none of those needs would be positively impacted by the NEWCO hospital.

Although I wholeheartedly endorse the proposed Providence and Legacy stipulations on the NEWCO project if it is approved, I find those stipulations to be mute points if OHA is to abide by its stated intentions to always use evidence-based data to make system decisions. If OHA were to do so, there will be no approval of the NEWCO Certificate of Need. The stipulations voiced by UHS in the 9/20 hearing are solely from a profit operational framework, and lacked any professed or real anchoring in community values, community needs, or community support. Our State needs to first and foremost use a community-informed base for determining mental health needs and solutions. The NEWCO proposal is devoid of any such foundation.

I wholly endorse the testimony of NAMI's Mr. Chris Bouneff which provided the one reliably valid data-based point which identified that any and all further increase in total Oregon mental health hospital beds will only thwart and delay the real solution to our hospital bed needs --- that being the funding of effective community services which are attractive to those in need, and which significantly will reduce the need for State

mental health hospital beds well below the current number. An UHS proposal to deliver such community services would then make sense.

Please stop the approval of the UHS NEWCO Certificate of Need.

Thank you.

Jacek

Jacek/Jack Haciaak, Psy.D., Director
DynamicChanges LLC
Salem, OR
Pronouns: he, him

Ring the bells that still can ring
Forget your perfect offering
There is a crack in everything
That's how the light gets in.
--- Leonard Cohen

September 30, 2021

Re: NEWCO Certificate of Need Testimony

To Whom It May Concern,

In 2016, I testified at the first NEWCO Certificate of Need process for the proposed Wilsonville site as an affected party. At that time, I gave the pros and cons of what I knew about the NEWCO Cedar Hills Hospital and the hospital situation in Portland at that time. We do need more safe spaces for people in extreme emotional states to find their grounding and healing.

I am a person familiar with all sides of the psychiatric hospitalization process from being a supportive family member to a patient myself. I am part of the mental health civil rights movement, and get invited to build and evaluate psychiatric systems. I was on 11 committees to build the Unity Center for Behavioral Health and I know almost every step of building a psychiatric facility. I also helped build the Crisis Assessment Treatment Center (a 16-bed facility) from the physical planning to writing the Request or Proposals. I worked in inpatient peer support here on the floor for 3 years. I now work on the statewide Warmline and I hear directly from the people who experience psychiatric hospitalizations directly the real conditions of each psychiatric unit in Oregon.

As I indicated , we need safe spaces to go to when in extreme emotional states in Oregon.

I can only give you my personal UHS experiences at Cedar Hills as a patient, and you can decide from there.

After the last NEWCO hearing in 2016, I contacted the UHS Cedar Hills Hospital director at that time, and received a tour of the facilities. I was impressed and a couple years later, when I found myself in need of a safe space at a hospital, and I was stuck at the holding pins (there are no words adequate to describe the concrete oppressive basement windowless psychiatric “observations” cells in the Legacy Emanuel Hospital with pee often on the one shared bathroom floor which patients refer to as “the dungeon”), I was asked if I wanted to stay at Cedar Hills Hospital. I am on Medicare, and UHS Cedar Hills is a facility that takes Medicare insurance. I was looking forward to it, as the tour I had convinced me I was going to a good space.

My real experience as a patient at UHS Cedar Hills was the opposite of what I had seen as a visitor and came to expect.

Here are some of my observations and lived experience at the current UHS Cedar Hills facility in Oregon:

1. Working with the UHS business department at Cedar Hills was hard. It was even more difficult because after the stay, I had to work with the UHS out-of-state office to get things handled and they are on a different time zone, and don't always answer messages.
2. When I was being discharged, and literally ready to step into the world and fresh air again, a person from the front desk said I had to talk with someone from the business unit before I could leave. My friend who came to accompany me, and I waited for 25 minutes in the front lobby, checking in with the front desk frequently. Finally, they allowed me to leave and no business person ever came to speak with me. I still do not understand what happened.
3. I hope if the Wilsonville hospital is built, that it is not like the architectural design at UHS Cedar Hills. This does not work and was not designed for Oregon rainy and cold autumn and winter seasons. Every patient has to step outside in the cold, rain and any weather out of their unit to go to the cafeteria to get food. My shoes with laces were taken away when I entered the hospital, so all I had to wear were the hospital socks. These often got wet on the way to the cafeteria when it rained. Also, I had no jackets and became cold sometimes when having to wait outside to be allowed in the cafeteria unit the groups ahead of us were let out and counted.
4. It was difficult to get good protein as a vegetarian there. (This could have improved since I stayed here.)
5. There were some innovative groups offered like Tai Chi and Yoga. The problem was they were scheduled at the same time.
6. The milieu and treatment seems geared to people with addictions with substances, a problem I do not have. The group therapy sessions were not healing for me as they often went into addiction issues, and not mental health.
7. Many of us patients had a lot of problems with the one group counselor (they only had a couple available at that time) who seemed to be having deep anger issues himself. To get out of hospital, going to groups is one of the prerequisites, so there is not choice in that matter. I bared my time there.
8. There were some spectacular staff there who didn't follow the corporate rules exactly, and helped us live and get what we needed because some rules were not reasonable.
9. There were no security staff available when I saw an incident happen. A fellow patient, whom I witnessed being lied to about which county jurisdiction his psychiatric 72-hour hold was under by the doctor, became very angry. This is because he couldn't get a straight answer from anyone there and they told him he was under the rule of a couple different counties. He tore down light fixtures off of the ceiling; he tore the phone out of the wall, and did some more physical damage in reaction to the lies. I wasn't scared of him because I could understand where the frustration and anger were coming from and the staff really didn't seem to care until he made some big moves. Afterward, I was able to get some help for him on the replaced public hospital phone from colleagues I knew who worked in civil commitment around the state. The hospital had the patient phone, lights and other fixtures replaced and repaired the next day.
10. Two addictions patients were not allowed to get their medications at night and cried to me for help because the night nurse did not believe them and some orders were missign. I also was not allowed to get any help at night with my medications because they night on-call doctor did not answer his phone and the night nursing staff could leave a message on that phone.

11. A friend who came to visit told me her experience checking in at the Cedar Hills front desk was like going into a jail to visit. The front desk was apparently gruff with her. She often came to see me in other facilities and was never treated so poorly (according to her). All patients and visitors were lined up on different sides of cafeteria tables, and it was hard to hear her because there was little space between all of us. I told my elderly parents not to visit me at the hospital as I did not want them to go through that.
12. It is good they have a gym and I enjoyed the short classes and exercise there, unlike facilities like Providence's which have no gym.
13. I could not get a straight answer about a ride home like a taxi, and I was afraid to take a bus alone. So, my 80 year-old friend in a wheelchair came to pick me up and we got the Cedar Hills MAX station together which was not easy from the hospital. As we were finally allowed to leave the building, I saw a bunch of taxis lined up to take patients home. I never understood why I wasn't offered a taxi.
14. I was placed in a room with two beds and a roommate, but the room was really only built as single room.
15. They had a nice nature space to look out on to from the rooms, but they had white tape/ white substance on it they said for privacy and there was only one little ¼ line to peep through to see the nature.
16. A couple days after my stay, UHS has someone from Cedar Hills do a follow-up call with me (contracted through Lines for Life). They kept asking about my substance use and if I had gone back to using. I was quite annoyed and felt like they really didn't care, as that is not something that pertains to my life at all.

I do not think that OHA has a good idea about requiring that UHS take a large amount of civilly committed patients all at once. In these psychiatric "healing" spaces, it is important to have people in varying levels, so they can learn from each other and lift each other up. This is simply not fair to place that kind of difficult situation on to one facility, and I for one would find it difficult to thrive and find myself again in such circumstances.

Personally, I will chose to never stay at a UHS facility, but sometimes we have no choice. I have been able to stay stable and out any facility for a while now, I and think my road will not include future stays like in the past. There is no safe space for a woman in a deep emotional emergency in Oregon and we all need to work on that together.

Thank you,

Ann K [REDACTED]

[REDACTED]

[REDACTED]