

**REVENUE:** No revenue impact

**FISCAL:** May have fiscal impact, statement not yet issued

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<b>Action:</b>	Without Recommendation as to Passage and Be Referred to the Committee on Human Services by Prior Reference
<b>Vote:</b>	8 - 0 - 2
<b>Yeas:</b>	Bruun, Dembrow, Garrett, Harker, Kennemer, Kotek, Thompson, Greenlick
<b>Nays:</b>	0
<b>Exc.:</b>	Cannon, Maurer
<b>Prepared By:</b>	Sandy Thiele-Cirka, Administrator
<b>Meeting Dates:</b>	2/20

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**WHAT THE MEASURE DOES:** Requires hospital emergency department use evidence-based practices and best practices from fields of mental health, trauma and emergency medical services in the treatment of individuals with mental illness. Directs Department of Human Services to adopt rules to implement.

**ISSUES DISCUSSED:**

- For the purpose of referring to House Human Services Committee

**EFFECT OF COMMITTEE AMENDMENT:** No amendment.

**BACKGROUND:** Oregon's mental health system has been in existence for more than 150 years and has historically been sensitive to the needs of people with mental illness. The first hospital for persons with mental illness in Oregon was opened in 1861. The state maintained a contract with the private facility until the Oregon State Hospital (OSH) was completed in 1883 (part of that facility is still in use today). The OSH population peaked in the 1950s at over 5,000. By 1962, three hospital campuses, Oregon State Hospital in Salem, Eastern Oregon Hospital in Pendleton, and Dammasch State Hospital in Portland, were in use.

In 1961, the Mental Health Division was established. During the 1960s, a national trend to treat people with mental illness in communities began to emerge, and Oregon began contracting with community mental health programs. In 1973, the Comprehensive Community Mental Health Program Act was passed. The Act integrated the three state hospital campuses with community programs into a regional system. In an effort to encourage counties to expand basic mental health services and to develop alternatives to hospitalization, the Act also granted one-to-one matching state funds to cover the cost for most services, with up to 100 percent state funding for defined alternatives to state hospital care.