

House Bill 3197

Sponsored by Representative MAURER; Representatives KAHL, ROBLAN, VANORMAN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Authorizes payments by Department of Human Services to adult foster home care provider who is related to resident by blood, marriage or adoption if resident is individual with developmental disabilities.

A BILL FOR AN ACT

1
2 Relating to adult foster home care for individuals with developmental disabilities; amending ORS
3 430.630, 430.635, 430.675 and 443.705.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 443.705 is amended to read:

6 443.705. As used in ORS 443.705 to 443.825:

7 (1) "Adult foster home" means any family home or facility in which residential care is provided
8 in a homelike environment for:

9 (a) Five or fewer adults who are not related to the provider by blood, [or] marriage **or**
10 **adoption; or**

11 (b) **Five or fewer adults with developmental disabilities who may be related to the pro-**
12 **vider by blood, marriage or adoption.**

13 [(2) "*Department*" means the Department of Human Services.]

14 [(3) "*Director*" means the Director of Human Services.]

15 [(4)] (2) "Licensed adult foster home" means a home which has been investigated and approved
16 by the Department[. *This includes*] **of Human Services following** an on-site inspection of the facil-
17 ity.

18 [(5)] (3) "Provider" means any person operating an adult foster home and includes a resident
19 manager. "Provider" does not include the owner or lessor of the building in which the adult foster
20 home is located or the owner or lessor of the land on which the adult foster home is situated unless
21 the owner or lessor is also the operator of the adult foster home.

22 [(6)] (4) "Residential care" means the provision of room and board and services that assist the
23 resident in activities of daily living, such as assistance with bathing, dressing, grooming, eating,
24 medication management, money management or recreation.

25 [(7)] (5) "Substitute caregiver" means any person who provides care and services in an adult
26 foster home under the jurisdiction of the department in the absence of the provider or resident
27 manager.

28 **SECTION 2.** ORS 430.630 is amended to read:

29 430.630. (1) In addition to any other requirements that may be established by rule by the De-
30 partment of Human Services and subject to the availability of funds, each community mental health
31 and developmental disabilities program shall provide the following basic services to persons with

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 mental retardation, developmental disabilities, alcoholism or drug dependence, and persons who are
2 alcohol or drug abusers:

3 (a) Outpatient services;

4 (b) Aftercare for persons released from hospitals and training centers;

5 (c) Training, case and program consultation and education for community agencies, related
6 professions and the public;

7 (d) Guidance and assistance to other human service agencies for joint development of prevention
8 programs and activities to reduce factors causing mental retardation, developmental disabilities, al-
9 cohol abuse, alcoholism, drug abuse and drug dependence; and

10 (e) Age-appropriate treatment options for older adults.

11 (2) As alternatives to state hospitalization, it is the responsibility of the community mental
12 health and developmental disabilities program to ensure that, subject to the availability of funds, the
13 following services for persons with mental retardation, developmental disabilities, alcoholism or drug
14 dependence, and persons who are alcohol or drug abusers, are available when needed and approved
15 by the Department of Human Services:

16 (a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention
17 and prehospital screening examination;

18 (b) Care and treatment for a portion of the day or night, which may include day treatment
19 centers, work activity centers and preschool programs;

20 (c) Residential care and treatment in facilities **as defined in ORS 430.205, in other treatment**
21 **facilities, [such as] halfway houses[,] and detoxification centers [and] as defined in ORS 430.306**
22 **or in** other community living facilities;

23 (d) Continuity of care, such as that provided by service coordinators, community case develop-
24 ment specialists and core staff of federally assisted community mental health centers;

25 (e) Inpatient treatment in community hospitals; and

26 (f) Other alternative services to state hospitalization as defined by the department.

27 (3) In addition to any other requirements that may be established by rule of the department,
28 each community mental health and developmental disabilities program, subject to the availability
29 of funds, shall provide or ensure the provision of the following services to persons with mental or
30 emotional disturbances:

31 (a) Screening and evaluation to determine the client's service needs;

32 (b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances,
33 including the costs of investigations and prehearing detention in community hospitals or other fa-
34 cilities approved by the department for persons involved in involuntary commitment procedures;

35 (c) Vocational and social services that are appropriate for the client's age, designed to improve
36 the client's vocational, social, educational and recreational functioning;

37 (d) Continuity of care to link the client to housing and appropriate and available health and
38 social service needs;

39 (e) Psychiatric care in state and community hospitals, subject to the provisions of subsection (4)
40 of this section;

41 [(f) Residential services;]

42 [(g)] (f) Medication monitoring;

43 [(h)] (g) Individual, family and group counseling and therapy;

44 [(i)] (h) Public education and information;

45 [(j)] (i) Prevention of mental or emotional disturbances and promotion of mental health;

1 *[(k)]* (j) Consultation with other community agencies;

2 *[(L)]* (k) Preventive mental health services for children and adolescents, including primary pre-
 3 vention efforts, early identification and early intervention services. Preventive services should be
 4 patterned after service models that have demonstrated effectiveness in reducing the incidence of
 5 emotional, behavioral and cognitive disorders in children. As used in this paragraph:

6 (A) “Early identification” means detecting emotional disturbance in its initial developmental
 7 stage;

8 (B) “Early intervention services” for children at risk of later development of emotional disturb-
 9 ances means programs and activities for children and their families that promote conditions, oppor-
 10 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
 11 increased personal competence; and

12 (C) “Primary prevention efforts” means efforts that prevent emotional problems from occurring
 13 by addressing issues early so that disturbances do not have an opportunity to develop; and

14 *[(m)]* (L) Preventive mental health services for older adults, including primary prevention efforts,
 15 early identification and early intervention services. Preventive services should be patterned after
 16 service models that have demonstrated effectiveness in reducing the incidence of emotional and be-
 17 havioral disorders and suicide attempts in older adults. As used in this paragraph:

18 (A) “Early identification” means detecting emotional disturbance in its initial developmental
 19 stage;

20 (B) “Early intervention services” for older adults at risk of development of emotional disturb-
 21 ances means programs and activities for older adults and their families that promote conditions,
 22 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
 23 increased personal competence and that deter suicide; and

24 (C) “Primary prevention efforts” means efforts that prevent emotional problems from occurring
 25 by addressing issues early so that disturbances do not have an opportunity to develop.

26 (4) A community mental health and developmental disabilities program shall assume responsi-
 27 bility for psychiatric care in state and community hospitals, as provided in subsection (3)(e) of this
 28 section, in the following circumstances:

29 (a) The person receiving care is a resident of the county served by the program. For purposes
 30 of this paragraph, “resident” means the resident of a county in which the person maintains a current
 31 mailing address or, if the person does not maintain a current mailing address within the state, the
 32 county in which the person is found, or the county in which a court-committed person with a mental
 33 illness has been conditionally released.

34 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
 35 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
 36 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

37 (c) Payment is made for the first 60 consecutive days of hospitalization.

38 (d) The hospital has collected all available patient payments and third-party reimbursements.

39 (e) In the case of a community hospital, the department has approved the hospital for the care
 40 of persons with mental or emotional disturbances, the community mental health and developmental
 41 disabilities program has a contract with the hospital for the psychiatric care of residents and a
 42 representative of the program approves voluntary or involuntary admissions to the hospital prior to
 43 admission.

44 (5) Subject to the review and approval of the department, a community mental health and de-
 45 velopmental disabilities program may initiate additional services after the services defined in this

1 section are provided.

2 (6) Each community mental health and developmental disabilities program and the state hospital
 3 serving the program’s geographic area shall enter into a written agreement concerning the policies
 4 and procedures to be followed by the program and the hospital when a patient is admitted to, and
 5 discharged from, the hospital and during the period of hospitalization.

6 (7) Each community mental health and developmental disabilities program shall have a mental
 7 health advisory committee, appointed by the board of county commissioners or the county court or,
 8 if two or more counties have combined to provide mental health services, the boards or courts of
 9 the participating counties or, in the case of a Native American reservation, the tribal council.

10 (8) A community mental health and developmental disabilities program may request and the de-
 11 partment may grant a waiver regarding provision of one or more of the services described in sub-
 12 section (3) of this section upon a showing by the county and a determination by the department that
 13 persons with mental or emotional disturbances in that county would be better served and unneces-
 14 sary institutionalization avoided.

15 (9) Each community mental health and developmental disabilities program shall cooperate fully
 16 with the Governor’s Council on Alcohol and Drug Abuse Programs in the performance of its duties.

17 (10)(a) As used in this subsection, “local mental health authority” means one of the following
 18 entities:

19 (A) The board of county commissioners of one or more counties that establishes or operates a
 20 community mental health and developmental disabilities program;

21 (B) The tribal council, in the case of a federally recognized tribe of Native Americans that elects
 22 to enter into an agreement to provide mental health services; or

23 (C) A regional local mental health authority comprised of two or more boards of county com-
 24 missioners.

25 (b) Each local mental health authority that provides mental health services shall determine the
 26 need for local mental health services and adopt a comprehensive local plan for the delivery of
 27 mental health services for children, families, adults and older adults that describes the methods by
 28 which the local mental health authority shall provide those services. The local mental health au-
 29 thority shall review and revise the local plan biennially. The purpose of the local plan is to create
 30 a blueprint to provide mental health services that are directed by and responsive to the mental
 31 health needs of individuals in the community served by the local plan.

32 (c) The local plan shall identify ways to:

33 (A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of this
 34 subsection;

35 (B) Maximize resources for consumers and minimize administrative expenses;

36 (C) Provide supported employment and other vocational opportunities for consumers;

37 (D) Determine the most appropriate service provider among a range of qualified providers;

38 (E) Ensure that appropriate mental health referrals are made;

39 (F) Address local housing needs for persons with mental health disorders;

40 (G) Develop a process for discharge from state and local psychiatric hospitals and transition
 41 planning between levels of care or components of the system of care;

42 (H) Provide peer support services, including but not limited to drop-in centers and paid peer
 43 support;

44 (I) Provide transportation supports; and

45 (J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile

1 corrections systems and local mental health programs to ensure that persons with mental illness
 2 who come into contact with the justice and corrections systems receive needed care and to ensure
 3 continuity of services for adults and juveniles leaving the corrections system.

4 (d) When developing a local plan, a local mental health authority shall:

5 (A) Coordinate with the budgetary cycles of state and local governments that provide the local
 6 mental health authority with funding for mental health services;

7 (B) Involve consumers, advocates, families, service providers, schools and other interested par-
 8 ties in the planning process;

9 (C) Coordinate with the local public safety coordinating council to address the services de-
 10 scribed in paragraph (c)(J) of this subsection;

11 (D) Conduct a population based needs assessment to determine the types of services needed lo-
 12 cally;

13 (E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by
 14 the local plan;

15 (F) Describe the anticipated outcomes of services and the actions to be achieved in the local
 16 plan;

17 (G) Ensure that the local plan coordinates planning, funding and services with:

18 (i) The educational needs of children, adults and older adults;

19 (ii) Providers of social supports, including but not limited to housing, employment, transportation
 20 and education; and

21 (iii) Providers of physical health and medical services;

22 (H) Describe how funds, other than state resources, may be used to support and implement the
 23 local plan;

24 (I) Demonstrate ways to integrate local services and administrative functions in order to support
 25 integrated service delivery in the local plan; and

26 (J) Involve the local mental health advisory committees described in subsection (7) of this sec-
 27 tion.

28 (e) The local plan must describe how the local mental health authority will ensure the delivery
 29 of and be accountable for clinically appropriate services in a continuum of care based on consumer
 30 needs. The local plan shall include, but not be limited to, services providing the following levels of
 31 care:

32 (A) Twenty-four-hour crisis services;

33 (B) Secure and nonsecure extended psychiatric care;

34 (C) Secure and nonsecure acute psychiatric care;

35 (D) Twenty-four-hour supervised structured treatment;

36 (E) Psychiatric day treatment;

37 (F) Treatments that maximize client independence;

38 (G) Family and peer support and self-help services;

39 (H) Support services;

40 (I) Prevention and early intervention services;

41 (J) Transition assistance between levels of care;

42 (K) Dual diagnosis services;

43 (L) Access to placement in state-funded psychiatric hospital beds;

44 (M) Precommitment and civil commitment in accordance with ORS chapter 426; and

45 (N) Outreach to older adults at locations appropriate for making contact with older adults, in-

1 cluding senior centers, long term care facilities and personal residences.

2 (f) In developing the part of the local plan referred to in paragraph (c)(J) of this subsection, the
 3 local mental health authority shall collaborate with the local public safety coordinating council to
 4 address the following:

5 (A) Training for all law enforcement officers on ways to recognize and interact with persons
 6 with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;

7 (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative
 8 to custodial arrests;

9 (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
 10 the identity of persons of concern and offering mental health services to those in custody;

11 (D) Developing a voluntary diversion program to provide an alternative for persons with mental
 12 illness in the criminal and juvenile justice systems; and

13 (E) Developing mental health services, including housing, for persons with mental illness prior
 14 to and upon release from custody.

15 (g) Services described in the local plan shall:

16 (A) Address the vision, values and guiding principles described in the Report to the Governor
 17 from the Mental Health Alignment Workgroup, January 2001;

18 (B) Be provided to children, older adults and families as close to their homes as possible;

19 (C) Be culturally appropriate and competent;

20 (D) Be, for children, older adults and adults with mental health needs, from providers appropri-
 21 ate to deliver those services;

22 (E) Be delivered in an integrated service delivery system with integrated service sites or pro-
 23 cesses, and with the use of integrated service teams;

24 (F) Ensure consumer choice among a range of qualified providers in the community;

25 (G) Be distributed geographically;

26 (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;

27 (I) Maximize early identification and early intervention;

28 (J) Ensure appropriate transition planning between providers and service delivery systems, with
 29 an emphasis on transition between children and adult mental health services;

30 (K) Be based on the ability of a client to pay;

31 (L) Be delivered collaboratively;

32 (M) Use age-appropriate, research-based quality indicators;

33 (N) Use best-practice innovations; and

34 (O) Be delivered using a community-based, multisystem approach.

35 (h) A local mental health authority shall submit to the Department of Human Services a copy
 36 of the local plan and biennial revisions adopted under paragraph (b) of this subsection at time in-
 37 tervals established by the department.

38 (i) Each local commission on children and families shall reference the local plan for the delivery
 39 of mental health services in the local coordinated comprehensive plan created pursuant to ORS
 40 417.775.

41 **SECTION 3.** ORS 430.635 is amended to read:

42 430.635. The children’s mental health programs of the Department of Human Services shall ad-
 43 dress preventive services under ORS 430.630 [(3)(L)] **(3)(k)**. The department budget shall give high
 44 priority to such services.

45 **SECTION 4.** ORS 430.675 is amended to read:

1 430.675. Within the limits of available funds, community mental health and developmental disa-
2 bilities programs shall provide [*those services as defined in ORS 430.630 (3)(a) to (h)*] **the services**
3 **described in ORS 430.630 (2)(c) and (3)(a) to (g)** to persons in the following order of priority:

4 (1) Those persons who, in accordance with the assessment of professionals in the field of mental
5 health, are at immediate risk of hospitalization for the treatment of mental or emotional disturb-
6 ances or are in need of continuing services to avoid hospitalization or pose a hazard to the health
7 and safety of themselves, including the potential for suicide, or others and those persons under 18
8 years of age who, in accordance with the assessment of professionals in the field of mental health,
9 are at immediate risk of removal from their homes for treatment of mental or emotional disturbances
10 or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature;

11 (2) Those persons who, because of the nature of their illness, their geographic location or their
12 family income, are least capable of obtaining assistance from the private sector; and

13 (3) Those persons who, in accordance with the assessment of professionals in the field of mental
14 health, are experiencing mental or emotional disturbances but will not require hospitalization in the
15 foreseeable future.

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