

**A-Engrossed**  
**Senate Bill 823**

Ordered by the Senate April 22  
Including Senate Amendments dated April 22

Sponsored by Senators COURTNEY, BOQUIST, KNOPP

**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.

Requires Oregon Health Authority to create new programs and expand existing programs to increase capacity statewide to provide mental health services and serve individuals with mental illness.

Specifies January 1, 2014, operative date.

**Creates legislative Mental Health Oversight Committee. Specifies membership and duties. Requires committee to monitor implementation of and expenditures under Act and make recommendations for legislative changes. Sunsets committee on January 2, 2016.**

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

Relating to mental health services; and declaring an emergency.

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

**SECTION 1. (1) The Oregon Health Authority shall establish new programs and expand existing programs in order to create a robust network of services to meet the behavioral health needs of all Oregonians. The programs must give individuals, families, physicians and other health care providers and schools the tools and training to identify the early signs of mental illness and to intervene to prevent mental illness from becoming chronic. For individuals already living with mental illness, these programs must provide access to the appropriate level of treatment and be designed to support a long term, sustained recovery. The authority shall pay for these programs using all available sources of public and private funds.**

**(2) For young adults, the authority shall:**

**(a) Establish a statewide program to provide psychosis prevention, detection and treatment services for young adults 15 to 25 years of age, including:**

**(A) Outreach and engagement;**

**(B) Assessment and treatment using multidisciplinary teams consisting of psychiatrists, social workers, occupational therapists, nurses and vocational specialists;**

**(C) Family education;**

**(D) Cognitive behavioral therapy;**

**(E) Vocational and educational support;**

**(F) Prescribed medication using a low dose protocol; and**

**(G) Support for young adults in home, community, school and work settings;**

**(b) Create young adult community hubs to provide mental health services to young adults who do not meet the clinical criteria for psychosis but who have been screened for and assessed as requiring outpatient mental health or addiction treatment, education, vocation or**

**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 **housing support and peer-delivered services;**

2 (c) **Develop a statewide system of peer-delivered services for young adults 15 to 25 years**  
3 **of age that will:**

4 (A) **Foster social connectedness and strong relationships among young adults;**

5 (B) **Establish and support organizations led by young adults;**

6 (C) **Connect young adults with similar experiences related to mental health and child**  
7 **welfare;**

8 (D) **Provide outreach through social media; and**

9 (E) **Enhance crisis lines and expand drop-in centers that provide temporary shelters of**  
10 **safety and care for homeless young adults; and**

11 (d) **Train alcohol and drug counselors and mental health therapists to screen young**  
12 **adults for co-occurring disorders and provide young adults who exhibit co-occurring disor-**  
13 **ders with treatment and recovery services.**

14 (3) **For schools, the authority shall:**

15 (a) **Provide additional resources in order to allow all school-based health centers in this**  
16 **state to have one full-time practitioner to provide mental health services to students and to**  
17 **provide mental health training to practitioners in the centers; and**

18 (b) **Improve collaboration between schools and community mental health programs in**  
19 **order to:**

20 (A) **Increase the capacity of the programs to provide mental health services in schools;**

21 (B) **Train and assist education staff in screening and early identification of mental illness;**

22 (C) **Provide consultation support to students; and**

23 (D) **Promote mental health in the school community and create a positive school envi-**  
24 **ronment.**

25 (4) **For children and families, the authority shall:**

26 (a) **Develop and implement wraparound programs to provide intensive care coordination**  
27 **for children with emotional and behavioral disorders who are involved in multiple social**  
28 **service and legal systems, including mental health, addictions, child welfare, juvenile justice**  
29 **and school systems, including:**

30 (A) **Team-based, strength-based practices focused on child and family needs for the pur-**  
31 **pose of ensuring that at-risk children and youth remain in their homes, in school and with**  
32 **friends;**

33 (B) **Services and supports that:**

34 (i) **Stabilize children's lives;**

35 (ii) **Decrease children's needs for psychotropic medications;**

36 (iii) **Decrease incidents of harm to children and others;**

37 (iv) **Increase school performance; and**

38 (v) **Decrease delinquent behavior;**

39 (b) **Develop peer-support programs and organizations that provide services to parents and**  
40 **families with children who are experiencing mental health needs, including but not limited**  
41 **to respite services, coaching, training and technical assistance; and**

42 (c) **Develop and implement parent-child interaction therapy programs that:**

43 (A) **Focus on families and children who are at risk of being involved in, or who are in-**  
44 **involved in, the child welfare system or whose lives are disrupted by substance abuse;**

45 (B) **Focus on children between two and eight years of age who have behavioral problems**

1 and involve therapists who will work with parents and children to model and coach positive  
2 parenting skills for the purpose of interrupting the development of behavioral disorders; and

3 (C) Improve school outcomes and avoid delinquent behavior.

4 (5) To improve support for families, schools and health care providers and improve the  
5 health of communities, the authority shall:

6 (a) Establish and maintain a help line by which a primary care physician who is treating  
7 a person 18 years of age or under may consult with a child psychiatrist;

8 (b) Develop a trauma program to train health care providers to:

9 (A) Identify the traumatic mental impact of adverse childhood experiences, such as  
10 abuse, sexual exploitation, neglect and bullying; and

11 (B) Treat the trauma caused by those adverse childhood experiences;

12 (c) Provide the training and support to at least 1,500 primary care physicians and other  
13 clinicians statewide to screen for adolescent depression;

14 (d) Expand existing county-based health promotion and disease prevention programs to  
15 include mental health initiatives to increase mental health awareness, provide outreach and  
16 engagement, decrease the stigma of mental illness and increase the resilience and strength  
17 of communities and individuals to support young people and their families; and

18 (e) Create a Collaborative Problem Solving technical assistance center at the Oregon  
19 Health and Science University focused on the provision of services and training for children,  
20 parents, foster families, hospitals and residential programs that provide children experienc-  
21 ing mental health challenges with cognitive skills to avoid and overcome such challenges.

22 (6) For adults in crisis, the authority shall:

23 (a) Train and retain mobile teams of mental health professionals who can deliver timely  
24 mental health interventions and assessments on-site in the community and direct people who  
25 are in crisis to appropriate services;

26 (b) Develop community-based crisis respite care, residential treatment facilities and  
27 detoxification centers that can serve as alternatives to acute care hospitals for the treat-  
28 ment of persons with mental illness who do not require hospital care;

29 (c) Increase availability of courts with mental health expertise, diversion programs and  
30 community based restoration services for those unable to provide for their own legal defense  
31 services; and

32 (d) Establish and maintain a help line by which a primary care provider who is treating  
33 a person older than 18 years of age may consult with a psychiatrist.

34 (7) To support recovery services in the community, the authority shall:

35 (a) Offer comprehensive case management by teams of professionals in the fields of social  
36 work, rehabilitation, counseling, nursing and psychiatry for people with mental illness who  
37 face multiple challenges, such as homelessness or involvement in the criminal justice sys-  
38 tem, and who have not succeeded with traditional mental health services;

39 (b) Establish a rental assistance program that provides subsidies to develop and provide  
40 low-cost housing and support services for persons with mental illness. Services provided shall  
41 include but not be limited to home visits, provision of prescribed medications and living skills  
42 education;

43 (c) Provide employment services to people with mental illness in every county of this  
44 state, including help with resume writing, improving interviewing skills, job search assist-  
45 ance and transportation to job interviews and on-going counseling and support in finding and

1 retaining employment; and

2 (d) Assist counties in employing at least one peer services coordinator to oversee the  
3 deployment of peer-delivered services, behavioral health peer support specialists and recov-  
4 ery mentors throughout the community mental health system within the county.

5 (8) To address the mental health needs of an aging population, the authority shall place  
6 a geriatric mental health specialist in each community mental health program to develop and  
7 coordinate mental health services for people who are 65 years of age and older.

8 **SECTION 2.** (1) Section 1 of this 2013 Act becomes operative January 1, 2014.

9 (2) The Oregon Health Authority or any other public body may take any action before the  
10 operative date specified in subsection (1) of this section that is necessary to enable the au-  
11 thority or public body to exercise, on and after the operative date specified in subsection (1)  
12 of this section, all of the duties, functions and powers conferred on the authority or public  
13 body by section 1 of this 2013 Act.

14 **SECTION 3.** (1) The Mental Health Oversight Committee is created, consisting of six  
15 members, three appointed by the President of the Senate from among the members of the  
16 Senate and three appointed by the Speaker of the House of Representatives from among the  
17 members of the House of Representatives. The President and the Speaker shall make rea-  
18 sonable efforts to ensure balanced representation of the Democratic and Republican parties.

19 (2) If there is a vacancy for any cause, the appointing official shall immediately make an  
20 appointment for the unexpired term.

21 (3) The members of the committee shall select from among themselves a chairperson and  
22 vice chairperson.

23 (4) Members of the committee are entitled to payment of compensation and expense re-  
24 imbursement under ORS 171.072, payable from funds appropriated to the Legislative Assem-  
25 bly.

26 (5) The committee shall meet at such times and places as determined by the chairperson,  
27 but no less frequently than once every calendar quarter. At each meeting, the Oregon Health  
28 Authority shall report on its progress in implementing section 1 of this 2013 Act, the out-  
29 comes achieved and any other information requested by the committee. The committee shall  
30 monitor the implementation of and the expenditures under section 1 of this 2013 Act to  
31 evaluate whether the expanded system of mental health services described in section 1 of  
32 this 2013 Act is being implemented appropriately, in a timely manner and within the limits  
33 of available funds. The committee may make recommendations for amendments to section  
34 1 of this 2013 Act or for other legislative changes necessary to further the goals described  
35 in section 1 (1) of this 2013 Act.

36 (6) The authority shall report annually to the appropriate committees during the regular  
37 session of the Legislative Assembly its progress in implementing section 1 of this 2013 Act,  
38 recommendations made by the Mental Health Oversight Committee and any actions taken  
39 by the authority or the Department of Human Services in response to the advice of the  
40 oversight committee.

41 **SECTION 4.** Section 3 of this 2013 Act is repealed on January 2, 2016.

42 **SECTION 5.** This 2013 Act being necessary for the immediate preservation of the public  
43 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect  
44 on its passage.