

Senate Bill 823

Sponsored by Senator COURTNEY

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**.

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.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to mental health services; and declaring an emergency.

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

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

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

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

15 **(A) Outreach and engagement;**

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

18 **(C) Family education;**

19 **(D) Cognitive behavioral therapy;**

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

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

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

23 **(b) Create young adult community hubs to provide mental health services to young adults**
24 **who do not meet the clinical criteria for psychosis but who have been screened for and as-**
25 **essed as requiring outpatient mental health or addiction treatment, education, vocation or**
26 **housing support and peer-delivered services;**

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

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

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

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

3 (D) Provide outreach through social media; and

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

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

9 (3) For schools, the authority shall:

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

13 (b) Improve collaboration between schools and community mental health programs in
14 order to:

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

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

17 (C) Provide consultation support to students; and

18 (D) Promote mental health in the school community and create a positive school envi-
19 ronment.

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

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

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

28 (B) Services and supports that:

29 (i) Stabilize children's lives;

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

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

32 (iv) Increase school performance; and

33 (v) Decrease delinquent behavior;

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

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

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

40 (B) Focus on children between two and eight years of age who have behavioral problems
41 and involve therapists who will work with parents and children to model and coach positive
42 parenting skills for the purpose of interrupting the development of behavioral disorders; and

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

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

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

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

4 (A) Identify the traumatic mental impact of adverse childhood experiences, such as
5 abuse, neglect and bullying; and

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

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

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

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

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

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

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

24 (c) Increase availability of courts with mental health expertise, diversion programs and
25 community based restoration services for those unable to provide for their own legal defense
26 services.

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

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

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

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

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

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

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

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

7 **SECTION 3.** This 2013 Act being necessary for the immediate preservation of the public
8 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect
9 on its passage.

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