A-Engrossed Senate Bill 944

Ordered by the Senate April 24 Including Senate Amendments dated April 24

Sponsored by COMMITTEE ON HUMAN SERVICES

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 Department of Human Services to study and report to Legislative Assembly on effectiveness of specified program approaches in providing access to mental health and addiction services for seniors and persons with disabilities, and to make recommendations for expanding access to services.]

Establishes Youth Acute Behavioral Health Leadership Council within Governor's office to develop proposal for better serving behavioral health treatment needs of children and adolescents. Specifies membership and duties. Requires Governor to appoint Behavioral Health Policy Advisor to coordinate behavioral health services between state agencies.

Requires Oregon Health Authority to contract with Oregon-based nonprofit organization with appropriate expertise to operate 24-hour call center for tracking and providing information on placements available for children and adolescents needing high acuity behavioral health services.

Sunsets [December 31, 2018] council January 2, 2021.

Declares emergency, effective on passage.

1 A BILL FOR AN ACT

- 2 Relating to behavioral health; and declaring an emergency.
- Be It Enacted by the People of the State of Oregon:
 - SECTION 1. (1) The Youth Acute Behavioral Health Leadership Council is established in the office of the Governor, consisting of the following members appointed by the Governor:
 - (a) A member representing each of two health care facilities that provide acute psychiatric care to children and adolescents;
 - (b) One member representing a provider of secure inpatient behavioral health services to children and adolescents;
 - (c) One member representing a provider of residential subacute behavioral health services to children and adolescents;
 - (d) One member representing providers of home-based acute behavioral health services to children and adolescents;
 - (e) One member representing a coordinated care organization that serves children and adolescents residing in an urban area of this state;
- (f) One member representing a coordinated care organization that serves children and adolescents residing in a rural area of this state;
 - (g) One director of a county juvenile department;
- 19 (h) One member from a nonprofit organization that represents youths and families in dependency cases;
 - (i) One member representing a tribe;
 - (j) One member from an organization that advocates for children and their families;

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- (k) On member who is a parent or guardian of a child or an adolescent who has been involved in the children's system of care;
 - (L) One member who has experienced the children's system of care;
- (m) One member representing a community mental health program who has experience with intensive community behavioral health treatment services in an urban area of this state; and
- (n) One member representing a community mental health program who has experience with intensive community behavioral health treatment services in a rural area of this state.
 - (2) The council shall:

- (a) Clearly define the characteristics of the target population of children and adolescents to be served by the entity described in paragraph (c) of this subsection;
- (b) Make recommendations for the alignment of sources of funding and policies between all agencies serving children and adolescents to ensure the implementation of sustainable behavioral health services is dictated by the needs of the children, the adolescents and their families; and
- (c) Develop a proposal for legislative changes needed to create a single entity to coordinate behavioral health services for the target population defined by the council in paragraph (a) of this subsection.
- (3) The legislative proposal developed by the council under subsection (2) of this section must:
 - (a) Be fundamentally cost neutral by reallocating existing resources; and
- (b) Ensure that the entity will be responsive to state agency requirements but driven by and accountable to the needs of the target population.
- (4)(a) The council shall report to the interim committees of the Legislative Assembly related to human services and health no later than January 31, 2018.
- (b) The council shall report its final recommendations to the interim committees of the Legislative Assembly related to human services and health no later than October 1, 2018.
- (5) A majority of the members of the council constitutes a quorum for the transaction of business.
- (6) Official action by the council requires the approval of a majority of the members of the council.
 - (7) The council shall elect one of its members to serve as chairperson.
- (8) If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective.
- (9) The council shall meet at times and places specified by the call of the chairperson or of a majority of the members of the council.
 - (10) The council may adopt rules necessary for the operation of the council.
- (11) The Governor's Behavioral Health Policy Advisor appointed under section 2 of this 2017 Act shall provide staff support to the council.
- (12) Members of the council are not entitled to compensation or reimbursement for expenses and serve as volunteers on the council.
- (13) All agencies of state government, as defined in ORS 174.111, are directed to assist the council in the performance of duties of the council and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the council consider necessary to perform their duties.

SE	CTION	2. The (Govern	or sha	ll a	appoint	a Be	hav	ioral	Health	Polic	y A	dvisor	with	in the
office	of the	Governo	r who	shall	be	respons	ible	for	the	coordin	ation	of	behavi	oral l	health
services between all state agencies.															

- SECTION 3. (1) The Oregon Health Authority shall contract with an Oregon-based nonprofit organization with the expertise to operate a 24-hour call center dedicated to tracking and providing information about available placement settings for children and adolescents needing high acuity behavioral health services.
 - (2) The call center shall also be responsible for:

- (a) Implementing processes for service providers to submit data that can be used to assess and monitor, on a daily basis, statewide capacity to provide high acuity behavioral health services to children and adolescents;
- (b) Recording the time from the first contact with the call center to the location of an appropriate placement; and
- (c) Documenting the need for high acuity behavioral health services for children and adolescents.

SECTION 4. Section 1 of this 2017 Act is repealed on January 2, 2021.

<u>SECTION 5.</u> This 2017 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect on its passage.