

House Bill 3188

Sponsored by Representative MITCHELL

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 community mental health programs in rural areas to provide residential care, comprehensive care and case management to individuals needing mental health or substance abuse treatment. Specifies requirements for residential facilities. Appropriates moneys.

Declares emergency, effective July 1, 2019.

A BILL FOR AN ACT

1
2 Relating to community mental health programs; creating new provisions; amending ORS 430.630; and
3 declaring an emergency.

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

5 **SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 430.**

6 **SECTION 2. (1) For individuals needing mental health or substance abuse treatment,**
7 **community mental health programs in rural areas, as defined by the Office of Rural Health,**
8 **shall:**

9 (a) **Establish and maintain residential facilities meeting the requirements in subsection**
10 **(2) of this section;**

11 (b) **Provide comprehensive treatment; and**

12 (c) **Provide case management services.**

13 (2) **Residential facilities established and maintained under subsection (1) of this section**
14 **must:**

15 (a) **Accept recipients of medical assistance, as defined in ORS 414.025;**

16 (b) **Not require sobriety as a condition for receiving treatment for substance abuse;**

17 (c) **Have at least a 15-bed capacity;**

18 (d) **Provide outpatient treatment in addition to residential treatment;**

19 (e) **Give priority to parents of a child who is in the care and custody of the Department**
20 **of Human Services and parents of a child who is at risk of being committed to the care and**
21 **custody of the department; and**

22 (f) **Have medical personnel on site with prescribing privileges.**

23 (3) **Community mental health programs may contract with community-based organiza-**
24 **tions or private entities to provide the services required by subsection (1) of this section.**

25 (4) **The Oregon Health Authority shall prescribe by rule standards for residential facili-**
26 **ties described in subsection (2) of this section to ensure that the facilities maintain the**
27 **highest quality of care.**

28 **SECTION 3. In addition to and not in lieu of any other appropriation, there is appropri-**
29 **ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the**
30 **General Fund, the amount of \$_____, which shall be allocated to community mental health**

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 **programs for the operation of residential facilities described in section 2 of this 2019 Act.**

2 **SECTION 4.** ORS 430.630 is amended to read:

3 430.630. (1) In addition to any other requirements that may be established by rule by the Oregon
4 Health Authority, each community mental health program, subject to the availability of funds, shall
5 provide the following basic services to persons with alcoholism or drug dependence, and persons
6 who are alcohol or drug abusers:

7 (a) Outpatient services;

8 (b) Aftercare for persons released from hospitals;

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

11 (d) Guidance and assistance to other human service agencies for joint development of prevention
12 programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and drug
13 dependence; and

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

15 (2) As alternatives to state hospitalization, it is the responsibility of the community mental
16 health program to ensure that, subject to the availability of funds, the following services for persons
17 with alcoholism or drug dependence, and persons who are alcohol or drug abusers, are available
18 when needed and approved by the Oregon Health Authority:

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

21 (b) Care and treatment for a portion of the day or night, which may include day treatment
22 centers, work activity centers and after-school programs;

23 (c) Residential care and treatment in facilities such as **residential facilities**, halfway houses,
24 detoxification centers and other community living facilities;

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

27 (e) Inpatient treatment in community hospitals; and

28 (f) Other alternative services to state hospitalization as defined by the Oregon Health Authority.

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

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

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

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

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

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

42 (f) Residential services **provided in residential facilities**;

43 (g) Medication monitoring;

44 (h) Individual, family and group counseling and therapy;

45 (i) Public education and information;

1 (j) Prevention of mental or emotional disturbances and promotion of mental health;

2 (k) Consultation with other community agencies;

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

7 (A) "Early identification" means detecting emotional disturbance in its initial developmental
8 stage;

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

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

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

19 (A) "Early identification" means detecting emotional disturbance in its initial developmental
20 stage;

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

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

27 (4) A community mental health program shall assume responsibility for psychiatric care in state
28 and community hospitals, as provided in subsection (3)(e) of this section, in the following circum-
29 stances:

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

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

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

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

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

44 (5) Subject to the review and approval of the Oregon Health Authority, a community mental
45 health program may initiate additional services after the services defined in this section are pro-

1 vided.

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

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

10 (8) A community mental health program may request and the authority may grant a waiver re-
 11 garding provision of one or more of the services described in subsection (3) of this section upon a
 12 showing by the county and a determination by the authority that persons with mental or emotional
 13 disturbances in that county would be better served and unnecessary institutionalization avoided.

14 (9)(a) As used in this subsection, "local mental health authority" means one of the following
 15 entities:

16 (A) The board of county commissioners of one or more counties that establishes or operates a
 17 community mental health program;

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

20 (C) A regional local mental health authority comprising two or more boards of county commis-
 21 sioners.

22 (b) Each local mental health authority that provides mental health services shall determine the
 23 need for local mental health services and adopt a comprehensive local plan for the delivery of
 24 mental health services for children, families, adults and older adults that describes the methods by
 25 which the local mental health authority shall provide those services. The purpose of the local plan
 26 is to create a blueprint to provide mental health services that are directed by and responsive to the
 27 mental health needs of individuals in the community served by the local plan. A local mental health
 28 authority shall coordinate its local planning with the development of the community health im-
 29 provement plan under ORS 414.627 by the coordinated care organization serving the area. The
 30 Oregon Health Authority may require a local mental health authority to review and revise the local
 31 plan periodically.

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 Oregon Health Authority a copy of the
36 local plan and revisions adopted under paragraph (b) of this subsection at time intervals established
37 by the Oregon Health Authority.

38 **SECTION 5. This 2019 Act being necessary for the immediate preservation of the public**
39 **peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect**
40 **July 1, 2019.**