

# House Bill 2086

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

## 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**.

Appropriates moneys to Oregon Health Authority to undertake specified steps to address needs of individuals with behavioral health disorders for services, treatment and housing.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to individuals with behavioral health disorders; creating new provisions; amending ORS  
3 458.380 and 458.385; and declaring an emergency.

4 Whereas the Legislative Assembly declares that health equity must be advanced within the  
5 state's behavioral health system regardless of race, ethnicity, location or housing status; and

6 Whereas mental health and substance use disorders must be detected early and treated effec-  
7 tively; and

8 Whereas youth and adults with serious mental illness need timely access to the full continuum  
9 of behavioral health care; and

10 Whereas youth and adults with serious mental illness need to receive treatment that is respon-  
11 sive to their individual needs and leads to meaningful improvements in their lives; and

12 Whereas people with serious mental illness need access to affordable housing that offers inde-  
13 pendence and is close to providers, community resources and public transportation; and

14 Whereas the supply, distribution and diversity of the behavioral health workforce needs to pro-  
15 vide appropriate levels of care and access to care in the community; now, therefore,

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

## PROGRAMS AND SERVICES

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19  
20 **SECTION 1. The Oregon Health Authority shall design a statewide crisis system, in co-**  
21 **ordination with local crisis systems, to:**

22 (1) **Consolidate, enhance and expand existing crisis lines to streamline access to crisis**  
23 **services for all Oregonians;**

24 (2) **Offer no-barrier, brief emotional support, regardless of language spoken or insurance**  
25 **status, for a limited time;**

26 (3) **Offer a centralized search engine for locating providers; and**

27 (4) **Provide a registry of available residential treatment placements.**

28 **SECTION 2. 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, 2021, out of the**  
30 **General Fund, the amount of \$\_\_\_\_\_ , which may be expended for:**

**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 (1) Programs that are directly responsive to and driven by people of color, tribal com-  
2 munities and people of lived experience that are peer and community driven and that provide  
3 culturally specific services, including:

4 (a) Medical assistance reimbursement of tribal-based practices.

5 (b) A pilot project to operate three nonclinical peer-run respite centers to provide cul-  
6 turally responsive services to people of color seeking services, including one program de-  
7 signed specifically to provide culturally appropriate services and supports to individuals who  
8 are people of color.

9 (c) Expansion of the Early Assessment and Support Alliance program from a two-year  
10 program to a three-year program based on a step-down framework to provide to approxi-  
11 mately 250 youth annually:

12 (A) Support for those experiencing symptoms of psychosis for the first time;

13 (B) Continuing transition services to adolescents and young adults aged 14 to 25;

14 (C) Access to a strengthened peer support component; and

15 (D) Enhanced life and self-care elements.

16 (d) Doubling the program size of Young Adult Hubs, which are modeled after a Transition  
17 to Independence Process to provide mental health services, case management and support  
18 for an additional 1,100 disconnected youth annually.

19 (2) Funding the nine existing Certified Community Behavioral Health Clinic demon-  
20 stration sites and working with existing Certified Community Behavioral Health Clinics, ad-  
21 vocates and coordinated care organizations to develop a sustainable payment model and  
22 further develop a service array, culturally responsive service delivery and outcome meas-  
23 urement to reinforce comprehensive outpatient services that are simple, meaningful and re-  
24 sponsive.

25 (3) Increasing funding to reintegrate into the community criminal defendants who have  
26 been found unfit to proceed in a criminal proceeding due to a mental incapacity under ORS  
27 161.370, by means including:

28 (a) Establishing a reimbursement rate for case consultation and community reintegration  
29 necessary to serve at least 400 individuals; and

30 (b) Constructing and operating a secure residential treatment facility to serve up to 39  
31 individuals per year.

32 **SECTION 3.** No later than February 1, 2022, the Oregon Health Authority shall report to  
33 the interim committees of the Legislative Assembly related to behavioral and mental health,  
34 in the manner provided in ORS 192.245, the authority's progress in developing a sustainable  
35 payment model for Certified Community Behavioral Health Clinics and developing a service  
36 array, culturally responsive service delivery and outcome measurement to reinforce com-  
37 prehensive outpatient services that are simple, meaningful and responsive.

38  
39 **WORKFORCE**

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41 **SECTION 4.** The Oregon Health Authority shall:

42 (1) Continually evaluate and revise administrative rules governing behavioral health  
43 programs and services to reduce the administrative burden of documentation, particularly  
44 around assessment and treatment planning, the Measures and Outcomes Tracking System  
45 or successor systems and other reporting required for providers seeking certificates of ap-

1 **proval and to ensure that the rules are consistent with the medical assistance program ad-**  
 2 **ministrative rules that apply to behavioral health care staff operating in primary care and**  
 3 **other settings.**

4 **(2) Create a behavioral health incentive fund for recruitment and retention in the be-**  
 5 **havioral health care workforce to increase the number of people of color, tribal members and**  
 6 **rurally based workers.**

7 **(3) Increase access to services for rural and underserved communities by:**

8 **(a) Providing retention bonuses to providers with bachelor's and master's degrees in be-**  
 9 **havioral health fields to provide culturally specific services to communities facing workforce**  
 10 **shortages including, but not limited to, tribal members, people of color, lesbian, gay, bisexual**  
 11 **and transgender youth, veterans, individuals with limited English proficiency and people**  
 12 **working in correctional facilities.**

13 **(b) Expanding funding to provide incentives to culturally specific peers, traditional health**  
 14 **workers, licensed or certified providers and licensed prescribers.**

15 **(c) Providing incentives to all providers of behavioral health services such as:**

16 **(A) Loan forgiveness;**

17 **(B) Housing assistance;**

18 **(C) Sign-on bonuses;**

19 **(D) Part-time and flex time opportunities;**

20 **(E) Retention bonuses;**

21 **(F) Professional development;**

22 **(G) Tax subsidies;**

23 **(H) Child care;**

24 **(I) Subsidized dual certification with a specific focus on rural and vulnerable populations**  
 25 **and pay equity; and**

26 **(J) Tuition assistance.**

27 **(4) Implement and sustain culturally based practices, including promising and nontradi-**  
 28 **tional practices, by:**

29 **(a) Reimbursing the practices equitably with other behavioral health services;**

30 **(b) Expanding behavioral health interventions to include culturally based practices, in-**  
 31 **cluding promising and nontraditional practices; and**

32 **(c) Expanding the approved evidence-based practices list to include promising or cul-**  
 33 **turally based practices for reimbursement by the medical assistance program.**

34 **(5) Develop curricula for the behavioral health workforce in the following areas:**

35 **(a) Trauma-informed care;**

36 **(b) Culturally specific and responsive practices;**

37 **(c) Anti-racism;**

38 **(d) Equity-based care;**

39 **(e) Interdisciplinary care, including working with peers; and**

40 **(f) Co-occurring mental health and substance use disorders.**

41 **(6) Develop an outcomes-based system to demonstrate anti-racism and equity training.**

42 **SECTION 5. No later than February 1, 2022, the Oregon Health Authority shall report to**  
 43 **the interim committees of the Legislative Assembly related to behavioral and mental health,**  
 44 **in the manner provided in ORS 192.245, recommendations on achieving a living wage for be-**  
 45 **havioral health care workers, including peers and family support specialists. The report must**

1 **also consider pay inequities between physical health care workers and behavioral health care**  
 2 **workers and how to provide more equitable wages.**

3  
 4 **HOUSING**

5  
 6 **SECTION 6.** ORS 458.380 is amended to read:

7 458.380. (1) The Housing for Mental Health Fund is established in the State Treasury, separate  
 8 and distinct from the General Fund. The Housing for Mental Health Fund consists of moneys de-  
 9 posited in the fund under section 8, chapter 812, Oregon Laws 2015, and may include moneys ap-  
 10 propriated, allocated, deposited or transferred to the fund by the Legislative Assembly or otherwise  
 11 and interest earned on moneys in the fund.

12 (2) Moneys in the fund are continuously appropriated to the [*Housing and Community Services*  
 13 *Department*] **Oregon Health Authority** for disbursement for the purposes set forth in ORS 458.385.

14 **SECTION 7.** ORS 458.385 is amended to read:

15 458.385. (1) The [*Housing and Community Services Department, in collaboration with the*] Oregon  
 16 Health Authority, shall disburse moneys in the Housing for Mental Health Fund to provide funding  
 17 for:

18 (a) The development of community-based housing, including licensed residential treatment facil-  
 19 ities, for individuals with mental illness and individuals with substance use disorders; and

20 (b) Crisis intervention services, rental subsidies and other housing-related services to help keep  
 21 individuals with mental illness and individuals with substance use disorders safe and healthy in their  
 22 communities.

23 (2) The [*department*] **authority** shall provide funding for:

24 (a) A portion of the costs to purchase land and to construct housing described in subsection  
 25 (1)(a) of this section; and

26 (b) Up to 50 percent of the start-up costs for providing housing described in subsection (1)(a) of  
 27 this section, including but not limited to fixtures, furnishings and training of staff.

28 (3)(a) The [*department*] **authority** shall prescribe the financing mechanisms to be used to provide  
 29 funding under subsection (2)(a) of this section of up to 35 percent of the total project development  
 30 costs.

31 (b) The [*department*] **authority** may waive the 35 percent limit on total project development  
 32 costs under paragraph (a) of this subsection for a low-cost project or to meet a critical need in a  
 33 rural area.

34 (4) The [*department*] **authority** shall convene an advisory group to make recommendations to the  
 35 [*department*] **authority** for:

36 (a) The allocation of moneys between different types of housing;

37 (b) The financing of housing described in subsection (1)(a) of this section;

38 (c) The provision of services described in subsection (1)(b) of this section;

39 (d) Soliciting funding proposals; and

40 (e) Processing applications for funding.

41 (5) The advisory group convened under subsection (4) of this section must include:

42 (a) One representative of a private provider of mental health treatment;

43 (b) One representative of a private provider of substance abuse treatment;

44 (c) Two representatives of groups that advocate on behalf of consumers of mental health or  
 45 substance abuse treatment;

1 (d) One staff person from the Department of Human Services;

2 (e) One staff person from the division of the [*Oregon Health*] authority that regulates mental  
3 health and substance abuse treatment programs;

4 (f) Two consumers of mental health or substance abuse treatment;

5 (g) One representative of a community mental health program;

6 (h) One person with expertise in developing and financing community housing projects in rural  
7 communities; and

8 (i) One representative of community corrections.

9 **SECTION 8. The Oregon Health Authority shall adopt by rule requirements for coordi-**  
10 **ated care organizations to provide housing navigation services and address the social de-**  
11 **terminants of health through care coordination.**

12 **SECTION 9. In addition to and not in lieu of any other appropriation, there is appropri-**  
13 **ated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the**  
14 **General Fund, the amount of \$\_\_\_\_\_ , to be deposited in the Housing for Mental Health**  
15 **Fund for the purpose of providing incentive funding for the development of new housing in-**  
16 **cluding long term care, short term respite care and independent and integrated housing.**

17 **SECTION 10. (1) In addition to and not in lieu of any other appropriation, there is ap-**  
18 **propriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of**  
19 **the General Fund, the amount of \$\_\_\_\_\_ , to:**

20 (a) Increase funding for rental assistance to address barriers to housing and provide  
21 wraparound housing support, utilizing existing programs, to people with serious and persist-  
22 ent mental illness to access permanent housing in the community and to contract with more  
23 providers and community organizations to provide:

24 (A) Tenant-based rental assistance with maximum flexibility to be used in a variety of  
25 scenarios and placements ranging from traditional scattered site supported housing to less  
26 traditional low barrier housing models;

27 (B) Wraparound services that pair with rental assistance to provide crisis stabilization,  
28 housing and benefit stabilization and connections to more intensive services when necessary,  
29 and which follow clients, even when their tenancy status changes; and

30 (C) Robust funding to address a variety of financial concerns that might compromise  
31 housing stability, such as:

32 (i) Providing landlord repair insurance funds to ensure private landlords are given in-  
33 centives to rent to tenants who might be considered higher risk;

34 (ii) Paying move-in costs and past bills and paying for documentation required for low-  
35 income tenants to obtain and maintain housing; and

36 (iii) Removing barriers generally associated with individuals who have been involved in  
37 the criminal justice system such as by the expungement of criminal records.

38 (b) Create a flexible residential fund to provide funding to organizations to fill gaps in the  
39 residential continuum, including recovery housing, for people of color, tribal communities,  
40 immigrant and refugee communities, lesbian, gay, bisexual and transgender individuals, peo-  
41 ple with disabilities, veterans, individuals with a history of involvement in the criminal jus-  
42 tice system and non-English speaking communities to:

43 (A) Provide an opportunity for individuals to achieve short term stability to continue in  
44 an episode of care.

45 (B) Provide an opportunity for individuals to achieve long term stability in housing.

1 (C) Aid transitions from inpatient care or correctional facilities to the community by  
2 means including providing residential support for those who do not meet the criteria for  
3 assertive community treatment, so that they may:

4 (i) Avoid extended stays in emergency rooms or hospitals because of a lack of community  
5 placement.

6 (ii) Avoid discharges to homelessness.

7 (iii) Reduce their contacts with the criminal justice system.

8 (c) Expand the Young Adult in Transition Residential System with four additional five-  
9 bed Residential Treatment Homes and a ten-bed Secure Residential Treatment Facility spe-  
10 cializing in serving young adults aged 17 1/2 to 25.

11 (d) Fund three secure residential treatment facilities to increase the number of facilities  
12 to serve individuals who have been found unfit to proceed in a criminal proceeding due to a  
13 mental incapacity under ORS 161.370.

14 (2) Funding under subsection (1)(b) of this section:

15 (a) Must be offered through a competitive bidding process. Proposals must address  
16 community or regional need and include:

17 (A) Peer support from youth and culturally and linguistically appropriate peers.

18 (B) Coordination with other systems of care.

19 (C) Connections to voluntary social and other supports to remove barriers to long term  
20 housing such as expungement of criminal records, credit repair, financial literacy, life skills,  
21 self-advocacy with respect to evictions and other training.

22 (b) May include a specific tribal allocation based on data and outcomes.

23  
24 **CAPTIONS**

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26 **SECTION 11.** The unit captions used in this 2021 Act are provided only for the conven-  
27 ience of the reader and do not become part of the statutory law of this state or express any  
28 legislative intent in the enactment of this 2021 Act.

29  
30 **REPEALS**

31  
32 **SECTION 12.** Sections 1 to 5 and 8 to 10 of this 2021 Act are repealed on June 30, 2023.

33  
34 **EMERGENCY CLAUSE**

35  
36 **SECTION 13.** This 2021 Act being necessary for the immediate preservation of the public  
37 peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect  
38 on its passage.

39 \_\_\_\_\_