House Bill 2086

Introduced and printed pursuant to House Rule 12.00. Presession 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

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

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

Whereas mental health and substance use disorders must be detected early and treated effectively; and

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

Whereas youth and adults with serious mental illness need to receive treatment that is responsive to their individual needs and leads to meaningful improvements in their lives; and

Whereas people with serious mental illness need access to affordable housing that offers independence and is close to providers, community resources and public transportation; and

Whereas the supply, distribution and diversity of the behavioral health workforce needs to provide appropriate levels of care and access to care in the community; now, therefore,

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

PROGRAMS AND SERVICES

SECTION 1. The Oregon Health Authority shall design a statewide crisis system, in coordination with local crisis systems, to:

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

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

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

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

SECTION 2. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the 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) Programs that are directly responsive to and driven by people of color, tribal communities and people of lived experience that are peer and community driven and that provide culturally specific services, including:

(a) Medical assistance reimbursement of tribal-based practices.
(b) A pilot project to operate three nonclinical peer-run respite centers to provide culturally responsive services to people of color seeking services, including one program designed specifically to provide culturally appropriate services and supports to individuals who are people of color.
(c) Expansion of the Early Assessment and Support Alliance program from a two-year program to a three-year program based on a step-down framework to provide to approximately 250 youth annually:
   (A) Support for those experiencing symptoms of psychosis for the first time;
   (B) Continuing transition services to adolescents and young adults aged 14 to 25;
   (C) Access to a strengthened peer support component; and
   (D) Enhanced life and self-care elements.
(d) Doubling the program size of Young Adult Hubs, which are modeled after a Transition to Independence Process to provide mental health services, case management and support for an additional 1,100 disconnected youth annually.

(2) Funding the nine existing Certified Community Behavioral Health Clinic demonstration sites and working with existing Certified Community Behavioral Health Clinics, advocates and coordinated care organizations to develop a sustainable payment model and further develop a service array, culturally responsive service delivery and outcome measurement to reinforce comprehensive outpatient services that are simple, meaningful and responsive.

(3) Increasing funding to reintegrate into the community criminal defendants who have been found unfit to proceed in a criminal proceeding due to a mental incapacity under ORS 161.370, by means including:
   (a) Establishing a reimbursement rate for case consultation and community reintegration necessary to serve at least 400 individuals; and
   (b) Constructing and operating a secure residential treatment facility to serve up to 39 individuals per year.

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

WORKFORCE

SECTION 4. The Oregon Health Authority shall:
(1) Continually evaluate and revise administrative rules governing behavioral health programs and services to reduce the administrative burden of documentation, particularly around assessment and treatment planning, the Measures and Outcomes Tracking System or successor systems and other reporting required for providers seeking certificates of ap-
proval and to ensure that the rules are consistent with the medical assistance program ad-
ministrative rules that apply to behavioral health care staff operating in primary care and
other settings.

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

(3) Increase access to services for rural and underserved communities by:
(a) Providing retention bonuses to providers with bachelor's and master's degrees in be-
havioral health fields to provide culturally specific services to communities facing workforce
shortages including, but not limited to, tribal members, people of color, lesbian, gay, bisexual
and transgender youth, veterans, individuals with limited English proficiency and people
working in correctional facilities.
(b) Expanding funding to provide incentives to culturally specific peers, traditional health
workers, licensed or certified providers and licensed prescribers.
(c) Providing incentives to all providers of behavioral health services such as:
(A) Loan forgiveness;
(B) Housing assistance;
(C) Sign-on bonuses;
(D) Part-time and flex time opportunities;
(E) Retention bonuses;
(F) Professional development;
(G) Tax subsidies;
(H) Child care;
(I) Subsidized dual certification with a specific focus on rural and vulnerable populations
and pay equity; and
(J) Tuition assistance.
(4) Implement and sustain culturally based practices, including promising and nontradi-
tional practices, by:
(a) Reimbursing the practices equitably with other behavioral health services;
(b) Expanding behavioral health interventions to include culturally based practices, in-
cluding promising and nontraditional practices; and
(c) Expanding the approved evidence-based practices list to include promising or cul-
turally based practices for reimbursement by the medical assistance program.
(5) Develop curricula for the behavioral health workforce in the following areas:
(a) Trauma-informed care;
(b) Culturally specific and responsive practices;
(c) Anti-racism;
(d) Equity-based care;
(e) Interdisciplinary care, including working with peers; and
(f) Co-occurring mental health and substance use disorders.
(6) Develop an outcomes-based system to demonstrate anti-racism and equity training.

SECTION 5. No later than February 1, 2022, the Oregon Health Authority shall report to
the interim committees of the Legislative Assembly related to behavioral and mental health,
in the manner provided in ORS 192.245, recommendations on achieving a living wage for be-
havioral health care workers, including peers and family support specialists. The report must
also consider pay inequities between physical health care workers and behavioral health care
workers and how to provide more equitable wages.

HOUSING

SECTION 6. ORS 458.380 is amended to read:

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

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

SECTION 7. ORS 458.385 is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

(d) Soliciting funding proposals; and

(e) Processing applications for funding.

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

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

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

(c) Two representatives of groups that advocate on behalf of consumers of mental health or
substance abuse treatment;
(d) One staff person from the Department of Human Services;
(e) One staff person from the division of the [Oregon Health] authority that regulates mental health and substance abuse treatment programs;
(f) Two consumers of mental health or substance abuse treatment;
(g) One representative of a community mental health program;
(h) One person with expertise in developing and financing community housing projects in rural communities; and
(i) One representative of community corrections.

SECTION 8. The Oregon Health Authority shall adopt by rule requirements for coordinated care organizations to provide housing navigation services and address the social determinants of health through care coordination.

SECTION 9. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $__________, to be deposited in the Housing for Mental Health Fund for the purpose of providing incentive funding for the development of new housing including long term care, short term respite care and independent and integrated housing.

SECTION 10. (1) In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $__________, to:

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

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

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

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

(i) Providing landlord repair insurance funds to ensure private landlords are given incentives to rent to tenants who might be considered higher risk;

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

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

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

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

(B) Provide an opportunity for individuals to achieve long term stability in housing.
(C) Aid transitions from inpatient care or correctional facilities to the community by means including providing residential support for those who do not meet the criteria for assertive community treatment, so that they may:
   (i) Avoid extended stays in emergency rooms or hospitals because of a lack of community placement.
   (ii) Avoid discharges to homelessness.
   (iii) Reduce their contacts with the criminal justice system.
   (c) Expand the Young Adult in Transition Residential System with four additional five-
    bed Residential Treatment Homes and a ten-bed Secure Residential Treatment Facility special-
    izing in serving young adults aged 17 1/2 to 25.
   (d) Fund three secure residential treatment facilities to increase the number of facilities
to serve individuals who have been found unfit to proceed in a criminal proceeding due to a mental incapacity under ORS 161.370.
(2) Funding under subsection (1)(b) of this section:
   (a) Must be offered through a competitive bidding process. Proposals must address community or regional need and include:
      (A) Peer support from youth and culturally and linguistically appropriate peers.
      (B) Coordination with other systems of care.
      (C) Connections to voluntary social and other supports to remove barriers to long term housing such as expungement of criminal records, credit repair, financial literacy, life skills, self-advocacy with respect to evictions and other training.
   (b) May include a specific tribal allocation based on data and outcomes.

CAPTIONS

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

REPEALS

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

EMERGENCY CLAUSE

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