



LPRO
LEGISLATIVE POLICY
AND RESEARCH OFFICE

Task Force on Improving the Safety of Behavioral Health Workers

November 11, 2024

Meeting #7: Draft Recommendations and Report

Roll Call

Please have camera on and microphone unmuted

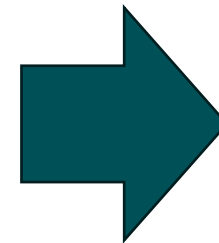
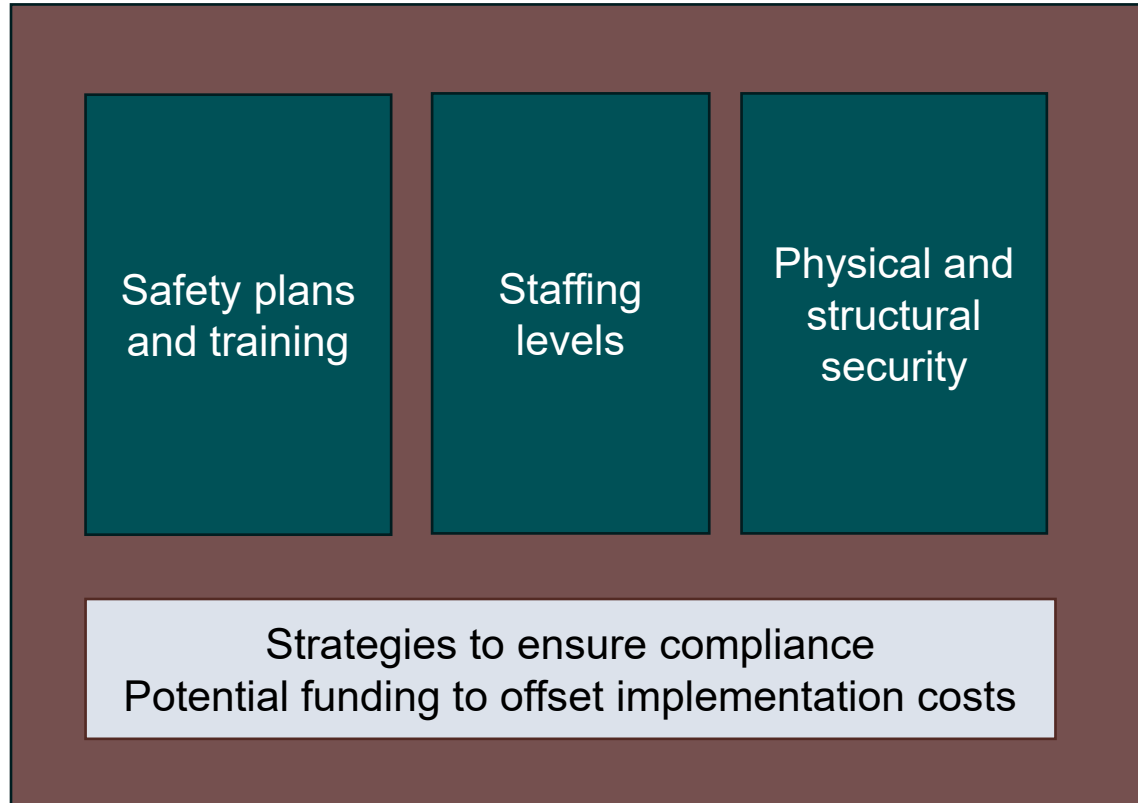


Workplan and Agenda

LPRO Staff



Progress on Workplan



Draft Workplan	
Today	Scoping/Workplan
Aug 30 th	Safety Plans
Sept 10 th	Staffing Levels
Oct 3 rd	Structural Security
Oct 18 th	Draft Recommendations
<i>Today</i>	<i>Draft Report</i>
Nov 14 th	Adopt Report



Agenda for Today

November 11, 2024

- Public comment on policy concepts
- Finalize recommendations
- Discuss final report



Updated Draft Recommendations

LPRO Staff



Getting to the Final Report

October 18th

Consider recommendations

- Review list of policy concepts
- Discuss what should move forward as recommendations



Today

Finalize recommendations

- Review revised concepts
- Narrow to areas of agreement
- Finalize recommendations
- Review draft report



November 14th

Finalize report

- Review revised draft report
- Final feedback to staff
- Adopt report (with revisions as needed)



Concepts to Recommendations

- No implied ranking or prioritization of concepts
- Tips for recommendations
 - Who is doing what?
 - By when?
 - If multiple steps are required, are they reflected and in the right order?
- Language used in Task Force recommendations need not resemble bill/drafting language
 - Language should clearly signal the Task Force's intent for desired change or outcome



Your input in July: What will success look like?

Near-term

Changes in awareness and knowledge

- Understanding of best practices
- Awareness of potential unintended consequences

Changes in policy

- Roadmap for legislation and new investments
- Proposals that can be incorporated into agency rulemaking

Long-term

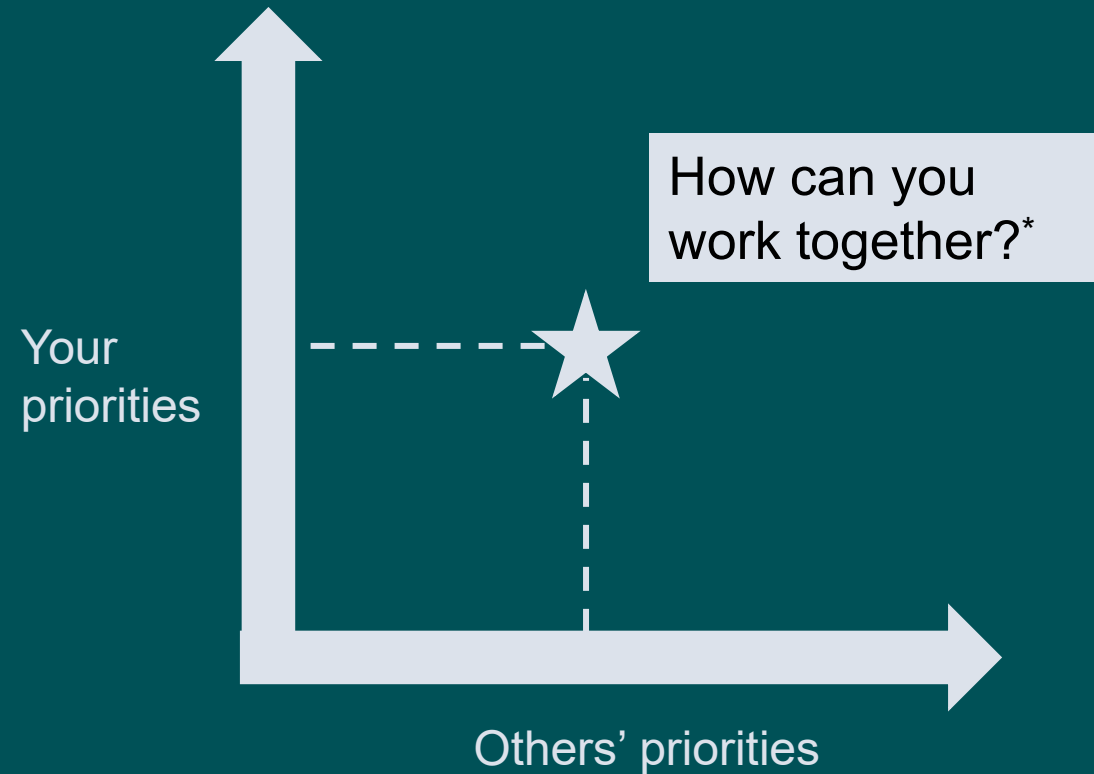
Recommendations that

- Reduce violent incidents over time
- Increase safety without increasing unnecessary litigation against consumers
- Offer a framework for employer accountability
- Share responsibility among OHA, ODHS, CCOs, and providers



Where to go from here?

- Consider how this group defined success
- Identify shared priorities from your past discussions
- Consider where you can reach agreement in the time available



*Adapted from National Policy Consensus Center, 2024

Written Safety Plans

October 18 th Version	Revised Version
<p>1.1) Behavioral health employers should be required to develop a written safety plan. This requirement should apply to traditional settings as well as shelters and mobile crisis units. Safety plans should be tailored to the employer's specific context and easily accessible by staff. Employers should be required to provide a copy of the written plan to new workers upon hire.</p>	<p>No change</p>
<p>1.2) OHA should offer incentives to behavioral health employers to encourage timely development of written safety plans. Incentives should be offered up-front to cover employer costs with a requirement to provide evidence of completion. OSHA should work with OHA and ODHS to advertise to behavioral health providers that free consultation and training on safety planning are available to them.</p>	<p>OHA should offer noncompetitive grants to behavioral health employers to support risk assessments (see #3.1) that inform timely development of written safety plans. Grants should be offered up-front to cover employer costs to conduct risk assessments and engage technical advisors as needed. OSHA should work with OHA and ODHS to advertise to behavioral health providers that free consultation and training on safety planning are available to them.</p>
<p>1.3) There should be enhanced penalties for employers if, during an investigation, OSHA determines that an employer was not in compliance with requirements related to a written safety plan.</p>	<p>No change</p>

Safety Training – What, When, How

October 18th Version

Revised Version

- 1.4) Behavioral health employers should be required to provide:
- **basic safety training** addressing common risks and the written safety plan (distinct from de-escalation). The training should include add-on components for specific settings and levels of care. One add-on should be field safety training for mobile crisis.
 - **de-escalation training** when a new worker is hired and periodically thereafter (e.g., every 3-4 years).
 - **training on workers' rights and reporting options** when they are concerned about workplace safety including working alone. Training must include information about retaliation protections, how to report concerns to the Bureau of Labor Industries or Oregon OSHA, etc.

Trainings should be provided at initial onboarding. The requirement should apply to traditional behavioral health settings as well as shelters and mobile crisis units. De-escalation training must be delivered by live instructors, in-person, with interactive elements. OHA and ODHS should develop standard training curricula for basic safety and workers rights that are offered on a rolling basis to all employers. Larger employers may elect to deliver the agency's basic safety training and workers' rights and reporting options curriculum using a train-the-trainer approach. To the extent practicable, trainings should be delivered by live instructors, in-person or virtually, and incorporate interactive elements. Employers should minimize reliance on prerecorded content.

- Behavioral health employers should be required to provide:
- **basic safety training** addressing common risks and the written safety plan (distinct from de-escalation). The training should include add-on components for specific settings and levels of care. One add-on should be field safety training for mobile crisis.
 - **de-escalation training** when a new worker is hired and periodically thereafter.
 - **training on workers' rights and reporting options** when they are concerned about workplace safety including working alone. Training must include information about retaliation protections, how to report concerns to the Bureau of Labor Industries or Oregon OSHA, etc.

Hazard-related trainings should be provided to new hires prior to performing work duties that could expose them to violence. Other trainings should be completed within 90 days of hire. The requirement should apply to traditional behavioral health settings as well as shelters and mobile crisis units. De-escalation training must be delivered by live instructors, in-person **or virtually**, with interactive elements. To the extent practicable, other trainings should also be delivered by live instructors, in-person or virtually, and incorporate interactive elements. Employers should minimize reliance on prerecorded content. OHA and ODHS should develop a curriculum **and/or list of third-party training curricula that may be used** for basic safety training, de-escalation, and workers' rights. **OHA and ODHS should employ trainers that can provide these trainings on an ongoing basis for employers who are unable to offer their own trainings to new hires within 90 days.**

Safety Training – Record Keeping

1.5) OSHA should require employers to document that new workers complete required trainings within 90 days. Employers should be required to lead workers in practice or “drills” of training content. OSHA should impose penalties when employers do not comply.

No change



Agency Rules Alignment

October 18 th Version	Revised Version
<p>1.6) OSHA, OHA, and ODHS should review information from providers about perceived tensions between agency rules for client and worker safety. The agencies should review rules regarding client neglect or abuse and identify where specific guidance related to assaultive behaviors toward workers is not addressed. The agencies should use this review to develop guidance on how employers can comply with rules. The agencies should provide a report on these activities to the Legislative Assembly by [date?].</p>	<p>1.6) OSHA, OHA, and ODHS should review information from providers about perceived tensions between agency rules for client and worker safety. The agencies should review rules regarding client neglect or abuse and identify where specific guidance is missing related to 1) assaultive behaviors toward workers, and 2) assaultive behaviors between clients. The agencies should use this review to develop guidance on how employers can comply with rules. The agencies should provide a report on these activities to the Legislative Assembly by August 31, 2026.</p>
<p>1.7) OSHA, OHA, and ODHS should be directed to increase coordination during 1) enforcement of regulations related to safety of clients and workers, and 2) investigation of incidents involving violence between a client and worker. The agencies should develop a process for providers to seek guidance when they perceive tension between safety requirements of the agencies.</p>	<p>No change</p>
<p>1.8) OHA rules should permit a provider to consider a client's full history when determining suitability for admission. The agency should not limit the lookback period to 14 days.</p>	<p>No change</p>
<p>NEW</p>	<p>OHA should permit residential or in-home providers to issue a notice to a client when personal belongings are creating a safety hazard for workers and formally request the resident make changes.</p>

Critical Incident Logs

October 18th Version

1.9) OSHA should develop a critical incident template for use by behavioral health providers to track “near misses”. The form should be simple to fill out and designed to complement an assault log.

1.10) Behavioral health employers should [be encouraged or required?] to:

- maintain a log of “near miss” critical incidents that do not meet the definition of assault.
- hold “after action meetings” following a critical incident.
- review critical incidents and assault logs when developing an employer’s written safety plan.

Revised Version

OSHA should develop a critical incident template for use by behavioral health providers to track “near misses”. **The form should include a standard definition of “near misses” that is developed with provider input.** The form should be simple to fill out and designed to complement an assault log.

Behavioral health employers should **be required** to

- maintain a log of critical incidents that **meet the OSHA definition of a “near miss,”**
- **Permit employees to log other incidents that do not meet the definition of a “near miss” but caused worker concern for safety;**
- hold “after action meetings” following a critical incident, and
- review critical incidents and assault logs when developing an employer’s written safety plan.

Retaliation

New

The Bureau of Labor and Industries may require the reinstatement of an employee as part of a Final Order when there is a finding that an employer has unlawfully discriminated and retaliated against an employee due to opposition and complaints related to the Oregon Safe Employment Act (OSEA).



Lone Worker Protections

- 2.1) Behavioral health employers should be required to either 1) offer a communication device to any employee who may be alone with a client, or 2) allow workers to require a second staff member be present before working with a client.
- 2.2) As part of a written safety plan, behavioral health employers should be required to assess situations where a worker may be alone with clients on the job. The plan should address 1) how the employer will provide communication devices to workers, and 2) when and how workers can request another staff member be present when working alone with a client.

No change



OHA Rate Study

October 18th Version

2.3) OHA should engage an actuary to gather information from providers to:

- model the cost to raise the minimum staffing requirement for behavioral health facilities to two workers.
- model the cost of structural security elements or safety planning policies recommended by the Task Force.

This cost information should inform the agency's rate updates for behavioral health providers. The agency should study potential pathways to secure federal approval and financial participation (i.e. Medicaid match) for enhanced staffing or structural requirements. Findings should be reported to the legislative assembly by **[date?]**.

Revised Version

OHA should engage an actuary to gather information from providers to:

- model the cost to raise the minimum staffing requirement for behavioral health facilities to two workers.
- model the cost of structural security elements or safety planning policies recommended by the Task Force.

This cost information should inform the agency's rate updates for behavioral health providers. The agency should study:

- potential pathways to secure federal approval and financial participation (i.e. Medicaid match) for enhanced staffing or structural requirements, and
- **options for providers to be reimbursed if a second worker must be present to ensure safety of a lone worker.**

Findings should be reported to the legislative assembly by **December 1, 2025.**

OHA Payment Methodologies

- 2.4) OHA should reduce the processing time for providers to request a rate exception and develop a fast-track option for emergent situations where a residential client's behavior rapidly changes.
- 2.5) OHA should require CCOs to implement payment models for outpatient mental health providers that are adjusted for client acuity.
- 2.6) OHA should require CCOs to use prospective payment models that support two-person mobile crisis teams. Payments should be population- or retainer-based (e.g. a "firehouse model") to ensure all areas of the state maintain ongoing mobile crisis capacity.

No change



Physical/Structural Security

October 18 th Version	Revised Version
<p>3.1) As part of a written safety plan, behavioral health employers should be required to assess the built environment and how it may support or impede self-defense by a worker who is being assaulted. Components of the assessment should include: [TF members to add suggestions?]</p>	<p>As part of a written safety plan, behavioral health employers should be required to assess the built environment and how it may support or impede self-defense by a worker who is being assaulted. The built environment may include facilities, vehicles, and other physical locations where work is performed on an ongoing basis. The written safety plan should indicate how workers can report structural security hazards, and the intended time frame for the employer to respond.</p> <p>OSHA should develop a timeline to phase in this requirement over time, with provider input. OSHA and OHA should publish suggested resources or support options for providers seeking expert consultation on assessments.</p>
<p>3.2) The legislative assembly should:</p> <ul style="list-style-type: none">Appropriate general funds and direct [OHA?] to offer grants to behavioral health providers to retrofit existing facilities with safety enhancements such as keyless entries (e.g. fobs or biometric scanners) and panic buttons.Require that any newly constructed behavioral health facilities receiving public funding must include elements to enhance worker safety in the facility's design.	<p>The legislative assembly should:</p> <ul style="list-style-type: none">Appropriate general funds and direct OHA to offer grants to behavioral health providers who have completed risk assessments to retrofit or otherwise enhance existing work settings (e.g. facilities and/or vehicles) with physical safety enhancements such as keyless entries (e.g. fobs or biometric scanners), communication devices, panic buttons, software, etc.Require that any newly constructed behavioral health facilities receiving public funding must complete a physical and structural security assessment and include elements to enhance worker safety in the facility's design.

Discussion

- Do these changes reflect your intent?
- Are further changes needed?
- Are there any concepts you cannot support as written?



DRAFT Final Report

LPRO Staff



DRAFT version of Final Report



- Drafted by LPRO staff with Chair direction
- Prepared for Interim Legislative Committees on Health
- Addresses required domains in HB 4002 (2024) and conforms with ORS 192.245
- Presents the Task Force's recommendations along with
 - Select background and data to provide context
 - Member considerations
 - Stated goals for implementation
- No new information



DRAFT Report Contents

See Nov 7th meeting materials for draft report

Section 1 – Task Force Process

- Charge and background
- Needs assessment
- Workplan and meeting materials
- Overview of preliminary report (September)

Section 2 – Analysis of Policy Options

- Domain 1 – safety plans and protocols (*presenters, data, discussion*)
- Domain 2 – Safe staffing levels
- Domain 3 – Physical and structural security

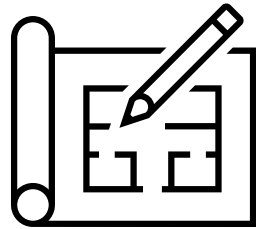
Section 3 – Recommendations



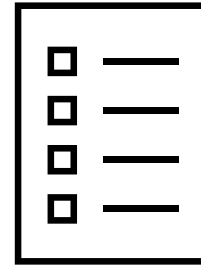
Finalizing the Report



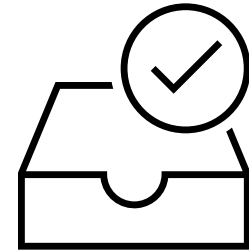
Discuss any revisions today



Staff revise report at Chair direction, post final draft by EOD Tuesday, November 12th



Members adopt report (with any remaining changes) at November 14 meeting



Submitted to Interim Legislative Committees by December 1



How to Give Feedback

Today: Share substantive questions or concerns about report contents

Any key analysis or discussion point missing from report?

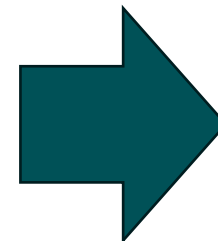
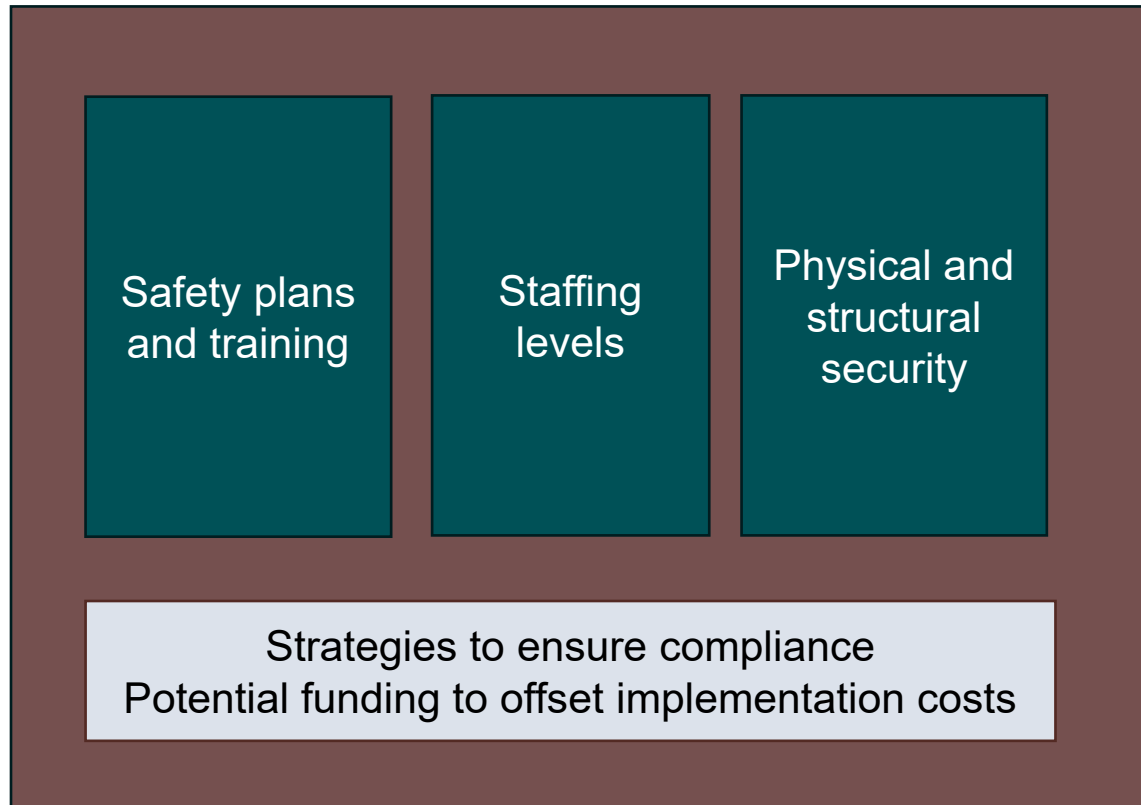
[Avoid wordsmithing]

Priority: Resolve any areas of disagreement

Other technical issues: please email JTFBHW.Exhibits@oregonlegislature.gov no later than tomorrow, November 8th, 5pm



Mapping Topics to Workplan



Draft Workplan	
Today	Scoping/Workplan
Aug 30 th	Safety Plans
Sept 10 th	Staffing Levels
Oct 3 rd	Structural Security
Oct 18 th	Draft Recommendations
Nov 7 th	Draft Report
Nov 14 th	Adopt Report

