

# Recommendations

## Joint Task Force on Improving the Safety of Behavioral Health Care Workers

PREPARED FOR: House Interim Committees on Behavioral Health and Health Care

DATE: December 11, 2024

BY: Representative Travis Nelson, Chair

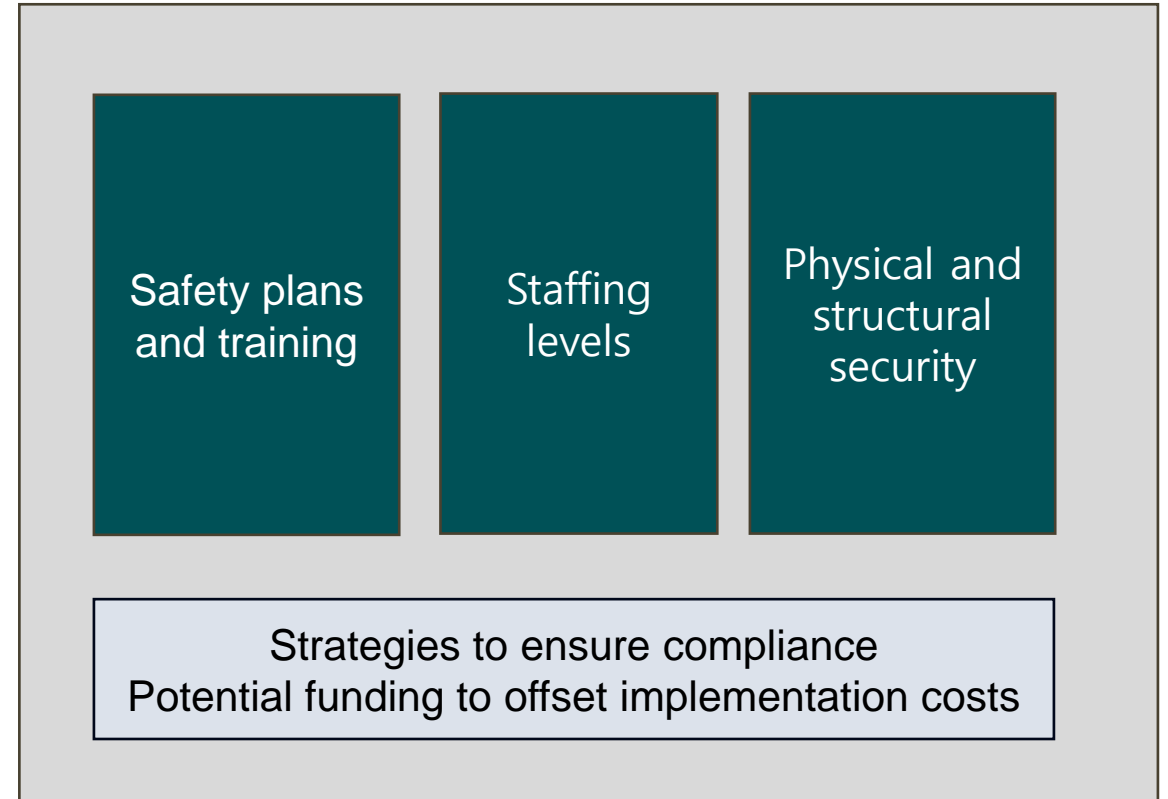
Representative Cyrus Javadi, Vice-Chair



# Background – HB 4002

HB 4002 (2024) - Section 18

- Convened to develop recommendations to address concerns about behavioral health worker exposure to violence
- 17 members
  - Four legislative, 11 community members, and two state agency employees
- Rep. Travis Nelson, Chair
- Rep. Cyrus Javadi, Vice-Chair



# Timeline and Workplan

- First Meeting – July 18<sup>th</sup>, 2024
- Needs assessment
- Three informational hearings
- Deliberative process
- Engagement with agencies and public comment
- 20 recommendations across four areas
  - Written safety plans and protocols
  - Support for employer changes and compliance
  - Worker rights, reporting options, and trainings
  - Staffing requirements and related payments

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



# Scope – Which Facilities?

Recommendations relate to:

- Residential treatment facilities (RTF) (ORS 443.400)
- Secure RTF (ORS 443.465)
- Health care facilities (ORS 442.015)
  - *Not intended to change or override existing ORS 654 hospital requirements*
- Sobering facilities, detox centers and halfway houses (ORS 430.306)
- Mobile crisis (OAR 309-072-0110), and
- Emergency shelters



# Recommendations – Employer Requirements

- Employers should be required to have a **written safety plan**
  - Assess the built environment (facilities, vehicles, etc.)
  - Assess risks for lone workers
  - Publish worker training plan and schedule
  - Provide the written safety plan to workers on hire
- Employers should have **access to financial support** including
  - Noncompetitive grants to support risk assessments
  - Grants to retrofit existing facilities to higher safety standards (keyless entries, communication devices, panic buttons, etc.)
- **New facilities constructed with public funds** should consider worker safety in design



# Recommendations – Worker Trainings, Rights

- Employers should be required to provide **safety trainings**
  - What - basic safety, de-escalation, workers rights/reporting options
  - When - during onboarding, and on a recurring schedule thereafter
  - Trainings should be documented when workers complete
- Oregon Health Authority (OHA)/Oregon Department of Human Services (DHS) should:
  - publish **list of approved trainings** and recurrence schedule
  - Employ **trainers** and offer trainings for employers who can not provide their own



# Recommendations – Worker Trainings, Rights

- Employers should **track “near miss” incidents**
  - Oregon OSHA should develop standards/tools to track “near miss” incidents
- Oregon Bureau of Labor and Industries (BOLI) should be allowed to require **reinstatement of terminated workers** 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).



# Recommendations – Support for Employers

- OHA should permit providers to **consider a client's full history** when admitting (not limited to 14-day lookback period)
- OHA and DHS should study whether providers can **issue notices to residents** if personal belongings are creating a safety hazard
- Oregon law should allow behavioral health workers to **use physical force in self-defense** without fear of disciplinary action if being assaulted





# Recommendations – Staffing and Payments

- Employers should **provide protections for lone workers**
  - Communication device or option to request a second worker
- OHA should
  - **Reduce processing times** for rate exceptions when additional staffing is needed for residential clients with challenging behaviors
  - Require Coordinated Care Organizations (CCO) to **implement acuity-based payments** for outpatient mental health providers



# Recommendations – Staffing and Payments

- The Legislative Assembly should direct and fund OHA to
  - Require CCO to **use prospective payment models** that support two-person mobile crisis teams
  - **Reimburse mobile crisis providers** for serving people without insurance coverage for these services



# Recommendations: Agency Studies

- Department of Consumer and Business Services (DCBS) should study options to **require commercial carriers to cover mobile crisis intervention services**
  - report findings to the Legislative Assembly by December 1, 2025
- OHA should **engage an actuary** to
  - Model the costs of 1) increasing staffing minimums and 2) requiring structural security upgrades
  - Report findings to the Legislative Assembly by December 1, 2025



# Recommendations: Agency Studies

- OHA, DHS, and Oregon OSHA should **review safety regulations** and
  - Address perceived tensions between client and worker safety regulations
  - Issue guidance on how providers can comply with both client and worker safety rules
  - Coordinate across agencies when investigating complaints or incidents
  - Report findings to the Legislative Assembly by August 31, 2026.



# Next Steps

- Request the committee introduce Legislative Concept 913 on behalf of the Joint Task Force on Improving the Safety of Behavioral Health Workers.
  - LC 913 is placeholder for the Task Force recommendations.
  - An amendment will be drafted for the 2025 Legislative Session with the recommendations adopted by the Task Force.



# Thank you. Questions?

Representative Travis Nelson  
Representative Cyrus Javadi

