

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

Background

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

- First Meeting
 - July 18th, 2024
- Three informational hearings
- Deliberative process
- Engagement with agencies and public comment
- Informational Hearing to the House Interim Committee on Behavioral Health and Health Care
 - December 11th, 2024

Draft Workplan

Aug 7 th	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

Joint Task Force Recommendations

20 Recommendations Across Four Areas

• **Written safety plans and protocols**

- 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

• **Worker rights, reporting options, and trainings**

- Employers should be required to provide safety trainings
- 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
- Employers should track "near miss" incidents
- Oregon Bureau of Labor and Industries (BOLI) should be allowed to require reinstatement of terminated workers

• **Support for employer changes and compliance**

- OHA should permit providers to consider a client's full history when admitting
- 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

• **Staffing requirements and related payments**

- Employers should provide protections for lone workers
- 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
- The Legislative Assembly should direct and fund OHA to:
 - Require CCOs 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