HB 2235-1
(LC 1905)
2/10/23 (LHF/ps)

Requested by Representative SANCHEZ

PROPOSED AMENDMENTS TO
HOUSE BILL 2235

In line 2 of the printed bill, after "health" insert "; and prescribing an effective date".

After line 2, insert:

"Whereas Oregon remains near the very bottom in the United States for access to behavioral and mental health services and one contributing factor to that rating is the high turnover of certified and licensed professionals in the state's community behavioral health services system; and

"Whereas while low pay is one cause of the high turnover, burnout from the high acuity needs and large numbers of clients that providers care for is a major factor in providers leaving the field; and

"Whereas providing behavioral health services to a client goes far beyond the time expended in appointments and includes note-taking and organizing, follow-up on needed connections with other members of the care team and administrative duties; and

"Whereas many providers who leave community-based behavioral health practices go into private practice where the providers can better control their caseloads and likely have clients with much lower acuity needs; and

"Whereas establishing caseload standards for community behavioral health services providers will increase retention, help employers understand workforce needs, estimate the cost of adequate levels of care and ensure high quality behavioral health services; now, therefore,".

Delete lines 4 through 9 and insert:

"SECTION 1. (1) As used in this section:

"(a) 'Assertive community treatment' means an intensive, integrated approach to the provision of person-centered and individualized behavioral health services in a community setting to adults experiencing severe mental illness.

"(b) 'Child' means an individual who is under 18 years of age.

"(c) 'Wraparound' means individualized, team-based service planning and care coordination for a child with high acuity mental health needs and for the child's family.

"(2) The Oregon Health Authority shall convene a work group to recommend statewide behavioral health caseload standards. The work group must be representative of county and nonprofit community health providers, various employers and geographic areas and include:

"(a) At least one nonmanagement peer mentor who is in active practice;

"(b) At least one nonmanagement clinical social worker licensed under ORS 675.530 who is in active practice;

"(c) At least one nonmanagement certified alcohol and drug counselor who is in active practice;

"(d) At least one nonmanagement qualified mental health associate who is in active practice;

"(e) At least one nonmanagement qualified mental health professional who is in active practice;

"(f) At least two members who carry caseloads and supervise other employees who are working to achieve hours for certification or licensure as a behavioral health providers;

"(g) Directors or the directors' designees from:

"(A) At least four county mental health programs; and

"(B) At least four nonprofit community behavioral health services

providers that are not community mental health programs;

"(h) At least one representative of an association of behavioral health provider employees; and

"(i) At least one representative of an association of behavioral health provider employers.

"(3) The membership of the work group convened under subsection (2) of this section must include representatives of at least four providers of culturally specific services.

"(4) The work group shall be informed by the National Association of Social Workers' metrics on ethical caseloads, by current systems used by employers and by other emerging data or reports on caseloads in behavioral health.

"(5) The work group shall:

"(a) First evaluate the following caseload standards:

"(A) For teams of individuals providing assertive community treatment to clients with severe persistent mental illness, 10 to 15 clients per team.

"(B) For providers of wraparound to clients with severe persistent mental illness, up to 15 clients per provider.

"(C) For a provider of behavioral health services other than those described in subparagraph (A) or (B) of this paragraph:

"(i) To an adult or child with high acuity needs, 15 clients per provider.

"(ii) To an adult with medium acuity needs, 40 clients per provider.

"(iii) To an adult with low acuity needs, 55 clients per provider.

"(iv) To a child with medium acuity needs, 30 clients per provider.

"(v) To a child with low acuity needs, 45 clients per provider.

"(b) Determine the workforce development needed to ensure that the caseload standards can be met.

"(c) If resources are not currently available to achieve the caseload

standard or come close to the caseload standard, assess the gap in resources and predict how many budget cycles are necessary to close the gap.

"(d) Recommend how frequently caseload standards should be reviewed and the process for reviewing the standards and updating the standards.

"(e) Make recommendations for providing caseload flexibility to providers while maintaining statewide standards of care.

"(f) Assess the impact of the caseload standards on support staff such as office administrators and case managers to ensure all staff have manageable workloads.

"(6) No later than January 15, 2024, the authority shall report to the interim subcommittee of the Joint Committee on Ways and Means related to human services, in the manner provided in ORS 192.245, the work group's initial recommendations for caseload standards to inform the subcommittee on the authority's budget for the biennium beginning July 1, 2025. The initial standards shall take into consideration the available workforce and the workforce development needed to meet the standards.

"(7) No later than December 15, 2024, the authority shall submit a final report, in the manner provided in ORS 192.245, containing the work group's final recommended caseload standards and recommendations for legislative actions, if needed, to the interim committees of the Legislative Assembly related to health care and to the interim subcommittee of the Joint Committee on Ways and Means related to human services.

"SECTION 2. Section 1 of this 2023 Act is repealed on January 2, 2025.

"SECTION 3. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative

Assembly adjourns sine die.".