

## HB 2015 (Dash-2) & SB 1195: Fixing Barriers That Slow Development of New Residential Treatment

### Background

The Oregon Legislature is investing historic sums in an effort to quickly develop new licensed residential treatment for mental health and substance use disorders. However, development has been slowed by a number of factors, among them regulatory and operational burdens around building and operating Secure Residential Treatment Facilities (SRTF), Residential Treatment Facilities (RTF), and Residential Treatment Homes (RTH). Given some of the burdens, providers report reticence at opening new capacity.

NAMI Oregon brought together providers of licensed residential treatment services and hospitals that provide inpatient psychiatric care to discuss the needs of patients at high acuity and how to more quickly develop new capacity.

The result is HB 2015 (Dash-2) and SB 1195 — a legislative proposal that addresses largely non-monetary factors that slow development of new residential capacity and that complicate efficient operations.

### HB 2015 with Amendment & SB 1195 Explained

HB 2015 (Dash-2) & SB 1195 direct the Oregon Health Authority to assess regulatory and administrative barriers that are slowing development with strict timelines to recommend remedies. Importantly, OHA is directed to find solutions for:

- Federal rules under which Oregon’s residential system is organized. Current rules introduce operational challenges because they create a “landlord/tenant” relationship between patient and provider in short-term licensed residential care that is more appropriate for long-term housing.
- Grouping patients with similar acuity in the same licensed treatment facility. Current practice is to place patients with a wide array of acuity in the same treatment environment, meaning a patient at high acuity could be in the same milieu as patients with low acuity. This isn’t good patient care and, with reimbursements tied to acuity, leads to financial stresses for providers given fixed staffing costs.
- Updating rules that dissuade providers from developing and operating Class I Secure Residential Treatment Facilities, which are the highest level of community placement short of hospitalization. Oregon needs more Class I SRTFs, particularly if the Oregon State Hospital continues to exclusively serve forensic patients.

Combined, HB 2015 as amended & SB 1195 provide for a comprehensive revision of key factors that will help Oregon more quickly develop new licensed residential care and that will incentivize providers to expand their operations so that the state meets its ambitious goals to create additional treatment beds.

