

A-Engrossed
House Bill 2417

Ordered by the House April 6
Including House Amendments dated April 6

Sponsored by Representatives SANCHEZ, MARSH, SOLLMAN; Representatives ALONSO LEON, CAMPOS, DEXTER, EVANS, GRAYBER, MCLAIN, NERON, PHAM, PRUSAK, REARDON, REYNOLDS, RUIZ, SCHOUTEN, WILDE, WILLIAMS, Senators GELSER, WAGNER (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires [*Department of Human Services*] **Oregon Health Authority** to [*administer program to*] provide [*matching*] grants to cities [*or counties*] **or funding to county community mental health programs** to operate mobile crisis intervention teams **and provide other behavioral health supports.**

Directs authority to convene work group to study and evaluate methods for continuing to fund mobile crisis intervention teams and other behavioral health supports.

Declares emergency, effective July 1, 2021.

A BILL FOR AN ACT

1
2 Relating to crisis intervention resources; and declaring an emergency.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) The Oregon Health Authority shall provide grants to cities or funding to**
5 **county community mental health programs to fund mobile crisis intervention teams and**
6 **other programs as described in this section.**

7 **(2) A mobile crisis intervention team consists of at least one crisis worker and:**

8 **(a) In cities and counties with populations of 100,000 or greater, a nurse or an emergency**
9 **medical services provider, as defined in ORS 682.025, or both.**

10 **(b) In cities and counties with populations of less than 100,000, a nurse or another med-**
11 **ical professional who is on call to assist the team.**

12 **(3) Mobile crisis intervention teams rely on trauma-informed de-escalation and harm re-**
13 **duction techniques to:**

14 **(a) Facilitate conflict resolution;**

15 **(b) Conduct welfare checks;**

16 **(c) Provide substance abuse interventions;**

17 **(d) Address suicide threats; and**

18 **(e) Address nonemergency medical issues.**

19 **(4) Cities and counties that receive grants or funding under this section shall train 9-1-1**
20 **operators to recognize calls with behavioral health components and to route such calls to the**
21 **mobile crisis intervention team. The team shall respond by:**

22 **(a) Assessing the situation;**

23 **(b) Providing immediate stabilization in the case of an urgent medical need or behavioral**
24 **health crisis;**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (c) Providing information and referrals; and

2 (d) Transporting the individual for treatment, if necessary.

3 (5) A city or county community mental health program may elect to staff a crisis worker
4 position with:

5 (a) Any of the following professionals:

6 (A) An individual with a bachelor's degree in social work, psychology or counseling;

7 (B) An individual with a master's degree in social work licensed under ORS 675.530;

8 (C) A clinical social worker licensed under ORS 675.530;

9 (D) A professional counselor with clinical experience licensed under ORS 675.715;

10 (E) A licensed nurse practitioner with a specialty in psychiatric mental health; or

11 (F) An individual with training equivalent to an individual listed in this paragraph, as
12 prescribed by the authority by rule; or

13 (b) An individual with at least a bachelor's degree in social work, psychology, counseling
14 or a related field specified by the authority who is supervised by a licensed social worker with
15 a master's degree or a licensed clinical social worker.

16 (6) Mobile crisis intervention teams may not include law enforcement, although law
17 enforcement may be dispatched alongside mobile crisis intervention teams if necessary.

18 (7) Cities and counties that receive grants or funding under this section shall work with
19 mobile crisis teams, if any, in their areas.

20 (8)(a) Sixty percent of the moneys appropriated by the Legislative Assembly for the pur-
21 poses of this section and any federal matching funds that may be available shall be paid to
22 county community mental health programs and 40 percent shall be available for grants to
23 cities.

24 (b) Cities with populations of 50,000 or greater and counties with populations of 100,000
25 or greater must contribute 25 percent in matching funds.

26 (9) Cities and counties with populations less than the thresholds specified in subsection
27 (8) of this section are not required to contribute matching funds.

28 (10) Funds distributed under this section may be used for:

29 (a) Staffing mobile crisis intervention teams;

30 (b) Establishing a new or maintaining an existing:

31 (A) Sobering facility registered under ORS 430.262;

32 (B) Shelter facility that operates 24 hours a day and accepts individuals who are under
33 the influence of drugs or alcohol; or

34 (C) Crisis respite center; or

35 (c) Addressing other unmet needs for behavioral health supports in the city or county,
36 as defined in criteria prescribed by the authority by rule.

37 (11) The authority shall seek a waiver of Medicaid laws or any other form of approval
38 from the Centers for Medicare and Medicaid Services that is necessary to secure federal fi-
39 nancial participation in the costs of providing grants or funding under this section or the
40 costs of operating mobile crisis intervention teams.

41 **SECTION 2.** In addition to and not in lieu of any other appropriation, there is appropri-
42 ated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the
43 General Fund, the amount of \$10,000,000, which shall be expended for:

44 (1) Providing grants to cities or funding to county community mental health programs
45 to operate mobile crisis intervention teams under section 1 of this 2021 Act; and

1 **(2) Funding one full-time equivalent position at the White Bird Clinic in the City of**
2 **Eugene.**

3 **SECTION 3. (1) The Oregon Health Authority shall convene a work group to study and**
4 **evaluate methods for continuing to fund mobile crisis intervention teams and other services**
5 **described in section 1 of this 2021 Act. The work group must include representatives of cities**
6 **and community mental health programs.**

7 **(2) No later than September 15, 2022, the authority shall report, in the manner provided**
8 **in ORS 192.245, to the interim committees of the Legislative Assembly related to mental or**
9 **behavioral health, the findings of the work group and recommendations for funding mobile**
10 **crisis intervention teams and other related services.**

11 **SECTION 4. This 2021 Act being necessary for the immediate preservation of the public**
12 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**
13 **July 1, 2021.**

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