

## HOUSE AMENDMENTS TO A-ENGROSSED HOUSE BILL 3069

By COMMITTEE ON REVENUE

June 9

1 On page 1 of the printed A-engrossed bill, line 2, after “ORS” delete the rest of the line and  
2 delete lines 3 through 5 and insert “403.110, 403.115 and 403.135; and declaring an emergency.”.

3 Delete lines 7 through 24 and delete pages 2 through 4.

4 On page 5, delete lines 1 through 38 and insert:

5 **“SECTION 1. As used in sections 1 to 3 of this 2021 Act:**

6 **“(1) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.**

7 **“(2) ‘Crisis stabilization center’ means a facility licensed by the Oregon Health Authority**  
8 **that meets the requirements adopted by the authority by rule under section 2 of this 2021**  
9 **Act.**

10 **“(3) ‘Crisis stabilization services’ includes diagnosis, stabilization, observation and**  
11 **follow-up referral services provided to individuals in a community-based, developmentally**  
12 **appropriate homelike environment to the extent practicable.**

13 **“(4) ‘Mobile crisis intervention team’ means a team of qualified behavioral health pro-**  
14 **fessionals that may include peer support specialists, as defined in ORS 414.025, and other**  
15 **health care providers such as nurses or social workers who provide timely, developmentally**  
16 **appropriate and trauma-informed interventions, screening, assessment, de-escalation and**  
17 **other services necessary to stabilize an individual experiencing a behavioral health crisis in**  
18 **accordance with requirements established by the authority by rule.**

19 **“(5) ‘Peer respite services’ means voluntary, nonclinical, short-term residential peer**  
20 **support provided:**

21 **“(a) In a homelike setting to individuals with mental illness, substance abuse disorder**  
22 **or trauma response symptoms who are experiencing acute distress, anxiety or emotional**  
23 **pain that may lead to the need for a higher level of care such as psychiatric inpatient hos-**  
24 **pital services; and**

25 **“(b) By a peer-run organization and directed and delivered by individuals with lived ex-**  
26 **perience in coping with, seeking recovery from or overcoming mental illness, substance use**  
27 **disorder or trauma response challenges.**

28 **“(6) ‘Veterans Crisis Line’ means the crisis hotline maintained by the United States De-**  
29 **partment of Veterans Affairs and the United States Department of Health and Human Ser-**  
30 **vices.**

31 **“SECTION 2. (1) The purposes of sections 1 to 3 of this 2021 Act are to build upon and**  
32 **improve the statewide coordinated crisis system in this state and to:**

33 **“(a) Remove barriers to accessing quality behavioral health crisis services;**

34 **“(b) Improve equity in behavioral health treatment and ensure culturally, linguistically**  
35 **and developmentally appropriate responses to individuals experiencing behavioral health cri-**

1 ses, in recognition that, historically, crisis response services placed marginalized communi-  
2 ties at disproportionate risk of poor outcomes and criminal justice involvement;

3 “(c) Ensure that all residents of this state receive a consistent and effective level of be-  
4 havioral health crisis services no matter where they live, work or travel in the state; and

5 “(d) Provide increased access to quality community behavioral health services to prevent  
6 interactions with the criminal justice system and prevent hospitalizations, if appropriate, by  
7 investing in:

8 “(A) New technology for a crisis call center system to triage calls and link individuals to  
9 follow-up care;

10 “(B) The expansion of mobile crisis intervention teams; and

11 “(C) A wide array of crisis stabilization services, including services provided by:

12 “(i) Crisis stabilization centers;

13 “(ii) Facilities offering short-term respite services;

14 “(iii) Peer respite services;

15 “(iv) Behavioral health urgent care walk-in centers; and

16 “(v) Crisis hotline centers to receive calls, texts and chats from individuals or other cri-  
17 sis hotlines to provide crisis intervention services and crisis care coordination anywhere in  
18 this state 24 hours per day, seven days per week, 365 days per year.

19 “(2) The Oregon Health Authority shall adopt by rule requirements for crisis stabilization  
20 centers that, at a minimum, require a center to:

21 “(a) Be designed to prevent or ameliorate a behavioral health crisis or reduce acute  
22 symptoms of mental illness or substance use disorder, for individuals who do not require  
23 inpatient treatment, by providing continuous 24-hour observation and supervision;

24 “(b) Be staffed 24 hours per day, seven days per week, 365 days per year by a multidis-  
25 ciplinary team capable of meeting the needs of individuals in the community experiencing all  
26 levels of crisis, including:

27 “(A) Psychiatrists or psychiatric nurse practitioners;

28 “(B) Nurses;

29 “(C) Licensed or credentialed clinicians in the region where the crisis stabilization center  
30 is located who are capable of completing assessments; and

31 “(D) Peers with lived experiences similar to the experiences of the individuals served by  
32 the center;

33 “(c) Accept at least 90 percent of all referrals and have a policy prohibiting rejecting  
34 patients brought in or referred by first responders;

35 “(d) Have services to address substance use crisis issues;

36 “(e) Have the capacity to assess physical health needs and provide needed care and a  
37 procedure for transferring an individual, if necessary, to a setting that can meet the  
38 individual’s physical health needs if the facility is unable to provide the level of care required;

39 “(f) Offer walk-in and first responder drop-off options;

40 “(g) Screen for suicide risk and complete comprehensive suicide risk assessments and  
41 planning when clinically indicated;

42 “(h) Screen for violence risk and complete more comprehensive violence risk assess-  
43 ments and planning when clinically indicated; and

44 “(i) Meet other requirements prescribed by the authority.

45 “(3) The authority shall establish a crisis hotline center to receive calls, texts and chats

1 from the 9-8-8 suicide prevention and behavioral health crisis hotline and to provide crisis  
2 intervention services and crisis care coordination anywhere in this state 24 hours per day,  
3 seven days per week. The crisis hotline center shall:

4 “(a) Have an agreement to participate in the National Suicide Prevention Lifeline net-  
5 work.

6 “(b) Meet National Suicide Prevention Lifeline requirements and best practices guidelines  
7 for operational and clinical standards and any additional clinical and operational standards  
8 prescribed by the authority.

9 “(c) Record data, provide reports and participate in evaluations and related quality im-  
10 provement activities.

11 “(d) Establish formal agreements to collaborate with other agencies to ensure safe, in-  
12 tegrated care for people in crisis who reach out to the 9-8-8 suicide prevention and behavioral  
13 health crisis hotline.

14 “(e) Contact and coordinate with the local community mental health programs for rapid  
15 deployment of a local mobile crisis intervention team and follow-up services as needed.

16 “(f) Utilize technologies, including chat and text applications, to provide a no-wrong-door  
17 approach for individuals seeking help from the crisis hotline and ensure collaboration among  
18 crisis and emergency response systems used throughout this state, such as 9-1-1 and 2-1-1,  
19 and with other centers in the National Suicide Prevention Lifeline network.

20 “(g) Establish policies and train staff on serving high-risk and specialized populations,  
21 including but not limited to lesbian, gay, bisexual, transgender and queer youth, minorities,  
22 veterans and individuals who have served in the military, rural residents and individuals with  
23 co-occurring disorders. Policies and training established under this paragraph must include:

24 “(A) Policies and training on transferring calls made to the 9-8-8 suicide prevention and  
25 behavioral health crisis hotline to an appropriate specialized center within or external to the  
26 National Suicide Prevention Lifeline network; and

27 “(B) Training on providing linguistically and culturally competent care and follow-up  
28 services to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis  
29 hotline consistent with guidance and policies established by the National Suicide Prevention  
30 Lifeline.

31 “(4) The staff of the crisis hotline center described in subsection (3) of this section shall:

32 “(a) Have access to the most recently reported information regarding available mental  
33 health and behavioral health crisis services.

34 “(b) Track and maintain data regarding responses to calls, texts and chats to the 9-8-8  
35 suicide prevention and behavioral health crisis hotline.

36 “(c) Work to resolve crises with the least invasive intervention possible.

37 “(d) Connect callers whose crisis is de-escalated or otherwise managed by hotline staff  
38 with appropriate follow-on services and undertake follow-up contact with the caller when  
39 appropriate.

40 “(5) Crisis stabilization services provided to individuals accessing the 9-8-8 suicide pre-  
41 ventation and behavioral health crisis hotline shall be reimbursed by the authority, coordinated  
42 care organizations or commercial insurance, depending on the individual’s insurance status.

43 “(6) The authority shall adopt rules to allow appropriate information sharing and com-  
44 munication across all crisis service providers as necessary to carry out the requirements of  
45 this section and shall work in concert with the National Suicide Prevention Lifeline and the

1 Veterans Crisis Line for the purposes of ensuring consistency of public messaging about 9-8-8  
2 suicide prevention and behavioral health crisis hotline services.

3 **“SECTION 3. (1) The Oregon Health Authority shall, in consultation with local commu-**  
4 **nity mental health programs or public health authorities, to the extent funding is available,**  
5 **require each community mental health program or public health authority to provide**  
6 **community-based rapid crisis response services to individuals contacting the 9-8-8 suicide**  
7 **prevention and behavioral health crisis hotline who need crisis stabilization services in the**  
8 **community by enhancing and expanding the use of mobile crisis intervention teams.**

9 **“(2) A mobile crisis intervention team shall comply with rules adopted by the authority.**

10 **“SECTION 4. No later than January 1, 2022, the Oregon Health Authority shall report to**  
11 **the interim committees of the Legislative Assembly related to mental or behavioral health,**  
12 **in the manner provided in ORS 192.245, recommendations on policies, legislative changes, if**  
13 **any, and funding to implement the National Suicide Hotline Designation Act of 2020 (P.L.**  
14 **116-172) and establish a statewide coordinated crisis services system. The report shall ad-**  
15 **dress:**

16 **“(1) The establishment of the crisis hotline center to receive calls, texts and chats from**  
17 **the 9-8-8 suicide prevention and behavioral health crisis hotline, including coordination with**  
18 **mobile crisis intervention teams and other crisis services and projected costs for the neces-**  
19 **sary technology and ongoing operations;**

20 **“(2) Projections for increased crisis stabilization services to meet the needs of individuals**  
21 **accessing the 9-8-8 suicide prevention and behavioral health crisis hotline, including:**

22 **“(a) Policies and funding to provide access to adequate mobile crisis intervention teams**  
23 **statewide, addressing ongoing funding from Medicaid, commercial insurance or other funding**  
24 **sources and the appropriate number of teams and staffing;**

25 **“(b) Policies and funding to provide statewide access to crisis stabilization centers, as**  
26 **defined in section 1 of this 2021 Act, addressing the statutory framework for such centers,**  
27 **licensing or regulatory structures, ongoing funding that maximizes Medicaid and commercial**  
28 **insurance, and a plan for the location and number of such facilities;**

29 **“(c) Policies and funding to provide access to other crisis services, including peer respite**  
30 **services, as defined in section 1 of this 2021 Act, peer respite centers, behavioral health ur-**  
31 **gent care walk-in centers or other services for specific populations; and**

32 **“(d) How the continuum of crisis services proposed in the report will address the needs**  
33 **of Oregonians in all stages of life who experience behavioral health crises;**

34 **“(3) Proposed strategies and policies for coordination with 9-1-1 and law enforcement;**

35 **“(4) Projections and proposed timeline for implementing the National Suicide Hotline**  
36 **Designation Act of 2020 (P.L. 116-172), and in particular for expanded service capacity and**  
37 **any proposed capital development, workforce needs or need for legislative changes or policies**  
38 **to remove barriers to the expansion of services;**

39 **“(5) Whether a fee should be proposed to pay expenses that the state is expected to incur**  
40 **for:**

41 **“(a) Ensuring the efficient and effective routing of calls made to the 9-8-8 suicide pre-**  
42 **vention and behavioral health crisis hotline to an appropriate crisis center and personnel;**  
43 **and**

44 **“(b) Providing acute behavioral health, crisis outreach and stabilization services by di-**  
45 **rectly responding to the 9-8-8 suicide prevention and behavioral health crisis hotline; and**

1       **“(6) If a fee is proposed:**  
2       **“(a) The proposed fee amount;**  
3       **“(b) The proposed mechanism for the fee, including the type of telecommunications lines**  
4 **or accounts on which the fee will be imposed;**  
5       **“(c) The allocation of the fee revenue, including the crisis services to which the fee will**  
6 **be allocated, the estimated cost of those services, and whether any portion of the fee revenue**  
7 **will be eligible for Medicaid match; and**  
8       **“(d) Whether the proposed fee revenue will supplant any existing funding.**  
9       **“SECTION 5. (1) The 9-8-8 Fund is established in the State Treasury, separate and dis-**  
10 **tinct from the General Fund. The 9-8-8 Fund consists of appropriations made by the Legis-**  
11 **lative Assembly and gifts, grants and donations to the fund from public and private sources.**  
12 **Interest earned by the fund shall be credited to the fund. Moneys in the fund are contin-**  
13 **uously appropriated to the Oregon Health Authority for the purposes of carrying out sections**  
14 **1 to 3 of this 2021 Act, and for:**  
15       **“(a) Developing and improving the statewide coordinated crisis services system and**  
16 **infrastructure to support seamless operation of the 9-8-8 suicide prevention and behavioral**  
17 **health crisis hotline system;**  
18       **“(b) Ensuring the efficient and effective routing of calls made to the 9-8-8 suicide pre-**  
19 **vention and behavioral health crisis hotline to the crisis hotline center, including staffing and**  
20 **technological infrastructure enhancements necessary to achieve operational and clinical**  
21 **standards and best practices set forth by the National Suicide Prevention Lifeline and pre-**  
22 **scribed by the authority;**  
23       **“(c) Hiring, training and employing personnel, including recruiting personnel who reflect**  
24 **the demographics of the communities served, to assess and serve people experiencing be-**  
25 **havioral health, substance use and suicidal crises;**  
26       **“(d) Specialized training of staff to serve at-risk communities, including culturally and**  
27 **linguistically competent services for lesbian, gay, bisexual, transgender and queer communi-**  
28 **ties and racially, ethnically and linguistically diverse communities;**  
29       **“(e) Providing acute behavioral health, crisis outreach and stabilization services;**  
30       **“(f) Providing data and reports and participating in evaluations and related quality im-**  
31 **provement activities;**  
32       **“(g) Coordinating with 9-1-1 and other systems, including service providers;**  
33       **“(h) Developing service enhancements or targeted responses to improve outcomes and**  
34 **address service gaps and needs;**  
35       **“(i) Conducting campaigns to increase public awareness of the 9-8-8 suicide prevention**  
36 **and behavioral health crisis hotline and the purpose of the 9-8-8 service and to foster the use**  
37 **of the 9-8-8 suicide prevention and behavioral health crisis hotline and the coordinated crisis**  
38 **services system; and**  
39       **“(j) The administration and oversight of the fund.**  
40       **“(2) Moneys in the 9-8-8 Fund may not be used to supplant General Fund appropriations**  
41 **for behavioral health services or for services provided to individuals enrolled in the state**  
42 **medical assistance program.**  
43       **“(3) Moneys in the 9-8-8 Fund at the end of a biennium are retained in the fund and do**  
44 **not revert to the General Fund and are not subject to transfer to any other fund or to**  
45 **transfer, assignment or reassignment for any other use or purpose other than carrying out**

1 sections 1 to 3 of this 2021 Act.

2 **“SECTION 6. The Oregon Health Authority may establish committees in accordance with**  
3 **ORS 430.075 or assign tasks to existing agencies, boards or committees to accomplish the**  
4 **planning required for implementation or ongoing oversight of sections 1 to 3 of this 2021 Act**  
5 **in coordination with the crisis hotline center, the Office of Emergency Management, local**  
6 **public health authorities, hospitals and health systems, coordinated care organizations, as**  
7 **defined in ORS 414.025, telecommunication providers and the National Suicide Prevention**  
8 **Lifeline Local Mental Health Authority, certified peer support specialists, as defined in ORS**  
9 **414.025, 9-1-1, law enforcement, individuals with lived experiences in mental illness or sub-**  
10 **stance use disorder, consumers of behavioral health services, including youth and families,**  
11 **and other stakeholders identified by the authority.”.**

12 On page 7, delete lines 20 through 45 and delete pages 8 through 19 and insert:

13 **“SECTION 10. This 2021 Act being necessary for the immediate preservation of the public**  
14 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**  
15 **on its passage.”.**

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