

**B-Engrossed**  
**House Bill 3069**

Ordered by the House June 9  
Including House Amendments dated April 15 and June 9

Sponsored by Representative SANCHEZ; Representatives ALONSO LEON, BYNUM, MEEK, PHAM, SOLLMAN

**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.

*[Establishes]* **Expands infrastructure of, access to and services provided in** statewide coordinated crisis services system including 9-8-8 suicide prevention and behavioral health crisis hotline. *[Imposes unspecified tax on consumers and retail subscribers who have telecommunications service or interconnected Voice over Internet Protocol service to pay for crisis services system.]*

*[Takes effect on 91st day following adjournment sine die.]*

**Declares emergency, effective on passage.**

**A BILL FOR AN ACT**

1  
2 Relating to behavioral health; creating new provisions; amending ORS 403.110, 403.115 and 403.135;  
3 and declaring an emergency.

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

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 or**  
22 **trauma response symptoms who are experiencing acute distress, anxiety or emotional pain**  
23 **that may lead to the need for a higher level of care such as psychiatric inpatient hospital**  
24 **services; and**

25 (b) **By a peer-run organization and directed and delivered by individuals with lived expe-**  
26 **rience in coping with, seeking recovery from or overcoming mental illness, substance use**

**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 disorder or trauma response challenges.

2 (6) "Veterans Crisis Line" means the crisis hotline maintained by the United States De-  
3 partment of Veterans Affairs and the United States Department of Health and Human Ser-  
4 vices.

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

7 (a) Remove barriers to accessing quality behavioral health crisis services;

8 (b) Improve equity in behavioral health treatment and ensure culturally, linguistically  
9 and developmentally appropriate responses to individuals experiencing behavioral health cri-  
10 ses, in recognition that, historically, crisis response services placed marginalized communi-  
11 ties at disproportionate risk of poor outcomes and criminal justice involvement;

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

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

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

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

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

21 (i) Crisis stabilization centers;

22 (ii) Facilities offering short-term respite services;

23 (iii) Peer respite services;

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

25 (v) Crisis hotline centers to receive calls, texts and chats from individuals or other crisis  
26 hotlines to provide crisis intervention services and crisis care coordination anywhere in this  
27 state 24 hours per day, seven days per week, 365 days per year.

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

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

33 (b) Be staffed 24 hours per day, seven days per week, 365 days per year by a multidisci-  
34 plinary team capable of meeting the needs of individuals in the community experiencing all  
35 levels of crisis, including:

36 (A) Psychiatrists or psychiatric nurse practitioners;

37 (B) Nurses;

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

40 (D) Peers with lived experiences similar to the experiences of the individuals served by  
41 the center;

42 (c) Accept at least 90 percent of all referrals and have a policy prohibiting rejecting pa-  
43 tients brought in or referred by first responders;

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

45 (e) Have the capacity to assess physical health needs and provide needed care and a

1 procedure for transferring an individual, if necessary, to a setting that can meet the  
2 individual's physical health needs if the facility is unable to provide the level of care required;

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

4 (g) Screen for suicide risk and complete comprehensive suicide risk assessments and  
5 planning when clinically indicated;

6 (h) Screen for violence risk and complete more comprehensive violence risk assessments  
7 and planning when clinically indicated; and

8 (i) Meet other requirements prescribed by the authority.

9 (3) The authority shall establish a crisis hotline center to receive calls, texts and chats  
10 from the 9-8-8 suicide prevention and behavioral health crisis hotline and to provide crisis  
11 intervention services and crisis care coordination anywhere in this state 24 hours per day,  
12 seven days per week. The crisis hotline center shall:

13 (a) Have an agreement to participate in the National Suicide Prevention Lifeline network.

14 (b) Meet National Suicide Prevention Lifeline requirements and best practices guidelines  
15 for operational and clinical standards and any additional clinical and operational standards  
16 prescribed by the authority.

17 (c) Record data, provide reports and participate in evaluations and related quality im-  
18 provement activities.

19 (d) Establish formal agreements to collaborate with other agencies to ensure safe, inte-  
20 grated care for people in crisis who reach out to the 9-8-8 suicide prevention and behavioral  
21 health crisis hotline.

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

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

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

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

35 (B) Training on providing linguistically and culturally competent care and follow-up ser-  
36 vices to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline  
37 consistent with guidance and policies established by the National Suicide Prevention Lifeline.

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

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

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

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

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

1 appropriate.

2 (5) Crisis stabilization services provided to individuals accessing the 9-8-8 suicide pre-  
3 vention and behavioral health crisis hotline shall be reimbursed by the authority, coordinated  
4 care organizations or commercial insurance, depending on the individual's insurance status.

5 (6) The authority shall adopt rules to allow appropriate information sharing and com-  
6 munication across all crisis service providers as necessary to carry out the requirements of  
7 this section and shall work in concert with the National Suicide Prevention Lifeline and the  
8 Veterans Crisis Line for the purposes of ensuring consistency of public messaging about 9-8-8  
9 suicide prevention and behavioral health crisis hotline services.

10 **SECTION 3.** (1) The Oregon Health Authority shall, in consultation with local community  
11 mental health programs or public health authorities, to the extent funding is available, re-  
12 quire each community mental health program or public health authority to provide  
13 community-based rapid crisis response services to individuals contacting the 9-8-8 suicide  
14 prevention and behavioral health crisis hotline who need crisis stabilization services in the  
15 community by enhancing and expanding the use of mobile crisis intervention teams.

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

17 **SECTION 4.** No later than January 1, 2022, the Oregon Health Authority shall report to  
18 the interim committees of the Legislative Assembly related to mental or behavioral health,  
19 in the manner provided in ORS 192.245, recommendations on policies, legislative changes, if  
20 any, and funding to implement the National Suicide Hotline Designation Act of 2020 (P.L.  
21 116-172) and establish a statewide coordinated crisis services system. The report shall ad-  
22 dress:

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

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

29 (a) Policies and funding to provide access to adequate mobile crisis intervention teams  
30 statewide, addressing ongoing funding from Medicaid, commercial insurance or other funding  
31 sources and the appropriate number of teams and staffing;

32 (b) Policies and funding to provide statewide access to crisis stabilization centers, as de-  
33 fined in section 1 of this 2021 Act, addressing the statutory framework for such centers, li-  
34 censing or regulatory structures, ongoing funding that maximizes Medicaid and commercial  
35 insurance, and a plan for the location and number of such facilities;

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

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

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

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

1 (5) Whether a fee should be proposed to pay expenses that the state is expected to incur  
2 for:

3 (a) Ensuring the efficient and effective routing of calls made to the 9-8-8 suicide pre-  
4 ventation and behavioral health crisis hotline to an appropriate crisis center and personnel;  
5 and

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

8 (6) If a fee is proposed:

9 (a) The proposed fee amount;

10 (b) The proposed mechanism for the fee, including the type of telecommunications lines  
11 or accounts on which the fee will be imposed;

12 (c) The allocation of the fee revenue, including the crisis services to which the fee will  
13 be allocated, the estimated cost of those services, and whether any portion of the fee revenue  
14 will be eligible for Medicaid match; and

15 (d) Whether the proposed fee revenue will supplant any existing funding.

16 **SECTION 5. (1) The 9-8-8 Fund is established in the State Treasury, separate and distinct**  
17 **from the General Fund. The 9-8-8 Fund consists of appropriations made by the Legislative**  
18 **Assembly and gifts, grants and donations to the fund from public and private sources. In-**  
19 **terest earned by the fund shall be credited to the fund. Moneys in the fund are continuously**  
20 **appropriated to the Oregon Health Authority for the purposes of carrying out sections 1 to**  
21 **3 of this 2021 Act, and for:**

22 (a) Developing and improving the statewide coordinated crisis services system and  
23 infrastructure to support seamless operation of the 9-8-8 suicide prevention and behavioral  
24 health crisis hotline system;

25 (b) Ensuring the efficient and effective routing of calls made to the 9-8-8 suicide pre-  
26 ventation and behavioral health crisis hotline to the crisis hotline center, including staffing and  
27 technological infrastructure enhancements necessary to achieve operational and clinical  
28 standards and best practices set forth by the National Suicide Prevention Lifeline and pre-  
29 scribed by the authority;

30 (c) Hiring, training and employing personnel, including recruiting personnel who reflect  
31 the demographics of the communities served, to assess and serve people experiencing be-  
32 havioral health, substance use and suicidal crises;

33 (d) Specialized training of staff to serve at-risk communities, including culturally and  
34 linguistically competent services for lesbian, gay, bisexual, transgender and queer communi-  
35 ties and racially, ethnically and linguistically diverse communities;

36 (e) Providing acute behavioral health, crisis outreach and stabilization services;

37 (f) Providing data and reports and participating in evaluations and related quality im-  
38 provement activities;

39 (g) Coordinating with 9-1-1 and other systems, including service providers;

40 (h) Developing service enhancements or targeted responses to improve outcomes and  
41 address service gaps and needs;

42 (i) Conducting campaigns to increase public awareness of the 9-8-8 suicide prevention and  
43 behavioral health crisis hotline and the purpose of the 9-8-8 service and to foster the use of  
44 the 9-8-8 suicide prevention and behavioral health crisis hotline and the coordinated crisis  
45 services system; and

1 (j) **The administration and oversight of the fund.**

2 (2) **Moneys in the 9-8-8 Fund may not be used to supplant General Fund appropriations**  
3 **for behavioral health services or for services provided to individuals enrolled in the state**  
4 **medical assistance program.**

5 (3) **Moneys in the 9-8-8 Fund at the end of a biennium are retained in the fund and do**  
6 **not revert to the General Fund and are not subject to transfer to any other fund or to**  
7 **transfer, assignment or reassignment for any other use or purpose other than carrying out**  
8 **sections 1 to 3 of this 2021 Act.**

9 **SECTION 6. The Oregon Health Authority may establish committees in accordance with**  
10 **ORS 430.075 or assign tasks to existing agencies, boards or committees to accomplish the**  
11 **planning required for implementation or ongoing oversight of sections 1 to 3 of this 2021 Act**  
12 **in coordination with the crisis hotline center, the Office of Emergency Management, local**  
13 **public health authorities, hospitals and health systems, coordinated care organizations, as**  
14 **defined in ORS 414.025, telecommunication providers and the National Suicide Prevention**  
15 **Lifeline Local Mental Health Authority, certified peer support specialists, as defined in ORS**  
16 **414.025, 9-1-1, law enforcement, individuals with lived experiences in mental illness or sub-**  
17 **stance use disorder, consumers of behavioral health services, including youth and families,**  
18 **and other stakeholders identified by the authority.**

19 **SECTION 7. ORS 403.110 is amended to read:**

20 403.110. (1) A provider, [*or*] a 9-1-1 jurisdiction, **a 9-8-8 coordinated crisis services system** or  
21 the employees or agents of a provider, [*or*] a 9-1-1 jurisdiction **or a 9-8-8 coordinated crisis ser-**  
22 **vices system** may be held civilly liable for the installation, performance, provision or maintenance  
23 of a 9-1-1 emergency reporting system, [*or*] enhanced 9-1-1 telephone service **or a 9-8-8 telephone**  
24 **service** if the provider, [*or*] the 9-1-1 jurisdiction, **the 9-8-8 coordinated crisis services system**  
25 or the employees or agents of the provider, [*or*] the 9-1-1 jurisdiction **or 9-8-8 coordinated crisis**  
26 **services system** act with willful or wanton conduct.

27 (2) A provider or seller is not liable for damages that result from providing or failing to provide  
28 access to the emergency communications system, **the 9-8-8 coordinated crisis services system** or  
29 from identifying or failing to identify the telephone number, address, location or name associated  
30 with any person or device accessing or attempting to access the emergency communications system  
31 **or the 9-8-8 coordinated crisis services system.**

32 (3) This section does not affect any liability a 9-1-1 jurisdiction may have for employee  
33 negligence in receiving emergency calls from the public and dispatching emergency services to the  
34 public.

35 **SECTION 8. ORS 403.115 is amended to read:**

36 403.115. (1) The primary emergency telephone number within this state is 9-1-1, but a public or  
37 private safety agency shall maintain both a separate 10-digit secondary emergency number for use  
38 by a telephone operator or provider and a separate 10-digit nonemergency number.

39 (2) Every public and private safety agency in this state shall participate in the emergency  
40 communications system.

41 (3) An emergency telephone number other than 9-1-1 may not be published on the top three-  
42 quarters of the emergency listing page of a telephone book. However, an alternative nonemergency  
43 telephone number for a 9-1-1 jurisdiction may be printed on the top three-quarters of the emergency  
44 listing page of a telephone book. The publisher may use the remainder of the page to list the Oregon  
45 Poison Center, Federal Bureau of Investigation, [*a designated mental health crises service*] **9-8-8 co-**

1 **ordinated crisis services system** and United States Coast Guard, where applicable. *[If there is*  
2 *more than one mental health crises service in a jurisdiction, the local health department shall decide*  
3 *which mental health crises service the publisher may list by using the criteria of a 24-hour staffed*  
4 *service, nonprofit organization and non-9-1-1 participating agency.]* The publisher shall refer to the  
5 community services section for other numbers.

6 (4) The emergency communications system must provide:

7 (a) Interconnectivity between public safety answering points and interconnectivity with provid-  
8 ers of the same or similar emergency response services nationally;

9 (b) The capability, within each primary public safety answering point, to receive all emergency  
10 calls placed locally within each 9-1-1 service area; and

11 (c) The automatic location identification accurately portraying the location from which each  
12 emergency call originates.

13 **SECTION 9.** ORS 403.135 is amended to read:

14 403.135. (1) A provider may not block delivery or forwarding to a public safety answering point  
15 of location **or a 9-8-8 coordinated crisis services system** information, a call-back number or other  
16 identifying information related to an emergency call.

17 (2) Automatic number identifications received by public safety answering points **and 9-8-8 co-**  
18 **ordinated crisis services system** are confidential and are not subject to public disclosure unless  
19 and until an official report is written by the public or private safety agency and that agency does  
20 not withhold the telephone number under ORS 192.311 to 192.478 or other state and federal laws.  
21 The official report of a public safety answering point **or a 9-8-8 coordinated crisis services sys-**  
22 **tem** may not include nonpublished or nonlisted telephone numbers. The official report of a public  
23 or private safety agency may not include nonpublished or nonlisted telephone numbers. Nonpub-  
24 lished or nonlisted telephone numbers are not otherwise subject to public disclosure without the  
25 permission of the subscriber.

26 (3) A provider is not subject to an action for civil damages for providing in good faith confi-  
27 dential or nonpublic information, including nonpublished and nonlisted subscriber information, to  
28 emergency **and 9-8-8** services providers who are:

29 (a) Responding to an emergency call;

30 (b) Responding to emergency situations that involve the risk of death or serious physical harm  
31 to an individual, as provided in ORS 403.132; or

32 (c) Notifying the public of an emergency.

33 (4) Subsection (3) of this section does not compel a provider to provide nonpublished and non-  
34 listed subscriber information directly to emergency **or 9-8-8** services providers or law enforcement  
35 agencies prior to placement of an emergency call without process of law.

36 (5) Subscriber information acquired by a 9-1-1 jurisdiction **or the 9-8-8 coordinated crisis ser-**  
37 **vices system** for the purpose of providing emergency communications services under ORS 403.105  
38 to 403.250 **or coordinated crisis services under sections 1 to 3 of this 2021 Act** is not subject  
39 to public disclosure and may not be used by other public agencies except:

40 (a) To respond to an emergency call;

41 (b) To respond to an emergency situation that involves the risk of death or serious physical  
42 harm to an individual, as provided in ORS 403.132; or

43 (c) To notify the public of an emergency by utilizing an automated notification system if a pro-  
44 vider has provided subscriber information to the 9-1-1 jurisdiction or emergency services provider.

45 **SECTION 10. This 2021 Act being necessary for the immediate preservation of the public**

1 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**  
2 **on its passage.**

3

---