

Requested by Representative SANCHEZ

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 3069**

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

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

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

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

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

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

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

16 **“(4) ‘Mobile crisis intervention team’ means a team of qualified**
17 **behavioral health professionals that may include peer support special-**
18 **ists, as defined in ORS 414.025, and other health care providers such**
19 **as nurses or social workers who provide timely, developmentally ap-**
20 **propriate and trauma-informed interventions, screening, assessment,**
21 **de-escalation and other services necessary to stabilize an individual**

1 experiencing a behavioral health crisis in accordance with require-
2 ments established by the authority by rule.

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

5 “(a) In a homelike setting to individuals with mental illness, sub-
6 stance abuse disorder or trauma response symptoms who are experi-
7 encing acute distress, anxiety or emotional pain that may lead to the
8 need for a higher level of care such as psychiatric inpatient hospital
9 services; and

10 “(b) By a peer-run organization and directed and delivered by indi-
11 viduals with lived experience in coping with, seeking recovery from
12 or overcoming mental illness, substance use disorder or trauma re-
13 sponse challenges.

14 “(6) ‘Veterans Crisis Line’ means the crisis hotline maintained by
15 the United States Department of Veterans Affairs and the United
16 States Department of Health and Human Services.

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

20 “(a) Remove barriers to accessing quality behavioral health crisis
21 services;

22 “(b) Improve equity in behavioral health treatment and ensure
23 culturally, linguistically and developmentally appropriate responses to
24 individuals experiencing behavioral health crises, in recognition that,
25 historically, crisis response services placed marginalized communities
26 at disproportionate risk of poor outcomes and criminal justice in-
27 volvement;

28 “(c) Ensure that all residents of this state receive a consistent and
29 effective level of behavioral health crisis services no matter where
30 they live, work or travel in the state; and

1 “(d) Provide increased access to quality community behavioral
2 health services to prevent interactions with the criminal justice sys-
3 tem and prevent hospitalizations, if appropriate, by investing in:

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

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

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

9 “(i) Crisis stabilization centers;

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

11 “(iii) Peer respite services;

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

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

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

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

24 “(b) Be staffed 24 hours per day, seven days per week, 365 days per
25 year by a multidisciplinary team capable of meeting the needs of in-
26 dividuals in the community experiencing all 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
30 crisis stabilization center is located who are capable of completing

1 assessments; and

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

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

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

8 “(e) Have the capacity to assess physical health needs and provide
9 needed care and a procedure for transferring an individual, if neces-
10 sary, to a setting that can meet the individual’s physical health needs
11 if the facility is unable to provide the level of care required;

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

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

15 “(h) Screen for violence risk and complete more comprehensive vi-
16 olence risk assessments and planning when clinically indicated; and

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

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

23 “(a) Have an agreement to participate in the National Suicide Pre-
24 vention Lifeline network.

25 “(b) Meet National Suicide Prevention Lifeline requirements and
26 best practices guidelines for operational and clinical standards and any
27 additional clinical and operational standards prescribed by the au-
28 thority.

29 “(c) Record data, provide reports and participate in evaluations and
30 related quality improvement activities.

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

4 “(e) Contact and coordinate with the local community mental
5 health programs for rapid deployment of a local mobile crisis inter-
6 vention team and follow-up services as needed.

7 “(f) Utilize technologies, including chat and text applications, to
8 provide a no-wrong-door approach for individuals seeking help from
9 the crisis hotline and ensure collaboration among crisis and emer-
10 gency response systems used throughout this state, such as 9-1-1 and
11 2-1-1, and with other centers in the National Suicide Prevention
12 Lifeline network.

13 “(g) Establish policies and train staff on serving high-risk and spe-
14 cialized populations, including but not limited to lesbian, gay,
15 bisexual, transgender and queer youth, minorities, veterans and indi-
16 viduals who have served in the military, rural residents and individ-
17 uals with co-occurring disorders. Policies and training established
18 under this paragraph must include:

19 “(A) Policies and training on transferring calls made to the 9-8-8
20 suicide prevention and behavioral health crisis hotline to an appro-
21 priate specialized center within or external to the National Suicide
22 Prevention Lifeline network; and

23 “(B) Training on providing linguistically and culturally competent
24 care and follow-up services to individuals accessing the 9-8-8 suicide
25 prevention and behavioral health crisis hotline consistent with guid-
26 ance and policies established by the National Suicide Prevention
27 Lifeline.

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

30 “(a) Have access to the most recently reported information regard-

1 ing available mental health and behavioral health crisis services.

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

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

7 “(d) Connect callers whose crisis is de-escalated or otherwise man-
8 aged by hotline staff with appropriate follow-on services and undertake
9 follow-up contact with the caller when appropriate.

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

14 “(6) The authority shall adopt rules to allow appropriate informa-
15 tion sharing and communication across all crisis service providers as
16 necessary to carry out the requirements of this section and shall work
17 in concert with the National Suicide Prevention Lifeline and the Vet-
18 erans Crisis Line for the purposes of ensuring consistency of public
19 messaging about 9-8-8 suicide prevention and behavioral health crisis
20 hotline services.

21 **“SECTION 3. (1) The Oregon Health Authority shall, in consultation**
22 **with local community mental health programs or public health au-**
23 **thorities, to the extent funding is available, require each community**
24 **mental health program or public health authority to provide**
25 **community-based rapid crisis response services to individuals con-**
26 **tacting the 9-8-8 suicide prevention and behavioral health crisis hotline**
27 **who need crisis stabilization services in the community by enhancing**
28 **and expanding the use of mobile crisis intervention teams.**

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

1 **“SECTION 4. No later than January 1, 2022, the Oregon Health**
2 **Authority shall report to the interim committees of the Legislative**
3 **Assembly related to mental or behavioral health, in the manner pro-**
4 **vided in ORS 192.245, recommendations on policies, legislative changes,**
5 **if any, and funding to implement the National Suicide Hotline Desig-**
6 **nation Act of 2020 (P.L. 116-172) and establish a statewide coordinated**
7 **crisis services system. The report shall address:**

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

13 **“(2) Projections for increased crisis stabilization services to meet**
14 **the needs of individuals accessing the 9-8-8 suicide prevention and be-**
15 **havioral health crisis hotline, including:**

16 **“(a) Policies and funding to provide access to adequate mobile crisis**
17 **intervention teams statewide, addressing ongoing funding from**
18 **Medicaid, commercial insurance or other funding sources and the ap-**
19 **propriate number of teams and staffing;**

20 **“(b) Policies and funding to provide statewide access to crisis sta-**
21 **bilization centers, as defined in section 1 of this 2021 Act, addressing**
22 **the statutory framework for such centers, licensing or regulatory**
23 **structures, ongoing funding that maximizes Medicaid and commercial**
24 **insurance, and a plan for the location and number of such facilities;**

25 **“(c) Policies and funding to provide access to other crisis services,**
26 **including peer respite services, as defined in section 1 of this 2021 Act,**
27 **peer respite centers, behavioral health urgent care walk-in centers or**
28 **other services for specific populations; and**

29 **“(d) How the continuum of crisis services proposed in the report**
30 **will address the needs of Oregonians in all stages of life who experi-**

1 **ence behavioral health crises;**

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

4 **“(4) Projections and proposed timeline for implementing the Na-**
5 **tional Suicide Hotline Designation Act of 2020 (P.L. 116-172), and in**
6 **particular for expanded service capacity and any proposed capital de-**
7 **velopment, workforce needs or need for legislative changes or policies**
8 **to remove barriers to the expansion of services;**

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

11 **“(a) Ensuring the efficient and effective routing of calls made to the**
12 **9-8-8 suicide prevention and behavioral health crisis hotline to an ap-**
13 **propriate crisis center and personnel; and**

14 **“(b) Providing acute behavioral health, crisis outreach and stabili-**
15 **zation services by directly responding to the 9-8-8 suicide prevention**
16 **and behavioral health crisis hotline; and**

17 **“(6) If a fee is proposed:**

18 **“(a) The proposed fee amount;**

19 **“(b) The proposed mechanism for the fee, including the type of**
20 **telecommunications lines or accounts on which the fee will be im-**
21 **posed;**

22 **“(c) The allocation of the fee revenue, including the crisis services**
23 **to which the fee will be allocated, the estimated cost of those services,**
24 **and whether any portion of the fee revenue will be eligible for**
25 **Medicaid match; and**

26 **“(d) Whether the proposed fee revenue will supplant any existing**
27 **funding.**

28 **“SECTION 5. (1) The 9-8-8 Fund is established in the State Treasury,**
29 **separate and distinct from the General Fund. The 9-8-8 Fund consists**
30 **of appropriations made by the Legislative Assembly and gifts, grants**

1 and donations to the fund from public and private sources. Interest
2 earned by the fund shall be credited to the fund. Moneys in the fund
3 are continuously appropriated to the Oregon Health Authority for the
4 purposes of carrying out sections 1 to 3 of this 2021 Act, and for:

5 “(a) Developing and improving the statewide coordinated crisis
6 services system and infrastructure to support seamless operation of
7 the 9-8-8 suicide prevention and behavioral health crisis hotline sys-
8 tem;

9 “(b) Ensuring the efficient and effective routing of calls made to the
10 9-8-8 suicide prevention and behavioral health crisis hotline to the
11 crisis hotline center, including staffing and technological
12 infrastructure enhancements necessary to achieve operational and
13 clinical standards and best practices set forth by the National Suicide
14 Prevention Lifeline and prescribed by the authority;

15 “(c) Hiring, training and employing personnel, including recruiting
16 personnel who reflect the demographics of the communities served, to
17 assess and serve people experiencing behavioral health, substance use
18 and suicidal crises;

19 “(d) Specialized training of staff to serve at-risk communities, in-
20 cluding culturally and linguistically competent services for lesbian,
21 gay, bisexual, transgender and queer communities and racially, eth-
22 nically and linguistically diverse communities;

23 “(e) Providing acute behavioral health, crisis outreach and stabili-
24 zation services;

25 “(f) Providing data and reports and participating in evaluations and
26 related quality improvement activities;

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

29 “(h) Developing service enhancements or targeted responses to im-
30 prove outcomes and address service gaps and needs;

1 “(i) Conducting campaigns to increase public awareness of the 9-8-8
2 suicide prevention and behavioral health crisis hotline and the purpose
3 of the 9-8-8 service and to foster the use of the 9-8-8 suicide prevention
4 and behavioral health crisis hotline and the coordinated crisis services
5 system; and

6 “(j) The administration and oversight of the fund.

7 “(2) Moneys in the 9-8-8 Fund may not be used to supplant General
8 Fund appropriations for behavioral health services or for services
9 provided to individuals enrolled in the state medical assistance pro-
10 gram.

11 “(3) Moneys in the 9-8-8 Fund at the end of a biennium are retained
12 in the fund and do not revert to the General Fund and are not subject
13 to transfer to any other fund or to transfer, assignment or reassign-
14 ment for any other use or purpose other than carrying out sections 1
15 to 3 of this 2021 Act.

16 “SECTION 6. The Oregon Health Authority may establish commit-
17 tees in accordance with ORS 430.075 or assign tasks to existing agen-
18 cies, boards or committees to accomplish the planning required for
19 implementation or ongoing oversight of sections 1 to 3 of this 2021 Act
20 in coordination with the crisis hotline center, the Office of Emergency
21 Management, local public health authorities, hospitals and health
22 systems, coordinated care organizations, as defined in ORS 414.025,
23 telecommunication providers and the National Suicide Prevention
24 Lifeline Local Mental Health Authority, certified peer support spe-
25 cialists, as defined in ORS 414.025, 9-1-1, law enforcement, individuals
26 with lived experiences in mental illness or substance use disorder,
27 consumers of behavioral health services, including youth and families,
28 and other stakeholders identified by the authority.”.

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

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

4
