

**Enrolled**  
**House Bill 3426**

Sponsored by Representative GRAYBER, Senator MANNING JR; Representatives BOSHART DAVIS, BOWMAN, CATE, CONRAD, DEXTER, EVANS, HELFRICH, HELM, HIEB, KROPF, LEVY B, LEWIS, MCINTIRE, MORGAN, OSBORNE, OWENS, RESCHKE, SCHARF, Senators PATTERSON, SMITH DB, SOLLMAN

CHAPTER .....

AN ACT

Relating to first responders; amending ORS 430.627.

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

**SECTION 1.** ORS 430.627 is amended to read:

430.627. (1) The purposes of ORS 430.626 to 430.628 are to build upon and improve the statewide coordinated crisis system in this state and to:

- (a) Remove barriers to accessing quality behavioral health crisis services;
- (b) Improve equity in behavioral health treatment and ensure culturally, linguistically and developmentally appropriate responses to individuals experiencing behavioral health crises, in recognition that, historically, crisis response services placed marginalized communities at disproportionate risk of poor outcomes and criminal justice involvement;
- (c) Ensure that all residents of this state receive a consistent and effective level of behavioral health crisis services no matter where they live, work or travel in the state; and
- (d) Provide increased access to quality community behavioral health services to prevent interactions with the criminal justice system and prevent hospitalizations, if appropriate, by investing in:
  - (A) New technology for a crisis call center system to triage calls and link individuals to follow-up care;
  - (B) The expansion of mobile crisis intervention teams; and
  - (C) A wide array of crisis stabilization services, including services provided by:
    - (i) Crisis stabilization centers;
    - (ii) Facilities offering short-term respite services;
    - (iii) Peer respite centers;
    - (iv) Behavioral health urgent care walk-in centers; and
    - (v) A crisis hotline center to receive calls, texts and chats from individuals or other crisis hotlines to provide crisis intervention services and crisis care coordination anywhere in this state 24 hours per day, seven days per week, 365 days per year.

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

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

(b) Be staffed 24 hours per day, seven days per week, 365 days per year by a multidisciplinary team capable of meeting the needs of individuals in the community experiencing all levels of crisis, that may include, but is not limited to:

(A) Psychiatrists or psychiatric nurse practitioners;

(B) Nurses;

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

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

(c) Have a policy prohibiting rejecting patients brought in or referred by first responders, and have the capacity, at least 90 percent of the time, to accept all referrals;

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

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

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

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

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

(i) Meet other requirements prescribed by the authority.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Passed by House April 11, 2023**

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Timothy G. Sekerak, Chief Clerk of House

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Dan Rayfield, Speaker of House

**Passed by Senate June 22, 2023**

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Rob Wagner, President of Senate

**Received by Governor:**

.....M,....., 2023

**Approved:**

.....M,....., 2023

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Tina Kotek, Governor

**Filed in Office of Secretary of State:**

.....M,....., 2023

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Secretary of State