

# House Bill 3085

Sponsored by Representative LEVY E, Senator BROADMAN (Pre-session 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 **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act creates a program for children facing mental health crises. (Flesch Readability Score: 72.6).

Establishes the Emergency Behavioral Health Services for Children program in the Oregon Health Authority to promote timely delivery of behavioral health services to children who present to hospital emergency departments in behavioral health crises. Directs the authority to implement up to three pilot programs in three regions with one hospital per region willing to be a Regional Child Psychiatric Center. Allows a center to also open a Child Psychiatric Emergency unit within the pilot region with funding provided by the authority.

Sunsetts the pilot program on January 2, 2032.

## A BILL FOR AN ACT

1  
2 Relating to behavioral health treatment.

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

4 **SECTION 1. (1) As used in this section:**

5 (a) **“Behavioral health” includes mental health and substance use disorders.**

6 (b) **“Child” means an individual under 18 years of age.**

7 (2) **The Emergency Behavioral Health Services for Children program is established in the**  
8 **Oregon Health Authority. The authority shall operate the program to promote the timely**  
9 **delivery of behavioral health services to children who present to hospital emergency depart-**  
10 **ments in behavioral health crises.**

11 (3)(a) **The authority shall establish criteria for designating hospitals within a geographic**  
12 **region as Regional Child Psychiatric Centers. At a minimum, hospitals designated as Re-**  
13 **gional Child Psychiatric Centers must have available on-site children’s comprehensive psy-**  
14 **chiatric emergency services that include:**

15 (A) **An emergency evaluation area where children can be stabilized, connected with out-**  
16 **patient treatment and discharged the same day;**

17 (B) **Services to facilitate the child transitioning to the next level of care;**

18 (C) **A child psychiatrist on staff available for consultation within 24 hours if needed;**

19 (D) **A behavioral health clinician, as defined in ORS 414.025, on staff and available to**  
20 **consult internally and with other regional hospitals within 24 hours if needed;**

21 (E) **Peer and family support specialist services; and**

22 (F) **Connections to local resources for post-hospital follow-up.**

23 (b) **A hospital designated as a Regional Child Psychiatric Center may have a Child Psy-**  
24 **chiatric Emergency unit staffed 24 hours per day, seven days a week, that:**

25 (A) **Offers outpatient observation services or inpatient beds, 24 hours per day and seven**  
26 **days per week, meeting criteria adopted by the authority by rule; and**

27 (B) **Provides services, including medication management, that bridge the transition of**

**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 patients from the unit to outpatient services.

2 (4) All other hospitals within the region of a Regional Child Psychiatric Center must have  
3 a memorandum of understanding with the Regional Child Psychiatric Center that meets cri-  
4 teria prescribed by the authority by rule, including but not limited to terms that:

5 (a) Ensure the ability of the hospital to consult with and connect to the Child Psychiatry  
6 Emergency unit and a social worker at the Regional Child Psychiatric Center by interactive  
7 video; and

8 (b) Facilitate the coordination with local resources for post-hospital follow-up.

9 (5)(a) The authority shall designate regional trauma areas within the state consistent  
10 with local resources, geography and current patient referral patterns.

11 (b) Each regional trauma area shall, in coordination with coordinated care organizations,  
12 county behavioral health authorities, hospitals and other community partners in the region:

13 (A) Conduct a needs assessment to identify funding needs and determine gaps in behav-  
14 ioral health services and access to behavioral health services within each county in the re-  
15 gion;

16 (B) Develop a response plan based on the resources of the counties, hospitals and other  
17 service providers in the region;

18 (C) Establish policies and procedures to ensure that services required to be provided are  
19 provided regardless of insurance or ability to pay;

20 (D) Jointly decide which hospitals shall serve as the Regional Child Psychiatric Centers;

21 (E) Identify staffing needed within the region to develop competencies in serving  
22 children's behavioral health needs; and

23 (F) Identify any needed upgrades to the emergency departments or to crisis stabilization  
24 short stay units to accommodate the needs of children presenting with behavioral health  
25 crises.

26 (6) All hospitals within the region of a Regional Child Psychiatric Center shall have in  
27 place a memorandum of understanding with the Regional Child Psychiatric Center to allow  
28 providers from the Regional Child Psychiatric Center to treat patients at the hospitals.

29 **SECTION 2.** (1) The Oregon Health Authority shall first implement the Emergency Be-  
30 havioral Health Services for Children program established in section 1 of this 2025 Act as a  
31 pilot program for up to three Regional Child Psychiatric Centers in hospitals in three sepa-  
32 rate regional trauma areas. The authority shall provide funding for a Child Psychiatric  
33 Emergency unit that a Regional Child Psychiatric Center elects to operate. The System of  
34 Care Advisory Council established in ORS 418.978 shall oversee the planning process for the  
35 pilot regions.

36 (2) The authority shall evaluate and assess the impact of the pilot program on outcomes  
37 determined by each regional trauma area and approved by the authority.

38 (3) No later than September 15, 2027, the authority, in coordination with participants in  
39 the program in each participating regional trauma area, shall report, in the manner provided  
40 in ORS 192.245, to the interim committees of the Legislative Assembly related to health, the  
41 authority's evaluation and assessment of the program and recommendations, if any, for leg-  
42 islative actions needed to improve the program.

43 **SECTION 3.** Section 2 of this 2025 Act is repealed on January 2, 2032.