

HB2757: Building Out Oregon's Crisis System

Background

In fall 2020, Congress designated 9-8-8 as the new three-digit crisis line for nationwide use, replacing the 10-digit toll-free number that connected callers to the National Suicide Prevention Lifeline Network. Congress also gave states the option:

- To tie 988 to their broader in-state behavioral health crisis network.
- To adopt a telecom fee for 988, just as states have telecom fees to fund the 911 emergency network.

In 2021, the Oregon Legislature partially enacted 988 implementation legislation, moving forward with creating two 988 call centers based in Oregon and with partially expanding mobile crisis response teams across the state. However, several key elements were deferred until 2023 to ensure time for thoughtful planning.

What HB 2757 Achieves

HB 2757 fully implements the architecture for the 988 system in Oregon. Importantly, HB 2757:

- Creates the 988 Trust Fund so that Oregon may integrate the various pots of federal and state funding to ensure seamless financing for 988 call centers, mobile crisis, and related crisis services.
- Adds the option for a telecom fee for 988 that functions like Oregon's 911 telecom fee system.
- Restricts 988 telecom fee revenue to funding Oregon's two 988 call centers and to providing baseline funding for mobile crisis teams in all 36 counties.
- Creates a true multi-stakeholder advisory body to ensure smooth implementation of 988 across Oregon.

Why HB 2757 Is Needed

Without a dedicated 988 Trust Fund, Oregon will attempt to fund 988 services through various separated funding streams and a multitude of contracts. This will lead to disjointed and inefficient implementation, particularly for community-based mobile crisis response teams.

To achieve timely 24/7 responses in all Oregon communities, the state will have to efficiently pool funding streams, ensuring that a sufficiently trained and compensated workforce will be available when a crisis emerges. Without integrated funding, we'll continue to see the slow and uneven mobile crisis responses that are typical in most communities, increasing the likelihood that law enforcement will remain the default response to behavioral health crises.



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