

Requested by Representative RESCHKE

**PROPOSED AMENDMENTS TO  
A-ENGROSSED HOUSE BILL 2757**

1 On page 1 of the printed corrected A-engrossed bill, line 2, after “amend-  
2 ing” delete the rest of the line and delete lines 3 through 5 and insert “ORS  
3 430.627, 430.628 and 430.629; and prescribing an effective date.”.

4 Delete lines 7 through 21 and delete pages 2 through 19 and insert:

5 **“SECTION 1. (1) The 9-8-8 Trust Fund is established in the State**  
6 **Treasury, separate and distinct from the General Fund. Interest**  
7 **earned by the 9-8-8 Trust Fund shall be credited to the fund. The 9-8-8**  
8 **Trust Fund consists of:**

9 **“(a) Appropriations made by the Legislative Assembly;**

10 **“(b) Federal funds allocated to the state to implement the 9-8-8 su-**  
11 **icide prevention and behavioral health crisis system;**

12 **“(c) Gifts, grants and donations to the fund from public and private**  
13 **sources; and**

14 **“(d) Moneys deposited into the fund from other sources.**

15 **“(2) Moneys in the 9-8-8 Trust Fund are continuously appropriated**  
16 **to the Oregon Health Authority for the purposes specified in ORS**  
17 **430.627 and 430.628.**

18 **“(3) In accordance with 47 U.S.C. 251a, moneys in the 9-8-8 Trust**  
19 **Fund shall be sequestered and may be obligated or expended only for**  
20 **the purposes specified in ORS 430.627 and 430.628.**

21 **“(4) Moneys in the 9-8-8 Trust Fund at the end of a biennium are**

1 retained in the fund and do not revert to the General Fund and are  
2 not subject to transfer to any other fund or to transfer, assignment  
3 or reassignment for any other use or purpose other than the purposes  
4 specified in ORS 430.627 and 430.628.

5 “(5) Moneys in the 9-8-8 Trust Fund may not be used to displace  
6 available funding for services described in ORS 430.627 by Medicaid,  
7 Medicare, federal or state-regulated health insurance, disability in-  
8 surance or local government programs or other federal, state or local  
9 funds for suicide prevention or behavioral health crisis services.

10 “(6) The authority shall provide an annual report of deposits into  
11 and expenditures from the 9-8-8 Trust Fund to the Legislative Assem-  
12 bly and to the Federal Communications Commission.

13 **“SECTION 2.** ORS 430.627 is amended to read:

14 “430.627. (1) The purposes of ORS 430.626 to 430.628 are to build upon and  
15 improve the statewide coordinated crisis system in this state and to:

16 “(a) Remove barriers to accessing quality behavioral health crisis ser-  
17 vices;

18 “(b) Improve equity in behavioral health treatment and ensure culturally,  
19 linguistically and developmentally appropriate responses to individuals ex-  
20 perience behavioral health crises, in recognition that, historically, crisis  
21 response services placed marginalized communities at disproportionate risk  
22 of poor outcomes and criminal justice involvement;

23 “(c) Ensure that all residents of this state receive a consistent and effec-  
24 tive level of behavioral health crisis services no matter where they live, work  
25 or travel in the state; and

26 “(d) Provide increased access to quality community behavioral health  
27 services to prevent interactions with the criminal justice system and prevent  
28 hospitalizations.[, *if appropriate, by investing in:*]

29 “[*(A) New technology for a crisis call center system to triage calls and link*  
30 *individuals to follow-up care;*]

1        “[B] *The expansion of mobile crisis intervention teams; and*  
2        “[C] *A wide array of crisis stabilization services, including services pro-*  
3 *vided by:*]

4        “[i] *Crisis stabilization centers;*]

5        “[ii] *Facilities offering short-term respite services;*]

6        “[iii] *Peer respite centers;*]

7        “[iv] *Behavioral health urgent care walk-in centers; and*]

8        “[v] *A crisis hotline center to receive calls, texts and chats from individ-*  
9 *uals or other crisis hotlines to provide crisis intervention services and crisis*  
10 *care coordination anywhere in this state 24 hours per day, seven days per week,*  
11 *365 days per year.*]

12        **“(2) Moneys from the 9-8-8 Trust Fund established in section 1 of**  
13 **this 2023 Act shall be used as follows:**

14        **“(a) To implement, maintain and improve the crisis call center**  
15 **system and the crisis hotline center described in subsections (4) and**  
16 **(5) of this section;**

17        **“(b) To the extent that the crisis call center system and crisis**  
18 **hotline center are fully funded, for the expansion and ongoing funding**  
19 **of mobile crisis intervention teams;**

20        **“(c) To provide a wide array of crisis stabilization services, includ-**  
21 **ing services provided by:**

22        **“(A) Crisis stabilization centers;**

23        **“(B) Facilities offering short-term respite services;**

24        **“(C) Peer respite centers; and**

25        **“(D) Behavioral health urgent care walk-in centers; and**

26        **“(d) For community mental health program provision of crisis sta-**  
27 **bilization services or funding to cities to establish and maintain one**  
28 **or more mobile crisis intervention teams under ORS 430.628.**

29        “[2)] **(3) The Oregon Health Authority shall adopt by rule requirements**  
30 **for crisis stabilization centers that, at a minimum, require a center to:**

1 “(a) Be designed to prevent or ameliorate a behavioral health crisis or  
2 reduce acute symptoms of mental illness or substance use disorder, for indi-  
3 viduals who do not require inpatient treatment, by providing continuous  
4 24-hour observation and supervision;

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

9 “(A) Psychiatrists or psychiatric nurse practitioners;

10 “(B) Nurses;

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

14 “(D) Peers with lived experiences similar to the experiences of the indi-  
15 viduals served by the center;

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

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

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

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

25 “(g) Screen for suicide risk and complete comprehensive suicide risk as-  
26 sessments and planning when clinically indicated;

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

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

30 “[3] (4) The authority shall *establish*:

1       “(a) Implement, maintain and improve the 9-8-8 suicide prevention  
2 and behavioral health crisis hotline and ensure the efficient and ef-  
3 fective routing of calls, including staffing and technological  
4 infrastructure enhancements necessary to achieve operational and  
5 clinical standards and best practices set forth by the 988 Suicide and  
6 Crisis Lifeline and prescribed by the authority; and

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

12       “[(a)] (A) Have an agreement to participate in the [*National Suicide*  
13 *Prevention Lifeline*] **988 Suicide and Crisis Lifeline** network.

14       “[(b)] (B) Meet [*National Suicide Prevention Lifeline*] **988 Suicide and**  
15 **Crisis Lifeline** requirements and best practices guidelines for operational  
16 and clinical standards and any additional clinical and operational standards  
17 prescribed by the authority.

18       “[(c)] (C) Record data, provide reports and participate in evaluations and  
19 related quality improvement activities.

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

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

26       “[(f)] (F) Utilize technologies, including chat and text applications, to  
27 provide a no-wrong-door approach for individuals seeking help from the crisis  
28 hotline and ensure collaboration among crisis and emergency response sys-  
29 tems used throughout this state, such as 9-1-1 and 2-1-1, and with other cen-  
30 ters in the [*National Suicide Prevention Lifeline*] **988 Suicide and Crisis**

1 **Lifeline** network.

2 “[g] (G) Establish policies and train staff on serving high-risk and spe-  
3 cialized populations, including but not limited to lesbian, gay, bisexual,  
4 transgender and queer youth, minorities, veterans and individuals who have  
5 served in the military, rural residents [*and*], individuals with co-occurring  
6 disorders **and other racially and ethnically diverse communities**. Poli-  
7 cies and training established under this [*paragraph*] **subparagraph** must in-  
8 clude:

9 “[A] (i) Policies and training on transferring calls made to the 9-8-8  
10 suicide prevention and behavioral health crisis hotline to an appropriate  
11 specialized center within or external to the [*National Suicide Prevention*  
12 *Lifeline*] **988 Suicide and Crisis Lifeline** network; and

13 “[B] (ii) Training on providing linguistically and culturally competent  
14 care and follow-up services to individuals accessing the 9-8-8 suicide pre-  
15 vention and behavioral health crisis hotline consistent with guidance and  
16 policies established by the [*National Suicide Prevention Lifeline*] **988 Suicide**  
17 **and Crisis Lifeline**.

18 “[4] (5) The staff of the crisis hotline center described in subsection  
19 [(3)] (4) of this section **must include individuals who possess the lin-**  
20 **guistic and cultural competency to respond to individuals within the**  
21 **demographics of the communities served and shall:**

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

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

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

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

30 “[5] (6) Crisis stabilization services provided to individuals accessing the

1 9-8-8 suicide prevention and behavioral health crisis hotline shall be reim-  
2 bursed by the authority, coordinated care organizations or commercial in-  
3 surance, depending on the individual's insurance status.

4 "[6] (7) The authority shall adopt rules to allow appropriate information  
5 sharing and communication across all crisis service providers as necessary  
6 to carry out the requirements of this section and shall work in concert with  
7 the [*National Suicide Prevention Lifeline*] **988 Suicide and Crisis Lifeline**  
8 and the Veterans Crisis Line for the purposes of ensuring consistency of  
9 public messaging about 9-8-8 suicide prevention and behavioral health crisis  
10 hotline services.

11 **"SECTION 3.** ORS 430.628 is amended to read:

12 "430.628. (1) In consultation with local community mental health pro-  
13 grams, the Oregon Health Authority shall, to the extent funding is available,  
14 require each community mental health program to provide crisis stabilization  
15 services to individuals contacting the 9-8-8 suicide prevention and behavioral  
16 health crisis hotline who need crisis stabilization services in the community  
17 by enhancing and expanding the use of mobile crisis intervention teams.

18 "(2) A city may request funding from a county to establish and maintain  
19 one or more mobile crisis intervention teams.

20 "(3) Mobile crisis intervention teams must operate in compliance with  
21 rules adopted by the authority.

22 **"(4) A city that establishes and maintains a program for providing**  
23 **mobile crisis intervention services shall administer the program in**  
24 **accordance with a memorandum of understanding entered into be-**  
25 **tween the city and the county or counties in which the city is located.**  
26 **A memorandum of understanding under this subsection must, at a**  
27 **minimum:**

28 **"(a) Specify jurisdictional requirements for determining which en-**  
29 **tity will provide crisis response services in any given circumstance;**

30 **"(b) Provide that the city shall comply with rules established by the**

1 **Oregon Health Authority for provision of crisis intervention services;**  
2 **and**

3 **“(c) Address the funding responsibilities of community mental**  
4 **health providers for crisis intervention services.**

5 **“SECTION 4.** ORS 430.629 is amended to read:

6 **“430.629.** The Oregon Health Authority [*may*] **shall** establish [*committees*]  
7 **an advisory committee** in accordance with ORS 430.075 or assign tasks to  
8 existing agencies, boards or committees to [*accomplish the planning required*  
9 *for*] **provide primary oversight and direction on the** implementation [*or*  
10 *ongoing oversight of*] **and operation of the statewide coordinated crisis**  
11 **system described in ORS 430.626 to 430.628 and to provide guidance to**  
12 **the authority, gather feedback and make recommendations regarding**  
13 **the planning and implementation of the 9-8-8 suicide prevention and**  
14 **behavioral health crisis hotline. The advisory committee must include**  
15 **but is not limited to** [*in coordination with*]:

16 **“(1) Representatives of** the crisis hotline center [*established*] **main-**  
17 **tained** under ORS 430.627 [(3)] (4) **and 9-1-1 call centers,** the Oregon De-  
18 partment of Emergency Management, local public health and mental health  
19 authorities, hospitals and health systems, coordinated care organizations, as  
20 defined in ORS 414.025, telecommunication providers, **law enforcement** and  
21 the [*National Suicide Prevention Lifeline*] **988 Suicide and Crisis Lifeline**  
22 **Local Mental Health Authority[,]; and**

23 **“(2) Certified peer support specialists,** as defined in ORS 414.025, [*9-1-1,*  
24 *law enforcement,*] individuals with lived experiences in mental illness or  
25 substance use disorder **and their family members and caregivers,** con-  
26 sumers of behavioral health services, including youth and families, and other  
27 stakeholders identified by the authority.

28 **“SECTION 5.** **In addition to and not in lieu of any other appropri-**  
29 **ation, there is appropriated to the Oregon Health Authority, for the**  
30 **biennium beginning July 1, 2023, out of the General Fund, the amount**



1 of \$5,000,000, to be deposited into the 9-8-8 Trust Fund established in  
2 section 1 of this 2023 Act.

3 **SECTION 6. This 2023 Act takes effect on the 91st day after the**  
4 **date on which the 2023 regular session of the Eighty-second Legislative**  
5 **Assembly adjourns sine die.”.**

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