

To: Chair Sanchez  
House Committee on Behavioral Health  
From: Scott Winkels, League of Oregon Cities  
Date: 2/24/2021  
Re: HB 2417

The League of Oregon Cities (LOC), an association of all 241 incorporated cities in Oregon, enthusiastically endorses state support for the creation of crisis intervention teams and envisioned in HB 2417. Historically, cities have not been providers of behavioral health services but that is changing. The City of Portland has launched their Street Response Team that provides mobile medical and crisis intervention services and has already succeeded in resolving issues that would have taken police time. The police discipline is more able to focus on criminal justice matters instead of being dispatched to resolve what are medical issues. More cities would like to pursue such programs and the intent behind HB 2417 will help them do that.

However, in order for cities to take full advantage of the assistance offered in the bill, the qualifying conditions in the bill require some alteration. In particular, the requirement that a city grant recipient have one sobering facility for every 65,000 people will prove a substantial hurdle for cities wishing to utilize this grant program. Sobering facilities are typically regionalized with several jurisdictions relying on a facility to provide this service. The impact of this provision of the bill will be that cities that take steps to ensure access to sobering services will not be able to take advantage of the bill. The LOC would like to continue conversations on this aspect of the bill to ensure that we have adequate sobering services and access to resources to expand mobile crisis services.

Additionally, the LOC would like to point out that the success of HB 2417 is also contingent on the passage of HB 2860 which provides policy goals and funding for respite centers and behavioral health workforce development. Oregon does not currently have enough crisis respite centers despite this being a significant need. Passage and full funding of HB 2860 will create the funding stream for these services. It is a policy question if jurisdiction should wait until respite resource come online before applying for granting for mobile crisis teams or if program development could occur simultaneously. Further, HB 2860 is intended to make a massive leap forward in behavioral health workforce development by making strategic investments in the field. While there is most likely a large number of people interested in doing this work, it will be emergency response work and will require the right people with the right training.

Finally, we will note that if not in this bill another should be found with a suitable relating clause to address the collective bargaining implications for moving work that is currently being done by police officers to mobile crisis teams. The LOC believes that decision to redefine the nature work as it relates to crisis response should be a management right with the impacts bargained. However, labor negotiations should not be able to derail the creation of these programs.