



Comments in Support of House Bill 2757  
From Chris Bouneff, Executive Director, NAMI Oregon  
February 6, 2023  
House Behavioral Health and Health Care Committee

Chair Nosse and members of the committee. I am Chris Bouneff, executive director for the Oregon chapter of the National Alliance on Mental Illness, better known as NAMI Oregon. Through our 16 chapters located across the state, we deliver free education, support, and awareness programs and annually serve about 12,000 Oregonians.

We are a grassroots, membership-governed organization with about 2,000 members. And we generally are all people with lived experience as individuals who live with mental health disorders, as family members with loved ones living with disorders, or as parents/caregivers raising children living with behavioral health issues. Many of us check multiple boxes in that list.

We are here as the lead coalition partner to support HB 2757, which completes the final steps for implementing the full 988 crisis system architecture in Oregon. In some respects, this is a technical bill that puts in place these final pieces and finishes what we started with HB 2417 in the 2021 Legislature.

Ultimately, though, this is about health care — and delivering an appropriate health care response when an urgent or emergency behavioral health need arises wherever you are in Oregon. That need was great before the pandemic. And it has grown as we have all experienced unrelenting stress and anxiety due to the pandemic combined with wildfires, economic uncertainty, political climate, and related events.

Before July when 988 went live, our only recourse when a behavioral health crisis arose was to call 911 and hope for the best. The person answering the call had no particular behavioral health experience, and could not help us as individuals or families de-escalate and stabilize. Instead, the best they could do is dispatch a first responder.

But unlike with medical emergencies, rather than an ambulance arriving, it would be law enforcement. You could only hope the officers were specially trained for Crisis Intervention Teams (CIT). Even if they were CIT officers, often the best they could offer is to assess the situation and help de-escalate. There was no health care intervention, no real stabilization, and no real connection to additional health care resources.

What I will leave unsaid is the worst-case that has occurred all too frequently. NAMI is full of stories of worst-case, which is what drives our advocacy.

## **The Need for HB 2757**

The bill before you came about because NAMI and our partners knew that our state had a golden opportunity to do better. Congress gave states the authority to transform their crisis systems via 988, and Oregon acted quickly to adopt portions of a full 988 continuum in 2021. But work remained.

NAMI Oregon formed a workgroup in 2022 and invited a broad-base of representation, all of whom enthusiastically said yes to collaborating. We had individuals and families at the table. Also joining us were: community mental health programs, adult and youth treatment providers, hospitals and health systems, payers, and our major call center.

NAMI Oregon secured professional facilitation, and the group met every three weeks between January and August in 2022. Together, we produced two products. One is HB 3126, which this Committee will consider another day. The legislation pilots a regional behavioral health acute care response system for children and youth that we consider companion legislation.

The other is HB 2757, which is today's topic and which is based on national model legislation. Importantly, HB 2757:

- Establishes the 988 Trust Fund. There are various streams of one-time and ongoing federal and state funding that need to be braided as seamlessly as possible so that our actions around 988 actually look and function like a system.
- Establishes a fee on telecom that functions just like our fee for 911.
- Restricts the fee to funding our call centers and some reliable baseline funding for mobile crisis. Both are essential core functions that cannot wax and wane with the economy.
- Creates a true multi-stakeholder advisory group so that the conversations that our coalition started can continue. Even if HB 2757 passes, there is much still to do.

HB 2757 gives us the opportunity to do better. NAMI's goal is to have a strong, equitable, and consistent 988 system across the state. Whether in a frontier or urban county, whether on the Oregon coast or in the high desert — when we call, the person who answers can actually help us. They answer quickly, they are highly trained, and they can serve us regardless of our age or other demographic characteristic.

And when we dispatch first responders, the people showing up aren't carrying a badge and gun. Instead, they have the skills and expertise to assess and stabilize individuals and families in crisis, ranging from the very young to the very old. They are truly the behavioral health equivalent of emergency medical technicians.

Behavioral health is a pressing need in every corner of Oregon. HB 2757 helps us capitalize on a wonderful opportunity to build toward a true crisis response system. We urge your support.

Thank you for this opportunity to provide comments and support for HB 2757.