



Comments in Support: House Bill 3126

From Chris Bouneff, Executive Director, NAMI Oregon

March 14, 2023

House Behavioral Health and Health Care Committee

NAMI Oregon wishes to express its support for HB 3126, which would create a regional acute care behavioral health response system for children, youth, and families that mirrors the successful structure of Oregon's medical trauma system.

NAMI Oregon considers HB 3126 a companion bill to HB 2757, which is legislation that fully implements the structures by which Oregon can build out a 988 behavioral health crisis system. Of the two bills, HB 2757 addresses:

- Oregon's two 988 call centers — someone to call.
- Expanding mobile crisis to all Oregon communities — someone to respond.

HB 3126 addresses the third critical component of a crisis system — somewhere to go. Like HB 2757, the bill came about when NAMI formed a workgroup in 2022. At the table were: individuals and families, community mental health programs, adult and youth treatment providers, hospitals and health systems, payers, and our major 988 call center.

NAMI Oregon secured professional facilitation, and the workgroup met every three weeks between January and August 2022.

Addressing Somewhere to Go

While there is general consensus on 988 call centers and the future of mobile crisis, there isn't even remote consensus on where individuals and families should go when they need facility-based care during a crisis. Many communities profess different needs. Many proposals are disjointed from existing health care structures. And nearly all focus only on adults, leaving youth and families without options.

NAMI's workgroup decided to start with children and youth. The population that experiences crisis is smaller in aggregate numbers than with adults, making change more manageable. And it's an age group with even fewer resources than adults.

When a youth and family find themselves in an Emergency Room, they often sit. And sit. For hours, days, and even weeks — often never receiving any appropriate clinical services because none are available in the ER or in the local community. The group started with a basic question: How can we change this?

Borrowing Good Ideas

Discussions settled quickly on mirroring Oregon's medical trauma system because, at its heart, a behavioral health crisis is like a medical crisis. If you suffer a medical trauma

anywhere in Oregon, we have a system that can triage and treat patients. That includes services in a local Emergency Room. Or, if necessary, that includes transporting a patient to our more comprehensive hospitals in population centers such as Portland.

What if we could borrow this structure and apply it to behavioral health? That's what HB 3126 does. It applies the organizational structure and escalation process that we know works, and it couples that structure with the resources and clinical expertise pertinent to the behavioral health needs of youth and families.

In their testimony, other members of our workgroup describe the mechanics of how this would work. From NAMI's perspective, what is important is that Oregon will finally pilot organizing principles and structures that will help people.

And through this pilot, we will learn how best to scale our efforts statewide and how to adjust what we do to also apply to adults in crisis.

I close with this. Oregon needs alternatives to Emergency Rooms. Yet, we will not stop going to Emergency Rooms, especially those of us who are raising children and youth with behavioral health needs. When this happens, we have to create the pathways and networks so our existing health care system can accommodate our needs. HB 3126 is a comprehensive approach to doing so.

Thank you for this opportunity to comment in support of HB 3126.

About NAMI Oregon

NAMI Oregon is the state chapter of the National Alliance on Mental Illness. 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. Our membership generally is composed of individuals who live with mental health disorders, family members with loved ones living with disorders, or parents/caregivers raising children living with behavioral health issues. Many NAMI members check multiple boxes on that list.