



Written Testimony in Support of House Bill 2757  
From Chris Bouneff, Executive Director, NAMI Oregon  
April 27, 2024  
House Revenue Committee

Chair Nathanson 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.

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.

### **What HB 2757 Accomplishes**

HB 2757 is the result of a NAMI Oregon-led workgroup that utilized federal legislation, national model legislation, and legislation in other states to formulate a framework for Oregon. 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.

We note that the proposed fee of 50 cents per line per month (\$6 per year) is in line with neighboring states. For example, Washington state set its fee at 40 cents. California and Colorado set rates at 30 cents. And Nevada set its rate at 35 cents. In each state, the established 988 fees mirror Oregon’s fee in proportion to each state’s 911 fee. (Please see chart.)

**988/911 Fee Comparison**

State	988 Fee	911 Fee	Ratio of 988 to 911 fee
Washington	0.40	0.95	42%
Nevada	0.35	set locally; up to 1.00	35%
California	0.30	0.80	38%
Colorado	0.30	0.10 statewide; 0.70-1.00 local	38-90%
Oregon (proposed)	0.50	1.25	40%

Note: States with 911 fee ranges and local options also adopted fee ranges for 988 that will rise to capped amount listed in table.

Oregon’s proposed rate also compares favorably to proposals in several other states. For example, Alabama just introduced legislation that would set the monthly rate at between \$0.98 to \$3.00 per month.

Unlike most other states, however, HB 2757 restricts the 988 fee to funding Oregon’s two 988 call centers and providing some modest baseline funding for mobile crisis response teams — two critical emergency functions that require dedicated revenue sources to ensure they are available 24/7. It is important to NAMI Oregon and our members that there be a direct line between the fee and what it funds, which is why we included the restriction.

### **Capitalizing on Opportunity**

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 characteristics.

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 express support for HB 2757.