Multnomah County

Sharon Meieran
Multnomah County Commissioner, District 1

To: House Committee on Behavioral Health
From: Sharon Meieran, Multnomah County Commissioner
Date: April 5, 2021
Re: Support for House Bill 3069

Chair Sanchez, Vice-Chairs Moore-Green and Nosse, and Members of the Committee,

My name is Sharon Meieran. I am a Multnomah County Commissioner and also an emergency physician. As an ER doctor, too often I see people who experience mental health crises because they lack access to the community-based services they so desperately need. They find themselves in our ERs, on our streets, or in our jails, rather than getting help. One of the main reasons I ran for office was to address a dysfunctional, often traumatizing, uncoordinated and expensive system of care - which includes not only our healthcare system, but our housing continuum, our criminal justice system, and our crisis response system.

There is no shortage of dedicated advocates, peers, and providers who are working to improve Oregon's behavioral health crisis response system. I personally have been involved in strategic planning efforts, task forces, workgroups, coaliations, committees, etc, for over a decade, most recently with the Governor's Behavioral Health Advisory Council. But so often, multiple behavioral health planning initiatives act in parallel, uninformed by one another. Without intentional and *formal* coordination and accountability, *which currently do not exist,* these efforts will ultimately make accessing care even more complicated.

Federal funding, the FCC's launch of 988, Ballot Measure 110, and a new movement towards behavioral health parity have created a unique opportunity to make long overdue investments in our state's behavioral health crisis response continuum. We must make the most of this moment, but avoid innovating on top of an already crowded and uncoordinated system.

A few of the initiatives already underway include the following:

- The ***statewide GAINS Regional Behavioral Health Centers Workgroup***, mentioned by Steve Allen today, which up until the last minute was not coordinated with this group's effort;
- ***Potential federal and state legislation that would build upon the successful track record of Lane County's CAHOOTS model*** providing non-law enforcement crisis de-escalation and behavioral health response to people who are living unhoused. HB 2417 would match local funds to launch CAHOOTS-style response efforts statewide. A pilot project in Portland, Portland

Street Response, is already underway, but there are already challenges because of lack of coordination and understanding of the existing system;

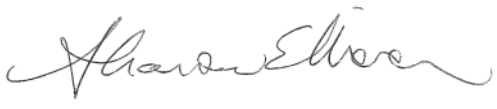
- ***Ballot Measure 110 will create a statewide network of Addiction Recovery Centers*** which will provide 24/7 assessments and triage for individuals with addiction issues;
- ***HB 2980 and SB 680 will create peer-driven crisis respite centers throughout the state.*** Peer respite is proven to reduce rates of Medicaid-funded hospitalizations and health expenditures for people who access the respite. These bills are the result of *years* of committed advocacy by people with lived experience as consumers of mental healthcare; and
- ***An entire spectrum of Aid and Assist efforts underway that have not been incorporated into this work but are directly related.***

And there are many, many more. No one entity is corralling all of the parallel efforts, and people are falling through the cracks in our systems and suffering and dying as a result.

As this work moves forward, I have three broad asks so that 988 can be successful: Please ensure that there is meaningful coordination among all the groups doing this work so that we are not moving backward or treading water. *Without coordinated planning, we will never achieve a coordinated system*. Please ensure that people who engage with the system are at the table, because I understand some key players currently aren't - ER providers, EMS providers, community mental health providers, and most importantly, ample representation of consumers with lived experience. And, finally, ensure that peer-driven crisis response and respite is incorporated as a foundational part of the system, because currently it is not.

As a county commissioner with the LMHA, I have had many people reach out to me about this bill because they are very very concerned. I know the system intimately as a front line provider *and* as a policy maker. I would welcome the opportunity to discuss additional concerns and opportunities. We have a chance to build on current approaches that are effective but under-resourced, wean processes that are duplicative or ineffective, elevate the wisdom of those who use and deliver crisis services, innovate, and *build the integrated system of behavioral health crisis response we so desperately need*.

Respectfully submitted,



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