

February 24, 2021

House Committee on Behavioral Health  
Representative Tawna Sanchez, Chair  
Oregon Legislature  
Salem, OR



Chair Sanchez and Members of the Committee:

On behalf of Lane County and the Association of Oregon Community Mental Health Programs, I offer the following testimony on HB 2417, relating to crisis intervention resources.

I want to thank you Chair Sanchez for introducing HB 2417, the “CAHOOTS” bill. CAHOOTS has been operating in Eugene for over three decades, and it finally is getting the recognition it deserves. Importantly, this measure identifies mobile crisis response as a tool that should be more available across Oregon, particularly as we continue to revise the thinking that traditional notions of policing are giving us outcomes we’d like to see. For example, we know that over 65% of the inmates in the Lane County Jail have a documented mental health issue. We know that over 70% of the people that are sent to the Oregon State Hospital to receive treatment to gain or regain fitness to proceed are homeless. We know that in Eugene, almost 25% of the calls to 911 get routed to CAHOOTS.

Across Oregon my peers are working really hard to address the needs of our communities. The reason have an association is to ensure that there is a cohesive statewide behavioral health system that assures core safety net services in all areas, and that adequate resources support those services. In Lane County we’ve stood up a program to identify high utilizers of emergency services, behavioral health services, and our jail and work to get these people into supported housing. We are implementing an in-jail medically assisted drug treatment program. We are standing up a forensic intensive treatment team to further reach into the community to provide help. And CAHOOTS has now expanded into Springfield after proving itself so thoroughly in Eugene.

I do need to let the Committee know that this work happens through many collaborations, but at the foundation of that work is that counties receive regular appropriations for providing behavioral health services and supports. We are statutorily required to deliver Community Crisis response services through a contract with the Oregon Health Authority. In Lane County, we receive approximately \$2M per year to carry out those services and while there is always a greater need than funding allows, the County plays a leadership role in the coordination and planning that is necessary for us to sustain services year after year. We do this work through the Public Safety Coordinating Council, and a unique to Lane County Mental Health Summit.

So while I applaud the intent of the bill to enhance mobile crisis response, I would submit to the Committee that competitive grants don not equitably fund the statewide crisis system. They create winners and losers, are hard to plan for, and can create services that are difficult to maintain once the grant has been expended.

There are other things I could mention about the bill that we believe could be improved. I'm not going to go through all of them here but would like to instead offer to the Committee that this is an important conversation that we do want to be included in. There are several other conversations occurring this session that may dovetail with HB 2417, and I'm offering my help, and the help of my peers throughout AOCMHP membership to continue working with you on this issue. We very much want to see a piece of legislation reach the Governor's desk that includes mobile crisis response and stand ready to work with you on it if asked.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Gaffney". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Karen Gaffney, Director

SUBMITTED ELECTRONICALLY BY ALEX CUYLER

LANE COUNTY INTERGOVERNMENTAL RELATIONS MANAGER