

Public Testimony for HB2757 Regular Session 2023

RE: Related to crisis services; expands and provides funding for coordinated crisis services system including 9-8-8 suicide prevention and behavioral health crisis hotline.

Submitted to House Committee on Behavioral Health and Health Care

I am submitting this testimony as a member of the public. I am someone with lived experience of mental health challenges, a consumer of behavioral health services through the Oregon Health Plan, and a person who has utilized crisis lines and services. I currently work as a Peer Wellness Specialist in Portland, OR.

I want to see 988 be a successful and helpful resource for the peers I support in the community professionally and personally, one which people feel safe using. But I have concerns about the procedures and philosophies which provide the structure for the current systems.

While I support this bill, as it provides necessary funds for the crisis services we so desperately need, I want to voice my strong support for utilizing these funds in a way that meets the needs of the community in a trauma-informed, safe, empathetic, and transparent manner.

Many crisis services in Oregon continue to operate in ways that hold potential risks for people accessing those services. I would like the House Committee on Behavioral Health and Health Care to consider how these funds can be used to support creating more robust and accountable trauma-informed training and organizational structures for the crisis workforce. I would also urge some of the funds to be used to support the current financial needs and expansion of warm-lines and peer support throughout our state. Peer support is an evidence-based practice that is shown to improve outcomes for people with mental health and substance use issues. Warm-lines, especially those staffed by Peer Providers, offer an alternative to traditional crisis lines, which callers are sometimes cautious to call out of fear that emergency or mobile response services, especially law enforcement, will be called out to them without their consent.

I am also a member of the Oregon Consumer Advisory Council, though I am not submitting this testimony in that capacity. I want the House Committee to know that our council worked on issues related to 988 and crisis services for many months, convening special public meetings as part of its Trauma-Informed Systems

subcommittee workplan. Through this work, the council approved recommendations for messaging and outreach that is transparent, safe, empathetic, and culturally appropriate related to 988. Additionally, we created recommendations for a “Caller’s Bill of Rights” out of concern that the crisis services operating under 988 and the Community-Based Mobile Response will act in accordance with trauma-informed practices. I am including these recommendations with my testimony, which were passed by agreement of the full council in January 2023. OCAC does not have an official position on HB2757, but I thought these recommendations would provide important perspectives for you as you deliberate on this topic.

While I support the committee in passing this bill to fund crisis services, I also strongly urge the committee to listen to and take action based upon the voices of those with lived experience. People should not be re-traumatized when trying to seek help for a mental health crisis. Trauma-informed practices, warm-lines, and peer support must be considered in how to utilize these funds to coordinate more humane, just, and healing crisis systems in Oregon. I believe that each action we take toward implementing trauma-informed care in all aspects of public life will put us one step closer to real support, healing, and recovery for the communities of Oregon.

Thank you for your time and consideration.

Respectfully submitted,

Rhea Wolf
Portland, OR

Oregon Consumer Advisory Council

Recommendations to OHA

Regarding Trauma-Informed Messaging and Caller's Rights related to 988 and Community Based Mobile Response (CBMR)

“In school, when I was being trained to do advertising work, we were taught to highlight a pain point, and then provide the solution...Applied to social issues, this often looks like making audiences as uncomfortable as possible using the most intense details in a client's life...[In trauma-informed marketing,] keeping those impacted by our mission as the most centered stakeholders will lead us to using language that dignifies them.”

– Marilyn Murray, founder of Love146 which works to end child sex trafficking

Emma Sappala, bestselling author and faculty director of the Yale School of Management, designed an info graphic on the negative consequences of social isolation. Under “Increased risk of suicide,” a stick figure is depicted standing on a chair and holding a noose. While this example is extreme and seems incomprehensible to use in a mental health awareness campaign, it highlights the importance of creating messaging that is trauma-informed so as not to negatively impact the mental and emotional wellbeing of the audience.

In discussion regarding the launch of 988 and Community Based Mobile Response (CBMR) and in consideration of the substantial investment of public dollars allocated to advertising, marketing, outreach, and communication regarding those services, the Oregon Consumer Advisory Council's Trauma-Informed Systems Subcommittee has identified potential areas of unintended impact that could lend to the traumatization or re-traumatization of those who see 988 marketing campaigns, callers to the 988 line, and those who support them. These outcomes will come to bear on the lives of service users and may ultimately define the success of program offerings. In recognition of the need to mitigate such harmful effects we recommend targeted messaging and media campaigns with specific attention to the trauma-informed standards of safety, transparency, agency, empathy, and cultural competency. In addition, we believe it is

imperative for potential callers and users of 988 and CBMR to be fully informed of their rights with regard to these services.

Attached is A) a series of proposed guidelines for 988 and CBMR marketing, to be enforceable through explicit policy, and B) a working draft of Caller's Rights.

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Recommendations for trauma-informed messaging and outreach practices:

Safety, Transparency, Agency, Empathy, and Cultural Competency are vital to Trauma-informed Care and should be considered for all messaging and media campaigns regarding 988 and Community Based Mobile Response (CBMR). The OCAC offers the following guidelines for 988 and CBMR marketing.

For marketing of 988, CBMR, and other behavioral health outreach campaigns, designers of said campaigns should:

1. Strive to do no harm in messaging and imaging.
2. Staff will be given adequate education and training in trauma-informed principles and practices, as well as cultural awareness.
3. Deliver vicarious hope instead of vicarious trauma.
4. Refrain from words and images that seek to manipulate, and/or prey upon scarcity, lack, and fear-based mindsets.
5. Never suggest that someone is “broken” unless they agree with the campaign’s solution.
6. Refrain from pressures that lead people into quick, under-informed decisions.
7. Refrain from statements that overpromise and underdeliver.
8. Use strengths-based and empowerment-focused messaging.
9. Be accurate, transparent, reliable, safe.
10. Honor and validate people's responses, emotions, concerns.
11. Avoid shock and surprises.
12. Avoid certain patterns and colors which could be triggering (e.g. crime scene tape, crimson, sounds of sirens).
13. Avoid images and sounds of weapons and violence, including suicide.
14. Give fair warning before displaying any images that may be triggering.
15. Be mindful of the scope and impact of repetitive content.

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Recommendations for the rights afforded to callers of 988 and Community Based Mobile Response (CBMR):

Callers to 988 should understand the guidelines being used by crisis call-operators.

Callers have the right to:

1. Know what services they're receiving when they call. Offer callers an option to hear more information about privacy, mandatory reporting policies, and under what conditions emergency response will be called. This needs to be done before entering the live call.
2. Clear and upfront information should be communicated about which situations hotlines can use police and emergency services; this information will be included on websites, apps, chatbots, and greeting/hold recordings, including geo tracking.
3. Understand if and when their calls are being recorded, how they'll be used, and who they'll be shared with.
4. Be informed by operators at the beginning of calls about which situations or circumstances hotline policies dictate the use of law enforcement or emergency responders.*
5. Be informed if police or emergency services are being dispatched to their location.
6. Trust that the help they seek will be supportive, not harmful.
7. Receive crisis support free of judgment, irrespective of substance use, participation in sex trade, mental health condition, disability, gender identity, sexual orientation, race, age, citizenship, housing status, religion, nationality, or caste.
8. Reach out for support in a crisis without being criminalized, involuntarily detained, or deported. The use of Fear, Force, Friendliness, and Fraud should be prohibited where leading to undue influence - where the person would not otherwise voluntarily choose to participate or choose the treatment that is offered.

* Every effort should be made to obtain the consent of callers to receive emergency services or mobile response services, as calling for police or other emergency services contains the possibility of retraumatizing callers, especially members of traditionally oppressed groups.

9. Have all trauma responses, including suicidality, understood as normal responses to current or past traumatic experiences, and be able to speak about suicidality without fear of more trauma.
10. Get crisis support without police violence, harassment, or threats.
11. Share their identities and experiences without being outed to unsupportive caregivers, workplaces, or abusers.
12. Be made aware of short- and long-term options for support that they can accept or refuse.
13. Determine which supports and care they consent to utilize and which they can refuse, as the experts in their own lives.
14. Access support and services without police or other emergency responders entering their homes, work, school, or any other location without their knowledge and consent. They did not call 911.
15. Make decisions about what's best for their financial and mental wellbeing, including not being charged ambulance or hospital bills for services they did not seek or consent to, or the loss of work, housing, etc.
16. Protect themselves from further trauma, harm, and instability.
17. Access remedial and rights-based information and/or referral information for those calling in to express a concern about the condition of others or at the request of others who feel unable to complete a call for help or support.

Additional Information:

Members of the Oregon Consumer Advisory Council (OCAC) would like to state that offering these recommendations should not be seen as an endorsement of 988, Community Based Mobile Response, or related programs by consumers or ex-patients of mental health services. As voiced by members of OCAC, help lines such as 988 continue to offer limited approaches to people experiencing distress, namely the Western medical model and psychopharmacological treatments. People calling for support should be able to refuse those types of support, and call-lines and other engagement entry-points should offer options outside the Western medical and psychopharmacological models.

The rights of callers offered here relies heavily on those created by Trans Lifeline and are used verbatim in some places, as members of OCAC agree with the rights, practices, and policies advocated for in that document.

We recommend that the people creating marketing campaigns for any health campaigns, but suicide prevention specifically, include those with lived experience in their process and understand the research that has been done on both the effectiveness and the unintentional consequences of such campaigns. Here are some articles that explore this topic:

California Mental Health Services Authority, "Suicide Prevention Situational Overview," March 6, 2012. http://www.cccstudentmentalhealth.org/docs/CalMHSA_SuicidePreventionOverview.pdf

Pappas, Stephanie, "New research in suicide prevention," American Psychological Association, August 25, 2021. <https://www.apa.org/monitor/2021/09/news-suicide-prevention>

"Trauma-Informed Marketing: Creating an Empathy Framework," <https://www.concentrix.com/insights/blog/empathy-framework/>

Trauma-Informed Oregon
<https://traumainformedoregon.org/>