
988: Overview and Implementation Planning Grant

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Governor's Workgroup on 988 Implementation

- Oregon Health Authority
- Oregon Public Utility Commission
- Oregon Office of Emergency Management
- Oregon Legislature
- Lines for Life
- YouthLine
- Confederated Tribes of Warm Springs
- Association of Oregon Counties
- Association of Oregon Community Mental Health Programs
- Community Counseling Solutions
- AT&T
- Oregon Telecommunications Assn
- Rosewood Initiative
- Providence Promotores/Pacific University
- NAMI Oregon
- Basic Rights Oregon
- CAHOOTS
- Health Share of Oregon
- Columbia Pacific CCO
- Mosaic Medical
- Lifeworks
- Oregon Council for Behavioral Health
- Unity Center for Behavioral Health
- Providence
- OHSU
- U.S. Veterans Administration
- Northwest Human Services
- 911 PSAP
- Peer Galaxy
- Oregon Family Network
- Oregon Mental Health Consumers Association
- The Alliance to Prevent Suicide
- Sheriffs, Police Chiefs

Current State: Lifeline, the Nation's Public Mental Health Safety Net

The Lifeline Mission

To effectively reach and serve all persons who could be at risk of suicide in the United States through a national network of crisis call centers.



The future:

A new, national 3-digit number (988)

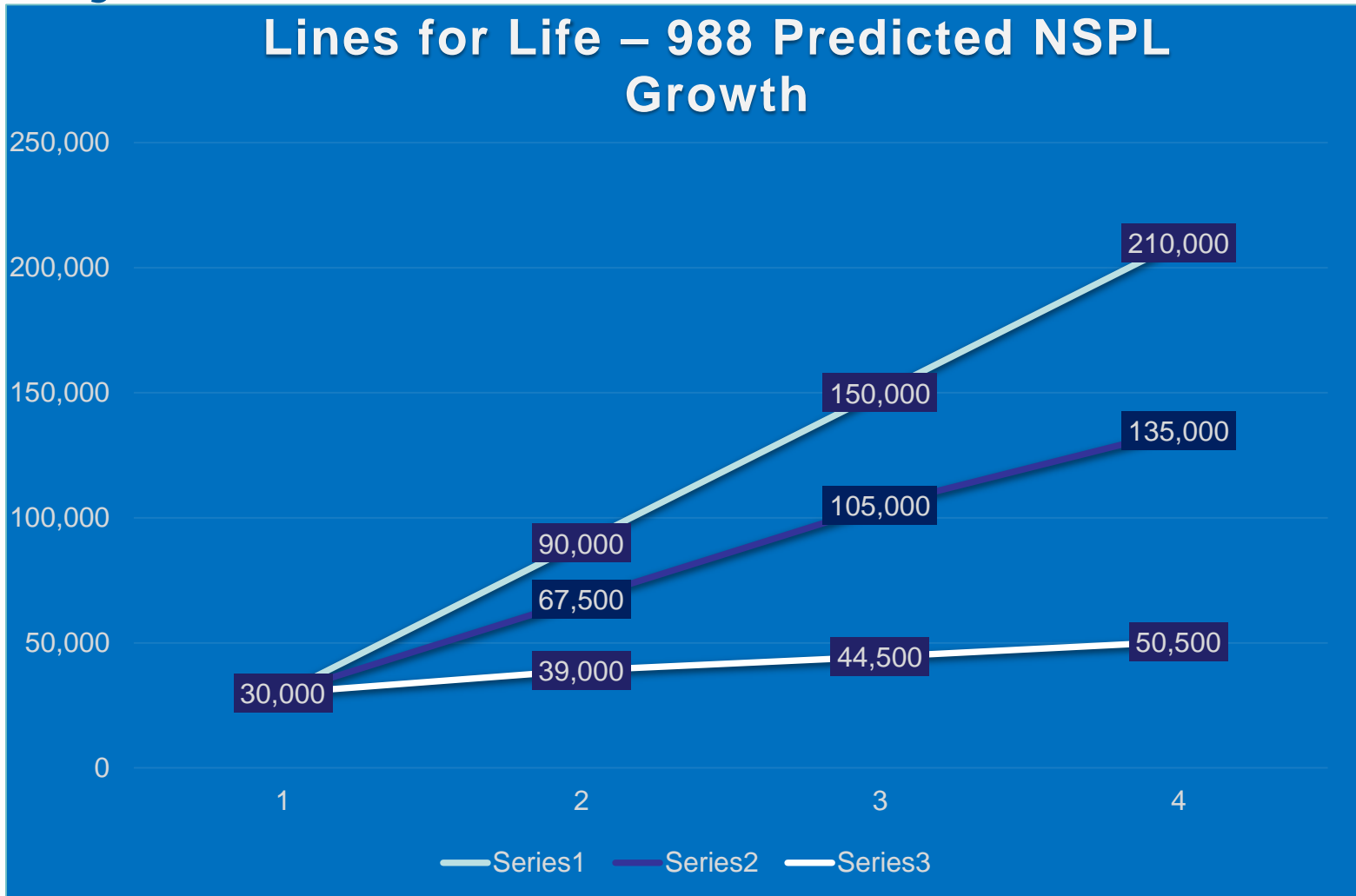
- ✓ Easier to remember than a 10-digit number
- ✓ Sends the message that mental health crises and suicide prevention are of equivalent importance to medical emergencies
- ✓ Reduces stigma surrounding suicide and mental health issues

According to SAMHSA, a three-digit number could be a transformative step forward in improving national crisis intervention and suicide prevention efforts if accompanied by a more coordinated crisis system with greater capacity and access to sophisticated data and technology.

The National Suicide Hotline Designation Act of 2020

- **Designates 988** for a national suicide prevention and mental health crisis hotline (Lifeline and the Veterans Crisis Line)
- Requires SAMHSA/VA to report to Congress on **infrastructure needs within six months** of the bill enactment.
- Requires SAMHSA to submit a plan to provide network trainings and access to **specialized services for populations such as LBGTQ youth, minorities, rural individuals and other high-risk populations.**
- Allows States to **levy fees for local 988 related services** on wireless/IP Carrier bills, including crisis outreach, stabilization, mental health services responding to 988 contacts
- Requires **FCC to report to Congress** on 1) the collection and distribution of carrier-fee funds, and 2) the feasibility and cost of geolocation services

Projected Volume



Adopting the “Crisis Now” Model for 988 Implementation

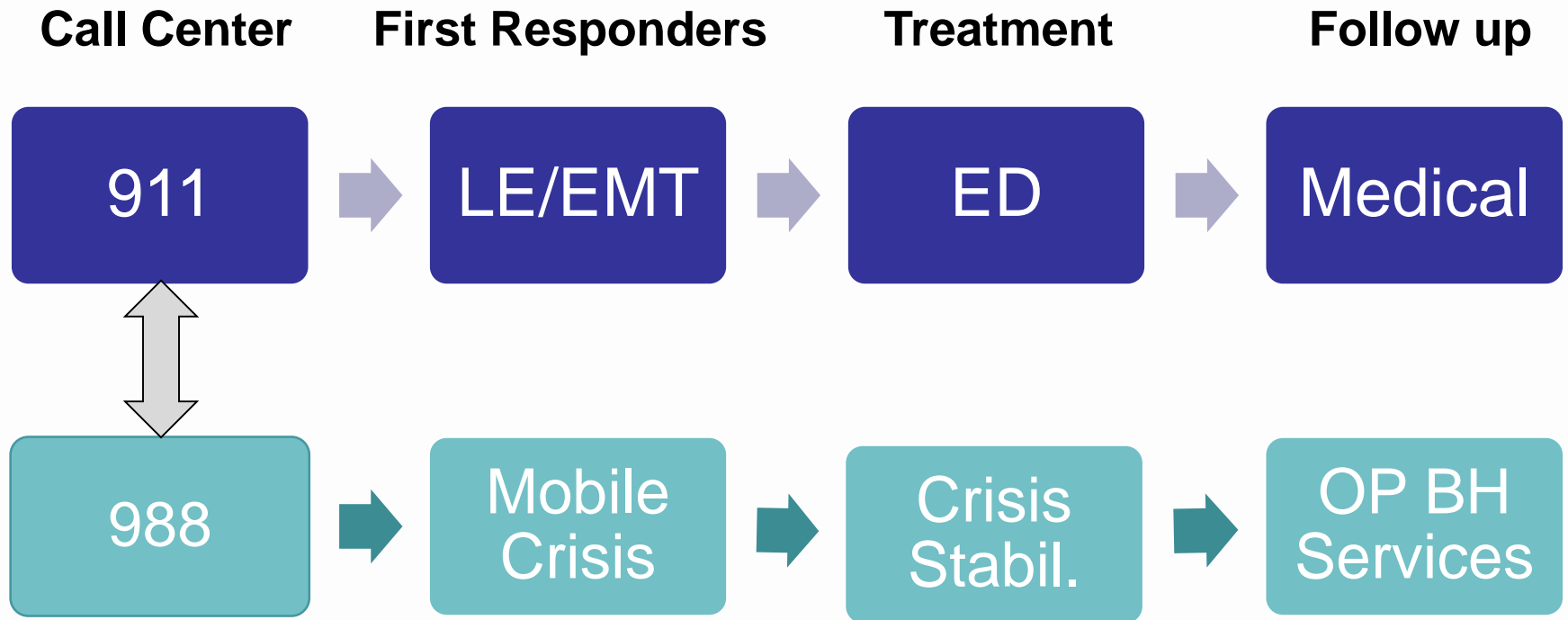
The Crisis Now Model has four components:

- Centralized call center (Air Traffic Control capabilities with Crisis Line Expertise)
- Mobile crisis
- Crisis stabilization
- Follow Up

Crisis Now Crisis System Calculator Projections - Pop. 1,000,000

	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	24,000	24,000
# Initially Served by Acute Inpatient	16,320	3,360
# Referred to Acute Inpatient From Crisis Facility	-	1,336
Total # of Episodes in Acute Inpatient	16,320	4,696
# of Acute Inpatient Beds Needed	500	144
Total Cost of Acute Inpatient Beds	\$ 164,179,200	\$ 47,237,736
# Referred to Short-Term Bed From Stabilization Chair	-	5,342
# of Crisis Beds Needed	-	41
Total Cost of Short-Term Sub-Acute Beds	\$ -	\$ 13,356,000
# Initially Served by Crisis Stabilization Facility	-	12,960
# Referred to Crisis Facility by Mobile Team	-	2,304
Total # of Episodes in Crisis Facility	-	15,264
# of Crisis Stabilization Chairs Needed	-	48
Total Cost of Crisis Stabilization Chairs	\$ -	\$ 18,840,137
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	7
Total # of Episodes with Mobile Team	-	7,680
Total Cost of Mobile Teams	\$ -	\$ 2,761,644
# of Unique Individuals Served	16,320	24,000
TOTAL Inpatient and Crisis Cost	\$ 164,179,200	\$ 82,195,517
ED Costs (\$1,233 Per Acute Admit)	\$ 20,122,560	\$ 5,789,675
TOTAL Cost	\$ 184,301,760	\$ 87,985,192
TOTAL Change in Cost		-52%

Two Tracks of Crisis Response



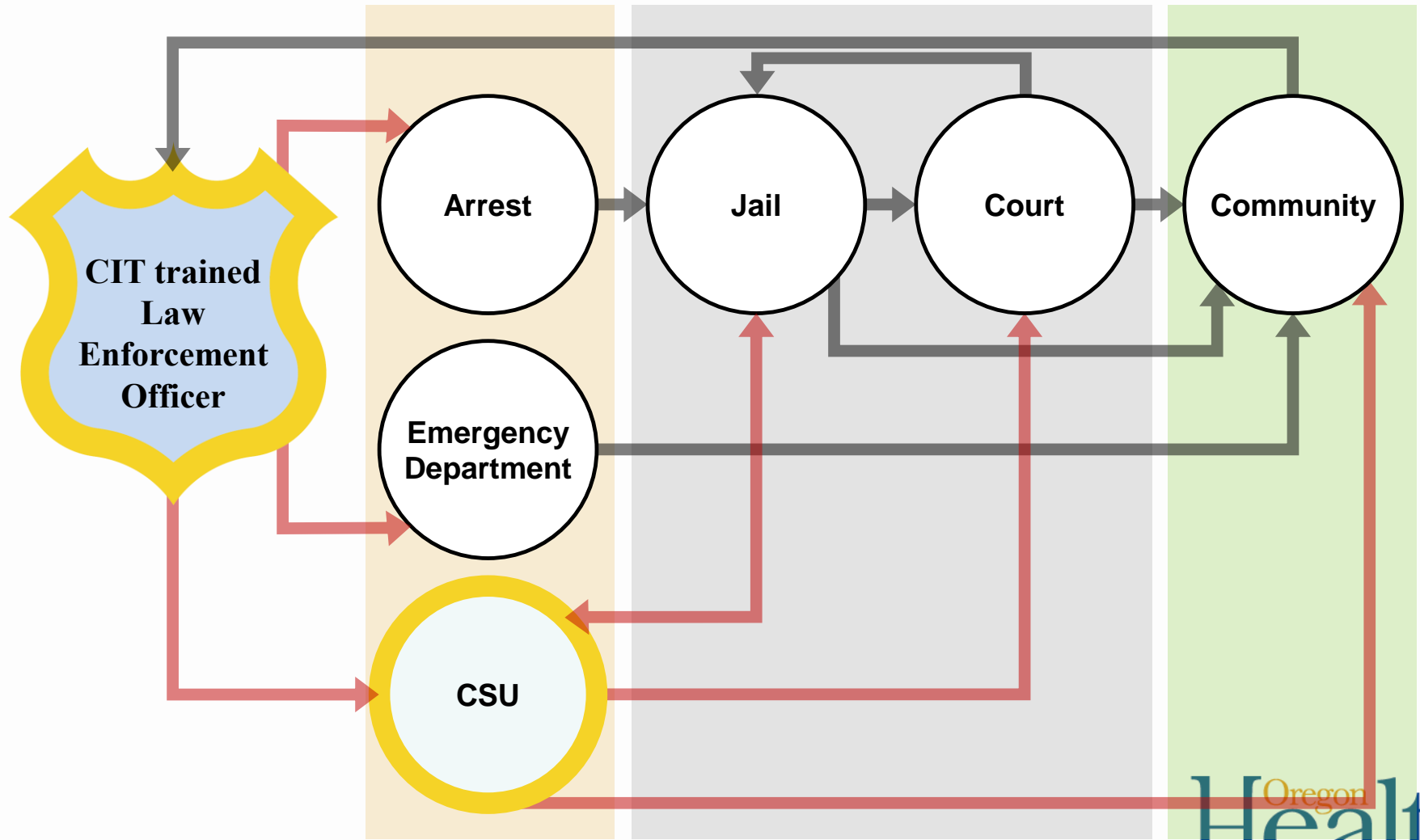
What are Crisis Stabilization Centers?

CSUs offer a wide range of short-term services short of psychiatric hospitalization

- 24/7 professional staffing
- Medical and nursing services
- Psychiatric services
- Substance use disorder services
- Assessment
- Counseling
- Stabilization
- Transition planning
- Up to 16 beds



Arkansas Model Utilizing CSU's in Coordination with Specialized Law Enforcement First Response

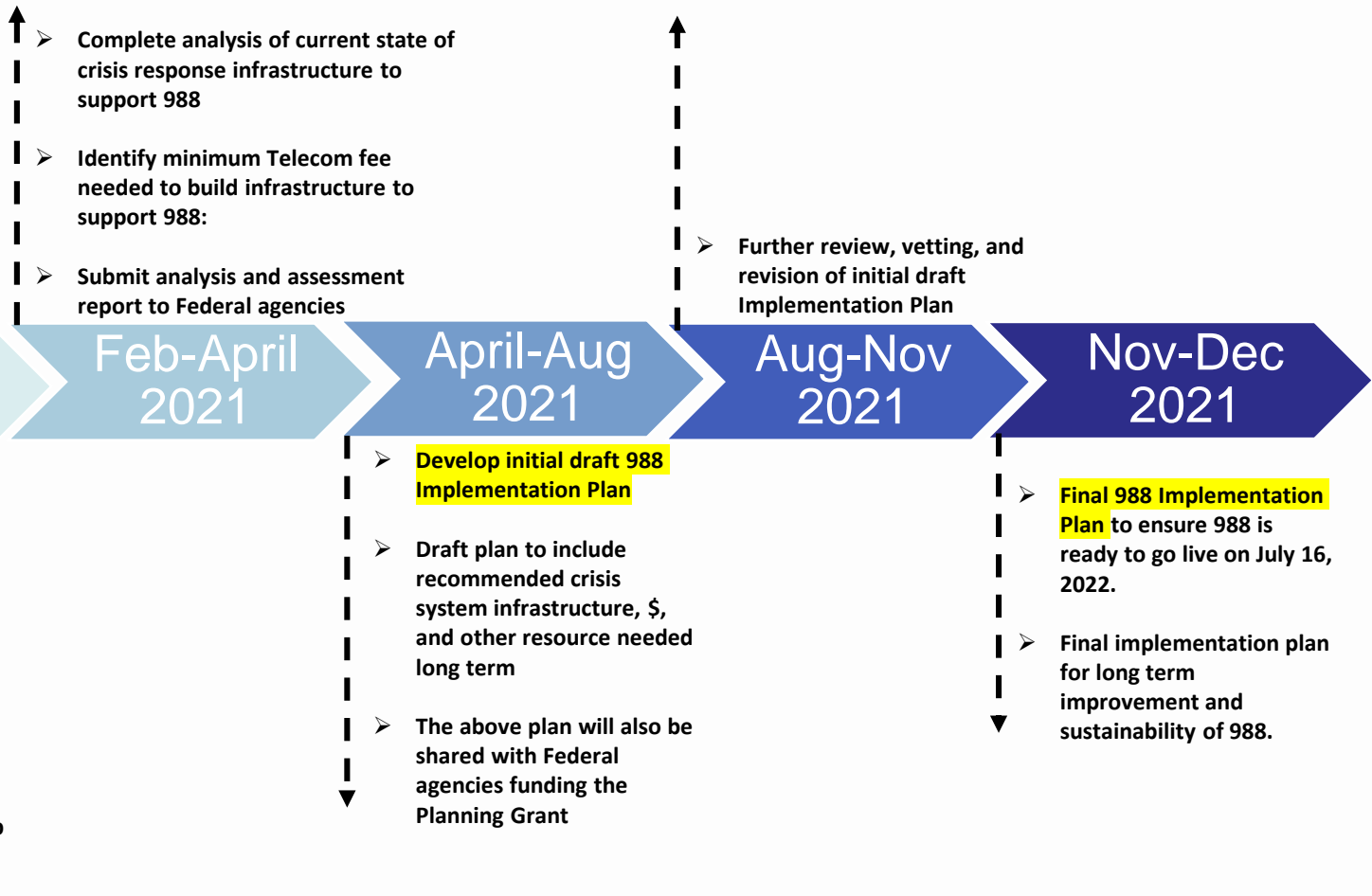


Crisis centers are intended to be a part of a larger array of supports and services.





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988 goes live nationwide on July 16, 2022



Thank You

Health
Oregon
Authority