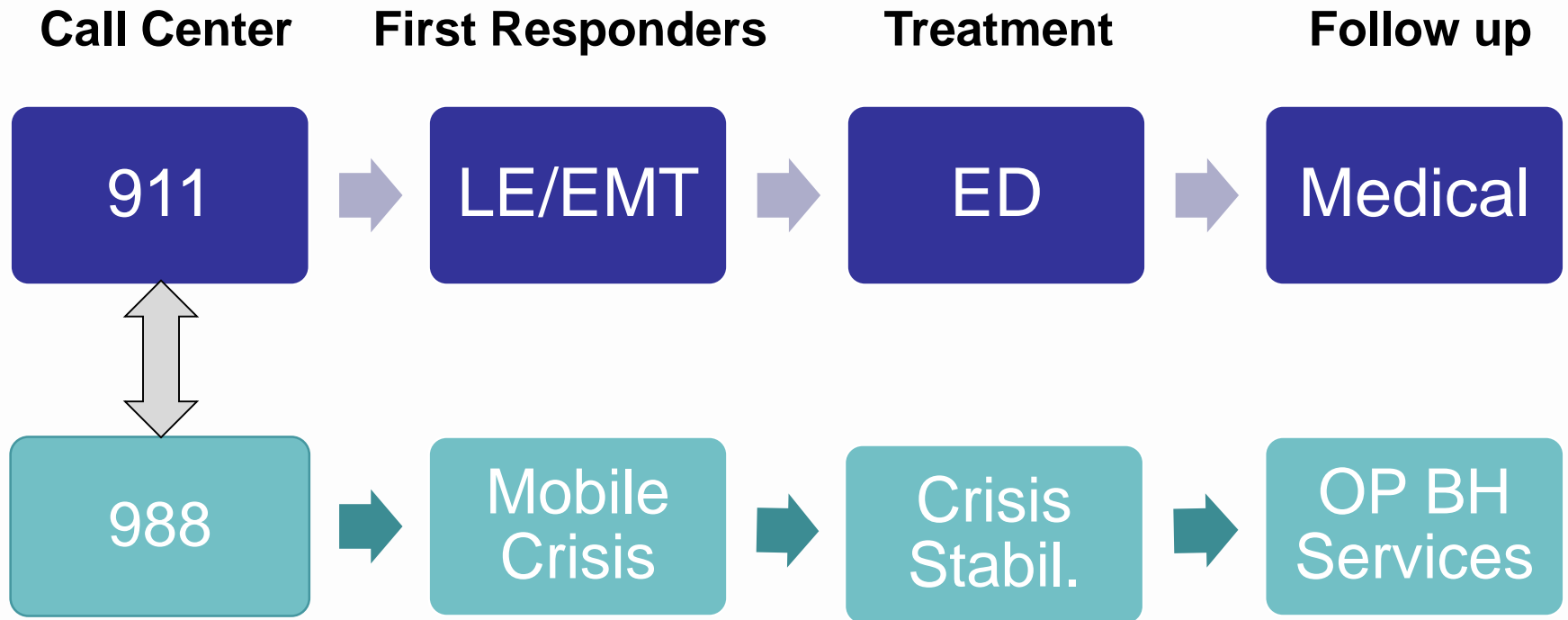

Infrastructure Needed to Support 988 in Oregon

Presenter: Steve Allen
Behavioral Health Director
Oregon Health Authority



988 will require similar components as the 911 system to be effective



Oregon has a foundation to support 988

- Mobile crisis is available throughout the state
- There are existing models for crisis response, including
 - Unity’s Psychiatric Emergency Service
 - Marion County’s Psychiatric Crisis Center
 - Lane County’s CAHOOTS program
- LFL currently answers approximately 150,000 crisis calls across the many lines it operates.
- Oregon Behavioral Health Access System and M110 has added to that capacity with five additional lines.

But there are significant gaps

- We need more behavioral health first responders as we shift from current approaches and we see the expected increase in activity
- We need to implement mobile response, tailored to the needs of children and families
- Oregon lacks stabilization facility capacity
 - Mental health stabilization
 - Medically managed detox facilities
 - Peer respite

Call Center

- We expect dramatic growth in call center volume: 33,000 in 2020 to as high as 430,000 in 2024 in Lifeline calls alone.
- A significant portion is expected to be diverted from 911.
- Projected cost will include:
 - Call volume
 - Staff
 - Equipment
 - Training and integration with 911
 - Technology
 - Follow up service
 - Promotion & marketing

Stabilization Centers can take a variety of forms, adapted to local needs and resources

The most robust **Crisis Stabilization Centers** 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
- Can also include 23 hr capacity
- Ave \$400-500/per day



Deschutes Center as an example



<https://www.deschutes.org/health/page/crisis-services>

Crisis Residential programs have reduced staffing and costs:

- ✓ Provides crisis support and intervention including peer support
- ✓ Connects individual to community resources and treatment services
- ✓ Ideally should provide follow up services to ensure continuum of care
- ✓ Typical staffing: Supervising RN, LPN and/or EMT, Peers
- ✓ Average cost is \$200-\$300 per day

Peer Respite

- ✓ Also called Peer Operated Crisis Respite
- ✓ Ideally has overnight capacity
- ✓ Accepts only voluntary engagement
- ✓ In a hybrid model, primarily staffed by peers but operated by a Crisis Stabilization Unit or Crisis Center
- ✓ Average cost: \$100 per day

Strengthening Mobile Crisis & Response

	Teams	FY 21-23	FY 23-25
Current Capacity	36	36	47
Expected Need	47	47	47
One-time costs	NA	\$0.6 Million to increase # of teams from 36 to 47	0
Ongoing costs	NA	\$14.6 Million	\$14 Million (could have ~5% increase with COLA)

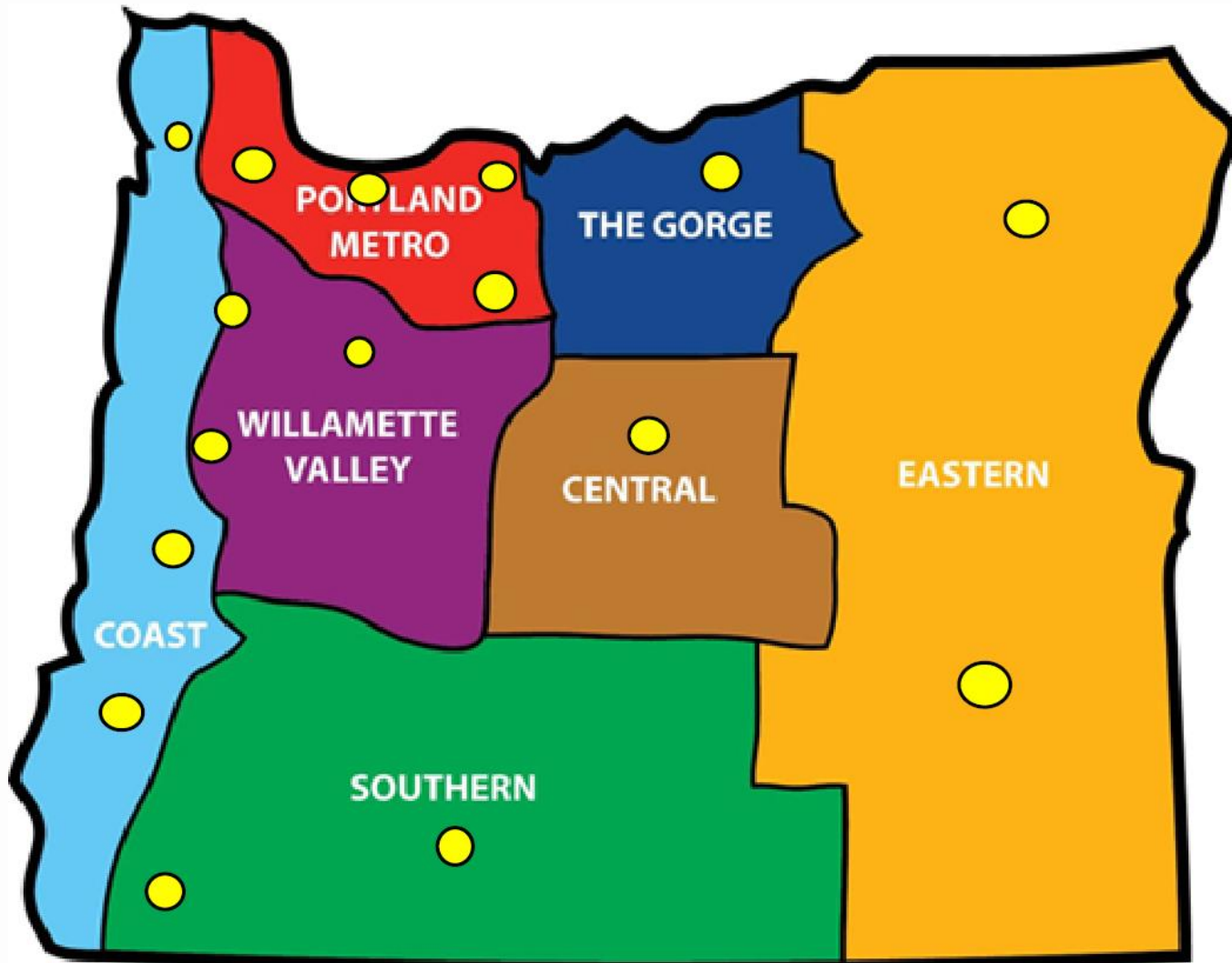
A strong crisis system improves care, reduces hospitalizations and saves money

Crisis Now Crisis System Calculator (Basic)		
	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	101,226	101,226
# Initially Served by Acute Inpatient	68,833	14,172
# Referred to Acute Inpatient From Crisis Facility	-	5,633
Total # of Episodes in Acute Inpatient	68,833	19,805
# of Acute Inpatient Beds Needed	1,467	422
Total Cost of Acute Inpatient Beds	\$ 433,650,847	\$ 124,770,277
# Referred to Crisis Bed From Stabilization Chair	-	22,533
# of Short-Term Beds Needed	-	171
Total Cost of Short-Term Beds	\$ -	\$ 50,698,886
# Initially Served by Crisis Stabilization Facility	-	54,662
# Referred to Crisis Facility by Mobile Team	-	9,718
Total # of Episodes in Crisis Facility	-	64,380
# of Crisis Receiving Chairs Needed	-	202
Total Cost of Crisis Receiving Chairs	\$ -	\$ 72,426,980
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	47
Total # of Episodes with Mobile Team	-	32,392
Total Cost of Mobile Teams	\$ -	\$ 14,570,000
# of Unique Individuals Served	68,833	101,226
TOTAL Inpatient and Crisis Cost	\$ 433,650,847	\$ 262,466,142
ED Costs (\$520 Per Acute Admit)	\$ 35,793,403	\$ 10,298,430
TOTAL Cost	\$ 469,444,251	\$ 272,764,642




Crisis Stabilization Centers

	FY 21-23	FY 23-25
Capacity	Beds 0 Chairs- 55 Respite 0	Beds 176 Chairs 201 Respite TBD
Recommended Investments		TBD
Beds	176	
Chairs	201	
Respite	TBD	
Facility remodeling/construction	\$66M -\$139 Million	0
Start-up costs	\$24 Million	0
Ongoing costs	\$41 Million	\$41 Million

Potential Stabilization Center Locations



Early Estimates

	Start up Cost	Ongoing Cost
Call Center 	\$1.8 Million	TBD
Mobile Crisis 	\$ 0.6 Million	\$14.5 Million
Crisis Stabilization Centers 	\$90M - \$163 Million	\$41Million
Peer Respite Centers	TBD	TBD

Now is the time to act

- Oregon's acute care psychiatric capacity is near the breaking point
- Aid and Assist population continues to expand, impacting jails, Emergency Departments and the Oregon State Hospital
- There is an opportunity to align services envisioned within M110
- We have the opportunity to leverage one-time federal investments
 - System of Care Grant (Mobile Response and Services)
 - Block Grants
 - American Rescue Plan Funds