988 and Behavioral Health Crisis System: Where We Are and Where We Will Go Together

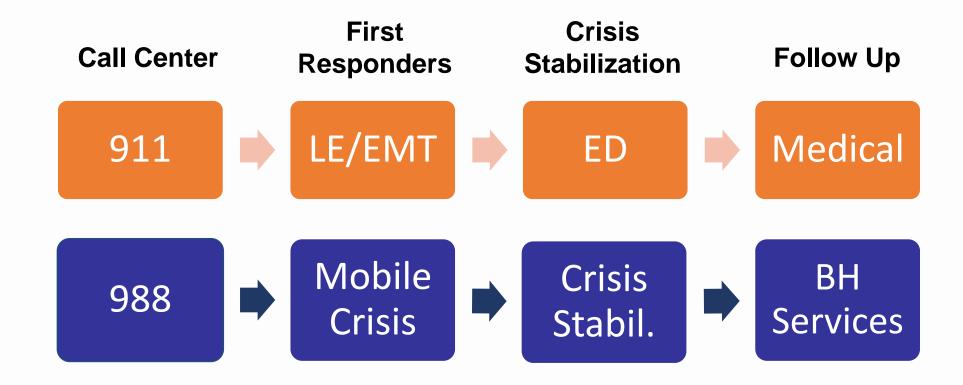
Joint Ways & Means Human Services Subcommittee

January 30, 2023

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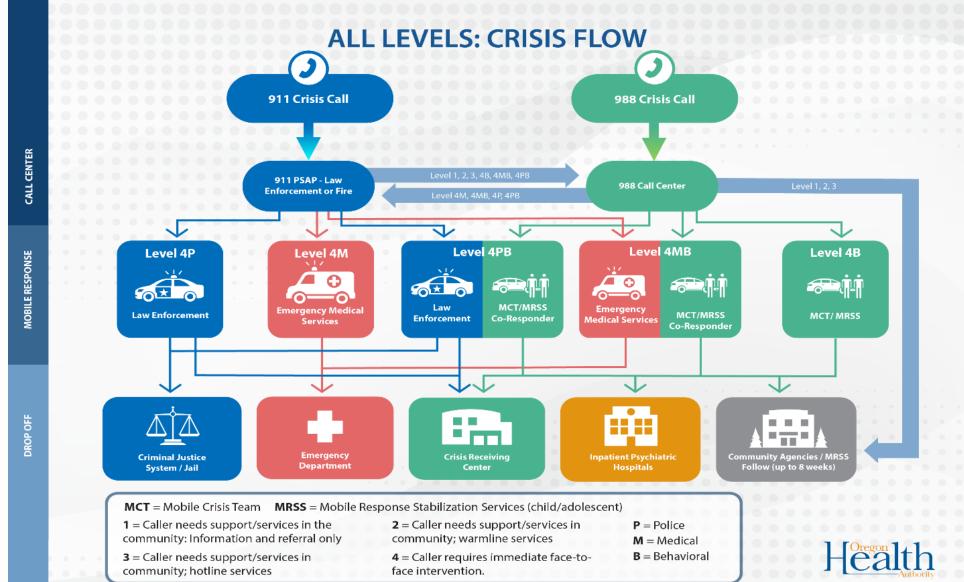


An Effective 988 System Will Require Key Investments





The Complex System We are Building

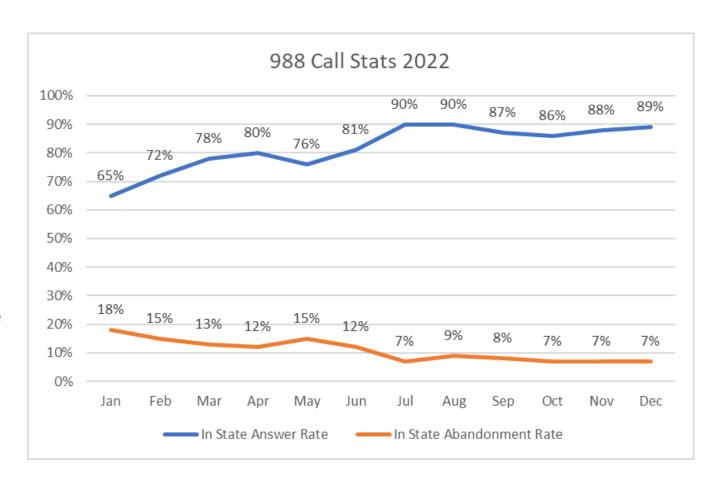




988 Call Centers Update

Includes figures from both call centers:

- Total 77 new staff hired to increase workforce capacity
- Statewide call volume increased by 35-40%
- More than 21,000 calls since July (88% answer rate)
- More than 4,500 texts and chats since July (99% answer rate)





What We Need to Prepare For at Call Centers

- 988 call centers were funded with
 - \$5M from HB 2417
 - One-time federal grant of \$2.2M
- Call volume expected to increase to over 200,000 calls over the next 5 years
 - Will require additional crisis intervention counselors and staff to cover call+text+chat and maintain the standard of service
- Appropriate and attractive compensation for crisis intervention counselors at 988 call centers is a high priority to prevent workforce attrition in a high stress job
- Another high priority is fair compensation to ensure diversity of services and ensure the 988
 call center workforce reflects the diversity of the communities served



Crisis System Investments Timeline

July 2022

• 988 Launched

March 2022

• \$10M from HB 2417 to counties

January-August 2022

- Start OAR change process
- OHA submits SPA to be eligible for higher Medicaid match
- CMHPs complete self-assessment of mobile crisis services current state

September-October 2022

 Oregon first state in the Nation to have CMS approval to receive higher match for mobile crisis services

October-November 2022

 Counties received additional \$11m Block Grant funds for mobile crisis plan implementation

December 2022

- New mobile crisis rules filed OAR 309-072
- All CMHPs continue to work on their mobile crisis services to align with new rules and Medicaid requirement

2023 and beyond

- New mobile crisis rate established
- Crisis stabilization centers policy option package with legislators
- Build up 988 call center capacity
- Crisis stabilization centers implemented based on funds appropriated



Stabilization Services: The Continued Gap in the System

- Investment in the complete continuum of service is critical to prevent pressure building up on 988 and mobile crisis teams
- Lacking a statewide network of stabilization services is a missed opportunity to connect individuals with housing support, Social Determinants of Health-related services, and enrollment in OHP, all of which are part of the 1115 Waiver
- Diversion from jail and emergency department is not achieved without a behavioral health facility for individuals to access





Standards and Values for Crisis Receiving and Stabilization Centers

- Design services to address mental health and substance use crisis
- Assess physical health needs and deliver care for most minor physical health challenges with an identified pathway, to transfer the individual to more medically staffed services if needed
- Be staffed 24/7/365 with a multidisciplinary behavioral health team capable of meeting the needs of individuals experiencing all levels of crisis in the community
- Offer walk-in and first responder drop-off options
- Incorporate intensive support beds into a partner program, to support flow for individuals who
 need additional support
- Include beds within the real-time regional bed registry system operated by the crisis call center hub, to support efficient connection to needed resources
- Coordinate connection to ongoing care in the community



Thank You

