

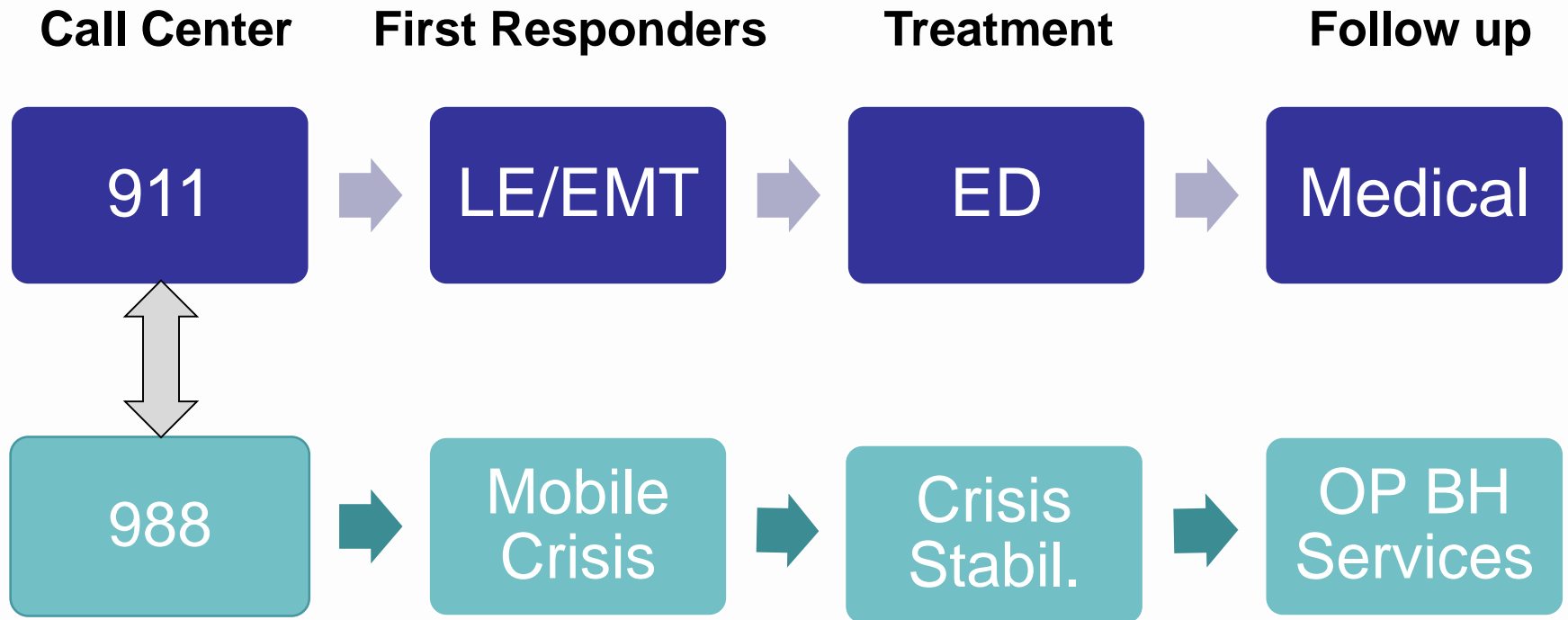
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# Infrastructure Needed to Support 988 in Oregon

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# 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)

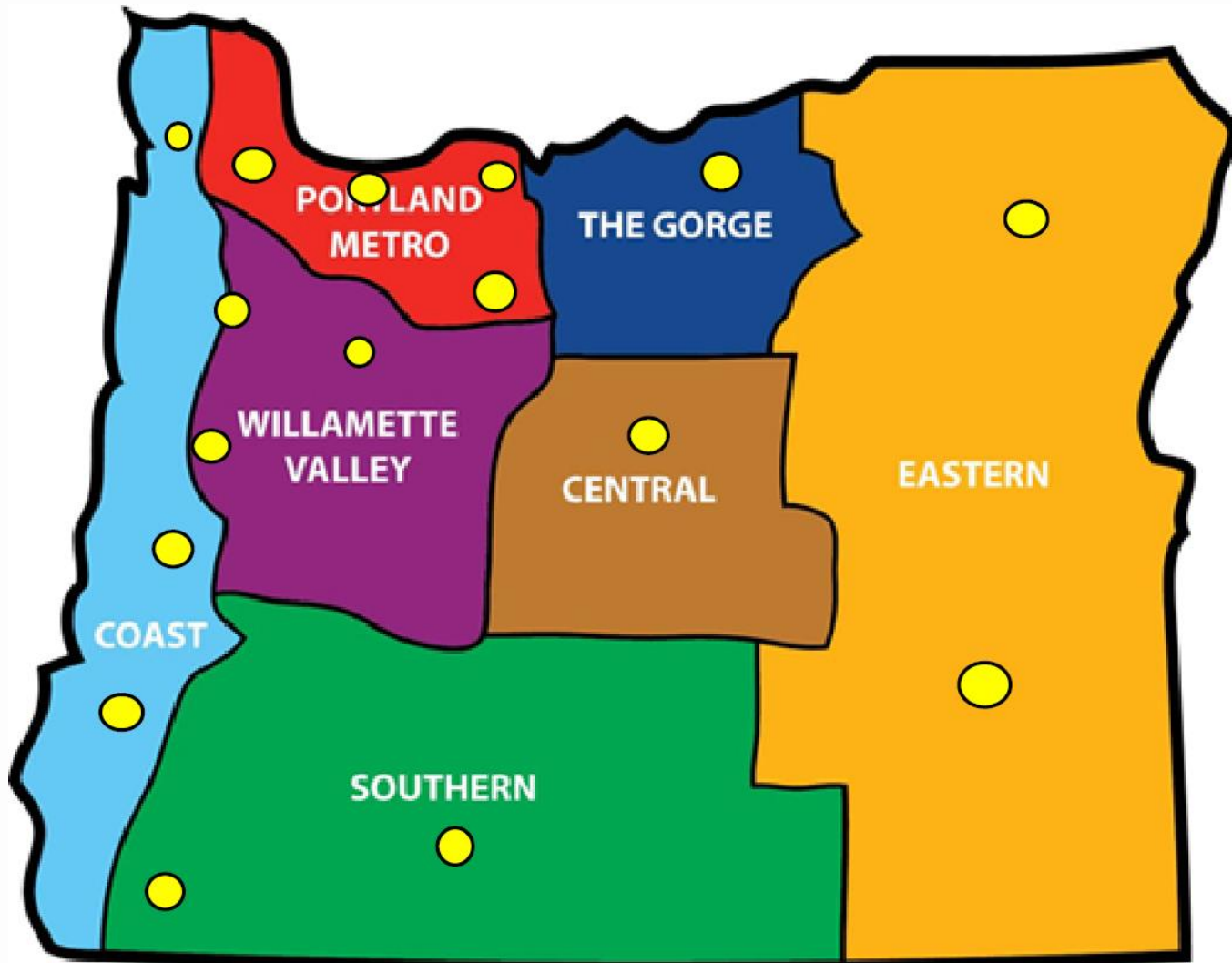
# A strong crisis system improves care, reduces hospitalizations and saves money

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




# 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
<b>Call Center</b> 	\$1.8 Million	TBD
<b>Mobile Crisis</b> 	\$ 0.6 Million	\$14.5 Million
<b>Crisis Stabilization Centers</b> 	\$90M - \$163 Million	\$41Million
<b>Peer Respite Centers</b>	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