
Update from 9-8-8 Work Group

Presented to
House Committee on Behavioral Health
May 5, 2021

Jackie Yerby,
Office of Governor Kate Brown
Policy Advisor for Health Care Licensing and Behavioral Health



What is 9-8-8

- Beginning July 16, 2022, a new, three-digit phone number, 988, will be available for people to call when they are or someone else is having a behavioral health crisis.
- The number, 988, is short and easy to remember, like 911, which people can call for all other emergencies.
- 988 Will replace the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).



The National Suicide Hotline Designation Act of 2020 (Passed October 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 LGBTQ 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

The FCC Decision on 988 (7-16-2020)

“...This Order requires voice service providers to transmit 988 calls To the National Suicide Prevention Lifeline by **July 16, 2022**—the earliest technically-feasible date for nationwide implementation of 988.”

Chairman Ajit Pai, July 16, 2020



Why we need 9-8-8

- From 2016-2017, there was a 10% increase in suicides of young people between 15-24 years old in the U.S.
- Approximately 20% of people over age 12 have a mental health condition in the U.S.
- In 2020, the National Suicide Prevention Lifeline received nearly 2.4 million calls.
- 988 will provide another resource for people are hesitant to call 911 during a mental health crisis due to fear of law enforcement encounters.
- 988 will provide another option for parents and guardians of children and youth, who currently call a pediatrician's office if the child or young person is having a mental health crisis.

Thank You

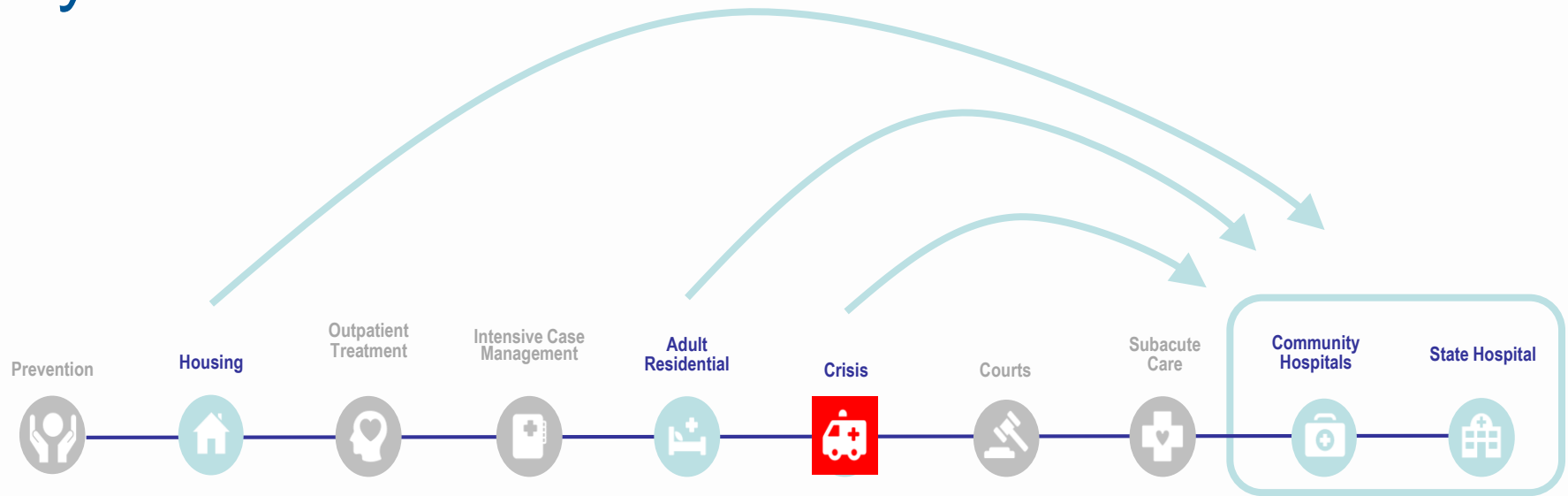
Health
Oregon
Authority

Infrastructure Needed to Support 988 in Oregon

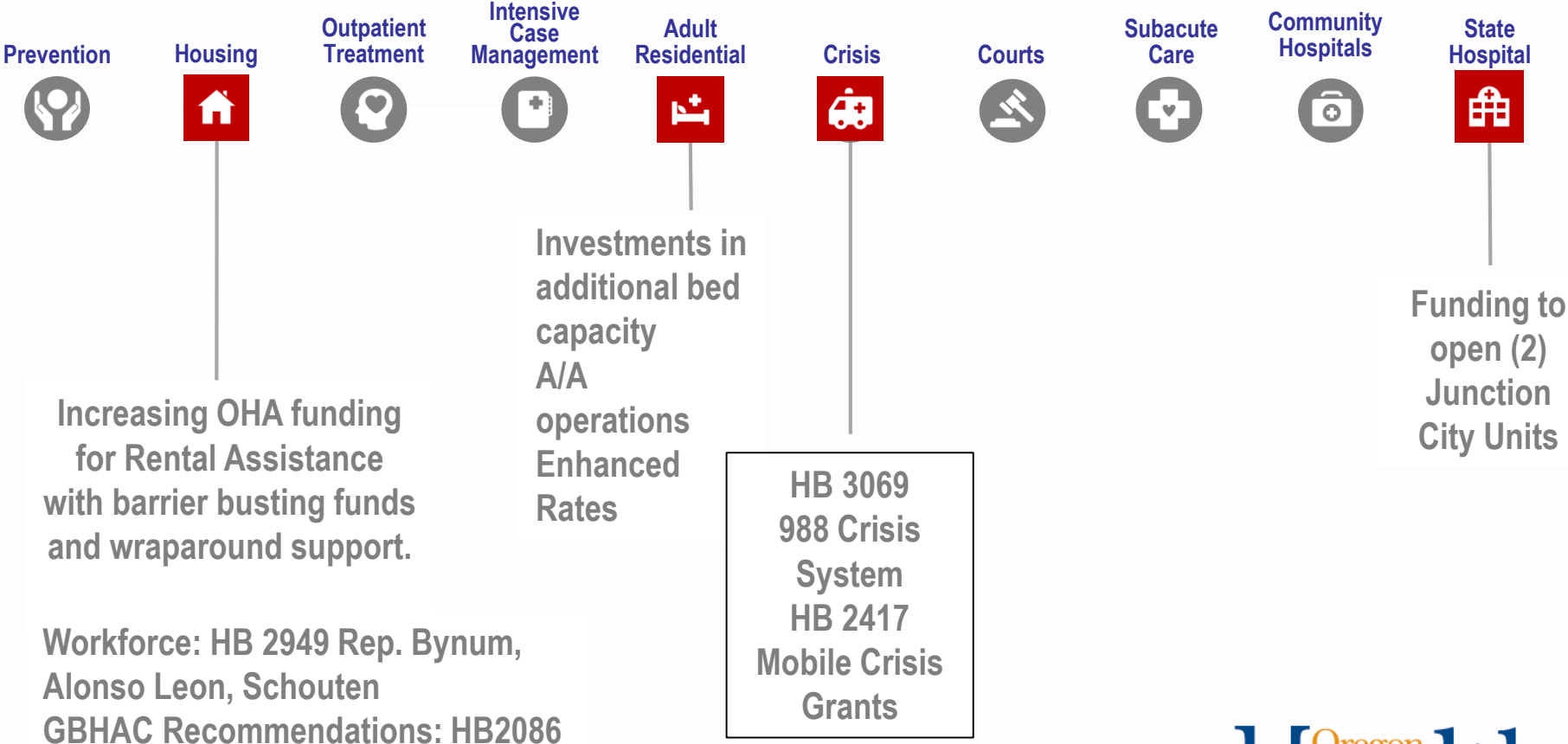
Presenter: Steve Allen
Behavioral Health Director
Oregon Health Authority



Lack of timely access to **crisis care**, housing and residential level of care are contributing to a crisis in Oregon's behavioral health systems



Key Investments are needed to simplify access to needed supports and services



Effective crisis systems include a broad array of services and supports



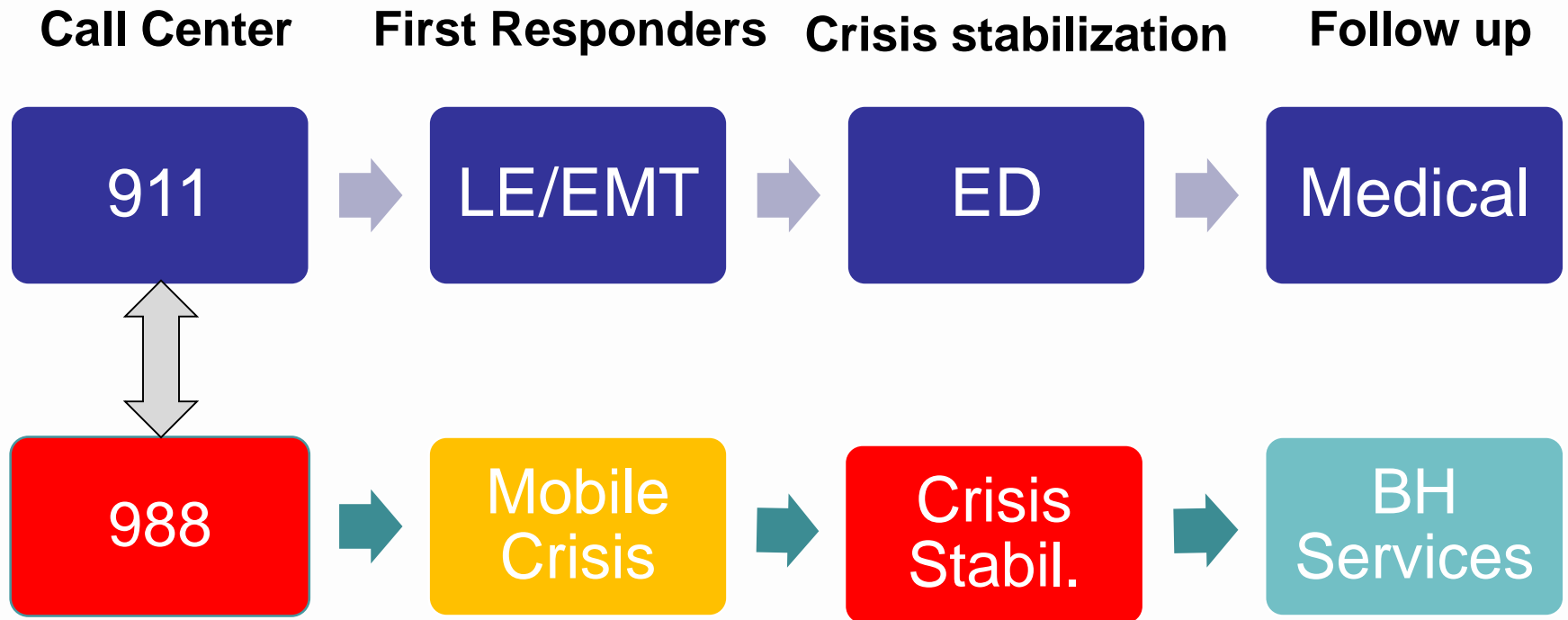
Oregon has a foundation to support 988

- 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
 - Deschutes
- Oregon Health Plan
- Oregon Behavioral Health Access System
- M110 will add capacity for community response

But there are significant gaps

- *Workforce:* We need more behavioral health first responders as we shift from current approaches and we see the expected increase in activity
- *Children's services:* We need to implement mobile response, tailored to the needs of children and families
- *Facility options:* Oregon lacks stabilization facility capacity
 - Behavioral health stabilization
 - Medically managed detox facilities
 - Peer respite

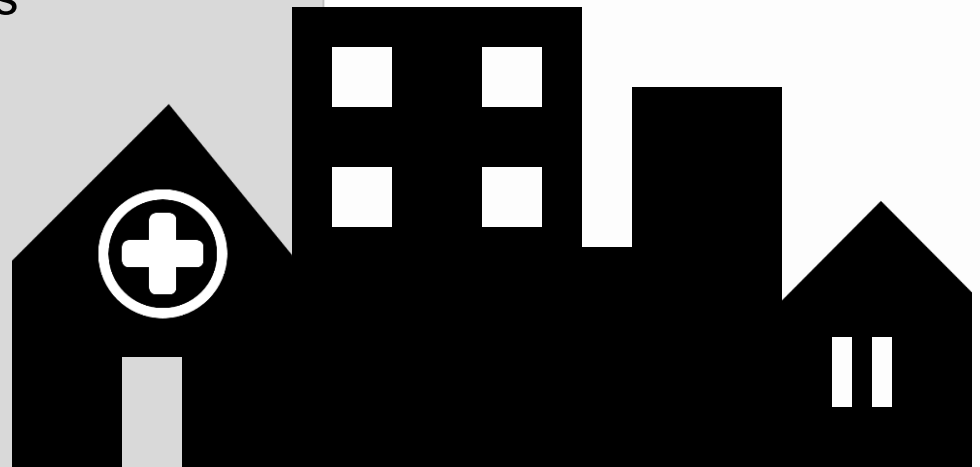
An effective 988 system will require key investments



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>

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 jail 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
- Other state have or will be passing similar legislation
 - WA has passed a 9-8-8 bill that includes a tax and establishing **call centers, a first response, crisis stabilization, and follow-up** in rulemaking
 - UT has passed a 9-8-8 bill that includes an appropriation establishing **call centers, a first response, crisis stabilization, and follow-up** in rulemaking

STATES INTRODUCING 988 / CRISIS LEGISLATION

Laura Evans (Vibrant Emotional Health) and Angela Kimball (NAMI National)
[NAMI Google Document](#)



988



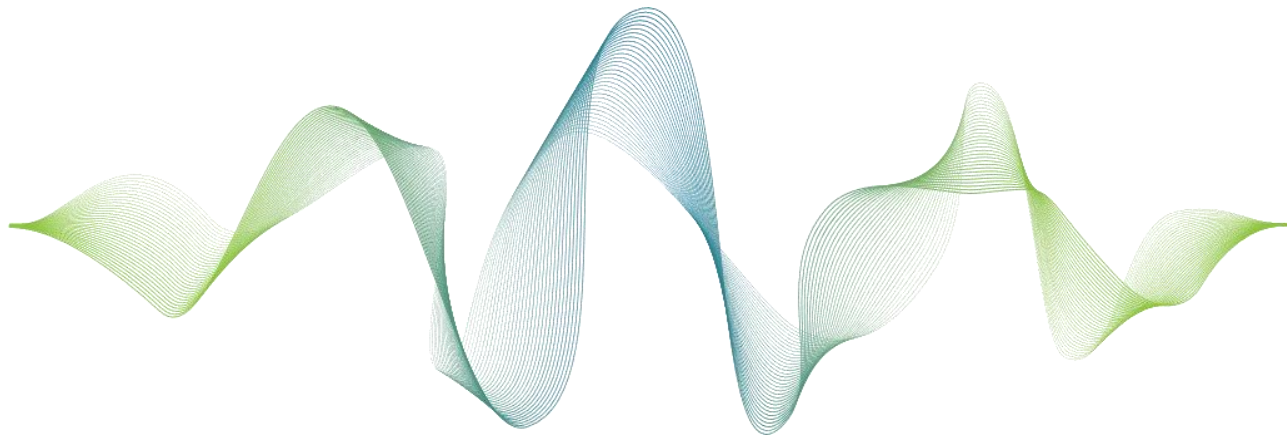
The Need for HB3069

Oregonians need and deserve a consistent statewide system of behavioral health response on par with 9-1-1 in which they can count on a rapid, effective and consistent response designed to address crises and save lives

- **HB 3069**
 - Provides OHA the authority and foundational structure to establish a statewide system of crisis response linked to the 9-8-8 call center
 - Authorizes OHA rulemaking and certification to support the 9-8-8 crisis response system that includes the **call center resources, a first response, crisis stabilization, and follow-up care**
 - Defines the 9-8-8 essential structures and services linked to the federal guidelines for crisis stabilization centers.

Thank You

Health
Oregon
Authority



The 988 Call Center Model: Answering Crisis

Dwight Holton
Debbie Zwetchkenbaum
Lines for Life
May 5, 2021

Lifeline



988



180 Call Centers Nationwide

SUD/Recovery

MH Provider

Mobile Crisis Team

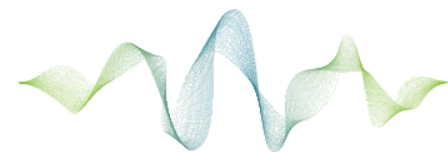
Acute Health Care

Domestic Violence Support

Family Support

Law Enforcement

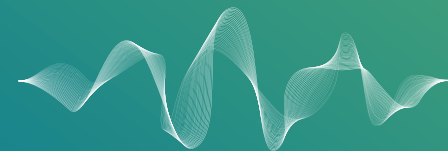
Referral to Community Based Services



Lines for Life and the Lifeline National Network

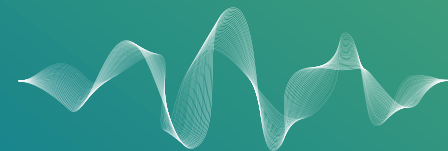
NSPL nationwide leadership standardizes service across its network and ensures that:

- Centers are accredited, based on regular audit and surveillance
- Clinicians must meet industry standards
- Best practices applied to improve the quality of care
- Additional support during times of increased call volume
- Centers suffering outages have backups to respond to callers in their area



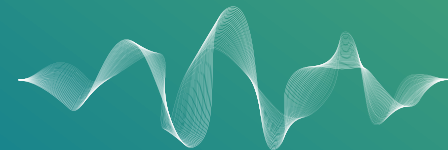
Lines for Life Clinicians

- Clinicians are equivalent of QMHP or QMHA-level
- 105+ hours evidence-based, specialized training
- Supervision: 1:8 ratio
- Masters Level Clinician supervises all shifts, 24/7/365
- Masters Degree: Majority of our Call Counselors Have a Masters
- Training Department constantly innovating
- Culturally Responsiveness training
- Quality Assurance



What 988 Will Bring

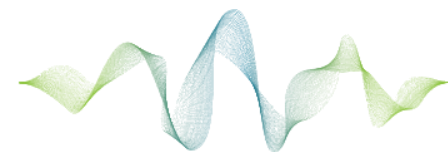
- Greater volume of calls
- Text and Chat capacity
- More integrated connection to community services
 - Including Real-time Behavioral Health Database
- Follow up services

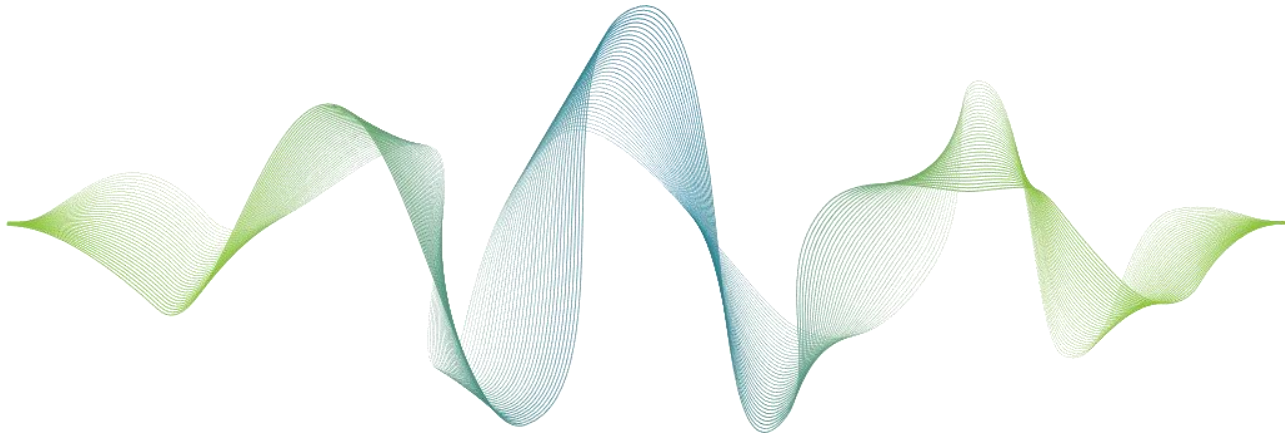


Questions

Dwight Holton

Chief Executive Officer
dwith@linesforlife.org





Thank You

Building Upon Existing Resources

Presenter: Mary Rumbaugh
Behavioral Health Director, Clackamas County

The logo for the Oregon Health Authority is centered on a light blue, curved background. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" part of the word "Health Authority". The word "Health" is in a large, dark blue, serif font, and "Authority" is in a smaller, orange, serif font positioned below it. A thin blue horizontal line is drawn under the "Health" text.

Oregon
Health
Authority



Pediatric Considerations for Implementation of the 988 initiative in Oregon

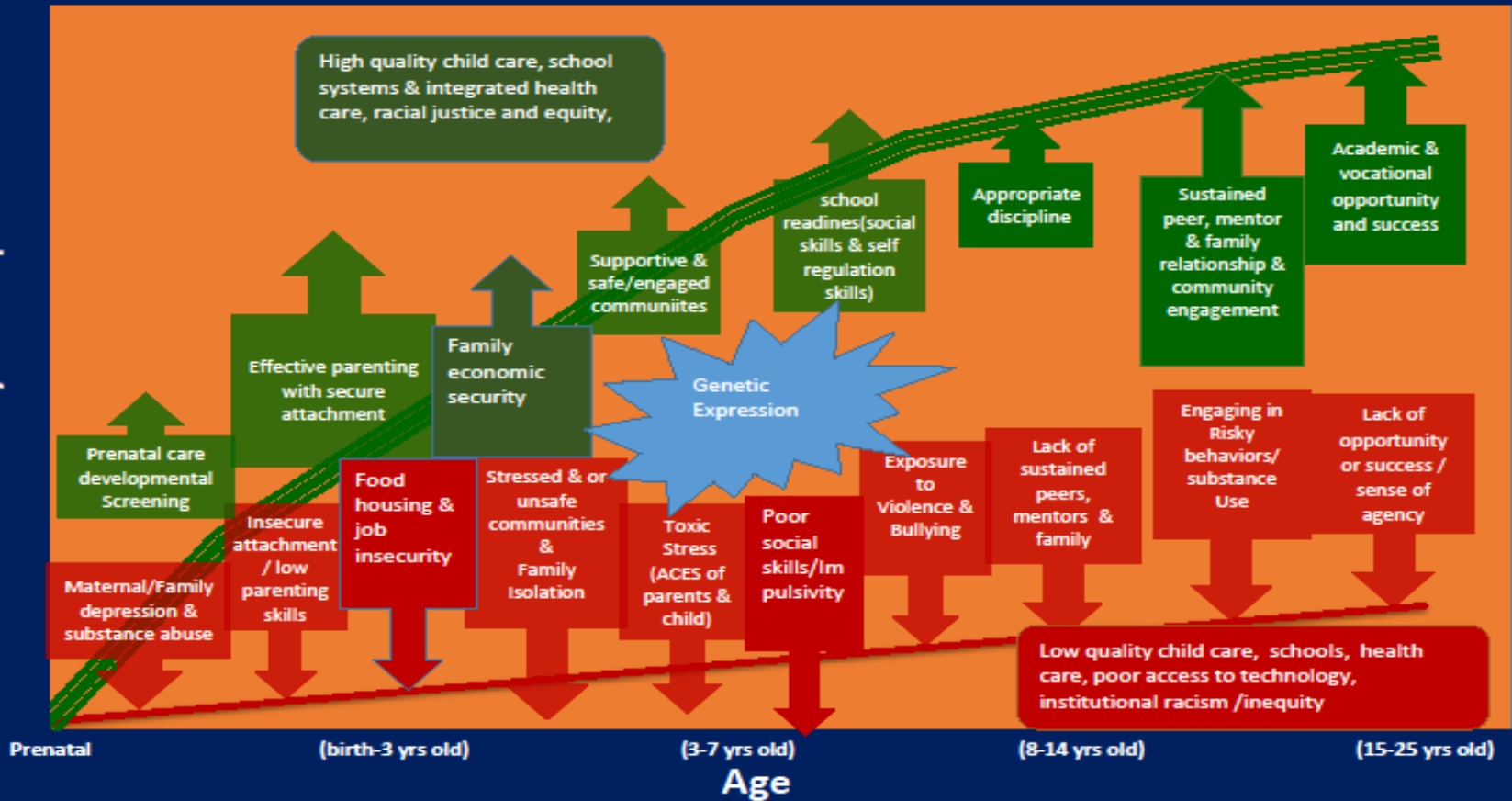
Ajit N. Jetmalani, MD
Professor of Psychiatry and Director, Division of Child and Adolescent Psychiatry
Oregon Health & Science University

House Committee on Behavioral Health
May 5, 2021

Childhood Influences on Health and Development

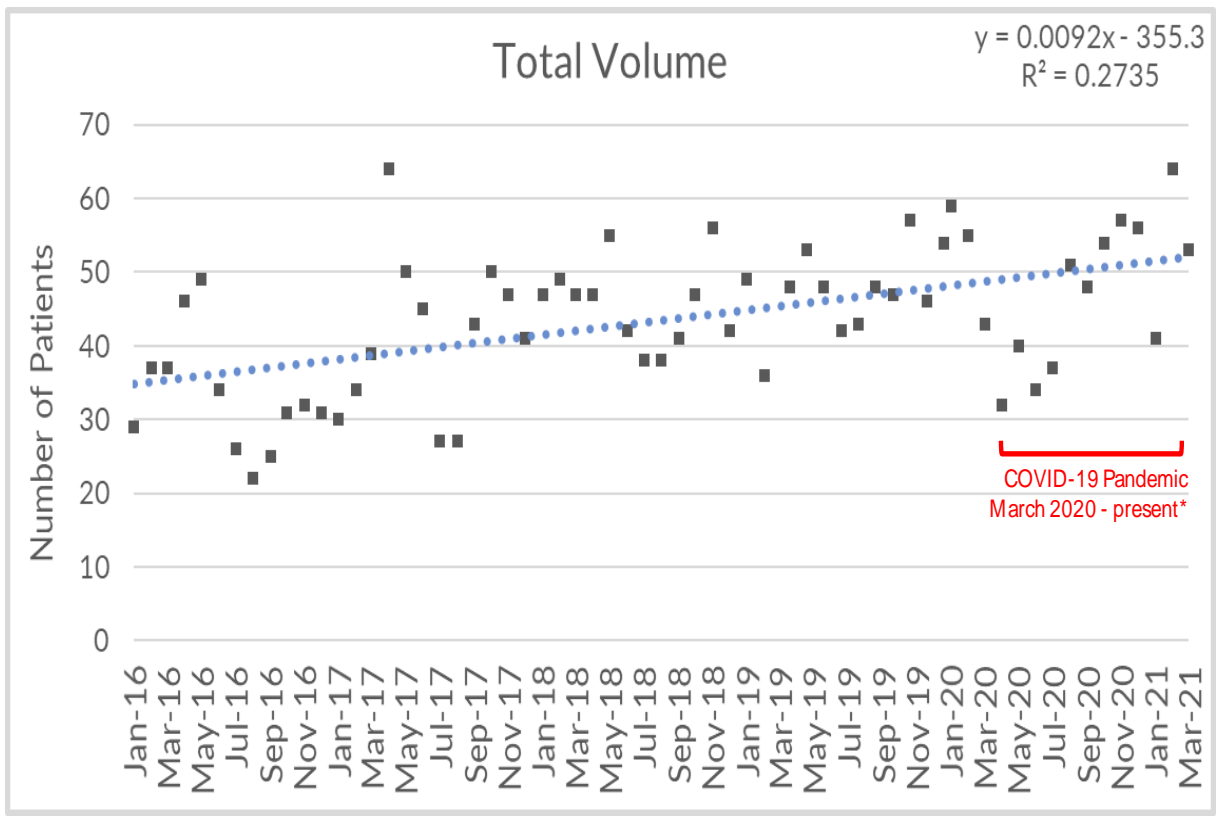
Ajit Jetmalani, MD
Oregon Health & Science University

Healthy Development



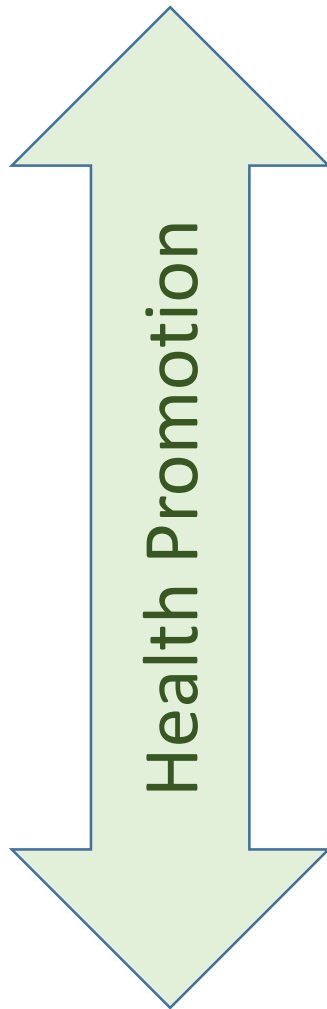
988: The Child and Family Perspective

- Child and family crises look different than adult crises.
- Children and Youth have many potential agencies involved in their lives.
- School is central to community, child and family life.
- Youth and their parents who have intellectual and developmental disabilities are often not understood or supported appropriately.
- Responders must understand systems, the impact of trauma on children and families and must be developmentally informed and competent.



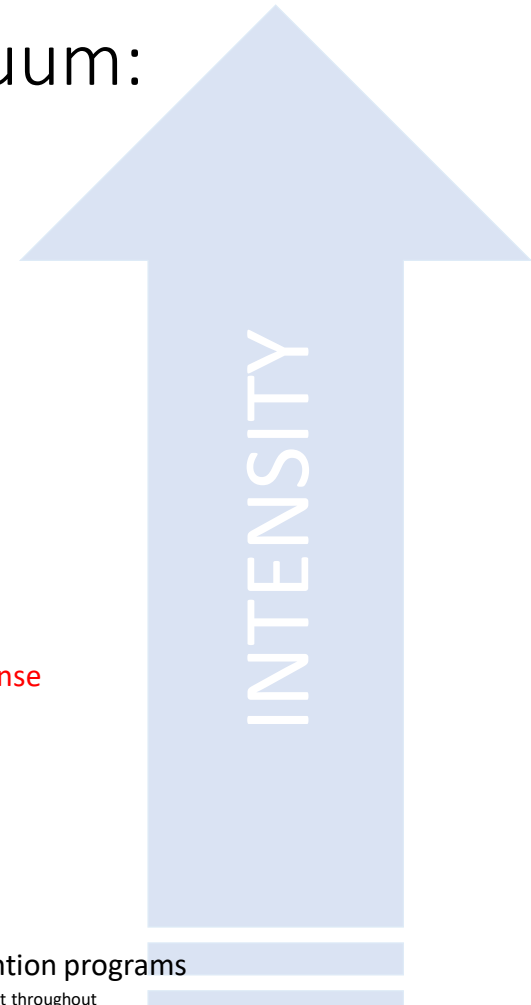
Does Not include 40% of youth presenting with BH challenges but not requiring psychiatric specialty assessment





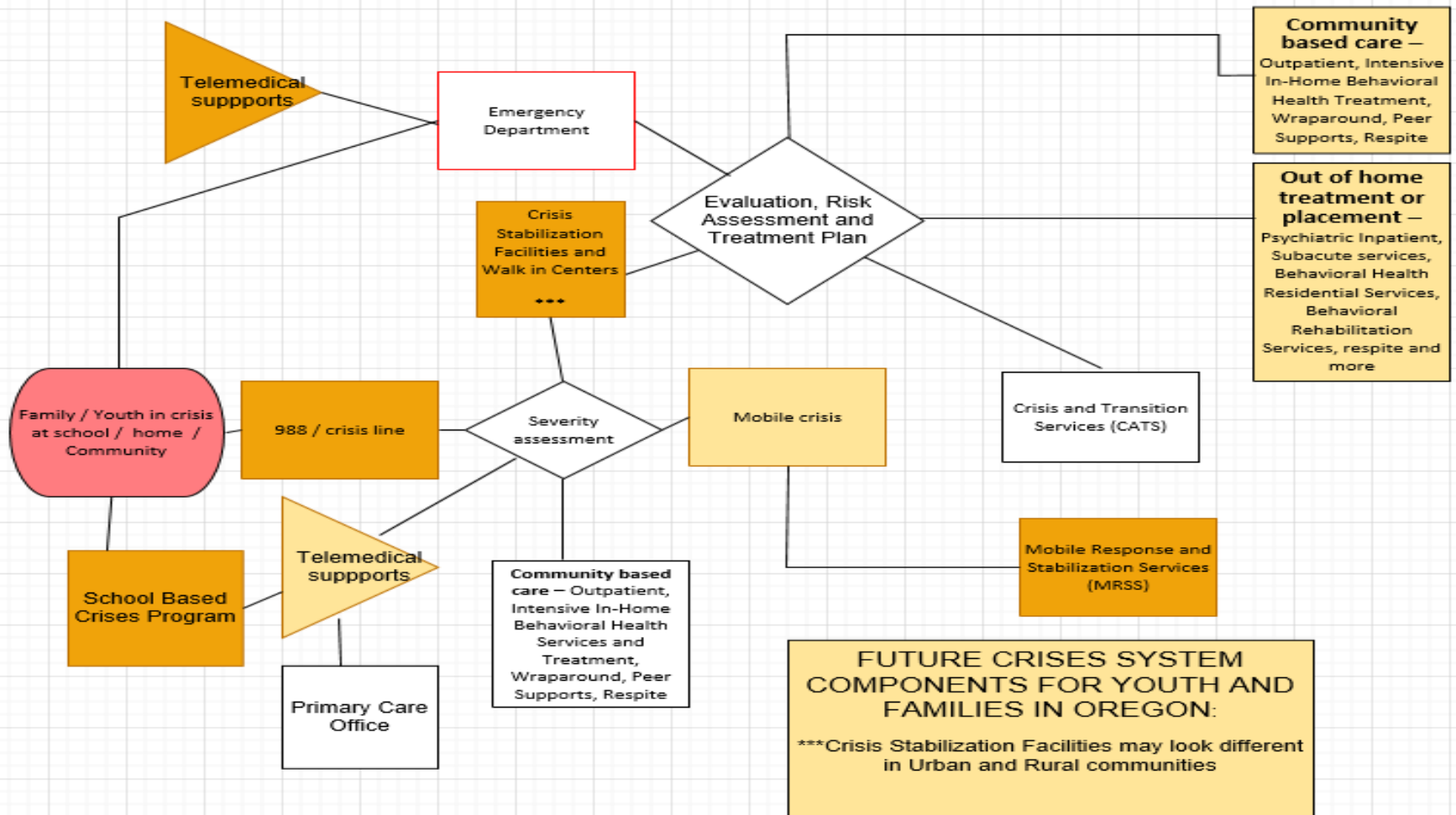
Service Continuum:

- State Hospital
- Psychiatric Hospital
- Med Psych Unit
- Crises Stabilization Unit
- School Based Crises Center
- Integrated Psychiatric Consultation
- Sub Acute
- Residential
- BRS
- Treatment Foster Care
- Partial Hospital / Day Treatment
- CATS, Mobile Crises / Mobile Response
- Intensive In-home BH Treatment
- Intensive community treatment
- School Based Care
- Specialty outpatient
- Integrated outpatient / OPAL K
- Preventative care and early intervention programs
 - Peer and family support throughout



What's new and anticipated from recent and potential Legislation?

- State system of Care Committee
- ODE mental health programming and psychosocial development
- Increased PRTS
- Increased small treatment BRS homes
- Specialized / supported foster care
- Intensive In-home Behavioral Health Treatment every CCO
- Increased CATS slots in the metro region
- DHS shifting to prevention of foster care and a myriad changes for the better
- Interdisciplinary Assessment teams.
- 988: call center, mobile crises state wide, Stabilization Units / settings
- A number of early childhood initiatives.



9-8-8 and Law Enforcement

Presenter: Jason Meyers
Executive Director, Oregon State Sheriffs' Association



Thank You

Health
Oregon
Authority