

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: HB 2417 - A6

81st Oregon Legislative Assembly – 2021 Regular Session
Legislative Fiscal Office

*Only Impacts on Original or Engrossed
Versions are Considered Official*

Prepared by: Haylee Morse-Miller
Reviewed by: Tom MacDonald, Laurie Byerly, Julie Neburka, Gregory Jolivet
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Measure Description:

Requires Oregon Health Authority to provide grants to cities or funding to county community mental health programs to operate mobile crisis intervention teams and provide other behavioral health supports.

Government Unit(s) Affected:

Oregon State Police (OSP), Cities, Oregon Health Authority (OHA), Counties, Department of Human Services (DHS), Department of Public Safety Standards and Training (DPSST), Oregon Military Department (OMD)

Summary of Fiscal Impact:

Costs related to the measure may require budgetary action - See analysis.

Analysis:

HB 2417 - A6 relates to a statewide coordinated crisis system, and is meant to remove barriers to accessing quality behavioral health crisis services; to improve equity in behavioral health treatment; to ensure that Oregon residents receive consistent and effective behavioral health crisis services statewide; and to provide increased access to quality community behavioral health services. This is to be accomplished by investing in new technology for a crisis call center system; mobile crisis intervention teams; and crisis stabilization services including crisis stabilization centers, short-term respite services, peer respite centers, behavioral health urgent care walk-in centers, and a crisis hotline center.

The Oregon Health Authority (OHA) is to adopt requirements for crisis stabilization centers by rule. OHA is also directed to establish a crisis hotline center to receive calls, texts, and chats from the 9-8-8 suicide prevention and behavioral health crisis hotline, and to provide intervention services and crisis care coordination. Each local community mental health program must provide crisis stabilization services to individuals contacting the 9-8-8 line and behavioral health crisis hotline by expanding the use of mobile crisis intervention teams, to the extent that funding is available. Crisis stabilization services provided to individuals accessing the 9-8-8 line are to be reimbursed by OHA, coordinated care organizations, or commercial insurance. The 9-8-8 line must be available 24 hours a day, year-round.

OHA is to report to the interim committees of the Legislative Assembly related to mental or behavioral health no later than January 1, 2022, with recommendations on policies, legislative changes, and funding to implement the National Suicide Hotline Designation Act of 2020 and establish a statewide coordinated crisis services system.

This measure declares an emergency and takes effect on July 1, 2021.

This measure appropriates \$15.0 million General Fund to OHA, with \$5.0 million to be used for the crisis hotline center and \$10.0 million to distribute to counties to establish and maintain mobile crisis intervention teams. This fiscal impact statement assumes that investments in other crisis stabilization services listed in this measure, as well as a plan for funding the crisis hotline center long-term, may be considered by the Legislature in light of the report OHA is directed to present to the Legislative Assembly in 2022.

It is anticipated that OHA will need additional staffing to administer the crisis hotline center, as well as to administer the funding for counties included in this measure. Further analysis is needed to determine actual staffing needs. Should additional staffing be needed, this will likely be addressed in the 2021 end of session bill.

Other state agencies

There is no fiscal impact for the Department of Public Safety Standards and Training or the Oregon Military Department, and minimal impact for Oregon State Police.

Cities may request funding from a county to establish or maintain mobile crisis intervention teams; there will be a fiscal impact for cities that do decide to build up these services.

No response was received from Counties.