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# Behavioral Health – Crisis Care Update

Presented to:

House Committee On Behavioral Health

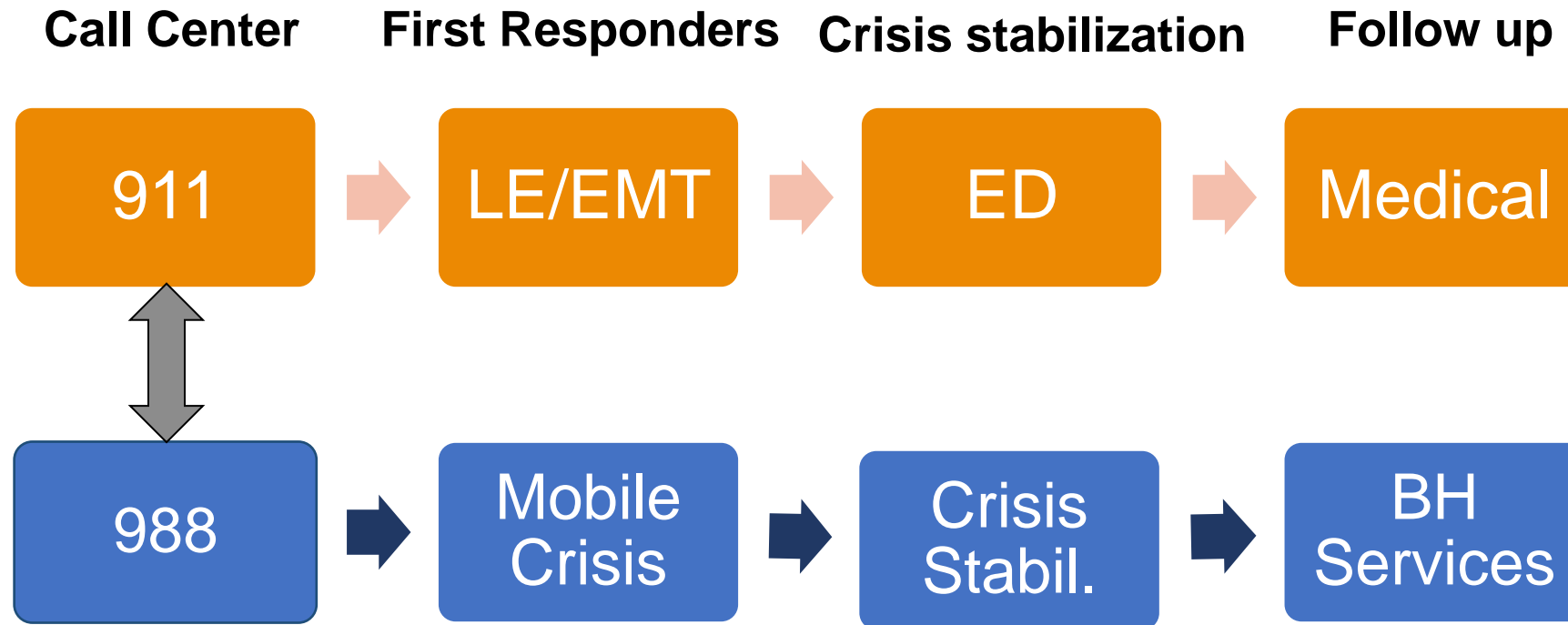
Steve Allen, Behavioral Health Director



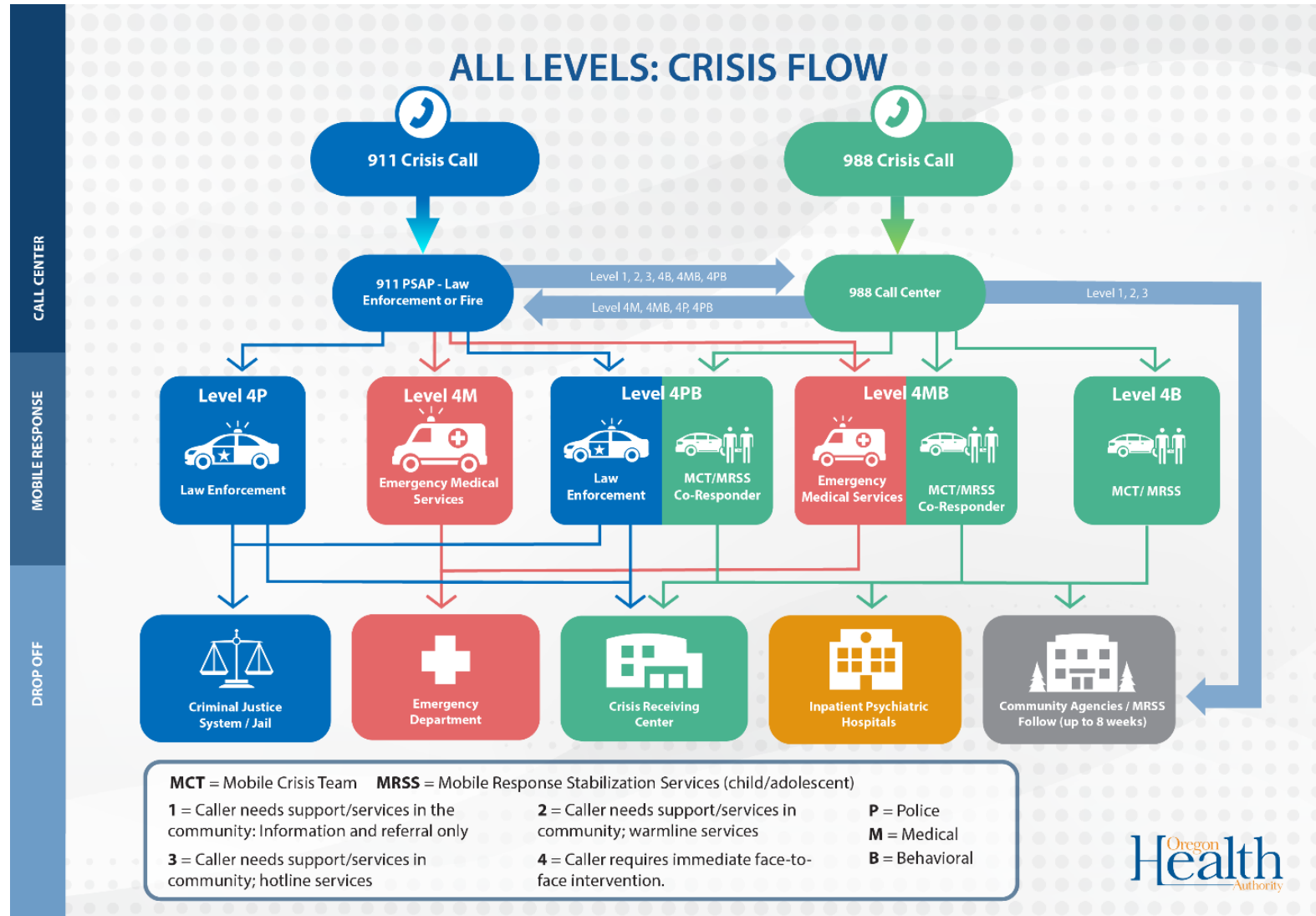
# Legislative Action in 2021

- **HB 2417**
  - Provides OHA the authority and foundational structure to establish a statewide system of crisis care 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
  - Allocates initial funding for call centers and mobile crisis
    - \$10,000,000 funding for Mobile Crisis
    - \$5,000,000 for call center resources

# Crisis Care System Simplified



# Crisis Care System Map



# Statewide Coordinated Crisis Services System Roadmap

- Utilizing a federally funded grant for planning 988 implementation OHA contracted with RI International (RII), a national non-profit with expertise on the provision of crisis services
  - The report was submitted to the legislature in January and is available on the OHA website at this [link](#)
- OHA is working to center the perspectives of communities with lived experience, engaging CMHP's, COO's, and 911 partners, to guide changes in policy, rules, and contracts
- Given the scope of the implementation OHA has convened multiple workgroups to utilize this roadmap and build upon the existing resources in communities

# Crisis Care System Advisory Workgroup

- OHA has continued the work of the Governor's 9-8-8 workgroup driving the implementation of the Crisis Care System
- This involves a broad set of stakeholders, partners, and community members helping to guide the implementation work
- This builds upon the successful structure of M110 Oversight and Accountability Council, replicating that work to inform our crisis system to have community directed and driven policy decisions
- The CSAW is driving policy decisions that will lead to changes in statutes, rules, and contracts to ensure Oregonian experience crisis services at a quality they recommend

# Community Mental Health Programs (CMHP) workgroup

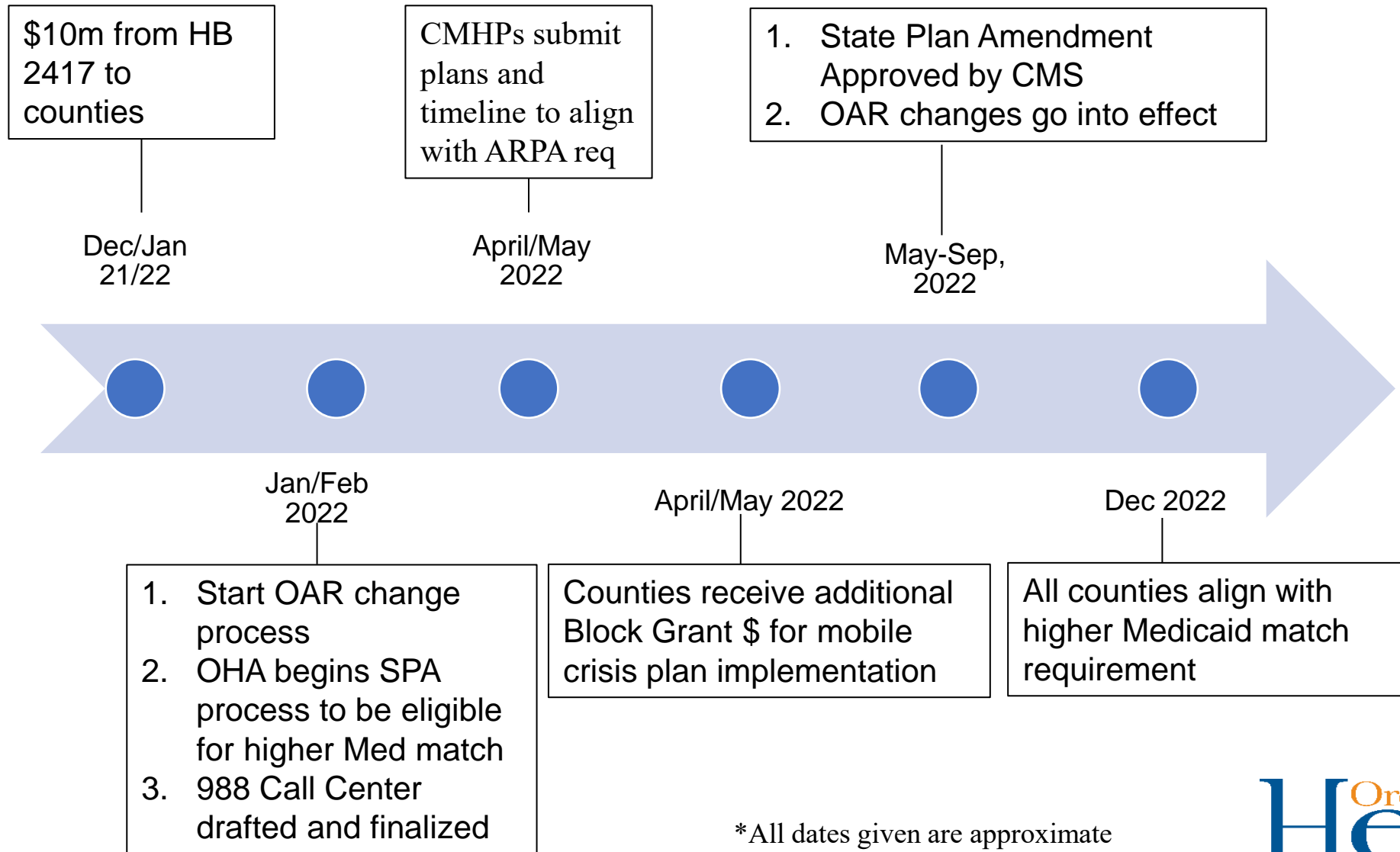
- This workgroup is primarily engaged in the planning for implementation of enhanced mobile crisis services in each county
- This CMHP workgroup is working closely with the CSAW to ensure they implement the quality of mobile crisis service that Oregonians want to experience
- CMHP's will continue to be a vital component of the Statewide Crisis System, and enhanced mobile crisis services will be build upon the existing mobile crisis units in these jurisdictions

# Strengthening Crisis Care System: \$31 million for Mobile Crisis

- For mobile Crisis, OHA has identified an opportunity to braid together funding to bring up the total mobile crisis investment to **\$31 million** through a combination of existing state funds and federal funds
- This funding is separate from the \$6.5 Million for Mobile Response and Stabilization children's system
- This braided funding model provides funds for the estimated cost to **fully fund mobile crisis** services by community mental health programs



# Mobile Crisis Investments Timeline



# 988 Call Center

- The call and text volume in year 1 is estimated to be **80,000-118,000**
- OHA is planning to continue funding existing non-crisis lines (1-800-923-HELP) which will allow 988 operators to divert non-crisis calls to non-crisis resources quickly
- OHA is also partnering with 911 programs across Oregon and with the Department of Public Safety and Standards Training (DPSST) to establish additional standards.
- Goal for coverage is at least 95% of calls to be answered in-state with additional national back up services available
- OHA is pursuing to leverage Medicaid to partially sustain increasing call center cost

# Crisis Receiving Centers(CRC)

- The Crisis Now model includes establishing dedicated facility-based crisis service centers to support people who need specialized care in a safe and supportive environment these are called Crisis Receiving Centers and do not currently exist in Oregon
- OHA is working on rules change and/or new rules for CRC's
- OHA is continuing to engage CMHPs and residential treatment providers to identify CRC model that best fits Oregon
- Current goal is for OHA to provide Requests for proposals for CRCs in Fall 2022.
  - CRC's did not have identified funding under HB2417 however OHA is exploring utilization of potential existing residential funds provided by the legislature

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# Thank you

