



Memorandum Date: May 22, 2024

Meeting Date: June 04, 2024

TO: Lane County Board of Commissioners

PRESENTED BY: Eve Gray, Director Lane County Health and Human Services

AGENDA ITEM TITLE: Mobile Crisis Expansion and Co-Response in Lane County.

I. MOTION

None: Discussion Only.

II. AGENDA ITEM SUMMARY

Mobile Crisis Expansion and Co-Response in Lane County.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

This presentation responds to a department assignment by the Board of Commissioners to update the Board on mobile crisis and co-response.

B. Policy Issues

In this discussion Lane County will introduce its new mobile crisis services in conjunction with White Bird CAHOOTS and representatives from Eugene Police Department and the Sheriff's Office. Lane County will describe how alternative police response services, mobile crisis services, and co-responder services will interact and complement one another in the county. Lane County will also update the Board on services available in Western Lane County.

The State of Oregon requires that mobile crisis intervention services (MCIS) shall be delivered in person, by the County through its' Community Mental Health Programs (CMHP), to any individual experiencing a behavioral health crisis, regardless of insurance type. Services shall be provided to individuals in community-based settings, 24 hours a day, seven days a week, 365 days per year.

C. Board Goals

N/A – Discussion only

D. Financial and/or Resource Considerations

N/A – Discussion only

E. Health Implications

Un- and undertreated behavioral health conditions create a large health burden in our society.

F. Analysis

N/A – Discussion only

IV. Alternatives/Options

N/A – Discussion only

V. RECOMMENDATION

N/A

VI. ATTACHMENTS

N/A



EXPANDING MOBILE CRISIS CAPACITY IN LANE COUNTY

Oregon's evolution of crisis services

- Mobile Crisis (MC) services were funded and have been required 24/7 for all ages under OAR since 2018
- Role of the Community Mental Health Program (CMHP): ORS 430.630
- Prior to 2018, most CMHPs provided crisis lines and 24/7 psychiatric assessment at hospitals, as well as within the CMHP clinics during daytime hours (*directly or through subcontracts*)
- A funding gap in the system has led to limited services across the county
- Most CMHPs have not had resources to have a robust MC response for all populations; in Lane County fortunate to have:
 - Countywide youth crisis response through Riverview Center for Growth
 - WhiteBird CAHOOTS serving Eugene/Springfield via outreach to adults
 - Western Lane Crisis Response serving coastal communities

White Bird Clinic's CAHOOTS Program as a Foundation



- White Bird Clinics CAHOOTS program was founded in 1989.
 - It serves as an alternative solution for Police & Fire response for both mental health and physical health needs
- Core Services
 - Our vans staff a mental health crisis worker and a trained medic to be able to handle various calls as they emerge
- Success Story

White Bird Clinic's CAHOOTS Program as a Foundation



- Success Story
 - White Bird Clinic's CAHOOTS program has long been recognized locally, and in recent years even nationally and internationally, as a proficient alternative response solution when people are in crisis. In some instances, the White Bird Clinic model is often the preferred response solution over others.
 - White Bird Clinic has a proven track record of call reduction for Police & Fire over many years. Hovering at or around 6%

White Bird Clinic's CAHOOTS Program as a Foundation



- Evolution
 - White Bird Clinic's CAHOOTS program will continue to adapt and evolve in the ever-changing landscape that is mental health crisis awareness and provide a pre-hospital response service.

Federal Opportunity for Expansion

- Senator Wyden championed S. 764: CAHOOTS Act
- HB 2417 directed OHA to design, establish, and implement a crisis system that aligns with SAMHSA's Crisis Now model, building on existing crisis system infrastructure
- Through federal legislation, under the American Rescue Plan Act Section 9813, opened up the opportunity for states to pursue a higher match (85%) for MC services.
- \$10m appropriated by HB 2417 + higher Medicaid match created the opportunity to enhance MC services across the state
- OHA's stated vision
 - Mobile response across the lifespan
 - Mobile response and stabilization services for youth and families
 - Requirements are found in CFAA contract, OAR, CCO-OHA contracts

Enhanced Rules 1/1/2024

Mobile Crisis Intervention Services: Provider Requirements

- OAR 309-072-0100
(<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7546>)
- Must be:
 - Staffed by 2 person teams of eligible worker types
 - Provided by a Community Mental Health Program or entity with an approved Certificate of Approval (COA) with the ability to document in a health record system and bill Medicaid
 - Available to all residents within specific response times
 - Inclusive of specific interventions and access to formal interpreter services
 - Independent of law enforcement response (cannot be auto-co-response)
 - Requires specific Training (Mobile Crisis Academy) through OHA/AOCMHP

Local design process

- Conversations with providers, stakeholders, payors began in March 2023
 - Identified system strengths, challenges, gaps, and resources
 - Provided an opportunity for themes/questions ahead of community planning meetings in May and June 2023
- 2023 provider coverage
 - Do they meet the model requirements?
 - If not, what changes may be needed?
- 2023 financial picture
 - Which stakeholders contribute and why?
 - Who isn't a financial participant but maybe could be in the future?
- Obstacles that might prevent success within the new 2024 model/rules

Local design process

- June 30th 2023: Draft design recommendations completed
 - Roles (county, cities, providers, OHA, CCOs)
 - Coverage plan to arrive at full county response capability
 - Closely aligned with crisis stabilization center model
 - High level funding model for future (anticipated Jan 2024)
- July-Dec 2023: Implementation Plan
 - Project management
 - Funding secured
 - Contracting models selected
 - Functional partnerships, teamwork and collaboration!
 - RFP for County-wide coverage via subcontractors unsuccessful
 - 2024 and ongoing: Continued Implementation

Expanding Service

- Opportunity to integrate crisis lines, triage, and mobile response dispatch and standardize services for all community members
- Lane County will start a mobile crisis response program that will serve the full geographic area of Lane County, expanding access for adults
- CAHOOTS will continue its alternative police response services for appropriate calls
- Riverview will continue mobile crisis response services for youth
- Additional supplemental resources will continue as part of a continuum of care (ex: 988, Co-Responder Model, walk-in services, regional outreach programs)

Expansion Timelines

- Due to funding limitations, Lane County mobile crisis will begin at 8 hours/day, 7 days/week
- Note Western Lane has had services under Fire/EMS
 - County will provide as much coverage as possible while working with Western Lane to meet new requirements
- Recruitment under way though challenging due to workforce crisis
- Anticipate a slow launch as we hire and train staff
- Organizations will work together, along with City partners, to develop standards for which program is dispatched to which calls

PSR and PR



Who Dispatches Portland Street Response?

THE CITY

The Bureau of Emergency Communications
(BOEC)

Emergency: 911

Non-Emergency Line: 503-823-3333

AVAILABLE HOURS OF SERVICE

7 Days a Week, 8am - 10pm

SERVICE LOCATION

City of Portland

EXCLUSION CRITERIA

- Medical emergency
- Criminal activity present
- Weapons present
- Threat of harm to self or others
- Residential responses

AVAILABLE SERVICES

- Low-acuity crisis response
- Face-to-face mental health assessment
- Transportation to staffed facilities
- Welfare checks
- Case management and referrals
- May facilitate voluntary hospitalization
- Youth and adult crisis response
- First aid and wound care



Who Dispatches Project Respond?

THE COUNTY

Multnomah County Call Center
503-988-4888

Law Enforcement May Directly
Request Through BOEC

AVAILABLE HOURS OF SERVICE

24/7

SERVICE LOCATION

Multnomah County

EXCLUSION CRITERIA

- Medical emergency

AVAILABLE SERVICES

- Low-acuity crisis response
- High-acuity crisis response
- Face-to-face mental health assessment
- Welfare checks
- Follow-up support and referrals
- May facilitate voluntary and involuntary hospitalization
- Youth and adult crisis response



EPD-Co-responder Model

- Co-Responder Program in Downtown Eugene
 - A partnership between the Eugene Police Downtown Team & Lane County Behavioral Health
 - On April 8th our Co-Responder Team deployed in Downtown Eugene (Phase 1)
 - Co-responder team includes an EPD officer consistently partnered with a QMHP and supervision
 - Phase 2 begins in October funded by a \$550,000 Bureau of Justice Assistance grant
 - An additional police officer, Qualified Mental Health Professional (QMHP), and a Peer Support Specialist

EPD-Co-responder Model

- Co-Responder Objectives
 - reduce police contact on low to moderate risk calls
 - address together the criminal and behavioral health elements in calls for service downtown
 - address public safety needs and decrease the likelihood of incarceration
 - provide a stronger pathway to treatment for individuals with mental health, addictions, crisis, or co-occurring mental health and substance use disorders
 - conduct rapid behavioral health clinical screenings, assessment, diagnostic, and care coordination services for individuals with behavior health concerns that have frequent police contact
 - provide rapid access to psychiatric care, initiate clinical and case management referrals, provide triage, assessment, treatment, and support clients during court procedures
- Co-Responder Outcomes
 - Staffed team; two QMHPs, one peer support, one clinical supervisor, and two officers
 - Safe and Activated Downtown
 - Increase access to behavioral health services, and reduce individuals' repeat encounters with the criminal justice system