



AGENDA COVER MEMO

Memorandum Date: December 15, 2021

Agenda Date: January 4, 2022

TO: Board of County Commissioners

DEPARTMENT: Department of Health & Human Services

PRESENTED BY: Karen Gaffney, Director, Health & Human Services

AGENDA ITEM TITLE: Report Back – Discussion of Behavioral Health Crisis Center

I. MOTION

None at this time.

II. AGENDA ITEM SUMMARY

This item presents an update to the discussion of the behavioral crisis center.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

In the FY 19-20 Budget the BCC resolved to fund the crisis center. “Therefore, we are resolved to propose a new *Behavioral Health Crisis Center*, seeded with funding of \$1 million in one-time prior year property tax settlement funds from Comcast. This evidence-based solution will divert individuals experiencing a mental health and/or substance abuse crisis away from the jail and emergency room, to a treatment facility for individuals requiring a short-term stay over 24 hours. This crisis center will improve individual and community outcomes, and lower costs to the overall system. An update to the planning process was presented to the Board on January 28, 2020.

B. Policy Issues

- Improve individual and community behavioral health outcomes and lower costs to the overall system.
- Divert individuals away from the jail and hospitals to a service and recovery based treatment model with outcomes that reduce recidivism and overutilization of costly institutions of care.
- Support continued integration of existing crisis services and create a much-needed Crisis Respite and Stabilization center into the system of care.
- Support short and long-term recovery for Lane County citizens with behavioral health crisis needs.

C. Board Goals

The crisis center will assist the Board in the goal of protecting and enhancing the safety and health of Lane County residents with a focus on enhancing and managing resources, improving access to prevention programs, and collaborative initiatives. Additionally, the project will focus on strategic infrastructure maintenance and investments that have the highest return for safety, vibrant communities, and long term environmental benefit.

D. Financial and/or Resource Considerations

6/2021 Update: Initial budget projections, based on 2019 data with the support of a local Oregon consultant, anticipated an estimated \$4.25 million for the facility, annual walk in service costs of \$780,000, and \$2,890,800 annual costs for a 16 bed of stabilization support.

1/2022 update: H&HS retained national consultant experts, RI International (RI), to conduct a formal review of the project, analyze local and national data for capacity modeling, and determine cost projections.

RI conducted their analysis and confirmed the Crisis Center estimate as:

Building and Construction Estimate: Cost estimate for land purchase and building construction (*without site selection or civil engineering work*) is \$19,112,625. The consultants noted this cost can be +/- 20% depending on the current market conditions, construction costs, construction workforce, and supply chain issues.

The cost estimate includes:

- Apx. 29,000 square foot building, 1 story building, 3.5 acres, 75 parking spots
- 15,500 square foot Adult Crisis Respite (14 recliners)
- 5,000 square foot Adult Crisis Stabilization (16 beds)
- 8,500 square foot Adolescent Crisis Stabilization (12 beds)
- 5,000 square foot Kitchen (serves both units)

Operations and Annual Budget (Year 1 Estimate):

- Total Revenue: \$16,318,841
- Total Expenses: \$15,171,850

Staffing Level (Year 1 Estimate):

- Administration and Overhead Positions: 9.01 FTE
- Adult Programs Positions: 51.8 FTE
- Adolescent Program Positions: 25.55 FTE

Adult System Services and Cost Savings Estimate (Year 1 Estimate):

- 7,537 crisis episodes
- 6,773 unique adults served
- Total Cost: \$43,281,329
 - *Estimated Total Annual Savings to community because of Crisis Center \$54,062,223*

Adolescent System Services and Cost Savings (Year 1 Estimate):

- 1,654 crisis episodes
- 1,487 unique adolescents served
- Total Cost: \$13,247,638
 - *Estimated Total Annual Savings to community because of Crisis Center: \$23,208,752*

E. Health Implications

Physical, emotional and psychological support buffers stressful situations, supports illness recovery, prevents isolation, contributes to self-esteem, and reduces the risk of early death. People with strong community connections tend to have better physical and mental health than those without, which means reduced need for health services. The crisis center has the potential to positively impact the health of individuals in crisis by getting treatment and services quickly and effectively.

F. Analysis

H&HS released an RFP for expert crisis center consultation. Recovery International (RI) was selected, to guide the formal analysis and cost projections for the center in Lane County. RI reviewed all the Lane County Crisis Center planning documentation and agreed that the county needs a comprehensive center.

Need for Lane County Crisis Center:

- To reduce incarceration, jail time, emergency department visits, and Oregon State Hospital (OSH) stays for individuals in behavioral health distress.
- Reduce jail bookings and recidivism.
- Alternatives to continued incarceration or referral to OSH.
- Behavioral health crisis respite that provides for longer periods of time to stabilize.
- Eliminate the gaps in our current crisis model.

- Provide single point of entry into the crisis system with connection to timely, clinically appropriate services.

Current Gaps:

- Lack of alternatives for law enforcement, including jail personnel, when an individual is in acute behavioral health distress.
- Difficulty connecting services to individuals throughout the court process.
- No long-term crisis respite/ stabilization facility or option.
- Stressed mobile crisis system with minimal options for connection to follow-up crisis services to address acute needs.
- Focused services for known individuals with mental health challenges who cycle through the criminal justice system.
- Need to address homelessness within the behavioral crisis populations.

Key Components of Crisis Center

- A dedicated space for law enforcement to bring people for assessment as a diversion from arrest. This would be for acute crises for those with criminal justice involvement.
- Adult Crisis Respite: a 14 recliner, 23- hour, crisis respite unit to include the ability for walk-in access to the Crisis Center and Detox for adults in crisis or near crisis.
- Adult Crisis Stabilization: a 16 bed residential unit where adults can stay voluntarily up to 30 days to access behavioral health treatment. It would be for people who don't need a hospital stay, but are at risk of hospitalization.
- Adolescent Crisis Stabilization: a 12 bed residential unit where youth can stay voluntarily up to 30 days. It would reduce instances of youth boarding in the Emergency Department.

Progress Since Last Board Update:

- LCBH Project Team and RI Consultants meet weekly with a focus on capacity modeling, construction estimates, and operations estimates.
- The team has identified a project timeline and completion goal of 2025 to have the facility built and operational.
- The team has conducted regular meetings with the Crisis Center Steering Committee to ensure the project stays aligned with the original mission.
- The team has conducted basic presentations to community stakeholders about the project.
- The team has formed a subcommittee of LCBH staff to collaborate with Lane County Facilities and Capital Projects to start the site identification process soon.
- The team is researching the viability of hiring a full-time Project Manager to lead the project through 2025.
- The team has submitted grants for additional funding and is actively seeking out all possible funding sources.

IV. TIMING/NEXT STEPS/IMPLEMENTATION

The project team submitted the Capital Improvement Plan pre-planning stage documentation. The project team also submitted grant-funding request for \$7M of ARPA funding and \$1.7M of Measure 110 funding for the Detox Unit of the Crisis Center. The goal is to secure the \$19.1M in early CY 2022 to ensure the project can be built and operational by 2025.

The committee and subcommittees will continue to focus on various aspects of the implementation plan with the consultant team. Focus areas will include identifying resources/funding, looking at workflows, clarifying populations, and ways to work with other stakeholders through contracts, memorandums of understanding (MOU'S) or intergovernmental agreements (IGA's) to ensure project success.

V. FOLLOW-UP

Return to the BCC with updates on the project development

VI. ATTACHMENTS

None