Progress and Impact Mid-Biennium Report: 988 & Behavioral Health Crisis System (2025-2027)

Oregon has invested $118 million in building a statewide crisis continuum that provides three pillars of support: someone to call (988), someone to respond (mobile crisis intervention services and mobile response and stabilization services), and a safe place to go (crisis stabilization centers).

Program background and summary

The Oregon Legislature passed House Bill 2757 (2023), which established a $0.40 telecommunications fee to create the 988 Trust Fund, ensuring sustainable funding for Oregon's two 988 centers. Oregon has invested approximately $118 million in mobile crisis services. The 988 center funding is prioritized first from the telecommunications fee. Remaining funds are allocated to mobile crisis intervention services. The 24/7 988 centers serve as the first point of contact in Oregon's behavioral health crisis response system, as the "someone to call" pillar of the statewide crisis continuum. Mobile Crisis Intervention Services (MCIS) offer a local, in-person response when needed and are essential to reducing reliance on law enforcement and emergency departments. Mobile Response and Stabilization Services (MRSS) is a nationally recognized and evidence-based model provided to youth and their families. MRSS is central to building a youth-specific crisis continuum that prioritizes early intervention, family engagement and equitable access. While the Oregon Legislature has not provided funding for counties to open crisis stabilization centers (CSC), the original intent of HB 2417 aligns with the Crisis Now model and national best practices. Crisis stabilization centers offer less than 24 hours, immediate, in-person intervention in a safe, therapeutic environment to help individuals experiencing behavioral health crises.

Trends and outcomes summary

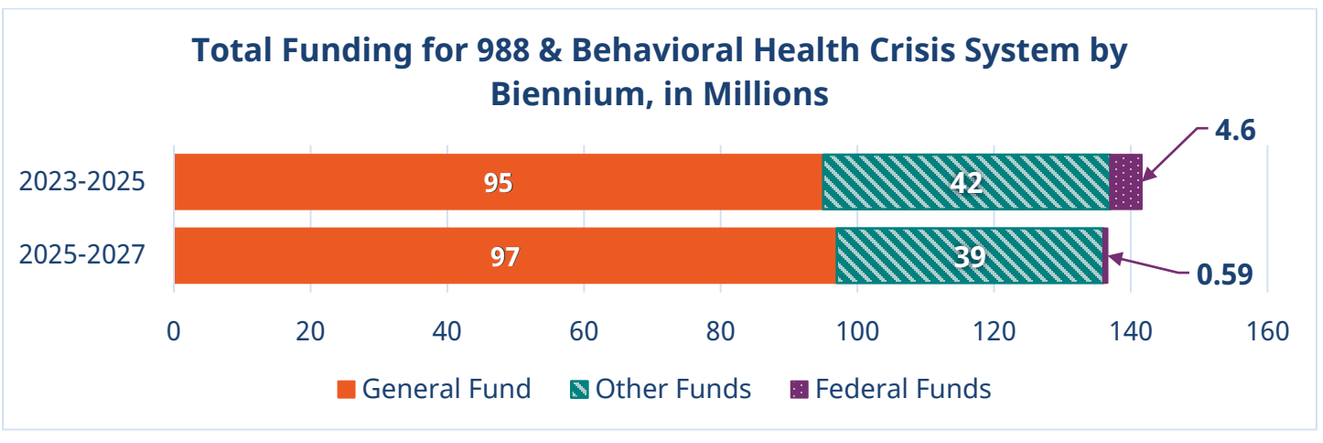
All levels of the crisis system, 988 centers, MCIS, MRSS, and CSCs have been able to meet the standards for response times. The average quality assurance scores and the public's awareness and trust are rising, according to recent survey data.

988 launched in July 2022 in Oregon and nationwide. About 50% of 911 centers have Memorandums of Understanding established to transfer calls to 988 when appropriate.

Under the pillar of mobile crisis, response times are consistently met. More than 82% of mobile responses result in de-escalation without hospitalization.

Thanks to MRSS efforts, communities of color, LGBTQIA2S+ and rural youth in their families have seen some behavioral health crisis disparities reduced. Specifically, the removal of the insurance requirement for those under 20 years old, which was a barrier to access.

Program funding



Objectives, outputs and outcomes

The table below represents select measures that exemplify progress of the 988 & Behavioral Health Crisis System during the first 12 months of the 2025-27 biennium. Metrics highlighted in **green** indicate performance that has met or exceeded the established benchmark, target, or expected outcome during the reporting period.

Objective 1:

Expand equitable access to culturally, linguistically and developmentally appropriate services.

Output 1:
988 Oregon campaign successfully launched from July - December 2025.

Output 2:
Conduct outreach and training to serve communities of color, LGBTQIA2S+, and rural communities.

Outcome 1:
Spanish language 988 utilization more than doubled following launch of 988 Oregon Spanish language campaign.

Outcome 2:
Increased access to supports for priority populations such as rural, white, older males who have high rates of suicide along with a fruitful collaboration with AgriStress line.

Outcome 3:
Development of training focused on cultural humility and the needs of underserved communities.

Objective 2:

Deliver timely and effective mobile crisis response statewide.

Output 2:
Meet response time standards.

Outcome:
Response times are consistently being met
>82% of mobile responses result in de-escalation
98% of mobile responses were resolved without arrest.

Objective 3:

Provide youth and their families with developmentally appropriate crisis interventions that meet the unique needs of youth and their families.

Output 3:
Ensure response times meet standards and provide a face-to-face mobile response for youth and their families by staff trained to work with youth and families.

Outcome 3:
>85% of youth and families served avoided hospitalization or law enforcement involvement.

Survey results reflect increased satisfaction rates for families that interact with crisis response services.

Considerations

Sustaining recent progress will require addressing several looming funding and system challenges. Crisis Stabilization Centers continue to face chronic underfunding, limiting their capacity to meet rising demand and maintain consistent statewide services. The scheduled end of Oregon's 988 telecom tax in 2030 and the end of the enhanced federal Medicaid match in 2027 both introduce significant long term fiscal uncertainty for core crisis system components.

In addition, private insurance participation remains elusive. Despite federal parity requirements, inconsistent reimbursement and benefit design continue to shift disproportionate responsibility onto state-funded programs. Strengthening commercial payer alignment and enforcing parity will be essential to creating a financially sustainable and durable crisis system.

Other formats and languages

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact 988 & Behavioral Health Crisis System team at 988BHCS@oha.oregon.gov.

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