



Program #40069A - Behavioral Health Crisis Services

3/7/2022

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services, which include a 24-hour, 365 day a year behavioral health crisis response system. This system addresses the need for immediate engagement via the call center, a 24/7 mobile crisis outreach program and a 7 day a week crisis walk-in clinic that serves all Multnomah County residents. Creating and providing equitable crisis services are prioritized both in terms of creating a diverse workforce and in addressing disparities related to access and outcomes for Black, Indigenous and People of Color (BIPOC), LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY23 and crisis system investments will be used to address needs.

Program Summary

The behavioral health crisis system consists of interconnected services that address the acute behavioral health needs of its community members regardless of age, insurance status, or other identity. The Multnomah County Call Center is the hub for behavioral health crisis services and provides crisis intervention and brief solution-focused therapy by phone (24/7/365). The center triages and deploys resources such as mobile crisis outreach and receives warm transfers from the Portland Bureau of Emergency Communications (BOEC)/911 reducing the need for law enforcement, fire, or ambulance. The Call Center manages the intake and referral process for the Mental Health Crisis and Assessment Treatment Center (CATC) and Crisis Respite. During COVID, the Call Center connected community members to financial resources and culturally specific services and operated the Voluntary Isolation Motel (VIMO) referral line 24/7. In FY23 the Call Center will work closely with the National 988 hotline to provide seamless access to care including mobile outreach services and additional care in the community. Mobile behavioral health crisis services are provided by Project Respond which is deployed by the Call Center or BOEC/911 to provide face to face crisis evaluation and triage services by clinicians and peers to those in crisis. Project Respond now partners peers and clinicians for mobile crisis response, which enables peers to build a relationship with those in crisis to support follow-up engagement. Hospital Outreach Liaisons in the Project Respond program assist in diverting individuals in Emergency Departments from acute care services to appropriate treatment services in the community. Project Respond's Family Crisis Stabilization Specialists provided assessment, skills training, linkage to services, family support, short term case management to youth and families in need during the pandemic. The Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community-based organization that provides crisis evaluation, triage, and stabilization on a walk-in basis and is open 7 days a week. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a licensed medical professional for medication evaluation and treatment.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Crisis System Contacts ¹	78,261	80,000 ¹	85,895	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	92%	90%

Performance Measures Descriptions

¹FY22 budgeted output anticipated included outgoing calls from the Call Center. This inclusion better demonstrates the care coordination aspect of Call Center services. This output will carry forward to FY23.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program contracts with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$466,856	\$3,158,251	\$499,271	\$3,722,787
Contractual Services	\$1,123,832	\$6,431,313	\$1,172,981	\$6,392,589
Materials & Supplies	\$2,084	\$8,591	\$30,279	\$8,591
Internal Services	\$81,757	\$700,007	\$36,322	\$918,084
Total GF/non-GF	\$1,674,529	\$10,298,162	\$1,738,853	\$11,042,051
Program Total:	\$11,972,691		\$12,780,904	
Program FTE	3.30	19.28	3.30	19.65

Program Revenues				
Intergovernmental	\$0	\$9,988,934	\$0	\$10,838,938
Beginning Working Capital	\$0	\$309,228	\$0	\$203,113
Total Revenue	\$0	\$10,298,162	\$0	\$11,042,051

Explanation of Revenues

This program generates \$323,291 in indirect revenues.

\$ 555,157 - Washington County Crisis

\$ 6,857,783 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 3,320,592 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children

\$ 308,519 - State Mental Health Grant: MHS 05

Significant Program Changes

Last Year this program was: FY 2022: 40069 Behavioral Health Crisis Services

Crisis system contacts were slightly lower than anticipated due to limitations in data collection, such as a transition to a new call system. Outgoing call data was collected starting January 1, 2021. As of July 2021, Project Respond incorporated Peer Support Specialist staff to the mobile crisis response team to better align with national best practice standards. While Project Respond was able to add positions to increase peer response, they also experienced reduced capacity in FY22 due to critical staffing shortages, including clinical positions, while simultaneously experiencing an increase in referrals. This resulted in longer wait times and increased staff burnout. Also due to critical staffing shortages, the Urgent Walk-In Clinic (UWIC) had reduced weekend hours for much of FY22. BHD continues to respond immediately to any challenges through partner collaboration and communication.