



Program #40069 - Behavioral Health Crisis Services FY 2024 Adopted

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing **Program Offer Stage:** Adopted
Related Programs: 30407B
Program Characteristics:

Executive Summary

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services to the entire population of Multnomah County. Crisis services are particularly important to ensure care to the most vulnerable and marginalized communities. Care is taken to support equitable services that prioritize addressing disparities related to access and outcomes. Additionally, there is an emphasis on further diversifying the workforce and providers of these services. Focus is given to increasing access to behavioral health support during times of crisis and decreasing use and/or reliance on law enforcement. Crisis services include immediate 24/7/365 access to phone crisis support, 24/7/365 mobile crisis outreach, and 24/365 urgent walk in care as well as access to Peer Supports and postvention care.

Program Description

The behavioral health crisis system consists of multiple services that interconnect to support the acute behavioral health needs of the entire community regardless of age, insurance status, or other identity and there is no charge to the individual. Multnomah County Behavioral Health Call Center: Serves as the hub for crisis services and response. Phone support is available 24/7/365 from masters level clinicians. Services include, and are not limited to, crisis counseling, de-escalation, referral support, resource recommendations, and triage and dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 to improve coordination of care and reduce law enforcement dispatch to behavioral health emergencies. Dedicated referral and coordination lines to streamline and improve care coordination as well as access to sub-acute and respite services for uninsured individuals. During FY22 and FY23 we added 3 KSA Latino positions to cover 7 days a week and regularly offer services in Spanish. Mobile Crisis Response Teams: 24/7/365 mobile response teams of clinicians and peer support specialists available to respond anywhere within the county to meet with individuals in crisis, perform risk assessment, and develop safety plans. Services designed to provide follow up and wrap around support to reduce potential need for higher level of support. Teams prioritize response without law enforcement and when law enforcement is needed work in tandem to ensure behavioral health is addressed as primary. Services also include specific support and outreach to local Emergency Departments to connect individuals to ongoing care and reduce likelihood of crisis. Services available for all ages and in FY24 will increase culturally specific providers as well as enhance services including stabilization support for youth and families. Shelter Behavioral Health Team: 7 days per week, teams of QMHA counselors and Peer Support Specialists provide onsite support to county located homeless shelters. Services included outreach, engagement, crisis counseling, de-escalation, and follow up services to those at risk of escalation. Urgent Walk-In Clinic: 7/365 behavioral health clinic available to provide immediate Peer Support, crisis evaluation and triage, medication management, linkage and referral. Reduces utilization of Emergency Departments (ED) for those in need and provides immediate drop off support for law enforcement.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total Crisis System Contacts ¹	100,188	80,000	95,000	95,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	92%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	52%	50%	50%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99.7%	98%	98%	98%

Performance Measures Descriptions

¹The BHCC continued to exceed expectations with call volume this past FY. This is partially related to the BHCC serving as the referral hub for the Voluntary Isolation Motel (VIMo) from August 2021 through May 2022. We continue to add KSA Latino staff to support culturally responsiveness and increase in house language services. UWIC saw an increase of acuity in participants leading to a slight increase in those referred to ED.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2023	2023	2024	2024
Personnel	\$501,616	\$3,828,724	\$192,800	\$5,125,501
Contractual Services	\$1,172,981	\$8,354,542	\$961,084	\$8,568,933
Materials & Supplies	\$30,279	\$27,523	\$22,095	\$48,262
Internal Services	\$36,322	\$917,215	\$32,187	\$1,040,915
Total GF/non-GF	\$1,741,198	\$13,128,004	\$1,208,166	\$14,783,611
Program Total:	\$14,869,202		\$15,991,777	
Program FTE	3.30	19.65	1.02	29.56

Program Revenues				
Intergovernmental	\$0	\$12,924,891	\$0	\$14,783,611
Beginning Working Capital	\$0	\$203,113	\$0	\$0
Total Revenue	\$0	\$13,128,004	\$0	\$14,783,611

Explanation of Revenues

This program generates \$428,469 in indirect revenues.

Local \$ 619,216 - Washington County Crisis

Federal \$ 8,191,514 - Behavioral Health Medicaid

Federal \$ 237,097 - HSO Medicaid

State \$ 178,182 - State OHA Behavioral Health Community Mental Health Programs & Capital

State \$ 308,519 - CFAA MHS 05

State \$ 3,506,865 - SMHG MHS 25

Federal \$ 172,656 - SMHG MHS 25

State \$ 1,569,562 - SMHD MHS 37

Significant Program Changes

Last Year this program was: FY 2023: 40069A Behavioral Health Crisis Services

1) During FY23 Project Respond was able to fully realize the increased use and integration of Peer Support Specialists on the mobile crisis team. State enhancement funds have been allocated to increase cultural representation by 7 staff and expand office space in East County. Staffing struggles have been an ongoing concern, impacting capacity and response time at PR and UWIC. 2) Funds are being utilized to increase coordination with 911/BOEC (Bureau of Emergency Communications). During FY24 BHCC will pilot stationing a call center staff at BOEC to increase coordination and support warm transfer of calls from 911 to BHCC. 3) OHA is in the process of transitioning previous CATS (Crisis) funding to MHS 25 and renaming the service as MRSS (Mobile Response and Stabilization Services). Multnomah County will be looking to enhance and expand youth, family crisis services over the next year.