Multnomah County

Program #40069 - Behavioral Health Crisis Services 3/2/2021

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 services every member of Multnomah County. 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 BIPOC, LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY22.

Program Summary

The behavioral health crisis system in Multnomah County consists of several interconnected services that address the acute behavioral health needs of its community members.
1) A primary component is the Multnomah County Call Center, which operates 24/7, 365 days/year. It is the hub for behavioral health crisis services for all county residents regardless of insurance status. The Call Center provides crisis intervention and brief solution focused therapy by phone, assesses for risk and triage to the appropriate level of care and response and assists callers with safety plan development.The center triages and deploys resources such as mobile crisis outreach and receives warm transfers from the Portland Bureau of Emergency Communications (BOEC/911) for callers that are in behavioral health crisis and do not have an immediate need for law enforcement, fire, or ambulance. The Call Center manages the intake and referral process for Mental Health Crisis and Assessment Treatment Center (CATC) and Crisis Respite. This improves access and our clients' ability to move seamlessly through crisis levels of care. The Call Center is also responsible for assisting community members, including community providers, in understanding available resources to address behavioral health and basic needs. During COVID, the Call Center has been instrumental in connecting community members to needed financial resources and culturally specific services.
2) Another service is Project Respond, a mobile outreach service deployed by the Call Center or BOEC/911 to provide face-to face crisis evaluation and triage services by local clinicians and peers as well as hospital diversion to those in crisis regardless of insurance status. 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.
3) Finally, 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 psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. It connects clients with resources that help pay for medications, housing, and transportation. Peer services are also available.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Crisis System Contacts[1]	68,944	77,300	89,390	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED[2]	89%	92%	90%	90%

Performance Measures Descriptions

1FY20 CISCO Report: 69,810 (not including Wash County calls) Cascadia UWIC: 6,804 Project Respond/ED Liaison: 12,776 =89,390
[2] Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.
*MITT is being removed, outside scope of program offer

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	**2021**	**2021**	**2022**	**2022**
Personnel	$368,559	$3,203,912	$466,856	$3,158,251
Contractual Services	$930,581	$6,500,885	$1,019,145	$6,122,085
Materials & Supplies	$2,033	$8,246	$2,084	$8,591
Internal Services	$29,777	$583,064	$81,757	$700,007
Total GF/non-GF	**$1,330,950**	**$10,296,107**	**$1,569,842**	**$9,988,934**
Program Total:	**$11,627,057**		**$11,558,776**	
Program FTE	2.80	19.78	3.30	19.28

Program Revenues				
Intergovernmental	$0	$9,857,373	$0	$9,988,934
Beginning Working Capital	$0	$438,734	$0	$0
Total Revenue	**$0**	**$10,296,107**	**$0**	**$9,988,934**

Explanation of Revenues

This program generates $239,822 in indirect revenues.
$ 546,953 - Washington County Crisis
$ 5,812,870 - 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 2021: 40069A Behavioral Health Crisis Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.