

Department: Health Department

Program Contact: Barbara Snow

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Individuals throughout Multnomah County, due to a variety of social determinants of health and behavioral health concerns, will experience a crisis that is not mitigated by traditional outpatient or community-based services. This program funds staff that respond to the person in need at their location, anywhere in the community, reducing the need for Law Enforcement (LE) intervention. Research shows that mobile crisis teams help prevent the criminalization of those in behavioral health crises. As the Community Mental Health Program (CMHP), which serves as the Local Mental Health Authority, the Behavioral Health Division is responsible for a 24/7 crisis system per OARs 309-019 and 309-072. The Multnomah County crisis system seeks to exceed OHA requirements and align with best practices outlined by SAMHSA's 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. The program uses principles of recovery orientation and trauma-informed care as well as recognition of systematic racism and oppression and their profound impact on communities. Services aim to respond while practicing cultural humility.

The Multnomah County Behavioral Health Call Center provides phone support for individuals in crisis 24/7/365. Services include assessing for risk and safety, crisis counseling provided in the caller's preferred language, developing safety plans, de-escalation, referral support, resource recommendations, and triage/dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 to improve coordination of care and reduce LEI. Mobile Crisis Intervention Teams provide teams of clinicians and peer support specialists to respond anywhere within the county to meet with individuals in crisis, perform in person risk assessment, and develop safety plans. Services are designed to provide follow-up and wrap-around support, thus reducing the potential need for higher levels of support. Teams prioritize response independent of LEI, however, when LEI is needed crisis teams work in tandem with LE to ensure that behavioral health remains the primary focus. The Urgent Walk-In Clinic (UWIC) provides immediate access to assessment and support from clinicians, Peer Support Specialists and licensed medical professionals in a clinic location. This program reduces utilization of emergency departments and provides immediate drop-off support for LE. The Disaster Response Team provides access to on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Crisis System Contracts	100,938	95,000	85,000	90,000
Outcome	% of Urgent Walk-In Clinic (UWIC) clients seen by the UWIC that did not need to be referred to an emergency d	91%	90%	90%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	56%	50%	54%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99%	98%	98%	98%

Performance Measures Descriptions

Tracks crisis system contacts through mobile crisis, call center calls and the Urgent Walk-In Clinic (UWIC).

Legal / Contractual Obligation

Crisis Lines services and Mobile Crisis Intervention Teams as well as post disaster response are contractually obligated by the state through MHS 25 and in line with OARs 309-019 and 309-072 Community Based Mobile Crisis Intervention Service. We not only meet the OHA requirements but strive to provide a more comprehensive and coordinated system. 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	2025	2025	2026	2026
Personnel	\$377,663	\$5,949,900	\$407,567	\$6,856,229
Contractual Services	\$332,114	\$11,507,802	\$1,230,830	\$10,156,169
Materials & Supplies	\$12,481	\$64,138	\$537	\$63,211
Internal Services	\$11,380	\$1,492,159	\$0	\$1,558,241
Total GF/non-GF	\$733,638	\$19,013,999	\$1,638,934	\$18,633,850
Program Total:	\$19,747,637		\$20,272,784	
Program FTE	2.00	33.20	2.00	36.85

Program Revenues				
Intergovernmental	\$0	\$17,147,183	\$0	\$17,633,850
Beginning Working Capital	\$0	\$295,905	\$0	\$0
Total Revenue	\$0	\$17,443,088	\$0	\$17,633,850

Explanation of Revenues

This program generates \$553,103 in indirect revenues.

CareOregon Crisis Call Center - \$ 3,928,724

CareOregon Crisis Svcs Contract - \$ 4,198,659, Clackamas County Crisis Call Center Coordination - \$ 704,760

Community Mental Health Services Start Up GY25 - \$2,054,140, Crisis Call Center GY25 - \$1,011,108

Crisis Services GY25 - \$243,093, Crisis Wraparound Services GY25 - \$3,267,705, Trillium Call Center - \$713,456

Trillium Crisis Svcs - \$ 552,205, Local Washington County Crisis \$ 960,000

Behavioral Health Crisis Services - SHS - \$1,000,000, Supportive Housing Services Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999.

Significant Program Changes

Last Year this program was: FY 2025: 40069A Behavioral Health Crisis Services

Program Offers 40069B and 40069C from FY 2025 were added to this program offer for FY 2026. The UWIC experienced a reduction in anticipated revenue for FY 2026 when CareOregon funding ended. This reduction will likely result in reduced hours of operation. SHS funds were reduced for Shelter Behavioral Health In-Reach in the amount of \$61,180. This will impact one shelter, reducing outreach to 11 shelters instead of 12. This reduction eliminates Old Town Inreach Program funding and services. The impacts of the elimination and reduction of these services will be mitigated through first responder agencies and mobile crisis service providers responding to incidents at shelters.