



Program #40069 - Behavioral Health Crisis Services **FY 2026 Department Requested**

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **Program Offer Stage:** Department Requested
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 services. This program responds to the location of the person in need anywhere in the community and reduces the need for Law Enforcement (LE) intervention. Research shows that mobile crisis teams help to prevent the criminalization of those in behavioral health crisis.

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for a 24/7 crisis system per OAR 309-019 and 309-072. The Multnomah County crisis system seeks to exceed OHA requirements and align with the best practice outlined by SAMHSA's 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. The program utilizes principles of recovery orientation and trauma-informed care as well as recognition of systematic racism and oppression that have greatly impacted 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 in caller's preferred language, developing safety plans, 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 LE dispatch. 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. This reduces the potential need for higher levels of support. Teams prioritize response without LE and when LE is needed work in tandem to ensure that behavioral health remains the primary focus. The Shelter Behavioral Health Team operates 7 days per week, teams of Qualified Mental Health Associates (QMHA) counselors and Peer Support Specialists provide onsite support to county located homeless shelters including outreach, engagement, crisis counseling, and de-escalation. The Urgent Walk-In Clinic 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 for those in need 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. The Old Town In-reach Project partners teams of Peer Support Specialists with staff at local homeless service providers to provide outreach and engagement at community agencies with the goal of decreasing critical incidents, reducing calls for emergency response, and connecting individuals to behavioral health resources.

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 UWIC clients seen by the UWIC that did not need to be referred to an ED	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$377,663	\$5,949,900	\$408,627	\$6,856,229
Contractual Services	\$332,114	\$11,507,802	\$1,234,436	\$10,875,953
Materials & Supplies	\$12,481	\$64,138	\$537	\$64,138
Internal Services	\$11,380	\$1,492,159	\$0	\$1,557,314
Total GF/non-GF	\$733,638	\$19,013,999	\$1,643,600	\$19,353,634
Program Total:	\$19,747,637		\$20,997,234	
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.

Behavioral Health Crisis Services - SHS - \$1,061,180, 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
Old Town Inreach (OTI) - SHS - \$658,604, Trillium Call Center - \$713,456
Trillium Crisis Svcs - \$ 552,205, Local Washington County Crisis \$ 960,000

Significant Program Changes

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

Program Offers 40069B and 40069C from FY25 were added to this program offer for FY26. The UWIC experienced a reduction in anticipated revenue for FY26 when CareOregon ended funding. This reduction will likely result in reduced hours of operation. SHS funds were reduced for 40069C in the amount of \$739,480 and for 40069B in the amount of \$471,096. Both programs were expanded for FY25. This reduction returns them to the service level that was being provided in FY24.