

**Department:** Health Department      **Program Contact:** Barbara Snow  
**Program Offer Type:** Operating      **Program Offer Stage:** Adopted  
**Related Programs:**  
**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. To this end, care is taken to support equitable services that prioritize addressing disparities related to access and outcomes. Crisis services include immediate 24/7/365 access to phone crisis support, 24/7/365 mobile crisis outreach, urgent walk in care and access to Peer Supports, and postvention care through the Trauma Intervention Program Northwest.

**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.

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.

Shelter Behavioral Health Team: 7 days per week, teams of Qualified Mental Health Associates (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 for those in need and provides immediate drop off support for law enforcement.

Trauma Intervention Program NW: Upon request access to on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events as well as post disaster after action calls to first responders.

**Performance Measures**

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total Crisis System Contacts	103,587	95,000	101,343	95,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	90%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	47.5%	50%	45%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99%	98%	99%	98%

**Performance Measures Descriptions**

## 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	2024	2024	2025	2025
Personnel	\$192,800	\$5,125,501	\$377,663	\$5,764,855
Contractual Services	\$1,019,073	\$8,568,933	\$332,114	\$10,153,227
Materials & Supplies	\$22,095	\$48,262	\$12,481	\$64,138
Internal Services	\$32,187	\$1,040,915	\$11,380	\$1,460,868
<b>Total GF/non-GF</b>	<b>\$1,266,155</b>	<b>\$14,783,611</b>	<b>\$733,638</b>	<b>\$17,443,088</b>
<b>Program Total:</b>	<b>\$16,049,766</b>		<b>\$18,176,726</b>	
<b>Program FTE</b>	1.02	29.56	2.00	32.20

Program Revenues				
Intergovernmental	\$0	\$14,783,611	\$0	\$17,147,183
Beginning Working Capital	\$0	\$0	\$0	\$295,905
<b>Total Revenue</b>	<b>\$0</b>	<b>\$14,783,611</b>	<b>\$0</b>	<b>\$17,443,088</b>

## Explanation of Revenues

This program generates \$691,211 in indirect revenues.

Local Washington County Crisis	\$ 700,000
CareOregon Crisis Svcs	\$ 8,615,026
Trillium Crisis Svcs	\$ 899,745
MHS-25 Crisis svcs	\$ 6,576,048
OHA BH MH Program & Capital	\$ 356,364
Crisis Call Center BWC	\$ 295,905

## Significant Program Changes

Last Year this program was: FY 2024: 40069 Behavioral Health Crisis Services