



Program #40069B - Old Town Inreach FY 2024 Adopted

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: New **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

In response to reports of increased behavioral health issues and disruptions of services at local non-shelter based homeless resource providers, Multnomah County initiated a pilot project to provide a combination of Peer and Clinical support services to these vital resource locations. It is imperative that additional support is available, as these incidents interfere with individuals' access to basic needs, impact staff providing these services, and impact the general community. Teams of two peers provide outreach and engagement at five agencies, each during their busiest hours of operation with the goal of decreasing critical incidents, reducing calls for emergency response, and connecting individuals to behavioral health resources.

Program Description

Over the past two years we have witnessed an increase in behavioral health symptoms and acuity as well as an increase in illicit substance use and violence in the downtown core. This is particularly true among our most vulnerable and marginalized population of homeless individuals. This has resulted in increased occurrences of escalated behaviors, violence, and behavioral health crises at local homeless social service providers.

This program is a direct action to intervene and support the providers of these services with additional resources and supports to reduce the impact on their staff and programming as well as support those individuals in dire need of additional support and connection. The Old Town Inreach Project (OTIP) is a truly collaborative program that partners teams of Peer Support Specialists (PSS) providers through Mental Health and Addictions Association of Oregon (MHA AO) with staff at four local homeless service providers as well as access to clinical support through Cascadia Health. The partner agencies include Blanchet House, Rose Haven, Maybelle Center, and William Temple House.

The utilization of PSS's allows the program to focus on working with individuals with a lens of recovery, hope, personal responsibility, self-determination and positive social connection. While the addition of a clinical staff enhances the teams ability to respond to behavioral health crisis situations, complete risk assessments, and access case management services as well as referral and linkage to additional providers.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of enrolled or intentionally engaged persons	28	400	86	95
Outcome	% reduction in service disruptions from baseline (1)	NEW	60%	53%	60%

Performance Measures Descriptions

As a pilot project, data collection has focused on developing baseline numbers of incidents and engagement opportunities. (1) Blanchet House data from FY 22 shows 12.8 service disruptions per month.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2023	2023	2024	2024
Contractual Services	\$0	\$1,100,000	\$1,131,429	\$0
Total GF/non-GF	\$0	\$1,100,000	\$1,131,429	\$0
Program Total:	\$1,100,000		\$1,131,429	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,100,000	\$0	\$0
Total Revenue	\$0	\$1,100,000	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40199W ARP - Old Town Inreach

This is a pilot project that was funded starting part way through FY22. Work focused on development of program staffing and hiring primarily through the spring of 2022 with PSS supports in place starting the summer of 2022. Staffing has continued to improve over past months.

Unfortunately, Cascadia Health has struggled to hire the Qualified Mental Health Professional (QMHP) portion of this project. Conversations are ongoing regarding this challenge and the team continues to explore options and opportunities to enhance this portion of the program.

In FY 2023, this program was funded with American Rescue Plan funding (ARP). It is now being funded with General Fund