

MULTNOMAH COUNTY

FY 2025 Budget Work Session Follow Up

Behavioral Health

June 4, 2024



Commissioner Meieran (District 1)

1. How many people are committed in Multnomah County in locations other than Oregon State Hospital, and what type of setting are they in?

Program	Facility	Number of Clients	Type of Facility
Commitment Monitoring	Cascadia - Faulkner Place	3	SRTF
	Cedar Hills Hospital	2	Hospital
	Legacy Good Samaritan Hospital	1	Hospital
	Portland Adventist Medical Center	1	Hospital
	Providence Milwaukie Hospital	1	Hospital
	Providence Portland Medical Center	2	Hospital
	Providence St. Vincent Hospital	1	Hospital
	Telecare Recovery Ctr - Gresham	2	Sub-Acute
	Telecare Recovery Ctr - Telecare CATC	2	CATC - Crisis Respite
	Unity Center for Behavioral Health	16	Hospital
	VA Medical Center - Portland	1	Hospital
Trial Visit Monitoring	Cameron Care, Inc. - Garfield	1	RTF
	Cascadia - Alberta Plaza	1	Supported Housing
	Cascadia - Arbor Place	3	SRTF
	Cascadia - Barbara Roberts East	1	SRTF
	Cascadia - Barbara Roberts West	1	SRTF
	Cascadia - McCarthy Place	1	RTF

	Cascadia - Prescott Terrace	2	Supported Housing
	Columbia Care - Columbia Rose	2	RTF
	Columbia Care - Fairview Firs	1	SRTF
	Columbia Care - Rockwood RTH	1	Residential Treatment Home
	Community	1	Independent, varies
	Independent Living	5	Independent, varies
	Legacy Good Samaritan Hospital	1	Hospital
	New Narrative - Estuesta	1	Residential Treatment Home
	New Narrative - Jade House	1	RTF
	New Narrative - Wallula Place	1	RTF
	Premier Living ECF	1	Assisted Living
	Telecare - 72nd Avenue Recovery	6	SRTF
	Telecare Recovery Ctr - Telecare CATC	2	CATC - Crisis Respite
State Hospital	Oregon State Hospital - Salem	6	Hospital

Assisted Living: 1

CATC - Crisis Respite: 4

Various Hospitals (not OSH): 26

OSH: 6

Independent: 6

Residential Treatment Home: 2

Residential Treatment Facility: 6

Secure Residential Treatment Facility: 15

Sub-Acute: 2

Supported Housing: 3

Commissioner Meieran (District 1)

2. Slide 13: Where is recovery transitional housing?

BH Continuum and Program Offers

Area	Program Offers	Activities
Prevention	40083, 40086, 40087, 40091, 40101, 40069, 40071, 40084, 40088, 40105, 40078, 40080, 40082, 40099, 40110, 40111, 40068	Prevention education, youth leadership, support in schools and early childhood programs, prevention that addresses risk and protective factors for youth, culturally-specific prevention programming, substance use screenings, suicide prevention, MH First Aid. Also primary prevention activities exist in other Health Department divisions.
Harm Reduction and Outreach	40091, 40101, 40069, 40071, 40084, 40088, 40105, 40078, 40080, 40082, 40099, 40110, 40111, 40068	OD training, naloxone distribution, harm reduction, referrals to behavioral health and medical services, Behavioral Health Resource Center, outreach, engagement and connection to individuals struggling with SUD, homelessness, or who are at risk of criminal justice involvement, school based programs and support services
Treatment	40085, 40089, 40090, 40091, 40101, 40075, 40081, 40069, 40070, 40072, 40074, 40077, 40084, 40084, 40088, 40105, 40078, 40080, 40082, 40099, 40110, 40111, 400199, 40068	Contracted services for withdrawal management, residential treatment, intensive outpatient treatment with housing support, outpatient treatment, coordinated transitional care for people exiting custody, peer support for treatment, referral pathways for people exiting correctional facilities
Recovery Supports	40085, 40072, 40073, 40074, 40077, 40088, 40105, 40078, 40080, 40111, 40199	Culturally-specific recovery mentoring and support, linkages to housing support, prosocial/drug-free activities, basic needs, etc, recovery support groups, peer support



Response:

Recovery transitional housing fits under Recovery Supports in the table above. The housing we currently support is for those that are in treatment, coming out of residential treatment, or stabilizing for clinical services. Peer support, and clinical support are often provided to individuals in these transitional housing resources.

Commissioner Meieran (District 1)

- Slide 16: How many people are discharged from the hospital to the streets?

BHD Investments: Homelessness Response Action Plan

Activity	Program Offer(s)
Regional Long-Term Rent Assistance (RLRA) vouchers and support services are expected to serve 150 individuals in Assertive Community Treatment/Intensive Case Management (ACT/ICM) annually	PO40112, Shelter and Housing - Supportive Housing Services
Expand PATH and other peer support programs to provide care coordination for those referred - 418 referrals this year	PO40101, Promoting Access to Hope (PATH)
Permanent Supportive Housing and Early Recovery/Transitional Housing provides 25 beds in two locations	PO40112, Shelter and Housing - Supportive Housing Services
Cultivating Community Motel Shelter provides shelter placement and transition to permanent supportive housing for 25 individuals at any given time; has served 48 participants so far in FY24	PO40112, Shelter and Housing - Supportive Housing Services
Bridging Connections: 40 motel shelter beds; has served 130 participants so far in FY24	PO40112, Shelter and Housing - Supportive Housing Services
BHRC: Day Center averages >100 visits/day, 36,000 total visits, 3,750 unique individuals served, and 6,465 referrals provided. Shelter and Bridge: 51 beds provided total and 257 served since Spring 2023	PO40105A and PO40105B, Behavioral Health Resource Center (BHRC) Day Center and Shelter/Housing



Response:

The Behavioral Health Division does not receive hospital discharge data.

Commissioner Meieran (District 1)

- Please provide more information about your performance measure in program 40105B.

Response:

There are two housing programs at the BHRC. One is the Shelter Program that has 33 beds. The length of stay is 1 to 30 days.

The Bridge Housing Program has 19 beds. The length of stay is 1-90 days. This program offer is written to demonstrate that 52 people per day will be served as there are a total of 52 beds. However, with

the short term stay, the utilization rates will be much higher annually. From 7/1/23 to 12/31/23 the two programs served 257 individuals.

Commissioner Meieran (District 1)

5. Regarding 40069C - Behavioral Health Crisis Supportive Housing, please explain how these services are related to supportive housing or provide supportive housing.

Response:

Program Offer 40069C funds the entire Behavioral Health Shelter Inreach team (SBHT) at Cascadia, along with the BHD Housing Coordinator Program Specialist Senior position. The Shelter Inreach team was previously part of the 40069 Program Offer.

The Program Specialist Senior coordinates across BHD, JOHS and other system partners for supportive housing funding and reporting requirements.

The Shelter Behavioral Health Team (SBHT) was started as a pilot program in 2018 supported by Cascadia. Cascadia provides three modalities of service delivery- shelter based crisis response, shelter based preventative services, and peer support for participants living in Multnomah County publicly funded shelters who are experiencing behavioral health challenges and have needs for community connection support. Goals of the team include decreasing participant exits via preventative engagement in community services and peer supports, and linkage/connection to community resources to include medical, mental health, and benefits services.

Specific services examples include:

- Engagement with and connecting guests to community social services with the goal of regaining stability and maintaining shelter placement.
- Preventing, de-escalating and responding to behavioral health related challenges among shelter guests by working with the client and his/her/their natural support systems to develop a less restrictive, community based, short-term stabilization plan to de-escalate the immediate crisis and provide the client with the necessary support to remain safe until successfully connected with necessary ongoing services.
- Identify training needs for shelter staff based on need.
- If a guest is in a behavioral health crisis, the team will utilize more formalized crisis services as needed, either mobile response or emergency services.
- The Shelter Response Team responds on-site as requested by the Mental Health Call Center. Additionally, the Shelter Response Team shall respond by phone and or on-site to any requests and/ or inquiries from public shelters, The Mental Health Call Center may dispatch the Shelter Response Team in response to requests from any County emergency service provider, the Shelter Response Team shall notify Mental Health Call Center of their response.

The SBHT responds daily between the hours of 12:00 PM-8:00 PM to requests from:

- a) Participants staying in Multnomah County's publicly funded shelters and
- b) Multnomah County's publicly funded shelter staff.

Teams consist of Peer Support Specialists (PSS) and Qualified Mental Health Associate (QMHA) counselors, who provide

preventative walk-in hours and crisis call responses. The SBHT will provide onsite (in shelter) services geared at de-escalation, risk assessment, substance use screening, care coordination, harm reduction tools and education, and peer services. Services will be geared toward supporting individuals in shelter, and connecting to needed community resources including mental, physical, and financial health supports.

Commissioner Meieran (District 1)

6. Why do some of the Supportive Housing Services program offers have identical narratives to other program offers?

Response

The BHD created Program Offer 40069C during the Chair's proposed budget phase. Prior to this phase, all SHS funding, including funding that supported BHD functions, was reflected in the JOHS budget. Program Offer 40069's narrative was copied over to 40069C. This was an error. BHD will correct this program offer for the adopted budget.

Commissioner Brim-Edwards (District 3)

7. Can you overlay your speaker notes on slide 15 with the numbers shown?

Treatment Beds, Current Capacity

Type, Funding	# Beds	Type, Funding	# Beds	Type, Funding	# Beds
Motel Emergency Shelters - Bridging Connections (2 sites, SHS, Choice, CareOregon)	40	Permanent Supportive Housing (SHS) ¹	195	Crisis Respite (HSO/CFAA)	11
Motel Emergency Shelters - Cultivating Communities (SHS)	25	Adult Foster Homes/ Adult Care Homes (OHA) ²	65	Substance Use Disorder Recovery Supportive Housing and Residential Treatment (Medicaid, OHA, CFAA, CGF) ⁴	836
BHRC Shelter BHRC Bridge (JOHS)	33 19	Residential Treatment Homes (RTH) (OHA) ³	75	SUD Withdrawal Management (Medicaid, OHA, CFAA, CGF) ⁴	1188
Stabilization, Treatment, Preparation (STP) programs (JOHS/CFAA)	31	Residential Treatment Facilities (RTF) (OHA) ³	188	Permanent Supportive Housing (Choice)	60
CATC Crisis Beds (HSO/CFAA)	16	Secure Residential Treatment Facilities (SRTF) (OHA) ³	67		

¹ Program managed by BHD; ² Managed by DCHS; ³ Managed by CMHP; ⁴ Numbers reflect FY23 utilization for uninsured and underinsured, not unique clients



FY 2025 Proposed Budget Presentation • 15

Response:

Updated Slide below

Treatment Beds, Current Capacity

Type, Funding	# Beds	Type, Funding	# Beds	Type, Funding	# Beds
Motel Emergency Shelters - Bridging Connections (2 sites, SHS, Choice, CareOregon)	40	Permanent Supportive Housing (SHS) ¹	195	Crisis Respite (HSO/CFAA)	11
Motel Emergency Shelters - Cultivating Communities (SHS)	25	Adult Foster Homes/ Adult Care Homes (OHA) ²	65	Substance Use Disorder Recovery Supportive Housing and Residential Treatment (Medicaid, OHA, CFAA, CGF) ⁴ GAP: 1156 to 2169 statewide	836
BHRC Shelter BHRC Bridge (JOHS)	33 19	Residential Treatment Homes (RTH) (OHA) ³	75	SUD Withdrawal Management (Medicaid, OHA, CFAA, CGF) ⁴ GAP: 523 statewide	1188
Stabilization, Treatment, Preparation (STP) programs (JOHS/CFAA)	31	Residential Treatment Facilities (RTF) (OHA) ³ GAP: 74 statewide for RTH and RTF	188	Permanent Supportive Housing (Choice)	60
CATC Crisis Beds (HSO/CFAA)	16	Secure Residential Treatment Facilities (SRTF) (OHA) ³ GAP: 171 statewide	67		

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Health Department FY 2025 BHD BWS Follow-Up

Presented to the
Board of County Commissioners

Multnomah County
May 30, 2024

Located at: www.multco.us/budget



Agenda

- Introduction
- Overview
- Questions
 - 90 Day Fentanyl
 - Comprehensive Local Plan (CLP)
 - Behavioral Health



Questions From Central Budget Office

- What are the specific post 90 Day Emergency Declaration investments from and what are we trying to achieve? Do we have a gap analysis to show where the needs are?
- Where are the specific investments to reduce overdose deaths?
- Please provide specifics on the HRAP investments including outcomes, clients served, gaps/needs analysis.
- Please provide more info on BHECN (PO40108) and Crisis Services (PO40069A).
- For PO 40081 Care Coordination please provide more information on what the \$4.1M increase will do.



Questions From Central Budget Office

- Going back to the briefing on May 16, please provide the #'s that correlate with the identified service gaps (“BH Local Needs snapshot”, slide 7, budget note briefing).
- Please provide a list of treatment beds by type and how they are funded. How much does the FY 2025 budget fill the gaps? Do we know what beds are funded by other jurisdictions? What meaningful steps does this budget take to address the needs of the community?
- Can you provide a map of where program offers align with your continuum of care (beginning with prevention and ending with long term recovery/supportive housing)?
- What is the deadline for the LMHA w/the Governor?



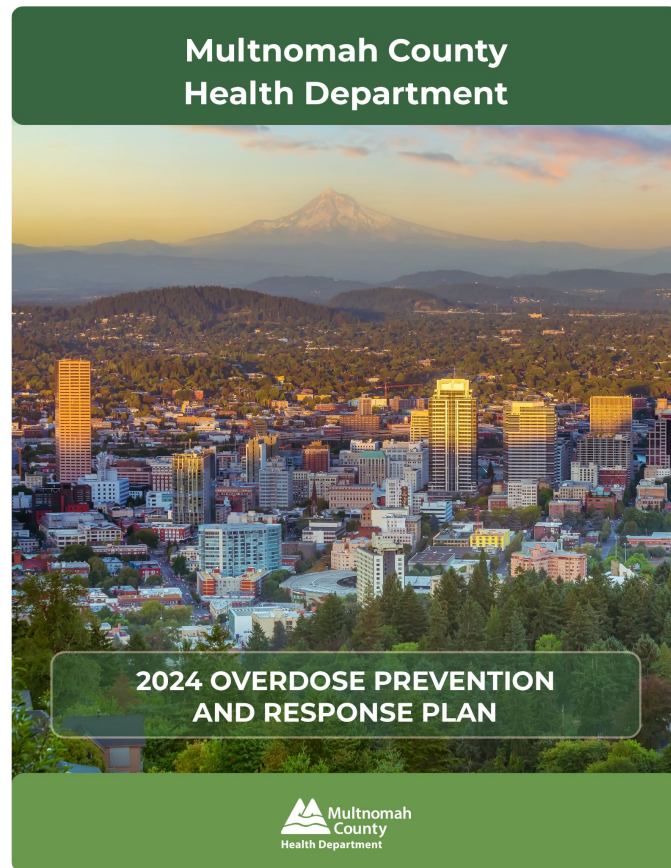
OD Prevention and Response: Beyond the 90 Days

Prevention

Harm Reduction

Treatment

Recovery



OD Prevention and Response: Health Department

Area	Program Offers	Activities
Director's Office	PO's 40000B, 40044	Expanded naloxone distribution, health education campaigns, multi-agency and health data and analytic teams
Public Health	PO's 40061C, 40048, 40061A, 40061B	Harm reduction Street Outreach Team, Harm reduction clinic, surveillance, data reporting, wound care
Health Officer	PO's 40004, 40002, 40052	Continue MOUD pilot, post Fentanyl summit quarterly convening, timely toxicology reports for suspected OD deaths
Corrections Health	POs 40049, 40050, 40051, 40047	Expansion of (MOUD) services, continuation of treatment services post release
ICS	PO's 40031, 40102, 40012A, 40017, 40019, 40020, 40022, 40023, 40026, 40027, 40029, 40032	Expansion of MOUD services in primary care clinics and mobile medical van, pharmacy services
Behavioral Health	PO's 40085, 40101, 40105A, 40108	Expansion of : MAT Services, PATH and peer support programs; MHAAO pilot, recovery supportive housing, bed tracking. Triage center plan including sobering/deflection



OD Prevention and Response: Behavioral Health

Activity	Program Offer
Expansion of MAT services, including mobile MAT to increase treatment engagement and recovery	PO40085, Adult Addictions Treatment Continuum
Expand PATH and other peer support programs to provide care coordination for those referred to triage to increase successful placement in services and housing. (Expansion of 3.0 FTE will serve an additional 90 clients)	PO40101, Promoting Access to Hope (PATH)
MHAAO pilot coordination with CHAT, PPB, and TASS sites expected to result in ~350 additional outreach interactions to increase behavioral health service engagement and reduce incarceration	PO40105A, Behavioral Health Resource Center - Day Center
Expand recovery supportive housing to reduce substance use that disrupts housing stability, Support expansion of OHSU bed tracker to include treatment slots to bolster systems integration, just-in-time information to increase effective referral to available services	PO40085, Adult Addictions Treatment Continuum
Develop a triage center as a service access point; explore reimbursement and payment models, explore expansion of culturally specific models based on data; evaluate models to increase effective evaluation and referral	PO40108, BHECN



Behavioral Health System Overview



Behavioral Health Planning: CLP+

- Current statutory requirements
 - Internal CFAA Scan
 - AOCMHP CLP framework checklist
- CLP Plus (CLP+)
 - Blueprint
 - Engagement
 - Timelines

Local Mental Health Authority Review of Behavioral Health Plan

The intent of this plan review by the Local Mental Health Authority is to confirm that a single coordinated plan for behavioral health services has been developed for the county/region. The review will identify strengths and shortcomings of the plan to encourage best practice, shared investment in blended/coordinated systems of care, and joint accountability for services to the community by payers (CCOs, insurance companies, etc.), providers (CMHPs, provider agencies etc.), and other local stakeholders (human service organizations, law enforcement, etc).

Statutory and Rule Direction for Plan Review:

ORS 430.630(9)(b) Each local mental health authority that provides mental health services shall determine the need for local mental health services and adopt a comprehensive local plan for the delivery of mental health services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services. The purpose of the local plan is to create a blueprint to provide mental health services that are directed by and responsive to the mental health needs of individuals in the community served by the local plan. A local mental health authority shall coordinate its local planning with the development of the community health improvement plan under **ORS 414.575** (Community advisory councils) by the coordinated care organization serving the area. The Oregon Health Authority may require a local mental health authority to review and revise the local plan periodically.

OAR 309-014-0025(2) Needs Assessment and Planning: When the Division contracts for a CMHP program area, the contractor shall assess local needs for services to persons within that program area, and shall plan to effectively and efficiently meet those needs within the constraints of available resources. The local mental health authority shall review and approve the plan before it is submitted to the Division.

Plan Review for _____ County and
_____ CCO(s)

Plan Requirement	Met?		Responsible Parties		
	Yes	No	CMHP	CCO	Other(Specify)
1. Process					
a. Plan addresses coordination and ensures accountability for all levels of care.					
b. Planning coordinates with the budgetary cycles of state and local governments that provide the local mental health authority with funding for mental health services					
c. Planning body involves consumers, advocates, families, service providers, schools and other interested parties in the planning process.					
d. There has been coordination with the local public safety coordinating council to address the services intersections.					
e. A Community Health Assessment (CHA) has been completed and utilized to determine the types of					

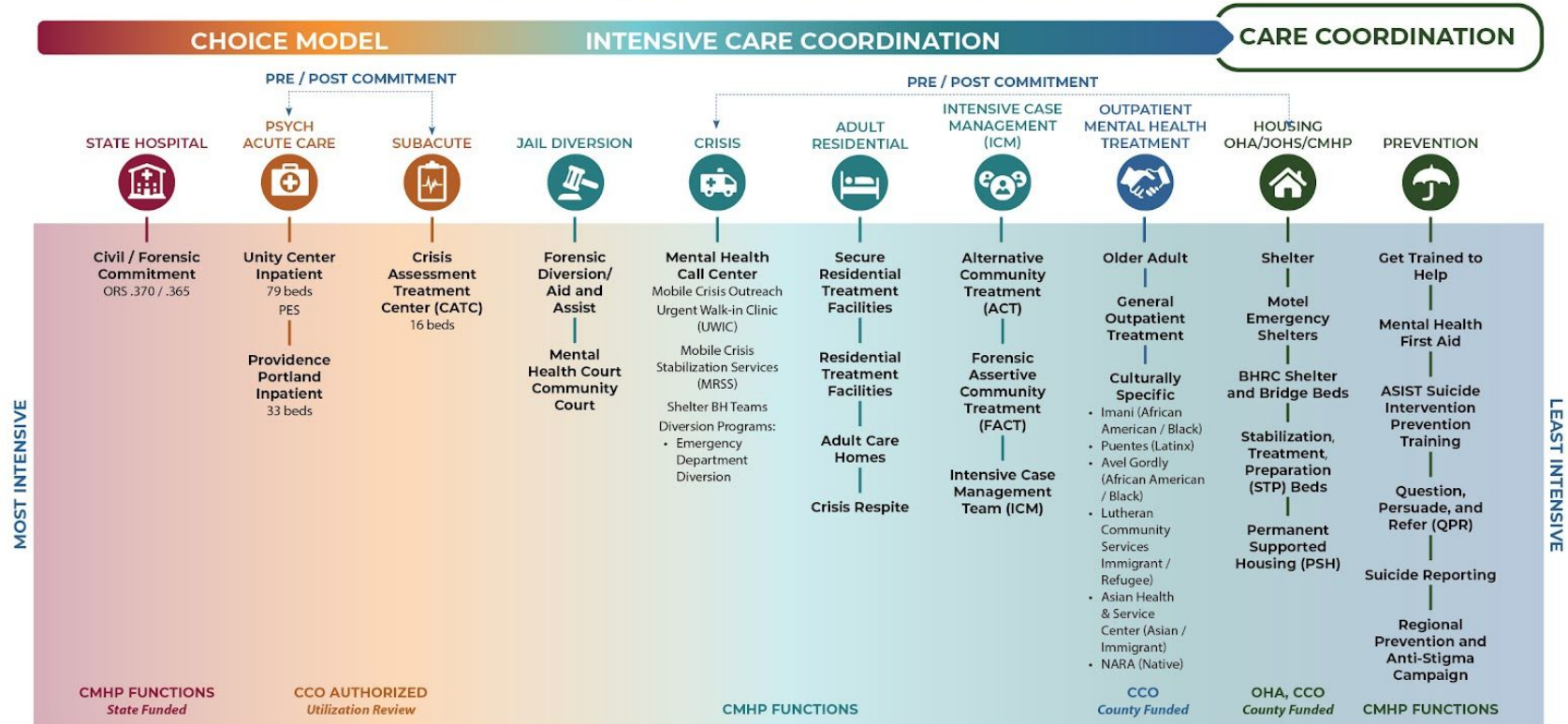


Behavioral Health Adult MH Continuum



Behavioral Health Division

Adult Mental Health Continuum of Care



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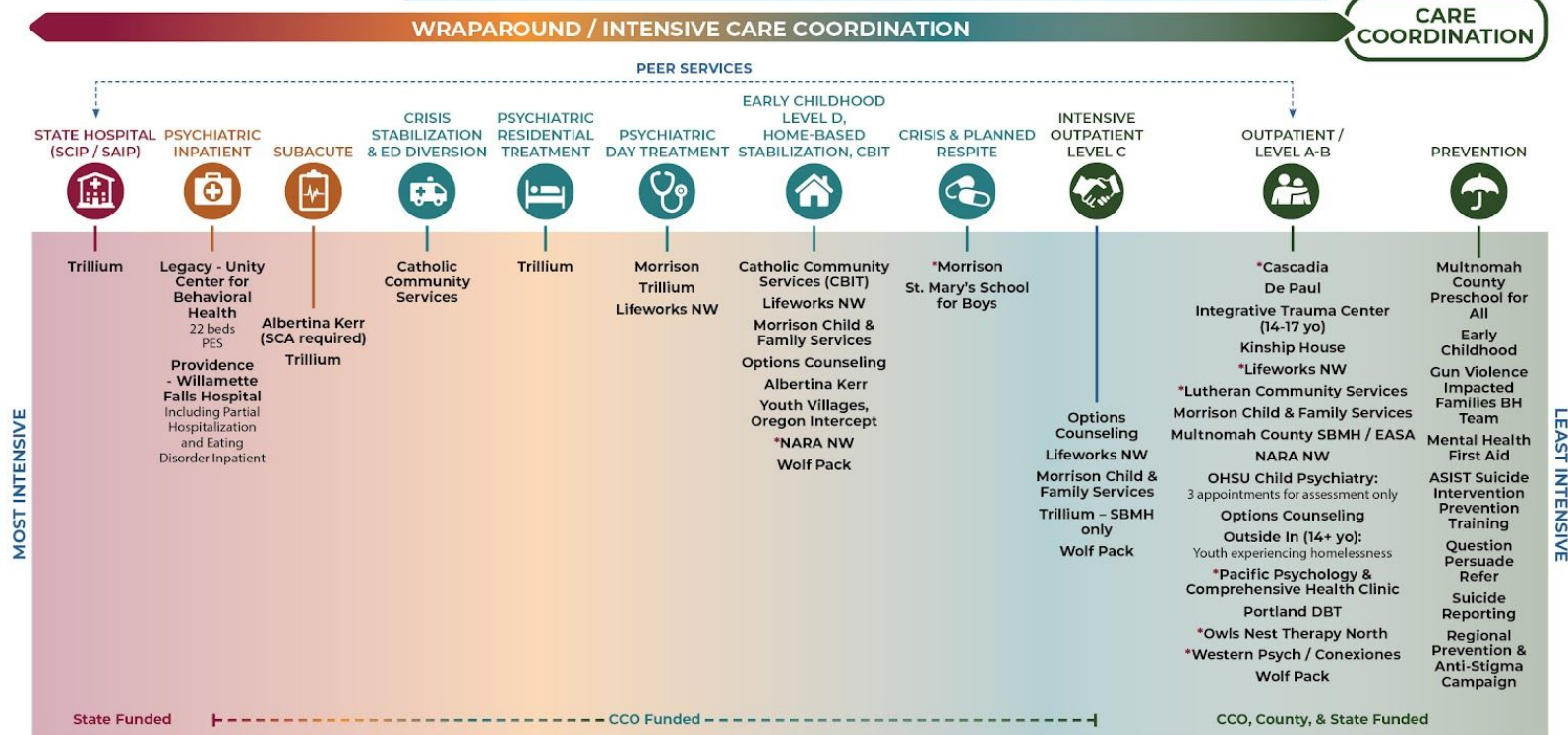


Behavioral Health Youth MH Continuum



Behavioral Health Division

Youth Mental Health Continuum of Care



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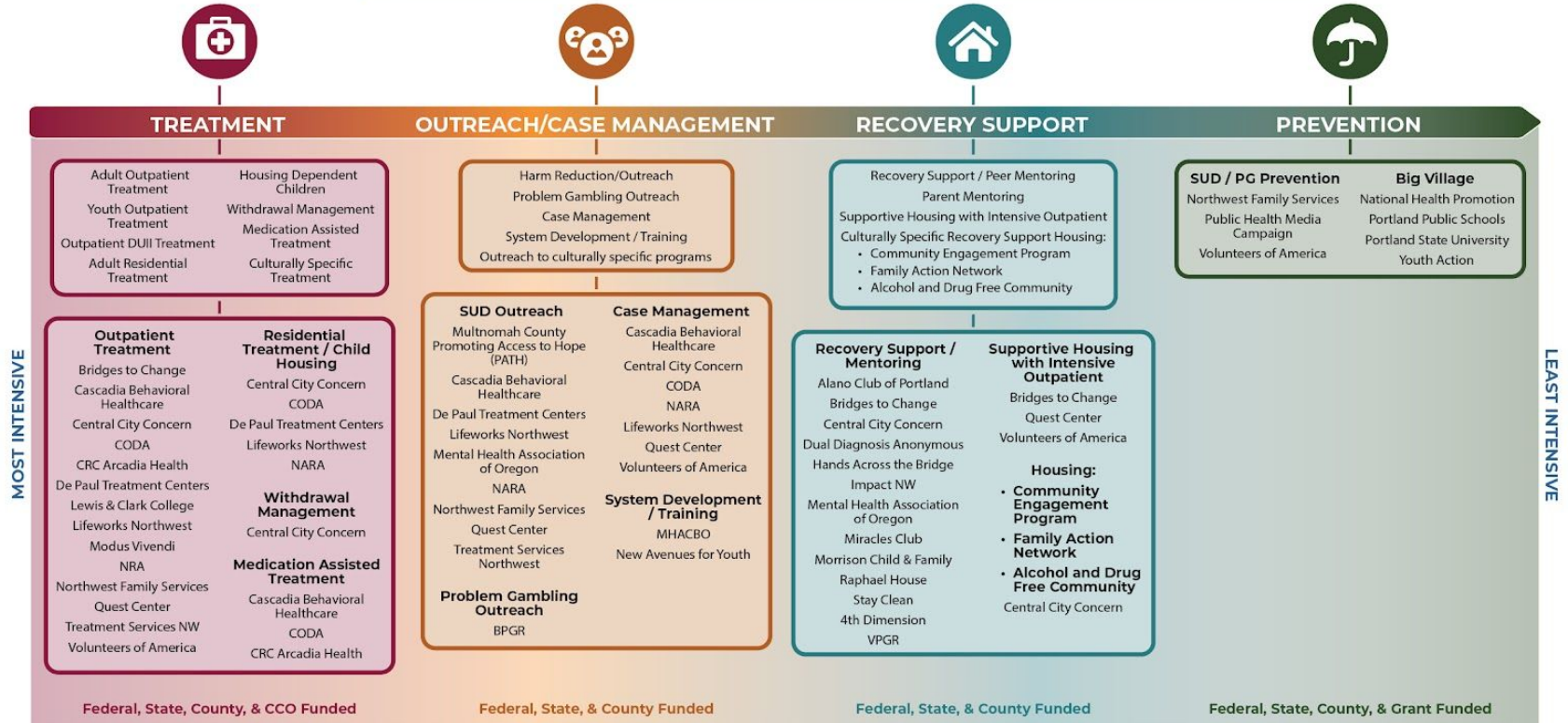


Behavioral Health SUD Continuum



Behavioral Health Division

Substance Use Disorder Continuum of Care



052924



BH Continuum and Program Offers

Area	Program Offers	Activities
Prevention	40083, 40086, 40087, 40091, 40101, 40069, 40071, 40084, 40088, 40105, 40078, 40080, 40082, 40099, 40110, 40111, 40068	Prevention education, youth leadership, support in schools and early childhood programs, prevention that addresses risk and protective factors for youth, culturally-specific prevention programming, substance use screenings, suicide prevention, MH First Aid. Also primary prevention activities exist in other Health Department divisions.
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Treatment	40085, 40089, 40090, 40091, 40101, 40075, 40081, 40069, 40070, 40072, 40074, 40077, 40084, 40084, 40088, 40105, 40078, 40080, 40082, 40099, 40110, 40111, 400199, 40068	Contracted services for withdrawal management, residential treatment, intensive outpatient treatment with housing support, outpatient treatment, coordinated transitional care for people exiting custody, peer support for treatment, referral pathways for people exiting correctional facilities
Recovery Supports	40085, 40072, 40073, 40074, 40077, 40088, 40105, 40078, 40080, 40111, 40199	Culturally-specific recovery mentoring and support, linkages to housing support, prosocial/drug-free activities, basic needs, etc, recovery support groups, peer support



Data Behind the SUD Gap

42%

SUD service
gap for
Multnomah
County

Oregon
Statewide gap
is 49%

OHSU Oregon
Substance
Use Disorder
Services
Inventory and
Gap Analysis,
updated
1/2023

[OHSU Oregon Substance Use Disorder Services Inventory and Gap Analysis, updated 1/2023](#)

Calculating an Adequate System Tool (CAST) was developed in 2016 by an interdisciplinary group of researchers at the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Behavioral Health Statistics and Quality to assess the capacity of the SUD care system within a defined geographic area.

The **CAST** is used to generate both estimates of risk, and service capacity needs using:

- Current services available in the community
- OHP Billing/Claims Data
- Surveys completed by community members

The 42% gap includes:

- Services needed in the entire continuum, Prevention to Recovery
- Services specific to a population, including culturally specific services
- Service accessibility (language and transportation barriers)
- Workforce Shortages



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Behavioral Health Emergency Coordination: 40108

- Contracting stage for Stabilization Center via two projects:
 - Fora Health: **40 beds** (*\$6.85M SHS OTO Funding for Capital*)
 - Oregon Change Clinic: **50 beds** (*\$1M Ongoing Opioid Settlement Funding*)
- Partnering with Bridges to Change for two adjacent houses in Gresham
 - 14-day “preparation” housing for **10-12 individuals** (*\$850K*)
 - 4-6 month “integration/transitional” housing for **10-12 individuals** (*1 year Care Oregon funded*)
- Establishing Recovery Oriented Housing
 - Partnering with 7 Community Based Organizations: **83 beds** (*\$5.1M SHS OTO Funding*)



Care Coordination: 40081

\$3.9M Increase for:

- Maintaining existing services amidst cost increases for services
 - Wraparound
 - Intensive Care Coordination (ICC) for Youth and Adults
 - Multnomah Intensive Treatment Team (MITT)
 - New OTO funding to support Bridging Connections Motel Shelter (gap funding for 40 Individuals)
- Expansion of Care Coordination Team
 - 1.0 FTE Supervisor
 - 3.0 FTE SUD Assessment team
 - Completes American Society of Addiction Medicine (ASAM) Assessments
 - Provides appropriate service referrals following SUD level of care assessments
 - 2.0 Jail Coordination Team
 - Care Coordination during incarceration and 30-60 days following



Crisis Services: PO 40069A

\$1.26M CFAA (State Funding) increase in Crisis Services for:

- Contractual services with Cascadia Health

Maintaining the current programming amidst increasing staffing costs and acuity

- Mobile Crisis
- Urgent Walk In Clinic
- Stabilization Services for Youth and Families
- Expansion of the state mandated requirements for Mobile Crisis and Stabilization Services for Youth and Families
- Behavioral Health Crisis Call Center Staffing

3.12 FTE Total

- Includes 2.0 FTE Culturally Linguistically Specific Staff
 - Previously OTO funded



Thank You

