

Multnomah County
FY 2027 Budget Work Session Follow Up

**Health Department -
Behavioral Health**



May 7, 2026

Commissioner Singleton ▾ (District 2 ▾)

What Behavioral Health services are provided that are geographically specific?

Response:

Most of our Behavioral Health and Substance Use Disorder Services *are not* geographically targeted, but are accessible to the whole community. Even when services *have a specific geographic focus*, such as in Gresham, individuals outside that area can still access them. This broad service availability reduces barriers to care and ensures we reach our most vulnerable populations in the County.

Teams such as Mobile Crisis Response and Providing Access to Hope (PATH) go to wherever the crisis occurs in our County, or where a referred client is located.

Direct Clinical Services are co-located or community-based to meet the most vulnerable client populations where they are, including in their homes and at schools.

The following is a brief list specific to BHD *Outreach Services'* geographic locations:

- **Police Provider Joint Connections - Downtown Core**
Provides outreach in the downtown core five days a week and facilitates a large “Provider Day” twice per month. This service

takes direct referrals from Portland Police Bureau as well as businesses. It is primarily SUD focused, and maintains direct connections to Behavioral Health Resource Networks (BHRNs) and the Behavioral Health Resource Center (BHRC).

- **BHRC Outreach - Downtown Core**

Teams work in Old Town, the Providence Park area, the Southwest area around the Central Library, and in close proximity to the BHRC. This program is currently working with Portland Streetcar on a very successful joint response project.

- **Library Crisis Team - Central Library**

Provides onsite peer support and clinical response, resource connections, and de-escalation response. The Behavioral Health Division manages this contract with funds from Library Services.

- **Shelter Behavioral Health Team - Countywide**

Provides in-reach and immediate response to identified shelters.

- **Emergency Department Liaison Team - Countywide**

Provides follow-up services and supports to individuals identified by Emergency Departments as not needing inpatient support. This work is primarily focused on the houseless community.

- **Homeless Advance Response Team - Downtown Core**

Provides street outreach to downtown, the Unity and Hooper Detox areas. Services include outreach, case management, and help enrolling in treatment.

- **Deflection and Sobering Outreach - Countywide**

The division partners with community-based outreach and peer providers, and first responders to refer deflection-eligible

individuals into sobering at the Pathway Center. The program is working with community providers to pilot non-law enforcement referrals into deflection.

In FY 2027, the program will expand outreach to people within their 90-day deflection engagement period to increase successful deflection completion. Outreach workers can assist them with basic needs, transportation to services (including the Pathway Center for Deflection and Sobering), support to maintain or access housing, and take the steps needed to successfully complete deflection. Outreach efforts focus largely on members of the houseless population, who face challenges staying connected to services. Outreach teams will also support law enforcement teams during missions to help connect community members to services at the Pathway Center.

- **Gresham Deflection Outreach**

The Behavioral Health Division contracts with a community provider that works closely with the Gresham Police Department (GPD) to provide outreach in high-risk areas identified by GPD. These teams work with individuals to connect them to SUD treatment and other supportive services.

Commissioner Singleton ▾ (District 2 ▾)

Please provide more information about the Behavioral Health shelter beds. Are these beds open?

Response:

- **Behavioral Health Resource Center (BHRC) Shelter and Bridge Program**

The Shelter program is a 33-bed low-barrier, mixed gender shelter that is pet friendly. The BHRC Shelter always accepts

referrals by any individual or service provider. The shelter offers urgent bed access to first responders and a wide range of community partners. These beds are often used for 1-2 night stays while people wait for a withdrawal management treatment opening or similar opportunity. Program occupancy in FY 2026 is 95%.

The Bridge program is a 19-bed, 90-day bridge housing program that provides assistance to people seeking to address their behavioral health goals and who are looking for more stable housing. The Bridge housing program is mixed gender, and each individual receives a housing plan. Other services offered include life skills training and support, connection to treatment and other services, and Peer support services for recovery and daily living. Program occupancy in FY 2026 is 93%.

- **Behavioral Health Motel Shelter Programs**

Cultivating Community is a specialized behavioral health motel shelter program, designed to provide safe, short-term housing for people experiencing both homelessness and behavioral health symptoms. With over 35 units along with 24/7 on-site stabilization services and peer support, the program serves a critical bridge between living on the street and transitioning into more permanent housing. This setting offers a trauma-informed environment where participants can gain the stability and resources necessary to engage in their wellness. Program occupancy of available beds in FY 2026 is 90%.

Cultivating Community accepts referrals from the following programs:

- Multnomah Intensive Transition Team
- Choice
- Aid & Assist

- Mental Health Court
- Promoting Access to Hope (PATH)
- Early Assessment and Support Alliance (EASA)
- Assertive Community Treatment (ACT)
- Intensive Case Management (ICM)
- Hospital to Housing Pilot Project

Note: A second Motel Shelter program, Bridging Connections, is closing at the end of FY 2026 and is accepting very limited referrals through 5/30/26. Bridging Connections serves up to 40 participants. BHD is working with the vendor to ensure that participants are transitioning to housing whenever possible or placed in shelter prior to 6/30/26

Commissioner Brim Edwards (District 3)

Regarding the Gun Violence Response Program, can you speak to what you are seeing more broadly across the county?

Response:

The Gun Violence Response Program notes broad trends across the county ranging from behavioral health, systems coordination, and recent impacts to gun violence.

Behavioral Health Trends:

- Increased prevalence of co-occurring mental health and substance use disorders among youth and adults.
- Earlier onset of substance use among youth, often occurring alongside significant traumatic exposure and chronic stress.
- Justice-involved youth frequently present with unmet behavioral health needs, including untreated trauma, emotional dysregulation, substance use concerns, and limited access to consistent therapeutic support.

- Increases in the prevalence of emotional dysregulation and behavioral responses linked to unresolved trauma exposure.
- Significant trend of "extreme hypervigilance," a constant physiological "fight or flight" state often expressed as physiological inability to feel safe in public spaces or on transit.
- Trauma symptoms manifesting in ways that negatively impact school engagement include chronic absenteeism, behavioral referrals and disciplinary actions, difficulty concentrating or regulating emotions, and school avoidance/disengagement.

Systems Coordination Trends:

- High rates of complex system involvement, including simultaneous interaction with Juvenile Justice, Child Welfare, educational systems (alternative placement and expulsions), intellectual and developmental disabilities services.
- Ongoing barriers to accessing culturally responsive, trauma-informed, and coordinated behavioral health services to treat the trauma directly.
- Growing need for community-based interventions that integrate behavioral health support, violence prevention, family engagement, and system collaboration to increase access to effective trauma treatment and engage communities who traditionally do not seek formal mental health treatment.

Gun Violence Trends: (2025–2026)

- Reported crimes involving a firearm in Multnomah County decreased to 1,411 from a high of 1,864 in 2021. (1)
- Gun violence homicides in Multnomah County fell to 35 total in 2025, a decrease of 42% from the prior year (60 in 2024) and 63% from the 2022 high of 94. (2)

- In contrast, gun-related suicides in Multnomah County have continued an upward trend since 2020, with 88 deaths in 2025. This is a 2% increase from 2024 and a 42% increase from 2020. (2)
- Discharges for nonfatal injuries from firearms at both emergency departments and hospitals in Multnomah County have been declining since the high values seen in 2021. In 2024, nonfatal emergency department discharges fell 46% and hospital discharges fell 33% from the 2021 numbers. (3)

(1) Oregon State Police : Uniform Crime Reporting Data : State of Oregon. (n.d.). Accessed at: <https://www.oregon.gov/osp/Pages/Uniform-Crime-Reporting-Data.aspx> on May 14, 2026.

(2) Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on May 14, 2026

(3) Oregon Hospital Discharge Data. Salem, OR: Oregon Health Authority.

The data does vary regionally within the county.

Commissioner Jones-Dixon (District 4)

What are the service levels and model of the Gun Violence Response Program (historic, current, and projected FY 2027)?

Response:

Since it was first funded in 2022, the Gun Violence Behavioral Health Response Team has increased consistently the number of people served. In FY 2025, a total of 119 children and their families were referred for behavioral health services. With 5.00 FTE in FY 2026, the program has received over 120 referrals and estimates that it will provide outreach and services to 150 children and families by the end of the year. The Chair’s budget provides ongoing funding for 3.00 FTE which will retain services for at least 75 children and their families annually.

The current model is a specialized community-based clinical intervention specifically designed for youth and young adults aged 10–25 who have been directly impacted by gun violence. It is distinct from general mental health services in that it includes:

- **Crisis response services to local schools and agencies** to provide immediate support to communities and individuals shortly after being impacted by gun violence.
- **Early engagement in the form of services prior to official mental treatment starting**, to aid in reducing barriers generally faced when accessing traditional mental health treatment.
- Outpatient services are provided using a community-based model where **program staff provide services in homes, schools, and local communities to increase engagement and reduce barriers** to accessing care, or aid those who may be effectively "locked in" by their trauma.
- **Staff have specific Knowledge, Skills, and Abilities (KSAs) that align with the three communities most disproportionately impacted by gun violence** in Multnomah County: the African American, African Immigrant & Refugee, and Latinx/Spanish Speaking Communities.
- Behavioral Change Focus: **The model focuses on trauma-informed cognitive shifts**, addressing the "why" behind the violence and the PTSD following it to actively work to prevent retaliatory shooting.
- The "Credible Messenger" Clinical Link: **The program bridges the gap between community support and professional clinical therapy**, ensuring that high-risk youth stay engaged in treatment long enough to see a change in their decision-making.

Commissioner Moyer (District 1)

For all program reductions: please provide the following:

- Are they billing Medicaid?
- Can they bill Medicaid?
- How much of their services are billable?
- If they billed, how much General Fund would still be needed?

Response:

The spreadsheet provided below outlines each of our Program Offers and includes information about which programs bill Medicaid and which programs could bill Medicaid. The programs estimate how much of their services are billable and create revenue projections as part of the budget process. BHD is hopeful that the transition to Epic will improve billing revenue. The division is engaged in county workgroups to explore additional opportunities to utilize Medicaid billing.

+ Funding Impacts By PO

Commissioner Moyer (District 1)

How many FTE are remaining in [PATH \(40101\)](#), and what do they do?

Response:

The Providing Access to Hope (PATH) program is a low barrier, direct service team supporting County residents with a primary substance use disorder to navigate the SUD continuum of care. Support includes accessing services such as harm reduction, community groups/peer support, detox, residential, outpatient and supportive housing. PATH staff also support internal and external providers, host collaborative provider meetings, and help manage the African American Providers' guide.

After the reductions, the PATH team will include 6.00 FTE Clinical Service Specialists, serving the following communities:

- 2.00 FTE: General population
- 1.00 FTE: Latinx
- 1.00 FTE: African American and justice involved with DCJ
- 1.00 FTE: LGBTQIA2S+
- 1.00 FTE: Ryan White Grant eligible individuals living with HIV

Commissioner Moyer (District 1)

What is the overall cut in funding we received from Coordinated Care Organizations (CCOs) in FY 2026 and FY 2027?

Response:

The overall funding reduction for CareOregon from the FY 2026 adopted budget to the FY 2027 proposed budget is \$9,633,816.

This reduction occurred mid year and eliminated three care coordination teams, the Youth Intensive Care Coordination Team, the Adult Intensive Care Coordination Team, and the Jail Care Coordination Team. This also resulted in the elimination of some infrastructure positions in the division. We made additional reductions in other areas to retain critical infrastructure staff, Choice Model Care Coordinators, and the Behavioral Health Resource Center.

Commissioner Singleton (District 2)

In the [Early Childhood Mental Health Program \(40099\)](#), why is the program offer reduced by \$184k, but the reduction listed is over \$400k?

Response:

The \$469,878 CGF reduction represents 2.00 FTE and a contract for complementary services that were reduced to meet the 5% CGF constraint.

The \$184,000 represents the total change in *all* funding in this Program Offer between FY 2026 and FY 2027. CGF year over year increased by \$531,442, but State (CFAA) funding decreased by \$716,067 due to new CFAA guidance on how funds should be prioritized.

Commissioner Brim Edwards (District 3)

What are the major components of [Behavioral Health Crisis Services \(40069\)](#) – i.e., Project Respond, Call Center, etc.? Please break out by budget GF/Other Funds and FTE for each major program and what are the programmatic impacts of the reductions in each area?

Response:

Program Offer 40069 is comprehensive and includes much of the crisis continuum of care. The attached spreadsheet shows the requested break out and information for each major program:

 Program Offer 40069 Funding Breakdown

Commissioner Jones-Dixon (District 4)

What program offer has the MIT team?

Response:

The Multnomah Intensive Transition Team (M-ITT) is in [Multnomah County Care Coordination \(40081\)](#).

Future Briefings:

- Overview of Crisis Services across all agencies

Funding Impacts by Program Offer					
Program Offer	Reduction Y/N	For Reduced/ Impacted Services: Is Medicaid billing possible y/n	For Reduced/ Impacted Services: Does program bill Medicaid y/n	What is the reduction?	Notes
40065 - Behavioral Health Division Administration	Y	N	N	Peer Services	Not billable
40067 - Medical Records for Behavioral Health Division	Y	N	N	Infrastructure support	Not billable
40068 - Behavioral Health Quality Management	Y	N	N	Infrastructure support	Not billable
40069 - Behavioral Health Crisis Services	Y (see notes, column H)	N	N	Shelter Behavioral Health Team (SBHT) Youth, Military Crisis Lines Staff support for Supportive Housing Services (SHS) work	It would be very challenging to bill for SBHT given the nature of response of this team and level of demographic data needed to confirm enrollment. For crisis services, in general, we receive a flat rate from CCO's that is far superior to fee for service model revenue via Medicaid. A large percentage of those served have private insurance; cost of exploring Medicaid outweighs likely revenue and complicates general billing structure.
40069b - CATC	Y	N	N	Bed for uninsured - PO goes away	Not billable
40071 - Behavioral Health Division Adult Protective Services	Y	N	N	3 positions reduced from 1.0 to 0.8; movement of one position from this PO to Residential PO	Not billable
40072 - Mental Health Commitment Services	N	N	N	N/A	
40074 - Mental Health Residential Services	Y	N	N	Older Adult Behavioral Health Initiative (OABHI) 2 FTE 1 FTE moved from Adult Protective Services to Residential team; focus provider technical assistance/support, no client caseloads Addition of State pass through \$\$ for uninsured	Not billable
40075 - Choice Model	Y	N	N	Reduction in pass through for client assistance (housing, basic needs and services for uninsured/underinsured)	Not billable
40077 - Mental Health Treatment & Medication for the Uninsured	N	N	N	Funds external services for individuals who do not have Medicaid	
40078 - Early Assessment & Support Alliance	Y	Y	Y	reduction in 1.0 supervisor and .3FTE nurse	This program is billing and maximizing its ability to do so. The amount of general fund needed after accounting for the billing revenue is projected in the FY27 budget. Year over year we strive to increase billing revenue.
40080A - Community Based Mental Health Services for Children & Families	Y	Y	Y	2.0FTE loss to CARES; reduction; LGBTQ 1.0FTE that provides consultation across DCS	Programs in this PO are billing and maximizing their ability to do so. The amount of general fund needed after accounting for the billing revenue is projected in the FY27 budget. Year over year we strive to increase billing revenue.
40080B - Gun Violence Response Program	Y	Y	Y	GVBHRT originally eliminated in the requested budget and 3 FTE were restored	The program in this PO is billing. The amount of general fund needed after accounting for the billing revenue is projected in the FY27 budget. Year over year we strive to increase billing revenue.
40081 - Multnomah County Care Coordination	Y	Y	Y	Care Oregon mid year reduction; loss of ICC and YICC; reduction of BH manager position; reduction of peer services contracts and reallocated to crisis services	The Multnomah Intensive Transition Team is fully funded by HSO/CareOregon.
40082 - School Based Mental Health Services	N	Y	Y	4 impacted positions restored; 1 Billing position eliminated	
40083 - Behavioral Health Promotion, Suicide Prevention and Postvention Services				no significant impacts; prevention funding added in CFAA (offsets loss of grants); move supervisor to here from gambling	
40084 - Culturally Specific Mental Health Services 40084b - Karibu	Y (see notes, column H)	Y	Y	loss of SHS funds for Karibu; outpatient not impacted	Medicaid billing is only feasible for Karibu in this PO. Karibu is exploring options to increase Medicaid billing through their FQHC to fully support this program moving forward. Any short term funding for Karibu next FY would help ensure this transition and ongoing provision of program. Other contracts could not move towards billing as these dollars are particular for those that are uninsured and in need.

Funding Impacts by Program Offer					
Program Offer	Reduction Y/N	For Reduced/ Impacted Services: Is medicaid billing possible y/n	For Reduced/ Impacted Services: Does program bill Medicaid y/n	What is the reduction?	Notes
40085 - Adult Addictions Treatment Continuum	Y	N	N	reduction in outreach contract supporting youth	We do not bill Medicaid because our program does not provide SUD services; we do not operate a clinic and are not an approved Medicaid provider. Instead, we use indigent funds to cover non-billable gaps. We contract with providers to serve clients who are underinsured, undocumented, or otherwise ineligible for billing
40086 - Addiction Services Gambling Treatment & Prevention	Y	N	N	reduction of .4FTE outreach	Program activities are not billable to Medicaid
40087 - Addiction Services Alcohol & Drug Prevention	N	N	N	ending of grants and outcomes met; no significant impact	
40088 - Coordinated Diversion for Justice Involved Individuals	Y	N	N	Reduction is due to contracts savings with no reductions in program activities. Program activities are not billable to Medicaid.	Program activities are not billable to Medicaid
40089 - Addictions Detoxification & Post Detoxification Housing	Y	N	N	reduction in contracts.	We do not bill Medicaid because our program does not provide SUD services; we do not operate a clinic and are not an approved Medicaid provider. Instead, we use indigent funds to cover non-billable gaps. We contract with providers to serve clients who are underinsured, undocumented, or otherwise ineligible for billing
40090 Family & Youth Addictions	Y	N	N	reduction in contracts	We do not bill Medicaid because our program does not provide SUD services; we do not operate a clinic and are not an approved Medicaid provider. Instead, we use indigent funds to cover non-billable gaps. We contract with providers to serve clients who are underinsured, undocumented, or otherwise ineligible for billing
40091 Family Involvement Team (FIT)	Y	N	N	Eliminated	We do not bill Medicaid because our program does not provide SUD services; we do not operate a clinic and are not an approved Medicaid provider. Instead, we use indigent funds to cover non-billable gaps. We contract with providers to serve clients who are underinsured, undocumented, or otherwise ineligible for billing
40099 - Early Childhood Mental Health Program	Y	Y	Y	full reduction of one contract; reduction of 5 FTE from 1.0 to .8FTE (no longer year-round); 1.0FTE cut tx service provider;	This program is billing and maximizing it's ability to do so. The amount of general fund needed after accounting for the billing revenue is projected in the FY27 budget. Year over year we strive to increase billing revenue.
PFA	Y	Please see DCHS		preschool for all program offer eliminated (DCHS made decision to get different provider, no longer passing through) 7 FTE loss	n/a
40101 - Promoting Access to Hope (PATH) Care Coordination Continuum	Y	N	N	SHS reduction loss of 1.0 care coordination FTE; reduction in direct client assistance funds	Program activities are not billable to Medicaid
40104 - Deflection and Sobering Program	Y	N	N	Reduction to security.	Future Medicaid billing opportunities will be explored for this PO
40105A - Behavioral Health Resource Center (BHRC) - Day Center	Y	N	N	Reduction to security. loss of 1.0 manager, addition of 1.0 PSS; 300K trying to cover with cost saving	Not feasible given nature of Day Program and contracted provider
40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing	Y	N	N	moved SHS funding here from day program	Current work is being done with consultant to explore this possibility however the value gained for the administrative burden and needed changes does not appear positive
40106 - Specialized Street-based Outreach Services	N	N	N	100% Peer Service	
40108 - Stabilization and Integration Housing Services	Y	N	N	no service impact	Program activities are not billable to Medicaid
40112 - Shelter, Housing and Supports	Y	M	N	Elimination of Motel Shelter Program	while there is exploration of potential "I" plan Medicaid reimbursement for some services offered in this setting, the mechanism is not currently operational

Division: Behavioral Health

Program Characteristics:

Program Description

The Promoting Access To Hope (PATH) program offers outreach and low-barrier, voluntary services to houseless individuals with substance use disorder (SUD) at risk of criminal justice system involvement. These individuals often face co-occurring challenges like poverty and mental/physical health issues.

PATH provides individualized needs assessments and service plan development, connecting clients to a broad network of SUD treatment, recovery support, and essential resources like shelter/housing, primary care, mental health and employment services. Staff use motivational interviewing and harm reduction, collaborating with clients and stakeholders to set recovery goals, address barriers, and build a recovery foundation.

Referrals come from justice partners, treatment providers, crisis services, county programs, family, and self-referrals. PATH was developed by the Behavioral Health Division, Homeless Services Department, Department of Community Justice, and the County Chair’s Office. Ongoing support is provided, recognizing individuals’ varied readiness for change; abstinence is not required.

Equity Statement

PATH utilizes best practices to ensure the best outcomes for members of marginalized and underrepresented communities who are seeking SUD treatment and recovery support services. These approaches include working with community providers to develop/enhance responsive services and to work with culturally-specific providers to ensure individuals are placed in services that recognize and support their cultural identity and have the best chance at successful outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$679,122	\$838,290	\$817,114	\$442,759
Contractual Services	\$4,108	\$104,004	\$5,301	\$0
Materials & Supplies	\$4,563	\$2,244	\$4,714	\$2,244
Internal Services	\$32,359	\$168,291	\$1,912	\$149,875
Total GF/non-GF	\$720,152	\$1,112,829	\$829,041	\$594,878
Total Expenses:	\$1,832,981		\$1,423,919	
Program FTE	4.08	4.82	4.48	2.42
Program Revenues				
Intergovernmental	\$0	\$561,662	\$0	\$594,878
Total Revenue	\$0	\$561,662	\$0	\$594,878

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unique individuals served annually in PATH outreach and care coordination services	604	645	660
Number of individuals housed by PATH team member	89	120	120

Division: Behavioral Health

Program Characteristics:

Program Description

The Early Childhood Mental Health Program focuses on healthy social/emotional development and school readiness for children ages birth to six. It offers culturally, linguistically, and trauma-responsive prevention and treatment services, working with community partners to ensure child success and decrease school suspension/expulsion. Services are evidence-based, including consultation, mental health treatment, parent groups, and coordinated care, which are vital for school retention.

Program consultants provide a range of mental health consultation services to approximately 5,000 children and families in all County Head Start Programs, using evidence-based practices. Services include classroom consultation, assessment, family-centered treatment, case management, crisis triage, referrals, and parent support/education. The program collaborates closely with Early Childhood Community Partners and Early Learning Multnomah to coordinate care for at-risk families.

These services address mental health and developmental needs early, preventing acute, costly issues. A critical goal is ensuring children are ready for kindergarten

Equity Statement

Consultants use an anti-racist equity lens while providing culturally and linguistically responsive services to support the success of children and to decrease school suspension and expulsion rates, alleviating the impacts of inequities.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,420,153	\$789,576	\$2,041,277	\$129,117
Contractual Services	\$192,608	\$1	\$5,050	\$0
Materials & Supplies	\$6,661	\$154	\$5,144	\$87
Internal Services	\$152,640	\$212,060	\$252,033	\$156,520
Total GF/non-GF	\$1,772,062	\$1,001,791	\$2,303,504	\$285,724
Total Expenses:	\$2,773,853		\$2,589,228	
Program FTE	8.47	4.71	11.31	0.68
Program Revenues				
Intergovernmental	\$0	\$716,067	\$0	\$0
Service Charges	\$0	\$285,724	\$0	\$285,724
Total Revenue	\$0	\$1,001,791	\$0	\$285,724

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total children receiving prevention services	6,358	5,422	5,500
Total children receiving culturally specific treatment services.	43	38	15

Division: Behavioral Health

Program Characteristics:

Program Description

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). This program funds five crisis services:

1) The Multnomah County Behavioral Health Call Center - provides 24/7/365 phone support, including risk assessment, crisis counseling in the caller's preferred language, safety planning, de-escalation, referrals, and triage/dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 improve coordination and reduce law enforcement intervention. The Latine Mental Health Line offers a culturally specific option. 2) Mobile Crisis Intervention Teams - clinicians and peer support specialists respond county-wide to meet with individuals in crisis, perform in-person risk assessments, and develop safety plans. Services provide follow-up/wrap-around support and aim to reduce Law Enforcement response. 3) Mobile Response and Stabilization Services - specific follow-up and wrap-around services for youth and families in crisis, focusing on service connection and reducing future crisis episodes. 4) The Urgent Walk-In Clinic (UWIC) - provides immediate access to assessment and support from clinicians, Peer Support Specialists, and licensed medical professionals. This program reduces the use of emergency departments and offers immediate drop-off support for law enforcement. 5) Disaster Behavioral Health - provides a behavioral lens and response coordinated with emergency management. Supports on-scene emotional and practical support to victims, families, and communities impacted by traumatic events.

Equity Statement

Crisis Services programs recognize systemic bias leading to crisis as well as in traditional law enforcement response. We are committed to responding in a culturally responsive and trauma-informed manner and reducing law enforcement engagement with those in a behavioral health crisis. Crisis services intervene at the individual level while also addressing larger systemic change within the larger emergency response service array.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$407,567	\$6,856,229	\$2,358,416	\$5,267,895
Contractual Services	\$1,230,830	\$10,156,169	\$419,722	\$9,555,993
Materials & Supplies	\$537	\$63,211	\$2,571	\$1,838
Internal Services	\$0	\$1,558,241	\$59,671	\$1,471,689
Total GF/non-GF	\$1,638,934	\$18,633,850	\$2,840,380	\$16,297,415
Total Expenses:	\$20,272,784		\$19,137,795	
Program FTE	2.00	36.85	12.56	25.29
Program Revenues				
Intergovernmental	\$0	\$17,633,850	\$0	\$15,846,210
Total Revenue	\$0	\$17,633,850	\$0	\$15,846,210

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total services provided annually throughout crisis system (BHCC, MCIT, MRSS, UWIC)	104,625	106,872	105,000
% of severe weather shelters supported by Disaster Behavioral Health volunteers and/or staff	100	100	100

Program Offer 40069 Funding Breakdown

Program	Services	Internal or Contractor	Fund Name	FY26 Budget	FY27 Budget	FY27 Change	FY 26 FTE	FY 27 FTE	Notes
Behavioral Health Call Center	24/7 phone support and referral supporting Tri-County	Internal	CareOregon	3,928,724	4,282,309				This represents a loss of SHS funds and an elimination of the 1.0FTE associated with it. The increase in funds is attributed to COLA increase for FTE
			CFAA	2,116,649	53,000				
			CGF	734,063	2,774,412				
			Clackamas County	704,760	704,760				
			SHS	221,814	0				
			Trillium	713,456	804,639				
			Washington County	960,000	960,000				
Behavioral Health Call Center Total				9,379,466	9,579,120	199,654			
Mobile Response Stabilization Services (MRSS)	Mobile Response Stabilization Services (OAR 309.072)	Contractor	CFAA	456,435	456,435		Contracted	Contracted	
MRSS Total				456,435	456,435	0			
Mobile Crisis Response	Mobile Crisis Intervention Services (MCIS) (OAR 309.072); Mobile Response Stabilization Services (OAR 309.072)	Contractor	CareOregon	2,150,768	2,276,728			Contracted	Contracted
			CFAA	3,834,203	3,725,472				
			Trillium	444,646	427,417				
Mobile Crisis Response Total				6,429,617	6,429,617	0			
Shelter Behavioral Health Team	In-reach and immediate response by Peers and QMHA to HSD and BHD identified shelters	Contractor	SHS	778,186	451,205		Contracted	Contracted	This reduction will significantly reduce the number of sites the team supports and days/hours of operation
Shelter Behavioral Health Team Total				778,186	451,205	-326,981			
Urgent Walk-in Clinic (UWIC)	5 day a week Behavioral Health walk-in available to anyone at no cost	Contractor	CareOregon	2,047,891	2,047,891			Contracted	Contracted
			CGF	827,805	65,968				
			Trillium	107,559	107,559				
UWIC Total				2,983,255	2,221,418	-761,837			*UWIC Includes \$784,095 from Program Offer 40081 of Care Oregon Funding to maintain current service level
Youthline and Veterans Line	access to specific behavioral health call lines	Contractor	CFAA	168,759	0			Contracted	Contracted
			CGF	77,066	0				
Youthline and Veterans Line Total				245,825	0	-245,825			
Grand Total				20,272,784	19,137,795	-1,134,989			

Division: Behavioral Health

Program Characteristics:

Program Description

The Care Coordination Unit improves health outcomes and experiences through two specialized programs: Wraparound (serving youth and families) and the Multnomah Intensive Transition Team (M-ITT, serving adults). Wraparound, funded by the Oregon Health Plan, provides high fidelity care coordination to address complex, cross-system barriers. Care Coordinators facilitate a team-based planning process with the youth, family, and partners to develop a unified, strength-based care plan. The goal is to empower youth to be healthy, achieve school success, and safely remain in their communities. M-ITT is funded by HealthShare and is a critical component of the Crisis Services continuum of care. It provides specialized, short-term intervention for adults exiting psychiatric hospitals who are not connected to an outpatient behavioral health provider. The core function is to successfully bridge clients to ongoing support, including long-term behavioral health services, primary care, substance use disorder treatment, and addressing social determinants of health like shelter/housing.

To ensure seamless networks of care, Care Coordinators actively partner with a broad spectrum of partners, including: primary care and community mental health providers, the Department of Community Justice, Oregon Department of Human Services, housing providers, school districts, and peer service providers, to improve care and outcomes.

Equity Statement

The Care Coordination programs prioritize individualized, culturally, and linguistically responsive policies and services. Staff recruitment focuses on expertise and success with diverse communities, including several bicultural and bilingual staff available for clients who identify as LGBTQIA2S+, Native American, African-American, Latinx, and Spanish-speaking. This is an established best practice for achieving equitable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$9,570,438	\$0	\$5,967,156
Contractual Services	\$0	\$2,742,984	\$0	\$1,677,185
Materials & Supplies	\$0	\$139,483	\$0	\$156,273
Internal Services	\$0	\$3,171,133	\$0	\$2,695,841
Total GF/non-GF	\$0	\$15,624,038	\$0	\$10,496,455
Total Expenses:	\$15,624,038		\$10,496,455	
Program FTE	0.00	54.68	0.00	33.12
Program Revenues				
Intergovernmental	\$0	\$15,624,038	\$0	\$9,641,182
Beginning Working Capital	\$0	\$0	\$0	\$855,273
Total Revenue	\$0	\$15,624,038	\$0	\$10,496,455

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percentage of M-ITT clients successfully connected to an ongoing care provider (BH, Primary Care, or Specialty) or basic needs resource prior to case closure	N/A	70%	80%
Number of youth served in the Wraparound program	166	176	180