

Program #40069B - Crisis Service Current Capacity Funding

6/19/2017

Department:Health DepartmentProgram Contact:Neal RotmanProgram Offer Type:Existing Operating ProgramProgram Offer Stage:As Adopted

Related Programs: 40069A - Behavioral Health Crisis Services

Program Characteristics:

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. FY17 services include a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week 15.5 hour walk-in clinic. Total number of people served in FY16 was 90,672. Due to State of Oregon budget reductions in Fiscal Year 2012 of \$1,584,090, this offer will keep current service capacity whole while a procurement of the crisis system services is completed.

Program Summary

The behavioral health crisis system in Multnomah County is comprised of several interconnected services:

Multnomah County Mental Health Call Center (MHCC) – Multnomah County coordinates 24/7, 365 days/year emergency mental health services for all residents regardless of cultural background, financial need and insurance status. Staff provide crisis counseling, diversion and linkage to appropriate county contracted services, as well as behavioral health information and resources. The Call Center also dispatches 24/7 mobile mental health outreach. In FY16, the Call Center managed 79,551 calls.

Mobile Mental Health Outreach – Mobile outreach service is contracted with a community based organization and is available 24/7, 365 days/year. These community based teams are deployed by the MH Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to all county residents in crisis regardless of insurance status. In FY16, total number of clients served was 3,350.

Urgent Walk-In Clinic (UWIC) – This is a clinic facility that provides urgent, face to face behavioral health support on a walk-in basis. The clinic is contracted with a community-based organization, available from 7:30 a.m. to 10:30 p.m., Monday - Friday. The UWIC is the single county urgent mental health clinic available to indigent clients in crisis in Multnomah County who need immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Total number of clients served in FY16 was 4,127.

The procurement process will include stakeholder meetings to ensure that consumers, peers, first responders, behavioral and physical health service providers and the larger community have input on prioritizing crisis services that ensure all county residents receive the correct level of behavioral health support at the appropriate time.

Performance Measures								
Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer			
Output	Total Crisis System Contacts	na/-	na/-	na/-	85,000			
Outcome	% of walk-in clinic clients diverted from the ED	na/-	na/-	na/-	96%			

Performance Measures Descriptions

This program offer will help the program maintain the Crisis Systems current service level and current outputs and outcomes.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted 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 Additions and Mental Health Services

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$132,913	\$0
Contractual Services	\$0	\$0	\$498,630	\$0
Total GF/non-GF	\$0	\$0	\$631,543	\$0
Program Total:	\$0		\$631,543	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues						
Total Revenue	\$0	\$0	\$0	\$0		

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In FY17, a new community based crisis resource, the Unity Center for Behavioral Health, will be opening. To ensure the best investment of resources, we will adjust and right size current crisis programs to minimize duplicate entry points or services while still ensuring the crisis continuum can best respond to the behavioral health needs of our community.