

**Priority:** Safety Net Services  
**Program Offer Type:** Existing Operating  
**Related Programs:** 25050, 25053, 25054  
**Frameworks:** Poverty Framework

**Lead Agency:** County Human  
**Program Contact:** Nancy Winters

### **Executive Summary**

Adults and children who are experiencing a mental health crisis have access to face to face services at the urgent care walk-in clinic and through a mobile outreach team that is available twenty-four hours a day, seven days a week. These services are designed to keep individuals in crisis safe. (This offer amended by the board, see significant program changes for more information).

### **Program Description**

Individuals, children and families in crisis need an array of services. This program provides urgent and emergency services to Multnomah County individuals and families experiencing mental health crises. Services are available 24/7, 365 days/year and are provided by mental health professionals such as master's level clinicians and licensed medical professionals. Services include psychiatric urgent care walk-in clinic, mobile outreach mental health service, and crisis prevention service for children and families. The Call Center is the point of contact for dispatch of mobile mental health crisis services and referrals to the urgent care walk-in clinic. By providing adequate healthcare, this program links to the Poverty Elimination Framework. Through these crisis services, more costly psychiatric hospitalizations and visits to local emergency departments are avoided. The services provided under this program, though brief in nature, contribute towards long-term stability for vulnerable individuals. Individuals requiring support are seen face to face either in the crisis walk-in clinic or in their own environment through mobile outreach. Through this contact, the immediate need is addressed and longer term service referrals are provided.

### **Program Justification**

This program links to the Basic Living Needs priorities by providing immediate access to community-based services designed to intervene when individuals are experiencing a crisis and prevent further destabilization. The mobile outreach approach is a unique way to work with people in their own environments. The Crisis Services programs provide comprehensive community supports and family-centered, culturally appropriate services. The program is linked closely to the Crisis Call Center Program which refers callers in crisis to the walk-in clinics or dispatches the mobile mental health crisis services directly to the individual in crisis.

### **Performance Measures**

Total urgent care walk-in visits and total mobile crisis contacts.

Each walk-in visit and mobile crisis contact reflect cost effectiveness because cost per visit is less than an emergency room visit and services by mental health provider eliminate the long wait times and emergency department back-up. Additionally, 57% of the total visits are made by mobile teams providing rapid on-location service to people with a mental health crisis diverting many potential hospital admissions.

### **Summary of last year's program results and this year's expected results**

Mobile Crisis Services were provided to 2,065 Unduplicated Individuals last year, for a total of 10,785 contacts. 8,314 adults were seen at the urgent walk-in clinic last year, 13 older adults received services, and 120 Children/Families. The number of contacts (includes the same individuals or families being seen more than once) for the year was 8,148.

It is anticipated that the Crisis Services program will serve a similar number of individuals and families this year.

**Program Mandate: 2 Mandated Program with Funding/Service Level Choice**

Required to have crisis services available. (1)(a)(A)(B)309-032-0960 Standards for Community Treatment Services for Children, Definitions (11), MHO Contract Part II, Section V, Statement of Work,(B)(d) ORS 430.620- Establishment of community mental health and developmental disabilities program by one or more counties, if the County chooses to directly operate or contract for a community mental health program then they must expend county funds for this purpose.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
<b>Program Expenses</b>				
Contracts	\$2,602,847	\$1,878,785	\$2,710,360	\$1,413,054
Subtotal: Direct Exps:	<b>\$2,602,847</b>	<b>\$1,878,785</b>	<b>\$2,710,360</b>	<b>\$1,413,054</b>
Administration	\$0	\$0	\$32,521	\$92,035
Program Support	\$0	\$0	\$93,011	\$106,795
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$125,532</b>	<b>\$198,830</b>
Total GF/non-GF:	<b>\$2,602,847</b>	<b>\$1,878,785</b>	<b>\$2,835,892</b>	<b>\$1,611,884</b>
Program Total:	<b>\$4,481,632</b>		<b>\$4,447,776</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,878,785	\$0	\$1,413,054
Program Revenue for Admin	\$0	\$0	\$0	\$198,830
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$1,878,785</b>	<b>\$0</b>	<b>\$1,611,884</b>

**Explanation of Revenues**

Funded with \$1,413,054 from the State Mental Health Grant and \$2,602,847 in ITax funds.

**Significant Program Changes**

Budget Note:

Per Board Note, a Board amendment adds \$107,513 in County General Funds for Project Respond.