



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 11/6/12
Agenda Item #: B.2
Est. Start Time: 10:20 am
Date Submitted: 10-24-12

Agenda Title: Informational Board Briefing on Procurement of Services for Multnomah County Behavioral Health Crisis System of Care

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: November 6, 2012
Time Needed: 20 minutes
Mental Health and
Addiction Services
Division
Department: County Human Services
Division: Division
Contact(s): Kathy Tinkle
Phone: 503-988-3691 **Ext.** 26858 **I/O Address:** 167/1/240
Presenter Name(s) & Title(s): Susan Myers, DCHS Director and David Hidalgo MHASD Director

General Information

1. What action are you requesting from the Board?

None, briefing is informational only.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

This briefing relates to program offers 25055A & B Behavioral Health Crisis Services.

Multnomah County Mental Health and Addiction Services Division (MHASD) will issue a request for proposals for behavioral health crisis services in March 2013. Crisis services are a critical piece of our county's behavioral health care system. We know they are important to many people in our community. Our crisis system of care is available to any Multnomah County resident.

We began developing our proposal in Fall 2011 and many affected community stakeholders participated in planning. Health care transformation and the implementation of coordinated care organizations temporarily put the planning process on hold and delayed issuing the request for proposal.

We are now ready to continue the process. However, the health care landscape has changed since we first began planning. MHASD will bring together new and previously involved stakeholders to revisit the 2011 recommendations in light of current constraints.

The advice of our advocates, community input, and stakeholder support is important for a sustainable crisis system of care.

The components of the crisis system of care included in the proposal are:

Mobile Crisis Outreach Team: Team of mental health professionals who perform on-site evaluations of people in crisis and determine the appropriate placement to stabilize their symptoms. The Call Center is a dispatcher for the team which is available 24 hours a day, seven days a week. Mobile crisis has contact with more than 2,600 residents annually.

Urgent Walk-in Clinic: This clinic is open seven days a week from 7:00 a.m. to 10:30 p.m. to see individuals and families who are in crisis and need an urgent appointment with a mental health professional. The Urgent Walk-in clinic sees more than 5,200 residents each year.

Mental health respite services are a community-based approach to stabilize adults whose symptoms have exceeded the scope of outpatient treatment. The goal is to prevent hospitalization through early intervention with short-term, intensive residential treatment.

The components of the crisis system of care that are NOT included in the proposal are:

Mental Health Call Center – The hub of the crisis system, the call center is staffed 24 hours a day, seven days a week by Multnomah County mental health professionals. It incorporates a crisis line and acts as a dispatcher for the Mobile Crisis Outreach Team. They also answer a phone line dedicated to the police established to help officers find appropriate placement for individuals they encounter who are in crisis. The Call Center responds to over 60,000 calls annually.

The Crisis Assessment and Treatment Center (CATC) - The CATC offers 16 beds of short-term mental health treatment in a secure, locked environment as a lower cost alternative to hospitalization for over 500 clients per year with an average length of stay of 6 days.

3. Explain the fiscal impact (current year and ongoing).

State funding for crisis services was reduced by approximately \$1.6 million in October 2011. One time only, mental health reserve funds were used to backfill the crisis services cut. However, we are no longer able to backfill and must realign the system to incorporate the \$1.6 million less funding beginning in FY14. Reducing rates to providers to manage budget reductions is not a sustainable model for our community. Absent additional financial investment in the crisis system, services must be delivered differently.

4. Explain any legal and/or policy issues involved.

Under Oregon Administrative Rules 410-141-0120 and 410-141-140, and Oregon Revised Statute 430.630 as the Local Mental Health Authority/Community Mental Health Program, Multnomah County has the responsibility to provide behavioral health crisis services.

5. Explain any citizen and/or other government participation that has or will take place.

MHASD began planning this request for proposals in Fall of 2011. Members of the community including police, providers, consumers, hospitals, and courts all came together to identify their priorities for the system in a series of facilitated meetings. Planning meetings will again be held in November 2012 with previous and new stakeholders.

The public has been providing additional input via a comment form on the MHASD website since 2011.

Required Signature

**Elected Official
or Department/
Agency Director:**



Date: 10/24/12