



Multnomah County's Behavioral Health Crisis System:

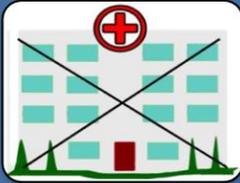
An Overview

Multnomah County Health Department
Mental Health and Addiction Services
Division
Jan. 2016



1) Access

- 24/7 access and availability for everyone
- The “front door” to get to other parts of the system



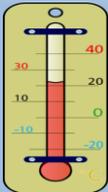
2) Diversion

- The **right service** at the **right time**
- Putting people at the appropriate level of care and avoiding unnecessary, costly higher levels of care such as hospitalization and jail



3) Navigation/Care Coordination

- Ensuring people who are connected *stay* connected, and those who are not *get* connected
- Stabilizing the need at hand and moving people on to the next point



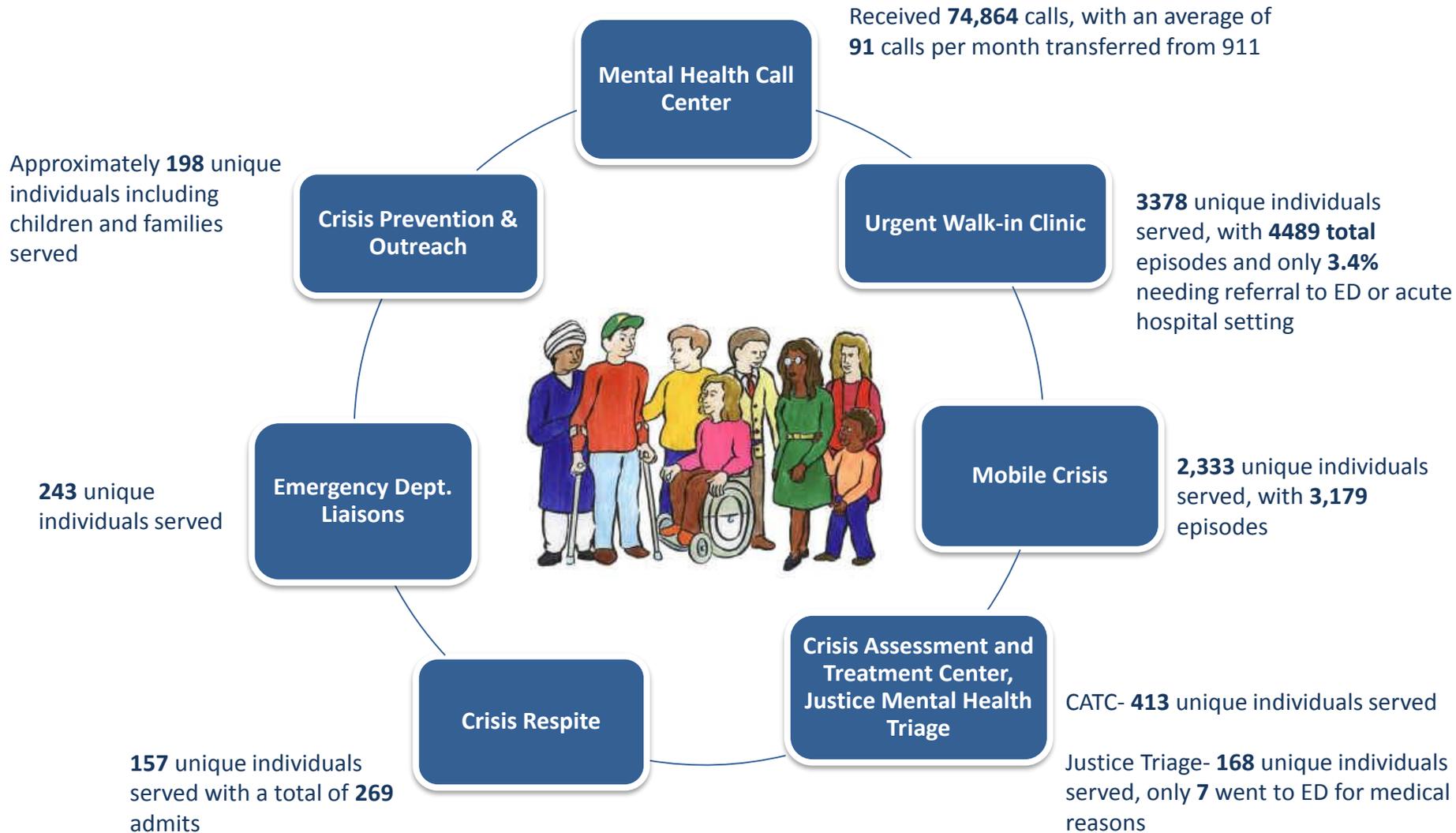
4) System Thermometer

- Method of gauging the health and effectiveness of the system
- E.g., increased use of crisis services alerts us to investigate further

Crisis System | Crisis Services in the Continuum of Care



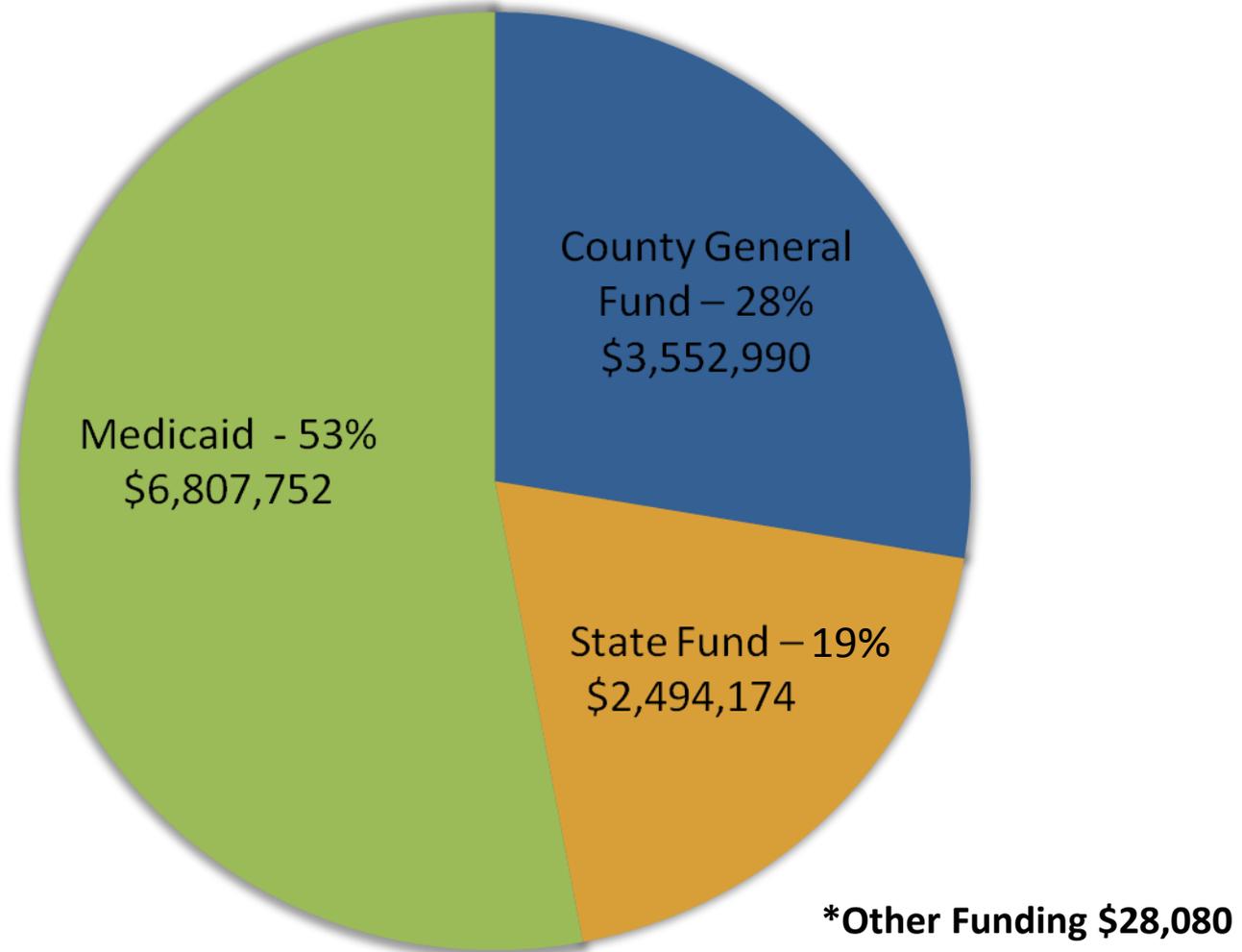
Crisis System | Crisis Services Description



Numbers Served in FY15



Crisis Services Funding Total- \$12,882,996



Crisis Services System

- Hired an Interim Program Manager

Urgent Walk-In Clinic

- Added a Resource Room and 1.5 FTE Peer Specialists

Mobile Crisis

- Added two staff to make another team during high volume hours of 4pm-11pm
- Added 1 FTE Peer Specialist

Mental Health Call Center

- Added 1 FTE Case Manager 2
- Relocated to New Facility/Co-located with Health Operations Center



Next Up: Community Partner Presentations



What We Know

- County is a partner with Unity project
- Unity brings a dedicated psychiatric emergency dept. component to our existing continuum
- County commitment staff will be co-located to ensure best outcomes
- Housing remains a need

What to Consider Moving Forward

- Learn from past lessons
- Evaluate Unity's impact on the crisis system after a determined period of time
- Need for culturally responsive and culturally specific providers

