

IMPACT STATEMENT

Legislation title: * Amend a contract with Cascadia Behavioral Healthcare, Inc. in an amount of \$265,054 to provide additional mental health clinician services (Ordinance)

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Presenter name: Lieutenant Tashia Hager

Purpose of proposed legislation and background information:

Cascadia Behavioral Healthcare, Inc. currently provides three Qualified Mental Health Professionals to ride along with uniformed police officers in patrol cars to provide on-scene mental health assessment and evaluation as part of the Behavioral Health Unit.

This partnership provides linkage to social service resources and uses the Raintree database to identify and follow up with individuals who are generating frequent police contact due to a mental health or emotional crisis.

Financial and budgetary impacts:

The City and Cascadia Behavioral Healthcare wish to enter into a new one-year contract that reflects the current program for these services beginning July 1, 2015. The original contract expires on June 30, 2015 and has a not to exceed amount of \$265,054. This amendment would extend that contract for an additional year in the same not to exceed amount. The new contract value will be \$530,108.

In the past, the contract has been funded by one-time funding decided on a fiscal year to fiscal year basis. Ongoing General Fund appropriation for this purpose is now included in the Police Bureau budget.

Community impacts and community involvement:

Cascadia Behavioral Healthcare provides three Qualified Mental Health Professionals to ride along with uniformed police officers in patrol cars to provide on-scene mental health assessment and evaluation as part of the Behavioral Health Unit. These types of mental health services are a requirement of the Police Bureau's agreement with U.S. Department of Justice. The bureau has been developing this program for many years and has seen many benefits in varying communities throughout the City.

Budgetary Impact Worksheet**Does this action change appropriations?**

☐ **YES:** Please complete the information below.

☒ **NO:** Skip this section

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Sponsored Program	Amount