

Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$867,862	\$1,031,879	\$937,264	\$1,069,243
Contractual Services	\$24,609	\$57,774	\$0	\$103,317
Materials & Supplies	\$41,056	\$3,036	\$11,597	\$3,036
Internal Services	\$30,766	\$282,269	\$82,037	\$381,569
Total GF/non-GF	\$964,293	\$1,374,958	\$1,030,898	\$1,557,165
Program Total:	\$2,339,251		\$2,588,063	
Program FTE	5.99	5.49	5.99	5.49

Program Revenues				
Intergovernmental	\$0	\$790,163	\$0	\$734,627
Beginning Working Capital	\$0	\$584,795	\$0	\$822,538
Total Revenue	\$0	\$1,374,958	\$0	\$1,557,165

Explanation of Revenues

This program generates \$99,305 in indirect revenues.

\$ 404,153 - Behavioral Health Managed Care Fund Beginning Working Capital

\$ 343,442 - State Mental Health Grant Local Admin

\$ 418,385 - Beginning Working Capital

\$ 391,185 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2022: 40065 Behavioral Health Division Administration

The pandemic has continued to have a significant impact on behavioral health services. BHD leadership has monitored temporary and permanent closures of programs across the continuum, from community-based to outpatient to residential services, primarily due to losses in the workforce. BHD leadership initiated advocacy and collaboration with leaders from across the state to address the workforce crisis, and convened gatherings with local providers to stimulate greater collaboration and innovation to mitigate the impact of workforce loss and service reductions. BHD has increased its influence in the Emergency Operations Center, adding behavioral health specific positions in all shelter/emergency events. BHD continues to address deficits in funding and impact on program activities resulting from the shift to CCO 2.0 in 2020. Some of these essential programs have been funded using BWC and remain as deficit programs.