

Department: Health Department **Program Contact:** Julie Dodge
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 40067, 40068
Program Characteristics:

Executive Summary

Multnomah County's Behavioral Health Division (BHD) Administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. The Division is grounded in values of racial and social equity, consumer driven services and trauma informed principles. Through culturally responsive and evidence-based practices, BHD serves low-income, uninsured, and individuals who are homeless, as well as any of the over 800,000 county residents experiencing a behavioral health crisis. BHD provides a continuum of services directly and through a provider network. These programs serve approximately 53,000 individuals annually.

Program Summary

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, BHD Administration oversees and manages all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. BHD is organized into 6 units: 1) The Community Mental Health Program (CMHP) which provides safety net and basic services to the adult population of the entire county. 2) Direct Clinical Services (DCS), which encompasses programs for children, youth, and families delivered directly by DCS staff. These services may be reimbursed by the local Coordinated Care Organization (CCO), by the state, or by another funding source. 3) Care Coordination for adults and children who are Medicaid members - funded by federal dollars through the local CCO as well as Choice, funded by the state. 4) Addictions, which includes the Providing Access to Hope (PATH) team, prevention, and contract management funded through the CCO, grants, and the state. 5) Quality Management which includes compliance, quality improvement, reporting, billing and Evolv, the Electronic Health Record for direct services by the BHD. 6) Office of Consumer Engagement (OCE). BHD Administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. The Division ensures the system and services provided are consumer-driven by prioritizing consumer voice through the Office of Consumer Engagement, frequent provider feedback, adult system and child system advisory meetings, focus groups and ad hoc meetings. BHD Administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. BHD monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, BHD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. BHD management participates in planning at the state level to influence the policy decisions that affect the community we serve. BHD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community. BHD has focused its energies throughout the pandemic to stabilize or expand services for persons experiencing significant Covid impacts, prioritizing BIPOC communities, and key behavioral health concerns including increased acuity of mental health concerns, substance use increase, and violence.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Behavioral Health Advisory Meetings ¹	23	23	19	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	77%	80%	94.4%	80%

Performance Measures Descriptions

¹Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings, This performance measure was impacted by COVID due to initial challenges with consumer access to technology.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$867,862	\$1,031,879	\$941,725	\$1,069,243
Contractual Services	\$24,609	\$57,774	\$0	\$103,317
Materials & Supplies	\$41,056	\$3,036	\$11,730	\$3,159
Internal Services	\$30,766	\$282,269	\$81,904	\$381,446
Total GF/non-GF	\$964,293	\$1,374,958	\$1,035,359	\$1,557,165
Program Total:	\$2,339,251		\$2,592,524	
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.