

Department: Health Department **Program Contact:** Heather Mirasol
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 40067, 40068
Program Characteristics:

Program Description

Multnomah County's Behavioral Health Division (BHD) Administration provides leadership and oversight to a recovery-focused, comprehensive system of care. The division works to prevent, intervene in, and treat mental illness and addiction in both children and adults. The BHD is grounded in values of racial and social equity, consumer driven services and trauma informed principles. With culturally responsive and evidence-based practices, BHD serves underinsured, uninsured, and individuals who are experiencing homelessness. BHD is here to serve all of the over 800,000 county residents if they experience a behavioral health crisis.

The Board of County Commissioners serves as the statutory Local Mental Health Authority. The BHD operates as the Community Mental Health Program (CMHP) under that authority. As the CMHP, the BHD is required to maintain a Director and other leadership positions that have the credentials to complete the work the CMHP is responsible for. The CMHP is responsible for supporting a system of locally available, effective safety net services. Safety net services provide behavioral health care to people who might not otherwise have access to them. These services are intended to be accessible, coordinated, and effective. The administration works to assure that services are available to county residents, including those who are insured, underinsured, and uninsured. Required core services include screening, assessment, referrals to providers and community based organizations, and emergency or crisis services. The division both contracts for and directly provides services.

The BHD is organized into seven units; Safety Net Services, Commitment and Diversion Services, Direct Clinical Services, Addictions, Substance Use Disorder and Prevention Services, Care Coordination Services, Quality Management, and the Office of Consumer Engagement (OCE). The OCE is a team of individuals who have themselves experienced behavioral health issues. The team includes culturally specific engagement specialists who ensure that BHD programs and practices are consumer driven, trauma informed, and equitable. The OCE also oversees contracts for peer outreach through community providers. These partnerships improve relationships and services through engagement of culturally and population specific Peer Support and Peer Wellness Specialists and Certified Recovery Mentors.

BHD leadership continuously assesses its continuum of services to respond to the changing needs and demographics of the 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 is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. The BHD monitors contracts for regulatory and clinical compliance. BHD business and clinical decisions are reviewed regularly to ensure that finite resources serve the most vulnerable populations. BHD management works regularly to influence State policy to ensure the best outcomes for our community.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Behavioral Health Advisory Meetings (1)	23	23	23	23
Outcome	Advisors report satisfaction with the work of the Behavioral Health Division	83%	85%	83%	85%

Performance Measures Descriptions

(1) Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings. (2) OCE drafted a council assessment of satisfaction that was used to evaluate FY24.

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	2025	2025	2026	2026
Personnel	\$1,986,414	\$1,274,537	\$1,586,786	\$1,322,119
Contractual Services	\$343,266	\$170,049	\$384,579	\$0
Materials & Supplies	\$24,241	\$9,829	\$8,494	\$5,426
Internal Services	\$261,415	\$240,770	\$309,433	\$258,437
Unappropriated & Contingency	\$0	\$0	\$0	\$3,154,660
Total GF/non-GF	\$2,615,336	\$1,695,185	\$2,289,292	\$4,740,642
Program Total:	\$4,310,521		\$7,029,934	
Program FTE	10.60	4.98	7.60	4.98

Program Revenues				
Intergovernmental	\$0	\$931,036	\$0	\$983,638
Beginning Working Capital	\$0	\$764,149	\$0	\$3,757,004
Total Revenue	\$0	\$1,695,185	\$0	\$4,740,642

Explanation of Revenues

This program generates \$151,922 in indirect revenues.

State: \$387,865 - MHS-01: Division Administration CY25;

\$409,042 - CareOregon - Administrative Support

State: \$186,731 - OHA Behavioral Health Community Mental Health Programs & Capital - MH Admin

\$602,344 - MA Division Admin Beginning Working Capital

\$3,154,660 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2025: 40065 Behavioral Health Division Administration

The Behavioral Health Division added \$3,154,660 unappropriated Beginning Working Capital. In FY 2025 the Behavioral Health Division anticipates the receipt of roughly \$7 million in grant settlement funding from the Oregon Health Authority. Roughly half of that amount was budgeted in FY 2026. The division placed the remainder in beginning working capital for use in future fiscal years. Due to budget constraints BHD Administration was reduced by 1.0 FTE Executive Specialist and the Office of Consumer Engagement was reduced by .5 FTE Program Specialist.

This program was adjusted by Board Amendment 11, 17, and 26 to reduce 3.00 FTE.