



**Program #40065A - Mental Health & Addiction Services Administration** 6/30/2016

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

**Executive Summary**

Multnomah County's Mental Health and Addiction Services Division (MHASD) administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. Through culturally responsive and evidence-based practices, MHASD serves low-income, uninsured, and individuals who are homeless, as well as any of the 766,000 county residents experiencing a behavioral health crisis. MHASD provides a continuum of services directly and through a provider network. In total, these programs serve more than 40,000 annually.

**Program Summary**

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, MHASD Administration provides oversight and management of all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. MHASD is organized into three units: 1) Multnomah Mental Health, the county's managed care organization, a federally funded insurance program for children, youth and adults enrolled in Oregon Health Plan. Multnomah Mental Health is a founding member of the coordinated care organization Health Share of Oregon. 2) The Community Mental Health Program (CMHP) provides safety net and basic services that include involuntary commitment, crisis services, and addiction treatment. 3) Direct Clinical Services (DCS) which encompasses all programs for children, youth, and families where services are delivered by MHASD staff. These services may be reimbursed by Multnomah Mental Health, by the state, or by another funding source.

MHASD 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. MHASD does this through frequent provider, adult system and child system advisory meetings, focus groups and ad hoc meetings.

MHASD administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. The Division monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, MHASD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. MHASD management participates in planning at the state level to influence the policy decisions that affect the community we serve. MHASD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total Adult/Child MHASD Advisory Meetings <sup>1</sup>	24	24	23	23
Outcome	Advisors agree with the statement: Overall, MHASD does its job well <sup>2</sup>	67%	0%	0%	0%

**Performance Measures Descriptions**

<sup>1</sup>Total number of MHASD AMHSAAC, CMHSAC, Family Youth Advisory Council, Wraparound CPC, and Wraparound Executive Committee meetings during the measurement period. Meeting volume decrease beginning in FY13/14 was due to the merging of the Family Youth Advisory Council, Wraparound CPC, and Wraparound Executive Committee meetings into the CMHSAC meeting.

<sup>2</sup> The survey is administered biennially and will be repeated in FY2015. The survey was not conducted in FY2014.

## 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 Additions and Mental Health Services

Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$363,440	\$655,717	\$371,470	\$575,201
Contractual Services	\$188,925	\$17,744	\$0	\$609,638
Materials & Supplies	\$28,243	\$63,853	\$756	\$66,392
Internal Services	\$59,652	\$63,111	\$0	\$148,099
<b>Total GF/non-GF</b>	<b>\$640,260</b>	<b>\$800,425</b>	<b>\$372,226</b>	<b>\$1,399,330</b>
<b>Program Total:</b>	<b>\$1,440,685</b>		<b>\$1,771,556</b>	
<b>Program FTE</b>	1.70	4.80	2.09	3.71

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$24,430	\$0	\$32,601	\$0
Intergovernmental	\$0	\$656,604	\$0	\$1,255,509
Other / Miscellaneous	\$349,883	\$143,821	\$0	\$143,821
<b>Total Revenue</b>	<b>\$374,313</b>	<b>\$800,425</b>	<b>\$32,601</b>	<b>\$1,399,330</b>

## Explanation of Revenues

\$ 660,522 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 143,821 - Care Oregon Incentive

\$ 394,987 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40065-16 Mental Health & Addiction Services Administration