



Program #40070 - Mental Health Crisis Assessment & Treatment Center (CATC) 4/21/2021

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Behavioral Health Division has identified alternatives to inpatient hospitalization as a service gap in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

Program Summary

CATC Sub-acute is a 24 hour, 7 day a week, short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization due to a mental health crisis. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long term-care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to his/her mental illness. The program services adults, 18 years of age and older who have been diagnosed with a serious mental illness who are residents of Multnomah County. The individual is referred to CATC by community behavioral health outpatient providers, the walk-in crisis clinic, residential treatment providers, CMHP providers and the Portland Police, to name a few. Referrals are processed via the Multnomah County Call Center.

The target length of stay is 10 days. The individual is referred to community services as a part of their treatment which keeps them connected to the community, their length-of-stay is minimized, and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Sub-acute care is less expensive than hospitalization. Incarceration hinders recovery and strains the resources of courts and the jail. As part of a best practice model for facilities of this type, the proposed treatment team includes consumer positions on staff (Peer Support Specialists) to provide mentoring and linkage to services in the community. These positions are salaried members of the treatment team.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	192	175	175	175
Outcome	Number of admissions that are Non-HSO Multnomah Members	21	12	30	25
Output	Number of inpatient days for Non-HSO Multnomah Adults	9,867	8,800	9,700	9,700
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members ¹	38%	N/A	N/A	N/A

Performance Measures Descriptions

¹ This measure will be discontinued, BHD no longer operates as the Medicaid Plan Administration for Health Share of Oregon as of 12/31/2019.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$712,525	\$0	\$462,221	\$0
Total GF/non-GF	\$712,525	\$0	\$462,221	\$0
Program Total:	\$712,525		\$462,221	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40070A Mental Health Crisis Assessment & Treatment Center (CATC)

There is an Out of Target restoration request, PO#40700B for \$250,295. This is for individuals who do not qualify for Medicaid already have significant limitations for care and this would further reduce community access and impact those with higher acuity.