

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

Executive Summary

This program includes Mental Health Residential Services supporting 655 residents housed in Multnomah County. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Care Homes (ACHs) and a range of semi-independent supportive/supported housing programs serving individuals residing in approximately 168 units. These units provide stability, decreasing the likelihood these individuals will need crisis & acute care services. RS hold weekly diversity, equity and inclusion discussions to better understand and take action against systemic racism, and how to support equitable outcomes for BIPOC and other disadvantaged groups. RS engages providers about resident admissions/evictions to address bias, racism, and culturally specific treatment needs.

Program Summary

The Behavioral Health Division's Residential Services (RS) program provides regulatory oversight and technical assistance to designated residential mental health programs that serve adults who have or are suspected of having mental health disorders. Primary populations served include those who are Choice Model-eligible and those who are under the jurisdiction of the Psychiatric Security Review Board. In some instances clients meet neither criteria, but the individual can benefit from the structures and supports that residential housing provides. Residential housing authorization is based on medical appropriateness and supporting clinical documentation.

The RS team oversees approximately 89 residential programs with approximately 655 clients, that include 6 Secure Residential Treatment Programs, 31 Residential Treatment Homes/Facilities, 40 Adult Care Homes, 2 Crisis/Respite Programs, and 10 Supportive Housing Programs. The program reviewed 16,878 incident reports in 2019. It also manages the development of new mental health Adult Care Homes, resulting in increase placement options for clients. In 2020, the program developed placements in 5 new Adult Care Homes. RS primarily receives referrals from the Choice Model program. RS also coordinates referrals for Non-Choice Model individuals. In 2020, the program received 16 Non-Choice Model referrals, likely due to eviction moratoriums and individuals needing to or able to transition less often due to COVID-19 considerations.

RS staff provide regulatory oversight to licensed residential treatment programs, including monitoring and supporting the treatment programs' compliance with OARs. RS staff also provide monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare in the context of: consultations; problem-solving; participation in client interdisciplinary team meetings; reviewing appropriateness of unplanned discharges; and monitoring and enforcement of client rights. RS staff also participate in audits and licensing reviews. As a part of oversight of safety, health and welfare, RS is responsible for review of program incident reports, referral to protective services where appropriate, and collaborating with the Division's Quality Management to complete Critical Incident Reviews with providers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of New Residential Services Referrals ¹	319	350	320	*N/A
Outcome	% of County Residential Services referrals placed ²	26%	25%	22%	*N/A

Performance Measures Descriptions

In FY23 these output and outcomes will change to the following: Output will be number of individuals who receive health and safety oversight by Residential Services. The outcome will be % of non-Multnomah County Residents placed in RTH/F or SRTF housing. The performance measures are better illustrate scope of program.

Legal / Contractual Obligation

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 Contract with City of Portland Bureau of Housing and Community Development.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$835,723	\$690,049	\$1,146,384	\$464,157
Contractual Services	\$209,805	\$7,190,116	\$213,791	\$8,461,922
Materials & Supplies	\$5,177	\$10,347	\$444	\$6,212
Internal Services	\$156,715	\$94,360	\$81,230	\$135,627
Total GF/non-GF	\$1,207,420	\$7,984,872	\$1,441,849	\$9,067,918
Program Total:	\$9,192,292		\$10,509,767	
Program FTE	6.50	5.30	8.15	3.65

Program Revenues				
Intergovernmental	\$0	\$7,500,207	\$0	\$8,959,475
Beginning Working Capital	\$0	\$484,665	\$0	\$108,443
Total Revenue	\$0	\$7,984,872	\$0	\$9,067,918

Explanation of Revenues

This program generates \$3,345 in indirect revenues.

\$ 8,959,475 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40074 Mental Health Residential Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.