



Program #40084 - Culturally Specific Mental Health Services **3/2/2021**

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs: 40084B
Program Characteristics: In Target

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African American, Eastern European, Latino, and Native American). These communities have encountered difficulty finding mental health treatment that incorporates their culture, tradition, and language and that is responsive to the racial, ethnic and cultural strengths of their communities. Due to the disproportionate overrepresentation of BIPOC communities in the criminal justice system, this program partners with providers who can effectively work with the Count’s Diversion programs to support individuals who are criminal justice-involved.

Program Summary

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, MCHD contracts for mental health services for individuals from five communities with significant disparities in access to both treatment services and education/prevention opportunities. Those communities are: Eastern European/Slavic/Russian Speaking, African American, Asian/Pacific Islander, Latino/Hispanic, and Native American/ Alaskan Native. Multnomah County Mental Health prevalence data suggests that members of the African American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. Additionally, African Americans are overrepresented in correctional facilities and the criminal justice system. Culturally-specific services address mental health concerns and the intersectionality with the justice system through access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Culturally specific intervention can mitigate the need for expensive hospital, residential care, or crisis services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total culturally diverse individuals receiving services ¹	911	900	1,368*	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.5	3.6	5.1	3.6

Performance Measures Descriptions

¹This total includes all persons served under this contract and does not include those culturally-diverse persons served by Multnomah MH or in other programs.²Service Rate Per 1,000Calculation-Numerator:Total unduplicated culturally-diverse individuals served.Denominator:Total county census for similar groups taken from the American Community Survey estimates for 2015.*Some providers received CARES funding and were not able to separate out the data from services funded through this proaram offer.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,795,322	\$0	\$1,829,433	\$0
Total GF/non-GF	\$1,795,322	\$0	\$1,829,433	\$0
Program Total:	\$1,795,322		\$1,829,433	
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: 40084 Culturally Specific Mental Health 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.