

#### Program #40065 - Mental Health & Addiction Services Administration

5/7/2015

**Department:** Health Department **Program Contact:** David Hidalgo

Program Offer Type: Administration Program Offer Stage: As Proposed

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 35,000 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 adults 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer			
Output	Total Adult/Child MHASD Advisory Meetings	23	34	24	24			
Outcome	Advisors agree with the statement: Overall, MHASD does its iob well <sup>2</sup>	-	0%	67%	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>&</sup>lt;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
Program Expenses	2015	2015	2016	2016
Personnel	\$173,859	\$811,796	\$363,440	\$655,717
Contractual Services	\$25,000	\$103,000	\$188,925	\$17,744
Materials & Supplies	\$18,471	\$73,230	\$28,243	\$63,853
Internal Services	\$14,900	\$89,959	\$59,652	\$63,111
Total GF/non-GF	\$232,230	\$1,077,985	\$640,260	\$800,425
rogram Total: \$1,310,216		\$1,440,685		
Program FTE	0.67	5.33	1.70	4.80

Program Revenues								
Indirect for Dept. Admin	\$17,132	\$0	\$24,430	\$0				
Intergovernmental	\$0	\$951,018	\$0	\$656,604				
Other / Miscellaneous	\$0	\$126,967	\$349,883	\$143,821				
Total Revenue	\$17,132	\$1,077,985	\$374,313	\$800,425				

## **Explanation of Revenues**

\$262,527 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$205,971 - State Mental Health Grant Local Admin: Based on FY15 grant award

\$188,106 - State Mental Health Grant Flex Funding: Based on FY15 grant award

\$143,821 - Care Oregon Incentive: Based on FY15 Estimated cost

### Significant Program Changes

Last Year this program was: FY 2015: 25050 MHASD Administration