

Program #40077 - Mental Health Treatment & Medication for the Uninsured

7/6/202

Department: Health Department **Program Contact:** Christa Jones

Program Offer Type: Existing Operating Program Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience symptoms of severe mental illness and have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or significant decompensation. MTF provides services for over 900 uninsured individuals without financial resources that are ineligible for Oregon Health Plan (OHP) until insurance or OHP coverage is obtained. In some cases, the program creates access for individuals who, because of their immigration status, do not qualify for many public entitlements, and have limited access to behavioral health services. Contracted providers are responsible to ensure diversity training for staff, developing a diverse workforce, and incorporating social equity innovation into their policy development and service delivery.

Program Summary

The Behavioral Health Division provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, addiction relapse and loss of custody of children. If these services are effective, the client is spared a prolonged period of instability and the county preserves funds that would otherwise be lost to the high-cost alternatives such as hospitalization, corrections or homeless services. Since these funds are limited, designated program staff perform chart reviews for clinical necessity, choice of intervention, and financial eligibility during a mid year audit to ensure appropriate application of funding. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, dual diagnosis treatment, care coordination, and crisis intervention. While the person is receiving services, he/she can be linked to other supports and acquire assistance in securing OHP benefits. The demand on this program has slightly decreased due to Medicaid Expansion, however limitations on Medicaid eligibility requirements and on Medicare approved services means there are still individuals who require this safety net program to receive on-going mental health case management and treatment services. For example, Medicare services are required to be provided by specifically certified/licensed professionals that are not always readily available in our community. Additionally, some services, such as intensive case management and general case management are not Medicare covered services.

Performance Measures									
Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer				
Output	Total # of adults who received county-funded outpatient services or medication	650	700	650	650				
Outcome	Percentage of MTF clients that are hospitalized	6.21	9.5	6.21	6.21				

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds	
Program Expenses	2021	2021	2022	2022	
Contractual Services	\$1,376,802	\$0	\$1,347,292	\$0	
Total GF/non-GF	\$1,376,802	\$0	\$1,347,292	\$0	
Program Total: \$1,376,802		6,802	\$1,347,292		
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: 40077A Mental Health Treatment & Medication for the Uninsured

*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 inperson 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.