



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

Board Clerk Use Only

Meeting Date: 6/24/14
Agenda Item #: B.1
Est. Start Time: 10:00 am
Date Submitted: 6/11/14

Agenda Title: **DCHS Mental Health and Addiction Services: Managed Care and Local Mental Health Authority Roles in a Changing Healthcare Environment**

Note: Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date: June 24, 2014 **Time Needed:** 2 hours
Department: County Human Services **Division:** MHASD
Contact(s): Keith Falkenberg
Phone: 503 988 4472 **Ext.:** _____ **I/O Address:** 167/1/240
Presenter Name(s) & Title(s): Susan Myers, Director County Human Services
David Hidalgo, Director - Mental Health and Addiction Services Division
Kelly English and Carol Gyurina, Technical Assistance Collaborative

General Information

1. What action are you requesting from the Board?

None. This is an informational briefing.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Multnomah County Department of County Human Services engaged the Technical Assistance Collaborative to conduct an analysis of its dual role as the Local Mental Health Authority and a Risk Accepting Entity (RAE) as part of Health Share of Oregon, one of the two Coordinated Care Organizations (CCOs) serving Multnomah County residents.

The purpose of this engagement was to provide the Mental Health and Addiction Services Division with an analysis of its local mental health authority and managed care functions in order to assist the county in making decisions regarding efficient management of resources and administration of mental health services. TAC was also asked to help the county evaluate the risks and opportunities of operating as a RAE in this evolving healthcare environment.

3. Explain the fiscal impact (current year and ongoing).

N/A

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

As part of the consultation TAC conducted interviews with our regional government partners, nonprofit organizations, service providers and consumer advocates.

Required Signature

Elected Official

or Department/

Susan Myers /S/

06/11/14

Agency Director: _____

Date: _____

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved."