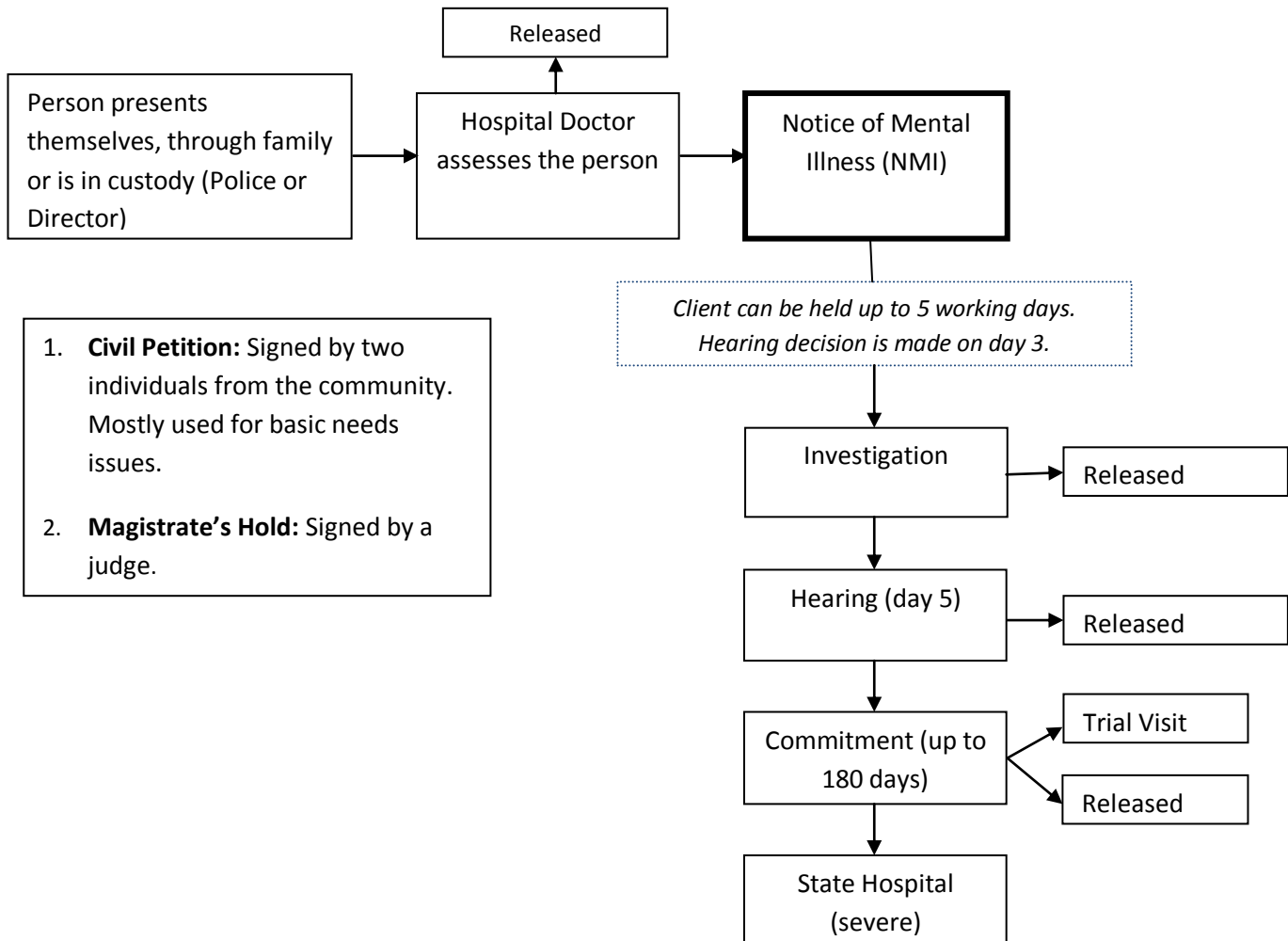


Below is a summary of thematic topics and follow up information requested during the Behavioral Health Information Sessions hosted by Chair Madrigal in November 2013.

What is the process for Involuntary Commitment?



What are some known figures around Involuntary Commitment in Multnomah County?

- In Fiscal Year 2013, there were 5,000 Notice of Mental Illness involuntary holds filed in Multnomah County. This represents over 45% of all involuntary holds filed in the state.
- Of the County's holds:
 - 42% of Multnomah County involuntary holds were solely due to substance use and addictions, and not mental health.
 - About 10% of consumers on involuntary holds are referred to court for a commitment hearing.

- Options for those who do not meet the criteria for formal commitment are as follows:
 - Remain in the hospital involuntarily until the hold timeline expires.
 - Remain in the hospital voluntarily, or can stabilize and be discharged to a community provider with help from natural supports.

How can we make sure Mental Health First Aid is rolled out appropriately to city personnel and law enforcement?

We have rolled this training out in Multnomah County, and would be happy to have our Public Affairs staff work with City Public Affairs staff to develop messaging and target those who will benefit most from training. The police-specific module (and how best to incorporate that training) can be discussed with the PPB Behavioral Health Unit and Chief Reese.

Where is County General Fund spent on behavioral health?

The chart below identifies investments from Fiscal Year 2014.

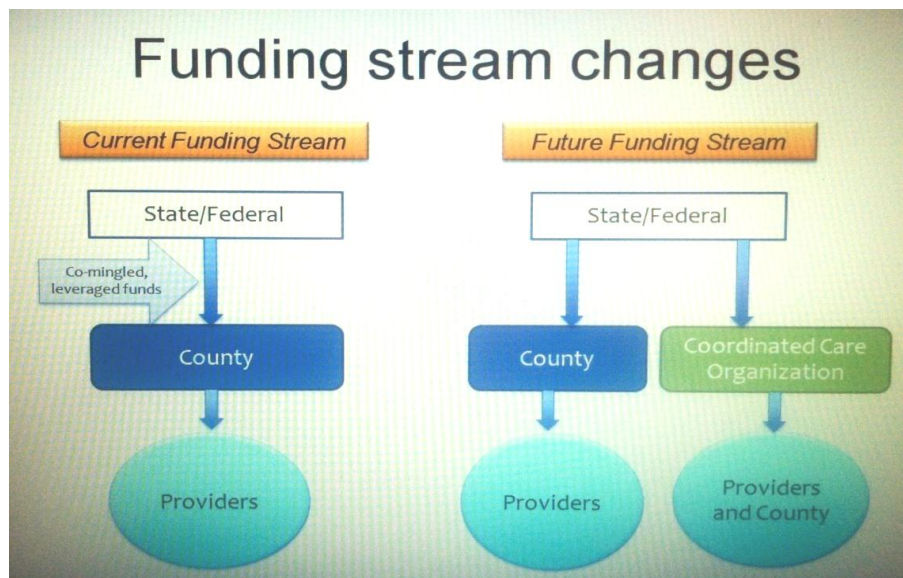
Program Offer	Program Name	CGF Budget	Overall Budget	CGF % of Program Offer
25024	Adult ADS	\$192,323	\$323,099	59.5%
25050	Division Mgmt	\$235,122	\$1,314,692	17.9%
25052	Medical Records	\$726,764	\$792,296	91.7%
25053	Quality Mgmt	\$912,593	\$4,044,968	22.6%
25055	Crisis	\$957,930	\$6,448,770	14.9%
25056	Adult Sub-Acute	\$597,500	\$3,437,649	17.4%
25057	Child Sub-Acute	\$0	\$5,092,291	0.0%
25058	Ehold	\$1,172,756	\$7,042,425	16.7%
25059	Peer	\$80,000	\$80,000	100.0%
25060	Residential	\$1,110,249	\$10,176,980	10.9%
25061	AMHI	\$0	\$3,023,714	0.0%
25062	MH Adults	\$0	\$20,351,458	0.0%
25063	MTF	\$1,373,812	\$1,373,812	100.0%
25064	EASA	\$0	\$1,258,275	0.0%
25065	Domestic Violence	\$36,850	\$67,000	55.0%
25066	Provider Tax	\$0	\$3,000	0.0%
25067	Community Based	\$1,612,669	\$12,410,244	13.0%
25068	Child MH Wrap	\$0	\$1,909,351	0.0%
25075	School Based MH	\$653,208	\$1,767,198	37.0%
25076	Mental Health First Aid	\$207,000	\$207,000	100.0%
25078	Cultural Specific	\$1,354,347	\$1,354,347	100.0%
25080	A&D Tx Continuum	\$3,000,831	\$9,208,765	32.6%
25085	Gambling	\$0	\$781,000	0.0%
25086	Prevention	\$0	\$319,452	0.0%
25088	Coordinated Diversion	\$251,194	\$1,094,007	23.0%
25090	Detox	\$1,410,343	\$3,491,550	40.4%
25091	Sobering	\$657,892	\$657,892	100.0%
25094	Family Yth Tx	\$134,279	\$1,012,558	13.3%
25098	FIT	\$0	\$995,995	0.0%

How are services accessed?

Services are accessed through an **open access system**. Meaning that consumers can self refer to any of the county's contracted providers, can be referred by a third party or also be referred through contact with the Mental Health Call Center (503-988-4888) and crisis system.

What more can governments do surrounding the social determinations of health?

Ensure that the funding to the overall system is coordinated to maximize funding that is more flexible to fund services that Medicaid does not cover. Medicaid only pays for the treatment and the county and city have more flexible general funds that can fund wraparound services directed towards improving the social determinants of health.

Known and unknown factors and what we are hoping for when it comes to the key impacts of healthcare transformation:

- **We know** that as of January 1st, 2014, Oregon Health Plan and State General Funds were redirected from county budgets to CCOs due to Medicaid expansion. Services previously provided through the county are now provided

by CCOs. The State of Oregon estimates 54,400 additional county residents will be covered by Oregon Health Plan by 2016, representing growth of 57 percent.

- **We don't know** how quickly individuals will enroll, how many of the newly enrolled will access services, or what choices they will make when they do. This will inform whether existing capacity is appropriate.
 - **We hope for** rapid enrollment of County residents, consistent access of services and for Medicaid to replace County General Fund which can then be used to pay for recovery supports such as housing and supported employment.