

Multnomah County - Mental Health and Addictions System

System of Care

Prevention & Early Intervention

DCHS Mental Health & Addictions:

- Early Childhood Intervention
- Bienestar Services
- Alcohol and Drug Prevention for Children and Families
- Early Assessment and Support Alliance
- Gambling Prevention

Community-Based Treatment

DCHS Mental Health & Addictions:

- Adult, Children and Families Mental Health Outpatient Treatment
- School-Based Mental Health
- Adult and Youth Addiction Outpatient Treatment
- Supported Employment
- Gambling Treatment
- Supportive Housing
- Post Detoxification Housing

Health Department:

- Corrections Health
- Primary Care Clinics
- School Based Health Clinics

DCJ:

- Outpatient Treatment

Intensive/ Residential Treatment

DCHS Mental Health & Addictions:

- Mental Health Residential for Children
- Mental Health Residential and Transitional Housing for Adults
- Youth Addiction Treatment
- Adult Addiction Treatment
- Adult and Youth Hospital Psychiatric Treatment
- Crisis Assessment and Treatment Center

DCJ:

- Youth Addiction Treatment
- Adult Addiction Treatment

Safety Net/ Crisis Services

DCHS Mental Health & Addictions:

- Protective Services
- Diversion and Mental Health Court
- Crisis Call Center
- Urgent Walk-in Clinic
- Mobile Crisis Outreach
- Involuntary Commitment Services
- Detoxification
- Sobering

Mental Health System of Care - State Rebalance
DCHS Mental Health and Addictions
FY 2012 Program Offers

					Program Revenue Source							State/Federal Changes		
PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	CGF	CGF Match	State & Fed	Other	OHP	Total	Revenue Source	\$ Change	FTE Change	Notes
MHADS														
25050	MHASD Administration	0.62	4.88	The Mental Health and Addiction Services Division (MHASD) Administration is responsible for bringing the community together to build and maintain the public behavioral health system in Multnomah County. MHASD manages the mental health and addictions systems of care, and is accountable for the services it provides directly, as well as those delivered through its provider network. In total, these programs serve more than 29,000 children, families and adults annually.	139,462	0	254,928	0	575,220	969,610	SMHG	32,665	0.00	Increase will be used to mitigate Verity reductions.
25055	Behavioral Health Crisis Services	0.00	19.96	Multnomah County Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. Services include a crisis hotline, mobile crisis outreach and an urgent walk-in clinic. Included in the management of the crisis system is the authorization of services for Verity enrolled members as well as indigent services. The total number of people served in FY10 was 61,561.	1,073,345	0	4,085,634	6,000	1,508,025	6,673,004	SMHG	(3,219,954)	(9.16)	The State Mental Health Grant (SMHG), SE25 - Crisis Services (\$1,584,090) and SE20 - Non-Residential Adult Mental Health services (\$1,635,864) are estimated to decrease by a total of \$3,219,954. This decrease has the potential to impact approximately 61,500 clients in need of various crisis related services. The SE25 decrease will reduce the current Call Center crisis line staffing by 8.16 FTE (\$871,702). Additionally, the remaining SE25 decrease (\$712,388) will reduce community crisis contracted services, thereby impacting 6,805 of clients seeking emergency mental health contracted services. The SE20 decrease will reduce the current Call Center crisis line staffing by 1.00 FTE (\$120,504), together with the SE25 staffing decrease this represents 100% off staffing for the crisis line. Additionally, the SE20 decrease (\$1,515,360) will impact approximately 6,805 clients needing emergency mental health contracted services.
25058	Mental Health Commitment Services	9.00	21.10	Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program (WLRP). The county is the payer of last resort for indigent E-Holds and ICP staff are required to investigate and determine whether individuals on an E-Hold present a risk of harm to themselves or others and if a court hearing should be recommended. The provision of commitment monitors is a requirement of the county as the Local Mental Health Authority (LMHA). In FY10 ICP	1,125,224	0	4,200,584	0	0	5,325,808	SMHG	2,235,238	0.00	State Mental Health Grant Service Element 24 for Regional Acute Psychiatric Inpatient services increases. The increase in SE 24 is for Long Term Acute Care services which is a new program to the County. Even though there is an overall increase for a new service to SE 24, there is a decrease of -\$119,124 for E-Hold services. MHASD will manage services to the new budget such that there is no impact to these consumers; if unable to meet this commitment may return to the board to request additional funding.

Mental Health System of Care - State Rebalance
DCHS Mental Health and Addictions
FY 2012 Program Offers

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PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	CGF	CGF Match	State & Fed	Other	OHP	Total	Revenue Source	\$ Change	FTE Change	Notes
25060B	Adult Mental Health Initiative: Residential	0.00	5.25	The Adult Mental Health Initiative (AMHI) coordinates the care and housing of individuals who are leaving Oregon State Hospital (OSH) and/or residing primarily in licensed residential facilities within the community. The goals are to expedite safe discharges from the state hospital, move individuals into the least restrictive housing possible, and develop supports to maximize independent living. This is a state-wide initiative.	0	0	645,577	0	1,098,943	1,744,520	SMHG	2,030,588	0.00	SE37 Mental Health Special Projects/Adult Mental Health Initiative (AMHI) increases residential and transitional housing needs. This initiative increases the number of adults leaving the State Hospital which gradually move into a more appropriate community setting which better meet the individuals need. MHASD plans to serve an additional 75 clients placing them in appropriate housing as well as meeting other individual needs which assist them in these community settings.
25062	Mental Health Services For Adults	0.00	0.50	This program offer describes the existing continuum of adult mental health care funded by Oregon Health Plan and managed by Verity, the county's mental health organization. The continuum addresses the needs of adults at emergent (most acute), urgent and routine (least acute) levels of care. Psychiatric hospitalization treats persons at immediate risk to themselves or others. Respite services provide intervention when an individual's symptoms have risen to beyond the scope of outpatient treatment. Outpatient treatment services provide a range of care matched to diagnosis and acuity to over 8,000 adults annually.	284,000	0	60,000	0	20,530,019	20,874,019	OHP	(1,184,810)	0.00	OHP funding (Verity) decreases by \$1,184,810. MHASD implemented the State mandated cuts, effective August 15, 2011. Self-authorized payments for adults assessed by mental health providers to have low level treatment needs are limited to preset amounts. Providers will need to submit a special request if additional services are needed. No necessary mental health services will be denied. In effect, providers will receive less money at a time when enrollment in OHP is higher than any point in Verity history. 1000 more adults are projected to need services in 2012 than in 2011. The provider network participated in our reduction discussions and supports this as a reduction method to meet the State mandated reductions.
25063	Mental Health Treatment & Medications for the Uninsured	0.00	0.00	The Multnomah Treatment Fund (MTF) prioritizes community-based services to severely mentally ill individuals who have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or significant decompensation, but are uninsured and ineligible for Oregon Health Plan (OHP). MTF addresses immediate health and safety concerns until insurance or OHP coverage is obtained. The program provides mental health services to 928 adults.	1,351,826	0	316,150	0	0	1,667,976	SMHG	(260,000)	0.00	The State Mental Health Grant (SMHG) SE 20 decreases by \$260,000. This reduction has the potential to impact outpatient services for 171 severely mentally ill individuals who are uninsured and without financial resources

Mental Health System of Care - State Rebalance
DCHS Mental Health and Addictions
FY 2012 Program Offers

					Program Revenue Source							State/Federal Changes		
PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	CGF	CGF Match	State & Fed	Other	OHP	Total	Revenue Source	\$ Change	FTE Change	Notes
25064	Early Assessment and Support Alliance	0.00	7.20	The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 15-25 who demonstrate initial symptoms of psychosis, with the goal of managing long-term problems and consequences. EASA offers formal psychiatric treatment services as well as vocational and educational support, and involves the young person's family in treatment. The program will provide services for approximately 77 clients.	0	0	1047112	0	52480	1,099,592	SMHG	76,029	0.00	The total State Mental Health Grant (SMHG) for the Early Assessment and Support Alliance (EASA) will have a increase of \$76,029. This increase will be used to enhance services for youth in transition.
25067	Community Based MH Services for Children and Families	10.50	8.35	This mental health service array serves children and youth up to age 21. Services range from prevention/early intervention in the Early Childhood and Head Start program that serves 4,498 children annually, to a comprehensive outpatient service system that successfully maintains over 4,500 children in their homes, schools, and community.	1,541,007	0	827,501	313,153	10,635,912	13,317,573	OHP/SMHG	(\$592,404)/(\$185,281)	0.00	OHP funding (Verity) decreases by \$592,404. MHASD implemented the State mandated cuts, effective August 15, 2011. Self-authorized payments for children assessed by mental health providers to have low level treatment needs are limited to preset amounts. Providers will need to submit a special request if additional services are needed. No necessary mental health services will be denied. In effect, providers will receive less money at a time when enrollment in OHP is higher than any point in Verity history. 500 more children are projected to need services in 2012 than in 2011. The provider network participated in our reduction discussions and supports this as a reduction method to meet the State mandated reductions. Additionally, non-Verity client outpatient services (SE22) will be decreased by \$185,281 which is 86% of the available funding for uninsured children.
25080	Adult Addictions Treatment Continuum	2.50	4.20	The adult treatment continuum consists of: outpatient addictions treatment including various counseling options, medication management and relapse prevention; residential treatment, (intensive addictions services in a 24-hour setting); community recovery (aftercare services for clients learning to live sober); and a specialized program for severely addicted and multi-diagnosed homeless clients. The continuum will serve about 5,500 clients. Research has shown that Oregon taxpayers save \$5.60 for every dollar spent on treatment.	2,832,257	0	8,476,779	0	0	11,309,036	SMHG	543,568	0.00	Adult Addictions Treatment increased in by \$543,568 in total the largest increase being Problem Gambling Treatment services which increased by \$426,111. This funding will be used to bring services up to the same level as Fiscal Year 2010.

FY 2012 State Rebalance Process Policy Background Information

DCHS Mental Health - State Mental Health Grant Increase of \$1.2M

System of Care: Mental Health and Addictions
Worksession Date: 30-Aug-11
Revision Number:

Revenue Source	- What revenue source is impacted?	The State Mental Health Grant for Mental Health and Addiction Services Division increases by \$1,252,853.
	- What are the restrictions on the funding?	The funding has restrictions based on several elements including age, non-residential use, residential use only, client designated, etc.
	- Does the General Fund leverage any of this revenue source (non-match)?	No.
	- Does the funding have a required General Fund match or other contribution?	No.
	- How much revenue is reduced in dollar terms?	The State Mental Health Grant services have a net increase of \$1,252,853. The increase is \$5,037,212 and primarily related to the Adult Mental Health Initiative and Long Term Acute Care services which are new programs to the County. Even though there is an overall increase for these new services there is a decrease of \$185,281 for Outpatient Services for Children and Families; \$119,124 for E-holds and \$3,479,954 for Crisis Service (Non-Residential Mental Health Services - SE 20 @ \$1,895,864 and Community Crisis Services Adults and Children - SE25 @ \$1,584,090).
	- What percentage of this revenue source is reduced?	N/A.
	- Are there offsetting revenues that will increase due to this cut?	N/A.
	- What percentage of the department's total expenditure will be reduced by this action?	N/A.
Implementation & Timing	- When will we know more about the specifics of the cuts?	By December 2011.
	- When will the state implement the cuts?	The State cuts are implemented effective July 1, 2011.
	- How long will it take us to implement the cuts?	Cuts need to be implemented immediately with a three month ramp down period.
	- Will the department need ramp-down funds due to the timing of the cuts? How much is the Department requesting from the Board?	One quarter of total reduction is needed, estimated at \$870,000.

FY 2012 State Rebalance Process Policy Background Information

DCHS Mental Health - State Mental Health Grant Increase of \$1.2M

System of Care: Mental Health and Addictions
 Worksession Date: 30-Aug-11
 Revision Number:

Ir	- What does FY 2012 look like compared to FY 2013?	Looks identical.
Impacts	- What Program Offers are impacted?	Program Offer 25055 Behavioral Health Crisis Services Program Offer 25058 Mental Health Commitment Services (E-holds) Program Offer 25063 Mental Health Treatment & Medication for the Uninsured Program Offer 25067 Community Based MH Services for Children and Families
	- How many clients are impacted?	Up to 68,476.
	- What percentage of clients served through this revenue source are impacted?	The clients impacted depends on how cuts are implemented. One example, cutting Urgent Walk-in hours by half serving 4,300 individuals last year will limit their future volume to 2,100 people. However, it's likely that these 2,100 people would seek care in the emergency room.
	- What are the consequences for staffing and contractors?	Job loss with potential full program closure if economy of scale is not maintained for contractors. Internal call center impact is 9.16 FTEs with full crisis line program closure.
	- How critical is this service to the System of Care as a whole?	Very critical to System of Care as a whole. The crisis system is essential to reduce or maintain E-hold costs at existing levels and is the first response and most cost effective response at avoiding higher levels of care.
	- How do policy decisions here interact with other systems of care?	Policy decisions have direct impact on police, emergency medical, hospital, and community mental health and alcohol and drug systems.

FY 2012 State Rebalance Process Policy Background Information

DCHS Mental Health - State Mental Health Grant Increase of \$1.2M

System of Care: Mental Health and Addictions
 Worksession Date: 30-Aug-11
 Revision Number:

Policy Choices	What are our options for mitigating the cuts?	<p>DCHS can utilize available carry over funding to offset \$1,600,000 reductions, pending approval from the State.</p> <p>DCHS is also currently in discussions with County Attorney's Office regarding restrictions on the use of reserve dollars.</p>
	What are our options for redesigning services to minimize the impact on our clients and direct services?	Options are limited at this time.
	What are the likely consequences of these choices?	Consequences can range from increases in suicides and critical events, to increases in E-holds, to more undesirable police interactions with vulnerable mentally ill clients.

FY 2012 State Rebalance Process

Policy Background Information

DCHS Mental Health - Verity/OHP Reduction of \$1.7M

System of Care: Mental Health and Addictions
 Worksession Date: 30-Aug-11
 Revision Number:

Revenue Source	- What revenue source is impacted?	OHP (Verity/Medicaid)
	- What are the restrictions on the funding?	Medicaid use only
	- Does the General Fund leverage any of this revenue source (non-match)?	No
	- Does the funding have a required General Fund match or other contribution?	No, however, County General Funds are used to serve additional clients through Multnomah Treatment Fund.
	- How much revenue is reduced in dollar terms?	The current estimate is \$1,777,214 based on July 2011 capitation.
	- What percentage of this revenue source is reduced?	11.20%
	- Are there offsetting revenues that will increase due to this cut?	There are no offsetting revenues that increase due to this cut.
Implementation & Timing	- What percentage of the department's total expenditure will be reduced by this action?	1.78%
	- When will we know more about the specifics of the cuts?	More specifics about these cuts will be available in mid-September.
	- When will the state implement the cuts?	The cuts are implemented effective July 1, 2011.
	- How long will it take us to implement the cuts?	MHASD is implementing the cuts effective August 15, 2011, by limiting number of sessions for adults and children with low level needs. No medically necessary services will be denied.
	- Will the department need ramp-down funds due to the timing of the cuts? How much is the Department requesting from the Board?	No Ramp-down funds will be needed in Fiscal Year 2012.
	- What does FY 2012 look like compared to FY 2013?	Unknown due to Healthcare Reform and Coordinated Care Organization - SB3650.

FY 2012 State Rebalance Process
Policy Background Information
DCHS Mental Health - Verity/OHP Reduction of \$1.7M

System of Care: Mental Health and Addictions
 Worksession Date: 30-Aug-11
 Revision Number:

Impacts	- What Program Offers are impacted?	Program Offer 25067 Community Based Mental Health Services for Children and Families and Program Offer 25062 Mental Health Services for Adults.
	- How many clients are impacted?	3,700 adults and 2,500 children and adolescents
	- What percentage of clients served through this revenue source are impacted?	50% of both adults and children are impacted
	- What are the consequences for staffing and contractors?	Community mental health providers will have to increase productivity with current staffing levels to meet the needs of the growing number of OHP members.
	- How critical is this service to the System of Care as a whole?	Service impacted is critical to the extent that the provision of lower cost services when needed prevent higher cost care later. There is a direct impact on public safety by managing severe mental health symptoms and dangerous behaviors.
	- How do policy decisions here interact with other systems of care?	If providers are unable to meet the increasing demand for services, it increases the likelihood that individuals will present in other systems such as emergency medical systems, child welfare, schools, and hospital emergency rooms.
Policy Choices	What are our options for mitigating the cuts?	MHASD is required by contract to accept the budget reductions from the State. If anticipated savings do not materialize as projected, other strategies to realize savings or cover funding shortfall will be explored.
	What are our options for redesigning services to minimize the impact on our clients and direct services?	Current response limiting the amount of service to levels assigned by community mental health providers is a minor redesign intended to minimize overutilization of services in lower levels of care. At this point no other options are available or contemplated due to passage of SB3650. System providers could not accommodate a major business model change to be followed by the subsequent Coordinated Care Organization changes preliminarily scheduled for summer 2012.
	What are the likely consequences of these choices?	Community is likely to experience a reduced capacity to accommodate increases in OHP enrollment. We expect to serve 1500 more individuals in FY12 than in FY11.

Mental Health System of Care - State Rebalance
Department of Community Justice
FY 2012 Program Offers

					Program Revenue Source							State/Federal Changes		
PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	CGF	CGF Match	State & Fed	OHP	Other	Total	Revenue Source	\$ Change	FTE Change	Notes
50009	Addiction Services - Adult Offender Outpatient			Outpatient treatment is an essential part of the alcohol and drug treatment continuum that impacts public safety. At any time, 170 offenders attend these community-based, outpatient treatment programs 1 to 3 times a week. All participants are classified as high-risk and would likely commit a new crime without intervention.	399,011		60,138		81,500	540,649	DOC SB1145	(\$114,685)		<ul style="list-style-type: none">• 23% decrease in Outpatient treatment slots.• Cut 40 outpatient treatment slots in 5 Community Provider contracts• Impact<ul style="list-style-type: none">o 160 high risk offenders per year will not have outpatient treatment.o Reduction in services available as part of the addictions system of care.• Reprogram the General Fund to offset reductions in DOC SB1145 funding in other programs Note: Included in Public Safety System presentation.
50012	Addiction Services - Adult Drug Court Program			Drug Diversion Drug Court (STOP) contributes to public safety by providing outpatient treatment and supervision to approximately 675 adult offenders each year, with a daily capacity of 251 individuals. STOP holds adults charged with drug offenses accountable while providing them an opportunity for treatment. Those who successfully complete treatment and court requirements have their charges dismissed.	724,628		241,089		5,000	970,717		(\$724,628)		<ul style="list-style-type: none">• Eliminate STOP Court program.• Impact:<ul style="list-style-type: none">o Increase in # of people on formal supervision from drug chargeso Will clog the court docket.o Will impact DA's workload.o 675 low-risk people per year will not get treatment.o Reduction in services available as part of the addictions system of care.• Reprogram General Fund to offset reductions in DOC SB 1145 funding in other programs.• Grant and other funding may end, or may possibly be utilized for START Court Note: Included in Public Safety System presentation.
50029A/B	Juvenile Assessment & Treatment for Youth and Families (ATYF)	2.23	9.77	Assessment and Treatment for Youth and Families (ATYF) is a unique public safety program serving medium and high risk probation youth with substance abuse, mental health and/or behavioral problems who cannot be effectively treated in community-based programs because of severe delinquency. ATYF provides clinical assessments and outpatient treatment to 140 probationers per year. This program also provides mental health care coordination and intervention to over 300 detained youth each year. In FY 2009, approximately 80% of youth did not recidivate one year after ATYF program involvement-- closely matching the overall recidivism rate for juveniles, despite serving a more challenging population.	247,160		1,034,297	215,000		1,496,457	OYA JCP Basic & OCCF JCP Prevention	(\$106,002)	(1.00)	<ul style="list-style-type: none">• OYA JCP Basic funding for Juvenile ATYF increased over budget by \$31,822• OCCF Prevention funding decrease resulting in gap of \$137,823• Net funding decrease of \$106,002.• Reduction to cover gap – 1 FTE Mental Health Consultant (vacant).• Juvenile Day Reporting Center (DRC) received increased state funding, will shift some funding from DRC to ATYF• Impact of reduction 1 FTE Mental Health Consultant will reduce the capacity to: a) provide in-home family counseling to 20 high-risk youth and families per year; b) provide 48 clinical assessments (GAIN) per year to high-risk youth resulting in delaying access to treatment referrals and services; c) coordinate and liaison with other community-based providers in order to expand resources to families; and d) provide clinical consultation to JCCs for case management and supervision. This will also result in a higher number of youth penetrating deeper into the correctional institution system which may in turn result in a further reduction of State funding to the County.

Mental Health System of Care - State Rebalance
Health Department
FY 2012 Program Offers

					Program Revenue Source								State/Federal Changes	
PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	CGF	CGF Match	State & Fed	OHP	Total	Revenue Source	\$ Change	FTE Change	Notes	
40029	Rockwood Health Clinic	0.00	23.30	Rockwood Health Center provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in the East County Rockwood area. The Rockwood clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.	183,013		844,219	2,315,906	3,343,138	Safety Net Grant	904,774	6.01	The State Safety Net grant for \$430,752 funded a medical team at Rockwood. This funding is now in jeopardy and could be cut by as much as 70%. Offsetting this reduction is a \$422,569 increase in the Primary Care grant which now includes ARRA money in the base allocation. This combined with fee revenue generated by the medical teams will result in a net increase in staffing and funding for the Rockwood clinic. Provider teams at Rockwood are at capacity and we are unable to meet the neighborhood demand for services without additional teams. This action will add a medical and dental teams who will provide more than 8,000 medical and dental visits each year.	