

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program contracts with the state to provide a mental health crisis system that meets the needs of the community.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$368,559	\$3,203,912	\$466,856	\$3,158,251
Contractual Services	\$930,581	\$6,500,885	\$1,019,145	\$6,431,313
Materials & Supplies	\$2,033	\$8,246	\$2,084	\$8,591
Internal Services	\$29,777	\$583,064	\$81,757	\$700,007
Total GF/non-GF	\$1,330,950	\$10,296,107	\$1,569,842	\$10,298,162
Program Total:	\$11,627,057		\$11,868,004	
Program FTE	2.80	19.78	3.30	19.28

Program Revenues				
Intergovernmental	\$0	\$9,857,373	\$0	\$9,988,934
Beginning Working Capital	\$0	\$438,734	\$0	\$309,228
Total Revenue	\$0	\$10,296,107	\$0	\$10,298,162

Explanation of Revenues

This program generates \$239,822 in indirect revenues.

\$ 546,953 - Washington County Crisis

\$ 5,812,870 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 3,320,592 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children

\$ 308,519 - State Mental Health Grant: MHS 05

Significant Program Changes

Last Year this program was: FY 2021: 40069A Behavioral Health Crisis Services

*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 in-person 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.