

**Priority:** Basic Needs **Lead Agency:** County Human Services  
**Program Offer Type:** Existing Operating **Program Contact:** Nancy Winters  
**Related Programs:** 25063, 25064, 25065, 25103, 25106

**Program Characteristics:**

**Executive Summary**

For mentally ill adults enrolled in Oregon Health Plan, outpatient mental health services are provided by agencies under contract with Multnomah County. These services include individual and group therapy, case management, and medication management. The types of services provided are determined by the State.

**Program Description**

Individual Oregon Health Plan members living in Multnomah County are entitled to receive mental health outpatient services when they are in need of treatment. The State of Oregon contracts with Multnomah County to operate Verity, a Mental Health Organization (MHO) managed care plan for Multnomah County residents covered by Oregon Health Plan. This program provides an integrated, comprehensive continuum of clinical services including individual and group therapy, case management, medication management, and other outpatient care specified by the MHO contract. Care is provided at certified agencies under contract with the Mental Health and Addiction Services Division (MHASD). Treatment ranges in intensity based upon the client's level of need. Through a clinical level of care authorization system, individuals can be appropriately placed as soon as they access treatment services. 25% of the services provided are evidence-based, with the requirement that 75% be evidence-based by 2011. With the recent system of care improvements, payment is now designed to follow the client. The County has greater ability to monitor whether treatment provided is appropriate to meet the client's needs and payment is only made when a client receives a service.

**Program Justification**

This program links to the Basic Living Needs priorities by providing access to behavioral health care to vulnerable individuals enrolled in Oregon Health Plan. Appropriate level of care placement at the time an individual presents for treatment means that crises can be prevented and any necessary supports can be put into place. Providers have been given a financial incentive to do more active outreach to clients who may be unable to come to an office and need a provider to come to them in order to remain stable and actively involved in treatment. To be responsive to the needs of the client, the system of care allows for movement within the levels of care so that more intensive services can be provided when necessary to prevent the need for emergency care. The Call Center plays a role in providing service coordination for more intensive levels of care so that every effort is made to keep clients stable and in the community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Total Adult Verity Enrollees Served	6,562	6,500	6,500	6,686
Outcome	Percent Adult Survey Respondents Reporting Improved Ability To Control My Life	75%	74%	74%	75%
Quality	Initiation - Percent Seen 2X Within 14 Days Of Intake For New Episode Of Care	46%	45%	45%	60%
Quality	Engagement-Percent Seen 4X Within 45 Days Of Intake For New Episode of Care	28%	28%	28%	40%

**Performance Measure - Description**

## Legal/Contractual Obligation

State of Oregon Mental Health Organization (MHO) Contract, Statement of Work. The county is obligated by the MHO contract to provide mental health services to individuals enrolled in Verity.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Contracts	\$0	\$11,035,381	\$0	\$11,705,823
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$11,035,381</b>	<b>\$0</b>	<b>\$11,705,823</b>
Administration	\$0	\$0	\$0	\$239,251
Program Support	\$0	\$0	\$0	\$518,419
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$757,670</b>
Total GF/non-GF:	<b>\$0</b>	<b>\$11,035,381</b>	<b>\$0</b>	<b>\$12,463,493</b>
Program Total:	<b>\$11,035,381</b>		<b>\$12,463,493</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$11,035,381	\$0	\$11,705,823
Program Revenue for Admin	\$0	\$0	\$0	\$757,670
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$11,035,381</b>	<b>\$0</b>	<b>\$12,463,493</b>

## Explanation of Revenues

Oregon Health Plan revenue based on December premium rates and assuming 66,970 insured members - \$11,705,823.

## Significant Program Changes

**Last year this program was:** #25069, MH Outpatient Services

Performance Measure explanation:

Initiation- How quickly do identified individuals receive their first services?

Engagement- Are individuals sufficiently "engaged" so that the intervention has the opportunity to be effective?

Nationally these quality measures are used to determine 1)Active consumer participation in services and treatment planning, 2)Quality of the interaction/relationships with providers/clinicians – therapeutic alliance/working relationship, and 3)Provider/clinician responsiveness