

# Oregon Health Authority

## Expenditures Associated with Behavioral Health Services through Local Mental Health Authorities (LMHAs) and Community Mental Health Programs (CMHPs) – House Bill 4092

Services Included: Aid & Assist, Civil Commitment and Crisis Services  
December 2024

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**Table of Contents**

Executive Summary ..... 1

Introduction ..... 3

    Local Mental Health Authorities (LMHA) ..... 3

    Community Mental Health Programs (CMHP) ..... 3

    County Financial Assistance Agreements (CFAA)..... 4

    Mandatory Service Overview ..... 6

    Timeline ..... 8

Methods.....10

    OHA Subject Matter Experts ..... 10

    Discussions with CMHP Providers ..... 10

    CMHP Data Requests..... 11

    Data Request Submissions from CMHPs..... 12

    Oregon Health Authority Data ..... 13

    Data Limitations ..... 14

Data Analysis and Evaluation .....17

    Overview..... 17

    Methodology ..... 17

    CMHP Submitted Data Results ..... 17

    MOTS and MMIS Data Results ..... 21

Findings and Recommendations .....29

    CMHP Staffing..... 29

    CMHP Staff Costs Compared to CFAA Funding ..... 29

Appendices .....37

Appendix 1: CMHP County of Operation .....38

Appendix 2: Oregon Counties Population (CY23).....39

Appendix 3: CMHP Reported Costs .....40

CY22 – Employees and Contract Labor Expense for All Services Combined..... 40

CY23 – Employees and Contract Labor Expense for All Services Combined..... 42

First Six Months CY24 – Employees and Contract Labor Expense for All Services Combined. 44

CY22 – Employees and Contract Labor Expense by Service..... 46

CY23 – Employees and Contract Labor Expense by Service..... 48

First Six Months of CY24 – Employees and Contract Labor Expense by Service..... 50

Appendix 4: CMHP Expenditure and CFAA Amount Comparison .....52

CY22 – Aid & Assist..... 52

CY22 – Civil Commitment..... 54

CY22 – Crisis Services ..... 56

CY22 – All Services Combined ..... 58

CY23 – Aid & Assist..... 60

CY23 – Civil Commitment..... 62

CY23 – Crisis Services ..... 64

CY23 – All Services Combined ..... 66

First Six Months of CY24 – Aid & Assist..... 68

First Six Months of CY24 – Civil Commitment..... 70

First Six Months of CY24 – Crisis Services ..... 72

First Six Months of CY24 – All Services Combined ..... 74

Appendix 5: List of Acronyms Used in this Report .....76

**Table Reference**

Table 1 – CFAA Amounts by Service and Fund for CY22, CY23, and Six Months CY24..... 4

Table 2 – Report Timeline Overview..... 9

Table 3 – CMHP Employed, Contracted Labor and Vacant FTE Positions ..... 17

Table 4 – Unfunded FTE Positions ..... 18

Table 5 – Unique Individuals Served as Reported by the CMHPs..... 19

Table 6 – CMHP Reported Costs ..... 20

Table 7 – Count of Unique Individuals in MOTS (Any Rendering Provider) ..... 23

Table 8 – Count of Unique Individuals in MOTS by Age (Any Rendering Provider) ..... 23

Table 9 – Count of Unique Individuals in MOTS (CMHP Providers Only) ..... 24

Table 10 – Count of Unique Individuals in MOTS by Age (CMHP Providers Only) ..... 24

Table 11 – Reported “Billed Charges” in MOTS (Any Rendering Provider) ..... 25

Table 12 – Reported “Billed Charges” in MOTS by Age (Any Rendering Provider) ..... 26

Table 13 – Reported “Billed Charges” in MOTS (CMHP Providers Only)..... 26

Table 14 – Reported “Billed Charges” in MOTS by Age (CMHP Providers Only) ..... 27

Table 15 – Top Crisis Services “Billed Charges” in MOTS (CMHP Providers Only) ..... 28

Table 16 – CMHP Reported Costs by Service Compared to the CFAA (CY Basis) ..... 31

Table 17 – CMHP Reported Costs in Aggregate Compared to the CFAA (CY Basis) ..... 33

Table 18 – Proportion of CMHP Reported Costs by Service ..... 34

## Executive Summary

### Overview

The Oregon Health Authority (OHA) provides this report as required by Section 1 of House Bill 4092 (Enrolled, 2024). This report is intended to evaluate the expenditures associated with behavioral health services provided through Local Mental Health Authorities (LMHAs) and Community Mental Health Programs (CMHPs) in Oregon. This document focuses on three services: community restoration services under judicial order Aid & Assist, Civil Commitment services, and Crisis Services.

This report incorporates available quantitative data supplied to Optumas and OHA by the CMHPs and supplemented by data available from OHA to provide a high-level understanding of the costs associated with service expenditures compared to available funding. The data presented in this report includes CMHP staffing, staffing costs, utilization, and county appropriation amounts from the County Financial Assistance Agreements (CFAA) for calendar year (CY) 2022, 2023, and the first six months of 2024. These periods were selected to provide at least two years of annual data, including the most recent data available when this report process was initiated.

The Oregon Legislature appropriates state general funds, federal funds, and other state funds, such as alcohol taxes to OHA, which then distributes these funds, including all applicable federal funding (e.g., SAMHSA Mental Health block grant funding, American Rescue Plan funding, etc.), through the CFAA to LMHAs and CMHPs. Please note that CMHPs who provide Crisis Services to Medicaid eligible individuals can bill Medicaid and receive reimbursement in addition to the CFAA. The revenues associated with Medicaid reimbursement are not evaluated and included in this report due to limitations in the data available.

### Key Findings

The following highlights findings from the evaluation of data submitted by the CMHPs. It is important to note that the Aid & Assist and Civil Commitment services evaluated in this report are not eligible for Medicaid coverage and are entirely funded by the CFAA.

- The annual reported CMHP staff costs for Aid & Assist, Civil Commitment, and Crisis Services grew from \$65.4 million in CY22 to \$84.0 million in CY23. For the first six months of CY24, this figure is \$56.5 million or \$113 million on an annualized basis.
- Crisis Services make up the largest proportion of the CMHP reported costs.
- During the engagement with the CMHPs, they expressed concern about the rising costs of providing these services and the available funding to meet the demand.
- The difference between CMHP costs and CFAA funding, excluding one-time funding, is \$15.3 million, \$15.0 million, and \$16.2 million for CY22, CY23, and the first six months of

CY24, respectively. Annualizing the first six months of CY24 indicates a **\$32.4 million** difference.

- After including one-time funding in CFAA amounts, the difference decreases to \$9.7 million, \$6.9 million, and \$13.6 million for CY22, CY23, and the first six months of CY24, respectively. Annualizing the difference for the first six months of CY24 indicates a **\$27.2 million** difference.
- CMHPs report approximately 140 vacant positions across all CMHPs in the first six months of CY24. Staff vacancies for Crisis Services are the largest at 113, followed by 17 vacancies for Aid & Assist and 10 for Civil Commitment.
- Where CMHPs fill staffing gaps using contracted mental health professionals their staff costs are often 50% to 100% higher than employed staff.

When evaluating reported costs by each CMHP, readers should note that the costs by CMHPs are relative to the population size of each county. Please refer to Appendix 2 (Page 39) for the CY23 population information by county as published by the Population Resource Center at Portland State University<sup>1</sup>.

### Recommendations and Next Steps

Because Aid & Assist and Civil Commitment are not eligible for Medicaid reimbursement, it is critical that the CFAA adequately funds the CY24 funding gap outlined above minus the amount of Medicaid revenue received (not quantified in this report) by the CMHPs with the general fund. These services provided by CMHPs support Governor Kotek's priority of building a behavioral health continuum of care that will meet people where they are and provide culturally and linguistically appropriate services to meet their mental health and addiction needs.<sup>2</sup>

This report does not determine the cost for CMHPs to provide services nor does it present age-based information due to limitations in data that were encountered during the performance of this work. OHA and Optumas have discussed conducting a comprehensive engagement process with the CMHPs following the completion of this report. This engagement process will occur between January 2025 and late spring 2025. It will establish more extensive and detailed data requests that should result in more accurate information for the Phase Two report is due in late December 2025.

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<sup>1</sup> <https://www.pdx.edu/population-research/population-estimate-reports>

<sup>2</sup> <https://www.oregon.gov/gov/priorities/Pages/behavioral-health.aspx>

## Introduction

The purpose of this project is to evaluate expenditures associated with behavioral health services provided to individuals through LMHAs and CMHPs for the following three mandatory services:

1. Community restoration services under a judicial order.
2. Civil commitment services include costs associated with the investigation through treatment until a commitment is completed.
3. Crisis Services are provided as part of the statewide crisis system.

This evaluation is phase one of a two-report series. It evaluates statutorily required services expenditures based on CMHP data submissions and an initial evaluation of data submitted by CMHPs through OHAs MOTS data. Phase two will evaluate all other services, including the statutorily required community mental health program and planning and treatment services. OHA, Optumas, and the CMHPs will engage in a series of working discussions about the challenges encountered in collecting the information outlined in this report.

### Local Mental Health Authorities (LMHA)

LMHA are entities that meet one of the following criteria:

- The board of county commissioners of one or more counties that establishes or operates a community mental health program.
- The tribal council, in the case of the Nine Federally Recognized Tribes in Oregon, that elect to enter into an agreement to provide mental health services or
- A regional local mental health authority comprising two or more boards of county commissioners.
- Defined in ORS 430.630(9)(a)

### Community Mental Health Programs (CMHP)

An entity operated or contractually affiliated with a local mental health authority to deliver services in a specific geographic area of the state to individuals with, or at risk of developing, mental health or substance use disorders as required in ORS 430.630(1)-(8).

CMHP providers are county governments, Tribal organizations, and private non-profit providers who perform the services included in this evaluation. CMHPs also provide a wide array of mental health and substance use disorder treatment, including case management and care planning, beyond the services covered in this report.

The Oregon Legislature appropriates state general funds, federal funds, and other state funds such as alcohol taxes to the Oregon Health Authority (OHA), which then distributes these funds through County Financial Assistance Agreements (CFAA) to LMHAs and CMHPs where the LMHA does not operate the CMHP and contracts directly with a private, non-profit organization.

There are 30 CMHPs and one tribal CMHP, the Confederated Tribes of Warm Springs. The list of CMHPs and their counties of operation is itemized in Appendix 1 (Page 38).

**County Financial Assistance Agreements (CFAA)**

The CFAA agreement is a mechanism that OHA uses to fund behavioral health services that are not covered by Medicaid. These agreements are determined on a state fiscal year (SFY) basis and include funding for Aid & Assist, Civil Commitment, and Crisis Services through service elements and consist of separate funding sources. The fund sources and amounts vary between each year and may include time- limited funding, such as one-time funds. OHA is currently modifying the structure of future CFAAs to streamline current processes, enhance outcome metrics, and improve accountability for OHA and the CMHPs.

Table 1 illustrates the aggregate annual CFAA amounts, excluding one-time funds by service on a CY basis. The conversion to CY22 uses 50% of the amounts for SFY22 and SFY23. CY23 uses 50% of the amounts from SFY23 and SFY24, and the first six months of CY24 use 50% of the amount for SFY24.

**Table 1 – CFAA Amounts by Service and Fund for CY22, CY23, and Six Months CY24**

CFAA Source by Service	Calendar Year CFAA (Excludes One-Time Funds)		
	CY22	CY23	First Six Months of CY24
<b>CFAA Excluding One-Time Funding</b>			
Aid & Assist	\$5,429,631	\$11,860,535	\$8,232,669
Civil Commitment	\$6,598,802	\$7,663,000	\$4,363,599
Crisis Services	\$37,312,678	\$49,065,627	\$27,312,293
<b>Total</b>	<b>\$49,341,111</b>	<b>\$68,589,163</b>	<b>\$39,908,561</b>
<b>CFAA One-Time Funding</b>			
Aid & Assist	\$151,323	\$1,574,540	\$1,423,217
Civil Commitment	\$0	\$1,000,000	\$1,000,000
Crisis Services	\$5,400,000	\$5,578,333	\$178,333
<b>Total</b>	<b>\$5,551,323</b>	<b>\$8,152,873</b>	<b>\$2,601,550</b>
<b>Combined CFAA Funding</b>			
Aid & Assist	\$5,580,953	\$13,435,075	\$9,655,886
Civil Commitment	\$6,598,802	\$8,663,000	\$5,363,599
Crisis Services	\$42,712,678	\$54,643,961	\$27,490,627
<b>Total</b>	<b>\$54,892,433</b>	<b>\$76,742,036</b>	<b>\$42,510,111</b>

The CFAA funding amounts from this table are used compared to reported CMHP costs in Table 16 (Page 31) and Table 17 (Page 33) and are detailed by CMHP in Appendix 4 (Page 52).



In addition to CFAA funding for Aid & Assist, Civil Commitment, and Crisis Services, CMHPs can and do receive funding or revenue from other sources. These sources are not an exhaustive list but include Medicaid, and potentially Medicare, employer-sponsored insurance, and private health insurance. CMHPs have indicated that most employer-sponsored and private health insurance companies do not reimburse for the three services evaluated in this report. Medicaid reimbursement sources vary and may overlap between traditional Medicaid fee schedule reimbursement, alternative payment methodologies (e.g., incentive payments, bonus payments, capitation), or prospective payment system (PPS) reimbursement for CMHPs who are a Certified Community Behavioral Health Clinic (CCHBC).

This report initially sought to evaluate the additional funding streams; however, the time available for the CMHPs to collect, itemize, and report these amounts was inadequate, and the supplemental OHA data was insufficient to quantify and incorporate into this report.

### Certified Community Behavioral Health Clinics (CCBHC)

As noted in the discussion about the CFAA, nine CMHPs are also CCBHCs. CCBHC information is provided for background; however, CMHP revenue associated with CCBHC reimbursement for Crisis Services is not evaluated for this report.

CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. CCBHCs must provide the following nine core services; many overlap with the state-funded mandatory services included in this study:

- Crisis Services (note for Mobile Crisis: the CCBHC must be able to respond within 3 hours)
- Treatment Planning
- Screening, Assessment, Diagnosis & Risk Assessment
- Outpatient Mental Health & Substance Use Services
- Targeted Case Management
- Outpatient Primary Care Screening and Monitoring
- Community-Based Mental Health Care for Veterans
- Peer, Family Support & Counselor Services
- Psychiatric Rehabilitation Services

CCBHCs are reimbursed based on a daily PPS rate that includes all CCBHC core services and other non-core services delivered to Medicaid eligible individuals. The daily PPS rate is developed by calculating the cost incurred by the CCBHC of delivering the nine core services and ancillary enabling services on an annual basis and dividing the sum by the number of

unduplicated daily qualifying encounters, ensuring the costs of operating a CCBHC program for Medicaid eligible individuals are met. These rates are adjusted annually for inflation and rebase at least once every three years. As of the date of this report, the following CMHPs are operating as CCBHCs.

- Columbia Community Mental Health
- Community Counseling Solutions
- Deschutes County Health Services
- Klamath Child & Family Treatment Center
- Mid-Columbia Center for Living
- Options for Southern Oregon
- Symmetry Care, Inc
- Wallowa County Center for Wellness
- Yamhill County Health and Human Services

Two additional CMHPs, Adapt Integrated Healthcare, Inc. and BestCare – are federally designated CCBHC grantees. While these entities provide all nine core CCBHC services and comply with CCBHC program criteria established by the Substance Abuse and Mental Health Services Administration (SAMHSA), their activities are supported by direct federal grants and do not receive PPS reimbursement at this time.

### **Mandatory Service Overview**

The following describes the services covered in this evaluation and report, including how these services are funded.

#### **Community Restoration Services Under a Judicial Order (Aid & Assist)**

In Oregon, individuals who are accused of committing a crime and have a mental illness that limits their ability to participate in their own defense may be ordered into community restoration services so they may aid in their defense, referred to as “Aid & Assist.” Oregon Revised Statute (ORS) 161.355 through ORS 161.375 and Oregon Administrative Rules (OAR) Chapter 309 Division 88 details the array of services included in restoration services. The CMHP's role in Aid & Assist is to provide assessment, planning, and services to individuals as a condition of their court-ordered release so they can participate in their court proceedings and defense. CMHPs are also responsible for reporting non-compliance to the court for individuals who do not participate as agreed.

Aid & Assist services addressed in this report are the sole responsibility of the Oregon, funded through Service Element 4. For Medicaid eligible individuals, these services are not typically covered or reimbursed by Medicaid, including the Medicaid CCOs, and do not receive federal matching.

## Civil Commitment

In Oregon, Civil Commitment is a legal process in which a judge decides whether an individual who is alleged to be mentally ill should be required to accept mental health treatment because they:

- Are a danger to themselves or others because they have a mental illness or
- Are unable to provide for their basic needs because they have a mental illness, and the court believes a Civil Commitment is necessary to avoid serious physical harm in the near future.

CMHPs provide all pre-commitment and post-commitment monitoring services for individuals as described in ORS 426.005 through ORS 426.495 and OAR Chapter 309 Division 33. In general, Civil Commitment includes:

- Pre-commitment is based on the county of residence for the individual. Services include placement coordination and behavioral health services in the least restrictive setting, including monitoring, stabilization, maintenance, and prevention services.
  - Holds
  - Secure transportation
  - 14-day diversion
  - Court documents
  - Investigation processes
  - Warrants of detention
  - Case planning
- Placement coordination includes reporting and documenting placement changes to OHA, referral, and care coordination
- Prevention or stabilization
- Reporting
- System management

Prior to CY24, Civil Commitment services were funded through service elements 01, 17, 24, 28, and 28A. Civil commitment services are now funded through service element 24. Similar to Aid & Assist, Civil Commitment is the sole responsibility of Oregon and is funded through the CFAA. For Medicaid eligible individuals, these services are not eligible for coverage or reimbursement by Medicaid and do not receive federal matching.

## Crisis Services

CMHPs provide in-person and crisis line Crisis Services for mental health and substance use disorder for individuals residing in their communities. Crisis Services meet the individual where they are and connect them with behavioral health providers for longer-term treatment and are

funded through service elements 25 and 25A. The CMHPs provide Crisis Services through several settings that include:

- Mobile crisis
- Crisis hotlines
- Walk-in centers, stabilization centers, or free-standing health centers

Unlike Aid & Assist and Civil Commitment, some Crisis Services are also eligible for reimbursement by Medicaid and Medicare. Specific to Medicaid, CMHPs can receive reimbursement through the submission of claims to Medicaid FFS, CCOs, or through an alternative payment arrangement (e.g., capitated, or value-based purchasing arrangement) with a CCO. Payments from CCOs for Crisis Services represent a large component of the overall reimbursement to CMHPs; however, this information was not quantifiable in the limited timeframe the CMHPs were given to submit data.

### **Timeline**

The timeline for developing this report was constrained and the information presented was influenced by the information available for analysis and evaluation. Optumas developed this report through a collaborative process that included OHA and CMHPs with the intent to ensure that the limited information included in the report is meaningful and accurate for the Oregon Legislature. The methods used to obtain information evaluated in this report included the following steps, which were performed in parallel and often overlapped with each other.

Optumas appreciates the efforts of all parties involved in the process, including data compilation and feedback to support the development of this report. Table 2 outlines these key steps, their activities, and the timetable for these processes.

The process described in the timeline will serve a valuable purpose for establishing an appropriate timeline of activities to develop data request information and data collection leading up to the second phase of this report, which will include all service expenditures. The Data Considerations for Phase Two and Future Analysis section describes the process and considerations for the next report iteration.

**Table 2 – Report Timeline Overview**

Key Steps and Activities	Timeline
<b>1. Meet with OHA subject matter experts</b>	
<ul style="list-style-type: none"> <li>a. Learn about background information for service elements.</li> <li>b. Discuss and explore the availability of data managed by OHA, including MOTS and OHA MMIS information.</li> </ul>	<p>Mid-August 2024 through Late September 2024</p>
<b>2. Initial Data Discovery Meetings with CMHPs (Pre-Data Request)</b>	
<ul style="list-style-type: none"> <li>a. Optumas presented the initial data request to CMHPs, including the timeline for compiling the data request.</li> <li>b. CMHPs discussed limitations to provide data as originally contemplated and concerns about a two-to-three-week timeframe for compiling the information.</li> <li>c. Refined the data request from the CMHPs based on information learned in discussions held with the CMHPs</li> <li>d. Developing data request instructions and template information.</li> </ul>	<p>Late August 2024 through Late September 2024</p>
<b>3. Submitting and Evaluating Data Request Information</b>	
<ul style="list-style-type: none"> <li>a. Submitted data requests narrative and suggested templates to CMHPs</li> <li>b. Held “open meeting hours” for CMHPs to attend and ask clarification questions about the data request.</li> <li>c. Receipt, validation, and analysis of MOTS and MMIS data.</li> <li>d. Reviewed and aggregated data submissions from CMHPs.</li> </ul>	<p>October 2024 through Mid-November 2024</p>
<b>4. Developing the Report, Soliciting Review and Feedback for Report Revisions</b>	
<ul style="list-style-type: none"> <li>a. Developed draft report including abbreviated data tables to solicit feedback from OHA and CMHPs.</li> <li>b. Discussed draft report comments and feedback with OHA and CMHPs.</li> <li>c. Updated report with revisions, including data tables.</li> </ul>	<p>Late October 2024 through December 2024</p>

## Methods

Our evaluation of the expenditures utilized data that Optumas requested and collected from each CMHP and information available through OHA datasets. The following presents the communication process that occurred between OHA, Optumas, and CMHPs to collect data to support the expenditure evaluation.

### OHA Subject Matter Experts

As part of the process of performing this analysis, Optumas met with subject matter experts from OHA to learn the background and information regarding each service area being evaluated in this report. In addition, we learned about available data sources that could be used to support the evaluation of costs. These data sources are described further in the quantitative data section of this report.

### Discussions with CMHP Providers

Early in the process, OHA and Optumas met with a small group of CMHP providers to discuss data availability and seek feedback to inform the data collection process. These meetings helped Optumas understand the CMHP's operations, approach to the delivery of services, data availability, and operational challenges from the CMHP provider's perspective.

OHA and Optumas structured the meetings to discuss the framework for this project's scope of work and goals, discuss the availability of information to support the expenditure evaluation and ask data-related questions. Initially, Optumas thought that requesting transactional claims-like information from CMHPs would support the fiscal evaluation for this report; however, after meeting with CMHPs and discussing our data request concept, we learned that only a small number of the activities performed by the CMHPs were transactional. Instead, the activities for the mandatory services (Aid & Assist, Civil Commitment, and Crisis) delivered by the CMHPs were based on varied units of time and overlapped with other activities, making a distinct accounting of services delivered difficult to capture and report. In addition, we were made aware of operational differences between the CMHPs, which further impacted their ability to report units and expenses uniformly. These differences include their participation as a CCBHC, service delivery requirements of the CCOs, and external arrangements with other providers for the delivery of service. Nine CMHPs operate as Certified Community Behavioral Health Clinics (CCBHCs), and this information is important since the delivery of behavioral health services offered by CCBHCs overlap with the Crisis services included in this study.

OHA implemented the Measures and Outcomes Tracking System (MOTS) for CMHPs to report the delivery of non-Medicaid services; however, some CMHPs shared that MOTS data was not reported consistently due to CMHP organizational electronic health record (EHR) system implementation, existing EHR conversions between systems as well the suspension of MOTS reporting mandates during the COVID-19 pandemic through May 2023. These circumstances influenced our final data request to capture costs for staff, including support staff and overhead

costs incurred by CMHPs. In addition, MOTS data has been inconsistent and frequently does not align with other collected or reported data. Many CMHPs expressed concern that due to incomplete data, MOTS information is not a credible source for definitively evaluating the service elements included in this report.

The Quantitative Data section of this report presents the details of the data request used to solicit expenditure information from the CMHPs. In discussions separate from meeting with the CMHPs, OHA assisted Optumas in engaging with the Tribal Mental Health Program & Policy Analyst before submitting the data request to the Confederated Tribes of Warm Springs.

Following the data request submission to all CMHPs, OHA and Optumas held three separate "open meetings" where CMHPs could attend at their convenience to ask questions about the data request. OHA collected meeting notes and submitted them to all CMHPs, regardless of their attendance, within a business day following each meeting.

The quantitative data section discusses the specifics of the data request, including challenges for collecting the information sought by the Legislature. The recommendations section includes considerations for enhancing the collection of information that was not readily available for the services covered in this report.

#### Quantitative Data

As discussed in the communication section, Optumas requested transactional or claims-like information for services rendered from each CMHP. Optumas also requested detailed person-level data from OHA. The data requests are described in the following sections.

OHA supplied MOTS data that was used along with MMIS eligibility, claims, and encounter data to support the analysis of service utilization for Crisis Services. In cases where the MOTS data did not have an accompanying OHA data element, we relied on information solely from MOTS.

As discussed further in the Methods section of this report, Optumas learned that not all CMHPs submit data through MOTS. The information available in MOTS is included in this report for informational purposes only.

#### CMHP Data Requests

Optumas developed a data request and data submission template for the CMHPs (non-tribal and tribal) to report staff cost information in addition to providing a count of individuals served for each service element for multiple years. As previously discussed, the final CMHP data request was based on discussions with the CMHPs and learning that their operations do not collect transactional claim-like functions as originally envisioned. The operations and costs reported by CMHPs include employed and contracted staff, recognizing that staff members often cover multiple services. Please refer to the data limitations section to learn about specific CMHP operational considerations.

The data request was submitted to each CMHP to collect costs associated with behavioral health services provided through LMHAs and CMHPs that deliver the statutorily required services included in this report:

1. Community restoration services under a judicial order.
2. Civil commitment services include costs associated with the investigation through treatment until a commitment is completed.
3. Crisis Services are provided as part of the statewide crisis system.

This request was focused on CMHP staffing and costs associated with Aid & Assist, Civil Commitment, and Crisis Services for CY22, CY23, and the first six months of CY24 for the following:

- Staffed Positions
- Contracted Positions
- Vacant Positions
- Unfunded Positions
- Leadership and administrative staff positions

For these classifications, the request included:

- Count of employed individuals responsible for rendering required services and functions
- Statutorily required service
- Staff classification (role, title, credentials, or accreditation)
- Aggregate salaries and benefits cost
- The number of unique individuals served for each service element during the CY for Individuals Not Eligible for Medicaid and Medicaid eligible Individuals.

In addition to the information requested above, CMHPs could provide narratives explaining their data submission and present unique challenges or elements of importance not reflected in their submission. The data limitation section includes informative comments from the narratives provided.

#### **Data Request Submissions from CMHPs**

Optumas received data from all 30 non-tribal CMHPs. The Confederated Tribes of Warm Springs indicated that service utilization for its members is often provided by other CMHPs based on where the Tribe member resides. Optumas recognizes that the timeline for CMHPs to respond to the data request was challenging, given their staffing resources and the complexity of reporting this report. For the CMHPs who did not submit information as requested, OHA and Optumas have asked that they complete the data request to support the engagement process



and address data availability, organization, and collection for phase two of this report. OHA and Optumas expect to perform this engagement process from January 2025 through April 2025.

### **Oregon Health Authority Data**

Data maintained by OHA included three datasets: Medicaid eligibility data, fee-for-service claims, and managed care encounter data (collectively referred to as MMIS data), and MOTS data.

MOTS data submissions are required for behavioral health providers who are either licensed or have a certificate of approval from the HSD or the former Addictions & Mental Health Division (AMH) and receive public funds to provide treatment services. The MOTS data collects information from CMHPs for each served individual for the following:

- Behavioral health
- Addiction
- Mental health crisis
- Involuntary service (pre-commitment investigation)
- Non-Medicaid data

Optumas requested MOTS data along with Medicaid MMIS data (eligibility, claims, and encounter data) to evaluate the expenditures and utilization of services provided by CMHPs. Optumas requested the MOTS data without any limitations on time periods or other elements contained within MOTS. The MOTS data contained “person level” information including demographics, conditions by individuals, and services rendered by the CMHP. This data was evaluated and combined with MMIS data to support the analysis and findings discussed in this report; however, this data was not as complete as initially thought. The quality of information available from MOTS was influenced by the following:

- Lack of MOTS data submissions for some CMHPs associated with information technology systems changes.
- Mandatory MOTS data submissions were paused during the COVID-19 pandemic and restarted in May 2023 with a modified data submission format.
- The time between a treatment occurring and the date the information was submitted to MOTS data submissions. This lag is consistent with all health-related claims systems and is not limited to CMHPs or MOTS.

From the tables available in the MOTS dataset, the Client Profile and non-Medicaid data were used for the data analysis and evaluation, including the demographic age information.

## Data Limitations

### CMHP Data Requests

The following data limitations relate to collecting expenditure and utilization information from the CMHPs. They are organized by their influence on how they impacted the evaluation of costs for this report and their MOTS data submissions.

The following influences the comparison of CFAA funding by service element to the CMHP reported costs:

- CMHPs employ and contract with mental health/substance use disorder clinical professionals who provide services to individuals across the entire scope of services the CMHP provides. The reported costs include staff salaries, benefits, management, administrative support, and overhead costs subject to allocation. This makes any direct comparison between CFAA funding and CMHP staffing costs by each service (e.g., Aid & Assist, Civil Commitment, Crisis Services) difficult.
- Some CMHPs rely on contracted treatment staff, which impacts their costs. Though not quantified, CMHPs estimate that the expense of contracted staff may be as much as 50% to 100% higher than the cost of an employed staff member.
- Services provided to individuals in this study do not often fit neatly into a traditional service definition. The clinical staff's time to address the individual needs varies and is difficult to quantify.
- As previously discussed, some CMHPs are also CCBHCs, which are required to provide comprehensive behavioral health/substance use disorder services that overlap with those included in this study. CCBHC-covered services are reimbursed through the CCBHC prospective payment, which increases the complexity of assigning costs between services and evaluating CFAA funding to CMHP expenses.
- This report does not quantify revenue or costs associated with non-CMHP organizations providing individuals with crisis and other outpatient services. The volume of service delivered to an individual, which can be indicative of expenditure, was not readily available from the CMHPs in the abbreviated timeline.
- Expenditures for individuals who seek treatment services outside of the CMHP and service elements were not readily available for this report.
- For an accurate picture of the cost of clinical mental health services in counties, the analysis should consider delivery through non-CMHP providers, including FQHCs with integrated behavioral health programs.

Optumas' ability to include expenditures for services by age group for this report is limited. CMHP's could not, within the abbreviated timeline, accurately provide historical service user counts for our data request or submit data to OHA through MOTS limits. In addition, complexity in the delivery of care creates unique circumstances, including:

- Some CMHPs reported that for the study periods included in our data request and this report, they had transitioned or were transitioning between Electronic Health Record (EHR) software, which impacted their ability to report additional detail as Optumas contemplated initially.

Lastly, due to the timing associated with the data evaluation and report compilation, each CMHP could not evaluate their aggregated reported information and revise their data submissions if they identified an issue with their submission.

### MOTS Data

After evaluating this data and considering the information shared by CMHPs, Optumas identified limitations that impacted its use for assessing the expenditures by the services covered in this report as outlined below:

- Not every CMHP successfully submitted information in MOTS. The primary reasons identified by the CHMPs were:
  - CMHP Electronic Medical Record software conversion initiatives
  - The service elements for Aid & Assist and Civil Commitment are not always transactional; therefore, they influence CMHP's reporting of activities and services provided to everyone it serves.
- Many individuals in MOTS have multiple client IDs, which are difficult to reconcile or consolidate due to slight variations in names and dates of birth. Due to the reduced reliability of unique indicators in MOTS, it is more difficult to validate with MMIS experience. A larger percentage of MOTS services may be reported in MMIS but are not possible to identify due to limited data.
  - In some cases, individuals with Medicaid IDs in MOTS had different names and dates of birth associated with them.
  - Individuals who do not have a Medicaid ID are not always uniquely identified in MOTS. After evaluating the information, Optumas observed instances where IDs varied for the same individual or individuals with a slight variation in their name. It is reasonable that this occurs because non-Medicaid individuals do not have a unique identifier. Additionally, information for individuals appears to vary for the same individual who received services from the CMHP or the individual who received services from the same or multiple CMHPs over time because variations in the names of individuals appear within the data.
  - The only real-date indicator of an individual's status is the date of service recorded on the Non-Medicaid Services table. The client profile table within MOTS includes dates associated with record updates, so unless the status has changed, it is unclear how actively members engage with CMHPs.

### **Data Considerations for Phase Two and Future Analysis**

The timeframe for requesting and analyzing data from the CMHPs limited the information available for presentation in this report. A more substantial process is necessary to collect and compile data to support an accurate evaluation of expenditures. Due to these limitations and the results of the data analysis, a more substantial process is necessary to collect and compile data to support accurate expenditure accounting. This process should include the following:

- Where CMHPs provide information – Determining and developing clear and standardized definitions for reporting CMHP staffing and their costs. The basis for this recognizes the variation in methodologies and assumptions used by CMHPs to compile their information to fulfill the data request; however, Optumas recognizes that the CMHPs had to compile data for this report in an expedited timeframe, which should not be the case for the second phase of the report.
- Developing consistent methodologies for allocating overhead costs.
- Developing a standardized approach for evaluating vacant and unfunded positions.
- Optumas will explore whether information can be collected directly from the CMHP's EHR systems to support data reporting for the second phase report.
- Identify additional data and perform more in-depth data analysis, including data for providers partnering with or contracting with CMHPs to provide mental health and substance use disorder treatment services.
- Establish milestone dates for CMHPs to compile requested information, including a collaborative data review process incorporating data analysis from MOTS and MMIS data sources.

OHA and Optumas have discussed conducting a comprehensive engagement process with the CMHPs following the completion of this report. The process and challenges faced in reporting and compiling information for this report have served a valuable purpose and will be leveraged to refine data collection for phase two. This engagement process will occur between January 2025 and late spring 2025. It will establish more extensive and detailed data requests that should result in more accurate information for the Phase Two report, which is due in late December 2025.

## Data Analysis and Evaluation

### Overview

The following section discusses Optumas’ data evaluation, including the methodologies utilized, findings, and recommendations. The analysis used data submitted by the CMHPs and results of the analysis performed using the person-level information contained in the MOTS and MMIS collection of Medicaid eligibility, fee-for-service (FFS), and coordinated care organization (CCO) encounter data.

### Methodology

The data request information collected from the CMHPs was previously outlined and included individuals served by the CMHP, full-time equivalent (FTE) counts, and staff costs for employed and contracted mental health practitioners who provided mental health and substance use disorder services for Aid & Assist, Civil Commitment, and Crisis Services. Optumas also collected CMHP overhead costs, FTE counts, and estimated cost information related to vacant and unfunded practitioner positions. Narratives that CMHPs provided with their data submission were reviewed and used to inform the data presented and table notes.

### CMHP Submitted Data Results

#### CMHP Staffing information

Submitted data was aggregated by CY by CMHP for employed, contracted, and vacant clinical staff positions, including management, administrative, and support staff. Table 3 presents information on the number of reported FTE staffed positions (employees and contracted staff) and vacant positions by service. The vacant positions represent the total number of clinical professionals necessary to fulfill the need for services across the state.

**Table 3 – CMHP Employed, Contracted Labor and Vacant FTE Positions**

Service	Employed and Contracted			Vacant		
	CY22	CY23	First Six Months of CY24	CY22	CY23	First Six Months of CY24
Aid & Assist	64.7	83.5	102.3	10.3	24.4	17.0
Civil Commitment	59.0	61.3	61.8	8.0	13.0	9.6
Crisis Services	364.1	429.4	418.4	89.8	122.1	113.0
<b>Total</b>	<b>487.8</b>	<b>574.3</b>	<b>582.5</b>	<b>108.1</b>	<b>159.6</b>	<b>139.6</b>
<b>Crisis Service Detail</b>						
Non-Mobile	197.2	209.4	176.3	38.7	62.7	58.3
Mobile	167.0	220.0	242.1	51.1	59.4	54.7
<b>Total</b>	<b>364.1</b>	<b>429.4</b>	<b>418.4</b>	<b>89.8</b>	<b>122.1</b>	<b>113.0</b>

**Table Notes:**

1. In some cases, the CMHP reported information on a fiscal year basis. Optumas aggregated the data by using 50% of one fiscal year and 50% of the following fiscal year to represent an approximation for the CY.
2. CMHPs utilized allocation methodologies to provide staff counts between services.
3. FTE counts were not provided consistently for contractor staffing.
4. FTE counts include clinical staff, management, and administrative support staff.

CMHPs report the need to use higher cost contracted staff to fill vacant positions due to turnover and workforce shortages to ensure the availability of adequate staff to serve the communities they serve.

Unfunded Positions

In addition to providing current employed, contracted, and staff vacancies, the information submitted by the CMHPs included information about positions they believe are necessary to meet their community's needs. The expense associated with these unfunded positions has not been quantified due to variations in salary, benefits, and indirect and direct costs across CMHPs. Table 4 presents the number of professional staff by service that the CMHPs believe are required to meet unmet needs.

**Table 4 – Unfunded FTE Positions**

Service	Unfunded Positions		
	CY22	CY23	First Six Months of CY24
Aid & Assist	10.0	8.1	6.6
Civil Commitment	66.2	66.8	66.7
Crisis Services	42.8	46.4	59.4
<b>Total</b>	<b>119.0</b>	<b>121.3</b>	<b>132.7</b>
<b>Unfunded Positions as Percentage of Employed, Contracted and Vacant Staff</b>	<b>20.0%</b>	<b>16.5%</b>	<b>18.4%</b>

Individuals Served

Table 5 presents the unique number of individuals classified as Medicaid eligible, by Medicaid, Non-Medicaid, and unknown for each reporting period that utilized services by the service element. The information submitted by the CMHPs varied, including classifying some individuals as “unknown” or not reporting the figures.

**Table 5 – Unique Individuals Served as Reported by the CMHPs**

Service / Individual Classification	CY22	CY23	First Six Months of CY24
<b>Aid &amp; Assist</b>			
Not Eligible for Medicaid	415	517	412
Medicaid Eligible	644	971	894
Unknown	120	157	168
<b>Total</b>	<b>1,179</b>	<b>1,645</b>	<b>1,474</b>
<b>Civil Commitment</b>			
Not Eligible for Medicaid	684	606	332
Medicaid Eligible	1,427	1,382	907
Unknown	972	999	776
<b>Total</b>	<b>3,083</b>	<b>2,987</b>	<b>2,015</b>
<b>Crisis (includes non-mobile and mobile)</b>			
Not Eligible for Medicaid	7,383	8,241	4,963
Medicaid Eligible	15,727	16,421	11,261
Unknown	11,202	11,780	10,968
<b>Total</b>	<b>34,312</b>	<b>36,442</b>	<b>27,192</b>
<b>Table Notes:</b>			
1. This table does not represent data for every CMHP and year period. In some cases, CMHPs did not provide a total of unique individuals; however, these omissions should not significantly impact the figures presented here.			

**CMHP Staff Costs**

Table 6 presents the employment costs (salary plus benefits) for employed and contracted staff and includes costs for management and administration support staff reported by the CMHPs. The table illustrates that the largest share of total staffing is associated with Crisis Services. Please refer to Appendix 3 (Page 40) for detailed tables by county by CY.

**Table 6 – CMHP Reported Costs**

Service	CY22	CY23	First Six Months of CY24	Total
<b>Staff and Benefits Cost</b>				
Aid & Assist	\$6,151,552	\$8,325,462	\$7,417,878	\$21,894,891
Civil Commitment	\$5,959,803	\$5,960,166	\$4,698,347	\$16,618,316
Crisis Services	\$35,587,332	\$44,169,851	\$29,614,788	\$109,371,971
<b>Total</b>	<b>\$47,698,687</b>	<b>\$58,455,478</b>	<b>\$41,731,014</b>	<b>\$147,885,179</b>
<b>% of Grand Total</b>	<b>73.0%</b>	<b>69.6%</b>	<b>73.9%</b>	<b>71.8%</b>
<b>Direct Costs</b>				
Aid & Assist	\$1,245,779	\$3,434,446	\$1,800,345	\$6,480,569
Civil Commitment	\$737,065	\$977,903	\$632,462	\$2,347,430
Crisis Services	\$7,869,583	\$10,677,094	\$6,973,244	\$25,519,921
<b>Total</b>	<b>\$9,852,426</b>	<b>\$15,089,443</b>	<b>\$9,406,050</b>	<b>\$34,347,920</b>
<b>% of Grand Total</b>	<b>15.1%</b>	<b>18.0%</b>	<b>16.6%</b>	<b>16.7%</b>
<b>Indirect Costs</b>				
Aid & Assist	\$935,263	\$1,338,217	\$827,687	\$3,101,168
Civil Commitment	\$582,436	\$709,005	\$475,857	\$1,767,298
Crisis Services	\$6,302,848	\$8,418,160	\$4,054,418	\$18,775,427
<b>Total</b>	<b>\$7,820,548</b>	<b>\$10,465,382</b>	<b>\$5,357,963</b>	<b>\$23,643,893</b>
<b>% of Grand Total</b>	<b>12.0%</b>	<b>12.5%</b>	<b>9.5%</b>	<b>11.5%</b>
<b>Grand Total (Staff and Benefit + Direct + Indirect Cost)</b>				
Aid & Assist	\$8,332,594	\$13,098,124	\$10,045,911	\$31,476,628
Civil Commitment	\$7,279,305	\$7,647,074	\$5,806,666	\$20,733,045
Crisis Services	\$49,759,763	\$63,265,105	\$40,642,450	\$153,667,318
<b>Total</b>	<b>\$65,371,661</b>	<b>\$84,010,303</b>	<b>\$56,495,027</b>	<b>\$205,876,991</b>

**Table Notes:**

1. The figures in this table do not include CMHPs’ estimates of vacant or unfunded positions. The data is self-reported, and direct and indirect cost methodologies vary between CMHPs.
2. Optumas requested CMHPs to provide their costs by CY. Where the CMHPs submitted data on a state fiscal year, the data was split approximately 50% between fiscal years to establish information on a CY.



## MOTS and MMIS Data Results

### Data Analysis Methodology

As previously discussed, the MOTS data includes information submitted by CMHPs to OHA for individuals receiving services at the CMHP. The following data analysis uses MOTS's "Non-Medicaid" services table information. The data available from MOTS is underreported and not a reliable representative of utilization or cost of services; however, the following tables are provided to illustrate the information available.

The "Non-Medicaid" table collects information about services provided to individuals that are paid for with public funds. Per OHA guidance, the mental health providers required to submit data through MOTS include:

- Providers that deliver OHA-covered services, including CMHPs, LMHAs, and other types of community behavioral health providers.
- Providers that are subcontractors of a CMHP or entity that are contracted with OHA.
- Providers that OHA does not contract with but are required to submit data to MOTS by state/federal statute or rule.
- Providers that contract with other governmental agencies

Optumas evaluated the "Non-Medicaid" data by date of service and facility ID from MOTS, excluding residential care services, identified by procedure codes in the data. This data was then merged with the MOTS "Client Profile" tables to incorporate demographic characteristics such as date of birth, county of residence, and treatment status. Following these steps, Optumas combined this information with OHA MMIS eligibility data to assign Medicaid eligibility based on whether the individual had a valid Medicaid eligibility record for the date of service reflected in MOTS.

### Analysis Limitations

The MOTS data included "legal status" to indicate Aid & Assist and Civil Commitment. Optumas could not classify user counts or expenditures using these classifications for the data analyzed. Optumas found that over 72% of the records for "legal status" were classified as "unknown" or contained empty values.

### Counts of Unique Individuals with Any MOTS Non-Medicaid Service

Optumas analyzed the MOTS data and identified the number of individuals represented who were eligible for Medicaid versus those not eligible for Medicaid for CY22, CY23, and the first six months of CY24. Since CMHPs may refer individuals to non-CMHP behavioral health providers, Optumas presents the following information in two ways: Tables 7-10 present data for all providers, including CMHPs, and Tables 11-15 present data where the provider is a CMHP provider only. Optumas observed twenty-four unique CMHP provider submissions whose volume varies in the MOTS data for CY22, CY23, and the first six months of CY24.

The following tables present information for unique individual counts from the MOTS data as outlined below:

Table Number	Rendering Provider	Table Description
<b>All MOTS “Non-Medicaid Services”</b>		
<b>Table 7</b>	Any provider	The count of unique individuals who were Medicaid eligible versus not Medicaid eligible that received a service in the “Non-Medicaid Services” MOTS table rendered by any provider.
<b>Table 8</b>	Any provider	Presents information from <b>Table 7</b> by age and includes the distribution of individuals by age. The age assignment is based on the individual's age as of the first day of the reporting period (e.g., CY22).
<b>Table 9</b>	CMHP only	The count of unique individuals who were Medicaid eligible versus not Medicaid eligible that received a service in the “Non-Medicaid Services” MOTS table rendered by only CMHP providers. This table is a subset of <b>Table 7</b> .
<b>Table 10</b>	CMHP only	Presents information from <b>Table 9</b> by age and includes the distribution of individuals by age.

**Table Notes:**

1. Counts for individuals without Medicaid eligibility are likely overstated due to what appears to be a duplication for some individuals in the MOTS tables. These duplicates are associated with circumstances such as variation in the individual's name reflected in the data.
2. MOTS data reflects only the date of service an individual received a service. It does not include a date span like how Medicaid eligibility is organized. Matching to identify Medicaid eligibility is based on the individual having valid Medicaid eligibility based on the date the service was rendered.

**Table 7 – Count of Unique Individuals in MOTS (Any Rendering Provider)**

Population Category	CY22	CY23	First Six Months of CY24
Medicaid Eligible	10,098	9,155	6,407
Not Eligible for Medicaid	6,936	6,102	4,203
<b>Total</b>	<b>17,034</b>	<b>15,257</b>	<b>10,610</b>
<b>Proportion of Counts - Medicaid and Without Medicaid</b>			
Medicaid Eligible	59.3%	60.0%	60.4%
Not Eligible for Medicaid	40.7%	40.0%	39.6%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 8 – Count of Unique Individuals in MOTS by Age (Any Rendering Provider)**

Population Category	CY22		CY23		First Six Months of CY24	
	Individuals	Distribution by Age	Individuals	Distribution By Age	Individuals	Distribution by Age
<b>Medicaid Eligible</b>						
0 - 17 years Old	970	9.6%	782	8.5%	482	7.5%
18- 26 Years Old	1,115	11.0%	928	10.1%	596	9.3%
26+ Years Old	8,013	79.4%	7,445	81.3%	5,329	83.2%
<b>Total</b>	<b>10,098</b>	<b>100.0%</b>	<b>9,155</b>	<b>100.0%</b>	<b>6,407</b>	<b>100.0%</b>
<b>Not Eligible for Medicaid</b>						
0 - 17 years Old	934	13.5%	964	15.8%	623	14.8%
18- 26 Years Old	858	12.4%	687	11.3%	478	11.4%
26+ Years Old	5,144	74.2%	4,451	72.9%	3,102	73.8%
<b>Total</b>	<b>6,936</b>	<b>100.0%</b>	<b>6,102</b>	<b>100.0%</b>	<b>4,203</b>	<b>100.0%</b>
<b>Grand Total</b>	<b>17,034</b>		<b>15,257</b>		<b>10,610</b>	

**Table 9 – Count of Unique Individuals in MOTS (CMHP Providers Only)**

Population Category	CY22	CY23	First Six Months of CY24
Medicaid Eligible	6,238	5,148	3,309
Not Eligible for Medicaid	3,547	3,426	2,259
<b>Total</b>	<b>9,785</b>	<b>8,574</b>	<b>5,568</b>
<b>Proportion of Medicaid and Without Medicaid</b>			
Medicaid Eligible	63.8%	60.0%	59.4%
Not Eligible for Medicaid	36.2%	40.0%	40.6%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 10 – Count of Unique Individuals in MOTS by Age (CMHP Providers Only)**

Population Category	CY22		CY23		First Six Months of CY24	
	Individuals	Distribution by Age	Individuals	Distribution by Age	Individuals	Distribution by Age
<b>Medicaid Eligible</b>						
0 - 17 years old	739	11.8%	573	11.1%	366	11.1%
18- 26 Years old	721	11.6%	589	11.4%	357	10.8%
26+ Years Old	4,778	76.6%	3,986	77.4%	2,586	78.2%
<b>Total</b>	<b>6,238</b>	<b>100.0%</b>	<b>5,148</b>	<b>100.0%</b>	<b>3,309</b>	<b>100.0%</b>
<b>Not Eligible for Medicaid</b>						
0 - 17 years old	651	18.4%	692	20.2%	415	18.4%
18- 26 Years old	484	13.6%	449	13.1%	294	13.0%
26+ Years Old	2,412	68.0%	2,285	66.7%	1,550	68.6%
<b>Total</b>	<b>3,547</b>	<b>100.0%</b>	<b>3,426</b>	<b>100.0%</b>	<b>2,259</b>	<b>100.0%</b>
<b>Grand Total</b>	<b>9,785</b>		<b>8,574</b>		<b>5,568</b>	

MOTS Expenditures for Individuals with Any Non-Medicaid Service

The following presents Optumas’ analysis of the mental health service expenditures reported in the MOTS data for services rendered in CY22, CY23, and the first six months of CY24. Please note that the MOTS reporting of expenditures is based on “billed charges,” which may not be equivalent to the cost for the provider to deliver the service.

The following tables present expenditure information from the MOTS data as outlined below:

Table Number	Rendering Provider	Table Description
<b>All MOTS “Non-Medicaid Services”</b>		
<b>Table 11</b>	Any provider	Reported expenditures for any provider for individuals who were Medicaid eligible versus non-Medicaid eligible.
<b>Table 12</b>	Any provider	Presents information from <b>Table 11</b> by age and includes the distribution of individuals by age. The age assignment is based on the individual's age as of the first day of the reporting period (e.g., CY22).
<b>Table 13</b>	CMHP only	Reported expenditures for CMHP providers for individuals who were Medicaid eligible versus not Medicaid eligible. This table is a subset of <b>Table 11</b> .
<b>Table 14</b>	CMHP only	Presents information from <b>Table 13</b> by age and includes the distribution of individuals by age.
<b>MOTS Crisis Services Only</b>		
<b>Table 15</b>	Identified in table	The crisis services by procedure and codes and their proportion of the total of all procedure and modifier codes that were present in the data.

**Table 11 – Reported “Billed Charges” in MOTS (Any Rendering Provider)**

Population Category	CY22	CY23	First Six Months of CY24
Medicaid Eligible	\$71,511,704	\$75,243,213	\$31,368,603
Not Eligible for Medicaid	\$300,478,605	\$319,589,920	\$121,139,491
<b>Total</b>	<b>\$371,990,309</b>	<b>\$394,833,133</b>	<b>\$152,508,094</b>

**Table 12 – Reported “Billed Charges” in MOTS by Age (Any Rendering Provider)**

Population Category and Age	CY22	CY23	First Six Months of CY24
<b>Medicaid Eligible</b>			
0-17	\$10,566,552	\$9,464,691	\$7,203,924
18-25	\$15,804,638	\$14,829,359	\$4,077,124
26+	\$45,140,514	\$50,949,163	\$20,087,555
<b>Total</b>	<b>\$71,511,704</b>	<b>\$75,243,213</b>	<b>\$31,368,603</b>
<b>Not Eligible for Medicaid</b>			
0-17	\$14,292,576	\$24,968,535	\$15,959,745
18-25	\$62,011,631	\$57,763,576	\$34,402,320
26+	\$224,174,398	\$236,857,809	\$70,777,426
<b>Total</b>	<b>\$300,478,605</b>	<b>\$319,589,920</b>	<b>\$121,139,491</b>

**Table 13 – Reported “Billed Charges” in MOTS (CMHP Providers Only)**

Population Category	CY22	CY23	First Six Months of CY24
Medicaid Eligible	\$27,448,541	\$30,011,180	\$15,799,296
Not Eligible for Medicaid	\$41,185,862	\$55,706,031	\$37,631,665
<b>Total</b>	<b>\$68,634,403</b>	<b>\$85,717,211</b>	<b>\$53,430,961</b>
<b>Proportion of Medicaid Eligible versus Without Medicaid Eligible</b>			
Matching Medicaid Eligibility	40.0%	35.0%	29.6%
Not Eligible for Medicaid	60.0%	65.0%	70.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 14 – Reported “Billed Charges” in MOTS by Age (CMHP Providers Only)**

Population Category and Age	CY22	CY23	First Six Months of CY24
<b>Medicaid Eligible</b>			
0-17	\$9,886,549	\$9,016,566	\$6,974,783
18-25	\$6,044,185	\$9,008,017	\$2,971,638
26+	\$11,517,807	\$11,986,597	\$5,852,875
<b>Total</b>	<b>\$27,448,541</b>	<b>\$30,011,180</b>	<b>\$15,799,296</b>
<b>Not Eligible for Medicaid</b>			
0-17	\$13,494,632	\$24,017,596	\$15,437,056
18-25	\$21,786,922	\$25,063,443	\$19,196,487
26+	\$5,904,308	\$6,624,992	\$2,998,122
<b>Total</b>	<b>\$41,185,862</b>	<b>\$55,706,031</b>	<b>\$37,631,665</b>
<b>Grand Total</b>	<b>\$68,634,403</b>	<b>\$85,717,211</b>	<b>\$53,430,961</b>

**Table Note:**

1. Table 14 is a subset of table 13.
2. This information is sourced from MOTS and reflects all “Non-Medicaid” services, not necessarily those associated with the three services included in this report.

**Table 15 – Top Crisis Services “Billed Charges” in MOTS (CMHP Providers Only)**

Population Category / Code	CY22	CY23	First Six Months of CY24
<b>Medicaid Eligible</b>			
Crisis psychotherapy session	\$49,819	\$35,541	\$17,267
Additional 30 minutes of psychotherapy for crisis after the initial 60 minutes	\$634	\$1,007	\$944
Crisis intervention service, per 15 minutes	\$688,125	\$369,156	\$340,993
<b>Total</b>	<b>\$738,578</b>	<b>\$405,704</b>	<b>\$359,204</b>
<b>Not Eligible for Medicaid</b>			
Crisis psychotherapy session	\$29,303	\$30,246	\$7,343
Additional 30 minutes of psychotherapy for crisis after the initial 60 minutes	\$3,473	\$1,125	\$390
Crisis intervention service, per 15 minutes	\$822,861	\$606,229	\$278,410
<b>Total</b>	<b>\$855,637</b>	<b>\$637,600</b>	<b>\$286,143</b>

The volume of data presented in Table 15 above should be viewed considering the following:

- As noted in this document, the Crisis Services reflected in MOTS “billed amounts” are underreported and, therefore, not representative of the volume of services provided.
- Additionally, payments from CCOs for Crisis Services are not reflected in MOTS but represent a significant component of the overall funds received by the CMHPs; however, this information was not quantifiable in the limited timeframe in which the CMHPs were given to submit data.
- This report does not include an assessment of the CMHPs’ cost of providing Crisis Services compared to CCO Crisis service reimbursement; however, this will be considered as part of the Phase Two report.



## Findings and Recommendations

The data described and illustrated in the prior sections was aggregated and compared to CFAA amounts for Aid & Assist, Civil Commitment, and Crisis Services. Optumas allocated the SFY CFAA amounts into CY for comparison purposes. As previously described, where the CMHPs submitted their costs on a state fiscal year basis, the data was split 50% between fiscal years to establish information on a CY consistent with most CMHP submissions.

### CMHP Staffing

CMHPs provide services to the community that are grouped into “service elements” or program categories and funded through the CFAA. CMHPs are staffed by a mix of employed and contracted staff to serve individuals for Aid & Assist, Civil Commitment, and Crisis services. The total number of employees has increased between CY22 and the first six months of CY24. For this period, CMHPs report between 488 and 583 employed and contracted mental health professionals who provide these mandatory services to individuals across the state. Most of these employed and contracted staff positions provide Crisis Services. The second most staffed service is Aid and Assist, followed by Civil Commitment.

In addition to the number of employed and contracted staff, the CMHPs report 140 vacant positions in the first six months of CY24, these vacancies are associated with high turnover and limited availability for a qualified workforce in the work areas where they are required to perform. Like the composition of employed and contracted staff, Crisis Services has the most prominent staff vacancies. Because vacant positions exist, CMHPs often need to supplement their staff using staff from other CMHP program areas or contract with external mental health professionals, which is not the most cost-effective solution. CMHPs estimate that contracted mental health professionals are between 50% to 100% more costly than employed staff.

Finally, CMHPs reported approximately 133 unfunded full-time equivalents (FTE) in the first six months of CY24, which CMHPs believe are necessary to support unmet community needs.

### CMHP Staff Costs Compared to CFAA Funding

Table 16 (Page 31) compares CMHP staffing cost for Aid & Assist, Civil Commitment, and Crisis Services to the CFAA funding annually. It is important to note that in some cases, the timing between the transfer of CFAA funding to the CMHPs and their use of funds is not always neatly confined to a CY period; however, based on the data available, this table is the best method to evaluate funding and CMHP costs.

Aid & Assist and Civil Commitment are funded primarily through the CFAA and are generally not eligible for Medicaid reimbursement for Medicaid-eligible individuals. The Crisis Services section includes “billed amount” reflected in MOTS for Medicaid-eligible individuals, and these amounts are underreported by CMHP providers as described in the MOTS data limitations section. Based on information shared by some CMHPs, this billed amount within MOTS is

underreported due to a lack of MOTS data submissions. The data is likely incomplete for the first six months of CY24, which is associated with reporting lag. Lastly, the difference between the CMHP cost and revenue received from CCO providers for Crisis Services is not reflected.

CMHP costs for employed and contracted staff to deliver the three services covered in this report, less estimated Medicaid “billed amounts” for Crisis Services, exceed the funding provided through the CFAA, as illustrated in Table 16 (Page 31) and Table 17 (Page 33).

- The annual reported CMHP staff costs for Aid & Assist, Civil Commitment, and Crisis Services grew from \$65.4 million in CY22 to \$84.0 million in CY23. For the first six months of CY24, this figure is \$56.5 million. Annualizing this half-year period means total costs for CMHPs may exceed \$113 million over the twelve-month CY24 period.
- Crisis Services make up the largest proportion of the CMHP reported costs. The composition of CMHP staff and benefit costs for the combined CY22 through the first six months of CY24 are:
  - Aid & Assist, approximately 18%
  - Civil Commitment 10%
  - Crisis Services, approximately 72%

Crisis Services comprise the most significant component of CMHP costs and CFAA funding. Overlap exists between the CFAA funding and funding for these services available through Medicaid or Medicare. Due to the limitations in the data available for this report, Optumas could not perform a detailed analysis of funding sources and demand for services in the communities where the CMHP operates. Future evaluations, including Phase Two of this report, will focus on evaluating costs, funding, and revenue from not only Medicaid and Medicare but all sources of Crisis Services.

Other considerations include:

1. Due to constraints in attracting and retaining mental health professionals, many CMHPs conveyed their need to use contracted employees. CMHPs report that contracted labor can increase the cost per FTE by 50%-100% compared to an employed FTE.
2. The cost associated with the number of vacant positions reported by the CMHPs outlined in Table 3 (Page 17) is not quantified nor included in this evaluation. The data collected from CMHPs did not include adequate detail to develop estimated costs and offsets such as contract labor.
3. The proportion of CMHP costs compared to the proportion of CFAA funding by service element is generally consistent for each year; however, the overall difference between cost and CFAA funding varies between years. The CMHPs have stated that their staff is based on CFAA appropriations, and this funding is not adequate to address the unmet need for services, which indicates “unfunded” positions reported in Table 4 (Page 18).

CMHPs have expressed concerns about the growth in funding necessary to ensure they can meet the demand for Crisis Services in addition to Aid & Assist and Civil Commitment services. Based on data illustrated in Table 17 (Page 33), the difference between CMHP costs and CFAA funding is \$15.3 million, \$15.0 million, and \$16.2 million for CY22, CY23, and the first six months of CY24, respectively. When accounting for the one-time funding included in CFAA amounts, the difference drops to \$9.7 million, \$6.9 million, and \$13.6 million for CY22, CY23, and the first six months of CY24, respectively. Annualizing the differences from the first six months of CY24 indicates a \$32.4 million difference without one-time funding and \$27.2 million including one-time funding.

When evaluating reported costs by CMHP, it should be noted that the costs are relative to the population size of each county. Please refer to Appendix 2 (Page 39) for the CY23 population information by county as published by the Population Resource Center at Portland State University<sup>3</sup>.

**Table 16 – CMHP Reported Costs by Service Compared to the CFAA (CY Basis)**

Service	CY22	CY23	First Six Months of CY24	Total (30 Months)
<b>Aid &amp; Assist</b>				
CMHP Reported Cost	\$8,332,594	\$13,098,124	\$10,045,911	<b>\$31,476,628</b>
CFAA Funding (excludes one-time funding)	\$5,429,631	\$11,860,535	\$8,232,669	<b>\$25,522,835</b>
<b>CFAA less CMHP Costs</b>	<b>\$(2,902,963)</b>	<b>\$(1,237,588)</b>	<b>\$(1,813,242)</b>	<b>\$(5,953,793)</b>
CFAA One-Time Funding	\$151,323	\$1,574,540	\$1,423,217	<b>\$3,149,079</b>
<b>CFAA plus CFAA One-Time Funding Less CMHP Costs</b>	<b>\$(2,751,640)</b>	<b>\$336,951</b>	<b>\$(390,025)</b>	<b>\$(2,804,714)</b>
<b>Civil Commitment</b>				
CMHP Reported Cost	\$7,279,305	\$7,647,074	\$5,806,666	<b>\$20,733,045</b>
CFAA Funding (excludes one-time funding)	\$6,598,802	\$7,663,000	\$4,363,599	<b>\$18,625,401</b>
<b>CFAA less CMHP Costs</b>	<b>\$(680,503)</b>	<b>\$15,926</b>	<b>\$(1,443,067)</b>	<b>\$(2,107,643)</b>

<sup>3</sup> <https://www.pdx.edu/population-research/population-estimate-reports>

Service	CY22	CY23	First Six Months of CY24	Total (30 Months)
CFAA One-Time Funding	\$0	\$1,000,000	\$1,000,000	<b>\$2,000,000</b>
<b>CFAA plus CFAA One-Time Funding Less CMHP Costs</b>	<b>\$(680,503)</b>	<b>\$1,015,926</b>	<b>\$(443,067)</b>	<b>\$(107,643)</b>
<b>Crisis Services</b>				
CMHP Reported Cost	\$49,759,763	\$63,265,105	\$40,642,450	<b>\$153,667,318</b>
CFAA Funding (excludes one-time funding)	\$37,312,678	\$49,065,627	\$27,312,293	<b>\$113,690,598</b>
MOTS "Billed Amount"	\$738,578	\$405,704	\$359,204	<b>\$1,503,486</b>
<b>CFAA plus MOTS less CMHP Costs</b>	<b>\$(11,708,507)</b>	<b>\$(13,793,774)</b>	<b>\$(12,970,953)</b>	<b>\$(38,473,234)</b>
CFAA One-Time Funding	\$5,400,000	\$5,578,333	\$178,333	<b>\$11,156,667</b>
<b>CFAA plus MOTS plus CFAA One-Time Funding Less CMHP Costs (excludes MOTS Amts)</b>	<b>\$(6,308,507)</b>	<b>\$(8,215,441)</b>	<b>\$(12,792,620)</b>	<b>\$(27,316,567)</b>

Table 16 uses information from CFAA Amounts from Table 1 (Page 4) and CMHP reported cost from Table 6 (Page 20).

**Table 17 – CMHP Reported Costs in Aggregate Compared to the CFAA (CY Basis)**

Service	CY22	CY23	First Six Months of CY24	Total (30 Months)
<b>Grand Total – All Services Combined</b>				
CMHP Reported Cost	\$65,371,661	\$84,010,303	\$56,495,027	<b>\$205,876,991</b>
CFAA Funding (excludes one-time funding)	\$49,341,111	\$68,589,163	\$39,908,561	<b>\$157,838,835</b>
Less MOTS (Billed Amount)	\$738,578	\$405,704	\$359,204	<b>\$1,503,486</b>
<b>CFAA plus MOTS less CMHP Costs</b>	<b>\$(15,291,973)</b>	<b>\$(15,015,436)</b>	<b>\$(16,227,262)</b>	<b>\$(46,534,670)</b>
CFAA One-Time Funding	\$5,551,323	\$8,152,873	\$2,601,550	<b>\$16,305,746</b>
<b>CFAA plus MOTS plus CFAA One-Time Funding Less CMHP Costs</b>	<b>\$(9,740,650)</b>	<b>\$(6,862,563)</b>	<b>\$(13,625,711)</b>	<b>\$(30,228,925)</b>

Table 16 illustrates the proportion of CMHP costs and CFAA funds from Table 1 (Page 4) by the service element. Note that MOTS “billed amounts” are not included.

**Table 18 – Proportion of CMHP Reported Costs by Service**

Service	CY22	CY23	First Six Months of CY24	Total (30 Months)
<b>Proportion of CMHP Costs by Service Element</b>				
Aid & Assist	12.7%	15.6%	17.8%	<b>15.3%</b>
Civil Commitment	11.1%	9.1%	10.3%	<b>10.1%</b>
Crisis Services	76.1%	75.3%	71.9%	<b>74.6%</b>
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Proportion of CFAA Funds by Service Element (Excluding One-Time Funds)</b>				
Aid & Assist	11.0%	17.3%	20.6%	<b>16.2%</b>
Civil Commitment	13.4%	11.2%	10.9%	<b>11.8%</b>
Crisis Services	75.6%	71.5%	68.4%	<b>72.0%</b>
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Proportion of CFAA Funds by Service Element (Including One-Time Funds)</b>				
Aid & Assist	10.2%	17.5%	22.7%	<b>16.5%</b>
Civil Commitment	12.0%	11.3%	12.6%	<b>11.8%</b>
Crisis Services	77.8%	71.2%	64.7%	<b>71.7%</b>
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Please refer to the detailed tables presented in Appendix 4 (Page 52) for county-specific information on the CFAA versus CMHP cost.

**CMHP Service Utilization**

As noted, a limitation of the CMHP data request was age information for expenditures and utilizers of the three services. Ideally, data submitted by CMHPs to OHA would support these findings; however, due to pauses in mandatory reporting due to the COVID-19 pandemic or the inability of CMHPs to submit data due to information technology systems, the information was unreliable.

The most credible source for this information was data submitted by CMHPs to OHA, in aggregate, for all age groups. CMHPs reported the total number of unique individuals served for each CY, separated for each of the three service elements included in Table 5 (Page 19) of this report.

- For CY22 and CY23, between 1,179 and 1,645 unique individuals received services under Aid & Assist. For the first six months of CY24, this figure was 1,474. Between 55% and 61% were Medicaid eligible. The remaining were not eligible for Medicaid or were not classified.

- For Civil Commitment, 3,083 and 2,987 unique individuals received services for CY22 and CY23. For the first six months of CY24, this figure was 2,015. Consistently, for each year, approximately 46% were Medicaid eligible. The remaining were not eligible for Medicaid or were not classified.
- Crisis Services represent the highest number of unique individuals served. 34,312 and 36,442 individuals utilized Crisis Services for CY22 and CY23. For the first six months of CY24, this figure was 27,192, which is on pace to exceed reported levels in 2022 and 2023. Medicaid-eligible individuals used Crisis Services at a rate of 46% for CY22, 45% for CY23 and 41% for the first six months of CY24.

### Recommendations and Data Considerations for Phase Two

One of the most significant barriers encountered in requesting and collecting information for this report was time and a standardized data request. A more substantial data collection effort, including an extended timeline, will occur to support the Phase Two report, covering all services in addition to the three elements included in this report.

OHA and Optumas have discussed conducting a comprehensive engagement process with the CMHPs following the completion of this report. The process and challenges faced in reporting and compiling information for this report have served a valuable purpose and will be leveraged to refine data collection for Phase Two. This engagement process will occur between January 2025 and late spring 2025. It will establish more extensive and detailed data requests that should result in more accurate information for the Phase Two report, which is due in late December 2025.

This process will consist of the following activities:

- Where CMHPs provide information – Developing agreed-upon standardized definitions for reporting CMHP staffing and their costs, including overhead (direct and indirect). The basis for this recommendation is in response to variations in information provided by the CMHPs. Optumas recognizes that the CMHPs had to compile data for this report in an expedited timeframe, which will not be the case for the second phase of the report.
- Request more in-depth data to evaluate costs for contracted professional staff, including ancillary costs (e.g., housing).
- Evaluate CMHP subcontracted service delivery costs.
- Identify all services provided by the CMHPs and those eligible for Medicaid reimbursement.
- Identify what information can be collected directly from the CMHPs that could be more effectively used in conjunction with MMIS data.
- Evaluate and include analysis or studies the CMHPs perform, such as time studies, to quantify staffing vacancies and unmet needs better.

- Establish a process that includes milestone dates for CMHPs to compile requested information, collaborate on reviewing the data, and revise where necessary. This process also extends to MOTS and MMIS data sources.  
Survey and evaluate CMHP processes for assessing individuals treated by the CMHP for Medicaid eligibility and reimbursement and determine whether recommendations or technical assistance can improve Medicaid eligibility determination.  
Evaluate all sources of CMHP revenues, including but not limited to CFAA, Medicaid, Medicare, other insurance, grant funds, and county funds.

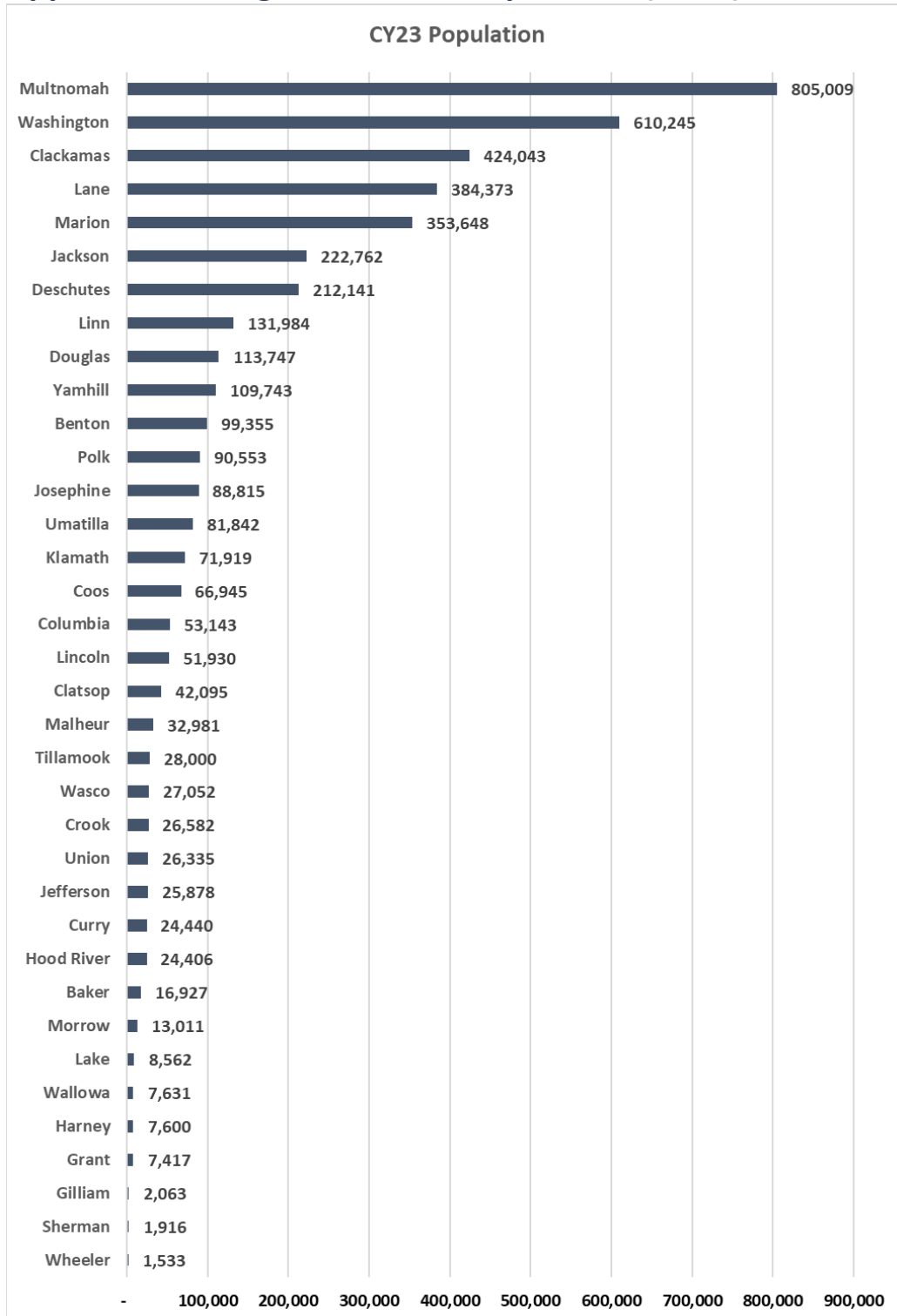


## Appendices

**Appendix 1: CMHP County of Operation**

<b>County</b>	<b>CMHP Name</b>
Baker	New Directions Northwest, Inc.
Benton	Benton County Health Department
Clackamas	Clackamas County Health and Human Services
Clatsop	Clatsop Behavioral Healthcare
Columbia	Columbia Community Mental Health
Coos	Coos Health and Wellness
Crook	BestCare Treatment Services of Crook County
Curry	ADAPT, Inc.
Deschutes	Deschutes County Health Services
Douglas	ADAPT, Inc.
Gilliam	Community Counseling Solutions of Gilliam County
Grant	Community Counseling Solutions of Grant County
Harney	Symmetry Care, Inc.
Hood River, Sherman, Wasco	Mid-Columbia Center for Living
Jackson	Jackson County Mental Health
Jefferson	Best Care Treatment Services of Jefferson County
Josephine	Options for Southern Oregon
Klamath	Klamath Child and Family Treatment Center, Inc.
Lake	Lake County Health District Wellness Center
Lane	Lane County Health and Human Services
Lincoln	Lincoln County Health and Human Services
Linn	Linn County Department of Health Services
Malheur	Lifeways, Inc.
Marion	Marion County Health Department
Morrow	Community Counseling Solutions of Morrow County
Multnomah	Multnomah County Health and Human Services
Polk	Polk County Behavioral Health
Tillamook	Tillamook County Family Counseling Center
Umatilla	Community Counseling Solutions of Umatilla County
Union	Center for Human Development of Union County
Wallowa	Wallowa Valley Center for Wellness
Washington	Washington County Health and Human Services
Wheeler	Community Counseling Solutions of Wheeler County
Yamhill	Yamhill County Health and Human Services
Tribal Provider	Confederated Tribes of the Warm Springs

Appendix 2: Oregon Counties Population (CY23)



**Appendix 3: CMHP Reported Costs**

**CY22 – Employees and Contract Labor Expense for All Services Combined**

County	Staff Count	Salaries and Benefits	Direct Cost	Indirect Cost	Total Cost
Baker	10.89	\$421,784	\$0	\$0	\$421,784
Benton	0	\$0	\$0	\$0	\$0
Clackamas	19.66	\$2,671,661	\$308,415	\$644,648	\$3,624,724
Clatsop	23.35	\$1,613,861	\$135,522	\$270,866	\$2,020,248
Columbia	4.50	\$945,607	\$118,721	\$91,336	\$1,155,664
Coos	11.00	\$1,102,567	\$93,000	\$90,000	\$1,285,567
Crook	2.85	\$229,487	\$156,057	\$112,481	\$498,025
Curry	0	\$6,045	\$0	\$0	\$6,045
Deschutes	37.00	\$4,439,550	\$1,045,532	\$1,264,195	\$6,749,277
Douglas	10.50	\$552,562	\$110,825	\$217,435	\$880,822
Gilliam	1.00	\$107,395	\$1,082	\$8,592	\$117,069
Grant	1.78	\$189,284	\$9,345	\$15,143	\$213,772
Harney	0	\$0	\$0	\$0	\$0
Hood River, Sherman, Wasco	5.60	\$536,548	\$72,177	\$49,058	\$657,783
Jackson	18.93	\$2,014,322	\$337,492	\$528,701	\$2,880,515
Jefferson	5.00	\$439,560	\$0	\$0	\$439,560
Josephine	15.88	\$1,499,337	\$254,938	\$175,427	\$1,929,702
Klamath	13.33	\$1,127,347	\$167,861	\$446,106	\$1,741,314
Lake	0	\$0	\$0	\$0	\$0
Lane	10.40	\$548,498	\$1,898,765	\$63,018	\$2,510,281
Lincoln	4.25	\$472,585	\$69,978	\$568,238	\$1,110,801
Linn	14.50	\$1,813,257	\$240,236	\$92,946	\$2,146,439
Malheur	14.00	\$1,069,779	\$0	\$505,757	\$1,575,536
Marion	63.86	\$4,573,539	\$1,282,298	\$1,242,631	\$7,098,467
Morrow	3.75	\$475,524	\$16,418	\$38,042	\$529,984
Multnomah	69.91	\$7,806,228	\$1,810,404	\$0	\$9,616,632
Polk	15.80	\$1,585,555	\$294,792	\$481,128	\$2,361,475
Tillamook	4.40	\$315,069	\$21,589	\$0	\$336,657
Umatilla	10.65	\$1,110,294	\$43,950	\$88,824	\$1,243,068
Union	9.15	\$708,503	\$159,330	\$142,009	\$1,009,842
Wallowa	3.40	\$630,606	\$355,163	\$69,865	\$1,055,633
Washington	60.55	\$6,107,895	\$844,557	\$605,540	\$7,557,992
Wheeler	0.99	\$107,054	\$3,981	\$8,564	\$119,600
Yamhill	20.96	\$2,477,384	\$0	\$0	\$2,477,384

## Appendix 3: CMHP Reported Costs | **CBIZ Optumas**

County	Staff Count	Salaries and Benefits	Direct Cost	Indirect Cost	Total Cost
Confederated Tribes of Warm Springs	0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>487.82</b>	<b>\$47,698,687</b>	<b>\$9,852,426</b>	<b>\$7,820,548</b>	<b>\$65,371,661</b>
<b>Costs as Percent of Total</b>		<b>73.0%</b>	<b>15.1%</b>	<b>12.0%</b>	<b>100.0%</b>

\* Data reflects CMHP staff costs for Aid & Assist, Civil Commitment, and Crisis Services.

## Appendix 3: CMHP Reported Costs | **CBIZ Optumas**

### CY23 – Employees and Contract Labor Expense for All Services Combined

County	Staff Count	Salaries and Benefits	Direct Cost	Indirect Cost	Total Cost
Baker	13.44	\$685,965	\$0	\$0	\$685,965
Benton	12.80	\$203,885	\$846,869	\$0	\$1,050,754
Clackamas	25.16	\$3,240,592	\$314,316	\$768,104	\$4,323,013
Clatsop	26.85	\$2,144,111	\$426,889	\$222,096	\$2,793,096
Columbia	4.50	\$995,484	\$92,575	\$100,480	\$1,188,539
Coos	16.00	\$1,193,208	\$147,500	\$94,345	\$1,435,053
Crook	4.25	\$377,149	\$51,417	\$77,976	\$506,541
Curry	6.00	\$648,931	\$88,649	\$0	\$737,580
Deschutes	36.35	\$4,697,036	\$1,011,011	\$1,395,046	\$7,103,094
Douglas	20.25	\$1,436,776	\$177,854	\$0	\$1,614,630
Gilliam	1.10	\$137,359	\$3,873	\$10,989	\$152,221
Grant	1.78	\$207,798	\$11,874	\$16,624	\$236,296
Harney	0	\$0	\$0	\$0	0
Hood River, Sherman, Wasco	5.80	\$673,321	\$45,972	\$76,265	\$795,558
Jackson	19.21	\$2,158,025	\$459,816	\$548,071	\$3,165,912
Jefferson	5.00	\$504,847	\$0	\$0	\$504,847
Josephine	16.18	\$1,568,214	\$268,836	\$183,705	\$2,020,755
Klamath	18.68	\$1,623,759	\$245,172	\$312,891	\$2,181,822
Lake	0	\$0	\$0	\$0	\$0
Lane	10.40	\$697,818	\$2,613,535	\$148,036	\$3,459,389
Lincoln	4.27	\$493,099	\$62,592	\$907,689	\$1,463,379
Linn	19.44	\$2,134,353	\$339,146	\$526,425	\$2,999,924
Malheur	20.00	\$1,633,670	\$218,920	\$414,493	\$2,267,083
Marion	65.10	\$5,438,527	\$3,164,778	\$2,901,989	\$11,505,293
Morrow	3.75	\$525,876	\$23,231	\$42,070	\$591,177
Multnomah	73.58	\$8,788,205	\$1,938,796	\$0	\$10,727,001
Polk	16.05	\$1,753,360	\$191,299	\$689,384	\$2,634,043
Tillamook	5.80	\$490,988	\$101,480	\$0	\$592,468
Umatilla	11.65	\$1,264,788	\$67,709	\$101,183	\$1,433,680
Union	6.91	\$683,361	\$126,153	\$99,146	\$908,660
Wallowa	5.90	\$593,899	\$461,161	\$93,984	\$1,149,044
Washington	69.27	\$7,877,463	\$1,586,941	\$724,961	\$10,189,366
Wheeler	0.99	\$117,880	\$1,079	\$9,430	\$128,390
Yamhill	27.81	\$3,465,732	\$0	\$0	\$3,465,732

## Appendix 3: CMHP Reported Costs | **CBIZ Optumas**

County	Staff Count	Salaries and Benefits	Direct Cost	Indirect Cost	Total Cost
Confederated Tribes of Warm Springs	0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>574.26</b>	<b>\$58,455,478</b>	<b>\$15,089,443</b>	<b>\$10,465,382</b>	<b>\$84,010,303</b>
<b>Costs as Percent of Total</b>		<b>69.6%</b>	<b>18.0%</b>	<b>12.5%</b>	<b>100.0%</b>

\* Data reflects CMHP staff costs for Aid & Assist, Civil Commitment, and Crisis Services.

## Appendix 3: CMHP Reported Costs | CBIZ Optumas

### First Six Months CY24 – Employees and Contract Labor Expense for All Services Combined

County	Staff Count	Salaries and Benefits	Direct Cost	Indirect Cost	Total Cost
Baker	15.24	\$973,367	\$0	\$0	\$973,367
Benton	12.80	\$203,885	\$846,869	\$0	\$1,050,754
Clackamas	26.91	\$1,911,815	\$196,938	\$345,061	\$2,453,815
Clatsop	32.35	\$1,193,202	\$19,222	\$195,077	\$1,407,500
Columbia	8.25	\$463,769	\$85,776	\$53,426	\$602,971
Coos	16.50	\$1,087,748	\$137,500	\$114,825	\$1,340,073
Crook	2.13	\$188,574	\$39,657	\$60,310	\$288,541
Curry	10.00	\$585,265	\$49,458	\$0	\$634,723
Deschutes	17.85	\$2,477,261	\$488,245	\$762,949	\$3,728,455
Douglas	22.25	\$1,251,530	\$235,177	\$0	\$1,486,707
Gilliam	1.00	\$123,409	\$383	\$9,873	\$133,664
Grant	1.78	\$122,601	\$3,818	\$10,364	\$136,783
Harney	0	\$0	\$0	\$0	\$0
Hood River, Sherman, Wasco	7.30	\$334,229	\$61,234	\$110,817	\$506,280
Jackson	10.36	\$1,163,610	\$253,815	\$283,235	\$1,700,661
Jefferson	4.50	\$498,994	\$0	\$0	\$498,994
Josephine	15.58	\$934,334	\$159,016	\$110,707	\$1,204,057
Klamath	20.50	\$1,030,958	\$115,904	\$240,124	\$1,386,987
Lake	5.50	\$0	\$0	\$0	\$0
Lane	10.40	\$504,529	\$1,609,683	\$140,794	\$2,255,006
Lincoln	10.96	\$719,149	\$32,929	\$308,430	\$1,060,508
Linn	22.10	\$1,643,416	\$161,723	\$350,903	\$2,156,042
Malheur	16.20	\$1,195,877	\$110,443	\$201,686	\$1,508,006
Marion	71.10	\$3,695,746	\$1,193,763	\$879,735	\$5,769,243
Morrow	3.75	\$310,315	\$7,923	\$24,825	\$343,063
Multnomah	81.70	\$10,201,096	\$2,123,069	\$0	\$12,324,165
Polk	18.20	\$1,151,287	\$78,319	\$605,483	\$1,835,090
Tillamook	3.45	\$285,734	\$32,199	\$0	\$317,933
Umatilla	10.65	\$727,132	\$44,019	\$58,171	\$829,322
Union	7.46	\$389,661	\$99,364	\$53,348	\$542,373
Wallowa	5.90	\$376,424	\$235,608	\$39,757	\$651,789
Washington	73.78	\$3,898,783	\$983,613	\$388,221	\$5,270,618
Wheeler	0.99	\$123,009	\$383	\$9,841	\$133,233
Yamhill	15.05	\$1,964,304	\$0	\$0	\$1,964,304



## Appendix 3: CMHP Reported Costs | **CBIZ Optumas**

County	Staff Count	Salaries and Benefits	Direct Cost	Indirect Cost	Total Cost
Confederated Tribes of Warm Springs	0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>582.48</b>	<b>\$41,731,014</b>	<b>\$9,406,050</b>	<b>\$5,357,963</b>	<b>\$56,495,027</b>
<b>Costs as Percent of Total</b>		<b>73.9%</b>	<b>16.6%</b>	<b>9.5%</b>	<b>100.0%</b>

\* Data reflects CMHP staff costs for Aid & Assist, Civil Commitment, and Crisis Services.

## Appendix 3: CMHP Reported Costs | CBIZ Optumas

### CY22 – Employees and Contract Labor Expense by Service

County	FTE	Aid & Assist	Civil Commitment	Crisis	Total
Baker	10.89	\$11,916	\$0	\$409,868	\$421,784
Benton	0	\$0	\$0	\$0	\$0
Clackamas	19.66	\$284,139	\$487,851	\$2,852,734	\$3,624,724
Clatsop	23.35	\$375,067	\$124,033	\$1,521,148	\$2,020,248
Columbia	4.50	\$399,977	\$318,459	\$437,228	\$1,155,664
Coos	11.00	\$82,567	\$117,000	\$1,086,000	\$1,285,567
Crook	2.85	\$0	\$0	\$498,025	\$498,025
Curry	0	\$6,045	\$0	\$0	\$6,045
Deschutes	37.00	\$655,326	\$338,370	\$5,755,581	\$6,749,277
Douglas	10.50	\$53,553	\$0	\$827,269	\$880,822
Gilliam	1.00	\$18,622	\$9,203	\$89,243	\$117,069
Grant	1.78	\$39,188	\$18,993	\$155,591	\$213,772
Harney	0	\$0	\$0	\$0	\$0
Hood River, Sherman, Wasco	5.60	\$0	\$0	\$657,783	\$657,783
Jackson	18.93	\$416,577	\$520,400	\$1,943,538	\$2,880,515
Jefferson	5.00	\$58,497	\$0	\$381,064	\$439,560
Josephine	15.88	\$226,479	\$236,563	\$1,466,660	\$1,929,702
Klamath	13.33	\$135,685	\$259,278	\$1,346,351	\$1,741,314
Lake	0	\$0	\$0	\$0	\$0
Lane	10.40	\$338,646	\$433,763	\$1,737,872	\$2,510,281
Lincoln	4.25	\$6,705	\$22,047	\$1,082,049	\$1,110,801
Linn	14.50	\$279,635	\$5,608	\$1,861,196	\$2,146,439
Malheur	14.00	\$0	\$0	\$1,575,536	\$1,575,536
Marion	63.86	\$1,086,521	\$84,622	\$5,927,325	\$7,098,467
Morrow	3.75	\$137,965	\$19,116	\$372,903	\$529,984
Multnomah	69.91	\$1,600,823	\$2,398,621	\$5,617,188	\$9,616,632
Polk	15.80	\$881,579	\$200,043	\$1,279,852	\$2,361,475
Tillamook	4.40	\$3,826	\$3,826	\$329,006	\$336,657
Umatilla	10.65	\$186,265	\$74,742	\$982,060	\$1,243,068
Union	9.15	\$35,921	\$18,325	\$955,595	\$1,009,842
Wallowa	3.40	\$103,622	\$401,394	\$550,617	\$1,055,633
Washington	60.55	\$755,804	\$1,178,212	\$5,623,975	\$7,557,992
Wheeler	0.99	\$21,103	\$8,835	\$89,661	\$119,600
Yamhill	20.96	\$130,542	\$0	\$2,346,842	\$2,477,384

## Appendix 3: CMHP Reported Costs CBIZ Optumas

County	FTE	Aid & Assist	Civil Commitment	Crisis	Total
Confederated Tribes of Warm Springs	0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>487.82</b>	<b>\$8,332,594</b>	<b>\$7,279,305</b>	<b>\$49,759,763</b>	<b>\$65,371,661</b>
<b>Expenditure Distribution</b>		<b>12.7%</b>	<b>11.1%</b>	<b>76.1%</b>	<b>100.0%</b>

\* Includes salaries and benefits, direct, indirect expenses, and contracted labor costs. Vacant and unfunded staff costs are not reflected in this table.

## Appendix 3: CMHP Reported Costs | CBIZ Optumas

### CY23 – Employees and Contract Labor Expense by Service

County	FTE	Aid & Assist	Civil Commitment	Crisis	Total
Baker	13.44	\$12,274	\$0	\$673,691	\$685,965
Benton	12.80	\$262,689	\$178,957	\$609,109	\$1,050,754
Clackamas	25.16	\$515,523	\$528,633	\$3,278,856	\$4,323,013
Clatsop	26.85	\$815,464	\$146,966	\$1,830,666	\$2,793,096
Columbia	4.50	\$367,952	\$250,913	\$569,673	\$1,188,539
Coos	16.00	\$174,758	\$125,000	\$1,135,295	\$1,435,053
Crook	4.25	\$0	\$0	\$506,541	\$506,541
Curry	6.00	\$141,612	\$0	\$595,968	\$737,580
Deschutes	36.35	\$647,036	\$303,538	\$6,152,520	\$7,103,094
Douglas	20.25	\$230,199	\$0	\$1,384,431	\$1,614,630
Gilliam	1.10	\$42,753	\$9,147	\$100,321	\$152,221
Grant	1.78	\$43,313	\$18,880	\$174,103	\$236,296
Harney	0	\$0	\$0	\$0	\$0
Hood River, Sherman, Wasco	5.80	\$0	\$0	\$795,558	\$795,558
Jackson	19.21	\$457,777	\$491,017	\$2,217,118	\$3,165,912
Jefferson	5.00	\$101,368	\$0	\$403,479	\$504,847
Josephine	16.18	\$271,673	\$236,917	\$1,512,165	\$2,020,755
Klamath	18.68	\$157,659	\$285,823	\$1,738,340	\$2,181,822
Lake	0	\$0	\$0	\$0	\$0
Lane	10.40	\$1,189,659	\$637,545	\$1,632,185	\$3,459,389
Lincoln	4.27	\$6,971	\$21,187	\$1,435,221	\$1,463,379
Linn	19.44	\$543,436	\$13,954	\$2,442,534	\$2,999,924
Malheur	20.00	\$0	\$0	\$2,267,083	\$2,267,083
Marion	65.10	\$1,443,439	\$112,040	\$9,949,815	\$11,505,293
Morrow	3.75	\$154,192	\$18,310	\$418,675	\$591,177
Multnomah	73.58	\$2,046,845	\$2,464,633	\$6,215,522	\$10,727,001
Polk	16.05	\$1,042,953	\$223,367	\$1,367,723	\$2,634,043
Tillamook	5.80	\$5,107	\$5,107	\$582,253	\$592,468
Umatilla	11.65	\$250,593	\$83,742	\$1,099,345	\$1,433,680
Union	6.91	\$51,406	\$35,478	\$821,776	\$908,660
Wallowa	5.90	\$96,115	\$290,378	\$762,551	\$1,149,044
Washington	69.27	\$1,746,668	\$1,156,761	\$7,285,936	\$10,189,366
Wheeler	0.99	\$21,348	\$8,781	\$98,261	\$128,390
Yamhill	27.81	\$257,341	\$0	\$3,208,392	\$3,465,732

## Appendix 3: CMHP Reported Costs CBIZ Optumas

County	FTE	Aid & Assist	Civil Commitment	Crisis	Total
Confederated Tribes of Warm Springs	0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>574.26</b>	<b>\$13,098,124</b>	<b>\$7,647,074</b>	<b>\$63,265,105</b>	<b>\$84,010,303</b>
<b>Expenditure Distribution</b>		<b>15.6%</b>	<b>9.1%</b>	<b>75.3%</b>	<b>100.0%</b>

\* Includes salaries and benefits, direct, indirect expenses, and contracted labor costs. Vacant and unfunded staff costs are not reflected in this table.

## Appendix 3: CMHP Reported Costs | CBIZ Optumas

### First Six Months of CY24 – Employees and Contract Labor Expense by Service

County	FTE	Aid & Assist	Civil Commitment	Crisis	Total
Baker	15.24	\$109,346	\$0	\$864,021	\$973,367
Benton	12.80	\$262,689	\$178,957	\$609,109	\$1,050,754
Clackamas	26.91	\$420,822	\$252,010	\$1,780,983	\$2,453,815
Clatsop	32.35	\$247,723	\$85,984	\$1,073,793	\$1,407,500
Columbia	8.25	\$166,557	\$194,154	\$242,261	\$602,971
Coos	16.50	\$91,748	\$65,000	\$1,183,325	\$1,340,073
Crook	2.13	\$0	\$0	\$288,541	\$288,541
Curry	10.00	\$77,916	\$0	\$556,807	\$634,723
Deschutes	17.85	\$319,373	\$134,353	\$3,274,729	\$3,728,455
Douglas	22.25	\$194,285	\$0	\$1,292,422	\$1,486,707
Gilliam	1.00	\$12,214	\$5,612	\$115,838	\$133,664
Grant	1.78	\$23,423	\$11,348	\$102,011	\$136,783
Harney	0	\$0	\$0	\$0	\$0
Hood River, Sherman, Wasco	7.30	\$61,034	\$0	\$445,246	\$506,280
Jackson	10.36	\$233,401	\$209,229	\$1,258,032	\$1,700,661
Jefferson	4.50	\$50,684	\$0	\$448,310	\$498,994
Josephine	15.58	\$122,065	\$127,128	\$954,864	\$1,204,057
Klamath	20.50	\$81,816	\$193,088	\$1,112,083	\$1,386,987
Lake	5.50	\$0	\$0	\$0	\$-
Lane	10.40	\$356,091	\$360,924	\$1,537,991	\$2,255,006
Lincoln	10.96	\$55,299	\$11,178	\$994,031	\$1,060,508
Linn	22.10	\$575,394	\$2,868	\$1,577,780	\$2,156,042
Malheur	16.20	\$130,321	\$46,543	\$1,331,141	\$1,508,006
Marion	71.10	\$1,015,501	\$58,650	\$4,695,092	\$5,769,243
Morrow	3.75	\$89,537	\$10,855	\$242,671	\$343,063
Multnomah	81.70	\$3,325,530	\$2,754,654	\$6,243,981	\$12,324,165
Polk	18.20	\$538,522	\$205,502	\$1,091,066	\$1,835,090
Tillamook	3.45	\$23,039	\$9,215	\$285,679	\$317,933
Umatilla	10.65	\$129,451	\$48,936	\$650,935	\$829,322
Union	7.46	\$69,594	\$7,605	\$465,173	\$542,373
Wallowa	5.90	\$49,968	\$196,084	\$405,738	\$651,789
Washington	73.78	\$1,023,014	\$631,610	\$3,615,994	\$5,270,618
Wheeler	0.99	\$12,214	\$5,181	\$115,838	\$133,233
Yamhill	15.05	\$177,339	\$0	\$1,786,965	\$1,964,304

## Appendix 3: CMHP Reported Costs CBIZ Optumas

County	FTE	Aid & Assist	Civil Commitment	Crisis	Total
Confederated Tribes of Warm Springs	0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>582.48</b>	<b>\$10,045,911</b>	<b>\$5,806,666</b>	<b>\$40,642,450</b>	<b>\$56,495,027</b>
<b>Expenditure Distribution</b>		<b>17.8%</b>	<b>10.3%</b>	<b>71.9%</b>	<b>100.0%</b>

\* Includes salaries and benefits, direct, indirect expenses, and contracted labor costs. Vacant and unfunded staff costs are not reflected in this table.

# Appendix 4: CMHP Expenditure and CFAA Amount Comparison

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

CY22 – Aid & Assist

County	Aid & Assist		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$11,916	\$44,668	\$32,752
Benton	\$0	\$95,079	\$95,079
Clackamas	\$284,139	\$226,565	\$(57,574)
Clatsop	\$375,067	\$103,798	\$(271,269)
Columbia	\$399,977	\$74,242	\$(325,735)
Coos	\$82,567	\$88,845	\$6,278
Crook	\$0	\$22,484	\$22,484
Curry	\$6,045	\$59,548	\$53,503
Deschutes	\$655,326	\$167,714	\$(487,612)
Douglas	\$53,553	\$136,602	\$83,049
Gilliam	\$18,622	\$23,077	\$4,455
Grant	\$39,188	\$22,642	\$(16,546)
Harney	\$0	\$3,142	\$3,142
Hood River, Sherman, Wasco	\$0	\$70,370	\$70,370
Jackson	\$416,577	\$228,007	\$(188,569)
Jefferson	\$58,497	\$20,052	\$(38,445)
Josephine	\$226,479	\$214,687	\$(11,792)
Klamath	\$135,685	\$163,536	\$27,851
Lake	\$0	\$3,146	\$3,146
Lane	\$338,646	\$489,212	\$150,566
Lincoln	\$6,705	\$96,663	\$89,958
Linn	\$279,635	\$73,865	\$(205,770)
Malheur	\$0	\$6,125	\$6,125
Marion	\$1,086,521	\$817,485	\$(269,036)
Morrow	\$137,965	\$24,763	\$(113,202)
Multnomah	\$1,600,823	\$1,072,907	\$(527,917)
Polk	\$881,579	\$151,556	\$(730,023)
Tillamook	\$3,826	\$40,883	\$37,058
Umatilla	\$186,265	\$46,977	\$(139,288)
Union	\$35,921	\$31,447	\$(4,474)
Wallowa	\$103,622	\$3,146	\$(100,475)
Washington	\$755,804	\$709,427	\$(46,377)



## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Aid & Assist		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Wheeler	\$21,103	\$22,670	\$1,566
Yamhill	\$130,542	\$74,301	\$(56,241)
Confederated Tribes of Warm Springs	\$0	\$0	\$0
<b>Total</b>	<b>\$8,332,594</b>	<b>\$5,429,631</b>	<b>\$(2,902,963)</b>

\* Aid & Assist services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### CY22 – Civil Commitment

County	Civil Commitment		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$0	\$0	\$0
Benton	\$0	\$122,532	\$122,532
Clackamas	\$487,851	\$194,955	\$(292,895)
Clatsop	\$124,033	\$59,589	\$(64,443)
Columbia	\$318,459	\$171,294	\$(147,165)
Coos	\$117,000	\$121,338	\$4,338
Crook	\$0	\$0	\$0
Curry	\$0	\$91,276	\$91,276
Deschutes	\$338,370	\$453,211	\$114,841
Douglas	\$0	\$0	\$0
Gilliam	\$9,203	\$1,406	\$(7,797)
Grant	\$18,993	\$5,258	\$(13,735)
Harney	\$0	\$0	\$0
Hood River, Sherman, Wasco	\$0	\$3,634	\$3,634
Jackson	\$520,400	\$52,010	\$(468,390)
Jefferson	\$0	\$0	\$0
Josephine	\$236,563	\$139,007	\$(97,556)
Klamath	\$259,278	\$76,093	\$(183,184)
Lake	\$0	\$26,213	\$26,213
Lane	\$433,763	\$206,548	\$(227,215)
Lincoln	\$22,047	\$95,732	\$73,685
Linn	\$5,608	\$309,354	\$303,746
Malheur	\$0	\$31,523	\$31,523
Marion	\$84,622	\$812,916	\$728,294
Morrow	\$19,116	\$7,865	\$(11,251)
Multnomah	\$2,398,621	\$3,148,690	\$750,069
Polk	\$200,043	\$95,980	\$(104,063)
Tillamook	\$3,826	\$47,814	\$43,988
Umatilla	\$74,742	\$34,883	\$(39,859)
Union	\$18,325	\$0	\$(18,325)
Wallowa	\$401,394	\$0	\$(401,394)
Washington	\$1,178,212	\$105,682	\$(1,072,530)
Wheeler	\$8,835	\$1,153	\$(7,682)
Yamhill	\$0	\$182,844	\$182,844

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Civil Commitment		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$0	\$0
<b>Total</b>	<b>\$7,279,305</b>	<b>\$6,598,802</b>	<b>\$(680,503)</b>

\* Civil Commitment services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### CY22 – Crisis Services

County	Crisis Services		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$409,868	\$286,811	\$(123,057)
Benton	\$0	\$911,517	\$911,517
Clackamas	\$2,852,734	\$2,968,306	\$115,571
Clatsop	\$1,521,148	\$700,548	\$(820,601)
Columbia	\$437,228	\$844,692	\$407,465
Coos	\$1,086,000	\$625,244	\$(460,756)
Crook	\$498,025	\$343,564	\$(154,461)
Curry	\$0	\$529,964	\$529,964
Deschutes	\$5,755,581	\$1,513,586	\$(4,241,995)
Douglas	\$827,269	\$938,071	\$110,802
Gilliam	\$89,243	\$133,262	\$44,018
Grant	\$155,591	\$272,502	\$116,911
Harney	\$0	\$232,347	\$232,347
Hood River, Sherman, Wasco	\$657,783	\$1,086,118	\$428,335
Jackson	\$1,943,538	\$2,075,631	\$132,093
Jefferson	\$381,064	\$968,881	\$587,818
Josephine	\$1,466,660	\$1,263,942	\$(202,718)
Klamath	\$1,346,351	\$604,280	\$(742,071)
Lake	\$0	\$241,378	\$241,378
Lane	\$1,737,872	\$2,425,797	\$687,926
Lincoln	\$1,082,049	\$722,664	\$(359,385)
Linn	\$1,861,196	\$628,801	\$(1,232,395)
Malheur	\$1,575,536	\$548,584	\$(1,026,951)
Marion	\$5,927,325	\$3,022,550	\$(2,904,775)
Morrow	\$372,903	\$329,375	\$(43,529)
Multnomah	\$5,617,188	\$4,414,695	\$(1,202,492)
Polk	\$1,279,852	\$957,736	\$(322,116)
Tillamook	\$329,006	\$531,914	\$202,908
Umatilla	\$982,060	\$901,826	\$(80,234)
Union	\$955,595	\$600,626	\$(354,969)
Wallowa	\$550,617	\$234,922	\$(315,696)
Washington	\$5,623,975	\$3,961,286	\$(1,662,690)
Wheeler	\$89,661	\$132,756	\$43,095
Yamhill	\$2,346,842	\$1,024,859	\$(1,321,983)

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Crisis Services		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$333,641	\$333,641
<b>Total</b>	<b>\$49,759,763</b>	<b>\$37,312,678</b>	<b>\$(12,447,085)</b>

\* Does not include revenue for Crisis Services billed to Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### CY22 – All Services Combined

County	Aid & Assist, Civil Commitment, and Crisis Services Combined		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$421,784	\$331,479	\$(90,305)
Benton	\$0	\$1,129,129	\$1,129,129
Clackamas	\$3,624,724	\$3,389,826	\$(234,898)
Clatsop	\$2,020,248	\$863,935	\$(1,156,313)
Columbia	\$1,155,664	\$1,090,228	\$(65,436)
Coos	\$1,285,567	\$835,427	\$(450,140)
Crook	\$498,025	\$366,048	\$(131,978)
Curry	\$6,045	\$680,789	\$674,744
Deschutes	\$6,749,277	\$2,134,511	\$(4,614,766)
Douglas	\$880,822	\$1,074,673	\$193,851
Gilliam	\$117,069	\$157,745	\$40,676
Grant	\$213,772	\$300,402	\$86,630
Harney	\$0	\$235,490	\$235,490
Hood River, Sherman, Wasco	\$657,783	\$1,160,122	\$502,339
Jackson	\$2,880,515	\$2,355,648	\$(524,866)
Jefferson	\$439,560	\$988,933	\$549,373
Josephine	\$1,929,702	\$1,617,636	\$(312,066)
Klamath	\$1,741,314	\$843,909	\$(897,404)
Lake	\$0	\$270,737	\$270,737
Lane	\$2,510,281	\$3,121,558	\$611,277
Lincoln	\$1,110,801	\$915,059	\$(195,742)
Linn	\$2,146,439	\$1,012,020	\$(1,134,419)
Malheur	\$1,575,536	\$586,233	\$(989,303)
Marion	\$7,098,467	\$4,652,950	\$(2,445,517)
Morrow	\$529,984	\$362,002	\$(167,982)
Multnomah	\$9,616,632	\$8,636,292	\$(980,340)
Polk	\$2,361,475	\$1,205,272	\$(1,156,202)
Tillamook	\$336,657	\$620,611	\$283,954
Umatilla	\$1,243,068	\$983,687	\$(259,381)
Union	\$1,009,842	\$632,073	\$(377,768)
Wallowa	\$1,055,633	\$238,068	\$(817,565)
Washington	\$7,557,992	\$4,776,395	\$(2,781,597)
Wheeler	\$119,600	\$156,579	\$36,979
Yamhill	\$2,477,384	\$1,282,005	\$(1,195,380)

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Aid & Assist, Civil Commitment, and Crisis Services Combined		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$-	\$333,641	\$333,641
<b>Total</b>	<b>\$65,371,661</b>	<b>\$49,341,111</b>	<b>\$(16,030,551)</b>

\* Aid & Assist and Civil Commitment services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### CY23 – Aid & Assist

County	Aid & Assist		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$12,274	\$141,505	\$129,232
Benton	\$262,689	\$277,085	\$14,397
Clackamas	\$515,523	\$567,788	\$52,265
Clatsop	\$815,464	\$231,399	\$(584,065)
Columbia	\$367,952	\$261,305	\$(106,647)
Coos	\$174,758	\$201,561	\$26,803
Crook	\$0	\$82,394	\$82,394
Curry	\$141,612	\$206,067	\$64,455
Deschutes	\$647,036	\$384,810	\$(262,226)
Douglas	\$230,199	\$330,167	\$99,968
Gilliam	\$42,753	\$82,309	\$39,556
Grant	\$43,313	\$82,706	\$39,393
Harney	\$0	\$28,092	\$28,092
Hood River, Sherman, Wasco	\$0	\$237,439	\$237,439
Jackson	\$457,777	\$573,194	\$115,417
Jefferson	\$101,368	\$82,211	\$(19,158)
Josephine	\$271,673	\$455,006	\$183,333
Klamath	\$157,659	\$275,483	\$117,824
Lake	\$0	\$24,448	\$24,448
Lane	\$1,189,659	\$1,170,416	\$(19,243)
Lincoln	\$6,971	\$274,058	\$267,087
Linn	\$543,436	\$199,533	\$(343,903)
Malheur	\$0	\$41,991	\$41,991
Marion	\$1,443,439	\$1,278,526	\$(164,913)
Morrow	\$154,192	\$92,326	\$(61,866)
Multnomah	\$2,046,845	\$1,923,398	\$(123,447)
Polk	\$1,042,953	\$355,788	\$(687,165)
Tillamook	\$5,107	\$100,185	\$95,077
Umatilla	\$250,593	\$146,533	\$(104,060)
Union	\$51,406	\$106,576	\$55,170
Wallowa	\$96,115	\$21,808	\$(74,307)
Washington	\$1,746,668	\$1,352,458	\$(394,211)
Wheeler	\$21,348	\$81,284	\$59,936
Yamhill	\$257,341	\$190,687	\$(66,653)



## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Aid & Assist		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$0	\$0
<b>Total</b>	<b>\$13,098,124</b>	<b>\$11,860,535</b>	<b>\$(1,237,588)</b>

\* Aid & Assist services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### CY23 – Civil Commitment

County	Civil Commitment		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$0	\$0	\$0
Benton	\$178,957	\$126,392	\$(52,565)
Clackamas	\$528,633	\$253,846	\$(274,787)
Clatsop	\$146,966	\$91,466	\$(55,500)
Columbia	\$250,913	\$204,189	\$(46,724)
Coos	\$125,000	\$140,160	\$15,160
Crook	\$0	\$9,323	\$9,323
Curry	\$0	\$94,152	\$94,152
Deschutes	\$303,538	\$467,486	\$163,948
Douglas	\$0	\$0	\$0
Gilliam	\$9,147	\$4,789	\$(4,357)
Grant	\$18,880	\$12,100	\$(6,780)
Harney	\$0	\$0	\$0
Hood River, Sherman, Wasco	\$0	\$3,748	\$3,748
Jackson	\$491,017	\$114,561	\$(376,456)
Jefferson	\$0	\$0	\$0
Josephine	\$236,917	\$143,385	\$(93,532)
Klamath	\$285,823	\$132,028	\$(153,795)
Lake	\$0	\$27,038	\$27,038
Lane	\$637,545	\$313,055	\$(324,490)
Lincoln	\$21,187	\$118,690	\$97,504
Linn	\$13,954	\$351,098	\$337,144
Malheur	\$0	\$47,679	\$47,679
Marion	\$112,040	\$892,350	\$780,310
Morrow	\$18,310	\$16,125	\$(2,185)
Multnomah	\$2,464,633	\$3,365,373	\$900,740
Polk	\$223,367	\$137,754	\$(85,613)
Tillamook	\$5,107	\$49,320	\$44,213
Umatilla	\$83,742	\$82,721	\$(1,020)
Union	\$35,478	\$0	\$(35,478)
Wallowa	\$290,378	\$0	\$(290,378)
Washington	\$1,156,761	\$233,624	\$(923,137)
Wheeler	\$8,781	\$3,192	\$(5,589)
Yamhill	\$0	\$227,354	\$227,354

# Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Civil Commitment		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$0	\$0
<b>Total</b>	<b>\$7,647,074</b>	<b>\$7,663,000</b>	<b>\$15,926</b>

\* Civil Commitment services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### CY23 – Crisis Services

County	Crisis Services		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$673,691	\$374,272	\$(299,420)
Benton	\$609,109	\$1,159,613	\$550,504
Clackamas	\$3,278,856	\$3,838,026	\$559,170
Clatsop	\$1,830,666	\$889,946	\$(940,720)
Columbia	\$569,673	\$1,202,524	\$632,850
Coos	\$1,135,295	\$826,837	\$(308,458)
Crook	\$506,541	\$452,834	\$(53,708)
Curry	\$595,968	\$667,491	\$71,523
Deschutes	\$6,152,520	\$1,969,917	\$(4,182,603)
Douglas	\$1,384,431	\$1,134,580	\$(249,851)
Gilliam	\$100,321	\$171,179	\$70,858
Grant	\$174,103	\$343,876	\$169,774
Harney	\$0	\$297,924	\$297,924
Hood River, Sherman, Wasco	\$795,558	\$1,391,558	\$596,000
Jackson	\$2,217,118	\$2,712,000	\$494,883
Jefferson	\$403,479	\$1,220,319	\$816,840
Josephine	\$1,512,165	\$1,628,130	\$115,966
Klamath	\$1,738,340	\$821,863	\$(916,478)
Lake	\$0	\$306,246	\$306,246
Lane	\$1,632,185	\$3,269,099	\$1,636,913
Lincoln	\$1,435,221	\$931,005	\$(504,216)
Linn	\$2,442,534	\$898,175	\$(1,544,359)
Malheur	\$2,267,083	\$727,994	\$(1,539,089)
Marion	\$9,949,815	\$4,024,628	\$(5,925,187)
Morrow	\$418,675	\$426,399	\$7,724
Multnomah	\$6,215,522	\$5,956,557	\$(258,965)
Polk	\$1,367,723	\$1,248,514	\$(119,209)
Tillamook	\$582,253	\$674,668	\$92,415
Umatilla	\$1,099,345	\$1,203,953	\$104,608
Union	\$821,776	\$762,409	\$(59,366)
Wallowa	\$762,551	\$298,012	\$(464,539)
Washington	\$7,285,936	\$5,141,792	\$(2,144,144)
Wheeler	\$98,261	\$170,309	\$72,049
Yamhill	\$3,208,392	\$1,339,943	\$(1,868,448)

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Crisis Services		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$583,033	\$583,033
<b>Total</b>	<b>\$63,265,105</b>	<b>\$49,065,627</b>	<b>\$(14,199,478)</b>

\* Does not include revenue for Crisis Services billed to Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

**CBIZ Optumas**

### CY23 – All Services Combined

County	Aid & Assist, Civil Commitment, and Crisis Services Combined		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$685,965	\$515,777	\$(170,188)
Benton	\$1,050,754	\$1,563,090	\$512,336
Clackamas	\$4,323,013	\$4,659,660	\$336,648
Clatsop	\$2,793,096	\$1,212,811	\$(1,580,285)
Columbia	\$1,188,539	\$1,668,018	\$479,479
Coos	\$1,435,053	\$1,168,558	\$(266,495)
Crook	\$506,541	\$544,551	\$38,009
Curry	\$737,580	\$967,710	\$230,130
Deschutes	\$7,103,094	\$2,822,214	\$(4,280,880)
Douglas	\$1,614,630	\$1,464,747	\$(149,883)
Gilliam	\$152,221	\$258,277	\$106,057
Grant	\$236,296	\$438,683	\$202,387
Harney	\$0	\$326,016	\$326,016
Hood River, Sherman, Wasco	\$795,558	\$1,632,745	\$837,187
Jackson	\$3,165,912	\$3,399,755	\$233,843
Jefferson	\$504,847	\$1,302,530	\$797,683
Josephine	\$2,020,755	\$2,226,522	\$205,767
Klamath	\$2,181,822	\$1,229,374	\$(952,449)
Lake	\$0	\$357,733	\$357,733
Lane	\$3,459,389	\$4,752,570	\$1,293,181
Lincoln	\$1,463,379	\$1,323,754	\$(139,626)
Linn	\$2,999,924	\$1,448,806	\$(1,551,118)
Malheur	\$2,267,083	\$817,664	\$(1,449,419)
Marion	\$11,505,293	\$6,195,504	\$(5,309,790)
Morrow	\$591,177	\$534,849	\$(56,327)
Multnomah	\$10,727,001	\$11,245,328	\$518,328
Polk	\$2,634,043	\$1,742,056	\$(891,988)
Tillamook	\$592,468	\$824,173	\$231,705
Umatilla	\$1,433,680	\$1,433,207	\$(473)
Union	\$908,660	\$868,985	\$(39,675)
Wallowa	\$1,149,044	\$319,820	\$(829,224)
Washington	\$10,189,366	\$6,727,874	\$(3,461,492)
Wheeler	\$128,390	\$254,785	\$126,396
Yamhill	\$3,465,732	\$1,757,985	\$(1,707,747)

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Aid & Assist, Civil Commitment, and Crisis Services Combined		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$583,033	\$583,033
<b>Total</b>	<b>\$84,010,303</b>	<b>\$68,589,163</b>	<b>\$(15,421,140)</b>

\* Aid & Assist and Civil Commitment services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### First Six Months of CY24 – Aid & Assist

County	Aid & Assist		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$109,346	\$102,285	\$(7,061)
Benton	\$262,689	\$199,952	\$(62,737)
Clackamas	\$420,822	\$406,706	\$(14,116)
Clatsop	\$247,723	\$147,381	\$(100,342)
Columbia	\$166,557	\$192,885	\$26,328
Coos	\$91,748	\$146,758	\$55,010
Crook	\$0	\$63,593	\$63,593
Curry	\$77,916	\$150,283	\$72,367
Deschutes	\$319,373	\$274,030	\$(45,343)
Douglas	\$194,285	\$235,856	\$41,571
Gilliam	\$12,214	\$61,027	\$48,813
Grant	\$23,423	\$61,642	\$38,219
Harney	\$0	\$26,520	\$26,520
Hood River, Sherman, Wasco	\$61,034	\$181,629	\$120,595
Jackson	\$233,401	\$399,565	\$166,164
Jefferson	\$50,684	\$64,651	\$13,967
Josephine	\$122,065	\$310,815	\$188,750
Klamath	\$81,816	\$182,747	\$100,931
Lake	\$0	\$22,875	\$22,875
Lane	\$356,091	\$815,122	\$459,031
Lincoln	\$55,299	\$194,477	\$139,177
Linn	\$575,394	\$148,469	\$(426,925)
Malheur	\$130,321	\$38,928	\$(91,393)
Marion	\$1,015,501	\$813,427	\$(202,074)
Morrow	\$89,537	\$70,201	\$(19,335)
Multnomah	\$3,325,530	\$1,276,313	\$(2,049,217)
Polk	\$538,522	\$245,983	\$(292,540)
Tillamook	\$23,039	\$74,148	\$51,109
Umatilla	\$129,451	\$113,301	\$(16,150)
Union	\$69,594	\$79,481	\$9,887
Wallowa	\$49,968	\$20,235	\$(29,733)
Washington	\$1,023,014	\$909,872	\$(113,142)
Wheeler	\$12,214	\$60,206	\$47,992
Yamhill	\$177,339	\$141,306	\$(36,032)



## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Aid & Assist		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$0	\$0
<b>Total</b>	<b>\$10,045,911</b>	<b>\$8,232,669</b>	<b>\$(1,813,242)</b>

\* Aid & Assist services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### First Six Months of CY24 – Civil Commitment

County	Civil Commitment		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$0	\$0	\$0
Benton	\$178,957	\$65,126	\$(113,831)
Clackamas	\$252,010	\$156,369	\$(95,641)
Clatsop	\$85,984	\$61,671	\$(24,313)
Columbia	\$194,154	\$118,542	\$(75,611)
Coos	\$65,000	\$79,491	\$14,491
Crook	\$0	\$9,323	\$9,323
Curry	\$0	\$48,514	\$48,514
Deschutes	\$134,353	\$240,881	\$106,528
Douglas	\$0	\$0	\$0
Gilliam	\$5,612	\$4,086	\$(1,526)
Grant	\$11,348	\$9,471	\$(1,877)
Harney	\$0	\$0	\$0
Hood River, Sherman, Wasco	\$0	\$1,931	\$1,931
Jackson	\$209,229	\$88,556	\$(120,673)
Jefferson	\$0	\$0	\$0
Josephine	\$127,128	\$73,882	\$(53,246)
Klamath	\$193,088	\$93,981	\$(99,107)
Lake	\$0	\$13,932	\$13,932
Lane	\$360,924	\$209,781	\$(151,143)
Lincoln	\$11,178	\$70,824	\$59,646
Linn	\$2,868	\$196,421	\$193,553
Malheur	\$46,543	\$31,917	\$(14,626)
Marion	\$58,650	\$485,892	\$427,241
Morrow	\$10,855	\$12,192	\$1,338
Multnomah	\$2,754,654	\$1,791,028	\$(963,626)
Polk	\$205,502	\$89,764	\$(115,738)
Tillamook	\$9,215	\$25,413	\$16,198
Umatilla	\$48,936	\$65,280	\$16,344
Union	\$7,605	\$0	\$(7,605)
Wallowa	\$196,084	\$0	\$(196,084)
Washington	\$631,610	\$180,783	\$(450,826)
Wheeler	\$5,181	\$2,616	\$(2,565)
Yamhill	\$0	\$135,932	\$135,932

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Civil Commitment		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$0	\$0
<b>Total</b>	<b>\$5,806,666</b>	<b>\$4,363,599</b>	<b>\$(1,443,067)</b>

\* Civil Commitment services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### First Six Months of CY24 – Crisis Services

County	Crisis Services		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$864,021	\$204,558	\$(659,463)
Benton	\$609,109	\$630,802	\$21,693
Clackamas	\$1,780,983	\$2,106,862	\$325,880
Clatsop	\$1,073,793	\$504,523	\$(569,270)
Columbia	\$242,261	\$737,694	\$495,433
Coos	\$1,183,325	\$457,918	\$(725,407)
Crook	\$288,541	\$247,739	\$(40,803)
Curry	\$556,807	\$378,288	\$(178,519)
Deschutes	\$3,274,729	\$1,106,536	\$(2,168,193)
Douglas	\$1,292,422	\$566,668	\$(725,754)
Gilliam	\$115,838	\$92,772	\$(23,066)
Grant	\$102,011	\$193,502	\$91,490
Harney	\$0	\$165,453	\$165,453
Hood River, Sherman, Wasco	\$445,246	\$776,620	\$331,374
Jackson	\$1,258,032	\$1,524,428	\$266,396
Jefferson	\$448,310	\$698,010	\$249,700
Josephine	\$954,864	\$919,761	\$(35,104)
Klamath	\$1,112,083	\$445,635	\$(666,448)
Lake	\$0	\$171,239	\$171,239
Lane	\$1,537,991	\$1,809,666	\$271,675
Lincoln	\$994,031	\$524,065	\$(469,966)
Linn	\$1,577,780	\$472,721	\$(1,105,059)
Malheur	\$1,331,141	\$401,483	\$(929,658)
Marion	\$4,695,092	\$2,203,432	\$(2,491,660)
Morrow	\$242,671	\$235,177	\$(7,495)
Multnomah	\$6,243,981	\$3,303,264	\$(2,940,717)
Polk	\$1,091,066	\$698,285	\$(392,781)
Tillamook	\$285,679	\$380,936	\$95,257
Umatilla	\$650,935	\$664,280	\$13,344
Union	\$465,173	\$431,299	\$(33,874)
Wallowa	\$405,738	\$166,508	\$(239,230)
Washington	\$3,615,994	\$2,909,646	\$(706,348)
Wheeler	\$115,838	\$92,342	\$(23,495)
Yamhill	\$1,786,965	\$748,970	\$(1,037,996)

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Crisis Services		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$341,213	\$341,213
<b>Total</b>	<b>\$40,642,450</b>	<b>\$27,312,293</b>	<b>\$(13,330,157)</b>

\* Does not include revenue for Crisis Services billed to Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

### First Six Months of CY24 – All Services Combined

County	Aid & Assist, Civil Commitment, and Crisis Services Combined		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Baker	\$973,367	\$306,843	\$(666,524)
Benton	\$1,050,754	\$895,880	\$(154,874)
Clackamas	\$2,453,815	\$2,669,937	\$216,123
Clatsop	\$1,407,500	\$713,575	\$(693,925)
Columbia	\$602,971	\$1,049,121	\$446,150
Coos	\$1,340,073	\$684,167	\$(655,906)
Crook	\$288,541	\$320,654	\$32,113
Curry	\$634,723	\$577,084	\$(57,639)
Deschutes	\$3,728,455	\$1,621,447	\$(2,107,008)
Douglas	\$1,486,707	\$802,523	\$(684,184)
Gilliam	\$133,664	\$157,886	\$24,221
Grant	\$136,783	\$264,615	\$127,833
Harney	\$0	\$191,974	\$191,974
Hood River, Sherman, Wasco	\$506,280	\$960,180	\$453,900
Jackson	\$1,700,661	\$2,012,548	\$311,887
Jefferson	\$498,994	\$762,661	\$263,666
Josephine	\$1,204,057	\$1,304,458	\$100,401
Klamath	\$1,386,987	\$722,363	\$(664,623)
Lake	\$0	\$208,046	\$208,046
Lane	\$2,255,006	\$2,834,570	\$579,564
Lincoln	\$1,060,508	\$789,366	\$(271,143)
Linn	\$2,156,042	\$817,611	\$(1,338,431)
Malheur	\$1,508,006	\$472,328	\$(1,035,677)
Marion	\$5,769,243	\$3,502,751	\$(2,266,492)
Morrow	\$343,063	\$317,570	\$(25,493)
Multnomah	\$12,324,165	\$6,370,605	\$(5,953,560)
Polk	\$1,835,090	\$1,034,031	\$(801,059)
Tillamook	\$317,933	\$480,496	\$162,563
Umatilla	\$829,322	\$842,861	\$13,539
Union	\$542,373	\$510,780	\$(31,592)
Wallowa	\$651,789	\$186,743	\$(465,047)
Washington	\$5,270,618	\$4,000,301	\$(1,270,317)
Wheeler	\$133,233	\$155,164	\$21,931
Yamhill	\$1,964,304	\$1,026,208	\$(938,096)

## Appendix 4: CMHP Expenditure and CFAA Amount Comparison

County	Aid & Assist, Civil Commitment, and Crisis Services Combined		
	CMHP Total Costs	CFAA Funding (Excludes One-Time)	Difference
Confederated Tribes of Warm Springs	\$0	\$341,213	\$341,213
<b>Total</b>	<b>\$56,495,027</b>	<b>\$39,908,561</b>	<b>\$(16,586,466)</b>

\* Aid & Assist and Civil Commitment services are not covered by Medicaid. The CMHP costs and CFAA funding are aligned with the size of the county population.

## **Appendix 5: List of Acronyms Used in this Report**

- AMH – Addictions & Mental Health Division
- CCBHC – Certified Community Behavioral Health Clinics
- CCO – Coordinated Care Organizations
- CFAA – County Financial Assistance Agreement
- CMHP – Community Mental Health Program
- CPT – Current Procedural Terminology (American Medical Association)
- CY – Calendar Year
- EHR – Electronic Health Record
- FFS – Fee0for0Service
- FTE – Full Time Equivalent
- HCPCS – Healthcare Common Procedure Coding System (American Medical Association)
- LMHA – Local Mental Health Authority
- MMIS – Medicaid Management Information System
- MOTS – Measures and Outcomes Tracking System
- OAR – Oregon Administrative Rule
- OHA – Oregon Health Authority
- ORS – Oregon Revised Statute
- SAMHSA – Substance Abuse and Mental Health Services Administration
- SFY – State Fiscal Year