



Multnomah County

Population 717,880*



Karl Brimmer, Mental Health Director
Multnomah County Department of Human
Services: Mental Health and Addictions
Services Division
(503) 988-3371
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Mental Health and Addictions Services

Screening, Referral and 24-Hour Crisis
Multnomah County 24-Hour Mental
Health Call Center: (503) 988-4888
421 SW Oak Street, Suite 520, Portland

Developmental Disabilities Services

Screening
(503) 988-6258
421 SW Oak Street, Portland

Multnomah County

Department of County Human Services

provides and coordinates mental health, addictions and developmental disabilities services, quality improvement and utilization management of state-county shared services

Addictions Services & Providers

Prevention and Youth Services

Education and early intervention (Lifeworks NW), alternative activities for youth (Lifeworks NW, Latino Network, local Commission on Children & Families, independent community organizations). State-funded youth services (NARA, DePaul, ChangePoint, Lifeworks NW), county general fund youth services (Central City Concern)

Outpatient Treatment

Screening and assessment, individual and group therapy (Allied Health Services, Cascadia, Central City Concern, ChangePoint, CODA, DePaul, InAct, Lifeworks NW, NARA, OHSU), co-occurring disorders treatment* (Central City Concern and DePaul). VOA Day Treatment Program, Quest Center and Siloam International Inc. Recovery Management provide treatment to the indigent independently.

Residential Treatment

Provided on contract by VOA, Central City Concern, Cascadia, CODA, DePaul, Lifeworks NW, and NARA (Union Gospel Mission provides treatment to the indigent independent of public funds)
Detox: Central City Concern

Recovery Services (Relapse prevention and aftercare)

Peer-delivered services funded by county general fund and grants through Miracles Club, Morrison Child & Family Services, NARA, and Central City Concern, case management (Central City Concern), supported housing* (Central City Concern and Lifeworks NW), supported employment* (Central City Concern and CODA), childcare: some level of childcare provided by all contractors, depending on the treatment plan.
Drop-In Centers*: NARA and Miracles Club

* An Evidence-Based Practice

*Population Research Center, PSU, March 2009

Multnomah County Board of Commissioners:



Ted Wheeler,
Chair



Jeff Cogan



Deborah Kafoury



Judy Shiprack



Diane McKeel

Multnomah County government is the local fiscal agent for state funds and also provides \$16, 979,848 in county general funds for community mental health and addictions services and additional in-kind contributions.

Patrice Botsford, Director
Multnomah County Developmental Disabilities Services
503-988-6283
patrice.a.botsford@co.multnomah.or.us



Developmental Disabilities Services and Providers

Program Administration and Oversight

Eligibility determination, quality assurance, foster care licensing, family support plans, contracts, protective services.

Service Coordination

Case management, crisis services, referral, person-centered planning, monitoring, advocacy, and information and training serving (4038 individuals).

Comprehensive Services

28 contracted service providers providing: 24 hour Residential care (459) individuals, Supported Living (153) individuals, Vocational Services: employment and alternative to employment (770) individuals, Transportation for Vocational Services (549) individuals, and administration and oversight of 283 Foster Care homes (581) individual adults and children.

In the current biennium, Multnomah County has increased its Spanish-speaking case management staff and helped Latino families connect and learn from one another through the Latino Family Support Group.

The State of Oregon Seniors & People with Disabilities Division contracts outside of the local planning and quality assurance process for developmentally disabled adult support services with **The ARC Brokerage Services, Inclusion Inc., Independence Northwest & Mentor Oregon Brokerage: Metro**

Mental Health Services & Providers

Prevention and Early Intervention

Multnomah County directly provides Early Assessment and Support Alliance (EASA)*, early childhood services, and school-based mental health services; it also contracts with Morrison Child & Family Services, Lifeworks NW and Albertina Kerr Centers for services to children.

Outpatient Treatment such as crisis respite, medication management*, and individual and group therapy for adults is contracted to Asian Health Services Center, Cascadia, Central City Concern, CODA, DePaul, InAct, Lifeworks NW, Luke-Dorf, Lutheran Community Services, Morrison Child & Family Services, NARA, OHSU, Quest Center, and Western Psychological & Counseling Services; for children - Albertina Kerr, Cascadia, Lifeworks NW, Morrison Child & Family Services, OHSU and Trillium Family Services

Wraparound & Continuity of Care Coordination

Multnomah County direct services: Family Care Coordination Team, WrapAround Oregon*, 24-Hour Mental Health Call Center, System of Care Program; subcontractors: LifeWorks NW, Albertina Kerr, Christie Care, Trillium Family Services, Morrison Child & Family Services, Boys & Girls Aid Society and Options Counseling

Community Housing and Residential Treatment

Kids: Albertina Kerr, Christie Care, Trillium Family Services

Adults: Multnomah County Residential Services Unit; housing contracted through Cascadia, Central City Concern, LifeWorks NW, OutsideIn and Lukedorf

Acute & Children's Subacute Care

Adult: Legacy Health Systems, OHSU, Providence Health Systems, Veterans Administration Hospital, Oregon State Hospital (Salem & Portland); Children: Trillium Family Services Secure Children's Inpatient Program. Subacute Children: Albertina Kerr and Trillium Family Services

Recovery Supports

Peer-delivered services through Cascadia, Central City Concern, Empowerment Initiatives Brokerage, NAMI System Navigators and Folk Time. Supported employment* through LifeWorks NW and Cascadia

Services Unique to Special Populations

State/county blended funds: Multnomah County Fitness to Proceed 370 Program (diverts county residents from the State Hospital), Intensive Transition Program (hospital diversion), Mental Health Court*, Assertive Community Treatment* through Telecare, American Sign-Language outpatient treatment, eating disorder outpatient treatment, day hospital and partial hospitalization, Dialectical Behavioral Therapy*, psychiatric services for people with developmental disabilities, home health services, electroconvulsive therapy, Kinship House Early Childhood Program (foster care & adoption transition and support services)

County General Fund: Culturally-specific services: OHSU/Asian Health Services Center (Asian and Pacific Islander); Lutheran Community Services NW (Eastern European); Central City Concern (Latino, African American); NARA (Native American); OHSU Avel Gordly Center for Healing (African American)

Additional & enhanced services through local partnerships, county general fund and philanthropy

Outpatient: Multnomah County school-based mental health and early childhood programs, Bienestar and the Cares Family Support Team

* An Evidence-Based Practice

Multnomah County Working Across Systems

The Mental Health and Addiction Services Division (MHASD) within Multnomah County's Human Services Department collaborates with stakeholders, community providers and other system partners to best meet the needs of county residents. These cooperative relationships span multiple systems and include but are not limited to relationships with governmental agencies, school districts, hospital systems, public and commercial managed care organizations, criminal justice and law enforcement agencies, mainstream and culturally specific community treatment providers, social services agencies, housing providers and programs and consumer advocates.

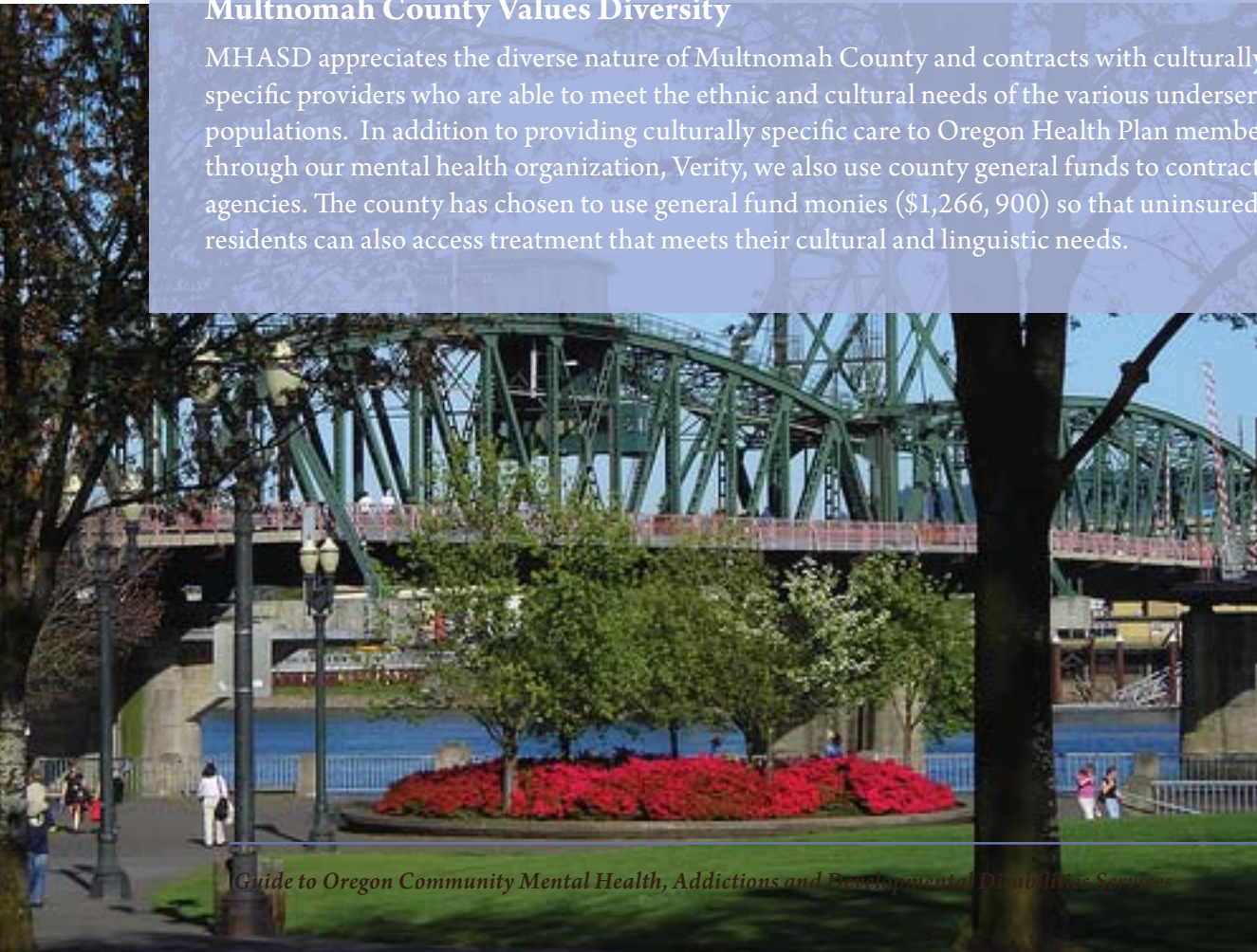
Service Integration and Coordination

MHASD supports several programs and collaborations that integrate physical health and behavioral health care. These programs are located in community based primary health care clinics and in the schools. Through these collaborative projects, adults and children with co-occurring physical health and behavioral health disorders receive integrated treatment and have increased access to primary health care.

Service coordination, critical to getting individuals the level and type of care they need, is performed by our providers as well as at various points within MHASD. Our 24-hour a day, seven day a week Mental Health Call Center, Family Care Coordination Team (FCCT), System of Care staff and the Department of County Human Services Multi-System Staffing Team (MSST) all coordinate care for children and adults whose cases are clinically complex.

Multnomah County Values Diversity

MHASD appreciates the diverse nature of Multnomah County and contracts with culturally specific providers who are able to meet the ethnic and cultural needs of the various underserved populations. In addition to providing culturally specific care to Oregon Health Plan members through our mental health organization, Verity, we also use county general funds to contract with agencies. The county has chosen to use general fund monies (\$1,266,900) so that uninsured residents can also access treatment that meets their cultural and linguistic needs.



Breaking Costly Cycles of Hospitalization

The Intensive Transition Program (ITP) opened its doors for referrals on October 13, 2008. The first referral came from the Involuntary Commitment Program at Multnomah County. “Joe”, a 52-year-old man, was placed on a hold at Adventist Hospital by an Involuntary Commitment Program investigator. Joe met the criteria for a referral due to eight emergency room contacts and four hospitalizations in a three-month period for acute psychosis related to his schizophrenia. Joe was not connected to outpatient mental health services, was homeless, and did not take his medication once he was discharged from the hospital.

Immediately after receiving the referral, case managers met with both Joe and the social worker assigned to his case in the hospital. Through collateral information available in his hospital records, as well as interviews held with Joe about his personal goals, the case managers identified appropriate community resources to help him stabilize in the community. Staff arranged for local mental health agency Luke Dorf to meet with Joe in the hospital to begin the intake process for case management and housing placement services. In cooperation with the hospital social worker and the Luke Dorf staff, the ITP workers devised an appropriate discharge plan to help Joe stabilize after his hospitalization and transition into outpatient services. The case managers were with Joe on the day of his discharge. They provided him with transitional housing and met with him daily to ensure medication compliance, ensure access to food and other basic needs, and to maintain contact with Joe until he was completely engaged in Luke Dorf services.

Breaking a person’s cycle of hospitalization and homelessness requires tenacity and creativity on the part of Community Mental Health Programs. Building trust with severely ill consumers like these takes time and talent, and that is what community mental health is all about.

Multnomah County Averts Two Lifetimes Worth of Tragedy

“Iya” is a 21-year-old woman with a 4-year-old daughter, Naomi. In April 2008, Iya began experiencing increased irritability, auditory hallucinations, and paranoia. She became so psychotic at one point that she placed her daughter in a stranger’s yard and wandered into traffic, attempting to get hit by a car. Iya was taken to a psychiatric unit and her daughter was taken into DHS custody and placed with a relative.

Iya was treated in the hospital and released with 7 days of medication, along with instructions to go to the Walk-In Clinic for follow up services. Iya followed through with her appointment but was told she did not seem to be psychotic and would better benefit from anger management classes. Within 2 weeks, Iya became psychotic again, experiencing extreme paranoia and auditory hallucinations. She broke a large glass door in her apartment, drew all over her walls, and was pulling her hair out and shoving it into her mouth. Police transported her to another psychiatric hospital where she remained for two weeks.

The Early Assessment and Support Alliance (EASA) program received a referral for Iya while she was in her second hospitalization. EASA staff met with her in the hospital where she agreed to work with the EASA team. Iya’s family agreed to stay with her to make sure she was safe. EASA staff immediately met with her in the community and set up an appointment with the EASA psychiatrist. EASA staff have provided supports including individual therapy, case management, weekly psychiatric medication monitoring, family psychoeducation, occupational therapy and service coordination with DHS.

Iya has made amazing progress. She takes her medication regularly and has not had another episode in 6 months. Iya’s daughter was returned to her care in August 2008. Iya not only participates in EASA services, but also works with Volunteers of America to attend parenting classes. Iya is currently taking GED classes through Mt. Hood Community College.

The Early Assessment & Support Alliance (EASA) is an evidence-based practice that was newly funded for a handful of Oregon communities by the Legislature in 2007. It uses intensive outreach to young people and their families at the very onset of psychosis to prevent the social and brain damage of untreated illness. Medication and early training in disease management help young people manage and overcome the symptoms of their illness.