



Department of County Human Services  
Mental Health and Addiction Services Division

# Strategic Plan

DRAFT  
September 2008

***MISSION:*** To enhance and maintain high-quality, accessible, and culturally appropriate systems of care for children, youth and adults with mental illnesses and emotional and addictive disorders.

**Multnomah County  
Department of County Human Services  
Mental Health and Addiction Services Division**

**2009-2014 Strategic Plan  
DRAFT September 2008**

**I. Purpose of the Strategic Plan**

The Multnomah County Mental Health and Addiction Services Division (MHASD) is committed to providing services that are evidence-based, backed by a recovery philosophy and integrated within a System of Care. Our core values prescribe a balance of consumer choice, prevention and early intervention, and a full continuum of care ranging from community-based to acute services.

This plan describes goals and strategies that will continue to strengthen and improve our systems over the next five years. We intend this Strategic Plan to serve three major functions:

1. As a **roadmap** to guide our priorities over the next several years, with flexibility to respond to unanticipated opportunities and challenges.
2. As a **communication tool** to share our plans with consumers, partners and the public, and engage wider support in achieving these goals.
3. As a list of **priority solutions** showing how additional funding could increase access and improve the system of care to better address needs of adults, children and families.

Consumers, providers, advocacy groups and other stakeholders have contributed to this plan over the past several years through various forms of input. Groups that have contributed their ideas include: the Children's Mental Health System Advisory Committee (CMHSAC), the Adult Mental Health and Substance Abuse Advisory Council (AMHSA), the Local Public Safety Coordinating Council for Multnomah County (LPSCC), the Multnomah County Commission on Children, Families and Community (CCFC), and our many provider organizations, including culturally specific providers, individually and through their provider association.

We welcome your feedback on this plan, your support in implementing these important goals, and your ideas for our future planning efforts. Together, we can use this Strategic Plan to shape short and long term decisions, improving the efficiency and effectiveness of mental health and addiction services in Multnomah County.

**II. Need for Services: Individual, Family, Community**

Mental illness affects individuals and families in every community. Data compiled in the *Global Burden of Disease* study by Harvard University, the World Health Organization, and the World Bank show that mental illness is the second leading cause of disabilities worldwide – outranking even cancer! Mental illnesses were found to account for over 15 percent of all disabilities in the major industrialized countries. In addition, the study indicates that suicide is a leading cause of violent deaths worldwide.

Nationally, one of five Americans suffers from a mental illness in any given year – one in four adults, and one in 10 children, according to NARSAD (previously known as the National Alliance for Research on Schizophrenia and Depression).

In Oregon, the Governor’s Mental Health Task Force reported that 7% to 9% of young children have mental health needs serious enough to require clinical intervention. In reviewing a sample of 95 public and private juvenile facilities, researchers found that 73% of the youth in these facilities reported mental health problems, as reported by Mental Health in America (MHA).

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) noted that nearly fourteen million Americans – one in every thirteen adults – have alcohol-abuse or alcohol-dependence problems. **Approximately one in every 68 people experiences a drug addiction, according to WrongDiagnosis.com, a provider of online medical health information.**

MHASD serves more than **24,000 adults and children** each year in all programs – about 3.5% of the county population. Though many people get the help they need, others do not seek treatment because they are unaware that mental illness can be effectively treated and recovery is possible, or because they do not have access to coverage to pay for services.

Currently MHASD serves fewer people than in 2001, largely due to cuts in the Oregon Health Plan (OHP). People with a mental illness who were dropped from the Oregon Health Plan or are unable to enroll due to OHP caps lack not only health care, but access to mental health treatment, medications and case management as well. Even after adding 4000 people last year, 76,000 remain on the OHP waiting list statewide. One in six Oregonians are without any form of health insurance coverage, according to the September 2008 draft report from the Health Fund Board.

**Comparison of OHP Enrollment & MH Services, 2001 to 2007**

2001	2007
1. People enrolled in the Oregon Health Plan in Multnomah County:	
105,000	95,000*
2. People receiving Mental Health treatment in Multnomah County, paid for by OHP:	
12,000	11,000

A comprehensive array of services and stable service providers are also essential. When the service continuum is missing key components, or availability does not match need, people may go without treatment or access a less-optimal service for them, reducing effectiveness and increasing overall costs through longer treatment periods or use of expensive crisis services. An example of this is the lack of sub-acute services, resulting in too many people being taken to a hospital emergency room for expensive acute care.

For the past five months, we have seen a large mental health organization in our community – Cascadia Behavioral Health – experience major financial problems that led many to question the design and management of our system. Although funding and management issues contributed to the problems that Cascadia is experiencing, there are broader systems issues that are addressed in this plan to strengthen the local community mental health system.

### III. System for Services: MHASD Overview

The Mental Health and Addiction Services Division (MHASD) is located within Multnomah County's Department of County Human Services (DCHS). MHASD manages resources for services to adults, adolescents, and children with addictive disorders, mental illnesses, and emotional disorders. MHASD is responsible for developing a service system, and monitoring and improving the availability, accessibility, and quality of services for chemically dependent and mentally ill persons, and prevention services for youth and families.

***MISSION: To enhance and maintain high-quality, accessible, and culturally appropriate systems of care for children, youth and adults with mental illnesses and emotional and addictive disorders.***

The County primarily contracts for mental health and addiction services with community providers, while retaining direct responsibility for specialized services for adults and children, and a few mandated functions, such as the civil commitment process. Consequently, core MHASD functions are to purchase services from contracting agencies, make eligibility determinations, monitor client outcomes, and conduct performance audits. The County has increased its focus on prevention, including in early childhood mental health, school-based mental health, care coordination for high-need children and youth, and the new Early Assessment and Support Alliance (EASA) for teens and young adults.

Three elements shape MHASD's ability to provide care: eligibility, diagnosis and capacity. A potential client must be eligible for funding based on several factors, including age and income, which are outlined in the attached eligibility matrix. Further, some programs only serve clients diagnosed with a major mental illness and who display one or more qualifying risk factors. Finally, the program that can serve the client must have available openings.

MHASD programs provide care that varies in frequency and duration. Everyone in the County, regardless of age, income, or insurance alternatives can receive care in an emergency. However, emergency intervention is by its nature brief and is generally limited to one or two contacts. For a more comprehensive course of care, a client must be eligible for one of three funded categories: The Oregon Health Plan, the Multnomah Treatment Fund or several small Specialized Categorical programs (see Appendix 1: Eligibility Categories).

### IV. Progress in Developing a Comprehensive System of Care

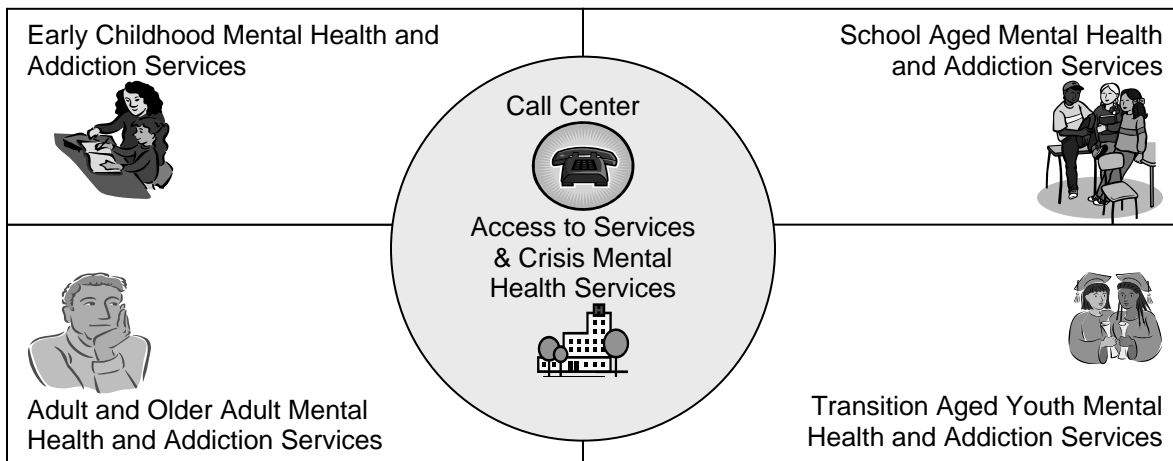
At the end of 2001, Mental Health and Addiction Services published a Mental Health Redesign Plan, which identified necessary changes to implement a consumer-focused system of care, based on developmental and recovery models. The goal was to assist each adult or child receiving services to achieve his or her full potential by supporting the individual and family to recovery and more successful lives through interdependence with natural support systems.

Seven key elements were identified as necessary within the system of care: easy and timely access, prevention and early intervention, care coordination, treatment services, support services, acute care, and protective services.

Most of the Redesign Plan's goals have been achieved. Over the past six years, MHASD has implemented the following system improvements (see Appendix 2 for more information):

- **Call Center** – the 24/7 hub of the mental health system, including access to all mental health services and coordination of a response to mental health crises.
- **Crisis Response Teams** – 24/7 mobile mental health outreach teams that partner with the Call Center and an Urgent Walk-In Clinic to provide 24-7 on-site crisis services.
- **System of Care** – are an effective approach for delivering coordinated, culturally competent mental health and addiction services so that children, youth, adults and elders will have their service needs met appropriate to their individual, family and cultural needs and circumstances.

### Multnomah County Mental Health and Addiction System of Care



A major goal of the redesign was to implement this approach. Key goals have been to ensure that services are evidenced-based, integrated from both a management and clinical perspective, and able to work together effectively for children, families and adults.

- **Children’s System Change Initiative** – implemented in 2005, this focused on children and youth placed in, or at risk of, residential treatment services. Following an assessment, coordinators form a child and family team to develop a service plan to meet child and family needs in the community, at home and in school.
- **Cultural Competence** – MHASD now expects all providers to deliver culturally competent services, and in addition funds culturally specific services for a number of populations (Hispanic, Eastern European, Native American, Asian & Pacific Islander, and African Americans and Latinos in contact with the criminal justice system).
- **MHO management** – to manage services, funded by the Oregon Health Plan (OHP) through MHASD’s Verity Mental Health Organization (MHO). Implementing this successful MHO required establishing an insurance-type system to manage costs against a capitated (per person) revenue stream to assure ongoing payment for services for enrolled consumers. New business and clinical models were implemented to increase data-based decision making.

## V. MHASD STRATEGIC GOALS

MHASD is concerned that people with mental health/addictions conditions receive competent care that ensures safety and promotes recovery. The primary system goal is to enhance MHASD services to best meet needs of children, families and adults facing mental health or addictions issues. To this end, there are four critical areas needing attention in our system of care in Multnomah County:

1. Increased involvement of consumers and families in the planning and delivery of services;
2. Development of a closer connection between mental health and physical health systems;
3. Increased financing and system accountability; and
4. Improvements in systems of care to better meet consumer child, adult and family needs.

Community-based Mental Health Services must give **consumers and families** meaningful choices about treatment. Services need to improve a person's ability to address challenges in his or her life. It must also move the person toward recovery. Recovery can lead to a productive life and the reduction or remission of symptoms. The consumer movement has raised awareness that practical services and peer supports are critical to building resilience and improving functioning of persons with significant mental health challenges. We know that given the right combination of housing, treatment, employment opportunities and supports, people with serious mental illness can live successfully in the community.

Clearly, the **mental and physical health** of an individual are connected. A Surgeon General's report from 2000 cites that mental disorders frequently occur along with physical disorders, in 20-80% of primary care patients. The Oregon Health Fund Board, in its September 2008 draft report, found that chronic behavioral health conditions accounted for significant negative health outcomes and a large portion of health care spending in Oregon. Studies show that adults with medical disorders have high rates of depression and anxiety. Without treatment, depression and anxiety can become significantly debilitating, limiting an individual's ability to participate in family, work and community activities. Depression can impair self-care and adherence to treatment for chronic medical illnesses, leading to medical complications...

Health care that includes both mental and physical components can prevent the development of more serious mental health or medical conditions, improve the quality of life, produce better treatment outcomes and is, thus, more cost effective.

We have learned that an essential area for increased focus is **financing and accountability**. There are significant fiscal barriers that prevent people from receiving the care they need. Funding models need to support the individualized services required to have successful outcomes. In addition to the inflexibility of the funds, eligibility criteria in Oregon have been limited and the availability of Medicaid funds has been greatly reduced the last few years.

Accountability for services is a responsibility of both the County and the providers. The County's mission is to oversee the coordination and development of the system, manage the funding, and ensure quality services are available in the community. The provider's role is to follow best practices in the delivery of mental health services; manage budgets within available funding; and coordinate with other organizations to maximize the resources and promote the

success of people with a mental illness or addiction. Both the County and providers must seek active involvement from consumers and family members in planning and evaluating the service delivery system.

Completing the **continuum of care** that was initiated during the Mental Health Redesign of 2001 is essential to help people with a mental illness or addiction disorder receive the right help at the right time. A comprehensive set of services would reduce unnecessary suffering and help restore the individual to a stable, productive role in the community. Rather than a uniform “one-size-fits-all” approach, having a full system of care in place would allow for a response based on evidence of what actually works, matched with each individual’s or family’s need.

However, Multnomah County is still missing major pieces of this continuum. The absence of these services destabilizes the system, which then fails to achieve the best outcomes that are possible for children, families and individuals.

This goal and our four strategic priorities comprise the framework of this plan, which is described in more detail on the following pages. The framework is organized by the six major elements of service delivery: prevention and early intervention, access and crisis response, care coordination, treatment services, recovery support, and acute care. The plan details our objectives under each goal, and shows which can be done with current resources, versus which would require additional resources to accomplish.

#### **SYSTEM GOAL**

**Enhance MHASD services to best meet needs of children, families and adults facing mental health or addictions issues.**

***Strategic Goals:***

- I. Increase consumer & family involvement in planning & delivery of services.***
- II. Develop a closer connection between Health Care & Mental Health/Addictions.***
- III. Strengthen financial and system accountability.***
- IV. Enhance the system of care to better meet the needs of consumers.***

MHASD is committed to further collaboration with consumers, family members, providers, the State and other human service agencies in order to identify, prioritize and improve the local community mental health system and promote a recovery model in a cost effective and fiscally responsible manner. This will require the development of a mental health and addictions services system that includes: services that are known to be effective; ongoing program evaluation by consumers and families; and increased client satisfaction. These improvements and changes will have a positive impact on individuals with mental health needs, their families and communities throughout Multnomah County.

## **VI. RESPONDING TO THIS PLAN**

MHASD is available to make a presentation on the contents of this plan and listen to your comments and goals for the future. In addition, comments on this plan from consumers, advocacy groups, providers and other stakeholders are welcome at any time, and will be considered during periodic updates.

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**MHASD System of Care Strategic Plan Framework – DRAFT 9.12.08**

<b>Strategic Goals:</b>	<p><b>I. Increase consumer &amp; family involvement in planning &amp; delivery of services.</b></p> <p><b>II. Develop a closer connection between Health Care &amp; Mental Health/Addictions.</b></p> <p><b>III. Strengthen financial and system accountability.</b></p> <p><b>IV. Enhance the system of care to better meet the needs of consumers.</b></p>
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Prevention	Access/Crisis Intervention	Care Coordination	Treatment Services	Recovery Support	Acute Care
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**Current Core Mental Health and Addictions Services:**

<ul style="list-style-type: none"> <li>•Addiction prevention education for youth</li> </ul>	<ul style="list-style-type: none"> <li>•24/7 Call Center</li> <li>•24/7 Mobile Outreach</li> <li>•Urgent Walk-In Clinic</li> <li>•Respite</li> <li>•CHEIRS van</li> <li>•Family Navigators</li> </ul>	<ul style="list-style-type: none"> <li>•Verity Care Coordination</li> <li>•Family Care Coordination</li> <li>•Acute Care Coordination</li> <li>•Residential &amp; Commitment Coordination</li> </ul>	<ul style="list-style-type: none"> <li>•Medications</li> <li>•Case Management</li> <li>•Community-based treatment</li> <li>•Residential treatment</li> <li>•EASA (Early Assessment &amp; Support Alliance)</li> </ul>	<ul style="list-style-type: none"> <li>•Supported Housing</li> <li>•Alcohol &amp; Drug-Free Housing</li> <li>•Supported Employment</li> <li>•Peer Services</li> </ul>	<ul style="list-style-type: none"> <li>•Hospital</li> <li>•Detox</li> <li>•Subacute care (children)</li> </ul>
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**I. Increase consumer & family involvement in planning & delivery of services:**

<ul style="list-style-type: none"> <li>•Improve public awareness of MHASD programs.</li> </ul>	<ul style="list-style-type: none"> <li>•Support implementation of new Family Navigators programs.</li> </ul>			<ul style="list-style-type: none"> <li>•Enhance peer-to-peer support services.</li> </ul>	
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*Systemwide:* •Add/expand consumer advocates.\* •Add an external Mental Health/Addictions Ombudsman.\*  
 •Add staffing for AMHSAAC and CAMHSAC to strengthen youth, family & adult involvement.\*

**II. Develop a closer connection between Health Care & Mental Health/Addictions:**

*Systemwide:* •Explore a more integrated system of care between Health Care & Mental Health/Addictions.  
 •Improve access to integrated care at current service locations.

**III. Strengthen financial and system accountability.**

*Systemwide:* •Strengthen and diversify the provider network to deliver needed services.  
 •Update rates for service providers to better match clinical priorities.  
 •Improve technical assistance and monitoring of financial health of providers.  
 •Improve data-driven decision making to better inform system decisions.

**IV. Enhance the system of care to better meet the needs of consumers:**

		<ul style="list-style-type: none"> <li>•Participate in developing sustainable Wraparound services for children/families.</li> </ul>	<ul style="list-style-type: none"> <li>•Develop youth day treatment pilot w/ Portland Schools.</li> </ul>		<ul style="list-style-type: none"> <li>•Obtain funds for mental health triage &amp; sub-acute care</li> </ul>
<ul style="list-style-type: none"> <li>•Reach all at-risk youth with an effective A&amp;D prevention message.*</li> </ul>	<ul style="list-style-type: none"> <li>•Add benefits specialists to assist in getting SSI/SSDI and health care coverage.*</li> </ul>	<ul style="list-style-type: none"> <li>•Expand access to mental health treatment for those with no insurance.</li> </ul>	<ul style="list-style-type: none"> <li>•Add intensive supported A&amp;D treatment.</li> <li>•Expand youth residential A&amp;D treatment.</li> <li>•Add flexible family support funding.*</li> </ul>	<ul style="list-style-type: none"> <li>•Expand peer evidence-based clubhouse w/ supported employment.</li> <li>•Expand transitional residential care</li> </ul>	<ul style="list-style-type: none"> <li>•Add adult mental health crisis triage center.</li> <li>•Add sub-acute care for adult crisis stabilization.</li> </ul>

*Systemwide:* •Provide technical assistance & monitoring to improve access to culturally competent care.  
 •Provide technical assistance & training to improve provider clinical skills.

*Advocate for:* •Adequate funding for MH and A&D services from the Oregon Legislature.  
 •Adequate funding for the Oregon Health Plan from the Oregon Legislature.  
 •Stable funding from the State (beer and wine tax) to increase A&D free housing.  
 •Adequate mental health consultation at state-funded Head Start programs.  
 •A supported housing gatekeeper for people transferring from State Hospital.  
 •Increased community-based care funding within State Hospital Redesign.

\* Note: Requires additional funding to accomplish this objective.

## STRATEGIC GOALS WITH DETAILED STRATEGIES

**SYSTEM GOAL: Enhance MHASD services to best meet needs of children, families and adults facing mental health or addictions issues.**

***Strategic Goals:***

- I. Increase consumer & family involvement in planning & delivery of services.***
- II. Develop a closer connection between health care & mental health/addictions.***
- III. Strengthen financial and system accountability.***
- IV. Enhance the system of care to better meet the needs of consumers.***

***Goal I: Increase consumer & family involvement in planning & delivery of services.***

### **PREVENTION**

#### **1: Improve public awareness of MHASD programs.**

a. Issue: Many people are not aware of current or new MHASD programs or how to access them.

Strategy: Develop an annual media schedule to highlight aspects of the MHASD program, including for new programs or funding.

b. Issue: Readily available information about services would improve access, but the current website is difficult for consumers to use.

Strategy: Redesign website to be more user-friendly with up-to-date information.

c. Issue: Many consumers lack web access; partners could circulate a print newsletter to all staff.

Strategy: Create a printed newsletter for consumers and partners.

### **ACCESS/CRISIS INTERVENTION**

#### **2: Support implementation of new Family Navigators programs.**

Issue: Families with children with high needs may not have experience in utilizing the mental health system or advocating for themselves and their children.

Strategy: Provide technical assistance & support for the new Family System Navigator contracts with NAMI and OFSN, to help increase parent/family involvement in determining care plans for their children.

### **RECOVERY SUPPORT**

#### **3. Enhance peer-to-peer support services.**

Issue: Peer-to-peer supports are an important part of an effective recovery program.

Strategy: Encourage providers to implement additional peer-to-peer supports within current budgets. Support Central City Concerns and Lifeworks to implement strong evidence-based supported employment programs.

Etc...

## MHASD Eligibility Categories

MHASD programs provide care that varies in frequency and duration. Everyone, regardless of age, income, or insurance alternatives can receive care in an emergency. However, emergency intervention is by its nature brief and is generally limited to one or two contacts. For a more comprehensive course of care, a client must be eligible for one of three funded categories:

◆ **The Oregon Health Plan** provides treatment utilizing federal Medicaid funding. Because the Oregon Health Plan (OHP) is an entitlement program, the County must fund services for every individual who meets its eligibility requirements. OHP's mental health care service operates locally through a Mental Health Organization (MHO), which functions like a private insurance company by coordinating and paying for treatment, bearing the risk for the total cost of an individual's care. Multnomah County's Mental Health Organization is Verity Integrated Behavioral Health Systems (Verity), a part of MHASD.

◆ **Multnomah Treatment Fund** (formerly Verity Plus) is a safety net program for children and adults with a serious mental illness who are not eligible for (or not able to be enrolled in) the Oregon Health Plan but who cannot afford private mental health insurance. County General Funds and the State of Oregon pay for Multnomah Treatment Fund coverage.

To be eligible for the Multnomah Treatment Fund, the individual's mental health diagnosis must meet Priority 1 clinical criteria. The individual must be at immediate risk of hospitalization for treatment of a mental illness, require continuing services to avoid hospitalization, or pose a hazard to the health and safety of others.

Priority 1 also encompasses children and families with a serious mental illness. Individuals under the age of 18 who are at risk of removal from home due to mental illness meet its criteria, as do parents whose mental illness poses an imminent risk of removal of children, homelessness, incarceration, hospitalization, or dangerousness.

◆ **Specialized Categorical Programs.** Historically, the State and County have developed and funded these programs to address unmet needs in the global system of care. This group of programs includes County-operated services such as the commitment process and school-based mental health. Eligibility for these programs varies widely. Reimbursement to treatment agencies is usually not fee-for-service, relying instead on calendar or case payments.

**Report: Progress on the 2001 Mental Health Redesign Plan**

<b>Primary Goals from 2001:</b>	<b>Results during 2002-2008:</b>
<b>Create Access/Crisis System</b>	
• Implement central Call Center	• Central Call Center opened September 2001
• Develop Walk-in Clinics	• Clinic opened September 2001
• Develop Mobile Crisis Teams	• Mobile Crisis initiated September 2001
• Develop a secure evaluation facility	•
• Expand sub-acute overnight alternatives	• Children'
• Expand acute care coordination team	•
<b>Implement Clinical Accountability</b>	
• Transition to a primary provider model of care	• Initiated July 2001, disbanded April 2006
• Clinical accountability contract model	• Initiated April 2006
• Reduce/focus specialized provider contracts	•
• Implement new MHO business model	• Primary Provider Model Jul 2001- Mar 2006 • Fee for Service Model Apr 2006 - current
• Complete new information system (RainTree)	•
• Outcome measurement/performance monitoring	•
<b>Implement Fully Integrated Seamless System</b>	
• Promote a recovery approach to services	•
• Implement Cultural Competency Plan	•
• Implement Children's MH Services Plan	• Children's System of Care Initiative implemented Oct 2005
• Integrate Addictions Services	• Addictions contracts requirement for dual mental health certification implemented
• Reduce Hospital/Inpatient use & cost	• Significant reductions achieved Sep 2002 with gradual decreases through 2005.