Multnomah County
Mental Health and Addiction Services Division
Community Mental Health Program
2011 – 2013 Biennial Implementation Plan

March 2010

SUMMARY

Oregon Revised Statute 430.630 and 430.640 requires counties with community mental health programs (CMHP) to submit a biennial implementation plan (BIP) to the State of Oregon Addictions and Mental Health Division (AMH) each biennium. State AMH uses the information contained in the BIP to monitor the use of state general funds and to ensure county compliance with requirements for matching funds. They also use it to develop their budget request to the legislature and to develop the County Financial Assistance Agreement with counties.

The BIP is an accounting of how the community mental health program (CMHP), which in our county is run by the Mental Health and Addiction Services Division, is using state general funds for mental health, addiction, and problem gambling treatment and prevention. Although all of our programs work together to form a coordinated system of care for the members of our community, those we report on in this document are funded with state general fund.

SYSTEM COORDINATION

Each community mental health program (CMHP) is required to describe in the biennial plan how it coordinates prevention and treatment services across systems to ensure a full continuum of care.

Our addiction prevention and treatment system supports an 'added value' concept to ensure that next step treatment and services are available to clients as they move through the continuum of care. Some examples of this concept include contracted residential beds dedicated to clients who are exiting detoxification, outpatient treatment slots dedicated for clients who are exiting residential, and recovery support funding that is available to outpatient clients to assist them in successfully completing treatment (e.g. housing assistance, bus passes, peer mentors).

Many of the children and families our CMHP serves are involved with Child Welfare. The Mental Health Child and Family Team meet regularly with Child Welfare to coordinate services for these children. In the Addictions Unit, the Family Involvement Team (FIT) for Recovery core team, housed at the Family Dependency Court, works with Child Welfare parents and their children until they enter addictions treatment.

The addiction prevention program offers an array of services for children and families at high risk for substance abuse, school failure and juvenile justice problems. Prevention services include structured after-school activities (homework assistance, tutoring and home visits), a parent-child readership program, and culturally-specific youth leadership activities. These programs promote school success, family bonding, improved parenting skills and youth life skills. The aim is to reduce youth substance abuse, school failure and juvenile crime.

MHASD coordinates with the state hospital and local acute care inpatient units to ensure appropriate care for children and adults whose mental illness has resulted in hospitalization. The Mental Health Call Center is the first point of contact for adults and children to acute care admission and diversion into other clinically-appropriate placement. Acute Care Coordinators in the Call Center manage the stay and discharge planning. The Call Center participates in the State Hospital Waitlist Reduction program and is available to evaluate individuals for diversion from the state or local hospital.

For those seniors not eligible or currently enrolled in Oregon Health Plan, state general fund pays for mental health services for older and disabled adults. These services are coordinated through a multi-

disciplinary team that includes Multnomah County Aging and Disability Division staff, MHASD staff, and the subcontractor.

The co-location of the CMHP and the MHO within the Department of County Human Services allows for system coordination between units, divisions, departments and funding sources.

FUNDING ALLOCATION

The following table shows how much state general fund the CMHP receives and how it is spent. It shows how much MHASD contributes in other funds to meet the maintenance of effort (MOE) required by Oregon Revised Statute 430.359.

Service Element: A code given by the state to indicate what type of service the funding is meant to purchase. A&D is addiction, MHS is mental health service, LA is local administration. Each Service Element has criteria and restrictions on how it can be spent and on whom.

Service Element	State General Fund	Programs Funded	County MOE Funds	Planned expenditure of MOE funds
A&D 60 Special Projects	$1,305,670	Housing Assistance Services; Treatment Enhancement Intensive Case Management, Supervision and Support for Families; Treatment Enhancement: Culturally specific treatment services to Latino youth and families	$633,150	Treatment Enhancement: Culturally specific treatment services to Latino youth and families; Treatment Enhancement Intensive Case Management, Supervision and Support for Families
A&D 61 Adult Residential Treatment	$8,687,569	Adult A&D Residential Treatment Services	$1,240,828	Adult A&D Residential Treatment Services
A&D 61A Intensive Treatment and Recovery Services	$312,502	Adult A&D Residential Treatment Services; Intensive Treatment and Recovery Services	$0	N/A
A&D 62 Housing Services for Children Whose Parents are in A&D Residential Treatment	$603,952	Housing Services for Dependent Children Whose Parents are in A&D Residential Treatment; Intensive Treatment and Recovery	$0	N/A
A&D 66 Continuum of Care	$9,435,643	Continuum of Care Services; Intensive Treatment and Recovery Services	$7,281,908	Continuum of Care Svcs; Intensive Treatment and Recovery Services
A&D 67 Residential Capacity Services	$2,032,180	A&D Residential Capacity Services	$0	N/A
A&D 67A	$73,100	A&D Residential Capacity Services; Intensive Treatment & Recovery Svcs	$0	N/A

A&D 70 Prevention	$850,000	Prevention Services	$250,000	Prevention Services
A&D 71 Youth Residential Treatment	$0	Youth A&D Residential Treatment Services	$535,178	Youth A&D Residential Treatment Services
A&D 80 Problem Gambling Prevention	$120,000	Problem Gambling Prevention Services	$0	N/A
A&D 81 Problem Gambling Treatment	$1,440,000	Problem Gambling Treatment Services	$0	N/A
LA 01 Administration of the CMHP	$2,261,265	Local Administration of the CMHP	$3,532,610	Administration of the CMHP
MHS 20 Adult Mental Health Services	$12,907,654	EASA, Coordinated Diversion, Mobile crisis/walk-in clinic, state hospital waitlist reduction, Transitional housing, state-mandated funding, Adult Protective Services	$2,870,388	Coordinated Diversion; Mobile crisis/walk-in clinic; Bridgeview transitional housing
MHS 22 Child and Adolescent Mental Health Services	$2,549,812	Early childhood head start, treatment for uninsured children, School Based mental health, family care coordinators	$3,572,208	Early childhood head start, school based mental health
MHS 24 Acute Psychiatric Inpatient	$5,407,196	Commitment Services	$2,196,984	Commitment Services
MHS 25 Community Crisis Services	$7,122,196	Crisis call center; Mobile crisis/walk-in clinic; Commitment services	$4,301,582	Mobile crisis/walk-in clinic; Commitment services
MHS 28 Adult Residential Treatment	$3,746,988	Non-discretionary funding	$0	N/A
MHS 30 PSRB	$1,302,324	Non-discretionary funding	$0	N/A
MHS 35 Older Adult Mental Health Services	$347,792	Mental health services to aging adults, non-discretionary funding	$367,014	Multi-disciplinary team mental health services to older adults
MHS 38 Supported Employment	$488,066	Supported Employment Services	$0	N/A
MHS 39 Homeless Mentally Ill Housing	$468,666	Housing for mentally ill homeless	$717,936	Transitional, emergency and shelter housing for mentally ill homeless
MHS 201 Services for specific individuals	$1,885,348	Non-discretionary funding	$0	N/A

As part of the BIP requirements the State ask us to comment on any alcohol and drug prevention, gambling prevention and/or treatment services and/or supports our CMHP has in place that are specifically designed to reach any of the following populations of interest defined by the State AMH. These programs/supports are in addition to the general continuum of services (detoxification, outpatient, residential, housing) we offer that may reach these populations as well.

Population	Services in place	Strategies
Children (0-6)	X	The Family Involvement Team (FIT) for Recovery program is a team effort among alcohol and drug treatment providers, social service agencies, and the Family Dependency Court to connect parents with an allegation of child abuse or neglect with drugs and/or alcohol involved to appropriate treatment.
Youth	X	The internationally recognized Strengthening Families Program for Parents and Youth 10-14 is a prevention and treatment program that cuts youth alcohol, tobacco, and other drug use in half and improves school success, family bonding, parenting skills, and youth life skills so youth and families thrive. Addiction prevention programs such as after-school activities are offered at public housing communities.
Young Adults in Transition (14-25 y/o)	X	The alcohol and drug prevention program provides an array of services for children and families at high risk for substance abuse, school failure and juvenile justice problems. Prevention services include structured after-school activities (homework assistance, tutoring and home visits), a parent-child readership program, and culturally-specific youth leadership activities.
Cultural Groups	X	Multnomah County recently co-hosted an Asian Problem Gambling Summit and conference and continues to be involved in addressing problem gambling in the Asian community. The county contracts for culturally specific addiction prevention and treatment for Latino/Latina and African-American youth.
Co-occurring Disorders	X	The addiction manager is piloting a project for uninsured adults dually diagnosed with a mental health and addiction. This project will use 18 Adult Addiction Treatment Slots and use county general fund (Multnomah Treatment Fund) to pay for mental health treatment.
Veterans		No specific strategy
Older Adults		No specific strategy

The following table outlines the mental health treatment services and/or supports our CMHP has in place that are specifically designed to reach the following populations of interest as defined by the State AMH. These programs/supports are in addition to the general continuum of services (outpatient, residential, respite, etc.) we offer that may reach these populations as well.

Population	Services in place	Strategies
Children (0-6)	X	Mental health staff at early childhood settings, including Head Start, for early intervention/prevention. The early childhood program was able to secure a small grant through the SAMHSA Wraparound Oregon Early Childhood Project. The purpose is to implement Positive Behavior Support in several Head Start, Child Care settings, and Multnomah Early Childhood Program (MESD). This is a nationally recognized, evidence-based program that focuses on increasing the social-emotional development of young children.
Youth	X	School based mental health consultants provide crisis intervention, mental health assessments, individual, group and family treatment and clinical case management as well as interventions with schools to help manage a child's mental health disorder. Consultation on children's mental health is provided to school and school based health clinic staff as well as community providers.
Young Adults in Transition (14-25 y/o)	X	The county offers a specialized program for this group through Outside In, an agency with expertise serving this age group. The Early Assessment and Support Alliance (EASA) program does outreach to area high schools, colleges, and youth-serving agencies to educate about psychosis and the importance of early intervention.
Cultural Groups	X	To ensure that all members of our community have treatment options that incorporate specific cultural needs, MHASD funds contracts for mental health services for individuals from five communities currently underserved or not well served. Those communities are: Eastern European, African-American, Asian-American, Latino-American, and Native American. The county also offers culturally appropriate services at Bienestar clinic, which is also able to serve recent immigrants.
Co-occurring Disorders	X	Large agencies are encouraged to provide both addictions and mental health treatment. The addiction manager is implementing a pilot project for uninsured dually diagnosed adults. It will combine addiction treatment slots and mental health treatment paid for with county general fund (Multnomah Treatment Fund).
Veterans		No specific strategy
Older Adults	X	The CMHP has a multi-disciplinary team (MDT) that includes Aging and Disability Services Division, MHASD, and a provider. The team collaborates on how to reach and serve vulnerable seniors.

ALCOHOL AND DRUG PREVENTION PLAN

The following table represents the prevention priorities and what program or practice we are funding to address that priority.

Statewide Prevention Priority	Multnomah County Prevention Priority	Evidence-based Program/Tribal Best Practice	Projected Funding
Early Academic Success (K to 5)	Support academic success and high school completion.	Community-Based Prevention in Public Housing (Collaboration with Housing Authority of Portland) provides the following Alternative Activities and education services for children and families living in HAP sites: After-School Clubs offering homework help, socializing and skill-building activities; Core Youth Services – tutoring, mentoring, family-support home visits, and liaison with schools; and Reading Together, a parent-child readership program.	$388,518
Reduce High School Drop Out	Incorporate best-practice approaches, including family-strengthening strategies and services across the continuum of prevention and treatment services	Strengthening Families Program for Parents and Youth 10-14.	$250,000

The addiction prevention program will use the following strategies to address gender and cultural considerations.

All MHASD contracts require that all treatment providers meet cultural competence standards in providing services to individuals that reflect the cultural groups to which they belong, including gender-specific and sexual orientation. It contracts specifically for treatment for underserved communities as well as to address overrepresentation in jails. Addiction funding supports the community-based prevention program for residents of public housing facilities, which serves a high proportion of African American and Hispanic residents. Gender-specific services are offered upon request, such as core girls or boys groups. The problem gambling prevention program has identified Latino and Asian American communities as priorities for future culturally-specific awareness/outreach and treatment provider training.