BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 05-034

Adopting the Multnomah County Mental Health and Addiction Services Division System of Care for Children and Families Implementation Plan, February 2005

The Multnomah County Board of Commissioners Finds:

a. On March 7, 2002, the County Board of Commissioners adopted Resolution 02-034 that approved the recommendations from the Child and Family System of Care Phase II Workgroup for Children's Mental Health System Redesign.

b. After a delay due to significant State funding cuts, in March 2004 the Mental Health and Addiction Services Division's (MHASD) Children's Mental Health System Redesign team commenced planning to issue a Request for Proposal (RFP).

c. On April 12, 2004, Robert Nikkel, State Department of Human Services, announced the Oregon Children's Mental Health System Change Initiative that would integrate funding for both Intensive Treatment Services and Outpatient Care for children enrolled in Oregon Health Plan. The Initiative would allow Multnomah and other counties to design services necessary to keep children in the community and prevent costly facility-based care.

d. On September 17, 2004, a RFP incorporating the recommendations of Commissioner Lisa Naito's Child and Family System of Care Workgroup was issued. The clinical design called for the development of expertise in serving School Aged, Early Childhood, and Special Population Youth.

e. The Department of County Human Services cancelled the solicitation for the System of Care for Children and Families Request for Proposals on December 16, 2004. Submitted proposals entailed excessive administrative costs with little improvement in clinical integration.

f. MHASD will issue a revised Request for Proposals based on the conceptual model process and timeline in the attached Multnomah County Mental Health and Addiction Services Division System of Care for Children and Families Implementation Plan, February 2005 (plan).

g. MHASD will ensure that funding follows the needs of children and families to promote services that keep children in the community with natural systems of support. Effective management of funding will allow for increased investment in prevention and early intervention services [see attached plan].

h. Contracts issued to all awardees will incorporate clear performance measures to demonstrate outcomes. Future funding decisions will be based on data-driven results [see attached plan].

i. Nancy Winters, MHASD Interim Director, is responsible for management of the procurement process and implementation of the Children's Mental Health System Redesign as outlined in the plan.

The Multnomah County Board of Commissioners Resolves:

The Multnomah County Mental Health and Addiction Services Division System of Care for Children and Families Implementation Plan, February 2005, is adopted. Multnomah County Mental Health and Addiction Services Division is directed to proceed with the Children's Mental Health System Redesign as outlined in the Plan.

ADOPTED this 24th day of February, 2005.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

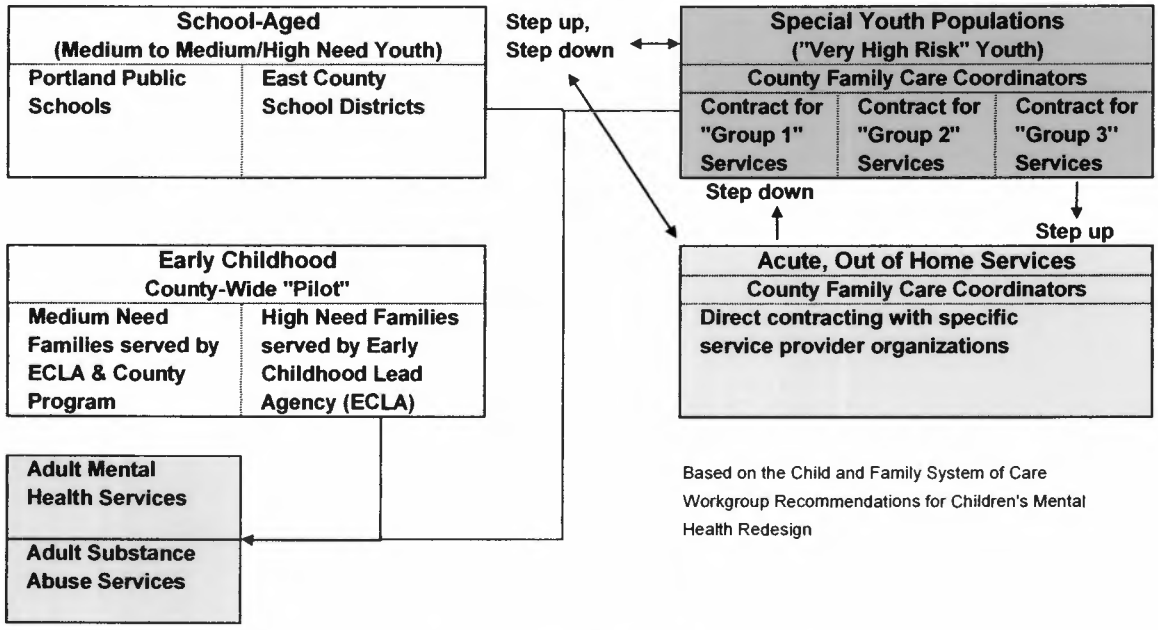
AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By_____
Agnes Sowle, County Attorney

Multnomah Mental Health and Addiction Services Division System of Care for Children and Families Implementation Plan, February 2005

1. SOCCF Conceptual Model

The following diagram provides an overview illustration of the current SOCCF design, which consists of four major components.



- **Figure 1: SOCCF Design Overview**

2. Debrief of the Fall 2004 Request for Proposal (RFP) Process

A debrief of the RFP process by the MHASD staff yielded the following key points:

- The System of Care for Children and Families clinical design described in the September 2004 RFP continues to be a solid blueprint for transforming the service delivery system for children and families, based on the 2002 Child and Family System of Care Workgroup's Recommendations for Children's Mental Health Redesign.
- The RFP did not contain sufficient detail regarding what the county wanted to purchase; there were other areas lacking in clarity (e.g. role clarification of the County's family care coordinators in relation to the provider care coordinators).
- The design was 'before its time' from the perspective that the provider system isn't at a point to achieve financial, organizational and clinical integration for each of the three populations. This led to layers of new infrastructure at the

proposed Lead Agencies that exceeded the administrative cap without improving service delivery.

- The available funds did not match the requirements of the RFP.

3. SOCCF Funding Update

The Children's Intensive Mental Health Treatment Services system responsibility is shifting to the MHOs July 1, 2005. This includes responsibility for the most high-risk youth in the County who are currently served in Psychiatric Residential and Psychiatric Day Treatment programs.

The system must to be organized to accommodate this new level of responsibility and manage the new level of risk. The following table lists the preliminary budget for the SOCCF beginning July 1, 2005.

	FY2006 Preliminary Budget	% Funded by I-Tax
Special Populations	$1,812,100	0.0%
Acute/ Out of Home Svcs	$8,180,261	0.0%
School Age Children	$6,568,425	0.0%
Early Childhood	$1,027,380	0.0%
County Services	$4,604,221	14.5%
Carve-Out	$1,113,164	0.0%
Total $	$23,305,551	2.9%

Figure 2: Preliminary FY2006 Budget

The $8,180,261 figure represents the budget for the Children's Intensive Mental Health Treatment Services. This figure will be decreasing as the state shifts the funding formula to match the number of Oregon Health Plan foster care children in each county.

Psych Residential Funding Ramp Down

	Period	# of Months	Annualized $	% Change
Phase 1	7/1/05-9/30/05	3	$8,389,694	
Phase 2	10/1/05-9/30/06	12	$7,340,828	-13%
Phase 3	10/1/06-9/30/07	12	$6,291,962	-14%
Phase 4	10/1/07-9/30/08	12	$5,243,096	-17%

Figure 3: Change in Multnomah County Psychiatric Residential Funding

To manage this risk the County must reduce the number of children in residential beds from 100 residential slots to 85 by July 1, 2005 and to approximately 50 slots by October 2007.

4. Residential Funding Risk Management Strategy

With the time that was lost from the first RFP process, the county has an extremely short timeframe to bring the Special Populations component of the system online, which is the primary service area where residential services will be managed. This has necessitated staging the procurement process in two phases:

- **Phase 1:** Special Populations, Residential, and Day Treatment RFPQ, with 7/1/05 start date
- **Phase 2:** Early Childhood, School-Aged RFP released 60 days later with a 9/1 or 10/1/05 start date

5. Current Timeline

February, 2005:	Revise Special Populations, Residential, and Day Treatment RFPQ
Early March:	Special Populations, Residential, and Day Treatment RFPQ released
March:	Additional Early Childhood and School-Aged design with key stakeholders
Mid April:	RPFQ Responses due
Early May:	Early Childhood, School-Aged RFP released
Mid-June:	Special Populations, Residential, and Day Treatment contracts go into effect
June:	RFP Responses due
October 1, 2005:	Early Childhood, School Aged contracts go into effect

6. Culture

A substantial percentage of Multnomah County's Oregon Health Plan youth are members of a County recognized ethnic or language minority (see Figure 4). This helps define the portion of the mental health services for young people that must be delivered in a manner that is either culturally specific or culturally competent.

Calendar Year 2003
Parity Analysis

Total Child/Youth (0 thru 20)

OHP Clients by Race	Number of Clients	Client Ratio	OHP Ratio	Parity Ratio
		% of clients of this race	% of OHP enrollees with this race	
White, non-Eastern European	2,954	60.1%	45.4%	1.32
Eastern European	12	0.2%	6.8%	0.04
Asian/PI	74	1.5%	6.4%	0.23
Black	884	18.0%	17.6%	1.02
Hispanic	260	5.3%	19.7%	0.27
Native American	35	0.7%	0.7%	0.98
Other/ Unknown	698	14.2%	3.3%	4.35
	4,917	100%	100%	

< 1.0 = under-represented
> 1.0 = over-represented

Figure 4: Multnomah County Oregon Health Plan Ethnic/Language Minority

The clinical and business models design for the System of Care for Children and Families will support culturally specific and culturally competent service delivery in several ways:

- The County will contract directly with providers that have demonstrated expertise and experience with one or more ethnic or language minorities.
- Performance-based contracts will be developed that include culturally-oriented performance measures that all contractors must meet.
- The clinical design includes the expectation that if an ethnic or language or sexual minority adult is referred for mental health services, they will be offered the opportunity to receive these services through a culturally specific provider.
- Specific services and delivery methods will be developed and promoted that address the needs of specific cultures, including relevant evidence-based practices.

7. Special Populations System of Care

The key change in the Special Populations System of Care is to contract with two or more providers to provide these services. The County has the following groups of services and the number of slots that are expected to be in place by July 1, 2005.

Service	Description	Overlap	Slots at Startup
1. Intensive Family Search and Preservation	Locating kin, friends and natural resources to provide support and potential placements for institutionalized children with two residential placements or more. Services include intensive in-home and wraparound services to make community placements successful.	Foster Parent Recruitment and foster care placement is likely necessary while the search is conducted. Adult A&D and Mental Health	10 slots
2. Multi-Dimensional Treatment Foster Care	Foster Parent Recruitment, placement, foster home training and support, transition services to permanent placement if necessary.	Foster Parent Recruitment and foster care placement; Adult A&D and Mental Health	20 slots
3. Intensive In Home Services	Multi-Systemic Therapy, Functional Family Therapy and other models targeted towards behavioral issues	Treatment Readiness for parents; Adult A&D and Mental Health	20 slots
4. Other Services: (targeted to BRS children, homeless and other)	Psychiatric, case-management, individual, family, cognitive behavioral, skill building, treatment readiness, adult mental health and A&D services	May require Treatment Foster Care.	35 slots
5. Transition Aged Youth Services (17 to 21)	Age appropriate housing; case management; vocational assistance; psychiatric; mentoring	Includes Homeless Youth; Foster Care Placement for a small percentage	0 slots
Totals	Numbers will increase in subsequent quarters		**85 slots**

Figure 5: Special Populations Services and Slots

Children's Intensive Mental Health Treatment and Special Populations Services

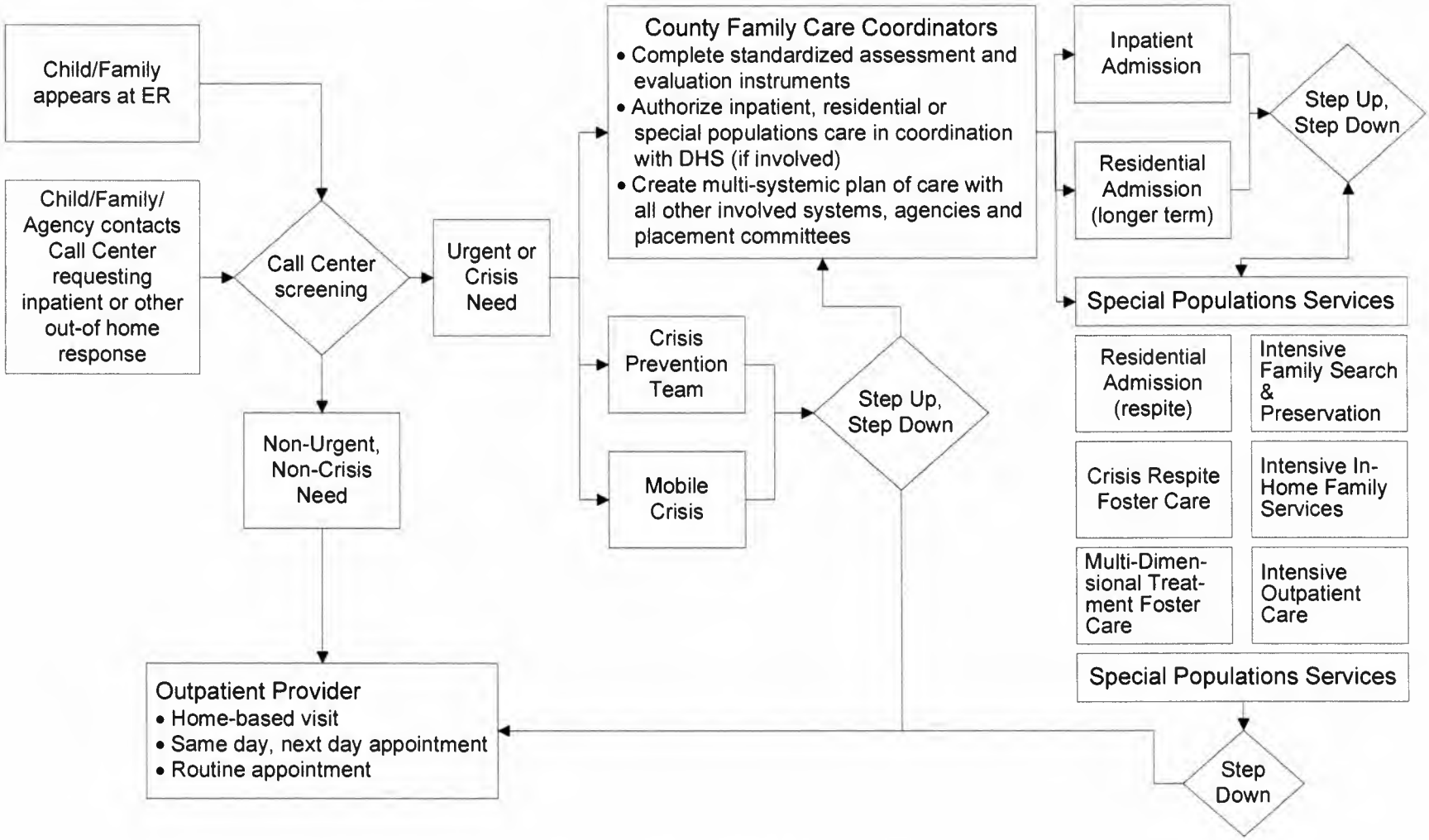


Figure 6: Special Populations Workflow

8. Early Childhood System of Care

The RFP Design Team after reviewing available research estimated that between 5% and 7% of the OHP and indigent families with young children in Multnomah County have a need for the mental health services described in the Early Childhood (EC) planning documents. Annual costs for these services were estimated at $3.8 to $4.8 million. Available MHASD-controlled funding for fiscal year 2006 has been identified at $1,009,127. The key issue for the Early Childhood System of Care is to determine how to bring about change in the system when such a gap exists. The following strategies have been developed to address this key issue:

- Multnomah County will reissue an RFP to contract with one or more Early Childhood Pilot Projects. The RPF will provide greater detail about the services that will be purchased by the County including the projected number of families that can be served with available funds and the types and quantities of services. Two categories of services are being prioritized: 1) Outreach to the most at risk families and their young children. 2) Treatment designed to remediate those problems.
- Multnomah County will "pilot" the EC design, retaining the integrity of the clinical model with a special focus on services to High Risk Families and High Risk Young Children. Families involved with Child Welfare, or at imminent risk of involvement, as well as referrals from the justice system have been identified as important populations needing services. These services will be provided county-wide by the EC Pilots that will provide Intensive Family Services based on a clinical model that entails a family-centered practice that integrates different behavioral practices and ensures linkages to adult mental health and substance abuse providers.
- The implementation will also include a strategy to provide services to Medium Risk Families. Services will target children at risk of losing child care due to behavioral issues, children with parents who have mental health/substance abuse problems but still have some stability, families with abuse history, etc. Services will be provided by two groups: 1) The County Early Childhood staff will reprioritize their activities to reduce the amount of consultation they provide in the community in order to increase treatment to medium risk families. The EC Pilot staff will also provide services to this population as part of the lead agency contract. Engagement by County staff will occur through the programs where consultation is currently occurring – primarily Head Start and Multnomah ESD early childhood program sites. Engagement by EC Pilot staff will occur as described above – primarily through referrals from Child Welfare, Health Adult Services and the justice system.
- Funding for services to the families will initially come from three sources: the MHASD Early Childhood budget for County and EC Pilot services, the MHASD Adult Mental Health budget, and the MHASD Addictions Services budget. Adult Clinical Necessity Criteria may need to be altered to facilitate admission of adult

members of medium or high risk families who do not have a serious mental illness.

- Once the Early Childhood System of Care pilot is established and able to demonstrate successful outcomes, MHASD will work with the Commission on Children and Families and other system partners, (DHS, DCJ, OSCPP etc.) to create braided funding mechanisms and a coordinated, multi-system funded, County-wide Early Childhood System of Care that close the gap between available MHASD funding and community need.

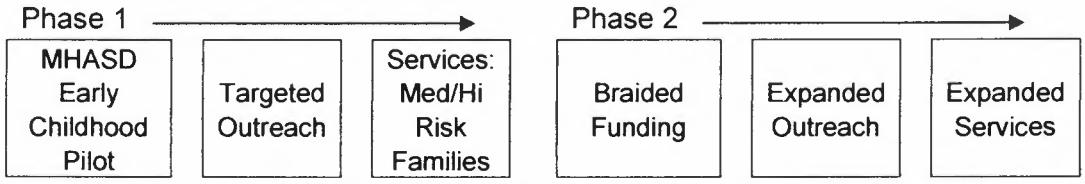


Figure 7: Early Childhood Phase-In Plan

9. School Aged System of Care

The key change in the School Aged System of Care is to move away from a single Lead Agency for the entire county and work at the school district level, developing geographic-based coverage areas, following the same design articulated in the RFP. The funding for the coverage areas would be calculated based on a population based analysis that would be added to the financial/utilization computer model.

The current thinking is to select two or more School-Aged (SA) Lead Agencies, with the number to be finalized in conjunction with the eight school districts. The SA Lead Agencies will have four primary tasks:

- Relationship building with their school district(s), schools and families in the community to ensure that outreach and engagement with youth and families needing service is timely and successful.
- Extensive use of the Family Check Up model, where the first appointment begins the relationship building process and is provided by the clinician that will be providing the services in the Family Check-Up flow (see Figure 7 below).
- Capacity at the SA Lead Agencies and/or close linkages to organizations that can provide Adult Mental Health and Adolescent/Adult Substance Abuse Services as part of the care plan.
- Ability to provide more intensive wraparound services to youth when the Family Check-Up model is not appropriate.

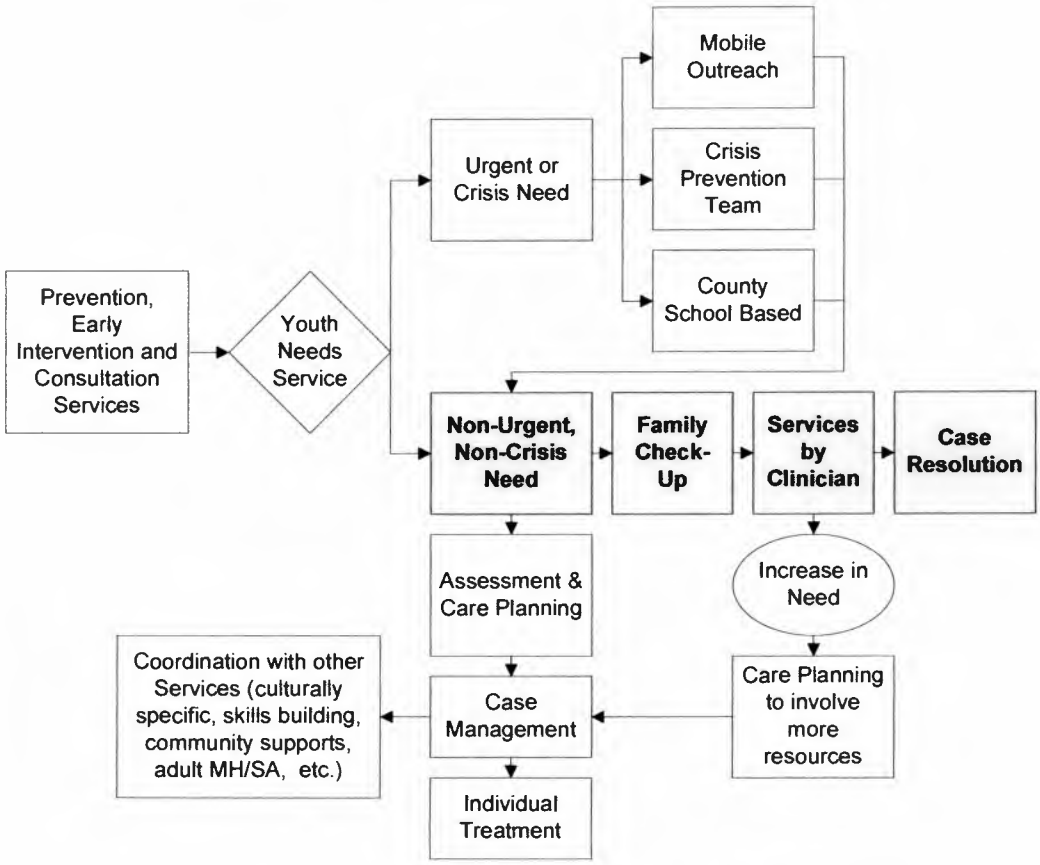


Figure 8: School-Aged System of Care Flow

The School Aged System of Care implementation will also necessitate changes to the County's School-Based Mental Health Program. A subset of this group will provide quality oversight and consultation to the School Aged Lead Agencies. The group will also need to change its role in providing assessments to school-aged youth as the clinical design moves to the Family Check Up model and away from a process of assessment by a County clinician and hand-off to a contractor clinician. Planning will begin shortly to identify alternative priority services that could be offered by the County's School-Based Mental Health Program as the new design is implemented.