BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 06-045

Approving the Multnomah County Mental Health and Addiction Services Fiscal Year 2007-2009 Biennial Implementation Plan

The Multnomah County Board of Commissioners Finds:

a. ORS 430.630 requires each local mental health authority to adopt a comprehensive local plan for delivery of mental health and addiction services for children, families, and adults that describes the methods for providing those services. The plan must be reviewed and revised biennially.

b. The County's comprehensive plan has been reviewed and feedback provided by the Local Public Safety Coordinating Council, Oregon Department of Human Services Service Delivery Area Manager, Multnomah County Commission on Children, Families, and Community, Multnomah County Adult Mental Health and Substance Abuse Advisory Committee, and the Children's Mental Health and Substance Abuse Committee.

The Multnomah County Board of Commissioners Resolves:

1. The Board of County Commissioners of Multnomah County approves the attached Multnomah County Mental Health and Addiction Services Fiscal Year 2007-2009 Biennial Implementation Plan and authorizes its official submission to the Oregon Department of Human Services.

ADOPTED this 6th day of April 2006.

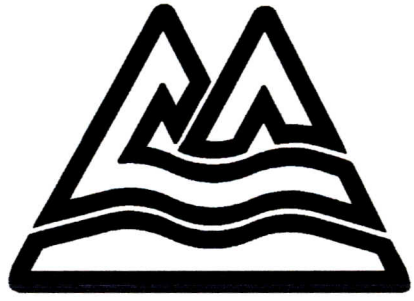
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
Jacqueline A. Weber, Assistant County Attorney



Multnomah County

Biennial Implementation Plan

2007 - 2009

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EXECUTIVE SUMMARY

The population served by Multnomah County's MHASD includes the chronically mentally ill; children, families and adults, and clients with a substance abuse and/or dual diagnosis disorders. MHASD provides mental health services to the frail elderly, developmentally disabled, and physically and mentally disabled that have a mental illness as well. We have outlined the programs and services that we feel can best meet these citizen's needs in this report. The development of this 2007-2009 Biennial Plan was accomplished in an era where a primary concern of this County is the shrinking availability of mental health and addictions funding, while the need for those services is growing.

Funding concerns:

- The Mental Health and Addiction Services Division (MHASD) provides over 1,100 outpatient A&D treatment slots per year, and spends just over $900,000 per month on A&D residential treatment. At those levels, we estimate we are meeting 50% – 60% of demand. Added to this concern is the loss of A&D funding resulting from the sunset of Multnomah County's temporary I-tax. These and other factors create the stage for a potential A&D crisis in Multnomah County. (More on this topic on page 10.)
- The Medicaid Mental Health System for Children has been reduced by 20% over the past four years; the next phase of this funding cut will be effective January 1, 2006. This will lead to a reduction of ongoing mental health treatment for at least 400 children who are Oregon Health Plan eligible. (More on this topic on page 28.)
- The severe inadequacy of funding for prevention, including substance abuse prevention, is well known across community sectors. There is general agreement that supports for children and families and comprehensive health promotion are critically important for long-term community health. However, federal, state, and local funding have not been balanced to adequately fund prevention. (More on this topic on page 20.)
- The percentage of all persons placed on an emergency hold that are identified as uninsured or indigent at the time of their hospital admission has increased each year since 2003. In 2003, 13.3% of all persons placed on a hold were uninsured or indigent; the number increased in 2004, and again in 2005 when up to 18% were uninsured or indigent. This increase in hospital use by unfunded residents is very costly. Over $1.5 million dollars were spent on emergency holds in 2005.

It is, therefore, the primary goal of this County to make the best possible strategic choices in procuring and managing our mental health and our alcohol and addiction services, in an effort to create the greatest possible impact with our available social service dollars.

Multnomah County
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Planning Process used to Update Biennial Plan

As part of the planning used to update the biennial plan, numerous public meetings were held to obtain provider and consumer feedback on the then projected new system of care for children and families as well as the adult system of care. Community meetings were held for child and adult services, and a wide variety of providers, stakeholders, consumers and County residents participated in providing input. The proposed adult system changes were also presented at provider agency consumer meetings. Presentations on the new system took place at consumer advisory meetings, including the Adult Mental Health and Substance Abuse Advisory Committee (AMHSA) and Children's Mental Health and Substance Abuse Committee (CMHSAC).

Internal data was also used to determine what the new systems of care should look like. Underserved populations were identified and utilization trends examined. Regulatory changes and funding requirements were also considered when creating the new systems of care.

Utilization information and the input from these meetings were used to develop the adult system of care and child and family system of care Requests for Programmatic Qualifications (RFPQ). The intent of the RFPQs was to procure the types of services the planning process had determined would make the best use of available funds. Each respondent to the RFPQs was asked how they would incorporate culturally specific practices into their provided services so underserved populations could and would access treatment.

Additionally, to further address the problem of culturally competent treatment, the County has been meeting with representatives of the underserved populations to find out how they can best be assisted in building infrastructure. County General Funds will be used to procure culturally competent services with this information.

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Functional Linkages with State Hospital & Inpatient Providers

Task: Provide a description of current functional linkages with the State Hospital System and mental health acute care inpatient providers.

Multnomah County Mental Health and Addiction Services Division (MHASD) maintains current functional linkages with local acute care inpatient mental health providers through the Mental Health Call Center, Involuntary Commitment Program, and through relationships maintained at the administrative level.

The Multnomah County Mental Health Call Center is the clinical resource hub for the county crisis network and provides a first point of contact with local acute care facilities and other crisis providers in the community such as emergency departments, mobile mental health outreach, police and community corrections. The Mental Health Call Center is consulted before admission of any Verity MHO member to consider medical necessity for acute care services and clinically appropriate diversion alternatives. Pre-authorization for acute care services is required by Verity for the purpose of community coordination, utilization management and payment. The Mental Health Call Center is available 24 hours a day, 7 days per week to be called by any Multnomah County resident (regardless of OHP eligibility) who presents at local acute care hospitals needing psychiatric treatment. The Call Center has a dedicated line for police and community corrections. When police interact with a mentally ill person, they can work with the Call Center to avoid a potential incarceration when treatment is more appropriate.

MHASD presents regularly to crisis providers in the community in an effort to foster closer relationships with the community emergency services/crisis network. These presentations solidify the Mental Health Call Center's role as the leader in the mental health crisis system. It also provides a forum for acute care providers and other crisis providers to discuss resources and strategies for keeping consumers in need of community based mental health services in the least restrictive community setting.

Additionally, by having regular communication and case consultation, the Mental Health Call Center aims to decrease the number of unnecessary emergency department visits and unnecessary jail bookings for persons who can be best served in the community mental health system. The Call Center has access to wraparound services, mobile outreach services, or flexible funds if housing is needed. Additionally, the Mental Health Call Center has access to the network of Verity clinical providers in the community who can assist in creating safe community based diversion plans.

As part of the Waitlist Reduction Project, the Call Center can dispatch the County's contracted mobile crisis services, Project Respond, to evaluate persons for other, less restrictive, community treatment resources when appropriate. For all admissions, the Call Center identifies whether the person has a Primary Provider in our mental health system. For persons with Primary Providers, the Primary Provider is notified of the admission and works with the Call Center to coordinate care and discharge planning. For persons without a Primary Provider, the Call Center coordinates a referral for a Primary Provider who begins to offer outpatient mental health services, usually prior to discharge from acute care.

Commitment Services at Multnomah County is a second point of linkage with local acute care hospitals. Multnomah County Involuntary Commitment Program (ICP) is responsible for investigating all Notices of Mental Illness filed in Multnomah County to determine whether or not persons held involuntarily for mental health treatment should be referred for civil commitment. This work unit has daily contact with staff and patients of all local acute care hospitals in the process of investigating these Notices. In the process of conducting an investigation, ICP staff also provides a link between the inpatient treatment providers and the outpatient providers as less restrictive treatment options are explored.

For persons who are civilly committed in Multnomah County, the MHASD Commitment Monitors are able to connect individuals with community treatment providers upon discharge. A commitment monitor is assigned to each local acute care hospital to work with the hospitals in the planning and treatment for all Multnomah County committed persons. These commitment monitors have daily contact with the hospitals in the oversight of the treatment of committed patients. They provide a linkage to community resources, monitor referrals to the State Hospital, and oversee the discharge planning process.

Multnomah County MHASD also maintains relationships with local acute care hospitals in the administrative venue. MHASD administrative staff participates in the monthly Metro Acute Care Advisory Council (MACAC). This meeting is comprised of representatives of all local acute care hospitals, all Metropolitan Area Counties and contracted providers as well as representatives from the State Hospital and the State Office of Mental Health and Addiction Services. Issues related to the overall Metropolitan Area system of care are discussed. MHASD is also represented at the monthly Regional Emergency Department meeting. Hospital emergency departments are often the point of entry to inpatient mental health treatment. MHASD, in partnership with medical staff from contracted outpatient providers, has also initiated a bi-monthly meeting involving inpatient and outpatient physicians and clinical administrators to facilitate consistent, functional communication between inpatient and outpatient treatment providers.

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High Priority Needs for All Program Areas

The needs assessment performed by Multnomah County MHASD identifies the following needs as critical:

1. To Improve the Mental Health of its Citizens:

As an urban area, Multnomah County serves both a large population base and more chronically and severely ill residents. According to the Department of Human Services Office of Mental Health and Addiction Services MHO Utilization Report, Multnomah County provides a higher percent of services to individuals with schizophrenia and other psychotic disorders (21%) than the State average (17%). Multnomah County also serves a disproportionately large number of adult individuals whose mental illness is severe enough to require residential care in thirty residential treatment homes and facilities licensed, totaling 284 beds. The County is also home to multiple residential treatment facilities for children.

Multnomah County's Mental Health System Redesign in 2001 provided better access to care, improved service coordination through the call center and crisis services. Sustaining the gains made in these areas continues to be a top priority in the upcoming Biennium. Walk-In clinics providing no appointment assessments and screening services, access to licensed practitioners, and crisis intervention, are more necessary now than in 2001 when more residents had Oregon Health Plan coverage. Mobile Crisis Teams initiated with the last redesign are still available twenty-four hours per day. Success of future system improvements is contingent upon maintenance of these critical system components.

In an effort to best serve and improve the mental health of these large numbers of clients, MHASD has redesigned its mental health system to create a system of services that are integrated and comprehensive. MHASD has qualified local mental health providers to provide a full array of mental health services for adults and children. Services include care coordination and acute care management, which is provided to children and families and adults who are in need of high acuity treatment services. These services are built on a Recovery based model that includes active front door/back door policies. These are clear procedures designed for allowing clients to enter treatment when they are ill and exit treatment when they are no longer in need of treatment.

MHASD is increasing access to services by providing Community-Based Services for people who cannot or will not access services on their own but who are in obvious and urgent need of mental health and addictions treatment services. This includes providing well-integrated community support to ensure that basic living needs are met.

MHASD is improving its quality management and using the services of a third party administrator to better track client treatment and outcomes. It is also ensuring accountability from providers based on the use of evidence practices and the monitoring of treatment outcomes in order to better incorporate a cause and effect theory aimed at *improving the level of functioning* and producing measurable results.

Assertive Community Treatment (ACT) and Dialectical Behavior Therapy (DBT) will be provided for consumers who are at high risk of needing acute care services and have not done

well in traditional outpatient programs. These services are both shown to decrease adult acute hospitalizations. One of the criteria for qualifying for ACT services includes risk of incarceration.

In a report published by the Public Safety Coordinating Council of Multnomah County "A Study of People With Mental Illness In The Criminal Justice System", over-representation of people with mental illness in the jail is cited as a key issue. "Although approximately 5% of the national population is estimated to have a serious mental illness, a figure that holds across economical and racial groups, the prevalence of mental illness among the population in jail or prison is estimated at 16% nationwide. Multnomah County is ahead of the national average, with about 13.8 % of people booked into jail having a mental illness. In 2004: 24,759 people (unduplicated) were booked into the Multnomah County jail during the year, some more than once, for a total of 41,139 bookings. Corrections Health placed 3,413 of these people on a medical psychiatric alert at some time during the year. A psychiatric alert is placed when an initial health assessment reveals a history of mental illness, suicidal thought, or disruptive or bizarre behaviors. These 3,413 people represented 13.8% of the total booked population. These 3,413 people were booked 5,009 times, representing 12.7% of all bookings. Such over-representation of people with mental illness in jail illustrates the unfortunate fact that jails have become de facto treatment facilities. For most people with a mental illness, treatment is more effectively provided in community settings, ranging from secure facilities, to residential services, to supported or independent living. Co-occurring substance abuse disorders are also a major concern, affecting an estimated three quarters of people booked into jail nationwide who have a serious mental illness. In Multnomah County, the County Jail's drug-use forecasting data show that over half (54 to 76% of men and 51 to 88% of women) test positive for at least one illegal drug when booked, and that inmates with addiction issues are most likely to have frequent incarcerations."

All MHASD contracts with mental health and addiction services providers require that culturally competent and/or specific services are provided. In recognition of the County's growing ethnic diversity, it is a requirement in all county contracts that culturally specific needs are met through providing culturally and linguistically appropriate treatment to high-risk clients.

2. To Increase Economic Independence (Employment part of Adult System of Care and A&D programs)

Multnomah County has experienced an unemployment rate that is higher than the national unemployment rate. Financial difficulties resulting from prolonged unemployment add to the level of demand for county services. Housing and employment are both integral parts of recovery, which is why the County is making these services a priority. Supported employment is one of the evidence-based practices that MHASD is purchasing through its Adult System of Care RFPQ. All respondents were asked to identify ways they would assist individuals in gaining and maintaining employment. Those who wish to provide Assertive Community Treatment (ACT) are required to have a vocational specialist on the team to assist the most severely ill in finding and keeping jobs in the community.

3. To Create Partnerships

The number of arrestees who test positive for drugs in Multnomah County is very high: 82.2% of all females and 71.5% of all males. Multnomah County MHASD has improved its efforts to help address alcohol or drug abuse and dependence in the mentally ill. They have done this by

requiring that A&D and mental health providers provide integrated assessments and treatment planning. They are also requiring that providers create closer integrated partnerships with DCJ, jails, health care, and other community partners. MHASD believes that creating partnerships with business, law enforcement and health care agencies can provide better outcomes than a single agency working alone. MHASD is also contractually requiring that providers work strategically with other community partners in order to expand services beyond what government is able to do to support vulnerable populations

4. To Provide Readily Available and Easily Accessible Crisis Services.

The mental health call center receives a total number of calls of approximately 4,300 per month at the 24-hour crisis line that is staffed by master's level practitioners. A large amount of the calls are not crises, but are requests for information and case management among Verity enrollees. This program is highly effective and saves money because it allows clients to get contact and advice without going for more expensive treatment. The mental health call center operates 24/7, 365 days a year and is staffed by mental health professionals. They respond to mental health crises, requests for mental health services, and are responsible for the coordination of crisis and inpatient mental healthcare. There is also a phone line dedicated for corrections, so that if police are called to intercede with a mentally ill individual, the Call Center can assist in finding services that can prevent a jail stay.

5. To Provide Prevention Services

Through the redesign of its mental health system and its continued efforts in A&D, MHASD is working to provide prevention efforts that are well coordinated and have agreed upon, shared, and well-articulated goals.

6. To Provide Alcohol and Drug Treatment:

MHASD provides an array of Addiction Treatment services, including case management, transitional housing, and relapse prevention designed to assist clients in their struggle to achieve and maintain their sobriety. These include:

- Addiction Services – Detoxification, Residential, Outpatient, Methadone Treatment, Supported Housing, and Support and Education.
- Mentorship programs for clients with substance abuse problems to support them in recovery group participation as well as other services.
- Providing culturally and linguistically appropriate treatment to high-risk clients with a substance abuse disorder.

MHASD provides over 1,100 outpatient treatment slots per year, and spends over $900,000 per month on residential treatment. At those levels, we estimate we are meeting 50% - 60% of demand. There are two major factors currently influencing the future of A&D programs in Multnomah County. The first of these involves Multnomah County's implementation, two years ago, of a temporary income tax (the "I-Tax".) As a result of this tax we were able to double the number of methadone treatment slots available to the county's residents and these slots were filled immediately. Secondly, MHASD just received wait lists, as of December 1, 2005, from all of our residential providers. After collating these lists and eliminating duplicates, we were able to identify that there are over 500 county residents waiting for residential services. These two factors speak of a potential pending crisis in A&D in Multnomah County. The temporary

income tax referred to above has just ended, and because of the loss of funding we are being forced to reduce our current methadone treatment slots by 50%. Add to this the impact of the residential service wait lists and it is obvious that a potential crisis is looming.

Multnomah County is currently not meeting its citizens' need for A&D treatment. Approximately 15,000 treatment episodes are recorded in the County each year (a number greater than the entire population of many Oregon counties.) A reasonable estimate of what is needed indicates that at least another 8,000 to 10,000 treatment episodes need to be made available to meet our residents' needs. According to recent information from the Office of Mental Health and Addiction Services, the County can expect an 8% reduction in Service Element 66: A&D funding, effective in July 2007.

7. To Provide Gambling Services:

The Gambling Program services are provided for problem gamblers and their families, providing prevention and treatment services. More information on this service is available on page twenty-five of this document.

9. To Increase Access To Stable, Affordable and Decent Housing

Housing First is a part of all A&D and is included in Adult Mental Health System of Care programs. In addition to supported employment, housing is a system priority for the County.

10. To Provide Services to Homeless Youth

Homeless youth receive services through Outside In, which does outreach to these at-risk children. Outside In has experience with this population and provides treatment, care coordination, and links youth to other appropriate social services.

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Allocation and Use of OMHAS Resources

Funding from OMHAS is allocated to programs provided by Multnomah County MHASD or by our sub-contractors as follows:

Service Element	Service Provision
LA01	Mental Health and Addiction Services Division Administrative Expenses.
MHS 20	Adult CMI case management/care coordination, trial visit monitoring, abuse investigation, residential case management, and other services designed to prevent hospitalization.
MHS 22	Children and adolescent mental health services including early childhood, school aged, intensive in-home treatment, treatment foster care, and care coordination.
MHS 24	Acute mental health services including inpatient hospitalization.
MHS 25	Adult and Child non-OHP community crisis services including crisis walk-in clinic, mobile outreach, and crisis line.
MHS 28	Mental health residential services.
MHS 30	PSRB
MHS 35	Older adult mental health services, including the multi-disciplinary team.
MHS 38	Residential
MHS 39	Transitional housing
A&D 60	Special projects including the housing conference, family involvement team and services to Latino youth.
A&D 61	Residential alcohol and drug treatment, including services to pregnant African American women.
A&D 62	Housing for dependent children whose parents are in alcohol and drug residential treatment.
A&D 66	Outpatient alcohol and drug treatment
A&D 70	Prevention/Early intervention services
A&D 71	Youth alcohol and drug residential treatment
A&D 80	Gambling prevention services
A&D 81	Gambling treatment services
A&D 83	Gambling treatment enhancement including brochures and gambling awareness week.

Decision making, in terms of the allocation and use of OMHAS funding, was determined in concurrence with a major redesign of Multnomah County's Mental Health System. As a primary first step in this redesign, Multnomah County's MHASD released its first Request for Programmatic Qualifications (RFPQ) in March 2005. This first step was designed to begin the implementation of plans to create a comprehensive system of care for children, families and for adults in Multnomah County. The Children and Family System of Care and the Adult System of Care changes were developed as a result of a belief that standards for quality of care and the implementation of services with proven efficacy were lagging behind current research and system of care findings. We also believed a functional system of care could not be developed from a series of uncoordinated contracts that significantly vary in quality of service. Therefore, the County's goal in the redesign was to ensure that the services it purchased were evidenced based and that the system was as integrated from a management and clinical perspective as possible and to ensure that the System of Care could provide services in a seamless manner for OHP and non-OHP children, families and adults.

An RFP or RFPQ is a legal procurement procedure, which is viewed as the formal end of an involved planning process. This planning process incorporates a five-year cycle, largely because the maximum legal life span of any Multnomah County RFP or RFPQ is five years. MHASD's choice to use an RFPQ instead of an RFP allows the county greater flexibility in adjusting the provision of Mental Health and A&D treatment services in the community. It allows the system to qualify many providers and then adjust contract awards and services on a yearly basis, if necessary, based on the following criteria:

- County and Department strategic priorities
- Overall system of care needs and deficiencies
- RFPQ proposal information and evaluation input from the RFPQ Raters
- Provider/system stability
- Provider experience
- Number and type of funded slots/beds
- Funder-imposed requirements or restrictions (i.e. non-profit, etc.)
- Specific population coverage
- Geographic service coverage
- Coverage of specific modalities
- Client needs and trends
- Provider economy of scale
- Past performance
- Certification status
- Other factors as deemed appropriate by the system of care.

To assist MHASD in making the funding allocations, the providers responding to all of the RFPQs were required to complete a "Bed/Slot Request Form." They specified the minimum and maximum capacity or amount of service they could provide. MHASD and the Department of Community Justice, and other major funders of alcohol and drug treatment services, have worked together to make funding and service decisions for the fiscal year beginning July 1, 2006. By coordinating allocations, the County is making every effort to maintain and strengthen the continuum of treatment services in the County.

Three major RFPQs have been released by MHASD since March 2005, these include:

1. The System of Care for Children and Families: Children's Intensive Mental Health Treatment and Special Populations Services RFPQ (March 2005)
2. The System of Care for Children and Families: Services for School-Aged Children RFPQ (July 2005); and
3. The Adult System of Care RFPQ (September 2005.)

Each of these RFPQs was designed to move the County's mental health system to the next level of competency and gain greater control over the quality and cost of mental health services provided.

An intense planning process was utilized to develop each of these RFPQs. Numerous community meetings were held for children's and for adult services and a wide variety of providers, stakeholders, consumers and County residents participated in providing input. The resulting RFPQs allowed Multnomah County MHASD to qualify agencies that could provide comprehensive mental health services for OHP and non-OHP children and families and for adults.

Intensive Community Based Services for children:

Currently the county has qualified mental health providers to supply the following Intensive Community based services for children. These include:

- Screening
- Assessment and treatment planning
- Family involvement and supports including wraparound service delivery tailored to individual child and family needs
- Family education and support
- Skill training
- Mental health consultation
- Care coordination
- Supports and interventions in school-based setting whenever possible
- Psychiatry and medication management
- In-home and office-based individual and family therapy
- Respite services
- Crisis services
- Psychiatric day treatment
- Psychiatric residential treatment
- Inpatient hospitalization

Providers of Intensive Community based services qualified to supply services in two categories and nine service areas:

Category I: Intensive Mental Health Treatment Services

1. Psychiatric Residential Treatment Facility
2. Psychiatric Day Treatment Services

Category II: Special Populations Services

Part A: Intensive Family Search and Preservation Services and Treatment Foster Care

3. Intensive Family Search & Preservation Services
4. Treatment Foster Care

Part B: Intensive In-Home Family Services

5. Intensive In-Home Family Services

Part C: Individually Tailored Mental Health Outpatient Services including Behavioral Rehabilitation Services (BRS)

6. Individually Tailored Mental Health Services
7. Behavioral Rehabilitation Services

Part D: Crisis Respite

8. Foster Care Crisis Respite

Part E: Transition Aged Services

9. Transition Aged Services for 17 to 21 year olds and Homeless Youth Outreach

School-aged services for Children:

The County has qualified providers, through the System of Care for Children and Families: Services for School-Aged Children RFPQ, to supply mental health services to School-Aged children. These services include:

a. Mental Health Assessment
b. Case management and Coordination of Care
c. Family Therapy
d. Integrated Adult Mental Health and Addiction Services including case management, supported housing and employment, psychiatry and addiction services)
e. Individual Therapy and Skill Building
f. Parent Coaching and Support
g. Respite
h. Flexible and Wraparound Services
i. Extensive In Home and In School Services
j. 24/7 Intensive Response to High Risk/High Needs Families within Caseload. This includes being available by phone and in person to de-escalate crisis situations by someone who is familiar with the child and the family.
k. Psychiatric Assessment and Medication Management
l. Foster Family In Home Supports
m. Other Necessary Services

Evidenced Based Practices (EBP) for Children:

The children's contracts for Intensive Treatment Community Services, School-age children and Early Childhood, require providers to use at least the following EBP's:

- Incredible Years

- Wraparound Services
- Multi-Systemic Therapy
- Oregon Social Learning Center, Multidimensional Treatment Foster Care.

Within the System of Care for Families, MHASD is also in the process of integrating an evidence based family readiness assessment tool into the outpatient intake process. The Family Check Up (FCU) model consists of an initial interview, an assessment session, and a motivational feedback session (Dishion & Kavanagh, in press). The Family Check Up model is designed to build parental motivation and to engage families in the most appropriate family-centered intervention. Motivational interviewing provides the foundation for the Family Check Up based on the work of Miller and Rollnick (1991). In the feedback session, the therapist collaborates with the parent in selecting one or more intervention options from the family-centered intervention menu. MHASD is currently negotiating a contract with Kate Kavanaugh to provide training for school-aged mental health providers. She is also actively working with local mental health providers who are in the process of implementing this tool.

MHASD requires, in its contracts, that all children's mental health providers who provide service to Multnomah County residents will follow the State statute regarding evidence based practices (EBP). The statute requires that, for the 2005-07 biennium, 25% of state funds be used to treat people with mental illness who use or have a propensity to use emergency mental health services. In the 2007-09 biennium, the percentage of funds to be spent on EBPs increases to 50% and in the 2009-2011 biennium to 75%.

The Adult System of Care

The Adult System of Care is based on the following goals:

- All service delivery is culturally relevant with the involvement of the consumer, family members, and other members of the consumers' natural support system.
- An effective front door is in place to provide timely access to the system, with front door workers that are properly trained to triage clients to the appropriate service.
- Crisis services are in place to divert people from higher levels of care and connect them with appropriate inpatient alternatives.
- Inpatient services are focused on stabilization and discharge planning to ensure that adequate care is available upon discharge.
- Stable and supported housing is a system priority.
- Individuals with low to moderate need are provided appropriate evidence-based outpatient services including brief treatment, psycho-education, support groups, etc.
- Individuals with moderate to high need receive appropriate evidence-based services with adequate case management, which promote illness management and recovery and reduce the need for higher levels of care.
- Intensive wrap around community integrated services are available for very high need clients including Assertive Community Treatment (ACT) teams.
- Active back doors are in place with developed aftercare programs.
- The system will be able to address and serve those mentally ill individual with specialized heath care needs such as medical and psychiatric co-morbidity, developmental disabilities and chronic homelessness.
- The goal of the initial contact is to do the assessment, triage individuals whose needs can be addressed by social service agencies and to refer those individuals accordingly.

Implementing all aspects of this program should help to manage the flow of quality services and funds in a far more effective manner.

Adult System of Care Services:

Currently the county has qualified mental health providers to supply adult mental health services. These include:

a. Treatment readiness and community based engagement services
b. Mental Health Assessment and treatment planning
c. Case Management and Coordination of Care
d. Individual, group and family therapy based on established Evidenced Based Practices
e. Integrated Adult Mental Health and Addiction Services including case management, supported housing, education and employment, psychiatry and addiction services
f. Flexible and Wraparound Services
g. Recovery Model Mental Health Services
h. In home and community based services
i. Crisis Services during business hours and 24/7 response by phone and/or in person to de-escalate crisis situation by someone who is familiar with a consumer
i. On-site hospital discharge planning coordination and treatment planning
j. Psychiatric Assessment and Medication Management
k. Mental health support services to adult residential facilities and transitional housing programs
l. Other necessary services

Adult System of Care consists of five service categories:

Category I: Assertive Community Treatment
(2 ACT teams to serve 100 individual Verity members each)
Category II: Dialectical Behavior Therapy (DBT)
Category III: Services for Severely Mentally Ill (SMI)
Category IV: General Outpatient Mental Health Services
Category V: Respite and Sub-Acute Services

Adult System of Care Evidence-Based Practices:

During the 2007-2009 biennium it is expected that a minimum of six fidelity models will be implemented in the adult mental health system. They are:

Supported Employment
Co-Occurring Disorders: Integrated Dual Diagnosis Treatment
Illness Management and Recovery
Family Psychoeducation
Assertive Community Treatment
Medication Management Approach in Psychiatry.

Through the Adult System of care RFPQ, the County purchased through mental health service providers, Assertive Community Treatment and Dialectical Behavior Therapy. These two EBP's will comprise 25% of funding in the 2005-2007 biennium in accordance with the SB 267. These two EBP's were selected based on inpatient and outpatient data, which identified a service need

for consumers needing intensive outpatient services to reduce higher and more restrictive levels of care.

The County requires in its contracts that all adult mental health providers who provide service to Multnomah County residents will follow the State statute regarding evidence based practices (EBP). The statute requires that, for the 2005-07 biennium, 25% of state funds be used to treat people with mental illness who use or have a propensity to use emergency mental health services. In the 2007-09 biennium, the percentage of funds to be spent on EBPs increases to 50% and in the 2009-2011 biennium to 75%.

Mental Health and Addiction Services Division's Alcohol and Drug Treatment programs

Beginning in July 2007, the Mental Health and Addiction Services Division's Alcohol and Drug treatment programs will be in the third year of five-year procurement. The RFPQ described successful providers as programs that will:

- Utilize case management services;
- Utilize evidence based practices;
- Offer manual guided therapies;
- Employ motivational enhancement techniques;
- Use an integrated treatment model;
- Are dually licensed as an A&D and Mental Health Provider.

The RFPQ further focused on manual-guided programs such as: A program that has adopted an evidence-based practice, in which its intervention is codified in a written protocol or manual. The manual defines the theory, active components, duration, intensity, and procedures of treatment, which can be used to assure that treatment is of a consistent quality and approach. Program manuals lay out guidelines for staff-client ratio, details of clinical supervision, and require that staff adherence to the manual-based therapy be monitored. Program staff may codify their practice and compose their own manual, but many exist already. Examples include three NIAAA Project Match manuals, five NIDA manuals (including four treating cocaine addiction), five CSAT Cannabis Youth Treatment manuals, and nine Adolescent Treatment Models manuals developed by Chestnut Health Systems.

The respondents to the RFPQ were evaluated using the following criteria:

- The provision of an integrated treatment model of the implementation of an integrated treatment model by a specific date;
- The utilization of evidenced based practices or specifies what evidenced based practices will be in place by a specific date;
- The utilization of manual guided group treatment services or specifics when all group services will be manually guided and how this will be achieved;
- The utilization of motivational enhanced techniques or specifies what motivational enhanced techniques will be in place by a specified date; and
- The utilization of case management services.

In addition to the standards and criteria included in the RFPQ, an inventory of the evidence based practices listed as being implemented by each provider has been developed. This inventory has been compared to the National and State OMHAS lists of evidence-based practices

and the three categories of evidence based practices – Gold Standard, Second Tier, and Third Tier.

The RFPQ and subsequent funding allocations were developed and implemented jointly with the County Department of Community Justice and the Mental Health and Addiction Services Division. The allocation of OMHAS and County General Funds to the providers and services selected through the RFPQ was done in such a way as to maximize resources and provide as broad an array of A&D services as possible. This allocation is evaluated annually based on the criteria in the RFPQ but primarily on the resources available.

Multnomah County
2007 – 2009 Implementation Plan
A&D Prevention

Overview

This A&D Prevention Implementation Plan describes how Multnomah County proposes to allocate OMHAS A/D 70 prevention funding for the 2007-09 Biennium. It updates the current *2005-07 Prevention Implementation Plan* and reflects planning for the County's *Coordinated Plan for Children, Families and Community (2002, revised 2004)*. In addition, this plan incorporates related planning work including prevention and treatment procurements and the annual County budget allocation process.

The Multnomah County *Coordinated Plan for Children, Families & Community* (also called the "SB 555 Comprehensive Plan") identified priorities and strategies addressing three High Level Outcomes: Reducing Adult Substance Abuse, Reducing Youth Alcohol Use, and Reducing Youth Drug Use. Priorities and strategies listed in the plan spanned the continuum of treatment and prevention services. One of the two A&D logic models developed during Phase II of SB 555 planning (2002) was replaced (in 2004) with a new model describing the Housing Authority of Portland (HAP) collaborative prevention project partially funded by A/D 70 funds.

Multnomah County Planning Processes

Long-Range County system planning for mental health and addiction services is driven by procurement requirements. County-funded services must be procured every five years. A majority of A&D treatment service elements were procured in Winter 2004 in a joint procurement undertaken by Mental Health and Addiction Services (a division of the Department of County Human Services) and the Department of Community Justice. Procurement planning included a series of community meetings attended by clients, family members, community members, and treatment provider staff held in Fall 2003. Prevention system comments were also solicited during this input period. Results of this public input process were incorporated into the 2005-2007 Biennial Implementation Plan (BIP). Since this is a 5-year procurement cycle, the 2007-2009 BIP can be viewed as essentially a mid-course correction to the 2005-2007 plan.

The largest funding commitment in the A/D 70 prevention plan is to the Housing Authority of Portland (HAP) collaborative effort. This effort, managed by HAP, involves multiple funders and multiple planning processes, including competitive procurement through the City of Portland's Children's Investment Fund (CHIF). In administering the various planning and procurement processes involved, HAP updates and revises details of the program. For example, additional staffing has been provided in East County to serve increasing low income and minority populations there. Also, an office has been opened in New Columbia to serve low-income families moving into that large project. (The old Columbia Villa was the original site for this prevention project.)

The Multnomah County Commission on Children, Families and Community (CCFC) leads the state-mandated Coordinated Comprehensive Plan process (SB 555 plan). A major plan was developed in 2002, was updated in 2004, and will undergo a major rewrite in 2007-2008. For the 2004 minor update, a logic model of the collaboratively funded Prevention Services in Public Housing program coordinated by Housing Authority of Portland (HAP), which is partially funded by A/D 70 funds, replaced an A&D treatment logic model. This raises the collaborative HAP program to the status of a major Comprehensive Plan strategy. The CCFC also plans three "frameworks" that guide County social services: Early Childhood Framework, School-Aged

Services Policy Framework, and Poverty Elimination Framework. CCFC conducts needs assessment and resource inventory work to support these planning efforts, including community input, public comment, and focus groups including culturally specific focus groups. Results from these planning efforts also inform the BIP process.

The Portland-Multnomah Progress Board tracks local indicators and produces occasional "benchmark audits." They have produced several relevant audits in collaboration with the Commission on Children, Families, and Communities, including Educational Success (2000) and Children's Readiness to Learn (updated by CCFC in 2005).

Due to the difficulty in creating strong, consistent inter-jurisdictional coordination and planning of prevention interventions, a study is being undertaken during 2005-2007 by University of Oregon to summarize existing research findings about key characteristics and critical intervention points of an effective comprehensive prevention program for Multnomah County and conduct a comprehensive scan to determine which of the key characteristics and critical intervention points are currently implemented by government, education, non-profit, and community organizations in Multnomah County. The team will also inventory the relationships among programs and organizations and the tools and approaches in place for coordinating services and programs.

Workshops involving experts and service delivery staff from a range of organizations will review the findings and develop specific recommendations. This will allow the ongoing selection and implementation of strategies that coordinate most effectively and interact synergistically with prevention efforts throughout Multnomah County.

Community Action to Reduce Substance Abuse (CARSA) is expanding to include major business partners and draft a Portland Drug Strategy. A Methamphetamine Congress held in June 2005 developed law enforcement, treatment, and prevention recommendations and presented them to the area's elected officials. Prevention and treatment recommendations were comprehensive. They will inform future planning efforts.

Prevention Funding Inadequacy

The severe inadequacy of funding for prevention, including substance abuse prevention, is well known across community sectors. There is general agreement that supports for children and families and comprehensive health promotion are critically important for long-term community health. While there is consensus that substance abuse programs stand on three legs – prevention, treatment, and law enforcement - the prevention leg is nearly non-existent. However, federal, state, and local funding have not been balanced to adequately fund prevention. Law enforcement and treatment become over-emphasized in times of fiscal crisis and of drug emergencies such as the meth crisis. The obvious big pieces of prevention are not being funded at anything close to needed levels. Best-Practice prevention and comprehensive health curricula, which have been shown to be extremely effective over several decades of research and implementation, have not been implemented comprehensively throughout school districts, and are not routinely provided with good fidelity.

Major increases in prevention funding are needed. New, strong, focused, dedicated policy level leadership is required to advocate for increased prevention and upstream public health. This leadership would include major media efforts to foster prevention and upstream public health as a major component of the health care system.

Requirements and Goals

This Plan incorporates the following OMHAS requirements and major prevention goals:

OMHAS requirements

- Assume current A/D 70 funding level for planning purposes ($600,000 per biennium).
- Maintain alcohol and drug prevention services for minorities at the 2005-07 level.
- Support one (1.0) FTE Prevention Coordinator with A/D 70 funding.
- Prevention Coordinator must attend two OMHAS sponsored meetings using A/D 70 funding.
- Include priorities and strategies from the County's SB 555 Comprehensive Plan.
- Continue to maintain and/or support the ongoing development of community coalitions.
- Follow outcome-based and evidence-based funding approaches.

Major Multnomah County Prevention Goals

- Stabilize and/or strengthen existing prevention initiatives and collaborations. Continue intersystem collaboration and integration efforts.
- Incorporate best-practice approaches, including family-strengthening strategies/services across the continuum of prevention and treatment services.
- Increase access to services for very high risk and/or under-served populations.

Potential Additional OMHAS Prevention Funding

Multnomah County received a $100,000 competitive one-year Safe and Drug Free Schools Project Grant from OMHAS for FY 05-06. This award funds Department of Community Justice best-practice family therapy utilizing Multi-Systemic Therapy and Multidimensional Treatment Foster Care. Proposals will be submitted to continuation funding of this project at current levels. Multnomah County also received $100,296 Enforcing Underage Drinking Laws (EUDL) funding for FY 05-06 to fund minor decoy operations and strategic media advocacy. Requests for continuation of this work will be submitted as directed, with ongoing funding levels estimated at $35,000 per year.

Fund Allocation

Multnomah County Mental Health and Addiction Services recommends supporting the following A/D 70 prevention program elements (details in narrative below):

- Maintain a full-time (1.0 FTE) A&D Prevention Coordinator plus $500 in travel funding.
- Maintain A&D prevention spending level to minority services by continuing support for two culturally specific community-based organizations and the Housing Authority of Portland youth services program, a long-term collaborative prevention initiative which serves a high proportion of people of color in public housing communities.
- Maintain technical assistance support for existing and new prevention community coalitions.
- Provide training opportunities for implementing evidence-based prevention programs.
- Fund an evidence-based prevention program to address gaps identified by a University of Oregon study.

County Plan Oversight—Prevention Coordinator

A/D 70 prevention funding will provide the personnel costs of a full-time A&D Prevention Coordinator and travel expenses to at least two DHS-sponsored prevention meetings per year.

The County Prevention Coordinator is responsible for development, monitoring, and oversight of the Biennial Prevention Funding Plan. The Prevention Coordinator is also responsible for providing prevention input for other planning and coordination efforts including the comprehensive (SB 555) plan and County budget allocation planning, collecting and entering

monthly Minimum Data Set (MDS) data from prevention providers, writing Prevention Annual Reports, and providing technical assistance to providers on prevention planning, grant writing, and MDS training. DHS Implementation Plan guidelines also specify that the County Prevention Coordinator attend up to two designated DHS meetings each year. In addition, the County is expected to "plan for and provide access to ongoing professional development training for prevention staff and providers." In the past, the County has created prevention workshops on engaging parents and community mobilization and sponsored staff and provider attendance to State prevention trainings and conferences. The County will continue to budget for sponsoring training opportunities and encourage providers and coalition members to obtain prevention expertise and certification.

One of the priorities for the Prevention Coordinator will be providing technical assistance to, and participation in, the substance abuse prevention coalition, Community Action to Reduce Substance Abuse (CARSA), which was formed as part of the ONDCP "Major Cities Initiative." This coalition is implementing a Drug-Free Communities grant, adding major business partners and writing a Portland Drug Strategy.

Other priorities are:

1) Monitoring and reporting outcomes for the County *Coordinated Plan for Children, Families and Community* and participating in the 2007-2008 major revision,
2) Preparing the County's response to the Statewide competitive prevention RFPs,
3) Preparing and participating in County procurements for new prevention and related programs,
4) Developing grant and other funding opportunities, and
5) Developing collaborative efforts to foster prevention and public health as priority issues.

Community Mobilization/Engagement

As indicated above, the Multnomah County Prevention Coordinator will continue to be a participant in the activities of the substance abuse prevention coalition, CARSA. Multnomah County staff also participated in the development of a new A&D trends index, the Portland Profile, modeled on the former Regional Drug Initiative *Drug Impact Index.* Staff will continue work on updating and improving the quality and utilization of this product.

A/D 70 funding will also continue to support culturally specific coalitions/community-based organizations at the current level. These are the Latino Youth Network and the TUNE - Teens Uniting for a New Era - project through Asian Family Center.

Prevention Services to Public Housing Communities

A long-term intersystem collaborative initiative between Multnomah County and the Housing Authority of Portland (HAP) will be continued. Despite the loss of Federal Drug Elimination (HUD) funding, Multnomah County has maintained Youth Prevention Services in collaboration with HAP and other funders. The program will continue to implement an after-school program offering after-school "clubs" and core services to youth and their families including school liaison services, individual tutoring and mentoring, and home visits. In addition, the program offers a "Reading Together" program and monthly alumni group. The "Reading Together" program is based on the best practice "Families and Schools Together" program (FAST) adapted to focus on the identified need of improving reading readiness. The comprehensive HAP program will be submitted in the next few months for OMHAS certification as an evidence-based program. The provider also plans an evaluation program sufficient to qualify the program for national recognition as a model program.

Attachments

A&D prevention programs, outputs, and outcomes are listed in Attachment 10. Subcontract information is provided in Attachment 1.

Multnomah County
2007 – 2009 Implementation Plan
Gambling Prevention and Treatment

The primary focus of Multnomah County's Problem Gambling and Prevention program is early identification, access to, and provision of, problem gambling treatment. The focus of this program, in the 2007-2009 biennium, is not expected to change.

Demand for problem gambling and treatment services during the FY 2004 - 2005 exceeded funded treatment levels. As a result of this performance level, Multnomah County Problem Gambling and Treatment program received a significant increase in treatment funds. As a direct result of this funding, gambling treatment and prevention services will be expanded. The expansion of the program is opportune, as current State Help Line data has shown that western Multnomah County and adjacent zip codes currently have the highest volume of calls to the Help Line. The future direction of the Problem Gambling and Treatment program could be dependent, in part, upon the viability of this expansion. Treatment enhancement funds will be used to support and expand the treatment services through added outreach and early intervention. Problem gambling research has shown that easy geographic access (treatment services located less than seven miles from home) increases treatment engagement.

If current providers are not able to expand as hoped, Multnomah County will go outside the current RFPQ to seek short-term providers to provide expanded outreach, early intervention and treatment services until the full system can be procured.

In FY 2006 - 2007, MHASD will enter into its next planning and procurement cycle for Multnomah County A&D programs. This program will be included in that cycle. This planning and procurement process will guide and focus the priorities and funding allocations for the 2007 – 2009 Biennium. The procurement process will be a Request for Provider Qualifications (RFPQ.) An RFPQ qualifies one or more eligible agencies to provide problem gambling treatment and prevention services for a five-year period beginning July 1, 2007. This process allows MHASD the ability to award and renew contracts annually, at the sole discretion of the County, pending continued satisfactory performance, continuing need, and the availability of funding.

Problem gambling treatment staff, from Multnomah County providers, participate in the State sponsored trainings as required. The State sponsored trainings and courses are statewide sources of the most current evidence based practices. The State sponsored training is also used by providers and their staff as a primary source in filling the mandated continuing education units (CEU).

Subcontractor funding allocations and treatment slots are adjusted annually based on their previous year's performance. Encounter data, provided by providers is used as the primary tool in making these provider allocation adjustments. It is not anticipated that there will be any significant changes in the percentages of funds allocated to our three current providers: Cascadia Behavioral Healthcare, Lifeworks NW, and Oregon Health Sciences Behavioral Health Clinic.

Multnomah County
2007 – 2009 Implementation Plan
Children's Mental Health Treatment

Description of actions taken to develop Intensive Community-based Services at a local level:

In order to ensure community involvement and support of its planned children's mental health system redesign, Multnomah County's MHASD held a community meeting to gather input from all interested System of Care stakeholders. The first community meeting was held on February 1, 2005. Dale Jarvis and MHASD staff facilitated the meeting and participants included representatives from DHS Child Welfare, Portland Public Schools, Centennial School District, Gresham Barlow School District, local community mental health providers and Early Childhood mental health providers. The consensus of those present was that it would be more beneficial and less disruptive to the system to make the proposed changes to the system in stages rather than in one large redesign effort. It was agreed that an initial System of Care for Children and Families: Children's Intensive Mental Health Treatment and Special Populations Services RFPQ would be released first as the need for its implementation was eminent and imperative. It was agreed that that effort would then be followed by a System of Care for Children and Families for Services for School-Aged Children RFPQ, and a System of Care for Children and Families RFP for Early Childhood Services. It was also agreed by those present that additional meetings would be beneficial and should be held in the very near future to gather input for the School-Aged and Early Childhood portions of the redesign. These further community meetings were held for stakeholders interested in mental health services for the School-aged population on March 29, 2005, April 13, 2005 and May 2, 2005. Community meetings were also held on March 30, 2005 and April 14, 2005 for stakeholders interested in mental health services for the Early Childhood population.

In March of 2005 The Multnomah County Department of County Human Services Mental Health Addiction Services Division released an RFPQ (Request for Programmatic Qualification) for the System of Care for Children and Families: Children's Intensive Mental Health Treatment and Special Populations Services. This RFPQ was a first step in the procurement of services designed to implement the plan to create a System of Care for Children and Families (SOCCF) sponsored by County Commissioner Lisa Naito.

On July 1, 2005 the System of Care for Children and Families: Services for School-Aged Children RFPQ, was released

System of Care Changes

The Multnomah County System of Care for Families and Children is currently entering the next phase of redesign with the goal of creating an integrated system to ensure that the provision of service occurs in a seamless, developmentally appropriate manner across the continuum of families, children, and youth who present with mental health needs. Contracts have been negotiated with those who qualified to provide services for Special population and School-aged services. Changes made to the service delivery system through these RFPQs should ensure that 1) there is provider ownership for the highest need families and their children and 2) services are streamlined, effective and delivered in a family friendly manner. High intensity family preservation teams (Family Care Coordination Teams) have been developed and are actively working to prevent unnecessary utilization of facility-based care.

Multnomah County Department of County Human Services, MHASD Intensive Community Based Services Design

Children's Intensive Mental Health Treatment Services and Special Populations Services are available to high risk, high need youth who have scored at a Level 4, 5 or 6 on the Child & Adolescent Service Intensity Inventory (CASII) and meet County criteria for "Intensive Community Based Treatment Services and Supports."

Multnomah County's MHASD Children's Intensive Mental Health Treatment Services and Special Populations Services consist of the following two categories and nine service areas and the following design changes are being implemented:

Description of Level of Need Determination Process and Protocol

Referrals for Intensive Community Based services for the children of Multnomah County will be received from several sources. These include, but are not limited to: families, mental health providers, private and public schools, child welfare, juvenile services, hospitals, and residential treatment centers. The level of need determination and protocol and policies are attached. (See attachments for detailed policies and procedures) In brief, a referent will call the intake line, a referral packet will be sent or faxed to be completed by referent w/ accompanying clinical documentation, a CASSI level of care will be completed by an FCC and depending on outcome will proceed w/ treatment planning from the ISA (Intensive Service Array) or provide alternate service options.

Category I: Intensive Mental Health Treatment Services

1. Psychiatric Residential Treatment Facility
2. Psychiatric Day Treatment Services

Category II: Special Populations Services

Part A: Intensive Family Search and Preservation Services and Treatment Foster Care

3. Intensive Family Search & Preservation Services
4. Treatment Foster Care

Part B: Intensive In-Home Family Services

5. Intensive In-Home Family Services (FAST) & Multisystemic Therapy (MST)

Part C: Individually Tailored Mental Health Outpatient Services including Behavioral Rehabilitation Services (BRS)

6. Individually Tailored Mental Health Services
7. Behavioral Rehabilitation Services

Part D: Crisis Respite

8. Foster Care Crisis Respite

Part E: Transition Aged Services for 17 to 21 year olds and Homeless Youth Outreach

Evidence Based Practices

MHASD expects that all children's mental health providers who provide service to Multnomah County residents will follow the State statute regarding evidence based practices (EBP). The

statute requires that, for the 2005-07 biennium, 25% of state funds be used to treat people with mental illness who use or have a propensity to use emergency mental health services. In the 2007-09 biennium, the percentage of funds to be spent on EBPs increases to 50% and in the biennium 2009-2011 to 75%.

Family and Stakeholder Involvement and Input in System of Care

Family and Stakeholders are fully represented in the following meetings to assure education, input, and problem solving regarding the development and utilization of mental health service options and to address system barriers.

C-4 (Community Care Coordination Committee) meets weekly to review cases and problem solve cases that have encountered system barriers. The meeting includes DHS, DCJ, OYA, MHO, Schools, family advocates, Oregon Advocacy Center and Juvenile Rights Project.

CMHSAC (Children's Mental Health System Advisory Council) meetings monthly to review system issues, provide instruction, act as a sounding board, and review Policies and Procedures for approval. Families are regular participants and now meet one week prior to the Council meeting to review agenda items and prioritize issues for review.

SIC (System Improvement Committee) formed to meet monthly to address system barriers and to increase the effective use of the C-4 meeting.

The Family Care Coordination Team ensures family involvement by arranging the Child and Family Team Meetings to develop individualized community based mental health services with the providers and other stakeholders.

Family Advocates also participate in the FCCT clinical reviews with the medical director and or clinical supervisor.

Wraparound Oregon

MHASD has also partnered with Portland State University (as researcher) and Albertina Kerr (as granting agency) to test the efficacy of Wraparound Milwaukie in Multnomah County. It is a parallel process to the System of Care for Children and Families Redesign. The pilot project will follow services for 25 clients using the Wraparound Milwaukie model. It also emphasizes community based mental health services.

Budget Concerns

The Medicaid Mental Health System for Children has been reduced by 20% over the past four years, the next service cut starting January 1, 2006. This will lead to a reduction of ongoing mental health treatment for at least 400 children who are Oregon Health Plan eligible. The State and Federal mandate requires that all Managed Care Organizations minimally provide a mental health assessment when requested and medically necessary mental health services. However, the prioritization process for who actually receives services is shifting so that children with significant mental health needs will receive the majority of services. While this runs contrary to the notion of early intervention as a means to prevent crisis down the road, the availability of funding will always dictate providing services to those most in need.

Multnomah County
2007 – 2009 Implementation Plan

Children's Mental Health Treatment
Description of Level of Need Determination Process and Protocol

Referrals for Intensive Community Based Services for the children of Multnomah County will be received from several sources. These include, but are not limited to, families, mental health providers, private and public schools, child welfare, juvenile services, hospitals, and residential treatment centers. The level of need determination and protocol and policies are listed below:

Initial Contact: Upon initial contact for request for level of care (LOC) determination the Family Care Coordinator will send out a referral packet to the requesting party.

1. Referring party must complete the Referral Information Form, obtaining and attaching supporting documentation requested on the form. Documentation required for the packet to be considered complete includes:

    a. Completed Referral Information Form

    b. A comprehensive Mental Health Assessment within the last 60 days that includes a 5-axis diagnosis with a psychiatrist's or psychologist's recommendation for residential level of care.

    c. A signature on an Authorization to Release of Information form attached to the Referral Information Form. A separate Authorization Form for each referring agency, community partner etc. is required. This signature must be from not only the parent/guardian, but from the child if 14 years of age or older.

2. Completed referral forms with the accompanying Authorizations can be mailed or delivered to:
    Multnomah County MHASD
    C/O FCCT TEAM
    421 SW OAK St., Suite 520
    Portland, Oregon 97204

    Or it can be faxed to 503-988-3328. It must be directed to the FCCT team.

3. Upon receipt of a completed referral packet, the Family Care Coordination Team representative will administer a CASII to determine the level of service that the child and family need within 3 working days.

4. Referral packets that are incomplete will not be processed. The FCCT team will contact the referring parties to clarify missing elements and assist them in the completion of the referral process.

5. For completed packets, and after the completion of the CASII the FCCT team will refer the client to the appropriate level of care and assist them in accessing these services including care coordination. If they are enrolled in Intensive treatment Services (ITS) they will have an FCC assigned to them.

6. Completed packets that are scored using the CASII and do not meet level of care criteria, the FCCT will send a "Notice of Action" and grievance and appeal process will be sent to the referring party and the parent or legal guardian on the day of the action informing them of the denial decision.

7. FCCT members will assist those not eligible for ISA services with appropriate referrals and help them access alternative services.

Care Determination:

1. If approved, care coordination will be assigned to a Family Care Coordinator (FCC).

2. FCC will assemble a single, separate and individualized clinical record for each client and family served. These records will meet all criteria listed in the medical records policy.

3. FCCT will identify members of the child and family team jointly with the family.

4. The FCC will write a letter to the family, educational representative and all other team members notifying them of the client's acceptance into ISA services.

5. FCC will write a note in the Raintree and/or progress note section of the client's clinical record confirming the admission.

6. FCC will explain to the client and their family, the nature and goals of the treatment program, and present them with copies of the FCCT program description and member's handbook.

7. The FCC will give a copy of the Notice of Privacy Practices to the parent or legal guardian, or minor over 14 years of age and have the person sign a receipt acknowledging receipt and understanding of the notice. The FCC will also fully inform the child in developmentally appropriate language of their rights and obtain informed consent from the child's parent(s) or guardian, and client themselves when appropriate, about the proposed care. FCC will document in the child's clinical record that the following information has been reviewed, discussed and agreed to by the participants:
    a. Active treatment and other interventions to be undertaken;
    b. Alternative treatment s or interventions available, if any;
    c. Projected time to complete the treatment process;
    d. Indicators by which progress will be measured;
    e. Benefits which can reasonably be expected;
    f. Risks of treatment, if any;
    g. Prognosis for treatment; and
    h. Discharge plans.

8. FCC will obtain appropriate authorizations from the legal guardian, parent or youth over 14, to obtain and exchange information with team members and other community agencies or stakeholders involved with the client.

9. FCC will convene a child and family team meeting and develop an initial service coordination plan, including any necessary crisis prevention and intervention planning, no later than 14 calendar days from the date the client is accepted into ISA services. FCC

will insure that the meeting occurs when both the family and educational representative can be present in person.

10. The FCC will develop a Plan of Care (POC) that clinically supports the level of care to be provided and is developed and implemented no later than 14 treatment days after admission by an interdisciplinary team in consultation with the child, the parent(s), or guardian and the provider to which the child will be assigned for services. The FCC will insure that the meeting occurs when both the family and educational representative can be present in person.

Multnomah County
2005 – 2007 Implementation Plan
Older Adult Mental Health Treatment

According to SAMHSA's article, ***Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities,*** "mental disorders are not a normal part of aging, yet a significant number of older adults have these serious but treatable diseases. Currently, 35 million people age 65 and older reside in the United States, of which 7 million (20 percent) have a psychiatric illness (Jeste et al., 1999; U.S. Census Bureau, 2000). This number is expected to double to 15 million over the coming three decades (Jeste et al., 1999).

Projections of a rapid growth in the number of older adults with psychiatric disorders over the coming decades are largely due to the maturation of the "baby boomer" cohort, which has 76 million members. The first group of this cohort will reach age 65 in 2011. Greater longevity associated with improved health care and other social factors also will add to the anticipated population of older adults with mental disorders."

MHASD is aware that its primary population of adults who have serious mental health and addiction issues is aging. The Governor and Oregon Sate Legislature created SB781which establishes that county mental health and developmental disability programs, subject to the availability of funds, include preventive mental health services and early identification of problems for older adults. Below are Multnomah County demographics from the 2000 Census.

General Multnomah County Population:

▪ Total County Population	660,486	100.0 %
▪ Persons Age 60+	94,567	14.3% of County
▪ Persons Age 65+	73,607	11.1% of County
▪ Persons Age 16 –64 with disability	78,831	11.9% of County
▪ Persons, 16-64 w/disability& unemployed	29,583	4.5% of County

County Age Groups:

- Ages 60 – 74	55,469	**16% *decrease*** (10,740 people, 1990 – 2000)
- Ages 75 - 84	28,320	**5% *increase*** (1,052 people, 1990 – 2000)
- Ages 85+	10,778	**18% *increase*** (1,649 people, 1990 – 2000)

MHASD currently provides services for all of its consumers aged 18 and older in our outpatient provider agencies. Our current and future planning will take into account that the number of aging adults with mental illness and addiction issues will continue to grow.

MHASD contributes all of our Service Element 35 money to the MDT (multi-disciplinary team) team, which is a program at Cascadia designed specifically for "older" adults. Those monies are passed directly down to that program. Mental health services for older and disabled adults are delivered as part of this multi-disciplinary team that includes aging and disability staff and sub-contractors. This service provides 5 treatment slots that are specifically used for approximately 600 older and disabled adults whose services are coordinated by the multi-disciplinary team and include consultation, assessment, and case management.

Office of Mental Health and Addiction Services

County Contact Information Form

1. County Contact Information

County: Multnomah

Address: 421 SW Oak St., Suite 520

City, State, Zip: Portland, Oregon 97204

Name and title of person(s) authorized to represent the County in any negotiations and sign any Agreement:

Name Rex Surface Title DCHS Interim Director

Name _____ Title _____

2. Addiction Treatment Services Contact Information

Name Ray Hudson

Agency Multnomah County Mental Health and Addiction Services Division

Address 421 SW Oak St. Suite 520

City, State, Zip Portland, OR, 97204

Phone Number 503-988-5018 Fax 503-988-5870

E-mail Ray.Hudson@co.multnomah.or.us

3. Prevention Services Contact Information

Name Larry Langdon

Agency Multnomah County Mental Health and Addiction Services Division

Address 421 SW Oak St. Suite 520

City, State, Zip Portland, OR, 97204

Phone Number 503-988-5464 Fax 503-988-5870

E-mail Larry.Langdon@co.multnomah.or.us

4. Mental Health Services Contact Information

Name Nancy Winters

Agency Multnomah County Mental Health and Addiction Services Division

Address 421 SW Oak St. Suite 520

City, State, Zip Portland, OR, 97204

Phone Number 503-988-4055 Fax 503-988-5870

E-mail nancy.winters@co.multnomah.or.us

5. Gambling Treatment Prevention Services Contact Information

Name John Pearson

Agency Multnomah County Mental Health and Addiction Services Division

Address 421 SW Oak St. Suite 520

City, State, Zip Portland, OR, 97204

Phone Number 503-988-5464 Fax 503-988-5870

E-mail john.f.pearson@co.multnomah.or.us

6. State Hospital/Community Co-Management Plan Contact Information

Name Sandy Haffey

Agency Multnomah County Mental Health and Addiction Services Division

Address 421 SW Oak St. Suite 520

City, State, Zip Portland, OR, 97204

Phone Number 503-988-5464 Fax 503-988-5870

E-mail sandy.j.haffey@co.multnomah.or.us

Office of Mental Health and Addiction Services – Attachment 1
Mental Health page 1 of 2

LIST OF SUBCONTRACTED SERVICES FOR MULTNOMAH COUNTY

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Lifeworks NW	24221	MHS20	800,000	
Cascadia Behavioral	23776	MHS 20	700,000	
Trillium Family	23742	MHS 20	1,440,000	Mobile crisis has a culturally specific team for outreach to minorities.
Morrison Center Child & Family	23755	MHS 22	100,000	Youth
Trillium Family	23742	MHS 22	100,000	Youth
Cascadia Behavioral	23776	MHS 22	50,000	Youth
Lifeworks NW	24221	MHS 22	100,000	Youth
Albertina Kerr	23746	MHS 22	50,000	Youth
Providence Health	43996	MHS 24	500,000	
Portland Adventist	24084	MHS 24	800,000	
Legacy Emanuel Hospital	12226	MHS 24	400,000	
Legacy Good Samaritan	40420	MHS 24	600,000	
University Hospital	12072	MHS 24	250,000	

Office of Mental Health and Addiction Services – Attachment 1
Mental Health page 2 of 2

LIST OF SUBCONTRACTED SERVICES FOR MULTNOMAH COUNTY

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Trillium Family	23742	MHS 25	1,400,000	Mobile crisis has a culturally specific team for outreach to minorities.
Cascadia Behavioral	23776	MHS 25	400,000	
Cascadia Behavioral	23776	MHS 30	900,000	
Providence Medical	12241	MHS 30	600,000	
Comprehensive Options	10569	MHS 30	150,000	
Cascadia Behavioral	23776	MHS 38	130,000	
Cascadia Behavioral	23776	MHS 39	410,000	

Office of Mental Health and Addiction Services – Attachment 1 – A/D 60-62

LIST OF SUBCONTRACTED SERVICES FOR MULTNOMAH COUNTY

For each service element, please list all of your provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Cascadia (ASAP)	90770054	A/D 60	89,538	Women
Central City Concern	93-0728816	A/D 60	89,538	Women
Central City Concern	93-0728816	A/D 60	352,176	NA
Comprehensive Options for Drug Abusers	93-0716860	A/D 60	232,484	Women
Lifeworks	93-0502822--	A/D 60	114,612	Women
Morrison Center	93-0354176	A/D 60	240,000	Youth
Biennial Total 07-09			1,118,348	
Central City Concern	93-0728816	A/D 61	1,168,000	Women
Central City Concern	93-0728816	A/D 61	175,200	NA
Comprehensive Options for Drug Abusers	93-0716860	A/D 61	1,927,200	NA
Comprehensive Options for Drug Abusers	93-0716860	A/D 61	408,800	Women
DePaul Treatment Centers	93-0706892	A/D 61	934,400	Minority
DePaul Treatment Centers	93-0706892	A/D 61	2,044,000	NA
Lifeworks	93-0502822	A/D 61	1,343,200	Women/Minority
Lifeworks	93-0502822	A/D 61	116,800	NA
To be determined	NA	A/D 61	2	
Biennial Total 07-09			8,117,602	
Central City Concern	93-0728816	A/D 62	350,400	NA
Comprehensive Options for Drug Abusers	93-0716860	A/D 62	109,500	NA
Lifeworks	93-0502882	A/D 62	21,900	NA
Biennial Total 07-09			481,800	

Office of Mental Health and Addiction Services – Attachment 1 – A/D 66

LIST OF SUBCONTRACTED SERVICES FOR MULTNOMAH COUNTY

For each service element, please list all of your provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Cascadia Behavioral Health	97-0770054	A-D 66	782,856	NA
Central City Concern	93-0728816	A-D 66	111,807	Women
Central City Concern	93-0728816	A-D 66	2,810,821	NA
Changepoint	93-1229222	A-D 66	381,996	NA
Changepoint	93-1229222	A-D 66	200,838	Minority
Changepoint	93-1229222	A-D 66	53,662	Youth
Comprehensive Options for Drug Abusers	93-0716860	A-D 66	749,094	NA
DePaul Treatment Centers	93-0706892	A-D 66	37,728	NA
DePaul Treatment Centers	93-1229222	A-D 66	68,994	Youth
DePaul Treatment Centers	93-1229222	A-D 66	70,740	Minority
NTN/Allied Health Belmont	20-2081662	A-D 66	323,666	NA
InAct	51-0145008	A-D 66	28,296	NA
Lifeworks	93-0502822	A-D 66	235,800	Minority
Lifeworks	93-0502822	A-D 66	1,054,982	Youth
Lifeworks	93-0502822	A-D 66	165,060	NA
OHSU	93-1176109	A-D 66	117,900	NA
Multnomah County Department of County Human Services	93-0712083	A-D 66	8,642	NA
Multnomah County Department of Community Justice	93-0706892	A-D 66	423,894	NA
To be Determined	NA	A-D 66	884	NA
Biennial Total 07-09			7,627,620	

Office of Mental Health and Addiction Services – Attachment 1 – A/D 67-80

LIST OF SUBCONTRACTED SERVICES FOR MULTNOMAH COUNTY

For each service element, please list all of your provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Central City Concern	93-0728816	A-D 67	292,000	Women
Central City Concern	93-0728816	A-D 67	43,800	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 67	481,800	NA
Comprehensive Options for Drug Abusers	93-0716860	A-D 67	102,200	Women
DePaul Treatment Centers	93-0706892	A-D 67	233,600	Minority
DePaul Treatment Centers	93-0706892	A-D 67	511,000	NA
Lifeworks	93-0502822	A-D 67	335,800	Women/Minority
Lifeworks	93-0502822	A-D 67	29,200	NA
Lifeworks	93-0502822	A-D 67	109,500	Youth
Biennial Total 07-09			2,138,900	
Housing Authority of Portland	93-6001547	A-D 70	347,798	Youth
IRCO-Asian Family Center	93-0806295	A-D 70	20,360	Youth
Latino Network	73-1675402	A-D 70	20,360	Youth
To be Determined	NA	A-D 70	22,482	Youth
Biennial Total 07-09			411,000	
Lifeworks	93,0502822	A-D 71	302,950	Youth
Biennial total 07-09			302,950	
Lifeworks	93-0502822	A-D 80	62,134	NA
OHSU Behavioral Health Clinic	93-1176109	A-D 80	9,574	NA
To be determined	93-1229222	A-D 80	34,292	NA
Biennial Total 07-09			106,000	

Office of Mental Health and Addiction Services – Attachment 1 – A/D 81-83

LIST OF SUBCONTRACTED SERVICES FOR MULTNOMAH COUNTY

For each service element, please list all of your provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Cascadia Behavioral Healthcare	97-0770054	A-D 81	1,323,866	NA
Lifeworks	93-0502822	A-D 81	24,000	NA
OHSU Behavioral Health Clinic	93-1176109	A-D 81	188,000	NA
To be Determined	NA	A-D 81	20,134	NA
Biennial Total 07-09			1,556,000	
Cascadia Behavioral Healthcare	97-0770054	A-D 83	60,000	NA
Direct Pay/Printing Vendors	To be Determined	A-D 83	6,000	NA
Biennial Total 07-09			66,000	
Total Biennial Total A&D			21,926,220	

State Mental Health Subcontract Funding	
A&D 60 Special Projects	1,118,348
A&D 61 Adult Residential	8,117,602
A&D 62 Housing for Dependent Children	481,800
A&D 66 Continuum of Care	7,627,620
A&D 67 A&D Residential Capacity	2,138,900
A&D 70 Prevention	411,000
A&D 71 Youth Residential	302,950
A&D 80 Problem Gambling Prevention	106,000
A&D 81 Outpatient Problem Gambling Treatment	1,556,000
A&D 83 Problem Gambling Treatment Enhancement	66,000
Grand Total	**$21,926,220**

Office of Mental Health and Addiction Services – Attachment 2

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: Multnomah

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2007-2009. Any comments are attached.

Name of Chair: Diane M. Linn

Address: 501 SE Hawthorne Blvd

Portland, OR 97214-3587

Telephone Number: 503-988-3308

Signature: _____

Office of Mental Health and Addiction Services – Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE REVIEW AND COMMENTS

County: Multnomah

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

In accordance with ORS 430.342, the Multnomah County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2007-2009 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: _____

Address: _____

_____

Telephone Number: _____

Signature: _____

LOCAL MENTAL HEALTH ADVISORY COMMITTEE REVIEW AND COMMENTS

County: Multnomah

Type in or attach a list of committee members, including addresses and telephone numbers.

The Multnomah County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2007-2009 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: Patricia Backlar

Address: Portland State University, POB 751, Portland, OR 97207

Telephone Number: 503-725-3499

Signature: _____

Office of Mental Health and Addiction Services - Attachment 5

COMMISSION ON CHILDREN & FAMILIES REVIEW & COMMENTS

County: Multnomah

The Multnomah County Commission on Children & Families has reviewed the alcohol and drug abuse prevention and treatment portions of the county's Biennial Implementation Plan for 2007-2009. Any comments are attached.

Name of Chair: Wendy Lebow

Address: 421 SW Oak St. Suite 200

Portland, Oregon 97204

Telephone Number: 503-988-6981

Signature: _____

Office of Mental Health and Addiction Services – Attachment 6

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: Multnomah

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2005-2007 is not lower than the amount of county funds expended during 2003-2005.

Nancy Winters, LPC
Name of County Mental Health Program Director

_____
Signature

_____
Date

Office of Mental Health and Addiction Services – Attachment 7

PLANNED EXPENDITURES OF MATCHING FUNDS (ORS 430.380) AND CARRYOVER FUNDS

County: Multnomah

Contact Person: Keith Mitchell

Matching Funds

Source of Funds	Amounts	Program Area

Carryover Funds

OMHAS Mental Health Funds Carryover Amount from 2003-2005	Planned Expenditure	Service Element
$1,038,264.	Walk in Clinic & Empowerment Initiatives	MHS20
$188,090.	Severely Mentally Ill Special populations	MHS 22
$509,509.	Involuntary Commitment Program, Emergency holds	MHS 24
$932,100.	Crisis Call Center	MHS 25
$12,035.	Supported Employment	MHS38

OMHAS Alcohol & Drug Funds Carryover Amount from 2003-2005	Planned Expenditure	Service Element

Office of Mental Health and Addiction Services – Attachment 8

REVIEW AND COMMENTS BY THE LOCAL SERVICE DELIVERY AREA MANAGER FOR THE DEPARTMENT OF HUMAN SERVICES

County: Multnomah

As Service Delivery Area Manager for the Department of Human Services, I have reviewed the 2007-2009 Biennial County Implementation Plan and have recorded my recommendations and comments below or on at attached document.

Name of SDA Manager: _____

Signature: _____

Date: _____

Office of Mental Health and Addiction Services – Attachment 9

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY COORDINATING COUNCIL

County: Multnomah

The Local Public Safety Coordinating Council has reviewed the 2007-2009 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: _____

Address: _____

_____

Telephone Number: _____

Signature: _____

Date: _____

Office of Mental Health and Addiction Services – Attachment 10
2007-2009 County Biennial Implementation Plan

PREVENTION STRATEGY SHEET

County Multnomah County, Prevention Coordinator: Larry Langdon

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs. All outputs and outcomes must be measurable.

Proposed Programs	**Proposed Outputs**	**Proposed Outcomes**
County Prevention Plan Oversight (1.0 FTE Prevention Coordinator)	Provide technical assistance on prevention work plan development, grant opportunities, Minimum Data Set training and reporting, and provider annual reports.	(Process only) Prevention work plans, County prevention annual report completed. MDS reports and annual report submitted to OMHAS. Proposal(s) submitted to OMHAS for Statewide competitive prevention grant.
Community Mobilization/Coalition Support (1.0 FTE Prevention Coordinator)	Provide technical assistance to A&D prevention coalition (CARSA) and Drug-Free Communities Grant implementation. Provide A&D prevention technical assistance to other community coalitions. Process objectives: technical assistance provided (at meetings).	# Community partners' grants received # Prevention materials produced # Prevention programs sponsored by community partners
County Prevention Program Planning & Development (1.0 FTE Prevention Coordinator)	Prevention procurement planning. Prevention implementation planning. Revise/update Comprehensive (SB555) Plan Monitor and report as required on Prevention High Level Outcomes; revise and report on County "SB 555" prevention logic models as needed.	Procure, contract prevention programs. Develop and update 2009-11 Prevention Implementation Plan as required by OMHAS. Report outcomes, revise prevention portion of County Coordinated Plan as required by SB 555 timelines.

Latino Youth Network (Outputs are per year)	Recruit on-going participation of 15 youth. Hold at least 6 meetings throughout calendar year. Implement at least two projects as determined by prior annual retreat. Participate in at least 3 additional community events. Participate in a leadership development program. Hold planning retreat – develop next year activity plan.	Leaders do under 50% of event coordination effort. 80% of youth feel they have increased their leadership skills and feel more empowered.
TUNE Asian Youth Program (Outputs are per year)	Recruit on-going participation of 12 youth. Hold at least 6 meetings throughout calendar year. Implement at least two projects as determined by prior annual retreat. Participate in at least 3 additional community events. Hold a planning event to develop an activity plan for the next year.	Leaders do under 75% of event coordination effort in year 1, under 50% in year 2. 80% of youth feel they have increased their leadership skills and feel more empowered.
Prevention Services to Public Housing Communities (Outputs are per year for entire program, funded by AD-70, Children's Investment Fund, and Housing Authority of Portland.)	Serve 400 unduplicated youth. Provide 500 After School Club sessions. Identify & engage 60 youth & their families in core group services, including school liaison, individual tutoring and mentoring, as identified through individual family goals. Provide 225 home visits with core group. Provide six 6-session "Reading Together" groups.	75% of Core Group show increased academic achievement and 75% demonstrate decreased behavioral problems. 50% of middle school children in after school clubs participate in community service projects. 75% of families will report reading together regularly 6 months after "Reading Together" program completion.
New Evidence-Based Prevention Program – As determined by U of O work during 05-07 and procured in 06-07	As determined during program development phase and finalized during procurement	As determined by procurement.