

Local Mental Health Authority/Community Mental Health Program  
Biennial Implementation Plan 2013 – 2015

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**Part 1: System Narrative:**

1. System Overview

- a) Provide an overview of the County's current addictions and mental health services and supports system, including:
- Mental Health Promotion
  - Mental Illness, Substance Abuse and Problem Gambling Prevention
  - Early intervention
  - Treatment and recovery
  - Crisis and respite services
  - Services available to required populations and specialty populations
  - Activities that support individuals in directing their treatment services and supports
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Multnomah County is the most populous county with 19% of the State's population; 18.6% of our residents are estimated to have a mental illness. Multnomah County also has the greatest number of homeless individuals in the tri-county region.

The co-location of the Local Mental Health Authority/Community Mental Health Program and the mental health managed care plan Health Share / Multnomah Mental Health within the Department of County Human Services allows for system coordination between units, divisions, departments and funding sources. Revenue can be woven together to support a strong system of care for children, youth, adults, and families. Multnomah County has dedicated more than \$16 million in county general fund annually to support and backfill services for the community.

Multnomah County maintains a strong mental health crisis infrastructure that includes urgent walk-in, mobile crisis, crisis assessment and treatment center, crisis respite, inpatient hospitalization, and a 24/7 call center that acts as the 'hub' of the system. The Portland Police Bureau is a community partner: our call center answers suicidal calls transferred from 9-1-1.

There are five acute care hospitals within our county borders; our commitment program responds to the highest number of holds placed in the State.

We provide residents services not available elsewhere: a sobering station, a crisis assessment and treatment center, and specialty providers serving homeless youth, the LGBTQ community, and communities of color. Multiple specialty courts to help divert from criminal justice, law enforcement, and child welfare – Mental Health Court, Drug Court, Forensic Court, Family Court, and the Community Court at Bud Clark Commons, which is the first of its kind in the nation.

Multnomah County places school-based mental health clinicians in over 89 schools providing services to 1,150 students in grades K - 12 across the county. Our Early Assessment and Support Alliance (EASA), which has achieved a 90% reduction in client hospitalization after six months in treatment, just passed its Supported Employment fidelity review.

### **Mental Health Promotion**

Multnomah County employees regularly staff public and private events to educate the community about mental health and addiction and the services available to them through the county. Venues include cable access programming, radio, health fairs and exhibits, conferences, and community-wide events. County staff also do outreach to local businesses such as Starbucks, where clients are frequent customers.

Mental health and addiction services division employees also provide training and assistance to non-human service departments such as the Multnomah County library.

Addictions prevention services (described under following Substance Abuse and Problem Gambling section) include activities that build youth life skills, competency and promote resilience through positive experiences and building family strengths.

## **Mental Illness, Substance Abuse and Problem Gambling Prevention**

### **Mental Illness/Suicide Prevention:**

The Garrett Lee Smith grant-funded RESPONSE, ASIST, and QPR programs have reached an estimated 7,213 individuals within Multnomah County. The Garrett Lee Smith grants funds were used to train school staff in ASIST, so that on-site staff members have the assessment and intervention skills needed to help students in crisis. Currently, RESPONSE is being implemented in 11 schools within Multnomah County. The schools teach the RESPONSE curriculum in their health classes.

Multnomah County plans to use county general fund to pay for Mental Health First Aid training for all its employees.

### **Substance Abuse Prevention**

The Multnomah County substance abuse prevention program provides prevention services for children and families at high risk for substance abuse, school failure, and juvenile justice problems. Prevention services include after-school activities, individualized support for youth, and a family engagement/education program. These programs promote school success, family bonding, improved parenting skills and youth life skills. The program is primarily focused on serving youth living in public housing. In addition, the Strategic Prevention Framework State Incentive Grant (SPF SIG) is addressing alcohol abuse and dependence among young adults through environmental prevention strategies, e.g., changes in community policies, laws, and norms. Details provided below.

The structured after-school program for public housing residents is a long-standing collaboration with Home Forward (formerly the Housing Authority of Portland), providing afternoon and evening services offering on-site homework assistance, socializing and skill-building activities to a minimum of 200 youth whose families live in public housing. The structured services at Home Forward sites also include tutoring, mentoring, and family-support home visits, primarily serving children and youth between 5 to 15 years old. Site-and culturally-specific problem gambling activities for youth and adults have also recently been integrated into the addictions prevention programming based on problem gambling needs assessments conducted at each site.

By directly addressing community risk factors, prevention reduces multiple problem behaviors and improves outcomes for children and families. The Multnomah County prevention program builds partnerships with collaborative community partners and local prevention coalitions, including the Multnomah Educational School District's Project LAUNCH initiative to improve young child wellness birth to 8 years old and the Future Generations Collaborative to prevent substance-exposed pregnancies among Native American women ages 15-24.

As one of 12 counties to receive an Oregon Strategic Prevention Framework SIG grant, Multnomah County has initiated a new collaborative effort to reduce high risk drinking among young adults ages 18-25. High risk drinking is defined as binge drinking, heavy drinking, and underage drinking. The Strategic Prevention Framework process included: completing a community needs and resources assessment identifying consumption patterns, consequences, contributing factors and local conditions; conducting community readiness interviews that were evaluated and rated by the Oregon SPF SIG evaluation team; and a County strategic plan was developed. Two task forces have formed to carry out the strategic plan: one task force works with colleges and universities to adopt best practice policies and programs, and foster positive campus norms; the other engages stakeholders in Portland's "nightlife and entertainment district" to reduce over-service and advocate for policies that promote prevention and change community norms.

See Attachment A for the Multnomah County SPF-SIG Logic Model.

### Problem Gambling Prevention and Treatment

Multnomah County's Problem Gambling Services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Problem Gambling Services incorporate prevention, harm reduction, and outpatient treatment by placing emphasis on quality of life issues for the person who gambles, family members, and communities. In 2011-2012, 292 gamblers enrolled in treatment. As noted, family participation is important and approximately 37 family members enrolled in treatment as well.

Multnomah County has one of the highest rates, per capita 18 years and older, of lottery sales statewide. Approximately 86% of the gambling treatment clients report video poker as their primary gambling activity. Problem gambling

treatment services are closely aligned to the County's Basic Living Needs priority by promoting healthy behaviors. Treatment services include problem gambling assessment, treatment and rehabilitation services delivered on an outpatient basis. The treatment focus is on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, learning gambling relapse prevention techniques, and maintaining recovery.

Currently in Multnomah County there are four / five contracted problem gambling treatment providers: Cascadia Behavioral Healthcare, In/Act Volunteers of America, Oregon Health Science University's Intercultural Psychiatric Program (OHSU/IPP and the Avel Gordly Center, and Lewis & Clark College. Some of the unique features of the county's gambling treatment program are: 1) In/Act has staff dedicated to serving Latino problem gamblers and their families and focusing on client finding and outreach; 2) OHSU's IPP provides treatment and client finding services for Asian problem gamblers; and 3) Lewis & Clark provides treatment services on Saturday and Sunday and is able to provide services in both Spanish and Korean.

Multnomah County has recently developed a specialized outreach project for Asian problem gamblers utilizing large billboards in Chinese, Korean, Vietnamese, Laotian, and English placed strategically in the Southeast parts of Portland. The use of outdoor advertising directed at a population with multiple languages and multiple cultural barriers to treatment is an untried method of client finding. The early findings from this project will be presented at the National Problem Gambling Conference in July of this year.

Current problem gambling prevention services have primarily focused on information dissemination and education to Latino and Asian populations, including presentations to Asian business groups, Latino high school students, and the production of a culturally-specific Spanish language video for presentations to Latino families, in addition to the activities introduced at Home Forward sites mentioned above. Future problem gambling prevention contracts will be determined by the upcoming RFPQ – see below.

Multnomah County will soon be conducting a Request for Programmatic Qualifications (RFPQ) procurement of Problem Gambling Prevention and Treatment Services to qualify providers for new multi-year contracts starting in

fiscal year 2013-2014. The RFPQ will reflect new Oregon Administrative Rules (OARs) aligning problem gambling prevention with substance abuse prevention research, strategies and requirements. Problem gambling prevention process objectives (outputs) and outcomes will be developed for prevention contract(s) awarded following the procurement process. (Problem gambling treatment providers will be awarded contracts after the procurement/allocation process.)

### **Early intervention**

Mental Illness:

Mental health consultants from Multnomah County work with early childhood care and education settings located in Multnomah County. They provide a comprehensive continuum of culturally competent services to poverty level, at-risk children and families to promote positive emotional, relational development of children up to age 6.

Services include early childhood classroom consultation, child mental health assessment and family centered treatment, family mental health services, child specific consultation with early childhood educators, triage and referral, and parent support and education, including parenting groups. Through this program Spanish-speaking parenting and counseling services are provided to Hispanic families at Portland Public Schools Head Start, Migrant Head Start, Albina Head Start, and Mt Hood Head Start.

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 15-25 who demonstrate initial symptoms of psychosis, with the goal of managing long-term problems and consequences. EASA offers formal psychiatric treatment services as well as vocational and educational support, and involves the young person's family in treatment.

### **Treatment and recovery**

Multnomah County provides a broad continuum of treatment options based on individual need. Services include school-based mental health, clinic-based outpatient services, intensive care management, chemical dependency

residential treatment, transitional housing, supported employment, wraparound, supportive housing, forensic diversion and specialty courts. The Community Court at Bud Clark Commons is the first of its kind in the nation.

Forensic and hospital diversion programs were designed to alleviate the backup at the state hospital. They also divert from inappropriate incarceration. These programs connect us to our community partners: community justice, judges, probation officers, district attorneys and public defenders.

Detoxification and supportive housing are two vital steps to working towards long-term recovery and stability. Detoxification, a medically monitored inpatient service in Multnomah County, is the primary entrance point into addiction services for many low-income individuals who are facing a severe addiction. Individuals receive prescribed medication to ease withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process.

The detoxification program includes an integrated medical clinic with primary care and dual-diagnosis services. There are approximately 2,400 admissions to detoxification annually. Detoxification prepares individuals for further alcohol and drug treatment and connects them to other services needed to resolve their homelessness and health issues.

Supportive housing is available for people who are homeless addicts who have completed detoxification and are continuing treatment. Supportive housing greatly increases post-detoxification treatment retention rates and promotes recovery. Supportive housing for individuals who are homeless addicts is one of the vital steps to working towards long-term recovery and stability. After detoxification, supportive housing addresses two interwoven challenges: without housing, individuals lack the stability necessary to address the problems that lead to homelessness, and without supportive services, the individual is likely to remain homeless due to unaddressed addiction issues.

Supportive housing is an evidence-based, low cost resource when compared to inpatient hospitalization or adult residential treatment and allows Multnomah County to provide less restrictive/expensive outpatient treatment while the individual is in supportive housing. Findings from a 2006 study of adults who are homeless in Portland showed a 36% reduction in community cost when supportive housing is provided. Benefitting from both clinical and housing

support, individuals move from active addiction, through treatment and into the recovery community; and from homelessness through supportive housing and into permanent housing.

The Family Involvement Team (FIT) is a collaborative effort with the State Department of Human Services/Child Welfare, Multnomah County alcohol and drug treatment providers, Multnomah County social service agencies, and the Family Dependency Court for parents identified by the State who are at risk of losing their children as a result of alcohol and drug abuse. This is an intervention project for Adoption and Safe Families Act (ASFA).

The team works with affected parents to remove barriers and to assist them in entering and engaging in addictions treatment. Support services include intensive case management, family therapy and supportive wrap-around services. By accepting services, parents are demonstrating to the State Department of Human Services (DHS) Child Welfare that they recognize that drugs or alcohol are affecting their abilities to parent effectively and are willing to take steps to become successful parents. In 2012-13, FIT connected 445 parents with addictions treatment as expeditiously as possible.

The Family Alcohol and Drug-Free Community Network (FAN) is a collaboration of community providers who serve indigent or homeless families who are in need of long-term alcohol and drug-free housing. These housing communities provide a clean, safe, and sober living environment in which parents can raise their children while new recovery principles are reinforced. FAN agencies provide supportive services to their clients, such as locating suitable housing, providing rent assistance, payment of move-in costs, equipping the housing unit, providing assistance with housing maintenance, family mentoring, case management, childcare, and transportation.

Recovery Community Services help to prevent relapse and promote long-term recovery. Multnomah County uses a peer delivered services model to help individuals in their community maintain recovery and gain overall wellness. Peer delivered services are support services from people who share the experiences of addiction and recovery. Peer Support Specialists assist the recovery process by guiding individuals to an array of agency or community-based services that are designed to support the needs of individuals and families.

This model recognizes that those individuals in recovery, their families, and their community allies are critical resources that can effectively extend, enhance, and improve formal treatment.

Multnomah County helps to fund a Community Center with the goal of promoting continued recovery and an enhanced quality of life for participants by providing an alcohol- and drug-free environment in which people can socialize, build personal support systems, and develop collaborative partnerships in the community in which they live. Learning new social and recreational skills and feeling a sense of belonging can be important in helping the recovering person form a new personal identity structured around health and wellness rather than alcohol and drugs.

### **Crisis and respite services**

Multnomah County maintains a strong mental health crisis infrastructure that includes urgent walk-in, mobile crisis, crisis assessment and treatment center, crisis respite, inpatient hospitalization, and a 24/7 call center that acts as the 'hub' of the system. In addition to taking crisis calls from the community, the call center staff answers lines dedicated to the police and 9-1-1.

Staffed 24 hours a day, seven days a week by Multnomah County mental health professionals, the Call Center is a crisis line and a dispatcher for the Mobile Crisis Outreach Team. In 2012, they responded to more than 67,000 callers.

The county's Urgent Walk-in Clinic is open seven days a week from 7:00 a.m. to 10:30 p.m. to see individuals and families who are in crisis and need an urgent appointment with a mental health professional.

For individuals not appropriate for crisis respite but not ill enough for hospitalization, the Crisis Assessment and Treatment Center (CATC) is available for crisis stabilization in a secure setting. Peers, medical and mental health professionals are on staff at the site.

### **Services available to required populations and specialty populations**

Multnomah County makes a complete continuum of services available based on the individual level of need. Please see Attachment A for a list of services available to required and specialty populations.

### **Activities that support individuals in directing their treatment services and supports**

Multnomah Wraparound provides 325 screenings on children per year for intensive service array level care and provides wraparound team facilitation and care coordination for up to 129 children/youth with severe mental health needs who are involved in at least two other systems. This includes forming and facilitating Child and Family Teams to develop a single plan of care with blended resources. The plan of care is family-guided, culturally competent, multidisciplinary and includes natural supports to help children stay with family, in the community, in school and out of trouble.

Multnomah County, in its role as Health Share / Multnomah Mental Health, funds a variety of peer-directed programming delivered by NAMI Multnomah, including Peer to Peer classes and Peer Support Specialist training. Multnomah Mental Health also contracts with NAMI for Family System Navigators, peers/family members who assist children and families negotiate the mental health system.

Multnomah Mental Health provides a peer-run ICCD clubhouse featuring supported-employment. The clubhouse, Northstar, is operated by NAMI Multnomah.

In addition to its work with NAMI, Multnomah Mental Health and Multnomah County LMHA contract with Luke-Dorf for recovery planning/support brokerage services. Luke-Dorf assists individuals in developing a vision for their future through a person-directed plan. That plan is used to create a goal attainment plan addressing six categories: personal health, environment, hobby development, productivity, spirituality, and relationship. Individuals receive a small fund to help them attain their goals.

Multnomah County LMHA also contracts with Luke-Dorf to provide Recovery Planning/Sustainable Housing Peer Brokerage Supports to state funded adults and transition aged youth. These services help individuals successfully transition to independent and supported community housing.

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b) List the roles of the LMHA and any sub-contractors in the delivery of addictions and mental health services.

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Please see Attachment B for a list of all services provided by LMHA and all sub-contractors of LMHA.

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c) Describe how the LMHA is collaborating with the CCOs serving the county.

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Multnomah County is actively involved as a founding member of Health Share of Oregon. Leaders and key staff participate on multiple work groups to address areas where the LMHA and the CCO can work together to provide high quality care for the shared community.

Multnomah County has county representatives on both the Health Share and Family Care community advisory councils to ensure collaboration on the community needs assessment.

Health Share of Oregon committees and work groups with LMHA representation:

- Care Management Workgroup
- Behavioral Health Steering Committee
- Crisis System Workgroup
- Quality and Performance Workgroup
- Delivery System Management sub-group
- Mental Health, Addiction, and Primary Care Workgroup
- Cultural Competence Workgroup

In addition to planning and implementation workgroups, Multnomah County is part of the CMMI grant that involves Health Share member partners Clackamas and Washington counties, Providence, and CareOregon. The Intensive Transition Team offers short-term intensive services to Health Share members transitioning out of acute care settings, connection to community-based care, and, community-based outreach and engagement.

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- d) List the Mental Health Advisory Council and the Local Alcohol and Drug Planning Committee (LADPC) Members, including their stakeholder representation.
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Please see Attachment C for a list of the advisory council membership.

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## 2. *Community Needs Assessment*

- a) *Describe the community needs assessment process, including the role of peers and family members in the design and implementation of the process.*

The community needs assessment is an ongoing process that incorporates multiple methods of gathering input. Peers, family members, system partners, stakeholders, and the public provide feedback through focus groups, budget hearings, web comments, procurement planning sessions, committee meetings, and through volunteer and paid staff positions.

MHASD regularly reviews authorization, claims, and enrollment data for Medicaid and non-Medicaid clients to determine what services are being provided, where new services are needed, and the level of need of those seeking services. This information is monitored over time for trends and reported to advisory groups.

MHASD hosts focus groups to gather information from consumers, peers, and family members about such topics as integration, and, culturally specific services to inform system of care design.

Each procurement for a new or existing service incorporates peers and/or family members into the planning and response evaluation. Peers participate in planning meetings to help determine what the service should 'look' like. Once the procurement has been released, peers participate on the panels scoring the responses for award. This allows individuals receiving service the opportunity to ensure that what Multnomah County purchases meets the need of consumers.

MHASD has several committees and subcommittees monitoring the system of care. Peers and family members make up more than 50% of the membership of the committees. The Quality Management Committee (QMC) is responsible for determining the quality work plan and monitoring its implementation. The Committee reviews the annual quality report in addition to selecting and monitoring performance improvement projects.

The Adult Mental Health and Substance Abuse Advisory Council (AMHSAAC) advises the work of the community mental health program as well as acting as the Local Alcohol and Drug Planning Committee (LADPC). Members of the council also participate on the Quality Management Committee and Health Share Community Advisory Committee, providing valuable linkage between consumer groups.

The Children's Mental Health System Advisory Council (CMHSAC) gives children, youth and family members the opportunity to voice their perspective on the system of care for children and families. Because MHASD also manages Multnomah Mental Health, both AMHSAAC and CMHSAC indirectly provide input to the coordinated care organization, Health Share of Oregon.

In addition to its own assessment projects, MHASD also participates in the Healthy Columbia Willamette collaborative community needs assessment project. This project is a large-scale community needs assessment of the four counties in the region. County health departments, 14 hospitals, and the two coordinated care organizations in Multnomah County are involved in this large-scale project. Healthy Columbia Willamette performed extensive outreach in the form of surveys, focus groups, and interviews to obtain consumer, peer, and public input. Individuals were asked to identify

their most pressing health issues. The results will guide development of the system serving the community in the region.

*b) Describe how data from the community needs assessment is used to evaluate prevalence, needs and strengths in the local service system.*

MHASD reviews claims and enrollment data submitted by its providers serving Medicaid and uninsured individuals. This information is used as part of the ongoing community needs assessment and is also used to determine prevalence of mental illness.

Multnomah County is a diverse community. Reaching underserved communities is a priority. Each year, MHASD surveys providers about the cultural competency of their programs and staff. MHASD uses this tool to measure access to culturally and linguistically appropriate care. This information is reported to consumer advisory groups for review. Survey results are used to determine where to commit resources for improving access.

MHASD performs consumer surveys to evaluate system integration and satisfaction with services. Surveys are also used to determine whether individuals from culturally specific communities have services that meet their need. Information is used for performance improvement projects, system design, and work plans.

In addition to the data gathered by MHASD, assessments performed by our fellow divisions within the Department of County Human Services are also used to measure the needs of the community. We review multiple reports such as the Aging and Disability Services Division annual report, Community Services One Night Shelter Count, and the Multnomah County Health Department's Community Health Assessment Report.

As noted above, MHASD is part of the regional Healthy Columbia Willamette community needs assessment project.

The individuals we serve benefit from this coordination and collaborative system. We are able to serve the community more effectively by sharing information from our assessments.

*c) How does the community needs assessment process include feedback from advisory and quality improvement groups? Please identify the specific groups.*

The Quality Management Committee has oversight of the work plan and performance improvement projects. This committee, made up of more than 50% consumers, reviews assessment materials and determines a response.

Advisory groups review provider network data, survey results, work plans, budget information, and legislative reports. Groups use the information to provide input to MHASD for system planning. Subcommittees to the advisory councils explore information in-depth to address specific issues identified by the larger council. An example is the Peer Support Subcommittee to AMHSAAC tasked with making recommendations to the larger group for incorporating peers into the delivery of care.

Areas for improvement identified by advisory groups include:

- Additional care coordinators for families
- Assistance making the transition from inpatient to community care
- Clear, easy-to-understand information about rights and grievance process
- Additional peer-delivered services
- Affordable independent and supported housing
- Funding for crisis services
- Placement/homes for children involved with Child Welfare
- Increased capacity for residential addiction treatment

Advisory Groups providing input into community needs assessments:

Adult Mental Health and Substance Abuse Advisory Council (AMHSAAC)  
AMHSAAC Mental Health Subcommittee  
AMHSAAC Addiction Subcommittee

AMHSAAC Peer Support Subcommittee  
Children's Mental Health Services Advisory Council (CMHSAC)  
Quality Management Committee  
Wraparound Family Youth Advisory Council (FYAC)  
Wraparound Collaborative Partnership Council (CPC)  
Multnomah EASA Advisory Council (MEAC)

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3. *Strengths and Areas for Improvement* – Please see attachment G.

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#### **Part II: Performance Measures**

Describe findings from any current data available in applicable areas, as well as describe a plan for addressing the performance measures in planning, development and delivery of services and supports.

Please see attachment D and E.

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#### **Part III: Budget Information**

Budget information includes planned use of all flexible funding included in the contract and planned use of beer and wine tax funds and funds specifically allocated for problem gambling and prevention and substance abuse prevention.

Please see attachment F.

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#### **Additional Information**

- a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development?

We will have a better understanding of our needs after the community needs assessment and performance measures are complete.

Examples of assistance needs we can identify currently:

- Treat to target for behavioral health
- Identification and care management of high-risk populations
- Mental Health First Aid
- Non-traditional workforce training

## **Crisis Services BIP Amendment Budget Narrative – Multnomah County**

**Submitted by: Neal Rotman -3/17/14**

The Crisis Services Award of \$750,000.00 will be used to fund the expansion of the mobile crisis outreach program; Project Respond, the Urgent Walk-in Center (UWIC) stabilization room, and the expansion of Urgent Walk-in Staff to increase crisis services engagement through the use of a stabilization room and follow-up services. All services are contracted to Cascadia BHC. **Total Cost for Crisis Services expansion: \$750,000.00**

**Project Respond expansion: \$375,781.00-** The expansion will add two additional professional counselors 2.8 FTE (one team- seven days a week) to highest demand hours 4pm-10pm with additional two hours from 10pm-12am to support the two overnight workers at the beginning of their shift coverage. One Peer Specialist 1.0 FTE will be added to the program to engage consumers in treatment, provide levels of support outside of the traditional mental health system and expand the continuity of care choices available to consumers we serve. Specific outreach activities include transitional crisis support and generalized wellness check-ins that promotes attendance to scheduled appointments, reminders to adherence to medication administration, assistance with communicating treatments and /or care needs to mental and physical health care providers.

**Stabilization Room addition: \$25,000-** This cost covers the development and on-going client enhancements for a stabilization room in the Urgent Walk-in Clinic (UWIC). A designated stabilization room will give individuals the option of waiting quietly in a designated area to begin or complete crisis interventions. Peer wellness specialists will monitor the room, providing light snacks and beverages to address nutritional needs as well as offer support to individuals who want or need assistance. In addition, small work area with computer/internet access for locating and applying for treatment services. (Costs are included in the UWIC budget)

**Urgent Walk-In Clinic Increased staffing: \$374,219.00-** Urgent Walk-In Clinic (UWIC) numbers served increased 7.6% from FY12 to FY13. The first five months of FY14 demonstrate an increase of 30% for those served as compared to the same period in FY13. These increases in those served impacts the wait time of those served, the ability of the program to make referrals for alternative treatment services and follow up crisis services to bridge the gap until alternative services can engage. In addition the increased staffing will allow the stabilization room to be properly staffed and allow individuals in crisis additional time to stay at the UWIC for monitoring and support. Increasing the staffing of the UWIC would include; 1.1 FTE counselor III positions, .34 FTE Psychiatrist or Psychiatric Nurse Practitioner, 1.6 FTE Peer Specialist positions, and .4 Safety specialist.

Cascadia BHC has begun hiring for all positions and expects to complete hiring and training on 4/1/14. Stabilization Room build-out scheduled in March, with completion date of 3/31/14.

**Expenditure definitions:**

CAIR is Cascadia's access, information and referral phone line. CAIR screens individuals for eligibility to Cascadia's services. CAIR sets up intakes at the clinics for those individuals who are eligible. CAIR also conducts Multnomah Treatment Fund screenings. CAIR provides referral information to those ineligible for Cascadia services, but are in need of mental health treatment, drug and alcohol treatment, housing, benefits, etc.

SPC-Shared program costs are the soft costs associated with a particular site that are allocated to individual programs based on total staffing. These costs include items such as office supplies and the salaries of the employees that are required to keep that site in operation.

# ATTACHMENT 6 – Budget

RFP# 3693

Proposer Name: Multnomah County

Project Term: April 1, 2014 – Jun. 30, 2015

Budget Item:

	<b>Total:</b>
Personnel: _____	<b>\$283,108</b>
Travel: _____	<b>\$0</b>
Equipment: _____	<b>\$0</b>
Supplies: _____	<b>\$1,005</b>
Consultants/Subcontracts: <u>(Cascadia)</u>	<b>\$139,775</b>
Other Costs: (please list):	
Telephone: _____	<b>\$1,950</b>
Information Technology and Data Processing: _____	<b>\$1,455</b>
Electronic Health Record Licensing: _____	<b>\$2,000</b>
Direct Client Assistance: _____	<b>\$28,750</b>
Indirect Charges: _____	<b>\$41,957</b>
Overall Project Cost: _____	<b>\$500,000</b>

Budget Narrative: (Use this space to further clarify items.)

## Budget Narrative - Multnomah County Jail Diversion Partnership

April 1, 2014- June 30, 2015 (15 months)

		Project Period Total
<b>a. Personnel</b>		-
	Annual Salary	Project FTE
<b>Project Director, Nancy Griffith, Corrections Health Director</b>	\$116,911	0.10
Provides overall project oversight, including ensuring successful implementation of all project deliverables and coordinating with law enforcement leadership. In-kind contribution = \$14,614		
<b>Corrections Health Mental Health Consultants (1.8 FTE)</b>	\$56,316	2.00
These positions provide Forensics Intensive Case Manager Services in Jail Booking		
<b>Dept. of County Human Services Jail In-Reach Case Manager</b>	\$45,310	0.50
Provides Jail In-Reach Forensic Diversion Services		
<b>Fringe Benefits</b>		
<b>Project Director, Nancy Griffith, Corrections Health Director</b>		\$0
Costs include percentage-based and flat rate fringe benefits driven by standard County benefit plans, which vary slightly by union bargaining unit. Percentage-based rates total approximately 42.37% and include FICA, Tri-Met tax, Workers Compensation, liability and unemployment insurance and retirement. Flat rate benefits (medical, dental and life insurance) are charged at \$14,152/FTE. In kind = \$7,701		
<b>Corrections Health Mental Health Consultants (2.0 FTE)</b>		\$93,642

See description above	
<b>Dept. of County Human Services Jail In-Reach Case Manager</b>	<b>\$20,357</b>
See description above	
<b>Total Personnel</b>	<b>\$283,108</b>
<hr/>	
<b>b. Travel</b>	
Mileage for Jail In-Reach Case Manager based at 0.56/mile x 100/month x 15 months = \$840 in-kind.	
<b>Total Travel</b>	<b>\$0</b>
<hr/>	
<b>c. Equipment</b>	<b>\$0</b>
<hr/>	
<b>d. Supplies</b>	<b>\$1,005</b>
This includes one computer and one ipad for Mental Health Consultants at \$710 and \$500, respectively	
<b>Total Travel</b>	
<hr/>	
<b>e. Sub-contracts</b>	<b>\$139,775</b>
Costs include: Personnel (\$94,920); Rent (\$6,000); Telephone (\$600); Supplies (\$625); Direct Client Assistance (\$9,018); Mileage and Travel (\$625); Staff Training (\$1,250); Program Oversight (\$7,783) Administration (\$18,954)	
<hr/>	
<b>f. Other</b>	
<b>Telephone</b>	<b>\$1,950</b>
2 cell phones for Mental Health Consultants (shared) and Case Manager at 50/month x 15 months x 2 phones = \$1,950	
<b>Information Technology and Data Processing</b>	<b>\$1,455</b>
Internet access, help desk support, software, and computer upgrades estimated at an annual cost of \$5,760 for one computer and \$1,000 for the ipad per year = \$8,450. \$6,995 of these costs are in-kind	
<b>Electronic Health Record Licensing</b>	<b>\$2,000</b>
Licenses for the Mental Health Consultants at \$1000 per license	
<b>Direct Client Assistance</b>	<b>\$28,750</b>
Includes emergency housing assistance, identification, transportation and other assistance to meet basic needs	
<b>Total Other</b>	<b>\$34,155</b>
<hr/>	
<b>g. Total Direct Charges</b>	
Personnel	\$283,108
Travel	\$0
Equipment	\$0
Supplies	\$1,005
Subcontracts	\$139,775
Other	\$34,155
<b>Total Direct Charges</b>	<b>\$458,043</b>
<hr/>	
<b>h. Indirect Charges</b>	<b>\$41,957</b>
Indirect charges are calculated at the federally-negotiated rate of 9.16% of all direct charges.	
<hr/>	
<b>k. Total Project Costs</b>	<b>\$500,000</b>

**Budget Narrative - Multnomah County Jail Diversion Partnership**

a. Personnel	Annual Salary	Project FTE	-
<b>Project Director, Nancy Griffith, Corrections Health Director</b>	\$116,911	0.10	\$0
Provides overall project oversight, including ensuring successful implementation of all project deliverables and coordinating with law enforcement leadership. In-kind contribution = \$14,614			
<b>Corrections Health Mental Health Consultants (1.8 FTE)</b>	\$56,316	1.80	\$126,906
These positions provide Forensics Intensive Case Manager Services in Jail Booking			
<b>Dept. of County Human Services Jail In-Reach Case Manager</b>	\$45,310	0.50	\$28,319
Provides Jail In-Reach Forensic Diversion Services			
<b>Fringe Benefits</b>			
<b>Project Director, Nancy Griffith, Corrections Health Director</b>			\$0
Costs include percentage-based and flat rate fringe benefits driven by standard County benefit plans, which vary slightly by union bargaining unit. Percentage-based rates total approximately 42.37% and include FICA, Tri-Met tax, Workers Compensation, liability and unemployment insurance and retirement. Flat rate benefits (medical, dental and life insurance) are charged at \$14,152/FTE. In kind = \$7,701			
<b>Corrections Health Mental Health Consultants (1.8 FTE)</b>			\$86,791
See description above			
<b>Dept. of County Human Services Jail In-Reach Case Manager</b>			\$20,357
See description above			
<b>Total Personnel</b>			<b>\$262,373</b>
<b>b. Travel</b>			
Mileage for Jail In-Reach Case Manager based at 0.56/mile x 100/month x 15 months = \$840 in-kind.			
<b>Total Travel</b>			<b>\$0</b>
<b>c. Equipment</b>			
			<b>\$0</b>
<b>d. Supplies</b>			
			<b>\$1,005</b>
This includes one computer and one ipad for Mental Health Consultants at \$710 and \$500, respectively			
<b>Total Travel</b>			<b>\$1,005</b>
<b>e. Sub-contracts</b>			
			<b>\$160,510</b>
Costs include: Personnel (\$109,965); Rent (\$5,998); Telephone (\$600); Supplies (\$625); Direct Client Assistance (\$12,495); Mileage and Travel (\$625); Staff Training (\$1,250); Program Oversight (\$7,780) Administration (\$21,173)			
<b>f. Other</b>			
<b>Telephone</b>			<b>\$1,950</b>
2 cell phones for Mental Health Consultants (shared) and Case Manager at 50/month x 15 months x 2 phones = \$1,950			
<b>Information Technology and Data Processing</b>			<b>\$1,455</b>
Internet access, help desk support, software, and computer upgrades estimated at an annual cost of \$5,760 for one computer and \$1,000 for the ipad per year = \$8,450. \$6,995 of these costs are in-kind			
<b>Electronic Health Record Licensing</b>			<b>\$2,000</b>

Licenses for the Mental Health Consultants at \$1000 per license	
<b>Direct Client Assistance</b>	<b>\$28,750</b>
Includes emergency housing assistance, identification, transportation and other assistance to meet basic needs	
<b>Total Other</b>	<b>\$34,155</b>
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<b>g. Total Direct Charges</b>	
Personnel	\$262,373
Travel	\$0
Equipment	\$0
Supplies	\$1,005
Subcontracts	\$160,510
Other	\$34,155
<b>Total Direct Charges</b>	<b>\$458,043</b>
<hr/>	
<b>h. Indirect Charges</b>	<b>\$41,957</b>
Indirect charges are calculated at the federally-negotiated rate of 9.16% of all direct charges.	
<hr/>	
<b>k. Total Project Costs</b>	<b>\$500,000</b>
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# ATTACHMENT 4 – Implementation Strategy

RFP# 3693

Proposer Name: Multnomah County

Staff Key: Mental Health Consultants, Corrections Health = MHC; Jail In-Reach Case Manager, Multnomah County Department of County Human Services = JICM; Diversion Outreach Clinician, Critical Time Intervention Team, Cascadia Behavioral HealthCare = DOC

<b>Intervention:</b>			
<b>Resources</b>	<b>Activities/Tasks (Staff involved indicated in parentheses)</b>	<b>Outputs</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>1.8 FTE Corrections Health Mental Consultants</li> <li>0.5 FTE Jail In-Reach Case Manager</li> <li>1.2 FTE Cascadia staff</li> <li>Time (15 months)</li> <li>Multnomah County Sheriff's Office Staff</li> <li>Government funds</li> <li>Community partners</li> <li>Existing technology -- EVOLVE (Mental Health Electronic Health Record (EHR), Epic EHR and CareEverywhere EHR)</li> </ul>	<p><b>Forensic Intensive Case Manager Services</b></p> <ul style="list-style-type: none"> <li>Identify booked individuals with SPMI diagnoses (MHC)</li> <li>Recruit individuals to participate (MHC)</li> <li>Transition planning using the GAINS Re-Entry Checklist for Inmates Identified with Mental Health Service Needs (MHC)</li> <li>Link persons to mental health and community services (identify current linkages, provide service coordination and identify gaps, make referrals) (MHC)</li> <li>Care coordination phone calls to community agencies (MHC)</li> <li>Crisis triage/suicide assessment as needed (MHC)</li> <li>Screening and referral/warm hand-off to Forensic Diversion Services and Critical Time Intervention Team (MHC)</li> </ul>	<ul style="list-style-type: none"> <li>Increased planning for people with SPMI who are booked into Multnomah County jails</li> <li>Increased access and referral to mental health and community services for people with SPMI</li> <li>Care coordination for law enforcement involved people with SPMI</li> <li>Decreased booking incidence among individuals with SPMI</li> <li>Increased community based Forensic Diversion services</li> </ul>	<p><b>12 month goals:</b></p> <ul style="list-style-type: none"> <li>900 people with SPMI identified</li> <li>350 people complete transition plans</li> <li>350 people receive Intensive Case Manager Services in jail booking</li> <li>180 people receive direct client assistance</li> <li>42 people receive CTI</li> <li>13 people receive jail in-reach/community-based forensic diversion services</li> <li>225 people complete referrals to community-based agencies</li> </ul> <p><b>15 month goals:</b></p> <ul style="list-style-type: none"> <li>Reduce # of people enrolled in mental health services with law enforcement involvement (jail booking) by 25%</li> <li>Increase # of people served with Jail Diversion Services by 25%</li> <li>Reduce # of people enrolled in mental health services with law enforcement involvement (jail booking) by 40%</li> <li>Increase # of people served with Jail Diversion Services by 40%</li> </ul>

Multnomah Jail Diversion Partnership

OHA Jail Diversion Mental Health Services RFP 3693 – 5.2.3 Implementation Strategy

	<ul style="list-style-type: none"> <li>• Direct client assistance (bus tickets, IDs, emergency housing) (MHC)</li> <li>• Follow-up with community-based agencies (MHC)</li> </ul> <p><b>Pre-Booking Diversion Outreach Services</b></p> <ul style="list-style-type: none"> <li>• Provide Critical Time Intervention case management to justice involved people with SPMI (DOC)</li> </ul> <p><b>Jail In-Reach Services</b></p> <ul style="list-style-type: none"> <li>• Jail-in-reach (JICM)</li> <li>• Direct client assistance (bus tickets, IDs, emergency housing) (JICM)</li> <li>• Community-based Forensic Diversion Services (JICM)</li> </ul>			
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Intervention support of the Institute of Medicine Mental Health Promotion Classifications in the Continuum of Care Activities described in this implementation strategy are consistent with Mental Health Promotion as they work to create community-based support and overall wellness for people with SPMI through a coordinated approach to transition and re-entry planning, community mental health, and enabling services.

Addictions and Mental Health Division  
14-Mar-14

Biennial Implementation Plan Amendment Template

CMHP: Multnomah County  
Program: Crisis Services-Contracted Services-Mobile outreach and Urgent Walk-In Clinic (UWIC) Expansions

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	Amount	July 1, 2014 – Jun. 30, 2015	Amount
Personnel <i>(including FTEs, Classification of staff and associated costs)</i>	Mobile outreach: 2.8 FTE Counselor III, .5FTE on-call Counselor III and 1.0 FTE Peer Specialist. Salaries  UWIC: 1.0 FTE Counselor III, .1FTE on-call Counselor III, .34 FTE LMP, .4FTE Safety Specialist, 1.6 FTE Peer Specialist.  Salaries	\$59,810.00       \$54,060.00	Mobile outreach: 2.8 FTE Counselor III, .5FTE on-call Counselor III and 1.0 FTE Peer Specialist. Salaries  UWIC: 1.0 FTE Counselor III, .1FTE on-call Counselor III, .34 FTE LMP, .4FTE Safety Specialist, 1.6 FTE Peer Specialist.  Salaries	\$239,240.00       \$216,239.00
Travel	Mobile outreach	\$1,270.00	Mobile Outreach	\$5,079.00
Equipment				
Supplies	Client enhancements: UWIC Medical Supplies: UWIC	\$3,029.00 \$326.00	Client enhancements: UWIC Medical Supplies: UWIC	\$12,609.00 \$1,306.00
Consultants/Contracts	Interpreter Service: UWIC	\$278.00	Interpreter Service: UWIC	\$1,113.00
Other Costs: (please list)	SPC: Mobile Outreach	\$2,486.00	SPC: Mobile outreach	\$9,946.00
	UWIC	\$5,661.00	UWIC	\$22,645.00
	Clinical Billing: Mobile Outreach	\$1,899.00	Clinical Billing: Mobile Outreach	\$7,599.00
	UWIC	\$2,391.00	UWIC	\$9,566.00
	Insurance:		Insurance:	
	Mobile Outreach	\$245.00	Mobile Outreach	\$979.00
	UWIC	\$525.00	UWIC	\$2,099.00
	Training:		Training:	
	Mobile Outreach	\$622.00	Mobile Outreach	\$2,487.00
	UWIC	\$129.00	UWIC	\$514.00
	Amin overhead:		Amin overhead:	
	Mobile outreach	\$8,761.00	Mobile outreach	\$35,044.00
	UWIC	\$5,575.00	UWIC	\$22,300.00
	CAIR:		CAIR:	
	Mobile Outreach	\$63.00	Mobile Outreach	\$251.00
UWIC	\$45.00	UWIC	\$180.00	
Client transportation: UWIC	\$726.00	Client Transportation: UWIC	\$2,903.00	
Stabilization Room Build out: UWIC	\$10,000.00			
Totals	Mobile outreach- UWIC-	\$75,156.00 \$82,745.00	Mobile outreach- UWIC-	\$300,625.00 \$291,474.00
Overall Project Cost	(All costs have been rounded off)	\$157,901.00	Total project Cost	\$592,099.00
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	Fee for service revenue for both services. Not able to estimate separate payment sources.	\$4,000.00		\$16,000.00
Number of individuals Intended t	Both services = 140		Both services = 560	

Budget Narrative:

- Please provide a description of the program and any unusual expenditures
- Please provide an implementation timeline for this program.