Multnomah County Mental Health System Analysis

Final Report Briefing
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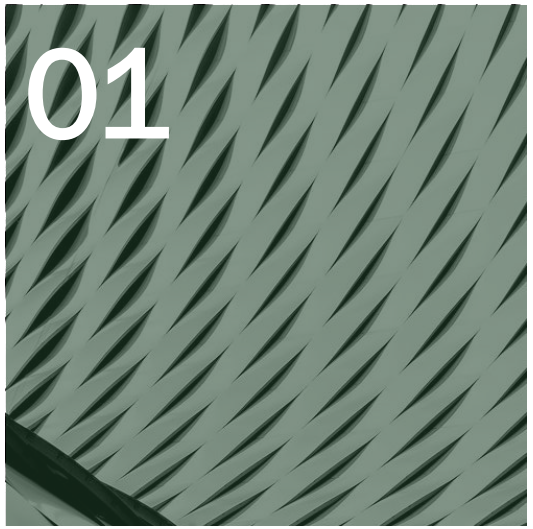
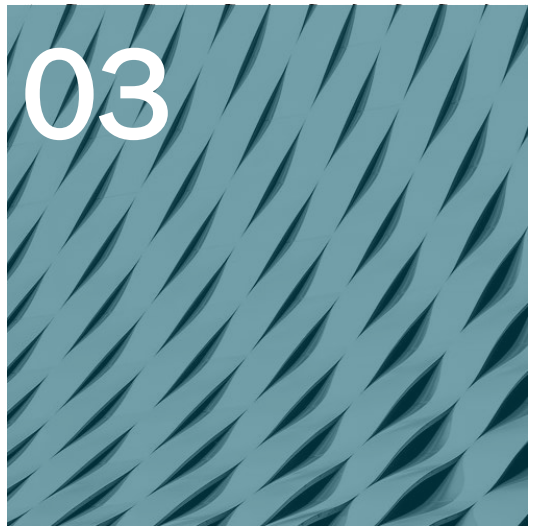
AGENDA



Selected Findings



Discussion

Aims & Approach

Recommen-dations

AIMS & APPROACH

Study Aims

1

Develop a detailed inventory of all mental health services provided by the County and its community partners

2

Catalog connections between mental health services and systems

3

Provide a detailed picture of how funding and reimbursement mechanisms flow through County systems

4

Identify gaps between community need and existing mental health services

Data Sources

Document Review

Gather and synthesize existing reports, white papers, and other material relevant to study aims

Stakeholder Interviews

75 in-depth interviews with 139 stakeholders with in-depth knowledge of the system

Community Listening Sessions

Two sessions attended by 159 individuals, with additional feedback gathered online

Aggregated Data from Health Care Entities

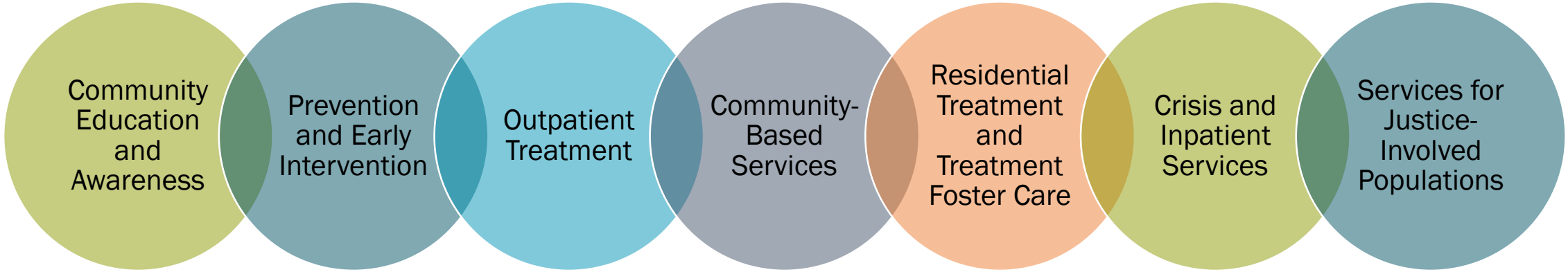
Data on service user demographic, revenues, and expenditures

Project Scope

- Publicly funded services
- All ages
- Mental health vs. behavioral health
- Multnomah County
- December 2017 to May 2018

Assumptions and Underlying Principles

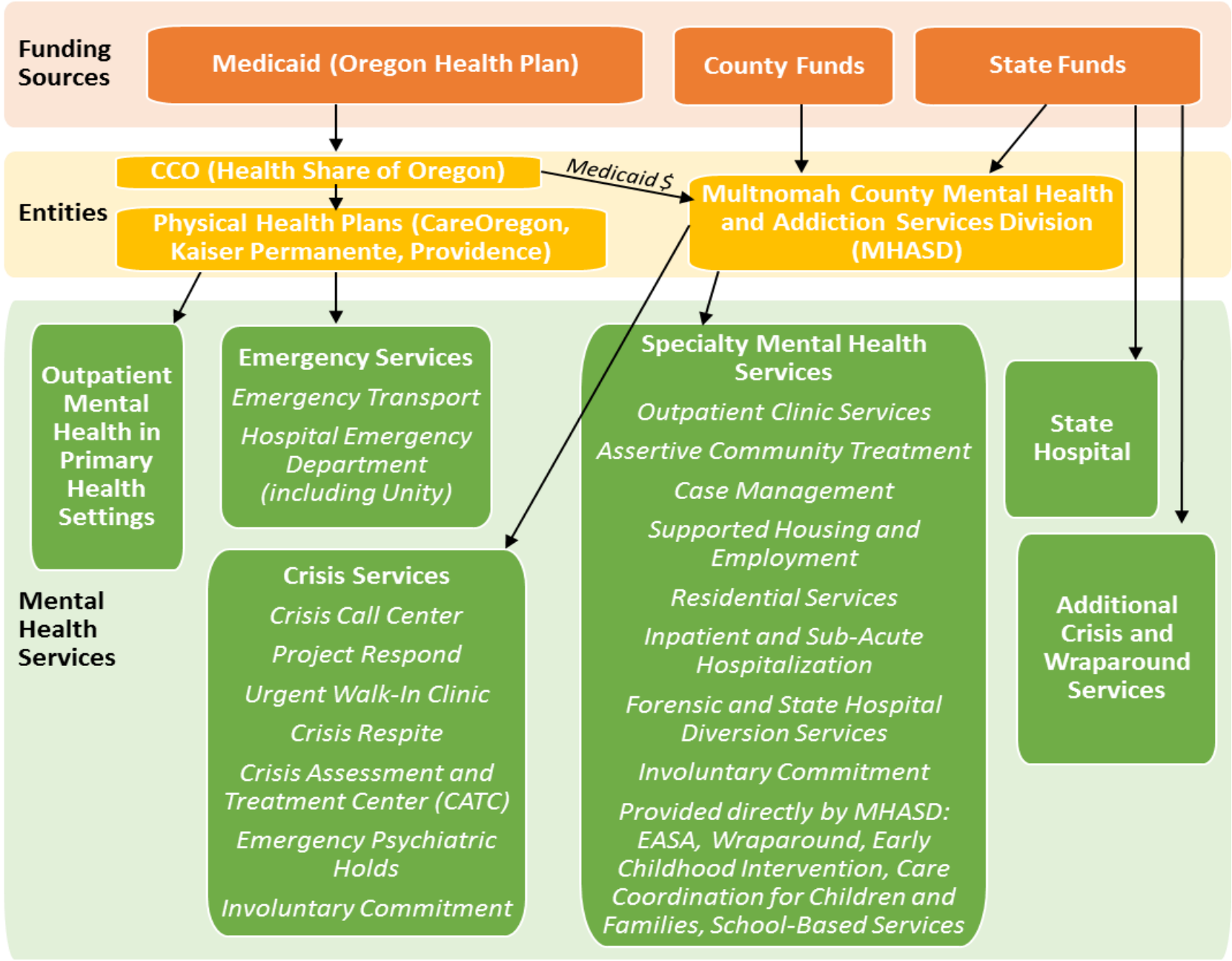
A **good and modern behavioral health system** spans numerous program types and agencies to provide the right mix of services to the right people at the right time.

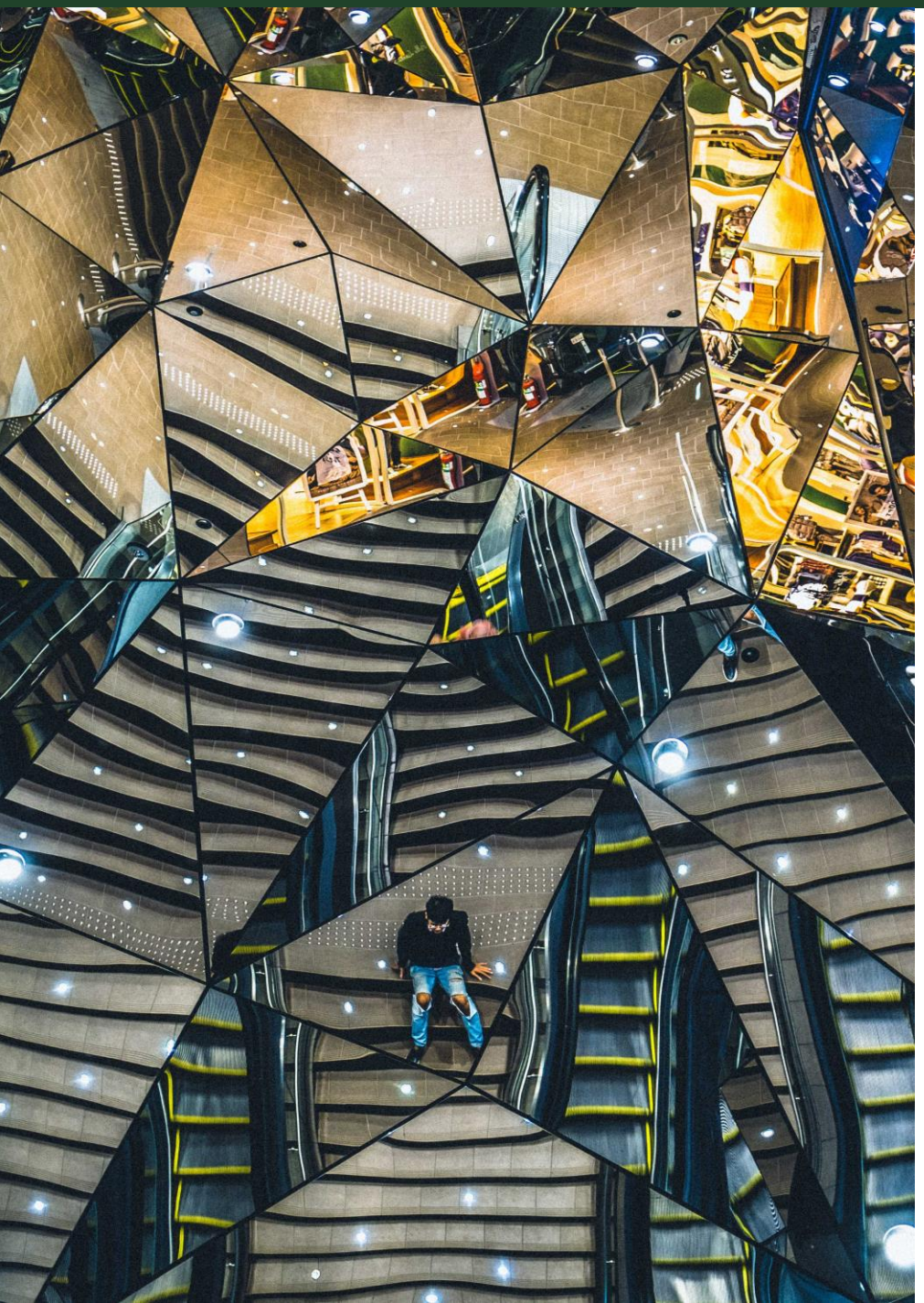


…our approach is informed by the ***nothing about us without us*** mantra of the consumer/survivor/ex-patient and disability rights movements. It is also informed by research on **population health** and the **social determinants of health.**

SELECTED FINDINGS

A combination of local, state, and federal dollars flow through Health Share to physical health plans and MHASD, which administer a range of services.





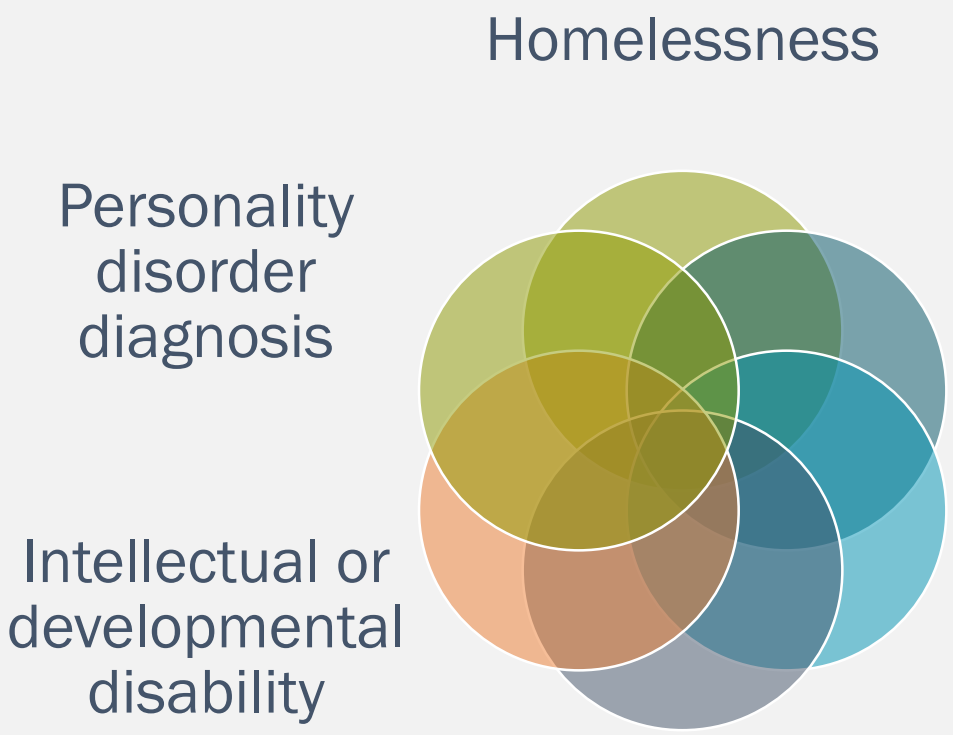
Accessing Services is . . .

- Like trying to open a locked door that requires a ‘secret combination’
- Successful only for those with an ‘inside scoop’ about what is available
- A ‘maze with no route out’

— Stakeholder interviewees

> I’m tenacious. I will speak up for myself. But there are so many people who don’t have these skills.
>
> — Service user stakeholder

Complex – and Often Co-Occurring – Needs



Stakeholders described these populations as “square pegs” that don’t fit into the “round holes” of the current system.

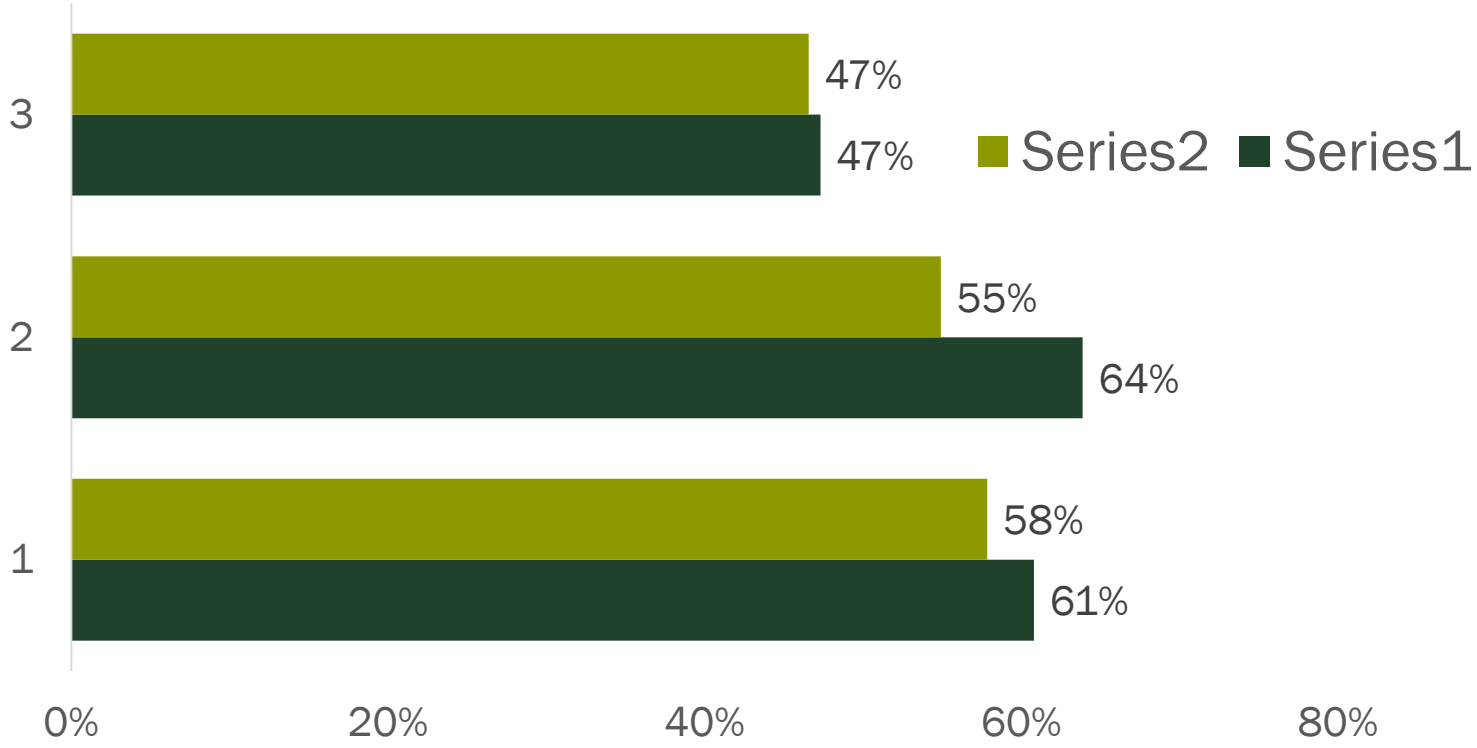
Stakeholder perspectives on the County's crisis response system

There's a "gray area" for people who do not meet eligibility criteria for emergency services but are still struggling with significant mental health-related challenges.

While the system is relatively capable of "stabilizing people" it lacks the resources to "keep people stable."

Though the County invests in diversion efforts, stakeholders described a “revolving door” between the streets, hospital, and criminal justice system

Proportion of individuals on Aid and Assist orders at Oregon State Hospital



“A problem with transitions is that a person is discharged to what is available rather than to what the person needs or wants.”

- Stakeholder interviewee

Many stakeholders voiced a need for more peer support and other services that address social determinants of health

- Flexible, community-based peer support
- Family peers, older adult peer support, PSRB peer support, Peer Bridging
- Community health workers
- High-fidelity clubhouse
- Supported employment and housing

While the County is providing a significant and growing amount of housing support services, **unmet needs persist.**

Cost of living has far outpaced the county's median income, and housing is unaffordable for those who rely on disability income.

Yet **stable housing is critically important for recovery and wellness.**

- There are numerous cross-system initiatives underway to address housing and homelessness
- FY17, 892 individuals were served by mental health–specific housing support services through the homeless services system
- Stakeholders noted that shelters have become a "default mental health system" for individuals who have "failed out" of mental health services

Enhancing Services for Children and Youth

In recent years, the County has expanded:

- School-based mental health services
- Collaboration with the child welfare system
- Early intervention

Stakeholders called for further enhancements to:

- Co-occurring services
- Flexible, in-home community supports
- Intensive and crisis services
- Services for justice-involved youth

Some stakeholders voiced a need for more inpatient and residential beds for children and youth; others felt the system doesn't need more beds, it needs to get the right kids into the right beds—especially their own beds in their homes.

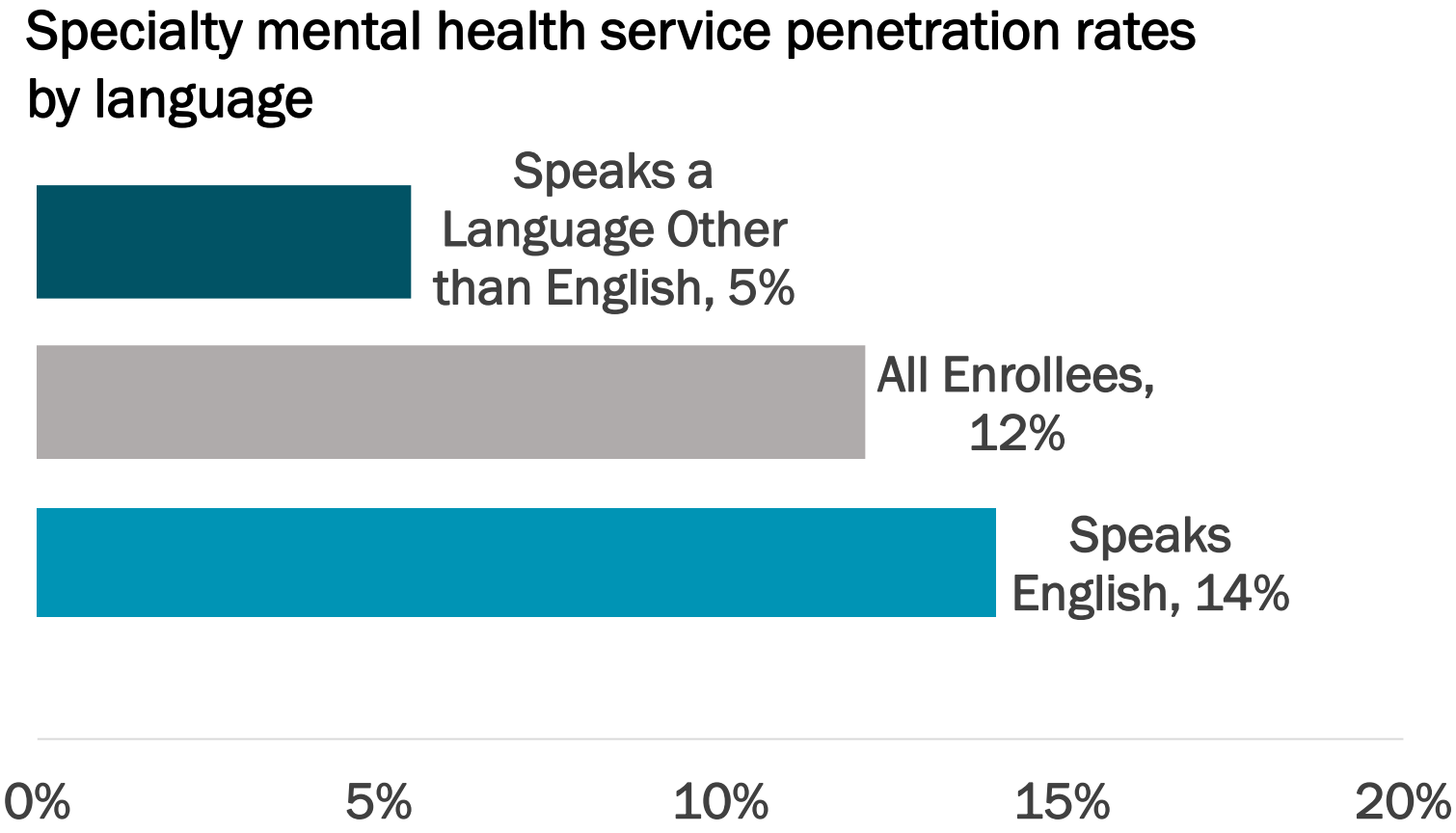
Family member and caregiver stakeholders

Family member and caregiver stakeholders described **a lack of emotional support, education about mental health needs, or information** about how the system worked and **options for finding help for loved ones with unmet needs**.

There must be a way for families to be supported to get help for a loved one "without going to court to take their rights away."

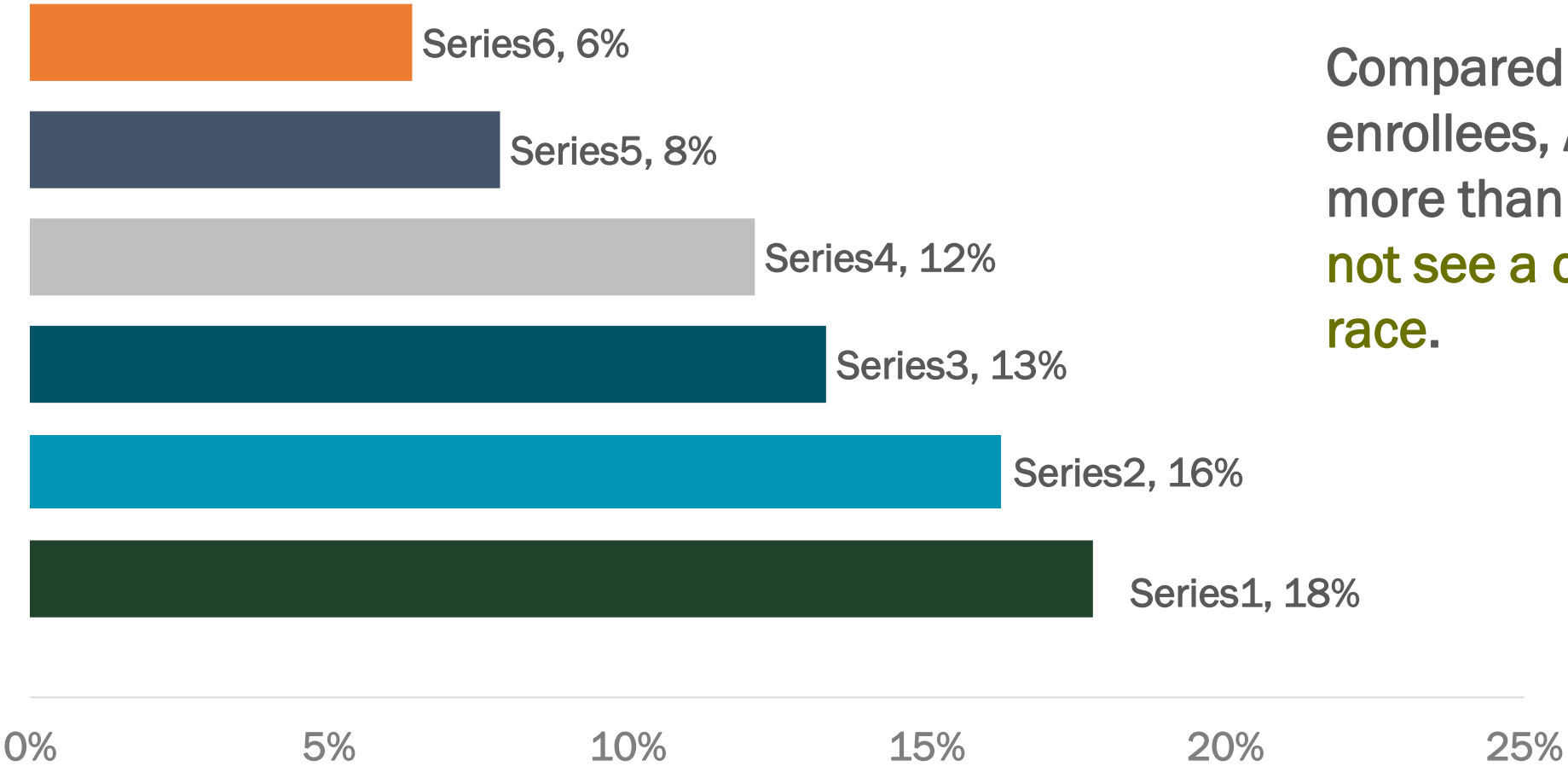
– Family member stakeholder

Issues related to culture and discrimination were raised by many stakeholders: "We are people first."



Stakeholders who provide culturally specific services spoke of the importance of having a trauma focus that accounts for historical oppression and experiences of discrimination and racism.

Specialty mental health service penetration rates by race/ethnicity



Multiple stakeholders of color—including providers and service users—described the system itself as "White."

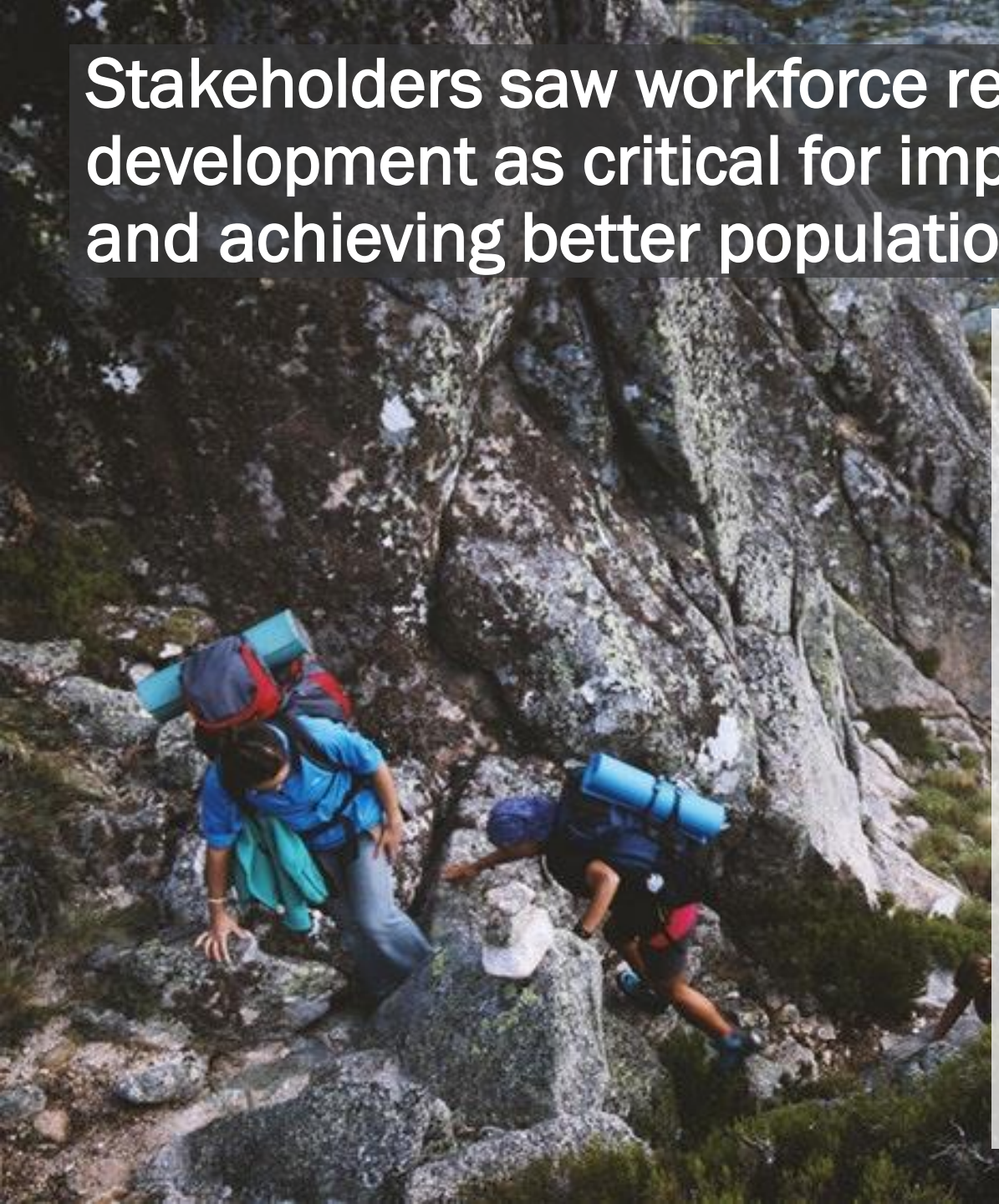
Compared to White Medicaid enrollees, African Americans are more than three times as likely to not see a clinician who is the same race.

Existing services are highly valued, and MHASD has created strong alliances with culturally specific providers and programs, but more enhancements are needed.

Areas for enhancement of culturally specific or population-specific services

- Outreach and engagement services
- Community-based services for children and youth
- Intensive services for children and adults
- Culturally specific peer support
- LGBTQ-specific services
- Services for older adults, including older adults living with or affected by HIV

Stakeholders saw workforce recruitment, training, and development as critical for improving the mental health system and achieving better population health.

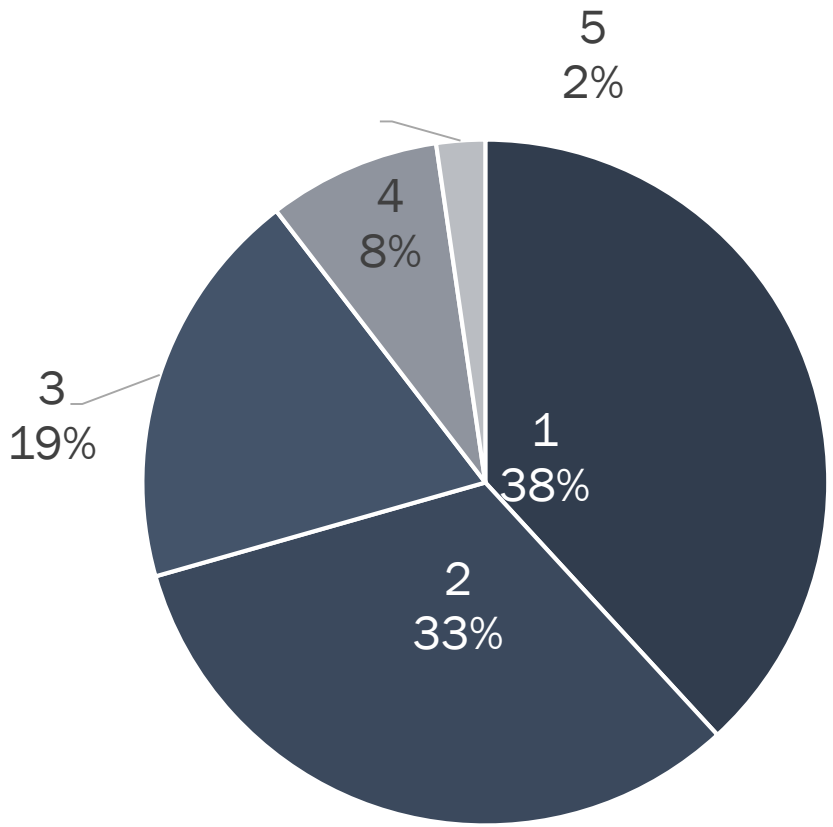


- Community-based providers reported turnover in the 40-60% range
- Many agencies struggle to recruit and retain a diverse workforce
- Many clinicians lack training and support to work with individuals with complex needs
- Stakeholders called for living wages and reasonable workloads

For years, there has been a strong emphasis on integrated physical and behavioral health services in Multnomah County, but stakeholders with expertise in integration had significant concerns, particularly regarding access to mental health services in primary care.

Less than a third of people on Medicaid with mental health issues are **engaged with the specialty mental health system.**

Medicaid-funded outpatient mental health services delivered outside the specialty mental health system



Stakeholder perspectives on the system's structure

- In this multilayered and complex system, there is no single entity accountable for the wellbeing of the whole population and overseeing the "big picture"
- The promise of integrating physical, behavioral, and dental health care under the CCO model was described by one stakeholder as a "brilliant idea that hasn't been realized."
- …recent state and local initiatives are re-examining these issues.

The Bottom Line

- In many ways, Multnomah County's mental health system aligns with the definition of a *good and modern* system: recovery-oriented, trauma-informed, culturally responsive, and community-focused
- …but many stakeholders do not experience the system this way
- Although many are receiving excellent mental health services, others who could benefit are not accessing these services
- Stakeholders are unclear about whether and how entities within the system are working together and with the state to produce desired outcomes

RECOMMENDATIONS

Recommendations Related to Continuation and Enhancement of Existing Efforts

- Access Barriers
- Data Sharing
- Services for Children and Youth
- Services for People with Complex Needs
- Co-Occurring Mental Health and Substance use Services
- Homeless Services
- Services for Justice-Involved Populations
- Peer Respite
- Community Transitions and Follow-Up
- Health Equity and Cultural Competence
- Peer Support and Psychiatric Rehabilitation Services
- Supports for Caregivers and Families of Adults with Mental Health Needs
- Services for Older Adults
- Collaboration with the Intellectual and Developmental Disabilities System
- Workforce Recruitment and Retention
- Physical and Behavioral Health Integration

*A complex system - like Multnomah County's – needs a **vision**, shared across all major system stakeholders, that can be translated into action.*

Priority Recommendation 1 – Engage in ongoing dialogue with service users and other stakeholders to ensure a **shared** and **actionable** vision for the mental health system.

- 1.1 Identify factors that contribute to the information gap between available resources and community awareness of those resources.
- 1.2 Work with local, regional, and state stakeholders to identify and adopt a set of common metrics that align with this shared vision to support a system driven by person-centered outcomes including health and wellbeing and quality of life.
- 1.3 Develop a process for ensuring all services are experienced as trauma-informed, drawing from national best practice in trauma-informed approaches.
- 1.4 In partnership with providers, develop a strategy to align agency strengths and organizational capacity with community need to maximize resources and reduce duplication.

Based on stakeholder interviews and best practice for mental health systems around the country, Multnomah County would benefit from having a person who represents the perspective of lived experience at a leadership level.

Priority Recommendation 2 - Establish a **director-level lived experience leadership** position.

2.1 Responsibilities could involve

- Spearheading efforts to adopt a shared vision and enhancements to peer support services, including aligning local efforts with national best practice
- Collaborating with local advocacy groups to promote greater cohesion and identify shared goals and common ground
- Ensuring local advocates have needed tools to understand the complex system and identify levers for change
- Promoting positive relationships between the advocacy community, provider agencies, and County administrators
- Liaising with other systems (housing, criminal justice, child welfare, education, and others) to support them to incorporate lived experience perspectives in their efforts
- Identifying and promoting additional opportunities for increasing the lived experience voice throughout the mental health system

2.2 Work with Health Share to explore establishing a similar leadership position to focus on issues that impact individuals receiving mental health services in physical health care settings.

More integrated data will help identify opportunities for expanding capacity, provide clarity for stakeholders, and otherwise inform system planning and improvements.

Priority Recommendation 3 – Integrate and analyze data on funding and services to support system improvements.

3.1 Develop a process for streamlining existing data across mental health and related systems to allow for rapid access, querying, and visualization of information about services, programs, funding streams, and capacity.

3.2 Conduct a comprehensive assessment of data and services across the County to identify service and financing gaps and areas of potential duplication and inefficiency.

3.3 On an ongoing basis, visualize data, generate simple reports, and respond to queries as needed to ensure all stakeholders have a common understanding of complex systems that influence population health in the region.

Thank You.

HSRI