

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Staff Presentation Worksheet

Presentation Date: August 4, 2009 Time: 10:00 Length: 60 minutes

Presentation Title: DHS Behavioral Health System Redesign Update

Department: Human Services

Presenters: Cindy Becker, Director

ISSUE & BACKGROUND

The purposes of this Study Session are:

1. Update the Board regarding the Behavioral Health System Redesign process
2. Solicit input from the Board regarding outcomes for the Design Lab to use in their work
3. Provide additional information about the Design Lab and the participants

1. Update:

The chart below provides a list of key dates and associated actions involved in the process (shaded areas are completed).

Key Dates	Actions
Fall 08	Presented Redesign process to former BCC pursuant to consultant report (Summer 08)
March 09	Presented info about DHS and Redesign process to Commissioners and received approval. Sent email to all staff "kicking off the process". Email included overview, flow chart, timelines and FAQ's
April 09	Sent email to individuals/groups requesting time to meet with them to solicit their input. Email included flow chart, overview, and questions to consider
May-June 09	DHS Director met with individuals and groups: (In addition to meetings, all were encouraged to send emails to Director if they have thoughts after the meetings.) <u>Groups</u> (8) meetings with County Behavioral Health, MHO, and Business Services Staff (including several union reps) Clackamas Primary Care Staff Mental Health Council Local Alcohol and Drug Program Council NAMI (2) Consumer Groups AAA Advisory Council and Senior Center Managers Children's Mental Health Advisory Committee <u>Individual Meetings</u> State Addictions and Mental Health Acting Director, Deputy, and Addictions Manager

	Disability Rights Oregon Director Hispanic Interagency Network Coordinator District Attorney Sheriff Wilsonville Chief of Police Judges Adventist Hospital/Caremark Director Villebois Costa Pacific CEO Catholic Charities (Jan Clay did this meeting) (Director also met with the Employees' Association President and Business Manager monthly so they are aware of process.)
June 09	Sent "Save the Date" email to more than 100 individuals/groups inviting them to the July 22 nd stakeholder meeting including why it's important they attend. (see list below of additional invitees) Posted information about Redesign process on county website.
July 09	Convened July 22 nd meeting where participants gave additional input and had an opportunity to meet and discuss with each other (More than 80 people attended) Invitees unable to attend were sent questions discussed at meeting with opportunity to respond via email.
June/Aug 09	Preparing briefing book for the Design Lab participants to include description of County services – financial, demographic, services, etc., info about the State, input received, and other relevant information and reports
August 09	Study Session with BCC to review process and input received from the pre-meetings and the July 22 nd meeting
September 09	Design Lab will meet the week of September 22 nd . Draft recommendations will be shared with stakeholder group from July 22 nd for input on September 23rd. Final design recommendations will be made following input.
October 09	DHS Director will review recommendations with Steering Committee
Oct/Nov 09	DHS Director presents design to BCC for consideration and approval.
Nov/Dec '09	BCC receives input; makes decision
Winter/Spring '10	Transition planning
Summer '10	Begin implementation

*In addition to the meetings above, we invited many additional individuals representing various constituencies to the July 22nd meeting including:

Legal Services
 Oregon Family Support Network
 Foster Parents
 Several Private Providers
 Community Corrections
 Juvenile Department
 Clackamas ESD and a few
 Superintendents
 Oregon Youth Authority
 Additional Police Chiefs

Consumers
 Medicaid Managed Care Plans
 Willamette Falls Hospital
 Warmline Coordinator
 Providence Hospital
 NW Housing Alternatives
 Treatment Court Coordinator
 Commissioner
 Legislators

2. Outcomes

The outcomes below are the result of numerous meetings that were held in May, June, and July. Recognizing that all of these outcomes are desirable, it is also important that the Board articulate any areas of emphasis or priorities that they want included in the Design Lab deliberations. This will not only guide the Design Lab as they are confronted with difficult decisions, but will be a way to gauge the extent to which the Redesign recommendations align with the Board's priorities.

Attachment #1 is the draft charter to the Design Lab which includes the following proposed outcomes and guiding principles:

DRAFT Outcomes for Consumers:

Increased access to services

Nationally, research indicates that approximately 10% of any given population within a specified geographic area has a diagnosable mental illness or addiction that is conducive to treatment and recovery. (This does not include those "at risk" of the same). Today, Clackamas County provides treatment and recovery services to approximately 1% of its population of 375,000 people.

The *specific design challenge* is to serve 3% of Clackamas County population, equitably distributed across the county, based on need—a 3-fold increase. A longer-term desire is for 100% of the consumers we serve to be "30 minutes or 30 miles" away from a mental health or addictions specialist.

Fewer crises

Crisis situations take a high toll—both in dollar terms and in human trauma. Clackamas County Behavioral Health currently fields 800-1000 crisis calls/ month. Once people are in crisis, whether for the first time or as a relapse, they use the most intensive and costly services—from hospitalizations to emergency rooms to jails.

The *specific design challenge* is to reduce by 50% the use of emergency room visits, hospitalizations, arrests, and jail commitments to which mental health/ addiction is a contributing factor. This will reduce "cycling" of the same individuals in and out of the system.

Higher proportion of clients in stable and permanent housing and connected to services

Having "a home," or at the very least a stable shelter, is considered an important predictive factor for mental health. With the existing step-down model, as *people improve, they must move*. We would like the designers to challenge this current practice—and improve the proportion of consumers in stable and permanent housing, with needed supports available.

The *specific design challenge* is three-fold:

- To ensure that 100% of our consumers are in stable housing.
- To increase by 30% over baseline the proportion of consumers in permanent housing (i.e. more than one year in the same location).

- To increase by 30% over baseline the proportion of consumers in stable housing that is connected to appropriate services.

Increased employment/earnings

In surveys, 65% of consumers say they “want a job.” Working in either full or part time work is important to recovery. As one stakeholder put it, “Employment should be viewed as a clinical service.” Research shows that what’s most important for recovery is working in competitive employment.

The *specific design challenge* is to increase by 30% over baseline the proportion of consumers who are in competitive full-time or part-time (a few hours or more a week) employment.

Increased connection with family, peers, and community

Stakeholders mentioned the importance of consumers feeling connected to community or family. One stakeholder defined this as: “to have a support system in place, if only one person.” Stakeholders also valued the opportunity to “contribute back” (e.g. by volunteering, delivering peer-to-peer services, or developing or evaluating services).

The *specific design challenge* is to have 80% of current consumers report that they feel connected to someone in the community, whether a peer, family member, or community organization. This is the national benchmark set by the Substance Abuse and Mental Health Services Administration (SAMSHA).

Improved health and mitigation of illness

Stakeholders desired a holistic approach to physical and mental health. They cited the need both to influence personal behaviors and to change today’s systems in order to improve health outcomes.

The *specific design challenge* is to improve by 10% the health outcomes of Clackamas County residents who seek mental health/addictions services. Possible measures include:

- To increase by 10% above baseline the proportion of consumers who no longer smoke 12 months after beginning mental health/addictions services. This is a proposed performance measure for the Community Health division within DHS.
- Add measure _____

Strengthened families

Today, it is important to preserve and strengthen families so that both parents and children (<18) can live healthy and rewarding lives together. The child welfare system is designed to provide safety, permanence and well-being to children who have experienced abuse and/or neglect. Mental health and addictions services support these goals by preventing at-risk children from being placed outside their homes and by reunifying children with their parents.

The *specific design challenge* is to reduce by 10% below baseline the out-of-home placement rate of at-risk children who are served by mental health/addictions providers.

Consumer involvement in recovery

Today, the system too often determines care quality through “the eyes of the provider.” Stakeholders felt that outcomes for both consumers and the system would improve if the

redesigned system listened well to consumers and viewed consumers or family members as the “drivers” of their own recovery process.

The *specific design challenge* is to assure that 80% of consumers report they have a significant say in determining care outcomes and have a choice in how to proceed through their recovery process. This is the benchmark set by both SAMSHA and the Oregon Mental Health Organization.

DRAFT Outcomes for the System:

Sustainability—Financially efficient and operationally flexible

The redesigned system will have no more dollars than the current system. To be sustainable, it must make innovative and efficient use of the dollars it does have. The Steering Team chose four measures of sustainability.

The *specific design challenge* is:

- To increase customer satisfaction with service quality
- To increase the dollars used for direct service delivery compared to the dollars used for administration
- To decrease the ratio of high cost services/low cost services
- To increase the number of activities that result in system improvement.

DRAFT Guiding Principles

The redesigned system will demonstrate ten guiding principles. It will:

- Build on the assets, strengths, and goals of consumers and their families.
- Provide a seamless path for consumers and families to move through services, supported by strong communication links between all parts of the system. This is the principle of “no gaps, no start-overs, and no ‘wrong doors.’”
- Hold providers accountable for consumer and system outcomes.
- Emphasize prevention and early intervention.
- Provide culturally competent services to residents of all ethnic and cultural backgrounds.
- Provide evidence-based practices in order to produce high quality services.
- Provide the highest level of independence possible at each point in time while maintaining community safety.
- Treat people with respect and value them as whole persons.
- Educate and engage the community.
- Involve peers in designing and delivering services.

3. Additional Information

Please see Description of Design Lab (attachment #2) and Biographies of Design Lab participants (Attachment #3)

QUESTION(S) PRESENTED FOR CONSIDERATION

Should the Board accept the update and additional information?

Will the Board identify areas of emphasis and/or priorities for the Design Lab to consider in their deliberations?

RECOMMENDATIONS

The department recommends that the Board accept the update and additional information.

The department recommends that the Board identify areas of emphasis and/or priorities for the Design Lab to consider in their deliberations.

SUBMITTED BY:

Division Director/Head Approval _____

Department Director/Head Approval C. Becker

County Administrator Approval _____

For information on this issue or copies of attachments,
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