Department of Health
and Human Services
Human Services Division

Washington County Behavioral Health

2015-2020 Strategic Plan

Human Services Division

Washington County Health and Human Services

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Executive Summary

The Human Services division of Washington County Department of Health and Human Services recently conducted a survey of service providers, stakeholders, consumers and other local organizations to assess the perceived areas of development for mental health and addictions services in Washington County. The intent of the process was to elicit broad input to identify priorities for growth and development over the next five years.

Local hospitals, law enforcement, juvenile services, EMS, schools, family members of individuals with mental health and addictions concerns, social service agencies and many other groups all provided feedback through a survey process. Through this process, three distinct areas of development emerged:

1. The need for a facility-based program providing crisis intervention for individuals needing stabilization but not necessarily inpatient treatment
2. Additional housing options for individuals in mental health and addictions services; specifically affordable, low-barrier housing with added supports
3. Improved access to clinical treatment services

The survey also asked participants to consider the strengths of the existing service system and areas to maintain. This is important as we consider how to prioritize funding. Survey responders identified two areas to preserve:

1. The existing crisis safety net services (specifically the mobile crisis team, Mental Health Response Team, Intensive Transition Team and Crisis Line)
2. The collaborative relationships that have been built between the behavioral health program and the provider network, social service agencies, law enforcement and other stakeholders

The behavioral health program will use this information to guide decision-making around how to allocate resources, pursue new funding opportunities from the state and develop new services and supports for community members.

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Introduction/Purpose of Planning Process

The last five years has been a period of tremendous growth and change for the behavioral health program at Washington County. Healthcare reform efforts at both the state and federal level have had broad implications for our program and the residents of the county. The behavioral health program ended its role as a Medicaid Mental Health Managed Care Organization and became part of a regional Coordinated Care Organization (CCO). In addition, the implementation of the Affordable Care Act (ACA) in early 2014 resulted in many individuals who were previously served under the indigent safety net programs becoming eligible for coverage either through the insurance exchange or Oregon Health Plan.

As an organization, the behavioral health program focused on shifting the indigent safety net supports to help individuals connect to services covered by Medicaid. In addition, we focused on broadening crisis response services and continuing to serve the most vulnerable individuals who did not qualify for ACA. Typically these are individuals with Medicare or they are undocumented and ineligible for Medicaid. The program also worked diligently to align services and supports with our other metro county partners as one of three mental health plans under Health Share of Oregon, the largest CCO in the state of Oregon. Other focus areas included building or expanding care coordination programs such as Wraparound for children and families and the Adult Mental Health Initiative. These programs emphasize team-based approaches and mobilization of supports to meet the individual needs of the most ill and vulnerable members of our community.

When initially discussing conducting a strategic planning process, we made a conscious decision to emphasize "behavioral health," not mental health or addictions. We did this to acknowledge the interconnectivity between addictions and mental health and the desire to integrate service delivery wherever possible. We felt that any planning effort resulting from this process needed to consider both areas as the level of co-morbidity across these two is so high.

With all the changes that have occurred, it has become clear that this is a time of growth and opportunity for Washington County. The behavioral health program decided that engaging in a strategic planning process where input from consumers, providers and other stakeholders could be used to identify and prioritize areas of development over the next few years. This document outlines that process and the results.

Overview of Behavioral Health Program

The behavioral health program encompasses two service areas: mental health and addictions services in Washington County. Our role for addictions is management of state funded indigent services. These services are designed primarily to support individuals without other resources for addictions treatment as well as funding prevention activities and other non-Medicaid covered supports. The county has two primary behavioral health responsibilities:

1. System oversight and safety net services as the Local Mental Health Authority (LMHA) and,
2. Management of a Medicaid (OHP) benefit for residents of Washington County who are assigned to Health Share of Oregon, a Coordinated Care Organization (CCO).

As the Local Mental Health Authority, the county is responsible for conducting protective services investigations, civil commitment investigations, Psychiatric Security Review Board monitoring and oversight of mental health residential treatment providers. The county is also responsible for managing a safety net system for all residents of the county. This safety net includes a 24/7 crisis line, a mobile crisis team and treatment services for individuals who are low income, high risk and have no other form of insurance coverage.

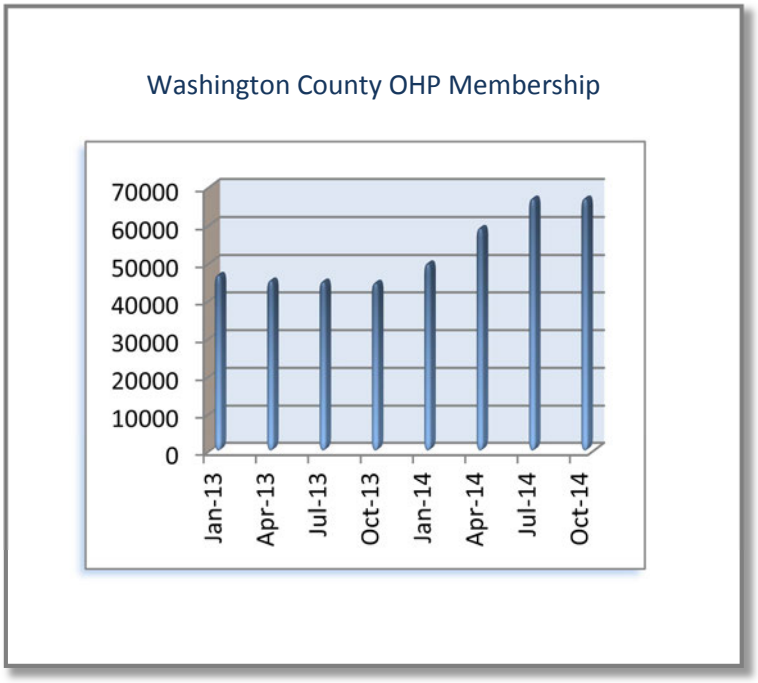
In our role of managing Oregon Health Plan (OHP) mental health benefits, Washington County ensures the treatment needs of our members are met. This includes services such as outpatient therapy, inpatient care and addictions residential treatment. The county has managed OHP mental health services for more than 10 years. In this role, we are able to ensure that some of our most vulnerable citizens are able to access critical services and supports. An additional benefit of this arrangement is the ability to leverage funding for broad system planning across both Medicaid and General Fund Services.

From a strategic planning point of view, it is important to note that the LMHA responsibilities will always remain because they are written into statute and are fundamentally in the best interest of the county. Regarding the management of an OHP benefit, this is a voluntary decision on our part, one we have made due to the belief that it provides substantial benefit to residents of our county. Given that more than 11% of our residents receive Health Share of Oregon Medicaid benefits, and that this represents some of the most ill and vulnerable citizens, we believe it is also in the best interest of the citizens of the county.

Finally, it is important to note that all direct treatment services are contracted out to community organizations. Only administration, statutory obligations, system oversight, prevention and care management services are done by county employees. This is consistent with the County 2000 strategic plan.

System Scan: Current Challenges and Developments

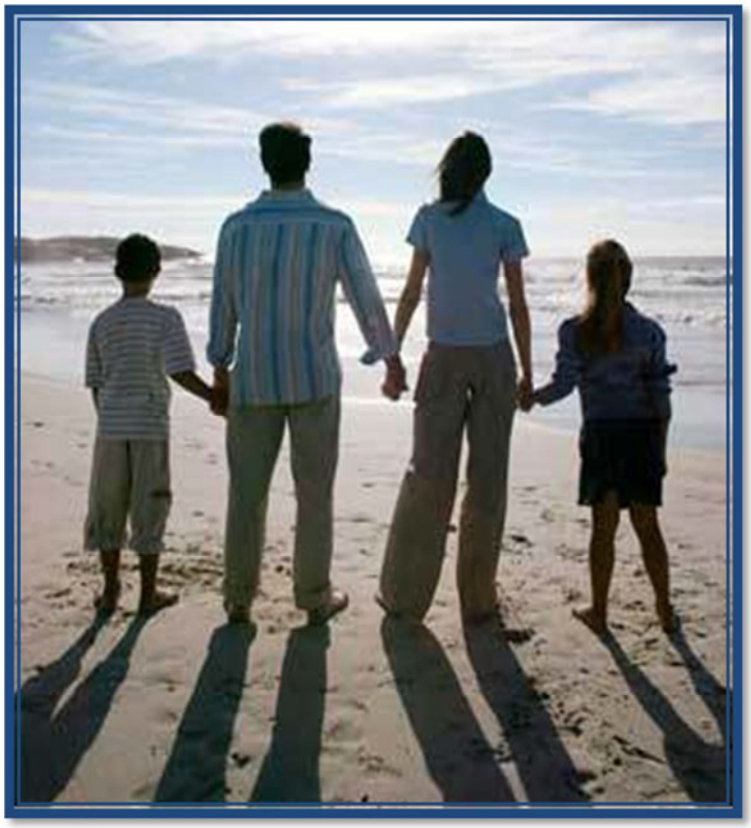
The challenges faced by the program over the last few years have been significant. In the past three years there has been nearly complete turnover of key leadership staff, primarily due to retirement. Efforts under the CCO to align services with Multnomah and Clackamas counties have resulted in significant workload increases and some loss of autonomy for Washington County in making independent decisions about program strategy and priorities. While many of the developments have been welcome, such as payment reform, the process has been difficult and has highlighted the complexity of a tri-county system of care.



Another significant challenge the program has faced is trying to plan and budget during a time of great change and little information. Enrollment in the Oregon Health Plan as a result of the Affordable Care Act (ACA) far exceeded anyone's expectation and the program has had difficulty meeting the service demands by this group. Washington County saw a rapid 50% increase in membership and the provider network was not able to expand fast enough to serve all the individuals requesting treatment. At the same time, the state

reduced general fund dollars supporting safety net services while providing new funding for specific services through competitive processes. Washington County successfully competed for and was awarded funding for three projects: jail diversion, crisis services expansion and suicide prevention. This variability of funding on both the OHP and State General Fund side has made system planning difficult.

Despite these challenges, the program has many strengths to build upon. We have strong relationships with our providers, the key to our system. The program has dedicated reserves which can be used to even out funding variability and provide seed money for new initiatives. In the past three years we have developed a strong partnership with local law enforcement, especially the Washington County Sheriff's Office, which has resulted in better service to our residents and enhanced support to our law enforcement partners. Washington County is being recognized statewide for some of the innovative services we've developed including the Mental Health Response Team (MHRT). Consistent with the County 2020 plan, prevention has been an area of focus. This includes suicide prevention activities, outreach activities through MHRT and the Mobile Crisis Team, and enhanced services to prevent higher level of care utilization. Washington County's suicide rate remains high, reinforcing our need to focus in this area. Finally, the program has strong, dedicated and competent staff who demonstrate the values of Washington County. The team embraced this process as a way to ensure we are meeting the needs of our community.



Values:

As the program staff began to outline the strategic planning process, they developed some guiding principles for the organization. They include:

- Programs and initiatives should only be funded using appropriate funding sources and percentages relative to the population served.
- New initiatives should only be funded when there is confidence in sustainability.
- Cultural considerations should always be incorporated into initiatives and prioritized when engaging in planning processes.

- Opportunities to leverage funding from other sources such as the state should be capitalized upon whenever available.
- Prioritize strategies that have impact across multiple systems.
- Strategies using Medicaid funding and targeting Medicaid community members shall be implemented in collaboration with, or with feedback from, Health Share partners.

These principles will apply to all objectives and strategies that are outlined later in this document. The principles are intended to help shape how the program staff implements the priorities identified through this process.

Strategic Planning Process:

Our goal was to engage key stakeholders and receive feedback from a broad array of perspectives. We placed specific emphasis on consumer voice and partners such as law enforcement, social service agencies and behavioral health providers. The process began by identifying four areas of focus:

- Services that are missing or under-developed
- Barriers to providing comprehensive behavioral health services
- Strengths of our system to retain
- Partners with whom we need to develop stronger relationships

Feedback regarding these areas was collected by behavioral health program staff through a structured facilitation process in a number of existing meetings with staff, providers and system stakeholders. Meetings where this process occurred included the Washington County Behavioral Health Council, the Children's Executive Leadership Council, Children's Addictions Provider Meeting, the Rehab Consortium Meeting, the Suicide Prevention Council, the Washington County Emergency Mental Health Workgroup, as well as a variety of internal team meetings.

Information received through these meetings was sorted and compiled to create response categories for a survey. An online survey was then created using Survey Monkey. This survey included the response categories and also allowed for additional feedback if the responder felt their answer was not represented.

The survey was emailed to more than 150 individuals representing providers, law enforcement, consumer organizations, child welfare, CCOs, corrections, family members and county leadership. Survey recipients were encouraged to forward the survey on to any individual they felt would be in a position to provide feedback for our plan. Additional outreach was done with key community agencies, both providers and peer support organizations, requesting that they make the survey available to consumers and family

members. Recognizing that many consumers do not have ready access to computers, a paper version of the survey was created and distributed to several provider agencies, NAMI of Washington County and the Washington County Consumer Council. These paper versions were collected and entered into a database for analysis. Survey responses were collected for a four week period between December 18, 2014, and January 16, 2015.

Data Analysis:

Washington County received 207 responses, 150 online through the Survey Monkey website and 57 through paper versions of the surveys distributed to community agencies. A number of the paper versions (11) were completed incorrectly and therefore were not included in the quantitative analysis; however, if there were written comments these were included in the qualitative results. Overall, this resulted in the exclusion of five of the 57 paper surveys, less than 9% of the total. A total of 202 surveys were used for the final data analysis.

Results were evaluated by considering the overall number of responses supporting specific areas, additional comments provided by respondents, and through the use of data analysis to explore variations in responses by different stakeholder groups. This allowed us to review differences in priorities by populations; for example, we were able to explore where law enforcement had substantially different responses than behavioral health providers or consumers.

Top priorities identified in strategic planning process:

1. *Develop facility-based crisis stabilization services for individuals in crisis.*
2. *Improve access to low-barrier and affordable housing for individuals in mental health and addictions treatment.*
3. *Improve timely access to treatment services.*

Key Findings:

Through the data analysis, three distinct priority areas emerged. The need for facility-based crisis stabilization services was perceived as the greatest area in need of development. Housing for individuals with mental illness also emerged as a priority area. This was indicated by the number of individuals who selected one of three housing related categories (low barrier housing, supported housing and shelters) as areas for development. This was further supported by the responses in the category of partnerships to strengthen in which housing providers received the greatest percentage of responses. Finally, timely access to services was seen as the greatest barrier to providing comprehensive mental health and addictions services in Washington County.

In addition to identifying areas of development, the survey queried individuals as to their perception of the strengths of the behavioral health program that are important to retain. The crisis service system was the top priority and this was consistent across each respondent group. Another area of strength that was identified was the partnerships that the behavioral health program has established with other organizations serving.

As expected, there was some variation in priorities by the different response groups. For example, consumers supported an urgent walk-in center but also identified housing supports, services for individuals with Medicare and training for the community around mental health. Law enforcement had a clear priority of a crisis stabilization center but expressed only moderate support for increased housing options. Providers of behavioral health services selected low-barrier housing as their top priority but also noted the need for services and supports to transition age youth. Finally, family members supported crisis stabilization services and housing but also indicated a priority of training for the community, similar to consumers. These variations among the respondent groups can largely be attributed to the primary areas where they touch our system of care and their experiences in our community.

Despite these differences, overall there was clear support for the three areas described above by all of the larger response groups. Each of these three areas have profound impact on our system of care. Additionally, a responsive crisis system, available and affordable housing and rapid access to treatment are all hallmarks of best practices within a system of care. Each has downstream implications: safe affordable housing and rapid access to care can reduce crisis episodes while facility-based walk-in crisis services can avoid more costly inpatient care and reduce stress on local emergency rooms.

Other areas that received a lot of support from respondents included: improving relationships with primary care, maintaining good communication between the county and behavioral health providers, using collaborative decision-making processes and focusing on retention of quality, experienced staff at provider agencies. Respondents also noted transportation and access to shelters as areas that can be challenging. Both of these areas fall outside of the role of the behavioral health program but should be areas of advocacy as we work within the larger social services system.

Given the results of the survey, Washington County behavioral health program has identified the following priorities and objectives for the next five years:

Priority #1

Develop crisis stabilization services, specifically a facility-based program that is complimentary to existing crisis services

Short-Term Objectives:

1. Develop a workgroup with key stakeholders to identify, research and prioritize key operational issues of a crisis stabilization program including location, financing and program model. Ensure participation by key stakeholders including consumers, community mental health agencies, first responders, County administration and existing crisis service providers.
2. Develop strategies for communicating progress, issues identified and key decisions made to stakeholders including providers, elected officials, County administration and consumers.
3. Develop program model and implementation plan for County administration review and approval.

Long-Term Objectives:

1. If determined to be financially feasible and supported by County administration, establish a facility-based crisis stabilization program with ongoing funding sources that meets the needs of consumers, local hospitals, law enforcement and providers.
2. Develop outcome measures to monitor service quality, ensure the program meets the needs of the community and is managed in a fiscally prudent manner within available resources.

Priority #2

Improve access to low-barrier and affordable housing for individuals in mental health and addictions treatment.

Short-Term Objectives:

1. Prioritize unbudgeted Adult Mental Health Initiative funding for Supported Housing programs that are able to leverage 1915(i) funding from the state for primary service cost. Consider using fund balance for capital costs such as acquisition of property to be dedicated for supported housing. Target adding a minimum of 16 new supported housing units for individuals with a severe and persistent mental illness by the end of 2016.

2. Enhance partnership and collaboration between the behavioral health program and the Housing Department within Washington County. Identify opportunities for additional development of low income/low barrier housing for individuals receiving behavioral health services.

Long-Term Objectives:

1. Respond to competitive opportunities issued by the state for development of housing specifically for individuals in mental health or addictions services.
2. Participate in any state workgroups addressing housing issues for individuals receiving behavioral health services. Use these venues as opportunities to advocate for additional resources and attention in this area.
3. Ensure the needs of families are considered as housing is developed. Recognize that housing development should include units allowing children and other family members to cohabitate.

Priority #3

Improve timely access to treatment services

Short-Term Objectives: Identify and immediately address issues that are resulting in difficulty accessing behavioral health treatment in a timely manner.

1. Engage in a system scan to identify the services and population(s) with the greatest access issues.
2. Determine if access issues are within the scope of Washington County's service funding (i.e. are the services funded by Washington County vs. private insurers).
3. For services within Washington County's funding scope, identify service types that have the lowest percentage of intakes within two weeks of a service request. Work with contracted service providers to determine strategies to improve access. Strategies may include conducting an RFP to add additional service providers, providing funding to existing service providers to expand programs or developing incentive programs.
4. For services that are outside of Washington County's funding scope, engage in a process of bringing together providers, funders and consumers to collaboratively explore options to rapidly connect individuals to needed treatment.

Long-Term Objectives:

1. Develop strategies to rapidly and flexibly respond to changes in consumer demographics that will impact access to services.
2. Monitor access trends for OHP and General Funded individuals with a goal of 90% access within 14 days of requesting services on an ongoing basis.

Summary:

Given the complexity of our system, it was surprising to see such clear areas emerge as priorities for future development. Even with these clear priorities, there were other needs identified through this process that should not be ignored. For example, retention of staff within provider agencies, developing partnerships with primary care and training for the community around behavioral health issues were also ranked highly and contribute to a well-rounded program. It will be important for the behavioral health program to pursue funding should opportunities from the state present to expand or develop these areas. In addition, the behavioral health program will continue to need to find a balance of advocating for the needs of our local community members while operating in a system of care that is becoming increasingly regionalized in the tri-county area.

Appendix/Survey Results:

Question 1: What services and supports are missing or underdeveloped in Washington County?												
Item	# of Responses	% of total responses	Provider Agency	Provider Agency %	Consumer	Consumer %	NAMI/ Family Member	NAMI/ Family Member %	LE/ Community Justice	LE/ Community Justice %	Other	Other %
Services/supports for transition age youth	20	4.6%	10	7.9%	1	1.4%	-	0.0%	2	2.3%	18	7.4%
Housing Supports (e.g., in-home services) for people experiencing mental illness and/or addictions	32	7.3%	8	6.3%	7	10.0%	6	17.1%	3	3.4%	22	9.0%
A range of services (e.g., case management) for people with serious mental illness who have Medicare only insurance	23	5.2%	8	6.3%	7	10.0%	2	5.7%	-	0.0%	8	3.3%
An urgent walk-in center for outpatient mental health crisis stabilization	62	14.1%	10	7.9%	10	14.3%	4	11.4%	22	25.3%	27	11.1%
Training for the community and partners about behavioral health issues, resources, and how to access services	26	5.9%	3	2.4%	7	10.0%	4	11.4%	4	4.6%	10	4.1%
Treatment options for people with cognitive impairment	15	3.4%	6	4.8%	-	0.0%	-	0.0%	1	1.1%	10	4.1%
Low barrier housing for people with mental illness and addictions	39	8.9%	14	11.1%	5	7.1%	4	11.4%	6	6.9%	18	7.4%
Training for staff at provider agencies	8	1.8%	3	2.4%	-	0.0%	2	5.7%	1	1.1%	6	2.5%
Culturally specific treatment options	6	1.4%	3	2.4%	-	0.0%	1	2.9%	-	0.0%	8	3.3%
Public guardian services	3	0.7%	2	1.6%	-	0.0%	-	0.0%	1	1.1%	2	0.8%
Psychiatric stabilization services provided in a specially designed facility similar to a psychiatric emergency department	47	10.7%	10	7.9%	3	4.3%	5	14.3%	20	23.0%	20	8.2%
More languages spoken by provider agency staff	2	0.5%	2	1.6%	0	0.0%	0	0.0%	0	0.0%	5	2.0%
Accessible detoxification services for people with addictions	13	3.0%	5	4.0%	3	4.3%	1	2.9%	4	4.6%	2	0.8%
Residential addiction treatment for people experiencing mental illness/addictions	21	4.8%	6	4.8%	0	0.0%	2	5.7%	7	8.0%	17	7.0%
Range of behavioral health services specifically for older adults	6	1.4%	2	1.6%	1	1.4%	2	5.7%	0	0.0%	3	1.2%
More consumer drop-in sites that are geographically dispersed	16	3.6%	1	0.8%	7	10.0%	1	2.9%	4	4.6%	6	2.5%
Prevention programs, such as suicide prevention	9	2.1%	4	3.2%	2	2.9%	0	0.0%	0	0.0%	6	2.5%
Respite for children	12	2.7%	6	4.8%	1	1.4%	0	0.0%	0	0.0%	9	3.7%
Supported employment and other employment options	11	2.5%	1	0.8%	4	5.7%	0	0.0%	2	2.3%	8	3.3%
Crisis respite for adults	20	4.6%	10	7.9%	2	2.9%	1	2.9%	4	4.6%	5	2.0%
Shelters	24	5.5%	6	4.8%	4	5.7%	0	0.0%	5	5.7%	16	6.6%
Peer delivered services	8	1.8%	3	2.4%	2	2.9%	0	0.0%	0	0.0%	6	2.5%
Other Responses	16	3.6%	3	2.4%	4	5.7%	0	0.0%	1	1.1%	12	4.9%
Total Responses*	439	100%	126	100%	70	100%	35	100%	87	100%	244	100%

*Total responses exceed total number of survey responders because survey allowed for up to three reponses in each category.

Question 2: What are the greatest barriers to providing comprehensive behavioral health services?												
Item	Number of Responses	Percentage of total responses	Provider Agency	Provider Agency %	Consumer	Consumer %	NAMI/ Family Member	NAMI/ Family Member %	LE/ Community Justice	LE/ Community Justice %	Other	Other %
Lack of capacity for timely access to services	102	29.8%	33	30.0%	11	20.0%	6	20.0%	24	40.7%	54	29.2%
Retention of quality, experienced staff at provider agencies	75	21.9%	26	23.6%	14	25.5%	9	30.0%	11	18.6%	45	24.3%
Staff development to train agency staff	39	11.4%	9	8.2%	9	16.4%	6	20.0%	3	5.1%	21	11.4%
Older adults have barriers to engagement in services, including stigma and lack of specialized services	33	9.6%	10	9.1%	6	10.9%	3	10.0%	8	13.6%	13	7.0%
Lack of transportation options	41	12.0%	14	12.7%	9	16.4%	1	3.3%	5	8.5%	19	10.3%
Language and cultural barriers	24	7.0%	11	10.0%	4	7.3%	1	3.3%	1	1.7%	22	11.9%
Other Responses	28	8.2%	7	6.4%	2	3.6%	4	13.3%	7	11.9%	11	5.9%
Total Responses*	342	100%	110	100%	55	100%	30	100%	59	100%	185	100%

*Responses exceed total number of survey responders because survey allowed for up to three responses in each category.

Question 3: What are the greatest strengths of our system that are important to retain?												
Item	Number of Responses	Percentage of total responses	Provider Agency	Provider Agency %	Consumer	Consumer %	NAMI/ Family Member	NAMI/ Family Member %	LE/ Community Justice	LE/ Community Justice %	Other	Other %
Washington County Behavioral Health uses sound fiscal practices and management	28	8.2%	11	10.0%	7	13.2%	-	0.0%	2	2.9%	22	11.6%
Multiple community partnerships between the County and other organizations such as courts, schools, law enforcement and hospitals	63	18.4%	15	13.6%	6	11.3%	5	18.5%	19	27.1%	38	20.1%
Good communication between County and providers and partners	60	17.5%	18	16.4%	12	22.6%	4	14.8%	12	17.1%	26	13.8%
Wraparound and Intensive Service Array for children and families	32	9.4%	16	14.5%	4	7.5%	2	7.4%	4	5.7%	26	13.8%
Crisis services such as Mobile Crisis Team, Intensive Transition Team, Mental Health Response Team and Crisis Line	76	22.2%	20	18.2%	12	22.6%	7	25.9%	21	30.0%	36	19.0%
Collaborative decision making between County and providers	43	12.6%	19	17.3%	6	11.3%	2	7.4%	9	12.9%	21	11.1%
Strong provider network	27	7.9%	7	6.4%	4	7.5%	3	11.1%	3	4.3%	15	7.9%
Other Responses	13	3.8%	4	3.6%	2	3.8%	4	14.8%	-	0.0%	5	2.6%
Total Responses*	342	100%	110	100%	53	100%	27	100%	70	100%	189	100%

*Responses exceed total number of survey responders because survey allowed for up to three responses in each category.

Question 4: What organizations do we need to strengthen our partnership?												
Item	Number of Responses	Percentage of total responses	Provider Agency	Provider Agency %	Consumer	Consumer %	NAMI/ Family Member	NAMI/ Family Member %	LE/ Community Justice	LE/ Community Justice %	Other	Other %
Housing providers, such as landlords, subsidized housing and group homes	83	22.3%	26	23.4%	17	29.3%	9	26.5%	12	16.4%	42	20.7%
Law enforcement agencies	54	14.5%	8	7.2%	5	8.6%	8	23.5%	18	24.7%	23	11.3%
Primary care providers and clinics	70	18.8%	23	20.7%	11	19.0%	5	14.7%	9	12.3%	34	16.7%
Schools	34	9.1%	13	11.7%	5	8.6%	1	2.9%	6	8.2%	17	8.4%
Social service agencies, such as Community Action, Goodwill, food banks	38	10.2%	8	7.2%	12	20.7%	4	11.8%	5	6.8%	21	10.3%
Local business and Chamber of Commerce	9	2.4%	2	1.8%	1	1.7%	-	0.0%	4	5.5%	9	4.4%
Parks	4	1.1%	1	0.9%	1	1.7%	-	0.0%	-	0.0%	3	1.5%
Courts	22	5.9%	6	5.4%	-	0.0%	2	5.9%	11	15.1%	6	3.0%
Faith-based organizations	18	4.8%	7	6.3%	4	6.9%	1	2.9%	3	4.1%	15	7.4%
Organizations serving culturally specific populations	31	8.3%	15	13.5%	1	1.7%	3	8.8%	4	5.5%	24	11.8%
Other Responses	9	2.4%	2	1.8%	1	1.7%	1	2.9%	1	1.4%	9	4.4%
Total Responses*	372	100%	111	100%	58	100%	34	100%	73	100%	203	100%

*Responses exceed total number of survey responders because survey allowed for up to three responses in each category.

Other Responses (write-in answers):

Question 1: What services and supports are missing or underdeveloped in Washington County?

- Cash or help instantly for everyone
- Child/youth after school drop in center
- Classes for family members to learn/understand bipolar or other mental health issues and how they can be supportive
- Clean and sober housing
- Consistent provision of basic cultural supports!: interpretation, doc translation, broad training cultural best practice
- Crisis services for children and adolescents; integrated mental health and addictions services for adolescents; trauma-specific services for families
- Follow-through with services when the individual thinks they do not need support and stop participating in the program.
- Help with community involvement
- Homeless places for people that can't support themselves. Because if you're homeless it could be trauma time.
- I'm finding more and more that the MH options that are offered to customers with ID/DD are being discriminated against as far as options for MH. It's very contradicting to have your medical plan state these are your options and to contact the counseling agencies in the area only to hear them state "Our counselors won't/can't work with clients with autism or other ID/DD needs." What are the alternatives? Pay out of pocket? Another frustration is that some counseling agencies have websites that state specifically counselors that DO have experience with say autism however, we are still receiving feedback that we can't serve you. Any support or help in how to better support individuals with ID/DD is greatly needed because although one has a disability does not separate them from experiencing abuse, grievance issues, and many other mental health related issues.
- Meaningful integration of upstream prevention and treatment approaches
- More long term group home type housing. It's not good for people to live alone.
- Open more drop-in centers in the area! Please, we totally need more!
- People living with mental illness should all be taught coping tools and not just medicated.
- Police training re: excessive use of force
- Secure residential drug and alcohol treatment for adolescents

Question 2: What are the greatest barriers to providing comprehensive behavioral health services?

- All have barriers including stigma.
- Cities feel counties are responsible for services – partnerships for mental health and homeless are dependent on few nonprofits
- Collaborative communication between systems
- Commercial insurance barriers and poor coordination between systems
- Criminalization of many people with mental "illness"
- Folks in charge don't really care
- Funding providers to do more
- High case load sizes make it difficult for case managers to do needed outreach/ community-based treatment
- HIPAA laws are a barrier to helping adults
- Housing for the mentally ill.
- I am not able to afford transportation. Do you have any free options for me besides Tri-Met?
- Institutional and bureaucratic barriers – systems are hard to navigate for anyone
- Lack of awareness of the problem by the public
- Lack of community understanding of how to access services
- Lack of interagency coordination with partners serving the same community
- Lack of capacity, retention and staff development are all related to lack of resources. If funding was adequate, all of these issues would improve dramatically.
- Lack of leadership by the State in addressing these issues
- Lack of lodging or housing options for manic people
- Lack of on-site mental health supports for transition age youth living in shelter
- Lack of peer partners to support, model, and guide individuals & families through complex system(s)
- Lack of therapy services available to individuals with I/DD
- Lack of training and educating the community
- Level of care criteria limits access to TAY programs
- Mental Health Crisis Center
- My eyes are going double and I have retina issues. My eyes need glasses to correct my vision. County should have funds for these kinds of situations.
- Not enough staff
- Private insurance doesn't cover enough treatment
- Staffing of trained people
- Too much documentation/system requirements that change too frequently
- Transportation other than Tri-Met
- Weekend or 7d/wk services

Question 3: What are the greatest strengths of our system that are important to retain?

- Be nice
- Case managers are great and Dr. Stanley is very knowledgeable at what he does.
- Friendly and supportive caseworkers that truly try to help people. And are concerned about clients well-being
- Have not seen any strengths yet
- Lousy community partners are a big problem, right hand doesn't know what the left is doing
- Multiple provider options
- NAMI (2)
- None of the above
- TAYIS
- Think the "system" needs a major overhaul; services are not available; people are neglected until a crisis, then criminalized and punished instead of helped or healed
- Wraparound services for persons releasing from jail/prison
- Youth, parent and adult peers! Employed and/or stipend participation. Full/equal partnership at all levels

Question 4: What organizations do we need to strengthen our partnership?

- ADS, DD
- Any orgs that provide alternatives to incarceration
- City government
- Community college
- EMS and Fire Services partners
- Hospitals, commercial insurance companies
- KAISER
- Mental health provider options
- More foster placements
- More money needs to be made available to drop-ins to develop peer services.
- Organizations/agencies serving I/DD population
- Strengthen your partnership and understanding of serving adults with ID/DD
- Youth, caregivers, adults who know the realities of the system(s) who can speak to needs and join as equal partners to become part of the solution.