

MENTAL HEALTH SERVICES (AI Levine, Program Manager)

Outpatient Mental Health Clinic

Adult Services: This past fiscal year has seen some changes in outpatient clinic services. The Adult Services component is now being supervised by Walter Rosenthal. The clinic continues to serve large numbers of clients without returning to former staffing patterns. Access and enrollment data suggests that increasing numbers of uninsured Lane County citizens are seeking services through county programs. There has been a steady rise in enrollment since November of 2006. The clinic is currently serving 1000 adults at any given time, and now needs to narrow the eligibility requirements in order to carefully regulate the flow into the clinic, primarily limiting access to those consumers who are at the highest risk of hospitalization, or who are coming out of the hospital, needing to access outpatient services. With the uncertainty of the budget for the '07-'08 fiscal year, Mental Health is hesitant to make any additions to the staff, though is fairly confident that they will not have to make any personnel cuts either. As with prior years, the clinic intends to proceed slowly and carefully in order to continue to meet as much of the demand as is reasonable.

Mental Health has contracted out more than \$200,000 in funding to the adult serving mental health agencies to increase their capacity to serve clients who lack Oregon Health Plan. This may not continue into the new fiscal year, given the uncertainty about the amount of funding available for this purpose.

Mental Health has enhanced clinical development with regular in-service and on-site trainings for the clinical staff, and has hired the first consumer staff person, serving as a Community Service Worker. He will be able to provide much needed consumer-centric support to consumers out in the community. The goal is to increase skills and resources for consumers, so that they will depend less on the county system, thereby freeing up Mental Health Specialists to work with incoming consumers needing more intensive and frequent services. The program is actively seeking "alternative" treatments to the traditional psychiatry medical model, as a result of increasing requests in the community.

The adult program continues to run 11 groups, with the most recent additions being a tobacco cessation group and a wellness group, a "hands-on" group focusing on diet and nutrition skill building.

As part of the ongoing implementation of Evidenced Based Practices (EBP), Mental Health is primarily employing Motivational Interviewing and Cognitive Therapy for Psychosis. These two treatment models satisfy the State's requirement for implementing EBPs.

Ron Hjelm continues to provide guidance on the accounts receivable process by providing process improvements and administrative support in the tracking and capturing of much needed revenue.

Child and Adolescent Services: The program continues to provide rapid access and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric disorders. The average monthly enrollment in outpatient services is 350 children/youth/families. In the current 06-07 Fiscal Year Mental Health has enrolled 170 new children and will serve 500+ children annually. In addition Lane County Mental Health is an Intensive Community Treatment Service (ICTS) provider and averages 27 children/youth per month in ICTS services. LCMH and LaneCare are mutual gatekeepers of publicly funded psychiatric residential treatment programs and extended hospital care with LCMH providing Level of Need Determination and Care Coordination services to community kids and families who are not OHP eligible (uninsured or underinsured) and require access to high levels of state funded care. 76% of LCMH ICTS referrals are community children/youth who may or may not have access to OHP. In addition to gate-keeping and coordinating care LCMH facilitates the child and family team meetings and in partnership with parents/legal guardians develops comprehensive service coordination care plans with our system partners including child welfare, special education, juvenile justice, primary care, developmental disabilities, etc. On 3/27/07 the Governor signed an Executive Order (#07-04) shifting the (Mental Health) Children's System Change Initiative into a state-wide Children's Wraparound Project directing the highest levels of state government to participate in system reform in the care and delivery of services to Oregon's most vulnerable children with mental health and psychiatric needs. LCMH Child and Adolescent Program will be an active participant in such system reform.

In addition to gate-keeping and coordinating high levels of care LCMH Child Program conducts or provides comprehensive mental health evaluations, crisis evaluations, psychiatric assessments, psychiatric medication management, clinical case management, community consultation, screening and referral, individual, play and art therapy, family therapy, group therapy including evidence based Dialectical Behavior Therapy for adolescents engaged in self-harm behaviors. We are developing a contractual relationship with Siletz Tribal Headstart Program in Springfield offering mental health consultation, observation, parent education and training, referral and treatment of preschool age children and their families. Members of the LCMH Child Team participate on the Lane County Suicide Prevention Steering Committee, Family Advisory Committee, Juvenile Subcommittee of the Public Safety Coordinating Council and chair the Lane County Oregon State Hospital Coordinating Committee.

Residential Programs

Lane County Mental Health continues to provide mental health services at three residential programs.

The Summit Residential North program (previously know as the Paul Wilson Home) located at 525 S. 57th Place, Springfield is operated in conjunction with Elder Health and Living. Elder Health and Living (EHL) provides the residential care services (e.g., food services, medical care) and LCMH staff provide mental health services to the residents. This 10-bed facility is a secure, residential treatment center for individuals with severe and persistent mental illness who are in need of placement from state psychiatric hospitals. The Summit Residential North program tends to run at capacity throughout the year. The mental health services that are provided to the residents are Medicaid covered services and are billed to the state Office of Medical Assistance Programs of on a Fee-For-Services basis.

The Summit Residential South program (previously known as the Bender Home) located at 622 S. 57th Place, Springfield is another joint venture between LCMH and EHL. This home is a four person home designed to serve a particularly difficult population of women with complex mental health and physical health conditions, as well as challenging behaviors who have spent long stays in the State Hospital. The residents of this program are targeted to be Lane County residents who are returning to the county after a lengthy period of hospitalization at a State Hospital. This program has now been operating several years and has proven very successful in maintaining very challenging residents in the community avoiding costly stays at a State Hospital. Like Summit Residential North, these mental health services are covered by Medicaid on a Fee-For-Service basis with service charges billed to the Office of Medical Assistance Programs.

The Enhanced Care Facility (ECF) is located at 622 N. Cloverleaf Loop, Springfield, Oregon. This program is operated in conjunction with Gateway Living incorporated. The ECF is a secure, 16-bed, co-ed residential facility for individuals who have a severe and persistent mental illness as well as a significant medical condition. This facility replicates a home-like environment with support from both mental health staff and nursing care staff. Gateway Living provides the residential and medical care services and LCMH staff provides mental health services. Most placements come from state psychiatric hospitals or other ECF programs around the state. LCMH is reimbursed a fixed daily rate by the Addictions and Mental Health Division. A fiscal challenge is presented with maintaining LCMH as a provider of mental health services at the ECF. A combination of annual increases in budget expenses and a fixed daily rate per resident is moving this program into a deficit spending mode. At this point in time, LCMH is examining the possibility of the mental health services at the ECF being provided by another community agency.

The ECF program has an after-care component to assists the residents to transition into more integrated community placements as their skill and independence allows. This Enhanced Care Outreach Services (ECOS) program is operated by LCMH staff and currently serves a census that varies between six to eight individuals. The ECOS services have been very instrumental in keeping individuals with severe mental disorders in community placements avoiding higher cost institutional placements.

Acute Care Services

As reported in the past few Board of Health Reports, with the closure of the Lane County Psychiatric Hospital, the County, in cooperation with PeaceHealth, OMHAS and other system stakeholders did create the Transition Team. This Team is modeled after a number of very successful programs in other states and is considered an evidence based practice, and will provide for a better overall level of service to individuals either coming out of the hospital or being diverted from an admission. The Team works with these individuals for 8-12 weeks until they can be transitioned into whatever their ongoing care would need to be (back to primary care, less intensive services through another provider agency, or to Lane County Mental Health's outpatient clinic). The Team consists of three QMHP level (Master's or above) clinicians (contributed by PeaceHealth as in kind support to this program), two QMHA level staff paid for by LaneCare and hired by PeaceHealth, a psychiatrist (Dr. Paul Helms, former Medical Director of LCPH), and a business support staff and clinical supervision provided by the County. We contract with three or four community providers to provide mobile crisis support, in home services, linkage to peer supports. These providers have had funding added to their existing contracts so they can have adequate capacity to serve Transition Team clients, who will, for the most part, be indigent. The team did expand its staffing with LaneCare funding to begin serving LaneCare members who have impacted the hospital system. The Team is housed at the LCMH clinic. Lane County Mental Health has added additional psychiatric time and business support to the team, funded as well by LaneCare.

A planned annual review of how the Transition Team has done in meeting its mission has been undertaken, and preliminary analysis seems to indicate that they are providing a high quality and effective service to the target population. The average time of Transition Team involvement is ten weeks, and they have successfully prevented most of the clients served from needing to be readmitted to the hospital. At the present rate, Transition Team will serve around 130 clients in the current fiscal year. Data indicates that transition team has reduced inpatient days for the clients it serves by an average of 1.5 beds per day for an entire year. That translates to almost 550 bed days saved, and since this team has been targeting primarily indigent clients, that is a considerable savings to PeaceHealth in non-reimbursed care and thus has resulted in a continued commitment from PeaceHealth to remain in partnership in this successful venture with their contribution of the costs of 3 QMHP staff (over \$200,000). An analysis is underway to evaluate the effectiveness of the Transition Team's efforts with LaneCare clients. Results should be available soon.

With the closure of LCPH, the County again became financially responsible for the costs of indigent County residents placed on emergency psychiatric holds (this has always been the case, but Lane County had a gentler person's agreement with PeaceHealth that the County would not be charged for such patients on the Johnson Unit as long as LCPH remained operational). Mental Health has negotiated a reasonable "cap" on such

reimbursements with PeaceHealth that will allow Lane County to be able to budget funding for the Transition Team and other alternatives in the next fiscal year. Obviously Lane County would continue to be financially responsible for any such costs incurred in out of area hospitals when the local beds are full, as well as transport costs. Clearly it is critical that this Team be successful in keeping local beds available and out of area admits to a minimum. Since the closure of LCPH (March 31, 2004), Lane County has seen a dramatic increase in out of area admissions. If anything, that trend has continued and has the potential to get worse as there are threats of closure of additional beds across the state, which will further add to the acute care bed crunch statewide and the likelihood that Sacred Heart's Johnson Unit will be full most of the time. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have had to increase our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels. In addition, we have learned recently that Lane County receives the lowest funding Regional Acute Care dollars per capita of any County in the state. Discussions are underway with the Addictions and Mental Health Division of the State to correct this significant inequity. We have received some assurances that it is the State's intent to correct this inequity in the FY07/08 budget.

A final area of significant planning and development is for crisis system enhancements to help create alternatives to expensive inpatient care and to allow earlier intervention where possible. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased State crisis funds provided by OMHAS and LaneCare reinvestment funds. This program has now been in operation for over a year, and is proving to be well utilized and highly effective in reducing referrals to area emergency rooms and in resolving crises at an earlier point than previously possible. A one year evaluation report was prepared and distributed which highlights the accomplishments of this program, compares the program favorably to nationally recognized best practice guidelines, and does this at a fraction of what similar programs have cost in other states. Planning is currently underway for ways of enhancing the adult crisis system. The program has essentially given up on expanding CAHOOTS at this time, and we are focusing our efforts on developing some urgent care psychiatry hours, as well as developing some additional respite and step down beds. Much of the discussion of new crisis resources is currently on hold pending greater clarity around budgets for FY 07/08.