
Addictions and Mental Health Division (AMH) Children's Mental Health Services March 14-16, 2011

Mental Health Services Overview

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ADDICTIONS AND MENTAL HEALTH DIVISION

Children's mental health: Overview

- Identify and respond to needs as early as possible
- Treatment and supports are effective and coordinated
- Respond to a child's unique behavioral concerns
- Youth and family-driven
- Create a system that allows for meaningful transition to adult life
- Integrate services and supports across child-serving systems
- Enable children to be at home, in school, out of trouble and to have friends

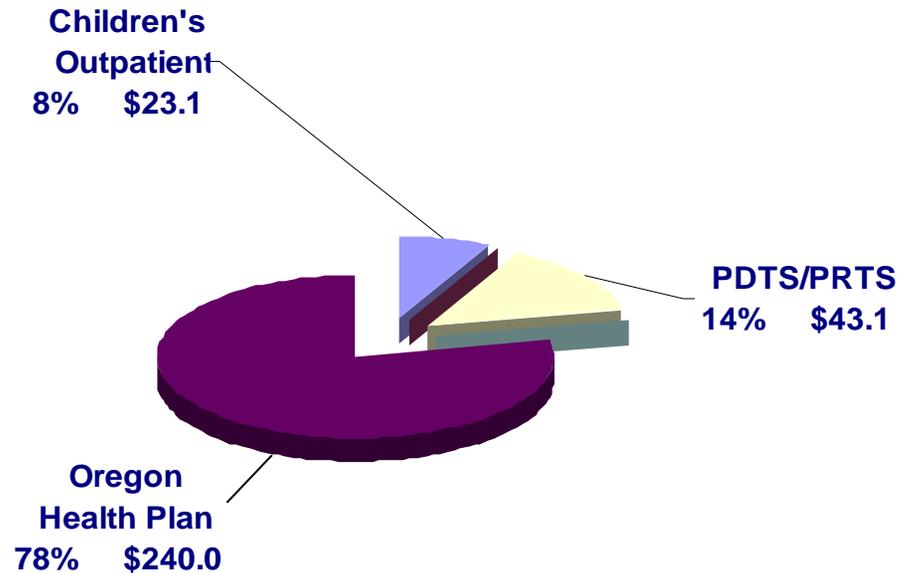
Children's mental health: Structure

- Nine contracted Oregon Health Plan Mental Health Organizations (MHOs)
- 32 Community Mental Health Programs (CMHPs)
- Facility-based non-profit providers
 - Psychiatric Residential Treatment: 6 contractors
 - Psychiatric Day Treatment Services: 13 contractors
- Secure Children's Inpatient Program:
 - Services for 12 children
- Secure Adolescent Inpatient Program
 - Services for 12 adolescents referred through the mental health system
 - Services for 14 adolescents referred through the juvenile justice system

Children's mental health: Budget

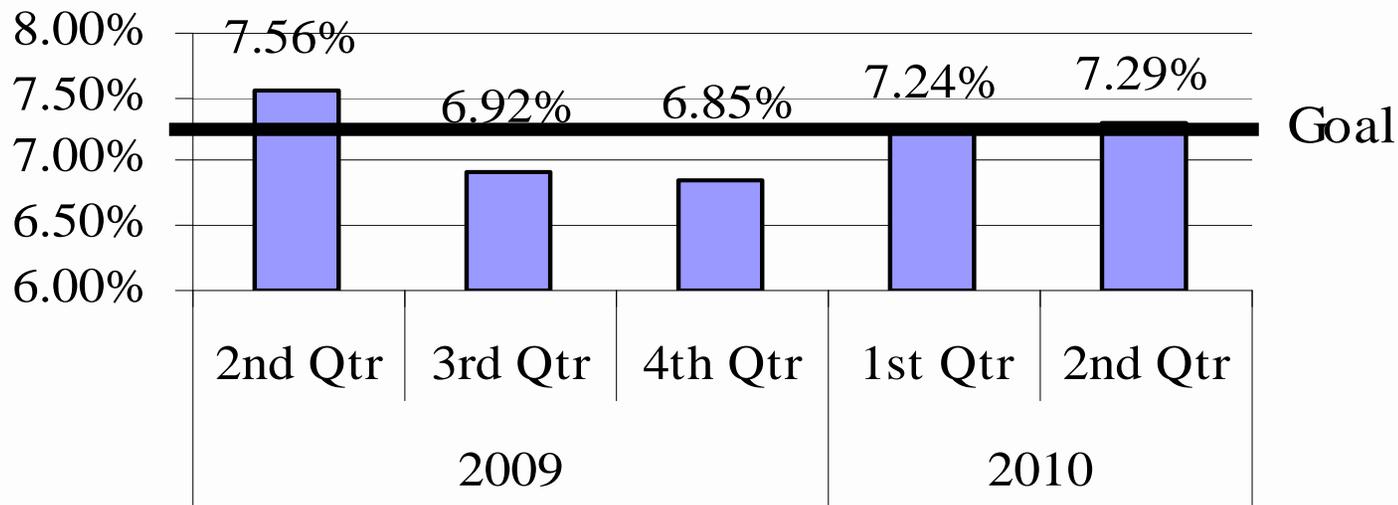
December 2010 rebalance – \$306.1 Total Funds

(dollars in millions)



Children's mental health: Eligibility

Children eligible for Medicaid can receive services



Children's mental health: Innovations

- Children's System Change Initiative (CSCI)
- Statewide Children's Wraparound Initiative
- Role of Families and Youth
- Early Assessment and Support Alliance (EASA)
- Parent Child Interaction Therapy
- Collaborative Problem Solving
- Trauma Academy
- Young Adults in Transition
- Secure Children's Inpatient Program (SCIP)
- Secure Adolescent Inpatient Program (SAIP)

Children's System Change Initiative (CSCI)

- 2005 - all children's mental health services under Medicaid into Mental Health Organizations (MHO) for a single point of accountability
- In 2008-2009, 3,226 children were served in the Integrated Service Array (ISA). 91.6% of these children were served in the community compared to 58% of children served through the ISA being served in the community in the last biennium, a **33.6% increase**
- Child and family teams, service coordination plans, system and clinical care coordination
- Changed the role of families and youth in the system
- Children are identified, receive the services and supports they need, facility-based care has been reduced, more children are being served, increased multiple system coordination and a broader array of effective and less costly services and supports exist

Children's mental health services

- Children who need mental health services and supports are served in their local communities
- CSCI fundamentally changed the services children and their families receive:
 - During 2009, 98 percent of all the children were served in a community setting rather than in facility-based settings, a **9.2% increase** since 2007
 - The number of children served in Psychiatric Day Treatment settings decreased by 32.6 percent during the last biennium
 - The number of children served in Psychiatric Residential Treatment settings decreased by 24.5 percent during the last biennium
 - The number and types of community mental health services increased

Family Satisfaction

- 79% of families felt they were appropriately involved and 68% felt services were appropriate on the 2010 Youth Services Survey
- Families rated the willingness and ability of the mental health system and other child serving systems to coordinate services and supports. Satisfaction ratings ranged from 79% with Alcohol and Drug treatment system to 94% with Physical Healthcare system
- Families must coordinate with multiple systems. 43% of families had to coordinate with two or more systems, and 19% with three or more systems, in addition to mental health, for their children's services

Family and Youth Involvement

- Since October 2005 when the Children's System Change Initiative was launched:
 - **116** family members have trained to participate on advisory councils, planning and work groups
 - **26** youth and young adults have received youth developed training to participate on advisory councils, planning and work groups
 - **51** family members and **14** youth/young adults are involved in advisory councils at the local, regional and state levels
 - **38** family members are employed and **126** volunteer on a regular basis at the local or regional levels
 - YouthM.O.V.E. Oregon (statewide young adult run organization) employs **6** persons. **72** persons volunteer with YouthM.O.V.E., with **28** of those serving actively. The remaining **44** serve on community projects on a monthly basis

Statewide Children's Wraparound Initiative (SCWI)

- HB 2144 passed in the 2009 Legislative Session. The first phase of the SCWI was implemented in July 2010 by three demonstration sites that serve 300 children
- Rogue Valley Wraparound (Jackson and Josephine), MV WRAP (Marion, Polk, Yamhill, Linn, Tillamook), and Washington County Wraparound (Washington)
- The phase one population is children in the custody of child welfare who have multiple placement moves and have an intensive level of service need
- Implementing high fidelity Wraparound
- Established cross policy, service, and financial accountability for children in custody of DHS within OHA
- Ensures children in custody of DHS will have focused governance and service infrastructure to meet their behavioral health needs

Statewide Children's Wraparound Initiative: Positive feedback from education and other child-serving systems

- “I’m seeing more benefit from this program than I have from other programs or relationships I’ve had with County Mental Health over the last 10 years.... It’s very interactive with the parents and the school and the kids. If there’s any way of maintaining this program ...it’s working.”
- “There are other examples where providers, schools, shelters, etc., have said that they are willing to look at creative and outside-the-norm solutions specifically because a child has a wraparound team.”

Statewide Children’s Wraparound Initiative: Outcomes and Indicators¹

Indicator	Entry value	Value at 90 Days after entry * = in past 30 days	Difference
Current residences	39% of the children were in a long term placement	47% of the children were in a long term placement	8 percent
with biological/ adoptive parent	9% of the children	18 % of the children	9 percent
Academic performance	42% producing school work of acceptable quality for their ability level*	52% producing school work of acceptable quality for their ability level*	10 percent
Risk of Harm to self	74% with no self-harm*	84% with no self-harm*	10 percent
Risk of Harm to others	76% with no harm to others*	89% with no harm to others*	13 percent

¹ Data from web based Wraparound Progress Review System 7/10 through 2/11
Addictions and Mental Health Division

Statewide Children’s Wraparound Initiative: Outcomes and indicators¹

Indicator	Entry value	Value at 90 days after entry * = in past 30 days	Difference
Risk or history of running away	88% no incidences*	94% with no incidences*	6 percent
Risk or history for delinquency	83% with no incidences*	92% with no incidences*	9 percent
Substance use	85% no evidence of substance abuse*	90% with no evidence of substance abuse*	5 percent
Care giver supports	58% rated supports adequate or excellent	78% rated supports adequate or excellent	20 percent
Estimate of progress:	N/A	45% of the children were rated improved	45 percent
Behavioral and Emotional Rating Scale (BERS-2)	most in this group rated poor or below average relative to their peers with emotional disorders	Data not yet analyzed	

¹ Data from web based Wraparound Progress Review System 7/10 through 2/11

Statewide Children's Wraparound Initiative: Care coordination results

- The Wraparound team helped the family transition to a home of their own and worked with the mother and her ex-husband to create a custody and visitation agreement for their two sons. Within 3 months outpatient services were able to be reduced once weekly
- DHS was able to close their dependency case within five months of Wraparound becoming involved
- Charles' father is now involved with the team (after much initial reluctance) and making steps to improve his life
- Mother is remaining clean and sober and recently found work through the DHS Jobs program
- Charles is doing excellently at school, is able to sleep without trouble at night, and is getting along with all of his family members—something unthinkable six months ago

Statewide Children's Wraparound Initiative: A family moves from severe crisis to become system advocates

- Family entered Wraparound demonstration in September 2010 in severe crisis: homeless, DHS involved, unemployed, child in and out of high level care
- Since then, both parents are employed, housing options are being explored and a budget is in place to support the transition. Crises have been reduced to 1x per month (from almost daily calls to police, case worker etc.)
- Recently, family held own meeting and created a plan which they proudly shared at their Wraparound team meeting: several family activities each week, one-on-one time together, and a weekly reflection time on strengths and needs
- Two family members, one parent and one older youth, have expressed interest in serving others as they have been served, and will join the table as family representatives

Parent Child Interaction Therapy (PCIT)

- Jackson, Marion, Washington, and Yamhill counties are implementing this evidence-based practice
- Established a local and statewide training program including training for therapists from cultural, ethnic or linguistic communities
- Served 425 children and families within two years
- Increase in
 - mutual enjoyment and appreciation of the parent-child relationship
 - child compliance with parental direction
 - child safety and decreased risk for abuse in families
- Generalizes to other settings and other individuals; effective for both biological and foster parents
- Cost of a complete program is estimated at \$1,296 per child
- The monetary benefits of PCIT, within the seven areas of crime, substance abuse, educational outcomes, teen pregnancy, teenage suicide attempts, child abuse/neglect, and domestic violence, were measured at \$4,724 per child—a cost offset of nearly \$3,500

Parent Child Interaction Therapy:

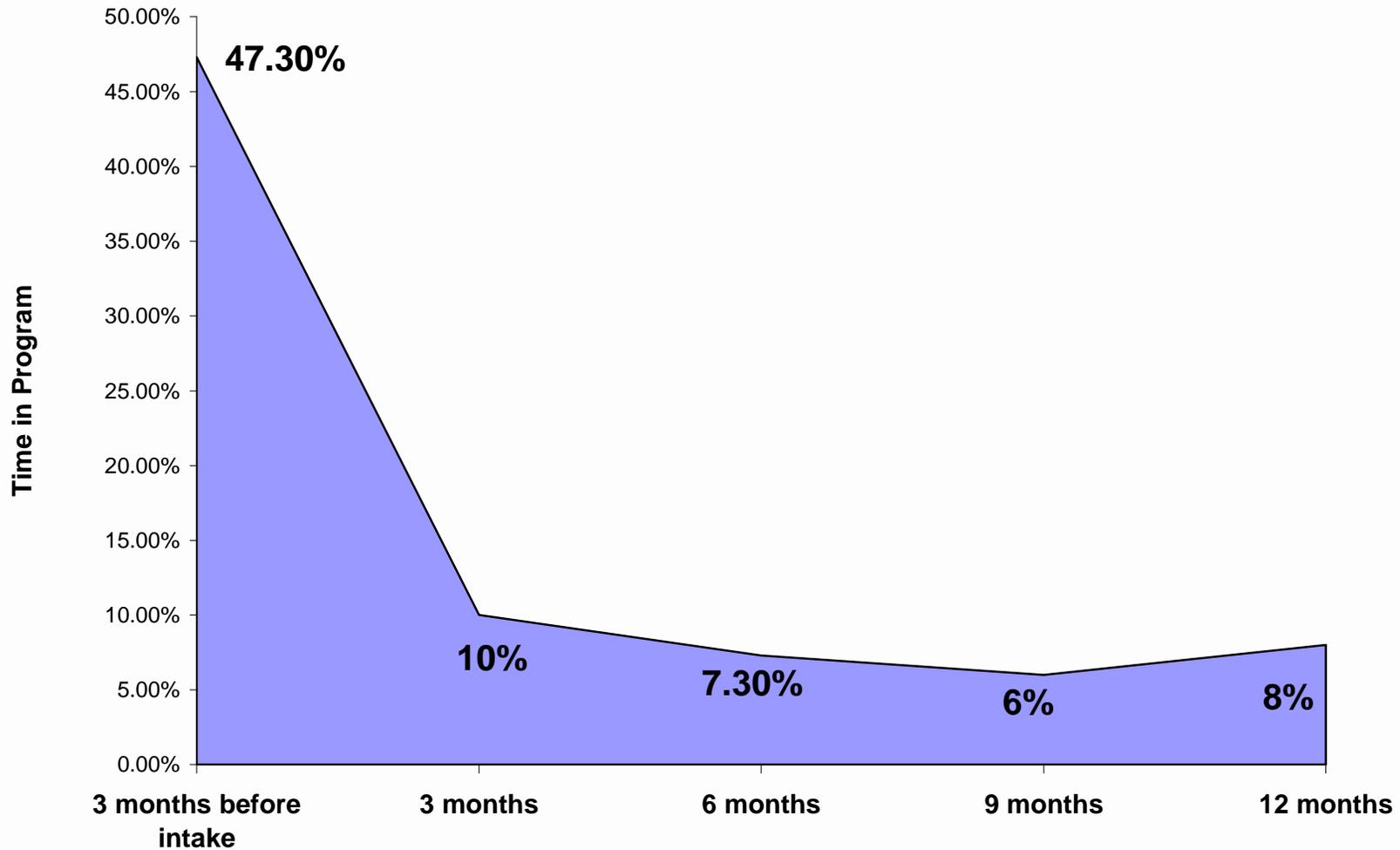
One family's success story

- Mother unable to work due to challenges in finding safe child care for her 4 year old son with very low level of impulse control
- Child was loud, grabbed other children's toys while they were playing with them, had verbal outbursts, physically ran around and into therapist's offices, would run out of the therapy room, laughing and smiling, with an adult in pursuit
- Incentives were needed simply to help him wait in the waiting room until the therapy session began. Environmental controls were needed to contain him
- In final PCIT session, the mother gave him 15 direct commands, and he complied with every one of them
- Currently, this child is attending preschool and has a best friend who comes over to play on the weekend.
- Mother has begun applying for jobs

Early Assessment and Support Alliance

- The Early Assessment and Support Alliance (EASA) initiative identifies young people in the early stages of schizophrenia and other psychotic disorders and ensures that they and their families have the proper resources to effectively deal with the illness. EASA currently serves 16 counties, home to 60% of Oregonians.
- From January 2008 through December 2010
 - 1,200 referrals were made to the programs
 - 425 individuals and families were accepted into ongoing services
 - The remaining 775 received case management and support services
 - 28% of those served are under age 18
- Outcomes:
 - **79% reduction in hospitalizations for an average yearly savings of \$1,611,000.** This number is based on a single admission per year, but it is common to see at least two to three hospitalizations for those going without treatment.
 - Increased employment (33% at nine months. vs. 19% at intake)
 - Dramatic decrease in arrest or incarceration in first three months of service compared with three previous months (13% to 1.9%)

Percent of EASA Clients Hospitalized by Time in Program EASA Clients in Service 12 Months (n=150)



Early Assessment and Support Alliance: A graduate speaks

- At the time that Ted was referred to EASA, he had started at a local college but had to drop out because of a psychotic break.
- As his illness progressed, he became increasingly incoherent and upset, and more and more isolated from his friends and family.
- His family began to fear for his safety and referred him to an EASA site. EASA provided him and his family with a combination of medical care, counseling, case management, occupational therapy and vocational support.
- As things stabilized for Ted he began to show an interest in the medical field, so the team built a support plan around pursuing a nursing degree.
- Ted recently completed his RN and now currently works for a major healthcare provider as a full time nurse.

Young Adults in Transition

- Young adults between the ages of 14 and 25 face multiple system barriers
- These barriers make it difficult for them to seek and continue with treatment for mental health issues
- AMH has focused on looking at structural, administrative, financial and clinical barriers to developmentally appropriate services
- Supporting young adults in achievement of their goals sets them on a path to independent living and the ability to manage their lives free from the need for long term care

Young Adults in Transition

- Administrative rule and contract language support an age-appropriate system of services and support the integration of supportive housing and supportive employment services tailored to young adults
- AMH partners with YouthM.O.V.E. Oregon for leadership development, expansion of peer delivered services, and training of young people
- Numerous communities across Oregon employ a young adult system specialist who has mobilized the community to develop specialized services
- A nationally unique program opened in 2010 that provides active psychiatric treatment and independent living skills for 12 young adults as an alternative to the Oregon State Hospital. An additional supportive treatment program is scheduled to open in April 2011
- On a daily basis there are at least 27 young adults receiving age-specific residential treatment and support services

Young Adults in Transition: Joe's story

- Joe entered Wraparound while in residential treatment following two unsuccessful BRS placements, three suicide attempts, three lengthy hospitalizations and a stay at the Douglas County Shelter—all within the previous 6 months, and just prior to his 18th birthday
- Joe created a vision for himself that included getting to know his father after not seeing him for the past ten years, moving into a foster home, getting his GED, finding employment and ultimately living independently. Within two months of entry into Wraparound he was living in a foster home he had helped choose, learning to regulate his emotions through outpatient therapy, having meaningful and enjoyable visits with his father, and volunteering 16 hours a week
- Joe has completed his GED and is enrolling at Portland Community College, and looking for paid work
- Joe and his father have formed a positive and powerful father/son bond and are considering having Joe move into the father's home

Young Adults in Transition:

A high risk youth is diverted from dropping out of school

- A 17 year-old young man served in system for over four years without progress, condition worsening prior to Wraparound
- Family in acute crisis related to poverty and housing
- Issues of cultural competency were well addressed by Wraparound through bilingual family partner and therapy in native language
- Wraparound was able to assist with social integration whereas prior treatment model could not

Collaborative Problem Solving (CPS)

- Launched in November 2007
- Endorses the philosophy of “*Children do well if they can,*” instead of children do well “*only if they want to*”
- The treatment of children with emotional disorders has changed from one of punishment-and-reward to one of identifying lagging skills children may be struggling with and helping them gain those skills
- In three years, CPS has grown from two sites to approximately 27 child-serving sites and 33 family-driven teaching groups
- Participants report significant improvement in staff morale. In one psychiatric residential treatment services program, restraints have decreased from 94 in a month to four; seclusions have decreased from 34 to two; aggressive behaviors have decreased from 103 incidents to 12
- Similar outcomes are reported in school settings and day treatment programs. Families report that their children would not have been able to remain safely in the home without the skills they have learned through CPS

Collaborative problem solving: Care coordination at work

- “My first introduction to Charles, age 9, was with his mother at the group home where she was getting support for maintaining sobriety. Charles was in the driveway spraying water from a hose into the car window. When his mother desperately implored him to stop he ran into the street and hid from her in a neighbor’s yard.”
- Charles’ mother shared that she was “completely done” and needed him to move to foster care if she was going to maintain her sobriety, care for her other two children and move forward in her life
- Charles’ care coordinator successfully convinced her to hold on until a team meeting could be set up. At the team meeting, the team recognized that Charles’ behavior had escalated and they increased his outpatient services to 2x weekly, scheduled a psychiatric review and brought in a mentor to work with Charles once per week
- The team met again two weeks later. The mother reported she and her boyfriend were greatly benefiting from the increased time spent learning **Collaborative Problem Solving (CPS)** with the therapist. They could see CPS was helping Charles

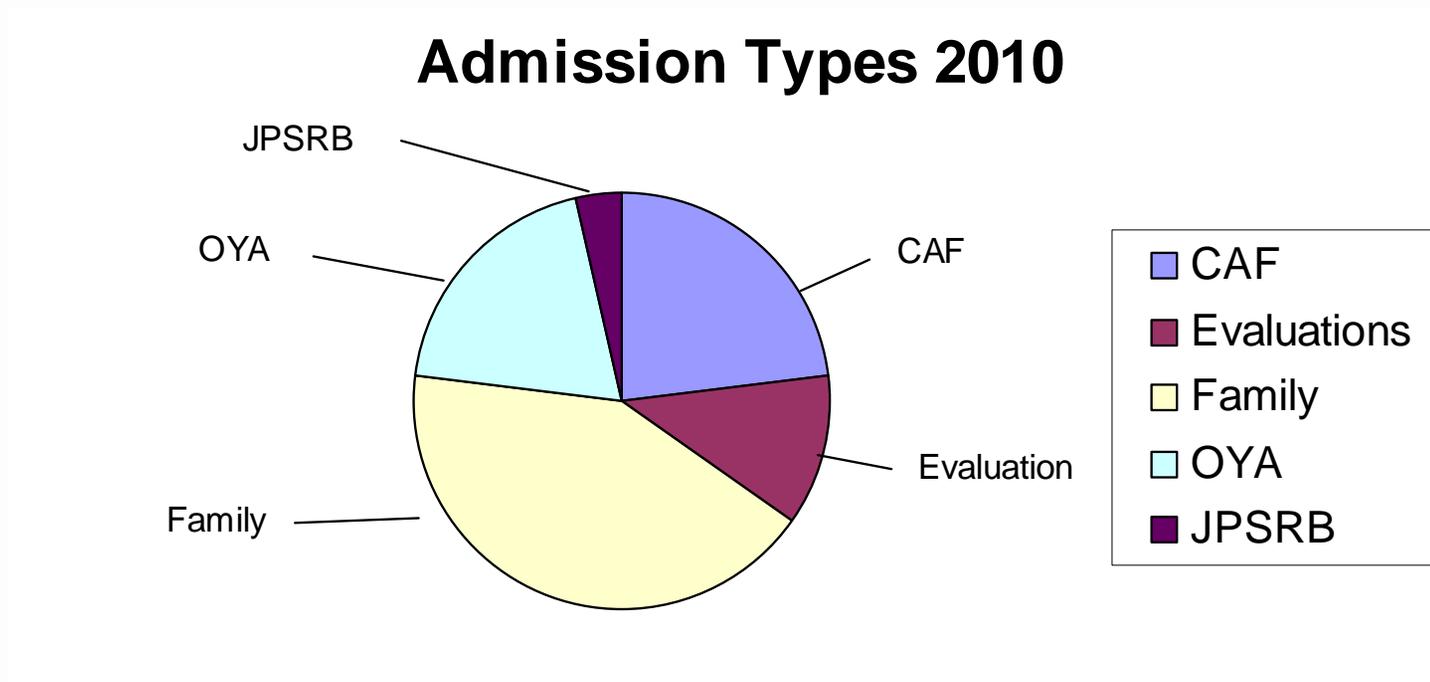
Trauma Informed Care

- The Neurosequential Model of Therapeutics (NMT) considers the developmental needs of the child during the time of the trauma and provides for assessment and necessary interventions that lessen risks of emotional disorders for abused and neglected children as they develop
- AMH began work with the Child Trauma Academy in September, 2010. Eight pilot sites are operative, including two tribal sites. Participants include crisis nurseries, education, mental health, juvenile justice and public health and multiple mental health providers. Over 60% of the state is participating in this project
- Child-serving agencies are developing an understanding of the developmental needs of the traumatized child and the importance of early intervention and treatment. Early intervention and treatment is critical to mitigating the risk of long term mental health problems for these children

Secure Children's Inpatient Program (SCIP) Secure Adolescent Inpatient Program (SAIP)

- Between 2003 and 2005, AMH moved inpatient child and adolescent services from the Oregon State Hospital into community-based non-institutional settings operated by a non-profit organization
- Two programs fulfill OHA state hospital statutory requirements
 - Provide medically appropriate psychiatric and physical health services necessary to meet all of the service and support needs within a secure facility
 - Allow for an child's/adolescent's frequent contact with the child psychiatrist, nursing staff, rehabilitation therapists and milieu staff with specialized training 24 hours per day

Children and adolescents served at SCIP and SAIP



NOTE: All the Evaluations, OYA and JPSRB admissions are to the SAIP program

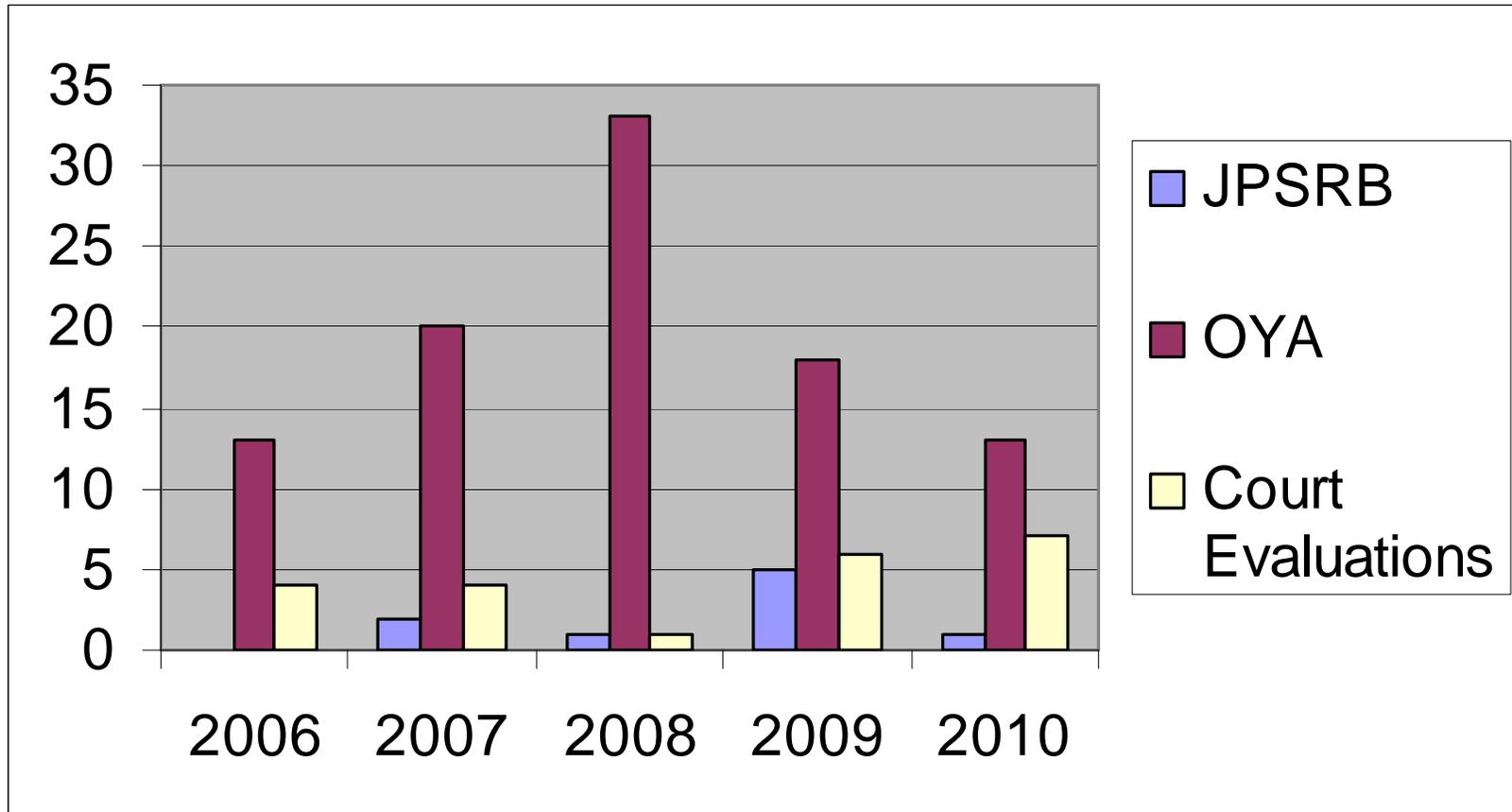
SAIP and SCIP: Treatment Modalities

- SAIP and SCIP each offer a variety of evidence based therapies that are most effective for youth served at these programs:
 - Collaborative Problem Solving
 - Dialectical Behavior Therapy
 - Aggression Replacement Therapy
 - Trauma Based Cognitive Behavioral Therapy, assessment and intervention
- Daily therapeutic interventions in the milieu address varied needs:
 - maintaining a low stimulation environment for the highly disorganized psychotic youth
 - helping youth who have long histories of self harm and suicidal ideation break that cycle

Adolescent Forensic Mental Health

- Forensic juvenile mental health services include the Juvenile Psychiatric Security Review Board (JPSRB), “fitness to proceed” evaluations and services, and Oregon Youth Authority psychiatric crisis services and petition admissions
- AMH serves 14 adolescents at the Secure Adolescent Inpatient Program for youth who need specialized forensic mental health services and supports

Children's forensic admissions: SAIP



Juvenile Psychiatric Security Review Board (JPSRB)

- Created by the 2005 legislature to provide a disposition for youth who successfully assert the Responsible Except for Insanity defense
- JPSRB began supervising youth in July 2007
- There are currently eight youth supervised by the Board and served through AMH:
 - 8 are male
 - 3 are over age 18
 - 2 are on conditional release
 - 4 are at the Secure Adolescent Inpatient Program
 - 2 are at OSH

Fitness to Proceed

- When there is a question of fitness to proceed, the court may order that the youth be evaluated in a secure setting
- AMH has designated the Secure Adolescent Inpatient Program as the program to provide that service
- The numbers of evaluations are:

2007	2008	2009	2010
4	1	6	7

Oregon Youth Authority Crisis and Petition Admissions

- The Oregon Youth Authority uses the SAIP program for crisis mental health services for youth incarcerated in their institutions, including Hillcrest, MacLaren and Oak Creek
- Youth offenders who need mental health services may also petition for admittance to SAIP for intensive psychiatric treatment
- Youth offenders served at SAIP:

2007	2008	2009	2010
20	33	18	13

Children's mental health summary:

Children are at home, in school, out of trouble and have friends

- It is essential that state and community partners integrate and coordinate efforts to ensure that services and supports are provided in a timely, early and successful manner to improve the emotional well-being of Oregon's children and their families
- The challenge of removing barriers to implement a system of care, where services are no longer "siloed," is real, but is being accomplished
- Families are empowered to feel on a par with other families who are able to keep their children safe, in the community, and develop a role as respected peers to support others and become more competent parents. They can share in their child's successes and joys in life
- Early identification and early intervention improve outcomes for the lifetime of a child and prevent devastating disabilities, physical health impairment, unemployment, incarceration and other extremely poor outcomes