

August 18, 2005

Department of Human Services
Office of Mental Health and Addiction Services

Children's Mental Health System Change Initiative Overview and Update

The 2003 Legislative Assembly attached a Budget Note directing DHS to take significant action steps to increase community-based services so that children and their families receive services in the most natural environment and minimize the use of institutional care.

System overview:

Children's funding is currently separate and uncoordinated. Acute care and outpatient services are administered through Mental Health Organizations and Community Mental Health Programs. Psychiatric Day Treatment Services and Psychiatric Residential Treatment Services have been administered through direct state contracts outside of the local system structure.

Psychiatric Residential Treatment Services are available through 10 programs around the state for children with a primary Axis I diagnosis who need mental health treatment services in specialized environment. There are approximately 313 beds serving over a 1,000 children and adolescents per year.

Psychiatric Day Treatment Services are available through 20 programs around the state for children with a primary Axis I diagnosis who need mental health treatment services in a specialized environment. Children live at home or in foster care and come to the program for a combination of mental health treatment and education services. Programs generally operate on a school calendar for 230 days of services for 4-5 hours per day. There are 321 service slots available serving approximately 650 children a year.

What has been accomplished?

1. Adopted a uniform community-based method of referral, assessment and access to the appropriate level of mental health need and services.
2. Added contract expectations for continuous care coordination, child and family teams, coordinated service plans, community care coordination committees, local or regional advisory councils, and a state advisory committee.
3. Elevated family members as key members at the treatment team and system planning groups. For example, DHS has sponsored a series of training for family members and professionals and have required family member majority membership in advisory committees.
4. Established new outcome and performance measures that include child/family outcomes and system information.
5. Moved Oregon Health Plan funds to Mental Health Organizations (MHO) in order to create single points of authority and accountability.
6. Developed a three-year financing glide path to shift resources to stabilize system infrastructure and promote local system development.
7. Provided cultural competency consultation to recommend system improvements.
8. State will continue to fund long-term psychiatric care through current procedures.
9. Psychiatric Residential Treatment Services for children who did not have prior Medicaid eligibility are provided through local screening and referral and reimbursed through current payment procedures.
10. Approved new administrative rules to regulate intensive community-based treatment and supports.
11. Prepared performance expectations and OMHAS monitoring capability to ensure children's mental health funding is spent on children's services.
12. Distributed additional state General Funds to Community Mental Health Programs to enhance system capacity for children and families not eligible for Medicaid.
13. Working agreements to be signed with child welfare, juvenile justice, and education to assure a common understanding of the mental health system changes.
14. Negotiated MHO contract language that implements MHO requirements for the children's system change initiative.

System Benefits

- Created a local or regional children's mental health system with single points of authority and accountability.
- Decreased system fragmentation to eliminate inefficiencies; increase accountability; increase flexible community-based services; allow meaningful family involvement and community involvement; and coordinate mental health services with other child serving agencies.
- The MHO contract will require all funds related to children's mental health services be used for children's services.
- OMHAS established a Statewide Children's Mental Health System Advisory Committee and each MHO will establish a similar structure at the local or regional level.

Children and Families Benefit

- Services will be community-based with management, decision-making, and service delivery occurring at the local level.
- Active family involvement at the case and system level will positively impact the quality and flexibility of services.
- Earlier community recognition of children who need mental health services. Services will be provided for the right amount of time in the right location in the intensity needed to meet the child and family needs and strengths.

Summary

- The Children's System Change Initiative is designed to create a standardized method of determining a child and family's level of service need, assure care coordination, include service flexibility and interagency collaboration, and increase accountability at a local and state level.
- The Budget Note implementation will require local or regional managed care environments to bring together isolated service components with a known, rational process for access, and provide care coordination to assist parents in accessing other supports. This will provide families with assistance in meeting their needs.

- At a local and regional level, this change will decrease system fragmentation and inefficiencies and increase local responsibility and accountability to local leaders and families.
- At a state level, this change will provide more uniformity to the children's mental health system structure.

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