



Department of Human Services  
Addictions & Mental Health Division

**DATE:** April 8, 2009  
**TO:** Children's Mental Health Stakeholders  
**FROM:** Bill Bouska, M.P.A. *Bill*  
Child & Adolescent Mental Health Services Manager  
**RE:** Focus Groups

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In 2003, Oregon's Legislative Assembly directed the Oregon Department of Human Services (DHS) to increase the availability and quality of intensive, individualized and culturally-competent home and community-based services for children with mental health needs. The Addictions and Mental Health Division (AMH) responded by developing an implementation strategy with Oregon Health Plan Mental Health Organizations, community and intensive treatment service providers, family members, and other stakeholders to develop an administratively and financially integrated children's mental health service system. The strategy was implemented in October of 2005 as the Children's System Change Initiative (CSCI).

In May 2008 the Children's System Advisory Committee (CSAC), requested that AMH assess the state of the system change with the goal of creating system efficiencies and improvements. AMH responded by facilitating 10 focus groups between December 2008 and February 2009 to gather feedback about systemic and clinical challenges that have developed since the implementation of the CSCI three and a half years ago.

Summary data from the focus groups was presented and discussed at the March 20, 2009 CSAC meeting. It has been recommended that a CSAC subcommittee be formed to identify and prioritize possible next steps and assist in formulating a strategic plan for system improvements and "mid course corrections." Following are the documents that were reviewed:

## Children's Mental Health Stakeholders

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- “Focus Group Data Summary” that includes an overview of the data collection process and the rank ordering of the nine topic themes that received the most cumulative votes by participants;
- “Topic Themes by System Level of Involvement,” a table that lists the nine topics and the rank ordering of the themes that emerged in each topic; and
- Two tables that include demographic information: “Focus Group Participants by Stakeholder Type” and “Breakdown of Mental Health Participants by Type.”

Two excel spreadsheets that contain the source data are provided separately. One contains the concerns identified by each group (city), and the other contains the concerns that received votes by participants divided by topic.

The concerns identified by each individual group were distributed shortly after each group met. The attached spreadsheets contain the data from all groups. Additionally, group participants identified many strengths not discussed here but documented in the source data. These and other associated documents can be found at <http://www.oregon.gov/DHS/mentalhealth/>. AMH acknowledges and is grateful for the contribution of time and effort by all group participants in the collection of this data. It can be used to inform system improvements at the state, regional, and local levels.

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Att: (2)

**Department of Human Services**  
**Addictions and Mental Health Services Division**  
**Children's Mental Health System**  
Focus Groups Data Summary  
March 20, 2009

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In response to an issue brief developed by the Children's System Advisory Committee (CSAC), Addictions and Mental Health Division (AMH) facilitated 10 focus groups between December 2008 and February 2009 to gather feedback about systemic and clinical challenges that have developed since the implementation of the Children's System Change Initiative (CSCI). This assessment was designed to focus on the children's mental health system and how it has been impacted by the CSCI. This is a key step in a continuous process of system improvement that includes all stakeholders at the state, regional, and local levels. The data that results from these focus groups will be distributed to community participants to inform changes and support problem solving at the local level.

The focus groups were organized in collaboration with the nine Mental Health Organizations (MHOs) and were held in Eugene, Grants Pass, Hillsboro, Oregon City, Salem, Portland, Corvallis, Redmond, Newport, and Boardman. A total of 196 participants attended the groups that included representation by mental health (62%), family members (15%), child welfare (12%), education (6%), juvenile justice (1%), tribes (1%), and other stakeholders (3%). Group participants identified and voted on the most important concerns related to nine topic areas and discussed possible solutions and system strengths as time allowed.

Subsequently, prioritized concerns from all groups were combined by topic and organized into common themes. Following is a ranking of the nine topic themes that received the most cumulative votes within their respective topics:

1. **Theme:** Lack of understanding about/challenges reconciling partner agencies' mandates/ability to share responsibility (73)

**Topic:** Ability for Systems/Agencies to Collaborate

2. **Theme:** Administrative burden/redundant documentation requirements/too much paperwork (72)

**Topic:** Administrative Rules & Contract Issues

3. **Theme:** Frequency/availability/quality/array of services does not meet need/lack of non-traditional services & supports (61)

**Topic:** Service Array Availability

4. **Theme:** Engaging families/supporting their involvement on the front end (52)

**Topic:** Level of Family & Youth Involvement

5. **Theme:** Poor continuity of care with providers in the mental health system/documentation/understanding and use of levels (43)

**Topic:** Transitions between Levels of Care

6. **Theme:** Need more clinical & systems training/supervision in community-based services (42)

**Topic:** Workforce Issues

7. **Theme:** Disagreements about appropriate level of care (41)

**Topic:** Access & Referral

8. **Theme:** Not enough funding for community-based services/difficulty funding resources like treatment foster care (33)

**Topic:** Provider Stress & Financial Limitations

9. **Theme:** Lack meaningful outcome data/administrative cost of reporting it (27)

**Topic:** Other Issues

A complete list of ranked themes by topic can be found in the related document titled "Topic Themes by System Level of Intervention."

Although most themes developed specific to a topic, in some cases the same theme emerged in different topics. Themes that related to multiple topics included:

- Lack of understanding about access and the service array
- Limited short and long-term substitute care setting resources
- Services for non-OHP eligible families
- Services for transition age youth, and
- The impact of fiscal considerations on service planning.

The CSAC Issue Brief recommends that the “lessons learned” from this data be used to implement “mid course corrections.” Each level of the system must work collectively and in collaboration to implement planned system improvements, however levels impact the system differently. For example, burdensome paperwork ranked high as a concern. AMH is leading efforts to streamline and integrate the administrative rules to create efficiencies. That effort will continue with stakeholder input. How changes in administrative rules are interpreted and implemented occurs at the local level. The CSAC Issue Brief recommends that a subcommittee be formed to continue the process of identifying areas that require attention, better understand how system levels interact, and make recommendations about possible action steps.

In addition to concerns, focus group participants identified many strengths associated with the CSCI. Those strengths are not listed here but can be found in the data recorded for each group that has been distributed to group participants. AMH acknowledges and is grateful for the contribution of time and effort by group participants in the collection of this data. If you have questions or want to provide further input please contact Matthew Pearl at 503-947-5524 or e-mail [matthew.pearl@state.or.us](mailto:matthew.pearl@state.or.us).

**Department of Human Services  
Addictions and Mental Health  
Children's Mental Health System  
March 20, 2009**

**Topic Themes by System Level of Intervention**

<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>One: Level of Family &amp; Youth Involvement</b>				
#1	Engaging families/supporting their involvement on the front end (52)			
#2	Inadequate child/youth/parent voice ongoing at team & system levels (45)			
#3	Service needs of parents & extended family/inadequate community supports/resource allocation (41)			
#4	Employing family members/peer delivered services (12)			
#5	Formal services dominate (11)			
#6	Difficulty addressing needs of non-OHP families (6)			
#7	Fear about possible repercussions of participation (3)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Two: Access &amp; Referral</b>				
#1	Disagreements about appropriate level of care (41)			

#2	Referral process is a barrier to timely access (33)			
#3	Lack of knowledge/transparency about the referral process (24)			
#4	Lack of needed services and supports (23)			
#5	Inadequate crisis prevention & emergency response (20)			
#6	Timely, unbiased, developmentally appropriate assessments (12)			
#7	Time consuming, inconsistent authorization process (11)			
#8 (tie)	Restricted access to higher levels of care (6)			
#8 (tie)	Variable access depending on availability of services (6)			
#9	CASII is not useful (4)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Three: Transitions between Levels of Care</b>				
#1	Poor continuity of care with providers in the mental health system/documentation/understanding and use of levels (43)			
#2	Inadequate community resources like treatment foster care, placement options (40)			
#3	Funding drives clinical decisions (25)			
#4	Transitions too fast/inadequate coordination &			

	collaboration/disrupted placements (23)			
#5 (tie)	Poor planning for transition age youth (12)			
#5 (tie)	Enrollment/eligibility problems with subacute & BRS referrals (12)			
#6	Inadequate planning with education (8)			
#7	Poor continuity of care for non-OHP families (5)			
#8 (tie)	No follow-up after discharge/difficult restarting services (4)			
#8 (tie)	Need more secure treatment settings (4)			
#9	Inadequate planning/disagreements with child welfare (3)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Four: Administrative Rules &amp; Contract Issues</b>				
#1	Administrative burden/redundant documentation requirements/too much paperwork (72)			
#2	LMPs signing documentation poor use of their time (19)			
#3 (tie)	Lack of uniformity among MHOs regarding policies & procedures/too many audits (9)			
#3 (tie)	Lack of clarity about use of CPT codes (9)			
#4	Lack of consistency in OARs/services not well defined (7)			



#5	Focus on outcomes instead of EBPs (5)			
#6	Required meetings are duplicative/lack purpose (4)			
#7	Need rules to deal with mental health issues in schools (3)			
#8	Lack of oversight by AMH (1)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Five: Service Array Availability</b>				
#1	Frequency/availability/quality/array of services does not meet need/lack of non-traditional services & supports (61)			
#2	Lack of treatment foster care/long-term and crisis placement options (48)			
#3	Lack of resources in rural/frontier communities (34)			
#4	Lack of funding/siloed funding/allocation of resources (29)			
#5	Lack of resources like family support partners for non-OHP families (24)			
#6	Better crisis response/planning (19)			
#7 (tie)	Planned & crisis respite (12)			
#7 (tie)	Hard to navigate/understand service array (12)			

#8	Services for transition age youth (11)			
#9 (tie)	Youth sex offender treatment (5)			
#9 (tie)	Co-occurring disorder treatment (AOD, DD)/integrating child & parent's services (5)			
#10	Need more bilingual services (3)			
#11 (tie)	Limited choice of providers (2)			
#11 (tie)	Child psychiatrists in limited supply and expensive (2)			
#12	Multiple providers can be problematic (1)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Six: Ability for Systems/Agencies to Collaborate</b>				
#1	Lack of understanding about/challenges reconciling partner agencies' mandates/ability to share responsibility (73)			
#2 (tie)	Lack of shared vision/buy-in/communication (27)			
#2 (tie)	Impact on schools (27)			
#3	Demand on time to attend/schedule meetings/effective meeting facilitation (26)			
#4	Lack of resources/long-term placements/siloed funding (12)			

#5	Most intensive planning creates conflict/disagreements about plan (11)			
#6 (tie)	Understanding access to ISA/delay in access to residential tx (5)			
#6 (tie)	Challenges with services/supports for transition-age youth (5)			
#7 (tie)	Increased competition between providers (4)			
#7 (tie)	Co-occurring treatment w/DD (4)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Seven: Provider Stress &amp; Financial Limitations</b>				
#1	Not enough funding for community-based services/difficulty funding resources like tx foster care (33)			
#2	Disparity in reimbursement & service array for managed care vs. FFS/lack of funding for non-OHP/matching services to billing codes (32)			
#3	Lack of understanding about/poor resource allocation (29)			
#4	Difficulty retaining staff/high caseloads/work stress (22)			
#5	Medicaid enrollment/data problems affect reimbursement (21)			
#6	Programs struggling financially/low rates, increased requirements (15)			
#7	Lack of flexible funding/family support services (11)			

#8	Funding instead of needs drives planning (10)			
#9	Lack of funding for training/EBPs (7)			
#10	Providers destabilized by system changes/decreased capacity (5)			
#11	Lack of focus on cost analysis (3)			
#12	No infrastructure for tribes/lack of resources in rural areas (2)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
<b>Eight: Workforce Issues</b>				
#1	Need more clinical & systems training/supervision in community-based services (42)			
#2	Staff turnover/maintaining optimal staffing (31)			
#3	Recruitment of qualified staff/specialists (23)			
#4	Recruitment & training of foster parents (18)			
#5	Understaffed/unmanageable workload (14)			
#6	Staff "burnout"/work stress (13)			
#7	More bilingual staff (11)			

#8	More paid youth peer-to-peer workers on teams (1)			
<b>Topic</b>	<b>Ranked Theme</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>
Nine: Other Issues				
#1	Lack of meaningful outcome data/administrative cost of reporting it (27)			
#2	Lack of community activities & support for children & families (23)			
#3	Transportation problems (11)			
#4 (tie)	Lack of system oversight/TA (6)			
#4 (tie)	Lack of oversight for use of psychotropic medications (6)			
#5 (tie)	Cultural competency/bilingual & multicultural family advocates (5)			
#5 (tie)	Coordinating services with BRS programs/tx foster care (5)			
#6 (tie)	Stigma associated with mental health problems (1)			
#6 (tie)	Need clear complaint process (1)			

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<b>Focus Group Participants by Stakeholder Type</b>										
	Family Members	Youth	Mental Health	Child Welfare	Education	Juvenile Justice/OYA	Developmental Disabilities	Other	Tribes	Total for each city:
ABHA-Corvallis	2		8	2	3			1		16
GOBHI - Boardman			32	4						36
Clackamas MHO-Oregon City			11	1	2	1		4		19
ABHA-Redmond			8							8
JBH- Grants Pass	11		8	5						24
LaneCare-Eugene	1		11	2	1					15
ABHA-Newport			5							5
Mid-Valley BCN-Salem	6		14	6	3	1	1		2	33
Verity-Portland	9		11	1	1					22
Washington County-Hillsboro			13	3	2					18
Total for each category:	29	0	121	24	12	2	1	5	2	196

### Breakdown of Mental Health Participants by Type

	Total # of MH in FG	MHO reps	Outpatient providers	Day Treatment providers	Residential Providers	CMHPs	Psychiatrists
ABHA-Corvallis	8	2	2	2		2	
GOBHI - Boardman	32	9	4	2		17	
Clackamas MHO-Oregon City	11	3	2	2	1	3	
ABHA-Redmond	8					8	
JBH – Grants Pass	8	2	1	1	1	3	
LaneCare-Eugene	11	3	3		3	1	
ABHA-Newport	5	1	1	1		2	
Mid-Valley BCN-Salem	14	1	3	1	1	8	
Verity-Portland	11	3	4			3	1
Washington County-Hillsboro	13	4	8	1			
Total for each category:	121	28	29	10	6	47	1