Analyze, Align, and Act: A Blueprint for Better Behavioral Health - Goal Matrix

The following Goal Matrix is based on recommendations offered in the 2018 *Mental Health Systems Analysis* conducted by the Human Services Research Institute (HSRI). The Goal Matrix is one step in a multi-phase systems change effort, focusing on Multnomah County but complementary to other efforts throughout the state and region.

Structure of this Matrix

There are eight Tables provided in the Goal Matrix, and each begins with a brief descriptive statement of a key area identified by the HSRI analysis. These areas are:

1. Shared Vision and Communication
2. Housing Access
3. Data Sharing and Analytics
4. Workforce
5. Trauma-Informed and Culturally Responsive Services
6. Cross-System and Cross-Sector Coordination
7. Enhancing Services
8. Behavioral and Physical Health Parity and Integration

The first column of each Table lists a primary "objective" to address the stated systems problem. These objectives come directly from the HSRI analysis; the corresponding HSRI recommendations are given in parentheses after each objective. The second column in each Table lists entities that would likely play key roles in achieving the objectives. And finally, there is a column to identify existing initiatives that are already working toward, or could potentially support, the identified objective.

How the Matrix will be Used

The Goal Matrix is designed to serve as a starting point of possible goals and actions that could be pursued in a coordinated systems change effort. The initial list of objectives articulated in the Goal Matrix is not exhaustive. Some of the objectives or actions represent a first step in a more complex or long-term process to achieve a larger goal. Some objectives may seem relatively minor, some major. Action on these objectives may already be underway, may have already been tried and dismissed, or may require coordinated action across multiple entities. The Goal Matrix represents a broad set of objectives based on the original HSRI analysis that can be prioritized to achieve meaningful and intentional steps toward a desired systems outcome.

The next step will be for the Blueprint Steering Committee to review and provide feedback on the matrix, including:

- Whether the descriptions and objectives are responsive to the identified values and vision for Multnomah County's mental health system;
- Whether the appropriate relevant entities have been identified; and
- Whether the appropriate related initiatives have been identified

The Goal Matrix will be revised based on Steering Committee feedback, resulting in a working draft to inform the next phase of work.

A Living Document

This Goal Matrix is a living document, designed to be continuously revised as systems change efforts unfold in Multnomah County and across the state.

Goal Matrix

1. Shared Vision and Communication

There is no CONSISTENT, SHARED VISION of what our mental health system should be, and there is a disconnect between how "The System" perceives itself and the experience of people using the system. A SHARED VISION can anchor systems change efforts and serve as a foundation for TWO-WAY, EQUITABLE, DYNAMIC COMMUNICATION between system leadership and an informed and engaged community.

	Objectives	**Participating Entities**	**Related Initiatives**
1.1	Develop a shared and actionable vision for the mental health system (1.1)	• Blueprint Steering Committee • Community groups • BHAC and other County and State advisory groups such as Oregon Consumer Advisory Council, Health Share Consumer Advisory Council • Multnomah County Health Department (MCHD)/Behavioral Health Division (BHD) • Health Share • Other relevant partners: DCJ, JOHS, MCDCHS, PPB • Hospitals and health systems (Legacy Unity, Providence)	BHAC has drafted its Mission, Vision, and Values. MCHD Scan Span Plan initiative Governor's Behavioral Health Advisory Council OHA Visioning Work at BH Office LPSCC "vision-setting" through FY22 Behavioral Health is a priority in the OHA Public Health Strategic Plan Student Success Act has a significant behavioral health component State Alcohol and Drug Policy Commission has a strategic planning process going on now

1.2	BHD, the CCO, and relevant partners adopt and consistently apply the shared vision to inform systems change efforts and allocation of resources (1.1)	• Multnomah County Health Department (MCHD)/Behavioral Health Division (BHD) • Health Share • Other relevant partners: DCJ, JOHS, MCDCHS, PPB	Same as 1.1
1.3	Close the information gap between available resources and community awareness of those resources (1.2)	• Coordinated Care Organizations (CCO) • BHD (Call Center) • Street Roots • NAMI • Peer-run organizations • Service providers • Community partners and contracted organizations • 211 • Lines for Life	
1.4	Improve feedback integration among County leadership, network organizations, BHAC, community members and service users using a formal feedback mechanism. This feedback would be used to align efforts (1.5) (1.6) (1.7)	-BHD/MCHD (central role) -CCO -BHAC -Peer-run organizations	-MHAAO is doing a statewide peer needs assessment survey
1.5	Identify and address systemic barriers to supporting families and caregivers so they can be engaged as active partners (14.1)	-NAMI -Oregon Family Support Network (OFSN) -Department Human Services -FIT teams, WRAP services -Morrison Child and Family Services -EASA	

1.6	Work with providers to identify and implement best practices for communicating with family members/ caregivers in a supportive and compassionate way (14.2)	-NAMI -Oregon Family Support Network (OFSN) -Department Human Services -FIT teams, WRAP services -Morrison Child and Family Services	
1.7	Identify and correct misinterpretations of HIPAA and communicate this information to families, caregivers and providers (14.2)	-NAMI	
1.8	Establish strategies to ensure families and caregivers understand their rights and are aware of available community resources when a loved one is struggling with a mental health problem (14.3)	-NAMI	

2. Housing Access

ACCESS TO HOUSING is consistently described as one of the biggest barriers to achieving an effective mental health system. Affordable housing - with a continuum of supports tailored to meet individual needs - will promote recovery and wellness for people who are unstably housed.

	Objectives	**Participating Entities**	**Related Initiatives**
2.1	Increase inventory of affordable and deeply affordable housing for people with behavioral health needs (8.1)	JOHS A Home for Everyone Home Forward BHD/MCHD CCO Providers (CCC, Bridges to Change, Cascadia, New Narrative)	
2.2	Increase capacity for behavioral health supportive housing to meet the needs of the community. This includes ensuring that transitional housing is offered for an adequate amount of time (often 90 days is not sufficient and contributes to a “revolving door” for some. (8.3)	JOHS A Home for Everyone Home Forward BHD/MCHD CCO Providers (CCC, Bridges to Change, Cascadia, Luke-Dorf)	
2.3	Align funding to reduce inefficiencies and maximize leverage of resources (8.2)	JOHS A Home for Everyone Home Forward BHD/MCHD CCO Providers (CCC, Bridges to Change, Cascadia, New Narrative)	

2.4	Identify gaps in types of housing needed (8.5)	JOHS A Home for Everyone Home Forward BHD/MCHD CCO Providers (CCC, Bridges to Change, Cascadia, New Narrative)	Some LPSCC-Related projects (FUSE/IMPACTS) may identify unique housing gaps for the most acute, probably justice-involved individuals.
2.5	Enhance Coordinated Access System to improve access for those with mental health needs (8.5)	JOHS A Home for Everyone Home Forward BHD/MCHD CCO Providers (CCC, Bridges to Change, Cascadia, New Narrative)	
2.6	Align service intensity & level of need throughout continuum and ensure adequate capacity and service to support people with the most intensive needs (8.5)		
2.7	Conduct a national review of best practice in a) housing development, b) housing supports, c) alliances with state and local partners.		Review to include initiatives in Hennepin County (MN), Seattle, Chicago

3. Data Sharing and Analytics

There is lack of SHARED DATA, COORDINATION OF DATA and clearly identified DESIRED OUTCOMES within and across systems. Best-practice data sharing, outcomes measurement, and analytics can support Multnomah County's efforts to uphold its principles and achieve its shared vision for the mental health system.

	Objectives	**Participating Entities**	**Related Initiatives**
3.1	Streamline data across mental health and related systems to allow for rapid access, querying, and visualization of information about services, programs, funding streams and capacity (2.1) (2.3)		
3.2	Adopt a set of common person- and system-level outcome metrics and measures of experience aligned with the shared vision (2.4)		
3.3	Validate clinic-based quality measures against state-level encounter data to improve the quality of reported data (2.5)		
3.4	Use quantitative and qualitative data to inform how to improve the cultural responsiveness of the system (12.1)		
3.5	Improve cross-system data sharing to include justice, homelessness, child welfare, education, etc. Data sharing is done in a way that preserves self-determination, autonomy, and civil rights (4.1)	-MCHD/BHD -CCO -JOHS -Child and Family Services -School districts	-FUSE -IMPACTS -Criminal Justice Information System (CGIS)
3.6	Share data in real time with First Responders (4.2)		-Portland Street Response
3.7	Scale up effective locally-developed provider-specific		

	data-sharing practices that can improve the mental health system and data integration (4.3)		
3.8	Incorporate supported decision-making approaches and person-centered technologies to include and support service users (4.4)		
3.9	Develop and implement universal Consent and Release of Information documents (4.6)		
3.10	Contribute to and support regional efforts to build Health Information Exchanges (4.7)		

4. Workforce

The mental health WORKFORCE is often overworked, underpaid, undertrained and undersupported, which negatively impacts both the workers and the people they serve. Staffing shortages exist across the continuum of practice, and, in particular, there is underutilization and misunderstanding of PEER-RELATED SERVICES and how peers can enhance the system through leadership, advocacy and front-line service provision.

	Objectives	**Participating Entities**	**Related Initiatives**
4.1	Conduct needs assessment for the current workforce continuum, with an emphasis on local organizations' infrastructure/capacity to support the workforce continuum, particularly peers and front-line/direct service staff (17.1)	OHA Health Share of Oregon/Care Oregon Traditional Health Worker Liaisons from CCOs Providers Peer-run organizations OHSU Training Programs (community partnerships) MHACBO Tri-County Behavioral Health Providers Association (TCBHPA) Association of Oregon Community Mental Health Programs (AOCMHP)	Statewide workforce initiatives – Workforce committee (convened by Rep. Salinas) OHA – pulling together a comprehensive analysis of workforce needs in Oregon HealthShare looking at partnering with educational facilities on workforce development issues BHD created an inventory of peer roles in provider organizations Governor's Behavioral Health Advisory Council
4.2	Improve sustainable workforce recruitment and retention strategies (17.1) (17.3)	Providers - Human Resources Departments/Equity and Inclusion Departments Groups representing communities of color and other	Statewide workforce initiatives – Workforce committee (convened by Rep. Salinas) OHA – pulling together a

		traditionally underrepresented groups Funders - Health Share of Oregon/Care Oregon BHD/MCHD	comprehensive analysis of workforce needs in Oregon HealthShare looking at partnering with educational facilities on workforce development issues
4.3	Build county-wide capacity and support for supervisors and managers	Providers - Human Resources Departments/Equity and Inclusion Departments Groups representing communities of color and other traditionally underrepresented groups Funders - Health Share of Oregon/Care Oregon BHD/MCHD	Multnomah County Leadership Academy Local provider initiatives (e.g. CODA leadership academy, Lifeworks Essentials in Management) National initiatives (e.g. National Council's Middle Management Academy)
4.4	Ensure that front-line/direct service providers have the necessary training, qualifications, supervision, and support to engage and support people with complex needs, including co-occurring substance use disorders and/or physical health challenges and mental health needs (7.2) (17.4)		WHAM - Whole Health Action Management Peer Wellness Specialists Trauma-Informed Initiatives Cultural Responsive Services and Approaches
4.5	Ensure the workforce is paid a living wage indexed against local cost of living. Ensure that funding increases translate into increased salaries and benefits for providers. Leverage the Health Share Market Rate Study and DMAP schedule comparisons to inform efforts (17.2) (17.8)	OHA Health Share of Oregon/Care Oregon BHD/MCHD	Recent activity in the legislature around this issue Multnomah County Homeless service providers informal work group focused on living wages

			Loan repayment strategies and initiatives
4.6	Work with local training programs, colleges and universities to increase training slots for providers in identified shortage areas such as prescribers, peer specialists, etc. (17.5)	High schools Community colleges Universities Groups representing communities of color and other traditionally underrepresented groups	MHACBO and MAAPP has recruited within immigrant and refugee populations, LatinX communities, summit for African American peers (Healing and Help for the Helpers) NAMI offers free slots for people to attend peer training
4.7	Create paying jobs for youth with lived experience (including vocational skills training, peer training) (17.7)		BHD College to County program (includes high school interns)
4.8	Increase capacity and support for peer workforce, informed by best practices (13.6)		Peerpocalypse MHACBO and MAAPP summit for African American peers (Healing and Help for the Helpers) BHD funds slots for people to attend peer training
4.9	Identify sustainable funding for peer services and ensure Medicaid funding aligns with the values of peer support (10.1)	OHA Health Share BHD/MCHD MCSO	New SUD waiver includes emphasis on peer support IMPACTS (Improving People's Access to Community-Based Treatment, Supports, and Services) program grant from state may

			support work for peers with justice issues and substance use
4.10	CCOs should establish a peer leadership position, or have BHD peer leadership work closely with CCOs on issues that impact people receiving mental health services in physical health care settings (13.1)		Traditional Health Worker Liaisons have been established at CCOs (not leadership position)
4.11	Improve understanding and clarity around peer scope of practice and diverse peer roles. Emphasize and promote evidence-based and promising practices in peer support (13.7)	MCHD/BHD MHACBO Peer-run organizations	OHA registry
4.12	Expand professional development opportunities for peer support workers (including "career ladder," trainings, etc.) (13.8)	MCHD/BHD MHACBO Peer-run organizations State and local advisory boards Peer advocacy organizations	
4.13	Increase certified peer training opportunities (13.9)	MCHD/BHD MHACBO Peer-run organizations State and local advisory boards Peer advocacy organizations	

5. Trauma-Informed and Culturally Responsive Services

TRAUMA-INFORMED and CULTURALLY AND LINGUISTICALLY SPECIFIC AND RESPONSIVE SERVICES are highly valued but in short supply. Additional investments are needed to achieve a system that recognizes and responds to trauma and promotes equity. A starting point is to improve the mental health workforce's capacity for trauma-informed and culturally and linguistically-specific and responsive services.

	Objectives	**Participating Entities**	**Related Initiatives**
5.1	Ensure services provided throughout the system are trauma-informed, based on best practices and a shared, foundational definition of trauma-informed practice (1.3)	MCHD/BHD CCO Groups representing communities of color and other traditionally underrepresented groups Peer advocacy organizations	Trauma-Informed Oregon Lutheran Community Services Northwest has hosted some events related to trauma and cultural responsiveness Equality Works Northwest
5.2	Improve information and service navigation services so they are culturally and linguistically responsive and meets community needs (6.3)	MCHD/BHD CCO	
5.3	Expand use of peer support for culturally specific mental health outreach and service navigation (12.4)	MCHD/BHD CCO	BHD completed the procurement for peer services to include training that has more emphasis on culturally specific needs
5.4	Track race and ethnicity of mental health providers and use these data to drive targeted strategies to recruit and retain providers who reflect the racial, ethnic, and cultural diversity of the service user population (12.2)	MCHD/BHD CCO providers	Several initiatives referenced in Goal 4 may incorporate strategies to increase the diversity in the workforce

			MAAPP has worked to diversify the peer support workforce
5.5	Identify providers who can offer services in languages other than English and use data on current capacity to target resources to meet gaps in providing linguistically responsive mental health services (17.6)	MCHD/BHD CCO OHA	OHA Office of Equity and Inclusion is doing some work in this area
5.6	Increase funding and/or reallocate existing funding for culturally specific services, including creating more funding opportunities for community organizations that represent or serve traditionally underrepresented groups and removing barriers to accessing funding (e.g. limited capacity to bill Medicaid and respond to funding opportunities) (12.3)	MCHD/BHD CCO	Some examples of working within BHD contracts to promote culturally specific work Oregon Alcohol and Drug Policy Commission strategic plan has a funding recommendation around making funding accessible to smaller, culturally specific organizations

6. Cross-System and Cross-Sector Coordination

Promoting mental health and wellness throughout Multnomah County requires COORDINATION among different systems and sectors that are impacted by and impact mental health, including justice, education, housing, health care and others.

	Objectives	**Participating Entities**	**Related Initiatives**
6.1	Convene provider agencies to assess their unique strengths and map current programs and service	MCHD/BHD CCO	Stakeholders have recently completed Sequential

	offerings (1.4)		Intercept Mapping for behavioral health crisis response
6.2	Develop a strategy to align agency strengths and organizational capacity with community need to maximize resources and reduce duplication (1.4)	MCHD/BHD CCO	
6.3	Consider an alternative business model for contracting that capitalizes on strengths and expertise of local providers and aligns with the shared vision for the mental health system (1.4)	MCHD/BHD CCO	
6.4	Create and sustain interdisciplinary quality improvement teams with balanced representation from behavioral health, primary care, site administration (1.8)		
6.5	Ensure people are connected to the benefits to which they are entitled, especially in the settings of justice involvement, unstable housing, immigrant/refugee status and disability (3.4)	-	-Jail eligibility and screening

7. Enhancing Services

A robust mental health system involves a CONTINUUM OF SERVICES AND SUPPORTS, including evidence-based services for those with COMPLEX NEEDS, such as: mental health issues and co-occurring substance use disorder; intellectual or developmental disability; brain injury; dementia; or other chronic health conditions. There is broad consensus that there are significant gaps in Multnomah County, and stakeholders consistently call for efforts to identify and fill those gaps.

	Objectives	**Participating Entities**	**Related Initiatives**
7a. Service Approaches			
7.1	Expand access to Assertive Community Treatment (ACT) to meet community demand. Efforts to include a review and reconsideration of eligibility criteria, current practices, and best practice for ACT (6.1)	OHA CCO BHD Providers	
7.2	Expand access to evidence-based approaches to addressing trauma, including Seeking Safety, Eye Movement Desensitization Reprocessing (EMDR), and Dialectical Behavioral Therapy (DBT) to meet community demand. Efforts to include a review and reconsideration of eligibility criteria, current practices, and best practice for DBT (6.2)	OHA CCO BHD providers	Portland DBT Institute and the DBT Clinic offer DBT. Integrative Trauma Treatment Center is DBT-based also. Cascadia, Lifeworks, and Providence may have some DBT-related groups
7.3	Expand service navigation to connect people with complex needs to community-based services, and ensure that there is coordination between various information, outreach, and navigation services (6.3)	BHD CCO JOHS DCHS (Aging, Disability & Veterans Services Division (ADVSD) and Intellectual	Existing resources for information are 211, Street Roots, NAMI, BHD Call Center BHD teams offer more intensive services for

		and Developmental Disabilities (I/DD))	people transitioning out of the hospital - Multnomah Intensive Transition Team and ABC Some agencies offer peer navigation and care coordinator services Peer-run organizations offer some navigation services Other entities (JOHS, DCHS) offer navigation/outreach Behavioral Health Resource Center is being planned and will offer some peer services
7.4	Expand street outreach and engagement to meet community need, and ensure that there is coordination between various outreach and engagement services (8.4)	BHD JOHS Portland Street Medicine JOIN Homeless and Urban Camping Reduction Program (HUCIRP)	Portland Street Response pilot - City of Portland JOHS initiatives
7.5	Assess and expand as needed peer and other support services for people returning to the community from OSH and other institutional settings, including individuals in the Psychiatric Security Review Board (PSRB) program and Aid and Assist populations (11.1) (11.2)	OHA BHD CCO PSRB	MHAAO provides forensic peer services contracted by BHD
7.6	Expand capacity of and access to psychiatric	BHD	New Narrative operates a

	rehabilitation services, including supported education, supported employment, clubhouse, and self-directed services. Ensure there is an overarching coordination mechanism to connect the right people with the right services at the right time. (13.4)	CCO OHA Providers	small self-directed services program Northstar clubhouse David's Harp clubhouse (people receiving Cascadia's services) The Living Room (CCC) Cascadia, CCC offer supported employment and education services
7.7	Address the needs of older adults with mental health issues through expanded access to community support services, including in-home and peer supports, and ensure that there is coordination between these services and services accessed in other systems (e.g. physical health, long-term care, housing, social services) (15.1)	BHD CCO DCHS Providers Portland State University (Institute on Aging) and OHSU aging centers City office of Aging	Providers have older adults programs PEARLS model is being implemented in Washington County (LifeWorks NW) ADVSD - Area Plan on Aging needs assessment
7.8	Address the high-need cohort of older adults living with or affected by HIV by expanded services and increased outreach specific to this population (15.1)	BHD CCO DCHS Providers Portland State University (Institute on Aging) and OHSU aging centers City office of Aging Providers serving this population - Cascade AIDS Project, Quest Center for Integrative Health, Our House	Cascade AIDS Project Let's Kick ASS (AIDS Survivor Syndrome) Oregon

7.9	Expand peer support for persons with co-occurring mental health and I/DD (16.5)	BHD/MCHD CCO OHA DHS ADVSD DCJ Providers	
7.10	In response to current efforts of state and local advocates, establish a peer respite informed by best practice in governance, peer support, and connections with the broader system. (8.1)	OHA CCO BHD/Behavioral Health Resource Center Peer-run organizations	
7.11	Expand availability and enhance awareness of walk-in services at health clinics and peer-run agencies, especially for people with complex needs (6.5)	Cascadia UWIC	
7b. Administrative Approaches			
7.12	Move from an appointment-based model to a more flexible model responsive to people's needs (6.4)	Providers BHD/MCHD CCO OHA	LifeWorks NW has implemented an Open Access approach for walk-in services Cascadia operates an urgent walk-in center LifeWorks NW looking at implementing Just in Time and NSnap for psychiatric services LifeWorks NW has been looking at use of telehealth services
7.13	Develop strategies for identification, early intervention,	BHD/MCHD	SBIRT is offered in

	and treatment of co-occurring mental health and substance use disorder issues in physical health settings (7.4)	CCO/Care Oregon Mental health providers Substance use treatment providers Physical health providers including FQHCs	primary care settings, but there doesn't seem to be a smooth process for connecting people to services using that model MHAAO is doing work in this area Behavioral Health Resource Center will provide some co-occurring services
7.14	Examine the current capacity for co-occurring services for youth and adults along the service continuum, systematically identifying gaps and strategies to fill those gaps (7.1)	BHD/MCHD CCO/Care Oregon Mental health providers Substance use treatment providers Physical health providers including FQHCs	Care Oregon is beginning to examine needs for services for people with co-occurring mental health and substance use issues
7.15	Create a comprehensive plan for co-occurring mental health and substance use issues that aligns with related efforts around workforce development, physical and behavioral health (7.3)	BHD/MCHD CCO/Care Oregon Mental health providers Substance use treatment providers Physical health providers including FQHCs	
7.16	Ensure service user preference and choice are maximized during community transitions such as Peer Bridger services and other peer support services for individuals returning to the community from Oregon State Hospital, including individuals in the Psychiatric Security Review Board program (11.3)	BHD/MCHD CCO/Care Oregon Peer-run organizations Providers	

7.17	Address access barriers for people on Medicare (3.3)	OHA BHD	The legislature is looking at a bill that may support greater access for people on Medicare only
7.18	Improve resources and awareness of resources that decrease social isolation for older adults (15.2)	BHD CCO DCHS/ADVSD Providers Portland State University (Institute on Aging) and OHSU aging centers City office of Aging	PEARLS model is being implemented in Washington County (LifeWorks NW)
7.19	Ensure availability of cross-disciplinary training and education for I/DD case managers and mental health providers to understand the intersections of these issues and service systems (16.1) (16.3)	BHD/MCHD CCO OHA DHS ADVSD DCJ Providers	
7.20	Improve capacity for residential and community-based supports for people with I/DD and mental health needs and identify strategies to evaluate and meet needs (16.2)	BHD/MCHD CCO OHA DHS ADVSD DCJ Providers Hospitals	
7.21	Create a plan for identifying and filling gaps or "gray areas" between mental health and I/DD systems (16.4)	BHD/MCHD CCO OHA DHS	

		ADVSD DCJ Providers Hospitals	
7.23	Support the expansion and financial sustainability of peer-run organizations through a variety of funding streams, including public funding, private and philanthropic investments, and other sources (13.2) (13.3)	CCO OHA (Office of Consumer Activities) Oregon Peer-Delivered Services Coalition OCAC MAAPP BHD Peer-run organizations Peer advocacy organizations	SUD waiver is in the works now, which would increase capacity for peer-run organizations to bill for services (this may also increase administrative burden for these orgs)

8. Behavioral and Physical Health Parity and Integration

To better promote population health, the County must streamline and improve BEHAVIORAL AND PHYSICAL HEALTH INTEGRATION**.** Such integration requires that FUNDING dedicated to mental health and substance use disorder treatment is at full PARITY with physical health services.

	Objectives	**Participating Entities**	**Related Initiatives**
8.1	Engage with the State through "CCO 2.0" to explore ways to organize behavioral health services that better support integration (18.1)		
8.2	Continue collaboration among OHA, CCOs, and Multnomah County to align provider and payer incentives, expand co-located physical and behavioral health services, and streamline documentation requirements to support integrated care (18.2)		
8.3	Encourage collaboration among CCOs, providers, and other stakeholders to test and implement policies related to determining when to support individuals in physical health systems versus in the specialty mental health system, with an emphasis on service user choice (18.3)		
8.4	Ensure continued integration in PCPCHs and CCBHCs and engage in efforts to expand these models so more individuals in Multnomah County have access to integrated services (18.4)		
8.5	Enhance culturally specific integrated services, including culturally specific mental health services in physical health care settings and community health workers to support mental health outreach and service navigation		

	(18.5)		
8.6	Work with Multnomah County Health Clinics and other major health systems in the area to clarify behavioral and physical health integration models and referral processes for specialty mental health services (18.6)		
8.7	Integrate and coordinate suicide prevention strategies across physical and behavioral health systems and other sectors and settings (18.12)		BHD provides several trainings in this area
8.8	Ensure individuals with psychiatric disabilities have access to the same range of services as those with physical disabilities (3.1)		
8.9	Analyze the disparities between payment to mental health and addiction providers, along physical health providers, and develop a plan to achieve parity (7.5)		

Acronyms

ADVSD	Department of County Human Services Aging, Disability & Veterans Services Division
BHAC	Behavioral Health Advisory Council
BHD	Behavioral Health Division
CCBHC	Certified Community Behavioral Health Clinic
CCO	Coordinated Care Organization
DMAP	Oregon Health Plan Division of Medical Assistance Programs
EDIE	Emergency Department Information Exchange
FUSE	Frequent User Systems Engagement
I/DD	Intellectual and Developmental Disabilities
JOHS	Joint Office of Homeless Services
MAAPP	Metro+ Association of Addiction Peer Professionals
MCDCHS	Multnomah County Department of County Human Services
MCHD	Multnomah County Health Department
MCSO	Multnomah County Sheriff's Office
MHACBO	Mental Health and Addiction Certification Board of Oregon
MHAAO	Mental Health and Addictions Association of Oregon
OCAC	Oregon Consumer Advisory Council
OHA	Oregon Health Authority
OSH	Oregon State Hospital
PCPCH	Patient-Centered Primary Care Home
PPB	Portland Police Bureau
TCBHPA	Tri-County Behavioral Health Providers Association