

# **Baker County Mental Health and Addiction Services**

## **Biennial Implementation Plan**

**2013-2015**

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## **Part 1: System Narrative:**

(This includes an overview of the current system; description of the community needs assessment process; and an analysis of the LMHAs strengths and areas for improvement.)

### **1. System Overview**

#### **a) Provide an overview of the county's current addiction and mental health service and supports system.**

##### **Current Addictions and Mental Health Services and Supports**

The LMHA in Baker County is designated as the Elected County Commissioners. The LMHA oversees and appoints the Mental Health Community Advisory Board. Baker County LMHA has elected to sub-contract all mental health service delivery to Mountain Valley Mental Health, a private, non-profit entity. The LMHA reviews the contract annually, unless concerns are raised, and then the LMHA will evaluate and determine proper action.

New Directions Northwest, Inc. (NDN) is currently in the process of merging and acquiring Mountain Valley Mental Health (MVMH). MVMH is the primary mental health provider and New Directions Northwest, Inc. is the primary addictions services provider in Baker County.

Mountain Valley Mental Health uses the flexible funding provided by Oregon Health Authority to promote early identification and intervention to prevent conditions that lead to mental health, substance use and addiction disorders. MVMH has the flexibility to allocate the funds to meet community needs and statutory requirements.

MVMH partners with local health care providers and social service partners who provide screening for the presence of behavioral health conditions and facilitates access to appropriate services.

MVMH provides crisis support services 24 hrs, 7 days per week; Civil Commitment Investigators and Examiners to the Baker County Court; trainings to police officers, hospital staff, public health workers and school officials regarding mental health issues and trauma informed care; free screenings to anyone who desires a mental health screening regardless of coverage type (or lack of); serve on the Multi-Disciplinary Team (MDT); and collaborates to provide integrated care with medical professionals and substance abuse.

NDN programs provide education and referrals to MVMH for mental health issues. During the federally funded NOCCs grant project, Blue Mountain Addictions Program (BMAP) contracted with MVMH to provide mental health services to individuals being served by the NOCCs grant. BMAP also partnered with MVMH during drug court program.

### **Mental Health Promotion**

Mountain Valley Mental Health provides a variety of services to promote mental health including:

- Living in Balance Groups for the SPMI population.
- Intensive case management services for SPMI clients.
- Intensive Community Based Treatment Services (ICTS) for high-needs children / youth and their families. Children and adolescents in the ICTS program qualify for wrap around services such as adult mentors, and skills training.
- Peer support services for the SPMI population, including peer mentors keeping set hours at the drop in center at Eldon Street Apartments, which houses many of our SPMI clients.

Mountain Valley Mental Health is partnering with primary health care providers to provide collaborative planning and management of mutual clients in order to promote overall health and wellness, and prevent the need for more intensive medical or mental health services. Planning meetings may be initiated by MVMH or by the case manager assigned to the client's primary care provider.

Mountain Valley Mental Health has previously used another county's CMHP to provide Mental Health First Aid training. During the next fiscal year, MVMH will send a qualified mental health professional to get certified in being a trainer in order to increase knowledge and skills within the mental health agency and community. This training is an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the United States and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews commonly known treatment modalities. Once we become certified to do the training, we will offer training to our community partners such as schools, hospital, law enforcement, mental health and substance abuse counselors.

### **Mental Illness**

MVMH provides intensive services for adults, adolescents and children with mental illness. Intensive Community Based Treatment Services are available for children and youth. Through this program, children with mental illness can be followed closely through an appointed team of treatment staff, community partners and family members to wrap needed services around the child or youth. Additional services may be provided to the child including skills training, respite care, and mentoring. In the event that children and youth need referred to day treatment or inpatient treatment services, the team can make the recommendations and the child's therapist, along with support from the Family Care Coordinator, will refer children for appropriate level of treatment. While the child or youth is in treatment, the ICTS team will continue to track the progress of the individual and will make efforts to step the client back down to outpatient level care when appropriate.

Adult clients with mental illness may be tracked through a similar process where team meetings are held to plan for the client and assure that their needs are being met in the community. In the event that an adult requires a higher level of care, the team will assure that appropriate referrals for care are made. The AMHI program for adults allows MVMH to provide more intensive services to adult clients with mental illness in an effort to prevent placement in a higher level of care, and to assist with providing intensive services for clients when they are stepping down from a higher level of care and returning to the community.

MVMH is working to identify teens and young adults with psychosis who would benefit from comprehensive services through the Early Assessment and Support Alliance. MVMH is working with Greater Oregon Behavioral Health, Inc. to coordinate efforts with other small Eastern Oregon counties to determine how this population may be served regionally, due to the difficulty of providing comprehensive services that meet the full criteria for EASA in each rural community. MVMH will continue to be involved in these planning efforts through GOBHI to create a model for serving this population in Baker County.

Psychiatric services are provided to children, adolescents and adults at MVMH by Reta Warner, PMHP. Ms. Warner is a full-time employee of MVMH and sees individuals for comprehensive psychiatric assessments and on-going treatment for medication management. In the event that a client requires intensive monitoring and assistance with medication management, they are referred to the case manager who assists the client with managing their medications as appropriate for the individual's needs.

### **Substance abuse and problem gambling prevention services and supports**

Screening and education are provided in the residential programs at NDN for gambling. New Directions Prevention program has informational radio spots and provides

educational presentation within the local schools that address substance abuse and problem gambling.

New Direction Northwest, Inc. other programs include:

***Blue Mountain Addictions Program***

Blue Mountain Addictions Program provides individualized, gender specific treatment to those individuals who meet Level I and II ASAM PPC-2R Criteria. Individuals receive: individual counseling, group counseling, family counseling, comprehensive alcohol and other drug education, health education including: the potential impact of alcohol and other drug use on the fetus, smoking cessation, infectious disease information and risk assessment, including any needed referral; and relapse prevention planning. In addition, other services are used to the extent of the availability of community resources including referral to self-help groups, mental health services, medical services, Blue Mt. Community College for GED studies, as well as other appropriate services. The length of treatment is governed by the individual's progress towards treatment objectives as measured by the criteria outlined in their Individual Service Support Plan (ISSP).

Individuals learn about the disease of addiction, identify how it has affected their lives, and how to live without abusing chemicals. Individuals are introduced to twelve step programs, parenting programs, learn how to use community resources, and work on restoring damaged personal relationships. People learn to think differently through cognitive restructuring and begin to take responsibility for their lives and their own recovery. Emphasis is placed on relapse prevention planning.

***Recovery Village Program***

The program provides individualized, gender specific treatment to those individuals who meet Level III ASAM PPC-2R Criteria to parents who are accompanied by their child (0-6 years old) when coming to treatment. Generally, these are individuals who have demonstrated an inability to stay clean and sober on an outpatient basis. Individuals are also assessed at admission for co-occurring disorders and are provided medically necessary treatment as needed for their co-occurring needs with treatment planning, individual counseling, and group counseling. Psychiatric assessment, consultation and medication management are provided based on individual need. If deemed appropriate by a medical provider, Suboxone treatment can be provided.

Individuals receive: individual counseling, group counseling, family counseling, comprehensive alcohol and other drug education, health education including: the potential impact of alcohol and other drug use on the fetus, smoking cessation, infectious disease information and risk assessment, including any needed referral; cognitive restructuring

and relapse prevention planning. In addition, other services are used to the extent of the availability of community resources including referral to self-help groups, mental health services, medical services, Blue Mt. Community College for GED studies, as well as other appropriate services. The length of stay is governed by the individual's progress towards treatment objectives as measured by their ISSP criteria.

The children that come to treatment with their parents will have the opportunity for mental health assessments, individual and family therapy as outlined in their ISSP. The children will be referred for Well Child check-ups, Early Intervention evaluations, ESD services, including physical and occupational therapy and other services as necessary. Parents have the opportunity to attend parenting groups, and receive individual parenting support and skills training. Child care is provided during treatment hours while parents attend groups, by trained early child care professionals.

### ***Elkhorn Adolescent Treatment Program***

The Elkhorn Adolescent Residential Treatment program provides gender specific, individualized treatment to those individuals ages 14 to 18 years of age, and who meet Level III ASAM PPC-2R Criteria. Generally, these are individuals who have demonstrated an inability to stay clean and sober on an outpatient basis. Individuals are also assessed at admission for co-occurring disorders and are provided medically necessary treatment as needed for their co-occurring needs with treatment planning, individual counseling, and group counseling. Psychiatric assessment, consultation and medication management are also arranged as needed.

All individuals receive: individual counseling, group counseling, family counseling, intensive case management, comprehensive alcohol and other drug education, recreation, health education including: the potential impact of alcohol and other drug use on the fetus, infectious disease information and risk assessment, including any needed referral, and relapse prevention planning. Clinically appropriate family or significant others are involved in the treatment process. In addition, other services are used to the extent of the availability of community resources including referral to self-help groups, medical services, as well as other appropriate services. The length of stay is governed by the individual's progress towards treatment objectives as outlined in the individual's ISSP.

### ***Baker House***

The Baker House program provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for alcohol and other drug dependent individuals, consistent with Level III criteria of ASAM PPC-2R. Generally, these are adults who have demonstrated an inability to stay clean and sober on an outpatient basis. Individuals are also assessed at admission for co-occurring disorders and are provided medically

necessary treatment as needed for their co-occurring needs with treatment planning, individual counseling, and group counseling. Psychiatric assessment, consultation and medication management are arranged for as needed. If deemed appropriate by a medical provider, Suboxone treatment can be provided.

Individuals receive: individual counseling, group counseling, family counseling, comprehensive alcohol and other drug education, health education including: the potential impact of alcohol and other drug use on the fetus, infectious disease information and risk assessment, including any needed referral, and relapse prevention planning. In addition, other services are used to the extent of the availability of community resources including referral to self-help groups, and medical services as well as other appropriate services. The length of stay is governed by the individual's progress towards treatment objectives as outlined in the individual's ISSP.

### **Prevention Program**

The prevention program creates radio, theater, and newspaper ads for raising problem gambling awareness as well as general substance abuse prevention. This includes raising awareness and education on binge and heavy drinking in accordance with the Strategic Planning Framework State Incentive Grant (SPF SIG). In addition to raising awareness and educating the public on these issues, various venues are used for counter advertising campaigns and positive community norm campaigns, particularly concerning heavy and binge drinking.

The prevention program also meets with a high school group (DFY: Drug Free Youth) at Baker High School to spread awareness, education and positive social norming through activities and education platforms such as the Teen Health Fair and Red Ribbon Week. Other awareness campaigns included throughout the year are: National Drug Facts Week, Problem Gambling Prevention Week, and holidays and vacation times that are statistically more likely to increase substance abuse and problem gambling incidents, such as the Super Bowl, March Madness, spring break, prom, Homecoming, Christmas, Halloween, and New Year's. The education and awareness campaigns, as well as the social norming campaigns, all include numbers from the latest Student Wellness Survey (taken in spring of 2012). Prevention also works with the middle school leadership class to raise awareness on many of the same campaigns as the high school.

A lot of the direct education for school-age children happens in a more formalized setting of teaching Life Skills to 3rd-5th grades of the Baker School District. Curriculum for Life Skills is also provided to the Pine-Eagle and Huntington School Districts. The prevention program also provides education and training to teachers concerning substance abuse and problem gambling prevention.

In accordance with our Strategic Prevention Framework State Incentive Grant (SPF SIG), the prevention coalition and prevention program educates on heavy and binge drinking concerning 18-25 year olds by presenting at existing and established service groups, church groups, and other individuals and groups that may have a vested interest such as health professionals and elected officials. The education and awareness strategies were chosen in accordance with the community assessment and action plan that was formed from the assessment. They include group presentations, as previously mentioned; posters, brochures and other printed material distribution; publishing editorials/articles in the newspapers; and focusing on topics related to alcohol abuse such as Fetal Alcohol Spectrum Disorders (FASD), underage drinking, drinking and driving, and related substance abuse.

### **Northeast Oregon Collaborative for Child Safety**

NDN participated in a federally funded 5-year grant, Northeast Oregon Collaborative for Child Safety (NOCCS), which completed September 2012. Part of the NOCCS project provided substance abuse treatment services with intensive case management and wrap around funding in an effort to increase the safety and permanency of children with the family.

### **Early Intervention**

*“Early Intervention” means clinical or preventive services for a person of any age that begin prior to or in the early stages of a mental health problem. Intervening with young children is included in this definition.*

### **Mental Health Early Intervention**

Mountain Valley Mental Health provides mental health screenings, assessments and treatment for children birth to age 5 and their families. MVMH is involved in the Child Parent Psychotherapy project through Greater Oregon Behavioral Health, Inc. and has two therapists trained in Child Parent Psychotherapy. Through this project, participating therapists have access to monthly training and case consultation. Child Parent Psychotherapy services include assessment of the child and their family, and intensive therapeutic services which focus on building healthy attachment, and treatment of trauma. Through this project, MVMH will provide training and outreach to programs and community partners who serve young children and their families including local physicians, Baker County Health Department, Early Intervention Program, Department of Human Services Child Welfare Services and Building Healthy Families.

MVMH has three full-time therapists serving children and their families trained to address issues of attachment, early trauma, behavioral problems and conditions diagnosed in

childhood. Children who need assessment for developmental disabilities, learning disabilities, genetic or other medical problems are referred to appropriate community or regional service providers.

MVMH is a member of the Baker County Multi-Disciplinary Team for child abuse and neglect appointed by the District Attorney. This team meets weekly and provides the opportunity for mental health to interface with partners serving children and families.

Resources for early intervention services include:

- Baker County Health Department. Immunizations, family planning services and women's health care, Women Infant and Children's program, Babies First and Healthy Start home visiting program.
- Early Intervention Services. Screening and assessment of early developmental disabilities and service intervention.
- Head Start.
- Building Healthy Families. Parenting Education and support services.
- Child Care Resource and Referral. Information and referrals for child care services.

### **Substance Abuse Early Intervention (Early Identification and Referral) Prevention Program**

Much of the early intervention and prevention program focuses on informing educators and those who are in frequent contact with the youth population, about the relationship between substance use and other adolescent problems. These can include, but are not limited to: school failure, delinquency, family problems, teen pregnancy, mental health problems, and sexually transmitted disease. It also raises awareness on the relationship between problem gambling and substance use/abuse. Also, included in early intervention are programs designed to reduce problem drinking and tobacco cessation.

### **Treatment and recovery**

MVMH provides comprehensive mental health services for treatment and recovery including screening, mental health assessments, and therapy for children, adolescents, families and adults. Services include individual therapy, treatment groups for adults including Dialectic Behavioral Therapy, Moral Recognition Therapy, Seeking Safety, Trauma Therapy and Peer support, which follow evidence based practices.

Treatment groups for children and adolescents include victims of sexual abuse, friendship group which focuses on building social skills, trauma therapy and adolescent girls group which emphasizes emotional regulation and coping skills. Support and referrals for higher levels of care for children are made for MVMH clients if determined to be appropriate

through the ICTS program. If a child or adolescent is referred to a higher level of care, the youth continues to be followed by the ICTS program with the goal of returning the child/youth to a lower level of care in the community.

Adults may be referred to higher levels of care if needed. Efforts are made to maintain adults in the community if possible through the AMHI program. In the event that adult clients are not able to remain in the community, clients are tracked and efforts are made to return clients to the community when appropriate, often utilizing additional supports through AMHI.

NDN provides substance abuse treatment that meets ASAM criteria for level .5 through 2.1 with clients that are either self-referred or from courts, probation and parole, mental health and primary care providers. Treatment includes:

- problem and pathological gambling
- relapse prevention
- intensive outpatient groups
- gender specific groups
- Seeking Safety groups
- emotional regulation groups
- Learning to Change, (which is a cognitive restructuring class)
- Measure 57 classes, which is a specific contract partnered with parole and probation to provide cognitive restructuring groups to high and medium risk offenders as measured by the LSCMI
- DVIP (domestic violence intervention program) which is a 12-month program implementing the Deluth Model
- HIV/STD/Hepatitis risk assessment, education and referrals
- Smoking Cessation education and referrals
- Culturally sensitive and specific education for rural areas

-Adolescent specific treatment

-12 Step Introduction and Education in the residential programs

-work in a partnership role with joint clients with Department of Veterans in La Grande

-Fetal Alcohol Spectrum Disorders education; Partner with Healthy Families and Mental Health to provide parenting groups and education

-Court involved partnering with Vocational Rehabilitation, Circuit Court, District Attorney's office, Defense Attorneys, Parole and Probation, Mountain Valley Mental Health, and Department of Human Services Child Welfare

-Contracted with Department of Human Services Child Welfare to provide holistic treatment with mutual clients

-ITRS, Partnership II and transitional housing for women and children

-assessments in jail, doctor's offices, hospitals, MVMH, detox, interventions in community locations to include private homes

-work with suboxone clinics to educate and help clients obtain evaluation and medication

### **Mental Health Crisis and Respite Services**

Crisis services are available to residents of Baker County 24 hours per day, 7 days per week. During business hours Monday through Friday 8 AM to 5 PM, persons may present directly to MVMH or the Saint Alphonsus Emergency Room to access crisis services. MVMH will respond to other locations as appropriate for crisis services such as local doctor's offices or Baker County Schools. After regular business hours crisis services may be accessed through MVMH's on-call crisis line directly by calling the crisis number, or through contact with the Baker Police Department, Oregon State Police, Baker County Sheriff's Office or Saint Alphonsus Emergency Room. Crisis services are shared by clinicians of MVMH and include crisis assessment, safety planning and stabilization efforts. In the event a plan is not able to be put in place to assure client safety, MVMH makes needed referrals and transportation arrangements for acute care.

Respite services are accessible to adult, child and adolescent clients as needed. Respite services are generally used to help stabilize clients in an effort to prevent clients from going to a higher level of care or to assist clients in stepping down from a higher level of care. Baker County has two programs available for adult respite services, Idlewood Manor and Mickey Cowan. Respite care for children and adolescents are typically provided by two therapeutic foster care homes, Mike and Carlotta Piete, and Michelle Hauser. There have been occasions where respite care services for adolescent males have been provided by Ricky's House in neighboring Malheur County. Respite care services are available to qualifying families through the Developmental Disabilities program to support families in continuing to care for their children/ adolescent in the home.

### **Substance Abuse Crisis and Respite Services**

NDN programs refer clients to social detox at Baker House or if the client is in need of medical detox to Eastern Oregon Alcohol Foundation. Often an identified AA/NA person is contacted to provide local support. NDN also contacts and works with Veterans Affairs and refers for gambling respite residential services if they are needed.

### **Services available to required populations and specialty populations:**

*(Required populations: Children with Serious Emotional Disorders, Adults with Serious Mental Illness, Persons who are intravenous drug users, Women who are pregnant and have substance abuse and/or mental health disorders, Parents with substance use and/or mental health disorders who have dependent children, Persons with tuberculosis)(Specialty populations: Military personnel (active, guard, reserve and veteran) and their families, American Indians/Alaskan Natives, Persons with mental health and/or substance use disorders who live in rural areas, Underserved racial and ethnic , minority and Lesbian, Gay, Bi-sexual, Transgender or Questioning populations, Persons with disabilities, Community populations for environmental prevention activities, including policy, Community settings for universal, selective and indicated prevention; including hard to reach communities and late adopters of prevention strategies)*

### **Services available to required populations**

- 1) Children with Serious Emotional Disorders: Comprehensive mental health services including assessment, individual/group therapy, wrap around services such as skills training and mentoring as well as psychiatric assessment and treatment are available for this population. Intensive Community Based Treatment Services and referrals for higher levels of care to include day treatment and inpatient treatment are provided.
- 2) Adults with Serious Mental Illness (SMI): Comprehensive mental health services including assessment, individual/group therapy, wrap around services including case management, and medication management are available to this population.

Psychiatric assessment and treatment are available. The AMHI program provides intensive, flexible wrap around services for adults in this population to prevent placement in a higher level of mental health care, and to assist clients in returning to outpatient level care if they have been hospitalized or receiving services through a higher level of care.

3) Persons who are intravenous drug users: MVMH refers clients for substance abuse assessment and needed substance abuse treatment to New Directions Northwest, Inc. This population receives priority for substance abuse treatment services through New Directions Northwest, Inc.

4) Women who are pregnant and have substance use and/or mental health disorders: MVMH refers this population to New Directions Northwest, Inc. for substance abuse services. This population receives priority treatment status through New Directions Northwest, Inc.

5) Parents with substance use and/or mental health disorders that have dependent children: MVMH provides comprehensive mental health services to this population. MVMH will refer clients to New Directions Northwest, Inc. for substance abuse assessment and treatment services and works closely with New Directions to coordinate treatment. New Directions Northwest, Inc. has in-patient level treatment services for parents with young children ages birth to age 6 and may refer clients to this program if the client meets criteria for inpatient level care.

Mountain Valley Mental Health also provides mental health services for families with children who are involved with the Department of Human Services for allegations of child abuse and neglect. Mental health treatment services may include individual and family therapy as well as close coordination with other partners serving the family such crime victim's assistance, the District Attorney, May Day (Domestic Violence Program) and New Directions Northwest, Inc. when substance abuse is involved.

### **Services available to specialty populations**

1) Adolescents with substance use and/or mental health disorders: MVMH provides comprehensive mental health services for this population and refers clients to New Directions Northwest, Inc. for substance abuse assessment and treatment. New Directions has the capacity to provide outpatient and inpatient treatment services for this population and MVMH coordinates mental health care with New Directions as appropriate.

2) Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression: Comprehensive mental health services including assessment, individual/ group

therapy, wrap around services such as skills training and mentoring as well as psychiatric assessment and treatment are available for this population. Intensive Community Based Treatment Services and referrals for higher levels of care to include day treatment and inpatient treatment are provided by MVMH when appropriate. MVMH works closely with the Baker County Juvenile Department and Oregon Youth Authority (OYA) to provide mental health services for local children involved in the Juvenile Justice Systems. Juvenile Court Councilors are frequently involved in planning as members of the Intensive Community Based Treatment Services team for mental health services for the youth they are serving. Many of these youth fit the conduct disorder criteria and also have substance abuse problems.

3) Military personnel (active guard, reserve and veteran) and their families: MVMH provides comprehensive mental health services for military personnel. MVMH has accepted referrals for services from the Veteran's Administration (VA), and has accepted contracts paid through the VA. MVMH has coordinated treatment services for clients that are receiving services both through MVMH and the Veteran's Administration in Boise, Idaho.

4) Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system: MVMH provides services to individuals who may be homeless or involved with the criminal and juvenile justice system. In the event that a client is homeless or needs assistance with housing a case manager may be assigned to work with the client to help them locate safe, appropriate housing through other community agencies, include Community Connections, May Day, Oregon Housing Authority, the Department of Human Services and local low income housing complexes.

5) Persons with mental health and/or substance use disorders who live in rural areas: Baker County is a rural county located in Northeastern Oregon. MVMH provides comprehensive mental health services to the residences of Baker County, and is the primary Medicaid provider for mental health services in Baker County.

6) Underserved racial and ethnic minority and Lesbian, Gay, Bi-sexual, Transgender or Questioning (LGBTQ): While there is not a significant identified population of LGBTQ individuals in Baker County, MVMH provides mental health services to all populations without discrimination. Comprehensive mental health services are provided to this population with efforts to link individuals to on-line, regional or statewide services that specialize in serving this population as deemed appropriate.

7) Persons with disabilities: MVMH is the local provider for children and adults with Developmental Disabilities providing screening and assessment to determine

eligibility for DD services. A variety of services are available for eligible individuals including case management, In-Home Support Services to empower individuals and families to remain in their home while receiving supports at home. Independent Living Supports are offered for qualified clients to enable adult individuals to live alone with some assistance. These services may entail help with managing finances, meal planning, community inclusion and medication management. Vocational services are provided for adults through supervised environments through varying levels of support allowing clients to have a productive lifestyle through paid or voluntary employment. Clients may be linked with the Eastern Oregon Support Services Brokerage where they may be eligible for a hired personal assistant, connection to community resources and other financial supports. Residential Services are available for this population when appropriate through placement in adult foster homes and group homes providing 24-hour care. Crisis Diversion Services are provided to individuals who are in danger of losing needed supports or are at risk of civil court commitment. MVMH provides comprehensive mental health services for individuals in this population needing mental health care.

#### **Substance Abuse and Problem Gambling Services:**

- Adolescents-provide assessments, individual counseling, group counseling, family counseling, living skills education, treatment within school, UA testing and family education to include parents and others in family.
- Criminal populations-Learning to Change groups and Measure 57 groups, which are cognitive restructuring curriculum for clients involved with the criminal justice system.
- Veterans-provide assessments, individual counseling, group counseling or family counseling. If appropriate, referrals to a Veterans treatment provider and provide community support members for them to contact.
- Co-occurring-work with local mental health agency and community support programs. Offer Seeking Safety specifically for individuals with PTSD and substance abuse diagnosis.
- Batters Intervention Program-NDN follows the Deluth Model and works with clients referred through the court system and families.
- Court Involved Clients-work with clients in the legal system to help them maintain sobriety and reduce recidivism. NDN conducts an assessment and provides appropriate level of care as determined by ASAM criteria.

- DUII-NDN conducts an assessment and provides appropriate level of care as determined by ASAM criteria.
- Department of Human Services/Child Welfare-provide screening and assessments for alcohol/drug issues and provides appropriate level of care as determined by ASAM criteria. NDN provides case management through ITRS and Partnership II. NDN assists community partners and promotes reunification of families when appropriate.
- HIV/STD/Hepatitis-provide assessment form and education, and make appropriate referrals to medical providers.
- IV drug users-receive immediate education, assessment and referral to Intensive Outpatient or residential treatment if appropriate.
- Pregnant women-receive immediate education, assessment and referral to Intensive Outpatient or residential treatment if appropriate. They are referred to DHS for OHP enrollment, Rachel Center for Pregnant Mothers, Health Department and also to transition housing if needed.
- During the NOCCS project, funding and linkage was provided for families to be referred to MVMH for individual therapy, mental health assessments, family therapy, and child therapy. Funding was available for families to receive psychiatric services and some assistance with payments for medication if needed. Funding was also provided on occasions when families requested mental health services outside of MVMH. Funding ended for NOCCS project on September 2012.

**Activities that support individuals in directing their treatment services and supports:**

Mountain Valley Mental Health abides by the ISSR's rules and regulations, in which the individuals have the right to participate and help develop their Individual Support Plans (treatment plans). The individual is informed of services that would be appropriate to assist in the treatment of their diagnosis and mental health needs. The individual then has the right to identify what options they would like to participate in.

MVMH also provides ICTS (Intensive Community Treatment Services) for youth who are identified as "high risk". The individuals enrolled in ICTS have a "community based" team wrapped around them for support and additional services, so that all attempts are

coordinated and integrated. The individual (and their family) identify and select those that they would like to be a part of that "team".

MVMH provides a similar program for the adult population that also have high mental health needs, AMHI. This program mirrors the children's program of ICTS, with similar teams and supports, case coordination, etc.

**Substance Abuse and Problem Gambling Activities:**

- Education on Self Help Meetings
- Living Skills Classes
- Family Education
- Treatment Planning
- UA administration
- Case Management with other community partners involved in their lives
- Job Seeking Skills
- Individual Counseling
- Outreach in jail, hospitals, medical clinics
- Relapse Prevention Classes
- All families in the NOCCS received a family needs assessment (FNA). The FNA covered 26 domains to include housing, legal involvement, child care needs, substance/treatment needs, mental health and other possible issues. Based on these needs, families received case management, services and wrap around funds.
- NOCCS completed a NIATx project in year four. NDN created a postcard to be given to any families engaged in the DHS self sufficiency or child welfare programs. The post card explained the NOCCS services and allowed for a NOCCS clinician to be available (within ½ hour) for any family seeking an intake for substance abuse treatment. NOCCS also offered monthly walk-in orientation for

families at DHS to learn more about the program. The orientation was offered in partnership with School-One-Stop. NOCCS clinicians attended child welfare staff meetings as well. Eligibility and services for the NOCCS program were determined at the time of assessment and could begin immediately.

**b) List roles of LMHA and any sub-contractors in the delivery of addictions and mental health services.**

The LMHA in Baker County is designated as the Elected County Commissioners. The LMHA oversees and appoints the Mental Health Community Advisory Board. Baker County LMHA has elected to sub-contract all mental health service delivery to Mountain Valley Mental Health, a private, non-profit entity. The LMHA reviews the contract annually, unless concerns are raised, and then the LMHA will evaluate and determine proper action.

New Directions Northwest, Inc. is also a subcontractor of Baker County and provides all substance abuse prevention, outpatient and social detox services. This includes: screening, assessments, treatment planning, individual therapy, group therapy, case management and education to all populations within Baker County.

Mountain Valley Mental Health, as the sub-contractor of LMHA, provides all direct service delivery. This includes, crisis, screenings, assessment, treatment planning, individual therapy, group therapy, case management, medication management, psychiatric services, development of Therapeutic Foster Care providers, skills training in the schools and home, to all populations within Baker County (infant-toddler, children, adolescents, adult and geriatric).

Collaboration between all entities in Baker County is essential to provide services to all clients. MVMH and NDN work closely with the local police department, sheriff department, parole and probation, department of corrections, Baker County Commissioners, Baker County Court (including judge and district attorney), juvenile department, local DHS, local health providers, and local hospital.

**c) Describe how the LMHA is collaborating with CCOs serving the county.**

The Baker County LMHA is made up of the Baker County Commissioners. At current time, Fred Warner, the Chair of the Baker County Commissioners, has been working very closely promoting and supporting the Baker County CCO, EOCCO. It is our understanding that Mr. Warner has also been appointed to serve on the LCAC, Local Community Advisory Council, to EOCCO. This committee will serve as a direct body that will help develop and conceptualize service delivery to Baker County residents. The LCAC will also be conducting

and writing the Community Needs Assessment, which the LMHA will be directly involved due to the fact that Mr. Warner is serving on this committee. Representatives from MVMH have supported the EOCCO by attending meetings, and assisted in the implementation of the Baker County Care Coordinated team.

**d) List of Mental Health Advisory Council and Local Alcohol and Drug Planning Committee (LADPC) Members, including their stakeholder representation.**

**Baker County Local Mental Health Advisory Board and Local Alcohol and Drug Planning Committees**

**Tester, Linda**

Community Member

**Barzee, Judy**

Community Member

**Johnson, Lynette**

Community Member

**Hirsch, Molly**

Consumer

**Rogers, Paul**

Consumer

**Fedderly, Michael**

Consumer

**Toms, Crystal**

Consumer

**Carpenter, Mary Jo**

Community Connections

**Erickson, Staci**

Baker County Juvenile Department

**Selander, Shari**

A&D – NDN Ex-officio Member

**Friedman, Deborah**

A&D – NDN staff

**Spangler, Ellie**

MVMH staff – DD Ex-officio Member

**Brown, Diana**

CASA and Parent of consumer

**Washington, Anthony**

A&D – NDN staff

**Lohner, Wyn**

Chief of Baker City Police

**Jones, Marilyn**

DHS Representative

**Vacant**

Baker School District Representative

**Kerbs, Carolyn**

Emergency Room Manager

**Benson, Will**

Baker County Adult Parole and Probation

## **2. Community Needs Assessment**

### **a) Describe the community needs assessment process including the role of peers and family members in the design and implementation of the process.**

Mountain Valley Mental Health Programs, Inc. (MVMH), the CMHP for Baker County, began its community needs assessment process in January of 2013, coinciding with the newly formed LCAC (who also began the assessment process for the newly formed EOCCO). It was, and is the goal of MVMH to coordinate and integrate our services with the needs identified by our local CCO, EOCCO. The assessment being conducted by the Baker County LCAC, will serve as a reflection of MVMH's mission to integrate public health, mental health, addictions and community health promotion and prevention services. MVMH's Clinical Director, Marji Lind, serves as a member of the LCAC, so MVMH is greatly involved in the needs assessment development and process. This assessment is not 100% completed, the Baker County LCAC has several activities of data collection still planned and to be completed by the end of August. At that time, all data will be collected and analyzed. As with the communities we serve, physical health, health behaviors, and mental health are not isolated conditions. If there is one resounding theme amongst the assessment activities included in this section, health is broadly defined as mental and physical well-being. At this time, data sets are qualitative, but the LCAC is completing quantitative data collection at this time. The LCAC has also reviewed secondary data from previously conducted needs assessments. This data was collected by: the State Division, Baker County Public Health, CHIPS, St. Alphonsus Medical Center and New Directions Northwest Substance Abuse data for prevention grant. The LCAC has hosted several community agency driven focus groups, the results of which will be presented. During July and August of 2013, the Baker County LCAC will survey (by mail) randomly selected community members and will also conduct six community focus group meetings. At that time, all data will be collected and analyzed.

### **b) Describe how data from the community needs assessment is used to evaluate prevalence, needs, and strength in the local service system.**

The community needs assessment data is currently being used to evaluate the prevalence of conditions, determine needs, and identify strengths in the local service system. As indicated earlier, MVMH and Baker County LCAC are in the final stages of its assessments, including the local service system. After all assessments have been completed, this data will be utilized to develop a community health improvement plan reflective of community-driven prioritization of needs and strategies for improvement.

**c) How does the community needs assessment process include feedback from advisory and quality improvement groups? Please identify the specific groups.**

The LCAC met monthly to brainstorm and discuss progress of the needs assessment. The LCAC also conducted several community partner focus group sessions, which included representation from the following: Baker County Commissioners, New Directions Northwest, Inc. (Blue Mt. Addictions and Prevention), Pine Eagle Clinic, North East Housing Authority, Mountain Valley Mental Health, Department of Human Services, St. Alphonsus Medical Center, Baker County Health Department, Ideal Partners in Home Care, Baker City Police Department, Baker County VA, St. Luke’s EOMA, Baker Clinic, Community Connections, Development Disability Brokerage, Homeless Liaison, Adult Parole and Probation, and Building Healthy Families. Community partners gave feedback on the design and methodology as well as providing significant input on identifying community strengths, needs and gaps within the community.

**3. Strengths and Areas for Improvement**

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas of Needing Improvement
a) Mental Health (MH) Promotion	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Strong connections with community partners</li> <li>- Client centered services</li> <li>- Flexible, multi-pronged outreach approach</li> <li>- Co-location within medical providers, school, DHS, etc.</li> <li>- Well trained professionals</li> </ul> <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> <li>- Stigma still an issue in the community</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continue and increase co-location of services</li> <li>- Maintain strong and healthy connections with community partners</li> <li>- Continue seeking out trainings for providers</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Decrease</li> </ul>

	<ul style="list-style-type: none"> <li>- Accurate data regarding specific populations needs</li> <li>- Provision of services and documentation in other languages</li> </ul>	<p>stigma through positive marketing and outreach within the community</p> <ul style="list-style-type: none"> <li>- Increase provision of services at locations other than the mental health building</li> <li>- Seek population specific data to better target efforts</li> <li>- Contract and recruit bi-lingual providers</li> </ul>
<p>b) Mental Illness Prevention</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Small unique community</li> <li>- Case coordination among all providers</li> <li>- Strong set of available programs within the community</li> </ul> <p><u>Needs Improvement:</u></p> <ul style="list-style-type: none"> <li>- Lack of education regarding mental illness for early detection by educational and medical professionals and community in general</li> <li>- Access to MH services in extreme rural communities</li> <li>- Stigma stands as a barrier to individuals to initiate treatment</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Maintain programs</li> <li>- Continue case coordination efforts</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Educate our partners (police, educators, medical providers, families and other community service groups) on adverse childhood experiences and associative conditions.</li> <li>- Work with transportation providers and partner with the local schools to have</li> </ul>

		<p>office space for a clinician within the rural community.</p> <ul style="list-style-type: none"> <li>- Decrease stigma through positive marketing and outreach within the community</li> </ul>
c) Substance Abuse Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Presence within the schools</li> <li>- SPF SIG Grant</li> <li>- Strong Prevention Coalition</li> <li>- Radio education spots</li> </ul> <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> <li>- Early detection at school level and within medical field</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continue within schools</li> <li>- Complete SPF SIG</li> <li>- Continue to recruit and strengthen Coalition</li> <li>- Continue radio advertising</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Increase education and outreach to schools and medical providers</li> </ul>
d) Problem Gambling Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Radio education spots to increase awareness</li> </ul> <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> <li>- Accurate data to determine need</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continue community education and awareness</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Gather data through survey and screenings</li> </ul>
e) Suicide Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- 24 Crisis line availability</li> <li>- Strong partnership with partners within community (schools, medical, etc)</li> </ul> <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> <li>- Enhance awareness of crisis</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continue providing crisis line</li> <li>- Maintain partnerships</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Increase promotion/education within the community</li> </ul>

	line and crisis services	on how to access crisis services
<p>f) Treatment:</p> <ul style="list-style-type: none"> <li>- Mental Health</li> <li>- Addictions</li> <li>- Problem Gambling</li> </ul>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- MH has cohesive team</li> <li>- 5 licensed MH clinicians</li> <li>- Full Time Psychiatric Nurse Practitioner on-site</li> <li>- 3 CADC II</li> <li>- 4 CADC I</li> <li>- 2 CGAC II</li> <li>- EBP</li> <li>- Strong community partnerships</li> </ul> <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> <li>- Transportation to services</li> <li>- Large turnover of staff due to pay scale</li> <li>- Limited access for the uninsured</li> <li>- No AOD services currently offered in out-lying communities</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continue current services and maintain credentialed staffing</li> <li>- Continue using EBP</li> <li>- Continue partnerships</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Work with EOCCO to increase transportation availability</li> <li>- Review job descriptions and reward productivity</li> <li>- Explore funding options</li> <li>- Begin placing co-licensed providers in outlying communities</li> </ul>
<p>g) Maintenance/Recovery Support (include specifics pertaining to mental health, addictions and problem gambling treatment)</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Provided Peer Mentoring Training</li> <li>- Strong connection with the AA and NA community</li> <li>- Provide Transitional Housing for both AOD and MH population</li> <li>- Provide social activities for MH recovery</li> <li>- MH drop-in center for MH clients that is staffed by peers</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continued peer training</li> <li>- Continue collaboration with recovery community</li> <li>- Continue to provide housing</li> <li>- Continue and expand current social activities</li> <li>- Maintain drop-in center</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Recruit more peers that are</li> </ul>

	<u>Needing Improvement:</u> <ul style="list-style-type: none"> <li>- Recruitment of more peers</li> <li>- Increase access to safe and sober housing, transportation and supportive employment</li> </ul>	<ul style="list-style-type: none"> <li>- in recovery</li> <li>- Expand housing opportunities, partner with transportation providers and develop SE program.</li> </ul>
h) MVMH's Quality Improvement process and procedures	<u>Strengths:</u> <ul style="list-style-type: none"> <li>- QI/QA committee meets quarterly</li> <li>- Meets all state ISSR rules</li> <li>- Current Improvement Plan</li> <li>- Strong consumer representation</li> </ul> <u>Needing Improvement:</u> <ul style="list-style-type: none"> <li>- Stronger data to review</li> <li>-</li> </ul>	<u>Plan to Maintain:</u> <ul style="list-style-type: none"> <li>- Continue to abide by ISSR rules</li> </ul> <u>Plan to Address:</u> <ul style="list-style-type: none"> <li>- Gather data out of new EHR</li> </ul>
i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	<u>Strengths:</u> <ul style="list-style-type: none"> <li>- Actively attend/participate in: MDT, Baker County Coordinated Care, LPSNC, LCAC, Prevention Coalition, Parole&amp;Probation, CRB, and others</li> <li>- Provide services within the jail, school, medical offices, DHS and in homes</li> <li>- Refer clients for TANF, food stamps, VOC Rehab, Employment office, Oregon Housing Authority, Community Connections, May Day, etc.</li> </ul> <u>Needing Improvement:</u> <ul style="list-style-type: none"> <li>- Affordable Housing</li> </ul>	<u>Plan to Maintain:</u> <ul style="list-style-type: none"> <li>- Continue involvement in case coordination between service providers and attendance of meetings.</li> <li>- Continue provision of services within community.</li> <li>- Continue to refer and link clients to other services.</li> </ul> <u>Plan to Address:</u> <ul style="list-style-type: none"> <li>- Build relationship with Oregon Housing Authority contact to explore housing opportunities</li> </ul>

	<ul style="list-style-type: none"> <li>- Local VA services</li> <li>- Employment opportunities</li> <li>- Dental Services</li> <li>- Vision Services</li> </ul>	<ul style="list-style-type: none"> <li>- Coordinate and partner with local VA coordinator</li> <li>- Develop SE program</li> <li>- Continue to advocate for need of dental and vision services in the local community</li> </ul>
j) Behavioral health equity in service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- None identified</li> </ul> <p><u>Needs Improvement:</u></p> <ul style="list-style-type: none"> <li>- Transportation</li> <li>- Bi-lingual documentation and providers</li> <li>- Better access to services</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- NA</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Work with CCO to insure transportation funding</li> <li>- Contract and recruit bi-lingual providers</li> <li>- Work with CCO to insure access to those not covered</li> </ul>
k) Meaningful peer and family involvement in service delivery and system development	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- The Local MH and Addictions Advisory Boards have excellent consumer involvement</li> <li>- Strong consumer representation on QI/QA</li> </ul> <p><u>Needs to Improve:</u></p> <ul style="list-style-type: none"> <li>- None</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continue recruitment and encourage consumers to attend and serve on all local boards/committees.</li> </ul>
l) Trauma-informed service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Numerous providers have a trauma-specific treatment modality in their practice</li> </ul> <p><u>Needs Improvement:</u></p> <ul style="list-style-type: none"> <li>- Education on trauma informed</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Continued provision of trauma specific care</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Provide training and community education on</li> </ul>

	service delivery	trauma informed care.
m) Stigma Reduction	<p><u>Strength:</u></p> <ul style="list-style-type: none"> <li>- Through building healthy community partnerships and responding quickly to community need, has reduced the stigma</li> <li>- Provision of services outside of the traditional “MH” office setting</li> </ul> <p><u>Needs Improvement:</u></p> <ul style="list-style-type: none"> <li>- Re-building community image</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Actively seek and respond to community needs.</li> <li>- Continue provision of services at other locations</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Positive promotion and advertisement within local media</li> </ul>
n) Peer-delivered services, drop-in centers and paid peer support	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- Active drop-in center</li> <li>- 2 paid peers on staff</li> <li>- Strong referral to NA and AA community</li> </ul> <p><u>Needs Improvement:</u></p> <ul style="list-style-type: none"> <li>- Funding sources for AOD peer services</li> <li>- More local trainings for peers to attend</li> </ul>	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> <li>- Maintain drop-in center and continue to have paid peers.</li> <li>- Continue to refer to AA and NA</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Seek grant opportunities</li> <li>- Recruit trainers to come to Eastern Oregon</li> </ul>
o) Crisis and Respite Services	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>- 24/7 crisis line and response</li> <li>- Walk-in crisis coverage</li> <li>- Consultation services provided to community partners</li> <li>- Crisis assessments</li> <li>- Strong relationship with ER and local law enforcement</li> <li>- Strong relationship with Sub-Acute facilities</li> </ul>	<p><u>Plan to Maintain</u></p> <ul style="list-style-type: none"> <li>- Continue current crisis response program</li> </ul> <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> <li>- Increase communication between sub-acute providers and therapists/case coordinators</li> <li>- Recruit respite providers.</li> </ul>

	<ul style="list-style-type: none"> <li>- Crisis intervention targeted at reducing hospitalization and assisting individuals to maintain safety while using community supports</li> <li>- 2 Certified Examiners</li> <li>- 4 Certified Investigators</li> </ul> <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> <li>- Collaborate more closely with acute care to coordinate transitions</li> <li>- Development of more respite providers with in local community for both adult and youth</li> </ul>	
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## Part II: Performance Measures

(AMH will identify performance measures and provide baseline date for several of the measures as it becomes available. LMHAs are required to describe finding from any current data they have available in applicable areas, as well as describe a plan for addressing the performance measures in planning, development and delivery of services and supports.)

### 1) Current Data Available

Describe findings from current data

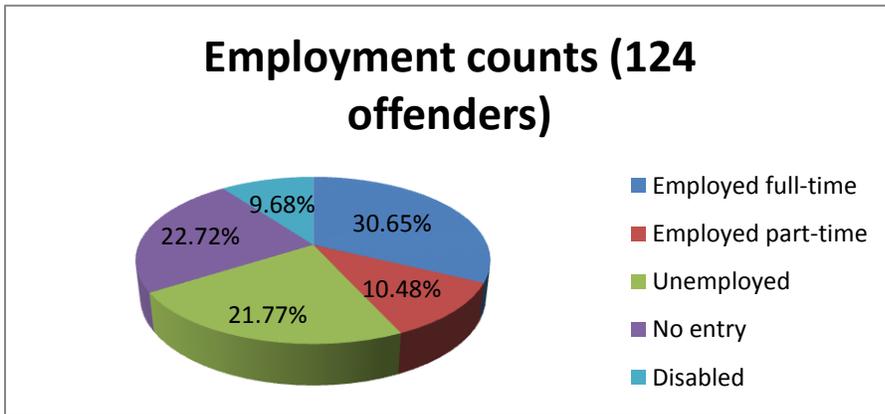
#### a) Access/Numbers of individuals served

- MVMH - 639 individuals have accessed services in the last two years. This data excludes individuals with GOBHI/EOCCO coverage (these are capitated funds and no state flex funds associated with those clients), this data also excludes DMAP Fee-for-Services clients.
- Substance abuse treatment - total of 493 in last two years

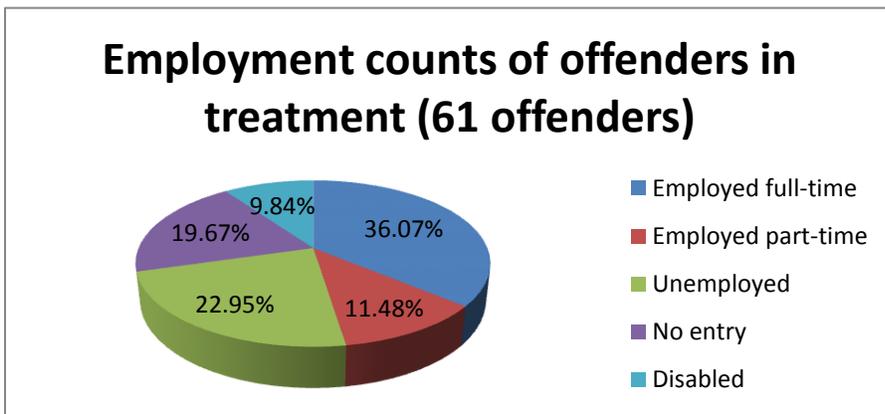
#### b) Initiation of treatment services – Timely follow up after assessments

- MVMH - The Information or data is not available at this time.
  - Substance abuse treatment - within 7 days
- c) Treatment service engagement
- MVMH - The Information or data is not available at this time.
  - Substance abuse treatment - minimum frequency of contact within 30 days of initiation: 2 times a week for first 30 days and then re-assessed for intensity need.
- d) Facility-based care follow up - % of individuals with follow up visit within 7 days after
- (1) Hospitalization for mental illness; or
- MVMH - 100% over the last two years
- (2) Any facility based service defined as residential
- MVMH - 100% over the last two years
  - Substance abuse treatment - 100% of clients leaving residential treatment and staying in the area have appointments made however some of them may not keep their appointments. If BMAP makes the referral to a residential program from BMAP, we contact them throughout their residential treatment stay and help set up their aftercare in preparation of their completion of residential.
- e) Readmission rates 30 and 180 day
- (1) Hospitalization for mental illness; or
- MVMH - The Information or data is not available at this time.
- (2) Any facility-based service defined as residential
- MVMH - The Information or data is not available at this time.
  - Substance abuse treatment-data not available at this time.
- f) Percent of participants in ITRS reunited with child in DHS custody
- MVMH - This information is not accessible do to data collection issues on DHS side.
  - NOCCS states the reunification rate with children in DHS custody is not yet available. The State DHS recently changed from FACIS to ORKIDS data tracking system. It is estimated that the NOCCS data will be available in April 2013.
- g) Percent of individuals who report the same or better housing status than 1 year ago.
- MVMH - The Information or data is not available at this time.

- According to the NOCCS Family Needs Assessment Ratings – Baseline to Discharge Change, a sample size of 258 – baseline rating 1 low need -5 high need was 2.17 and discharge rating 1 low need -5 high need was 1.87.
- h) Percent of individuals who report the same or better employment status than 1 year ago.
- MVMH - The Information or data is not available at this time.
  - According to the NOCCS Family Needs Assessment Ratings – Baseline to Discharge Change, a sample size of 251 – baseline rating 1 low need-5 high need was 3.43 and discharge rating 1 low need-5 high need was 2.89.
  - According to Baker County Parole and Probation of the 124 offenders 30.65% are employed full-time; 10.48% are employed part-time; 21.77% are unemployed; 9.68% are disabled and 22.72% are “no entry”.



- According to Baker County Parole and Probation of the 61 offenders who are in treatment 36.07% are employed full-time; 11.48% are employed part-time; 22.95 % are unemployed; 9.84% are disabled and 19.67 are “no entry”.

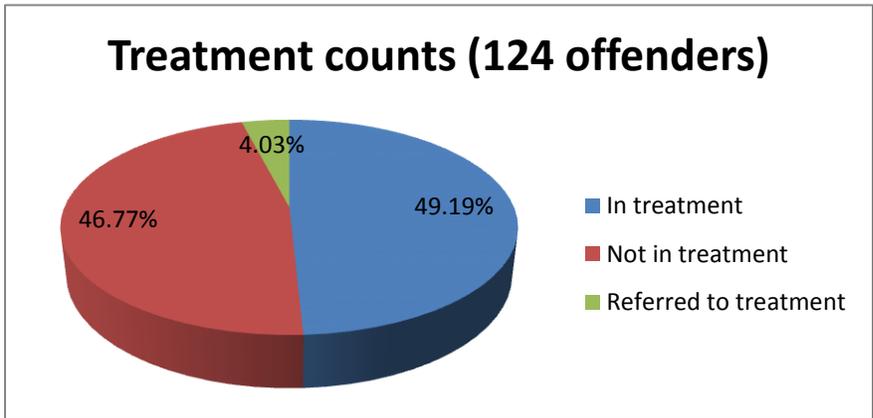


- i) Percent of individuals who report the same or better school performance status than 1 year ago.

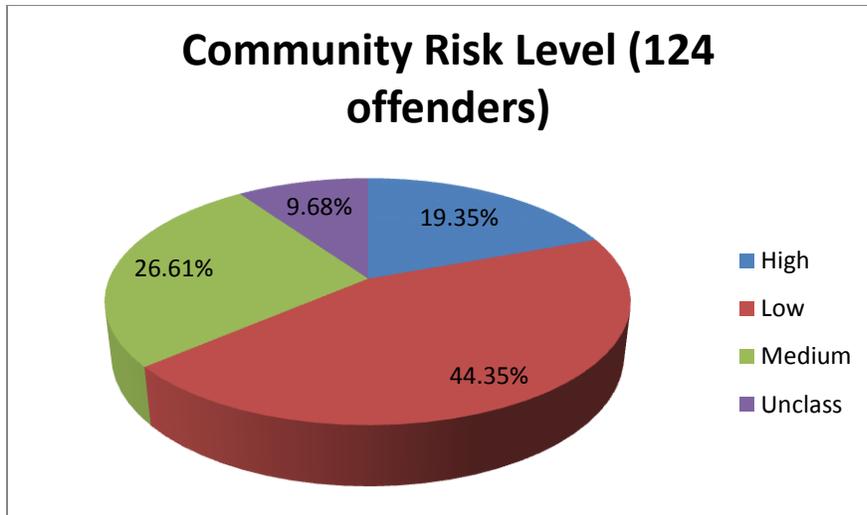
- MVMH - The Information or data is not available at this time.
- According to the NOCCS Family Needs Assessment Ratings – Baseline to Discharge Change, a sample size of Adult 251 – baseline rating 1 low-5 high was 2.69 and discharge rating 1 low need-5 high need was 2.47 and sample size of Child 150 – baseline rating 1 low need-5 high need was 1.78 and discharge rating 1 low need-5 high need was 1.66.

j) Percent of individuals who report decrease in criminal justice involvement.

- MVMH - The Information or data is not available at this time.
- According to the NOCCS Family Needs Assessment Ratings – Baseline to Discharge Change, a sample size of Adult 234 – baseline rating 1 low need-5 high need was 3.06 and discharge rating 1 low need-5 high need was 2.94 and sample size of Child Juvenile Justice 142 – baseline rating 1 low need-5 high need was 1.28 and discharge rating 1 low need-5 high need was 1.27.
- According to Baker County Parole and Probation of the 124 offenders 49.19% are in treatment; 46.77% are not in treatment and 4.03 have been referred to treatment.



- According to Baker County Parole and Probation of the 124 offenders 44.35% are low community risk level; 19.35% are high community risk level; 26.61% are medium community risk level and 9.68 are “unclass”.



- k) Stay at or below a target ADP of individuals for which the count is responsible in the state hospital psychiatric recovery program.
  - MVMH - The Information or data is not available at this time.
  
- l) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target.
  - MVMH - The Information or data is not available at this time.
  
- m) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.
  - 80% of the goals of the prevention plan have been met. Those include: all ATOD classes, elementary-high school will demonstrate greater awareness of the consequences of ATOD use as measured by post program assessment; participants at middle and high school will demonstrate an awareness of problem solving and resistance skills as measured by post program assessment and evaluation; general public participants will have an increased awareness of the consequences of ATOD use as measured by post program/event assessment; and parents involved will have increased opportunity/ knowledge of accessing resources for youth through materials and contact information provided at event. More focus will be put on increasing participation smoking cessation classes for the middle school by facilitating 6 or more sessions of smoking cessation classes per year for middle school students for a minimum of 10 students.

## 2) Plans to Incorporate Performance Measures

(Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports.)

Performance measures will be used to share data with community partners and state agencies. That data will be used to implement and strengthen services provided. LMHA will use performance measures to improve access to services. Plans are currently underway to identify additional performance measures that will be streamlined with the EOCCO's performance measures of service delivery for Baker County. We will be playing an active role in the LCAC and delivery system as the EOCCO develops and the statewide system change endures.

### Part III: Budget Information

(Budget information includes planned use of all flexible funding included in the contract and planned use of beer and wine tax funds and funds specifically allocated for problem gambling services and prevention and substance abuse prevention.)

Mental Health Services		Flexible Funding					
	Service Description		Mental Health 20	Mental Health 22	Mental Health 24	Mental Health 25	Mental Health 30
	Mandated Services						
	Mental Health Services Including adult, child, prevention, screening, assessment and outpatient treatment.		311,305.30	197,646.10	NA	17,265.50	NA
<b>Mental Health Subtotal</b>			<b>\$311,305.30</b>	<b>\$197,646.10</b>	<b>NA</b>	<b>\$17,265.50</b>	<b>NA</b>

Alcohol & Drug Addictions Services		Flexible Funding						
Agency	Service Description		AD 03	AD 66	AD 66A	AD 70	AD80	AD 81
	A&D Services including inpatient, outpatient and detoxification		NA	376,178.85	36,071.95	NA	NA	NA
	Prevention Services		NA	NA	NA	144,498.15	15,257.83	NA
	Problem Gambling Services		13,342.14	NA	NA	NA	NA	33,475.86
<b>A&amp;D Subtotal</b>			<b>\$13,342.14</b>	<b>\$376,178.85</b>	<b>\$36,071.95</b>	<b>\$144,498.15</b>	<b>\$15,257.83</b>	<b>\$33,475.86</b>

## 1) General Budget

- a) Planned expenditures for services subject to the contract:  
New Directions Northwest, Inc. and Mountain Valley Mental Health will be aligning the expenditure allocations to reflect the identified needs of the community based on the needs assessment conducted by our EOCCO. It is our goal and intention to work as closely as possible with EOCCO to provide needed services to our community members, and we want to streamline our funds to those identified needs.

## 2) Special Funding Allocation

- a. Maintenance of effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.  
It is NDN and MVMH's intention to maintain the current level of prevention and addiction treatment services while integrating input from the BIP and EOCCO's needs assessment to plan services based on continuing to receive the same allocation. The allocation process is driven by the funding source and related mandates that prescribe the service elements and expectations. In addition, NDN and MVMH utilizes a rigorous selection process to ensure services are contracted equitably and monitored appropriately.
- b. Use of lottery funds allocated for Problem Gambling prevention and treatment.  
Lottery funds are used to provide two problem gambling counselors. Funds are also used to support the problem gambling treatment program at BMAP. NDN uses a competitive process to allocate funds to support the local program.
- c. Use of funds allocated for alcohol and other drug use prevention.  
Alcohol and other drug funds are used to support a prevention coordinator. As stated above, the prevention program is also working closely with the high school group (DFY: Drug Free Youth) at Baker High School. Together we spread awareness, education and positive social norming through activities and education platforms such as the Teen Health Fair and Red Ribbon Week. Other awareness campaigns included throughout the year are: National Drug Facts Week, Problem Gambling Prevention Week, and holidays and vacation times that are statistically more likely to increase substance abuse and problem gambling incidents such as the Super Bowl, March Madness, spring break, prom, Homecoming, Christmas, Halloween, and New Year's. The education and awareness campaigns, as well as the social norming campaigns all include numbers from the latest Student Wellness Survey (taken in spring of 2012).

Prevention also works with the middle school leadership class to raise awareness on many of the same campaigns as the high school.

In accordance with the Strategic Prevention Framework State Incentive Grant (SPF SIG) funds, funding is used to implement prevention best practices.

### **Additional Information**

**a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development?**

We will need continued education and support for: ISSR or OAR changes; Federal regulation changes; CCO coverage changes; funding stream changes; Medicaid coverage/qualification changes; data reporting requirement changes; continued OWITs usage support; new program development/changes; State organized program development/changes; and law/legal changes.