

## 2. Clatsop County Mental Health and Addiction Community Needs Assessment 2013

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

The community needs assessment for Clatsop County included focus groups, surveys, and participant feedback.

Focus groups were conducted at Connect the Dots and Public Safety Coordinating Council, participant lists for both attached (attachment A). Connect the Dots is a gathering of social service providers from throughout the county which includes representatives from health, behavioral health, schools, early childhood, domestic violence, poverty, and other human service needs. Public Safety Coordinating Council is a statutorily mandated committee formed to address the public safety needs of the county. Two questions were asked of three intervention areas (prevention, treatment, aftercare and support services). The questions were: 1.) What is working well in the service system? And, 2.) What are the challenges?

A survey addressing the strengths and weakness of the addiction, mental health, and prevention service continuum was disseminated to partnering agencies (attachment B). The survey was disseminated in hard copy at various community meetings and was available through the web. Sixty-four responded. Links were sent to community partners to share via email and also posted on the North Coast Parenting and North Coast Prevention Works websites. Eight respondents replied.

A Client's Needs and Satisfaction Survey was disseminated through the Connect the Dots partnership (attachment C). Clients and family members of social services participated through hard copy and Internet web link. Fifty-seven clients and program participants replied.

The Community Needs Assessment process will continue to evolve with the introduction of the Columbia Pacific Coordinated Care Organization (CPCCO). The oversight of the assessment process is being overseen by the Community Advisory Committee (CAC), which is composed of key stakeholders, service consumers and family members. The CAC is currently analyzing data sources and in September 2013 will prioritize their top three concerns for the region for the Health Improvement Plan due December 2013.

**Review Criteria:**

- **Process is clear.**
- **The role of peers and family is described and is meaningful.**
- **Reference to supporting documents is included where applicable.**

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

**Review Criteria:**

- **Data used is relevant and includes priority and specialty populations**
- **Evaluation is informed by and shows connection of data to other community service systems**
- **Prevalence, needs and strengths are all addressed and the use of data in each area is described.**

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

2b & 2c.

Clatsop County will use the data collected in the Community Needs Assessment to assess service needs and strengths. Results will be shared with the Human Services Advisory Committee, which is the Local Alcohol and Drug Planning Committee and the

Prevention Works Coalition, the countywide substance abuse prevention coalition. In addition, results will be provided the CPCCO CAC to add to their data analysis. An anecdotal and preliminary review of compiled CAC data shows significant needs to address substance abuse and mental health needs. Further information is needed to determine what, exactly, needs to be addressed.

Over the past few years, Clatsop County has had insufficient participation in the Student Wellness Survey and Oregon Healthy Teens Survey to provide a significant sample size (N). Current efforts are underway to engage local districts to participate in the 2014 Student Wellness Survey, and we expect to have a large enough sample size when the 2013 Oregon Healthy Teens data for Clatsop County is released. This data will provide the Prevention Works Coalition and the Human Services Advisory Committee youth prevalence data for Strategic Prevention Framework planning.

**Review Criteria:**

- **What groups did feedback come from?**
- **How is the feedback obtained?**
- **How is the feedback used?**

**3. Strengths and Areas for Improvement:**

**Based on the Community Needs Assessment, please indicate where there are strengths or areas for improvement in each of the areas below.**

**Review Criteria:**

- **Reflects Community Needs Assessment.**
- **Identified strengths and areas for improvement match data and other information referenced in the**

**community needs assessment.**

- **Plans to maintain and develop strengths are addressed in each area.**
- **Strategies to make improvements are described and match performance goal strategies where applicable.**

In the Mental Health and Addictions Feedback surveys, participants were questioned about the adequacy of services on a 6 point Likert Scale (very strong to unknown). Responses for the most commonly chosen are reported under “Strength or Area for Improvement” as a percentage.

Qualitative responses from focus groups and survey comments regarding program strengths and areas that can be improved are delineated under “strengths” and “improvements”

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	<p><b>Needs Improvement:</b> 61% of survey respondent report need for improvement in this area</p> <p><b>Strengths:</b> Parenting programs</p> <p><b>Gaps:</b> Work with schools, more self care options</p>	<p>Partner with the Community Health Advocacy Resource Team (CHART) to ensure that mental health promotion is included in their new Worksite Wellness initiative.</p> <p>Encourage local school districts to participate in Student Wellness Survey in an effort to get a large enough county-wide sample size to assess youth behaviors.</p> <p>Continue to work with community partners and school districts to open a School Based Health Center</p> <p>CBH will maintain existing programs and will add ACT and Supported Employment programs.</p>

		Continue to train local community members in Mental Health First Aid
b) Mental Illness Prevention	<p><b>Needs Improvement:</b> 70% of respondents report need for improvement</p> <p><b>Gaps:</b> Safe places/teen centers</p>	<p>Clatsop Behavioral Healthcare is implementing Mental Health First Aid trainings</p> <p>North Coast Parenting continues to raise awareness of adverse childhood experiences and their impact on mental and physical health in later life.</p> <p>Encourage local school districts to participate in Student Wellness Survey in an effort to get a large enough county-wide sample size to assess youth behaviors.</p>
c) Substance Abuse Prevention	<p><b>Needs Improvement:</b> 66%</p> <p><b>Strengths</b> Decline in MIP and underage drinking Prevention Works coalition Rx drop boxes at police depts. Parenting education/NC Parenting Healthy Start Employment policies Youth action, activities and recognition Gender specific programs Media coverage</p>	<p>Continue support and technical assistance to Prevention Works Coalition and Reduce Underage Drinking Task Force</p> <p>Continue to build capacity to offer evidence-based parenting education and support Increase outreach to faith community through parenting education programming</p> <p>Conduct social media campaigns in partnerships with the Oregon Parenting Education Collaborative and the mORe campaign.</p> <p>Continually seek out partnerships and resources to build and sustain evidence based prevention programming.</p>

	<p>Lower Columbia Diversity Coalition</p> <p><b>Gaps</b>  Strengthen partnerships w/ faith community  Messaging and marketing/outreach  Adult alcohol use at community events</p>	<p>Encourage local school districts to participate in Student Wellness Survey in an effort to get a large enough county-wide sample size to assess youth behaviors.</p>
d) Problem Gambling Prevention	<p><b>Needs improvement:</b> 40%  <b>Unknown:</b> 33%</p>	<p>Increase outreach and education regarding problem gambling through prevention programming  Encourage local school districts to participate in Student Wellness Survey in an effort to get a large enough county-wide sample size to assess youth behaviors.</p>
e) Suicide Prevention	<p><b>Needs improvement:</b> 61%</p> <p><b>Gaps:</b>  Suicide prevention classes</p>	<p>Provide at least one QPR training in partnership with the Prevention Works Coalition annually.</p> <p>Collaborate with local and regional partners to research and apply for suicide prevention grants and resources</p> <p>Encourage local school districts to participate in Student Wellness Survey in an effort to get a large enough county-wide sample size to assess youth behaviors.</p>
f) Early Intervention	<p><b>Needs improvement:</b> 46%</p>	<p>Partner with the Early Learning Council to ensure early intervention for mental health is included in local efforts</p> <p>Continue to offer and promote the EASA program for early detection of mental illness</p>

<p>f) Treatment:</p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Addictions</li> <li>• Problem Gambling</li> <li>• Crisis</li> </ul>	<p><b>MH:</b>  <b>Needs improvement: 71%</b>  <b>Addiction:</b>  <b>Needs improvement: 72%</b>  <b>Problem Gambling:</b>  <b>Unknown: 44%</b>  <b>Crisis:</b>  <b>Needs improvement: 57%</b></p> <p><b><u>Strengths:</u></b>  12 Step programs  Drug courts  Addiction and MH providers partnering with jail  Rx abuse decline  Women’s Resource Center</p> <p><b><u>Gaps:</u></b>  Lack of resources/options  Need local inpatient resource for non-insured  Need to address spike in heroin overdose  Adolescent crisis beds difficult to obtain – results in youth detention as default placement</p>	<p>CBH will continue to participate in local treatment court programs, promote 12 step programs and continue to develop relationships with community partners such as DHS, the schools, the jail and local law enforcement.</p> <p>CBH and Prevention continue to partner and ramp up outreach efforts and education regarding mh, addiction, and problem gambling.</p> <p>CBH will also implement an ACT and a Supported Employment program to enhance the service array currently provided to clients.</p> <p>While CBH recognizes the lack of inpatient care, hold rooms, and a school based health center, CBH is unable to develop these resources during this biennium. CBH has and will continue to discuss the issues with community partners and strive to develop resources and / plans to address community needs in the future. CBH is actively participating in an effort to open a SBHC at the Astoria High School.</p>

	<p>MH crisis bed for adult needed  – default hospital and law enforcement as guard  Hold room  Suicide response  Outreach for problem gambling  No school based health center in county  Lack of youth access to care  Limited psychiatric care for youth</p>	
<p>g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)</p>	<p><b>Needs improvement:</b> 69%</p> <p><b><u>Strengths</u></b>  12 step programs  Crossroads  Drug Court  Recovery programs</p> <p><b><u>Gaps</u></b>  More support/resources for relapse prevention</p>	<p>All CBH services are recovery based and focus on recovery, stability, and maintenance. The Open Door program offers a drop in center where clients can visit on an as needed basis for peer support, case management, individual and group counseling or simply social interaction with peers. CBH will continue to support the Open Door program and attend treatment courts.</p> <p>CBH will also hire 4.5 additionally FTE to provide MH and addiction services.</p>
<p>h) The LMHA’s Quality Improvement process and procedure</p>	<p><b><u>Strengths</u></b>  Active Human Services Advisory Council to the LMHA</p> <p><b><u>Gaps</u></b>  Systemic QA and QI process</p>	<p>Continue to build capacity with the Human Services Advisory Committee to engage in a meaningful quality assurance and quality improvement process</p> <p>Reinstate regular meetings between County staff and CBH staff to review contract requirements</p>

<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p>	<p><b>Needs improvement</b> 52%</p> <p><b>Strengths</b>  Cross agency training (MH First Aid)  Juvenile crisis intervention</p> <p><b>Gaps</b>  Consistent services and response around mh commitments  Training to identify causes of substance abuse  More school engagement  Systemic coordination vs. individual players  Lack of funding</p>	<p>Continue to engage MH, addiction and prevention services as part of the Connect the Dots process – focusing on the “no wrong door” approach increasing provider coordination, collaboration, and communication.</p>
<p>j) Behavioral health equity in service delivery</p>	<p><b>Needs improvement:</b> 65%</p> <p><b>Service Needs and Use Survey:</b> 90% of those responding to the question “how easy was it for you to find [mental health services]” reported “easily” or “somewhat easily”</p>	<p>Continue to partner with local initiatives such as CCOs and SBHC planning groups to ensure behavioral health equity and access.</p> <p>In an effort to be certain of equity in service delivery and to ensure that services are not duplicated CBH provides co-occurring treatment and has recently implemented a new EHR. The new electronic health record ensures that clients are treated holistically and seamlessly across providers. Addiction and MH records and treatment are integrated and providers work with one treatment plan per client.</p>

k) Meaningful peer and family involvement in service delivery and system development	<b>Needs improvement:</b> 52%	Continue to partner with the local CCO Community Advisory Committee (51% consumers) to involve in the service delivery and system development.  Continue to support peer educational goals.
l) Trauma-informed service delivery	<b>Needs improvement:</b> 64% <b>Unknown:</b> 31%	CBH has increased advertising efforts in an attempt to get people talking about the prevalence of MH diagnoses. Through ads, newspaper articles, and MHFA training, we are trying to decrease stigma.
m) Stigma reduction	<b>Needs improvement:</b> 63%	CBH has increased advertising efforts in an attempt to get people talking about the prevalence of MH diagnoses. Through ads, newspaper articles, and MHFA training, we are trying to decrease stigma.
n) Peer-delivered services, drop-in centers and paid peer support	<b>Needs improvement:</b> 45% <b>Unknown:</b> 32%	Clatsop county does not have paid peer support but does provide training and educational support for persons to become trained and attain certification. Trained Peer Support Specialists then provide individual peer support as needed.
o) Respite Services	<b>Needs improvement:</b> 48% <b>Unknown:</b> 37%	CBH recognizes the lack of respite services available in our county and continues to seek ways to provide respite services in a rural area with limited resources.

