

Jackson County Mental Health and Addiction Services
Biennial Implementation Plan
2013-2015

Past 1: System Narrative

a) System Overview

1a. Provide an overview of the County's current addictions and mental health services and supports system, including:

Mental Health Promotion

Jackson County promotes Mental Health through three primary initiatives, as well as several additional projects. The primary initiatives include: Mental Health First Aid, Collaboration with NAMI, and community health activities such as Humanity Walking.

- **MENTAL HEALTH FIRST AID:** Mental Health First Aid is offered, through certified staff, to community partners throughout Jackson County. The interactive 12-hour course provides an overview of mental illness and substance use disorders in the U.S.; introduces participants to risk factors and warning signs of mental health problems and builds understanding of their impact; and overviews common treatments. In addition to our adult trainers, Jackson County Mental Health will be certifying an adolescent Mental Health First Aid Trainer in April of 2013. These staff, in collaboration with the two certified instructors at the FQHC, will offer trainings across the County.
- **NAMI:** Jackson County actively collaborates with the Southern Oregon NAMI Chapter to promote anti-stigma efforts around mental illness. NAMI currently houses their resource library in the Jackson County Mental Health complex. The agency will be included as a community partner in the Health and Human Services complex that is scheduled to begin construction in March, 2013. NAMI is planning a walk for National Mental Health Awareness Week in May. Jackson County Mental Health consumers, staff, and family members will participate. NAMI is very supportive of several of the projects developing within the community, including CIT (Crisis Intervention Training) for Law Enforcement and the creation of a Clubhouse Model program.
- **HUMANITY WALKING:** Jackson County promotes healthy communities by offering community-wide free activities, such as the *Humanity Walking* series (April - August, 2013). Funded in partnership with the Oregon Humanities Foundation, *Humanity Walking* offers a series of six public walks and companion cultural events that explore the place of walking in culture, religion, sociology, and literature. Walking as a community provides the vehicle through which to engage health and social issues that impact our region. Topics to be addressed include: public space and aging; education and high school completion; faith and interfaith alliances; returning veterans and resilience; immigration and migrant work; and addiction and recovery. Topics were

selected by relevance to the Southern Oregon region as evidenced by local and state health assessments.

Jackson County also participates with Southern Oregon University in supporting a “Healthy Campus” positive social marketing campaign. Flyers with health supportive information are regularly posted throughout campus to encourage individuals to adopt healthy behaviors; i.e., how to deal with stress, when to ask for help, and how to intervene with a friend. This helps reach the youth in transition population that is often under-served in our state and local community.

Mental Illness, Substance Abuse and Problem Gambling Prevention

Mental Illness, Substance Abuse, and Problem Gambling prevention services are delivered at all three levels indicated by the Institute of Medicine: universal, selected, and indicated. Our prevention programs range from macro-level, community-based interventions such as the work of Dr. Shames with local physicians through the Opioid Prescribers’ Group; to the smaller, but equally successful, LIFE ART program for Latino Youth, which has been highlighted by SAMHSA in a national presentation of successful grant funded programs. Prevention services are delivered through a combination of JCMH staff and subcontractors.

- **ASIST TRAININGS:** ASIST (Applied Suicide Intervention Skills Training) is a nationally registered, evidenced based suicide prevention program that trains individuals to help professionals recognize the warning signs of depression and suicidal behavior. JCMH has provided ASIST trainings at least twice annually to 25-30 community members; each in partnership with several community agencies, including the Department of Veterans Affairs, local schools, and non-profits.
- **LIFE ART (Live. Inspire. Freedom of Expression.):** LIFE ART is a resiliency based prevention program for Latino adolescents and young adults. The program started through the Garrett Lee Smith State Suicide Prevention grant and has grown to encompass far more than suicide prevention: helping youth to avoid or eliminate use of drugs and alcohol; to reduce gang involvement; to decrease school drop-out rates; and to increase school attendance, community leadership and mentorship. The program combines mentorship with art and creative expression as a way of accessing youth’s hopes and fears. Although it is not an Evidenced-Based Practice, the program has been showcased by SAMHSA and highlighted in a national presentation of their successes.
- **STRENGTHENING FAMILIES PROGRAM (SFP):** SFP is a nationally registered, evidence based prevention program designed to increase family communication skills, positive partnering, alcohol and drug awareness and refusal skills, and to improve family functioning. JCMH has supported the program through two community-wide *Train-*

the-Trainer events and has partnered with three different agencies, including the local Methadone Clinic, to offer the program in the community.

- **SCHOOL BASED PREVENTION:** Subcontractors provide alcohol drug and problem gambling education to students in at least six area middle and high schools. Students at increased risk of substance use, which are referred by school personnel or probation, are invited to participate in on-going prevention groups (Boys Council, Girls Circle, and the locally designed program - Finding Focus). Those who have initiated use are referred for individual screening (indicated prevention).

- **FAMILY BASED PREVENTION:** In recognition of the intergenerational transmission of addiction, Jackson County partnered with subcontractor OnTrack to create an individualized, family based prevention program that merges pro-social group activities with alcohol and drug prevention information. Families are referred to the program through the schools. Rather than just engaging the youth (who may have substance using parents, or parents with drug-supportive attitudes at home), the program invites the whole family to participate in monthly dinners and activities, incentivized with small rewards. The program is suitable for families who will not make a commitment to the seven week *Strengthening Families Program* (SFP) but are willing to build a relationship with a prevention specialist to communicate about substance use attitudes and behaviors in the home.

- **PROBLEM GAMBLING PREVENTION:** Problem gambling prevention is infused into the substance abuse prevention curriculum delivered in the schools (see above), including the college community, in an effort to reach the high risk population of 18-25 year olds. Problem Gambling prevention is provided at the environmental level through retail compliance checks, reward and reminder visits, and media campaigns, as well.

- **COMMUNITY EDUCATION:** Prevention services also include community-wide initiatives and education campaigns. In fiscal year 2011-2012, Jackson County hosted a one day summit, *The Impact of Marijuana in Southern Oregon Schools (May 4, 2012)*. The summit drew together 70 attendees including school personnel, addictions treatment and juvenile justice professionals, youth consumers and their families, and representatives from other youth serving organizations in the community, to examine the impact of marijuana policies on our school system.

- **WORKFORCE DEVELOPMENT:** JCMH supports prevention workforce development as evidenced by the following three trainings offered in biennium 11-13.
 - *Strengthening Families Program Facilitators Training, Age 10-14:* This three day training fulfilled the requirements for individuals to become facilitators of the *Strengthening Families Program*, an evidence based prevention curriculum for 10-

14 year olds and their families. In 2012, the program was implemented at four sites throughout the County. Staff from more than 15 agencies was trained.

- *Strengthening Families Program Facilitators Training, Age 6-10:* Same as above for a younger age group.
- *Substance Abuse Prevention Specialist Training:* This week long intensive training fulfilled one of the key requirements for individuals seeking ACCBO certification as Prevention Specialists. Prevention subcontractors will be required to have at least one Certified Prevention Specialists on staff to receive State Prevention funding in the future.
- **OPIOID PRESCRIBERS' GROUP:** The *Opioid Prescribers' Group* (OPG) formed in response to the growing number of prescription opioid overdose deaths in our community. The majority of those deaths were related to the misuse of medications that were being written by local providers. A group of 70 Southern Oregon professionals, from Jackson and Josephine counties, came together to understand the nature of the problem, learn about best practices concerning the management of chronic non-cancer pain (CNCP), to codify those practices, and bring them into general use in Southern Oregon. The group consists of prescribing health care professionals, nurses, pharmacists, behavioral health clinicians, and administrators and has been meeting since early spring 2011.
- **YOUTH SUICIDE PREVENTION TASKFORCE:** The *Jackson County Youth Suicide Prevention Coalition* is a community based, volunteer membership organization comprised of representatives from public secondary schools and colleges, hospitals, non-profits, community organizations, Juvenile Justice, Mental Health, Veteran's Services, and local volunteers. The mission of the Coalition, available on our website at <http://suicidepreventionjacksoncounty.com/>, is to raise awareness of the problem of suicide in our county, reduce the incidence of suicide and suicidal behavior of Jackson County youth, and provide support for all those affected by suicide. The group keeps a comprehensive list of community resources and announcements on the website, as well as a Facebook page, (<http://www.facebook.com/pages/Jackson-County-Youth-Suicide-Prevention-Coalition/140443226004431>).

Early Identification

SUBSTANCE USE AND PROBLEM GAMBLING SCREENINGS: Early identification of substance use and problem gambling disorders occurs through screening of all individuals accessing crisis or mental health services at JCMH or accessing alcohol or drug treatment at any of the subcontracted facilities. The Li-Bet screening is used for problem gambling; substance use screens meet the criteria for SBIRT (Screening, Brief Intervention, and Referral to Treatment) and include first use, frequency, quantity, and attempts to reduce or quit. Personal and social

consequences of use are also assessed per DSM (Diagnostic and Statistical Manual of Mental Disorders) criteria.

EARLY ASSESSMENT AND SUPPORT ALLIANCE (EASA): Efforts are being pursued to develop and promote the implementation of the EASA program within the Jackson County area. A planning process will continue to take place as JCMH fills vacant management positions to bolster the infrastructure of the agency. This will be done jointly between the Children and Adult managers as an effort to be able to identify those youth that are involved in either system. Identifying young people at the earliest possible stage of psychosis, through education of doctors, psychiatrists, and others in the community, will be part of the development of services for Transitional Aged Youth (16-24), within our continuum of care, over the next couple of years.

Treatment and Recovery

- **SUBSTANCE ABUSE TREATMENT:** Substance abuse treatment services are delivered through licensed alcohol and drug treatment facilities that are subcontracted through the County (see below for services offered by each agency). Services available in the community include sobering; outpatient clinical care, case management, and recovery support services; opiate replacement therapies; residential treatment; and specialized services for adolescents. Intensive programs for parents with dependent children are also included. Over 3,500 sobering and treatment episodes are publically funded through the County each year. The *Evidenced Based Practices* utilized by the agencies include, but are not limited to, Motivational Interviewing, Seeking Safety, Cognitive Behavioral Therapy, Peer Mentoring, Case Management, Trauma Informed Care, 12-Step Recovery Support, and Chronic Pain Self Management.

Mental health treatment services include the following offerings and specialties:

- **THE CHRONIC DISEASE SELF MANAGEMENT PROGRAM (CDSMP)** is a six week long workshop, developed at Stanford University Patient Education Research Center. This training is designed to involve participants; it is not a "sit and listen" class. It is designed to help the participants increase the confidence they have in their abilities to deal with the symptoms and issues caused by their health problems and, within JCMH services, to become more pro-active in managing their mental health. Each group shares experiences/asks questions, problem-solves, and builds support systems. This is done through a structured process of modeling, re-interpreting symptoms, goal setting, action plans, feedback, and sharing. Each participant is given a copy of the book, "Living a Healthy Life with Chronic Conditions." CDSMP is on the list of approved best practices in Oregon. This group is appropriate for individuals, regardless of other health problems, to learn to better manage their mental health issues and medications.
- **DIALECTICAL BEHAVIOR THERAPY FOR TEENS (DBTeen)** is an evidence based treatment for teenage children, typically 14 – 18 years of age. It involves a therapeutic process of

skills building, reflection, and insight development. Dialectical Behavior Therapy (DBT) is a form of psychotherapy developed to treat people with borderline personality disorder. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing, with concepts of distress tolerance, acceptance, and mindfulness.

- **COLLABORATIVE PROBLEM SOLVING (CPS)** is an evidence-based treatment for children ages 5-18. The CPS model addresses behavioral challenges. The clients who receive this service tend to be behaviorally challenging kids generally lacking crucial cognitive skills, especially in the domains of flexibility, frustration tolerance, and problem-solving. The practice involves interactions between children with behavioral challenges and their adult caregivers. Caregivers engage the children in solving problems collaboratively rather than by using motivational procedures.
- **ACCEPTANCE AND COMMITMENT THERAPY (ACT):** ACT will function as the primary modality throughout group – the tie that binds all other parts. There is a growing body of research literature exploring the relationship between acceptance, experiential avoidance, and Posttraumatic Stress Disorder (PTSD). In addition, there is a growing body of research literature specifically evaluating ACT in a group format. Current research suggests that ACT is effective in addressing trauma, both individually and in a group setting. The general outline for this group is based upon two chapters in *A Practical Guide to Acceptance and Commitment Therapy: “ACT with Posttraumatic Stress Disorder,”* and “Act in Group Format.” This is a group that has proven to be very successful with adult males that have not proven successful in other groups or therapeutic interventions.
- **DBT:** Jackson County Mental Health’s Still Point Program is a comprehensive Dialectical Behavioral Therapy treatment program. This evidence based practice is used in the treatment of individuals with a diagnosis of Borderline Personality Disorder and has been shown to be effective in reducing the frequency and severity of suicidal behaviors, self-injurious behaviors as well as the number of hospitalizations and inpatient psychiatric placements. Clients are referred to the program and complete a pre-treatment assessment, meet individually with their therapist and participate in a 4-week pre-treatment group. The focus of pretreatment is assessment of problematic behaviors, addressing barriers to treatment, and increasing motivation and commitment to the program. Clients then enter the DBT Program, which consists of weekly individual therapy sessions and weekly 2-hour group therapy with a focus on skills acquisition. Client are also encouraged to use telephone coaching between sessions to increase skill acquisition and generalization. The program is a semi-closed group format, with clients entering at the beginning of a module. Clients are required to complete all 4 modules at least once, which is a 6-month commitment. Progress is then assessed and a recommendation made for graduating from the program of repeating the process for another 6 months. On average, the program serves 20-25 clients at any given time with pretreatment groups offered 4 times a year.

- **CLUBHOUSE:** The Clubhouse is a nationally registered, Evidenced-Based Practice for mental health treatment and co-occurring disorders (NREPP, SAMHSA). A Clubhouse is, first and foremost, a local community center that offers people who have mental illness hope and opportunities to achieve their full potential. Much more than simply a program or a social service, a Clubhouse is a community of people who are working together to achieve a common goal. Research has found that Clubhouse participants report improved quality of life, positive employment outcomes, and self-reported recovery from mental illness. During the course of their participation in a Clubhouse, members gain access to opportunities to rejoin the worlds of friendships, family, employment, education, and to the services and support they may individually need to continue their recovery.
- **PEER RECOVERY MENTORSHIP; MH AND ADDICTIONS:** JCMH employs two Peer Specialists who work with adult clients served at JCMH. Their role is versatile and they are an integral part of the treatment team providing clients with education and support around mental illness. Peer Specialists help them identify and connect to community resources and support groups and to engage in activities such as volunteering and exercising. The program initially employed five specialists. It has not grown recently due to the loss of a couple of peers. The hope is that the program will grow in the coming year as the community works towards developing a Clubhouse Model, in which peers will play an instrumental role in both the development and providing ongoing supports to people with mental health issues in the community.

JCMH offered a free *Certified Recovery Mentor Training* to community members. This three day training provided the required curricula to meet the ACCBO requirements to become a Certified Recovery Mentor. The County offered scholarships of \$100 each to individuals with financial need who met the requirements for certification. Seven individuals were awarded scholarship and completed certification applications.

Crisis and Respite Services

- **CRISIS SERVICES:** Crisis services are currently available in Jackson County 24/7, through the use of a community agency afterhours and JCMH staff during business hours. Jackson County has informed the community agency that we will be bringing those services in house, beginning 7/1/13, in an effort to manage the cost of higher levels of care and to ensure continuity of services.

JCMH offers crisis services within the clinic five days a week from 8:00 a.m. – 5:00 p.m. Services include immediate crisis assessment and brief crisis follow-up for all clients, regardless of ability to pay. Crisis services include individual crisis support, referral to inpatient care, access to brief crisis respite support, and regular crisis support groups.

- **CRISIS INTERVENTION TRAINING (CIT):** JCMH staff, in partnership with local law enforcement agencies, has recently completed certification in Crisis Intervention Training (CIT) and will be rolling that forward in the upcoming year. This training is aimed at assisting and educating law enforcement officers in ways that provide officers (in the field) with the tools and knowledge to engage with mentally ill individuals. The desired outcomes are for individuals with mental illness to have more positive interactions with law enforcement and to reduce harm to both the officer and the individual of concern. Training will be offered, through collaborative efforts of JCMH, law enforcement, and members of the community, to every law enforcement officer in Jackson County within the next three years.
- **MOBILE OUTREACH** Mobile Outreach Teams are not yet formalized; however, as JCMH moves forward with the redesign of the crisis system, additional efforts will occur in this focus area. JCMH currently assists local law enforcement with mental health situations that they are in need of assistance with. This has proven to be very effective and has had some positive outcomes for the individual to engage in appropriate treatment options rather than being incarcerated.
- **LIVING ROOM:** A “Living Room” program is being designed to offer a safe, supportive, and welcoming environment and to provide a short-term, secure crisis program that allows up to 23 hours of stay for five individuals. Treatments include therapeutic crisis management; strengths based assessments; health screenings to determine health care needs; safety planning; and use of peer specialists. This model is having space designed in the new Jackson County Health and Human Services Facility that is scheduled to open summer/fall of 2014.
- **RESPITE:** JCMH currently has an adult respite program that is located within the County, on Ross Lane. This program allows for 24 – 72 hour respite for up to two adults at a time. These individuals are typically in need of respite in order to prevent hospitalization or disruption from their current living situation. While in respite crisis services, intensive case management is provided in order to access additional services and in an effort to reduce the need for higher levels of care.

Jackson County has been using an out of county resource to provide sub-acute services to adult clients needing diversion or respite services. As part of 24/7 crisis services, JCMH will be developing a 24 hour crisis respite home that is currently used for respite and foster care. This facility will be staffed 24 hours and will serve up to five individuals at a time. JCMH will directly staff the afterhours crisis calls. Additional efforts are being made to coordinate these calls with 911 and County dispatch.

Services available to required populations and specialty populations

- **INTENSIVE COMMUNITY TREATMENT SYSTEM AND SUPPORTS (ICTS)** is a level of care, within the continuum of services to children, that is designed to provide specialized, comprehensive, in-home and community-based supports and out-patient mental health treatment services for youth who have severe mental health problems. The goal is to serve children in the most natural environment possible and to keep the use of institutional care to a minimum. ICTS includes a Care Coordinator who facilitates the Child and Family Team planning process for children and their families. The Care Coordinator develops a team that emphasizes a positive working relationship among the family, therapist, school personnel, natural supports, and other community resources, as identified by the family.
- **YOUNG ADULT RECOVERY MENTORSHIP:** Transition aged youth are an under-served population in our area as well as in the rest of the state. An identified community need is the development of a recovery mentorship program for youth graduating from the adolescent treatment system, as many have no other option but to return to home to parents still using substances. Leveraging funding from the Access to Recovery program, JCMH reinvested the revenues to support weekly mentoring of young men in recovery, including text and phone recovery support, transportation to meetings, mentoring on the 12-Step community and engagement, relationships, family issues, and weekly social activities.
- **ADOLESCENTS WITH CO-OCCURRING DISORDERS:** JCMH is in the process of developing contracts with adolescent alcohol and drug providers, such as Deer Creek, Elk Creek, and Rosemont, in an effort to provide additional capacity to youth that have been identified as needing this type of treatment.
- **WRAP:** Jackson County utilizes the National Wraparound model and is part of the Statewide Children's Wraparound Initiative as one of the three demonstration sites. Jackson County Wraparound is an intensive, integrated, holistic method of engaging children, youth, and their families with complex needs in a planning process. The primary goal is to keep children living in their homes and communities safely. The wraparound team takes a strength based approach and develops a plan that focuses on the priority needs as identified by the youth and family. The current project focuses on children in the custody of DHS Child Welfare or children who have behavioral, emotional, and/or mental health conditions severe enough to warrant direct entry into the service system at a high level of care. There are currently 50-55 individuals and families involved in this service.

- **PARENT-CHILD INTERACTION THERAPY (PCIT)** is an Evidence-Based Treatment for children 2-8 years old with social-emotional and behavioral problems. It places emphasis on improving the quality of the parent-child relationships and changing parent-child interaction patterns. Parents are taught specific skills to establish a nurturing and secure relationship with their child, while increasing their child's pro-social behavior and decreasing negative behavior. Studies and our experience with clients show that PCIT reduces depression in mothers and reduces overall family stress; improves pro-social behavior and emotional regulation; and improves speech and language skills, among many other things.
- **MENTAL HEALTH GRANT** provides adequate mental health intervention services to individuals involved in the criminal justice system. The long term goal of the grant is to reduce recidivism of people with mental illness in the criminal justice system and to reduce law enforcement contacts. This grant is in its second year and has, thus far, screened and assessed 84 individuals, enrolled 37 individuals, and has six individuals being served through multi-disciplinary teams. These six being served have had frequent law enforcement contact and ongoing concerns of substance abuse and/or mental health issues.

Activities that support individuals in directing their treatment services and support

- **ATR GRANT:** Access to Recovery is a federally funded grant awarded to the State of Oregon for four years, beginning October 1, 2010. It is currently in Year 3 (Federal FY 12-13). The grant is designed to serve individuals in early recovery from substance abuse. In FY 11-12, Jackson County served 584 individuals. The goal of ATR is to increase client's self-determination by allowing them to identify their needs for recovery support and choose which services would best help them meet these needs. They also are encouraged to choose their provider and whether to use secular or faith-based services.
- **SUPPORTED EMPLOYMENT:** JCMH's Supported Employment program is based on the IPS Dartmouth model. This model is a strength-based, recovery-focused model that empowers clients to pursue their interest in returning to the work force. The program has two employment specialists and is currently serving 30 clients. The first fidelity review occurred in July 2012 and received a fidelity score of 113. The next review will occur sometime early this summer. Employment Specialists work with clients to identify job interests, develop resumes, meet with employers, and to pursue gainful, competitive employment. Over the course of this past year, we have observed clients become increasingly confident in speaking to employers about their strengths and

capabilities, increasing independence as they have learned and navigated transportation systems to get to and from work, and showing hopefulness as they have described a sense of accomplishment in contributing and helping others. We have six clients actively working and one is volunteering.

- **FAMILY PARTNER:** Jackson County utilizes Family Partner (Peer Support Specialist) to empower families caring for children with behavioral issues, mental health issues, and other challenges by providing individualized strength-based support, education, coaching, information, and resource referrals.
- **YOUTH PARTNER:** Jackson County utilizes Youth Partner (Peer Support Specialist) to empower children/adolescents and young adults with behavioral, mental health, and other challenges by providing strength-based support, education, coaching, information, and resource referrals.

1b. List the roles of the LMHA and any subcontractors in the delivery of addictions and mental health services.

Addictions Recovery Center (ARC)

The Addictions Recovery Center is a licensed substance abuse treatment facility in Medford, OR. The ARC provides the full continuum of care services for adults; including DUII information, DUII rehabilitation, problem gambling treatment, outpatient and residential substance abuse treatment, and medically supervised detox. The ARC also manages the Sobering Center that provides more than 2000 episodes of sobering services per year. The ARC also manages two transitional living homes. The ARC is currently contracted with Jackson County to provide: DUII education and treatment, problem gambling prevention and treatment, sobering, transitional living (Men's), indigent adult outpatient treatment, and indigent adult residential treatment.

Allied/CRC Health

CRC Health/Allied is licensed to provide medication assisted treatment for opiate dependence to over 500 adults in the region. In addition to providing medically supervised prescription methadone and Suboxone, services include individual and group counseling, case management, and recently, prevention programs for methadone involved families. CRC is currently contracted to provide medication assisted treatment and therapeutic support to 94 individuals through partial or full monthly subsidies.

OnTrack, Inc.

OnTrack is the largest substance abuse treatment agency in Jackson County and the sole provider of residential treatment services for youth. OnTrack is licensed to provide DUII information, DUII rehabilitation, problem gambling treatment, and outpatient and residential substance abuse treatment to youth and adults. OnTrack also serves adults with dependent children through the HOME (Mom's) and DADS programs. OnTrack is currently contracted with

Jackson County to provide: DUII education and treatment, problem gambling prevention and treatment, substance abuse prevention, indigent adult outpatient services, and indigent adult residential treatment.

Community Works

Community Works is a local, private, non-profit that Jackson County Mental Health has contracted with to manage the afterhours crisis services. After several years of providing this service to the County, the decision has been made to bring those services back in-house in an effort to control cost, minimize community confusion, and provide coordinated care. This will be effective as of 7/1/13.

Jackson County's only 24-hour crisis hotline answers nearly 12,000 crisis and other calls annually and is almost entirely staffed by trained volunteers. Our volunteers and staff address concerns regarding domestic violence, sexual assault, panic, depression, loneliness, isolation, suicide, homelessness, and other personal crises.

Lithia Springs is a BRS provider located in Ashland Oregon and within Jackson County limits. JCMH contracts with Lithia Springs to provide outpatient mental health services for youth placed in their behavioral residential program through the Oregon Youth Authority.

Morrison

JCMH contracts with Morrison (located in Portland) for the provision of BRS outpatient services for children and youth placed in the foster homes.

Psychiatric Services for Adults and Children

Psychiatric Services offered within the JCMH clinic are supplemented by contracting with individual psychiatrists in the community. These currently include contracts with Gail Alexander and Kathleen Hughes-Kuda for Child Psychiatry, and Abraham Genack for Adult Psychiatry. These services include medication prescribing, medication management, and psychiatric assessment.

Family Nurturing Center

Family Nurturing Center is contracted with JCMH specifically for the offering of family behavioral health counseling, including Parent Child Interaction Therapy (PCIT) services and comprehensive mental health assessments to children who are covered by the Oregon Health Plan.

La Clinica

La Clinica is one of the counties two FQHC's. These services are provided in an effort to offer integrated health care options to children and their families, within settings outside of the JCMH clinic.

- Kids' Health Connection – Provides mental health services, specifically assessments; individual and family or group therapy; skills training; care coordination; and case management services for children and their families, within a school based setting.

- JoAnn Gruber – Provides integrated behavioral health care services, with prescribing capacity, embedded within the largest FQHC in the county.

Jackson County Child Abuse Task Force

Families are offered either counseling or play therapy assessments, depending on the age of the child, as part of our service. The goal is to help families process their feelings surrounding the abuse. Counseling is held in a safe, caring environment that is constructed to reduce anxiety.

Columbia Care

Providing additional Supported Employment Services for individuals not being served by Jackson County Mental Health, or as over-flow when caseloads are at capacity.

Family Solutions

Family Solutions is an agency with an array of services for youth. JCMH contracts with Family Solutions for the provision of psychiatric day treatment services and outpatient services for youth that are placed in their treatment foster care homes. They also contract with JCMH to provide outpatient services for children and youth in the ISA level of care.

Deschutes County Mental Health

Offering outpatient BRS mental health services for Child Welfare involved children and youth that are placed in therapeutic foster homes in their county. In addition to BRS, they can also provide ICTS level of outpatient services for those youth that meet the higher level criteria.

Kairos

Kairos is located in Josephine County and contracts with JCMH for psychiatric residential as well as crisis respite services. Crisis respite services include a 14 day psychiatric assessment and evaluation that provides treatment recommendations for ongoing care. They are also contracted for outpatient services for youth in BRS and ISA services.

Looking Glass

Located in Eugene, this program assists in providing services to Jackson County residents when children are in need of a higher level of care. They offer psychiatric residential and crisis respite services. Crisis respite services include a 14 day psychiatric assessment and evaluation that provides treatment recommendations for ongoing care.

Jasper Mountain

Due to the lack of local resources, this program is offered in Jasper, Oregon and provides psychiatric residential services to children and youth in need of that higher level of care. Crisis respite services include a 14 day psychiatric assessment and evaluation that provides treatment recommendations for ongoing care.

Albertina Kerr

Albertina Kerr can offer JCMH youth, which are in need of higher levels of care, services for sub-acute care and psychiatric residential services. This service is located in Portland and is used

when no other local resources are available. Albertina Kerr serves a specialty population of mental health and developmentally delayed children that are often difficult to place.

Trillium – Children’s Farm Home

Offers sub-acute care and children’s psychiatric residential services in the Corvallis area. Accessed when no other regional services are available and child presents as needing a higher level of care.

Options for Southern Oregon

Options is the LMHA in Josephine County and offers services through the Crisis Resolution Center in Grants Pass. This center serves as the primary sub-acute program offered to the Jackson County residents and allows diversion as well as step down services for Rogue Regional Medical Center (RRMC). Options provides stabilization services to individuals who are a danger to self or others as a result of their mental illness. JCMH will be moving to a local model of this resource as part of the crisis system redesign effort.

Asante Rogue Regional Medical Center

Providing the only acute care psychiatric hospital in Southern Oregon, RRMC serves as the main point of psychiatric hospitalization for adults.

Good Samaritan Hospital

Providing acute care psychiatric hospitalization for adults in need of that level of care. Used as over flow from the Jackson County area when no other local resource is available or deemed appropriate.

Legacy/Caremark Hospitals

Providing acute care psychiatric hospitalization for both adults and children in need of psychiatric hospitalization. For children, this is used when a child’s mental health condition requires this level of care and no resources are available locally to provide this service.

1c. Describe how the LMHA is collaborating with the CCOS serving the County.

There are two CCOs in Jackson County. Various collaborative efforts are happening with these CCOs individually, as well as some coordinated efforts between JCMH and the two CCOs. The Jackson County Health and Human Services Director has been invited to serve on the boards of both CCOs.

- **ALLCARE:** A weekly coordination of care meeting is held with care coordinators based out of Grant’s Pass. This meeting reviews individuals that have been to the Emergency Department three or more times in the past six months or have received seven or more days in services within the past six months. Coordination between physical health, mental health, and addictions is aimed at coordinating care and assisting members to be seen with providers that have been identified as needing to address the issues.

In addition to these meetings, the ENCC (Exceptional Needs Care Coordinator) for AllCare contacts the ICTS (Intensive Children’s Treatment Services) staff on all individual clients that are in need of additional services or for assistance in locating difficult to find services. AllCare staff are also present at the monthly ICTS/WRAP Leadership and Operations meetings.

AllCare staff are active participants on the Jackson County Mental Health Quality Assurance and Improvement Committee, assisting in developing and reviewing procedures and practices that improve outcomes to members. This meeting occurs once a month and is facilitated by the Compliance Officer for Jackson County Health and Human Services.

A bi-weekly conference call occurs between AllCare and members of JCMH to discuss issues and barriers, identify gaps, and to coordinate efforts for program development. Key players from both agencies are present and productive dialogue results in moving the CCO initiative forward.

- **JACKSON CARE CONNECT:** Through the efforts of the Jefferson Regional Health Alliance, “Community Cares” is focusing on high utilization members and new ways of collaborating with the FQHC’s, JCMH, and addictions partners. Two meetings are held monthly; one that is specific to individuals accessing a higher level of services and the other that is a leadership meeting that focuses on identifying barriers and on progression of the CCO initiative.

In addition to these meetings, the ENCC for Jackson Care Connect contacts the ICTS staff on all individual clients that are in need of additional services or for assistance in locating difficult to find services. Jackson Care Connect ENCC staff also participates monthly in ICTS/WRAP Leadership and Operations meetings via telephone.

Jackson Care Connect staff from Care Oregon participates via conference call on the Jackson County Mental Health Quality Assurance and Improvement Committee, assisting in developing and reviewing procedures and practices that improve outcomes to members. This meeting occurs once a month and is facilitated by the Compliance Officer for Jackson County Health and Human Services.

Jackson County Mental Health and Jackson Care Connect are in constant communication and work well together to resolve issues and reduce barriers. JCC recently completed an audit of JCMH system through a contract with IBHI. This audit provided direction as to the areas that the CCO would like the County to work on in an effort to improve services to members.

FUTURE COLLABORATIVE EFFORTS

Areas of focus for future collaborative efforts include:

- Developing an ACT Model program
- Additional Supported Employment Services
- Implementation of EASA
- Assisting the community in development of a Clubhouse Model

Jackson County is asking for a deferment on the Community Needs Assessment as both CCOs are working together with JCMH to complete this in a timely fashion.

1d. List the Mental Health Advisory Council and the Local Alcohol and Drug Planning Committee (LADPC) Members, including their stakeholder representation.

See Attached Rosters

2a. Describe the community needs assessment process, including the role of peers and family members in the design and implementation of the process.

In November/December 2012, 3 local CCOs (AllCare, Jackson Care Connect and Primary Health) from Jackson and Josephine County agreed to work together on a meta-analysis of at least 14 regional health assessments and data sets. The two counties combined this effort due to the overlap of many of the current assessments. The primary goal was to assure that current data and assessments that exist are analyzed and reviewed to help establish the next steps for the CCOs required Community Health Assessment as is due January 2014. The secondary goal was to provide data to CCO boards, CACs and partner organizations like Public Health and Mental Health for their assessment needs.

In January 2013, a contractor, Vanessa Baker, was hired to complete the meta-analysis. Vanessa has done similar work in Douglas County and other communities, and has a strong knowledge set of the needs for this work and how best to work with communities to assure a comprehensive assessment is completed. Vanessa completed a comprehensive review of all data sets, doing first person interviews to assure all data was included. This work had oversight from a eight person steering committee, with members that include all three CCOs, the four chairs of the Community Advisory Councils(CACs) in Jackson and Josephine Counties, and the OHA Innovator Agent assigned to one of the CCOs.

On April 3 and 4, 2012, Vanessa Baker presented her findings and recommendations to the CCO Boards and CACs, with one presentation occurring in Jackson County and one occurring in Josephine County (See attached). The presentation compiled relevant data resources; however it did not analyze findings, nor report on gaps and recommended next steps. The CCOs will be contracting with another provider to perform a deeper analysis of the available data.

For the purposes of this assessment, Jackson County Mental Health examined the data and focused on the common findings, as described below. We also followed up on the comprehensive data review by hosting three community forums, (June 10th, 13th, and 20th) each open to the general public. The purpose of the forums was to give community residents an opportunity to share their thoughts on community needs and priorities. Locations and times of the forums were varied to maximize community participation. We deliberately hosted one at the local University in an effort to address the needs of transition aged youth. More than 106 participants attended the forums, including current and past clients, family members, peers, community partners, NAMI members, and concerned citizens. Each forum was taped and transcribed in full.

2b. Describe how data from the community needs assessment is used to evaluate prevalence, needs and strengths in the local service system.

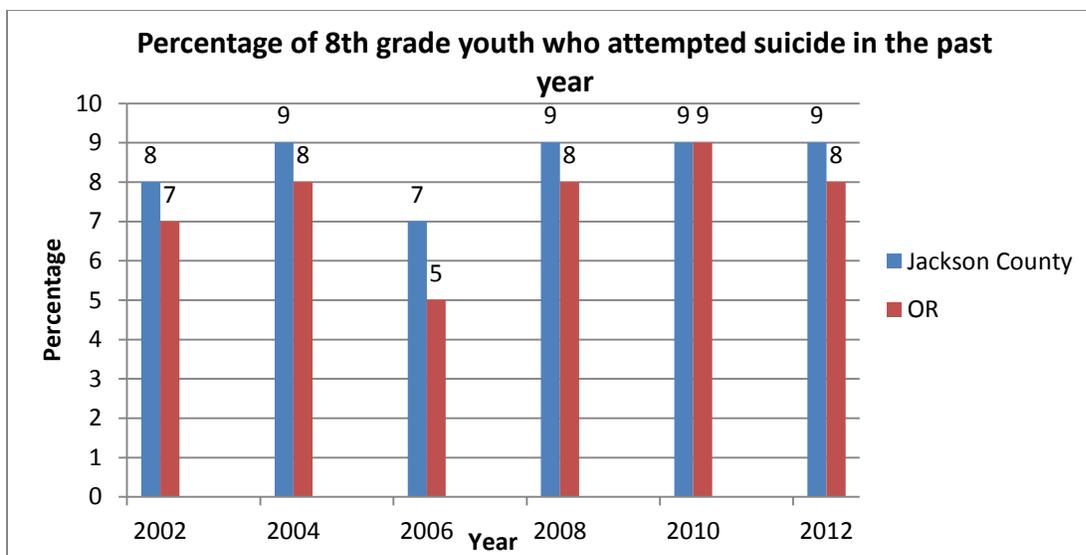
The information obtained through the community forums was analyzed and categorized into five primary themes. The primary themes included:

- **Need for resources:** The top three resource needs identified were Detox Services; more support for families, especially in regards to navigating the system; and more case managers.
- **Hospital related concerns:** Hospital concerns included limited capacity and lack of access; insufficient discharge planning and coordination of care; and lack of information and education regarding available resources.
- **Access to services:** Forum participants raised the issue of the long waiting lists and length of time it takes to be seen as well as barriers to access for the uninsured, particularly the middle class and non-V.A. eligible male Veterans.
- **Housing and transportation:** Housing for people being released from the hospital, medication services for the homeless, foster homes that are close to public transportation and options for those without insurance were all addressed as community needs.
- **Service related concerns:** The issue of crisis counselors not being well trained or sensitive to client concerns was raised, as well as being turned away from walk-in crisis services due to high demand.

Each of these themes was then compared with data from the CCOs sponsored meta-review and used to determine the strengths and areas for improvement listed in 3a-c. The comprehensive data review highlighted the high prevalence of substance use, mental distress and suicidality in our region, especially among youth.

Jackson County had the 2nd highest number of youth suicides in Oregon between 2003-2010 (n=11) and when controlling for county population, the highest rate of youth suicide of all 36 counties in the state (Shen and Millet, 2012). Latino youth were over-represented in these suicide deaths. In 2009, there were 56 suicides in Jackson County (County Medical Examiner, 2010). Four of these were adolescents: two were aged 13, one aged 14, and one aged 17. Three of the four youth were Hispanic/Latino.

There have been 24 suicides so far in 2013, a rate at nearly twice the national average (Medical Examiner, 2013). The one suicide under the age of 18 this year was also a Latino youth.



Source: Student Wellness Survey, 2002-2012

- Student Wellness Survey data from the last ten years show that the rate of suicide attempts among Jackson County 8th graders exceeds the state rate for every year of the survey.
- Student Wellness Survey data show that depression, suicidal ideation and suicidal attempts are higher for Jackson County youth than their state counterparts for every measure in all three grades surveyed (Student Wellness Survey, 2012).
- Emergency Department visits for youth experiencing mental health crises have increased by 148.7% from 37 in 2008 to 92 in 2012 (Steinmetz, Rogue Regional Medical Center, 2013).

- Jackson County has the highest rate of poverty for youth in Providence’s primary service areas (22.9%; Providence Health Plan, 2013), and an even higher rate of poverty for communities with the highest percentages of Latinos (Factfinder, 2010).
- Adolescent Latino males are over-represented in youth residential substance abuse treatment (On Track Youth Programs, 2013), a positive development from the standpoint of access to services, but likely indicative of higher rates of substance use disorders among Latino adolescent males.
- With the exception of hookah smoking, Jackson County youth score *higher than the state average in every measure* of current substance abuse for every grade surveyed (Student Wellness Survey, 2012).
- Although Latinos comprise 10.7 % of the population in Jackson County, 27% of current inmates in the Jackson County jail are Latino (Jackson County Jail census, June 16, 2013).
- Additional risk factors include high school drop-out and teen pregnancy. Only 67% of Jackson County youth graduate from high school, and the county has one of the highest teen birth rates in the nation at 37% versus the national average of 21% (County Health Rankings, 2013).

2c. How does the community needs assessment process include feedback from advisory and quality improvement groups? Please identify the specific groups.

The CCO commissioned community needs assessment was presented to the community advisory committees (CACs) and interested community partners in Jackson County on April 3rd. Additionally, the three community forums in June, attended by over 100 community members, provided further opportunity to receive feedback from peers and family members, as well as current clients and concerned citizens. The feedback from each of these events informed our priorities and is incorporated in the Biennial Plan. It will be circulated to the Mental Health Advisory Committee and the Local Alcohol and Drug Planning Committee for further refinement, as well as sent to the CACs and CCOS and any interested forum participant or community member who wishes to review the plan.

3a. Strengths and Areas for Improvement

Area	Strength (S) or Area for Improvement (I)	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	(S) Mental Health Awareness Activities (S) Crisis Intervention Training (S) Community Activities (I) Advertising of resources	(S) Continue Mental Health Awareness month, community activities like Humanity Walking and other free health supportive events (S) Continue to coordinate CIT (I) Coordinated effort to advertise 211 and other resources
b) Mental Illness Prevention	(I) Prevention services for youth in transition (I) Prevention services for families	(I) Continue discussion about participation in regional EASA grant (I) Forming EASA project (I) Continue discussion about joining P-3 family center and other integrated school-based models (I) Add in home parenting training to available services through JCMH
c) Substance Abuse Prevention	(S) School-based Middle school prevention (S) Integrated substance abuse with suicide, problem gambling prevention (S) Opiate prescribing community education (S) Parenting education (I) Prevention services for youth under age 11 and their families (I) Prevention services for high school aged youth	(S) Continue Middle school prevention efforts (S) Integrated substance abuse with suicide, problem gambling prevention (S) Continue opiate prescribing community education (S) Continue supporting Strengthening Families or other family based prevention efforts (I) Integrate efforts with elementary schools (I) Expand prevention services to high schools
d) Problem Gambling Prevention	(S) Retail compliance checks (S) Integration of problem gambling with	(S) Continue retailer compliance efforts, including retailer education event

	<p>substance abuse prevention (I)Community wide education and awareness</p>	<p>(S) Continue integration of problem gambling with substance abuse prevention (I)Increase community wide education, i.e. media campaign, stronger presence for Problem Gambling Awareness week</p>
e) Suicide Prevention	<p>(S) Active suicide prevention coalition – participating member and host (S) Regular data review and community education (S) Quarterly ASIST trainings with community partners (S) Hired new Children’s Manager with expertise in youth suicide prevention</p>	<p>(S) Continue to support suicide coalition with staff attendance and space (S)Participate in state grant to continue ASIST training (S) Applied for Providence suicide prevention grant</p>
f) Treatment, including MH, A&D, Problem Gambling	<p>(I)Need for more case managers (MH) (I) Need for detox services (A&D) (S) Piloting co-occurring outreach services (S)Reformatted adult/child assessment to increase availability and reduce wait-times (S) Above average outcomes for adults addiction treatment providers (S) Above average accessibility for addiction treatment providers (S)Co-occurring Disorders Taskforce (S) Trauma Informed Care learning community (S) Accessible, effective Problem Gambling treatment (S) Regular case review of high service utilizers to improve services and outcomes</p>	<p>(I) Actively recruiting additional staff, including psychiatric staff (I) Working with CCOs, hospitals and other community partners to address need for detox services (S) Maintain above average outcomes for addiction treatment providers (S) Maintain above average accessibility for addiction treatment providers (S)Continue to pilot co-occurring outreach services (S) Maintain Co-occurring Disorders Taskforce (S) Maintain learning opportunities for trauma informed care (S) Maintain current access and effectiveness of Problem Gambling treatment (S) Maintain regular case review of high service utilizers to improve services and outcomes</p>

<p>g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)</p>	<p>(I) Need for place for individuals to spend time during day for support (S) Peer mentor services (direct and through subcontractor) for both addictions and mental health (I) Need for detox services (A&D) (S) Piloting co-occurring outreach services (S) Reformatted adult/child assessment to increase availability and reduce wait-times (S) Access to Recovery grant (S) Services for families and individuals in problem gambling recovery, including monthly potluck/support meeting</p>	<p>(I) Open Clubhouse, an evidence based practice for individuals to spend time, get support, receive job development services (S) Maintain peer mentor services for both addictions and mental health (S) Offer additional training for peer mentors, especially re: co-occurring disorders (S) Maintain and evaluate reformatted adult/child assessment process (S) Continue delivering services through Access to Recovery grant (S) Maintain services for individuals in problem gambling recovery, including monthly potluck</p>
<p>h) The LMHA's Quality Improvement process and procedure</p>	<p>(S) Created Clinical Operations Manager position, a new position provide clinical oversight (S) Created Clinical Trainer position, a new position responsible for the quality and consistency of training new and current staff (S) Initiated new clinical oversight group (S) Initiated new electronic health record improvement group (S) Initiated week long onboarding for new employees</p>	<p>(I) Begin peer clinical reviews (S) Maintain new positions (Clinical Operations Manager and Clinical Trainer) (S) Maintain clinical oversight and EHR improvement groups (S) Maintain week long onboarding for new employees</p>
<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community services agencies</p>	<p>(I) Strengthen service coordination with hospitals (I) Need for navigators to help people access multiple resources (I) Need for outreach to homeless and those not currently eligible for or engaging in services</p>	<p>(I) Strengthen service coordination with hospitals through multi-disciplinary team meetings, CCOs and intentional efforts to improve coordination of services (I) Navigators will be stationed at information desk in new building (I) Explore possibilities for outreach to</p>

	<p>(I) Need for more supported employment efforts</p> <p>(I) Need for more engagement with public schools and coordination of early childhood mental health care and prevention</p> <p>(I) Need greater integration with primary care and physical health provider system</p> <p>(S) Coordination with Homeless Taskforce and other community efforts to address homelessness</p> <p>(S) Multi-disciplinary staffing efforts, including PSCC – MH subcommittee, CCOS staffings, MPD/MH staffing, drug court</p> <p>(S) Full-time jail outreach (grant funded)</p>	<p>homeless and those not currently engaging in services</p> <p>(S) Maintain a representative on the Homeless Taskforce</p> <p>(I) Assist individuals in becoming eligible for services through signing up for OHP and/or locating other resources</p> <p>(I) Expand supported employment efforts</p> <p>(I) Improve capabilities for integration with primary care</p> <p>(I) Integrate behavioral health team mobile outreach efforts</p> <p>(I) Participate with public schools/MH collaborations currently in planning stages (P3 at Jackson Elem.)</p> <p>(S) Maintain multi-disciplinary staffing efforts, including PSCC – MH subcommittee, CCOS staffings, MPD/MH staffing, drug court</p> <p>(S) Apply to maintain full-time jail outreach (grant funded)</p>
j) Behavioral health equity in services delivery	<p>(I) Need for supports for LGBT population</p> <p>(I) Need to address health disparities for minorities, especially the growing Latino population</p> <p>(I) Need to improve and increase services to DD population</p>	<p>(I) Conduct additional community assessment to create and implement action plan re: LGBT service needs</p> <p>(I) Conduct additional community assessment to create and implement action plan re: Latino services needs</p> <p>(I) Explore embedding a MH worker in Disability Services</p>
k) Meaningful peer and family involvement in service delivery and system development	<p>(I) Need for more support for families</p> <p>(S) WRAP Program</p>	<p>(I) New mobile outreach team will assist families</p> <p>(I) Increase NAMI involvement through CIT, Clubhouse, Family to Family</p> <p>(I) Have system navigators in new building</p>

		(I) CCOs hiring healthcare navigators (S) Maintain WRAP Program
l) Trauma-informed service delivery	(I) Need for more trauma-informed education and services community-wide (S) Coordinating Trauma-Informed Care Learning Community (S) Offering staff training on adult/child trauma	(I) Collaborate with CCOs to sponsor community education on trauma (I) Seek grant support to offer trauma-informed care education and self assessments (S) Maintain learning community on trauma-informed care
m) Stigma reduction	(I) Need for increased community education (S) Mental Health First Aid Provider	(I) Collaborate with NAMI to offer community education, including National MH Awareness activities, Family to Family, and others (S) Continue to offer CIT training (S) Continue to coordinate and participate in community awareness events, like the Walk for Recovery, September 2014 (S) Continue to offer MH First Aid
n) Peer-delivered services, drop-in centers and paid peer support	(I) Need for more peer supports , especially for co-occurring disorders population (S) Currently employing and/or supporting volunteer peer supports (S) A&D subcontractor utilizing peer support with DHS involved clients (grant funded)	(I) Increase number of peer supports (I) Open peer-run clubhouse, an evidence based practice for individuals to spend time, get support, receive job development services (I) Open Living Room, 23 hour Crisis Respite, in new building (I) Offer peer support specialist trainings (S) Maintain current peer support positions
o) Crisis and Respite Services	(I) High demand for crisis services resulting in limited access (I) Need for additional respite options	(S) Maintain and evaluate reorganization of crisis services (ended subcontracts and moved in house) (I) Begin mobile outreach (I) Add respite facility (I) Add Living Room Crisis Center (I) Continue exploring weekly respite for parents with high acuity kids

Part II: Performance Measures

AMH will identify performance measures and provide baseline data for several of the measures as it becomes available. LMHAs are required to describe findings 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		
Performance Measure	Data Currently Available	Current Measures (If available)
a) Access/Number of individuals served	Unduplicated clients served from Electronic Health Record report and addictions subcontractors reports	5,777
b) Initiation of treatment services – Timely follow up after assessments	Current numbers by among programs	Not Available
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	Current numbers vary by programs	Not Available
d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential		Not Available
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential		Not Available
f) Percent of participants in ITRS	Majority of ITRS clients receive family based	Not Applicable

reunited with child in DHS custody	treatment without removal	
a) Percent of individuals who report the same or better housing status than 1 year ago.		Not Available
b) Percent of individuals who report the same or better employment status than 1 year ago.	Data in Electronic Health Record but not available for reporting	Not Available
c) Percent of individuals who report the same or better school performance status than 1 year ago.	Data in Electronic Health Record but not available for reporting	Not Available
d) Percent of individuals who report decrease in criminal justice involvement.	Data in Electronic Health Record but not available for reporting	Not Available
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.		Not Available
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target		Not Available
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	Data in the county prevention plan	85%

2) Plans to Incorporate Performance Measures

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

Jackson County Mental Health is in the process of improving the overall improvement of their Electronic Health Record and its reporting capabilities. A System Administrator is being hired to work within the heart of Health and Human Services to directly support and improve the system within Addictions and Mental Health services.

New positions have been added to the Mental Health Division structure in the role of a Clinical Operations Manager, Clinical Reviewer and Clinical Trainer to assist staff in being consistent in the provision and the documentation of services.

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.

- 1) General Budget Information
 - a. Planned expenditures for services subject to contract:

SEE ATTACHED PLANNED EXPENDITURES

- 2) Special Funding Allocation

Area	Allocation/Comments	Review	
		Yes	No
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	In accordance with ORS 430.345 to 430.380, Jackson County shall maintain its 2013-15 financial contribution to alcohol and other drug treatment and prevention services at an amount not less than that for 2011-13 unless Jackson County requests a waiver of all or part of the financial contribution		

	from OHA, Addictions and Mental Health Division.		
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	\$144,977		
c) Use of funds allocated for alcohol and other drug use prevention.	\$109,374		

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Jackson County

Program: Adult Discretionary - Supported Education

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel:		
1.0 MHS II (QMHP)	12,652	50606
Benefits (Insurance, paid time off, etc.)	7932	31731
Travel:	520	2081
Training:	0	500
Equipment and Supplies	750	500
Other Costs: (please list)		
Grants for client fees	500	3000
Indirect Costs and chargebacks	7000	19666
Total Project	29,354.00	108,084.00
Overall Project Cost (with match)	34,466.50	118,309
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	0	0
Number of individuals Intended to be Served	10	30

Budget Narrative:

- Please provide a description of the program and any unusual expenditures

The Supported Education (S.Ed.) program funded by this grant will expand the current Supported Employment (S.E.) program currently offered by JCMH to include pursuit of educational goals. The program will serve 40 clients of JCMH through a designated QMHP II who will be integrated with the S.E. team. Baseline data will be collected on all participating individuals and re-assessed at 6 months. The core elements of the S.Ed. program include career planning, academic survival skills, direct assistance with enrollment, financial aid, education debt and contingency funds, and care coordination with campus resources, mental health treatment teams and other agencies such as Voc Rehab. A budget for client fees is included and will be used to reduce barriers to educational pursuit, e.g. GRE test fees, registration fees, books and supplies.

- Please provide an implementation timeline for this program.

Implementation on the project began effective 2/14/14 when we received the AMH contract.

Activity	Date
Team meeting to review action plan and proposed outcomes, reporting schedule and data collection procedures	Completed
Data Collection and Entry	Ongoing
Hire New Staff	5/1/14
Establish advisory group	6/1/14
Referral processes established	6/1/14
Recruitment and outreach	6/30/14 and ongoing
Enrollment begins	6/30/14
Services to 40 individuals	6/30/15
1 year evaluation and data analysis	6/30/15
Final Report	7/31/15

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Jackson County

Program: EASA – Jackson County Portion - \$231,447

Budget Item	Jan. 1, 2014 – Jun. 30, 2014*	July 1, 2014 – Jun. 30, 2015
Personnel:		
0.8 FTE QMHP	12,454	75,485
0.25 FTE Program Manager	In Kind	In Kind
0.5 Peer Support Specialist	2062	12,500
Occupational Therapist - contracted	--	35,000
Benefits	6073	36,809
Travel:		
	1156	6938
Equipment:		
Computer, cell phone, cell phone service	3500	500
Other Costs: (please list)		
Training	2000	2500
Overhead and indirect	5070	29,400
Totals	32315	199132
Overall Project Cost including match	48833	298747
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	Unknown	Unknown
Number of individuals Intended to be Served	50	200

- Due to the delayed start, the budget for this period was reduced from the original grant proposal.

Budget Narrative:

- Please provide a description of the program and any unusual expenditures

The grant will support the development of an EASA Program to fidelity. Program development will occur collaboratively between three agencies: Josephine County, Kairos and Jackson County Mental Health. The program will use services within their existing comprehensive service array along with community outreach and education to identify teenagers and young adults who have development new symptoms consistent with the onset of schizophrenia or bipolar spectrum psychosis. The agencies will provide rapid and proactive outreach to identified individuals and families in order to engage them voluntarily into person-centered practice guidelines. The program will serve 30 clients during the 18 month grant period.

- Please provide an implementation timeline for this program.

Activity	Date
Team meeting to review action plan and proposed outcomes, reporting schedule and data collection procedures	Completed
Data Collection and Entry	Ongoing
Management training in model	Completed
Hire New Staff	5/1/14
Establish advisory group	6/1/14
Referral processes established	6/1/14
Admit clients	By 6/30/14 and ongoing
Enrollment begins	6/30/14
Services to 30 individuals	6/30/15
1 year evaluation and data analysis	6/30/15
Final Report	7/31/15

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Jackson County

Program: Jail Diversion

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel:		
Forensic Case Manager	24,170	50,606
MH Specialist II 1.0 FTE	17,112	35,829
Benefits		
2 Peer Support Specialists – Extra Help	15,600	31,200
Travel:		
AMH Peer Delivered Services Training	2952	
Equipment:		
Computer, cell phone, cell phone service	1142	2318
Supplies:		
Office Supplies	165	335
Other Costs: (please list)		
Local training – registration fees		600
Indigent Discretionary Funds	2000	8000
Charge Backs – Forensic Case Manager	7276.50	14,773.50
Charge backs – Peer Support Specialist	7276.50	14,773.50
Totals	77694	158435
Overall Project Cost	77694	158435
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)		
Number of individuals Intended to be Served	50	200

Budget Narrative:

- Please provide a description of the program and any unusual expenditures

JCMH is proposing to expand and strengthen the current Mental Health Recovery Program by providing forensic case management services and peer delivered services to individuals not currently eligible under the Recovery Program. It is anticipated that the expansion of this program will serve in excess of approximately 250 individuals over the course of the 18-month program. Outputs include: 250 individuals served, 6 Community Intervention trainings, 6 cycles of WRAP groups with 80% completing, 15 multi-disciplinary team staffings. Peers will be trained using an AMH approved Peer Support Specialist curriculum.

- Please provide an implementation timeline for this program.

Implementation on the project began effective 2/14/14 when we received the AMH contract.

Activity	Date
Collect Baseline Data	3/31/14
Data Collection and Entry	Ongoing
Hire New Staff	4/1/14
Reach-In Services to 50 individuals	6/30/14
2 CIT Trainings	6/30/14
WRAP Groups – 2 cycles	6/30/14
3 MDT Meetings	6/30/14
Reach-In Services to 200 individuals	6/30/15
4 CIT Trainings	6/30/15
WRAP Groups – 4 cycles	6/30/15
12 MDT Meetings	6/30/15
Data Compilation and Final Report	7/31/15

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Jackson County

Program: Mental Health Promotion and Prevention

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel:		
2.0 FTE Family Advocates Benefits	33280 7248	66560 14717
0.5 FTE Outreach Worker Benefits	6178 1360	12542 2760
0.25 FTE Program Manager Benefits	4891 1076	9929 2184
Travel:		
Mileage Reimbursement	980	1990
Equipment:		
Cell phone service for 2.5 staff, laptops for project staff, outreach vehicle	4240	8610
Supplies:		
Homeless outreach supplies (food, first aid kits, water, etc); marketing materials	891	1809
Other Costs: (please list)		
Office Space	2079	4221
Charge Backs (Indirects)	1238	2513
Totals	63461	127835
Overall Project Cost (with match)	132,666	269,355
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)		
Number of individuals Intended to be Served	400	1100

Budget Narrative:

- Please provide a description of the program and any unusual expenditures

The Maslow Project, a non-profit organization serving youth and families who are currently homeless or at risk for homelessness, will serve as the lead agency on this Mental Health Promotion and Prevention grant. Recognizing that homelessness and housing instability serves as a risk factor for depression, anxiety disorders, PTSD and other mental health disorders, this project will engage 1500 individuals through the provision of basic needs, outreach and family advocacy. A subset (n=375) of these individuals will receive coordinated prevention services including enrichment activities, tutoring, art programs and harm reduction workshops. Youth will also be referred to mental health and addictions services as indicated.

- Please provide an implementation timeline for this program.

Implementation on the project began effective 2/14/14 when we received the AMH contract.

Activity	Date
Develop subcontracts, reporting schedule and data collection procedures	Completed
Data Collection and Entry	Ongoing
Hire New Staff	4/1/14
Basic Needs to 300 individuals	6/30/14
Outreach services to 100 individuals	6/30/14
Coordinated Prevention Services to 75	6/30/14
Basic Needs to 700 individuals	6/30/14
Outreach services to 400 individuals	6/30/15
Coordinated Prevention Services to 300	6/30/15
Data Compilation and Final Report	7/31/15

ATTACHMENT 6 – Budget

RFP# 3693

****Updated Budget & Narrative – January 10, 2014**

Proposer Name: Jackson County

Project Term: Jan. 1, 2014 – Jun. 30, 2015

Budget Item: _____ **Total:** _____

Personnel: _____ **\$174,517**

- **Mental Health Specialist II – 1.0 FTE** (Forensic Case Manager)
 - Year 1: (1.0 FTE at \$ 48,339 per year at 6 months) _____ \$24,170
 - Year 2: (1.0 FTE at \$ 50,606 per year) _____ \$50,606
- **Benefits – Mental Health Specialist II** (FICA, Health Insurance, Sick/Vac)
 - Year 1: (70.8% of \$48,339 per year for 6 months) _____ \$17,112
 - Year 2: (70.8% of \$50,606 per year) _____ \$35,829
- **Peer Support Specialists – Extra Help** (2 x 0.5FTE extra help @ 1040 hrs/yr)
 - Year 1: (2 x 0.5 FTE at \$15.00/hr for 6 months – 1040 hrs) _____ \$15,600
 - Year 2: (2 x 0.5 FTE at \$15.00/hr – 2080 hrs) _____ \$31,200

Travel: _____ **\$ 2,952**

- **AMH Peer-Delivered Services Trng**
 - Hotel: (2 persons x \$216/day x 5 nights) = \$2,160
 - Meals: (2 persons x \$66/day x 6 days) = \$792 _____ \$2,952

Equipment: _____ **\$3,460**

- **Computer and Cell Phone**
 - Computer - \$1,000
 - Cell phone (3 phones at estimated \$100 phone = \$300)
 - Cell Phone Service (3 phones at an estimated \$40/month service for 18 months = \$2,160) _____ \$3,460

Supplies: _____ **[\$500]**

- **Office supplies (In-kind)** _____ **[\$500]**

Other Costs: _____ **\$54,700**

- **Local Training – Registration Fees** 4 local trainings – estimated registration fee \$50 for 3 staff _____ \$600
- **Indigent / Discretionary Funds** Medication; Housing; Clothing; Transportation etc. _____ \$10,000
- **Charge backs – Mental Health Specialist II** (\$14,700 x 1 FTE x 18 months) _____ \$22,050
(Forensic Case Manager) (\$1,063 in-kind) _____ [\$1,063]
- **Charge backs – Peer Support Spec.** (\$14,700 x 2 x 0.5 FTE x 18 months – In-kind) _____ [\$22,050]
(2 x 0.5 FTE)

Overall Project Cost: _____ **\$236,129**

In-Kind Costs: _____ **[\$23,613]**

Updated - Overall Project Cost: _____ **\$212,516**

Budget Narrative: (Use this space to further clarify items.)

Personnel:

The Mental Health Specialist II – Forensic Case Manager funded through this project will be utilized to provide intensive case management and support services to qualifying individuals identified as having mental health issues and who are potentially justice involved. All County positions receive a union negotiated yearly 5% step raise and may receive up to a 3% union negotiated yearly COLA increase. The fringe benefits for the Mental Health Specialist II – Forensic Case Manager are based on union negotiated agreements (SEIU Union).

Travel:

The Peer Support Specialists will be required to attend an AMH approved Peer-Delivered Services Training. The training is anticipated to be a 40-hour training, held in Portland.

Hotel: (2 persons x \$216/day x 5 nights) = \$2,160

Meals: (2 persons x \$66/day x 6 days) = \$792

Equipment:

A computer will need to be purchased for the Mental Health Specialist II – Forensic Case Manager position. The computer will allow the case manager to be mobile and will provide access to necessary databases, internet, and other programs needed to provide service delivery. In addition, cell phones will be purchased and subsequent service will be utilized in order to allow client access to program staff. This will assist with further facilitation of necessary resources and services for affected clients. In addition, this will allow the ability for community partners to contact program staff for further collaborative efforts.

Supplies:

General office supplies will be necessary for the Mental Health Specialist – Forensic Case Manager and the Peer Support Specialists. Supplies will include, at a minimum: paper, pens, file folders, etc.

**Budget update – January 10, 2014: Supply costs originally identified for the program will be considered in-kind and will be absorbed by the agency.

Other Costs:

Costs have been included for local training registrations for the program supported staff. It is anticipated there will be approximately 4 local trainings that the staff should attend; the estimated registration cost is \$50 per training.

Indigent/discretionary funds have been included and will be utilized to provide indigent services to clients in need. These services may include: transportation costs (bus tokens/bus passes); safe housing subsidies; educational expenses; reward/incentives; medication costs; clothing; etc. These services will be specific to each individual's needs and will be provided in an attempt to further support the client for added program success.

Other costs included are the charge backs for the Mental Health Specialist – Forensic Case Manager and the 2 extra help Peer Support Specialist positions. The charge backs are required by the County and pay for a portion of support services to each individual department and include: IT department, Human Resources, Counsel, Accounting, Board of Commissioners, etc. These costs are calculated by the County and assessed to each department.

**Budget update – January 10, 2014: A portion of the charge back costs for the Mental Health Specialist will be considered in-kind and will be covered by the agency. In addition, the charge backs for the 2 extra help Peer Support Specialist positions will be in-kind contributions as well.

**ATTACHMENT 1 - Proposal Cover Sheet
Proposer Information - RFP # 3693**

Proposer Name: Jackson County Mental Health (JCMH)

For non-governmental organizations, check one box:

Proposer is a publicly held company or privately held company.

Primary Contact Person: Stacy Brubaker Title: Division Manager

Address: 1000 East Main City, State, Zip Medford, OR 97504

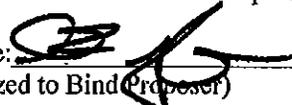
Telephone: (541)774-8201 Fax: (541)608-4994 E-mail Address: brubaksj@jacksoncounty.org

Name and title of the person(s) authorized to represent the Proposer in any negotiations and sign any contract that may result:

Name: Mark Orndoff Title: Director, Health and Human Services

By signing this page and submitting a Proposal, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Proposer to induce any other person or organization to submit or not submit a Proposal.
2. Proposer does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.
3. Information and costs included in this Proposal shall remain valid for 90 days after the Proposal due date or until a Contract is approved, whichever comes first.
4. The statements contained in this Proposal are true and complete to the best of the Proposer's knowledge and Proposer accepts as a condition of the Contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.
5. The Proposer, by submitting a Proposal in response to this Request for Proposals, certifies that it understands that any statement or representation contained in, or attached to, its Proposal, and any statement, representation, or application the Proposer may submit under any agreement OHA may award under this Request for Proposal, that constitutes a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
6. The Proposer acknowledges receipt of all addenda issued under this RFP.
7. If the Proposer is awarded a Contract as a result of this RFP, the Proposer will be required to complete, and will be bound by, a Contract as attached to this RFP and found on the ORPIN website. At the time of signing the Contract with OHA the Proposer will be required to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable.
8. Pursuant to ORS 279B.060(2)(c), the Proposer, if awarded a Contract, agrees to meet the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services as stated in the scope of work.
9. The Proposer attests that Proposer will not finance the same scope of work under more than one contract or agreement, and that Proposer will not supplant or duplicate existing local, state, or federal funding for any activities within the Scope of Work of this RFP.

Signature:  Date: 11/26/13
(Authorized to Bind Proposer)

*** THIS PAGE SHOULD BE THE TOP PAGE OF THE PROPOSAL ***

BEFORE THE BOARD OF COUNTY COMMISSIONERS

STATE OF OREGON, COUNTY OF JACKSON

IN THE MATTER OF AUTHORIZING THE)
COUNTY ADMINISTRATOR TO EXECUTE)
APPLICATIONS WITH THE OREGON)
HEALTH AUTHORITY)

ORDER NO. 263-13

WHEREAS, Jackson County and the Oregon Health Authority (OHA) have entered into an Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services for 2013-2015 (IGA); and

WHEREAS, OHA has released requests for proposals for amendments to the IGA to provide additional money to support system expansions that focus on promoting community health and wellness, keeping children healthy, and helping adults with mental illness live successfully in the community; and

WHEREAS, one of the requirements for the submission of applications in response to the above-referenced requests for proposals is an order authorizing and approving the submission of said applications.

Now, therefore,

The Board of County Commissioners of Jackson County ORDERS:

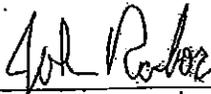
1. The County Administrator is hereby authorized to execute, amend and terminate an application with the Oregon Health Authority in response to any of the above-referenced requests for proposals.
2. If funds are awarded to Jackson County, the County Administrator is hereby authorized to execute any contract, amendment, addendum, agreement, or other documentation required to receive said funds.
3. The County Administrator is hereby further authorized to execute any and all future amendments, addendums, contracts, agreements or termination agreements of any kind related to this matter.

DATED this 14th day of November, 2013, at Medford, Oregon.

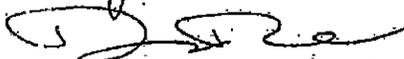
JACKSON COUNTY BOARD OF COMMISSIONERS



Don Skundrick, Chair



John Raptor, Commissioner



Doug Breidenthal, Commissioner



JACKSON COUNTY

Health & Human Services

November 29, 2013

The State of Oregon
Oregon Health Authority
250 Winter Street, NE,
Salem, OR 97301

Dear Review Committee:

STATEMENT OF MINIMUM QUALIFICATIONS

This signed letter is intended to document Jackson County Mental Health, Health and Human Services, minimum qualifications and compliance with subsections 2.1 and 2.2 of the Jail Diversion Mental Health Services RFP (#3693).

- a. Jackson County Mental Health is a Governmental Agency and does not require a Oregon Secretary of State Business Registry number.

- b. Jackson County Mental Health is certified by the State of Oregon as a child and adult serving mental health program. (Attached to this letter of Statement of Minimum Qualifications)

Thank you,

Mark Orndoff, Director
Jackson County Health and Human Services

STATE OF OREGON



OREGON HEALTH AUTHORITY ADDICTIONS AND MENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

signifies that

**Jackson County Health and Human Services
1005 E. Main Street
Medford, Oregon 97504**

is in substantial compliance with the following Oregon Administrative Rules as a provider of:

- OAR 309-032-1500 through 309-032-1565, Integrated Services and Supports Rules
 - ISSR • Outpatient Mental Health Services to Children, Adults and Older Adults
 - ISSR • Psychiatric Service Review Board
 - ISSR • Intensive Community-Based Treatment and Support Services (ICTS) for Children
- OAR: 309-014-0000 through 309-014-0040, General Administrative Standards for Mental Health Division Community Mental Health Contractors
- OAR: 309-012-0130 through 309-012-0220, Certificates of Approval for Mental Health Services
- OAR: 309-033-0200 through 309-033-0340, General Standards for Civil Commitment
- OAR: 309-033-0900 through 309-033-0970, Standards for the Investigation and Examination of a Person Alleged to be a Mentally Ill Person

Effective Date: February 25, 2013

Expiration Date: February 24, 2015


Administrator

Attachment 4 – Implementation Strategy

RFP #3693

Proposer Name: Jackson County

<u>Intervention: Jail Diversion Program</u>			
<u>Resources</u>	<u>Activities/Tasks</u>	<u>Outputs</u>	<u>Outcomes</u>
<ul style="list-style-type: none"> • Crisis intervention identified by officers on the street (CIT Training) • Housing / clothing referrals (St. Vincent DePaul; Salvation Army; Gospel Mission; Hearts with a Mission; Jackson County Transition Center – Transitional Housing; Veteran's Domiciliary; Goodwill) • Mental Health intervention services (JCMH) • Alcohol and Drug Treatment (OnTrack, Inc; Addictions Recovery Center; Phoenix Counseling; Veteran's Domiciliary) • Health Care Providers (Asante Medical Center – Medford & Ashland; Rogue Regional Medical Center; Community Health Center; LaClinica de Valle) • Peer Support Specialist • Forensic Case Manager • Wellness Recovery Action Plan (WRAP) groups 	<ul style="list-style-type: none"> • Recruit / hire two (2) part-time Peer Specialist Positions • Recruit / hire one (1) full-time Forensic Case Manager position (MHS II) • Secure clearance for case manager to access Jackson County Jail and Jackson County Transition Center. • Provide appropriate orientation/training for all positions hired • Peer Specialist positions attend AMH approved training. • Continue Recovery Program for supervised clients • Provide program expansion of Recovery Program to incorporate individuals not on community supervision • Recovery Program 	<ul style="list-style-type: none"> • Monthly Co-occurring Disorder; Trauma Informed Care Committee Meetings • Quarterly PSCC – MH sub-committee meetings • MDT meetings conducted based on client need • Weekly staffing with Medford Police • JCMH Assertive Community Treatment team meetings • Provide case management and peer support services to justice involved individuals – regardless of community supervision status • Serve a minimum of 250 clients over course of program • Peer Specialists trained in AMH approved peer support training • Provide CIT training and other related trainings 	<p>Overall Program Goal:</p> <ul style="list-style-type: none"> • Increase the number of individuals served with Pre & Post booking Jail Diversion Services • Reduce the number of individuals enrolled in mental health services with law enforcement involvement. • Reduce number of law enforcement protective custody & mental health holds. • Provide effective case management and peer support services to individuals with mental illnesses who are at risk for or are currently justice involved. • Increase the quantity and quality of mental health services provided <p>12 month goals:</p> <ul style="list-style-type: none"> • Peer Support Specialists trained in AMH approved peer training with WRAP certificate
		<ul style="list-style-type: none"> • 70% of individuals entering the Jackson County Jail, Jackson County Transition Center will have pre-release planning • 50% of individuals receiving pre-release planning will receive further services by the case manager or peer support specialist • 80% of individuals will complete the WRAP program • 15% reduction in the number of law enforcement protective custody & mental health holds • 10% reduction in the number of individuals enrolled in mental health services with law enforcement involvement. • 10% reduction in re-arrests of individuals previously identified / contacted by law 	

<ul style="list-style-type: none"> • Moore Center – Sobering Unit • Job assistance (Jackson County Transition Center; OR Employment Department; Rogue Community College) • Educational services – Rogue Community College • Multi-disciplinary teams (MDT's) – incorporate all affected community partners and client • Public Safety Coordinating Council Mental Health Subcommittee • Mental Health Task Force • Weekly staffing with Medford Police • Co-occurring disorder committee • Trauma Informed Case committee • JCMH Assertive Community Treatment team • Department of Human Services-Child Welfare; Housing Authority 	<p>MHS to provide expanded screening and diagnostic services</p> <ul style="list-style-type: none"> • Forensic Case Manager to work collaboratively with MHS to complete reach-in services, pre-release case planning, access to necessary resources, etc. • Peer Support Specialists to provide ongoing interaction/support to client and family • Forensic Case Manager to participate in JCMH Assertive Community Treatment team; Public Safety Coordinating Council; MDT's; Co-occurring disorder and trauma informed care committees • Peer Support Specialists to assist in WRAP group facilitation • CIT Training for local law enforcement and community partners 	<p>as needed to community partners</p> <ul style="list-style-type: none"> • Provide support services and referrals to necessary resources for program clients • Provide case management services to identified clients • Provide pre-release planning and reach-in services. • Collect necessary data for outcomes. 	<p>enforcement</p> <ul style="list-style-type: none"> • Complete a minimum of 4 cycles of WRAP group with co-facilitation by Peer Support Specialists • Approximately 160 clients served within the Pre & Post Jail Diversion program. • Conduct a minimum of 9 Multi-Disciplinary Team meetings with Jail Diversion Program staff and approved community partners • Provide 4 CIT trainings to law enforcement and community partners 	<p><u>18 month goals:</u></p> <ul style="list-style-type: none"> • Complete a minimum of 6 cycles of WRAP group with co-facilitation by Peer Support Specialists • Approximately 250 clients served with pre-release/case management services. • Conduct a minimum of 15 Multi-Disciplinary Team meetings with Jail Diversion Program staff and approved community partners. • Provide 6 CIT trainings to law enforcement and community partners
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Introduction:

Due to the lack of mental health services available, specifically for offenders, preventative services have drastically declined leaving law enforcement officers to serve as triage workers and community jails to serve as default mental health systems of care. The consequences can be seen daily in Jackson County, where police increasingly encounter the mentally ill. The Medford Police Department identified a 48% increase in the number of subjects taken into custody on mental health holds and an 18% increase in the number of subjects taken into custody that included arrests, protective custody of mentally ill subjects, and protective custody of intoxicated subjects from 2010 to 2012. Some of these contacts were with the same individuals, who were contacted in crisis multiple times throughout the day and were in need of protective custody or intervention services. In addition, Jackson County Circuit Court identified a 31% increase in the number of mental health specific cases processed from 2010 to 2012 and Jackson County Community Justice identified an estimated 30% of parole/probationers served by the department are in need of mental health services.

As a response to the increase need for mental health services for justice involved or incarcerated offenders; JCMH in collaboration with Community Justice implemented a grant funded Mental Health Recovery Program. The Recovery Program was designed to provide comprehensive support services to individuals with mental illnesses serious enough to contribute to the person coming in contact with the criminal justice system. The key objectives of this program include: identification of individuals whose criminal activity is primarily a result of untreated mental illness; provide reach-in engagement to these individuals while in jail, in the Community Justice Transition Center or when newly released to the community; identify current barriers to receiving treatment and/or maintaining stability in the community; assist participants in accessing and engaging in treatment; work with participants to develop an individualized Wellness Recovery Action Plan (WRAP); provide ongoing support to those individuals in following their WRAP plan; facilitate and support access to ongoing services at JCMH and other community resources; provide assistance to the Adult Drug Court Program(s); and provide direct crisis intervention.

The misuse of law enforcement resources, lack of mental health crisis intervention services and training, and the use of jail for individuals in crisis prompted the Local Public Safety Coordinating Council (PSCC) to develop a Mental Health sub-committee to engage community partners in addressing these concerns. The sub-committee has brought all major community partners to the table to provide a community-wide collaborative approach while focusing on the development of strategies to address individuals with increased law enforcement contact and the development of CIT training for officers.

The Medford Police Department identified specific individuals to the sub-committee who were having frequent, sometimes daily, law enforcement contacts and were in need of intervention services. Of these identified individuals it was noted that less than 10% were under community supervision (probation), leaving the remaining individuals with an inability to

qualify for the current Mental Health Recovery Program and therefore a lack of a coordinated response and services.

As a result, JCMH is proposing to expand and strengthen this program to incorporate individuals who are at risk for law enforcement and/or corrections involvement.

1. As stated previously, JCMH is proposing to expand and strengthen the current Mental Health Recovery Program by increasing staff to provide forensic case management services and peer delivered services to individuals not currently eligible under the Recovery Program. It is anticipated that the expansion of this program will serve in excess of approximately 250 individuals over the course of the 18-month program.

With the inclusion of additional staff, the Recovery Program's Mental Health Specialist (MHS) will be able to provide necessary screening and diagnostic services to justice involved individuals. The case manager acquired through this proposal will provide intensive case management services for qualifying individuals while working closely with the current Recovery Program MHS. Program design will allow the case manager to work closely with the affected clients by providing much needed assistance accessing/obtaining a variety of resources including, but limited to: access to housing; mental health treatment; alcohol and drug treatment; transportation; referral and assistance with obtaining primary health services; assistance obtaining indigent services; and providing support for adherence to the individual's ongoing treatment/case plan. The case manager will also assist the assigned MHS with jail reach in services to include: release planning, connection to needed resources, and early client engagement in treatment at both the Jackson County Jail and the Jackson County Transition Center. In addition, this position will be incorporated into a variety of committees, including the JCMH Assertive Community Treatment team and the Public Safety Coordinating Council Mental Health sub-committee.

In addition, two peer support specialists will be included in this program expansion. Peer support specialists are individuals who have similar life experiences and would provide recovery support services to the identified program participants and their families. The peer support specialists would complete an AMH approved Peer Support delivery training, to include WRAP facilitator training. The Peer Support Specialists will be utilized to provide assistance to the MHS and case manager, as well as assist in the facilitation of the current Community Justice WRAP group.

2. JCMH strives to maintain ongoing communication and collaboration with local community partners in providing necessary services to individuals with mental illnesses. JCMH has taken the primary role in the Public Safety Coordinating Council Mental Health sub-committee, which was developed in response to local law enforcements concern regarding the lack of resources provided for individuals in crisis; which also resulted in an increased number of law enforcement contacts for this population. Medford Police meets weekly with JCMH to identify individuals who are continuing to generate multiple calls for service. This ongoing dialogue allows JCMH

to focus services on the identified individuals in an attempt to further decrease law enforcement contact. These interactions have established a confidence in JCMH due to the collaborative effort in working toward a mutual goal of providing a safe environment for both the community and mental health affected individuals.

Through the current Recovery Program, a MHS has been made available to the public defender's office for aid and assist cases; Jackson County Circuit Court – Adult Drug Court programs; the Jackson County Jail and the Jackson County Transition Center, for pre-release planning; and Community Justice for comprehensive support services. In addition JCMH and the MHS have provided trainings to local officers and has also been instrumental in developing and implementing Crisis Intervention Training (CIT) for law enforcement officers and community partners.

3a. JCMH is involved in multiple cross discipline committees in which ongoing communication and support is provided to network providers. Maintaining and fostering community relationships with network providers is essential in communicating the need for ongoing culturally diverse services. As such, the following committees have been formed and are continually attended by JCMH staff to promote ongoing collaboration and support of community members and health care providers in working toward improving health care within the community.

- Co-occurring Disorder Committee
- Mental Health Task Force
- Trauma Informed Care
- Multi-Disciplinary Team (MDT) meetings for Mental Health clients at risk for law enforcement involvement
- Local Public Safety Coordinating Council (LPSCC) Mental Health Sub-Committee
- Weekly staffing with Medford Police Department

Committee attendees overlap depending on agency focus but include at a minimum members from the following agencies: Asante Health Systems in Medford and Ashland; Providence Medical Center; Community Health Center; LaClinica Health Center; OnTrack, Inc. (A&D provider); Addictions Recovery Center; Jackson County Circuit Court; Jackson County Sheriff's Office; Medford, Ashland, Central Point and Eagle Point Police Departments; Community Justice; St. Vincent DePaul; Salvation Army; Medford Gospel Mission (men and women homeless shelters); and Department of Human Services – Child Welfare.

In addition, JCMH continues to engage community members, health care providers and social service providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among mutual clients and within the community.

3b. JCMH strives through its recruiting efforts and hiring practices, to provide preference to applicants with identified experience or a background in a culturally-specific, ethnically-specific or linguistically-specific areas which would be beneficial to the cultural diversity of the agency. The population served by JCMH is predominately male at 70%, female at 30%; Caucasian at 92%, African-American at 4% and Hispanic at 3%. JCMH's focus is to maintain a workforce that is reflective of regional demographics and due to Jackson County's location and the limited diversity in applicants, it is often difficult to recruit individuals with these specific skill sets or backgrounds however, every effort is made to maintain/obtain culturally diverse staff to provide essential services to our clientele. Currently JCMH has four Spanish speaking staff members available to assist the clients, in addition to contracted interpreters. JCMH also relies on local community providers to assist clients with cultural, ethnic or linguistic needs when necessary. In addition, JCMH also employs peer specialists who have similar life experiences of those individuals served.

3c. Jackson County Mental Health Services' organizational chart is attached.

4. Due to ongoing collaborative efforts and partnerships between JCMH, local law enforcement and other community partner's; initial barriers common among the collaboration and interactions of multiple agencies have already been identified and overcome. Therefore program implementation will be minimal.

4a. Pre-Booking Diversion Outreach Services: With the support of this funding, the current Recovery Program MHS will be able to provide additional screening and diagnostic services to justice-involved individuals through the current access procedures with the Jackson County Jail, Jackson County Transition Center and Community Justice. Individuals identified through law enforcement, the probation officers or through referral from the jail will be able to work closely with the program funded case manager to access appropriate mental health treatment and/or drug and alcohol treatment, as identified through the individual's case plan.

JCMH will continue to work collaboratively with local law enforcement to assure all officers are trained in Crisis Intervention (CIT) and are able to provide appropriate interactions, subsequent interventions and service referral, as necessary in lieu of jail. Law enforcement will also have access to mental health crisis workers as needed throughout their shifts, to provide appropriate intervention services.

4b. Forensic Peer Support Specialist – Criminal Justice Liaison Services: Upon contract award and execution, two part-time Peer Support Specialist recruitments will be posted. Upon recruitment closure, the applications will be reviewed and interviews conducted. Individuals identified as most qualified and who meet the needs of the agency will be offered positions. The individuals hired will be required to attend the next available AMH approved Peer Support

Specialist training however, in the interim the Peer Support Specialists will complete departmental training, program orientation and exposure/education on available community and agency resources. The Peer Support Specialists will provide supportive services to the Forensic Case Manager and the MHS in providing appropriate jail diversion services. In addition, the Peer Support Specialists will co-facilitate the WRAP groups at Community Justice with the Recovery Program MHS.

4c. Jail In-Reach Services: Current efforts are already in place to provide jail reach-in services to mental health affected individuals. However, with the program expansion the jail reach-in services will be provided to all individuals regardless of whether or not they are currently on community supervision. Providing services to this population will drastically increase the number of individuals served and will provide increased strategy and supportive measures for this population. The MHS will work closely with jail medical staff to provide information regarding individuals who are in need of mental health transition services. The MHS and the program funded case manager will collaborate with current MH and medical staff within the jail and may meet with the individuals while they are incarcerated to determine their needs. If the individual is already working with JCMH, the MHS will work closely with the individual's worker to assure continuity with the already established case plan.

4d. Forensic Intensive Case Manager Services: Upon contract award and execution, an open recruitment will be posted for the forensic case manager position. This position will be identified as a Mental Health Specialist II, as the County does not have a case manager designated position within our agency. The MHS-II/case manager position will be filled with the most qualified individual who meets the needs of the program and agency. This selected applicant, upon hiring, will complete all required trainings and departmental orientation. Emphasis will be placed on understanding and connecting with local community providers in order to be fully informed when assisting program clients. This position will be incorporated into all previously identified committees and councils, including: PSCC Mental Health Subcommittee; JCMH Assertive Community Treatment team; Co-occurring disorder committee; Mental Health Task Force; Trauma Informed Care; MDT meetings; and weekly staffing with Medford Police.

5. Jackson County Mental Health current does not have current open contracts with OHA or the Oregon Department of Human Services for providing Jail Diversion services.

5.2.7 System of Care

The development, expansion and strengthening of the Jail Diversion program within Jackson County will result in additional services offered to individuals with mental health issues who are often charged with low-level crimes. Through the development of this program and the addition of Peer Support Specialists and a Forensic Case Manager to this program, we anticipate a reduction in the number of individuals with mental health issues being placed in the criminal justice system or in the Oregon State Hospital.

The Jail Diversion services will become an integral part of the local System of Care. The presence of a broad spectrum of community service providers and law enforcement agencies who understand the issues of these individuals and who are open to further enhancement of collaboration and services is essential. If funded, these services will provide more opportunities to reach and serve the high risk population of individuals that are often difficult to connect to services as there is no current mechanism in place to direct them to services as they leave jail.

Part of the System of Care that currently exists in Jackson County is the Public Safety Coordinating Council Mental Health Sub-committee. This committee was developed in an attempt to assist law enforcement agencies in identifying and offering services to individuals in crisis which contributed to them continuing to have frequent officer contact. Efforts for multi-disciplinary staffing have proven to be successful and by adding these additional services, there will be a greater opportunity to serve and promote positive outcomes for affected individuals, rather than longer jail placement or further charges that send them deeper into the criminal justice system.

Program expansion through this funding will provide our current Mental Health Specialist with the opportunity to provide additional screening and diagnostic services to individuals in need, regardless of community supervision status. With the addition of the Forensic Case Manager, the program will be able to provide additional reach-in services and pre-release case planning to individuals within the Jackson County Jail and the Jackson County Transition Center. The Case Manager will be able to follow these individuals into the community and provide necessary referral and service assistance where appropriate. Peer Support Specialists will also be provided through this expansion that will be utilized to further assist the client with access to appropriate resources and provide necessary support services to the client and their families.

In addition to these services, linkages will be made to the overall mental health system of care through Jackson County Mental Health, which includes: individual therapy, medication prescription and management as deemed necessary, strength-based case management, supported employment opportunities, skills trainers, supported housing, access to crisis services and other available supports. This development of a more robust System of Care in Jackson County will connect with similar efforts and will advance the System of Care values of consumer voice, peer support, public awareness of mental health issues and close collaboration.

5.2.8 Cultural Competency – (2 pages)

Jackson County Mental Health (JCMH) places a high importance on building and maintaining a network of culturally competent providers and staff. JCMH conceptualizes cultural competency as the ability to deliver excellent mental health services that are culturally and linguistically appropriate. As such, JCMH works closely with local providers to ensure that the people we serve have access to services provided by culturally competent network providers and JCMH staff with whom they communicate. JCMH recognizes, respects, and responds to the unique, culturally defined needs of the population served in the geographic area. This is accomplished by both JCMH staff and network providers understanding that cultural competence goes beyond race or language identifiers.

Cultural competency, on an individual level, evolves through changes in behaviors, attitudes, knowledge, and skills. On an organization level, it evolves through changes in policy, development of structure, and providing education to its staff. JCMH recognizes that the incorporation of these two levels into a culture of competency for its staff, providers, and subcontractors is needed to provide quality services to our clients. JCMH focuses on the following standards, at a minimum, to assure cultural competency among providers:

- Assurance that clients receive from all providers effective, understandable, and respectful care that is provided in a manner compatible with their cultural beliefs and practices and preferred language.
- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each client with limited English proficiency at all points of contact, in a timely manner during all hours of operation;
- Provide to clients in their preferred language both verbal offers and written notices informing them of their right to receive language services;
- Ensure the competence of language assistance provided to limited English proficient clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the client); and
- Make available easily understood client-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
- Ensure that staff at all levels and across all disciplines receive ongoing education in culturally appropriate service;
- Implement strategies to recruit, retain, and promote at all levels a diverse staff and leadership represent the demographic characteristics of the service area.
- Continue to offer public forums for community members to provide feedback on current services provided and upcoming service expansion options.

JCMH is involved in multiple cross discipline committees in which ongoing communication and support is provided to network providers. Maintaining and fostering community relationships

with network providers is essential in communicating the need for ongoing culturally diverse services. As such, the following committees have been formed and are continually attended by JCMH staff to promote ongoing collaboration and support of community members and health care providers in working toward improving health care within the community.

- Co-occurring Disorder Committee
- Mental Health Task Force
- Trauma Informed Care
- Multi-Disciplinary Team (MDT) meetings for Mental Health clients at risk for law enforcement involvement
- Local Public Safety Coordinating Council (LPSCC) Mental Health Sub-Committee
- Weekly staffing with Medford Police Department

Committee attendees overlap depending on agency focus but include at a minimum members from the following agencies: Asante Health Systems in Medford and Ashland; Providence Medical Center; Community Health Center; LaClinica Health Center; OnTrack, Inc. (A&D provider); Addictions Recovery Center; Jackson County Circuit Court; Jackson County Sheriff's Office; Medford, Ashland, Central Point and Eagle Point Police Departments; Community Justice; St. Vincent DePaul; Salvation Army; Medford Gospel Mission (men and women homeless shelters); and Department of Human Services – Child Welfare.

In addition, JCMH continues to engage community members, health care providers and social service providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among mutual clients and within the community.

JCMH strives through its recruiting efforts and hiring practices, to provide preference to applicants with identified experience or a background in a culturally-specific, ethnically-specific or linguistically-specific areas which would be beneficial to the cultural diversity of the agency. The population served by JCMH is predominately male at 70%, female at 30%, and Caucasian at 92%, with African-American at 4% and Hispanic at 3%. JCMH's focus is to maintain a workforce that is reflective of regional demographics and due to Jackson County's location and the limited diversity in applicants, it is often difficult to recruit individuals with these specific skill sets or backgrounds however, every effort is made to maintain/obtain culturally diverse staff to provide essential services to our clientele. Currently JCMH has four Spanish speaking staff members available to assist the clients, in addition to contracted interpreters. JCMH also relies on local community providers to assist clients with cultural, ethnic or linguistic needs when necessary. In addition, JCMH also employs peer specialists who have similar life experiences of those individuals served.

5.2.9 Relationships with social and support services in the service area. (1 page)

Jackson County Mental Health (JCMH) recognizes the ongoing need for the availability of specific and cross-disciplinary services for individuals in need. As such, JCMH has established relationships with social and support services in the Jackson County area as well as the region. JCMH works very closely with the following agencies (at a minimum) in an attempt to provide necessary supportive services and resources specific to each clients identified needs.

- Asante Health Systems in Medford and Ashland;
- Providence Medical Center;
- Community Health Center;
- LaClinica Health Center;
- OnTrack, Inc. (A&D provider);
- Addictions Recovery Center;
- Jackson County Circuit Court;
- St. Vincent DePaul;
- Salvation Army;
- Medford Gospel Mission (men and women homeless shelters); and
- Department of Human Services – Child Welfare.
- Jackson Care Connect & All Care (CCO's)

Services provided by the agencies listed above are called upon on a regular basis by JCMH in an attempt to provide all appropriate resources for clients in need. Partnerships have been developed with Child Welfare, Community Justice, and the three (3) Adult Drug Courts within the County to provide support services to their individual clientele as well. These partnerships have become essential in assisting individuals with mental illnesses in obtaining necessary services while attempting to refrain or diminish law enforcement or court involvement.

Recent efforts have been made to improve relationships with local law enforcement through the development and implementation of Crisis Intervention Training (CIT). The CIT training is currently being provided to law enforcement officers to assist in providing education on the available resources within the community as well as develop the necessary skills to intervene with individuals that have mental health, substance abuse and Development Disabilities issues. Other relationships exist with Southern Oregon University, Hearts with a Mission (shelter for youth), Dunn House (shelter for victims of domestic violence), Kairos (adolescent residential treatment), and Options of Southern Oregon.

JCMH recognizes the need for social and support service agencies to work collaboratively to provide the most appropriate and necessary services for individuals in need. Providing collaborative support and services will provide the affected individuals with the means to obtain necessary assistance for future success.

5.2.10 Pre-booking Jail Diversion Outreach /Post-booking Jail Diversion (1 page)

Services provided by JCMH through current operations and through this expansion would coincide with both the pre-booking jail diversion outreach services and post-booking jail diversion service areas. The following is a description of the services provided in both areas:

Pre-booking Jail Diversion Outreach Services: Currently JCMH in collaboration with Community Justice have established a grant funded Mental Health Recovery Program. The Recovery Program supports a Mental Health Specialist with a program designed to provide comprehensive support services to individuals with mental illnesses who are currently under community supervision. Key objectives of this program include: identification of individuals whose criminal activity is primarily a result of untreated mental illness; identify current barriers to receiving treatment and/or maintaining stability in the community; assist participants in accessing and engaging in treatment; work with participants to develop an individualized Wellness Recovery Action Plan (WRAP); provide ongoing support to those individuals in following their WRAP plan; facilitate and support access to ongoing services at JCMH and other community resources; provide assistance to the Adult Drug Court Program(s); and provide direct crisis intervention. In addition, JCMH will continue to work collaboratively with local law enforcement to assure all officers are trained in Crisis Intervention (CIT) and are able to provide appropriate interactions, subsequent interventions and service referral, as necessary in lieu of jail. Law enforcement will also have access to mental health crisis workers as needed throughout their shifts, to provide appropriate intervention services.

Through this expansion, the Recovery Program MHS will be able to provide additional screening and diagnostic services to all individuals contacted while working closely with the forensic case manager to provide appropriate supportive and case management services. Program expansion will allow individuals to be served who are not under community supervision, therefore expanding the service delivery population and providing essential resources to all individuals in crisis within the community.

Post-booking Jail Diversion Outreach Services: The current Recovery Program provides minimal reach-in engagement to individuals while in jail, in the Community Justice Transition Center or when newly released to the community. Program expansion will allow for an increase in reach-in services provided through these avenues and will include all individuals identified as in need. This expansion will provide the program with the ability to serve an increased number of clients with mental health concerns and who are at risk for continued law enforcement involvement. In addition, program expansion will include acquiring a Forensic Case Manager and two part-time Peer Support Specialists. These positions will work closely with the Recovery Program MHS in providing wrap around services to affected individuals. These positions will be essential in providing support to these individuals in accessing needed community resources or services that would be essential to their growth and support.

ATTACHMENT 6 – Budget

RFP# 3693

Proposer Name: Jackson County

Project Term: Jan. 1, 2014 – Jun. 30, 2015

Budget Item: _____ Total: _____

Personnel: _____ \$174,517

- Mental Health Specialist II – 1.0 FTE (Forensic Case Manager)
Year 1: (1.0 FTE at \$ 48,339 per year at 6 months) _____ \$24,170
Year 2: (1.0 FTE at \$ 50,606 per year) _____ \$50,606
- Benefits – Mental Health Specialist II (FICA, Health Insurance, Sick/Vac)
Year 1: (70.8% of \$48,339 per year for 6 months) _____ \$17,112
Year 2: (70.8% of \$50,606 per year) _____ \$35,829
- Peer Support Specialists – Extra Help (2 x 0.5FTE extra help @ 1040 hrs/yr)
Year 1: (2 x 0.5 FTE at \$15.00/hr for 6 months – 1040 hrs) _____ \$15,600
Year 2: (2 x 0.5 FTE at \$15.00/hr – 2080 hrs) _____ \$31,200

Travel: _____ \$ 2,952

- AMH Peer-Delivered Services Trng
Hotel: (2 persons x \$216/day x 5 nights) = \$2,160
Meals: (2 persons x \$66/day x 6 days) = \$792 _____ \$2,952

Equipment: _____ \$3,460

- Computer and Cell Phone
Computer - \$1,000
Cell phone (3 phones at estimated \$100 phone = \$300)
Cell Phone Service (3 phones at an estimated \$40/month service for 18 months = \$2,160) _____ \$3,460

Supplies: _____ \$500

- Office supplies _____ \$500

Other Costs: _____ \$54,700

- Local Training – Registration Fees 4 local trainings – estimated registration fee \$50 for 3 staff _____ \$600
- Indigent / Discretionary Funds Medication; Housing; Clothing; Transportation etc. _____ \$10,000
- Charge backs – Mental Health Specialist II (Forensic Case Manager) (\$14,700 x 1 FTE x 18 months) _____ \$22,050
- Charge backs – Peer Support Spec. (2 x 0.5 FTE) (\$14,700 x 2 x 0.5 FTE x 18 months) _____ \$22,050

Overall Project Cost: _____ \$236,129

Budget Narrative: (Use this space to further clarify items.)

Personnel:

The Mental Health Specialist II – Forensic Case Manager funded through this project will be utilized to provide intensive case management and support services to qualifying individuals identified as having mental health issues and who are potentially justice involved. All County positions receive a union negotiated yearly 5% step raise and may receive up to a 3% union negotiated yearly COLA increase. The fringe benefits for the Mental Health Specialist II – Forensic Case Manager are based on union negotiated agreements (SEIU Union).

Travel:

The Peer Support Specialists will be required to attend an AMH approved Peer-Delivered Services Training. The training is anticipated to be a 40-hour training, held in Portland.

Hotel: (2 persons x \$216/day x 5 nights) = \$2,160

Meals: (2 persons x \$66/day x 6 days) = \$792

Equipment:

A computer will need to be purchased for the Mental Health Specialist II – Forensic Case Manager position. The computer will allow the case manager to be mobile and will provide access to necessary databases, internet, and other programs needed to provide service delivery. In addition, cell phones will be purchased and subsequent service will be utilized in order to allow client access to program staff. This will assist with further facilitation of necessary resources and services for affected clients. In addition, this will allow the ability for community partners to contact program staff for further collaborative efforts.

Supplies:

General office supplies will be necessary for the Mental Health Specialist – Forensic Case Manager and the Peer Support Specialists. Supplies will include, at a minimum: paper, pens, file folders, etc.

Other Costs:

Costs have been included for local training registrations for the program supported staff. It is anticipated there will be approximately 4 local trainings that the staff should attend; the estimated registration cost is \$50 per training.

Indigent/discretionary funds have been included and will be utilized to provide indigent services to clients in need. These services may include: transportation costs (bus tokens/bus passes); safe housing subsidies; educational expenses; reward/incentives; medication costs; clothing; etc. These services will be specific to each individual's needs and will be provided in an attempt to further support the client for added program success.

Other costs included are the charge backs for the Mental Health Specialist – Forensic Case Manager and the 2 extra help Peer Support Specialist positions. The charge backs are required by the County and pay for a portion of support services to each individual department and include: IT department, Human Resources, Counsel, Accounting, Board of Commissioners, etc. These costs are calculated by the County and assessed to each department.

Mental Health Services Division Manager
Stacy Brubaker

Medical Management & West Wind
Patti Andries

West Wind
 Heather Thompson
 Sean Connolly
 Shelly Copeland
 Dema Grabowski
 Tulagi Lualemana
 Tod Vogel

Med Management
 Crystal Avant *
 Glenda Crenshaw
 Christine Forsythe
 Shana Hakes
 Dianne Helmer *
 Shannon Hickman
 Cathryn Marcoux *
 Danael Phillips *
 Shelli Peyer
 Karen Sachibano
 Ted Sundin *

PSRRB
 Randy Stocum

Utilization Manager
LouAnn Edwards
 Fran Curtis *
 Carrie Washington

Clinical Operations Manager
Diane Potratz

Business Manager
Mike Slusher
 Moony Rae Willes
 Lis Ovando

Administrative Support
Meissa Cudde

EHR Technical Support
 Sue Pomerantz
 John Roberts
 Ken Wallace

Administration Manager
Jennifer Inman
 Deborah Adkisson
 Mona Brooks
 Angela Crubirids
 Janelle Fanklin *

Kim Kreutzer
 Becky Longie
 Ashley Afsar
 Carolyn Pollman
 Vickie Wahner
 Christina Weeks

Children's Treatment Services
 Senior Program Manager
Amy Buehler

Children's Outpatient
Jennifer Janke
 Elycia Beckard
 Erin Cue
 Michael Datz
 Karth Duan
 Tatiana Gallardo
 Sharon Kellington
 Kyle Lamson
 Loony Maywela
 Ingrid Moore
 Alejandra Moreco
 Lisa Odgaard
 Lindsey Phillips
 Michael Sheas
 Tawnya Sobis

ISA Services
Roxann Jones
 Sarah Beck *
 Chad Burke
 Holly Dellinger
 Ewonne Hubbard *
 Tiffany Jacobs
 Celia Kessler *
 Kristie Lachmannier
 Mercedes McLeod
 Amanda Swift *
 Diana Tommessen

Crisis & Stabilization Services Manager
Amya Damato

Joel Datz *
 David Eichenauer *
 Helena Elam
 Kathleen Gide
 Tane Goldman *
 Jeffrey Hatzbway
 Tricia Hibner *
 Doug Huston
 Mark Jamison *
 Terry Marier
 Dennis McVannan *
 David Morcellano
 Lisa Ortiz
 Roseann Schaye
 Theresa Wryght
 Lurdinlle Zuckerman *

Adult Outpatient
VACANT
 Chris Auer
 Janis Austermaulic
 Adrienne Auzlar
 David Burnett
 Sarah Ciferro
 Heather Coffman *
 Ijgi Donalbo
 Gretchen Ericson
 Ann Funkhouser
 Alison Hoffmann
 Mary Lippert
 City Parker
 Tamara Urry
 Cassandra Waldo

Adult Treatment Services
 Senior Program Manager
Laura Bridges

Community Support Program
Taylor Burke
 Linda Anderson *
 Dante Bedford
 Prima Bohall
 Deany Devine *
 Evelyn Fellows
 Millibent Peris
 Mary Kennner
 Kally Lewis-Rayman
 Julia Lombardo
 Marco Martin
 William Maunder *
 Robert Remly *
 Charles Reynolds *
 Dustin Shadley *
 Telesha Sullivan *
 Steve Valencia
 Kally Warner
 Joey Wyrnes

Residential Services
Lorna Anderson
 Carolyn Andersson
 Michelle Bradford
 Kathie Harper
 David Jackson
 Linda Jackson
 Terri LaFord
 Meacie Mangham *
 Parkerson, Teresa
 Betty Taylor

* Indicates extra help or temporary employee
 Friday, November 15, 2013

JACKSON COUNTY

**MENTAL HEALTH ADVISORY
COMMITTEE**

Matthew Vorderstrasse
Chair

1005 E. Main St.
Medford, OR 97504
Phone: 541-973-6139
vorderstm@gmail.com

TTY: 541-774-8138
www.jacksoncounty.org

November 19, 2013

Oregon Health Authority
Addictions and Mental Health Division
250 Winter Street, NE, Room 306
Salem, OR 97301

Dear Mental Health Investment Review Panel Members:

The Jackson County Mental Health Advisory Committee (MHAC) is proud to offer our full support of the AMH investment proposals in partnership with Jackson County Mental Health (JCMH).

Over the past few years the MHAC has advised and watched as JCMH has moved throughout the community establishing collaborative partnerships with the single goal of strengthening our community. Currently, JCMH is working with community partners to meet the triple aim and integrate health care in new and innovative ways. MHAC is committed to assisting JCMH in continuing their efforts to improve the lives of our community members. We submit this letter to you with our full support.

We look forward to continuing our work with JCMH and we encourage you to fully fund every JCMH proposal.

Respectfully,



Matt Vorderstrasse, Chair



November 12, 2013

Oregon Health Authority
Additions and Mental Health Division
250 Winter Street, NE, Room 306
Salem, OR 97301

Dear Mental Health Investment Review Panel Members:

This letter is written in support of the comprehensive vision Jackson County Mental Health is proposing to implement through its applications for mental health investment dollars through OHA. Although each of the grants represent a discrete body of work, they are integrated components of the broader vision for mental health in Jackson County.

Jackson County Mental Health serves as the delegated mental health partner to Jackson Care Connect CCO. In this role, Jackson County Mental Health is responsible for administering the mental health benefit. Importantly, key members of Jackson County Mental Health leadership are working as members of the CCO Board of Directors, Clinical Advisory Panel, and service integration planning group to achieve the OHA Transformation goals with Jackson Care Connect CCO. The Mental Health Investment Grant applications submitted by Jackson County Mental Health will allow mental health services to be more responsive to the needs and opportunities identified through the Community Health Assessment, our CCO strategic planning process, and the County's own planning process.

Over the past year, Jackson County Mental Health has repeatedly demonstrated the ability to provide leadership in the shifting environment of health care transformation. We are committed to assist and support them in their efforts to improve the lives of our members and submit this letter with our full support.

We look forward to our ongoing partnership and are excited to deepen our collaborative efforts to meet the triple aim.

Regards,

Jennifer Lind
Regional Executive
Jackson Care Connect



My community. My health plan.

November 12, 2013

Oregon Health Authority
Additions and Mental Health Division
250 Winter Street, NE, Room 306
Salem, OR 97301

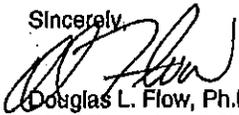
Dear Mental Health Investment Review Panel Members:

As one of the CCO's operating within Jackson County, we are pleased to offer our full support of the AMH Investment proposals in partnership with Jackson County Mental Health.

Over the past year, AllCare and JCMH have entered into several collaborative partnerships in an effort to meet the triple aim and to integrate health care in new and innovative ways. We are committed to assist and support each other in our collective efforts to improve the lives of our members and submit this letter with our full support.

We look forward to our ongoing partnership and strongly encourage you to fully fund each proposal.

Sincerely,



Douglas L. Flow, Ph.D.
Chief Executive Officer
AllCare Health Plan

dflow@mripa.org
641-471-4106

740 SE 7th St.
Grants Pass, Oregon 97526
Tel 541.471.4106

1390 Biddle Rd., Ste 105
Medford, Oregon 97504
Tel 541.734.5520

FAX 541.471.4128
Toll-Free 1.888.460.0185
TTY/TDD 1.800.735.2900

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NAMI

**Southern
Oregon**

National Alliance on Mental Illness

Find Help Find Hope

November 16, 2013

Oregon Health Authority
Addictions and Mental Health Division
500 Summer Street NE, E-86
Salem, OR 97301-1118

Dear Mental Health Investment Review Panel Members:

We are writing this letter of support of Jackson County Mental Health's proposals to the Oregon Health Authority Division of Addictions and Mental Health for the mental health investment dollars available through OHA. Although each of these grants represent a different body of work that are all integral parts of the development of a stronger mental health system in Jackson County that supports better outcomes for children, youth and families.

NAMI Southern Oregon continues to work more and more closely with Jackson County Mental Health and looks towards an ongoing relationship that provides consumer voice and perspective to the greater system. We are open to partnering with JCMH in ways that promotes NAMI's overall vision for community voice and education.

Sincerely,

Patricia Garoutte
President
NAMI Southern Oregon

NAMI of Southern Oregon
PO Box 6018
Medford, OR 97501
<http://nami-so.org>
Fed ID: 93-1274770

NAMI Library & Resources
1005 East Main, Bldg D
Medford, OR
(541) 774-7872

NAMI National
(800) 950-NAMI (8264)
<http://nami.org>