

## LAKE COUNTY BIENNIAL IMPLEMENTATION PLAN 2013-2015

During this current biennium Lake County has grown considerably with an additional therapist and programs that we offer. Lake County Mental health (LCMH) no longer contracts out for its director role with Harney County. The Intergovernmental agreement was not renewed in 2011. We currently have a full time on site director with 4 full time QMHPS, a full time case manager, and a full time Drug and Alcohol counselor. We have been able to dramatically improve our services to the community members of our county by offering additional psychiatric services, therapy services, and Domestic Violence and Sex Offender treatment for people on parole/probation. Prior to this our community members would need to travel to Klamath Falls for this service. We continue to utilize evidence based prevention models in our community such as having three certified QPR instructors for suicide prevention.

The Local Mental Health Authority (LMHA) resides with the Lake County Court, which has three Commissioners. The Director reports to the all three Commissioners on the status of the programs at LCMH, in addition one Board of Commissioners sits on the advisory board for LCMH. These are areas of strength for the LMHA, as it continues to play an important role in ensuring excellent community based behavioral health care for Lake County citizens. An area of concern regarding LMHA's across the state is their new role with advent of CCO's. It does not appear clear what authority remains local with the state approving CCO's and LMHA's only having a Memorandum of Understanding (MOU) with the assigned CCO in that area. What would happen if the LMHA did not agree with the CCO operation and refused to sign the MOU? This would create a very unstable situation that could severely impact the delivery of behavioral health services.

The community needs assessment will be done in conjunction with the CCO and our local CHIP coordinator.

To address part 1 of this plan a brief overview the particular service areas identified will be provided.

### **PART 1: SYSTEM NARRATIVE**

Mental Health Promotion:

LCMH has consistently been a provider of evidence based programs that promote positive mental health for the individuals served. These programs include intensive case management for the severely mentally ill clientele, therapeutic foster care for youth with significant emotional and behavioral concerns, and Dialectical Behavioral Therapy groups for women with personality disorders. The overall treatment approach is recovery oriented and designed to help people so that they can learn to use natural supports in their daily life. There is a strong emphasis on involving the family whenever possible so that parents can learn how to support their children in a healthy manner. This is especially true for the families with substance abuse issues who are involved in the Child Welfare system. New programs being started include Assertive Community Treatment (ACT) and Supported Employment.

Mental Illness, Substance Abuse and Problem Gambling Prevention:

LCMH has an active prevention component as part of its programs. A prevention coordinator is employed to oversee all prevention programs which include managing a Drug Free Communities grant, and we have applied for a second Sober Truth on Preventing Underage Drinking grant. Programs include gambling prevention advertising, compliance checks of local businesses who sell alcohol, funding for Red Ribbon Week activities, and partnering with the local schools on prevention activities. The prevention program received a recent site review from state prevention personnel who found that LCMH was in full compliance with prevention programs. Prevention actions are identified in LCMH's Strategic Prevention Framework and includes local partnerships with Lake School district, North Lake school district, the, and the Commission on Children and Families. We also have a community based UPIC coalition comprised of community members representing a large base of integral people in the community. Mental health prevention is also addressed through projects such as Good Behavior Game (hoping to be implemented

within the coming months), mental health risk assessments for students who have been referred due to threatening behavior within the school district and working as part of the local Multidisciplinary Team (MDT) with individuals at high risk of severe physical and behavioral health problems.

#### Early Intervention:

Early intervention programs include: mental health risk assessment for students, use of the Early Childhood Service Intensity Instrument in evaluating children under the age of 5, use of the Child Adolescent Service Intensity Instrument for children over 5, therapeutic foster care for youth placed out of the home and at risk of residential care, and a contract for family services with the local ESD program. Early intervention services for adults include Peer Counseling programs, psychiatric foster care and residential treatment as alternatives to hospitalization, adult and child psychiatric treatment, and case management.

#### Treatment and recovery:

As stated previously all treatment programs are recovery oriented with the intention of assisting individuals to be as independent as possible. To that end LCMH two of our clinicians are dually credentialed with both substance abuse and mental health backgrounds. This means that they can be the primary clinician and not have to split treatment services up between providers. We also attempt to help our indigent clientele with medication payments so that we can avoid them going off, or never starting, and be at risk for hospitalization.

#### Crisis and respite services:

LCMH offers crisis services 24 hours per day 365 days per year. A QMHP is on call and responds to the hospital or clinic as needed to do crisis evaluations, civil commitment procedures, emergency placements etc. Our crisis workers coordinate with emergency department physicians and other medical personnel to determine appropriate treatment or placement options for those individuals experiencing acute psychiatric distress. At times the residential facility can be used for respite care for an adult who may otherwise require placement in a secure psychiatric facility. LCMH works closely with Greater Oregon Behavioral Health (GOBHI) in finding respite placements for children who have been removed from their home. GOBHI is an approved child placement agency who licenses homes throughout Oregon.

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

LCMH has services available for all groups identified as “required populations”. In this community special attention is paid to children with serious emotional disorders, SMI adults and substance abusing parents with dependent children. To address these populations, combinations of individual, group and family therapies are employed for maximum benefit. Activity therapy, socialization events, and peer counseling services have been especially helpful to clients with severe psychiatric illnesses.

In addition to the required populations LCMH also targets “specialty populations” such as adolescents with substance abuse/mental health disorders, American Indians, persons with mental illness involved in the criminal or juvenile justice system, persons with substance abuse/mental disorders from rural communities, and persons with disabilities.

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

To ensure that individuals receiving care are actively engaged in directing their treatment services, LCMH has adopted strategies that promote client participation. First, all clinician offices have been outfitted with large wall mounted monitors that can be viewed by the client. In this way concurrent documentation can be done with client observing and commenting on the clinician’s written statements about the session. LCMH has just begun utilizing Credible a behavioral health focused electronic record that is easy to follow and understand. Individual service and support plans are done with the client and require their signature. Updates to these plans are done in session with the client so that they can see the progress they are making and what treatment services will be provided. This style of treatment has opened up the sessions

so that an active exchange occurs between the clinician and client, and treatment stays focused on achievable objectives.

Role of the LMHA and any sub-contractors in the delivery of mental health and addictions services:

The LMHA has contracted all CMHP roles and responsibilities to LCMH. The LMHA does not provide any direct services. LCMH does not utilize sub-contractors in the provision of its programs.

LMHA collaboration with CCOs:

The LMHA has signed a Memorandum of Understanding with the Eastern Oregon Coordinated Care Organization (EOCCO) as the only CCO in this community. This CCO is a partnership between GOBHI a Mental Health Organization and ODS an insurance provider. The local hospital and a Commissioner, Ken Kestner, from Lake County are on this board. All three county Commissioners have been active in addressing CCO issues such as governance and payments structures. The CCO function is relatively new and has not gone smoothly in the areas of provider payments, and establishing the functions the EOCCO board. These issues are being addressed and will hopefully resolve quickly.

Mental health advisory and LADPC membership:

Lake County has elected to combine the mental health advisory and local alcohol and drug planning committees into one group. This is called the Lake County Mental Health Advisory Committee. It includes a wide range of representation to encourage diverse perspectives on the needs of this community. The membership is as follows:

1. Ken Landau/chair-Lake District Hospital CFO
2. Charlee Tracey Supervisor Child Welfare
3. Paul Friesen—Ministerial association
4. Phil McDonald-Lake County Sheriff
5. Joyce Wilson/Vice-Chair – Consumer representative
6. Tami Johnson—Consumer Representative
7. Randy Utley-D.D. advocate
8. Ronnie Lindsey- Director Commission on Children and Families.
9. Brandi Harris- Lake County School Counselor
10. Ken Kestner Commissioner Lake County
11. Melody McCarthy-Consumer representative (North Lake)
12. Jake Greer-Director adult and Juvenile probation/parole Department
13. Haley Rourke- Crisis Center

## **Part 2. Community Needs Assessment**

The community needs assessment involved surveys that were sent out to the Mental Health Advisory Board, community partners, community advisory groups, and clients. Information was also gathered from direct contact with community partners and clients. Information was also gathered from the Office of Rural Health and the Oregon Health Authority. The 2010 and 2012 Student Wellness Surveys (SWS) were also used to gather information. All of the information was reviewed to determine both the strengths and areas of improvement for the services provided by Lake County Mental Health. In general, we asked for ways to improve current services, add additional services, improve outcomes, and improve access to services. Clients and family members of the consumers are represented in the information gathered. A copy of the general survey that was sent out is attached. Participation in the CHIP process has been and will continue to be consistent. Information from ORH was helpful in specific demographic and health status data.

The prevalent themes of the data collected were concerns about confidentiality in a small community, concerns about turnover of staff, concerns about the mixing of populations in the waiting area (child and adult consumers in close proximity), a lack of awareness of all the services provided beyond mental health and alcohol and drug services, satisfaction with increased family involvement in services, satisfaction with community partner involvement in services, and satisfaction with improved crisis response abilities. It is a concern that not all the available services are being utilized to the maximum benefit of the county. Confidentiality in a small community is the main concern expressed. The area of prevention is of concern. According to the 2010 and 2012 SWS, there has been an increase in psychological distress in 8<sup>th</sup> graders over the course of the two years by 10.3% and a 10.2% increase in consideration of suicide. However, 11<sup>th</sup> graders reported depression went down by 8.8% from 2010 to 2012. The 2010 and 2012 SWS indicate at least a 10% increase alcohol use (up 13.9%), binge drinking (up 19.5%), marijuana use (up 11.8%), and inhalants (up 10.3%) in 8<sup>th</sup> graders. The same surveys indicated a decrease in tobacco use but an increase in all the areas for 11<sup>th</sup> graders, with alcohol use up 16.1%. The 8<sup>th</sup> grade population has reported increased psychological distress and substance abuse over the two year period. In general, there is satisfaction with the services provided; new referrals continue to come in, and current consumers continue to seek assistance with their mental health and substance abuse issues. The information that was gathered provided information about the current state of services provided and areas to which Lake County Mental Health will look to expand. Plans to improve services will be addressed in part three of this document.

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

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	This is an area of strength for this agency. Current programming has been shown to be effective in helping individuals become more self-reliant.	LCMH will plan to maintain existing programs and add Therapeutic Foster Care, ACT and Supported Employment. We also plan to promote our other behavioral health services and put more effort into our prevention efforts.
b) Mental Illness Prevention	This is an area for improvement.	Much of the focus has been on substance abuse prevention and more could be done to address mental health concerns. We would like to implement the Good Behavior Game for our first grade students. This is a teaching program that is evidence based and focuses in on problematic behaviors early that is shown to be effective for kids who are taught well into high school. We plan to promote our other behavioral health services as preventative measures, especially with the younger populations.
c) Substance Abuse	This is an area for improvement.	LCMH will continue with existing prevention programs and will be re-applying for the Drug Free Communities grant. We also have re-applied for our

Prevention		Sober Truth on Preventing Underage Drinking (STOP) grant. We will begin targeting younger populations so that they have the information necessary to make better decisions. We are looking into surveys at the start of school and at the end of the school year to determine any change in substance abuse attitudes.
d) Problem Gambling Prevention	This is an area of strength.	LCMH includes gambling prevention activities in its overall addictions prevention plan.
e) Suicide Prevention	This is an area for improvement.	Thanks to our Suicide Prevention grant, we were able to have multiple community trainings in Question, Persuade, & Respond. We also were able to get our School counselor's and four other community members trained to continue the trainings yearly within all parts of our community. However, Lake County has higher than the state average in suicidal thinking and attempts with our younger population, and our county wide percentages increased from 2010 to 2012. The Office of Rural Health statistics also indicated a higher than state average in suicide in Lake County in general.
f) Treatment: Mental Health Addictions Problem Gambling	This is an area of strength. LCMH will be continuing to offer existing programs and services.	New programs to be added include: ACT, Supported Employment, Therapeutic foster care. We are also looking forward to implementing a Day Treatment program for children in the school as identified as having mental health concerns that interfere with their ability to learn. Lake County is also re-applying for the Drug Free Communities grant which will continue to support prevention programs. Gambling treatment will also continue with the support of gambling funds.
g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem	This is an area of strength.	LCMH utilizes Case Managers for both mental health and addiction clients. Case Managers, provide crisis support and arrange for social events for clients. LCMH also relies on local primary care physicians to take over medication

<p>gambling treatment)</p>		<p>management for clients that no longer require psychiatric services. Addiction services are all recovery based and include weekly relapse and recovery groups, and development of individual recovery plans. Full implementation of the ACT and SE programs will also aid in maintenance and recovery. We are also looking into bringing an Oxford House to our community for those clients with substance abuse issues.</p>
<p>h) The LMHA's Quality Improvement process and procedure</p>	<p>This is an area for improvement.</p>	<p>LCMH has an internal Continuous Quality Improvement Committee with staff representatives from all aspects of the agency. The committee oversees a Quality Improvement Plan that is approved by the Mental Health Advisory Committee. Areas such as clinical outcomes, access to services, client satisfaction and complaints are reviewed and monitored. However, we need to have better tracking of our outcome measures and will be working with Symmetry Care to better set up our system of measurements and better defining our outcome goals.</p>
<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p>	<p>This is an area of strength.</p>	<p>LCMH has weekly meeting with the Department of Corrections to better coordinate services. We have monthly meetings with DHS child Welfare as well. We have Quarterly meetings with the school counselors to ensure that referrals are being made and that we meet their needs for crisis services at the school. As mentioned before we will be starting ACT and SE programs in the future and will be coordinating those services with integral parties for these programs. We have good communication with the local doctors to coordinate care for those who do not wish to use our medication provider.</p>
<p>j) Behavioral health equity in service delivery</p>	<p>This is an area of strength.</p>	<p>LCMH is a co-occurring treatment program that philosophically believes in a holistic treatment experience. No one behavioral health service is more or less valuable than another. Addiction treatment services are integrated into mental health treatment</p>

		<p>whenever there is a need. We plan to get more of our clinicians credentialed with CADCs. Our electronic medical record will allow service plans to be fully integrated and seamless. The ACT and SE programs will also assist in equity of the services delivered.</p>
<p>k) Meaningful peer and family involvement in service delivery and system development</p>	<p>This is an area for improvement.</p>	<p>LCMH does not currently offer Peer run services. We are hoping that with the advent of ACT and SE that we will be able to hire a peer specialist to assist in these programs. We do however, emphasize a strong family involvement in all services developed with children and refer parents and family to appropriate services such as parenting groups or individual therapy as the case plan dictates. We are looking into developing or using a peer service similar to the David Romprey Oregon Warm Line.</p>
<p>l) Trauma-informed service delivery</p>	<p>This is an area of strength.</p>	<p>LCMH recognizes the impact that trauma has in relation to mental health difficulties. To address this clinicians receive training in trauma care, and are very qualified in providing trauma informed treatment. Trauma concerns are explored as part of the initial mental health assessment so that a proper diagnosis and treatment recommendations can be made. LCMH has a policy and procedure regarding trauma informed treatment. We also have begun using Child Parent Psychotherapy to address potential adverse early childhood experiences.</p>
<p>m) Stigma reduction</p>	<p>This is an area for improvement.</p>	<p>Community surveys indicate that people would be concerned about coming to Lake County Mental Health because of fears related to confidentiality. A perception exists that in this small community even parking their car at the LCMH office would be noticed and raise questions. To address this we have had conversations of relocating to be inside the Lake District Hospital or have a separate building at their location. Not only would this reduce stigma, as people could park and enter the hospital with anonymity, but it would also further</p>

		<p>increase or goal and commitment of furthering the agenda of integrated care, as all of our local doctors and medical professionals would be in the same building; however, moving into the hospital requires additional planning and funding as space is not currently available. We also face challenges with what appears to be a constant change of leadership, in the opinion of the public. We currently have stability with our staff, and this is merely perception from the public. However, we are looking into changing the name of Lake County Mental Health to move away from the stigma attached to “mental health” and as a means to inform the public that there are other services available beyond counseling.</p>
<p>n) Peer-delivered services, drop-in centers and paid peer support</p>	<p>This is an area for improvement.</p>	<p>We do not currently operate Peer Delivered programs or a drop in center. Most of this is due to our space issues in our current building. However; as indicated before we are looking into expansion of our current building or relocating to a new building closer to the hospital. This in addition to the ACT and SE programs would provide us an opportunity to get these programs going. As mentioned earlier, we will be working with Community Counseling Solutions to establish the availability of a Warm Line.</p>
<p>o) Crisis and Respite Services</p>	<p>This is an area of strength.</p>	<p>LCMH has full time crisis services available. There is a contract with ProtoCall Services in Portland that screens initial after hours calls to determine if an emergency exists. If needed they contact the on call QMHP locally to respond to the crisis. Our QMHP staff is trained in mental health holds and commitment procedures and work with the local hospital if a person requires an involuntary admission. All efforts are made to avoid acute care admissions. Our on call staff also works with Child Welfare workers if a child is in crisis and is at risk of leaving the home. LCMH works with the local MDT Program which identifies at risk youth and finds</p>

		appropriate placements as needed.
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**Part 4. Performance Measures**

<b>1) Current Data Available</b>		
<b>Performance Measure</b>	<b>Data Currently Available</b>	<b>Current Measures (If available)</b>
a) Access/Number of individuals served	LCMH has served over 600 individuals since July 1, 2011. These people were served in outpatient mental health, outpatient addictions treatment.	Currently LCMH has about 150 enrolled clients in our treatment programs. Our EMR will allow us to quickly view the daily census and caseloads.
b) Initiation of treatment services – Timely follow up after assessments	LCMH has set a performance standard in our contract with the LMHA that 100% of new clients will be seen within 7 days after their initial assessment. To date we are seeing 80% of new clients within that timeline.	This data is tracked monthly.
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	LCMH does track treatment engagement by monitoring how many active clients have received a service in the past 30 days. This tracking will significantly improve by reporting we can now generate using the EMR.	Due to our current staffing levels we can safely say the approximately 90% of our clients have received services within the past 90 days.
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	Follow up services after a psychiatric hospitalization or discharge from residential care is tracked. This data is important as outcomes are greatly improved if the individual can access ongoing services to support their step down from inpatient or	Because we are a small county and have no subcontractors for these types of services we handle 100% of all discharges from hospitalizations and residential facilities. All of these clients are offered appointments within the first seven days of discharge for individual therapy or case management services. However; due to caseload size there can be some delay in psychiatric

	residential care.	follow-up. However we are in negotiations with a psychiatrist to provide more time weekly and hope to have this additional time by June 2013.
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	This is currently not tracked as clients are often discharged from hospitals or residential programs back to their home community and are no longer monitored within our system.	No current data
f) Percent of participants in ITRS reunited with child in DHS custody	There are very few families enrolled in this program. This data was found by contacting the local Child Welfare office regarding whether or not the children were reunited with their parents.	Currently 30% of families have been reunited. This unfortunately is a low number and hopefully this will improve in the next biennium.
a) Percent of individuals who report the same or better housing status than 1 year ago.	This data is not tracked	No current data
b) Percent of individuals who report the same or better employment status than 1 year ago.	Not tracked	No current data
c) Percent of individuals who report the same or better school performance status than 1 year ago.	Not tracked	No current data
d) Percent of individuals who report decrease in criminal justice involvement.	Not tracked	No current data
e) Stay at or below a target ADP of individuals for which the county is	ADP information is provided to LCMH monthly by the state so that individuals in the State	Currently this county is below the target ADP.

responsible in the state hospital psychiatric recovery program.	Hospital can be monitored.	
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	This information is also provided by the state on a monthly basis.	At this time this county does not have anyone on the "ready to place" list.
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	LCMH has an approved prevention plan that was recently review during the state's prevention site review. The goals and objectives are being met, but a percentage has not been applied.	LCMH will need to review the goals and objectives so that completion percentages that are meaningful can be applied.

**Plans to Incorporate Performance Measures**

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

The LMHA in Lake County in its contract for CMHP services requires that performance measures be established to ensure that quality services and programs are established and implemented. LCMH has been able to use these measures guide the creation of internal systems that improve overall care. For example client retention is greatly influenced by how quickly a client receives a follow up appointment after their initial assessment or Screening. Our performance standard is to do this within 7 days for 100% of our new clients. We are at 80%. This is improving our overall client retention and reducing no shows. LCMH will continue to evaluate data from the performance measures identified in this plan and even measures that are not included to determine how programming can be improved. This will be the responsibility of our Quality Assurance Committee and our administrative team.

**Part 5. Budget information:** Currently all of out funding for Indigent populations comes from State Funding.

**Biennial Implementation Plan (BIP)**

**Planned Expenditures 2013 - 2015 (Based on historical allocation)**

**Budget  
Period: 7-01-2013 -- 6-30-2015**



	Mental Health							
		Adults	\$48,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$39,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug							
		Adults	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Problem Gambling		\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	[Redacted]							
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)	[Redacted]							
	Mental Health							
		Adults	\$110,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$65,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug							
		Adults	\$85,000.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$60,500.00	\$4,900.00	\$0.00	\$0.00	\$0.00	\$0.00
	Problem Gambling		\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	[Redacted]							
Continuity of Care and Recovery Management	[Redacted]							
	Mental Health		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug		\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Peer-Delivered Services			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration			\$13,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Other (Include Description)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$665,500.00	\$12,900.00	\$0.00	\$00.00	\$0.00	\$678,400.00

\*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant

<b>2) Special Funding Allocation</b>		
<b>Area</b>	<b>Allocation/Comments</b>	<b>Review</b>
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	As required by ORS 430.359(4) LCMH does continue to receive county funds allocated for addictions treatment and prevention. The amount of funds is not less than previously received.	<b>Yes</b>
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	LCMH does continue to receive funding for gambling treatment and prevention. These funds support anti-gambling advertisement campaigns, and treatment services provided by qualified staff.	
c) Use of funds allocated for	LCMH does receive state prevention funds which are used for alcohol and other drug use	

<p>alcohol and other drug use prevention.</p>	<p>prevention programs. This includes prevention advertising, support for drug free activities, prevention coordination services, and collaboration with other local organizations.</p>	
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**Attachments:**



348 West Adams  
Burns, OR 97720  
Phone 541.573.8376  
Fax 541.573.8378

**END OF SERVICE CLIENT SATISFACTION SURVEY**

Your responses to this survey are confidential. Your identity is unknown, and a number has been assigned to your survey for bookkeeping purposes only. We appreciate your responses, these will aid us in improving our services to better meet your and the communities' needs.

What is your gender? Male \_\_\_\_\_ Female \_\_\_\_\_

What is your age? 15-24\_\_ 25-44\_\_ 45-64\_\_ 65+\_\_

What services did you receive? Addictions \_\_\_\_\_ Mental Health \_\_\_\_\_  
Other (Describe) \_\_\_\_\_

How long did you receive services? Years \_\_\_\_\_ Months \_\_\_\_\_

Were services voluntary or mandated? Voluntary \_\_\_\_\_ Mandated \_\_\_\_\_

Who was your primary clinician? \_\_\_\_\_

**CLINIC SATISFACTION:**

Rate the following statements using the following scale:

1=very true 2=true 3=somewhat true 4=untrue 5=very untrue

The intake process was clear and understandable. \_\_\_\_\_

The clinic was open adequate hours for me to conveniently receive services. \_\_\_\_\_

The reception area and waiting room were clean and comfortable. \_\_\_\_\_

My privacy was respected. \_\_\_\_\_

Services were affordable. \_\_\_\_\_

Payment terms were reasonable. \_\_\_\_\_

Billing statements were understandable. \_\_\_\_\_

**SERVICES SATISFACTION:**

Rate the following statements using the following scale:

1=very true    2=true    3=somewhat true    4=untrue    5=very untrue

My first appointment was scheduled in a timely manner.

I was involved in my treatment planning.

My Clinician was knowledgeable about my needs.

My symptoms / issues improved or resolved.

The services I needed were available.

I would return for services if needed.

I would recommend Symmetry Care to others.

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**COMMENTS:**

What was your best experience while in services at Symmetry Care?

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What was your worst experience while in services at Symmetry Care?

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Do you have any additional comments or suggestions to help us improve our services?

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# Mental Health Advisory Board Informational Survey

Name (optional): \_\_\_\_\_

Organization Affiliation (please check the most appropriate square):

- Law Enforcement
- Employment/Contractual
- Health Care Services
- Education
- Court
- Church
- Community Partner
- Other (Specify): \_\_\_\_\_

Based on your relationship with Lake County Mental Health how would you rate your level of satisfaction in regards to your experience?

- 1-Very Unsatisfied
- 2-Unsatisfied
- 3-Adequate
- 4-Satisfied
- 5-Very Satisfied

We are looking to rename Lake County Mental Health to better represent the comprehensive services that we provide, please list any suggestions.

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In your recent experience with Lake County Mental Health what services have been the most effective?

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In your recent experience with Lake County Mental Health what services have been the least effective?

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**Do you have any concerns regarding LCMH? If so please explain.**

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**Are there any suggestions and/or improvements for future services you would like to see?**

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THANK YOU!

The Lake County Mental Health Advisory Board is seeking community and employee input in regards to LCMH services. We as a Board feel the input of those closest to the services is imperative in moving forward. This survey can be completed anonymously and will be reviewed in an executive session consisting only of Advisory Board Members. If you have any questions please contact Benjamin Paz Interim Director at 541-941-6021.

**\*\*Feel free to make copies as needed for your organization to ensure we gather as much information as possible.**

**BEHAVIORAL HEALTH COMMUNITY NEEDS SURVEY**

TO be developed in Coordination with EOCCO Community Needs Assessment and Local CHIP program.

