Lane County Biennial Mental Health and Addictions Plan

2013-2015

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EXECUTIVE SUMMARY

Lane County staff prepared the following community mental health and addictions biennial implementation plan as directed by the Oregon Health Authority. The process, from the community needs assessment through the identification and description of the priority areas, is intended to guide efforts to better support and serve individuals throughout Lane County who seek addiction and/or mental health services. The needs assessment results will be integrated into the broader Community Health Needs Assessment, and the priorities & strategies will be aligned with similar efforts identified in the Community Health Improvement Plan.

This document provides an overview of our current mental health/addictions service system along the continuum of health promotion, through prevention, treatment, and recovery services. While qualitative and quantitative data indicate several areas of strengths and opportunities, the data also identify three key areas in need of improvement. These are:

1. **Access**
    a. Prevention/promotion. Residents reported being generally unaware of prevention information, education, activities, or programs available in their community.
    b. Services. Access is limited due to lack of awareness of services, no services offered in some geographic locations, transportation challenges, to specific populations such as veterans and LGBTQ, language barriers, lack of child care

2. **Transitions**
    a. Transitions from residential, in-patient, hospitalization, or incarceration to the community
    b. Transitions from youth oriented services to adult services
    c. Transitions between social service systems

3. **Communication/Coordination**
    a. Dissimilar language and jargon between systems
    b. Funding siloes contribute to services and efforts being provided in
    c. Lack of communication and coordination between service providers, making it particularly difficult for individuals with multiple service needs

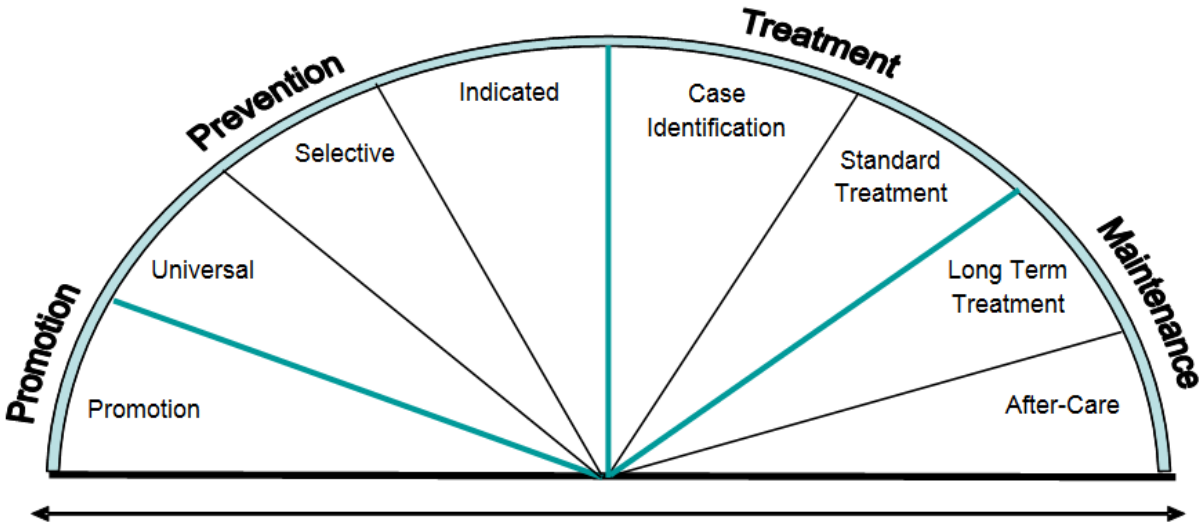
I. SYSTEMS NARRATIVE

Provide an overview of the county's current addictions and mental health services and supports system including: Mental Health Promotion, Mental Illness, Substance Abuse and Problem Gambling Prevention, Early Intervention, Treatment and Recovery, Crisis and Respite Services, Services available to required populations and Specialty populations, and Activities that support individuals in directing their treatment services and supports

Current Services and Supports

Lane County's current behavioral health system includes services and supports offered by both Lane County Health & Human Services (HHS) as well as local, not for profit organizations. Referencing the Institute of Medicine Model as a framework for ensuring the full continuum of services are supported, a summary of the current system is outlined below.

Institute of Medicine Continuum of Care



Source: Preventing Mental, Emotional, and Behavioral Disorders Among Young People, 2009

Mental health promotion, suicide prevention, substance abuse prevention and problem gambling prevention are coordinated through the Lane County HHS Public Health Prevention Program. All levels of prevention are supported with particular emphasis on policy level work to ensure sustained efforts. In addition to these promotion and prevention services, Lane County works closely with a wide range of not-for-profit organizations, schools, research organizations, the local Coordinated Care Organization, and others to deliver evidence-based initiatives across all disciplines and the spectrum of health promotion and prevention.

Mental health treatment occurs in a variety of locations and modalities. Lane County Health & Human Services, HHS, provides services as well as contracts with local not for profit behavioral health providers to offer a variety of other mental health treatment. Most behavioral health services are provided in the Eugene/Springfield area with limited services provided in the larger rural communities. Long term mental health care is provided in a variety of locations, including local residential facilities, group homes, and foster homes. Lane County Behavioral Health, (LCBH), a division of Lane County HHS, provides adult, child, adolescent and family assessment and services intended to improve mental health and support overall functioning. Available outpatient services include case management, individual and group therapy, family support, and psychiatric medication management services. Primary care is co-located and mental health nursing care coordination is available to support an integrated approach to improved functioning since physical and mental health

concerns often overlap. LCBH staff provides oversight of Lane County's residential and foster homes and evaluates individuals for access to services on request for individuals living in these houses.

Prior to the partnership in development of Trillium Coordinated Care Organization (CCO), Lane County HHS managed behavioral health services for Oregon Health Plan members through LaneCare, a division of the department. LaneCare developed an excellent relationship with provider panel participants for behavioral health services in our county. LaneCare is now integrated with Trillium Community Health Plan CCO, and the strong network of behavioral health providers has long been established and continues to provide high quality services in Lane County.

Below is a current list of providers and services provided:

- Benson Health Clinic: *O/A/LMP
- Center for Family Development: *O/ICTS/A/T/C/LMP/PS
- Centro Latino Americano: A/FS/O
- Direction Service: *O/A/T/C
- Emergence: A/FS/O
- Jasper Mountain: *DT/ICTS/T/C
- Lane County Behavioral Health: *O/A/T/C/LMP/MTP
- Laurel Hill Center: *O/A/PS/AV/LMP
- Looking Glass: *O/ICTS/A/T/C
- Options Counseling: *O/LMP/ICTS/A/T/C
- Options Florence: *O/ICTS/A/T/C
- Oregon Social Learning Center Community Programs: *O/ICTS/A/T/C
- PeaceHealth Behavioral Health Services: *O/LMP/A/T/C
- PeaceHealth Counseling Center: *O/A/T/C
- Relief Nursery: *O/C
- ShelterCare: A/PS/R/O
- South Lane Mental Health: *O/A/T/C/LMP
- The Child Center: *O/DT/ICTS/T/C
- White Bird Clinic: *O/A/CR/LMP
- Willamette Family Mental Health Services: *O/A/T/C
- Willamette Valley Psychiatric Medicine: *O/A/T

*****C=Child (ages 4-12), T=Teen (ages 12-17), A=Adult (ages 18+), LMP=Licensed Medical Practitioner, PS=Peer Support, FS=Family Support, AV=Advocacy, CR= 24 Hr. Crisis, DT=Day Treatment, ICTS=Intensive Community Treatment Services, O=Outpatient, R=Residential, MTP=Methadone Treatment Service

Substance abuse treatment for both youth and adults is primarily provided by local not for profit organizations. Lane County HHS contracts for many of these services and many are provided through contract with Trillium Community Health Plans CCO. LCBH provides Methadone Maintenance for adults with opioid dependence or addiction. Although the county offers some continuum of treatment services, many are quite limited. Similar to mental health services, most alcohol and drug treatment services are located within the Eugene/Springfield area. There are no adolescent residential services for substance abuse treatment in the County except for an Oregon Youth Authority-funded program that serves youth on parole.

Below is a current list of substance abuse treatment providers that Lane County HHS either helps provide funding to or partners with:

Substance Abuse Treatment Providers*

- Center for Family Development: Y/A/OP
- Centro Latino Americano: Y/A/OP/SL
- Emergence: A/OP/DC/PG
- LCMTP: A/M
- Integrated Health Services: A/M
- Looking Glass: Y/OP
- Serenity Lane: A/OP/IP/Detox
- WhiteBird Chrysalis: A/OP
- Willamette Family: A/F/AR/OP/A Detox
- Quality Research Associates: A/A&R

*OP=out patient, IP= in patient, A=adult, Y=youth, F=female, M=methadone, DC=drug court, PG= problem gambling SL=Spanish Language, AR=Residential, A& R=Assessment & Referral

Problem Gambling Systems Overview

Problem gambling services in Lane County are provided by two entities: Emergence Gambling Treatment Program (treatment) and Lane County Public Health Prevention Program (prevention). Emergence, which provides free and confidential help for problem gamblers and their loved ones, also operates the statewide gambling help line, 1-877-MY-LIMIT. Lane County Public Health provides a staff member to coordinate problem gambling prevention services in Lane County as well as staff the Problem Gambling ad hoc subcommittee of the Mental Health Advisory Committee/Local Alcohol & Drug Planning Committee

Aftercare and ongoing support is typically planned for during the course of treatment with the client's therapist and the client and often includes utilization of local self-help groups.

Mental Health Promotion

"Mental Health Promotion" means efforts to enhance individuals' ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity. There can be overlap between promotion and prevention efforts, depending on the population served and the target of the prevention activity.

Basic premises:

- Everyone across the mental health continuum, including all of the "required populations" can benefit from mental health promotion services and supports
- In general, most, if not all services/supports that are beneficial to treatment and recovery will (or should) also serve to promote mental health

Mental Health Promotion Services/Supports by Domain

Individual	Family	School	Community
Senior law/legal aid	12-Step programs	Programs/Curricula (GBG, SMART, RESPONSE, Reconnecting Youth, etc.)	Funding supports (foundations, United Way)
Alternative healing therapies (meditation, yoga, dance)	Counseling Services	School-based Health Centers	Community organizations (Rotary, Kiwanis, etc.)
OASIS	Bereavement support	Family Resource Centers	Transportation (bus, etc.)

	groups		
Senior Centers/Community Centers	VA/Family Assistance Program	Head Start/Early Head Start	Centro Latino Americano
Community Health Centers/Well Care Services	Faith communities	Teen Parent programs	NAACP
Womenspace	Food for Lane County	Partnership with local Education Service Districts	Faith Community
CASA	YMCA/YWCA	Out-of-school time programs/activities	Public Health
Warmlines/Helplines (Parent Helpline, Crisis Lines)	Department of Human Services		Public Safety/First Responders
Mentoring Programs	La Leche League		
Big Brothers, Big Sisters	Helplines (Parent Helpline)		
LILA	Daycare Centers		
Trauma Healing Project	Centro Latino Americano		
12-Step Programs (AA, NA, Alateen, Alanon, OEA)	NAACP		
Trainings (QPR, MFHA, ASIST, Psychological First Aid)	Early Childhood Cares		
Bridgeway House	Parenting Now!		
Counseling Services	NAMI		
Bereavement Support Groups	OFSN		
Community Support Groups	WIC		
YMCA/YWCA	Willamette Family		
WellMama	Healthy Start ~ Healthy Families		
Veteran's Administration	Head Start		
Lane County Veterans Services	Relief Nursery		
	Baby Connection		
Kids Sports, South Valley Athletics, 4H, scouting programs, etc.	Parks &Recreation; parks, bike/walking paths, etc.		
	Nurse-Family Partnership		
	WellMama		

Mental illness, Substance Abuse and Problem Gambling Prevention

Problem behavior prevention, including substance abuse & problem gambling, as well as mental health promotion and suicide prevention efforts are coordinated through the Lane County HHS Public Health Prevention Program (PHPP). This program is an integrated prevention program including behavioral health, traditional public health chronic disease and wellness promotion, and prevention strategies to support Trillium Coordinated Care Organization. The PHPP utilizes the Strategic Prevention Framework and other public health planning models to develop and implement priority prevention strategies. Focusing on specific program areas, PHPP staff routinely develops work plans based on an assessment of local data, review of capacity to determine ability to address the need, development of a work plan identifying prevention best practices, implementation of strategies including a strong emphasis on policy, and finally an evaluation of the plan. The Prevention Program is supervised by a Certified Prevention Specialist, CPS, and all staff have either a CPS or a Masters in Public Health. Implementation of prevention best practices are fulfilled by PHPP staff and through partnerships with local community based prevention coalitions, organizations, and schools.

Early Intervention

System Overview

Early Intervention is characterized by intervention strategies for new parents and young children. Lane County has an incredible network of resources readily available to individuals and families. Services offered locally include:

- Monthly meetings between organizations including mental health/substance abuse providers, parenting resources, childcare providers, child development specialists, CCO-prevention team members, information & referral resources, and social service providers
- Monthly e-news letters
- Comprehensive resource guide

Available Resources:

Accurate and up-to-date Information and referral is identified as a highly valuable resource in early intervention strategies. Lane County is well-equipped with a diversity of information and referral resources including:

- 211 Lane - 211Lane provides online information about local social services and volunteer opportunities in Lane County. This comprehensive system includes listings on more than 2,000 agencies and support groups. (Currently creating a veterans resource section.)
- Autism Society of Oregon, Lane County Chapter - The Lane County chapter of the Autism Society of Oregon provides resources specific to individuals with autism spectrum disorders and their families.
- Kind Tree – Support and Advocacy for all ages Autism Spectrum
- Parenting Now! publishes an annual resource poster called “Resources for Families.”
- Direction Service - Direction Service acts as an information clearinghouse on a broad range of disability related topics, which include legal issues, resources, parenting, barrier-free design, disabling conditions, and controversial treatments.
- Family Support & Connections - Family Support & Connections (FSC) is a collaborative group of community agencies and individuals whose mission is to provide supportive information and services about resources for families living in Lane County.
- White Bird HELP Book - The White Bird Info Line annually publishes The Help Book, Lane County's Human Services Directory, a vital reference book for anyone who works with people with limited resources or special needs. Describing over 650 human service agencies, programs and support groups, the Help Book is annually updated, expanded and revised
- Lane County Birth Network - The Lane County Birth Network is an action-based network of birth professionals and consumers who are advocating for best practices in maternity care, through consumer education and professional development, in order to optimize the health of mothers, babies, and families.
- Mother Baby Resource Center and Resource Directory - Mama Rose’s Naturals provides pregnancy and birth-related referrals, including prenatal massage, yoga, acupuncture, naturopaths, herbal practitioners, midwives, birth doulas, postpartum doulas, lactation consultants, and support groups.
- Oregon SafeNet - As the state's Maternal & Child Health hotline, SafeNet is a free and confidential helpline providing statewide information and referral services for community health, social, and mental health services, immediate care health services, pregnancy and reproductive health services.

- Parent Helpline - Collaboration between United Way and several partner agencies, the Parent HelpLine provides a free, confidential telephone resource primarily for parents and caregivers of children up to 6 years old, but will provide information for all ages.
- Siuslaw Outreach Services - Focus 4, a program of Siuslaw Outreach Services, is Western Lane County's resource, referral and crisis line. A Focus 4 operator can be reached 7 days a week, 24 hours a day. This is an information and referral line for the general public and local agencies for emergencies as well as everyday problems/questions.

Below is a list of services and local providers especially for abuse and neglect in the 'early intervention' category: Abuse/Neglect & Domestic Violence

- Kids FIRST, KF, (Child Advocacy Center) - KF provides a warm environment where children can be interviewed in matters concerning child abuse. The center will ensure the child's wellbeing as its first priority, enable effective investigations and coordinate the child's legal and treatment needs through community resources.
- Department of Human Services, DHS, Child Welfare Program - Receive and assess complaints of child abuse and neglect. Referral to and utilization of community resources to assist children and families. Provides foster care services as component of protective services. Certifies foster homes. Provides adoption services. Provides in-home protective services. Contracts with local providers for sex abuse treatment, family and domestic violence counseling and parent training. Offices are in Eugene, Springfield, Cottage Grove, & Florence.
- Relief Nursery - FAMILIES TOGETHER is an intensive parent training program for parents who have lost their young children to foster care or are at imminent risk of losing their children.
- Siuslaw Outreach Services - Provides comprehensive assistance to women, men and their children. Shelter assistance includes emergency shelter, domestic violence shelter, rental assistance, and transitional housing. Domestic Violence assistance includes advocacy, short and longer term shelter, resource and referral, support groups, peer counseling, professional counseling. Rape and Sexual Assault help includes 24 hour crisis line, peer counseling, advocacy, support and referral. Emergency Services are limited but include gasoline, propane and prescription assistance, showers/laundry, bus tickets and taxi vouchers. Other Services include weekly women's support group, used clothing, and household goods, Elder help, low income energy assistance (LIEAP), and housing assistance with case management.
- Womenspace - Emergency and long-term support services for domestic violence survivors both adults and children. 24 hour help line—Basic Services include: Advocacy by appointment, Safety planning, Shelter, Crisis intervention, youth programming, assistance accessing resources, legal advocacy; Community support groups (adults and children), DV Specialists at self-sufficiency, child welfare and Kids FIRST, DV education and information, emergency transportation, rural outreach, community education presentations, and transitional case management.

Additional services directly related to early intervention strategies for mental health and addiction fall under the remaining categories outlined in the continuation of 'systems overview' by focus area.

Alcohol & Drug Treatment for Special Populations

- Relief Nursery - The Accessing Success program offers parents substance abuse education, assessment, and referral, post-treatment counseling, parent recovery support groups, peer support, social skills development activities, and anger management classes. Transportation, childcare, and food are available.

- Willamette Family Inc. – Women's Residential Programs - Substance abuse treatment for women with children under six years. Includes long term (3-4 months) residential and

outpatient services. Some transitional housing available. Program includes the Child Development Center where substance-affected infants, babies, toddlers, and preschoolers receive assessment, referral, care and support while their mothers are receiving treatment for addiction.

Crisis &Respite Care

- Autism Society of Oregon - ASO recognizes that caregivers of people living with autism often lack enough time for self-care and respite. In light of this, ASO is launching a new program, “Take a Break on ASO” to provide caregivers with respite care and social/leisure opportunities.
- Lane Family Connections - LFC bridges the gap between parents seeking child care and those who provide care to children. Parents are given referrals from a computer database of available child care providers. They receive consultation and materials about how to choose quality child care. LFC also coordinates and offers child care provider training and ongoing support to caregivers. A multicultural coordinator assists parents and providers of various ethnic groups. All services offered in Spanish. In addition, LFC works with local employers to help them with the child care needs of their employees. Services are available by phone, walk-in, fax and internet/e-mail. Parent intake form available on website. Preschool, afterschool, before school, child care, childcare, early childhood child advocacy, parent child caregiver, early childhood teacher, early childhood training, early childhood professional child care, early childhood care and education.
- Lifespan Respite - The Lifespan Respite Program provides families with a one stop respite referral contact so that they can easily receive information about respite care in the community, regardless of the age of the person needing the care, or their special care needs. A basic training is provided to all in-home providers.
- Relief Nursery - OUTREACH PROGRAM is for families needing immediate help and provides parent education and support through crisis response, respite care, home visits and resource/referral assistance. Outreach is also an entry point to other Relief Nursery services including parenting classes, support groups, anger management and counseling.
- Early Childhood CARES, Early Childhood CARES, / West Lane Program - The Relief Child Center offers free scheduled child-care for low-income at-risk families with children 6 weeks through 6 years old in West Lane County. Relief Child Care makes available regularly scheduled child care hours each week with an on call/waiting list maintained. Child care is provided in conjunction with Early Childhood CARES, EI/ECSE Toddler and Preschool Programs. Parent support groups are also available in both English and Spanish. Relief Child Care also provides developmental screenings, resource referrals, and a book lending library to all participants. Other family related programs include the Parent/Child Play Group, Fridays 10-12, that is open to the general public, and access to a parent educator by appointment or by phone.
- LCBH provides crisis response and intervention services through collaboration with White Bird Services 24 hours/day, 365 days/year. Individuals may request crisis services on their own or they can be referred by family members, medical providers, law enforcement, state agencies, schools, and through other means. Services are available at the County Behavioral Health clinic during clinic hours, and after hours through the White Bird crisis hotline. LCBHS staff are on-call after hours to respond to White Bird, police, or hospital personnel needing information to appropriately respond to crisis. Services are available to all individuals regardless of insurance or ability to pay. Crisis services are a preferred alternative to hospital emergency departments (EDs) for individuals seeking behavioral health services when there is no urgent medical condition or immediate safety concern.
- Additionally, LCBH provides assessment and support for individuals identified in our jail system who are also identified as responding to a mental illness which interferes with the individual’s ability to face pending charges. In cooperation with Shelter Care which provides housing and

daily staff support, LCBH coordinates a temporary safe haven, psychiatric stabilization, and meaningful coaching to support effective participation in the legal system.

Counseling/Mental Health

The Intensive Services Array for children provides residential and acute care for children and youth. The Intensive Community Treatment Services (ICTS) system provides outpatient services at a high intensity to intervene on children before acute services are needed. Outpatient counseling is also available for children and families in need.

- South Lane Mental Health - located in rural Cottage Grove, is part of the ICTS system and is part of the Circle of Security network.
- Oregon Social Learning Center Community Programs - provides ICTS services designed for DHS foster families working with children with special needs due to emotional stress and trauma.
- Center for Family Development - provides ICTS services for families with office based visits.
- Centro Latino Americano provides outpatient services
- Emergence provides outpatient services
- Gateway Living—provides residential services
- Jasper Mountain - provides ICTS services for children with severe trauma.
- The Child Center - provides ICTS services for families with intensive needs.
- Options - counseling for ICTS services and outpatient counseling.
- Direction Service Counseling Center - counseling for emotional/psychological issues for pregnant women, parenting strategies for older siblings, support for women with pregnancy complications or disability issues, prenatal and postnatal depression, children with disabilities.
- Family Relief Nursery – located in rural Cottage Grove, Family Relief Nursery strengthens families under stress. 1) Therapeutic classroom ages 6wks-4yrs. 2) Respite program-(scheduled) ages 6wks-6yrs Immediate need drop-in available. 3) Parent education and support. 4) Latino outreach. 5) Mental Health Services. 6) Peer Support (assessing success) for clients with substance abuse issues.
- Relief Nursery - outreach, crisis response and therapeutic early childhood program for high-risk families under stress. Early intervention program serves children ages birth-6 years. Group support, counseling with a specialty in attachment, education, services and home visits offered to families.
- ShangriLa—provides residential services
- Additionally – there are 6 professional therapists who focus on the needs of new parents, postpartum depression, perinatal mood disorders, young children, families, as well as the full spectrum of mental health disorders.

Disabilities/Developmental Delays

There are approximately 10,600 people in Lane County with a developmental disability. Lane County Developmental Disabilities Services (DDS), a division of Lane County HHS, served over 2000 people last year while Brokerages served approximately 1,300. Of the people receiving services locally, 55% are male, 40% are between the ages of 23-40, 35% under the age 22, and over 90% are Caucasian. 53% also receive mental health services, 39% need additional or new mental health services and 13% have alcohol or other drug problems. One of the major gaps is a lack of medical/insurance coverage for mental health services for youth identified with Autism. Support/services for this population is very difficult to access. This issue highlights the ongoing gap or challenge regarding identifying the responsible payor for services between the medical or behavioral health systems.

In addition to Lane County DDS, the community has a variety of providers and services including:

- Bridgeway House - offering treatment, developmental therapies, enrichment courses, support groups and advocacy to children and families of all income levels affected with autism and related disabilities. Bridgeway also offers counseling for individuals and families affected by autism and related disabilities. A Spanish language Autism support group is available.

- Child Development and Rehabilitation Center (CDRC), Oregon Health & Science University, OHSU - CDRC provides interdisciplinary diagnostic and management services to children and youth with special health care needs and developmental disabilities. Individuals with known or suspected diagnoses of Asperger Syndrome, Autism, Feeding Disorders, cleft lip and palate, cerebral palsy, myelomeningole, learning disabilities and mental retardation are served.
- Direction Service Family Support and Service Coordination - Direction Service Family Support and Service Coordination provides comprehensive case coordination services to families who have children and young adults who have been identified as having a disability or are suspected of having a disability. Families are assigned a case manager according to the school district they live in and the availability of the case manager.
- Early Childhood Coordinating Agency for Referrals, Evaluations and Services (Early Childhood CARES) – Early Childhood CARES is the publicly funded early intervention/early childhood special education program for infants, toddlers and preschool-age children in Lane County. It provides parent education and home visits, parent-toddler groups and preschool services to children experiencing delays in their development. Parents who have concerns about their child's development may call for a free developmental screening.
- Eugene Hearing and Speech Center - general services include audiology, speech and language, cognitive, aphasia, stuttering, dysphagia (swallowing), preschool classes, nonverbal assisted communication, laryngeal and voice services. Types of services provided include: screening and diagnostic evaluations, special diagnostic procedures, treatment of full range of communication disorders for every age, consultations/workshops/in-services, support groups for adults, hearing aid prescriptive, fitting and repair, and speech/voice assistive communication devices and supplies.
- Lane County Developmental Disabilities Services - provides a system of specialized training, care and support services to children and adults with mental retardation and other developmental disabilities. Provides case management for eligible individuals and families including: needs assessment, service procurement, follow-along, monitoring and protective services. The program is the point of entry and exit to all Developmental Disabilities funded adult services, including: self-directed supports, residential training and care, specialized adult foster homes, outreach, transportation, work activity centers, supported employment and institutional diversion.
- Pearl Buck Center - provides tuition free safe, nurturing and stimulating preschool services to children between the ages of two and five born with average to above-average intelligence whose parents have cognitive limitations, so children can enter the public school system without the need for special education intervention. Breakfast, lunch and transportation to and from school is provided through monthly home visits and regular contact. Provides support to parent. Case Management: Provides resource identification, referral, support and advocacy services to individuals, including the parents of the children in our preschool, with borderline disabilities who are not eligible for state developmental disabilities services. Parent Mentor: Provides parent education in the home for parents with cognitive limitations and their babies. Healthy Start: A home visiting program for first-birth parents with cognitive limitations.
- Therapy Solutions for Kids - occupational therapy for feeding issues, Developmental delay, Sensory integration, Autism, ADD/ADHD, CP, Birth Defects, Syndromes, Coordination disorders, Fine motor delays and Regulation issues.

Housing or Shelter Services

- St. John Bosco House – offers long-term, structured transitional home for mothers ages 18-25 and their children. Live-in staff offer case management and supportive relationships. Residents participate in household and Catholic Worker community.
- St. Vincent DePaul/First Place Family Center - provides services to the homeless population in Lane County. The First Place Family Child Development Center offers 24 child care spots. Half are offered free of charge to homeless clients while they search for work and housing; the other half are for working low-income families.
- The Eugene Mission – services include a large open dorm for mothers with children including boys up to age 7. Two families with mothers and boys 8-10 can be accommodated. Men can stay in the men's building. Services include networking with community resources.
- ShelterCare/Brethren Housing & Family Housing Programs - serves both families and single adults. Operates utilizing a community-based model that draws upon the strengths of program participants to create a space of sanctuary. Provides a variety of services, including housing, counseling, case management, medication monitoring, & money management. Has onsite laundry facilities, LTD bus tokens and food boxes available to program participants.

Treatment and Recovery

In addition to the information listed above, LCBH's outpatient case management, crisis intervention, treatment, and medication services are designed to meet the needs of children, adolescents, adults and families who are in need of consultation, brief intervention, hospital transition services, or long term support and treatment for serious mental illness. LCBH professionals offer individual, group, and family sessions and attempt to work collaboratively with individuals' primary care providers to facilitate an integrated approach that addresses the whole health of each client. Mental health and behavioral health services are available to eligible individuals regardless of insurance or ability to pay.

LCBH also provides care and conditional release supervision to individuals who are under jurisdiction of the Psychiatric Security Review Board. Professionals ensure individuals are placed in appropriate housing and provided adequate services to promote successful community transition. Services include counseling, case management, meals, transportation, social activities, lodging, medications, personal care, and assistance with activities of daily living as necessary.

LCBH provides treatment services by contract with the City of Eugene for defendants in municipal court who are charged with misdemeanor crimes, such as shoplifting and trespass. This program is a diversion strategy for people with mental health issues. Successful completion of the treatment program results in charges being dropped.

Services to required populations and specialty populations.

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

Services and supports to both required and specialty populations were addressed in the 'Systems Overview' section above. Additional information, gaps and needs for other populations not specified in the BIP guidelines are identified here:

Required Populations

- Children with SED:
- Adults with SMI
- Persons who are IV drug users
- Women who are present and have substance abuse and/or mental health disorder
- Parents with substance use and/or mental health disorders who have dependent children
- Persons with TB: Lane County HHS Public Health Division is assigned responsibility to investigate tuberculosis and carry out appropriate control measures. Basic requirements include a Nurse Case Manager who monitors therapy and treatment responses for all cases, initiation of a contact investigation within 72 hours of verifying the case/suspect and timely evaluation of and therapy for infected contacts. As per ORS. 433.006, The local public health authority, LPHA, (Lane County HHS Public Health Division), must develop a plan to ensure patient adherence with TB treatment guidelines for each individual within the jurisdiction of the LPHA..

Special Population Issues

- Native American services are almost not existent.
- African American services are also very limited.
- LGBTQ services are also lacking.
- Latino specific services are also very limited. Centro Latino Americano provides mental health and substance abuse treatment services, as well as family assistance in both Eugene and Springfield. Center for Family Development, CFD & Amigos Multicultural Services are partnering to offer Entre dos Mundos groups (limited to urban core).
- Seniors-- need social supports; pain issues; medication management. Lack of qualified service providers. Lack of culturally sensitive services. Lack of appropriate services for elders.
- Adults with disabilities--need assistance but difficult to help them. It is often difficult to identify individual needs.
- Child sex workers/prostitutes, sexually traumatized children. Hard to find appropriate residential or OP service settings.
- Veterans – without a military base in our community, service members and their families live within our community, often without support or understanding of military/family needs. Many service members don't identify as veterans or deserving of assistance. Many state that services should be for those "more in need". The VA system is difficult to navigate and services can be difficult to access and take a long time. Service members may try to access services but give up before actually gaining access.
- Veterans who are homeless—St. Vincent De Paul's Vet LIFT program provides outreach and transitional housing for homeless veterans, along with transition to permanent homes. The VA's Per Diem program provides transitional housing funds to veterans in need,
- Eugene Vet Center – Reintegration counseling for service members who have served in combat and military sexual trauma counseling; it is funded by the VA and is focused on combat trauma and stabilization.
- Veterans Administration – MH Clinic has: 4 psychiatrists, 2 Nurse Practitioners, 3 Social workers, 1.5 Psychologists, 1 peer support. Specialty Programs: 5 Social Workers, 2 nurses, one peer support, 2 contract case managers, two addiction specialists and 3 vocational rehab workers located in Eugene.
- One of the issues with providing services to veterans is they are often an unidentified population. Not all veterans consider themselves veterans so agencies need to change the question from "are you a veteran?" to "have you ever served in the military?"
- With 34,000 veterans in Lane County and many more soldiers currently serving and returning over the next few years, many of which are National Guard soldiers without a base to return to,

our community mental health services can anticipate an increase in need. Many service members are leery of the VA system for multiple reasons – future service, current service or simply because it is a difficult system to navigate. Because of this veterans are using community resources. 199 veterans entered into Lane County's Federally Qualified Health Centers for primary and behavioral health care in 2012

- Families of service members who are deployed are living in our community without the benefits of living on a base, being surrounded by other families that understand the needs of military families.

Activities that support individuals in directing their treatment services & supports.

LCHHS supports individuals in directing their treatment, support and recovery in a variety of ways, including contracting for peer support services to participation in local consumer/peer/survivor networks.

Local peer support organizations include:

- Lane Independent Living Alliance, LILA, a peer support program with a storefront location in Eugene provides individual and family support to adults with mental illness. LILA supports recovery options and crisis diversion, as well as meaningful life supports and employment options.
- National Alliance for the Mentally Ill, NAMI, of Lane County provides education and support to individuals and families on mental illness and recovery. NAMI promotes wellness strategies and support for traditional and alternative treatment options.
- Oregon Family Support Network, OFSN, provides resources, classes and support for families with children. Services are coordinated with LCBHS and other community resources.
- Oregon Youth Move, in partnership with OFSN, coordinates a drop-in center in downtown Eugene.
- Accessing Success, a peer-led substance abuse treatment program for parents is part of the many services provided by the Relief Nursery.
- The 'Consumer Council'; an organization comprised primarily of mental health consumer/survivors. LCBH has been an active member since its inception and continue to be a strong supporter of this organization.

LCBH is available to the community for screening and referral and accepts calls and walk-ins from individuals, family members, state agencies, law enforcement, schools, and medical and other health providers. Due to an ongoing shortage of staff resources, access is often limited to those citizens coming out of psychiatric hospitalizations, or is at risk of imminent hospitalization.

b. Roles of the LMHA and any sub-contractors in the delivery of addictions and mental health services.

Lane County has a long history of partnership between internal County services and subcontracted services through a variety of not-for-profit organizations. The system has evolved over time to capitalize on the strengths of different partners. LCBH provides both adult and child mental health services, many of the state mandated services, as well as a methadone maintenance program. Also, LCBH works in partnership with other organizations including PeaceHealth and Trillium Coordinated Care Organization (CCO) to provide coordinated, comprehensive services. LCBHS is part of the Federally Qualified Health Centers of Lane County. Lane County HHS also contracts with local not for profit behavioral health service providers to deliver additional community-based services, helping ensure a diversity of options for community members.

Finally, Lane County Public Health Prevention Program, as previously indicated, includes mental health promotion, mental illness prevention and suicide prevention strategies.

c. Describe how the LMHA is collaborating with the CCO serving the county.

Lane County LMHA is an active partner with Trillium CCO. Lane County HHS partnered with Trillium to develop the Lane County Health Transformation Plan and has three HHS employees, the assistant director, medical director, and former LaneCare Manager, on the Trillium CCO Governing Board. The Health Transformation Plan includes specific strategies that require the direct involvement of Lane County HHS: integration of physical health care and behavioral health care, coordination and partnership on the Community Health Needs Assessment and Community Health Improvement Plan, key prevention strategies for both clinical and community, and engagement of the community through the development and ongoing support of two community advisory councils.

County staff who formerly worked for LaneCare, the mental health managed care division of LCHHS, are now co-located at Trillium CCO. In addition to conducting the 'normal', ongoing work of managing behavioral health care for Oregon Health Plan members, these staff are also responsible for implementing the steps in the transformation plan to integrate behavioral health with physical health care. Additionally, three new prevention staff positions were created and are funded by Trillium CCO, are county employees and are integrated into the PHPP. These positions include gathering and analyzing data, identifying prevention best practices, support of the community advisory councils, and help with the development of the Community Health Needs Assessment and subsequent Community Health Improvement Plan.

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

Lane County merged the Mental Health Advisory and Local Alcohol and Drug Planning Committees, MHAC/LADPC, several years ago. Lane County strives to meet the legal requirements of the advisory committees in a variety of ways: when vacancies arise, the county publishes and advertises the vacancy for one month, notifies all community partners of openings, and actively solicits applications for membership from specific populations when needed. In addition to meeting the state requirements, Lane County MHAC/LADPC changed by-laws several years ago by adding an additional member specifically from the Consumer Council to ensure ongoing consumer/survivor representation. The blended committee is comprised of thirteen members, the majority being consumer/survivor or family members, and addresses issues specific to mental health, addictions and developmental disabilities through subcommittees of the full committee. Current members and subcommittee membership are:

Sue Sammis—Consumer Council& Mental Health
Dr. Mario Petersen—Developmental Disabilities
Diane Rogers—Mental Health
Katharine Schneider—Mental Health
Deborah Karin Stotler—Alcohol and Drug
Larry Sullivan—Mental Health
Liz Thorin—Developmental Disabilities
John Weatherly—Alcohol and Drug
Jennifer Wells—Mental Health
Charles Wright—Mental Health
Michele Tantriella-Modell—Alcohol and Drug
Christina Peirsol—Mental Health

Samantha Johnson—Developmental Disabilities
In addition to the appointed members, two 'ad hoc' committees were created to provide input to the MHAC/LADPC. These committees, Veterans and Problem Gambling, have a liaison member of the MHAC/LADPC and are supported by PHPP staff. Membership is listed below:

Chris Adsit—Vets Ad Hoc Committee, Branches of Valor
Chris Snortland— Vets Ad Hoc Committee, Joint Transitional Assistance Program
Dawn Rogers—— Vets Ad Hoc Committee, St. Vincent de Paul
Erin Leonard—— Vets Ad Hoc Committee, Volunteer Veteran
Jonathon Smith—— Vets Ad Hoc Committee, Willamette Family Treatment
JP Leonard — Vets Ad Hoc Committee, Willamette Family Treatment
Lindsey Owens—— Vets Ad Hoc Committee, Oregon National Guard
Mike McCoy—— Vets Ad Hoc Committee, Chaplain
RahnellaAdsit—— Vets Ad Hoc Committee, Branches of Valor
Shelley Corteville—— Vets Ad Hoc Committee, Women Veterans Advocate

Ronda Hatefi (Chair) __ Problem Gambling Ad Hoc
Ed Lichtenstein, __ Problem Gambling Ad Hoc
Michel Savage__Problem Gambling Ad Hoc
Michele Tantriella-Model__ Problem Gambling Ad Hoc
Jennifer Wells__ Problem Gambling Ad Hoc
Sarah Kerr-Daly__ Problem Gambling Ad Hoc
Janese Olalde__Problem Gambling Ad Hoc

II. COMMUNITY NEEDS ASSESSMENT

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

The Community Needs Assessment process was designed to provide both a quantitative and qualitative lens. Using the Biennial Implementation Plans Guidelines as a guide, four processes were conducted to gain a more comprehensive view of Lane County. These processes were:

1. Collection of existing data; including but not limited to the Student Wellness Survey, County Epidemiological Report, Client Process Monitor System,(CPMS) and the Community Health Needs Assessment
2. A basic 'perception' survey. Questions were developed and distributed both electronically, (via Survey Monkey) and (upon request) as paper copies. The survey questions were available in English and Spanish language versions. Lane County staff distributed the Survey Monkey link widely, using a variety of email lists including, but not limited to:

    - Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee
    - Early Childhood Planning Team
    - Human Services Commission
    - Public Safety Coordinating Council, PSCC, &PSCC Juvenile Committee
    - Lane County Commission on Children & Families
    - Community based prevention coalitions
    - Family Resource Centers
    - Community members

Members of these groups were asked to complete the survey, and to forward to consumers, family members, staff, and any other outlets available, with the goal of getting the survey distributed beyond the "usual suspects" of provider lists.

3. Focus Groups. Key themes from the survey were distilled into a focus group/community discussion process. The discussion groups began with a brief description of the BIP process and an overview of the survey process and summary of results. Participants were asked to share their perceptions of accessibility of services, barriers to accessing services, and other concerns. They were then asked to consider strategies or solutions to the problems discussed. Groups ended with an open question*, "Is there anything else about the mental health/addictions system you want to be sure we know?"*

   Thirty-two focus groups were convened. This represents geographic distribution, with groups held in Florence and Oakridge – the western and eastern edges of our County. In addition, groups were recruited intentionally, to gather feedback from a broad representation of providers, consumers, community members, family members across ages and perspectives. In designing the needs assessment process, staff consulted with the MHAC/LADPC, consumer advocates, parent advocacy agencies, veterans' advocates, youth advocates, and providers. These experts were asked to help review language for the survey, to help identify existing advocacy groups, support groups, and other potential informant groups, and helped with initial outreach efforts. For consumer-led groups, the group specified preference for staff facilitation or being provided the format outline for self-directed discussion. During early discussion groups, facilitators asked for feedback on the process, and for suggestions of additional groups to include in the process.

4. Review of the Community Health Needs Assessment, CHNA. The CHNA has been a collaborative process between PeaceHealth, Lane County Public Health and Trillium CCO. Behavioral health data collected through this process will be added to the CHNA and all partners agree that one CHNA and one Community Health Improvement Plan, CHIP, will be utilized. .

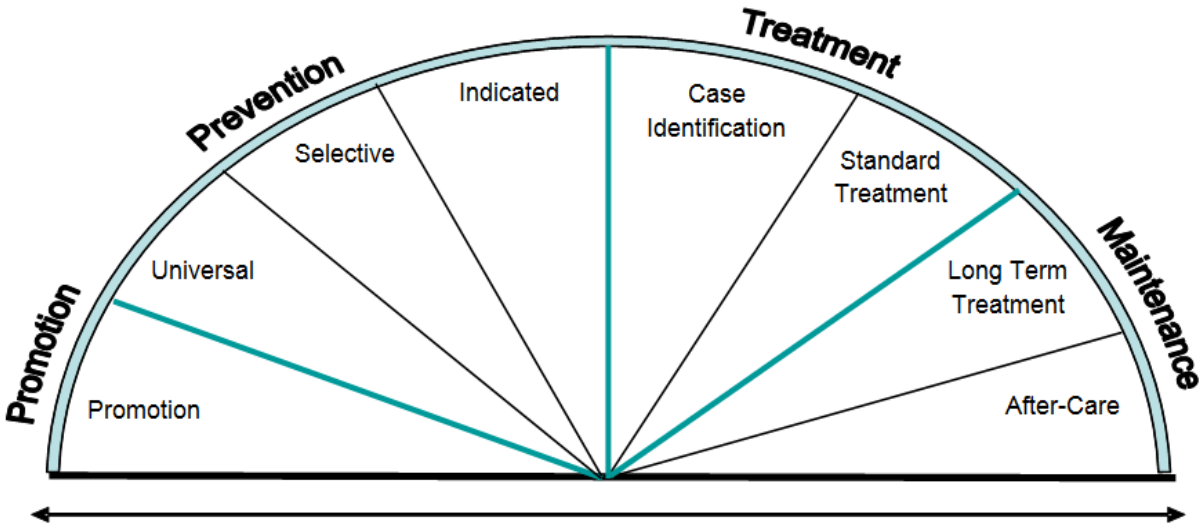
b) Describe how data from the community needs assessment is used to evaluate prevalence, needs, and strengths in the local system.

Lane County Public Health, a division within Lane County Health & Human Services, has partnered with PeaceHealth Hospital and Trillium Coordinated Care Organization, CCO, to conduct a Community Health Needs Assessment, CHNA. The CHNA was reviewed and edited to reflect the additional data collected specific to mental health and addictions needs for the BIP.

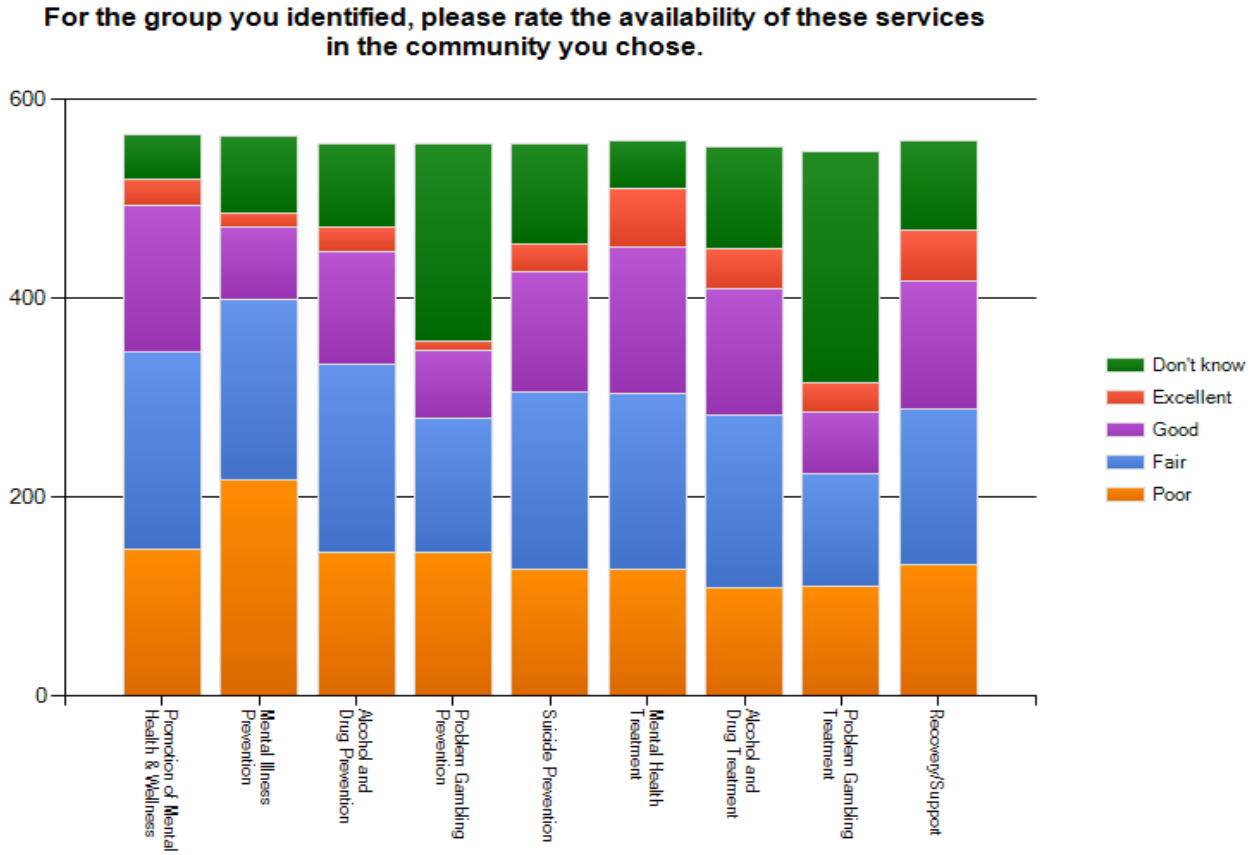
Data that has been analyzed for the BIP include all the data collected for the CHNA, Student Wellness Survey, the county epidemiologic report, a survey and results from the focus groups outlined above. Data collected is summarized here to highlight needs and priorities for the community. All data used for this plan is included in the appendix.

Survey. Over 600 responses to the community needs survey; 571 in English and 33 in Spanish, were received. Over 80% responded for the Eugene or Springfield communities, with the remaining respondents covering a variety of rural areas in the county. Key findings are: (of respondents)

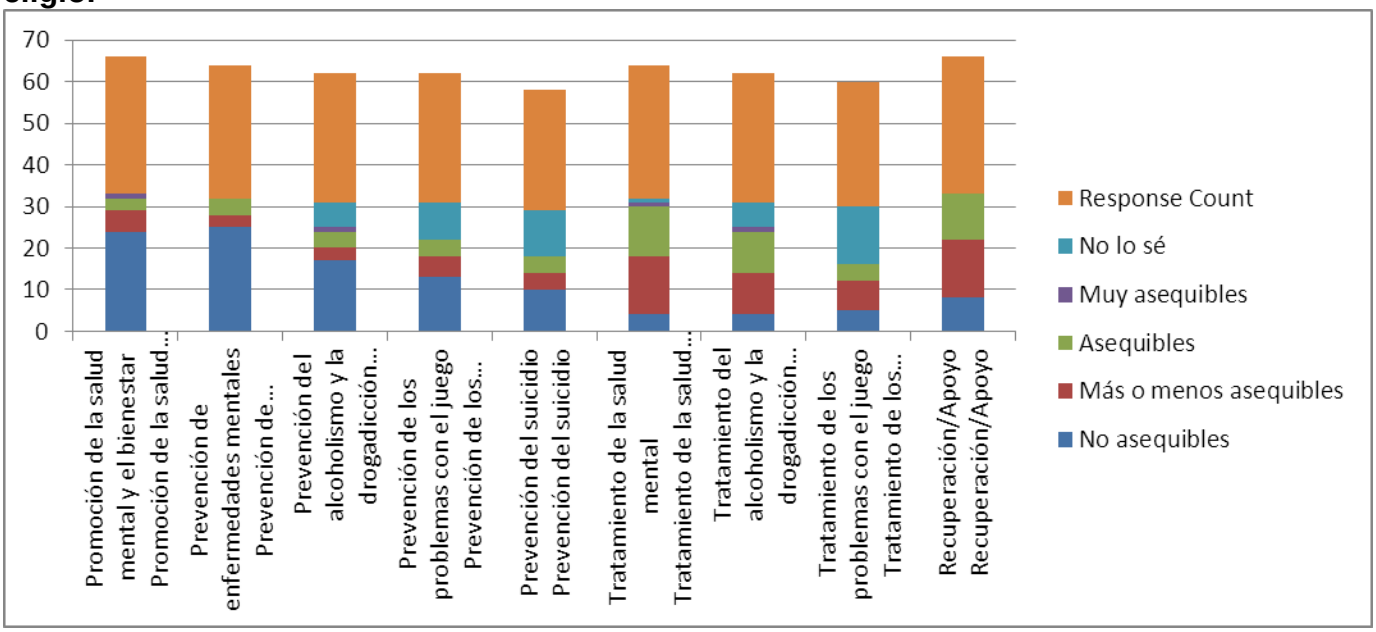
- 49.2%--community member; 39.4%--provider; 11.3%--user
- 55.1%--Eugene; 28.2%--Springfield; 7.3%--Cottage Grove; 4.5%--Florence; 1.6%--Oakridge
- 47.3%--answered for adults 25+; 20.6%--adolescent 13-18; 8.7%--youth 6-12

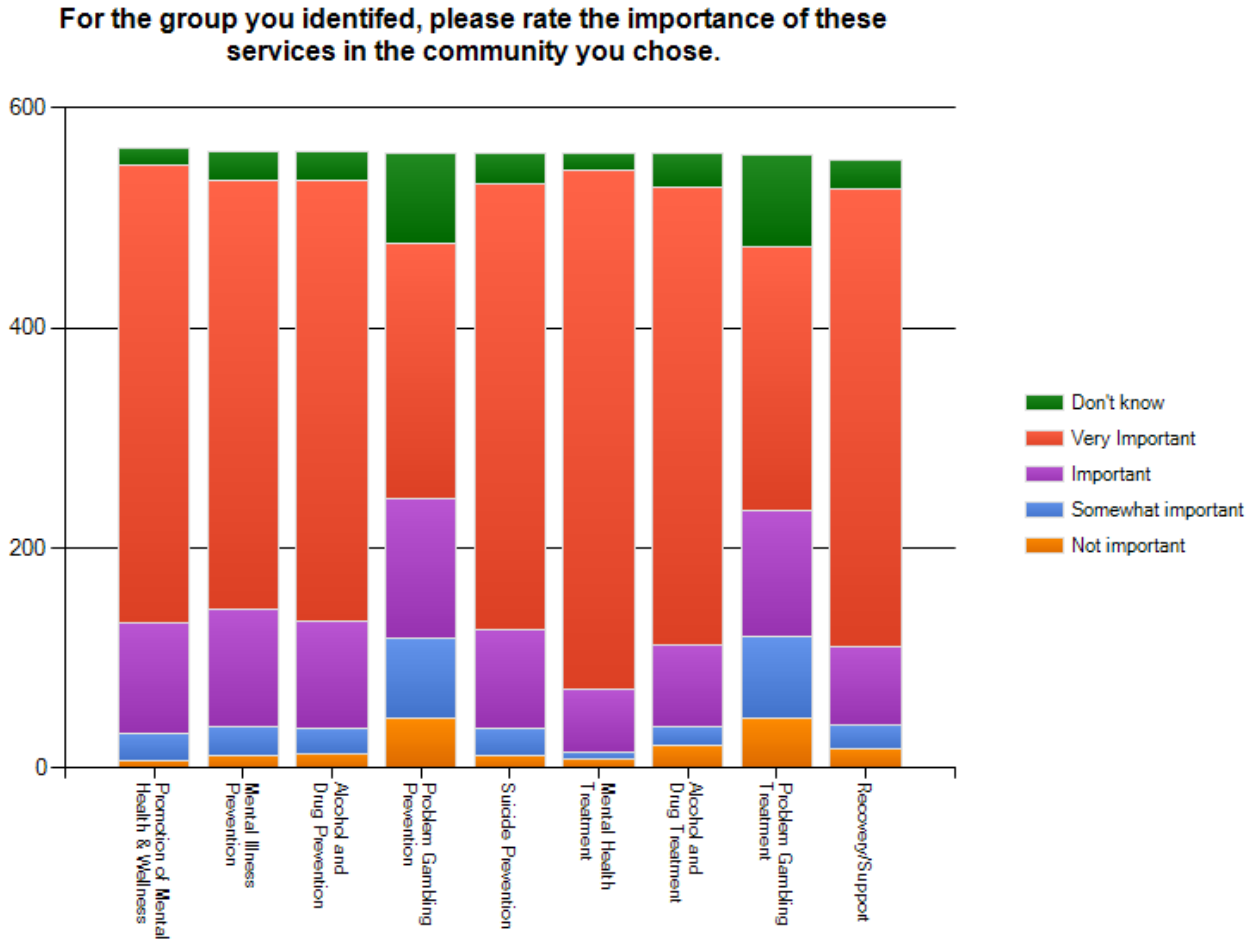


Source: Preventing Mental, Emotional, and Behavioral Disorders Among Young People, 2009

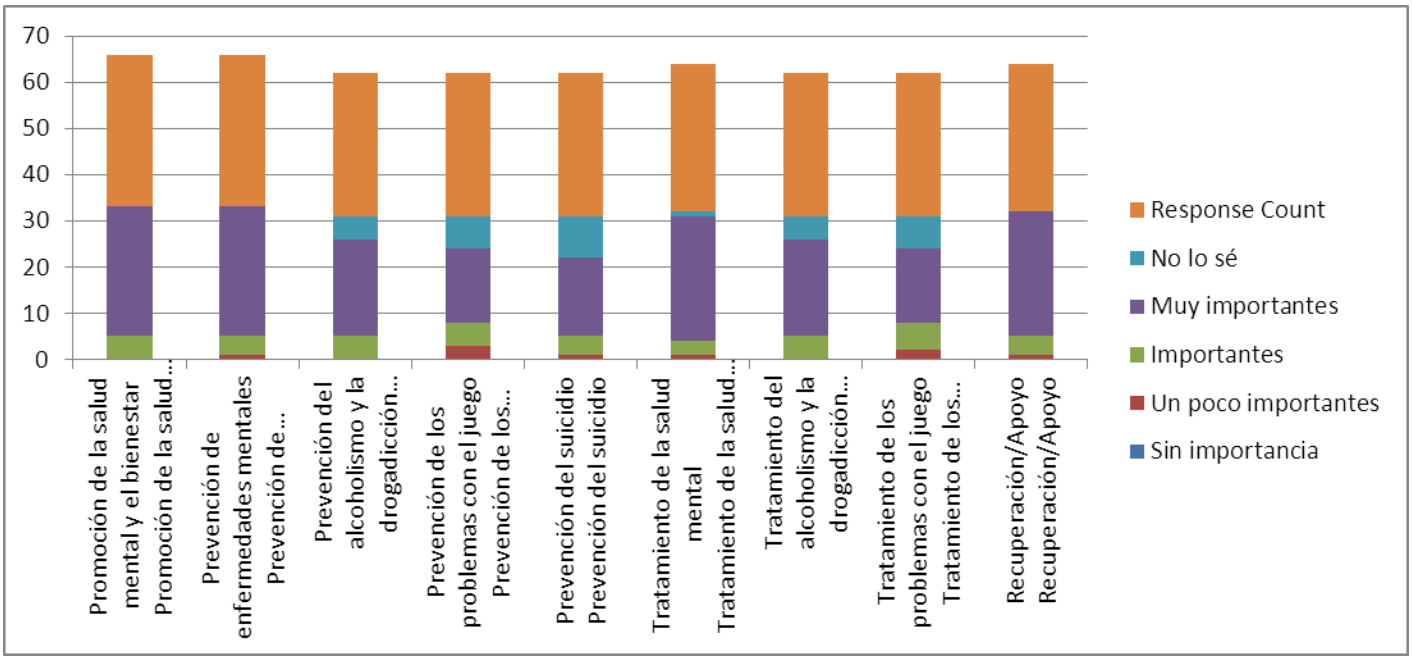


Para el grupo que identificó, califique la asequibilidad de estos servicios en la comunidad que eligió.





Para el grupo que identificó, califique la importancia de estos servicios en la comunidad que eligió.



Focus Groups

Thirty-two focus groups were convened. Key findings include:

- Mental Health Promotion: lack of awareness and understanding
- Substance Abuse Prevention: some awareness associated with school settings
- Mental Illness Prevention: no awareness
- Problem Gambling Prevention: lack of awareness, especially the connection to other problem behaviors; low understanding of issue
- Mental Health Treatment: South Lane Mental Health is seen as highly effective; lack of programs for young people, especially residential care, medication management, lack of injection sites and strong concerns regarding children and medication
- Substance Abuse Treatment: Although Lane County has one provider that supports a residential program for women and children, very limited space. No other residential programs available for non-adjudicated youth, limited resources for children.
- Problem Gambling Treatment: Perceived as easy to access; however, problem gambling, PG, is 'invisible/hidden' issue; although PG treatment is provided it is often co-occurring with other problem behaviors and limited insurance or access to indigent support
- Maintenance/Recovery: Excellent local network of self-help groups

Overall there appeared to be agreement that Lane County has useful resources for specific populations such as Spanish language providers, peer advocacy and support systems, transportation, and flexible, mobile supports such as CAHOOTS; however, these strengths are limited. Most of the identified strengths are located within Eugene or have other limitations such as transportation which is often limited to the identified patient/client and not the family member. Lack of transitional services, respite care and culturally and/or linguistically appropriate and relevant services

were also identified. Also, frequently mentioned was the lack of coordination/communication among providers and challenge in 'system navigation' when needing to access more than one service.

Key behavioral health data inserted into the CHNA, other than the survey data noted above, is included here. Data presented here is from Client Process Monitoring System, CPMS, report from the Oregon Health Authority, Office of Health Analytics.

Number of Clients Served A&D Treatment 2011

	Adult		Youth		Total
Ethnicity	Female	Male	Female	Male	
African American	35	89	8	23	155
American Indian or Alaskan Native	84	112	11	14	221
Asian	11	34	1	3	49
Hispanic	95	232	29	60	416
Native Hawaiian/Other Pacific Islander	10	17	1	2	30
Other	42	61	10	14	127
White	1,902	2,983	188	268	5,341
Total	2,179	3,528	248	384	6,339

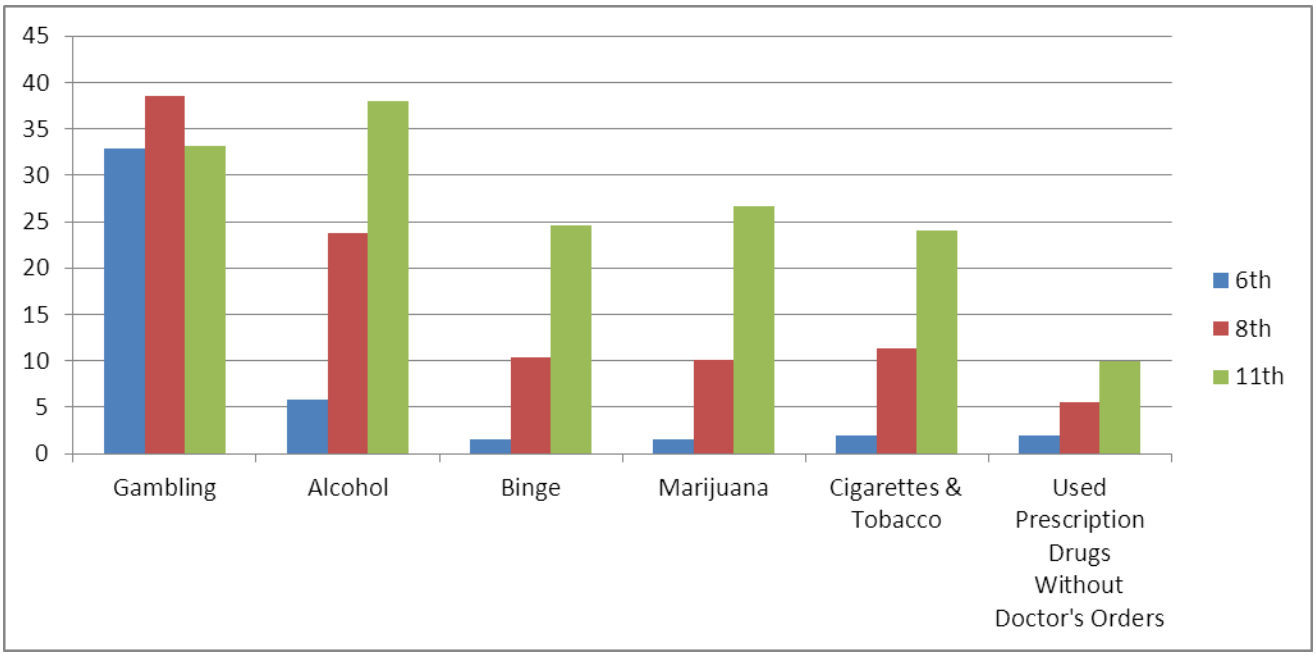
Number of Clients Served for MH Services 2011

	Adults		Youth		Total
Ethnicity	Female	Male	Female	Male	
African American	108	77	74	86	345
American Indian or Alaskan Native	137	78	93	105	413
Asian	48	12	14	27	101
Hispanic	204	107	198	245	754
Native Hawaiian/Other Pacific Islander	18	15	12	9	54
Other	101	43	123	101	368
White	4,923	2,753	2,109	2,336	12,121
Total	5,542	3,086	2,623	2,909	14,160

Referral Sources for A&D and Mental Health Services		
Referral Sources	**Alcohol & Drug**	**Mental Health**
Behavioral Health Providers/Agencies	300	2830
Criminal Justice System	3507	653
Health Providers	51	902
Local or State Agencies	626	3747
Other/None	233	1137
Personal Support System	1622	4891

The information above regarding referral sources to local behavioral health services is quite revealing; particularly regarding the primary referral source for alcohol and drug services. Realizing the criminal justice system is the number one referral source for these services helps direct efforts to address prevention, policy and community norms.

The 2012 Student Wellness Survey provides important data regarding what Lane County youth are experiencing and behaviors they're engaging in. This data is especially important for focusing prevention and intervention strategies. Below are some key data points.



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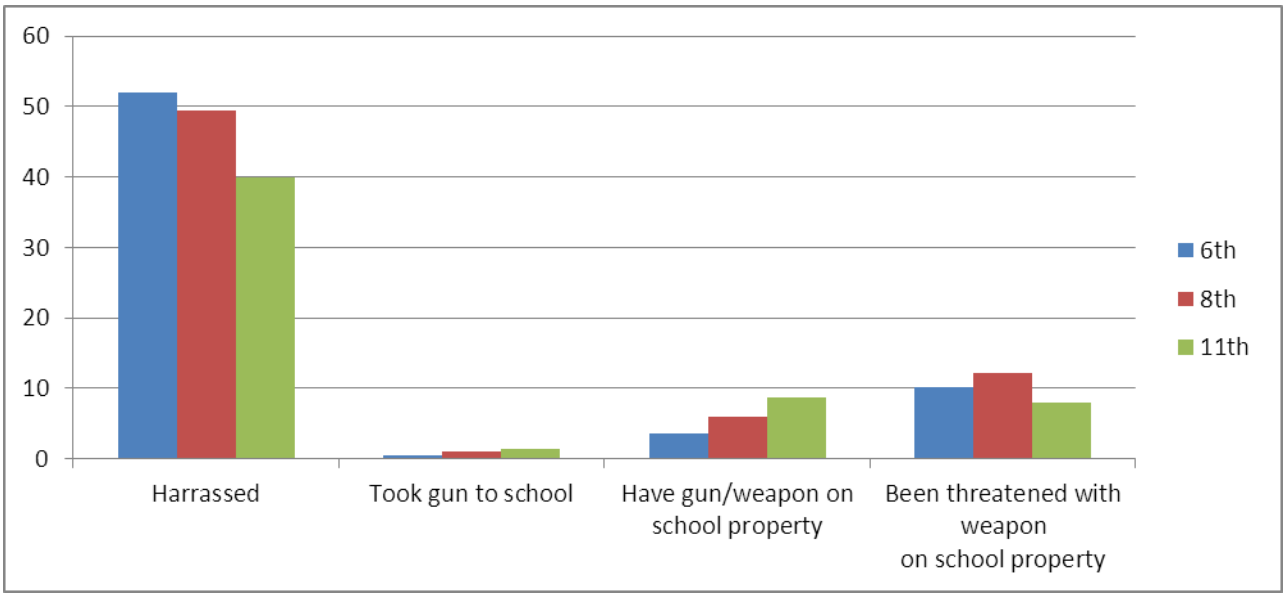

During the past 12 months, did you ever seriously consider attempting suicide?						
	Grade 6		Grade 8		Grade 11	
	County	State	County	State	County	State
Yes	9.50%	9.00%	18.90%	15.80%	14.70%	15.10%
No	90.50%	91.00%	81.10%	84.20%	85.30%	84.90%

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?						
	Grade 6		Grade 8		Grade 11	
	County	State	County	State	County	State
Yes	21.30%	19.30%	24.10%	22.70%	29.10%	27.90%
No	78.70%	80.70%	75.90%	77.30%	70.90%	72.10%

c. Priorities

Review of the data available from local, state and national sources, both qualitative and quantitative; it is clear there are significant needs in the behavioral health system in our county. In addition to the data, an important consideration for identifying priorities should be noted here. Lane County Education Service District was once considered a significant partner in the area of prevention, intervention, training, and response to crisis. For all intents and purposes, these resources ended several years ago. Consequently, the community has come to rely on county supported services to meet many of those needs. Despite the difficultly in identifying which needs rise to the top as priorities, particularly given the level of need and limited resources this plan addresses, three high level priorities were acknowledged: .

4. Access

a. Prevention/promotion. Residents reported being generally unaware of prevention information, education, activities, or programs available in their community.

b. Services. Access was limited due to lack of awareness of services, no services offered in some geographic locations, transportation challenges, to specific populations such as veterans and LGBTQ, language barriers, lack of child care

5. Transitions

a. Transitions from residential, in-patient, hospitalization, or incarceration to the community
b. Transitions from youth oriented services to adult services
c. Transitions between social service systems

6. Communication/Coordination

d. Dissimilar language and jargon between systems
e. Siloed funding contributing to siloed services and efforts
f. Lack of communication and coordination between service providers, making it particularly difficult for individuals with multiple service needs

Below is a simple logic model which helps provides some of the rationale for these priorities.

Goal	Data	Intervening Variable	Priority	Strategies
Increase access to services, prevention through recovery.	*50%-71% of community members indicated services were not available or unaware of services in their community *5.8% of 6th graders, 23.7% of 8th graders &38% of 11th graders drank alcohol in past 30 days *1.6% of 6th graders,10.7% of 8th graders & 27% of 11th graders used an illicit drug in past 30 days *9.5% of 6th graders, 18.9 of 8th graders & 14.7% of 11th graders seriously considered suicide in past 12 months *32.9% of 6th graders, 38.6% of 8th graders & 33.1% of 11th graders gambled in past month *Estimated 7.78%-8.5% people 12 years & older with alcohol use disorders *Estimated 6.46%-8.75 needing but not receiving alcohol treatment among 12 year olds or older *Estimated 2.6%-3.3% needing but not receiving treatment for illicit drug use among persons 12 years or older *Estimated 9.4%-10% dependence or abuse of illicit	Lack of services by location and for specific populations Early initiation of problem behavior Lack of dedicated resources Lack of capacity to meet need	Access	• Increase awareness of available services • Increase resources in prevention/mental health promotion • Increase early intervention • Increase screening for problem behaviors • Improve access to treatment services across the county and for diverse populations

	drugs or alcohol among persons 12 years or older *Estimated 21%-22%: any mental illness in past year among persons 18 years or older *Estimated 7.5%-8% had at least one major depressive episode in past year among persons 18 years or older			
Develop community systems to address transitions between and from one system to another	2. Focus groups consistently reported challenges in navigating from one system to the next. (e.g. in-patient treatment to the community)	Siloed systems	Transitions between systems, from one system to another and from youth to adult services	• Increase 'safety net' between systems
Improve coordination and communication among social service systems and providers.	3. Focus groups consistently reported challenges navigating between systems	Complicated, confusing & duplication of services between systems	Communication and Coordination	• Improve communication and coordination between systems

Sources: *Lane County 2012 BIP survey; 2012 BIP Focus Groups, 2012 Student Wellness Survey Lane County; SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010 (Revised March 2012).

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

While particular effort was made to gather focus group information from consumers, family members, informal advocacy groups, and the community at large, discussion groups were also held with existing advisory groups, specifically:

- Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee
- Lane County Commission on Children & Families
- Early Childhood Planning Team
- Juvenile Committee of the Public Safety Coordinating Council
- Lane County Suicide Prevention Steering Committee
- Lane County Domestic Violence Council
- Lane County Problem Gambling Advisory Committee
- Lane County Vets Coalition
- Disability Services Advisory Council
- Eugene Prevention Coalition
- Florence Area Prevention Coalition

{Please see attachment for complete list of focus groups/community discussion groups}

III. STRENGTHS AND AREAS FOR IMPROVEMENT

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

Although there are several areas of strength as well as areas needing improvement in all the focus areas, the following table lists the priority strategies for this biennium. Priority strategies were identified based on the three priorities identified above, (Access, Transitions, Communication/Coordination), which were based on the analysis of data, community input and capacity to address the issue. Additionally, a more comprehensive list of strengths and areas needing improvement by area, as well as specific mental health promotion and prevention work plans are included in the appendix.

Area	Strength or Area for Improvement	Plan to Maintain or Address Issue
Mental Health Promotion	Access: Increase community awareness of mental health promotion	Work with existing advisory groups to develop and implement community awareness efforts. Increase funding to support efforts
Mental Illness Prevention	Access: Increase community awareness of mental illness prevention strategies	Work with existing advisory groups to develop and implement prevention best practices. Increase funding to support efforts.
Substance Abuse Prevention	Access: Increase community awareness and participation in substance abuse prevention efforts	Build on existing prevention efforts by utilizing the Strategic Prevention Framework to increase capacity and access of services; increase funding efforts through allocation of local beer and wine tax.
Problem Gambling Prevention	Access: Increase community awareness of problem gambling	Work with existing advisory groups to develop and implement prevention best practices
Suicide Prevention	Access: Increase community awareness of and capacity to address high rate of suicide	Work with existing advisory groups, healthcare providers and schools to develop and implement suicide prevention best practices; Increase funding to support efforts
Mental Health Treatment	Access: Increase services in rural areas and in Spanish. Transitions: Increase safety net from one system to the next. Coordination/Communication: Improve coordination and communication between systems of care	Increase allocation of funds to support additional services offered in Spanish. Dedicate LCHHS staff to work with community partners to review the system and develop a strategy to improve transitions. Work with the MHAC/LADPC to improve communication/collaboration.
Addictions Treatment	Access: Increase services in rural areas and in Spanish. Transitions: Increase safety net from one system to the next. Coordination/Communication: Improve coordination and communication between systems of care	Increase allocation of funds to support additional services offered in Spanish. Dedicate LCHHS staff to work with community partners to review the system and develop a strategy to improve transitions. Work with the MHAC/LADPC to improve communication/collaboration.
Problem Gambling Treatment	Access: Increase awareness of services	Work with local media to increase awareness.
Maintenance/Recovery Support	Transitions	Work with local providers and community resources to ensure recovery is part of continuum of systems of care

LMHA's Quality Improvement Process & Procedure	Access, Transitions & Commuication/Coordinaton	LCBH & the FQHC have formed a joint Quality Improvement Committee to address issues
Service Coordination	Communication/Coordination: Improve collaboration among service providers	Lane County MHAC/LADPC has established a work plan for systems conversations between the alcohol and drug, mental health and developmental disabilities communities.
Behavioral Health equity	Access: Increase access to services and supports	QI plan
Meaningful Peer and Family Involvement	Transitions	Peer and family members are recruited for membership on the MHAC/LADPC as well as the Community Advisory Council for the CCO.
Trauma-Informed Services	Access and Communication/Coordination	LCHHS has identified the Adverse Childhood Experiences study as a priority outcome for the entire department. Incorporating trauma informed services, across the divisions, is part of the overall work plan.
Stigma Reduction	Access: Increase access to supports and services	Work with the mental health promotion coordinator and MHAC/LADPC to implement a stigma reduction work plan.
Peer-Delivered Services	Access and Transitions: Increase family and peer delivered services	This is a priority area for future or additional funding.
Crisis and Respite		

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IV. 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.)*

a. Plans to Incorporate Performance Measures

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

Lane County HHS has a commitment to using data and performance measures across all divisions and all aspects of services provided. Indeed, one of the four pillars of the department is "Quality Information and Analytics." In addition to the work as the Community Mental Health Program, Lane County is partnering with Trillium Community Health Plans in the CCO effort to improve the performance of the whole system. This will help support both the goals of administrative simplification and quality improvement. The performance measures listed above will be incorporated into the existing HHS Performance Management system, with data regularly reviewed by department management staff and shared with the County Board of Commissioners and the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee. This data will inform decisions moving forward about any changes needed for optimal performance across the system.

Plans are currently underway to identify performance measures that are streamlined across providers to support broader and more robust reporting to and by the CCO. Specific system-wide performance expectations are justifiably unclear due to the rapidly changing landscape of the broader healthcare delivery system and the drive towards healthcare transformation. Yet conversations about incorporating specific performance measures are underway in multiple arenas. Common considerations in these conversations include embracing performance measures that promote improved access to service by location, improved speed of access to services, and more directed service delivery that is specific to need. Targets are being built to promote screening for specific risks and symptoms, measuring provider response to screenings, and tracking collaborative efforts across providers in order to promote development of integrated care systems.

Performance measures will be a mandatory component outlined in all competitive processes when LCHHS contracts for services. Service providers will be required to submit specified performance measures related to the service provided and those identified by the state.

V. BUDGET

(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 the contract: As previously indicated, priorities identified as a result of the community health needs assessment are:

- Access
- Transitions:
- Communication/Coordination:

These priorities support the 'areas needing improvement' in the various categories listed above. Although there is the opportunity for flexible funding, without additional funding, it will be a challenge to meet the priorities/needs outlined. Current priorities/needs were identified based on the existing system and therefore, while shifting funds to meet needs/priorities identified based on the needs

assessment may need to occur, it is important to maintain stability of the essential services along the continuum of care. Nevertheless, utilizing the flexibility of funding this biennium, Lane County will adjust the budget to begin addressing some of the identified priorities. The changes in this year's budget will be:

- Increase allocation to support the Latino population
- Allocate funds to support rural services
- Increase funding to support peer delivered services
- Increase funding to adolescent alcohol and drug treatment services
- Allocate funds to support co-occurring treatment
- Allocate funds to support mental health promotion

Additionally, meeting many of the identified priorities will not require shifting funds. Rather, these challenges at the 'systems' level will require dedicated staff time to resolve. LCHHS is committed to improving the system and therefore committed to allocating necessary staff time to achieve the desire outcomes.

Local Mental Health Authority

Biennial Implementation Plan (BIP)

Planned Expenditures 2013 - 2015 (Based on historical allocation)

Budget Period:

Date Submitted:

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Behavioral Health Promotion and Prevention								
	Mental Health							
		Adults	$36,334.00	$0.00	$0.00	$233,727.00	$0.00	$0.00
		Children	$36,334.00	$0.00	$0.00	$233,727.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$131,813.00	$28,325.00	$0.00	$0.00	$0.00	$0.00
		Children	$131,812.00	$28,325.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$92,004.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outreach (Early Identification and Screening, Assessment and Diagnosis)								
	Mental Health							
		Adults	$20,845.15	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$1,097.10	$0.00	$0.00	$0.00	$0.00	$0.00

	Alcohol and Other Drug							
		Adults	$17,871.45	$7,658.45	$0.00	$0.00	$0.00	$0.00
		Children	$5,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$17,620.20	$0.00	$0.00	$0.00	$0.00	$0.00
Initiation and Engagement								
	Mental Health							
		Adults	$221,584.40	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$2,194.20	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$25,176.30	$15,316.90	$0.00	$0.00	$0.00	$0.00
		Children	$10,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$35,242.40	$0.00	$0.00	$0.00	$0.00	$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)								
	Mental Health							
		Adults	$2,570,388.95	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$269,974.80	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$451,495.10	$114,876.75	$0.00	$0.00	$0.00	$0.00
		Children	$59,332.00	$0.00	$0.00	$0.00	$0.00	$15,668.00
	Problem Gambling		$264,303.00	$0.00	$0.00	$0.00	$0.00	$0.00

Continuity of Care and Recovery Management							
	Mental Health	$997,666.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug	$98,363.55	$15,316.90	$0.00	$0.00	$0.00	$0.00
	Problem Gambling	$35,240.40	$0.00	$0.00	$0.00	$0.00	$0.00
Peer-Delivered Services		$75,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration		$241,934.00	$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
Total		$5,848,626.00	$209,819.00	$0.00	$467,454.00	$0.00	$15,668.00
	*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant						

Although some priorities will be addressed without funding changes, certain funding shifts will need to occur. To meet the needs/priorities, LCHHS will:

- Increase the current allocation of zero dollars in mental health promotion/suicide prevention/mental illness prevention to $72,668.00
- Increase funding to meet the needs of Spanish speaking population with mental health and/or addictions issues
- Develop a competitive process for treatment services that includes a response to meeting the needs of described in the systems overview, including: rural areas; especially Florence and Oakridge, special populations such as Veterans and their families, and LGBTQ
- Direct LCHHS staff to work with the MHAC/LADPC and other key partners to address transitions and communication/coordination priorities.

2. Special Funding Allocation

Area	Allocation/Comments	Review Yes/No
Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	It is Lane County's intention to maintain the current level of addictions and treatment services while integrating input from the BIP planning process predicated on continuing to receive the same allocation. The Lane County allocation process is driven by the funding source and related mandates that prescribe the service elements and expectations. In addition, the County utilizes a rigorous selection process to ensure services are contracted equitably and monitored appropriately.	
Use of lottery funds allocated for Problem Gambling prevention and treatment.	Lane County supports a problem gambling prevention coordinator, a certified prevention specialist, and is part of the PHPP. LCHHS uses a competitive process to allocate funds, SE37, to support the local problem gambling treatment program	
Use of funds allocated for alcohol and other drug use prevention	Lane County utilizes alcohol and drug prevention funding to support two certified prevention specialists, including the county prevention coordinator, who are part of the PHPP. Additionally, funds are used to implement prevention best practices through partnership with local school districts and other community partners and coalitions. Funds received through the Strategic Prevention Framework, SPF, grant support one certified prevention specialist, supervision, and funds to implement prevention best practices as identified in the SPF plan.	

APPENDIX

Community discussion/focus group summary

32 groups

	STRENGTHS	AREAS for IMPROVEMENT	COMMENTS
Mental Health Promotion			Not a point of discussion across the groups, indicating a lack of awareness of the connections with physical health. Messages of MH wellness may be coming from Primary Care Physician in the context of physical health; loss of "family doctor" approach (need for integrated care, explicitly)
Mental Illness prevention		For Problem Gambling in particular: issues include lottery set-up/accessibility/ease of hiding problem. Noted lack of social awareness of the costs to individuals, family, communities; lack of awareness of connection to other issues; low understanding of the extent of the issue, and resources available – for both general public and among other professionals/service providers.	Across these areas: lack of community awareness linking actions to "prevention"; individuals not seeing the importance to "self". PSA's are ineffective
Substance abuse prevention	Some awareness, some activities within school settings		
Problem Gambling Prevention			
Suicide Prevention			
Mental Health Treatment	South Lane Mental Health was perceived as a high-functioning, effective service	Med management issues: lack of providers, lack of injection sites, strong concerns re: children and medication.	Lack of programs for youth, across these. Lack of residential programs (esp for youth). Cultural/linguistic barriers may have specific impacts on therapeutic relationship
Substance Abuse Treatment	WFT has residential services for mom's/children	Limited support for children in WFT/age limits of children.	
Problem Gambling	Perceived as	PG is easily hidden/invisible.	

Treatment	easy to access (once one is ready); free, ongoing availability	Friends/family don't know how to identify, address. PG is often co-occurring with other issues: PG treatment is provided, but treatment/therapy for other issues, insurance coverage or access to "indigent support" may be short-term, limited; once this ends, difficult to have success in PG treatment	(ie, having to have a third party in session for interpretation) *
Maintenance/Recovery	AA/NA/GA groups perceived to be affordable, available, accessible, flexible.		* can be similar issue/barrier for professional level maintenance/recovery programs
ACROSS ALL AREAS:	We do have some level of services across the board, and in some cases, for "specific populations" (Centro, for example) Peer support, peer advocacy systems There are transportation structures that are helpful: LTD, Ride Source, Rhody Express, South Lane Wheels WhiteBird was noted as a resource: overall good services, flexible, helpful with meds, CAHOOTS	Not enough services, providers, alternative services, peer support/advocacy – lack of psychiatrists, psychiatric nurse practitioners, prescribers Challenges still exist w/ transportation: cost, schedules, routes, policies re: Ride Source, transport needs out of area WhiteBird has limited geographic coverage. Lack of childcare and other supports in seeking services Lack of safe, affordable housing (including shelter, transitional, long-term, permanent housing) Lack of transitional services: transitioning out of treatment, re-entry from incarceration, returning from deployment.	Having insurance coverage, whether OHP or private, was not seen as a "guarantee" of access: coverage, affordability, eligibility issues. {for consumers: can't afford insurance premiums/co-pays; for providers, navigating the billing system: services, supports needed are hard to "fit" billable categories (billable services vs. defined services)} There is a gap in coverage, access for people who lack insurance, cannot afford coverage or payment on their own, but are not eligible for "indigent services". Overall, "the system" navigation is complicated, confusing – this is exacerbated by the current transition of

		Lack of respite care Stigma Communication/Coordination: between providers, agencies, systems; from providers, agencies, systems to general public, to consumers; LACK coordination between physical health, mental health, and addictions providers; between addiction & mental health systems and Intellectual/Developmental Disabilities systems. Lack of culturally/linguistically appropriate, relevant services (across race, ethnicity, disability, vet.status; languages including verbal, ASL)	the overall health system. FEARS: Of having kids removed Of punishment, incarceration Of embarrassment/shame/ Of loss of autonomy, control, dignity Of accusations around immigration status

STRATEGIES:

Enhance coordination, communication between service areas (especially MH, PH, Addictions services)

Establish team approach: sharing information.

Support regular “provider” meetings to sharing information about services (ie, case managers’ meeting, ala the ECPT)

Community Mental Health Workers, System Navigators

Training, Cross training of providers

Coordinate the phone lines, information “centers” into 1 centralized service: 1 phone number, 1 website, kiosk, phone book for information & referral

Alternative ways of delivering services: technology (Skype/Telemed, smart phone apps), traveling services (expand or replicate CAHOOTS).

Create, leverage existing resources, to increase childcare, respite care – including for family caregivers (family care givers of eldercare, as well).

Engage with school districts, to better coordinate school-based services, co-locate services within school settings.

Increase providers, and access to providers

Explicitly address cultural/linguistic equity (universal design).

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United Way
Lane County
Community Health Needs Assessment
Summary of Available Data
December 2012
Meeting Objectives
Share information about the health of our community
Get your ideas on which health areas need improvement
2

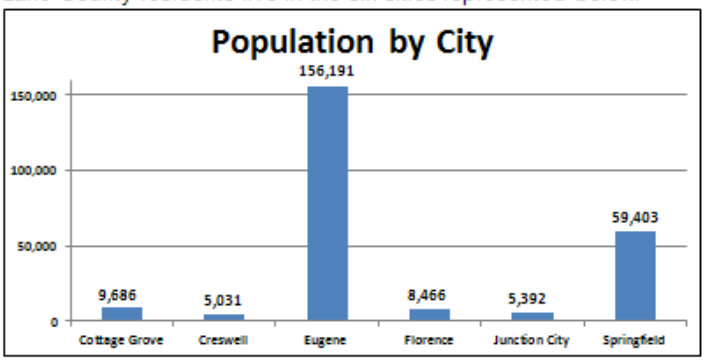
Who is in Our Community?

Consistent with each Collaborative member's service area, the CHNA encompasses Lane County in its entirety.

4

Lane County's Population

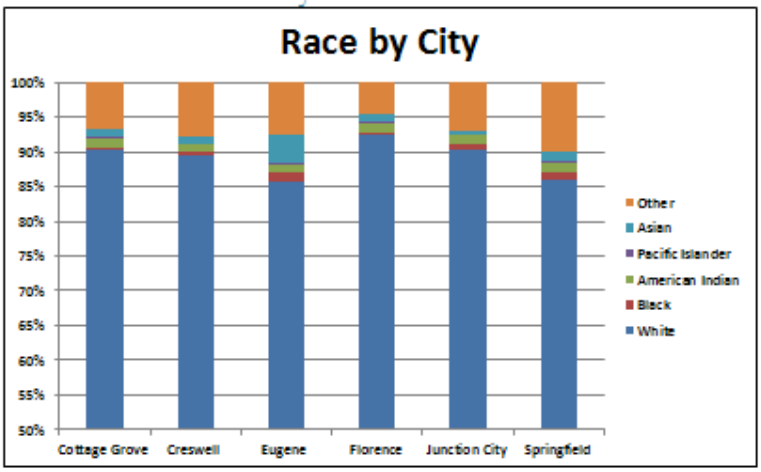
- Lane County has a total population of 351,715. About 70 percent of Lane County residents live in the six cities represented below.



Source: 2010 Census

5

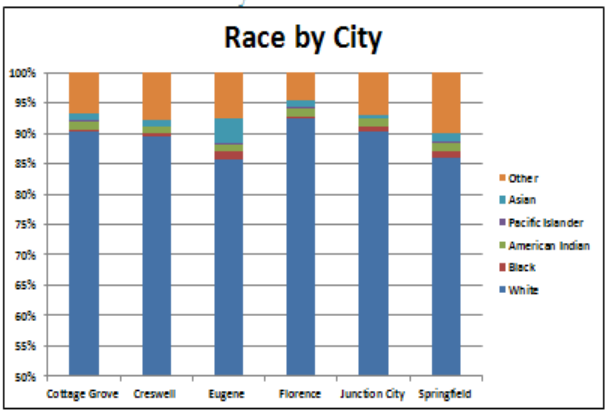
Race and Ethnicity



Source: 2010 Census

6

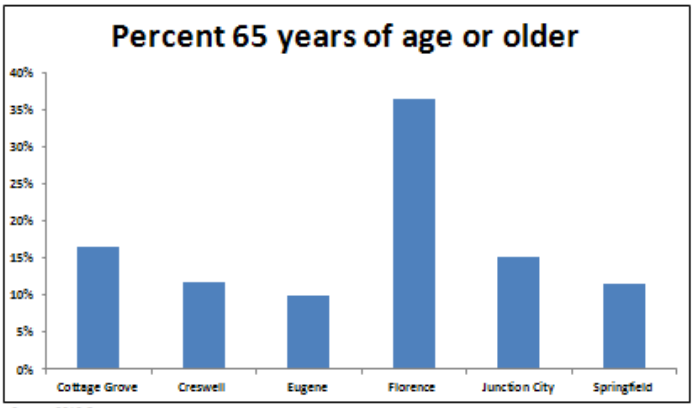
Race and Ethnicity



Source: 2010 Census

6

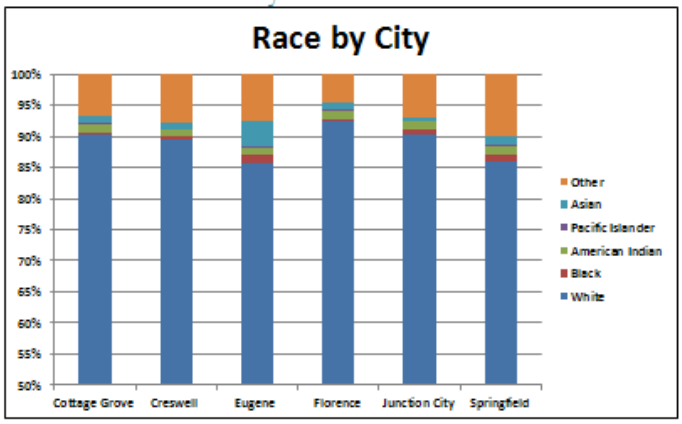
Elderly by City



Source: 2010 Census

9

Race and Ethnicity



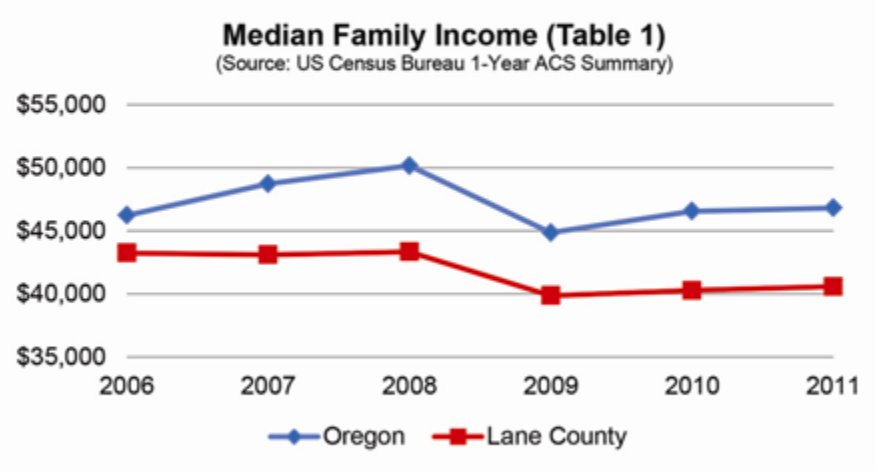
Source: 2010 Census

10

Social Determinants of Health

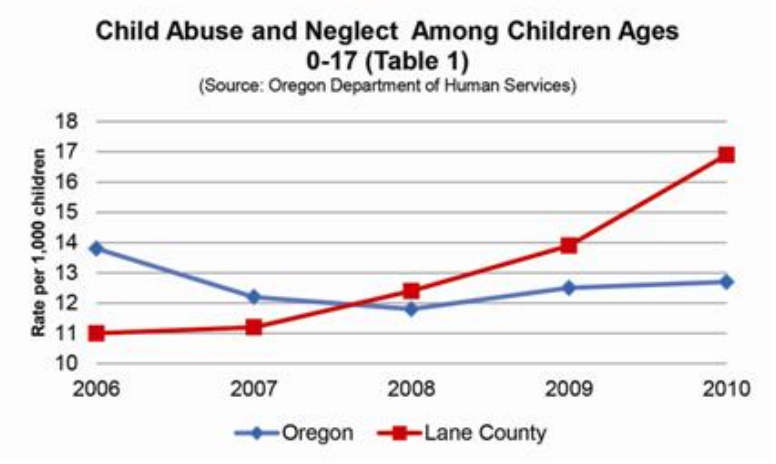
Social Determinants of Health

Income in Lane County



12

Child Abuse and Neglect



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Access to Care

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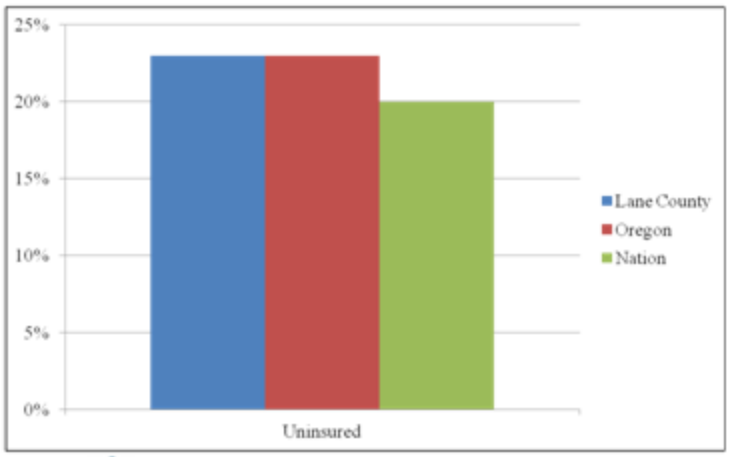
In comparison to the Nation, Lane County and Oregon State residents are more likely to be uninsured, with 23% of residents uninsured. Health care reform in 2014 should make a dramatic impact on this rate. (Source: Oregon Health Insurance Survey, 2011)



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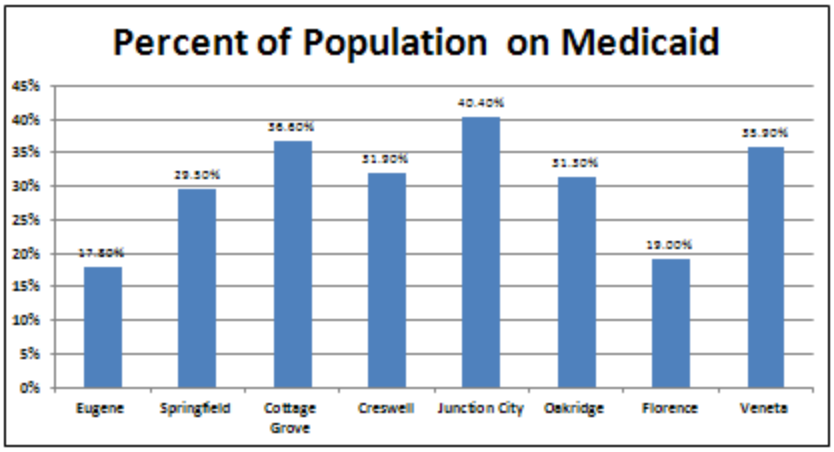
Nearly 62,000 or 17.7% of Lane County residents rely on Medicaid, though the rates vary significantly by community. By 2014, up to 90,000 people might be enrolled in OHP.



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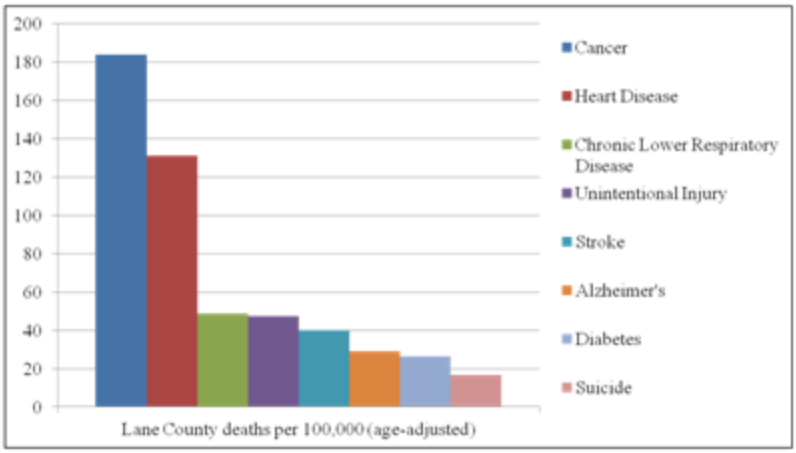
Dental Care

- Access to dental care has been identified as a significant problem.
- From 2002-2007, tooth decay, untreated decay and rampant decay among Oregon 1st and 2nd graders worsened.
- White Bird receives an additional 50 calls a week for dental assistance.
- State law mandates that Medicaid dental care will be incorporated into the Coordinated Care Organization by 2014.

19

Leading Causes of Death

Cancer and heart disease account for the vast majority of deaths in the County.



Vital Statistics Annual Report, Oregon Health Authority, 2010.

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21

And most are preventable

Leading causes of chronic disease & death

1. Tobacco use
2. Obesity

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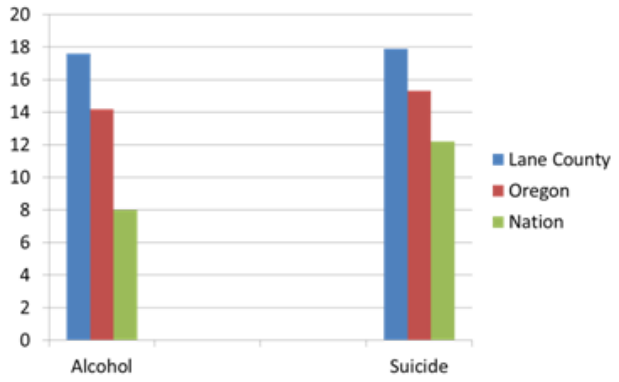
Substance Abuse and Mental Health



Deaths per 100,000

Source: Lane County and Oregon Data from Oregon County Vital Statistics Book 2008; National Data from National Vital Statistics Report

24

Chronic Disease

Yet, chronic diseases are on the rise

- In Oregon, diseases like asthma, heart disease, diabetes, arthritis and cancer…

Claim
19,000
lives each year

Generate
$16 billion
in health care costs annually

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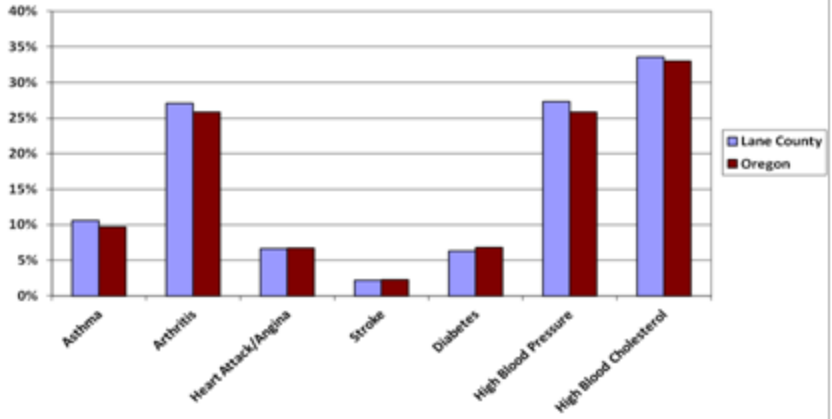
Chronic Conditions in Lane County



Source: Oregon BRFSS 2006-2009, age-adjusted

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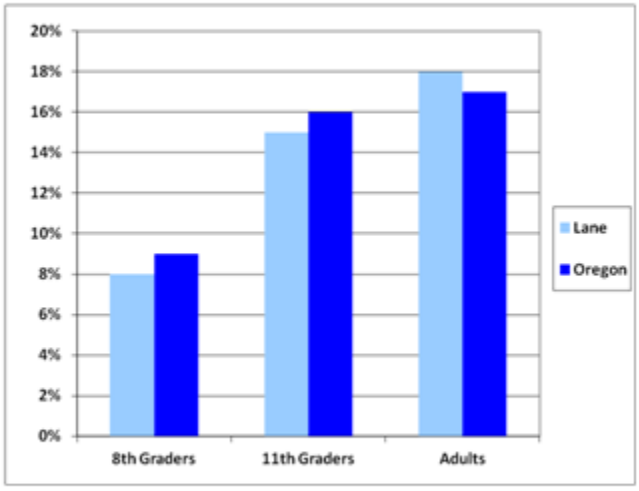
Risk Factors

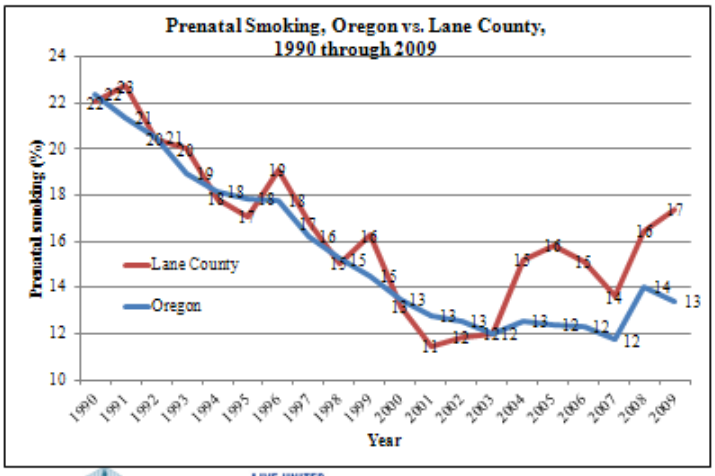
Smoking Rates in Lane County and Oregon



Source: Tobacco Prevention and Education Program. Lane County Tobacco Fact Sheet 2011. Portland, Oregon: Oregon Health Authority, Oregon Public Health Division, 2010.

29

Children are at risk



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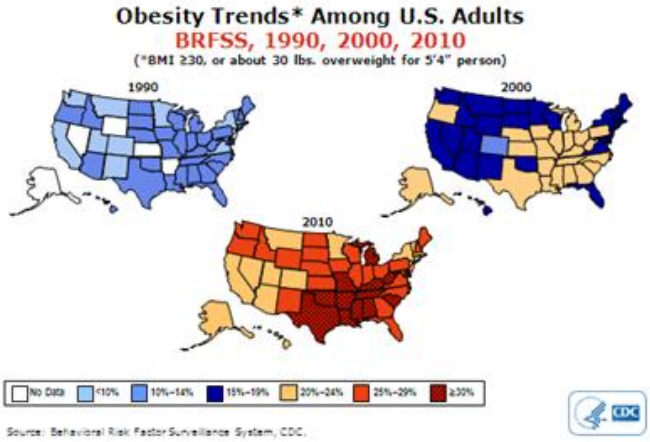

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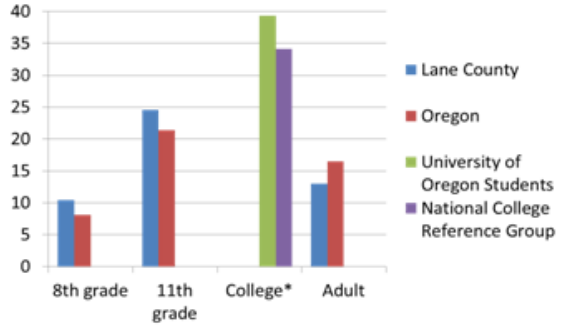
Binge Drinking – Past 30 Days (%)

(4 drinks for women, 5 drinks for men in a few hours or one sitting)



*Reported as consuming 5 or more drinks in a sitting in the past 2 weeks

(Source: Student Wellness Survey 2012; National College Health Assessment – University of Oregon 2012; BRFSS Data 2010)

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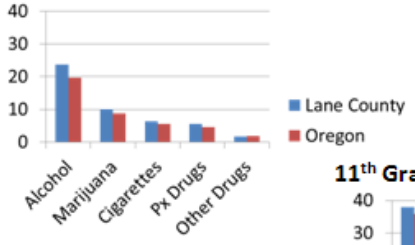
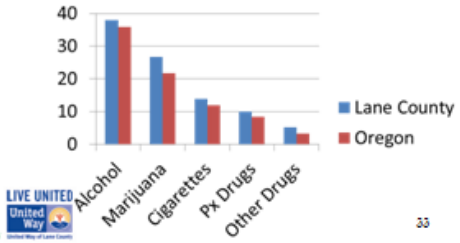
Alcohol is the drug of choice for youth…

8th Grade Students – Past 30 Day Use



11th Grade Students – Past 30 Day Use



(Source: Student Wellness Survey 2012)

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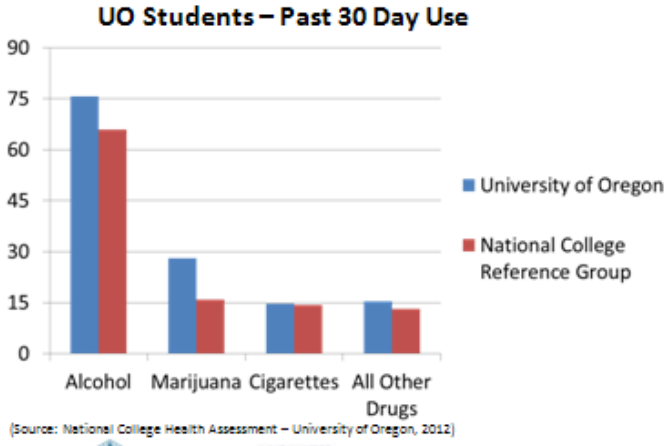
…and for our young adults



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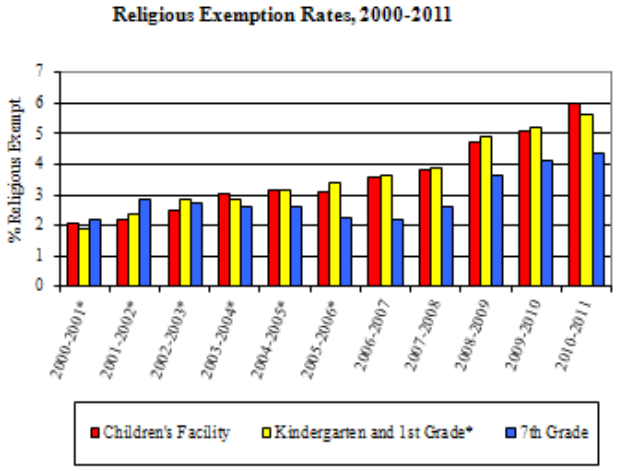
Childhood Immunizations



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Key Findings

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Community Health Priorities

- Getting Care When and Where You Need It
- Tobacco
- Obesity
- Dental Care
- Mental Health
- Substance Abuse (drugs, alcohol, medications, etc.)
- Other

All of our objectives, policies and programs should engage specific, diverse populations and be modified to address their particular needs.

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DRAFT Lane Community Health Improvement Plan

Objectives	Strategies	Actions
I. Improve Access to Care	1. Increase people with a primary care home	Spread our primary care home model Trillium dissemination plan
	2. Increase people enrolled in a health plan	Public information Community outreach workers
	3. Healthcare workforce development	Provider recruitment Training and education Community health workers Inter-disciplinary healthcare team development
	4. Improve access to self-management programs.	Chronic disease self-management program
	5. Increase immunization rates	
	6. Improve oral health	
	7. Improve patient connectivity	Telehealth, virtual visits, home monitoring
II. Prevent and reduce tobacco use	1. Promote public and organizational policies aimed at preventing and reducing tobacco use	Communication plan Support tobacco tax increase Reduce retail sales to minors
	2. Increase smoke-free environments	Disseminate model policies
	3. Increase smoking cessation	Integrate Quit Line and promote Quit Line
	4. Reduce smoking by pregnant women	Point of care referrals

III. Prevent and reduce obesity	1. Promote public awareness of the obesity epidemic drivers and solutions	Social Marketing program
	2. Improve individual self-management	Weight reduction programs Bio-screening programs
	3. Create healthy food environments where we live, learn, work, and play	Promote public and organizational policies Increase access to healthy foods and decrease access to unhealthy foods Vending machine policies
	4. Increase physical activity opportunities where we live, learn, work, and play	Employee fitness programs
	5. Increase support for breastfeeding	Collaboration with Lane Collation for Healthy Active Youth
	6. Promote community planning and policies that support healthy communities and lifestyles	
IV. Improve mental health and reduce substance abuse	Promote public awarenss of the prevalence of mental illness and substance abuse, contributing factors and evidence-based solutions	Engage elected and appointed community leaders in activities desigend to increase understanding of problems and evidence-based solutions
	Promote public and organizational policies that improve mental health and reduce substance abuse	Promote community planning that supports healthy communiites Provide technical assistance to elected and appointed community leaders in their efforts to adopt evidence-based policies
	Support people in recovery from mental illness and	Assure that local peer-delivered after-care system meets

	substance abuse	community need
	1. Risk Screening 2. Early intervention	
	3. Access to treatment	
	4. Primary care integration	Chartered committee
	5. Depression awareness	Communication plan
	6. Depression screening	Protocols and guidelines
	7. Access to treatment	Trillium transformation plan
V. Reduce health disparities		
	1. Cultural competency	Training plan
	2. Self-Management Support	CDSMP for the underserved

Strengths and Areas for Improvement

Mental Health Promotion

Strengths:

- Active Suicide Prevention Steering Committee that also addresses mental health promotion
- Bereavement support groups in both Eugene/Springfield& Cottage Grove
- School involvement—curriculum (e.g.Suicide Prevention, Good Behavior Game,Response and other suicide prevention curriculum)staff in-service training
- CCO and Public Health support for Suicide Prevention and Mental Health Promotion work
- Johnson Unit/Sacred Heart staff support for prevention work—starting with their new post-discharge protocol (follow-up phone call, peer support)
- Trainings—QPR, ASIST, Mental Health First Aid—that help inform and reduce stigma
- Mental Health and Social Service providers that provide excellent programs for youth and adults (e.g., LookingGlass, Child Center, CFD, etc.)
- Crisis services—Mental Health Crisis Response Program, Whitebird, Cahoots national Suicide Prevention phone line
- Integration of mental health and physical health in the Federally Qualified Health Centers
- www.preventionlane.org website that provides latest data, resources
- Vets Center reintegration counseling
- Veterans Administration Mental Health Clinic

Needs improvement:

- Better understanding of and emphasis on mental health promotion

- More mental health services that are accessible, culturally diverse, (focus on culture as a protective factor), multi-lingual/affordable throughout the county
- More crisis services like Cahoots available throughout the county—offered 24/7
- Suicide Prevention and mental health services in all schools; especially the Good Behavior Game, Reconnecting Youth, Look, Listen, Link in middle schools, and RESPONSE or other evidence-based programs in high schools; staff training; parent education, and mental health staff/services as all schools
- Encourage ASQ and other early assessments by all pediatric providers, childcare centers, etc. to identify children early who need follow-up
- Johnson Unit expanded to include an adolescent unit when needed
- Enhance transition supports upon exiting the Johnson Unit
- ER and other hospital staff training at all Lane County hospitals
- Funds to support ongoing and comprehensive stigma reduction public awareness campaigns
- Healthcare provider training on screening and assessment, reducing lethal means, follow-up protocols, etc.
- Workplace mental health policies that cover mental health services, promote mental health
- More funding for materials, to cover registration to increase # of QPR, Mental Health First Aid and ASIST trainers; resulting in an increase in local capacity
- More policies that enhance mental health services, reduce access to lethal means, and focus on mental health promotion
- More attention on mental health promotion for parents, prenatal/postpartum, throughout the life span that increases resiliency, connectedness
- Access to health and mental health resources for veterans who are not insured and who do not have the ability to travel to a VA center or need more immediate attention.
- Transportation to VA services.
- Increase peer- to- peer support

Mental Illness Prevention

Although Lane County has begun the work in the area of mental health promotion, it is clear from the focus groups that most people do not know of or understand the possibility of mental illness prevention. Indeed, with additional support and resources dedicated to this area, a review, analysis and presentation of current research could be conducted.

Substance Abuse Prevention

Strengths:

Lane County has had a strong substance abuse prevention effort for over twenty years. The local substance abuse prevention effort increased significantly in 1990 when Lane County received a Center for Substance Abuse Prevention grant specifically for mobilizing the community. This coincided with Oregon's partnership with the University of Washington to 'roll out' the Oregon Together effort; a community mobilization effort founded on the Communities that Care framework. Lane County's substance abuse prevention program has maintained local efforts through funding from two Drug Free Communities grants, a small percentage of local beer and wine tax funding, recent funding from the Strategic Prevention Framework, partnerships with key stakeholders, and infrastructure support by Lane County HHS. Substance abuse prevention efforts incorporate a comprehensive approach grounded in prevention science. Services include an acclaimed website, (www.preventionlane.org), support for community based coalitions, and coordination of evidence-based prevention best practices. All substance abuse prevention staff are certified prevention specialists.

Most recently, the addition of the Strategic Prevention Framework, SPF, has reinvigorated the local substance abuse prevention efforts. The SPF process provided the necessary tools and incentives for community partners to return to a community based process that had, despite the history, declined over the years. With the emphasis on high risk drinking among 18-24 years olds, partnerships between law enforcement, higher education, policy makers and prevention experts have become more significant than in recent past. The SPF has increased the depth of our county's substance abuse prevention foundation.

Areas for Improvement:

- Although the Lane County Prevention Program has longevity, it has yet to secure stabilized funding outside of the allocation from the state block grant. Lane County, roughly the size of the state of Connecticut and the second most populated county in the state, could benefit from additional substance abuse prevention funding. Funding received from the state allows for the support of less than two full time prevention specialists. Addressing the gaps/priorities identified in the community needs assessment requires additional staff as well as program funding. Additional staff is needed to help provide the prevention best practices and processes needed to help ensure effectiveness and sustainability.
- Also, another area for improvement is the need to increase communication and coordination among all prevention efforts. As indicated in the needs assessment, this gap is not limited to treatment providers. Lane County is fortunate that in the past six months, public health prevention and behavioral prevention efforts have merged into one program. Delinquency prevention, child abuse prevention, domestic violence prevention, and more continue to be coordinated by separate organizations. Although the implementation and funding may be separate, coordination of efforts could be improved for greater impact and effectiveness within the community.

Problem Gambling Prevention

Strengths:

- Community coalition: Lane County is the only region in Oregon with a dedicated community coalition to address problem gambling (Problem Gambling Advisory Committee).
- Policy efforts: staff has been part of a statewide committee to address Lottery marketing practices; invited to participate in legislative committees.
- Breadth and depth of dedicated staff experience/expertise: coordinator has over 10 years experience in problem gambling prevention, Certified Prevention Suicide Specialist and has been awarded statewide and nationally.
- Website: www.preventionlane.org/gambling and www.problemgamblingprevention.org are coordinated by staff and offer comprehensive resources on problem gambling.

Areas for improvement:

- Dearth of evaluation: we do not have as comprehensive evaluative practices as we would like; this is unfortunately common in the field as the field does not yet have "best practices" in problem gambling prevention.
- Low community awareness of the problem: the community still does not perceive problem gambling as a public health problem and we have quite a bit of work to do still in that area.

- Lack of general community as well as social service provider community of the 'co-occurrence' issues related to problem gambling and mental illness or other addictions, and suicide
- Lack of understanding of helpful vs. harmful responses, on the part of friends and families

Problem Gambling Helpline

Strengths:

- The staff provide 24 hour coverage of the phones seven days a week referring approximately a hundred people to treatment each month. The helpline provides bi-lingual (Spanish) services as well.
- The staff responds to Live Chats which have recently been increasing. Hits to the webpage have also been increasing and staff record the number of hits daily.
- All staff of the helpline certified problem gambling counselors.
- Staff collects helpline data and sends to Herbert and Lewis. Monthly reports are compiled from the data and shared with the State office and the Lottery.
- Helpline staff are dedicated to their work and give each caller the service and attention they need to motivate then into treatment.

Areas for improvement:

Low awareness of the resource by both the general population as well as social service providers

Suicide Prevention

Strengths:

- Active Lane County Suicide Prevention Steering Committee
- Bereavement support groups in both Eugene/Springfield & Cottage Grove
- School involvement—curriculum (SP, GBG, LLL), staff training—in some Lane County schools
- CCO/LaneCare and PH support for SP and MH Promotion work
- JU/Sacred Heart staff support for prevention work—starting with their new post-discharge protocol (follow-up phone call, peer support)
- Trainings—QPR, ASIST, MHFA—that help inform, increase skills and reduce stigma
- MH and Social Service providers that provide excellent programs for youth and adults (e.g., Looking Glass, Child Center, CFD, etc.)
- Crisis services—MH Crisis Response Program, Whitebird, Cahoots national SP line
- Integration of MH and physical health in the CHCs
- Preventionlane website that provides latest data, resources

Needs improvement:

- Better understanding of and emphasis on mental health promotion
- More MH services that are accessible, culturally diverse/multi-lingual/affordable throughout the county
- More crisis services like Cahoots available throughout the county
- Comprehensive SP and MH programs and services in ALL schools—especially GBG, Reconnecting Youth, Look, Listen, Link in middle schools, and Response or other EB program in high schools; staff training; parent education, and MH Staff/services as all schools
- Encourage ASQ and other early assessments by all pediatric providers, childcare centers, etc. to identify children early who need follow-up
- JU expanded to include an adolescent unit when needed
- ER and other hospital staff training

- Funds to support ongoing and comprehensive stigma reduction public awareness campaigns
- Healthcare provider training on screening and assessment, reducing lethal means, follow-up protocols, etc.
- Workplace MH policies that cover MH services, promote mental health
- More funding for materials, to cover registration to increase # of QPR, MHFA and ASIST trainers thereby allowing for more trainings on an ongoing basis
- More policies that enhance MH services, reduce access to lethal means, and focus on mental health promotion
- More attention on mental health promotion for parents, prenatal/postpartum, throughout the lifespan that increases resiliency, connectedness

Mental Health Treatment

Adult Mental Health Treatment:

Strengths:

- Multi-service availability and coordination between providers is possible
- Interventions, whenever possible, are provided at locations that support individual and family preferences and are culturally sensitive. In most circumstances, services are available in natural and familiar setting such as home, school, or other location.
- Mental health assessments are strength-based and plans are created with the individual's goals and objectives in mind.
- Services are provided by professional clinicians who may work with a trained paraprofessional who can provide advocacy, support and direction, and continuity of care.
- Services are "feedback informed", meaning they are adjusted as appropriate based on consumer feedback about providers and services received.
-

Areas for Improvement:

- Psychiatrist resources do not meet the needs of our community public health programs.
- Mobile crisis intervention is limited to Cahoots resource
- Inpatient psychiatric resources are incredibly limited and do not meet the community need, as evidenced by consistently full 36-bed facility.
- Peer-based support services are not available in most agencies.
- Community health worker (CHW) resources are limited and not consistently available to the high-needs individuals; CHW roles are well trained but roles are ill-defined by agencies and poorly funded.
- Strong need for mental health nursing supports that link mental health and primary care provider communication, and help navigate health systems with/for individuals.
- Need for single point access to an array of appropriate services throughout the community and the Federally Qualified Health Centers of Lane County.
- Need for "alternative treatment" options for consumers who may not respond well to traditional, medical model services and interventions.
- Clearly defined treatment standards for co-occurring disorders treatment for consumers with substance abuse and mental health conditions.
- Coordinated care between mental health and developmental disabilities.
- Lane County needs more well trained Foster Care providers
- Standardized assessment and screening instruments needed community wide
- Alternative Therapies, such as activities, acupuncture and massage, respite care for families with MH children.
- Coordination between mental health and substance use treatment services; methadone and substance treatment providers especially need to collaborate

- Step down models of treatment, such as ER, to residential crisis care, to OP

Children's Mental Health Treatment

Strengths:

- Broad array and choice of community based agencies in the urban core (Eugene/Springfield) for Medicaid and Kids First eligible.
- Access to multiple intensive service providers for the Medicaid eligible population
- University resources including access to Early Childhood CARES, CDRC for special needs populations

Areas for Improvement:

- Inadequate access and choice of community based agencies/providers in the outlying rural areas with one or no provider agency to choose from. The following communities are impacted by limited access: Florence/Mapleton, Oakridge/Lowell, Junction City/Triangle Lake, and Blue River/McKenzie Bridge. (Coburg, Creswell, Cottage Grove, Pleasant Hill?)
- Lack of specialty care (psychiatry) in the outlying rural areas with transportation/distance a barrier in both accessing and maintenance of psychiatric needs. Subsequently rural Primary Care Medical Homes have inadequate psychiatric consultation, evaluation and treatment services, low coordination between mental health providers and pediatric care providers.
- Lack of intensive service providers and bilingual/bicultural providers, particularly in outlying rural areas.
- Asperger children, autism, very problematic, few services covered.
- Child psychiatry and adult psychiatry very limited access too
- Private insurance: does not provide the depth or array of community based services including payment for case management/care coordination, consultation, wraparound, skills training, etc. High deductibles, co-pays, stigma remain barriers for the non-Medicaid population.
    - Non-covered services which disallows treatment for autism spectrum disorders and pervasive developmental disorders. This is especially problematic in the 0-5 age range where early detection, intervention, treatment and supports could alter the trajectory of early childhood disorders. Coverage is limited and problematic for both Medicaid and commercial health plans

Addictions Treatment

Lane County has a wide variety of substance use and addictions treatment services throughout the Eugene/Springfield metro area; services range from assessment and referral, education, regular and medical detox, inpatient, intensive and regular outpatient, and methadone treatment services.

Strengths:

- Multiple community providers which has created a solid alcohol and drug treatment network of support.

Areas for Improvement:

- Improve access in rural areas
- Improve access to specialty and priority populations
- Increase treatment options, especially residential, for non-adjudicated youth

- Increased understanding and utilization of harm reduction strategies by treatment providers.
- More seamless continuum of service delivery between detox, inpatient, and outpatient settings.
- Increased availability of services for indigent citizens
- Increased methadone treatment slots
- Increased availability of buprenorphine treatment.
- Low-cost "wet" housing for active alcohol and drug users.
- Indigent methadone program for adults
- Indigent buprenorphine program for adults and youth
- Availability of co-ocurring disorders for youth and adults, especially indigent adults
- Tobacco cessation everywhere, full availability with nicotine replacement therapy and other medications for youth and adult
- Step down models of treatment. Detox, to res, to IOP, to OP.
- No local residential substance use treatment services for adolescents

Problem Gambling Treatment

Strengths:

- The staff of Emergence problem gambling treatment program are excellent clinicians. The staff uses evidenced based best practices such as Motivational Interviewing, Mindfulness Relapse Prevention, and Conflict Resolution for Recovery and Relapse Prevention. The staff is very motivated to use new evidence based practices and develop educational components based on those practices in our program.
- The Staff offers a three day workshop quarterly on Grief and Loss which has been very well attended by clients.
- The staff consistently provides group and individual sessions to all clients.
- As a result of the staff and their hard work, the Emergence program has consistently received 100% client satisfaction on the Semi-annual quality Improvement report.
- The staff are capable of engaging and retaining the clients in treatment.

Area for Improvement:

- On the semi-annual quality improvement report, the program had not met its marker for penetration rate. Emergence and Lane County Public Health Prevention have paid for and continue to pay for local PSA ads to inform people of pathological gambling and where they can come for treatment. Despite those efforts and ads from the Lottery, people still do not know that gambling can be an addiction and there is help available. It appears to be systemic problem that needs to be addressed.

Maintenance/Recovery Support

Strengths:

- Medicaid level system under the CCO Trillium which allows movement across levels of care based on need/acuity:

a. Level 1 – brief treat to target care
b. Level 2 – routine outpatient care
c. Level 3 – intensive outpatient care

d. Level 4 – intensive community based services including residential and acute inpatient care. Care is flexible and community based.

- University resources and supports in an academic community with a broad array of private nonprofit and support services including NAMI, OFSN, Mind Freedom, etc.
- Mentoring opportunities via Big Brother/Big Sister Programs, CASA workers, Boys and Girls Clubs, YMCA, Centro Latino Americano, and NAACP, Youth Move, etc.

Areas for Improvement:

- Fewer community supports in the rural communities for mentoring, parent support groups. (social isolation and increased stigma)
- Longer distances to travel for relationship based support groups /mentors
- Limited infrastructure for rural mentoring programs. Increased reliance on natural supports.

Overall Behavioral Health System Needs

- Natural and normal supports, social and helpful determinants of health--pro social activities
- Basic family needs--nutrition, housing, and clothing. Due to poverty
- Stable housing
- Eugene Mission needs health care, screening and assessments, services for homeless.
- Job skills especially.
- Financial advocacy assistance for adults, they may be eligible for benefits, but they can't navigate it themselves.
- Paraprofessional level-- peer support, mental health family resource aides, community health workers, needed for children and for adults as well.
- Transportation for all populations
- Child care. For families with special needs children.
- Couples therapy. Not covered by OHP.
- Workforce development issues. Both mental health and substance use systems need training in both systems.
- Youth shelter programs that provide consistent safe housing.

LMHA's Quality Improvement Process and Procedure

To assist in integration of Mental Health and Physical Health, current steps are being taken to combine Quality Assurance and Quality Improvement efforts between LCBH and the CHC to form the FQHC Quality Committee. The FQHC's Quality system contains many interrelated groups and mechanisms for the implementation of QA / QI principles for a large, comprehensive health system.

The FQHC Quality Committee will oversee and direct all components of the QA / QI process and will have the authority to identify and recommend clinical and organizational changes. Membership will include:

- Chief Medical Officer
- Program Manager(s)
- Supervisor(s)
- Direct Service Medical Staff
- Direct Service Clinical Staff
- Financial Services
- Administrative Support / Medical Records Staff

- QI Coordinators
- Participant representative(s)
- Family representative(s)
- Representatives from other providers in our system.
- Other persons who may be instrumental in identifying, designing, measuring, assessing and implementing system Performance Improvements and culturally competent service delivery and outcomes.

Quality Assurance / Quality Improvement System Goals and Priorities:

- Services provided are of the highest possible quality and are appropriate to the individual's served needs;
- Services are delivered in an ethical, culturally competent manner and meet professional standards of best practice;
- Service development and delivery are responsive to individual's rights, personal dignity, self-determination, cultural diversity, and support positive health outcomes;
- Service development and delivery maximizes the benefit of all available resources;
- All aspects of the FQHC meet fiscal, governing, and regulatory requirements;
- Risk to individuals served, providers and others is minimized, and errors in the delivery of services are identified, minimized and/or prevented;
- Identify opportunities to enhance clinical care and services to individuals;
- Respond with appropriate treatments and/or interventions to prioritized opportunities to improve clinical care and service;
- Monitor performance thresholds and targets and utilize this information in program development, strategic planning, and improvement opportunities.

Quality Assurance and Quality Improvement Domains:

In an effort to provide quality services to all FQHC participants, certain operational domains have been identified as primary for the purposes of Quality Assurance and Quality Improvement. The domains are: *Access to Services*, *Outcome of Services*, *Systems Integration and Coordination of Services and Utilization of Services*. The FQHC is committed to working toward establishing specific goals, objectives, process / outcome measures and performance goals / targets for each of these important program domains. In addition, the FQHC is guided by Health and Human Services four strategic pillars, tier outcomes, and the triple aim in an effort to increase synergy, efficiency, influence and support.

<u>Service Coordination and Collaboration with Corrections, Social Services, Housing, Education, Employment and other Community Service Agencies</u>

LCBHS, LCHHS and LCPHPP have staff representation or provide support to a variety of coordinating councils/groups including:

- Public Safety Coordinating Council, PSCC Juvenile Subcommittee of the PSCC
- Behavioral Health Provider Panels
- Alcohol and Drug Other Issues Forum
- Local DHS Advisory Committee

Behavioral Health Equity

Strengths:

- Recent certificate of approval granted to Centro Latino Americano to expand access to bilingual/bicultural providers
- Broad consumer choice/open access by the poor, disabled, women and children (Medicaid) to select a provider/agency that best meets the family need (consumer driven).
- Financial incentives (modifiers) for rural based services, non-office based services
- Trainings/community awareness of white privilege/culture of poverty. County employees are required to have a minimum of 3 hours annually in cultural competency training.

Areas for Improvement:

- Create a culture of feedback. Pro-actively seek client preferences in establishing treatment goals, treatment methods, and client expectations for recovery and treatment. Health providers are generally paternalistic towards the poor and quickly make assumptions about the direction of care with unintended consequences of shaming/blaming. Poor families have insurmountable obstacles in meeting basic needs and feel easily blamed for their children's disruptive behaviors. There is tremendous societal pressure to medicate the social determinants of health in children. Primary Care health providers would benefit from an integrated model, with pediatric behavioral providers co-located/integrated into pediatric offices, assisting poor families with advocacy, support and referral rather than the quick fix of medications to regulate children from chaotic/disorganized environments.

Meaningful Peer and Family Involvement

Strengths:

- Prevalence of active consumer organizations in Lane County including Oregon Family Support Network (OFSN), NAMI, Youth Move, Lane County Consumer Council, and Mind Freedom. These consumer driven organizations provide ongoing weekly support groups, topic specific parent education and information groups (monthly PIES speaker panels, web pages, mass email distributions and social media (Facebook) are used to disseminate parent information.
- Parent warm lines via OFSN and 411 provide parent to parent information, support and referral. In addition OFSN offers monthly recreational family activities (family swim, family roller skating, family movie night, holiday Christmas party, summer picnic, etc). These events are free to participating families and well attended. Childcare is offered allowing parents to socialize with other parents, reducing social stigma and isolation, building a sense of shared community.
- Lane County Mental Health Child and Adolescent Program contracts with a 0.75 Family Navigator position to work with LCBH families. LCBH families routinely share PHI with OFSN allowing both agencies to collaborate and co-lead multifamily Collaborative Parenting groups, a 10 week skills based parent group based on Collaborative Problem Solving, an EBP developed by Stuart Ablon and Ross Green. In addition, OFSN attends IEP meeting and 504 plans as requested by LCBH families. The LCBH Parent Orientation Group is co-led by OFSN allowing new families to be introduced to OFSN services and supports. After families leave LCBH services they continue in a shared community and shared supports with OFSN.
- Vets Center offers reintegration counseling and Military Sexual Trauma counseling provided by veterans and females from the OIF/OEF wars.

Areas for Improvement:

- OFSN has limited outreach to rural Lane County.
- As a private nonprofit OFSN struggles with secure stable funding.
- Other Trillium credentialed agencies do not contract with OFSN and miss an opportunity to build a community-wide base of parent supports and parent community.

- Lack of bicultural/bilingual parent to parent supports.
- Engaging transition age youth in youth activities with a focus on resiliency and youth voice. More can be done to engage and capture youth voice in program development, program policy, and program outcome measures for young people.

Trauma-Informed Service

Strengths:

- The ISSR Medicaid rules require all children be screened for trauma as part of the Mental Health Assessment. This is sound public policy. Children with traumatic histories are identified early with care plans emphasizing safety and security, followed by interventions to help families heal from traumatic adverse experiences.
- Lane County is home to the Trauma Healing Project, THP, a consumer organization outside the scope of Medicaid, which creates an alternative healing environment where consumers are not re-traumatized by health professionals by the repeating of trauma narratives. THP also provides training and seminars for system and agency-based providers, peer support/natural support providers, and community at large
- Vet Center has two female counselors to provide Military Sexual Trauma counseling.

Areas for Improvement:

- Lane County has high levels of poverty, unemployment, completed suicides, substance abuse, childhood neglect, abuse and homelessness. The social determinants of health and degree of adverse childhood experiences are daunting to many seasoned practitioners. The temptation is to medicate social determinants of health. Children from chaotic disorganized dysregulated homes (or non-homes) can present as impulsive, disruptive, inattentive resulting in diagnosis and treatment of ADHD. When stimulants fail to regulate mood/behavior the next step is mood stabilizers and the child is on the trajectory of medications to treat social determinants of health.
- Medication trials often start in the primary care setting. An integrated/coordinated model of pediatric behavioral health practitioners embedded in primary medical homes would assist primary care practitioners with a warm hand-off to appropriate community resources and supports. Highly dysregulated children would be better served with parental skills training emphasizing repetitive, rhythmic, relational and rewarding activities with the child.
- Training needs - behavioral and physical health practitioners would benefit from the research of Bruce Perry MD, synthesizing brain research with trauma informed clinical practice, allowing a neuro-developemental informed approach to working with traumatized children. Oregon should continue to bring Drs Perry and Ablon to clinical settings to synthesize brain research with clinical practice. This work is critical in getting improved outcomes for children with trauma histories.

Stigma Reduction

Strengths:

- Acknowledgement from several advisory groups, including the MHAC/LADPC and the Commission on Children and Families, for the need to focus on stigma reduction
- Previous collaboration with UO students in developing stigma reduction messages
- Identified as a priority objective of the Lane County Suicide Prevention Steering Committee

Needs:

- Funds/staff to develop and produce campaign materials targeting various audiences in Lane County (schools, general public)
- Funds to increase capacity to provide Mental Health First Aid trainings (for "train the trainer" certification and training materials)

Peer-Delivered Services

Strengths:

See Meaningful Peer and Family Involvement section addressed above.

Areas for Improvement:

See Meaningful Peer and Family Involvement section addressed above.

Crisis and Respite Care

Strengths:

- Lane County contracts for a family driven crisis response system known as the Crisis Response Program. The Crisis Response Program responds to any child, anywhere in Lane County, with or without health insurance, with or without a behavioral health provider. The service is available 24/7/365 days/year and includes a phone consultation with a credentialed children's mental health provider. If unable to resolve via phone, a team of 2 responders may go to the home/community and provide a face to face de-escalation/crisis response. If unable to de-escalate the Crisis Response Program can authorize up to 72 hours of a crisis bed at either the Safe Center or a LGCC crisis bed.
- OFSN has developed a parent respite service, called Parents Night Out, offered the first Friday of every month. Parents register for the respite and bring their children to a local faith based organization where meals, games, activities, child care are provided for 3.5 hours, allowing the parent a much needed respite to shop, dine or simply rest. It is a very popular service used by LCBH families at no cost.

Areas for Improvement:

- The Crisis Response Program is activated by the parent making the call, not the school or a foster parent (when the placement is disrupting). Foster parents have complained that the service does not address their needs for an after hour response. In addition it is increasingly problematic in the outlying rural areas when the Crisis Response Program worker may suggest a need for public safety involvement due to the level of violence/property destruction being reported. With county wide cuts in public safety the rural areas have a very low threshold for a response time by Lane County Sheriff; subsequently the situation may not be safe enough for a Crisis Response 'go out' but the response time by public safety is unacceptable.
- Schools are also under significant strain and lack resources. A suicidal youth may not have parents who are accessible to pick up a child/youth. Hence schools are left in a bind, unable to access the Crisis Response Program, unable to contact a parent within a reasonable timeframe, unable to release a child or transport to a hospital.
- Lack of secure resources for actively suicidal youth or for youth experiencing an acute mental health episode. Additionally, there is no detox available for youth. Lane County has no secure beds for children/youth; subsequently, children/youth who require hospitalization have been known to sit in a secure holding room (locked) in the local emergency department for hours, days, weeks, waiting for a bed in Portland to open. This data is being reviewed monthly in the Acute Care Council for patterns/trends. The secure room is the equivalent of seclusion and restraint and is an unacceptable standard of care in Oregon.

Required and Special Populations

Special Population Issues

- Native American services are almost not existent and insufficient coordination with Tribal offices.
- African American services are also needed.
- QLBTQ services are also needed.
- Latino specific services are also needed.
- Seniors-- need social supports; pain issues; medication management. Lack of qualified service providers. Lack of culturally sensitive services. Lack of appropriate services for elders.
- Adults with disabilities--need assistance but difficult to help them. Can't always see what they need.
- Child sex workers/prostitutes, sexually traumatized children. Hard to find appropriate residential or OP service settings.
- Veterans – need to be identified by service providers in order to track the need.

Juvenile Justice

- Intensive services such as psychiatric residential care for juveniles
- Residential substance abuse providers and co-occurring disorders providers
- Big paradigm gap-- co-occurring issues paramount
- Treatment foster care or therapeutic foster homes
- Transition aged youth (18-24) programs. Need for behavioral support services.
- Vocational and education help.
- Life skills.
- Assaults by DD kids and then what do? No services…JJ often unable to meet needs of these youth
- Traumatic Brain Injury (TBI) is a big issue. Need services, treatment and social services, and housing. Assessing concussions. Neurology tools not covered by health plans... Occupational therapy may be helpful, but no coverage.
- RAP court

Mental Health System

- Standardized assessment and screening instruments needed community wide
- Alternative Therapies, such as activities, acupuncture and massage, respite care for families with mentally ill children.
- Coordination between mental health and substance use treatment services; methadone and substance treatment providers especially need to collaborate; coordination between MH & DD services systems; between addictions treatment and MH, DD service systems.
- Developmental Disability services--can't get children tested for adaptive testing needed for their determination—not covered by health plans.
- Asperger children, autism. Very problematic, few services covered.
- Child psychiatry and adult psychiatry very limited access too.
- Limited support for transition age youth; limited coordination and transition planning between child/youth and adult mental health systems
    - Young Adults in Transitions, YAT, pilot project a strength to build upon, stabilize and expand
- Step down models of treatment, such as ER, to residential crisis care, to OP.

Substance Abuse System

- Indigent methadone program for adults
- Indigent buprenorphine program for adults and youth
- Availability of concurring disorders for youth and adults, especially indigent adults

- Tobacco cessation everywhere, full availability with nicotine replacement therapy and other medications for youth and adult
- Step down models of treatment. Detox, to res, to IOP, to OP.
- No local residential substance use treatment services for adolescents other than for adjudicated boys

Mental Health Promotion & Suicide Prevention Work plan 2013

Recommendation	CSAP Strategy	Activity	Measurement
Facilitate social connectedness and community engagement across the lifespan.	Information Dissemination	Update and promote Teen Proof Your Home materials	Teen Proof Your Home fact sheet revised; materials/presentation shared with at least 3 schools
	Prevention Education	1. Lane County schools will implement suicide prevention best practice curricula. 2. Provide at least 6 community trainings in QPR, Mental Health First Aid, ASIST and school-based suicide prevention in-services (e.g. Response) throughout Lane County	1. A minimum of 3 schools will pilot a suicide prevention best practice curriculum 2. A minimum of 6 trainings will be offered; 80% of participants will report an increase in mental health awareness/suicide prevention knowledge/skills
Provide individuals and families with the support necessary to maintain positive mental well-being.	Information Dissemination	Collect and develop mental health promotion information and resources • Develop a MHP presentation • Flourish/languish assessment tool?	Information and resources will be shared with at least 2 organizations/agencies and posted on the preventionlane website
	Environmental	Research means restriction policies and resources	A means restriction workplan will be developed
Promote early ID of mental health needs and access to quality services	Information Dissemination	Reduce the stigma associated with mental illness, suicide and help-seeking via media coverage	1. A minimum of 3 mental health and/or suicide-related items will appear in the media (newspaper, TV, radio) 2. Develop or adapt at least 1 stigma reduction campaign
		Revise, as needed, the Lane County Resources for Youth and Families list, and disseminate throughout the county; update resources on website	A list will be posted on the preventionlane website and distributed to at least 20 entities (schools, agencies, organizations)
	Prevention Education	Provide at least 6 community trainings in QPR, Mental Health First Aid, ASIST and Response throughout Lane County (repeat of above)	A minimum of 6 trainings will be offered; 80% of participants will report an increase in mental health awareness/suicide prevention knowledge/skills
	Problem ID & Referral	Provide technical assistance to Lane County programs (i.e., CHC, WIC, DD) to increase mental health screenings and referrals	Resource List will be distributed to LC programs as appropriate
	Community – Based Processes	Continue to convene the Lane County Suicide Prevention Steering Committee (SPSC) & South Lane Committee	The SPSC will meet at least 9 times/year; South Lane will meet at least twice
	Environmental Approaches	Assess discharge and referral process of hospitals in Lane County and develop recommendations to strengthen these processes	Assess discharge and referral process of hospitals in Lane County and develop recommendations to strengthen these processes
		Implement middle and high school-based policies to address depression and suicide	At least three schools will be assessed and revised/new policies implemented

Lane County Suicide Prevention Steering Committee

2013 Workplan

DRAFT

Goal: To facilitate community efforts to prevent suicide in Lane County

Objective	Activities
Identify Lane County suicide prevention, screening, assessment and referral services	1. Review and revis, if necessary, the Resource List once a year 2. Distribute Resource List to ASIST trainers, schools, social service and healthcare providers and post on the website once a year 3. Identify bilingual resources/providers
Promote coordination and awareness of suicide-related resources	1. Connect with at least 2 new healthcare and social service providers to share suicide prevention information and resources 2. Invite at least 1 new member to the Suicide Prevention Steering Committee 3. Continue efforts to strengthen Emergency Department suicide follow-up and information at hospitals in Lane County 4. Provide an information table at a minimum of two community events 5. Distribute information to Lane County clinics and urgent care sites 6. Update and promote the Suicide Prevention website as necessary
Increase opportunities for provider and public suicide-related education	1. Sponsor a minimum of 1 ASIST training/year and promote other ASIST trainings 2. Provide a minimum of 3 community-sponsored QPR presentations (include at least one in the faith community and one for First Responders) 3. Sponsor/promote a minimum of three Mental Health First Aid trainings 4. Review provider resources and trainings related to reducing lethal means and gun safety (i.e., CALM training)
Objective	**Activities**
Implement public educational campaigns related to mental health promotion and suicide prevention	1. Continue marketing the 'Tween & Teen-Proof Your Home" campaign via schools and other outlets via flyer distribution, parent presentations, and including teen-proof tips in newsletters, websites and social media) a. Distribute gun locks and prescription drug drop box information when possible b. Include messaging related to children and adolescents

	2. Assist in promoting and supporting the November's Survivors Conference 3. Explore developing a stigma reduction campaign 4. Use the internet and social media (Facebook, Twitter, smart-phone apps) as outreach mediums
Assist schools & communities in Lane County to increase their mental health promotion and suicide prevention efforts	1. Continue efforts to recruit and support at least 2 new Lane County high schools and/or middle schools in implementing an evidence-based curriculum 2. Provide trainings for school-based staff throughout Lane County 3. Continue sharing information and resources with the Tragedy Response Network, Family Resource Centers, colleges, and other partners to assess needs, provide information and technical assistance
Advocate for mental health promotion and suicide prevention services, supports and resources	1. Keep current with national, state and local legislation and policies 2. Provide information to key decision makers 3. Respond and inform as necessary via letters, editorials and face-to-face meetings

2013-14 Substance Abuse Prevention Work Plan

Strategy	Activity	Outcomes
Information Dissemination	• Provide educational materials regarding ATOD and parenting to community members, coalitions and partners. (Community prevention coalitions, school districts, Vet Net, etc.)	• At least 5,000 ATOD and parenting brochures will be distributed to community partners • A minimum of 5000 unique visitors will access the preventionlane.org website
Prevention Education	• Support school districts in implementing the PAX Good Behavior Game, GBG • Support parent education, especially in rural and Spanish speaking communities	• At least 6 rural school districts will implement the GBG in early elementary • Parenting classes will be offered in at least 2 rural communities and at least 1 series will be offered in Spanish.
Problem ID and Referral	• Identify current screening practices at Community Health Centers, CHC, for women of childbearing age and youth • Recommend ATOD screening tools for women of childbearing age and youth	• 3 CHC's screening practices will be identified • ATOD Screening tools will be recommended to 3 CHC's
Community Based Processes	• Strengthen collaboration between multiple community prevention efforts; linking common risk factors and strategies with substance abuse prevention (Community Prevention Coalitions, Gang Prevention work group, Domestic Violence Council, VetNet, Family Resource Centers, Communities That Care, LaneKids, Success By 6, Healthy Babies Healthy Communities,etc.)	• At least 7 different community coalitions will report an increase in substance abuse prevention knowledge as a result of participation by the Substance Abuse prevention expert. • At least 3 coalitions will implement evidence-based ATOD practices
Environmental Strategies	• Work with local school districts to create, review, update, and implement ATOD policies. • implementation of Community Health Centers' (CHC) ATOD screening of Women and Youth • Conduct 3 Retailer Trainings in three separate communities • Work with local social service providers to develop appropriate screening and referral for Veterans	• At least 4 of the 16 school districts will have new or updated ATOD policies • The Charnelton Clinic will be the first of the CHC's to implement ATOD Screening • 25 Servers will be trained • At least 5 local social service organizations will implement a screening and referral system for local Veterans

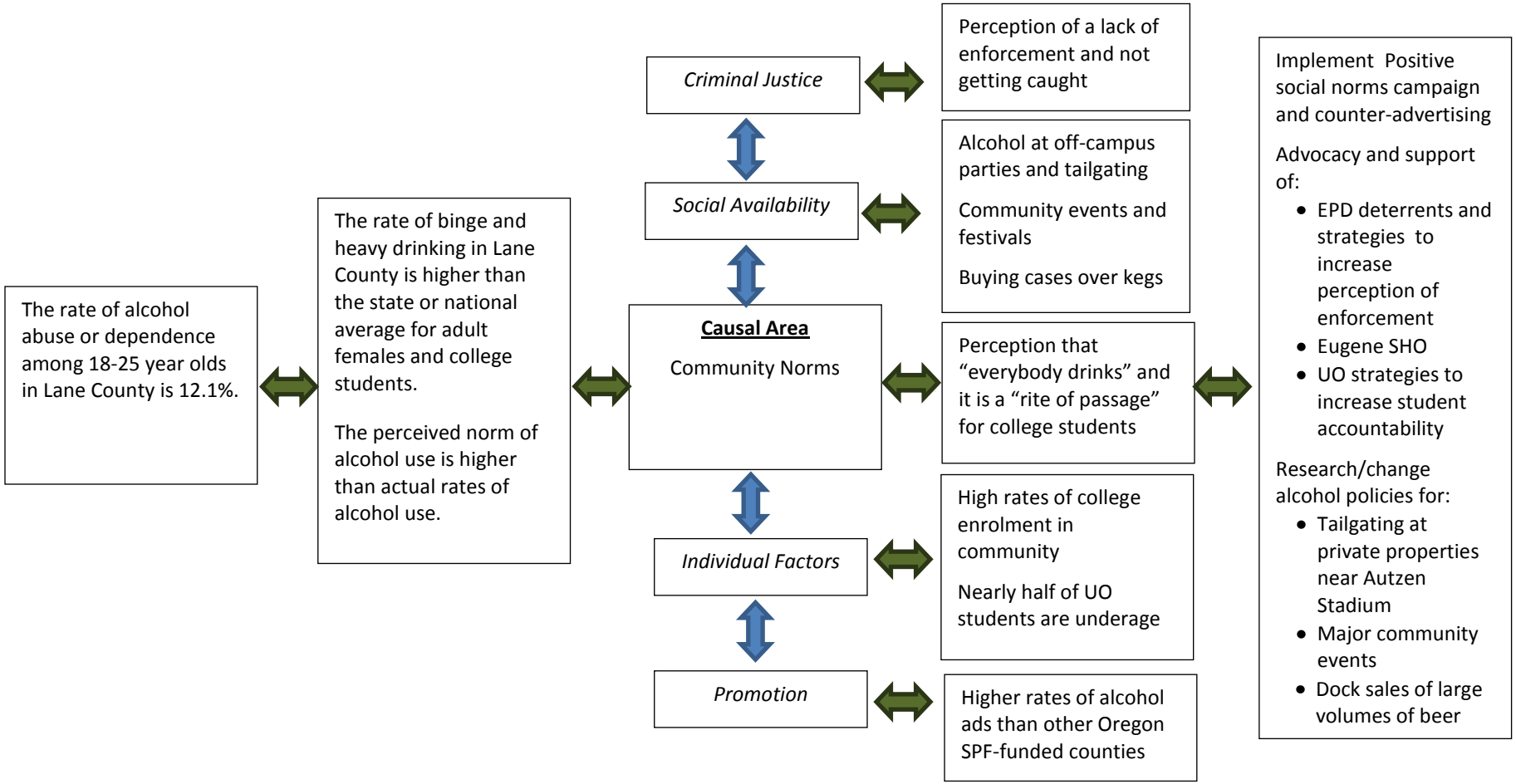
Draft Problem Gambling Prevention Work Plan

Proposed Programs	Outcomes	Measures
1. YOUTH PROBLEM GAMBLING PREVENTION & AWARENESS *At least one activity must be based on 2010 Student Wellness Survey data: indicate that activity in this box and cite the SWS data point(s) upon which it is based.* **Communication About the Risks of Gambling: "Teachers have talked to you about the risks of betting/gambling."**	**(A)** Integrate problem gambling material with existing curricula that help support the content standards of Promotion of Mental, Social and Emotional Health in the Oregon Health Education Standards. At least 10 sessions will occur by the end of the 2011-12 school year. **(B)** Provide supply of youth problem gambling prevention material to all Lane County middle schools and Family Resource Centers. **(C)** Contact all Lane County middle schools regarding participation in 2012 Oregon Problem Gambling Awareness Week (OPGAW) art search.	**(A)** School districts will incorporate problem gambling material into curricula that address Promotions of Mental, Social and Emotional Health; evaluations will be conducted. Student evaluations will indicate at least 80% of participants will demonstrate increased awareness about problem gambling and resources to address problem gambling. **(B)** Materials will be provided; count to be tabulated using prevention Minimum Data Set (MDS). **(C)** At least 75 Lane County middle school students will participate in OPGAW art search.
2. PARENT PROBLEM GAMBLING PREVENTION EDUCATION & AWARENESS *At least one activity must be based on 2010 Student Wellness Survey data: indicate that activity in this box and cite the SWS data point(s) upon which it is based.* **Communication About the Risks of Gambling: "Parents have talked to you about the risks of betting/gambling."**	**(A)** Conduct focus groups of elementary and middle school parents in three Lane County communities (Eugene/Springfield metro, South Lane and Siuslaw) to determine: community perception about youth gambling; parental attitudes toward gambling; and identifying ways to provide problem gambling education to youth and their families. **(B)** Using results of parent survey (above), a plan will be developed to increase capacity of problem gambling prevention to parents in Lane County. **(C)** Provide funding support, training,	**(A)** Three focus groups will be conducted and demographic surveys completed. Lane County will be provided and share report of findings with PGS for capacity building. **(B)** Plan will be developed and shared with PGS. **(C)** Funding support, training, presentations and technical assistance will be provided for parenting programs including, but not limited to, Strengthening Families 10-14. Evaluations will indicate that at least 90 percent of parent participants

Proposed Programs	Outcomes	Measures
	presentations and technical assistance to parenting programs offered by Lane County Family Resource Centers	will demonstrate increased awareness of problem gambling and how to help refer their child, friend or other family member for problem gambling.
3. GENERAL COMMUNITY AWARENESS	**(A)** Develop a media campaign for Oregon Problem Gambling Awareness Week (OPGAW). **(B)** Enhance & update resources on problem gambling on www.preventionlane.org/gambling website and Facebook page, www.facebook.com/preventionpage and using other social media (YouTube, Slideshare, Diigo, etc.). **(C)** Deliver a minimum of three presentations to Substance Abuse Prevention Program course(s) on University of Oregon campus	**(A)** Media campaign will be developed for OPGAW; campaign will reach at least 10,000 local residents based on viewer or readership numbers. **(B)** Website will continue to be updated; visits will be tracked monthly via Google Analytics with a goal of 1,500 visits per month. Facebook Insights will be used to measure page user demographics, visits, and posts. **(C)** Evaluations will show at least 90% of participants will indicate that they know how, where and when to refer a client, friend or family member for problem gambling services.
3. COMMUNITY-BASED PROCESSES & POLICY CHANGE *At least one activity must infuse problem gambling prevention into an existing prevention activity/program/initiative.* **Activities in this program: collaboration with local tribal alcohol/drug prevention coordinator; include problem gambling in alcohol retailer**	**(A)** Provide staff support to Lane County Problem Gambling Advisory Committee (PGAC). Develop plan with committee to address at least one gambling-related policy. **(B)** Develop community-based process with alcohol/drug prevention coordinator for the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (CTCLUSI), specifically to examine potential collaborative efforts related to gaming. Develop culturally appropriate problem gambling public awareness effort directed to increase awareness of problem gambling,	**1.** At least 80 percent of participants will rate committee efforts as good or excellent. Plan will be developed to address at least one gambling-related policy. **2.** Leaders will be identified. Meetings will be established. Work with tribal prevention coordinator to establish shared outcomes. Identify number and type of activities to be involved in with CTCLUSI. At least one public awareness activity and educational material will be developed. **3.** A minimum of one local retailer training

Proposed Programs	Outcomes	Measures
training.	responsible gambling and underage gambling in the Native American community. **(C)** In conjunction with Lane County underage drinking coordinator, implement minimum of one retailer training with gambling component for local alcohol/gambling retailers.	will include a gambling component. Evaluations will indicate that at least 90 percent retailers will report increased awareness of resources for problem gamblers.
4. RESOURCES FOR OREGON PROBLEM GAMBLING SERVICES: PROBLEM GAMBLING SERVICES PREVENTION / AWARENESS WEBSITE; SOCIAL MEDIA	**(A)** Enhance and update resources for PGS prevention / awareness providers at www.problemgamblingprevention.org website and Oregon Problem Gambling Prevention's Facebook page (www.facebook.com/problemgamblingprevention) and Vimeo pages. Track visits to website and Facebook page monthly. **(B)** Measure satisfaction of website via web-based survey and bring suggested changes to PGS for approval.	**(A)** Website will continue to be updated; visits will be tracked monthly via Google Analytics with a goal of 25% increase in web visits over FY10 year. Facebook Insights will be used to measure fan page user demographics, visits, and posts. **(B)** At least 75% of survey respondents will rate use of the website as "useful" or "very useful." Comments and suggestions will be tracked and forwarded to PGS at the end of FY 2011 for potential modifications to site.

Strategic Prevention Framework Logic Model



Lane County
Budget Narrative – Jail Diversion Proposal – Revised 1/26/14

Program Description: (See proposal for full program description)

Our target population is persons with Serious and Persistent Mental Illness (SPMI) including those with co-occurring disorders. Currently, LCBH has limited case management services for those in the Oregon State Hospital aid and assist services (370), those in PSRB, and those individuals diverted into Mental Health Court; these duties are incorporated into the workload of two case managers. Our goal is to create a robust, proactive case management program using the Mental Health Summit partnerships.

Strategies to meet the needs of our target population are:

- **Crisis Intervention Team (CIT) Training (Pre-booking)**
- **Jail Diversion Team (Pre- and Post-booking)**
- **Crisis/Respite Housing**

Budget Narrative

Current Annual Budget for jail diversion services: $0
Jail diversion services are not currently available in our community.

Additional Budget, Grant Request: $500,000

Direct Staffing: $450,533.85
Lane County is proposing to hire the following staff to provide jail diversion services as outlined in the proposal narrative, (salary and benefits based on Lane County's current actual salary and benefit costs for equivalent positions). Salary of $270,494.45 and benefits of $180,039.39 for staff as follows:

- 1.7 FTE mental health specialists throughout the term of the grant period at a base annual salary of $51,886.00 plus annual benefits of $40,327.00. Salary and benefits increase by 2% after the first year.
- 2.0 FTE peer support specialists throughout the term of the grant period at a base annual salary of $24,984.00 plus annual benefits of $19,418.14. Salary and benefits increase by 2% after the first year.
- 0.4 FTE psychiatric nurse practitioner throughout the term of the grant period at a base annual salary of $102.403.00 plus annual benefits of $59.196.00. Salary and benefits increase by 2% after the first year.

Travel: $0 None proposed

Equipment: $0 None proposed

Supplies: $0 None proposed

Other Costs - Training Costs: $18,850.00
Training costs in support of this proposal are as follows:

- $800 for training 2 peer support specialists at $400/peer.

- $9,300 for CIT LEO Coordinator trainings - attendance at CIT international conferences in 2014 and 2015 - 2 trainings at $4,650 per training including the following for each course:
  - ✓ $1800 for conference registration (3 attendees at $300 per course*2 courses)
  - ✓ $3600 for travel (3 attendees at $600 per course*2 courses)
  - ✓ $1200 for meals (3 attendees at $200 per course*2 courses)
  - ✓ $2,400 for lodging (3 attendees at $400 per course*2 courses)
  - ✓ $300 for annual memberships (3 attendees at $$50/year 2 years)
- $3,325 for regional CIT dispatcher trainings - 2 trainings including the following:
  - ✓ $675 for notebooks, printing and supplies
  - ✓ $750 for meals and snacks for conference attendees
  - ✓ $1900 for stipends for conference presenters
- $5,425 for regional CIT - LEO training - 2 trainings including the following:
  - ✓ $1,375 for notebooks, printing and supplies
  - ✓ $1,350 for meals and snacks for conference attendees
  - ✓ $1800 for stipends for conference presenters
  - ✓ $900 for transportation of attendees to conference

Contract Services - $14,299.00
The contract services budget includes the following:

- $14,299.00 – Rental of crisis respite apartments. The costs of this component of the proposal includes the following:
  - ✓ $13,299 for the rental costs of apartments to be used for acute, short-term respite services. Apartment rental at $715 per month throughout the grant period.
  - ✓ $1,000 for furnishings of apartment budgeted at $1,000.
  - ✓ The peer support specialists identified above will staff the apartments when occupied with jail diversion clients.

Administrative Support & Overhead: $16,317.15 - Program administrative overhead at 3.5% grant budget to cover Lane County's administrative overhead costs including:

- RFP solicitation and contracting,
- Program administration and coordination, and
- Program reporting and compliance.

Number of Individuals to be Served:
We expect to serve 100 individuals between January and June, 2014. We expect that this will increase in each six months to 150 individuals serviced between July and December 2014, and 200 individuals served between January and June, 2015.

Implementation Timeline

As soon as we have evidence of receipt of funding:

1.) Lane County Board of Commissioners approval of new positions (Mental Health Specialists, Peer Support Specialists, Psychiatric Nurse Practitioner): two weeks.

2.) Hiring for MHS's and PSS's: one month. Plan is to hire already certified PSS's and provide additional forensics training.

3.) Hiring PMHNP: in process of recruiting; variable timeline. Plan to increase current PMHNP FTE to cover for now.

4.) Working currently with local landlords to find co-located set of apartments to create a small community of crisis apartments, integrating with other grant funded crisis apartments for increased support. Plan to have agreement in place by mid-February.

5.) Currently working on policies, procedures and work flow. To be completed by end of February. This is happening in collaboration with our community partners, including Mental Health Court, local law enforcement agencies, local jails, parole and probation, mobile crisis response, district attorney's and public defender's office, local judge.

6.) Currently applying for GAINS scholarship to identify gaps in Interceptors One and Two. All partners, including our County Public Safety Council. Workshops will be granted between April and August of this year. Should we be awarded the workshop, we will review all preliminary policies and procedures at this time.

7.) If evidence of funding is received by mid-February, the Jail Diversion team should be operational by beginning of April.

Biennial Implementation Plan Amendment Template

Revised 1/26/14

CMHP Name: **Lane County**

Mental Health Investment Grant/Program: **Jail Diversion Grant**

Budget Item	Jan 1, 2014 - June 30, 2014	July 1, 2014 - June 30, 2015
Personnel		
Salaries		
Mental Health Specialists (1.7 FTEs)	$44,103.10	$89,088.26
Peer Support Specialists (2.0 FTEs)	$24,984.00	$50,467.68
Psychiatric Nurse Practitioner (0.4 FTE)	$20,480.60	$41,370.81
Subtotal - Salaries	$89,567.70	$180,926.75
Benefits		
Mental Health Specialists (1.7 FTEs)	$34,277.95	$69,241.46
Peer Support Specialists (2.0 FTEs)	$19,418.14	$39,224.65
Psychiatric Nurse Practitioner (0.4 FTE)	$5,919.60	$11,957.59
Subtotal - Benefits	$59,615.69	$120,423.70
Total Salary & Benefits	$149,183.39	$301,350.45
Total Travel Cost	$ -	$ -
Total Equipment Cost	$ -	$ -
Total Supplies Costs	$ -	$ -
Other Costs		
Training Costs		
Training for 2 peer support specialists ($400 per FTE)	$800.00	$ -
Regional CIT LEO Coordinator Training	$4,650.00	$4,650.00
Regional CIT - Dispatcher Training (2 courses: 12 students, 3 facilitators)	$3,325.00	$ -

Regional CIT - LEO Budget (2 courses: 25 students, 5 facilitators)	$5,425.00	$ -
Total - Training Costs	$ 14,200.00	$4,650.00
Contractual Services (list)		
- Crisis Respite Apts		
1 2-Bedroom Apt	$4,290.00	$9,009.00
Furnishings for apartments @$1000 per apt	$1,000.00	$ -
Subtotal- Crisis Respite Apartments	$5,290.00	$9,009.00
Total Contractual Services	$5,290.00	$9,009.00
Subtotal	$168,673.39	$315,009.45
Administration Costs		
Indirect Charges (Administration)- 3.5%	$5,903.57	$10,413.58
	Jan 1, 2014 - June 30, 2014	July 1, 2014 - June 30, 2015
Total Budget - Grant Request	$ 174,576.96	$325,423.03
Number of Individuals Intended to Be served	100	350
Expected Revenue	$8,212.50	$121,818.75

Lane County
Budget Narrative – Mobile Crisis Response

Current Annual Community Budget for mobile crisis services: $597,600
The current budget for mobile crisis services includes the following services:

- Contract between the City of Eugene and White Bird Clinic: $552,000 annually
  Services provided under this contract include full staffing and operation of two (2) mobile crisis response vans, seven days per week between the hours of 11am – 3am
- City of Eugene - $45,600 for the cost of gas, maintenance, and insurance for the two mobile crisis vans.

Additional Budget, Grant Request: $750,000

Direct Staffing: $108,694.50 Staff costs are as follow:

- $108,694.50 for the staff costs associated with peer support services required in the crisis respite apartments. The budget assumes one peer support staff member for each apartment when occupied for respite services. Peers will staff each occupied apartment from 6 pm to 11 am. Peer costs are estimated at an hourly salary and benefit wage of $16.32 per hour in year 1 and a 5% increase per hour in year 2. The program assumes that some of the salary and benefit costs of the peer services will be able to be offset by billing revenue. As such, the grant request does not include the full costs associated with the required peer support FTEs. We expect to provide the following number of crisis "bed nights" during the term of the grant:
  - 90 crisis "bed nights" in the first six months (50% avg. occupancy),
  - 216 bed nights in the second six months (60% avg. occupancy), and
  - 288 bed nights in the final six months of the grant (80% avg. occupancy).

Travel: $0.00 No travel costs will be charged to this grant funds.

Equipment: $94,205.75 The equipment budget includes the following:

- $68,942.75 - Purchase and customization of one mobile crisis van.
- Estimated costs based on actual costs for purchase and customization of two earlier vans purchased in 2010 for the crisis response program. Customization to include:
  - Installation of partitions and other interior customization
  - Upgrade of electrical, interior, and exterior lighting systems,
  - Upgrade of vehicle transmission, heating, cooling, ventilation, , and suspension systems,
  - Custom built-in cabinetry and seating in cargo space,
  - Extended warranty
- $9,663.00 – Moveable equipment and initial supplies. This to include items such as misc. medical equipment, laptop computers, and medical supplies.
- $15,600.00– Purchase of 3 handheld police radios at $5200 per radio

Supplies: $0.00 No supply costs will be charged to this grant funds.

Consultants/Contract Services - $521,770.30
The contract services budget includes the following:

- $372,241.00 – Staffing and operation of the one additional crisis van. The program budget assumes one van to be operational May 1st. Staff training period is four months prior to van

being operational. Staff for the first van will hired and begin training in January. These costs include:

- Staffing and overhead costs per van crew budgeted at $21,350/mo in the first year and $22,418/mo in the second year:
  - 2.33 FTE Crisis workers
  - 2.33 FTE Medics
  - 0.5 FTE coordination and office support
  - Agency administration overhead at 11%
  - Routine supplies for crisis vans
- Gas, maintenance, and insurance costs for each van estimated at $1,660/mo per van in the 1st year and $1,826/mo per van in the second year.

- $17,600.00 – Rental and staffing of crisis respite apartments. The costs of this component of the proposal includes the following:
  - $15,600 for the rental costs of apartments to be used for acute, short-term respite services. Apartment rental at $500 in year 1 and $550 in year 2 per two-bedroom apartment. The program assumes a need for 2 apartment units from April through the end of the grant period.
  - $2,000 for furnishings of two apartments budgeted at $1,000 per apartment.

- $11,437.50 - Contract for 24-hour acute short-term intensive management of persons with severe mental illness who are in acute crisis.
  - Base level of services beginning in January at $7500 annual cost. Cost of services estimated to increase by 5% inflation in year 2.

- $120,491.80 – Child and Adolescent Residential Crisis Services. (See program description for detailed information on program components.) The budget includes the following:
  - Crisis Staffing – $116,450.95. Staffing to include:
    - 1.18 FTE crisis nurse starting in April and through the term of grant period. Estimated annual salary and benefit cost of $81,902 per FTE increased by 3% starting in July, 2014. Grant funds to enable increased minimum nurse staffing ratios for start-up expansion period. On-going costs in year 2+ to be off-set by program billing revenue.
  - Program administrative costs: $4050.30. Calculated at 3.5% of contract cost for administrative overhead.

Other Costs:

Administrative Support & Overhead: $25,329.45 - Program administrative overhead at 3.5% grant budget to cover Lane County's administrative overhead costs including:

- RFP solicitation and contracting,
- Program administration and coordination, and
- Program reporting and compliance.

Implementation Timeline

Implementation Timelines		
Task	**Start Date**	**Completion Date**
Mobile crisis subcontractors identified a contracted	April 1, 2014	May 1, 2014
First group of additional mobile crisis response staff recruited and hired	April 1, 2014	June 1, 2014
One van purchased and customized	May 1, 2014	September 1, 2014
First group of additional mobile crisis response staff trained	May 1, 2014	September 1, 2014
First van fully operational	April 1, 2014	September 1, 2014
Adult and youth respite bed subcontract identified and contracted	March 18, 2014	March 31, 2014
Adult Peer Support Specialists hired, trained; policies and procedures establish	March 3, 2014	April 14, 2014
Adult respite beds available		Two beds: May 1, 2014 Third bed: November 1, 2014
Youth Nursing coverage expanded (staff hired and trained)	May 1, 2014	June 1, 2014
Youth respite beds available	June 1, 2014	N/A

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Lane County

Program: Mobile Crisis Response Services

Budget Item	**Jan. 1, 2014 - Jun.30, 2014**	**July 1, 2014 - Jun. 30, 2015**
Personnel (including FTEs, Classification of staff and associated costs)	$24,969.60	$83,724.90
Travel	$ -	$ -
Equipment	$94,205.75	$ -
Supplies	$ -	$ -
Consultants/Contracts	$114,991.62	$406,778.68
Other Costs: (please list) Indirect Charges (Grant Administration)	$8,161.83	$17,167.63
Totals	**$242,328.79**	**$507,671.21**
Overall Project Cost	**$242,328.79**	**$507,671.21**
Revenue Identify expected revenue; i.e. Medicaid billing./encounters	$29,376	$191,923
Number of Individuals Intended to be Served	405	2,184

Lane County
Budget Narrative – Mobile Crisis Response Proposal – Revised 1/21/14

Current Annual Community Budget for mobile crisis services: $597,600
The current budget for mobile crisis services includes the following services:

- Contract between the City of Eugene and White Bird Clinic: $552,000 annually
  Services provided under this contract include full staffing and operation of two (2) mobile crisis response vans, seven days per week between the hours of 11am – 3am
- City of Eugene - $45,600 for the cost of gas, maintenance, and insurance for the two mobile crisis vans.

Additional Budget, Grant Request: $750,000

Direct Staffing: $0.00
Lane County is not proposing to hire any direct staff in the provision of the grant services. All services will be provided through contracts in collaboration with area agencies.

Equipment: $94,205.75 The equipment budget includes the following:

- $68,942.75 - Purchase and customization of one mobile crisis van.
- Estimated costs based on actual costs for purchase and customization of two earlier vans purchased in 2010 for the crisis response program. Customization to include:
  - Installation of partitions and other interior customization
  - Upgrade of electrical, interior, and exterior lighting systems,
  - Upgrade of vehicle transmission, heating, cooling, ventilation, , and suspension systems,
  - Custom built-in cabinetry and seating in cargo space,
  - Extended warranty
- $9,663.00 – Moveable equipment and initial supplies. This to include items such as misc. medical equipment, laptop computers, and medical supplies.
- $15,600.00– Purchase of 3 handheld police radios at $5200 per radio

Contract Services - $630,464.80
The contract services budget includes the following:

- $372,241.00 – Staffing and operation of the one additional crisis van. The program budget assumes one van to be operational May 1st. Staff training period is four months prior to van being operational. Staff for the first van will hired and begin training in January. These costs include:
  - Staffing and overhead costs per van crew budgeted at $21,350/mo in the first year and $22,418/mo in the second year:
    - 2.33 FTE Crisis workers
    - 2.33 FTE Medics
    - 0.5 FTE coordination and office support
    - Agency administration overhead at 11%
    - Routine supplies for crisis vans
  - Gas, maintenance, and insurance costs for each van estimated at $1,660/mo per van in the 1st year and $1,826/mo per van in the second year.

- $126,294.50 – Rental and staffing of crisis respite apartments. The costs of this component of the proposal includes the following:
    - $15,600 for the rental costs of apartments to be used for acute, short-term respite services. Apartment rental at $500 in year 1 and $550 in year 2 per two-bedroom apartment. The program assumes a need for 2 apartment units from April through the end of the grant period.
    - $2,000 for furnishings of two apartments budgeted at $1,000 per apartment.
    - $108,694.50 for the staff costs associated with peer support services required in the crisis respite apartments. The budget assumes one peer support staff member for each apartment when occupied for respite services. Peers will staff each occupied apartment from 6 pm to 11 am. Peer costs are estimated at an hourly salary and benefit wage of $16.32 per hour in year 1 and a 5% increase per hour in year 2. The program assumes that some of the salary and benefit costs of the peer services will be able to be offset by billing revenue. As such, the grant request does not include the full costs associated with the required peer support FTEs. We expect to provide the following number of crisis "bed nights" during the term of the grant:
        - 90 crisis "bed nights" in the first six months (50% avg. occupancy),
        - 216 bed nights in the second six months (60% avg. occupancy), and
        - 288 bed nights in the final six months of the grant (80% avg. occupancy).

- $11,437.50 - Contract for 24-hour acute short-term intensive management of persons with severe mental illness who are in acute crisis.
    - Base level of services beginning in January at $7500 annual cost. Cost of services estimated to increase by 5% inflation in year 2.
- $120,491.80 – Child and Adolescent Residential Crisis Services. (See program description for detailed information on program components.) The budget includes the following:
    - Facility Capital Improvement - $55,000. Facility upgrades to improve security including:
        - Design Fees: $2552.50
        - Construction costs related to expanded crisis capacity including seclusion room and perimeter fencing: $45,447.50
        - General contractor fees and permits: $7000.00
    - Crisis Staffing – $61,417.20. Staffing to include:
        - 1.0 FTE crisis nurse for the first 9 months of the grant period at an estimated annual salary and benefit cost of $81,902 per FTE. Grant funds to enable increased minimum nurse staffing ratios for start-up expansion period. On-going costs in year 2+ to be off-set by program billing revenue.
    - Program administrative costs: $4074.60 Calculated at 3.5% of contract cost for administrative overhead.

Administrative Support & Overhead: $25,329.45 - Program administrative overhead at 3.5% grant budget to cover Lane County's administrative overhead costs including:

- RFP solicitation and contracting,
- Program administration and coordination, and
- Program reporting and compliance.

State of Oregon Investment Grant Budget
Current Budget

MHI Grant	**Crisis Respite Services**
Organization Name	**Lane County**

Staffing
ANNUAL:

		$	-	$	-	$ -
Annual Total	**0**	$	-	$	-	$ -

Staff Budget	**Annual**
Personnel	$ -

Non Staff Budget - Direct Costs	**Annual**
Supplies	
Travel	
Equipment	
Contractual Services (list)	
- Staffing & Operation of 2 Mobile Crisis Vans @ $23000/ month per van	$ $52,000.00
Gas, Maitanance, & Insurance	$ 45,600.00
Other - List	
Total	$ 597,600.00

Indirect Costs	**Current Annual**
Indirect Charges (Admninstration)	
	Current Annual
Total Budget	$ 597,600.00

State of Oregon Investment Grant
Budget
Proposed Budget
Mental Health Investment Grant — Crisis Respite Services
Organization Name — Lane County

Revised 1/21/14

Staff Budget	FY 1314 (Jan - Jun)	FY 1415 (Jul - Dec)	FY 1415 (Jan - Jun) Assumes 5% Inflation	TOTAL GRANT REQUEST
Personnel	$ -	$ -	$ -	$ -
Equipment				
- Mobile Crisis Vans (1)	$ 68,942.75			$ 68,942.75
- Movable Equipment for Vans ($9663 per van)	$ 9,663.00			$ 9,663.00
- Handheld police radios (3@$5200 each)	$ 15,600.00			$ 15,600.00
Total Equipment Cost	$ 94,205.75	$ -	$ -	$ 94,205.75
Contractual Services (list)				
- Staffing and on-going supplies for Mobile Crisis Van				
- Mobile Crisis Vans - 1 van operational in May	$ 85,400.00	$ 128,100.00	$ 134,505.00	$ 348,005.00
Gas, Maintenance & Insurance	$ 3,320.00	$ 9,960.00	$ 10,956.00	$ 24,236.00
Subtotal - Crisis Van Operartions	$ 88,720.00	$ 138,060.00	$ 145,461.00	$ 372,241.00
- Crisis Respite Apts				
2 apts for Apr - June	$ 3,000.00			$ 3,000.00
2 apts thereafter		6,000.00	6,600.00	$ 12,600.00
Furnishings for apartments @$1000 per apt	$ 2,000.00			$ 2,000.00
- Contract: Peer Support Specialist for Crisis Respite Apts. @$16.32/hour				$ -
Peer Support Specialist Svcs	$ 24,969.60	$ 35,927.04	$ 47,797.86	$ 108,694.50
Subtotal- Crisis Respite Apartments	$ 29,969.60	$ 41,927.04	$ 54,397.86	$ 126,294.50
- Contract -Intensive Short-Term Crisis Management - 24 hour staffing and care				
Services contract throught term of grant	$ 3,750.00	$ 3,750.00	$ 3,937.50	$ 11,437.50
Subtotal - Intensive Short-Term Crisis Services	$ 3,750.00	$ 3,750.00	$ 3,937.50	$ 11,437.50
Contract - Child & Adolsecent Crisis Services				
1.0 FTE Nurse $39.37/hour	$ 40,944.80	$ 20,472.40		$ 61,417.20
Facility Capital Improvements	$ 55,000.00			$ 55,000.00
Staff Recuruting cost	$			$ -
Administrative Overhead @ 3.5%	$ 3,358.07	$ 716.53		$ 4,074.60
Subtotal - Child & Adolescent Crisis Services	$ 99,302.87	$ 21,188.93	$ -	$ 120,491.80
Total Contractual Services	$ 221,742.47	$ 204,925.97	$ 203,796.36	$ 630,464.80
Total - Contract Services & Equipment	$ 315,948.22	$ 204,925.97	$ 203,796.36	$ 724,670.55
Administration Costs				
Indirect Charges (Adminstration)- 3.5%	$ 11,024.17	$ 7,172.41	$ 7,132.87	$ 25,329.45
	FY 1314 (Jan - Jun)	FY 1415 (Jul - Dec)	FY 1415 (Jan - Jun) Assumes 5% Inflation	Total Grant Request
Total Budget	**$ 326,972.39**	**$ 212,098.38**	**$ 210,929.23**	**$ 750,000.00**

		1st van operational May 1st	Only 1 van operation
		1st 6 months	**2nd six months**
# of vans		1 in May	2 from July 1st
Monthly cost per van			
Staffing - months		4	6
# of "van months" of operation		2	6
Staffing - per month		$ 21,350	$ 21,350
Gas, Maintenance, & Insurance - per month		$ 1,660	$ 1,660
Crisis Responses (400/mo/van)		400	2,400
Occupancy Rate for apts		0.50	0.60
# of apts		2 Apts Apr - Jun	2 Apts
Number of "bed nights"		90	216
Hours per day per occupied apt (6 pm to 11 am) - 17 hours per day	17	1,530	3,672
Peer Support FTE			3.53
Peer Support Specialist			
Base Salary @12/hr	$ 12.00		
Benefits	36%		
Wages and Benefits Per Hour	**$ 16.32**	**$ 24,969.60**	**$ 59,927.04**
Crisis Apt/rental cost month	$ 500.00	2 apts in Apr - Jun	2 apts
Apts Months Needed		6	12

3rd six months

	2			
	6			
	6			
$	22,418	$ 128,100		
$	1,826			
	2,400			
	0.80			
2 Apts		Nights per mo		
	288	45	27.00	24.00
	4,896			
	4.71			
$	**83,897.86**			
	2 apts			
	12			

Looking Glass River Road Campus Security Upgrades

Cost Estimate 8/16/2013

AWJ Preliminary Design fee	$1,552.50	
Final Drawings by AWJ	$1,000.00	
Total design fee		**$2,552.50**
Builders Electric	$9,520.00	
Bell Hardware	$6,500.00	
Window Film	$4,100.00	
Perimeter Fencing	$11,200.00	
Seclusion Room	$12,627.50	
Misc. Patch & Paint	$1,500.00	
Subtotal		**$45,447.50**
Contingency 10%	$2,200.00	
General Contractor Fee 15%	$3,300.00	
Building Permit fee	$1,500.00	
Subtotal		**$7,000.00**
Total Estimated Project Cost		**$55,000.00**

Van Start-Up Expenses

Van - Misc Start-up Supplies	
Shirts for 8 staff members @120	960
Jackets for 8 staff @ 180	1440
Flashlights (2 @ 26)	52
Folding stretcher	252
Airway bag	227
O2 tanks(2)	384
Regulator	170
Nasopharyngeal airway set	34
Oral-pharyngeal airway set	17
Suction apparatus w/ 2 spare cartridges	120
C-collars(2)	24
King Airway kit	96
Jump Bag	220
AED & batteries	720
Glucometer	115
Pulse Oximeter	474
Sphygmanometer	98
Stethoscope	105
Tympanic thermometer & covers	248
Flight Box	126
Glucometer	115
Sphygmanometer	98
Tympanic thermometer & covers	248
Stethoscope	105
OB Kit	15
Laptop computer & peripherals	3200
TOTAL	9663

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: **Lane County**

Program: **Jail Diversion Grant-Amendment to Crisis Intervention Team (CIT) Training Portion of the Grant**

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel *(including FTEs, Classification of staff and associated costs)*		
Travel- CIT international conference		$1,215 for conference registration $1,195 for conference travel $465 for conference meals $2,468 for conference lodging
Equipment		
Supplies		
Consultants/Contracts		
Other Costs: (please list)- CIT Training Costs		**$3,325 for regional CIT dispatcher trainings - 2 trainings including the following:** ✓ $400 for notebooks, printing and supplies ✓ $600 for meals and snacks for conference attendees ✓ $0 for stipends for conference presenters ✓ $300 for transportation for conference presenters

CIT Training Curriculum Additional Overtime Stipend to be split between dispatcher and LEO trainings as needed		**$5,425 for regional CIT - LEO training - 2 trainings including the following:** ✓ $1,375 for notebooks, printing and supplies ✓ $1,350 for meals and snacks for conference attendees ✓ $0 for stipends for conference presenters ✓ 200 for transportation for conference presenters $499 Hearing Voices Curriculum $300 MP3 Players with SD cards $43 for headphones $7,640 for dispatcher and LEO overtime stipends
Totals		
Overall Project Cost		
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)		
Number of individuals Intended to be Served		

Budget Narrative:

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

This BIP amendment includes revised budget totals for attendance at the CIT international conference, the 2 dispatcher CIT trainings and the 2 LEO CIT trainings.

Local police departments are experiencing staffing shortages for dispatchers as well as law enforcement officers. The impact of these shortages is that training attendance would, in some cases, cause dispatchers and officers to go into overtime. This de-incentivizes the police departments from sending staff to the trainings. Our understanding is that there is a desire to send staff to training but budget restrictions are an issue. We are proposing modifications to the CIT training budgets as well as attendance at only 1 CIT international conference in order to pay towards staff overtime costs. Lane County will not be covering the full cost of staff overtime but will use the funds toward some of the overtime costs in order to incentivize the local departments to send staff.

We are also proposing to use grant funding to purchase additional training curriculum.

- Please provide an implementation timeline for this program.

CIT Training activities were implemented during FY15. The CIT international conference was attended in October of 2014. To date, 1 of the 2 CIT trainings for LEO's has been conducted.

****WC notes (12/17/14)-funds were redirected from the second training that would have occurred after the end of SFY 15. These funds are being utilized for overtime paid to staff that had to cover for the individuals who were attending the CIT event.*

*Approved 12/17/14*_____