



Marion County
OREGON
HEALTH DEPARTMENT

**BOARD OF
COMMISSIONERS**

Sam Brentano
Janet Carlson
Patti Milne

ADMINISTRATOR
Roderick P. Calkins, PhD

ADMINISTRATION
(503) 588-5357
FAX (503) 364-6552

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Mike Morris
Addictions & Mental Health Division
500 Summer Street NE
Salem, OR 97301

We are happy to include a copy of the Biennial Implementation Plan (BIP) for Behavioral Health services for Marion County for 2013-2015.

We have elected to defer submission of sections two and three of Part 1, allowing us the opportunity to collaborate with our Coordinated Care Organization (CCO) in a community needs assessment process. We have met with Polk County representatives about the assessment process and have had preliminary discussions about a joint survey as part of the assessment process. This item was part of the agenda in the last CCO Community Advisory Committee meeting.

We will submit to you our remaining Biennial Implementation Plan sections by the July 26th, 2013 timeline.

Sincerely,

Roderick P. Calkins, Ph.D.
Administrator

MARION COUNTY BIENNIAL IMPLEMENTATION PLAN 2013-2015

Part 1: System Narrative

1. System Overview

a) Provide an overview of the County's current addictions and mental health services and supports system.

On behalf of the Local Mental Health Authority, the Marion County Health Department coordinates an array of mental health, addictions and prevention services for the residents of Marion County. Marion County is both a provider and contractor of mental health and addictions services. The Health Department is one of eight mental health providers and one of three addictions providers within the county. The Health Department's Community and Provider Services (CAPS) division oversees this panel of providers for services to those individuals with Oregon Health Plan coverage.

The mental health services and supports provided by Marion County staff can be organized into three major program areas; Children's Mental Health – including services for transitional age youth, Adult Mental Health-including older adult and PSRB mental health services, and Acute/Forensic Behavioral Health Services. Addictions treatment, the fourth major program area, provides outpatient treatment for both adults and adolescents. Prevention Services are managed through our Public Health division. Mental health and addictions services are available throughout the County, with offices in Salem, Silverton, Stayton and Woodburn. An organizational chart is attached to provide further detail about our delivery system and structure.

A description of the services and supports directly provided by Marion County are detailed below, followed by information about our subcontractors and their services. Programs discussed below are identified with one or more symbols that correspond to the overview categories of Promotion (Pro), Prevention (Pre), Early Intervention (EI), Treatment and Recovery (TR), Crisis and Respite (CR), Available to required and specialty populations (Spe), and Support Directing Treatment (Sup). Within available resources Marion County intends to continue the mental health and addictions services, which are described in this section, for the 2013-2015 biennium.

Children's Mental Health Services

Children's Outpatient Services (Pro) (EI) (TR) (Spe) (Sup)

Marion County Health Department's Children's Behavioral Health Services (CBH) provides general outpatient mental health services to children ages 0-18 and their families, as well as Transitional Age Youth Services ages 12-25.

Services Provided:

- Mental Health Assessments
- Individual and family treatment
- Group therapy
- Individual and group skills training
- Psychiatric assessment, diagnosis and medication management, as well as consultation
- Parent education
- Teen Parenting Counseling program (Woodburn, Salem)
- Consultation to other agencies such as schools, Juvenile Department, DHS, Head Start, etc.
- Home and community-based services for families with intensive treatment needs.

Traditional therapy issues

Blended family issues

Social phobias

Early Childhood issues around trauma and attachment

Transitional age youth

Intensive outpatient Services

School difficulties

Parenting Groups:

Making parenting a pleasure

Circles of Security (COS)

Strengthening Families

Incredible Years
Nurturing Parent

Other services:

In home skills training

Case management from QMHA/QMHP

Consultation

Latino Outreach program

CBH provides general outpatient mental health services to children ages 0-18 and their families. The clinical team includes Master's level therapists, case managers, skills trainers, nurse practitioners, psychiatrists, a clinical supervisor, and a program supervisor. Family involvement is strongly emphasized and is a vital component to the treatment process. We are mindful of the interconnectedness of individuals with their environment, including families, schools, communities, and society. Each individual in service has an individualized service plan developed addressing their specific needs. CBH offers a range of services, including a variety of evidence-based therapies addressing anxiety, depression, trauma, attachment, and many other symptoms. A major focus of treatment at CBH includes assisting children and their families with improving relationships, reducing behavioral and/or mental health symptoms, and developing the skills needed to make positive life decisions. The following are some of the key components of our outpatient children's treatment services:

- The Latino Team (Pro[ⓔ]EI[ⓔ]TR[ⓔ]Spe[ⓔ]) was established to provide outreach to the Hispanic community and gain access to an underserved population in Marion County. It is based at the Health Department clinic in Woodburn and provides outreach to the Latino community through Promotora's (paraprofessional) outreach workers. The promotora is recruited from that community and acts as a liaison with community service providers. They focus on identification and engagement with parents and children who experience mental health issues that affect family, school and community functioning.
- Parent Child Interactive Therapy (PCIT) (EI[ⓔ]) is a short term, intensive treatment designed to teach parents the skills needed in order to manage their child's severe behavior problems. The primary focus is to enhance the quality of the relationship between the parent and child through child directed interaction and parent directed interaction. There are three CBH employees who are certified as PCIT therapists, two of whom are certified by UC Davis to train others in the PCIT modality. One of the

trainers is bilingual/bicultural in English/Spanish. CBH follows the UC Davis training model in training internal and external cohorts in Marion and Polk counties as well as Hood River. CBH is part of the statewide PCIT consortium and participates in a monthly national consultation. An advantage of the use of PCIT with families is the flexibility it allows to switch between therapy types in order to focus on treatment for children between two and seven years. It improves the relationship between parent and child and leads to an increase in parenting skills and a decrease in the likelihood of abuse due to the inability or lack of skill of parents. CBH has also consulted with UC Davis in the Teacher Child Interaction Therapy (TCIT) model and is currently training three Headstart programs with Community Action. The purpose is to help at risk youth earlier and at lower levels of care.

- Early Assessment and Support Alliance (EASA) ^{(EI)(TR)(Spe)(Sup)} is an early intervention program serving young people who have had a first experience of psychosis within the last twelve months and are within the age range of 12-25 years. EASA works with the identified youth who are experiencing psychosis to provide psychoeducation and the support they need to continue on their life path. The clinical team includes a psychiatrist, master level therapists, vocational rehabilitation specialist, in home skills trainer, occupational therapist, and a program supervisor. EASA services are based on practice guidelines developed by the Early Psychosis Prevention and Intervention Center (EPPIC) in Melbourne, Australia and best practices being disseminated by the Federal center for mental health services.
- Project Access ^{(TR)(Sup)} is a supported employment & education program serving youth between the ages 15-25 within the EASA program or post discharge from EASA. The Project Access team consists of a vocational rehabilitation specialist and two Master levels QMHP consultants.
- Mission Transition (M:T) ^{(TR)(Sup)} is an outpatient program for youth between 16-25 years, focusing on developing skills to assist transition into adulthood. Services include case management, skills training, group skills training, and pro-social activities. Participants may or may not also receive individual therapy and/or medication management from another mental health program. Areas of focus include: independent living skills, mental health symptom management, social skills training, academic improvement, job readiness, health and safety and other related issues in their home, school, work place and community. Referrals for M:T come from various sources including: outpatient therapists, DHS, juvenile department, guardians, and self-referral. The criteria to be enrolled in the program are as follows: Ages 16-25 years; OHP eligible; Have a current mental health assessment and ISSP identifying transition related needs and goals; Interest in participation in the program.

The strengths of the of CBH program include:

- A broad scope of treatment including individuals from birth to young adulthood as well as their families.
- Integrated transition age youth services in one location and in a youth friendly atmosphere.
- A low therapist turnover rate, resulting in a team of experienced clinicians who collaborate to provide services to families.
- General outpatient services with clinicians trained in specialty treatment modalities.

In addition to the children's mental health services offered through CBH, our New Solutions and MV-Wrap programs provide treatment for children with some of the highest needs in Marion County.

New Solutions

Program Description

New Solutions began in October 2005 as the MVBCN's answer to the Children's Systems Change Initiative. Since its inception New Solutions has grown to a program that serves approximately 200 children and families each year. Youth referred to New Solutions receive a Level of Care Determination in order to recommend the most appropriate level of mental health intervention. Once enrolled in New Solutions, staff work with the family, their natural supports and the professionals involved in their lives to develop a coordinated, culturally competent, integrated care plan to meet the individual needs of the youth and family across all their life domains and to promote overall wellness.

Populations Served

Typically, youth referred to New Solutions have not experienced improvements in their functioning with outpatient or intensive outpatient services alone. Youth may also be transitioning out of higher levels of care, hospitalization or subacute, following an acute episode. Referrals are made most commonly by families, therapists, schools, Child Welfare, Developmental Disabilities and Juvenile Department staff.

Mission & Model

Our mission is to serve children and families in their communities and to keep them at home, in school, out of trouble and help them develop friendships. Using a high-fidelity wraparound model staff work with families to develop teams of professionals and natural supports in an effort to build upon the strengths and interests each family has and to identify and support the needs they'd most like help with.

This program is built upon the 10 principles of wraparound and works with families to build self-efficacy by focusing on such values as supporting family voice and choice in decision-making, highlighting strengths as opposed to deficits, developing and utilizing natural supports and using outcome-based measurements to assess progress.

Staff

New Solutions is made up of the following staff:

- Program Supervisor & Clinical Supervisor
- 3 QMHPs - Provide clinical support to teams as needed, and complete Level of Need Determinations.
- 2 Youth Support Partners – Provide peer delivered services to youth based on shared personal experiences in foster care and as consumers of services. Trained in peer delivered services and high-fidelity wraparound.
- 4 Family Support Partners – Provide peer delivered services to parents with similar lived experiences raising children with complex mental health needs. Trained in peer delivered services and high-fidelity wraparound.
- 14 Wrap Facilitators – All staff have been trained in high fidelity wraparound model and are either credentialed or in the process of credentialing. Three wrap facilitators are also bilingual/bicultural Spanish which has helped increase the number of Latino families served tremendously.
- 1 Skills-Trainer – Trained in Collaborative Problem Solving, Aggression Replacement Therapy and Dialectical Behavior Therapy.
- 1 Volunteer Coordinator – Supports the development and oversight of 15+ volunteer mentors who work with youth individually.
- 4 Wraparound Coaches – Providing training/support to staff at 4 counties to support skill development and fidelity to wrap model.

MV-Wrap ^(Spe) ^(Sup) ^(CR)

Marion County, as part of the five county MVBCN region, was chosen by Addictions and Mental Health and Department of Human Services as one of three demonstration sites for the Statewide Wraparound Initiative. This Initiative expands the New Solution's Wraparound approach, which serves the highest needs children, to a population of children who are struggling in the child welfare system. This collaborative wraparound program was developed in less than six months and began receiving referrals 7/1/10. Since that time more than 150 youth have been served in Marion County alone.

In collaboration with Child Welfare, the mission is to serve the most challenging children in the Child Welfare system, by giving them, "connections to people who love them, skills to succeed with each life task, and hope for the future."

The model and services provided for MV-Wrap mirror those offered in New Solutions.

Services Provided

- High-fidelity wraparound
- Peer delivered services/support
- Intensive case management
- Coordination of care across life domains
- Authorization for additional services, i.e. respite, skills-training and mentoring, when clinically indicated and agreed upon by the team
- Authorization and coordination of care for youth in need of higher level mental health interventions, i.e. psychiatric day treatment, or psychiatric residential treatment
- Collaborative Problem Solving as a strategy for parents struggling with behaviors their child exhibits

Children's Mental Health for 2013-2015

In addition to continuing our existing service array for children and transitional age youth, we see possible growth and improvement in the following areas in the next biennium:

- Streamlining the access and intake process.
- Continuing to build capacity to serve a wide range of consumers.

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Adult Mental Health Services (TR) (Spe) (Sup)

Adult Outpatient Services (TR) (Spe) (Sup)

Marion County Adult Behavioral Health (ABH) maintains a primary outpatient clinic in Salem with a rural satellite office in Woodburn. At these clinics, individual counseling and therapy may be provided by a variety of therapists well versed in Cognitive Behavioral Therapy and/or Acceptance and Commitment Therapy. Anger management is taught using the SAMHSA Anger Management Manual.

We also offer Seeking Safety and Dialectical Behavior Therapy in reoccurring groups, with individual follow up as needed. A depression group based on the Wellness Recovery Action Plan model is another available treatment option.

Medication Management is available to all clients who require pharmacological intervention. Recognizing the importance of physical health in mental health recovery, we offer the Tobacco Prevention and Education Program (TPEP).

For clients currently too disabled to participate in clinic-based treatment, we offer the services of our Adaptive Community Integration Support Team (ACIST). This group, based on the Assertive Community Treatment model, offers counseling, case management and skills training activities at the client's home or other community location to engage, assess and treat these individuals who otherwise would not participate in mental health services.

As ABH consumers "step down" from higher levels of care they are eligible for our supported housing services to enhance their opportunity for success living more independently. Working with our local AIMHI program, Community Integration Initiatives (CII), we are participating in a wrap-like effort similar to that used by New Solutions as a model for supporting consumers in transition to more independent housing. ABH focuses on individuals who have a serious mental illness. Case management is available to all ABH consumers.

Work Solutions (TR) (Spe) (Sup)

Marion County's supported employment program maintains high fidelity to the Dartmouth Individual Placement and Support model. This evidence-based approach starts with a compilation of the person's unique strengths including interests, work experience and skills. Soon after the initial assessment, the Employment Specialist and job seeker begin combining their efforts to find an effective job match for the job seeker's unique strengths and an employer's unique needs. An Employment Specialist assists job seekers in finding and starting a new job, maintaining employment and/or seeking a different job if the current job is not a good match for both parties. The Employment Specialist also assists employers with finding the right candidate for their unique needs.

Older Adult Services (TR) (Spe)

The ABH program collaborates with Providence Benedictine in Mt. Angle to provide Enhanced Care Services in this nursing home. This program transitions SPD eligible individuals from Oregon State Hospital to community placement. The on-site mental health specialist and mental health associate work closely with nursing home staff and work with older adults with dementia and other disorders requiring skilled behavioral supports and interventions. Additionally, we provide outreach services and supports to older adults in other settings through our Enhanced Care Outreach Services (ECOS) program.

Residential Services (TR) (Spe)

While Marion County has an typical array of contracted residential providers, we do directly manage one residential treatment facility (RTF), Horizon House. This eight bed program features on site mental health staff and is typically used to transition AIMHI eligible individuals from Oregon State Hospital. All Horizon residents are enrolled in our Adult Outpatient program and are able to access the array of ABH treatment services in addition to the on-site supports.

Projects for Assistance in Transition from Homelessness (PATH) (TR) (Spe)

Marion County Behavioral Health staff seeks to engage potential clients by visiting them on the streets, establishing rapport and offering resources with the goal enrolling them in the PATH program. Staff visits the Union Gospel Mission and other shelters. They

consult with law enforcement agencies and other community organizations to identify the whereabouts of homeless persons with possible serious mental illness.

Clients with co-occurring substance use disorders may be referred to either Marion County's Drug Treatment team or to Bridgeway Recovery Services. Case managers directly facilitate the client's admission into an appropriate program and regularly consult with the substance abuse counselor regarding the client's progress in treatment. Working in tandem with the substance abuse program, our clinicians provide supportive counseling and motivational interviewing to assist the client in getting the most out from their program.

The two, PATH dedicated clinical staff are both trained in Motivational Interviewing and use these methods throughout their work with their clients. Once a client is enrolled they have access to the full range of service offered by the Adult Outpatient Program.

Services to Consumers under Psychiatric Security Review Board (PSRB) Supervision (TR) (Spe)

The Health Department provides treatment and supervision to approximately thirty adults under PSRB jurisdiction through its Adult Behavioral Health (ABH) program. Another ten clients under PSRB jurisdiction receive services through our Developmental Disabilities program. Additionally, Telecare Recovery Services operates a fifteen bed, Secure Residential Treatment Facility (SRTF) in Woodburn for PSRB clients. The SRTF contract for Telecare is directly with AMH and not managed by Marion County.

Outpatient treatment services are provided by a team comprised of two Qualified Mental Health Professionals and one Qualified Mental Health Associate. Additional funding from AMH has allowed the team to have a full time addictions peer mentor. Medications are prescribed and monitored by a Psychiatric Nurse Practitioner or Psychiatrist. An additional contract Psychiatrist provides assessments and testimony for PSRB hearings; an additional contract with a Psychologist is in process.

Consumers under the Board typically start outpatient services in Marion County while living in a structured residential setting. A residential treatment home called Via Verde (operated by Shangri-La) is a common first placement for those being released from the State hospital. Adult foster homes are also utilized, both for initial placement and as a step down from Via Verde or other secure settings. Consumers continuing to progress in their recovery can next move to a supported housing setting. Supported housing services can occur in a five bedroom home managed by Marion County with on-site staffing 6.5 hours a day or can occur in a variety of apartment settings.

Treatment options for consumers under PSRB jurisdiction include all those available to our adult behavioral health consumers. In addition to supported housing services those services include supported employment, group therapy including DBT, Seeking Safety, Anger management, Anxiety, Depression and skills training. Treatment for addictions is also available, at our Marion County Drug Treatment program or in other contracted locations, such as Bridgeway Recovery Services.

Strengths of the PSRB program include small caseload sizes and a team that includes an A&D peer mentor. Given our frequent contact with all PSRB clients we can easily monitor these thirty consumers, an essential role of this team.

Drug Court (TR) (Spe)

ABH has made available a mental health specialist to participate in Marion County's Drug Court for a number of years. This clinician provides mental health expertise and consultation to the drug court team; a number of the participants have mental health concerns in addition to their substance abuse problem. The mental health specialist also may do mental health assessments when needed and offers short term counseling for those needing mental health services.

Adult Mental Health 2013-2015

For the next biennium our adult programs see possibilities for growth and change in several areas:

- Moving our Acist program closer to ACT fidelity
- Continued growth of supported employment as resources allow
- Continue emphasis and development of evidence based practices-next targeted for implementation is Illness Management and Recovery
- Strengthening our relationships with primary care and the transfer of those consumers to primary care for medication management when appropriate

Acute and Forensic Services (TR) (Spe) (CR)

Adult and forensic services are made up of a number of programs that address mental health crisis and diversion needs in Marion County. This includes the Psychiatric Crisis Center, Crisis Respite Program, Jail Mental Health, Civil Commitment, Community Crisis Outreach Team, Community Outreach Response Team, and short term transitional programs focused on connecting people to community resources.

These programs are designed to provide integrated and coordinated services and resources to maximize access to community supports. Our goals include crisis resolution and when appropriate diversion from more restrictive levels of care, such as inpatient hospitalization or correctional settings.

Psychiatric Crisis Center (TR) (Spe) (CR)

The Program at the center of our crisis and diversion work is the **Psychiatric Crisis Center**. This program is located on the Salem Hospital grounds and works with the Emergency Department to offer psychiatric crisis evaluations, crisis counseling, community referrals, and resource connection to anyone who perceives themselves to be in a mental health crisis. This program is open 24 hours a day and 7 days a week. It is staffed with at least one Qualified Mental Health Professional and a Qualified Mental Health Associate at all times.

Diversion Services- Brief Resource Enhancement and Support BRES and Aid and Assist (370) (TR) (Spe)

The **Transition or Diversion** team is made up of two programs; Brief Resource Enhancement and Support (**BRES**), and the Aid & Assist (**370**) program. These programs are designed to work with a client up to 90 days to identify barriers to community services and create a treatment plan to surmount those barriers; with the goal of referral to and engagement with community resources. The BRES program is designed to serve indigent clients who are frequently accessing acute care resources which may include multiple contacts in the emergency room or placement at an acute care hospital. The BRES program will assist in locating shelter or other housing options, as well as connection to outpatient mental health providers, alcohol and drug services, peer supports services and vocational supports as appropriate.

The 370 program offers many of the services BRES offers including brief case management for persons in jail who are being evaluated for their ability to Aid & Assist in their own defense. The 370 case manager works in concert with the jail mental health staff to coordinate services as the client moves from the jail to Oregon State Hospital and returns. The case manager is also able to offer community restoration, consisting of weekly classes to learn legal skills, with a goal of the person's being restored to fitness

without the need of hospitalization. Again, our goal is to work with people in the community to promote engagement in services as well as ongoing stability.

Respite Services (TR) (Spe) (CR)

The Crisis Respite Program works in conjunction with the twenty four hour Psychiatric Crisis Center. Qualified Mental Health Professionals (QMHP) provide mental health evaluations to persons who have: arrived on their own, been brought in by family or friends, referred by other professionals (family practitioners, therapists, clinics, etc.), brought in by the police, or have arrived at one of the three local emergency rooms. After determining that the client does not meet in-patient hospital criteria (imminent dangerousness to self or other, or inability to care for self), our staff may offer Crisis Respite as an option for working through the immediate mental health crisis facing the client.

Crisis Respite is a voluntary program, and the expectation is that the QMHP will work with the client to create a Crisis Respite Treatment Plan. The plan should be very specific regarding the presenting crisis. Like a road map of how to get through the crisis, it should be individualized to the client.

Once the client has agreed to respite and a plan has been created, the staff and client decide whether to send staff into the client's home or to place the client in a Home Provider's house or in one of the three, two-bedroom apartments that we oversee. This is determined by client comfort, availability of our crisis associate staff, and safety issues.

Home Providers are families in the community that open their home to a person experiencing Mental Health crisis. They are not mental health specialists; their role is to provide a safe, nurturing environment. They are responsible for meals for the time that the client is in the home and for including that client in any activities (within reason) that the family is planning to do together. There is never more than one client in the home at any time, and the client cannot stay in a Home Provider's home when the Home Provider is not there.

We have three, two-bedroom apartments where we can place clients. Again our choice is to place no more than one client at a time. However, if the need arises, we can and will place two clients in an apartment. In those cases there is always a Crisis Associate there the entire time that both clients are there. The philosophy with the apartments is that not everyone in crisis needs 24-hour supervision. At a minimum we check on every client two times a day, however each treatment plan is specific to the needs of the consumer.

The Crisis Associates can work in people's homes, in the apartments, in the community, or in a Home Provider's home. They are trained in skills training, and help with case management needs.

Community Crisis Outreach Team (CCOT) (EI)

CCOT is a Marion County program based out of the Psychiatric Crisis Center and is designed to respond to the local school districts with regards to the need for mental health assessments for their students.

The team consists of QMHP staff that respond to requests from school administrators or counselors when they suspect that a student is experiencing serious mental health issues. The CCOT response may include consultation or assessment for referral which can be done at the school setting, local emergency room, or PCC. They then partner with the school representatives to create a plan for the student with regard to both immediate interventions and long term follow up care.

Jail Mental Health Services (TR) (Spe)

For the past ten years Marion County Health Dept has had Qualified Mental Health Professionals stationed in the jail. Our current staffing is such that we have mental health staff on site at least eight hours a day, seven days a week. Their responsibilities are to do suicide risk assessments, assist the medical staff in taking clients off suicide watch, respond to requests for mental health treatment, provide crisis counseling in the jail, and work with the jail staff to evaluate for mental health difficulties and refer to appropriate resources, including the psychiatric prescriber in the jail.

There is also a full time Qualified Mental Health Associate on site at the jail to provide case management and connection to community resources. Their services have been highly effective in decreasing persons' returning to the jail due to unmet mental health needs. The jail team is part of the Acute and Forensic Behavioral Health Team located at the crisis center. This enables staff both at the crisis center and at the jail to coordinate care and access to services at any time of day.

Civil Commitment Services (TR) (Spe)

This team investigates any person placed in a hold facility on an involuntary basis due to a mental illness and dangerousness to self or others. They also investigate any petition for civil commitment to mental health treatment from community members for Marion

County residents. It is their mandate to evaluate whether a person meets criteria for placement, thus preserving the resident's civil rights. They also make recommendations for civil commitment should the person not begin to respond to treatment.

Mental Health Court (TR) (Spe)

The Health Department was actively involved in the development of the mental health court in Marion County and continues to have representatives on the team. A mental health specialist is available for clinical consultation and expertise, as well as a management representative to help with the assignment of resources to this diversion program.

Crisis Outreach Response Team (CORT) (Spe) (EI)

CORT was created in Marion County in 2010. CORT is collaboration between law enforcement and mental health that was created to engage individuals who have repeated contact with law enforcement and are believed to be impaired by a mental illness which has contributed to the contact with law enforcement.

At this time, the team is composed of a Marion County Sheriff's Deputy and a Qualified Mental Health Professional from PCC who work together to assist individuals in getting connected with services in the community with the goal of engaging them in treatment and decreasing their involvement in the criminal justice system.

Referrals to CORT originate from law enforcement officers and are based on two main criteria:

- A community member has had repeated contact with law enforcement that is believed to be driven by a mental health component
- A community member who is believed to be affected by mental illness has cycled through the jail and has not followed up on any community referrals

The CORT staff work to engage individuals, who have come to the attention of law enforcement, into some of the treatment and supports that may be needed before continued infractions result in arrest or re-arrest.

Threat Assessment (EI)

In 1998, The Marion County Threat Assessment Team was formed through the collaboration of the Sheriff's Office, the Oregon State Courts and Salem Keizer School District. The team addressed threats against public figures, threats in the workplace and schools, domestic violence and stalking. Within the United States, it was the first collaboration of its kind and the following year, both Salem and Keizer police departments joined the team.

In 2000, using this model as an example, the Salem-Keizer School District, in collaboration with the above noted Law Enforcement agencies, Juvenile Justice Services, Marion County Mental Health, Oregon Youth Authority, the Oregon State court system and several youth-serving community agencies, developed an assessment system to address potential threats of youth violence within the school setting and the community.

The Mid-Valley Student Threat Assessment System (STAS) is set of assessment protocols and safety planning procedures overseen and administered by a unique collaborative team comprised of schools, law enforcement, public mental health, the judiciary and juvenile corrections to promote safe school environments. The primary goal of the STAS is to provide an immediate and systematic response to youth who pose a serious threat to commit violence to others. Furthermore, the STAS also reduces over-reactive school responses to Zero-Tolerance Policies that often result in an inflated number of students identified as potentially dangerous and thus an over reliance upon expulsion to resolve school safety concerns.

The Marion County Threat Advisory Team is a multi-disciplinary team dedicated to the prevention of targeted acts of violence by adult members of the community. Through the cooperative sharing of information, resources and the knowledge gained through training with leading experts in the field of threat assessment, the team endeavors to identify, assess, and manage situations where the risk of violence is anticipated or imminent.

Acute/Forensic Services 2013-2015

For the next biennium the crisis center and it's array of services anticipates focus on the following areas for continued growth and development:

- Continued integration of addictions specialists into the crisis center
- Explore ways to integrate psychiatric crisis care with primary/urgent care
- Possible use of PCC wrap-around resources and staff to respond to persons with high utilization of emergency room services
- Continued development and strengthening of our partnership with law enforcement in our efforts to reduce incarceration of the mentally ill

Alcohol & Drug Treatment Services (TR) (Spe) (Sup)

Adult Alcohol & Drug Services (TR) (Spe) (Sup)

- Assessment
- Outpatient Services
- Intensive Outpatient Services
- DUII Services
- Restricted Drivers License Services
- Mentor Services
- Mental Health Referrals
- Transportation Services

Program Description: Outpatient alcohol and drug treatment program that offers numerous treatment groups for various populations i.e. DUII, RDL, Probation, court mandated and self referred.

Strengths: Gender specific treatment available, mentoring services.

Gaps/Areas of improvement: Lack of specialized services for older adults

Intensive Treatment and Recovery Services (ITRS) (TR) (Spe) (Sup)

Alcohol and Drug Treatment Services for DHS Involved Clients

- Assessment
- Intensive Outpatient Treatment Services
- Family Counseling
- Court Advocacy

- Mentor Services
- Focus on Parent/Child Reunification
- Shuttle Services

Program description: A specialized alcohol and drug treatment program identified to work specifically with individuals who have minor children and have DHS involvement or with parents who are at risk of losing custody of their children based on an alcohol and/or drug problem. Strengths: ITRS is a strength-based program that provides numerous opportunities for individuals and their families (at no cost to the client) to address substance abuse issues. Treatment in ITRS may also include mentoring, court advocacy, parenting in recovery groups, systems trauma groups, seeking safety, DBT and gender specific treatment. Well established alumni group.

Gaps/ areas of improvement: Availability of medical, dental, and mental health care for the under insured/uninsured.

Her Place Pregnant Women and Women with Children (TR) (Spe) (Sup)
Residential/Transitional & ITRS Services

- Assessment
- Residential Treatment Services
- Intensive Outpatient Services
- Outpatient Services
- Safety Service Provider for DHS
- Onsite Childcare for Treatment Groups
- Onsite Parent/Child Therapy Services
- Onsite Staff Supervised visits with DHS involved Children
- Living Skills Services
- Mentor Services
- Court Advocacy Services
- Fostering Attachment Treatment Court Provider
- Collaboration with TOT Court

Program Description: Her Place is a specialized transitional/residential treatment program that provides both residential and outpatient treatment services for pregnant and parenting women and their children up to age five.

Strengths: include onsite childcare for both outpatient and residential clients, living skills services, peer mentor services, collaboration with community partners, collaboration and integrated services to children involved in Her Place services, and transportation.

Gaps/area of improvement includes: Availability of safe and stable housing resources for women and their children upon discharge from residential services.

Fostering Attachment Treatment Court (FATC) (TR) (Spe)

Her Place and Marion County ITRS provide A&D treatment services and case management to DHS Child Welfare clients engaged in Fostering Attachment Treatment Court. Fostering Attachment provides a structured approach to dependency court involvement by merging child welfare, addiction, and family support systems with the court. The program utilizes strength-based incentives and motivational consequences to help participants achieve goals and maintain family recovery.

Women are referred to Her Place for residential or outpatient services and child care is provided for their children during treatment groups. Men are referred to ITRS. Two clinicians provide case management and participate in the court process.

Fostering Attachment is a family drug court built on research shows that healthy secure attachments to sober caregivers helps produce infant/toddler brain development that is the building block for all subsequent cognitive and emotional growth. Fostering Attachment helps children between 0 – 5 years who were removed from their families due to parental addiction, family violence, and other issues threatening their health and safety. It helps parents who want help to overcome struggles with addiction that led to their involvement with child protective services.

As a drug court, Fostering Attachment takes a relational approach to child welfare. The program offers parents living in recovery an opportunity to attach successfully with their children through an evidence based combination of professional services provided through:

- Court oversight
- Child protection/case management
- Child-centered family support
- Mental health therapy
- Addiction treatment

Parents committed to becoming sober and bringing their 0-5 year old children home are eligible to participate in Fostering Attachment.

The Fostering Attachment Treatment Court Team includes:

- Circuit court Judge
- DHS Child Welfare Case Manager

- Drug and Alcohol Counselor, Bridgeway
- Two Child Mental Health Counselors, Valley Mental Health
- Four Infant/toddler classroom Teachers and Home Visitors, Family Building Blocks
- Fostering Attachment Coordinator, Family Building Blocks
- Family Drug Court Coordinator, Marion County Circuit Court

Involvement in Fostering Attachment is voluntary. Involvement in the dependency system is not. Fostering Attachment takes approximately 12 months to complete. Once enrolled, the team expects participants to follow established guidelines including: court attendance, regular random drug tests, attendance at all addiction treatment and parenting support program appointments, sober housing, and personal accountability.

Methadone Treatment (TR) (Spe) (Sup)

- Assessment
- Medication Managed Treatment
- Mental Health Referrals
- Individual Counseling
- Group Counseling
- Mentor Services
- Clinic Advisory Committee
- Shuttle Services

Program Description: The Marion County Methadone Clinic provides medication managed treatment to Opioid Dependent adults utilizing a person centered treatment approach that focuses on strengths, needs, abilities and preferences of the individual served. Strengths: specialized treatment groups specific to medication management treatment, peer mentor services, shuttle services to public transit, and a well established Clinic Advisory Committee. Gaps/areas of improvement: include decreasing stigmas associated with medication assisted treatment through community education and awareness, funding for mental health service for the uninsured and community based recovery housing for medication assisted treatment clients.

Student Opportunities for Achieving Results (SOAR) (TR) (Sup)

Program Description: A program identified to work with individuals returning into the community from incarceration.. SOAR is designed to work with corrections clients who have been identified as needing assistance with alcohol and drug problems.

Strengths: A & D educational information offered in conjunction with college classes at Chemeketa and assistance with preparation for employment. Housing available while individual involved in program.

Gaps/areas of improvement: Community based recovery housing upon completion of program and funding to meet medical, dental and mental health needs of uninsured adults.

Mentor Services (TR) (Spe) (Sup)

- Professional CADC Mentors
- Intensive Treatment and Recovery Services
- Adult Alcohol and Drug Services
- Methadone Clinic
- Her Place
- Psychiatric Service Review Board
- Psychiatric Crisis Center
- Student Opportunities for Achieving Results

Program Description: Mentors are a team of CADC certified professionals who provide assistance for clients who have substance abuse problems, Mentors relate to the population they work with based on personal experiences with addiction and recovery.

Strengths: Mentors provide guidance with finding community recovery housing, jobs, court advocacy, and introduction to the recovery community and are utilized for numerous pro social activities. Mentors provide services for clients in the community.

Adolescent Treatment Services (TR) (EI)

- Assessments
- Intensive Outpatient Services
- Outpatient Treatment Services

- Star Court Treatment Services
- Referrals for Mental Health Services
- Collaborate with Juvenile Justice Programs
- Court Advocacy Services

Program Description: Outpatient, alcohol and drug treatment for adolescents

Strengths: include collaboration and integrated services between child behavioral health care, juvenile justice, language specific Latino treatment groups, and increased family involvement in treatment.

Gaps/areas of improvement: Strategies and solutions to address the loss of funding for the Salem/Kaiser School Diversion Program which required close collaboration and treatment intervention of school-based alcohol and other drug use. Other gaps/areas of improvement include funding for peer mentor services.

Alcohol and Drug Treatment Services 2013-2015

Areas for growth and expansion in addictions treatment in the next biennium and as resources are available include:

- Expanding medication assisted treatment to include suboxone
- Peer mentors for adolescents

Substance Abuse and Problem Gambling Prevention Services (Pro) (Pre)

Alcohol & Drug Prevention (Pro) (Pre)

The Marion County alcohol and drug prevention program consists of key partnerships and support systems with community groups, social service agencies, school districts, Oregon Together groups, and local prevention and treatment providers throughout Marion County. Our target populations include youth and families in Marion County as well as partner agencies and others working in substance abuse prevention. The 2011-2013 priority areas for the Prevention Biennial Implementation plan were determined by

Student Wellness Survey data and Oregon Together group's focus group results. Priority #1: Reduce teen alcohol use. Priority #2: Improve parenting and family management. Priority #3: Increase perceived risk of harm from substance use. These priorities are addressed with the following strategies and evidence-based activities:

- Mini grants and technical assistance to local coalitions and partners to implement Strengthening Families Program for Parents(SFP 10-14) and Youth age 10-14 – a parenting class, offered in Spanish and English.
- Alcohol, Tobacco and Other Drug community workshops/presentations including Parents360, a community education program that engages parents through a presentation called Parents: You Matter. The presentation provides parents and other caring adults with valuable insights as to why kids use, how parents can start the dialogue about the dangers of substance abuse with their kids and what steps to take if they suspect or know their child is using.
- Technical assistance in delivering evidence-based prevention curriculum; such as: Safe Dates, Project Alert, Project Toward No Drug Abuse, Choosing Not to Use, Drugs: True Stories, Alcohol: True Stories, Keep a Clear Mind, Protecting Oneself, Friendly PEERsuasion and others.
- Technical assistance and consultation regarding substance abuse prevention, policy development and in-service training for partners, schools, Health Department staff and other community members.
- Assisting community coalitions and school districts with technical assistance in applying prevention research, program/ project development, project evaluation, and grant writing
- Support for CERV (Committed Enforcement for Responsible Vendors) Task Force, a multi disciplinary effort among law enforcement agencies, OLCC and others working to reduce youth access and availability of alcohol.
- Disseminating educational resources and materials for prevention and treatment including a provider listing of Marion County Addiction Resource Services

Gambling Prevention (Pro)(Pre)

The problem gambling prevention program aims to increase community awareness that problem gambling is a preventable and treatable public health problem. Services include:

- Providing information, training and assistance in workplace policy development and other resources to increase awareness in the business community;
- Providing education in school settings to increase awareness of youth problem gambling;
- Coordinating local efforts in the state-wide problem gambling art search;
- Offering community-based educational opportunities;
- Developing and maintaining on-line tools and resources to assist in easy access for community members.

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

Community and Provider Services (CAPS), a division of the Health Department, is a system designed to support Oregon Health Plan (OHP) members in receiving services and support. One of the primary responsibilities of CAPS is to provide administrative oversight to our eight mental health agencies and three addictions treatment providers who provide outpatient services to OHP members. The group of these agencies is referred to as the Integrated Delivery System (IDS). The Health Department serves about twenty five percent of OHP enrollees needing mental health and addictions services with the remaining seventy five percent served by our sub-contractors.

In addition to managing the provider system, CAPS provides administration coordination of system wide resources and supports such as residential services, hospital liaison services, Community Integration Initiative (CII) services and Consumer Care Partnerships, as detailed below. Our New Solutions and MV-Wrap programs are also managed through the CAPS program given that they are resources available to all providers in our system of care.

Community and Provider Services (CAPS) ^{El} ^{TR} ^{Spe} ^{Sup}

Liaison Services ^{TR} ^{Spe}

CAPS has two mental health specialists who provide coordination of care with consumers in acute care settings and the State Hospital. They work closely with our local AMHI initiative, the “Community Integration Initiative” (CII) to plan and support successful transitions from hospital settings, as well as continued step downs to less structured levels of care.

Residential Services (TR) (Spe) (Sup)

The CAPS residential specialist is responsible for residential licensing, critical incident oversight, and residential referral and placement in programs such as Horizon House and Chinook House. Supported housing is encouraged and supported using a wrap model of care to facilitate consumer directed choice. Peer Support Services are an integral part of services provided across all the levels of care continuum.

Community Integration Initiative (TR) (Spe) (Sup)

Community Integration Initiative (CII) is Marion County/MVBCN answer to serving individuals under the state’s Adult Mental Health Initiative (AMHI). CII serves a Specialty Population - Adults with Serious Mental Illness who meet criteria for State targets for “Qualifying Events” such that they move from higher levels of care to community based residential settings. CII staff provides the support for these successful changes and moves.

Eligibility

Those served are within the subset of individuals who are over 18 years of age, and because of a mental illness, meet one or more of the following criteria:

- Currently residing in a state hospital
- Currently residing in a licensed, community-based setting
- Currently under a civil commitment, or were under a civil commitment that recently expired
- Would deteriorate to meet one of the above criteria if left without treatment and community supports

Community Integration Initiative Mission & Model

Since its inception CII in Marion County has served approximately 824 individuals. Once enrolled in CII, the mission is to work with the Individual, their natural supports, including family members, and the professionals involved in their lives to develop a coordinated,

culturally competent, integrated care plan to meet the needs of the individual across all their life domains and to promote overall wellness and to build upon the strengths and interests each individual has and to identify and support the needs they most want help with.

This program uses the 10 principles of wraparound and works with individuals to build self-efficacy by focusing on such values as supporting individual voice and choice in decision-making, highlighting strengths as opposed to deficits, developing and utilizing natural supports, and using outcome-based measurements to assess progress.

CII's mission includes a focus on health equity, and especially is designed to empower the Individual Voice and Choice, given that so many individuals in acute care settings are used to pleasing the professionals around them. Services are intended to foster a change in perspective by professionals to elicit a "how can we help you achieve your goals" versus "this is what you should do". At the same time, promotion of the mental health status for individuals focuses on self-esteem, mastery, well-being, and social inclusion.

Community Integration Initiative Services and Supports Provided

Marion County Community Integration Initiative (CII) strives to offer high quality services in a compassionate, sensitive, person-centered manner. We are here to assist and support individuals with their recovery and to help them segue into a more independent lifestyle. To this end, CII works in conjunction with our partners in mental wellness to provide the following:

- Transition planning and management
- Supported housing services
- Peer delivered services/support
- Increased rehabilitative mental health treatment services
- Assertive community treatment services
- Wraparound and intensive case management
- Coordination of care across life domains
- Collaborative Problem Solving as a strategy for professionals struggling with conflicts with the individuals served

Consumer Care Partnerships (TR) (Sup)

Consumer Care Partnerships (CCP) is a nationally recognized Marion County peer support program designed to provide peer-based outreach and support for people struggling with mainstream treatment modalities, recurrent crises and social isolation. The CCP program was designed to help consumers surmount barriers to hope and recovery and build meaningful connections to their communities by assisting them with creating community based support teams.

The goal of each team is to focus on the strengths of individuals and to strive to nurture them through personal support, decreased isolation, increased involvement in desired activities, mentoring, and just plain fun.

All Oregon Health Plan (OHP) Members are eligible to request CCP services. Each individual requesting support is matched with trained facilitators who work with them for up to a year. CCP Facilitators assist Members with:

- Creating his/her own unique support team.
- Organizing and facilitating team meetings.
- Identifying strengths, needs and goals.
- Facilitate the team in development and implementation of an action plan to reach identified needs and goals.
- Community participation.

The following are the panel of IDS providers:

IDS Providers-Mental Health

Marion County Adult Behavioral Health ^(EI)^(TR)^(Spe)^(Sup): Adults with serious and persistent mental illness, linguistic specific services for Spanish, mental health services to the DD population, PSRB services, homeless (PATH) outreach. Supported employment and supported housing services,. Enhanced Care unit in Mt. Angel and ECOS outreach.

Marion County Children's Behavioral Health ^(EI)^(TR)^(Spe)^(Sup): Outpatient children's mental health, PCIT for early childhood, co-occurring services for adolescents with mental health and substance abuse diagnoses, Latino outreach team and linguistic specific services for Spanish

Salem Psychiatric Associates/Valley Mental Health ^(TR)^(Spe): Outpatient service for adults and children. Medication management only without other treatment services, mental health services to DD population, linguistic specific services for Spanish and ASL language

Options Counseling ^(EI)^(TR)^(Spe): Adult and Children's outpatient mental health treatment, PCIT for early childhood.

Northwest Human Services^(TR)^(Spe): Adult and children's outpatient mental health services. Homeless youth and adult services and supports including shelters, day centers, and case management, and linguistic specific services for Spanish language.

New Perspectives^(TR)^(Spe): Mental health services for geriatric population, eating disorder diagnoses, and linguistic specific services for Spanish and ASL language.

Easter Seals Children's Therapy Guild^(EI)^(TR)^(Spe): Outpatient mental health services for children, co-occurring services including mental health and medical rehabilitation services, Occupational, Physical, and Speech Therapies, linguistic specific services for Spanish language, and PCIT for early childhood.

Catholic Community Services^(EI)^(TR)^(Spe): Outpatient mental health services for adults and children. Treatment foster care, housing and supports for pregnant and parenting teens.

Bridgeway Recovery^(TR)^(Spe): Co-occurring disorder treatment for those with mental health and substance abuse disorders.

IDS Treatment Providers-Addictions

Marion County Alcohol and Drug Treatment^(TR)^(Spe)^(Sup):

- Outpatient Services for Adolescents (Ages 13-18) and Adults
- ITRS program and methadone treatment program.
- Transitional residential program for pregnant and parenting women.
- Mentor services
- SOAR re-entry treatment program.

Clear Path^(TR)^(Sup):

- Outpatient Services for Adolescents (Ages 13-18) and Adults
- Co-Occurring Services (mental illness/chemical dependency)
Group & Individual Therapy

Alcohol & Drug Evaluation
DUII Treatment
Professional Diversion
Adolescent Services
Crisis Intervention
Bilingual Services are available (Spanish)

Bridgeway Recovery (TR) (Spe) (Sup):

- Outpatient Services for Adolescents (Ages 13-18) and Adults
- Outpatient and Residential Gambling Services for Adults
- Sub-Acute Detoxification
- Residential Treatment for Adult Men & Women
- Transitional Residential for Pregnant Women and Women with Young Children
- Co-occurring disorder treatment

Community and Provider Services 2013-2015

CAPS will be involved in many of the transformation efforts as it implements many new initiatives from the Oregon Health Authority and the CCO. Some of those preliminary efforts include:

- Support of behaviorists in primary care settings
- Adding peer wellness specialists to the
- Support for development of an ACT team for the Marion/Polk CCO
- Restructuring of residential services in coordination with the CCO
- Continued focus on efforts to expand the continuum of care for children

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

There is one principal Coordinated Care Organization (CCO), Willamette Valley Community Health (WVCH), operating in Marion and Polk counties. Marion County has a seat on the Board of Directors for the CCO and participates in all important decision making for WVCH. Marion County also has representatives on all of the significant committees for the CCO, including the Community Advisory Council, the Clinical Advisory Panel, and the Finance Committee.

In addition, Marion County and WVCH created an official Agreement describing both parties' responsibilities for managing and maintaining the Local Mental Health Authority (LMHA)/Local Public Health Authority (LPHA) responsibility for safety net services and point of service care described in ORS 414.153. The Board of Directors for WVCH has adopted contracting guidelines which explicitly recognize the intent for contracts to fulfill the requirements of the Agreement between the CCO and the LMHA/LPHA. Currently, the CCO maintains a risk-based capitation contract with the former Mental Health Organization, Mid Valley Behavior Care Network (BCN). Marion County receives a sub-capitation from BCN to provide behavioral health outpatient services. Marion County provides some of these services directly through the Health Department and contracts with a panel of eight other agencies as well. It is anticipated that the contract arrangement with the BCN may evolve over time to allow a shared risk pools with physical health providers in order to promote further integration of care.

Marion County has a long history of working collaboratively with the other community agencies which are members of WVCH. We are working diligently to ensure that WVCH achieves the 17 metrics set as goals for CCO's. For example, we are currently engaged in a number of initiatives which should improve integration of care and lower costs:

- The CCO has identified individuals who have significantly higher than average emergency room utilization and has hired additional non-traditional health-care workers to provide outreach services to these individuals and engage them with outpatient services;
- We are expanding the number of Behaviorists in primary care clinics to provide rapid screening and consultation to those physicians;
- We are implementing findings from an earlier pilot to provide more effective and accessible psychiatric consultation to primary care physicians.
-

Marion County intends to remain an active participant in the transformation of health care and will continue to be a strong advocate for our most vulnerable community members.

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

Marion County Health Advisory Board

	Name	Term Status	Organization	Address	Phone	E-mail
1	Mary Beth Thompson (7/08) BH Subcommittee	2nd (4 yr term) 3 yr remaining Feb 1, 2011 Ending Jan 31, 2015	Northwest Senior and Disability Services			mary.beth.thompson@state.or.us
1	Mike Mann (3/11) BH Subcommittee	2nd (4 yr term) 3 yr remaining Feb 1, 2011 Ending Jan 31, 2015	Community Member			
4	Vacant	2nd (4 yr term) 2 yr remaining Feb 1, 2010 Ending Jan 31, 2014				
4	Renee Stewart BH Subcommittee	2nd (4 yr term) 2 yr remaining Feb 1, 2010 Ending Jan 31, 2014	Lawyer Canyon Crisis & Resource Center			
4	Katherine Fleury PH Subcommittee	2nd (4 yr term) 2 yr remaining Feb 1, 2010 Ending Jan 31, 2014	Community representative			
3	Tim Murphy BH Subcommittee	2nd (4 yr term) 1 yr remaining Feb 1, 2009- Ending Jan 31, 2017	Evolutions in Health Care			tmurphy@bridgewayrecovery.com
3	Hanten Day PH Subcommittee	2nd (4 yr term) 1 yr remaining Feb 1, 2009 Ending Jan 31, 2017	Public Representative			
3	Judy Scott (3/11) PH Subcommittee	2nd (4 yr term) 1 yr remaining Feb 1, 2009- Ending Jan 31, 2017	Northwest Senior and Disability Services			judy.scott@nwsds.org
2	Sandra Eschavarria	1st (3 yr term) 3 yr remaining Jan 23, 2013 – Ending Jan 31, 2016	Salud-Chronic Disease self management coordinator/outreach			sandraec@yfwc.org
2	Patrick Vance Chair/ PH Subcommittee	3rd (4 yr term) 3 yr remaining Feb 1, 2008- Ending Jan 31, 2016	Oregon Dept of Corrections Health Services Division			patrick.vance@doc.state.or.us
2	Melinda Veliz	1st (3 yr term) 3 yr remaining Jan 23, 2013 – Ending Jan 31, 2016	Silverton Health - Diversity & Community Engagement Director			mveliz@silvertonhealth.org
1	Student Representative	Vacant				

Marion County Staff

Roderick Calkins, Administrator 503-585-4978; Scott Richards, BH Division Director 503-361-2695; Sandy Stewart, BH Division Director 503-361-2765; Pam Heilman, Public Health Division Director 503-588-5612; Lisa Duerksen, Dept. Specialist 3 Health Administration 503-585-4903

Revised 01/24/2013

Health Advisory Board Membership Roster Rotation FY: 2012

MARION

COUNTY ALCOHOL & DRUG PLANNING COMMITTEE MEMBERSHIP LIST 2012-2013

	NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS
1	Robert Thomas Stayton Police Department Term exp. June 30, 2014			bthomas@ccschaplian.com
2	Ray Wilson Chair-Retired A&D trainer/provider Expires June 30, 2014			oldeasydoesit@comcast.net
3	Trish Davis MC Drug Treatment Program Supervisor Expires June 30, 2014	3180 Center St Salem, OR 97306	503-932-5877 (w)	pdavis@co.marion.or.us
4	Mark Caillier 4 rd term exp. June 30, 2009 (6 th June 30, 2013) Public Representative/ Retired Salem Police Dept			Markcaillier@comcast.net
5	Vacant-when filled, term to end 2014.			
6	Lori Doede P Vice Chair Private therapist for DD and A&D: 2 nd Term exp. June 30, 2013-			lorisgarden@hotmail.com
7	Mathilda (Mat) Barreiro Educator-Willamette University Term exp. June 30, 2013			mathildab@gmail.com
8	Jeff Puterbaugh Housing and Development Coordinator-OHA term exp. June 30, 2013			Jeffrey.l.puterbaugh@state.or.us
9	Wendy Holihan Marion County Juvenile Department: 1 st term exp. June 30, 2012	3030 Center St NE Salem, OR 97305	503-763-5771	wholihan@co.marion.or.us
10	Cari Fiske-Sessums Community Member Term exp. June 30, 2013			billyandcari@wbcable.net
11	John Sauer Retired Pharmacist & Community Member: Term exp. June 30, 2013			Shamanjohn96@yahoo.com

Rod Calkins-Health Department Administrator
 Cary Moller - Supervisor, Community And Provider Services
 Scott Smith - Chemical Dependency Member Services Coordinator
 to the Committee
 Jennifer Eskridge-Rural and Prevention Services, Program Supervisor

503-585-1978 rcalkins@co.marion.or.us
 503-361-2797 cdmoller@co.marion.or.us
 503-576-4574 swwsmith@co.marion.or.us Staff Liaison
 503-981-2459 JEskridge@co.marion.or.us

Part II: Performance Measures

1) LMHA Core Accountability Measures

1) Current Data Available		
Performance Measures	Data Currently Available	Current Measures (if available)
a) Access/Number of individuals served	Clients served/enrolled can be identified through our data base, CPMS enrollment and encounter data through our claims processing for OHP.	We can run reports from our data base to identify all clients served within an identified time frame. The same information is available from CAPS for the IDS providers,
b) Initiation of treatment services – Timely follow up after assessments	Not available	
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	Not available	
d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental	Not available.	

illness; or (2) any facility-based service defined as residential		
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	Not available.	Not available
f) Percent of participants in ITRS reunited with child in DHS custody	We have data available for all ITRS services to date.	We track and report ITRS reunifications each year. It's relatively simple to extract the total number of participants from our client data base to determine the percentage reunited with a child in DHS custody.
Transformational Measure	Data Currently Available	Current Measures (If available)
a) Percent of individuals who report the same or better housing status than 1 year ago	Not available.	Not available.
b) Percent of individuals who report the same or better employment status than 1 year ago	Not available.	Not available.
c) Percent of individuals who report the same or better school performance status than 1 year ago	Not available.	Not available.
d) Percent of individuals who report decrease in criminal justice involvement	Not available.	Not available.
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program	We believe that we have been well below the ADP targets for quite some time.	We maintain a spreadsheet of Marion residents in the state hospital. Our actual ADP target has not been specified for several years.
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	As of 2/25/13 we have one person at OSH who is RTT-he became RTT on 2/25/13.	Again, while we receive lists of Marion clients in OSH and their RTT status, the reports we receive do not identify a target.

g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives. (LMHAs will incorporate the strategic prevention framework process to guide local prevention planning and program implementation.)	Data is submitted to addictions and mental health in our Program Outcomes report.	The outcomes report summarizes our outcome measurements on a significant number of objectives.
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2) Plans to Incorporate Performance Measures

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

A number of the performance measures and transformational measures are embedded in our current clinical practice. For example, we prioritize adult intakes to ensure that those persons discharged from an inpatient setting are seen within seven days and we have worked in both our adult and children’s programs to shorten the length of time between assessment and initiation of treatment. What is not currently available is our ability to run a report that would give us data on our success at meeting this measures. Items b, c, e and f in the performance measures would fit into the category of data available but not currently extractable. Item “d” is more complicated-while we report movement in residential settings, that data is not tied to our data base of client encounters/services.

Some of the transformational measures will require a different approach. Measuring things like employment and educational satisfaction is not something that we do as part of our current practice or data collection. One possibility may be to incorporate questions regarding school, employment and housing status into our annual consumer survey.

Until we have actual numbers for the performance and transformational measures it’s difficult to know how well we are doing at meeting the targets. Collecting that data will determine how we need to modify our current practices where we may be below our targets.

Part III: Budget Information

See attached budget information.

Local Mental Health Authority								
Biennial Implementation Plan (BIP)								
Planned Expenditures 2013 - 2015 (Based on historical allocation)								
Budget Period: Based on FY12-13 (doubled to reflect biennium estimates)								
Date Submitted:								
			AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Category (as defined in the CFAA)	Sub-Category	Population						
Behavioral Health Promotion and Prevention								
	Mental Health							
		Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug							
		Adults	\$94,063.00	\$6,000.00	\$0.00	\$900.00	\$100,963.00	\$0.00
		Children	\$282,187.00	\$18,000.00	\$0.00	\$2,700.00	\$302,887.00	\$0.00
	Problem Gambling		\$121,504.00	\$0.00	\$0.00	\$0.00	\$121,504.00	\$0.00
Outreach (Early Identification and Screening, Assessment and Diagnosis)								
	Mental Health							
		Adults	\$297,094.00	\$0.00	\$550,536.00	\$1,820,954.00	\$2,668,584.00	\$0.00
		Children	\$74,618.00	\$0.00	\$0.00	\$2,039,818.00	\$2,114,436.00	\$0.00
	Alcohol and Other Drug							
		Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initiation and Engagement								
	Mental Health							
		Adults	\$0.00	\$0.00	\$582,114.00	\$128,120.00	\$710,234.00	\$0.00
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug							
		Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

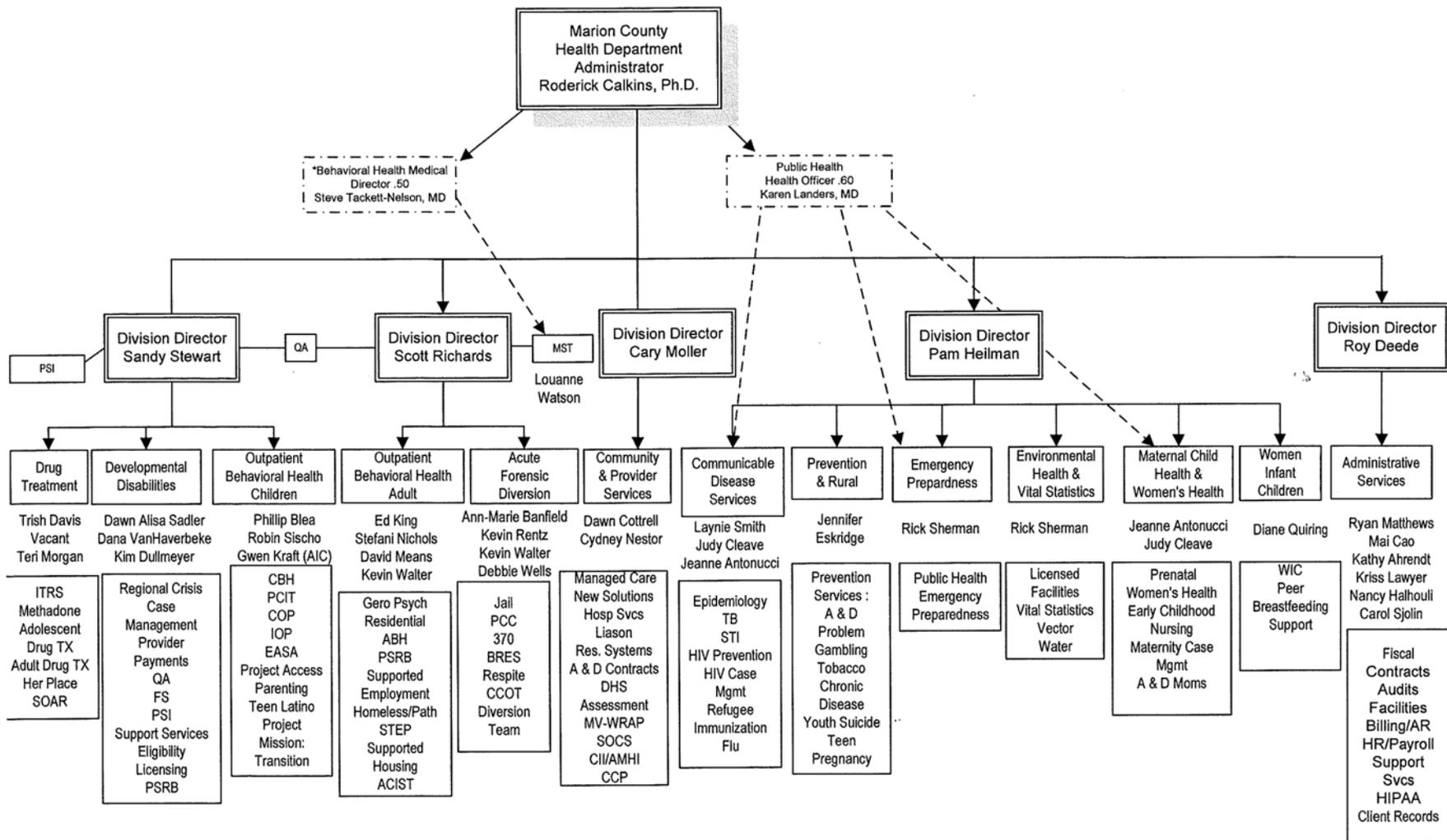
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)								
	Mental Health							
		Adults	\$4,789,156.80	\$0.00	\$0.00	\$3,053,166.00	\$7,842,322.80	\$0.00
		Children	\$1,139,711.20	\$0.00	\$394,102.00	\$8,114,270.00	\$9,648,083.20	\$0.00
	Alcohol and Other Drug							
		Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Continuity of Care and Recovery Management								
	Mental Health		\$915,352.00	\$0.00	\$0.00	\$8,680,270.00	\$9,595,622.00	\$0.00
	Alcohol and Other Drug		\$2,638,526.00	\$513,760.00	\$0.00	\$4,232,308.00	\$7,384,594.00	\$0.00

	Problem Gambling		\$338,536.00	\$0.00	\$0.00	\$0.00	\$338,536.00	\$0.00
Peer-Delivered Services			\$0.00	\$0.00	\$0.00	\$523,580.00	\$523,580.00	\$0.00
Administration			\$182,364.00	\$12,000.00	\$0.00	\$1,421,158.00	\$1,615,522.00	\$0.00
Other (Include Description)			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$10,873,112.00	\$549,760.00	\$1,526,752.00	\$30,017,244.00	\$42,966,868.00	\$0.00
	*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant							

2) Special Funding Allocation			
Area	Allocation/Comments	Review	
		Yes	No
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	CAPS (System Management) \$6,000		
	A&D Detox \$41,880		
	Adult A&D Outpatient \$50,000		
	Adolescent A&D Treatment \$53,176		
	Methadone \$111,824		
	A&D Prevention \$12,000		
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	None		
c) Use of funds allocated for alcohol and other drug use prevention.	None		

Additional Information (Optional)

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



Phone numbers for these contacts will be maintained and distributed on wallet cards, reviewed and updated every six months





Marion County

OREGON

HEALTH DEPARTMENT

**BOARD OF
COMMISSIONERS**

Sam Brentano
Janet Carlson
Patti Milne

April 19 2013

Mike Morris
Addictions and Mental Health Division
500 Summer Street NE

ADMINISTRATOR
Roderick P. Calkins, PhD

ADMINISTRATION
(503) 588-5357
FAX (503) 364-6552

Dear Mike:

As requested, we are submitting this additional material for our Biennial Implementation Plan. Attached you will find:

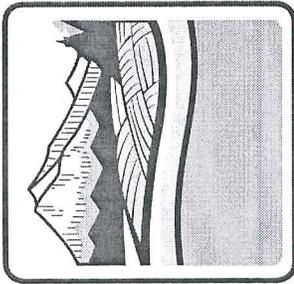
- Rosters for our Health Advisory Committee and LADPC with stakeholder representation
- Maintenance of Effort attestation for Beer and Wine Tax
- A plan for addressing the performance measures in planning, development and delivery of services and supports

We will submit the remainder of our plan, sections 2 and 3 of Part I by July 31st, 2013. If there are any additional questions about our submissions to date please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Richards".

Scott Richards
Division Director



Marion County

OREGON

Health Advisory Board Roster

Mental Health Advisory Committee	Health Advisory Committee Stakeholder Representation	Minority Representation	Geographic Representation
Mary Beth Thompson	Older Adult		Salem
Michael Mann	Consumer		South Rural
Renee Stewart	Rural – Legal		Mill City
Tim Murphy	Addictions		Salem

Public Health Advisory Committee	Health Advisory Committee Stakeholder Representation	Minority Representation	Geographic Representation
Katherine Fluery	Hospital		Silverton
Hanten Day	Research	Asian	Salem
Judy Scott	Older Adult		South Rural
Sandra Eschavarria	FQHC	Latino	Keizer
Patrick Vance, Chair	Corrections		South Rural
Melinda Veliz	Underserved Populations	Latino	Woodburn

MARION COUNTY ALCOHOL & DRUG PLANNING COMMITTEE MEMBERSHIP LIST 2012-2013

	NAME	Geographic Representation	PHONE	E-MAIL ADDRESS
1	Robert Thomas Stayton Police Department Term exp. June 30, 2014	Stayton		bthomas@ccschaplian.com
2	Ray Wilson Chair-Retired A&D trainer/provider Expires June 30, 2014	Keizer		oldeasydoesit@comcast.net
3	Trish Davis MC Drug Treatment Program Supervisor Expires June 30, 2014	Salem		pdavis@co.marion.or.us
4	Mark Caillier 4 th term exp. June 30, 2009 (6 th June 30, 2013) Public Representative/ Retired Salem Police Dept	Keizer		Markcaillier@comcast.net
5	Vacant-when filled, term to end 2014.			
6	Lori Doede P Vice Chair Private therapist for DD and A&D: 2 nd Term exp. June 30, 2013-	Keizer		lorigarden@hotmail.com
7	Mathilda (Mat) Barreiro Educator-Willamette University Term exp. June 30, 2013	Salem		mathildab@gmail.com
8	Jeff Puterbaugh Housing and Development Coordinator-OHA term exp. June 30, 2013	Salem		Jeffrey.l.puterbaugh@state.or.us
9	Wendy Holihan Marion County Juvenile Department: 1 st term exp. June 30, 2012	Salem		wholihan@co.marion.or.us
10	Cari Fiske-Sessums Community Member Term exp. June 30, 2013	Stayton		billyandcari@wbcable.net
11	John Sauer Retired Pharmacist & Community Member: Term exp. June 30, 2013	Woodburn		Shamanjohn96@yahoo.com

Rod Calkins-Health Department Administrator 503-585-1978 rcalkins@co.marion.or.us
 Cary Moller - Supervisor, Community And Provider Services 503-361-2797 cdmoller@co.marion.or.us
 Scott Smith - Chemical Dependency Member Services Coordinator 503-576-4574 swsmith@co.marion.or.us Staff Liaison to the Committee
 Jennifer Eskridge-Rural and Prevention Services, Program Supervisor 503-981-2459 JEsKridge@co.marion.or.us
 Note-at least three of the LADPC members are in recovery.



**Marion County Health Department
Attestation of Maintenance of Effort Compliance**

I attest that Marion County Health Department will meet the maintenance of effort requirement for Beer and Wine Tax funding of addictions, prevention and treatment services.

The Health Department will maintain the same level of addictions prevention and treatment services as in the FY 2011-13 biennium.

Roderick P. Gallens

Marion County Health Department
Administrator

4-19-13

Signature/Date

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Marion County

Program: Mobile Crisis

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel 2.0 FTE <i>(including FTEs, Classification of staff and associated costs)</i>	37,111	163,238
Travel	13,988	30,236
Equipment	12,286	24,998
Supplies	1,500	1,000
Consultants/Contracts	0	0
Other Costs: (please list)		
Salem PD Officer	32,500	134,000
MCSO Deputy	36,304	145,214
Retro Fit Patrol Car	10,000	0
Training (CIT)	9,800	0
Admin Charges (15%)	23,023	74,802
Totals	176,512	573,488
Overall Project Cost	176,512	750,000
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	0	0
Number of individuals Intended to be Served	100	400

Budget Narrative:

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

The Marion County Health Department, in collaboration with the Marion County Sheriff's Department and the Salem Police Department will provide mobile law enforcement/mental health response to 911 dispatched calls involving persons with mental illness. A patrol car with a CIT trained officer and a qualified mental health specialist will respond to calls ten hours per day, seven days a week, from 1:00 pm until 11:30 pm. The teams will respond directly to calls triaged by the dispatch center or may provide assistance to other officers encountering individuals with mental health needs. The mobile response teams will, when appropriate, divert individuals to resources such as housing, treatment and supports when an arrest is unnecessary.

- Please provide an implementation timeline for this program.

The following is our estimated timeline:

3/10/14 – Final interviews completed

3/20/14 – References and physical completed-offer to top candidates

3/31/14 – New employee orientation, training begins

4/21/14 – Patrols commence



Marion County Mobile Crisis Team Budget Proposal 18 Months - 2 Teams

		FY2013-14 6 months	FY2014-15 12 months	Total Budget 18 months	In Kind Support 18 months
Expenditures					
Personal Services					
Deputy Advanced	1.00 FTE	44,527	101,407	145,934	-
Deputy Advanced	1.00 FTE	44,527	101,407	145,934	-
Mental Health Spec 2 (QMHP)	1.00 FTE	36,117	81,619	117,736	-
Mental Health Spec 2 (QMHP)	1.00 FTE	36,117	81,619	117,736	-
Lieutenant	0.20 FTE	-	-	-	44,640
Deputy Sheriff	0.20 FTE	-	-	-	31,784
Department Division Director	0.03 FTE	-	-	-	6,048
Program Supervisor	0.10 FTE	-	-	-	18,471
Clinical Supervisor	0.05 FTE	-	-	-	8,495
Department Specialist 3	0.05 FTE	-	-	-	5,225
Subtotal Personal Services		161,288	366,052	527,340	114,663
Materials & Services					
Office / Field Supplies		908	1,390	2,298	-
Department Supplies		380	760	1,140	-
Clothing		12,500	2,500	15,000	-
Gasoline		4,630	9,260	13,890	-
Cell Phones		1,515	3,030	4,545	-
Data Connections		1,080	2,160	3,240	-
Postage		133	266	399	-
Communications Services		11,899	23,798	35,697	-
Laundry Services		115	230	345	-
Printing Services		57	114	171	-
Misc Contractual Services		311	622	933	-
Maint - Office Equipment		304	608	912	-
Training (CIT)		9,800	-	9,800	-
Laptops		5,000	-	5,000	-
Occupancy (Rent, Utilities, Workstation)		-	-	-	5,664
Fleet		10,488	20,976	31,464	-
Subtotal Materials & Services		59,120	65,714	124,834	5,664
Administrative Charges (15% of Direct Costs)		33,061	64,765	97,826	18,049
Total Project Cost		253,469	496,531	750,000	138,376

Budget Narrative:

The budget proposal reflects the costs associated with two mobile crisis teams. Each mobile crisis response team will be composed of a Qualified Mental Health Professional (QMHP) and a Sheriff's Deputy in order to effectively and appropriately intervene in a mental health crisis.

Personal Services: Costs include salary and benefits, for 18 months, for both 2.0 FTE of a QMHP and 2.0 FTE of a Sheriff's Deputy to staff the two response teams. In kind support including supervision and support are included and funded by other county resources.

Materials & Services: Costs include supplies, materials and services purchased, for 18 months, to support and operate the two response teams. This includes the use of two law enforcement vehicles. In kind support for the office space associated with the Marion County Health Department staff are included and funded by other county resources.

Administrative Charges: Administrative charges have been allocated at a fixed rate of 15% of direct expenses across the 18 month grant as well as our in kind support. Administrative charges are for indirect county resources such as Information Technology, Business Services, Financial Services, Risk Management and Human Resources.

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Marion County

Program: Jail Diversion

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel 0.80 FTE <i>(including FTEs, Classification of staff and associated costs)</i>	19,440	67,674
Travel	200	200
Equipment	2,500	1,000
Supplies	300	400
Consultants/Contracts	0	0
Other Costs: (please list)		
Training	175	175
Wraparound Flex Funds	1,500	3,000
Admin Charges (15%)	3,617	10,867
Totals	27,732	83,316
Overall Project Cost	27,732	111,048
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	0	0
Number of individuals Intended to be Served	20	75

Budget Narrative:

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

Marion County will utilize this funding to station a jail diversion mental health specialist at our Psychiatric Crisis Center. This individual will provide a central point of contact for our jail diversion efforts and provide transitional services to those referred by our jail mental health staff, our Crisis Outreach Response Team (CORT) and our soon to be implemented mobile crisis team.

- Please provide an implementation timeline for this program.

The following is our estimated timeline:

3/7/14 - Interviews completed

3/14/14 - References completed and offer to top candidate

3/31/14 - New employee orientation and training

4/7/14 - Jail diversion clinician begins accepting referrals



Marion County Jail Diversion Budget Proposal - Part Time QMHP 16 Months

		FY2013-14 4 months	FY2014-15 12 months	Total Budget 16 months	In Kind Support 18 months
Expenditures					
Personal Services					
Mental Health Spec 2 (QMHP)	0.80 FTE	22,444	67,674	90,118	-
Department Division Director	0.03 FTE	-	-	-	6,048
Program Supervisor	0.05 FTE	-	-	-	9,236
Department Specialist 3	0.05 FTE	-	-	-	5,225
Subtotal Personal Services		22,444	67,674	90,118	20,509
Materials & Services					
Office / Field Supplies		100	200	300	-
Department Supplies		100	200	300	-
Cell Phones		120	475	595	-
Training		125	125	250	-
Workstation (Desk, Computer)		2,000	-	2,000	-
Wraparound flex funds		750	2,250	3,000	-
Subtotal Materials & Services		3,195	3,250	6,445	-
Administrative Charges (15% of Direct Costs)		3,846	10,639	14,484	3,076
Total Project Cost		29,485	81,563	111,048	23,585