

## 2009-2011 Marion County Biennial Implementation Plan Executive Summary

The Marion County 2009-2011 Implementation Plan for Behavioral Health Services extends and builds upon earlier plans for alcohol and drug prevention and treatment, mental health services and problem gambling prevention services. These plans have all included broad stakeholder participation from their inception with responses from a web-based survey more than doubling for the 2009-2011 plan. A total of 163 survey responses were submitted from a wide range of respondents. (Refer to charts on page 13 for demographic details). Results of the present planning process indicate that many of the previous plans' service priorities are still applicable. In addition, a number of key themes emerged based on the respondents' prioritization of services and the large number of comments received in response to four questions asked in the survey (See Survey Results, pages 8-13 and a copy of the survey, page 71-84.)

The key themes/issues that emerged are as follows:

- Lack of access due to lack of insurance, being low income, indigent or underinsured.
- Lack of services for older adults.
- Lack of understanding/knowledge of what services are available, how to access these services, and where to get information regarding how to access services.
- The need for culturally appropriate, family system approaches in treatment, with education/information, supports, treatment etc. that include parent education and parenting classes.
- The lack of bilingual and bi-cultural providers/clinicians.
- School-age services for children should be more community based vs. agency based.
- More co-occurring services for A&D and mental health are needed.
- Recognition of the need for trauma informed/focused services.
- The general public needs more information and education regarding the impacts of problem gambling; peer support services and methadone treatment.
- More availability and better access to residential services that includes basic housing and treatment facilities is needed.
- More services are needed in rural areas.
- Access to affordable medication and psychiatric services remains an issue.

As a result of the planning process, the following critical needs were identified for A) mental health, B) alcohol and drug treatment services, C) problem gambling services, and D) improving access and client outcomes.

## **A. Mental Health**

Funding for services that covers all members of families affected by a mental health issue, either of children, siblings or parents is a high priority need in mental health services. All too often, only the children are covered by the Oregon Health Plan thus making it difficult to do parent or family work that benefits the family members who have a mental health issue. Evidenced based practices point to a clear need for more of a family systems approach to treating either children and/or parents with a mental disorder or mental illness. Lack of funding for low income/indigent families and/or lack of insurance coverage is a barrier to effective treatment and the implementation of evidence based best practices.

As our population ages and as patients are discharged from the Oregon State Hospital, there is an increased need for in-home and community based mental health services designed specifically for older adults and the geriatric population. This is especially true for those suffering from dementia that often have difficulty succeeding in traditional adult foster home placements. Development of a workforce that is trained to meet the mental health needs of the older adult and the geriatric population is also a high priority need.

Developing residential capacity and the infrastructure necessary to accommodate the approximately 90 residents of the Oregon State Hospital who will be discharged in to Marion County over the next few years is a high priority need for the community mental health program. Additional funding is necessary to fully develop the continuum of housing services for this purpose, including more supportive housing, transitional housing and RTF's to serve the PSRB population as well as the older adult population as noted above. Funding to fully implement evidence based best practices such as the ACT model and full wrap-around services is also a high priority in meeting the mental health needs of folks discharged from OSH.

Several aspects of forensic mental health services are a high priority need. A very high priority is the ability to divert people who have a mental health disorder or mental illness from becoming incarcerated or further involved in the criminal justice system. This is being addressed in Marion County in several ways. For two years, we have partnered with the Sheriff's office to conduct two, 40-hour Crisis Intervention Trainings (CIT) each year for law enforcement personnel. However, continued funding for this endeavor is uncertain. Recently, Marion County partnered with the Salem Police Department (SPD) to provide ten weekly 1-hour trainings on mental health issues and crisis intervention; however, this

does not match the level of in depth training acquired via CIT. Although SPD is very interested in providing more training for its officers in order to enhance their ability to recognize and deal appropriately with potential offenders who have mental health issues, adequate funding to do so is not available. The Marion County Mental Health Court that has been in operation since December 2006 works successfully with folks who have OHP coverage to assist them in not returning to jail. However, funding for treatment of indigent, low income or uninsured folks who are eligible for Mental Health Court is extremely limited and rarely are clients accepted without OHP coverage.

The ability to diagnose and/or treat offenders while they are incarcerated who may have or area already known to have a mental disorder or mental illness is a systems issue. This is caused either by lack of any insurance, being indigent, or by loss of OHP coverage or other insurance coverage during incarceration. The ability to offer transition services for people who are released from jail and have a mental health condition is also limited due to the time it takes to reinstitute OHP coverage, or due to lack of funding for those who are indigent or low-income or uninsured. Providing transitional mental health services and supports is key to reducing recidivism and assisting people in recovery.

## **B. Alcohol and Drug Treatment Services**

Insurance coverage for and access to indigent substance abuse treatment services remains a high priority for this next biennium. In our current Biennial Plan Survey, we had a number of comments about reduced access to detoxification, inpatient and outpatient treatment due to funding cuts. While we have had some restorations in funding since the cuts in 2002 and Oregon Health Plan Standard is being reopened, we believe the restorations will have a limited impact due to a substantial backlog of unmet needs and the limited numbers of openings across the state.

In 2002, the largest proportion (upwards of 60%) of people needing substance abuse treatment services were covered under OHP Adults and Couples/OHP Standard. People insured under OHP Standard were also the most vulnerable to losing their coverage when their children were placed in foster care or they were incarcerated. The reopening of OHP Standard is a welcome restoration, but we are also realistic about how much impact it will have on our backlog. We would also like to add our support to the recommendations of the Marion County Children and Families Commission on preserving or restoring OHP Plan eligibility for incarcerated people/parents with children in foster care.

In looking at social service data across counties and regions, we also believe it is important to note that Marion County has a disproportionate number of people/families with unmet needs due to the number of jails/prisons and psychiatric facilities in the county. Marion County lacks the funding to compensate for adverse selection, which has been highlighted in the recently

approved 6-Year Plan from the Marion County Children and Families Commission. We would like to add our voice to that concern as well. We believe the data from DHS on the disproportionate number of children from Marion County in foster care and the lack of inpatient treatment services specific to Spanish speaking families with children in foster care illustrates the access problems well.

From our survey respondents, early intervention for youth substance abuse was identified as a priority and we also had a number of comments about the need for increased integration between behavioral and primary health services, increased access to medications and prescribers, methamphetamine specific treatment and increased family services, e.g. family counseling/parent training. In addition, we also saw a significant increase in prioritizing services for older adults and victims of trauma.

### **C. Problem Gambling Services**

In our current Biennial Plan Survey, Problem Gambling Prevention and Treatment was ranked the lowest of 25 priorities. We believe this reflects a fundamental lack of understanding about the pervasiveness and seriousness of these problems in our communities. Problem gambling is emerging as a serious behavioral health concern with numerous negative consequences for the gambler, their families, employers and communities. Because problem gambling is a relatively new phenomenon in Oregon, the general public, health providers and allied agencies are not yet aware of the seriousness of its' impacts.

Many problem gamblers are especially vulnerable for critical incidents related to suicide. This is especially true when a crisis occurs, which is a common experience for people prior to seeking treatment or during a relapse.

While we have some crisis respite capacity for gamblers at risk for suicide in St. Helens and the Medford area, these are not always viable alternatives for people that are not stable or safe enough to travel alone. The cost of secure transport and/or transportation by clinical staff is cost prohibitive and generally not a feasible solution as the Medford program is the only gambling specific respite facility with psychiatric services on site. In addition, developing local crisis respite/hospital diversion capacity for gamblers with high suicide risk has emerged as a local priority as Marion County has the only residential gambling program in the state, and consequently serves people at higher risk.

In the 2009-2011 biennium, we propose to develop hospital diversion/respite capacity within our existing Psychiatric Crisis Center. This will include gambling specific training for crisis screeners, crisis associates and home providers. It will also include a protocol for screening and referral based on the acuity of the person's needs. While we anticipate utilizing the other existing crisis respite

services, we believe that local capacity for people at the highest risk levels is a need and a priority. We do not anticipate increased costs associated with this capacity building.

## **D. Improving access and client outcomes**

### **1. Funding for Care for people who are uninsured, low income, underinsured or indigent.**

Survey results, comments and input from stakeholder groups clearly identify the need for funding for services to the uninsured, low income and underinsured populations as critical to improving access as well as outcomes, especially in the adult population. Loss of OHP Standard along with eligibility restrictions in the prior biennia has created significant problems in the community. Loss of access to indigent primary care services, including dental care and chronic pain management, also impacts the needs for mental health and substance abuse services in the uninsured/underinsured population.

The lack of available transition services for persons released from the County's five correctional facilities that have mental health and/or substance issues contributes to a high rate of re-offending and long-term addiction and mental health problems.

Children are also impacted when parents are unable to obtain needed mental health and substance abuse treatment services and may require services themselves as a result of abuse, neglect, or other forms of mistreatment.

### **2. Increase in services and supports for parents and families affected by mental health and substance abuse issues.**

These include: a) outpatient children's mental health (age 0-18); b) early intervention for youth substance abuse; c) early childhood mental health (0-5); d) parenting skills and education; and e) adult mental health and addictions services.

### **3. Bilingual/bi-cultural Services and Providers.**

There is a critical need for more fully trained bi-lingual and bi-cultural mental health and addictions treatment providers, especially in rural areas serving the Hispanic population.

### **4. Public Information and Accessibility of Services.**

There is a clear lack of understanding by the general public and by allied service providers, schools, etc. regarding what county services are available, how to get information regarding specific services and how to access resources provided by the County.

**5. Access to medication management services for children and adults and the need for an increase in the availability of prescribers in our community remains an issue.**

The lack of child psychiatrists in Marion County and the lack of access to adult and geriatric psychiatric services (including psychiatric nurse practitioners) that are willing to work in the community mental health system is a problem that continues. Increases in costs of medications and limitations of insurance benefits for psychiatric medications are also access issues.

**6. Forensic Mental Health and A&D Services**

Prior cuts in Mental Health and A&D services for OHP clients has resulted in a dramatic increase in the number of incarcerated persons in need of mental health and substance abuse treatment and transitional services. Although available through County general funds, services in the jail to identify and assess mental health and A&D issues are minimal as are transition supports and services for those released from correctional facilities. Increased state funding is needed to address this issue. In addition, support is needed for workforce development to ensure that staff are adequately trained and have experience in working with the offender population.

The Marion County mental health court for consumers of mental health services who are involved in the criminal justice system (much like the existing drug court in Marion County for substance abusers) has assisted in diverting clients into mandated intervention and treatment services. However, more significant funding for treatment of mental health court clients, especially those who are indigent, is needed to reduce the likelihood of re-offending and jail recidivism rates. There is widespread support for further development of a Marion County Mental Health Court from within the criminal justice, mental health and judicial systems.

**7. Services for People Involved in the Criminal Justice System**

There is clear need for enhanced access to mental health and addiction services for people involved in the criminal justice system, in particular for parents and for methamphetamine specific treatment. Increased availability of parent training and education and mental health services for children whose parents are involved in the criminal justice system is also needed.

**Link to the Children's and Families Commission Comprehensive Plan**

Marion County's Coordinated and Comprehensive Planning Process (SB 555) and the Marion County Prevention Implementation Plan have been designed to support healthy communities and families. The previous prevention coordinator worked in partnership with Marion County Department of Children and Families and Comprehensive Planning Committee in the development of the Phase II plan, logic model development and data collection plans. This helped facilitate the linking between the Comprehensive Plan and our

prevention plan.

The six-year comprehensive plan was completed in January 2008. The plan focuses on the following five areas: 1) Runaway and Homeless Youth, 2) Healthy Development of Young Children, 3) Student Success, 4) Health Care Access and Availability, and 5) Family Preservation. Our alcohol and drug abuse prevention program is linked to the focus area of "Family Preservation". This is accomplished through offering parenting classes for parents of adolescents (Strengthening Families Program 10-14) and providing technical assistance to Oregon Together groups in the selection and implementation of evidence-based parenting classes for parents with younger children. Our prevention program also indirectly links to the comprehensive plan through the position of the Prevention Coordinator providing technical assistance and specific supports to community based entities, schools, and county agencies.