



BOARD OF COMMISSIONERS

Agenda Review

DATE: February 22, 2010

TO: Board Session Coordinator
Board of Commissioners' Office
FROM: Roderick Calkins, Scott Richards

RE: 2011-2013 Biennial Implementation Plan for Treatment and Prevention Services
for Mental Health, Addictions, and Problem Gambling

Department Contact Person: Roderick Calkins

Phone: 588-4978

Thursday Agenda Planning Date: February 25, 2010

Presenter(s) at board session: Roderick Calkins, Scott Richards

Visual Aids for presentation: None

Copies of completed paperwork to (name & department): Roderick Calkins

Estimated time for presentation: 30 minutes

ISSUE: Approval of Biennial Plan for Mental Health Services, Alcohol and Drug Treatment and Prevention Services and Gambling Addiction Treatment and Preventions Services for 2011 - 2013.

BACKGROUND: The Biennial Plan for 2011-2013 is required by the Department of Human Services to describe how funding will be expended for Mental Health, Alcohol and Drug Treatment and Prevention Services and Gambling Addiction Treatment and Prevention Services.

FISCAL IMPACT (Current Year *and* Yearly Projected for Following Fiscal Year): Estimated Biennial funding for 2011-2013, \$18,923,746.00.

Fund: 190 D: 25 I: various P: various S: various Acct: various Project:000000

IMPACTS TO COUNTY DEPARTMENTS AND/OR EXTERNAL ENTITIES: Will provide funding for Mental Health, Alcohol and Drug Treatment and Prevention Services and Gambling Treatment and Prevention Services for the Health Department and external contractors.

OPTIONS FOR CONSIDERATION: To consider approving the 2011-2013 Biennial Implementation Plan for Treatment and Prevention Services for Mental Health, Addictions, and Problem Gambling.

RECOMMENDATION: Approval of the 2011-2013 Biennial Implementation Plan for Treatment and Prevention Services for Mental Health, Addictions, and Problem Gambling.

DEPARTMENT HEAD SIGNATURE

Roderick P. Calkins

List Attachments:

Marion County Implementation Planning 2011-2013

1. County/CMHP Area Name

(*) Marion

2. County/CMHP Physical Address

3180 Center Street NE, Salem, Oregon 97301-4592

3. Addiction Treatment Services Contact

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4. Prevention Services Contact

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5. Mental Health Services Contact

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6. State Hospitals/Community Co-Management Plan Contact

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7. For each subcontractor, please complete the table below.

(Program Areas consist of: mental health, alcohol and drug prevention, alcohol and drug treatment, and problem gambling prevention and treatment.)

	Subcontractor Name	Approval/License #	Expiration Date	Amount of Funds	Program Area
1	Bridgeway	26-3634042	6/30/10	\$3,040,435.60	Alcohol and Drug

					Treatment, Gambling Treatment, Mental Health
2	Jefferson Together	93-1085474	6/30/10	\$18,000.00	Alcohol and Drug Prevention
3	Silverton Together	93-1018660	6/30/10	\$18,000.00	Alcohol and Drug Prevention
4	Salem-Keizer Together	23-7056987	6/30/10	\$18,000.00	Alcohol and Drug Prevention
5	Friends of the Family of the North Santiam	93-0736619	6/30/10	\$18,000.00	Alcohol and Drug Prevention
6	Woodburn Together	93-4086364	6/30/10	\$18,000.00	Alcohol and Drug Prevention
7	Catholic Community Services	93-0903773	6/30/10	\$22,221.40	Alcohol and Drug Treatment, Mental Health
8	Mid-Valley Behavioral Care Network	93-1230350	6/30/10	\$2,299,802.00	Mental Health
9	Northwest Human Services	93-0605570	6/30/10	\$225,989.92	Mental Health
10	Shangri La Corporation	93-0509414	6/30/10	\$1,211,653.92	Mental Health
11	Pelton Project	26-1977766	6/30/10	\$641,472.00	Mental Health

8. Forms to be mailed

- Board of County Commissioners Review and Approval
- Local Alcohol and Drug Planning Committee Review and Comments
- Local Mental Health Advisory Committee Review and Comments
- Commission on Children and Families Review and Comments
- Local Children Adults and Families District Manager for the Department of Human Services Review and Comments
- Local Public Safety Coordinating Council Review and Comments
- Partner Inclusion Matrix
- Assurance of effort for alcohol and drug prevention and treatment services.
- Sliding fee scale
- Cultural Competency Plan: Please see questions 11 for details.

9. Place and X next to the priorities identified through the Coordinated and Comprehensive planning process facilitated by the Commission on Children and Families (SB 555). List new proposed strategies you intend to implement in 2011-2013 to address any of these priorities. There may be more priorities checked than strategies proposed. (The alcohol and drug prevention priorities are addressed in question 33.)

Priority	Place X for Priorities Identified	New Strategy Proposed
Access to Care	X	In collaboration with the Integrated Delivery System, the treatment providers in Marion County convened a workgroup recently to look at access to care. While current data on access indicates adherence to standards for routine, urgent and emergent appointments feedback from community providers suggests that the system is not easy to

		negotiate. This workgroup will focus on improving access to behavioral health care across the Marion County provider system.
Adult Mental Health		
Affordable Housing		
Children's Mental Health	X	We are committed in our efforts towards a system of care approach for children. We are applying for a wraparound pilot project as part of a five county region. Another area of focus is with Transition Age Youth. We are developing a new intensive case management outpatient program focusing on teaching young adults, ages 16-22, the skills necessary to successfully transition to adulthood. Utilizing youth-directed high-fidelity wraparound teams, youth will identify goals and program staff will work as partners with them to achieve those goals. Another children's mental health initiative for the Health Department is expansion of services to Latino children. Two areas of focus for expanded services are in two pediatric primary care offices, and in Woodburn.
Decrease Juvenile Arrests		
Domestic Violence	X	
Health Insurance		
Reduce Adult Substance Abuse		
Reduce Child Mistreatment	X	
Reduce High School Drop Out	X	
Reduce Homelessness		
Reduce Adult Crime & Recidivism		
Reduce Juvenile Delinquency & Recidivism		
Reduce Teen Pregnancy	X	
Runaway & Homeless Youth	X	
Reduce Homelessness		

10. Does your county have a written Cultural Competency Plan?

☐ Yes

☒ No

11. If yes, and plan is complete, submit via US Mail along with all forms to be mailed specified in question 8.

Not applicable.

12. If no, list strategies the CMHP will implement to ensure culturally competent services will be provided, including developing a Cultural Competency Plan. Limit to 350 words.

A cornerstone of providing culturally competent services is having a culturally diverse staff. Beginning with the hiring process Marion County asks applicants to voluntarily disclose their race. That data can then be compared to the known racial composition of similar groups within the Marion County workforce, and compared to general census data information. This provides feedback on our hiring efforts, letting us know if Marion County staff reflects the community that it serves. Our 2008 data indicates that 24.6% of our total staff and 17.2% of our professional/paraprofessional staff are minorities.

Marion County has both a Non-Discrimination Policy and Procedure and an Equal Employment Opportunity/Affirmative Action Plan that further guides our hiring practices. In addition to these County policies the Health Department has a Cultural Competency Policy and an Interpreter Policy. Training for staff on cultural competency is a part of our new employee orientation and continues as required training for all employees every two years.

While Marion County does not yet have a cultural competency plan it does have a diverse workforce responding to the needs of a diverse community. Volunteers from the Marion County Health Advisory Board have agreed to work with the Marion County staff to develop a cultural competency plan, beginning in 2010.

13. Check the data sources consulted that will demonstrate to us data driven planning responsive to the needs of Oregonians.

- (*) County Demographics
- (*) Prevalence Data
- (*) AMH Reports
- (*) Minimum Data Sheets
- (*) Problem Gambling Data
- (*) Mental Health Data
- (*) County Profiles
- (*) Other [Community Focus Groups, communityhealthpriorities.org]

14. List steps that link detox, outpatient and residential treatment services ensuring a continuum of care in addiction treatment and recovery. Limit to 350 words.

All clients admitted to Bridgeway Recovery Services Social Detoxification are assessed for the most appropriate level of care to meet their treatment needs following detoxification. Release and follow up planning occurs throughout the client's stay and begin as soon as the client is lucid enough to participate. Referrals to residential, residential specific to people with co-occurring disorders and outpatient Alcohol and Other Drug (AOD) treatment are finalized prior to the client's release date. When residential treatment is needed and access will be delayed due to wait lists or insurance coverage, arrangements are made for outpatient treatment with the goal of helping the client to remain as stable as they can be until a residential bed is secured. When higher levels of detoxification are arranged for through our panel of outpatient providers, a plan is in place for more intensive outpatient services and supports after detoxification. When the plan is to place the client in residential treatment after detox, the referrals are coordinated to assure direct transfer from one service element to the next without interruptions. Federal and state priority lists and medical necessity are used to prioritize access.

15. In reference to ORS 430.420 and 430.630 (10) (J): check all populations that will continue to be addressed through coordination and integration of care supported by this plan.

- (*) Juvenile Drug Courts
- (*) Adult Drug Court
- (*) Mental Health Court

- (*) Mental Health Jail Diversion
- (*) Local Juvenile Detention
- (*) Adult Jail
- (*) Youth Offender Re-entry (local)
- (*) Youth Offender Re-entry (OYA)
- (*) Adult Offender Re-entry (local)
- (*) Adult Offender Re-entry (DOC)

16. List the current functional linkages with the state hospital system including child and adolescent program (SCIP and SAIP) and mental health acute care inpatient providers.

Adults - The State Hospital Liaison - monitors treatment, progress and discharge readiness of Marion County clients admitted to the state hospital and assists with finding residential placements within the community. Monitoring is done by attending treatment team meetings at the state hospital, meeting individually with clients, talking with family members/guardians, when appropriate, to assess clients' needs and wishes for discharge and placement. Residential placement is achieved by working closely with hospital social workers, The State's Extended Care Management Unit (ECMU), and Marion County residential providers. When appropriate placements are unavailable, the hospital liaison works closely with our Residential Housing Coordinator, ECMU, and community to create housing opportunities.

Acute Care Adult Inpatient liaison- Marion County dedicates up to 65% of a 1.0 FTE position for hospital liaison work. The liaison is responsible for daily review of admissions and coordination of care, regardless of admission site. We also provide on-site weekly utilization management of patients at Salem Hospital. This function is provided in coordination with treatment staff and Mental Health Organization (MHO) representation. Also provide direct hospital liaison services to Good Samaritan Hospital in Corvallis. Both partnerships have a formal Acute Care Linkage Agreement with Marion County's MHO, the Mid Valley Behavioral Care Network and Marion County.

Youth -Functional Linkage with Secure Adolescent Inpatient Program (SAIP) and Secure Inpatient Children's Inpatient Program (SCIP) - Care Coordination Committee(CCC) meeting chaired by Youth Care Coordinator (YCC) - All SAIP and SCIP referrals for Marion County go through this committee. Monthly updates are given by Addictions and Mental Health (AMH) to the CCC and to New Solutions staff, as all accepted SAIP and SCIP youth are assigned and part of New Solutions. The Care Coordination Committee is also given updates on each youth's progress in treatment at the facilities.

Youth -Acute Care Inpatient Providers - There are two acute care hospitals for youth - Emanuel and Providence in Portland. The liaison helps facilitate discharge planning and linkage to outpatient providers. This may entail linking the family and youth to a provider for those not previously in service. For those in service, the liaison helps ensure that the provider/therapist working with the family and youth are aware of the admission, and actively involved in the hospital process and discharge planning.

17. List steps to collaborate with other child-serving providers that ensure services and supports are comprehensive and well coordinated.

	Steps
Foster Care	Children's Behavioral Health (CBH)-Qualified Mental Health Professional (QMHP) bilingual staff are working on conducting CW assessments with New Solutions for at risk clients in DHS custody for early identification of need, Bilingual Qualified Mental Health Associate (QMHA) is conducting CANS assessments with New Solution to also help coordinate level of need for children and foster parents. Grant from the Behavioral Care Network (BCN) looking at training of foster parents about Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Provide individual and family therapy for clients in and transitioning out of services addressing mental health needs, participation at Citizens Review Board (CRB), New Solution team meetings, and provide in home services for foster parents and clients in foster care.
Early Intervention	Partner/membership with Great Beginnings Consortium to address Countywide needs with other agencies or 0-6 year olds. Parent Child Interactive Therapy (PCIT) focusing with early attachment and partnership with Easter Seals and Yamhill County. Provide education and training on attachment, dyadic and play therapy for children under the age of 6. Child Parent Psychotherapy (CPP) for children under the age of 4. Oregon Child Development Coalition (OCDC) assessments for students. Bilingual services at the QMHA/QMHP level. Parenting classes with strengthen parenting skills. Partner with Head Start program
Early Childhood Special Education	Parenting classes. QMHP/QMHA attendance at IEP when clinically indicated. Partner with Great Beginnings Partnership with Salem-Keizer School district and Willamette Education Service District (WESD) on risk teams and for clients with special needs when clinically indicated. New Solution attendance for clients enrolled in their program or referrals to their programs
Special Health Care Needs	Coordination with the Primary Care Physician (PCP), mental health needs of client Coordination with Developmental Disabilities (DD) services who may be eligible or are enrolled. Work with Juntos Podemos addressing particular clients needs that impact mental health services. Work with Juvenile Department on co-occurring diagnosis. Latino grant focusing on services to Latino population in Marion County. Partnership in Hispanic Human Services Council, and Community forum, Child Abuse Report Team (CART).
Other	

18. List steps to involve young adults in transition (age 14-25) in making decisions that impact addictions and mental health services in your community.

With the support of a grant from Community and Provider Services (CAPS), a new program for Transitional Aged Youth has been developed. Mission: Transition is an intensive case management outpatient program focusing on teaching young adults, ages 16-22, the skills necessary to successfully transition to adulthood. Utilizing youth-directed high-fidelity wraparound teams youth will identify goals and program staff will work as partners with them to achieve those goals. Youth will have a mental health condition that is the primary focus of their treatment but once they are enrolled in the program staff will assist them with developing skills related to employment, education, housing, accessing mental health and medical care, building social and natural supports within the community and symptom management.

One of the key components to this program is a position for a Youth Engagement Specialist. This is a young adult who has personal experience in either the foster care or children's

mental health system and their primary responsibility is to engage youth in the wrap process and to ensure that the youth's voice is heard.

In addition to this new program, New Solutions continues to strive for youth involvement in system planning and development. The Mid-Valley Behavioral Care Network (MVBCN) has a high level of youth involvement on their Regional Partners committee, formerly Executive Oversight Committee, and this committee is tasked with oversight to New Solutions regionally. Locally, New Solutions is beginning work to further integrate youth representatives into system and program planning meetings.

19. List steps to coordinate continuity of care over time and through episodes of care that ensure children/youth remain at home, in school, out of trouble, and with friends.

- Marion County Health Department Children's Behavioral Health (CBH) offers a continuum of mental and behavioral health services to children and families including: outpatient therapy services and consultation (clinic, in-home, schools, and community), case management, in-home skills training, parenting groups in schools, medication management, and intensive services with other community partners.*
- CBH has partnerships with the Salem/Keizer school district, Woodburn school district, Mt. Angel School district, Silverton School district and North Marion School district to provide counseling to enrolled clients, as well as offering parenting groups in the schools.*
- New Solutions gathers current and previous assessments in its process of Level of Need Determination and the treatment plans are incorporated into the Service Plan*
- At time of termination, clients are informed that they can have services reopened if needed.*
- The Health Department coordinates care through a secondary authorization process whenever another agency is accessed to provide specialized treatment.*

20. List steps the Mental Health Authority takes to ensure access to services, and interagency coordination with the local Seniors and People with Disabilities. Limit to 350 words.

Located in the Health clinic is a Health Resource Coordinator/outreach worker whose duties include assisting those seeking services to apply for Oregon Health Plan benefits. This hands-on assistance is available two days per week. While this service is primarily used for the Public Health department, it includes those with disabilities when needed. Specifically in Adult Behavioral Health Services, Case Coordinators support their assigned consumers in maintaining their medical and financial benefits by completing Redetermination paperwork, providing requested documentation, and directly contacting the Senior's and Persons with Disabilities (SPD) caseworker regarding any problem as needed. This includes providing or arranging transportation to SPD appointments, or accompanying those who need that level of support. The Mental Health Residential Coordinator and Protective Services Investigator serve as interagency contacts for the SPD office primarily regarding Adult Foster Home (AFH) licensing and Protective Service issues, as related to mental health consumers residing in SPD licensed AFH's or SPD

Registered Room and Board facilities. This coordination has included sharing information regarding particular providers/homes, joint visits to sites, joint Protective Service investigations, and relocation of residents.

21. List the support services the CMHP intends to purchase with these funds during 2011-2013 for any of the populations in this plan.

	Service
Housing	<ul style="list-style-type: none"> • Assistance with utilities • Rent Subsidies • Housing applications • Support for rental start-up • Transitional housing (apartments, adult foster care) • Small appliances
Education Assistance	<ul style="list-style-type: none"> • GED Exam fees • Tutoring • ID card fees • Books
Employment Assistance	<ul style="list-style-type: none"> • Clothing for job interviews • Binders and photocopies
Transportation	<ul style="list-style-type: none"> • Gas Vouchers • Bus passes, tickets • Greyhound/train tickets • Bicycles
Other	<ul style="list-style-type: none"> • Medications • Craft supplies • Musical instruments/lessons • Medical supplies • Medical care • Transportation expenses for volunteers • Athletic equipment • Lab fees • Food/groceries • Hygiene supplies

22. List planned strategies to integrate mental health, physical health (including dental) and addiction services for all populations, birth through older adult. Limit to 350 words.

Integration is a quality improvement priority of our MHO, the MVBCN. In collaboration with the Integrated Delivery System (IDS) providers the BCN and Marion County are working to expand our integration efforts. These current efforts include:

- *On-site Mental Health Specialists at two primary care clinics (Curbside Counseling). We plan to expand both the number of hours that we are available and expand services to another two primary care facilities. We are adding a bilingual children's clinician which will significantly expand our ability to see children and to serve the Spanish speaking clients in these primary care clinics. Additionally, we are looking at providing psychiatric consultation for the primary care physicians in these clinics, both by phone and a monthly on-site consultation time.*

- *The Mid-Valley Pain Clinic-providing assessment and non-medication interventions for chronic pain in collaboration with the primary care physician.*
- *Collaborative case management and psychiatric services for persons with mental illness and a developmental disability. We have 150 clients that are dually case managed with a DD and MH case manager.*
- *Tobacco cessation screening and nutritional screenings included in all mental health assessments and annual comprehensive assessments.*
- *On-site mental health services at the Providence Benedictine Enhanced Care Facility*
- *Mental Health Services for a relief nursery*
- *Co-occurring disorder treatment available in both our adult outpatient program and in our addictions program*
- *PCP notification whenever one of their patients is assessed, engaging in treatment or when significant medication changes occur..*
- *Collaborating with primary care physicians to provide integration training, such as at Salem Hospital Grand Rounds*

23. List steps taken to prioritize drug court participants.

Drug court clients are prioritized in keeping with the special condition language of our A&D 66 and 61 contracts with AMH. That language specifies that "Subject to the preference for pregnant women and intravenous drug users.....County must give preferenceto persons referred by DHS and persons referred by Drug Treatment Courts within County's service area." The requirements from these service elements are included in their entirety in our contracts with the Marion County Alcohol and Drug treatment providers. Additionally, we include an attachment in our contracts that defines eligibility criteria and prioritizing of clients for services (including drug court referrals).

Marion County has been an active member of the drug court team for a number of years. The clinician assigned to the team monitors the treatment process for participants and can report on any access problems with treatment providers. We are not experiencing any access problems or delays for drug court clients with our treatment providers.

24. What is the amount of funding that the CMHP contributes to treatment court programs including both adolescent and adult drug courts, mental health courts, etc.?

\$56,769

25. Complete the table for funding allocation for each service element.

	AMH Funding Amount	Programs/Projects Funded	Amount of County MOE Matching Funds	Planned Expenditure of MOE Funds
SE 60	\$455,000	PCIT		
SE 61	\$1,123,470	A&D Residential		
SE 61A				
SE 62	\$89,352	Her Place	\$24,054	Family Advocate Services
SE 66	\$3,083,376	Outpatient Services, ITRS	\$442,882	Outpatient, Detox, Adol A&D Services
SE 67	\$262,800	Her Place		

SE 67A				
SE 70	\$325,00	A&D Prevention	\$27,998	Youth Prevention/Early Intervention
SE 71				
SE 80	\$137,504	Gambling Prevention	\$22,708	Gambling Prevention Infrastructure
SE 81	\$1,160,000	Gambling/Res Treatment		
SE 1	\$669,970	Admin & Infrastructure		
SE 20	\$2,794,062	Adult Outpatient, Diversion		
SE 22	\$1,343,552	Children's BH/New Solutions		
SE 24	\$2,670,888	Acute Inpatient Care		
SE 25	\$1,669,792	Crisis Center, Respite, ACIST		
SE 28	\$1,724,006	Pelton Project/Shangri La		
SE 30	\$402,968	PSRB		
SE 31				
SE 34	\$296,996	Adult Foster Care		
SE 35	\$43,870	Enhanced Care Outreach		
SE 36				
SE 38	\$42,272	Work Solutions		
SE 39	\$139,334	PATH/Homeless		
SE 201	\$489,534	Client Designated		
A&D 72				
A&D 73				
MHS 26				
MHS 27				

26. Describe rationale for any changes in funding allocations from the 2009-2011 bienium.

The allocations assume year 2 funding for SE 80 and 81, as well as pending action not yet received.

27. How much Beer and Wine tax funding does your CMHP area receive annually?

\$250,000

28. List how the beer and wine tax money is allocated.

	Amount	Allocation
Beer and Wine Tax	\$16,000	Prevention Services
Beer and Wine Tax	\$58,000	Methadone Treatment
Beer and Wine Tax	\$63,000	Adult A&D Treatment
Beer and Wine Tax	\$71,000	Adolescent A&D Treatment
Beer and Wine Tax	\$42,000	Detox

29. Check whether the CMHP has alcohol and drug, gambling prevention and/or treatment services and/or supports in place to reach the following populations of interest:

Populations	Yes	No
Children (0-6)		X
Youth	X	
Young Adults in Transition (14-25 y/o)	X	
Cultural Groups	X	

Co-occurring Disorders	X	
Veterans	X	
Older Adults	X	

29a. If yes, list strategies for each.

Populations	Strategies
Children (0-6)	
Youth	<ul style="list-style-type: none"> Implementing evidence-based curricula in middle schools o Implementing an evidence-based after school program for middle school girls and an after school program for middle school boys Implementing evidence-based parenting classes for parents and their youth (Strengthening Families Program 10-14) Integrating problem gambling prevention and awareness information into evidence-based curricula. Providing technical assistance and conducting outreach regarding alcohol and drug prevention strategies. We have 4 panel treatment providers for youth 13 y/o and older. They offer a variety of Co-Occurring Disorder (COD) and trauma based programming in addition to programming specific to adjudicated youth. Adolescent (ages 12-17) outpatient alcohol and drug treatment services-regular, intensive, aftercare and youth Drug Court.
Young Adults in Transition (14-25 y/o)	<ul style="list-style-type: none"> Offer quarterly "Teens and Drugs" classes for teens and their parents (Teens and Drugs classes include information about problem gambling) Woodburn School District contracts with MCHD to provide early intervention services to Woodburn School District students. In the treatment system, youth under age 18 are treated by adolescent providers and youth over age 18 are treated by adult providers. Access to transition specific supports are generally limited for youth under the age of 16. Much of the skill building for transition is a part of the programs offered and coordination with other Transition Age Youth (TAY) services is expected. Outpatient and residential gambling treatment are available to youth over the age of 18.
Cultural Groups	<ul style="list-style-type: none"> A bilingual (English/Spanish) health educator is on staff; Presentations and curricula are offered in both English and Spanish. Culturally appropriate materials are developed and available for distribution. Some materials are available in Russian. We also partner with Hispanic and Russian community groups to deliver prevention messages. We have Spanish speaking treatment services with most of our panel providers. Russian and Vietnamese services are seriously understaffed and limited. Hispanic DUI treatment services and adult outpatient treatment services
Co-occurring Disorders	<ul style="list-style-type: none"> Some level of capacity with all panel providers for both youth and adult COD treatment services. Three of the providers have specialized services. There are two co-occurring disorder treatment groups.
Veterans	We have treatment capacity with all of our adult panel treatment providers, but no provider that offers Vet specific programming. We do have trauma and COD programming.
Older Adults	We have treatment capacity with all of our adult panel treatment providers. We have reduced financial barriers to access on indigent services, but no provider that offers specialized programming.

30. Check whether the CMHP has mental health services and/or supports in place to reach the following populations of interest:

Populations	Yes	No
Children (0-6)	X	
Youth	X	
Young Adults in Transition (14-25 y/o)	X	
Cultural Groups	X	
Co-occurring Disorders	X	
Veterans	X	
Older Adults	X	

30a. If yes, describe strategies for each.

Populations	Strategies
Children (0-6)	<ul style="list-style-type: none"> • Early childhood services at Marion County CBH include Parent-Child Interaction Therapy (PCIT) for ages 2-7 years. CBH has four QMHP's and three QMHA's trained or receiving training in PCIT, including one Latino bilingual/bicultural QMHP and two Latino bilingual/bicultural QMHA's. • Two QMHP's are working on Child/Parent Psychotherapy (CPP) for early childhood trauma. • Additional services for this population include family therapy, case management, in-home skills training, and medication management when appropriate. • CBH also has the two QMHP's and two QMHA's trained on "making parenting a pleasure" curriculum. • New Solutions has an ECSII trainer and the New Solutions QMHPs are being trained and receiving consultation regarding administering of the ECSII.
Youth	<ul style="list-style-type: none"> • Marion County CBH provides individual therapy, family therapy, case management, in-home skills training and medication management to this population. • CBH also provides Strengthening Families Parenting groups for families with children ages 10-14 in community schools. Classes are offered in English and Spanish.
Young Adults in Transition (14-25 y/o)	<ul style="list-style-type: none"> • MCHD has started a transition aged youth program designed for 30 youth who have a primary mental health condition and are preparing to age out of the DHS-Child Welfare or Oregon Youth Authority systems. The program is using a high-fidelity wraparound service-planning model, incorporating the Portland State University's "Taking Charge" curriculum. • In addition to the wraparound and case management service, the staffing includes a .50 Youth Engagement Specialist and a QMHA Skills Trainer to support the Youth in gaining independence. • QMHPs at CBH assist youth with decision-making and independent living skills as well as helping them transition to the adult mental health system when appropriate.
Cultural Groups	<ul style="list-style-type: none"> • Marion County CBH clinical team currently has four Latino bilingual/bicultural QMHP's, two at the Salem location and two at the Woodburn location. CBH is in the process of hiring an additional Latino bilingual/bicultural QMHP for the Woodburn location. QMHP's provide services both in-office and in the home/community. • In addition, the team has four Latino bilingual/bicultural QMHA's, providing in-

	<p>home skills training, case management, “Strengthening Families” parenting groups, intake coordination, and medical team support.</p> <ul style="list-style-type: none"> • CBH received a Latino grant from Community and Provider Services to provide outreach and services to the Latino population in Marion County focusing its efforts on the Woodburn area. Through this grant, CBH was able to hire two bilingual/bicultural Promotores who work to inform and educate the Latino community in Woodburn about available mental health services as well as assisting with linkage to other needed resources. • CBH has one QMHP fluent in Chuukese who has worked with families originating in the Pacific Islands. He has participated in community work groups targeting this population. • New Solutions has a bilingual/bicultural Care Coordinator working with Latino families. The wraparound process includes a “strength, needs, cultural discovery” that educates the service providers to the unique culture of the family. • CBH has therapists who are comfortable working with a variety of mainstream, as well as non-traditional families: Latinos; Pacific Islanders; African American; Caucasian; recent immigrants; adopted children; blended families; traditional families; gay and lesbian families; single parents; grandparents, lower SES; middle SES; and homeless.
Co-occurring Disorders	<ul style="list-style-type: none"> • Marion County Children’s Behavioral Health is co-located with Marion County Adolescent Alcohol and Drug Treatment Services. CBH clinicians are able to consult with A&D clinicians on shared cases. • Marion County A&D Services provide the following services to the co-occurring disorder population: <ul style="list-style-type: none"> ○ Case management ○ Medication Management ○ Seeking Safety treatment Group ○ Co-Occuring treatment group ○ Coordination with alcohol and drug treatment providers
Veterans	<ul style="list-style-type: none"> • Case management, medication management, outreach and other treatment services for vets with a severe and persistent mental illness who are homeless or without benefits. • Intensive case management, outreach and other treatment services for vets at risk of state hospital placement.
Older Adults	<ul style="list-style-type: none"> • Case management, Solution Focused Counseling and skills training with older adult mental health specialists • Medication management • Enhanced Care Services at Providence Benedictine • Enhanced Care Outreach Services

31. List any carry over funds for Mental Health Services from 2009-2011.

- Mental Health carry over funds amount: *None anticipated.*
- Service element: *NA*
- Planned expenditure: *NA*

32. List any carry over funds for Alcohol and Drug Services from 2009-2011.

- Alcohol and drug carry over funds amount: *\$200,000*
- Service element: *A&D 60*
- Planned expenditure: *Ongoing PCIT expenses*

33. Select the top three prevention priorities from Comprehensive Plan (SB555) by clicking on three choices and complete the table in Question 34.

- (*) Reduce teen alcohol use
- (*) Increase perceived risk of harm from substance use
- (*) Improve parenting and family management

34. Complete the table.

	Identified priorities from question 33.	Evidence-based Program/Tribal Best Practice	Projected Funding	Outcomes. Be Specific.
Priority #1	Reduce teen alcohol use.	1. Safe Dates 2. Friendly PEERsuasion 3. Boys Council 4. Project Alert 5. Youth leadership summit 6. Adoption of public or organizational policy 7. 5th grade strategy to be identified 8. Targeted outreach 9. Family Education classes entitled "Teens & Drugs"	AD70; AD80; in-kind staff time and materials provided by schools and coalitions	1.P. Technical assistance and/or facilitation will be provided for at least 12 Safe Dates series 1.E. 80% of Safe Dates students will score 80% or higher on post-test knowledge about relationship violence 1.A. 80% of Safe Dates students will recognize that use of AOD increases the likelihood of violence in relationships 1.B. 80% of Safe Dates students understand and demonstrate anger management skills 2.P. At least 3 Friendly PEERsuasion after school programs will be offered per year 2.E. 80% of participants will report increased knowledge on risks associated with AOD 2.P. Completion of at least 2 "Persuade Me" Mini Sessions / Projects 3.P. At least 1 Boys Council program will be offered per year 3.B. 60% of participants who complete the program will report no or decreased AOD use 3.A. 70% of participants will report an improvement in pro-social attitudes 4.P. Technical assistance on implementing Project Alert will be provided to at least 1 school district 4.B. 70% of participants who completed the program report an increase in knowledge about AOD use 5.P. One Youth Leadership summit will be offered 5.B. 70% of participants who participate in the summit will report no or decreased AOD use 30 days after summit 5.E. 80% of participants will report an increase in knowledge about action planning 5.B. 70% of participants will develop a prevention-based action plan 5.B. 50% of participants who developed an action plan will follow through with their action plan 6.P. One public or organizational policy aimed at reducing teen alcohol use will be adopted and implemented 7.P. At least 2 evidence-based strategies that impact 5th grade students/families will be identified for use in at least 1 community 8.P. At least 4 possible partners will be approached regarding alcohol and drug prevention and collaborative opportunities 9.P. Offer quarterly "Teens and Drugs" classes 9.E. At least 70% of participants will report an increase in knowledge

	Identified priorities from question 33.	Evidence-based Program/Tribal Best Practice	Projected Funding	Outcomes. Be Specific.
				9.B. At least 70% of participants report reduced – or no – AOD use
Priority #2	Increase perceived risk of harm from substance use.	1. Safe Dates 2. Friendly PEERsuasion 3. Boys Council 4. Project Alert 5. 5th grade strategy to be identified 6. Family Education classes entitled “Teens & Drugs”	AD70; AD80; in-kind staff time and materials provided by schools and coalitions	1.P. Technical assistance and/or facilitation will be provided for at least 12 Safe Dates series 1.A. 70% of participants who complete the program will report low risk attitudes regarding alcohol and drug use 2.P. At least 3 Friendly PEERsuasion after school programs will be offered per year 2.A. 80% of participants will maintain their perception or increase their perception of risk of harm from AOD use 3.P. At least 1 Boys Council program will be offered per year 3.A. 70% of participants will report an improvement in pro-social attitudes 3.A. 70% of participants who complete the program will report low risk attitudes regarding drug use 4.P. Technical assistance on implementing Project Alert will be provided to at least 1 school district 4.A. 70% of participants who complete the program will report low risk attitudes regarding alcohol and drug use 5.P. At least 2 evidence-based strategies that impact 5th grade students/families will be identified for use in at least 1 community 6.P. Offer quarterly “Teens and Drugs” classes 6.A. 70% of participants report reduced risk and harmful attitudes towards substance abuse
Priority #3	Improve parenting and family management.	1. Strengthening Families Program 10-14 (English) / Familias Fuertas Program (Spanish)	AD70, Mid-Valley Behavioral Care Network, other funding to be determined	1.P. At least 4 Strengthening Families Program classes will be implemented each year, and at least 1 Familias Fuertas class will be implemented each year 1.B. At least 60% of parents who complete the program will report improvement in setting rules, family involvement, communication, and/or harmony 1.B. At least 60% of youth who complete the program will report improvement in attachment, rewards, family involvement, and/or family harmony

35. Complete the table.

	List planned strategies to support and maintain local coalitions.	Project Funding	Outcomes. Be Specific.
Strategy #1	Continue to offer funding for the five Oregon Together groups; uphold contractual agreements	AD70	Five OT Groups will submit monthly data (MDS) and annual reports on prevention projects conducted
Strategy #2	Provide minimum 15 hours of technical assistance to coalitions per year	AD70	70% of participants will report increase in knowledge and utilization of prevention principles in coalition activities
Strategy #3	Provide quarterly meetings/trainings for 5 Oregon Together groups and	AD70	70% of participants will report increase in knowledge and

	Community Progress Teams		utilization of prevention principles in coalition activities
Strategy #4	Attend Oregon Together meetings	AD70	Prevention coordinator will attend at least 10 Together group meetings per year for purposes of ensuring AOD prevention remains a key focus of the coalitions work
Strategy #5	Provide technical assistance regarding AOD prevention strategies to other community-based coalitions and groups	AD70; AD80	70% of participants will report increase in knowledge and utilization of prevention principles in coalition activities

36. List planned strategies the prevention program will use to address gender and cultural considerations.

The prevention program is well-versed in addressing gender and cultural considerations. To support girls, we will continue to implement the Friendly PEERsuasion after school program. Graduates of Friendly PEERsuasion are encouraged to help deliver prevention messages to their peers and younger girls. We recently added a Boys program – Boys Council – in order to ensure that male youth also have access to gender-specific programs. To address cultural considerations, we have a bilingual (English/Spanish) health educator on staff. The health educator delivers curriculum and presentations in both English and Spanish. Most materials are available in English and Spanish. Some materials are available in Russian. In addition, we work with Hispanic and Russian community groups to help us deliver culturally appropriate messages.

37. Is the county Prevention Coordinator CPS Certified?

() Yes*

37a. If no, list steps, with timeline, to acquire certification.

NA

Addictions and Mental Health Division – Attachment 1

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: Marion

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2011-2013. Any comments are attached.

Name of Chair: Janet Carlson Absent at Signing

Address: 555 Court St NE
Salem, Oregon

Telephone Number: 503-588-5212

Signature: Samuel A. Brundage

Date: March 3, 2010