



**Community Health Division
2009 – 2011 Implementation Plan**

Clackamas County Community Health Division
2009 – 2011 Implementation Plan

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Office of Mental Health and Addictions Services
County Contact Information Form

1. County Contact Information

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Name and title of the person(s) authorized to represent the County in any negotiations and sign any agreement:

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2. Addiction Treatment Services Contact Information

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Clackamas County Community Health Division
Implementation Plan 2009-2011

II. Narrative

During the last biennium Clackamas County Community Health completed a merger between the Mental Health Division and Public Health Division which began in March 2005. The process of merging the two divisions was complex and challenging. County staff provide the majority of public health, primary care, behavioral health and developmental disability services in the Community Health Division.

Many factors contributed to this merger. Key was the desire to use more traditional public health principles and strategies to organize the delivery of Mental Health and Addiction services by placing a greater emphasis on prevention and early identification. Clackamas County operates a sizeable Federally Qualified Health Center (FQHC) which allowed the Division to emphasize the delivery of Behavioral Health services in Primary Care settings. The Clackamas County FQHC has 3 clinic sites and provides approximately 33,836 (42,037 if dental and BHC are included) primary care visits per year. As an FQHC the Community Health Division also serves as the safety net for the uninsured. In November 2006, the County received approval from the Bureau of Primary Care to include behavioral health services in the scope of the Federally Qualified Health Center.

Approximately 40% of people receiving primary care services through the County in 2007 were from minority populations. A marked increase in this number was anticipated as a result of the merger.

A review of the service utilization data in Behavioral Health comparing 2005 to 2007 demonstrates a slight increase in the percentage of minority populations receiving services. In 2005 about 9.5% of the total population served in mental health and addiction services identified themselves as “non white” (according to the available race and ethnic categories available through CPMS). In 2007 that number increased to 11%. The most notable increase occurred in the children’s program (age 0-17) with a large increase in the number of families identified as “Mexican.” This increase is related to the hiring of additional bi-lingual/bicultural staff and the availability of behavioral health services in a primary care setting.

All three primary care clinics offer on site Behavioral Health services. With support from a nationally known consultant, Clackamas County undertook a “population based” care model consistent with best practices employed in Public Health. This model encourages Behavioral Health clinicians to function as specialists offering consultation and treatment recommendations to primary care providers. Treatment, up to and including referral to specialty Behavioral Health, is prescribed by the primary care provider thereby using a non-stigmatized, medical based model in which brief cognitive and behavioral based strategies can be used with patients who present with medical and psychiatric co-morbid diagnoses. Using this model, many patients needing mental health and addictions treatment never have to leave the primary care setting to access services.

Throughout this process and during the merger, Clackamas County engaged in a broad based planning effort to help guide strategic decisions. This process included staff from all Divisions and multiple stakeholder groups: The Local Alcohol and Drug Planning Committee, the Mental Health Council, the Developmental Disabilities Council, the Community Health Council, Clackamas County Mental Health Organization and the Partnership Council (focused on building a Children’s System of Care). The Community Health Division continues to report back to these stakeholder groups and they have once again been used in the development of this plan. The County’s focus continues to be on unmet needs and improvements in service delivery. A broad based solicitation for comment was distributed in preparation for the biennial planning process and many stakeholders responded.

Additionally, Clackamas County Community Health remains joined in planning and service delivery with a variety of community partners. This includes staff dedicated to the local chapter of the National Alliance for the Mentally Ill, the Clackamas County Sheriff’s Office, the Local Public Safety Coordinating Council, the Commission on Children and Families, Community Corrections, Juvenile Corrections, the Clackamas Educational Service District, the Clackamas Housing Authority, and the Clackamas County Social Services Division. These partnerships serve as a mechanism to receive feedback and recommendations for system improvements. Consumer input is gathered through an annual Satisfaction Survey and through focus groups when individual projects require targeted feedback.

The primary sources for funding are State General Funds for Public Health, Mental Health and Addiction services, Oregon Health Plan Capitation for Mental Health services, and Oregon Health Plan Fully Capitated Health plans for Addiction treatment and for some mental health services delivered in Primary Care. Mental Health Plan Organization (MHO) funds also support mental health services delivered in the primary care setting. County general funds also support many division programs but cannot be guaranteed from year to year.

Key Stakeholder Input

Planning input began in March of 2007 when the Board of County Commissioners directed staff to explore alternative service delivery models for programs in Community Health. The first focus was on Primary Care and Developmental Disabilities. Examination of behavioral health, public health and mental health organization services will have greater focus in FY 2008-2009 and may impact the delivery of services in the 2009-2011 biennium.

Although additional dollars were added by the legislature in 2007, these new funds do not make up for the years of flat revenue in which the County was dependent upon carry-over funds. Additionally, the majority of stakeholder feedback received for this planning process indicates a need for more and improved services in all program areas. Clackamas County is the only large county that has relied on internal staff for the majority of services. The cost of services in the County is outpacing the revenues received and the revenues received do not appear to adequately meet the needs of county residents. Although it is not feasible to meet all the needs in the community, it is reasonable to examine alternative service models to determine if the number of services delivered could be increased with a different service delivery structure. The inclusion of behavioral health services under the scope of the Federally Qualified Health Center both increases the complexity of the analysis and provides opportunity for revenues to enhance the service system.

III. Description of Current Linkages to State Hospital and Acute Care Inpatient Providers

Clackamas County Community Health Division employs a full time case manager assigned to the State Hospital to act as a discharge planner, diversion coordinator and liaison. The Hospital Liaison works in conjunction with the Extended Care Management Unit and with the local Involuntary Commitment Investigators.

Embedded in the County's crisis program, the Hospital Liaison is responsible for managing the Clackamas County hospital census and waitlist.

During 2005-2007 Clackamas County remained under census as defined by the Office of Addictions and Mental Health. These targets, developed through the co-management agreement have been met consistently through community development and ingenuity. The Hospital Liaison meets with all patients in the State Hospital on a regular basis and works with hospital staff to determine readiness to discharge. As a member of the Division's housing committee, the Hospital Liaison also has direct access to available beds in the community. Using a person centered planning model, barriers to discharge are identified and addressed. The Hospital Liaison coordinates with ECMU, residential and outpatient treatment staff to ensure individualized supports to maximize the success of each placement. The Hospital Liaison routinely coordinates with State Hospital staff, ECMU and liaison staff from other counties through participation in a multi-County housing workgroup and attendance at hospital treatment team and discharge planning meetings.

Clackamas County crisis staff works closely with both State Hospital and Acute Care Inpatient Providers to provide follow up placement and treatment services for clients being discharged. As part of the program, intensive case management staff arrange for follow up mental health appointments and rapid access to medical providers. As part of the discharge process, hospital staff are asked to facilitate specific crisis planning with clients. Crisis case management staff track patient follow through with planned appointments and provide outreach for failed appointments. For committed clients requiring long term care, the Hospital Liaison works actively with county housing coordinator and the State Extended Care Management Unit to access appropriate levels of care in the community as a diversion to the state hospital. The State Hospital Liaison also screens referrals from other counties requesting access to Clackamas County ECMU housing.

During 2005-2007 a twenty-six week sample demonstrated that the Clackamas County facilitated 85 screenings (an average of 3.5 screenings per week) for community placement from the hospital. Of those screenings 22% were patients on the state hospital waitlist. Only two of the patients screened were placed outside of Clackamas County, both based on the need for a level of care not currently available in Clackamas County. Clackamas County works actively with clients to achieve their independent housing goals. Movement through supported

housing projects is a critical component to Clackamas County's ability provide housing supports for clients needing hospital diversion and hospital step down levels of care.

Clackamas County also employs a full time PSRB coordinator. Similar to the Hospital Liaison, the PSRB Coordinator is responsible for managing the forensic census at the State Hospital. Though not currently part of the co-management agreement, forensic clients and the need for census reduction remains in the forefront of the County's planning efforts.

IV. Description of Coordination with Addictions Residential and Detoxification Providers

Under a long standing agreement, Clackamas County transfers management of its addictions residential beds to Washington County. The primary contract is held by Tigard Recovery Center (TRC) which offers detoxification services to men and women, but only offers residential treatment services to men. During 2005-2007 representatives from Clackamas County met with TRC and Washington County to assess and understand the bed utilization and referral process.

According to internal data both residential and detoxification services were underutilized by Clackamas County clients during the 2005-2007 biennium. This is due to several factors including:

- The TRC program model, by design, works most effectively with clients whose only issues are alcohol and narcotic or amphetamine drug abuse or addiction and who have leverage within the Corrections system.
- The TRC program is not able to treat the addictions of clients with mental health diagnoses. TRC staff are certified alcohol and drug counselors who do not meet the criteria for Qualified Mental Health Professionals.
- The need for residential services for women remains high but TRC has no capacity for this population.
- Admissions policies at TRC around any client use of benzodiazepines in the past 30 days often ruled out individuals in need of services. A recent change in Medical Director has relaxed that policy.

During the coming biennium and into 2009-2011 Clackamas County Community Health Division will undertake a careful planning process to consider alternatives to the current resource allocation. Clackamas County was recently approached by the Hooper Center about the possibility of purchasing beds at the Portland facility. Concurrently, Tigard Recovery Center (TRC) has expressed a willingness to consider serving different populations. An AMH sponsored Tri-County Detox/Stabilization Task Group began in January 2008 with representatives from Washington County, Multnomah County, Clackamas County and with staff from the Office of Addiction and Mental Health Services to explore regional needs. During this planning process, the Community Health Division will continue to monitor bed utilization and coordinate admission and discharge to TRC of Clackamas County clients.

Clackamas County began offering an adult Intensive Outpatient Alcohol and Drug program in February 2008. While the program is open to all clients needing this level of service, Clackamas County is committed to annually serving 100 non-Medicaid addicted parents of children participating in the Child Welfare system. A referral system is in place through Child Welfare to identify and refer clients to the Intensive Outpatient Program. It is anticipated that many of the children of the non-Medicaid addicted parents will be receiving treatment services through CCBH's Child and Family Program. It is expected that the parents' intensive outpatient therapist would be coordinating with the child's therapist on an on-going basis. These therapists would be responsible for determining when it would be appropriate to institute family therapy, parenting sessions or other joint services. The Child and Family Program offers a number of parenting skills development programs such as Incredible Years and individualized Parent Child Interaction Therapy.

Adults involved in the Intensive Outpatient Program will receive all of their substance abuse treatment services from the same team at the same location for both Level 2 and Level 1. This ensures continuity of treatment focus and decreases the risk of not completing treatment. Additionally, the County has several affordable housing programs which are alcohol and drug free. Those individuals leaving residential rehabilitation programs such as Tigard Recovery Center remain able to access these housing sites.

V. Coordination with Criminal Justice System and Prioritization of Drug Court Referrals

Clackamas County has operated four major Treatment Court programs; Mental Health Court, Juvenile Drug Court, Adult Drug Court and Family Treatment Court. Through a partnership with the Clackamas County Courts, District Attorney's Office and Indigent Defense Attorneys, a successful alternative to incarceration for offenders has been established.

Referrals to the Clackamas Treatment Courts come directly to the treatment staff from the presiding judge for the Drug Court, the Defense Bar or Community Corrections. This process allows for those appropriate referrals to be rapidly screened and handled in a timely manner. Referrals can also come through regular outpatient addictions treatment services but are generally referred directly to the specialty court service.

In the coming biennium Clackamas County anticipates growth in treatment court programs. Recently the Juvenile Department has opted to assume responsibility for the Juvenile Drug Court Program. Clackamas County will provide seed money to keep the program solvent and staff from the Community Health Division will remain in a consulting and AMH liaison role rather than treatment provider.

Additionally, Clackamas County Behavioral Health has a long standing relationship with the local criminal justice system. Clackamas County Behavioral Health provides substance abuse screenings one afternoon per week at the field office of Clackamas County Corrections in addition to screenings done at the Work Release Center, staffing for the Corrections Substance Abuse Treatment Program at the Work Release Center, staffing for both the men and women's electronically monitored Intensive Drug Program, and referral assistance and discharge planning at the Clackamas County Jail.

VI. Identification of High Priority Needs for each Program Area

During 2007, Clackamas County contracted with Dr. David Lloyd to assist with the development of an internal data base and reporting for Behavioral Health Services, and to implement a full array of practice management reports. The Service Practice and Quality Management System (SPQM) and the extensive data

available in the Electronic Medical Record has allowed for an assessment and understanding of the relationship between service need, diagnosis and outcomes in a way never possible before. Below are findings from a recent assessment.

On average, Clackamas County Behavioral Health (CCBH) and the Developmental Disabilities program provides services to approximately 4500 clients and delivers just under 40,000 services in any given six month period (this data does not include offsite contracted positions where clients records are not kept at CCBH). Of those 40,000 services more than half (25,480) are mental health services only. About 11,000 of the services are referrals for Alcohol and Drug Services. The remaining services are provided to the developmentally disabled program under the Community Developmental Disability Program Administrative Rules. The representative samples of demographics of those receiving services in any given six month period are as follows:

Demographics of Clients Seen in Sample Six Month Period

Program	Child	Adolescent	Adult	Senior	Total
A&D	2	105	694	14	815
Dev. Dis.	224	165	666	25	1080
MH	494	333	1700	72	2599
Total	720	603	3060	111	4494

Additional demographic assessment yielded relational data previously unavailable prior to the use of the Electronic Record and Service Practice and Quality Management System (SPQM) system. This data allows isolation of sub-populations and identifies trends by diagnosis, outcome, and payor source. A sample of this data, illustrating the most common diagnoses given and payor source using the demographics above is shown here. These tables demonstrate how services were provided in any given six month period to patients by diagnosis, age and payor source:

“Events of Service by Primary Diagnosis” in Sample Six Month Period
Top 7 Shown

Pop	Schizophrenia	Substance Use	Anxiety Dx	Schizoaffective Dx	Major Depression	BiPolar Dx	Adj. Dx
Child	0	0	663	0	62	1	1370
Youth	0	766	414	6	297	70	735
Adult	4417	3597	1956	2948	2279	2455	502
Senior	153	0	108	10	38	149	3
Total	4571	4364	3143	2965	2677	2677	2613
%	13	12	9	8	8	8	7

“Individuals Seen by Payor Source” in Sample Six Month Period
Major Fund Sources Shown *

Commercial Insurance	Medicaid FFS	Medicaid Managed	CC MHO	Other MHO	Medicare FFS	Self Pay	Contract
142	440	187	1682	93	601	1291	268
4%	14%	6%	52%	3%	19%	40%	8%

* Individuals may have more than one payor source.

These samples illustrate new and creative ways to understand the populations being treated through CCBH. In the 2007-2009 Biennial Plan Clackamas County identified a significant need to continue to develop strategies to outreach to underserved and at risk seniors, to continue cross generational addictions treatment with attention to methamphetamine use, a continued focus on underage drinking and continued emphasis on coordination with other agencies to assure integrated services with a focus on reducing school drop out rates. In addition to continuing the above initiatives, focus is directed in the following areas:

Mental Health

Internal data demonstrates that a significant percentage (29%) of staff time and resources are spent treating the population that qualifies as Priority One (Severely and Persistently Mentally Ill – SPMI). With flat funding from the State General Fund Clackamas County will need to continue to evaluate how available resources are distributed to the teams supporting this population, in addition to working

diligently with other major fund sources (Medicaid FFS and CCMHO) to identify new and innovative strategies to support these individuals in recovery.

HOUSING (SPMI): With continued development in the Villebois Community, Clackamas County must maintain resources devoted to housing development and ultimately hospital census reduction. While the ultimate impact to Clackamas County Community Health remains unknown, the work during the past biennium demonstrates that housing will remain among the most significant services that impacts both resources and treatment outcomes. During 2005-2007 Clackamas County staff completed an average of 3.5 screenings each week and made over 100 community placements as a result of housing efforts. While other Counties continue to develop residential options, internal review demonstrates the need for sub acute levels of care and continued use of creative strategies such as the Housing Brokerage to assist individuals in transitioning to lower levels of care. Although project based grants will be available from AMH, from a resource perspective Clackamas County will need to focus on Villebois projects rather than other new projects.

In the 2005-2007 biennium and in 2008, two efforts were made in Clackamas County to develop a secure residential treatment facility. Both of the efforts met with significant neighborhood opposition and did not proceed. Secure residential treatment remains a service gap in Clackamas County. Fair housing statutes and neighborhood opposition to secure residential facilities are playing out in the courts. As opportunities arise, Clackamas County will continue to pursue adding this needed element to the housing service array.

EMPLOYMENT: Though workforce development efforts planned for this biennium did not materialize, this remains a high priority need for the SPMI population. Successful employment continues to be large factor in individual recovery. With reductions in day program alternatives, community education and initiatives encouraging supported employment and supported education models, employment will continue to be a demand among those served by Clackamas County. Clackamas County works in partnership with the Working for Independence (WFI) provider in County (Community Solutions) and with the local Oregon Vocational Rehabilitation office. Through this partnership clients are referred for vocational rehabilitation services and placed with Community Solutions for work assessment and job placement. Community Solutions uses the Evidenced Based Practice Supported Employment Toolkit available through AMH

to guide their practice. Community Solutions has developed several innovative paid work experience sites such as a coffee cart, where clients are trained as baristas and more traditional placements such as janitorial, catering, and landscaping. Community Solutions also provides .6 FTE of a Community Liaison to the Villebois Housing Development. This position has been responsible for securing working relationships with the Wilsonville Chamber of Commerce and serves on the Dammasch Housing Advisory Committee. This position is also responsible for promoting awareness and support for work options for future mental health residents of Villebois within the local business community. Clackamas County Community Health will seek additional funding for long term supported employment in the coming biennium and to sustain the work that has started within the Villebois community.

TRANSITION AGE YOUTH/FIRST BREAK SERVICES: Examination of the data available regarding the populations served, Clackamas County remains committed to prevention and early intervention. Clackamas County plans to continue efforts to build transition age supports. Research shows that significant gains have been made with individuals who experience a first psychotic break and were successfully diverted from mainstream treatment options into supportive psycho-education models which actively involve families. During 2005-2007 Clackamas County developed a multi-family psycho-educational model for SPMI clients experiencing an early break. This program serves individuals ages 16-30 with a diagnosis of major psychiatric disorder. The model is similar to the successful multi-family program used in Marion County and staff from Mid Valley Behavioral Health are on contract to provide clinical supervision and support to Clackamas County Behavioral Health. First break clients are referred to the Multi-Family Treatment team from the hospital or shortly after discharge. With strong emphasis on employment, education and problem solving, clients meet in groups with their families several times each week. Case Management resources are devoted to this program and are delivered in the community. In addition to continuing to support the Multi-Family Treatment Option, Clackamas County will continue to support co-occurring transition age programs in the coming biennium. The Passport Program serves clients ages 16-23 who have a major mental illness and a co-occurring substance use disorder. Effort will continue to be placed in determining how these programs might be leveraged to provide a comprehensive continuum of care to young adults experiencing a significant mental illness and/or co-occurring substance use disorder.

Alcohol and Drug Prevention and Treatment

Internal data indicates that those individuals with substance use diagnoses use the second highest amount of services (18%) (this data does not include the contracted services where clients' records are outside Clackamas County Behavioral Health). This data also demonstrates that the rate of co-occurring substance use and mental health diagnoses among those clients in treatment is consistent with national averages (80%). The highest use rates remain with adults. During the 2005-2007 biennium, Clackamas County undertook a major initiative to train, credential and merge the Adult Alcohol and Drug Team with the Adult Outpatient Team (does not include SPMI clients). All professional staff were offered the necessary training hours to meet competency and state requirements to provide substance use treatment. This included training and credentialing for all clinical supervisors through the Addiction Counselor Certification Board of Oregon (ACCBO). Clackamas County Behavioral Health now provides clinical supervision hours for all clinical staff towards certification in Alcohol and Drug and for licensure (Social Work and Professional Counselor) as needed and all clinical staff working in the Adult Outpatient Program are dually credentialed. The result of this change is increased awareness of the substance use rates among those with mental illness and a change in programming to better address chemical dependency. As clients enter services they receive an integrated assessment (complete mental health AND substance use) and referral to several available co-occurring groups. An orientation to services explains Clackamas County Community Health philosophy and provides basic information about mental health and addiction services. In the 2007-2009 biennial plan, Clackamas County identified the need to provide more case management supports for people with serious addiction issues. Two CADC certified Case Managers are now assigned to the Outpatient Adult Program. Clackamas County has also tried to develop some peer mentoring pilots that have met with limited success to date. Alcohol and drug free housing options increased with the opening of Avalon House in 2007.

VII. Narrative by Service Element

Service Element	Current Funding	Current Uses (including use of EBP if applicable)
MHS 20	\$3,952,668	Primarily to support adult outpatient mental health and rehabilitation services. Also used for housing development and services in the jail. <i>EBP's in use: Multi Family Psycho Education (MFPE), Strengths Based Case Management, ASAM, Solution Focused Therapy, CBT, DBT, Co-occurring Disorders Treatment, Project Match, 12 Step Facilitation, Motivational Interviewing</i>
MHS 22	\$1,201,550	Primarily to support child services, psychiatric services, therapy, case management, Children's System Change Initiative and service linkages with the Juvenile Court. <i>EBP's in use: Trauma Informed Cognitive Behavioral Therapy(CBT), Parent Child Interaction Therapy (PCIT), Incredible Years, ASAM, DBT, Co-occurring Disorders Treatment, Motivational Interviewing, Collaborative Problem Solving</i>
MHS 25	\$1,420,090	Supports the 24 hour crisis system and Involuntary Commitment Program. <i>EBP's in use: MFPE, ASAM, Solution Focused Therapy. CBT, DBT, Motivational Interviewing</i>
A&D 60	\$484,875	Alcohol and Drug Enhancement Grant program funding for service linkages with community partners and the Passport Program (dual diagnosis youth). <i>EBP's in use: ASAM, CBT, DBT, Co-occurring Disorders Treatment, Motivational Interviewing</i>
A&D 66	\$2,590,559 (\$1,995,912) Outpatient (\$594,647) Intensive Outpatient	Primarily supports outpatient A&D youth and adult treatment. Also supports Treatment Court and new Intensive Outpatient Treatment program for DHS involved families. <i>EBP's in use: Mental Health Court, Youth Drug Court, Family Court, Adult Drug Court. Seeking Safety, Matrix Model, ASAM, , CBT, DBT skills,, Co-occurring Disorders Treatment, Project Match 12 Step Facilitation, Motivational Interviewing, Milkman and Wanberg curriculum.</i>

A&D 70	\$426,998	Primarily supports the alcohol and drug prevention activities in the County. Additional grant Funding awarded for FY 07-08 “Strengthening Families” program. <i>EBP’s in use: Project Alert, Cannabis Youth Treatment (CVT-5), Teen Screen, Strengthening Families</i>
A&D 80	\$0	Services provided by Cascadia Behavioral Health via direct contract with AMH.
A&D 81	\$0	<i>Services provided by Cascadia Behavioral Health via direct contract with AMH.</i>
LA 01	\$1,601,303	Administrative funds are used to support CMHP administration and related activities such as DD and MH sub-contracted services, monitoring and contract actions, budgeting, housing development, quality monitoring and part of DD program management position overseeing case management.

Addictions and Mental Health Division – Attachment 1

LIST OF SUBCONTRACTED SERVICES FOR CLACKAMAS COUNTY

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	AMH Funds in Subcontract	Specialty Service
Washington County	93-6002316	A&D 66	72,991*	Detoxification services
Clackamas County Office of Children & Families	93-6002286	A&D 70	102,000*	Special grant serving youth & families
Todos Juntos	93-1308023	A&D 70	45,600*	Minorities, youth
*Current funding level				

Addictions and Mental Health Division – Attachment 2

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: Clackamas

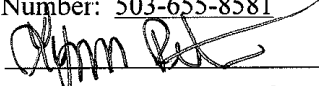
In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: Lynn Peterson

Address: 2051 Kaen Road

Oregon City, OR 97045

Telephone Number: 503-655-8581

Signature: 

Date: MAY 1, 2008

Addictions and Mental Health Division – Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE
REVIEW AND COMMENTS

County: Clackamas

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

Margie Bradley, Secretary 22884 SE Dowty Road Eagle Creek, OR 97022-9694 H) 503-637-5361	Helene Vandeberg 6704 SE King Rd. Milwaukie, OR 97222 H) 503-774-6458	Charles (Bill) Gallup, Chair 13409 SE McLoughlin, Space 6 Milwaukie, OR 97222 H) 503-653-5316
Joanne Rohweder 19321 SE Martin Road Sandy, OR 97055 H) 503-668-6298	Stacy Forrest 19447 Prospector Terrace Oregon City, OR 97045 H) 503-655-4576	Molly Bair 3252 SE 177 th Portland, OR 97236 H) 503-709-4754 W) 503-659-5515
Roberta Gray, Vice Chair 1305 Heater Court West Linn, OR 97068 H) 503-655-4064 or 503-781-3030	Candy Mills 314 Madison Street Oregon City, OR 97045 H (503-557-0677 W) 503-731-4258	Kevin Phillips 24410 S Beaver creek Rd (P O Box 21) Beavercreek, OR 97004 H) 503-632-6600

In accordance with ORS 430.342, the Clackamas County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2009-2011 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: Charles (Bill) Gallup

Address: 13409 SE McLoughlin, Space 6

Milwaukie, OR 97222

Telephone Number: 503-653-5316

Signature: 

Date: 4/22/08

Addictions and Mental Health Division - Attachment 4

LOCAL MENTAL HEALTH ADVISORY COMMITTEE
REVIEW AND COMMENTS

County: Clackamas

Type in a list of committee members, including addresses and telephone numbers.

Charles (Bill) Gallup 13409 SE McLoughlin, Space 6 Milwaukie, OR 97222 H) 503-653-5316	Paul Ericksen, Vice President 39330 S Sawtell Rd Molalla, OR 97038 H) 503-829-3658	Claudia Degner 3670 North Holly Canby, OR 97013 H) 503-263-4553
Barbara Tanner, President 23421 S Hwy 213, Unit 63 Oregon City, OR 97045 H) 503-632-0559	Beverly White 32450 S Wright Rd Molalla, OR 97038 H) 503-829-7828	Larry Betcher 13278 Vermeer Drive Lake Oswego, OR 97035 H) 503-699-8550 W) 503-215-1508
Jeff Worthington 129 Morton Road #209 Oregon City, OR 97045 H) 503-799-1941	Madelaine Pagni 19321 S Pease Road Oregon City, OR 97045 H) 503-655-6102 C) 503-939-1508	


The Clackamas County Local Mental Health Advisory Committee, established in accordance with ORS 430 630(7), recommends acceptance of the 2009-2011 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: Barbara Tanner

Address: 23421 S Hwy 213, Unit 63

Oregon City, OR 97045

Telephone Number: 503-632-0559

Signature:  Date: 4/22/08

Addictions and Mental Health Division - Attachment 5

COMMISSION ON CHILDREN & FAMILIES REVIEW & COMMENTS

County: Clackamas

The Clackamas County Commission on Children & Families has reviewed the alcohol and drug abuse prevention and treatment portions of the county's Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: Cynthia Mohiuddin

Address: 13425 SW 72nd Avenue

Tigard, OR 97223

Telephone Number: 503-620-8618

Signature: _____

Date: _____



3/11/08

Addictions and Mental Health Division - Attachment 6

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: Clackamas

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2009-2011 is not lower than the amount of county funds expended during 2007-2009.

Melinda Mowery

Name of County Mental Health Program Director

Melinda Mowery
Signature

3/4/08
Date

Addictions and Mental Health Division – Attachment 7

PLANNED EXPENDITURES OF MATCHING FUNDS (ORS 430.380) AND
CARRYOVER FUNDS

County: Clackamas County Community Health Division

Contact Person: Karen Slothower

Matching Funds

Source of Funds	Amounts	Program Area
n/a		

Carryover Funds

AMH Mental Health Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
n/a		

AMH Alcohol & Drug Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
187,234	Will use to cover deficit in program operations in 09-10	A&D 66

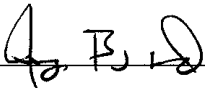
Addictions and Mental Health Division – Attachment 8

REVIEW AND COMMENTS BY THE LOCAL CHILDREN, ADULTS
AND FAMILIES DISTRICT MANAGER FOR THE DEPARTMENT OF
HUMAN SERVICES

County: Clackamas

As Children, Adults and Families District Manager for the Department of Human Services, I have reviewed the 2009-2011 Biennial County Implementation Plan and have recorded my recommendations and comments below or on at attached document.

Name of District Manager: Jerry Buzzard

Signature: 

Date: 3-26-08

Addictions and Mental Health Division – Attachment 9

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY
COORDINATING COUNCIL

County: Clackamas

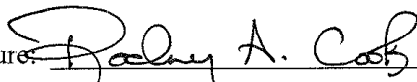
The Local Public Safety Coordinating Council has reviewed the 2009-2011 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: Rodney A. Cook

Address: 2051 Kaen Road

Oregon City, OR 97045

Telephone Number: 503-650-5678

Signature: 

Date: 4-21-08

Prevention Plan:

2009-2011 A & D PREVENTION PLAN

This plan focuses on identified community needs, the implementation of evidence based practices and the maintenance of long-term prevention activities.

Clackamas County has sustained prevention efforts for the past twenty-five years. All the school districts, law enforcement agencies and many community coalitions have consistently addressed the onset of early alcohol and drug use, developing community norms regarding use, encouraging consistent parenting, the lack of positive social supports and youth activities. While these county-wide efforts have built a solid base of awareness and lessen many of the risk factors for youth findings in the most recent Oregon Healthy Teens Survey 2005-2006 (Oregon Health Division 2006) have identified a number of troubling trends:

- Statewide 8th graders reported higher alcohol use than eleventh graders
- In Clackamas County, a small percent of 8th grade girls reported drinking 5 or more drinks daily for 20 or more days in the past 30 days
- 42% of all County Youth surveyed state that it would be “very easy” for them to obtain alcohol
- 42% of 8th graders believe that neighborhoods have a lot of crime and drug dealing
- 4% of 8th graders report selling drugs in the past twelve months

Based on these indicators, Clackamas County Community Health Division has chosen to focus on the following areas:

Universal Prevention:

Information Dissemination: Clackamas County will increase the level of awareness in the county through:

- Topical presentations on the Government television channel
- Monthly information packets to all Youth Service Teams
- Informational flyers for County waiting rooms
- Contact cards for Hospital Emergency Departments

- Increased Work Force knowledge and skill through topical trainings

Education: Clackamas County will provide the following educational activities:

- Provide informational events for parents
- Provide in-service trainings twice yearly to youth serving agencies, law enforcement and school staff on current drugs of abuse, risks of early use and prevention strategies
- Provision of Guiding Good Choices and Strengthening Families Parenting Programs throughout the County in Spanish and English.
(Increasing parenting skills remains a high level output for the Clackamas County Commission on Children and Families' Comprehensive Plan 2008-2014)

Community-based Process: Clackamas County will continue to work with community coalitions to:

- Reinforce current efforts
- Provide technical assistance as needed
- Develop communication linkages
- Increase access to on-going information and skill development
- Decrease underage drinking through organized awareness campaigns, alcohol sales compliance checks, party enforcement and alcohol-free activities support.

Education and Alternatives: In an effort to decrease the use of alcohol and other drugs by eighth graders (High Level Outcome of the Clackamas Coordinated Plan-SB555), Project Alert will continue to be offered at the middle school classrooms in two school districts. The curriculum spans both seventh and eighth grades. During the first year all seventh graders receive an intensive nine weeks of skill building and in the second year all eighth graders are involved in a three week skills refresher class. Project Alert is a SAMHSA Best Practice.

Selective Prevention:

High risk intervention groups will be available to all the middle and high schools including alternative schools during the biennium (Reduced School Dropout Rate - annual measure in the Clackamas County Juvenile Crime Plan). To reach those youth who have dropped out of school, Clackamas County Community Health (CCCH) Prevention Services will continue to explore the needs of those students in non-traditional education settings as well as those students who have left formal education prior to graduation.

CCCH has found that these youth tend to need more individual engagement before participating in group activities. Most youth appear to be concerned about their mental health more than their alcohol and other drug use and have difficulty seeing a correlation between the two. Clackamas County's Comprehensive Plan state that 80% of adolescent suicide attempts and successful suicides involve drug overdoses. Further, drugs and alcohol are involved in 75% of sexual activities which lead to teen pregnancies, 40% of fatal teen accidents, 30% of teen homicides and most delinquent offenses.

Indicated Prevention:

Alternatives and Problem Identification and Referral: Clackamas County will focus on two specific high risk groups:

- Provide an on-going support group for high-risk youth identified by school personnel. These groups meet over the duration of a student's middle school or high school career. Focus is on problem identification and solving skills, anger management, minority issues and alternatives to negative or high risk behaviors.
- Cannabis Youth Treatment (CBT5) which focuses on problem identification and alternatives to Marijuana Use. This is a SAMHSA Best Practice. Youth are referred by schools, courts and counseling staff.

Cultural Competency:

The Clackamas County school population is the 5th most diverse in the State of Oregon. The number of Hispanic youth has continued to grow and now represents approximately 10% of school aged youth. Spanish is the largest language group

other than English. Most demographic summaries do not reflect two other large culturally different groups. The north end of the County has experienced an influx of Russian immigrants for whom Russian is the primary language of both the parents and school aged children. Prevention staff have increased the outreach to the local faith community and will provide prevention skills training during the next year. This has been a necessary link to the New Russian community who are suspicious of government involvement since most of them endured many years of religious suppression.

Providing prevention and intervention services to rural residents requires a different approach. A prime cultural ethic of rural areas is one of self-sufficiency. Many view life as always hard and endurance is the necessary value to survive. The use of alcohol and drugs are long held community or family norms and most often viewed as a rite of passage to the pain and suffering of adulthood. Rural residents can be distrustful of mental health intervention and resist the notion that talking with someone can change behavior or improve your life. Some of this distrust may also stem from the paradoxical lack of privacy that occurs. Rural residents are keenly aware that other people are very interested in their lives and gossip about family and friends is a primary form of communication. One can become the object of speculation and gossip based solely on being seen entering a treatment center or government building.

Non-traditional methods are needed to engage them. Prevention staff are attuned to the how each of the thirteen communities view substance abuse and mental health issues. Engaging families in prevention activities may take more time and a greater level of what can be perceived as socializing, i.e. talking about the weather, an area of common interest such as sports or asking after the family. Rural residents generally are less inclined to engage in the abstract process of treatment but have readily engaged in skill building and community organizing activities.

Office of Mental Health and Addiction Services – Attachment 10
2009-2011 County Biennial Implementation Plan

PREVENTION STRATEGY SHEET

County Clackamas County

Prevention Coordinator Barbara Wiest

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs. All outputs and outcomes must be measurable.

Proposed Programs	Proposed Outputs	Proposed Outcomes
Project Alert	<ul style="list-style-type: none"> • All 7th graders and 8th graders at 3 local Middle Schools will participate in Project Alert. 9 week sessions for 7th graders and 3 week booster sessions for 8th graders. 	<ul style="list-style-type: none"> • 70% of all 7th graders will demonstrate an increase in knowledge and skills • 70% of 8th graders will demonstrate continued use of skills learned in prior year
High Risk Student Group	<ul style="list-style-type: none"> • 3 on-going groups will be provided in two school districts 	<ul style="list-style-type: none"> • 75% of youth involved in group will demonstrate increased attendance in school • 70% of youth involved in group will demonstrate a decrease in discipline referrals • 80% of youth involved in group will report no or reduced ATOD use

Parent Skill Training	<ul style="list-style-type: none"> • At least 250 caregivers, youth/children will participate in Strengthening Families or Guiding Good Choices 	<ul style="list-style-type: none"> • 80% will endorse having learn at least 2 new skills that they are now using
Workforce Development	<ul style="list-style-type: none"> • At least 10 days of alcohol, drug and prevention topics will be presented each year 	<ul style="list-style-type: none"> • 90% of training evaluations will identify how this training is helpful to improving services and increasing protective factors
Cannabis Youth Treatment 5	<ul style="list-style-type: none"> • Four series of five sessions per year will be available to youth referred by parents, schools and Juvenile Court 	<ul style="list-style-type: none"> • 80% will demonstrate increased refusal skills • 80% will have developed ATOD-free social network
Community Mobilization	<ul style="list-style-type: none"> • Provide at least six sessions of technical assistance per year to local community group • Provide 2 topical trainings to community groups • Work with 2 Law enforcement agencies to increase EUDL activities 	<ul style="list-style-type: none"> • At least 45 community members will participate in technical assistance efforts • 100 Community Coalition members will attend training • At least 5 Reward and Reminder Interventions or party enforcement events will occur annually
Community Awareness	<ul style="list-style-type: none"> • 8 Informational packets for Youth Service Teams per year • Participate in at least 6 Parent/Caregiver Awareness events • Develop informational flyers for County waiting rooms 	<ul style="list-style-type: none"> • Education and awareness efforts will reach all residents of Clackamas County annually

Problem Gambling Services Plan:

Problem Gambling Treatment and Prevention services are provided by Cascadia Behavioral Health Center through a direct contract with the State.

Children's Mental Health Services Plan:

General Overview:

The Child and Family Integrated Treatment Team (CAF ITT) provides outpatient mental health and substance abuse services at Clackamas County Community Health. The team consists of Mental Health Specialists, Care Coordinators, child psychiatrists, and a child psychologist. Three members of the current team are bilingual in English and Spanish. The CAF ITT utilizes translators for children/youth and caregivers who speak other languages, including American sign. CAF ITT members have identified areas of specific expertise (such as: age level; diagnostic clusters; substance abuse issues) and every effort is made to provide a match between a child's needs and a clinician's expertise for the child/youth's first appointment. However, a child or family member is welcome to request a transfer to ensure the best match possible. Children and families are invited to request a specific therapist should they have experience working with a clinician to ensure continuity of care.

Children referred for mental health services are assessed for medical necessity by a master's level clinician and, for those who meet those criteria, an individualized treatment plan is developed at that first meeting. Caregivers are included in this process unless a youth is old enough to seek treatment services independently as defined by law. During the initial appointment, children/youth and their families identify collateral service providers to include and coordinate with during treatment and releases are obtained to allow the sharing of protected health information. Treatment planning is inclusive of the child's family, as appropriate, and includes development of a crisis/safety plan for all children/youth. Treatment plans are individualized to the needs of the child/youth and their caregivers. The array of services includes: individual therapy; family therapy; skills training; case management; psychiatric assessment, consultation, and medication monitoring/management; coordination of care; parent education; group therapy; in-home skills training; and assistance accessing a higher level of care (community

based intensive services; day treatment; residential treatment). Regular review and revision of the treatment plan occurs during the course of treatment.

Staff Training:

Staff working in the Child and Family Integrated Treatment Team (CAF ITT) have participated in 16 hours of diversity training during the last biennium. This includes training on the culture of poverty. CAF staff also participated in a 40 hour Person Centered Planning Facilitator's training to increase their skills in provision of client-focused and family driven services. Members of the CAF ITT have participated in trainings related to strengthening skills in evidence based treatment (for example: trauma focused cognitive behavioral therapy; parent-child interaction therapy; incredible years; motivational interview; collaborative problem solving; cognitive behavioral therapy – depression; cognitive behavioral therapy – anxiety; and seeking safety among others) as required by the State of Oregon.

Additionally, in 2007 members of the CAF ITT were trained in the use of an “outcome rating scale” that measures client progress in treatment and a “session rating scale” used at the end of each individual or family treatment session that rates the clinician's “therapeutic alliance” with the child/youth and ability to meet the client/family needs. The CAF ITT plans to continue use of both the session rating scale and the outcome rating scale to more quickly and effectively monitor child and family progress in meeting treatment goals and as a demonstration of meeting the needs of clients.

Array of Services:

Families, members of the CAF ITT, or community partners can request a determination of the appropriate level of services for a child needs to make progress and ensure they are able to stay in their home, succeed in school and stay “out of trouble” in the community. During the 2005-2007 biennium the first implementation of Intensive Community-Based Treatment and Support Services (ICTS) was started in Clackamas County. That system has been refined based on feedback from community partners and families. For children/youth receiving ICTS, the family directs the type of service and the timing of services and the family determines who attends a monthly coordinating meeting to monitor progress, ensure smooth transitions between treatment providers, and revise treatment services being provided. Members of the CAF ITT participate in the monthly meetings to ensure coordination of services among treatment providers.

Feedback from families and clinical staff identified the need for an increased number of community-based skills training opportunities in the home to support children “doing well”. The CAF program has developing an expanded “Parent Coaching Package” to meet that need. Families involved in this program have an assigned Case Manager who works with treatment providers to provide targeted skills training at home or in community settings. This package is also available to families exiting ICTS services as a way to bridge the gap in service as the family moves to a lower level of care.

Clackamas Mental Health Organization manages intensive treatment services for children enrolled with the MHO. Contracts have been developed with community providers for Psychiatric Residential Treatment, Psychiatric Day Treatment and Intensive Community-Based Treatment and Support Services. Intensive Community-Based Treatment Services include respite, skills training, behavioral consultation and family training. With the availability of community-based services, it has been possible to maintain children with severe emotional and behavioral disorders in their home and school settings, rather than having to resort to institutionalizing them. Those higher-intensity services can now be reserved for children with the most severe and most medically appropriate diagnoses. As a result of the implementation of the Integrated Services Array, Clackamas MHO has experienced a 67% reduction in the number of children in Psychiatric Residential Treatment Services in 2007 compared to 2006 and an almost 200% increase in the number of children served in the community.

Feedback from Children and Families:

Children and family members are invited to provide feedback regarding the array of services annually through a formal survey process (a client satisfaction survey; and a family survey). Additionally, at the monthly child and family team meetings services needs are identified and children/youth and family members provide feedback on services being provided. Representatives of the CAF ITT participate in a quarterly Quality Assurance process that includes family members and interested community members. A representative of the CAF ITT also attends the Partnership Council and receives input on identified needs for services at those meetings. Additionally, the implementation of the outcome rating scale and the session rating scale provides immediate feedback to staff members from families regarding the services being provided.

Community Collaboration:

Clackamas County Community Health remains committed to community partnerships with special attention to other child-serving entities. Representatives from behavioral health meet regularly with local partners, including the local Multidisciplinary Team, Teen Stakeholders; the Partnership Council; the Juvenile Placement Committee, the System of Care Committee at DHS, Molalla Weed and Seed; and with the Clackamas Local Interagency Coordinating Council. Each of these committees represents a multi disciplinary team approach to local policy or coordination issues and where individual child and family circumstances are resolved. Additionally, CAF ITT has implemented and monitored a weekly screening/consultation clinic at both branches of the DHS-Child Welfare in Clackamas County to increase communication and the screening/assessment of children in DHS custody. Representatives of the CAF ITT regularly attend staff meetings at The Oregon Youth Authority and Clackamas County Juvenile Department to ensure clear communication and revision of systems issues to streamline referral processes. Clackamas County Community Health CAF ITT was selected as the “lead” agency in Clackamas County to bring together a community based team to participate in the Collaborative Problem Solving (CPS) training. Representatives from CCCH; DHS – Clackamas; Clackamas ESD; Clackamas MHO; and a family member participated in a two day training in 2007 and will work across the next biennium to increase coordination of service provision across all domains of a child/youth’s life.

Plans for 2009-2011 Biennium:

- Refine evidence based treatment teams
 - Add two new parent skill seminar (new topics; such as “working with children with attachment issues) offered by CAF ITT
 - Increase use of outcome rating scale and session rating scale
- Expand family participation in review of treatment services
 - Increase family involvement in peer review (review of cases; annual reviews)
 - Continue CAF ITT treatment provider participation in family driven Child and Family Teams that direct treatment services for children/youth
- Continue and expand community based Collaborative Problem Solving (CPS) team
 - Apply for block grant from the state to increase school and family participation

- Add parents as co-facilitators for 50% of parent seminars

Older Adult Mental Health Services:

A recent survey estimates that by the year 2024, 40% of Oregonians will be older adults placing Oregon 4th highest in the nation. Analysis of the demographics from 2005-2007 shows a small increase in the number of people accessing services who over the age of 64. Alternative strategies for reaching this special population must be developed. Currently, one clinical supervisor and one clinician on staff have training and expertise in geriatric treatment issues. Clackamas County contracts with a psychiatric mental health nurse practitioner who provides PAS-R screenings and patient consultation skilled nursing facilities.

During 2009-2011 Clackamas County plans to identify training and supports for the Adult Programs to better prepare employees to address the issues of an aging population. A significant number of Clackamas County long term clients will be over the age of 64 by the end of the 2011 fiscal year. Because of the reluctance of some older adults to seek mental health services, one strategy will be to provide outreach and education on topics such as depression and anxiety at Senior Centers and Primary Care settings, places seniors naturally visit. Elder suicide rates in Oregon have risen. Clackamas County plans to research and develop a brief screening tool that could be used in medical office settings and disseminate that information to the medical community. Clackamas County also plans to develop an assessment tool specific to geriatric clients.