

DRAFT

**2009-11
Biennial
Implementation
Plan**

**Polk County
Mental Health**

Office of Mental Health and Addiction Services
2009-2011 Polk County Implementation Plan Guidelines

ATTACHMENT 10
County Contact Information Form

1. County Contact Information

County: Polk

Address: 182 SW Academy Street / Suite 310

City, State, Zip: Dallas, Oregon 97338

Phone Number: 503.623.9317

Fax: 503.623.2731

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

Name: Greg Hansen

Title: Director of Human Services

Name: Stacie Wheeler

Title: Assistant Director of Human Services

2. Addiction Treatment Services Contact Information

Name: Geoff Heatherington, MSW

Agency: Polk County Mental Health

Address: 182 SW Academy Street / Suite 304

City, State, Zip: Dallas, Oregon 97338

Phone Number: 503.623.9289 x2146

Fax: 503.831.1726

E-mail: heatherington.geoff@co.polk.or.us

3. Prevention Services Contact Information

Name: Dr. Noelle Carroll

Agency: Polk County Mental Health

Address: 182 SW Academy Street / Suite 322

City, State, Zip: Dallas, Oregon 97338

Phone Number: 503.623.9289 x2208

Fax: 503.623.1879

E-mail: carroll.noelle@co.polk.or.us

4. Mental Health Services Contact Information

Name: Geoff Heatherington, MSW

Agency: Polk County Mental Health

Address: 182 SW Academy Street / Suite 304
City, State, Zip: Dallas, Oregon 97338
Phone Number: 503.623.9289 x2146 Fax: 503.831.1726
E-mail: heatherington.geoff@co.polk.or.us

5. Problem Gambling Treatment Prevention Services Contact Information

Name: Karen Rutherford
Agency: Polk County Mental Health
Address: 182 SW Academy Street / Suite 304
City, State, Zip: Dallas, Oregon 97338
Phone Number: 503.623.9289 x2101 Fax: 503.831.1726
E-mail: rutherford.karen@co.polk.or.us

6. State Hospital/Community Co-Management Plan Contact Information

Name: Scott Anderson
Agency: Polk County Mental Health
Address: 182 SW Academy Street / Suite 322
City, State, Zip: Dallas, Oregon 97338
Phone Number: 503.623.9289 x2535 Fax: 503.831.1726
E-mail: Anderson.scott@co.polk.or.us

STANDARD PLAN REQUIREMENTS

Preamble

Minimal volitional changes will be instituted due to potential unforeseen factors: current State Department of Human Services (DHS) Budget; the economy, and future state budgeting processes that may negatively impact Polk County Mental Health (PCMH) and other community agencies.

The *Draft* Biennial Implementation Plan (BIP) was part of the Leadership Council discussion on the February 19, 2008 agenda for soliciting and submitting a survey. (See Attachment A for the roster of member agencies/staff of Service Integration Leadership Council). This survey was sent to all persons on the roster and pertinent information/suggestions were included in the *Draft* BIP.

The survey was sent to members of the Local Alcohol and Drug Planning Committee and will be reviewed at the next scheduled meeting.

The *Draft* BIP will be formally reviewed by the Polk County Health Advisory Board on April 28, 2008. There are numerous community providers, retired health professionals, and consumer advocates on the Board.

The *Draft* BIP has been emailed to each required signatory with instructions to review, provide comments, sign and return to PCMH. All signature pages will be forwarded to AMH.

PCMH has an identified liaison who works with the State Hospital system to co-manage patients who have been identified with a potential discharge date. PCMH, via Mid-Valley Behavioral Care Network, has an ongoing Linkage Agreement with Salem Hospital and Good Samaritan Hospital for adult acute care. This agreement contains language that each County Mental Health Program will be involved with admission and discharge planning for clients from their respective County.

PCMH works diligently to appropriately divert clients from higher levels of care. PCMH recently established Hillside Villa, a (6) unit facility. Hillside Villa is Supportive Housing, and may have the option for one of these units to be a crisis/transitional option to divert clients from higher levels of care or to transition them into the community from higher levels of care. PCMH Community Support Services (CSS) case managers and/or Outpatient Clinic Services Urgent Care Workers are assigned any clients who are admitted to the State Hospital system. PCMH has secured State funding to establish EAST Place, a (5) unit complex that will house adults diagnosed with psychosis and/or a substance abuse problem; it is projected to be completed in the Fall of 2008.

PCMH currently has six Enhanced Care Outreach Services beds located in Polk County Adult Foster Homes. PCMH works closely with the Extended Care Management Unit to facilitate referrals to this program.

PCMH co-locates an Addictions Team CADC I at Corrections on a weekly basis to screen prospective clients for addictions services.

PCMH co-locates a CSS Case Manager I at DHS Self Sufficiency to process a mental health and an addictions EBP screening tool for citizens applying for Self Sufficiency funding.

Polk County's District Court has a working relationship with a private provider to serve Drug Court clients. PCMH has a contract that allows the private provider to process clients on OHP.

Identified high-priority needs:

Mental Health:

1. More funding to increase delivery of Evidenced Based Practices (EBP).
2. Increased funding to support the sliding fee schedule.
3. Sustained funding (ideally increased funding) to continue the work initiated by the Request for Plan Amendments completed in October, 2007.
4. Funding to provide mental health services to adults incarcerated in the County Jail.
5. Increase the DMAP allowable rates to reflect the true cost of services, e.g. psychiatrist time ranges up to 150.00 per hour.

Addictions treatment:

1. Local/regional detoxification centers for methamphetamine-addicted clients.
 - A. Funding for a pilot project to use Dr. Alex Stalcup's detoxification methodology.
2. Increased Funding for childcare while parent(s) are in treatment sessions.
3. Funding for transportation to reduce/eliminate a significant barrier to good treatment engagement and clinical outcomes.
4. Funding to provide addictions services to adults incarcerated in the County Jail.

Addictions Prevention:

1. Increased funding to provide Prevention presentations in all County elementary and middle schools (current demand significantly exceeds the current funded FTE by a factor greater than 2).

Overview narrative:

Polk County is the tenth largest county by population and does not have an abundance of provider partners (as of 2008 Polk County was the third fastest growing county in the state). This has the benefit of allowing us to maintain a higher degree of communication collaboration, and continuity of care than is often possible in larger jurisdictions. Furthermore, we have a solid communication network with the other counties of our region and share resources as needed. This especially has improved since the inception of Mid-Valley Behavioral Care Network (MVBCN) and its centralized planning efforts on the part of addiction and mental health services.

PCMH has the following integrated teams within the department: Outreach Services (school-based mental health therapists and Prevention Services), Community Support Services (for the chronically mentally ill), Enhanced Care Outreach Services, MR/DD Case Management Services, Triage & Intake Services, and Outpatient Clinical Services (see attached Organizational Chart). As a result, services for dually diagnosed consumers are coordinated at the first point of contact, via a fully integrated intake process facilitated by the PCMH Triage & Intake Team. PCMH uses the following Evidenced Based Practices (EBP) for determining medical necessity and appropriate levels of care, e.g. screening tools such as the DAST, MAST, Beck's Depression Scale, and South Oaks, among others. Additionally, PCMH staff use the ASAM Assessment Tool Motivational Interviewing, Stages of Change, and the Master Needs List for each assessment. PCMH will work diligently to meet the 75% 2008-10 threshold for SB 267, even though the evidenced based practices requirements are unfunded via this bill.

PCMH's Outreach Team, supervised by Dr. Noelle Carroll, performs the duties outlined in the County Prevention Plan. This team participates in a substantial number of community events, such as Falls City Family Fun Night, Willamina's Last Blast, Teen Maze, West Salem Health Fair. Additionally, this Team designs and implements summer programming in several school districts to provide structure for school-aged children to have them more ready to learn when school restarts in September of each year. Also, PCMH contracts with Central School District to provide a CADC presence in their schools to provide addictions prevention activities via faculty referral and a screening for treatment process.

As part of the MVBCN, Polk County will assess any additional resources with our regional partners and allocate funds based on regionally identified needs to encourage collaboration and prevent duplication. This network consists of Linn, Marion, Polk, Tillamook, and Yamhill counties and is coordinated by Jim Russell, Executive Director of MVBCN. Through the MVBCN, the regional partners continually look for opportunities to integrate, coordinate and expand services while reducing costly duplicative efforts. An example of this collaboration is the MVBCN Regional Initiative for housing; MVBCN has hired a .50 FTE Regional Coordinator to work closely with DHS to assist with the Hospital Wait List Reduction Project; other examples include the Early Assessment and Stabilization Team (EAST) and the Trauma Survivors Project. Other identified needs include more access to detoxification facilities and residential/alternative housing needs, for both adolescents and adults. Polk County has further identified services to Hispanic

youth, women, and additional transitional housing as other service areas needing funding support.

PCMH provides comprehensive outpatient and intensive outpatient services for mandated and voluntary clients, using both subcontractors and PCMH staff and includes specialty treatment such as Sand Tray, Play Therapy, Art Therapy, Dialectical Behavioral Therapy, Seeking Safety, and services for clients with traumatic brain injury, among others. PCMH contracts with (4) LMPs to provide medication management: a bicultural/bilingual Hispanic psychiatrist, a Board Certified Child Psychiatrist, a psychiatrist who specializes in working with MR/DD clients, and one who is Psychiatric Mental Health Nurse Practitioner who specializes in older adults and geriatrics. PCMH's Medical Director is a psychiatrist.

Traditionally, Polk County partners meet weekly in the Community Partners Meeting (CPM) to staff cases, brainstorm solutions, and cooperatively work to keep families intact. This group includes DHS Child Welfare and Self Sufficiency, Polk County Juvenile Department, OYA, PCMH, schools, children & families, and other identified interested parties. If needed, CPM determines the need for out of home placement. If CPM reaches an impasse, the New Solution Advisory Committee reviews and makes a determination. This group includes the managers of each above named agency, two school superintendents, Willamette Educational Service District, consumer advocates, the MVBCN Regional New Solutions Coordinator, and several PCMH supervisors.

PCMH has two ISA Care Coordinators to work closely with children & families, and community partners to develop local services to keep children "at home, in school, and out of trouble". The MVBCN has adopted Jim Rast's Wrap Around Model as the basis of developing child & family teams and delivering identified services. Additionally, PCMH has developed contracts with Polk Adolescent Day Treatment Center and Poyama Day Treatment. The intent of these new contracts is to provide continuity of services for children and adolescents, who are experiencing difficulty at home or in school and who, at some time in the future, might qualify for the ISA. Children and adolescents are referred to these agencies for outpatient services and are reimbursed via PCMH's OHP capitated funds; at the point they are enrolled in either program, capitated funding ceases and ISA funding is initiated.

Utilization management is conducted by PCMH's Care Coordination Team & Quality Assurance & Improvement Committee; on a regional basis via the Marion-Polk Community Health Plan (MPCHP) and MVBCN. PCMH submits monthly utilization data to MPCHP and participates in the monthly QAIC meeting at MVBCN and submits an annual QA plan to MVBCN. MVBCN will continue to collect and report access performance for Oregon Health Plan clients. Access data is sent monthly to MVBCN to verify client access to initial appointment within 14 days of the first contact for Oregon Health Plan clients; 95% of these requests for services will be met within the 14-day guideline.

PCMH offers a variety of services directly through employed staff and contracted counselors. Level I and Level II Addictions services are tailored to meet the individual needs of consumers. Additionally, the Addictions Team refers Level III and IV services to providers on a state and regional basis. PCMH develops intensive outpatient treatment interventions and case management options to hopefully sustain clients within their community. PCMH has and will continue to provide co-occurring disorders process groups, in mixed and gender specific groups. Case management and wrap-around services are integral components of Polk County's service integration philosophy. This

philosophy supplements treatment interventions, and makes them more accessible to consumers in our rural county.

While Polk County has a diverse population, the two most prominent minority populations are Latinos (Hispanics) and Native Americans. As a result, PCMH continues to make these populations a focus of service development. At this time, the County can serve all populations consistent with the numbers indicated in the Plan Guidelines Document. PCMH has Spanish bilingual and Native American therapists able to provide culturally sensitive services. Also, The Confederated Tribes of Grand Ronde provides services to the Native American population and is a valuable resource in the County

PCMH is part of Polk County Human Services (PCHS) which houses other programs directly relevant to the service needs of many of our mutual consumers. These include: Polk County Public Health Department, Polk County Juvenile Department, Polk County Youth Programs, Polk County Commission on Children and Families, and Service Integration. This combined with our integrated intake system has earned Polk County the reputation for its excellent coordination of services, via the Service Integration Teams, DHS Child Welfare, and Oregon Youth Authority (OYA). Additionally, PCMH works closely with local schools to ensure that unduplicated and timely services are made available to youth and families. As a result of this outreach and coordinated effort, more youth are served than the prevalence numbers given in the Plan Guidelines Document. Treatment services are delivered to meet needs identified by the skilled prevention team members in conjunction with other SIT members. Sanction Court continues as a service element for juveniles cited with first time legal issues, such as a minor in possession of alcohol. Youth are assessed and appropriate education and/or treatment activities are recommended. This is one method used for early detection of alcohol and other drug use/abuse. PCMH's Prevention Plan includes prevention presentations in school health classes and current demand far exceeds the current funding level of FTE.

Office of Mental Health and Addiction Services
2007-2009 County Implementation Plan Guidelines

ATTACHMENT 1

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	OMHAS Funds in Subcontract	Specialty Service
Alderson, Michele	MSW, LCSW	20/22	\$16,000	Adults, children, ADHD, depression, PTSD, provider for Medicare
Banfield, Ann-Marie	Masters Degree	25	\$7,000	After hours crisis
Beckett, Terry	Masters Degree	25	\$19,000	After hours crisis
Bentson, Peter	MS, CADC III	20/66	\$46,000	A & D, MH counseling, co-occurring disorders, for adults criminal/correction
Cordy, Nan	MS, NCC	20/22	\$41,000	Cultural issues, depression adoptions, grief/loss, works with women & children, eating disorders, sand tray
Dr. Green, Edward	MD	20	\$10,000	MR/DD
Dr. Harrington, Leon	MD	20/2	\$123,000	Children or adults, OYA & sex offenders
Dr. Soto, Alfredo	MD	20/22	\$163,000	Child & adult
Firhill Residential Treatment Facility	16 Bed RTF Part B Limitation	28	\$577,721	Residential care treatment and supervision of adult mental health clients
Irvin, Judy	MSW, LCSW	20/22	\$47,000	Adults, children, disabilities, DBT, trauma, women issues, couples, family, Medicare
Keller, Karen	MA	20/22	\$34,000	Adults, individuals, childhood abuse issues, relationships, anxiety, depression, trauma
Lori Linton-Nelson	PMHNP	20	\$106,000.	Adults/Older Adults

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service
Loraine, Kay	MA, ATR, CADC I	20/22	\$45,000	Child, adolescent, adults, sex abuse/offending, trauma oppositional/delinquent victims, adult female sex offenders/survivors & art treatment
Marie, Jean	Masters Degree	25	\$18,500	After hours crisis
Marion County Psychiatric Crisis Center	BCN Agency	25	\$80,000	Urgent Care
McNeff, Patti	LCSW	22	\$13,000	Co-facilitates adolescent PTSD groups
Northwest Human Services (Hotline)	BCN Agency	25	\$21,000	Urgent Care
Miller, Kinsey	MA	20/22	\$32,000	Individuals, families, intergenerational issues, geriatric speciality in evaluations/PASRR, dementia, death & dying, bereavement, self-esteem issues
Otterstrum, Jay	MSW, LCSW	20/22	\$28,000	Children, families, adults, PTSD, trauma, depression, anxiety, Medicare provider
Outland, Mary (Kathy)	MSW, LCSW	20/22	\$6,000	Adults & children (8 Years Adolescent), Native American
Polk Adolescent Day Treatment Center	Certified by State	20/22	\$51,000	Level IV Day Treatment & OHP capitated outpatient
Poyama Day Treatment	Certified by State	20/22	\$31,000	Level IV Day Treatment & OHP capitated outpatient
Rentz, Kevin	Masters Degree	25	\$18,000	After hours crisis
VanDewalker, Denise	MAMFT	20/22	\$136,000	Certified Play Therapist, sand tray, art therapy, blended families, teens
Total for cross-county reconciliation	BCN Agency	20/22	\$1,300,000	Mental Health Treatment

* Funds listed are biennial amounts.

Office of Mental Health and Addiction Services

Attachment 2

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: Polk

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the Mental Health and Addiction Services *Draft* County Biennial Implementation Plan for 2009- 2011. Any comments are attached.

Name of Chair: Ron Dodge

Address: 850 Main Street, Dallas, Oregon 97338

Telephone Number: 503.623.8173

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services

Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE
REVIEW AND COMMENTS

County: Polk

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 (persons of color according to the U.S. Bureau of Census).

See Attached Hard Copy List

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

Name of Chair: John Fisher, District Attorney

Address: 850 Main Street, Dallas, OR 97338

Telephone Number: 503.623.9268

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services

Attachment 4

LOCAL HEALTH ADVISORY COMMITTEE
REVIEW AND COMMENTS

County: Polk

The Polk County Health Advisory Board, established in accordance with ORS 430.630(7), recommends acceptance of the *Draft* County Biennial Implementation Plan for 2009-2011. Further comments and recommendations of the Committee are attached.

Name of Chair: Eric Buckland

Address: 182 SW Academy St., Suite 322, Dallas, OR, 97338

Telephone Number: 503.623.9289 x2340

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services

Attachment 5

COMMISSION ON CHILDREN & FAMILIES REVIEW & COMMENTS

County: Polk

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

Name of Chair: Joyce Wahl

Address: PCCCF – 182 SW Academy St., Suite 310, Dallas, OR, 97338

Telephone Number: 503.623.9664

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services

Attachment 6

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: Polk

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 2005-2007.

Geoff Heatherinton, MSW
County Mental Health Program Director

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services

Attachment 7

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

County: POLK

Contact Person: Greg Hansen, Administrative Officer

Matching Funds

Source of Funds	Amounts	Program Area

Carryover Funds

OMHAS Mental Health Funds Carryover Amount from 2005-2007	Planned Expenditure	Service Element
OMHAS \$285,221	Curriculum and Staff to further the implementation of Evidence Based Practices	LA01, M20, M22, M24, M25, M28, M34
BCN \$386,839	Curriculum and Staff to further the implementation of Evidence Based Practices and New Solutions Program.	M20, M22

OMHAS Alcohol & Drug Funds Carryover Amount from 2005-2007	Planned Expenditure	Service Element
(\$27,327)	Maintain staff and curriculum to enrich our school A&D programs.	A&D 66, A&D 70, A&D 80, A&D 81

Office of Mental Health and Addiction Services

Attachment 8

REVIEW AND COMMENTS BY THE LOCAL SERVICE DELIVERY
AREA MANAGER FOR THE DEPARTMENT OF HUMAN SERVICES

County: Polk

As Service Delivery Area Manager for the Department of Human Services, I have reviewed the *Draft* County Biennial Implementation Plan for 2009- 2011 and have recorded my recommendations and comments above or on an attached document.

SDA 3 Manager: Rene Duboise

Address: 2045 Silverton Road., NE, Salem, OR, 97305

Telephone Number: 503.378.3403 x5205

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services

Attachment 9

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY
COORDINATING COUNCIL

County: Polk

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

Chair: The Honorable Judge Luukinen

Address: 850 Main St., Circuit Court Room #1, Dallas, OR 97338

Telephone Number: 503.623.9245

Signature: _____

Date: ____/____/2008

Office of Mental Health and Addiction Services
2009 - 2011 County Implementation Plan Guidelines

Problem Gambling Service Region Designation

Please designate the name of the county or agency that serves as the regional contractor for providing problem gambling services to your county:

Polk County hereby authorizes Polk County Addictions Services to obtain DHS distributed funds for the provision of problem gambling services to County residents.

Signature for Authorizing County

Title

PREVENTION STRATEGY SHEET

County: **POLK**

Prevention Coordinator: **Dr. Noelle Carroll**

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
EBP Prevention Program: "Project Alert"	Provide "Project Alert" prevention program in two school districts focusing on 75 students between grades 6-8 each year of the biennium.	(A) 75% of the students participating will report an increase in confidence in their decision-making skills as reported in pre-post test. (B) 75% of the students participating will utilize the new skills learned as reported by post tests. (E) 75% of the students will report an increase in knowledge about ATOD and the effects and consequences as reported by pre-post tests.
Other EBP Prevention Programs: "Reconnecting Youth" "Life Skills" "Michigan Model"	Provide two evidence based practice curriculums in two school districts focusing on a minimum of 100 students each year of the biennium.	(A) 75% of the students participating will report an increase in confidence in their decision-making skills as reported in pre-post test. (B) 75% of the students participating will utilize the new skills learned as reported by post tests. (E) 75% of the students will report an increase in knowledge about ATOD and the effects and consequences as reported by pre-post tests.
Community Based Projects/Presentations	Participate in a minimum of two community projects/presentations each year of the biennium.	(E) 25% of the community members will report an increase in knowledge as reported by verbal feedback

Proposed Programs	Proposed Outputs	Proposed Outcomes
Service Integration Teams	Maintain ongoing collaboration with SIT's during the school year, each year of the biennium, to provide assistance regarding prevention strategies in six school districts.	(B) As a result of the Prevention Coordinator's participation there will be a 25% increase in the number of prevention activities introduced into schools and/or communities.
Monmouth-Independence Together	Provide technical assistance to two groups each month of the biennium.	(B) As a result of the Prevention Coordinator's technical assistance there will be 25% increase in prevention activities in communities.
School Activities	Participate in three school activities each year of the biennium.	(E) 50% of the students will report an increase in knowledge as reported by written or verbal feedback from students.
Summer Program	Participate in one summer program each year of the biennium providing prevention education.	(E) 75% of the students will report an increase in knowledge as reported by written or verbal feedback from the students.

Brief narrative regarding historically very unstable Problem Gambling Services budgeting:

If 2009-11 funding remains at current levels, PCMH would continue with the Plan detailed in the following pages. If funding increases, PCMH may be able to embellish the 2009-11 Plan. If funding decreases, PCMH would significantly reduce activities for the 2009-11 Plan.

2007-2009 Problem Gambling Prevention Implementation Plan

County: Polk County

Agency Information:

Name: Polk County Mental Health

Agency Address: 182 S.W. Academy St., Suite 304

City, State, Zip: Dallas, OR 97338

Phone: 503-623-9289 x2146

Fax: 503-831-1726

Agency Director: Geoff Heatherington

Problem Gambling Prevention Program:

Coordinator/Contact: Dr. Noelle Carroll

Phone: 503-623-9289 x2208

E-mail Address: carroll.noelle@co.polk.or.us

Fiscal Issues:

Contact Person: LeaAnn Stutheit

Phone: 503-623-9317 x2426

E-mail Address: stutheit.leaann@co.polk.or.us

Major Program Areas Addressed In This Proposal:

1. Youth Prevention Strategies (Schools)
2. Community Gambling Awareness Building
3. Screening Tool Development and Implementation
4. Potential Regional Gambling Prevention Coalition—Polk County, Yamhill County, The Confederated Tribes of Grand Ronde, Spirit Mountain Casino

2007-2008 Problem Gambling Prevention Funding Plan Baseline Funds

Major Program Area: School-Based Youth Prevention Strategies: Youth Survey, Add to curriculum, Awareness Week, Teen Maze, Graduation Nights.

Baseline Strategy Number: 1

Program Strategy (What will County do?): Increase problem gambling prevention strategies focusing on identifying and decreasing risk factors while increasing protective factors.

Is this program a Promising Practice? Yes No

If not, please explain why this program was chosen: Taking surveys will identify youth who may be at high risk of a gambling problem. Participating in Gambling Awareness Week, Teen Maze and Graduation Night planning will increase knowledge about gambling prevention. Adding a gambling prevention component to existing evidenced based practice curriculum.

IOM Category for this Strategy or Program:

IOM: Selective

CSAP Strategy: Information dissemination, Education, Alternative Activities

Please list all Outputs (process objectives) for this strategy:

- **Youth Surveys:** Meet with school administration and/or teachers to request permission to administer the youth survey in classrooms. As approved, schedule the administering of the youth survey in the classroom.
- **Gambling Curriculum:** Meet with school teachers to discuss implementing a problem gambling prevention lesson(s) to already existing evidenced-based ATOD curriculum in the classrooms.
- **Problem Gambling Awareness:** Participate in Oregon Problem Gambling Awareness Week engaging in a poster search activity.
- **Teen Maze:** Problem gambling will be incorporated into the Teen Maze ATOD prevention activity.
- **Graduation Night Planning:** Meet with graduation night planning committees to discuss alternatives to providing gambling activities for ATOD-free graduation nights.

Please list all Intermediate-Outcomes for this strategy:

- **Youth Surveys:** Administer a minimum of one survey in one middle school health class. In a district that grants permission, 50% of the students will report increase in knowledge about problem gambling behavior and prevention through written or verbal feedback.
- **Gambling Curriculum:** Implement a minimum of one problem gambling curriculum lesson in a minimum of one classroom. 75% of the students will report increase in knowledge about problem gambling prevention through written or verbal feedback.
- **Problem Gambling Awareness:** A minimum of 20 students will participate in the poster search activity.

- **Teen Maze:** A minimum of 800 8th grade students will receive information about problem gambling. 50% of the students will report increase in knowledge about problem gambling prevention through a pre-post test.
- **Graduation Night Planning:** Meet with a minimum of one school district's graduation night planning committee and/or member to offer ideas of gambling-free alternatives for the event.

What evaluation method will be used for this strategy?

Pre-Post Test Survey Social Indicator Data Other? _____

Who will be providing this service? Gambling Prevention Coordinator

2008-2009 Problem Gambling Prevention Funding Plan Baseline Funds

Major Program Area: School-Based Youth Prevention Strategies—Youth Survey, Add to curriculum, Awareness Week, Teen Maze, Graduation Nights.

Baseline Strategy Number: 1

Program Strategy (What will County do?): Increase problem gambling prevention strategies focusing on identifying and decreasing risk factors while increasing protective factors.

Is this program a Promising Practice? Yes No

If not, please explain why this program was chosen: Taking surveys will identify youth who may be at high risk of a gambling problem. Participating in Gambling Awareness Week, Teen Maze and Graduation Night planning will increase knowledge about gambling prevention. Adding a gambling prevention component to existing evidenced based practice curriculum.

IOM Category for this Strategy or Program:

IOM: Selective

CSAP Strategy: Information Dissemination, Education, Alternative Activities

Please list all Outputs (process objectives) for this strategy:

- **Youth Surveys:** Meet with school administration and/or teachers to request permission to administer the youth survey in classrooms. As approved, schedule the administering of the youth survey in the classroom.
- **Gambling Curriculum:** Implement a minimum of one problem gambling curriculum lesson in a minimum of three classrooms. 75% of the students will report increase in knowledge about problem gambling prevention through written or verbal feedback.
- **Problem Gambling Awareness:** A minimum of 20 students will participate in the poster search activity.
- **Teen Maze:** A minimum of 800 8th grade students will receive information about problem gambling. 50% of the students will report increase in knowledge about problem gambling prevention through a pre-post test.
- **Graduation Night Planning:** Meet with a minimum of one school district's graduation night planning committee and/or member to offer ideas of gambling-free alternatives for the event.

Please list all Intermediate-Outcomes for this strategy:

- **Youth Surveys:** Administer a minimum of one survey in one middle school health class. In a district that grants permission, 50% of the students will report increase in knowledge about problem gambling behavior and prevention through written or verbal feedback.
- **Gambling Curriculum:** Implement a minimum of one problem gambling curriculum lesson in a minimum of one classroom. 75% of the students will report increase in knowledge about problem gambling prevention through written or verbal feedback.

- **Problem Gambling Awareness:** A minimum of 20 students will participate in the poster search activity.
- **Teen Maze:** A minimum of 800 8th grade students will receive information about problem gambling. 50% of the students will report increase in knowledge about problem gambling prevention through a pre-post test.
- **Graduation Night Planning:** Meet with a minimum of one school district's graduation night planning committee and/or member to offer ideas of gambling-free alternatives for the event.

What evaluation method will be used for this strategy?

Pre-Post Test Survey Social Indicator Data Other? _____

Who will be providing this service? Gambling Prevention Coordinator

2007-2008 Problem Gambling Prevention Funding Plan Baseline Funds

Major Program Area: Community Gambling Awareness Building: Community Survey Fairs.

Baseline Strategy Number: 2

Program Strategy (What will County do?): Increase community awareness of problem gambling prevention providing tools to educate the public.

Is this program a Promising Practice? Yes No

If not, please explain why this program was chosen: Providing information about problem gambling in the community increases knowledge about the risk factors associated with problem gambling prevention. It increases the likelihood that problem gamblers will seek out resources and services with an increased knowledge base about the effects and behaviors associated with problem gambling.

IOM Category for this Strategy or Program:

IOM: Universal

CSAP Strategy: Information Dissemination, Education, Community-based Process

Please list all Outputs (process objectives) for this strategy:

- **Community Survey:** Increase public awareness about problem gambling behaviors and problem gambling prevention.
- **Community Events:** Increase public awareness about problem gambling prevention utilizing community events, such as West Salem Fair and National Night Out held throughout the County.

Please list all Intermediate-Outcomes for this strategy:

- **Community Survey:** Administer a minimum of 25 Community Surveys. 50% will report an increase in knowledge about problem gambling behavior and prevention through written or verbal feedback.
- **Community Events:** Provide information about gambling prevention at a minimum of one community event.

What evaluation method will be used for this strategy?

Pre-Post Test Survey Social Indicator Data Other?

Who will be providing this service? Gambling Prevention Coordinator

2008-2009 Problem Gambling Prevention Funding Plan Baseline Funds

Major Program Area: Community Gambling Awareness Building: Community Survey, Fairs, Website Development, Brochure Development.

Baseline Strategy Number: 2

Program Strategy (What will County do?): Increase community awareness of problem gambling prevention providing tools to educate the public.

Is this program a Promising Practice? Yes No

If not, please explain why this program was chosen: Providing information about problem gambling in the community increases knowledge about the risk factors associated with problem gambling prevention. It increases the likelihood that problem gamblers will seek out resources and services with an increased knowledge base about the effects and behaviors associated with problem gambling.

IOM Category for this Strategy or Program:

IOM: Universal

CSAP Strategy: Information Dissemination, Education, Community-based Process

Please list all Outputs (process objectives) for this strategy:

- **Community Survey:** Increase public awareness about problem gambling behaviors and problem gambling prevention.
- **Community Events:** Increase public awareness about problem gambling prevention utilizing community events, such as West Salem Fair and National Night Out held throughout the County.
- **Brochure Development:** Increase public awareness through the development of a gambling prevention brochure.
- **Webpage Development:** Increase public awareness through the development of a webpage on the Polk County website.

Please list all Intermediate-Outcomes for this strategy:

- **Community Survey:** Administer a minimum of 25 Community Surveys. 50% will report an increase in knowledge about problem gambling behavior and prevention through written or verbal feedback.
- **Community Events:** Provide information about gambling prevention at a minimum of one community event.
- **Brochure Development:** Design one brochure focusing on gambling prevention among teen and adult populations.
- **Webpage Development:** Meet with Polk County Information Service staff to discuss placing a webpage link to gambling prevention services on the Polk County Webpage.

What evaluation method will be used for this strategy?

Pre-Post Test Survey Social Indicator Data Other?

Who will be providing this service? Gambling Prevention Coordinator

2007-2008 Problem Gambling Prevention Funding Plan Baseline Funds

Major Program Area: Screening Tool Development and Implementation: For Mental Health, ATOD, Public, Health, Corrections (Drug Court).

Baseline Strategy Number: 3

Program Strategy (What will County do?): Implement problem gambling awareness in County departments to increase clients/patients knowledge to the risk factors of problem gambling and provide resources if a gambling problem is identified.

Is this program a Promising Practice? Yes No

If not, please explain why this program was chosen: Adding questions to existing assessment tools and improving a screening instrument will increase knowledge to the risk factors of problem gambling and help to identify a potential problem.

IOM Category for this Strategy or Program:

IOM: Universal

CSAP Strategy: Information Dissemination, Problem Identification and Referral

Please list all Outputs (process objectives) for this strategy:

- **Screening Tool:** Review current screening tools (SOGS, Lie-Bet, Surveys, Questionnaires) and develop a screening instrument that addresses problem gambling attitudes and behaviors for youth and adults. Evaluate the screening questions on current assessment tools. Integrate problem gambling questions into instruments that currently do not address issue. Provide resources and referral to a problem gambling issue.

Please list all Intermediate-Outcomes for this strategy:

- **Screening Tool:** One screening tool will be developed for youth and one for adults. All current assessment/screening tools will be reviewed for problem gambling prevention questions. Triage and Intake Services Team will integrate problem gambling prevention questions into their assessment tool and provide the screening instrument when indicated.

What evaluation method will be used for this strategy?

Pre-Post Test Survey Social Indicator Data Other? Screening Instrument

Who will be providing this service? Problem Gambling Coordinator

**2007-2008 Problem Gambling Prevention Funding Plan
Baseline Funds – Annual Budget**

County: Polk County

Annual AD80 Allocation: \$22,990

Gambling Prevention Contact: Dr. Noelle Carroll
Phone: (503) 623-9289 x2208

Fiscal Contact: Lea Ann Stutheit
Phone: (503)623-9317x2426

	Major Program Areas 1-3		Major Program Area ____		Major Program Area ____		Major Program Area ____	
	DHS Lottery Funds	Other Funds	DHS Lottery Funds	Other Funds	DHS Lottery Funds	Other Funds	DHS Lottery Funds	Other Funds
Personnel	\$4,923.00							
Office Supplies								
Program Supplies—OPGAW	\$ 250.00							
Contracts/Consultants								
Community Coalitions								
Professional Development, Trainings, Conferences								
Capital Expenditures (Computers, Equipment, etc.)	\$ 574.75							
Other (please list)								
Total Budget Amount, This Strategy	\$5,747.50							

**2008-2009 Problem Gambling Prevention Funding Plan
Baseline Funds – Annual Budget**

County: Polk County

Annual AD80 Allocation: \$37,866

Gambling Prevention Contact: Noelle Carroll
Phone: (503) 623-9289 x2208

Fiscal Contact: Lea Ann Stutheit
Phone: (503)623-9317x2426

	Major Program Areas 1-3		Major Program Area ____		Major Program Area ____		Major Program Area _____	
	DHS Lottery Funds	Other Funds	DHS Lottery Funds	Other Funds	DHS Lottery Funds	Other Funds	DHS Lottery Funds	Other Funds
Personnel .50 FTE	\$29,124							
Office Supplies	\$250							
Program Supplies—screening tool, brochures, teen maze, OPGAW	\$ 1,000							
Contracts/Consultants	\$1,000							
Community Coalitions								
Professional Development, Trainings, Conferences	\$1,800							
Capital Expenditures (Computers, Equipment, etc.)	\$ 4,500							
Other (please list)								
Total Budget Amount, This Strategy	\$37,674							

CHILDREN'S MENTAL HEALTH SERVICES PLAN / CHILDREN'S SYSTEM CHANGE INITIATIVE

As mentioned previously in this document, PCMH has a centralized intake system for all clients who self-refer or for agencies referring clients. Additionally, referrals may be made via various avenues, such as Service Integration Teams (one within each of the six school districts in Polk County), weekly Community Partners Meeting, schools, and/or PCMH Outreach school-based therapists.

Someone seeking Intensive Community-based Treatment services needs only to ask. Using EBP Motivational Interviewing, an ASAM Assessment Tool is completed to determine medical necessity and impairment. This is followed by a Child & Adolescent Service Intensity Instrument (CASII). If a client scores 20 or higher, the client and family meet criteria for Level IV. Subsequently, a Functional Assessment & Crisis Planning occurs, followed by a Strengths, Needs, Culture and Vision Assessment.

Child & Family Team (CFT) is family driven; ergo makeup is determined by the child & family, with place and time for meetings determined by CFT. The Care Coordinator and Family Support Specialist use Vroon Vandenberg's "High Fidelity Wrap Around Practice Model", with the goal of keeping the child "at home, in school, and out of trouble".

Family involvement is encouraged and is present at each level, and system, policy, and case level input from local stakeholders is obtained in multiple tiers and various methods:

- PCMH is a member of Mid Valley Behavioral Care Network and hence sits on the Executive Oversight Committee (EOC) of the ICTS. This committee has greater than 50% consumer advocates (includes youth), State agency representation from Child Welfare, OYA, Juvenile Justice, schools, Willamette Educational Service District, Developmental Disabilities, CMH alcohol & drug treatment, and each of the five Community Mental Health Programs of MVBCN.
- Polk County has a weekly Community Partners Meeting (CPM) at which any community agency or resident may request time for a case presentation; when appropriate families are encouraged to attend. These meetings specifically focus on the needs of children/adolescents and their family. The CPM members may recommend day treatment and/or out of home placements.
- PCMH is involved in the monthly Local ICTS Advisory Committee. Membership in this committee mirrors the representation as the MVBCN EOC above.

OLDER ADULT MENTAL HEALTH SERVICES

PCMH has always strived to serve all residents of Polk County. Northwest Seniors and People with Disabilities is housed in the same building as PCMH and consequently both enjoy a good working relationship, collaborating to meet the needs of older adults. One result is an extensive array of Adult Foster Homes, an ECF with an attached Enhanced Care Outreach Services element, and a (16) bed RTF.

PCMH holds a contract with the State to perform Pre-Admission Screening for Residential Reviews (PASRR) to determine the appropriateness of placing an older adult into a higher level of care. Additionally, PCMH's Community Support Services provides case management for each identified older adult in need of such.

PCMH contracts with Lori Linton-Nelson, a PMHNP who specializes in geriatrics. She makes "house calls" in order to eliminate the need for older adults who have mobility challenges to travel.

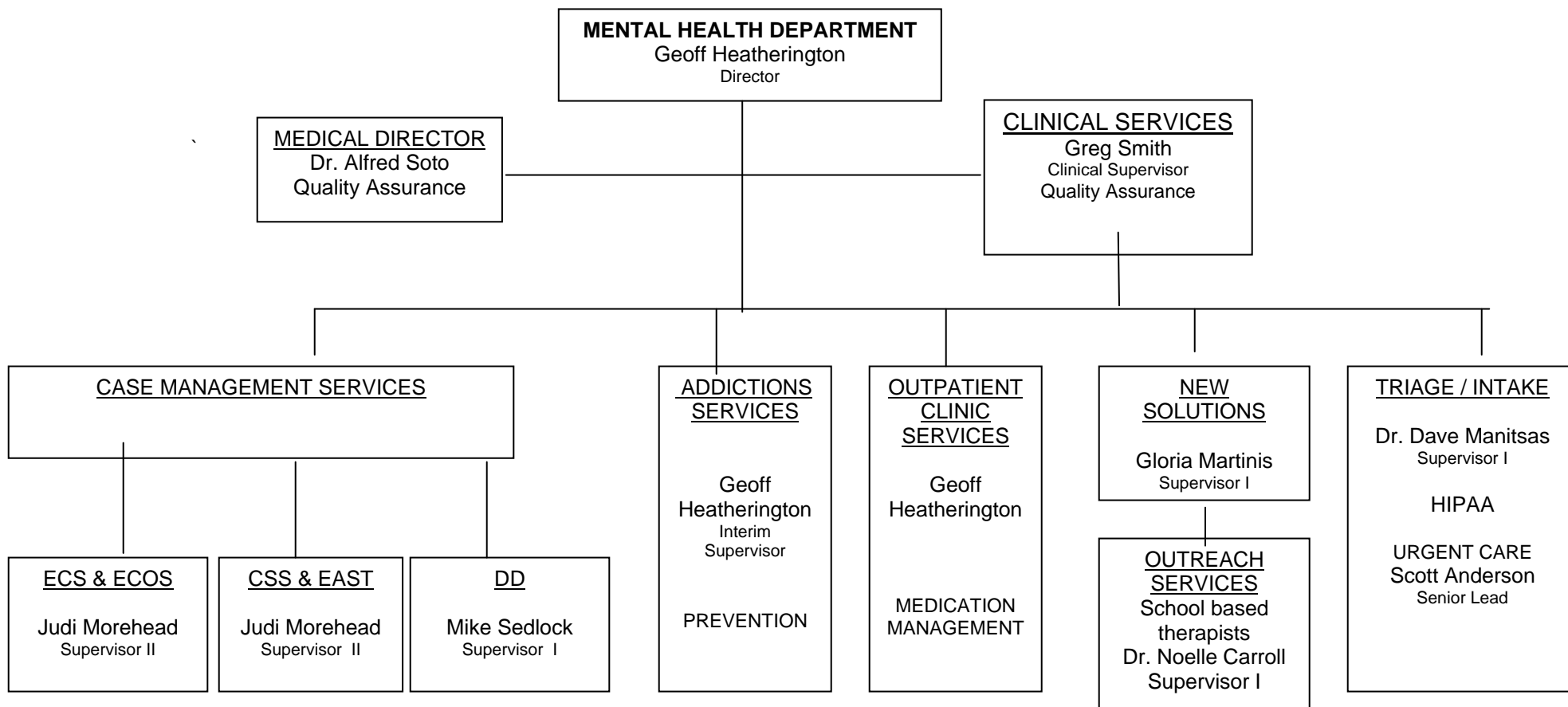
Service gaps / unmet needs:

1. For older adults living in their home and for older adults in Adult Foster Homes:
 - A. Mental health trained CNA's to provide itinerant scheduling to assist with identified needs.
 - B. Itinerant nurses to visit older adults as needed.
 - C. Funding to increase pro-social leisure activities.
2. Workforce development:
 - A. More geriatric offerings in Masters Program in Oregon universities.
 - B. More geriatric offerings in Nursing Programs in Oregon community college.



182 SW Academy St. Suite 304
 Dallas, OR 97338
 503.623.9289

POLK COUNTY MENTAL HEALTH



CSS = Community Support Services
 ECS = Enhanced Care Services
 ECOS = Extended Care Outreach Services
 DD = Developmental Disabilities
 EAST = Early Assessment and Support Team – 1st Break Psychosis & EDDIPP-prodromal symptom management

Service Integration Leadership Council

LastName	FirstName	CompanyName	Address	City	State	Zip	WorkPhone	E-mail
Bartlett	Katherine	Polk HALO Program	PO Box 205	Monmouth	OR	-97361	(503) 606-4256	kbartlett@minetfiber.com
Blackman	Chad	DHS - Child Welfare Services	177 SW Oak Street	Dallas	OR	-97338	(503) 623-8118	chad.blackman@state.or.us
Bradford	Colleen	DHS - Self-Sufficiency Program	177 SW Oak Street	Dallas	OR	97338	(503) 623-8118	colleen.bradford@state.or.us
Braun	Ken	VORP/CMS	450 SE Washington St	Dallas	OR	97338	(503) 623-3111	vorpcms@qwest.net
Burbank	Jeanne	PCCCF/SI	182 SW Academy St. #310	Dallas	OR	-97338	(503) 623-9664	burbank.jeanne@co.polk.or.us
Burnham	Jody	MWVCAA Head Start	2475 Center St NE	Salem	OR	97301-4520	(503) 581-1152	burnhamj@mwvcaa.org
Caldarazzo	Gayle	United Way of Mid Willamette Valley	455 Bliler Avenue NE	Salem	OR	97303	(503) 363-1651	gcaldarazzo@unitedwaymid-willamette.org
Carroll	Noelle	Polk County Mental Health / Prevention	182 SW Academy #322	Dallas	OR	-97338	(503) 623-9289	carroll.noelle@co.polk.or.us
Cary	Carla	Mid-Willamette Valley Community Action Agency	2475 Center St. NE	Salem	OR	97301	(503) 399-9080	caryc@mwvcaa.org
Chambers	Angela	Polk Co. Service Integration	182 SW Academy St. #310	Dallas	OR	-97338	(503) 623-9664	chambers.angela@co.polk.or.us
Cody	Melodie	Shangri-La	4080 Reed Rd. Ste 150	Salem	OR	97302	(503) 581-1732	melodie@shangrilacorp.org
Cox	Teresa	Mid-Willamette Valley Community Action	2475 Center St. NE	Salem	OR	97301	(503) 585-6232	coxt@mwvcaa.org
DaFoe	Carrie	Oregon - DHS Self-Sufficiency	177 SW Oak St	Dallas	OR	-97338	(503) 623-8118	Carrie.dafoe@state.or.us
Driscoll	Debra	OSU Extension Service	P.O. Box 640	Dallas	OR	97338	(503) 623-8395	debra.driscoll@oregonstate.edu
DuBoise	Rene L.	Dept. of Human Services	3420 Cherry Ave. NE, Ste 110	Salem	OR	-97303	(503) 373-1422	Rene.L.DuBoise@state.or.us
Fairchild	Jim	Dallas, City of	187 SE Court Street	Dallas	OR	97338	(503) 831-3511	jamesbfair@aol.com
Gibbs	Kathy	Easter Seals Children's T/C Polk Healthy Start	P.O. Box 5193	Salem	OR	97304	(503) 485-2185	kgibbs@or.easter-seals.com
Green	George	Northwest Senior and Disability Services	163 SW Academy St	Dallas	OR	-97338	(503) 831-0581	george.green@state.or.us

Hansen	Greg	Polk County	850 Main Street	Dallas	OR	97338	(503) 623-8173	hansen.greg@co.polk.or.us
Hays	Ron	Marion Polk Food Share	1660 Salem Industrial Drive, NE	Salem	OR	-97303	(503) 581-3855	rhays@foodbanksalem.org
Heatherington	Geoff	Polk Co. Mental Health	182 SW Academy Street #310	Dallas	OR	97338	(503) 623-9289	heatherington.geoff@co.polk.or.us
Hunter	Joseph	Central School District 13J - Superintendent	1610 Monmouth Street	Independence	OR	97351	(503) 838-0030	jhunter@central.k12.or.us
Kaufmann	Linda	Chemeketa Dallas Center	1340 SE Holman	Dallas	OR	-97338	(503) 623-5567	kaul@chemeketa.edu
Leno	Lisa	Confederated Tribes of Grand Ronde - CAT			OR		(503) 879-1471	Lisa.Leno@grandronde.org
McMillian	Debbie	Polk Co. Service Integration	182 SW Academy St. #310	Dallas	OR	97338	(503) 623-9664	mcmillian.debra@co.polk.or.us
Merry	Diane	Mid-Willamette Valley Community Action	2475 Center St. NE	Salem	OR	97301	(503) 585-6232	merryd@mwvcaa.org
Metzger-Hines	Sidra	West Valley Housing Authority	204 SW Walnut	Dallas	OR	-97338	(503) 623-8387	SMetzgerHines@wvpha.org
Miller	Sue	Family Building Blocks	2425 Lancaster Drive NE	Salem	OR	97305	(503) 566-2132	smiller@familybuildingblocks.org
Morehead	Judi	Polk Co. Mental Health Community Support Services	182 SW Academy St Ste 304	Dallas	OR	-97338	(503) 623-1886	morehead.judith@co.polk.or.us
Murfin	Chris	Chemeketa Community College	4000 Lancaster Dr. NE P.O. Box 14007	Salem	OR	-97309	(503) 399-2093	murc@chemeketa.edu
O'Connell	Ann	Willamette ESD	2611 Pringle Road SE	Salem	OR	97302-1533	(503) 540-4487	ann.oconnell@wesd.org
O'Dell	Lona	Easter Seals Children's Therapy Center	P.O. Box 5193	Salem	OR	-97304	(503) 370-8990	lodell@or.easterseals.com
Osborn	Sam	DHS			OR		(503) 378-2731	sam.osborn@state.or.us
Paulson	Margie	Shangri-La Corporation	4080 Reed Rd. SE	Salem	OR	97302	(503) 581-1732	margie@shangrilacorp.org
Pelzer	Michaele	WorkSource - Polk Center	580 Main St. Ste. B	Dallas	OR	97338	(503) 831-1950	mpelzer@chemeketa.edu
Perry	Christy	Dallas School District	111 SW Ash St	Dallas	OR	97338	(503) 623-5594	christy.perry@dallas.k12.or.us
Prouty	Kathy	Dept. of Human Services	3420 Cherry Ave NE #110	Salem	OR	-97303		Kathy.Prouty@state.or.us
Reding	Trish	Polk Co. Juvenile	182 SW Academy Street #326	Dallas	OR	97338	(503) 623-2349	reding.patricia@co.polk.or.us

Schultz	Karen	American Red Cross	675 Orchard Heights Rd NW Ste. 200	Salem	OR	-97304	(503) 779-1250	karens@redcross-salem.org
Schwartz	Jon	Polk Co. Mental Health ECOS	182 SW Academy Ste 304	Dallas	OR	-97338	(503) 623-1886	schwartz.jon@co.polk.or.us
Sedlock	Mike	Polk County Mental Health	182 SW Academy St	Dallas	OR	-97338	(503) 623-9289	sedlock.mike@co.polk.or.us
Silbernagel	Marty	Polk Co. Community Corrections	689 Main St.	Dallas	OR	-97338	(503) 623-5226	silbernagel.martin@co.polk.or.
Stillinger	Ken	WorkSource - Polk Center	580 Main St. Ste. B	Dallas	OR	97338	(503) 831-1950	kstillinger@chemeketa.edu
Stoutt	Robin	Perrydale School	7445 Perrydale Road	Amity	OR	97101	(503) 623-2040	rstoutt@perrydale.k12.or.us
Swanson	Denise	United Way of Mid Willamette Valley	455 Bliler Ave NE	Salem	OR	-97301	(503) 363-1651	dswanson@unitedwaymwv.org
Tarzian	Peter	Falls City School District	111 N. Main Street	Falls City	OR	97344	(503) 787-3521	tarzian_peter@fallscity.k12.or.us
Taylor	R.	Family Building Blocks	1135 Edgewater St NW	Salem	OR	-97304	(503) 566-2132	rtaylor@familybuildingblocks.org
Thompson	Deborah	SABLE House	P.O. Box 783	Dallas	OR	97338	(503) 623-6703	deborah@sablehouse.org
Walker	Andy	Polk Co. Public Health	182 SW Academ St	Dallas	OR	-97338	(503) 623-8175	walker.andy@co.polk.or.us
Wells	Cathy	Polk Co. PCCCF/ SI Staff	182 SW Academy #318	Dallas	OR	97338	(503) 623-9664	wells.cathy@co.polk.or.us
Wheeler	Stacie	Polk Co. Human Services	182 SW Academy St. #310	Dallas	OR	97338	(503) 623-9664	wheeler.stacie@co.polk.or.us
Williams	Mike	DHS - Child Welfare Services - Dallas	177 Oak St.	Dallas	OR	-97338	(503) 623-8118	mike.williams@state.or.us
Yandall	Eki	United Way of Mid-Willamette Valley	455 Bliler Avenue Ne	Salem	OR	-97301	(503) 363-1651	eyandall@unitedwaymwv.org

Polk County Local Alcohol and Drug Planning Committee Membership List

Name	Agency	Telephone	Email	Mailing Address
Debra Cheney	Consumer Advocate	(541) 430-4038		219 W Ackerman Monmouth, OR 97361
AmberChytka	Polk County Mental Health Prevention	(503) 623-9289	Chytka.amber@co.polk.or.us	182 SW Academy St Suite 304 Dallas 97338
Jim Connolly	Consumer Advocate	(503) 302-4493		484 SE Washington Dallas, OR 97338
Carrie Dafoe	DHS Child Welfare		carrie.dafoe@state.or.us	177 SW oak Dallas OR
John Fisher	Polk County District Attorney	(503) 623-9268	Fisher.john#co.polk.or.us	850 Main St. DA's Office Courthouse Dallas OR 97338
Jody Germond	Polk County Sheriff's Office	(503)831-1733	Germond.Jody@co.polk.or.us	830 Main St Dallas, OR 97338
Judge William Horner	Polk County District Court			Polk County Circuit Court Courthouse Complex 850 Main Dallas OR 97338
Geoff Heatherington	Polk County Mental Health <u>Treatment</u>	(503) 623-9289	heatherington.geoff@co.polk.or.us	182 SW Academy St Suite 304 Dallas 97338
Diane Lathrop	Western Oregon University	(503) 838-8396	lathropd@wou.edu	Western Oregon Univers. 345 N Monmouth Ave Monmouth
Joe Martineau	Grand Ronde	(503) 879-1690	Joe.martineau@grandronde.org	9615 Grand Ronde Rd Grand Ronde OR 97347
Sally Penna	Alcohol Drug Evaluation Specialist		sallypenna@hotmail.com	Center For Family Counseling Monmouth, OR
Trish Reding	Polk County Juvenile Department		REDING.PATRICIA@co.polk.or.us	182 Academy St. Suite 326 Dallas 97338
Martin Silbernagel	Polk County Community Corrections		SILBERNAGEL.MARTIN@co.polk.or.us	