Marion County
OREGON

HEALTH DEPARTMENT

February 29, 2008

ADMINISTRATOR
Roderick P. Calkins, PhD

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

TTY/TTD
(503) 588-5400

Robert Nikkel
Office of Mental Health and Addiction Services
500 Summer St NE
Salem, OR 97301-1187

Bob Nikkel:

I am pleased to submit Marion County's Biennial Implementation Plan for 2009-2011 for treatment and prevention services for mental health, addictions, developmental disabilities and problem gambling. The plan has been approved by the Marion County Board of Commissioners.

If you have any questions regarding this plan, please contact me at (503) 588-5357.

Sincerely,

Roderick P. Calkins

Roderick P. Calkins, Administrator
Marion County Health Department

BOARD OF COMMISSIONERS

Agenda Review

DATE: February 19, 2008

TO: Board Session Coordinator
Board of Commissioners' Office

FROM: Roderick Calkins

RE: 2009-2011 Biennial Implementation Plan for Treatment and Prevention Services for Mental Health, Addictions, and Problem Gambling

Department Contact Person: Roderick Calkins Phone: 588-4978

Thursday Agenda Planning Date: February 22, 2008

Presenter(s) at board session: Roderick Calkins, Marybeth Beall

Visual Aids for presentation: None

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

Estimated time for presentation: 30 minutes

ISSUE: Approval of Biennial Plan for Mental Health Services, Alcohol and Drug Treatment and Prevention Services and Gambling Addiction Treatment and Preventions Services for 2009-2011.

BACKGROUND: The Biennial Plan for 2009-2011 is required by the Department of Human Services to describe how funding will be expended for Mental Health, Alcohol and Drug Treatment and Prevention Services and Gambling Addiction Treatment and Prevention Services.

FISCAL IMPACT (Current Year *and* Yearly Projected for Following Fiscal Year): Estimated Biennial funding for 2009-2011, $26,511,753.00.

Cost Center: Account Number:

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

OPTIONS FOR CONSIDERATION: To consider approving the 2009-2011 Biennial Implementation Plan for Treatment and Prevention Services for Mental Health, Addictions, and Problem Gambling.

RECOMMENDATION: Approval of the 2009-2011 Biennial Implementation Plan for Treatment and Prevention Services for Mental Health, Addictions, and Problem Gambling.

DEPARTMENT HEAD SIGNATURE Marybeth Beall

List Attachments: Copies of Biennial Plan

2009-2011 Marion County Biennial Implementation Plan
Executive Summary

The Marion County 2009-2011 Implementation Plan for Behavioral Health Services extends and builds upon earlier plans for alcohol and drug prevention and treatment, mental health services and problem gambling prevention services. These plans have all included broad stakeholder participation from their inception with responses from a web- based survey more than doubling for the 2009-2011 plan. A total of 163 survey responses were submitted from a wide range of respondents. (Refer to charts on page13 for demographic details). Results of the present planning process indicate that many of the previous plans' service priorities are still applicable. In addition, a number of key themes emerged based on the respondents' prioritization of services and the large number of comments received in response to four questions asked in the survey (See Survey Results, pages 8-13 and a copy of the survey, page 71-84.)

The key themes/issues that emerged are as follows:

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

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

A. Mental Health

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

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

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

Several aspects of forensic mental health services are a high priority need. A very high priority is the ability to divert people who have a mental health disorder or mental illness from becoming incarcerated or further involved in the criminal justice system. This is being addressed in Marion County in several ways. For two years, we have partnered with the Sheriff's office to conduct two, 40-hour Crisis Intervention Trainings each year for law enforcement personnel. However, continued funding for this endeavor is uncertain. Recently, Marion County

partnered with the Salem Police Department to provide ten weekly 1-hour trainings on mental health issues and crisis intervention; however, this does not match the level of in depth training acquired via Crisis Intervention Trainings. Although Salem Police Department is very interested in providing more training for its officers in order to enhance their ability to recognize and deal appropriately with potential offenders who have mental health issues, adequate funding to do so is not available. The Marion County Mental Health Court that has been in operation since December 2006 works successfully with folks who have Oregon Health Plan (OHP) coverage to assist them in not returning to jail. However, funding for treatment of indigent, low income or uninsured folks who are eligible for Mental Health Court is extremely limited and rarely are clients accepted without Oregon Health Plan coverage.

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

B. Alcohol and Drug Treatment Services

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

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

In looking at social service data across counties and regions, we also believe it is important to note that Marion County has a disproportionate number of

people/families with unmet needs due to the number of jails/prisons and psychiatric facilities in the county. Marion County lacks the funding to compensate for adverse selection, which has been highlighted in the recently approved 6-Year Plan from the Marion County Children and Families Commission. We would like to add our voice to that concern as well. We believe the data from Department of Human Services on the disproportionate number of children from Marion County in foster care and the lack of inpatient treatment services specific to Spanish speaking families with children in foster care illustrates the access problems well.

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

C. Problem Gambling Services

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

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

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

In the 2009-2011 biennium, we propose to develop hospital diversion/respite capacity within our existing Psychiatric Crisis Center. This will include gambling

specific training for crisis screeners, crisis associates and home providers. It will also include a protocol for screening and referral based on the acuity of the person's needs. While we anticipate utilizing the other existing crisis respite services, we believe that local capacity for people at the highest risk levels is a need and a priority. We do not anticipate increased costs associated with this capacity building.

D. Improving access and client outcomes

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

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

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

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

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

4. Public Information and Accessibility of Services.
There is a clear lack of understanding by the general public and by allied service providers, schools, etc. regarding what county services are available,

how to get information regarding specific services and how to access resources provided by the County.

5. Access to medication management services for children and adults and the need for an increase in the availability of prescribers in our community remains an issue.
The lack of child psychiatrists in Marion County and the lack of access to adult and geriatric psychiatric services (including psychiatric nurse practitioners) that are willing to work in the community mental health system is a problem that continues. Increases in costs of medications and limitations of insurance benefits for psychiatric medications are also access issues.

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

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

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

Link to the Children's and Families Commission Comprehensive Plan
Marion County's Coordinated and Comprehensive Planning Process (reference OR 417.705-407.797) and the Marion County Prevention Implementation Plan have been designed to support healthy communities and families. The previous prevention coordinator worked in partnership with

Marion County Department of Children and Families and Comprehensive Planning Committee in the development of the Phase II plan, logic model development and data collection plans. This helped facilitate the linking between the Comprehensive Plan and our prevention plan.

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

Marion County

2009 –2011 Implementation Plan

Treatment and Prevention Services

for

Mental Health, Addictions, and
Problem Gambling

Submitted to the State of Oregon
Department of Human Services
Office of Mental Health and Addiction Services

Table of Contents

I. County Contact Information

1. County Contact Information

County: Marion
Address: 3180 Center St NE
City, State, Zip: Salem, Oregon, 97301-4592

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

Name Roderick P. Calkins Title Administrator
Name Title

2. Addiction Treatment Services Contact Information

Name Marybeth Beall
Agency Marion County Health Department
Address 3180 Center St NE
City, State, Zip Salem, Oregon 97301-4592
Phone Number 503-566-2994 Fax 503-364-6552
E-mail mbeall@co.marion.or.us

3. Prevention Services Contact Information

Name Tonya Johnson
Agency Marion County Health Department
Address 302 W. Hayes
City, State, Zip Woodburn, Oregon 97071
Phone Number 503-566-2901 Fax 503-769-5429
E-mail tjohnson@co.marion.or.us

4. Mental Health Services Contact Information

Name Marybeth Beall
Agency Marion County Health Department
Address 3180 Center St NE
City, State, Zip Salem, Oregon 97301-4592
Phone Number 503-566-2994 Fax 503-364-6552
E-mail mbeall@co.marion.or.us

5. Problem Gambling Treatment Prevention Services Contact Information

Name Tonya Johnson
Agency Marion County Health Department
Address 302 W. Hayes
City, State, Zip Woodburn, Oregon 97071
Phone Number 503-566-2901 Fax 503-769-5429
E-mail tjohnson@co.marion.or.us

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

Name Roderick Calkins
Agency Marion County Health Department
Address 3180 Center St NE
City, State, Zip Salem, Oregon 97301-4592
Phone Number 503-588-5357 Fax 503-364-6552
E-mail rcalkins@co.marion.or.us

II. Introduction and Description of Planning Process

A. Planning Process

The Marion County 2009-2011 Implementation Plan for Behavioral Health Services extends and builds upon earlier plans for alcohol and drug prevention and treatment, mental health services and problem gambling prevention services. These plans included broad stakeholder participation from their inception. Results of the present planning process indicate that many of the previous service priorities identified are still applicable. The current plan has been reviewed by the following: the Marion County Alcohol and Drug Planning Committee, the Community Mental Health Advisory Board, the Marion County Children and Families Commission Board and the Local Public Safety Coordinating Council and the Department of Human Services Local Service Delivery Area Manager. Members of allied agencies throughout the community have been contacted and asked for their input as well. Relevant elements of HB 3024, SB 155, SB 267 and SB 781 continue to be included in development of the plan and reflect Marion County's ongoing progress toward a system based in research evidence.

In planning Behavioral Health activities for 2009-2011, Marion County Health Department built upon the 2005 –2007 and 2007-2009 plans and coordinated closely with Marion County's Comprehensive Plan. The planning process designed for prior plans was replicated using a broadly distributed community survey. The survey listed current evidenced based service priorities and community identified service needs. Comments and suggestions were also solicited regarding access, cultural competency, services for school age children and suggestions for other service priorities. The survey was available in hard copy via e-mail, and posted on Marion County's web site. Copies of the survey, highlighting the opportunity to submit input electronically, were widely circulated. In addition, community based organizations as well as consumer, family and advocate organizations for those receiving services were contacted and asked for their input. In many cases, individual Health Department representatives personally presented the survey to various organizations and entities and requested their input.

The gathering of community input for Health Department planning is not a new process in designing health services for Marion County, particularly for prevention services. Our activities this year, as in 2005-2007 and 2007-2009, have been specifically aimed at providing coordination with other planning processes and community based structures, such as the Marion County Children and Families Commission, in order to reach individuals who are committed to improving services in their community and who are knowledgeable about activities already underway in those communities. In addition, we continued efforts to expand behavioral health services related to evidence based practices and specific goals identified by the Association of Oregon Community Mental Health and Substance Abuse Directors (AOCMHD) as priorities. Thus, we have continued to garner community input and integrate our service area planning with that of the overall strategic planning process for Marion County and AOCMHD.

The priorities derived from community input will guide our response to recent funding increases, any unappropriated funding as well as in developing new services. Much of the funding received by the Health Department prescribes that certain services be delivered. Community input allows for adaptation in areas where funding discretion may exist. Service priorities guide development activities and direct the types of funding we will pursue, as well as direct funding allocations in

areas in which we have discretion.

Section V. contains the results of the Community Survey and rankings of priorities for existing services as well as expanded or new services. Suggestions for needed mental health and substance abuse services were developed from respondents' replies to the four part Question and Comment section of the survey. High priority needs for Mental Health, Alcohol and Drug Prevention and Treatment and Problem Gambling are also included in Section V.

Internal planning processes have also contributed to the development of this Plan. The Behavioral Health Management Team consisting of team, program and clinical supervisors from all mental health and drug treatment service areas, continues to identify high priority needs for services, gaps in services to clients, and integration of services between program areas. As well, a sub group of the Behavioral Health Management Team was involved in the final development of the proposed plan via contributing to the analysis of survey results and development of high priority needs based their direct involvement in serving clients within the mental health and addiction services system.

Both external and internal planning processes addressed issues related to cultural competency in the delivery of mental health and addiction services. The Community Survey asked specifically for feedback on the cultural appropriateness of services delivered by Marion County. Internal program development efforts and hiring practices have been targeted to ensure access to a wider array of bilingual and bicultural services that reflect the population we serve. These efforts include the allocation of additional funds for recruitment and hiring of bilingual/ bicultural staff, staff training in cultural competency, outreach programs targeting minority populations (especially in high density rural areas) and assurance that printed materials and translation services are available for all major language groups and populations served by the county.

B. Community Survey Results

Planning efforts included soliciting community, consumer and provider input regarding service priorities for Marion County. The current planning effort asked not only that survey respondents survey rank and comment on existing services, but also allowed respondents to identify service enhancement priorities and priorities for new services. Respondents provided rankings with the understanding that they were ranking what services would be most important to retain, add and/or enhance. Also included was a section for respondents to identify other needs in the current service array. The respondents were asked to comment on the following four questions: 1) Access to county mental health and alcohol and drug services, 2) The cultural appropriateness of county delivered services, 3) Comments regarding mental health services for school-age children, and 4) What other priorities for mental health and substance abuse services should be incorporated into the 2009-2011 Plan. The results of the survey and drafts of this planning process and have been reviewed by the Department of Children and Families, the Local Alcohol and Drug Planning Committee, the Health Advisory Board (Mental Health Planning Committee) the Marion County Board of Commissioners, and the Local Public Safety Coordinating Counsel and the Department of Human Services Service Delivery Area Manager.

1. Demographics

As the "Residential Area" pie chart on page 13 indicates, the majority of respondents to the survey (60.7 percent) reside in the Salem-Keizer area. This is a 16.3% decrease from 77% in the 2007-2009 survey. This may mean that urban issues continue to be somewhat over-represented on a percent-of-population basis, however this percentage may be a bit low if correlated to where services are currently provided. Outreach efforts were made to include viewpoints from rural communities and an overall increase of 8% of respondents from rural areas occurred.

In terms of respondents' self-identification, the "Participant Type" pie chart (See page 13) indicates that 26.6 percent were service providers. Efforts were made to encourage consumer, advocate and family members of consumers input, but there were very few who participated in the survey (11 percent). It is unclear why there was such a low turnout. It may be due to the survey period being in December, and early January, often very busy times due to holidays.

An additional demographic field was added to the 2009-2011 plan survey. Results show that of respondents who identified their age by range, 91.1% were over age 30 and 46.9% of the total responding were over age 50. This provides useful information regarding possible new distribution sites, i.e. schools and colleges, in order to achieve more diverse input.

2. Rankings of Service Priorities

Following on page 14 is a table entitled "Survey Ranking Results of Prioritized Services," which presents the results obtained when respondents to the survey were asked to rank twelve existing services and thirteen evidence-based practices, that could be added or used to enhance existing services. The column titled "Ranking by All Participants" summarizes the overall prioritization for each. A ranking of "1" indicates the highest priority and a ranking of "12" or "13" indicates the lowest priority.

In comparing the prioritization, Children's Outpatient Mental Health Treatment again is ranked highest overall by all participants. In the overall rankings, the top four services are all centered around child and youth services. Adult treatment services are prioritized as the fifth. In the previous Marion County Biennial Plans, adult treatment was ranked as a higher priority. This means, among those responding to the survey, a greater emphasis continues to be placed on children's services by the Marion County community.

The lowest prioritized services were problem gambling prevention and treatment, peer support and methadone service. This is also consistent with the results of the previous plans' prioritization of services and may indicate a need to increase educational outreach efforts that inform the public about impacts of problem gambling, of peer support, and methadone treatment and recovery. In reviewing the comments written from respondents, there are 12 overall themes that appear.

- Lack of access due to lack of insurance, being low income/indigent or underinsured.
- Lack of services for older adults.

- Lack of understanding/knowledge of what services are available, how to access these services, and where to get information re: how to access services.
- The need for culturally appropriate, family system approaches in treatment, with education/information, supports, treatment, etc., including parent education and parenting classes.
- The lack of bilingual and bi-cultural providers (Mental Health, Alcohol & Drug clinicians).
- School-age services for children should be more community based vs. agency based.
- Provide more co-occurring services.
- Recognition of the need for trauma informed/focused services.
- The general public needs more information and education regarding the impacts of problem gambling; peer support services and methadone treatment.
- More availability and better access to residential services including housing and treatment facilities is needed.
- More services are needed in rural areas.
- Access to affordable medication and psychiatric services remains an issue.

3. Comments

A listing of all comments by question is included as an attachment beginning on page 85.

4. Synopsis of Comments from Survey

Synopsis of comments from Question #1 Access to County Mental Health and Addiction Services	**# of Citations**
Services for uninsured/indigent/low income	13
Services for offenders/those incarcerated/in criminal justice system	1
Services for youth (ages 8-18)	2
Services for undocumented residents	6
Services for older adults/the elderly	2
Youth residential Alcohol and Drug services	3
Early childhood services	2
Access to medication services/cost of medication	3
Insurance coverage and more covered services	8
Access problems due to location, lack of information about services, number of providers, levels of service available, eligibility requirements, etc.	37
System of Care/Coordination among Agencies	3

Synopsis of comments from Question # 2 The Cultural Appropriateness of County Delivered Services	**# of Citations**
Too few bilingual providers	8
More specific services for non-Caucasian populations: Hispanic (5) Islanders (1) Marshalese (2); Chuukese, Chomorro (1); Russian (3); Asian (1)	11
Culture should not play a part/matter; too much time spent on this; deal with needs and needs of individuals only; just deliver services	5

More rural services and non clinic based	4
More diversity training; stronger focus on understanding honoring cultural differences	2
Have staff the reflect populations service, continue to recruit/hire retain	2
Poor/inadequate/need improvement	4
Fine	3
Good/very good/quite well	4
Very/fully appropriate	2
Unknown	13

Synopsis of comments from Question # 3 What types of mental health services are most needed for school-age children?	**# of Citations**
Assessment	17
Counseling/Intervention/Treatment	13
Family treatment	13
Drug and Alcohol evaluations	8
Groups	8
Crisis management	6
Services for their parents, i.e. education, training and support	5
Prevention	5
Screening	3
Medication	3
Mentoring	3
Case management	3
Other: (outreach; bi-lingual providers; day treatment; mediation; peer support; services for foster children, services for addicted parents; drug and alcohol services for parents; etc.)	10

Where is it best for those services to be located?

Schools	47
Community	20
Home	12
Agency	4
Churches	2
Other: Primary care physician; where kids feel most comfortable; after school clubs	3

Synopsis of comments from Question # 4 What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2009-2011 plan?	
More services for Hispanic populations	2
Services for uninsured/indigent/low income; access regardless of insurance	8
Services for offenders/those incarcerated/in criminal justice system	5

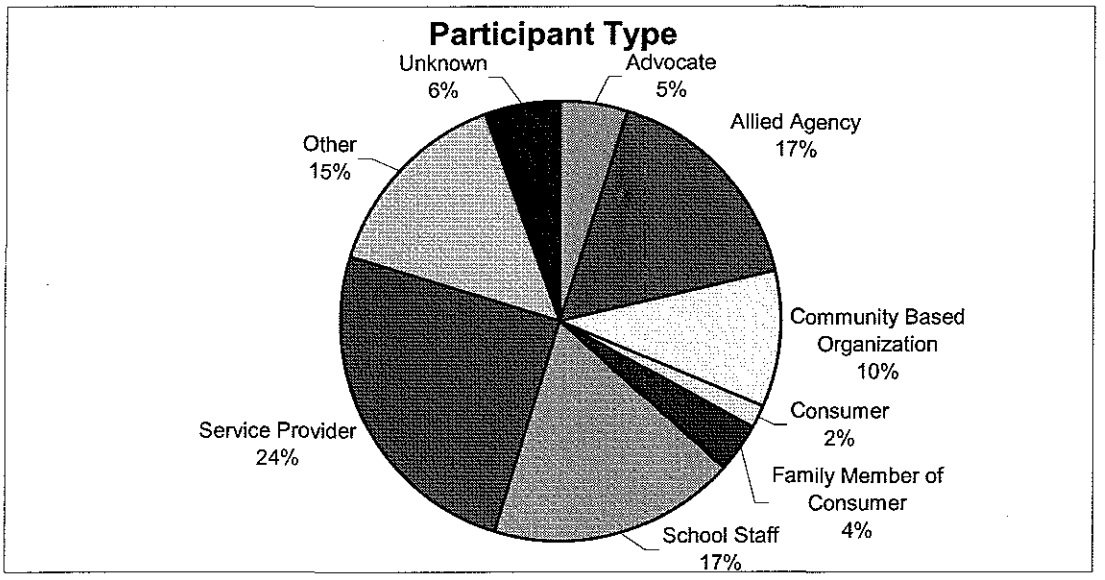
Services for youth (ages 8-18)	2
Services for undocumented residents (see below)	1
Services for older adults/the elderly	3
Youth residential Alcohol and Drug services	0
Early childhood services	-
Access to medication services/cost of medication	6
Insurance coverage and more covered services	0
Access problems (due to location, cuts in services, number of providers, levels of service available, eligibility requirements, etc.)	2
Parity between mental and physical health treatment/services	0
Restore Alcohol and Drug and MH services and funding/need for more services	0
System of Care Coordination among Agencies	0
More recovery orientated and wrap around services	5
More support services (respite, parent education, etc.) services for family members, affected by mental health and/or Alcohol and Drug issues	6
More access to and focus on methamphetamine treatment	5
More co-occurring and integrated (mental & physical) health services	4
More availability of and quicker access to residential services (all types)	5
More Alcohol and Drug, other prevention services	2
All of the following had 1(one) citing: More intensive services; support groups for depressed; isolated women; more services in rural areas; nutrition and exercise; services for rape victims; separate Mental Health and Alcohol and Drug services; Legislate Mandatory counseling/parenting class; no mandated services; more services for adolescent males; services for undocumented children.	1

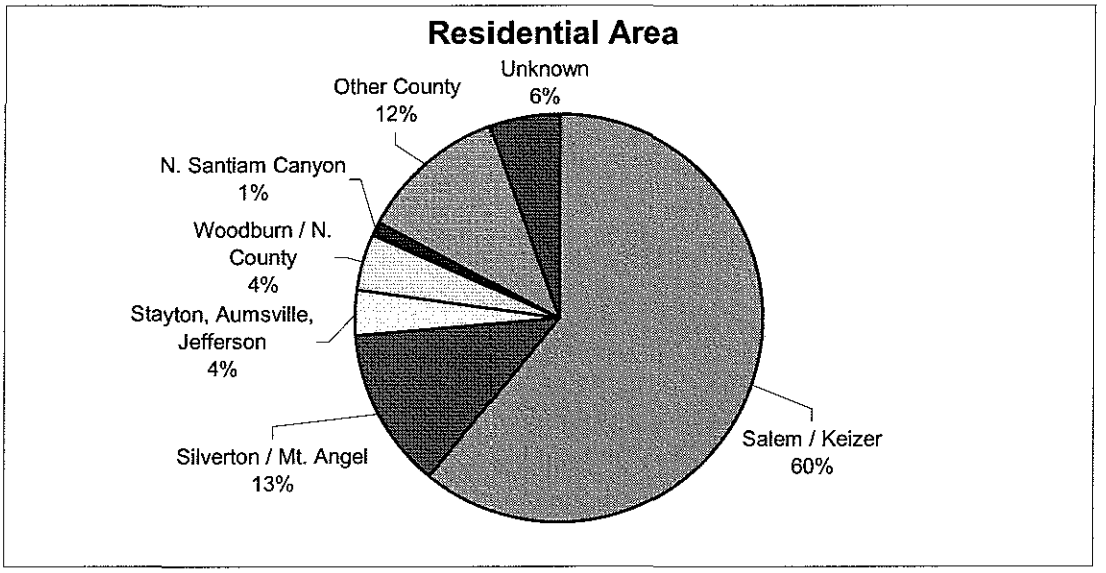
5. Conclusions

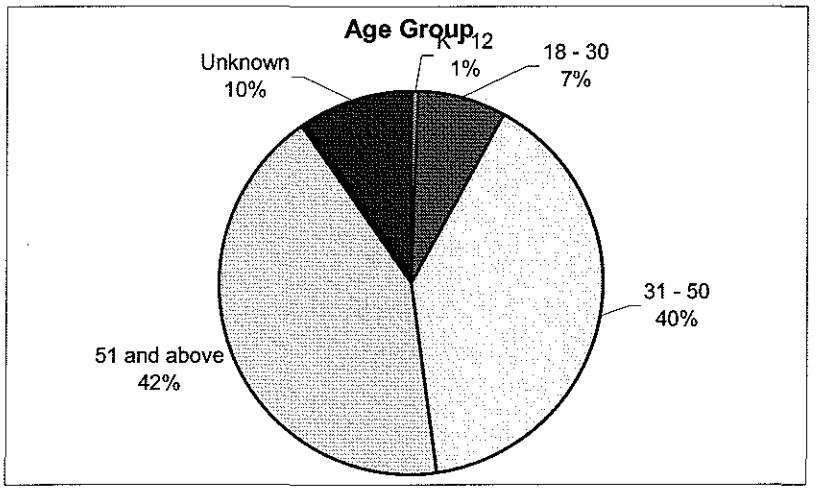
The prioritized list of services is a very comprehensive list that is being used by Marion County to establish strategic goals in meeting community priorities and needs. These prioritized needs will be discussed with community stakeholders to help further define specific services. Marion County has already set several of these priorities in motion. For example, Marion County has partnered with community providers to increase services to children. Services to children had previously been identified as a high priority by the State, local community leaders, consumers and providers. Although this remains a challenge, Marion County has worked actively to improve access and increase services to children and youth and for all clients in need of psychiatric medications. The survey has reinforced this direction. Marion County, with support from the Mid Valley Behavioral Care Network, has also actively engaged service providers in developing competency in and increasing the availability of co-occurring disorders treatment and increasing bilingual/bicultural services to the community. Survey results also support this effort.

Marion County will continue to work with community stakeholders in developing these services, along with the other prioritized services. Marion County will also facilitate discussions with stakeholders to further explore the gaps in services that were identified through this process.

Graphs/Demographics and Rankings







SURVEY RANKING RESULTS OF PRIORITIZED SERVICES	RANKING BY ALL PARTICIPANTS
Existing Priorities/Services	
Children's Outpatient Mental Health Treatment	1
Early Intervention for Youth Substance Abuse	2
Parenting Skills and Education	3
Early Childhood Mental Health (age 0-5)	4
Adult Outpatient Mental Health Treatment Services	5
Intensive Community Based Treatment Services for Youth	6
School Based Crisis Services for Youth	7
Alcohol and Drug Outpatient Treatment and Aftercare	8
Treatment for Co-occurring Mental Health and Substance Abuse Disorders	9
Supportive Services for Children with Addicted Parents in Treatment or Jail/Prison	10
Alcohol and Drug Detoxification and Residential Treatment	11
Child-Centered Care Coordination Teams	12
Priorities to Enhance /Add Services	
Methamphetamine Specific Treatment Services	1
Medication Services	2
Appropriate Services for Victims of Psychological Trauma	3
Alternatives to Hospitalization for Youth and Adults	4
Mental Health and Addiction Services for People Involved in the Criminal Justice System	5
Assisting Schools and Communities with Alcohol and Drug Prevention	6
Assessment and Treatment Services for Older Adults	7
A Continuum of Residential Services	8
Illness Management and Recovery Services	9
Supported Employment	10
Peer to Peer Recovery Supports	11
Methadone Treatment	12
Problem Gambling Prevention and Treatment	13

III. Functional Linkages

A. With the state hospital system and mental health acute care inpatient providers

As noted in the 2007-2009 plan, coordination of care between the Marion County Health Department, the State Hospital system and acute inpatient providers occurs in a number of programs. The structure for these linkages continues to be both formal and informal, through regularly scheduled meetings and by phone calls that may occur on a daily basis. An update on these linkages, including changes or new linkages, follows:

State Hospital System

Liaison Services -The Health Department has a Mental Health Specialist III (a senior clinician) who has been our identified hospital liaison for the State Hospital, and acute care settings in our region, for the past seven years. In response to our co-management contract with Addictions & Mental Health (AMH) and the linkage agreement between the Mid Valley Behavioral Care Network and the regional acute care facilities we have a frequent presence at these locations.

Our designated liaison has several routine meetings at the Oregon State Hospital. He is on-site at OSH at Portland the first Friday of the month to review Marion County residents at that hospital. Emphasis is on those designated Ready to Place but he typically spends time reviewing everyone's progress. The third Friday of the month is OSH Salem for a similar meeting and Blue Mountain Recovery Center is managed through videoconference when available. Our liaison also attends each of the Salem and Portland treatment team meetings scheduled for Marion County residents.

In anticipation of growing demand for State Hospital liaison services Marion County recently created a second Mental Health Specialist III position. Our plan is to assign one clinician to the State Hospital and the other will coordinate our discharge and diversion efforts in the acute care settings. This new position was recently posted and we anticipate having a new liaison in place in the next one to two months.

Residential Linkage-Horizon House
Marion County Staff continue to meet with the Extended Care Management Unit liaison on a monthly basis to discuss progress of the current residents and referrals for anticipated vacancies.

Adaptive Integration Support Team (ACIST)-works closely with many State Hospital and Acute Care referrals. As part of our overall diversion team they play an integral role in the crafting of effective discharge plans.

Early Response Meeting-is now integrated into an overall diversion meeting. The meeting focuses on plans for 1) State Hospital consumers deemed ready to place or thought to be ready sometime soon 2) Marion County residents in acute care settings 3) consumers lodged at the Marion County Corrections Facility in need of services and soon to be released and 4) frequent users of service at our Psychiatric Crisis Center (PCC). The meeting includes representatives from Adult Behavioral Health, Adaptive Integration Support Team, Jail Services, Psychiatric Crisis Center and the Mid Valley Behavioral Care Network.

Enhanced Care Outreach Services and the Enhanced Care Unit -continue as a central part of geriatric services in Marion County.

Aid and Assist Case manager- The Health Department has added a forensic case manager to our state hospital coordination efforts. As part of a new, pilot project he is working with mentally ill adults who are referred to the hospital for competency (aid and assist) evaluations. This case manager works to prepare for eventual discharge when consumers are restored to competency, particularly those with less serious offenses. He is also working with the courts to potentially divert consumers being referred for evaluation and treatment when a viable community alternative exists.

Acute Care Inpatient Providers

Marion County is one of seven counties participating in Acute Care Council, a regional effort that addresses acute care services. Coordination of inpatient services is spelled out in the Mid-Willamette Regional Acute Care Units and Mid-Willamette Community Mental Health Programs Linkage Agreement. The agreement is divided into three specific phases of acute care services - admissions, treatment and discharge. A separate section is dedicated to services specific to individuals with developmental disabilities.

The hospital liaison meets weekly at Salem Hospital with social work staff, a discharge planner and a BCN representative to review Marion County residents in the psychiatric unit. He is there throughout the week to review new admissions and to review requests to Extended Care Management Unit for placement at the State Hospital. Visits to other acute care settings, such as Good Samaritan in Corvallis, are scheduled when Marion County residents have been placed in these hospitals.

IV. Coordination of Services

A. Description of Residential Alcohol and Drug Treatment Provider Coordination

Marion County currently provides the full spectrum of alcohol and drug treatment services for adults and a full range of outpatient services for youth. We do not have publicly funded residential treatment available for youth within the county.

Our current detoxification capacity includes 6 detoxification beds with 2 sobering stations.
Our current residential capacity is 12 treatment beds shared equally between men and women, and 7 residential/transitional beds for pregnant women and women with children. It should be noted that only 17 of the residential beds are funded and the program has made a concerted effort to serve the community beyond their funded level.

Marion County will continue to contract with Cascadia Behavioral Health Care, dba Bridgeway for inpatient detoxification and residential treatment. The Marion County Health Department will continue to provide outpatient detoxification and maintenance for chronic opiod dependence.

After entering detoxification or residential treatment, our contracted provider completes either a full assessment or an addendum depending on the extent of the clinical documentation they receive from the referent. If the consumer has signed a release of information, some or all of the assessment is sent to the referent as clinically appropriate. If a consumer leaves the facility before completing treatment or is therapeutically discharged, the referent is notified of the consumer's status.

Prior to completing detoxification or residential treatment, the referent is notified of the pending completion and a discharge plan is developed, which includes establishing appointments for outpatient/aftercare and other needed community resources. Once the consumer has completed treatment, a discharge summary describing their progress and needs post discharge is sent to the referent as well.

When the consumer is from the immediate community, additional referrals are made for other needed resources, such as housing, medical and mental health services, employment, childcare, etc. Many of the consumers with more high-risk issues for criminality receive community integration support as well. This includes access to crisis support 24 hours a day, 7 days a week. This intensive case management has been especially effective for consumers that have had multiple jail/prison sentences and relapses.

During the past 18 months, the Marion County Local Alcohol and Drug Planning Committee has put a substantial amount of planning time into recommendations related to detoxification and residential treatment. There are a number of people that cycle in and out of detoxification, residential and crisis services without achieving stable recovery. The wait lists for detoxification and residential are also long and we frequently lose people while they are waiting for these services. In addition, consumers with higher severity mental health issues typically do not engage well with residential services for substance abuse and often leave prematurely or are unable to sustain recovery post discharge.

In light of these problems and barriers, the Local Alcohol and Drug Planning Committee is recommending a pilot project of a more flexible version of residential treatment described in our planning as "Stabilization Houses." We believe this model is more responsive to people's immediate needs and forms a more effective bridge to community-based services. These services will create more capacity in detoxification and residential treatment and provide continuity of care while people are engaging in outpatient services. We see this alternative as cost-effective alternative that will significantly improve outcomes and reduce recidivism.

Our recommendation is for Marion County, the Addiction and Mental Health Division and other community stakeholders to come together as a group in pursuit of the funding needed for this pilot project. We anticipate these services will be successful and will warrant the stable funding needed to sustain them. We also believe these services are responsive to the needs of law enforcement and Addictions and Mental Health as well as consumers and the community partners that serve their children.

B. Description of Addiction Coordination with Criminal Justice System

In 2005, Marion County and the Mid-Valley Behavioral Care Network began working cooperatively with local and regional providers, Addictions and Mental Health, Community Corrections and the Department of Corrections to facilitate systems level discussions on evidence-based principles and practices. The goal of this project was to create shared language and goals among corrections and chemical dependency partners on people identified, as high-risk/high needs. The outcome goal was to find common ground and a systematic approach for implementing practices that reduce both recidivism and substance abuse.

One product of this collaboration is a document entitled: *Improving Results: Guidance for the Collaboration of Criminal Justice and Substance Abuse Treatment Services,* which was completed on November 1, 2007 and is currently being distributed. The document is a practical one that provides guidance on collaboration between systems and direction on navigating clinical and supervision/ community safety issues. In addition, there is guidance about creating a more seamless transition for people that have received treatment in prison and are transitioning to the community. A primary goal for this chapter was to identify barriers and gaps and duplications of services. We are optimistic that this work will form a foundation for tailoring aftercare services specific to the needs of this group of people. Concurrently, work is being done in the Department of Corrections to assure that parolees are connected to appropriate services prior to their release and that receiving programs have the information necessary to make individualized placement and treatment decisions.

Throughout the writing of the document, community stakeholders continued to meet and advise the authors on current issues and practices. In the early stages of the project, the process itself served as a local and regional catalyst for collaboration by clarifying similarities and differences in assessing risk, evidence-based practices, evidence-based principles and common outcome goals.

In terms of treatment capacity, all of our contracted providers are able to treat consumers involved in the criminal justice system and work cooperatively with parole and probation officers on treatment and supervision issues. In addition, we have specialized treatment capacity for Matrix, Drug Court, and the "180 Program," which is a composite program of cognitive behavioral therapy, motivational enhancement, skills training and recovery/life skills coaching. The Marion County Sheriff's Office has also provided training to front line treatment staff on the assessment tools they utilize to determine the risk for recidivism, which has had a positive impact on integrated treatment planning and cooperation between agencies in achieving common goals.

In addition, a number of high-risk offenders are receiving intensive case management support from Cascadia/Bridgeway through a cooperative project with the Marion County Sheriff's Office. Community Integration staff are housed at Bridgeway and funded through Marion County Corrections to provide very hands on support to high risk offenders. Typically, they meet with offenders prior to their release from incarceration and develop a recovery plan with them. Once the offender is released, Community Integration Specialists provides a variety of hands on supports for accessing treatment, housing, support groups, parenting classes, visitation with children, employment, food, medical care, clothing for a job interview, etc. They are available 24 hours a day, 7 days a week and have made an amazing difference in the lives of people/families that were once considered beyond hope.

C. How Drug Court referrals are prioritized

In May of 2007, Marion County was advised by Addictions and Mental Health of the contractual and policy changes related to the prioritization of Drug Court Clients. Marion County disseminated these changes to our contracted service providers, Cascadia Behavioral Health, dba Bridgeway, the Marion County Adolescent Treatment Program and the Marion County Adult Methadone Program. They have added Drug Court Clients to their prioritized list on par with Department of Human Services referred clients and they are being admitted on that basis.

In addition, the Marion/Polk Community Health Plan has prioritized Drug Court Referrals as well and reimburses providers at an enhanced rate for these services. We are also planning to collect and analyze outcome data and will have the capacity to report both fiscal and clinical data in the near future.

It should be noted that we have been working closely with our justice system partners on refining the medical necessity criteria and delivery of the model. This has included shifting the focus from early intervention to clients with more entrenched and higher severity issues. We have also been working on cost sharing for urinalysis to assure that treatment dollars are spent predominantly on treatment rather than monitoring abstinence. To date this has had a positive impact on engagement and clinical outcomes.

V. High Priority Needs

A. Priorities for Existing Services

The following are priorities as ranked in order of importance by the Community Survey.

1. **Children's Outpatient Mental Health Treatment**
Provides children's mental health services in the community at the Health Department, and in-homes (screening, assessment, early intervention, individual and group therapy, family work, skills training, case management)

2. **Early Intervention for Youth Substance Abuse**
Provide youth/family education and skill development for youth that are using substances but have not yet met the admission criteria for substance abuse programs (diagnostic criteria for abuse or dependence).

3. **Parenting Skills and Education**
Provides parent education and skill development classes (in English and Spanish) that are specific to the developmental, mental health and substance abuse problems of our local children and teens.
   - Increase quality of, access to, and availability of services and informal supports for all families.
   - Increase boundaries and expectations for youth.

4. **Early Childhood Mental Health (age 0-5)**
Via public health nurses, provide developmental screening, assessment, referral and early intervention for at risk children. May include high-risk deliveries, developmental issues, parental mental health, substance abuse or domestic violence issues.

5. **Adult Outpatient Mental Health Treatment Services**
Provides adult mental health services in the community and at the Health Department (screening, assessment, referral, individual and group therapy, skills training and case management)

6. **Intensive Community Based Treatment Services for Youth**
Provides intensive services at home and in schools/communities for youth that have not been able to maintain stability in the community. May include skills training, behavior management, crisis services, respite care and other identified special needs.

7. **School based Crisis Services for Youth**
Provides early assessment and intervention for youth in crisis in the school setting. Assesses and responds to threats of violence and self-harm. May also include referrals, family assistance/mediation and other supports.

8. **Alcohol and Drug Outpatient Treatment and Aftercare**
Provides treatment services for alcohol and drug problems in a community setting. Includes screening, assessment, individual and group therapy, family education and limited case management.

9. **Treatment for Co-occurring Mental Health and Substance Abuse Disorders**
Expands on previous system goals to provide integrated or coordinated treatment services for people with co-occurring mental health and substance abuse problems. This would focus our efforts on implementing research-based specialized services, such as Seeking Safety (for people with substance abuse and trauma), Dialectical Behavioral Therapy (for complex trauma), Motivational Interviewing, etc.

10. **Supportive Services for Children with Addicted Parents in Treatment or Jail/Prison**
Provides mental health services specific to the needs of children that have a parent(s) addicted to alcohol/drugs and/or incarcerated. May include partnerships and projects with other people/agencies

to provide parent training, family reintegration and foster care services as well as extended family, school/community-based support.

11. Alcohol and Drug Detoxification and Residential Treatment
Provides detoxification and residential treatment for people with serious alcohol/drug dependence that cannot be treated safely in a community setting (this may include physical withdrawal risks and other factors).

12. Child Centered Care Coordination Teams
Provides a wrap-around team around a child that includes family and community members, teachers, peers and pastors. The goal of the team is to meet individual child and family needs in a way that is most comfortable for them.

B. Priorities for Additional or Enhanced Services
The following were ranked as priorities by community survey respondents as most to least important for adding new or enhancing existing services.

1. Methamphetamine Specific Treatment Services
Provides treatment services that are specific to methamphetamines. May include projects and partnerships with other groups/agencies to address other issues, e.g. mental health, employment, housing, family work, parenting, community integration.

2. Medication Services
Provides mental health prescriptions, consumer education, symptom management training, side effects monitoring and coordination with primary care physicians. The goal is to support a consumer empowered partnership with prescribers.

3. Appropriate Services for Victims of Psychological Trauma
This is a research-based approach that increases effective and respectful treatment approaches for people that have experienced neglect, abuse and other traumas. Trauma may include domestic violence, sexual abuse, serious illnesses, deaths, accidents, war and other disturbing life events that are difficult to recover from.

4. Alternatives to Hospitalization for Youth and Adults
Provides short-term respite care, in home services, and family/community/peer supports to reduce life disruptions/hospitalizations for people during a mental health crisis.

5. Mental Health and Addiction Services for Peoples Involved in the Criminal Justice System
Provides institutional and community treatment for youth and adults involved with criminal justice. This includes drug courts for youth and adults, mental health services in the jail and services to people that are being monitored by the Psychiatric Security Review Board. The goal is to reduce recidivism, family disruptions and community risks (both financial and personal).

6. Assisting Schools and Communities with Alcohol and Drug Prevention
Provide technical assistance to schools and community groups on student/youth support needs, evidence-based curriculums, training and policy development.

- Increase volunteerism and community engagement in the formal and informal service system.
- Increase opportunities for youth empowerment, leadership, service and safety.
- Prenatal care, childhood care and education for young children (age 0-8)

- Increase supports for youth, families, peers and other caring adults.

7. Assessment and Treatment Services for Older Adults
Provides assessments and placements for older adults with disabilities. The goal is to improve quality of life and to provide needed accommodations and support. May also includes psychiatric, mental health and addictions treatment.

8. A Continuum of Residential Services
The continuum serves children, youth and adults and includes therapeutic foster care, respite care, supported housing, and residential treatment for mental health. More emphasis on traditional and supported services will be a priority in this biennium.

9. Illness Management and Recovery Services
An evidence-based approach that provides screening, referral, assessment and early intervention for a broad range of conditions/problems e.g. diabetes, schizophrenia, congestive heart failure, bipolar disorder, etc. Individual and family education and skills training are provided with a goal of reducing long-term disability.

10. Supported Employment
An evidence-based practice that assists people with disabilities in securing and maintaining employment.

11. Peer to Peer Recovery Supports
Provides technical assistance and launching support (some staff time, local expertise and limited funding) to community-based peer recovery groups. The goal is to promote recovery from mental illness and substance abuse through peer-to-peer support systems.

12. Methadone Treatment
Provides evidence-based outpatient treatment for people with opiate addictions. Includes screening, assessment, referral, individual and group treatment, drug testing and Methadone dispensing.

13. Prevention and Treatment
Provides prevention, early intervention and treatment services for problem gambling.
- Youth Outreach and Education
- Community Outreach and Education

C. Mental Health

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

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

trained to meet the mental health needs of the older adult and the geriatric population is also a high priority need.

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

Several aspects of forensic mental health services are a high priority need. A very high priority is the ability to divert people who have a mental health disorder or mental illness from becoming incarcerated or further involved in the criminal justice system. This is being addressed in Marion County in several ways. For two years, we have partnered with the Sheriff's office to conduct two, 40-hour Crisis Intervention Trainings each year for law enforcement personnel. However, continued funding for this endeavor is uncertain. Recently, Marion County partnered with the Salem Police Department to provide ten weekly 1-hour trainings on mental health issues and crisis intervention; however, this does not match the level of in depth training acquired via Crisis Intervention Trainings. Although Salem Police Department is very interested in providing more training for its officers in order to enhance their ability to recognize and deal appropriately with potential offenders who have mental health issues, adequate funding to do so is not available. The Marion County Mental Health Court that has been in operation since December 2006 is working successfully with folks who have Oregon Health Plan coverage to assist them in not returning to jail. However, funding for treatment of indigent, low income or uninsured folks who are eligible for Mental Health Court is extremely limited and rarely are clients accepted without Oregon Health Plan coverage.

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

D. Alcohol and Drug Treatment Services

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

In 2002, the largest proportion (upwards of 60%) of people needing substance abuse treatment services were covered under OHP Adults and Couples/OHP Standard. People insured under OHP Standard were also the most vulnerable to losing their coverage when their children were placed in foster care or they

were incarcerated. The reopening of OHP Standard is a welcome restoration, but we are also realistic about how much impact it will have on our backlog. We would also like to add our support to the recommendations of the Marion County Children and Families Commission on preserving or restoring OHP Plan eligibility for incarcerated people/parents with children in foster care.

In looking at social service data across counties and regions, we also believe it is important to note that Marion County has a disproportionate number of people/families with unmet needs due to the number of jails/prisons and psychiatric facilities in the county. Marion County lacks the funding to compensate for adverse selection, which has been highlighted in the recently approved 6-Year Plan from the Marion County Children and Families Commission. We would like to add our voice to that concern as well. We believe the data from Department of Human Services on the disproportionate number of children from Marion County in foster care and the lack of inpatient treatment services specific to Spanish speaking families with children in foster care illustrates the access problems well.

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

E. Problem Gambling Services

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

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

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

In the 2009-2011 biennium, we propose to develop hospital diversion/respite capacity within our existing Psychiatric Crisis Center. This will include gambling specific training for crisis screeners, crisis associates and home providers. It will also include a protocol for screening and referral based on the acuity of the person's needs. While we anticipate utilizing the other existing crisis respite services, we believe that local capacity for people at the highest risk levels is a need and a priority. We do not anticipate increased costs associated with this capacity building.

F. Critical needs for improving access and client outcomes

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

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

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

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

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

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

5. Access to medication management services for children and adults and the need for an increase in the availability of prescribers in our community remains an issue.
The lack of child psychiatrists in Marion County and the lack of access to adult and geriatric psychiatric services (including psychiatric nurse practitioners) that are willing to work in the community mental health system is a problem that continues. Increases in costs of medications and limitations of insurance benefits for psychiatric medications are also access issues.

6. Forensic Mental Health and Alcohol and Drug Services
Prior cuts in Mental Health and Alcohol and Drug services for OHP clients has resulted in a dramatic increase in the number of incarcerated persons in need of mental health and substance abuse treatment and transitional services. Although some services in the jail to identify and assess mental health and Alcohol and Drug issues are minimal and transition supports/services for those released from correctional facilities are provided, increased state funding is needed to address this issue. In addition, support is needed for workforce development to ensure that staff are adequately trained and have experience in working with the offender population.

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

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

VI. Allocation of Addictions and Mental Health Resources

A. Areas of Emphasis for Allocations

In the 2007-2009 biennium, several funding initiatives from the 2005-2007 plan were implemented that either expanded or funded new programs. These programs have continued throughout this biennium. Service element funds will be used to continue or expand designated services in the specified areas in accord with contract requirements in order to build upon the current biennium's plans and efforts. Allocations will emphasize the work already begun to implement evidence-based practices, to improve the effectiveness of services, as well as to increase services in high priority service areas such as those indicated in the community survey. In addition, new services funded as a result of additional revenue allocated to the Addictions and Mental Health division after the 2007 legislative session and Addictions and Mental Health's Requests for Plan Amendments (RFPA) will be implemented.

Intensive Community-Based Treatment Services (New Solutions) During the 2007-2009 biennium, development of evidence-based service delivery focused on high fidelity wraparound was implemented throughout the Intensive Community-Based Treatment Services for children. National training as well as train-the-trainer approaches have been implemented. The family teams have been successfully established. Eligibility determination and care coordination are ongoing. Additional funding for Intensive Community-Based Treatment Services for children who are not eligible for Medicaid was allocated following the 2007 legislative session. These funds provide care coordination and treatment for indigent children. To date, New Solutions has proved effective in moving toward that goal of reducing the lengthy residential stays for children far from their home communities. The coordination among community agencies serving children with intensive services needs has improved as well. The growth of intensive outpatient services has developed somewhat more slowly. In the 2009-2011 biennium, New Solutions will continue to provide Intensive Community-Based Treatment Services for children with a focus on developing additional community resources as alternatives to residential placement. Additional resources being brought to the table by other community partners through the System of Care initiative will allow closer coordination among agencies and more flexibility in dealing with the complex needs of these children and their families. Parent advocacy continues to be a hallmark of the New Solutions approach. We will continue to access an array of additional services in cooperation with the four other counties in the Mid Valley Behavioral Care Network (MVBCN).

Older Adult Services. Older Adult Services continued a gradual expansion during the 2007-2009 biennium. Mental health services include the Pre-Admission Screening and Annual Resident Reviews,

Enhanced Care Outreach Services, and an Enhanced Care Unit operated and partnership with Providence Benedictine in Mount Angel. 2009-2011 will likely be a time of consolidation for most of our older adult Services. We will continue to expand Enhanced Care Outreach Services as appropriate. Given the impending loss of an Enhanced Care Facility in a neighboring county, we plan on participating in planning for development of a similar resource elsewhere in our five-County region.

Currently, Marion County has no outpatient substance abuse treatment capacity specific to the needs of older adults. Providers currently serve older adults within their mainstream programming, which is less than ideal. During 2009-2011 we will focus on allocating some non Medicaid funding for older adult services and designing appropriate services for this growing population.

Hospital Management and Forensics. In partnership with the Sheriff's Office, the District Attorney's Office, and Marion County Courts, the Health Department expanded mental health and addiction services to individuals in contact with the criminal justice system. With additional funding following the 2007 Legislative session, a diversion team was created to prevent unnecessary hospitalizations for incarcerations and to provide additional community resources to shorten lengths of stay in institutions. We began a project to provide alternatives for those individuals needing assessment regarding their fitness to aid and assist in their forensic process. Additional respite beds were developed and work was begun to provide a better fit between an individual's needs and housing resources available. During the 2009-2011 biennium, the Health Department will continue working with these same partners to expand services, which will provide effective treatment in the community. We anticipate continued development of services and housing for individuals under the jurisdiction of the Psychiatric Security Review Board (PSRB), particularly as the project to replace the current state hospital develops. The 2009-2011 biennium is anticipated to be a time of development of community resources, which, over the next decade, will assist, as many as 90 individuals to live in our community rather than institutions. Current data regarding the residential continuum in our county suggests that we have developed a higher number of structured residential placements on a per capita basis than the state average but considerably fewer than the state average supported housing opportunities. Our focus in the coming biennium will be to increase the number of supportive housing opportunities and services to allow individuals to move toward greater independence, as they are able. We will continue our development of more outreach, in-community services, including mobile crisis outreach.

B. Allocations by Programs

The following allocations assume the current funding will be maintained in most areas for those initiatives begun in the 2007-2009 biennium, a full two years of funding is assumed in extrapolating current funding. Startup costs and one-time revenues have been subtracted from these allocations. Anticipated 2009-2011 allocations for each service element are listed in Attachment 1. Marion County intends to allocate funds received from Addictions and Mental Health division as follows:

Addictions Treatment	$5,095,411
Prevention (Alcohol and Drug)	$439,030
Mental Health Treatment	$11,522,002
Developmental Disability Services	$15,934,228

Addictions Treatment. Marion County currently provides the full spectrum of alcohol and drug treatment services for adults and a full range of outpatient services for youth. Recent increases in funding have restored some, but not all, of the cuts made in 2002. The majority of outpatient, detoxification, and residential alcohol and drug treatment services are provided through subcontract, principally with Cascadia Behavioral Healthcare (Bridgeway). Amounts allocated to the subcontractor in each service

area can be found in Attachment 1. Marion County Health Department provides methadone treatment and outpatient services for adolescent alcohol and drug treatment. These services are expected to grow during the coming biennium.

Prevention. Alcohol and drug abuse prevention funding increased somewhat during the 2007-2009 biennium. The Health Department was successful in obtaining grant funding for Strengthening Families as well as receiving additional funds for smoking prevention. The Health Department provides overall coordination of preventive services as well as delivering some directly. We work closely with schools and community "Together" groups to ensure that the prevention message is received at the grassroots level. The mix of subcontractors may change slightly as allocations are discussed with community partners periodically.

Mental Health. Service element funding for mental health services are mainly used by Marion County Health Department to provide services to under insured and uninsured individuals. A small portion of funding is contracted with Bridgeway and Northwest Human Services to provide specialty services such as dual diagnosis treatment and information and referral. These allocations can be seen in Attachment 1. In the 2009-2011 biennium allocations will continue to support a greater emphasis on hospital census management, waitlist reduction, and services to individuals engaged in the criminal justice system. Funding for children and families will support initiatives that provide alternatives to lengthy residential placements.

Developmental Disabilities. Marion County Health Department provides a broad range of services to individuals with developmental disabilities and their families. A growing sector of services, brokerages, are not managed nor contracted through Marion County. Additionally, the move to direct provider payments means that some of $30 million of "pass-through" funding is no longer directly contracted through Marion County. The Health Department directly provides case management, family support, protective service investigation, and crisis services. We are the crisis program for our region. The developmental disability services system is in a state of considerable flux with questions as to the counties' roles are at the heart of a growing debate. Funding for developmental disability services in Marion County is currently adequate for most programs because of increased funding reflecting our historically high caseloads. However, funding for regional crisis services have been inadequate for the past two biennia. It is becoming increasingly unclear whether the region will be able to support this contract at its current funding formula. We anticipate continued growth during the 2009-2011 biennium.

C. Increasing Evidence Based Practices

Since the passage of Senate Bill 267, Marion County has been active in workgroups sponsored by Addictions and Mental Health and the Mid Valley Behavioral Care Network for implementing evidence-based practices. As a result, many of our efforts and initiative in this area are regional and scope. In general, these programs have embraced evidence based thinking and programming. A focus during the 2007-2009 biennium was training staff and pilot implementations of a number of evidence-based practices.

In Marion County, we have encouraged our paneled and contracted providers to approach evidence-based practice as a system rather than as individual providers. This approach has been taken for a number of reasons. While there are universal practices that all of the programs are interested in, there are also population specific practices that meet the needs of smaller subsets of individuals, e.g. cognitive restructuring for criminality, trauma based therapies, culture-specific and youth-specific programming, etc. Initial work on evidence-based practices has led various agencies to make a commitment to providing different evidence-based practices. Programs are embracing evidence-based thinking and programming and are now focused on the infrastructure necessary for fidelity and outcome monitoring.

We are currently implementing a utilization review process for evidence-based practices, which is designed to highlight training and technical assistance needs. Marion County will continue to play an active role in providing technical support needed to develop robust evidence-based practices across our service system.

Evidence-Based Practices in Addiction Treatment All of our youth and adult programs utilize the American Society of Addiction Medicine Patient Placement Criteria, Second Edition Revised (ASAM PPC-2R), as a clinical system for assessment, level-of-care determinations and treatment matching. American Society of Addiction Medicine is complimentary to other evidence-based practices and provides a sound foundation for effective treatment matching.

In our substance abuse treatment system, we have established capacity in Matrix, Motivational Interviewing, Cognitive Behavioral Therapy, Cannabis Youth Treatment, Seeking Safety, Drug Court for youth and adults, Dialectical Behavioral Therapy and integrated treatment for co-occurring substance use and mental disorders.

Most recently, we have established a process for providers to authorize Oregon Health Plan members enrolled in the Marion/Polk Community Health Plan (MPCHP) under the evidence-based practices we have described. We are providing enhanced rates for these services and collecting data on therapeutic alliance and clinical outcomes. In addition, we have implemented medical necessity criteria for the most cost-intensive services and hope to be able to report practice specific outcomes data during the 2009-2011 biennium.

Utilization reviews for our panel substance abuse treatment providers are conducted annually and incorporate Drake Fidelity Measures on assessing and treating co-occurring substance use and mental health disorders. These measures are being utilized to gauge agency progress on quality initiatives.

For the past 2 years, Marion/Polk Community Health Plan has reimbursed chemical dependency providers for case management for their OHP enrolled clients. This is a quality improvement initiative of the Systems Management Group, which is comprised of our chemical dependency program directors and administrative staff from Mid Valley Behavioral Care Network, Mid Valley Independent Physician Association and Marion County Community and Provider Services. Reimbursing case management supports the involvement of clinical staff in drug courts, child welfare case planning, etc. It also allows clinicians to provide more direct assistance with accessing needed resources, e.g., employment, housing, primary and mental health care, etc.

In 2005 a project was initiated through Mid Valley Independent Physician Association and the Marion/Polk Systems Management Group to reduce the number of women delivering drug positive babies or delivering without any prenatal care. The services are available for women that are Oregon Health Plan covered or eligible for coverage under Marion/Polk Community Health Plan.

The MOMS Project became operational on January 3, 2006. An outreach mentor provides community-based outreach to pregnant women and works with them to connect them to any needed services and resources. This may include domestic violence services, housing, shelter and food, addiction treatment and/or mental health services, maternity case management, ongoing mentoring, and parenting resources. Women that are in treatment and struggling to remain abstinent or stable are also eligible for these services. It should also be noted that the project covers teens as well as adult women. Once the woman is engaged in services, an ongoing mentor provides community and home-based support, which may include transportation to treatment, obstetric appointments or drug court/Parole Officer meetings, family mediation, parenting and resource supports, etc.

A maternity case manager is provided by Marion County Public Health and provides medical oversight, pregnancy support and assists in accessing obstetrics care. This is especially important, as physicians are often reluctant to take a woman's case if their pregnancy is high risk and there has been substance abuse during the pregnancy. In addition to these supports, the nurse case manager provides pregnancy and developmental education and home visits to work with issues identified as problematic in the woman's environment. She can also access infant and mother resources once the baby is born and continue to follow her as needed for up to a year. To date, every woman that has engaged with these services has delivered a drug free baby. We are currently up to 39 babies and support for these services continues to grow by demonstrating positive fetal and family outcomes.

In 2005 and 2006, Marion County, the Mid Valley Behavioral Care Network and Chemeketa Community College came together to begin planning for strategic workforce development. The goal was to create ongoing and cost-effective training/education strategies to sustain expertise in evidence-based clinical practices. These classes are oriented towards adult learners/clinicians in both mental health and chemical dependency. Courses include addiction pharmacology for people with co-occurring disorders, group therapy for children from substance abusing homes, population-specific group skills, etc. These classes support and augment the local and regional training and technical assistance currently being provided. The goal is to expand the number of practice specific courses for the 2009-2011 biennium.

Evidence Based Practices in the Mental Health Treatment. During the 2007-2009 biennium a Request for Proposals was conducted for Medicaid-funded mental health services. This Request For Proposal expanded the number of subcontracts for providing outpatient services to seven agencies. As part of the contracts, which stemmed from this Request For Proposal, specific requirements and financial incentives were structured to help agencies move to increased use of evidence-based practices. We continue to work as a five-County region to provide the training in specific practices that meet the needs of individuals in our region.

Efforts in working with forensic populations have included an emphasis on drug court services. In addition, a fledgling mental-health court expanded during the 2007-2009 biennium. Other services such as supported employment and assertive community treatment were implemented as well to provide resources for treating those who would otherwise be hospitalized were incarcerated. In the 2009-2011 biennium, these evidence-based services will be expanded.

In order to consolidate some of the shared functions of Early Assessment Support Team (EAST) services across the five-county region of the Mid Valley Behavioral Care Network, a central EAST team was created. In addition, EAST became part of a national research study in preventing psychosis sponsored by the Robert Wood Johnson Foundation. This project will continue through the 2009-2011 biennium. Additionally, the region will provide assistance as funding is appropriated to expand EAST throughout the state

Marion County is currently working with two children's mental health providers to develop services for treating children from substance abusing homes. This effort has included specific impacts from methamphetamine use, delivery, and manufacturing. It also includes work on programming for children with incarcerated parents, children and recovering households, and children with serious attachment disorders. The Health Department's adolescent alcohol and drug program is currently implementing Matrix model services.

D. Changes in Allocations/subcontractors

The following mental health providers were added as subcontractors for Oregon Health Plan Services: Cascadia Behavioral Health and Options Counseling, Inc.

VII. Service Plans

A. Prevention Plan

1) Alcohol and Drug Abuse Prevention

The substance abuse prevention system in Marion County consists of key partnerships and support systems with community social service agencies, nine (9) rural school districts and a large urban school district, five (5) Oregon Together (Communities That Care) groups, Community Progress Teams (CPT), and Committed Enforcement for Responsible Vendors Task Force from several local law enforcement agencies (State, County, City, and Higher Education).

Programming emphasis over the past 15 years has focused on increasing community engagement and mobilization to reduce substance use/abuse prevention through support and utilization of five Oregon Together (Communities That Care) groups. These groups have prioritized alcohol and drug prevention as a primary focus of all their youth, family, and community-based projects, and they remain funded through our Alcohol and Drug Prevention Program. The Oregon Together are located in the following communities: Jefferson, Salem-Keizer, Silverton, Stayton, and Woodburn. With the exception of Salem-Keizer, all of the groups are also Community Progress Teams, which forms a partnership with the local Children and Families Commission. The Alcohol and Drug Prevention Program will continue to support these groups by sharing funding/grant resource information, parent education programming, evidence-based practices training, community mobilization around substance abuse, and youth leadership development programs, as interests arise.

Due to the 40% reduction in prevention funding in the 2005-07 biennium, our prevention efforts were streamlined for the 2007-09 biennium. We continued with our original commitment 15 years ago to support Oregon Together groups and also targeted six primary communities in need: Gervais, Jefferson, North Marion, Silverton, Stayton, and Woodburn. These communities were chosen based on Oregon Healthy Teens Data, school student discipline reports, and juvenile crime data.

For the 2009-2011 biennium, we will continue to utilize evidence-based practices to address prevention service supports in these communities, with a focus on underage drinking prevention and parenting classes. Since we are seeing a rise in the number of girls participating in underage drinking, we will use the evidence-based curricula "Friendly PEERsuasion" to target middle school girls. Other efforts aimed to prevent underage drinking include providing technical assistance to the Committed Enforcement for Responsible Vendors Task Force that conducts compliance checks and party dispersal, developing and delivering radio and theatre ads, teaching parenting classes in English and Spanish (Strengthening Families Program 10-14), providing alternatives to youth through our Oregon Together groups, and delivering other evidence-based curricula in middle schools. Furthermore, since the community survey revealed that parenting classes were a high priority, we will partner with Children's Behavioral Health as well as the Oregon Together groups to increase the number of parenting classes offered throughout Marion County.

The staff includes a prevention coordinator (0.85 FTE), and one full-time and two part-time alcohol and drug prevention health educators. The prevention coordinator organizes, plans, and works to link prevention services throughout the system in Marion County. The health educators utilize evidence-based practices to teach parenting skills, support adolescents in alcohol and drug prevention, and increase public awareness about alcohol and drug issues. One part time staff is bi-lingual in English/ Spanish; she delivers evidence-based practices in Spanish and also links Spanish speaking youth, families, and

community members with local resources to further meet client and community needs. In addition, our program staff is committed to building new partnerships with other supports to provide the most respectful and appropriate services to many populations. Finally, staff are encouraged to attend semi-annual prevention meetings and other trainings to stay abreast of new developments. It is anticipated that the 2009-2011 funding will continue to support this staff.

Center for Substance Abuse Prevention (CSAP) Strategies and Alignment to Marion County Prevention Plan:

Information Dissemination

- Health educators provide school and community presentations on substance abuse and problem gambling prevention as an integrated approach to addressing risk factors in the environment.
- One health educator provides leadership in problem gambling prevention services by participating on a statewide committee and providing such services in the county.
- Update and distribute Marion County Addiction Services information listing annually. Also includes separate listing of adolescent assessment services by local available providers and schedules of "Teens and Drugs: What's the Story" family workshops in English and Spanish.
- Oregon Together quarterly meetings/trainings on community mobilization for substance abuse prevention
- Promotion of Responsible Vendor Program through alcohol vendor packets delivered by Committed Enforcement for Responsible Vendors Task Force members.
- Print materials in English and Spanish for greater community via health fairs, bulletin boards, community events, town halls, speaking engagements, school personnel, parents, and youth
- Talk About it Tuesday, Alcohol and Marijuana Prevention Awareness Campaign targeting middle school aged youth and their parents.
- Participate in local health fairs

Education

- Parenting Education Programs offered in English and Spanish, including the Strengthening Families Program 10-14
- Youth substance use/abuse prevention & decision making skills education classes using the evidence-based practices listed below.
- Family Education Presentations "Teens and Drugs: What's the story?" (2 evenings offered quarterly rotating between Woodburn, Silverton and Stayton).
- On-going training and support to school personnel in selection and implementation of research-based substance abuse prevention practices.

Alternatives

- Local Oregon Together coalitions use their funding to provide youth, family and community member events promoting "drug free" activities in their local communities. For example, Silverton Together hosts year round community events including Free Fish Day, Silverton Community Picnic, Cultural Celebration Day, and Holiday Celebration. Jefferson Together supports a local "after-hours" program called "the Nite Zone" that provides constructive and supervised activities for middle and high school aged youth. Friends of the Family (Stayton-Sublimity) provide youth leadership groups, community services projects, and a summer reading program. Salem-Keizer Together supports a middle school after-school program called POWER. Woodburn Together provides mini grants for youth alternative activities hosted in the community.
- "Persuade Me" activities and/or projects chosen and led by middle school girls who complete the Friendly PEERsuasion after school program.

Community Based

- Funding of five Oregon Together Coalitions and their partners for community mobilization around substance abuse and underage drinking prevention
- Talk About it Tuesday, an Alcohol and Marijuana Prevention Awareness Campaign targeting middle school aged youth and their parents.
- Partnerships with county departments such as Marion County Sheriff Office and Marion County Department of Children and Families; local leadership groups such as Community Progress Teams and Salem No Meth Not in My Neighborhood; and City of Salem for Youth Leadership in Prevention efforts.

Problem Identification and Referral

- Program staff participating in Marion County Adolescent Alcohol and Drug Treatment provider quarterly meetings and may consult with parents and school personnel about appropriate referral.
- Oregon Together Coalitions utilize funding to support local Peer Courts, an evidence-based practice for juvenile delinquency prevention.
- Family Education Classes offered for school or court referred youth needing only education to complete disciplinary MIP or PCS violations.

Environmental

- Committed Enforcement for Responsible Vendors Task Force- Environmental strategies to reduce access to alcohol by minors and strengthen key partnerships for a coordinated effort to reduce underage drinking. Committed Enforcement for Responsible Vendors Task Force strategies (Compliance Checks, Promotion of Responsible Vendor Program, Controlled Party Dispersal and tool kit bag, and Training on strategies)
- School policy review, revision and training for effective monitoring and implementation on substance abuse prevention and wellness issues.
- Underage drinking advertisements (radio, theatre)
- Continuing the implementation of smoke-free policies in schools, hospitals, and multi-housing units

Funding Requirements and Evidence Based Programming:

The 2009-11 prevention funding plan fulfills the requirements by supporting and focusing on community development of coalitions, parenting education, awareness of substance use issues, reducing underage drinking, and reducing eighth and eleventh grade 30-day reported substance use. This plan also emphasizes linking all services and systemic efforts to our county's Comprehensive Plan, which is facilitated by Marion County Department of Children and Families. Furthermore, as a State requirement, the county has designated a prevention coordinator who is able to carry out responsibilities of a certified prevention specialist. The new Prevention Coordinator is currently completing the requirements to become a certified prevention specialist, which the county wholly supports.

Evidence Based Programs recommended in the plan include;

- *Communities that Care Model (Oregon Together coalitions)*
- *Safe Dates*
- *Strengthening Families Program 10-14 (English & Spanish)*
- *Friendly PEERsuasion*
- *Project Towards No Drug Abuse*
- *Choosing Not to Use*

- *Protecting Oneself & Others*
- *Project Alert*
- *Environmental strategies to reduce access to alcohol by minors; Committed Enforcement for Responsible Vendors Task Force strategies (Compliance Checks, Promotion of Responsible Vendor Program, Controlled Party Dispersal, and Training on strategies)*

Details outlining each prevention activity, outcome and use of evidence-based strategies/ programs can be found in the Prevention Strategy Sheet on page 34.

Link to Comprehensive Plan:

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

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

B. Problem Gambling Prevention

The Alcohol and Drug Prevention Health Educators will continue to integrate problem gambling prevention plan strategies and activities with their work in substance abuse prevention. Research shows that alcohol and drug addiction is clearly linked with problem gambling. Data from the Oregon Healthy Teens survey indicate that youth who gamble have a higher incidence of violence, and alcohol and drug use than youth who do not gamble.

In response to the 40% reduction in prevention funding during the 2005-07 biennium, we have integrated problem gambling prevention into our other prevention programs. By having these services be part of a menu of preventive services, any of the 3 staff can support these efforts. This approach enhances our programming efforts and helps to create opportunities to reach more people and increase the likelihood for outcome effectiveness. For example, gambling prevention messages – in addition to substance use and violence prevention – have been delivered to over 2900 students and community members.

For 2009-2011 we will continue to integrate problem gambling prevention activities into our menu of prevention services. The focus will primarily be placed in the rural communities with some services offered in Salem/Keizer. In addition, we will provide in-services to Marion County Behavioral Health staff to increase their knowledge and awareness of problem gambling.

The 2009 - 2011 Problem Gambling Prevention Plan details can be found on page 38.

PREVENTION STRATEGY SHEET

County Marion Prevention Coordinator Tonya Johnson

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
Maintain Coalitions and Promote Community Mobilization to prevent Substance use / abuse (Requirement) "Communities that Care" model (evidence-based) Oregon Together Coalitions: Jefferson, Salem-Keizer, Stayton ("Friends of the Family"), Silverton, and Woodburn	1. Provide Quarterly meetings/trainings to 5 Oregon Together Occupational Therapy groups and Community Progress Teams (6hrs) 2. Provide minimum of 15 hours of technical assistance on coalition development, prevention grants, strategic planning, parenting education, and Alcohol Tobacco and other Drugs (ATOD) prevention per year 3. Five Occupational Therapy Groups will continue their "contract" which includes funds to provide Alcohol and Drug prevention-based programming in their communities 4. Provide technical assistance to Latino "key leaders" at the Migrant Farm Workers Forum. (6 hrs per year)	1.E.B. 70% of participants will report increase in knowledge and utilization of prevention principles in coalition activities 2.P. Document hours (dates, times, Minimum Data Sets info) of technical assistance to 5 Oregon Together Groups 3.P. Five Occupational Therapy Groups will submit monthly data Minimum Data Sets and annual reports on prevention projects conducted 4.P. Document date/time of meeting and Minimum Data Sets information

Reducing Underage Drinking through Environmental Strategies and Community Mobilization (Requirement) Committed Enforcement for Responsible Vendors Task-force (promising local practice) Representatives from: Salem, Keizer, Stayton, Silverton, Woodburn, and outlying county areas Media: Underage Drinking	1. Provide technical assistance at Committed Enforcement for Responsible Vendors Task Force quarterly meetings (4 hrs per year) 2. Coordinate alcohol enforcement officers training for Committed Enforcement for Responsible Vendors Task Force members 3. Promote Responsible Vendor Program in Marion County 4. Assist in recruitment of new members to Committed Enforcement for Responsible Vendors Task Force 5. Develop and purchase underage drinking media (radio, theatre)	1.P. Document hours (dates, times, Minimum Data Sets info) of technical assistance 2.P. Document number of participants, training dates, times, other MDS information 2.E. 90% of participants will report increased knowledge in alcohol enforcement strategies 3.P. Increase by 4, the number of vendors signed up under OLCC Responsible Vendor Program 4.P. Documentation of new recruits on Roster member list 5.P. Documentation of number of ads developed and delivered, venue, and people reached Minimum Data Sets
Parenting Education **Reduce 8th & 11th Grade Use Rate** **(Requirement)** Increase family communication and strengthen family management in order to reduce youth substance abuse rates Strengthening Families Program 10-14 (English and Spanish) (Evidence-based) Target sites: Jefferson, Salem-Keizer, Stayton, Silverton, and Woodburn	1. Provide at least four complete series of Strengthening Families Program 10-14 in English to a minimum of 10 families in English per year 2. Provide at least two Familias Fuertas parenting education program (Spanish version of Strengthening Families Program 10-14) to a minimum of 10 families in Spanish per year 3. Provide Booster sessions for all Strengthening Families Program 10-14 programs	1.P. Document total number of classes and participants completing Strengthening Families Program 10-14 Minimum Data Sets Other outcomes to be determined by Statewide Evaluator 2.P. Document total number of classes and participants completing Strengthening Families Program 10-14 Minimum Data Sets Other outcomes to be determined by Statewide Evaluator 3.P. 50% of families will complete the Strengthening Families Program 10-14 Booster sessions. Other outcomes to be determined by Statewide Evaluator

School-based Support for Alcohol Tobacco and other Drugs Prevention to Reduce 8th and 11th Grade Use Rate (Requirement) *Target Sites: TBA*	1. Provide minimum of 10 hours of substance abuse prevention training including staff in-services, prevention best practices, Title IV Safe and Drug Free Schools Grants, curricula, or policy per year	1.E. 70% of participants will report increased knowledge 1.P. Document number of trainings, participants, and materials disseminated Minimum Data Sets
Youth Leadership in Prevention to Reduce 8th and 11th Grade Use Rate and Reducing Underage Drinking (Requirement) *Target Sites: TBA*	1. Implement at least two Friendly PEERsuasion series per year 2. Implement "Talk About it Tuesday" Middle School Alcohol or Marijuana awareness in 2 communities (1 annually)	1.E. 80% of participants will report increased knowledge on risks associated with Alcohol Tobacco and other Drugs 1.A. 80% of participants will report attitudes toward Alcohol Tobacco and other Drugs use being risky and harmful 1.P. Completion of at least 2 "Persuade Me" Mini Sessions / Projects 2.A. 70% of participating youth will report Alcohol Tobacco and other Drugs use is risky and harmful 2.E.B. 70% of youth will participate, wear bracelet, and report fact 2.B. 40% of parents will return coupon stating that they talked with their children about Alcohol Tobacco and other Drugs
School-based Curricula to Reduce 8th and 11th Grade Use Rate (Requirement) *Project Towards No Drug Abuse, Choosing Not to Use, Protecting Oneself and Others, Project Alert, and Safe Dates All evidence-based programs* *Target Sites: TBA*	1. Update and distribute "Adolescent and Adult Resources for Early Intervention and Addiction" Services listing. (English and Spanish) 2. Provide quarterly Family Education (parent and teen) presentations entitled "Teens and Drugs: What's the Story" (2 evenings for a total of 4 hours) for school, court, and/or open public referrals. Provide classes in Spanish as requested 3. Provide 2 *Project Towards No Drug Abuse* at Alternative Education program settings per year 4. Provide one Choosing Not to Use or	1.P. Copy of updated resource listing (2) and Minimum Data Sets distribution counts 2.P. Document total number of sessions and participants Minimum Data Sets 2.E. 70% of participants report increase in knowledge 2.B. 70% of parents and teens report reduced or no Alcohol Tobacco and other Drugs use 2.A. 70% of participants report reduced risk and harmful attitudes towards substance abuse 3.1.P. Document total number of *Project Towards No Drug Abuse* series and participants Minimum Data Sets Pre-test / post-test from developer: 3.2.B. 60% of participants who complete the program will report no or decreased Alcohol Tobacco and other Drugs use

	Project Alert at middle school level and *Protecting Oneself and Others* at high school level if requested 5. Provide 8 Safe Dates programs in middle school settings per year	3.3.A. 60% of participants who complete the program will report low risk attitudes regarding drug use 3.4.B. 60% of participants who complete the program will report use of non-violent solutions to resolve conflict 4.1.P. Document total number of Choosing Not to Use, Project Alert, or Protecting One Self and Others series and participants Minimum Data Sets <u>Pre-test / post-test from developer</u>: 4.2.E. 70% of *Choosing Not to Use* (or Project Alert) and *Protecting Oneself and Others* participants will report knowledge of safe and healthy "protection" influences for self and others 4.3.B. 70% of *Choosing Not to Use* (or Project Alert) and *Protecting Oneself and Others* participants will demonstrate appropriate responses to "positive and negative" risks/ influences 4.4.B. 70% of *Choosing Not to Use* (or Project Alert) and *Protecting Oneself and Others* participants will demonstrate "decision making" skills taught 5.1.P. Document total number of Safe Dates series and participants (MDS) <u>Pre-test / post-test from developer</u>: 5.2.E. 80% of Safe Date students will score 80% or higher on post-test knowledge about relationship violence 5.3.A. 80% of Safe Date students will recognize that use of Alcohol Other Drugs (AOD) increases the likelihood of violence in relationships 5.4.B. 80% of Safe Date students understand and demonstrate anger management skills

Addictions and Mental Health Division
2009-2011 County Biennial Implementation Plan
PROBLEM GAMBLING PREVENTION STRATEGY SHEET

County Marion Prevention Coordinator Tonya Johnson

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

Proposed Programs	Proposed Outputs	Proposed Outcomes
I. Youth Outreach – provide universal presentations regarding problem gambling to middle school youth and some high-risk youth.	1. Problem gambling will be integrated into 20 addiction presentations to 7th health classes per year.	1B. 5% of the students will request additional problem gambling information
	2. All high-risk youth in Family Alcohol Tobacco and other Drugs Workshops will receive problem gambling information and hotline number.	2A 70% will indicate increased awareness of gambling risk 2E. 70% of the students will indicate increased knowledge of hotline number and treatment resources
	3. Integrate problem gambling information into researched-based prevention curriculums "Safe Dates", "Project Toward No Drug Use," "Choosing Not to Use," "Protecting Oneself and Others," "Project Alert", and "Friendly PEERsuasion for middle and high school youth.	3A. 70% of the participants will indicate increased awareness of gambling risk and resources.
	4. Problem gambling presentations and gambling risk surveys will be given to youth in Marion County Alcohol and Other Drugs Adolescent Outpatient treatment twice a year.	4A. 70% of the participants will indicate increased awareness of gambling. 4E. 70% of the participants will indicate increased knowledge of hotline number and treatment available.
II. Community Outreach – provide universal presentations regarding problem gambling, hotline numbers, and available treatment	1. Problem Gambling Education 1.1. Provide 20 hours of problem gambling education to youth, families, and community organizations in Marion County, including integrating into Family Alcohol Tobacco and other Drugs Workshops and "Strengthening Families Program 10-14" classes per year. 1.2. Provide at least 2 problem gambling in-services	1.1.A. 70% of the attendees will indicate increased awareness of gambling risk. 1.1.E. 70% of the attendees will indicate knowledge of hotline number and treatment availability. 1.2.A. 70% of the attendees will indicate increased awareness of gambling risk. 1.2.E. 70% of the attendees will indicate knowledge of hotline number and treatment availability.

resources to Marion County residents.	to Marion County Behavioral Health staff.	
III. Staff Development	1. Staff Development A. Attend the two required prevention/outreach staff trainings in order to stay abreast of the latest resources, materials, and research. B. Continue participation in the Oregon Problem Gambling Prevention committee.	1P. A. Itemize trainings, staff attending and cost. Staff who attend training/conferences will share the materials and information received in presentations to other staff and the public, including Addiction and Mental Health resource center and prevention staff. B. Itemize presentations given and special sub-committee participation.

C. Children's Mental Health Service Plan

Marion County's New Solutions program organizes child and family teams to coordinate care for children with serious mental health issues. Care Coordinators facilitate these planning and coordination meetings of the parents, professionals and natural supports for a child. The teams develop a comprehensive services plan, coordinate services, and foster communication over time and through episodes of care. Once an initial service plan is developed, the New Solutions' Care Coordinators provide ongoing case management services to implement the service plan and act as a communication hub to ensure coordination of care. Marion County's New Solutions, along with the other Mid Valley Behavioral Care Network counties, also provides and enhanced service coordination process through its high-fidelity wraparound service.

There has been an increased awareness for the need to facilitate natural supports working with families. Natural supports are more likely than professionals to be available to a child over time and through episodes of care.

Marion County Health Department has increased collaboration between Children's Mental Health, Developmental Disabilities and Adolescent Drug and Alcohol through combined staffing and joint meetings of Clinical Supervisors. Children's Behavioral Health and New Solutions share a Clinical Supervisor and some clinical staff. Adolescent Alcohol and Drug services are co-located, meet regularly and share management. These changes have helped develop a more integrated system.

Children's Behavioral Health has developed an intensive team to provide a higher level of care within outpatient services in an attempt to assist children to meet changing needs and to build on the relationships already established. These services are provided within the home and community in addition to clinic based care. The intensive team includes a Qualified Mental Health Professional, a skills trainer and a Qualified Mental Health Associate -case manager. The intensive team services are provided at a higher frequency and intensity. The intensive team skills trainer works on specific skill building techniques for the family, which complements the individual and family counseling provided by the Qualified Mental Health Professional. These services are in addition to the regular outpatient services of individual therapy, group therapy, family therapy, parenting skills and medication management. Children can be stepped down as well to regular outpatient services as indicated.

All of these services are accomplished by following a treatment plan written with client and family input into the problems, goals and objectives. The treatment plan is adjusted regularly as needs change over time. New Solutions service plans incorporate the outpatient or intensive outpatient treatment as well as the wraparound and the intensive community-based treatment and support services.

Better collaboration in developing a system with a variety of evidence-based practices across the outpatient system is another way we are working toward ensuring that children and youth remain at home. Marion County's Integrated Delivery System (IDS)

providers work very closely with each other, using a secondary authorization process when another provider can provide a treatment modality that would better serve the family. This process fosters coordination of care between the two outpatient providers

New Solutions has two full time Family Support Partners who help engage families, provide "I've been in your shoes" support and system navigation. A third Family Support position is in the recruitment process. This position will work half time for New Solutions and half time with the Children's Behavioral Health intensive outpatient program. The Family Support positions have proven to be effective catalysts in program change as well as providing a unique client service. Their advocacy from within our programs is ongoing, effective and creates lasting change in our programs.

Parents of our clients are involved in program and system planning processes and quality improvement initiatives that result in further development of services and supports for families. Parents attend the Care Coordination Committee for New Solutions, which has a system planning as well as clinical function. Families are encouraged to participate in focus group forums, advisory board meetings, and the Quality Improvement Committee meetings.

Families are actively engaged in all aspects of clinical care for their child. They are actively involved in all treatment planning for their child. Families are active during the formulation of assessment, treatment plan and treatment as is needed in each phase of service. Family and client needs are written in their words in treatment plan problems, goals and outcomes statements. We encourage families and other agency staff to directly participate in treatment planning meetings. Our staff participate in other agency and school planning meetings as well.

The initial phase of the wraparound process is developing a "Strengths, Needs, Cultural Discovery." The Wraparound Facilitator and Family Support Partner meet with the parents to gain an in depth understanding of the culture of the family. This process goes beyond race, ethnicity, and socio-economics to the lifestyles, belief systems and activities of each unique family.

In our hiring we have increased our staffing to over 50% Hispanic/bi-lingual case managers and 20% Qualified Mental Health Professionals. We have access to many other cultural resources to meet needs. We have a full time mental health specialist working in Head Start/ Migrant Head Start facilities, which are more natural, non-clinical settings for Hispanic families. Experience has shown that this service model is more effective in engaging this population in mental health services and supports.

Much of our efforts in improving the array of services to families are regional in scope through the Mid-Valley Behavioral Care Network and the Marion County outpatient system, the Integrated Delivery System. The Mid Valley Behavioral Care Network has taken leadership in developing evidence-based practices throughout the five county region. They have purchased training and curricula and created the ongoing support structure that ensures integration of the evidence-based practices over time. The Mid

Valley Behavioral Care Network brings together staff being trained in the evidence-based practices, funds "training the trainer" initiatives, creates consultation groups, shadowing opportunities and program level technical assistance.

The Mid Valley Behavioral Care Network's Youth and Family Workgroup meets monthly to identify gaps in the service array, emerging evidence-based practices, implementation strategies etc. This workgroup has membership from the Clinical Supervisory and Program Supervisory level of the Mid Valley Behavioral Care Network provider panel as well as the Clinical Manager, Quality Manager and Regional Children's Mental Health Coordinator and Child In-patient Coordinator. The Youth and Family Workgroup recommends funding initiatives through the Quality Management Committee of the Mid Valley Behavioral Care Network. Supervisors receive support from other supervisors as they work on agency change and manage the implementation challenges inherent in the development of evidence-based practices.

Marion County Consumer and Provider Services (CAPS) also encourages paneled and contracted providers to approach evidence-based practice as a system rather than as individual agencies. There are universal practices that all of the programs are interested in. There also are population specific practices that meet the needs of subsets of individuals e.g., trauma based therapies, cultural specific programming, etc. As programs make commitments to various practices, Community and Provider Services provides technical support. The Integrated Delivery System Clinical Supervisors meet regularly and have focused much effort on development of Evidence Based Service within the provider system. Implementation strategies and fidelity scales are shared among the providers in a supportive environment.

Marion County's Health Advisory Board has held community forums to identify and prioritize school- age children's mental health services. Allied agency professionals and interested community members have given locally informed input directly to the Health Advisory Board on the development of services to families.

Ongoing participation on the Children and Families Commission, its workgroups and committees provides many opportunities to identify needed improvements in the child serving system and creates opportunities for collaborations in addressing these system needs. As an example, the "Great Beginnings" group, which is focused on developing early childhood supports, has advocated for increased training of clinicians in assessment and treatment of children aged 0-3.

The Health Department is partnering with the Marion County Juvenile Department and Oregon Youth Authority in a systems improvement project supported by a Children's System Improvement Project (CSIP) grant from Addictions and Mental Health. The change process specified in the Change Book has guided a change team with a proven methodology to improve coordination of mental health services to youth and their families who are involved in the juvenile justice system.

It is hoped that the change process technology and experience gained through the

Children's System Improvement Project grant will be helpful as we develop a local system of care. The statewide implementation of a system of care will create many local opportunities to identify and develop system improvements. With a July, 2010 anticipated launch of this process, we anticipate that the statewide wraparound initiative will be a key focus for identifying and implementing

Some of the evidence-based practices now being used by Marion County providers are: Cognitive Behavioral Therapy, Motivational Interviewing, Seeking Safety, Matrix, Wrap Around, Dialectical Behavioral Therapy, Substance Abuse, Dialectical Behavioral Therapy Adolescents, Drug Court, Functional Family Therapy, Parenting Wisely, Solution Focused Brief Therapy, and Strengthening Families.

The Health Department and provider agencies providing children's mental health services meet regularly in committees and forums to develop and coordinate services. Some of these standing committees include:

Child and Family Teams and Wraparound Teams. The Children's System Change Initiative set out a model of service planning and coordination through child and family teams for children with intensive mental health needs. Marion County has adopted a high-fidelity wraparound model, which provides a very structured process to enhance the service coordination. For children with Oregon Health Plan benefits, the child and family teams can authorize enhance services and supports to meet the child's needs. These teams have active participation from professionals from schools and allied agencies as well as natural supports.

Care Coordination Committee. Marion County has active participation from allied agencies and family advocates on this committee that brainstorms client specific community-based supports for children and authorized higher levels of care when needed such as Psychiatric Day Treatment, Treatment Foster Care, and Psychiatric Residential Treatment.

Monthly scheduled meetings with Child Welfare supervisors regarding difficult case-specific situations that indicate system coordination issues.

Community and Provider Services Child Services Coordinator meets with schools and allied agencies to provide information on the services provided by the outpatient providers and New Solutions. He is available to provide system navigation to allied agency providers regarding specific children.

Memo of Understanding. The Health Department has participated in the development of a Memo of Understanding with the Willamette Education Service District, Salem Keizer Schools, Child Welfare and the Juvenile Justice System which outlines protocols for coordinated transition of children placed in out of home care.

Treatment Foster Care Providers. The Mid Valley Behavioral Care Network and the Health Department meet monthly with treatment foster care providers and Child Welfare

to coordinate placements

Children and Families Commission. The Health Department's Administrator is actively involved with the Executive Committee of the Commission as well as the Commission itself.

Family Systems Investment Consortium. The Health Department and providers are members of the Family System Investment Consortium, which meets to develop a system of family support.

Early Childhood Consortium. The Early Childhood Consortium is a standing subcommittee of the Children and Families Commission. Its focus is on sharing information and planning

Great Beginnings. Marion County Health Department and Integrated Delivery System (IDS) agencies are active members of "Great Beginnings", a collaboration of early childhood providers and advocates who are championing efforts to develop an early childhood system.

Integrated Delivery System Council and IDS Clinical Supervisors. The coordination of outpatient mental health services is achieved through the ongoing work of the IDS. The Council meets monthly to review access, financials, emerging issues, service coordination issues etc., The Marion County Health Department's Consumer and Provider Services staffs the IDS Council and facilitates the system discussions. The IDS Clinical Supervisors meet monthly to coordinate services, support adoption of evidence-based practices, problem solve coordination issues etc.

Children's System Improvement Project (CSIP) Marion County was awarded funds from Addictions and Mental Health to use a best practice model for improving collaboration between agencies, moving towards a "system of care". The Health Department is joining with the Marion County Juvenile Department and Oregon Youth Authority in this one-year project. The focus is on screening, assessment and referral for mental health services for children in the juvenile justice system.

Collaborations are taking place with Child and Adolescent Drug Court sessions, Early Childhood Consortium, New Solutions, Child Welfare, Probation, Juvenile, and the meetings with IDS clinical supervisors that meet regularly to discuss services, supports and available resources.

D. Older Adult Services

Mental Health

High Priority Services needs: Addressing the survey outcome results "Assessment and Treatment Services for Older Adults".

Current Service capacity designed to meet the needs of older adults:

1. Mental Health Therapy:

Geriatric Mental Health Therapists provide counseling services to older adults living in the community in adult foster homes or other group living sites. These specialized therapy services provide psychotherapeutic interventions addressing depression, grief and loss issues. A therapist with Certified Alcohol Drug Counselor provides drug and alcohol evaluations.

2. Case Management Services:
Mental Health Case Management services are provided by Qualified Mental Health Professional staff who are specifically trained to work with the older adult population. Services include wellness calls to enrolled clients at the adult foster home or facility, assistance with budgeting, supporting family contacts, tracking medical and mental health issues, and agency advocacy. Mental Health Case Mangers provide access to a Psychiatric Mental Health Nurse Practitioner to prescribe medication and provide medication consultation. Case Management and Psychiatric Mental Health Nurse Practitioner services are provided through community outreach in the client's home/facility. An annual treatment plan is developed for each individual and reviewed through contact with the client.

Pre Admission Screening & Resident Review (PASRR) II:
There are five psychologists who conduct Pre Admission Screening and Resident Review level II evaluations in licensed nursing facilities and make recommendations to client teams.

Enhanced Care Outreach Service (ECOS):
Enhanced Care Outreach Service is available to older adults discharged from the Oregon State Hospital or for those with multiple failed community placements. A QMHA makes a minimum of three visits per week to the assisted living or nursing facility to enhance and maintain cognition and mental health stability and recovery.

Enhanced Care Service (ECCS):
Enhanced Care Service is a secure environment available to 16 older adults with dementia, who have been discharged from the Oregon State Hospital. The goal is to stabilize behaviors for transition to a less acute facility. Older adults receive behavioral interventions, daily therapeutic interventions by a Qualified Mental Health Associate and Qualified Mental Health Professional along with medication management by a Psychiatric Mental Health Nurse Practitioner.

Service Gaps:
Community Education Outreach:
Ongoing community education is needed about the recognition of early dementia Symptoms. Community forums provided at no cost to persons who interact with the older adult on a regular basis, resulting in a community support network or the older adult will assist in this effort.

Additional Enhanced Care Service in a secure unit for older adults with dementia:

Older Adult Housing:
To provide safety and security, allowing older adults to remain in their own home as long as possible. Range of housing would be a level between Room & Board and Adult Foster Care and would include medication management, physical/mental health monitoring, hygiene, environmental comfort, cleaning, cooking and nutritionally balanced meals. Other services could include grocery shopping, transportation, health advocacy, community activism, and participation in Senior Service Programs.

Workforce Development Efforts:
The Marion County Health Department is currently recruiting for a Mental Health Specialist 3, Coordinator, as a hospital liaison, who will work closely with the state hospital to coordinate discharge into appropriate community placement. This position will work closely with hospital staff and will be familiar with community resources available for older adults.

Older Adult Alcohol and Drug Treatment Services

Currently, Marion County has no outpatient or inpatient treatment capacity specific to the needs of older adults with substance abuse problems. For individuals with Medicare only, the lack of reimbursement and stringent requirements for billing has been a substantial barrier in developing and sustaining appropriate services. Older adults are also not on the prioritized list for indigent funding, which is another barrier. Currently, our providers are serving older adults within their mainstream programming, which is less than ideal.

During this past year, the Marion County Local Alcohol and Drug Planning Committee has been meeting with staff from Senior and Disabled Services and the Addiction and Mental Health Division to identify barriers and potential solutions. One option we're exploring is a partnership with Addictions and Mental Health to utilize part of an Screening, Brief Intervention, Referral and Treatment grant in primary care and hospital settings to increase the identification of substance abuse problems. We would also like to recommend as a committee that the county allocate some part of their indigent dollars to the development of a service component specific to older adults. While brief intervention in primary care is still a viable solution for our current generation of elders, we also need to anticipate the needs of the future and develop the treatment capacity necessary to meet them.

Developing and sustaining this capacity will require a paradigm shift in how we perceive alcohol and drug use among older adults and how we respond to it. Too often, it goes unseen. It isn't the first thing we think of and the impacts of substance abuse are often attributed to age-related causes and chronic illnesses. We are often uncomfortable asking the questions and unsure of what to do when we do identify a substance abuse problem. Most importantly, we currently have no service capacity specific to older adults. Historically, it has been relatively uncommon for older adults to abuse drugs other than alcohol and prescription drugs. This is no longer true. Our upcoming generation of elders is also more open to seeking help for behavioral health issues, which is a significant

cultural shift. As such, designing appropriate services is going to be a dynamic and rapidly changing process over the next decade. In addition, many people with addiction histories have chronic Hepatitis C and other health conditions that significantly impact longevity and quality of life. On that basis, our recommendation is to integrate primary and behavioral health.

Despite the barriers, we have some dedicated members on our Local Alcohol and Drug Planning Committee with a passion for this area and anticipate making some concrete progress over this next biennium. Some of the positives include a solid relationship with the Mid-Valley Independent Physicians Association, interest among two of our treatment partners in developing a component specific to older adults, support from our county health department and Gero Program in developing these services and support from the Addictions and Mental Health staff assigned to these areas.

In terms of service gaps, unmet needs and workforce development, we would also like to recommend the following as a statewide focus:

- Enhancing the knowledge of the general public and health practitioners on the use/misuse of alcohol and other drugs in our senior population
- Developing the capacity/funding necessary for ambulatory/home-based detoxification services
- Providing outreach and education to physicians and other medical providers on Screening, Brief Intervention, Referral and Treatment and other brief screening tools or processes
- Providing technical assistance and training to treatment providers on implementing evidence-based prevention, treatment and aftercare practices for older adults
- Developing a working partnership between the Governor's Council, Senior and Disabled Services, Addictions and Mental Health, the treatment community and other community stakeholders to prioritize and guide the development of services
- Setting best practice standards for ethical/clinically appropriate treatment services for older adults

Addictions and Mental Health Division – Attachment 1

LIST OF SUBCONTRACTED SERVICES FOR MARION 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
Cascadia Behavioral Health Care - Bridgeway	93-0770054	A&D 61 Residential	$918,319.00	Women
Cascadia Behavioral Health Care - Bridgeway	93-0770054	A&D 62 Housing Services	$44,299.00	Youth – Dependent Children
Cascadia Behavioral Health Care - Bridgeway	93-0770054	A&D 66 Outpatient	$1,518,539.00	Women, Latino
Cascadia Behavioral Health Care – Bridgeway	93-0770054	A&D 67 Residential Capacity Services	$219,300.00	Women
Cascadia Behavioral Health Care – Bridgeway	93-0770054	A&D 81 Problem Gambling Treatment	$194,085.00 (1)	Women, Minorities
Cascadia Behavioral Health Care – Bridgeway	93-0770054	A&D 83 Problem Gambling Treatment	$496,938.00 (1)	Women, Minorities
Cascadia Behavioral Health Care – Bridgeway	93-0770054	MHS 20 Non Residential AMH (Mentoring)	$43,400.00	
RFP to determine provider	N/A	A&D 66 Children's Health & Safety	$939,645.00	Youth and Parents
Marion County Health Department (MCHD)	93-6002307	A&D 66 Equity (Stabilization House)	$117,000	Youth, Women and Minorities
Marion County Health Department (MCHD)	93-6002307	A&D 66 Outpatient	$637,071.00	Youth, Women and Minorities
Marion County Health Department (MCHD)	93-6002307	A&D 70 Prevention	$234,998	Youth
Marion County Health Department (MCHD)	93-6002307	A&D 80 Problem Gambling Prevention	$59,752.00 (1)	Youth and Minorities
Marion County Health	93-6002307	A&D 81 Problem	$10,215.00	Women, Youth

Department (MCHD)		Gambling Treatment	(1)	and Minorities
Marion County Health Department (MCHD)	93-6002307	MHS 201 Non Residential AMH (Designated)	$406.226.00	
Jefferson Together	93-1085474	A&D 70 Prevention	$18,000.00	Youth and Minorities
Silverton Together	93-1018660	A&D 70 Prevention	$18,000.00	Youth and Minorities
Salem-Keizer Together	23-7056987	A&D 70 Prevention	$18,000.00	Youth
Friends of the Family of the North Santiam	93-0736619	A&D 70 Prevention	$18,000.00	Youth and Minorities
Woodburn Together	93-4086364	A&D 70 Prevention	$18,000.00	Youth and Minorities
Catholic Community Services	93-0903773	MHS Non Residential AMH	$39,600.00	
Mid Valley Behavioral Care Network	93-1230350	MHS 24 Acute Care	$2,085,994.00	Women, Youth and Minorities
Northwest Human Services	93-0605570	MHS 39 Homeless	$34,892.00	Women, Youth and Minorities
Northwest Human Services	93-0605570	MHS 30 PSRB	$20,312.00	
Northwest Human Services (Hotline)	93-0605570	MHS 25 Community Crisis	$162,098.00	
Spruce Villa	93-0632053	MHS 38 Supported Employment	$24,294.00	
To be divided between MCHD and the Together partners based on classes/training provided		A&D 70 Prevention (Strengthening Families)	$54,280.00 (2)	Women, Youth and Minorities

Footnotes:
For the 2007/2009 biennium funds were awarded for the A&D 80, 81, 83 service elements for only the first year. Full biennium award would double the figures reflected above.
For the 2007/2009 biennium funds were awarded for the A&D 70 Strengthening Families for only the first year. Full biennium award would be $108,560.00
ATTACHMENT 1

2009-11 Proposed Funding Allocation and Subcontractor List

ATTACHMENT 1
2009-11 Proposed Funding Allocation and Subcontractor List

	COST CENTER	CURRENT 2009-10	CURRENT 2010-11	BIENNIUM 2009-11
LOCAL ADMINISTRATION	LA 01			
Executive Team	25100202	239,206	268,639	507,845
BHMT	25100406	21,438	0	21,438
DD Case management	25200148	432,635	457,136	889,771
Legal, Copy Machine Fees	25100328	52,630	52,630	105,260
Financial Services	25300102	207,314	207,314	414,628
Billing / AR	25300200	109,545	101,552	211,097
Management Support	25300400	80,410	80,410	160,820
Contracts Team	25300500	115,858	115,858	231,716
Unallocated		0	0	0
LOCAL ADMINISTRATION - TOTAL	LA 01	1,259,036	1,283,539	2,542,575
NON-RES ADULT MH	MHS20			
Marion County Administration	25100901	89,082	89,082	178,164
Respite Program	25100907	106,980	106,980	213,960
A&D Mentoring - Cascadia	25100912	21,700	21,700	43,400
Work Solutions	25200210	17,500	17,500	35,000
STEP	25200212	17,500	17,500	35,000
Adult Behavioral Health	25200220	428,350	428,350	856,700
Medical Services Team	25200221	178,299	178,299	356,598
ACIST	25200225	165,578	165,578	331,156
Salem Self Help	25200237	19,800	19,800	39,600
Aid and Assist	25200380	110,796	110,796	221,592
Diversion Team	25200385	150,351	150,351	300,702
Unallocated		0	0	0
NON-RES ADULT MH - TOTAL	MHS 20	1,305,936	1,305,936	2,611,872
CHILD/ADOLESCENT MH	MHS22			
MC Children's Services	25200602	313,497	313,500	626,997
Children's Systems Change Initiative	25200622	341,904	341,901	683,805
Unallocated		0	0	0
CHILD/ADOLESCENT MH - TOTAL	MHS 22	655,401	655,401	1,310,802
ACUTE CARE	MHS 24			
Marion County Crisis - PCC	25200360	45,301	45,301	90,602
Behavioral Care Network	25200303	1,042,997	1,042,997	2,085,994
CAPS	25100901	64,683	64,683	129,366
Unallocated		3	3	6
ACUTE CARE - TOTAL	MHS 24	1,152,984	1,152,984	2,305,968

COMMUNITY CRISIS - ADULT & CHILD	MHS 25			
Respite Program	25100907	61,067	61,067	122,134
Marion County Crisis - PCC	25200360	389,484	389,483	778,967
NWHS Hotline	25200304	81,049	81,049	162,098
Marion County Wait List relief	25200225	80,554	80,554	161,108
MC Children's Services	25200602	66,833	66,833	133,666
Diversion Team	25200385	127,092	127,092	254,184
Unallocated		0	0	0
COMMUNITY CRISIS - TOTAL	MHS 25	806,079	806,078	1,612,157
PSRB	MHS30			
Marion Co. PSRB	25200230	173,249	173,248	346,497
Supportive Housing - PSRB	25100912	24,795	24,795	49,590
DD SERVICES - PSRB	25200148	20,312	20,312	40,624
NWHS	25200230	10,156	10,156	20,312
Unallocated		0	0	0
PSRB - TOTAL	MHS 30	228,512	228,511	457,023
OLDER DISABLED ADULTS	MHS 35			
Geriatric services	25200235	21,042	21,042	42,084
Unallocated		0	0	0
OLDER DISABLED ADULTS - TOTAL	MHS 35	21,042	21,042	42,084
SUPPORTED EMPLOYMENT	MHS 38			
Spruce Villa	25200238	12,147	12,147	24,294
Unallocated		0	0	0
SUPPORTED EMPLOYMENT - TOTAL	MHS 38	12,147	12,147	24,294
CSS HOMELESS MI	MHS 39			
NWHS HOAP	25200239	17,446	17,446	34,892
MC Homeless	25200239	121,888	52,221	174,109
Unallocated		0	0	0
CSS FOR HOMELESS MI - TOTAL	MHS 39	139,334	69,667	209,001

	COST CENTER	CURRENT 2009-10	CURRENT 2010-11	BIENNIUM 2009-11

	COST CENTER	CURRENT 2009-10	CURRENT 2010-11	BIENNIUM 2009-11
NON-RESIDENTIAL DESIGNATED	MHS 201			
Service Pay - Stepping Stones	25100912	81,431	81,431	162,862
Client Medical	25200258	9,598	9,598	19,196
Non-Res Designated	25200226	7,496	7,496	14,992
Horizon House	25100910	84,912	84,912	169,824
ABH - payeeships	25200220	1,106	1,106	2,212
Unallocated		18,136	19,004	37,140
CSS FOR HOMELESS MI - TOTAL	MHS 201	202,679	203,547	406,226
TOTAL FOR MENTAL HEALTH SERVICES	PART A	5,783,150	5,738,852	11,522,002
DRUG & ALCOHOL RESIDENTIAL	A&D61			
Cascadia Behavioral Health	25200261	459,788	458,531	918,319
Unallocated		0	0	0
DRUG AND ALCOHOL RESIDENTIAL - TOTAL	A&D 61	459,788	458,531	918,319
A & D RESIDENTIAL FOR DEPENDENTS	A&D62			
Cascadia Behavioral Health	25200262	22,179	22,120	44,299
Unallocated		0	0	0
A&D RESIDENTIAL FOR DEPENDENTS - TOTAL	A&D 62	22,179	22,120	44,299
CONTINUUM OF CARE	A&D66			
Medical Services	25200221	48,602	48,602	96,389
Cascadia Behavioral - Family Advocate	25200260	44,796	44,796	88,841
Cascadia Behavioral Detox	25200263	316,673	316,673	628,040
Cascadia Behavioral Outpatient	25200265	404,215	404,215	801,658
Adolescent Drug Treatment	25200266	116,103	116,103	234,508
Methadone Treatment	25200269	75,274	75,274	152,287
PCC Drug Free Outpatient	25200360	57,750	57,750	114,532
Targeted Case Management	25200762	14,392	14,392	28,543
CAPS (Stabilization House)	25100901	58,500	58,500	117,000
RFP to determine provider	TBD	469,822	469,823	939,645
CONTINUUM OF CARE - TOTAL	A&D 66	1,606,127	1,606,128	3,212,255
PROBLEM GAMBLING PREVENTION	A & D 80			
Youth Prevention	25200671	59,752	0	59,752
Unallocated		0	0	0
PROBLEM GAMBLING PREVENTION - TOTAL	A&D 80	59,752	0	59,752

PROBLEM GAMBLING TREATMENT	A & D 81			
Cascadia Behavioral Health	25200242	194,085	0	194,085
Marion Co Prevention	25200671	10,215	0	10,215
Unallocated		0	0	0
PROBLEM GAMBLING TREATMENT - TOTAL	A&D 81	204,300	0	204,300
PROBLEM GAMBLING TREATMENT ENH	A & D 83			
Cascadia Res Treatment	25200283	496,938	0	496,938
CAPS	25100901	0	0	0
Unallocated		0	0	0
PROBLEM GAMBLING TREATMENT - TOTAL	A&D 83	496,938	0	496,938
TOTAL FOR A&D SERVICES	PART A	2,849,084	2,086,779	4,935,863
TOTAL PART A		8,650,234	7,825,631	16,475,865
A&D RESIDENTIAL	A & D 67			
Cascadia Behavioral Healthcare	25200264	109,800	109,500	219,300
Unallocated		0	0	0
A&D RESIDENTIAL - TOTAL	A&D 67	109,800	109,500	219,300
PREVENTION SERVICES	A & D 70			
Marion Co. Prev.	25200671	117,499	117,499	234,998
Friends of Family North Santiam Together	25200257	9,000	9,000	18,000
Jefferson Together	25200257	9,000	9,000	18,000
City of Salem Together	25200257	9,000	9,000	18,000
Silverton Together	25200257	9,000	9,000	18,000
Woodburn Together	25200257	9,000	9,000	18,000
Strengthening Families	25200695	54,280	0	54,280
Unallocated		0	0	0
PREVENTION SERVICES - TOTAL	A&D 70	216,779	162,499	379,278
TOTAL FOR A&D SERVICES	PART C	326,579	271,999	598,578
COMBINED TOTAL FOR A&D SERVICES	PART A & C	3,175,663	2,358,778	5,534,441

PART B ------- PART B ---------- PART B --------- PART B

TITLE XIX LIMITATION - PART B - Internal funds are generated by billing

External funds are paid directly through a State Agency

	COST CENTER	CURRENT 2009-10	CURRENT 2010-11	BIENNIUM 2009-11
Adult Behavioral Health	25200220	504,989	504,989	1,009,978
Supportive Housing - HK Billing	25100912	127,500	127,500	255,000
Intensive Res Treatment - HK Billing	25100910	192,000	192,000	384,000
-	-	-	-	
Unallocated		207,692	207,691	415,383
Total		1,032,181	1,032,180	2,064,361
NON-RES ADULT MH	MHS 201			
		26,174	26,173	52,347
		0	0	0
-	-	-	-	
Unallocated		0	0	0
Total		26,174	26,173	52,347
ADULT RESIDENTIAL	MHS 28			
Carroll's Royvonne	25200228	153,360	153,360	306,720
Carroll's	25200228	204,410	204,410	408,820
Marion Manor	25200228	164,694	164,694	329,388
Shangri-La	25200228	622,800	622,800	1,245,600
Marion Co Intensive Residential Treatment	25100910	919,549	919,549	1,839,099
Unallocated		527,297	527,297	1,054,593
Total		2,592,110	2,592,110	5,184,220
ENHANCED CARE OUTREACH SERVICE	MHS 31			
MCHD ECOS	25200240	677,144	676,821	1,353,965
-	-	-	-	
Unallocated		0	0	
Total		677,144	676,821	1,353,965

ADULT FOSTER CARE	MHS 34			
Various	25200234	1,950,213	1,950,214	3,900,427
-	-	-	-	
Unallocated		0	0	
Total		1,950,213	1,950,214	3,900,427
PASRR	MHS 36			
MCHD PASRR	25200235	48,135	48,135	96,270
-	-	-	-	
Unallocated		0	0	
Total		48,135	48,135	96,270
NON-RELATIVE AFH	DD 58			
Adult Foster Homes	25200158	3,935,059	3,935,059	7,870,118
Crisis Foster Homes	25200160	250,363	256,115	506,478
Children's Foster Homes	25200162	312,976	312,976	625,952
-		-	-	
Unallocated		1,850,377	1,968,482	3,818,859
Total		6,348,775	6,472,632	12,821,407
LOCAL ADMINISTRATION		1,259,036	1,283,539	2,542,575
MENTAL HEALTH		12,109,107	12,064,485	24,173,592
ALCOHOL & DRUG		3,175,663	2,358,778	5,534,441
TOTAL ALL		16,543,806	15,706,802	26,511,753

Attachment 1

Addictions and Mental Health Division – Attachment 1

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: Marion

Sam Brentano, Commissioner

Janet Carlson, Commissioner

Patti Milne, Commissioner

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: Sam Brentano

Address: 555 Court Street

Salem, Oregon, 97301

Telephone Number: 503-588-5212

Signature:

Office of Mental Health and Addiction Services – Attachment 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

County: Marion

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).

MARION COUNTY ALCOHOL & DRUG PLANNING COMMITTEE
MEMBERSHIP LIST 2007-2008

NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS
Archie Brown, Chair 2nd Term Exp. December 31, 2008 Marion County Juvenile Department	1697 Mousebird Ave, NW Salem, OR 97304	503-585-5314 ext 5815 (w)	abrown@co.marion.or.us
Ray Wilson, Vice Chair 1st term Exp. December 31, 2008 Public Representative-Retired A&D trainer/provider	565 Hornet Drive North Keizer, OR 97303	503-580-2972 (h)	oldeasydoesit@comcast.net
Gary Heard 1st Term Exp. December 31, 2008 MCHD-Methadone Program	3180 Center St Salem, OR 97306	503-588-5358 (w)	GHeard@co.marion.or.us
Mark Caillier 2nd Term Exp. February 28, 2007 Public Representative/ Retired Salem Police Department	1388 Marigold St NE Keizer OR 97303	503-393-9422 (h)	Markcaillier@comcast.net
** Michelle DuChateau 2nd Term Exp. December 31, 2008 Public Representative/ Parent	5042 Hayesville Dr, NE Salem, OR 97305	503-393-4481 (H) 503-508-6118	mduchate@comcast.net
Trish Davis 1st Term Exp. December 31, 2008 Public Representative/ Treatment Provider	PO BOX 17818 Salem OR 97305	503-363-2021 (w)	trish@cascadiabhc.org
Sue Blayre 1st term Exp. December 31, 2008 Sheriff's Depart/Adult Corrections	4040 Aumsville Hwy. NE Salem OR 97301		SBlayre@co.marion.or.us
Linda Matthias 1st term Exp. Consumer Advocate	164 Broadmore Ave. NE Salem, OR 97301	503-589-0342	lmatthias@rap-nw.org
Nalean Clinton 1st term Exp. Consumer Advocate	PO Box 13833 Salem, OR 97309	503-364-3144	Nalean08@hotmail.com
**Hope Segun 1st term Exp.	4793 Nina Ave. SE Salem, OR 97302	619-929-1389	info@hopesegun.org
Vacant Seat			

Bonnie Malek Chemical Dependency Member Services Coordinator 503-566-2992 bmalek@co.marion.or.us
Updated December 2007

In accordance with ORS 430.342, the Marion 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: Archie Brown

Address: 1697 Mousebird Ave, NW

Salem, OR 97304

Telephone Number: 503-585-5314 ext 5815 (work)

Signature: [signature]

Date: 2-20-08

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE COMMENTS AND RECOMMENDATIONS

In addition to the recommendations and planning described within the 2009-2001 Biennial Plan, The Local Alcohol and Drug Planning Committee would like to emphasize the following concerns.

1. There are a number of systemic, insurance eligibility and other funding barriers that significantly hinder the provision of family based treatment. As a committee we strongly recommend that these barriers are identified and addressed at the federal, state and local level. If we truly want to help our children, we must provide family-based treatment services. In our experience, the lack of family-based services is the single greatest contributor to poor outcomes and the perpetuation of intergenerational substance abuse.

2. As a committee, we would like to emphasize our recommendations and concerns regarding substance abuse identification and treatment services for older adults. As a system we are completely unprepared to meet the needs of older adults, which continue to grow, year-by-year. Our elders are important resources for our future. We believe strongly that our priorities for services and funding need to reflect that value.

3. As a committee, we would like to emphasize our recommendations on the development and piloting of the Stabilization House concept described in our plan. The true proof of recovery is in how it is carried to the family and the community. We see this project as a positive step in making this level support more effective and responsive to people's needs.

Office of Mental Health and Addiction Services – Attachment 4

LOCAL MENTAL HEALTH ADVISORY COMMITTEE REVIEW AND COMMENTS

County: Marion

MARION COUNTY HEALTH ADVISORY BOARD 2008

Name	Address	Phone	E-mail
John Beare Public Representative	7486 Shadowwood St NE Keizer, OR 97303	503-393-3022	bearej@comcast.net
Cherie Girod Canyon Crisis Center	P.O. Box 500 Mill City, OR 97360	503-897-2327	ccrisisc@wvi.org
Faye Melius Nursing Educator	5475 Mallard St SE Salem, OR 97302	503-362-9468	meliusf@linnbenton.edu
Tim Murphy Evolutions in Health Care	PO Box 4463 Salem, OR 97302	503-569-3056	tmurphy@ashcreekwireless.com
Linda Friegi	205 Boone Rd SE # 8 Salem OR 97306	503-371-7397	Angelrn1159@comcast.net
Tim Kelly	1245 Chemeketa # 5 PO Box 611 Salem OR 97301	503-370-6386	tkelly@willamette.edu salemor@yahoo.com
Hanten Day, Chair	480 Vista Ave SE Salem, OR 97302	503-390-9799	voteHD@yahoo.com
Patrick Vance ODOC Hlth Svs Div	7090 MacCleay Rd SE Salem, OR 97301	503-585-4383 (h) 503-378-5520 (w)	patrick.vance@doc.state.or.us
Renee Stewart Lawyer, Canyon Crisis Center	PO Box 816 Mill City, OR 97360	(503) 897-3494	Lawyo@wvi.com
Char Harris Public Representative	681 Fairwood Crescent Dr. Woodburn, OR 97071	503-982-6226	ghhski@aol.com

Marion County Staff

Roderick Calkins, Administrator 503-585-4978; Marybeth Beall, MCHD Division Director 503-566-2994; Sandy Steward, MCHD Division Director 503-361-2765; Pamela Heilman, MCHD Division Director 503-361-26175; Rose Clark, Dept Spec 4 Health Admin 503-585-4903

Addictions and Mental Health Division – Attachment 4

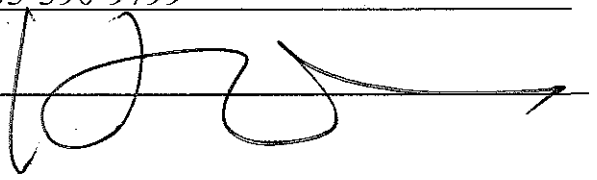
LOCAL MENTAL HEALTH ADVISORY COMMITTEE
REVIEW AND COMMENTS

The Marion 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: Hanten Day

Address: 480 Vista Ave SE, Salem, Oregon 97302

Telephone Number: 503-390-9799

Signature: 

Office of Mental Health and Addiction Services - Attachment 5

COMMISSION ON CHILDREN & FAMILIES REVIEW & COMMENTS

County: Marion

1.	Pamela Abernethy* (Vice Chair) Marion County, Circuit Court Judge 3030 Center Street NE, Salem, OR 97301	Phone: Fax: E-mail:	503-566-2974 503-584-4816 pamela.l.abernethy@ojd.state.or.us
2.	Eduardo Angulo Salem/Keizer Coalition for Equality, Chairman PO Box 4296, Salem, OR 97302	Phone: E-mail:	503-363-3909 eduardoangulo@bigplanet.com
3.	Deputy Chief Debbie Baker Salem Police Department 555 Liberty Street SE, Salem, OR 97301	Phone: Fax: E-mail:	503-588-6425 503-588-6129 dbaker@cityofsalem.net
4.	Walt Beglau* Marion County, District Attorney 555 Court Street NE, Salem, OR 97301	Phone: Fax: E-mail:	503-588-5596 503-588-3564 WBeglau@co.marion.or.us
5.	Gladys Blum Gladys Blum Group 1255 Lee Street SE, Salem, OR 97302	Phone: Fax: E-mail:	503-485-1900 503-485-1950 gladys@gladysblumgroup.com
6.	Commissioner Sam Brentano* Marion County Board of Commissioner 555 Court Street NE, 4th Floor, Salem, OR 97301	Phone: Fax: E-mail:	503-588-5212 503-588-5237 SABrentano@co.marion.or.us
7.	Wendy Bruun Umqua Bank 245 Commercial St SE, Salem, OR 97301	Phone: E-mail:	541-812-6226 wendybruun@Umpquabank.com
8.	Rod Calkins Marion County Health Department, Administrator 3180 Center Street NE, Salem, OR 97301	Phone: Fax: E-mail:	503-585-4978 503-364-6552 rcalkins@co.marion.or.us
9.	Dr. Maureen Casey Willamette Education Service District, Superintendent 2611 Pringle Road SE, Salem, OR 97302	Phone: Fax: E-mail:	503-588-5330 503-385-4879 Maureen.casey@wesd.org
10.	Craig Christoff Woodburn Together! Community Progress Team 34655 S Needy Road, Woodburn, OR 97071	Phone: E-mail:	503-981-0621 craigchristoff@yahoo.com
11.	Teresa Cox Community Action Agency, Executive Director 2475 Center Street NE, Salem, OR 97301	Phone: Fax: E-mail:	503-585-6232 503-375-7580 coxt@mwvcaa
12.	Linda Craven Chemeketa Community College PO Box 14007, Salem, OR 97309	Phone: Fax: E-mail:	503-399-6076 503-589-7861 cral@chemeketa.edu
13.	Marilyn Dedrick 1095 E. Main, Silverton, OR 97381	Phone: E-mail:	503-873-2339 bdedrick@teleport.com

14.	René DuBoise* Oregon Department of Human Services, SDA 3 3420 Cherry Avenue NE, Suite 110, Salem, OR 97303	Phone: Fax: E-mail:	503-373-1422 503-378-3403 Rene.L.Duboise@state.or.us
15.	Karen Elliott Retired Nurse 6097 Glenwild Court SE, Turner, OR 97392	Phone: E-mail:	503-743-2936 joylukle@yahoo.com
16.	Faye Fagel Marion County, Juvenile Department Director 3030 Center Street NE, Salem, OR 97301	Phone: Fax: E-mail:	503-584-4806 503-584-4899 ffagel@co.marion.or.us
17.	Randy Franke* (Chair) Open Doors Consulting PO Box 366, Salem, OR 97308	Phone: Fax: E-mail:	503-559-0872 503-393-0280 rfranke25@comcast.net
18.	Terri Frohnmayer First Commercial Real Estate Services LLC, Principal 3550 Liberty Road SE #290, Salem, OR 97302	Phone: Fax: E-mail:	503-364-7400 503-364-7422 terri@firstcommercialoregon.com
19.	Connie Green* Consultant 3494 Deer Lake Court SE, Salem, OR 97301	Phone: E-mail:	503-910-7685 (cell) connie.green@state.or.us
20.	Norman Gruber* Salem Hospital, Chief Executive Officer 665 Winter Street SE, Salem, OR 97301	Phone: Fax: E-mail:	503-561-5560 503-561-4844 norman.gruber@salemhospital.org
21.	Byron Hendricks Prudential Real Estate, President 1220 20th Street SE, Salem, OR 97302	Phone: Fax: E-mail:	503-371-3013 503-364-1453 byronh@prurep.com
22.	Sandy Husk Salem Keizer Public School, Superintendent 2450 Lancaster Drive NE, Ste. 202, Salem, OR 97305	Phone: Fax: E-mail:	503-399-3001 503-399-5579 husk_sandy@salkeiz.K12.or.us
23.	Bryan Johnston PO Box 4043, Salem, OR 97302	Phone: E-mail:	503-370-8098 bryanJohnston@yahoo.com
24.	Charles Lee* Blanchet Catholic School, President 4373 Market Street NE, Salem OR 97301	Phone: Fax: E-mail:	503-391-2639 503-399-1259 CharlesLee@blanchetcatholicschool.com
25.	Pete McCallum Woodburn City Council 370 Ironwood Terrace, Woodburn, OR 97071	Phone: Fax: E-mail:	503-982-5741 503-982-0502 pimac@web-ster.com
26.	John Miller Courthouse Athletic Club, General Manager PO Box 3125, Salem, OR 97302	Phone: Fax: E-mail:	503-485-5710 503-371-0773 johnm@fitfx.com
27.	Lindsay Partridge Marion County Juvenile Advocacy Consortium 2985 River Road S., Salem, OR 97302	Phone: Fax: E-mail:	503-375-9920 503-581-3192 partridgelaw@msn.com
28.	Brian Priester Statesman Journal, President & Publisher 280 Church Street NE, Salem, OR 97301	Phone: Fax: E-mail:	503-399-6689 503-399-6873 bpriester@statesmanjournal.com
29.	Dr. Cheryl Roberts Chemeketa Community College, President 4000 Lancaster Drive NE, Salem, OR 97309	Phone: Fax: E-mail:	503-399-6591 503-399-6992 croberts@chemeketa.edu

30.	Jim Seymour Catholic Community Services, Executive Director 3737 Portland Road NE, Salem, OR 97303	Phone: Fax: E-mail:	503-856-7001 503-390-6648 jseymour@goccs.org
31.	Neil Sherwood South Salem Connectors Community Progress Team 3665 Hulsey Avenue SE, Salem, OR 97302	Phone: E-mail:	503-363-0648 nsherwood@comcast.net
32.	Sam Skillern* Salem Leadership Foundation, Executive Director P O Box 7384, Salem, OR 97303	Phone: Fax: E-mail:	503-315-8924 503-361-0098 sam@salemlf.org
33.	Mike Wilkerson Marion County, Under Sheriff PO Box 14500, Salem, OR 97309	Phone: E-mail:	(503) 588-5094 mwilkerson@co.marion.or.us
34.	Bill Winter (Gary Pulsipher, V.P. designee) Silverton Hospital, President 342 Fairview Street, Silverton, OR 97381	Phone: Fax: E-mail:	503-873-1564 503-873-1534 wwinter@silvhosp.org
35.	Jackie Winters* State Senator 900 Court Street, S-212, Salem, OR 97301	Phone: E-mail:	503-986-1710 sen.jackiewinters@state.or.us
36.	Dick Withnell* Withnell Motor Corporation, Owner PO Box 3080, Salem, OR 97308	Phone: Fax: E-mail:	503-316-2101 503-361-0375 dick@withnellauto.com

* Indicates an Executive Committee member

Staff Contact Information -

Main Office Phone: 503-588-7975 Fax: 503-373-4460
Tamra Goettsch, Interim Director: 503-589-3200 tgoettsch@co.marion.or.us
Sherry Lintner: 503-589-3276 slintner@co.marion.or.us
http://www.co.marion.or.us/CFC/

Addictions and Mental Health Division – Attachment 5

COMMISSION ON CHILDREN & FAMILIES
REVIEW & COMMENTS

The Marion County Children and Families Commission 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: Randall Franke

Address: PO Box 366, Salem, OR 97308

Telephone ~~Number~~: 503-559-0872

Signature: Randall Franke

Date: 2-14-08

Office of Mental Health and Addiction Services - Attachment 6

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: Marion

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.

Roderick P. Calkins, PhD
Name of County Mental Health Program Director

Roderick P. Calkins
Signature

2-20-08
Date

Addictions and Mental Health Division – Attachment 7

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

County: Marion

Contact Person: Roderick Calkins

Matching Funds

Source of Funds	Amounts	Program Area
OLCC – beer & wine tax	$24,054.00	A&D 62 Residential
OLCC – beer & wine tax	$257,980.00	A&D 66 Outpatient
OLCC – beer & wine tax	$58,386.00	A&D 70 Prevention
OLCC – beer & wine tax	$95,362.00	MHS 22 Child & Adolescent Mental Health

Carryover Funds

AMH Mental Health Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
Funds expended		

AMH Alcohol & Drug Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element
Funds expended	It is believed these funds are fully spent, however the Department of Human Services biennial settlement has not been completed	

Office of Mental Health and Addiction Services – Attachment 8

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

County: Marion County

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: Rene Duboise

Signature: R Duboise

Date: 2/20/08

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY COORDINATING COUNCIL

County: Marion

The Local Public Safety Coordinating Council has reviewed the 2007-2009 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: Patti Milne

Address: 555 Court Street NE, Salem, OR 97301

Telephone Number: 503-588-5212

Signature: Patricia Milne

Date: 2/12/08

MARION COUNTY PUBLIC SAFETY COORDINATING COUNCIL

Membership & Address List

A. Members as of January 2, 2008

Updated 5/5/2000;8/30/99,7/11/2000,11/9/00,4/16/02,6,10,03, 1/20/04, 3/17/ 04,6/1/05, 1212/05, 2/28/06, 4/11/06

Name & Address	Fax	Telephone	E-mail	Who Appoints?	Mandated	Expires	Voting
Walt Beglau District Attorney Marion County District Attorney 555 Court St; NE Salem, OR 97309		588-5222	wbeglau@co.marion.or.us	Appointed at Council formation, 1996	Yes District Attorney	Continuous	Yes
Rod Calkins Marion County Health Dept. 3180 Center St. NE Salem, OR 97301	364-6552	588-5357	rcalkins@co.marion.or.us	Appointed at Council formation, 1996	Yes. Health and Mental Health Director	If and when MCPSCC dissolves.	Yes
Melissa Cole Director of Middle Schools Salem Keizer Public Schools P.O. Box 12024 Salem Or 97309	375-7899	399-3002	Cole_Melissa@salkeiz.k12.or.us	Replaced Kathy Bebe July 18, 2007	**No**		Yes- but must be appointed by BOC first. **So do not count as a vote.**
Richard Cowan, 1496 Commercial St. NE P.O.Box 965 Salem, 97308-0965	399-8913	585-3351	rlcowan@portland.quik.com	Presiding Judge	Yes.* 1 of 2 Defense Attorneys (Represents Adults)	April 9, 2008 (Judge has reappointed for another 2 year period)	Yes
Faye Fagel Marion County Juvenile Dept. 3030 Center St. NE Salem, Or 97301		588-5291	FFagel@co.marion.or.us	Appointed July 12, 2005	Yes Juvenile Director	Continuous	Yes
Tamra Goettsch Commission on CFC Marion County Courthouse 555 Court St; NE Salem, OR 97309	373-4460	588-7975	tgoettsch@co.marion.or.us		No Children & Families Acting Director	Continuous	Yes

Attachment 9: LPSCC comments

Oregon State Hospital Reconstruction Project

The impact on the community would be quite dramatic in that space, an additional 900 more community placements are needed.

Q. What is a placement?

A. Services provided by group homes or supported housing services including mental health and alcohol & drug services that people need when they leave the hospital to recover.

Q. Where does the number for the 90 Oregon State Hospital residents who will be discharged in Marion County come from?

A. This number is what the hospital census would grow to without placements into the community. This is our best estimate.

Aid and Assist

Q. The plan shows that the people unable to aid and assist in their own defense will be downsized from 20 to 9. How did you come up with this number?

A. I don't think the target numbers have a lot of science behind them. We are starting a pilot project which will help determine what is a reasonable outcome.

Adolescents

With regards to Question on Number 7 at the back of the report:

Q. Why is there no reference to adolescents? Was this because it was not something people brought up in the survey?

A. Yes, the only traction we got around adolescent issues was early substance abuse treatment. Please keep in mind that the survey is limited in that the people who are responding have a certain knowledge base and the results are only as complete if it polls people with diverse knowledge. Survey does not define what all the needs are - just the respondent's perceived needs.

Advisory Bodies' Review

Q. Will the Health Advisory Board review the plan? How will it analyze it?

A. The report is stamped as a Draft because we do make changes. The Health Advisory Board has already looked at the survey results and implications. They will also see the plan just before the deadline for submitting it to the Marion County Board of Commissioners. I don't envision any major revisions.

Tami: my point was that if there was a group looking at this, if they see something that was a public safety related policy issue, would they then recommend that you bring those issues here?

A. If someone has any issues about something in the plan, please e-mail me. We will inform this group about any further public safety issues that arise in later reviews.

Increasing Services

Q. Are you noticing that even if you had funding available for alcohol and drug treatment issues there is a capacity issue in the community to meet your needs?
A. Capacity usually follows funding with a time lag. When people lost eligibility, agencies providing substance abuse treatments lost a lot of money because they kept people in services until the treatment was done. We do need more capacity here. There is some new funding and likely will be more, especially if there is new money coming out of the State Hospital Plan. It will depend on how quickly can you ramp up.

Problem Gambling

Q. Do we have some kind of a respite service for gambling?
A. No we don't. Working on that.

Q. Do you have any figures on what the cost is? Anything for example over the past two years that would demonstrate the need for this? For some of us who are waiting on the issues of adolescents, young adults, and their co-occurring mental health disorders, I'd just like to see what the need and anticipated cost of the gambling facility is.
A. We can certainly talk about the issue of problem gambling. This would be a good discussion to have because it affects many aspects of people's lives. What I mentioned previously was that we have the only residential treatment facility for problem gambling in Oregon here in Marion County.

Q. One member feels there is a difference between being addicted to things that flow through your body and cause physiological changes versus a conscious choice to drive to a location and pursuing gambling. How many of our limited resources are going to deal with gambling treatment services from the county? Also, are the resources targeted or can we move them elsewhere.

Q. While gambling is an emerging problem, what about issues that we know that are longstanding that have never been addressed - is any funding for them?
A. The money going to problem gambling is dedicated for that purpose by the state.

Comment

One member added that she believed that every youth in the county Juvenile Detention center had at some point in their life contemplated suicide. Also, those trapped in the cycle of Drug & Alcohol addiction at tender ages were facing huge obstacles. Gambling to her was low on her radar screen. The member said that for the record, she did want to add that she does not have any problems with the plan as it is.

Name & Address	Fax	Telephone	E-mail	Who Appoints?	Mandated	Expires	Voting
Delaney Hanlon 1250 Cannon St. SE Salem, OR 97302	588-3480	588-3088	delaney@lawyerhanlon.com	Selected by Presiding Judge, Appointed by County Commissioners	Yes.* 1 of 2 Defense Attorneys (Represents juvenile offenders)	April 9, 2008	Yes
Judge Tom Hart Marion County Courts 100 High St NE Salem, OR 97301		584-7749		Selected by Presiding Judge, Appointed by County Commissioners	Yes* 1 of 2 Judges (Represents juveniles)	April 9, 2008	Yes
Seantel Heisel Oregon Youth Authority 2001 Front St. Suite 210 Salem, OR 97303	378-5882	378-6804 x 225	seantelheisel@OYA.state.or.us	Oregon Youth Authority	Yes.	April 6, 2009	NO
Sheriff Russ Isham Marion County Sheriff's Office 100 High St; NE Salem, OR 97301		588-7971	Risham@co.marion.or.us	Appointed at Council formation, 1996	Yes. Sheriff	Continuous	Yes
Pete McCallum, Council Member City of Woodburn Woodburn City Hall 270 Montgomery St. Woodburn OR, 97071	982-0502	982-5741	pimac@web-ster.com	Cities in Marion County	Yes. City Councilor	June 14, 2008	Yes
Ed McKenney Gem Equipment of Oregon P.O.Box 359 Woodburn Oregon 97071	503 845-6012	503 845-9411		County Commissioners	No. Representing Businesses	April 6, 2009	Yes
Patti Milne Marion County BOC 555 Court St. NE Salem OR 97309	588-5237	588-5212	pmilne@co.marion.or.us	County Commissioners	Commissioner		Yes
Elaine Martin, **Representative** Trial Court Administrator's Office Marion County Courts 100 High St; NE Salem, OR 97310		588-5368	Elaine.martin@ojd.state.or.us	County Commissioners	No	April 9, 2008	Yes

Name & Address	Fax	Telephone	E-mail	Who Appoints?	Mandated	Expires	Voting
Chief Jerry Moore City of Salem P.D. 555 Liberty St; NE Salem, OR 97301		588-6100	gmoore@cityofsalem.net	Police Chiefs in Marion County	Yes	April 6, 2009	Yes
Bert Ortiz P.O .Box 416 Stayton, OR 97383		999-8426	Bert@TicosCoffee.com	BOC	No	July 12, 2008	Yes
Joe Parrott Deputy Fire Chief/Fire Marshall City of Salem Fire Dept. 370 Trade Street. SE Salem 97301	588-6371	589-2130	jparrott@cityofsalem.net	BOC	No	July 12, 2008	Yes
Anna M. Peterson 3365 Sunridge Dr. S Salem, OR 97302	585-4746	378-1472	Anna3457@comcast.net	Citizen	No	April 6, 2009	Yes
Mike Peterson OSP 3710 Portland Rd; NE Salem, OR 97303	373-0754	378-3387 931-3600		Oregon State Police	Yes Oregon State Police	April 6, 2009	NO
Bob Royer 3599 Dogwood Dr; S Salem OR 97302		362-3502	bobroyer@comcast.net	County Commissioners	No. Citizen Representative	April 6, 2009	Yes
Chief Scott Russell City of Woodburn 587 Hardcastle Ave Woodburn OR 97071		982-2345	Scott.Russell@ci.woodburn.or.us	BOC	No	Feb 14, 2009	Yes
Judge Susan Tripp Marion County Courts 100 High Street. Salem, OR 97301		588-8485	Tripp@state.or.us	Presiding Judge	Yes. * 1 of 2 Judges (Represents adults)	April 9, 2008	Yes

P:\new\pubsa\mcpscc\MEMBERS\april2002members.wpd

- *Two Judges and two Defense Attorneys currently serve on the Council. However, only one Judge and only one Defense Attorney Mandated by the ORS.*

Appendix

Biennium Implementation Plan for Mental Health Survey

December 2007

Re: Community input for planning for mental health, substance abuse and problem gambling services

As a member of our community concerned with health services, your input is important. It is our desire to solicit as broad a base of community input as possible.

I invite your input and contributions to the planning process for Marion County behavioral health services. This planning process helps establish goals, priorities and future directions for these services for our county.

To respond to the survey on the web, please:

- Read the descriptions of service priorities.
- Prioritize the 12 services on the first question, then the 13 services on the second question.
- Add any comments or on service needs in questions that follow

Your input will automatically be included in the planning process. You are welcome to respond to this survey at any time. Results will be tabulated bi-annually in January and July.

Thank you for your time and participation. We value your input.

Roderick P. Calkins, Ph.D..
Administrator

Priorities

2009-2011 Biennial Plan for Mental Health and Substance Abuse Treatment and Substance Abuse and Gambling Prevention Services

1. The 2007-2009 Treatment and Prevention Plan for Substance Abuse, Gambling and Mental Health identified the following 12 evidence based practices as service priorities for maintaining a minimal prevention/treatment system. Please rank all of the following services from 1 to 12 with **1 as the highest priority service to continue and 12 as the lowest priority to continue.** Thank you for your assistance in this planning process.

*** Rank the following services: 1 is highest priority, 12 is lowest.**

	highest 1	2	3	4	5	6	7	8	9	10	11	lowest 12
A. Early Childhood Mental Health (age 0-5) (Description)	○	○	○	○	○	○	○	○	○	○	○	○
B. Early Intervention for Youth Substance Abuse (Description)	○	○	○	○	○	○	○	○	○	○	○	○
C. Parenting Skills and Education (Description)	○	○	○	○	○	○	○	○	○	○	○	○
D. Children's Outpatient Mental Health Treatment (Description)	○	○	○	○	○	○	○	○	○	○	○	○
E. Intensive Community Based Treatment Services for Youth (Description)	○	○	○	○	○	○	○	○	○	○	○	○
F. School Based Crisis Services for Youth (Description)	○	○	○	○	○	○	○	○	○	○	○	○
G. Supportive Services for Children with Addicted Parents in Treatment or Jail/Prison (Description)	○	○	○	○	○	○	○	○	○	○	○	○
H. Child-Centered Care Coordination Teams (Description)	○	○	○	○	○	○	○	○	○	○	○	○
I. Adult Outpatient Mental Health Treatment Services (Description)	○	○	○	○	○	○	○	○	○	○	○	○
J. Alcohol and Drug Outpatient Treatment and Aftercare (Description)	○	○	○	○	○	○	○	○	○	○	○	○
K. Treatment for Co-occurring Mental Health and Substance Abuse Disorders (Description)	○	○	○	○	○	○	○	○	○	○	○	○
L. Alcohol and Drug Detoxification and Residential Treatment (Description)	○	○	○	○	○	○	○	○	○	○	○	○

2. The following 13 evidence-based services were **not** identified as priorities in the 07-09 Biennal Plan. Which of these services should be a priority in enhancing or expanding services if possible?

*** Rank the following services: 1 is highest priority, 13 is lowest.**

	highest 1	2	3	4	5	6	7	8	9	10	11	12	lowest 13
M. Assisting Schools and Communities with Alcohol and Drug Prevention (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○
N. Methamphetamine Specific Treatment Services (Description)	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
O. Supported Employment (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○
P. Methadone Treatment (Description)	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
Q. Assessment and Treatment Services for Older Adults (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○
R. Illness Management and Recovery Services (Description)	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
S. Appropriate Services for Victims of Psychological Trauma (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○
T. Mental Health and Addiction Services for People Involved in the Criminal Justice System. (Description)	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
U. A Continuum of Residential Services (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○
V. Peer to Peer Recovery Supports (Description)	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
W. Alternatives to Hospitalization for Youth and Adults (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○
X. Medication Services (Description)	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
Y. Problem Gambling Prevention and Treatment (Description)	○	○	○	○	○	○	○	○	○	○	○	○	○

Comments

Please provide your comments on the following:

Access to county Mental Health and Alcohol & Drug Services.

The cultural appropriateness of county delivered services.

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2007-2009 Plan?

Information About You

*** Please check the box that best describes you:**

- ○ Consumer of mental health and/or substance abuse service
- ○ Service Provider
- ○ Family Member of Consumer
- ○ Consumer Advocate
- ○ Allied Services Agency/Organization
- ○ Community Based Organization (e.g. CPT's)
- ○ School Staff
- ○ Other

*** Resident of:**

- ○ Salem/Keizer
- ○ Woodburn/N.County
- ○ Silverton/Mt. Angel
- ○ North Santiam Canyon
- ○ Stayton, Aumsville, Jefferson
- ○ County other than Marion

Your Age (optional):

- ○ K - 12 School Age
- ○ 18 - 30
- ○ 30 - 50
- ○ 50 or above

Thank You

Thank you for taking the time to fill out the Biennium Implementation Plan for Mental Health Survey.

A

A. Early Childhood Mental Health (0-5)

Provide developmental screening, assessment, referral and early intervention for at risk children. May include high-risk deliveries, developmental issues, parental mental health, substance abuse or domestic violence issues.

B

B. Early Intervention for Youth Substance Abuse

Provide youth/family education and skill development for youth that are using substances but have not yet met the admission criteria for substance abuse programs (diagnostic criteria for abuse or dependence).

C

C. Parenting Skills and Education

Provides parent education and skill development classes (in English and Spanish) that are specific to the developmental, mental health and substance abuse problems of our local children and teens.

D

D. Children's Outpatient Mental Health Treatment Services

Provides children's mental health services in the community (screening, assessment, early intervention, individual and group therapy, family work, skills training, case management)

E

E. Intensive Community Based Treatment Services for Youth

Provides intensive services at home and in schools/communities for youth that have not been able to maintain stability in the community. May include skills training, behavior management, crisis services, respite care and other identified special needs.

F

F. School Based Crisis Services for Youth

Provides early assessment and intervention for youth in crisis in their school setting. Assesses and responds to threats of violence and self-harm. May also include referrals, family assistance/mediation and other supports.

G

G. Supportive Services for Children with Addicted Parents in Treatment or Jail/Prison

Provides mental health services specific to the needs of children that have a parent(s) addicted to alcohol/drugs and/or incarcerated. May include partnerships and projects with other people/agencies to provide parent training, family reintegration and foster care services as well as extended family, school/community-based support.

H

H. Child-Centered Care Coordination Teams

Provides a wrap-around team around a child that includes family and community members, teachers, peers and pastors. The goal of the team is to meet individual child and family needs in a way that is most comfortable for them.

I

I. Adult Outpatient Mental Health Treatment Services

Provides adult mental health services in the community (screening, assessment, referral, individual and group therapy, skills training and case management)

J

J. Alcohol and Drug Outpatient Treatment and Aftercare

Provides treatment services for alcohol and drug problems in a community setting. Includes screening, assessment, individual and group therapy, family education and limited case management.

K

K. Treatment for Co-occurring Mental Health and Substance Abuse Disorders

Expands on previous system goals to provide integrated or coordinated treatment services for people with co-occurring mental health and substance abuse problems. This would focus our efforts on implementing research-based specialized services, such as Seeking Safety (for people with substance abuse and trauma), Dialectical Behavioral Therapy (for complex trauma), Motivational Interviewing, etc.

L

L. Alcohol and Drug Detoxification and Residential Treatment

Provides detoxification and residential treatment for people with serious alcohol/drug dependence that cannot be treated safely in a community setting (this may include physical withdrawal risks and other factors).

M

M. Assisting Schools and Communities with Alcohol and Drug Prevention

Provide technical assistance to schools and community groups on student/youth support needs, evidence-based curriculums, training and policy development.

N

N. Methamphetamine Specific Treatment Services

Provides treatment services that are specific to methamphetamines. May include projects and partnerships with other groups/agencies to address other issues, e.g. mental health, employment, housing, family work, parenting, community integration.

O

O. Supported Employment

An evidence-based practice that assists people with disabilities in securing and maintaining employment.

P

P. Methadone Treatment

Provides evidence-based outpatient treatment for people with opiate addictions. Includes screening, assessment, referral, individual and group treatment, drug testing and Methadone dispensing.

Q

Q. Assessment and Treatment Services for Older Adults

Provides assessments and placements for older adults with disabilities. The goal is to improve quality of life and to provide needed accommodations and support. May also includes psychiatric, mental health and addictions treatment.

R

R. Illness Management and Recovery Services

An evidence-based approach that provides screening, referral, assessment and early intervention for a broad range of conditions/problems e.g. diabetes, schizophrenia, congestive heart failure, bipolar disorder, etc. Individual and family education and skills training are provided with a goal of reducing long-term disability.

S

S. Appropriate Services for Victims of Psychological Trauma

This is a research-based approach that increases effective and respectful treatment approaches for people that have experienced neglect, abuse and other traumas. Trauma may include domestic violence, sexual abuse, serious illnesses, deaths, accidents, war and other disturbing life events that are difficult to recover from.

T

T. Mental Health and Addiction Services for People Involved in the Criminal Justice System

Provides institutional and community treatment for youth and adults involved with criminal justice. This includes drug courts for youth and adults, mental health services in the jail and services to people that are being monitored by the Psychiatric Security Review Board. The goal is to reduce recidivism, family disruptions and community risks (both financial and personal).

U

U. A Continuum of Residential Services

The continuum serves children, youth and adults and includes therapeutic foster care, respite care, supported housing, and residential treatment for mental health

V

V. Peer to Peer Recovery Supports

Provides technical assistance and launching support (some staff time, local expertise and limited funding) to community-based peer recovery groups. The goal is to promote recovery from mental illness and substance abuse through peer-to-peer support systems.

W

W. Alternatives to Hospitalization for Youth and Adults

Provides short-term respite care, in home services, and family/community/peer supports to reduce life disruptions/hospitalizations for people during a mental health crisis.

X

X. Medication Services

Provides mental health prescriptions, consumer education, symptom management training, side effects monitoring and coordination with primary care physicians. The goal is to support a consumer empowered partnership with prescribers.

Y

Y. Problem Gambling Prevention and Treatment

Provides prevention, early intervention and treatment services for problem gambling.

Access to county Mental Health and Alcohol & Drug Services.

#	Response Date	Response Text
1.	12/12/2007 10:12:00 PM	limited and too ingrained (or too much a part)in a victim/drug culture seperated from the main stream.
2.	12/18/2007 8:33:00 PM	Ensure rural county has access by providing onsite services on a regular basis.
3.	12/18/2007 9:33:00 PM	Communication between service providers is key for providing access and services.
4.	12/18/2007 11:08:00 PM	Should be made available to those that are the most vernable and greatest need!
5.	12/19/2007 12:01:00 AM	I have never used any of these services, but the "word on the street" is there isn't enough services available to meet the need in our community, especially mental health and detox services for youth.
6.	12/19/2007 2:10:00 AM	I have a friend who has been working on getting help. He is often having troubles with getting his medication, having his appointments changed or canceled and getting much help for his homicidial and suicidial ideations. When he saw your doctor she told him she didn't like low income people... this was tragic he was frustrated and hurt and talked alot about killing her. I know he won't but it was not helpful to him. We filed a greivence and no one called us back regarding the paperwork we filled out together.
7.	12/19/2007 2:18:00 AM	Funding for MH services is an integral part of community health, and funding is always a barrier. The homeless and mentally ill population of youth and adults need stronger support and priority.
8.	12/19/2007 4:00:00 PM	Re. alcohol and Drug services from clients in the criminal justice system, tne folks on supervision indicate a waiting list to participate and apparently don't qualify for the oregon health plan.
9.	12/19/2007 4:46:00 PM	Need more availability in our rural communities. Indigent care is not sufficient
10.	12/19/2007 6:20:00 PM	There should be a clinic available to a specific populas that is at no charge to the client. Too many people fail to seek assistance simply because they are unable to afford treatment/therapy.
11.	12/19/2007 6:35:00 PM	Advertise more regarding the programs the county offers. Especially in areas that typically serve those w/high needs. DHS, County Health Service areas, Transit Mall, Churches, etc.
12.	12/19/2007 6:41:00 PM	inadequate. So many problems could be solved if there were free(quality) treatment centers in abundance.
13.	12/19/2007 7:57:00 PM	Access needs to be community based, i.e., resource-knowledgable providers doing outreach on a regular basis. Service providers need to have systems in place before this occurs, & be able to meet the needs of those seeking services.

Access to county Mental Health and Alcohol & Drug Services.

14.	12/19/2007 7:59:00 PM	I don't feel like we're able to access mental health services for students in grades K-3 especially if the family doesn't qualify for OHP. The idea of wrap-around services has been thrown around, but what does that mean and how do we access those services?
15.	12/19/2007 8:23:00 PM	1-800 clearing house number for youth services and parenting resources with 24 hour access to youth counseling/intervention resources, suicide intervention, teen parenting, abuse, etc.
16.	12/19/2007 11:18:00 PM	This continues to be difficult for un-insured indibisuals. suppor tto centers providing this care rather than sanctions for tryiung need to be considered. LCSW and the lack of them as well as the all too high salary requests they come with needs to be addressed. There are other providers equally, if not more prepared to provide treatment but cannot bill or be licensed by this Stare's system.
17.	12/20/2007 12:09:00 AM	Youth should be our first concern. The earlier the better!
18.	12/20/2007 2:45:00 AM	far too few therapists and medication providers
19.	12/20/2007 5:43:00 PM	I think the county should take a more broad range of clients. And they should increase their positive interaction with other providers.
20.	12/20/2007 11:56:00 PM	Difficult to access. Long process of getting services for families in crisis.
21.	12/21/2007 4:08:00 AM	Need more services in people's homes and in the rural county communities.
22.	12/21/2007 3:43:00 PM	N/A
23.	12/21/2007 3:49:00 PM	very limited for youth
24.	12/21/2007 5:30:00 PM	very difficult to find outpatient services, access points in the community are sometimes confusing.
25.	12/21/2007 5:48:00 PM	Inadequate,and exclusionary rather than inclusive.
26.	12/21/2007 6:09:00 PM	Access at this time is limited and needs to be expanded in hours of service.
27.	12/21/2007 6:28:00 PM	Should be either voluntary or court ordered, outreach is not the best use of resources.
28.	12/21/2007 7:40:00 PM	Too much emphasis is place on methamphetamine treatment. Meth is only 1 of many drugs that are abused. Alcohol is still the top drug of abuse with the most costs associated with it.
29.	12/21/2007 10:51:00 PM	not enough of them and wait list is too long. need more intense services
30.	12/22/2007 12:21:00 AM	Insufficient resources available for outreach to adults with mental health problems, for hospitalization, for court-ordered treatment plans
31.	12/23/2007 4:10:00 AM	This continues to be a highly needed service area. Shorter waiting periods and more experienced clinicans (especially in D&A work-Master's level)

Access to county Mental Health and Alcohol & Drug Services.

		would be beneficial.
32.	12/24/2007 5:48:00 PM	what about the access?
33.	12/24/2007 6:35:00 PM	no comments
34.	12/24/2007 10:13:00 PM	There are no mental health resources for Span spkg clients who do not have insurance. I have no where to send numerous depressed/anxious pts who need mental health tx but either cannot afford to pay full price or the agency does not have bilingual staff.
35.	12/26/2007 4:26:00 AM	This service needs to be available and easily accessible for all members in our communities who are in need or identified as having a need by a professional.
36.	12/26/2007 6:13:00 PM	Should provide counseling services to adults also
37.	12/26/2007 10:45:00 PM	There are no affordable mental health services for Spanish Speaking clients who lack insurance.
38.	12/26/2007 10:56:00 PM	Need more inpatient beds and better response to crisis calls
39.	12/26/2007 11:05:00 PM	I have recieved feedback that services are only availble in crisis.
40.	12/27/2007 10:40:00 PM	Difficult to get clients connected to services. Many times clients may need assistance but are not willing to take the initiative to seek help. Outreach approach might improve access to services
41.	12/27/2007 11:38:00 PM	It is good that services are available. They could be more accessible and timely in some instances. The mental health screenings that are done at the hospital are beneficial.
42.	12/27/2007 11:56:00 PM	Transportation services could be expanded
43.	12/28/2007 5:38:00 PM	I do not have enough information to comment on these services.
44.	12/28/2007 6:06:00 PM	Very difficult to get anyone into detox. without waiting several days; need more beds!!
45.	12/28/2007 9:52:00 PM	limited, long waiting lists, especially for boys, young men
46.	12/28/2007 10:33:00 PM	Was impossible without OHP; victims of domestic violence can have tremendous difficulty producing records such as birth certificates when having to protect themselves and their children, having gone through name changes and other precautionary, survival-requisite pro-active protective efforts. Until the system can protect them (which it failed to do in our case and others', for lack of DA funds, for mismanagement of case evidence, for lack of jail space and sentencing and deterrance and lack of proper medical support of the abuser who was allergic to the "preferred drug list" antidepressant and was denied any alternative, among a myriad of other reasons) it is left to the victims to protect themselves and they end up suffering most of the consequences -- unfair no matter how you slice it. The county needs to find an exceptions policy or work out an alternative, perhaps through crime victims funds, charity, or

Access to county Mental Health and Alcohol & Drug Services.

		some other means. My child(ren) should not have had to suffer with PTSD, depression and the medical effects of the abuse without treatment and support from the county because of insurance/paperwork challenges.
47.	12/29/2007 10:41:00 AM	I dont feel there is any access to help for people with mental health issues if they have no insurance available to them. I feel the justice system is overwhelmed by instances where prevention could have easily prevented many of the crimes committed. I dont think the justice system can tell the difference between a criminal and someone having issues mentally. Prevention and tools for people with mental health issues would be the the best thing to happen to Marion County. I am not extremely educated but even I know that most of our homeless and substance abusers have initial mental health issues causing them to self medicate and thus become career criminals and a burden on the system in one way or another. Someone needs top care enough to make a difference even if its only 1 person at a time!
48.	12/29/2007 8:04:00 PM	quite limited
49.	12/30/2007 1:05:00 AM	The current system has many good providers and provide great services. Need more medication management services.
50.	12/31/2007 5:43:00 AM	There needs to be more education regarding mental illness to prevent those without insight and support to receive medication, hopefully preventing them from self-medicating with alcohol and drugs
51.	12/31/2007 3:42:00 PM	Well, I am a teacher in Marion County and I am not sure how to access these services. How are you advertising them?
52.	12/31/2007 8:02:00 PM	Many elderly people do not have transportation or are not able to physcially come into a mental health office. It would be great if mental health providers could go out to their homes and provide the services needed.
53.	12/31/2007 9:08:00 PM	Not enough co occurring access, especially for people with out resources.
54.	12/31/2007 10:33:00 PM	It seems like people need to be in active crisis before they receive help for their mental illnesses.I would like to see more easily available access to mental health professionals.
55.	1/2/2008 5:34:00 PM	We need more access for uninsured clients.
56.	1/2/2008 5:42:00 PM	None
57.	1/2/2008 6:20:00 PM	BIG NEED IN OUR COMMUNITY
58.	1/2/2008 7:20:00 PM	Access should be available to all except those in jail
59.	1/2/2008 7:41:00 PM	For areas beyond Salem, access is limited.
60.	1/2/2008 8:04:00 PM	We need more integrated adolescent services and we need to link them to work with the parents.
61.	1/2/2008 9:33:00 PM	I have personally worked with a family member trying to receive mental health services in this county. Due to her income level, she was denied and services

Access to county Mental Health and Alcohol & Drug Services.

		could not be given. It was a difficult & frustrating time. I can't imagine if she had nobody to advocate for her to find help, she wouldn't have had any direction to go.
62.	1/2/2008 10:37:00 PM	adult services should go to the client. It should not be surprising nor a barrier to services when chronically mentally ill clients don't show up to an office.
63.	1/3/2008 1:09:00 AM	My experience has been that the access is very poor in both of these areas. Staff rarely return calls in a timely manner; Many of the staff have misinformed clients. Many of our clients that need services need for the MH dept. to reach out to them or allow reps. to assist. It seems that the MH department is only interested in helping those who are capable of making their own appt.s and showing up for appt.s without assistance---which is usually not the client that we are trying to assist. Open your minds to new ways of doing business so that you can reach people.
64.	1/3/2008 2:42:00 PM	Too little - Too late.
65.	1/3/2008 8:50:00 PM	Not enough professional personnel who speak Spanish.
66.	1/3/2008 9:55:00 PM	Little knowledge of access...seems to be long waiting lists
67.	1/3/2008 10:25:00 PM	Currently, is very difficult to access, especially in rural communities. Barriers: transportation, admittance to program, families have difficulties using system.
68.	1/3/2008 10:58:00 PM	should be better communicated to persons in roles to effect referrals
69.	1/4/2008 12:03:00 AM	Marion County Housing Authority has a need for low income families to have access to mental health, alcohol and drug services. Especially when such services can help families from disintegrating into disfunctional individuals.
70.	1/4/2008 10:02:00 AM	People who want counseling, case management, or treatment should be the preferrered people. People wanting to control others by pretending they are professionals while stating they have recovered, should prove it and get out of the system.
71.	1/4/2008 4:03:00 PM	We need to have mental health services available within Silverton. We need to have counselors, medication management, and wrap around services that support families and the school district.
72.	1/4/2008 5:45:00 PM	Needs to be available to working poor, esp single people who do not qualify for OHP.
73.	1/4/2008 6:25:00 PM	As a referring agency with clients who have MH and/or A/D issues I have had little to no success in getting services from the health department. Most of my clients do not have OHP and therefore do not qualify for services.
74.	1/4/2008 10:04:00 PM	Seems good. The consumer has a variety of public and private mental health agencies to choose from and each specializes in some different treatment area. Waiting lists in the county seem to be around prevention and skills training services.
75.	1/4/2008 10:19:00 PM	Difficult to access, criteria is too rigid. You only seem to serve the chronic mentally ill, not depression nor Sr. Services. Nor drug and alcohol.
76.	1/7/2008 5:09:00 PM	Access for undocumented/uninsured is a concern/question for youth and adult.

Access to county Mental Health and Alcohol & Drug Services.

77.	1/7/2008 6:05:00 PM	To short term.. No treatment for PTSD to stabilize adults in parenting role to help break this cycle
78.	1/7/2008 6:49:00 PM	Throughout the county not just in Salem
79.	1/7/2008 8:08:00 PM	I believe we should better health attention access for uninsured low income families regardless of their documentation status. Children and seniors should be the priority clients.
80.	1/7/2008 9:57:00 PM	As a school counselor, I have found that the wait to get help for mental health services at the county level to be much too long for so many of our families.
81.	1/8/2008 6:39:00 PM	Being in a rural area the schools and communities have limited access to these services.
82.	1/8/2008 6:59:00 PM	needs to be more available to children and needs to have an easier access New Solutions is a poor solution
83.	1/8/2008 7:43:00 PM	Financial qualifications restrict access to services far too often.
84.	1/8/2008 9:27:00 PM	No where near adequate services for the indigent mentally ill or substance abusing population.
85.	1/9/2008 4:48:00 PM	difficult to access
86.	1/9/2008 6:09:00 PM	Need more access for those who may not fit in the OHP criteria; esp. for teenagers!
87.	1/9/2008 7:18:00 PM	I feel that the mental health services for the Salem area is especially poor. Considering that the state mental hospital is in the city, many of the people released do not have supports that they need to stay off of the streets and off of drugs/alcohol.
88.	1/9/2008 11:09:00 PM	I am unaware of how to access the services, but more importantly, I don not know how ot make them availbale to my students.
89.	1/12/2008 10:15:00 PM	Access should come with some form of responsibility and accountability.

2

The cultural appropriateness of county delivered services.

#	Response Date	Response Text
1.	12/12/2007 10:12:00 PM	A socialistic idealism, the government taking care of the massess, or the down trodden, etc. In so doing, and in an attempt to equalize (or prevent the first questions response), standards are lowered for everyone.
2.	12/18/2007 8:33:00 PM	Assist those with language barrier issues to learn English.
3.	12/18/2007 11:08:00 PM	We must be available to help our "neighbors" when need is the greatest! Culture and langauage should not limit our response.
4.	12/19/2007 2:10:00 AM	One doctor has such a difficult accent that she is not understood and told my friend that because he was unable to pay his bills she "did not like people who don't pay their bills" he only heard that she didn't like him... It took me days to get him to quit talking about how he would burn down the building or bomb the whole county building. He is not dangerous really but is very smart and can tell you how to build a number of bombs.... Your services only lead him to be put into the mental ward for Northwest Human Services and have not helped him get SSDI or housing services.
5.	12/19/2007 4:00:00 PM	N/a
6.	12/19/2007 4:46:00 PM	Need to provide non-clinic based service. Promadora model would be helpful.
7.	12/19/2007 6:20:00 PM	Would make sense if county workers were provided additional training in the area of diversity. Need a stronger focus on understanding and honoring cultural differences.
8.	12/19/2007 6:35:00 PM	More service in rural areas to meet the needs of those who aren't used to seeking help; working and farming non-caucasian communities.
9.	12/19/2007 6:41:00 PM	inadequate.
10.	12/19/2007 7:57:00 PM	Cultural appropriateness should be determined by the needs of the individuals served, rather than creating cultural specific programs. Know your population!
11.	12/19/2007 7:59:00 PM	There is only one Spanish speaking counselor for Spanish-speaking youth and he is housed in Woodburn. These families can't easily transport to Woodburn.
12.	12/19/2007 8:23:00 PM	I don't believe culture should play any part in the service equation. Color blind status based on the issues of the individual AMERICAN CITIZEN.
13.	12/19/2007 11:18:00 PM	What is the profile of the government staff? Does it reflect the populations it serves - how many women in leadership? how many over the age of 50? How many Black, Asian or Hispanic leaders are there in the State's Division leadership? Look there, then turn to the community to ask about direct services.
14.	12/20/2007 12:09:00 AM	All culture should accept treatments which will help them. Understandinghs by the administrators of the program is essential.

The cultural appropriateness of county delivered services.

15.	12/20/2007 2:45:00 AM	far too few bi=lingual providers
16.	12/20/2007 5:43:00 PM	It is fine.
17.	12/20/2007 11:56:00 PM	It would help to have employees of other cultures, including Islanders, Asians and Russians besides the Latino culture. These other cultures would probably relate better with someone of their own culture working with them.
18.	12/21/2007 4:08:00 AM	Need other than clinic based services
19.	12/21/2007 3:43:00 PM	N/A
20.	12/21/2007 5:01:00 PM	Bilingual/bicultural.
21.	12/21/2007 5:30:00 PM	Good. Would like increased Native specific services and family inpt care
22.	12/21/2007 5:48:00 PM	unable to comment
23.	12/21/2007 6:09:00 PM	no comment
24.	12/21/2007 6:28:00 PM	Services need to be offered but not pushed on folks. I have issues with some of the programs involving reproductive issues with youths.
25.	12/21/2007 7:40:00 PM	All services need to be culturally specific. We need more services that are specific to the Hispanic population.
26.	12/21/2007 10:51:00 PM	n/a
27.	12/22/2007 12:21:00 AM	Don't know
28.	12/23/2007 4:10:00 AM	This is an area that (hopefully) will always be improving as we reach out to non-caucasian members of the community to meet their needs. We continue to need native speaking and bilingual counselors, social workers, and other mental health professionals with unique insight into these populations.
29.	12/24/2007 5:48:00 PM	what about this?
30.	12/24/2007 5:55:00 PM	don't waste resources on this - just deliver services and do not get caught up in being "culturally appropriate"
31.	12/24/2007 6:35:00 PM	no comment
32.	12/24/2007 10:13:00 PM	?
33.	12/26/2007 6:13:00 PM	Good

The cultural appropriateness of county delivered services.

34.	12/26/2007 10:45:00 PM	?
35.	12/26/2007 10:56:00 PM	unknown
36.	12/26/2007 11:05:00 PM	unknown
37.	12/27/2007 11:56:00 PM	Too much time spent on this
38.	12/28/2007 5:38:00 PM	I have heard that the county has struggled with this aspect, but, again, I do not have enough specific information on this subject.
39.	12/28/2007 6:06:00 PM	Need more Etoh/drug abuse inpt. services geared toward Latinos, Russians
40.	12/28/2007 9:52:00 PM	no comment
41.	12/28/2007 10:33:00 PM	Be sensitive to victims of domestic violence who've been traumatized and already been through so much. Don't just push them through the system, but help guide them in a way they feel supported perhaps by one or two people all the way through the processes. Be accepting of stepfathers who are trying very hard. Don't let a few wrongdoers spoil the system for those who really need help. The building could sure use a "warm up." The empty halls seem barren and it was hard to find the right room. Services with odd hours, closed, etc. ought to be properly labeled (e.g. will return at:; regular hours:;)
42.	12/29/2007 10:41:00 AM	My main concern is the justice system not helping or understanding the difference between a mental illness that is "self inflicted" via meth or any other substance abuse and the mental illness that is brought upon someone "naturally" and in a way that can not be prevented. It saddens my heart to see that all types are lumped together and the help isnt available.
43.	12/29/2007 8:04:00 PM	M. County is trying but I see it as a daunting task, especially w/ the limited supply of bilingual and bicultural MH providers.
44.	12/30/2007 1:05:00 AM	Not sure
45.	1/2/2008 5:34:00 PM	We need more Spanish speaking counselors
46.	1/2/2008 5:42:00 PM	Additional bi-lingual staff are needed across the board with the increase in our Hispanic clients.
47.	1/2/2008 6:20:00 PM	MORE SUPPORT FOR CHILDREN WITH DIFERENT CULTURAL BACKGROUND
48.	1/2/2008 7:20:00 PM	fully appropriate
49.	1/2/2008 8:04:00 PM	I think we need to look more closely at the changing demographics in Marion County and what that means in terms of our future development.
50.	1/2/2008 10:37:00 PM	Poor. Number of bi-lingual professional staff is inacequate.
51.	1/3/2008 1:09:00 AM	No comment.

The cultural appropriateness of county delivered services.

52.	1/3/2008 8:50:00 PM	Needs to be more relevant for different cultures.
53.	1/3/2008 9:55:00 PM	Unknown
54.	1/3/2008 10:25:00 PM	The county makes every effort to honor cultural differences.
55.	1/3/2008 10:58:00 PM	is apparently a priority and services seem to reflect this quite well
56.	1/4/2008 12:03:00 AM	It is a difficult task is to convince family members that, they or their loved ones need the county services as it may appear to indicate an individual or family weakness.
57.	1/4/2008 10:02:00 AM	It's important to have somebody you are comfortable with.
58.	1/4/2008 4:03:00 PM	very appropriate!!! As school we must serve all students. I believe that all children with mental health needs must also be served. In the current system only the most servere cases are being supported.. and nothing is available for those individuals with mild or moderate needs.
59.	1/4/2008 5:45:00 PM	MCHD does a good job - has many interpreters, spanish, russion, sign language.
60.	1/4/2008 6:25:00 PM	no experience
61.	1/4/2008 10:04:00 PM	The hispanic population is underserved, but on the other hand, as a group, they tend to not want or engage in mental health treatment services.
62.	1/4/2008 10:19:00 PM	No problem here.
63.	1/7/2008 4:35:00 PM	continue to recruit, hire and retain culturaly appropriate proffesionals
64.	1/7/2008 5:09:00 PM	Unknown
65.	1/7/2008 6:05:00 PM	Good for language interpreter. Need more access to accomadate for single parents coming with children.
66.	1/7/2008 6:49:00 PM	Only legal immigrants should receive services
67.	1/7/2008 8:08:00 PM	I also think we could work on having better communication with the Latino, Marshallese, and Russian population in our community.
68.	1/7/2008 9:57:00 PM	There have been periods of time that there have not been Spanish speaking mental health therapists when I have made referrals for families who need bi-lingual counselors.
69.	1/8/2008 6:39:00 PM	In our communities reaching the Latino community is always challenging.
70.	1/8/2008 6:59:00 PM	needs improvement

The cultural appropriateness of county delivered services.

71.	1/8/2008 7:43:00 PM	More minorities need to be working in these fields.
72.	1/8/2008 9:27:00 PM	Inadequate, but probably due more to lack of qualified personnel than intent. Also due to a lack of innovative solutions, not thinking outside the current paradigm.
73.	1/9/2008 6:09:00 PM	Need attention given to Micronesians in our community: Marshallese, Chuukese, Chomorro, etc. Lots of issues (abuse, parenting, alcohol, violence, Betal Nut/Chew, etc.). Also, need more cooperative ventures with organizations such as the Guadalupe Clinic, Mano a Mano, school bilingual/esl programs, etc. Need more Spanish-speaking counselors.
74.	1/9/2008 7:18:00 PM	Fine.
75.	1/9/2008 11:09:00 PM	I can not comment on this, I have no experience to evaluate.
76.	1/12/2008 10:15:00 PM	Culture should not play a part...need should.
77.	1/14/2008 12:47:00 AM	Need more spanish language services.

3

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

#	Response Date	Response Text
1.	12/12/2007 10:12:00 PM	In general, not needed. Those that need help, a small percent of the whole, should recieve this help outside of school.
2.	12/13/2007 8:32:00 PM	Because of all the difficulties in getting into mental health clinics, school is often the best location for providing those services--assessment, counseling, casemanagement
3.	12/17/2007 8:38:00 PM	mental health screnings and treatment that can be accessed directly from school. Groups for teens and children
4.	12/18/2007 8:33:00 PM	Most of our kids are simply over stimulated. Schools need to provide quiet time for art, music appreciation and music (singing for smaller kids moving into instruments as they grow), physical education to include yoga. The schools are the ideal space; these activities will be healthy for the staff too.
5.	12/18/2007 9:33:00 PM	Mediation with a councilor is always a must for students in conflict. Support groups could be great but these should take place off school grounds.
6.	12/18/2007 11:08:00 PM	Awareness in the school and their community. Talk about the problems to make children aware of the problem.
7.	12/19/2007 12:01:00 AM	There is a large need for mental health services for children 0-5. Many mothers or caregivers are dealing with depression, anxiety and other issues that affects the healthy emotional development of the infant and child. If these needs go unmet or unaddressed then they become more acute in the school age children. There are studies that show a more atuned parent that meets the social and emotional needs of their young child provides a level of protection or prevention toward societal pressures and other ailments. If we are going to do prevention, let's also preserve the health of families while we do our best work.
8.	12/19/2007 2:10:00 AM	I have been a part of the YSTs and the meetings are somewhat useless and a waste of county resources. People passing kids from one service to another... with not much help for the kids available. The time could be better spent by referrals and meeting with the kids themselves.
9.	12/19/2007 2:18:00 AM	Integration of family in the treatment process. What good does treating a child do when they get sent back to the same dysfunctional environment. Collaboration and coordination of care (or wrap around services) that involve the MH therapist, school counselor, family and other supportive providers (i.e medical)
10.	12/19/2007 4:00:00 PM	Early assessment services and important and then immediate referral services for treatment are essential.
11.	12/19/2007 4:46:00 PM	School and in the home.
12.	12/19/2007 6:20:00 PM	Family therapy should be available at the school.Children need the ability to discuss their immediate issues within the school setting.
13.	12/19/2007 6:35:00 PM	Mental health support services in the community schools. More advertising in the schools that County help is available. Working w/the Salem Keizer school district and create a mental health team to work in the schools.

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.		
14.	12/19/2007 6:41:00 PM	support groups for kids with divorced parents/ parents with substance abuse problems/access to psychologist/ access to meds for ADD/depression ect.
15.	12/19/2007 7:57:00 PM	Rather than moving directly into therapeutic/medication management services, school-based programs should focus on behavior-specific issues, especially in younger children. Assessments need to be done in school setting, by non-provider agency personnel.
16.	12/19/2007 7:59:00 PM	Family intervention in the home. Anger management. Life skills. Parenting skills. Psychological evaluations and then treatment plans. Therapists in the school setting. Services even if the parents don't follow through. Services provided in the local community. Services provided no matter what the financial situation of the family. True wrap around services for families--not just talking about it.
17.	12/19/2007 8:23:00 PM	Mental Health Parent mentoring and classes for parents Drug and alcohol evaluations and counseling for students
18.	12/19/2007 11:18:00 PM	Treatment and interventional services for runaway youth are needed and essential to prevent the future devastation of our young adults and later adult populations unemplyed, addicted and entyering the criminal system.
19.	12/20/2007 12:09:00 AM	I can only comment on those services which are currently in place and those that are projected for the future. I am unaware of all the services currently in place.
20.	12/20/2007 2:45:00 AM	prevention, assessment and intervention in the schools
21.	12/20/2007 5:43:00 PM	None beyond what you have listed.
22.	12/20/2007 6:20:00 PM	Depression, surviors of sexual abuse. In the school.
23.	12/20/2007 9:18:00 PM	parental support and education at times that are convenient for the family. In the school setting, eg after usual work hours.
24.	12/20/2007 11:56:00 PM	Probably in the school, however, the school counselors are very overworked and in the high schools, mainly only have time for class schedules etc.
25.	12/21/2007 4:08:00 AM	Skills groups in schools
26.	12/21/2007 3:43:00 PM	I think basic mental health services are most needed and I having them located somewhere convenient, either at the school or close by is essential.
27.	12/21/2007 3:49:00 PM	These services must be made available near schools, not in Salem. Outreach centers would be best.
28.	12/21/2007 5:01:00 PM	I support mental health services teams for students and do not want children treated in adult facilities.
29.	12/21/2007 5:30:00 PM	In the school. I work with high school age and they are often not able to seek support from school counselors around family issues, peer issues and sometimes more complicated mental health issues.
30.	12/21/2007 6:09:00 PM	no comment

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

31.	12/21/2007 6:28:00 PM	Peer support on school campus other services (D&A, psychological services) off campus.
32.	12/21/2007 7:40:00 PM	Family services. You need to work with the whole family if you want to treat the individual. With kid's its a family system's issue. Services should be located either in the home or schools.
33.	12/21/2007 10:51:00 PM	A&D, crisis mgmt, family work. Off school site
34.	12/21/2007 11:06:00 PM	We have the greatest difficulty obtaining services for our underinsured families. For our OHP families we often need more then we can offer them through Marion County Children's Mental Health.
35.	12/22/2007 12:21:00 AM	Don't know
36.	12/23/2007 4:10:00 AM	Services such as FFT (family functional therapy) that occur in the home and incorporate the entire family, typically have the best outcome. School Counselors who can be active participants in the intervention and assistance of young people are in an ideal place to intervene. Social skills groups for young people that ecourage problem solving, emotional awareness and coping are key.
37.	12/24/2007 5:48:00 PM	assessment and treatment of acute mental health problems - at school
38.	12/24/2007 5:55:00 PM	early acute mental health assessment - starting either during school or after school
39.	12/24/2007 6:35:00 PM	no comment
40.	12/24/2007 10:13:00 PM	School age children need tx and support groups for sexual abuse, physical abuse, witnessing DV, divorce etc. It would be helpful to have some of these groups in the school, if not in the community through local agencies.
41.	12/26/2007 4:26:00 AM	Parent education that is focused on the individual needs of the children within that particular family. I think this will be most successful if a trained individual works hands on in the home role modeling for families what to do/say.
42.	12/26/2007 6:13:00 PM	Counseling and groups for children and should be at the school with parents approval
43.	12/26/2007 9:54:00 PM	Ideally within the schools but with some services easily accessible out in the community where these children are likely to be which will also access those youth who do not attend school.
44.	12/26/2007 10:45:00 PM	The services needed for children are support groups located within the schools. Important topics would be: divorce, witnessing DV, sexual and physical abuse, peer conflict, parents w/ substance abuse, etc.
45.	12/26/2007 11:05:00 PM	N/A to my field.
46.	12/27/2007 12:12:00 AM	Crisis intervention; appropriate placement resources. The DHS foster care system is burdened with children in foster care who should be in a higher level of care that focuses on mental health treatment.

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

47.	12/27/2007 4:48:00 PM	There is generally one counselor per school at each of the in town schools and one counselor covers all the other outlying schools. Does this sound even close to a safe ratio? I think not!
48.	12/27/2007 7:17:00 PM	Ongoing treatment focused on schools with the most low income students
49.	12/27/2007 11:56:00 PM	Outreach to students who have become dienfranchised and unconnected to positive peer groups
50.	12/28/2007 5:38:00 PM	Qualified therapists to provide services in home, school and provider locations in Marion County. Assessment, diagnosis,family and individual counseling...I know some of these services are currently provided but I do not know the extent to which they are provided.
51.	12/28/2007 9:52:00 PM	co-located with primary care physician or at the school with parent on any treatment team, screen for trauma and don't label and dx early in order to put child on medication, try healthier alternatives
52.	12/28/2007 10:33:00 PM	School based services can be wonderful. Or community based in a setting which is conducive for children (ambient light, couches, chairs, sandboxes, natural therapeutic settings with toys, etc., inviting to the whole family). Types of mental health services: family-driven, family-guided, family-involved; youth-driven, youth-guided, youth-involved. Short term, repeatable as necessary. Coping skills, listening, anger management, mindfulness, replacing mis-truths/self-defeating attitudes/etc. with truths/positive thinking, biofeedback and/or medication if necessary, proper screening and diagnosis coordinated with medical care, coordination with school officials and other key support persons, focused on helping children succeed in school, at home and among peers. alternative crisis services, apart from psychiatric hospital with adults (staff and patients). 24/7 warmline for parents, children, and key support persons. OFSN support groups are wonderful -- integrating recreation/respite/peer support/childcare (directed activities, not merely babysitting), etc. Anti bullying and school safety is essential for many kids -- yes the county can be supportive in that direction, particularly when coordinating with state/sheriff/cities/school district/incident response, and carrying out its other activities.
53.	12/29/2007 10:41:00 AM	I feel we should really target low income families and promote better educational enviroments for children of school age. Its a known fact that the more better a child is educated the better chances he or she has of staying off of drugs, becoming abusive or by becoming a career criminal.
54.	12/29/2007 8:04:00 PM	ADHD evaluation and treatment. Culturally appropriate intervention for children exposed to DV
55.	12/30/2007 1:05:00 AM	Counseling, mentoring and support services. Kids should not have to pay for their parents mistakes. Mental health services for kids are best at mental health agencies. Many kids are embarrased to have counselors at their schools and hate their friends to see counselors coming to their homes.
56.	12/31/2007 5:43:00 AM	Schools, homes, churches
57.	12/31/2007 3:42:00 PM	Support for the psychologically traumatized child is a must. We have only 1 hr/wk. of support through WESD, which falls far short of what is needed. I also see a need in our community for family support, through required parenting classes. If you make them optional, those that need it most won't attend. The school is often the "hub" in many communities, so I would see that as being one of the best places to locate, although many parents needing services don't have a great relationship with their school, for various reasons. Perhaps the best place is where ever you can get the person to attend? (home, church, friend's home)
58.	12/31/2007 4:46:00 PM	I believe diagnosis and treatment services are the key, if we can catch MH issues early, most, if not all, children suffering from MH issues that are caught

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.		
		and treated early on, could lead a better quality of life.
59.	12/31/2007 8:02:00 PM	Drug and alcohol awareness for youth, at least starting in middle school and going on up to high school. These services need to be provided in the schools and then if possible the youth could continue to see the mental health provider at the school.
60.	12/31/2007 10:33:00 PM	I think that school-age children should be served through mental health professionals with in office appointments. However, there should also be some in-patient facilities if the child is in crisis or a danger to himself or others.
61.	1/2/2008 5:34:00 PM	Locate in the schools and provide individual and group therapy as needed. Also play therapy for the very young.
62.	1/2/2008 5:42:00 PM	The children should not be the primary focus. Parents and caregivers need education and support as a primary concern.
63.	1/2/2008 6:20:00 PM	BILINGUAL MENTAL HEALTH PROVIDERS
64.	1/2/2008 7:20:00 PM	At the beginning levels of school at each individual school. Each child should be reviewed early on to assist in treatment and further monitoring
65.	1/2/2008 7:41:00 PM	D/A Health services-Counseling, birth control, medication
66.	1/2/2008 8:04:00 PM	Integrated services for kids with incarcerated parents. Services should be delivered where the kids feel most comfortable.
67.	1/2/2008 10:33:00 PM	Family counseling/ or at least with one parent can make a huge difference for school-age children. Services should be located near a bus line that is easy to reach.
68.	1/2/2008 10:37:00 PM	Adolescents don't want to be seen as mentally ill and won't seek out services on ther own. The parents of a majoritiy of the kids seen are a significant part of the problem (either actively abusive or absent/neglectful). They don't support thier children getting services. Problems are usually identified in the school setting by school staff or student report to staff. Referrals to come to an outpatient setting CBH or PCC have poor follow through until the issues is truely significant. Going to the school for crisis and short term intervention intervenes earlier when the child is less damaged and easier to assist.
69.	1/3/2008 1:09:00 AM	Be mindful that interrupting a student during their school day may cause additional problems in the class room, such as unable to concentrate on academics. I would suggest something after school, located at the school.
70.	1/3/2008 2:42:00 PM	Troubled kids are messy and time consuming. Working with other professionals to deliver coordinated services is the most efficient way to impact those kids and families. Taking mental health professionals off of youth services teams takes a vital expertise away from the team's ability to impact those kids and families.
71.	1/3/2008 8:50:00 PM	Needs to be at school and at home and should focus on effects of having parents addicted to drugs/alcohol.
72.	1/3/2008 9:55:00 PM	I would like to see a focus on services tailored to the needs of foster kids. Services should be located in a place near the main visitation site.
73.	1/3/2008 10:25:00 PM	Assessments are needed most - once completed can usually access services. Best to have them in the schools, if not, within the community. (Salem and

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

		Woodburn are not great options for struggling families in other rural areas).
74.	1/3/2008 10:58:00 PM	Crisis Intervention with students and with teachers/staff...case identification and referral assistance...cooperative care planning/case mamagement all of this needs to be done in the school 'community' because that's where the kids spend most of their waking hours and that's where ability to function is most critical to successfully taking advantage of the resources...
75.	1/4/2008 12:03:00 AM	The trauma of losing parents due to alcohol and drugs would probably be the highest need for our low income families. Unfortunately, if the parents are not able to maintain a household, the family will lose their permanent housing and be thrown into the world of homelessness or transitory housing.
76.	1/4/2008 10:02:00 AM	There are school counselors are there not? Let them do that.
77.	1/4/2008 4:03:00 PM	Service must be coordinated to include both the family and the school. With our current situation, many students are having a difficult time access the academic curriculum due to their mental health needs. If this student are unable to learn due to their mental health needs... the future for these individuals will be very bleak.
78.	1/4/2008 5:45:00 PM	Preventive care, education, esp nutrition, some primary medical ie dispense cold medication - best available in schools if low income.
79.	1/4/2008 6:25:00 PM	Addiction related services, such as impacts of drug use by parents on children and A/D early prevention services should be provided in schools.
80.	1/4/2008 10:04:00 PM	We belive that a variety of services are already avaiable for school aged children and more new services become available each year. If we had unlimited dollars, there are a variety of things that we would suggest, but we don't have unlimited dollars. We believe that current dollars for childrens services have been alloted appropriately. Services are best in an agency setting with limited home visits.
81.	1/4/2008 10:19:00 PM	Parent training and education.
82.	1/6/2008 3:02:00 AM	Day treatment programs and assessment services. Assessment services need to be available in the school or close to schools.
83.	1/7/2008 5:09:00 PM	SMH Day TX program is a good start, however not accessible for many. Not enough child/adolescent psychiatry available in Salem. The "counselors" in the schools are not mental health trained, so the schools would be a place to consider.
84.	1/7/2008 5:34:00 PM	Family counseling in the home Parenting training in churches and other community locations
85.	1/7/2008 6:05:00 PM	Pst traumatic stress for all ages. Often overlooked if exposure to violence was under 5. Services located in neighborhoods or schools with art therapy assissted.
86.	1/7/2008 6:49:00 PM	More tham "crisis" work and IN THE SCHOOLS!
87.	1/7/2008 8:08:00 PM	My opinion would be provide priority mental health services to victims of physical, psychological, and sexual abuse as well as attention to children suffering some other kind of trauma interfering with their daily living. I think one of the safest places for a child to receive this attention could start with school however it would need to be referred and evaluated by a professional perhaps at an after school program or club such as "Boys & Girls Club". This

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.		
		could also be tentative depending on availability and circumstances.
88.	1/7/2008 9:57:00 PM	It is essential and cost effective to have school based mental health counselors to supplement the work that school teams do. Services would be parenting classes, substance abuse/ trauma/crisis counseling as well as preventative interventions. Over the years, access to these kinds of services have been eroded to the point that there is no effective service delivery model. All that is left is to call the PCC to get help for our young people and families.
89.	1/8/2008 6:39:00 PM	More counselors being available at School and Mentoring program with in school district.
90.	1/8/2008 6:59:00 PM	in the community assessment counseling 1:1, family medication assessment
91.	1/8/2008 7:43:00 PM	Mental health counseling provided IN the schools, in addition to traditional school counselors.
92.	1/8/2008 9:27:00 PM	Most school age children with serious mental health issues need a family-centered therapeutic approach, not individual. Location is the child's home at least half the time. Office hours should accommodat working parents.
93.	1/9/2008 6:09:00 PM	Access to and ongoing follow-up mental health treatment (counseling, etc.) for teens.....in school (one-on-one and support groups) and at county facilities (but with lots of visible info on availability and bus routes, etc. in the schools and bus stops, etc.)
94.	1/9/2008 7:18:00 PM	Drug based problems are not fully addressed with students in my opinion. Counseling and medical care for those students without medical insurance or a way to pay for it is desperately needed.
95.	1/9/2008 11:09:00 PM	Councilors in schools have lost the time to council and that is what kids need. Indiviual time with some one they trust to help with issues and problems. All services offered, be it crisis services or preventative services, should be IN the school for students.
96.	1/12/2008 10:15:00 PM	Safety and welfare first.
97.	1/14/2008 12:47:00 AM	Clinic or community based services accessible to all families.

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

#	Response Date	Response Text
1.	12/12/2007 10:12:00 PM	In general, not needed. Those that need help, a small percent of the whole, should recieve this help outside of school.
2.	12/13/2007 8:32:00 PM	Because of all the difficulties in getting into mental health clinics, school is often the best location for providing those services--assessment, counseling, casemanagement
3.	12/17/2007 8:38:00 PM	mental health screnings and treatment that can be accessed direclty from school. Groups for teens and children
4.	12/18/2007 8:33:00 PM	Most of our kids are simply over stimulated. Schools need to provide quiet time for art, music appreciation and music (singing for smaller kids moving into instruments as they grow), physical education to include yoga. The schools are the ideal space; these activities will be healthy for the staff too.
5.	12/18/2007 9:33:00 PM	Mediation with a councilor is always a must for students in conflict. Support groups could be great but these should take place off school grounds.
6.	12/18/2007 11:08:00 PM	Awareness in the school and their community. Talk about the problems to make children aware of the problem.
7.	12/19/2007 12:01:00 AM	There is a large need for mental health services for children 0-5. Many mothers or caregivers are dealing with depression, anxiety and other issues that affects the healthy emotional development of the infant and child. If these needs go unmet or unaddressed then they become more acute in the school age children. There are studies that show a more atuned parent that meets the social and emotional needs of their young child provides a level of protection or prevention toward societal pressures and other ailments. If we are going to do prevention, let's also preserve the health of families while we do our best work.
8.	12/19/2007 2:10:00 AM	I have been a part of the YSTs and the meetings are somewhat useless and a waste of county resources. People passing kids from one service to another... with not much help for the kids available. The time could be better spent by referrals and meeting with the kids themselves.
9.	12/19/2007 2:18:00 AM	Integration of family in the treatment process. What good does treating a child do when they get sent back to the same dysfunctional environment. Collaboration and coordination of care (or wrap around services) that involve the MH therapist, school counselor, family and other supportive providers (i.e medical)
10.	12/19/2007 4:00:00 PM	Early assessment services and important and then immediate referral services for treatment are essential.
11.	12/19/2007 4:46:00 PM	School and in the home.
12.	12/19/2007 6:20:00 PM	Family therapy should be available at the school.Children need the ability to discuss their immediate issues within the school setting.
13.	12/19/2007 6:35:00 PM	Mental health support services in the community schools. More advertising in the schools that County help is available. Working w/the Salem Keizer school district and create a mental health team to work in the schools.

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

14.	12/19/2007 6:41:00 PM	support groups for kids with divorced parents/ parents with substance abuse problems/access to psychologist/ access to meds for ADD/depression ect.
15.	12/19/2007 7:57:00 PM	Rather than moving directly into therapeutic/medication management services, school-based programs should focus on behavior-specific issues, especially in younger children. Assessments need to be done in school setting, by non-provider agency personnel.
16.	12/19/2007 7:59:00 PM	Family intervention in the home. Anger management. Life skills. Parenting skills. Psychological evaluations and then treatment plans. Therapists in the school setting. Services even if the parents don't follow through. Services provided in the local community. Services provided no matter what the financial situation of the family. True wrap around services for families--not just talking about it.
17.	12/19/2007 8:23:00 PM	Mental Health Parent mentoring and classes for parents Drug and alcohol evaluations and counseling for students
18.	12/19/2007 11:18:00 PM	Treatment and interventional services for runaway youth are needed and essential to prevent the future devastation of our young adults and later adult populations unempliyed, addicted and entyering the criminal system.
19.	12/20/2007 12:09:00 AM	I can only comment on those services which are currently in place and those that are projected for the future. I am unaware of all the services currently in place.
20.	12/20/2007 2:45:00 AM	prevention, assessment and intervention in the schools
21.	12/20/2007 5:43:00 PM	None beyond what you have listed.
22.	12/20/2007 6:20:00 PM	Depression, surviors of sexual abuse. In the school.
23.	12/20/2007 9:18:00 PM	parental support and education at times that are convenient for the family. In the school setting, eg after usual work hours.
24.	12/20/2007 11:56:00 PM	Probably in the school, however, the school counselors are very overworked and in the high schools, mainly only have time for class schedules etc.
25.	12/21/2007 4:08:00 AM	Skills groups in schools
26.	12/21/2007 3:43:00 PM	I think basic mental health services are most needed and I having them located somewhere convenient, either at the school or close by is essential.
27.	12/21/2007 3:49:00 PM	These services must be made available near schools, not in Salem. Outreach centers would be best.
28.	12/21/2007 5:01:00 PM	I support mental health services teams for students and do not want children treated in adult facilities.
29.	12/21/2007 5:30:00 PM	In the school. I work with high school age and they are often not able to seek support from school counselors around family issues, peer issues and sometimes more complicated mental health issues.
30.	12/21/2007 6:09:00 PM	no comment

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

31.	12/21/2007 6:28:00 PM	Peer support on school campus other services (D&A, psychological services) off campus.
32.	12/21/2007 7:40:00 PM	Family services. You need to work with the whole family if you want to treat the individual. With kid's its a family system's issue. Services should be located either in the home or schools.
33.	12/21/2007 10:51:00 PM	A&D, crisis mgmt, family work. Off school site
34.	12/21/2007 11:06:00 PM	We have the greatest difficulty obtaining services for our underinsured families. For our OHP families we often need more then we can offer them through Marion County Children's Mental Health.
35.	12/22/2007 12:21:00 AM	Don't know
36.	12/23/2007 4:10:00 AM	Services such as FFT (family functional therapy) that occur in the home and incorporate the entire family, typically have the best outcome. School Counselors who can be active participants in the intervention and assistance of young people are in an ideal place to intervene. Social skills groups for young people that ecourage problem solving, emotional awareness and coping are key.
37.	12/24/2007 5:48:00 PM	assessment and treatment of acute mental health problems - at school
38.	12/24/2007 5:55:00 PM	early acute mental health assessment - starting either during school or after school
39.	12/24/2007 6:35:00 PM	no comment
40.	12/24/2007 10:13:00 PM	School age children need tx and support groups for sexual abuse, physical abuse, witnessing DV, divorce etc. It would be helpful to have some of these groups in the school, if not in the community through local agencies.
41.	12/26/2007 4:26:00 AM	Parent education that is focused on the individual needs of the children within that particular family. I think this will be most successful if a trained individual works hands on in the home role modeling for families what to do/say.
42.	12/26/2007 6:13:00 PM	Counseling and groups for children and should be at the school with parents approval
43.	12/26/2007 9:54:00 PM	Ideally within the schools but with some services easily accessible out in the community where these children are likely to be which will also access those youth who do not attend school.
44.	12/26/2007 10:45:00 PM	The services needed for children are support groups located within the schools. Important topics would be: divorce, witnessing DV, sexual and physical abuse, peer conflict, parents w/ substance abuse, etc.
45.	12/26/2007 11:05:00 PM	N/A to my field.
46.	12/27/2007 12:12:00 AM	Crisis intervention; appropriate placement resources. The DHS foster care system is burdened with children in foster care who should be in a higher level of care that focuses on mental health treatment.

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

47.	12/27/2007 4:48:00 PM	There is generally one counselor per school at each of the in town schools and one counselor covers all the other outlying schools. Does this sound even close to a safe ratio? I think not!
48.	12/27/2007 7:17:00 PM	Ongoing treatment focused on schools with the most low income students
49.	12/27/2007 11:56:00 PM	Outreach to students who have become dienfranchised and unconnected to positive peer groups
50.	12/28/2007 5:38:00 PM	Qualified therapists to provide services in home, school and provider locations in Marion County. Assessment, diagnosis,family and individual counseling...I know some of these services are currently provided but I do not know the extent to which they are provided.
51.	12/28/2007 9:52:00 PM	co-located with primary care physician or at the school with parent on any treatment team, screen for trauma and don't label and dx early in order to put child on medication, try healthier alternatives
52.	12/28/2007 10:33:00 PM	School based services can be wonderful. Or community based in a setting which is conducive for children (ambient light, couches, chairs, sandboxes, natural therapeutic settings with toys, etc., inviting to the whole family). Types of mental health services: family-driven, family-guided, family-involved; youth-driven, youth-guided, youth-involved. Short term, repeatable as necessary. Coping skills, listening, anger management, mindfulness, replacing mis-truths/self-defeating attitudes/etc. with truths/positive thinking, biofeedback and/or medication if necessary, proper screening and diagnosis coordinated with medical care, coordination with school officials and other key support persons, focused on helping children succeed in school, at home and among peers. alternative crisis services, apart from psychiatric hospital with adults (staff and patients). 24/7 warmline for parents, children, and key support persons. OFSN support groups are wonderful -- integrating recreation/respite/peer support/childcare (directed activities, not merely babysitting), etc. Anti bullying and school safety is essential for many kids -- yes the county can be supportive in that direction, particularly when coordinating with state/sheriff/cities/school district/incident response, and carrying out its other activities.
53.	12/29/2007 10:41:00 AM	I feel we should really target low income families and promote better educational enviroments for children of school age. Its a known fact that the more better a child is educated the better chances he or she has of staying off of drugs, becoming abusive or by becoming a career criminal.
54.	12/29/2007 8:04:00 PM	ADHD evaluation and treatment. Culturally appropriate intervention for children exposed to DV
55.	12/30/2007 1:05:00 AM	Counseling, mentoring and support services. Kids should not have to pay for their parents mistakes. Mental health services for kids are best at mental health agencies. Many kids are embarrased to have counselors at their schools and hate their friends to see counselors coming to their homes.
56.	12/31/2007 5:43:00 AM	Schools, homes, churches
57.	12/31/2007 3:42:00 PM	Support for the psychologically traumatized child is a must. We have only 1 hr/wk. of support through WESD, which falls far short of what is needed. I also see a need in our community for family support, through required parenting classes. If you make them optional, those that need it most won't attend. The school is often the "hub" in many communities, so I would see that as being one of the best places to locate, although many parents needing services don't have a great relationship with their school, for various reasons. Perhaps the best place is where ever you can get the person to attend? (home, church, friend's home)
58.	12/31/2007 4:46:00 PM	I believe diagnosis and treatment services are the key, if we can catch MH issues early, most, if not all, children suffering from MH issues that are caught

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

		and treated early on, could lead a better quality of life.
59.	12/31/2007 8:02:00 PM	Drug and alcohol awareness for youth, at least starting in middle school and going on up to high school. These services need to be provided in the schools and then if possible the youth could continue to see the mental health provider at the school.
60.	12/31/2007 10:33:00 PM	I think that school-age children should be served through mental health professionals with in office appointments. However, there should also be some in-patient facilities if the child is in crisis or a danger to himself or others.
61.	1/2/2008 5:34:00 PM	Locate in the schools and provide individual and group therapy as needed. Also play therapy for the very young.
62.	1/2/2008 5:42:00 PM	The children should not be the primary focus. Parents and caregivers need education and support as a primary concern.
63.	1/2/2008 6:20:00 PM	BILINGUAL MENTAL HEALTH PROVIDERS
64.	1/2/2008 7:20:00 PM	At the beginning levels of school at each individual school. Each child should be reviewed early on to assist in treatment and further monitoring
65.	1/2/2008 7:41:00 PM	D/A Health services-Counseling, birth control, medication
66.	1/2/2008 8:04:00 PM	Integrated services for kids with incarcerated parents. Services should be delivered where the kids feel most comfortable.
67.	1/2/2008 10:33:00 PM	Family counseling/ or at least with one parent can make a huge difference for school-age children. Services should be located near a bus line that is easy to reach.
68.	1/2/2008 10:37:00 PM	Adolescents don't want to be seen as mentally ill and won't seek out services on ther own. The parents of a majoritiy of the kids seen are a significant part of the problem (either actively abusive or absent/neglectful). They don't support thier children getting services. Problems are usually identified in the school setting by school staff or student report to staff. Referrals to come to an outpatient setting CBH or PCC have poor follow through until the issues is truely significant. Going to the school for crisis and short term intervention intervenes earlier when the child is less damaged and easier to assist.
69.	1/3/2008 1:09:00 AM	Be mindful that interrupting a student during their school day may cause additional problems in the class room, such as unable to concentrate on academics. I would suggest something after school, located at the school.
70.	1/3/2008 2:42:00 PM	Troubled kids are messy and time consuming. Working with other professionals to deliver coordinated services is the most efficient way to impact those kids and families. Taking mental health professionals off of youth services teams takes a vital expertise away from the team's ability to impact those kids and families.
71.	1/3/2008 8:50:00 PM	Needs to be at school and at home and should focus on effects of having parents addicted to drugs/alcohol.
72.	1/3/2008 9:55:00 PM	I would like to see a focus on services tailored to the needs of foster kids. Services should be located in a place near the main visitation site.
73.	1/3/2008 10:25:00 PM	Assessments are needed most - once completed can usually access services. Best to have them in the schools, if not, within the community. (Salem and

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.

		Woodburn are not great options for struggling families in other rural areas).
74.	1/3/2008 10:58:00 PM	Crisis Intervention with students and with teachers/staff...case identification and referral assistance...cooperative care planning/case mamagement all of this needs to be done in the school 'community' because that's where the kids spend most of their waking hours and that's where ability to function is most critical to successfully taking advantage of the resources...
75.	1/4/2008 12:03:00 AM	The trauma of losing parents due to alcohol and drugs would probably be the highest need for our low income families. Unfortunately, if the parents are not able to maintain a household, the family will lose their permanent housing and be thrown into the world of homelessness or transitory housing.
76.	1/4/2008 10:02:00 AM	There are school counselors are there not? Let them do that.
77.	1/4/2008 4:03:00 PM	Service must be coordinated to include both the family and the school. With our current situation, many students are having a difficult time access the academic curriculum due to their mental health needs. If this student are unable to learn due to their mental health needs... the future for these individuals will be very bleak.
78.	1/4/2008 5:45:00 PM	Preventive care, education, esp nutrition, some primary medical ie dispense cold medication - best available in schools if low income.
79.	1/4/2008 6:25:00 PM	Addiction related services, such as impacts of drug use by parents on children and A/D early prevention services should be provided in schools.
80.	1/4/2008 10:04:00 PM	We belive that a variety of services are already avaiable for school aged children and more new services become available each year. If we had unlimited dollars, there are a variety of things that we would suggest, but we don't have unlimited dollars. We believe that current dollars for childrens services have been alloted appropriately. Services are best in an agency setting with limited home visits.
81.	1/4/2008 10:19:00 PM	Parent training and education.
82.	1/6/2008 3:02:00 AM	Day treatment programs and assessment services. Assessment services need to be available in the school or close to schools.
83.	1/7/2008 5:09:00 PM	SMH Day TX program is a good start, however not accessible for many. Not enough child/adolescent psychiatry available in Salem. The "counselors" in the schools are not mental health trained, so the schools would be a place to consider.
84.	1/7/2008 5:34:00 PM	Family counseling in the home Parenting training in churches and other community locations
85.	1/7/2008 6:05:00 PM	Pst traumatic stress for all ages. Often overlooked if exposure to violence was under 5. Services located in neighborhoods or schools with art therapy assissted.
86.	1/7/2008 6:49:00 PM	More tham "crisis" work and IN THE SCHOOLS!
87.	1/7/2008 8:08:00 PM	My opinion would be provide priority mental health services to victims of physical, psychological, and sexual abuse as well as attention to children suffering some other kind of trauma interfering with their daily living. I think one of the safest places for a child to receive this attention could start with school however it would need to be referred and evaluated by a professional perhaps at an after school program or club such as "Boys & Girls Club". This

Please comment on what types of mental health services you feel are most needed for school-age children and where it is best for those services to be located.		
		could also be tentative depending on availability and circumstances.
88.	1/7/2008 9:57:00 PM	It is essential and cost effective to have school based mental health counselors to supplement the work that school teams do. Services would be parenting classes, substance abuse/ trauma/crisis counseling as well as preventative interventions. Over the years, access to these kinds of services have been eroded to the point that there is no effective service delivery model. All that is left is to call the PCC to get help for our young people and families.
89.	1/8/2008 6:39:00 PM	More counselors being available at School and Mentoring program with in school district.
90.	1/8/2008 6:59:00 PM	in the community assessment counseling 1:1, family medication assessment
91.	1/8/2008 7:43:00 PM	Mental health counseling provided IN the schools, in addition to traditional school counselors.
92.	1/8/2008 9:27:00 PM	Most school age children with serious mental health issues need a family-centered therapeutic approach, not individual. Location is the child's home at least half the time. Office hours should accommodat working parents.
93.	1/9/2008 6:09:00 PM	Access to and ongoing follow-up mental health treatment (counseling, etc.) for teens.....in school (one-on-one and support groups) and at county facilities (but with lots of visible info on availability and bus routes, etc. in the schools and bus stops, etc.)
94.	1/9/2008 7:18:00 PM	Drug based problems are not fully addressed with students in my opinion. Counseling and medical care for those students without medical insurance or a way to pay for it is desperately needed.
95.	1/9/2008 11:09:00 PM	Councilors in schools have lost the time to council and that is what kids need. Indivíual time with some one they trust to help with issues and problems. All services offered, be it crisis services or preventative services, should be IN the school for students.
96.	1/12/2008 10:15:00 PM	Safety and welfare first.
97.	1/14/2008 12:47:00 AM	Clinic or community based services accessible to all families.

4

What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2007-2009 Plan?

#	Response Date	Response Text
1.	12/12/2007 10:12:00 PM	Priority should be in recovery from substance abuse and treatment for co-occuring mental illness.Ancillary effect should be in providing basic life support to those affected by the abuse (the client, their children, etc.)
2.	12/18/2007 8:33:00 PM	Treatment for meth addicts instead of funneling money into community scare tactics.
3.	12/18/2007 9:33:00 PM	Case management services to families with a history of mental illness and substance abuse, including in-home visits when children are involved.
4.	12/18/2007 11:08:00 PM	Focus on Meth and the path that is destorying families, and communities. Meth is creating nasty environments for our children, taking their childhood away from them.
5.	12/19/2007 2:10:00 AM	Mental health and substance abuse services are limited by contracts.. people should be able to get in without waiting weeks or months and should be able to take the dollars where ever they want to go and not stuck in some low budget service providers seat wasting time and money. Bridgeway and others are known for their staff turn over and low quality treatment. Marion County keeps people frustrated and not getting better... there has to be better service for the amount of tax dollars we are spending.
6.	12/19/2007 2:18:00 AM	The goal that every marion county resident has access to mental health care, focusing on those who can't afford it and minors that are getting turned away every day for lack of insurance. This would include medication management and coordination of care.
7.	12/19/2007 4:26:00 AM	my guess is most people who complete this have no idea what your real issues are. may be more telling NOT to require folks to complete whole ranking.
8.	12/19/2007 6:20:00 PM	Focus on addiction treatment/therapy within the corrections setting. May lead to reduction of recidivism, thus providing families with greater chance of societal success.
9.	12/19/2007 6:35:00 PM	Available funds for children who need add'l support for mental health needs that private insurance does not cover, i.e, 1:1 client support, skills training.
10.	12/19/2007 7:57:00 PM	Assessment, acute treatment & stabilization, and therapeutic follow-up. Consumer based treatment could be an adjunct service rather than a focus & integral part of treatment.
11.	12/19/2007 7:59:00 PM	My emphasis is on pre-school age and elementary age students. If we are proactive with the young adults--maybe we can break the cycle of mental health issues effects for future generations.
12.	12/19/2007 8:23:00 PM	Legislate mandatory counseling/parenting classes for juveniles and adults involved in domestic abuse, truancy issues, or drug and alcohol abuse
13.	12/19/2007 11:18:00 PM	Equitable access, regardless of insurance. County (tax based) programs should naot be based on insurance or eligibility, rather "our people's needs." Rethink the funding strategy for health and mental health care from a discriminatory system to a compassionate welfare for all system. There

What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2007-2009 Plan?

		are examples ans steps quite readily avaialable.
14.	12/20/2007 12:09:00 AM	No comment.
15.	12/20/2007 2:45:00 AM	less restrictions on types of treatment - evidence based practise is too limiting
16.	12/20/2007 5:43:00 PM	Priorities for providing services to indigent and the working poor who cannot afford services.
17.	12/20/2007 6:20:00 PM	Access, affordability and availability to medical and mental treatment.
18.	12/20/2007 11:56:00 PM	Better access for treatment for people wanting to get help with meth use.
19.	12/21/2007 4:08:00 AM	More wraparound services
20.	12/21/2007 3:43:00 PM	If it's not already happening, early intervention and education surrounding mental health and substance abuse would be good.
21.	12/21/2007 3:49:00 PM	Mental health screenings are of utmost importance.
22.	12/21/2007 5:01:00 PM	A strong resolve to make access to care easy for people in crisis.
23.	12/21/2007 5:30:00 PM	Case mgmt, med mgmt services for SPMI and homeless. Increased number beds for inpt psych care and aftercare
24.	12/21/2007 6:28:00 PM	Better coordination and assistance to Law Enforcement when dealing with persons who have mental and/or substance abuse problems.
25.	12/21/2007 7:40:00 PM	Treatment for the geriatric population. They are often forgotten.
26.	12/21/2007 10:51:00 PM	longer, more intense services
27.	12/23/2007 4:10:00 AM	There seems to be a significant lack of mental health/mentorship/lifeskills services for adolescent males. While those for females are increasing, as a community we could greatly benefit from allocating funds to target the adolscent male population, especially those involved with the juvenile probation system.
28.	12/24/2007 5:48:00 PM	residential care for the mentally ill
29.	12/24/2007 6:35:00 PM	no comment
30.	12/24/2007 6:43:00 PM	Post acute care support for counsumers, specific need is med management,
31.	12/24/2007 10:13:00 PM	We need more services in general for the Hispanic population, we also need more affordable services. Support groups for depressed/isolated women would also be helpful.

What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2007-2009 Plan?		
32.	12/26/2007 4:26:00 AM	Free educational groups and support groups to clients and thier families.
33.	12/26/2007 6:13:00 PM	More groups for youth
34.	12/26/2007 10:45:00 PM	We need more agencies to serve the Hispanic community that does not have insurance. Support groups for depressed and isolated women would also be helpful.
35.	12/26/2007 10:56:00 PM	Help with victims of rape
36.	12/26/2007 11:05:00 PM	unknown
37.	12/28/2007 5:38:00 PM	Local hospitalization for children and youth instead of having families deferred to Portland.
38.	12/28/2007 6:06:00 PM	Methamphetamine treatment; more services for substance abusing parents to keep families together
39.	12/28/2007 9:52:00 PM	level out the "playing field" in public education that all illness (physical and mental) need attention and that we all have illnesses...normalize the illnesses and reduce stigma and thereby increase "seeking services" to get help and prevent suicide or self-medicating with illegal substances to hide/cover up individual's pain.
40.	12/28/2007 10:33:00 PM	Nutrition and exercise; assistance with procuring medical care and prescriptions for the uninsured/underinsured to get through crisis times; all the above written in previous text boxes
41.	12/29/2007 10:41:00 AM	1. Mental health for adults with NO insurance 2. Resources for those with mental health issues such as employment and educational needs. 3. Counciling services and or emergency services for those in emenent need of assistants with their mental health issues such as the availablility of doctors, medicational needs and assistance for those caring for, married to, etc... or living with someone with a mental health problem.
42.	12/30/2007 1:05:00 AM	Don't forget about the adults. Kid services are great and needed, but don't lose sight that adults need help and can also change their lives too. Services between adults and kids should be balanced.
43.	12/31/2007 5:43:00 AM	to regard mental illness as physical illness to teach compassion towards those w/mental illness as well as families
44.	12/31/2007 4:46:00 PM	Continue on with Dual Diagnios. We have lotsa folks who are both substance abusers and have mental health issues, and placing these folks in community based programs with folks who have substance abuse only problems, can be confusing and hard to dealw tih.
45.	12/31/2007 9:08:00 PM	Faster access to residential treatment. It is not enought to offer detox, if we cannot quickly and easily get them into treatment.
46.	1/2/2008 5:34:00 PM	Don't separate out mental health from substance abuse. These services should go hand-in-hand.
47.	1/2/2008 5:42:00 PM	None

What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2007-2009 Plan?

48.	1/2/2008 6:20:00 PM	PARENT AWARENESS
49.	1/2/2008 7:20:00 PM	Meth addiction and services to those that are involved along with their associated off spring in the schools. SChools are heavily burdened with the drug addicted child or the results of addicted parents.
50.	1/2/2008 8:04:00 PM	Extending integrated treatment services to include physical health. A greater focus on whole people, whole families/communities.
51.	1/2/2008 10:37:00 PM	Initial evaluation for psychotropic medication for both kids and adults. One time with referral to PCP or clinic for continuation. Due to limited Psychiatrist and Psychiatric Nurse Practitioners, the wait time for an appointment is usually several months. Many PCP will not do initial psyc prescriptions but are willing to continue a specialist referral.
52.	1/3/2008 1:09:00 AM	Dual diagnoses. Special care planning needs for those with Mental Health and physical disabilities. There is much difficulty trying to get a client with disabilities to the MH services. Help by coordinating a program that reaches out (bring the assistance to the client) because going to appt. is extremely difficult. Severe depression. Develop a program that helps with behaviors for those living in facilities. Many of the MH clients would benefit simply by having assistance with taking their medications daily and just by meeting this need, many of the costs associated with hospital stays, etc., may lower if our MH client's were better managed on their medications.
53.	1/3/2008 9:55:00 PM	The biggest priority I see is alcohol/drug treatment services - tailored to low-income individuals. Would also like to see employment services incorporated with treatment and cognitive skills training. Cognitive skills training would be a huge service to our clients involved in the criminal jusice system, with an added addiction treatment component.
54.	1/3/2008 10:25:00 PM	Direct services provided by professionals. I was pleased to also see the question regarding placing treatment within correctional facilities. Many of those who are incarcerated have co-existing mental health and drug addiction issues. Most likely to be compliant with therapy while in the facility, which, would (hopefully) result in better outcomes.
55.	1/3/2008 10:58:00 PM	some very valid and very comprehensive way(s) to identify and quantify the precise nature and extent of the challenge in Marion Co and what is and isn't available to address it/them.
56.	1/4/2008 12:03:00 AM	The housing department has occassional problems with seniors and over use of prescripton medications.
57.	1/4/2008 10:02:00 AM	I'm tired of the menally ill being automatically put with the drug users. Let drug treatment programs deal with them but keep it out of the county MH system so they can focus on the mentally ill.
58.	1/4/2008 4:03:00 PM	We need to have mental health services available within Silverton. We need to have counselors, medication management, and wrap around services that support families and the school district.
59.	1/4/2008 5:45:00 PM	Service to working poor who do not qualify for OHP - esp druc addicted singles, this will help prevent re-offending
60.	1/4/2008 6:25:00 PM	Corrections client focused A/D and/or MH treatment services.

What other priorities for mental health and substance abuse services do you think the county should incorporate into the 2007-2009 Plan?		
61.	1/4/2008 10:04:00 PM	Commissioner Carlson has alligned the CCF with her and the business communities priorities. She acts as if Family Bulding Blocks is the only agency that effectively helps kids, but she is wrong. We greatly appreciate Commissioners Miline and Brentano balanced perspectives. Mental health services priorities should not be dictated by non-mental health professionals (namely the business community.) While they (and Commissioner Carlson) should always play a part, they should not be able to micromanage the system nor dictate who should be providing services and what type of services they should be providing. Let the County Mental Health Department do what the taxpayers pay them to do...manage the communities mental health system!
62.	1/4/2008 10:19:00 PM	Medical detox services. Alcohol detox services for people with ADL deficiencies. Ability for short term intakes for mental health (get in within 10 days) and ability to serve all diagnoses, not just chronic.
63.	1/7/2008 5:09:00 PM	Develop Resource Program so that youth and adults who can not afford medications for all illnesses have assistance in accessing. Evaluate the loss of PCC staff not in the schools any longer. Research the EAST/EDIPT model for ALL mental illness and consider developing a preventative program that can be accessed by youth and adults.
64.	1/7/2008 6:05:00 PM	Teaching the police and medical providers the scope of the problem here in Salem. How PTSD is self-medicated and its profound effect on children.
65.	1/7/2008 8:08:00 PM	We really need more attention and prevention services for "undocumented" children, unfortunately these kids are at disadvantage because of the parentsâ€™ status and income.
66.	1/7/2008 9:57:00 PM	I don't have any other priorities to suggest.
67.	1/8/2008 6:39:00 PM	More Drug prevention, sex education and alcohol and drug abuse information in the schools.
68.	1/8/2008 9:27:00 PM	Provide more transitional housing; provide more mental health services for the indigent and sliding scale for uninsured working people; provide more parenting education, sometimes as a condition for other services; provide more respite care for people in crisis and family caregivers; provide better post-jail or prison drug and alcohol treatment.
69.	1/12/2008 10:15:00 PM	Higher priority for those who want services and will be accountable to a program. Less funding for "ordered" treatment or for those who violate terms...jail will work until they are ready to help themselves.

Please check the box that best describes you:

#	Response Date	Other
1.	12/19/2007 4:01:00 PM	Criminal Justice professional
2.	12/21/2007 3:43:00 PM	government agency
3.	12/21/2007 4:38:00 PM	retired/service club volunteer
4.	12/21/2007 6:10:00 PM	hospital nurse
5.	12/21/2007 6:28:00 PM	911 Center Director
6.	12/21/2007 7:41:00 PM	manager
7.	12/23/2007 4:11:00 AM	juvenile dept. family counselor/hospital social worker
8.	12/26/2007 6:44:00 PM	county employee
9.	12/27/2007 11:41:00 PM	Nurse, prior discharge planner
10.	12/28/2007 6:13:00 PM	Elected Official
11.	12/28/2007 6:34:00 PM	The Salvation Army
12.	12/28/2007 10:35:00 PM	Multiple Roles (Consumer, Consumer's Parent, Advocate, Organizations, Government, Service Provider, etc.)
13.	12/29/2007 10:42:00 AM	Wife of a husband with Mental health problems and no insurance and nobody to care what happens to him but me
14.	12/29/2007 8:04:00 PM	Physician
15.	12/31/2007 4:47:00 PM	Parole/Probation
16.	1/2/2008 9:34:00 PM	local government
17.	1/3/2008 1:09:00 AM	Disability Supervisor
18.	1/3/2008 2:43:00 PM	Concerned citizen

Please check the box that best describes you:

19.	1/3/2008 4:04:00 PM	Senior & Disability Services
20.	1/3/2008 9:56:00 PM	Parole and Probation
21.	1/4/2008 12:04:00 AM	Low Income Housing Provider
22.	1/4/2008 6:26:00 PM	Community Corrections, PO
23.	1/5/2008 11:44:00 PM	family practice NP
24.	1/8/2008 12:07:00 AM	Family Support Worker