

W3B2

AGENDA COVER MEMO

AGENDA DATE: September 26, 2007

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh



AGENDA TITLE: ORDER / _____ IN THE MATTER OF
APPROVING THE AMENDMENT TO THE 2007-2009 LANE
COUNTY IMPLEMENTATION PLAN FOR MENTAL HEALTH AND
ADDICTIONS SERVICES (DEPARTMENT OF HEALTH & HUMAN
SERVICES)

I. MOTION

Order / _____ In The Matter Of Approving the Amendment to
the 2007-2009 Lane County Implementation Plan for Mental Health and Addiction
Services (Department of Health & Human Services)

II. AGENDA ITEM SUMMARY

The Board is being asked to approve the amendment to the 2007-2009 Lane
County Implementation Plan for Mental Health and Addictions Services
(Department of Health & Human Services).

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

Board Order 06-2-22-15 approved the 2007-2009 Lane County
Implementation Plan for prevention, mental health and addiction services
and authorized the county administrator to sign the letter of review and
approval. The 2007 Legislatively Adopted Budget authorized additional
funding for Community Mental Health Programs to provide prevention,
mental health and addiction treatment services in seven specific treatment
areas. Those treatment areas are:

1. Strengthening Families Program Ages 10-14
2. Intensive Treatment and Recovery Services for Addicted Families
3. Jail Diversion Services- Adult Mental Health
4. Community Crisis Services – Children and Adult Mental Health
5. Acute Care Services
6. Case Management

7. Children's Mental Health Non-Medicaid Intensive Community Services

The Department of Human Services has requested that Community Mental Health Programs submit a plan amendment to their 2007-2009 Implementation Plans for each of the above mentioned treatment areas and indicate what additional services would be provided by this additional funding. Upon approval of the submission of the amendment by the Department of Human Services, the 2007-2009 Intergovernmental Agreement for Mental Health, Developmental Disabilities and Addictions Services will be amended to increase funding for these treatment services.

The process to complete this amendment required a quick turnaround as the Department of Human Services gave Counties a four week notice to complete and submit the amendment. The amendment was developed through staff recommendations, community input and input and approval from the Local Alcohol and Drug/Mental Health Advisory Committee.

B. Recommendations

It is recommended that the Board of County Commissioners approve the motion to approve the amendment to the 2007-2009 Lane County Implementation Plan for prevention, mental health and addiction services. The amendment to the 2007-2009 Lane County Implementation Plan has been approved by the Local Alcohol and Drug/Mental Health Advisory Committee.

IV. ATTACHMENTS

1. Plan Amendment for Strengthening Families Program 10-14.
2. Plan Amendment for Intensive Treatment and Recovery Services for Addicted Families.
3. Plan Amendment for Jail Diversion Services – Adult Mental Health.
4. Plan Amendment for Community Crisis Services – Children and Adult Mental Health.
5. Plan Amendment for Acute Care Services.
6. Plan Amendment for Case Management.
7. Plan Amendment for Children's Mental Health Non Medicaid Intensive Community Services.
8. Board Order

#1 Strengthening Families Program 10-14

#1 Strengthening Families Program 10-14

(Please submit this sheet with narrative responses)

Program Contact Information:

Prevention Coordinator Name: C.A. Baskerville

Address: Lane Co. HHS; 125 E. 8th Ave.

City: Eugene State: OR Zip: 97401

Phone: 541-682-3031 Fax: 541-682-3804

E-mail: cindy.baskerville@co.lane.or.us

Lead Agency Information:

Agency Name: Lane County HHS

Agency Contact/Director Rob Rockstroh

Address: 125 E. 8th Ave.

City: Eugene State: OR Zip: 97401

Phone: 541-682-4035 Fax: 541-682-3804

Consortium Information:

If you are applying as a Lead Agency of a Consortia of Counties, please list all the counties that are members of the consortium.

Application Information:

Funding Amount Requested: \$ 83,178.17

#1 Strengthening Families Program 10-14

Narrative Proposal

1. Describe how SFP 10-14 will be implemented. Include the key contact person, targeted populations to be addressed and a recruitment plan for program facilitators, site coordinators and parents. Include description of partner agencies in this discussion. Discuss how this approach is consistent with the County's Coordinated and Comprehensive Planning Process (SB 555) and the prevention implementation plan.

Strengthening Families 10-14, (SF10-14), will be implemented locally through a partnership between Lane Co. HHS, school districts, Lane Co. Dept. of Children & Families, DHS District 5, Lane Co. Mental Health, and the network of Family Resource Centers. Building on existing resources project staff will work with referring agencies to ensure appropriate populations are referred to the program.

Key Contact Person: C.A. Baskerville, Prevention Coordinator/Lane Co. HHS Prevention Program Supervisor.

Targeted Populations: Based on identified need in the Lane Co. Coordinated Comprehensive Plan, (SB555), and the biennial prevention plan, Latino and rural families will be the targeted population for this project. Additionally, partner agencies including DHS District 5 and Lane Co. Mental Health, have identified parents with middle school aged youth as a need and a current gap in services in our county and will partner to ensure parents meeting this criteria will be referred to this program.

Recruitment Plan: The county prevention coordinator presented key components and strategies for this project to local partners through a variety of methods. Two local partner meetings, several individual conversations, and a presentation of the overall concept to the Lane Co. Mental Health Advisory/Local Alcohol and Drug Planning Committee were conducted. Partners included in the discussion and preparation of this plan included the Dept. of Children and Families, Lane Family Connections, Success by Six, Lane ESD, 4j School District, DHS District 5, Family Resource Centers and Birth to Three. It was agreed that a parent program focusing on this population was needed and that more planning to ensure successful implementation was needed. Once the county is notified of a successful application, a task group, already identified, will work with the county prevention coordinator to develop an implementation work plan with a goal of implementing two sessions before the end of this fiscal year. Part of the plan will call for a part-time project/site coordinator to be hired to make certain appropriate and efficient implementation of this program occurs. The project/site coordinator will provide overall project support, planning for session implementation, networking with partners, and arrangement of sites. The project/site coordinator will be hired upon notification of successful application. A key partner of this project is with the Lane Co. Dept. of Children and Families, (DCF). The Lane Co. DCF provides coordination and support for all the Family Resource Centers (FRC) within the county. DCF will work with the project/site coordinator to provide opportunities for FRC coordinators to host SFP 10-14

as well as become trainers of the program. Particular emphasis will be given to the FRCs located in rural parts of the county as well as those serving Latino families.

- A. Program facilitators: Program facilitators will be identified through a coordinated partnership effort. The program/site coordinator and the county prevention coordinator will work with Lane Co. Dept. of Children & Families, 4j School District, Family Resource Centers, and Lane ESD to identify a minimum of six facilitators to be trained. Two facilitators recruited will be bilingual and will learn the curriculum in Spanish to ensure the targeted populations are served. Some FRC Coordinators have expressed interest in becoming program facilitators and where appropriate, efforts will be made to accommodate this request.
- B. Site coordinators: It is expected that most, if not all, sessions of SFP 10-14 will be delivered through local Family Resource Centers (FRC). The project/site coordinator will work with FRC coordinators to provide the sites for the sessions. Furthermore, it is anticipated several FRC coordinators will become program facilitators, and in this instance, it will be the responsibility of the project/site coordinator to manage sites. Otherwise, the project/site coordinator will work with the FRC coordinator to make logistical arrangements and a flat fee will be paid to the FRC coordinator for their assistance.
- C. Parents: Referrals to the program will likely result in parents learning of the program through general information and promotion and for those parents referred by agencies. Any parent with a child ages 10-14 will be given the opportunity to participate. Promotion of the program will occur through use of mediums parents are already familiar, such as school newsletters and parent teacher organizations. Also, two local parent resources will be utilized for general information and referral. The 'Parent HelpLine', is a collaborative project of local parent education and support providers providing information and referral services will have adequate information necessary to make appropriate referrals to the program. Also, the child care referral resource, Lane Family Connections, will partner to provide information on their website and newsletter regarding classes. Additionally, for parents currently receiving services through local agencies, the project coordinator will work partners such as Lane Co. Mental Health and DHS District 5, to inform agency staff of SFP 10-14 and provide the necessary information for appropriate referrals.

Comprehensive Plan (SB555) and Prevention Implementation Plan Coordination:

Two of the three identified goals of the current Biennial Prevention Implementation Plan are relevant to this proposal: Substance Abuse Prevention Coordination/Systems Collaboration and Prevention Education (Parent Education). Latino and rural families/parents are identified as target populations in the current implementation plan.

The purpose of SB555 is to coordinate efforts at the local level for a more integrated and efficient system for ensuring all children and families will thrive. Lane County has a rich history of collaboration and the development of this proposal was shaped in a similar fashion. The Dept. of Children and Families, DHS District 5, 4j, Lane ESD, and others were consulted as well as a review of the existing comprehensive and prevention

plans. Many of the high level outcomes, (HLO), identified in the Lane County Comprehensive Plan include strategies and activities related to supporting parents and families. Two examples of related outcomes and relevant strategies are listed below:

HLO #4: Reduce Child Maltreatment;; Increase capacity, accessibility and efficacy of community-based supports and services for families

- 1) Increase support and access to information, advocacy, and respite services for families in high risk situations, such as raising children with special needs, poverty, drug abuse, parents with disabilities.
- 2) Link families exhibiting risk factors for poor childhood outcomes to services including home visiting, parenting classes, a parent help-line, therapeutic early childhood classrooms, respite childcare, and other community-based services. All such services will be available in Spanish for mono-lingual Spanish-speaking families.
- 3) Increase prevention-focused local collaborative efforts such as Community Safety Nets and Family Resource Centers.

HLO # 9: Improve Readiness to Learn; Improve the quality, range, accessibility and availability of community services and family supports to prepare children to learn

- 1) Enhance parental knowledge and skills through home visiting, parenting classes, and other support activities

Outreach and referral to the program will be part of the partners' agreement for participation in the consortium. Promotional materials will be purchased or developed, when necessary, and distributed at/by each partner organization. Parent-teacher organizations, local parent resources such the prevention and Success by Six webpage, newsletters, and informational meetings will be utilized to promote and refer to the program. Direct involvement with the Family Resource Center coordinators, all located within area schools, will ensure the personal and one on one outreach to the program. Local media, including newspaper and radio advertisements will also be used for promotion.

Key Performance Measures (KPM): Results from the Iowa State University Strengthening Families 10-14 program Overall program goals for this model are consistent with the state as well as Lane County's prevention goals:

- ✦ prevent teen substance abuse and other behavior problems,
- ✦ strengthen parenting skills
- ✦ build family strengths

One of the key results from the Iowa SFP 10-14 is most relevant to the state's KPM: *youth attending the program had significantly lower rates of alcohol, tobacco and marijuana use compared to control youth.* Lane County will work with the state AMH staff to ensure all staff involved in this project will be trained on reporting and evaluation requirements. Additionally, all group leaders as well as the project/site coordinator will be trained in the curriculum so that implementation with fidelity occurs. Evaluation of the program will be conducted in compliance with the state's evaluation plan and hired

contractor. Consistent with the model, the short survey found in the teaching manual will be utilized to assess change in risk and protective factors. While there are many exceptional outcomes listed for the program, the realistic possibility of evaluation for all of them is not clear without knowing the level of involvement of the state's contractor. Listed below are some of the local outcome goals for both youth and parent participants. It is expected that the statewide contractor will provide adequate assistance to ensure these will be assessed.

Risk factors for youth to be assessed would include:

- ✦ Anti-social behavior and alienation
- ✦ Delinquency involvement/drug dealing
- ✦ Favorable attitudes toward drug use
- ✦ Early onset of AOD use
- ✦ Early onset of aggression and/or violence

Protective factors to be assessed for youth would include:

- ✦ Positive goal for future
- ✦ Improved relationship with parents
- ✦ Increased family communication
- ✦ Ability to effectively manage stress and peer pressure

Risk factors to assess for parents would include:

- ✦ (Family management problems) Poor parental supervision and/or monitoring
- ✦ Pattern of high family conflict
- ✦ Poor family attachment (Bonding)
- ✦ Parental use of physical punishment/Harsh and/or erratic discipline practices

Protective factors to be assessed for parents would include:

- ✦ Improved communication
- ✦ Increased involvement with their child's school
- ✦ Increased sense/expression of nurturance and support

Overall protective factors to be assessed for the family would include:

- ✦ Good relationships with parents / Bonding or attachment to family
- ✦ Opportunities for pro-social family involvement
- ✦ High expectations

Please estimate the number of facilitators and site coordinators needing to be trained and include these numbers in the proposal.

A total of seven people will be trained in this proposal. It is estimated that six facilitators and one program/site coordinator will be trained to implement this proposal. Two of the six facilitators will be trained using the curriculum in Spanish.

2. Describe marketing and promotional plan for implementing SFP 10-14.

The work plan for implementation of the local SFP 10-14 program will be developed upon receipt of successful application. Several community partners have agreed to participate on the work group developing the plan, which will include promotion and marketing of the program. Most assuredly, utilization of the existing local infrastructure of supports for parents will be a key part of the plan. Indeed, commitment has already been made by local parent/family supporting partners, including Lane ESD, 4j School District, Lane Family Connections and the Parent HelpLine to help promote the program. Parent newsletters, parent information nights, websites and the information and referral services will be part of the plan. Recruitment and promotion of parent education classes can be a delicate process. Personal contact with parents is often the key to successful recruitment. Therefore, (once hired), the project/site coordinator will provide 'in person' presentations to parent teacher organizations and other partner agencies to ensure adequate information is received. Additionally, partner agencies/organizations will use their in-house public information officers to help promote the program. Finally, Lane Co. HHS has a long, successful history of working with local media and will connect with this valuable resource again. The budget reflects a line item for promotion and advertising. Purchasing media spots is cost prohibitive, but these funds will help leverage other funds to ensure adequate promotion.

3. Include the number of classes to be implemented, number of families to be included, and a brief timeline for completion.

A minimum of three sessions will be offered within this biennium per site, for a total of six sessions. A minimum of two sites will be identified, one targeting Latino families and one targeting rural families, will be achieved. . A goal of ten families per session has been identified. Therefore, a minimum of six sessions will be offered and sixty parents will be served within this biennium.

4. Provide a proposed budget for implementing the project (using the sample budget provided).

*See attached

Strengthening Families Budget			
(Approximate costs per class of 10 families each)			
Program Expenses		Annual/Site	Biennial/Site Budget (Three sessions)
*Group Leaders - (3 leaders @ \$20/hr, 3 hrs./session) x 7 sessions)		\$ 1,260.00	\$ 3,780.00
Teaching materials (one time costs)			
teaching DVDs or VHS (\$299)			
Set of posters (\$50)			
Love & limit clips (60@ \$1.50 ea.)			
Duplication of handouts & cards (\$50)		\$ 489.00	
Food - (7 sessions x 10 families x \$10/family)		\$ 700.00	\$ 2,100.00
Child Care - (7 sessions x 2 staff x @\$12/hr for 3 hours/session)		\$ 504.00	\$ 1,512.00
Supplies (\$15/family x10 families)		\$ 150.00	\$ 450.00
Completion Incentives - (10 families x \$50/family)		\$ 500.00	\$ 1,500.00
Handbook Duplication - (16 parents + 20 children x \$8/handbook)		\$ 288.00	\$ 864.00
Manual Duplication - (3 group leaders x \$30/manual)		\$ 90.00	\$ 270.00
Promotion/Advertising		\$ 250.00	\$ 750.00
Mileage (parents and/or leaders) @.40/mile		\$ 150.00	\$ 450.00
Site coordination (flat fee@ \$50/site)		\$ 100.00	\$ 300.00
Total Initial Implementation Costs		\$ 4,381.00	\$ 11,976.00
Booster Sessions			
*Group Leaders - (3 leaders @ \$20/hr x3 hrs x 4 sessions)		\$ 720.00	\$ 2,160.00
Food - (4 sessions x 10 families x \$10/family)		\$ 400.00	\$ 1,200.00
Child Care - (2 staff @\$12/hr x 4 sessions)		\$ 288.00	\$ 864.00
Supplies		\$ 100.00	\$ 300.00
SFP Attendance Incentives (\$25 x 10 families)		\$ 250.00	\$ 750.00
Promotion		\$ 100.00	\$ 300.00
Mileage @ .40/mile		\$ 100.00	\$ 300.00
Total for 6 & 12 Month Booster Sessions		\$ 1,758.00	\$ 5,874.00
Program Staff			
SF Program/Site Coordinator (\$25/hr. @15 hr/wk)		\$ 19,500.00	
Program Budget/Two Sites		\$ 12,278.00	\$ 35,700.00
Administration Costs @ .15.359%		\$ 4,880.78	\$ 8,478.17
Total Program Costs/2 sites/6 sessions/biennium		\$ 17,158.78	\$ 44,178.17
Program/site coordinator biennial costs			\$ 39,000.00
TOTAL PROGRAM IMPLEMENTATION COST/BIENNIUM			\$ 83,178.17

#2 Intensive Treatment and Recovery Services for Addicted Families

**Lane County 2007-09
Intensive Treatment and Recovery Services for Addicted Families
Children's Health and Safety Initiative**

1. Description and Narrative Response

a.) The Children's Health and Safety Initiative is a cross-system collaborative approach that encompasses Children, Adults and Families, addiction providers, recovery support services (Peer delivered services and Housing supports), and early childhood system partners. Please describe community partnerships to support this initiative.

There are five primary partnerships in this initiative: Willamette Family Inc. (WF), Lane County Department of Human Services Child Welfare, Lane County Juvenile Court, Lane County Relief Nursery (Springfield and Eugene) and, Family Relief Nursery in Cottage Grove. In addition, there are numerous other collaborative partnerships in place to meet the complex needs of the individuals and families that will be served through this project.

Willamette Family, Inc., will provide substance abuse treatment along with numerous wrap-around services for individuals and families in Lane County including Eugene, Springfield, and Cottage Grove.

WF currently operates two gender specific programs in Eugene. The men's program provides residential and outpatient treatment services. The Women and Children's program provides residential and outpatient treatment for adults and adolescent girls. Other resources at this program site include: mental health services, a licensed on site therapeutic child development center, access to public health, a housing coordinator, and a NIDA (National Institute of Drug Addiction) funded research department. All services for women and children are trauma focused, strength based, and culturally sensitive.

Infants and children age 0 – 6 participate for up to 20 hours per week (including respite care) in WF's licensed child development center while moms are attending treatment activities. Services include developmental screening; individualized family case plans including case coordination; specialized services for infants exposed in-utero to alcohol, tobacco and other drugs; bonding and attachment interventions; specialized curriculum for toddlers and pre-school age children with a focus on readiness to learn; training for acquisition of social and emotional stabilization skills; an onsite public health nurse and a physician who monitors child health and development; age appropriate play therapy with moms and children; behavioral therapies for the most at risk children; specialized parenting curriculum for addicted mothers (modified STEPS Program, Parents as Teachers, and Raising a Thinking Child,) and, other services as identified either through referral or provided by WF. WF utilizes "The Children's Program Kit,"

(from the federal Substance Abuse and Mental Health Services Administration [SAMHSA]) in their classrooms.

Men's treatment services will be provided initially at the Eugene and Springfield sites. Services may be added in Cottage Grove if there is a demonstrated need. Interventions are based on cognitive behavioral therapies that support change through identifying and eliminating those behaviors that interfere with ongoing recovery and successful parenting. WF has integrated anger management and relapse prevention techniques along with education regarding the impact of substance abuse on parenting. Fathers/partners will participate in family treatment planning when appropriate, and WF can provide supervised visits at one of our sites. Ongoing parent training will be provided through the relief nursery. Fathers are eligible for WF's housing programs described below.

In October 2006, WF implemented a Family Unity Services (FUS) Program. This program allows children from birth to six years old to live onsite with their mothers while she receives intensive residential addiction treatment. With partnership funding from the Oregon Community Foundation and pending IV-E Waiver funding from DHS, specific targeted reunification services will be provided, utilizing the nationally recognized, evidence-based practice North Carolina Reunification Model. The FUS Program design combines reunification, therapeutic visitation and co-residency. It is unique within Oregon and it specifically targets the goal of reunification required by the Children's Health & Safety Initiative (Initiative).

Recently WF leased space in down town Eugene in order to expand capacity for outpatient treatment. It is planned as part of this initiative to locate space in Springfield near the Relief Nursery. In addition, WF is exploring co-locating services with the Family Relief Nursery in Cottage Grove. If this is not possible WF will lease space near the Family Relief Nursery site in order to coordinate services in a more cohesive manner. Both the Springfield and Cottage Grove sites will provide gender specific services.

Willamette Family provides access to four low-cost alcohol and drug free housing projects.

- The "Safe House" provides community living space, much like a recovery house, for women who are participating in Level I (outpatient treatment) or Level II (intensive outpatient treatment) and working towards family reunification. The Safe House is owned by WF.
- Project LIFT provides independent living for program participants with co-occurring disorders. Generally the woman must complete residential care and be participating in outpatient treatment to qualify. Project Lift is a collaborative agreement between WF and St Vincent de Paul.
- Grand Plaza apartments provide rent subsidizes for low-income women who are TANF (Temporary Assistance for Needy Families) eligible. (It is not uncommon for women who are remaining abstinent in outpatient

treatment to be reunited with their children. Currently WF has 12 units occupied by women who are participating in treatment.) Grand Plaza is funded through Oregon Department of Human Services, Addiction and Mental Health Division (AMH).

- Green Leaf provides permanent low cost alcohol and drug free housing for families who have completed treatment, are actively participating in support groups, and have custody of at least one child.

Each housing program includes weekly home visits, case coordination, and life skills training.

Lane County Department of Human Services (DHS) Child Welfare/TANF caseworkers will identify those families who meet criteria as set forth in the initiative and make the appropriate referrals to WF. This may be done at the initial screening, or on a "go out" call. WF will provide a comprehensive bio-psycho-social assessment within 72 hours of the referral. A member of the DHS Addiction and Recovery Team will continue to serve as a liaison between WF and DHS caseworkers. Currently a member of the team meets weekly with WF residential and outpatient staff to gather information regarding client progress, including strengths and barriers, and disseminates the information back to the caseworkers.

Lane County Juvenile Court will make referrals following an immediate screening by the DHS Alcohol and Drug specialist who works directly with the Court. WF staff will be notified and each client/family will receive a comprehensive bio-psycho-social assessment within 72 hours. Individuals who meet ASAM PPC-2R (American Society for Addiction Medicine, Patient Placement Criteria-2Revised) criteria for Intensive Outpatient Treatment will have immediate access to treatment. When the court maintains judicial oversight of the family, WF staff, along with staff from other partners will either attend further court hearings, or provide written progress reports for the Judge. It is planned that the dependency court will be involved in developing policies and procedures for this initiative.

The Relief Nursery in Eugene and Springfield, and the Family Relief Nursery in Cottage Grove will provide peer support and mentors, along with recovery supports (incentives, "nights out", life skills, etc.), home visits, transportation, respite care when appropriate and numerous other resources.

Relief Nursery

Accessing Success is a drug and alcohol support program that is integrated with other Relief Nursery programs. The program provides peer support, parenting classes, anger management, social skills activities, and a recovery support group for parents.

Families together is an intensive parent training program for parents who have lost their children to foster care or are at risk of doing so. These families are targeted by DHS Child Welfare and provided intensive services in compliance with case plans for a safe return home.

The Therapeutic Early Childhood Program provides a combination of individualized and home-based developmental experiences for children 0 – 6 years of age. The program facilitates learning experiences and healing emotional support for the children served. Each teacher works in the classroom, and also provides home visits with families. This allows for more individualized interventions and learning opportunities.

The “Tracker” Program provides additional support for substance abusing parents. Trackers monitor the case plans, provide transportation to treatment, remove barriers, and provide written reports to courts and caseworkers. The Tracker Program is provided through a contract with Lane County Child Welfare. Relief Nursery Trackers and Peer Support staff meet monthly with WF clinical staff to review individual family program participation and progress.

Relief Nursery also provides mental health counseling services through family and child therapy. These services include mental health assessment, individual and group skills development, parent/child attachment therapy, and in-home therapeutic visits.

Family Relief Nursery

Family Relief Nursery (FRN) is working to expand the resources they have available to parents in the Cottage Grove area. At this time, like the Eugene-based Relief Nursery, FRN provides the Accessing Success program services to parents and the Therapeutic Early Childhood Program to children in their community.

While the primary partners have a long history of collaboration, it is anticipated that within the next seven to 14 days the partners will meet to refine current protocols, as outlined in “SAFEER,” for facilitating engagement of families. We will develop policies and procedures for sharing information regarding screening, assessment, treatment, and case planning. We will also discuss cross-training and the need for “common language,” along with preparing strength based treatment and case plans that meet the individual needs of clients and do not promote conflicting timelines. WF will host monthly meetings of at least two members from each discipline who are empowered to make changes within their systems.

DHS currently requires that all children entering the Foster Care System be provided a mental health assessment. Many of these families have children

older than age six who are already in Foster Care, or at risk of being removed. So, WF and DHS will identify local providers of mental health services and other needed resources to work in conjunction with already identified family reunification services. Within 60 days, those newly identified providers will become part of the Initiative team.

Other collaborative partners include Birth To Three, CASA of Lane County, Centro Latino Americano, EC Cares, Head Start, Healthy Start, Lane County Public Health, Looking Glass Youth and Family, U of O F.E.A.T. Program, Eugene Hearing and Speech, Sacred Heart Hospital, Women Space, numerous physicians, dentists, and housing partners.

b.) Services provided under this initiative should be consistent with the principles outlined in the two references contained in this Request for Plan Amendment. In one or two brief paragraphs, please discuss the Community Mental Health Program's readiness to implement these services.

The Lane County Department of Health & Human Services has completed a competitive selection process in accordance with legal requirements and identified Willamette Family as the agency that will be providing the treatment services for these families. Currently, WF holds a contract with Lane County to provide sobering services, detox, outpatient treatment, residential treatment, critical support services (for women in treatment and their families) and, alcohol/drug free housing services. Additional service funding will be added to the current contract upon receipt of the amendment to the intergovernmental agreement with DHS.

In addition, Lane County will provide oversight of program service implementation and outcomes to insure compliance with intergovernmental agreement requirements including:

- ✓ Services to 237 families over the biennium;
- ✓ Client retention in intensive outpatient treatment for at least 90 days; and,
- ✓ Achieving the target goal - 60 percent of the parents who complete alcohol and drug treatment will have their children returned to their custody.

The community partnerships described above have had long standing histories of working collaboratively. WF is capable of starting to receive clients immediately and will facilitate monthly meetings with partners to assure that objectives of the initiative are being met. Consequently, project services may begin as soon as this plan is reviewed by AMHD and funding is received.

Describe any training or technical assistance that AMH could facilitate to assist the CMHP in implementing these approaches.

The Lane County Office for Children, Adults and Families (CAF) has requested training for CAF caseworkers regarding identification of substance use, along with signs of relapse. Jay Wurscher, Alcohol and Drug Services Coordinator - DHS Children, Adult and Families, and Eric Martin, Director - Addiction Counseling Certification Board of Oregon and Daystar Training, will be invited to provide appropriate training.

The AMHD recommended model for this initiative (SAFEER – Screening and Assessment for Family Engagement, Retention and Recovery) suggests that training could be enhanced by incorporating local resources into training sessions. This could insure that DHS staff know how to access local resources and it would build stronger relationships among the initiative team members.

Technical assistance may be requested from AMHD after the initiation of the project (six to nine months) for help in developing a system that reflects the SAFERR model. In addition, as outcome measures are gathered, there could be a need for assistance in defining timelines for determining success.

c.) Emphasis is placed on keeping the family intact and when children can be safely returned home, reuniting parents with their children. Please describe the plan for continuity of care including transitions between levels of care and linkage relationships with allied providers.

WF provides a full continuum of care including detox and sobering, along with residential and outpatient treatment. A large percentage of child welfare clients meet ASAM PPC-2R criteria for placement in residential treatment at assessment, and then, transition into intensive outpatient treatment services (Level II ASSAM).

Therefore, WF utilizes a Case Management approach to service delivery. At intake the client is introduced to his/her case manager who will help the client navigate the systems. In some instances that may include court hearings or working directly with the Relief Nursery Tracker. The case manager will stay with the client through each level of treatment including aftercare. He/she will also be part of the treatment staff that meets with the DHS Addiction and Recovery Team. In cases where referrals are made that are outside of WF's scope, the case manager may provide transportation, and be the contact person for ongoing needs.

Initiative partners will utilize a multi-disciplinary model for staffing individuals and families at the monthly meetings. Case and treatment plans will be reviewed and modified as needed. At every step, clients (and other family members when appropriate) will be involved in their planning process. Ideally there will be regular, ongoing opportunities to meet jointly with the DHS case worker, WF

clinical staff, and Relief Nursery staff to ensure that the client is heard, is involved in his/her planning process, and each partner is clear regarding ongoing treatment/transition needs.

This model offers an opportunity to further integrate multiple systems into a model that provides coordinated, comprehensive treatment and services to strengthen families needing treatment and intervention. Each of these systems will be partners in designing the model that best serves families and this community.

**#3 Jail Diversion Services
Adult Mental Health Services**

**#3 Jail Diversion Services
Adult Mental Health Services
Non-Competitive
August 10, 2007**

Background

The 2007 Legislatively Adopted Budget (LAB) includes an additional \$4.0 million for jail diversion via use of non-residential adult mental health services (MHS 20). This Request for Plan Amendments is for the county to describe the services funded with the county-specific allocation.

Purpose of Amendment: To identify and track the use of additional funding for jail diversion funds to be added to non-residential adult mental health services (MHS20). Addictions and Mental Health Division will amend all county plans to include information provided as a result of this plan amendment. Please submit a plan amendment using this form for approval of the additional allocation of MHS 20 funds. The focus for the services provided by these funds is serving people who are arrested, in jail, or referred to OSH for "aid and assist evaluations" under ORS 161.370. The purpose is to reduce the number of people with mental illness serving time in local jails and reduce the rate of admissions to OSH of the aid and assist population with low level crimes through the development of jail diversion programs. **Please identify which evidence-based practices (EBP) will be used with any populations you intend to serve.**

PLEASE BE SURE THAT ALL RECIPIENTS OF THESE MHS 20 FUNDS ARE ENROLLED IN CPMS in Service Element 20.

CMHP Lane County Allocation: \$428,767.25
(Please see allocation spreadsheet in Attachment C.)

Contact Person: Al Levine
Phone: (541) 682-2520

**#3 Jail Diversion Services
Adult Mental Health Services**

CMHP: Lane County Mental Health County Allocation: \$428,767.25

Contact Person: Al Levine, ph. 541-682-7520

Lane County has already received some funding to develop a pilot project to provide discharge planning and diversion services for the “unfit to proceed” population. We have identified a 1.0 FTE Mental Health Specialist to provide the bulk of the services to this population, and have identified him as the “corrections liaison” for the purposes of this submission, although with these new funds it is our intent to hire an additional 1.0 FTE of an outreach case manager to provide additional case management support to Mr. Schwartz and the case manager we already have working with clients under Parole and Probation supervision. This position carries an annual cost of **\$92,124**. This person will work together with the two Mental Health Specialists to provide a modified Assertive Case Management approach to those clients that would appear to require that level of service intensity. In addition, since many of these clients will need access to psychiatric prescribing, we plan to add a 0.35 FTE PMHNP at an annual cost of **\$46,347** to expand clinic capacity for that purpose. Finally, we will create a flex fund pool of **\$75,879** annually to cover the costs of accessing housing, medications, and critical community supports for this population. We will also be using these funds to help clients access a new supported employment pilot that is underway with our Transition Team, involving Vocational Rehabilitation, St. Vincent de Paul, and the Lane Independent Living Alliance.

Briefly describe how the CMHP will use funds available to provide the following allowable services (check the services you plan to provide):

- ☒ **Designate a mental health corrections liaison for the county**
- ☐ **Planning and implementing mental health courts with local sheriff's departments, jail managers, judiciary and other stakeholders**
- ☒ **Providing outreach to jail inmates including those who may be considered for transfer to OSH for treatment until fit, (i.e., "the 370") when the criminal charges are such the person could be treated in a community setting.**
- ☒ **Purchasing medications for people released from jail who have no resources to pay for medications**
- ☒ **Implementing diversion arrangements via case management, including diversion from transfer to OSH under ORS 161.370.**
- ☒ **Providing intensive case management and liaison with courts, community supervision (Probation Officers) and others**
- ☒ **Housing services**
- ☐ **Referral and support to Dual Diagnosis Anonymous DDA groups and other recovery support services**
- ☐ **Implementation of SB 913 (2005 Legislative Session) – Suspension rather than termination of Medicaid benefits**
- ☒ **Supported Employment ***
- ☒ **Other services permitted under MHS 20**

Outcome Measures:

- **Number of persons diverted from jail.**
- **Number of persons diverted from OSH.**
- **Number of persons whose time at OSH was reduced.**
- **Number of people served.**

#3 Jail Diversion Services Adult Mental Health Services

Non-Competitive

August 10, 2007

Please see attached page for detail

Services	Total cost	Plan
Name of Designated MH/Corrections Liaison	\$91,908 2007	Name: Jonathan Schwartz
Supported Employment		Estimated number of individuals who will receive supported employment:
Supported Housing		Estimate number of individuals who will receive supportive housing services:
Outreach to jail inmates	\$46,062 2007	Estimate number of inmates receiving outreach services: 40 annually

Services	Total cost	Plan
Diversion arrangements via case management	$\$416,347$ ²⁰⁰⁰ ^{0.35 PUP} for prescribing ¹ first funds	Estimated total number of diversion arrangements: 25 ²⁰⁰⁰ Estimated number to be diverted from OSH admissions under ORS 161.370: 20 ²⁰⁰⁰
Intensive case management and liaison with courts, Probation Officers	$\$46,062$ ²⁰⁰⁰ ^{0.35 PUP} $\$104,600$ ²⁰⁰⁰	Estimated number of individuals provided intensive case management and liaison with courts, P.O.s 40 ²⁰⁰⁰
When applicable, the numbers to be served through a mental health court.		Estimated number served who were referred by the mental health court: _____

#4 Community Crisis Services
Children and Adult Mental Health Services

**#4 Community Crisis Services
Children and Adult Mental Health Services
Non-Competitive
August 10, 2007**

Background

The 2007 Legislatively Adopted Budget (LAB) includes an additional \$3.0 Million for the provision of community crisis services for adults and children. This Request for Plan Amendments is for the county to describe the services funded with the allocation.

Purpose of Amendment: To identify and track how the additional funding for community crisis services for adults and children (MHS 25) will be used within each county. Addictions and Mental Health will amend all county plans to include the information provided as a result of this plan amendment. Please submit a plan amendment using this form for approval of the additional allocation of MHS 25 dollars. Please identify which evidence-based practices (EBP) will be used with any populations you intend to serve.

PLEASE BE SURE THAT ALL RECIPIENTS OF THESE MHS 25 FUNDS ARE ENROLLED IN MHS 25 in CPMS.

County LAZAR County Allocation \$ 305,418.08
(Please refer to the spreadsheet in Attachment D for crisis services distribution formula.)

Contact Person: A. Levine

Phone: 541-662-7520

**#4 Community Crisis Services
Child and Adult Mental Health Services**

CMHP: Lane County Mental Health County Allocation: \$305,418.08

Contact Person: Al Levine ph: 541-682-7520

With these new funds it would be Lane County's intent to contract with ShelterCare to create 5 additional crisis respite beds at the Royal Avenue Program for the purposes of providing crisis services to prevent or as an alternative to hospitalization. Currently the crisis respite beds at Royal Avenue are virtually always full, so additional capacity is critical. To accomplish this ShelterCare will need to relocate 5 longer term client beds to a different location. Discussions are currently underway to see how best to accomplish that. With an average length of stay of 10 days per admission and an 80% occupancy rate (very conservative), it is our belief that we will be able to divert approximately 100 inpatient episodes or shorten the length of stay for some inpatient admissions. The costs to create these 5 additional beds would be approximately **\$150,000** annually.

#4 Community Crisis Services Children and Adult Mental Health Services Non-Competitive August 10, 2007

There are four identified categories for the allocation of this funding. AMH expects that outcomes will be identified and measured in the following four categories:

Services	Total cost	Plan
Mental health crisis assessment services		Estimated number of individuals receiving crisis assessments: _____
Crisis services to prevent hospitalization	\$152,709 2002	Estimate projected numbers diverted: 100 2002 by _____
Civil commitment holds		Estimate projected civil commitment hold days: _____
Triage and intervention services		Estimate number of individuals receiving triage and intervention services: _____

#5 Acute Care Equity Acute Care Services

#5 Acute Care Equity

Acute Care Services Non-Competitive

August 10, 2007

Background

The 2007 Legislative Assembly approved an additional \$2.5 million for the provision of local acute care services for adults. This Request for Plan Amendments is for the county or region to describe the services funded with this allocation.

Purpose of Amendment: To identify and track how the additional funding for acute care services for adults will be used within the county or the region. Addictions and Mental Health will amend all county plans to include the information provided as a result of this plan amendment. Please submit a plan amendment using this form for approval of the additional allocation of MHS 24 dollars.

Please address the following items in your plan amendment using the form on the next page:

1. Proposed services
 - a. Types of services (i.e., acute care inpatient, outreach, medication management, mobile crisis)
 - b. Number of individuals served
 - c. Estimated numbers diverted from hospitalization, if applicable.

2. Budget - Total cost

These services are to target adults with a severe and persistent mental illness:

- In an acute care facility; or
- at immediate risk of hospitalization.
- Provide enhancements/diversions from hospitalization; or
- provide regional coordination of acute care services.

PLEASE BE SURE THAT ALL RECIPIENTS OF THESE MHS 24 FUNDS ARE ENROLLED IN CPMS in SE 24.

County: Lzue County Allocation: \$837,674.12
(Please see allocation spreadsheet in Attachment E)

Contact Person: Al Levine
Phone: 541-682-7520

Outcome measures:

- Reduction in the wait list for long term care.
- Reduction in referrals for long term care

**#5 Acute Care Equity
Acute Care Services**

CMHP: Lane County Mental Health County Allocation: \$837,674.12

Contact Person: Al Levine ph. 541-682-7520

Lane County intends to use its new SE 24 funds to increase the amount we currently pay PeaceHealth (Sacred Heart Medical Center) for indigent inpatient care by an additional **\$250,000** annually to a total of \$874,000 annually. This will bring the effective daily rate to within an acceptable rate for PeaceHealth. In addition, we intend to allocate an additional **\$50,000** to our pool of funds for out of area indigent admissions and secure transports for it. In the past fiscal year Lane County had 34 out of area admissions for a total cost to Lane County of approximately **\$130,000**, not counting the secure transport costs.

With the additional new equity funds Lane County intends to add 0.4 FTE of PMHNP time, at an annual cost of **\$53,370** to the Transition Team to increase access to psychiatric prescribing at an appropriate frequency level for individuals the team is working on either diverting from inpatient care or reducing lengths of stay by taking some clients out of the hospital a few days earlier than would be otherwise the case to intensive community based treatment using a modified Assertive Community Treatment model. This team also provides access to DBT and dual recovery groups for these clients, all Evidence Based Practices. Currently our access to psychiatric prescribing is getting tighter than would be optimal for return appointments or initial intakes. In addition, Lane County intends to allocate an additional **\$65,470** annually to a flex fund pool designed to cover costs of indigent medication, access to housing and community supports, purchase of specific treatment services as individual clients' clinical needs dictate, and to break down other barriers to successful community integration. It is anticipated that this program will be able to divert between 100-120 persons from inpatient care annually.

#5 Acute Care Equity Acute Care Services Non-Competitive August 10, 2007

There are four identified categories for the allocation of this funding. AMH expects that inpatient acute care services will be prioritized.

Services	Total cost	Plan
Acute Care Inpatient Services (Include number of inpatient episodes)	\$300,000 annually	Estimated number of inpatient episodes: approx. 200 annually
List or briefly describe the services to be funded (e.g., acute inpatient, outreach medication management, mobile crisis).		- acute inpatient at Sacred Heart - Out of Area inpatient admissions - plus secure transportation - add prescribing capability - for fund pool - see attached
Number of individuals to be served		Estimated number of persons to receive acute care services: at SHMC - 175 adults, 1930 bed days out of area 34 adults, 141 bed days annually
When applicable, number of individuals to be diverted from hospitalization	\$53,370 O.A. PMHNP \$65,420 for 2007	Estimated number of persons to receive hospital diversion services: 100-120 annually

Services	Total cost	Plan
Enhancements to prevent hospitalization (Include estimated number of people diverted from hospitalization)		Estimated projected numbers diverted; <u>100</u>
Regional Coordination		Describe the process that will assure access for all counties in the region: _____

#6 Case Management

#6 Case Management

August 10, 2007

Background

The 2007 Legislative Assembly approved an additional \$2.0 million for case management services. This Request for Plan Amendments is for the county to describe the services funded with the allocation.

Purpose of Amendment: To identify and track how the additional funding for case management services will be used within each county. The focus should be on outreach and services for adults at risk of state hospitalization who are not eligible for Medicaid. The goal is to maintain the use of the state hospital within the ADP ranges. There should be an emphasis on reducing homelessness, hospitalizations and incarceration. Addictions and Mental Health will amend all county plans to include the information provided as a result of this plan amendment. Please submit a plan amendment using this form for approval of the additional allocation of MHS 20 dollars. **Please identify which evidence-based practices (EBP) will be used with the population you intend to serve.**

PLEASE BE SURE THAT ALL RECIPIENTS OF THESE MHS 20 FUNDS ARE ENROLLED IN MHS 20 IN CPMS.

County: Lane County Allocation: \$219,880.64
(Please see allocation spreadsheet in Attachment F)

Contact Person: Al Levine
Phone: 541-682-7520

Outcome measures:

Hospitalization, homelessness and incarceration rates should be reduced based on the year prior to enrollment, measured 12 months after enrollment.

#6 Case Management

CMHP: Lane County Mental Health County Allocation: \$219,880.64

Contact Person: Al Levine ph. 541-682-7520

With these funds it is Lane County's intent to hire an additional 1.0 FTE Mental Health Specialist at an annual cost of **\$85,540** and additional psychiatric prescribing in the form of a 0.25 FTE PMHNP at an annual cost of **\$33,105** for the purposes of providing an intensive level of community based services and supports to non-Medicaid eligible individuals who are at risk for impacting the State Hospital census using a modified Assertive Community Treatment approach. Currently Lane County mental Health is at capacity in terms of both case management and prescribing services, and we are already targeting only those at risk of hospitalization or those coming out of inpatient care for our services. It is our belief that we will be able to divert approximately 40 individuals from inpatient care or State hospital care annually, with approximately 15 of those being non-Medicaid individuals coming out of State Hospital services. We expect that we will be recruiting a number of peer support advocates to this "team" as a way of maximizing service intensity as well.

#6 Case Management August 10, 2007

Services	Total cost	Plan
Hospital diversions	\$ 118,645 20000000	Estimated number of individuals to be diverted: 40
Hospital follow up services		Estimated number of non-Medicaid individuals who are not eligible for ECMU level of care to receive services following discharge from state hospital: 15

#8 Children's Mental Health

Non-Medicaid Intensive Community-Based Services

Non-Competitive

August 10, 2007

416

Background

The 2007 Legislatively Adopted Budget includes an additional \$3,000,000 for home and community-based services specifically for children and their families who are not eligible for Medicaid. These services are to be contracted through Service Element 22 (SE 22) with special conditions related to utilization reporting.

Children who are in institutions or other out-of-home placements are Medicaid eligible. However, in some cases they are not Medicaid eligible prior to and following placement. Because the public mental health system relies in large part on Medicaid funding, its ability to provide intensive home and community-based services to this cohort of children prior to and following out-of-home placements is extremely limited. Consequently, these children are at greater risk of needing institutional care, and they are less likely to transition successfully back home after they receive it. Children with severe emotional disorders who do not receive appropriate mental health services often are served at greater cost either by other agencies such as juvenile justice, child welfare, education, or in institutional levels of mental health treatment.

Description and Purpose of Amendment: Funds provided under this amendment to the Financial Assistance Agreement (FAA) will only be used to provide intensive home and community-based services to children and their families who are not eligible for Medicaid. Prior to receiving services, children will be screened using the Level of Need Determination process and meet criteria for the Integrated Services Array (ISA). The CMHP will report data on the utilization of services within 60 days of the end of each calendar quarter to include the number of unduplicated clients served, level of need determination screenings completed, and type and location of services provided. Future reporting requirements for ISA outcomes for children not eligible for Medicaid will be consistent with reporting requirements for ISA outcomes for children eligible for Medicaid. Children who receive services with funds provided under this amendment will be enrolled in CPMS in SE MHS 22. Please submit a plan amendment using this form for approval of the additional allocation of SE 22 funds. Please identify which evidence-based practices (EBP) will be used with any populations you intend to serve.

**#8 Children's Mental Health
Non-Medicaid Intensive Community-Based Services**

CMHP: Lane County Mental Health

County Allocation: \$260,396

Contact Person(s):

Mary Gent/Clinical Services Supervisor

Phone: 541.682.7585

E-mail: mary.gent@co.lane.or.us

Al Levine/Mental Health Services Manager

Phone: 541.682.7520

E-mail: al.levine@co.lane.or.us

Identification/Assessment

LCMH Child Program provides uniform access to telephone screening/triage, information, consultation and referral to children and families in Lane County irrespective of income level, insurance coverage, categorical eligibility, etc. Children and youth in need of ISA level services are screened by the LCMH ICTS Care Coordinator. Based upon the initial screening including level of clinical acuity/chronicity, risk of out of home placement including hospitalization, community safety concerns, etc. a Level of Need Determination (LOND) process is conducted.

The LOND includes a record review of existing mental health records from hospitals, psychiatrists, and other mental health professionals with first hand knowledge of a child/youth's current mental health needs. Should sufficient records not exist LCMH will conduct the Comprehensive Mental Health Evaluation including a CASII composite score and the LaneCare Behavior Checklist. A psychiatric evaluation may also be conducted if a recent psychological or psychiatric evaluation is not available.

Following completion of the comprehensive evaluation children/youth with a Axis I covered diagnosis, a composite CASII score of 20 or above, and elevated risk factors on the LaneCare Behavioral Checklist proceed to a Child and Family Team meeting with key stakeholders invited including the Parent or Legal Guardian, child or youth where appropriate, family representative, and the LCMH ICTS Care Coordinator. Other stakeholders are invited and/or consulted including health providers, schools, child welfare, family members, juvenile justice, etc. The Child and Family Team meeting is a strength-based needs assessment where family members have an equal voice in planning decisions including level of care placement decisions.

Children and youth who meet Level 4, 5, or 6 care and are not Medicaid eligible and whose Parent or Legal Guardian agree to participate in a Wraparound planning process are eligible for SE-22 Non Medicaid Intensive Community-Based Services. Should the family decline a wraparound planning process routine outpatient services will be offered based on program eligibility (uninsured).

It is anticipated LCMH will serve 25 children annually who meet Level 4-6 care and are not Medicaid eligible (uninsured or under insured). In addition LCMH continues to serve the Medicaid eligible population with total ICTS enrollment averaging 65 families/year.

Service Coordination Planning

Service coordination planning is a broad systems-based road map and occurs via Child and Family Team Meetings with routine periodic review(s) built into the Service Coordination Care Plan. The care plan is a collaborative, holistic, dynamic and robust strength-based needs assessment which identifies child and family strengths from multiple perspectives and domains. Needs and goals are addressed in the context of child, family and community strengths. The care plan includes agreed upon short and long-term vision for the child/youth, capturing child and parent voice. It identifies system partners, agreements and timelines, including next steps and care plan reviews. Care plans address individual, family and community safety including descriptive criteria for when a course of intensive services is no longer indicated. A Service Coordination Care Plan identifies the Clinical Care Coordinator who closely partners with the Parent and/or Legal Guardian and a family representative if appropriate. Meetings are family driven and are scheduled according to family need.

Lane County Mental Health provides a full array of child and adolescent psychiatric and mental health services including evaluation, consultation, care coordination, medication management, individual, family and group treatment. With these additional funds we hope to extend our contract with OFSN for a 0.5 FTE Family Ally (at an approximate annual cost of **\$23,500**) who will provide parent to parent support to this target population. In addition we intend to hire a 0.5 FTE skill builder or contract with a mentor service (Committed Partners for Youth) at an approximate cost of **\$23,500** annually to develop mentoring relationships. In addition we will retain a flexible fund pool of approximately **\$83,200** annually to purchase additional services and supports such as respite, therapeutic incentives, alternative treatments, transportation needs, etc. **Taking Charge** parenting classes (5 week curriculum) is under review in addition to **Strengthening Families** (7 week curriculum targeting children ages 10-14).

Since Fall 2006 Lane County Mental Health has been offering Dialectical Behavior Therapy (DBT) adolescent groups to ISA eligible youth. Six-week DBT skills training modules are routinely scheduled and youth returning from PRTS placements are strongly encouraged to continue their participation in this evidence-based practice.

In addition LCMH child staff are trained in Wraparound planning process, Cognitive Behavioral Therapy, Functional Family Therapy, Parent Skills Training, Circle of Security, Interpersonal Psychotherapy, and Psychopharmacological Treatments. Child staff will be trained in the upcoming Collaborative Problem Solving model developed by Greene and Ablon.

Transitions/Continuity of Care

Effective service coordination planning anticipates, prepares and plans for transitions. Transitions may be simple and seamless i.e. elementary school to middle school or complex and bumpy i.e. transitioning from out of area facility-based care (PRTS) to a new home, school or community, or transitioning from the child system of care to adult (SPMI) services. It is critical

clinical care coordination anticipates and addresses transition 'touch points' to minimize disruptions in educational plans, minimize disruption in mental health providers including maintaining effective interventions and safety plans, preparing a youth for new living situation including new caregivers who are informed re: mental health needs, etc. Child and Family Team meetings are the forum to address transition 'touch points', to prepare and plan for new members joining the team, allowing for others to exit. Lane County Mental Health is ideally situated for continuity of care issues as the child program is co-located with adult services and we have successfully transferred intensive kid cases to the adult program. Lane County Mental Health is well integrated and centrally located for a full spectrum of child and adult community services. Discussions are under way to integrate physical and behavioral health services at Lane County Mental Health offices.

Service Utilization

Lane County Mental Health provides quarterly reports to AMHD tracking LOND screenings of non-Medicaid eligible children who rise to ISA level services. A secondary report (quarterly) can be developed identifying unduplicated enrollment of non-Medicaid eligible (community level) children/youth, tracking encounter data by CPT procedure codes or MHO encounter codes and by location of service delivery.

CMHP Lane County Allocation: \$260,396.64
(See allocation spreadsheet in Attachment G)

Contact Person: Mary Gent
Phone: 541-682-7585
E-mail: mary.gent@co.lane.or.us

Briefly describe how funding will be used in the following areas:

1. Identification/Assessment.

- Describe the process by which this group of children will be identified and assessed for intensive home and community based services.
- Estimate the number of children that will be served by your program each year. How will services be prioritized?
25 # children served per year

2. Service coordination planning.

- Describe the process by which service planning will occur. Planning must be strengths based, holistic, collaborative and family driven.
- Describe the service array and evidence-based practices available to these children in your community.

3. Transitions/Continuity of Care.

- Describe how service coordination planning will identify and mitigate barriers to effective transitions and support continuity of care.

4. Service Utilization.

- Describe how utilization data will be reported to include the number of unduplicated clients served, level of need determination screenings completed, and type and location of services provided.

Reporting Requirements:

- Number of unduplicated clients served.
- Level of need determination.
- Type and location of services to be provided.

Outcome measures:

To be consistent with those agreed upon for Medicaid-eligible children.

**#8 Children's Mental Health
Non-Medical Intensive Community-Based Services**

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION) IN THE MATTER APPROVING THE AMENDMENT TO THE 2007-
AND ORDER:) 2009 LANE COUNTY IMPLEMENTATION PLAN FOR MENTAL
) HEALTH AND ADDICTIONS SERVICES (DEPARTMENT OF
) HEALTH & HUMAN SERVICES

WHEREAS, Board Order 06-2-22-15 approved the 2007-2009 Lane County Implementation Plan for Prevention, Mental Health and Addiction Services; and

WHEREAS, the 2007 Legislatively Adopted Budget has authorized additional funds for Community Mental Health Programs to provide prevention, mental health and addiction treatment services; and

WHEREAS, the Department of Human Services has requested that Community Mental Health Programs submit a plan amendment to their 2007-2009 Implementation Plans to indicate what additional services would be provided by this additional funding.

NOW THEREFORE IT IS HEREBY ORDERED that the Plan Amendment to the 2007-2009 Lane County Implementation Plan for Prevention, Mental Health and Addiction Services be approved and

IT IS FURTHER ORDERED that the county administrator is delegated authority to sign the submission of the plan amendment.

DATED this ____ day of September, 2007.

Faye Stewart, Chair
Lane County Board Of Commissioners

APPROVED AS TO FORM
Date 9/17/07 lane county
[Signature]
OFFICE OF LEGAL COUNSEL