



Mental Health Counseling Service
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Memorandum

Date: April 18, 2013

To: Michael N. Morris, M.S., Administrator
LuAnn Meulink, Project Manager

From: Michael L. Gregory, LPC
Lifeways Inc.
Umatilla County

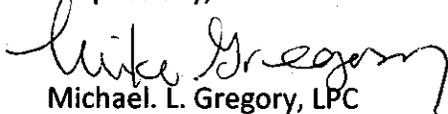
Subject: 2013-2015 Biennial Implementation Plan Additional Information Request

This is Umatilla County's response to the request for additional information to complete the Umatilla County BIP:

- Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.
 - Beer and Wine Tax funding received supports addiction prevention and treatment activities of Umatilla County Human Services.
- Plans to actively incorporate the performance measures into planning, development and administration of services and supports.
 - Lifeways and Umatilla County Human Services are identifying and adding required performance measures not currently captured in the data collection process.
 - The required performance measures will be incorporated into the respective performance improvement plans and reported at QIC meetings routinely. The QICs monitor trends and target specific performance measures for improvement.

1. For Lifeways, QI Coordinators will report semi-annually to the MHAB/LADPC/EOCCO Community Advisory Council and solicit feedback and advice about community planning priorities.
 2. For Umatilla County Human Services, the LADPC serves as the QIC and active consumer groups are included in the review and recommendation process. In the future, UCHS will solicit feedback and advice from the EOCCO Community Advisory Council.
- An annual report will be presented to the Umatilla County Board of Commissioners and Lifeways Board of Directors, to include plans to improve performance and recommendations for program development.
 - The performance measures targeted for improvement in this process will be incorporated into annual budget development and on-going administration.
- A consumer (Buffy Hines) serves on the LADPC, her name was mistakenly omitted from the list of LADPC committee members.

Respectfully,



Michael. L. Gregory, LPC

Behavioral Health Services Director

Umatilla County, Oregon

2013 – 2015 Biennial Implementation Plan

Prevention:

- Lifeways:
 - Mental Health Promotion
 - Mental Illness Prevention Services
- Umatilla County Human Services:
 - Substance Abuse Prevention
 - Problem Gambling Prevention

Treatment and Recovery Services:

- Lifeways:
 - Mental Health Treatment and Recovery Services
- Umatilla County Human Services:
 - Substance Use Disorders Treatment
 - Problem Gambling Treatment
- Eastern Oregon Alcoholism Foundation
 - Detoxification Services
 - Residential Services

March 27, 2013

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MISSION AND VISION STATEMENTS

LIFEWAYS MISSION AND VISION STATEMENT

Lifeways, Inc. has served as the community mental health program for Malheur County since its' founding in 1997. In the intervening years, has undergone remarkable growth. During its first year, Lifeways employed 30 clinical and support staff. Lifeways is now the largest behavioral health care provider in the region, with over 200 employees and making it a significant contributor to the economies of Malheur County and surrounding communities.

In 2005, Lifeways was asked by the Oregon Addictions and Mental Health Division to assume responsibility for mental health treatment in Umatilla County following the decertification of Umatilla County Mental Health. This expansion, along with the opening in 2008 of the 16 bed McNary Residential Treatment and Sub-acute Care Facility, has more than tripled the size of the agency while reducing administrative costs and provided a level of efficiency necessary continuing services during difficult economic times. Currently, Umatilla Lifeways outpatient clinics (outside of McNary Residential) employ 46 professionals.

Our Mission: The mission of Lifeways Mental Health Services is to provide individualized services for our clients and community that promote mental clarity and emotional wellbeing, strengthen positive relationships, and enhance their ability to accomplish meaningful personal goals. We are committed to providing these services in a safe, friendly, and welcoming environment. We respect the dignity, autonomy, and individual and cultural differences of our clients.

Our Staff: To accomplish this mission, we maintain a qualified and professional staff, including psychiatrists, therapists, skills trainers, and case managers, who are trained to assess and respond to the individual needs of our clients. We provide our staff with knowledge, ongoing training, and broad and intensive opportunities for professional growth and advancement. We strive to maintain a friendly and efficient workplace that supports staff in providing creative, committed, and effective service to our clients.

Our Commitment:

OUR SERVICES WILL BE EFFECTIVE. Mental Health Services at Lifeways are based on the latest advances in the art and science of psychiatry, psychology, and mental health. We encourage professional excellence by providing our staff with ongoing opportunities for training and study necessary to remain abreast of new developments and best practices. We maintain a rigorous quality assurance and quality improvement process to ensure that our clinical practice is appropriate, effective, and in line with accepted national standards for the state of the art.

OUR SERVICES WILL BE ACCESSIBLE. Lifeways Umatilla has prioritized easy access to mental health services by developing a same day/next business day protocol for mental health assessments. In crisis situations, mental health assessment and intervention services from a qualified mental health professional are available twenty-four hours a day, seven days a week, by calling (541)343-4473.

OUR SERVICES WILL BE AFFORDABLE. We are committed to ensuring that our services are affordable to everyone who needs them. Lifeways is the Oregon Health Plan provider for mental health services in Umatilla County. Services covered under the Oregon Health Plan are provided to enrollees without cost to the client. Lifeways also accepts most forms of insurance and will help you determine whether or not your insurance will cover part or all of the cost of services. For those with no insurance or inadequate insurance coverage, we provide discounted rates based on family income and are willing to arrange payment plans to ensure that no person who needs services is denied them.

OUR SERVICES WILL BE ETHICAL. Mental Health Services staff of Lifeways adheres to the highest standard ethical professional conduct. The Lifeways *Code of Ethical Conduct* is designed to protect clients from harm and to ensure that they receive the services they need in ways that respect their human dignity and individual rights. A copy of our Code of Ethical Conduct is available at the reception desk.

UMATILLA COUNTY HUMAN SERVICES MISSION AND VISION STATEMENT

Our Mission: UMATILLA COUNTY HUMAN SERVICES (UCHS) is committed to providing comprehensive services and supports that are person-directed, trauma-informed and recovery-focused. Our dedicated staff seeks to engage individuals and their families through motivational, culturally competent, goal oriented treatment in compassionate and caring environments at accessible community locations.

Our Vision: UMATILLA COUNTY HUMAN SERVICES (UCHS) believes no matter what life experiences led to problems with an addiction, we will support and encourage an individual to succeed along their unique path to wellness.

EASTERN OREGON ALCOHOLISM FOUNDATION MISSION AND VISION STATEMENT

Since 1960, Eastern Oregon Alcoholism Foundation (EOAF) has taken pride in pursuing its mission of providing safe, secure and effective treatment for chemical dependency with the ultimate goal of fostering self-sufficiency and strengthening families in Eastern Oregon. EOAF is licensed by the State of Oregon and provides a continuum of care including detoxification, residential treatment, transitional and alcohol/drug free housing. EOAF is dedicated to providing quality treatment services. We are consistently gathering data. In an effort to measure the quality of all of our treatment components and to assist in making data driven changes that enhance the effectiveness of our services. We take great pride in our addiction/recovery programs and our continuum of care. It is our belief that we offer one of the best and most comprehensive addiction treatment programs in Eastern Oregon.

COUNTY CONTACT INFORMATION

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PART I: System Narrative

1. SYSTEM OVERVIEW

a. Mental Health Promotion

LIFEWAYS

Lifeways-Umatilla works compassionately with other community partners to reach all populations in the county to promote mental health services utilization where medically necessary. Public education on resources available assists potential consumers, their families, and community early access observers in seeking appropriate services to meet the individual consumer's needs.

- National Night-Out Community resource fair at Roy Raley Park led by Pendleton Police Department
- Family Care Health and Wellness Fair held in Hermiston
- Good Shepherd Hospital Health and Wellness Fair in Hermiston
- Community Action Program of East Central Oregon (CAPECO) led Project Community Connects with the Homeless resource fair
- Peer Support Network promotion and volunteers to empower consumers toward self-sufficiency as a follow-up to Lifeways sponsored Peer to Peer 'kick off' open house to familiarize consumers with various peer organizations across the state and to encourage an organized peer effort in Umatilla County
- Promoting peer usage of Warmlines for peer support and positive socialization
- Peer facilitated Drop-In Center at Lifeways 10 hours per week
- Educating adult SPMI consumers with 'walking' and 'yoga' groups to facilitate consumers' understanding of somatic 'symptom management' of health and wellness across integrated health domains (mental and physical)
- Frontier Leadership Conference
- Greater Oregon Behavioral Health Inc. (GOBHI) Annual Conference participation
- Alternatives Conference participation
- ASIST suicide prevention training held by Yellowhawk Tribal Health Center - sent 15 individuals to be trained
- *East Oregonian* "Parenting" magazine January 2013
- Umatilla County Community Health Partnership, led by St. Anthony's Hospital, collaborative Community Health Assessment completed 2012
- Umatilla County Wraparound program participation and stakeholder
- Collaboration with Oregon Child Development Coalition (OCDC) to provide culturally sensitive parenting training
- Summer Reading Positive Youth Development Program as supported by UCHS
- Lost & Found Positive Youth Development activities as supported by UCHS

b. Mental Illness Prevention

LIFEWAYS

Lifeways has formed and maintained collaborative partnerships with community providers/members and seeks to continue building on community collaboration throughout the next biennium to prevent mental illness. Currently, mental illness prevention includes:

- Mental health consultations, screenings, assessments, crisis services and community resource information are available same day/within 24 hours of the community referral/consumer initiated contact.
- Those who do not meet Lifeways criteria for mental health services are seen briefly and referred to other community services available as need dictates.
- Mental health assessments are completed on all Umatilla County children in child welfare custody within 30 days of intake into the child welfare system to address determinants of mental illness
- Lifeways' staff attends the Umatilla County Wraparound Program governance and operations committees routinely with other community stakeholders as an intervention designed to reduce the number of future mental health problems in children.
- Lifeways partners with the Umatilla County Jail; local city police departments, Umatilla County Sheriff's department and Oregon State Police to provide community based consultations, and if needed assessments and crisis services. Lifeways strives to maintain a balanced approach that focuses on public safety and autonomy for the consumer, while facilitating consultations.
- Lifeways consults and collaborates with local emergency rooms, St. Anthony in Pendleton and Good Shepherd in Hermiston.

c. Substance Abuse and Problem Gambling Prevention

UMATILLA COUNTY HUMAN SERVICES

UMATILLA COUNTY HUMAN SERVICES PREVENTION PROGRAM is an integrated combination of strategies designed to prevent substance abuse and gambling associated effects regardless of the age of participants. The strategies used target a specific population or larger community and are designed to be implemented before the onset of problems to prevent detrimental effects from substance abuse or problem gambling from occurring:

- a. Environmental Approach – Universal/Indicated:
 - i. Oregon Liquor Control Commission (OLCC) Minor Decoy Program
 - 1. To encourage and support the ongoing efforts of the OLCC Minor Decoy program by being available to assist in "recruiting" 18-20 year olds willing to act as a decoy
 - 2. To reduce direct sales of alcohol to underage youth.
 - 3. To increase public awareness of the problems associated with underage drinking.
 - 4. To increase public support for the OLCC Minor Decoy program
 - ii. Merchant Compliance Checks
 - 1. To partner with OLCC at local community events to distribute information about their efforts to reduce underage drinking.
 - 2. To reduce alcohol provision to underage youth and high-risk drinking related problems that occur at parties where alcohol is served to youth
- b. Alternate Activities and Information Dissemination – Universal
 - i. Summer Reading Programs (Hermiston, Milton-Freewater, Pendleton or as invited)
 - 1. To provide materials and technical support for the Summer Reading Programs
 - 2. Promote positive youth development activities
 - ii. Lost and Found
 - 1. Financially assist activities such as Battle of the Bands and Skateboarding events.
 - iii. Fairs, Festivals and Community Events
 - 1. To make available prevention-related handouts by designating or renting booths/space for the purpose of distributing materials

2. To discuss prevention efforts with visitors at the events
 3. To increase strong/positive family bonds
 4. To increase adoption of conventional norms about youth alcohol/drug use and gambling
- c. Problem Identification/Referral – Selective
- i. Wraparound of Umatilla County
 1. To receive referrals from schools and act as a care coordinator to best meet the needs of the referred youth and their families
 2. To promote positive youth development and school success.
 3. To reduce family violence and neglect in homes with children who have emotional and behavioral problems
- d. Community Based Processes – Universal
- i. Umatilla County Coalition on Underage Drinking and Drugging (UCRUDD)
 1. To decrease perceptions of approval regarding alcohol/drug using behaviors in local communities.
- e. Prevention Education – Universal/Selective
- i. Red Ribbon
 1. To provide support and materials to continue implementation
 2. To delay the age when youth begin drinking
 3. To reduce alcohol use among youth who have already tried drinking
 4. To limit the number of alcohol-related problems of youth
- f. Community – Environmental
- i. Policy changing activities
 - ii. Behavior change activities to change community, school family and business norms through laws, policy and guidelines for enforcement
- g. Community – Universal/Selective/Indicated
- i. Target hard-to-reach communities
 - ii. Communities new to prevention strategies

d. Early Intervention

LIFEWAYS

Clinical or preventive services for a person of any age that begin prior to or in the early stages of a mental health problem. Intervening with young children is included in this definition.

- a. Early intervention services include:
- i. Screenings for depression, anxiety, mood disorders, psychotic disorders, etc., available at community health fairs (with appropriate confidentiality capacities) for adults self-referring
 - ii. Screenings via the crisis contacts with ProtoCall or Lifeways direct line clinical staff for adults and children anytime day or night
 - iii. Early Assessment & Support Alliance (EASA) in development – School and local agencies would consult with Lifeways concerning students that they have identified as having potential mental health issues. Based evaluation and severity of symptoms treatment needs are prioritized and client is offered full array of clinical services
 - iv. Collaboration with Head Start, the Pioneer Relief Nursery, Commission on Children and Families (CCF), and DHS for children 0-6 (preschool) years of age for screening and potential assessment
 - v. Weekly availability of intake Lifeways QMHP at DHS office to foster greater collaboration and coordination
 - vi. Multi-disciplinary team (MDT) monthly meetings for adults and children
 - vii. Umatilla County Wraparound Program Governance and Operations meetings

e. Treatment and Recovery
MENTAL HEALTH TREATMENT AND RECOVERY

LIFEWAYS

Lifeways Umatilla has prioritized easy access to mental health services by developing a same day/next day protocol for mental health assessments. This has reduced the number of crisis calls by 50% in the past year.

- a. Crisis services 24/7 - Consumers are evaluated over the phone or in person within 15 minutes of the call for help. After hours calls go through ProtoCall.
- b. Provision of evidence based approaches (brief solution focused therapy, dialectical behavioral therapy, cognitive behavioral therapy, motivational interviewing, trauma informed therapeutic approaches, etc.) to mental health and wellness.
- c. Community collaboration and care coordination across multiple disciplines. Integrated approaches address consumers' complex medical, safety, and dual diagnoses needs.
- d. Balancing the approach to treatment and public safety concerns through collaboration with law enforcement agencies and Umatilla County Jail - consumers involved with the criminal justice system are afforded the best opportunity to reclaim autonomy while meeting judicial requirements for transitioning out of incarceration.
- e. Inclusion of family members of both child and adult mental health services consumers affords the most supportive environmental change to support emotional stability and wellness.

NON-RESIDENTIAL ADULT MENTAL HEALTH SERVICES (MHS 20)

These services are delivered to non-OHP adult clients diagnosed with a Severe and Persistent Mental Illness, or who have other mental or emotional disorders severe enough that the client would be considered a safety risk to themselves or others, or are unable to provide adequately for their basic needs.

These services include:

- a. crisis stabilization
- b. case management
- c. medication management
- d. skills training in home and the community setting
- e. individual and group therapy
- f. abuse investigation and reporting
- g. Spanish speaking clinical staff (Hermiston and Umatilla) and clerical staff (Hermiston only) for initial paperwork/ongoing fee or insurance discussions in serving Spanish speaking clients (telephone interpretation services for other languages, such as Arabic).
- h. Peer services/network contact information (telephone and email)
- i. Warmline contact telephone
- j. Drop-in center scheduled available hours

NON-RESIDENTIAL ADULT MENTAL HEALTH SERVICES (designated) (MH 201)

These services are provided to specified individuals with a persistent mental illness or other emotional disturbance posing a hazard to health and safety of themselves or others. Services include:

- a. case management and residential case management services,
- b. rehabilitation,
- c. support to maintain housing,
- d. abuse investigation,

- e. medication monitoring and
- f. individual and group therapy
- g. Facilitate Peer Support Network and services through providing a location and media materials

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (MH 22)

These services are delivered to non-OHP children under age 18 who have been diagnosed with a mental, emotional or behavioral disorder. Services may occur at the Lifeways Inc. clinic, in the child's home or any other appropriate community setting.

Services include:

- a. Age appropriate assessment or referral for assessment
- b. Evidence bases individual and/or family therapy
- c. Medication management
- d. Case management
- e. Skills training or services in home or school setting
- f. Mentoring for child or youth
- g. Parenting training in home or school settings
- h. Migrant Head Start/Oregon Child Development Coalition (OCDC) bilingual/bicultural mental health consultation
- i. Community based services for Spanish speaking families
- j. Intensive Community Treatment Services if indicated by CASII score
- k. Day treatment for SED children and youth (8 to 14 years of age) to prevent out-of-home and out-of-community placement
- l. Facilitating planned or crisis respite in therapeutic foster homes
- m. "Psych sitters" to support SED youth in the community to prevent out-of-home and out-of-community placement
- n. Residential treatment placement facilitation as "last resort"
- o. Preventative measures include:
 - i. Participation in DHS multidisciplinary team meetings to ensure children's families are provided every opportunity to become engaged and included in mental health services as needed
 - ii. Community Resource Team (CRT) staffing with consent and participation of parent/guardian
 - iii. Community based WRAP services to children and youth in an effort to meet young consumers' needs in the least restrictive environment

COMMUNITY CRISIS SERVICES – ADULT & CHILD (MHS 25)

These are services delivered to non-OHP adults and children in need of crisis intervention services as a result of a sudden onset of psychiatric symptoms or deterioration from a previous level of mental or emotional stability. The services are of a limited duration and are provided 24 hours a day, seven days a week. Mental health Services:

- a. Evaluations occur either by telephonic screening or face-to-face through assessment with a qualified mental health professional (QMHP) to determine the immediacy of need for services
- b. Note: After-hours telephone crisis services are provided by ProtoCall, a contracted telephone crisis service with QMHP staff available.
- c. As a result of the crisis intervention, appropriate recommendations or placements are made, up to and including involuntary hospitalization on civil commitment
- d. Pre-commitment services are also included in this service and include pre-commitment investigation, as well as initial post-hearing care, custody and treatment of the individual.

- e. Referrals to appropriate community resources tailored to the presenting individual's needs in an effort to prevent degradation.

PSYCHIATRIC SECURITY REVIEW BOARD TREATMENT AND SUPERVISION (PSRB) (MHS 30)

These services are provided only to those individuals under the jurisdiction of the PSRB while on conditional release in Umatilla County. A QMHP from the intake/crisis unit is assigned to evaluate and review all cases with the PSRB board prior to release and manages their treatment and supervision in the community.

Services provided are:

- a. case management
- b. individual and group therapy
- c. medication management
- d. skills training
- e. Discharge planning with acute secure facilities to ensure continuity of care upon discharge

Review Board Services:

- a. Services and supports delivered to clients who are under the jurisdiction of the Psychiatric Security Review Board or the Juvenile Psychiatric Security Review Board will include all appropriate services determined necessary to assist the individual in maintaining community placement and which are consistent with Conditional Release Orders and the Agreement to Conditional Release.

The Qualified Person (as defined in these policies) identified by Lifeways submits reports to the PSRB or JPSRB as follows:

- a. Orders for Evaluation: For individuals under the jurisdiction of the PSRB or the JPSRB, the Qualified Person takes the following action upon receipt of an Order for Evaluation:
 - i. Within 15 days of receipt of the Order, schedules an interview with the individual for the purpose of initiating or conducting the evaluation;
 - 1. Appoint a QMHP to conduct the evaluation and to provide an evaluation report to the PSRB or JPSRB;
 - 2. Within 30 days of the evaluation interview, submits the evaluation report to the PSRB or JPSRB responding to the questions asked in the Order for Evaluation; and
 - 3. If supervision by Lifeways is recommended, notifies the PSRB or JPSRB of the name of the person designated to serve as the individual's Qualified Person, who will be primarily responsible for delivering or arranging for the delivery of services and the submission of reports under these policies;
 - 4. Monthly reports consistent with PSRB or JPSRB reporting requirements as specified in the Conditional Release Order that summarize the individual's adherence to Conditional Release requirements and general progress; and
 - 5. Interim reports, including immediate reports by phone, if necessary, to ensure the public or individual's safety including:
 - a. At the time of any significant change in the individual's health, legal, employment or other status which may affect compliance with Conditional Release orders;
 - b. Upon noting major symptoms requiring psychiatric stabilization or hospitalization;
 - c. Upon noting any other major change in the individual's Individual Services and Supports Plan;
 - d. Upon learning of any violations of the Conditional Release Order; and
 - e. At any other time when, in the opinion of the Qualified Person, such an interim report is needed to assist the individual.

- b. If an individual is under the jurisdiction of the JPSRB, the Qualified Person submits copies of all monthly reports and interim reports to both the JPSRB and the Division. The Qualified Person will provide testimony as requested by the board in hearings. Hearings are conducted every five years unless the board finds it necessary to have one in between. To assist the board in these hearings the Qualified Person provides all the necessary documentation requested by the board including a conditional release plan with modifications recommended. It is then submitted within the time frame requested by the board.

ADULT FOSTER CARE SERVICES (MHS 34)

These services are provided to individuals with a severe mental illness at risk for hospitalization or in need of continuing services to avoid hospitalization. Lifeways provide these services under the Assertive Community Treatment /ACT model (“hospital without walls”) to maintain the individual at his or her maximum level of functioning. In order for SPMI ACT consumers to live more independently.

Services include:

- a. Crisis stabilization
- b. Individual and group therapy
- c. Case management
- d. Budgeting and money management
- e. Household management
- f. Skills training in home and in the community (at doctors’ offices, community resource office settings, etc.)
- g. Medication management
- h. Monitoring and management of self-destructive behaviors.

PRE-ADMISSION SCREENING AND RESIDENT REVIEW SERVICES (PASSR) (MHS 36)

Services delivered to individuals with severe and persistent mental illness or behavioral disorders residing in nursing homes, residential care facility, assisted living facility or adult foster home operated by a provider licensed by Services to Persons with Disabilities (SPD). Services include:

- a. screening if symptoms are mental health manifestations versus cognitive decline symptoms related to physical diagnoses that will not respond to mental health therapeutic approaches
- b. Pre-admission Screening and Resident Reviews (PASSR)
- c. assessment
- d. appropriateness for outpatient individual therapy
- e. medication management
- f. appropriateness for inpatient psychiatric hospitalization

SUPPORTED EMPLOYMENT SERVICES – EXTENDED SERVICES (MHS 38)

In partnership with Greater Oregon Behavioral Health (GOBHI) Lifeways Umatilla is developing a supported employment services program. Lifeways Umatilla currently does not receive any service element 38 funds for supported employment services.

SUBSTANCE USE DISORDERS/PROBLEM GAMBLING TREATMENT AND RECOVERY

UMATILLA COUNTY HUMAN SERVICES

UMATILLA COUNTY HUMAN SERVICES specializes in sustained recovery from problems with addictions, other related and undesired behaviors to improve participants’ lifelong health. Dedicated and skilled professionals work collaboratively with participants to develop individualized plans to meet participants’ recovery goals along their unique path to wellness.

- a. Treatment is guided by the following principles:
 - i. Awareness and consideration of the role trauma may play in a person's life;
 - ii. Belief in a person's ability to change;
 - iii. Encourage participation of family, friends and loved ones;
 - iv. Improve the quality and experience of care at a reasonable cost;
 - v. Promote hope, resilience, wellness, choice, recovery and safety;
 - vi. Recovery and resilience system of care promotes accessibility, effectiveness in engaging and retaining participants in care such that they can achieve the highest degree of stability and its effects can be sustainable.
- b. Recovery and Resilience outcomes include:
 - i. Improve one's mood and outlook on life;
 - ii. Manage one's illness such that the person can live independently and have meaningful employment and healthy social and interpersonal relationships;
 - iii. Reduce the painful effects of trauma through a process of healing;
 - iv. Attain or restore a desired state such as achieving sustained sobriety;
 - v. Build on personal strengths to offset the adverse effects of a disability.
 - vi. Provide culturally and linguistically competent and developmentally appropriate services in a respectful and responsive approach; Show respect and empathy in all encounters;
- c. The Biopsychosocial-Spiritual Model is a holistic approach to recovery premise by promoting overall health and well-being of participants, families, and communities across the body, mind, and spiritual domains of life. Recognizing for some participants and families, the experience of illness and pain may relate to spiritual concerns and those concerns may manifest as physical or emotional symptoms. Ensuring support and comfort are provided to the participant, participant's family and their community. Part of the support and comfort may include spiritual and religious resources.
- d. The Harm Reduction Model (HR) is utilized only in non-court-mandated service provision and is based on the belief behavioral health problems develop in participants through a unique interaction of biological, psychological and social factors. HR is a non-judgmental approach to helping people experiencing problems with alcohol and/or drugs to reduce the negative impact in their lives. HR addresses the complex relationship people develop with psychoactive substances over the course of their lives.
- e. The Problem Gambling Program offers service and supports to participants with gambling related problems and their families. Problem Gambling staff demonstrate competence in treatment of problem gambling including assessment, group, individual, family as well as other counseling techniques, documentation and coordination of services to facilitate intended outcomes. Sessions address the challenges of the individual as they relate, directly or indirectly, to the problem gambling behavior. Services are provided by a qualified provider within their scope of practice.
 - i. Delivery of individual or family counseling may include telephone or by other electronic means (such as email, Skype, Face Time) offered when person-to-person contact would involve an unwise delay or by request of the participant and will meet HIPAA and 42 CFR standards for privacy.
 - ii. Family counseling addresses directly or indirectly problem gambling behavior and is offered even if the individual identified as a problem gambler is unwilling, or unavailable to accept services.
 - iii. Staff is available for persons experiencing a crisis and may make referrals to Suicide Prevention Lifeline, HopeLine Network, HelpLine or Lifeways, Inc.
- f. The following populations are given priority access to services:
 - i. Persons who use drugs intravenously;
 - ii. Women who are pregnant and have substance use disorders;
 - iii. Persons with substance use disorders who have dependent children living with them or in out-of-home placement;
 - iv. Persons who are at risk for HIV/AIDS, HEPC, STDs due to lifestyle or environment;
 - v. Adolescents with substance use disorders;

- vi. Persons with substance use and have active, reserve or veteran status and their families;
- vii. Persons with substance use disorders who are homeless;
- viii. Persons with substance use disorders who are involved in the criminal justice system;
- ix. Persons with substance use disorders who live in rural areas;
- x. Persons with substance use disorders of underserved racial, ethnic minority populations.

EASTERN OREGON ALCOHOLISM FOUNDATION

In addition to UCHS, the population of Umatilla County has the Eastern Oregon Alcoholism Foundation (EOAF) resource for substance abuse/chemical dependency treatment. EOAF has programs for detoxification, residential and recovery treatment.

- a. Enhanced detoxification services to include medical support components takes place at the Eastern Oregon Detoxification Center (EODC) which houses 10 licensed beds. Residential treatment has a capacity of 21 women, 15 men, and accompanying children with either gender parent(s).
- b. Assessments are conducted using the ASAM PPC-2R criteria. Child development and parenting skills are acquired through the KIPS (Keys to Interactive Parenting Scales) curriculum to residents.
- c. The recovery services include:
 - i. Recovery mentors,
 - ii. Parent mentors,
 - iii. Continuing care SMART (Self-Management and Recovery Training) curriculum,
 - iv. KIPS as part of the child development program and
 - v. Transitional and Substance free housing for low income qualified participants.
- d. EOAF has a continuing quality improvement committee and strives to afford participants the highest quality services available.

f. Crisis and Respite Services

LIFEWAYS

Crisis services include:

- a. Lifeways contracts with ProtoCall telephonic crisis service, which employs QMHPs that provide crisis interventions, coordination and referrals to afterhours callers. If a face-to-face assessment is required, ProtoCall contacts the on-call Lifeways Crisis QMHP to complete the necessary assessment.
- b. Crisis services extend into the community where Lifeways see clients in the emergency rooms at St. Anthony Hospital and Good Shepherd Hospital, schools, local law enforcement agencies, Umatilla County Jail, foster homes, and other community locations.
- c. Lifeways provides pre-commitment investigations, civil commitments and locating psychiatric hospitalization as needed for people in acute psychiatric need. Arranging secure transport to psychiatric acute care is also performed by Lifeways Crisis team, often utilizing the secure transport of McNary Place Secure Residential Treatment Facility.
- d. If a client has an acute need, and is willing to go to a hospital voluntarily, Lifeways can sometimes access short-term hospitalization in Washington, Idaho, or Oregon.
- e. Crisis respite for children in the ICTS program can be secured within local therapeutic foster homes.
- f. Planned respite for children functions well within the eight local therapeutic foster care providers.
- g. Lifeways provides crisis respite in an array of settings: adult foster homes, respite centers, secure respite centers, and local motels. There are four Adult Therapeutic foster homes/respite centers and one secured respite center being utilized at this time by Lifeways consumers for respite in

Umatilla County. Within these facilities 10 respite beds are available for utilization when deemed medically necessary by Crisis staff.

g. Required Populations

CHILDREN WITH SERIOUS EMOTIONAL DISORDERS (SED)

LIFEWAYS

- a. Collaboration with DHS to provide screenings at DHS each Wednesday continues to assure that every child taken into foster care receives assessment and mental health services as needed.
- b. Lifeways collaborates with Migrant Head Start to provide assessments, groups and parenting assistance for identified migrant children and their families.
- c. Lifeways has a collaboration agreement with the Pendleton School District and Hermiston School District to provide parent training and support for bilingual parents in a weekly group setting. Parenting groups include a Grandparents parenting group and parenting ADHD children group facilitated at the Pendleton Lifeways clinical site.
- d. In conjunction with the Umatilla County Juvenile Department, Lifeways have monthly staffing
- e. Lifeways have developed specialized groups for the juvenile population (Teen Boys ADHD group, Tonya’s House Girls’ Group, and Girls’ Trauma Group)
- f. Therapeutic Foster Care beds licensed with the State and certified with GOBHI provide a level of care between regular foster care and residential care for SED youth.
- g. Staffing include two psychiatric attendants or “psych sitters”, five mentors, three skills trainers/family care coordinators (FCC) all prepared to meet the needs of SED children to facilitate recovery .
- h. Lifeways continues to contract for operation of an adolescent group home for boys (Ricky’s Place in Ontario) and girls (Tonya’s House in Pendleton) to provide a step up or step down process to either avert institutional care or step down from residential or hospital level of care.
- i. Pediatric Licensed Mental Health Nurse Practitioner (LMHNP) goes to Homestead and Psychiatric Day Treatment Program for intensive treatment services of youth eight to fourteen years of age
- j. Lifeways is actively participating in the formation and implementation of the Regional Eastern Oregon Early Childhood HUB.

ADULTS WITH SERIOUS MENTAL ILLNESS (SPMI)

LIFEWAYS

Services to SPMI consumers are delivered on a continuum of care in order to meet the consumer where they enter services and to provide the treatment to progress to the greatest level of recovery. The Community Support Services (CSS) promotes and supports Lifeways consumers in achieving their highest level of recovery through evidence based practices (motivational interviewing, CBT, DBT, assertive community treatment/ACT). Treatment is delivered based upon a treatment plan developed to improve functional deficits as a result of medical necessary treatment for a diagnosis of severe mental illness

- a. Lifeways treatment team consists of a QMHP supervisor/case manager responsible for clinical and day to day program operations oversight, three QMHPs providing individual and group therapy and three qualified mental health assistants (QMHA) case managers.
- b. Groups include: Walking Group, Social Skills Group, Art Sensory Groups, Dual Recovery Group, Symptom Management Group, and Building Healthy Relationships.
- c. QMHA case managers provide assistance in entitlements (application and appeal process), locating

and sustaining housing, household and money management, activities of daily living, community integration and other individualized aspects of case management (food banks, locating transportation services, cleaning out storage units, etc.)

- d. Three LMHNPs and two RNs use their expertise to assist consumers with assessment, medication monitoring and management. In addition, RNs accompany SPMI consumers to medical appointments as needed to ensure coordinated care across health domains.
- e. The ACT team is “cross trained” and has knowledge of all CSS consumers, promoting safe and healthy living within the CSS social structure.
- f. Lifeways facilitates a volunteer “peer support person” who provides staffing for the drop-in center 10 hours per week. Peers are encourage to develop peer socially supportive relationships through providing a variety of services such as transportation, peer counseling, “chores” (such as helping a peer with housecleaning or moving), and facilitating activities.
- g. Information regarding the Peer Warmlines is provided by the peer volunteers and CSS staff.
- h. Lifeways provides support to Personal Care Aides, AFH Providers and sub-providers in the community and support to families caring for ill family members in an effort to support continuum of care.
- i. Lifeways CSS staff attends drug, district and municipal court proceedings with consumers, at their request, to provide emotional support in this stressful situation. Lifeways’ effort provides mental health support through legal consequences for misdemeanor criminal behavior in conjunction with wraparound mental health services.

PERSONS WHO USE DRUGS INTRAVENOUSLY

LIFEWAYS

Community resource information is provided to dually diagnosed adults seeking services with Lifeways regarding legal consequences of substance abuse, Umatilla County Human Services, and Public Health for HIV/AIDS STD resources.

- a. Screenings via the access/crisis contacts with ProtoCall or direct line clinical staff
- b. Individual and group therapy deemed medically necessary
- c. Medication management as deemed medically necessary
- d. Referrals to substance abuse resources in the community
- e. Referrals to Public Health services due to the risk of HIV/AIDS contraction.

UMATILLA COUNTY HUMAN SERVICES

Any individual using substances intravenously receives referrals to Public Health or their Primary Care Provider and education to reduce the adverse health effects of alcohol and other drug use, promote the health of the individual, and reduce the risk of transmission of disease.

WOMEN WHO ARE PREGNANT WITH SUBSTANCE USE/MENTAL HEALTH DISORDERS

LIFEWAYS

- a. Screening and assessment via the crisis contacts with ProtoCall or direct line clinical staff for adults and children
- b. Weekly coordination visits by QMHP at the DHS office.
- c. Pregnant women using substances intravenously will receive interim referrals and information from Lifeways prior to entry, to reduce the adverse health effects of alcohol and other drug use, promote the health of the individual and fetus, and reduce the risk of transmission of disease.
- d. Lifeways works closely with UCHS, EOAF, DHS, Pioneer Relief Nursery, Head Start and the schools

to collaborate in ensuring parents have the tools necessary to parent children in a healthy, nurturing environment. Participation in the community agency meetings with Commission on Children and Families and DHS facilitates coordinated partnering in the best interest of the health and wellness of the children and families on a whole.

UMATILLA COUNTY HUMAN SERVICES

Pregnant women using substances intravenously receive interim referrals to Public Health or their Primary Care Provider and education prior to entry, to reduce the adverse health effects of alcohol and other drug use, promote the health of the individual and fetus, and reduce the risk of transmission of disease. If the person is taking medications prescribed by or has a prescription from Lifeways, a direct contact is made to ensure Lifeways is aware of the pregnancy and to allow precautions to be taken to promote health and avoid harm. Pregnant women with co-occurring disorders are referred by UCHS to Lifeways to coordinate care.

PARENTS WITH SUBSTANCE USE/MENTAL HEALTH DISORDERS WITH CHILDREN

UMATILLA COUNTY HUMAN SERVICES

Parents with substance use and/or mental health disorders who have dependent children. Referrals received from DHS-CW for Intensive Treatment Recovery Services (ITRS) are recognized by UCHS as a priority for treatment access with the goal of parent-child reunification. Parents with co-occurring disorders are referred by UCHS to Lifeways to coordinate care.

PERSONS WITH TUBERCULOSIS

UMATILLA COUNTY HUMAN SERVICES

All individuals seeking services with UCHS complete a “Review of Systems” form prior to their assessment appointment. Information gathered from this form includes family history of health problems including Tuberculosis. The form also collects information on the individual’s current health status and risk for communicable diseases specifically Hepatitis C, Tuberculosis, HIV and STDs. The “Review of Systems” is discussed with the individual and referrals are made at the beginning and summarized at the end of the assessment. Based on review of the form, referrals are made to Public Health or the person’s Primary Care Provider to promote the health of the individual, and reduce the risk of transmission of disease.

EASTERN OREGON ALCOHOLISM FOUNDATION

Staff at Eastern Oregon Alcoholism Foundation (EOAF) test new employees and all employees annually per OHA regulations. Tuberculin testing will be performed at EOAF as a part of a Health Maintenance Program.

- a. All EOAF clients are tested within 30 days of entry to residential treatment.
 - i. Individuals who are tested are referred to Nursing/Medical staff or the Umatilla County Health Department by their primary counselor or by the Administrative Assistant when Nursing/Medical staff or the Umatilla County Health Department is scheduled to administer the tuberculin test.
 - ii. Individuals who are known non-reactors or who are not aware of their positive test results are tested by injecting 0.1 ml of Tuberculin purified protein derivative intradermally into the forearm. The test is read by the Nursing/Medical staff or Umatilla County health Department within 48-72 hours after the injection and the results recorded on the Tuberculin Testing form.

- iii. Individuals who are known reactors are not tested but will be required to show evidence of freedom from active tuberculosis by a chest X-ray within the past 12 months or present a written physician statement indicating the same.
- iv. Individuals known to be Tuberculin positive are screened by a chest X-ray or by a physician examination

PERSONS WITH OR AT RISK FOR HIV/AIDS AND WHO ARE IN ADDICTION TREATMENT

LIFEWAYS

Community resource information is provided to dual diagnosis adults, including the risk of HIV/AIDS related to IV drug use or unprotected sexual practices, regarding legal consequences of substance abuse (where applicable), the Public Health resources and Umatilla County Human Services. Umatilla County Human Services cross refers dually diagnosed IV drug using consumers to Lifeways for mental health services and Public Health for HIV/AIDS and Hepatitis C resources, also.

UMATILLA COUNTY HUMAN SERVICES

Persons diagnosed or at risk for HIV/AIDS receive interim referrals to Public Health or their Primary Care Provider and education prior to entry to reduce the adverse health effects of alcohol and other drug use, promote the health of the individual, and reduce the risk of transmission of disease at both UCHS.

h. Specialty Populations

ADOLESCENTS WITH SUBSTANCE USE AND/OR MENTAL HEALTH DISORDERS

LIFEWAYS

Lifeways screening and assessment through Access team includes:

- a. Collaboration with DHS to provide screenings at DHS each Wednesday continues to assure that every child taken into foster care receives assessment and mental health services as needed
- b. Lifeways collaborate with OCDC to provide assessments, groups and parenting assistance for identified migrant children and their families
- c. Lifeways have collaboration with the Pendleton School District and Hermiston School District to provide parent training and support for bilingual parents in a weekly group setting. Parenting groups include a Grandparents parenting group and parenting ADHD children group facilitated at the Pendleton Lifeways clinical site.
- d. In conjunction with the Umatilla County Juvenile Department, Lifeways have monthly staffing
- e. Specialized therapeutic groups for the juvenile population include: Teen Boys ADHD group, Tonya’s House Girls’ Group, and Girls’ Trauma Group.
- f. Referrals to Umatilla County Human Services for substance use disorders or problem gambling services
- g. Adolescent group homes (Tonya’s House and Ricky’s House)

UMATILLA COUNTY HUMAN SERVICES

UCHS recognizes adolescents with substance use disorders as a priority for treatment access. Adolescents with co-occurring disorders are referred by UCHS to Lifeways to coordinate care.

MILITARY PERSONNEL (ACTIVE, GUARD, RESERVE AND VETERAN) AND THEIR FAMILIES

LIFEWAYS

Lifeways makes referrals to community resources based on their need:

- a. Walla Walla VA in the event of insurance/Tricare coverage limiting consumer to VA clinics/services
- b. In the event the veteran/military consumer or family prefer mental health services with Lifeways facilitate exploration of financial resources to assist with mental health services expense (some

military personnel/families elect to private pay for services with Lifeways rather than seek services at the Walla Walla VA)

- c. Crisis Screening and assessment for mental services
- d. Trauma focused individual and group therapy as deemed medically necessary
- e. Medication monitoring and/or management
- f. Case management services
- g. Skills training services

UMATILLA COUNTY HUMAN SERVICES

Military personnel with co-occurring disorders are referred by UCHS to Lifeways to coordinate care.

AMERICAN INDIANS/ALASKAN NATIVES

LIFEWAYS

The majority of local Native Americans seek mental health services through Yellowhawk Tribal Health Center at the Confederated Tribes of the Umatilla Indian Reservation. Lifeways coordinates with Yellowhawk on grants and grant applications, e.g. Suicide Prevention, System of Care, and Infrastructure Development. In addition, Lifeways crisis supports Yellowhawk in local hospital emergency rooms to construct safety plans. A small number of Native Americans prefer to utilize Lifeways mental health services. In these incidents culturally respectful and competent services are afforded across the full array of dual diagnoses services. American Indians/Alaskan Natives with co-occurring disorders are referred to UCHS by Lifeways.

UMATILLA COUNTY HUMAN SERVICES

If the person is choosing to seek services from UCHS, services are provided in a culturally respectful and competent manner. Referrals are made to Yellowhawk or Lifeways at the request of the participant.

PERSONS WITH MENTAL HEALTH/SUBSTANCE USE DISORDERS WHO ARE HOMELESS OR INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

LIFEWAYS

Lifeways services include:

- a. A full array of services plus referrals to community resources.
- b. 24/7 crisis services are available for this population utilizing Brief Solution Focus Treatment until the crisis has been stabilized. Ongoing services for mental health and addictions services are available based on medical necessity. Assistance to the consumer in accessing community-based services for after care is provided, also.
- c. Lifeways participates in the local homeless event led by CAPECO (Project Community Connect) to engage the homeless population in obtaining community services.
- d. Lifeways makes referrals to community entitlement programs and support systems, such as the Eastern Oregon Council for Independent Living (EOCIL), Seniors and Persons with Disabilities (SPD) and/or Vocational Rehabilitation.
- e. Lifeways coordinates with law enforcement agencies to provide services to jailed consumers in crisis or to conduct assessments upon request of the Umatilla County Jail
- f. Lifeways partners with the Juvenile Department through community committees and on a case-by-case referral to Lifeways for assessment and treatment

UMATILLA COUNTY HUMAN SERVICES

Persons involved in the criminal or juvenile justice system with co-occurring disorders are referred by UCHS to Lifeways to coordinate care.

PERSONS WITH MENTAL HEALTH/SUBSTANCE USE DISORDERS IN RURAL AREAS

LIFEWAYS

Umatilla County consumers are challenged by transportation issues, isolation and limited resources due to the rural geography.

To better serve the geographically isolated consumer Lifeways:

- a. Works toward consolidating consumer’s appointments on the same day the consumer has a medical appointment to afford the best use of medical transport and facilitate integrating mental and physical health services
- b. Need for transportation or alternative arrangements could be made, such as telephonic intervention or funding for transportation.
- c. CSS affords case management and skills training in the community setting to bypass transportation needs and utilize ‘in vivo’ approaches to therapeutic goals.
- d. ICTS and children’s case management and skills training are provided in the community setting/school to maintain children in the school setting and provide real life skills acquisition
- e. Day treatment youth services is housed at Hawthorne School, resulting in providing school bus transportation to the program/enhanced education experience. They have full array of services plus referrals to community resources based on their need.

UMATILLA COUNTY HUMAN SERVICES

UCHS serves the geographically isolated participants through:

- a. Appointments are scheduled to accommodate the transportation needs of the participant and the free CTUIR multi-county bus system is encouraged as a primary means of transportation.
- b. Appointments are scheduled at convenient times for the participant and may include weekend or after work hours.

**UNDERSERVED RACIAL, ETHNIC MINORITY AND LESBIAN, GAY, BI-SEXUAL
TRANSGENDER OR QUESTIONING (LGBTQ) POPULATIONS**

LIFEWAYS

- a. They have full array of services plus referrals to community resources based on their need.
- b. Pendleton Lifeways tailors the LGBTQ treatment plan to the individual consumer. For example: one individual may need boundary setting skills training where another may need socialization skills training to encourage peer communication
- c. Pendleton Lifeways refers LGBTQ consumers seeking a support group to Walla Walla, whereas Hermiston Lifeways refers LGBTQ consumers seeking a support group to Tri Cities – the LGBTQ organization in Hermiston has become less active in the Umatilla County community of the past two years necessitating outside community referrals
- d. The predominant ethnic minority population in Umatilla County is the Hispanic population that access services. Lifeways has four bilingual and/or bicultural staff. Bilingual/bicultural ability is a preference in all staff recruitment.
- e. Other ethnicities are provided the translation services necessary for mental health treatment through telephonic translation services.

UMATILLA COUNTY HUMAN SERVICES

Underserved and racial, ethnic and LBGQT populations with co-occurring disorders are referred by UCHS to Lifeways to coordinate care. When there are barriers to services due to culture, gender, language, literacy, or disability the counselor takes measures to address or overcome those barriers including:

- a. Make reasonable modification to avoid discrimination (unless the counselor can demonstrate that doing so would fundamentally alter the nature of the service, program or activity);
- b. Provide supports including, but not limited to, the provision of interpreters to provide translation services, at no additional cost to the participant; and
- c. Refer a participant to another provider if that participant requires services outside of the referring counselor’s area of specialization or scope of practice.

PERSONS WITH DISABILITIES

LIFEWAYS

Lifeways works to collaborate with both DD and SPD to access services for conjoint consumers through direct referral to the supervising RN to streamline the access and treatment process for disabled persons.

UMATILLA COUNTY HUMAN SERVICES

When there are barriers to services due to culture, gender, language, literacy, or disability the counselor takes measures to address or overcome those barriers including:

- a. Make reasonable modification to avoid discrimination (unless the counselor can demonstrate that doing so would fundamentally alter the nature of the service, program or activity);
- b. Provide supports including, but not limited to, the provision of interpreters to provide translation services, at no additional cost to the participant; and
- c. Refer a participant to another provider if that participant requires services outside of the referring counselor’s area of specialization or scope of practice.

COMMUNITY POPULATIONS FOR ENVIRONMENTAL PREVENTION ACTIVITIES

LIFEWAYS

- a. Lifeways was an active participant in the Umatilla County Community Health Partnership community health needs assessment (UCNA) completed in 2012. Through participation in this community effort, Lifeways has helped the collaborative integrated health community providers “talk about” the stigma of mental health disorders, prevalence and needs in the community. These identified vehicles support the consumer centered, family inclusive, and integrated health approach utilized by Lifeways to enhance autonomy and recovery.
- b. Ongoing community collaboration with the St. Anthony Hospital, Good Shepherd Hospital, school districts, ESD, Umatilla County Wraparound Program, law enforcement agencies, the Umatilla County Commissioners, District Attorney, Public Health, Human Services, Juvenile Department, Sheriff’s office, Jail and DHS through designated community meetings (LADPC and Mental Health Advisory Board (MHAB) public forums).
- c. Prevention and outreach is an ongoing process. Lifeways provides support groups, educational groups, workshops, and seminars to educate the community.
- d. Participate in community forums to provide input about mental health and addictions policies and procedures.

COMMUNITY SETTINGS FOR UNIVERSAL/SELECTIVE/INDICATED PREVENTION

INTERVENTIONS

LIFEWAYS

- a. Prevention and outreach is an ongoing process. Lifeways provides support groups, educational groups, workshops, and seminars to educate the community.
- b. Lifeways participates in community forums to provide input about mental health and addictions policies and procedures.

- c. Lifeways works with Head Start and the school systems to reach Migrant families in need of support to access services
- d. Lifeways continues to build the collaborative relationship with the Confederated Tribes of the Umatilla Indian Reservation for the benefit of the Native American population in Umatilla County. It is Lifeways' hope that this collaboration will expand beyond the Yellowhawk Tribal Health Center Applied Suicide Intervention Skills Training (ASIST) suicide prevention project.

i. Activities Supporting Individuals in Directing Their Treatment

LIFEWAYS

- a. *CONCURRENT DOCUMENTATION*: Facilitates the consumer centered approach to therapeutic services. For example, some clinicians are allowing teens to contribute to their own notes while the clinician and teen agree on the content. Other consumers are content to observe the documentation on screen while the LMHNP types chart notes during evaluations. There are a few incidents where some consumers are concerned with the “lack of eye contact” and is interpreted as the clinician not listening, but these cases are assessed for the consumer need/individualized treatment plan and concurrent documentation is not utilized.
- b. *INDIVIDUALIZED PERSON CENTERED TREATMENT PLANNING*: Affords consumers the opportunity to construct their own wellness plan based on the individual needs and desires of the consumer. Structuring the consumer centered (Individual Service and Support Plan - ISSP) plan as the framework on which to organize all medically necessary services affords the empowering education to become a lifestyle choice for the consumer.
- c. *PEER SERVICES*: Lifeways support of the Peer Support Network and Peer to Peer support and activities helps to build self-directed skills in managing life events for consumers. Lifeways lends staff support to a growing Peer Support group and is in the process of hiring two peer support specialists.
- d. *STRATEGIC PLANNING FRAMEWORK (SPF)* The Umatilla County Health Assessment (UCHA) completed last year by the Umatilla County Community Health Partnership utilized principles from SPF. The UCHA is an ongoing process that captures the unique demographics of rural Umatilla County. Additionally, public service announcements through the Umatilla County Coalition to Reduce Underage Drinking and Drugging (UCCRUD) Community Action Plan facilitates collaborative efforts consistent with SPF to address preventing underage drinking.

UMATILLA COUNTY HUMAN SERVICES

UCHS guiding principles are strength-based; self-directed; individualized and person-centered; empowering; holistic; peer supported; involving society's respect for the rights of the participant; involving participant courage, responsibility and hope in achieving and sustaining recovery. UCHS serves as a Recovery Management Center (RMC) for the Access to Recovery (ATR) federal initiative, emphasis is placed on recovery support services and a person's “free and independent choice” in the selection of recovery and treatment services. This philosophy of “free and independent choice” has created a treatment environment welcoming client choice of male/female counselors, preferred treatment location, preferred method of contact for reminders (text, email, phone) and a variety of evidenced based treatment approaches. Referrals are available for supportive services such as acupuncture, transportation and spiritual support. UCHS uses Motivational Interviewing as a person-centered approach to elicit and strengthen motivation to change.

j. Roles of LMHA and Sub-Contractors in Delivery of Services

LIFEWAYS

Since 2005 the duties of the LMHA have been bifurcated between Umatilla County Board of Commissioners and Lifeways Board of Directors. Lifeways has been designated the Community Mental Health Program providing all aspects of mental health prevention and treatment. Lifeways has no sub-contractors.

UMATILLA COUNTY HUMAN SERVICES

Umatilla County Human Services (UCHS) is a division of the Umatilla County Health & Human Services Department. Connie Caplinger is the Department Head and Carolyn Mason is the Division Head. UCHS has one sub-contractor, James Fulper, MD as the Medical Director.

k. LMHA in Collaboration with CCO

LIFEWAYS

Lifeways has a written agreement with coordinated care organization (“CCO”) and the CCO in Umatilla County is Eastern Oregon Coordinated Care Organization (EOCCO). The mutual goal for the agreement is to coordinate services and efforts to meet the mental health needs of EOCCO members and the community, maintain the mental health safety net and achieve improved mental health and addictions outcomes. UCHS, Lifeways and EOAF participate in the CCO development and implementation process. They are also founding members of the EOCCO community advisory council. Lifeways is working with EOCCO using a case spotting protocol to identify high utilizers of physical health and mental health resources for additional case planning and care coordination.

UMATILLA COUNTY HUMAN SERVICES

Umatilla County Human Services is in the process of developing an agreement with EOCCO to meet the substance use disorders needs of EOCCO members and communities located within Umatilla County.

I. Mental Health Advisory/Local Alcohol & Drug Planning

Mental Health Advisory Council (MHAB)

1. J. Albert Baxter, Psychiatrist
2. Cathy Wamsley, Executive Director Head Start
3. Jackie Smith, LSW Blue Mountain Recovery Center
4. Darcee Kilsdonk, Chair of Advisory Board, Head Start
5. Jeremy Umbarger, EOCIL (Eastern Oregon Center for Independent Living)
6. Darrin Umbarger, Disabilities Advocate
7. Linda Olson, Dept. of Human Services
8. Christine Culverwell, IMESD, school counselor
9. Michelle Pingree, Executive Director Eastern Oregon Alcoholism Foundation
10. Connie Caplinger, Executive Assistant to Umatilla County Board of Commissioners
11. Mike Gregory, Lifeways Behavioral Services Director
12. Marlene Parsons, Consumer
13. Sharon Smith, Consumer

Local Alcohol and Drug Planning Committee

1. Michael Graber, Program Manager, Umatilla County Community Corrections
2. Michelle Pingree, Executive Director Eastern Oregon Alcoholism Foundation
3. Kim Weissenfluh, Umatilla County Youth Services
4. Carolyn Mason, Program Administrator Umatilla County Human Services

5. Shelley Ena, Director, Umatilla County Commission on Children and Families
6. Linda Olson, District Manager, Department of Human Services
7. J. Albert Baxter, Psychiatrist
8. Jose Garcia, Director New Horizons
9. Vickie Read, Counselor, Pendleton High School
10. Jackie Downie, LCSW
11. Bonnie Gracia, Prevention Coordinator, Umatilla County Human Services
12. Tara Mahoney, Director of TM Counseling and Consulting
13. Bill Elfering, Umatilla County Board of Commissioners
14. **Buffy Hines, Consumer**

2. COMMUNITY NEEDS ASSESSMENT (CNA)

a. CNA Process

Lifeways and Umatilla County Human Services are utilizing the Umatilla County Community Health Partnership “Community Health Needs Assessment” (UCHA) completed in 2012 due to the extensive community process involved in this Strategic Planning Framework (SPF) project. The following local agencies participated in the UCHA: Blue Mountain Community College, Cancer Community Renewal Partnership, CAPECO, Clearview Mediation, Commission on Children and Family, Domestic Violence Services, Inc., Eastern Oregon Alcoholism Foundation, Foster Grandparents/Senior Companions, Good Shepherd Health Systems, Head Start of Umatilla and Morrow Counties, Healthy Communities Coalition, Lifeways Mental Health Services, Mirasol Family Health Center, Oregon Child Development Coalition, Oregon Department of Human Services, Pendleton Ministerial Fellowship, Pendleton School District, Milton-Freewater School District, Pioneer Relief Nursery, Salvation Army, St. Anthony Hospital, Umatilla County Emergency Management, Umatilla County Public Health, United Way, and Yellowhawk Tribal Health Center. This executive summary provides an overview of health-related data for Umatilla County adults (19 years of age and older), who participated in a county-wide health assessment survey during 2011. The findings are based on a self-administered survey using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

- a. This community health assessment was cross-sectional in nature and included a written survey of adults within Umatilla County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.
- b. The working group identified and prioritized the top five health concerns for Umatilla County through a community focus group consensus process as: Obesity, Tobacco, Diabetes, Asthma and Mental Health. A series of four smaller community specific meetings in Pendleton, Hermiston, Milton-Freewater and Yellowhawk Tribal Health Center have been scheduled to develop action plans and evidenced based strategies to improve the top three priority health concerns. Lifeways and UCHS will be participating in those meetings over the next month.

b. CNA Data Used To Evaluate Prevalence/Needs/Strengths

LIFEWAYS

Similarly the health assessment (UCHA) found Umatilla County adults are diagnosed and treated for the following mental health issues: 22% mood disorder, 9% anxiety disorder, <1% psychotic disorder, 2% with some other mental health disorder. Only 15% have taken medication for a mental health disorder, which is less than the overall frequency of individuals with a diagnosed with a mental health disorder. One percent (1%) of adults attempted suicide per self-report. Although, according to the Umatilla County’s Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012 report by OHA, 9% of eighth grade students report having attempted suicide at some point in their lives. Given the UCHA did not cover minors, this Epidemiological data is vital. Umatilla County is not significantly different in suicide mortality rates (15.1% vs. 18%) from Oregon State (15.7% vs. 16%) per the UCHA assessment and Umatilla County’s Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012 report by OHA. Also, identified in the needs assessment (UCHA) by adult participants was the preference for obtaining social and emotional support through family (70%), friends (61%), and church (24%), versus obtaining help through a professional (8%), neighbors (7%), community (5%), self-help books (1%), or other resources (9%).

Umatilla County’s Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012 report by OHA documents no significant difference between county and state percentages for serious psychological stress

within the past year for adults. Although Umatilla County youth report having had a depressive episode in 28% of 11th grade youth, which is contrasted with 20% as the rate for 11th grade Oregon youth. There is no significant difference between Umatilla County eighth grade youth and Oregon eighth grade youth, both recording 23% reports of depressive episodes in the past year. It is of great concern to everyone, however, that five of our school aged youth has committed suicide this year.

UMATILLA COUNTY HUMAN SERVICES

UMATILLA COUNTY HUMAN SERVICES has developed the 2013-2015 priority list to impact specific findings and gaps identified in the “Umatilla County Health Assessment Report 2011”: **Tobacco:** The data yielded from the health assessment found 18% of Umatilla County adult participants considered themselves smokers and 17% considered themselves former smokers. The rate of cigarette smokers in Umatilla County is 18%, while in the State of Oregon the rate is 15% and in the nation is 17%.

Alcohol: A similar trend is observed in self-report binge drinking: 18% in Umatilla County, 14% in Oregon, and 15% in the nation. It was notable that the rate of binge drinker under the age of 30 (56%) and those with an annual income of less than \$25,000 (58%) were remarkable high with a greater frequency of males (41%) participating than females (36%).

Marijuana: Adult marijuana and other drug use noted in the under 30 age category (17%) with an annual income of less than \$25,000 (15%).

Strategy: Tobacco, Alcohol and Other Drug Use

- a. To expand Tobacco Cessation Program:
 - i. Coordinate care with the primary care provider for participants who use tobacco products
 - ii. Encourage pregnant women who use tobacco products to participate in tobacco cessation counseling
 - iii. Ensure all participants who use tobacco products are encouraged to participate in tobacco cessation counseling
 - iv. Identify participants who reduce or stop use of tobacco products prior to program completion
 - v. Provide evidence based practice training on tobacco cessation to all counselors
- b. To target individuals under the age of 30 who engage in binge drinking (5+ drinks for men; 4+ drinks for women), marijuana and other drug use (medication misuse):
 - i. Display brochures and other program materials at locations where persons under the age of 30 may frequent
 - ii. Provide educational materials on the problems associated with binge drinking, marijuana use and medication misuse at community events and at locations where persons under the age of 30 may frequent
- c. To reduce stigma associated with seeking services for alcohol and other drugs:
 - i. Provide educational materials on alcohol, tobacco and other drugs at community events
 1. Encourage those who self-identify as interested in services to enter services
 2. Provide program information showing financial assistance available for those who qualify

Social Context: Adults indicated Umatilla County residents needed more education about the following: “drug use (45%), parenting classes (43%), teenage pregnancy (42%), distracted driving (42%), driving under the influence-DUI (35%), bullying (32%), violence (30%), tobacco use (25%)...” It was also noted related to adult alcohol consumption, “Reasons for not using such a program include: had not thought of it (3%), could not afford it (1%), stigma of seeking alcohol services (1%), did not know how to find a program (<1%), did not want to miss work (<1%), transportation (<1%) and other reasons (2%).”

Strategy: Social Context

- a. To strengthen knowledge of how abuse and trauma impacts the lives of those seeking services
 - i. Ensure all participants in a parenting role are encouraged to participate in parenting classes
 - ii. Ensure all participants with a history of abuse or trauma receive trauma-informed care by trained counselors
 - iii. Provide educational materials on bullying and school related violence at community events

- iv. Provide educational materials on distracted driving and DUII at community events
- v. Provide training on the topics of intimate partner violence and trauma to all counselors

c. CNA Feedback of Advisory and Quality Improvement Groups

The priority needs outlined in Section 2 below reflect community input that addresses the unique Umatilla County needs identified within the UCCHP Health Assessment (UCHA) while also noting the participants' preference of social and emotional support avenues. Increased media education/resources, peer support through family and friends, early access to services, and collaboration across the Umatilla County community all reflect the tailored implementation plan to meet consumers'/participants' needs. In addition, Lifeways and UCHS have been soliciting feedback over the past year from stakeholder committees and councils (i.e., MHAB, LADPC, Lifeways QIC, LPSCC, EOCCO Community Advisory Council/CAC and Wraparound Umatilla Governance Committee) on the strengths and needs for feedback on the behavioral health system as Umatilla County moves toward seamless health care integration.

The community has prioritized the following programs that target identified needs:

1. Develop and implement a West Umatilla School Based Mental Health Initiative to reduce youth suicide.
2. Lifeways will develop with UCHS an integrated local addictions and mental health continuum of care.
3. Lifeways, UCHS and DHS will partner to reduce out of home placement of children whose parents are struggling with addictions and mental health issues.
4. Lifeways will implement an Early Psychosis EASA Program to reduce the disabling impact of first break psychosis on youth age 17-24 and their families.
5. Increase the mental health penetration rate in the age 0-6 population through the local Early Learning Hub implementation plans to address barriers to educational success.
6. Add Peer Support Services and Supported Employment to services for SPMI consumers.
7. Lifeways and UCHS will collaborate to enhance local veterans' behavioral health services.
8. Lifeways is partnering with EOCCO and Good Shepherd Hospital (GSH) to add 1 FTE psychiatrist to our Medical Services Team
9. Lifeways is Partnering with GSH and EOSHC to build a ten bed psychiatric acute care facility in Hermiston
10. Improve trauma informed care by conducting a mental health summit this summer that offers Collaborative Problem Solving Level I training to staff from the local education, behavioral health and social service programs.

3. STRENGTHS AND AREAS FOR IMPROVEMENT

STRENGTHS	PLAN FOR PRIORITY NEEDS
a) Mental Health Promotion	
Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Frontier Leadership Conference • Care Givers Conference • Education about MH with Schools, Community Partners, DHS, PCPs, Hospitals, etc. • Same day/within next business day access has reduced number of individuals seeking crisis services overall by 50%, while affording crisis service follow-up to increase frequency for in genuine crisis. 	<p>Lifeways Plans for Priority Needs:</p> <ul style="list-style-type: none"> • MH awareness month activities in May 2013 & 2014. • Build participation in community based health fairs and festival events. • Develop a media campaign for MH awareness with the East Oregonian (began February 2013). • Expand peer services through employing two peer support counselors. • Participate in additional community events to disseminate information and education. • Increase peer involvement in support services.
b) Mental Illness Prevention	
Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Collaborate with Head Start, Pioneer Relief Nursery and Early Intervention with the 0-6 year old population and parents for early identification, symptom recognition and intervention. • Provide community outreach to various agencies and schools. 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Increased care coordination between Lifeways and UCHS to improve treatment retention of dually diagnosed consumers/ participants. • Develop an EASA program with plan to be submitted to GOBHI. • Collaborative expansion of Strengthening Families (for 10-14 year olds) with UCHS. • Improve the Early Intervention access.
c) Substance Abuse Prevention	
d) Problem Gambling Prevention	
Umatilla County Human Services (UCHS)	
<p>UCHS Strengths:</p> <ul style="list-style-type: none"> • All prevention staff is CPS credentialed or working towards CPS • Assisted Summer Reading and Lost & Found programs with positive youth development. • Collaborated with OLCC in Minor Decoy and Merchant Compliance Checks • Collaborated with UCCRUD to reduce high risk underage drinking and drug use • Improved relationships with schools county-wide • Increased efforts with education and prevention activities (Red Ribbon). 	<p>UCHS Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Collaborate with schools on topics such as teen pregnancy, bullying and violence prevention to inform teens of risks associated with alcohol, tobacco or other drug use as identified by UCHA* • Collaborate with schools to reduce early initiation of alcohol, tobacco other drug use and gambling identified by UCHA* • Explore collaborating with Lifeways to deliver Strengthening Families (10-14 year olds) • Increase prevention efforts targeted at individuals under age 30 who engage in binge

<ul style="list-style-type: none"> • Participated in community fair/festival/events • Participated in Umatilla County Wraparound Program • Prevention Services Coordinator attended and reported on prevention (including problem gambling related) activities at community meetings, advisory and civic groups • Translated prevention materials by Bilingual/Spanish prevention staff 	<p>drinking, or other drug use (including tobacco use) as identified by UCHA*</p> <ul style="list-style-type: none"> • Seek opportunities to jointly provide and support prevention activities with Lifeways and Yellowhawk
e) Suicide Prevention	
Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Collaborative efforts between Lifeways and the Yellowhawk Suicide Prevention Program to train both entities in the ASSIST approach to suicide prevention. • Crisis responds to Yellowhawk consumers, with Yellowhawk present, in the hospital emergency room. 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Expand on collaborative suicide prevention through increased training of community providers in ASIST with Yellowhawk Tribal Health Center. • Expand collaborative relationship beyond suicide prevention into all other areas of mental health services, substance abuse, problem gambling prevention and awareness promotion due to frequency of overlapping signs and symptoms.
f) Treatment	
Mental Health (overall) – Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • 3 Bilingual and Bicultural Spanish speaking clinicians and 1 Bilingual/Bicultural reception staff person • Crisis intervention team with bilingual/bicultural leadership • 25 QMHP/QMHAs across Umatilla Lifeways • Community collaboration is improving over the past biennium related to quality of service and more open communication • BMRC/EOTC Project • Psychiatric Services expansion – Lifeways has hired a psychiatrist that will be starting in 09/13 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • High resource utilization case spotting to address complexities of the case and managing resources. Meet QIC Plan goals: <ul style="list-style-type: none"> ○ Decreased lengths of time between initial request and access to services. ○ Recruit 2 trained peer counselors. ○ Improve documentation as evidenced in chart audits – LOC meets the actual level of services provided. • Utilize a consistent LOC measure (GAF) to assess intensity of services. • Improve integration of services with community health service providers. • GOBHI quality monitoring and oversight. • Increased care coordination between Lifeways and UCHS to improve treatment retention of dually diagnosed. • Enhance Peer services.

	<ul style="list-style-type: none"> • Enhance family involvement in treatment services.
Children’s Mental Health – Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Utilizing new EBP approaches & involving parents with children in treatment (e.g. Summer Camp, parenting training) • Early identification of children in need of services through community referrals by trained observers • In-home parenting training • Willingness of staff to connect with schools • Bilingual staff • Treatment Foster Care and Respite Arrangements • For DHS children: screening, assessment and providing needed services sooner • Community Resource Teams (CRT) for ICTS children and consenting parents • Day treatment program at Hawthorne • On-site services in locations outside Lifeways (e.g. homes, schools, community settings) • Mentors, Skills Trainers • Pediatric LMHNP on site 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Increase capacity to serve as an information and referral center for children’s treatment services. • Increase family involvement in mental health treatment services. • Continued outreach to all area school districts • Oregon Youth Authority kids need mentors to help with transition and positive interaction. • Need more mentors to serve the 100 youth in services in Umatilla County. • Continue CRTs for ICTS and parenting classes to facilitate family inclusion treatment. • Maintain coordination between schools’ staff and mental health staff to provide more consistent treatment across the continuum. • Need resources and training on grief and loss for staff and for families (including PTSD). • Children’s survey for parents/guardians of children receiving mental health services.
Adult Mental Health – Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Highly qualified staff • Willingness to work with community agencies • Family inclusion of treatment services • Community based skills training and case management • Mobile medical LMPs to meet consumers in need in the community: 2 RNs and 3 LMHNP • Outpatient, Crisis, and CCS treatment constructs to meet individual consumer level of care needs • Ongoing training of staff and family members • Bicultural/bilingual staff members to support Spanish speaking consumers • Utilization of interpretation services as needed (Arabic, ASL, etc.) • Expanding peer support networking and support activities with drop-in center location 10 hours per week • Acute care services & PSRB secure treatment 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Continue to build the Crisis Intervention Team. • Provide more intensive and meaningful Dual Diagnosis treatment and coordination across agencies. • Expand QMHPs cross certified as CADC to better facilitate dual diagnoses treatment. • Certified Recovery Mentors. • Ongoing Training and funding to keep up certification and meeting fidelity for EBP (MRT, MI, DBT, CBT, ACT). • Ongoing skills training for clients who are pre-adolescent children and their parents. • Research to see if community would like to develop Family Treatment Court and/or Mental Health Court. • Expand growing community partnerships. • Meet the QIC documentation goals to ensure

<p>facilities</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) implementation within the CSS consumer population 	<ul style="list-style-type: none"> • diagnosed LOC is congruent with service LOC. • Establish a supportive employment treatment service. • CCO facilitated/assisted collaboration across community partners (Lifeways, UCHS, EOAF, law enforcement, courts, hospitals, PCPs, IPAs, etc.). • Strengthen collaboration across community providers • Increase number of mentors to serve the client base
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Substance Use Disorders Treatment – UCHS

<p>UCHS Strengths:</p> <ul style="list-style-type: none"> • All counseling staff is CADC credentialed or working towards CADC, one staff also has CRM • Counseling staff trained in EBP (MRT, MI, CBT, CPT, CTG, TF-CBT) • Encouraged counseling staff to work toward attaining a CADCII or III, if eligible • Expanded opportunities for eligible applicants to access ITRS funding and DUII-indigent funds avoiding being placed on a waitlist • Implemented more EBP materials/options allowing participant choice for Outpatient, Intensive Outpatient program participants • Improved collaboration with community partners and stakeholders by participation on jointly attended committees • Improved services to persons experiencing co-occurring disorders through clinical supervision process. Clinical supervisor identified CADC and/or CGAC staff who met QMHP/QMHA requirements as reflected in their personnel file • Included spirituality in the treatment process for recovery and resilience • Increased availability of Bilingual/Spanish speaking Counselors at all three sites (Hermiston, Milton-Freewater, Pendleton) • Provided translated program materials by Bilingual/Spanish staff 	<p>UCHS Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Add the Lifeways Crisis number to UCHS policy for referral options in the event of crisis • Arrange for all staff participation in suicide prevention training • CCO to lead, facilitate and assist to strengthen the integration process and continuum of care across community partners/stakeholders (Lifeways, UCHS, EOAF, PCPs, IPAs, etc.) • Collaborate with CCO to integrate behavioral health, public health and physical health • Encourage CCO to provide funding on capitated not fee-for-service basis • Expand tobacco cessation efforts for all participants who use tobacco products as identified in UCHA* • Improve referral and increase communication with Lifeways to benefit participants with co-occurring disorders • Increase state funding for Administration, \$2,500 is received for problem gambling administration only increase to be comparable to CMHP at approx 4% of state allocation • Increase in state funding to support Outreach, Continuity of Care and Recovery Management • Increase state funding to serve more individuals who qualify for ITRS, DUII or Outpatient funding assistance • Meet or exceed Performance Targets (Access/Level of Care/Retention/Parent & Child Reunification)
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	<ul style="list-style-type: none"> • Rates for drug collection/testing need to be renegotiated. DMAP/OHP reimburses for <u>collecting</u> the sample. UCHS is expected to pay the lab directly for processing samples/providing results.
Detoxification and Residential Treatment – EOAF	
<p>EOAF Strengths:</p> <ul style="list-style-type: none"> • Provides Detoxification at the EODC • Provides Men’s, Women’s and Families’ Residential services • Provides Men’s, Women’s, and Family’s transitional housing • Certified Parent and Peer mentors working with participants throughout their recovery process 	<p>EOAF Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Additional funding to sustain and expand services • Age targeted service provision to meet need of community identified in UCHA*
Problem Gambling Services – UCHS	
<p>UCHS Strengths:</p> <ul style="list-style-type: none"> • Added EBP options for participant’s choice in treatment • Added electronic (e-mail, Skype, Face Time) options for services at participant’s request • Encouraged family to enroll in counseling when the person with gambling problems refused services • Gambling Services Coordinator attended and reported on gambling program activities at community meetings, advisory and civic groups • Gambling Services Coordinator provided information on problem gambling to retirement/assisted living facilities and civic groups as requested • Increased quick response time by allowing telephone and electronic (e-mail, Skype, Face Time) options in addition to face-to-face access at participant’s choice • Two CGACII counselors/two counselors working toward CGAC one of which is Bilingual/Spanish 	<p>UCHS Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Encourage and support counselor’s efforts to become familiar and comfortable with delivering services electronically • Increase participant engagement and retention in problem gambling services through staff training and clinical supervision • Meet or exceed Performance Targets (Access/Retention/Successful Completion/Client Satisfaction/Long-term Outcome) • Purchase evidence-based and supportive materials to help engage and retain persons with gambling problems in service • Seek outreach and early intervention opportunities by contacting retirement/assisted living facilities, military and civic groups
g) Maintenance/Recovery Support	
Mental Health – Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Facilitating peer services networking • Facilitating drop-in center location 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Aftercare wellness plan completion prior to discharge from services • Develop a specific wellness plan to structure discharging consumers in their autonomous recovery

Substance Use Disorders and Problem Gambling - UCHS	
<p>UCHS Strengths:</p> <ul style="list-style-type: none"> • Developed and expanded Access to Recovery ATR-RMC and provider services • Increased ATR enrollments giving participants choice of methods to sustain recovery • Invited participants who successfully completed treatment to participate in ongoing groups free of charge as booster sessions when recommended in their Continuing Success Plan (relapse prevention plan) 	<p>UCHS Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Develop an effective follow up method (GPRA) for ATR participants • Encourage all participants regardless of reason for closure to participate in booster sessions as recommended in their Continuing Success Plan • Increase ATR RMC enrollments by using the new definition use/abuse/ dependence rather than the past definition of dependence only
Detoxification and Residential Treatment - EOAF	
<p>EOAF Strengths:</p> <ul style="list-style-type: none"> • Certified Parent and Peer mentors working with participants throughout their recovery process • Program participants are invited to participate in ongoing groups and/or individual sessions free of charge after successful completion of treatment as part of their relapse prevention plan 	<p>EOAF Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Utilization of new definition use/abuse/dependence and continuity of aftercare
h) LMHA’s Quality Improvement Process and Procedure	
Lifeways	
<p>Lifeways LMHA Quality Improvement Strengths:</p> <ul style="list-style-type: none"> • Well organized QIC • QIC performance improvement plan in place – met all QIC performance improvement plan’s objectives 	<p>Lifeways LMHA Quality Improvement Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Stabilize QIC meeting frequency and membership. • Add two consumer representatives to QIC membership. • Incorporate health care integration objectives into the QIC plan for improvement.
Umatilla County Human Services (UCHS)	
<p>UCHS Strengths:</p> <ul style="list-style-type: none"> • Focused on developing monitoring methods for QA Performance Improvement Plan (PIP) Indicators of Quality: Access, Outcomes, Systems Integration/Coordination of Service, and Utilization using participant satisfaction survey results, EHR review, ROI criteria 	<p>UCHS Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Develop and evaluate methods to monitor “Performance Targets” • Develop regular schedule for providing QA PIP Reports for review by LMHA, LADPC and CCO Community Advisory Committee
i) Service Coordination and Collaboration	
Lifeways	
<p>Lifeways Strengths:</p> <p>Participation in community committees</p> <ul style="list-style-type: none"> • LADPC • LPSCC 	<p>Lifeways Plan for Priority needs:</p> <ul style="list-style-type: none"> • Increased peer participation in community committees. • Establish a Supported Employment Program.

<ul style="list-style-type: none"> • WRAP Governance/WRAP Operations • CRTs • UCCRudd • Umatilla County Community Health Partnership • EOCCO Community Advisory Council • QIC participants • Work with LEAs/Umatilla County Jail as needed for crisis situations • Crisis training provided to community partners by Lifeways • McKay House supportive housing (5 beds) for independent living • Friday House/ Hilltop House AFH (5 beds each) 	<ul style="list-style-type: none"> • Participate with local law enforcement in the development of a Crisis Intervention Team. • Work with UCHS to integrate mental health and addictions service provision.
Umatilla County Human Services (UCHS)	
<p>UCHS Strength:</p> <ul style="list-style-type: none"> • Allocated staff to provide services to Drug Court and Community Corrections Treatment Program • Attended community meetings (LAPDC, LPSCC, Drug Court Steering Committee and more) to coordinate and collaborate with other community service agencies • Provided clinical supervision and support to counseling staff assigned to Community Corrections Treatment Program/Drug Court 	<p>UCHS Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Continue collaboration with Community Corrections Treatment Program/Drug Court • Develop partnerships with other community service agencies by seeking opportunities for collaboration
j) Behavioral Health Equity in Service Delivery	
Lifeways	
<p>Strengths:</p> <ul style="list-style-type: none"> • AIM High funding for psychiatric medications for indigent consumers • Sliding-fee scale • Bilingual/bicultural staff to ensure equity across ethnicities • Care coordination with Yellowhawk 	<p>Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Funding resource for indigent consumers' needs expansion. • Research status of Umatilla County based LGBTQ support services for referral and utilization. • Continue collaboration between UCHS, Lifeways and Yellowhawk. • Participate in GOBHI Parent-Child Mental Health Training. • Increase outreach to early childhood population.
k) Meaningful Peer and Family Involvement	
Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Peer Support Network grassroots group organized after Peer Services Conference held by Lifeways May 2011 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Inclusion of peers in community committees. • Create two paid peer services counselor positions.

<ul style="list-style-type: none"> Drop-in center staffed by volunteer peer 10 hours per week Socialization improvement with peer services/support 	<ul style="list-style-type: none"> Organize volunteer peer mentors. Include peer service resource table at community resource fairs staffed by peers and family members.
Umatilla County Human Services (UCHS)	
UCHS Strengths: <ul style="list-style-type: none"> Consulted with family members concerned about their loved one accessing or continuing in service Encouraged family involvement in services 	UCHS Plan for Priority Needs: <ul style="list-style-type: none"> Assist Community Corrections in developing peer mentor program Encourage active family involvement to support participant throughout the treatment process
l) Trauma-Informed Service Delivery	
Lifeways	
Lifeways Strengths: <ul style="list-style-type: none"> QMHP/QMHAs trauma informed skills to facilitate meaningful treatment services Day Treatment Program received recognition by AMH site reviewers for trauma-informed service delivery 	Lifeways Plan for Priority Needs: <ul style="list-style-type: none"> Community wide collaborative process (Collaborative Problem Solving I & II training). Training for all staff including reception staff.
Umatilla County Human Services (UCHS)	
UCHS Strengths: <ul style="list-style-type: none"> Increased counselor knowledge of trauma-informed care Counselors trained to deliver EBP: CPT, CTG, TF-CBT 	UCHS Plan for Priority Needs: <ul style="list-style-type: none"> Ensure ALL counselors are trained to deliver EBP: CPT, CTG, TF-CBT Seek opportunities for all staff to receive training in trauma-informed care to strengthen knowledge of how abuse and trauma impacts the lives of those seeking services as identified in UCHA*
m) Stigma Reduction	
Lifeways	
Lifeways Strengths: <ul style="list-style-type: none"> Development of peer services demonstrates to community the talents of consumers 	Lifeways Plan for Priority Needs: <ul style="list-style-type: none"> Supported employment services oversight and organization. Ongoing community resource fair participation. Newspaper articles educating the public about autonomy and informed consent health regulations that protect individuals from unnecessary/inappropriate commitment.
Umatilla County Human Services (UCHS)	
UCHS Strength: <ul style="list-style-type: none"> Attended community events to reduce stigma associated with seeking services for problems with alcohol, other drug use and gambling 	UCHS Plan for Priority Needs: <ul style="list-style-type: none"> Assist anyone who self-identifies as interested in services at community events or other venues to enroll in services

	<ul style="list-style-type: none"> • Educate on the financial assistance available for those who qualify at community events • Increase community event attendance by prevention staff to help reduce stigma associated with seeking services as identified in UCHA*
n) Peer-Delivered Services and Supports	
Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Peer Support Network grassroots group organized after Peer Services Conference held by Lifeways May 2011 • Drop-in center staffed by volunteer peer 10 hours per week • Socialization improvement with peer services/support 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Inclusion of peers in community committees. • Create two paid peer services counselor positions. • Organize peer mentors. • Include peer service resource table at community resource fairs staffed by peers and family members. • Sponsor four consumers attendance at Approved Peer Support Provider training. • Hermiston location near for operating a peer drop-in center. • More drop-in center availability
o) Crisis and Respite Services	
Lifeways	
<p>Lifeways Strengths:</p> <ul style="list-style-type: none"> • Crisis services available 24/7 via telephonic or face-to-face screening and assessment • Bilingual/bicultural crisis staff to support the Hispanic consumer population • Scheduling planned respite services for children in therapeutic foster homes 	<p>Lifeways Plan for Priority Needs:</p> <ul style="list-style-type: none"> • Crisis Intervention Training for local law enforcement and Crisis Team • Develop a clinical team to support local SB 964 Family Preservation Project • Increase respite alternatives • Urgent and emergent resources for individuals suffering with dementia and TBI

***UCHA = Umatilla County Health Assessment (Community Needs Assessment)**

PART II: Performance Measures

1. CORE ACCOUNTABILITY MEASURES		
PERFORMANCE MEASURES/ DATA CURRENTLY AVAILABLE/CURRENT MEASURES		
a) Access/Number of individuals served		
Lifeways	UCHS	EOAF
Lifeways will continue to collect the data through Lifeways <i>Credible</i> EMR. Access – Total Number of individuals served: 3,011 (74% GOBHI; 9% self-pay; 9% MA FFS; 3% MC; 5% Other) See Addendum 1 for graphs	UCHS will continue to collect data through Celerity, LLC EHR. UCHS is researching OWITS as an alternative to Celerity as a cost savings measure. Access/Number of individual served: 1,009 for 07/01/2011-12/31/12.	EOAF will continue to collect data using existing CPMS systems, internal data gathering and record keeping mechanisms that collect and report number served, drug of choice, time in treatment, DHS specific data, parenting program indicators, and the like. EOAF are transitioning to OWITS with a planned conversion for June 2013.
b) Initiation of treatment services		
Lifeways	UCHS	EOAF
Same as item 1.a column 2 above. Initiation of treatment services index: 933 MH treatment services within 14 days of initiation 460	Initiation of treatment services - 1,009 from 07/01/2011-12/31/2012 served within 8 days.	Data not available
c) Treatment service engagement		
Lifeways	UCHS	EOAF
Same as item 1.a column 2 above. MH treatment services within 30 of initiation 463	Treatment service engagement - 1,009 from 07/01/2011-12/31/2012 average of 146 days.	Data not available
d) Facility-based care follow up - % of individuals with follow up visit within 7 days		
Lifeways	UCHS	EOAF
Same as item 1.a column 2 above.	NA	Data not available
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential		
Lifeways	UCHS	EOAF
Same as item 1.a column 2 above.	NA	Data not available
f) Percent of participants in ITRS reunited with child in DHS custody		
Lifeways	UCHS	EOAF
Data not available	% of ITRS participants completing treatment average	Data not available

	80% from 07/01/2011 through 12/31/2012.	
d. Percent of individuals enrolled in appropriate level of care		
Lifeways	UCHS	EOAF
Data not available	100% of individuals enrolled in appropriate ASAM level of care from 07/01/2011-12/31/2012.	Data not available
PLAN TO INCORPORATE PERFORMANCE MEASURES		
<p>a) <i>Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports:</i></p> <p>Currently Lifeways, UCHS, and EOAF are working with the CCO to coordinate behavioral health care for eligible members across Umatilla County agencies and obtain the technical assistance necessary to implement COMPASS data collection (to record changes in housing, employment, school performance, criminal justice system involvement and ITRS reunification incentives) to meet BIP functional measures captured across process of service provision.</p> <ul style="list-style-type: none"> • <u>Lifeways and Umatilla County Human Services are identifying and adding required performance measures not currently captured in the data collection process.</u> • <u>The required performance measures will be incorporated into the respective performance improvement plans and reported at QIC meetings routinely. The QICs monitor trends and target specific performance measures for improvement.</u> <ol style="list-style-type: none"> 1. <u>For Lifeways, QI Coordinators will report semi-annually to the MHAB/LADPC/EOCCO Community Advisory Council and solicit feedback and advice about community planning priorities.</u> 2. <u>For Umatilla County Human Services, the LADPC serves as the QIC and active consumer groups are included in the review and recommendation process. In the future, UCHS will solicit feedback and advice from the EOCCO Community Advisory Council.</u> • <u>An annual report will be presented to the Umatilla County Board of Commissioners and Lifeways Board of Directors, to include plans to improve performance and recommendations for program development.</u> • <u>The performance measures targeted for improvement in this process will be incorporated into annual budget development and on-going administration.</u> 		

2. TRANSFORMATIONAL MEASURES
TRANSFORMATIONAL MEASURES/DATA CURRENTLY AVAILABLE/CURRENT MEASURES
a) Percent of individuals reporting same/better housing status than 1 year ago
Lifeways
<ul style="list-style-type: none"> • Data not available from CPMS - housing status does not include same or better housing status. • Umatilla County providers are not currently collecting due to utilization of CPMS and its limitations • Establish that improved housing is a goal of treatment and/or that the person is homeless or in licensed base facility care. Number of clients who improved housing as indicated by a change from homelessness or licensed facility based care to private housing/total number of individuals looking to improve housing.
b) Percent of individuals reporting same/better employment status than 1 year ago.
Lifeways
<ul style="list-style-type: none"> • Data not available from CPMS - employment status does not include same or better. • Umatilla County providers are not currently collecting due to utilization of CPMS and its limitations • Establish that employment is a goal of treatment. • Number of clients who become employed as indicated by a change in employment status/total number of individuals with a goal of becoming employed.
c) Percent of individuals reporting same/better school performance status than 1 year ago
Lifeways
<ul style="list-style-type: none"> • Data not available from CPMS-school performance status does not include same or better. • Umatilla County providers are not currently collecting due to utilization of CPMS and its limitations • Establish that improved school attendance is a goal. Number of clients who improve attendance while in active treatment/total number of individuals with a goal of improved attendance.
d) Percent of individuals who report decrease in criminal justice involvement.
Lifeways
<ul style="list-style-type: none"> • Data not available from CPMS – no date for criminal justice decrease involvement. • Umatilla County providers are not currently collecting due to utilization of CPMS and its limitations # of individuals who were not arrested after a period of active treatment or two consecutive quarters (whichever comes first) /#of individuals who were referred to treatment from a criminal justice authority.
e) Stay at/below target ADP of individuals in state hospital psychiatric recovery program.
Lifeways
<ul style="list-style-type: none"> • Lifeways receives routine RTT state reports through Lifeways/GOBHI ENCC coordinates with state hospitals to monitor individuals on the ‘ready to transition’ (RTT) list. Lifeways goal is to transition within 45 days within placement on the RTT list. • Lifeways and the Umatilla County partners disagree with AMH's Co-management Policy and the ADP formula. In the interim Lifeways will continue to rely on reports from the state to monitor and decrease Lifeways ADP. Based on a rolling three year share of county civil commitments and share of adult population.
f) Maintain average LOS on OSH RTT list at or below pre-determined target.
Lifeways
<ul style="list-style-type: none"> • Lifeways receives routine RTT state reports through Lifeways/GOBHI ENCC coordinates with state

hospitals to monitor individuals on the ‘ready to transition’ (RTT) list. Lifeways goal is to transition within 45 days within placement on the RTT list.

- Lifeways does not currently monitor an average length of stay on the OSH ready to transition list. Lifeways will work with AMH to set targets and monitor average length of stay.
- # of people who exceed target LOS/ # of people placed on ready to discharge list of state hospitals.
- Need to set target for LOS on ready to place list.

g) Each LMHA will complete 80% of approved prevention goals and objectives.

Lifeways	UCHS
<ul style="list-style-type: none"> • This data is currently reported in narrative format in the form of “Proposed Programs/ Activities, Outcomes, and Measures, and reported to AMH. • Require technical assistance from AMH for MH prevention goals and objectives reporting in any other format. 	<ul style="list-style-type: none"> • It is estimated UCHS will complete 90% of Prevention Goals for 2011-2013. • Data entered in state MDS system to reflect prevention goal completion.

PLAN TO INCORPORATE PERFORMANCE MEASURES

a) Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports:

Currently Lifeways, UCHS, and EOAF are working with the CCO to coordinate behavioral health care for eligible members across Umatilla County agencies and obtain the technical assistance necessary to implement COMPASS data collection (to record changes in housing, employment, school performance, criminal justice system involvement and ITRS reunification incentives) to meet BIP functional measures captured across process of service provision.

- **Lifeways and Umatilla County Human Services are identifying and adding required performance measures not currently captured in the data collection process.**
- **The required performance measures will be incorporated into the respective performance improvement plans and reported at QIC meetings routinely. The QICs monitor trends and target specific performance measures for improvement.**
 1. **For Lifeways, QI Coordinators will report semi-annually to the MHAB/LADPC/EOCCO Community Advisory Council and solicit feedback and advice about community planning priorities.**
 2. **For Umatilla County Human Services, the LADPC serves as the QIC and active consumer groups are included in the review and recommendation process. In the future, UCHS will solicit feedback and advice from the EOCCO Community Advisory Council.**
- **An annual report will be presented to the Umatilla County Board of Commissioners and Lifeways Board of Directors, to include plans to improve performance and recommendations for program development.**
- **The performance measures targeted for improvement in this process will be incorporated into annual budget development and on-going administration.**

PART III: Budget Information

1. BUDGET INFORMATION & ALLOCATION

Budget Period:	2013 - 2015					
Category (as defined in the CFAA)	Sub-Category	Population/Reference	AMH Flex Funding*	Local Beer and Wine Tax**	Total	Carry-over Amount
Behavioral Health Promotion and Prevention	Lifeways					
	Mental Health	Adult	\$ 20,340	\$ -	\$ 20,340	\$ -
		Children	\$ 13,560	\$ -	\$ 13,560	\$ -
	UCHS					
	Alcohol and Other Drug Problem Gambling	A&D 70	\$ 167,000	\$ -	\$ 167,000	\$ -
		A&D 80	\$ 10,000	\$ -	\$ 10,000	\$ -
Outreach (Early Identification/Screening, Assessment and Diagnosis)	Lifeways					
	Mental Health	Adult	\$ 81,359	\$ -	\$ 81,359	\$ -
		Children	\$ 54,239	\$ -	\$ 54,239	\$ -
Initiation and Engagement	Lifeways					
	Mental Health	Adult	\$ 20,340	\$ -	\$ 20,340	\$ -
		Children	\$ 13,560	\$ -	\$ 13,560	\$ -
Therapeutic Interventions (Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB/JPSRB)	Lifeways					
	Mental Health	Adult	\$ 366,114	\$ -	\$ 366,114	\$ -
		Children	\$ 244,076	\$ -	\$ 244,076	\$ -
Continuity of Care and Recovery Management	Lifeways					
	Mental Health		\$ 146,898	\$ -	\$ 146,898	\$ -
	UCHS					
	Alcohol and Other Drug Problem Gambling	A&D 66	\$ 700,743	\$ 109,345	\$ 798,658	
		A&D 81	\$ 50,000	\$ -	\$ 50,000	
Peer-Delivered Services	Lifeways					
	Mental Health		\$ 98,735	\$ -	\$ 102,652	\$ -
Administration	Lifeways					
	Mental Health		\$ 399,740	\$ -	\$ 415,407	\$ -
	UCHS					
	Problem Gambling	A&D 03	\$ 2,500	\$ -	\$ 2,500	\$ -
Other (Include Description)	EOAF					
	Continuum of Care		\$ 306,000	\$ -	\$ 306,000	\$ -
	Detox		\$ 284,076	\$ -	\$ 284,076	\$ -
	Residential		\$ -	\$ -	\$ -	\$ -
Total			\$ 2,979,280	\$ 109,345	\$ 3,088,625	\$ -

**** Beer and Wine Tax funding received supports addiction prevention and treatment activities of Umatilla County Human Services.**

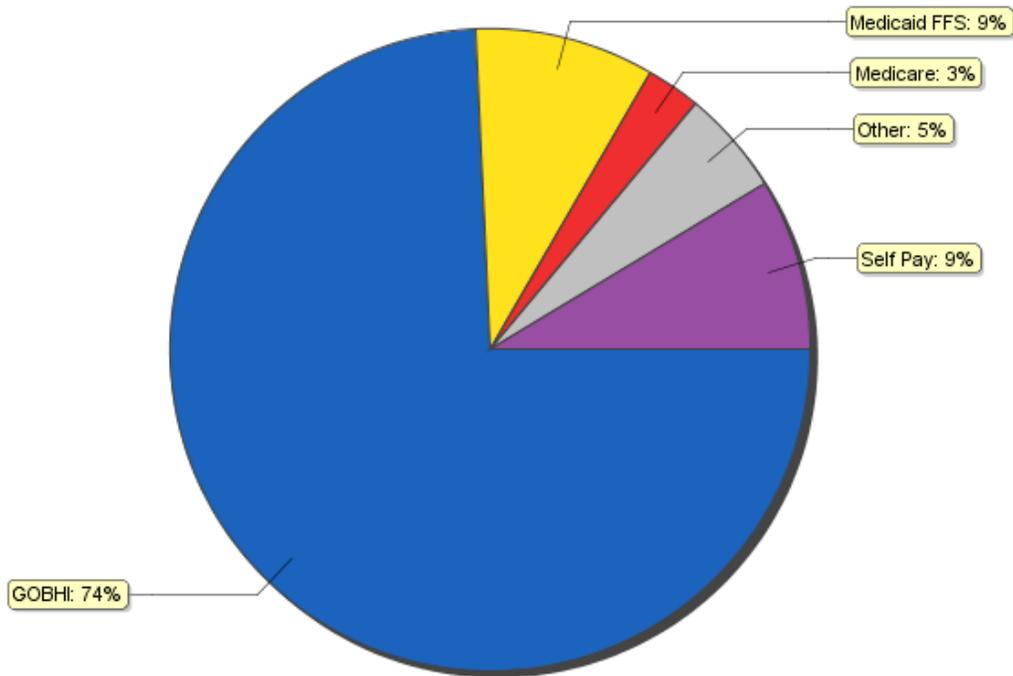
ADDENDUM#1

**Lifeways, Inc. – Umatilla
Clients Served FY 11/12**

Unduplicated Client Count by Gender								
Gender	FY 11/12				FY 10/11			
	Adult	Child	Unknown	Total	Adult	Child	Unknown	Total
Female	1,176	453	1	1,630	1,070	353	11	1,434
Male	736	563	8	1,307	588	389	11	988
Unknown	49	8	17	74	127	22	54	203
Totals:	1,961	1,024	26	3,011	1,785	764	76	2,625

Services Provided by Payer Type - Umatilla

● GOBHI ● Medicaid FFS ● Medicare ● Other ● Self Pay



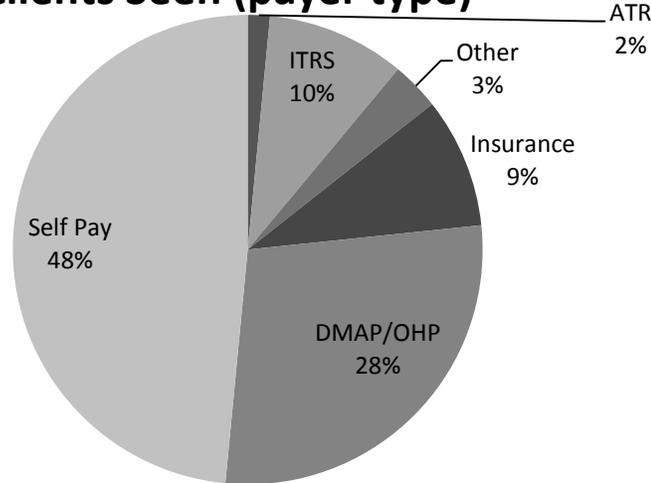
MHS

# Services Provided by Payer	Payer Type Grouping					Total	
	Program	GOBHI	Medicaid FFS	Medicare	Other		Self-Pay
MHS		31,075	3,806	1,145	2,185	3,642	41,853

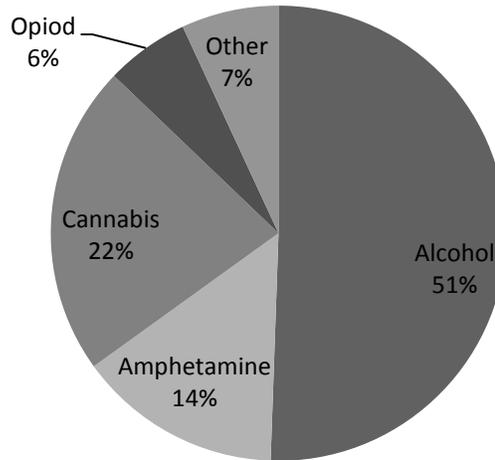
ADDENDUMS #2

UMATILLA COUNTY HUMAN SERVICES
07/01/2011 to 12/31/2012

Clients Seen (payer type)



Clients Seen (drug)



Enrolled

	Female	Male	TOTAL	Hispanic	Asian	Native Am	Black	White	TOTAL	V-Yes	V-No
■ Youth	18	26	44	15	0	1	0	28	44	0	0
■ Adult	195	320	515	75	1	16	6	417	515	4%	96%

V=Veteran



Mental Health Counseling Service
331 SE 2nd Street, Pendleton, OR 97801
Telephone: (541)276-6207

March 24, 2013

Addendum: Attestation statement

I attest that Umatilla County will meet the maintenance of effort requirement for Beer & Wine Tax funding of addictions, prevention, and treatment services. Umatilla County will maintain the same level of addictions prevention treatment services as in the FY 2011-2013 biennium.

A handwritten signature in black ink, appearing to read "Michael Gregory, LPC, MA for". The signature is written in a cursive, flowing style.

Michael Gregory, LPC, MA
Behavioral Health Program Manager

Addictions and Mental Health Division
February 7, 2014

Biennial Implementation Plan Amendment Template

CMHP: Lifeways, Inc. Umatilla

Program: Jail Diversion

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel <i>(including FTEs and benefits)</i>	\$42,772	\$85,544
Travel	\$0	\$0
Equipment	\$0	\$0
Supplies	\$250	\$250
Consultants/Contracts	\$3,000	\$0
Other Costs: (please list)		
State Law Enforcement Training		\$7500
Meeting Expenses	\$800	\$1,000
Administrative Costs @ 0.12	\$5619	\$11,315
Totals	\$52,441	\$105,609
Overall Project Cost	\$33,564	\$67,856
Revenue – SE 37 Identify expected revenues; i.e., Medicaid billing/encounters)	\$18,877	\$37,753
Number of individuals Intended to be Served	ACT 6 Dual Diagnosis 10 Psychopharmacology 10 CBT 10 MI 15 Forensic Peer Support 5	19 15 26 35 35 15

Budget Narrative:

- *Please provide a description of the program and any unusual expenditures*
- *Please provide an implementation timeline for this program.*

Line Item Narrative

PERSONNEL

0.2 FTE QMHP to provide clinical and administrative oversight of the project and grant deliverables in Umatilla County.

1.0 FTE QMHA for Umatilla to provide additional clinical support to the CMHP for the expansion of ACT, CBT, dual diagnosis services, jail in-reach, and motivational interviewing for justice-involved individuals as identified in the Comprehensive Jail Diversion Plan.

0.50 FTE Forensic Peer Support position for Umatilla to provide role model, navigation, coaching, community service linkage, and advocacy/support services to promote community-based recovery for people with serious mental illness and criminal justice system involvement.

BENEFITS

Effective benefit rate for the three types of positions is 37%.

SERVICES AND SUPPLIES

Planning Consultant for a 4 to 6 month contract at total of \$3,000 to coordinate planning in Umatilla County, following the Sequential Intercept model. Will work with staff and stakeholders to coordinate planning sessions and build consensus for a Comprehensive Jail Diversion Plan that includes strategies for assessing, piloting, and implementing EBPs and interventions for justice-involved individuals in the region.

Staff and law enforcement training at \$7,500 to cover Crisis Intervention Training, sequential intercept model training, and training for new forms and data collection.

Meeting expenses at \$1,800 for community meetings, planning sessions, and focus groups in Umatilla County.

Program Office Supplies at \$250 each period for standard supplies, i.e., paper, folders, pens, etc.

ADMINISTRATION

Administration cost calculated at 12% of total Personnel Expense and Supplies, covers fiscal and program management and reporting.

Description of Program

This BIP Amendment describes the Umatilla County portion of a two-county regional project for the Community Mental Health Programs (CMHPs) in the **Frontier/Rural Eastern Oregon Network (F/REON)**. We propose to partner with regional law enforcement agencies and other local stakeholders in the counties of Malheur and Umatilla in order to expand jail diversion services for individuals with serious and persistent mental illness. Through a collaborative and community-based regional planning process based on the *sequential intercept model* as promoted by the CMHS National GAINS Center, the Network partners will identify and implement a preliminary set of pre-booking jail diversion **outreach** services and jail **in reach** services that are culturally specific and suited for these low-resource frontier/rural communities.

The mental health authorities for these Eastern Oregon counties are uniquely suited to coordinate this effort to provide a comprehensive range of mental health, community support, and peer-based services, designed to:

- 1) increase the number of individuals in the two counties served by jail diversion programming;
- 2) decrease the number of individuals in the two counties enrolled in mental health services who have law enforcement involvement.

Following the “Checklist for Implementing Evidence-based Practices and Programs” published by the GAINS Center, this project will construct the regional scaffolding to examine, plan for, and collaboratively implement the use of the following evidence-based programs, as these have been adapted for justice-involved adults with behavioral health disorders:

- Assertive community treatment (ACT)
- Integrated mental health and substance abuse services
- Supported employment
- Psychopharmacology.

Evidence-based practices adapted for justice-involved adults that will be considered for collaborative implementation include:

- Cognitive behavioral therapy
- Motivational interviewing.

Promising practices that will be considered for collaborative implementation include:

- Forensic peer specialists. This service would be completely new to the region.

The *sequential intercept model* will be utilized by the F/REON partners to select the most feasible evidence-based practices and programs, identify efficacious points in the local interface between the criminal justice and mental health systems for initial project interventions, and to structure future programs, interventions, and collaborations in a sustainable manner.

Proposed staffing for the project includes: 1.0 FTE QMHAs, one for each County, to provide additional clinical support for the expansion of the project EBP’s, and 1.0 FTE Forensic Peer Support specialists, at 0.50 FTE for each County. These staff will be provided oversight by a 0.20 FTE QMHP in each county. A planning consultant will also be engaged to coordinate planning following the sequential intercept model.

Evidence based treatment is employed in both counties in the region, including Motivational Interviewing and Enhancement, Illness Management, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Co-occurring Disorder Treatment, Peer Delivered Services, Assertive Community Treatment, Moral Reconciliation Therapy, EMDR, and Seeking Safety. Supported

Employment is offered in Malheur and in the process of development in Umatilla, along with other recovery oriented services.

The SE 37 funds currently received by the two counties are factored into the proposed Jail Diversion project. The two respective CMHPs will coordinate with their respective county officials to ensure that Jail Diversion funds are expended in support of the project outlined in this amendment.

Project Timeline

For the 18-month project period, we propose a staged process based on:

- a 4-6 month regional Planning phase utilizing the sequential intercept model; followed by
- a six month Pilot phase to establish and integrate the selected EBP's; and then
- a six-eight month full Implementation and course-correction Evaluation phase.

Community planning based on the *sequential intercept model* will be the focus of Phase 1, Months 1-6, during which the proposed staff and Regional Network Committee will examine existing pre-booking, jail in-reach, peer support, and evidence-based practices along with resources and community preferences. As a starting point, the project will examine the suitability of the evidence-based programs and practices listed in section 1 above, and the issues that might be involved in standardizing practices across the region, including data forms, referral processes, and tracking of outcomes.

During Phase 2, Months 7-12, new training regarding these programs and practices will be implemented on a regional basis, with emphasis on adapting the practices for justice-involved individuals in rural settings. Any new interventions or services such as forensic peer support specialist would be piloted during the six-month period for initial assessment of efficacy, and the capacity of the regional partners to conduct full implementation with fidelity and sustainability.

For Phase 3, Months 13-18, the project would engage in full implementation of a regionally selected set of core EBP's and coordination of regional resource sharing strategies, and begin to assess client level outcomes.

a. *Pre-Booking Diversion Outreach Services:* existing crisis mental health services, case management, alcohol and drug treatment, job training, and screening services will be examined for their suitability for expansion or adaptation to ensure efficacy with justice-involved clients. Intercept points across the regional partnership will be plotted and resources identified for expansion or redeployment,

b. *Forensic Peer Support Specialist-Criminal Justice Liaison:* This would be new to the region, but could be built on existing experience of the network partners with peer support programs in the Mental Health Court in Malheur. AMH certification would be obtained for 2.0 FTE Forensic Peer Support Specialists, one for each County.

c. *Jail In-Reach Services:* are currently being conducted in the region, but with no standardized schedule, process, procedures, or data tracking.

PROPOSED MONTHLY OPERATING BUDGET

Provider: Lifeways
 Facility/Project: Jail Diversion (18 Month Budget)
 County: Umatilla
 Date: 1/29/2014

OPERATING REVENUE						
Description				Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
Services						
SE 37		\$ -		\$ 18,876.67	\$ 37,753	\$ 56,630
Jail Diversion Grant				\$ 35,365	\$ 70,729	\$ 106,094
Subtotal		\$ -		\$ 54,241	\$ 108,482	\$ 162,724
Other Revenue				\$ -		\$ -
		\$ -		\$ -		\$ -
TOTAL OPERATING REVENUE				\$ 54,241	\$ 108,482	\$ 162,723.50
OPERATING EXPENSES PERSONNEL						
Personnel	FTE	Salary/YR	Yearly	Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
QMHA	1	\$ 33,150.00	\$ 33,150.00	\$ 16,575.00	\$ 33,150.00	\$ 49,725.00
Forensic Peer Support	0.5	\$ 23,400.00	\$ 11,700.00	\$ 5,850.00	\$ 11,700.00	\$ 17,550.00
QMHP	0.2	\$ 46,800.00	\$ 9,360.00	\$ 4,680.00	\$ 9,360.00	\$ 14,040.00
			\$ -	\$ -		\$ -
			\$ -	\$ -		\$ -
			\$ -	\$ -		\$ -
Subtotal	1.70		\$ 54,210.00	\$ 27,105.00	\$ 54,210.00	\$ 81,315.00
Other Non Direct Staff			\$ -	\$ -		\$ -
		\$ -	\$ -	\$ -		\$ -
			\$ -	\$ -		\$ -
Other:			\$ -	\$ -		\$ -
Total Personnel Expense			\$ 54,210.00	\$ 27,105.00	\$ 54,210.00	\$ 81,315.00
OPERATING EXPENSES BENEFITS						
Benefits	FTE	OPE Benefits	Yearly	Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
QMHA	1.00	\$ 21,576	\$ 21,576	\$ 10,788	\$ 21,576	\$ 32,363
Forensic Peer Support	0.50	\$ 10,134	\$ 5,067	\$ 2,534	\$ 5,067	\$ 7,601
QMHP	0.20	\$ 23,457	\$ 4,691	\$ 2,346	\$ 4,691	\$ 7,037
						\$ -
Sub Total OPE Expenses			\$ 31,334	\$ 15,667	\$ 31,334	\$ 47,001
				\$ -		\$ -
Total Employee Cost				\$ -		\$ -
QMHA	1.00		\$ 54,726	\$ 27,363	\$ 54,726	\$ 82,088
Forensic Peer Support	0.50		\$ 16,767	\$ 8,384	\$ 16,767	\$ 25,151
QMHP	0.20		\$ 14,051	\$ 7,026	\$ 14,051	\$ 21,077
			\$ -	\$ -		\$ -
Total Employee Cost Plus OPE		\$ -	\$ 85,544	\$ 42,772	\$ 85,544	\$ 128,316
				\$ -		\$ -
Services & Supplies						
				Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
Planning Consultant	1	\$ 3,000	\$ 3,000	\$ 3,000	\$ -	\$ 3,000
Law Enforcement Training	1	\$ 7,500	\$ 7,500	\$ -	\$ 7,500	\$ 7,500
Meeting Expenses	1	\$ 1,800	\$ 1,800	\$ 800	\$ 1,000	\$ 1,800
Program Office Supplies	1	\$ 500	\$ 500	\$ 250	\$ 250	\$ 500
Medical Supplies				\$ -		\$ -
Other:				\$ -		\$ -
Other:				\$ -		\$ -
Other:				\$ -		\$ -
Subtotal Expenses			\$ 12,800	\$ 4,050	\$ 8,750	\$ 12,800
Total Personnel Expense and Supplies			\$ 98,344	\$ 46,822	\$ 94,294	\$ 141,116
+ Admin. Costs	0.12		\$ 11,801	\$ 5,619	\$ 11,315	\$ 16,934
TOTAL OPERATING EXPENSES			\$ 110,145	\$ 52,441	\$ 105,609	\$ 158,050
TOTAL OPERATING REVENUE				\$ 54,241	\$ 108,482	\$ 162,724
IN KIND						