



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 378-4324

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**EIGHTEENTH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH  
SERVICES AGREEMENT #141431**

This Eighteenth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services dated as of July 1, 2013(as amended, the "Agreement"), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and **Yamhill County** ("County").

**RECITALS**

WHEREAS, OHA and County wish to modify the OWITS Financial Assistance Award set forth in Exhibit D-2, the Biennial Implementation Plan set forth in Exhibit C, and the Catalogue of Federal Domestic Assistance (CFDA) Number Listing set forth in Exhibit L of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

**AGREEMENT**

1. The financial and service information in the OWITS Financial Assistance are hereby amended as described in Exhibit 1 attached hereto and incorporated herein by this reference. Exhibit 1 must be read in conjunction with the portion of Exhibit D-2 of the Agreement that describes the effect of an amendment of the financial and service information.

B.O. 14-729

2. Exhibit C., "Biennial Implementation Plan", is hereby amended to read in its entirety as set forth in Exhibit 2 attached hereto and incorporated herein by this reference.
3. Exhibit L., "Catalogue of Federal Domestic Assistance (CFDA) Number Listing" is hereby amended to read in its entirety as set forth in Exhibit 3 attached hereto and incorporated herein by this reference.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit G of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
7. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

Yamhill County

By:

Allen Sprungu      Chair, Board of Commissioners      12-18-14  
 Authorized Signature      Title      Date

State of Oregon acting by and through its Oregon Health Authority

By:

[Signature]      DO      4/5/15  
 Authorized Signature      Title      Date

Approved As To Form  
 by [Signature]  
 Christian Fox  
 County Clerk  
 Yamhill County

Accepted by Yamhill County  
 Board of Commissioners on  
12-18-14 by Board Order  
 # 114-729

2. Exhibit C., "Biennial Implementation Plan", is hereby amended to read in its entirety as set forth in Exhibit 2 attached hereto and incorporated herein by this reference.
3. Exhibit L., "Catalogue of Federal Domestic Assistance (CFDA) Number Listing" is hereby amended to read in its entirety as set forth in Exhibit 3 attached hereto and incorporated herein by this reference.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit G of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
7. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

**Yamhill County**

By:

Allen Sprungu                      Chair, Board of Commissioners                      12-18-14  
Authorized Signature                      Title                      Date

**State of Oregon acting by and through its Oregon Health Authority**

By:

\_\_\_\_\_  
Authorized Signature                      Title                      Date

Approved As To Form  
by Christian Fuchs  
Christian Fuchs  
County Clerk  
Yamhill County

Accepted by Yamhill County  
Board of Commissioners on  
12-18-14 by Board Order  
# 14-729

**Exhibit 1 to the 18th Amendment to  
Oregon Health Authority  
2013-2015 Intergovernmental Agreement for the  
Financing of Community Addictions and Mental Health Services Agreement #141431**

**OREGON HEALTH AUTHORITY  
OWITS FINANCIAL ASSISTANCE AWARD  
2013-2015**

**Exhibit D-2**

**CONTRACT NAME:** Yamhill County      **CONTRACT #:** 141431  
**EFFECTIVE DATE:** 7/1/2013 12:00:00 AM      **AMENDMENT#:** 18

**ADDICTIONS AND MENTAL HEALTH SERVICES**

**SERVICE REQUIREMENTS MEET EXHIBIT B, MHS 37- FLEXIBLE FUNDING**

Yamhill County-141431

Fund Source Description	Start Date	End Date	Approved Funding Level	Payment Frequency	Special Condition
0300 COMM MH BLOCK EVEN YR FF 93.958 SUB RECIPIENT	04/01/2015	06/30/2015	(\$25,222.74)	Monthly	These funds may only be used in accordance with federal regulations related to MH Block Grant.
0301 COMM MH BLOCK ODD YR FF 93.958 SUB-RECIPIENT	04/01/2015	06/30/2015	\$25,222.74	Monthly	These funds may only be used in accordance with federal regulations related to MH Block Grant.
<b>Total Authorized Amount of this Amendment</b>			\$0.00		

**Amendment Reason:** Funds are removed from fund source 0300 and funds are awarded to fund source 0301.

**Exhibit 2 to the 18th Amendment to  
Oregon Health Authority  
2013-2015 Intergovernmental Agreement for the  
Financing of Community Addictions and Mental Health Services Agreement #141431**

**2013-2015 INTERGOVERNMENTAL AGREEMENT  
FOR THE FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH  
SERVICES**

**EXHIBIT C**

**BIENNIAL IMPLEMENTATION PLAN**

# YAMHILL COUNTY BIENNIAL IMPLEMENTATION PLAN 2013-2015

## Part I: System Narrative:

This includes an overview of the current system; description of the community needs assessment process; and an analysis of the LMHAs strengths and areas for improvement.

### 1. System Overview

#### I 1a) Overview of the County's current addictions and mental health services and supports system

##### A. Mental Health Promotion

Mental health promotion includes efforts to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion while strengthening their ability to cope with adversity. Until recently, mental health promotion has remained separate in behavioral health models depicting prevention, treatment, and maintenance. As the strategic prevention framework has been redefined over the years, public health models have begun to influence mental health promotion and prevention. Central to the concepts of promotion and prevention, and therefore to the public health approach, is the concept of the social determinants of health. Social determinants are factors that contribute to good or bad health of the population. While some of these factors are intrinsic to the individuals whose health is being considered, many others are part of the social, economic, physical, or geographical environment, and can therefore be influenced by policies and programs.

Public Health models have three core functions:

- 1) Assessment of information on the health of the community
- 2) Comprehensive public health policy development
- 3) Assurance that public health services are provided to the community

These models also include the Ten Essential Services of Public Health:

- 1) Monitor health status to identify community health problems
- 2) Diagnose and investigate health problems and health hazards in the community

- 3) Inform, educate, and empower people about health
- 4) Mobilize community partnerships to identify and solve health problems
- 5) Develop policies and plans that support individual and community health efforts
- 6) Enforce laws and regulations that protect health and ensure safety
- 7) Link people to needed personal health services and assure the provision of health care when otherwise available
- 8) Assure a competent public and personal health care workforce
- 9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 10) Research for new insights and innovative solutions to health problems

Yamhill County Health & Human Services incorporates mental health promotion in all aspects of prevention, intervention, treatment and maintenance. There is one Prevention Coordinator on staff whom is a Certified Prevention Specialist. This individual works with Adult Behavioral Health, Family & Youth, Addictions, and Public Health programs (including Maternal & Child Health home visiting staff and the Tobacco Prevention and Education Program) to integrate mental health promotion in community presentations and individual client interventions.

### **B. Mental Illness, Substance Abuse and Problem Gambling Prevention**

The Prevention Coordinator works closely with community based organizations and local school districts to provide technical assistance and delivery of prevention programs for alcohol, drugs and problem gambling prevention. Prevention staff conducts informational sessions and presentations to local school counselors as well as to other service organizations (such as Kiwanis and Rotary Club) on the topic of gambling prevention. The Prevention Coordinator works to educate schools on the importance of alternative activities for graduation nights that don't include gambling. Evidence Based Curricula is administered in local schools to address gambling prevention, specifically targeting middle and high school age students. Curriculum also focuses on violence, drug and alcohol prevention, and increasing protective factors while decreasing risk factors. The Center for Substance Abuse Prevention Strategies are utilized in targeting communities. The Prevention Coordinator works with law enforcement to provide environmental Control Commission and local law enforcement on responsible vending and educating retailers on the impacts of underage drinking on society.

### **C. Early intervention**

Yamhill County Health and Human Services provides Early Intervention services in a number of different programs including:

- Yamhill County Public Health offers home visiting services to families during pregnancy and through age five (age 21 for children with special medical needs) in Yamhill County. These services provide assessment, education and intervention addressing the child's physical, developmental and emotional needs. Case management serves to connect families to

community services and resources. We provide developmental screening by using the “Ages and Stages” and “Ages and Stages: Emotional Social” questionnaires as well as vision, hearing and motor screens for infants. Our programs target families based on medical and social risk factors identified by the State and the Commission on Children and Families. These identified risk factors put children at risk for developmental delays, child maltreatment and overall poor health outcomes. Identified needs include families needing assistance connecting to community resources, parents needing support and parent education, families where there are concerns regarding the development of the child, antenatal depression, and children with complex medical problems. Service and visit data such as referrals made to the family, referral follow up, smoking cessation progress, domestic violence, oral health, and whether the child is current on well child checks and immunizations is captured through our State databases – Oregon Child Health Information Data System (ORCHIDS) and Family Manager. Our services are provided in a culturally competent and sensitive manner to the greatest extent possible. We have services offered in Spanish and Russian. The language line can be used for other languages if needed. We work closely with medical providers and birthing centers which provide the majority of our referrals. Our community continues to have a strong need for home visiting services. Family surveys continue to show that people want support raising their children. The majority of child maltreatment cases are related to neglect, and the majority of these neglect cases have to do with families not being able to provide adequate clothes and food for their children. Our programs connect families to resources and help them become self-sufficient. It is our goal to support and assist parents in making healthy choices for their families and our services allow us to evaluate family needs and intervene as necessary to prevent child maltreatment and help families thrive.

- Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for young children with emotional and behavioral disorders that emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns. The target age range is children 2–7 years old. The child’s primary caregiver (parent, foster parent, relative) is taught specific, measurable skills in a live, observed session with a trained therapist. Pre, mid and post therapy assessments are recorded to measure progress. Family & Youth Programs has been given a grant by the state of Oregon to provide this program to Spanish speaking families and those with who have children with no insurance. For families with insurance but limited financial resources to cover deductibles, we offer the service on a sliding scale.
- School-based therapy is provided in several of the schools in Yamhill County (including Dayton, McMinnville, Sheridan, Willamina, and Yamhill-Carlton). Clinicians offer mental health screenings, assessments, therapy, consultation to staff, crisis services, skills training, groups, and urinalysis (UA) screens. Behavior Specialist services are also provided as requested by schools.
- Physicians Medical Center (PMC) provides space weekly for a Qualified Mental Health Professional (QMHP) from Family & Youth Services to provide mental health screenings for youth ages 0-18 referred by their primary care physicians. The QMHP also provides mental health consults as well as information regarding services available through community partners.
- Head Start and Early Head Start of Yamhill County has contracted with Family & Youth Programs to provide a QMHP to serve a number of roles: providing classroom observations and feedback to teachers, processing groups for families and staff, teaching skills to staff, processing for families and staff when a crisis occurs (i.e., a fire in a home), and providing referral support to engage in mental health services for Head Start families. There are currently 393 families enrolled in Yamhill County Head Start.

- Psycho-Education support groups are offered by Family & Youth employing a parent-support partner who teaches Collaborative Problem Solving (CPS) classes (using the text *The Explosive Child*) and provides ongoing support to client caregivers and to anyone in the community. These classes have also been offered to school staff as several school districts have adopted CPS as their focus.
- Early Assessment and Support Alliance (EASA) provides information and support to young people (age 12-25) who are experiencing symptoms of psychosis for the first time. The EASA team provides information regarding EASA services, eligibility criteria, and contact information for questions and referrals to numerous community agencies including schools, medical providers, faith-based organizations, and government agencies. The EASA clinical teams provide outreach and engagement, assessment, diagnosis and treatment planning by mental health professionals specifically trained in early psychosis work, education and support for individuals and families or primary support systems, crisis and relapse planning, assistance with knowing rights and available benefits, goal setting and planning, mentoring and opportunities to meet others, independent living skill development, occupational therapy, resource brokering and advocacy, support for vocational and educational settings, group and individual counseling, and medication support. EASA is a transitional program, serving individuals for approximately two years. The program continues to evolve based on feedback, experiences and availability of new methods. For example, EASA is now integrating methodology from evidence-based “toolkits” developed by the U.S. Substance Abuse and Mental Health Administration (SAMHSA). Toolkits being implemented by EASA include multi-family groups, illness management and recovery, dual diagnosis treatment (chemical dependency and psychosis), and supported employment. Data is submitted quarterly to the EASA Center of Excellence. In addition, Yamhill County EASA program tracks vital signs and metabolic indicators for individuals enrolled in EASA. Yamhill County Mental Health achieved a 2012 EASA fidelity score of 441 points or 94% rating. Reviewers reported this as the highest score achieved in 2012 by an Oregon EASA provider.
- Yamhill County HHS has been partnering with local Law Enforcement (LE) for years to better serve individuals with mental illness coming in contact with law enforcement in the community. In 2007, YCHHS coordinated a three way partnership between both local hospitals and all major local Law Enforcement Departments and started a monthly meeting called Community Crisis Response Team which focused on building understanding and strengthening partnership through case review, system coordination and improvements. During 2009 the Special Needs Task Force (SNTF) was convened. The primary purpose of the SNTF was to evaluate the local criminal justice and mental health system interface and make improvements that would achieve the following three goals: 1) prevent initial involvement of special needs persons in the criminal justice system, 2) reduce length of stay at jail/detention and ensure quality care while incarcerated, and 3) decrease the rate of return to the criminal justice system.  
  
Special needs were defined to include: persons with mental health disorders (some of whom have addictions issues), persons with traumatic brain injury, persons with developmental disabilities, and Veterans with mental disorders such as PTSD caused during service. The SNTF adopted an evidence-based approach called the “Sequential Intercept Model” to review parts of the local system. Essentially, the model revolves around the concept of making key decisions about arrest, incarceration, case adjudication, and referral/linkage to needed services such as community behavioral health and/or crisis respite services

(including shelter for persons with special needs). At times psychiatric hospitalization is needed.

The SNTF merged into a broad criminal justice system improvement effort in 2010 when key community stakeholders decided to apply for the Evidenced-Based Decision Making Initiative (EBDMI). After a competitive application process, Yamhill County was selected as one of seven national jurisdictions to review the entire local criminal justice system at key decision points that mirrored the Sequential Intercept Model. The EBDMI Policy Team has selected four primary focus areas and created a work plan for each: Pre-trial, Sentencing, Special Needs and Cognitive Programming.

One of the specific areas for system development and improvement within the Special Needs work plan is community crisis response for persons who are struggling with mental health issues. One objective, for example, is to increase local LE participation in Crisis Intervention Training (CIT), a national model which helps officers and deputies respond more effectively when interfacing with challenging individuals in the community. The Sheriff's Office has made a tremendous investment in CIT training. Another objective is to increase local LE access to community mental health screening and crisis response, including development of a mobile team that can assist officers and deputies in the field. The data indicates there is need for additional criminal justice and mental health resources in the community. The SNTF started a brief evidence-based mental health and addictions screen at booking into jail. Since January 1<sup>st</sup>, 2011, the jail has collected the following data: 1,108 out of 8,515 individuals have been flagged as "high risk" for mental health issues (which is 13% of the general population) with a significant difference for males (10.2%) and females (21.3%).

YCHHS is currently recruiting for a position to work alongside local LE as part of a "pilot" program to reduce jail and hospital admissions. The position will allow YCHHS to move closer towards a 24/7 outreach model of care and allow daytime and evening community response Monday through Friday, with weekend support provided from approximately 12:00 noon to 10:00 pm based on call volume data available from Newberg and McMinnville dispatch. Additionally, recent discussions with health delivery system partners within Yamhill County Care Organization (Yamhill CCO) indicate there is increased need and desire for community outreach into other points of contact for persons with mental health challenges, including primary care offices. Our goal is to increase population health while reducing cost through a coordinated outreach and engagement approach.

## **D. Treatment and recovery**

**1. Family and Youth Program's** primary goal is to enhance the overall health and well-being of children, youth and families who live in Yamhill County. Treatment and Recovery services provided by Family and Youth Programs are detailed below.

- **Mental Health and Addictions Outpatient Services**

Family and Youth Outpatient Programs serve children and teens ages 0–18. We have an array of mental health and addictions professionals with advanced education and training in counseling and various specialties. Our approach matches the best practices developed by research and national experts. We focus on helping children, teens and parents improve skills and

overall health and well-being. Family and Youth staff initiate the treatment and recovery process by completing an initial comprehensive Behavioral Health Assessment. The purpose of this assessment is to work with the client and family to identify areas of strength and challenge; this provides the clinician with an overall picture of the client's physical, emotional, cognitive, and behavioral assets and deficits. As goals are identified, an Individual Services and Support Plan (ISSP) is created to serve as a guide for the treatment interventions that will be used to help the individual reach their goals. This may include individual and family therapy, group therapy, parent education groups, and other interventions identified during the treatment process that match the specific needs of the client. See section on "adolescents with substance use and/or mental health disorders" under Specialty Populations below for additional information.

- **Crisis Services**

Family and Youth Crisis Services focus on individuals who are in danger of harming themselves or someone else. During business hours Family and Youth staff are assigned crisis coverage (with after- hours crisis services contracted through an outside agency). Please see Crisis and Respite Services section below for additional information.

- **Medication Evaluation and Management**

Some children and youth struggle with extreme behaviors, anxiety and/or depression that do not improve adequately with therapy alone. When medications are indicated, Family and Youth Programs provides access to psychiatric services for evaluation and medication management in order to enhance the treatment and recovery process.

- **Trauma Informed Care**

Family and Youth Programs provide trauma-sensitive services for clients who have experience traumatic events and the family members who are supporting them. Whether they have experienced a single event or a more complex trauma, a child or adolescent's thoughts and behaviors can be impacted and filtered through this perspective. Through work with the Mid-Valley Behavioral Care Network and other mental health providers, Trauma Informed guidelines are being established to guide appropriate interventions for youth who have experienced traumatic events in their lives. Services include Play Therapy, Sand Tray, Sensory Room, Yoga Calm Classes, Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavior Therapy (DBT).

- **Mentoring Program**

Research has shown that providing appropriate support for youth with limited resources builds self-esteem and enhances their ability to be successful in life. Our program is currently in the second year of providing mentors to identified youth who qualify for this service.

- **New Solutions Wraparound Services**

The New Solutions wraparound service model is a relatively new way of partnering with families to help them succeed. The wraparound model is a team-based process that helps groups of people involved in a family's life work together toward a common goal. With help from one or more facilitators, individuals from the family's life work collaboratively and coordinate activities to create a plan that includes ways to assure that children/youth and their families can experience success in their communities, homes, and schools.

- **Juvenile Department and Juvenile Justice Interface**

Family and Youth Programs provide Sex Offender Treatment Services for individuals who are referred by Yamhill County

Juvenile Department staff and other community partners. Clients are offered the opportunity to work through the issues that drive their behavior and eventually go through the clarification process and complete treatment.

**2. Yamhill County Adult Behavioral Health Program's** primary focus is to implement coordinated care with the goals of the triple aim: Improving services and community health, increasing access in a timely manner, and reducing cost. We will be implementing the goals and objectives of our local Yamhill County Care Organization Transformation Plan during the 2013-15 biennium to meet identified outcome measures in the plan.

Adult Behavioral Health includes Adult Mental Health Services, Adult Chemical Dependency Treatment Services, Community Support Services, and Enhanced Residential & Outreach Services.

**a) Adult Mental Health Services**

The Adult Mental Health team works with individuals 18 years of age and older presenting with a Behavioral Health Disorder as medical necessary. Services are prioritized based on level of functioning and insurance authorization. Yamhill County has begun and will continue to work toward the integration of Behavioral Health Services. During the next two years we will further integrate behavioral health with primary care in our Adult Behavioral Health center. We are developing an open access system to include a 5-axis assessment, triage and referral, and coordination to and with medically appropriate treatment services and Primary Care. The goal is to achieve a fully functioning integrated system of care. Staff from both disciplines (Mental Health and Chemical Dependency) will be cross trained, including the Crisis Assessment Team. Counselors identified specialties will dovetail with the needs of the consumer. We are exploring models of care that address pain management particularly as it relates to community members accessing high cost emergency department services. Our goal is to identify the highest users of such services and engage them in care.

Yamhill County Adult Mental Health provides Evaluation (including Urgent Behavioral Health Screening, Comprehensive Mental Health Assessment, and Psychiatric Diagnostic Interview and Evaluation), Psychiatric Medication Management Services, Crisis Services (including telephone support and referral, initial crisis screening assessment, crisis intervention, linkage to psychiatric hospitalization or crisis respite services, pre-commitment investigation, and hospital liaison services), Co-Occurring Services (including acute stabilization, referral, Motivational Enhancement Services, active treatment, skill building interventions, relapse prevention skills training, rehabilitation and recovery treatment, early access to rehabilitation, and coordination and collaboration), and General Behavioral Health Services. These services are organized around the following practices:

- Bio-psychosocial comprehensive behavioral health assessment and strength-based service planning which may include psychiatric evaluation and medication support, individual and group therapy, case management support and skills training services, peer delivered services and linkage with natural supports.
- Services are culturally competent
- Services are trauma-informed

- Services are based on evidenced-based practices to maximize recovery and wellness and include:

- Individualized Services and Support Plans
- Psychiatric Medication Support
- Solution Focused Brief Therapy
- Cognitive Behavioral Therapy for Anxiety and/or Depression
- Dialectical Behavior Therapy
- Seeking Safety Group
- Acceptance & Commitment Therapy
- Making Changes for Good groups
- Dual Disorder treatment groups
- Anxiety Group
- Pain management and walking group

**b) Adult Chemical Dependency Treatment Services**

Yamhill County Chemical Dependency Programs highly trained and experienced Certified Drug and Alcohol Counselors specialize in working with each client to develop a comprehensive, individualized plan of recovery. We offer a wide array of treatment options and programs including:

- **CD Outpatient Treatment**

We offer services that are mandated through our contracts with the state and locally to meet the triple aim goals of health system transformation. Chemical Dependency Outpatient Services include screening, assessment, integrated Individual Service and Support Plan, aftercare planning and coordination, DUII Diversion and Conviction Program, Marijuana Diversion Program, General Outpatient Program, Adult/Minor In Possession treatment, Employee Assistance Program referrals, evening and Saturday services.

- **Criminal Justice Treatment Court Services**

Chemical Dependency Programs partner with Yamhill County Courts, assisting clients in successfully accomplishing Drug Court requirements. All participants choosing this program work with the team to develop plans that are specific and unique to their particular needs and issues. The treatment courts work to help clients prioritize and address these issues in a timely, realistic and effective manner. We offer services for Family Drug Court and other specialized drug courts. YCHHS provides additional court coordinated services as well (including mental health court and peer court).

- **Women's Transitional Residential Services**

Reflections is Yamhill County Chemical Dependency's residential, transitional home for addicted mothers of young children. Services are offered to mothers who are participating in intensive outpatient chemical dependency treatment, but would benefit from additional support in a drug-free, multi-family, partially supervised setting. Reflections makes many referrals to community resources such as health services, job assistance, self-help groups, and parenting classes. Services offered in the home include homemaking, housekeeping, self-esteem building, communication skills, conflict resolution, problem-solving

skill building, and personal goal setting. These special services are provided with the goal of reuniting mothers and their children and transitioning the family into a safe and successful independent living situation.

- **RDL/Hardship License**

Yamhill County Chemical Dependency is the only Restricted Driver's License (RDL) program in the county.

- **Enhanced Outpatient Treatment**

The Enhanced Outpatient Program (EOP) treatment group focuses on a higher level of outreach and engagement with clients who come into services. The providers offer a unique set of skills and styles to help clients who are struggling with abstinence and compliance with community partners achieve better outcomes. Specialty training and skills in this team include marriage and family therapy, social work, dual-diagnosis, criminal thinking and community based support knowledge. The EOP program has the ability to provide contact six days a week and to offer access to more than one therapist for specialized support based on a client's individual needs. Individual sessions are available in addition to traditional group therapy. A client who may be appropriate for residential treatment services can be supported on an interim basis or until a residential bed becomes available.

- **Outpatient Gambling Treatment**

Yamhill County provides a full service outpatient gambling treatment program. There are two State certified gambling treatment counselors on staff. We provide a full clinical assessment and collaboratively develop an individualized treatment plan identifying goals that the client chooses to work toward. We offer both group and individual treatment services in a safe and confidential environment. The Gambling program also offers treatment and support for family members, even if the problem gambler is not involved in treatment. We offer co-occurring disorder treatment as well as community outreach and after-care problem gambling services. Our program works closely with Oregon's only residential gambling treatment program (located in Salem) and we can facilitate a referral to the inpatient program if a higher level of care is needed. Yamhill County works closely with the State of Oregon's 24-hour gambling crisis hotline. The State of Oregon also has a 24-hour crisis webpage where individuals can reach out and live chat with a counselor.

### Cultural Services

All Yamhill County outpatient services are available for Spanish speaking clientele. Services are provided by bicultural and culturally competent staff members and counselors. Our Spanish speaking staff work very closely with culturally specific residential treatment programs in Oregon. We can easily facilitate a referral to a culturally appropriate inpatient program if a higher level of treatment is needed.

Yamhill County Care Organization will be working with local PCP's and hospitals to educate and train personnel on the use of the "Screening, Brief Intervention, and Referral to Treatment" (SBIRT). The training will also include educating the medical community on the resources (i.e., integrated substance abuse and mental health treatment) within the County's integrated behavioral health network and creating seamless pathways to care and coordination of care.

**c) Yamhill County Community Support Services Program (CSS)** provides the following services for individuals with serious

mental illness, including those with a co-occurring disorder of substance abuse and/or developmental disabilities that are capable of benefiting from mental health treatment:

**Community Supported Living Program**

- Assertive Community Treatment (ACT)
- Adult Mental Health Initiative (AMHI)
- Residential/Supported Housing Programs

Yamhill County Mental Health and Housing Authority of Yamhill County (HAYC) work in coordination to support three residential programs in McMinnville – Bridges, Sunnyside, and Homeport. Each of these sites is owned by HAYC and residents of these programs receive wrap around supports from Yamhill County Mental Health. A residential team from Yamhill County Mental Health works in coordination with individuals’ case managers to provide a vast array of services to assist residents in maintaining community living. Services include medication monitoring, conflict resolutions skills, emotional regulation skills, money management, symptom management, cooking and grocery shopping. This same array of services and supports is also offered to individuals living independently in other scattered-site housing.

Bridges provides crisis and respite services that can function as a hospital diversion, support individuals in stepping down from a hospital setting, and provide clients with a place to live while receiving skill training to assist them in increasing symptom management, coping strategies, and independent living skills. Bridges also offers an 18-month unit that is designated for individuals who could benefit from skill training before moving to a more independent setting. Sunnyside has 15 units and is a drug and alcohol free complex. Homeport is a 14 unit complex that allows individuals to drink. Individuals must qualify for section 8 housing and receive section 8 when they reside at Sunnyside, Homeport and the 18 month unit at Bridges.

- **1915i Home and Community-Based Services:** Yamhill County Mental Health is in the process of developing and implementing rehabilitative services to better support individuals with serious mental illness living in the community and pursuing their recovery goals.

**Abacus Psychiatric Rehabilitation Program**

- Mental Health Recovery Groups/Classes  
Abacus offers groups and classes that focus on providing individuals with tools and supports to improve their health and wellness, live a self-directed life, and to reach their full potential. The following are examples of groups and classes offered by Abacus to promote recovery:

- Educational Classes:
  - o Symptom Management & Recovery

- Managing Bipolar Symptoms
- Conversation Skills that Work
- Conflict Resolution
- Assertiveness/Personal Boundaries
- Mood Solutions

Psychosocial Groups:

- Leisure and recreational activities
- Education regarding mental health conditions
- Social skill development to increase an individual's capacity to be successful and satisfied in their living, working, learning and social environments

Community-based work crews for treatment & rehabilitative purposes to promote mental health recovery.

- Evidence-based Supported Employment – Individual Placement and Support model  
Yamhill County Mental Health achieved a 2012 Supported Employment fidelity score of 104 (meeting eligibility requirements to bill DMAP, fee-for-service, for medicaid funded supported employment services).

- Wellness Classes:

Overcoming or managing one's mental health condition as well as living in physically and emotionally healthy ways are important to promoting recovery. Abacus offers the following Wellness activities to promote physical and mental well-being:

- Living Well with Chronic Conditions class – A six-week class that provides tools for living a healthy life with chronic health conditions including mental illness, diabetes, arthritis, asthma and heart disease. The class provides information, encouragement, and support for continuing normal daily activities and dealing with the emotions that may be experienced due to chronic conditions.
- Healthy Living Class – Designed to empower and inspire individuals with mental illness to choose a healthier lifestyle, improve their overall health and better manage their mental health condition. The class places emphasis on healthier eating and physical activity, and also focuses on other key lifestyle factors including access to health care, tobacco, sleep and stress.
- Fitness Class – Physical activity has the dual benefit of improving physical health, which in turn positively improves a person's mental well-being. The fitness class utilizes exercise equipment located in the Abacus facility under the guidance and skill training of an Abacus staff with the support of other members.
- Walking group – The group walks various routes in the community under the guidance and skill training of an Abacus staff. In addition to the benefits of physical activity, walking group provides opportunity for community integration and to expand a person's support network.

- Peer Services

Yamhill County HHS values what individuals with lived experience and experiential knowledge bring to the array of services and supports offered in Yamhill County. The contributions of these individuals serve to enhance mental health treatment

teams and influence the development of recovery-based and person centered services. The following peer services for adults are offered in Yamhill County:

- Champion Team Peer Run Organization
- Peer Support Specialists
- Community Support and Integration Teams – peer wrap-around supports
- Dave Romprey Warmline

**Early Assessment and Support Alliance (EASA)**

**d) Enhanced Residential & Outreach Services Program** provides mental health services and supports to individuals residing in licensed care settings.

**Parkside Residential Treatment Facility (RTF)** is a medically-focused licensed residential program which provides 24-hour supervision and support to individuals with serious mental illness and medical/physical conditions that would otherwise not be able to maintain stability outside the hospital setting. Yamhill County partners with a private provider who ensures that nursing care is available and facility staff are present at all times to assist residents with care needs. Yamhill County Mental Health staff are on-site to provide mental health services and supports for at least 12 hours each day, seven days a week. This program is considered transitional in focus with the goal of supporting individuals in moving to more independent settings as they are clinically ready.

**Harmony Living Enhanced Care Facility (ECF)** is an Aging and People with Disabilities (APD) licensed, secured Residential Care Facility that provides a community-based alternative to psychiatric hospitalization for 16 individuals with serious and persistent mental illness and co-occurring medical conditions and/or aging issues. Enhanced Care is designed to support hard-to-place APD-eligible individuals who demonstrate challenging behaviors and psychiatric symptoms. This program provides 24-hour supervision and support through partnership with the APD provider, who ensures nursing care is available and facility staff are present at all times to assist residents with care needs. Yamhill County Mental Health staff are on-site to provide mental health services and supports approximately 12 hours per day, seven days a week.

In addition to the medical and personal care services provided by facility staff, Mental Health Services provided to residents of the Residential Treatment Facility and Enhanced Care Facility include:

- Assessment, individual service & support planning, individual therapy, consultation, transition planning for service conclusion
- Daily group skills training activities focusing on socialization, symptom management, recreation & structuring of leisure time, physical health & fitness, and spiritual expression
- Individual case management and skills training including assistance with money management, establishing positive community contacts, nutritional education, and community safety awareness

- Psycho-educational groups for illness management and recovery
- Development of individualized behavioral support plans
- Medication management by licensed medical practitioner
- 24-hour mental health crisis coverage
- Participation in & facilitation of weekly treatment team meetings
- Ongoing training for provider staff to help ensure continued quality services

**Enhanced Care Outreach Services (ECOS)** is a program that provides Enhanced Care mental health services (including assessment, service planning, individual therapy, consultation, individual & group skills training, and medication management) to individuals residing in APD-licensed community settings. These individuals are generally people who meet eligibility criteria for Enhanced Care but do not require the security of the Enhanced Care Facility and/or whose care needs differ from what an RCF level facility is licensed to provide. We currently serve 10 individuals in ECOS and are planning to expand in the next fiscal year.

**Pre-Admission Screening & Resident Review (PASRR)** is a federally required component of the state Medicaid program intended to ensure that nursing facility residents with serious mental illness are identified, appropriately placed, and provided with the services they need. Our program provides PASRR level II evaluations & reviews to verify diagnosis, determine the most appropriate service setting, and facilitate specialized services as needed. The PASRR evaluator may also provide referrals and linkage to other support services (such as outpatient mental health, chemical dependency services, the senior peer counseling program, and APD adult protective services).

## **E. Crisis and respite services**

Yamhill County Health and Human Services provides Urgent Mental Health Services 24-hours a day, seven-days-a-week for Yamhill County Health and Human Services clientele and individuals in psychiatric crisis presenting at our offices, local emergency departments, or who are interfacing with law enforcement in the community. Services include:

- Telephone support and referral to medically appropriate care
- Initial crisis screening assessment
- Crisis intervention
- Linkage to psychiatric hospitalization or crisis respite services
- Pre-commitment investigation
- Hospital liaison services

On-Site services are available Monday through Friday from 8:30am - 5:00pm at our offices in McMinnville. Emergency evaluations and crisis intervention are provided at local hospital emergency rooms and the Yamhill County Jail. After-Hours Services include access to telephone crisis line for initial intervention, David Romprey consumer run and operated warm line, consultation, face-to-face

assessment, off-site emergency evaluations, and hospital diversion services.

Yamhill County Family and Youth has two designated staff for crisis response during office hours, 8am - 5pm Monday through Friday. Marion County Psychiatric Crisis Center is utilized for crisis coverage after hours and on weekends (this will change to George Fox Counseling Center effective 5/1/13). There are contracts through the Mid-Valley Behavioral Care Network (MVBCN) for Children's System Change Initiative eligible youth to utilize crisis respite services at Chehalam Youth and Family Services, Looking Glass Youth and Family Services, and Catholic Community Services.

**F. Services available to required populations and specialty populations**

**Required Populations**

- **Children with Serious Emotional Disorders (SED)**

As previously mentioned in the Treatment and Recovery section above, Family and Youth Programs provide trauma-sensitive treatment services that begin with an initial screening and assessment. After the assessment is completed, staff utilize strategies and approaches to promote a culture of care that is trauma-informed and person-centered for clients and family members who support those receiving services. Services include Play Therapy, Sand Tray, Sensory Room, Yoga Calm Classes, Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavior Therapy (DBT).

- **Adults with Serious Mental Illness (SMI)**

**1. See services listed above under Treatment and Recovery:** Yamhill County Adult Behavioral Health Program (including Adult Mental Health Services, Adult Chemical Dependency Treatment Services, and Community Support Services Program).

In addition, the Yamhill County Adult Behavioral Health Program offers the following services to individuals with serious mental illness:

- **Psychiatric evaluations and medication support**
- **Strength-based case management** services for coordinating the access to, and provision of, services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements.
- **Integrated Co-occurring Services and Supports:** Yamhill County Health & Human Services strives to provide a welcoming treatment environment to individuals with co-occurring mental health and substance use disorders. It is our practice to address both disorders during the treatment process from the first contact with the individuals we serve. Integrated dual primary treatment is provided where each disorder receives appropriate assessment and diagnosis-specific and stage-specific treatment. Stage-wise treatment interventions and client expected outcomes are matched to an individual's stage of change. The following services are

provided:

- Acute Stabilization: Referral to medical detoxification or safe sobering up with initial stabilization of acute psychiatric symptoms.
- Referral to chemical dependency residential treatment services with ongoing coordination of care in support of transition back to community services and community living.
- Motivational Enhancement Services: We utilize motivational strategies and offer motivational groups. The group process facilitates discussion of substance use decisions for group members who are likely to be actively using and are not yet sure they want to make a commitment to change.
- Active Treatment: Individual and group treatment interventions are provided for substance use disorders to individuals with psychiatric disorders and disabilities with a focus on specific substance reduction or elimination skills, including participation in self-help recovery programs such as Alcoholics Anonymous and Narcotics Anonymous for those with addictions.
- Skill building interventions are provided utilizing specific role-playing and behavioral rehearsal of basic refusal skills.
- Relapse Prevention Skills Training is offered with referral to self-help recovery programs, as well as access to specialized self-help programs like Dual Diagnosis Anonymous and Double Trouble in Recovery.
- Rehabilitation and Recovery: Treatment is based on strengths and is focused on developing new skills and capacities, improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of both disorders.
- Early access to rehabilitation: Disabled individuals who request assistance with housing, jobs, socialization, and meaningful activity are supported in addressing these needs through the treatment process.
- Coordination and collaboration: With the individual's permission, coordination of care with families and allied providers is incorporated into the treatment process.

○ **Court Coordinated Services:**

Yamhill County Mental Health currently collaborates with local criminal justice partners to operate a specialty mental health court for individuals who have a mental illness and who are criminal justice system involved. The goal of this court is to assist individuals diagnosed with a mental illness to successfully complete their parole/probation and/or successfully complete Court Coordinated Services (CCS) as a diversion to conviction of a misdemeanor offense. Some individuals may be supervised by the Circuit Court under bench probation. There is a strong emphasis on connecting participants to mental health treatment, drug and alcohol treatment and completing all of the conditions of supervision including paying restitution, completing community service and engaging in positive activities such as work or school.

**2. National Alliance on Mental Illness (NAMI)**

Yamhill County Health and Human Services has a strong relationship with NAMI, Yamhill County. The Abacus facility and office equipment are provided at no cost to NAMI, Yamhill County, for their monthly member's meeting, bi-weekly support groups, Family-to-Family classes, Peer-to-Peer classes, Board meetings, and In Our Own Voice trainings. An Adult Mental

Health Program supervisor attends the monthly members meetings as a liaison to NAMI, Yamhill County. NAMI is represented on the Mental Health and Developmental Disabilities Advisory Board/Quality Management Committee, Adult Mental Health Subcommittee, Supported Employment Advisory Committee, and Feedback Review Committee.

### **3. Consumer Run Organizations**

Yamhill County Health and Human Services (YCHHS) has a strong relationship with the Champion Team consumer run organization. The Abacus facility, office equipment, and a van are made available to the Champion Team for administrative and peer service activities. YCHHS also contracts with Project ABLE through the Mid-Valley Behavioral Care Network (MVBCN) to offer ABLE Teams to individuals with mental health challenges in Yamhill County. Through the MVBCN contract, Project ABLE supports 6-10 peer wrap-around teams to assist individuals in their mental health recovery.

- **Persons who are intravenous drug users**

Individuals who are intravenous drug users are prioritized for chemical dependency treatment per administrative rule including transitional residential and inpatient residential services with coordination of care back to the community. Individuals are offered the full array of chemical dependency services and if eligible, mental health services. Please see information included above under "Treatment and Recovery" for additional information on these services. Treatment is coordinated with Primary Care for further testing required by the administrative rule. Individuals who are human immunodeficiency virus (HIV) positive are referred to Ryan White medical case management and support services.

- **Women who are pregnant and have substance use and/or mental health disorders**

Women who are pregnant and chemically dependent or using substances are prioritized for chemical dependency treatment including transitional residential and inpatient residential services with coordination of care back to the community. They are offered the full array of chemical dependency services and if eligible mental health services. Please see information included above under "Treatment and Recovery" for additional information on these services. Treatment is coordinated with Primary Care per administrative rule.

- **Parents with substance use and/or mental health disorders who have dependent children**

Coordinating care for women with dependent children is a state contractual mandate. As mentioned above in the Adult Chemical Dependency Treatment Services section under "Treatment and Recovery", YCHHS CD program has partnered with the corrections and court system to serve women with medium to high criminal risk who are chemically dependent through a Family Drug Court (FDC). The FDC works with women with dependent children whose parental rights have been or are at risk of being terminated, providing intensive wraparound evidenced-based chemical dependency treatment services. The goals are to work toward recovery and gain skills in achieving and maintaining abstinence and recovery, increase pro-social thinking and behavior, find and maintain stable housing, and increase healthy parenting skills while gaining custody of their children. The FDC program strives to build upon resilience, assisting individuals to make healthier lifestyle choices and to promote

recovery from substance use disorders. Services consist of assessment, individualized service and support planning, evidenced-based treatment including individual and group counseling (using Motivational Interviewing, American Society of Addiction Medicine, Stages Of Change, Dialectical Behavior Therapy, and Seeking Safety), abstinence testing, incentives and sanctions, the ten key principles of effective drug courts, parenting skills, wrap around case management, and linkage with natural supports and self-help groups (including AA, NA and recovery support services). FDC participants are provided with a single point of contact to help them work toward increasing their ability to link to and gain entitlements for multiple health and social service system needs (i.e., employment, housing, education, primary care). FDC also provides case management services to assist participants in transitioning from community settings to residential care and back to community settings seamlessly. Our Family Drug Court utilizes state grant funds as well as OHP funding to support participants with chemical dependency to access services through the Oregon Health Plan. We have sought and been awarded federal grants to augment services that are not funded through state dollars. Participants in the FDC are provided intensive wrap around support and participate in evidenced-based services proven to be effective. We are applying for a BJA grant that will act as bridge funding to national healthcare reform. Should we be awarded the grant, it will be used to serve individuals who are currently uninsured (who will hopefully qualify and be awarded Oregon Health Plan Insurance, making sustainability more feasible).

YCHHS CD program also offers a Transitional Residential Services program. Reflections is a residential, transitional home for addicted mothers of young children working toward recovery. Services are offered to mothers who are participating in intensive outpatient chemical dependency treatment, but would benefit from additional support in a drug-free, multi-family, partially supervised setting. Reflections staff make many referrals to community resources such as health services, job assistance, self-help groups, and parenting classes. Services offered in the home include homemaking, housekeeping, self-esteem building, communication skills, conflict resolution, problem-solving skill building, and personal goal setting. These special services are provided with the goal of reuniting mothers and their children and transitioning the family into a safe and successful independent living situation.

- **Persons with tuberculosis**

Yamhill County Public Health provides services to persons with tuberculosis as required by law. We provide direct observational therapy for medication administration and work closely with the state to assure isolation of those with communicable tuberculosis. Individuals are identified through medical providers by having a positive skin test and/or QuantiFERON® -TB Gold Test, along with a positive chest x-ray and symptoms of tuberculosis. Services are available in many different languages via the language line. Spanish interpretation is frequently available in person.

- **Persons with or at risk for HIV/AIDS and who are in addiction treatment**

Yamhill County Health and Human Services Chemical Dependency Services Program includes screening questions about HIV/AIDS in our ASAM CD assessment. We have a policy in place that requires that we ask the client to sign a release of information to coordinate care with their primary care physician. Ryan White medical case management services are located

in the same building as chemical dependency services. With releases of information in place, coordination of services is a part of treatment for both the Ryan White case manager and our Chemical Dependency staff (along with primary and specialized healthcare services). Treatment is prioritized for individuals using substances intravenously. The full array of chemical dependency services are offered including enhanced outpatient services, residential services, medical detox, and coordination of care back to the community. For more information on these services, please refer to the Adult Chemical Dependency Treatment Services information in the Treatment and Recovery section above.

### Specialty Populations

- **Adolescents with substance use and/or mental health disorders**

As mentioned in the Treatment and Recovery section above, Family and Youth Programs provide outpatient treatment for the abuse of alcohol and other drugs. Clients are assisted by credentialed Chemical Dependency providers to identify treatment goals and work toward an improved quality of life that can be sustained without the use of alcohol and other drugs. Services for each individual begin with an assessment to identify needs related to substance abuse issues and co-occurring mental health and physical health challenges. Family and Youth Programs provides the following outpatient programs: Adolescent Outpatient Treatment Groups, Programs for clients involved in the Criminal Justice System, Programs for clients with Co-Occurring Disorders, Alcohol and Drug Family Support, Minor in Possession Diversion Classes, Smoking Cessation Classes, and Smoking Diversion Classes.

We also have a unique opportunity to be proactive in response to a growing number of challenges within the seven school districts of Yamhill County. A School Services Coordinator is now in place with the mission of working with school districts to develop and implement policies and procedures that allow staff to screen students K-12 who demonstrate risk factors and may meet criteria for Substance Abuse and Mental Health services. The goal of the School Services Coordinator is to promote Substance Abuse and Mental Health services long before individual students reach a point of harming themselves or others and/or disengaging totally from the school arena.

- **Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression**

Family and Youth Program staff provide services to children and youth ages 0–18, and their families. We have an array of mental health professionals who have advanced education and training in counseling and various specialties. Our approach matches the best practices developed by research and national experts. We focus on helping children, teens and parents improve skills, health, and overall well-being. Mental Health services begin with a comprehensive assessment, service plan, and treatment interventions designed to meet the specific needs identified. Additional information about these services can be found in the Treatment and Recovery section above.

- **Military personnel (active, guard, reserve and veteran) and their families**

Yamhill County HHS includes the Veterans' Services Division. This program employs one full time equivalent County Veterans' Services Officer (CVSO) who is the military liaison for the entire Yamhill County community. The CVSO primarily assists Veterans and spousal survivors of Veterans to obtain entitlement services/funds through the Veterans Administration (VA). The CVSO also assists Veterans and their families to obtain additional services available within HHS or other parts of the community. The VA evaluates Veterans to determine their eligibility for treatment. Medical, mental health and chemical dependency services are in accordance with prior authorizations from the VA. Access to crisis mental health services for these specialty populations is not restricted to prior authorization. YCHHS also provides behavioral health services to military personnel and their families depending on eligibility and availability of funds.

- **American Indians/Alaskan Natives**

Yamhill County HHS strives to provide culturally competent care to Native American populations. Most local populations are affiliated with the Grande Ronde Tribe which overlaps into service areas within Polk County. The Yamhill CCO has engaged the Grande Ronde Tribe and appointed a representative on the Community Advisory Committee to seek input into models of care and community health improvement activities.

- **Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system**

Family and Youth Programs work closely with Yamhill County Juvenile Justice staff to meet the unique needs of the clients they serve. Services include Crisis Assessments, Alcohol and Drug Treatment, Mental Health Assessments and Sex Offender Treatment services.

A Transition Age Youth Team meets monthly to discuss the needs of clients in the 18–21 year old population group. Specific discussion items are related to Housing, Employment, Education, Life Skills, Mental Health Challenges and other obstacles that this population experiences. The focus is on providing supports that allow clients to be successful and become independent and fulfilled in life.

Yamhill County Adult Behavioral Health has a policy in place to coordinate care for individual with co-occurring mental health and substance use disorders. We have also worked to support crisis intervention training for law enforcement personnel and implemented a working partnership and MOU based upon the "Sequential Intercept Model". We use a strengths based approach and motivational interviewing skills to promote engagement of individuals who are at risk in the community. These are individuals with a mental illness who often have a co-occurring substance use disorder, and may have borderline IQ or cognitive impairment.

All Crisis staff is trained to work with key stakeholders, partnering to engage individuals in the behavioral health system of care while diverting them from incarceration and/or costly inpatient care as medically appropriate. YCHHS works to engage

young adults experiencing a first episode of psychosis in our EASA program. We are also able to facilitate placement of juveniles in crisis-respite or the juvenile justice system by calling the Juvenile crisis line or YCHHS Family & Youth Supervisor after hours. As described in detail under the last bullet in the "Early Intervention" section above, we have worked very closely with our local law enforcement partners in diverting individuals with mental illness who have committed misdemeanor crimes to "site and release" when possible. Often these individuals are homeless and/or using substances. Services provided include supported housing, linkage to behavioral health services and, as appropriate, mental health court for eligible individuals who opt into the program.

YCHHS is part of the seven county Mid-Willamette Acute Care Region (MWACR), which has reinvested funds to the community to support individuals in psychiatric crisis by funding crisis-respite beds that can be accessed by counties in the MWACR (as well as social detox services through Bridgeway). Yamhill County's array of services includes a Crisis Respite program called Bridges. We are able to support five individuals through this crisis respite program. On-site skills training, case management and medication monitoring is provided, as well as 24/7 urgent support as needed. Diversion funds can be accessed for psychiatric medication, short term housing, food, and basic clothing. These may be provided as a support to longer term housing and entitlements/support solutions, diverting psychiatric inpatient care as medically appropriate. A new goal of ours for this biennium is to expand our crisis respite supports especially in terms of shelter, food, medication and onsite support by contracting with local business owners to provide emergency supported shelter (such as placing a person in a hotel after hours with on-site support from on-call crisis associates), and setting up flex spending accounts at 24/7 grocery stores in Newberg and McMinnville to purchase food. We already have a partnership in place with a local pharmacy. We are committed to supporting safety, wellness and dignity while reducing the cost of care by engaging the individual in service.

YCHHS has worked closely with the Housing Authority of Yamhill County (HAYC) to develop housing supports for individuals with mental illness and substance use disorders. The HAYC has provided Fast Track Housing vouchers to support people with special needs in accessing Section 8 housing. Union Gospel mission has developed shelter housing in our community as a result of a community forum to address housing/emergency shelter needs. During the winter months our community has partnered with emergency management and community citizens to provide emergency housing for homeless individuals. YCHHS also collaborates with Faith Based Organizations and Yamhill Community Action Partnership (YCAP) to provide housing support for individuals in need.

- **Persons with mental health and/or substance use disorders who live in rural areas**

Due to the rural nature of Yamhill County and the substantial travel distance for individuals seeking Mental Health services, Family and Youth Programs has been successful in working with five of seven school districts to place Mental Health Specialists in the school setting. When indicated, this allows services to be delivered to clients in their own community without having to travel long distances.

Yamhill County Adult Behavioral Health will be working with our Coordinated Care Organization primary care providers and

hospitals to implement depression screens and Single Brief Intervention and Referral to Treatment (SBIRT) screens with individuals they serve through their clinics. We will also be working closely with North West Senior and Disability Services as the agency that has applied to be our Community Health Worker HUB. At this time stakeholder/participants from the agencies listed above are engaged in healthcare transformation through Yamhill CCO planning and implementation workgroups. A plan has been developed whereby individuals with behavioral health conditions will be identified and referred to behavioral healthcare. We will work with community healthcare workers to help transport individuals to services, and together as care teams we may develop plans for home visits to engage individuals living in rural areas. Our leaders have convened a Providers organization that will establish a referral system and identify communication strategies to notify the referent that the client came in for service. If they did not come in, we will create a plan for outreach.

- **Underserved racial and ethnic minority and Lesbian, Gay, Bi-sexual Transgender or Questioning (LGBTQ) populations**

All Yamhill County outpatient services are available for Spanish speaking clientele. Services are provided by bicultural and culturally competent staff members and counselors. Our Spanish speaking staff works very closely with culturally specific residential treatment programs in Oregon. We can easily facilitate a referral to a culturally appropriate inpatient program if a higher level of treatment is needed.

We have policies in place that mandate culturally competent service delivery, and we are employing individuals who are fluent in Spanish and English and who are culturally competent on our teams. Fifty percent of our CORE (clerical team) are Spanish-speaking and culturally competent.

YCHHS has contracts in place to access interpreters for hearing impaired individuals. We have also contracted for Out of Plan services to meet an individual's cultural specific needs. As an example, we needed to serve a young man who spoke Cambodian. Our team contacted OHSU and located a provider who was fluent in the Cambodian language and culture. With the individual's permission, we contracted for Out of Plan services.

We are currently educating ourselves on the culture of returning Veterans and have included the Veterans Services Office in our building for better coordination.

During this past year it came to our attention that we needed training in serving Lesbian, Gay, Bi-sexual Transgender or Questioning (LGBTQ) populations. We will be incorporating quality improvement goals into our quality improvement plan to increase cultural sensitivity, knowledge, and culturally sensitive and competent service to these populations during the coming year. We will also bring this need to our Coordinated Care organization as a discussion for system wide education and improvement.

- **Persons with disabilities**

Persons with disabilities are offered, as medically appropriate, the array of services outlined above under “*Treatment and Recovery*” and prioritized according to the ISSR and YCHHS “*Entry & Orientation*” policy:

1. Entry of adults and older adults, in community-based mental health programs, whose services are not funded by Medicaid, must be prioritized in the following order:
  - a) Individuals who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental health conditions or are in need of continuing services to avoid hospitalization or pose a hazard to the health and safety of themselves, including the potential for suicide.
  - b) Individuals who, because of the nature of their diagnosis, their geographic location or their family income, are least capable of obtaining assistance from the private sector.
  - c) Individuals who, in accordance with the assessment of professionals in the field of mental health, are experiencing mental health conditions but will not require hospitalization in the foreseeable future.

The Yamhill County Developmental Disabilities Program is co-located with the Adult Behavioral Health Program. Yamhill County Health and Human Services’ Divisions are partnering to identify ways to effectively offer mental health and chemical dependency services to individuals with intellectual disabilities.

- **Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy and guidelines for enforcement**

The Yamhill County Early Childhood Coordinating Council (ECCC) has set its mission to work collaboratively to support coordinated systems that are child-centered, family friendly, and community-based to meet the needs of the Yamhill County population and communities. Their vision statement reads: “Our vision is that all young children and their families have access to quality coordinated resources that support their growth, development, and a healthy life trajectory.”

The ECCC is available as a resource to support participating community agencies as an advisory group. All community partners that interface with children ages 0 – 5 or their parents, are invited to participate. Head Start, schools, Public Health, libraries, Women Infant Children (WIC), Mental Health Agencies, and other community partners are encouraged to attend. The goal is shared accountability among council member agencies to promote high quality early learning experiences that serve as community investments and foster a culture of continuous improvement in early learning experiences and services. By having multi-disciplinary agencies meet monthly, networking and referral sources become more known, resulting in our youngest and most vulnerable population being better served. Our current focus is to help children be ready to learn by the time they reach kindergarten. This united focus draws our County together to help promote engagement, increased awareness, and support early childhood and local child and family needs. This also eliminates gaps and redundancies in services through an integrated approach, and provides continuous system-level review and improvement of public and private services.

Family and Youth Programs has historically invested heavily in marketing our services to the seven school districts of Yamhill County in order to provide preventative services to children, youth and their families. We have recently created a School Services Coordinator position that gives intense focus to youth, K-12, who have high risk factors and lack protective factors. The School Services Coordinator is responsible to coordinate, integrate and support each school district's staff by developing a pro-active approach to screen, assess, identify, and refer identified youth and their families to appropriate behavioral health interventions. The services provided include mental health and chemical dependency services as well as other community resources that enhance a client's ability to benefit from services and make a full recovery. Special emphasis is given to students who may be at risk for potential harm to self and/or others as well as students who are withdrawn, sullen, being bullied, lack support/advocacy, and/or are disengaged or disorganized in their thought process.

Trauma-informed care is a current national topic of interest that is being developed through the three counties of the Mid-Valley Behavioral Care Network (BCN). As a BCN member, Yamhill County Family and Youth Programs is collaborating across agencies to establish guidelines to ensure that therapists, DHS Child Welfare Caseworkers and Caregivers are competent to serve individuals who have suffered trauma. The guidelines set common best practices and provide detailed skill expectations and training guidelines. The primary goal of this project is to link children and youth who have suffered trauma to competent providers who are trauma-informed, trained, and able to deliver services in a trauma-informed way.

- **Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and "late" adopters of prevention strategies**

There are seven communities in Yamhill County and each has a community coalition with active community involvement. Health Department representatives attend community coalitions to ensure that the voice of prevention has not been lost and that appropriate prevention strategies are being incorporated into the community. The Health Department also provides technical assistance and training to these groups. Coalitions are guided through the "Communities That Care" model in order to ensure community needs are being met. Different communities demonstrate different levels of readiness.

### **G. Activities that support individuals in directing their treatment services and supports**

The YCHHS Consent to Treatment form states: "I understand I have the right to...receive services that promote recovery, resiliency, wellness, independence; are person, youth and family-directed; and are culturally and trauma sensitive."

YCHHS's "Person-Directed Services" policy was developed to ensure Behavioral Health services are person-directed (which includes being culturally competent, developmentally and age-appropriate, and involving families). Please see Attachment 1 for the full text of this policy.

### **I 1b) Roles of the LMHA and any sub-contractors in the delivery of addictions and mental health services**

As evidenced in the narrative above, the county as CMHP provides the following services under ORS 430.630:

- Outpatient services
- Aftercare for persons released from hospitals
- Training, case and program consultation and education for community agencies, related professions and the public
- Guidance and assistance to other human service agencies for joint development of prevention programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and drug dependence
- Age appropriate treatment options for older adults

The following services for persons with alcoholism or drug dependence, and persons who are alcohol or drug users are available, subject to the availability of funds:

- Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention and pre-hospital screening examination
- Care and treatment for a portion of the day or night, which may include day treatment centers, work activity centers and after-school programs
- Residential care and treatment in facilities such as halfway houses, detoxification centers and other community living facilities
- Continuity of care, such as that provided by service coordinators, community case development specialists and core staff of federally assisted community health centers
- Inpatient treatment in community hospitals
- Other alternative services to state hospitalization as defined by the OHA

The following services for persons with mental or emotional disturbances are available subject to the availability of funds:

- Screening and evaluation to determine the client's service needs
- Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances, including the costs of investigations and prehearing detention in community hospitals or other facilities approved by the authority for persons involved in involuntary commitment procedures
- Vocational and social services that are appropriate for the client's age, designed to improve the client's vocational, social, educational and recreational functioning
- Continuity of care to link the client to housing and appropriate and available health and social service needs
- Psychiatric care in state and community hospitals provided;
  - a) The person receiving care is a resident of the county
  - b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon State Hospital, or has been hospitalized as the result of a revocation of conditional release
- c) Payment is made for the first 60 consecutive days of hospitalization
- d) The hospital has collected all available patient payments and third-party reimbursements

- e) In the case of a community hospital, the authority has approved the hospital for the care of persons with mental or emotional disturbances, the CMHP has a contract with the hospital for the psychiatric care of residents and a representative of the program approves voluntary or involuntary admissions to the hospital prior to admission
- Residential services
  - Medication monitoring
  - Individual, family, and group counseling and therapy
  - Public education and information
  - Prevention of mental or emotional disturbances and promotion of mental health
  - Consultation with other community agencies
  - Preventative mental health services for children and adolescents, including primary prevention efforts, early identification and early intervention services
  - Preventative mental health services for older adults, including primary intervention efforts, early identification and early intervention services

The subcontractors of the CMHP provide the following services:

- Local After Hours Crisis Line & Evaluation – Yamhill County Health and Human Services subcontracts with Northwest Human Services and Marion County Psychiatric Center (until 4/30/13) and is currently developing a new contract (effective 5/1/13) with George Fox University for after hours crisis support. This support includes telephonic as well as face to face evaluation at our local emergency rooms. Additionally, warm line peer to peer services are provided via contract with the David Romprey Warm Line.
- Treatment Services for Youth in Treatment Foster Care Contracted Beds - Yamhill County Health and Human Services Mental Health Program subcontracts with Catholic Community Services for mental health services for children residing in DHS certified homes where the home parents are employed or contracted by the supervising agency to provide rehabilitation services in the child's foster home. Services are delivered on an individualized basis and designed to promote skill development.
- Outpatient counseling and treatment services for persons suffering from mental disorders, who have insurance coverage under the Oregon Health Plan - Yamhill County Health and Human Services Mental Health Program subcontracts with Chehalem Youth and Family and Lutheran Community Services Northwest for basic services including treatment and counseling to OHP members age 18 and under for approved mental health treatment where medical necessity requires such services. Services shall be offered on a case-by-case basis where an assessment supporting medical necessity and an Individual Support and Service Plan (ISSP) defining proposed treatments have been reviewed and prior authorized by Yamhill County.
- Outpatient counseling and treatment services for persons suffering from mental disorders, who have insurance coverage under the Oregon Health Plan - Yamhill County Health and Human Services Mental Health Program subcontracts with Virginia Garcia Memorial Health Center for basic services including treatment and counseling to OHP members age 18 and older for approved mental health treatment where medical necessity requires such services.

- Recovery Support Services - Yamhill County Health and Human Services Adult Behavioral Health Programs subcontract with Provoking Hope to provide recovery coaching assistance with accessing community resources for its clients. Additionally, via contract through the Mid-Valley Behavioral Care Network (and Yamhill CCO) the following is provided:
  - Evidence Based Prevention services are provided by Lutheran Community Services Northwest.
  - Consumer Run Organization services and peer-to-peer wraparound called "consumer care partnerships" is provided by Project ABLE.

**I 1c) How the LMHA is collaborating with the CCOs serving the county**

Yamhill County HHS is a founding member of the Yamhill County Care Organization (Yamhill CCO). Yamhill CCO is pending approval for 501(c)3 non-profit status. The primary service area of Yamhill CCO falls within the county geographical boundary. See attached Memorandum of Understanding (Attachment 2) that outlines formal expectations between YCHHS and Yamhill CCO.

As a result of the county's role in the formation of Yamhill CCO, the HHS Liaison County Commissioner and HHS Director are members of the Yamhill CCO Board of Directors. Additionally, the Clinical Advisory Panel (CAP) is very active and has a sub-committee that is focused on behavioral and physical health integration. The YCHHS Public Health Nursing Programs Manager and Adult Behavioral Health Manager are participating on the CAP. The Community Advisory Council (CAC) also has county leadership representation; the Developmental Disabilities/Veterans' Services Manager and Public Health Community Health Manager are members. Lastly, several advocates, with ties to YCHHS and who hold a strong interest in improving access and quality of care, are members of the CAC as well.

Yamhill CCO and YCHHS are strong collaborative partners. The major components of the local health delivery system are participating in Yamhill CCO which is creating opportunities for system improvements. YCHHS Managers who are members of the CAP functioned as principle authors of the OHA required Transformation Plan; there are several components that tie directly to the county's role in delivering integrated care to Yamhill CCO members.

YCHHS is also working with surrounding CCOs as needed to ensure continuity of care for small populations of members who may desire care inside or outside of Yamhill CCO service areas and thus require out-of-area authorization and/or special coordination with another CCO.

**I 1d) Mental Health Advisory Council and Local Alcohol and Drug Planning Committee (LADPC) Members, including their stakeholder representation**

Please see Attachment 3 and Attachment 4 for information about membership on the Mental Health Advisory Council (MHDDAB) and the Local Alcohol and Drug Planning Committee. Attachment 5 is also included for verification of MHDDAB review of the BIP (and their recommendation of acceptance).

## 2. Community Needs Assessment

### 12 a) The community needs assessment process (including the role of peers and family members in the design and implementation of the process)

The Community Needs Assessment process was designed to provide both a quantitative and qualitative lens. Using the Biennial Implementation Plan's Guidelines, the following processes were conducted to gain a more comprehensive assessment of Yamhill County.

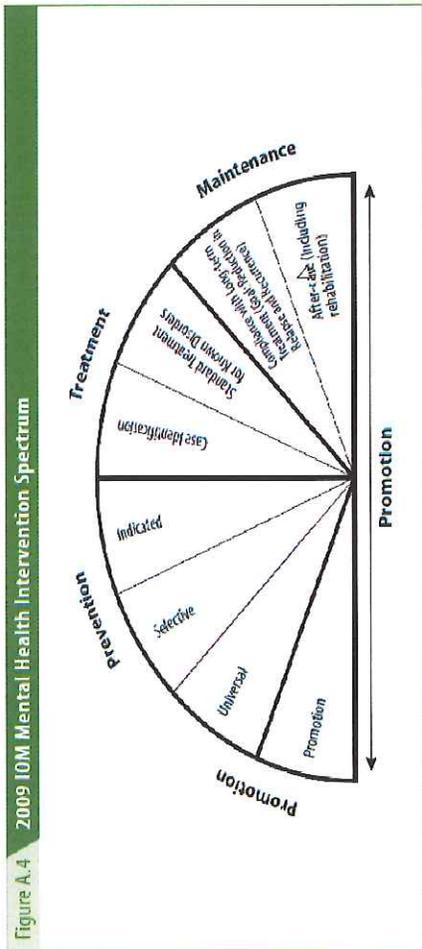
- **Collection of existing data:** Including but not limited to the Student Wellness Survey, County Epidemiological Report, Client Process Monitor System (CPMS) and the Yamhill County Community Health Needs Assessment (YC-CHA). The YC-CHA has been a collaborative process between Yamhill County Public Health and the Mental Health Advisory Board, public and private stakeholders and partners. The newly formed Yamhill CCO is also a partner and will be involved as work progresses on the health improvement plan.
- **Review of the data:** The data collected was compiled, organized and reviewed by the Health Promotion and Prevention team (which includes the county's Prevention Coordinator) and a set of survey questions was developed.
  1. *What are the top three health issues/concerns you see in our community?*
  2. *What strengths, resources or assets does our community have that can be used to improve community health?*
  3. *Are there any health indicators missing from this list?*
  4. *Are there any health indicators that you find unnecessary on this list?*
  5. *What agency, if any, do you represent?*
  6. *What city do you live in?*
- **Surveys and focus groups:** Through a process of collaboration we reviewed the compiled data utilizing small informal meetings, focus groups, and formally facilitated meetings, as well as via one-on-one conversations. Surveys and focus groups were conducted with the following organizations:
  - o **Government:** Chehalis Parks and Recreation, Communities of Color, Healthy Kids, Confederated Tribes of Grand Ronde, Dayton Together Coalition, Department of Human Services Child Welfare, Housing Authority of Yamhill County, Mayor City of Carlton, Newberg City Council, Northwest Senior and Disability Services, Senator Merkley's Office, Yamhill County Board of Commissioners, Yamhill County Health and Human Services, and Yamhill County Juvenile Corrections
  - o **Faith-Based:** Faith in Action, McMinnville Cooperative Ministries, McMinnville Covenant Church, Parish Nurse McMinnville, Hope Reentry Services, and Yamhill County Gospel Mission

- o Medical: Carlton Dental, Providence Newberg Medical Center, Springbrook Chiropractic & Natural Health, Virginia Garcia Memorial Health Center, and Willamette Valley Medical Center
- o Education: George Fox University, Linfield College, Newberg School District, McMinnville School District, Oregon State University Extension Services, School Health Advisory Council-Sheridan High School, Sheridan School District, and Willamette Educational Service District
- o Community Members/Students: Eleven individuals
- o Non-Profit: Chehalam Youth and Family Services, Henderson House, Lutheran Community Services Northwest, Tooth Troop, United Way, Yamhill Community Action Partnership, and Yamhill County Dental Society
- o Business: Anytime Fitness, Climax Portable Machine Tools, and News-Register

**I 2 b) How data from the community needs assessment is used to evaluate prevalence, needs and strengths in the local service system**

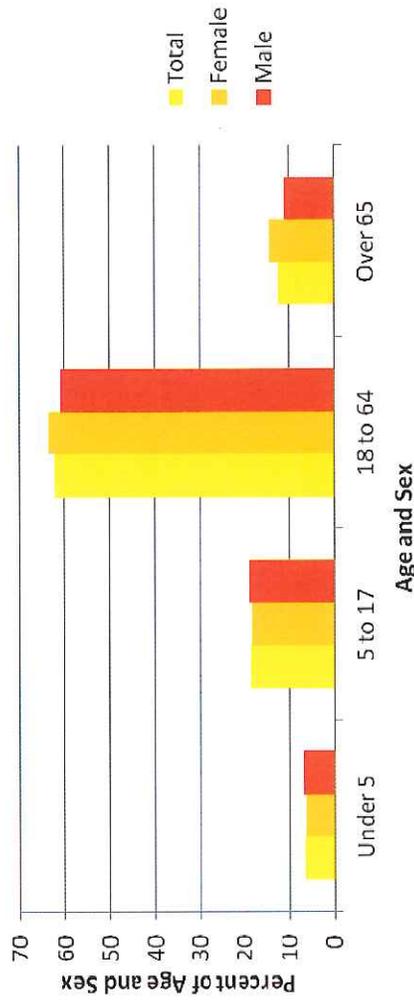
The YC-CHA data has been compiled, organized and analyzed in a manner that mirrors the Community Needs Assessment outlined in the Biennial Implementation Plan (BIP) Guidelines. As such, the performance measures we have developed will be supported by ongoing data collection to demonstrate our outcomes. If a need is identified that is not included in the current YC-CHA, performance measures will be amended to reflect the addition of the newly identified indicator and we will begin tracking the data required to support that measure.

Our current assessment includes performance measures to evaluate prevalence, needs, and strengths in our local system. These are identified in the narrative of the YC-CHA and in the action plan detailed below. The measures will be tracked in accordance with established data collection and reporting standards. The action plans incorporate the Strategic Prevention Framework ideologies when appropriate, and the Institute of Medicine's *Prevention Fan* (2009) is also used to align program performance measures.



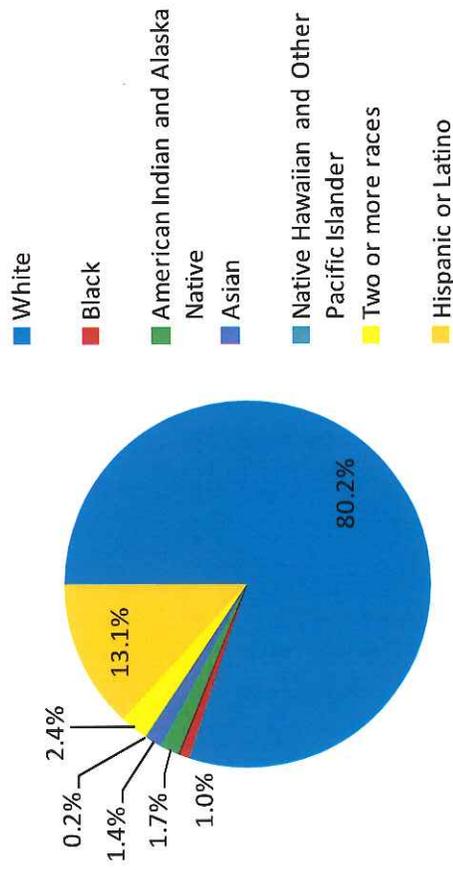
**DEMOGRAPHIC CHARACTERISTICS**

**Yamhill County Age and Sex**



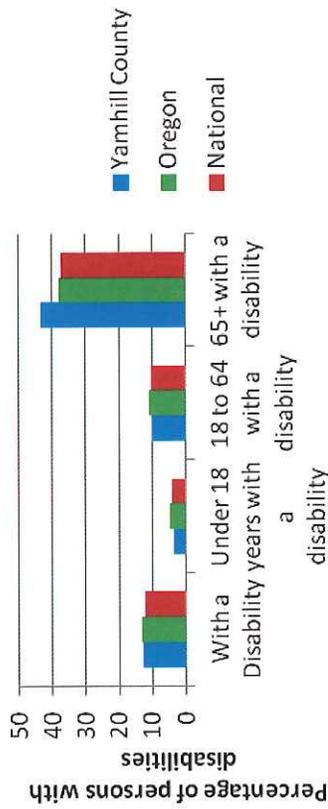
Source: American Community Survey, 2005-2009

**Yamhill County Race/Ethnicity**



Source: U.S. Census Bureau, 2010

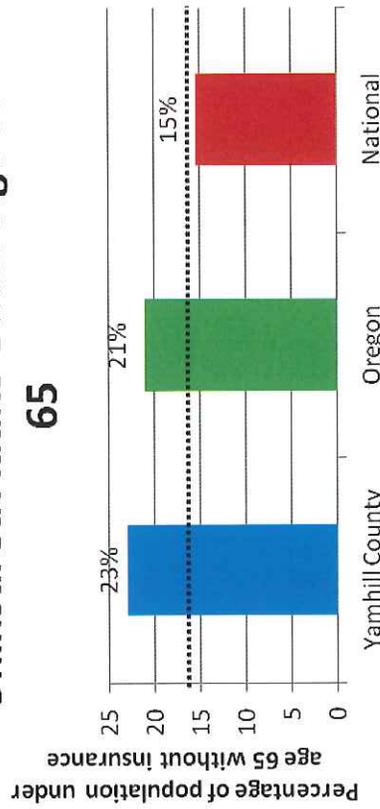
### Persons with Disabilities



Source: American Community Survey, 2009

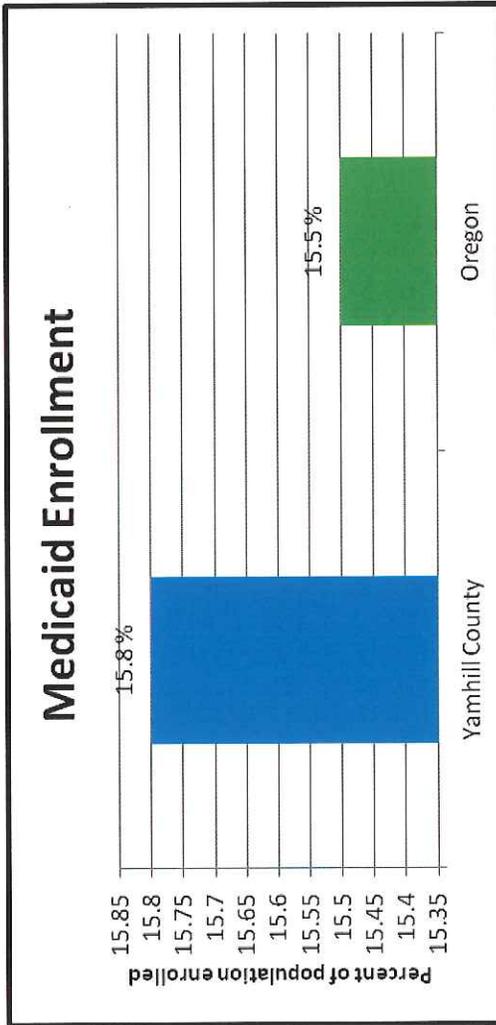
### HEALTH RESOURCE AVAILABILITY

### Uninsured Adults Under Age of 65

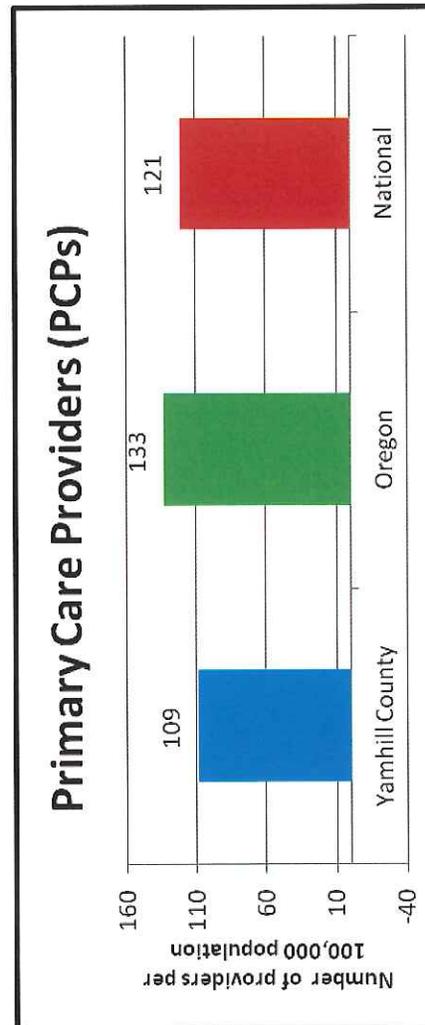


Source: Current Population Survey, 2007

The **uninsured adults'** measure represents the estimated percentage of the adult population under age 65 that has no health insurance coverage. Lack of health insurance coverage is a significant barrier to accessing needed health care.



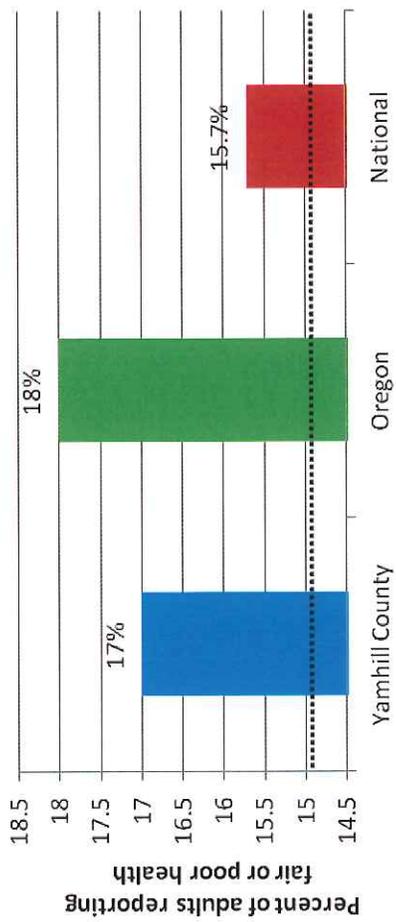
Source: Oregon Division of Medical Assistance Programs Summary, Dec 2010



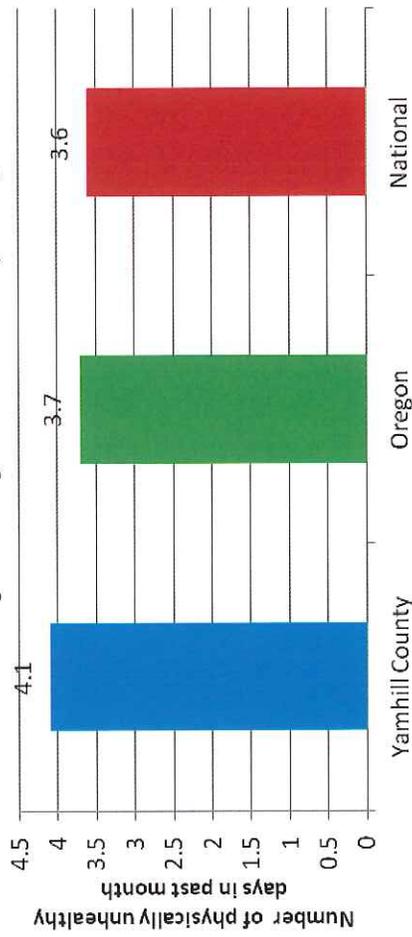
Source: American Medical Association Master File and from the Census Population Estimates, 2006

The availability of **Primary Care Physicians** was measured as the number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 population.

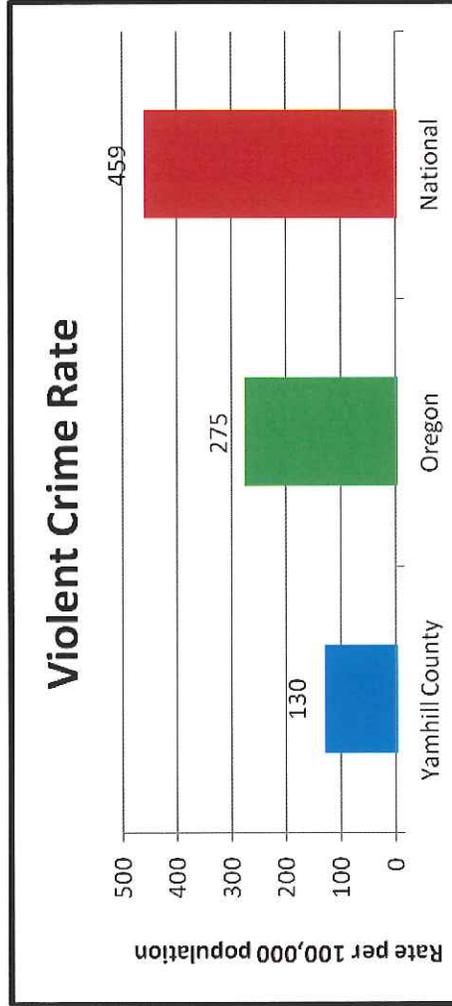
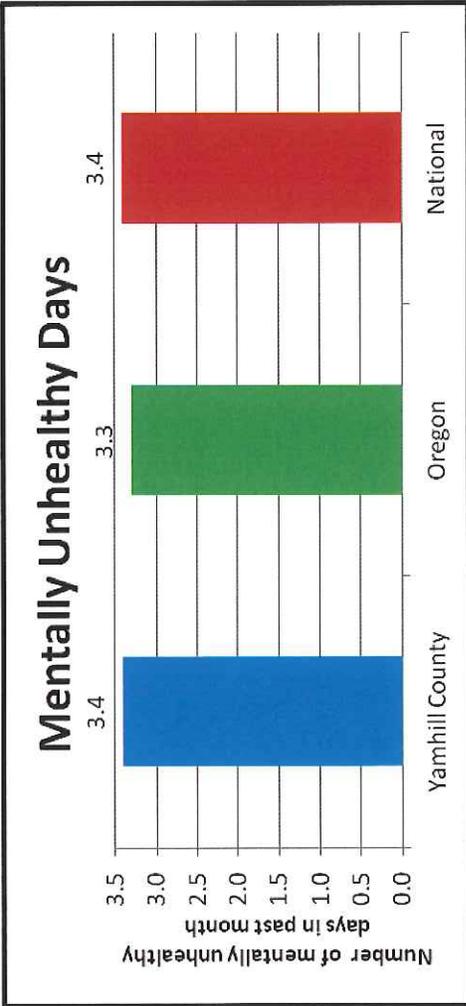
### Poor or Fair Health Days



### Physically Unhealthy Days



Source: Behavioral Risk Factor Surveillance System, 2003-2009

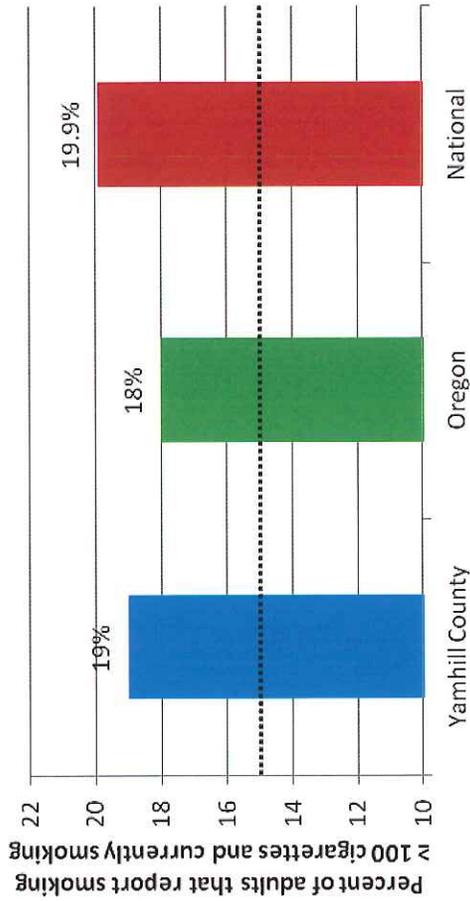


#### Yamhill County Domestic Violence

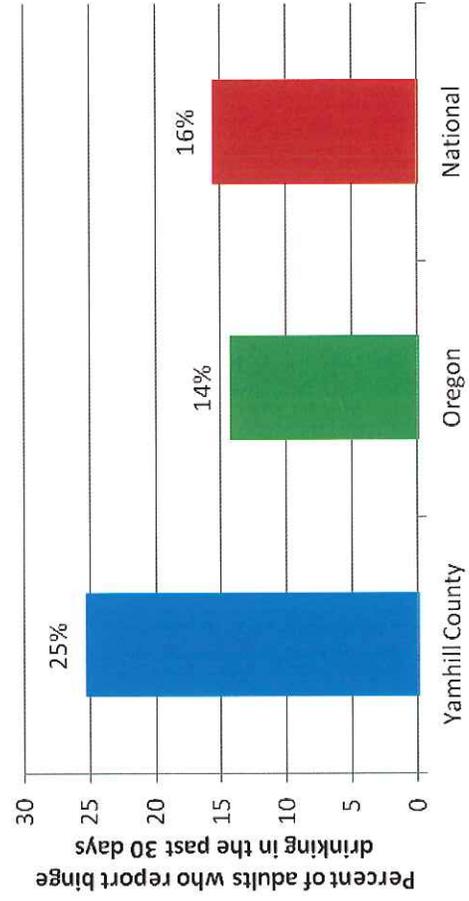
	2008	2009	2010	2011
Rate per 100,000 population	269.3	282.4	280.3	301.5

*Source: Yamhill County District Attorney's office, 2008-2011 (includes all forms of domestic violence, not just intimate partner violence)*

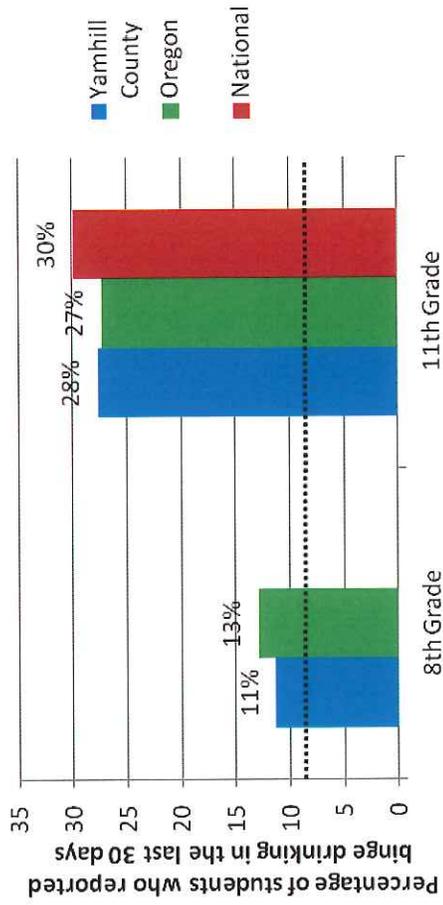
### Adult Smoking



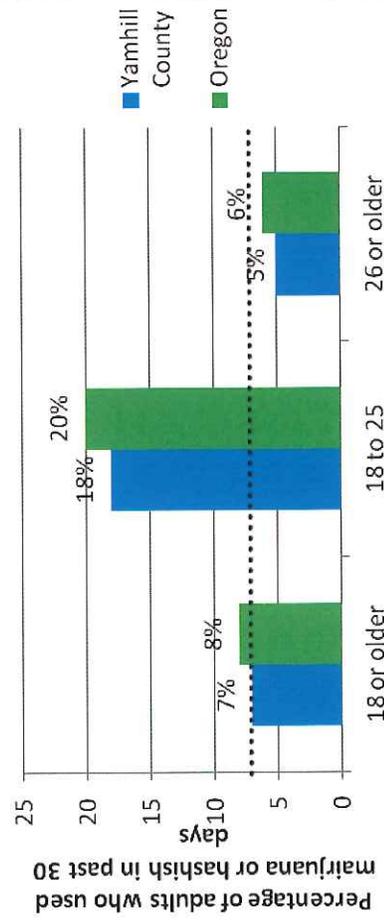
### Adult Binge Drinking



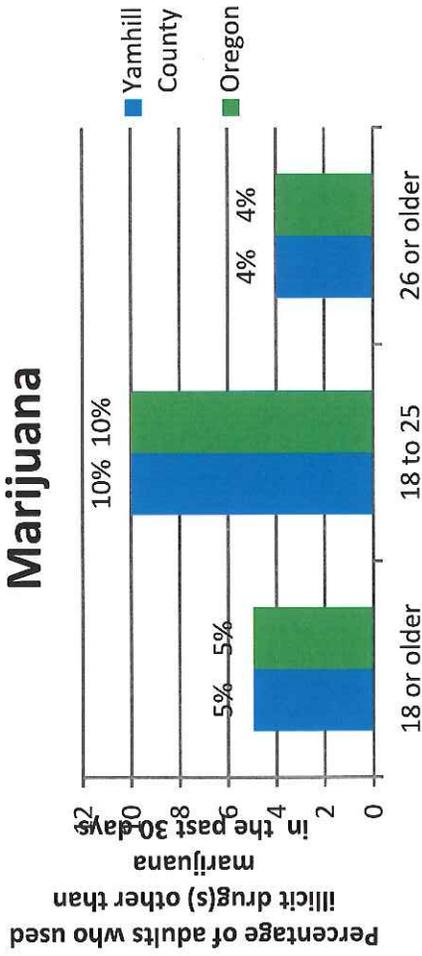
### Teen Binge Drinking



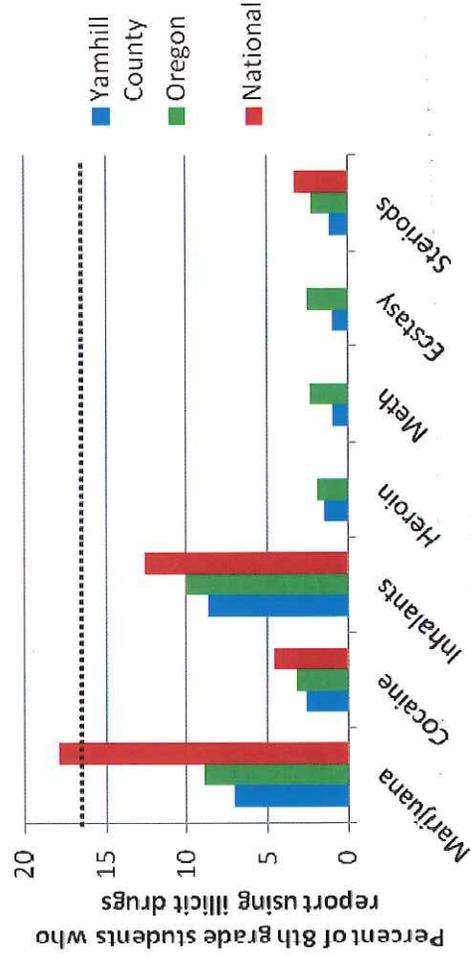
### Adult Marijuana or Hashish Use

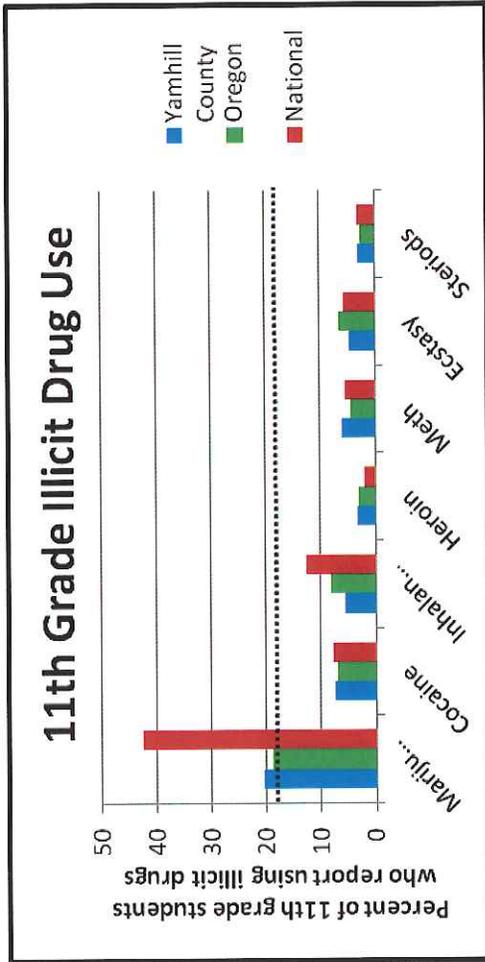


### Adult Illicit Drug Use-Other than Marijuana



### 8th Grade Illicit Drug Use





Referral sources will be tracked for Alcohol & Drug, Mental Health and Problem Gambling Treatment. Tracking will include Behavioral Health Provides/Agencies, Criminal Justice System, Health Care Providers, Local and State Agencies, Personal Support Systems and other referrals.

Student Wellness Survey data will be collected and substances will be prioritized utilizing data decision making processes.

The complete 2013 Yamhill County Community Health Needs Assessment may be found at:

<http://hhs.co.yamhill.or.us/hhs-ph/accreditation-and-assessments>

**I 2 c) How the community needs assessment process includes feedback from advisory and quality improvement groups (including identification of the specific groups)**

Yamhill County will review and update the CHA and CHIP with specific focus on receiving feedback from advisory and quality improvement groups as well as the community we serve. Through the Community Health Assessment process, feedback was given by many partner organizations and community members including the Local Alcohol & Drug Planning Committee (LADPC) and the Local Mental Health & Developmental Disabilities Advisory Board.

**3. Strengths and Areas for Improvement:**

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
<b>I 3 a) Mental Health Promotion</b>	Increase community awareness of mental health promotion.	Work with existing advisory groups (specifically the Mental Health Advisory Board and NAMI) to develop and implement community awareness efforts.
<b>I 3 b) Mental Illness Prevention</b>	Increase community awareness of mental illness prevention strategies. Train community groups on how to identify and address signs and symptoms of mental illness.	Work with existing advisory groups (specifically the Mental Health Advisory Board, NAMI, County Prevention Coordinator and Mental Health School Services Coordinator) in order to implement prevention best practices.  Provide Mental Health First Aid training within local school systems.
<b>I 3 c) Substance Abuse Prevention</b>	Increase community awareness, provide substance abuse prevention strategies in the community, and partner with community groups.  Collaborate with Yamhill CCO to implement SBIRT assessments into primary care.	Enhance existing prevention efforts by utilizing the Strategic Prevention Framework to increase capacity and access to services; efforts will be made to leverage funding through partnerships and grants.  Data from SBIRT assessments will be collected and analyzed in order to strengthen substance abuse prevention efforts in the county.
<b>I 3 d) Problem Gambling Prevention</b>	Increase community awareness of problem gambling prevention efforts.	Work with existing advisory groups to develop and implement prevention best practices and implement evidence based practices in the community utilizing Strategic Prevention Framework.
<b>I 3 e) Suicide Prevention</b>	Increase community-based trainings and outreach to	Continue to work on fostering partner relationships to bring opportunities to increase funding for Question Persuade Refer

	<p>educate individuals on how to prevent suicide and access resources.</p>	<p>(QPR), Applied Suicide Intervention Skills Training (ASIST), and Mental Health First Aid training to our community.</p> <p>Work with existing advisory groups, healthcare providers and schools to develop and implement suicide prevention practices.</p>
<p><b>I 3 f) Treatment:</b></p> <ul style="list-style-type: none"> <li>• <b>Mental Health</b></li> <li>• <b>Addictions</b></li> <li>• <b>Problem Gambling</b></li> </ul>	<p>Increase community awareness of gambling treatment services available.</p> <p>Increase capacity to serve Spanish speaking individuals.</p> <p>Coordination of transitions of care.</p>	<p>Work with local media to increase awareness of services and programs.</p> <p>Work with partners to build capacity to serve Spanish speakers.</p>
<p><b>I 3 g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)</b></p>	<p>Coordination of transitions of care.</p>	<p>Work with Yamhill CCO and other medical providers to ensure recovery is a part of the continuum of care in our local community.</p> <p>Work with Virginia Garcia Memorial Health Center (VGMHC) to integrate care between physical and behavioral health.</p>
<p><b>I 3 h) The LMHA's Quality Improvement process and procedure</b></p>	<p>Credentialing and compliance monitoring is utilized in order to ensure that LMHA's are properly credentialled.</p> <p>Performance evaluations are utilized as part of Quality Improvement and Assurance.</p>	<p>Maintain credentialing and compliance monitoring and maintain performance evaluations.</p>
<p><b>I 3 i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</b></p>	<p>Improve coordination of transitions of care among service providers, physical health and behavioral health.</p>	<p>Continue to work toward systems integration of care for clients, including service partner agencies to ensure access to services during transition times.</p>

<p><b>13 j) Behavioral health equity in service delivery</b></p>	<p>Integration of physical and behavioral health.</p>	<p>Yamhill CCO is providing opportunities for behavioral health and physical health to co-manage care for clients by embedding providers in non-traditional settings and providing clinical and office support in those locations.</p>
<p><b>13 k) Meaningful peer and family involvement in service delivery and system development</b></p>	<p>Involve peer and family members on the LADPC and the Community Advisory Council (CAC) for Yamhill CCO so there is meaningful participation and the voice of the client is heard.</p>	<p>Members of Yamhill CCO, peers and family members are encouraged to apply for membership on the Community Advisory Council.</p>
<p><b>13 l) Trauma-informed service delivery</b></p>	<p>Ensure that providers are trained and understand the philosophy of Trauma-informed service delivery.</p> <p>Ongoing training of new employees.</p> <p>Increase awareness and access to support and services community-wide.</p>	<p>The Adverse Childhood Experiences study is a priority for YCHHS. Incorporating trauma informed services across the divisions is part of our overall performance management system.</p> <p>Develop a plan to orient new employees to system of service delivery.</p> <p>Work with behavioral health and prevention coordinator to develop a stigma reduction plan utilizing best practices.</p> <p>Enlist support of peer and family supports.</p>
<p><b>13 m) Stigma reduction</b></p>	<p>Planned increase of Peer Support Specialist Plus model of service delivery.</p> <p>Increase level of family support service delivery.</p>	<p>Work with Yamhill CCO and the Community Health Worker Hub to coordinate service delivery and utilize peers to increase overall health and wellness of clients and families.</p>
<p><b>13 n) Peer-delivered services, drop-in centers and paid peer support</b></p>	<p>Crisis and Respite Services for clients are available through a mental health counselor or through contracted service providers.</p> <p>Adult Behavioral Health services are provided in accordance with an open</p>	<p>Collaborate with Lutheran Community Services to implement and sustain a Relief Nursery in McMinnville.</p>
<p><b>13 o) Crisis and Respite Services</b></p>		

	<p>access model. Specific staff members are designated to provide appointments for individuals with exceptional needs in conjunction with behavioral health issues.</p> <p>Community Engagement Specialists work with Law Enforcement in the field, providing assessments in crisis situations as well as community outreach.</p>	
--	---	--

**Part II: Performance Measures**

AMH will identify performance measures and provide baseline data for several of the measures as it becomes available. LMHAs are required to describe findings from any current data they have available in applicable areas, as well as describe a plan for addressing the performance measures in planning, development and delivery of services and supports.

1) Current Data Available		
Performance Measure	Data Currently Available	Current Measures (If available)
<p><b>II 1a) Access/Number of individuals served</b></p>	<p><u>July 2011 to Dec 2012</u> Adults served (unduplicated) = 3,020 Adult Mental Health - 2,297</p>	

	<p>Adult Substance Abuse – 942          Problem Gambling - 69  <u>Youths served (unduplicated) -1,730</u>          Youth Mental Health - 1497          Youth Substance Abuse – 239          Youth Substance Abuse Prevention- 98          (SQL query from vw_ledgerrec)</p>	
<p><b>II 1b) Initiation of treatment services – Timely follow up after assessments</b></p>	<p>Can measure count of clients with 1+ services within 14 days of Enrollment date or Assessment date. We do not have a current report at this time.</p>	
<p><b>II 1c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation</b></p>	<p>Can measure count of clients with 2+ services within 30 days of Enrollment date or Assessment date. We do not have a current report at this time.</p>	
<p><b>II 1d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential</b></p>	<p>YCHHS is currently not tracking this in our Electronic Health Record (EHR) but can. (Hospitalization history screen demographic form). Have capability to capture Hospital Admit Date, Discharge Date, Facility, Reason, Voluntary, Reported by, On, Records Requested. Can develop report that counts days lapsed from hospital discharge to first visit.</p>	
<p><b>II 1e) Readmission rates 30</b></p>	<p>Same as d) above.</p>	

		<p><b>and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential</b></p>
	<p>Not tracked in current EHR but could send report to DHS to map against their data. We don't see that this will be added to Compass.</p>	<p><b>II 1f) Percent of participants in ITRS reunited with child in DHS custody</b></p>
	<p>CPMS Living Arrangement is currently tracked in EHR at Enrollment/Discharge only and not updated.</p>	<p><b>II 1g) Percent of individuals who report the same or better housing status than 1 year ago.</b></p>
	<p>CPMS Employment status is currently tracked in EHR at Enrollment/Discharge only and not updated.</p>	<p><b>II 2b) Percent of individuals who report the same or better employment status than 1 year ago.</b></p>
	<p>CPMS Highest Grade Completed is currently tracked in EHR at Enrollment/Discharge only and not updated.</p>	<p><b>II 1h) Percent of individuals who report the same or better school performance status than 1 year ago.</b></p>
	<p>Not currently tracked.</p>	<p><b>II 1i) Percent of individuals who report decrease in criminal justice involvement.</b></p>

<p><b>II 1j) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.</b></p>	<p>Not currently tracked... could use state report.</p>	
<p><b>II 1k) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target</b></p>	<p>Not currently tracked... could use state report.</p>	
<p><b>II 1l) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.</b></p>	<p>Not tracked in current EHR.</p>	
<p><b>2) Plans to Incorporate Performance Measures</b></p>		
<p><b>II 2a) LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports</b></p> <ul style="list-style-type: none"> <li>Yamhill County has well developed systems in place to ensure that identified performance measures are incorporated into the planning, development and administration of services and supports. The Yamhill County Quality Management Program assures that we will continue to engage in an on-going process to provide accessible and medically appropriate services, and evaluate and improve the quality and appropriateness of chemical dependency and mental health services. This includes reviewing OHA Accountability Metrics, the Yamhill County Community Health Improvement Plan, and the Yamhill CCO Transformation Plan (designed to meet State, CCO and MVBCN standards and policies, and provide quality comprehensive and integrated care to residents of Yamhill County). Review of these plans and other community needs assessments will be</li> </ul>		

used to develop an annual quality improvement plan and utilized by the Quality Management Program to direct, implement, and monitor other transformation and system improvement efforts. Monitoring of the local effort will include the following advisory bodies:

- o Local Alcohol and Drug Planning Council
- o Mental Health and Developmental Disabilities Advisory Board/Quality Management Committee
- o Yamhill County Board of Health
- o Yamhill CCO Advisory and Governing Boards

- YCHHS in collaboration with Yamhill Coordinated Care Organization (Yamhill CCO) will be developing the capacity to set and monitor various physical health and behavioral health metrics through a Crimson software product. We anticipate this will be operational in the summer or fall of 2013. Our Yamhill CCO partner Administrative Service Organization (ASO) is Care Oregon and they also have analytic software, allowing us to use their reporting tool(s) to measure performance. It is our goal to work in collaboration with Yamhill CCO to use this data to identify potential service options that can improve OHP member health and outcomes.

**Part III: Budget Information**

Budget information includes planned use of all flexible funding included in the contract and planned use of beer and wine tax funds and funds specifically allocated for problem gambling services and prevention and substance abuse prevention.

**1) General Budget Information**

**III 1a) Planned expenditures for services subject to the contract**

See attached (at end) Planned Expenditures 2013-2015 (based on the 10-23-2012 Updated In/Out Flexible Funding Table DRAFT)

**2) Special Funding Allocation**

Area	Allocation/Comments	Review	
		Yes	No
III 2a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	\$2,000		
III 2b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	\$25,950 for Gambling Prevention for adults and children in the community.		
III 2c) Use of funds allocated for alcohol and other drug use prevention.	\$131,627 for alcohol and other drug use prevention in health promotion and prevention activities in the community and schools.		

Additional Information (Optional)
<p><b>Current/upcoming training and technical assistance needs of the LMHA related to system changes and future development</b></p> <p>We need more involvement and assistance as the Compass project unfolds and adequate time to modify our Electronic Health Record system once the specifications and requirements are finalized. Additionally, under new CCO's, we need refinement of how we "encounter" services that are not associated with a Current Procedural Terminology Healthcare Common Procedure Coding System (CPT HCPC) code, but essential for our transformation efforts.</p>

Local Mental Health Authority Biennial Implementation Plan (BIP) Planned Expenditures 2013 - 2015 (Based on historical allocation)									
Budget Period: Date Submitted:									
Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax GF	County	Other	Total	Carry-over Amount	
<b>Behavioral Health Promotion and Prevention</b>									
<b>Mental Health</b>									
	Adults		50,000	-	-	-	50,000.00	-	
	Children								
<b>Alcohol and Other Drug</b>									
	Adults		20,407				20,406.75		
	Children		61,220	377			61,597.25		
<b>Problem Gambling</b>									
			25,950				25,950.00		
<b>Outreach (Early Identification and Screening, Assessment and Diagnosis)</b>									
<b>Mental Health</b>									
	Adults		49,092				49,091.50		
	Children		22,950				22,950.00		
<b>Alcohol and Other Drug</b>									
	Adults								
	Children								
<b>Problem Gambling</b>									
<b>Initiation and Engagement</b>									
<b>Mental Health</b>									
	Adults		18,709				18,708.70		
	Children		7,650				7,650.00		
<b>Alcohol and Other Drug</b>									
	Adults								
	Children								
<b>Problem Gambling</b>									
<b>Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)</b>									
<b>Mental Health</b>									
	Adults		784,742				784,741.55		
	Children		357,870				357,870.00		
<b>Alcohol and Other Drug</b>									
	Adults			73,729			73,729.00		
	Children			11,954			11,954.00		
<b>Problem Gambling</b>									
			1,423				1,423.00		
<b>Continuity of Care and Recovery Management</b>									
<b>Mental Health</b>									
			29,206				29,206.00		
<b>Alcohol and Other Drug</b>									
			318,288				318,288.00		
<b>Problem Gambling</b>									
<b>Peer-Delivered Services</b>									
			56,805				56,805.25		
<b>Administration</b>									
			57,392				57,392.00		
<b>Other (Include Description)</b>									
<b>Total</b>			<b>1,861,703</b>	<b>86,060</b>			<b>1,947,763</b>		

\*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant

Addictions and Mental Health Division  
March 6, 2014

**Biennial Implementation Plan Amendment Template**

CMHP: Yamhill County

Program: Jail Diversion

<b>Budget Item</b>	<b>Jan. 1, 2014 – Jun. 30, 2014</b>	<b>July 1, 2014 – Jun. 30, 2015</b>
<b>Personnel</b>		
1.35 FTE QMHA	\$7,229	\$28,915
.11 FTE Program & clinical supervision	1,049	4,199
.36 FTE Clerical/account support	1,960	7,840
.05 FTE Administrative support	689	2,757
Benefits	6,952	27,809
<b>Travel</b>		
<b>Equipment</b>		
<b>Supplies</b>	159	638
<b>Consultants/Contracts</b>		
<b>Other Costs: (please list)</b>		
Rent/telephone	1,742	6,969
Audit, insurance, payroll	919	3,676
Staff development	87	346
<b>Totals</b>	<b>\$20,786</b>	<b>\$83,149</b>
<b>Overall Project Cost</b>	<b>\$27,715</b>	<b>\$10,865</b>
<b>Revenue</b> (Identify expected revenues; i.e., Medicaid billing/encounters)		
Local, county general funds and payors outside of state contract funds	6,929	27,716
<b>Number of individuals Intended to be Served</b>	<b>9</b>	<b>34</b>

## Budget Narrative:

- Please provide a description of the program and any unusual expenditures

Increase capacity to serve and divert individuals with severe mental illness (SMI) (and/or co-occurring disorders) by adding Forensic Peer Support Specialists to the existing array of jail diversion services in Yamhill County. Forensic Peer Support Specialists will work with Criminal Justice Behavioral Health Team providing pre- and post-booking services to jail diversion clients.

- Please provide an implementation timeline for this program.

February – March 2014

- Recruitment, orientation and training of Forensic Peer Specialists (two half time specialists) completed by April 4, 2014

January 2014 – June 2015

- Engage community businesses and others to decrease barriers to hiring people with felony histories. Continuously work with YCHHS ABACUS Supported Employment and Vocational Rehabilitation Services Programs to make this part of their community education mission. Work with business partners in recruiting and hiring individuals with a serious mental illness and history of incarceration. This will be an ongoing effort throughout the grant period.

May 2014

- Begin tracking community education activities

December 2014

- Complete sustainability plan

Addictions and Mental Health Division  
March 6, 2014

**Biennial Implementation Plan Amendment Template**

CMHP: Yamhill County

Program: Mobile Crisis Outreach

<b>Budget Item</b>	<b>Jan. 1, 2014 – Jun. 30, 2014</b>	<b>July 1, 2014 – Jun. 30, 2015</b>
<b>Personnel</b>		
1.67 FTE QMHP	\$13,702	\$54,809
.09 FTE Program & clinical supervision	1,032	4,129
.40 FTE Clerical/accounting support	2,358	9,434
.05 FTE Administrative support	682	2,728
Benefits	9,846	39,386
<b>Travel</b>	496	1,984
<b>Equipment</b>	384	1,536
<b>Supplies</b>	177	709
<b>Consultants/Contracts</b>	4,824	19,296
<b>Other Costs: (please list)</b>		
Pager pay	1,072	4,288
Rent/telephone	1,285	5,140
Audit, insurance, payroll	1,225	4,901
Staff development	96	384
<b>Totals</b>	<b>\$37,180</b>	<b>\$148,723</b>
<b>Overall Project Cost</b>	<b>\$46,475</b>	<b>\$185,904</b>
<b>Revenue</b> (Identify expected revenues; i.e., Medicaid billing/encounters)		
Local, county general funds and payors outside of state contract funds	9,295	37,181
<b>Number of individuals Intended to be Served</b>	<b>37</b>	<b>147</b>

## **Budget Narrative:**

- Please provide a description of the program and any unusual expenditures

Expansion of mobile Community Outreach Services (COS)

The budget amount for consultants/contracts includes retainer and call out costs for a licensed medical practitioner (LMP)

- Please provide an implementation timeline for this program.

January 2014

- Design and map coordinated service structure of mobile crisis outreach: COS, Crisis Assessment and Triage team, after hours mobile crisis outreach, medical coverage LMP

February 2014

- Design on call staffing structure, response time availability, scheduling and coverage to be provided, include Family and Youth program
- Identify recruiting process, including wages, hours, (position per union agreement), response time availability
- Develop job description, identify qualifications needed for COS and mobile Crises Outreach
- Identify and communicate performance outcomes for data collection and reporting; build into system for tracking analysis and reporting
- Craft recruitment announcement
- Internal recruitment is distributed

March 2014

- Interviews and hiring
- Group orientation
- Introduction to community partners including all law enforcement providers

April 2014

- On call 24/7 mobile community outreach services begin
- Weekly supervision and coordination meetings take place for first month and then bi-monthly

June 2014

- Evaluate and assess successes, needs, challenges, and solutions

**Exhibit 3 to the 18th Amendment to  
Oregon Health Authority  
2013-2015 Intergovernmental Agreement for the  
Financing of Community Addictions and Mental Health Services Agreement #141431**

**2013-2015 INTERGOVERNMENTAL AGREEMENT  
FOR THE FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH  
SERVICES**

**EXHIBIT L  
Catalogue of Federal Domestic Assistance (CFDA) Number Listing**

<b>Yamhill County</b>				
<b>Service Description #</b>	<b>Service Description Name</b>	<b>Vendor or Sub-recipient</b>	<b>All Funding Sources</b>	<b>CFDA #</b>
MHS 01	Local Administration - Mental Health Services		N/A	
A&D 03	Local Administration - Addictions Services		N/A	
A&D 60	Special Projects		N/A	
A&D 60	Parent Child Interaction Therapy		N/A	
A&D 61	Adult Alcohol and Drug Residential Treatment		Beer & Wine 20 Beer & Wine 40 A&D General Fund	
A&D 62	Housing Services For Dependent Children Whose Parents are in Alcohol and Drug Residential Treatment		A&D General Fund	
A&D 67	Alcohol and Drug Residential Capacity Services	Vendor Sub-recipient	A&D General Fund Beer & Wine 20 Beer & Wine 40 TANF SAPT Block Grant	93.558 93.959
A&D 82	Problem Gambling Residential Services		N/A	
MHS 20	Non-Residential Mental Health Services For Adults - General	Vendor	Medicaid General Fund Match MH General Fund	93.778
MHS 22	Child and Adolescent Mental Health Services Treatment	Vendor	Medicaid General Fund Match	93.778
MHS 26	Non Residential Youth and Young Adults Mental Health Services In Transition (Designated)		N/A	
MHS 27	Residential Mental Health Treatment Services for Youth and Young Adults In Transition		N/A	
MHS 28	Residential Treatment Services	Vendor	Medicaid General Fund Match MH General Fund	93.778
MHS 31	Enhanced Care/Enhanced Care Outreach Services	Vendor	Medicaid General Fund Match	93.778

<b>Yamhill County</b>				
<b>Service Description #</b>	<b>Service Description Name</b>	<b>Vendor or Sub-recipient</b>	<b>All Funding Sources</b>	<b>CFDA #</b>
MHS 34	Adult Foster Care Services	Vendor	Medicaid General Fund Match	93.778
MHS 35	Older/Disability Adult Mental Health Services		N/A	
MHS 36	Pre-Admission Screening and Resident Review Services	Vendor	Medicaid General Fund Match	93.778
MHS 37	MHS Special Projects		N/A	
MHS 37	Oregon Children's Plan - Parent Child Interaction Therapy		MH General Fund	
MHS 37	Flex Funds	Sub-recipient	MH Block Grant MH General Fund AD General Fund TANF Match (GF) Beer & Wine 20 Beer & Wine 40	93.958
		Sub-recipient	SAPT Block Grant (Trmt)	93.959
		Sub-recipient	SAPT Block Grant (Prev) IDPF Lottery	93.959
MHS 39	Projects For Assistance In Transition From Homelessness (PATH) Services		N/A	



ADMINISTRATIVE SERVICES DIVISION  
Office of Contracts and Procurement



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 378-4324

## DOCUMENT RETURN STATEMENT

**Re:** Amendment #18 to Agreement #141431 hereinafter referred to as "Document."

Please complete the following statement and return it along with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable).

**Important:** If you have any questions or find errors in the above referenced Document, please contact the contract specialist, April D. Barrett at (503) 945-5821.

I Allen Springer, Chair, Board of Commissioners  
(Name) (Title)

received a copy of the above referenced Document, between the State of Oregon, acting by and through its Oregon Health Authority, and **Yamhill County**, by e-mail from Tami Goertzen on December 5, 2015.

On 12-18-2014, I signed the electronically transmitted Document without  
(Date)

change. I am returning the completed signature page and Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable) with this Document Return Statement.

Allen Springer  
(Authorizing Signature)

12-18-14  
(Date)

B.O. 14-729



ADMINISTRATIVE SERVICES DIVISION  
Office of Contracts and Procurement



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 378-4324

DATE: December 5, 2014

TO: Silas Halloran-Steiner, Director  
Yamhill County

RE: **Amendment #18 to the  
2013-2015 Intergovernmental Agreement for the Financing  
of Community Addictions and Mental Health Services Agreement #141431**

Enclosed is an amendment to the Agreement.

**NOTE: Payment for amendments returned to OHA by the 3<sup>rd</sup> Friday of every month are more likely to be in the following month's allotment or electronic fund transfer.**

The instructions for processing this amendment are as follows:

- Open and print the electronic file containing the amendment for signature by the appropriate authorized County Official(s).
- Obtain the authorized signature(s) on the Amendment and the "Document Return Statement".
- E-mail or Fax only the signature page of the amendment and the completed, signed "Document Return Statement" to [tami.j.goertzen@state.or.us](mailto:tami.j.goertzen@state.or.us) or **503-373-7365**.

Following receipt by OHA of your signed amendment, OHA will route its copy of amendment to the official(s) who is/are authorized to execute the amendment. Once the amendment is signed OHA will scan the Amendment and transmit to the appropriate County official.

If you have questions regarding this financial assistance award, please contact Carmen Armendariz, Mental Health & Addiction Services, at (503) 945-8995 or April D. Barrett at (503) 945-5821.

Sincerely,

April D. Barrett, OPBC  
Contracts Specialist

Attachment(s)

B.O. 14-729