M 11b
03-1-6-4

AGENDA COVER MEMO

AGENDA DATE: January 7, 2003

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA TITLE: IN THE MATTER OF APPROVING THE SUBMISSION OF THE LANE COUNTY MENTAL HEALTH PLAN – PHASE II, TO THE DEPARTMENT OF HUMAN SERVICES, OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES.

I. MOTION

TO APPROVE THE SUBMISSION OF THE LANE COUNTY MENTAL HEALTH PLAN - PHASE II, TO THE DEPARTMENT OF HUMAN SERVICES, OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES.

II. ISSUE OR PROBLEM

House Bill 3204 requires that "Each local mental health authority that provides mental health services shall determine the need for local mental health services and adopt a comprehensive local plan for the delivery of mental health services." On May 8, 2002, the Board of County Commissioners approved submission of Phase I of the Lane County Mental Health Plan (Board Order No. 02-5-7-20). Approval is now required for Phase II of the Mental Health Plan which is due on January 17, 2003.

III. DISCUSSION

A. Background / Analysis

House Bill 3204 was passed by the 2001 Legislative Assembly in response to recommendations from the Governor's Mental Health Alignment Work Group. This bill specifies that a local mental health plan be developed reflecting evidence of coordination with other existing local planning processes and groups including mental health advisory boards, local public safety coordinating councils, and mental health organizations (MHOs). The purpose of the local mental health plan is to "create a blueprint to provide mental health services that are directed by, and responsive to, the mental health needs of individuals in the community served by the local plan."

Phase I of the Mental Health Plan focused on four areas:

- Consumer-centered community-based services;
- Consumer-center intensive services;
- Suicide prevention; and
- Juvenile and adult corrections.

Guidelines for Phase II of the Mental Health Plan include:

- Broad inclusive stakeholder participation;

- Priorities for a minimal system if some or all of the reductions from the Fifth Special Session are taken. These priorities need to be developed in the context of moving the system in the direction of evidence-based and promising practices, following the vision and values in the Mental Health Alignment Workgroup Report;

- Identification of outcomes from the Mental Health Logic Model that will be affected by the priorities selected and in what direction, i.e., will the outcomes improve or worsen; and

- Additional information on those items required from Phase I.

The attached Lane County Mental Health Plan – Phase II, is organized to answer these required topics. Broad inclusive stakeholder participation was achieved by conducting four community forums:

1. Law Enforcement & the Mentally Ill. This forum, held on October 8, 2002, was organized by the local affiliate of the National Alliance for the Mentally Ill; approximately 60 people attended.

2. Children's Mental Health Summit. This forum, held on October 23, 2002, was sponsored by the Commission on Children and Families with the support from Department of Health & Human Services; approximately 50 people attended.

3. Mental Health in Our Community. This forum, held on October 30, 2002, was sponsored by the Lane County Mental Health Advisory Committee and supported by the Department of Health & Human Services, the Public Safety Coordinating Council and the Department of Children and Families; approximately 70 people attended.

4. Mental Health in Our Community – A Consumer Forum. This forum, held on November 19, 2002, was sponsored by the Lane County Mental Health Advisory Committee and focused specifically on consumers of mental health services in Lane County; approximately 80 people attended.

Input from the forums created the priorities for Phase II of the Lane County Mental Health Plan. These priorities were then assigned to the intermediate outcomes as defined by the State's Mental Health Logic Model. Strategies to implement these priorities and how the outcomes of these priorities will be affected, due to the proposed budget cuts, completed this mental health plan. The plan was then reviewed and adopted by the Mental Health Advisory Committee, reviewed by members of the Public Safety Coordinating Council, and Commission on Children and Families. At this time though, it is unclear as to how projections for additional revenue cuts will negatively impact the adopted priorities for mental health services in Lane County.

B. Alternatives / Options

1. To approve the submission of the Lane County Mental Health Plan-Phase II, to the Department of Human Services, Office of Mental Health and Addiction Services.

2. Not to approve number one above. If the Board of Commissioners does not approve the submission of the Lane County Mental Health Plan-Phase II, to the Department of Human Services, Office of Mental Health and Addiction Services, it is unclear how mental health funding for planning and services for the next fiscal year may be affected.

C. Recommendation

To approve number one above and approve the submission of the Lane County Mental Health Plan - Phase II, to the Department of Human Services, Office of Mental Health and Addiction Services.

IV. IMPLEMENTATION / TIMING

Upon Board action, the Department of Health & Human Services will forward the Plan to the Department of Human Services to meet the January 17, 2003 deadline.

V. ATTACHMENTS

Board Order
Lane County Mental Health Plan – Phase II

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION AND ORDER:	)	IN THE MATTER OF APPROVING THE SUBMISSION OF THE LANE COUNTY MENTAL HEALTH PLAN – PHASE II, TO THE DEPARTMENT OF HUMAN SERVICES, OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES.

WHEREAS, House Bill 3024 requires that each local mental health authority that provides mental health services shall determine the need for local mental health services and adopt a comprehensive local plan for the delivery of mental health services; and

WHEREAS, Lane County Health & Human Services is the local Mental Health authority for Lane County; and

WHEREAS, Lane County, through the Mental Health Advisory Committee has completed Phase II of this Plan which is due January 17, 2003.

NOW THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners approve the submission of the Lane County Mental Health Plan – Phase II to the Department of Human Services Office of Mental Health and Addiction Services.

DATED this _____ day of January 2003

_____

Bill Dwyer, Chair
Board of County Commissioners

Lane County Mental Health Plan
Phase II

December 2002

Lane County Health and Human Services

Table of Contents

I. Introduction.....Page 1

II. Guideline Questions .....Page 1
- Question 1.....Page 1
- Question 2 & 3 .....Page 4

III. Priorities from Community .....Page 4

IV. Work plan.....Page 6

V. Question 4.....Page 14

VI. Responses to Phase I Feedback.....Page 14

VII. Attachments
- Appendix A: Community Forums Summaries .....Page 15
- Appendix B: State Proposed Logic Model.....Page 37
- Appendix C: M.H. & Law Enforcement Training.....Page 39
- Appendix D: Register-Guard Article.....Page 42

LANE COUNTY MENTAL HEALTH PLAN
Phase II

"Individuals with mental health disorders should be served by caring and empathetic individuals—with services and supports designed to stabilize their disorder and to maximize independence, dignity, self-worth and recovery."—Guiding Principle 1; Mental Health Alignment Workgroup, 2001

With a commitment to the aforementioned guiding principle, Lane County Health and Human Services began planning for Phase II of the mental health plan in October 2002. Receiving final guidelines for Phase II November 4, 2002, Lane County Health and Human Services along with partners Lane County Commission on Children and Families, the Mental Health Advisory Committee, and local consumer/survivor groups, conducted a broad community planning process designed to hear from as many varied voices as possible.

The Lane County Mental Health Advisory Committee initiated the planning process with the MHAWG model as a guide. Community input from the variety of forums presented a value system heavily oriented toward consumer/survivor/ex-patient self-empowerment and holistic approach to services. This value is reflected in the work plan contained in this document.

Additionally, the local MHAC utilized the proposed mental health logic model provided by the state. The goal, high level outcome and intermediate outcomes are incorporated in the work plan. However, it should be noted that during the process of developing the plan, community priorities clearly stated the importance of including culturally appropriate services to all populations. This was not included implicitly in the state's logic model, but is reflected in the values and principles of the Lane County Mental Health plan.

Responding to budget reductions and discussions with the Association of Oregon Community Mental Health programs, revised expectations for Phase II were issued. During development of the local plan, continued budget uncertainties plagued the ability to develop meaningful strategies. Nevertheless, the MHAC proceeded with a commitment toward maintaining the integrity of the local mental health system.

The revised expectations are represented in four questions, which have been addressed below. In addition to the revised expectations, responses to Lane County's Phase 1 plan have also been addressed.

Question 1. Broad Inclusive Stakeholder Participation

Through outstanding cooperation among key partners, Lane County conducted five community forums to solicit input from a wide range of stakeholders. The following is a synopsis of those forums. (Notes from each forum are included in the appendix.)

- **Law Enforcement & the Mentally Ill** – This forum, held October 8, was organized by the local affiliate of the National Alliance for the Mentally Ill, NAMI. Approximately 60 people attended the forum, with over half of those in attendance representing family. The purpose of the forum was to help describe community needs as well as clarify criteria regarding addressing people in crisis and law enforcement's role. Diverse sides of the issue were represented including the law, law-enforcers, the psychiatric professional, and the mentally ill person and their families. Panel members included Al Levine, Program Manager, Lane County Mental Health, Richard Sherman, Mental Health Supervisor, Lane County Sheriff's Office, Thad Buchanan, Acting Police Chief, City of Eugene and Jerry Smith, Chief of Police, City of Springfield. Additional training of law enforcement officers regarding mental illness was discussed as a priority. *A copy of a course agenda presented by Richard Sherman, Mental Health Supervisor, Lane County Sheriff's Office, is included in the appendix.

- **Children's Mental Health Summit** –The local Commission on Children and Families sponsored this forum with support from Health & Human Services. Held on October 23, approximately 50 people attended. The focus of this meeting was to hear from parents and family members regarding their experiences with the mental health system. Participants were asked to respond to:
  - What is working well currently?
  - What services could be improved upon?
  - Identify any concerns/barriers to receiving services.

  Identified priorities were compared to priorities identified at the two subsequent forums and then used to create the mental health logic model/work plan. Staff from both the Department of Children and Families and from the Department of Health & Human Services continues to collaborate on this topic for future, shared strategies.

- **Mental Health in our Community** – A forum sponsored by the Lane County Mental Health Advisory Committee and supported by Department of Health & Human Services, the Public Safety Coordinating Council and the Department of Children and Families was held October 30. Approximately 80 community members, local mental health providers and consumer/survivors participated in the forum. Through facilitated groups, participants were asked to respond to four questions. 1) What are the services you believe Lane County needs in our mental health system 2) What are the top three priorities of the services you believe Lane County needs in the mental health system? 3) In the current Lane County mental health system, what in your opinion is working well? 4) In the current Lane County mental health system, what in your opinion could be improved upon? Responses to the questions were used to help develop the mental health logic model/work plan.

- **Mental Health in our Community – A Consumer/survivor Forum** Responding to requests from the earlier forums, this meeting focused on gaining specific input from consumer/survivors of mental health services. With over 80

people participating in the forum, varied perspectives and needs were identified. The summary priorities resulting from this forum were used to craft the mental health logic model/work plan. A summary of this meeting is included in the appendix.

- **Mental Health in our Community: A Presentation of the DRAFT Mental Health Plan** Lane County Health and Human Services convened a final community forum on Thursday, December 12 to present the DRAFT mental health plan. Approximately twenty-five people attended the forum. Participants responded to the DRAFT plan favorably, primarily suggesting language changes in the plan. A newspaper article written about the plan also encouraged people wanting to offer feedback on the plan to send their comments to staff via e-mail. Notes from the forum and a copy of the newspaper article are attached in the appendix.

Questions 2 & 3. Priorities for a Minimal System and Logic Model

Based on feedback from the above-mentioned forums and the need to ensure a continuum of care, priorities for a minimal mental health system have been identified. These priorities support the vision of the Mental Health Alignment Workgroup, MHAWG,

"Oregon will benefit from a well-functioning system where people have access to coordinated, comprehensive, caring and community-based medical and social supports for their mental health needs regardless of place or residence, age or income."

Values identified in the MHAWG report are supported by a review of priorities generated from all the community forums:

- *Consumer/survivor -centered, with needs and preferences for the individual with a mental health disorder, his/her family and other support persons guiding the services*
- *Community-based with services, management and decision-making at the community level*
- *Culturally competent with services that are responsive to race, gender, age, disability and ethnicity.*
- *Access to comprehensive, 'round the clock' services that address the needs of individuals with mental health disorders*
- *Recognize and value that individuals, businesses, providers, government entities and others share responsibility for the mental health of Oregonians*
- *Balance the need for public safety with individual autonomy*
- *Affirm family members, providers and staff who care for those with mental health disorders.*

The MHAWG values are reflected in the work plan developed utilizing the state's proposed mental health services goal, high-level outcome, and intermediate outcomes. The locally identified priorities and strategies have been combined in creating a local logic model/work plan. Following is a list of the priorities, generated from the community forums and used in developing the work plan that follows. The list does not represent a ranking of priorities.

I. Child Mental Health Forum

A. Priorities

- Consumer/survivor and family involvement
- Integration of services; wrap around, schools & mental health, criminal justice & mental health; alcohol & drug and mental health
- Home based services
- Community based services
- Community education
- Advocacy; teach parents to be better advocates
- Access to alternative education
- Stigma: stop criminalizing mental illness

- Services for homeless youth

B. Treatment Priorities

- Local residential; sub-acute care
- Increase or maintain access to psychiatric services
- Crisis care
- Increase consumer/survivor provided services
- Outpatient

II. Adult Community Forum

A. Priorities

- Consumer/survivor - run services
- Accessible services
- Stigma: stop criminalizing mental illness
- Integrate services: mental health & alcohol and drug
- Community education regarding mental illness

B. Treatment Priorities

- Residential, transitional and permanent resources
- Outpatient
- Psychiatry
- Medication
- Case management/service coordination
- Housing
- Crisis care, includes: Emergency triage, 24-hour weekend other than ER, respite, stabilization, after-hours, bi-lingual, expansion of CAHOOTS
- Outreach skills training
- Community based services
- Hospital care—acute and sub acute, 24-hour

III. Adult Consumer/Survivor Forum

A. Priorities

- Consumer/survivor operated services – peer support groups, drop in centers
- Ongoing Consumer/survivor voice
- Quality of Life issues – social connections, meaningful activities, employment, school, recreation

B. Treatment Priorities

- Medication
- Alternatives to psychiatric needs, more non-traditional alternatives
- Access to holistic alternatives
- Recovery based model
- In home support and outreach
- Immediate access to psychiatry
- Increased integrated dual diagnosis treatment

See plan below.

GOAL: Reduce the negative consequences of mental health disorders.

High Level Outcome: Community Integration through increasing the percentage of mental health consumer/survivor s involved in activities that decrease dependence on the mental health system

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
1. Increase percent of consumer/ survivors with improved level of functioning.	1. Increase consumer/ survivor and family involvement, including all culturally diverse populations with local mental health planning.	Strategy 1. Plan and implement regularly scheduled community-based consumer/survivor and family forums. Strategy 2: Increase commitment to engage consumer/survivors on the MHAC to improve avenue of consumer/survivor input. Strategy 3. Support consumer/survivor peer groups that value empowerment and self-determination.	Priorities + Improve current system by increasing consumer/sur vivor involvement	Budget Budget reductions do not affect this outcome	* H&HS staff support * H&HS funds for consumer/ survivor involvement
1. Increase percent of consumer/ survivors with improved level of functioning.	2. Ensure access to medication, including all culturally diverse populations, for youth and adults	Strategy 1.: Maintain access to psychiatric medication management services Strategy 2.: Develop alternative prescribers and develop low-cost clinics Strategy 3.: Explore funding options for OHP members no longer qualifying for mental health benefits Strategy 4.: Explore alternatives to psychiatric medications when appropriate and desired by clients	Priorities + System will be positively affected by supporting this priority.	Budget - Cuts will reduce the amount of medication and access to management services. * Increases number of people not receiving medication * Current budget will result in reduction of services for indigent clients	* Explore alternative funding streams * Re-direct current funding * Explore volunteer and donation options

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
1. Increase percent of consumer/ survivors with improved level of functioning	3. Ensure home based and community-based activities, including all culturally diverse populations, for both adults and youth	Strategy 1: Explore options to increase home-based and community-based activities, e.g., money management, life skills, in-home care, recreation and socialization activities. Strategy 2: Explore options to integrate with consumer/survivor-operated services and other partners, e.g., Vocational Rehabilitation, to develop a more holistic approach.	Priorities * + Improve the system by making it more responsive to consumer/ survivor requests	Budget - Reduced budget will result in less funds available for this priority	*Redirect existing funds *H&HS staff support
2. Increase average length of time between acute care episodes	1. Ensure appropriate transition, aftercare and case management/ service coordination, including all culturally diverse populations	Strategy 1: Work to assure a minimum level of medication management, outpatient services, community wrap around, crisis care, and follow-up care.	Priorities * + If the priority is implemented, the overall impact will be positive.	Budget - *The overall system will be negatively impacted due to budget cuts, resulting in reduced current levels of service and decreasing the average length of time between episodes.	*No additional staff or resources are available for this priority.

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
2. Increase average length of time between acute care episodes.	2. Ensure housing alternatives for all clients, including all culturally diverse populations	Strategy 1: Explore alternatives to inpatient care, including in-home services and foster care Strategy 2: Explore options with local housing authority for Section 8, homeless population	Priorities * + If the priority is implemented, the overall impact will be positive.	Budget - *Overall system will be negatively impacted due to budget cuts * The length of time between episodes will decrease	*Resources do not exist for priority *H&HS staff will explore alternative funding options
3. Decrease percent of consumers readmitted into care at a more intense level within six months	1. Ensure appropriate assessment and access to appropriate treatment services for all clients, including all culturally diverse populations	Strategy 1.: LaneCare providers will continue to provide access and authorizations to appropriate levels of care Strategy 2.: Work to assure a minimum level of medication management, out-patient services, community wrap around and crisis care	Priorities * + Overall impact of this priority will be positive; especially given the state budget cuts	Budget - *Overall system will be negatively impacted * OHP members will experience reduced and limited access to short-term care and crisis services	*No additional staff or resources are available for this priority
3. Decrease percent of consumers readmitted into care at a more intense level within six months	2. Ensure consumer and family provided services for clients, including all culturally diverse populations	Strategy 1.: Maintain or increase support of family support networks that value empowerment and self-determination. Strategy 2.: Maintain or increase support for consumer/survivor run organizations that value empowerment and self-determination.	Priorities * + Improve the overall system by being more responsive to community needs	Budget - Reduced budget will result in less funds available for this priority	* Explore redirection of some existing funds and resources to consumer/ survivor run organizations * Explore other funding options

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
4.Decrease percent of consumer/ survivors readmitted into care at a more intense level within 30 days.	1. Ensure well-developed crisis plans for all consumers/ survivors at risk of using acute services for all clients, including all culturally diverse populations	Strategy 1. Provide community training for all providers to develop crisis plans	Priorities * + Improve the overall system by increasing provider training	Budget - Reduced budget will result in less funds available for this priority	* H&HS staff to provide or coordinate training
4.Decrease percent of consumer/ survivors readmitted into care at a more intense level within 30 days.	2. Ensure appropriate case management/ service coordination services for all clients, including culturally diverse populations	Strategy 1: Maintain minimum level of case management/service coordination for youth and adults Strategy 2. Ensure timely responses to requests for services.	Priorities * + If the priority is implemented, the overall impact will be positive	Budget - Overall system will be negatively impacted due to a reduction of services.	* Reduced funding
4.Decrease percent of consumer/ survivors readmitted into care at a more intense level within 30 days.	3. Ensure urgent crisis access to immediate psychiatric supports for youth and adults, including all culturally diverse populations	Strategy 1: Maintain minimum dedicated funding for crisis psychiatric supports.	Priorities * + If the priority is implemented, the overall impact will be positive.	Budget - Overall system will be negatively impacted due to a reduction of services.	* Reduced funding

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
5. Increase percent of consumer/ survivors admitted to community-based services in a timely manner following discharge from more intense care.	1. Ensure residential, transitional and permanent services for youth and adults, including all culturally diverse populations	Strategy 1: Continue appropriate transitional planning by using bed-utilization review process (prioritize optimum use of beds for highest level of need) Strategy 2: Advocate to retain this targeted funding. Strategy 3: Maintain transitional service planning	Priorities * + If the priority is implemented, the overall impact will be positive	Budget - Overall system will be negatively impacted due to fewer residential options	* Reduced funds * H&HS staff continues utilization of bed review process
5. Increase percent of consumer/ survivors admitted to community-based services in a timely manner following discharge from more intense care.	2. Ensure residential, transitional and permanent services for youth and adults, including all culturally diverse populations	Strategy 1: Implement pilot project for youth in partnership with Joint Commission on Accreditation of Health Care Organization, JCAHO Strategy 2. Explore 'Recovery Model' approach. Strategy 3: Explore options with local housing authority for Section 8, homeless population	Priorities * + Overall system would be improved by increasing local, community based options	Budget - No funds to support this priority	*Additional revenue will be required to implement these strategies. * H&HS staff will explore alternative funding options

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
5. Increase percent of consumer/ survivors admitted to community-based services in a timely manner following discharge from more intense care.	3. Increase or maintain consumer/ survivor- based and family- based services for all clients, including all culturally diverse populations	Strategy 1: Maintain or increase support of family support networks Strategy 2. Maintain or increase support for consumer/survivor -run organizations	Priorities * + Improve the overall system by being more responsive to community needs	Budget Budget reductions do not affect this outcome	* H&HS staff will explore redirection of resources * H&HS staff will explore new funding options
6. Increase percent of consumer/survivor s entering service at an appropriate level of care	1. Ensure access to community based services for adults and youth clients, including all culturally diverse populations	Strategy 1.: Work to maintain current level of community-based services that value empowerment and self-determination	Priorities * + Improve the overall system by being more responsive to community needs	Budget - Overall system will be negatively impacted due to budget cuts	* Reduced funding available

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
6. Increase percent of consumer/ survivors entering service at an appropriate level of care	2. Integrate Mental Health services with the criminal justice system, alcohol and drug services, developmental disabilities program, senior and disabled services, for adults and youth, including all culturally diverse populations	Strategy 1: Work with existing Mental Health Advisory Committee and local partners, e.g. Department of Youth Services, Public Safety Coordinating Council, Senior and Disabled Services, Vocational Rehabilitation Department, and the Commission on Children and Families, to develop appropriate strategies to implement this priority. Strategy 2: Work with local consultant to implement mental health training of criminal justice officers	Priorities * + Overall system would be positively impacted as a result of heightened collaboration	Budget Budget reductions do not affect this outcome	* Dedicate staff to work with existing planning and advisory groups
6. Increase percent of consumer/survi vor s entering service at an appropriate level of care	3. De-stigmatize mental illness for all clients, including all culturally diverse populations	Strategy 1.: Explore options to increase mental health education with local education districts Strategy 2.: Increase information to community and family members through continued media articles	Priorities * + Overall system will be positively impacted as a result of greater information and education.	Budget Budget reductions do not affect this outcome	* H&HS staff * Lane ESD staff

Intermediate Outcome	Priority	Strategies (*Given current budget)	Direction of Outcomes Affected by Priorities & Budget		Budget and/or Staff Commitment (*Reduction in state funds limits local options)
6. Increase percent of consumer/survivor s entering service at an appropriate level of care	4. Ensure residential, transitional and permanent services for both adults and youth clients, including all culturally diverse populations	Strategy 1: Explore development of local sub-acute care for adolescents in partnership with appropriate organizations	Priorities * + Overall system could be positively impacted due to increase in local services	Budget No funds to support this priority	* Additional funds are required to implement this priority. * H&HS staff will explore funding options

The Lane County Mental Health Advisory Committee has a commitment toward ensuring culturally appropriate services and has incorporated the definition of cultural competence from the local SB555 Phase II work plan. The definition includes "...outcomes stratified by race, ethnicity, socioeconomic status, gender, exceptionality, sexual orientation and other relevant variables and inclusiveness and applicability of individual strategies for diverse and underserved communities..."

The Lane County Mental Health Advisory Committee, MHAC, will utilize the above work plan to guide their efforts over the course of the next biennium. Health and Human Services staff will work with the MHAC to develop a system of accountability through a focus on performance and outcomes.

Question 4. Prioritized Areas for System Change

Not required.

Response to Feedback from Phase I

Considerations from Phase 1 have been addressed through the planning process described above and the resulting logic model.

Consideration 1. *The plan should include more consumer/survivors and family members contributing to the process.*

Consumer/survivors and family members were invited to participate in each of the community forums held. The 'child mental health forum' was particularly organized to gather feedback from family members/parents. The final community forum held on November 19 was especially organized to hear exclusively from consumer/survivor s.

Consideration 2. *The plan should more thoroughly address the values, vision and principles from the Mental Health Alignment Workgroup.*

The community forums set the stage for addressing this consideration. The process which community engaged members, family, and consumer/survivors in the development of Phase II clearly supports the values identified in the MHAWG. Commitment to these values is demonstrated in the priorities and strategies identified in the community forums and then ultimately in the logic model/work plan developed.

Consideration 3. *The plan indicates that a great deal of work was done, some of which is beyond the current requirements.*

No action required.

Consideration 4. *The plan should develop specific staffing and/or budget items corresponding to the top priorities.*

Budget and /or staffing recommendations are included in the work plan above.

Appendix A
Community Forums

Mental Health Community Forum
October 29, 2002
Lane County Mental Health

---

1. What are the services you believe Lane County needs in our mental health system?

Screening & Referral

Crisis Services

- Emergency triage/crisis
- 24-hr/weekend options besides ER
- Crisis Respite (in home crisis respite to prevent hospitalization)
- Crisis respite for adults
- On-call crisis services
- Cahoots crisis services expanded beyond Eugene
- Crisis stabilization
- Crisis beds
- After hours crisis services
- Bi-lingual crisis services

Community-Based Screening/Information & Referral

- Access to information for general public and family
- Public campaign w/ survivors/consumer/survivors to build public awareness
- Access to medication (remove cost barrier)
- Prevention: A place to talk, to be listened to
- Community education/media
- Hotline – families call for education and referral
- Coordination with criminal justice system
- Advocacy – someone to help you get what you need (Ombudsman)
- Central location for services or information – obvious place to go for help with accessible information
- LCMH ongoing planning office

Civil Commitment

- Commitment

Assessment, Planning, and Coordination

Integrated Service Site(s) & Process

- Medication management
- Case management/service coordination
- Early intervention mental health treatment for children and families
- Dual-diagnosis residential care
- Psychological evaluation

- Jail-based mental health services
- Better triage associated with corrections
- School-based
- Gap in services for teens (no transition between adolescent and adult services)
- Choice (system too lean for choice)
- Can't find primary care physician to get medical health cared for
- Men wanting to reunite with families
- Case management/service coordination money management
- Responsive; non-coercive psychiatric services
- Better diagnosis from doctors
- Specialized services for parents, families, and pregnant women
- Services for homeless youth and children
- Improved training for police on mental health issues
- Access to psychiatry and medication
- Communication regarding service availability
- Case management/service coordination (services for wide range of clients, links to resources-brokerages, support for independent living)
- Co-occurring substance abuse and other mental health problems
- Education in schools/mental health services within school
- Intensive community based services – keep kids out of residential
- Access to medication without money constraint
- Maintain and strengthen the continuum of child and adolescent outpatient, day treatment and residential mental health services
- To maintain and develop prevention service such as were available through the Oregon Children's Plan
- Effective prevention, outpatient, and day treatment services reduce the need for more expensive residential and correctional services

Levels of Care

Extended Psychiatric Care

- Outpatient psychiatric access (on-going and urgent)
- 18-21 all access to psychiatric care
- Hospital Diversion

Acute Psychiatric Care

- Adult hospital care
- Access for inpatient adolescent

24-Hour Supervised Structured Treatment

- Inpatient drug and alcohol
- Inpatient mental health
- Inpatient alcohol – boys
- Hospital care (24-hour acute and sub-acute care)

- Residential care (group and transitional housing)
- Residential services/group homes
- Longer-term hospitalization
- Foster care homes
- Foster care support
- Child & Adolescent inpatient

Psychiatric Day Treatment

- A&D treatment
- Detox
- Sub-acute for adolescents
- Sub-acute for adults
- Day treatment for child/adolescents
- Day treatment for adults
- Sex offender treatment for adults (with family)
- Sex offender treatment for adolescents (with family)
- Sustaining care for SPMI adults
- Child and juvenile sub-acute/acute
- Children's outpatient

Treatments to maximize independence

- Continuum of services for youth
- Outpatient therapy
- Intensive home-based
- Hospital diversion
- Treatment for D&A first prior to mental health

Prevention & Early Intervention

- Therapy accessible immediately/short waiting period
- Early intervention and prevention for children
- Mental health consultation (childcare/pre-school)
- Access to medical and dental services
- Inpatient care and adequate aftercare
- Hospital diversion programs
- Children's mental health services (2-5 years)
- Children's day treatment (adolescent)

Family & Peer Support & Self-Help

- Respite
- Aftercare for hospital discharge
- Partial hospitalization

Support Services (Housing, job training, self-help & education)

- Housing attached to services
- Outreach and skills training
- Residential services (all ages)
- Victim/Offender
- Employment supports
- Service integration
- Community education to promote integration into community
- Family support
- Social skills training
- Parent education
- Therapeutic recreation
- Flexible funds/individualized supports
- Alternatives (acupuncture, yoga, vitamins)
- Money management
- Consumer/survivor run services (advocacy, peer support, system change, empowerment self determination)
- Mentoring for information and access
- Peer support groups for variety of ages and experiences
- County funded support
- Non-medical help with housing and jobs
- Help getting on SSI, navigating the system
- Formulary (decisions about drug changes related to cost)
- Access to services to new people if system backs up
- Social events
- Prevention services (child & adult)
- Medication management
- In-home care
- Counseling for non-OHP, low income clients
- Domestic violence for mental health services (women & children)
- Outreach to people not in any system
- Holistic needs assessment, comprehensive treatment plan
- Vocation/Avocation – ways to participate and contribute
- Vocational services and training
- Recreation and socialization opportunities
- Life skills training

2. What are the top three priorities of the services you believe Lane County needs in the mental health system?

- Case management/service coordination
- Housing attached to services
- Emergency triage/crisis
- Outreach skills training

- Outpatient therapy
- Psychiatry
- 24-hour crisis/Cahoots
- Gap in services for teens
- Consumer/survivor run services
- Mentoring for information and access (peer support groups)
- Access to information for public and family
- Child and juvenile sub-acute/acute
- Children's outpatient
- Services for homeless youth/children
- Vocation/Avocation – ways to participate and contribute
- Crisis beds
- Medication services
- Accessible (culturally competent) urgent care and treatment
- Ready access to psychiatric practitioners
- Residential transitional and permanent resources
- Acute inpatient care and diversion options
- Hospital care (acute and sub-acute 24-hour)
- Outpatient psychiatric access (ongoing and urgent)
- Intensive community based services – to keep kids out of residential treatment facilities

3. **In the current Lane County mental health system, what, in your opinion, is working well?**

- Emergency Triage/Crisis
- Network of Providers
- Range of services that can be individualized
- Housing attached to services
- Public/Private collaboration – lots of vehicles for coordination; leverage with public
- Continuum of services – transition from one to another
- Day treatment for adolescents/children
- User-friendly county staff
- Access to doctors for medication needs
- Cahoots
- White Bird crisis
- Supports for consumer/survivor operated services
- Collaboration w/consumer/survivor s
- Agencies that mandate treatment (CW, DYS) support treatment
- Training services for providers & consumer/survivor s
- Medication dispensing to indigent clients/working poor
- Safe Wonderland Project (dietician, art expression, client run, peer support)
- Harmony House

- Support Groups
- Peer attendants
- Compassion team/respite care
- Social Security is working well if find the right person
- Social events
- Banning advertisements of drug companies
- Case management/service coordination
- Adult respite
- Child psychology and primary care
- LCPH
- Nurse practitioners in the schools
- OHP for those who have it
- The Lane
- Head Start
- Psychiatrists
- Station 7
- Domestic Violence Council
- MH services in jail
- System of Care for children/families who are plugged in
- Churches
- Outreach respite
- Comprehensive A&D services (WFTS)
- Homeless mentally ill services (WB)
- Expanding range of group treatment options
- Many providers – good consumer/survivor choice
- Responsiveness to schools
- Information and referral through White Bird
- Good services for SPMI (LCMH, LHC, ShelterCare, SLMH)
- Crisis respite/hospital diversion (RAP)
- Acute inpatient treatment
- Adult mental health and children mental health (cooperation between agencies)
- Low-income early intervention
- Components that keep people out of the hospital
- Front line mental health staff that work in agencies
- White Bird free crisis services
- Cooperation between providers and consumer/survivor groups
- Relief nursery for child and family needs
- Commitment services
- Strong consumer/survivor work force for access to services
- Access to independent living situations/housing structure
- Adult residential living
- Access to Laurel Hill services and support
- LaneCare works really well
- Support from Lane County

- Processes must be inclusive – decision making

4. In the current Lane County mental health system, what in your opinion could be improved upon?

- Access to high levels of services
- Stop criminalization of mental illness – limit jail as the only way to major mental health services
- Promoting community services
- Continuity of care – difficult to get primary care docs and mental health providers talking; electronic and other systems create obstacles; information does not follow quickly or smoothly and care is fragmented
- Hospital diversion
- Detox; A&D inpatient (family)
- Combine/integrate A&D and MH
- Access to Vet's care
- Getting PCP's for clients
- MH services for people without OHP/Private insurance
- Medication for Medicare
- Sub-acute care for children and adolescents
- Services for domestic violence survivors
- Services for rural areas
- Lack of ambulatory services for elderly (where they are)
- Prevention
- Mental Health and schools working together
- Not enough prescribers
- Information to community regarding mental illness (normalize mental illness)
- Transition between services/systems with kids
- Transition from adolescent to adult services
- County recognize mental health professionals for their contributions
- More access to housing
- Increase access to vocational; supported training
- Homeless youth services
- Enrollment time is too long
- Non-crisis wait is too long
- Stigma
- ER for kids
- Co-occurring disorder programs
- Adolescent residential – secure
- Coordination between DHS Child Welfare Program and treatment system
- Secure detox
    - Better community education
    - Resource allocation – more money
    - Need adolescent acute care

    - Increase in long-term hospital stay
    - Increase in residential services, variety including group residential, etc...
    - Increase in crisis care for Springfield and all of Lane County
    - Expand rural mental health services and discovery of need
    - Brokerage, self-determination
    - CSX – Consumer/survivor involvement at every level
- Better family mental health support
- Crisis services
- More community education on mental health issues – reduce stigma
- More Cahoots
- Services for trauma survivors
- Non-ER, 24-hour crisis triage
- Trainings in best practices
- Number of foster homes after more intensive care (including can handle drug and alcohol/ acting out/ medications and lack of/ and difficult to place)
- Whole range of access (rural vs. urban, money availability, can't have services paid for by OHP, or yourself)
- Referral system – don't know what your options are
- Lack of centralized information
- Very convoluted – how do you access
- Too many hoops to jump through
- More intensive case management/service coordination/ smaller case loads for LCMH and other providers
- Mental health services for seniors
- Wrap around services – extra services to prevent hospitalization
- More flex funds
- Better A&D for people w/ mental health diagnosis
- Transportation commitment services is a problem in smaller communities
- No enough placements for pre-school or school children
- Therapeutic foster care for children

- Build a bridge behind Lane County Mental Health
- More community discussion (on-going consumer/survivor /survivor voice on policy and funding decisions)
- Empowerment of consumer/survivor s/survivors with a commitment to consumer/survivor and survivor operated services
- Continue to have monthly contact with prescriber and caseworker
- Facilities to hang out in with activities and social connection with professional support
- In-home support and outreach
- Classes to help understand psychology – psycho-educational
- Homeless shelter for parents with mental illness who want their kids back
- Immediate access to psychiatry
- Longer length stay housing options available
- Programs to educate the public on mental illness to help reduce the stigma
- Increase integrated dual diagnosis treatment
- Psychiatric hospital should not be a part of the jail
- There needs to be less emphasis on hospitalization and more on community support
- More safe places for people to go
- Mental health workers should not abuse clients. There should be trust between client and caseworker
- More well-informed qualified professionals
- Need services when in crisis
- Medication and money management as top priority
- Ability to pay for medication
- Education programs for family members
- Access to the Internet
- Simple access to services and information located at a single location
- Support to stay in college and access other community supports
- More community respect and compassion
- Community advocates and support people
- Access to medications, help with co-payments
- Like the case workers at Laurel Hill
- More non-traditional alternatives
- Access to holistic alternatives
- Peer support
- Therapists – community organizers so that people can help each other – more peer support
- Money go to the consumer/survivor s to broker services

- Psycho-social rehab, housing, employment, support for persons to engage in meaningful activities
- Opportunities for social connections
- Subsidized housing
- Keep people out of the hospital by providing in-home support
- In-home support, cooking and cleaning
- Construct a bridge between Laurel Hill and Lane County Mental Health
- Medical model is not always effective and it is expensive. Move to a recovery-based model so people have a chance to recover
- De-professionalize treatment
- Homey type living versus institutional atmosphere
- Get rid of nurses station at Lane County Psych Hospital
- Fund raising to offset cuts
- Dating, sports, recreational opportunities
- Recovery model – quality of life
- Hospice model of social support
- Safe drop-in center – Wonderland
- Dietary support for information
- Vitamin supplement supports
- Alternatives to psychiatric needs
- More access to Eva (nutritional expert)
- System incentives make people more helpless
- Psychiatrists work with family doctors
- More home visits
- More community organizing
- Community education/conferences
- Feel lonely – need someone to help me get out of my home and feel less tired and lonely
- Personal attendant
- Laurel Hill – outreach counselor/employment specialist
- Access to non-coercive medical care
- Conflict resolution services
- Addressing trauma

Alcohol & Drug Community Forum
November 20, 2002
Lane County Mental Health

---

1. What are the services you believe Lane County needs in our mental health system?

- Educate parents and families about gambling (community awareness)
- Connections with mental health and addiction (coalition building)
- Treatment for dual diagnosis
- Community-based efforts in outreach and education
- Prevention and outreach for Latino community
- Bi-lingual/bicultural services
- Coalition building with providers, criminal justice system, and community
- Increased services to meet increase in demand
- Educate criminal justice system
- Detox/residential
- Transportation
- Childcare
- Case management/service coordination/wrap-around
- Shelter/recovery house
- All-Continuum
- Residential beds
- Detox
- Outpatient adult
- Dual diagnosis
- DV related services
- Youth residential/OP/aftercare
- Safe, clean and sober housing
- Methadone
- Decriminalization of drugs
- Women/Children specific services
- Batterer intervention rather than anger management
- Prevention as young as possible
- Diversion treatment from jail and drug court
- Services for COA
- Parent education
- Medical treatment – not cost-effective with emergency room
- Mental Health services for addicts
- Prevention of domestic violence with at-risk kids
- Sexual recovery movement; sexual exploitation prevention
- Minority treatment
- Intensive program at ail
- Needle exchange

- Outreach on street
- Speak out in schools/etc.
- Services for adjudicated people
- Cross training/multi-disciplinary training
- Residential treatment for older adults, adults, youth
- Community outreach for youth, adult and homeless
- Culturally specific services
- Detox
- DUII
- Sobering
- Mentoring
- Drug Court
- Peer support
- Gender specific treatment services
- Community response team (crisis) county-wide
- Out-patient services
- Rural outpatient services for adults and adolescents
- Family support
- Community education
- Mental health capacity in A&D facilities/Dual diagnosis
- Methadone treatment
- Work with law enforcement regarding A&D/ Liaison
- School-based outpatient services
- Nurses willing to work in field
- Indicated prevention
- Point of Entry – clear and accessible (hotline)
- Selected prevention
- ID & Referral / Hotline
- Community based prevention
- Universal school curriculums
- School based prevention
- Continuum of services by shifting funds among service elements
- Prevention
- Treatment
- Gender specific services
- Age specific services for youth and adult
- Dual diagnosis
- Culturally appropriate Spanish speaking options
- Detox for adults
- Community based coalitions
- Community education
- Residential for adults
- Outpatient
- Substance appropriate outpatient such as methadone

- Treatment in the jails
- Drug court
- COD court
- Treatment for families – ie family counseling
- Dependent care for parents in treatment
- Student assistance programs
- Treatment for incarcerated youth
- Treatment for corrections clients re-entering community
- Halfway housing
- NA, AA, etc.
- DUII specific services
- Diversion
- Detox for youth
- Residential for youth
- Residential
- Gender specific
- Intensive outpatient services
- Continuing care
- Support groups
- More residential treatment for single dads
- A&D free community events
- Detox for youth and adults/sobering
- Youth A&D education
- Community norms education (changing perceptions)
- Parenting classes for families recovering
- Methadone services
- Safe place for youth with positive alternative activities
- Transitional housing
- Open door treatment (on-going access to treatment)
- Crisis intervention (CAHOOTS) expanded county-wide
- Increase outreach to homeless
- Peer support/Mentor
- Methadone treatment
- Continuum of services
- Non-adjudicated youth male residential treatment
- Greater emphasis on prevention adolescent and families
- Detox for youth
- Flexible funding for youth treatment (parenting groups)
- BBS through A&D money
- Expanded services and funding for dual diagnosis
- General education regarding methadone
- Domestic violence groups – flex funding for adults
- Consumer/survivor choice – keep as money shrinks

2. What are the top three priorities of the services you believe Lane County needs in the mental health system?

- Detox
- Continuum of services
- Detox for youth
- Expanded services and funding for dual diagnosis
- Increase outreach to homeless
- CAHOOTS expanded county-wide
- Transitional housing
- Methadone services
- Parenting classes
- Residential
- Gender specific
- Intensive outpatient
- Continuing care
- Outpatient
- Continuum of services by shifting funds among service elements
- Detox for adults
- Community-based prevention
- School-based prevention
- Methadone treatment
- Dual Diagnosis
- Youth residential/outpatient/aftercare
- Decriminalization of drugs
- Women/Children specific services
- Services for COA
- Mental health services for addicts

3. In the current Lane County mental health system, what, in your opinion, is working well?

- Gambling prevention and treatment is free
- It's available and accessible (Gambling)
- Bilingual treatment and prevention coordination (Gambling)
- Help-line awareness (Gambling)
- Facilities (Gambling)
- Treatment – family (Gambling)
- Treatment is gender specific (Gambling)
- Well-trained staff (Gambling)
- Successful completion (Gambling)
- Safe, consistent (Gambling)
- Outreach to Latino community
- Outreach to community and schools (Latino)
- Treatment services exist for Latino population
- Successful completion (Latino)

- Culturally competent staff (Latino)
- Variety of services and wrap around (Latino)
- Integration of services/cooperation (Latino)
- Coalition of Latino providers
- Good agencies doing good work
- Agencies working closely together to provide the continuum of care and critical support services
- Drug specific services, gender specific services, cultural specific services, dual diagnosis specific services are appropriate and effective
- System works well on AD issues that concern out community
- We get a big bang for our buck in Lane County
- Level of expertise is high
- COD/Jail diversion
- Drug Court (Adult & Adolescent)
- Youth residential (LOG & WFTS)
- Outpatient treatment
- Dual recovery program at Lane County Mental Health
- Female residential services
- Housing
- Detox (could add some mental health)
- Prevention
- Methadone programs
- Gender specific services for continuum of care
- Residential services
- Community coalitions
- CAHOOTS
- First Night in Eugene
- Interagency communication
- Diversity in treatment options for client schedules
- Acupuncture
- Middle school prevention coordinators
- Reduce Adolescent Pregnancy Program (RAPP)
- Needle exchange
- Availability of treatment for adults (pre-OHP cuts)
- More differential services
- Methadone treatment
- Collaboration between provider community
- Peer support throughout entire process pre-treatment aftercare
- Fair amount of consumer/survivor choice
- Current continuum of care
- Beginning prevention
- Maturity of system – built relationships between A&D and mental health providers

4. **In the current Lane County mental health system, what in your opinion could be improved upon?**
   - Expanding current outreach (Gambling)
   - Treatment access to rural communities, Latino and adolescents (Gambling)
   - Expanding tools for education and outreach (Gambling)
   - Expanding screening and assessment (Gambling)
   - Expanding membership of gambling coalition/committee (Gambling)
   - Outreach and awareness (Latino)
   - Family intervention component (Latino)
   - Increase services to meet increase demand (Latino)
   - Increase funding to provide services (Latino)
   - Increase bilingual/bicultural competent staff (Latino)
   - Quality services – having more time
   - Informing the public – public education
   - COD comprehensive case management/service coordination is lacking
   - Counselor population is very fluid – move from agency to agency
   - Loss of qualified counselors to the field
   - Workforce decline
   - Not doing a good job of looking our for youth
   - Inadequate services for dual diagnosis
   - Still have waiting lists
   - Service availability is not keeping pace with need for treatment
   - No political will to provide services
   - Service reductions increase problems
   - Funding is unstable
   - Sometimes competition between agencies interfere with continuity of care
   - Mental health services for addicts
   - Identify dual-diagnosis
   - Middle schools/elementary schools – tons of kids using; need more school-based programs
   - Educate school personnel about what kids are really doing
   - Services for homeless people
   - More money in schools
   - Educate parents regarding what kids are doing
   - More services for COA
   - Wrap around for outpatient clients
   - Outreach
   - Intensive after-care (all ages)
   - Early diagnosis (mental health) and earlier intervention
   - More dual diagnosis
   - Better integration of services/cross training
   - Create customized services
   - More harm reduction
   - Mental health for detox

- Expand CAHOOTS
- More shelter
- How can we meet all the needs of the community once all the cuts have happened?
- Coordination between counties and States
- Improved County leadership at the policy level (system manager)
- Centrally located coordinated education capacity: community, school, etc.
- Case management/service coordination; ability to track and share information to better coordinate care
- Less money for administration, more money for services
- Staff support for community based services
- Specific services to minority populations (Native Americans, Latinos, etc.)
- Funding for all A&D prevention and treatment services
- More community outreach on what addiction services and service availability
- More public discussion on A&D free norms (football without beer)
- Increase drug free housing for low income people

NAMI of Lane County News

Local Affiliate of the National Alliance for the Mentally Ill

Support for Families & Friends of People With Mental Illness

•Local Office: 72-A Centennial Loop • Suite 160 Eugene, OR 97401 •
•Phone (541) 343-7688 • E-Mail: info@namilane.org • www.namilane.org •
•Office Hours: Monday - Friday 10 a.m. - 2 p.m. •

October/November 2002 Volume 25. Number 10/11

LAW ENFORCEMENT & THE MENTALLY ILL

By Dave Howard

Approximately 60 people attended a community meeting at the new Lane County Mental Health building on Tuesday, October 8th to hear a panel of Law Enforcement and Mental Health leaders discuss the practices of local police and sheriff officers in dealing with people in crisis from mental illness.

Police officers receive some training in dealing with the mentally ill, both in their initial training and in continuing education. It is still considered minimal in terms of understanding and dealing with those individuals in crisis.

It usually takes a tragedy in the community to shift funds to provide for crisis intervention training. Law enforcement is constantly dealing with financial constraints in funding personnel, training and equipment. It can be seen in the bond measures on this November's ballot for jail improvements and sheriff's interagency communications network.

CAHOOTS, funded through the Eugene police department, was praised by the panel for its work which is done at a cost that is considerably less than what Eugene police officers would cost. It is not likely to feel the budget axe that some other programs might. Springfield police, under severe financial pressure,do not have room in its budget to add this service to their community, nor is the sheriff able to provide this type of service to other Lane County communities.

WHAT'S INSIDE:

Support Grps/Meetings...Pg	2
Local Calendar.....Pg	2
President's Report.....Pg	5
Rondeau Lecture.....Pg	6
Law & Mentally Ill.....Pg	1
Book Review.....Pg	3
Anti-Stigma Camp.....Pg	2
Family-to-FamilY.....Pg	4
Join or Volunteer Form...Pg	8

Police officers, in addition to arresting an individual for a law violation, are available to transport an individual in crisis to the hospital for evaluation if they are in danger of harming themselves or others. Although there are many instances of police officers being heavy handed in a crisis situation, the audience, for the most part, praised the actions of police officers in dealing with their loved ones in crisis.

Cont'd on page 6

Law.....Cont'd from page 1

Police officers, in addition to arresting an individual for a law violation, are available to transport an individual in crisis to the hospital for evaluation if they are in danger of harming themselves or others. Although there are many instances of police officers being heavy handed in a crisis situation, the audience, for the most part, praised the actions of police officers in dealing with their loved ones in crisis.

It was an excellent program and we wish to thank panelists Springfield Chief, Jerry Smith, Eugene Chief, Thad Buchanan, Lane County Jail Mental Health Director, Richard Sherman, Lane County Mental Health Manager, Al Levine, and moderator Lane Shelter Care assistant director, Chaz Nebergall.

We also wish to thank Sheriff Jan Clements, who was not on the panel but attended and commented when appropriate. Additional thaks go to Suzie Caldwell for planning and co-ordinatinating this program & to Marcia Petersen for providing the delicious refreshments.

ALCHEMY

"Learn the alchemy
true human beings know.
The moment you accept
what troubles you've been given,
the door opens.

Welcome difficulty
like a familiar comrade.
Joke with torment
Brought by the friend.

Sorrows are the rags of old clothes
and jackets that serve to cover
and then are taken off.

That undressing
and the beautiful, naked body underneath
is the sweetness that comes after grief.

The hurt you embrace becomes joy.
Call it to your arms where it can change.

--Rumi (translated by Coleman Barks)

PRESCRIPTION DRUG PATIENT ASSISTANCE PROGRAMS

There are a group of pharmaceutical companies which offer free medications to low-income families. They require a doctor's consent and proof of the person's financial status. Depending on what your insurance covers, you may be able to apply. A few companies even allow family incomes as high as $40,000 annually (offset by expenses, of course). Here is a list of companies with patient Assistance Programs:

Abbott Laboratories
Depakote
1-800-222-6885

AstraZeneca Foundation
Seroquel
1-800-424-3727

Bristol-Myers Squibb Co.
BuSpar, Desyrel,
150 & 300 mg pills only
Prolixin/Prolixin Decanoate, Serzone
1-800-332-2056

Eli Lilly and Company
Prozac, Zyorexa, Cymbalta
1-800-545-6962

Forest Pharmaceuticals, Inc.
Celexa
1-800-851-0758

Galxo SmithKline Wellcome Inc.
Wellbutrin, Paxil
1-800-722-9294

Ivax Pharmaceuticals, Inc.
Clozaril
1-800-507-8334

NAMI Lane County
72A Centennial Loop, Suite 160, Eugene, Oregon 97401 (541) 343-7688

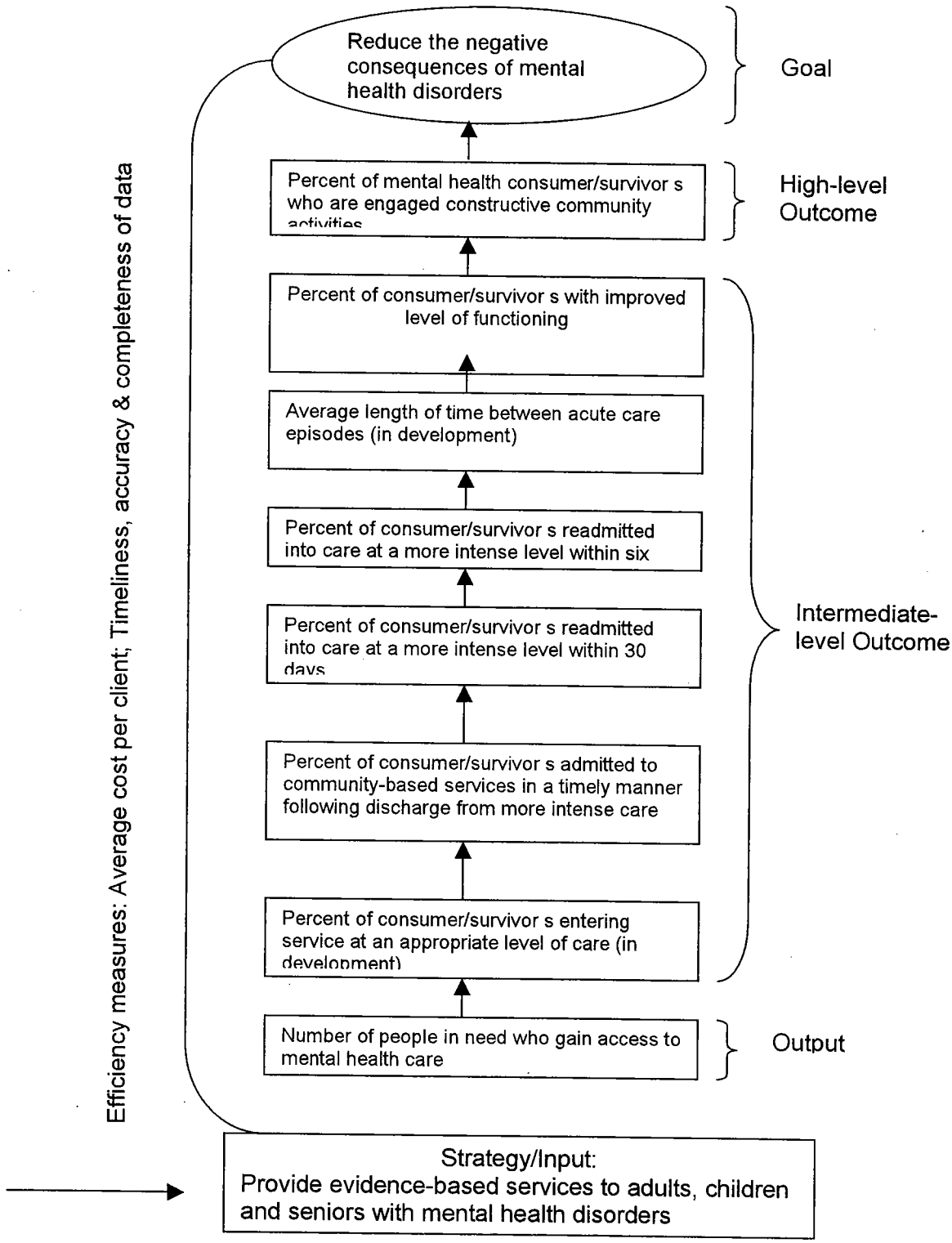
November 20,2002

Family Members	32
Senior & Disabled Services	3
Lane County Mental Health	1
McKenzie Willamette Hospital	2
LTD	2
Shelter Care	1
Health & Human Services	1
Heeran Center	1
Lane Care	1
QMHP	1
Professional	1
Other	7
Speakers	4
Total	57

- Prioritize strategies in relation to budget cuts
- Integrate services and service sites. Integrate SAFE w/adult mental health providers
- Vision for hope and recovery
- Recovery Revolution
- Inclusion of words like "Empowerment" and "Self Determination"
- Funding for Lane County consumer/survivor organization to organize and support voice.
- More emphasis on alternatives to psychotropic drugs
- More emphasis on consumer support
- JHACO may be too supportive of medical model approach
- More immediate response to requests for service
- Better coordination and integration of mental health and alcohol and drug treatment
- Communicate with parents/support persons for feedback on condition, changes in medication, treatment, etc...
- Transportation support: bus pass, shuttle service, etc...
- Include Voc Rehab as a partner and integrate mental health and supported employment
- Reference peer groups specifically
- Individualized care to achieve consumer goals with preferred services
- No forced treatment. Non-coercive treatment based on enforcement goals
- Conflict resolution
- Change "Case Manager" to "Service Coordinator"
- Stabilization progress includes follow-up
- Consumer operated non-meds
- Crisis stabilization resource
- Nutritional alternatives
- Focus on outcomes. Important to consumer and have a system that tracks outcomes important to consumers
- Human Rights – focus, particularly if cut-backs are going to cause problems

Appendix B
Office of Mental Health and Addiction Services
Proposed Mental Health Logic Model

Office of Mental Health and Addiction Services
Proposed Mental Health Logic Model



Appendix C
Mental Health Training for Law Enforcement

Mental Health Training for Law Enforcement
Presented by Richard K. Sherman, MS, LPC, NCC, MAC

Goal of Course: This course was designed to educate law enforcement and corrections officers about issues related to interactions with persons who suffer from mental disorders. It is intended to help officers develop an understanding of mental disorders and skills to identify and provide the most safe, effective, and compassionate response possible to police situations involving people in a mental health crises.

Content of Course:

Section I: Introduction

Introductions
Background - Mental Health and Law Enforcement
Goals of Training
Overview of Training

Section II: Mental Disorders

Definition and Causes of Mental Illness
Categories of Mental Disorders
Severe Mental Disorders of Childhood
Severe Mental Disorders of Adulthood
Sever Mental Disorders of the Elderly
Alcohol and Other Drug Abuse
Psychotropic Medications
Mental Retardation and Learning Disorders
Myths and Facts of Mental Illness

Section III: Officer Interactions with Persons Who Have a Mental Illness

Indicators and Behaviors Suggestive of Mental Illness
Obtaining Information
Assessing Dangerousness and Communication
Helpful and Unhelpful Types of Interactions

Section IV: Understanding the Experience of Mental Illness

The Perspective of People with Mental Disorders
The Perspective of Family Members

Section V: Legal and Liability Issues

Commitment
Use of Force
Liability

Appendix D
"Funding Threatens to Undo New Plan"
By Randi Bjornstad
The Eugene Register-Guard

December 13, 2002

Funding threatens to undo new plan

By RANDI BJORNSTAD
The Register-Guard

It's taken countless hours of discussing and drafting and listening to the opinions of hundreds of people to come up with a workable plan for Lane County to meet the needs of its citizens with mental disorders. Now that it's all but done, advocates say, the state's budget woes threaten to plunge the system back into the Dark Ages.

The Lane County Mental Health Advisory Committee held its last public forum Thursday on a state-mandated work plan that must be approved by the Lane County Commissioners within the next few weeks and delivered to the state Department of Human Services by Jan. 17.

"It's surreal to be submitting this plan in the face of the worst budget cuts that I've seen in my many years of work with mental health programs in this state," said Al Levine, manager of the county's mental health system.

"But we have engaged the community in a positive way, and regardless of the financial situation, we know the priorities of this community, and we'll follow them as best we can."

Those priorities include the provision of mental health services within families and supported living situations, "a goal we heard over and over again from everyone we talked to," said C.A. Baskerville, one of the staff members who worked on the plan.

"People want home-based services, community-based services, more public education about mental health issues and access to help when they first need it," Baskerville said.

But that's exactly the kind of treatment that will be lost to thousands of local residents if projected budget shortfalls go into effect during the next several months, Levine said.

"Many of our clients will lose their mental health benefits completely - and that means both therapy and medication - because of changes in the Oregon Health Plan and other cuts to our programs," he said.

"We've already had two people tell their psychiatrists that they know they will end up committing suicide if they lose their medication benefits," Levine said. "We have people who, without their medications, hear voices that tell them to (mutilate) themselves. We're facing some very real, very horrible consequences."

The mental health agency will have to start "titrating down" many of its clients on psychiatric medications during the next few weeks, so that they won't be cut off "cold turkey" if they lose their mental health benefits in March, as has been projected, Levine said.

The general tone among those who attended Thursday's meeting at the Lane County Mental Health Building on Centennial Boulevard seemed to be pessimism that the new work plan will even get a chance to improve upon the way mentally ill clients receive services.

Nonetheless, the county will go forward with its plan, hoping that a solution can be found to the state's financial difficulties that will enable people with mental illnesses to continue to live and work as independently as they can, Levine said.

The draft plan lists a number of services - case management for youth, crisis psychiatric support and medication management - "that we will do our best to maintain at a minimum level of service," he said.

"That means even with cuts, we'll try to redirect what funds we have left to continue those things," Levine said.

Mary Alice Brown, executive director of the Laurel Hill Center, which works with adults with persistent mental disorders, said that while the plan emphasizes the types of services her clients need, the reality could be very different.

"We've spent years bringing people out of institutions into the community, but with the cuts we're facing, keeping the institutions going may be the only funding that's left," Brown said.

"I don't think people fully understand the catastrophic effect the shortfalls will have on the people we serve - and on the rest of the community," she said.

WHAT'S NEXT FOR MENTAL HEALTH PLANNING IN LANE COUNTY

□ **Tuesday:** Comments on the draft Mental Health Workplan need to be turned in. Call 682-3031 or 682-3814 or send e-mail messages to *Cindy.Baskerville@co.lane.or.us* or *Marcia.Johnson@co.lane.or.us*

□ **Thursday:** Last review of the work plan by the county's Mental Health Advisory Committee, 10 a.m. in Room 368, Public Service Building, 125 E. Eighth Ave., Eugene.
□ **Jan. 8:** Lane County Commissioners discuss the plan.
□ **Jan. 17:** Deadline to submit the plan to the state Department of Human Services for approval.