

December 4, 2003

Ms. LouEllen Rice
Grants Management Officer
Division of Grants Management, OPS
5600 Fishers Lane, Room 13-103
Rockville, MD 20857

RE: FY 2004 Mental Health Block Grant Modifications

Dear Ms. Rice,

The purpose of this letter is to respond to the November 4, 2003 telephone review of the Oregon Block Grant application. The modifications to the Adult and Child Plans that were requested as a result of the telephone conference and subsequent fax are attached to this letter. We look forward to the approval of the Mental Health Block Grant application for Oregon.

Attachment One to this letter provides additional information on the specific criteria raised by reviewers. The requirements were taken from the November 13, 2003 fax. The Adult Plan is handled first followed by the Child Plan.

Attachment Two is a revised list of Mental Health Planning and Management Advisory Council Members and vacant positions. It corrects the list on page 25-30 of the original application.

Attachment Three is a revision of the Council Composition by Type of Member, page 31 of the application. The original chart was incorrect.

If you have any questions or require additional information, please let me know. I may be reached at 503-945-9718 or by email at madeline.m.olson@state.or.us.

Sincerely,

Madeline M. Olson
Assistant Administrator
Office of Mental Health and Addiction Services

Attachments

cc: Deborah Baldwin, CMHS
File

Attachment One – Modifications to Oregon Application for FY 2004 Center for Mental Health Services Block Grant Application

The modifications requested by the Center for Mental Health Services to both the Adult and Child plans for the 2004 Mental Health Block Grant application are part of this attachment.

The following modifications were requested of the Adult plan as outlined in the fax that was dated November 13, 2003.

- The State will provide an updated list of members to reflect both filled and vacant positions, and will describe the steps being taken to fill current vacancies.
- The State will provide to CMHS a description of case management and rehabilitation services available to adults with SMI. **(Criterion 1)**
- The State will provide a description of staffing needs in order to implement the statewide community-based system of care. **(Criterion 5)**
- The State will provide a description of training provided to mental health providers and training for providers of emergency health services regarding mental health. **(Criterion 5)**

The following modifications were requested of the Child plan as outlined in the fax that was dated November 13, 2003.

- The State will provide an updated list of members to reflect both filled and vacant positions, and will describe the steps being taken to fill current vacancies.
- The State will provide a description of medical and dental services available to children and youth with SED who are not covered by Medicaid. **(Criterion 1)**
- The State will provide a description of social services, educational services, substance abuse services, and services under IDEA for children and youth with SED. **(Criterion 3)**
- The State will provide a description of services provided to children and youth residing in rural areas. **(Criterion 4)**

- The State will provide a description of training provided to mental health providers and training for providers of emergency health services regarding mental health. **(Criterion 5)**

Adult Plan Modifications

The modification request for an updated list of members of the Mental Health Planning Council is Attachment Two. The corrections to the Council Composition by Member is Attachment Three. The corrected table clearly shows the nearly 55 percent of the members are not state employees or providers. The Oregon Office of Mental Health and Addiction Services (OMHAS) will work with the agencies, advocacy groups and others to recruit members for the vacant Council positions. Staff have been directed to draft a formal request from the Administrator to the state Department of Corrections to seek a representative to the Council. Reviewers noted that Oregon's list did not show this category of membership; however, Oregon does have representation from state-level juvenile corrections – the Oregon Youth Authority. While the faxed material does not reflect it, reviewers asked regarding membership by the state Medicaid agency on the Council. The Office of Mental Health and Addiction Services has the authority to develop amendments to the state Medicaid Plan for these services areas which meets the requirements of Section 1914(c)(1)(A)(ii).

Criterion 1: The State will provide to CMHS a description of case management and rehabilitation services available to adults with SMI.

Case management and rehabilitative services in the State of Oregon have been part of the system of care available to adults with SMI. In the past the services have relied on traditional models of care. Research evidence suggests the traditional models have limited success in moving people to recovery and greater independence. In recent years, Oregon has promoted the recovery model and Evidence Based Practices (EBP) as a more effective method of service delivery that results in improved progress for consumers and greater system accountability and performance. As a result of this, we are working with communities to deliver assertive case management to meet individual consumers needs and to engage consumers in work with supports rather than months and years of day treatment in preparation for sheltered work.

The first phase of this process occurred when OMHAS issued new administrative rules and standards on recovery oriented adult mental health services. EBP is reflected within these standards and has impacted the services now delivered to consumers. Additionally, statewide training and a series of consensus building activities began on EBP and recovery oriented services. The training plan for 2003-05 included in the original application as Appendix C details specific trainings for providers, consumers and families.

In regard to rehabilitative services, in January 2002, the State of Oregon began its affiliation with the New Hampshire/Dartmouth Psychiatric Research Center, Johnson & Johnson Project to study the implementation of EBP. Specifically, Supported Employment services for adults with severe mental illness were chosen for implementation and review. The partners in this project include OMHAS, Oregon Health and Sciences University, the Office of Vocational Rehabilitation Services, and the three participating county mental health programs.

In the past rehabilitation services have focused on supportive day environments that assisted clients in learning the skills to work and then some assistance in working in a sheltered environment or as one of a group of consumers doing work such as janitorial services. With a federal grant about five years ago and with supplemental Block Grant funds two years ago, Oregon began working with Bob Drake and his team from Dartmouth to provide training for providers, consumers and state employees in models of competitive employment with supports that were beginning to demonstrate good results. As a result, much of the rehabilitative services that remain in Oregon are focused on the EBP of assisting individual consumers to make choices, obtain employment and be supported to be successful.

As part of the budget cuts resulting from the fiscal crisis, the funding for the models of sheltered employment and day programs was eliminated

Just as rehabilitation services are being influenced by EBP and recovery modalities, case management services throughout the State of Oregon continue to be influenced as well. There are many aspects of the case management process, as outlined in the administrative rules, that have as its focus client participation and buy-in as means to attain goals leading to recovery. Case managers assist clients in:

- Securing benefits. (Social Security, food stamps, housing assistance)
- Symptom Recognition and Management.

- Vocational Rehabilitation and maintaining employment in community-based jobs.
- Development of a Personal Crisis Plan and Declaration for Mental Health treatment.
- Active discharge planning in the event of a hospitalization.
- Constant monitoring of health and safety needs relative to their housing environment.

Individuals that reside in a licensed residential setting, a Residential Treatment Home, a Residential Treatment Facility, or an Adult Foster Home, are managed collaboratively to receive the necessary treatment services, which includes both residential and non-residential services. Those residing in an Adult Foster Home, these programs make up 64% of the licensed mental health housing in Oregon, receive assistance in developing a Personal Care Plan (PCP). The Personal Care Plan is a cornerstone in the case management process and actively involves the clients through all stages of recovery. The PCP is evaluated for appropriateness in relation to the consumers assessed need and reviewed every 180 days.

Criterion 5: The State will provide a description of staffing needs in order to implement the statewide community-based system of care.

The work described in this plan is accomplished within local county mental health programs. The financial uncertainty of the last two years and the reductions in the community mental health budget and in the services available to adults and couples eligible for the Oregon Health Plan due to poverty resulted in staff layoffs at the local level. As this occurred, services have been focused on people with the greatest need, adults with Severe Persistent Mental Illness. Services to children with mental health needs have not been cut.

Counties are using this crisis to rethink their services delivery models and to refocus on more effective Evidence Based Practices. Many are replacing staff run day programs, that did little if any rehabilitation with consumer operated drop-in centers.

Much of the funding cut from adult community mental health services in February 2003 was restored by the 2003 Legislature effective July 2003. This affords an opportunity to hire staff to carry out the funded services. At this

point the community system is staffed to deliver services to adults with severe persistent mental illness and to children covered under the Oregon Health Plan and those children without such coverage who have serious emotional disorders.

Oregon is waiting to learn whether a measure will be certified for a February 2004 vote. Depending on the vote, the tax surcharge which balanced the budget including the mental health restorations, could be overturned. The result may be new reductions in community mental health services.

Criterion 5: The State will provide a description of training provided to mental health providers and training for providers of emergency health services regarding mental health.

Appendix C, pages 121-136, in the Oregon application lists the mental health and substance abuse training that will be provided by the state to the staff of mental health providers, to family members, consumers, and other relevant parties. The description of each training is included as well as the method of delivering the training. The methods range from onsite technical assistance to regional or statewide conferences with out-of-state experts and include the use of electronic options when appropriate.

The training plan includes both adult and child specialty trainings. The mental health training for emergency responders to be held this fiscal year is described on page 124 and will include a focus on child and adult issues. This training will train 15 trainers from across the state and then support 10 local regional trainings in order to reach as many providers of emergency health services as possible. This training will be coordinated with the efforts of a federal SAMHSA grant Oregon has for Emergency Mental Health and Substance Abuse response and with the CDC/HRSA funded Public Health Disaster Response efforts.

The section of the training plan beginning on page 128 focuses on Child/Adolescent Mental Health. There is a section focusing on training in senior mental health, Co-Occurring Disorders, Housing Issues and Cultural Issues.

Child Plan Modifications

The modification request for an updated list of members of the Mental Health Planning Council is enclosed.

Criterion 1: The State will provide a description of medical and dental services available to children and youth with SED who are not covered by Medicaid.

Oregon provides a wide array of public health services that is available to all citizens of the State. Since implementation of the Oregon Health Plan (OHP) in 1994, the rate of uninsured children dropped from 21% to 8%. Currently, Oregon's State Children's Health Insurance Program covers uninsured children up to 170% of the Federal Poverty Level (FPL) through the OHP benefit package and using managed care as the preferred delivery system. Oregon has submitted a waiver amendment request to Centers for Medicare and Medicaid Services (CMS) that would provide OHP benefits to children up to 200% FPL. Oregon anticipates that this change would further increase the percentage of children with medical, dental, and mental health insurance coverage.

For the small percentage of children with SED who are not covered by Medicaid or another funding source, Oregon has 134 Health Care Safety Net Clinics. These clinics vary in terms of size, number/types of professionals employed, client characteristics, service area population density and demographics, diversity and stability of revenue sources, as well as sophistication in practice and business management.

Health care safety net clinics are community-based providers who offer health services to low-income people, including those without insurance. Most safety net patients are OHP enrollees, the uninsured, and other vulnerable Oregonians who pay a sliding discounted fee for primary care services. Primary care services provided by the safety net include, but are not limited to urgent care, acute and chronic disease treatment, services based on local community need (mental health, dental, and vision), preventive care, well

childcare, and enabling services (translation/interpretation, case management, transportation and outreach).

Criterion 3: The State will provide a description of social services, educational services, substance abuse services, and services provided under IDEA for children and youth with SED.

Approximately 79,000 children in Oregon are provided services under the Individuals with Disabilities Education Act (IDEA). These children are provided a full array of services designed to provide support and increase their ability to fully prepare for and engage in educational services. Community Mental Health and Alcohol and Drug Programs provide prevention, early intervention, and treatment services and supports to local education systems. The education system is also able to provide a full array Medicaid-reimbursed health services to infants, pre-school, and school age children.

Since 1978, The Department of Human Services, including the Office of Mental Health and Addiction Services (OMHAS) and Children Adults and Families (child welfare), the Oregon Youth Authority (juvenile justice) and the Department of Education, Office of Special Education (OSE) has coordinated the delivery of mental health and special education services through the Long Term Care and Treatment Program. This statewide collaboration now includes 51 residential and day treatment providers, 30 school districts or education services districts, and approximately 1,000 students. These programs provide an integrated treatment and education environment for children whose needs cannot otherwise be met in less restrictive settings.

Oregon Department of Education, Office of Special Education in collaboration with OMHAS received a \$10,000 state planning grant on “Mental Health, Schools, and Families Working Together for all Children and Youth: Toward a Shared Agenda”. This grant was administered through the National Association of State Mental Health Program Directors in conjunction with the National Association of State Directors of Special Education – Policymaker Partnership. The purpose of the grant was to meaningfully engage mental health, education, and family organizations in moving toward a shared agenda for children’s mental health. In 2003, over 90 individuals attended four regional forums that were designed to bring together stakeholders in the family, education, social service, juvenile justice, advocacy, and mental health areas to identify barriers to student success upon

return to the community from residential treatment programs, and to develop collaborative solutions to overcoming the identified barriers. The forums resulted in the establishment of common concerns, desired outcomes, and collaborative initiatives to increase system coordination for children returning to a community from residential treatment and the provision of community-based intensive treatment services.

Criterion 4: The State will provide a description of services provided to youth residing in rural areas.

Approximately 24% of Oregon’s child population resides in 27 counties that are considered rural areas. The large geographic areas and small population density of rural Oregon requires collaborative interagency involvement and planning, outreach, and unique service delivery mechanisms to ensure the mental health needs of children and their families are identified and met. A key indicator of the effectiveness of these mechanisms is the comparison of service rates for children residing in urban and rural areas. Service utilization data for all aspects of the continuum demonstrate that children in rural counties have a rate of service utilization that is greater than the proportion of children residing in rural counties. State and local governments, and non-profit entities have collaborated to provide a unique array of services to children and their families residing in rural areas. These partnerships have created interagency agreements for co-location of services and staff sharing, healthcare safety net clinics, school-based health clinics, telemedicine with video conferencing, and intensive treatment services including treatment foster care, psychiatric day treatment, and psychiatric residential treatment services.

(Page 51 of the block grant application describes “access for person residing in remote regions”, and on page 45 within the treatment foster care description there is a paragraph that describes rural access issues.)

Criterion 5: The State will provide a description of training provided to mental health providers and training for providers of emergency health services regarding mental health.

This criterion was answered in the adult section, but is repeated here for purpose of the review.

Appendix C, pages 121-136, in the Oregon application lists the mental health and substance abuse training that will be provided by the state to the staff of mental health providers, to family members, consumers, and other relevant parties. The description of each training is included as well as the method of delivering the training. The methods range from onsite technical assistance to regional or statewide conferences with out-of-state experts and include the use of electronic options when appropriate.

The training plan includes both adult and child specialty trainings. The mental health training for emergency responders to be held this fiscal year is described on page 124 and will include a focus on child and adult issues. This training will train 15 trainers from across the state and then support 10 local regional trainings in order to reach as many providers of emergency health services as possible. This training will be coordinated with the efforts of a federal SAMHSA grant Oregon has for Emergency Mental Health and Substance Abuse response and with the CDC/HRSA funded Public Health Disaster Response efforts.

The section of the training plan beginning on page 128 focuses on Child/Adolescent Mental Health. There is a section focusing on training in senior mental health, Co-Occurring Disorders, Housing Issues and Cultural Issues.

Attachment Two - Revised list of Mental Health Planning and Management Advisory Council Members and vacant positions.

DHS Health Services

**Office of Mental Health and Addiction Services
Mental Health Planning and Management Advisory Council**

Name	Type of Membership	Agency or Organization	Address, Phone & Fax
Beckie Child	Consumer		1218 SW Washington #319 Portland, OR 97205 503-227-8496
Drake Ewbank	Consumer		330 S. 3 rd , Apt. C Springfield, OR 97477 541-736-8293 541-988-5688 Fax
Kevin Fitts	Consumer	Oregon Mental Health Consumers Assoc.	2514 SE Ankeny, S. 600 Portland, OR 97214 503-231-7324
Pat Risser	Consumer		1530 10 th Street West Linn, OR 97068-4633 503-655-2530
Dave Romprey	Consumer	OHSU Center on Self Determination	3608 SE Powell Blvd. Portland, OR 97202 503-232-9154 Ext 127
Angela Kimball	Family Member- Youth SED	National Alliance for the Mentally Ill NAMI	2620 Greenway Dr. NE Salem, OR 97301 503-279-0256
Kathleen Ris	Family Member- Youth SED		2080 SE Kelly Gresham, OR 97080 503-667-2072
Callie Schlippert	Family Member Youth SED	Oregon Family Support Network (OFSN)	18030 Skyline Circle Lake Oswego OR 97034 503-697-1808 503-753-7046 Fax
VACANT	Family Member Youth SED		
Doris Minard	Family Member- Adult with SMI		P.O. Box 989 Wilsonville, OR 97070 503-625-3288 503-625-5038 Fax
Stan Davis	Family Member-		1973 Manor View Lane Salem, OR 97304

Name	Type of Membership	Agency or Organization	Address, Phone & Fax
	Adult with SMI		503-363-1581
Judy Wilson	Family Member-Adult with SMI	National Alliance for the Mentally Ill NAMI	1905 Waverly SE, #54 Albany, OR 97321 541-928-7036
VACANT	Family Member-Adult with SMI		
Muriel Goldman	At Large Child Advocate		01280 SW Mary Failing Drive Portland, OR 97219 503-636-2283 503-675-7755 Fax
VACANT	At Large		
Mariana Bornholdt	Advocate	Governor's Commission on Senior Services	4730 NE Auburn Rd., Space 95 Salem, OR 97301-4943 503-362-3230
Maureen Breckenridge	Advocate	Oregon Family Support Network	3928 River Rd. N. P.O. Box 21809 Salem, OR 97309-1809 503-581-2047 503-581-4841 Fax
Kappy Eaton	Advocate	League of Women Voters of Oregon	1631 East 24 th Ave. Eugene, OR 97401 541-344-2027 541-344-2027 Fax
Anthony Gagliardo	Advocate	Pueblo Community Services	1320 Edgewater Street Salem OR 97304 503-763-0111 503-763-0004 Fax
Bob Joondeph	Advocate	Oregon Advocacy Center	620 SW Fifth Ave., 5 th Fl. Portland, OR 97204-1428 503-243-2081 503-243-1738 Fax
Rollin Shelton	Advocate	Center for Self Determination	3608 SE Powell Blvd. Portland, OR 97202 503-232-9154 Ext 153
Jan Stewart	Advocate		2411 Ninth St. Tillamook, OR 97141 503-842-1259 503-842-8538 Fax
Mitch Anderson	Medical Health Director	Benton County Mental Health	530 Northwest 27 th St Corvallis OR 97330

Name	Type of Membership	Agency or Organization	Address, Phone & Fax
			541-766-6844 541-766-6642 Fax
Bob Furlow	Mental Health Director	Douglas Co. Health & Social Services Dept.	621 West Madrone St. Roseburg, OR 97470 541-440-3661 541-440-3508 Fax
Chris Johnson	Mental Health Director	Yamhill County Health & Human Services	627 N. Evans McMinnville, OR 97128 503-434-7523 503-434-9846 Fax
Jan Kaplan	Mental Health Director	Lincoln Co. Mental Health Program	51 SW Lee Street Newport, OR 97365 541-265-4179 541-265-4194 Fax
Janet Arenz	Provider	Oregon Alliance of Children's Programs	707 13 th St. SE, St.290 Salem, OR 97301 503-399-9076 503-362-0149 Fax
Maggie Bennington-Davis	Provider	Oregon Psychiatric Association	1127 Oak Street SE Salem, OR 97301-5014 503-561-5791 Ext 5255 503-375-4787 Fax
Ivan Frasier	Provider	Oregon Behavioral Healthcare Assoc.	3221 West Tenth Street The Dalles, OR 97058 541-298-5104 541-298-4108 Fax
Bob Lieberman	Provider	Child & Adolescent Residential Psychiatric Programs (CHARPP)	210 Tacoma Street Grants Pass, OR 97526 541-476-3302 541-476-2895 Fax
Jim Russell	Provider	Mid-Valley Behavioral Care Network (MVBCN)	1660 Oak St. SE Ste. 200 Salem, OR 97301-6454 503-585-4991 503-585-4989
Bill Wellard	Provider	Oregon Assoc. of Treatment Centers (OATC)	3995 Marcola Road Springfield, OR 97477 541-726-1465 541-726-5085
Paula Bauer	State Employee	Children, Adults & Families (CAF)	500 Summer St. NE E83 Salem, OR 97301

Name	Type of Membership	Agency or Organization	Address, Phone & Fax
		Oregon Child Welfare Agency	503-945-6690 503-947-5084 Fax
Ron Bloodworth	State Employee	Health Services Youth Suicide Prevention Coordinator	Portland St. Office Bldg., Suite 825 800 NE Oregon St. #21 Portland OR 97232 503-731-4978 503-731-4083 Fax
Mary Claire Buckley	State Employee	Psychiatric Security Review Board	620 SW Fifth, Suite 907 Portland, OR 97204 503-229-5596 503-229-5085 Fax
Gary Burris	State Employee	Oregon Commission for Children & Families	530 Center St. NE Salem, OR 97310 503-373-1570 Ext 231 503-378-8395 Fax
Phil Cox	State Employee	Oregon Youth Authority Juvenile Corrections	530 Center St., Suite 200 Salem, OR 97310-3740 503-373-7531 503-373-7622 Fax
Cindy Hannum	State Employee	Seniors and People With Disabilities	500 Summer St. NE Salem, OR 97310 503-945-5833 503-378-8966 Fax
Burl Oliver	State Employee	Department of Education-Special Education	255 Capitol St. NE Salem, OR 97310 503-378-3600 Ext 2312
Stephaine Parrish Taylor	State Employee	Vocational Rehabilitation Services	4744 N. Interstate Ave. Portland, OR 97217 503-280-6940 503-280-6960 Fax
VACANT	State Employee	Housing & Community Services	

The state is actively recruiting a representative from adult corrections.
Attachment Three: Revision of the Council Composition by Type of Member.

DHS Health Services

**Office of Mental Health and Addiction Services
Mental Health Planning and Management Advisory Council**

Council Composition by Type of Member (8/1/03)

Type of Council Members	Total Members	
Consumers	5	
Family Members of Children with SED	3	
Family Members of Adults with SMI	3	
Other Representatives	8	
Vacancies (1 Adult Family Member, 1 Child Family Member, 1 @ Large, 1 HCS)	4	
Individuals other than state employees and providers of mental health services	19 filled 4 vacant	54.8%
Individuals who are state employees and providers of mental health services	18 filled 1 vacant	45.2%

We are continually recruiting to fill the current vacancies.