



**Office of Mental Health & Addiction Services
(OMHAS)**

*Children's Mental Health
System of Care
2003*



**Draft
4-18-03**



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INTRODUCTION

Office of Mental Health and Addiction Services (OMHAS)

The Department of Human Services (DHS), Health Services (HS), administers policies, financing and services to children with severe emotional disorders through the Office of Mental Health and Addiction Services (OMHAS). OMHAS does not provide the services directly but contracts services to providers such as: local Community Mental Health departments, Psychiatric Day Treatment Services, Psychiatric Residential Treatment Services providers and etc.

Through OMHAS, Oregon's primary focus in developing a current system of care is to prevent or reduce the impact of severe emotional disorders on children and their families. Success depends on empowering children with severe emotional disorders and their families, to achieve the most meaningful lives in the most natural settings possible. To this end, OMHAS strives to serve children in community-based programs that provide as much flexibility as possible. In addition, care is taken to assure continuity between different settings and integration of essential supports. Finally, children and family members are regarded as valuable sources of insight and direction and whose involvement is encouraged at every stage of decision-making from individual treatment planning to system development.

The system of care for children is based upon the Child and Adolescent Service System Program (CASSP) principles (*listed on page 5*) and places emphasis upon providing services in a more familiar settings than mental health clinics, such as schools, homes, and other outreach programs. Substantial emphasis is placed upon service coordination and integration of services across multiple systems including education, health, juvenile justice, and child welfare. Coordination and service integration across these social service components has increased the capacity of local service providers to treat children in less restrictive community based settings.

Stroul, B., & Friedman, R (1986)
A System of Care for Children
 and Youth with Severe
 Emotional Disturbances (Rev.ed)
 Washington DC: Georgetown
 University Child Development
 Center, National Technical Assis-
 tance Center for Children's
 Mental Health

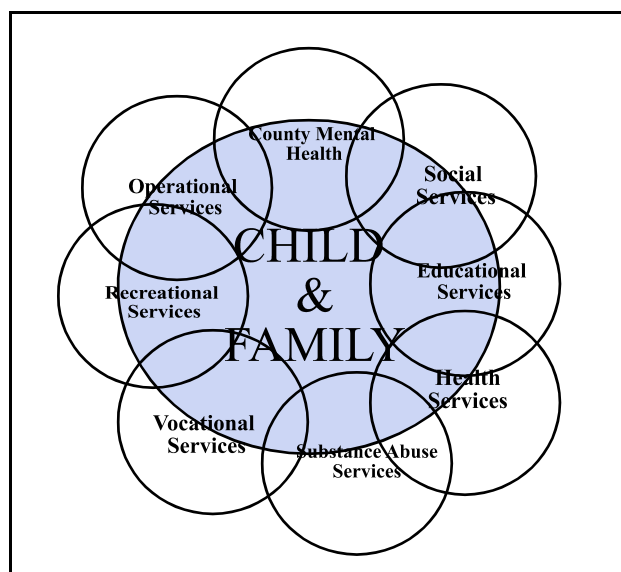


Figure shows a system of care framework.

Another responsibility of the OMHAS is to establish standards and procedures for intensive mental health treatment services for children within a comprehensive system of care. The goal of these services is to maintain the child in the community in the “least restrictive treatment setting” appropriate to the acuity of the child's disorder.

OMHAS staff provide support to Oregon communities in implementing the children’s mental health system of care. Below is a list of their names and their responsibilities.

Name	Title	Phone Number	Responsibilities
Bill Bouska	Children's Team Leader	(503) 945-9717	Children’s System of Care
Diane Ponder	Child & Adolescent Mental Health Specialist	(503)945-9732	Community System
Derek Wehr	Children’s Program Specialist	(503) 947-4220	ITS Technical Assistance SCIP Program
Michael Taylor	Children's Quality Assurance Coordinator	(503) 945-9497	Quality Assurance
Ellen Pimental	ITS Pilot Project Coordinator	(503) 945-2989	ITS Pilot Project
Judy Rinkin	S-CHIP Specialist	(503)945-9736	S/CHIP Personal Care Services
Karen Wheeler	Addictions Treatment Specialist—Juvenile Justice	(503) 945-6191	Addiction Treatment Juvenile Justice
Kathy Seubert	Child & Adolescent Mental Health Specialist	(503) 945-5960	Early Childhood Mental Health
Jon C Collins	Chief Research Analyst	(503) 945-9726	System Wide Evaluations



CORE VALUES FOR THE SYSTEM OF CARE

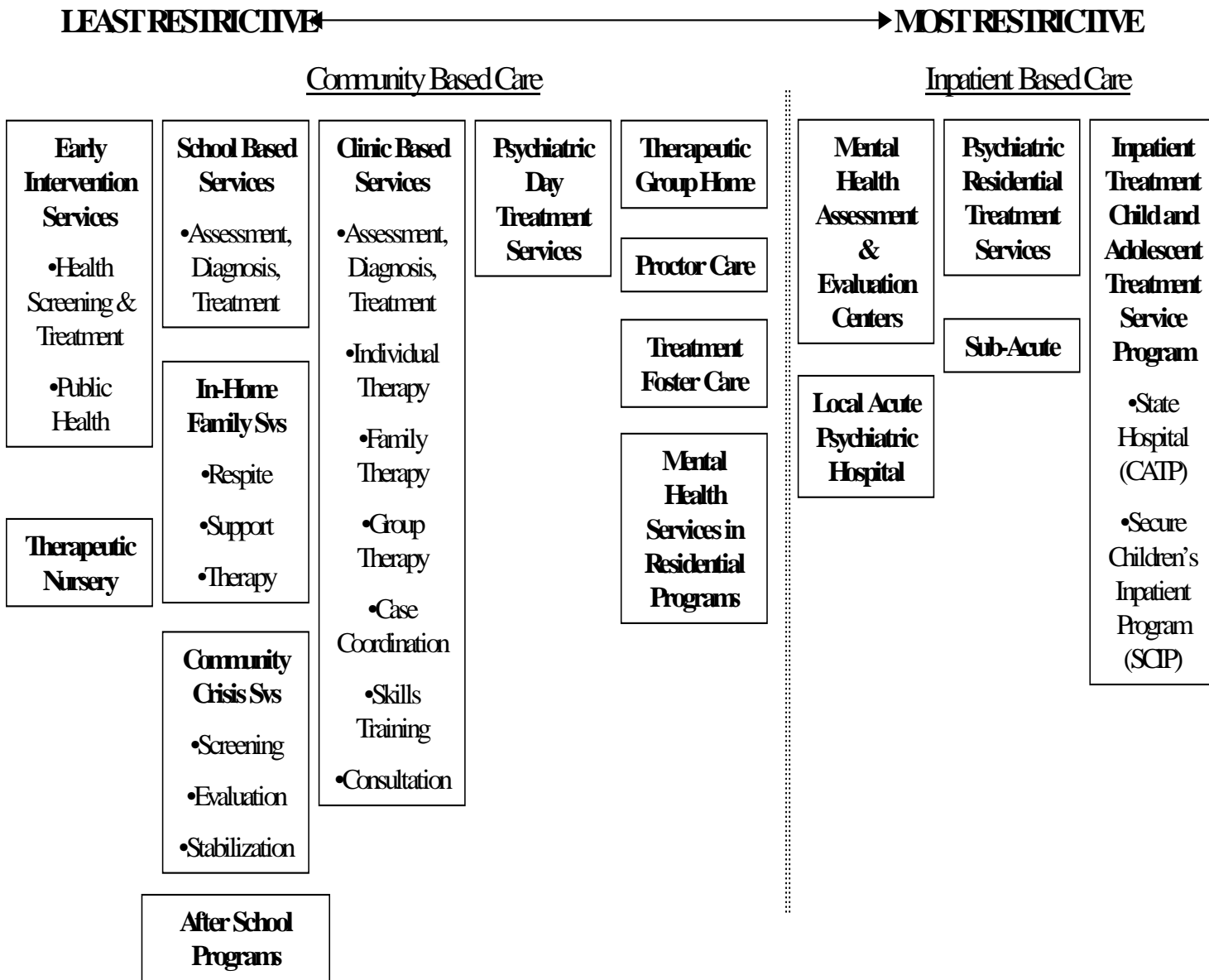
1. The system of care should be child-centered with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial and ethnic difference of the populations they serve.

GUIDING PRINCIPLES FOR THE SYSTEM OF CARE

1. Children with emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
3. Children with emotional disturbances should received services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are integrated, with linkages between child-caring agencies and programs and mechanisms for planning, developing and coordinating services.
6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional problems should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.
9. The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children with emotional disturbances should be promoted.
10. Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability or other characteristic, and services should be sensitive and responsive to cultural differences and special needs.

Children’s Mental Health System of Care

Below is a list of all the components of the Children’s Mental Health System of Care from least restrictive to most restrictive.



DIAGNOSIS OF CHILDREN WITH MENTAL DISORDERS

ELIGIBILITY FOR CHILDREN'S MENTAL HEALTH TREATMENT

Eligibility for children's mental health treatment services provided through OMHAS funds is based on a child's functional impairment and/or a diagnosis on Axis I of a completed Five-Axis Diagnosis using the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is published by the American Psychiatric Association and is regarded as the definitive reference source for classifying mental disorders and other mental health conditions. The Five-Axis format includes an entry made on each of the following axes:

- Axis I: Clinical Disorders and other conditions that may be a focus of clinical attention
- Axis II: Personality Disorders, Mental Retardation
- Axis III: General Medical Conditions
- Axis IV: Psychosocial Stressor and Environmental Problems
- Axis V: Global Assessment of Functioning
Children's Global Assessment Scale (CGAS)

DSM IV DIAGNOSTIC CLASSIFICATIONS ON AXIS I

The DSM IV contains the following clinical disorders and conditions on Axis I:

- Disorders usually first diagnosed in infancy, childhood, or adolescence
- Schizophrenia and other psychotic disorders
- Mood Disorders
- Anxiety Disorders
- Adjustment disorders
- Impulse-Control Disorders not elsewhere classified
- Delirium, dementia, and amnesic and other cognitive disorders
- Eating disorders (*continued on next page*)



- Disassociative disorders
- Substance-related disorders
- Sleep disorders
- Factitious disorders
- Sexual and gender disorders
- Somatoform disorders
- Mental disorders due to a general medical condition
- Other conditions that may be a focus of clinical attention

HOW AXIS I DIAGNOSES APPLY TO CHILDREN

In addition to the diagnoses categorized under the “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence” most of the other Axis I diagnoses may also apply to children. Examples of disorders in the “First Diagnosed” category are Attention Deficit/Hyperactivity, Conduct, Reactive Attachment Disorder of Infancy or Early Childhood, Separation Anxiety, Tourette’s, and Oppositional Defiant disorders. Ranges of developmental and learning disorders are also included in this category.

Children may have co-occurring (comorbid) conditions and more than one diagnosis. In that case, the clinician lists the diagnoses in the order of priority that most clearly identifies the reason for the child’s visit and the first focus for treatment. The diagnosis listed first is called the “principal” or “primary” diagnosis. Children may also have “dual” diagnoses in which both conditions contribute equally to the reason for treatment. For example, a substance related disorder such as Alcohol Dependence and a non-substance related disorder such as Anxiety Disorder both require equal clinical attention.

Although a Developmental Disability is diagnosed in infancy or childhood it is diagnosed on Axis II. A Developmental Disability is usually considered to be a primary diagnosis. Children with a Developmental Disability may receive treatment for a co-occurring Axis condition. Children with co-occurring mental health disorder and a Developmental Disability can and do benefit from mental health treatment.



Treatment Costs & Requesting Mental Health Services.

How to Request Services

Services are available for children living in the state of Oregon who are experiencing or at risk of developing moderate to severe mental or emotional disturbances. To request services contact the local Community Mental Health Program (*pages 25-27*) or Mental Health Organization (*pages 28-31*) and a trained professional staff will assess the request for service. Every effort will be made to match the child's mental health needs with a clinical staff expertise and program suitability, as well as geographical location and other relevant considerations. In addition, families may directly refer to an Intensive Treatment Services program such as a Psychiatric Residential Treatment Program or Psychiatric Day Treatment Program. Requests for services are prioritized by need and provided as funding allows.

Costs to Families

Intensive mental health treatment services are financed for children being served by Psychiatric Day Treatment and Psychiatric Residential Treatment Services in part, with federal Medicaid funds and are provided at no cost to the families whose child is Medicaid Eligible. Children become Medicaid-eligible when admitted to Psychiatric Residential Treatment Services, so the cost of treatment is covered regardless of the family's ability to pay. A family is not required to pay for their child's education in an intensive services program school. The costs for education and the related services necessary for a child to learn at school are funded by the Oregon Department of Education.

S/CHIP

The state Children's Health Insurance Program (S-CHIP) is an expansion of Oregon's Medicaid program. S-CHIP covers uninsured children under the age of 19. Funding for this program is a combination of state and federal funding, offering the same benefits package and choice of providers as the Oregon Health Plan (OHP). There are no monthly premiums, co-payments, or deductibles. Medical, vision, dental, mental health and chemical dependency services are included, with pre-existing conditions also covered.



Family Rights

Family Rights

A child may receive a wide variety of services and OMHAS encourages family involvement in all phases of their child's treatment.

When a child is receiving services, the family has the following rights:

- Right to confidentiality;
- Right to review any documentation in the clinical record;
- Right to know the risks of treatment, if any;
- Right to know their child's prognosis for treatment; and
- Right to be involved in all phases of their child's treatment including assessment, treatment and discharge planning.

- The Providers are required to fully inform the child in developmentally appropriate language and obtain informed consent from the child's parent (s) or guardian about the proposed care.

- Also the Provider is required to report what the benefits of treatment can be reasonably expected.

- If a family member disagrees with the child's treatment. The family member is encouraged to discuss the issue with the provider and they have the right to file a grievance with the provider.

- If the child is enrolled in a OHP Mental Health Organization (MHO), the family can file a grievance with the MHO or may request an administrative hearing with the DHS.



Children's Community–Based Mental Health Services

The services described below are known as Community Based Care. They represent the least restrictive levels of care provided in Oregon's publicly funded children's mental health system. Children's community based care services include a range of service components:

- Early Intervention Services;
- School Based Services;
- Clinic Based and In-Home Services;
- Personal Care Assistant Program; and

For children and families who are not eligible for the Oregon Health Plan and do not have private insurance, community based outpatient treatment and crisis services may be based on a sliding fee scale, unless subsidized by local funds. Families with children eligible for Medicaid thru the OHP are eligible for a broad range of services based on the a comprehensive assessment.

Early Intervention Services

Medicaid eligible children receive a mental health developmental assessment as part of the Early & Periodic Screening, Diagnosis & Treatment (EPSDT) screening process, and as part of the Oregon Health Plan focus on prevention and early intervention. Early Intervention services are provided through the Individuals with Disabilities Education Act (IDEA), children can receive mental health assessments to determine whether they have serious emotional or neurobiological impairments which would affect their ability to learn.

Clinic Based and In-Home Services

Services are available for any child in Oregon experiencing, or at risk of developing moderate to severe mental or emotional disturbances at their Community Mental Health Programs. Generally, priority will be extended to severely depressed and/or suicidal youth, victims of physical or sexual abuse; children of chronically mentally ill parents; children of substance abusing parents; children who are at risk of being removed from their own homes; and children of teenage parents.



The Community Mental Health Programs can provide the following services:

- Individual, group, and family psychotherapy;
- Crisis intervention;
- Parent training;
- Follow-up of hospitalized youth and case management;
- Consultation to families, school, and other agencies;
- Specialized services to Families; and
- Respite.

Personal Care Assistant

This program is designed to assist in keeping children in their community.

Eligibility for this service includes:

- The child must be enrolled in the Oregon Health Plan or is eligible for Medicaid;
- The child is not receiving services from a licensed residential service program (foster homes or group homes); and
- The child is currently living at home or with a non-paid adult and has a psychiatric disability.

The child also requires assistance to complete one or more of the following activities: basic personal hygiene; nutrition; medication use/management, toileting, bowel and bladder care, mobility, transfers, reposition, oxygen use, specific delegated nursing tasks.

With the support of the family's Community Mental Health Program case manager, the parent or care provider will develop a plan up to 20 hours/per month of personal assistance to help the child. The family member or care provider will be responsible to find the Personal Care Assistant, including interviewing, selecting, and hiring. Community Mental Health Program (CMHP) case managers or their designee will be able to assist with this process. The CMHP will have the necessary forms to start the process including a Criminal History check packet.



Children's Intensive Mental Health Services Programs

The programs described below are known as Intensive Treatment Services. They represent both the most intensive and restrictive levels of care provided in Oregon's publicly funded children's mental health system. Intensive treatment services are designed to improve or stabilize the symptoms of a severe emotional disorder diagnosed on Axis I of the current edition of the Diagnostic and Statistical Manual of Mental Disorders. Qualified mental health professionals and psychiatrists provide intensive treatment service. Intensive services, except Psychiatric Day Treatment Programs are provided in residential or hospital settings. Children's intensive treatment services include a range of service components:

- Children's Treatment Services at the Secure Children's Inpatient Program;
- Adolescent Treatment Services at the Oregon State Hospital;
- Psychiatric Day Treatment Services;
- Psychiatric Assessment and Evaluation Services;
- Sub Acute Treatment; and
- Psychiatric Residential Treatment Services (PRTS).



Intensive Psychiatric Treatment Services

Psychiatric Day Treatment Services Program

The Office Of Mental Health and Addictions Service and the Oregon Department of Education provide funding for Psychiatric Day Treatment. This intensive treatment services combines family-focused, community-based psychiatric services and educational services for children ages 3 to 17. An individualized plan of care for each child is developed by the program's inter-disciplinary team and psychiatrist. The plan is reviewed monthly and is adjusted for effectiveness to meet the child's needs. The individualized plan of care may include intensive psychosocial skills, development and education.

Therapeutic Foster Care

Therapeutic foster care is a DHS certified home where the home parents are employed or contracted by the supervising agency to provide in-home psychosocial skills development for each child living with them. The agency provides additional training to this foster home to help meet the child's mental health needs.

Therapeutic Proctor Care

Therapeutic Proctor Care is provided by an independent social services agency for children residing in a Department of Human Services licensed foster home. The Social Services agency provides the following services: consultation, medication management, group therapy, as well as individual and family therapy.

Therapeutic Group Home

A mental health treatment setting for children in group care homes of eight or fewer children. These are DHS Child Welfare-licensed homes where the home parents are employed or contracted by the supervising agency to provide in-home psychosocial skills development for each child.



Intensive Psychiatric Residential Treatment Services

Psychiatric Residential Treatment Services

Psychiatric Residential Treatment Facility or "PRTS" are behavioral health care programs certified under OMHAS Oregon Administrative Rules to provide 24-hour, seven days a week active mental health treatment under the direction of a psychiatrist for children under age 21. PRTS programs typically provide intensive psychiatric treatment services such as: individualized assessment, treatment planning, case management, physician services, medication evaluation, medication management, educational services, therapeutic services and recreational activities.

Assessment and Evaluation Psychiatric Residential Treatment Program

Assessment and Evaluation programs provide comprehensive psychiatric assessment in a residential treatment facility for children ages 6-18. This service is provided to children who have an Axis I diagnosis, of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, and need a more comprehensive assessment than can be provided in an outpatient setting. Lengths of stay are typically 60-90 days to stabilize the child on medications, provide brief treatment interventions and facilitate transition to an appropriate treatment setting if further treatment is indicated. All programs provide on-site education for all children enrolled in school.

Sub-Acute Treatment Program

A Sub-Acute Treatment Program is a facility providing 24 hour mental health treatment under the clinical direction of a psychiatrist. Sub-acute is an alternative to hospitalization for children who are not in the most acute phase of a mental condition, but who require a level of care higher than that provided in a psychiatric residential treatment setting.



Psychiatric Inpatient Hospitalization

Local Acute Hospital Services

Local hospitals provide inpatient care to children who are in a psychiatric crisis generally between 7-14 days. The local hospital allows children to receive urgent treatment in psychiatric acute care hospitals. These children have acute mental health symptoms such as; thought disorganization, depression, violent aggression toward self or others, or high suicidal potential. Services include psychiatric assessment, diagnostic testing, medication administration and stabilization.

Adolescent Treatment Services Program at Oregon State Hospital

Oregon State Hospital provides a critical level of care for the children's system, treating adolescents ages 14-17 from acute psychiatric hospitals and psychiatric residential treatment programs, that require longer term intensive psychiatric treatment. Services include: psychiatric assessment, diagnostic testing, individual/group/family therapy, community skills development, medication Administration, and monitoring and on-site specialized education. Families are encouraged to actively participate in their children's treatment and aftercare planning.

Secure Child Inpatient Program (SCIP)

SCIP provides a critical level of care for the children's system, treating children from acute psychiatric hospitals and psychiatric residential treatment programs, that require longer term intensive psychiatric treatment. SCIP operates through a direct contact with Trillium Family Services, to provide this level of care for children ages 6-13. Services include: psychiatric assessment, diagnostic testing, individual/group/family therapy, community skills development, medication administration, and monitoring and on-site specialized education. Families are encouraged to actively participate in their children's treatment and aftercare planning. The average length of stay at the SCIP program is targeted between 90 and 150 days.



Intensive Treatment Services (ITS) Pilot

ITS Pilot Project Overview

In February 1999, OHMAS released a Request for Information, to integrate child and adolescent pilot programs into the Oregon Health Plan (OHP) managed mental health services delivery system. Participation in the Intensive Treatment Services (ITS) Pilot Project, provides an opportunity for the ITS providers in collaboration with Mental Health Organizations (MHO) to improve the availability for services for children and their families. Through this ITS Pilot Project, providers are able to deliver levels of care and types of services based on the immediate needs of the child. The traditional system, is limited to providing narrowly defined services that are based on a filled slot or bed. OHMAS anticipates that with more flexibility in the utilization of funds, a greater number of children and adolescents requiring ITS will be served. The quality of care will be either maintained and/or improved, and alternative treatment delivery methods will be developed.

ITS Pilot Project Philosophy

Pilot Projects are built on the system of care philosophy of child and family centered with the needs of the child and family dictating the types and mix of services provided. Critical to this philosophy is the full inclusion of the child and family, integrated flexible community-based service plans, and funding mechanisms that can match the child's and family's evolving treatment needs. Pilot projects utilize flexible service approaches to extend the intensive treatment service from the facility to community based treatment settings.

Local Planning and Oversight

Local planning and oversight of each ITS Pilot Project is accomplished through the interagency and mechanism. The oversight or steering committees include: Department of Human Services, local school providers, ITS treatment providers, family members of children with serious emotional disorders, local and state mental health and the Mental Health Organizations.

Pilot Projects

There are five different pilots located in 24 counties, and are collaborating with eight psychiatric residential treatment providers. Over 100 children and their families are involved in the Pilot Project every month. The next page will provide more detail about the Pilot Projects.



The following table shows where the Pilots are and what counties they are serving as well as what Mental Health Organizations are involved.

<i>Pilot</i>	<i>Psychiatric Residential Treatment Provider</i>	<i>Mental Health Organization</i>	<i>Counties</i>
Multnomah (50 Children)	<ul style="list-style-type: none"> • Albertina Kerr • Parry Center • Edgefield • RiverBend 	<ul style="list-style-type: none"> • Multnomah County Verity Integrated Behavioral Healthcare Systems 	<ul style="list-style-type: none"> • Multnomah
Community Integrated Support for Children in Oregon Program (CISCO) (22 Children)	<ul style="list-style-type: none"> • Children's Farm Home 	<ul style="list-style-type: none"> • Accountable Behavioral Health Alliance (ABHA) • Mid-Valley Behavioral Care Network (MVBCN) • Greater Oregon Behavioral Health Inc. (GOBHI) 	<ul style="list-style-type: none"> • Columbia • Clatsop • Benton • Polk • Marion • Linn • Jefferson • Deschutes • Crook • Tillamook • Lincoln • Yamhill
Jefferson Behavioral Health (21 Children)	<ul style="list-style-type: none"> • Southern Oregon Adolescent Study and Treatment Center (SOASTC) 	<ul style="list-style-type: none"> • Jefferson Behavioral Health (JBH) 	<ul style="list-style-type: none"> • Josephine • Jackson • Klamath • Coos • Curry • Douglas
Clackamas (12 Children)	<ul style="list-style-type: none"> • Christie School • River Bend • Albertina Kerr • Children's Farm Home 	<ul style="list-style-type: none"> • Clackamas Mental Health 	<ul style="list-style-type: none"> • Clackamas
Washington (4 Children)	<ul style="list-style-type: none"> • Christie School 	<ul style="list-style-type: none"> • Providence Behavioral Health Connections. 	<ul style="list-style-type: none"> • Washington



Psychiatric Residential Treatment Providers

PROGRAM/DIRECTOR	POPULATION	PRTS	A&E	ITS PILOT	TOTAL CAPACITY
Albertina Kerr Youth & Family Center 722 NE 162 nd Street Portland, OR 97230 503-255-4205 503-255-5095 FAX Marcia Hille, Program Director	9-17 Boys/Girls	16	0	6	22
Trillium Children's Farm Home 4455 NE Highway 20 PO Box 1028 Corvallis, OR 97339 541-757-1852 Kerry Blum, Mid Valley Director	7-17 Boys/Girls	34.15.	14	24	72.15
Christie School POBox 368 Marylhurst, OR 97036 503-635-3416 503-697-6932 Fax Lynne Saxton, Executive Director	8-17 Boys/Girls	33.78	22.25	12	71.03
Eastern Oregon Adolescent Multi-Treatment Center (EOAMTC) 622 Airport Rd Pendelton, Or 97801 541-276-0057 541-276-1704 Mary Winter, Executive Director	8-17 Boys/Girls	16	3.75	0	19.75
Edgefield Children's Services 2408 SW Halsey St Troutdale Or. 97060 503-665-0157 503-666-3066 Hazel Barrett, Program Director	6-13 Boys/Girls	7.1		13	20.10



Psychiatric Residential Treatment Providers

PROGRAM/DIRECTOR	POPULATION	PRTS	A&E	ITS PILOT	TOTAL CAPACITY
Trillium Parry Center for Children 3415 SE Powell Blvd. Portland, OR. 97202 503-234-9591 503-234-4376 Fax Derenda Schubert, Portland-Metro Director	5-13 Boys/Girls	10.58		15	25.58
River Bend Youth Center Inc. 15544 S Clackamas River Dr Oregon City, OR 97045 503-656-8005 503-656-8929 George Rex, Executive Director	13-17 Boys/Girls	9.93		6	15.93
Jasper Mountain 3787 Jasper Lowell Jasper Or. 97438 541-747-1235 541-747-4722 Fax David Ziegler, Executive Director	3-13 Boys/Girls	16		0	16
Trillium Secure Children's Inpatient Program (SCIP) 3415 SE Powell Blvd. Portland, OR. 97202 503-234-9591 503-234-4376 Fax Derenda Schubert, Portland-Metro Director	13 years and un- der who are ap- proved for long term care through the community coordinating committee.	12		0	12
Southern Oregon Adolescent Study and Treatment Center (SOASTC) 210 Tacoma Street Grants Pass, Or 97526 541-476-3302 541-479-6329 Bob Lieberman, Executive Director	10- 17 Boys/Girls		2	21 JBH (12-PRTS) (9 A&E)	23
Waverly Children's Home 3550 SE Woodward Portland, OR. 97202 503-234-7532 503-233-0187 Derenda Schubert, Portland-Metro Director	6-12 Boys/Girls	12 DHS/CAF		0	12
TOTAL CAPACITY		167.54	45	97	309.54

Psychiatric Day Treatment Providers

PROGRAM/DIRECTOR	PHONE/FAX	POPULATION	CONTACTED		COUNTY
			ADP REGU	PIL	
Cascade Child Treatment Center 1379 South 15th St P.O. Box 549 Redmond, Or 97756 <i>Robert Tovey, Executive Director</i>	541-548-6166 541-548-6168	6-12 Boys/Girls	10.20	0	Deschutes
Center for Community Mental Health Nathan Nickerson Treatment Center 7025 North Lombard Portland, Or. 97203 <i>Catherine MacCullum, Program Director</i>	503-289-9071 503-289-9281	13-17 Boys/Girls	11.90	0	Multnomah
Clackamas Adolescent Day Treatment Ct. 1002 Liberty Court Oregon City, Or 97045 <i>Barbara Wiest, Program Supervisor</i>	503-655-8264 503-655-8428F	13-17 Boys/Girls	9.25	0	Clackamas
Edgefield Children's Services 2408 SW Halsey Street Troutdale, OR 97060 <i>Hazel Barrett, Program Director</i>	503-665-0157 503-666-3066 F	6-12 Boys/Girls	10.20	10	Multnomah
Family Friends Day Treatment Program for Young Children 322 NW "F" Street Grants Pass, OR 97526 <i>George Longdon, Executive Director</i> <i>Karen Hilger, Program Director</i>	541-963-8666 541-663-8006 F	3-6 6-12 Boys/Girls	11.50	0 0	Josephine
Grande Ronde Child Center 902 D Street LaGrande, OR 97850 <i>Jim Sheehy, Executive Director</i> <i>Gary Lillard, Clinical Director</i>	541-963-8666 541-663-8006 F	6-12 Boys/Girls	7	0	Union
Kerr Youth & Family Center Day Treatment Program 722 NE 162 nd Street Portland, OR 97230 <i>Duane Law, Program Director</i>	503-255-4205 503-255-5095 F	11-14 Boys/Girls	4.5	2	Multnomah



Psychiatric Day Treatment Providers

PROGRAM/DIRECTOR	PHONE/FAX	POPULATION	CONTACTED ADP		COUNTY
			REGU	PIL	
Klamath Youth Development Center 2210 Eldorado Street Klamath Falls, OR 97601 <i>Stanley Gilbert, Executive Director</i> <i>Henry Vester, Program Director</i>	541-883-1030 541-884-2338 F	3-6 6-12 13-17	19.95	0 0 0	Klamath
Mid-Columbia Child & Family Center 3221 West Tenth Street The Dallas, OR 97058 <i>Ivan Frazier, Executive Director</i>	541-298-5104 541-298-4108 F	6-12 Boys/Girls	8.10	0	Wasco
Morrison Hand-In-Hand Day Treatment for Young Children 11456 NE Knott Portland, OR 97220 <i>Monica Ford, Director</i> <i>Terry Hirni, Clinical Supervisor</i>	503-256-3040 503-256-9601-2F	3-6 Boys/Girls	10.20	0	Multnomah
OSHU Psychiatric Day Treatment for Young Children 9806 SW Boones Ferry Blvd. Portland, OR 97219 <i>Les G. Busch, Director</i> <i>Jan Eaton-Bennett, Assistant Director</i>	503-494-8068 503-494-8216 F	3-6 Boys/Girls	11.90	0	Multnomah
Olalla Center for Children & Families 805 Reservoir Road NE Toledo, OR 97391 <i>Roger Adams, Executive Director</i>	541-336-2254 541-336-3406 F	6-12 Boys/Girls	8.75	0	Lincoln
Old Mill School Treatment Program for Young Children 4515 SW Country Club Road Corvallis, OR 97333 <i>Beverley J. Larson, Director</i> <i>Franci Karr, Assistant Director</i>	541-757-8068 541-758-1030 F	3-6 Boys/Girls	3.25	0	Benton
Pacific Child Center 2345 Marion Street PO Box 97459 North Bend, OR 97459 <i>Charles Majuri Executive Director</i>	541-756-2516 Call first to send fax	6-12 Boys/Girls	6.8	0	Coos



Psychiatric Day Treatment Providers

PROGRAM/DIRECTOR	PHONE/FAX	POPULATION	CONTRACTED ADP		COUNTY
			REGU	PIL	
Parry Center for Children's Day Treatment Program 3415 SE Powell Boulevard. Portland, OR 97202 <i>Michael Smith, Program Supervisor</i>	503-234-9591 503-234-4376 F	3-6 6-13 Boys/Girls	7.45	0 0	Mulnomah
Polk Adolescent Day Treatment Center 2200 East Ellendale Dallas, OR 97338 <i>Larry Tang, MS, Executive Director</i> <i>Dennis H. Martin, Clinical Director</i>	503-623-5588 503-623-4729 F	13-17 Boys/Girls	8.75	0	Polk
Poyama Land 460 Greenwood Road Independence, OR 97351 <i>Jon Schwartz, Executive Director</i> <i>Hope Shaw, Clinical Director</i>	503-838-6431 503-838-6440 F	3-6 6-12 Boys/Girls	11.25	0 0	Polk
Riverside Center 671 SW Main St. PO Box 2259 Winston, OR 97496 <i>Joe Roszak, Executive Director</i> <i>Jason Tate, Clinical Director</i>	541-679-6129 541-679-5285 F	13-17 Boys/Girls 6-12 Boys/Girls	17.5	0	Douglas
Southern Oregon Child Study & Treatment Center (SOCSTC) 1836 Fremont Street Ashland, OR 97520 <i>Tom Gunderson, Executive Director</i>	541-482-5792 541-482-5034 F	6-12 Boys/Girls	8.10	0	Jackson
Tualatin Valley Adolescent Day Treatment Program 8770 SW Scoffins Street Tigard, OR 97233 <i>Mark Lewinsohn, Service Director</i> <i>Beverly Backa, Program Manager</i>	503-684-5428 503-684-1425 F	13-17 Boys/Girls	8.75	0	Washington
The Child Center 3995 Marcola Road Springfield, OR 97477 <i>Bill Wellard, Executive Director</i> <i>Bill Reasoner, Program Director</i> <i>Lori Chaffin-Britt, Program/Clinical Dir.</i>	541-726-1465 541-726-5085 F	3-6 6-12 Boys/Girls	19.34	0	Multnomah



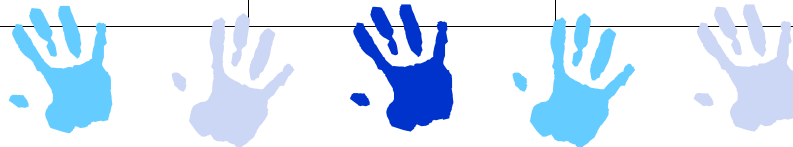
Psychiatric Day Treatment Providers

PROGRAM/DIRECTOR	PHONE/FAX	POPULATION	CONTACTED		COUNTY
			ADP REGU	PIL	
Waverly Children's Home Day Treatment Program 3550 SE Woodward Portland, OR 97202 <i>Mike Smith, Treatment Supervisor</i>	503-234-7532 503-233-0187 F	6-12 Boys/Girls	3.25	0	Multnomah
Total Capacity			223	12	349



Community Mental Health Departments

<i>County</i>	<i>Director</i>	<i>Agency</i>	<i>Address</i>	<i>Phone</i>
Baker	Timothy L. Mahoney LCSW MSW	Mountain Valley Mental Health Programs	P O Box 649 Baker City OR 97814	(541) 523-3646
Benton	Mitch Anderson	Benton County Mental Health Program	530 NW 27 th St Cor- vallis, OR 97330	(541) 766-6844
Clackamas	Melinda Mowery	Clackamas Family Center	821 Main St. Oregon City, OR 97045	(503) 722-6900
Clatsop	Don Schreiner, M.S.,	Clatsop County Health & Human Services	PO Box 206 Astoria, OR 97103	(503) 325-8500
Columbia	Donna Tewksbury,	Community Mental Health, Inc	PO Box 1234 St. Helens, OR 97051	(503) 397-5211
Coos	Ginger Swan	Coos County Mental Health Program	1975 McPherson North Bend, OR 97459	(541) 756-2020
Crook	Nancy Tyler	Crook County Mental Health Program	203 N. Court Prineville, OR 97754	(541) 447-7441
Deschutes	Gary Smith	Deschutes County Mental Health Dept.	2577 NE Courtney Dr Bend, OR 97701	(541) 322-7500
Douglas	Bob Furlow	Douglas County Health and Social Services Department	621 West Madrone St Roseburg, OR 97470	(541) 440-3616



Community Mental Health Departments

<i>County</i>	<i>Director</i>	<i>Agency</i>	<i>Address</i>	<i>Phone</i>
Grant	Barbara Thompson	Grant County Center for Human Development	166 SW Brent John Day, OR 97845	(541) 575-1466
Harney	Chris Siegner	Harney Behavioral Health	348 W. Adams Burns, OR 97720	(541) 573-8376
Jackson	Henry (Hank) Collins	Jackson County Health and Human Services	1005 E. Main Street Medford, OR 97504-7459	(541) 776-7355
Jefferson	Rick Treleaven	Best Care Treatment Services	715 SW Fourth Madras, OR 97741	(541) 475-4457
Josephine	Robert C. Beckett	Josephine County Mental Health Program	714 Northwest A St Grants Pass, OR 97526	(541) 474-5365
Klamath	Mike Gregory	Klamath Mental Health Center	3314 Vandenberg Klamath Falls, OR 97603	(541) 882-7291
Lake	Bob Leep	Lake County Mental Health Center	526 Center Street Lakeview, OR 97630	(541) 947-6021
Lincoln	Jan Kaplan	Lincoln County Mental Health Program	51 SW Lee Street Newport, OR 97365	(541) 265-4179
Lane	Robert Rockstroh	Lane County Health & Human Services	125 East Eighth Ave Eugene, OR 97401	(541) 682-3608
Linn	Dennis D. Dahlen	Linn County Health Services	P. O. Box 100 Albany, OR 97321	(541) 967-3866



Community Mental Health Departments

<i>County</i>	<i>Director</i>	<i>Agency</i>	<i>Address</i>	<i>Phone</i>
Malheur	Greg Schneider	Lifeways Behavioral Health	702 Sunset Drive Ontario, OR 97914	(541) 889-9167
Marion	Jeffrey R. Davis	Marion County Health Department	3180 Center Street Salem, OR 97301	(503) 588-5357
Morrow/ Wheeler	Kelly Sager	Morrow/Wheeler Behavioral Health	Post Office Box 469 Heppner, OR. 97836	(541) 676-9161
Multnomah	Peter Davison	Dept. of Multnomah County Human Services	421 SW Sixth Av 7 th Floor Portland, OR 97204	(503) 988-5464
Polk	Greg Hansen	Polk County Human Services Department	182 SW Academy Suite 310 Dallas, OR 97338-1922	(503) 623-9289 In-formation
Tillamook	Frank Hanna-Williams	Tillamook Family Counseling Inc.	906 Main Avenue Tillamook, Or 97141	503) 842-8201
Umatilla	David Cooley	Umatilla County Mental Health Program	721 SE Third Suite B Pendelton, OR 97801	(541) 278-6334
Union	David Still	Center for Human Development for Union County	1100 K Avenue La Grande, OR 97850	(541) 962-8800
Wallowa	Kimberly Shurtleff	Wallowa Valley Mental Health Center	Post Office Box 268 Enterprise, OR 97828	(541) 426-4524
Washington	Rod Branyon	Washington County Mental Health	155 N. First Ave., M.S.66 Hillsboro, OR 97124	(503) 846-8881
Gilliam Hood River Wasco Sherman	Sharon Guidera	Mid-Columbia Center for Living	419 E. Seventh Street Suite 207 The Dalles, OR 97058	(541) 296-5452

OHP– Mental Health Organizations

<i>Mental Health Organization</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Counties Served</i>
Accountable Behavioral Health Alliance (ABHA)	310 NW 5 th Street, Suite 206 Corvallis, OR 97330 (541) 753-8997	Benton (541) 766-6804 (888) 232-7192 Jefferson (541) 475-4457 (888) 232-7192 Lincoln (541) 265-4179 (888) 232-7192 Deschutes (541) 322-7500 (888) 232-7192 Crook (541) 447-7441 (888) 232-7192	<u><i>Service Area</i></u> Benton Jefferson Lincoln Deschutes Crook
Clackamas County Mental Health	P.O. Box 164 Marylhurst, OR 97036-0164	Clackamas (503) 655-8401 TTY (503) 655-8388 Hood River (541) 386-2620 TTY (800) 735-1232 Gilliam (541) 454-2223 (Arl.) (541) 384-2666 (Con.) Sherman TTY (800) 735-1232 Wasco (541) 296-5452 TTY (800) 735-1232	Clackamas Hood River Gilliam Sherman Wasco



OHP– Mental Health Organizations

<i>Mental Health Organization</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Counties Served</i>
Family Care Inc.	2121 SW Broadway, Suite 300 Portland, OR 97201	800) 588-8938 224-4671 (Portland)	Multnomah
Greater Oregon Behavioral Health, Inc. (GOBHI)	400 E. Scenic Drive, Ste 2343 The Dalles, OR 97058	Baker (541) 523-3646 Clatsop (503) 325-5722 Columbia (503) 397-5211 Grant (541) 575-1466 Harney (541) 573-8376 Lake (541) 947-6021 Malheur (541) 889-9167 (541) 481-2911 Umatilla (541) 278-5411 (541) 278-6334 (800) 452-2413 Union (541) 962-8800 Wallowa (541) 426-4524 Morrow Wheeler (541) 676-9161	Baker Clatsop Columbia Grant Harney Lake Malheur Morrow Umatilla Union Wallowa Morrow/Wheeler



OHP– Mental Health Organizations

<i>Mental Health Organization</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Counties Served</i>
Jefferson Behavioral Health (JBH)	714 NW "A" Street Grants Pass OR 97526	Curry (541) 247-9552 TTY (800) 735-2900 Douglas (541) 440-3532 TTY (541) 440-3548 Jackson (541) 776-7355 TTY (800) 735-2900 Josephine (541) 474-5365 TTY (800) 735-2900 Klamath (541) 882-7291	Curry Douglas Jackson Josephine Klamath
Lane County dba LaneCare	125 East Eighth Street Eugene, OR 97401	(541) 988-5380 TTY (541) 988-5385	Lane
Mid-Valley Behavioral Care Network (MVBCN)	1660 Oak Street SE, Suite 203 Salem, OR 97301-6454	(888) 315-6822 (503) 315-0719 TTY (503) 588-5833	Linn Marion Polk Tillamook Yamhill
Multnomah County Verity Integrated Behavioral Healthcare Systems (VIBHS)	421 SW Sixth Ave. Suite 700 Portland, OR 97204	(800) 716-9769 (503) 988-5887 TTY 306-5866	Multnomah



OHP– Mental Health Organizations

<i>Mental Health Organization</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Counties Served</i>
Washington County Department of Health and Human Services	155 N 1st Ave MS #4 Hillsboro, Or. 97124	503) 291-1155 (800) 995-0017 TTY (800) 735-2900 Oregon Relay	Washington
Tuality Health Alliance (THA)	335 SE 8th Avenue P.O. Box 925 Hillsboro, OR 97123-0925	800) 588-8938 224-4671 (Portland) TTY (503) 219-6891 or Oregon Relay	Washington

