

Mid-Columbia Center for Living

Volume 09-02, September 2009

Contact us at: www.mccfl.org

FALL QUARTERLY NEWSLETTER INTERAGENCY NEWS

In this edition

Outcomes:

System of Care Outcome Indicators

MCCFL's Consumer Survey

MCCFL's Addictions' Program Update

Supported Employment

Pages 2 through 5

MCCFL has a new and updated website

Page 5

Community Program News:

The Arc of the Mid-Columbia

Child Care Partners

Dual Diagnosis Anonymous

Family Dependency Court

Pages 6 through 8

MCCFL's Internal News & Updates:

Developmental Disabilities Team Changes

Have You Heard?

Health Insurance Update

Flu Season is Upon Us

Home Care If You Get the Flu

Pages 8 through 11

Vision:

“EMPOWER PEOPLE TO MAKE POSITIVE CHANGES IN THEIR LIVES.”

Mission:

“THE MISSION OF THE MID-COLUMBIA CENTER FOR LIVING IS TO PROVIDE COMPREHENSIVE AND CULTURALLY APPROPRIATE BEHAVIORAL SERVICES IN THE LEAST RESTRICTIVE SETTING.”



**Mid-Columbia Center for Living
MOVES INTO
THE LINCOLN ANNEX ...
Mid-Columbia Center for Living's
Administrative, Accounting, Human
Resources, Developmental Disabilities,
Cottage and MIS programs are now
settled into the Lincoln Annex, located at
409 Lincoln. The Dalles.**

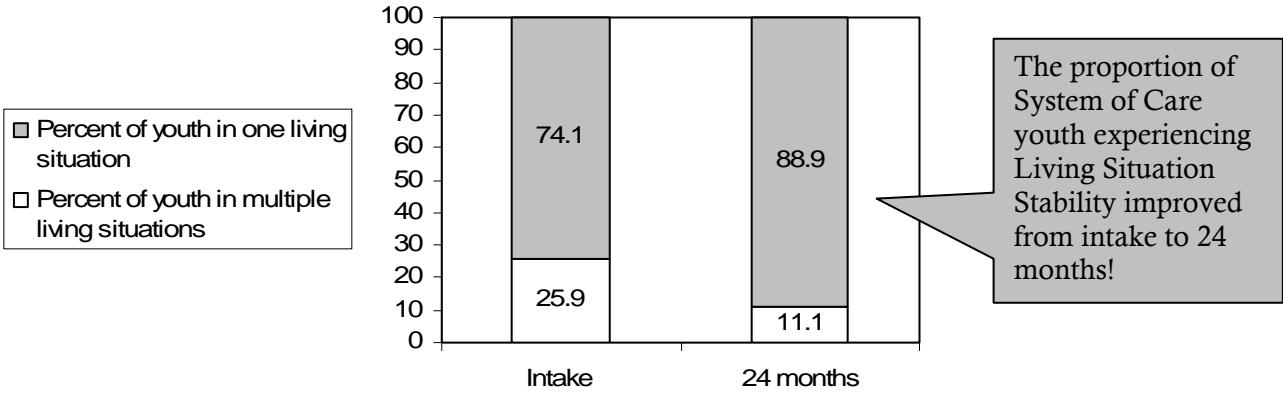
Outcomes!



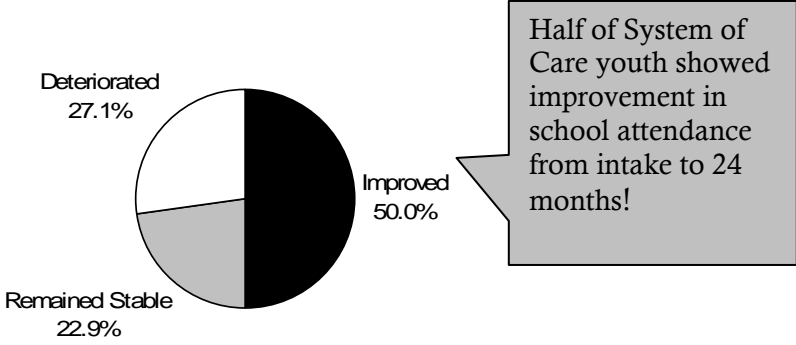
At Home, In School, Out of Trouble: System of Care Outcome Indicators for "The Big Three"

Columbia River Wraparound System of Care strives to meet the needs of youth with mental health challenges and their families. Among the desired outcomes are “*The Big Three*” namely, that youth will experience living situation stability (“*At Home*”), be successful in an educational setting (“*In School*”), and avoid behaviors that are detrimental to their wellbeing (“*Out of Trouble*”). The following is a summary of data in these three domains for System of Care youth at two data collection time points: Intake to services and 24 months later. The data is collected from youth and their caregivers as part of Columbia River Wraparound’s Child and Family Outcome Study.

At Home: Changes in Living Situation Stability from Intake to 24 months for System of Care Youth (n=54)

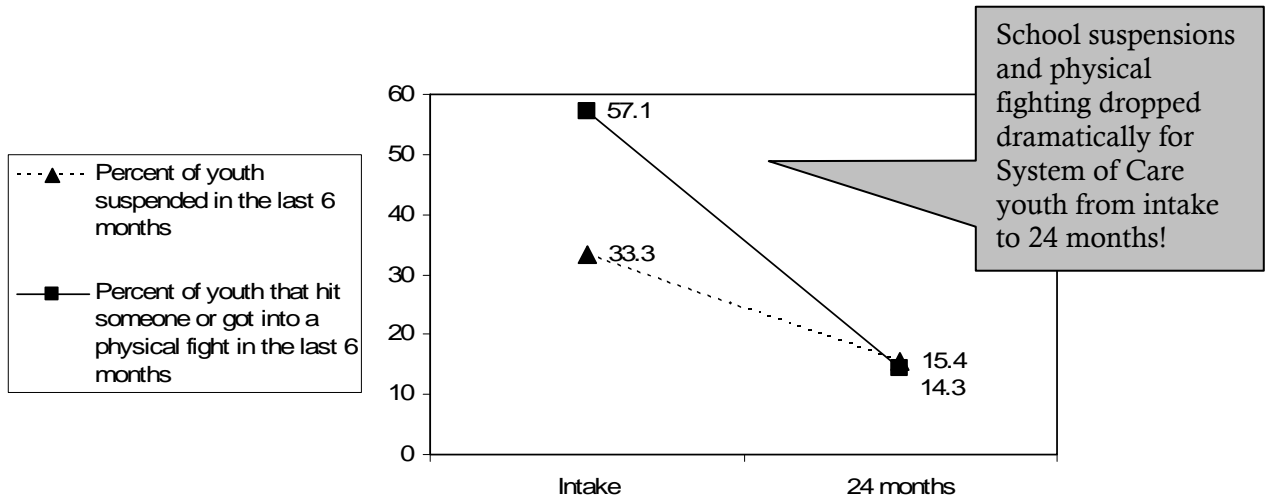


In School: Changes in School Attendance from Intake to 24 months for System of Care Youth (n=48)



See “SOC” - Continued on Page 3

Out of Trouble: Changes in Suspension (n=39) and Violent Behaviors (n=28) from Intake to 24 months for System of Care Youth



Mid-Columbia Center for Living's Consumer Survey

Each year we do an anonymous consumer survey to see how our customers perceive our services and how we can approve our care. This year we exceeded our own expectations and improved in

several areas! One hundred and fifty seven (157) persons chose to respond to the survey. If you would like more information please log on to www.mccfl.org

Who do we serve?

MCCFL provided services to two thousand four hundred and fifty four (2,454 unduplicated) persons across mental health, addictions and developmental disability services in Fiscal Year 2009. We screened 1,564 persons for services and responded to 213 persons in crisis. Calls to our after hours services averaged from 70 to over 140 per month. We also provided 504 community education services.

THE BIGGEST IMPROVEMENTS FOR THE RATINGS WERE IN THE FOLLOWING CATEGORIES:

It is convenient for me to get to the clinic: +14.6%

My service provider works with other people I want involved: +11%

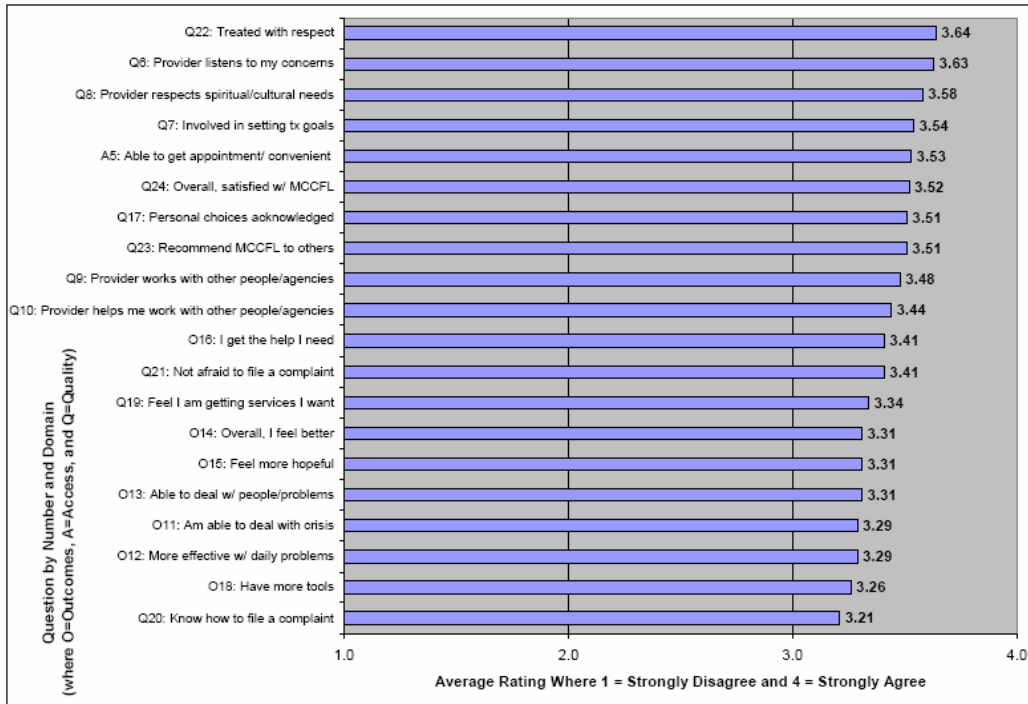
My service provider helps me work with other agencies: +11%

I get the help I need to address my concerns: +12%

Full ratings are below with overall scores in the 'agree' to 'strongly agree' range:

See "Survey" on Page 4

Figure 1. Average Rating by Question



MID-COLUMBIA CENTER FOR LIVING’S: ADDICTIONS’ PROGRAM UPDATE

A statewide treatment improvement report is issued by the Division of Addictions & Mental Health (AMH) on measures reported by each publicly funded addictions program. MCCFL’s addictions program has exceeded the statewide scores on two key indicators or the past five quarters (3rd quarter 2007/3rd quarter 2008):

The State conducted a review of the **ADDICTIONS** program in May 2009 and the agency received a Letter of Approval through May 2012. Some highlights from the report:

- The review found the program to be in “substantial compliance” with the administrative rules
- Treatment Plans are very individualized. Objectives are behaviorally focused and very clear.
- Individual and group progress notes are “very good”
- The Medical Director’s active participation in staff meetings and trainings was seen as a major benefit to the program.

MEASURE	MCCFL RANGE	STATEWIDE RANGE
COMPLETED TREATMENT	61 to 75%	56 to 58%
REDUCED USE	77 to 83%	72 to 75%

The agency has also either matched or exceeded statewide scores on treatment engagement, retention and appropriate level of care. Through our emphasis on Process Improvement we have consistently been able to engage persons in treatment reduce the no-show rate and help clients reduce or eliminate their dependence on substance use. The agency’s most recent site review indicated the agency had met and exceeded most standards as well.



Supported Employment ("SE")

In January of 2008, Mid-Columbia Center for Living was awarded funds to start a Supported Employment (SE) Program. The SE Program works with adults with severe and persistent mental illness to attain employment. Within a few months, the SE Program was credentialed as meeting the evidence-based practice standards. A statewide report issued by the Division of Addictions and Mental Health (AMH) indicated that **MCCFL had the highest percentage of employed clients (64%)** compared with the statewide average of 43%! Rosa Murillo and Cheryl Rhodes, Supported Employment Specialists, attended Motivational Interviewing Training on August 11th & 12th in Portland, Oregon. At this training, Rosa and Cheryl were presented with a plaque for **Most Creative Job Development for State of Oregon**. The presenters were Crystal McMahan from Oregon Supported Employment Center for Excellence and Sandy Reese, Co-Director Oregon Supported Employment Center for Excellence from *LifeWorks Northwest*.

HOOD RIVER – SHERMAN – WASCO COUNTIES

Quarter	Number served	Number working	New jobs	New referrals	Unemployment rate		
					Hood River	Sherman	Wasco
Q1-2008	19	6 (32%)	4	2	5.0	5.5	5.9
Q2-2008	25	3 (12%)	0	22	5.6	5.0	5.2
Q3-2008	30	10 (33%)	6	10	4.7	4.6	5.5
Q4-2008	39	10 (26%)	2	16	6.3	8.0	8.9
Q1-2009	43	20 (47%)	10	9	9.6	11.3	11.1
Q2-2009	42	27(64%)	7	6	9.2	8.3	8.5



to MCCFL Staff for an Outstanding Job!!!



**MCCFL has a new and updated Website:
<http://www.mccfl.org/>**

MCCFL's new web page is up and running!!!

BIG thanks to Catherine Gunnerson of Butterfly Media and to Kelly Keith (Kelly_Keith@class.oregonVOS.net), IS Administrator, for getting it properly hosted and loaded.

Please direct all requests and suggestions to Patty Garland

(Patricia_Garland@class.oregonvos.net) Database Administrator, and/or Patrick Wolfe

(Patrick_Wolfe@class.oregonvos.net), IS Support.

Community Program News



New Community Collaboration between MCCFL-Developmental Disabilities (DD) Services & The Arc of the Mid-Columbia

Lowell Linder, Developmental Disabilities Supervisor

On July 1, 2009, the Developmental Disabilities Family Support program underwent major changes on a statewide level. One of these changes included utilizing up to ten percent of the Family Support allocation to develop a new Information and Referral/Capacity Activity Plan. On September 8, 2009, DD Program Manager, Todd Jacobson, met with the local chapter of the Arc to discuss this exciting new possibility to enhance service options for intellectual and developmentally disabled youth and their families in our community. The Arc of the Mid-Columbia expressed interest in these funds, and will convene a work group to determine the best use of these dollars. The MCCFL-DD program awaits the ARC work group's recommendations that could include such services as additional respite options, training workshops, support groups, etc. While not a large sum, the approximately \$2,700.00 can now be used in new creative fashions to serve the larger DD community in ways not previously possible. ■

Child Care Partners

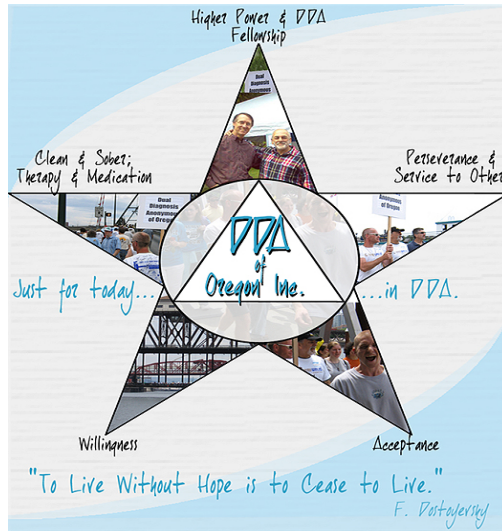
541-506-6131 / 800-755-1143

REFERRAL HOURS 9:00 AM TO 4:00 PM / MONDAY-THURSDAY

FRIDAY CALL 541-386-6300 EXT. 304

Columbia Gorge Community College—a childcare resource and referral program serving Gilliam, Hood River, Sherman, Wasco and Wheeler counties

Child care resources and referral (CCR&R) is a network of local programs that serve families, employers, child care providers and communities. ***What they do for families:*** •offer personalized assistance on choosing quality child care •make referrals to local child care providers and programs •connect families with resources to help with the cost of care •look for care options for non-traditional work schedules, classes & children with special needs. ***What they do for providers:*** •refer families who need child care •workforce development: recruit & promote retention of child care businesses •support professional development: training for license requirements, child development, health & safety, business practices, etc. ■



DUAL DIAGNOSIS ANONYMOUS (DDA) of OREGON, INC.

<http://www.ddaoforegon.com/>

“Dual Diagnosis Anonymous is a fellowship of persons who share their experiences, strengths, weaknesses, feelings, fears, and hopes with one another to resolve our dual diagnosis, and/or learn to live at peace with unresolved problems. The only requirement for membership in DDA is a desire to develop healthy drug and alcohol free lifestyles.” – *Corbett M., DDA Founder*

Jane Arnell, Mental Health Specialist I, and Monique Adams, Case Manager, of the Mid-Columbia Center for Living in Hood River will be offering a twelve-step facilitation process group for dually diagnosed clients, who have any mental health condition and a desire for an alcohol and drug free lifestyle. **The Group will begin on September 22, 2009, and run from 3:00 to 4:00 P.M. At 4:00 P.M., a group member will be coached to facilitate a Dual Diagnosis Anonymous meeting.**

Dual Diagnosis Facilitation Group (Twelve Step Facilitation): Twelve Step Facilitation Therapy (TSF) group sessions are based upon DDA principles and philosophy. Many who identify as “dually diagnosed” may not otherwise have the benefit of participating in DDA were meetings not facilitated by professional staff. As indicated in Step Three of DDA’s Five Steps, DDA has always understood and acknowledged the importance of medications, clinical interventions and therapies. The support of health care providers, family members, friends, clergy, and concerned citizens is vital to DDA’s mission and success. DDA considers these support persons as extended family members. As stated in the 5th Tradition, DDA’s primary purpose is to carry their message of hope and recovery to those who still suffer from the effects of Dual Diagnosis. Thus, DDA believes that Dual Diagnosis is a disease that not only affects the dually diagnosed, but also those that DDA recognizes as our extended family.

12-STEP FACILITATION GROUP:

Closed Portion:

Tuesdays - beginning at 3:00 PM
Mid-Columbia Center for Living
1610 Woods Court, Community Room
Hood River, Oregon 97031

Must be a Center for Living client. The purpose of this group is to support successful use of DDA 12 Step meetings. Referrals: Jane Arnell & Monique Adams, (541) 386-2620

Open Portion:

Tuesdays - beginning at 4:00 PM
self-supporting by donations.
Mid-Columbia Center for Living
1610 Woods Court, Community Room*
Hood River, Oregon 97031

*No affiliation – Contact Susan P. @ (541) 386-8776

FAMILY DEPENDENCY COURT:

Family Dependency Court is a specially designed court intended to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment. Service enhancements include intensive case management, targeted crisis intervention, family psycho-education, Matrix Model Outpatient Treatment Services, along with increased service supports for housing, transportation, medication management, psychiatric assessments and parent training.

We are hopeful that the program will be funded and running for two more years. The State just announced that existing programs are invited to apply for continuing funding to support the program through the 09-11 biennium. This is excellent news since funding for the program is set to expire on September 30, 2009!

The program also received its annual evaluation. Considering our rocky start three years ago, we have progressed to a state-of-the-art program. The evaluation reviewed our compliance with the ten key components of Drug Courts. We were measured on a scale of 1 to 5, with 5 being "in complete compliance with the objective." On all scales, except for one, our score averaged well over 4; they allow decimal points, so our average score was approximately 4.4 out of 5. The one component under four was for continuing education. Because of this in our reapplication we will be placing more emphasis on supporting staff in attending trainings focused on Drug Court operations.

The evaluators were very flattering in their presentation of our program. They also provided us with up-to-date research on Drug Courts, which will be greatly beneficial in assisting us to move to the next level. We are looking forward to the next two years and if you have the chance ... give Kai Nichols, Angela Aurit, Joni Poole, and Pepe Quintanilla a "WAY TO GO!" ■

MCCFL's Internal News & Updates

DEVELOPMENTAL DISABILITIES ("DD") TEAM: *Changes*

Significant changes have occurred in the DD team's structure and operations. Previous to July 1, 2009 the team had 3.8 FTE Service Coordinators, now we are down to 2.8 FTE. This change happened because the State modified funding to support specific services. The primary alterations were: Service Coordinators no longer do eligibility determinations or protective services investigations.

The *Brokerage clientele are no longer on their caseloads, and rather than monthly billings they do daily billings on services provided. The State also modified how family support services are provided. Because of all this the Service Coordinators have had to provide new services to a revamped caseload. With the stress of change comes new challenges and the DD Team has stepped up to meet their new roles!

**Eastern Oregon Support Services Brokerage (EOSSB) assists people enrolled in Developmental Disabilities services to access necessary supports in the community. EOSSB is a parallel organization to MCCFL, which means we enroll the same people and are equal in scope and authority. ■*



- ◆ Mid-Columbia Center for Living's Management Team welcomes two new members:
Monique Adams, Case Manager, representing Hood River; and
Tamara Wehrer, Mental Health Specialist I/Crisis, is representing The Dalles.
- ◆ The Prevention & Treatment Advisory Board (PTAB) and the Tri-County Mental Health Board will be meeting together on **Monday, October 5, 2009 from 11:00 a.m. to 2:00 p.m. in the Lincoln Annex.**
- ◆ MCCFL welcomes three new staff members in October:
Amber Asaro has accepted the position of case manager in The Dalles. Amber's start date is October 1;
Karen Fairchild will start on October 1 as the new MIS/Evaluation Manager; *and*
Lisa Roth-Baisden has accepted the Mental Health Therapist position in The Dalles. Lisa will be starting on October 22. ■



Health Insurance Update

Shaleen Jacobson, Human Resource Manager

There are several new things going on with our health insurance. Here's the latest update:

Healthy Benefits: The Health Benefits (HB) program that is provided to our members by CIS (City County Insurance Services) is once again going through changes. There is a new "one-stop" health information/benefits portal at www.cisbenefits.org. The portal is available 24/7 for employee and family access. The portal is hosted by StayWell Communications, a leader for the past 25 years in supplying health information to a wide variety of employer, hospital and insurance groups. There are easy navigation guides for you to quickly and easily find the benefits forms, provider links, or wellness information you need.

There are several individual programs being offered to eligible members including healthy eating and lifestyle programs (weight management, smoking cessation, and health coaching). In addition, enrolled spouses are eligible to participate in the healthy benefits program this year. Your spouse should have received an invitation to participate. Spouses will be required to complete the HSQ in order to take advantage of the programs available.

Some may ask, "*Why do we even bother with these types of programs?*" These types of programs consistently achieve good results for employees and their families. Not only does this better the health of those participating, it also reduces overall claims dollars (which drive our rates). It's a win-win for all! Those interested should visit the health portal.

Flu Shots: Regence Blue Cross/Blue Shield will be offering flu shots free of charge for those covered on the health insurance. Those wanting a free shot must visit one of the community clinics offering the shot. ***FYI ... Shots provided by your medical provider in the office WILL NOT be reimbursed by our coverage.*** Community Clinic providers include HR County Health Dept and Safeway pharmacies.

- See "Health Insurance" on Page 10 -

PLEASE BE ADVISED THESE SHOTS ARE FOR SEASONAL FLU ONLY ... NOT H1N1 (that vaccine is not available yet). I have not received any word yet on this and if/when it will be available or paid for by our insurance.

We are in the process if trying to coordinate flu shot clinics in our areas. Stay tuned for more information...

Health Savings Accounts: It's hard to believe, but January is fast approaching. We will be transitioning to the new high-deductible health plan (HDHP) with the health savings account (HSA) starting on January 1, 2010. We will begin education session (again) in October, starting with the staff meeting on October 7th. A more formalized schedule will be out soon. □



Flu Season is Upon Us ...

Flu Season is fast approaching ... and is, of course, more of a concern this year due to the H1N1 Virus. What can you do to help prevent and protect yourself and other?

What can I do to protect myself from getting sick? There is no vaccine available right now to protect against 2009 H1N1 virus. However, a 2009 H1N1 vaccine is currently in production and may be ready for the public in the fall. As always, a vaccine will be available to protect against seasonal influenza.

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza.

Take these everyday steps to protect your health:

--- Prevention is key ---

- Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based (60-95%) hand cleaner (such as *Purell*).
- Avoid close contact with people who are sick.
- Try not to touch your eyes or nose. Wash hands before and after touching your face.
- It is OK to continue to go to work or school if you are not sick.
- Cover your nose and mouth when you cough or sneeze, but not with your hands! Cough into your sleeve, shoulder or elbow. Even a bare arm is better than your hands.
- If you use a tissue, throw the tissue away immediately after you use it and wash your hands or use alcohol-based hand cleaner.
- GET A FLU SHOT WHEN AVAILABLE; seasonal flu shots are available now; H1N1 shots will be available in October, first in limited supply, with more available as time goes on.
- Because there are two different flu shots this year (seasonal & H1N1), it is very important that people who qualify for both vaccines make sure to get BOTH vaccines.

Other important actions that you can take are:

- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, alcohol-based hand rubs, tissues and other related items might could be useful and help avoid the need to make trips out in public while you are sick and contagious.

For more information and the latest updates, you can visit the CDC website at <http://www.cdc.gov/H1N1FLU/> ■



Home care if you get the flu:

If you have further questions, please refer to
<http://www.flu.oregon.gov> or
<http://pandemicflu.gov/index.html>.

- **Stay at home, avoiding work, school, and social gatherings** until the fever has been below 100°F (38°C) for 24 hours (*without needing fever-reducing medicine to keep the temperature down*).
- Get plenty of rest.
- Avoid alcoholic beverages.
- Drink at least 2 quarts each day of liquids such as non-diet 7-UP, Sprite, ginger ale, broth, tea with sugar (*yes, soda pop is OK with a cold or flu*).
- For runny nose and stuffy nose, try an over the counter decongestant.
- For cough, try an over the counter cough syrup.
- To reduce fever, take ibuprofen or acetaminophen as directed on the bottle. Avoid aspirin.
- For vomiting, don't eat or drink anything until you have not vomited for 4 hours, then sip on liquids (*see above - avoid plain water as it can make vomiting worse*) for 24 hours. If no further vomiting, begin eating mild foods like crackers, toast, mashed potatoes, rice, or apple sauce for 24 hours. Then resume your regular diet.
- If you have to go out, wear a surgical mask or try to stay at least six feet from other people.
- If your symptoms get worse, seek medical care. Consider phoning your medical provider ahead so that you won't expose others to your illness. They can help by giving you a mask to wear or by having you wait in a separate area to avoid making others sick. ■