



# Mid-Columbia Center for Living

Volume 2010 - 01, February 2010

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WINTER 2010

QUARTERLY NEWSLETTER  
 INTERAGENCY NEWS

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### 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.”

## Men's Group

Mid-Columbia Center for Living will be offering a group for men age 25+ that will focus on life skills, social functions, and community interaction. The format will be cyclical topics facilitated in an interactive group. Beginning February 23, 2010 at the Lincoln Annex, 409 Lincoln, The Dalles. The Group will meet every Tuesday from 3:00 PM to 4:00 PM. For additional information, please contact Jeremy Anderson at 541-296-5452, #3209.

# Outcomes

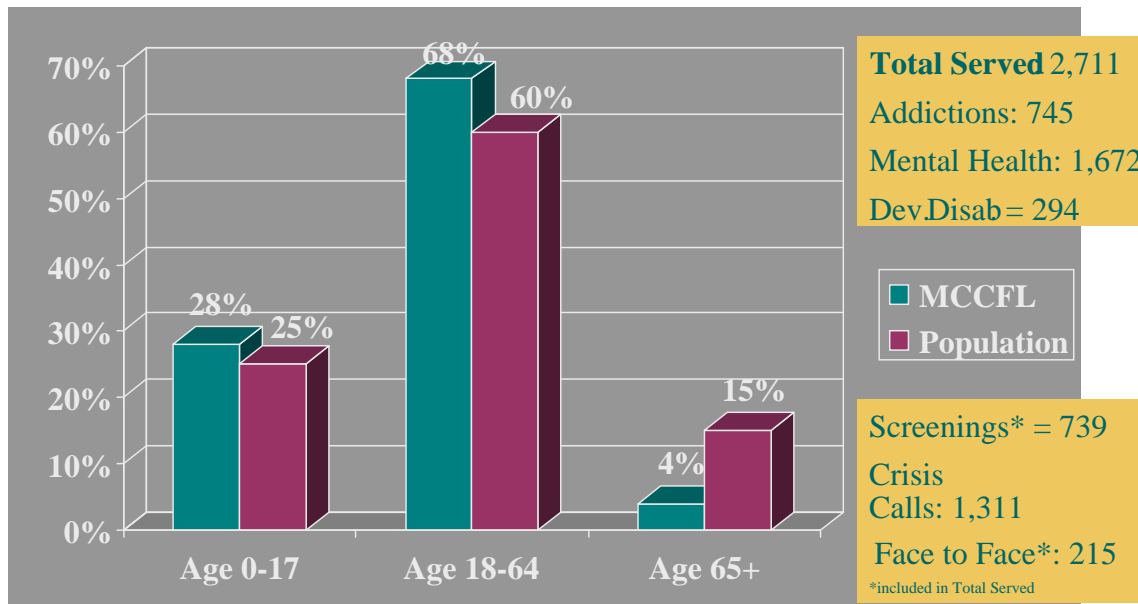
## Biennial Implementation Plan: 2011-2013 **Community Forum**

*By Sharon Guidera*

The State of Oregon Division of Addictions and Mental Health (AMD) and Oregon Statutes require that Biennial Implementation Plans are submitted by the Local Mental Health Authority (LMHA) every other year. Results are combined statewide and used to guide state budget development. The LMHA is charged with over-seeing community mental health, addictions and developmental disability services in the tri-county area (Wasco, Hood River and Sherman counties). Commissioners Barbara Briggs (Hood River), Bill Lennox (Wasco) and Mike Smith (Sherman) constitute the Tri-County Board for Mid-Columbia Center for Living and are the designated LMHA.

In January, MCCFL hosted a Community Forum to get feedback from the community on priorities for mental health and addiction services. Over 55 attended including staff, community partners, consumers and other stakeholders. Following a presentation by Sharon Guidera, Executive Director, participants joined discussions in three different groups: youth mental health, adult mental health and youth/adult addiction services. The groups examined services and funds supported by state general funds. The group was also tasked with grappling with services after two major federal grants end in 2010. MCCFL serves persons from early childhood to late adulthood and touches every facet of the community and most organizations involved with social services. Below is a snapshot of services provided in Fiscal Year 2009:

MCCFL % Served in Fiscal Year 2009 compared with Regional Population by Age Group



MCCFL funds other agencies or providers to serve an additional 87 persons per month.

See Forum on Page -3-

**Following the break-out groups, all participants voted for their top priority within each group.  
Priorities identified in order of most votes to least votes are shown below:**

**Score 15:**

- #1:** Wraparound services for all adults  
(i.e.: in-home care, advocacy, behavioral health plans and prevention, care coordination).  
Persons with serious mental illness receive these services.

**Score 11:**

- #2:** Age-appropriate support groups particularly for the 18-24 year olds  
(AA-style groups for youth and young adults).  
**#3:** Focus on what we do well with existing infrastructure.  
**#4:** Integration and education with primary healthcare.

**Score 10:**

- #5:** Demographic specific treatment based on “most bang for the buck”.  
**#6:** Preserve in-school therapeutic services.

**Score 5:**

- #7:** Balance services across age groups.  
**#8:** Expand Early Childhood services.  
**#9:** Local Acute Psychiatric Care (30-day) Facility.

**Score 3:**

- #10:** Use (some) youth enhancement dollars to sustain (some) STEP services.  
**#11:** Increase Adult services at NORCOR.

**Score 2:**

- #12:** Identify ways to increase referrals from teachers.  
**#13:** Increase services to 16 – 30 year olds (Transition Age).  
**#14:** Help focus services on readiness to learn for pre-school & first/second grades.  
**#15:** Advocate for Veterans’ Services, partner with agencies currently funded to provide services to Veterans.  
**#16:** Residential facilities (group/foster care homes – supported living).

**Score 0:**

- #17:** Expand services to older adults.  
**#18:** Increase number of bilingual staff.



The plan submitted to the state follows the format and directions set by AMD. The plan will be reviewed with the Child and Family Commissions, Local Public Safety Coordinating Councils, DHS Service Area, the Prevention and Treatment Advisory Board and finally the Tri-County Board.

**To all of the participants for their input and time!**



## MCCFL Staff Receive Resounding Applause *by Sharon Guidera*

The 55 participants at the Community Forum held in January provided a loud round of applause in for MCCFL Staff and their outstanding work. Sharon Guidera presented findings from the latest consumer survey and State Site Reviews as seen below:

# consumer satisfaction survey

**Fiscal Year 2009 N=132 (2005 in parentheses; N=106)**

- I get the help I need 98% (89%)
- Convenience of location 90% (95%)
- Convenience of schedule 96% (89%)
- Satisfied with agency 99% (91%)
- Involved in treatment goals 96% (94%)
- Therapist listens to concerns 99% (94%)

**THANKS** to staff for their hard work and excellent site reviews for Mental Health & Addiction services in Fiscal Year 2009, this allowed us to receive three-year state certifications!! The Review Team included eight professionals from AMH who talked with clinicians, clients, community partners, reviewed records and administration practices and policies.

The Director noted that MCCFL staff have a particularly hard challenge due to the wide variety and number of people we serve and community partners we work with on a daily basis! Balancing the needs of several constituents while maintaining an efficient service delivery that translates into lower costs is a major challenge!!

### Community Program News

## What are we doing to Prepare?

*By Sharon Guidera*

Oregon Hospital Preparedness Program Region 6 (HPP6) is responsible for convening partners in Hood River, Wasco, Sherman and Gilliam Counties to plan for a coordinated response in the event of a disaster. Mid-Columbia Center for Living (MCCFL) is working with our partners in Public Health, County Emergency Operations, Hospitals and HPP Region 6 to be able to respond to a disaster.

See "Prepare" on Page -5-

**The Local Mental Health Authority (LMHA) and MCCFL are expected to:**

- Triage the behavioral health needs of existing clients
- Work with hospitals to assist in the event of a surge in demand
- Partner with state, county and other community organizations
- Assess and respond to community needs particularly at shelters
- Consult with and train partners in Behavioral Health Disaster response



**MCCFL to date is working on the following:**

1. Assisting staff to make sure they and their families are personally prepared so they are available to assist;
2. Finalizing an internal plan for response and the HPP 6 Plan for behavioral response;
3. Training staff and partners;
4. Working with the hospitals, public health departments and HPP 6 to identify a registry of professionals and volunteers.

An initial training was conducted to provide community partners and staff with an overview of Behavioral Disaster Response. HPP 6 and MCCFL are sponsoring a major training event this spring to ensure that the community has well trained responders capable of providing expert care in the event of a disaster.

# **Train the Trainers**

**APRIL 5-7, 2010**

**DISASTER MENTAL HEALTH: A CRITICAL RESPONSE**

**LOGISTICS TO BE ANNOUNCED VERY SOON!**

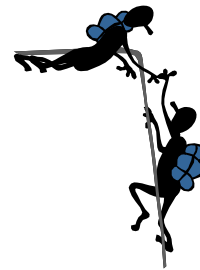
Below is a brief outline of the objectives and goals of the training designed to train MCCFL staff, community partners and the faith based community:

**Day 1:**

- Facing Disaster: Are you prepared?
- Disaster Planning, Preparedness and Response in Health Care Settings
- Characteristics and Attributes of Natural and Human-Caused Disasters
- Reactions to the Disaster: The Human Response

**Day 2:**

- Acts of Terrorism, Weapons of Mass Destruction, and Public Health Emergencies: Special Issues and Considerations
- Disaster Behavioral Health and Spiritual Care Response
- Early Interventions and Other Disaster Behavioral Health and Spiritual Care Activities
- Self-care and Disengaging from a Disaster Assignment



**For more information please contact: Karen Williams, HPP Region 6 Coordinator  
Office phone: 541-506-6914 , email: [karenw@mcmc.net](mailto:karenw@mcmc.net)**

## **Family Dependency Court - Todd Jacobson, Clinical Services Manager**

The Family Dependency Court (FDC) is wrapping up its first quarter since the start of the new grant cycle. There are currently eight participants active in the program, with more being considered for entry. What's working particularly well at this time is the programs connection with the Individual Treatment and Recovery Services (ITRS) program. Since the FDC is primarily designed to serve mothers with addiction issues, it was difficult to serve the family as a unit, because the fathers would need to pay for all individual services. However, since the start of the ITRS, fathers have been referred to the ITRS program, which provides free services to non-OHP parents with addictions, allowing for families to be served as a unit. This program has been beneficial to families who could not afford the combined services.

As a refresher, the FDC is a grant funded program for mothers with an addiction. All services are free, but mothers are expected to participate in services for at least one year. Priority for services are given to mothers with active DHS child welfare cases, but other mothers without DHS involvement are welcome to be referred. The ITRS program is open to all parents with an addiction. The first priority is given to DHS child welfare referrals, but non-DHS referrals are accepted too. This program is not gender specific, so fathers are welcome to be referred too. Services in the ITRS last a minimum of 90 days, but can last for up to one year. Both programs are free to the participant. ■

## **Strengthening Treatment Access & Retention "STAR"**

*- By Pepe Quintanilla, Addictions Team Supervisor*

It is estimated that every year, more than 20 million people in the US are in need of substance abuse treatment but less than 10 percent actually get into treatment. Of this 10 percent, less than half show up for their appointments. This disparity adversely affects individuals, families, and society as a whole. In financial terms alone, addiction-related illnesses can be measured in billions of dollars. However, the cost to families cannot be measured in dollars.

In order to aide treatment providers to increase the numbers served in addictions services, the Network for the Improvement of Addiction Treatment (NIATx) teaches and coaches behavioral health agencies how to use process improvement methods. The methods are geared toward identifying barriers to treatment and thereby increasing access to treatment as well as retention of clients who seek to engage in treatment.

The addictions program at Mid-Columbia Center for Living has received training and seeks ongoing direction from NIATx and over the last six months clinicians have focused efforts in ensuring the success of prospective clients to engage in addictions treatment. Staff has sought feedback from those who seek treatment as well as those who do not engage in treatment with our agency in order to consider program changes where possible.

The addictions program staff has worked diligently in identifying processes and reviewing them for improvement in order to more efficiently and effectively provide treatment to everyone that needs it.

When a person contacts our office for information pertaining to addictions treatment, an orientation session is scheduled. We offer orientations at no charge, and they are conducted on a group or individual basis as well as by telephone. As there are a variety of events in the life of the person experiencing problems with addiction, staff will call individuals if they do not attend their scheduled orientation session or assessment appointment and thus reach out to engage them and assist them in entering treatment.

See STAR on Page -7-

Outcomes over the past six months suggest effective changes and modifications to program access.

**Screenings for addictions program (August 2009 through January 2010)**

Hood River: 96 Scheduled --- 92 Completed  
 The Dalles: 72 Scheduled --- 68 Completed  
 Total: 168 Scheduled --- 160 Completed

**95% of screenings completed orientation process.**

Number of individuals seeking assessments: 191

Number of individuals assessed: 137

**Percentage of individuals assessed: 72%**

In a similar manner, addictions program staff have made efforts to decrease barriers for those who have decided to enroll in services at our agency and have scheduled assessments. Financial and motivational interventions have been implemented in order increase the follow through from scheduling to completion of assessment.

During the same time period of August 2009 to January 2010, the program has implemented a practice that assists individuals who find it a challenge to keep their appointment for assessments due to financial circumstances. The individual may pay for a portion of their assessment and pay the remainder in installments. This practice allows individuals seeking treatment to enter treatment and access a “*sliding fee*” for reducing financial barriers to participating in treatment. “Stand-By” appointments are also offered in order to afford clients an opportunity to use a time slot scheduled for assessments. If the person scheduled for an assessment does not keep their appointment, the person on “*Stand-By*” can use that time slot for their assessment. The “*Stand-By*” practice also provides incentive for individuals to keep their scheduled assessment appointment.

The implementation and combination of these practices reflects an increase in individuals completing assessment and a decrease in “*No Shows*” or cancellations.

<b>Scheduled Assessments (August 2009 through January 2010)</b>						
<b>Site A</b>	<b>August 09</b>	<b>September 09</b>	<b>October 09</b>	<b>November 09</b>	<b>December 09</b>	<b>January 10</b>
<b>No Shows</b>	6%	19%	17%	10%	11%	0%
<b>Cancellation due to \$</b>	0%	13%	0%	0%	16%	0%
<b>Cancellations (total)</b>	13%	38%	26%	20%	32%	11%

As the interventions for decreasing “*No-Shows*” and cancellations have produced positive outcomes at one site, the interventions will now be applied at the second site prior to adopting the practice as a policy.

As there exists a National Collaboration for improvement of addiction treatment outcomes, Mid-Columbia Center for Living will continue to monitor the outcomes of other treatment agencies for potential application of similar treatment strategies. ■

# New OHP Standard Reservation List is Open for Low-Income Adults

The Oregon Health Plan (OHP) provides health care coverage for low-income Oregonians through programs administered by the Department of Human Services (DHS). Currently, more than 450,000 people receive health care coverage through the Oregon Health Plan each month. OHP clients are assigned to a benefit package based on several eligibility factors. OHP Standard is one of the benefit packages for low-income adults.

OHP Standard provides coverage for medical services similar to private insurance. Some clients with OHP Standard receive coverage at no cost while those with higher incomes must pay small monthly premiums.

Previously closed to new enrollment due to budget restrictions, the Oregon legislature approved the expansion of OHP Standard to cover more people through a tax paid by Oregon hospitals and matching federal dollars. Unfortunately, there is still not enough money to cover all the people who need health care coverage and qualify for OHP Standard. Therefore, DHS is using a reservation list for people who are interested in applying for OHP Standard.

People interested in applying for OHP Standard benefits must place their names on the OHP Standard reservation list, which opened November 1, 2009.

DHS will randomly select names from the list on a regular basis and mail OHP Standard applications to those people. The number of names selected will depend on the amount of funding available for OHP Standard.

## **Who qualifies for OHP Standard?**

People who qualify for OHP Standard are Oregon residents with limited income who are:

- Ages 19 through 64;
- Not pregnant; and
- Not receiving Medicare.

## **Getting on the reservation list is easy**

Individuals can put their own names on the list or have someone do it for them, using one of the following methods:

- Sign up online at [www.oregon.gov/DHS/open/](http://www.oregon.gov/DHS/open/);
- Mail or fax a request to DHS. Forms are available at all DHS/AAA offices, county health departments and most hospitals and clinics; or
- Call 1-800-699-9075, or 711 (TTY) Monday through Friday, 7:00 a.m. to 6:00 p.m.

**Brochures and instructions are available at the Mid-Columbia Center for Living in The Dalles and Hood River.**

## Community Support Programs at MCCFL

**-Al Barton, MS, LPC, Mental Health Clinical Services Manager**

The Dalles -541-296-5452, Hood River – 541-386-2620 Email: [al.barton@mccfl.org](mailto:al.barton@mccfl.org)

When you think of the Center for Living staff helping clients with mental health problems, what faces come to your mind?

Perhaps it is a mental health professional or a case manager? Maybe you envision one of the front office staff? If you get services at the agency, you likely think about one of the great psychiatrists or the nurse who help you. These professionals form the core of traditional mental health services and do their jobs very well.

See "Programs" on Page -9-

Our agency recognizes that crucial parts of our clients’ rehabilitation and wellness occur outside the clinic. To meet these needs, the agency provides four unique community support programs. I would like to introduce (or hopefully, remind you!) our community support programs and the faces that go along with them:

**EASA (Early Assessment and Support Alliance)** –is an innovative and evidence-based program that screens and treats older teens and young adults who are experiencing their first psychotic episode. EASA allows clients access to a full wraparound team including Psychiatrist, Nurse, Therapist, Case Manager and Occupational Therapy. The EASA Team includes: Susan Sisko, LPC– Supervisor, Pat Cason, MD – Psychiatrist, Stephen Bradley, MS – Therapist, Amber Asaro, Case Manager, Stephanie Gelis, RN – Nurse, and Paul Crouch – Occupational Therapist

**The Cottage** – a community drop in center to help adults with mental health problems socialize and learn skills to stay well. Contact: Tori Mills – Lead Coordinator and Bob Boynton – Drop-in Coordinator.

**Peer-to-Peer Program** – focuses on clients ages 18 to 25 to provide the life and social skills they need to succeed as they move from childhood to adulthood. Peer to peer services can be group settings or assisting with individual needs like applying to college, finishing a GED, readiness to work and improving social skills. Contact: Tammy Ogden - Lead Coordinator and Caleb Smith – Support Coordinator

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**MCCFL Internal News & Updates**

## **Then (1994) ... and Now (2010):**

# **Reflections of a Retiring Director - Sharon Guidera**

As most know by now, after fifteen years we are recruiting for an Executive Director. The new Director will assume responsibility for an agency that has greatly expanded its services, contracts, and staff over the past several years. Many changes have occurred which have translated into more services in our communities. As director I have seen time and again the staff rise to the challenges of many system changes (e.g., Oregon Health Plan, Children’s System Initiative) and work to make sure consumers get what they need to address their issues. I have seen consumer satisfaction surveys continually improve with the scores over the last few years reflecting high satisfaction with the agency and services.

See “Director” on Page -10-

The table below will give the reader a feel for the growth over the tenure of my position (hired 1994):

ADDICTIONS (AOD)	MENTAL HEALTH (MH)	DEVELOPMENTAL DISABILITIES (DD)	ADMINISTRATION
<b>THEN: 1994</b>			
AOD Program Manager Dual Diagnosis Specialist Lead Counselor Line Counselor (2) Trainee  <b>TOTAL: 6</b>	MH Supervisor (3) MH Specialist (8) Case Managers (2) MH Associates (4)  <b>TOTAL: 17</b>	Program Manager Case Managers (2)  <b>TOTAL: 3</b>	Executive Director Support Services Supervisor Data Coordinator Clerical Supervisor Clerical Associates (4)  <b>TOTAL: 8</b>
<b>NOW: 2010</b>			
AOD Manager (.5) AOD Supervisor Adult AOD Counselor (4) Youth Treatment Specialist MHSI Dual Diagnosis/Gambling AOD Care Coordinator (3) STEP Supervisor Youth Youth Treatment Specialist AOD Counselor (2) AOD Care Coordinator Evaluation – STEP (.8)  <b>TOTAL: 16.3</b>	Clinical Services Manager MH Supervisors Adult (3) MH Specialist (9.6) Case Managers (8.2) Case Manager II (.8) R.N. (.8) Supported Employment (2) Peer Counselors (.8) Drop-In Lead Coordinator Drop-In Coordinator (1.0) SOC Program Manager (.8) Youth MH supervisor Child MH Specialist (1.8) Care Coordinators (2.6) Parent Trainer (.6) Youth Advocate (.8) Evaluation – SOC (.6)  <b>TOTAL: 36.4</b>	Program Manager (.5) DD Supervisor Service Coordinators (3.8) QA Coordinator (.8) Regional DD Manager Crisis Coordinators (3) Resource Develop. Specialist (.8) Business Support QA Coordinators (1.8)  <b>TOTAL: 13.7</b>	Executive Director Human Resources Manager Human Resources Assistant Executive Assistant MIS/QA/QI Manager IS Administrator IS Support Database Admin Business Manager Reimbursement Specialist Accounts Payable Associate Accounts Receivable Office Manager Business Support II Business Support I (5) Medical Records Tech  <b>TOTAL: 20</b>
<b>NEW PROGRAMS:</b>			
Drug Court Family Dependency Court Youth Enhancement STEP and STEP On-line Intensive Treatment Recovery Services La Casa Vida – drug free housing STAR- Process Improvement Gambling Prevention & Treatment	Consumer Drop-In Center Supportive Employment Jail Diversion Columbia River Wrap-Around (SOC) Crisis beds (3) Creekside Adult Residential Celilo Gardens: Apartments EASA NORCOR Peer to Peer Intensive Community Based Treatment-Youth School Based Services	Quality Assurance Regional Crisis Program	IS support Fiscal Accounts Receivable Electronic Medical Record QA/QI Medical Records CPMS Evaluation Human Resources

Note: Does not include Contract Services, Adults MH includes ECS, Positions = FTE (full-time equivalent), not people

In the Spring Newsletter I will address the challenges MCCFL faces now and in the immediate future.

*Sharon Guidera*



# Congratulations!!!



Susan Sisko, LPC, is the new Clinical Supervisor in the Hood River office for Mid-Columbia Center for Living. Susan has been at MCCFL since 2007 primarily working with the System of Care grant. Prior to that Susan has lived overseas in both Hong Kong and Australia working in various areas of mental health. Susan has worked in private agencies, schools, community mental health, private practice and at university lecturing in psychology. Susan is excited about the challenges of her new position and the opportunity to respond to community needs. Susan also has a background in non-profit work. Susan is primarily in the Hood River office.

Susan lives in the Gorge with her family and loves the outdoor lifestyle especially cycling and kayaking. •



Al Barton is the new Clinical Services Manager for mental health services at Mid-Columbia Center for Living. Al has been at MCCFL for the past two years as the mental health supervisor in the Hood River clinic. Prior to that Al was the Executive Director of a psychiatric hospital in Arkansas. Al has worked as a direct care staff, therapist, clinical supervisor and case manager in addition to his administrative experience. His work in the mental health field stretches over 15 years and includes working in private practice, with forensic populations, helping clients with developmental disabilities, clients in correctional institutions and university mental health settings.

Al loves living in the Columbia Gorge and all the outdoor activities in our backyard. Weekends can find him biking, hiking, skiing or at the water depending on the season. He lives with his wife and three children in Hood River.

Al divides his time between the Hood River clinic on Mondays and Wednesdays and in the Dalles clinic Tuesdays and Thursdays. Please feel free to contact Al regarding any questions you may have about the staff or services at MCCFL! •



## February is National Heart Month

# Health Care!!!

**Shaleen Jacobson, Human Resource Manager**

With so much going on in the healthcare arena today, what can we do? While the national efforts at “reform” seem to have been high-jacked by politics, there are things that each of us can take responsibility for that will have the most immediate effects for us now. Being informed is one of the most important tools that we have.

**Understanding health care costs:** Healthcare costs continue to rise at alarming rates. The US Department of Health and Human Services projects an average 6.2% per year in the growth of national healthcare expenditures between 2008-2018.

**Some of the most significant factors that contribute to increasing medical costs are:**

- Lack of awareness of the actual cost of health care. Since out-of-pocket expenses are often limited to a set amount (co-pay) or a percentage of the cost of services (coinsurance), medical expenses can be considerably higher than the bills we actually see.
- Increasing cost of prescriptions fueled by the marketing of expensive, new brand-name medications. *(In 2006 the pharmaceutical companies spent \$29.9 billion in direct to consumer advertising alone! One word ... ridiculous!!)*
- Changing demographics—aging population, living longer and requiring more medical services.
- Demand for new technologies and treatments.
- Use of unnecessary health care services.
- Litigation and regulation of the health care industry.
- Poor health habits such as smoking and over-eating.

**You can play an important role in keeping health care affordable by:**

- Focusing on a healthy lifestyle, preventing injuries and illnesses whenever possible. *See our resource websites below.*
- Learning more about treatment options and costs. It’s important to consider your own cost as well as the cost to others. For example, did you know employers spend, on average, five times more than employees do for providing health care?
- Understanding the entire cost of health care options—not just your own out-of-pocket expenses.
- Asking how much a service will cost and what alternatives are available. For example, the charge for an MRI can vary dramatically, from \$800 to \$3,300 in the same city!
- Becoming familiar with your own health benefits. Find out what the exclusions and limitations are; don’t assume your plan covers all medications or services.
- Developing an ongoing partnership with your doctor, pharmacist, and other specialty care providers. Having an active, long-term relationship with your doctor can ensure the most appropriate care.

See “Health Care” on Page -13-

**Consider asking your doctor these medication-related questions at your next visit:**

- Why do I need this medication?
- Is a less expensive generic available?
- Are there any side effects?
- How will this medication interact with others I'm taking?
- How soon should my symptoms improve?

**Resources:** The online community is loaded with tons of resources in these areas. Here are some tested resources available to us through our providers (CIS, Blue Cross, and EASE) to help make sense of it all ...

**[www.cisbenefits.org](http://www.cisbenefits.org)** = resources for our coverage; healthy benefits program; comprehensive wellness library; links to other information.

**[www.myregence.com](http://www.myregence.com)** = look at your booklets for coverage; wellness information; track your claims; find a doctor; forms; etc.

**[www.easeeap.com](http://www.easeeap.com)** = our Employee Assistance Program provider. Provides wellness information; newsletters; financial advising and other benefits.

Start becoming an informed consumer today! Questions? Feel free to contact Shaleen (ext. 4140) or Courtney (ext. 4145).

## History of the Lincoln Annex Building

Did you know that the building we now call the "Lincoln Annex" is listed on the National Park Service Register of Historic Places?

The National Park Service records indicate that the earliest deed record shows the existing lot as first being owned by the Roman Catholic Archbishop of the Diocese of Oregon. On September 26, 1904 the property was sold by the Diocese to the Roman Catholic Bishop of Baker City for \$1. The existing building was constructed in 1921 by the Catholic Church for use as a rectory for St. Peter's Catholic Church.

Two additions have been made to the building. The first addition was made in the 1940's on the north side of the building, which added all of the rooms on the north side of the main floor. You can see the original outside wall on the north side of the Cottage main meeting space. The second addition occurred in the 1960's and added the office space used by Supported Employment.

*Interesting fact: The outside doors on the west side of the building once led to bathrooms for use by children playing on the school playground in the area. We found remnants of the old plumbing during the remodeling process.*

***Submitted by Valerie Bellus, Mid-Columbia Center for Living Office Manager***