



# Mid-Columbia Center for Living

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**SUMMER 2010**

**QUARTERLY NEWSLETTER  
 INTERAGENCY NEWS**

## In this edition ...

MID-COLUMBIA CENTER FOR LIVING SELECTS NEW EXECUTIVE DIRECTOR	2
OTHER NEW FACES AT MCCFL	2
TAKING THE "P" (AIN) OUT OF PRODUCTIVITY	3
ADDICTIONS & MENTAL HEALTH DIVISION'S REVISED VISION, MISSION AND GOALS	4
MCCFL AWARDED DHS GRANT	4
BTT: GOT AN OPINION?	5
OREGON LEGISLATURE PARTIALLY RESTORES DEVELOPMENTAL DISABILITY SERVICES FUNDING	6
PEER TO PEER PROGRAM EXPANDS	6
ARE YOU READY?	7
THIS & THAT	8
COMMUNITY PARTNER NEWS	8

### VISION:

*"Empower People to Make Positive Changes in Their Lives"*

## September is Recovery Month

The Recovery Month observance highlights the social benefits of substance abuse treatment, lauds the contributions of treatment providers and promotes the message that recovery from substance abuse in all its forms is possible.

Recovery Month provides a platform to celebrate people in recovery and those who serve them.

Recovery month also serves to educate the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible.

***Thank-you to the staff and volunteers and community partners that help make recovery possible for residents of Sherman, Hood River and Wasco counties. ■***



Barb Scatter

# Mid-Columbia Center for Living selects new Executive Director

by Barbara Briggs, Hood River County Commissioner, Tri-County Board Chair

The Tri-County Mental Health Board selected Barb Scatter, MS as the new Executive Director of Mid-Columbia Center for Living. After a nationwide search and a three-step interview process that included participation by the board, community partners and staff of Center for Living, Barb was named the top candidate and accepted the position which began June 1, 2010.

Barb comes to MCCFL from Cascadia Behavioral Healthcare where she served as the Chief Clinical Officer for one of the largest community mental health programs in the state. Prior to Cascadia, she managed a number of programs at Columbia Community Mental Health in Columbia County. Working in community mental health organizations, as well as private practice and Legacy Caremark for the past 20 years, Barb has a wealth of experience in both urban and rural settings, and is recognized for both her clinical and administrative leadership skills.

Barb has a master's degree in Social Psychology and studied organization psychology and program evaluation in graduate school. She has lived in Portland for the past 20 years with her partner and 8 year old son. She plans to relocate to the area this fall.

After meeting Barb, it was clear to me that she has a keen sense of community and excellent interpersonal skills that will provide the staff at MCCFL and our partners the support and leadership they need to provide exceptional services to the residents of Sherman, Wasco and Hood River counties.



Commissioner Barbara Briggs

I am very pleased to introduce Barb as the new Executive Director of MCCFL. Please help me welcome her to our community. ■

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## Other New Faces at MCCFL ...

MCCFL welcomes **Fred Williams** who completed his second masters, MSW at Portland State University and started as our new Day-time Crisis Worker in The Dalles on Monday, June 14, 2010. In his prior career, Fred taught public school for 10 years, has a MAT from Pacific University, and a BA in Spanish from BYU, and is TESOL-certified. Fred is bilingual English-Spanish and has also taught adults English. Fred is married to Karen Williams and has a son, Granger. Fred has a dog, cat, bearded dragon, and tarantula as in-home pets. Fred likes not being a student, rediscovering exercise, sleep, and healthy eating, as well as his Powerbook Pro & iPhone. ♦

MCCFL also welcomes **Dr. Kim Humann, M.D.** (psychiatrist working in Hood River Tuesday and Friday mornings. Dr. Humann works at the Hood River Care Center (Enhanced Care Services) program Tuesday afternoons), and **Elizabeth Curry, PMHNP**, a psychiatric nurse practitioner working in The Dalles on Mondays. ■



# Taking the "P"(ain)out of Productivity!

by Barb Seatter,  
Executive Director, MCCFL

In the past few years with more community mental health agencies across the country focusing on the “*productivity*” of their staff, I have noticed that the “*P*” word conjures up all kinds of negative connotations.

Unfortunately, the “*P*” word, which is used and accepted in other work environments such as in manufacturing of goods, doesn’t seem to work very well in behavioral health agencies, where contact with people, our customers, is the productivity we are measuring.



Because of this negative perception, which can lead to low moral, job satisfaction and ultimately job performance, I would like to change the way we perceive and talk about productivity to something more tangible to behavioral health care staff. I would like to frame the message in a way that actually improves moral and job satisfaction, and performance.

One way to accomplish this is to shift our focus from “*productivity*” to ...

**Improving Customer Service and Providing Accountable Care**

## **Customer Service and Accountable Care includes:**

% Timely access to services

% Services that are evidence based

% Evidence based services that are cost effective and lead to good outcomes.

Good outcomes mean we are being accountable in delivering appropriate services, which will lead to Customer Satisfaction, and ultimately improve employee satisfaction. In addition, providing good customer service and accountable care is essential to remain a competitive and viable community mental health agency as health care reform continues over the next decade.

Health Care reform initiatives are calling for all health care providers to find ways to reduce costs, maximize their service capacity and speed up access to health care. In order to accommodate this mandate, health care agencies have to develop ways to be more efficient in the way they provide services.

**So, how do we get there?** It is clear to me that MCCFL already has fairly good customer service. However, we need to do more to reduce our no-shows and the time it takes for a customer to get an appointment when requested. It is unfair to expect that our staff improve customer service without improving some of the systems that get in the way of good customer care. In other words, we need to improve our internal systems that create barriers to our staff providing services to our fullest capacity.

MCCFL’s Business Transformation Team (BTT), which is being led by our QM manager, Karen Fairchild, has outlined a set of evidence based process improvement priorities designed at streamlining and making our internal system of care more efficient, and therefore, improving customer service. These initiatives have been proven to be effective with other community mental health programs across the country as ways to improve access, capacity and outcomes. In order to develop and implement these initiatives in an effective way, **we need your help**. We are asking for staff to be involved in the change process teams that are being developed over the next few weeks. Participating in a change project will not be “*counted against*” your productivity standard. Remember, we are changing the conversation from the “*P*” word to “*customer service*” in order to improve your job satisfaction and the services you provide.

For more detailed information about the seven Business Transformation Team’s ***Customer Service Process Improvement Initiatives***, and how to volunteer to participate, please see Karen Fairchild’s article in this newsletter.

***Thanks for your help. ~ Barb***



STATE OF OREGON

**Addictions and Mental Health Division**

*(Revised July 2010)*

**Vision:** The Addictions and Mental Health Division (AMH) as part of the Oregon Health Authority, envisions a healthy Oregon where mental health disorders and addiction to substances and or gambling are prevented through education, early intervention and access to appropriate health care.

**Mission Statement:** The mission of AMH is to assist Oregonians to achieve optimum physical, mental and social well being by providing access to health, mental health and addiction services and supports to meet the needs of adults and children to live, be educated, work and participate in their communities.

The mission is accomplished by working in partnership with individuals and their families, counties, other state agencies, providers, advocates and communities to accomplish the following goals.

**Goals:**

Improve the lifelong health of all Oregonians;

Improve the quality of life for the people served;

Increase the availability, utilization, and quality of community-based, integrated health care services;

Reduce overall health care and societal costs through appropriate investments;

Increase the effectiveness of the integrated health care delivery system;

Increase the involvement of individuals and family members in all aspects of health care delivery and planning;

Increase accountability of the health care system; and

Increase the efficiency and effectiveness of the state administrative infrastructure for health care.



**MCCFL awarded DHS grant to help children at-risk for 'out of home' placement in Wasco and Hood River Counties!**

MCCFL has been awarded a new grant funded program from the Oregon Department of Human Services! The grant was successfully written by Intensive Children's Services' Marilyn Richardson, MIS staff Karen Fairchild, Business Services' Lori Hourston and ex-Director Sharon Guidera.

This new grant will partner MCCFL staff with DHS to prevent at-risk children from being placed out of their homes during family crises. When the grant is implemented, focus will be on the development of a safety plan that ensures children and youth are protected from harm and out of home placement. The safety plan can include immediate services and supports such as skills building, in home parenting education and coaching, respite relief and other factors that need to be addressed promptly to reduce the risk of harm. The second component of new proposed services develops a planned array of services and resources that builds on the strengths of the family to address the needs through natural supports, community resources and services to ensure the success of the family over the long term. Alternative services such as housing, assistance, transportation, medical care, connecting the family to addictions and mental health services, mentoring, in-home supports, respite care, relationship skills among others are an integral part of the services offered to assist the parents in maintaining a healthy home for their children. The keys to success are the family teams and high fidelity to the System of Care wrap-around principles and philosophy. ♦

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# Got an Opinion?

**BUSINESS TRANSFORMATION TEAM:**

*by Karen Fairchild, MIS/Evaluation Manager*

Work Teams are being formed for the Business Transformation process. Our seven **Customer Service Process Improvement Initiatives (CSPII)** and some examples of the questions we will be addressing are summarized below:

## Phase I

1. **Centralized Scheduling** – How do we take the burden of scheduling, reminder calls and backfilling cancelled appointments off of clinicians but still allow them to have some control over their schedule and the clients that they see? Can we create a non-financial incentive for repeat no-show/cancellation offenders such as moving them from individual therapy to group therapy? This Customer Service Process Improvement Initiative is being set up by Valerie, Al and Pepe.
2. **Streamlining and Efficiencies** – What can we do to reduce unnecessary tasks and paperwork? Are there too many meetings – can we eliminate or combine some of them? What are reasonable guidelines for training? This Customer Service Process Improvement Initiative is being set up by Al and Karen.
3. **Evaluate Level of Staff Performance** – What is the best way to measure productivity? What other measures are relevant in evaluating staff performance? What guidelines should be set for productivity measures, documentation deadlines, and other measures that are the team identifies? This Customer Service Process Improvement Initiative is being set up by Shaleen and Lori.
4. **Evaluate Organizational Chart for Effectiveness and Efficiency** – Are we organized in the best way to provide services for our clients? Would it make sense to have a separate Children's Mental Health group? Should we have a centralized intake process? This Customer Service Process Improvement Initiative is being set up by Al and Pepe.

## Phase II

5. **Develop and Implement Levels of Care and Utilization Management agency wide** – What standards should we set for providing service – such as level of care, length of treatment, cost of treatment and outcome measures? How can we utilize existing standardization evaluation tools such as LOCUS (Level of Care Utilization System)?
6. **Utilizing Data** – Are our reports meaningful? Are we monitoring the right information? Is the data presented in the best way?
7. **Develop supervision plans and protocols** – What should supervision and training plans include? What is important for new employee orientation and training?

Two things are certain with this process - it is a major undertaking that will take a lot of work and no one person knows all the answers. Participation of a diverse group of people with experience on all sides of the issue will help us determine the best solution. Please consider joining one of the Work Teams to contributing to this important process.

**If you would like to be a part of one of these Work Teams, please let the individuals in charge of each Customer Service Process Improvement Initiative know that you are interested. ♦**

## **Oregon Legislature partially restores Developmental Disability Services funding**

*by Lowell Linder, Developmental Disabilities Program Supervisor*

Over the last couple of months many of us have closely monitored developments since Governor Kulongoski announced the nine percent across the board budget cuts. These cuts were ordered in response to the latest budget projections that were far worse than originally expected even though attempts were made to account for the dismal state of the economy. These cuts translated to a 577 million shortfall for Seniors and People with Disabilities (SPD) for the second year of the biennium.

The Developmental Disabilities service system was not spared during this process, and the implementation of these proposed cuts would significantly impact many developmentally disabled Oregonians. One of the hardest hit demographics within the DD system was in home services for children. Many families are only able to continue caring for their children at home with these supports that were targeted for elimination.

Along with the cuts to services for children, SPD also proposed changing the kids' case management ratio from 1:45 to 1:300. There would be less service coordination available at a time when many families would be facing the extremely difficult question of out of home placement. The DD community came together and voiced strong opposition to eliminating these services for children. Legislators appeared to have been swayed by these advocacy efforts, and subsequently legislature partially restored some of these funds.

However the lion's share of proposed DD cuts is still on track for implementation. The Mid-Columbia Center for Living DD local and regional programs are facing the elimination of three positions this October. Unfortunately, budget projections for the 2011-2013 biennium are even worse. While the actions of the E Board have helped the DD system maintain some service levels, it's a temporary solution only good through the end of the current biennium next June. ■

## **Peer to Peer program expands**

*by Marilyn Richardson, Intensive Children's Treatment Services*

Tami Ogden, Lead Peer Support Coordinator, and Caleb Smith, Peer Support, have led a drive to extend and expand the Peer to Peer services offered in Hood River and now in The Dalles, both on a weekly basis. The Hood River group has developed into a group for young men. There are four young men enrolled in this group which meets on Wednesdays, in the MCCFL community room, from 9:00-2:00 each week. The group is structured to include a weekly check-in with each attendee; exercise, which is usually in the form of playing a sport, hiking, and swimming; grocery shopping and preparing lunch (and cleaning up!); then another activity, which may include life skills, outdoor activity, music, video games. Each month the Wed group enjoys a longer community outing. Recent activities have included a trip to the Hood River county fair; Kahneeta; Bullwinkle's. The next planned trip is to the Fossil High School to dig for fossils.

Tami Ogden has recently started a young women's group in The Dalles, which can include both Hood River and The Dalles clients. There are currently five young women attending weekly. The young women's group has a meeting space at the Williams building on Thursdays from 1:00-4:00. Tami provides transportation to most of the young women, bringing one from Hood River. This group is focusing on preparing for their driver's permits. As they are newly formed, they haven't had time to plan community activities yet, but this is in the planning stages. The first activity they want to do is to prepare a monthly meal for the group.

Tami and Caleb are working hard to increase enrollment into Peer to Peer. Peer to Peer takes referrals for youth 18-26 from therapists and case workers in both Hood River and The Dalles. Tami and Caleb have some limited availability to work with clients individually; however, they can arrange some individual time as needed to engage a client. Both Tami and Caleb are willing to go the "extra mile" for their program. This week Tami spent the entire day physically moving a participant from one town to another in order to get her into stable housing. Tami and Caleb have a commitment to making Peer to Peer a program that benefits the participants and the community. We want to thank the therapists and case managers who are making referrals for this program. •



**Ready**  
Prepare. Plan. Stay Informed.

## **ARE YOU READY?** **September is National Preparedness Month**

*by Shaleen Jacobson, Human Resource Manager*

Over the past year and a half we've been talking about being personally prepared in the event of an emergency or disaster in our area. Disasters range from those affecting only you and your family (house fire or medical emergency) to those that affect your entire community (earthquakes, flooding or worse) ... Are you and your family prepared? In recognition of National Preparedness Month, here are some basic tips for preparing:

**Get a Kit:** At minimum, have the basic supplies listed below (keep supplies in an easy-to-carry bag that you can use at home or take with you in event of evacuation):

◆Water (one gallon per person per day) ◆Food (non perishable, easy to prepare, and manual can opener) ◆Flashlight  
◆Batteries ◆Battery powered or hand-crank radio ◆First Aid Kit ◆Medications/medical items ◆Multi-purpose tool  
◆Sanitation and personal hygiene items ◆Copies of personal documents ◆Cell phone w/chargers ◆Family &  
Emergency Contact information ◆Extra Cash ◆Emergency Blanket ◆Maps of the area ◆matches ◆pet supplies (if  
applicable) ◆any other personal items that are relevant to your family and/or type of disaster common to your area.

### **Make a Plan:**

- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, work, and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- Plan what to do in case you are separated during an emergency (i.e., choose two places to meet depending upon type of emergency; choose an out of area emergency contact person that everyone can check-in with).
- Plan what to do if you have to evacuate (i.e., choose where you would go and what route you would take to get there; practice evacuating your home twice a year; and plan ahead for your pets).

### **Be Informed:**

- Learn what disasters or emergencies may occur in your area.
- Identify how local authorities will notify you during a disaster and how you will get information.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Make sure at least one member of your household is trained in first aid and CPR.

There are many resources and on-line tools that you can access to assist you in your preparations ... [www.ready.gov](http://www.ready.gov) and [www.redcross.org](http://www.redcross.org) are two good sites. For those who didn't receive a disaster preparedness guide, we still have some available, contact Human Resources if you'd like a guide. The guide will help you plan for building a kit, making a plan, and being informed! ◆

# This & That...

**The Mid-Columbia Center for Living will host an All Staff Retreat on September 29, 2010 (9:00 A.M. to 4:00 P.M.)** at the Civic Auditorium in The Dalles. The agenda will include our Business Transformation Team's Customer Service Report, a Strategic Planning Session to include team reports and finally a Disaster Preparedness Training. We have planned an extended lunch hour for networking and have invited our three commissioners from the Tri-County Mental Health Board to join us! MCCFL staff attendance is required!

On average, people with mental illness tend to live significantly shorter lives than the general population; sometimes up to 25 years less. To try to address this, **the Mid-Columbia Center for Living will be making a concerted effort to track the weight and blood pressures of clients.** Clinicians will encourage clients to check weight and blood pressure at the end of medication management appointments, at therapy appointments or case management visits.

**Reminder...** Classes can be taken anywhere you have an internet connection. Some classes will have an audio portion and some will be interactive non-audio presentations. MCCFL's new training policy requires that you check **Essential Learning** before you submit a request for an outside course or seminar. If you have any questions, please contact Human Resources. A new required course has been added to your E-Learning course list. It is titled MCCFL-PFA - Psych First Aid. You will need to take this course before our Retreat on Wednesday September 29th.

**Mid-Columbia Center for Living has moved STEP and Intensive Children's Services to the Williams Building** located at 502 Washington in The Dalles. You can call The Dalles phone number at 541 296 5452 and be routed to staff at the Williams Building: Avie Ferres ext. 6232, Dawn Christensen, ext. 6291, Jared Hudson, ext. 6292, Marilyn Richardson, ext. 6233, and Paul Sorenson, ext. 6293. The fax number at the Williams Building is 541 296 2731. Unfortunately we did not get extended funding for the STEP program so services will end September 30, 2010. **Thank-you to the STEP Team for providing this innovative service for the past three years.**



## Community Partner News...

**The Next Door** will essentially have just one door by next year. NDI's new home will be the 12,000-square-foot single-story commercial building on Tucker Road in the Heights. It will house administrative offices and the programs of Nuestra Comunidad Sana, New Parent Services, Big Brothers/Big Sisters, and Youth and Family Services, along with Klahre House.

**Hood River Groundbreaking:** Federal economic stimulus dollars have made possible the construction of 40 low-income apartments along West Cascade Avenue in Hood River. "This project would not have happened without ARRA (American Recovery and Reinvestment Act) money," said Ruby Mason, executive director of the Mid-Columbia Housing Authority. The official groundbreaking ceremony for the project called Hood River Crossing was August 3, 2010.

**Seniors and People with Disabilities Services and Vocational Rehabilitation Services move to the Port of The Dalles.** They had an open house on June 25<sup>th</sup> which provided a tour of one of two training rooms at the new Human Services Building on the riverfront at the port. Lydia Dale of Human Services, who led the tour, said the offices will provide regional training space, which will save the state on travel expenses.