



Mid-Columbia Center for Living

Volume 9-1, SPRING/SUMMER 2009

Contact us at: www.mccfl.org

SPRING/SUMMER 2009 QUARTERLY NEWSLETTER
INTERAGENCY NEWS

Supported Employment	2
Teen drug program heads online	3-4
Oregon Healthcare Reform	5-6
How ready are you?	6-7
What's in a name?	7
Where in the world is Waldo?	8
Multitask or Unitask?	9-10
Maintain your health even in a bad economy	10

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."**



WHAT'S IN A NAME?

See article and contest details on Page 7

Mid-Columbia Center for Living's Supported Employment



Rosa Murillo (L) and Cheryl Rhodes (R)

The first quarter report for Supported Employment include 47% employment rate for our clients who are involved with the program. This number reflects all of the hard work and persistent business calls that Rosa and Cheryl are doing. They don't just look busy, they are busy!

The Supported Employment Program (SE), in conjunction with a national program, is working to demonstrate the importance of employment as a part of mental health recovery. Many studies show those who work can achieve higher self-esteem, a sense of accomplishment and more satisfaction. Since April 2008, this program, available through the Mid-Columbia Center for Living, has been helping clients who are interested in working.

The employment specialists, Rosa Murillo and Cheryl Rhodes, are busy and more than willing to help clients build resumes, search for jobs, attend interviews, negotiate with employers, and anything else they can to help them find the right job and stay employed. It is very important to them that they find the right match for both the client and the employer.

The SE program is still working to build the steering committee which will help facilitate success and improvements. In December a meeting was held where many community members attended and

expressed interest. Another meeting is scheduled for April where we hope to see growing membership and involvement.

On March 14, Rosa, Cheryl and several clients attended a Job Fair. There they met with more than 30 employers from Washington and Oregon and assisted clients with applications and job contacts. There's also been interest from employers who want to assist our clients like Michelle Dowdy of The Holiday Spa in Hood River. Michelle has generously offered 50% discount on haircuts for clients to attend job interviews.

As of this quarter, which began in January Cheryl and Rosa each report 4 new clients working. This makes a total of 18 SE clients who are currently employed. SE specialist is at 42% case load working during this quarter.

In conclusion, much work is being done to help the SE program continue to develop and grow.

This article was written by a very talented client that Supported Employment is working with.



Teen Drug Program Heads Online Treatment Program Tries to Expand Reach

The Chronicle

It can start innocently enough. Sneaking one of dad's beers out of the fridge, a peer-pressured toke at a party or popping one of the pills in the medicine cabinet left over from grandma's hip surgery.

For most, it's all a part of teenage curiosity and rebellion, but for some, it's a life-changing moment.

From the first, "Hey, this feels pretty darn good," it can build. Like a boulder, rolling at a steady clip and heading for the edge of a cliff that goes straight down to rock bottom. They can see it happening, but feel helpless to stop it.

Even when they want to quit, the shame and embarrassment make it hard to admit they have a problem.

Trying to fight a drug or alcohol problem can be a nightmare, but as a teenager in that position without access to help, it's a terrifying proposition.

The Mid-Columbia Center for Living's STEP (Strengthening Teens, Empowering Parents) program offers help for teens before they reach bottom. Offering support: ideas on how to overcome substance abuse, dependency or addiction to drugs and alcohol and how to avoid going back into that lifestyle, the STEP program offers a way for teens to get help anonymously and a fresh start on life.

STEP offers a number of services aimed at keeping teens off drugs and alcohol, including assessing their risk level, individual and group therapy, case management with a range of treatment professionals, family therapy and education and referral to resources in the community. All of STEP's services are also available in Spanish.

The program has been around for close to five years, and in that time, they've helped youth across Wasco, Sherman and Hood River counties to get sober. But they can only

help those who are close enough to reach, so they've expanded from their main office at the Mid-Columbia Center for Living in The Dalles and Hood River onto the internet.

"The program is in its second phase, I guess you could say," said Paul Sorenson, Step Program supervisor and certified alcohol and drug counselor. "In 2004 we got a grant originally to provide a drug and alcohol program for teenagers. It's kind of an early intervention. Sometimes you think traditionally of rehab where you go off for 30 or 60 days. This is targeted at first-time offenders, kids who are maybe at risk for abusing, who have gotten a minor possession charge, something like that."

Originally funded with a federal grant, the program was successful enough to expand to kids who might not be able to get to it in person.

"We applied for a new grant to keep the same kind of curriculum and same kind of program and add a component of the skills groups online, because sometimes it's a pain to travel down to Sherman or to Maupin," Sorenson said. "There's a lot of travel time that we thought we could impact if we had an online component where kids could log on from home or school. So the new grant is mostly the same thing. It's treating the early intervention of drug and alcohol, but with the new one, it's also with the option of them to participate via the internet."

Many drug and alcohol rehab programs can cost thousands of dollars for a relatively short time. STEP offers a chance for kids to try to get off drugs and stay that way for less than a typical rehab program. Actually, the price is nonexistent.

See [STEP](#) on Pg. 4

STEP, Continued from Pg. 3

"It's free," said Sorenson. "The length of it varies from five weeks to our most intensive program for 12 weeks, where we can include the family piece to it. Sometimes, if kids decide to have their family present through some of the therapy, we can do that as well."

If a participant chooses to remain anonymous, however — and is over 14 — the program can be completed without parental consent, though STEP does encourage families to participate together. If the teen doesn't want to get their folks involved, STEP is required by law to respect their wishes.

The old method of in-person therapy is pretty well established as a successful program, but online therapy is a pretty new phenomenon. Before asking for further federal grant monies, STEP researched the effectiveness of online help for substance abuse.

"We've been seeing some decent results," Sorenson said. "Online therapy is pretty new. When we applied for the grant, we looked around to see if online therapy was something that people were doing and we didn't find a bunch. It's pretty new and, I don't know if you'd call it development, but we noticed there were a few smoking cessation programs that couple a little bit of the online stuff. There were other studies they did with college aged kids and drinking. They were all positive, so we've given it a go. It's been very successful."

Using Microsoft Live, STEP can have multiple participants using the program at *once*. Along with a facilitator, the program lets kids from different areas interact at the same time.

"They can see a PowerPoint presentation, there's sort of a chat, then a facilitator will talk," Sorenson said. "They'll put on headphones and they'll be able to hear it. And the

way they respond is through an instant message type of thing so the whole group can follow the conversation while the facilitator responds to the questions the kids are asking."

Whether online or in person, STEP needs to determine exactly to what extent a teen needs to participate. From kids who are court ordered to STEP for binge drinking and smoking pot to teens who have gotten into methamphetamines, the program has something to help every level of substance abuser.

"We do a drug and alcohol assessment, figure out what sections they'll need," Sorenson said. "Once the assessment is done, we'll meet with them twice, face to face, set some goals and figure out what their motivations for change are, hopefully encouraging and enhancing that. From there we do a skills group where we'll talk about enhancing your social supports, refusal skills, problem solving, planning for emergencies, like how to avoid getting back into trouble. Depending on how much service they'll need, they'll have just a few of these or all twelve weeks. If you do the entire twelve, you look at communication skills and depression management and managing thoughts about relapse and using again."

There's no one way to guarantee kids will stay off drugs. STEP mixes and matches for each situation. That, Sorenson says, has led to 75 percent of participants reporting abstinence from drugs after completing the program and a little over 60 percent reporting abstinence after six months of completing the program.

"I guess the take home message is: it's not just one size fits all. You've got to implement some of the online with one kid and some of the face to face with another. You've got to build a toolbag."

For more information on STEP and the programs it offers, visit www.stepprogram.net.

**You're happiest while you're
making the greatest contribution.**

--Robert F. Kennedy

OREGON HEALTHCARE REFORM 2009

The Oregon Legislature is crafting a budget note to have a few pilots test the integration of primary care and behavioral health services. They will be looking for an integrated management entity to be a single point of accountability for services, financial and administrative functions. This is a voluntary pilot with no new funds allocated for the effort. In the Gorge we are not ready to volunteer for the pilot. We have some integration efforts occurring locally but none that really address a systematic approach to address the clinical design, financial structure or organizational functions across providers. The State in partnership with the Association of Oregon Community Mental Health Programs (AOCMHP) sponsored two national experts (Barbara Maurer and Dale Jarvis) to provide a summary of *what lessons have been learned* from other states and organizations attempts at integration. What follows is a summary of their main points:

Aligning Oregon's Behavioral Health/Primary Care Integration Efforts with National Healthcare Reform and Lessons from Other States - Summary highlights of Dale Jarvis' and Barbara Mauer's presentation to Oregon AMH (State Addictions and Mental Health Division), CMHPs (Community Mental Health Programs), MHOs (Mental Health Organizations), FCHPs (Fully Capitated Health Plans), and other providers.

-- Gina Nikkel, Director AOCMHP

1. Healthcare Reform is on a fast track and states that want to successfully leverage federal reforms need to align with the three components of reform: universal coverage, payment reform, and delivery system redesign.

2. Clinical Integration of mental health and substance abuse with physical health is necessary to achieve whole health outcomes for the safety net population.

- * This requires a well-defined service model and fidelity to that model in order to achieve outcomes.
- * Simply placing mental health/substance abuse staff in primary care settings does not necessarily achieve outcomes.
- * Measurement of outcomes requires a common framework for integration, consistency of service definitions, detailed specifications of each outcome measure at the beginning of the project and building detailed workflows to assure steps in process occur and data is collected.

Clinical integration helps us focus on what people need and requires financial and structural supports in order to be successful.

3. Financing Issues that need to be addressed include

- * The status of Mental Health Carve-Ins (Public sector efforts focused on financial integration have had limited success)
- * Safety Net Mental Health Funding Gaps
- * Payment Mechanisms: Risk-Based and Performance-Based Contracting
- * Funding Barriers to Primary Care/Behavioral Health Integration

Financial or structural integration does not assure clinical integration

4. Proper Design and Sequencing of reform efforts will make the difference between state level change efforts that result in improvement and those that don't.

- * We must do our homework and create a realistic timeline
- * We must engage key stakeholders to design and guide the system
- * We should create a strong clinical design supported by evidence based practices
- * We should design a performance management system that matches the clinical design and includes outcome measures and modern data collection systems

- See **REFORM** on Page 6 -

- * We should develop appropriate financing and management systems tailored to the clinical design.
- * We must address regulatory barriers; waiver renewals, Medicaid State Plan amendments, and OARS.
- * We should continue to monitor and adjust our path based on lessons learned

DALE AND BARBARA ENDED WITH FOUR KEY POINTS:

- 1) Clinical design comes first and can be more prescriptive. Funding design should flow from the clinical design and be more flexible.
- 2) There are two types of outcomes; performance-based outcomes for process and clinical outcomes.
- 3) If Oregon doesn't take sufficient time to address all of the issues identified above we will have false starts, lose time, money, service capacity and impact consumer lives.
- 4) If Oregon goes too slow, we will lose the opportunity to wisely use resources and improve the health and behavioral health status of consumers.

How ready are you?

- by Lowell Linder

For most of us, the words "Emergency Preparedness," can't help but pique enormous interest, well maybe not. While perhaps not the most scintillating of topics, preparing for potential emergencies really is a worthwhile cause. Some of you may remember the fire on the West side of town in The Dalles last summer. This event was coupled with an unrelated communications outage. When backhoes meet fiber optic communication lines the outcome is seldom positive. Consider the implications of I-84 being closed due to smoke and proximity to the fire, traffic being backed up and or re-routed, and no phone service between The Dalles and Hood River. This event illustrated well the importance of being prepared for such incidents.

While it may not be specifically in our job descriptions, as quasi-governmental employees, there are expectations related to our own personal preparedness when faced with community crises. Whether earthquake, volcanic event, flooding, fire, pandemic (H1N1 flu), chemical/hazardous material spills, well you get the idea the list goes on. We need to plan first for our own families, so that we can be available to support the community in times of crisis. Think about your spouses/partners, children, pets, homes, etc. When things head south in a serious way, will you be ready? Where will you go and how will you get there? How will you communicate? Will you have needed supplies? By preparing **in advance** for the safety of our families, we can then be available to lend a hand to the community at large.

The state, county, and city will be counting on our assistance in the behavioral realm; so that the now "really worried well" don't overwhelm resources in such a way as to diminish their effectiveness in addressing whatever disaster may be at hand. MCCFL is a participant in the federally funded Region Six Hospital Preparedness Program for just this reason. Various MCCFL personnel participate on the HPP Region 6 Board and sub-committees. As the Local Mental Health Authority, we are charged with developing a behavioral preparedness plan for our region.

See *READY* on Pg. 7

A newly formed MCCFL Emergency Management Services committee has been established in order to address our own internal preparedness as an agency. Over the coming months and into the future you will be hearing more and more on this topic. While a fledgling effort, some of the planning already underway includes the following:

- ❖ Preparedness handbooks for employees to develop plans.
- ❖ "Behavioral First Aid" training.
- ❖ Voluntary Registration for emergency evacuation assistance.
- ❖ New agency communication protocols.
- ❖ Development of 96 hour "to go" kits.

In closing, ask yourself how prepared you and your family would be **TODAY, RIGHT NOW** if our area experienced events similar to:

- ❖ Mt. St. Helens, Vesuvius, Krakatoa.
- ❖ Dam Failure, 100 year floods, Mississippi or Red River floods.
- ❖ Great Chicago Fire of 1871 (lots of cattle here you know).
- ❖ Tsunami or Katrina like event.

Finally, if you're interested in learning more about other dangers in Eastern Oregon, enter the link below in your browser and see what Morrow County has to worry about.

http://mceop.csepp.org/threat_analysis.html

What's in a name?

HELP NAME OUR NEW BUILDING IN THE DALLES ...

The Mid-Columbia Center for Living purchased and is in the midst of remodeling the Tenneson Building located on Lincoln Street in The Dalles. When the building is complete we will be moving our Developmental Disabilities staff and program, MCCFL Administration offices, and The Cottage activities. The building has been home to Tenneson Engineering for many years. We need to rename the building ... if you have any ideas, please submit them to Amy Freni by July 1st. We will submit all of the nominations to staff (via SurveyMonkey) and select a new name for the building by our final move in date of August 1st.



Where in the world is Waldo?



No one knows, because he has not updated his **In-Out Board** since last August! Please, everyone, update the **In-Out Board** so others know where you are. It's easy—just go to our Intranet homepage and follow the link. You can even put in your future schedule in case you won't be at your desk in the morning.



Multitask Or Unitask?

Get the best results from your time !!!

I had a phone call from a friend the other day. She said, "I was listening to the voicemail you left me, but I was multitasking so I don't really remember what you said! Was there anything important?" Has this ever happened to you?

There are actually two types of multitasking, the first of which is physical. Have you ever been on the phone with someone who is clearly emailing or web searching on their computer, multitasking while you talk, causing you to wonder if they are truly listening? How about the

times you find yourself bouncing back-and-forth between tasks, trying to get multiple things done at once?

Losing mental focus is multitasking with your mind. Have you ever found yourself in a meeting where you are concentrating at times on the speaker and other times focused on other thoughts? How about having lunch with your boss and suddenly finding yourself thinking about your weekend plans at the beach? Can you think of a time in your life when you were physically somewhere and mentally elsewhere?

Welcome to the World of multitasking!

At one point in time, not too long ago, multitasking was considered a highly regarded attribute and was a frequently bragged about quality. To this day, it is often found in job descriptions as a sought-after skill.

In actuality, there is no such thing as multitasking! It is impossible to be simultaneously thinking about two or more things such as completing your tax return and composing an email, just as you can't talk to yourself about two things at once. Just imagine a heart surgeon operating on a patient in the emergency room and trying to check email on his Blackberry! Publilius Syrus, a 1st centrally BC Roman slave, said, "*To do two things as once is to do neither.*"

Wikipedia defines multitasking as "the performance by an individual of appearing to handle more than one task at the same time." I have a colleague who defines it as "*messing up a whole lot of things at the same time!*" The term "multitasking" is derived from computer multitasking, referring to the fact that computers are able to concurrently operate two or more processes. Multitasking is for computers, not for people.

If you aspire to be a multitasking pro, here are some things to consider:

- ◆ It *takes longer* to toggle back-and-forth between tasks that to complete them in succession.
- ◆ It is *less efficient* and *more stressful* to do multiple tasks at once as opposed to focusing on one task at a time.
- ◆ Managing two or more mental tasks at once *reduces brainpower* for any of them.
- ◆ Research is providing evidence that multitasking is having a *negative effect on short-term memory*.
- ◆ Multiple studies (Carnegie Mellon and University of Michigan) shows that the number of tasks undertaken simultaneously increases, the *efficiency and accuracy with which each is done declines*.

In his book, "The New Brain: How the Modern Age is Rewiring Your Mind," Richard Restak states, "The human brain works most efficiently on a single task and for sustained rather than intermittent or alternating periods of time ... This doesn't mean that we can't perform a certain amount of multitasking, but we do so at a decreased efficiency and accuracy."

To get the results from your time and effort, learn to *unitask!* If this term is new to you, it is the action that grants you permission to *do one thing at a time*. Yes, you really are allowed! Unitasking will result in greater productivity, efficiency, and accuracy, as well as less stress and anxiety.

The key to becoming a unitasker is to improve our ability to focus on one thought, on one action, on one task. Think of focus as "doing something and actually thinking about what you are doing." Another way to consider focus is "being in the present or in the moment."

Our brains can be trained to stay focused on one thing at a time in order to stay in the present, hence Unitasking instead of multitasking! Learning to unitask may mean doing things differently and creating new habits. Consider these suggestions:

See [MULTITASKING](#), Pg. 10

1. In order to be as focused as possible, limit distractions and interruptions: turn off your computer monitor (or close your laptop), let your phone go to voicemail, close your door or post a sign that you are unavailable until a specified time.
2. When faced with mental distractions (“mental clutter”), have a strategy to capture those thoughts and ideas to allow your brain to return to being fully present on the task, project, or person that you are focused on. A simple strategy is to have some form of writing medium to capture those thoughts --- index cards, post-it notes, a small pad, etc.
3. When faced with multiple tasks, projects, or actions, prioritize them and work on the highest priority first and exclusively. The others will be next in line.
4. Do “task scheduling” – block time on your calendar for tasks you need to complete. This will help alleviate the need to switch back-and-forth.

Sound simple? It is! Teach yourself to do one thing at a time. Who wouldn't want to reap these benefits?

- ◆ Get better results from your time and effort.
- ◆ Increase your productivity, accuracy, and effectiveness.
- ◆ Get more done in less time.
- ◆ Reduce the sense of being overloaded.
- ◆ Live life with less stress.

The joy you elicit in being a unitasker will make people wonder what you've been up to!

This article is provided by Bethanne Rochlkin Kronick and Jan Taylor Keller. Bethanne, a consultant, speaker, and author, is the owner of SIMPLIFY!, a productivity training company with offices in Portland & Central Oregon.

Maintain Your Health Even in a Bad Economy

It is easy to lose sight of the big picture when everything around you is failing. It is important to keep focus and know that your health and your family are usually the things you hold dear. Here are some tips to maintain your health and avoid getting stressed out.

1. Stop watching the news and the changes in the Stock Market. Most people are not in the market for short term gains, unless you are a day trader. Keep focused on the long term gains and stick to well managed companies. Remember to diversify your portfolio. **2.** Enjoy nature. It's free and some extra sun will help boost your mood up. **3.** Organize your bills and payments. No need to add more stress by missing deadlines. Write down the dates when bills are due. **4.** Cook your own food. You will know exactly what goes in your food. Sometimes it's cheaper to make your own food. I know I tend to eat more when I make my own food. As long as you keep some leftovers for lunch, you won't have to spend money on another meal. **5.** If you have friends or family that you can talk to during this period of financial turmoil, please do so. Relationships can easily be ruined by money and it's important to let others know how you feel. Don't put all the financial burden on yourself. It is also a good way to create social networks. **6. Be happy! Smile every day.** You have your health. **Remember that.**
