

OCT 13 2016

Clatsop County Board of Commissioners

Work Session

August 24, 2016

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Chair Scott Lee called the work session to order at 4:30 p.m. in the Judge Guy Boyington Building, 857 Commercial Street, Astoria, Oregon. Also present were Commissioners Sarah Nebeker, Lisa Clement, Dirk Rohne, and Lianne Thompson.

Attendance:

- Cameron Moore, Clatsop County Manager
- Amy Baker, Clatsop Behavior Healthcare – Interim Executive Director
- Justin Hopkins, Oregon Health Authority - Quality Management Administrator
- Jeremy Rust, Clatsop Behavioral Healthcare Board Chair
- Kevin Campbell, Greater Oregon Behavioral Healthcare Inc. – CEO
- Tom Shrewsbury, Oregon Health Authority – Community Mental Health Program Coordinator
- Greg Engebretson, Juvenile Director
- Josh Marquis, District Attorney

Mental Health

Lee welcomed everyone to the work session. Moore said he knew when he arrived at the county that the community was in a mental health crisis and quickly learned that there were resources available willing to work with Clatsop County to improve the mental health services in the county. Moore wants everyone to realize what their roles and responsibilities are in delivering community mental health services.

Justin Hopkins, Oregon Health Authority (OHA), said OHA provides funding, policy oversight and the regulatory oversight for the publically funded behavioral healthcare system. Hopkins said a Local Mental Health Authority (LMHA) is combined of a board of county commissioners of one or more counties that establishes or operates a community mental health program. The LMHA is authorized to establish or contract for a Community Mental Health Program (CMHP). A CMHP is required to have a mental health advisory committee who is appointed by the board of county commissioners. Each LMHA shall adopt a comprehensive local plan for the delivery of mental health services. The purpose of the local plan is to create a blueprint to provide mental health services that are directed by and responsive to the mental health need of individuals in the community served by the local plan. OHA may require a LMHA to review and revise the local plan periodically. The LMHA has the responsibility to:

- Determine the need for local mental services.
- Establish and administer a community mental health program to provide with an array of services.
- Manage the mental health crisis system.
- Coordinate mental health services with the criminal/juvenile justice and corrections system and collaborate with the local public safety coordinating council.

LMHA may choose to initiate additional services beyond those required by statute. The purpose of a community mental health program:

- Provide a system of appropriate, accessible, coordinated, effective, efficient services to meet the mental health needs of the citizens of the community.

- No person shall be denied community mental health services based on ability to pay.
- Services must be timely.

Hopkins said whatever services provided are always subject to the availability of funds. Engebretson said the impression that people have is that the services are only covered if someone is on the Oregon Healthcare Plan (OHP). Hopkins said within the limits of available funds, community mental health and developmental disabilities programs shall provide services in the following order of priority regardless of insurance coverage.

1. Those at risk of immediate hospitalization for the treatment of mental or emotional illness or in need of continuing services to avoid hospitalization; and those at risk for hurting themselves or others; and those under the age of 18 that are at risk of removal from their homes for treatment.
2. Those least able to obtain assistance due to nature of illness, geographical location, or family income.
3. Those that will not require hospitalization.

Hopkins stated that each county is different and organize their service delivery structure in many creative ways. The county can provide all services directly; contract with a private agency; contract services to multiple agencies; or a combination of those listed. Hopkins said for civil commitment the role of the CMHP is responsible for initiating director's custody for individuals who are allegedly mentally ill; conducting civil commitment investigations; presenting facts to the court during civil commitment hearings and monitoring the terms of commitment and/or trial visit. LMHA's and their CMHP's are charged with the responsibility to provide a 24-hour crisis response system to individuals with mental and substance use disorders, and developmental disabilities regardless of insurance coverage. Lee asked if the OHA has a data tracking system comparable by counties. Hopkins said they collect a lot of data through their Measures and Outcomes Tracking System but right now they have been having some difficulty getting data in. Hopkins said once they have more compliance throughout the state OHA would be happy to provide more data to the counties. The LMHA's responsibility for coordination of care is to provide:

- Jail and State Hospital Diversion programs
- Mental health and alcohol & drug residential programs
- Housing development for vulnerable populations
- Management of children and adults at risk of entering or who are transitioning from the Oregon State Hospital or from residential care
- Maintain or improve the Crisis System
- Funding the local system of care so that numbers of commitments do not increase
- Management of community- based specialized services

Thompson asked if there was a tracking system to pinpoint service delivery issues. Josh Marquis, District Attorney, said every county in the state is required to maintain a Child Fatality Review Board but it is not primarily focused on mental health. Marquis said speaking as a prosecutor the people they deal with are not suffering from thought disorder but more of a behavior issue. Marquis feels agencies do a pretty good job of alerting people of potential parents that might want to hurt their children.

1 Hopkins said there is a law that requires a written agreement between each coordinated care
2 organization and the LMHA in the area served by the Coordinated Care Organization (CCO).
3 This agreement outlines the responsibilities of the LMHA in cooperation with the CCO.
4

5 Engebretson asked if OHA has any best practice model for counties to follow depending on the
6 county size. Hopkins said there is an effort to set a model for the behavioral health delivery
7 system which is a process bringing together many stakeholders around the state. Hopkins said
8 they can connect the county with other counties that are similar in terms of structure, size and
9 need.
10

11 Kevin Campbell, Greater Oregon Behavioral Health Inc. (GOBHI), said GOBHI was formed in
12 1995. Since then, Clatsop Behavioral Healthcare (CBH) has had eight different mental health
13 directors. Mental health has its own funding system. There really wasn't coordinated care for
14 Clatsop County until 2012. It became much more collaborative and much less competitive where
15 hospitals partnered with other hospitals. Campbell felt Watkins did a good job with lots of good
16 ideas but at the end of the day the organization became complex to the extent that the existing
17 staff were not able to deliver the services that were necessary. Housing is an external challenge
18 in Clatsop County. Campbell thanked Amy Baker, Interim Director at CBH and Cameron Moore
19 and said GOBHI is willing to continue to put their resources into the community to see that the
20 county gets to a functional exemplary mental health system. Campbell feels the opening of the
21 Crisis Respite Center is a good way to go. If the only door for services is through crisis, then
22 there will be more crises. There needs to be case managers in the community to look for risk and
23 prevent a crisis from happening. Campbell said the focus needs to be on trauma which is the
24 single cause of behavioral health challenges. This needs to be addressed and recognized.
25

26 Lee asked what other external challenges there were besides housing. Campbell said that on the
27 coast there are a lot of grey days which leads to depression. For some reason, folks with
28 challenges tend to travel as far west as they can go. The county has high rates of substance abuse,
29 high poverty rates and population changes between summer and winter.
30

31 Thompson liked the idea of looking at comparable counties so they can be effective and
32 collaborative. Thompson feels the mental health issue needs to become a priority in Oregon and
33 at the federal level. Rohne said Moore is the professional at the table to help elevate the situation
34 and sees bringing the county resources and the people who work for the county together in
35 collaboration with CBH for the best possible outcome for all of the citizens. Rohne said it is very
36 important that the county manager be able to work with CBH collaboratively. Moore said they
37 are working towards that direction. The last two to three months there have been regular
38 meetings between Moore and Baker to help support CBH.
39

40 Jeremy Rust, CBH Board Chair, said the Board has been in a difficult position over the last year
41 or so and recognized that there were parts of the organization that they didn't understand. Rust
42 said the Board is committed to the success of CBH and appreciates the numerous resources that
43 have been provided to CBH. Rust said they would like the involvement of the county for the
44 search of the next CBH Director. The CBH Board has engaged Jay Barber who is an expert
45 consultant of Boards who will be doing a long term review of CBH's board organizational

1 structure policies and procedures and how the Board can make sure the oversight is what it needs
2 to be.

3
4 Amy Baker, Interim Executive Director has been in the position for about two months. Baker
5 said her biggest fear and concern when she stepped into this role was that CBH had one person
6 on the crisis team. Baker was able to add more people to come help on a temporary basis. CBH
7 will be close to being fully staffed by the end of September. On July 28th the North Coast Respite
8 Crisis Center opened and it currently has four clients who are receiving services. There will be a
9 Psychiatric Nurse Practitioner starting in September. Baker is working on identifying policies
10 and procedures that are not in place and getting the organization stabilized. Baker is putting a lot
11 of effort into hiring good strong leaders. Baker is looking at how to work more collaboratively
12 with Coastal Family Services and their clients. Some of CBH's challenge has been that it's trying
13 to be all things for all people but at the end of the day it is responsible for the most vulnerable
14 folks in the community.

15
16 Baker said they need independent measures to know whether they are performing well. Baker is
17 trying to figure out benchmarks to show the Board how CBH is doing. Lee said the Board needs
18 that information. Moore is working with people who are knowledgeable about the mental health
19 delivery system so the Board can clearly establish their expectations for CBH. Hopkins said the
20 state is developing a Behavioral Health Mapping Tool which includes service information,
21 population data and outcome data. This will help the state look at where they need to make
22 strategic investments so the money goes to the right places. Rohne said a lot of the needs for
23 criminal justice and mental services are for people who aren't residents of the county but the
24 county is expected to provide those services. Hopkins said they are looking at that through the
25 mapping tool on who is responsible for providing services.

26
27 Tom Shrewsbury, OHA Community Mental Health Program Coordinator, asked Baker about the
28 strengths and successes she is seeing that the LMHA should have on their radar. Baker said CBH
29 has really good programs. They have an exceptional early psychosis program which is for people
30 who have had a psychotic break. Baker said they also have a good support employment program
31 which can help stabilize a person's mental health condition. There are clinicians placed in school
32 to increase access for kids which creates more collaboration with the schools and CBH.

33
34 Campbell said mental health is at Stage 4 and they need to be able to identify potential mental
35 illness at Stage 1 or 2. Nebeker feels that collaboration was missing and said meeting together
36 and sharing information is extremely important. Nebeker would like ongoing communication on
37 where the problems are to work together to make it better. Lee is very pleased to see the
38 collaboration redevelop. Thompson likes the idea that people come to the county for an array of
39 services and come here to heal.

40
41 Engebretson asked Hopkins to speak about the audits that the state does on the community
42 mental health programs. Hopkins said they look for compliance of the administrative rules.
43 When there are concerns about substantial compliance or significant areas that aren't being met a
44 site review report is issued which requires corrective action. Hopkins said they are looking to
45 make sure the terms of the contract with OHA and CBH are fulfilled. Nebeker asked if there

1 would be more funding for prevention. Hopkins said yes and that all of the stakeholders are
2 talking about prevention being a priority.

3
4 Lee thanked everyone for coming and is looking forward to working with everyone and moving
5 forward.

6
7 Approved by,

A handwritten signature in black ink, appearing to be 'S. Lee', written over a horizontal line.

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9
10 Scott Lee, Chairperson
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