

Chemical Dependency Treatment System Narrative

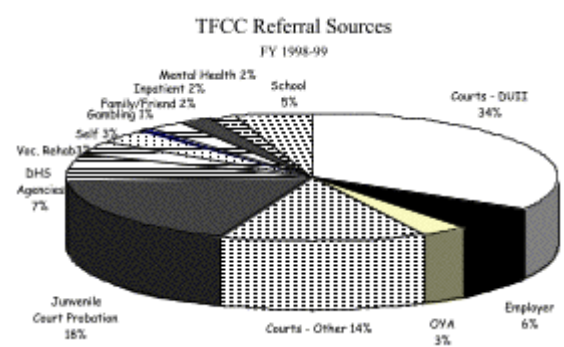
Overview & Trend Data

Chemical Dependency treatment services in Tillamook County are accessible to residents via a range of providers - both public and private. Tillamook Family Counseling Center (TFCC), a private non-profit corporation, is the designated county provider and offers a wide range of counseling, treatment services and prevention programs for children and adults. As a private nonprofit agency, TFCC sub-contracts with Tillamook County to provide services funded by the Department of Human Resources in the areas of Mental Health, Alcohol and Drug, and Developmental Disabilities. In addition, TFCC has the capacity to offer a wide range of services for individuals in the community on a sliding fee schedule basis, as well as administer special grant programs. TFCC belongs to the Mid-Valley Behavioral Care Network (MVBCN), and receives monthly sub-capitation payments from MVBCN for providing outpatient mental health services to Tillamook's Oregon Health Plan population (approximately 2,600 individuals).

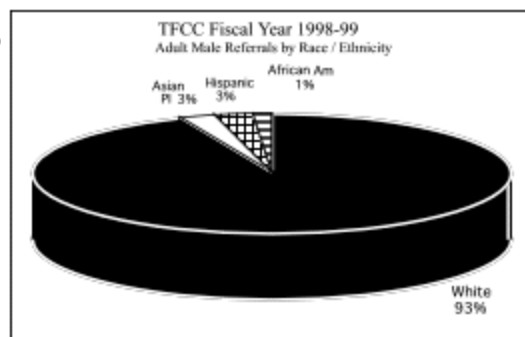
While staffing levels may flux due to attrition and the addition of special grant funded programs, TFCC employs from 35-40 staff members within four broad program areas: mental health, chemical dependency treatment, developmental disabilities, and special programs (prevention activities, Hispanic outreach and domestic violence intervention).

Referrals

The Objective Decisions workgroup examined referral and other data for fiscal year 1998-99 in order to take a "snapshot" of the chemical dependency treatment system for analysis purposes. TFCC receives referrals from a range of agencies and organizations, however the bulk of these referrals - 48% - come from the adult corrections system (parole/probation and the courts). During FY 1998, TFCC received a total of 203 referrals for chemical dependency evaluation. Of the total number of referrals, 156 were adults and 47 were adolescents.



Of the 156 adult referrals to TCCF during the 1998-99 fiscal year, 93% were Caucasian, 3% were of Hispanic decent, 3% were Asian / Pacific Islander, 1% were Native American, and less than 1% were

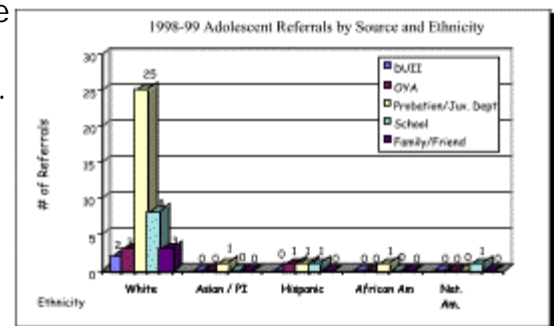


African American. These demographics are roughly equivalent to the general county ethnic and racial make-up.

Referrals of men versus women were nearly identical not only in total numbers, but also in ethnic / racial distribution.

During the 1998-99 fiscal year, TFCC implemented a new data and client tracking system. As a result, the number of clients identified as receiving evaluations and those subsequently enrolled in a treatment program is less than 100%. TFCC estimates that 90% of those receiving evaluations are actually identified as appropriate for treatment services and enrolled in services. This estimate is consistent with chemical dependency statistics statewide.

Adolescent referrals during the 1998-99 fiscal year came primarily from the county Juvenile Department (60%) while school referrals comprised about 21% of the total. The remaining 19% of adolescent referrals came from the courts for DUII, Oregon Youth Authority and referrals by the youth's family or friends. 87% of the total adolescent referrals were Caucasian, 2% were Asian / Pacific Islander, 7% were Hispanic, 2% were African American and 2% were of Native American decent. During this same time period, all three school districts in Tillamook County instituted the same policies for student referral for tobacco, alcohol and drug offenses. It is believed that adolescent referrals for evaluation will increase during the next several years as this policy is implemented.



Evaluation

Once a referral is made to TFCC, the client is evaluated to determine the degree of the chemical dependency program and what, if any, level of care is needed. Contact must be made within 14 days of receiving a referral. Evaluations are completed by an outside, contracted evaluation specialist using an industry standard evaluation tool. This tool is standard throughout the chemical dependency treatment field and considered to be an objective method of evaluation. If the evaluation determines that the client is in need of chemical dependency treatment services, a recommendation is made as to the appropriate level of care for that individual. At this point, TFCC staff identifies treatment goals. A treatment plan is also written and is individualized for each client. TFCC's data system identified 123 clients enrolled for treatment during the 1998-99 fiscal year, however it is estimated that about 188 received some sort of service for chemical dependency. For our purposes, we tracked the 123 clients to assess what level of care they received, and whether or not they were successful in completing their treatment

plans. In some instances, TFCC may provide a screening and assessment prior to an evaluation.

Levels of Care

There are four Levels of Care available to clients in need of chemical dependency treatment as well as an educational/informational group opportunity. The Level of Care to which a client is enrolled reflects the intensity and frequency of treatment. It is important to note that clients often move between Levels as their needs for treatment develop and change. For example, a client may begin their treatment in Level 2, which provides three weekly treatment sessions, and be very successful. That client may then move down to Level 1 which provides a treatment session only once per week. A major function of the Level system is to individualize treatment resources for each client and to maintain flexibility within the system to meet individualized needs. In addition to the Levels of Care described below, TFCC also offers individual treatment sessions, family treatment sessions, a Hispanic group session, and a women's group session. Other treatment option may be developed in the future to add additional options to TFCC clients. In addition, those individuals who have dual diagnoses - ie chemical dependency and mental health, can receive both types of services concurrently from TFCC. Below is a brief description of the Levels of Care and treatment options available to Tillamook County residents.

Orientation Group: all new adult referrals to TFCC participate in an orientation group. This session explains the services available, TFCC operations, grievance policies and how the chemical dependency treatment system works. Each newly enrolled client is asked for permission for TFCC to contact their significant other and their primary care physician. Domestic partners are also offered support services. At this time a survey is made to determine what, if any, wrap-around services would benefit the client and his or her family (childcare, transportation, etc).

Educational / Informational Group: an eight week group session available only to those that were found to not have a chemical dependency problem, yet are court ordered to complete some sort of treatment option. It is very rare that a client is assigned to this group. The Educational / Informational group focuses on sharing information about alcohol and other chemicals and their effects. Individual and family treatment sessions are offered as needed to those enrolled. Available data from the 1998-99 fiscal year indicates an 82% successful completion rate.

Level 1: outpatient group sessions are offered once per week for as long as needed; Individual treatment and family treatment sessions are offered as needed to those enrolled. If more frequent treatment is needed, the client may be moved into Level 2. Treatment plans and goals are reviewed at 90 days and again at six weeks. Available data from the 1998-99 fiscal year indicates an 80% rate of success at this level.

Level 2: outpatient group sessions are offered three times per week for as long as needed; Individual treatment and family treatment sessions are offered as needed to those enrolled. If fewer sessions are needed, the client may be moved into Level 1 Care. If a more intense and restrictive treatment environment is needed, the client may be enrolled in Level 3 (inpatient treatment). An assessment is made at six weeks and again at 8 weeks to determine if this level of care is still appropriate and effective for the client. Available data from the 1998-99 fiscal year indicates a 54% rate of success, 28% were non-compliant and 5 clients were subsequently enrolled in Level 3 care.

Level 3: An inpatient treatment option. Level 3 care is only available outside of Tillamook County - either in the Portland metropolitan area (St. Vincent DePaul) or Columbia County (Pathways). Level 3 care is given as option to those clients who simply can't maintain in the community. In our 1998-99 sample, four clients were immediately referred to Level 3 after the evaluation and five clients moved to Level 3 from the Level 2 group. TFCC reports that those enrolled in Level 3 care have about the same success rate as those in Level 2 care; inpatient treatment isn't necessarily more effective, but it does give the client time away to stabilize and prepare to return to the community.

Level 4: Medically supervised detoxification is provided in a hospital setting (out-of-county) when detoxification poses a significant medical risk to the client. There is a limited need for this service approximately 1-2 clients per year.

Other Services Available:

In addition to the above Levels of Care, TFCC offers

- **Hispanic Group:** Levels 1 & 2 clients whose primary language is Spanish
- **Individual and family** treatment sessions.
- **Coordinated Case Management:** assessment and referral to other support services such as housing and other basic needs, job training, wrap-around services (child care, etc)

Treatment Plan Completion

Regardless of the Level of Care to which a client is assigned, TFCC makes a determination on whether or not a client successfully completes their treatment plan. We were unable to track completion rates by Level of Care. Of all clients enrolled in chemical dependency treatment during the 1998-99 fiscal year, 72% successfully completed their treatment plan while the remainder were reported as non-compliant. Regardless of the outcome, TFCC reports back to the referral source the result of the client's treatment as is appropriate or allowable by law. Each client who successfully completes his or her treatment plan is encouraged to enroll in some sort of aftercare support. TFCC reports that aftercare options are limited in Tillamook County; resource constraints prevent TFCC staff from conducting follow-up contacts.

Analysis & Findings

The Objective Decision Making Work Group reviewed and analyzed the Chemical Dependency Treatment system operations, data and decision-making structure and found no substantial areas for system specific improvements. Tillamook Family Counseling Center, under the leadership of Executive Directors Gary Smith & Frank Hanna-Williams, utilize accepted treatment practices in all areas of the system. TFCC has been a leader in administering appropriate treatment options within their resource limitations.

Work group recommendations were instead focused upon resource gaps and cross-system improvements (information sharing, training), as well as areas where more research and analysis are needed.

Resource Gaps

- Local After Care Services & Supports: needed after treatment completed to support / maintain chemical free living.
- Adolescent Staffing Levels: : not enough adolescent staff; youth are more labor intensive for follow-up and engagement in treatment, monitoring and tracking. Staff Turnover: it's difficult to recruit and retain qualified staff; criminal checks through the FBI take way too long (4+ months). Funding: current staffing levels are at 5 staff for adult treatment and 2 for youth; multiple funding streams (OHP, state dollars, insurance, etc); because Tillamook County has no methadone clinic, state funding is reduced; Waiting List: is driven by staff turnover (TFCC hired an additional staff person spring 2000)
- Family Counseling / A&D Services - for delinquent youth and their families; existing resources are limited in duration and have eligibility requirements that limit participation (identified as part of Juvenile Justice analysis; JCP funds will address to some extent).
- Residential Treatment for pregnant women and women with young children
- Juvenile Detox program
- Adolescent Residential Treatment beds
- Alcoholics Anonymous / Narcotics Anonymous for youth
- Adolescent recovery programs
- Alternative Treatments
- School Based Assessment & Services
- Mentoring
- Child Care during treatment sessions
- Transportation: Transporting Healthy Families clients to treatment (80% of Healthy Families clients are presenting CD issues) Transportation to treatment and support groups

Cross-System Communication, Training & Linkage Gaps

- Further A&D assessment by TFCC (chemical dependency treatment provider) after or simultaneous with new Juvenile Justice assessment tool. Opportunity for joint agency training.
- Better Referral system: YST / Community Safety Net referrals for DUII offenders (parents & MIP youth)

Need to examine:

- how information is currently shared between agencies;
- how is information requested from one agency to another;
- where does the information go and who has access;
- developing inter-agency agreements and policies about why information is shared, what benefit to the client will occur, and how improved communication will promote positive client outcomes.
- What are the actual liability issues around sharing information - are they real or used to put up artificial barriers? FERPA update / training may be needed
- "Affiliate Staff" agreements could be developed between the mental health agency and school districts as a way to expedite information sharing in specific areas (suicide evaluation / crisis intervention).
- prevention services - need to clarify: ongoing coordination of prevention services. Will TFCC staff coordinate and/or provide prevention services? How will it be funded?

Information Gaps

- Data: Are drug-related arrests really going down? Do we need to look at other data? How does this relate to perceptions and survey results that drug use is on the increase in our county? (identified during Juvenile Justice analysis)
- Data: There isn't a way to track kids that receive a parole violation for drug and/or alcohol use. This is an important piece of data - guesstimate that half of parole violations are due to dirty UAs. (identified during Juvenile Justice analysis)
- Need more information on Dual Diagnosis Clients (related to integrating CD and mental health services)
- Primary Care Physician: how many clients have a Primary Care Physician (PCP)? how many PCP's participate? do they understand the connection and value of participating with their patient's CD treatment? possible training & communication need
- Acceptance Rates: CD referrals have the highest turndown rate of all TFCC services; is there a way to increase acceptance rate?
- School Based Prevention Services: even with resource assessment information compiled, there is not a clear picture of school based prevention services.

Legislative & Policy Barriers

The planning process has identified many gaps, barriers, system and communication challenges in the prevention components of many systems. A more thorough assessment of school-based prevention services is being conducted between October and December to help supplement our system analysis, as will additional research-based strategies to the implementation plan. Coordination and provision of prevention services will be an ongoing issue and focus of resources.

The Objective Decision Workgroup began to develop an implementation plan in June 2000. The above gaps and barriers will be included in the Goals & Strategies section of this plan. Implementation strategies will be included in the Implementation plan.