10

CLACKAMAS COUNTY

ELLEN CRAWFORD
DIRECTOR

JUVENILE DEPARTMENT

JUVENILE INTAKE AND ASSESSMENT CENTER
2121 KAEN ROAD | OREGON CITY, OR 97045

April 9, 2015

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Submit Application for Justice and Mental Health Collaboration Program Grant Through US Department of Justice

Purpose/Outcomes	Funding of a mental health specialist to work in the Juvenile Intake and Assessment Center to provide immediate mental health crisis assessments and diagnosis to youth charged with law violations who are identified as having mental health concerns. These assessments will enable our staff to prioritize youth with serious mental health needs and provide them with specific services to address their emotional and psychological functioning. Follow up counseling with youth and their families would also be provided by this mental health specialist to bridge the gap between intake and when services would be available through Behavioral Health or their private insurance.
Dollar Amount and Fiscal Impact	This is a two year grant in the amount of $200,000. There is a 20% match requirement which would be shared by Behavioral Health and the Juvenile Department by way of in kind services and billing reimbursements. Sustainability for these services will be through the development of a billing system for Medicaid reimbursement. **This model is currently implemented in our Juvenile Drug Court with the Medicaid reimbursements paying for two full time contracted therapists.** The application is due on April 14th
Funding Source	US Department of Justice
Safety Impact	Having the ability to identify mental health disorders for delinquent youth and providing appropriate treatment reduces the potential risk of acting out behavior in the community and potentially has the impact of reducing further law violating behavior.
Duration	Effective October 1, 2015 through September 30, 2017
Previous Board Action/Review	None
Contact Person	Ellen Crawford, Director
Contract No.	

BACKGROUND:

The Juvenile Department would like your approval to apply for a US Department of Justice Grant. The grant specifically focuses on increasing public safety through cross-system collaborations for individuals with mental illness or co-occurring mental health and substance abuse disorder who come into contact with the justice system. The Juvenile Department currently processes over 1200 youth annually. Of this population over 58% are indicated to have mental health conditions such as depression, difficulty eating or sleeping and social isolation and suicidal ideation. The only existing resource currently are Behavioral Health specialists who conduct 4 assessments on a monthly basis. The waiting list is long to schedule these appointments for juveniles and it does not secure mental health follow up treatment. This grant allows for the expansion of the collaboration with Clackamas County Health Center Division to fund a mental health specialist 37.5 hours a week, housed in the juvenile department 5 days a week. This position would provide crisis mental health assessments and diagnosis for youth assessed to have mental health conditions. This assessment will enable our staff to provide appropriate intervention and treatment for the mental health needs of our clients. In addition, follow up counseling would be available to the youth and family to bridge the gap between the initial time a youth is taken in to custody and when services actually can be received from Behavioral Health or their private insurance. This is a critical time when youth remain in the community, posing a higher risk to reoffend. This will be a contract position, and not recruited as an employee.

RECOMMENDATION:

Staff recommends the Board grant approval to submit an application for this grant.

Respectfully submitted,

Ellen Crawford

Ellen Crawford, Director
Juvenile Department

Statement of the Problem

The Clackamas County Juvenile Department (CCJD) is dedicated to increasing public safety. CCJD strives to keep communities safe through restorative services for youth offenders, victims and communities. Targeted interventions are utilized in order to hold youth meaningfully accountable and teach them new skills, while at the same times addressing the harm done to victims and communities. According to US Census data, there are 87,359 youth under the age of 18 living in Clackamas County, Oregon. In 2014, 1,238 of those youth were referred to the CCJD (a 6.4% decrease from 2013). The rate of recidivism in the county is 17.4% - the third lowest recidivism rate of all of Oregon's 36 counties.

The Juvenile Department operates and manages the Juvenile Intake and Assessment Center (JIAC), a 24 hour a day/seven day a week receiving center for law enforcement. The purpose of the JIAC is to assist law enforcement with youth who have been taken into custody. The center provides a temporary holding facility for youth, allowing law enforcement personnel to return to patrol duties in a timely manner. By statute youth can be held for up to five hours. During this period JIAC staff assess the youth's immediate needs (assessing for suicide risk, mental health and substance abuse needs), coordinate services with other agencies involved and develop a comprehensive plan which will focus on community safety needs as well as the needs of the youth. Youth presenting with acute substance abuse and/or mental health issues in the JIAC are provided resources to access further assessments, but the department currently lacks the resources to provide evidence-based assessments for co-occurring disorders and lacks the capacity to provide immediate follow-up with these youth to ensure they receive the needed services. Also, youth and families often have limited access to assessments due to an absence of insurance coverage or limitations of existing coverage, thus inhibiting the ability of youth to receive the services needed. Prior to the expiration of the five hour time limit in JIAC, staff must develop an appropriate release plan for the youth. During 2014, 84% of youth were released to a parent or guardian; six percent were transported, by law enforcement, to a secure detention facility; while the remaining 10% were released to shelter or foster care, a relative, hospital, a non-family member, or other care.

Under the current process there is no further contact with a youth or family until s/he is assigned to a Juvenile Court Counselor (JCC), and that counselor meets with the youth and his or her family to address pending legal charges. At present it can take up to four weeks following the youth's initial processing at JIAC for this to occur – which is an extensive length of time for a youth in crisis to wait for help. The gap is due to the length of time it takes for: 1) law enforcement to complete and submit a report to the CCJD; 2) a case to be assigned to a JCC; and 3) the JCC to contact the family to set up an initial meeting. Without immediate intervention and follow-up services, for acute substance abuse and/or mental health issues, these youth are at a higher risk to abuse substances, harm self or others, and potentially reoffend. This proposal would bridge this gap by adding one full-time Mental Health Specialist 2 (MHS2) to the Clackamas County Juvenile Department's Intake and Assessment Center staff to improve the department's response to youth with mental health and substance abuse issues who are brought to JIAC by law enforcement.

Presently, the intake process involves JIAC staff compiling information from law enforcement, youth, parent and other agencies to determine a youth's current needs. An Intake Assessment questionnaire is used to gather basic information on physical health, current medications, mental health concerns, alcohol and other drug use, and history of violence. Other screening tools are also utilized including: 1) a violence screen to assess the youth's history of violence; 2) the PLAID PALS suicide assessment tool (developed by the San Francisco Suicide Prevention Crisis Line); 3) an alcohol and other drug screen to assess substance abuse history; and 4) a self-injury inventory. (Attachments A-E) With the exception of the PLAID PALS assessment, the screening and assessment tools were developed by the CCJD and none are evidence-based. As part of the proposal, we intend to introduce evidenced-based screening tools for use by JIAC staff, with additional evidence-based tools to be utilized by the clinician. For youth identified, by their answers to specific questions on the Intake Assessment questionnaire, as a potential threat to themselves (presenting with suicidal ideation or significant self-injuring behavior) or a

potential threat to others (Threat of Harm or Immediate Risk for Violence), the Clackamas County Behavioral Health Division's (Behavioral Health) Crisis Service is contacted.

The department has an existing agreement with the Clackamas County Health Center Division (Health Center) and Behavioral Health, through which direct mental health and substance abuse treatment services are provided. (Attachments F & G) The partnership represents an innovative, cross-system collaboration for individuals with mental health or co-occurring mental health and substance abuse disorders who come into contact with the justice system.

The Health Center and Behavioral Health have a long history of providing treatment services to children, youth, and adults within the community. The Health Center provides regular outpatient and intensive outpatient services. Clinicians on the Health Center's Child and Family Integrated Treatment Team meet the state requirements for providing mental health and alcohol and drug treatment services. Clinicians participate annually in training related to mental health and alcohol and drug treatment; evidence-based treatment protocols approved by the State of Oregon; ethics; and education related to working with a criminogenic population. MHS2 clinicians at CCHCD participate in training and continuing education specific to issues related to trauma and trauma treatment. Clinicians assigned to the Child and Family Team are required to have a minimum of 40 hours of trauma-related training and to complete 8 hours of trauma-related training annually.

Behavioral Health provides a 24-hour Crisis Service, which conducts mental health screenings, on an as needed basis, for youth brought to JIAC making self-endangering statements, are identified as "Immediate Risk for Violence" on the violence screening tool and when brought in on school-based "Threat of Harm" cases. (Attachment H) Crisis Service staff make every effort to provide these screens through the provision of face-to-face mental health crisis assessments of the youth. The role of Crisis staff is consultative in nature to support JIAC staff in making appropriate placement and release decisions for youth that have been deemed as a potential threat to themselves or others. Crisis staff complete a brief

clinical screen of the youth at JIAC focusing on the youth's potential threat to harm self, threat to harm others, screen for acute mental health disorder and screen for a mental health contribution to the presenting problem. Staff assist JIAC staff with the development of a release plan, make recommendations for follow-up mental health care, and/or determine the appropriateness for psychiatric hospitalization. Crisis staff provide next day phone follow-up with families to offer additional support, but do not provide further case management or treatment services.

The Crisis staff are located at a health clinic nine miles from JIAC. Due to staffing limitations and the distance between the two facilities, staff have limited ability to respond during regular business hours. Crisis staff are currently more available to respond to the JIAC after hours by utilization of On-Call staff. (Attachment I) The clinician position funded by this grant is anticipated to fill this identified gap.

In 2014, 696 youth were assessed through the Intake and Assessment Center. The results of intake reports show that nearly 59% make reference to mental health concerns, indicating that Crisis Services was likely consulted for these intakes. Forty percent of youth reported being diagnosed with or treated for mental health concerns at some point in their life; 23% stated that they were currently in counseling or therapy; 20% had intentionally harmed themselves and 14% had attempted suicide. These results show some significant increases over the documented results for 2013, illustrating the growing trend of mental health concerns with the youth served through JIAC and the need to utilize validated screening tools and provide timelier, accessible assistance.

The funding of this proposal would enable the CCJD to address the current capacity issue that exists, which prevents youth from receiving immediate follow-up to ensure needed services are received, as well as the lack of appropriate evidenced-based assessment tools. The evidence-based assessment tools will provide better identification of youth with mental health and substance abuse issues and the addition of the clinician will ensure that youth brought to the Intake and Assessment Center by law

enforcement, will be provided resources to access further assessments and needed services without significant delay.

Project Design and Implementation

This grant will enable the department to introduce evidence-based screening tools in the Intake and Assessment Center to better screen youth with mental health and substance use issues. Enhancement of the current services would expand the CCJD's ability to promote public safety and public health by providing the necessary assessments and appropriate services for youth with mental illnesses or co-occurring mental health and substance abuse disorders. The department is proposing two enhancements to our current procedures:

1. **Implement evidence-based screening tools in JIAC to address substance use and mental health-related issues.** To improve the identification of youth with mental health and substance abuse issues, the department will utilize the SBIRT OREGON Adolescent full screen tool (Attachments), which includes both the CRAFFT for alcohol and drug use and the PHQ-2 for adolescent depression, as well as the Columbia Suicide Severity Rating Scale (C-SSRS) to assess suicidality; in lieu of current screening tools: PLAID PALS, the alcohol and drug screen, and the self-injury inventory (Attachments C, D & E), as these are not evidence-based. Currently over 61% of youth who enter the JIAC are identified through the Intake and Assessment questionnaire as having substance abuse issues and at least 40% are identified as experiencing a mental health issue. Funding will ensure that 80% of youth who enter the CCJD through JIAC, and are experiencing mental health and/or substance abuse issues, identified by the Intake and Assessment questionnaire will complete the SBIRT OREGON and C-SSRS. Permission for use of both the SBIRT OREGON and the C-SSRS has been obtained. One hundred percent

compliance cannot be met due to some youth being severely intoxicated, hostile or uncooperative when brought to the JIAC.

2. **An MHS2 will provide immediate intervention and follow-up services to youth and families.** The CCJD will enter into a Memorandum of Understanding (MOU) with CCHCD to assign a full time (1.0 FTE) Qualified Mental Health Provider (QMHP). The QMHP will be classified as a Mental Health Specialist 2 (MHS2) based upon Clackamas County employment specifications and will focus on assessment, stabilization of behavior and coordination of care. (Attachment J) The MHS2 will provide screenings, assessments, brief gender specific, evidence-based treatment services during the referral process and referrals to local agencies.

The CCJD and CCHCD have a long history of collaborative work; CCHCD has provided on-site assessments at CCJD for over a decade. CCHCD also provides treatment services to the Juvenile Department's Drug Court program, having done so for the 15 years that the program has been in existence. To eliminate any perceived barrier, CCHCD and CCJD will execute a new MOU (Attachment) to span the duration of the grant, should it be awarded.

The MHS2 will provide further assessment and services as needed for 80% of the youth identified as having mental health or co-occurring mental health and substance abuse issues or who present as immediate risk to harm themselves or others. The MHS2 will utilize the Texas Christian University Drug Screen V (Attachment), as part of the intake procedure. Permission for use the use of this tool has also been granted. Because the CCHCD therapist will on-site at the Juvenile Department they will be available to consult with JIAC staff regarding youth being referred and can provide face-to-face co-

occurring assessments (mental health and alcohol and drug) for youth, including level of care tools to determine appropriate services.. The MHS2 will facilitate a referral to the appropriate setting; including psychiatric hospitalization, residential treatment for alcohol and drug use, intensive community-based mental health services, or routine outpatient services. The MHS2 will also provide interim gender specific evidence-based treatment, Seeking Safety, listed on the National Registry of Evidence-based Programs and Practices, during the referral process; and will continue to work with the individual and his or her family, as appropriate, until the youth is fully engaged in the appropriate level of service to meet his or her needs.

If a youth is placed in a hospital setting, the MHS2 will act as the care coordinator to assist the family in accessing appropriate services. In cases where hospitalization is not appropriate, the MHS2 will develop an integrated treatment plan for the youth, including a safety plan and a crisis plan for the family. The MHS2 may provide brief treatment sessions focusing on stabilizing youth and increasing their safety while transitioning the youth/family to appropriate ongoing treatment services with a community-based treatment provider; however s/he will be available to provide initial treatment to support stabilization when appropriate. In many cases, assessment and treatment can be started within 48 hours of first contact with the JIAC and sooner if there is a crisis situation. This service will expedite a youth's engagement in services and will bridge the gap in services that currently exists from the time that the youth is brought into the JIAC and a JCC meets with him or her. The immediate intervention and follow-up will reduce the risk of reoffending, increase community safety and assist youth in accessing treatment services in a timely manner.

CCHCD will provide ongoing support through the existing Quality Improvement program, scheduling services, reconciliation of documentation, billing and insurance authorization. CCHCD will also provide clinical supervision of the MHS2 in accordance with the Oregon Administrative Rules.

Capabilities and Competencies

Over the past several years, the CCJD has implemented, administered and managed several grants, both state and federal, ranging in dollar value from $25,000 to $700,000. The department employs a highly professional staff; those working directly with youth offenders have Bachelors level education or higher and participate in on-going professional development opportunities. The department consists of several program components, including the Intake and Assessment Center (JIAC), juvenile services (including assessment, intervention, and case management), a victim/offender program, community connections program, cognitive skills groups, a juvenile drug court, specialized case loads (including mental health, sexual offenders, Latino youth, and DUII youth), and alcohol and other drug services. Through these program components, CCJD works extensively with youth offenders having mental health and substance abusing behaviors, the target population for this grant. The JIAC provides immediate assessment of youth's risk factors and needs and provides early intervention services.

JIAC Supervisor: Markus Fant has a Master's Degree in Rehabilitation Counseling and a Bachelor's Degree in Administration of Justice. He is certified in Reality Therapy and is a Certified Alcohol and Drug Counselor I (CADC I). Markus has worked in juvenile justice for 23 years, and have been with the Clackamas County Juvenile Department for 19 years. For seven years Markus carried a specialized caseload of youth with severe mental health issues. His current position is as supervisor for the JIAC.

CCHCD Mental Health Program Supervisor: Anne Weaver has a Master's Degree in social work from PSU; is a Licensed Clinical Social Worker and has more than 200 hours of alcohol and other

drug continuing education units. Anne has worked for Clackamas County since 1996 in a variety of positions. She was hired as the Program Supervisor for the Child and Family Integrated Treatment (providing mental health and youth alcohol and drug treatment services) in 2004. Anne was assigned to supervise the Clackamas County Juvenile Drug Court in August 2009.

Mental Health Specialist 2 (MHS2): must meet the state qualifications as a "Qualified Mental Health Professional" (QMHP). CCHCD will require the MHS2 be licensed and meet state requirements to provide alcohol and drug treatment. S/he must have working knowledge of: 1. human development and trauma informed treatment to ensure appropriate services for each individual seeking treatment services; 2. accepted principles and theories of assessing and treating mental health issues and substance abuse and dependency; and 3. principles of providing individual, family and group treatment. S/he must also have skills to: 1. accurately assess developmentally appropriate mental health issues and substance abuse and dependency issues; 2. maintain objective and therapeutic relationships with individuals receiving services; 3. apply evidenced based practices; and 4. maintain professional relationships with community partners.

CCJD Policy Analyst: Steven Houseworth is a Policy Analyst for CCJD. He has a Master's Degree in Counseling Psychology and worked as a Juvenile Counselor for 20 years before taking his present position in 1999. Steve has gathered data, analyzed and reported on several department grants including Functional Family Therapy and Disproportionate Minority Over-representation. He conducts department research and prepares outcome reports based on department logic models. He regularly updates, orients and trains staff on evidence-based practices.

Administrative Services Manager: Crystal Wright has worked for the CCJD for over 19 years. Over the past 17 years she has managed local, state and federal grants ranging from $25,000 to $700,000. She has attended Grant Writing USA, Grant Management USA, and Bureau of Justice Administration trainings in grant writing.

Plan for Collecting the Data Required for this Solicitation's Performance Measures and Other Outcomes

The CCJD will continue to use existing internal systems to track data regarding mental health, substance abuse, family functioning and risk of harm to self or others, for youth who enter the JIAC. The department will continue to utilize the JIAC Intake and Assessment questionnaire and this data will be entered into data collection systems including the Juvenile Justice Information System (JJIS) and FileMaker Pro. JJIS is a statewide-integrated electronic information system utilized by public and private agencies and administered by the State of Oregon through the Oregon Youth Authority (OYA). FileMaker Pro is database software that allows users to customize the database, by changing the layout and allowing users to add documents and other forms.

Currently the results of the initial assessments and screening tools are entered into FileMaker. Upon implementation of the evidence-based screening tools, SBIRT OREGON and C-SSRS, results will be collected, entered into FileMaker to allow for retention, analysis and evaluation of mental health and substance abuse data.

The MHS2 will use the CCHCD electronic health record (EHR), to record and track youth assessments, treatment plans, and progress notes. With this data we can report the number of youth seen by the MHS2, all assessments and follow-up services provided, youth attendance in treatment (attended, cancelled, or no show), level of care provided, as well as some outcome measures. The MHS2 will utilize a "level of care" tool for individuals receiving mental health (the mental health level of care tool was developed by one of the Oregon Health Plan Care Coordinating Organizations and is required for all of their members) and/or alcohol and drug (ASAM PP-2) services. The tool guides the clinician regarding the level of treatment service that will benefit the individual in meeting treatment goals. CCHCD clinicians utilize A Collaborative Outcomes Resource Network (ACORN) to track outcomes and therapeutic alliance. The ACORN data repository of mental health outcomes is utilized worldwide and also measures patient satisfaction.

The CCJD will develop a report to compare numbers of youth who answered "yes" to target questions on the JIAC Intake and Assessment questionnaire and the JCP Risk Assessment to the actual number of youth who receive the SBIRT OREGON and the C-SSRS; the number of youth who receive follow-up services from the MHS2; and actual outcomes for youth who receive needed services as a result of these program enhancements and what specifically those services were. The CCJD Policy Analyst is responsible for all data collection and analysis.

Plan for Measuring Program Success to Inform Plan for Sustainment

As a result of this program expansion, the increase in capacity will assist juvenile offender with mental health concerns or co-occurring mental health and substance abuse concerns; while promoting communication, collaboration and inter-governmental partnerships. Anticipated outcomes will include: 1) Eighty percent of youth brought to the JIAC will be screened, using the new evidence-based tools; 2) 80% of youth indicating need will be screened and referred to a mental health contact; 3) 80% of youth indicating need will be screened and referred for alcohol and other drug screening; 4) 100% of youth recommended for mental health follow-up will receive follow-up mental health contacts; and 5) utilization of the JIAC by law enforcement will increase.

The CCJD and CCHCD have collaboratively developed a draft of an evaluation survey (Attachment) to solicit feedback from youth and families on the level of satisfaction with services provided. This survey will be given to each family following services provided by the MHS2.

The CCJD and CCHCD will conduct quarterly process evaluation meetings to discuss implementation, execution and evaluation of the program; progress towards outcomes; and sustainability. Representatives will also present progress reports at Chiefs of Police meetings, regular meetings of county and municipalities law enforcement leadership.

The collaborative working relationship that exists between the CCJD and CCHCD will expedite any project adjustments to overcome barriers or systems issues that arise. Both agencies see the value in

providing the proposed level of care and early intervention for youth in Clackamas County experiencing mental health or substance abuse concerns as a mean to prevent further criminal activity and increase public safety. Additionally, the existing partnership between the CCJD and CCHCD, policies, Inter-Agency Agreements, and contracts already exist to support the work outlined in this proposal. If needed, these policies, agreements and contracts will be updated to reflect the program changes implemented as a result of enhanced funding.

CCHCD will refine the billing process for services provided by the MHS2 based at the CCJD. The billing protocol has been established in the Juvenile Drug Court program in collaboration with the CCHDD and should adapt easily to this program. Medicaid, private insurance, and individuals without insurance will be billed; uninsured individuals will be billed based upon their income. Historically 70-75% of youth assessed at the Juvenile Department have presented with Oregon Health Plan insurance. CCHCD is on a number of private insurance panels and/or private insurance companies compensate CCHCD for assessment and treatment services. This high percentage suggests that after the start-up (recruitment, hiring, training, and monitoring of revenue for the specific position) and time to evaluate the logistics, the MHS2 position has a high likelihood of becoming self-sustaining.

BUDGET NARRATIVE

PERSONNEL

Direct:

Mental Health Specialist 2 (MHS2) will perform mental health assessments of juveniles brought into the Juvenile Intake and Assessment Center by local law enforcement. S/he will assess and make recommendations for youth identified as having mental health or substance abuse concerns; will make recommendations for youth determined to be an immediate risk to self or community; provide mental health co-occurring assessments, treatment recommendations, and consultation services.

Cost: 88% of position will be funded by the grant - $86, 155 per year Total: $172,310

Administrative:

Administrative Services Manager will be responsible for grant management and administration, including filing quarterly reports, performance measurement reports and accounting.

Cost: 3.5% of position will be funded by the grant - $5,168 per year Total: $10,336

Administrative Policy Analyst will be responsible for all data collection, analysis and reporting.

Cost: $5,000 per year Total: $10,000

SUPPLIES

Computer – Initial purchase and yearly allocated cost Total: $2989

Office Supplies – Supplies needed by staff Total: $175

Seeking Safety Manual – Gender specific, evidence-based trauma informed treatment manual (2 copies) Total: $90

OTHER

Flex funding for individualized special services. Funds will be used for wrap-around services for youth, such as bus tickets/passes, to enhance youth's capabilities to access services, and other services determined to be necessary to assist youth to meet case plan objectives.

Total: $2,700

Electronic Health Record license required for the MHS2

Cost: $300 per year Total: $600

Training for staff on new evidence-based assessment tools by Jim Winkle, MPH

Cost: $200 per hour Total: $800

Total Grant Request: $200,000

MATCH

Clackamas County Juvenile Department – Source: General Fund

Personnel:

Juvenile Intake and Assessment Center Supervisor's time will be allocated for supervision, training, coordination of changes in policies/procedures and implementation of service.

Cost: 8% of position allocated to grant activities $9,606 per year Total: $19,212

Administrative Services Manager will be responsible for grant management and administration, including filing quarterly reports, performance measurement reports and accounting.

Cost: 1.5% of position allocated to grant activities - $2,215 per year Total: $4,430

Clackamas County Health Center Division – Source: General Fund

Mental Health Specialist 2 (MHS2) will perform mental health assessments of juveniles brought into the Juvenile Intake and Assessment Center by local law enforcement. S/he will assess and make recommendations for youth identified as having mental health or substance abuse concerns; will make recommendations for youth determined to be an immediate risk to self or community; provide mental health co-occurring assessments, treatment recommendations, and consultation services.

Cost: 12% of position allocated to grant activities - $11,748 per year Total: $23,496

Program Supervisor is dedicated to clinical supervision, training, quality improvement and quality assurance compliance, consultation regarding treatment recommendation; changes in policies/procedures coordination and implementation of service.

Cost: 5% of position allocated to grant activities – $6,879 per year Total: $13,758

Total Match: $60,896