Marion County Health & Human Services

CFAA Local Plan & Budget

11/20/2025

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Part I — Description of County's Current Continuum of Behavioral Health Care

1. ***Describe how the County's publicly funded behavioral health system is organized, including a description of the roles of/collaboration with the applicable entities below:***

    a. *The Local Mental Health Authority;*

In accordance with ORS 430.630, Marion County's publicly funded behavioral health system is administered under the leadership of the Marion County Board of Commissioners, who serve as the Local Mental Health Authority (LMHA) for the County with focus on local community-specific needs. The Board formally designates Marion County Health & Human Services (MCHHS) as the Community Mental Health Program (CMHP) responsible for delivering and coordinating behavioral health services.

MCHHS maintains a strong working relationship with the Marion County BOC. This collaboration is reflected through multiple ongoing engagement points that ensure alignment between county behavioral health priorities and broader governance direction.

MCHHS leadership, including the Health & Human Services Administrator and Deputy Director, regularly engage with the BOC through Management Update meetings held weekly, where program updates, funding needs, and service outcomes are discussed. Additionally, quarterly BOC Work Sessions provide a platform for in-depth discussion of behavioral health initiatives, such as service expansion proposals, crisis system developments, and state or federal funding opportunities.

MCHHS engages with the BOC during formal Board Sessions, where staff present action items for approval, such as contracts, grant applications, and budget adjustments, and seek strategic direction on community priorities. These consistent touchpoints strengthen transparency, reinforce shared accountability, and ensure that behavioral health services remain responsive to the needs of Marion County residents.

As the LMHA, the Marion County BOC participates in strategic planning processes to align priorities and provide direction. MCHHS leads the Community Health Assessment (CHA) and develops the Community Health Improvement Plan (CHIP), which identifies community priorities, goals, strategies, and objectives. The BOC, in its LMHA role, contributes input to these foundational community documents to ensure behavioral health planning reflects the broader health priorities and values of Marion County residents.

    b. *The Community Mental Health Program;*

This CMHP designation authorizes MCHHS to operate across the full continuum of behavioral health care, with a strong focus on crisis response, upstream prevention, and serving as a safety net to ensure access regardless of insurance or payor source. MCHHS delivers equitable, trauma-informed care that integrates mental health, substance use disorder (SUD) treatment, and developmental disability supports.

To maintain systemwide alignment and collaboration, MCHHS relies on a cross-divisional Executive Team that includes leadership from Addiction Treatment Services (ATS), Crisis Services, Outpatient Behavioral Health, Housing Services, Public Health, Administration, and the Intellectual and

Developmental Disabilities (IDD) Program. This team meets twice weekly to review department performance, coordinate strategic priorities, and address systemic barriers that require alignment across programs. The Executive Team also oversees department-wide strategic planning, guiding the development of performance measures, goals, and objectives that tie to both the Behavioral Health Local Plan and are informed by the Community Health Assessment & Improvement Plan (CHIP).

As the CMHP, MCHHS conducts a collaborative, data-driven internal planning process. Programs use shared reports and performance indicators to monitor access, timeliness, engagement, and outcomes. This data informs continuous quality improvement, budget development, and operational decision-making.

Operationally, MCHHS works deliberately to reduce system silos through integrated referral pathways and collaborative case coordination. Cross-program staffing ensures that clients can transition seamlessly between crisis, outpatient, residential, and housing supports without duplication or disruption in care. A team-based approach to addressing the needs of individuals if often employes for case consultation and care coordination.

Regular leadership collaboration, shared data systems, and department-wide initiatives promote a unified, accountable approach to service delivery. This coordinated structure ensures that MCHHS, as the designated CMHP, functions as a comprehensive and integrated behavioral health system, rather than a collection of separate programs, focused on partnership, quality, and continuous improvement.

c. *Tribe(s);*

MCHHS values its government-to-government relationships with Oregon's nine federally recognized Tribes and affirms that Tribal sovereignty, cultural identity, and lived experience must guide the development of an equitable and inclusive behavioral health system.

MCHHS collaborates with the Confederated Tribes of Grand Ronde and the Confederated Tribes of Siletz Indians to ensure Tribal members have access to culturally responsive mental health services, crisis support, and addiction treatment. MCHHS and the Grand Ronde Behavioral Health team have established direct communication to strengthen coordination and enhance crisis response pathways. Following an October 2025 meeting, MCHHS designated the Grand Ronde Behavioral Health Program Manager as a primary point of contact, creating a clear avenue for joint problem-solving, shared resource development, and improved care coordination for Tribal members experiencing behavioral health crises. Upcoming collaborative efforts include cross-team presentations and dialogue to deepen mutual understanding and streamline referrals. MCHHS crisis services will respond to Tribal members 24/7, ensuring access regardless of payer source.

Tribal members may access the full continuum of county-operated services, including Medication-Assisted Treatment (MAT), peer recovery mentorship, and gender-specific transitional housing programs such as Her Place and His Place, which offer supported housing and on-site childcare. MCHHS Addiction Treatment Services maintains referral pathways to Great Circle, the MAT provider serving the Confederated Tribes of Grand Ronde. In addition, Painted Horse Recovery, now an active BHRN partner, participates in the Local Alcohol and Drug Planning Committee (LADPC) and monthly BHRN partner meetings, strengthening culturally specific recovery pathways for Tribal community members.

At this time, MCHHS and its Tribal partners have not established formal Memoranda of Understanding (MOUs) or data-sharing agreements. Discussions continue about whether these tools would be helpful. Consistent with Tribal guidance, MCHHS is prioritizing trust-building and authentic relationship development before pursuing formal agreements.

In community health planning efforts, MCHHS acknowledges that participation from federally recognized Tribes in the most recent Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) cycles was limited. Engagement occurred primarily through Indigenous Now, which contributed CHA input on behalf of Indigenous community members not affiliated with a specific Tribe. MCHHS recognizes the need to improve outreach and consultation with Tribal governments in future planning cycles. To support this work, the Marion-Polk Community Health Collaborative—whose Steering Committee includes the PacificSource Tribal Liaison—is developing a Tribal Engagement Plan to guide meaningful, culturally responsive partnership with the Confederated Tribes of Grand Ronde, the Confederated Tribes of Siletz Indians, the Confederated Tribes of Warm Springs, and other Tribal partners in the region.

This evolving approach reflects MCHHS's commitment to building durable, trust-based partnerships that honor Tribal sovereignty and ensure that future CHA/CHIP and Behavioral Health Local Plan processes are more inclusive, representative, and aligned with the needs and priorities of Oregon's Tribal communities.

d. Coordinated Care Organization(s);

PacificSource Community Solutions holds the contract with Oregon Health Authority to operate the Marion Polk Coordinated Care Organization (CCO). PacificSource and the Willamette Health Council (WHC) jointly operate the Marion-Polk CCO under a formal partnership structure.

MCHHS holds a contract with PacificSource to deliver Medicaid behavioral health outpatient services, ACT, WRAP, and SUD Treatment. As one of the largest outpatient providers in the system, MCHHS plays a central role in aligning service delivery and transitions of care across payor sources.

PacificSource provides funding and operational support for Medicaid behavioral health services, including partial reimbursement for county-delivered care. Several MCHHS programs rely almost entirely on Medicaid, such as Youth and Family Services, which serves Oregon Health Plan (OHP) members exclusively, and Wraparound (WRAP), which is virtually 100 percent Medicaid-funded. PacificSource also funds Housing-Related Services and Supports (HRSN), which expands access to housing stabilization resources for Medicaid members. MCHHS and PacificSource maintain a contract and a data-sharing agreement to support service coordination and reporting.

MCHHS also partners with systems and providers whose services are carved out of the CCO, ensuring seamless transitions between CCO-covered benefits and Medicaid fee-for-service behavioral health services. These partnerships help maintain continuity of care for individuals who move between coverage types or require specialized services.

Founded in 2019, the Willamette Health Council is the community governance body for PacificSource Community Solutions, Marion County and Polk County Coordinated Care Organization. Under this partnership model, the Willamette Health Council collaborates with PacificSource to jointly manage the CCO with the goals of:

- Advancing health system transformation
- Improving the quality and availability of health care
- Investing in the social determinants of health
- Working to eliminate health disparities and advance health equity
- Reducing the cost of health care

The Willamette Health Council provides strategic direction and oversight for the Marion-Polk CCO and is responsible for much of its community-facing work. This includes directing the investment of CCO funds within the local community and close partnership with MCHHS as the CMHP for Marion County. The health council is a key regional partner in the development and implementation of the Marion-Polk Community Health Assessment and Community Health Improvement Plan, which guides many of its community investments.

The Willamette Health Council Board of Directors serves as the Marion-Polk CCO's Governing Board. There are currently four committees under the Board including:

- Community Advisory Council
- Clinical Advisory Panel
- Community Impact Committee
- Finance Committee

In addition, the health council convenes the region's System of Care, which brings together a diverse group of local organizations committed to addressing barriers to health and wellness for system-involved youth and families.

The Willamette Health Council is an Oregon-based 501(c)(3) nonprofit organization.

Meeting Name	**Name & Title**	**Frequency**	**Description**
Willamette Health Council Board of Directors	Katrina Griffith, MCHHS Deputy Director	Monthly	The Willamette Health Council Board of Directors is charged with governing the Marion-Polk CCO and overseeing the work of the health council.
WHC Finance Committee	MC Commissioner Colm Willis	Monthly	Provides financial oversight of the Marion-Polk CCO and the Willamette Health Council to ensure transparency, advance value-based payment, and help reduce the overall cost of care.
WHC Clinical Advisory Panel	Caroline Castillo, MD Health Officer Phil Blea, BH Outpatient Division Director	Monthly	The Clinical Advisory Panel (CAP) brings together diverse local health care provider perspectives to advise on best clinical practice, health care quality, and health information technology initiatives.

WHC Community Advisory Council	Tammy Brister, Youth & Family Clinical Supervisor	Monthly	The Community Advisory Council (CAC) advises the Marion-Polk CCO on how to be responsive to Oregon Health Plan members and community health needs.
WHC System of Care	Karin Perkins, IDD Division Director Sid Venkatachalam, Youth & Family Program Manager	Monthly	The System of Care (SOC) is a local network that advocates for the health and wellbeing of children, youth, and families living in the Marion-Polk community. We focus on strengthening systems and responding to the needs of young people who get many types of services and resources through community support.
WHC System of Care Workforce & Recruitment Subcommittee	Sid Venkatachalam, Youth & Family Program Manager	Monthly	
WHC System of Care Barrier Removal Subcommittee	Tammy Brister, Youth & Family Clinical Supervisor	Monthly	

Meeting Name	**Name & Title**	**Frequency**	**Description**
PacificSource Marion/Polk Quality Collaborative	Annie Korkeakoski-Sears, Youth & Family Clinical Services	Monthly	PacificSource Marion/Polk Population Health team led meeting to discuss Quality related issues and enhancing patient care in the Marion/Polk region.
PacificSource Regional Behavioral Health Quality Committee	Phil Blea, BH Outpatient Division Director	Quarterly	Reviews behavioral health policies, cases, and data to improve behavioral health quality.
Marion & Polk County co-convene the HRSN Convener Meeting	Zaira Flores-Marin, Marion Polk CCO Director	Bi-monthly	Housing providers meet to discuss coordinating housing resources provided through the HRSN program.
MCHHS & PacificSource monthly coordination meeting	Zaira Flores-Marin, Marion Polk CCO Director	Monthly	Informal meeting with MCHHS and PacificSource leadership to discuss issues and problem solve.

	Dannielle Brown, BH Director PacificSource		
Executive Committee for the Marion Polk Collaborative (CHA & CHIP)	Josie Silverman-Mendez WHC Deputy Director	Monthly	Advises and completes the Community Health Assessment and Improvement Plan for the Marion Polk region. Partners include Marion & Polk Counties, Salem Health, Santiam Hospital, Legacy, WHC, PacificSource, and WHC Community Advisory Council.
MCHHS Mental Health Advisory Committee	Christina McCollum, PacificSource Behavioral Health Strategist for Marion & Polk Counties	Monthly	Fulfills ORS 430.630 (C)(7)
MCHHS Local Alcohol & Drug Planning Committee	Kat Fox, PacificSource Behavioral Health Strategist for Marion & Polk Counties	Monthly	Fulfills ORS 430.342

Medicaid and Fee-for-Service (FFS) Systems Coordination

System / Service Type	Coordination Strategy
Home and Community-Based Services (HCBS)	CMHP staff collaborate with DHS Aging & People with Disabilities case managers to coordinate supports for individuals with co-occurring behavioral health and long-term care needs. Staff provide case consultation, skills training, and case management for older adults. MCHHS maintains a contractual arrangement with Northwest Senior and Disability Services to support this coordination.
School-Based Health Services	MCHHS clinicians provide consultation and training to school-based health center staff to integrate behavioral health screening and support into routine care. MCHHS holds MOUs with North Marion and Woodburn School Districts to provide mental health services, and with the Salem-Keizer School District (SKSD) to conduct suicide risk assessments and deliver services through Early College for teen parents. 4D Recovery participates in LADPC and BHRN and partners with Discovery High School to support youth experiencing substance use challenges. All Marion County school districts participate in the System of Care and Early Learning Hub, which further strengthens coordination and referral pathways.

System / Service Type	Coordination Strategy
Behavioral Rehabilitation Services (BRS)	MCHHS provides juvenile behavioral health assessments, including after-hours assessments for youth at risk. CMHP staff coordinate transitions between BRS providers and county outpatient programs to minimize service gaps during placement changes and ensure continuity of care.
Federally Qualified & Rural Health Centers	MCHHS has created referral pathways to support transitions for individuals moving from county Adult Behavioral Health (ABH) services to Northwest Human Services. Staff engage in ongoing meetings and workflow development with FQHC and RHC partners to ensure coordinated care.
Oregon Youth Authority (OYA)	MCHHS partners with the Juvenile Department and OYA to provide behavioral health assessments for youth entering Juvenile Detention and the GAP program. CMHP youth services staff participate in discharge planning for youth returning to Marion County from OYA facilities to ensure continuity of mental health and substance use treatment.
ODHS Child Welfare	MCHHS completes mental health assessments for all ODHS-involved children in Marion County and holds a formal contract with ODHS for this work. Staff complete all CANS assessments and accept referrals from Child Welfare for His Place, Her Place, and Our Place to reduce foster care placements for parents with substance use disorders. MCHHS also partners with ODHS on family reunification for parents who have lost housing, with the Housing Team working to secure stable long-term placements. ODHS, Juvenile, IDD, and Youth & Family Services meet monthly to address shared system issues. YFS and Housing staff participate in the Keeping Families Together initiative to connect families to treatment and housing resources. Crisis Youth Response provides temporary lodging for high-acuity youth and coordinates closely with the Crisis Response Team (CRT) to ensure safety and stabilization.

e. Community Hospitals

Marion County maintains long-standing, collaborative partnerships with community hospitals across the region to support crisis response, stabilization, and coordinated behavioral health care. Salem Health, home to one of Oregon's largest emergency departments, has partnered with MCHHS for more than 30 years through the co-location of the Behavioral Health Crisis Center (BHCC), the Psychiatric Medicine Center, and the Salem Hospital Emergency Department. This co-location model enables rapid communication and direct collaboration between hospital teams and MCHHS crisis staff, improving crisis diversion, assessment, and stabilization services. In 2024, MCHHS opened a new stabilization center located one mile from the hospital, further strengthening coordination and reducing emergency department utilization for behavioral health crises.

Beyond Salem Health, MCHHS also partners closely with Silverton Hospital and Santiam Hospital. Both hospitals refer individuals to MCHHS for crisis services during business hours and host after-hours evaluations, ensuring that individuals across the region have timely access to behavioral health intervention and support.

MCHHS maintains agreements with all three hospitals that allow the PRIME+ team of Certified Recovery Mentors to respond to any overdose treated in the emergency department. This partnership creates immediate engagement opportunities, supporting relationship building, rapid access to substance use treatment, and smoother transitions into recovery services.

These hospital partnerships also extend to broader community health planning and emergency response. MCHHS collaborates with hospital partners through the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes, ensuring shared priorities and coordinated investment across the region. During major emergencies, including the COVID-19 pandemic and the 2020 wildfires, MCHHS and hospital partners worked jointly to provide on-site mental health support to impacted communities, particularly in the Santiam Canyon in partnership with Santiam Hospital.

MCHHS maintains formal contracts with Salem Health, Silverton Hospital, and Santiam Hospital, including a contract for inpatient non-Medicaid psychiatric beds. The Behavioral Health Crisis Team meets regularly with hospital leadership, including monthly meetings with the Salem Health Nurse Manager and weekly coordination with the Behavioral Health Manager. Additionally, MCHHS participates in the Child Abuse Report Team (CART), which includes all three hospitals, Liberty House, law enforcement partners, and local schools, which meets every two months to support coordinated responses for vulnerable children and families.

Marion County also participates in Salem Hospital's BEACON initiative:
The BEACON Collaborative is designed to bridge early addiction care with obstetric and newborn support in Marion County. Its purpose is to create a coordinated, family-centered approach for pregnant and parenting people experiencing substance use disorders. By bringing together treatment providers, medical staff, peer mentors, and community partners, BEACON strengthens access to timely care, improves maternal and infant health outcomes, and supports long-term recovery and family stability. We aim to improve maternal and infant health outcomes in Marion County by integrating early addiction treatment, obstetric care, and newborn support into a coordinated system of trauma-informed services that reduce barriers, strengthen recovery, and promote long-term family stability.

The Collaborative focuses on:

- Early engagement in addiction treatment and recovery supports
- Trauma-informed and compassionate care during pregnancy and postpartum
- Safe and supportive transitions after delivery, including hospital discharge planning
- Reducing barriers to care through integrated services and community partnership
- Promoting healthier outcomes for both mothers and their newborns

f. Courts;

The justice system is a vital partner in Marion County's behavioral health continuum. MCHHS participates actively in the Local Public Safety Coordinating Council (LPSCC) and works closely with

law enforcement, community corrections, and the courts to improve outcomes for justice-involved individuals with behavioral health needs.

Marion County's Behavioral Health program supports the Community Restoration Docket and collaborates with the courts through specialized initiatives designed to address the complex needs of individuals experiencing behavioral health challenges. One key initiative is the Aid and Assist program, which provides intensive care coordination for individuals under court order who are found unable to aid and assist in their own defense. MCHHS staff work directly with the Rapid Docket system and court representatives, including Deputy District Attorneys and defense attorneys, to expedite treatment placements or restoration services. This collaboration ensures individuals receive appropriate support, monitoring, and timely access to needed services. MCHHS also provides pre-commitment and post-commitment services to ensure that court-involved individuals receive ongoing care aligned with legal proceedings and psychiatric evaluations. The team meets weekly with the courts to review Aid and Assist cases and determine which individuals can transition from the Oregon State Hospital (OSH) or other settings into community restoration services.

MCHHS Addiction Treatment Services (ATS) partners with the Marion County RESTORE Court, a specialized treatment court designed to support individuals in the criminal justice system who have substance use disorders. Certified Addiction Recovery Mentors (CRMs) meet with participants on-site to assess immediate needs, provide recovery support, and connect individuals to ongoing substance use treatment. ATS staff also help reduce barriers such as transportation, scheduling, and treatment access, creating a streamlined pathway for participants to engage in and sustain recovery. MCHHS collaborates with the courts to serve as the grant and fiscal administrator for the county's five specialty courts, reinforcing the shared commitment to evidence-based, recovery-focused interventions.

For individuals under the jurisdiction of the Psychiatric Security Review Board (PSRB), MCHHS provides supervision and monitoring for assigned caseloads. Staff review court orders and documentation, provide regular updates to the courts, and meet monthly with the courts and the Oregon Health Authority to coordinate services and address case needs. MCHHS also conducts risk assessments for community placements and manages revocation processes when necessary, ensuring public safety and ongoing clinical oversight.

g. Law Enforcement and Community Corrections;

Marion County's behavioral health continuum relies on strong, collaborative partnerships with law enforcement and community corrections to ensure a coordinated, trauma-informed response to individuals experiencing behavioral health crises. MCHHS operates multiple co-response and diversion programs designed to support public safety while providing timely clinical intervention in the community.

MCHHS Community Response Teams (CRTs), composed of Qualified Mental Health Professionals (QMHPs), Qualified Mental Health Associates (QMHAs), and Certified Recovery Mentors (CRMs), respond to behavioral health crises alongside or in lieu of law enforcement. Funded through CFAA resources, CRTs provide 24/7/365 crisis support, de-escalation, and linkage to services for priority populations, regardless of insurance or payer source.

In addition to the CRTs, MCHHS operates a federally funded mobile crisis response team that pairs a QMHP with a Marion County Sheriff's Deputy to respond directly to 911-dispatched crisis calls. This team enhances the county's capacity to provide behavioral health-informed responses during emergencies, strengthens law enforcement's ability to safely manage behavioral health situations, and improves outcomes for individuals in crisis.

MCHHS also partners with the Law Enforcement Assisted Diversion (LEAD) team by embedding a QMHA within the county's deflection and outreach model. The LEAD program focuses on early intervention for individuals experiencing substance use disorders and for people who are unhoused, providing alternatives to criminal justice involvement and connecting individuals to treatment and stabilization services.

To further support safe and effective crisis response, MCHHS offers a comprehensive Crisis Intervention Team (CIT) training program grounded in evidence-based practices. CIT training is offered twice annually and is available to law enforcement agencies, jail personnel, district attorneys, and security teams from hospitals and colleges across Marion County. The training strengthens behavioral health awareness, de-escalation skills, and cross-system collaboration among public safety partners.

MCHHS provides ongoing behavioral health services within the justice system, including mental health assessments for the Juvenile Department and on-site mental health services within the Marion County Jail. These services, funded through County General Fund resources, reflect the county's commitment to supporting individuals with behavioral health needs at every point of contact with the justice system.

MCHHS also partners with the Marion County Sheriff's Office (MCSO), Chemeketa Community College, and other community partners through the SOAR program, a reentry initiative that provides counseling, mentoring, education, and employment pathways for individuals involved in Addiction Treatment Services. The 12-week program culminates in a community graduation event and is designed to reduce recidivism through supportive engagement and rehabilitation.

Crisis program leadership meets monthly with MCSO jail staff and the medical team to support coordinated responses to individuals with behavioral health needs. CARES and the Mobile Crisis Response Team meet weekly to address high-acuity cases and improve care coordination.

MCHHS also operates a 24/7 deflection hotline available to all law enforcement agencies across Marion County. Staff attend law enforcement briefings to strengthen referral pathways and increase awareness of available behavioral health services. MCHHS partners with MCSO to offer CIT training specifically tailored to their personnel twice per year, further enhancing shared capacity to respond effectively to behavioral health crises.

h. Schools;

Marion County is deeply engaged with school systems across the county to promote early intervention, strengthen behavioral health supports, and ensure that students can access timely and effective care. The Youth and Family Crisis Services team provides suicide risk assessments in all county schools and partners with the Salem-Keizer School District to conduct Student Threat

Assessments, ensuring early triage and rapid intervention for students experiencing acute mental health concerns.

MCHHS maintains formal agreements with several school districts, including Gervais, Woodburn, and North Marion, that allow the county to place on-site Qualified Mental Health Professionals (QMHPs) within school settings. These clinicians deliver individual and group counseling, provide crisis triage, offer case management, and connect students and families to community resources. The structure of these agreements supports flexible, culturally responsive services that meet the diverse needs of students, including youth who require substance use disorder (SUD) support.

Certified Recovery Mentors (CRMs) also play an important role in supporting students. CRMs collaborate with school staff, build trusting relationships with youth, and accept referrals for students experiencing SUD challenges. The Youth and Family Mental Health Team, including Wraparound (WRAP) facilitators, works closely with school personnel to ensure that behavioral health supports are coordinated, accessible, and tailored to each student's needs.

Through these partnerships, Marion County meets youth where they are, within their school environments, to promote well-being, provide effective behavioral health interventions, and ensure that every young person can access the appropriate level of care at the right time.

i. Community Action Agencies and Housing Authorities;

MCHHS actively partners with community action agencies and local housing authorities to promote housing stability and support recovery for individuals experiencing mental health challenges or substance use disorders. These partnerships are essential components of Marion County's housing-focused continuum of care and help ensure that individuals can transition successfully from higher levels of care into community-based living.

MCHHS maintains preference voucher arrangements with both the Marion County Housing Authority (MCHA) and the Salem Housing Authority (SHA). These preference vouchers play a critical role in stepping individuals down from intensive services—such as crisis stabilization, residential treatment, or inpatient care—into supported housing options and, ultimately, into independent living environments. The Memoranda of Understanding with MCHA outline streamlined referral and eligibility procedures for Housing Choice Vouchers, including monthly allocations to MCHHS and other county-operated programs. MCHHS also completes and submits Housing Choice Voucher Eligibility Questionnaire packets and ensures that referred individuals are active participants in behavioral health services throughout the process.

Beyond voucher access, MCHHS regularly collaborates with local housing authorities through presentations, technical assistance, and case coordination. Staff highlight the availability of 24/7 Community Response Teams (CRTs) and Addiction Treatment Services (ATS) to support residents who may be at risk of eviction or struggling with behavioral health needs. These efforts strengthen communication, build trust, and increase the awareness of county resources among housing authority staff.

MCHHS also participates actively in broader regional housing and homelessness initiatives. Staff serve on key committees of the Mid-Willamette Valley Homeless Alliance (MWVHA), including the Youth Subcommittee and the Health and Safety Committee, which is co-chaired by MCHHS. MCHHS engages with the Santiam Canyon's SIT Teams to support coordinated responses for

individuals who are unhoused or at risk. Additionally, both the Marion County Housing Authority and the Salem Housing Authority participate in CHA and CHIP workgroups, reinforcing alignment between public health and housing system priorities.

These strong partnerships with housing authorities and community action agencies ensure that individuals with mental health and substance use challenges have access to stable housing, supportive services, and smooth transitions across the continuum of care. Together, these collaborations advance housing stability, improve recovery outcomes, and strengthen the well-being of Marion County residents.

j. ODHS; and

In addition to its role as the Community Mental Health Program (CMHP), MCHHS also serves as the Community Developmental Disabilities Program (CDDP). These dual roles position MCHHS to collaborate closely with the Oregon Department of Human Services (ODHS) and a wide range of community partners in supporting children, adults, and families across multiple service systems.

MCHHS maintains a contract with ODHS to provide child welfare housing supports designed to remove housing instability as a barrier to safe family reunification. Under this agreement, MCHHS manages flexible funding allocations that help meet urgent housing needs, stabilize families, and support reunification efforts. Regular communication and joint budget planning with ODHS help ensure that flex fund expenditures and service delivery align with ODHS child welfare goals and federal requirements.

MCHHS also participates in bi-monthly consultations with ODHS to review mental health assessments for youth entering the ODHS system, identify service gaps, and address barriers to timely and effective care. Through these collaborative efforts, MCHHS ensures that youth and families receive appropriate behavioral health services during critical transition periods.

Beyond direct service delivery, MCHHS actively partners with ODHS through the Marion-Polk System of Care (SOC). The SOC elevates the lived experiences of youth and families and works collaboratively with ODHS and other stakeholders to align policy, improve service design, and advance practice changes that promote safety, stability, and overall well-being. This shared framework strengthens cross-system coordination and reinforces a communitywide commitment to supporting culturally responsive, family-centered care.

These partnerships with ODHS reflect MCHHS's commitment to a holistic, person-centered behavioral health system that addresses both the immediate needs of children and families and the long-term health and wellness of the broader community.

k. Other local entities with respect to the delivery of publicly funded mental health and substance use disorder services;

MCHHS partners with a wide network of community-based organizations and local systems to deliver a comprehensive, coordinated, and responsive behavioral health continuum for Marion County residents. These partnerships strengthen prevention, treatment, recovery, and crisis services and ensure that individuals can access the supports they need across multiple points of care.

MCHHS works closely with advisory bodies such as the Mental Health Advisory Committee (MHAC), the Local Alcohol and Drug Planning Committee (LADPC), and the Community Health Assessment

(CHA) and Community Health Improvement Plan (CHIP) Executive Committees. These forums guide local planning efforts, identify shared priorities, and align community resources to address behavioral health needs. BHRN partners also participate actively in LADPC, including Bridgeway, the CCO, Iron Tribe, Soaring Heights, Ideal Options, Painted Horse Recovery, the Juvenile Department, and Child Welfare and Self-Sufficiency (who join as guests when appropriate). MHAC includes representation from the CCO, Northwest Human Services, peer leaders, Western Oregon University, Veterans Assistance, and community members at large.

A broad coalition of community partners contributes to CHA/CHIP planning and priority setting, including:

Bridgeway Community Health
Capitol Dental Care
Catholic Community Services
Center for Hope & Safety
Centro de Servicios para Campesinos
Health Equity Coalition of Marion, Polk & Yamhill Counties
Interface Network
Kaiser Permanente
Legacy Silverton Medical Center
Marion County Health & Human Services
Marion County Housing Authority
Marion-Polk Early Learning Hub
Marshallese American Network for Interacting Together
Micronesian Islander Community
Mid-Willamette Valley Community Action Agency
Mid-Willamette Valley Homeless Alliance
Morrison Child & Family Services
Northwest Human Services
Northwest Senior and Disability Services
Oregon Department of Human Services
OYEN Emotional Wellness Center
PacificSource Marion-Polk CCO
Polk County Behavioral Health
Polk County Community Corrections
Polk County Emergency Medical Services
Polk County Public Health
Polk County Family & Community Outreach
Punx with Purpose
Salem Free Clinics
Salem Health Hospitals & Clinics
Salem-Keizer Public Schools
Salem Housing Authority
Salem Leadership Foundation
Salem Police Department
Salem Psychiatric Associates & Valley Mental Health
Santiam Hospital & Clinics
Sheltering Silverton
Soaring Heights Recovery Homes
West Valley Housing Authority
Willamette Education Service District
Willamette Health Council
WVP Health Authority
Yakima Valley Farmworkers Clinic

MCHHS also collaborates with peer-run organizations, culturally specific providers, recovery organizations, faith-based groups, and community centers that offer essential supports for individuals experiencing mental health challenges or substance use disorders. These partnerships ensure access to culturally responsive services, peer-led recovery pathways, and safe recovery housing options.

In addition, the MCHHS Deputy Director serves as the Ambulance Service Area (ASA) Administrator for Marion County. Through this role, MCHHS connects emergency medical services (EMS) with the broader behavioral health system and ensures a coordinated response for individuals experiencing behavioral health crises. The Crisis Program provides presentations and technical assistance to the ASA group and works with EMS partners to incorporate behavioral health awareness into emergency response protocols. This collaboration includes the Salem Fire Department’s co-responder model

and strengthens the county's overall continuum of care by ensuring that first responders have the training, resources, and clinical support needed during crisis events.

MCHHS sustains these partnerships through a diversified funding strategy that blends CFAA resources, Coordinated Care Organization (CCO) contracts, and additional public grants. This approach supports a high-impact, person-centered behavioral health system focused on the priority populations identified in Exhibit B of the CFAA, including individuals with severe and persistent mental illness (SPMI), youth with serious emotional disturbance (SED), individuals with co-occurring disorders, justice-involved individuals, transition-age youth, and older adults.

Part II — Description of Core Services

1. ***Explain how the County will deliver or ensure delivery of the Required Services, as well as any Other Allowable Services, for each Core Service Area outlined in Exhibit B of the CFAA differentiating between systems of care for children[1] and adults[2]. This description must also include discussion of services for young adults in transition[3] and older adults[4], as appropriate.***

    a. *System Management & Coordination*

MCHHS oversees the planning, coordination, and delivery of behavioral health services serving in the role as the CMHP. We maintain a structure for system design and oversight, ensure compliance with ORS 430.630(9), and provide complex case consultation and transition planning for individuals across the lifespan.

MCHHS coordinates with community partners, including CCOs, ODHS, law enforcement, housing authorities, schools, and local advisory committees, to ensure services are responsive to children, adults, transition-age youth, and older adults. This includes data-driven decision-making, active monitoring of services, and ongoing quality improvement activities.

Our approach prioritizes culturally responsive, trauma-informed care that helps individuals access the most integrated and least restrictive services available, regardless of funding source. These efforts ensure that the county's behavioral health system meets the needs of our community and upholds the standards set forth in the CFAA.

Marion County will ensure protective services for adults with serious and persistent mental illness through robust screening, investigation of allegations of abuse, neglect, or exploitation, and linkage to appropriate supports. These services will be trauma-informed, emphasizing the least intrusive interventions possible, and will coordinate closely with law enforcement, Adult Protective Services, and other appropriate partners.

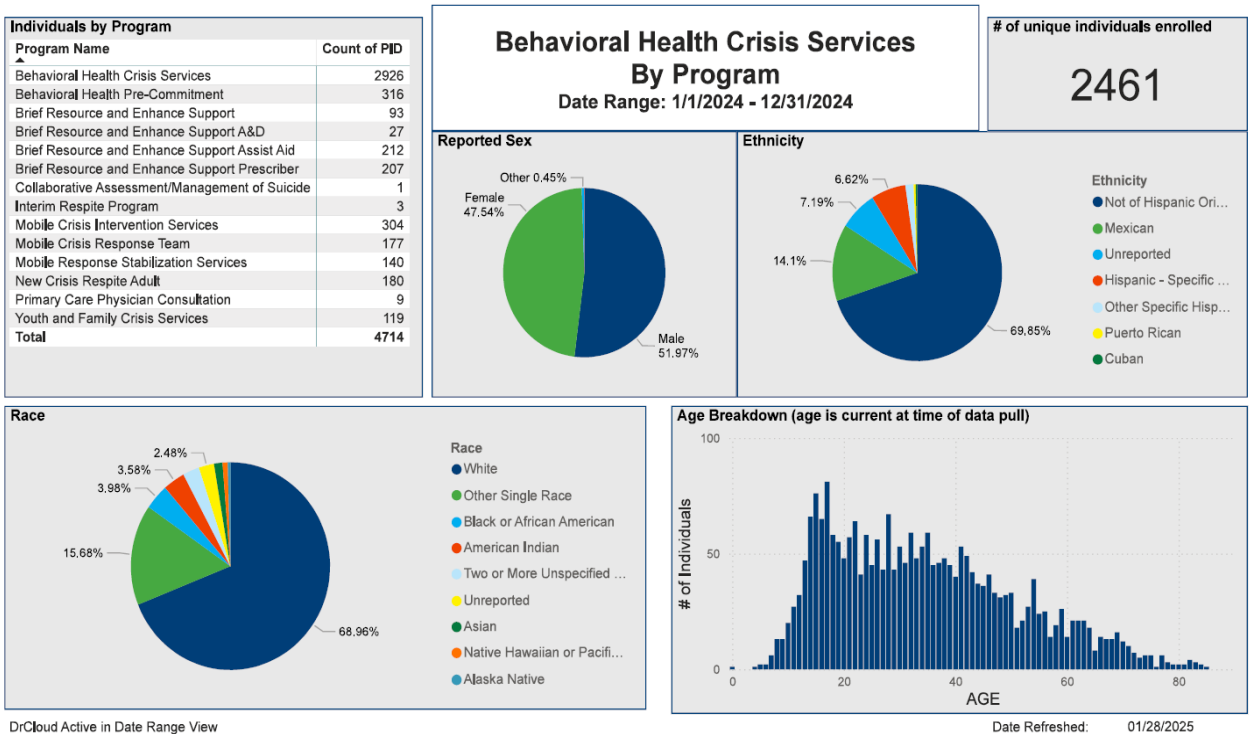
MCHHS maintains a robust coordination framework that supports continuous care planning, seamless transitions, and strong cross-system collaboration. Care plans are developed in partnership with clients and a broad network of community partners, including probation officers, courts, attorneys, the District Attorney's Office, Oregon State Hospital, PacificSource, and

[1] Under the age of 18
[2] 18 years of age or older
[3] TBD
[4] 60 years of age or older

treatment providers through the Behavioral Health Crisis Center (BHCC) and Enhanced Navigation & Care Coordination (ENCC). Standing partnerships with PSRB, local hospitals, acute psychiatric units, SRTFs, and residential treatment programs allow individuals to move effectively between institutional and community settings. Collaboration with law enforcement, including assistance with secure transportation, crisis stabilization, and diversion when clinically appropriate, further strengthen safety and continuity for individuals across the lifespan.

MCHHS relies on a comprehensive staffing model to ensure the effective delivery of all Required and Allowable Services. Behavioral Health programs are staffed by Program Managers, Program Supervisors, Clinical Supervisors, licensed QMHPs, QMHPs, QMHAs, CADC I and II providers, Certified Recovery Mentors (CRMs), and Peer Support Specialists. These multidisciplinary teams provide therapeutic services, crisis response, care coordination, substance use treatment, peer support, and rehabilitative services across every Core Service Area. MCHHS monitors staffing and vacancies monthly, prioritizes recruitment and retention, and deploys designated backup staff to maintain continuity of core services. Workforce Development Days, ongoing clinical training, and internal employee engagement surveys support staff well-being and professional growth, ensuring a capable and resilient workforce that can meet the diverse needs of children, adults, transition-age youth, and older adults

b. Crisis Services



Marion County provides comprehensive crisis services via the Behavioral Health Crisis Center (BHCC). Staffed 24/7 with QMHPs, the BHCC offers crisis evaluations, referrals, and stabilization services for individuals across the lifespan. Our emphasis is on community-based stabilization to prevent hospitalization whenever appropriate. Unless specifically noted below, services are

funded with a blend of CFAA Non-Medicaid funds and an appropriate portion of Medicaid funding from PacificSource to reflect utilization of the Medicaid population in Marion County.

Key components of our crisis services include:

- Crisis Stabilization Center: The Crisis Stabilization Center provides 24/7 crisis evaluations, stabilization, and referrals for individuals of all ages, with an emphasis on connecting people to the least restrictive, community-based services. The center includes 23-hour stabilization beds and is staffed by a team of over 70 professionals, including QMHPs, QMHAs, Care Coordinators, Peer Support Specialists, Certified Recovery Mentors (CRMs), CADCs, and Family Support Partners. The CSC serves as an entry point into a full continuum of care—ranging from prescriber services and medication support to transitional treatment beds and longer-term case management—with warm handoffs to community providers.
- Community Response Team (CRT): This mobile crisis unit includes QMHPs or QMHAs paired with CRMs, responding directly to community settings such as homes, shelters, and businesses. CRT collaborates closely with law enforcement and 988 call triage to provide on-site stabilization and connection to services. MCHHS also delivers Crisis Intervention Team (CIT) training to law enforcement and community partners.
- Mobile Crisis Response Team (MCRT): This co-responder model pairs a QMHP with a Sheriff's Deputy to respond to 911-dispatched calls involving behavioral health needs. Funded through a federal grant, MCRT expands capacity for community-based crisis response throughout Marion County.
- Mobile Response Stabilization Services (MRSS): Following an initial crisis evaluation, youth and adult stabilization teams **provide 72-hour follow-up services**, including systems navigation, care coordination, and short-term therapy to prevent escalation and promote stability.
- Youth and Family Crisis Services (YFCS): Dedicated team providing suicide and threat assessments in our crisis center, as well as in schools, youth-specific crisis evaluations, and follow-up stabilization for youth and families. They engage in short-term therapy, systems navigation, and linkages to community services.
- Prescribing Services: Two psychiatric nurse practitioners provide medication support during crisis episodes, including youth age 14+. Prescriptions are limited to clinically appropriate scenarios due to the episodic nature of crisis care.
- Drug and Alcohol Free Program (Lotus & Iris Houses): This transitional treatment program provides co-occurring mental health and SUD treatment in a drug- and alcohol-free residential setting. On-site support is provided by a CADC and CRM, ensuring integrated stabilization for individuals with dual diagnoses.
- Diversion Services: Peer Support Specialists, QMHPs, and QMHAs provide short-term stabilization for uninsured or underinsured individuals. Services include case management, counseling connections, housing referrals, and service navigation to prevent unnecessary hospitalization or justice involvement.
- Crisis Respite: Off-site 23-hour respite beds offer immediate stabilization in a structured, supportive environment. These services are staffed by QMHAs and QMHPs, providing short-term intervention for individuals who can safely remain in the community with brief, intensive support.

- Community Navigator: A dedicated QMHA provides up to 56 days of stabilization support, offering warm handoffs, service navigation, and active connection to ongoing community-based behavioral health services. The navigator maintains deep knowledge of local providers, resources, and access pathways to ensure successful entry into longer-term care.

c. Forensic & Involuntary Services

The Forensic Services include the Aid and Assist Team, which supports individuals found unable to aid and assist in legal defense. Services include:

- In-Hospital Coordination: MCHHS provides active monitoring and support for individuals receiving care at the Oregon State Hospital (OSH). A dedicated QMHA and Peer Support Specialist conduct in-reach prior to discharge to build rapport, support stabilization, and ensure a smooth transition back into the community. This early engagement helps strengthen continuity of care, reduce barriers to reentry, and promote long-term recovery.
- Community Restoration: Restoration efforts for individuals in the community, supported by QMHPs, QMHAs and Peer Support Specialists.
- Legal Skills Training: Delivered by QMHA staff to support court-ordered restoration.
- Community Restoration Monitor: A probation officer-funded role modeled on Pretrial Monitoring, enhancing oversight for individuals with high-risk charges or failure to comply with community release.
- Civil Commitment: MCHHS administers all Civil Commitment responsibilities for Marion County as part of its statutory CMHP role. These services are funded exclusively with CFAA dollars, as Medicaid resources cannot be used for civil commitment activities. The Civil Commitment Unit conducts investigations, coordinates court processes, pursues least-restrictive alternatives, facilitates diversion, and oversees post-commitment monitoring, trial visits, and discharge planning.

Civil commitment begins when an individual is alleged to meet statutory criteria related to imminent danger to self or others or inability to meet basic needs due to mental illness. When MCHHS receives a Notice of Mental Illness, a qualified QMHP investigator meets with the individual, reviews clinical information with the medical team, and evaluates whether symptoms are likely to resolve within the five judicial days allowed for holding. Throughout this process, investigators also contact family members, provide information about community resources, and reinforce voluntary treatment options whenever appropriate.

MCHHS maximizes voluntary engagement by prioritizing least-restrictive interventions. If an individual appears likely to stabilize within five days, the hospital is supported in arranging community-based care upon discharge. When stabilization is unlikely, investigators discuss the 14-day diversion option, which allows individuals, if able to understand and agree, to remain voluntarily hospitalized with a treatment plan in lieu of court involvement. Investigators maintain contact with the medical provider throughout the diversion period to confirm ongoing agreement and clinical appropriateness. Diversion is used whenever clinically feasible to avoid unnecessary court proceedings.

If an individual is too compromised to process information or declines diversion, and if statutory criteria are met, the investigator requests a court hearing and collaborates closely with the

District Attorney's Office, defense counsel, and judges to ensure due process. Most individuals who are civilly committed spend 30 days or less in inpatient treatment during their 180-day commitment period. Upon discharge from the hospital, they are typically placed on Trial Visit (Conditions for Placement), which allows them to return to the community while remaining under commitment jurisdiction.

Trial Visits are a cornerstone of post-commitment services. QMHPs and QMHAs provide hands-on monitoring, problem-solving, and support throughout the Trial Visit, ensuring that outpatient services continue, barriers are addressed, and stabilization is maintained. Staff help individuals access needed community resources, adjust treatment plans, and build self-efficacy. Cases remain open for the full duration of the commitment, with the goal of helping individuals maintain a safe and sustainable baseline. If circumstances warrant, Trial Visits can be revoked and individuals may return to inpatient care for short-term stabilization. Individuals who need ongoing support after the commitment period transition to voluntary outpatient care.

MCHHS also incorporates Declaration for Mental Health Treatment (DMHT) education and implementation into its civil commitment work. DMHTs are introduced when appropriate—typically as Trial Visits conclude—to help individuals identify early warning signs, preferred interventions, and trusted decision-makers. This tool is especially helpful for individuals who experience repeated cycles of crisis leading to loss of housing, employment, and stability. Families expressing interest in proactive planning receive education and assistance in initiating a DMHT for their loved one.

The Civil Commitment team also integrates closely with OSH. QMHA navigators and Peer Support Specialists conduct in-reach prior to discharge to build rapport, clarify expectations, and ensure continuity of care once the individual returns to the community. Staff continue working with individuals for several months post-discharge to reduce recidivism and support ongoing treatment engagement. Evidence-informed approaches—including peer involvement, structured monitoring, ACT coordination, and the use of CCO resources when applicable—support this work. Data tracking, including recidivism to OSH for Aid & Assist restoration or civil commitment readmissions, helps guide system improvements and ensure accountability.

In summary, MCHHS delivers a comprehensive civil commitment system that prioritizes least-restrictive alternatives, incorporates diversion and voluntary options, utilizes trial visits, includes DMHT education, and provides robust post-commitment monitoring. This model is grounded in trauma-informed practice, strong cross-system partnerships, and a staffing structure that includes QMHP investigators, QMHAs, Peer Support Specialists, and clinical supervisors. Together, these practices ensure that individuals receive appropriate, rights-affirming intervention and support throughout the civil commitment process.

These programs are embedded within Acute Services, ensuring access to medication support, transitional treatment beds, and dual diagnosis programs at Lotus and Iris House.

Additionally, Marion County oversees a Psychiatric Security Review Board (PSRB) program that provides outpatient services and supervision for individuals with serious mental illness who are living in the community under conditions set by the Oregon Psychiatric Security Review Board. Eligibility is determined when an individual is found "guilty except for insanity" and placed under the PSRB's jurisdiction.

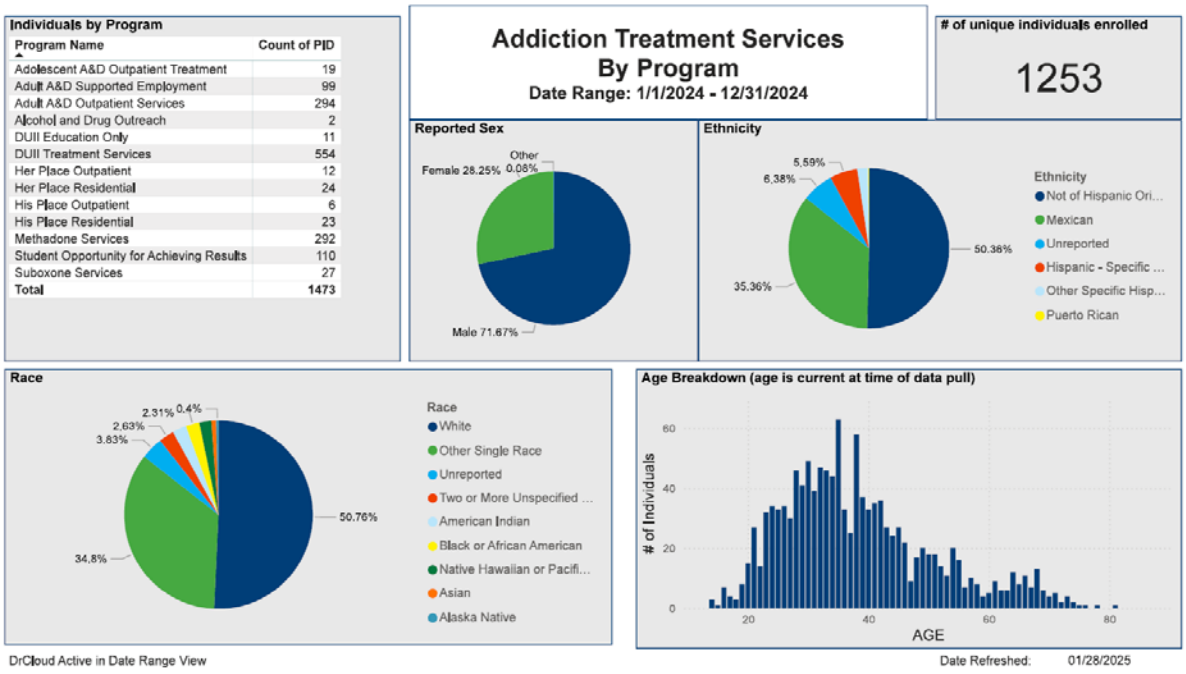
PSRB Services Include:

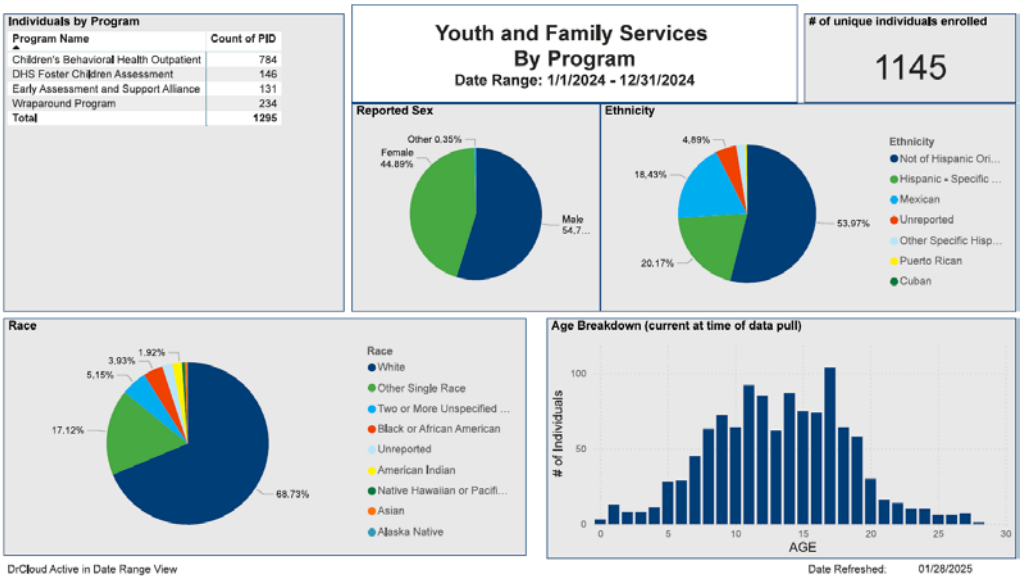
- Supervision and monitoring
- Mental health assessments
- Treatment planning
- Individual and group therapy
- Skills training
- Case management
- Supported employment
- Licensed care
- Supportive housing

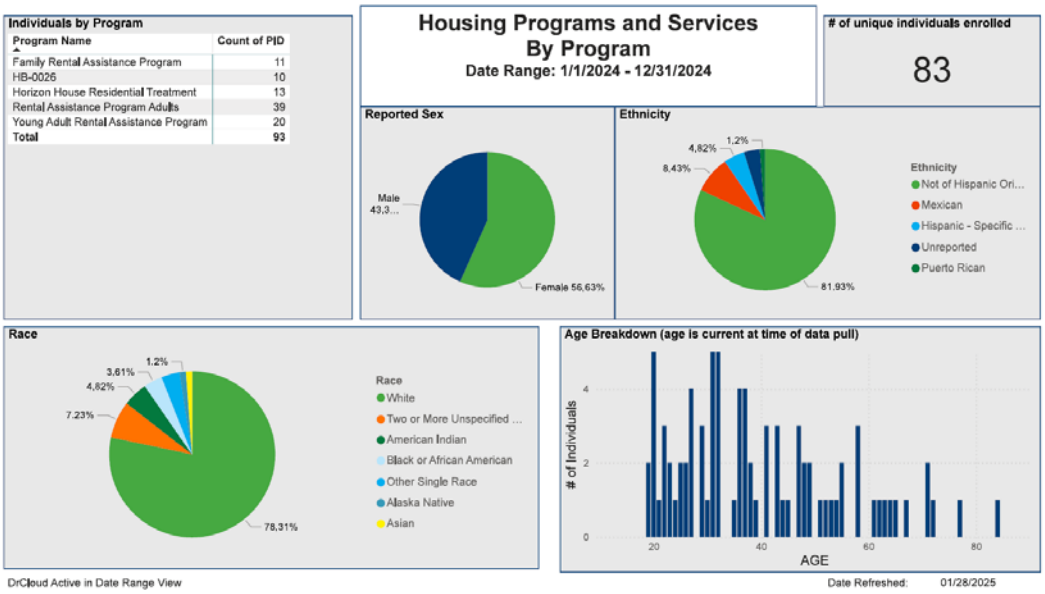
Stepping Stones is a transitional housing program operated by MCHHS that provides short-term residential support specifically for individuals under the jurisdiction of the PSRB. Designed as a step-down resource for individuals transitioning from institutional settings or higher levels of care, Stepping Stones offers a safe, structured environment with intensive supports. Residents work with a multidisciplinary team to engage in treatment, build recovery-focused skills, and prepare for more independent living in the community. Stepping Stones prioritizes stability, community reintegration, and long-term recovery, ensuring that individuals under PSRB jurisdiction receive the tailored care and oversight they need for successful community living.

Through these integrated forensic services, MCHHS ensures that individuals under legal oversight receive comprehensive behavioral health care and opportunities for successful community living.

d. Outpatient & Community Based Services







MCHHS provides a comprehensive array of outpatient and community-based services across the lifespan to support individuals with behavioral health challenges. Our Adult Outpatient Program (AOP) serves adults over 18 with serious and persistent mental illness (SPMI), such as schizophrenia, schizoaffective disorder, and bipolar disorder. Primary referrals come from Oregon State Hospital (OSH) and Salem Hospital's Psychiatric Medicine Center (PMC). Services include mental health assessments and treatment planning, individual and group therapy, psychiatric assessment and medication management, skills training, and case management. Aftercare and recovery supports include peer-delivered services, transportation, and resource navigation assistance.

AOP also proactively engages individuals at risk of hospitalization or institutionalization, providing preventive supports to stabilize individuals in the community before they reach higher levels of care. In addition, AOP plays a key role in supporting individuals on Aid & Assist orders, working closely with court and justice partners to maintain stability and compliance with legal and treatment requirements in a community setting.

Our team provides outpatient treatment services and supports to adults over 18 years of age who are diagnosed with serious and persistent mental illnesses (i.e., Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, etc.). AOP takes a person-centered approach to support individuals achieve mental health recovery and live their best lives.

AOP offers an array of services, including:

- Mental Health Assessments and treatment planning
- Individual and group therapy
- Prescriber services
- Skills training
- Case management
- Coordination of care
- Peer support
- Supported employment
- Supported education
- Consultation
- Residential care coordination
- Psychiatric Security Review Board supervision and monitoring

Our Providers include:

- Therapists
- Psychiatrists and Psychiatric Mental Health Nurse Practitioners
- Skills Trainers
- Case Mangers
- Peer Support Specialists
- Supported Employment Specialists

Older Adult Behavioral Health supports are incorporated within the AOP, addressing the unique needs of older adults and individuals with cognitive impairments. These services include complex care coordination, neurocognitive screenings, crisis assessment and intervention, and targeted supports to ensure older adults can maintain community living in the least restrictive setting. We staff this with a designated Older Adult Coordinator and is credentialed as a QMHP.

Exceptional Needs Care Coordination (ENCC) coordinates transitions from inpatient and state hospital settings to community-based services, including referrals to licensed care placements and supportive housing options for individuals needing intensive supports. ENCC has regular monthly meetings with providers and is committed to working on placement and transition to fully utilize our residential system and assure individuals are at the appropriate level of care.

Supportive Housing Program (SHP) provides subsidized housing and recovery-focused services for individuals with SPMI who are at risk of institutional care. This program blends housing supports with behavioral health services and peer-delivered supports to remove barriers to community living.

Children's Behavioral Health (CBH) provides outpatient mental health services to Medicaid-eligible youth ages 0–17 and their families. CBH offers a broad array of developmentally appropriate, evidence-based treatments, including Dialectical Behavior Therapy (DBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT), and Motivational

Interviewing, along with skills training, case management, peer-delivered services, and access to psychiatric evaluation and medication management.

As required under our current funding structure, services for this population are limited to Medicaid-only youth, as no CFAA resources are available to support treatment for uninsured or commercially insured children. Youth who are not Medicaid-eligible are referred to appropriate community providers to ensure timely access to care.

CBH is staffed by a multidisciplinary team that includes licensed and non-licensed QMHPs, QMHAs, and Peer Support Specialists, supported by contracted Licensed Mental Health Nurse Practitioners and Psychiatrists who provide psychiatric care. This team-based model allows CBH to deliver coordinated, family-centered, culturally responsive services that support emotional regulation, trauma recovery, stabilization, and long-term wellness for children and their families

Early Assessment and Support Alliance (EASA) serves youth and young adults ages 12-27 experiencing early signs of psychosis. This program provides early intervention through a transdisciplinary team offering mental health assessments, therapy, psychiatric services, skills training, case management, occupational therapy, and peer support. Staffing for EASA is in alignment with fidelity standards and includes QMHPs, QMHAs, Peer Support Specialists and an Occupational Therapist.

Addiction Treatment Services (ATS) provides comprehensive substance use disorder (SUD) treatment for both youth and adults across Marion County. ATS delivers a full continuum of outpatient services, including individual and group therapy, recovery skills training, case management, peer recovery mentorship, supported employment, and Medication-Assisted Treatment (MAT). ATS also operates within specialized housing programs, such as Her Place and His Place, to support individuals with SUD and co-occurring mental health conditions in structured, recovery-focused environments.

All individuals entering ATS receive an ASAM assessment, and enrollment is based on the ASAM-determined level of care. MCHHS provides Level 1.0 Outpatient Services and Level 2.1 Intensive Outpatient Services, with participation requirements and weekly engagement hours determined by clinical need and ASAM criteria.

ATS offers culturally responsive services with bilingual and bicultural providers, ensuring Spanish-language treatment options in both Salem and Woodburn. This includes SUD counseling, peer mentorship, and MAT support delivered in culturally affirming settings.

The ATS staffing model includes a multidisciplinary team of CADC I and CADC II providers, Certified Recovery Mentors (CRMs), and Behavioral Health Nurses, supported by contracted medical staff including a Licensed Nurse Practitioner and a Medical Doctor who oversee MAT services and medical management. This team structure ensures integrated, evidence-based treatment that supports long-term recovery across diverse populations

Assertive Community Treatment (ACT) is an intensive, multidisciplinary, evidence-based program designed for adults with Serious and Persistent Mental Illness (SPMI) who have the highest level of service needs. ACT plays a critical role in supporting individuals transitioning from the Oregon State Hospital (OSH), stepping down from inpatient psychiatric settings, or involved in the criminal justice system through Aid & Assist orders or other court processes. ACT's core mission is to promote

recovery, enhance community stability, and reduce the need for hospitalization, institutional care, or repeated justice system involvement.

ACT is a person-centered, recovery-oriented model with substantial empirical evidence supporting its effectiveness. It is specifically designed for individuals who experience severe psychiatric symptoms, functional impairments, co-occurring substance use disorders, frequent hospitalizations or incarcerations, or limited success in traditional outpatient treatment. The model delivers high-intensity, community-based services directly to individuals in their homes or natural environments, reducing barriers to engagement and ensuring continuity of care.

The ACT team provides a full array of integrated services, including symptom management, mental health therapy, psychiatric prescribing, substance use treatment, life skills training, supported employment, peer-delivered services, case management, nursing support, and hospital discharge planning. By delivering services in the community and offering daily support as needed, ACT proactively intervenes when symptoms escalate, helping prevent higher levels of care and reducing reliance on OSH or the criminal justice system.

Marion County's ACT program maintains a staffing model aligned with national fidelity standards. The multidisciplinary team includes Behavioral Health Nurses, Certified Alcohol and Drug Counselors (CADC), Peer Support Specialists, QMHPs, QMHAs, and psychiatric providers, all working collaboratively to provide coordinated, wraparound services. This staffing mix ensures the capacity to meet complex needs across behavioral health, substance use, medical, functional, and social domains.

ACT's structured, evidence-based model, combined with its intensive staffing, strong community presence, and integration of psychiatric, medical, and social supports, makes it a cornerstone of Marion County's system of care for adults with SPMI. The program's proactive approach reduces crises, supports long-term recovery, and enables individuals to remain safely in the community with the level of support they need.

Wraparound Services (WRAP) support youth with the most complex behavioral health needs through a family-driven, youth-guided model rooted in national fidelity standards. WRAP brings together a coordinated team of family members, natural supports, service providers, and system partners to develop a single, unified care plan that builds on the strengths, culture, and values of the youth and family. The goal is to promote long-term stability by helping families strengthen their natural support networks, increase self-efficacy, and reduce reliance on formal systems.

Wraparound is an evidence-based intervention for youth experiencing the highest level of psychiatric or behavioral health needs. Marion County implemented Fidelity Wraparound in 2005 as part of the Children's System Change Initiative to ensure youth with acute and complex needs receive coordinated support across the entire System of Care. Youth ages 0–17 who are enrolled with PacificSource OHP, have a qualifying mental health condition, experience significant emotional or behavioral challenges, present with safety concerns, or require intensive coordination across multiple systems are eligible for services.

At the core of the model is a structured TEAM process that is strength-based, family-driven, and youth-guided. The team works collaboratively to create a single WRAP plan with measurable goals and actionable steps. Meetings occur regularly to review progress toward the family's mission,

update the crisis and safety plan, and adjust supports as needs change. Services offered within Wraparound include comprehensive crisis safety planning, individual and group skills training, intensive case management, and peer-delivered services provided by Family Support Partners and Youth Support Partners whose lived experience supports engagement, empowerment, and trust.

Marion County's Wraparound program maintains a staffing model aligned with fidelity requirements. The team includes Care Coordinators, Peer Support Specialists (Family and Youth Support Partners), QMHPs, and additional support staff who ensure that services remain consistent with national Wraparound principles. This multidisciplinary approach ensures the capacity to address complex needs throughout the youth's care journey.

Wraparound is grounded in ten core principles, including voice and choice, natural supports, cultural humility, collaboration, individualized care, persistence, and outcome-based planning. These principles guide every aspect of service delivery and reflect our belief that youth are best served in their own homes and communities, surrounded by meaningful, supportive relationships. The mission of Wraparound is simple and powerful: "Children and youth will have CONNECTIONS to people that love them, SKILLS to succeed with each life task, and HOPE for the future."

To ensure equitable access, the program offers bilingual Spanish services and interpreter supports for families who speak other languages. Wraparound ultimately prepares families to continue using natural supports and community resources independently, long after formal services conclude.

Enhanced Care Services (ECS), based at Benedictine Nursing Center, offers specialized mental health delivered by QMHAs and nursing care for older adults with SPMI and complex behaviors who require intensive community-based services to transition from institutional care.

e. Residential & Housing Supports

Marion County is committed to delivering high-quality behavioral health services that prioritize placement in the least restrictive, most clinically appropriate level of care. Our residential and housing continuum ranges from independent living options to structured residential treatment programs for individuals requiring 24/7 supervision and support. Across this continuum, MCHHS supports individuals in achieving the highest level of independence possible while maintaining safety, wellness, and stability.

Comprehensive Housing Continuum
MCHHS offers and coordinates access to a broad range of housing supports, including:

- Independent living and scattered-site rental assistance
- Transitional and supported housing programs
- Residential treatment for individuals with higher acuity behavioral health needs
- Short-term stabilization environments connected to crisis services

These options allow for flexible, person-centered movement across levels of care as needs change.

Multidisciplinary Staffing
Housing and residential services are supported by a multidisciplinary team:

- **QMHP Clinical Supervisors** provide mental health assessments to determine program eligibility, establish level-of-care needs, and oversee ongoing clinical support.
- **QMHAs** serve as housing navigators and program coordinators, assisting with applications, landlord relationships, budgeting, skill building, and tenancy support.
- **Peer Support Specialists** offer lived-experience guidance, connection, advocacy, and encouragement throughout the housing process.

This team-based approach ensures that each individual receives comprehensive, coordinated support tailored to their goals and needs.

Least Restrictive, Person-Centered Placement
Placement decisions are based on:

- Clinical assessment and level-of-care criteria
- Individual goals, strengths, and preferences
- Safety considerations and functional needs
- Opportunities to transition to more independent housing as stability improves

Movement across levels of care is actively supported through transition planning, case management, and ongoing engagement.

Medicaid-Funded Housing Supports (HRSN)
Where appropriate, MCHHS assists individuals in accessing HRSN supports for Medicaid members. These services, available only to individuals with Medicaid coverage, can include short-term rent assistance, tenancy supports, and other stabilizing resources. For individuals without Medicaid, rental assistance is limited and supports rely on local and grant-funded resources.

<u>Rental Assistance Programs for Youth, Adults, and Families:</u>

Marion County provides rental assistance to youth ages 17–25, adults age 25 and older, and families. All individuals participating in these programs must have a serious and persistent mental illness (SPMI). Referrals come through a variety of internal programs, including Youth and Family Services, Adult Behavioral Health, and the Enhanced Needs Care Coordinators (ENCCs), as well as from external partners. This program is currently able to serve up to fifteen youth and thirty adults.

The purpose of the program is to help individuals with an SPMI diagnosis live independently in the least restrictive setting possible. Participants may be stepping down from acute care hospitals or licensed treatment programs, or they may be homeless or at risk of homelessness. Through the Rental Assistance Program (RAP), Marion County provides direct rental payments to help individuals remain housed while continuing to receive support from Qualified Mental Health Associates (QMHAs) and peer support specialists.

Upon entry into the program, each individual undergoes a mental health assessment and collaborates with staff to develop a personalized housing treatment plan. A multidisciplinary team offers comprehensive support, including skills training, connections to supported employment opportunities, and help accessing medical, mental health, and dental care. The program also links participants to external partners who provide medication management and training in daily living

skills. Marion County's team remains involved until participants are ready to transition into permanent housing.

Supported Housing Services:

Marion County offers a broad range of supported housing options for individuals with mental health needs. These housing placements are intended for individuals who can live with some degree of independence but still benefit from ongoing, community-based mental health and substance use disorder services provided by Marion County Health and Human Services.

There are several pathways through which individuals may be referred to supported housing programs. One of the primary referral sources is Marion County's aid and assist or post-commitment programs. This is transitional housing designed to move individuals toward more independent living or another appropriate level of care within six to twelve months. Individuals in these programs are typically stepping down from the Oregon State Hospital or other acute psychiatric hospitals and require continued support as they adjust to a less restrictive environment. These individuals may be placed in independent living with support from Marion County programs or in a setting designed to provide more intensive services for those with co-occurring disorders.

For individuals with a dual diagnosis, a co-occurring mental health and substance use disorder, placement is made into housing programs that offer additional support, including therapeutic groups for both mental health and substance use, assistance from a Certified Drug and Alcohol Counselor (CDAC), and guidance from a certified recovery mentor. These programs are designed to provide comprehensive, wraparound support to promote stability and long-term recovery.

Individuals who do not require substance use disorder services are placed in community-based housing, where they receive a full range of supports such as case management, medication support, peer services, and skills training to help them maintain their progress and build the skills necessary for increased independence.

The Adult Behavioral Health program plays a central role in supported housing by serving 40 individuals who can live independently but still benefit from ongoing support. These individuals are able to remain stable while living on their own through continued services provided by their multidisciplinary team and peer supports. Some participants are able to lease and pay for their own housing while receiving support such as peer mentoring, case management, and skills training from a QMHA. For individuals who are nearing independent living but do not yet have the income to afford rent, Marion County offers transitional housing for six to eighteen months, during which they receive coordinated services to support their progression toward self-sufficiency.

Marion County has also contracted with community providers to offer additional support to individuals in supported housing programs. These community partners assist with skills training related to activities of daily living, housekeeping, and medication support, further reinforcing participants' stability and independence in the community.

Residential Treatment Programs:

Marion County operates a licensed Residential Treatment Facility (RTF) that provides housing and therapeutic services for up to nine individuals. This facility primarily serves individuals stepping down from the Oregon State Hospital and other acute care facilities. Many residents are also

involved in the legal system and may be under a civil commitment, participating in aid and assist proceedings, or under the jurisdiction of the Psychiatric Security Review Board (PSRB).

The RTF provides structured and comprehensive care through a coordinated team that includes a clinical supervisor, program therapist, QMHAs, and behavioral health aides. Each member of this interdisciplinary team plays a vital role in supporting residents through medication management, skills training, and connections to community services and natural supports—helping promote long-term recovery and independence.

Upon admission, the treatment team works collaboratively with the individual to develop a personal care plan that outlines specific support needs, goals, and preferences. In tandem, a multidisciplinary treatment plan is created to address the broader scope of the individual's mental health and psychosocial challenges. These plans are reviewed and updated regularly as the individual progresses through treatment.

A key focus of the program is the integration of natural supports—such as family members, guardians, and close friends—as well as legal representatives and community-based programs. This comprehensive approach helps create a supportive, person-centered environment in which individuals can work toward meaningful, sustainable recovery. As residents gain stability and become ready to move to less restrictive settings, the treatment team actively assists in identifying and coordinating new housing opportunities that align with each individual's evolving needs.

f. Behavioral Health Promotion & Prevention

Marion County's Mental Health Promotion and Suicide Prevention (MHPP) Program applies to a public health framework grounded in the science of health promotion and disease prevention. The program is designed to reduce stigma, improve mental health literacy, increase help-seeking behaviors, and promote timely access to services across all age groups. Services are developed and delivered in coordination with CBOs, schools, healthcare systems, businesses, and other community stakeholders.

Core Service Areas (Exhibit B) with Systems of Care by Population

Health Promotion and Prevention

- Dissemination of educational materials related to mental health promotion and suicide prevention in middle and high schools, colleges, worksites, and community settings.
- Promotion of the 988 Suicide & Crisis Lifeline and Marion County behavioral health services to increase access.
- Community-wide campaigns and events focused on increasing awareness of social connection and reducing stigma around mental health.
- Facilitation of the Mid-Valley Suicide Prevention Coalition to coordinate prevention efforts county-wide.

Early Identification and Intervention

- Implementation and support of evidence-based curricula such as *Sources of Strength* and *Question, Persuade, Refer (QPR)* in schools and community settings.

- Technical assistance and staff training provided to schools to identify and respond to early signs of emotional distress.

Outreach and Engagement

- Targeted outreach to underserved communities and nontraditional partners including youth sports organizations, colleges, and worksites.
- Distribution of culturally and developmentally appropriate resources to enhance engagement with mental health services.
- Local events and social media campaigns focused on increasing mental health awareness and connection.

SB 561

- Report to OHA information within 7 days of a suspected suicide involving individuals who are 24 years of age or younger from the medical examiners office.
- Lead role in SB 561 monitoring and response for all suicides of individuals aged 24 and younger.
- Coordinate postvention efforts in response to SB 561 reports, to support the affected schools and reduce the possible contagion effect.
- Monitor all deaths and trends for youth 24 years of age or younger and work with community members on postventions, interventions, and responses in the community.

Children and Adolescents or young adults

- Provide technical assistance and training to school staff on mental health promotion and suicide prevention strategies, including support for implementing curricula such as *Sources of Strength* and *Question, Persuade, Refer (QPR)*.
- Distribute culturally and developmentally appropriate educational materials in middle and high schools.
- Collaborate with youth sports organizations, afterschool programs, and pediatric healthcare providers to promote youth mental well-being and social-emotional development.

Young Adults in Transition (16–25 years)

- Targeted suicide prevention education is conducted at local colleges and workforce development programs to meet the needs of this transitional age group.
- Resources on navigating access to behavioral health services (including 988 and local services) are provided in educational and employment settings.
- Youth-serving CBOs receive training and technical support to recognize signs of emotional distress and offer appropriate referrals.
- Community education campaigns and workplace-based trainings address issues such as mental health stigma, social connection, and suicide prevention.
- Adults are engaged through public events, health fairs, and partnerships with primary care providers and social service agencies.
- Disseminate promotional materials for the 988 National Suicide & Crisis Lifeline and behavioral health services throughout the county.

- Coordinate postvention efforts in response to SB561 reports, to support the affected schools and reduce the possible contagion effect.

Adults (26–59 years)

- Community education campaigns and workplace-based trainings address issues such as mental health stigma, social connection, and suicide prevention.
- Adults are engaged through public events, health fairs, and partnerships with primary care providers and social service agencies.
- We disseminate promotional materials for the 988 National Suicide & Crisis Lifeline and behavioral health services throughout the county.

Older Adults (60+ years)

- Specific outreach efforts highlight the impact of social isolation on older adult mental health, including loneliness awareness trainings provided at senior centers and community groups.
- We collaborate with aging services and faith-based organizations to support the mental health of older adults through educational workshops and tailored resource materials.
- The Mid-Valley Suicide Prevention Coalition includes partners who represent the aging population and assist in addressing the unique mental health needs of older adults.

System-Level Approaches Across the Lifespan

- We coordinate the Mid-Valley Suicide Prevention Coalition, fostering system-wide collaboration to streamline services and amplify community efforts.
- We promote universal awareness and access to 988 Lifeline and connect individuals to Marion County's behavioral health services.
- The program builds sustainable capacity within communities by offering policy support, technical assistance, and workforce development aligned with the best practices in health promotion and suicide prevention.

g. Block Grant Funded Services

MCHHS leverages Community Mental Health Services Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) funding to expand and sustain essential behavioral health services across Marion County. These block grants ensure that individuals without insurance, those cycling in and out of coverage, and other high-need populations receive priority access to treatment, recovery supports, and community-based care.

- MHBG funding enables MCHHS to maintain key services across the mental health continuum:
    - Early Assessment and Support Alliance (EASA): Supports early identification and intervention for youth and young adults experiencing early signs of psychosis.
    - Mobile Crisis Response: Provides immediate stabilization for individuals experiencing psychiatric crises.
    - Adult Outpatient Program (AOP): Offers ongoing care for individuals with Serious and Persistent Mental Illness (SPMI), including older adults and individuals transitioning from higher levels of care such as the Oregon State Hospital.

    - These targeted allocations strengthen early intervention, crisis stabilization, and long-term outpatient support for priority mental health populations

- SUPTRS BG funding plays a critical role in ensuring that MCHHS can provide specialized, accessible, and family-centered substance use disorder (SUD) services for pregnant, postpartum, and parenting individuals. MCHHS uses SUPTRS funds to expand treatment options, reduce barriers to care, and ensure coordinated supports across both outpatient SUD treatment and Medication-Assisted Treatment (MAT):
    - MCHHS MOMs Group (Pregnant & Parenting Women with SUD).
        - SUPTRS BG funding supports a specialized MOMs Group, which provides a safe and supportive environment for pregnant and postpartum women receiving services through both ATS and MAT. The group focuses on:
            - Reducing stigma associated with substance use during pregnancy.
            - Promoting early engagement in both SUD treatment and prenatal/postnatal care.
            - Providing targeted relapse-prevention strategies tailored to the perinatal period.
            - Supporting healthy bonding and parenting skills.
            - Creating stable care plans that encourage long-term recovery and family well-being.
        - The MOMs Group is available to women engaged in either outpatient SUD treatment or MAT, allowing seamless movement between levels of care based on clinical need. This flexibility helps prevent gaps in care during pregnancy and early parenting, when stability is most critical.
    - Integration with ATS and MAT Services.
        - SUPTRS BG funds allow MCHHS to maintain a treatment environment where pregnant and parenting individuals can access:
            - MAT for opioid and alcohol use disorders.
            - Individual and group SUD counseling.
            - Case management and recovery planning.
            - Certified Recovery Mentor support, including help with transportation, appointments, and care coordination.
            - Specialized perinatal recovery support, including safety planning and postpartum relapse-prevention.
        - SUPTRS BG funding also allows MCHHS to provide flexible scheduling, child-friendly spaces, and transportation support so that pregnancy, childcare responsibilities, or inconsistent insurance status do not become barriers to treatment.
        - Through SUPTRS BG funding, MCHHS provides a comprehensive continuum of care for pregnant, postpartum, and parenting individuals experiencing SUD. These funds strengthen specialized programming (such as the MOMs

Group), expand the reach of ATS and MAT services, reduce barriers to access, and promote healthy, stable families across Marion County

Through these targeted investments, MCHHS fills critical gaps in care and ensures culturally responsive, accessible services for individuals who might otherwise go untreated. We anticipate serving approximately 150 individuals annually through block-grant funded services across community-based treatment and recovery services.

- **MCIS:** ~12 individuals/year.
- **EASA:** ~10 individuals/year.
- **Adult Outpatient Behavioral Health:** ~40 individuals/year
- **Adult Addiction Treatment Services:** ~60 individuals/year
- **MAT Services:** ~35 individuals/year

h. Invoiced Services

MCHHS utilizes invoiced services funding under Part C of the CFAA to ensure the availability of essential residential mental health services for individuals who are uninsured, underinsured, or otherwise ineligible for Medicaid. These funds support the daily service rate for adult mental health residential treatment in secure residential treatment facilities, residential treatment homes, and specialized settings for young adults in transition (YAT).

Additionally, invoiced services include room and board as well as personal incidental funds for adults and YAT clients with limited or no income who reside in these licensed residential treatment settings. These services ensure individuals have access to stable housing and the supportive environments they need to sustain recovery and community integration.

Invoiced services also fund security and supervision services for individuals under the jurisdiction of the Psychiatric Security Review Board (PSRB). This includes non-medically necessary security and supervision activities that support individuals to comply with conditional release orders, reduce risk, and maintain stability in the community.

Through these targeted investments, MCHHS ensures that individuals with the highest and most complex needs, including those under PSRB jurisdiction and those transitioning from institutional settings, have access to critical residential and supervision services that are not reimbursed by Medicaid

i. Describe the role of peers in provision of the Core Service Areas.

MCHHS has recognized the essential role of Peer Support Specialists since 2005 and continues to embed peers across all major behavioral health programs. Peers serve as integral members of Youth and Family Services, Adult Mental Health Programs, Addiction Treatment Services (ATS), Housing and Rental Assistance programs, and the Behavioral Health Crisis Center. Their lived experience, whether as individuals in recovery, individuals with lived mental health experience, youth with system involvement, or caregivers of children with behavioral health needs enhances engagement, supports recovery, and strengthens the person-centered focus of all Core Service Areas.

Peers are involved at every point in the service continuum, including crisis response, outpatient services, residential programs, transitional housing, and discharge planning. Their support improves continuity of care, builds trust, and helps individuals navigate practical and emotional challenges throughout treatment and recovery.

MCHHS employs Peer Support Specialists across four categories:

Family Support Partners (FSP)
Family Support Partners use their experience parenting a child with behavioral health challenges to support caregivers navigating complex systems.

- MCHHS employs four FSPs serving families in Children's Outpatient and Wraparound.
- One FSP serves in Behavioral Health Crisis Services.
- One FSP supports EASA.
- One FSP works in WRAP.

These peers help families advocate for their children, understand service options, and stay connected to supports during crises or transitions.

Youth Support Partners (YSP)
Youth Support Partners, peers under age 25 with lived experience in behavioral health systems, support youth and young adults facing similar challenges.

- MCHHS employs three YSPs serving in Children's Outpatient, EASA, and Wraparound.
- Two Youth Support Partners work directly in WRAP.
- They provide mentorship, empowerment, and system navigation, improving engagement and self-advocacy.

Adult Addiction Peers / Certified Recovery Mentors (CRM)
Certified Recovery Mentors use their lived experience with addiction recovery to support individuals seeking sobriety and long-term recovery.

- MCHHS employs 15 FTE CRMs, including 4 assigned to Community Response Teams (CRT) and 11 within Addiction Treatment Services.
- CRMs play a critical role in engagement, harm reduction, relapse prevention, transitional housing navigation, and motivational support.

Adult Mental Health Peers / Peer Support Specialists (PSS)
Adult Mental Health Peers use their lived mental health experience to support individuals in outpatient, community, and crisis settings.

- MCHHS employs **9.1 FTE** Adult Mental Health Peers serving Crisis Services, Adult Outpatient, ACT, Housing and Rental Assistance, and other behavioral health programs.

- These peers help individuals build coping skills, navigate care transitions, reduce isolation, and maintain connection to services.

Peers collaborate closely with therapists, care navigators, psychiatric providers, mobile crisis responders, housing teams, and residential staff. Their role strengthens clinical work by:

- Enhancing engagement through shared lived experience
- Supporting individuals during transitions between levels of care
- Assisting with safety planning and stabilization
- Providing advocacy during appointments and system navigation
- Supporting transportation, housing applications, and access to community resources
- Reinforcing treatment goals through real-world application and motivational support

Peers extend the reach of the behavioral health system by connecting with individuals in their homes, schools, community settings, shelters, and crisis environments, making services more accessible and recovery-oriented.

j. Describe how the County will guarantee the delivery of trauma informed behavioral health services.

MCHHS is committed to providing trauma-informed behavioral health services that respect the unique needs of each person and support safety, dignity, empowerment, and recovery. All services are delivered with cultural and linguistic responsiveness and informed by community demographics and feedback. Staff receive training in trauma-informed practices to minimize re-traumatization, promote trust, and strengthen engagement across diverse populations.

MCHHS conducts semi-annual Workforce Development training days that include course offerings on trauma-informed care, in addition to training allocations that allow staff to pursue required and priority TIC competencies throughout the year. Trauma-informed principles are reinforced through agency policies, hiring practices, and supervision, ensuring that TIC is embedded at every level of the organization. To support the consistent delivery of trauma-informed care, MCHHS:

Promotes Recovery and Minimizes Re-Traumatization

We deliver services that foster recovery and hope, emphasize safety and empowerment, and reduce the risk of re-traumatization. Staff avoid stigmatizing or shaming language and strive to create calming, welcoming environments that support healing.

Understands Trauma's Impact

Staff are trained to recognize that symptoms and behaviors may reflect coping responses to past trauma. This understanding shapes our clinical approach, assessment practices, and interactions with individuals and families.

Person-Centered, Collaborative Care

We involve individuals in creating treatment plans that build on their strengths, incorporate their goals, and respect their cultural background and preferences. When trauma is identified, staff offer recovery-focused, collaborative treatment planning at a pace that supports the individual's sense of safety and control.

Ongoing Staff Development

MCHHS conducts semi-annual Workforce Development training that includes trauma-informed care sessions. Supervisors reinforce trauma-informed practices through strengths-based coaching, reflective supervision, and ongoing skill development to ensure staff apply consistent, up-to-date TIC principles.

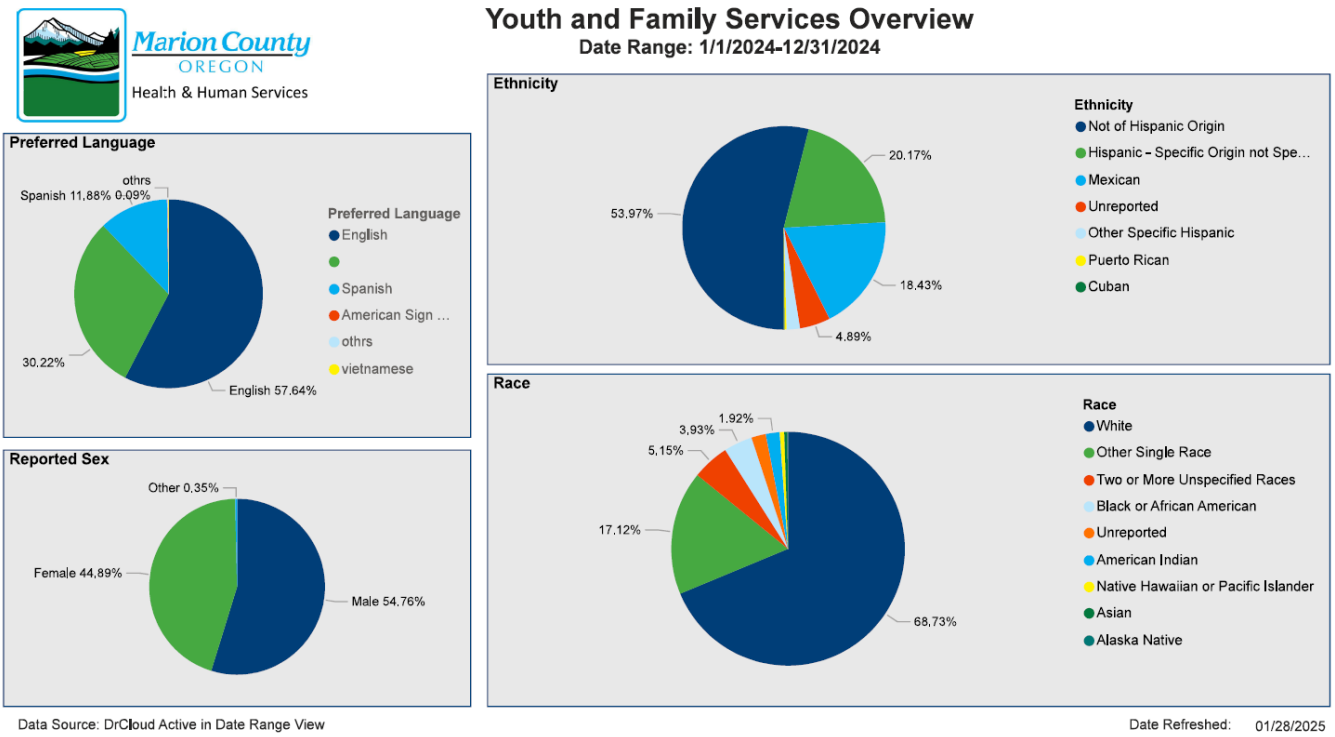
Regular Practice Reviews

We continuously review our practices to ensure alignment with professional standards, trauma-informed principles, and culturally responsive approaches. Feedback from individuals, families, and community partners informs our quality improvement efforts.

k. Describe how the County will guarantee the delivery of culturally and linguistically responsive and appropriate behavioral health services.

MCHHS recognizes the importance of delivering behavioral health services that are culturally and linguistically responsive to the needs of every individual we serve. We employ a strong base of bilingual and bicultural staff who reflect our community, with more than 16% of our workforce holding bilingual designations.

We acknowledge existing gaps in REAL-D and SOGI data collection; however, our electronic health record captures critical demographic information, including preferred language, to support culturally informed care. MCHHS monitors these reports on an ongoing basis to identify trends, address disparities, and guide quality improvement efforts:



Individuals by Program

Program Name	Count of PID
Adolescent A&D Outpatient Treatment	19
Adult A&D Supported Employment	99
Adult A&D Outpatient Services	294
Alcohol and Drug Outreach	2
DUII Education Only	11
DUII Treatment Services	554
Her Place Outpatient	12
Her Place Residential	24
His Place Outpatient	6
His Place Residential	23
Methadone Services	292
Student Opportunity for Achieving Results	110
Suboxone Services	27
Total	**1473**

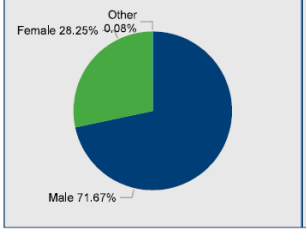
Addiction Treatment Services By Program

Date Range: 1/1/2024 - 12/31/2024

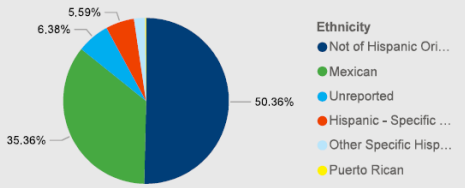
# of unique individuals enrolled

1253

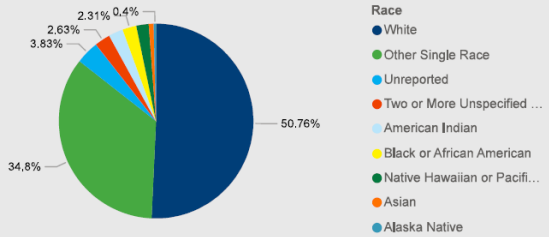
Reported Sex



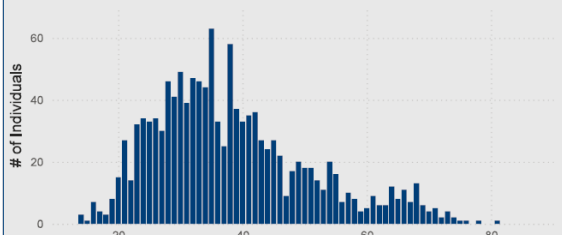
Ethnicity



Race



Age Breakdown (age is current at time of data pull)



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Date Refreshed: 01/28/2025

Individuals by Program

Program Name	Count of PID
Behavioral Health Crisis Services	2926
Behavioral Health Pre-Commitment	316
Brief Resource and Enhance Support	93
Brief Resource and Enhance Support A&D	27
Brief Resource and Enhance Support Assist Aid	212
Brief Resource and Enhance Support Prescriber	207
Collaborative Assessment/Management of Suicide	1
Interim Respite Program	3
Mobile Crisis Intervention Services	304
Mobile Crisis Response Team	177
Mobile Response Stabilization Services	140
New Crisis Respite Adult	180
Primary Care Physician Consultation	9
Youth and Family Crisis Services	119
Total	**4714**

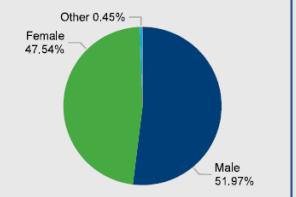
Behavioral Health Crisis Services By Program

Date Range: 1/1/2024 - 12/31/2024

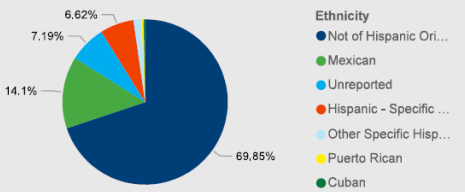
# of unique individuals enrolled

2461

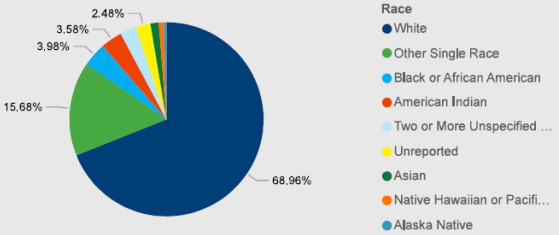
Reported Sex



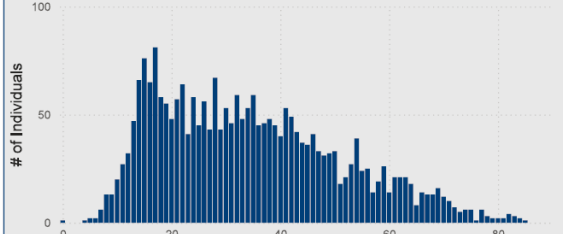
Ethnicity



Race



Age Breakdown (age is current at time of data pull)



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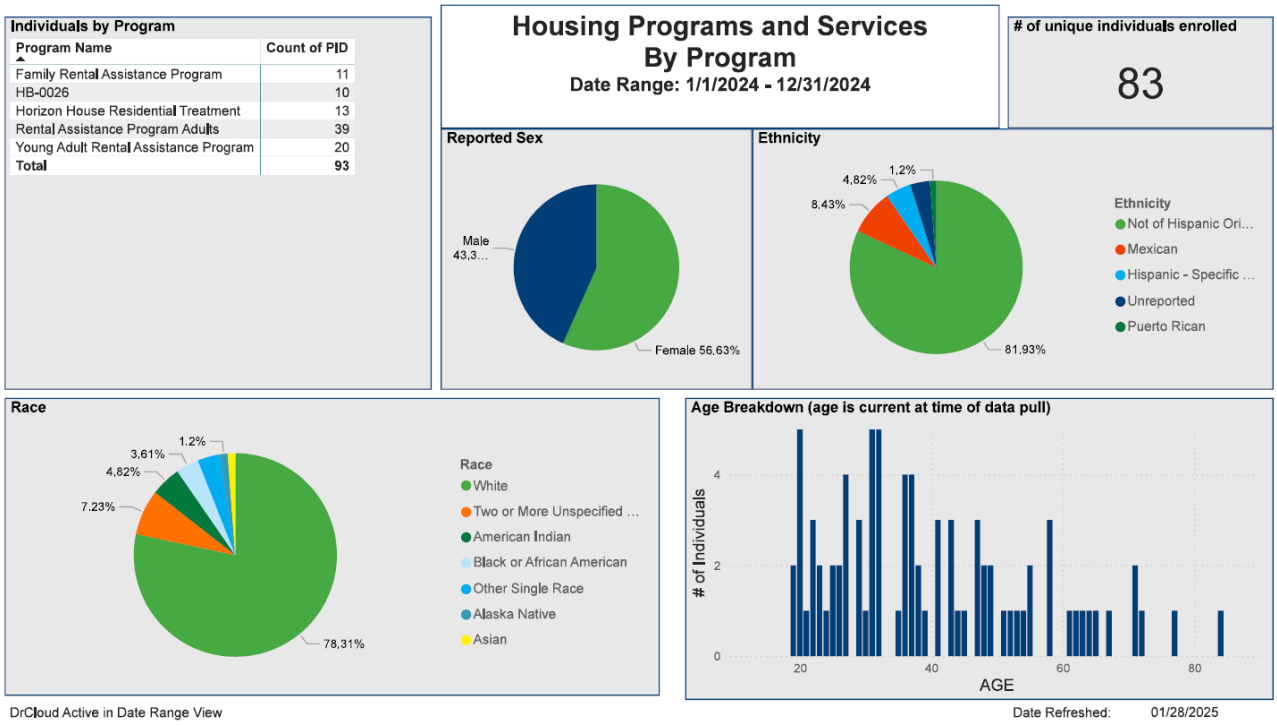

To support consistent delivery of culturally and linguistically responsive services, MCHHS provides:

Individualized and Respectful Care
Our services are designed to recognize and respect the diverse needs, values, and backgrounds of the people we serve. This commitment ensures that care is both effective and meaningful.

Staff Training and Workforce Development
As part of our semi-annual WFD training, staff receive education on cultural responsiveness and how to deliver care that meets the needs of individuals from different backgrounds and language groups.

Language Access and Communication
MCHHS ensures that interpretation services and translated materials are available when needed, so that individuals fully understand and participate in their care.

Collaboration and Community Connections
We emphasize working with families and community supports to provide care that aligns with an individual's preferences and cultural context.

Continuous Improvement
Our practices are regularly reviewed to ensure they remain consistent with professional standards and continue to meet the needs of the people we serve.

These practices help MCHHS ensure that all behavioral health services are delivered in a manner that is responsive to each individual's cultural and linguistic needs, supporting better engagement and outcomes.

l. *Describe the County's care coordination and transition planning processes for clients including how the County will:*

   i. *Coordinate discharge from Oregon State Hospital, community hospitals, residential treatment programs, and jails;*
   ii. *Determine the most appropriate service provider for clients among a range of qualified providers.*
   iii. *Ensure that appropriate behavioral health referrals are made for clients, and*
   iv. *Ensure that clients are served in the least restrictive setting possible based on their strengths and needs.*
   v. *Engage in transition planning between levels of care or components of the system of care including transitioning from the youth to the adult services system and transitioning out of forensic/involuntary services.*

Marion County emphasizes person-centered planning and multi-disciplinary collaboration. We manage transition planning at all critical service junctures:

- Post-Crisis Follow-Up: Stabilization teams coordinate appointments, referrals, and follow-ups after crisis evaluations.
- School and Family Integration: Youth and Family Crisis Services (YFCS) maintains communication with behavioral health providers, school personnel, and families to ease re-entry into educational and social routines. Meetings with youth-serving partners help inform transition planning needs, particularly for transitional-aged youth moving into adult services and resources.
- Aid and Assist: Includes coordinated discharge from OSH, service linkage during court processes, and outpatient provider transitions.
- Hospital Discharges: Collaborations with emergency departments and inpatient units to secure aftercare for PacificSource OHP and indigent populations.

Clients engaged with OSH, the Psychiatric Security Review Board (PSRB), CHOICE, Aid and Assist (A&A), Pre-Commitment Investigation (PCI), community hospitals, residential programs, and the jail receive structured transition support. MCHHS ensures that step-down planning from these settings is therapeutic, timely, and individualized. Each plan incorporates behavioral health, physical health, legal, and social needs, and is developed collaboratively with treatment providers, probation officers, courts, attorneys, and the District Attorney's Office.

For individuals waiting for a residential placement, ATS maintains frequent contact and supports ongoing engagement during the waiting period. Staff provide interim outpatient services, medication-assisted treatment (MAT) when appropriate, regular check-ins, and safety planning to maintain stability and reduce disengagement. Certified Recovery Mentors assist with system navigation, help address practical barriers such as transportation or paperwork, and ensure the individual remains supported and connected while awaiting admission.

<u>Residential & Housing Supports Care Coordination and Transition Planning:</u>

Marion County is committed to promoting long-term stability for the individuals we serve. Achieving this goal requires robust, ongoing coordination across internal program areas and key external partners, including the Oregon State Hospital, acute care facilities, and local correctional

institutions. By working closely with these community systems, the County ensures individuals receive appropriate, timely transitions to the level of care that best meets their needs.

The County's ENCCs lead this coordination by conducting weekly meetings with discharge planners and social workers from both state and local hospitals. These meetings are used to monitor individual progress and assess readiness for step-down placement. The ENCCs review each case to determine whether the individual can safely transition to independent living, supported housing, or a residential treatment facility. When residential placement is recommended, a referral packet is submitted by the treating hospital or program. The ENCC team reviews clinical records and supporting documentation to identify the most appropriate next step in care.

For individuals involved in Aid and Assist proceedings, MCHHS provides coordinated, clinically informed case management to support safe transitions and continuity of care. Specialized case managers track individuals placed at the Oregon State Hospital (OSH) or in the Marion County Jail and maintain weekly contact with facility-based social workers and the jail's mental health team to monitor progress and plan for discharge.

When clinically appropriate, the case manager prepares a referral packet for the ENCC team, using tools such as the LOCUS and CLAR to identify level-of-care needs and recommend appropriate placements. Case managers continue to communicate with ENCC throughout the process, problem-solve challenging placements, and ensure updated information is shared in real time.

MCHHS participates in monthly Interdisciplinary Team (IDT) meetings with OSH staff including psychiatry, social work, and others and attends complex discharge meetings to support timely transitions. This coordinated approach ensures that individuals involved in Aid and Assist proceedings receive consistent support, clinically appropriate placement recommendations, and a well-managed transition back into the community

Marion County staff also provide direct discharge support, including transportation and logistical coordination to ensure safe transitions to lower levels of care. Case managers across all County programs actively engage individuals in identifying their housing and treatment goals, often starting with steps such as securing income through benefits or enrolling in supported employment services. Multidisciplinary teams evaluate daily living skills and readiness for transition, tailoring support accordingly.

When an individual is ready to move to a lower level of care, the treatment team assists with locating housing, completing applications, budgeting, and providing skills training. At the same time, staff monitor for signs that a higher level of care may be necessary due to changes in stability or functioning. Throughout this process, all housing options are explored to ensure placement is appropriate and reflects the least restrictive setting possible. This approach supports not only clinical outcomes, but also long-term independence.

When an individual enters residential treatment in another county, ATS staff coordinate directly with the receiving provider to ensure a seamless transition. We share essential clinical information, confirm admission requirements, and prepare the individual by clearly explaining what to expect at the program. When possible, ATS arranges transportation and maintains contact throughout the transition until the person is safely admitted. After admission, staff remain available for re-engagement, communication with the residential provider, and aftercare planning to support a

successful return to the community. This coordinated approach promotes continuity of care and ensures a smooth, supported transition into and out of residential treatment, regardless of location.

Part III — Community Needs Assessment & Planning

1. ***Describe the population-based community needs assessment process conducted by the County, including how the County:***

    a. *Coordinated its local planning with the development of the community health improvement plan under ORS 414.575 by the coordinated care organization(s) serving the area.*

Marion County's needs assessment process draws on multiple sources of data, including the most recent Community Health Assessment, coordinated care organization utilization data, Oregon State Hospital discharge data, and local justice system records. The process included structured input from consumers, families, providers, schools, and the Local Mental Health Advisory Committee. Coordination with the Public Safety Coordinating Council ensured alignment with justice and corrections needs. Data analysis focused on identifying service gaps by geography, age group, and cultural/linguistic background. These findings directly informed priority setting for housing supports, crisis services, and prevention initiatives.

Marion and Polk counties utilized the MAPP 2.0 framework to align their Community Health Assessment (CHA) with regional coordinated care organizations (CCOs). The counties formed the Marion-Polk Community Health Collaborative (MP-CHC) in 2023, which included PacificSource Community Solutions, the Marion-Polk CCO, and Willamette Health Council, the local governing body for the CCO. This ensured alignment with the CHIP under ORS 414.575 by coordinating data collection, data-sharing, and public engagement across sectors.

    b. *Involved consumers, advocates, families, service providers, schools, and other interested parties in the planning process.*

The MP-CHC integrated robust community engagement throughout the process:

- 2,286 people participated in focus groups, community input sessions, surveys, PhotoVoice projects, and "Forces of Change" discussions.
- Participants included youth, underrepresented groups, schools (Salem-Keizer Public Schools), advocacy groups, community-based organizations, mental health providers, and health equity coalitions.
- Surveys were conducted in multiple languages (including Arabic, Chuukese, Dari, Spanish, Russian, Swahili) and through outreach in diverse communities.
- Willamette Health Council's Community Advisory Council received monthly updates, and one CAC member sits on the MP-CHC Executive Committee.

    c. *Involved the local mental health advisory committee described in ORS 430.630(7).*

        - *Coordinated with the local public safety coordinating council to coordinate services among the adult and juvenile criminal legal systems, adult and juvenile corrections systems and local behavioral health programs to ensure*

that persons with behavioral health disorders who come into contact with the legal and corrections systems receive needed care and to ensure continuity of services for adults and juveniles leaving the corrections system.

MCHHS prioritizes stakeholder engagement to ensure that our behavioral health system aligns with community needs and statutory obligations under ORS 430.630(7). Throughout the planning process, we have actively engaged the Mental Health Advisory Committee (MHAC) and the Local Alcohol and Drug Planning Committee (LADPC) through presentations and discussions. These efforts ensure that input from individuals with lived experience, behavioral health providers, and community-based partners informs system planning and improvement efforts.

Our planning also included engagement of behavioral health providers such as Valley Mental Health, Salem Psychiatric Associates, and representation from county health departments. This broad-based input helps ensure a holistic, community-informed approach to behavioral health care.

Informed by the Community Health Assessment (CHA), we identified key community priorities and challenges related to behavioral health and public safety, including:

- Rising homelessness
- Opioid-related deaths
- Alcohol abuse
- Mental health challenges within the justice system
- Barriers to service access for individuals reentering the community

MCHHS will continue to leverage the insights and recommendations from these advisory and collaborative efforts to guide program development and service delivery across all core service areas, ensuring a responsive, coordinated behavioral health system

d. Determined the types of behavioral health services needed locally including developmentally appropriate, culturally, and linguistically specific services.

Community input and data analyses identified a need for:

- Increased trauma-informed care,
- More mental health and substance use services (especially in rural areas),
- Culturally and linguistically appropriate care, with over 25% of Marion households speaking a language other than English.

Survey respondents repeatedly emphasized stress, anxiety, and unmet mental health needs, and over half rated the community's mental health as unhealthy

e. Determined the types of housing supports needed locally for individuals with behavioral health disorders and their families including, but not limited to, capacity development, rental assistance, and other barrier removal assistance.

Housing stability was identified as the top community need:

- 30%+ of households were cost-burdened, paying more than 30% of income on housing.
- Rates of homelessness were high, with over 1,600 people unhoused in 2023 and over 2,200 students in unstable housing in the Marion – Polk region.

Participants highlighted the needs for:

- Transitional and supportive housing,
- Drop-in centers,
- Rental assistance, and
- Barrier removal (e.g., application fees, background checks).

Based on community feedback and data from the CHA, three priority areas have been identified to guide the strategies in the Community Health Improvement Plan(CHIP), which outlines how we will address the region's most pressing health issues. Specific and measurable objectives are being established by MCHHS and partner agencies to address the following priority areas:

2. ***Describe the data or information the County used to select their activities and strategies for Behavioral Health Promotion and Prevention (BHPP).***

    a. *Describe how selected activities align with existing local prevention and promotion strategies.*

The CHA relied on:

- Health indicators (e.g., suicide rates, depression prevalence, provider ratios),
- Community and partner assessments,
- Lived experiences shared via surveys, focus groups, and PhotoVoice initiatives.

Alignment occurred by:

- Elevating "Mental Health & Substance Use" as a CHIP priority.
- Integrating partner efforts across CCOs, schools, and behavioral health agencies.

Addressing upstream drivers (e.g., housing, poverty, trauma) to reinforce BHPP integration into community-led strategies.

    b. *Describe how BHPP activities prioritize the determinants of behavioral health wellness including, but not limited to, development and maintenance of healthy communities, skill development, and social emotional competence across the life span.*

BHPP activities emphasized:

- Skill-building and social-emotional competence: Youth programs and support networks (e.g., PhotoVoice, mentoring, school engagement).
- Development of healthy communities: Focus on affordable housing, safe neighborhoods, and employment pathways.

The 2025 Marion-Polk CHA reflects a thorough and data-driven approach, deeply aligned with community and system-level input. It prioritizes root causes and upstream determinants to guide future investments in behavioral health and wellness, ensuring responsiveness to those most impacted.

Part IV — Unmet Service Needs and Critical Gaps

1. ***Describe the unmet service needs and critical gaps in the County's current systems identified during the needs assessment described above including the unmet needs and critical gaps of required priority populations listed in Exhibit B of the CFAA. Counties should take a data-driven approach in identifying and describing these unmet needs and gaps.***

Marion County continues to experience significant unmet needs and system gaps across the behavioral health continuum, particularly for individuals with Serious and Persistent Mental Illness (SPMI), individuals with co-occurring disorders, individuals experiencing homelessness, justice-involved individuals, and children with Serious Emotional Disturbance (SED). Data from utilization trends, vacancy tracking, crisis presentations, and system partner feedback highlight the following priority gaps:

Workforce Shortages
MCHHS faces persistent shortages of Qualified Mental Health Professionals (QMHPs), licensed clinicians, and other essential behavioral health roles. Rising service demands, increasing clinical acuity, and sustained administrative burden intensify recruitment and retention challenges. Monthly vacancy reporting shows continued strain across several service areas, limiting the system's ability to maintain capacity for priority populations.

Insufficient Funding for Full Service Utilization
Medicaid reimbursement rates and overall funding through CCOs and the CFAA do not align with actual utilization and community need. Systemwide reductions (e.g., decreased FFS rates, rate negotiation impacts, HR1-related changes, declining OHP membership) further limit the development of upstream interventions and outpatient capacity. Insufficient funding indirectly affects priority populations by reducing access to lower-acuity, community-based care and increasing reliance on civil commitment, Aid & Assist, and the Oregon State Hospital (OSH). Financial and budget impacts are monitored monthly and during all contract negotiations.

Rising Acuity and Limited Capacity
Individuals presenting in crisis increasingly experience complex needs, including SMI, co-occurring substance use, unstable housing, criminal justice involvement, and rapid discharge from OSH. Limited residential and inpatient capacity places greater demand on MCHHS crisis and outpatient programs. MCHHS monitors utilization across residential and housing resources, though statewide tools to quantify rising acuity remain limited.

Limited Step-Down and Step-Up Options
County residents transitioning from OSH, local hospitals, or the justice system face insufficient step-down residential resources and step-up stabilization options. MCHHS tracks bed availability, length of stay, and transitions; however, gaps persist, particularly for individuals under civil commitment, Aid & Assist, or PSRB jurisdiction.

Children with Serious Emotional Disturbance (SED)
There is limited early intervention capacity—especially for children under age 12—and insufficient culturally specific services. These gaps affect timely stabilization and long-term outcomes for children with high behavioral health needs.

Individuals Experiencing Homelessness
Marion County lacks adequate transitional housing and long-term supportive housing capacity. MCHHS monitors client living arrangements in the EHR quarterly and annually, consistently identifying homelessness as a major barrier to treatment engagement and stabilization.

Administrative Burden
Payors continue to expand data reporting and infrastructure expectations without corresponding systemwide investment. This long-standing issue impacts workforce capacity and service access.

Adults with Serious Mental Illness (SMI)
Individuals with SMI benefit from expanded supported housing, improved care coordination, and stronger post-hospitalization transition pathways. Current resources do not fully meet demand.

Co-Occurring Disorders
Integrated treatment capacity remains limited for individuals with both mental health and substance use disorders. This population often cycles through crisis services due to fragmented care options.

2. ***Describe how the County plans to address the unmet service needs and gaps identified in the needs assessment. In describing services and activities, Counties must also discuss their plan for implementation of these services and activities. Special attention should be made in ensuring each of the required priority populations listed in Exhibit B of the CFAA are addressed in these implementation plans.***

Marion County's Local Plan targets these critical gaps with strategies centered on stabilization, access, and system coordination. Each approach directly addresses one or more required priority populations listed in Exhibit B.

Workforce Shortages
MCHHS stabilizes and strengthens the behavioral health workforce through active recruitment, competitive compensation strategies, retention incentives, and partnerships with educational institutions. We continue investing in internal workforce development, tuition assistance, and career pathways that enable staff to grow into QMHP, peer, and crisis response roles. These efforts directly support service continuity for SMI, co-occurring, justice-involved, and homeless populations.

Insufficient Funding for Full Service Utilization
MCHHS works closely with CCOs and state agencies to align funding with actual utilization and community need. We advocate for sustainable reimbursement structures to maintain outpatient and community-based care that reduces long-term reliance on civil commitment, Aid & Assist, and OSH. MCHHS monitors utilization and financial trends monthly and adjusts service planning to preserve access for highest-priority populations.

Rising Acuity and Limited Capacity
MCHHS maintains 24/7 Community Response Team (CRT) operations to ensure rapid, community-based crisis intervention. We enhance systemwide response capacity through co-responder partnerships with:

- **Salem Fire** (EMT, paramedic, QMHA)
- **Marion County Sheriff's Office** (Deputy + QMHP Mobile Crisis Team)

These models expand crisis stabilization options for individuals with SMI, co-occurring disorders, and homelessness. We continue strengthening clinical training, safety protocols, and follow-up pathways for high-acuity clients.

Limited Step-Down and Step-Up Options
We work to expand access to transitional treatment, residential programs, and step-down housing for individuals leaving OSH, local hospitals, or the justice system. Marion County will be home to a new Secure Residential Treatment Facility (SRTF); ongoing coordination with the operating group supports future access for hard-to-place individuals stepping down from OSH or under PSRB jurisdiction. These efforts improve stability, reduce hospital readmissions, and support justice-involved and SMI clients.

Children with Serious Emotional Disturbance (SED)
MCHHS recognizes this gap as a long-term priority and continues working with state partners and community providers to explore expanded early intervention, family-centered supports, and culturally responsive services as resources become available.

Individuals Experiencing Homelessness
MCHHS strengthens engagement and treatment pathways for individuals experiencing homelessness through:

- Partnership with the Willamette Valley Homeless Alliance;
- Co-response efforts with Salem Fire and the Sheriff's Office LEAD team; and
- Participation in the Bloomberg Harvard partnership with the City of Salem, which strengthens coordinated problem-solving with city leadership, service providers, and community partners.
  This collaboration enhances system alignment and supports more effective outreach, engagement, and stabilization for individuals who are unhoused

Administrative Burden
MCHHS continues advocating for meaningful administrative simplification with payors. The payors driving this work have yet to be committed to this as an area of focus or improvement. This is a longer term ongoing gap in the system without significant change or process improvement efforts.

Adults with Serious Mental Illness (SMI)
MCHHS prioritizes adult outpatient and crisis service capacity to support individuals with SMI. We expand care coordination, strengthen transitions from inpatient settings, and maintain access to critical stabilization resources.

Co-Occurring Disorders
While resources remain constrained, MCHHS maintains integrated care principles within existing programs and identifies future opportunities—particularly through Addiction Treatment Services expansion under HB 4002—to better meet the needs of individuals with co-occurring mental health and substance use disorders.

Through targeted workforce development, strategic funding advocacy, expanded crisis and residential pathways, stronger system partnerships, and a sustained focus on priority populations, Marion County is taking active steps to close critical gaps and strengthen the behavioral health continuum. These efforts create a more resilient, preventive, and coordinated system that reduces reliance on crisis-driven interventions and improves outcomes for individuals across the county.

3. ***Describe any planning activities related to development or expansion of Crisis Stabilization Center services including location and capacity, if applicable.***

Planning activities for the development and expansion of Crisis Stabilization Center services have been rooted in the continued growth of the BHCC, a longstanding and trusted resource in the Salem community. As part of our ongoing commitment to meet increasing community needs, we are opening a new Crisis Stabilization Center in 2025 at 1234 Commercial Street SE, Salem, Oregon. This facility will increase service capacity and improve access to crisis care by offering up to five total beds, including two designated for short-term stabilization. These beds will provide intensive support for individuals who require a safe, structured environment to de-escalate but do not meet criteria for inpatient hospitalization.

The expansion has involved careful planning and collaboration with community stakeholders, behavioral health providers, and emergency response partners to ensure seamless integration with existing crisis services. By extending the reach of our established BHCC, the new Crisis Stabilization Center will serve more individuals while maintaining the same high standard of trauma-informed, compassionate care. Through this development, Marion County aims to reduce the burden on emergency departments and law enforcement, offer more appropriate crisis care options, and continue fulfilling our mission to support individuals in crisis with dignity and clinical excellence.

Part V — Metrics

1. ***At minimum the metrics used to track performance under this plan should include those listed for each Core Service Area described in Exhibit B.***

MCHHS will track and report on the full set of required performance metrics outlined in Exhibit B of the CFAA for each core service area. These metrics provide a consistent framework for evaluating service access, quality, efficiency, and outcomes across the behavioral health continuum.

MCHHS has developed internal workflows within our Electronic Health Record (EHR) system, as well as standardized intake and service delivery procedures, to ensure that all required data elements are captured accurately and consistently. The MCHHS Data Analytics Team extracts, validates, and compiles this data to support regular monitoring, quality improvement efforts, and timely submission of required reports to OHA.

Sustainable administrative resources are essential to support the ongoing collection, management, and reporting of these metrics, as they underpin accountability and continuous system improvement.

The metrics being tracked will endeavor to be reported as follows, based on our best efforts:

Core Service Area	CFAA Requirement	Method of Collection	Reporting Frequency	Currently Available
Crisis	MCIS and MRSS responses are conducted within the timelines required in OAR Chapter 309 Division 72	Electronic Health Record System (EHR)	Quarterly	N

Crisis	Individuals receiving an MCIS response are contacted (or contact attempts are made and documented) for follow-up within 72 hours of the MCIS response	EHR	Every 3 days; Weekly – individuals that need a 72hr follow up	N
Crisis	Adults receiving MCIS receive the Services necessary to remain in the community following the initial MCIS response.	EHR	Monthly – Individuals Served, encounters, Latency Quarterly - Individuals Served, encounters, demographics Annually - Individuals Served, encounters, demographics	Y
Crisis	Youth receiving MRSS receive the Services necessary to remain in the community following the initial MRSS response	EHR	Monthly – Individuals Served, encounters, Latency Quarterly - Individuals Served, encounters, demographics Annually - Individuals Served, encounters, demographics	N – workflow needs identified
Crisis	Youth are screened for stabilization services following the initial MCIS response	EHR	Monthly	N – workflow needs identified
Crisis	Youth are screened for stabilization services following the initial MCIS response	EHR	Monthly	N – workflow needs identified
Crisis	Youth enrolled in stabilization services referred to the recommended ongoing Services prior to discharge from stabilization services	EHR	Monthly	N – workflow needs identified
Forensic & Voluntary services	Individuals under aid & assist orders or transitioning from OSH or jails are referred to community navigator services.	EHR	Monthly	N – Workflow needs identified
Forensic & Voluntary services	Individuals under aid & assist commitment orders on the OSH waitlist are	Unsure of the requireme		

	screened for forensic diversion services	nt – Follow up		
Forensic & Voluntary services	Individuals under aid & assist orders at OSH who have been found ready to place will have a completed community transition plan by the time the community consult is sent to the court.	Data Collection – Tracker	Weekly/Monthly/Quarterly	N- tracker needs to be built
PSRB	Comprehensive annual reviews are submitted to OHA as required by OAR 309-019-0160	EHR	Monthly – Annual Review Report	Y
PSRB	Treatment plans are reviewed and updated within 364 calendar days of the previous plan	EHR	Monthly – Annual Review Report	Y
PSRB	OHA approved risk assessments are updated within 180 calendar days of the previous assessment	Data Collection – Tracker	Quarterly	Y
Civil commitment Services	Individuals transitioning from OSH are referred to community navigator services	EHR	Monthly – Individuals Served, encounters, Latency Quarterly - Individuals Served, encounters, demographics Annually - Individuals Served, encounters, demographics	Y
Civil commitment Services	Individuals under civil commitment will be provided a blank DMHT and offered the opportunity to complete one within 30 calendar days of being transferred to County's supervision	EHR	Monthly	N – Workflow needs identified /new field add
Forensic Diversion Services	Attempt to contact and complete a Behavioral Health screening for Individuals who are described above in Subsection (4)(b) of this Exhibit B: Within 7 business days of the applicable court order; or	Data Collection - Tracker	Weekly/Monthly	N – tracker needs to be built

	Within 7 business days of the court, CMHP, a party, or OHA identifying the Individual as someone who the court determined lacked trial competency under ORS 161.370 at least twice in the preceding 24 months;			
Forensic Diversion Services	Develop a transition plan for Individuals, who a certified forensic evaluator has determined does not need hospital level of care or the CMHP has determined may be appropriate for community placement, within 14 calendar days of that determination. The transition plan must align with the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices, and strengths, and addresses risk and protective factors	Data Collection - Tracker	Weekly/Monthly	N – Tracker needs to be built
Outpatient and community based support services	Individuals are offered an appointment with a licensed medical provider within seven (7) business days of enrollment in EASA	EHR	Monthly	N – Report needs to be built
Outpatient and community based support services	Individuals enrolled in EASA and their families will have access to structured family psychoeducational groups	EHR	Monthly/quarterly/Annually – encounters and individuals served	Y
Outpatient and community based support services	Adults with mental illness enrolled in Services are screened for potential home and community-based services eligibility and are referred when indicated	EHR	Monthly/quarterly/Annually – encounters and individuals served	Y
Outpatient and community	New mental illness or Substance Use Disorder diagnoses are followed up by	EHR	Monthly/quarterly/annually - referrals	N – Internal referral

based support services	treatment with in 14 calendar days of initial diagnosis.			workflow needs to be identified
Outpatient and community based	New mental illness or Substance Use Disorder diagnoses are followed up by two engagement visits or medication treatments within 30 calendar days of initial treatment	EHR	Monthly	N- Workflow needs to be identified
Outpatient and community based	A letter of acceptance and entry is sent to Individuals deemed eligible for Assertive Community Treatment as required by	EHR	Weekly	N- Workflow needs to be identified /add field
Residential Housing and Supports	Individuals who need residential treatment services are screened for potential home and community-based services eligibility and are referred when indicated.	EHR	Monthly/quarterly/Annually – encounters and individuals served	Y
Residential Housing and Supports	Individuals who receive housing support services are screened for potential home and community-based services eligibility and are referred when indicated.	EHR	Monthly/quarterly/Annually – encounters and individuals served	Y
Residential Housing and Supports	Individuals receiving residential Behavioral Health treatment are offered Services to assist with their transition to outpatient Services prior to discharge from residential treatment. Individuals enrolled in Behavioral Health treatment services establish or maintain housing prior to completion of treatment.	EHR	Monthly – Individuals Served, encounters, Latency Quarterly - Individuals Served, encounters, demographics Annually - Individuals Served, encounters, demographics	Y
Behavioral Health Prevention and Promotion	Individuals receiving Behavioral Health Prevention and Promotion Services report an increased understanding of mental health, substance use	QPR Training – Pre/Post Surveys; Zero Suicide	QPR – quarterly; Zero suicide survey - biannually	Y

	prevention, and available resources	Employee survey		
Behavioral Health Prevention and Promotion	Individuals receiving Behavioral Health Prevention and Promotion Services report a change in attitude toward mental health, substance use, or coping strategies	QPR Training – Pre/Post Surveys; Zero Suicide Employee survey	QPR – quarterly; Zero suicide survey - biannually	Y
Behavioral Health Prevention and Promotion	Individuals receiving Behavioral Health Prevention and Promotion Services report an increased likelihood of engaging in behavior change such as accessing counseling Services or delaying or decreasing use of alcohol and other drugs.	QPR Training – Pre/Post Surveys; Zero Suicide Employee survey	QPR – quarterly; Zero suicide survey - biannually	Y
Block Grant Funded Services	Reduce the rate at which Individuals with a Mental or Emotional Disturbance or a Substance Use Disorder are admitted to the emergency room	EHR	Monthly	N – workflow needs identified currently a case note
Block Grant Funded Services	SUD treatment Services are made available to Individuals who are pregnant or post-partum and request such Services.	EHR	Monthly – Individuals Served, encounters, Latency Quarterly - Individuals Served, encounters, demographics Annually - Individuals Served, encounters, demographics	Y N – possibly use RHOADS

2. If there are additional metrics the county wishes to report that are specific to its plans, please list them including the expected outcome associated with the metric.

To reflect local priorities, Marion County will also track supplemental measures, including:

- **Overdose Tracking** – Monitoring overdoses through PRIME+ hospital response as well as exploring integration of countywide data sources (emergency departments, EMS, and medical examiner) to ensure more complete surveillance. This metric will be reported separately to highlight community prevention and recovery progress.

Expected Outcome: Improved accuracy and timeliness of overdose surveillance, leading to stronger connections to treatment and reductions in repeat overdose events.

- **CHIP Alignment** – Additional metrics will be selected in alignment with the *Mental Health and Substance Use* priority area of the Marion-Polk Community Health Improvement Plan (CHIP), ensuring that local plan reporting complements existing community health priorities.
  Expected Outcome: Consistency between Local Plan and CHIP reporting, promoting efficient use of resources and improved alignment with community-driven priorities.
- **Outpatient Engagement** – Measures of engagement in outpatient and community-based programs, including Addiction Treatment Services (ATS), Adult Behavioral Health (ABH), and Youth & Family Services (YFS). This may include post-crisis/hospital follow-up within 7 days, retention rates, and peer engagement contacts.
  Expected Outcome: Increased continuity of care and sustained engagement in treatment, reducing reliance on crisis and inpatient services.
- **Workforce Stabilization** – Recruitment and retention of behavioral health staff, including Qualified Mental Health Professionals and peer support specialists, as a key measure of system capacity and sustainability.
  Expected Outcome: Improved workforce stability, reduced vacancy and turnover rates, and greater system capacity to serve priority populations.

These additional measures provide flexibility while supporting Marion County's goals of access, quality improvement, and better outcomes for priority populations.

Part VI — Budget Narrative

1. ***Did the County coordinate with the budgetary cycles of state and local governments that provide funding for behavioral health services?***
   - ☒ *Yes* ☐ *No*

MCHHS coordinated with the budgetary cycles of state and local governments that provide funding for behavioral health services, ensuring alignment of CFAA resources with other funding streams to maximize impact and accountability.

2. ***Describe how County will maximize resources for consumers and minimize administrative expenses.***

MCHHS is committed to maximizing the resources available to individuals seeking behavioral health services by strategically blending and braiding multiple funding sources, including CFAA, Coordinated Care Organization (CCO) contracts, Medicaid, and fee-for-service revenues, to build a comprehensive, coordinated, and sustainable behavioral health system. This fiscal approach allows the County to maintain a continuum of high-impact, recovery-oriented services that address the most urgent community needs while ensuring equitable access across populations.

MCHHS maintains a provider agreement with the local CCO, PacificSource, that includes both fee-for-service reimbursement and a per-member-per-month (PMPM) allocation to support Medicaid utilization. Adult and youth behavioral health services are funded through a blend of CFAA dollars for non-Medicaid clients and Medicaid funding for those enrolled in the Oregon Health Plan. Children's behavioral health outpatient services are funded exclusively through Medicaid, and non-Medicaid youth are connected to other appropriate community providers. This blended model

across Adult Outpatient, Crisis Services, Addiction Treatment Services, and Housing programs enhances service capacity, supports a flexible response to changing community needs, and ensures efficient use of available resources.

Administrative expenses are carefully managed to ensure that the maximum amount of funding directly supports consumers. We leverage existing county infrastructure, streamline data systems, and maintain strong partnerships with community providers to reduce duplication and promote cost-effective care.

3. ***Describe how County will ensure that Block Grant funds are used to supplement not supplant existing resources.***

MCHHS ensures that Community Mental Health Services Block Grant (MHBG) and Substance Use, Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) funds are used to supplement, not supplant, existing resources. Block grant funds are allocated to priority service areas such as crisis response, outpatient services, and addiction treatment services, where they fill gaps in the continuum of care and expand access to individuals who may not be covered through Medicaid or other funding sources.

MCHHS has extensive experience managing federal grants, including past FEMA grant awards, in alignment with OMB and GASB standards. We maintain an approved cost allocation plan to ensure transparent and compliant use of funds. Our financial and programmatic practices consistently meet or exceed federal and state requirements and are frequently audited. Block grant expenditures are tracked separately from other revenue streams to ensure clear accounting and adherence to all applicable regulations.

Part VII — Technical Assistance Needs

1. ***For purposes of the Local Plan and to begin any technical assistance needed now please describe any concerns the county has with the required outcome and financial reporting.***

At this time, Marion County does not have significant concerns with the required outcome and financial reporting expectations for the Local Plan. Our finance team may have technical questions about the budget and financial reporting template to ensure that our submissions align with OHA's reporting structure and expectations. We will engage with OHA's fiscal staff as needed to clarify any questions that arise during the reporting process.

2. ***Please describe what training and technical assistance is needed from OHA to support the County's implementation of their Local Plan.***

Marion County does not have significant concerns at this time but welcomes any feedback and recommendations from OHA to ensure full alignment with statutory requirements. We would appreciate general guidance or technical assistance on changes in performance and financial reporting expectations and any new federal or state funding requirements that impact block grant or related resources. Additionally, we remain open to support or training that can enhance our capacity to collect and report program data effectively, ensuring alignment with CFAA Exhibit B metrics and fostering continuous quality improvement across our behavioral health system.

Marion County has expressed concerns that future changes to this template or its contents outside of the established contract process could materially alter this Local Plan after it has been reviewed and signed by all parties. Marion County's position is that no substantial changes to the Local Plan template or requirements will be considered valid unless they are formally amended through the CFAA contract process or an addendum agreed upon by all parties. We look forward to working collaboratively with OHA to ensure that any updates to this Local Plan template are handled transparently and in partnership with local authorities.

Part VIII — Required Attachments

- ***Attachment A*** *– Budget (template provided)*
- ***Attachment B*** *– Current org chart with estimated FTEs & vacancies*
- ***Attachment C*** *– List of key contacts and their contact information (template provided)*
- ***Attachment D*** *– List of subcontractors used by the LMHA/CMHP to provide any or all of the services funded through the CFAA. The list must include:*
    - *Subcontractor name*
    - *Amount of CFAA funds allocated/awarded to the subcontractor*
    - *Description of CFAA-funded services and supports provided by the subcontractor*