

## Lane County Local Mental Health and Addictions Plan 2019 – 2021

## Table of Contents

1. Executive Summary.....	1
1.1 Summary of Findings.....	1
1.2 Summary of Program and Policy Recommendation .....	1
2. Lane County Overview .....	2
2.1 Geography.....	2
2.2 Population .....	2
2.2.1 Language Spoken: .....	3
2.2.2 Socioeconomic Status: .....	3
2.2.3 Insurance Access: .....	3
2.2.4 Sexual Orientation: .....	3
2.2.5 Other Demographic Characteristics:.....	3
3. Community Health Needs Assessment.....	4
3.1 Abuse/Neglect and Violent Crime.....	4
3.2 Addiction Related Issues: Alcohol, Tobacco, Gambling, and Drug Use .....	5
3.3 Suicide .....	6
3.3.1 Suicide Attempts:.....	6
3.3.2 Suicide Deaths:.....	7
3.4 Health System Capacity .....	8
4. System Overview.....	8
4.1 The Local Mental Health Authority .....	8
4.2 The Trillium Coordinated Care Organization .....	10
4.2.1 Mental Health and Addictions Roles and Responsibilities of the CCO .....	11
4.2.2 Scope and Services of the CCO .....	12
Figure 1: Scope of CCO Services in 2017 .....	12
4.2.3 Recent CCO Accomplishments in Mental Health and Addictions.....	13
4.3 Lane County Contractors .....	13
4.3.1 Mental Health Contractors .....	14
4.3.2 Addictions Contractors .....	14
4.4 Mental Health Advisory Council and the Local Alcohol and Drug Planning Committee .....	15
4.4.1 Overview .....	15
4.4.2 Review of 2018.....	16

4.4.3 Work Plan for 2019 .....	16
4.4.4 Current Members:.....	17
5. Mental Health and Addictions System of Care .....	17
5.1 Prevention.....	17
5.1.1 Lane County Mental Health and Addiction Prevention .....	18
5.1.2 Suicide Prevention and Mental Health Promotion .....	18
5.1.3 Alcohol and Other Drug Prevention.....	18
5.1.4 Problem Gambling Prevention.....	19
5.1.5 Tobacco Prevention .....	19
5.1.6 CCO Prevention.....	20
5.2 Addictions System Map and Provider Matrix .....	20
Lane County Addictions System Map 2019 .....	20
Lane County Addictions Provider Matrix 2019 .....	24
5.3 Mental Health System Map and Provider Matrix .....	28
Lane County Mental Health System Map 2019 .....	28
Lane County Mental Health Provider Matrix 2019 .....	32
6. System Strengths and Areas for Improvement.....	38
6.1 Groups Interviewed .....	38
6.2 Themes that are Both Strengths and Areas for Improvement .....	39
6.3 Themes that are Only Strengths .....	41
6.4 Areas for Improvement.....	42
7. Data and Performance Measures .....	43
7.1 The CCO.....	43
7.2 Lane County Behavioral Health.....	44
7.3 The Oregon Health Authority.....	45
Figure 2: Lane County Summary Statistics.....	45
8. Conclusions .....	46
9. Program and Policy Recommendations.....	47
Appendix 1: Provider List .....	49

## **1. Executive Summary**

This plan provides a description of the mental health and addictions system of care in Lane County and identifies strengths and areas for improvement. The plan also contains a provider list with maps and matrices that allow end users to easily identify providers by service type and scope.

### **1.1 Summary of Findings**

There are considerable resources dedicated to providing services for mental health and addictions through a continuum of care including prevention, treatment, and aftercare. This is reflected in the data. Lane County has a high ratio of mental health providers to residents compared to Oregon overall, and ranks in the top 90% of all counties nationally. Recent years have seen improvement in collaboration and coordination among service providers and other system players including law enforcement and the courts. Some provider agencies have also begun cross training staff in mental health and addictions in order to better serve the large client population with co-occurring disorders. Additional improvements include the expansion of mobile crisis services, efforts to provide low income and low barrier housing, greater availability of opioid addiction treatments, and the increase in the use of peer services.

Services are disproportionately focused on working age adults in the Eugene/Springfield metropolitan area. More limited services are available for children, youth, older adults, and residents of rural Lane County. Much of the treatment system is focused on providing services in one domain, either mental health or addictions, whereas the reality is that many clients have co-occurring mental health and addictions disorders, often exacerbated by chronic physical health conditions or developmental disabilities (DD). Most treatment is provided on an outpatient basis with a lack of residential stabilization options. The result is a core group of individuals whose needs are not being adequately met in an outpatient environment and therefore continues to cycle through the crisis system.

### **1.2 Summary of Program and Policy Recommendation**

1. Continue the plan to more effectively serve the needs of people with co-occurring disorders (dual or multiple diagnoses), primarily mental health and addictions, but also often involving chronic physical health conditions or DD.
2. Provide a residential crisis respite center for youth.
3. Provide a crisis respite center for adults.

4. Provide geographically appropriate services in rural areas, beginning with crisis services in coastal communities.
5. Continue efforts to provide low income and low barrier housing for individuals with addictions and mental health issues.
6. Take a more consistent and comprehensive approach to prevention, identification, and assessment in K-12 schools.
7. Develop a process to incentivize providers to treat the older adult population despite the financial/payments issues with Medicare.
8. Develop a plan for creating a performance measurement system that tracks outcomes for the mental health and addictions client population.
9. Encourage the Coordinated Care Organization (CCO) to implement payment models that support these recommendations.

## **2. Lane County Overview**

### **2.1 Geography**

Lane County, Oregon, is roughly the size of the state of Connecticut, and extends from the Pacific Ocean in the west to the Cascade mountain range in the east. With a population of approximately 363,000, it is the fourth most populous county in Oregon. There are 77 persons per square mile and roughly half of the residents live in the Eugene/Springfield metropolitan area. Outside of the metro area, Lane County is largely rural and unincorporated (US Census Bureau, 2013-17 American Community Survey 5-Year Estimates). Four federally recognized tribes have service areas which include Lane County: Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians; Coquille Indian Tribe; Confederated Tribes of Grande Ronde; and the Cow Creek Band of Umpqua Tribe of Indians.

### **2.2 Population**

Race/Ethnicity: Lane County is predominantly white (88%); however, the distribution of racial and ethnic groups varies substantially throughout the county. Roughly one in eight, or 45,000 people, are people of color. People who are Hispanic/Latino are the second largest racial/ethnic group after people who are white and make up approximately half of the non-white population. Of the remaining people who are non-white and who are not Hispanic/Latino, approximately one-third report multiple races, one-third are Asian American and one third are American

Indian/Native Alaskan, African American or Native Hawaiian/ Pacific Islander (US Census Bureau, 2013-17 American Community Survey 5-Year Estimates).

### **2.2.1 Language Spoken:**

Most Lane County residents speak English in their homes (91%); of those who speak a language other than English, 58% speak Spanish, 22% speak an Asian or Pacific Islander language, and 16% speak another Indo-European language (US Census Bureau, 2013-17 American Community Survey 5-Year Estimates).

### **2.2.2 Socioeconomic Status:**

Historically, the poverty rate in Lane County has been slightly higher than both the State of Oregon and the nation, with several communities experiencing significantly higher rates of poverty than the state. In 2016, 19.73% of Lane County residents were living below the federal poverty line, compared to 15.7% of Oregonians. In 2016, the median household income for Lane County was \$45,222, compared to Oregon (\$53,270) and the United States (\$55,322). Oregon currently ranks 48<sup>th</sup> in the United States for four-year high school graduation rates, with Lane County falling below the state average. The high school four-year cohort graduation rate in Lane County was 71% for the 2015-2016 school year, lower than the Oregon rate of 74.8% and the United States rate of 84% (US Census Bureau, 2013-17 American Community Survey, 5-Year Estimates & US Census).

### **2.2.3 Insurance Access:**

The percent of the population without health insurance has declined dramatically since implementation of the Affordable Care Act (ACA). Currently, about 6% of the population is without health insurance. Prior to implementation of the ACA, cost prevented approximately 15% of adults from seeing a provider when needed.

### **2.2.4 Sexual Orientation:**

Accurate estimates of the Lane County Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) adult population are not readily available. A Gallup Poll from 2015-16 suggests that 4.9% of adults in Oregon identify as LGBTQ (Gallup, Social Issues, Feb 6, 2017). Additionally, the US Census 2011-15 American Community Survey estimates 0.7% of households in Lane County identify as Same-Sex Couple Unmarried Partner Households.

### **2.2.5 Other Demographic Characteristics:**

Approximately 9% of the population 18 years and older are veterans of the armed services. Two-thirds of the population are age 25 or over. Of the adult population, 15% are people with disabilities (US Census Bureau, 2013-17 American Community Survey 5-Year Estimates). Among those 26 years or older, one out of every 20 is a person with severe and persistent mental illness (SPMI) (SAMANTAL HEALTHSA, 2012-14 National Survey on Drug Use and Health).

### **3. Community Health Needs Assessment**

The Community Health Status Assessment (CHSA) provides quantitative and qualitative information on community health conditions by answering the following questions:

- How healthy is our community?
- What does the health status of our community look like?

The following section summarizes key indicators described in the Community Health Needs Assessment that relate to Mental Health and Addictions.

Similar to other areas, the Lane County region has unique variables that contribute to health outcomes which are not present in every community in the United States. Therefore, focus was placed on identifying locally specific indicators and health issues that accurately describe the situation in our community. When possible, county level data was used to compare against state and national data and was analyzed by race/ethnicity, sex, and age to offer insight into health disparities that affect specific demographic subgroups in the community.

Overall, Lane County is a moderately healthy community with well-educated and active residents. The 2018 County Health Rankings and Roadmaps rank Lane County 12<sup>th</sup> out of 34 counties in Oregon for overall health outcomes (length and quality of life) and 12<sup>th</sup> for health factors (health behaviors, clinical care, social and economic factors, and physical environment). Although good health outcomes and behaviors are prominent in Lane County, there are still gaps to be addressed. In Lane County, as in the rest of the nation, health status and quality of life are directly linked to a number of social and environmental factors including income, poverty, race/ethnicity, education level, geographic location, and employment status.

#### **3.1 Abuse/Neglect and Violent Crime**

A violent crime is defined as a crime in which the offender uses or threatens to use violent force upon the victim; these crimes can include homicide, rape, robbery, and assault. In 2016, Lane County had a higher violent crime rate (1,256 per 100,000) than Oregon as a whole (1,055 per 100,000) (U.S. Department of Justice, Federal Bureau of Investigation Uniform Crime Reporting Statistics). Lane County (2.4 per 100,000) and Oregon (3.2 per 100,000) had similar homicide rates in 2016 (National Center for Health Statistics).

Intimate partner violence (IPV) can affect health in many ways, and is also linked to harmful health behaviors. The longer the violence goes on, the more serious the effects. Many victims suffer physical injuries; some are minor, others are more serious and can cause death or disability. Not all injuries are physical and many people have lasting trauma from emotional abuse. While these numbers do not give us a true number of the population who are

experiencing IPV, it does give us a glimpse into the problem. In 2016, Lane County had a smaller rate of those sheltered in domestic violence shelters (49.4 per 100,000) than Oregon as a whole (107.9 per 100,000), though there was a similar rate of calls to Oregon sexual and domestic violence programs in 2016: Lane County was 3,452 per 100,000 and Oregon was 3,505 per 100,000. In 2016, the child abuse/neglect rate in Lane County was 3.9 per 1,000 which is slightly higher than Oregon as a whole at 3.5 per 1,000 (Oregon Department of Human Services, 2017).

### **3.2 Addiction Related Issues: Alcohol, Tobacco, Gambling, and Drug Use**

Access to alcohol, tobacco, other drugs, and lottery, increases the likelihood of both youth and adult use. Retail and social environmental access and decreased prices play a role in increasing potential for misuse. This adds to the risk of addiction related health outcomes and mental health concerns. Alcohol is readily accessible in Lane County and is more accessible than tobacco, lottery, and firearms combined. Retailers of alcohol for off-site use are three times more common than tobacco and lottery retailers. For every 1,000 residents, there is one lottery and one tobacco outlet (Lane County Public Health 2017; Oregon Liquor Control Commission, 2017; Oregon Lottery, 2017, U.S. Bureau of Alcohol, Tobacco and Firearms, 2017).

Tobacco use has declined over the past decade, yet it remains the leading preventable cause of death nationally and tobacco use is higher in Lane County than in Oregon overall. As of 2015, 19% of adults in Lane County smoke compared to 17.9% statewide (Behavioral Risk Factor Surveillance System 2012-2015). Notably, tobacco-linked mortality rates vary significantly by race/ethnicity. In Lane County in 2015, American Indian/Alaska Native Non-Hispanics had the highest tobacco-linked death rate, and Hispanics had the lowest rate (Oregon Center for Vital Statistics 2006-2015). The most recent data suggests that while countywide smoking rates for 11<sup>th</sup> graders remain lower than the state, usage among 11<sup>th</sup> graders in Lane County has increased and is almost 7% (Oregon Healthy Teens, 2017). More than two times as many 11<sup>th</sup> graders in Lane County (15%) are using non-cigarette tobacco products, including electronic cigarettes, chewing tobacco, and dissolvable tobacco (Oregon Healthy Teens, 2017). Use of electronic cigarettes (vaping) is increasing. In January, Lane County Public Health released data showing that 14% of youth have vaped, which is a 250% jump from 2013 to 2017 (Lane County Public Health 2019).

Adult binge drinking is higher, while binge drinking (and alcohol use in general) with youth has declined and remains comparable or lower in Lane County. In 2015, adult binge drinking in Lane County was higher than the state average with 19% of Lane County adults reporting binge drinking (in the past month) compared to 17.7% statewide (Oregon Behavioral Risk Factor Survey, 2012-2015). In 2017, in Lane County, 14.5% of 11<sup>th</sup> graders and 6.4% of 8<sup>th</sup> graders used alcohol in the last 30 days; both rates are slightly higher than the state as a whole (Oregon Healthy Teens, 2017). Alcohol-induced deaths have increased in Lane County over the past



decade. Lane County has higher rates of alcohol-induced mortality than the state. Lane County males have higher rates of alcohol-induced mortality than females with male rates of 36.3 per 100,000, and female rates of 9.6 (Oregon Center for Health Statistics, 2016).

Prescription drug abuse rates in Lane County are similar to statewide rates. Illicit drug use and marijuana use are also comparable to the state overall, but higher than national rates. In 2014, the rate of non-medical prescription pain reliever use for adults 18 to 25 years old remained similar for both the state and county at approximately 10%, which is significantly higher than the 4.2% rate for those 26 and older. As of 2014, 8.7% of adults 18 to 25 in Lane County and 7.5% of adults 18 to 25 statewide reported illicit drug usage (in the past 30 days) compared to only a little more than 3% of adults aged 26 and older both state and county-wide (Oregon Center for Health Statistics, 2016).

The drug overdose death rate across the State of Oregon has increased over the last two decades. Drug overdose deaths may be accidental, intentional, or of undetermined intent. Drug-induced deaths include all deaths for which drugs are the underlying causes, including deaths attributable to acute poisoning by drugs (i.e. drug overdoses) and deaths from medical conditions resulting from chronic drug misuse. Drugs include illicit or street drugs (e.g., heroin, cocaine, methamphetamine etc.), as well as legal prescription drugs and over-the-counter drugs. Alcohol is not included in this definition. In Lane County, drug induced deaths have been increasing since 2012. In 2016, the rate of drug induced deaths in Lane County was 22 per 100,000, higher than the rate of the state at 15 per 100,000 (Oregon Center for Health Statistics, 2016). It is important to note that methamphetamine is still an issue in Lane County and is also responsible for a fair number of deaths.

Because of the consequences of alcohol and drug misuse, screening for alcohol and/or drug misuse is critical to the prevention of or early intervention in an addiction cycle. For those at risk of developing a serious problem with substance misuse, the identification of early warning signs and early intervention can provide needed support. For others, these assessments are important first steps toward treatment of and recovery from addiction. Among Medicaid members in Lane County, treatment was initiated for four out of every ten members newly diagnosed with alcohol or drug dependence in 2017 (Oregon Health Authority, 2018).

### **3.3 Suicide**

#### **3.3.1 Suicide Attempts:**

The rate of hospitalization for suicide attempts in Oregon for 2013 was 54.6 per 100,000 (Suicide in Oregon, Oregon Health Authority 2015).

The rate of hospitalization for suicide attempts in Oregon for 2013 was 54.6 per 100,000 and women aged 35 to 44 had the highest rate of hospitalization for suicide attempts (Suicide in Oregon, Oregon Health Authority 2015). For 2016, the incidence of ED visits for suicide attempts and self-inflicted injuries for Lane County residents was 74 per 100,000 persons for adults 25 years of age and older (Oregon ESSENCE, Oregon Health Authority).

### **3.3.2 Suicide Deaths:**

The overall suicide death rate in Oregon is 18 per 100,000, which continues to be 30 to 40% higher than the national rate. The suicide rate in Lane County is statistically similar to Oregon's rate.

Lane County, and the entire State of Oregon, has had a suicide rate 30 to 40% higher than the national average for the last five years. Suicide is the 8<sup>th</sup> leading cause of death overall, and on average, someone dies by suicide in Oregon every 12 hours (Suicide: Oregon 2017 Facts & Figures, American Foundation for Suicide Prevention). The most recently completed Community Health Needs Assessment for Lane County, completed in 2016, lists 'intentional self-harm (suicide)' as the second leading cause of death for adults 25 to 44 and the 5<sup>th</sup> leading cause of death for adults 45 to 64. After a report was presented by Prevention staff to the Board of County Commissioners on this issue, the Commissioners recommended that an All-Ages Suicide Fatality Review Committee be formed as a strategy to guide suicide prevention efforts.

In Lane County, 95% of deaths by suicide that occurred between the years 2010-2014 were Non-Hispanic whites and 75% were male. During this same time period, 56% had been diagnosed with a mental illness; 40% had an alcohol or substance abuse disorder; and 48% were receiving treatment for a mental illness or substance abuse problem at the time of death. Although veterans represent only 7.8% of Lane County's total population, they experience 27% of the county's deaths by suicide (Oregon Violent Death Reporting system). Based on the Suicide among Oregon Veterans 2008 – 2012 report, Lane County has a significantly higher rate of veteran suicides than the Oregon state average.

Individuals with DD are another population at increased risk for suicide and self-harm. About 30% of adults with DD have a mental illness of some type; for those in centers or other institutions, the rate can be as high as 70% (National Core Indicators, 2010). People with a DD are at greater risk for being victimized or abused and also are more likely to have everyday stresses and losses that, over time, accumulate and may be traumatic (National Core Indicators, 2010).

### **3.4 Health System Capacity**

When compared to Oregon overall, Lane County has fewer physicians relative to the overall population. In 2015 there was approximately one provider for every 1,160 people in the county (Area Health Resource File, 2015). In 2017, 64% of Medicaid enrollees in Lane County were assigned to Primary Care Providers practicing in recognized Patient Centered Primary Care Homes (PCPCH) (Oregon Health Authority, 2018).

Lane County has a high ratio of mental health providers to residents compared to Oregon overall, and ranks in the top 90% of all counties nationally (Area Health Resource File, 2015). There is one mental health provider for every 130 people living in Lane County. Among Medicaid members, timely follow-up care after hospitalization for mental illness has been improving. More than eight out of every ten members who had been hospitalized received follow-up care in 2017, compared to seven out of ten in 2017 (Oregon Health Authority, 2018).

## **4. System Overview**

### **4.1 The Local Mental Health Authority**

Each Local Mental Health Authority (LMHA) determines the need for local mental health services and adopts a comprehensive local plan for the delivery of mental health services for children, families, adults, and older adults. The purpose of the local plan is to create a blueprint to provide mental health services that are directed by and responsive to the mental health needs of individuals in the community served by the local plan. The mental health authority coordinates its local planning with the development of the Community Health Improvement Plan (CHIP) under ORS 414.627 (Community Advisory Councils) by the CCO serving the area.

As the LMHA, Lane County Health & Human Services (H&HS) provides direct mental health services, contracts with local mental health providers, and works with the CCO, and other provider agencies to coordinate mental health services across urban and rural Lane County. Most mental health services are provided in the Eugene/Springfield area with very limited services provided in the County's rural communities. Long-term residential mental health care is provided in a variety of locations, including local residential facilities, group homes, and foster homes.

Lane County Behavioral Health, (LCBH), a division of Lane County H&HS, provides services for individuals with SPMI. They serve adults, children, adolescents and families. LCBH provides screening, assessment and services to improve the client's mental health and support their overall functioning. Available outpatient services include peer support, case management, individual and group therapy, family support, and psychiatric medication management services.

At LCBH, integrated primary care and mental health nursing care coordination are provided to support an integrated approach for improved functioning as physical and mental health concerns are often interwoven. LCBH staff provides oversight of Lane County's residential and foster homes and coordinates access to these services.

H&HS works closely with the Trillium CCO. Trillium Behavioral Health (TBH), staffed by Lane County employees, manages mental health care for Oregon Health Plan (OHP) members. It is both a fully integrated part of the CCO and the mental health managed care division of H&HS. In addition to TBH staff, the CCO co-funds several positions in the H&HS Public Health program. H&HS and the CCO partnered to develop the Lane County Health Transformation Plan which focuses on coordinated care including integration of physical health care and mental health care, coordination and partnership on the CHA and CHIP, key prevention strategies for both clinical and community, and engagement of the community through the development and ongoing support of the Mental Health and Addictions community advisory councils.

Working together LCBH and the CCO strive to coordinate care such that clients receive the services they need in order to be at the highest level of functioning and lowest appropriate level of care. *Services available in Lane County include the following:*

- A. Twenty-four hour outpatient and mobile crisis services for adults and youth are provided by White Bird/CAHOOTS and Hourglass.
- B. Secure crisis residential services are provided by the PeaceHealth Behavioral Health Unit, Columbia Care, and River Bridge.
- C. Non-secure residential services, including 24-hour supervised structured treatment, are provided through seven residential treatment facilities and 12 adult foster homes.
- D. Psychiatric day treatment is provided by PeaceHealth. Willamette Family Treatment (WFT) provides day treatment for substance use disorders.
- E. Services that maximize client independence include RideSource (subsidized transport), Assertive Community Treatment (ACT) Teams, supported/supportive housing, supported employment, a variety of outpatient options, and family and peer support services.

- F. Family and peer support and self-help services are provided by the Oregon Family Support Network (OFSN), the National Association of the Mentally Ill (NAMI), and the Lane independent Living Association (LILA).
- G. Prevention and early intervention services are provided by the Lane County Public Health Prevention programs, Relief Nursery, Parenting Now, the Child Center, Jasper Mountain, school-based health centers, the Department of Human Services (DHS) Child Welfare, Looking Glass, Youth Era, and Lane County Developmental Disabilities Services (DDS). PeaceHealth provides services to youth through the Early Assessment and Support Alliance (EASA) Program and the Youth Hub.
- H. Transition assistance between levels of care is provided by CHOICE, Medicaid Home and Community Based Services (1951i), Shangri-La, and Intensive Coordination Treatment Services (ICTS). These programs provide a continuum of services that allow people to transition through different levels of care from the Oregon State Hospital to secure residential treatment facilities to residential treatment facilities to residential treatment homes and adult foster homes, and eventually supported housing and independent living.
- I. Dual diagnosis services are provided by WFT, Emergence, Serenity Lane, and Buckley Detox.

## 4.2 The Trillium Coordinated Care Organization

Oregon's 2012 1115 Medicaid Demonstration Waiver and House Bill 3650 redesigned the Medicaid delivery system to implement CCOs and to improve health and health care and lower costs to the system. CCOs are community-based organizations governed by a partnership among providers of care, community members, and those taking financial risk. CCOs are supposed to have a single global Medicaid budget that grows at a fixed rate. The global budget approach was intended to allow CCOs maximum flexibility to dedicate resources toward the most efficient forms of care. The original intent was to give CCOs financial flexibility within available resources to achieve the greatest possible outcomes for their membership.

CCOs are responsible for the integration and coordination of physical, mental, and dental health care for Medicaid members and serve as the single point of accountability for the health quality and outcomes of their members.

CCOs are required to focus their activities around eight elements and must develop a transformation plan that describes Medicaid system redesign activities within the **eight elements** of delivery system transformation:

1. Integrating mental health care, physical health care, and addictions;
2. Continued implementation of Patient-Centered Primary Care Homes;
3. Implementing alternative payment methodologies aligning payment with outcomes;
4. Preparing needs assessments and improvement plans;
5. Developing electronic health records, health information exchange, and meaningful use;
6. Ensuring members have access to culturally-specific communication;
7. Ensuring the provider network is able to meet diverse cultural needs of community; and
8. Eliminating racial , ethnic and linguistic disparities.

Trillium Community Health Plan serves OHP members in Lane and western Douglas Counties and is a recognized leader of innovative approaches, community collaboration, and coordination of community-based healthcare. Trillium has a long history of caring for underserved populations in Lane County. In 1999, when existing nonprofit insurers were backing out of the Oregon Health Plan/Medicaid business in Lane County, Lane Independent Practice Association (LIPA) decided to ensure ongoing care and locally manage OHP members. In 2006, Trillium Community Health Plan was established and a managed care model was developed to serve Medicaid and Medicare clients. In 2012, Trillium was approved by the state as the CCO in Lane County to transform care for OHP members.

#### **4.2.1 Mental Health and Addictions Roles and Responsibilities of the CCO**

CCOs must ensure that members have access to the full continuum of quality mental health services and supports that are aligned with other needed social services and supports, and are available in their local communities. The system should focus on prevention, early identification and intervention, treatment, symptom management, and recovery support services that are integrated and aligned across service sectors.

There are statutory requirements to have a mental health or chemical dependency treatment provider on the CCO Board. The 1115 Waiver requires agreements with mental health providers and county governments regarding maintenance of mental health and community mental health safety nets. Metrics tracked by the CCO include the following:

1. Depression screening and follow-up in primary care
2. Screening, brief intervention, and referral to treatment (SBIRT)
3. Follow-up within seven days for individuals hospitalized for a mental health condition
4. Reduction of ED utilization for members with SPMI
5. Adolescent well-care visits
6. Developmental screenings
7. Mental health assessment within 60 days of a child entering the custody of DHS.

The 1115 Waiver and CCO contract required each CCO to develop a Transformation and Quality Strategy (TQS) geared specifically to the community it serves. There are many opportunities within the components of the TQS to focus on mental health. CCOs are required to have Community Health Improvement Plans (CHIP), with oversight from Community Advisory Councils (CAC). The majority of CCO CHIPs have a focus on the mental health system. Utilization of mental health services continue to expand through integration strategies with primary care.

Early in the development of the CCO, Trillium collaborated with Lane County and formed a unique public/private partnership. The partnership has become a model for integration of mental health and primary care integration as well as expanding the reach of prevention efforts. Lane County co-located its LaneCare work force within Trillium. The result was an innovative model of shared accountability delivering physical and mental health services to better treat the whole person. In 2013, Trillium Integration Incubator Project (TIIP) was created through grant funding to promote integrated mental health care in four primary care clinics and primary care into four mental health clinics.

The CCO is using the TIIP model successes to develop Integrated Complex Care Management (ICCM) teams in primary care and mental health clinics. The model will integrate diverse health focused interventions, including mental health, traditional health workers, oral health and care management into a complex care team serving patients with the highest needs and highest utilization of healthcare services.

#### 4.2.2 Scope and Services of the CCO

As of January 2019, the CCO has 56,497 adults and 34,661 youth enrolled as members. In 2017, 52,787 members received TBH services and the CCO provided intensive outpatient services to 17,785 youth. In addition, 398 youth have been provided wraparound services since the program was created in 2014. In 2017, the CCO included 1,588 mental health providers in the network including 35 mental health and/or SUDs agencies, 93 solo mental health and/or substance use disorders (SUDs) practitioners and four support services agencies. The CCO's 2017 data (see chart below) details members, agencies, practitioners, and number of encounters for members requiring higher levels of care.

**Figure 1: Scope of CCO Services in 2017**

Type of Facility	Members	Agencies	Practitioners	Encounters
Non-residential substance abuse treatment facility	3,102	19	233	67,962
Residential substance abuse	1,007	16	53	19,163

treatment facility				
Outpatient hospital	1,416	34	170	3,062
Psychiatric Residential Treatment Center	147	11	25	2,196
Inpatient psychiatric facility	18	6	26	101
Psychiatric facility partial hospitalization	1	1	1	1
Grand Total	4,898	76	482	92,032

### 4.2.3 Recent CCO Accomplishments in Mental Health and Addictions

#### 4.2.3.1 Trillium Integration Project (TIP)

The Trillium Integration Project (TIP) was designed to facilitate joint access to physical and mental health care for CCO members. There are two types of TIP clinics, Primary Care Medical Homes (PCMH) and Behavioral Health Medical Homes (BMMH). All clinics had some degree of primary and mental health integration prior to TIP, with the exception of Eugene Pediatrics Associates (EPA) and WFT. The first TIP clinic was implemented on July 1, 2014 and there are currently a total of 10 clinics: Springfield Family Physicians, Oregon Medical Group (Adult Medicine, Crescent, Garden Way sites), Eugene Pediatrics, LCBH, Center for Family Development, WFT, PeaceHealth (Santa Clara & University sites).

#### 4.2.3.2 Intensive Community Care Management (ICCM)

Trillium Community Health Plan in partnership with H&HS put out a request for proposal (RFP) on 7/18/2018 for our Intensive Community Care Management (ICCM) program. This pilot program focuses on the populations who have five chronic illnesses and at least one mental health diagnosis. Center for Family Development, was selected and will have integrated medical, mental health and dental care provided onsite and with a multidisciplinary team to provide whole health care to their members.

### 4.3 Lane County Contractors

Lane County has a long history of partnership between internal County services and subcontracted services through a variety of not-for-profit organizations. The system has evolved over time to embrace the strengths of different community partners. LCBH provides both adult and child mental health services, many of the state mandated services, as well as a Methadone Treatment Program (MTP). LCBH is part of the Federally Qualified Health Centers (FQHC) of Lane County and works in partnership with other organizations including PeaceHealth and the CCO to provide coordinated, comprehensive services. H&HS contracts



with local not-for-profit mental health service providers to deliver additional community-based services, helping ensure a diversity of options for community members.

#### **4.3.1 Mental Health Contractors**

##### **MENTAL HEALTH 2017-19 Total \$8.96 million**

1. Care Rx/Payless Pharmacy
2. Cascadia Behavioral Healthcare
3. Centro Latino Americano
4. The Child Center
5. Columbia Care Services
6. City of Eugene
7. City of Florence
8. Emergence/Odyssey Community Counseling
9. Gateway Assisted Living
10. Halfway House Services, Inc.
11. Jasper Mountain
12. Kairos
13. Lane Independent Living Alliance
14. Laurel Hill
15. Mountain Retreat Secured Transport
16. Options Counseling Services of Oregon
17. Oregon Family Support Network
18. PeaceHealth
19. PsychMed
20. Secure Transportation of Oregon
21. Shangri-La
22. ShelterCare
23. South Lane Mental health
24. Sponsors, Inc.
25. Trillium
26. White Bird

#### **4.3.2 Addictions Contractors**

##### **Addictions 2017-19 Total \$2.78 million**

1. Addiction Counseling (Emergence)
2. Center for Family Development
3. Centro Latino Americano
4. Looking Glass Community Services

5. White Bird
6. Willamette Family

For further information on individual organizations, please refer to the Provider List in Appendix 1.

## **4.4 Mental Health Advisory Council and the Local Alcohol and Drug Planning Committee**

### **4.4.1 Overview**

The Mental Health Advisory/Local Alcohol and Drug Planning Committee (MHA/LADPC) is a Lane County Board of County Commissioners mandated committee. Mandated Committees are advisory bodies to the Board of Commissioners (BCC) and are appointed by the BCC. The existence and sometimes the composition of the committees are controlled by the enabling legislation (Lane Manual 3.505).

The main purpose of the MHA/LADPC is to advise the BCC and H&HS on matters relating to mental health, DD, and alcohol and other drug abuse in Lane County. The MHA/LADPC does this by reviewing major policies of the community mental health program and making recommendations to the Board of County Commissioners (BCC) and/or the H&HS Director, and assisting in identifying needs and priorities.

Lane County has one committee that serves as the MHA/LAPDC. Other counties in Oregon structure this differently and some have two committees with distinct and separate charges, (i.e., one committee pays attention to mental health issues and the other focuses on alcohol and drug issues). Lane County meets the legal requirements of the advisory committee in a variety of important ways. When vacancies arise, the County publishes and advertises the vacancy for one month, notifies all community partners of openings, and actively solicits applications for membership from specific populations when needed. In addition to meeting the state requirements, Lane County MHA/LADPC changed their bylaws several years ago by adding an additional member specifically from the Consumer Council to ensure ongoing consumer/survivor representation. The committee also performs a regular review of the existing bylaws to ensure they meet the current needs of the committee and the community. The blended committee is comprised of fifteen members who are broadly representative of the community, with a balance of age, sex, ethnic, socioeconomic, geographic, professional, and consumer interests represented; including advocates for persons with mental or emotional disturbances, drug abuse problems, DD, and alcoholism and alcohol abuse problems.

#### **4.4.2 Review of 2018**

For the 2018 year, the Committee heard and discussed the following topics:

1. Youth Crisis Services
2. Access to Substance Use Disorders (SUDS) continuum of care with a focus on opiates and co-occurring disorders and DD, prevention, treatment, and recovery;
3. Identifying service gaps in mental health, addictions, and DD services in rural areas of Lane County in order to better meet the needs of the individuals and families in those communities.

The following are the greatest challenges, as well as strategies to overcome them that the Committee faced during the 2018 year:

1. Challenge: Attendance at the MHA/LADPC
  - Strategy: Connect with members and identify challenges for them to attend, as well as email notifications more frequently.
2. Challenge: Identify and address gaps in the service delivery system through the Local Mental Health Plan.
  - Strategy: Receive and evaluate community data that will identify gaps in services. Develop and implement recommendations to address those gaps.
3. Challenge: Providing services to the community
  - Strategy: Draft correspondence advocating for expansion and/or maintenance of funding and affirming support of existing services.
4. Challenge: Consensus among service providers and advisory committees over what is needed for youth crisis
  - Strategy: Connect with the System of Care Wraparound Initiative - Oregon (SOCWIO) Executive Committee to get reports, and submit recommendations and approaches; orchestrate a “Let’s Talk” series to facilitate community conversation about the needs around youth crisis.

#### **4.4.3 Work plan for 2019**

The annual work plan for 2019 includes participating in a focus group for the creation of the Local Plan, as well as reviewing a draft of the Local Plan to ensure it accurately represents the charge and concerns of this Committee. The current work plan also contains a goal of planning and putting on an event for the community in the “Let’s Talk” format focused on mental health as Public Health Issue. Consideration is being given to holding this event in one of the more rural parts of Lane County. The work plan also contains goals related to the following:

- a. Workforce retention/training
- b. Monitoring legislation regarding DD
- c. Deepen connection between mental health/substance abuse, and DD

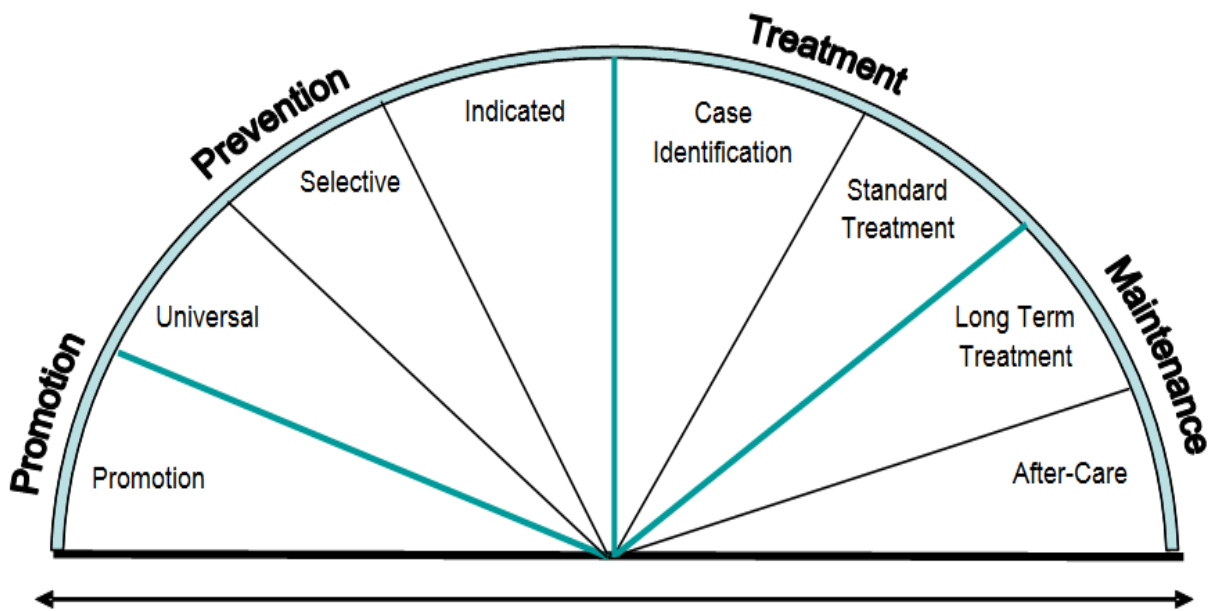
- d. Educate the Committee about the system of care in Lane County

#### 4.4.4 Current members:

1. Michele Tantriella-Modell (Chair—Steering Committee)
2. Grace Bullock (Vice-Chair—Steering Committee)
3. Doug Barrett (member)
4. Sheyne Benedict (member)
5. Andrew Bergen (member)
6. Kathleen Daly (member)
7. R. Drake Ewbank (member—Steering Committee; representative of the Consumer Council)
8. Dawn Helwig (member—liaison to the Board of Commissioners)
9. Danielle Hanson (member)
10. Hayden Spence (member)
11. Oblio Stroyman (member)
12. Mark Van Ryzin (member)
13. Alisa Walker (member—Steering Committee)

## 5. Mental Health and Addictions System of Care

### 5.1 Prevention



Source: Preventing Mental, Emotional, and Behavioral Disorders Among Young People, 2009

### **5.1.1 Lane County Mental Health and Addiction Prevention**

Prevention efforts including suicide prevention, alcohol and other drug misuse, problem gambling, and mental health promotion are coordinated through the Lane County H&HS Public Health Prevention Section. The Institute of Medicine (IOM) Model reflects the levels of prevention and promotion effort that are utilized in Lane County. All levels of prevention are supported with particular emphasis on policy level work; ensuring effectiveness and sustained efforts. In addition to these promotion and prevention services, Lane County works closely with a wide range of not-for-profit organizations, schools, research organizations, and the CCO to deliver evidence-based initiatives across all disciplines and the spectrum of health promotion and prevention.

### **5.1.2 Suicide Prevention and Mental Health Promotion**

Lane County suicide prevention and mental health promotion efforts are coordinated by one Senior Community Health Analyst located within Public Health. Funding to support the work comes from an allocation of state funds that support roughly .5 FTE and through a mental health promotion grant from the state of Oregon. In the past year and a half, work in suicide prevention has focused on conducting a thorough assessment of Lane County. The assessment, published in autumn 2018, has guided the development of a work plan for ongoing work. Key strategies identified in the work plan for 2019-2021 include evidence based practices associated with prevention education, community engagement, community awareness, information dissemination, and policy/environmental changes. These include: community trainings in suicide prevention and postvention, a media campaign, coordination of the countywide suicide prevention steering committee, technical assistance to community partners, continued surveillance of deaths by suicide and other related data, implementation of a county Suicide Fatality Review Team, and assistance in developing or updating policies with partners including County school districts.

### **5.1.3 Alcohol and other Drug Prevention**

Lane County alcohol and other drug prevention is coordinated by 3.4 FTE Senior Community Health Analysts, primarily funded through grants. The County has a designated Prevention Coordinator, funded through block grant funds the County receives, who serves as the lead worker for the small team of prevention specialists working in the County. The Prevention Coordinator provides coaching to team members, provides staff support to the MHA/LAPDC, coordinates the county's SUDS Workgroup, is the liaison to the Oregon Health Authority (OHA) for alcohol and drug prevention, and is the lead in prescription drug overdose prevention.

Other alcohol and drug prevention work is supported by federal grants. Lane County is the recipient of a Federal Drug Free Communities (DFC) grant which supports the Eugene

Springfield Prevention Coalition (ESPC) whose work is supported by one prevention specialist. The DFC grant is for an initial five years and is renewable for up to ten years. Lane County is currently in its fifth year and is in the process of preparing for application to the next round of grants.

The ESPC, with the support of the DFC grant, is focused on increasing parental awareness of substance abuse through trainings and presentations, changing community norms including social host ordinance support and social norms campaign through the Oregon mORe campaign, coordinating the prescription drug take-back events, and increasing take-back boxes across the County. The next five-year grant will focus on changing the favorable attitudes toward vaping, tobacco, marijuana, and alcohol abuse/misuse.

The Partnership for Success (PFS) grant is another federal grant Lane County received which ends June 2019. The PFS grant provided support to the Florence area in western Lane County and helped form the Healthy Directions Coalition (HDC). This coalition has focused on prevention of alcohol use among youth. Activities include retail and restaurant education, parent and community education, social norms campaign, youth engagement, and supporting party patrol with local law enforcement. In the final months of the grant, the coalition is working to develop sustainability efforts as well as continue with retailer and restaurant education, community awareness, party patrol, and youth engagement.

#### **5.1.4 Problem Gambling Prevention**

Problem gambling prevention is coordinated by a .6 FTE prevention specialist. The position is funded through Lane County's portion of the 1% of lottery revenue that is dedicated toward prevention and treatment. Work by the coordinator focuses on building awareness of this issue through community and parent education, presentations, media coverage/campaigns, and working in partnership with other prevention specialists to reduce risk factors that contribute toward all problematic behavior.

#### **5.1.5 Tobacco Prevention**

Lane County's tobacco prevention work is supported by 1.4 FTE, through funds received from the Oregon Health Authority's Public Health Division. Tobacco prevention work has centered primarily on policy work and strengthening community partnerships. Policy work that has been accomplished in the past few years includes passage of a 'Tobacco 21' ordinance (the first in Oregon), making it illegal to purchase tobacco under the age 21, implementing the tobacco retail licensure program in unincorporated Lane County, working with local jurisdictions to pass a similar law, and working with key community organizations, including Lane County itself, to adopt and implement tobacco free work places.

### 5.1.6 CCO Prevention

Through an agreement between the CCO and Lane County, prevention best practices are planned, coordinated, and implemented across the county. The CCO allocates \$1.33 per member (of OHP) per month to support prevention efforts. These funds support 5 FTE including a prevention strategist, two prevention specialists working to support schools, one specialist supporting the work of the advisory councils to the CCO, and an epidemiologist. The first Transformation Plan for the CCO identified tobacco, obesity, and mental health as the primary areas to focus on. Thus, the prevention plan has focused on implementing best practices to address those areas. Supported prevention strategies have included school based programs including the Good Behavior Game, Coordinated Approach to Child Health (CATCH), Quit Tobacco Use in Pregnancy (QTiP), parenting education, tobacco treatment specialist trainings, and mental health consultation for home visitation programs. Additional support and coordination has been provided to the CHSA and the subsequent CHIP; both requirements for CCOs and Public Health.

### 5.2 Addictions System Map and Provider Matrix

The Map and Matrix provide summaries of services available in Lane County. The Map is organized by type of treatment and the Matrix is organized by addictions provider organization. These are designed to allow individuals to easily identify specific types of provider organizations. Both the Map and the Matrix are intended to be used with the Provider List in Appendix 1. The intention is that the Map and Matrix will be disseminated throughout the County for use by individuals and/or caregivers seeking a specific type of treatment.

#### Lane County Addictions System Map 2019

<b>Treatment Type</b>	<b>Provider</b>	<b>Adult + Older Adult</b>	<b>Child + Adolescent</b>	<b>Eugene + Springfield</b>	<b>Rural</b>
<b>Outpatient</b>	Center for Family Development	Both	Yes	Yes	No
	Centro Latino Americano	Both	Yes	Yes	No
	Country Counseling dba Exodus Recovery Services	Both	Yes	Yes	No
	Emergence	Both	Yes	Yes	Cottage Grove + Florence
	Looking Glass	No	Yes	Yes	Cottage

					Grove
	Oregon Integrated Health Clinic	Both	No	Yes	No
	Oregon Social Learning Center and OSLC Developments, Inc.	Adults with children	Yes	Yes	No
	ReConnections Alcohol & Drug Treatment Services	Both	Yes	No	Florence
	Relief Nursery	Parents of young children	No	Yes	No
	Serenity Lane	Both	Age 11 and older	Yes	No
	Solutions Group NW (DUI only)	Both	Yes	Yes	No
	White Bird (Chrysalis)	Both	Yes	Yes	No
	Willamette Family	Both	Yes	Yes	Cottage Grove
<b>Detoxification</b>	Looking Glass	Both	Yes	Yes	No
	Serenity Lane	Both	Yes	Yes	Coburg
	Willamette Family (Buckley House)	Both	No	Yes	No
<b>Crisis</b>	ColumbiaCare (Hourglass)	Both	No	Yes	No
	White Bird	Both	No	Yes	No
<b>Mobile Crisis</b>	The Child Center	No	Yes	Yes	Yes
	White Bird (CAHOOTS)	Both	No	Yes	No
<b>Addictions</b>	Benson Health Center	Both	Yes	Yes	No



<b>and Physical Health Care</b>	Center for Family Development	Both	Yes	Yes	No
	PeaceHealth Behavioral Health – University District	Both	Yes	Yes	No
	Willamette Family	Both	Yes	Yes	Cottage Grove
<b>Methadone Treatment for Opiates</b>	Oregon Integrated Health Clinic	Both	No	Yes	No
	Lane County Methadone Treatment Program	Both	No	Yes	No
	PeaceHealth Behavioral Health – University District	Both	Yes	Yes	No
	Springfield Treatment Center	Both	Yes	Yes	No
	Willamette Family	Both	Yes	Yes	Cottage Grove
<b>Suboxone/ Buprenorphine Treatment for Opiates</b>	Community Health Centers	Both	Yes	Yes	No
	Integrated Health Clinics	Both	Yes	Yes	No
	Lane County Methadone Treatment Program	Both	No	Yes	No
	PeaceHealth Behavioral Health – University District	Both	Yes	Yes	No
	Springfield Treatment Center	Both	Yes	Yes	No
	Serenity Lane	Both	No	Yes	Coburg
<b>Self Help Programs</b>	Alcoholics Anonymous	Both	Yes	Yes	Various
	Celebrate Recovery	Both	No	Yes	Cottage Grove; Veneta
	Crystal Meth Anonymous	Both	Yes	Yes	Various
	Dual Diagnoses Anonymous	Both	Yes	Yes	Various

	Narcotics Anonymous	Both	Yes	Yes	Various
	Overeaters Anonymous	Both	Yes	Yes	Various
	Sex Addicts Anonymous	Both	Yes	Yes	Various
	Smart Recovery	Both	Yes	Yes	Various

### Lane County Addictions Provider Matrix 2019

<b>Name</b>	<b>Locations (List by city)</b>	<b>Adult (Y/N)</b>	<b>Family (Y/N)</b>	<b>Child (Y/N)</b>	<b>Adolescent (Y/N)</b>	<b>Senior (Y/N)</b>	<b>SPMI (Y/N)</b>	<b>DD (Y/N)</b>	<b>Language(s) (specify)</b>	<b>Description of Services (scope, capacity, specializations)</b>
Alcoholics Anonymous	Cottage Grove; Creswell; Dexter; Eugene; Junction City Springfield; Veneta	Y	N	N	Y	Y	N	N	Spanish	Self-help treatment program
Celebrate Recovery	Cottage Grove; Eugene; Springfield; Veneta	Y	N	N	N	Y	N	N	Online resources available in various languages	Self-help treatment program
Center for Family Development	Eugene	Y	Y	N	Y	N	N	N	Spanish	Outpatient mental health Outpatient substance use
Centro Latino Americano	Eugene	Y	Y	N	Y	N	N	N	Spanish	Outpatient mental health Outpatient substance use
Country Counseling dba Exodus Recovery Services	Eugene	Y	N	N	Y	Y	Y	Y	No interpreter services	Outpatient substance use
Crystal Meth Anonymous	Online resource	Y	N	N	Y	Y	N	N	No interpreter	Self-help treatment program

									services	
Dual Diagnosis Anonymous	Eugene	Y	N	N	Y	Y	N	N	English	Self-help treatment program
Emergence	Cottage Grove; Eugene; Florence; Springfield	Y	Y	N	Y	Y	Y	Y	Spanish	Outpatient substance use
Lane County Methadone Treatment Program	Eugene	Y	N	N	N	N	N	N	Interpreter services	Methadone/Medication Assisted Treatment (MAT) Outpatient substance use
Looking Glass	Cottage Grove; Eugene	Y	Y	N	Y	N	Y	Y	Interpreter services	Crisis Detoxification Outpatient mental health Outpatient substance use Residential
Narcotics Anonymous	Cottage Grove; Eugene; Springfield	Y	Y	Y	Y	Y	N	N	No interpreter services	Self-help treatment program
Oregon Integrated Health Clinic	Eugene	Y	Y	Y	Y	Y	Y	Y	Interpreter services	Methadone/Medication Assisted Treatment (MAT) Outpatient substance use
Oregon Social Learning Center and OSLC Developments,	Eugene	Adults with children	Y	Y	Y	N	Y	Y	Spanish-speaking staff	Community supports Integrated outpatient mental health and substance use School retention program

Inc.										
Overeaters Anonymous	Cottage Grove; Eugene; Online; Telephone	Y	N	Y	Y	Y	N	N	In person: English; telephone; Multiple	Self-help treatment program
PeaceHealth	Eugene	Y	Y	Y	Y	Y	Y	Y	Spanish-speaking staff: interpreter services	Suboxone treatment
ReConnections Alcohol & Drug Treatment Services	Florence	Y	Y	N	Y	Y	Y	Y	Spanish-speaking staff; interpreter services	Outpatient substance use
Relief Nursery	Eugene; Springfield	Y	N	N	N	N	N	N	Spanish-speaking staff: interpreter services	Accessing Success (drug and alcohol support for parents)
Serenity Lane	Coburg; Eugene	Y	Y	N	Y	Y	N	N	Interpreter services	Buprenorphine Detoxification Outpatient substance use Residential
Sex Addicts Anonymous	Skype; Telephone	Y	N	N	Y	Y	N	N	Spanish	Self-help treatment program
SMART Recovery	Online Resources	Y	N	N	Y	Y	N	N	Various	Self-help treatment program

Solutions Group NW	Springfield	Y	Y	N	Y	Y	N	N	Bilingual staff; interpreter services	DUII education and therapy Drug and alcohol testing Outpatient substance use Relapse prevention SUDS assessments
South Lane Mental Health	Cottage Grove	Y	Y	N	Y	Y	Y	Y	Spanish-speaking staff; interpreter services	Crisis Independent living services Medication management Outpatient mental health Recovery program (14+) Referrals Supported housing
Springfield Treatment Center	Springfield	Y	Y	Y	Y	Y	Y	Y	Interpreter services	Methadone/Medication Assisted Treatment (MAT) Outpatient substance use
White Bird (CAHOOTS; Chrysalis)	Eugene; Springfield	Y	N	N	Y	Y	Y	Y	Interpreter services	Crisis Mobile crisis
Willamette Family	Eugene	Y	Y	Y	Y	Y	Y	Y	Interpreter services	Crisis Detoxification Outpatient substance use Residential

### 5.3 Mental Health System Map and Provider Matrix

The Map and Matrix provide summaries of services available in Lane County. The Map is organized by type of treatment and the Matrix is organized by mental health provider organization. These are designed to allow individuals to easily identify specific types of provider organizations. Both the Map and the Matrix are intended to be used with the Provider List in Appendix 1. The intention is that the Map and Matrix will be disseminated throughout the County for use by individuals and/or caregivers seeking a specific type of treatment.

#### Lane County Mental Health System Map 2019

<b>Treatment Type</b>	<b>Provider</b>	<b>Adult + Older Adult</b>	<b>Child + Adolescent</b>	<b>Eugene + Springfield</b>	<b>Rural</b>
<b>Outpatient</b>	Benson Health Clinic	Both	Yes	Yes	No
	Bethel Student Health Center	No	Yes	Bethel Students only	No
	Betts Psychiatric	Both	Yes	Yes	No
	Cascade Health Solutions Behavioral Health	Both	Yes	Yes	No
	Cascadia	Both	No	Yes	No
	Center for Family Development	Both	Yes	Yes	No
	Centro Latino Americano	Both	Yes	Yes	No
	The Child Center	No	Yes	Yes	No
	Christians as Family Advocates	No	Yes	Yes	No
	ColumbiaCare	Both	Yes	Yes	No
	Direction Service	Both	Yes	Yes	No
	Emergence/Odyssey Community Counseling	Both	Trans adolescent	Yes	No

			only		
	Jasper Mountain	No	Yes	Yes	No
	Kairos	Yes	Yes	Yes	No
	Lane County Behavioral Health	Both	Yes	Yes	No
	Laurel Hill	Both, if dual	No	Yes	Junction City
	Looking Glass	Both	Yes	Yes	Cottage Grove
	Options	Adults + Older adults, if dual	Yes	Yes	Florence
	Orchid Health	Both	Yes	No	Oakridge
	Oregon Psychiatric Partners	Both	Yes	Yes	No
	Oregon Social Learning Center and OSLC Developments, Inc.	Adults with children	Yes	Yes	No
	Serenity Lane	Both	Age 11 and older	Yes	No
	Shangri-La	Both	No	Yes	No
	Shelter Care	Both	No	Yes	No
	South Lane Mental health	Both	Yes	No	Cottage Grove
	Strong Integrated Behavioral Health	Both	No	Yes	No
	White Bird	Both	No	Yes	No
	Willamette Family	Both	Yes	Yes	Cottage Grove



<b>Inpatient</b>	PeaceHealth Behavioral Health – University District	Both	Yes	Yes	No
<b>Crisis</b>	ColumbiaCare (Hourglass)	Both	No	Yes	No
	Jasper Mountain	No	Yes	Yes	No
	Laurel Hill	Both	No	Yes	Junction City
	Looking Glass	No	Yes	Yes	No
	PeaceHealth Behavioral Health – University District	Both	Yes	Yes	No
	South Lane Mental health	Both	Yes	No	Cottage Grove
	White Bird	Both	No	Yes	No
	Willamette Family	Both	Yes	Yes	Cottage Grove
<b>Mobile Crisis</b>	The Child Center (Youth Crisis Response Program)	No	Yes	Yes	No
	White Bird (CAHOOTS)	Both	No	Yes	No
<b>Peer Services</b>	Lane Independent Living Alliance	Both	No	Yes	No
	Oregon Family Support Network	No	Yes	Yes	No
<b>Residential/ Foster</b>	Cascadia (within Gateway Assisted Living)	Both	No	Yes	No
	ColumbiaCare	Both	No	Yes	No
	Halfway House (Alder Street and William Ware)	Both	No	Yes	No
	Jasper Mountain	No	Yes	Yes	Yes
	Kairos (Tempo)	Yes (17.5-24)	No	Yes	No

	Looking Glass	No	Yes	Yes	No
	Serenity Lane	Both	No	Yes	No
	Shangri-La	Both	No	Yes	No
	Shelter Care	Both	No	Yes	No
<b>Specialty Services</b>	ACT for Families	Families	Families	Yes	No
	Cascade Health Solutions Behavioral Health	Both	Yes	Yes	No
	HIV Alliance	Both	No	Yes	No
	Laurel Hill	Both	No	Yes	Junction City
	Looking Glass	No	Yes	Yes	No
	Madrone Mental Health (Eating disorders)	Both	12 - 18	Yes	No
	Oregon Community Programs	No	Yes	Yes	No
	Oregon Family Support Network	No	Yes	Yes	No
	Oregon Social Learning Center and OSLC Developments, Inc.	Adults with children	Yes	Yes	No
	Parenting Now	Families	Families	Yes	No
	Relief Nursery	Yes	Yes (0-6)	Yes	No
	Shangri-La	Both	No	Yes	No

### Lane County Mental Health Provider Matrix 2019

Name	Locations (List by city)	Adult (Y/N)	Family (Y/N)	Child (Y/N)	Adolescent (Y/N)	Senior (Y/N)	SPMI* (Y/N)	DD (Y/N)	Language(s) (specify)	Description of Services (scope, capacity, specializations)
Benson Health Clinic	Eugene	Y	Y	Y	Y	Y	N	Y	Interpreter services	Outpatient mental health
Bethel Student Health Center	Eugene	N	Y	Y	Y	N	N	N	Interpreter services	Outpatient mental health for Bethel District students
Betts Psychiatric Group	Eugene	Y	N	N	Y	Y	Y	N	English	Medication management Outpatient mental health
Cascade Health Solutions Behavioral Health	Eugene	Y	Y	Y	Y	Y	N	N	Interpreter services	Outpatient mental health
Center for Family Development	Eugene	Y	Y	Y	Y	Y	Y	Y	Interpreter services	Medical Outpatient mental health Outpatient substance use
Centro Latino Americano	Eugene	Y	Y	Y	Y	N	N	N	Spanish- speaking staff; interpreter services	Outpatient mental health Outpatient substance use
The Child Center	Springfield	N	Y	Y	Y	N	N	N	Interpreter services	Crisis Mobile crisis (CRT) Outpatient mental health

Christians as Family Advocates (CAFA)	Eugene	Y	Y	Y	Y	N	N	N	Interpreter services	Family supports Outpatient mental health
Columbia Care (Hourglass)	Eugene	Y	N	N	N	Y	Y	N	Spanish-speaking staff; interpreter services	Crisis Medical Outpatient mental health Residential
Direction Service	Eugene	Y	N	Y	Y	Y	N	Y	English	Outpatient mental health
Dual Diagnosis Anonymous	Eugene	Y	N	N	Y	Y	N	N	English	Self-help treatment program
Emergence/Odyssey Community Counseling	Eugene	Y	Y	N	Y (Trans)	Y	Y	Y	Interpreter services	Outpatient mental health, Psychiatric Nurse Practitioner for medications
Gateway Assisted Living (Gateway Gardens and Gateway Living)	Eugene; Springfield	Y	N	N	N	Y	N	N	Interpreter services	Residential memory care for anyone with dementia
Halfway House (Alder Street and William Ware)	Eugene	Y	N	N	N	Y	Y	N	Vietnamese and French-speaking staff; interpreter services	Residential
HIV Alliance	Eugene	Y	Y	Y	Y	Y	N	N	Interpreter services	Care coordination Dental Prevention

Jasper Mountain	Springfield	N	Y	Y	Y	N	Y	Y	Spanish-speaking staff; interpreter services	Crisis Outpatient mental health (School-aged children) Residential
Kairos (Tempo)	Eugene	N	Y	N	Y (up to age 24)	N	Y	Y	Interpreter services	Outpatient mental health Residential
Lane County Behavioral Health	Eugene	Y	Y	Y	Y	Y	Y	Y	Interpreter services	Outpatient mental health
Lane Independent Living Alliance (LILA)	Eugene	Y	N	N	N	Y	N	N	Interpreter services	Community support for residents with disabilities
Laurel Hill	Eugene; Junction City	Y	Y	N	N	Y	Y	Y	Interpreter services	Community support Medication management Outpatient mental health Subsidized housing
Looking Glass	Eugene; Junction City; Springfield	Y	Y	N	Y	N	Y	Y	Interpreter services	Alternative education (high school) Crisis Detoxification Outpatient mental health Outpatient substance use Residential Runaway/homeless youth support

Madrone Mental Health Services	Eugene	Y	N	N	Y	N	N	N	Spanish-speaking staff	Outpatient mental health (eating disorder)
Options	Eugene	Y	Y	Y	Y	Y	N	Y	Spanish-speaking staff; interpreter services	Outpatient mental health
Orchid Health	Oakridge	Y	Y	Y	Y	Y	Y	Y	Spanish-speaking staff	Primary healthcare Outpatient mental health
Oregon Community Programs	Eugene	N	Y	Y	Y	N	N	N	Spanish-speaking therapists, limited availability	Community education Early intervention Outpatient mental health Treatment foster care
Oregon Family Support Network (OFSN)	Eugene	N	Y	Y	Y	N	Y	Y	Interpreter services	Parent support Peer services School planning assistance (IEPs)
Oregon Psychiatric Partners	Eugene	Y	Y	Y	Y	Y	Y	Y	English; German	Outpatient mental health
Oregon Social Learning Center and OSLC Developments, Inc.	Eugene	Adults with children	Y	Y	Y	N	Y	Y	Spanish-speaking staff	Community supports Integrated outpatient mental health and substance use School retention program
Parenting Now	Eugene	Y	Y	N	N	N	N	N	Spanish-speaking	Community support for parents

									staff	
PeaceHealth	Eugene	Y	Y	Y	Y	Y	Y	Y	Spanish-speaking staff; interpreter services	Crisis Medical Soboxone treatment
Relief Nursery	Eugene; Springfield	Y (parents)	Y	Y	N	N	N	Y	Spanish-speaking staff; interpreter services	Outpatient mental health Outpatient substance use Therapeutic early childhood program
Shangri-La (Danebo and Meyers Road)	Eugene	Y	N	N	N	Y	Y	Y	ASL services; interpreter services	Independent living services Outpatient mental health Residential treatment
ShelterCare	Eugene	Y	Y	N	N	Y	Y	Y	Bilingual staff; interpreter services	Housing solutions Outpatient mental health
South Lane Mental Health	Cottage Grove	Y	Y	Y	Y	Y	Y	Y	Spanish-speaking staff; interpreter services	Crisis Independent living services Medication management Outpatient mental health Recovery program (14+) Referrals Supported housing

Strong Integrated Behavioral Health	Eugene	Y	Y	Y	Y	Y	N	N	Spanish-speaking staff; interpreter services	Outpatient mental health
White Bird (CAHOOTS; Chrysalis)	Eugene	Y	N	N	N	Y	Y	Y	Interpreter services	Crisis Dental Medical Mobile crisis Outpatient mental health
Willamette Family	Cottage Grove; Eugene; Springfield	Y	Y	Y	Y	Y	Y	Y	Interpreter services	Crisis Detoxification Medical Methadone/Medication Assisted Treatment (MAT) Outpatient mental health Outpatient substance use Residential



## 6. System Strengths and Areas for Improvement

Staff conducted structured interviews with 22 consumer groups, provider organizations, and community organizations. We asked each group the same questions:

1. Here in Lane County, what are we doing well in mental health and addictions?
2. Where are the gaps? Where do we need to improve?

Given that the different groups spoke to their areas of emphasis and expertise, the number of strong common themes that emerged from the interviews is striking. Despite the differing emphases of the different provider organizations, strong common themes emerged from analysis of the interview responses.

### 6.1 Groups Interviewed

1. Center for Family Development
2. Community Health Centers Community Health Council
3. Developmental Disabilities Services
4. Florence Area Coordinating Council/Healthy Directions Coalition
5. Frequent Users System Engagement
6. HIV Alliance
7. Laurel Hill Center
8. LCBH Child and Adolescent Program
9. LCBH Consumer Council
10. Lane County Prevention Team – Suicide Prevention
11. Mental Health Advisory Council/Lane Alcohol and Drug Provider Council
12. Methadone Treatment Program
13. Substance Use Disorders Workgroup
14. South Lane Mental Health
15. SPMI Committee
16. Suicide Prevention Steering Committee
17. Trillium Behavioral Health
18. The Child Center
19. Trillium Community Advisory Council and Rural Advisory Council
20. Trillium Pain Guidance Committee
21. White Bird
22. Willamette Family

The themes from the interviews fall naturally into three categories:

1. Themes that are both strengths and areas for improvement
2. Strengths
3. Areas for improvement

Under each of these categories, the themes are organized starting with the most often mentioned and ending with the least often mentioned.

## **6.2 Themes that are Both Strengths and Areas for Improvement**

### **1. Coordination and collaboration between provider agencies, funders, law enforcement, the courts, and other organizations.**

Respondents described ways in which they were involved in service coordination that had not occurred in the past. At the same time, respondents talked of the need to do a better job of coordinating care for individuals with co-occurring disorders.

Respondents reported that, in the past few years, we have done a lot to improve integration of services, interagency care coordination, and collaboration between prevention, treatment, law enforcement, and the courts. However, they described the system is still not well adapted to many clients because they often have multiple diagnoses including (1) mental health; (2) addictions; (3) chronic physical health; and (4) DD. Some provider agencies have begun cross-training staff in mental health and addictions in order to better serve the large client population with co-occurring disorders. However, many provider organizations are designed primarily to handle only one type of diagnosis and have difficulty offering effective treatment to people with dual and multiple diagnoses. Providers described their difficulty in helping people who have both mental health and addictions issues. In addition, consumers described how they are referred from one organization to another as they seek treatment for a set of conditions.

### **2. Efforts to increase the availability of low barrier and low income housing.**

Respondents described housing as a great unmet need and how current efforts to increase the availability of accessible housing are welcome. They talked of the need for low income, supported, low barrier, and wet housing. Supported housing involves ongoing case management. Low barrier and wet housing allow people who are still using alcohol or drugs to obtain housing as they work on their addictions issues. A common theme was that we need a “housing first model” because individuals “don’t get well when they are living on the streets.”

We are making strides in providing housing and shelter for people who are unhoused. However, there is a need to address the barriers to housing for people with mental health and/or addictions issues. This is because homelessness is strongly correlated with

both mental health and addictions and it is difficult for people to address their struggles while living on the streets. These barriers result in a situation where unhoused individuals continue to cycle through the crisis (e.g. emergency department, jail) system.

### **3. Greater use of peer supports.**

Both consumers and providers spoke of the effectiveness of peer support services. Respondents described how peers often connect well with clients and are able to provide outreach, care coordination, case management, and other time-consuming services, which can allow clinicians to work closer to the limits of their licensure. Consumers described how peers are supportive, non-judgmental, and available. Both groups suggested that provider agencies could and should make greater use of peers because the result is that provider organizations provide more and better services at lower cost.

### **4. Crisis respite.**

Respondents described the short term crisis respite program (crisis center) in very positive terms and suggested that additional, longer term, crisis respite was a strong need. Respondents talked of the need to “replace Royal Avenue” with a crisis respite program that would allow stays of up to three weeks and would have at least 15 beds, with more capacity being even better. Respondents also described how the ideal crisis respite program would involve onsite mental health and addictions treatment, case management, and peer support.

### **5. Improved services in rural areas.**

Respondents cited the lack of all types of mental health and addictions services in rural areas and described current efforts to improve services in positive terms. Improvements cited included the following:

- Mental health transport that is more trauma informed. (i.e., Transport by police car induces trauma while transport in a normal vehicle does not.)
- Increased availability of both mental health and addictions providers in Cottage Grove.
- Improved mental health services at Peace Harbor in Florence.
- The emergence of the Rural Advisory Council (RAC) as a voice for improvement.
- The plan to introduce mobile crisis on the coast.

However, despite recent improvements, the lack of care in rural areas is striking. As previously stated, Lane County is the size of the state of Connecticut. Forty percent of the population (over 145,000 people) live outside the Eugene/Springfield metropolitan area, where services are limited. This disparity is further exacerbated by difficulties in accessing services even in Eugene and Springfield. Difficulties include individuals' personal financial constraints, lack of reliable personal transport, the long commute distances involved, and limited public transport.

#### **6. Greater availability of mental health and addictions services in and through the schools.**

Respondents described schools that had become trauma informed, provided evidence-based prevention and training to students (such as the Good Behavior Game), trained staff in mental health intervention strategies, made mental health services available onsite, and trained staff to recognize potential mental health issues in students and refer them to services. Respondents suggested that such efforts should be much more widespread and consistent.

### **6.3 Themes that Were only Strengths**

#### **1. The expansion of mobile crisis in the Eugene/Springfield metropolitan area.**

This was a very strong theme. A large majority of respondents described the benefits of the expansion of mobile crisis response in the metropolitan area. Mobile crisis was described as (1) helping people where and when they needed help; (2) assisting law enforcement; and (3) providing diversion from the ED, arrest, and incarceration.

#### **2. The availability of service in the metropolitan area.**

Both providers and consumers described how there were a variety of services available allowing individuals to enter treatment and providing some level of consumer choice.

#### **3. Greater availability and choice in treatment for opioid addictions.**

Respondents described how the expansion of the Lane County MTP and the more widespread availability of buprenorphine and suboxone treatment had reduced wait times, improved quality of care, and saved lives.

## 6.4 Areas for Improvement

### 1. Crisis respite for youth.

This was a very strong theme. Respondents described many instances of youth in crisis being stuck in the ED for days due to the lack of crisis respite. Respondents also described youth who were released from the hospital and then returned to the community, after a psychotic episode or a suicide attempt, without an adequate safety/discharge plan in place prior to release. Respondents made comments like, “The reason for their suicide attempt can probably be found at home. And we sent them home.”

### 2. Lack of services for older adults, particularly those who are “Medicare only.”

Respondents described both mental health and addictions services for older adults as limited and very limited for “Medicare only.” Older adults who do not have private insurance and are not Medicaid/Medicare dual eligible have very few treatment options. This is because few providers accept Medicare for addictions and mental health treatment, reportedly because Medicare rates are well below the cost of services. Those providers who accept Medicare only clients must pay attention to payor mix so that losses from Medicare clients are balanced out by clients whose care is billed at higher rates.

Increasingly, limited treatment options for older adults who are Medicaid/Medicare dual eligible was also reported, due to the requirement that Medicare be billed first. For example, Trillium Behavioral Health has 17 contracted mental health providers and only three of them will accept “Medicare only” clients. Additional issues are that older adults often have mobility issues and have difficulty getting to outpatient appointments. Yet there is a great need for treatment. To cite one example, the incidence of major depression in long term care facilities for older adults is typically 30% or higher.

### 3. Consumers have difficulty navigating the system.

Respondents described how variable eligibility requirements and extensive paperwork make it difficult even for care coordinators and caseworkers to navigate the system. For people who are suffering from mental health and addictions disorders, and sometimes living on the streets, these issues can be so daunting that they give up and continue to cycle through the crisis system.

#### **4. CCO funding is inconsistent with community needs.**

Respondents described the CCO as having moved from a system improvement and community based approach to a cost containment model with the result that reimbursement rates are lower than provider costs and providers cannot bill appropriately for community based services, particularly in rural areas.

#### **5. Wait times.**

Respondents described how there are a lot of services available in the Eugene/Springfield metropolitan area, providing individuals with choice and the opportunity to receive the services they need. However, respondents report that it still takes too long to get an appointment and that when individuals with mental health and addictions issues get to the point where they are seeking treatment, they need initial contact right away. Otherwise, the moment of readiness passes. Several respondents spoke of the “72-hour window” beyond which individuals’ interest in getting treatment services wanes.

### **7. Data and Performance Measures**

Data sharing among provider agencies has improved and is still limited. Some of these limitations are due to statutory privacy and confidentiality rules. Others are due to a tradition of siloed (isolated) services. Truly integrated services would involve creating a performance measurement system that tracks treatment and outcomes for mental health and addictions clients served by community-based providers in Lane County. Such a central tracking system would allow for consistent coordination of care for these clients.

#### **7.1 The CCO**

Performance metrics tracked by the CCO for the OHP populations include the following:

1. Depression screening and follow-up in primary care
2. Screening Brief Intervention Referral to Treatment (SBIRT)
3. Continuity of care; follow-up within 14 days of initial assessment
4. Emergency Department utilization
5. Follow-up within seven days for individuals hospitalized for a mental health condition
6. Change in emergency department utilization for members with SPMI
7. Adolescent well care visits
8. Developmental screenings

9. Mental health assessments completed within 60 days of a child entering the custody of Department of Human Services (DHS)
10. Members with both mental health and primary care preventive visits

## 7.2 Lane County Behavioral Health

LCBH tracks metrics on treatment progress, client outcomes, and staff performance.

Treatment Progress metrics track how clients progress through the treatment cycle. Examples include:

1. Did not shows (DNS), cancellations, and reschedules
2. Did not show (DNS) appointment trends
3. Care Management Levels
4. Times from screening to the first intake appointment, from intake to the first therapy appointment, and from intake to the first provider appointment

Outcome metrics track the extent to which clients are improving with treatment. Examples include:

1. Trends in client assessments of the care provided by LCBH
2. Screening tool result trends
3. Number of clients admitted and number of clients referred elsewhere
4. Number of clients discharged
5. Percentage of clients shared with the Community Health Center
6. Clients' length of stay throughout episode of care
7. Current assessment progress

Clinic, team, and staff performance measures track performance over time. Examples include:

1. Staff productivity by individual staff members and teams
2. Billing speed and error rates
3. Days between encounter creation and visit completion
4. Utilization volume
5. Caseload sizes

### 7.3 The Oregon Health Authority

The Oregon Health Authority produces mental health statistical profiles for each county in the state. Key data from the Lane County profile are displayed below. The data are from 2015, the most recent available.

**Figure 2: Lane County Summary Statistics**

<b>Population Statistics</b>	<b>County</b>	<b>Oregon</b>
Population	358,805	3,962,710
Growth Rate	2.6%	4.1%
Poverty Rate (all ages)	20.4%	16.7%
Poverty Rate (ages 5 to 17)	19.9%	20.1%
Unemployment Rate	5.9%	5.7%
Percent on Medicaid	34.1%	31.8%
<b>Identified Mental Health (MH) or Substance Use (SU) Conditions, Medicaid Population</b>		
Children under 12 with MH Condition	30.0 %	27.7 %
Youth (12 to 17) with MH Condition	37.6%	33.9%
Youth (12 to 17) Identified SU Condition	7.5 %	7.5 %
Young Adults (18 to 25) with Mild to Moderate MH Condition	24.4%	26.7%
Young Adults (18 to 25) with Serious MH Condition	11.5%	8.3%
Young Adults (18 to 25) with SU Condition	20.2 %	20.2 %
Adults (26 and older) with Mild to Moderate MH Condition	24.8%	27.6%
Adults (26 and older) with Serious MH Condition	17.8%	14.0%
Adults (26 and older) with SU Condition	7.0%	7.6%
<b>Count of Persons Admitted to Oregon State Hospital</b>		
Civil Commitments	42	470
Aid & Assist	102	674
Guilty Except for Insanity	41	299
<b>Per Capita Public Funding</b>		
OHP Funding	\$244.75	\$140.91
Other Medicaid Funding	\$63.77	\$53.97
State and Local Investments	\$45.51	\$55.00
Total Per Capita Public Behavioral Health Funding	\$354.03	\$249.88
<b>CCO Plan(s)</b>		
Trillium Community Health Plan		



**Count of Mental Health Service Recipients & Penetration Rates by Age Group**

	Early ID		Community Residential		Community Treatment		Crisis		Inpatient		Recovery Services		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
<b>Total</b>	15,913	12.9%	191	0.2%	15,048	12.2%	2,244	1.8%	394	0.3%	1,139	0.9%	20,233	16.4%
12 and under	2,373	8.2%		0.0%	2,465	8.5%	118	0.4%		0.0%	89	0.3%	3,021	10.5%
13 to 17	2,173	17.2%		0.0%	2,241	17.7%	268	2.1%	17	0.1%	45	0.4%	2,637	20.9%
18 to 24	1,826	11.0%	10	0.1%	1,751	10.6%	334	2.0%	54	0.3%	118	0.7%	2,406	14.5%
25 to 64	8,989	18.3%	156	0.3%	8,256	16.8%	1,445	2.9%	257	0.5%	858	1.7%	11,438	23.2%
65 and older	552	3.4%	25	0.2%	335	2.1%	79	0.5%	66	0.4%	29	0.2%	731	4.5%

**Count of Substance Use Disorder Service Recipients & Penetration Rates by Age Group**

	Early ID		Community Residential		Community Treatment		Crisis		Inpatient		Recovery Services		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
<b>Total</b>	2,329	1.9%	493	0.4%	3,524	2.8%	670	0.5%	102	0.1%	-	0.0%	4,170	3.4%
12 and under	1	0.0%	28	0.1%	2	0.0%		0.0%		0.0%	-	0.0%	31	0.1%
13 to 17	178	1.4%	49	0.4%	143	1.1%		0.0%	1	0.0%	-	0.0%	267	2.1%
18 to 24	406	2.4%	78	0.5%	532	3.2%	96	0.6%	9	0.1%	-	0.0%	637	3.8%
25 to 64	1,730	3.5%	336	0.7%	2,804	5.7%	567	1.2%	82	0.2%	-	0.0%	3,184	6.5%
65 and older	14	0.1%	2	0.0%	43	0.3%	7	0.0%	10	0.1%	-	0.0%	51	0.3%

## 8. Conclusions

In the geographic Lane County, there are considerable resources dedicated to providing services for mental health and addictions through a continuum of care including prevention, treatment, and aftercare. This is reflected in the data. Lane County has a high ratio of mental health providers to residents compared to Oregon overall, and ranks in the top 90% of all counties nationally. Recent years have seen improvement in collaboration and coordination among service providers and other system players including law enforcement and the courts. Some provider agencies have also begun cross-training staff in mental health and addictions in order to better serve the large client population with co-occurring disorders. Additional improvements include the expansion of mobile crisis services, efforts to provide low income and low barrier housing, greater availability of opioid addiction treatments, and the increase in the use of peer services.

Services are disproportionately focused on working age adults in the Eugene/Springfield metropolitan area. More limited services are available for children, youth, older adults, and residents of rural Lane County. Much of the treatment system is focused on providing services in one domain, either mental health or addictions, whereas the reality is that many clients have co-occurring mental health and addictions disorders, often exacerbated by chronic physical health conditions or DD. Most treatment is provided on an outpatient basis with a lack of residential stabilization options. The result is a core group of individuals whose needs are not

being adequately met in an outpatient environment and therefore continues to cycle through the crisis system.

The considerable resources dedicated to mental health and addictions in Lane County could have an even greater positive impact under the following conditions:

1. Overt recognition of the need to provide multiple treatment options in a coordinated manner, ideally at single service sites. This would involve a long-term coordinated effort to move provider organizations towards “one-stop shop” or “warm handoff” models.
2. Greater provision of geographically accessible options in rural Lane County.
3. Development of residential crisis respite options, particularly for youth.
4. More consistent and widespread prevention and treatment work with both staff and students in the schools.
5. Development of a structure that would allow older adults to access services despite the financial issues with Medicare.

## **9. Program and Policy Recommendations**

1. Continue the plan to more effectively serve the needs of people with co-occurring disorders (dual or multiple diagnoses), primarily mental health and addictions, but also often involving chronic physical health conditions and/or DD. Improvements are needed in coordinating services for people who have multiple issues that require services. Some of the solutions, such as integration of services, are low cost or cost neutral.
2. Provide a residential crisis respite center for youth. Without such a facility, the available options are clinically inappropriate, extremely expensive, or both. Youth often need residential services in order to become stabilized after suicide attempts or psychotic episodes.
3. Provide a crisis respite center for adults. A key element in reducing the number of people who cycle repeatedly through the crisis system would be a facility in which adults can be stabilized.
4. Provide geographically appropriate services in rural areas, beginning with crisis services in coastal communities. This process might serve as a model for other rural communities.
5. Continue efforts to provide low income and low barrier housing for individuals with addictions and mental health issues.

6. Take a more consistent and comprehensive approach to prevention, identification, and assessment in K-12 and non-traditional schools. Develop district level standards for student and staff training and behavior. One potential strategy would be to have an annual Mental Health 101 training requirement for staff. Another strategy would be annual self-report mental health screenings for students. A third strategy would be to have mental health and addictions services more consistently available in the schools. Some of the options that schools and school districts have access to are school-based health centers, on site counselors, and other evidence-based interventions.
7. Develop a process to incentivize providers to treat the older adult population despite the financial/payments issues with Medicare.
8. Develop a plan for creating a performance measurement system that tracks outcomes for the mental health and addiction client population. This system will have uniform and consistent performance measures and data collection methodologies across provider organizations. Work in partnership with the CCO to develop a central tracking system for mental health and addictions clients served by community-based providers. This will allow for consistent coordination of care for these clients.
9. Encourage the CCO to implement payment models that support these recommendations.
10. Continue support for evidence-based prevention strategies in rural and non-traditional settings.
11. Increase prevention, outreach, access, and services to people of color and the non-English speaking and LGBTQ+ communities.

## Appendix 1: Provider List

### Lane County Local Providers 2019

ACT for Families  
1776 Millrace Drive, Eugene  
541-434-1621  
[www.actforfamilies.org](http://www.actforfamilies.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Community Supports (for pregnant women and families with small children)	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> English
<b>Typical Wait Times:</b> None	<b>Population Served:</b> WIC-eligible prenatal through one year postpartum	<b>Admission Processes and Requirements:</b> Register online	
<b>Description of Services:</b> Free birth and infant parent classes for WIC-eligible families			

Alcoholics Anonymous  
1259 Willamette, Eugene  
541-343-4113 (24 hours)  
[www.aa.org](http://www.aa.org)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm Saturday-Sunday 9:00am-4:00pm	<b>Types of Treatment Offered:</b> Self-help	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> Spanish
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> No age requirements	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Twelve-step treatment program			

Benson Health Clinic  
66 Club Road, Suite 160, Eugene  
541-345-1722

<b>Hours of Operation:</b> Monday-Thursday	<b>Types of Treatment Offered:</b> Medication Management	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> English
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8:00am-5:00pm	Outpatient Mental Health		
<b>Typical Wait Times:</b> Two months	<b>Population Served:</b> Adult Children Families Adolescents Seniors DD	<b>Admission Processes and Requirements:</b> Call for an appointment. Paperwork available online.	
<b>Description of Services:</b> Our private practice is based on a “medical home” model, where quality health care providers of multiple disciplines have come together in one location. Psychotherapy is a form of mental health treatment in which you can get help from a psychologist or LMFT by meeting with them on a weekly basis. Psychiatric medication management can help decrease or eliminate symptoms caused by mental health diagnosis.			

Bethel Student Health Center  
1525 Echo Hollow Road, Suite A, Eugene  
541-607-1430  
<http://www.bethelhealth.center/>

<b>Hours of Operation:</b> Monday-Thursday 8:30am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> English
<b>Typical Wait Times:</b> Current waitlist	<b>Population Served:</b> Families Children Adolescents	<b>Admission Processes and Requirements:</b> Must be a student residing in the Bethel School District.	
<b>Description of Services:</b> Individual, family, and group therapy services are offered to students residing within the Bethel School District.			

Betts Psychiatric Group  
911 Country Club Road, Suite 390, Eugene  
541-505-8621  
[www.bettspsychiatric.com](http://www.bettspsychiatric.com)

<b>Hours of Operation:</b> Monday-Thursday 8:00am-5:00pm; Friday 8:00am-12:00pm	<b>Types of Treatment Offered:</b> Medication Management Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private	<b>Languages:</b> English
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<b>Typical Wait Times:</b> Two to three months	<b>Population Served:</b> Adults Adolescents	<b>Admission Processes and Requirements:</b> Complete online screening form, will be contacted for an appointment. Do not treat sex offenders.
<b>Description of Services:</b> Betts Psychiatric is a full-service provider of Eugene psychiatric services and medication management. We evaluate and treat mental health disorders specializing in an individualized medication approach. Our goal is to minimize the use of controlled substances and encourage our patients to empower themselves using psychotherapy, complementary medicine, and lifestyle changes.		

Cascade Health Solutions Behavioral Health  
2650 Suzanne Way, Suite 120, Eugene  
541-345-2800  
<http://cascadehealth.org/about-us/>

<b>Hours of Operation:</b> Monday-Thursday 8:00am-7:00pm; Friday 8:30am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private, including Regence Blue Cross/Blue Shield, HMA, PacificSource, First Choice Health Network, Moda, Health Net, United Behavioral Health, Providence; public, including Medicare, Medicaid, and Trillium	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Within one week	<b>Population Served:</b> Adults Families Children Adolescents Seniors	<b>Admission Processes and Requirements:</b> Call to schedule an appointment	
<b>Description of Services:</b> Supportive solution-focused counseling			

Celebrate Recovery  
1447 North Highway 99, Cottage Grove, 541-520-8071  
757 W. Broadway, Eugene, 458-210-1737  
1580 River Road, Eugene, 541-556-9597  
942 28<sup>th</sup> Street, Springfield, 458-201-1126  
25251 Hunter Road, Veneta, 541-525-8269  
[www.celebraterecovery.com](http://www.celebraterecovery.com)

<b>Hours of Operation:</b> Various	<b>Types of Treatment Offered:</b> 12-step program	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> Various
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<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> Adults	<b>Admission Processes and Requirements:</b> Celebrate Recovery recently implemented the Mental Health Initiative which provides a safe venue for people with mental health issues to share their struggles as they go through the process of recovery. It's not treatment, but it does provide positive support and fellowship.
<b>Description of Services:</b> Twelve-step treatment program.		

Center for Family Development (CFD)  
 261 E 12th Avenue, Eugene  
 1234 High Street, Eugene  
 1501 Pearl Street, Eugene  
 541-342-8437  
[www.c-f-d.org](http://www.c-f-d.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:30pm	<b>Types of Treatment Offered:</b> Medical Outpatient Mental Health Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Varies	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Same-day assessments are available for those interested in mental health services on a first-come, first-served basis. Assessments for recovery services are available by appointment. Please call for further information.  Evening and weekend appointments available by request.	
<b>Description of Services:</b> Center for Family Development (CFD) is dedicated to supporting family relationships. CFD believes healthy families create healthy people and recognizes the many different ways to be a family.			

Centro Latino Americano  
 944 W. 5<sup>th</sup> Street, Eugene  
 541-687-2667  
[www.centrolatinoamericano.org](http://www.centrolatinoamericano.org)

<b>Hours of Operation:</b> Monday-Thursday 8:30am-12:00pm; 1:00pm-5:00pm Friday 8:30am-12:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Spanish-speaking staff; interpreter services
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<b>Typical Wait Times:</b> Mental Health: One week to one to two months; Substance Use: Three to seven days	<b>Population Served:</b> Adults Families Children Adolescents	<b>Admission Processes and Requirements:</b> Walk-in or call to be connected with services
<b>Description of Services:</b> Centro's program portfolio consists of six main programmatic areas: Translation and Interpretation, Social Services, Alcohol and Addictions, Community Mental Health, C.A.R.E. Youth and Family Services, and Youth Mentoring.		

The Child Center  
3995 Marcola Road, Springfield  
541-726-1465  
[www.thechildcenter.org](http://www.thechildcenter.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm Clients can call Crisis Response Team (CRT) 24/7	<b>Types of Treatment Offered:</b> Crisis Mobile Crisis (CRT) Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP; scholarships	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Varies by program from two weeks to several months	<b>Population Served:</b> Families Children Adolescents	<b>Admission Processes and Requirements:</b> Clients seeking assessment can usually be seen within a week, although during busy times it may take longer due to high demand. The Child Center intake team will work with families to schedule assessments that accommodate their circumstances and level of urgency. In some cases, assessments can be scheduled after normal working hours, and possibly on the same day if there is a crisis level of urgency.	
<b>Description of Services:</b> Uses a community approach to build a network of care around each child suffering from mental and emotional disorders.			

Christians as Family Advocates (CAFA)  
921 Country Club Road, Suite 222, Eugene  
541-686-6000  
[www.cafaweb.com](http://www.cafaweb.com)



<b>Hours of Operation:</b> Monday-Thursday 9:00am-6:00pm; Friday 9:00am-5:00pm	<b>Types of Treatment Offered:</b> Family Supports Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Varies; usually a waitlist	<b>Population Served:</b> Adults Families Children	<b>Admission Processes and Requirements:</b> Call to schedule an appointment	
<b>Description of Services:</b> Therapists work with clients toward mental health goals as well as share their expertise in the fields of domestic violence intervention, child abuse prevention, and parenting by providing education and training with the goal of creating a collective impact in our community.			

Columbia Care (Hourglass)  
71 Centennial Loop, Suite A, Eugene  
541-505-8426  
[www.columbiacare.org](http://www.columbiacare.org)

<b>Hours of Operation:</b> Open 24/7	<b>Types of Treatment Offered:</b> Crisis Medical Outpatient Mental Health Residential	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> No wait	<b>Population Served:</b> Adults Seniors SPMI	<b>Admission Processes and Requirements:</b> Hourglass Community Crisis Center staff work in close collaboration with community agencies to ensure appropriate admission to the program, and provide a warm hand-off to mental health services aftercare.	
<b>Description of Services:</b> Hourglass Community Crisis Center serves adults residing in Lane County who are in need of short-term, mental health crisis assessment and stabilization, but do not require the medical capabilities of an acute care hospital or longer-term residential care. Hourglass Community Crisis Center welcomes individuals to walk in when they need it, or they can be referred by local law enforcement and other community partners due to a mental health crisis.  This program offers a low-stimulation and peaceful environment for individuals so they are able to relax and focus on more pro-social activity, and then connect back to the appropriate community services either the same day, or by the following one.			

Country Counseling dba Exodus Recovery Services  
1645 Oak Street, Eugene  
541-998-5660

[www.countrycounseling.net](http://www.countrycounseling.net)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> English
<b>Typical Wait Times:</b> Two to three weeks	<b>Population Served:</b> Adults Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Depending on referral. Need a financial agreement form or insurance information verified. Then the assessment will be scheduled.	
<b>Description of Services:</b> The mission is to improve quality of life through application of practical solutions. Horse Power is a program that incorporates animals as counselors for those in need of addiction services.			

Crystal Meth Anonymous

[www.crystalmeth.org](http://www.crystalmeth.org)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm; Saturday-Sunday 9:00am-4:00pm	<b>Types of Treatment Offered:</b> Self-help	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> English
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> No age requirements	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Twelve-step treatment program			

Direction Service

576 Olive Street, Suite 307, Eugene

541-344-7303

<https://directionservice.org/>

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> English
<b>Typical Wait Times:</b> Within a week	<b>Population Served:</b> Adults Children Adolescents Seniors, on Medicaid SPMI, dependent upon intake determination	<b>Admission Processes and Requirements:</b> Call for intake	

	DD	
<b>Description of Services:</b> Direction Service provides the full range of mental health services to very young children, children and adolescents, families, and adults of all ages.		

Dual Diagnosis Anonymous  
 JESCO Club/New Beginnings  
 340 Blair Blvd., Eugene  
 541-686-0538  
 Laurel Hill Center  
 2145 Centennial Plaza, Eugene  
 541-485-6340  
<http://www.ddaoforegon.com/>

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm; Saturday-Sunday 9:00am-4:00pm	<b>Types of Treatment Offered:</b> Self-help	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> English
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> No age requirements	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Twelve-step treatment program with additional steps focusing on dual diagnosis			

Emergence  
 710 Adams Avenue, Cottage Grove  
 1040 Oak Street, Eugene  
 1461 Oak Street, Eugene  
 78 Centennial Loop, Unit A, Eugene  
 2149 Centennial Plaza, Suite 4, Eugene  
 4969 Highway 101, Florence  
 374 Q Street, Springfield  
 541-393-0777  
[www.4emergence.com](http://www.4emergence.com)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm Closed 12-1pm	<b>Types of Treatment Offered:</b> Methadone/Medication Assisted Treatment (MAT) Outpatient Mental Health Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b>	<b>Population Served:</b> Adults	<b>Admission Processes and Requirements:</b> Call for an assessment.	

Assessment can take one to two days. Services within seven days after assessment.	Families Trans and LGBTQIA+ Seniors SPMI – decided by clinical staff DD – depends on capacity/co-occurring program DELTA	
<b>Description of Services:</b> Emergence utilizes a combination of theoretical bases and philosophies for treating the substance abuse population. Programs are designed to include extensive literature review, and interventions that are linked to criminogenic needs. Therapeutic interventions have been piloted and tested prior to designing and implementing this program. The program model includes the following evidenced-based practices: Motivational interviewing, TCU mapping-enhanced counseling, Dialectical behavioral therapy, Family behavior therapy, cognitive behavioral therapy, eye movement desensitization and reprocessing, family counseling, and Moral Reconnection Therapy. Staff is cross-trained in addictions and mental health disorders.		

#### Gateway Assisted Living

Cascadia (provides services within Gateway Assisted Living Facilities)

847 NW 19<sup>th</sup> Avenue, Suite 100, Portland

503-238-0769

[www.cascadiabhc.org](http://www.cascadiabhc.org)

#### Gateway Gardens

178 Commons Drive, Eugene

541-302-1283

[www.gatewaygardenseugene.com](http://www.gatewaygardenseugene.com)

<b>Hours of Operation:</b> Monday-Friday 8:30am-5:00pm; weekends by appointment	<b>Types of Treatment Offered:</b> Residential Memory Care	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> One or two weeks	<b>Population Served:</b> Adults Seniors Anyone with dementia	<b>Admission Processes and Requirements:</b> Call or email <a href="mailto:contact@gatewayliving.com">contact@gatewayliving.com</a> for a no obligation in-home memory care assessment.	
<b>Description of Services:</b> Gateway Gardens’ vision created a sanctuary for individuals seeking a supportive environment where care and services are delivered with compassion to those with dementia. Residents live on a campus with six houses where staff and registered nurses assist residents 24 hours a day.			

#### Gateway Living

611 N. Cloverleaf Loop, Springfield

541-744-9817

[www.gatewayliving.com](http://www.gatewayliving.com)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm; weekends by appointment	<b>Types of Treatment Offered:</b> Residential Memory Care	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> Varies. Commonly one to two weeks.	<b>Population Served:</b> Adults Seniors Anyone with dementia	<b>Admission Processes and Requirements:</b> Call or email <a href="mailto:contact@gatewayliving.com">contact@gatewayliving.com</a> for a no obligation in-home memory care assessment.	
<b>Description of Services:</b> Campus consists of seven houses with memory care units specifically designed for individuals living with dementia. Staff and a nurse is onsite to deliver care to residents 24/7.			

Halfway House (Alder Street and William Ware)

938 Jefferson Street, #10, Eugene

541-343-5831

[www.robertbike.com/halfway/contact.htm](http://www.robertbike.com/halfway/contact.htm)

<b>Hours of Operation:</b> 24/7	<b>Types of Treatment Offered:</b> Residential	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Vietnamese and French-speaking staff; interpreter services
<b>Typical Wait Times:</b> Varies	<b>Population Served:</b> Adults Seniors SPMI	<b>Admission Processes and Requirements:</b> To be placed, the applicant must be eligible for Lane County Behavioral Health case management.	
<b>Description of Services:</b> A non-profit corporation dedicated to providing transitional housing to adults with a history of mental or emotional disturbances. Operating three homes in Eugene: Alder Street capacity is eight residents; Shepard has eight apartments; and William Ware has a capacity of ten residents. Halfway House Services addresses the needs of persons with chronic mental illness. Chronic mental illness includes those individuals who are homeless, dually diagnosed, with a history of alcohol or drug abuse, or personality disorders.			

HIV Alliance

1195A City View Street, Eugene

541-342-5088

<http://hivalliance.org>

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm	<b>Types of Treatment Offered:</b> Care Coordination Community Support Dental Outpatient Mental Health Prevention	<b>Types of Insurance Accepted:</b> Public	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> No wait for intake; then program dependent	<b>Population Served:</b> People living with HIV/AIDS LGBTQ+	<b>Admission Processes and Requirements:</b> Call 541-342-5088 or Toll Free 1-866-470-3419, or drop by our offices and ask for an Intake Coordinator.	
<b>Description of Services:</b> The “Alliance for Community Wellness” is HIV Alliance’s Behavioral Health Services program, which expands on our mission to not only support individuals living with HIV/AIDS, but to also provide culturally sensitive and competent services to the greater LGBTQ+ communities.			

Jasper Mountain  
89124 Marcola Road, Springfield  
541-741-7402  
[www.jaspermountain.org](http://www.jaspermountain.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Crisis Outpatient Mental Health (School-aged Children) Residential	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> Waitlist is four to six months	<b>Population Served:</b> Families Children Adolescents SPMI DD	<b>Admission Processes and Requirements:</b> Must call to schedule an intake assessment and then fill out basic information forms, authorizations, medical forms and releases.	
<b>Description of Services:</b> Jasper Mountain provides a continuum of programs that meets the needs of emotionally disturbed children and their families. Services include an intensive residential treatment program with a therapeutic school, a short-term residential center, treatment foster care program; community based wraparound program and crisis response services.			

Kairos (Tempo)  
348 Ruby Avenue, Eugene  
541-461-3075  
[www.kairosnw.org](http://www.kairosnw.org)

<b>Hours of Operation:</b> 24/7	<b>Types of Treatment Offered:</b> Outpatient Mental Health Residential	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Waitlist; typical wait is several months	<b>Population Served:</b> Families Adolescents (up to age 24) SPMI DD	<b>Admission Processes and Requirements:</b> For Information regarding availability to Tempo contact Tony Polk, Access Specialist, at (541) 956-4943 ext. 3102.	
<b>Description of Services:</b> The Tempo program is a co-ed residential home for adults 18 to 24 years of age and provides sanctuary while supporting the individual’s pursuit of independence. The treatment focus is to provide support and therapy while providing opportunities for increasing responsibility and independence through assisting residents’ in identifying and building on their strengths, encouraging responsibility, honesty, integrity, and respect, teaching independent living skills, partnering with Tempo’s residents in developing goals and interventions, strengthening family and community resources, and celebrating success.			

Lane County Behavioral Health  
4711 Martin Luther King Jr. Blvd., Eugene  
541-682-3608  
[www.lanecounty.org](http://www.lanecounty.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-12:00pm 1:00–5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP and Medicare Copays are required at time of visit.	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> No wait for screening; then program dependent.	<b>Population Served:</b> Adults Families Children Adolescents (up to age 24) Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Come to drop-in screenings Monday-Thursday 9:30a-11:30a.	
<b>Description of Services:</b> Adult, child, and adolescent outpatient mental health. Care coordination and referral to residential and other programs.			

Lane County Methadone Treatment Program  
151 W. 7<sup>th</sup> Avenue, Room 163, Eugene  
541-682-4464

<b>Hours of Operation:</b> Monday-Friday 6:00am-3:00pm	<b>Types of Treatment Offered:</b> Methadone/Medication Assisted Treatment (MAT)	<b>Types of Insurance Accepted:</b> Private; public	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> One to three months	<b>Population Served:</b> Adults	<b>Admission Processes and Requirements:</b> Complete the Screening and Eligibility form, meet state/federal requirements for methadone treatment	
<b>Description of Services:</b> The Lane County Methadone Treatment Program provides medically supervised methadone maintenance to help program participants reduce and ultimately end the mal-adaptive use of heroin and other opioid drugs. Our program encourages a holistic and individualized approach to personal recovery. Through individual and group counseling and therapy, we ask patients to honestly examine and assess multiple areas in their lives, which include, but are not limited to physical, psychological, social and spiritual health practices. We insist that each patient take responsibility for their life choices and actions. Therefore, the program’s treatment modality is considered a bio-psycho-social model.  The program is a part of the Behavioral Health Division within Lane County Health & Human Services. Treatment through the program is available to any Oregon resident with opioid and other drug dependencies who is able to attend treatment services seven days a week.			

Lane Independent Living Alliance (LILA)

20 E. 13<sup>th</sup> Avenue, Eugene

541-607-7020

[www.lilaoregon.org](http://www.lilaoregon.org)

<b>Hours of Operation:</b> Monday-Thursday 9:00am-4:00pm	<b>Types of Treatment Offered:</b> Community Support	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> No wait	<b>Population Served:</b> Adults Seniors	<b>Admission Processes and Requirements:</b> Walk-in or call for assistance with receiving services or resources.	
<b>Description of Services:</b> Lane Independent Living Alliance (LILA) is a non-residential, consumer-controlled organization serving people with physical, mental, cognitive, and sensory disabilities in Lane County, Oregon. LILA addresses the significant accessibility, housing, employment, civil rights, voting rights, recreational, and other issues faced by community residents with disabilities. Services include skills training, peer counseling, advocacy, and help transitioning to independent living.			

Laurel Hill

2145 Centennial Plaza, Eugene

210 E. 6<sup>th</sup> Avenue, Junction City



541-485-6340

[www.laurel.org](http://www.laurel.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Community Support Crisis Medication Management Outpatient Mental Health Subsidized Housing	<b>Types of Insurance Accepted:</b> Public: OHP, Medicaid, Trillium, or Open Card only	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> One week	<b>Population Served:</b> Adults Families Seniors, if dual SPMI DD	<b>Admission Processes and Requirements:</b> Walk-in intakes on Mondays, Wednesdays, and Thursdays 8:00-8:45am and Tuesdays 9:00-9:45am	
<b>Description of Services:</b> Laurel Hill Center is committed to helping people with psychiatric disabilities make choices and acquire skills that increase their self-reliance and ability to live and work in the community. Community based services include community support, supported employment, Pathways Learning and Wellness Center, Assertive Community Treatment, medication management, support in crisis, wellness, and subsidized housing.			

Looking Glass

508 E. Whiteaker Avenue, Cottage Grove (Rural programming)

541-767-3823

1790 W. 11th Avenue, Eugene (Community Services/Admin.)

541-686-2688

260 E. 11th Avenue, Eugene (Counseling)

541-484-4428

[www.lookingglass.us](http://www.lookingglass.us)

<b>Hours of Operation:</b> Monday-Friday 8:00am-6:00pm	<b>Types of Treatment Offered:</b> Alternative Education (High School) Crisis Detoxification Outpatient Mental Health Outpatient Substance Use Residential Runaway/Homeless Youth Support	<b>Types of Insurance Accepted:</b> Private; public	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> No wait	<b>Population Served:</b> Adults Families Adolescents SPMI	<b>Admission Processes and Requirements:</b> Call to provide information; assessment will be scheduled	

	DD	
<b>Description of Services:</b> Looking Glass provides comprehensive counseling services to Lane County children, teens, and adults. Specialized treatment programs help youth dealing with abuse, delinquency, addiction, and mental health issues. Programs include counseling, adolescent recovery program, crisis response, runaway and homeless services, education and vocational services, and residential services.		

Madrone Mental Health Services  
150 Shelton McMurphey Blvd., Suite 101, Eugene  
541-210-8090  
[www.madronementalhealth.com](http://www.madronementalhealth.com)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private, including IHN/Samaritan and PacificSource; public, including OHP	<b>Languages:</b> Spanish-speaking staff
<b>Typical Wait Times:</b> Varies	<b>Population Served:</b> Adults Adolescents	<b>Admission Processes and Requirements:</b> Contact to schedule an appointment	
<b>Description of Services:</b> Mental health services for those with a primary diagnosis of eating disorder.			

Narcotics Anonymous  
800-477-6291  
541-726-1880  
[www.nar-anon.org](http://www.nar-anon.org)

<b>Hours of Operation:</b> N/A	<b>Types of Treatment Offered:</b> Outpatient Substance Use	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> English
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Provides a safe space for individuals seeking a 12-step program for recovery from a loved one’s addiction trauma.			

Options

1255 Pearl Street, #102, Eugene  
 541-687-6983  
 1445 8<sup>th</sup> Street, Florence  
 541-997-6261  
 175 W. B Street, Building D, Springfield  
 541-762-1971  
[www.options.org](http://www.options.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Public: OHP, Trillium, and Open Card only	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> Two weeks; no wait in Springfield	<b>Population Served:</b> Adults Families Children Adolescents Seniors DD	<b>Admission Processes and Requirements:</b> Walk-in or call for a request to do a mental health assessment and create a patient profile. After this the patient will be transferred to the intake coordinator to schedule the assessment, usually two weeks out.	
<b>Description of Services:</b> Options Counseling and Family provides family preservation, mental health services, and other family supports to families. Options providers use a family-centered approach, in which the family’s knowledge of their own strengths and needs is the primary resource. Programs and services include community- based parenting classes, mental health, family builders, dialectical behavioral therapy, and parent-child interaction therapy.			

Orchid Health  
 47815 OR-58, Oakridge  
 541-782-8304  
[www.orchidhealth.org/oakridge.html](http://www.orchidhealth.org/oakridge.html)

<b>Hours of Operation:</b> Monday-Wednesday 8:00am-7:00pm Thursday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Primary Healthcare Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP and Medicare	<b>Languages:</b> Spanish-speaking staff
<b>Typical Wait Times:</b> Two to three days	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Call to schedule an appointment; forms available online	

**Description of Services:**

Comprehensive physical and mental healthcare

Oregon Community Programs

1170 Pearl Street, Eugene

541-743-4340

[www.oregoncommunityprograms.org](http://www.oregoncommunityprograms.org)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm; Saturday-Sunday 9:00am-4:00pm	<b>Types of Treatment Offered:</b> Community Education Early Intervention Outpatient Mental Health Treatment Foster Care	<b>Types of Insurance Accepted:</b> Public: OHP and Trillium	<b>Languages:</b> Spanish-speaking therapists, limited availability
<b>Typical Wait Times:</b> Four to six weeks	<b>Population Served:</b> Families Children Adolescents	<b>Admission Processes and Requirements:</b> Call to speak with a referral coordinator who can schedule the first appointment	
<b>Description of Services:</b> Outpatient therapy program for families of youth ages 6-17 learning to manage a range of common difficulties such as arguing, defiance, anxiety or depression, adjusting to new circumstances, managing trauma, and more. Evidence-based treatment services and support for foster families.			

Oregon Family Support Network (OFSN)

72A Centennial Loop, Suite 150, Eugene

541-342-2876

[www.ofsn.org](http://www.ofsn.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-4:30pm	<b>Types of Treatment Offered:</b> Parent support Peer Services School	<b>Types of Insurance Accepted:</b> Public: OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Varies based on service	<b>Population Served:</b> Families Children Adolescents SPMI DD	<b>Admission Processes and Requirements:</b> OFSN Lane County partners with families of children who experience emotional or mental health challenges to help them succeed at home, school and in life.	
<b>Description of Services:</b> OFSN staff is very familiar with family dynamics of all sorts as all are parents who have raised a child with mental and other health challenges. Staff helps to navigate systems, empathize, and understand what families are going through in raising children with special needs.			

Oregon Integrated Health Clinic  
 715 Lincoln Street, Eugene  
 541-344-3574  
[www.integratedclinics.com](http://www.integratedclinics.com)

<b>Hours of Operation:</b> Monday-Friday 6:00am-3:00pm; weekends 7:00-10:00am	<b>Types of Treatment Offered:</b> Methadone/Medication Assisted Treatment (MAT) Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Waitlist currently; transfers are waiting several months; new patients are waiting two weeks.	<b>Population Served:</b> Adults Seniors SPMI DD	<b>Admission Processes and Requirements:</b> In order to admit an individual for methadone treatment, the program must document at least a one-year history of opiate dependence, as well as current addiction. An individual must also have at least one opiate detox attempt. Without that, we refer the person to Buckley House or another program for detox. Priority for admission is given to eligible pregnant women and people who are HIV positive.	
<b>Description of Services:</b> Oregon Integrated Health Clinic offers effective, confidential, and affordable outpatient treatment for alcohol and drug dependency. The experienced staff will provide individualized counseling and treatment to help you transition to a long-term sober lifestyle.			

Oregon Psychiatric Partners  
 3203 Willamette Street, Eugene  
 541-726-9912  
<https://oppclinic.com>

<b>Hours of Operation:</b> Monday-Friday 9:00-11:30am 1:00-4:30pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public	<b>Languages:</b> English; German
<b>Typical Wait Times:</b> Approximately one month	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Referral only	
<b>Description of Services:</b> We have providers available to treat children, adolescents and adults who may be dealing with a broad			

spectrum of mental health conditions.

Oregon Social Learning Center (OSLC) (Research)

OSLC Developments, Inc. (ODI) (Runs the clinic)

10 Shelton McMurphey Blvd., Eugene

541-485-2711

[www.oslcdevelopments.org](http://www.oslcdevelopments.org)

<b>Hours of Operation:</b> Lobby: Monday-Friday 9:30am-5:00pm Programs are on-call 24/7	<b>Types of Treatment Offered:</b> Community Supports Outpatient Mental Health Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Public: OHP	<b>Languages:</b> Spanish
<b>Typical Wait Times:</b> Varies based on service	<b>Population Served:</b> Adults with children Families Children Adolescents SPMI DD	<b>Admission Processes and Requirements:</b> Call to schedule a screening	
<b>Description of Services:</b> ODI provides integrated treatment for mental health and substance use. There are three programs: FAIR for adults; SWIFT, a school retention program for children and adolescents school retention; and AFS focuses on adolescent substance use.			

Overeaters Anonymous

216 S. Third Street, Cottage Grove (First Presbyterian Church), 541-912-3206

1475 Ferry Street Room 121-A, Eugene (Central Presbyterian Church), 541-687-1105

1166 Oak Street, Eugene (First Christian Church), 541-686-6622

1050 E. 23<sup>rd</sup> Avenue, Eugene (First Congregational Church), 541-912-3206

1376 Olive Street, Eugene (First United Methodist Church), 541-337-7255

1295 Taney Street, Eugene (Open Bible Fellowship Church), 541-543-4352

[www.oa.org](http://www.oa.org)

<b>Hours of Operation:</b> Varies	<b>Types of Treatment Offered:</b> Self-help	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> English
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> No age requirements	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Twelve-step treatment program (face-to-face, online, and telephone meetings)			

Parenting Now  
 86 Centennial Loop, Eugene  
 541-484-5316  
[www.parentingnow.org](http://www.parentingnow.org)

<b>Hours of Operation:</b> Monday-Thursday 9:00am-4:00pm	<b>Types of Treatment Offered:</b> Community support	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> Spanish
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> Families	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Providing support and education so that all children are raised by nurturing, skilled parents.			

PeaceHealth Behavioral Health – University District  
 770 E. 11<sup>th</sup> Avenue, Eugene  
 541-685-1794  
[www.peacehealth.org/phmg/eugene-springfield/services/specialtycare/Pages/behavioralhealth](http://www.peacehealth.org/phmg/eugene-springfield/services/specialtycare/Pages/behavioralhealth)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Crisis Medical Methadone/Medication Assisted Treatment (MAT)	<b>Types of Insurance Accepted:</b> Private; public, including OHP Priority to OHP.	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> Waitlist; established patients will wait less	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Depends on the severity of need. Go through a screening process can be done within a week.	
<b>Description of Services:</b> Mental health services for anyone experiencing struggles.			

ReConnections Alcohol & Drug Treatment Services  
 1720 34<sup>th</sup> Street, Florence  
 541-574-9570  
[www.reconnectionsounseling.com](http://www.reconnectionsounseling.com)

<b>Hours of Operation:</b> Monday-Friday 9:00am- 5:00pm; 24/7 crisis line	<b>Types of Treatment Offered:</b> Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP Does not accept veterans insurance.	<b>Languages:</b> Spanish-speaking counselor on Tuesdays; interpreter services
<b>Typical Wait Times:</b> Within a week	<b>Population Served:</b> Adults Families Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Must walk-in to complete paperwork prior to scheduling with a counselor.	

**Description of Services:**  
ReConnections Counseling is an outpatient substance abuse treatment center that provides services to adults, families, and adolescents with four locations: Newport, Toledo, Lincoln City, and Florence. The team includes Licensed Clinical Social Workers, Master's Level Clinicians with significant experience in addiction and mental health treatment, and Certified Alcohol and Drug Counselors. The interdisciplinary approach to treatment aids clients in uncovering the underlying issues and triggers that foster their addictive behaviors, while providing supportive tools to promote and enhance a healthy lifestyle.

Relief Nursery  
1720 W. 25<sup>th</sup> Avenue, Eugene  
541-343-9706  
850 S. 42<sup>nd</sup> Street, Springfield  
541-485-0007  
[www.reliefnursery.org](http://www.reliefnursery.org)

<b>Hours of Operation:</b> Monday-Thursday 9:00am- 4:00pm; Friday 9:00am-1:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health Outpatient Substance Use Therapeutic Early Childhood Program	<b>Types of Insurance Accepted:</b> Private; public, including OHP No cost for some services. Therapy services are billed through insurance.	<b>Languages:</b> Spanish-speaking staff; interpreter services
<b>Typical Wait Times:</b> Varies depending on service. Waitlist for preschool; others within one week	<b>Population Served:</b> Families Children (up to age six) DD	<b>Admission Processes and Requirements:</b> Walk-ins are connected to outreach first to work with families experiencing risk factors for child abuse and neglect.	
<b>Description of Services:</b> Programs and services include therapeutic early childhood program, Accessing Success drug and alcohol support, outreach and crisis intervention, and mental health and counseling services.			



Serenity Lane  
 1 Serenity Lane, Coburg  
 4211 W. 11th Avenue, Eugene  
 541-485-1577  
[www.serenitylane.org](http://www.serenitylane.org)

<b>Hours of Operation:</b> 24/7; reception until 6:00pm	<b>Types of Treatment Offered:</b> Buprenorphine/Medication Assisted Treatment (MAT) Detoxification Medical Outpatient Substance Use Residential	<b>Types of Insurance Accepted:</b> Private; public, including OHP No Medicaid.	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> No wait; direct admission if possible; typically next day	<b>Population Served:</b> Adults Families Adolescents (11-16) Seniors	<b>Admission Processes and Requirements:</b> Walk-in or call for appointment for assessment and patient profile. A phone assessment can be scheduled if out of the area.	
<b>Description of Services:</b> Serenity Lane offers inpatient and residential treatment for addiction, detox, outpatient treatment for patients and families, recovery support, long-term treatment program for addicts prone to relapse, addiction-free pain management program, young adults program for ages 18-24 emphasizing direct counseling, family program, DUII services, and buprenorphine medically managed opiate withdrawal while in treatment after treatment referrals are made for those who choose to continue with MAT.			

Sex Addicts Anonymous  
[www.saa-recovery.org](http://www.saa-recovery.org)

<b>Hours of Operation:</b> Varies	<b>Types of Treatment Offered:</b> Self-help	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> Spanish; Swedish
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> No age requirements	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Twelve-step treatment program (Skype and telephone meetings)			

Shangri-La (Danebo and Meyers Road)  
 1195 City View Street, Suite B, Eugene  
 541-344-1121

[www.shangrilaoregon.org](http://www.shangrilaoregon.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Independent Living Services Outpatient Mental Health Residential Treatment	<b>Types of Insurance Accepted:</b> Public: OHP, Trillium	<b>Languages:</b> ASL services; interpreter services
<b>Typical Wait Times:</b> Waitlist for MH counseling and medication management; opening January 2019.	<b>Population Served:</b> Adults Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Must have Trillium insurance and be diagnosed with a mental illness.	
<b>Description of Services:</b> Shangri-La has disability services, mental health counseling services, outpatient, and housing assistance.			

ShelterCare  
499 W. 4th Street, Eugene  
3692 Hickory Avenue, Eugene  
541-686-1262

[www.sheltercare.org](http://www.sheltercare.org)

<b>Hours of Operation:</b> Monday-Friday 8:20am-5:00pm	<b>Types of Treatment Offered:</b> Housing Solutions Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Public: OHP only	<b>Languages:</b> Bilingual staff; interpreter services
<b>Typical Wait Times:</b> Waitlist is closed for housing services; typically one year wait	<b>Population Served:</b> Adults Families Seniors DD SPMI	<b>Admission Processes and Requirements:</b> Call for information	
<b>Description of Services:</b> ShelterCare offers a range of housing solutions combined with support services for vulnerable community members who are homeless or on the verge of homelessness or have SPMI/DD. Our programs help people keep their current housing or recover lost housing.			

Smart Recovery  
[www.smartrecovery.org](http://www.smartrecovery.org)

<b>Hours of Operation:</b> Varies	<b>Types of Treatment Offered:</b> Self-help	<b>Types of Insurance Accepted:</b> N/A	<b>Languages:</b> Various
<b>Typical Wait Times:</b> N/A	<b>Population Served:</b> No age requirements	<b>Admission Processes and Requirements:</b> N/A	
<b>Description of Services:</b> Online addictive behaviors treatment program			

Solutions Group NW  
3831 Main Street, #108, Springfield  
503-626-1800  
[www.solutionsgroupnw.com](http://www.solutionsgroupnw.com)

<b>Hours of Operation:</b> Monday-Saturday 12:00pm-5:00pm	<b>Types of Treatment Offered:</b> DUI Education and Therapy Drug and Alcohol Testing Outpatient Substance Use Relapse Prevention SUDS Assessments	<b>Types of Insurance Accepted:</b> Private	<b>Languages:</b> Bilingual staff; interpreter services
<b>Typical Wait Times:</b> Waitlist temporarily suspended; typically seen within one to two weeks	<b>Population Served:</b> Adults Families Adolescents Seniors Anyone who is mandated by the courts	<b>Admission Processes and Requirements:</b> Driven by OARs and court mandated appointments. An assessment is done on the first day by a counselor to determine level of treatment and services needed.	
<b>Description of Services:</b> Specializes in DUI treatment and educational programs. Services include addiction assessments, DUI education and therapy, outpatient treatment, drug and alcohol testing, and continuing of care – relapse prevention. DUI court mandated clients.			

South Lane Mental Health (SLMH)  
75 S. 5<sup>th</sup> Street, Cottage Grove  
541-942-3939  
[www.slmh.org](http://www.slmh.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-5:00pm	<b>Types of Treatment Offered:</b> Crisis Independent Living Services Medication Management Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Spanish-speaking staff; interpreter services
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	Recovery Program (14+) Referrals Supported Housing		
<b>Typical Wait Times:</b> Varies; at least one week	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Call or email to schedule an appointment	
<b>Description of Services:</b> SLMH is a community mental health organization that offers medication assessment, management and monitoring, counseling, referrals, crisis response, supported housing and independent living services and recovery program for ages 14 and up. SLMH responds to walk in crisis between 9:30am – 4:00 pm as well as over the phone.			

Springfield Treatment Center

1485 Market St, Springfield

541-653-8284

[www.springfieldrecovery.com/](http://www.springfieldrecovery.com/)

<b>Hours of Operation:</b> Medication: Monday-Friday 5:30am-9:30am; Saturday 6:30-8:30am Counseling: Monday-Friday 6:00am-12:00pm	<b>Types of Treatment Offered:</b> Methadone/Medication Assisted Treatment (MAT) Outpatient Substance Use	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Varies	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Call to schedule an appointment	
<b>Description of Services:</b> Medication assisted treatment and counseling for those experiencing addiction. Services include poly substance abuse counseling, family counseling, couples counseling, lab work, drug testing, relapse prevention, and group counseling.			

Strong Integrated Behavioral Health  
 66 Club Road, Suite 120, Eugene  
 541-393-5983  
[www.strongibh.com](http://www.strongibh.com)

<b>Hours of Operation:</b> Monday-Friday 9:00am-5:00pm	<b>Types of Treatment Offered:</b> Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Spanish
<b>Typical Wait Times:</b> Varies from two weeks to three months	<b>Population Served:</b> Adults Families, limited Children Adolescents Seniors	<b>Admission Processes and Requirements:</b> Call for a consultation	
<b>Description of Services:</b> Licensed psychologists and licensed professional counselors who work with a wide range of emotional and mental issues as well as those who are experiencing complex medical issues.			

White Bird (CAHOOTS; Chrysalis)  
 350 E. 11th Avenue, Eugene  
 341 E. 12th Avenue, Eugene  
 541-683-1641  
[www.whitebirdclinic.org](http://www.whitebirdclinic.org)

<b>Hours of Operation:</b> Monday-Thursday 9:00am-6:00pm	<b>Types of Treatment Offered:</b> Crisis Dental Medical Mobile Crisis Outpatient Mental Health	<b>Types of Insurance Accepted:</b> Private, including PacificSource; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Waitlist approximately three weeks	<b>Population Served:</b> Adults Seniors SPMI DD	<b>Admission Processes and Requirements:</b> A non-DUI or court mandated person can walk in to pick up database packet, complete and return it to be put on the waitlist for an assessment with a counselor. DUIs need to go through the same process in addition to orientation.	
<b>Description of Services:</b> White Bird provides the following services; CAHOOTS is a crisis intervention van that provides welfare checks and dispute facilitation, Chrysalis mental health outpatient, crisis service center, dental clinic, homeless case management, medical clinic, mental health counseling, and counseling.			

Willamette Family  
 1450 Birch Avenue, Cottage Grove  
 687 Cheshire Avenue, Eugene

342 Monroe Street, Eugene  
 605 W. 4<sup>th</sup> Avenue, Eugene  
 149 W. 12th Avenue, Eugene  
 170 W. 12th Avenue, Eugene  
 195 W. 12th Avenue, Eugene  
 180 N. Jefferson Alley, Eugene  
 1420 Green Acres Road, Eugene  
 1651 Centennial Blvd., Springfield  
 541-762-4300

[www.wfts.org](http://www.wfts.org)

<b>Hours of Operation:</b> Monday-Friday 8:00am-6:00pm	<b>Types of Treatment Offered:</b> Crisis Detoxification Medical Methadone/Medication Assisted Treatment (MAT) Outpatient Mental Health Outpatient Substance Use Residential	<b>Types of Insurance Accepted:</b> Private; public, including OHP	<b>Languages:</b> Interpreter services
<b>Typical Wait Times:</b> Varies depending on service	<b>Population Served:</b> Adults Families Children Adolescents Seniors SPMI DD	<b>Admission Processes and Requirements:</b> Walk-in to schedule an assessment	
<b>Description of Services:</b> Readily accessible, quality, mental health and substance abuse/addiction care for men, women, youth, and families in an atmosphere that promotes compassion, healing, respect, and well-being for all.			