

1978

Washington County Mental Health Program Year End Report for Fiscal Year 1976-1977

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ABSTRACT

Program evaluation is in its infancy at the Washington County Mental Health Program; it is only within the last two years that there has been any emphasis placed on evaluation activities. The first chapter in this practicum will identify and provide a context for the recent introduction of the management by objectives approach to process evaluation within the Washington County Mental Health Program as well as present a rationale for such an approach; the second chapter in this practicum is a presentation of results obtained from the first follow-up study to employ management objectives as an evaluation tool; the third chapter explores problems inherent in the nature and design of this type of evaluation procedure as well as program implications concerning the utility of results obtained from the study and recommendations for change in both approach and procedure.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM YEAR END
REPORT FOR FISCAL YEAR 1976-1977

by
JENNIFER DEE POCKEL

A practicum submitted in partial fulfillment of the
requirement for the degree of

MASTER OF SOCIAL WORK

Portland State University
1978

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The Advisor approves the practicum of Jennifer Dee Pockel presented May 10, 1978



Quentin D. Clarkson, Ph.D., Advisor

TABLE OF CONTENTS

CHAPTER	PAGE
I	INTRODUCTION 1
II	WASHINGTON COUNTY MENTAL HEALTH PROGRAM YEAR END REPORT, FISCAL YEAR 1976-1977 6
	Comprehensive Program Narrative 6
	Alcohol Program Drug Program Developmental Disabilities Program Mental and Emotional Disturbances Program
	Condensed Program Statistics 11
	Administrative Statistics 16
	Alcohol Program Statistics; Subcontract Agency Reports 20
	Drug Program Statistics; Subcontract Agency Reports 41
	Developmental Disabilities Program Statistics; Subcontract Agency Reports 47
	Mental & Emotional Disturbances Program Statistics; Subcontract Agency Reports 49
III	CONCLUSIONS AND RECOMMENDATIONS 62
	MHIS 63
	Alternatives to MHIS 65
	Decision-making Process 65
	Recommendations for Change 67
APPENDIX 68

CHAPTER I

INTRODUCTION

At the present time, evaluation activities, occurring within the Washington County Mental Health Program, are performed by administrative core staff members, private consultants, and directors of individual service providers (subcontract agencies). The evaluation efforts relate strictly to process objectives; outcome evaluation is virtually nonexistent. Needs assessments are few; for the most part evaluation focuses on services provided to clients who have already been identified and currently participate in the formal mental health system. Needs assessments and utilization studies, encompassing the bulk of current program evaluation efforts, are most frequently undertaken by agents outside of the service-providing agency.

Fiscal year 1976-1977 marked the beginning of a major revision in evaluation and program accountability for the Washington County Mental Health Program. Each year administrative staff members construct a Comprehensive Mental Health Plan; this plan is required by ORS 430.630 and constitutes the basis for negotiation with the Oregon State Mental Health Division for the funding of mental health services in Washington County. Traditionally, this plan has included data from needs assessments, descriptions of existing service elements, and priorities for service development in each of the program areas: Administration, Alcohol (A), Drug (D), Developmental Disabilities (DD), and Mental and

Emotional Disturbances (MED). Each program area, within the plan, contains: (1) at risk indicators and target populations in need of services, (2) program descriptions of existing mental health resources available to Washington County residents, (3) prioritized program development plans for meeting identified service delivery needs, and (4) a description of agencies and programs currently providing services as part of the Washington County Mental Health Program (subcontract agencies).

The Comprehensive Mental Health Plan for fiscal year 1976-1977, in addition to these traditional content areas, includes a series of management by objectives (MBO) budget packages. These management by objectives budget packages outline, by subcontract agency, by service element, by target population, how many families and individuals will be served in each service delivery area and at what cost to the program. The content of these management objectives represents a consolidation of information contributed by the mental health "specialists" (members of the administrative core staff) in each program area, members of community advisory groups, and directors and agency staff within each of the subcontract agencies (service providers).

Management objectives were submitted to the administrative core staff team by the heads of the various subcontract agencies. The administrative "specialists" in each program area then worked, with subcontract agency directors, to further define, modify, and interface these objectives. When the objectives were satisfactory to both parties, they were implemented as part of the MBO budget package peculiar to that subcontract agency. During this phase of developing management

objectives, a growing awareness and appreciation concerning the difficulty associated with the writing of clear, concise, easily measured service objectives served to promote and direct treatment planning energy and thought on the part of both subcontract agency personnel and Washington County administrators.

Many of the management objectives, developed for fiscal year 1976-1977, are weak (e.g., we will inform 30 percent of Washington County of local alcohol resources) in terms of specificity and measurability; others are well detailed (e.g., we will provide brief inpatient services for twenty county residents with MED problems). In general, objectives from the DD program area tend to be better written and easier to measure than those from administration, A, D, and MED program areas. There are many reasons for this, including the treatment modality most often employed in the DD program area (behavior modification), which most easily lends itself to quantifiable treatment evaluation approaches. In many instances, the DD program area format serves as a model for the other program areas. The administrative objectives tend to be the weakest, least measurable; this may be due, in part, to the fact that data, relevant to these objectives and required for follow-up, are not collected by the state management information system (MHIS) or in any other systematized manner.

The rationale behind and intent of the MBO approach is to hold each agency, involved in the Washington County Mental Health Program, responsible for negotiating and following through with a contract for service delivery that is easily defined, measurable, and mutually satisfactory to both agency director and Washington County Mental Health

Program area specialist. The MBO budget packages represent a purchase of treatment agreement similar to sales contracts prevalent in the business community. They are designed to promote fiscal accountability, greater visibility of treatment options, a clarity of purpose and direction within the mental health system, as well as support a more reliable method of tracking clients through service delivery elements.

Each agency, along with adopting an MBO budget package agreement, is required to collect and submit data (on a twice yearly basis), relating to the agreed-upon objectives, to the Washington County Mental Health Program Specialist in the appropriate program area. Data are submitted both through the State Mental Health Information System and through the agencies' own record keeping systems. Washington County Mental Health administrative staff members process the evaluation and feed it back to the agency directors with comment. In this manner, agency directors are held accountable for contracts which are not adequately upheld and may experience a modification in the amount of county funds available to them.

In the "Washington County Year End Report for Fiscal Year 1976-1977" (Chapter II of this practicum), data from both agency record keeping systems and MHIS, relating to the management by objectives budget packages outlined in the "Comprehensive Mental Health Plan," have been extracted, consolidated, and condensed in order to examine and contrast the projected and actual service utilization rates. This report was compiled, by this author, for use, by the Washington County Mental Health Program administrators, in renegotiating and refining subcontract agency MBO packages, in obtaining funding from the Washington County

Commissioners and in obtaining additional funding from the Oregon State Mental Health Division. In addition, it has been useful in serving to focus treatment efforts, defining treatment objectives, triggering cost/benefit discussions, and tracking mental health client populations within the mental health system.

Chapter II of this practicum is the "Washington County Year End Report for Fiscal Year 1976-1977." Some problems are inherent in the nature and design of this type of evaluation as well as the available record keeping systems; they are discussed in Chapter III along with program implications arising from the utilization of this type of evaluation effort and recommendations for improvement in future evaluation activities of this kind.

CHAPTER II

WASHINGTON COUNTY MENTAL HEALTH PROGRAM YEAR END REPORT, FISCAL YEAR 1976-1977

COMPREHENSIVE PROGRAM NARRATIVE

The Washington County Mental Health Program served a total of 7,429 Washington County residents during the fiscal year 1976-1977. Three thousand one hundred thirty-eight were served through direct services, and 4,291 were served through indirect services. This is not an unduplicated count. The services were provided in four program areas: Alcohol, Drug, Developmental Disabilities, and Mental and Emotional Disturbances. County administrative staff coordinated the service delivery across program areas, was responsible for program administration, program development, preparation and monitoring of contracts, as well as program evaluation activities.

Eighteen service elements, or categories of service delivery, were provided in fiscal year 1976-1977. Direct service elements, involving face-to-face contact, are as follows, along with the number of clients served in each during the year.

2,081 Outpatient

19 Inpatient

84 24-hour Emergency "Beeper" Consultation

56 Substance Abuse-related Medical Treatment

38 TMR Preschool

119 TMR Classroom
 64 MR/DD Adult Activity Center
 10 Residential Treatment
 52 Socialization and Day Treatment
 14 Homemaker
 587 Commitment and Diversion
 14 Aftercare

Indirect service delivered, including consultation not requiring opening of a case, were as follows.

1,398 Information and Assistance
 758 Outreach and Advocacy
 1,965 Consultation and Education
 170 Continuity and Coordination

Washington County contracted with eighteen local agencies or "subcontract agencies," to provide the above mental health services.

Below is a quantitative breakdown by program area. Again, the complication of duplications in the count arises; there is always the possibility that one person was served in more than one service element.

Alcohol Program

The Alcohol Program included seven subcontract agencies as well as the Washington County Alcohol Specialist. These agencies were: Substance Abuse Council, Tri-County Community Council, Washington County Youth Contact, Washington County Community Corrections, Native American Rehabilitation Association, Tualatin Valley Mental Health Center, and Centro Cultural. Two thousand forty-three individuals and families were served in eleven service elements, as follows.

329 Outpatient

21 24-hour Emergency "Beeper" Consultation

37 Substance Abuse-related Medical Treatment

469 Information and Assistance

330 Outreach and Advocacy

857 Consultation and Education

Three hundred eight-seven clients received direct services, and 1,656 clients received indirect services.

Drug Program

The Drug Program involved no subcontract agencies. The program incorporated CODA loan staff, HB 2145 resources, drug diversion resources, and the Washington County Drug Specialist and related staff. One thousand four hundred eighty individuals and families were served in seven service elements.

170 Outpatient

11 24-hour Emergency "Beeper" Consultation

19 Substance Abuse-related Medical Treatment

641 Information and Assistance

428 Outreach and Advocacy

63 Consultation and Education

148 Continuity and Coordination

Two hundred clients received direct services, and 1,280 clients received indirect services.

Developmental Disabilities Program

The Developmental Disabilities Program included seven subcontract agencies, as well as the Washington County Developmental Disabilities staff, and the County Child Development Program. These agencies were: Beaverton Preschool, Beaverton TMR, Forest Grove TMR, Good Shepherd TMR, Edwards Activity Center, Edwards Group Home, and TVW, Inc. One thousand twenty-five individuals and families were served in seven service elements.

13 24-hour Emergency "Beeper" Consultation

38 TMR Preschool

119 TMR Classroom

64 MR/DD Adult Activity Center

10 Residential Treatment

Information and Assistance (count not available)

781 Consultation and Education

Two hundred forty-eight clients received direct services, and 781 clients received indirect services.

Mental and Emotional Disturbances Program

The Mental and Emotional Disturbances Program included four subcontract agencies, as well as the Washington County MED Specialist, the Involuntary Commitment Program, a Brief Inpatient Program at Cedar Hills Hospital, and an Alternatives to Commitment Program. These MED agencies were: Lutheran Family Services, Metropolitan Family Services, Tualatin Valley Mental Health Center, and TVW, Inc. Day Treatment. Two thousand

five hundred ninety-three individuals and families were served in ten service elements.

1,582 Outpatient

19 Inpatient

39 24-hour Emergency "Beeper" Consultation

52 Day Treatment

14 Homemaker

587 Commitment and Diversion

14 Aftercare

288 Information and Assistance

264 Consultation and Education

22 Continuity and Coordination

Two thousand two hundred ninety-seven clients received direct services, and more than 286 clients received indirect services.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Across All Program Areas

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Outpatient Counseling	To provide 2,508 Washington County residents with outpatient mental health treatment: A) Children B) Adults C) Marriage/Family	2,508	2,081 604 1,177 300	83%	
Continuity and Coordination (includes Outreach and Advocacy Services)	To link 1,109 Washington County residents with mental health services within the Washington County mental health system	1,109	928	84%	
Commitment/Diversion	To provide Washington County residents with Commitment/Diversion services as needed: A) Investigations B) Hearings C) Commitment Proceedings	As Needed As Needed As Needed	104 60 31	100% 100% 100%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Across All Program Areas

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
TMR Classroom Services and Adult MR/DD Activity Centers	To provide 242 Washington County residents with TMR and Activity Center treatment:	242	221	91%	
	A) TMR--Preschool	36	38	105%	
	B) TMR--School Age	134	119	89%	
	C) Activity--Adult	72	64	89%	
MR Residential Treatment	To provide 8 Washington County residents with residential treatment	8	10	125%	
Day Treatment	To provide 60 Washington County residents with Adult/Day Treatment services	60	52	87%	
Medical Services	To provide Washington County residents with:				
	A) 645 Antabuse Doses	645	340	52%	
	B) 36 Physicals	36	37	103%	
	C) Detoxification (10)	10	19	190%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Across All Program Areas

Service Element	Objective	12 Month Target	19 Month Data	% Objective Achieved	Comment
Brief Inpatient	To provide 15 Washington County residents with brief inpatient treatment	15	19	127%	
Educational/Training Services	To provide prevention oriented education for 1,020 Washington County residents	1,020	1,296	127%	
	To recruit 25 Washington County residents to volunteer in Drug Program	25	59	236%	
	To provide inservice training for 39 Washington County Mental Health Program staff	39	89	228%	
	To maintain 20-50 pre- or post-hospital clients in their homes	20	14	90%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Across All Program Areas

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Consultation	To provide 1,315 hours of consultation to Washington County Mental Health agencies	1,315	1,142*	87%	
	To contact 100 agencies outside of Washington County regarding their Substance Abuse Program	100	120	120%	
Information and Referral	To provide information and referral services for 1,243 Washington County residents	1,243	1,398	112%	
Administration	Develop and implement coordinated delivery system which unifies MED, A&D, and MR/DD services	N/A	N/A	N/A	
<p>*This objective represents hours, not persons or agencies served. Therefore, conversion from "hour" units to "person" units reflects an estimate only. One "person" represents approximately two "hours" of consultation. For this reason, there is a discrepancy between the total number of clients served in the summary and the totals in the 12-month data column on this page.</p>					

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Across All Program Areas

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Administration (cont.)	To coordinate planning efforts and complete the 1977-1978 County Mental Health Plan	N/A	N/A	N/A	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Administration

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Administrative Services	<p>Develop and implement coordinated delivery system which unifies MED, A&D, and MR/DD services</p> <p>Prepare and monitor subcontract agency agreements for MED, MR/DD, and A&D services</p> <p>Assist county advisory boards in performing their functions</p>				<p>After care CETA program implemented. Consultation with CSD and AFS and intra-agency screenings for day treatment and group home established. Intra-MED agency coordination facilitated.</p> <p>19 subcontract agreements for service elements developed with 13 separate agencies. Monthly fiscal monitoring, UR's quarterly for most agencies, client involvement follow-up and six month and annual MBO evaluation</p> <p>M.H. Director, A&D Specialists, MED and MR/DD Specialists staffed the M.H. Advisory Board, Substance Abuse Council, Mental and</p>

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Administration

Service Element	Objective	12 Month Target	12 Month Date	% Objective Achieved	Comment
Administrative Services (cont.)	<p>Assist county advisory boards in performing their functions (cont.)</p> <p>To coordinate planning efforts and complete the 1977-78 County Mental Health Plan</p> <p>To Assist Board of Commissioners in making policy decisions regarding mental health programs</p>				<p>Emotional Health Committee on a regular basis</p> <p>The 1977-78 County M.H. Plan and involvement of advisory boards and others in mental health planning was outstanding. Major planning was completed on emergency service, M.H. geriatric services, services to children, services with CSD, mental health needs in schools, and inpatient services. The plan was completed and submitted to the MHD in June 1977.</p> <p>Board of Commissioners continued involvement in mental health and support of mental health programs and</p>

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Administration

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Administrative Services (cont.)	<p>To Assist Board of Commissioners in making policy decisions regarding mental health programs (cont.)</p> <p>To assure continued and smooth operation of county mental health services</p> <p>To assure the effective operation of mental health services provided by county core staff</p>				<p>actions demonstrate satisfaction of this objective.</p> <p>Fiscal matters were handled on an acceptable time frame. External time lines were adhered to throughout the year in critical areas.</p> <p>Mental health core staff positions were managed well in completing their objectives. Core staff developed systems to deliver services effectively and to coordinate client care and county-wide service delivery.</p>

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Administration

Service Element	Objective	12 Month Target	12 Month Date	% Objective Achieved	Comment
Administrative Services (cont.)	To gain community confidence that county efforts to develop mental health services will encompass all program areas-- MED, DD, A&D				Advisory boards satisfaction with mental health service development was demonstrated. Washington County Assn. for Retarded Citizens supported the increased resources allocated to MR/DD Services Coordination and agencies. The Substance Abuse Council approved development of services in A&D for children, Chicanos, American Indians, and those involved with the criminal justice system. Mental and Emotional Health worked to increase day treatment, after care, prevention and education resources.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
1) Information and Referral	To provide information and referrals for 750 Washington County residents	750	569	63%	Some data was mislaid --poorly tabulated.
	Inform 30% of Washington County residents of I & R service	30%	30%	100%	Objective is not appropriate; must be re-evaluated.
	Move to 24-hr. 7 day/week service	24 hr.	14-1/2 hr.	60.4%	This objective will not be abandoned.
2) Education services	Provide educational material concerning alcohol abuse to 265 Washington County residents	265	258	97%	These data do not capture a number of community presentations, workshops, and a booth at the County Fair.
3) Consultation services including evaluations and assessments	To provide 305.5 instances of consultation services to Mental Health professionals and agencies	305	146	48%	Difficult to keep track of these data.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Date	% Objective Achieved	Comment
4) Medication and medical attention	To provide 645 antabuse doses and	645	340	52%	Objective was not met due to lack of contract funds. Objective is appropriate.
	36 physicals for Washington County residents	36	37	103%	
5) Outpatient services	To provide outpatient counseling services to 615 Washington County residents	615	329	54%	Some subcontracted agencies exceeded their objectives in this area while others failed dramatically. An effort will be made to insure realistic objectives for 1977-1978.
6) Outreach/Advocacy Services	To provide outreach and client advocacy services to 365 Washington County residents	365	330	90%	Increase in visibility and availability of services. Not available are data reflecting the impact of 26 meetings relating to outreach and advocacy.
7) Inservice Training	To provide inservice training to 19 Washington County Mental Health staff and agencies	19	14	75%	Objective is appropriate.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
8) Planning Activities	To contact 100 agencies dealing with substance abuse regarding their operations	100	120	120%	Research on halfway houses, various hot lines, and the Hispanic perspective on alcoholism was documented. Age group, ethnic background, sex, and population of Chicano alcoholics was also a subject of research.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol Specialist	Maintain an inventory of services for persons with alcohol related services	Update	Done	100%	Not measurable or particularly relevant
	Provide 200 units of information referral	200	223	112%	Need to separate out what "unit" means persons vs. agencies.
	Provide inservice training for 4 agencies	4	3	75%	Training was done by specialist in two cases and purchased in the other.
	Develop the Substance Abuse component of the 1977-78 Mental Health Program	--	Done	100%	Again a major responsibility but not written measurably.
	Provide staff services to the Substance Abuse Council	--	13 meetings	100%	Needs to be changed to be measurable.
	Insure proper referral of clients to agencies providing service to substance abusers	--	--	--	This is basically an I/R function and no records were kept to reflect this activity.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol Specialist (cont.)	Prepare and monitor contracts with sub-contract agencies to insure program and fiscal accountability	--	10 contracts	100%	Another major activity that was not written measurably.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Washington County Mental Health Program-Core Staff]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
2,145-Outpatient	Alcohol Detox; incarcerated individuals; develop procedures	6	9	150%	Redo written as a multiple; incarceration irrelevant, no 2,145 next year.
	Identify and evaluate; develop procedures; refer to treatment	90	107	119%	Redo; multiple; no 2,145 next year.
	Outpatient treatment	90	55 here 52 referred <u>107</u> out	61% 58% <u>119%</u>	Objective is basically appropriate.
Continuity and Coordination	Continuity and coordination to clients	54	55	100%	Objective is basically appropriate.
Consultation, Education and Prevention	Alcohol information and referral	100 units	340	340%	Redo; difficult to measure; e.g., impact of drug column, radio, newspaper, and office mailing.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Antabuse	Provide through purchase of care 36 physicals for clients of the DUII or misdemeanor program	36	37	100+%	Objective was based on a contract amount of 2,500. Actual contract amount was 2,121. This will show up as a poor performance on objective 2 as more money was spent on physicals than purchasing antabuse.
	Purchase 645 doses of antabuse at local drug stores	645	340	52%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Substance Abuse Council	Serve as the local alcohol planning body	--	--	--	Not a measurable objective, although this is a major activity of the Council, and a letter documenting this activity has been submitted.
	Provide the general public with substance abuse information and treatment services				
	a) Have a Substance Abuse booth at the County Fair	--	--	--	A decision was made to not have a fair booth based on its lack of value last year.
	b) Purchase and distribute substance abuse film	1 film	1 film	100%	Objective should relate to usage of film. Approx. 134 persons viewed the films we have
	c) Purchase and distribute substance abuse literature	--	--	--	Not measurable, no literature purchased.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Substance Abuse Council (cont.)	Provide the general public with substance abuse information and treatment services (cont.)				
	d) Give 30 presentations to civic, service, or other groups about substance abuse	30	13	43%	Not realistic due to professional make-up of the Council.
	Improve Council members' knowledge of substance abuse by sponsoring 10 persons for training	10	6	60%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Centro Cultural]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol Counseling Centro	Provided 151 units of information referral	300	151	50%	None
	Provided private and family counseling to 40 caseload of clients	150	40	26.6%	Caseload will increase gradually; 80 units is a more realistic goal.
	Provided 70 units of advocacy and liaison for the Chicano community	100	70	70%	None
	Provided outreach services to 90 individuals. This activity consisted basically of camp and/or home visits. 140 units of encounters.	100	90	90%	This type of activity was productive in the sense that it increased the visibility and credibility of progress
	Developed data base for alcohol services a) contacted 120 agencies that deal with substance abuse problems	100	120	100%	Research on halfway houses, various hot lines, and the Hispanic perspective on alcoholism was documented. Age group, ethnic background, sex and

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Centro Cultural]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol Counseling Centro (cont.)	Developed data base for alcohol services a) contacted 120 agencies that deal with substance abuse problems (cont.)				population of Chicano alcoholics was also a subject of research.
	Provided a Social Alcohol class to 15 clients	20	15		None
	Provided lectures on Alcoholism to 175 youths	100	175		We attempted to create some awareness of alcoholism to the youth.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Washington County Community Corrections]

Service Element	Objective	12 Month Target	12 Month Date	% Objective Achieved	Comment
Washington County Community Corrections	Contract with mental health professionals to provide 10 full psychological assessments	7.5 psych. evaluations	9 psych. evaluations	120%	The original objectives of the grant are pro-rated for 9 months as grant activities, were not initiated until October 1976.
	Provide diagnostic evaluations and assessments to 100 program clients	75 diagnostic evaluations	50 diagnostic evaluations	67%	We expected to schedule 4 staffings every other week throughout the year; therefore we speculated we could evaluate 100 people. Due to cancellations and no-shows we were unable to meet this objective. However, 10 people were re-staffed; therefore, although 50 evaluations were completed, 60 staffings were held.
	Provide alcohol counseling and referral services to 50 identified alcohol abusers	Referral and counseling of 37.5 abusers	50	133%	Seven staff members and two volunteers conducted staffings with John Hughes on a regular basis. Additional

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Washington County Community Corrections]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Washington County Community Corrections (cont.)	<p>Provide alcohol counseling and referral services to 50 identified alcohol abusers (cont.)</p> <p>Provide supportive counseling to 50 program clients</p>	Supportive counseling of 37.5 clients	22 group members	59%	<p>training time of two hours per month was scheduled. We also utilized staffing time that was available due to a no-show for training. This training time assisted staff in working with clients who were evaluated as well as the balance of their caseload.</p> <p>Two volunteers attended the bi-weekly night group on a regular basis. Twenty-two people were involved in the group over the past 9 months and several are continuing. The average number of people at group was 11 and the group met for approximately 40 hours.</p>

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Native American Rehabilitation Assn.]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Washington County Outreach	Locate and identify 120 Native American persons from Washington County and in need of NARA services over a 12 month period	120	79 individ. 9 families	100%	More people were provided with initial contacts but the data system only reflects this number.
	Provide initial contact with 75 of the target population and initiate treatment	75	30	40%	
	Develop treatment plans and involve in treatment 50 Native American persons from Washington County	50	37	74%	
	Assist the Washington County Alcohol Specialist in program planning by having monthly meetings with outreach worker		18 Mtgs.	100+%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Native American Rehabilitation Assn.]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Washington County Outreach (cont.)	Provide liaison with the Washington County Substance Abuse Council		8 Mtgs.		

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Tri-County Community Council]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol and Drug Treatment	Identify and record 200 calls requesting information concerning alcohol abuse. Document referrals made and gaps in service discovered	200	20	10%	See Item #1 of memo dated 1/19/77 (Exhibit 2)
	Inform 30% of Washington County residents of the existence of the I&R Service	30%	30%	100%	See Item #2 of memo dated 1/19/77 (Exhibit 2)
	Provide inservice training to staff and volunteers of the I&R Service	5	5	100%	See last paragraph of page 1 of memo dated 10/20/76 (Exhibit 5) and Item #4 of memo dated 1/19/77 (Exhibit 2)
	Move toward providing I&R Service on a 24-hour, 7 day a week basis	24/Hr.	14-1/2/Hr.	60.4%	See Item #4 of memo dated 1/19/77 (Exhibit 2)

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Tri-County Community Council]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol and Drug Treatment (cont.)	Increase persons with alcohol problems using the helping agencies	200	20	10%	See Item #5 of memo dated 1/19/77 (Exhibit 2)

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Tualatin Valley Mental Health Center]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
24-hours Non-Hospital facility	To remove this gap in the Washington County Mental Health Program				These objectives have not been worked on because of need for change in staffing and program. Work may begin as part of the Center's planning process initiated in September 1977. ↓ ↓ ↓ ↓ ↓ ↓ ↓
Mental Health Professional Training	To reduce the unmet need for mental health professionals				
Program Evaluation	To develop program evaluation capacity for programs of the Center				
Mental Health Workshops	To provide workshops relating to particular community mental health needs				
Mandated Client Program	To develop programs to facilitate the mental health system's response to the mandated client				

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Tualatin Valley Mental Health Center]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Mandated Client Program (cont.)	Provide outpatient services to 200 alcohol-dependent persons	200	130	23%	We are under on the service objective.
	Reduce the impact of alcohol and related problems on 100 clients	100			
	Provide 50 units of information/referral services	50	65	130%	We have achieved the information objective.
	Increase availability of services to minority populations in Washington County	1 day/week			This objective has been achieved.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Washington County Youth Contact]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol Treatment	To evaluate 200 clients for acceptance into the Youth Contact program	200	64	32%	Case records reflect client evaluations, program acceptance criteria, and feedback reported to the referral agency.
	To serve 150 clients in the program	150	50	33%	Client attendance records have been kept which reflect both the number of youth groups held and individual attendance at each. The estimated number of client evaluations and clients served, as stated in objectives 1 and 2, appear to have been too high for the following reasons: (a) The hiring of the Youth Contact Director was effective on October 11, 1976, approximately three and one-half months into the fiscal year, thus curtailing directed

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Alcohol [AGENCY NAME: Washington County Youth Contact]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Alcohol Treatment (cont.)	<p>To evaluate 200 clients for acceptance into the Youth Contact program (cont.) To serve 150 clients in the program (cont.)</p> <p>To serve 75 parents of clients in the program</p>	75	68	90%	<p>efforts toward client recruitment and selection and county program exposure to facilitate and increase such.</p> <p>(b) Limitations upon the available agency manpower to conduct the projected number of evaluations and to provide ongoing treatment to those served.</p> <p>(c) Limitations on the exposure of Youth Contact to the county at large.</p> <p>(d) The voluntary referral nature of the majority of Youth Contact referrals.</p> <p>Records have been kept which reflect the number and the frequency of parent groups and the individual attendance at each.</p>

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Drug

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
1) Information/Referral Services	To provide information and referral services to 200 clients	200	641	321%	Difficult to measure impact of some of these services. Also difficult to separate drug from alcohol in this area. Will consider adjusting this objective to avoid these problems.
2) Outpatient Services	To provide outpatient counseling services to 140 clients	140	170	120%	Will tighten up and separate components of this objective for 1977-78 in an effort to secure more valuable evaluation data.
3) Continuity and Coordination of Services	To move 144 clients smoothly through the system	144	148	103%	Objective is appropriate.
4) Detoxification	To provide detox services to 10 clients	10	19	190%	Objective will be increased for 1977-1978.
5) Inservice Training	To provide inservice training for 3 agencies in Washington County	3	4	133%	Objective needs to be more specific for 1977-1978.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Drug

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
6) Volunteers Recruitment	To recruit 25 volunteers to program	25	59	236%	Objective will be re-adjusted for 1977-1978.
7) Outreach Services	To identify and evaluate 250 clients	2,058	Identified 428 - Contacts 251 - Evaluated	100%	Objective is appropriate.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Drug

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Summary:					I am extremely pleased with all of these outcomes.
Diversion, 2145, CODA loan staff	Identify/Evaluate	250	2,058-Ident 428-Contacts 251-Evaluated	100%	Objectives for next year reflect the potential of additional staff in consideration of the impact of the current staffing pattern Objectives for next year have been streamlined as single objectives and measurable. They also reflect the increased administrative role of the Drug Specialist.
	Volunteers	25	59	236%	
	Outpatient	140	170	120%	
	Continuity and Coordination	144	148	103%	
	Detox	10	19	190%	
	Information and Referral	200	641	321%	
	Training	3	4	133%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Drug [AGENCY NAME: Washington County Mental Health Program--Core Staff]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Drug Diversion, Out-patient	Identify and evaluate; refer to treatment	160	144	90%	Redo objective: make it a single objective and measurable.
	Outpatient Treatment	50	63	126%	Delete from diversion program; put with NIDA treatment slots.
	Evaluation and Treatment to Volunteers	25	59	236%	Delete; treatment MBOs will go with NIDA slots; tracking volunteers "in house"; not necessary to objectives.
	Detox; incarcerated persons	4	10	250%	Redo objective; incarceration is irrelevant and it's written as a multiple.
Consultation, Education and Prevention	Drug Information and Referral	100 units	341	341%	Reconsider objective and its evaluation; cannot separate out alcohol and no way to measure radio, newspaper, drug column, or office mailings.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Drug [AGENCY NAME: Washington County Mental Health Program--Core Staff]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Consultation, Education and Prevention (cont.)	Inservice Training for professionals	3 agencies	4	133%	Appropriate but needs to be more specific.
Continuity and Coordination	Inform arrestees of the rights they have	N/A	N/A	N/A	Cannot measure; objective not appropriate. Right cards distributed to Feb. 77, and were received favorably by police.
	Continuity and Coordination to clients	90	93	103%	Objective is appropriate.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Drug [AGENCY NAME: Washington County Mental Health Program--CODA loan staff]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Drug Free Outpatient	Outpatient treatment (evaluations)	50	65	130%	Objective appropriate *start-up delayed so figures reflect 1/2 year tally.
	Group Counseling	50	N/A	N/A	Objective deleted; CODA staff retired.
Consultation, Education and Prevention	Medical consultation and education	150	N/A	N/A	Objective deleted; CODA staff retired.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Developmental Disabilities

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Beaverton Preschool	To provide early intervention for 36 children	36	38	105%	Need funding for 1 additional classroom, but it is not available.
Beaverton TMR	To provide classroom services for 103 children	103	93	90%	Funding for FY 78 has been reduced to provide services for 84 children. Forest Grove will provide additional services for TMR students.
Forest Grove TMR	To provide classroom services for up to 12 children	12	10	83%	Within funding guidelines.
Good Shepherd TMR	To provide classroom services for 19 children	19	16	84%	Within funding guidelines.
Edwards Activity Center	Serve 48 adults	48	40	83%	Objective has been reduced due to lack of funds.
	Place 10 clients in more appropriate program	10	4	40%	Objective too high.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Developmental Disabilities

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Edwards Activity Center (cont.)	Secure 10-15 job training packages	15	35	233%	Two meetings is more realistic.
	3-4 parent meetings	4	2	50%	
Edwards Group Home	To provide a residential program for 8-12 residents	8-12	10	100%	
TVW Activity Center	Provide program for 24 clients	24	24	100%	
Child Development Program		85	106	125%	77-78 objectives have been increased.
Services Coordination	Yearly caseload of 100 clients	100	400	400%	This objective will no longer be used; 77-78 objectives have been modified.
	Consult monthly with 15 agencies	180 (yearly)	Unknown		
	Follow along for 250 clients	250	275	110%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
1) Outpatient counseling services	To provide individual, marital and family counseling to 1,403 Washington County residents	1,403	1,582	113%	Objectives should be increased; a trend toward increased utilization of these services is noted.
2) Mental health homemaker services	To maintain 20-50 pre- or post-hospital clients in their own homes	20	14	90%	Objectives were lowered due to lack of staff.
3) Brief inpatient services	To provide short-term inpatient services to 15 Washington County residents	15	19	127%	Went over budget 4,77; increased funding should now meet need.
4) Day Treatment services	To provide day treatment services to 60 Washington County residents	60	52	86%	Program is expanding rapidly; planning and individual appointments reduced direct treatment services.
5) Education/socialization services	To provide educational services, in the spirit of prevention, to 630 Washington County residents	630	264	42%	Data collection was inconsistent; plans for 1977-1978 include strengthening these services.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
6) Consultation services	To provide 704 hrs. of consultation services to Washington County agencies	704	850	121%	Objectives need to be further specified and increased.
7) Commitment/ diversion	To provide services as needed: Washington County involuntary clients. Service categories as follows:				Objectives for this area must be quantified. There have been fewer inappropriate petitions filed this year, compared to last year, due to an increase in staff expertise and a greater number of diverted clients due to the rapidly expanding alternative program.
	1) Info. & Referral		587		
	2) Investigations	AS	104	100%	
	3) Hearings	NEEDED	60		
	4) Commitment proceedings		31		
8) Continuity and Coordination/ Alternatives to commitment program	To provide alternative services to Washington County residents	UNSPECIFIED	22	NOT APPLICABLE	This has been an active, growing program area. Objectives will be outlined for 1977-1978.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: Cedar Hills Hospital]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Brief Inpatient	Short-term inpatient services to 15 clients				
	a) Number of clients served	15	19	127%	Went over budget end of April. Increased funding 77-78 should more realistically meet need.
	b) Commitment procedures	None specified	21		
	c) Length of hospitalization	3-7 day average	106.5 total days 5.6 day average		Four of 19 clients were in hospital up to 12 day limit (1 patient had 15 days). 12 day limitation appears to be generally adequate.
	215 hr. M.D. services to inpatient clients				
	a) Number of clients served	15	19		Objective too high. Should allocate approx 1.0 hr/day/client, i.e., for the 19 clients served this year
b) Total Client hours	215	93			

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: Cedar Hills Hospital]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Brief Inpatient (cont.)	b) Total Client hours (cont.) c) Type client served d) Post-hospital courses e) Range of services 100 hr. M.D. consultation a) Total hours involvement	100	18 voluntary; 12 committed	122+%	with 5.6 day average stay = 106 hours M.D. services. Consultation heavily utilized by core staff (and in some cases other agencies). An additional 75+ hours of consultation was possible through unexpended ICP dollars; making a total of 200 hours consultation, i.e., consultation objective should be increased.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: Lutheran Family Service]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Counseling	To provide 11,964 participant hours of counseling to people in Washington County a) Individual b) Group c) Couple/Marital d) Family	1,428 hours 8,088 hours 1,440 hours 1,008 hours	1,643 hours 4,606 hours 1,152 hours 985.55 hrs.	115% 57% 80% 98%	<p>(a) Groups have not been up to the targeted objectives for two reasons. First, the degree of staff efficiency (number of direct service hours per week) experienced in the main office is not attainable in Washington County as a contract agency. The paperwork demands and inter-agency interface absorb this time and energy. The number of individual clients seen (plus the number of times seen) in order to develop a readiness for groups is higher as a contract agency.</p> <p>(b) The means of keeping accurate records of Washington County residents group participation in the main office at</p>

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: Lutheran Family Service]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Counseling (cont.)	To provide 11,964 participant hours of counseling to people in Washington County (cont.)				Multnomah County has only been perfected in the last five months.
Life Education	To provide classes for parents, teens, and people wanting to change some of their behaviors				Objectives developed before staff changes required a reduced emphasis on TA for Teens. In addition, scheduled classes did not fill; probably need more comprehensive advertising. The Tools for Change and Divorce Seminars classes were scheduled but not filled; again, probable need for broader advertising coverage. Change Now held in main office. No statistics were recorded.
	a) TA for Parents	1 class	0	100%	
	b) PET	2 classes	3	150%	
	c) TA for Teens	4 classes	2	50%	
	d) Tools for Change	6 classes	5	80%	
	e) Change Now	11 classes	1	--	
	f) Divorce Seminars	3 classes	1	33%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: Metropolitan Family Service]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Counseling	To provide individual, marital and family counseling to 200 individuals	200	203 (152 adults & 52 children under age 18)	101%	
Mental Health Homemaker	To maintain 20 to 50 pre- or post-hospital clients in their own homes	15-20	14	90%	Objectives were lowered when only one Homemaker was assigned to program and referrals did not keep pace with times available.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance
 [AGENCY NAME: Tualatin Valley Mental Health Center]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Therapy--Individual	Child & Adolescent	100	169	169%	Individual therapy objectives were all essentially met or exceeded. These should be increased for 77-78.
	Adult	250	403	161%	
	Continuation (medication & post-hospital follow-up)	50	50	100%	
	Drug & Alcohol	150 Alcohol 10 Drug	157 10	100%	
	Developmental Disabilities	5	5	80%	
	Walk-in Services	N/A	6		
	Suicide Follow-up	20	Objective dropped		
	Outreach	N/A	--	Dropped	
Group	Transitional Relationship	50	5	10%	Data for group therapy is encouraging, even though some groups under-utilized. However, change toward group treatment can be seen.
	"Slim-World"	50	26	50%	
	Family Therapy Conciliation	200	276	138%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance
 [AGENCY NAME: Tualatin Valley Mental Health Center]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Group (cont.)	Women's Growth Group	30	N/A		
	Relaxation	40	14	33%	
Consultation Programs	Minister's Seminar	10	9	90%	Consultation to Frontier House will be expanded 77-78, Minister's seminar may be dropped. The limited funds at the sheriff's department made achievement of objective impossible.
	Sheriff Evaluation	12	4	33%	
	School	Provided by Jean Furchner			
	Juvenile Department	1/2 day/week	53 (1/2) days	100%	
	Frontier House	Non-specified	24 (1/2) days		
Educational Programs	Mental Health Forum	Articles in local papers			Overall plans for 77-78 include strengthening of educational programs, particularly parent training and the industrial seminars.
	Industrial Seminars	60	42	67%	
	Parent Training	90 parents	9	10%	
	Marriage Seminar	30 couples	21	70%	
Objectives not implemented	Mental Health Professional Training				I encourage the staff of TVMHC to critically look at their approach to mandated clients.
	Program Evaluation				

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance
 [AGENCY NAME: Tualatin Valley Mental Health Center]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Objectives not implemented (cont.)	Mental Health Workshops Mandated Client Program :				They are currently perceived as very resistant to serving this clientele.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: TVW, Inc.]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Day Treatment	Day treatment services to 60 clients	60	52	86%	Program grown tremendously in last six months. Now serving 5.8 FTE (7/77). Figure would likely have been higher; however, planning & individual appointments (for follow-up) reduced direct day treatment services.
	Increase length of time in community of 80% clients served		Not available		
	Increase life and socialization skills for 40 clients	40	47	117%	Difficulties with CL-1 outcome evaluation unrealistic.
	More clients to paid employment opportunities	6	15	250%	

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: TVW, Inc.]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Socialization Program	Socialization programming to MED and MR/DD clients	900 units of service			Therapy and socialization units of service should be in a combined objective.
		100 unduplicated clients	36	36%	Unrealistic goal; too high.
		counsel 80	36	72%	50 clients would be more realistic.
		80% CL-1 improve			CL-1 output through MHIS does not yield this data.
	Home visits	150 units	Data not kept		This objective dropped from 77-78 program.
	Consultation for environmental improvement	20	Data not kept		This objective dropped from 77-78 program.

WASHINGTON COUNTY MENTAL HEALTH PROGRAM: END OF YEAR EVALUATION

PROGRAM AREA: Mental and Emotional Disturbance [AGENCY NAME: TVW, Inc.]

Service Element	Objective	12 Month Target	12 Month Data	% Objective Achieved	Comment
Socialization Program (cont.)	To establish an outcome data analysis system by 7/77	Establish collection and reporting system			Peter's reporting very descriptive and complete. Better than State system.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

There are some benefits to this type of evaluation; the results indicate current service utilization rates and emphasize accountability at the agency level. As mental health systems move toward "purchase of service" agreements with local agencies, data of this sort will be invaluable when it comes to identifying which agencies to contract with for which services. In addition, the results are useful tools in lobbying efforts with the state legislature and other funding sources. It is easy to glean, from the Year End Report, what types of target populations are being served (and what types are not receiving adequate services) as well as which service elements are over/underutilized.

There are obvious limitations associated with this type of evaluation design. The first problem stems from the fact that it is not ongoing, in the sense that there is no continual recycling of information, but rather a once-a-year report. Although the CL-1 reports are actually written two times a year, this also is not frequent enough, in the opinion of this author, to be termed ongoing evaluation. Although the reports are useful to the program director, the actual service providers receive little if any information concerning their daily activities. The information that they do receive is not imparted with a program remodeling flavor but rather an after-the-fact spirit. One would expect a good evaluation system to provide service delivery agents with regular

information concerning the treatment (and effects of that treatment) that they are providing. Further, the information would be imparted at closer intervals (weekly, monthly, quarterly) in order that it could be useful in terms of decision making at many levels (therapist, agency, program).

At this point the only form of ongoing evaluation, taking place with any degree of regularity and designed to be responsive to the professional needs of the service delivery staff, is peer review and utilization review. Both of these evaluation activities are sporadic, non-systematic, and are often perceived as punitive in nature rather than educational (as is their intent).

MHIS

Another problem associated with the CL-1 and annual reports relates to the validity and reliability of the data collection system. The MHIS, a statewide service available to all public local mental health programs, has serious drawbacks. The CL-1 form itself, which is the data collection instrument as far as the state MHIS is concerned, is outdated, dysfunctional, unreliable and, at best, incomplete. A copy of this form has been included in this research practicum for purposes of illustration. It will be found in the Appendix.

The form is often not filled out accurately by the service deliverers. Many of these clinicians approach the CL-1 form as a worthless chore that only detracts from the amount of time they could put to use in actual service delivery, a folly of the administration. Most of the data that are collected do not correspond to issues that the service

providers are concerned with, such as the efficacy of treatment models, the relative success of their personal approaches, etc. Many providers fill out the form in a standard way for each of their clients, noting no differences between clients with regard to diagnosis, the progression of treatment and outcome; many do not ever complete the CL-1 form for their clients. Thus, at the very base level, the foundation of the information system, the information going into the MHIS is incomplete and frequently inaccurate.

There are also structural problems with the form. For example, it seems unrealistic to break client income down by intervals of \$1,000; most clients find it difficult if not impossible to estimate income with that degree of accuracy. Beyond that, what real, significant difference is there between a client earning \$6,000 a year and a similar client earning \$7,000 a year in 1977? A revision of such structural problems associated with the CL-1 form is long overdue.

Yet another source of frustration associated with the state MHIS is the type of information collected. Most service providers and administrators alike plead to have "number of dependents," "source of income," and "marital status" indicators replaced with indicators that will reflect the outcome of treatment. As the CL-1 form stands, much may be extracted regarding the quantity of treatment and little may be said concerning the quality of treatment. Thus the MHIS dictates process evaluation not outcome evaluation.

ALTERNATIVES TO MHIS

During the past year, the Washington County Mental Health Program has sought alternatives to the state MHIS. They have seriously considered depending less upon the state MHIS and creating their own information system. Money was budgeted for a private consulting firm to examine the program, including evaluation needs, and to draft a model for a new information system. This model is now in the hands of Washington County mental health administrators. The major considerations associated with the move from the state MHIS to the new model can be boiled down to: "It is more cost effective (cheaper) to stay with the state system" versus "It is more valuable, in terms of quality of treatment, to go with the new model." This issue is currently under close examination; however, no decision has been made. Other counties in Oregon have made the decision to develop and implement their own information systems and have capitalized by gaining a more program responsive evaluation model.

DECISION-MAKING PROCESS

Returning to the CL-1 reports and the annual reports and looking at the decision-making structure in Washington County Mental Health, it must be reemphasized that, while other options are being considered, these reports are presently the major evaluation activities conducted within the agency. The results concluded in these studies, therefore, as they relate to the MBOs, will determine future funding for the program from both state and local funding sources. These results will also be the basis for future modifications within the program as reflected in

the further development and refinement of management objectives. The administrative staff will seek to modify these objectives in order to more closely approximate a 100 percent meeting of treatment objectives and actual treatment. For example, if one treatment objective reads, "We will provide brief inpatient treatment for twenty Washington County residents," and only ten residents actually received this service, representing only a 50 percent achievement of the original objective, then the objective will be revised the following year. In some cases the objective will remain the way it is and the treatment approach will be revised. The goal is always a 100 percent match between projected goals and actual services delivered. As the evaluation system grows and is refined, it will become easier to control discrepancies.

Decision making comes mostly from the top down with some input, on treatment-related issues, from the service providers. The leverage point, as far as decision making is concerned, is based on funding, money. The people to be satisfied, as far as evaluation results are concerned, are the funding sources, the people with the money.

As most of the treatment providers in the county system are private and private-nonprofit agencies, subcontracted with Washington County Mental Health to provide specific services, their decision-making structures are discrete. Insofar as they are under contract with the county system, they are subject to accountability regarding their adherence to mutually agreed-upon treatment and management objectives. A subcontract agency that repeatedly fails to meet outlined objectives may not be as generously funded the following year.

RECOMMENDATIONS FOR CHANGE

While still hooked into the state MHIS, it is possible to implement some changes in evaluation procedures. It is recommended that the following changes be investigated: (1) a move toward more frequent cycling of program evaluation information (weekly, monthly, quarterly), (2) an attempt to engage more service providers in evaluation activities and the decision-making procedures, (3) a move toward more inhouse evaluation activities (should the three needs assessments have been conducted by agency staff members, benefits such as familiarity with client populations would not have been sacrificed), (4) an attempt to present peer review and utilization review in a less threatening manner that will be more valuable to the clinicians, and (5) a consistent and concerted effort to link evaluation activities to specific decisions to avoid unnecessary wasted energy and paperwork.

As a more long-term goal, implementation of a management information system that is more responsive to the local programs is recommended. This new information system may permit the following evaluation changes to occur: (1) a development and recording of more treatment-oriented criteria (as opposed to demographic data only), (2) a development and recording of outcome data reflecting quality of treatment (as opposed to quantity of treatment only), and (3) an information recycling system that provides information to professionals at all treatment levels (as opposed to administration only).

APPENDIX

- A Admission
- B Readmission
- C Change
- D Delete

Form No. CL1

OREGON MENTAL HEALTH CLINIC

ADMISSION DATA

CLINIC NUMBER	1. CASE NUMBER	2. SEX	3. ADMISSION DATE	4. NAME			5.
		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	mo. day year	Last	First	M. I.	Maiden
BIRTHDATE		6. COUNTY CODE	7. NUMBER OF PRIOR ADMISSIONS	8. REFERRAL SOURCE	9. CENSUS TRACT		10.
mo. day year				Coded	C Z G		(ONE ONLY)
MARITAL STATUS			11. SUICIDAL AND AGGRESSION		12. ETHNIC GROUP (ONE ONLY)		13. SOURCE OF FAMILY INCOME (ONE ONLY)
1 Single 4 Separated 7 Deceased			SUICIDAL		1 <input type="checkbox"/> White 4 <input type="checkbox"/> Am.-Indian		1 <input type="checkbox"/> Self (Family)
2 Married 5 Widowed 8 Non-legal			1 <input type="checkbox"/> None 1 <input type="checkbox"/> None		2 <input type="checkbox"/> Negro 5 <input type="checkbox"/> Oriental		2 <input type="checkbox"/> Welfare
3 Divorced 6 Remarried			2 <input type="checkbox"/> Thoughts 2 <input type="checkbox"/> Thought		3 <input type="checkbox"/> Mex.-Am. 6 <input type="checkbox"/> Other		3 <input type="checkbox"/> Veterans
Client Father Mother			3 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan				4 <input type="checkbox"/> Soc. Sec.
			4 <input type="checkbox"/> Action 4 <input type="checkbox"/> Action				5 <input type="checkbox"/> Title XIX
							6 <input type="checkbox"/> Other
GROSS FAMILY INCOME (ONE ONLY)			13. NUMBER OF PERSONS DEPENDENT ON INCOME		14. EDUCATION—CLIENT (ONE ONLY)		17.
1 <input type="checkbox"/> Under \$3,000 6 <input type="checkbox"/> \$ 7,000 - \$ 7,999					1 <input type="checkbox"/> Does not read or write 6 <input type="checkbox"/> Comp. High School		
2 <input type="checkbox"/> \$3,000 - \$3,999 7 <input type="checkbox"/> \$ 8,000 - \$ 8,999					2 <input type="checkbox"/> Self Ed. 7 <input type="checkbox"/> College		
3 <input type="checkbox"/> \$4,000 - \$4,999 8 <input type="checkbox"/> \$ 9,000 - \$ 9,999					3 <input type="checkbox"/> Elem. School 8 <input type="checkbox"/> Bachelor Degree		
4 <input type="checkbox"/> \$5,000 - \$5,999 9 <input type="checkbox"/> \$10,000 - \$14,999					4 <input type="checkbox"/> Comp. Elem. School 9 <input type="checkbox"/> Advanced Degree		
5 <input type="checkbox"/> \$6,000 - \$6,999 0 <input type="checkbox"/> \$15,000 and over					5 <input type="checkbox"/> High School 0 <input type="checkbox"/> Business-Tech.		
BEHAVIOR AND DEGREE OF PROBLEM (ONE ENTRY PER PROBLEM)				18. PRESENTING PROBLEM (ONE ONLY)		19. SERVICES PROVIDED (All that apply)	
1 Not involved Job Anti-social Affect				1 <input type="checkbox"/> Child Guidance		1 <input type="checkbox"/> Child Guidance	
2 Moderately School Friend or Peer Marital				2 <input type="checkbox"/> Adult Problem		2 <input type="checkbox"/> Adult Problem	
3 Extensively Homemaking Thought Process Drug				3 <input type="checkbox"/> Marriage/Family		3 <input type="checkbox"/> Marriage/Family	
4 Incapacitated Family Physical Symptoms Alcohol				4 <input type="checkbox"/> Hosp. Follow-up		4 <input type="checkbox"/> Hosp. Follow-up	
				5 <input type="checkbox"/> Alcohol		5 <input type="checkbox"/> Alcohol	
				6 <input type="checkbox"/> Drug		6 <input type="checkbox"/> Drug	
				7 <input type="checkbox"/> MR		7 <input type="checkbox"/> MR	
				8 <input type="checkbox"/> In-patient		8 <input type="checkbox"/> In-patient	

TERMINATION DATA

21. TERMINATION DATE	22. FINAL INTERVIEW DATE	23. DISPOSITION	24. DIAGNOSIS		CL 2
month year	month day year	Coded	Primary	Secondary	
			WRITTEN:		
			Coded	Coded	
25. BEHAVIOR AND DEGREE OF PROBLEM					
1 Not involved Job Anti-social Affect					
2 Moderately School Friend or Peer Marital					
3 Extensively Homemaking Thought Process Drug					
4 Incapacitated Family Physical Symptoms Alcohol					

SPECIAL PROBLEMS:

26. MENTAL RETARDATION	27. HOSPITALIZATION (ONE ONLY)	28. SUICIDAL AND AGGRESSION
1 <input type="checkbox"/> Not involved 4 <input type="checkbox"/> Moderate	1 <input type="checkbox"/> None 5 <input type="checkbox"/> Pre- and Post-hospitalization	SUICIDAL AGGRESSION
2 <input type="checkbox"/> Borderline 5 <input type="checkbox"/> Severe	2 <input type="checkbox"/> Pre-hospitalization 6 <input type="checkbox"/> Pre- and During Hospitalization	1 <input type="checkbox"/> None 1 <input type="checkbox"/> None
3 <input type="checkbox"/> Mild 6 <input type="checkbox"/> Profound	3 <input type="checkbox"/> During Hospitalization 7 <input type="checkbox"/> During and Post-hospitalization	2 <input type="checkbox"/> Thoughts 2 <input type="checkbox"/> Thoughts
	4 <input type="checkbox"/> Post-hospitalization 8 <input type="checkbox"/> Pre-, During & Post-hospitalization	3 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan
		4 <input type="checkbox"/> Action 4 <input type="checkbox"/> Action

COMMENTS: