

Name of Lead Agency	Baker County/ Northeast Oregon Collaborative
Location	Baker City, Oregon
Title of Project	The Northeast Oregon Collaboration for Child Safety (NOCCS)
Program Option	RPG 5-Year Grant; \$500,000 annually
Geographic Area and Congressional District Served	Baker County Congressional District 2
Brief Program Description	<p>The Northeast Oregon Collaborative for Child Safety (NOCCS) was a three county partnership focused on developing formal collaborations between the child welfare systems, substance abuse treatment and court systems in the three eastern Oregon counties of Baker, Union and Wallowa.</p> <p>The purpose of NOCCS was to promote child safety and permanency through increasing drug and alcohol, mental health and wrap around services to families. The intended families were those with children in an out of home placement or at risk of being placed in an out of home placement as a result of a parent’s or caretaker’s methamphetamine or other substance abuse. Additional goals included the increase of treatment services available to parents and caregivers; family centered treatment and the development of an integrated system of care in a region of the state that was significantly lacking in resources with no funding for expanding services. The RPG funding supported a project manager and six alcohol drug counselors.</p> <p>The NOCCS program engaged parents and care givers in substance abuse treatment, provided intensive case management, wrap around services, and linkage to mental health, medical and dental services. NOCCS clinicians worked alongside the state child welfare programs and courts, developing a joint services delivery system and unified case plans for families.</p> <p>NOCCS contracted with RMC Research in Portland Oregon to provide data management and data evaluation.</p>
Target Population	<p>The project targeted:</p> <ul style="list-style-type: none"> • The NOCCS project specifically targeted services and supports to families with children in an out of home placement or at risk of out of home placement because of parent or caretaker’s methamphetamine or other substance abuse. This tri county region of Baker, Union and Wallowa counties represents one of the most rural and remote areas of Oregon, covering an area of 8,308 square miles with a population across

	<p>the three counties of approximately 47,5001 or .3 percent of the state’s total population. Many families live 20-30 minutes from services and no public transportation is available. Unemployment and childhood poverty in this region is consistently higher than the state and national figures and the median household income is about 16 percent lower than state median.</p>
<p>Participants Served</p>	<p>Children: 843 Adults: 494 Families: 494</p>
<p>Major Goals</p>	<p>Major program goals included</p> <ul style="list-style-type: none"> • Benefit the well-being, permanency, and safety of children in the region. • Serve an additional 240 families annually with drug, alcohol, and mental health services. • Build upon and share the collective strengths of the individual service providers in the three-county region. • Increase the effectiveness of the existing drug courts. • Ensure continued and enhanced efficient and effective coordination between the Child Welfare System and the treatment providers.
<p>Key Major Program Services</p>	<p>Case Management and In-Home Services</p> <ul style="list-style-type: none"> • Intensive/Coordinated Case Management • Wraparound/Intensive In-Home Comprehensive Services <p>Mental Health and Trauma Services for Adults</p> <ul style="list-style-type: none"> • Mental Health Services • Trauma-Informed Services • Trauma-Specific Services – Seeking Safety <p>Substance Abuse Treatment for Adults</p> <ul style="list-style-type: none"> • Intensive Outpatient – Matrix Model • Aftercare/Continuing Care/Recovery Community Support Services <p>Specialized Outreach, Engagement and Retention</p> <ul style="list-style-type: none"> • Cognitive Behavioral Strategies – Motivational Interviewing, Moral Reconciliation Therapy • Co-location of Staff • NIATx <p>Family-Centered Substance Abuse Treatment</p> <p>Substance Abuse Prevention Services</p>

	<ul style="list-style-type: none"> • Information Dissemination and Education • Environmental Approach <p>Screening and Assessment – Child Welfare and Other Children’s Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Child Welfare Issues <p>Screening and Assessment – Substance Use and Other Adult Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Substance Use Disorders • Other Specialized Adult Screening and Assessment – Family Functioning, Mental Health/Co-Occurring Disorders, Trauma/Domestic Violence, Health/Medical <p>Children’s Services</p> <ul style="list-style-type: none"> • Mental Health Counseling <p>Cross-Systems/Interagency Collaboration</p> <ul style="list-style-type: none"> • Clinical and Program Training • Cross-systems Policies and Procedures • Regular Joint Case Staffing Meetings • Co-location of Staff • Cross-systems Information Sharing and Data Analysis • Partner Meetings
<p>Partner Agencies and Organizations</p>	<p>Child Welfare</p> <ul style="list-style-type: none"> • State Child Welfare Agency • Regional/County Child Welfare Agency <p>Substance Abuse</p> <ul style="list-style-type: none"> • Regional/County Substance Abuse Agency • Community Based Substance Abuse Treatment Agency/Providers <p>Courts</p> <ul style="list-style-type: none"> • Adult Drug Court <p>Mental Health/Health Services</p> <ul style="list-style-type: none"> • Mental Health Services Providers • County Public Health-MCH • Managed Care Entity or FQHC <p>Education</p> <ul style="list-style-type: none"> • Early Childhood Council/Coalition <p>Other Community and Child and Family Services</p>

	<ul style="list-style-type: none"> • State/County Temporary Assistance for Needy Families (TANF) or Welfare Office • Other Child/Family Services Provider <p>Other Evaluation and Training</p> <ul style="list-style-type: none"> • Evaluator (University-Affiliated or Other)
<p>Evaluation Design and Comparison Group Type</p>	<p>The evaluation team conducted both process and outcomes evaluation. The outcome evaluation includes descriptive statistics of quantitative variables, inferential statistics comparing decline in substance use for those in the NOCCS treatment sample with those in the comparison sample, and findings from a qualitative analysis. Data from the adults who participated in NOCCS substance abuse assessment and treatment services were successfully matched to state AMH data. Comparisons made between the NOCCS treatment sample and a comparison group was limited to data extracted from state data systems.</p> <p>Comparisons related to child outcomes could not be completed because of problems with the State Child Welfare Data system, which resulted in an inability to collect data on children in the program for two of the four years and to identify a reliable comparison sample.</p>
<p>Performance Indicators</p>	<p>Safety</p> <p><u>Occurrence of child maltreatment:</u> Over the course of the grant period, 164 children had at least one disposition of an investigation or assessment of allegations of maltreatment. This constitutes approximately 19 percent of the 848 children of adults in the treatment sample. The majority of maltreatment episodes took place prior to adult entry into treatment ($n = 167$; 78 percent). Twenty maltreatment episodes took place in the first 6 months after treatment entry (9 percent), 10 episodes took place 6-12 months aft.</p> <p>Permanency</p> <p><u>Children remain at home:</u> During the grant period, 132 of the 848 children (16 percent) of adult clients were placed into foster care at least once, while there was no record of removal for the remaining 712 children (84 percent).</p> <p><u>Average length of stay in foster care and Timeliness of Reunification:</u> While the grantee selected these indicators, the State Reunification and Foster Care Discharge Dates were not available.</p> <p>Well-Being</p> <p><u>Children assessed for supported services:</u> Of the 436 parents/caregivers who participated in NOCCS treatment, child assessments for supportive services data were available for 435 clients—one child per client</p>

Supportive Service Type	Assessed
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Medical/Dental care	82%
Mental health	68%
Substance abuse	69%
Attendance	59%
Education	58%
Behavior	77%
Juvenile justice	65%

Recovery

Adult Indicators- Access to Treatment: Across all 452 treatment episodes with available AMH data, 440 had valid data regarding treatment assessment and entry dates. Of these, the average number of days between assessment and treatment entry was 2.5 days. The majority ($n = 371$; 84 percent) of treatment episodes began on the same day as the assessment, which suggests access to treatment was timely.

Retention in Substance Abuse Treatment: Of the 388 NOCCS clients treated and with available AMH data, 161 (41 percent) remained in treatment until it was completed.

Parents or Caregivers Connected to Supportive Services

Supportive Service Type	Assessed
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Medical/Dental care	90%
Mental health	83%
Child care	74%
Transportation	90%
Housing assistance	90%
Parenting	85%
Domestic violence services	86%
Education	88%

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<p>Sustainability Status</p>	<p>The treatment agencies sustained three of their six Substance Abuse Specialists post-grant funding. They were not able to sustain the wraparound funding, which was identified as one of the most critical elements of services for families. However, all three counties continue to collaborate to serve families in this region and report that the following services and programs that were developed and implemented with RPG funds have been sustained:</p> <ul style="list-style-type: none"> • Evidenced-based programs and services including Seeking Safety, the Matrix Model, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Motivational Interviewing • Counselors are now addressing substance use and co-occurring mental health disorders • The intake process is streamlined, treatment providers are engaged in multi-disciplinary teams for families, and case management and advocacy for the children and whole family by the treatment provider will continue <p>As the State of Oregon continues to develop and implement their Managed Care System and prepare for Health Care Reform, the NOCCS providers have served as a model for an integrated system of care for addictions and mental health, child welfare and the courts. Primary Care medical homes and Public Health Departments have emerged as new partners, working with the NOCCS programs to retain the level of integration and family focus for substance abuse treatment, co-occurring disorders and child well-being.</p>								