

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

Part I: System Narrative

1. System Overview

The Behavioral Health Division is one of eight Divisions of the Department of Health, Housing and Human Services in Clackamas County. The mission of the Department is “Promoting and assisting individuals, families and communities to be safe, to be healthy and to thrive”. The Behavioral Health Division (Division) contributes to this mission through contracting with a network of mental health and addiction providers in Clackamas County as well as throughout the metropolitan region who provide a full continuum of services to our uninsured, indigent residents. The Division also contracts with community organizations that provide a range of peer, prevention and education services.

A sub-group of the Mental Health and Addictions Council of Clackamas County who provided input into the development of this Plan noted areas of on-going concern. These include lack of housing for individuals in recovery from mental health and addiction issues, and inadequacy of transportation, especially in rural parts of the County, which impacts individual’s ability to access services. In addition, the group would like to see more focus on services for specific populations. The Division agrees with these areas of concern

a) Overview of the County’s current addictions and mental health services and supports system relative to:

Mental Health Promotion & Prevention. The Division funds a variety of mental health promotion and prevention activities through community organizations. Initially run by the Department of Health, Housing and Human Services, Open Minds Open Doors is now a community-based initiative, managed through a contract with FolkTime as the lead agency for the campaign. Open Minds Open Doors is an anti-stigma campaign that helps to fight stigma surrounding mental illness and addictions and create more acceptance of these issues in the community. FolkTime is developing a community outreach and communications plan that will be implemented in coordination with stakeholder organizations. This includes the development of a speaker’s bureau and the launch of community events. In addition, FolkTime will develop a media campaign delivered through print, radio, web and social media outlets.

In 2011, Division health promotion staff attended 22 local health fairs and other community events to provide information about the Open Minds Open Doors campaign and other information on mental health promotion and prevention.

Mental Health First Aid is a 2-day, twelve-hour training offered each month at Centerstone, the Division’s urgent mental health walk-in clinic. The course is delivered by certified Mental Health First Aid USA instructors who complete a 5-day training and meet other certification requirements. This program teaches attendees the potential warning signs and risk factors for depression, anxiety disorders and substance use disorders and provides them with resources to help someone with a mental health problem. During 2012, 122 individuals participated in this training.

A summary of mental health promotion and prevention activities funded by the Division in the 2011-13 biennium follows.

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

Mental Health Promotion & Mental Illness Prevention

Promotion	Service	Contractor	Impact (# of people or \$ amounts)
Open Minds Open Doors (OMOD)	Anti-Stigma Campaign	Clackamas Health, Housing & Human Services	<ul style="list-style-type: none"> • Over 10,000 information cards distributed
Community Health Fairs & Targeted Events	Promotion	Division Staff	<ul style="list-style-type: none"> • 22 presentations / events
Mental Health First Aid	Training	Crisis Team	<ul style="list-style-type: none"> • 122 people (all trainings through 12/11/12)
Television, Radio, Print & Web Promotions	Promotion	Clackamas County Health, Housing & Human Services	<ul style="list-style-type: none"> • 475 radio spots • 95 print ads • 38 television spots • Regular rotation of info ad on 37 movie screens
Early Childhood Mental Health Committee	Community Involvement	Various Stakeholders	<ul style="list-style-type: none"> • 12-15 member committee, 6-8 agencies/orgs

Substance Abuse Prevention. The Division funds staff at 8 PreventNet sites at schools in Clackamas County through the Children, Youth and Families Division (CYF). Certified Prevention Specialists offer one-on-one case coordination, drug and alcohol screening and referrals for treatment to an average of 15 students per site. These programs use the Strategic Prevention Framework to focus on preventing the onset and reducing the progression of underage substance abuse, and aim to reduce substance-abuse related problems in communities. Events provided through the PreventNet sites include National Family Day, Red Ribbon Week, Above the Influence Campaigns, PhotoVoice, Town Halls, and Prevention Awareness Day. From July 1, 2011 through June 30, 2012, 8,503 children, youth and families participated in activities at the sites.

Project Alert is a set of classroom-based substance abuse prevention curricula for seventh and eighth graders that is proven to reduce the experimental and continued use of drugs. Project Alert is available at the 8 PreventNet sites mentioned above, and some other sites as well. The Project Alert curriculum has been shown to motivate students to select against drug use, provide skills and strategies to resist drugs, and establish new non-use attitudes and beliefs. At the schools where Project Alert and other evidence-based curricula were implemented, 87% of students were successful in demonstrating an increase in knowledge and skills.

On the Division's behalf, CYF also provides coalition building, technical support and community mobilization to prevent underage drinking. Prevention information is provided to children, youth and families at middle school and high school sites.

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

A summary of substance abuse prevention programming funded by the Division in the 2011-13 biennium follows.

Substance Abuse Prevention

Service	Activities Supporting Service	Contractor	Impact (# of people or \$ amounts)
PreventNet	Information Dissemination, Drug Screening & Referrals	Children, Youth & Families	Active at 8 School Sites
Evidence-based Prevention Curricula	Education	Certified Prevention Specialists	Provided at: 1 high school, 8 middle schools, & 1 elementary school
Various Prevention Activities	Case Coordination, Drug & Alcohol Screening, Youth Referral	Certified Prevention Specialists	Provided at: 1 High School & 7 Middle Schools
Volunteers of America (VOA)	Assessment, Treatment and Urinalyses	VOA	Minimum of 60 youth served over Contract period

Problem Gambling Prevention. Gambling prevention funds are contracted to Cascadia Behavioral Healthcare in Clackamas County. Cascadia works with the Prevention Coalition and Gladstone Youth Coalition to participate in community strategizing and to provide updates on problem gambling issues. They provide a prevention toolkit to schools, to improve a school's response to addictions-related violations in the County, and they promote problem gambling prevention and treatment through the Annual Art Search Promotion for the Problem Gambling Awareness Calendar. Cascadia further disseminates gambling-related information from the Student Wellness Survey to receptive audiences, and develops relationships with location prevention specialists, community stakeholders and other public health professionals.

Early intervention. Early intervention activities are incorporated into the services described in Mental Health Promotion & Mental Illness Prevention (above), Substance Abuse Prevention (above), and Treatment and Recovery Services (below).

Treatment and Recovery Services are provided through a network of contracted mental health and addiction treatment providers. Operated as the Indigent Services Program, a continuum of services is available to uninsured, indigent children and adults. Mental health services for uninsured adults, adolescents and children include screening and evaluation, medication monitoring, and individual, family and group counseling and therapy. Mental health services are also available to the population covered under the Adult Mental Health Initiative (AMHI). This includes uninsured adult residents of Clackamas County determined to be eligible by their Level of Care Utilization Services (LOCUS) score and currently residing in a licensed community-based setting, under an active or recently expired civil commitment, or who might meet these criteria without treatment and community supports.

Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015

Addiction services provided to uninsured, indigent children and adults include screening and evaluation, and individual, family and group counseling and therapy. Priority is given to pregnant IV-drug using women, other pregnant women, other IV-drug using individuals, people with dependent children, and individuals meeting the American Society of Addiction Medicine criteria for service determination. Co-occurring mental health and addiction services for uninsured adults and children are also available in the form of screening and evaluation, medication monitoring, and individual, family and group counseling and therapy.

Non-Medicaid Intensive Community-Based Services are provided for children ages 6-17 who are stepping down from the hospital, Psychiatric Residential Treatment Services (PRTS), or for whom outpatient services have not been successful. These services include individual, family and group therapy, as well as community-based services not covered by other insurance. These services are offered by a variety of providers located in Clackamas County as well as in Multnomah and Washington Counties.

Uninsured adult Clackamas County residents who are committed or on a hold and meet medical necessity can receive an acute care which includes intensive, 24 hour services supervised by a licensed psychiatrist . The Division contracts with local area hospitals to provide acute care services to uninsured adults. The goal of the treatment is to reduce the immediate risk the individual may pose to self or others, or that a grave disability or complicating medical condition may pose to that individual.

Intensive Treatment and Recovery Services (ITRS) are available to provide addiction treatment to uninsured adults involved with the child welfare system. Priority is given to parents with higher levels of treatment needs (Level II), followed by parents needing Level I services, then to any uninsured person needing addiction treatment parenting children under 18.

Uninsured residents between 16 – 24 years of age may access screening and evaluation, medication monitoring, individual, family and group counseling and therapy, skills training, and supported employment at Alta Community Services, a program for Young Adults in Transition and those experiencing early psychosis operated by Lifeworks NW.

Crisis services are provided through the Division's Centerstone facility. The facility was built using trauma-informed design techniques and operates on a "Sanctuary Model" which emphasizes creating a sense of safety for those coming to the facility. Centerstone is open 7 days a week, and its crisis line is available 24 hours a day to provide services ranging from telephone intervention coordinating a same-day, emergency mental health assessment. Walk-in services are provided for people in urgent need of mental health care and include a safety screening, a resource needs assessment, safety planning if necessary and a referral to an appropriate service provider. Crisis services are available to anyone living in Clackamas County, regardless of a person's ability to pay or insurance plan.

Crisis services to individuals include phone crisis intervention, phone assessments and referral to appropriate providers, emergent (same day) or urgent (within 48 hours) intake appointments, and brief treatment sessions for crisis stabilization. Centerstone staff also consults with local law enforcement, helps locate services for clients, finds housing and other supportive resources, meets with families to initiate formal pre-commitment investigations, and monitors committed persons discharged from hospitals on 'trial visits' (allowed to live in the community under certain conditions).

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

Peer support services are available on-site at Centerstone, including weekly support groups. The David Romprey Warmline operates out of Centerstone. The Warmline is a free telephonic support provided by persons who have or had challenges with mental health issues, and because of that experience are able to support others who call for non-professional assistance. The Warmline is funded by the Division and provides support to any county resident who calls.

Centerstone also provides designee training to contracted providers, and participates in Crisis Intervention Training (CIT) with the Clackamas County Sheriff's Office (CCSO). Two Qualified Mental Health Professionals (QMHPs) are embedded with the CCSO and take referrals from deputies, and provide the individual, the individual's family, and deputies with on-site assessment and consultation about recommended next steps. These QMHPs also assist with referrals to higher levels of care or to outpatient care, and outreach to the many people known to be mentally ill by both the behavioral health and criminal justice systems. These clinicians operate from 10am – 8pm, 7-days per week.

A summary of services provided by Centerstone staff during the 2011-13 biennium follows.

Crisis Services

Activity	Service	Contractor	Impact (# of people or \$ amounts)
24-hour Crisis Line	Crisis Stabilization	CCBHD Centerstone Staff	Approximately 19,000 calls taken by Crisis staff in 2011
Warmline	Crisis Prevention, Stabilization	David Romprey Warmline embedded at Centerstone	1,414 calls taken from Jan – Sep 2012
Crisis Stabilization	Service Authorizations	CCBHD Centerstone Staff	3/2011 – 11/2012 305 Adult Authorizations, 107 Unique Individuals 27 Child Authorizations, 13 Unique Individuals
Two CCSO embedded QMHP	Assessment	CCBHD	1888 police reports (7/1/11 – 6/30/12), 104 resulting in arrests (5.5%)

Respite services are provided to uninsured adults at the Molalla Avenue Crisis Respite program in Oregon City, operated by Cascadia Behavioral Healthcare. The program is available as a diversion from acute care admissions, as well as a step-down from an inpatient stay and the individual needs support while transitioning back to the community.

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

Services available to required and specialty populations. Assessment and treatment services through the Indigent Services Program and crisis intervention services through Centerstone are available to all required and specialty populations (as defined in the Biennial Implementation Plan Guidelines). This includes Children with Serious Emotional Disorders, adults with Serious Mental Illness, adolescent and adult intravenous drug users, pregnant women with substance abuse and/or mental health disorders, parents with substance use and/or mental health disorders who have dependent children, persons with tuberculosis, or persons at risk for HIV/AIDS who are also in addiction treatment.

Clackamas County residents in alcohol and/or drug recovery (including intravenous drug users) who qualify may also access Tigard Recovery Center to receive substance abuse recovery services, resources to find and retain permanent housing, and assistance accessing available benefits and/or employment options. Under a long-standing agreement, Clackamas County transfers management of the addictions residential beds to Washington County. CODA operates the Tigard Recovery Center, which offers detoxification services to men and women but only offers residential services to men.

The Division also contracts with peer support provider Iron Tribe to provide peer support services to adults receiving addiction and/or mental health services within Clackamas County who have recently been or will soon be released from jail or prison and returning to the community. Supports provided are defined by the person requesting the support, and goals are developed in order to achieve their desired outcome(s). The peer mentor provides the support needed to develop the plan and complete the tasks required to fulfill the individual's plan. Iron Tribe peer mentors also help with the transition from incarceration by assisting with access to 12-step programs and support groups, providing transitional housing to those who qualify, and assisting with problem solving and developing supportive relationships. They also provide education and support through workshops, trainings and support groups as well as in-reach and outreach to and from correctional institutions.

Due to funding constraints, the Division is not able to provide specialized programs for all specialty populations. However, outpatient mental health and addictions services as described above are available to adolescents with substance use and/or mental health disorders, and children and youth at risk for emotional and behavioral disorders (including, but not limited to addictions, conduct disorder and depression). These services are also available to military personnel (active, guard, reserve and veteran) and their families as well as for American Indians/Alaskan Natives. However, the likely eligibility of these populations through the Veterans Administration or Indian Health Service might place these groups at a lower level of need than other specialty populations.

Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems can access services through the Indigent Services Program and through Centerstone, as can persons with disabilities, and underserved racial and ethnic minority and Lesbian, Gay, Bisexual, Transgender or Questioning populations

Individuals residing in rural areas primarily have to access services at outpatient clinics in the more populated parts of Clackamas County. However, the County does operate an outpatient clinic in Sandy that serves uninsured clients and provides both mental health and addiction treatment for adolescents and adults.

The primary activity directed toward changing norms among various community populations is the Open Minds Open Doors campaign described above. This campaign seeks to increase the

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

general knowledge and understanding of mental illness and addictions in order to encourage a more supportive environment for people who need help to seek it.

The community settings for prevention interventions to hard-to-reach communities and late adopters of prevention strategies mainly consist of those targeted events such as health fairs and other community events at which the Division provides information and materials to better engage and educate the population in attendance.

Within Clackamas County many supports exist to **help individuals direct their mental health or addiction treatment services and supports**. Included among these are drop-in centers for Seriously and Persistently Mentally Ill adults in Oregon City and Sandy; a drop-in center for youth in Milwaukie; the family support and community education programs offered by NAMI-Clackamas County, and a transition house for men leaving jail who have mental health, addictions or co-occurring issues conditions. Peer mentors are available for adults with addictions. Adult peer support is available on-site at two supported housing locations; at the Centerstone location previously described; and at the Oregon City Hilltop and Stewart Community Center clinics. Additionally, the David Romprey Warmline provides peer-based telephone support to individuals struggling with a variety of mental health issues.

b) List the roles of the LMHA and any subcontractors in the delivery of addictions and mental health services.

The statutory functions of the Local Mental Health Authority are delegated by the Board of County Commissioners to the Director of Health, Housing and Human Services. Those functions are managed by the Behavioral Health Division. Through an on-going assessment and planning process, articulated in the Biennial Implementation Plan, the Division identifies the need for local mental health and addiction services, and adopts a comprehensive local plan that addresses the needs of children, families, adults and older adults.

Related to the delivery of addiction and mental health services, the Division assumes the following roles:

- 1) Contracts with a network of providers for the delivery of mental health and addiction services to uninsured residents
- 2) Screens residents for eligibility (up to 200% of the Federal Poverty Level) for benefits under its Indigent Services Program
- 3) Manages services through the Indigent Services Program which establishes a “benefit package” similar to Medicaid benefits
- 4) Refers eligible residents to participating providers
- 5) Authorizes inpatient admissions and conducts concurrent review
- 6) Conducts compliance reviews of contracted providers

Sub-contractors provide outpatient mental health and addiction services as described in the sections above, including assessment; individual, group and family therapy; and case management. Acute inpatient services are provided through contracts with area hospitals.

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

c) Describe how the LMHA is collaborating with the Coordinated Care Organizations (CCOs) to serve the County:

Clackamas County is actively involved with Health Share of Oregon. In its role as the LMHA, the County has a Memorandum of Understanding with Health Share delineating the role and functions of the LMHA consistent with HB 3650. The County is developing a similar agreement with FamilyCare, the other CCO operating in Clackamas County.

The County is a founding member of Health Share and has a seat on the Board of Directors. Additionally, the County contracts with Health Share as a Risk Accepting Entity. Under this contract, the Behavioral Health Division is responsible for administering and managing the mental health benefits for Health Share members residing in Clackamas County. Division managers and staff participate on a number of committees and work groups sponsored by Health Share and are actively engaged in talks about transforming the service delivery and financial models of care in the region.

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

d) List the Mental Health Advisory Council and the Local Alcohol and Drug Planning Committee (LADPC) Members, including their stakeholder representation.

CLACKAMAS COUNTY MENTAL HEALTH & ADDICTIONS COUNCIL 2012-13 ROSTER & EXECUTIVE COMMITTEE	
Kevin Phillips P O Box 21, Beavercreek, OR 97004 Appointed 07/07, Second term ends 7/31/13	Glenn Koehrsen, President 15144 S Graves Rd., Mulino, OR 97042 Appointed 12/08, Second term ends 12/31/14
Gabriele Graebert-Rodriquez, Vice President 170 Linn Avenue, Oregon City, OR 97045 Appointed 02/09, Second term ends 2/28/15	Jody Carson 1296 12 th Street, West Linn, OR 97068 Appointed 11/09, First term ends 11/30/12
Ted Bieber P.O. Box 555, Gladstone, OR 97027 Appointed 03/11, First term ends 2/28/14	Carolyn Larsen, Executive Committee Member 2731 SE Pine Lane, Oak Grove, OR 97267 Appointed 03/11, First term ends 2/28/14
Barry McVay 28558 SW Wagner Street, Wilsonville, OR 97070 Appointed 03/11, First term ends 2/28/14	Joyce Caramella, Secretary 18750 Lassen Court, Oregon City, OR 97045 Appointed 11/11, First term ends 10/31/14
Teresa Melville 8948 SE Valentine Drive, Happy Valley, OR 97086 Apptd. 02/12, First term ends 01/31/15	John Galarza, Executive Committee Member 13957 SE 131 st Avenue, Clackamas, OR 97015 Appointed 02/12, First term ends 01/31/15
Dale Vogt 11269 SE Stevens Rd. #202, Happy Valley, OR 97086 Appointed 02/12, First term ends 01/31/15	Tena Olson P O Box 1105, Oregon City, OR 97045 Appointed 02/12, First term ends 01/31/15
Janie Damon 21952 SE Shadow Rd., Eagle Creek, OR 97022 Appointed 03/12, First term ends 02/28/15	Charles Smith 1002 12 th Street, Oregon City, OR 97045 First term ends 09/30/15
Oleg Zhilkin 13302 SE 122 nd Ave, Unit ND10, Clackamas, OR 97015 Appointed 10/12, First term ends 09/30/15	Jim Gibson 21157 S Southend Rd., Oregon City, OR 97045 First term ends 09/30/15
Jimmi Radley 17330 Crownview Drive, Gladstone, OR 97027 First term ends 09/30/15	
<p>Stakeholder representation - Out of respect for individual privacy, specific stakeholder representation (particularly with regard to consumers, former consumers, and those in recovery) is not associated with the specific Council member's name.</p> <p><u>Age groups represented:</u> Seniors, youth, middle-aged</p> <p><u>Lived experience represented:</u> Mental health & addictions Consumers and those in recovery</p> <p><u>Nationalities represented:</u> German, Puerto Rican, Russian</p> <p><u>Professions represented:</u> Therapist, Registered Nurse (2), Social Services employee, other providers.</p> <p><u>Others:</u> Those with interest (2)</p> <p><u>Other specific populations represented:</u> Seniors advocate, Veterans advocate</p> <p align="center">Link to Advisory Council website: http://www.clackamas.us/behavioralhealth/council.html</p>	

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

2. Community Needs Assessment:

a) Describe the community needs assessment process including the role of peers and family members in the design and implementation of the process.

The Division has an on-going process of community needs assessment, and benefits as well from the needs assessments conducted by other Divisions within Health, Housing and Human Services. In earlier years, the focus was on the demographics of the population, particularly as related to prevalence of mental illness and substance abuse or addictions. Data from sources such as the State Epidemiological Outcomes Workgroup, Community Needs Index, and the US Census Bureau were used, as well as a wide variety of reports from various sources such as Children First for Oregon and multiple county data sources.

In 2012, the needs assessment focused on social determinants of mental health and access to mental health services. The assessment process began with a literature review to identify issues that are strongly correlated with increased prevalence of mental health disorders such as poverty, crime, and social cohesion. Several brainstorming sessions were conducted by an internal planning group comprised of County staff serving in a variety of quality, care coordination, and direct service roles. Input from other groups such as peer family navigators was also solicited. The result of these sessions was a list of key determinants and access factors.

Geographic information software (GIS) was used to plot the distribution of these various elements across the County. The end result is a map series illustrating where risk factors are concentrated and where significant barriers to access exist. These maps provide a means to identify and target specific micro-communities for further investigation and possible intervention.

The specific risk factors identified as the most significant are crime and economic opportunity. Access points include traditional mental health clinics, primary care clinics serving low-income residents, public schools, police and fire stations. Accessibility of public transportation was included as well. Finally, general County population and Medicaid enrollment population data (as a proxy for indigent individuals) were used to weigh results.

b) Describe how data from the community needs assessment is used to evaluate prevalence, needs, and strength in the local service system.

Data used in the community need assessment process included demographic data of the Medicaid population served by Clackamas County as a Medicaid Mental Health Organization. Medicaid demographic data was used as a proxy for the uninsured population. Other data sources were the Opportunity Assessment conducted by the Housing Authority of Clackamas County, economic data from the Bureau of Labor and Industries and crime data from the Clackamas County Sheriff's Office.

The main assumption behind this assessment process is that there are areas in the County in which risk is elevated but the means to address this risk is low. By combining data from the various maps we are able to identify areas where there is a large amount of social determinant based risk combined with a low amount of resources to ameliorate this risk. By weighting these results with population and demographic data we are able to further pinpoint at risk communities to engage in "on the ground" research such as focus groups to best understand the needs of each micro-community within Clackamas County.

Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015

This assessment process also has the ability to show us areas of strength where resources are abundant or risk factors are low. These areas can serve as either models for other, demographically similar areas or inform us about areas where additional intervention is unlikely to significantly increase outcomes.

While the Division actively uses a local needs assessment process in planning for and developing services, our planning process will also be informed by the CCO community health assessment being conducted by Health Share of Oregon. Information from that assessment will be used to adjust and modify our local plan as needed and appropriate. Given the on-going nature of our internal needs assessment process, we have chosen not to defer to the community health assessment, however.

c) How does the community needs assessment process include feedback from advisory and quality improvement groups? Please identify the specific groups.

A planning group of staff met monthly to brainstorm and discuss progress of the needs assessment. It included representation from quality assurance staff, child and adult care coordinators, and peer and prevention system coordinators within the county. This process was presented to, and feedback was solicited from, a variety of advisory councils and stakeholders, including the MHO Quality Assurance Advisory Committee (made up of providers, many of whom also serve individuals through Indigent Services Program funds), the Peer Services Advisory Committee (made up of peer providers operating in Clackamas County), and family partners (peer system navigators working in several county clinics). They gave feedback on the design and methodology as well as providing significant input on the specific risk and access factors used in the final analysis.

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

3. Strengths and Areas for Improvement

Based on the Community Needs Assessment, please indicate where there are strengths or areas for improvement in each of the areas below:		
Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health (MH) Promotion	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Flexible, multi-pronged outreach approach. • Numerous connections within community <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • Stigma still an issue in community • More data about needs of specific populations would be helpful 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Continue offering a variety of outreach tools • Maintain community connections <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Maintain OMOD anti-stigma campaign through contract with FolkTime as lead agency • Seek population specific data to better target efforts
b) Mental Illness Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Strong set of available programs available to community • Closely coordinated with Mental Health Prevention efforts <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • Stigma remains a challenge for people to initiate treatment • As with MH Promotion, data about specific population needs would help engagement 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain set of programs available • Continue linkage with Promotion efforts <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue with OMOD anti-stigma efforts • Seek population data to improve engaging individual communities
c) Substance Abuse Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Strong network of schools and other community organizations linked with Prevention Specialists • Activities and services linked to full age spectrum of prevention <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • There is more work to do than .50 FTE Prevention Specialist can stay maintain. 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Continue to maintain connections within the community • Maintain array of services and activities <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Assess funding availability as part of on-going planning and budgeting process
d) Problem Gambling Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Ongoing development of relationships with local Prevention Specialists, 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Continue to foster good relationships with Prevention Specialists and community stakeholders

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

	<p>community partners and others</p> <ul style="list-style-type: none"> • Participation in a prevention toolkit <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • No areas identified 	<ul style="list-style-type: none"> • Maintain involvement with prevention toolkit <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • No areas needing improvement identified
<p>e) Suicide Prevention</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Suicidal and behavioral risk factor identification and intervention resources offered to staff and citizens through Mental Health First Aid • Good safety net system coordination • Experienced and professional staff with Crisis program <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • No systematic suicide prevention training for all staff • No standards for documenting, assessing & responding to suicidal patients 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Continue availability of Mental Health First Aid • Maintain good coordination among safety net system participants • Keep current hiring and retention practices <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to offer MH First Aid to as many staff as possible • Develop procedures to standardize approach to suicidal patients
<p>f) Treatment:</p> <ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 	<p><u>MH & Addictions Treatment - Strengths:</u></p> <ul style="list-style-type: none"> • Care coordination services for all ages • Routing of uninsured or potentially insured persons for Oregon Health Plan (OHP) screening • Simple and effective front-end process for eligibility screening for uninsured services including “warm hand-off” when possible <p><u>MH & Addictions Treatment Needing Improvement:</u></p> <ul style="list-style-type: none"> • Lack of targeted services for underserved and minority populations • Medication management not currently covered for uninsured but is often a primary intervention for the insured 	<p><u>MH & Addictions Treatment - Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Keep diversity of care coordination services available • Maintain routing function (especially as 2014 nears) to check OHP eligibility • Continue to provide eligibility screening for uninsured services <p><u>MH & Addictions Treatment Plan to Address:</u></p> <ul style="list-style-type: none"> • Analyze demographic data to determine those who are underserved and incorporate information into on-going planning process • Continue to assess funding as part of on-going planning process

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

	<p><u>Problem Gambling Treatment Strengths</u></p> <ul style="list-style-type: none"> • Good treatment outcomes with high numbers reporting less or no gambling after treatment • Have added a Spanish-speaking therapist for outreach and treatment purposes <p><u>MH & Addictions Treatment Needing Improvement:</u></p> <ul style="list-style-type: none"> • Increase outreach to Spanish-speakers • Increase outreach and programming for significant others of problem gamblers 	<p><u>Problem Gambling Treatment - Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain relationship with Cascadia to provide services • Maintain relationship with Cascadia to provide services <p><u>MH & Addictions Treatment Plan to Address:</u></p> <ul style="list-style-type: none"> • This effort has been aided with the hiring of Spanish-speaking therapist • Cascadia has incorporated couples therapy into their treatment
<p>g) Maintenance/Recovery Support (include specifics pertaining to mental health, addictions and problem gambling treatment)</p>	<p><u>MH Maintenance / Recovery Strengths:</u></p> <ul style="list-style-type: none"> • Peer and family support services are continuing to better support maintenance & recovery <p><u>Addictions Maintenance / Recovery Strengths:</u></p> <ul style="list-style-type: none"> • Contract with CODA for their Housing Assistance Program • Partnering with Dual Diagnosis Anonymous (DDA) to provide specialized community meetings for those with co-occurring disorders <p><u>Problem Gambling Maintenance / Recovery Strengths:</u></p> <ul style="list-style-type: none"> • Multiple treatment options available for those in the recovery phase • “Aftercare” group programming free of charge for up to one year after treatment formally ends • Services designed to match motivation level <p><u>MH Maintenance / Recovery Needing Improvement:</u></p> <ul style="list-style-type: none"> • Funding is inadequate to maintain peer and family support services 	<p><u>MH Maintenance / Recovery Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Continue efforts to build peer and family support <p><u>Addictions Maintenance / Recovery Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain CODA relationship • Maintain DDA relationship <p><u>Problem Gambling Maintenance / Recovery Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain relationship with Cascadia to provide services • Maintain relationship with Cascadia to provide services • Maintain relationship with Cascadia to provide services <p><u>MH Maintenance / Recovery Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to assess funding as part of on-going planning process

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

	<p><u>Addictions Maintenance / Recovery Needing Improvement:</u></p> <ul style="list-style-type: none"> • Need for medically and community managed detoxification centers within the County proper • Strengthen mentorship programming to focus on the transition from treatment completion <p><u>Problem Gambling Maintenance / Recovery Needing Improvement:</u></p> <ul style="list-style-type: none"> • Need to add more services that are specific to the needs of significant others • Desire to increase marketing of Clackamas program to more residents 	<p><u>Addictions Maintenance / Recovery Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to assess as part of on-going planning process • Continue contract with Iron Tribe for mentor program; consider expansion of contract depending on funding availability <p><u>Problem Gambling Maintenance / Recovery Plan to Address:</u></p> <ul style="list-style-type: none"> • Cascadia starting to incorporate couples counseling into maintenance / recovery • Cascadia is working to engage more Spanish-speakers and evaluating the option of online counseling
<p>h) The LMHA's Quality Improvement process and procedures</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Comprehensive credentialing and compliance monitoring program • Performance measured included with provider contracts <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • Need to expand the Division's quality management program to more explicitly incorporate services funded with State General Funds • Need to quality assurance process for use of community mental health program funding as defined in OAR 309-014-0005 and described in OAR 309-014-0030. • Need to establish a LMHA-specific Quality Improvement Committee 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain credentialing and compliance monitoring programs • Maintain relevant performance measures to evaluate contract performance <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • The quality management program is being expanded to explicitly include services funded with • The Mental Health and Addictions Council has agreed to act as the Quality Assurance Committee for the LMHA

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p>	<p><u>Corrections Services Coordination Strengths:</u></p> <ul style="list-style-type: none"> • Standing relationships within justice system in Clackamas County • Behavioral Health services embedded in Clackamas County Jail, correction residential addiction program and family, drug and mental health treatment courts <p><u>Corrections Services Coordination Needing Improvement:</u></p> <ul style="list-style-type: none"> • Housing for this population is an ongoing challenge • More consistent funding commitment to treatment courts—MH, family drug court, veterans, etc. <p><u>Social Services Service Coordination Strengths:</u></p> <ul style="list-style-type: none"> • Transportation is available through Clackamas County Social Services Catch a Ride program • Linkages to Social Services such as TANF, food stamps and pantries, Social Security Income (SSI), dress for success, community warehouse, NW Children’s Outreach and Clackamas Women’s Services <p><u>Social Services Service Coordination Needing Improvement:</u></p> <ul style="list-style-type: none"> • More child care services for clients attending treatment need to be identified and coordinated with • While the Catch a Ride program identified above is of great value, more transportation resources are needed. <p><u>Housing Service Coordination Strengths:</u></p> <ul style="list-style-type: none"> • Some housing exists for people 	<p><u>Corrections Services Coordination Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain connection to IBIS (Identifying Barriers Implementing Solutions) • Maintain BH presence and services in specified access areas <p><u>Corrections Services Coordination Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to evaluate as part of on-going planning process • Continue to evaluate as part of on-going planning process <p><u>Social Services Service Coordination Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain referral link to Social Services. • Maintain referral link to Social Services. <p><u>Social Services Service Coordination Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to network with Social Services to see if new resources can be found or developed • Continue to network with Social Services to see if new resources can be found or developed <p><u>Housing Service Coordination Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain existing housing resources
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**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies (cont.)</p>	<p>with mental illness and substance abuse disorders</p> <p><u>Housing Service Coordination Needing Improvement:</u></p> <ul style="list-style-type: none"> • There is a need for more low barrier housing such as that provided by peer organizations • There is a need for a shelter in Clackamas County for men, women, children and women with children <p><u>Education Service Coordination Strengths:</u></p> <ul style="list-style-type: none"> • Involvement of Estacada & Gladstone School Districts with Youth Service Team • The Children’s Mental Health Advisory Council has targeted increased collaboration with the education system as a work plan goal <p><u>Education Service Coordination Needing Improvement:</u></p> <ul style="list-style-type: none"> • It is a major challenge having 10 school districts in a large County with varying community needs <p><u>Employment Service Coordination Strengths:</u></p> <ul style="list-style-type: none"> • The evidence-based employment program and increase in the resources toward the program <p><u>Employment Service Coordination Needing Improvement:</u></p> <ul style="list-style-type: none"> • There is a lack of employment variety to meet specific client needs • There is a lack of employer incentives to hire someone with a history of mental illness and/or addictions as well as possibly a criminal history 	<p><u>Housing Service Coordination Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to evaluate as part of on-going planning process and through engagement with community partners • Continue to evaluate as part of on-going planning process and through engagement with community partners <p><u>Education Service Coordination Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Support this involvement where the opportunity exists • Support this collaboration where the opportunity exists <p><u>Education Service Coordination Plan to Address:</u></p> <ul style="list-style-type: none"> • The size and diversity of the County is an issue in many areas and an ongoing topic of conversation as to how to meet the challenges it presents <p><u>Employment Service Coordination Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain the evidence-based employment program <p><u>Employment Service Coordination Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to evaluate as part of on-going planning process and through engagement with community partners • Continue to evaluate as part of on-going planning process and through engagement with community partners
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**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

<p>j) Behavioral health equity in service delivery</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • County funding of grant programs focusing on behavioral health promotions among Latinos • Population distribution around the County is well documented through GIS mapping <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • There is a need for better access for the uninsured and Spanish speakers • There are few culturally specific providers in Clackamas County 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain support for programming targeted to Latinos • Continue monitoring population trends and distribution around the County <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to evaluate as part of on-going planning • Continue to evaluate as part of on-going planning process and through engagement with community partners
<p>k) Meaningful peer and family involvement in service delivery and system development</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • The Mental Health & Addictions Council has excellent consumer involvement <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • Low young adult involvement with Mental Health and Addictions Council 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain strong consumer representation on Mental Health & Addictions Council <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Recruitment among this age group can be difficult, but the Division will encourage more young adult involvement
<p>l) Trauma-informed service delivery</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Numerous providers in the County have a trauma-specific treatment modality in their practices <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • Trauma-informed care is very limited among adult service providers • There is a system-wide need for a trauma-informed approach to service delivery 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Support providers in continuing this commitment <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to evaluate as part of on-going planning process and through engagement with community partners • Continue to evaluate as part of on-going planning process and through engagement with community partners
<p>m) Stigma reduction</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • The improved dissemination of the Open Minds Open Doors anti-stigma campaign • The increasing number of partnerships with key community stakeholders including businesses and schools 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain support and expansion of Open Minds Open Doors through contract with FolkTime • Support and encourage active partnerships with key community stakeholders

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

	<p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • None identified 	<p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • No areas needing improvement identified
<p>n) Peer-delivered services, drop-in centers and paid peer support</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • The strong array of peer services developed for specific needs that are available to nearly every population served by mental health or addictions • Successful collaboration between adult corrections and child welfare with both promising outcomes and cost savings <p><u>Needing Improvement:</u></p> <ul style="list-style-type: none"> • There is a need for more peer-run clean and sober family housing to step down from current transition housing • There is a need for peer respite • There is a need for more training workshops and support groups 	<p><u>Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain the diversity of peer services available • Maintain these collaborative efforts <p><u>Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to assess through on-going planning process • Continue to assess through on-going planning process • Asses funding availability through budget process
<p>o) Crisis and Respite Services</p>	<p><u>Crisis Services Strengths:</u></p> <ul style="list-style-type: none"> • Centerstone crisis clinic is easily accessible and in an area of need for crisis services • Crisis services coordinate closely with local hospitals and law enforcement to redirect people in need of urgent mental health services to Centerstone rather than the hospital or jail • A registered nurse is embedded at Centerstone <p><u>Crisis Services Needing Improvement:</u></p> <ul style="list-style-type: none"> • Collaborate more closely with acute care to coordinate transitions, services, medications, etc. • The need for closer collaboration with and 24-hour emergency department diversion from local hospitals 	<p><u>Crisis Services Plan to Maintain:</u></p> <ul style="list-style-type: none"> • Maintain the location and connections with communities of need • Maintain and enhance where able the services and systems with which Crisis Services partners and interacts • Maintain RN at Centerstone <p><u>Crisis Services Plan to Address:</u></p> <ul style="list-style-type: none"> • Continue to evaluate as part of on-going planning process and through engagement with community partners • Continue to evaluate as part of on-going planning process and through engagement with community partners

**Clackamas County Behavioral Health Division
Biennial Implementation Plan 2013 - 2015**

	<p><u>Respite Services Strengths:</u></p> <ul style="list-style-type: none">• Respite services are currently available for uninsured individuals <p><u>Respite Services Needing Improvement:</u></p> <ul style="list-style-type: none">• Respite services are currently limited to one provider and capacity overall is limited	<p><u>Respite Services Plan to Maintain:</u></p> <ul style="list-style-type: none">• Maintain availability of respite for uninsured individuals <p><u>Respite Services Plan to Address:</u></p> <ul style="list-style-type: none">• Continue to evaluate as part of on-going planning process and through engagement with community partners
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**Clackamas County Behavioral Health Division (CCBHD)
Biennial Implementation Plan (BIP) 2013 - 2015**

Part II: Performance Measures

1) Current Data Available		
Performance Measure	Data Currently Available	Current Measures (if available)
a) Access/Number of people served	1,017 Unique Individuals Served (Outpatient) 194 Unique Individuals Served (Inpatient) 1,114 Total Unique Individuals Served	Specific measurement targets to be established
b) Initiation of treatment services	44.1% of new intake appointments (n=553) had a second appointment within 15 days 33.6% were seen again in 16 days or more 22.2% did not have a second appointment	Specific measurement targets to be established
c) Engagement in Treatment Services (Retention measure may substitute)	42.7% of new intake appointments (n=553) had 2 additional appointments within 45 days of the intake 18.9% had 2 additional appointments more than 45 days after the intake 16.1% had between 1 and 3 follow up appointments 22.2% did not have any follow up appointments	Specific measurement targets to be established

**Clackamas County Behavioral Health Division (CCBHD)
Biennial Implementation Plan (BIP) 2013 - 2015**

Performance Measure	Data Currently Available	Current Measures (if available)
d) Follow up after facility-based care - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as "residential"	(1) 28.5% of individuals discharged from an acute care hospital (n=242 discharges) had a follow up visit within 7 days (2) Data are not available	Specific measurement targets to be established
e) Readmission rates 30 and 180 day; (1) Hospitalization for mental illness; or (2) any facility-based service defined as "residential"	(1) 9% of discharges (n=242) readmit within 30 days 18.6% of discharges readmit within 180 days Total readmissions: 47 (2) Data are not available	Specific measurement targets to be established
f) Percent of participants in ITRS reunited with child in DHS custody	Data are not available	
g) Percent of individuals in appropriate level of care	Data are not available	

2. Plans to incorporate Performance Measures

The above performance measures are several among many potential performance measures that can be used for planning, development and administration of services and supports. The Division tracks approximately 50 outcome and performance measures for the Medicaid population and is expanding many of those measures to track performance related to serving the uninsured population as well. The Division is actively engaged in discussions, both internally and as part of regional health care transformation efforts, to determine what performance measures are best suited to achieving the Triple Aim Goals of improving the patient care experience, improving the health of populations and reducing the per capita cost of health care.

**Clackamas County Behavioral Health Division (CCBHD)
Biennial Implementation Plan (BIP) 2013 - 2015**

1) General Budget Information			
a) Planned expenditures for services subject to the contract:			
<p>The Division prioritizes funding for indigent services to provide for outpatient mental health and addiction treatment and recovery services, crisis services, peer services, care management, PSRB client monitoring, involuntary commitment program and community-based services such as crisis respite and jail services. Additional budget information will follow no later than March 14, 2013.</p>			
2) Special Funding Allocation			
Area	Allocation/Comments	Review	
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment service.	Revenue projection is \$394,475. Entire amount is budgeted for addictions prevention and treatment activities.	Yes	No
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	Contracted to Cascadia Behavioral Healthcare		
c) Use of funds allocated for alcohol and other drug use prevention.	Revenue projection is \$170,625. Entire amount is contracted to Children, Youth and Families Division for alcohol and drug prevention activities.		
Additional Information (Optional)			
a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development?			

March 11, 2013

SENT VIA EMAIL

Nicole Corbin
Addictions & Mental Health Division
500 Summer Street NE E86
Salem, OR 97301-1118

Dear Ms. Corbin:

Attached please find an amendment to the 2011-13 Biennial Implementation Plan previously submitted by Clackamas County. The revised information is contained in item 13, List any carry over Funds for Mental Health Services from 2009-11 and in item 14, List any carry over Funds for Alcohol and Drug Services from 2009-11.

The revised information in the attached is intended to replace the information previously submitted on page 12 of the Plan. The revised information is highlighted in yellow for your convenience.

If there are questions about the amended information, please contact Mike Holmes at (503) 742-5925 for assistance.

Sincerely,



Deborah Friedman
Acting Director, Behavioral Health Division

Young Adults in Transition (14-25)	Create training for clinical team specific to developmental issues of teens 14-25; Complete Assessments with teen (and care giver as appropriate) based on developmental issues; assess client readiness for independent living skills; Individualize treatment services with teen/youth and involve family in decision making as appropriate Coordinate services with school, employer, family, pediatricians, and other community partners; Implementation of evidence based practices with child and adult caregivers; monitor progress
Cultural Groups	Ensure clinical team participates in county diversity trainings; Recruit bi-cultural staff; contract with outside providers for culturally specific services as appropriate; Consult as needed to ensure provision of services is culturally appropriate.
Co-Occurring Disorders	Integrate mental health and A&D assessment and treatment services; Involve family as appropriate; Provide training to clinical team; Provide gender specific, culturally competent services; Provide smoking cessation to all clients.
Veterans	Link with local veterans office and the veterans' hospitals for services and support; Develop outreach and referral to assist veterans in obtaining care.
Older Adults	Use of a peer delivered model coupled with a treatment team. Community based and linked to senior (community) centers. Prevention and treatment activities related to grief, substance use, loss issues, depression and other mental health issues. Work with seniors to be actively engaged in the communities they live in is seen as a critical function and role of the provision of services.

13. List any carry over Funds for Mental Health Services from 2009-2011.

Midway through the biennium, June 30, 2010 the County carried over the following funding amounts:

Mental Health Carry Over Funds Amount	\$2,481,654
Service Element	MHS 20/22
Planned Expenditure	These funds will be used to fund peer services, a money management program, care management services as well as expansion of mental health services to uninsured children and adults.

14. List any carryover Funds for Alcohol and Drug Services form 2009-2011.

Midway through the biennium, June 30, 2010 the County carried over the following funding amounts:

Alcohol and Drug Carry Over Funds Amount	\$2,918,556
Service Element	A&D66/70
Planned Expenditure	Much of this funding is restricted to the Intensive Treatment and Recovery Services Program. Funds will be used to expand services to adults with addiction issues who are currently parenting children. A portion of the funds will be used to fund peer services.

Clackamas County
 Biennial Implementation Plan (BIP)
 Planned Expenditures 2013 - 2015 (Based on historical allocation)

Budget Period: 7/1/13 - 6/30/14
 Date Submitted: 3/18/13

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Health Promotion and Prevention								
	Mental Health		\$150,000.00					
	Alcohol and Other Drug		\$350,625.00	\$260,000.00				
Outreach (Early Identification and Screening, Assessment and Diagnosis)	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Mental Health							
		Adults	\$723,540.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$649,488.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug	Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initiation and Engagement	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Mental Health							
		Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug	Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Mental Health							
		Outpatient services	\$625,000.00					
		Crisis services	\$1,865,330.00		\$500,000.00			
		ICP	\$416,282.00		\$210,859.00			
		Acute care	\$1,340,902.00					
		PSRB	\$113,953.00		\$28,000.00			
		Jail MH	\$441,019.00			\$124,138.00		
	Alcohol and Other Drug							
		Outpatient services	\$457,060.00					
	Detox beds	\$266,874.00						
	A&D housing	\$234,000.00						
Continuity of Care and Recovery Management	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Mental Health		\$168,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Alcohol and Other Drug		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Peer-Delivered Services Administration Other (Include Description)			\$776,113.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$1,264,914.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,903,430.00

*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Clackamas

Program: Crisis Services

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel <i>(including FTEs, Classification of staff and associated costs)</i>	\$94,452	\$188,904
Travel	\$1980	\$3960
Equipment		
Supplies	\$1780	\$3560
Consultants/Contracts	\$144,465	\$288,931
Other Costs: (please list)		\$20,421
Indirect expense	\$10,210	
Totals		
Overall Project Cost	\$252,888	\$505,775
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	Health Commons grant: \$82,811	\$165,621
Number of individuals Intended to be Served	200	400

Budget Narrative:

- Please provide a description of the program and any unusual expenditures

Clackamas County will expand the existing Crisis Outreach program embedded in the Sheriff's Office from 2 FTE to 3 FTE, allowing coverage to spread across the entire week and provide additional resources during the peak hours. Three masters level crisis clinicians will be housed at the Clackamas County Sheriff's Office to respond to law enforcement calls that involve a mental health crisis, follow up on referrals from law enforcement and provide ongoing consultation to law enforcement personnel.

Clackamas County's Crisis Program will also expand its use of peers by expanding the current capacity of 2 full time peer support specialists to a total of 4 peer support specialists. This will ensure availability of peers to the Crisis Outreach team embedded in the Sheriff's office as well as augmenting the hours of availability to the entire crisis program.

- Please provide an implementation timeline for this program.

Two CCSO positions already in place and 3rd County position to be hired and trained by April 1, 2014.

2 peers already in place, and additional peers in place by April 1, 2014.

Delay due to timelines for contract awards and funding from OHA.

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: _____ Clackamas _____

Program: _____ Jail Diversion _____

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel <i>(including FTEs, Classification of staff and associated costs)</i>	\$85,104	\$170,208
Travel	\$3024	\$6048
Equipment		
Supplies	\$27,158	\$54,316
Consultants/Contracts	\$43,379	\$86,758
Other Costs: (please list)		\$18,400
Indirect expense	\$9,200	
Totals		
Overall Project Cost	\$267,864	\$335,730
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	IN KIND: \$56,046	IN KIND: \$112,092
Number of individuals Intended to be Served	76	152

Budget Narrative:

- Please provide a description of the program and any unusual expenditures

Pre –booking and post-booking diversion services will be expanded by dedicating 2 half time case managers to the Jail Diversion program. In addition, adding an addictions counselor will increase case management capacity and the ability to provide screening and brief treatment for addictions.

2 Forensic Peers will be added to the team to work with individuals to promote recovery and success in the community. In addition we will have access to three short term transitional housing beds in a peer run organization for individuals in Jail Diversion services.

- Please provide an implementation timeline for this program.

Peer support specialists trained and in place by April 1, 2014.

2 Case Managers currently in place.

Addictions Counselor trained and in place by April 1, 2014.

Delay due to timelines for contract awards and funding from OHA.

BEHAVIORAL HEALTH DIVISION
2013-14 Request for Application for Jail Diversion RFP
In association with Iron Tribe
For the 18 month period 1/1/14 to 6/30/15

1/9/2014

**FINAL ADJUSTED
BUDGET**

<u>REVENUE</u>	<u>Total Revenue (12 mos)</u>	<u>Total Revenue (18 mos)</u>	<u>NOTES:</u>
State Funds Request	223,638	335,458	Awarded \$335,458
Supplemented - .20 FTE prog supervisor, mat & sup, part of Contracted Services, & Indirect costs	112,092	168,138	
TOTAL REVENUE:	335,730	503,594	

<u>PERSONNEL & FRINGE BENEFIT EXPENSES:</u>				
<u>A. Personnel:</u>	<u>HR/MK</u>	<u>FTE</u>	<u>Total Personnel (12 mos)</u>	<u>Total Personnel (18 mos)</u>
Case Manager	40.00	1.00	48,658	72,984
Additions Counselor - bi-lingual	40.00	0.80	47,058	70,586
Program Supervisor	Supplemented 8.00	0.20	11,662	17,492
Total Personnel		2.00	107,375	161,063
B. Fringe Benefits:				
~Health, Dental and Life Insurance	\$15,132 per FTE		30,264	45,396
~Public Employees Retirement System	22% of Total Personnel		23,623	35,434
~FICA	7.65 % of Total Personnel		8,214	12,321
~Tri-Met (regional tax)	.6818% of Total Personnel		732	1,098
Total Fringe			62,833	94,249
Total Personnel & Fringe Benefits:			170,208	255,312

<u>MILEAGE, SUPPLIES, & PROGRAM EXPENSES:</u>				
<u>A. Mileage</u>			<u>Total Expense (12 mos)</u>	<u>Total Expense (18 mos)</u>
Mileage from Centerstone to Jail or Homes	Mileage- 300 days a yr X 20 mi X \$.58 X 1.8 FTE		6,048	9,072
Total Mileage Reimbursement:			6,048	9,072
~Justification: Travel is an essential part of this project by the Case Manager and Addiction Counselor. Mileage reimbursement to the people doing the traveling is a normal business and program expense.				
B. Supplies & Materials				
	<u>Amt per FTE</u>	<u>FTE</u>	<u>Total Expense (12 mos)</u>	<u>Total Expense (18 mos)</u>
General Office Supplies	Supplemented 153.96	2.00	308	462
Phones	Supplemented 1,748.25	2.00	3,497	5,245
Postage	Supplemented 17.48	2.00	35	52
Computer Hardware/Software	Supplemented 72.28	2.00	145	217
Motor Vehicle Maintenance	Supplemented 2,097.90	2.00	4,196	6,294
Office Rental	Supplemented 4,829.88	2.00	9,660	14,490
Copier Rental	Supplemented 553.18	2.00	1,106	1,660
Training & staff development	Supplemented 500.00	2.00	1,000	1,500
Printing of materials	Supplemented 288.24	2.00	576	865
Casualty Insurance	Supplemented 1,847.81	2.00	3,696	5,543
Workman's compensation	Supplemented 1,147.91	2.00	2,296	3,444
County Allocated costs	Supplemented 13,901.06	2.00	27,802	41,703
Total Supplies & Materials:			54,316	81,474
~Justification: General office supplies, training, phones, insurance, & other critical supplies are needed to conduct the business aspects of this project.				
C. Consultant or Subcontractors Expenses				
			<u>Total Expense (12 mos)</u>	<u>Total Expense (18 mos)</u>
Iron Tribe contract -includes transitional housing & peer support			59,043	88,564
	Supplemented		27,715	41,573
Total Consultant or Subcontractors Expense:			86,758	130,137
~Justification: Behavioral Health division will contract with Iron Tribe to provide the transitional housing and peer support for these additional clients.				
Total Mileage, Supplies & Materials, & Subcontractor Expenses:			147,122	220,683
TOTAL PAYROLL & OTHER EXPENSES:			317,330	475,995
Division Indirect Expenses - 10.81% of payroll	In-Kind		18,400	27,589
GRAND TOTAL ALL EXPENSES			335,730	503,594

<u>BUDGET SUMMARY</u>			
<u>Category</u>	<u>Federal Request</u>		
	<u>12 Months</u>	<u>18 Months</u>	
Personnel	\$ 107,375	\$ 161,063	
Fringe	62,833	94,249	
Mileage	6,048	9,072	
Supplies & Materials	54,316	81,474	
Consultant or Subcontractor	86,758	130,137	
Total Direct Costs	317,330	475,995	
Indirect Cost	18,400	27,599	
Total Cost	\$335,730	\$503,594	

BEHAVIORAL HEALTH DIVISION
 2013-16 Request for Application for Crisis Services Funding
 In association with Folk-time
 1/9/2014

	Total 18 Months	1/1/14-6/30/14 Total 6 Months	7/1/14-6/30/15 Total 12 Months	Notes & Assumptions:
REVENUE				
Federal Funds Request	498,297	166,099	332,198	No in-kind required in Proposal
TOTAL 18 MONTHS OF REVENUE:	498,297	166,099	332,198	

FOLKTIME PERSONAL SERVICES

A. Personnel:	Annual Salary/Rate	18 Month Salary/Rate	FTE	Total 18 months of Salary	1/1/14-6/30/14 Total 6 Months	7/1/14-6/30/15 Total 12 Months	
-Program Supervisor	50,000	75,000	0.80	60,000			18 months just salary
-Four .8 Peers	28,333	42,500	3.00	127,500			18 months just salary
-Intern	12,000	18,000	0.00	-			stipend
Total Personnel			3.80	187,500	62,500	125,000	

B. Fringe Benefits:	Total 18 months Fringe	Total 6 Months	Total 12 Months
-Health, Dental and Life Insurance	43,600		
-PTO, ST disability, Retirement, WC	46,268		
-FICA - 7.65%	14,344		
-Tri-Met (regional tax) - .6818%	1,278		
Total Fringe	105,510	35,170	70,340
Total Personnel & Fringe	293,010	97,670	195,340

SHERIFF PERSONAL SERVICES

A. Personnel:	Annual Salary/Rate	18 Month Salary/Rate	FTE	Total 18 months of Salary	1/1/14-6/30/14 Total 6 Months	7/1/14-6/30/15 Total 12 Months
nh2	46,910	70,366	1.00	70,366		
Total Personnel			1.00	70,366	23,455	46,910

B. Fringe Benefits:	Total 18 months Fringe	Total 6 Months	Total 12 Months
-Health, Dental and Life Insurance	54,084		
-PTO, ST disability, Retirement, WC	15,480		
-FICA - 7.65%	5,383		
-Tri-Met (regional tax) - .6818%	480		
Total Fringe	75,427	25,142	60,286
Total Personnel & Fringe	145,793	48,698	97,196

TRAVEL AND SUPPLIES & MATERIALS

A. Mileage	18 Months - Exp per FTE	# of FTE	Total Expense	Total 6 Months	Total 12 Months	
Mileage- 20mi/day, 4 days/week, 78 weeks	\$.55 per mile	3,432.00	4.8	18,473.60	5,491	10,982
Total Mileage Reimbursement				18,473.60	5,491.20	10,982.40

~Justification: Travel is an essential part of this project by the Peers and Supervisor. Mileage reimbursement to the people doing the traveling is a normal business and program expense.

B. Supplies & Materials	18 Months - Exp per FTE	# of FTE	Total Expense	Total 6 Months	Total 12 Months
General Office Supplies	300.00	4.8	1,500.00		
Training	1,200.00	4.8	5,760.00		
Phones	540.00	4.8	2,592.00		

	Monthly Exp	# of months	Total Expense	Total 6 Months	Total 12 Months
Insurance	111.11	18	2,000.00		
Meals/Food	100.00	18	1,800.00		
Bus tickets	50.00	18	900.00		
Welcome baskets	100.00	18	1,800.00		
Crisis supplies such as toiletries, clothing, etc	100.00	18	1,800.00		
Comfort room supplies	166.66	18	3,000.00		
Total Supplies & Materials			21,152	7,051	14,101

~Justification: General office supplies, training, phones, insurance, meals, bus tickets, welcome baskets, & other crisis supplies are needed to conduct the business aspects of this project.

Total Mileage, Supplies & Materials	37,826	12,542	26,084
TOTAL PAYROLL, BENEFITS, MILEAGE, & SUPPLIES	478,428	110,212	220,424
Indirect Expenses	21,869		
GRAND TOTAL ALL EXPENSES	498,297	110,212	220,424

*per Michael Holmes, no % limit on administration

BUDGET SUMMARY

Category	Federal Request 18 Months
Personnel	\$ 187,500
Fringe	105,510
Travel, Supplies, & Other	37,826
Total Direct Costs	330,836
Indirect Cost	21,869
Total Project Cost	352,705

BEHAVIORAL HEALTH DIVISION
 2013-15 Request for Application for Crisis Services Funding
 In association with FolkTime
 11/1/2013

11/1/13 Michele White's updated version

	<u>Total 18 Months</u>	<u>11/14-6/30/14</u>	<u>7/1/14-6/30/15</u>	<u>Notes & Assumptions:</u>
		<u>Total 6 Months</u>	<u>Total 12 Months</u>	
REVENUE				
Federal Funds Request	501,323	167,108	334,215	
TOTAL 18 MONTHS OF REVENUE:	501,323	167,108	334,215	No in-kind required in Proposal

PERSONAL SERVICES

	<u>Annual Salary/Rate</u>	<u>18 Month Salary/Rate</u>	<u>FTE</u>	<u>Total 18 months of Salary</u>	<u>11/14-6/30/14</u>	<u>7/1/14-6/30/15</u>	
					<u>Total 6 Months</u>	<u>Total 12 Months</u>	
A. Personnel:							
-Program Supervisor	50,000	75,000	1.00	75,000			18 months just salary
-Four .8 Peers	28,333	42,500	4.00	170,000			FolkTime 18 months just salary
-Intern	12,000	18,000	1.00	18,000			stipend
Total Personnel			6.00	263,000	87,667	175,333	
							1 sheriff Dmdtro
B. Fringe Benefits:				<u>Total 18 months Fringe</u>	<u>Total 6 Months</u>	<u>Total 12 Months</u>	
-Health, Dental and Life Insurance				54,500			
-PTO, ST disability, Retirement, WC				57,860			
-FICA - 7.65%				20,120			
-Tri-Met (regional tax) - .6818%				1,793			
Total Fringe				134,273	44,758	89,515	
Total Personnel & Fringe				397,273	132,424	264,848	

TRAVEL AND SUPPLIES & MATERIALS

	<u>18 Months -</u>		<u>Total Expense</u>	<u>Total 6 Months</u>	<u>Total 12 Months</u>
	<u>Exp per FTE</u>	<u># of FTE</u>			
A. Mileage					
Mileage- 20mi/day, 4 days/week, 78 weeks	\$.55 per mile	3,432.00	5	17,160.00	5,720
Total Mileage Reimbursement				17,160.00	11,440.00

-Justification: Travel is an essential part of this project by the Peers and Supervisor. Mileage reimbursement to the people doing the traveling is a normal business and program expense.

	<u>18 Months -</u>		<u>Total Expense</u>	<u>Total 6 Months</u>	<u>Total 12 Months</u>
	<u>Exp per FTE</u>	<u># of FTE</u>			
B. Supplies & Materials					
General Office Supplies	300.00	5	1,500.00		
Training	1,200.00	5	6,000.00		
Phones	540.00	5	2,700.00		
	<u>Monthly Exp</u>	<u># of months</u>			
Insurance	111.11	18	2,000.00		
Meals/Food	100.00	18	1,800.00		
Bus tickets	50.00	18	900.00		
Welcome baskets	100.00	18	1,800.00		
Crisis supplies such as toiletries, clothing, etc	100.00	18	1,800.00		
Comfort room supplies	168.66	18	3,000.00		
Total Supplies & Materials			21,500	7,167	14,333

-Justification: General office supplies, training, phones, insurance, meals, bus tickets, welcome baskets, & other crisis supplies are needed to conduct the business aspects of this project.

Total Mileage, Supplies & Materials	38,660	12,887	25,773
TOTAL PAYROLL, BENEFITS, MILEAGE, & SUPPLIES	435,933	145,311	290,622
Indirect Expenses	65,390	21,787	43,603
GRAND TOTAL ALL EXPENSES	501,323	167,108	334,215

*per Michael Holmes, no % limit on administration

BUDGET SUMMARY

<u>Category</u>	<u>Federal Request</u>
Personnel	\$ 263,000
Fringe	134,273
Travel, Supplies, & Other	38,660
Total Direct Costs	435,933
Indirect Cost	65,390
Total Project Cost	501,323

**CLACKAMAS COUNTY H3S
BEHAVIORAL HEALTH DIVISION
CRISIS RFP - PEER SERVICES
Total Cost per FTE calculation**

<u>Job Title</u>	<u>Position #</u>	<u>FTE</u>	<u>Step</u>	<u>Annual Salary</u>	
Mental Health Specialist 2	00000611	0.80		46,910.40	Dmitri Ntatsos
		Total Payroll:	0.80	46,910.40	

<u>Fringe Benefits:</u>	<u>Amount of Benefit:</u>		
~Health, Dental and Life Insurance	\$18,028	per FTE	\$14,422.40
~Public Employees Retirement System	22.000%	Of total payroll	\$10,320.29
~FICA	7.650%	Of total payroll	\$3,588.65
~Tri-Met (regional tax)	0.6818%	Of total payroll	\$319.84
Total Fringe:			\$28,651.17
Total Salary & Fringe:			\$75,561.57

Materials & Supplies	(estimate)	\$2,000.00
H3S indirect costs	1.65%	\$1,246.77
Division Indirect Costs	9.16%	\$6,921.44
Cost Allocations	(allocations, workmans comp, & casualty ins)	\$16,896.78

Total Annual Cost per Position: \$102,626.55 18 mos
\$153,939.83

<u>Job Title</u>	<u>Position #</u>	<u>FTE</u>	<u>Step</u>	<u>Annual Salary</u>	
Mental Health Specialist 2	00003117	0.80		46,910.40	Susan Quilty
		Total Payroll:	0.80	46,910.40	

<u>Fringe Benefits:</u>	<u>Amount of Benefit:</u>		
~Health, Dental and Life Insurance	\$18,028	per FTE	\$14,422.40
~Public Employees Retirement System	22.000%	Of total payroll	\$10,320.29
~FICA	7.650%	Of total payroll	\$3,588.65
~Tri-Met (regional tax)	0.6818%	Of total payroll	\$319.84
Total Fringe:			\$28,651.17
Total Salary & Fringe:			\$75,561.57

Materials & Supplies	(estimate)	\$2,000.00
H3S indirect costs	1.65%	\$1,246.77
Division Indirect Costs	9.16%	\$6,921.44
Cost Allocations	(allocations, workmans comp, & casualty ins)	\$16,896.78

Total Annual Cost per Position: \$102,626.55 18 mos
\$153,939.83

Addictions and Mental Health Division
January 27, 2015

Biennial Implementation Plan Amendment Template

CMHP: Clackamas

Program: Hospital Diversion for Kids

Budget Item	Feb 1, 2015 – Sep. 30, 2015	October 1, 2015 – Sep. 30, 2016
Personnel <i>(including FTEs, Classification of staff and associated costs)</i>	\$120,000	\$205,000
Travel		
Equipment		
Supplies		
Consultants/Contracts	\$30,000	\$30,000
Other Costs: (please list)		
Indirect expense		
Totals		
Overall Project Cost	\$150,000	\$235,000
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)		
Number of individuals Intended to be Served	100	150

Budget Narrative:

- Please provide a description of the program and any unusual expenditures.

Clackamas County will add 1 FTE of a Qualified Mental Health Professional and 1 FTE of a Peer Support Specialist to our Crisis Outreach Team, to be employed by Clackamas County.

The rationale for a master's level clinician is to ensure credibility with ED clinical staff when assisting with diversion from inpatient care. In addition this allows assessment of appropriate discharge services and supports to meet the needs of the individual and their family. The role of the QMHP will include consultation with ED staff, outreach to insurance companies as needed to secure authorization for services that are alternatives to admission, assessment, coordination with respite and other crisis stabilization services, safety planning and skills training with families.

The role of the Peer Support Specialist will include ensuring that family members understand the process and services/supports that are available, providing hope, assisting families in utilizing their strengths, natural supports and resources, and assisting with safety planning.

In Clackamas County one-time-only funds will be allocated toward increasing available community based respite and potentially funding short term crisis stabilization services for non-Medicaid eligible families as funding allows.

- Please provide an implementation timeline for this program.

Hiring has begun for the QMHP and this person should be on the ground by March 1, 2015.

Peer Support should be in place no later than April 1.

Crisis Stabilization Services and Respite are currently available and will be expanded as needed.