

GRANT COUNTY 2013-2015 BIENNIAL IMPLEMENTATION PLAN

Part I: System Narrative:

This includes an overview of the current system; description of the community needs assessment process; and an analysis of the LMHAs strengths and areas for improvement.

1. System Overview

a) Provide an overview of the County's current addictions and mental health services and supports system, including:

- **Mental Health Promotion**

The Grant county office of Community Counseling Solutions (CCS) advocates for positive mental health both internally and within our communities. Internally we house a wellness committee which annually supports initiatives focused on wellness. One of the primary categories in this year's challenge is improving mental health. Within the community, we work with our partners educating them regarding positive mental health. We provide outreach via local newspaper and radio.

- **Mental Illness, Substance Abuse and Problem Gambling Prevention**

The Grant County office Community Counseling Solutions (CCS) has worked with local community partners to provide ongoing education concerning mental illness. A recent example would include working with all three local law enforcement agencies, the district attorney's office, the circuit court, and the local ER staff regarding client rights secondary to civil commitment issues. Another example would be a recent workshop which we facilitated where all local medical staff attended. The topic was centered around psychiatric medication issues and focusing on alternative practices. We intend to listen to our partners/community and provide education and promotion as necessary.

We provide problem gambling prevention via problem gambling calendar dissemination, working with the schools for the OPGAW poster contest, and by increasing our knowledge of problem gambling prevention tactics through attendance at annual state-sponsored trainings. We intend to work closer with the local prevention coordinator and coalition to integrate problem gambling prevention into mainstream efforts. We are looking at the possibility of regionalizing monies to increase coordinator FTE as well.

From 2007 to 2013 A&D funding has been contracted to Grant County Commission on Children and Families (GCCCCF). Currently A&D 70 money is used to support the Drug Free Communities (DFC) Grant efforts. The money is currently broken into four categories travel, contracts, media and other costs. The travel section is mainly used for attending prevention trainings. It has also been used for mileage during youth activities associated with DFC. The contract section includes two contracts with Families First to provide parenting education. They provide the program Parents as Teachers and also conduct scheduled parenting classes. Media costs include prevention ads and the parent page that is ran in the local newspaper. Other costs include most of our drug-free community activities. Examples of these events include a daddy daughter dance, Parks and Rec movie night, Grad Night and after prom parties. Some other costs are a community mural project and officer patrols at the local high school athletic events. In addition to the \$52,500 there is \$20,000 extra that is specific to the Strategic Prevention Framework State Incentive Grant (SPFSIG). This money is to be used for SPFSIG training and travel.

The other funding stream that goes toward our prevention efforts is the Drug DFC Grant. With this grant a Coalition was formed by the former Prevention Program Manager and continues to the present time. These members discuss, plan and analyze ways to reduce underage drinking, marijuana use and other drug and alcohol related issues. There is also a youth component, in which consist of youth lead efforts to reduce the previously mentioned issues and to help plan drug-free activities. Twice a year members and the Coalition Coordinator travel to CADCA to receive first hand training on prevention strategies. This grant also covers wages for an admin and the Coalition Coordinator.

- **Early intervention**

CCS in part financially supports a local non-profit which offers parenting classes, early intervention curricula to the alternative students, and in-home parent education. In addition, we offer MIP education/counseling for first time offenders in the clinic.

- **Treatment and recovery**

We have increased our treatment penetration data with Grant county residents by developing strong relationships and referral/screening processes with the local health clinic, hospital, nursing home, assisted living center, and DHS. We have re-vamped our website to increase outreach and support for the demographic using that medium. We offer A&D , MH, and problem gambling treatment services on an outpatient basis in Grant county . Within our agency, we offer a full-spectrum of treatment services including outpatient, respite, crisis respite, foster care, secure residential, sub-acute, and acute. Having these services in-house eases the way in which we help our patients find the appropriate level of care. We have plans to develop an adult foster home. In addition we are reviewing local housing options for patients.

Regarding advocacy of recovery services, Grant CCS participates in the recovery committee as part of the local

A&D prevention coalition. We help organize bi-annual recovery-focused events in the community that shine a light on recovery. We also employ several peer support specialists who have been through our program and are in recovery.

CCS operates Juniper Ridge Acute Care Facility (JRACC) in Grant County. JRACC serves as a regional resource and is a Class 1 non hospital facility providing 24/7 acute psychiatric services. This facility serves an important role in CCS' continuum of care.

- **Crisis and respite services**

CCS in Grant county provides 24 hour crisis services. A QMHP is on-call at all times. CCS also has an agency-wide back-up supervisor on-call at all times to provide consultation and fill in if need be. For crisis services we offer screening, consultation, and referral. In addition, CCS operates the warmline which is operated by peers and provides an avenue for people in need to talk to a person in a confidential, non-judgmental manner. Grant CCS also offers respite services. We contract with multiple, local, in-home providers to provide both planned and acute respite needs. As an agency, we operate a crisis respite bed at our secure residential treatment facility that we utilize when needed during crisis situations. Grant county will have another crisis respite bed at JRACC. We intend to recruit more local respite providers to add to our list of resources.

- **Services available to required populations and specialty populations**

CCS strives to provide specialized services to required and specialty populations. In Grant county we offer numerous programs. We have the luxury of operating the county developmentally disabled (DD) program as well as the local health department which provides primary care. These services are all in the same building and all are operated by Grant CCS. This allows us to meet eligibility, case management, respite, and crisis needs for persons with disabilities. It also allows patients with conjoint medical issues such as TB and HIV (or at risk of) to have their medical care (if they so choose) provided conjointly on-site. It also provides opportunity for all our

providers to jointly staff shared cases which enhances consistent care.

We participate fully in our local prevention coalition and help advocate for environmental policy changes as well as strategic prevention framework initiatives focused on A&D prevention. One of our staff chairs the coalition's policy committee. For addictions treatment we prioritize intravenous drug users, pregnant women, and parents with dependent children when screening which allows for timely enrollment and services. We work closely with the Boise and Burns VA's to coordinate care for our veteran patients. We have focused on providing extensive off-site training for our therapists regarding veteran's treatment. We recently established an agreement with the largest school district in our county to provide regular on-site (at the school) counseling for adolescents with substance use and mental health disorders. We are looking at the possibility of providing a similar on-site rotation for our rural school districts. We accommodate all "specialty" and "required" population demographics however we intend to provide enhanced training to our staff concerning American Indian/Alaskan Native care and LGBTQ awareness/treatment.

Agency wide we offer many services which are targeted for required and specialty populations. These include ICTS services for children, ENCC/AMHI services for adults, specialized therapeutic foster homes for children, and advocacy for DD service development in the county.

- **Activities that support individuals in directing their treatment services and supports**

Our clinical processes promote full involvement on the part of patients receiving our services. Staff are trained and directed to develop individual service and support plans (ISSP's) collaboratively with patients. In addition, we utilize collaborative documentation practices which solicits input from the people we serve when it comes to documentation of the services provided. It's an opportunity for those we serve to give input as to their view of progress in treatment compared to the therapist's.

In our enrollment packets we have advanced directive paperwork available should patients choose to complete

them. Our policies and procedures support patient-directed services.

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

The Grant County Commissioners are actively involved in the delivery of CCS services. Two commissioners have active roles in governance, one the CCS Board of Directors and the other on the Mental Health Advisory Board. CCS meets regularly with the commissioners and ensures that they have the necessary information to make informed decisions.

Grant County subcontracts the provision of mental health and addictions services to CCS. CCS has one subcontract of said services, that being the substance abuse prevention dollars which are sent to the Grant County Commission on Children and Families.

c) Describe how the LMHA is collaborating with the CCOs serving the county.

One of the Grant County Commissioners has been active at the local, regional and state level in the development of CCO's. Recently the Commissioners appointed individuals to the Eastern Oregon Coordinated Care Organization (EOCCO) Community Advisory Committee. EOCCO employs a liason to work directly with the commissioners to keep them informed of developments and opportunities for involvement. EOCCO has yet to conduct the community needs assessment, but it is assumed that the Commissioners will play an active role in this assessment at the local level.

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

Kathleen Stockdale, Consumer

Jan Keil, Child Welfare Supervisor

Hal Smith, Retired Law Enforcement

Scott Meyers, Grant County Commissioner

Cathy Curry, family member and special education teacher

Donna Johnston, retired, early intervention

Dale Stennett, consumer

Review Criteria:

- **Complete list included with stakeholder representation.**
- **Representation required by statute is met, or plan included addressing any gaps in representation.**

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.

Community Counseling Solutions (CCS) invited all community partners, volunteers, and involved community members to a Need Assessment Luncheon. During this luncheon, a facilitator went through

each area listed below asking for feedback from the attendees. Three questions were asked: What is working well? What needs improvement? What are the barriers to service?

Attendees gave feedback regarding CCS in each area and those answers are reflected below.

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

CCS uses the data collected as a self-check system. Feedback from community partners is very important in the growth of our agency and allows us to manage problems or gaps in service that might not be evident in our everyday operating systems.

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

All Board Members, Advisory and Quality Improvement groups were invited to the Needs Assessment Luncheon. Additionally, they were all asked to provide input directly to the Director of CCS.

STRENGTHS AND AREAS FOR IMPROVEMENT

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	<u>Strengths:</u> <ul style="list-style-type: none"> • CCS does a good job at thinking outside the box for mental health promotion • Partners reported feeling that CCS goes “above and beyond” 	<u>Maintain:</u> <ul style="list-style-type: none"> • Continue to seek out partnerships to provide clients with unique opportunities for mental health promotion

b) Mental Illness Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Collaboration with the school district providing services on site. • CCS is providing a Mental Health 1st Aide Class for local partners • CCS collaborates with Early Intervention • CCS provides employment opportunities locally—consistent employment helps mental health 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide prevention education/services at the school district • Continue education for staff and partners
c) Substance Abuse Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Participates in local coalition • Provides funding for local prevention programs 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue participating in local coalition • Continue prevention program funding
d) Problem Gambling Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Services are available through broad spectrum prevention programs <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Services aren't wide known • Provide more specific problem gambling prevention in schools 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue prevention programs in community <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Advertise services in the community more • Specifically address problem gambling in schools
e) Suicide Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS operates the David Romprey Warmline which operates throughout the United States giving people a place to call and visit informally with peers. <p><u>Areas for Improvement (as seen by partners):</u></p>	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue operation of warmline <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • More advertising for the warmline

<p>f) Treatment:</p> <ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Telepsychiatry readily available • Great Collaboration with the Schools, Law Enforcement, Hospital • Collaboration with Corrections, onsite visits with inmates • Clinicians are accessible and provide good information • Gambling Addiction services are free • Programs continue to improve from previous LMHP • CCS sees all clients 0-18 years old regardless of ability to pay <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Paperwork is cumbersome • Medicare people aren't easily seen • Affordability of services • Gambling Addictions Treatment is not well enough known 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide telepsychiatry • Continue and build collaboration • Continue to keep staff trained accessible <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Continue to work with clients regarding paperwork and make efforts to streamline • Try to work more efficiently meet the needs of the community and Medicare clients • Get more information out to the public about Gambling Addictions Treatment
<p>g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS provides counseling meetings with inmates that are due to be released • Continued counseling services to those maintaining or in recovery if applicable <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Need for more consistent AA/NA meetings 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to work with partners to provide services to those in recovery <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Work with partners to improve access to AA/NA meetings. CCS will advertise those meeting with clients also. • CCS will work with the DA to ensure maintenance/recovery directions are communicated.

	<ul style="list-style-type: none"> No consequences in the maintenance of sobriety 	
h) The LMHA's Quality Improvement process and procedure	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Good information to stakeholders <p><u>Areas for Improvement:</u></p> <ul style="list-style-type: none"> None identified 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Regular meetings <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> None identified
i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> All partners report great collaboration with CCS! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue collaborative efforts with partners!
j) Behavioral health equity in service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Community reports CCS provides equitable services to all populations. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to provide equitable services to all populations.
k) Meaningful peer and family involvement in service delivery and system development	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS involves family in treatment Involvement in the mental health advisory board <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> Work more with other agencies that involve peers 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to involve peers and family on advisory boards <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> Collaborate with other family serving organizations on ways to involve their customers more in service delivery
l) Trauma-informed service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS participates with partners in trauma informed service delivery. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> CCS needs an official Trauma informed Service Delivery Plan 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue participation with partners in Trauma informed Service Delivery <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> CCS will develop a Trauma informed Service Delivery Plan
m) Stigma reductions	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS's locations are co-housed with public health- therefore reducing the 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> CCS will continue to do whatever possible to reduce stigma of our

	<p>stigma of coming to the Mental Health office.</p> <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • CCS needs to promote staff and services better. 	<p>clients.</p> <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • CCS will run newspaper segments on the agency and individual staff for community familiarity.
n) Peer-Delivered services, drop-in centers and paid peer support	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS funds Senior Companions and Foster Grandparents programs • David Romprey Warmline- staffed by peers, phone line available to anyone <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Always need more Senior Companions and Foster Grandparents!! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to fund peer programs <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Advertise consistently for more peer program volunteers
o) Crisis and Respite Services	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Respite is available to clients and family of clients in crisis or acute situations • Community Counseling is very responsive in Crisis situations. • Hospital and Law Enforcement reports great collaboration in crisis situations. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Services for people who don't meet the criteria for a hold, but are struggling to be maintained in the community. • There is always more need for respite! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide respite services • Continue to provide 24/7 crisis response services • Continue collaboration with partners. <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Advertise for more respite providers •

Part II: Performance Measures

AMH will identify performance measures and provide baseline data for several of the measures as it becomes available. LMHAs are required to describe findings from any current data they have available in applicable areas, as well as describe a plan for addressing the performance measures in planning, development and delivery of services and supports.

1) Current Data Available		
Performance Measure	Data Currently Available	Current Measures (If available)
a) Access/Number of individuals served	Grant County meets expectations for numbers of individuals served	Our current EMR provides the actual numbers. We strive for a 5% penetration rate.
b) Initiation of treatment services – Timely follow up after assessments	Data is available and indicates that we are meeting standards	<ul style="list-style-type: none"> • CPMS data for substance abuse treatment • Chart audits
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	<p>Data is available for substance abuse treatment that demonstrates we are meeting this standard.</p> <p>No data for mental health</p>	<ul style="list-style-type: none"> • CPMS

d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	Data is available for mental health services that demonstrates we are meeting this standard	<ul style="list-style-type: none"> • Chart audits
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	No data is available.	
f) Percent of participants in ITRS reunited with child in DHS custody	No data is available	
a) Percent of individuals who report the same or better housing status than 1 year ago.	No data is available	
b) Percent of individuals who report the same or better employment status than 1 year ago.	No data is available	
c) Percent of individuals who report the same or better school performance status than 1 year ago.	No data is available	

d) Percent of individuals who report decrease in criminal justice involvement.	No data is available	
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.	State sends report	Grant County is below target ADP
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	State sends report	Grant County is below predetermined target
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	No data is available	

2) Plans to Incorporate Performance Measures

a) Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports:

CCS is currently transitioning to a new EMR that will allow us to better track relevant treatment data. This EMR will provide reports as requested that will be shared with the Quality Improvement Committee, Advisory Boards and CCS Board of Directors and used in ongoing planning efforts at the local and regional levels. Additionally, administration will use this information to make informed decisions about staffing levels and delivery of services.

Additional information requested by AMH –

Plans to actively incorporate the performance measures into planning, development and administration of services and supports:

Apparently we did not answer the question clearly. The performance measures that AMH has identified will be incorporated as data elements in our new EMR. This will allow us to appropriately capture the data. The data elements have already been shared with the advisory committee and quality improvement committee. Once we begin to receive data, the will be shared with the various committee and a plan of action will be determined based upon areas of need. This information will drive the development of services and/or adjustments in the delivery of services. Administration will closely monitor the outcomes and share results at every meeting, thereby working towards a continuous feedback loop.

Part III: Budget Information

Budget information includes planned use of all flexible funding included in the contract and planned use of beer and wine tax funds and funds specifically allocated for problem gambling services and prevention and substance abuse prevention.

1) General Budget Information

Local Mental Health Authority

Biennial Implementation Plan (BIP)

Planned Expenditures 2013 - 2015 (Based on historical allocation)

Budget

Period: 11/12 used

Date 2/20/2013

Grant

Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant						

2) Special Funding Allocation			
Area	Allocation/Comments	Review	
		Yes	No
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	\$0 We do not receive any funding from Grant County. If we do receive any funding, they will be allocated for alcohol and drug treatment.	<input type="checkbox"/>	<input type="checkbox"/>
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	\$17,500. We are investigating ways to better advertise services	<input type="checkbox"/>	<input type="checkbox"/>
c) Use of funds allocated for alcohol and other drug use prevention.	\$50,000. Funds are utilized to support DFC grant.	<input type="checkbox"/>	<input type="checkbox"/>

