

**Community Health Alliance Biennial**

**Mental Health**

**And**

**Addictions**

**Plan**

**2014-2015**

**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.

<b>1. System Overview</b>
a) Provide an overview of the Community Health Alliance’s current addictions and mental health services and supports system, including:  Mental Health Promotion Mental Illness, Substance Abuse and Problem Gambling Prevention Early intervention Treatment and recovery Crisis and respite services Services available to required populations and specialty populations Activities that support individuals in directing their treatment services and supports

Community Health Alliance (CHA) has a continuum of prevention, early intervention, crisis and respite services which are based on evidence based practices. These services were implemented with strategic alignment to each researched based model. In addition, on-going internal research and evaluation is conducted to ensure program efficacy and cost efficiencies. To follow is a description of these services.

**Tobacco Prevention** – CHA collaborates with the Public Health Department (also a division of Health and Social Services) to provide tobacco prevention. Public Health promotion program coordinates local tobacco prevention and education efforts and works in cooperation with community partners to prevent tobacco and tobacco-related diseases in Douglas County. The prevention work focuses on policy and system change, e.g., tobacco-free parks, tobacco-free worksites and campuses, worksite wellness policies, system referral to the Quit Line, preventing tobacco-sales to minors, etc.

The Public Health Department’s Health Promotion activities including working with the local substance abuse treatment provider, Adapt, on a policy initiative to assess retailers on marketing of tobacco, alcohol and gambling. In addition, Health Promotion staff have begun outreach to coordinate with the Housing Authority regarding prevention information about alcohol and gambling.

**Mental Health First Aid** - Mental Illness prevention is primarily addressed through the MH First Aid public education program. Its goal is to assist the general public to identify and understand how to respond to the signs of mental illnesses and substance use disorders. MH First Aid is offered in a 12 hour course which provides an overview of mental illnesses and

substance use disorders in the U.S. The target audience is general public and professionals such as law enforcement, NAMI members, public health nurses, and the schools are also included in this program's outreach efforts. There are typically three to five trainings per year.

**Family Mediation Program** – CHA provides Family Mediation Program which offers mediation to assist divorcing parents develop a collaborative Parenting Plan (or revise an existing plan) which outlines the parent's agreement regarding custody, parenting time and other parenting issues. The Mediator uses a cooperative problem-solving process that provides an opportunity for people in conflict to reach a solution with the assistance of a neutral professional, and make decisions that are focused on the best interest of their children. Mediation provides an opportunity to resolve conflict and to reduce the negative impact experienced by all members of the family.

**Accessing Mental Health Services** – Any person in Douglas County may access mental health assessment services through CHA's walk in clinic or by calling either the direct line or the crisis line.

**Evidence Based Practices** – CHA is committed to providing individual and group therapy based on a variety of evidence based practices which support individuals to address specific issues and make positive changes in meeting their life goals. These approaches include but are not limited to:

Approaches within treatment modalities:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Collaborative Problem Solving
- Neuro Sequential Development Treatment
- Trauma Informed
- Strength-based approach
- Wraparound including community-based, family focused and member centered

Evidence Based Programs:

- Early Assessment & Support Alliance - EASA
- Supported Employment - SEP
- Assertive Community Treatment (In development) - ACT
- Illness Management and Recovery

**Adult Mental Health Program** – The Adult Mental Health Program provides services to individuals referred by the crisis interventionist or access therapists. Individuals work collaboratively with their treatment team to identify and develop skills and supports; develop treatment and life goals; access resources and information; begin to make informed choices and take the first steps toward their recovery. CHA is committed in providing individual and group therapy based on a variety of individual and group skills training. The skills training builds on strengths to develop, identify, and practice skills that empower individuals to address problematic symptoms and behaviors such as Illness Management and Seeking Safety. Case management services are provided to create opportunities for independence within the

community and promote hope through the provision of advocacy, problem solving, support, functional linkage to community resources and other supports

The above mentioned evidence based programs and approaches are utilized within mental health services in Douglas County. These services include:

**Supported Employment** - Supported employment services are closely integrated with mental health treatment services. Employment specialists are assigned to one or two mental health teams from which they receive referrals. The employment specialists meet weekly with team members to think of strategies to help people with their employment and education goals. . The goal is to generate competitive jobs for adults with mental illnesses and help them connect to and sustain that employment. Thirteen of 13 studies have demonstrated that SE achieves significantly better employment outcomes than other employment models (60% competitive employment vs. 22% without). Other benefits include better control of psychiatric symptoms, higher self-esteem and more satisfaction with finances and with leisure time.

**Early Assessment & Support Alliance (EASA)** – In partnership with GOBHI (Greater Oregon Behavior Health, Inc), CHA has developed an EASA program. EASA is an early intervention with individuals and their families who have experienced a first psychotic break. An interdisciplinary team of providers offer wraparound services with a strong emphasis on education and skill building. Compared with patients receiving medication only, EASA patients had lower rate of treatment discontinuation, a lower risk of relapse, improved insights and quality of life, improved social functioning and obtained employment or accessed education. EASA serves both teens and young adults.

**Assertive Community Treatment (ACT)**– Also in partnership with GOBHI, CHA is in the process of developing an ACT program for this rural area. ACT is for individuals who experience the most intractable symptoms of severe mental illness and the greatest level of functional impairment. The design is a service delivery model which a team of professionals assumes direct responsibility for providing the mix of services needed by consumers. The team includes mental health specialists, psychiatrist, nurse, skills trainers, substance abuse specialist, and other professionals. The program has shown to reduce the need for hospitalization, members experience fewer interactions with law enforcement and also have more stabilized housing.

**Adult Mental Health Initiative (AMHI)** – CHA staff work collaboratively with GOBHI to support the implementation of the AMHI initiative. The AMHI focus is for the State to transfer the responsibility for managing residential services from the State to GOBHI. The referral process between the levels of care is managed on the provider level. CHA coordinators work in a collaborative effort with GOBHI to increase the availability and quality of individualized community-based services and supports in order to serve individuals in the least restrictive environment. This is accomplished through many of the evidence based services and programs listed in the previous section.

**The Personal Care Assistance Program** - The Personal Care Assistance (PCA 20) will pay for a care assistant through Oregon Health Plan to those individuals as deemed appropriate and

eligible by the assigned primary clinician. The purpose is to provide medically necessary support to enable individuals to remain within the community setting in the least restrictive environment.

Individuals needing additional supports may also qualify for Adult Foster Home (AFH) placement. Adult Foster Homes are transitional, therapeutic residential supports which provide 24 hour care to individuals in need. Adult Foster Home providers offer a safe, supportive, non-restrictive recovery environment that is designed to support the development of skills in management of symptoms and promote independence and community integration.

**Community Psychiatric Supportive Treatment** – This treatment is provided for referred individuals at the Solution Center. This intervention is designed to promote independence and integration within the community. The Solution Center Program provides support, skill building and development; access to information and resources; therapeutic activities; peer support and other interventions which utilize the aforementioned evidence based treatment modalities (motivational interviewing, cognitive behavioral approaches, etc.).

**The 370 Project** - The 370 Project serves individuals incarcerated in the county jail that are non-adjudicated which need a determination of ability to Aid and Assist in their own defense. CHA is committed to support individuals in obtaining therapeutic interventions within the community. The 370 Project Coordinator assists in discharge planning through coordination of treatment services and supports. The aim of the 370 Project is to prevent prolonged hospitalization at the State Hospital; to prevent individuals from being removed from their community and natural supports; to provide linkage and access to treatment services and resources; to successfully transition the individual from jail while supporting community integration and safety.

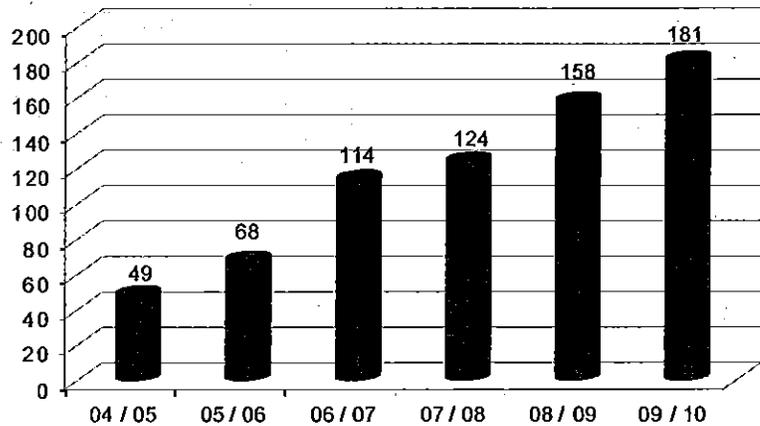
**Child and Family Services:** Child and family services employ evidence based modalities including:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Collaborative Problem Solving
- Neural Sequential-Development Treatment
- Trauma Informed
- Strength-based approach
- Wraparound including community-based, family focused and member centered

CHA provides acute care services for children and youth in Douglas County. CHA staff coordinate the acute care needs of children and youth by assessing crisis situations, developing crisis/safety plans, accessing emergency appointments with the Child and Adolescent Psychiatrist and making referrals to crisis/respite beds at the Juvenile Shelter or acute inpatient hospitalization at Providence Hospital or Legacy Emmanuel Hospital in Portland, Oregon. The child or youth is followed closely by a qualified mental health professional and family care coordinator to transition the individual youth into appropriate levels of care.

- There was an increase of 269% in the rate of services (Services per 1,000 youth).
- A rate of 49 services per in the 04 / 05 year
- A rate of 181 services in the 09/10 year
- The average number of services per youth increased from 14.9 to 31.8 during that same time frame

Services - Rate : 1,000 Youth



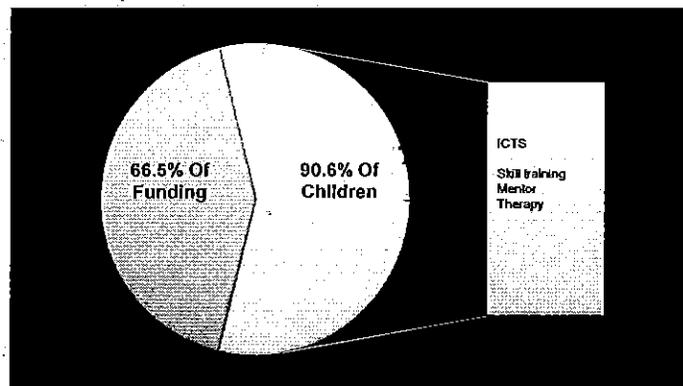
### Intensive Community

#### Treatment Services - The Child

and Adolescent Service Intensity Instrument (CASII) is used to assist in assessing the appropriate level of care needed for each youth. When the youth qualifies he/she is enrolled in Intensive Community Treatment Services (ICTS) to work with stabilizing him/her and family in the community setting. ICTS utilizes a wraparound approach and evidence based treatment modalities to help children and families with their health goals and illness recovery.

Community Health Alliance staff participates in several multidisciplinary committees which track and assess the acute needs of youth in the community such as the Residential Determination Committee (RDC), the Community Care Coordination Committee (CCCC), and the Birth to 8 Mental Health Task Force (BESST) meeting.

### Funds : '09 / '10



**Educational Needs of At Risk Youth** - In an effort to provide treatment services in individual's local communities and to provide treatment services to youth who otherwise would not be eligible for our services, CHA has entered into partnerships with the Douglas County Juvenile

Department and the Douglas Educational Service District. The partnership with the Juvenile Department has enabled treatment to be provided to high risk juvenile offenders in the community. Through the collaboration with ESD, therapist are out stationed in selected school districts throughout the county to provide services to youth whom school officials identifies as needing services whether they have Oregon Health Plan or not. Roseburg School District and Douglas Education Service District has also partnered with CHA to provide three therapeutic classrooms for individuals who require high acuity services in the school setting.

**Early Childhood Assessment and Intervention Project (CPP)**– The purpose of this project is to provide mental health outreach services to public and social entities who have regular contact with children and their families in the identified age group to increase knowledge of early childhood mental health issues and the CPP model resulting in increased referrals for children in this age group as well as increasing access to mental health services for young children and their families. The project is for children (infant to age 6) and their families who have emotional and / or behavioral concerns deriving from trauma, attachment issues or loss.

These are the targeted outreach groups:

- Early Intervention
- Head Start
- Primary Care Physicians (focus on pediatricians)
- DHS TANIFF Program
- Douglas County Health Department
- Faith Based Leaders
- Department of Human Services Child Welfare
- Reedsport-Great Afternoons
- DCECPC

All outreach programs will receive education on mental health services for young children with trauma and emotional behavioral problems. Education will include a description of the referral process as well as suggestions regarding presentation of the services to families.

**Non-Age Specific Services** - The following services are not age specific and are provided for all ages.

**Crisis Mental Health Services** - Any person experiencing a mental health crisis or who is suicidal or homicidal may present at the CHA Roseburg outpatient clinic, Monday through Friday 8:00am to 5:00pm to see a professional crisis interventionist. A qualified mental health professional is available through the CHA crisis telephone any time of day or night, seven days per week.

When an individual seeks crisis services, the individual is referred to CHA walk in clinic. A crisis interventionist meets with the individual at CHA to begin an assessment. Once the assessment is complete, the crisis interventionist determines the individual's eligibility for continued services at CHA as determined by their acuity and level of care needed. The crisis interventionist offers appropriate referrals in the community and/or mental health treatment

services with CHA. If the individual has a Primary Care Physician (PCP), the crisis intervention specialist offers to consult with the PCP regarding the assessment and disposition.

CHA also provides mental health assessment and pre-commitment investigation services to individuals on "Holds" at Mercy Medical Center Emergency Department (ED), Intensive Care Unit and Medical Unit, as needed, 24 hours per day, seven days per week. CHA crisis interventionist response time to Mercy Medical Center, from initial telephone contact to arrival is 20 minutes. Crisis interventionists commonly assess individuals in the intensive care unit post suicide gesture or attempt. Crisis mental health services are also provided to other community settings such as Juvenile Shelter and Foster Care Homes.

**Medication Management** - Medication management for psychotropic medications is provided by Licensed Medical Providers (LMP) through therapeutic interventions including medication management with and without therapy to address problematic symptoms and behaviors in support of treatment goals. LMPs will also provide medication consultation to primary care physicians within the community to address medication management issues.

**Outlying Clinics** – CHA provides services in three outlying locations in Douglas County. There are clinics located in Canyonville, Drain and Reedsport. Qualified Mental Health Professionals are located in each branch with hours that vary from one to three days a week based upon the location. Case Managers, Skills Trainers, Mentors and other treatment team staff are organized around the geographic needs of individuals needing home based interventions. Referrals for services to the outlying clinics come through both the Roseburg Health Department Office as well as direct referrals to each clinic. Limited crisis intervention services are available at the outlying clinics due to the limited hours of operation.

Adapt provides prevention services for residences of Douglas County. Additionally, Adapt provides both drug and alcohol outpatient and residential treatment resources for the community. The following outline highlights those services currently provided by Adapt.

#### **Substance Abuse and Problem Gambling Prevention**

- a. Assist community coalitions and groups with strategic planning for prevention focus
  1. Monthly meetings with local coalitions, including, but not limited to LiveWell Douglas County, Douglas County Early Childhood Planning Coalition, Child Abuse Prevention Partnership, UP2US, Housing and Homeless Coalition.
- b. Improve school engagement
  1. Recruit, train and supervise adult mentors for youth.
- c. Improve school climate and increase prevention awareness
  1. Recruit, train and supervise and maintain Peer Power Teams in 8 Douglas County school districts.
- d. Increase community prevention awareness
  1. Implement a youth art search project.
- e. Community awareness/education
  - i. Provide community awareness events regarding substance abuse, problem gambling, suicide prevention, positive community norms, and asset development.

- f. Prevention workforce development
  - i. Prevention Coordinator to attend Summits, feedback/consultation to OMA, mentor one or more new CPS candidates.
- g. Prevention issues integration
  - i. All prevention programs including training events will include specific information regarding general wellness, chronic disease prevention, suicide, problem gambling, nicotine use, and violence prevention.
- h. Data collection
  - i. All team members will complete MDS quarterly.
- i. Problem gambling prevention
  - i. Disseminate problem gambling PCN framed ads and brochures, submit articles to schools provide classroom instruction, use of social media.
- j. Suicide prevention
  - i. Provide one ASIST and three QPR trainings

**Substance Abuse and Problem Gambling Treatment and Recovery**

- a. Adolescent Services
  - i. Provide outpatient counseling services to Juvenile Department, Phoenix School, and the community at large.
  - ii. Provide residential treatment services for addictive disorders, often with co-occurring mental health issues, at Deer Creek to the residents of Douglas County and to the State.
- b. Adult Services
  - i. Provide outpatient counseling services to Corrections, Drug Court, DUI Offenders and the community at large, with specialized services for women and women with children.
  - ii. Provide residential treatment services for addictive disorders, often with co-occurring mental health issues, at Crossroads to the residents of Douglas County and to the State.
    - 1. Specialized services for women and for women with children.

Evidence Based Treatments

Community Reinforcement Approach (CRA)

Adolescent Community Reinforcement Approach (ACRA)

Community Reinforcement and Family Training (CRAFT)

12-Step Facilitation Seeking Safety Dialectical Behavior Therapy (DBT) Screening

Brief Intervention,

Referral and Treatment (SBIRT)

Relapse Prevention American Society of Addiction Medicine (ASAM)

Buprenorphine Drug Court Individual Drug Counseling

Motivational Enhancement Therapy

Parent Child Interaction Therapy (PCIT)

Multiple service locations:

Substance abuse services are provided in multiple service locations such as Reedsport, Winston, Myrtle Creek, with Behavioral Healthcare Consultants at the UPMC and South River Clinics.

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

**Review Criteria:**

**List includes all services provided by the LMHA and all sub-contractors of the LMHA.**

No subcontractors are currently utilized on a regular basis by either Community Health Alliance or Adapt for the provision of general fund services.

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

The CCO brings together the expertise of a variety of health care providers, prevention services, treatment providers and payers. The CCO creates an integrated and coordinated care with physical and mental and addictions providers. This collaboration is to improve the services to members of the local Umpqua Health Alliance CCO.

The local CCO, The Umpqua Health Alliance (UHA), partners include the lead agency the Douglas County Individual Practice-Association, DCIPA (primary health care, primary health plan) in partnership with the Community Health Alliance – mental health (CHA), Advantage Dental, Umpqua Community Health Center , (Federally Qualified Health Center - FQHC), Adapt/South River, (substance abuse treatment and FQHC), Mercy Medical Center (Hospital), ATRIO (Medicare Advantage Plan) and Greater Oregon Behavioral Health, Inc., GOBHI (mental health plan).

UHA members met for years prior the CCO implementation. Administrators from each partner agency convened monthly to develop the CCO infrastructure. At the same time, the CHA director and key staff were significantly involved in the early formation and on-going collaboration with primary health and addictions. This work focused on how to operationalize the working relationship among each entity. In 2010 when the CHA worked with GOBHI to identify members with chronic physical diseases and who also had mental illnesses. That information would be used as the focal point of discussion in the early development of integration mental health with physical health and addictions. To follow is a brief description of that work.

Data from Oregon’s Health Authority, Division of Medical Assistance Programs (DMAP) also illustrate that Douglas County is above the state in its prevalence of chronic diseases.

The criterion for this search was Medicaid patients with a chronic health condition during a two year period. The N was 4,553.

The DMAP data also indicated that 41.8% of all patients with more than one physical condition also had a diagnosed mental illness:

- There were 4,553 individuals with 7,623 conditions;
- 39.4% (1,793) had more than one conditions. Of that group,
- 41.8% (751) also had a mental illness diagnosis.
- These illnesses include Bipolar Disorder, Depression, Post Traumatic Stress Disorder, Anxiety and Schizophrenia.
- An estimated 48% also had co-occurring substance abuse problems.

A staff invited physicians in the community to review those data and talk about “shared” members. After the initial meeting, doctors requested meeting with CHA on a regular bases to review the most complicated members seen in both the physical and mental health disciplines. That was the first time the two parts of the system joined for strategic work and targeted responses. It also initiated the positive working relationship that would continue into the more formal development of the local CCO agenda.

DCIPA has the lead role under the newly formed CCO – the UHA. They have convened weekly meetings with CHA and Adapt to plan for and initiate the integration of physical health, mental health and addictions through a very strategic process of data-driven decision making. CHA staff have been directly involved in the CCO implementation work to date which includes:

- Weekly planning meetings between DCIPA, CHA and Adapt
- Cross training and education between the disciplines to get a better understanding of each respective system’s missions, best practices, regulations, etc.
- Mental Health’s presentations on evidence based practices including local research on mental health program’s efficacy and cost efficiencies
- Involved in the development of the CCO Transformation Plan, specifically the section on the integration of physical and mental health and addictions
- Involved in the development of local Performance Improvement Project priorities
- Developed methods for information sharing by establishing methodologies for access to relevant health information
- Reviewed billing methods (this work is in progress)
- Participated in planning session among treatment providers in which the goal was to collect line staff input on models for integration
- Developing a work plan for integration implementation (work in progress)
- CHA director also serves on the Clinical Advisory Committee
- The UHA Board has created the Severe Mental Health Workgroup which is being chaired by Commissioner Morgan. This workgroup was convened to bring together key decisions leaders in the community including the following: District Attorney’s Office, Circuit Court Judge, Douglas County Sherriff, Roseburg Chief of Police,

Mercy Hospital Administration, Douglas County Health and Human Services Administration, DCIPA Medical Director, Adapt Administration, GOBHI and other key leaders as necessary. The workgroup is charged with based upon data and information gathered in the planning process to identify and report back to the UHA Board gaps in the current system as they relate to community members experiencing severe mental health symptoms that are crossing multiple systems and are not being adequately served in our community.

Community Health Alliance is also part of the Columbia Pacific CCO for the Reedsport community. For the past year, CHA has worked with Dunes Family Medical Clinic to increase the access and coordination of mental health services. These efforts have included the integration of a LMP into the Dunes Family Clinic and improved coordination of mental health services between the medical and mental health providers. Efforts are currently underway as part of a six month planning process to also expand this same model into the Reedsport Medical Clinic. It has also been agreed upon due to GOBHI being the conduit between both the UHA and Columbia Pacific Boards to utilize the consultant for the UHA Board to conduct the Community Needs Assessment for the entire county, rather than trying to split Reedsport data out.

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

The Douglas County Mental Health Advisory Committee:

To meet the requirements for having an advisory committee, CHA will be working with Umpqua Health Alliance Community Coordination Committee (CAC) to address the mental health issues in the community. The Community Needs Assessment currently outlines areas related to mental health that plans will be developed to address. The CAC with their cross system and community representation is poised to fulfill this planning function. Current membership for the CAC is being recruited. CHA will provide a listing of members once these members have been identified.

The Local Alcohol and Drug Planning Committee is currently inactive in Douglas County.

## 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.

Vanessa A. Becker of Principal, V Consulting & Associates is conducting the community needs assessment by July 2013. She recently presented to the UHA's Community Advisory Council and made the recommendation to combine the CCO community needs assessment and Public Health accreditation efforts. She has outlined a "Mobilizing for Action through Planning and Partnerships (MAPP)" process for conducting this work with community leaders, consumers, advocates, service providers and citizens. MAPP is a community-wide strategic planning tool for improving public health systems. It is a method to help communities prioritize health issues, identify resources for addressing them and take action. It is a community driven process which includes:

- Mobilizing and engaging the community
- Action with and by the community
- Planning driven by the community
- Partnerships to strengthen the community

Ms. Becker is modifying that process to encompass the requirements of SB 1580 (2012) Section 13 (1) (2) (b) "Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community serviced by the coordinated care organization; and..."

The table on the next page outlines the phases and description of activities for the assessment.



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

This section will be completed in tandem with the Community Needs Assessment in July 2013.

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

This section will be completed in tandem with the Community Needs Assessment in July 2013.

### 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.

#### Review Criteria:

- Reflects Community Needs Assessment.
- Identified strengths and areas for improvement match data and other information referenced in the community needs assessment.
- Plans to maintain and develop strengths are addressed in each area.
- Strategies to make improvements are described and match performance goal strategies where applicable.

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	Increase community awareness through mental health promotion	Work with existing advisory groups to develop and implement community awareness.
b) Mental Illness Prevention	Increase community awareness of mental illness prevention strategies available within the community	Work with existing advisory work groups to develop prevention strategies and increase funding support streams
c) Substance Abuse Prevention	Increase community awareness and participation	Increase prevention programs using prevention strategies. Increase funding sources through allocation of local beer and wine tax.
d) Problem Gambling Prevention	Increase community awareness	Improve prevention programs
e) Suicide Prevention	Increase community awareness of how to address suicide rates within community	Work with existing advisory groups, and healthcare providers to develop suicide prevention programs

		and increase funding sources.
f) Treatment: <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Addictions</li> <li>• Problem Gambling</li> </ul>	Improve coordination and communication between systems of care. And improve access to services	Increase strategies to improve transitions to CCO and work to improve communication and collaboration.
g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)	Improve transition and awareness of services	Increase partnership with local providers and community resource providers to ensure recovery is part of continuum of treatment and care.
h) The LMHA's Quality Improvement process and procedure	Increase in communication and coordination and access	Address concerns in Quality Improvement Committees to ensure process is completed.
i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	Improve the communication and coordination among service providers	Provide working relationships with community partners to establish coordination of services.
j) Behavioral health equity in service delivery	Increase quality access to services and supports	Address concerns in QI plan as stated above
k) Meaningful peer and family involvement in service delivery and system development	Provide family involvement when appropriate	Family and peers are recruited to participate on various committee advisory boards.
l) Trauma-informed service delivery	Assessment	Throughout the division the assessment has incorporated the trauma informed services
m) Stigma reduction	Increase access to supports and services	CHA has worked with VISTA coordinator in implementing a stigma reduction work plan.

This section will be completed more in depth with the completion of the Community Needs Assessment in July 2013.

In addition Community Health Alliance will be exploring should additional funds become available the following additions to our service delivery model:

1. In conjunction with guidance from the state, CHA would like to define and expand the use of guardianships for targeted populations.
2. As part of the Severe Mental Health Workgroup, CHA will also be exploring the potential of a multi-functioned residential facility to meet the needs of the community.
3. Expansion of foster home beds within the county.
4. Development of the role of non-traditional health workers.
5. Expansion of the efforts for preventative services including trainings like Mental Health First Aid, early identification and screening for mental health, school based services and other targeted evidence based practices.
6. Mental Health Court

**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.

<b>1) Current Data Available</b>		
<b>Performance Measure</b>	<b>Data Currently Available</b>	<b>Current Measures (If available)</b>
a) Access/Number of individuals served		
b) Initiation of treatment services – Timely follow up after assessments		
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation		

<p>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</p>		
<p>e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential</p>		
<p>f) Percent of participants in ITRS reunited with child in DHS custody</p>		
<p>a) Percent of individuals who report the same or better housing status than 1 year ago.</p>		
<p>b) Percent of individuals who report the same or better employment status than 1</p>		

year ago.			
c) Percent of individuals who report the same or better school performance status than 1 year ago.			
d) Percent of individuals who report decrease in criminal justice involvement.			
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.			
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target			
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.			

**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:

*CHA will be establishing baseline data over the next year in conjunction with AMH and the Compass project.*

**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.

<b>1) General Budget Information</b>		
a) Planned expenditures for services subject to the contract:		
<b>Review Criteria:</b> <ul style="list-style-type: none"> <li>• Allocation matches goals for increased performance in areas needing improvement.</li> <li>• Allocation reflects community needs assessment.</li> </ul>		
<b>2) Special Funding Allocation</b>		
Area	Allocation/Comments	Review
		Yes    No

a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.			
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.			
c) Use of funds allocated for alcohol and other drug use prevention.			

<b>Additional Information (Optional)</b>
a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development?
<b>*No review criteria</b>

**Local Mental Health Authority  
Biennial Implementation Plan (BIP)  
Planned Expenditures 2013 - 2015 (Based on historical allocation)**

**Budget Period:  
Date Submitted:**

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex	Local Beer	County	Other	Total	Carry-over Amount	
			Funding*	and Wine Tax	GF				
Behavioral Health Promotion and Prevention	Mental Health	Adults	\$75,000.00	\$0.00	\$0.00	\$277,952.00	\$0.00	\$0.00	
		Children	\$0.00	\$0.00	\$0.00	\$143,105.00	\$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	
	Problem Gambling		\$0.00	\$0.00	\$0.00	\$116,428.00	\$0.00	\$0.00	
	Outreach (Early Identification and Screening, Assessment and Diagnosis)	Mental Health	Adults	\$0.00	\$0.00	\$0.00	\$139,331.50	\$0.00	\$0.00
			Children	\$0.00	\$0.00	\$0.00	\$139,331.50	\$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	
Problem Gambling			\$0.00	\$0.00	\$0.00	\$4,592.93	\$0.00	\$0.00	
Initiation and Engagement		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	\$836,707.83	\$133,241.92	\$0.00	\$0.00	\$0.00	\$0.00
	Children		\$219,508.43	\$65,626.61	\$0.00	\$0.00	\$0.00	\$0.00	
	Problem Gambling		\$0.00	\$0.00	\$0.00	\$82,672.65	\$0.00	\$0.00	

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)	Mental Health							
		Adults	\$0.00	\$0.00	\$0.00	\$104,664.12	\$0.00	\$0.00
		Children	\$128,414.00	\$0.00	\$0.00	\$2,652.00	\$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
Continuity of Care and Recovery Management	Problem Gambling		\$0.00	\$0.00	\$0.00	\$4,592.93	\$0.00	\$0.00
	Mental Health		\$0.00	\$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)			\$201,249.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant							

## **Definitions:**

“Early Intervention” means clinical or preventive services for a person of any age that begin prior to or in the early stages of a mental health problem. Intervening with young children is included in this definition.

“Family” means a support person of any age identified as important to the person receiving services.

“Health Equity” means the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to rectify historical and contemporary socially patterned injustices and the elimination of health disparities.

“Mental Health Promotion” means efforts to enhance individuals’ ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity. There can be overlap between promotion and prevention efforts, depending on the population served and the target of the prevention activity.

“Mental Illness prevention” means intervening to minimize mental health problems by addressing determinants of mental health problems before a specific mental health problem has been identified in the individual, group, or population of focus, with the ultimate goal of reducing the number of future mental health problems in the population.

“Peer” means an individual who self-identifies as a consumer, survivor, ex-patient, recipient of services or person in recovery.

“Required Populations,” as defined in the Federal Block Grant, means:

- Children with Serious Emotional Disorders (SED)
- Adults with Serious Mental Illness (SMI)
- Persons who are intravenous drug users

- Women who are pregnant and have substance use and/or mental health disorders
- Parents with substance use and/or mental health disorders who have dependent children
- Persons with tuberculosis
- Persons with or at risk for HIV/AIDS and who are in addiction treatment

“Specialty Populations,” as defined in the Federal Block Grant, means:

- Adolescents with substance use and/or mental health disorders
- Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression
- Military personnel (active, guard, reserve and veteran) and their families
- American Indians/Alaskan Natives
- Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system
- Persons with mental health and/or substance use disorders who live in rural areas
- Underserved racial and ethnic minority and Lesbian, Gay, Bi-sexual Transgender or Questioning (LGBTQ) populations
- Persons with disabilities
- Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy and guidelines for enforcement
- Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and “late” adopters of prevention strategies

“Trauma-informed Services” means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and addictions services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.

Addictions and Mental Health Division  
January 21, 2014

**Biennial Implementation Plan Amendment Template**

CMHP: Community Health Alliance

Program: Mobile Crisis

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>	\$230,549.13	\$484,153.18
Travel	\$2364.25	\$4000.00
Equipment	\$1423.29	\$1000.00
Supplies		\$1000.00
Consultants/Contracts		
Other Costs: (please list)		
Car	\$10,000.00	
Client Expenses:	\$3,000.00	\$5,000.00
Trainings	\$2,000.00	\$500.00
<b>Totals</b>	<b>\$249,344.68</b>	<b>\$495,653.18</b>
<b>Overall Project Cost</b>		
<b>Revenue</b> Identify expected revenues; i.e., Medicaid billing/encounters)		

<b>Number of individuals Intended to be Served</b>	<b>20</b>	<b>50</b>
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**Budget Narrative:**

- Please provide a description of the program and any unusual expenditures  
Community Health Alliance’s mobile crisis unit will enhance the service delivery for individuals who are in crisis situations. The mobile crisis unit will allow mental health staff to be able to be involved in welfare checks along with law enforcement, resulting in a more comprehensive evaluation, crisis intervention and safety planning for the individuals. Community Health Alliance’s Mobile Crisis unit will also build links with community partners who are interested in potentially unitizing the mobile crisis services such as the Community Cancer Center. The majority of the budget will be spent on hiring FTE for the mobile crisis unit. Community Health Alliance will hire four additional QMHPs and as well as two additional QMHAs to staff the mobile unit.
- Please provide an implementation timeline for this program.  
Community Health Alliance has the infrastructure for the management of mobile crisis unit but will need to receive the grant funding to begin the recruitment for the hiring of the additional FTEs. Once the FTEs are hired and training both within the agency and with local law enforcement agencies the Mobile Crisis Unit can be implemented. Start date would be approximately April 1, 2014.

Addictions and Mental Health Division  
January 21, 2014

**Biennial Implementation Plan Amendment Template**

CMHP:   Community Health Alliance  

Program:   Jail Diversion  

<b>Budget Item</b>	<b>Jan. 1, 2014 – Jun. 30, 2014</b>	<b>July 1, 2014 – Jun. 30, 2015</b>
Personnel <i>(including FTEs, Classification of staff and associated costs)</i>	\$83,379.60	\$166,759.20
Travel	\$3,235.21	\$7,124.26
Equipment	\$2,400.00	-----
Supplies	\$321.00	\$1,081.52
Consultants/Contracts	-----	-----
Other Costs: (please list)		
Flex Funds for Client Needs: Travel/Lodging	\$10,000.00	\$3,273.21
Trainings	\$1,260.00	\$2,646.00
<b>Totals</b>	<b>\$100,595.81</b>	<b>\$180,884.19</b>
<b>Overall Project Cost</b>		
<b>Revenue</b> Identify expected revenues; i.e., Medicaid billing/encounters)		

<b>Number of individuals Intended to be Served</b>	<b>20</b>	<b>70</b>
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**Budget Narrative:**

- Please provide a description of the program and any unusual expenditures  
The Jail Diversion project will provide assistance to clients in the legal system that need assistance both at the pre and post booking sites. This will be achieved by increasing on-site diversion from jail for adults with serious mental illness. The goal is to reduce the number of adults with serious mental illnesses admitted to the jail by 60 % by redirecting them from the point of emergency response to community based treatment and case management services. And reduce recidivism rates by 75%.
- Please provide an implementation timeline for this program.  
The post jail diversion will begin on 1/20/14 with the over parts to be implemented as soon as FTEs can be hired and trained when funds are obtained estimating March 1, 2014.

From: Marsha M. Ellis <mmellis@co.douglas.or.us>  
Sent: Thursday, February 20, 2014 10:16 AM  
To: ruth.a.chavez@state.or.us

Year 1 (6 Months) Jail Diversion - Community Health Alliance

Personal Services

Annual Amount

Program FTE

Grant

Request

Amount

QMHP

\$ 78,186.00

0.80

31,274.40

QMHA

68,016.00

0.80

27,206.40

Para Professional

62,247.00

0.80

24,898.80

Total Personal Services

208,449.00

83,379.60

Materials & Services

Tablet Computers

3,000.00

2,400.00

Flex Funds for Client Needs Travel/lodging

10,000.00

10,000.00

Auto/Travel

7,332.82

3,733.13

Training/Education

3,600.00

3,235.21

Telephone

1,471.46

588.58

Total Materials & Services

25,404.27

19,956.92

Grand Total  
\$ 233,853.27  
  
\$ 103,336.52

Year 2 (12 Months)

Personal Services

Annual Amount

Program FTE

Grant

Request

Amount

QMHP

\$ 78,186.00

0.80

\$ 62,548.80

QMHA

68,016.00

0.80

54,412.80

Assistant

62,247.00

0.80

49,797.60

Total Personal Services

208,449.00

166,759.20

Materials & Services

Tablet Computers

Flex Funds for Client Needs Travel/lodging

Auto/Travel

7,699.46

7,124.26

Training/Education

3,780.00

3,024.00  
Telephone  
1,545.03  
  
1,236.02  
Total Materials & Services  
13,024.49  
  
11,384.28

Grand Total  
\$ 221,473.49  
  
\$ 178,143.48

18 Month Total  
  
\$ 281,480.00

Grant Amount  
  
\$ 281,480.00

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Douglas County Mental Health  
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